



8th Five Year Plan Background Papers

Volume-5

Issues of Women and Children in Bangladesh

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Bangladesh Planning Commission
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M. A. Mannan, MP
Minister
Ministry of Planning
Government of People's Republic of Bangladesh

Message

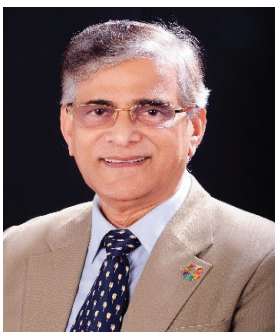
I am happy that General Economics Division (GED) of Bangladesh Planning Commission is publishing background studies on the issues related to children and women conducted for preparation of Eighth Five Year Plan (July 2020-June 2025).

The background papers have been provided with valuable inputs on both quantitative and qualitative data especially on the issues related to women and children of Bangladesh. These studies have made it easier to identify the areas of interventions and proposed some policy recommendations on how to achieve the targets set by the government in the 8th Five Year Plan (8th FYP). The government is working relentlessly for the wellbeing of children of the country and these documents will work as steppingstones for bringing about all the relevant issues for an inclusive planning document.

Bangladesh has made commendable progress in MDGs particularly in reducing child mortality, maternal mortality, and poverty reduction. The success also continues in SDG period which is reflected by the SDG Progress Award received by Honorable Prime Minister Sheikh Hasina from Sustainable Development Solution Network. Despite the achievement, we have to go a long way to materialize the dream of Father of Nation to become a happy and prosperous nation. We should not be complacent as we have to carry out the ongoing rapid transformation of the country. I hope these studies will be a useful reference for the policymakers, development partners, academics and researcher alike to further research endeavors and knowledge sharing and I would like to see the continuation of such publications in the future as well.

I would like to take this opportunity to thank the State Minister for Planning and GED officials for this initiative and hard work. I also thank different ministries/divisions/agencies for providing inputs, and the 'Strengthening Social policies for Children in a Middle-Income Economy' (SSPCMIE) collaboration agreement between Government of Bangladesh and UNICEF for their support in the preparation of the background studies.

(M. A. Mannan, MP)



Dr. Shamsul Alam

Minister of State

Ministry of Planning

Government of the People's Republic of Bangladesh

Message

It is of great pleasure that General Economics Division (GED) of Bangladesh Planning Commission is going to publish five background studies supported by UNICEF-GED collaboration agreement prepared for the Eighth Five Year Plan (July 2020-June 2025). These studies were designed to provide inputs in framing strategies in matters related to women and children with other related burning issues such as climate change, migration, governance, urban services and social protection.

During the dissemination of these studies, I was fascinated by the enthusiasm and awareness of the subject matters by the stakeholders who participated in the seminar. It is the part of the process of the planning that engages wide range of stakeholders to formulate national development plan. That is called whole of society approach of the government, which seeks to involve all stakeholders both at planning and implementation stage. Bangladesh is currently enjoying demographic dividend, which are expected to expire in late 2030s. So, the issue of investing in children has become more and more pertinent when it comes to national planning.

In the light of Vision 2041, the Eighth Plan looks to improved standard of living of the citizens, population better educated, better social justice and a more equitable socio-economic environment. Special emphasis is given on the investment of health and education of the children as well as skill development of the upcoming and existing labor force. We must act now to protect the cognitive capital of our future generation and I believe we can act more vigorously because recent positive trends in Bangladesh's development give us that confidence. We can act more purposefully because it is evident that research-based policy making and practice can be successful in Bangladesh.

I would like to congratulate GED for taking up this timely initiative. I would like to thank the authors and organizations who have contributed in preparation of these background papers. Well documented background papers will be helpful to the policy planners, development practitioners, researchers, academicians and even students to get a glimpse of government level policy making process. These background papers will also help the officials of GED to prepare essential policy briefs and write-ups related to the issues. This publication can also benefit relevant officials outside GED for enhancing their professional competencies.

I would like to take this opportunity to thank the UNICEF- GED Collaboration Agreement on ‘Strengthening the Social Policies for Women and Children in a Middle-Income Economy’ for providing technical and financial assistance for this publication.

Finally, I convey my gratitude to our Honorable Minister, Ministry of Planning, Mr. M.A. Mannan, MP for his guidance, instructions and continuous support in making this publication a reality.



(Professor Shamsul Alam, M.A. Econs., PhD)



Dr. Md. Kawser Ahmed
Member (Secretary)
General Economics Division
Bangladesh Planning Commission

Foreword

I am glad that General Economics Division (GED) is finally publishing the background papers done by different eminent authors for the Eighth Five Year Plan with the financial support of UNICEF.

Five background papers in this volume include social protection for children in a changing demography, demographic diversity of Bangladesh-emerging trends and policy implications, children on the move-the rapid assessment of the current situation and policy issues, governance of urban services for women and children and the situation of children in Bangladesh. These studies highlight the need for urgent action for the government in areas such as early childhood in cognitive development, child sensitive social protection, aging population, governance challenges in urban area, child marriage, climate vulnerability, violence against children, and finally wellbeing of children in order to cope up with standard of higher-middle income economy and eventually towards a developed country.

In the process of finalizing these studies, GED has ensured the participation of all the relevant government ministries/divisions/agencies, policy makers, academia, civil society organizations, NGOs, development partners, think-tanks and other potential leaders. Most importantly, the concerned ministries/divisions have provided inputs with updated data which were reflected in the Eighth Five Year Plan.

I would like to extend my gratitude to the authors and reviewers of the background papers for their tireless effort for finalizing the papers in the challenging times of Covid-19 restrictions. I would also like to congratulate the GED officials who were involved in conducting, finalizing and publishing the studies. I hope this publication will be useful to economists, policymakers, researchers as well as students and help them guide and enhance their knowledge and understanding on the issues.

Finally, I would like to thank our Hon'ble Minister of Planning and Hon'ble State Minister of Planning for their guidance and supervision for making these studies of good quality and rigorous.

Dr. Md. Kawser Ahmed



Sheldon Yett
UNICEF Representative in Bangladesh

Message

UNICEF is very pleased to have worked with the Bangladesh Planning Commission to ensure the publication of these five background papers for Bangladesh's Eighth Five Year Plan. I would particularly like to congratulate the General Economics Division (GED) of the Bangladesh Planning Commission in making this publication a reality.

In 2017, GED and UNICEF signed an agreement titled, "Strengthening the Social Policies for Children in a Middle-Income Economy: Emerging Challenges, Opportunities and Way Forward for SDGs in Bangladesh". One objective was to conduct studies to expand knowledge on the important role of social protection in achieving the SDGs. Another was to generate evidence that would inform policies and guide budget allocations to ensure that the fruits of economic growth would be enjoyed by all. These five background papers were produced with the same goal, and I am happy that the outcomes and policy recommendations were included in the Eighth Five-Year Plan.

These papers cover a wide range of issues facing children in Bangladesh today. The first paper, "The Situation of Children in Bangladesh", presents the context of child wellbeing in the country. The second paper, "Demographic Diversity of Bangladesh - Emerging Trends and Policy Implications", discusses the need to invest more in children before the demographic window of opportunity closes. The third paper, on "Social Protection for Children in a Changing Demographic", provides a comprehensive assessment of child-sensitive social protection interventions available in the country, including their coverage and impact. The fourth paper, "Governance of Urban Services for Women and Children", examines challenges for women's and children's services against a rapidly urbanizing landscape. The final paper, "Children on the Move: A Rapid Assessment of the Current Situation and Policy Issues", provides an analysis of the dynamics of child-displacement in the country, and explores initiatives to support these children. Each paper provides strong policy recommendations that UNICEF believes will help tackle these issues and that will contribute to the improved wellbeing of children who are exposed to multiple vulnerabilities. UNICEF is proud to support the publication of these studies as a volume to facilitate dissemination among policymakers, researchers, academia and the general public.

UNICEF works around the world to improve the wellbeing of all children, and to build a better future for them. Our partnership with GED is critical for achieving these global goals in Bangladesh, and for supporting policymakers in ensuring a future where children and their rights are front and centre.

I look forward to UNICEF's continued partnership with GED to generate the evidence needed to inform and shape policies that ensure the realization of child rights in Bangladesh. UNICEF is committed to supporting the Government of Bangladesh's efforts to implement the SDGs relating to children and women to ensure that they can thrive and prosper in the years to come.

Acknowledgements

The preparation of Eighth Five Year Plan was commissioned in 2019. Initially, a 'National Steering Committee' was formed under the chairmanship of the Honourable Minister of Planning to oversight the preparation of the plan. A Panel of Economists', under the chairmanship of Dr. Wahiduddin Mahmud, has also been formed comprising luminous Bangladeshi economists, sociologists, educationalists and experts on relevant fields, who gave continuous support in shaping the Eighth Five Year Plan. In this noble initiative, GED has ensured partnership of all the government ministries/divisions/agencies, policy makers, academia, civil society organizations, NGOs, development partners, think-tanks and thought leaders in formulating this plan. A total of twenty background studies have also been conducted with the help of the eminent experts in their respective fields. As the General Economics Division (GED) is going to publish the background studies in 05 volumes, it likes to exert its gratitude to all the stakeholders involved.

First and foremost, GED likes to express its humble gratitude to the Hon'ble Prime Minister and the Chairman of National Economic Council Sheikh Hasina for her strategic guidance and well-judged suggestions for finalizing the Eighth Five Year Plan.

GED is thankful for the guidance and timely direction provided by the Hon'ble Minister, Ministry of Planning Mr. M.A. Mannan, MP. His visionary leadership has expedited the process of drafting the Eighth Five Year Plan.

We are indebted to the outstanding leadership of Dr. Shamsul Alam, Honourable Minister of State, Ministry of Planning for this endeavor and the others. During his twelve years tenure, he has raised GED, the policy-planning hub of the country, into the highest level of excellence. He is the person who intently reviewed and edited the background papers and stitched them into one curated document that ultimately culminated into Eighth Five Year Plan (July 2020- June 2025).

We gratefully recall the valuable contribution of the Panel of Economists headed by Dr. Wahiduddin Mahmud for his suggestions and advices all through. The civil society participants' contribution to the background papers are also acknowledged herewith.

Special thanks to Mr. Md. Mafidul Islam, Chief, GED for his coordination and support in conducting the studies. This volume would not be possible without the technical and quality assurance editorial support from Mr Md. Mahbubul Hoque Patwary, Joint Chief, Poverty Analysis and Monitoring (PAM) Wing; Ms. Munira Begum, Joint Chief, PAM Wing; Mr. Md. Mahbubul Alam Siddiquee, Deputy Chief, PAM Wing; Mr. Mohammad Fahim Afsan Chowdhury, Senior Assistant Chief, PAM Wing, Mr. Nepoleon Dewan, Senior Assistant Chief, GED and Mr. Shimul Sen, Senior Assistant Chief, PAM Wing.

Also special thanks to Mr. Sheldon Yett, Country Representative, UNICEF Bangladesh, Mr. Tomoo Hozumi, Former Country Representative, UNICEF Bangladesh as well as other colleagues of Social Policy, Evaluation, Analytics and Research (SPEAR) section of UNICEF Bangladesh- Mr. Mekonnen Ashenafi Woldegorgis, Chief; Ms. Hasina Begum, Social Policy Specialist; Mr. Md. Ashiq Iqbal, Social and Economic Analysis Specialist and Dr. Deepak Kumar Dey, former Statistics and Monitoring Specialist for their valuable contribution for this volume.

List of Abbreviations

7FYP	Seventh Five-Year Plan
8FYP	Eighth Five-Year Plan
ABAL	Ability Based Accelerated Learning
ADB	Asian Development Bank
ADD	Action on Disability and Development
ADP	Annual Development Program
AIDS	Acquired immunodeficiency syndrome
AMR	Antimicrobial Resistance
ANC	Antenatal Care
APSC	Annual Primary School Census
ARI	Acute Respiratory Infection
ASA	Association for Social Advancement
ASK	Ain o Salish Kendra
ASWA	Accelerating Sanitation, Hygiene and Water for All
AUEO	Assistant Upazila Education Officer
BANBEIS	Bangladesh Bureau of Educational Information and Statistics
BBS	Bangladesh Bureau of Statistics
BCC	Controlled Behaviour Change Campaigns
BCCSAP	Bangladesh Climate Change Strategy and Action Plan
BCG	Bacillus Calmette–Guérin
BDHS	Bangladesh Demographic and Health Survey
BEI	Bangladesh Enterprise Institute
BES	Bangladesh Education Statistics
BFHI	Baby Friendly Hospital Initiative
BIGD	BRAC Institute of Governance and Development
BLAST	Bangladesh Legal Aid and Services Trust
BMMS	Bangladesh Maternal Mortality and Healthcare Survey
BMS	Bangladesh Midwifery Society
BNNC	Bangladesh National Nutrition Council
BNWLA	Bangladesh National Women Lawyers' Association
BPKS	Bangladesh Krira Shikkha Protishtan
BRAC	Bangladesh Rural Advancement Committee
BREN	Bangladesh Research Network
BRIS	Birth and Death Registration Information System
BSAF	Bangladesh Shishu Adhikar Forum
BSVS	Bangladesh Sample Vital Statistics
BTEB	Bangladesh Technical Education Board
BWDB	Bangladesh Water Development Board
CAMPE	Campaign for Popular Education
CAPO	Child Affairs Police Officer
CB	Child Benefit
CBN	Community based Nutrition
CC	City Corporation

CC	Community Clinics
CCA	Climate change adaptation
CCDB	Christian Commission for Development in Bangladesh
CCenA	Child-centred adaptation
CCRIP	Coastal Climate Resilient Infrastructure Improvement Project
CCT	Cost of Cash Transfer
CDA	Chittagong Development Authority
CDC	Center for Disease Control
CDC	Community Development Centre
CDD	Centre for Disability in Development
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CHERG	Child Health Epidemiology Reference Group
CIPRB	Centre for Injury Prevention and Research
CLFS	Child Labour Force Survey
CLTS	Community Led Total Sanitation
CMAM	Community Management of Acute Malnutrition
C-MPI	Child focused Multidimensional Poverty Index
CODEC	Community Development Centre
CPD	Center for Policy Dialogue
CPI	City Prosperity Index
CPP	Cyclone Preparedness Programme
CPR	Contraceptive Prevalence Rate
CPS	Child Protective Services
CPTU	Central Procurement Technical Unit
CRC	Convention on the Rights of Children
CRGA	Child Rights Governance Assembly
CRPD	Convention on Rights of Persons with Disabilities
CRSA	Child Rights Situation Analysis
CRU	Child Rights Unit
CSID	Centre for Services and Information on Disability
CSO	Civil Society Organization
CSR	Corporate Social Responsibility
CSSP	Child Social Security Programme
CT-OVC	Cash Transfer Programme for Orphans and Vulnerable Children
CWASA	Chittagong Water Supply and Sewerage Authority
CWB	Child Welfare Board
CWS	Child Wellbeing Survey
DBMS	Database Management System
DFA	Department of Foreign Affairs
DG	Director General
DGFP	Directorate General of Family Planning
DGHS	Directorate General of Health Services
DGIS	Directorate-General for International Cooperation
DIS	Disability Information System
DISHA	Development Initiative Supporting Healthy Adolescents

DNO	District Nutrition Officer
DPE	Directorate of Primary Education
DPED	Diploma in Primary Education
DPEO	District Primary Education Office
DPHE	Department of Public Health Engineering
DPP	Proposal for a Development Project
DRR	Disaster Risk Reduction
DRRA	Disabled Rehabilitation and Research Association
DSHE	The Directorate of Secondary and Higher Education
DSK	Dushtha Shasthya Kendra
DSK	Dushthya Shashthya Kendra
DSS	Department of Social Services
DTE	Directorate of Technical Education
DTP3	Diphtheria-tetanus-pertussis
DWASA	Dhaka Water Supply and Sewerage Authority
ECB	Extended Child Benefit
ECCD	Early Childhood Care and Development
ECD	Early Childhood Development
ECHO	European Commission Humanitarian Aid Office
ECLAC	Economic Commission for Latin America and the Caribbean
EED	Education Engineering Department
EFA	Education for All
e-GP	e-Government Procurement
ELP	Essential learning package
ENN	Emergency Nutrition Network
EPI	Expanded Program on Immunization
ESDO	Eco-Social Development Organization
ESP	Extrasensory Perception
ETP	Effluent Treatment Plant
EU	European Union
FANSA	Freshwater Action Network South Asia
FAO	Food and Agriculture Organization
FDI	Foreign direct investment
FFE	Food for Education Program
FGD	Focus Group Discussion
FP	Family Planning
FPMC	Food Planning and Monitoring Committee
FPMU	Food Planning and Monitoring Unit
FSM	Fecal Sludge Management
FSPD	Female Stipend Project for Degree (Pass) and Equivalent Level
FSSAP	Female Secondary School Assistance Project
FY	Fiscal Year
FYP	Five Year Plan
GAA	Girls Advocacy Alliance
GBV	Gender-based violence
GBVIMS	GBV Information Management System

GDP	Gross Domestic Product
GED	General Economic Division
GED	General Educational Development
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
GLAAS	Global Analysis and Assessment of Sanitation and Drinking-Water
GMP	Good Manufacturing Practice
GoB	Government of Bangladesh
GoD	Government of Denmark
GPI	Gender Parity Index
GPS	Global Positioning System
GSF	Global Sanitation Fund
GWA	Gender and Water Alliance
HAIL	Haor Area Infrastructure and Livelihood
HDI	Human Development Index
HEED	Health Education Economic Development
Hep-B	Hepatitis B
HEQEP	Higher Education Quality Enhancement Project
Hib	Haemophilus influenzae type B
HIES	Household Income Expenditure Survey
HIV	Human Immunodeficiency Viruses
HLPW	High-Level Panel on Water
HMIS	Health Management Information System
HNPSP	Health Nutrition and Population Sector Program
HPN	Health, Population and Nutrition
HPNSDP	Health, Population and Nutrition Sector Development Program
HPSP	Health and Population Sector Program
HSC	Higher Secondary Certificate
ICDDR	International Centre for Diarrhoeal Disease Research, Bangladesh
ICMH	Institute of Child and Mother Health
ICT	Information and Communications Technology
IDD	Iodine Deficiency Disorders
IDMC	Internal Displacement Monitoring Centre
IE	Inclusive Education
IEC	Information, Education and Communication
IFA	Iron-Folic Acid
IFAD	International Fund For Agricultural Development
IFC	International Finance Corporation
IGB	Indo-Gangetic Basin
IIED	International Institute for Environment and Development
ILO	International Labor Organization
ILOSTAT	International Labour Organization Database
IMCI	Integrated Management of Childhood Illness
IMED	Implementation Monitoring and Evaluation Division
IMR	Infant Mortality Rate
INCIDIN	Incidin-Liquid-Spray
INGO	international non-governmental organization

IOM	International Organization for Migration
IPA	Innovations for Poverty Action
IPCC	Intergovernmental Panel on Climate Change
IPHN	Institute of Public Health Nutrition
IPV	Inactivated polio vaccine
IRC	International Rescue Committee
ISCG	Inter Sector Coordination Group
ITEC	Independent Textbook Evaluation Committee
IUD	Intrauterine Device
IWRM	Integrated Water Resource Management
IYCF	Infant and Young Child Feeding
JJS	Jagrata Juba Shangha
JRP	Joint Response Plan
JSC	Junior School Certificate
KDA	Khulna Development Authority
KII	key informant interview
KII	Key Informant Interviews
KWASA	Khulna Water Supply and Sewerage Authority
LAPM	Long-Acting Permanent Method
LCG	Local Consultative Group
LDC	Least Developed Country
LEAP	Livelihood Empowerment Against Poverty Programme
LGD	Local Government Department
LGD	Local Government Division
LGED	Local Government Engineering Department
LGI	Local Government Institutions
LGSP	Local Governance Support Programme
LIUPC	Livelihoods Improvement of Urban Poor Communities Project
LPG	Liquid petroleum gas
LPL	Lower poverty line
MAR	Managed Aquifer Recharge
MBBS	Bachelor of Medicine and Bachelor of Surgery
MCV1	Measles-containing-vaccine first-dose
MDG	Millennium Development Goals
MHM	Menstrual Hygiene Management
MICS	Multiple Indicator Cluster Survey
MIS	Management Information Systems
MMR	Maternal mortality ratio
MMS	Manab Mukti Sangstha
MNCAH	Maternal, Newborn, Child and Adolescent Health
MNCH	Maternal, Newborn and Child Health
MOCHTA	Ministry of Chittagong Hill Tracts Affairs
MODMR	Ministry of Disaster Management and Relief
MOE	Ministry of Education
MoF	Ministry of Finance
MOHA	Ministry of Home Affairs

MOHFW	Ministry of Health and Family Welfare
MoHPW	Ministry of Housing and Public Works
MOLGRD	Ministry of Local Government Rural Development and Cooperatives
MOLJPA	Ministry of Law, Justice and Parliamentary Affairs
MOPME	Ministry of Primary and Mass Education
MoSW	Ministry of Social Welfare
MOWCA	Ministry of Women and Children Affairs
MR	Measles-rubella
MSNA	Multi-Sector Needs Assessment
NAMIP	National Policy for Arsenic Mitigation and Implementation Plan
NAP	National Action Plan
NAPA	National Adaptation Programme of Action
NAPE	National Academy for Primary Education
NCC	National Council for Children
NCD	Non-Communicable Diseases
NCEP	National Child Labour Elimination Policy
NCTB	National Curriculum and Textbook Board
NCWCD	National Council for Women and Children Development
NDC	Nationally Determined Contribution
ND-GAIN	Notre Dame Global Adaptation Initiative
NEET	National Eligibility cum Entrance Test
NEET	Not in Education, Employment, or Training
NEP	National Education Policy
NER	Net Enrolment Rate
NFE	Non-Formal Education
NGO	Non-Governmental Organization
NHA	National Housing Authority
NHBS	National Hygiene Baseline Survey
NICC	Nutrition Implementation Coordination Committee
NIPORT	National Institute of Population Research and Training
NNS	National Nutrition Services
NPAN	National Plan of Action for Nutrition
NPDM	National Plan for Disaster Management
NPSWSS	National Policy for Safe Water Supply and Sanitation
NSA	National Security Agency
NSDCS	National Skills Development Council Secretariat
NSDP	National Skills Development Policy
NSSS	National Social Security Strategy
NTVQF	National Technical and Vocational Qualifications Framework
NUHS	Health Issues: National Urban Health Strategy
NUPRP	National Urban Poverty Reduction Programme
NWDP	National Women Development Policy
NWMP	National Water Management Plan
OBA	Output Based Aid
ODF	Open Defecation Free
OECD	Organisation for Economic Co-operation and Development

OHCHR	Office of the United Nations High Commissioner for Human Rights
OHCHR	Official of the High Commission for the Human Rights
OPV3	Third dose of oral polio vaccine
ORT	Oral Rehydration Therapy
OTM	Open Tendering Method
PCV	Pneumococcal conjugate vaccine
PDF	Physically-challenged Development Foundation
PEDP	Primary Education Development Program
PESP	Primary Education Stipend Program
PETI	Programme to Eradicate Child Labour
PFI	Private Financial Institution
PGU-CSP	Policy Guidance Unit for Child-focused Social Protection
PIC	Project Implementation Committee
PLU	Project Liaison Unit
PMO	Prime Minister's Office
PMT	Proxy Means Test
PNC	Postnatal Care
PO	Probation Officers
PP	Perspective Plan
PP	Perspective Plan 2010–2021
PPA	Public Procurement Act
PPE	Pre-primary education
PPP	Public-Private Partnerships
PPR	Public Procurement Rules
PPRC	Power and Participation Research Centre
PSC	Project Steering Committee
PSO	Private Sector Organization
PSU	Power Supply Unit
PTA	Parent Teacher Association
PTI	Primary Teachers Training Institutes
PWD	Persons with disability
RAB	Rapid Action Battalion
RAJUK	Rajdhani Unnayan Kartripakkha
RAPID	Research and Policy Integration for Development
RCT	Randomized Control Trials
RDRS	Rangpur Dinajpur Rural Service
REACH	Registration, Evaluation, Authorisation and Restriction of Chemicals
RI	Relief International
RMG	Ready Made Garments
RNI	Recommended Nutrient Intake
RO	Reverse osmosis
RTDA	Rajshahi Town Development Authority
RTI	Reproductive Tract Infections
SAARC	South Asian Association for Regional Cooperation
SACOSAN	South Asian Conference on Sanitation
SAM	Severe Acute Malnutrition

SAP	Systems, Applications, Products
SBCC	Social and behavior change communication
SCANU	Special Care Newborn Unit
SCC	Sylhet City Corporation
SCI	Service Civil International
SCNI	Steering Committee on Nutrition Initiative
SDG	Sustainable Development Goal
SDP	Sector Development Plan
SEDP	Secondary Education Development Project
SEQAEP	Secondary Education Quality & Access Enhancement Project
SESIP	Secondary Education Sector Investment Programme
SESP	Secondary Education Stipend Program
SF	School Feeding
SFYP	Seventh Five Year Plan
SKS	Shena Kalyan Shangstha
SLIP	School-level Improvement Plans
SLR	Sea level rise
SMC	School Managing Committees
SME	The Small & Medium Enterprise
SOD	Standing Orders on Disaster
SP	Social Protection
SS	Social Security
SSC	Secondary School Certificate
SSC	Secondary School Certificate
SSP	Social Security Programme
SSS	Sustainable Social Service
ST	Scheduled Tribes
STATA	Statistics and Data
STD	Sexually Transmitted Diseases
STEM	Science, technology, engineering, and mathematics
STEP	Support to Training and Employment Program for Women
SVRS	Sample Vital Registration System
SVRS	Sample Vital Registration System
SWA	Sector-Wide Approach
SWID	Society for the Welfare of the Intellectually Disabled
TAI	Technical Assistance Inc.
TFR	Total Fertility Rate
TLCC	Town Level Coordination Committee
TMSS	Thengamara Mohila Sabuj Sangha
TPP	Technical Project Proposal
TQI	Teaching Quality Improvement
TQM	Total Quality Management
TUP	Targeting the Ultra Poor
TVET	Technical and Vocational Education and Training
UBINIG	Unnayan Bikalper Nitinirdharoni Gobeshona
UCEP	Underprivileged Children's Educational Programs

UEO	Upazila Education Officer
UHC	Universal health care
UK	United Kingdom
ULG	Urban Local Government
UN	United Nations
UNCRC	United Nations Convention on the Rights of the Child
UNDP	United Nations Development Programme
UNESCAP	United Nations Economic and Social Commission for Asia and the Pacific
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNISDR	United Nations Office for Disaster Risk Reduction
UNSGAB	United Nations Secretary General's Advisory Board on Water
UPHCC	Urban Primary Health Care Centre
UPL	Upper poverty line
UPR	Universal Periodic Review
URC	University Research Co
USAID	United States Agency for International Development
USD	United States Dollar
USDA	United States Department of Agriculture
USSO	Undergraduate Student Services Office
UST	Unnayan Shahojogy Team
VAW	Violence against Women
VAWG	Violence against women and girls
VL	Vulnerability Line
VSC	Voluntary Surgical Contraception
VTE	Vocational and Technical Education
WASA	Water Supply and Sewerage Authority
WASH	Water, Sanitation and Hygiene
WATSAN	Water and Sanitation
WB	World Bank
WCA	World Cube Association
WDI	World Development Indicators
WFP	World Food Program
WHO	World Health Organization
WLCC	Ward Level Coordination Committee
WSSCC	Water Supply and Sanitation Collaborative Council
WTO	World Trade Organization
WWC	World Water Council

Study 1

The Situation of Children in Bangladesh

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Chapter 1: Introduction

1.1 Background

Bangladesh has achieved impressive success in many developmental indicators in the recent past. The country has already achieved the status of a lower middle-income country and set ambitious goal of reaching the upper middle-income status by 2030. Endowed with a young demography, children aged 0-17 constitute 36 percent of total population in Bangladesh. According to BBS (2015), share of children (0-14) accounts for about 30 percent of total population in 2018. This large number of children will join the workforce in the coming decades and play a vital role in the country's achievement of its national goals, such as the Vision 2041. Therefore, ensuring children's well-being and upholding their rights must be considered as national priorities in Bangladesh. The country's commitment in achieving the Sustainable Development Goals (SDGs) and various national development strategies such as the five-year plans also require that attention is given in preserving child rights and ensuring their security and protection from all forms of violence, disease and abuse.

The current overall situation of children's well-being in Bangladesh is far from ideal. Disparities in terms of class, gender, ethnicity and locality are high. Despite many initiatives, the government is still struggling to ensure quality education at pre-primary, primary, and secondary level. Moreover, many children are deprived of access to safe drinking water, sanitation and hand-washing facilities, which has serious health implications. Child mortality remains an important issue to be addressed as the newborns suffer from pneumonia, diarrhoea, respiratory infections and many other fatal diseases. Proper post-natal care is absent, especially in poor and rural households. Overall nutritional status of children, though improved, is not ideal as children in Bangladesh still suffer from stunting and wasting. Furthermore, a large number of children are still victims of child marriage and a considerable number of children are engaged in different forms of child labour, including the exploitative and hazardous ones, in Bangladesh (MICS, 2013; BBS, 2013).

Besides the traditional challenges, the lives of 19 million children in Bangladesh are at risk due to climate change driven hazards in recent years. The effects of climate change, such as floods, cyclones, river erosion, drought, and salinity intrusion among others are putting marginalized people in increased vulnerability. Children of these families are the worst victims of natural disasters and are deprived of quality health, education and nutrition (UNICEF 2019). On this backdrop, to identify the drivers of child deprivation, an in-depth situation analysis is needed. The situation analysis aims to analyse the country context, system and institutions, the extent of establishment of child rights, and the access, opportunities and impacts of social services for children in Bangladesh. It also aims to help policy makers to frame priorities, evaluate the implemented services and to accelerate progress towards the goal of ensuring children's rights and well-being in the country.

1.2 Objectives of the Study

The overall objective of the study is to develop a flagship product that presents an analytical narrative of children's rights and well-being in Bangladesh under the guidance of UNICEF and the Government of Bangladesh.

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The specific objectives of the report are:

- To articulate strong understanding of the country context, systems and institutions, trends in the fulfilment of children's rights, coverage of social services at scale, assess opportunities and future trends that could impact (positive/negative, intended/un-intended, direct/indirect) the lives of children;
- To examine drivers of inequities (immediate, underlying and structural causes) preventing the realizations of children's rights;
- To identify any knowledge gaps at the country level and point out sources that might fill these, and
- To frame priorities and headline results for children to contribute to accelerate progress achievement of SDGs and vision 2041.

1.3 Conceptual Framework and Methodology

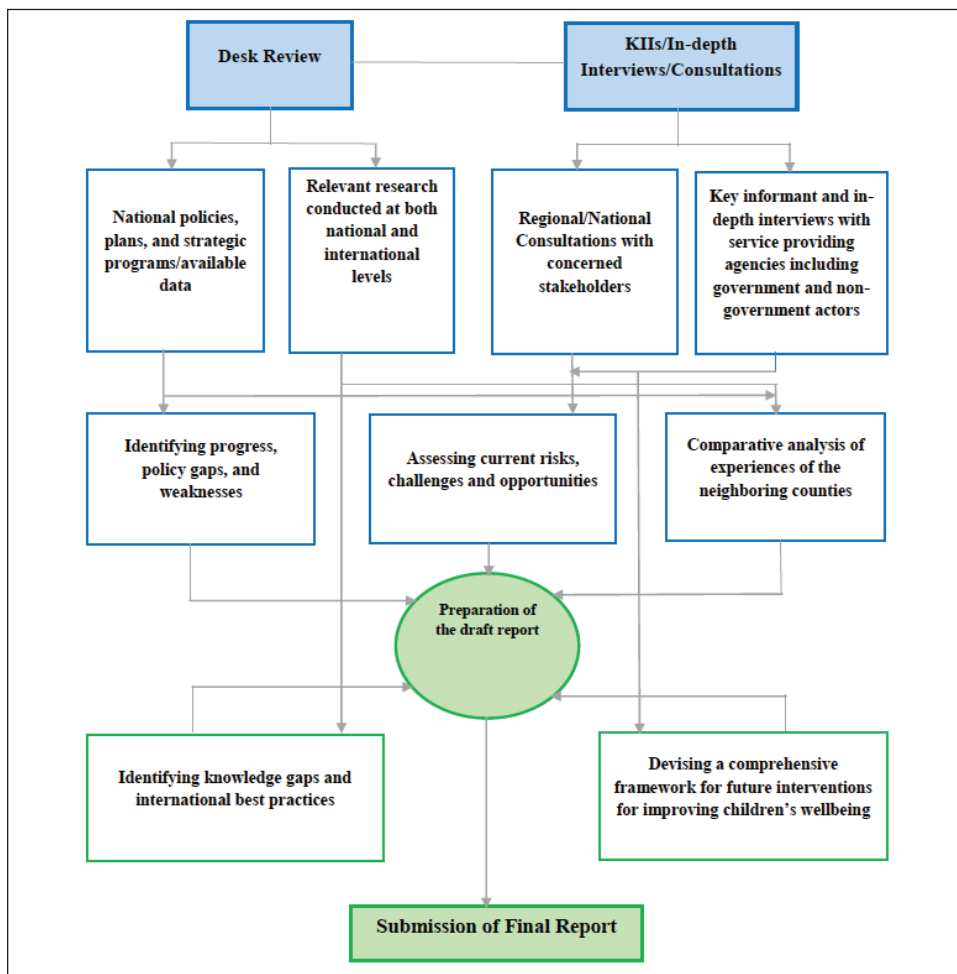
Various types of methods utilizing diverse data sets have been used in this study. A thorough desk review of the existing national and international studies, statistics, policies, laws and other pertinent documents have been reviewed to synthesize the findings. Divisional consultation with stakeholders from different sector and Key informant interviews (KII)s has been conducted in all divisional headquarters. The purpose of the consultations and the interviews are to identify key challenges, regional hotspots and sources of deprivations, and gaps in knowledge at divisional level across the country. A number of Focus Group Discussion (FGDs) have been conducted at across all the divisions to cover children from various cohorts including children who are dropout of school, involved as child labour, currently enrolled in schools, living in urban slums and streets, and participants of adolescent clubs.

Desk review of documents and resources provided by UNICEF, government bodies and other international as well as national stakeholders have provided the foundation of understanding the context, and key issues affecting children's rights and well-being. Statistical analysis software including MS Excel and STATA has been used to analyze findings from the secondary data to identify trends, patterns, incidence, and causes of key deprivations, as well as disaggregate the findings in terms of geography, gender, age and other relevant dimensions. Key documents used for the collection of secondary data include the Multiple Indicator Cluster Survey (2013; 2019), Bangladesh Demographic and Health Survey (2018), Effective Coverage of Basic Social Survey (2018), Household Income and Expenditure survey (2016), as well as other data sources by UNICEF and other organizations. Secondary data has been collected to cover issues like education and healthcare of children, child marriage, environmental and climate change risks for children, child labor, and social protection coverage etc.

Synthesis of the findings from desk review, divisional consultations, and KIIs has helped to identify key challenges, regional hotspots and sources of deprivations, and gaps in knowledge. Together, the statistical findings and evaluative synthesis, have been used to answer the key research questions of this study, draw conclusions, and frame priorities and interventional recommendations. The study is therefore designed to incorporate available data from existing reports and studies, and from key informant reviews. The design of the

study can be illustrated as follows in Figure 1.

Figure 1: Design of the Situation Analysis 2019



1.4 Chapter Outline Description

The report is divided in ten chapters starting with an introductory and a concluding chapter. The first chapter sets the context and motivation of the study and detail out the conceptual framework and methods used to finalize the study report. The second chapter titled as the ‘Development context in Bangladesh’ include analyses of the local and global development agenda relating to children, importance of investment on children, and socio-economic as well as demographic profile of Bangladesh. By setting the socio-economic as well as demographic context of the country, the second chapter depicts the importance

of conducting the situation analysis and investing on children in Bangladesh. The third chapter focuses on the analyses of political economy and governance and identifies the key national policies, legislations, systems, and institutions relating to child rights and welfare. The chapter identifies both the government and non-government actors involved in delivering a plethora of services for children.

Chapter four to eight deals with different perspectives of child well-being. In this instance, chapter four and five sheds light on child survival, child health, nutrition, development, reproductive and maternal health. Facilities for early childhood development (ECD) and other education as well as skill development facilities for children are discussed in the sixth chapter. The seventh chapter discusses about the child protection issues including child discipline, child labour, child marriage, victimization, feeling of safety, and violence against children. In the eight-chapter, access to safe drinking water, sanitation, and hygiene is discussed with reference to children. Throughout the fourth to eighth chapter, existing policies, institutions, governance, recent progress in critical indicators, challenges, and recommendations regarding different aspects of child well-being have been analysed. In the ninth chapter, well-being of children in relation to multi-dimensional poverty, migration, disabilities, climate change, gender equality, peace building, and urbanization has been discussed. Finally, the tenth chapter concludes the report.

Chapter 2: Development Context in Bangladesh

2.1 Introduction

In about five decades after independence, Bangladesh has transformed from a so-called ‘development test case’ (Faaland and Parkinson, 1976) to, what the experts call as, the ‘development surprise’ in terms of socio-economic development (Asadullah et al., 2014). The country has come a long way from being a war-torn economy in early 1970s towards becoming a lower middle-income country in the late 2010s. While Bangladesh has been maintaining an upward-moving economic growth in the latest decade, achievements in the social development end has also been remarkable. At the end of the one-and-half decade of MDGs, Bangladesh has topped the charts in terms of attaining several targets. Attaining the reduction in the poverty, child mortality and maternal mortality has gone hand in hand with the increase in the enrolment rate as well as gender parity in primary and secondary schools (Kono et al., 2018; Hossain et al., 2016; Islam, 2016). However, inequality still persists in terms of access to different social as well as financial services and resources in and within rural and urban boundaries. Moreover, while the net enrolment in schooling and rate of immunization have increased, ensuring quality of education and healthcare has remained as big challenges for the government. As Bangladesh now eyes on becoming an upper middle-income country in the coming decade, investing on today’s children and leveraging the ‘demographic dividend’ has become more important than ever.

2.2 Importance of Investment on Children

According to the UN Population Division¹, there are about 1.9 billion children below 15 years in earth who constitute about 26 percent of global population. However, for the first time in history, data shows that the number of persons aged 65 years and above has outnumbered that of the children aged below five years. The projections of the Population Division also show that, in next three decades, number of persons aged 65 years and above will be at least twice as many as the children aged below five years while also outnumbering that of the adolescents and youths aged 15 to 24 years (United Nations, 2019). As the number of older people is growing while the growth in the number of children started showing the signs of a status quo, government of the countries across the world will have to prepare for social protection supports for the aged groups. Enhancing the well-being of today’s children, hence, can help the economies with ageing population thrive in the coming decades.

Importance of the investment on children in the early years after birth has long been researched and documented in many countries across the world. The importance of and return to the investment on early childhood development (ECD) have been a major focus of the policies as well as research for last couple of decades (Magnuson and Duncan, 2016; Cunha and Heckman, 2007). In SDGs, ECD is defined and measured by the proportion of children aged 36-59 months who are developmentally on track in health, learning and psychosocial wellbeing. Development of children under 5 years in terms of literacy-numeracy, physical, social-emotional and learning are emphasized under ECD (UNICEF, 2018b). Literatures on ECD has shown that the return to investment on ECD, mostly in

¹ See more in the “World Population Prospects 2019: Highlights”, retrieved from https://population.un.org/wpp/Publications/Files/WPP2019_Highlights.pdf

health and education related interventions, is highly remarkable as the return can go as high as 20 times the investment per dollar (Ramon et al., 2018; Masters et al., 2017; Ozawa et al., 2016). The growing support for investment on ECD has been reflected in the policies of global agencies like UN and also in many policies in the OECD countries.

Besides the investment on ECD, investment on the adolescents also count as an important part of public spending. Though the importance of investment on first 1000 days of early childhood is widely recognised, the importance of continued investments for the next 7000 days of middle childhood and adolescence are often undermined (Bundy et al., 2018). However, research shows that the interventions related to healthcare and education of the adolescents can bring positive return for the economy arguably by boosting the future GDP and by averting the costs of illness and diseases (Bundy et al., 2018; Sheehan et al., 2017). Thus, proper investment on the children in their early childhood, middle childhood, and in the adolescence have potential to bring higher returns to the society as well as the economy across the world.

2.3 Children in the Global Development Agenda

Rights and welfare of children has been brought to the mainstream development agenda for last few decades, especially since late 1980s. Though the Universal Declaration of Human Rights in 1948 mentions the rights of the children as an integral part of human rights, it was the United Nations Convention on the Rights of the Child (UNCRC) in 1989 that especially laid the foundation to secure the rights of all children. Since the UNCRC in 1989, the focus on child rights and childcare has been consistently being strengthened in the global and national commitments (Livingstone and Third, 2017). In 2000, the Millennium Development Goals (MDGs) were implemented across the developing nations with particular focus on development of health and education facilities which mostly benefitted the children. Following the legacy of MDGs, the post-2015 development agenda has put clear emphasis on various issues related to the physical, social, and psychological development of children (Raikes et al., 2017; World Health Organization, 2015). In a positive way, the SDGs reflect the rights of children enshrined in the UNCRC in its compact list of goals and targets². All the goals and targets of SDGs, in one way or another, is linked with the wide-ranging rights of children (Raikes et al., 2017).

In a nutshell, SDGs aim to ensure universal access to sustainable shelter, health, nutrition, education, and transportation for every child across the globe. There are 44 indicators (see Table 1) dedicated to children which cuts across 14 goals in the SDGs (UNICEF, 2018a; UNICEF, 2019). Hence, importance of the rights of children is substantively reflected in the today's global development agenda. However, building a sustainable world in coming years also requires implementing a plethora of relevant policies and ensuring a sustainable living and education for the children of today. Thus, investment on children, now, has become an imperative for all the countries, especially the developing ones.

2 See more in the "Mapping the Global Goals for Sustainable Development and the Convention on the Rights of the Child" by UNICEF, available in https://www.unicef.org/agenda2030/files/SDG-CRC_mapping_FINAL.pdf

Table 1: Matrix of the Goals and Targets of SDGs Related to Children

Goals	Target	Indicators
Goal 1	1.1	1.1.1 Proportion of population below the international poverty line
	1.2	1.2.1 Proportion of population living below the national poverty line 1.2.2 Proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions
	1.3	1.3.1 Proportion of population covered by social protection floors/systems
	1.4	1.4.1 Proportion of population living in households with access to basic services
Goal 2	2.2	2.2.1 Prevalence of stunting among children under 5 years of age 2.2.2 Prevalence of malnutrition among children under 5 years of age
Goal 3	3.1	3.1.1 Maternal mortality ratio 3.1.2 Proportion of births attended by skilled health personnel
		3.2.1 Under-5 mortality rate
	3.2	3.2.2 Neonatal mortality rate
	3.3	3.3.1 Number of new HIV infections per 1,000 uninfected population 3.3.2 Tuberculosis incidence per 1,000 population 3.3.3 Malaria incidence per 1,000 population
		3.4.2 Suicide mortality rate
		3.6.1 Death rate due to road traffic injuries
	3.4	3.7.1 Proportion of women of reproductive age (aged 15–49 years) who have their need for family planning satisfied with modern methods
	3.6	
	3.7	3.7.2 Adolescent birth rate (aged 10–14 years; aged 15–19 years) per 1,000 women in that age group
	3.8	3.8.1 Coverage of essential health services
		3.9.1 Mortality rate attributed to household and ambient air pollution
	3.9	3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe WASH services)

Goals	Target	Indicators
Goal 4	4.1	4.1.1 Proportion of children and young people: (a) in grades 2/3; (b) at the end of primary; and (c) at the end of lower secondary level
	4.2	4.2.1 Proportion of children under 5 years of age who are developmentally on track in health, learning and psychosocial well-being
		4.2.2 Participation rate in organized learning (one year before the official primary entry age)
		4.5.1 Parity indices
	4.5	4.6.1 Percentage of population in a given age group achieving at least a fixed level of proficiency in functional (a) literacy and (b) numeracy skills
	4.6	4.a.1 Proportion of schools with access to: (a) electricity; (b) the Internet for pedagogical purposes; (c) computers for pedagogical purposes; (d) adapted infrastructure and materials for students with disabilities; (e) basic drinking water; (f) single-sex basic sanitation facilities; and (g) basic handwashing facilities (as per the Water, Sanitation and Hygiene for All (WASH) indicator definitions)
Goal 5	5.2	5.2.1 Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner
		5.2.2 Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner
		5.3.1 Proportion of women aged 20–24 years who were married or in a union before age 15 and before age 18
	5.3	5.3.2 Proportion of girls and women aged 15–49 years who have undergone female genital mutilation/cutting
	5.4	5.4.1 Proportion of time spent on unpaid domestic and care work, by sex, age
		5.6.1 Proportion of women aged 15–49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health
Goal 6	6.1	6.1.1 Proportion of population using safely managed drinking water services
	6.2	6.2.1 Proportion of the population using (a) safely managed sanitation services and (b) a hand-washing facility with soap and water
Goal 7	7.1	7.1.2 Proportion of population with primary reliance on clean fuels and technology
Goal 8	8.7	8.7.1 Proportion and number of children aged 5–17 years engaged in child labour, by sex and age
Goal 10	10.1	10.1.1 Growth rates of household expenditure or income per capita among the bottom 40 per cent of the population and the total population

Goals	Target	Indicators
Goal 11	11.1	11.1.1 Proportion of urban population living in slums, informal settlements or inadequate housing
Goal 12	12.8	12.8.1 Extent to which (i) global citizenship education and (ii) education for sustainable development (including climate change education) are mainstreamed in (a) national education policies (b) curricula (c) teacher education and (d) student assessment
Goal 13	13.1	13.1.1 Number of countries with national and local disaster risk reduction strategies 13.1.2 Number of deaths, missing and persons affected by disaster per 100,000 people
Goal 16	16.1	16.1.1 Number of victims of intentional homicide per 100,000 population, by sex and age 16.1.2 Conflict-related deaths per 100,000 population, by sex, age and cause 16.2.1 Proportion of children aged 1–17 years who experienced any physical punishment and/or psychological aggression by caregivers in the past month
	16.2	16.2.3 Proportion of young women and men aged 18–29 years who experienced sexual violence by age 18
	16.9	16.9.1 Proportion of children under 5 years of age whose births have been registered with a civil authority, by age
Goal 17	17.18	17.18.1 Proportion of sustainable development indicators produced at the national level with full disaggregation
	17.19	17.19.2 Proportion of countries that a) have conducted at least one Population and Housing Census in the last ten years, and b) have achieved 100 per cent birth registration and 80 per cent death registration

Source: UNICEF, 2018a

2.4 Children in the National Development Agenda

Soon after gaining independence in 1971, Bangladesh prepared Constitution of the Peoples' Republic of Bangladesh in 1972 which clearly stated to respect fundamental rights of all citizens including the children. Ensuring advancement of children has been a key provision mentioned in Article 28(4) of the constitution. Rights of children to universal primary education, and to healthcare have been recognized as basic needs of children irrespective of their sex, race, ethnicity, and religion. Bangladesh first formulated the Children Act 1974 to recognize and protect the rights and dignity of every child. Moreover, Bangladesh has been one of the earliest signatories of the UNCRC after its formulation in 1989. Following the commitment to reflect UNCRC in the national policies, Bangladesh prepared the National Child Policy in 1994. Later on, the country has also been in the forefront of implementing and achieving the goals of MDGs which is reflected via the progress in a wide number of basic needs relating to children. While responding to MDGs during 2000-2015, Bangladesh updated the National Child Policy in 2011 and Children Act 2013 with a view to accommodating existing and emerging challenges that children are facing in the 21st century. Furthermore, the country has recently been putting solid emphasis on

achieving the post-2015 development agenda related with children by attaining the targets set by SDGs. Implementing ‘children budget’ in the national budget and ‘mid-day meals’ at schools for children are some of the recent initiatives reflecting government’s commitment to ensure well-being of children.

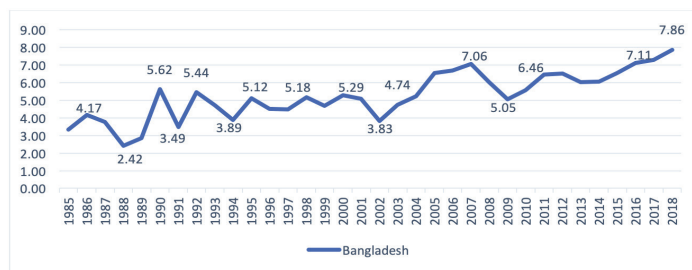
2.5 Socio-Economic Profile of Bangladesh

Bangladesh has recently been praised for its socio-economic achievement, especially during the last couple of decades. The country has seen consistent GDP growth with less volatility and has also seen an improvement in the standard of living for its people. While the GDP per capita for the citizens of Bangladesh has risen from a mere 95 USD in 1972 to about 1909 USD by 2019, the life expectancy at birth has also touched the milestone of 72.8 years in 2019 which was only 46 years in 1972. In the four decades after its independence, the economy of 6 billion USD has grown be an economy of 302.4 billion USD in 2019 in terms of GDP at current USD³. A globally competitive garments industry, incoming remittance from its expatriates, and the resilient agriculture sector is, arguably, boosting the economy. In addition, success in reducing fertility rate, population growth rate, child and infant mortality rate, and maternal mortality rate has gone hand in hand with the reduction in absolute poverty.

2.5.1 Economic Profile

Bangladesh has been a consistent performer in terms of robust economic growth for about a couple of decades. The country touched 6 percent GDP growth rate in 2011 and has maintained the upward trend in the growth rate ever since. Except for a downturn in economic growth during 2008 and 2009, the country has enjoyed an impressive rate of 6 percent GDP growth (see Figure 2). Lately, Bangladesh has achieved 8.13 percent GDP growth rate while eyeing on achieving the 8.2 percent GDP growth rate in 2019. The volatility of the GDP growth rate has also been significantly low in recent years. In addition, Bangladesh is one of the fastest growing economies in the world for last few years. In terms of consistent GDP growth in recent years, Bangladesh is a rising star among other competing South Asian and Southeast Asian countries including India, Sri Lanka, Malaysia, and Vietnam (see Figure 3).

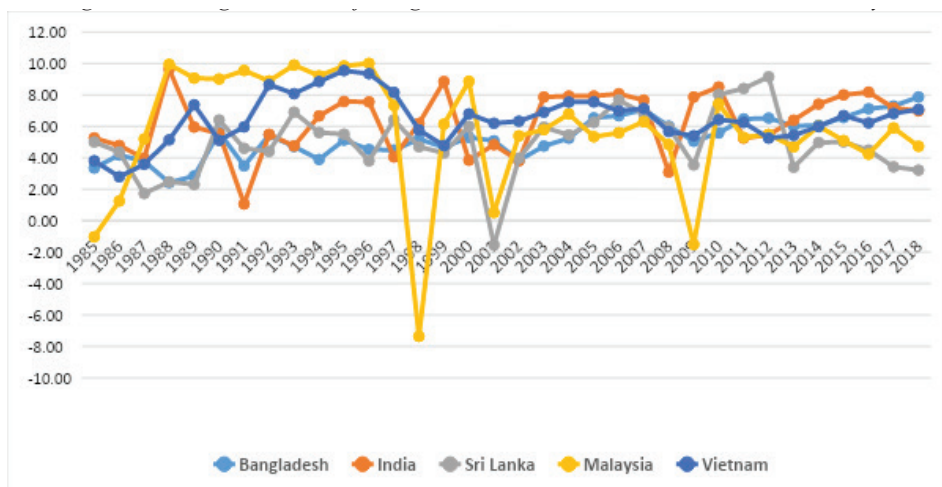
Figure 2: GDP Growth Rate of Bangladesh Over the Years From 1985 to 2018



Source: Author’s depiction based on World Bank data

3 See more in the “The World Bank Data” available at <https://data.worldbank.org/indicator/NY.GDP.MKTP.CD?locations=BD&view=chart> and National Budget Speech 2019

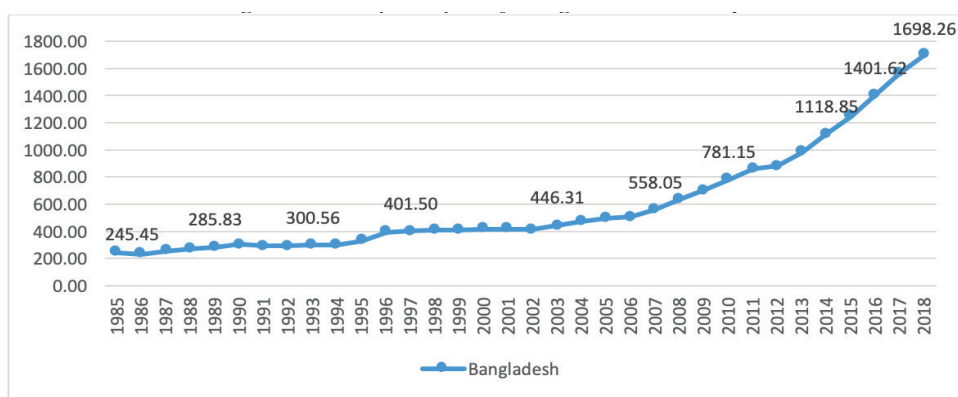
Figure 3: GDP Growth Rate of Bangladesh and Other Selected Countries Over the Years



Source: Author's depiction based on World Bank data

The growth of GDP in recent years has been reflected in the rise of GDP per capita of Bangladesh. The country's GDP per capita touched the 1000 USD milestone in 2014 and has now risen to 1698 USD in 2018 (see Figure 4). For last couple of years during 2017 and 2018, the GDP per capita of Bangladesh has grown at a rate of 6 percent and above. Major part of the improvement in the individual and national economy can be explained by the growth in the industry as well as service sector both in formal and informal economy. Moreover, Bangladesh is also consistent in terms of rising GDP per capita among many other South Asian and Southeast Asian countries.

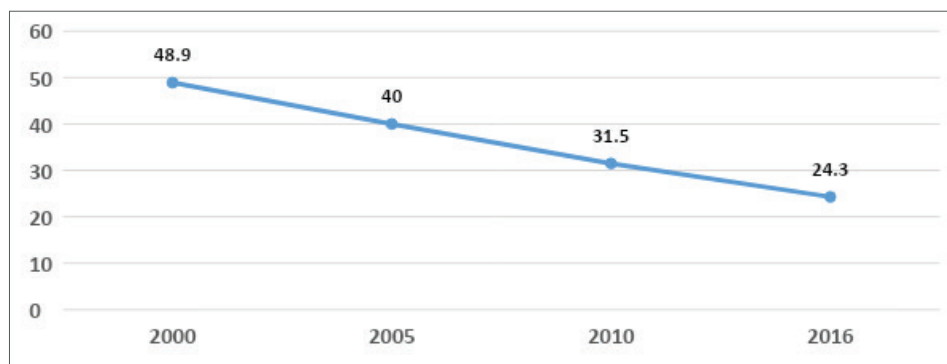
Figure 4: GDP Per Capita of Bangladesh Over the Years



Source: Author's depiction based on World Bank data

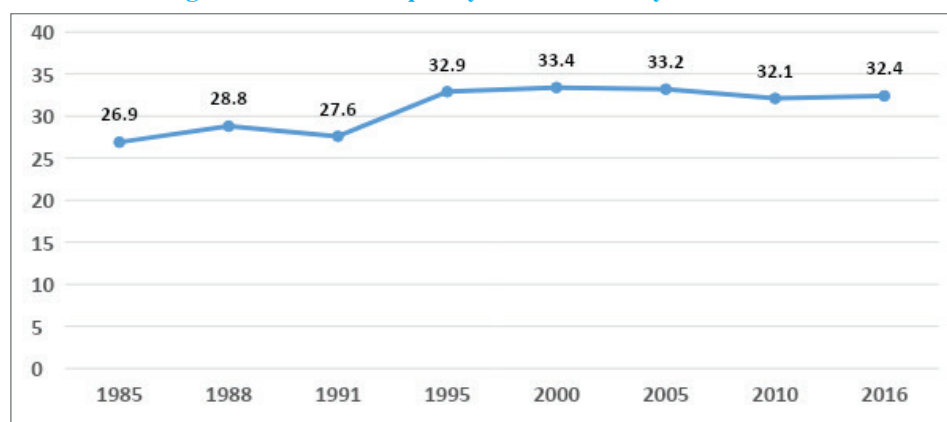
With the promising GDP growth rate and the rise in GDP per capita, Bangladesh has been one of the most successful nations in reducing poverty in a short time. The poverty headcount ratio shows that the percentage of population living below the national poverty line has been reduced in half in less than a couple of decades (see Figure 5). Data from the World Bank shows that the poverty rate has come down to about 24 percent in 2016 from about 49 percent in 2000. Moreover, Bangladesh eyes on reducing poverty to 18.6 percent by 2020 on the basis of upper poverty line as part of the 7th Five Year Plan. However, while the reduction in poverty seems all impressive, the income inequality as shown by the GINI Index has somehow risen over the time in 1980s-90s. Furthermore, the GINI index has barely shown any sign to come down for the last couple of decades and has remained above 32 for more than a couple of decades now (see Figure 6). Hence, raising the per capita income of its citizens while reducing poverty rate and income inequality lays a critical challenge for Bangladesh in the years ahead.

Figure 5: Poverty Headcount Ratio at National Poverty Lines (% of Population)



Source: Author's depiction based on data from HIES 2016

Figure 6: Income Inequality as Measured by GINI Index



Source: Author's depiction based on World Bank data

2.5.2 Social and Human Development Profile

Bangladesh has been termed as a ‘development surprise’, more for its remarkable achievements in the social development end than in the economic development end (Asadullah et al., 2014). Achieving most of the relevant goals and targets related to health and education aspects of the children has been a major success of Bangladesh as the country outperforms many of its LDC counterparts. In terms of health of children, reduction in the fertility rate, child mortality, and maternal mortality while there have been improvements in childbirth and nutritional status of children. In terms of education, both the enrolment and completion rate at the primary and secondary schools have improved and so has the gender parity at schools.

Net enrolment rate (NER) at the primary schools have improved over the last decade as achieving almost a perfect NER looks achievable. However, the NER at the secondary schools, though improving gradually, shows a big gap on the way to achieve a perfect enrolment rate. Moreover, the dropout rate at the secondary schools is about double than that of the primary schools (see Table 2). While the dropout rate at the primary level has dropped significantly in a decade from about 49 percent to 19 percent, the dropout rate at the secondary schools has shown slower progress in the rate of reduction as it came down from about 61 percent to 38 percent. The dropout rate at the secondary level is still high as more than one-third of the school going children leave schools often to join work at that age. Lack of proper attention to technical and vocational education and training for the children and youths have resulted into a high rate of youth population not in education, employment, or training (NEET). Over the last decade, the share of youths not in education, employment, or training has remained almost stagnant with a slight reduction in recent years (see Table 3).

Table 2: Net Enrolment Rate (NER) and Dropout Rate in Primary and Secondary Level

Indicators	2008	2010	2012	2014	2016	2018
NER (%) in primary	90.8	94.8	96.7	97.7	97.96	97.85
NER (%) in secondary	45.09	49.53	57.37	62.25	67.84	69.38
Dropout rate (%) in primary	49.3	39.8	26.2	20.9	19.2	18.60
Dropout rate (%) in secondary	61.38	55.26	44.65	41.59	38.30	37.62

Source: BANBEIS 2019

Table 3: Share of Youth Population (%) Not in Education, Employment, or Training

Indicators	2005	2006	2010	2016	2017
Share of youth population (%) not in education, employment, or training	30.99	32.26	30.06	28.88	27.39

Source: ILOSTAT database

The success of Bangladesh in different aspects of social and human development is reflected in the Human Development Index (HDI). Score in the HDI has improved significantly with the increase in people’s standard of the living, life expectancy at birth, and with attainment in both education and health related aspects. In last few decades, Bangladesh has entered into the ‘medium human development’ category in recent years from the ‘low human

development' category since 1990s. The HDI score has reached to 0.614 in 2018 from 0.39 in 1990. The expected years of schooling for every child has risen from 5.6 years to 11.2 in the same timeline. Moreover, the life expectancy at birth has increased from 58.2 years to 72.3 years⁴.

Bangladesh has achieved remarkable success in reducing infant and under-5 mortality rate over the last decade. Both infant and under-5 mortality rates have almost been halved in a decade. Moreover, prevalence of stunting, wasting, and percentage of underweight children has reduced slightly over the last few years. However, malnutrition remains high in different pockets of the country in both rural and urban settings. While the food security has been achieved in Bangladesh, the country still has to ensure proper nutrition for a vast number of its children. Furthermore, access to hygienic sanitary napkins for the adolescent girls have been a major issue across the country.

2.6 Demographic Profile of Bangladesh

Bangladesh is a South Asian country with 163 million people living in an area of 147,000 square kilometres. It is the eighth most populous country in the world as of 2019 with a very high population density of 1253 per square kilometre against the world average of 59. The country has however gone through a massive transition in terms of reducing fertility, infant and child mortality, and the population growth rate for the last few decades (Islam, 2016). As a result, the country is currently endowed with a fairly young population as 46 percent of the population are aged under 25 years.

2.6.1 Falling Fertility and Child Mortality Rate

In less than five decades after independence of Bangladesh, the total fertility rate (TFR) has come down from 6.63 in 1975-80 to 2.05 in 2015-2020. Moreover, a cross-country comparison with India, Sri Lanka, Malaysia, and Vietnam also shows that Bangladesh has achieved the fastest reduction in the fertility rates over last few decades (see Figure 7a). The falling rate has been preceded by and often coincided with a sharp decline in the infant mortality rate (IMR) and the under-five mortality rate (see Figure 8). The infant mortality rate, as measured per 1000 live births, have fallen from 138 deaths in 1975-1980 to 27 in 2015-2020. Moreover, the under-five mortality rate has fallen from 207 deaths per 1000 live births to 32 deaths per 1000 live births within the same period of about four decades.

4 Human Development Data (1990-2018) is available at <http://hdr.undp.org/en/data>

Figure 7: Total Fertility Rate (TFR) in Bangladesh and Other Countries of Asia

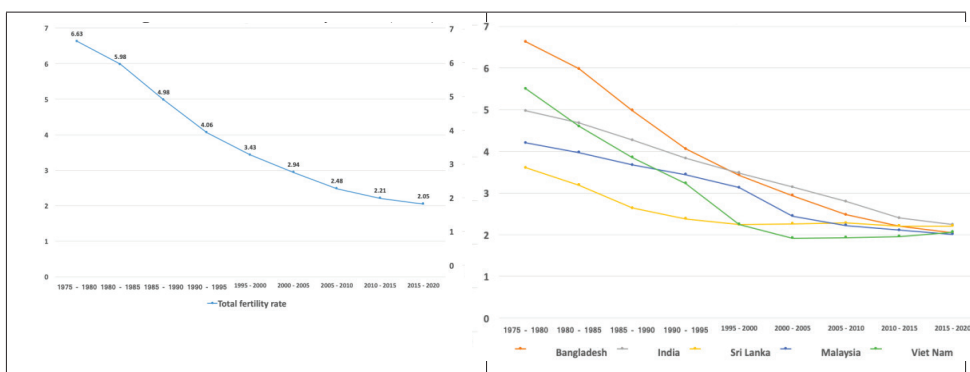
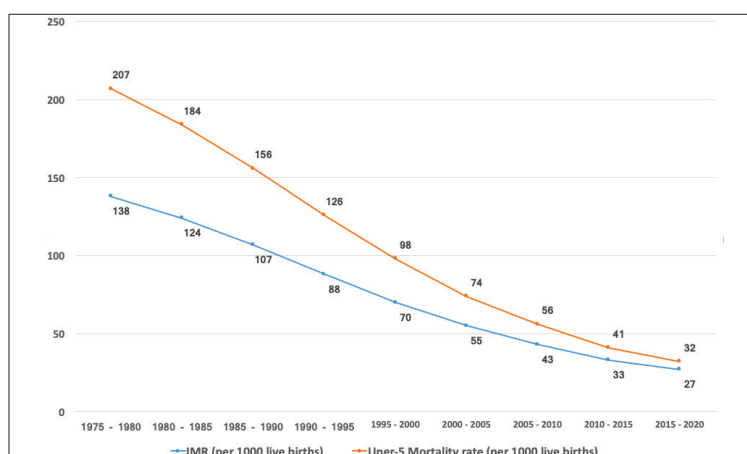


Figure 7a: TFR in Bangladesh

Figure 7b: TFR in other countries of Asia

Source: Authors' depiction based on the data from World Population Prospects 2019

Figure 8: Infant Mortality Rate and Under-Five Mortality Rate (Per 1000 Live Births)



Source: Authors' depiction based on the data from World Population Prospects 2019

2.6.2 Age-Sex Structure of the Population

The falling infant and child mortality together with a sharp decline in fertility rate has generated a boom in the young-age population since 1980s. The age-sex structure of Bangladesh population in 1980 shows that about half of the total population then belonged to an age group below 14 years (see Figure 9a). While a large number of populations belonged to the category of child, only about one-third of population was in the productive age to contribute to the war-torn economy. However, by 2000, the age-sex structure changed substantially as the children of the 70s and 80s grew up to be the youths (see Figure 9b). With a moderate population growth, the country in 2000 was endowed with about 38 percent population under 14 years while about other 50 percent of the population was in between 15 to 50 years.

In the recent decade, Bangladesh has arguably been going through an important stage of demographic transition where the falling fertility rate has resulted in a smaller number of children while a burgeoning youth group is entering into the productive age. This rise in the working age population and the fall in the ratio of dependent people has been dubbed as a situation conducive to realizing ‘demographic dividend’ in Bangladesh (Islam, 2016). About 36 percent of the population now belongs to an age group below 20 years who can potentially remain active in the economy for about next five decades (see Figure 9c). With proper investment in education, health, and skill development, this fairly young group of population can take the challenge of the upcoming decades to take the country in the path of higher socio-economic development.

Population data across the world shows that the age-sex structure that comprise of a larger ratio of young population doesn't last long. Historically, many of the European as well as East and South-east Asian countries have faced the ageing problem which was preceded by the boom of working age population. Likewise, Bangladesh is predicted to have an ageing population from 2030s and a high ratio of aged population since 2070s (Islam and Nath, 2012). In 2040, about half of the population will belong to the age group of above 50 years (see Figure 8d). More worrying is that, in 2060 and 2080 respectively, about 20 percent and 27 percent of the population will belong to an age group above 65 years. At the end of the century, Bangladesh will become an aged society with a very high ratio of old age population. Hence, preparing for tomorrow's elderly support needs to begin with today's children.

Figure 9: Population Pyramid of Bangladesh (Age and Sex Composition of Population)

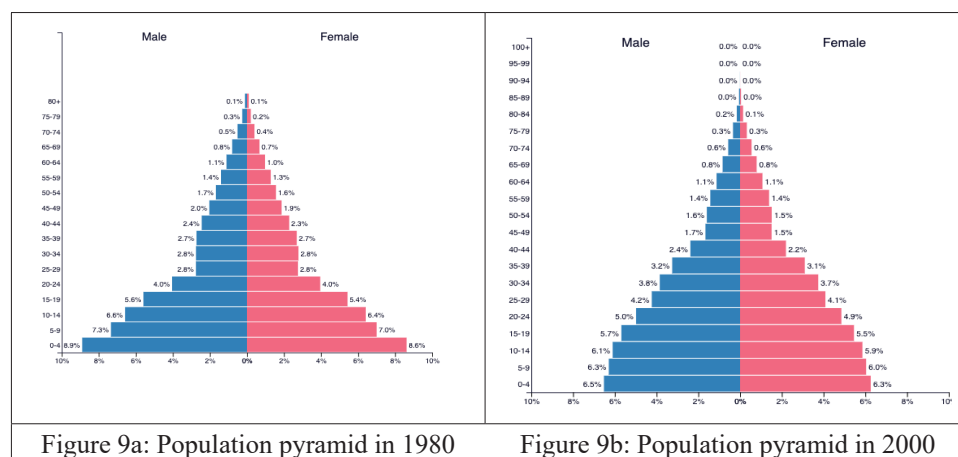
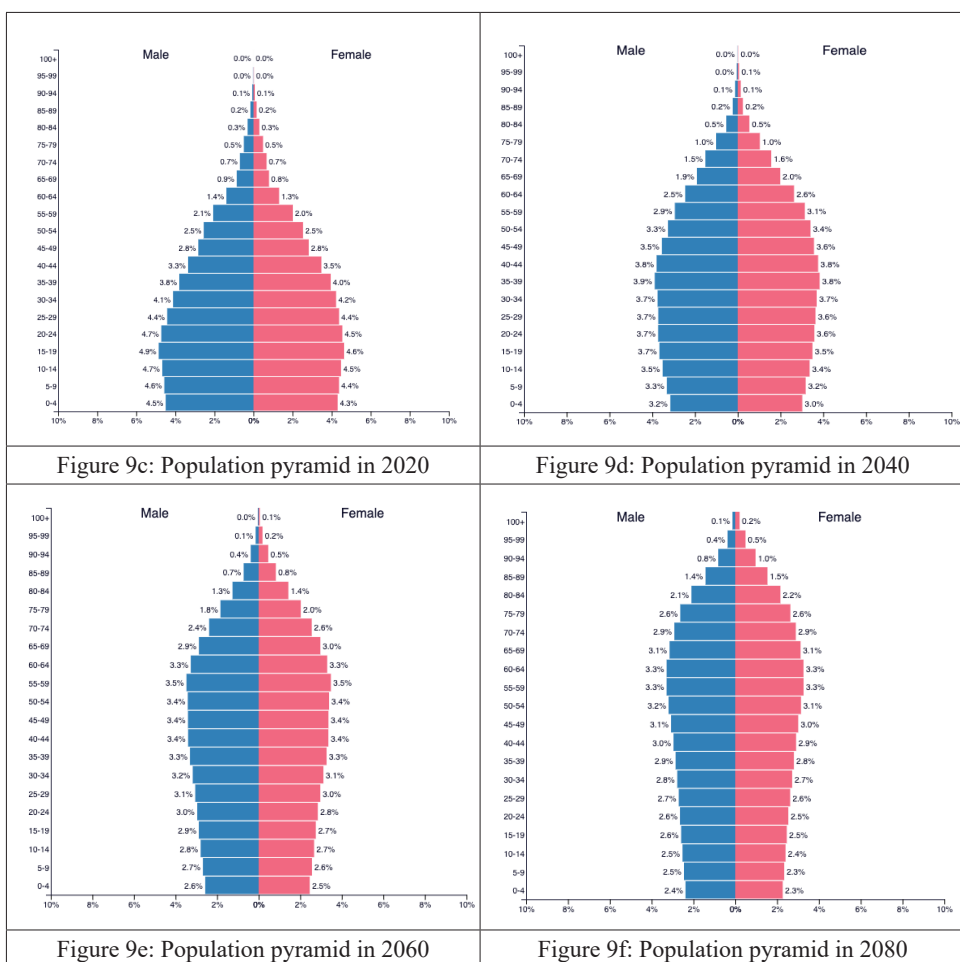


Figure 9a: Population pyramid in 1980

Figure 9b: Population pyramid in 2000



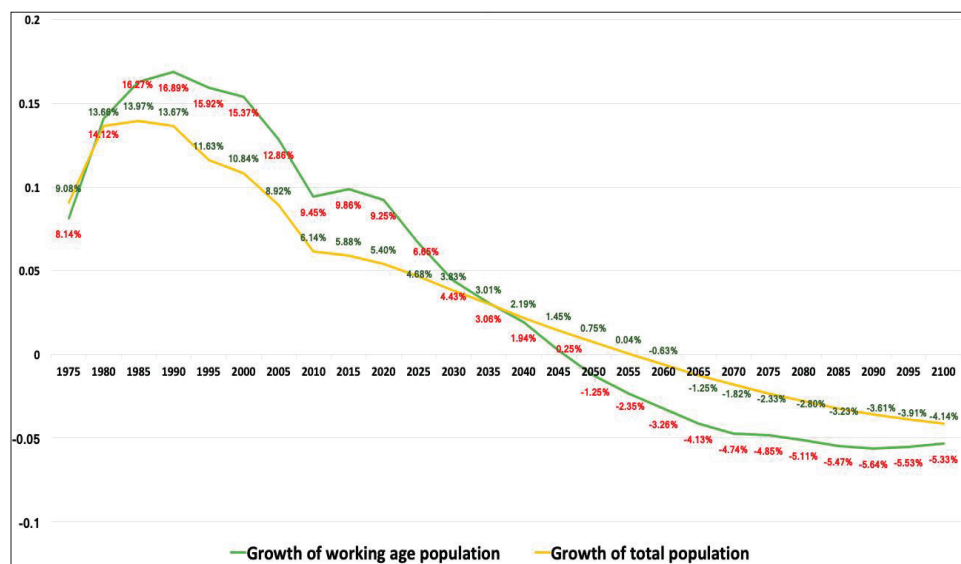
Source: poulationpyramid.net

2.6.3 Window of Opportunity for Realizing ‘Demographic Dividend’

The age and sex composition of the population remains an important area of interest in demographic studies (Pool, 2007). A wide number of researches suggests that a particular age structure of the population matter to economic growth (Canning et al., 2015; Bloom et al., 2003). As per literature, a rising proportion of youth and the working age population can potentially boost economic growth and create a ‘demographic dividend’ (Canning et al., 2015; Headey and Hodge, 2009; Bloom et al., 2003). The demographic dividend takes place when the age composition of population changes rapidly with a falling fertility rate, mostly in the context of developing countries. When declines in fertility rate is preceded by the declines in child mortality rate, it results into a ‘window of opportunity’ with a large number of working-age population and a smaller number of dependents for a country. This window of opportunity helps economies with increased supply of labour and paves the way for increased savings as well as investment (Canning et al., 2015; Van Der Gaag and De Beer, 2015).

In the context of Bangladesh, a clear rise in the ratio of working age population (i.e. 15 to 64 years) with a falling fertility rate as well as population growth rate have opened a window of opportunity since early 1980s. However, the growth of working age population is declining sharply and will touch the growth of total population in mid-2030s. This indicates that Bangladesh is going to face a lower growth rate in working age population in relation to the growth in total population in about a decade. Moreover, the country is predicted to face a negative growth of working age population from late 2040s. Hence, the window of opportunity for Bangladesh which opened up in early 1980s will potentially expire in mid 2030s. Thus, acting on today's children can help Bangladesh reap the benefit of this 'window of opportunity'.

Figure 10: Windows of Opportunity (Growth of Working Age Population Vis-A-Vis Total Population)

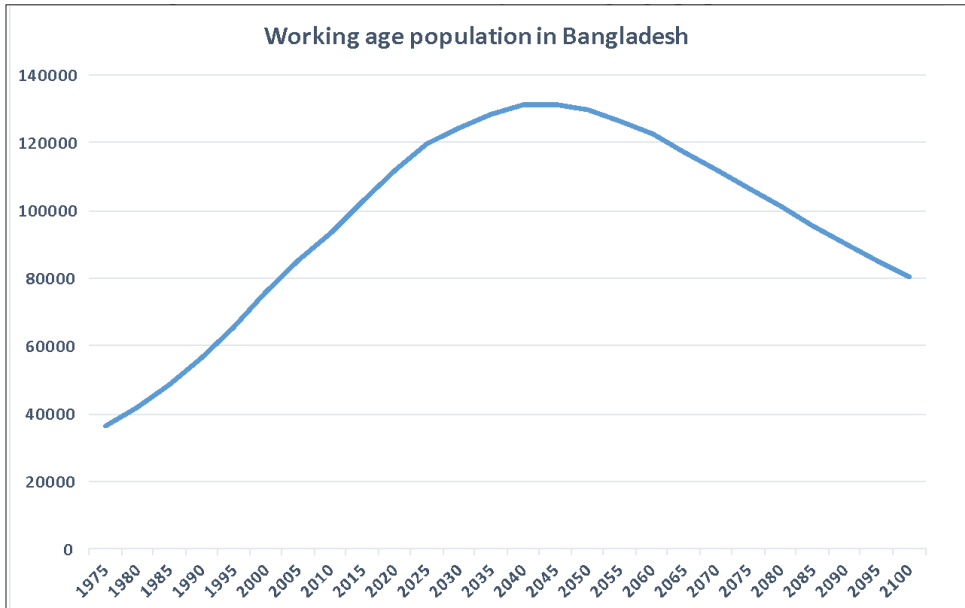


Source: Authors' depiction based on the data from World Population Prospects 2019

2.6.4 Fall in Working age Population and Rise in Dependency Ratio

Bangladesh has been currently having a sharp growth in the absolute number of working age population which is expected to last until around 2040s. With the demographic transition and the end of the windows of opportunity, the growth of absolute number of working age population will stabilize for about a decade and will start falling sharply from 2050s and onward (see Figure 11). Hence, the ageing of the working age population will fall while

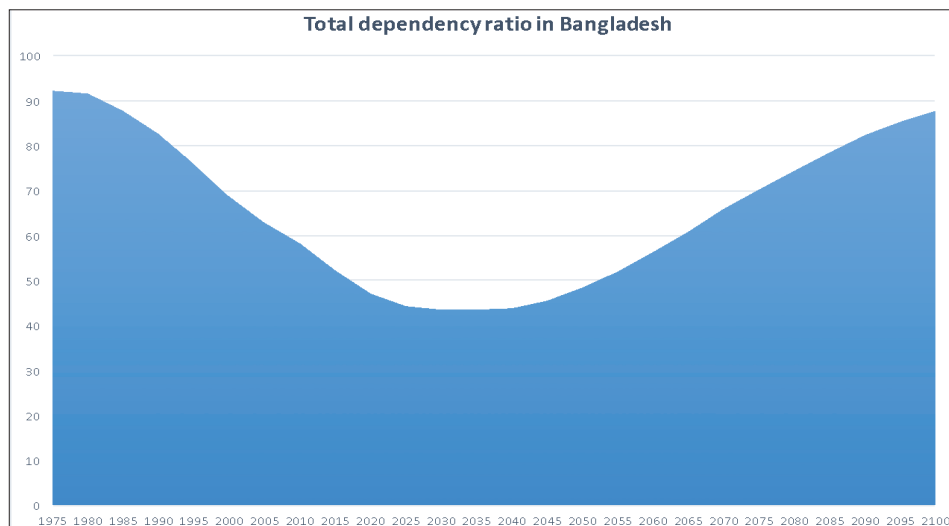
Figure 11: Absolute Number of Working age Population



Source: Authors' depiction based on the data from World Population Prospects 2019

Total dependency ratio is calculated as the ratio of population aged 0-14 years and above 65 years per 100 population aged 15 to 64 years. According to the recent estimates of World Population Prospects 2019, the dependency ratio of Bangladesh was extraordinarily high in 1975, in the early years after independence. According to available data, the dependency ratio was as high as 92.3 percent in 1975 and remained above 90 percent during the first few years of 1980s. Since then, the ratio started to fall sharply since mid-1980s and have continued falling till the date. However, predictions based on the recent reduction in fertility rate as well as the population growth rate, the current dependency ratio is poised to get reversed in a few decades in future. Reversing of the falling dependency ratio will start as early as late 2030s and will start climbing sharply from 2050. By the end of the twenty first century, the dependency ratio will be as high as about 88 percent. Apparently, Bangladesh is expected to face a 'v-shaped' curve for dependency ratio in the twenty-first century (see Figure 12).

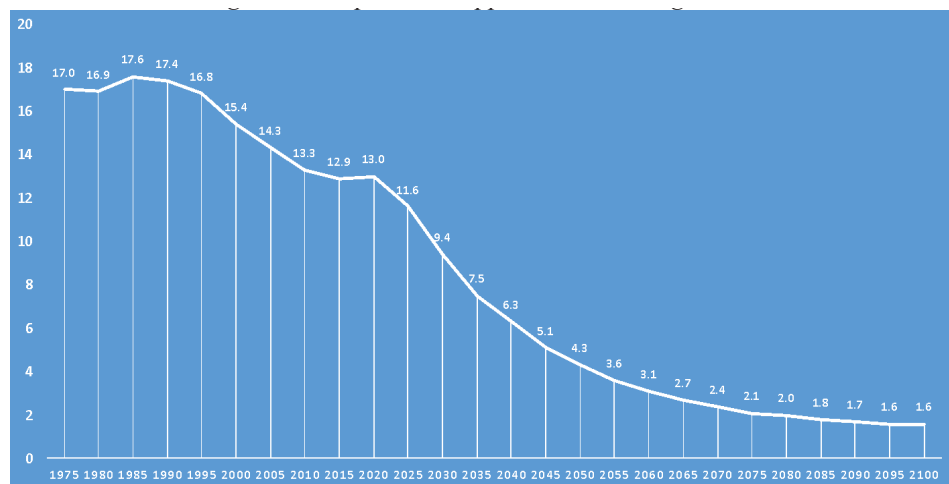
Figure 12: Total Dependency Ratio (Ratio of Population Aged 0-14 and 65+ Per 100 Population 15-64)



Source: Authors' depiction based on the data from World Population Prospects 2019

With the falling growth rate of working age population and the rise in the dependency ratio, the ratio of working age people supporting one aged person aged 65 years and above has been falling since late 1990s. Population support ratio is the ratio of working age people, i.e. people aged between 15 to 64 years, supporting one person aged 65 years and above. According to UN estimates, the population support ratio of Bangladesh will fall sharply from 2020. While about 15 working age persons supported 1 aged person in 2000, about 13 persons is currently supporting 1 aged person. In the last quarter of the twenty first century, about 2 working age person will have to support social security for 1 aged person.

Figure 13: Population Support Ratio in Bangladesh



Source: Authors' depiction based on the data from World Population Prospects 2019

2.7 Significance of Investment on Children in Bangladesh

Literature on demographic dividend shows that the dividend doesn't boost economic growth naturally and, rather, can affect the economy negatively if proper policies are not placed and implemented improve the productive capacity of the rising workforce. Hence, proper investment in health, education, and skill development are considered as some of the major requisites to reap the benefit of the demographic dividend (Canning et al., 2015; Van Der Gaag and De Beer, 2015). Moreover, the story of demographic dividend is not the one with the happily ever after as the growth rate of working age population starts to decline and eventually falls below the growth rate of total population in a few decades resulting in the closure of the 'window of opportunity'. Due to population ageing, the ratio of working age population to total population falls which result into an inverse scenario of 'demographic burden' as the ratio of aged population rises. As a result, a greater number of aged populations become dependent on a smaller number of working age population for socio-economic support. Countries like Japan, South Korea, Denmark, Finland, Germany, Italy, the Netherlands, and Sweden are facing the burden of aged population in recent decades (Van Der Gaag and De Beer, 2015).

Bangladesh is now at the peak of the demographic transition where it can utilize the 'window of opportunity' to reap the benefit of the demographic dividend. What the country needs is to invest strategically on ECD programs as well as on human capital development interventions which cover the well-being of all children in their early childhood, middle childhood, and adolescence. If today's children are equipped properly, they can take tomorrow's challenges of the rising dependency ratio and support ratio in the coming decades. As Bangladesh has shown remarkable quantitative attainments in the enrolment at both primary and secondary schools, it now has to focus more on the quality of education in different mediums of educational institutions. Endowed with a vast working age population in a thriving economy, the country can focus on expanding the base of adolescents and youths skilled in different trades by focusing on vocational and technical education across the country to cater the burgeoning job market entrants. Moreover, this is also high time to focus on the nutritional and healthcare issues for rural and urban poor from different pockets of the country including the people living in hills, haors, chars, and urban slums. Preparing a healthy, educated, and skilled workforce in the coming decade requires proper planning and investment now which Bangladesh certainly needs to consider immediately.

Chapter 3: National Policy and Governance for Achieving Results for Children

3.1 Introduction

Bangladesh is governed by a parliamentary system of government where the Prime Minister along with the cabinet members constitute the executive body and the country's judiciary system is separated from the legislature. The country has a written constitution where the rights and welfare of children has been recognized since its very formulation to today. Along with the focus on rehabilitation of women and children after the war of independence, well-being of both women and children soon became the agenda of the government of independent Bangladesh since 1972. The country formulated its first Children Act in early 1970s, though any update of that act and formulation of new child policies didn't occur in next couple of decades. However, over last three decades, Bangladesh has ratified a number of international conventions and has updated a number of its national policies to accommodate emerging issues in ensuring rights and well-being of children across the country. Moreover, the country has also been publishing the 'Child Budget' since 2015 to document the commitment to allocate financial resources spent in the socio-economic development of children. Nevertheless, the centralized structure of governance and loose coordination among the implementing agencies have allegedly hindered the proper implementation of the guiding policies and action plans relating to child rights and welfare in Bangladesh.

3.2 Political Economy and Governance

The political and economic systems of the country have gone through various transitions over the last four decades. There has been transformation from the parliamentary system of government to the presidential one in 1974 which sustained until 1991 before reinstating the parliamentary system again. In the economic front, the country has seen nationalization of important industries during 1970s, privatization and de-nationalization in 1980s, and implementation of market economy since 1990s. However, one thing that remained almost same over the decades is the centralized and unitary nature of the country's governance structure despite huge geographical and regional diversities across the country. Moreover, the 'clientelist' nature of political governance has affected resource distribution and benefitted the interest groups affiliated with the rulers and ruling parties (Khan, 2011). Local governance, hence, has remained unutilized in identifying and solving local problems without center's attention.

The politics of Bangladesh has remained broadly confrontational for years as it revolves around two major political parties competing for power after the reinstatement of democracy in 1991 (Hassan, 2013; Khan, 2011; Osman, 2010). Usually, scrapping and amending policies of the earlier governments have been common in the confrontational political environment of Bangladesh (Khan, 2011, 2013; Osman, 2010). However, policies of social development which include well-being of women and children have often been exempted from the culture of scrapping. Moreover, the progression and implementation of social development policies has rather been maintained by the successive governments (Asadullah et al., 2014). Furthermore, for about a decade now, the country is being ruled by

the same coalition of political parties since 2009 which provide a stability in the national policy environment and believed to be conducive in updating and implementing coherent policies. In the current decade, there has been a new child policy in 2011 and the inclusion of the child rights and welfare issues in several policies including the national education policy of 2010, national health policy of 2011, national social security strategy of 2015, and in the sixth (2011-15) as well as seventh (2016-2020) five-year plans.

In the economic front, Bangladesh has long been a Least Developed Country (LDC) in the UN classification and very recently transformed to the Lower-middle Income category of countries under the classification of World Bank. The country's economy depended vastly on the agriculture and service sector, mostly fed by informal economies, for about a couple of decades after independence. However, except for a downturn of the country's GDP growth in 2008 and 2009, the country's GDP growth rate has been above 6 percent for more than a decade. This recent boost in the GDP growth is often credited to the development of manufacturing sector, especially of the Ready-made Garment (RMG) industry, over the last few decades (Islam et al., 2013; Amin, 2015). The industrial sector of the country is characterized by its huge dependence on the RMG industry that takes advantage of the bulk supply of labour at a very competitive price. While RMG, pharmaceuticals, leather and leather footwear, and shipbuilding industry are some of the major contributors to the industrial sector, ICT and telecommunications are the two most important contributors to the service sector. However, a large number of people are still employed in the informal economy. The size of the informal sector in Bangladesh is supposedly large as ADB and BBS (2012) mentions that 89 percent of the total number of jobs are informal employment. Labor force survey in Bangladesh shows that almost all the jobs in agriculture sector are informal while more than 80 percent in the non-agriculture sector are informal (BBS & ILO, 2015; ADB & BBS, 2012). The incidence of child labour is also high in Bangladesh due to the informal nature of employment in both agriculture and non-agriculture sector in rural as well as urban areas.

In a developing country like Bangladesh, resource allocation in recent decades after the reinstatement of democracy in early 1990s have often followed 'competitive clientelism' where the major groups closer to the power benefits most (Khan, 2011). As a result, competing groups holding economic, political, and bureaucratic power have more potential to grasp the lion share of benefits from existing resource distribution structure. Children, being aged under 18 years, usually do not constitute any organized group holding economic, political, or bureaucratic power and hence lack the capacity to create impact on the formulation of national policies and subsequent allocation of resources. As a result, government's promise of allocating 20 percent of the budget for children as mentioned in the budget speech of 2018-19 has not been met in the budgetary allocation of 2019-20 as the 'child budget' sees a rather incremental update. In this instance, international agencies, local NGOs, and other advocacy groups working on ensuring rights and welfare of children are the best hopes to make the voices of children heard and the demands fulfilled.

3.3 National Policies and Governance System

Successive governments have prioritized the establishment of rights and well-being of children over the decades, though the efforts and approaches have often varied. Like other

developing countries, Bangladesh has vastly followed the global momentum on child rights and welfare agenda while setting up its policy priorities for children. Bangladesh prepared the constitution of the Peoples' Republic of Bangladesh in 1972, soon after gaining independence, where the fundamental rights of all citizens including children have been strongly recognized. The constitution of the country and other government policies acknowledges the rights of children to food, to shelter, to universal primary education, to healthcare, to social security and protection as basic needs of children. After formulating the first Children Act in 1974, government of the country has endorsed key national policies for children in 1990s and 2010s to recognize and protect the rights and dignity of every child. Moreover, Bangladesh has been responding to the implementation of international conventions and other commitments relating to children which include the ratification of UNCRC in 1990, implementing the MDGs in 2000-15, and the ongoing implementation of SDGs from 2016-30, among others.

Table 4: Bangladesh Responding to International Conventions and Development Goals Relating to Children

Name of the policy/ convention	Year of accession	Core themes of the policy/ convention
Convention on the Rights of the Child, 1989	1990	Consisting of 54 articles, the UNCRC set out children's rights and suggest how governments should work to ensure them. Governments are required to meet children's basic needs and acknowledge the fundamental rights of children including survival, education, health, and protection from violence among others.
Dakar Framework for Action	2000	Universal education for all children, focusing especially on the universal primary education, is the core theme of the Dakar framework.
Millennium Development Goals (MDGs), 2000-2015	2000	Reduction of poverty, hunger, child mortality, and improvement in child education and health services have been the key goals under MDGs.
Worst Forms of Child Labour Convention, 1999	2001	Eliminating worst forms of child labour including children in hazardous works, bonded labour, prostitution, slavery, and so on, have been the key theme of this convention.
World Fit for Children	2002	Ensuring free and mandatory primary education along with standard basic education facilities have been the core focus of this declaration.
SAARC Convention on Suppression and Prevention of Women and Child Trafficking	2002	To stop forced trafficking and prostitution of women and children across borders have been the key aspect of the convention.
SAARC Social Contract	2004	Reducing child starvation, development of water and sanitation, free primary health and education for children have been the key commitments of the contract.
Sustainable Development Goals (SDGs), 2016-2030	2015	SDGs have 44 indicators dedicated to children which cuts across 14 goals out of 17. These goals aim to ensure children's access to shelter, health, nutrition, education, and transportation.

Source: Author's compilation from CRGA, 2014; and Save the Children, 2012

Governance of child rights and welfare through proper implementation of policies and action plans have remained weak over the decades in Bangladesh. The governance of child rights, like other important sectors, suffers from the centralized structure of governance in Bangladesh. Though the Ministry of Women and Children Affairs (MOWCA) is the coordinating agency for all the children related issues, there are several other key ministries which are involved in implementing child rights and welfare policies. Moreover, while the local government institutions (LGIs) are institutionally responsible for delivering and monitoring various key services for children, strengthening of the capacity of LGIs has been lacking over the decades. The capacity of the MOWCA in coordinating and implementing policies and action plans for children has also remained under scrutiny as the ministry is usually headed by a state minister, instead of a full minister, and lacks sufficient human resources (BSAF, 2016; CRGA, 2014; Save the Children, 2012).

3.3.1 National Policies and Legislations

Over the last four decades after independence, Bangladesh has formulated and implemented a wide number of policies and legislations relating to the rights and well-being of children. Two of the most important national policies relating to children are the Children Act of 1974 and the Children Rules of 1976. However, earlier policies struggled to define the age limit for children as the Children Act of 1974 defined 'child' as a person under the age of 16 whereas the National Policy for Children in 1994 defined the age of children under the age of 14. Finally, the National Child Policy 2011 is the latest policy where the individuals under the age of 18 are defined, in line with the recommendations of UNCRC, as children. Besides the core policies for children, rights and well-being issues of children have also been addressed by other relevant policies for health, nutrition, and education sectors in recent decades. Of late, ensuring children's access to health, nutrition, education, water, and sanitation have been prioritized in the country's sixth and seventh five-year plans. While the sixth five-year plan aimed at achieving the MDGs, the seventh five-year plan aimed at achieving SDGs for children in Bangladesh.

Table 5: Key National Policies and Legislations for Children in Bangladesh

Policies, Acts, and Laws	Year of approval/ development
Primary Education (Compulsory) Act	1990
1 st National Plans of Action for Children (1992-1997)	1992
National Policy for Children	1994
2 nd National Plans of Action for Children (1997-2002)	1997
Women and Children Repression Prevention Act	2000
National Plan of Action to combat sexual abuse and exploitation, including trafficking	2002
The Education for All National Plan of Action (2003-2015)	2003
Birth and Deaths Registration Act	2004
3 rd National Plans of Action for Children (2005-2010)	2005
National Child Labour Elimination Policy	2010
National Child Policy	2011
Children Act 2013 (amended in 2018)	2013
Comprehensive Early Childhood Care and Development Policy	2013

Policies, Acts, and Laws	Year of approval/ development
Breastmilk Substitute Act	2013
National Domestic Labour Policy	2015
Child Marriage Restraint Act	2017
Child Marriage Restraint Rules	2018
National Plan of Action to End Child Marriage	2018
National Action Plan to Prevent Violence Against Women and Children (2018-2030)	2018

Source: Author's compilation (2019)

After the formulation of Children Act in 1974 and Children Rules in 1976, formulation or update of the key policies for children didn't take place during the regimes of the military rulers. Once the democratic government was reinstated in 1991, government of Bangladesh apparently started to focus on the issues of child rights and welfare again. In 2010s alone, a number of important policies have been formulated which covers issues like early childhood care, education, health, child labour, and child marriage among others. However, the national child policies and the related action plans for children have been used, in many cases, as symbolic documents rather than as the core policy documents in various activities of government (Save the Children, 2012). Though there are a number of policies on wide ranging issues, core focus on implementing the recent children policy and children act has been sluggish. Government is yet to formulate the rules and guidelines to implement the recent child policy in every aspect of the national governance. Moreover, LGIs and other local-level service providers in health and education sector are less aware about the recent child policies and act, let alone the action plans for children (Save the Children, 2012). Literature have also identified issues like insensitivity of and violation of laws by the law enforcement officials while dealing with children, mostly the street children and the child sex workers (Ibid.).

3.3.2 National Actors on Child Rights and Welfare

Child rights and welfare issues are usually cross-cutting and multi-sectoral in nature which requires action from a multiple number of government and non-government actors and agencies. While the MOWCA coordinate all issues related to children, safety and protection of children are ensured and enforced by the law enforcing agencies and by the courts. On the other hand, basic social needs of the children including health and education services are provided by three different ministries of the government. Moreover, the social safety nets and social protection services are also run by two different ministries. Hence, there are a large number of government ministries, departments, and agencies involved in implementing policies for child rights and well-being.

The Ministry of Women and Children Affairs (MOWCA) is primarily responsible for coordination of activities, by all other ministries and organizations, relating to women and children affairs. The ministry is also tasked to maintain liaison with UNICEF and other foreign agencies dealing with child development. In addition, the ministry also represents government of Bangladesh while entering into international treaties and agreements (Save the Children, 2012). There is a CRC Committee under the Secretary of Ministry of Women

and Children Affairs where 19 other Ministries are members of it. As the coordinating authority, the MOWCA is responsible to coordinate the activities of 23 different ministries and divisions on child related issues (CRGA, 2014).

The key ministries and agencies which MOWCA coordinate are: Prime Minister's Office (PMO), Cabinet Division, Ministry of Public Administration, Ministry of Finance, Economic Relation Division, Ministry of Planning, Ministry of Home Affairs, Ministry Of Chittagong Hill Tracts Affairs, Ministry of Primary and Mass Education, Ministry of Education, Ministry of Health & Family Welfare, Ministry of Food and Disaster Management, Ministry of Labour and Employment, Law & Justice Division, Legislative & P/A Division, Ministry of Social Welfare, Ministry of Cultural Affairs, Ministry of Youth and Sports, Ministry of Information, Ministry of Local Government, Rural Development and Cooperatives, Ministry of Housing & Public Works, Ministry of Religious Affairs, Ministry of Expatriates Welfare and Overseas Employment.

Besides MOWCA, The National Council for Children (NCC), headed by the Minister of MOWCA, was established in 1995 by the government to provide guidance in formulation and implementation of national policies for children. However, the Council has failed to make any significant contribution in implementing national children policies and action plans over the years. Currently, the National Council for Women and Children Development (NCWCD) is the highest body to oversee the formulation and implementation of policies to protect rights and to ensure well-being of children. The NCWCD, established in 2009 as an inter-ministerial body, is headed by the Prime Minister and gets secretarial support from MOWCA.

Table 6: National Actors and Agencies Working on Child Rights and Welfare

Issues relating to child rights and welfare	Responsible government agencies/ departments	Responsible government ministries
Protection of child from violence, abuse, and exploitation	The Police	Ministry of Home Affairs
	The Courts	Ministry of Law, Justice and Parliamentary Affairs
Child victim protection and care	Department of Social Services	Ministry of Social Welfare
Pre-primary and Primary education	Department of Primary Education	Ministry of Primary and Mass Education
Health, nutrition, and immunization	Directorate General of Health Services	Ministry of Health and Family Welfare
Social protection, social safety nets, and social welfare	Department of Social Services	Ministry of Social Welfare
	Department of Disaster Management	Ministry of Disaster Management and Relief
Protection of child labour	Department of Labor	Ministry of Labour and Employment
Birth registration	Local Government Department	Ministry of Local Government, Rural development, and Co-operatives

Source: Author's compilation based on Save the children, 2012

The capacity of the MOWCA in coordinating and implementing policies and action plans for children has been contested as the ministry is usually headed by a state minister, instead of a full minister, and lacks sufficient human resources (BSAF, 2016; CRGA, 2014; Save the Children, 2012). The MOWCA is apparently more focused on implementing women related affairs as it has a dedicated division for women, namely the Department of Women Affairs (DFA), within the ministry. However, there is no separate division to deal within the ministry to deal with the issues relating to child rights and welfare. Moreover, the distribution of labour within the ministry to deal with women and children issues is also inequitable. While a large number of officers and officials are made responsible to work on women related issues, there is only a small group led by a Senior Assistant Secretary to deal with the children related issues. The UNCRC committee, accompanied by the national and international NGOs, have long been demanding for the establishment of a separate Department of Children Affairs within the ministry. Furthermore, there is also a demand for the establishment of a National Commission for Children Rights to observe and coordinate the activities of both government and non-government organizations (CRGA, 2014).

3.4 Private and Civil Society Engagements

Civil society organizations (CSOs) and non-government organizations (NGOs) in Bangladesh have been commended for positive contribution in socio-economic development of the country, mostly in rural areas. Besides NGOs, there are structured groups such as trade unions, professional groups, youth clubs, sports clubs, religious organizations, and voluntary organizations which have been working as CSOs for decades (Save the Children, 2012). Historically, the CSOs like the religious organizations and cultural as well as literary clubs have worked in educational and socio-cultural arena. Establishment of local NGOs mark the beginning of a new era where non-government entities started to supplement government activities across the country. Initially after independence, local NGOs of Bangladesh focused more in relief and rehabilitation activities where charity and welfare remained at the core of NGO activities. Women and children have been the major beneficiaries of most of the projects and programmes run by the local and national NGOs. However, the focus of NGOs shifted from charity and welfare to socio-economic development and empowerment of the disadvantaged people and communities over time. Now-a-days, a good number of local, national and international NGOs have been working to protect rights and to ensure welfare of children throughout Bangladesh (Educo, 2016; Save the Children, 2012).

Table 7: List of key Local and National NGOs Working for Children

Key areas	Name of local NGOs and CSOs
Education	BRAC; UCEP; CAMPE; JAAGO Foundation; Gonoshahajjo Sangstha; ASA Bangladesh; Friendship; Proshika; Thengamara Mohila Sabuj Sangha (TMSS); HEED Bangladesh; Dnet; Dhaka Ahsania Mission; Eco-Social Development Organization (ESDO)
Health, Food and Nutrition	BRAC; Friendship; HOPE Foundation; HEED Bangladesh; Dushthya Shashthya Kendra (DSK); Dnet; Dhaka Ahsania Mission; Proshika; ASA Bangladesh; Thengamara Mohila Sabuj Sangha (TMSS); Anjuman Mufidul Islam; Eco-Social Development Organization (ESDO); RDRS Bangladesh; SKS Foundation; Shushilan; SAP Bangladesh

Key areas	Name of local NGOs and CSOs
Water and sanitation	NGO Forum for Public Health; BRAC; Christian Commission for Development in Bangladesh (CCDB); Dushthya Shashthya Kendra (DSK); SAP Bangladesh; UST Bangladesh
Child rights	Bangladesh Shishu Adhikar Forum (BSAF); Aparajeyo Bangladesh; Ain o Salish Kendra (ASK); Association for Women Empowerment and Child Rights; Christian Commission for Development in Bangladesh; National Children's Task Force; Odhikar; Proshika; UBINIG; INCIDIN Bangladesh
Disability	Physically-challenged Development Foundation (PDF); Centre for Disability in Development (CDD); Access Bangladesh Foundation; Action on Disability and Development (ADD); SWID Bangladesh, Niketan Foundation; Disabled Rehabilitation and Research Association (DRRA); Centre for Services and Information on Disability (CSID); Bangladesh Protibandhi Kallyan Somity (BPKS)

Source: Author's compilation (2019)

Now-a-days, a large number of local NGOs and CSOs are working for children in various sectors like education, health, nutrition, WASH, disability, and child rights. Organizations like BRAC, Proshika, ASA Foundation, TMSS, HEED Bangladesh, Dhaka Ahsania Mission, and ESDO are some of the renowned organizations working in multiple sectors including education, health, and WASH. On the other hand, there are specialized organizations like UCEP, CAMPE, and JAAGO Foundation working for education of children while Friendship, HOPE Foundation, and DSK are working for health of children. In the WASH sector, NGO Forum for Public Health is the apex networking and service delivery body of a large number of NGOs, CBOs and private sector entities. A number of NGOs and networking body of NGOs are working to ensure child rights in Bangladesh. Besides NGOs like Aparajeyo Bangladesh, ASK, Odhikar, Proshika, UBINIG, and INCIDIN Bangladesh, there are networks of NGOs like BSAF and CRGA working for child rights. On the disability issue, PDF, CDD, ADD, SWID Bangladesh, DRRA, CSID, and BPKS are some of the key NGOs working for children with disabilities.

Besides the NGOs and CSOs, private sector has also progressed faster in providing various services for children mostly in the education and health sectors. While a large number of educational and health institutions have been set up by the private sector entrepreneurs, issues like water and sanitation have often been overlooked by the private sector entities and this gap is filled by the NGOs, in practice. Hence, the non-profit motive of the NGOs and CSOs distinguish them from the existing for-profit initiatives by private sector entities when it comes to the betterment of marginalized people and communities. Moreover, the contributions of NGOs in delivering wide range of services to poor people and marginalized groups are acknowledged by the country's government in successive five-year plans (Educo, 2016). Service delivery and advocacy activities by NGOs are believed to increase competitiveness among government agencies, it also increases accountability, transparency, and cost-effectiveness for the use of public funds (Ibid.). However, NGOs are not above limitations as the inability of most of the NGOs in reaching hard to reach areas, managing financial resources, and pursuing long term approaches have been evident in literature (Ibid.).

3.5 Young People's Expectations from Government

Children are the best speakers and advocates of their rights. Around 18,500 young people aged 14-24 years participated in a Facebook survey conducted by UNICEF. In the survey, they selected their top 10 preferred areas where their lives could be improved. Their views were supported by recent published reports and are also reflected in the relevant sections of each chapter of this document. The top five areas of action are: (1) safety, (2) road safety, (3) fair judiciary system, (4) employment opportunities, and (5) skill development opportunities. In the survey, as higher percentage rate means higher level of preference by the respondents, the response rate for safety, road safety, fair judiciary system, employment opportunities, skill development opportunities, adequate and dietary diversity, and health services and nutrition were 90%, 85%, 85%, 83%, 78%, 55%, and 52% respectively.

In parallel, CRC30 forums, a nationwide dialogue on the status of child rights, was conducted in partnership with Bangladesh Debate Federation. Young people from all over the country took part in the CRC30 forums, engaging experts, policymakers, and opinion leaders to discuss the current state of child rights in Bangladesh and on ways to further protect those rights in the future. The CRC30 Forum in Dhaka was the last of this series, held on November 23rd, 2019.

Participants in the CRC30 Dhaka Forum were selected from a cross-section of children and young people based on a set of diversity criteria. Prior to Dhaka Forum, a chain of forums on child rights had been held nationwide throughout 2019. UNICEF organized nine rounds of consultations, with children represented from all electoral constituencies to discuss their views on the status of their rights and on the policies that have directly impacted on their current and future lives. UNICEF and the Bangladesh Debate Federation, for the first time in Bangladesh gathered 300 children together – representing the same number of electoral constituencies in the country - for face-to-face discussions with elected Members of Parliament (MPs). The young delegates voiced their demands, concerns and aspirations in Dhaka during the 1st National Session of Generation Parliament in 2019. Representatives from a cross-section of children and young people's groups were selected for the national session based on the frequency of their participation in online groups.

The child parliamentarians, among other things, called for increased public finances to be made available so that children can overcome impediments that detract from their development and growth. Fifteen emerging issues were identified that concerns children in the country. These included child marriages, child labour, health, education, nutrition, climate change, violence against children, road safety, the psychological wellbeing of children, information and communication technology, youth and employability, children with disabilities, access to information, and increased budgetary allocation for children by the government. The findings were presented by the child parliamentarians before the Honourable Deputy Speaker of National Parliament in a mock parliamentary session.

Chapter 4: Every Child Survives, Child Health and Reproductive & Maternal health

4.1 Introduction

Survival of children has always been considered as one of the most important areas of child well-being prioritized in the global conventions like United Nations Convention on the Rights of the Child (UNCRC). This convention was one of the first documents of global importance to recognize and prioritize children's right to survival after birth. Later on, global goals including the Millennium Development Goals (MDGs) and Sustainable Development Goals (SDGs) have set specific targets to improve the scenario of child survival in the developing countries. Today, children have a better chance to survive than they did few decades ago. Taking steps to improve ante-natal and post-natal care including many other interventions to improve healthcare for children have contributed to significant reduction in infant and child mortality rates in many of the developing countries across the globe.

Among a large number of developing countries, Bangladesh has performed fairly well in reducing maternal mortality rates, infant and child mortality rates, and in increasing the coverage of immunization programs. The country has evidently reduced the neonatal mortality rate from 92 to 26 per 1000 live births and the under-five mortality from 146 to 40 per 1000 live births over the first couple of decades of the new millennium. In this regard, Bangladesh is strongly proceeding towards achieving SDG target 3.2 by reducing neonatal mortality to at least 12 deaths per 1,000 live births and under-five mortality to at least 25 deaths per 1,000 live births. Moreover, improvement in the maternal healthcare and reproductive healthcare have contributed to the reduction in neonatal mortality. However, prevalence of early childbearing among girl children and water-borne diseases among children remain high while ensuring quality and universal health coverage for all children across the country remain under-addressed. Furthermore, cross-cutting climate issues like flood, drought, river erosion, cyclone, salinity intrusion may more adversely affect child survival in the disadvantaged communities in coming decades. Therefore, GoB has formulated and implemented a number of policies and programmes to ensure the child survival, maternal health and healthy reproduction.

4.2 Status of Existing Health Policies, Institutions, Systems and Governance

The Constitution of Bangladesh, enacted right after the country's independence, declares citizens, especially children's, right to healthcare as fundamental rights. In almost five decades since independence, the country's public health care structure has developed into a complex structure, governed by multiple policies and involving a host of key actors including ministries, specific departments, NGOs and private institutions. In recent years, success of the immunization program and the community healthcare system along with health service delivery by NGOs have helped a wider coverage of healthcare for the children than ever.

4.2.1 Health Policies and Legislations

A large number of policies and legislations exist in Bangladesh which are key to providing healthcare for children and women. Over recent decades, the country has prepared multi-sectoral national strategies for neonatal, children, adolescent and maternal Health. While the National Health Policy 2011 is the guiding document for all health-related issues, strategies and policies like National Strategy for Adolescent Health 2017-2030, the National Immunization Policy 2014, and Comprehensive Early Childhood Care and Development Policy 2013 are some of the specific policies dedicated to healthcare for children. Footing on the existing policies and programs, the country also has an ambitious agenda of scaling up the Universal Health Coverage by 2030. Currently, the child policy of 2011 also includes a specific chapter on improving the overall health condition of children by focusing on safe childbirth, extended immunization, integrated management of child illness, new-born health, preventive measures for sexually transmitted diseases, etc.

Table 8: Major Recent Policies and Legislations Relating to Child Health

Policies and Legislations	Year	Key themes relating to child health
National Health Policy	2011	The policy emphasizes on ensuring child survival by reducing mortality and ensuring better healthcare at antenatal as well as postnatal periods. Reducing rural-urban and other forms of geographical disparities in delivering quality health services to all citizens, especially to children, has also been made a priority.
Bangladesh Population Policy	2012	Reducing child and maternal mortality by improving healthcare has been prioritized in this policy.
Early Childhood Care and Development Policy	2013	Ensuring children's right to survival and care during the early years of childhood is recognized in this policy
National Immunization Policy	2014	The policy prioritizes the need to reach all children under the age of five under immunization program while also extending the coverage for the adolescents
Other Policies	Various Years	Skilled Birth Attendant Strategy (2001) National Maternal Health Strategy, (2001) and (2011) National Strategy for Anaemia (2007) Bangladesh Health Workforce Strategy (2008) National Neonatal Health Strategy and guidelines (2009) National Adolescent Reproductive Health Strategy (2009) National Women's Development Policy (2011) National Plan of Action on Adolescent Sexual and Reproductive Health (2013) 4 th National Strategic Plan for HIV and AIDS Response 2018-2022 (2016)

Source: Author's compilation from the office records 2019

The country has followed a Sector-Wide Approach (SWAp) in Health and Nutrition Programs since 1998. The Health and Population Sector Program (HPSP) was implemented between 1998 to 2003. The first SWAp program was followed by the Health Nutrition and Population Sector program (HNPS) that began in 2003 and ended in 2011. The third

SWAp, titled Health Population and Nutrition Sector Development Program (HPNSDP), began in 2011 for a period of five years. The main goal of the HPNSDP was to assure availability of health care services under two major components: improving health care services like maternal and child health and supporting the service delivery wings; and strengthening the health care system, including improving the governance system and human resources. Initiatives were also taken under the HPNSDP in terms of coverage of health care services and upgrading and equipping Upazila Health Complexes (UHC) and Community Clinics (CC). Number of Community Clinics has been increased over the time to 13,779 across the rural areas of the country. Furthermore, to assure quality in secondary and tertiary level service delivery, Total Quality Management (TQM) has been introduced in the public hospitals.

According to the Seventh Five Year Plan, percentage of children fully vaccinated within the age of 12 months shall reach up to 95 by fiscal year 2020. To promote expanded immunization, private-public partnership and collaboration has been prioritized along with the human as well as financial resource mobilization (Planning Commission, 2015). The Plan also aims at reducing child and maternal mortality by improving the service delivery system and building a vast network in order to provide better health services to the mass. Collaboration among MOHFW, NGOs and private sector will be assured in order to provide enhanced health care services. Proper technical monitoring and supervision of birth attendants and increasing the number of skilled birth attendants are issues which have been prioritised. (Ibid.). Furthermore, the MOHFW has also implemented a Healthcare Help line where citizens can directly make a call in 16263 and receive on-demand health service. This Helpline is available to the citizens 24 hours a day where doctors are available to provide immediate advices regarding illness.

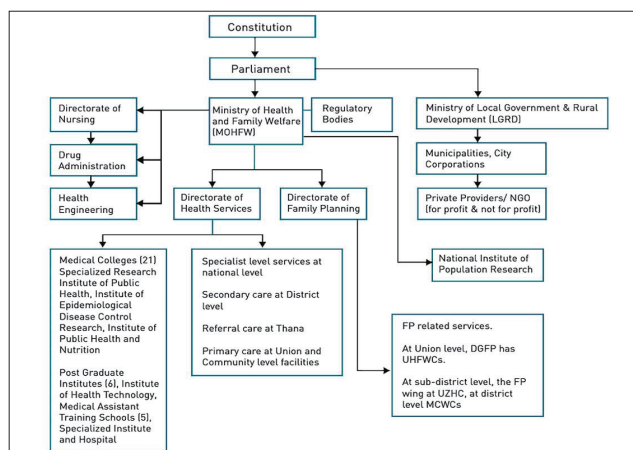
4.2.2 Institutions and Governance

Health system in Bangladesh is pluralistic as a large number of actors including the government, private sector, NGOs, and donor agencies are involved in providing health care services to the people (Joarder, 2019). The Ministry of Health and Family Welfare (MOHFW) plays both role of the coordinator as well as the regulator in implementing the programs and policies related to health. While MOHFW is the responsible ministry for implementing national health policies and services, primary health care services in urban areas is the responsibility of local government institutions under the Ministry of Local Government, Rural Development and Cooperatives. In this instance, the MOHFW coordinate the public healthcare for children through the Directorate General of Health Services, and the Directorate General of Family Planning. In the private sector, for-profit entities as well as not-for-profit entities like NGOs exist to provide people health services in rural and urban areas. In rural areas, there are informal healthcare providers like the village doctors and unqualified practitioners of non-conventional medicine (Ibid.).

In the public healthcare system, services are organized along four levels including community level, primary level, secondary level and tertiary level. The community level healthcare is provided at the community clinics in the rural areas while the primary level healthcare is provided in Rural Health Centers, Union Family Welfare Centers, and in Upazila Health Complexes. Moreover, secondary level healthcare is provided in District

Hospitals and General Hospitals while the tertiary level healthcare is provided in Post-Graduate Medical Institutes, Specialized Healthcare Centers, and in Medical College Hospitals (Joarder et al., 2019; Rahman, 2018). In Bangladesh, public healthcare system is vastly subsidized by the government while the services provided by the for-profit private entities are expensive. However, the NGOs and other not-for-profit entities provide health services for marginalized people in both rural and urban areas either for free at a nominal cost. A diagram developed by the Asia Pacific Observatory is given underneath to understand the patterns of governmental regulation in healthcare system.

Figure 14: Health System Governance in Bangladesh



Source: Ahmed et al., (2015)

The private sector in Bangladesh covers a large portion of health care service delivery. The country has an entrepreneurial health system to some extent, meaning that seeking health care services is considered as an individual responsibility. The public sector provides curative, preventive and rehabilitative care, while the private sector as a profit-oriented sector mostly provides curative care only. On the other hand, NGOs in the country usually provide healthcare services for underserved populations. Some of the renowned healthcare providing NGOs are BRAC, Friendship, HOPE Foundation, HEED Bangladesh, Dushthya Shashthya Kendra (DSK), Dnet, Dhaka Ahsania Mission; Proshika, ASA Bangladesh, Thengamara Mohila Sabuj Sangha (TMSS), Anjuman Mufidul Islam, Eco-Social Development Organization (ESDO), RDRS Bangladesh, SKS Foundation, Shushilan, and SAP Bangladesh.

4.3 National Progress and Trends of Critical Indicators

Child health and survival relate to a wide number of issues and hence requires a large number of indicators to measure the progress of it. Three broad categories of critical aspects related to child health includes child survival, reproductive health, and maternal health. In this instance, progress in child survival is measured by child mortality, immunization, and disease burden while the progress in reproductive health status is measured by fertility rate and adolescent birth rate. Moreover, progress in maternal health is measured by the maternal mortality, and the extent of care during antenatal, childbirth, and postnatal periods.

4.3.1 Child Mortality, Early Childbearing, and Fertility Rate

At present, 13,799 community clinics are functioning at the union level. Each community clinic is dedicated for 6000-8000 population among whom 80 percent are women and children. Primary healthcare services are being provided to children and adolescents through the Child Health Program, School Health Program and Adolescent Health Program (Bangladesh Economic Review, 2019). Reducing child mortality has been one of the main concerns associated with child health development, and it has also one of the major indicators of the Millennium Development Goals (MDGs).

Table 9: Child Mortality Trend in National, Urban and Rural Areas of Bangladesh

Category	National	Urban	Rural
Neonatal mortality rate (0-1 month)	26	24	27
Infant mortality rate (0-1 year)	34	30	34
Post neonatal mortality rate (Difference between Infant mortality and Neonatal mortality rate)	8	7	8
Child mortality rate (1-5 years)	6	4	7
Under five mortality rates (0-5 years)	40	35	41

Source: MICS, 2019

Children up to the age of one are still vulnerable in Bangladesh while prevalence of child mortality for children aged between 1 to 5 years is quite low. This shows that special attention is still required for infants. The data also shows that the scenario of child mortality in urban areas is slightly better than that of rural areas in all categories. The overall under five mortality rates is still 40 per 1000 live birth, which shows that despite progress, interventions are still necessary to meet the SDG targets for 2030. At the same time, geographic disparity, income-based disparity, disparity based on educational status of parents, and disparity based on ethnicity are still prominent.

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Table 10: Early Childhood Mortality Trend by Socioeconomic Characteristics

Early childhood mortality trend	Total	Urban	Rural
Neonatal mortality rate	26	24	27
Post neonatal mortality rate	8	7	8
Infant mortality rate	34	30	34
Child mortality rate	6	4	7
Under five mortality rates	40	35	41

Source: MICS, 2019

Data from MICS 2019 shows that the situation of child mortality is slightly better in urban areas than that of rural areas, and situations in Dhaka, Khulna, Barishal and Mymensingh are better comparatively. Child mortality scenario in Sylhet division is still alarming and this belt requires extra attention. The table also indicates that the education level of mother plays a significant role in child mortality, as children of educated mothers are at less risk. Financial condition of families plays, too, play vital role in child mortality as we can see children from more affluent families are less likely to face child mortality. As the situation of new-borns are more critical and vulnerable, it is necessary to discover the types and quality of care they receive as well.

4.3.2 Maternal Health and Morbidity

Although the rate of maternal mortality has decreased over time in Bangladesh, it is still high compared to many developing countries. The health and social safety programs of the government have helped decreasing maternal mortality rate. Around 75 percent of mothers are availing at least one antenatal care, although the rate is significantly high in urban areas than the rural areas. The overall scenario has improved in the last few years as the percentage was around 58 during the 2012-13 period. Antenatal care, at least four times, has been observed for 37 percent of cases, the rate of which was around 25 percent during the 2012-13 period showing a positive change. In case of eight or more antenatal care visits, the scenario is not very satisfactory, as only around 5 percent of the women aged 15-49 received eight or more antenatal care in the last two years. Moreover, percentage of women who received two dosage of tetanus vaccines at regular interval during pregnancy is 83.5 percent. The percentage of neonatal tetanus vaccination was around 80 percent during 2012, which shows that some progress has been achieved in this area. In case of child delivery, 53.4 percent occurred at hospitals with a much higher rate in urban areas than in rural areas.

Table 11: Maternal Mortality and Maternal Health

Indicator	MICS 2019 (in %)			MICS 2012-2013
	Total	Rural	Urban	Total (%)
Antenatal care at least once	75.2	86.7	72.0	58.7
Antenatal care at least four times	36.9	54.5	32.0	24.7
Antenatal care at least eight times	4.9	10.3	3.4	-
Neonatal tetanus protection	83.5	83.5	83.5	80.8
Institutional delivery	54.4	67.7	49.4	31.8
Skilled attendant at delivery	59.0	73.7	54.8	43.5
Post-partum stays at hospitals	87.4	89.4	86.6	82.8
Post-natal health check-up for the mother	65.3	76.3	62.3	40.4

Source: MICS 2019 and MICS 2013

Presence of skilled attendants during delivery is low in Bangladesh. Only 59% of the deliveries are done in the presence of skilled service providers. During the 2012-13 period, the percentage was 43.5 therefore some improvement has been achieved over the time but still a long way to go to achieve, showing some improvement. About 87.4 percent of these women stayed at hospitals at least 12 hours after the delivery. Percentage of post-natal

health check-ups within 2 days after delivery is reported around 65.3%, although this too is better in urban areas. During 2012-13, the percentage was 41. Therefore, noticeable improvement has been achieved over the time.

4.3.3 Early Childbearing and Fertility Rate

The adolescent birth rate and fertility rate for women aged between 15 to 19 is high in Bangladesh (see Table 11). The average adolescent birth rate is 83 percent. The highest rate is at Rangpur division (98%) and lowest is at Sylhet division (68%). All other divisions have almost similar result to national average. The findings indicate that majority of the girls aged from 15 to 19 have the tendency to give birth during their adolescence. This indicator is a global SDG indicator (i.e. target 3.7.2) for ensuring universal access to sexual and reproductive healthcare services.

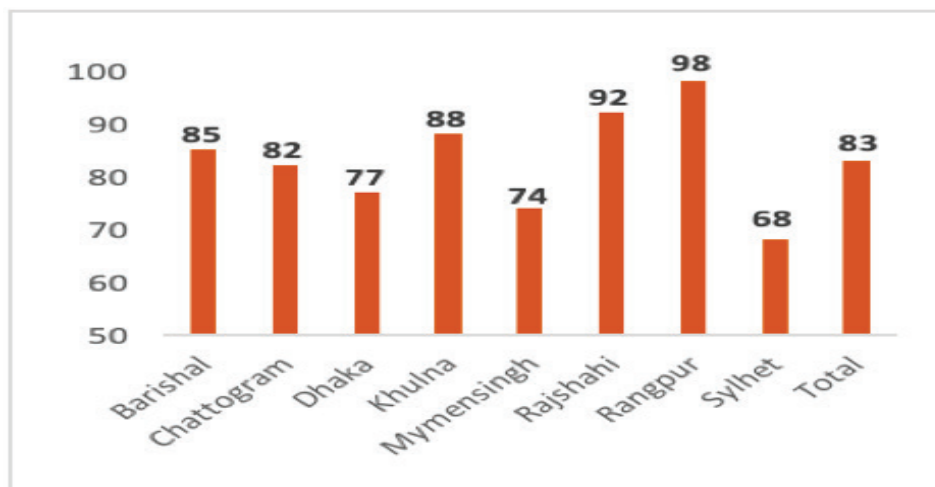
Table 12: Adolescent Birth Rate and Total Fertility Rate

Coverage		Adolescent birth rate (age specific fertility rate for women age 15-19 years)	Total fertility rate (women age 15-49 years)
Total		83	2.3
Area	Urban	70	2.0
	Rural	87	2.3
Education	Pre-primary or none	112	2.5
	Primary	127	2.6
	Secondary	95	2.3
	Higher secondary	41	2.0
	Richest	66	2.1

Source: MICS, 2019

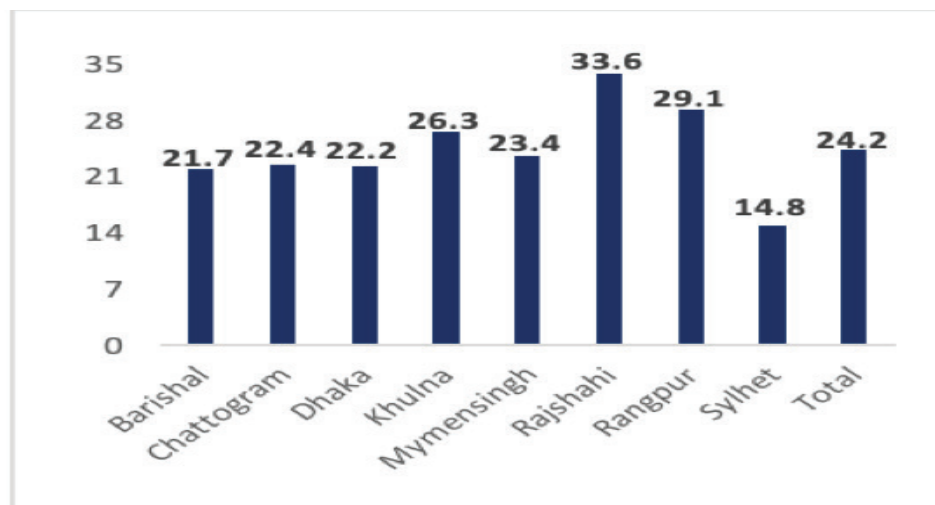
Data from MICS 2019 suggests that education plays an important role in case of adolescent birth rate as with the increase of education level adolescent birth rate decreases. The finding indicates that educating the female children can be way to improve adolescent birth rate scenario. Adolescent birth rate is higher in Bengali households than that of non-Bengali households by a large margin. The table also shows that different income groups have different level of experience in case of adolescent birth rate as the scenario is improving from poorest to richest income group. In case total fertility rate (i.e. expected number of children a woman may give birth on an average in her entire life) urban areas has better scenario than that of rural areas. Among the divisions, Dhaka, Khulna and Rajshahi has better scenario in total fertility rate as the women belong to these regions use to have less children compare to other regions. The total fertility rate in Mymensingh, Sylhet and Chattogram is comparatively higher than other regions that show these regions need extra attention. There is an inverse relationship between education level and total fertility rate as fertility rate decreases as education level increases. The relationship between income level and fertility rate is also negative according to the findings as fertility rate decreases from poorest to richest households.

Figure 15: Percentage of Adolescent Birth Rate and Total Fertility Rate



Source: MICS, 2019

Figure 16: Percentage of Women age 20-24 Years Who Have Had a Live Birth Before Age 18



Source: MICS, 2019

In terms of early childbearing among the women aged 20 to 24 years, almost 24.2 percent women become mother before the age of 18. The tendency is lower in Sylhet (14.7 percent) whereas Rajshahi division has the highest adolescent childbirth (33.6 percent). Therefore, Bangladesh still has to work more on family planning, awareness and education to stop the early childhood pregnancy and also policy reformation is essential. Due to early childbearing, and lack of antenatal and postnatal care, a decent number of childhood mortality persists in Bangladesh.

4.3.4 Antenatal Care, Vaccines and Postnatal Care

Pregnant women need support both during and after delivery for child survival. Data from MICS 2019 shows the pattern of practices performed upon new-borns during and immediately after delivery. According to WHO in its Essential Newborn Care Course Training File, a newborn should be dried and kept warm immediately after delivery, bath to the newborn should be given with a delay, skin to skin care should be initiated, and the cord should be cut with clean instruments. The above table shows that around 94% of the children born in last two years are dried immediately after birth—which is significantly better than the situation of 2012, when only 40% new-borns were provided with this basic care. Awareness building programs and increasing literacy rates are likely to be the key causes towards better understanding of newborn care. However, in case of skin to skin care, lack of awareness is observed, as in the last two years only a small percentage of new-borns were provided with this. The data also shows that proper literacy and awareness building program is absent regarding skin to skin care of new-borns. Delayed bathing has been observed in around eighty percent cases. In almost 97% cases, umbilical cords were cut with clean instruments as well. However, in the last two years, post-natal care within two days from birth was assured for only 56% of the new-borns.

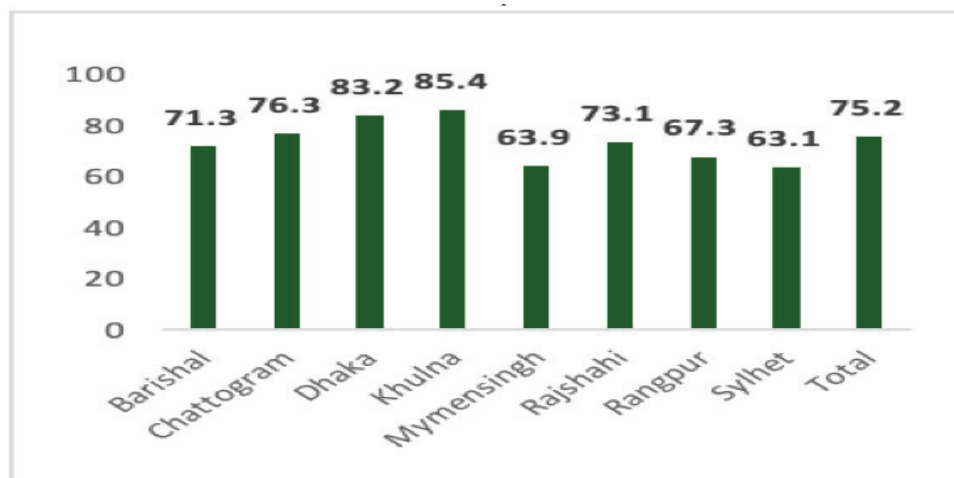
Table 13: Status of Support and Services During and After Deliver

Indicator	MICS 2019			MICS 2013
	Total	Urban	Rural	Total
Newborn dried after birth	94.2	94.8	94.0	40.4
Skin to skin care	4.7	5.4	4.5	NA
Delayed bathing	80.1	83.6	79.1	NA
Cord cut with clean instrument	97.3	97.0	97.6	NA
Nothing harmful applied to cord	61.3	58.2	61.8	NA
Post-natal signal care within two days of birth	56.5	69.1	53.0	NA

Source: MICS 2019 and MICS 2013

Moreover, antenatal care is essential for pregnant women for their well-being and health of the infants. From MICS 2019 data we have collected information for divisional level and at national level. In Bangladesh, the average for antenatal care coverage is 75.2 percent. The lowest rate exists in Sylhet (63.1%) and the highest rate is in Khulna (85.4%). Though the percentage is not universal, the country is still improving to cover the antenatal facilities at every divisions.

Figure 17: Antenatal Care Coverage Percentage of Women Who Were Attended at Least Once by Skilled Health Personnel



Source: MICS, 2019

Immunization is a crucial healthcare service that the government of Bangladesh has been ensuring with high priority through its countrywide Extended Program on Immunization (EPI). Currently, EPI is providing vaccines against 10 major vaccine-preventable diseases. The World Health Organization (WHO) declared Bangladesh as a polio-free country in the year 2014 and with the continuous implementation of immunization programs the status is still secured (Bangladesh Economic Review, 2019). The following table shows yearly immunization coverage in Bangladesh.

Table 14: Vaccination Under EPI Program

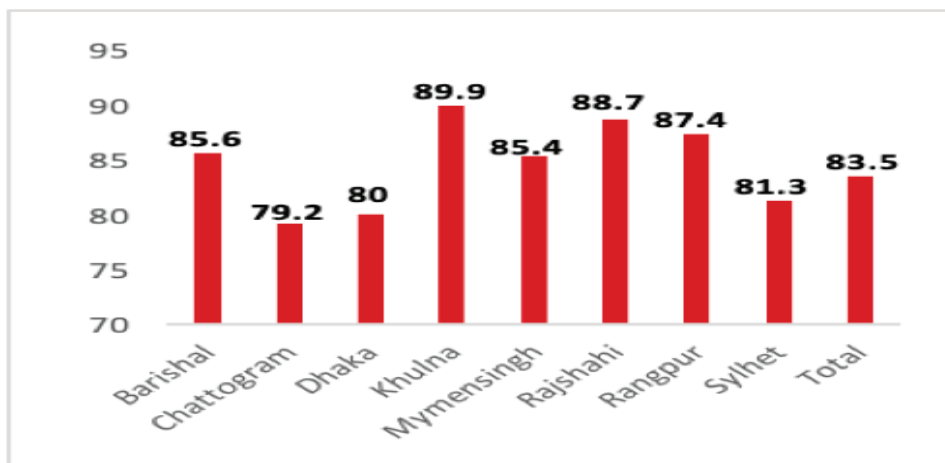
Year	2014	2015	2016	2017	2018
BCG (%)	99.2	99.2	99.5	101.3	100.6
Oral Polio Vaccine-1 (%)	93.4	97.4	97.8	100.1	99.3
Oral Polio Vaccine-2 (%)	95.1	94.5	97	99.3	98.2
ORAL Polio Vaccine-3 (%)	92.7	93.9	90.1	97.9	97.7
Penta-1 (%)	92.6	93.9	97.8	100.1	98.7
Penta-2 (%)	93.3	94.5	97	99.9	97.3
Penta-3 (%)	93	93.6	90.1	98.5	96.6
Measles (%)	86.6	87.4	87.5	98.8	97.6
Total (%)	81.6	82.5	82.3	98.8	97.6

Source: Bangladesh Economic Review, 2019

Though the scenario of immunization coverage is much satisfactory compared to other indicators related to child survival, there is still room for development. In 2018, total crude coverage was 97.6% immunization coverage of BCG, Polio, Penta and Measles vaccines are above 95%. The total immunization coverage has increased from 81.6% to 97.6% in just 5 years, exemplifying the government's continued commitment in ensuring universal coverage. Although it is very difficult to compare immunization status of different regions

because of differing disease profiles, overall, the situation of Bangladesh can be said to be on the right track in case of immunization. While certain divisions are lagging behind, the country's immunization coverage is not lagging behind from developed regions of the world.

Figure 18: Neonatal Tetanus Protection



Source: MICS, 2019

Besides higher rate of immunization, Bangladesh has on an average of 83.5 percent neonatal tetanus protection and vaccines for pregnant women and for health of infants (see Figure 20). The lowest rate is 79.2 percent in Chattogram division which indicates that the country is really doing well in protecting the pregnant women and infants via tetanus protection.

Figure 19: Delivery by Caesarean Section

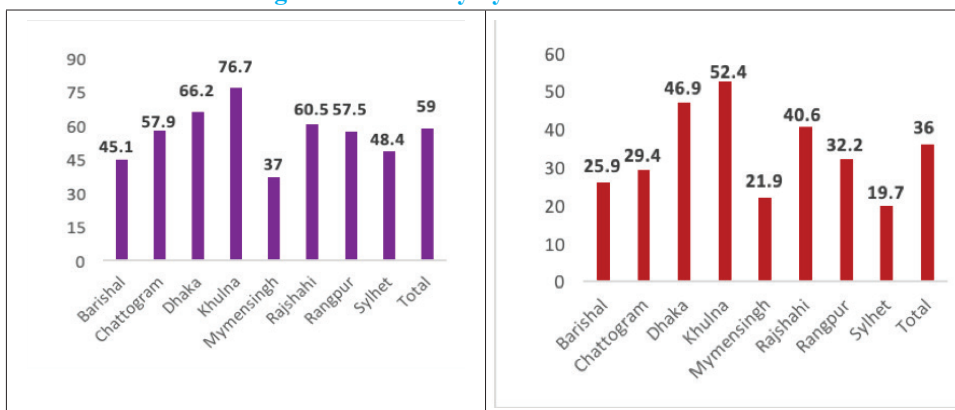


Figure 20a: Assistance during delivery and C-section delivery assisted by skilled attendant

Figure 20b: Percent delivered by caesarean section

Besides immunization and vaccination, support for pregnant women during delivery is also important. Data shows that only 36 percent of pregnant women get the facilities of

C-section. Though people prefer the normal delivery over the C-section but sometimes it become necessary to have the C-section. However, conducting C-section still remains critical in small urban centres. In Khulna, the percentage of delivery by C-section is highest and the lowest is at Sylhet divisions (see Figure 20b). On the other hand, data shows that almost 59 percent of pregnant women is assisted by skilled attendant during delivery. Mymensingh, Barishal, and Sylhet lag behind in terms of assistance during delivery by skilled birth attendants while the other divisions remain close to the national average (see Figure 20a). In this instance, only Khulna (76.7%) crosses the national average among all the divisions. The lower rate of assistance by skilled birth attendants during delivery remain an important area to get government's attention.

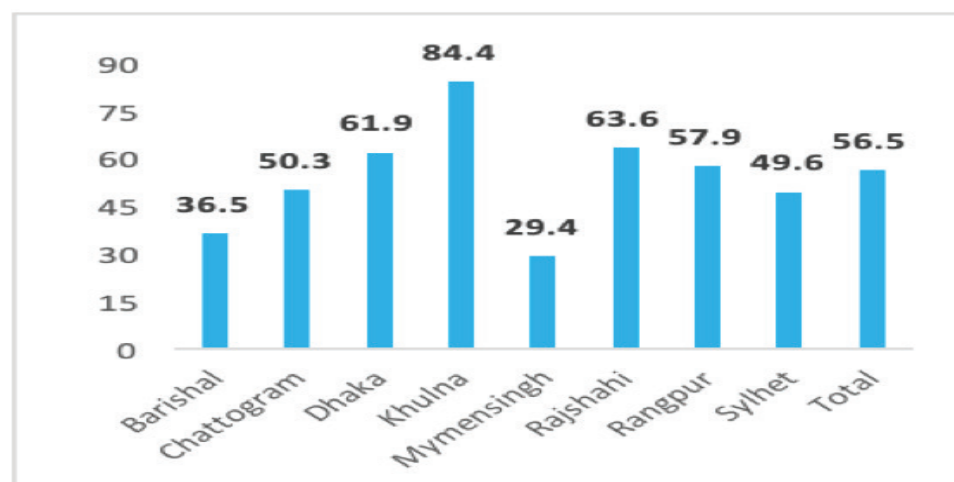
Table 15: Post-Natal Care in Bangladesh

Indicator	Total	Urban	Rural
Post-partum stays in health facility (3 days or more)	68.5	68.9	68.4
Post-natal health checks for new-borns	66.7	68.0	65.2
Cord cutting and care	61.3	61.5	61.1
Cord cut with clean instrument	97.3	97.0	97.6
Post-natal health checks for mothers	65.3	76.3	62.3

Source: MICS 2019

In terms of postnatal care, almost 65.3 percent mother get health check-ups in postnatal period. Postnatal care affects the survival of the now born is also important for lactating mothers. Data also shows that about 68.5 percent of women stay in health facilities for 3 days after the delivery. Moreover, about 66.7 percent new-borns get the post-natal health check-ups. In all the indicators of postnatal care, both the urban area and rural area has achieved almost similar percentage of coverage.

Figure 20: Content of Postnatal Care for New-Borns



Source: MICS, 2019

The percentage of new-borns who received at least 2 of the key post-natal care services within 2 days of birth varies among the divisions across the country (see Figure 21). In this regard, Khulna division has got the highest facilities (84.4%) of postnatal care systems whereas Mymensingh is at very poor condition (29.4%). The gap between the highest and lowest rate of coverage of new-borns indicate the inequity in the system of healthcare. Hence, increasing awareness regarding the need for postnatal care and the increasing the quantity and quality of postnatal healthcare facilities are important.

4.3.5 Child Health Indicators

Disease Episodes

Overall reported diseases episodes in the country remain low. It is observed that, at national level, 6.9 per cent of mother/caretaker have reported about of diarrhoea, 2 per cent have reported symptoms of ARI, while 23.5 per cent have reported a fever (MICS 2019). The disaggregated data does not show a significant variation across places of residence (rural vs. urban), education of the mother or socio-economic status when it comes the extent to which various disease episodes were reported.

Care Seeking During Diarrhoea

The extent of care-seeking for diarrhoea is large. Nevertheless, just under a third of children with diarrhoea do not get any treatment for it. Interestingly, the share is much higher among urban children (30.4 per cent) compared to rural ones (26.75). However, the indicators show that a higher share of children from mothers with no or little education do not seek treatment for diarrhoea. Similarly, poorer segments of the population are less likely to seek for advice for diarrhoea.

It is, however, worrisome that the trend between 2012 and 2019 shows a slight decline in the share of children who were given ORS during an episode of diarrhoea. While the share is 73 per cent in 2012, it went down to 72.4 per cent in 2019. It must be noted that the difference between the urban and rural share in this regard is negligible. Again the proportion of children who receive ORS is higher among mothers with higher secondary education or above (77.5 per cent). Interestingly, while there is some variation in the share of children receiving ORS by wealth quintile, it is the fourth quintile where the share of children receiving ORS is highest (80.9 per cent).

Very similar patterns emerge in relation to the administration of ORT – government-recommended homemade fluid or increased fluids. About 3 in four children (74.5 per cent) obtain ORT during a period of diarrhoea. The ORT administration follows similar patterns as in the case of ORS. Nevertheless, the data on feeding practices during a period of diarrhoea indicate that a large share of children (38.1 per cent) are given about the same amount of water to drink, which further indicates the fundamental lack of knowledge regarding necessary practices.

Reliance on Clean Fuels and Technologies for Cooking

The share of households who rely on clean fuels for cooking is very small. Roughly one in five households (20 per cent) in MICS 2019, use clean fuels or clean technology for

cooking. As evidenced by the disaggregated analysis, the share is much higher among urban residents (57.7 per cent) compared to rural households (7.7 per cent). Socio-economic standing is the main predictor which determines whether a household is going to rely on a clean or non-clean fuel when cooking. Indeed, the disaggregated summaries point to the fact that 69.7 per cent of households in this highest wealth quintile rely on clean cooking fuels, compared to 0.3 per cent of those in the lowest wealth quintile. By contrast, reliance on solid fuels for cooking seems to be the norm in the country. 81.3 per cent of households rely on solid fuels for cooking with much higher share among the lowest wealth quintile (99.8 per cent) compared to the richest wealth quintile (30.3 per cent).

Treatment for Acute Respiratory Infection (ARI)

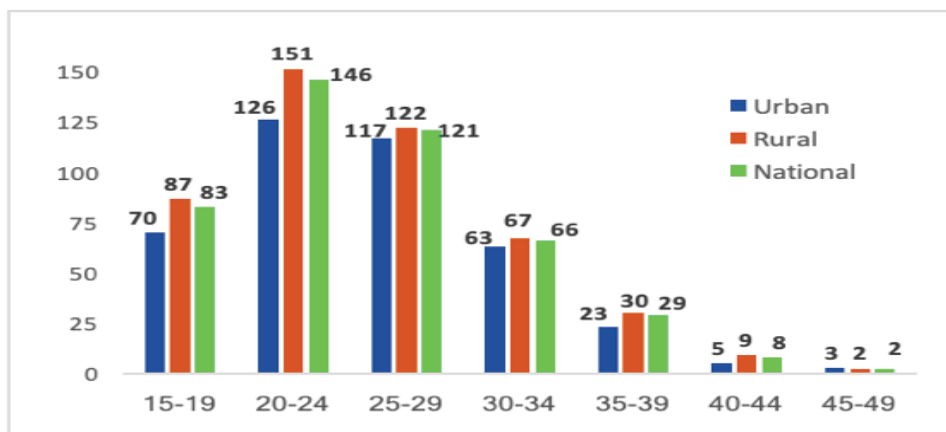
There has been an increase in the share of children with ARI symptoms receiving care. The share of children that have done so from a health facility or provider has increased from 35.8 per cent in 2012 to 46.4 per cent in 2019. Nevertheless, one in five children has not received a treatment for ARI symptoms. While the disaggregated analysis does not suggest any difference between urban and rural children, the share of children who have not received treatment is higher among mothers with limited education as well as among poorer segments of the population. More specifically, 26.3 per cent of children whose mothers have primary education did not receive treatment for ARI symptoms. In addition, 28.2 per cent of children in the poorest wealth quintile did not receive any treatment for their ARI symptoms, compared to 6.4 per cent of children in the highest wealth quintile.

Over time, there has been a reduction of the share of children with ARI symptoms who have received antibiotics. While the share was 74.3 per cent in 2012, it has gone down to 62.9 per cent in 2019. As evidenced by the disaggregated analysis, the share of children receiving antibiotics is highly correlated with the mother's education as well as with the socio-economic standing of the household. While we do not see significant differences in the share of rural and urban children that have had antibiotics administered for the ARI, a much higher share of children with educated mothers (77.2 per cent) and from the highest wealth quintile (62.6 per cent) have taken antibiotics for their ARI symptoms.

4.3.6 Reproductive Health

The reproductive health especially of young women (aged 15-19) is an important issue to be considered with seriousness in order to keep young mothers and children safe. Giving birth to child at a young age has been an issue of discussion for a while in Bangladesh. Still young women are giving birth to children. To keep the young mothers and children safe it is necessary to conduct in depth research and analysis.

Figure 21: The Trend of Fertility Rate Among Women in Bangladesh



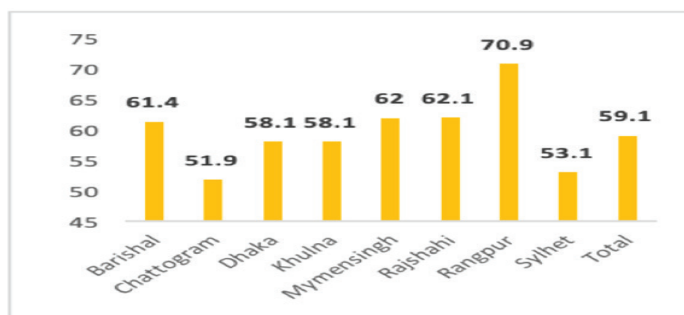
Source: MICS, 2019

The above figure shows that still a significant portion of births are done by young women aged 15-19. But the highest births are given at the age of 20-24. Besides, the fertility rate is much higher in rural areas compare to that in urban areas for all the cases. After analysing the graph, it can be said that Bangladesh has maintained the fertility rate in between the age group of 20-24 and 25-29 which also help country to control the population growth and maintain the healthy condition both for mothers and for new-borns health.

4.3.7 Use of Contraception

People have lack of knowledge or willingness to comply with the issues regarding safe intercourses. Analysing the data on usage of contraception in Bangladesh shows that only about 59 percent people use modern means of contraception. The highest usage of modern contraception is in Rangpur division (70.9%) and the lowest is at Chattogram division (51.9%). Meaning that 40 percent of population on average do not use the contraception, which is very unhygienic, unhealthy and unsafe for people. Therefore, people suffer from STDs. This also refers that- people have lack of knowledge or willingness to accept the importance of having the contraception in Bangladesh.

Figure 22: Percentage of Use of Contraception (Currently Married) any Modern Method



Source: MICS, 2019

4.3.8 Knowledge Regarding the STDs Like HIV/AIDS

Women in Bangladesh have less consciousness and knowledge about the HIV transmission and the necessary precautions. Only 9.6 percent of women have comprehensive knowledge about HIV. And the gap is even higher for rural areas (7.9%) compared to urban area (14.9%). And, only 1.7 percent of pregnant women received counselling during antenatal care about the HIV. Moreover, many women do not even have knowledge about transmission of HIV through breastfeeding. As a result, Bangladesh has very low percentage in knowledge and special drug facilities during pregnancy for HIV positive mothers. Therefore, GoB should go for robust campaign, workshops, seminars, health facilities in order to disseminate more accurate and concise information about HIVs for lactating mothers.

Table 16: Knowledge Regarding HIVs

Indicator	MICS 2019 (in %)		
	Total	Urban	Rural
Knowledge about HIV transmission, misconceptions about HIV, and comprehensive knowledge about HIV transmission (women)	9.6	14.9	7.9
Knowledge of mother-to-child HIV transmission (women) (By breastfeeding and that risk can be reduced by mother taking special drugs during pregnancy)	12.7	14.4	12.1
Knowledge of a place for HIV testing (women) (Percentage of women who know a place to get tested)	16.4	22.2	14.6
Received HIV counselling during antenatal care	1.7	2.3	1.5

Source: MICS 2013 and 2019

4.4 Root and Underlying Causes of Challenges

4.4.1 Child Survival Issues

Child survival issues are persistent in Bangladesh since a long time although the situations have been changed due to governmental attention as well as help from the NGOs. However there are root causes and challenges are visible. They are-

1. The Seventh Five Year Plan of Bangladesh has addressed some key areas where child health care service can be improved. According to the report, delivery of children at home with unqualified birth attendants is a major concern. A high percentage of childbirth occurs at home without any presence of skilled birth attendant that cause life threatening risk for the child and the mother. Lack of presence of birth attendants can be reason for many child deaths. A study found that only 42% of childbirth occurs in front of skilled birth attendant. WHO recommends at least four antenatal care service sessions for pregnant women to check if there exists any complexity associated with childbirth but the percentage of women who take four antenatal care services is very low in Bangladesh? But the good news is, the child mortality rate is decreasing sharply while the neonatal mortality is apparently stagnant.

2. Immunization is important for child survival in the early years of childhood as well as in the later stages of life. The coverage of immunization has increased at a satisfactory rate and currently around 81% of the children are taking full course of vaccines. There are still many parts of the country existing where services are difficult to provide because of locality. In rural areas service providers and medicine are insufficient. Private practitioners like paramedics, kabiraj, etc are providing services in absence of doctors in rural areas (Planning Commission, People's Republic of Bangladesh, 2015). Besides misuse of resources, lack of equipment at health care centres, lack of skilled manpower and weak health information system are some of the drawbacks those are hampering the child mortality scenario in Bangladesh (Islam and Biswas, 2014).
3. The main challenge behind promoting immunization programs is lack of health information. People of rural areas and marginalized groups needed to be aware of the fact that immunization is life saving and necessary. Also, information sharing by different agencies working to assure country wide immunization is a must. All the reporting units working to provide immunization service need to report timely. Proper management of the whole service is the main challenge of immunization program.
4. Besides immunization, drug management has been an issue for Bangladesh. Proper drug management, checking and assuring the effectiveness of drugs, timely transportation and smooth delivery of drug are prerequisite of immunization program.
5. Financing is another issue associated with immunization program; buying drugs, deploying professionals and maintaining country wide network require financial support.
6. Moreover, effective governance system is required to achieve desired level of immunization coverage. Disease profile may change over time effectiveness of different vaccine may deteriorate that is why continuous research and monitoring is necessary for an enhanced immunization system (Ministry of Health and Family Welfare). The Seventh Five-year plan report addressed that there exist lacking in some of the mentioned areas. Therefore, to overcome these issues is necessary for an enhanced immunization program.

4.4.2 Maternal Health

Providing maternal health care services is a countrywide activity that requires coordination. In our country coordination failure is present in health care service sector. Many government bureaus, NGOs, private organizations are working together to provide better health care services. The issues related to this section are-

1. Lack of proper training of health service providers and lack of modern equipment is observed in CCs. Besides MOHFA, many other government bureaus are providing health care services by establishing hospitals such as military hospital, police hospital, railway hospitals, etc. a collaboration among all these government bodies is necessary for a better health care service delivery.

2. Private organizations those are offering health care services often found focusing on a special segment of people rather than people from all economic classes. A coordination failure is observed between private and public sector service delivery.
3. Difficult to reach areas, tribal areas and areas where marginalized and poor people belong require more concern to avoid maternal mortality (Planning Commission, People's Republic of Bangladesh, 2015).
4. Many community clinics those are responsible for providing primary health care to children and women often found not up to the mark in case of service delivery.
5. Besides limited public facilities, lack of essential commodities, unavailability of workforce, misuse of resources, etc are some common challenges require to be overcome for better health care services and reducing maternal mortality along with other health issues (Islam and Biswas, 2014).

4.4.3 Reproductive Health

James P Grant School of Public Health, a research wing of BRAC, in its study on reproductive health scenario of this region has identified some key issues associated with reproductive health in Bangladesh and other South Asian countries.

1. According to their study, lack of fund is a major challenge in assuring satisfactory level of reproductive health status. Funding and programs triggered by the government is insufficient, the NGO those are working to promote better reproductive health are working at a low scale.
2. Besides the number of interventions initiated by government and non-government organizations are too low to meet the need of present.
3. In rural areas the situation is even worse off. Rural and marginalized families tend to discriminate between male and female adolescent hence it becomes more difficult to deliver reproductive health services and knowledge to adolescent girls.
4. Sometimes males become victim of discrimination as many clinics even though they claim they are providing reproductive health services; they only provide some services to young women. It is also found that the young people are always ignored in policy making process. Inputs from young people taken rarely while making policies for them though, there is very little option for young people to participate in policy making process.
5. Hence, there is a huge gap in demand and supply of reproductive health care services (Hashem, 2019). Another study found that sexual and reproductive health is not getting its due importance in Bangladesh.
6. Reproduction related knowledge and sex education is still a taboo in societies existing in Bangladesh. Religious leaders often asked people not to concern about reproductive health, family planning, etc. Religious sentiment and cultural taboos often found a major barrier behind promoting reproductive health in Bangladesh.
7. Cultural barriers such as superstitions, considering discussion on reproductive health issues as taboos, parents do not feel comfortable to discuss about

reproductive health related issues. Parents, teachers, elder siblings have little orientation about reproductive health that leads young girls to suffer silently (Das and Roy, 2016).

4.5 Major Geographic Hotspots

There are regional issues that have impact upon children. Situation analysis of different districts were conducted based on secondary data and key informant interviews (KIIs) while inputs from a series of divisional consultations were taken for this report to highlight area-specific challenges and issues associated with child and maternal health. The findings indicate to several regional needs and challenges in different regions of Bangladesh.

Barishal: The three major challenges for the division were found to be: Inadequate fund and guidance to implement NNS up to poor/grassroots level; Unavailability of guidelines and lack of activities regarding multi-sectoral coordination; and Lack of service providers for nutritional needs. The consultation session further revealed that in Barishal division, due to salinity intrusion and arsenic contamination, assuring safe drinking water is a major challenge. The region is highly affected by climate change issues as well. Child health is further affected by lack of awareness of parents, lack of funding and facilities for health care services, and lack of manpower and logistic supports in health care institutions. Besides communication gap between service providers and people was considered a barrier to promoting better health for children. In terms of immunization, challenges include shortage of supply of vaccines, superstitions leading people to not seeking vaccines, and lack of incentives for the health care service providers in hard-to-reach areas. For adolescent health, lack of awareness, of adolescents and parents, about adolescents' needs, serve as the main barriers behind promoting better health for adolescents.

Chattogram: In Chattogram the health care coverage is insufficient, especially in the hilly and hard-to-reach areas. Even where services are available, quality of services were seen to be of low. Lack of awareness was highlighted as one of main barriers behind promoting better health services as well. While government organizations, NGOs, and the private sector are working to promote better health in the area, the consultation session revealed that there is lack of coordination between these agencies. Assuring multi-sector coordination is a central challenge in Chattogram. Systematic implementation of government policies and capacity development of government agencies are necessary. Improving the nutritional status, especially in the CHT and urban-poor areas, were highlighted as crucial for promoting better health for children, adolescents and mothers. Mainstreaming of nutrition issues for the urban poor and nutrition management in emergency situations are amongst the key barriers.

Khulna: In Khulna there is lack of manpower and logistic support in health care institutions. Absence of adequate adolescent-friendly health care centres, SCANU services, safe delivery, and implementation of national nutrition were among the key issues the session highlighted. Inadequate WASH fund allocation for disaster, salinity prone and climate affected areas were issues identified in terms of health and hygiene.

Mymensingh: Mymensingh, a region full of haors and hills, constituted a major challenge in ensuring effective coverage of health care services. Poverty-prone areas in Mymensingh

makes the region more vulnerable to health-related issues since the specific needs of the poor and marginalized people remain underserved due to resource constraints. Ethnic minorities in the region remain underserved as well. Early marriage and women giving birth at an early age also affect the health status of the region. Thus, besides increased funding for and coverage of health services, awareness building will be a crucial factor for the region.

Rajshahi: In Rajshahi due to lack of education and awareness among mass people, the child, adolescent and maternal health status is not very satisfactory. Neonatal death is a challenge yet to be overcome. Due to lack of awareness, people do not go to health centres at the right times. The health service centres are not equipped to provide expected levels of service. Inadequacy of human resources is another critical factor. Assuring need-based fund allocations to provide better services is still a challenge in Rajshahi.

Rangpur: In Rangpur, number of health service providers is insufficient as well, and according to stakeholders who participated in the session, need-based financing is missing. As a result, people are being deprived from expected level of services. The capacity and infrastructure are not up to the mark to provide standard level of health services. There is deficiency in the planning mechanism in prioritizing the local context. Children of working mother are being deprived of basic cares. Rangpur is a natural disaster-prone area, and thus providing health care services during emergencies are amongst the major challenges. Due to establishment of an economic zone, migration into Rangpur has increased, which has created further pressure on the health service delivery.

Sylhet: In Sylhet, ensuring health care services for women working in tea gardens is a major challenge. No ante-natal, post-natal, or delivery care is available in many tea garden areas, thus putting many pregnant women to serious risk. There is also a lack of skilled health service personnel for providing regular health services to children and women. Lack of education is also a factor leading to inequalities in health status. In Haor areas, service delivery is logistically difficult due to poor communication systems, and in time of natural disasters this worsens.

The following table summarizes the specific hotspots within the divisions and the specific issues requiring attention urgently.

Table 17: Major Geographic Hotspots Within Divisions

Divisions	Location specified	Issues requiring urgent attention
Khulna	Assashuni, tala, Shymnagar, sadar, Dautalpur, Bheramara, DacopeKayra, Paikgacha, Sharonkhola, Mongla, Morelgang, Jhenaidah-Sadar	<ul style="list-style-type: none"> • To establish community accountability mechanism through the regular programme to enable more equitable and quality services to the children and adolescent. • To prevent the violence against children and adolescent and response. • To strengthen child protection system, justice for children and to end the early child Marriage. • To prevent adolescent suicide.

Divisions	Location specified	Issues requiring urgent attention
Sylhet	Sadar, Jaintiyapur, Gowainghat, Kanaighat, Sunamganj, Moulvibazar, Sylhet City Corporation all words.	<ul style="list-style-type: none"> • Address the child labour issue in the stone crushing, tea garden, urban and Haor areas. • Joint collaboration of health and nutrition sector for EPI and GMP. • Strengthen the MNCAH services and capacity development of service providers in the teagardens and Urban areas.
Mymensingh & Dhaka	Kalmakanda, Madan & Khaliajuri upazila, Jamalpur Char areas, Urban slum areas of Gazipur and Mymensingh City Corporations.	<ul style="list-style-type: none"> • The recruitment of new USSOs, Probation Officer and DNOs by GoB. • To establish SCANU in Gazipur.
Chattogram	Bandarban, Rangamati, Khagrachari	<ul style="list-style-type: none"> • To identify the 'sustainability model' of programs in different context for plain land and in hilly terrain. • Early childhood development program has become a concern, and more resources should be invested to identify a sustainable model in the context of CHT. • In addition, life skill-based education for girls and for boys should further be investigated and invest resources.
Rangpur & Rajshahi	Kurigram, Lalmonirhat, Nilphamari, Bogra, Serajganj, Barendro areas, Thakurgaon, Chapainawabganj.	<ul style="list-style-type: none"> • To improve the nutrition situation in Rangpur and Rajshahi division, GoB should initiate CMAM. • An active role of Child Welfare Boards is necessary which can strengthen all tiers of Child Protection System. • More programmatic attention from government stakeholders are required to facilitate adolescent's empowerment process. • Resources could be invested on creating shelter centres for children, adolescent and women, awareness and advocacy building programmes at the City Corporation involving city corporation staff, community leaders, children adolescent, teachers, police, private sectors and other relevant stakeholders.
Barishal	Islands- char mumtaj, char kukri-mukri, monpura, rangabali, Barishal division, Bhola district,	<ul style="list-style-type: none"> • For the people in coastal areas, GoB should initiate Climate Sensitive Health Facility Initiative. • To establish the program with LGIs on child rights and development. • Do the research on Climate resilient nutrition program, transitioning diets, childcare practise, population growth, urbanization, communicable and non-communicable disease threats. • Ensure the Community Demand creation for essential quality social services.

Overall, there are some geographical areas which are in need of extra attention. The geographical hotspot areas are as given below:

1. **Slums in Major cities:** The people who live in slums situated in different big cities including Dhaka are depriving from critical child, maternal and reproductive health services. Therefore, urgent attention and specific programs should be triggered upon them.
2. **Hill Tracts in Chittagong:** People living hill tracts often remain out of the reach of health care services. Lack of infrastructure and manpower for health care services causing them to suffer silently. Therefore, urgent initiatives are necessary at these areas.
3. **Tea Gardens in Sylhet:** Workers working at tea gardens are depriving from modern health care services. Even minimum child, maternal and reproductive health care services are invisible there. Therefore, urgent attention should be given to tea garden areas.
4. **Haor Areas:** People from Haor areas frequently become victim of flash floods. As it is amongst the hard to reach areas, the health care services available at these areas are insufficient. Urgent attention should be given to Haor areas
5. **Northern Belt:** The northern belt of the country including Rangpur division is the living place for a large number of poor people. due poverty people have very little access to private health care services therefore extra attention should be given to this area.

4.6 Major Data and Knowledge Gaps

The knowledge gaps are barrier to provide inclusive planning and policy making on any issue therefore, this part of writing will try to unfold the knowledge gaps existing related to child, adolescents and mothers' health in Bangladesh. Because of the advancement of modern medical science there are very little areas where knowledge gap is existing. Especially in case of child and maternal mortality there is very little room for knowledge gaps though in grass root level there exist information gap, misconceptions, etc. Considering the present trends we are observing more complex diseases are arising with regular intervals therefore continuous research is a must in order to address future threats and to combat them. In case of reproductive and adolescent health there are many areas where knowledge gap exists. A great extent of reproductive health rights are ignored by mass people as well as policy makers. Right to have voluntary, informed and affordable family planning services, etc. are not well defined and often ignored in Bangladesh. People still unaware of right to have privacy, pre-natal and post-natal services, right to be free from any sort discrimination by sex or gender, etc areas can be marked with knowledge gap (Das and Roy, 2016).

Table 18: Data and Knowledge Gaps Across the Country

Divisions	Existing gaps
Chattogram	<ol style="list-style-type: none"> 1. There is inter-ethnic conflict, complex administrative structures, poor mechanism of targeting the pocket of deprivation, poor capacity of Hill District Council and other service departments. 2. High risk of natural disasters like earthquake, landslide, flooding and cyclones. 3. Absence of well-established accountable coordination mechanism among the relevant service departments. 4. Non-engagement of the local communities in the planning process, allocation of resources without evidence-based data and information and non-integration of local demands.
Sylhet	<ol style="list-style-type: none"> 5. Hard to reach people for EPI coverage. 6. Lack of monitoring system and accountability creating the gap for implementing multi-sectoral nutrition approach. 7. Inadequate information on child marriage, child labour, SBCC situation of children and women.
Mymensingh & Dhaka	<ol style="list-style-type: none"> 8. Absence of data of child marriage, protection and reproductive health conditions. 9. Inadequate manpower, statisticians and inadequate capacity.
Khulna	<ol style="list-style-type: none"> 10. The impact of climate change on the health of women, children and on the lives of people in affected upazilas- Koyra, Dacope, Paikgacha, Keshobpur, Monirampur. 11. Impacts of salinity in adolescent health including maternal, child health and absence of data on community-based longitudinal trial on nutrition intervention. 12. Lack of the study on the duration of hospital stay.
Barisal	<ol style="list-style-type: none"> 13. Trustworthiness of data authenticity. 14. Inaccessibility of data from the private health facilities. 15. Lack of researches on violence, abuse and exploitation of young girls, boys and the impact on their mental and physical well-being. 16. Lack of nutrition data analysis skill and use of data for decision making process specially for DGSH and DGFP and the overall condition of lactating mothers and maternal health.
Rajshahi & Rangpur	<ol style="list-style-type: none"> 17. The information after any disaster do not include any information regarding affected children and women. 18. Data is unavailable from the private health sectors, child mortality rate, maternal health and miseries from various reproductive organ related complications. 19. Severe acute malnutrition prevalence is highest in Kurigram (3.4%). Therefore, additional investment is required from GOB and UN.

Source: Divisional GED-UNICEF consultations, 2019

4.7 Recommendations

It is well acknowledged that the well-being of children depends on a wide number of cross-cutting issues. Stopping early marriage, in this instance, is an important prerequisite to reduce the number of early childbearing. Hence, formulation and implementation of policies and legislations regarding child marriage can affect the health and well-being of

mothers and new-borns. However, this section summarizes the important recommendations for improving health services across the country.

Financial Support and Coordination

Financial, Logistic and manpower support should be increased for an enhanced health care service delivery system especially for hard to reach areas and slums. Coordination with private sector and within different bureaus responsible for child health service delivery is necessary. Besides, coordination among different government bureaus, private organization and NGOs is necessary for better health care service for children and women. Maternal mortality will be reduced as a result of this coordination.

Raise Awareness and Ensure Practice of Good Governance

Awareness building programs must be initiated at a larger scale in order to educate people regarding the scope of sexual and reproductive health, including family planning, antenatal care, child delivery, and postnatal care. It must be conducted and considered as a routine work to aware people about child and maternal health. Moreover, good governance and proper management of whole procedure must be assured. In this regard leading organizations, ministries like- Ministry of Health and Family Affairs, Ministry of Women and Child Affairs, etc. could show the direction and role better service delivery.

Research and Policy Integration

Time to time research and monitoring should be conducted to check the effectiveness of the drugs and to observe the disease profile over the years is mandatory for better and effective immunization program. The countries those have good records in combating common diseases of children should be chosen for knowledge sharing regarding the issue. Furthermore, child marriage law should be imposed more strictly so that no child marriage can take place at any level.

Separate Database of Reproductive and Maternal Health

Rights of reproductive health including right to have privacy, pre-natal and post-natal care, family planning, etc should be facilitated. Special health service centre along with door to door health service delivery for young mothers should be implemented at larger scale. As health service centres for reproductive health are mostly providing services to young women; similar services should available for young men also.

Reach Universal Health Coverage (UHC),

All 3 of the following dimensions need to be addressed: (1) Services need to more effectively to tackle communicable diseases and deploy MNCH and NCDC to address the changing epidemiology, (2) There should be increased coverage with equity for critical interventions, (3) More financial protection is needed for health provision with increased resources for primary health care and a strong prevention agenda.

Increase the Number of Health Care Service and Ensure the Service Delivery

Number of health care centres must be increased so that women can go and avail antenatal care. Well-equipped health care centres along with well-trained service delivery persons are required to deal with complexities associated with child delivery. Difficult to reach areas, slums, areas where marginalized people live in, tribal areas must be given extra attention in order to reduce maternal mortality rate. Special health service center along with door to door health service delivery for pregnant women and lactating mothers should be implemented at larger scale. Health service centres for reproductive health are mostly providing services to young women; similar services should available for young men also.

Chapter 5: Every Child Thrives to Nutrition and Development

5.1 Introduction

Nutrition represents a multisector area of particular challenges and is an increasingly important development issue in the post-2015 era. Poor nutrition intake in early life leaves children in a permanent disadvantageous position over their whole lifespan. Nutrition deficiency in the early years not only affects physical growth but also the development of the brain. Malnourished children perform poorly at school and have lower incomes in future, perpetuating the poverty cycle (World Bank Nutrition Report, 2018). Undernutrition, hidden hunger, and being overweight are the three major dimensions of nutrition which work as a considerable threat to the survival, growth and development of children (UNICEF, 2019).

Child malnutrition, manifested by stunting, wasting and being underweight or obese are outcomes of poor nutrition in-utero and in early childhood, they signify a lack of breastfeeding, and an insufficient intake of nutrient-enriched food in early childhood. Stunting affects the possible height, brain development, cognitive potential, and learning and communication skills of a child. Children who suffer from wasting on the other hand are exposed to declining immunity and long-term developmental delays. However, malnutrition can be prevented through adequate maternal nutrition before, and during pregnancy and lactation. Ensuring optimal breastfeeding is vital in the first two years of child's life, providing nutritious and safe foods in early childhood. Ensuring a healthy environment with access to basic healthcare and safe water is also critically important, as are good quality hygiene and sanitation services, both especially important for the proper growth of the children (UNICEF, WHO and World Bank, 2019).

The average lost earnings associated with stunting over a lifetime is US\$1,400 per child but can be over US\$30,000 in wealthier countries. Economic losses in low- and middle-income countries from diseases related to being overweight and obese, including heart disease, cancer, diabetes and chronic respiratory disease, will reach more than US\$7 trillion over the period 2011–2025. Cumulatively, the estimated impact on the global economy of different forms of malnutrition could be as high as US\$3.5 trillion a year, or US\$500 for each individual. The investment case for addressing malnutrition is overwhelming. It would cost just an additional US\$8.50 per child per year to meet global targets for eliminating stunting in children under five. This kind of money is small in comparison to annual expenditure on advertising by food by multinational corporations. Furthermore, it also has an impressive rate of return. Every dollar invested in reducing stunting generates estimated economic returns equivalent to about US\$18 in high-burden countries. On this backdrop, Government of Bangladesh has taken a wide number of policies, programs, and interventions to ensure proper nutrition for children across the country.

5.2 Status of Existing Policies, Nutrition Institutions, Systems and Governance

The Constitution of Bangladesh acknowledges the need for 'raising of the level of nutrition and improvement of public health' as a priority. The 6th FYP (2011-2015) prioritized a number of significant actions on nutrition, notably the mainstreaming of nutrition services within the national health sector programme (HPNSDP, 2011-2016). However, the 6th FYP did not sufficiently acknowledge the multi-sectoral nature of the problem by overlooking

nutrition's wider role in sustaining national productivity growth. While the 7th FYP sheds light on the need for attention to nutrition issues, global commitments like South Asia Regional Action Framework for Nutrition (2014), six World Health Assembly targets of 2012, launch of Global Nutrition Report in 2014 are some of the key commitments. The country is also committed to eradicate malnutrition as part of its commitment to attain SDGs.

5.2.1 Policies and Legislations Regarding Nutrition

Government of Bangladesh has approved National Nutrition Policy 2015 with the vision to attain healthy and productive lives through gaining expected nutrition. The goal of the policy is to improve the nutritional status of the people, especially disadvantaged groups, including mothers, adolescent girls and children. The policy also aims to prevent and control malnutrition, and to accelerate national development through raising the standard of living. Enhancing dietary diversity with optimum quality and quantity of diet, scaling up nutrition-specific and nutrition-sensitive interventions, and strengthening multi-sectoral approach and coordination among relevant stakeholders for improving nutrition are some key objectives of the policy. The 7th FYP also acknowledges the multi-sectoral nature of nutrition related issues and suggests provision for differentiated, but coordinated, actions to improve nutrition. National commitment to combat stunting in the nutrition policy is in line with the country's Vision 2021 and the seventh Five-Year Plan (2016-2020). Other factors such as the revitalization of the Bangladesh National Nutrition Council (BNNC), with the Prime Minister as chair, have also catalysed the development of an action plan to operationalize the policy.

In January 2016, a national technical committee was set up to guide the overall implementation of 2nd National Plan of Action for Nutrition, formally known as NPAN2, for 2016 to 2025. The national committee was further sub-divided into four different sector committees: Health, Urban Health and WASH; Food, Agriculture, Fisheries and Livestock; Women Empowerment, Education, Social Safety Net, Information; and Institutionalization of NPAN2: Finance, Planning, Budget. All the sectoral committees have high-level participation from relevant government offices, members from UN agencies, NGOs, development partners and academia. The sectoral committees also developed an action plan for its respective sectors following a common format and highlighted cross-cutting areas, which were harmonized later in the process. Experts from Bangladesh and international consultants were engaged to ensure that each section of the action plan is not only technically sound but also feasible in terms of overall capacity, utilizing global learning from different sectors. A total of 17 ministries will be involved in implanting the project along with other stakeholders and partners. The budget has estimated approximately US\$1.6 billion for the NPAN2 (2016-2025) to carry out the priority activities, institutional development, capacity-building, as well as monitoring and evaluation (M&E) over the next ten years (Nutrition Exchange, 2018).

Table 19 presents a timeline of key nutrition policies in Bangladesh by summarizing a relatively comprehensive set of policies. The nutrition policy in Bangladesh is marked by significant successes while the proper implementation of it still faces long-term setbacks. Nutrition-related activities and programmes taken in between 1970s and 1990s have often

been characterized as isolated and vertical. However, the newer initiatives on nutrition have focused on mainstreaming nutrition issue across sectors and among a wide range of stakeholders (Nisbett et al., 2013).

Table 19: Key Nutrition Policies and Legislations in Bangladesh.

Policy & Law	Core Principles
The Third and Fourth Five Year Plan Periods (1986–1998)	Government implemented a number of child health programs including the Expanded Program on Immunization (EPI), Control of Diarrheal Diseases (CDD), the Acute Respiratory Infection (ARI) Control Project and the Night Blindness Prevention Program.
The Fifth Five Year Plan (1997–2002) & the National Health Policy (2000)	Three documents advocated for a common set of institutional reform strategies, including the provision of primary health services in an ESP, introduction of the Sector Wide Approach (SWAp), one-stop services through community clinics at the village level, unification of the Health and Family Planning Directorates, administrative decentralization, and the creation of static clinics.
Health and Population Sector Program (HPSP) (1998–2003)	It was designed and implemented with the termination of HPSP, the Health Population and Nutrition Sector Program.
(HPNSP) for 2003–2010	It was a similar strategy like the previous one but an added emphasis on nutrition.
National Nutrition Policy (2015)	To attain healthy and productive lives through gaining expected nutrition. The goal of the policy is to improve the nutritional status of the people, especially disadvantaged groups, including mothers, adolescent girls and children. The policy also aims to prevent and control malnutrition, and to accelerate national development through raising the standard of living.
Other Policies & Acts	<p>National Health Policy (2011)</p> <p>National Population Policy (2012)</p> <p>Health Population and Nutrition Sector Development Program (2011-2016)</p> <p>National Agriculture Policy (2013)</p> <p>Food Safety Act (2013)</p> <p>Prevention of Iodine Deficiency Diseases Act (1989)</p> <p>National Strategy for Anemia Prevention and Control in Bangladesh (2007)</p> <p>National Guidelines for the Management of Severely Malnourished Children (2008)</p> <p>National Maternal Health Strategy 2001 and 2011</p> <p>Maternity Protection Law (2011)</p> <p>International Code of Marketing of Breast-milk Substitutes provisions (2012 draft)</p> <p>National Children Policy (2011)</p> <p>National Plan of Action on Adolescent Sexual and Reproductive Health (2013)</p>

Source: Author's compilation based on Nisbett et al., (2013)

5.2.2 Governance Regarding Nutrition in Bangladesh

MoHFW is endowed with the major responsibility of nutrition services under Health, Nutrition and Population Sector Program. Institute of Public Health Nutrition (IPHN) of MOHFW is mandated to assist in developing policies and strategies in relation to nutrition services. Moreover, Bangladesh National Nutrition Council (BNNC) was established in 1975 and is chaired by the Honourable Prime Minister with relevant Ministers as members. Its responsibilities include providing guidelines on nutrition, assessing the impacts of the programmes, coordination of nutrition activities across ministries. However, the Council is not properly functional yet.

In the health sector, a Multi-sectoral Steering Committee on Nutrition Initiative (SCNI) is chaired by MoHFW Secretary to conduct quarterly review meetings. An additional Technical Nutrition Implementation Coordination Committee (NICC) is chaired by the DG of DGHS. In the food sector, to monitor the implementation of the Food Policy and Plan of Action, the Food Planning and Monitoring Committee (FPMC) represent the ministers and secretaries of the ministries concerned with food security. FPMC is a cabinet-level committee which is by the ministry as its Secretariat in food security issues. However, coordination among the relevant ministries in both these mechanisms is still weak and needs more streamlining. Apparently, there are duplications of work and confusion in the programs and initiatives in the area of nutrition. While both the health and food sectors have results frameworks for nutrition-related activities in their mandates, there is no overarching coordination platform for multi-sectoral and multi-stakeholder approach towards nutrition related issues.

Apparently, there is a plethora of public and private organizations working to ensure proper nutrition for the citizens, especially the children, of Bangladesh. International organizations including UNICEF, UNDP, FAO, WFP, WHO, USAID, Care Bangladesh, and Save the Children Bangladesh are working with the GoB to formulate and implement policies and programmes regarding nutrition.

Table 20: Key Institutions Regarding Nutrition

Institution	Core principles	Policy, Law and Contribution
National Nutrition Services (NNS)	Intends to reduce the prevalence of under nutrition, especially among women and girls. Furthermore, Political communication, activism and social mobilization, community-level interpersonal interaction of all.	With the cooperation of UN, ICDDR,B, WB it does- Control of Vitamin-A deficiency disorder Vitamin A supplementation, Control & prevention of Anaemia Iron folate supplementation, Zinc Supplementation during Treatment of diarrhoea, Vitamin D, Calcium Supplementation, Management of Severe Acute Malnutrition (SAM) and Community Management of Acute Malnutrition (CMAM), Protection, Promotion & Support of Breastfeeding/ Infant and Young Child Feeding (IYCF) including BFHI & BMS Code, School Nutritional Education Program, Multi sectorial collaboration Coordination of Nutrition Activities across Different Sectors, Community based Nutrition (CBN) in selected area Community based nutrition services
Ministry of Health and Family Welfare	Responsible for all health policies as well as family planning in the rural and urban settings with the coordination of other ministries.	The Breast-Milk Substitutes (Regulation of Marketing) Ordinance, 1984; Iodine Deficiency Related Diseases Prevention Law, 1989; Substitution of Breast-Milk Regulatory Law, 1993;
Ministry of Women and Children Affairs	Working intensively on women's overall development in constructing and enforcing women's and children's policies, women empowerment, prevention of women's oppression, ensuring workplace safety and ensuring women's total socio-economic development.	National Women Development Policy, 2011; National Children Policy, 2011; Early Childhood Care and Development Policy, 2013; Deoxyribonucleic Acid (DNA) Act, 2014 and Early Marriage Protection Act, 2017.
Institute of Child and Mother Health (ICMH)	Improving the health and nutrition of the country's children and mothers through its three core objectives- human resource development, research and patient care.	To attain the MGDG goals it assesses the medicinal and penetrative reproductive health while resolving difficult problems of peri-natal and maternal health through hospital and community approach.

Source: Author's compilation (2019)

5.3 National Progress and Trends of Critical Indicators

To understand the situation assessment of the nutrition, there is a worldwide policy which measures the nutrition levels and country status in the development index and tries to achieve goals in wellbeing field. This policies and indicators are being suggested by the UNDP in the SDG goals and it is mandatory to achieve the minimum levels to attain the

SDG main theme which is inclusion of all in all levels. The indicators depicted by MICS furthermore illustrates the pivotal points for understanding the common points in nutrition areas for children in Bangladesh in this section.

5.3.1 Nutritional Measurement Indicators

The nutritional status is being measured by three main indicators- weight-for-age, height-for-age, and weight-for-height. These conditions or under nutrition causes various types of health problems which may lead to death of the children. Under-nourished children are more likely to die as a result of common childhood illnesses and have chronic sicknesses and deteriorating growth for those who live. Weight-for-age is an acute and chronic malnutrition intervention. Height-for-age is measured through linear growth and weight-for-height is measured to assess wasting and overweight status. In Bangladesh, nearly 1 in 3 children under the age of five are slightly or significantly underweight (31.9%), and nearly 1 in 10 are rated as seriously underweight (8.8%). Furthermore, approximately 4 out of every 10 children (42%) are slightly or seriously stunted or too short for their age, and 1 out of every 10 children (9.6%) is wasted mildly or extremely or too thin for their height. Seriously stunted and wasted children were 16.4% and 1.6% respectively.

Table 21: Prevalence of Underweight, Stunting, and Wasting (in %)

Indicators	Description	2013	2019
Underweight prevalence (Moderate and severe)	Percentage of children under age 5 who fall below: (a) minus two standard deviations (moderate and severe) & (b) minus three standard deviations (severe) of the median weight for age of the WHO standard	31.9	22.6
Underweight prevalence (Severe)		8.8	5.2
Stunting prevalence (Moderate and severe)	Percentage of children under age 5 who fall below: (a) minus two standard deviations (moderate and severe) & (b) minus three standard deviations (severe) of the median height for age of the WHO standard	42.0	28.0
Stunting prevalence (Severe)		16.4	8.8
Wasting prevalence (Moderate and severe)	Percentage of children under age 5 who fall below: (a) minus two standard deviations (moderate and severe) & (b) minus three standard deviations (severe) of the median weight for height of the WHO standard	9.6	9.8
Wasting prevalence (Severe)		1.6	2.3

Source: MICS 2013 and 2019

Table 22: Overweight Prevalence (in %)

Year	Percentage of children under age 5 who are above two standard deviations of the median weight for height of the WHO standard
2013	1.6
2019	2.4

Source: MICS 2013 and 2019

The underweight prevalence for children under five is 22.6 percent. The urban area has got better condition 18.9 percent compare to rural area (23.6%) in Bangladesh. the percentage was quite high in 2012-13 of 31.9 percent, but current trend is showing that country has an improved condition in reducing the underweight prevalence. However, the overweight prevalence has opposite occurrence of underweight prevalence. Though the percentage is not much significant at present (2.4%), it has increased compare to 2012-13 (1.6%) and the trend is higher for urban area children (4.8%) than from rural children (1.8%). In divisional level, the highest underweight condition of children is in Sylhet division and lowest one is in Khulna division. Other divisions have more or less near the average (22.6%). Data indicates that, overall 22.6 percent children in Bangladesh are underweight (Figure 23a). In terms of overweight among children, Dhaka scores the highest (4.7%) and Sylhet has the lowest (1%) one. Other divisions have on an average of 1.8 percent which is quite low.

Figure 23: Nutritional Status of Children- Underweight and Overweight

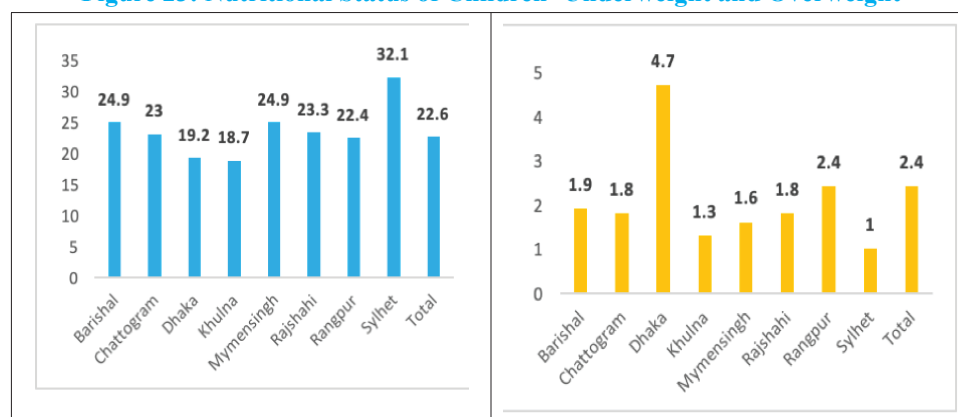


Figure 23a: Nutritional status of children- Underweight

Figure 23b: Nutritional status of children- Overweight

5.3.2 Breastfeeding and Infant Feeding

Proper feeding of infants and young children can improve their chances of survival, as well as promoting adequate growth and progress, especially in the vital window from birth to 2 years old. Breastfeeding protects infants from disease for the first few years of life and offers an optimal source of nutrients which is economical and secure. UNICEF and WHO advocate breastfeeding for infants within one hour of delivery, breastfeeding solely for the first six months of life and continuing breastfeeding for children up to 2 years of age and beyond. Depending on the child's age, various feeding protocols are used. Exclusive breastfeeding is considered an age-appropriate feeding for infants 0-5 months of age, while children 6-23 months of age are considered to be adequately fed when they receive breast milk and solid, semi-solid or soft food (MICS, 2013). Since birth to introduction of solid food consumption the statistics of Bangladeshi children are given underneath.

Table 23: Breastfeeding and Infant Feeding (in %)

Indicators	Description	2013	2019
Children ever breastfed	Percentage of women with a live birth in the last 2 years who breastfed their last live-born child at any time	97.1	98.5
Early initiation of breastfeeding	Percentage of women with a live birth in the last 2 years who put their last newborn to the breast within one hour of birth	57.4	46.6
Exclusive breastfeeding under 6 months	Percentage of infants under 6 months of age who are exclusively breastfed	56.4	62.6
Predominant breastfeeding under 6 months	Percentage of infants under 6 months of age who received breast milk as the predominant source of nourishment during the previous day	71.9	73.0
Continued breastfeeding at 1 year	Percentage of children age 12-15 months who received breast milk during the previous day	95.3	93.0
Continued breastfeeding at 2 years	Percentage of children age 20-23 months who received breast milk during the previous day	87.5	84.2
Duration of breastfeeding	The age in months when 50 per cent of children age 0-35 months did not receive breast milk during the previous day	32.1	28.6
Age-appropriate breastfeeding	Percentage of children age 0-23 months appropriately fed during the previous day	66.5	78.2
Introduction of solid, semi-solid or soft foods	Percentage of infants age 6-8 months who received solid, semi-solid or soft foods during the previous day	42.4	75.5
Bottle feeding	Percentage of children age 0-23 months who were fed with a bottle during the previous day	12.1	18.3

Source: MICS, 2013 and 2019

The predominant breastfeeding under six months has good score in 2019. Almost 73 percent of infants are been breastfeed as a dominant source of nourishment. The rate is also increased in 2019 compare to 2012-13 (71.9%). The rate is also high in rural areas of 74.4 percent. But surprisingly, the rate is lower in urban areas of about 68.7 percent. May be due to busy life scheduled, or due to availability of substitute products or poor health of mothers the rate is low in urban areas. We may compare this indicator with another indicator named age-appropriate breastfeeding. The similar pattern can be seen in this case. The average value is higher for 2019 (78.2%) than from 2012-13 (66.5%). The urban area has lack in age-appropriate breastfeeding (74.8%) whereas rural area has 79.2 percent.

After 6 months it is required to provide the infant semi-solid, solid or soft foods for maintain the health. In Bangladesh, more than 75 percent cases infants are getting the foods along with breastfeeding. And compare to 2012-13, the percentage has been increased almost by 33 percent. Again, we may see the similar pattern for urban areas where the rate is low (69.8%) compare to rural area (76.8%). And infants are continued to breastfeed for one year has percentage of 93 percent in 2019. The result is similar for both the rural and urban

areas, but the total has decreased in 2019 compare to 2012-13 (95.3%). As a whole, we may interpret that due to different life standard and maintenance, urban area people are tended to feed infants lightly compare to rural ones. May be there are some other factors that affecting the nourishment of infants in urban areas. But at the same time, we may see that the minimum dietary diversity (percentage of children age 6–23 months who received foods from 4 or more food groups during the previous day) is higher in urban areas which is 41.5 percent. However, the overall diversity in dietary consumption of infants are quite low (only 33.8%) in Bangladesh.

Figure 24: Divisional Variations in Breastfeeding and Child Feeding Practices

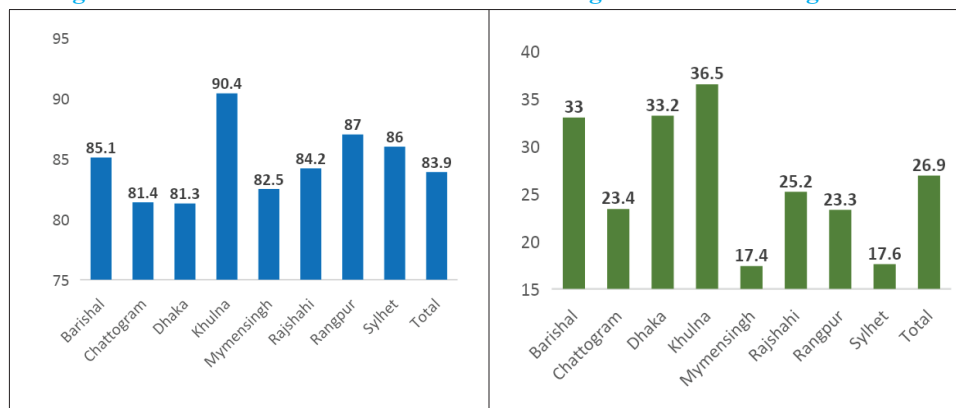


Figure 24a: Age-appropriate breastfeeding

Figure 24b: Infant and young child feeding (IYCF) practices by minimum acceptable diet

Source: MICS 2019

The age appropriate breastfeed postulates a good scenario across the country in Bangladesh. Khulna division has got the highest percentage of 90.4 and the lowest rates are in Dhaka (81.3%) and in Chattogram (81.4%) respectively. The difference between lowest and highest rate of appropriate breastfeeding and the divisional disparity is low (see Figure 24a). However, minimum acceptable diet practices across the divisions has been measured (see Figure 24b) as percentage of children aged 6–23 months who had at least the minimum dietary diversity and the minimum meal frequency during the previous day. It is observed that the national average of Bangladesh in this indicator is around 27 percent which is quite low. Highest acceptable dietary practices are maintained at Khulna division whereas lowest is at Mymensingh (17.4%) and Sylhet (17.6%) divisions. However, Chattogram is far behind the national average in maintaining the minimum acceptable diet for infants and require more attention.

5.3.3 Salt Iodization

Iodine Deficiency Disorders (IDD) is the leading cause of curable autism in young children and compromised psychomotor development. Its most extreme form is cretinism which is caused by iodine deficiency. It also increases the risk of pregnant women's death and miscarriage. Iodine deficiency is associated with goitre which is a most common and visible disease. The Bangladesh government has introduced the Iodine Deficiency Disease

Prevention Act (i.e. 'Salt Law'), which made it mandatory for all edible salt to be iodized since 1989. From then on, UNICEF has been supporting the government in initiating the national universal salt iodination program. Furthermore, the GoB has stepped up efforts to establish sustainable salt iodization and monitoring infrastructure, create consumer demand for adequately iodized salt, increase awareness of the significance of adequate iodized salt and the threats of IDD to growth and development with assistance from UNICEF and other collaborators.

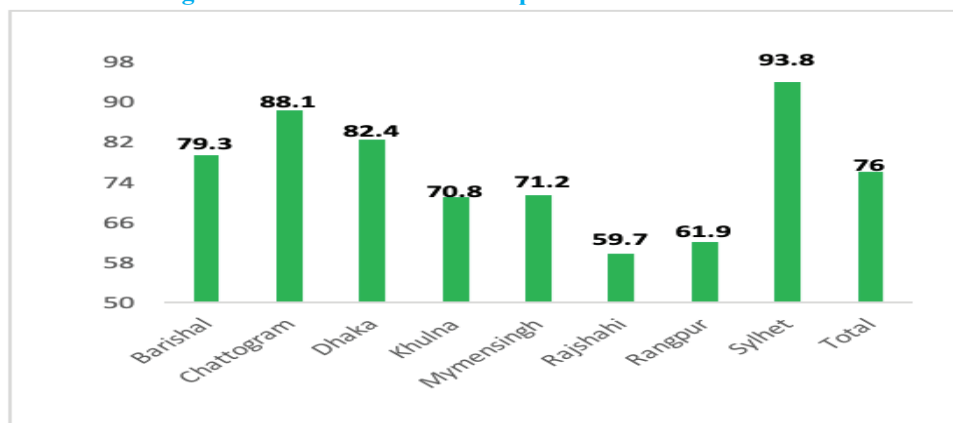
Table 24: Iodized Salt Consumption

Year	Percentage of households with salt testing 15 parts per million or more of iodate
2013	54.3
2019	76.0

Source: MICS 2013 and 2019

Data shows that the overall percentage of households with proper amount of iodized salt intake increased from only 54.3 percent to 76 percent within this decade (see Table 24). It is also observed that the highest consumption (93.8%) is at Sylhet whereas lowest (59.7%) one is at Rajshahi division. Except Rajshahi and Rangpur, other divisions have an average of 75 percent households consuming iodized salt which is closer to the national average (see Figure 25). Hence, major attention from both government and non-government agencies is required to improve the iodized salt consumption in Rajshahi and Rangpur.

Figure 25: Iodized Salt Consumption Across the Divisions



Source: MICS 2019

5.3.4 Low Birth Weight of Children

Birth weight is a strong indicator of not only the health and nutritional condition of a mother, but also the chances of growth, survival, long-term health and psychological development of the newborn. Low birth weight (i.e. less than 2,500 grams) carries a number of serious risks to children's health. Low birth weight in the developing world is primarily due to the poor health and nutrition of the mother. Before birth, three factors have the most impact: poor nutritional status of the mother, short stature and poor nutrition during pregnancy

(MICS, 2013). Mothers education and childbearing age are also significant for measuring the birth weight as the careful and literate mothers are more concerned during pregnancy and have better behavioral attributes towards maintain and caring for the children. One of the key problems in calculating the prevalence of low birth weight is that more than half of infants are not measured at birth in the developing world. In the past, the bulk of low birth weight figures for developing countries are based on data from health facilities. Since many infants are not weighed at birth while those weighed may be a biased sample of all births thus, the recorded birth weights cannot usually be used to estimate low birth weight prevalence within all children. It is therefore calculated that the proportion of births weighing less than 2500 grams.

Table 25: Low Birthweight and Infants' Weight at Birth

Indicators	Description	2013	2019
Low-birthweight infants	Percentage of most recent live births in the last 2 years weighing below 2,500 grams at birth	37.7	NA
Infants weighed at birth	Percentage of most recent live births in the last 2 years who were weighed at birth	35.9	51.9

Source: MICS 2013 and 2019

The percentage of low-birthweight infants is high in Bangladesh as one in three infants have low birthweight (MICS, 2013). Moreover, there is a broader problem in terms of weighing at birth as only half of the infants are weighed at birth while the other half isn't weighed at all. Hence, data on low-birthweight infants show only a part of the original picture across the country. However, based on the available data from 2013, it is found that only about 20 percent of the infants were weighed at birth in Barishal and Sylhet (see Table 26). While the low birthweight problem persists almost evenly across the divisions, the percentage of infants weighed at birth are unevenly distributed.

Table 26: Divisional Rate of Low Birth Weight (in %)

Division	Below 2,500 grams	Weighed at birth
Barisal	26.3	17.5
Chittagong	29.2	25.8
Dhaka	25.0	40.6
Khulna	24.2	44.3
Rajshahi	22.6	34.5
Rangpur	24.2	59.3
Sylhet	29.3	19.5

Source: MICS 2013, p-22

5.3.5 Anaemia

Anaemia is a widespread phenomenon in Bangladesh due to mal-absorption and low bioavailability of iron in the food consumed by most households (Hasan & Jahan, 1991). It has taken a great toll in public health except for men as the most burden is carried out by women and children. Causes of anaemia are numerous and nuanced, but the main cause of deficiency is cereal-based diets that provide low bio availability for non-home iron. In Bangladesh iron deficiency is thought to be the main cause of anaemia and a regular

iron-folic acid (IFA) supplement program has been operating for the past few decades to prevent anaemia and iron deficiency among pregnant women. During the current decade in Bangladesh, iron deficiency has decreased among children while maternal anaemia remains high (see Table 27).

Table 27: Child Anaemia

Indicators	Description	2013	2019
Iron deficiency	Percentage of children 6–23 months age, due to high maternal anaemia	71	46
Maternal Anaemia	Percentage of women having health issues during pregnancy and after birth and intake of low iron rich foods	50	50-59

Source: USAID 2014, WHO 2019 and Author's Compilation Based of Institutional Websites.

5.3.6 Micronutrient Deficiency

There are 32 micronutrients which are essential for normal metabolism, physical well-being and growth in all ages. The main micronutrients are Iodine, Vitamin A, Vitamin D, Vitamin B12, Calcium, Iron and Zinc. The micronutrients can be supplemented through food or as medicines only. The direct effects of micronutrient deficiency are felt by the children when many diseases and deformities start to manifest themselves and could be life threatening. In the developing countries, deficiency of micronutrients is very common among children and the attention of the local government with various awareness programs as well as providing supplements is mandatory. The GoB has developed many programs with the help of local NGOs and UNICEF to help the poor children by providing nutritious foods, increased breastfeeding and mass fortification. Nonetheless, the percentage of children and mothers with intake of micronutrients is low in Bangladesh.

Table 28: Different Essential Micronutrients

Indicators	Description	2013	2017
Vitamin A	Percentage of pre-schooler children	21	20
Vitamin D	Percentage of pre-schooler children	35	39.6
Zinc	Percentage of pre-schooler children	45	44.6
Vitamin B12	Percentage of non-mother and non-lactating women	22	21

Source: USAID 2014 and Author's Compilation Based of Institutional Websites.

5.4 Root and Underlying Causes

For the last two decades, Bangladesh has done relatively well in attaining food security, while ensuring proper nutrition for the citizens, especially for children, has been underwhelming. Bangladesh has shown remarkable success in increasing agricultural production as the rice yield has increased to 35.3 million tons in 2019 from 9.9 million tons in 1971 (United States Department of Agriculture, 2019). However, the increase in rice production appears to have small effects on proper nutrition as the population, especially the young children, need access to a diverse set of foods including staples such as rice, vegetables, animal proteins and milk. Moreover, one of the major nutrition problems in Bangladesh is that the expecting mothers are poorly nourished which in turn affect the well-being of the unborn baby.

Black et al. (2013) argues that nutrition outcomes are the end result of a causal chain that starts with the ‘basic drivers’ of nutritional attainment, such as policies, culture, agroecology, etc. The ‘basic drivers’ again influence the ‘intermediate drivers’, such as household food security, care practices, and disease environment. These again determine the intake of nutrition, importantly, food intake and utilization (Headey et al., 2015). An important driver of sustained nutritional change can be followed by economic progress which help government and households to increase spending on nutrition (Headey, 2013; Heltberg, 2009). However, there are many other local and regional variations that affect the nutrition intake of children.

5.4.1 Poverty in Rural Areas

The current poverty rate is 24.3 percent (2017) which was around 40% in 2005 (HIES, 2016). The progress is seen very promising but the overall condition of the poor living under the lowest sector of poverty has not yet changed much. Around 32 percent of the rural people lives below the poverty line and Rangpur accounts for 47 percent making it the poorest location of Bangladesh (HIES, 2017). Due to high prevalence of poverty in the northern parts of the country children mostly suffer from malnutrition and later exhibit various issues as mentioned in this chapter. Per capita income to buy eggs, meat, vegetables, oil seeds and milk still is in deficit in the economic sector as well as in social sector. Improper distribution of resources and power are the most critical indicators of upholding poverty in these areas of the country. Lack of assets, education, food insecurity and environmental threats are causing such adamant rates of poverty and the inefficiency of the regional governance is debilitated. Although the 6th FYP has been designed to put specific social safety net to tackle poverty in the rural areas but the lack of information with co-operation is not helping to achieve food security in these areas.

5.4.2 Nutrition Perspective

In the context of Bangladesh, undernutrition has remained a key challenge even though significant improvement in nutritional status driven by sustained income growth and greater coverage of health and education services has been observed over the period of last 20 years. It is, however, important that the state of current investment for nutrition as well as the quality of nutritional governance and service delivery require significant improvement in order to deal with the challenge of undernutrition. Given the fact that undernutrition causes a substantial loss of productivity every year, persistent level of high undernutrition coupled with increasing incidence of nutrition-related non-communicable diseases (NCDs) due to overweight and obesity dampens potential growth in the economy. However, the problems in maintain the nutrition of children in Bangladesh are given below.

1. Urban nutrition strategy is not in place yet.
2. Multi-sectoral coordination for nutrition is yet to be strengthened
3. Absence of proper resource allocation for improvement of nutrition in both rural and urban areas
4. Lack of proper data on nutrition
5. Lack of skilled manpower in relevant government departments to collect and analyse data on nutrition

5.4.3 Inefficiency in Health Sector

Nutrition intake is very much related to, and is affected by, the existing healthcare system available for children. In the health sector, there is a big gap in human resources to work on health and nutrition for children and women. Moreover, the nutrition education among local health officials as well as the mass people is mostly non-existent, especially in the hard to reach areas. Hence, skills, knowledge, and capacity of the health service providers in both rural and urban areas need a significant upgradation to promote nutrition education as well as nutrition-related services.

5.4.4 Food Consumption Habit

Bangladesh still has a long way to go for achieving food security with the focus on sensitive and nutritional agriculture. The agricultural sector is mostly dominated by food grain and few vegetable or fruit production thus lack of diversity of products makes this sector is vulnerable to shocks. According to HIES (2010) around 70 percent of the total calorie comes from food grains where rice dominates with 62 percent rate. Consumption of meat, vegetables, oil seeds and other mandatory products are far below the requirements of WHO, which is the most crucial part of malnutrition prevalence. Lack of proper agricultural policies and innovation of new quality in agricultural sector keeps it lagging behind while creating food insecurity.

5.5 Regional Issues and Drivers of Inequity

There are regional issues that have impact upon children. Information has been given based on the situational analysis of different divisions of Bangladesh.

Dhaka and Mymensingh:

- The areas like char and Haor causes difficulties in access to receive health services.
- Substantial number of populations cannot afford treatment cost.
- Flood is very much common in this divisions which causes water borne diseases.
- Two districts- Jamalpur and Sherpur have with 'High Child Marriage' which causes early pregnancy and child also suffers due to malnutrition.
- There is lack of cost-effective childbearing centres in the industrialized cities

Chattogram:

- Inadequate health facilities in hard to reach Hilly areas in Chattogram.
- Infant mortality rate is comparatively high.
- Children suffers of more from stunting and wasting.
- Low level of awareness and the headstrong traditional customs and practices sometimes put troll on children health, nutrition and mental development.

Barisal:

- As Barishal is a coastal division, it is full of canals, rivers, and ponds. As a result, the drowning rate of children is higher in Barishal. According to the report published by CIPRB, Barishal is marked as the worst place in the world for child drowning.
- Due to climate change, the gradual salinity intrusion into the coastal areas threatening the primary production system, coastal biodiversity and human health and nutrition of this district.
- Various climate sensitive diseases, food and water borne diseases, diseases like- Dengue, Respiratory Tract Infections, Allergic diseases, Injuries and other fatalities, Mental Health Disorders are getting tough day by day.
- Main barriers are natural calamities, insufficient facilities, lack of communication, and outbreak of diverse diseases and ignorance of healthcare activities.

Rajshahi and Rangpur:

- Rangpur is the most low-performing division and both divisions are vulnerable every year because of repeated flooding, drought, and cold waves.
- Northern Bangladesh is a flood and riverbank erosion prone region. And children access to education get interrupted during monsoon season. In addition, due to inaccessibility during monsoon teacher absenteeism is high in char and enclaves' areas.
- This region has an adverse impact of climate change. As a result, children become the victim of this climate change impact. Due to severe climate change children from these areas have lack of basic social services, health facilities, social protection, water and hygiene facilities.

Khulna:

- Khulna is the most vulnerable to climate change which causes flooding and waterlogging in the coastal areas.
- Healthcare services are disrupted severely when disasters and extreme weather occurrences damage and destroy healthcare infrastructure and equipment.
- It also affects the nutrition status of crops ultimately hampering the nutrition of children.
- Negative social norms and lack of capacity of union parishad to address local need of children hinders to promote child well-being in the region.

Sylhet:

- Lack of day-care centres to support the working mothers in the tea garden region
- Lack of ante-natal and post-natal care for the tea garden areas
- Lack of appropriate physical infrastructure in the Haor areas
- Nutrition education needs to be taught for the parents and children in tea garden and Haor areas.
- Lack of menstrual hygiene management (MHM) in tea garden and Haor areas

5.6 Major Geographic Hotspots

There are some geographic hotspots which are lagging behind in terms of child nutrition, health and development. The information has been collected from the situational analysis of different divisions of Bangladesh.

Table 29: Major Geographic Hotspots and Major Issues Requiring Attention

Divisions	Location specified	Issues requiring urgent attention
Khulna	Kushtia- Dautalpur, Bheramara Jhenaidah- Sadar	In case of stunting, inequity exists due to birth interval, size at birth, mother's education and wealth quintile. Nutrition has not been well understood by the community as well as service providers and relevant stakeholders.
Sylhet	Sadar, Jaintiyapur, Gowainghat, Kanaighat, Sunamganj, Moulvibazar, Sylhet City Corporation.	The shortage of trained HR especially the medical officers and field workers. Lack of skills for nutrition service providers.
Mymensingh & Dhaka	Kalmakanda, Madan & Khaliajuri upazila, Jamalpur Char areas, Urban slum areas of Gazipur and Mymensingh City Corporations.	There is no dedicated manpower from government side to provide nutrition education and other supports The District Nutrition Officer (DNO) position is vacant in most places.
Chattogram	Bandarban, Rangamati, Khagrachari	Inadequate infrastructure such as- community clinic and family welfare centre etc. are some of the major bottlenecks. Undernutrition is a serious public health problem in Chattogram division, especially in CHT. The key drivers of these disparities in CHT include- inadequate infant and young child feeding and care practices.
Rangpur & Rajshahi	Kurigram, Lalmonirhat, Nilphamari, Bogra, Serajganj, Barendro areas.	Household poverty affects nutrition intake. Natural disasters like drought, flooding, and river erosion are frequent. Drying of the river and other water reservoirs affect the fish catch by local people and affect nutrition intake of poorer households
Barishal	Char mumtaj, Char kukri-mukri, Monpura, from Barishal and Bhola district	High vacancy in terms of health personnel in both rural and urban areas.

Source: Divisional consultations for Situational Analysis (2019)

5.7 Major Data and Knowledge Gaps

Authenticity of data and unavailability of data from the private health facilities are key challenges in nutrition data. Though DGHS has a Health Management Information System (HMIS), data on nutrition is scarce and data quality is still not up to the mark. Proper collection and analysis of nutrition data require strong commitment from relevant government agencies. The following table shows the data and knowledge gaps, as identified by the nutrition sector stakeholders, across divisions.

Table 30: Major Data and Knowledge Gaps

Divisions	Existing gaps
Chattogram	Chattogram division has the highest stunting, wasting and underweight rates in Bangladesh.
Sylhet	Huge human resources gaps in the sectoral departments in the Haor areas and disrupted delivery of services. Absence of tea garden and Haor specific policies. Lack of knowledge on nutrition and relevant practices.
Mymensingh & Dhaka	Inadequate manpower, statisticians and inadequate capacity.
Khulna	Consequence of climate change on the nutrition of women and children and on the lives of people in affected upazilas- Koyra, Dacope, Paikgacha, Keshobpur, Monirampur- are yet to be measured. Gap in explore different modalities to bring more adolescents to the adolescent health corners for service delivery on health and nutrition.
Barisal	Lack of data on the nutrition status of children living in islands and coastal areas
Rajshahi & Rangpur	Severe acute malnutrition prevalence highest in Kurigram (3.4%) and 2.7 % is the second highest in Naogaon district. Therefore, additional research and investment is required from GoB and UN.

Source: Divisional consultations for Situational Analysis (2019)

5.7 Recommendations

Change in National Policy

GOB should prioritize more about nutrition in national policy. Develop systems for multisectoral cooperation on food and nutrition security from the national to local levels. And more study and research on climate resilient nutrition program, transitioning diets, childcare practice, population growth, urbanization, communicable and non-communicable disease threats should be conducted by GoB and other organizations (Situational Analysis, 2019). Besides, there must have support for policies and programs development and implementation to build resilience and preparedness for the adverse impacts of climate change, particularly as it affects agriculture and food security.

Inclusive Economic Growth and Restructuring Food Market

Continue to support inclusive economic growth, with attention to the segments of the population that struggle most with poverty, hunger, and under nutrition. Expanding nutrition-sensitive agriculture, including the production of nutrient-rich crops such as fruits and vegetables as well as fish and other animal-source foods, and the development of markets and infrastructure to support the farmers who oblige to produce these products. Due to price syndication of foods in the urban areas the informal sector and urban poor people suffer from food crisis and malnutrition. Thus proper monitoring of the market is essential for battling food crisis as well as ensuring nutritional foods for the urban poor children.

Improve Investments in Nutritional Programs

Expanding and enhancing investments to improve the nutrition of adolescent girls and women of childbearing age, including pre-, during and post-pregnancy anaemia and increasing pregnancy weight gain with increasing dietary intake, quality, and diversity (USAID, 2014). Build a stronger focus and investment in the practices of Infant and Young Child Feeding (IYCF) to make this a core nutrition program. Emphasis on maternal health, adolescent girls' nutrition, low birth weight and early childhood development as primary nutrition programs.

Introduction of Midday Meals in School Level

For ensuring proper nutrition among children midday meal can be initiated in all primary schools to meet the nutritional need of the children. Special focus can be given to the schools located in rural areas, hilly areas, char areas, islands, Haor areas, tea garden areas, and in urban slums. Promoting dietary diversity as a core priority in food-related approaches and assessing progress by increase interventions responsive to food that encourage dietary diversity with the help of Food Planning and Monitoring Unit (FPMU) can be implemented.

Awareness Creation

People's awareness about nutritious food, cleanliness including that of caregivers to children, maternal care, and nutrition supplements will continue to be created through electronic media and use of digital technology. Likewise, awareness among farmers about sustainable food production need to be created.

Proper Collection of Data

Remote places like- Kurigram, Lalmonirhat, Haor areas- Sunamganj, Netrokona, Kishoreganj, hilly areas like Chattogram hill tracts (CHT), and char lands require special attention in terms of research and other interventions. In addition, effective data collection is required to create an appropriate National Nutrition Database which may help policy makers, NGOS, stakeholders to design policy and project. GoB should also focus more on health services and recruit the skilled personnel.

Attention to Remote Areas

Nutrition status in underserved and remote places like, Kurigram, Lalmonirhat; haor areas like Sunamganj, Netrokona, Kishoreganj, hilly areas like Chattogram hill tracts (CHT), and special areas like char lands require special attention because nutrition status in these areas are vulnerable.

Regular Survey to Assess the Progress

Nutrition data doesn't publish yearly which is very important. On the other hand, other than Bangladesh Bureau of Statistics (BBS) data, a National Nutrition Database could be created from where policy makers, NGOS, stakeholders can have proper data to design policy and project.

Adolescent Awareness Building and Women Empowerment

Promoting women empowerment and well-being by ensuring knowledge on food and nutrition, access to land rights, education and causing delay of early marriage can help improve. Facilitate adolescents and women knowledge about sexual and reproductive health rights and laws, such as those detailed in the National Strategy for Adolescent Health 2017–2030.

Improve Partnerships With Foreign Agencies

Expanding and strengthening technical support to partners of USAID, along with the Government of Bangladesh, to enhance nutrition-specific intervention implementation (USAID, 2014). As Bangladesh is a part of OECD and WTO, the friendship and alliance would have to be stronger to export domestic food products while getting few benefits such as aids for the country.

Promote Seven Minimum Standards to Guide Businesses

Business house should promote and support Mothers@ Work such as breastfeeding spaces, breastfeeding breaks, childcare provisions, paid maternity leave, cash and medical benefits, employment protection, non-discrimination, and safe work provision.

Food Import and Price Hikes Reduction

Price hiking or inflation is a common phenomenon in this country and the poor suffer from it mostly. Due to natural disasters, economic shocks and black-market syndicates the rise of daily commodity price is going to the roof. Thus the government has to import food items from neighbouring countries and by doing this it loses a lot amount of finance for food security. According to World Bank, Bangladesh imports around 16.56 percent of various food items and in the time of Ramadan it becomes more (Tradingeconomics.com, 2015). Reduction of import dependency as well is frequent inflation is a must for Bangladesh to have a sustainable food market. To achieve this success, the merging of public-private sector is a must to regulate the market and sometimes limit the nature of free market economy.

Chapter 6: Every Child Learns From Early Childhood to Adolescence

6.1 Introduction

There is little doubt that Bangladesh has made leaps and bounds in the realm of primary and secondary education in the last few decades. The Millennium Development Goal (MDG) target for gender parity has already been achieved (GED, 2015) and the Sustainable Development Goals (SDGs), which came into effect in January 2016, have led to renewed thrust to prioritizing education. Ensuring access to quality education has been one of the main goals and a priority development agenda of the Bangladesh government in recent years. The country has achieved near-universal access to primary education and gender parity in both primary and secondary school enrolment (UNICEF, 2015; Banerji, 2017). In fact, Bangladesh was one of only few countries to achieve gender parity up to the secondary level by 2005 (ADB, 2018).

Public investment and social services in education have played a critical role in increasing access to education for millions of children. Provision of government stipends through special projects and school-feeding programs have helped to significantly increase enrolment and retain students, particularly those from poor families (Ahmed & Babu, 2007; Tietjen, 2003). The Government of Bangladesh has also been giving special focus to early childhood development (ECD) and technical and vocational education (TVET) as the importance of early care for children and skills development gained momentum both nationally and internationally. As a result, the number of pre-primary students and TVET institutions in the country has increased significantly over the years (MoPME, 2018; BANBEIS, 2017).

In several policies and instruments, such as the Seventh Five Year Plan (7FYP) and the Perspective Plan 2010-2021, the goal of attaining quality education is clearly outlined. However, a significant number of challenges related to quality and equity in education still exist, both at the primary and secondary levels (Morshed, 2017; World Bank, 2013). These challenges include teacher capacity, teacher absenteeism and tardiness, and poor physical infrastructure (Patrinos, 2013; MoPME, 2011; UNICEF, n.d.). Curricula reforms are also the need of the hour as the lack of modernization of school curricula coupled with the existence of three different streams of education (Bangla, English, and Madrasas) mean that education is not tailored to modern-day needs and there is no synergy between the various streams (Ahmed & Rahaman, n.d.).

6.2 Status of Existing Policies, Educational Institutions, Systems and Governance

This section looks at the governance system of the education sector as a whole and the existing policies and programs related to education in Bangladesh.

6.2.1 Education Governance System in Bangladesh

The early years of a child are significant as this is when children experience both physical and mental development (Irwin et al., 2007). Proper care is crucial for the development of children's intellectual capabilities. The period from a child's birth to eight years is usually considered as "early childhood" (ibid). In tandem with the growing recognition

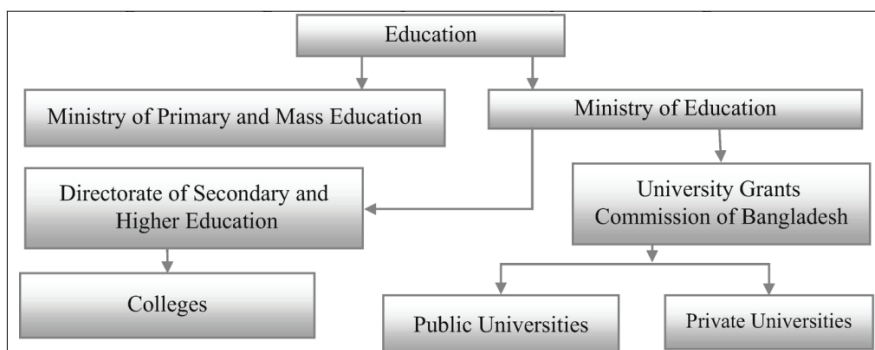
of the importance of early childhood development (ECD), the pivotal role of pre-primary education (PPE) in children's development has been gaining traction. PPE plays a critical role in preparing children enter mainstream primary schools and smoothening their transition from home to formal schooling (UNICEF, 2019a).

Pre-primary education (PPE) is intended for children of ages 5-6 in Bangladesh; it is provided to children for one year and has been made free for all children of this age group in line with SDG 4.2 (ADB, 2018). Government primary schools and newly nationalized primary schools under the Directorate of Primary Education (DPE) are the main mediums of PPE delivery (Islam et al., 2016). PPE is also provided through projects of other ministries, schools run by NGOs, and private kindergarten schools (ibid).

The management of the education system in Bangladesh falls under the purview of two ministries: Ministry of Primary and Mass Education, which looks after primary education, including pre-primary, and Ministry of Education, which is responsible for secondary, vocational and tertiary education (World Bank, 2013; MoE, n.d.).

Primary education, which constitutes grades 1 to 5 in Bangladesh, has a pivotal role to play in laying a solid foundation for secondary and higher education. The Government of Bangladesh, therefore, has been focusing its efforts over the years with the aim of increasing enrolment and completion rates at the primary level, along with ensuring quality primary education. Secondary education is another crucial component of Bangladesh's overall vision of human resource development. In Bangladesh, secondary education is composed of grades 6 to 10, or grades 9 to 10 (as prescribed in the National Education Policy 2010) and higher secondary education (grades 11 to 12).

Figure 26: Organization of Education System in Bangladesh



The education system in Bangladesh is very large, catering to over 30 million students (World Bank, 2013). The number of stakeholders is also high: there are more than 10 types of providers in primary education and 10 examination boards at the secondary level (ibid). It can be broadly divided into three stages: primary, secondary and higher education (BANBEIS, 1987). Primary education in the country has two major streams, i.e. general and madrasah (Islamic institution of religious learning), while secondary has three overall streams, i.e. general, madrasah, and technical-vocational (Morshed, 2017). Along with these, there are English-medium schools that follow international curricula

such as Cambridge and Edexcel (ibid). Private schools tend to be English-medium while government schools mostly use Bangla as the mode of instruction. Non-formal schools, on the other hand, follow a separate syllabus and do not fall under any single type; thus the standards among these schools vary greatly (Prodhan, 2016). Bangla-medium government primary schools fall under the Ministry of Primary and Mass Education, while private English-medium schools are outside government control. Bangla-medium government secondary schools and public TVET institutions fall under the Ministry of Education.

There are mainly two streams of madrasahs: Aliya and Qawmi. Aliya madrasahs have few parallels in the Muslim world, as they offer a blend of religious and modern general education (BEI, 2011), including subjects such as English, science, and mathematics. The Aliya madrasah system consists of madrasahs that are privately owned and run; however, they also receive ample government support (ibid). Qawmi madrasahs, on the other hand, are private institutions which are mostly affiliated to the Deobandi faith (ibid); thus they fall outside the purview of government control. Madrasahs focus mainly on Arabic and the Quran, while subjects such as history and science are given more importance in both the public and private schools (Prodhan, 2016). Aliya madrasahs fall under the Bangladesh Madrasah Education Board while Qawmi madrasahs function under the private institution called the Befaql Madarisil Arabia of the Bangladesh Qawmi Madrasah Education Board (BEI, 2011).

The primary system is segmented into at least five different bodies, of which the Directorate of Primary Education is a key actor (UNICEF, 2015). The DPE, the implementing agency of the MoPME, is responsible for management and administration of primary education. The management of Ebtedayee madrasahs, or religious primary schools, differs in that they are supported by the district education office which is responsible for secondary education, and falls under the purview of the MoE (World Bank, 2008).

6.2.2 Existing Policies and Programs

Pre-Primary Education

The Education for All (EFA) movement and Dakar Framework for Action (DFA) initially laid the agenda of ECD in Bangladesh (MoPME, 2013). One of the first steps taken by the Government of Bangladesh was in 2008 when it approved the Operational Framework for PPE in order to implement educational programs for children between the ages of 3 and 5 and for the standardization of all pre-primary programs. Primary Education Development Program-2 (PEDP-2) was another important instrument through which the government of Bangladesh began expanding the realm of PPE. Through this program the government started providing PPE in government primary schools as an interim arrangement in 2010 (Islam et al., 2016).

The subsequent PEDP-3 (2011-2016) put particular emphasis on quality and access to PPE. PPE was a crucial component of PEDP-3 which sought to build a permanent structure for PPE in the primary education system as a whole and provide standardized services for all children (ibid). Some of the interventions under PEDP-3 related to PPE were recruitment of new teachers for government primary schools and providing training to teachers.

The PPE Expansion Plan was also developed by the DPE with technical assistance from UNICEF. The plan aimed to broaden the reach of PPE and raise standards of PPE in government schools. At the beginning of every year, the DPE procures and distributes the primary teaching-learning materials (e.g. Amar Boi, teachers' guide, story books, flipcharts) for all children. The DPE has also been providing basic training to newly recruited teachers.

In 2012 the DPE developed the Standards of Quality PPE Service Delivery. These standards lay out the requirements needed to ensure that the services meet the early learning needs of children of ages 5-6 years. The PPE service delivery standards can be divided into the following categories: (i) physical environment; (ii) learning environment; (iii) staffing; (iv) monitoring and supervision; (v) parent and community involvement; (vi) training and professional development; (vii) management; and (viii) administration (ibid).

The Comprehensive Early Childhood Care and Development Policy 2013 targeting all Bangladeshi children up to the age of eight is a significant document that lays out the goals and guiding principles, including for caregivers such as parents, to achieve holistic development of young children and their smooth transition to primary school. Children from poor families, ethnic minorities, children with special needs and those residing in hard-to-reach areas have been given priority.

Bangladesh signed the World Declaration on Education for All in 1990 and the Dakar Framework for Action 2000 wherein it pledged to expand and improve early childhood care and education, especially for children who are the most vulnerable and disadvantaged. The Non-Formal Education Policy 2006 also includes provisions for early childhood care and education through the medium of non-formal institutions.

The National Education Policy (NEP) 2010 too recognizes the importance of introducing PPE in educational institutions to prepare students both physically and mentally for later schooling. It is crucial for both the development of human senses but also to create an enthusiasm for learning. The NEP established guidelines and outlined the roles of the government and civil society actors in scaling up a one-year pre-primary program, with a vision to expand the number of years over time. Two major initiatives played a key role in supporting the NEP: 1) the development of a national pre-primary curriculum and training materials and the commitment to secure an additional 37,672 assistant teacher posts; and 2) the School Learning Improvement Plan, which decentralized planning and decision-making to the local level in terms of pre-primary education (UNICEF, 2019a). The NEP also emphasizes on the safety of pre-primary children in schools, increasing the number classrooms for PPE, and ensuring an environment that is appreciative of the natural traits of children such as inquisitiveness and spontaneity. The policy calls for religious institutions such as mosques, temples, churches and pagodas to adopt programs which impart alphabetical knowledge and modern education with moral lessons.

Primary and Secondary Education

Government stipends and free textbooks are an important means to make education more affordable and accessible, particularly for the poor, in Bangladesh where the primary education sector is one of the largest in the world with more than 18 million children as of 2016 who are being catered to by 25 different kinds of providers (BANBEIS, 2017). The

government's food/cash for education programs for girls at the primary level and stipend programs at the secondary level have played a significant role in increasing girls' enrolment in school (GED, 2018). Some flagship programs of the Bangladesh government such as the Primary Education Stipend Program (PESP) and the Secondary Education Stipend Program (SESP), which target children of poor families, have been quite successful in boosting the enrolment rates of primary-school-aged and secondary-school-aged children. In 2017 the Bangladesh government decided to increase the number of primary level students receiving stipends by 1,000,000 to curb the dropout rate, taking the number of total stipend-receiving students at the primary level to 14 million. Stipend programs have put particular emphasis on children with disabilities and girls. The Government also took the commendable step of disbursing stipends for primary school students through mobile banking in 2017 (18 February 2017, *The Daily Star*) to increase the efficiency of program implementation. A draft policy has been prepared with regard to providing daily school meals for 1.73 crore primary school students starting in 2020 with the aim to increase attendance and reduce dropout (16 August 2019, *The Daily Star*). The government aimed to distribute around 350 million textbooks free of cost among primary and secondary level students in the 2019 academic year (2 January 2019, *The Daily Star*), up from around 330 million free books in 2015 (30 December 2015, *The Independent*).

Over the past few decades, the Primary Education Development Program (PEDP) model has evolved into large-scale, multi-donor investment projects in education. The scope of the model is the primary education sector in its entirety and the successive projects under the PEDP model, which can be considered as a flagship initiative of the government in the sector, have aimed to increase both the proportion and diversity of children who complete primary education and to improve learning in the classroom for all children. The Government of Bangladesh last year launched the Fourth Primary Education Development Program (PEDP-IV), the biggest and most ambitious program ever undertaken for primary education, which will be implemented by the Directorate of Primary Education under the Ministry of Primary and Mass Education by June 2023. Teachers' training and infrastructure improvement are core parts of the PEDP-IV. Its predecessor PEDP-I was implemented from 1998 to 2004, PEDP-II from 2004 to 2011, and PEDP-III from 2011 to 2018.

In terms of secondary education, a number of projects jointly undertaken by the Government of Bangladesh and other stakeholders have, over the decades, helped increase enrolment in secondary schools by providing stipends, improve school infrastructure, provide training to teachers and administrators of both government and non-government schools, and supply teaching-learning materials (GED, 2015). One of the high-impact interventions in secondary education has been the Female Secondary School Assistance Project (FSSAP) initiated in 1993 which aimed to address the gender disparity in secondary schools. It first began as a pilot then turned into a nationwide program. One of the primary components of the FSSAP was the Stipend and Education Program which provided monthly stipends to female students from grades 6-10. The project also aimed to strengthen school infrastructure, recruit female and teachers and provide occupational training to girls leaving school (Bhatnagar et al., n.d.).

The Secondary Education Development Project (SEDP) is another noteworthy initiative that has focused on ensuring students' completion of secondary education along with

improvement of quality and access to education. An important key feature of the program is the Adolescent Girls' Program, which seeks to increase girls' retention in secondary schools through close collaboration between the Ministry of Education and the Ministry of Health and Family Welfare (Sosale et al., 2019). The program has a number of components including menstrual hygiene management, cash incentives for female students, and mental wellbeing and knowledge about sexual and reproductive health.

The Government of Bangladesh's national objectives for primary and secondary education are well-articulated in key policies such as the Sixth Five Year Plan (6FYP), Seventh Five Year Plan (7FYP), and Perspective Plan 2010-2021 (Vision 2021) and National Education Policy 2010. The 7FYP urges for the need to address issues related to quality of education, including teachers' training, modernization of curricula, and physical infrastructure. When it comes to resource allocation, it sets the goal of achieving the UNESCO recommended level of 20% of the national budget, which is around 6% of GDP. Bangladesh is yet to meet this target.

In Vision 2021 ensuring education for all is identified as one of the three broad processes for ensuring human resource development. Science and technology are emphasized upon as well as making ICT subjects compulsory at both the primary and secondary levels. For out-of-school children and dropouts, the non-formal medium of education can be a pathway to access learning opportunities linked to the National Technical and Vocational Qualifications Framework (NTVQF). Vision 2021 also aims to eradicate illiteracy; achieve a 100% enrolment rate at the primary level; ensure gender equality at all levels; unify the different streams of education and equip all primary and secondary schools with proper teaching staff, computer lab facilities, etc.; and decentralize the education system so as to involve local-level actors and ensure proper monitoring and supervision.

Ahead of the 11th parliamentary elections in December 2018, the ruling Awami League released its election manifesto outlining its past successes and the party's objectives for the next five years (2019-23). The manifesto touched upon the plans of the government in a wide range of sectors—from defence to macro-economy to mega projects. This is a significant piece of document containing the pledges to be acted upon in the next five years by the current government in a number of areas such as health, local government, and law and order.

The manifesto contains promises of expanding quality education to every village; increasing investment in technical education and the ICT sector to make education relevant to the times; and providing more financial and other support for research purposes in universities. Pledges have also been made to give the highest allocations to education and reform the curricula of madrasas and add vocational education to religious education.

A key policy formulated by the Government of Bangladesh in the realm of TVET is the National Skills Development Policy 2011 that builds on other existing policies and lays out the vision, reforms and activities to be undertaken by the government in collaboration with other stakeholders. The Government of Bangladesh has undertaken an initiative in the current TVET reform project to provide a framework for all qualifications in TVET education and training known as the National Technical and Vocational Qualifications Framework (NTVQF) (Khan et al., 2017).

6.3 National Progress and Trends of Critical Indicators

This section looks at the national progress made in the different sub-sectors of the education system by assessing critical indicators such as net enrolment rates, completion rates and dropout rates.

6.3.1 Present Status of Pre-Primary Education

There has been substantial increase in pre-primary enrolment in the last decade (MoPME, 2018). Government support including a lump sum amount of Tk 5,000 to every government primary school to cover the PPE operational costs and overall prioritization of PPE at the national level helped boost enrolment (Islam et al., 2016). An additional 37,000 posts of assistant teachers (one for every government primary school) were created to run PPE classes under PEDP-3 (ibid).

Table 30: Total Pre-Primary Enrolment by Year

Year	2010	2015	2016	2017	2018
Pre-primary enrolment	1,222,597	2,864,877	3,129,535	3,667,851	3,578,384

Source: Annual Primary School Census 2010, 2016, 2017, 2018

Enrolment in PPE in absolute numbers has seen an overall increase between 2015 and 2018. Total enrolment in PPE was 2,864,877 in 2015 (MoPME, 2016); 3,129,535 in 2016; 3,667,851 in 2017; and 3,578,384 in 2018 (MoPME, 2018). Of the 3.57 million children enrolled in PPE in 2018, gender parity was around 1. The number of PPE teachers in government primary schools as of June 2018 was 29,942, of whom 24,921 were trained (ibid). The percentage of newly nationalized primary schools offering PPE increased from 91% in 2015 to 99% in 2018. Almost 100% of government primary schools offer pre-primary classes today (Islam et al., 2016).

Table 31: Pre-Primary Enrolment (% Gross), 2017

Country	Gross pre-primary enrolment
Bangladesh	40.3
India	13.4
Sri Lanka	100.8
Malaysia	96.9
Vietnam	95.2

Source: UNESCO Institute for Statistics

Best Practice: Pre-Primary Education Gaining Momentum

To achieve the goal of universalizing pre-school education by 2020, county-level governments in China have implemented the Three-Year Pre-school Education Action Plan. This law requires for governments at all levels to increase the budgetary allocations and investments to pre-schools. This has led to local governments in the country building a large number of public kindergartens. Furthermore, the central government has encouraged private individuals and groups to establish private kindergartens. The gross enrolment rate in three-year pre-school education in China increased by almost 20% over a period of five years. The Ministry of Education has played a proactive role in improving the quality of pre-school education in China; it has issued regulations and standards such as Regulations on the Management of the Kindergarten, Kindergarten Working Regulations, and Professional Standards for Kindergarten Teachers. As such, governments at all levels in the country are playing a stronger role in terms of oversight of kindergarten enrolment, quality of education, and students' safety.

Source: Education in China: A Snapshot (OECD, 2016)

6.3.2 Present Status of Primary and Secondary Education

The overall trends in the primary education sector since 2015 look optimistic. Net enrolment ratio slightly increased from 97.7% in 2015 to 97.85% in 2018 (BANBEIS, 2019). The gender-segregated net enrolment ratios in primary education show that boys fared a little better with an increase to 97.55% in 2018 compared to 97.1% in 2015, whereas girls' enrolment fell slightly from 98.8% in 2015 to 98.16% in 2018 (ibid). The completion rate at the primary level (percentage of children aged 3-5 years above the intended age for the last grade who have completed that grade) as of 2019 is 82.6%—with the rate slightly higher in urban areas (83%) than that in rural areas (82.5%), according to MICS 2019 (UNICEF, 2019b). In 2018 boys' completion rate was at 78.56% and that of girls at 84.31% (BANBEIS, 2019). The teacher-to-student ratio also showed significant improvement since 2015 when it was 1:41 (BANBEIS, 2016). The ratio increased to 1:25 in 2018 (BANBEIS, 2019). According to MICS 2019, 6.2% of primary-school-aged children do not attend primary or lower secondary school (UNICEF, 2019b), which is a significant reduction from 26.8% as reported by MICS 2012-13.

Table 32: NER in Primary Level, 2008-2018

Year	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
NER (%)	90.8	93.9	94.8	94.9	96.7	97.3	97.7	97.7	97.96	97.97	97.85

Source: BANBEIS 2019

Children with disabilities are among the most vulnerable in society. In addition to dealing with impairments, they often have to face social prejudice and discrimination. Such attitudes that prevail in homes and schools can result in prevention of access to healthcare and education for children with disabilities and make the latter extremely vulnerable to abuse and exploitation. Thus children with special needs have been receiving increasing focus in recent years. As a result of an increased number of interventions and attention to children with special needs at the policy level, the number of children with disabilities enrolled at the primary level has been on the rise in the last decade.

In 2018 the total number of children with special needs enrolled in primary education stood at 96,385 where girls accounted for 45.13% (MoPME, 2018), up from a total of 85,204 in 2015, of which 44.1% were girls (BANBEIS, 2016). There has also been an increase in the number of special needs children enrolled in government primary schools and newly nationalized government primary schools, especially for those with physical disabilities and eyesight problems. There has been a marked rise in the number of physically impaired children in primary schools between 2010 and 2018, followed by a slow decline since many have now begun attending specialized institutes (MoPME, 2018).

Table 33: NER in Secondary Level, 2008-2018

Year		2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
NER (%)	All	45.09	49.13	49.53	56.50	57.37	58.97	62.25	67.00	67.84	68.78	69.38
	Boys	39.88	44.79	44.45	51.94	51.64	54.05	57.04	62.16	63.85	63.59	64.47
	Girls	50.83	54.01	55.09	59.94	63.58	64.16	67.74	71.85	73.10	74.38	74.68

Source: BANBEIS 2019

The observed trends in secondary education indicate that net enrolment rate increased from 67% in 2015 to 69.38% in 2018 (BANBEIS, 2019). In 2015, the net enrolment rate in secondary education for boys was 62.16% and 71.85% for girls which rose to 64.47% for boys and 74.68% for girls in 2018 (see Table 33). The poor are lagging behind when it comes to enrolment at the secondary level. Secondary gross enrolment rate for the poor is 45%, which is significantly lower than the enrolment rate of 76% for the non-poor (GED, 2015).

Table 34: Completion Rates at Secondary Level, 2008-2018

Year		2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
NER (%)	All	38.62	44.69	44.74	46.72	55.35	56.82	58.41	59.71	61.70	62.19	62.38
	Boys	43.39	57.85	42.71	53.27	65.1	65.82	65.48	66.28	66.12	66.57	63.99
	Girls	34.31	35.07	46.43	43.57	47.64	51.11	52.33	54.08	57.81	58.48	59.81

Source: BANBEIS 2019

The completion rate was at 62.38% in 2018 with completion rate of girls (59.81%) lower than that of boys (63.99%) (see Table 34). Despite the fact that Bangladesh has achieved gender parity in primary and secondary education, girls continue to lag behind in higher secondary and tertiary completion rates. Girls' completion rate has been lower than that of boys almost every year since 2008. The percentage of girls enrolled in secondary educational institutions remained about the same in 2015 (53.3%) (BANBEIS, 2016) and 2018 (53.99%) (BANBEIS, 2019). However, it should be noted that the percentage of female students at the higher secondary level (grades 11-12), 46.47% as of 2016, is lower than that at the secondary level (grades 6-10) where it is 53.6% (BANBEIS, 2017). According to MICS 2019, 13.2% of lower-secondary-school-aged children and 31.6% of upper-secondary-school-aged children are out of school (UNICEF, 2019b).

The completion rate at the secondary level shows rural-urban disparities if we look at the MICS 2019 data: in lower secondary schools, 64.6% of children are completing school in urban areas as opposed to 61.7% in rural areas whereas in upper secondary schools, 29.1% of children are completing school in urban areas in contrast to 20.8% in rural areas (UNICEF, 2019b). Moreover, the teacher-to-student ratio in secondary schools was 1:40

in 2015, 1:42 in 2016 (BANBEIS, 2017), and 1:45 in 2018 (BANBEIS, 2019), which points to an exacerbating situation since 2015 as the number of students per teacher has consistently increased.

MICS 2019 data reveals both urban-rural and rich-poor disparities in quality of learning. The overall percentage of children (age 7-14) who successfully completed three foundational reading tasks stands at 50.2, with 56.8% in urban areas and 48.4% in rural areas (UNICEF, 2019b). The rich-poor divide is even more glaring: the percentages for the poorest and richest groups of the population stand at 36.4 and 64.3 respectively (ibid). Moreover, the overall percentage of children (age 7-14) who successfully completed four foundational number tasks is even lower at only 28.8 – with 33.2% in urban areas and 27.5% in rural areas. The percentages for the poorest and richest groups of the population stand at 20.1 and 38.1 respectively (ibid).

Table 35: Percentage of Secondary Schools With Computer Facilities, 2010-2018

Year	2010	2011	2012	2013	2014	2015	2016	2017	2018
Percentage of secondary schools with computer facilities	59.21	65.06	70.3	78.77	80.35	82.21	84.94	86.65	87.24

Source: BANBEIS 2019

Some of the targets set by the 7FYP are far from being achieved while some have been met. It was conceived in the 7FYP that 100% of all secondary schools would have an ICT laboratory but as of 2018, the percentage of schools with computer facilities stands at 87.24 (BANBEIS, 2019) (see Table 35). The target of increasing the rate of enrolment has been achieved. However, as of 2018, it is still far from touching the 100% mark that the government aimed to achieve within the 7FYP period in the Perspective Plan.

Table 36: Lower secondary completion rate, female (% of relevant age group), 2016

Bangladesh	India	Sri Lanka	Malaysia	Vietnam
84.1	88.7	95.2	87	90

Source: UNESCO Institute for Statistics

Table 36 shows a cross-country comparison of the completion rate of female students at the lower secondary level for the year 2016. Compared to lower middle-income countries such as India and Vietnam and upper middle-income countries such as Sri Lanka and Malaysia in the region, Bangladesh seems to be lagging behind.

Table 37: Trained teachers in primary education (% of total teachers), 2017

Bangladesh	India	Sri Lanka	Malaysia	Vietnam
50.4	69.8	85.5	98.9	99.7

Source: UNESCO Institute for Statistics

In the cross-country comparison of trained teachers in primary education as a percentage of total number of teachers, Table 37 shows that Bangladesh is trailing far behind Vietnam which too is a lower middle-income country. Vietnam is ahead of upper middle-income countries Sri Lanka and Malaysia.

Table 38: Dropout Rate in Primary Level, 2008-2018

Year	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Dropout rate (%)	49.3	45.1	39.8	29.7	26.2	21.4	20.9	20.4	19.2	18.85	18.60

Source: BANBEIS 2019

Table 39: Dropout Rate in Secondary Level, 2008-2018

Year		2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Dropout rate (%)	All	61.38	55.31	55.26	53.28	44.65	43.18	41.59	40.29	38.30	37.81	37.62
	Boys	56.61	42.15	57.29	46.73	34.9	34.18	34.52	33.72	33.88	33.43	36.01
	Girls	65.69	64.93	53.57	56.43	52.36	48.89	47.67	45.92	42.19	41.52	40.19

Source: BANBEIS 2019

Dropout rates at the primary level have substantially decreased in the last decade – from 49.3% in 2008 to 18.60% in 2018 – as can be seen from Table 38. The overall dropout rates at the secondary level have also fallen drastically since 2008 (see Table 39). It was 40.29% in 2015; girls’ dropout rate was 45.92% whereas that of boys was 33.72% in the same year. In 2018, the overall dropout rate at the secondary level fell to 37.62%, with boys’ dropout rate reaching a seven-year high at 36.01%. However, it is to be noted that girls’ dropout rate at the secondary level was still higher than that of boys in 2018 at 40.19%. However, it is interesting to note that the NER for girls at both the primary and secondary levels have consistently been higher than that of boys in the last 10 years or so (BANBEIS, 2019). Although NER at the secondary level is higher for girls compared to that of boys, the dropout rates for girls are also higher than those of boys.

A cross-country comparison between Bangladesh, India, Sri Lanka and Vietnam reveals different trends owing to country-specific context and conditions. In Bangladesh there are clear gender disparities in dropout rates at the secondary level. In India, on the other hand, no such obvious gender disparities in dropout rates at the secondary level are seen. However, caste-disaggregated data on secondary completion shows that some are lagging behind others: in terms of senior secondary completion, Scheduled Tribes (STs) rank the lowest as only 61 of 100 ST students finish secondary school (4 January 2019, The Hindu). In Sri Lanka, at the junior high school level, around 88.7% of children in the 5-14 age group attend school with almost no gender disparities. However, almost 47% of students in the 15-19 age group were found to have dropped out before or after the O Level examinations (Liyanage, 2014). The dropout rate in the northern and eastern provinces was found to be higher than the national average, and the highest number of children among the dropouts hailed from war-affected areas (ibid). According to UNICEF (2011), 340,000 children less than 18 years of age have been orphaned in Sri Lanka due to war, among other reasons. Factors such as poverty and lack of birth certificates make these children vulnerable to receiving no education (UNICEF, 2013). In Vietnam, the highest dropout rates are for upper secondary level, according to data from 2000 to 2007 (London, 2011). Some of the reasons behind children dropping out of the secondary level are natural environment, socioeconomic conditions, income, and prioritizing learning of boys and girls differently (ibid).

6.3.3 Present Status of Technical and Vocational, Madrasa, Bangla and English Medium

Madrasas are a popular medium of education for children in both rural and urban areas. They can be divided into five categories: Ebtedayi (primary); Dakhil (secondary); Alim (higher secondary); Fazil (graduation); and Kamil (masters). According to BANBEIS (2019), there is a total of 9,294 madrasahs (from Dakhil to Kamil) with 2,477,962 students enrolled. The percentage of students attending madrasahs in rural areas (7.8%) is higher than that of students attending madrasahs in urban areas (5.1%).

At both the primary and secondary levels, the majority of the students are enrolled in Bangla-medium schools and a minority of students study in English-medium schools (The Daily Star, 27 August 2018). There are 146 English-medium schools in the country (O level school, A level school and junior school) with a total enrolment of 78,667 students (BANBEIS, 2019). It should be noted though that the quality of instruction varies significantly among these different mediums of schools (Prodhan, 2016). Although English-medium schools are less in number, their standards are considered to be the highest (ibid). In a study comparing English language teaching in English- and Bangla-medium schools, it was found that the majority of the teachers interviewed in Bangla-medium schools make students learn grammar by asking them to memorize grammatical rules whereas the majority of teachers in English-medium schools ask students to practice grammar from the material in textbooks (Milon et al., 2018). Thus the observation was this: better teaching techniques were applied in English-medium schools for the most part.

Technical and vocational education (TVET) has widened in reach throughout the country in recent years (BANBEIS, 2019). Owing to the country's large working-age and youth populations, TVET has emerged to become a crucial medium for skills development of the future workforce. This subsector is extremely diverse, ranging from institutions related to graphic arts to those related to agriculture, and consists of more than 10 types of providers.

Table 40: Number of Technical and Vocational Institutions, 2010-2018

Year	2010	2011	2012	2013	2014	2015	2016	2017	2018
No. of TVET institutions	2,848	2,981	3,327	3,766	4,014	5,790	5,897	5,897	6,865

Source: BANBEIS 2019

The total number of TVET institutions increased from 5,790 in 2015 (BANBEIS, 2016) to 6,865 in 2018 (BANBEIS, 2019). An overwhelming number of TVET institutions are private as of 2018—5,999 out of 6,865 (ibid). The total number of students in TVET institutions stands at 303,050 at the secondary (grades 9 to 10) level; 454,239 at the higher secondary level (grades 11 to 12); and 310,195 at the post-secondary (non-tertiary) level (ibid).

However, around a fifth of the total enrolment capacity in TVET institutions remains vacant, and private institutions fare worse in this regard. TVET institutions that offer HSC (Voc) do the best in this respect – their capacity is nearly fully filled (90%). They are followed by institutions offering SSC (VoC), diploma, and basic trade (Mia & Karim, 2015).

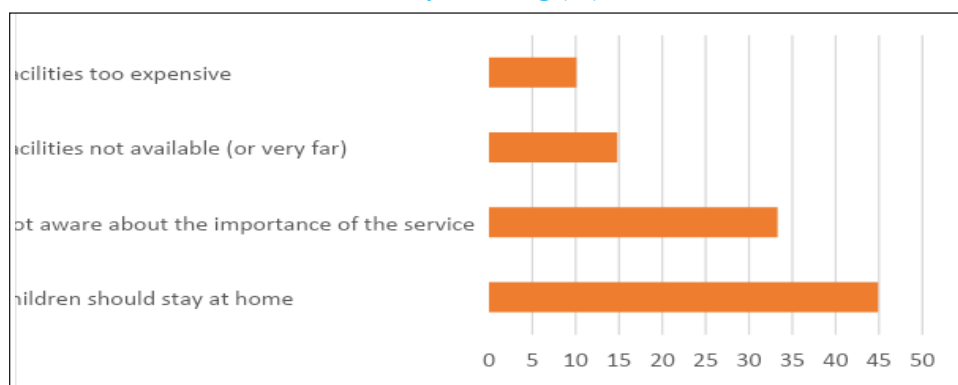
6.4 Root and Underlying Causes of Challenges in the Education System

This section looks at the challenges in the different sub-sectors of the education system in Bangladesh that emerged during countrywide consultations with local stakeholders and by reviewing secondary data.

6.4.1 Underlying Causes of Challenges in the Pre-Primary Education

Despite the progress being made in PPE in the country, there exist a number of challenges yet to be fully addressed. According to MICS 2019, only 18.9% of children aged 36-59 months are attending an early childhood education program, with the rate higher in urban areas (23%) than that of rural areas (17.8%) (UNICEF, 2019b). A recent government survey found that reasons for children aged 6-59 months not availing early learning include the perception that children should stay at home, a lack of awareness about the importance of ECD, and facilities being too expensive (BBS, n.d.).

Figure 27: Reasons for Children Aged 6-59 Months not Attending any School for Early Learning (%)



Source: Early learning and stimulation (national), Bangladesh Bureau of Statistics

An assessment study found that some schools do not have a designated classroom for PPE due to a shortage of classrooms; have inadequate water supply and sanitation, and lack of security of children, particularly in Haor areas; and limited facilities for children who are physically challenged (Islam et al., 2016).

The quality of learning presents another problem. In the majority of cases, teachers stress more on literacy and numeracy rather than other, more engaging, aspects of learning that could help stimulate children's intellectual faculties. Creating a conducive learning environment is essential for quality PPE; however, in many classrooms such an atmosphere remains absent. Class routine is irregularly followed; children's works are not visible in the classroom; and the scope to play outdoors is limited, especially in Haor areas.

Many schools are facing a shortage of PPE teachers and it is especially acute in newly nationalized primary schools. One of the reasons behind this is that many newly recruited PPE teachers are involved in the DpEd training. A significant percentage of government schools do not have dedicated PPE teachers and an even greater percentage of schools

in areas inhabited by indigenous peoples do not have assigned PPE teachers (ibid). Only 63% of schools in areas consisting of ethnic minorities were found to have dedicated PPE teachers (ibid).

While numerous initiatives have been taken to improve the quality of teachers in pre-primary schools and centres, there is still much scope for improvement. More than 61% of PPE teachers were found to be minimum graduates (bachelors) and of them about 37% had a master's degree. However, one-third of them had only completed HSC or an equivalent degree (ibid). Head teachers in urban areas were found to be more qualified (majority had a master's degree) than those in rural areas. When it comes to the teachers responsible for conducting PPE classes, it was found that nearly 68% of them had graduation-level education and of those around 24% had a master's degree. The latter were once again mostly found to be located in urban areas. However, around 24% had qualifications up to the HSC level (ibid). Furthermore, almost all non-trained teachers were found to be from government-supported schools (MoPME, 2012). Teacher qualifications and training vary from provider to provider, leading to inconsistencies in teaching quality in the PPE subsector. Many NGO teachers have qualifications below the SSC level, perhaps due to the fact that NGOs serve hard-to-reach areas where teachers with the required qualifications are low in supply because of low literacy rates (ibid).

The state of monitoring and supervision remains sub-par. For instance, this was found to be the weakest area in the PPE program of the DPE. The head teachers, who are the first line supervisor, are unable to play a strong role, likely due to a lack of adequate orientation on PPE. Moreover, the school visits by the AUEOs, UEOs and URC instructors fall below the standards laid out by the DPE. Thus academic supervision as well as program monitoring need to be strengthened. There was also found to be low levels of awareness among head teachers when it comes to involvement of the community and parents, which perhaps explains why communication with parents is limited in many schools. Parents' meetings are irregular and PTA meetings are rare (Islam et al., 2016).

The functions of the school managing committees (SMCs) have been found to be almost non-existent in most cases. Barely any decisions are taken by the SMCs relating to PPE and specific activities for PPE are rarely designed. It was found that SMCs do not perceive PPE to be any different than primary education. This shows a lack of awareness among SMCs which may have stemmed from two factors: PPE is a relatively new phenomenon in Bangladesh, and SMCs have not received proper orientation (ibid).

Cleanliness is an integral part of quality learning environment as it affects children's health and well-being (UNICEF, 2012). Around half of government primary schools were found to be quite clean and more than 42% schools were found to be moderately clean. Schools in tea garden areas and indigenous schools fared the best in terms of cleanliness while schools in urban areas were found to be the least clean. In fact unclean schools are located mostly in urban and haor areas (Islam et al., 2016).

Providing children the scope to play outdoors is instrumental in both their mental and physical growth (Ginsburg, 2007). Such activities allow them to build a sense of team spirit and teach them to interact with others. With regard to space for outdoor play, schools in haor areas fared the worst: only 63.3% of the schools in such areas were found to have

space for children to play outdoors (Islam et al., 2016). Rural areas were found to have the maximum percentage of schools with outdoor space (ibid).

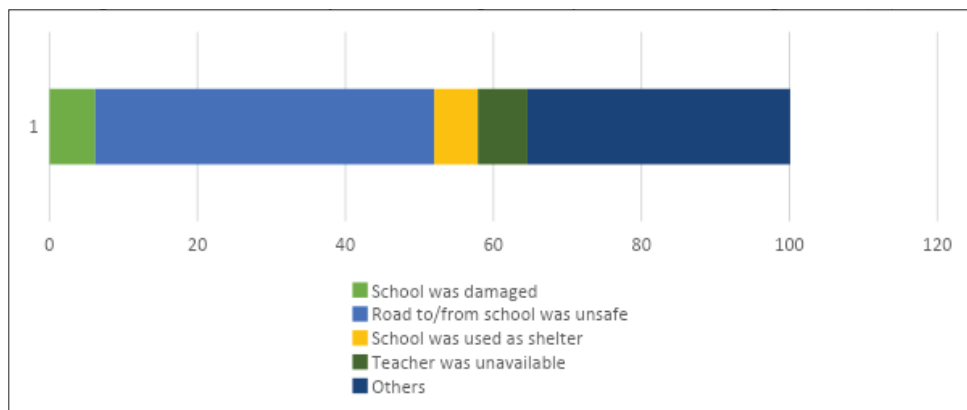
The state of child-friendly toilets and toilets for children with special needs provides a mixed picture. While over 73% of government primary schools and more than 97% of toilets in urban schools have been found to have child-friendly toilets, only 63% of rural low-coverage schools had the same (ibid). Moreover, toilet facilities for children with special needs are even more lacking (only 6.1% of schools have such arrangements). Rural low-coverage schools fared the best in this regard (9.5%) while urban schools performed the worst when it came to ensuring toilet facilities for children with special needs. Only a little over a half of the toilets were found to be clean.

6.4.2 Underlying and Root Causes in the Primary and Secondary Education

A number of challenges continue to persist in the primary and secondary education sectors. One of the foremost of these is the lack of quality education, as the quality of teaching and learning outcomes remains a major concern (ADB, 2018). Six out of 10 government primary schools operate with less than the number of teachers needed. A large number of teaching positions go vacant every year as many of the teachers have to attend training, go into retirement, or resign, and it takes several months for these vacancies to be filled up (MoPME, 2018). The overall low quality of human development in the country means that there is a shortage of well-qualified teachers in primary and secondary schools. In 2018, there were only around 69% C-in-Ed (Certificate in Education) trained teachers in both government primary schools and newly nationalized primary schools, 9.4% DPED trained teachers in government primary schools and 3.6% DPED trained educators in newly nationalized primary schools (BANBEIS, 2019).

The lack of proper infrastructure in schools acts as another barrier to quality education for children. These problems tend to be more pronounced in rural areas compared to urban centers, leading to urban-rural disparities in primary and secondary education. For example, in 2017, most of the educational institutions with SSC (and equivalent examinations) pass rate between 0-50% were located in rural areas (5 May 2017, New Age). Students coming out of public schools generally have weak reading skills, and the emphasis on rote memorization, rather than on critical thinking and analytical skills, in curricula, teaching approaches, and examination systems at all levels, prevents students from reaching their full potential.

Figure 28: Main Reason for Children aged 5-14 Years not Attending School (%)



Source: Attending educational institutions (national), Bangladesh Bureau of Statistics

With regard to primary education, the target of reaching a teacher-to-student ratio of 1:30 by 2018 has already been achieved (BANBEIS, 2019). However, the targets of multimedia in all primary schools and providing quality textbooks to all children, including in madrasas, remain out of reach. Moreover, enrolment rates at the secondary level are still quite low. While girls' enrolment and attendance at the lower secondary level have improved drastically, the same cannot be said about their retention in school (*ibid*). Some of the factors behind the discrepancies in the completion rates of girls and boys at the secondary level are associated with poverty, child marriage, pregnancy, and the comparatively higher burden on girls when it comes to household duties and responsibilities (GED, 2015; Hove, 2007).

While programs such as the Female Stipend Program have been able to mitigate the direct costs of girls' enrolment in schools, they are not enough to address the costs of keeping girls in schools or provide an alternative to early marriage (Raynor & Wesson, 2006). Also, they are not sufficient to address other costs such as those related to private tutoring (*ibid*). One of the major barriers in the entire education system is overreliance on private tuition. This additional expense has significantly increased the education cost in rural Bangladesh and urban slums. The pervasive impact of private tuition amongst poor and low-income students exacerbates the divide between the rich and the poor. There is also a lack of evidence regarding the effectiveness of the Female Stipend Program on fertility control, delayed marriage, or girls' empowerment in terms of being employed or self-sufficient (*ibid*). The program – aiming to uplift people out of poverty by making them employable – was not designed to address the existing issues related to poverty and can be called into question for the way it targets families (*ibid*).

Perceptions and societal attitudes play a vital role; many families choose to keep their girls out of school because they do not believe a girl needs an education (GED, 2015). In rural areas, many girls cannot go to school because they shoulder the burden of household and other duties, such as taking care of a younger sibling (*ibid*). This problem exists in urban areas too—although to a lesser extent. In both urban and rural areas, the problem is most acute for girls hailing from poor families (*ibid*).

The state of dropout at the secondary level is much more acute than at the primary level although there has been significant progress over the decades in reducing the dropout rates. With regard to increased participation of female students, stipend programs have played a significant role (Huq & Rahman, 2008). However, dropout rates at the secondary level remain above 30% for both boys and girls (BANBEIS, 2019) which is concerning. Secondary education serves as the bridge from the primary to the tertiary level and high dropout rates effectively mean that this bridge is broken. Completion of secondary education is critical as it contributes to income and economic growth and is linked to better health and social conditions (World Bank, 2005). It also strengthens democratic institutions and civic engagement. Moreover, the quality of secondary education affects both primary and tertiary education.

Poverty is a clear factor that affects both boys' and girls' prospects of educational attainment. In one study, interviews of teachers in rural Bangladesh substantiated this fact as the teachers stated that students who come from poor families and have illiterate parents do not receive support at home when it comes to their studies (Hove, 2007). Another study addresses the dropout-related phenomenon called "push-out" which refers to poor school quality and affects the largest proportion of primary and secondary students (Ahmed et al., 2007). Examples of push-out effects include overcrowding in schools, an unfriendly learning environment, and peer problems. Poor quality of school's likely stems from factors such as lack of teachers with professional training and pedagogical skills, and inadequate knowledge in the subjects they teach (GED, 2018).

It is clear that there is much more to be done to achieve inclusive education which is one of the goals of the 7FYP. Wide disparities in the secondary school enrolment among the poor and the non-poor still exist, and poverty continues to be a driving factor behind children dropping out or never enrolling in school at all (ibid). A World Bank study (2013) found that a large proportion of these children are from the 20% of poorest families. Children in urban slums also face issues related to educational equity and access (ibid). Gender discrimination, as reflected in higher secondary and tertiary completion rates, is rampant and young girls from poor socioeconomic backgrounds, especially in rural areas, often have to face the double disadvantages of lack of access to schools and discriminatory societal attitudes which dictate that girls do not need high educational attainment (GED, 2015).

Providing a conducive learning environment for students at both the primary and secondary levels is another goal of the NEP 2010 which calls for facilities for playgrounds, sports and physical exercise for children. However, students in many government primary schools throughout the country do not engage in sports or physical activities because of a lack of playgrounds (5 February 2018, The Independent). The environment of learning is further jeopardized in many primary educational institutions, particularly in rural hard-to-reach areas, because of the poor state of infrastructure. Many school buildings are old and risky, which has even resulted in ceiling collapse in some primary classrooms (8 April 2019, bdnews24.com). Primary schools in far-flung districts are prone to flooding, as the country most recently experienced in 2019. Over 1,000 primary schools in at least 14 districts were affected by floods in mid-2019 leading to school closure (23 July 2019, The Independent). In fact, primary schools being affected by floods is a yearly phenomenon, which results in

severe disruption of learning for students and infrastructure damage to schools. Moreover, the rise of climate-related shocks has posed a threat to children's continuation of schooling in disaster-prone districts in Bangladesh. The effects of climate change are increasing the number of children in the workplace, where they are exposed to abuse and exploitation, thus missing out on educational opportunities (UNICEF, 2019c).

The slow progress in implementation of the NEP 2010 is another major issue (Ahmed & Rahaman, n.d.). Issues such as the need for a permanent Education Commission, as prescribed in the NEP 2010, have not received the required attention (ibid). Furthermore, the recommended level of government spending on education is 4-6% of the GDP or 15-20% of the total budget (UNESCO, n.d.). Compared to other South Asian countries, Bangladesh's expenditure on education as a percentage of GDP is quite low. The education budget fell as a share of total budget from 12% in FY09 to 11.7% in FY20 and as a share of GDP, it hovers at around 2.1% (CPD, 2019). Furthermore, implementation of the total education budget in FY18 (85.8%) was lowest in the last decade.

6.4.3 Underlying and Root Causes in the Technical and Vocational, Madrasa, Bangla and English Medium

The fact that there are two ministries of education in charge of various affairs creates coordination and continuity problems with regard to educational curricula, preparation and supervision of teachers, student assessment and quality control (Ahmed & Rahaman, n.d.).

Although the constitution calls for a unified curriculum, there exist discrepancies in the curricula and standards in the schools in the country (Prodhan, 2016). This can create major issues at the higher levels of education (ibid). For instance, there exist at least 13 kinds of curricula being followed at the primary level. Given the diversity of students, their strengths and weaknesses vary to a great extent which makes it extremely difficult to accommodate all of them in the same classroom and maintain a uniform standard at the higher level (ibid). Despite the fact that English-medium schools are considered to have higher standards and higher teacher-to-student ratio, high tuition fees have led to this system of education becoming exclusive (ibid).

When it comes to madrasahs, Qawmi madrasahs in particular, one of the biggest problems is that students in these institutions are not exposed to modern education and the required knowledge and skills (BEI, 2011). There are concerns that the madrasah system of education may not be equipping students with the skills that are needed for the modern economy (Asadullah et al., 2010). Qawmi madrasahs are also largely staffed by untrained teachers – a larger percentage of teachers without training has been found in Qawmi madrasahs compared to Aliya madrasahs – who have inadequate qualifications when examined in terms of years of education received through the mainstream schooling system (ibid). Moreover, an unknown number of madrasahs remain outside the purview of government control, which makes it challenging to regulate curricula and teaching practices in these educational institutions (ibid). The physical infrastructure (buildings, classrooms, etc.) in madrasahs, especially those in rural areas, is in poor condition (BEI, 2011).

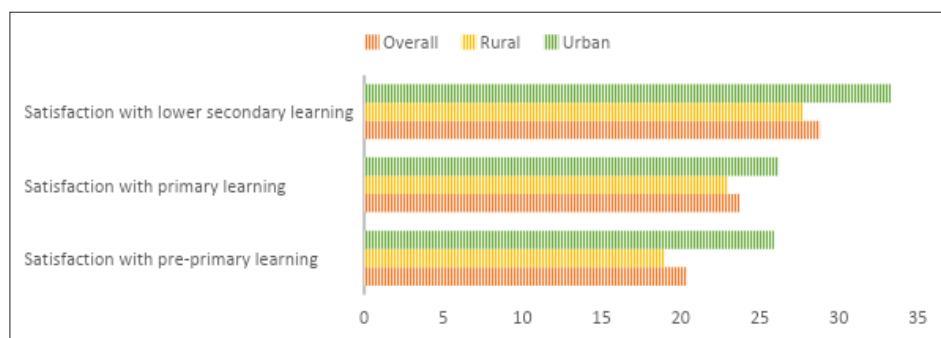
Despite all the progress made in TVET, gender parity remains dismal, as only about a quarter of all students are female (BANBEIS, 2019). Furthermore, the impact of vocational

education and training on poverty alleviation is doubtful (Newaz et al., 2013). It mainly targets urban young males who have completed, at minimum, the eighth grade. The rural poor on the other hand are left out for the most part (ibid). BANBEIS' data also corroborates this fact: 20% of TVET institutions are located in Dhaka, with places like Mymensingh, Rangpur and Barisal accounting for 5%, 16% and 9% of TVET institutions respectively (BANBEIS, 2019). This, along with the fact that these programs are not responsive enough to market needs, means that TVET initiatives are not living up to their potential of boosting employment opportunities for the poor (Newaz et al, 2013). Skills of teachers in TVET institutions are not up to par either (The Daily Star, 16 June 2019; Mia & Karim, 2015); there exists a mismatch between their skills and market needs as well as a lack of proper teacher training. There is also a lack of awareness when it comes to TVET which serves as a hindrance to the development of this sub-sector (The Daily Star, 16 June 2019). Furthermore, the TVET education system remains centralized; training centres do not have the required autonomy to take planning decisions independently, such as decisions related to revision of courses (Mia & Karim, 2015).

6.4.4 Underlying Causes of Poor Perception on Teaching-Learning

A glance at the data compiled by the Government of Bangladesh reveals that children's perceptions on learning are quite low. BBS data, as depicted in Figure 4, shows that children's satisfaction with pre-primary learning is 20.4%, 19% and 25.9% at the national, rural and urban level respectively; satisfaction with primary learning stands at 23.7%, 23% and 26.2% at the national, rural and urban level respectively; and satisfaction with lower secondary is 28.8%, 27.7% and 33.3% at the national, rural and urban level respectively (BBS, n.d.).

Figure 29: Children's Perceptions on Learning



Source: Factsheet (Programme: Education), Bangladesh Bureau of Statistics

In a study exploring primary school students' perceptions on English language classroom practices, Shrestha (2013) finds positive attitudes among children when it came to reciting and drills, in contrast to the negative attitudes children harbour towards memorization, teachers' usage of Bangla and maltreatment of students. It is not surprising that memorization and ill treatment have emerged as two important factors adversely influencing children's perceptions as they have long been points of discussion negatively affecting Bangladesh's classrooms (Mohiuddin et al., 2012; Parvin & Haider, 2012).

Ill treatment is common in educational institutions in Bangladesh and it can inflict serious physical and emotional damage on children's wellbeing (Haque et al., 2017). Corporal punishment in school is an accepted norm in the country and some children have even normalized it (ibid). According to the children, there is high parental acceptance of corporal punishment as they consider it as a tool for their children to get good results. Children's voices often go unheard due to their low status in the societal hierarchy in their homes and schools and they lack the power to prevent such harmful practices.

When it comes to TVET, a World Bank study (2017) found that there is a lack of interest among women in terms of availing technical education due to preconceived notions that TVET is male-dominated and not women-friendly. There is a lack of awareness among most female students in terms of the new developments that have taken place in the TVET sector which is why female participation is still low (ibid). There is also a general perception that TVET is for those who have failed to obtain higher education and thus it is considered as "second-class education" (Khan et al., 2017). Furthermore, it appears that there is a lack of awareness among employers about skills training and curricula of technical institutions (World Bank, 2017). As such, they are unaware about the pool of graduates coming out of these institutions. This is not surprising since formal graduates of TVET institutes make up less than 1% of the labor force (World Bank, 2013).

6.4.5 Region-Specific Challenges in Education and Underlying Causes

Divisional consultation sessions were conducted with local stakeholders which shed light on some important region-specific challenges and issues associated with children's education. These findings identify regional needs and challenges that must be addressed if Bangladesh is to achieve its goal of inclusive education.

- **Barishal:** In Barishal division, every year, many schools are damaged due to various natural calamities. Due to such reasons, parents do not send their children to school regularly. This year in mid-April, a child died, and few other children were severely injured due to collapse of a school building in Barguna. Very few children fully achieve the required grade level terminal competency at the end of each grade. Dropout rate is also high which currently stands at 18.6%. Furthermore, in the remote islands/pocket areas such as char Mumtaz, char Kukri-Mukri, Monpura, Rangabali, staff retention rate is very low, and government education officials hardly stay there permanently. Policy-level challenges include inadequate human resources, frequent transfer and staff vacancy, lack of proper monitoring, weak multi-sectoral coordination, centralized decision-making process and lack of accountability and good governance, while demand-side challenges include conservativeness and religious attitudes, and lack of data and studies on behavioral issues.
- **Chittagong:** In the Chittagong Hill Tracts (CHT), around one-third of primary and more than half of secondary-school-aged children remain out of school. Access to education services is a key barrier to educational participation in CHT. Small population size, sparse populations, weak communication system, lack of transport facilities, high transport cost, security hazards, seasonal inaccessibility to some of the hard-to-reach areas and low parental awareness are the bottlenecks

children in the CHT face with regard to accessing educational services. There is a lack of awareness about service provision among rights-holders. The quality of education services also continues to suffer due to chronic vacancies and shortage of human resource in these remote locations. The lower participation rate is mostly the result of existing linguistic and cultural barriers as well as the limited tailoring of national policies and programs to CHT's reality. This makes educating children from different ethnic communities a major challenge, especially in the least accessible parts where children from as many as 5-6 ethnic communities may participate in one classroom, while the teacher has proficiency in only one or two particular languages.

- **Khulna:** According to a BBS report, children in Khulna are absent from school for 15 to 30 days a year due to different kinds of natural disasters. Inequities in education have two different dimensions: a) socio-cultural practices, mainly parental behavior, and b) issues of policy and implementation. Parents seem to prioritize their children earning and their daughters' marriage over education as they are unwilling to wait for a long period of time before they start getting the returns on investment in their children's education. There is a lack of awareness about the importance of education for children with disabilities among service providers and duty-bearers. There is limited demand at the community level which acts as a barrier in ensuring quality of education. Duplication is frequently found in the selection of schools for different support which promotes inequality. Training and calendars developed at the national level are designed without considering the local context and situation. Lack of resource allocation to address emerging issues at the sub-national level is one of the biggest barriers. There is a huge time gap between planning, organizing, training, fund mobilization and implementation due to the centralized structured. Seasonal migration of families for about four months adversely affects the attendance rate of learners in the Ability Based Accelerated Learning (ABAL) centres, particularly those aged above 10. Transferring technical knowledge on pre-primary pedagogy from CSO partners to the respective government agency at the sub-national level is a challenge.
- **Mymensingh:** Low gender sensitivity, vulnerability to natural disasters, high opportunity cost and prevalence of child labor are some barriers to accessing education. Services are under-utilized due to low parental awareness and weak communication. Teachers' absenteeism is a big challenge in the GPSs of char areas under the district of Jamalpur. GPS teachers live in the upazilas or district headquarters as the facilities are inadequate to keep their families there. This situation promotes teachers' absenteeism and lateness which adversely affect the learning of children, mainly from poor households. Geographic disparity is highly evident in the distribution of educational services. The government officials who monitor and ensure the implementation of public education service provision are often reluctant to work in remote areas. For example, Khaliajuri Upazila of Netrokona District has only one AUEO who has been in charge of UEO for a long time.
- **Rajshahi:** Field reports indicate that very few children are enrolled in GPSs. Shortage of teachers, especially at the primary level, as well as insufficient training

of teachers have emerged as some major issues. Lack of proper monitoring, sexual harassment in schools, degradation of moral learning, increasing number of children dropping out, student absenteeism, early marriage and incidence of suicide are some other issues that have to be addressed. Children from low income and middle-class families who are in schools are deprived of quality education.

- **Rangpur:** Factors such as poverty and recurrent floods hamper access to education. The National Education Policy 2010 suggests that pre-primary education should be up to two years. Pre-primary education however is a yearlong program. The recent PEDP-4 field visit prior to the Joint Annual Review Mission found that pre-primary classrooms are nicely decorated with toys, but children are not allowed to play with toys. There are hardly any schools in the region which has mid-day meal programs. Midday meal is given in primary schools, but secondary schools are outside coverage. Some common issues are the lack of trained teachers, high student-to-teacher ratios and low parental awareness. Monitoring of private institutions is insufficient and quality teacher recruitment is still a big challenge. Corporal punishment, especially in madrasahs, is a big issue. Actors such as NCTB, DPE, NAPE, PTI, DPEO and AUEO lack coordination and collaboration.
- **Sylhet:** Only 79.28% children including 80.1% girls enrolled in grade 1 have had PPE exposure. Among all the districts in Bangladesh, Sylhet is the lowest achiever in PPE enrolment which is only 29%. Some of the major problems related to education in Sylhet division are lack of access to schools in Haor areas, absence of a decentralized education plan, lack of context-specific capacity building among teachers, insufficient human resource (especially in Haor areas), lack of pre-primary schools in the madrasahs and in private schools, lack of special initiatives for schooling at Haor and garden areas, high student-to-teacher ratio, high dropout rate and low rate of school completion at secondary level, inadequate number of competent teachers on ICT subjects in schools (secondary), lack of ICT education and multimedia classrooms at madrasahs, and lack of quality teachers at madrasahs. There is no Haor or tea garden specific policy/strategy which could help address the educational needs in these pockets of Sylhet.

6.4.6 Sensitive Issues Requiring Policy Response

- Modernization of education curriculum in madrasahs
- Stemming the tide of early marriage
- Operationalization of the ECCD policy
- Provision of pre-primary education for two years as prescribed in the National Education Policy 2010
- Flexible curriculum for children living in haors and tea gardens in Sylhet which would be able to address children's competency rather than content delivery so that these children can perform to their ability
- Appointment of highly qualified teachers with knowledge in psychology in pre-primary schools

6.4.7 Major Hotspot Areas that Require Attention

- CHT: Owing to geographical, linguistic, and cultural factors, among other things, access to educational services is a major barrier in the districts of Khagrachhari, Rangamati and Bandarban in the CHT.
- Haor areas: These areas are vulnerable to natural disasters and communication and transportation has been found to be one of the biggest hurdles for students. During the monsoon season especially, access to schools becomes difficult as schools tend to go under water.
- Tea gardens in Sylhet: Dropout rate of primary school students is almost 50% which is very high. This is often due to the poor financial situation of households. Children living in haors, tea gardens and slums have to follow the centralized learning assessment and testing system, and they end up performing poorly and eventually drop out of the system.
- Northern region: Vulnerability to natural calamities and poverty are two major factors behind the lack of access to education in this region.
- Urban slums: The rapid pace of urbanization in Bangladesh has given growth to sprawling urban slums, where people often live in harsh conditions. These areas remain underserved as access to education remains limited and thus require special attention.

6.5 Good Practices and High-Impact Interventions

6.5.1 High-Impact Interventions in Pre-Primary Education

Although significant challenges in expanding the scope of PPE and quality improvement remain, it cannot be denied that some success has been achieved. In this regard, the PPE program undertaken by the DPE under PEDP-2 and PEDP-3 along with the PPE Expansion Plan (which is essentially a roadmap to universalize pre-primary education) can be considered as an impactful intervention in the realm of PPE. Some important steps taken by the MoPME and the DPE in this regard include development of the PPE framework, PPE curriculum and teaching-learning materials, minimum quality standards, and GO-NGO collaboration guidelines. The rollout of this program along with government cash support to every GPS has resulted in a sharp rise in enrolment over the last decade.

6.5.2 High-Impact Interventions in Primary and Secondary Education

Examples of high-impact interventions in primary and secondary education include the Primary Education Stipend Program (PESP) – which replaced the Food for Education Program (FFE) and Primary Education Stipend Project (PES Project) in 2001 – and the Female Secondary School Assistance Project (FSSAP). Although these programs are not perfect, studies have shown that the PESP and FSSAP did help boost enrolment and attendance. A study conducted across 2,500 households in 25 districts found that attendance rate was significantly higher for children in PESP households across grades and genders. In 2014 average absenteeism for PESP recipients was less than 10% compared to 30% for non-PESP students (Yunus & Shahana, 2016). Furthermore, FSSAP successfully helped increase girls' enrolment rate in secondary schools, which more than doubled from 442,000

in 1994 to over a million in 2001. However, there are doubts about the impact of the stipend program on delaying marriage, empowerment of girls, and enhancing employment opportunities (Schurmann, 2009).

The Primary Education Development Program (PEDP) and Secondary Education Development Project (SEDP) models have also been successful to a certain extent. Under PEDP-2, for example, infrastructure development enabled expansion of schools and increased enrolment of students (Ministry of Planning, 2013). Moreover, expansion of schools led to the recruitment of around 45,000 teachers, of whom 60% were women. Also, 95% of GPS (intervention schools) were able to introduce PPE (ibid). Under SEDP, female enrolment increased by 30% compared to 12% for boys during 1993-99. The impact of SEDP has been found to be significant in terms of boosting enrolment rates and narrowing the gender gap (Akhter, n.d.; Fuwa, n.d.).

6.6 Knowledge and Data Gaps

There exist knowledge gaps in numerous areas which need to be filled to enable the Government of Bangladesh as well as the development partners to monitor the country's progress in the realm of education effectively. Areas where data gaps exist include adolescent skill and employability; progress against SDG indicators; district, sub-district and upazila level data on learning and school facilities including PPE; upazila-wise NSA information and findings; real time data on pre-primary and secondary education; and learning experience of children with disabilities, to name a few.

A significant data gap stems from the lack of qualitative studies on children's learning experiences. For example, while the Annual Primary School Census is a rich report containing statistical data including enrolment, cycle completion, and teacher-student ratio, qualitative studies on children's learning are glaringly missing. Qualitative studies are crucial in order to document the experiences of children in the classroom and can help substantiate the quantitative data in educational reports. Such studies will provide a window into the teaching-learning environment in schools and help policymakers and program designers improve children's experiences.

6.7 Recommendations

It is quite clear that investment in education has to be increased in line with the UNESCO recommended share of GDP. The planning of the education budget needs to be better aligned with the SDG and 7FYP targets. Increased investment in school infrastructure is needed, particularly in schools in hard-to-reach areas such as haors. This could help address the issues of water and sanitation and lack of computer facilities and improve the scope for children to indulge in outdoor play. Investment is also necessary to provide and promote multilingual education for ethnic children in the CHT.

Ensure Greater Allowances and Allocations

Greater allowances and allocations are required for students and schools in haor areas. Special arrangements such as boats for students to get to and back from school and provision of protein biscuits at the primary schools in these areas could go a long way in

helping mitigate the problems students face during the monsoon season. Furthermore, in tea gardens in Sylhet, the scope of technical and vocational training for adolescents should be expanded to boost their employability outside of tea gardens.

Encourage and Ensure Both pre-Service and in-Service Teacher Training

The persistent problem of low-quality teaching merits significant attention for some years to come. Shortage of teachers and lack of well-trained teachers, especially in government schools, are two major factors behind this problem. This is an area that needs greater investment alongside policy focus so that teacher recruitment can be accelerated and a mechanism for regular trainings can be put in place. Newer methods of training, such as exchange visits to schools with best practice, where new recruits can interact with their peers, should be considered. A policy for teachers' transfer should be developed and the practice of frequent, rapid transfer of government teachers should be curbed.

Incentivize Teachers and Schools

There is also an urgent need to incentivize teachers and schools; this may be done by devising monetary packages based on performance for teachers. Along with financial and budgetary measures to address the issue of shortage of teachers, steps have to be taken to make the teaching profession attractive for young people (Ahmed & Rahaman, n.d.). A long-term plan (10-year or 15-year) is needed to achieve this objective. A specialized corps can be created for teaching service with good pay and prestige; stipends can be provided for students to pursue degrees in education; and measures should be taken to ensure that the quality standards of these degrees in government colleges are up to the mark (ibid).

Regular Supervision by the Education Officers

Low parental awareness is a common problem across the board. A good starting point to address the problem of limited involvement of parents is providing orientation to head teachers and SMCs along with DPEOs/ UEOs/AUEOs so that through regular parent-teacher meetings, parental involvement and support can be increased. SBCC and awareness-raising campaigns involving parents are also necessary. Supervision by the respective education officers in schools of rural areas is important to ensure arrangement of parent meetings and a more congenial teaching-learning environment.

Ensure Implementation of Mid-Day Meals Program Nationally

Although stipends for students from poverty-stricken families are a popular strategy to increase their access to educational opportunities, the issues perceived by parents and teachers point to the fact that funds allocated for stipends could be better utilized in quality-enhancing inputs such as mid-day meals, which could help address the problem of the opportunity cost of keeping children out of school and dropping out (UNESCO, 2015).

Enrich the Quality of Text Books

More attention should be given to the procurement and distribution process and quality of textbooks. Students generally perceive these textbooks to be of poor quality (low-quality paper and printing) as do head teachers, according to some studies. These books have

poor binding, have a short shelf-life, and the pictures and printing are hazy (Aziz & Zillur, 2016). This affects students' and teachers' perceptions which can greatly inhibit satisfactory teaching and learning.

Develop a Unified and Modern Curriculum

A unified curriculum is crucial to narrow the gap between the standards of education across all schools (Prodhan, 2016). In addition, to halt the backslide in English learning, it should be ensured that primary school students are taught English well, especially at the early stages (Ahmed, 2005). A bilingual approach, recognizing the importance of English and Bangla, may be taken by both English- and Bangla-medium schools which can lay the groundwork for wider practice of both languages in the education system as a whole (ibid). Closer attention needs to be paid to the madrasah education system with regard to its modernization and curriculum development.

Establish a Curriculum Research Section

A curriculum research section is urgently needed for effective curriculum development. Some of the major problems in terms of curriculum development in the country include: (a) lack of professional expertise in the development of modern curriculum, both in the National Curriculum and Textbook Board (NCTB) and nationally; (b) lack of a strong research base needed to provide feedback on previous curricula and the areas that require attention; and (c) lack of emphasis on qualities such as comprehension and application (Hossain & Jahan, 1998).

Broadly speaking, it is time for schools in the country to re-think the existing pedagogic practices and adopt a new approach. Such an approach should embrace a more comprehensive set of learning objectives so that children's academic as well as emotional needs are met (McTigue & Rimm-Kaufman, 2011). The "responsive classroom" (RC) approach is one such method and it rests on two premises: first, a caring classroom environment enables academic learning (Zins et al., 2004) and second, the idea that relationship building and proactive approaches are a much healthier alternative to discipline problems (Pianta, 1999). According to McTigue and Rimm-Kaufman (2011), RC practices positively affect "teachers' perception of children's reading achievement, teachers' perception of closeness toward their students, children's assertiveness, and children's pro-social behavior." As teachers' perceptions are positively correlated to those of children, RC approaches in the classroom can reverse the trend of negative perceptions of children towards learning.

Decentralize the Planning Process

Decentralizing decision-making and planning is the need of the hour (Ahmed & Rahaman, n.d.). The system of education governance remains highly centralized and a bottom-up approach is crucial in order to improve service delivery in rural areas. Decentralization can greatly help education resource mobilization and budget-making and management at the upazila and district levels (ibid). Localized planning can help the concerned authorities, who are familiar with the local context, make important decisions, e.g. investments in school infrastructure in places that are most prone to natural disasters. Decentralization is key for narrowing the gap between rural and urban areas in terms of quality of education

and resource allocation. Moreover, an intensive monitoring mechanism is required to enhance programs' quality.

Promote a Flexible Schooling Model for Out-of-School Children

Non-formal alternatives for out-of-school children have to be funded. A second chance program – pioneered by NGOs in the country – can be part of the main strategy for universal primary education, for which building partnerships with experienced NGOs that have proven their capacity is crucial (ibid).

Engage Communities and Other Non-Government Actors

Engaging the communities and other non-government actors like NGOs and CSOs can be a very effective way to promote education for both boys and girls in the disadvantaged communities. Raising awareness among the parents and adults regarding the importance of education and the available government initiatives (i.e. free textbook, stipend, mid-day meals etc.) to support education for all children can be strengthened by building effective partnership with community-based organizations.

Promote TVET Through Policy Initiatives

With regard to TVET, strong government leadership is required to continue the sector-wide approach towards technical education and skills development. Increased emphasis should be put on technical education in the upcoming five-year plan. Also, the skills of teachers in technical institutions have to be upgraded and the curriculum has to be reformed in line with the market needs amidst the Fourth Industrial Revolution (The Daily Star, 16 June 2019). An innovative idea to promote TVET can be to make the admission into TVET institutions after SSC for the students who fail to secure a certain percentage of marks (e.g. 50 percent of the total marks) or grades.

Chapter 7: Every Child is Protected From Violence, Exploitation, Neglect and Abuse

7.1 Introduction

The rights of children to be protected from violence, exploitation, neglect and abuse has been recognized as a core issue in most policies and conventions related to children. In recent decades, a considerable number of international and domestic policies, conventions and goals related to child protection have been enacted and ratified. The Government of Bangladesh has for its part established the Office of Registrar General for Birth and Death Registration to strengthen civil registration and ensure the protection of children from child marriage, child labour and other harmful practices. However, loose Government coordination, weak social services, and a lack of child friendly service provision have all detracted from this objective. So too has a capacity gap and a lack of adequate resources among implementing agencies.

7.2 Status of Existing Policies, Child Protection Institutions, Systems and Governance

The Children Act of 2013, is supposed to be the umbrella document regarding all issues related to children. The act is intended to encompass children in contact or in conflict with the law – it recommends provisions that are necessary to handle such cases. The Act also makes allowances for the appointment of Probation Officers (PO) who have defined roles and responsibilities in each district, Upazila and metropolitan area. It stipulates that an existing Upazila Social Welfare Officer and Urban Community Development Officer can act as a PO in cases where there is a delay in the appointments of a PO.

The PO is supposed to be contacted immediately when any child is detained in a police station and produced in a Children's Court for any offence. He or she is supposed to communicate with the parents of the concerned child and with the police and courts to ensure the protection of the juvenile's rights. The appointment of POs, along with the establishment of Child Welfare Boards (CWBs) at national, district and Upazila levels have been put into place to ensure better monitoring of child rights and to ensure more accessibility to services.

The CWB also has a responsibility to ensure the recovery and reintegration of disadvantaged children, (those in contact and conflict with the law) into family and social life⁵. It is supposed to designate a Child Affairs Police Officer (CAPO) in every police station to coordinate with the POs. The long-term objective is to strengthen the restorative justice system by introducing alternatives to formal judicial procedures for children in conflict with the law. It envisages the formation of a Children's Court to try cases involving children.

It is intended to reinforce the Labour Law of 2006, amended in 2018, which bans hazardous work for children and restricts their working hours to a maximum of six hours in a day for children above 14. The National Domestic Labor Policy 2015 also prohibits the employment of children below 12 as a domestic worker.

5 CWBs do not work for ensuring rehabilitation or reintegration directly rather CWBs monitor, supervise and review the activities under take in child development centres and institutions for disadvantaged children, determine the method of alternative care, facilitate critical case conference to take appropriate action for the welfare of the child as part of case management of individual child.

Although Bangladesh has introduced several policies to protect children from various sorts of abuses, violence, and discrimination; in truth its national child policies and concomitant child protection legislation are more symbolic documents. They are little more than guiding principles for implementation of the law and future policies of the Government (Save the Children, 2012). As a result, implementation of those policies remains sluggish while there is poor coordination among responsible Government agencies. Moreover, coordination among those agencies is further undermined by officials who sometimes are guilty of violating or ignoring the relevant laws.

Matters are made more complicated because there is a proliferation of Government agencies involved in implementing vital child protection laws. The MoWCA is incapable of doing this because its existing structure is not compatible with these aims (BSAF, 2016; CRGA, 2014; Save the Children, 2012). Moreover, Local Government Institutions (LGIs) are in theory institutionally responsible for delivering and monitoring various key services for children, but for decades they have lacked the capacity to do so. To make matters worse, law enforcement officials are often unaware or insensitive about child protection laws (Save the Children, 2012).

Table 41: Existing Policies and Legislations Regarding Child Protection

Policy and Law	Core principles	Ministry-in-charge
Women and Children Repression Prevention Act, 2000 (Amended in 2003)	The Act prohibits crimes relating to murder due to rape, dowry, abduction, mutilation, and trafficking. Offenders under this Act are triable in special tribunal established under this Act.	Ministry of Women and Children Affairs (MoWCA)
Acid Control Act and Acid Crime Prevention Act, 2002	This Act inhibits import and sale of acid openly and suggests establishment of a National Acid Control Council Fund. It also recommends the establishment of a Rehabilitation Centre for victims of acid crimes and lays down the provision of Legal Aid for victims of acid crimes.	Ministry of Women and Children Affairs (MoWCA)
Birth and Deaths Registration Act, 2004	The Act requires of registration of every person during their birth and death and permits the issuance of birth and death certificates for every citizen. The birth certificate is supposed to be the primary evidence of age to be applied any office, court, and other government and non-government organizations.	The Ministry of Local Government, Rural development, and Co-operatives (MoLGRC)
National Child Labour Elimination Policy, 2010	This policy emphasizes on the elimination of child labour, especially hazardous forms of labour. It recommends creating an incentive structure for families to keep children out of labour. It also covers children with disabilities.	Ministry of Labour and Employment (MoLE)

Policy and Law	Core principles	Ministry-in-charge
National Education Policy, 2010	This policy aims to ensure quality education for all children. It targets to achieve 100 percent enrolment as well as retention in primary and secondary schools and extends compulsory primary education up to grade eight. It provides incentives through stipends and other assistance to keep children at schools and out of work.	Ministry of Education (MoE)
Prevention of Domestic Violence Act, 2010	This Act recommends for appointment of adequate enforcement officers at local government institutions to prevent domestic violence. This Act also requires the court to resolve the cases within 60 days of issuance of notice.	Ministry of Women and Children Affairs (MoWCA)
National Children Policy, 2011	This policy defines children as a person under 18 years of age and is designed to be the guiding document to establish rights of every child to security and protection from violence, abuse, and exploitation.	Ministry of Social Welfare (MoSW)
Vagrancy Act, 2011	This Act aims to provide shelter and rehabilitate homeless people including children, including the street children.	Ministry of Social Welfare (MoSW)
Prevention and Suppression of Human Trafficking Act, 2012	The spirit of the Act is to prevent and suppress human trafficking, especially the trafficking of children.	Ministry of Home Affairs (MoSW)
Pornography Control Act, 2012	This Act strictly prohibits production, preservation, marketing, and dissemination of all forms of pornographic items, especially those involving children.	Ministry of Information and Communication Technology (MoICT)
Rights and Protection of Persons with Disabilities Act, 2013	The Act approaches disability from a human rights perspective. It incorporates provision for inclusive education, reservation of seats on all forms of public transport, accessibility to all public infrastructure, equal opportunities in employment, and the protection of inherited property rights.	Ministry of Social Welfare (MoSW)
Children Act, 2013	The Act detail out the institutional systems of child protection including the setting up and standards for Children's Courts for children in conflict with law, Child Help Desk, restorative justice etc.	Ministry of Social Welfare (MoSW)

Policy and Law	Core principles	Ministry-in-charge
Domestic Workers Protection and Welfare Policy, 2015	The policy recognizes the work of the domestic workers as labour. It aims to ensure protection and welfare of the domestic workers by setting the minimum age for domestic workers to be 14 for doing light work and 18 for heavy work.	Ministry of Labour and Employment
National Social Protection Strategy, 2016	The Strategy recognizes the need for support and protection for disadvantaged and disabled children under the social safety nets and social protection programmes	Ministry of Social Welfare (MoSW)
Child Marriage Restraint Act, 2017	The Act clearly sets the minimum age for women to marry at 18 and for men at 21 years. However, it also allows for younger brides and grooms under “special circumstances”.	Ministry of Women and Children Affairs (MoWCA)
Digital Security Act, 2018	This Act covers any defamation and instigation against any person, including children, via the publication or dissemination of any material on a website or in electronic form.	Ministry of Information and Communication Technology MoICT).

Source: Author’s compilation (2019)

The Children Act 2013, as the umbrella document regarding all the issues related to children, focuses on children in contact or in conflict with law and suggests necessary provisions to handle such children. The Act provides for appointment of Probation Officers (PO) along with defined roles and responsibilities in each district, Upazila and metropolitan area. The Social Welfare Officer can act as a PO in case of delay in the appointments of PO in respective positions. The PO is supposed to be contacted when there is any child, contained in the police station and in Children’s court, in contact or in conflict with law. The PO is supposed to communicate with the parents and also with the police and courts to ensure protection of the rights of the detained child. In addition to the appointment of POs, establishment of Child Welfare Boards (CWB) at national, district and Upazila levels have been suggested. The CWBs has the responsibility to work for ensuring rehabilitations and reintegration of disadvantaged children, and those in contact and conflict with law, into family and social life. Moreover, designating a Child Affairs Police Officer (CAPO) in every police station to coordinate with the POs regarding child protection, and the provision of Children’s Court to try cases involving children are two major additions in the Act.

Evidently, Bangladesh has put a wide number of policies in place (see Table 1) to protect all children from various sorts of abuses, violence, and discrimination. However, the national child policies and the relevant legislations regarding child protection work more as symbolic documents rather than as the guiding principles in various activities of government (Save the Children, 2012). As a result, implementation of the policies has remained sluggish and the coordination among responsible government agencies have been relatively poor. Moreover, coordination problems among government agencies and violation of relevant laws and rules by the officials of responsible agencies while dealing with children have been identified as major constraints in the implementation of policies (Ibid.).

7.2.1 Institutions and Governance

A large number of organizations are involved in the governance of child protection. Child protection issues are usually cross-cutting and multi-sectoral in nature which requires action from a multiple number of government and non-government actors and agencies. While the MOWCA coordinate all issues related to children, safety and protection of children are ensured and enforced by several other departments and ministries of the government. The Ministry of Home Affairs (MoHA), The Ministry of Law, Justice and Parliamentary Affairs (MoLJPA), The Ministry of Social Welfare (MoSW), The Ministry of Disaster Management and Relief (MoDMR), The Ministry of Labour and Employment (MoLE), and The Ministry of Local Government, Rural development, and Co-operatives (MoLGRC) are some of the most important ministries involved in child protection. In this instance, the police under the MoHA and the courts under the MoLJPA are involved in protecting children legally from violence, abuse, and exploitation. On the other hand, the protection of child victim is done by the Department of Social Services under the MoSW. Moreover, the social safety nets and social protection services are also run by two different departments under MoSW and MoDMR. Furthermore, the birth registration is enforced by the Local Government Division under the MoLGRC while the elimination of child labour is implemented by the MoLE (see Table 42).

Table 42: National Actors and Agencies Working on Child Protection

Issues relating to child rights and welfare	Responsible government agencies/ departments	Responsible government ministries
Protection of child from violence, abuse, and exploitation	The Police	Ministry of Home Affairs
	The Courts	Ministry of Law, Justice and Parliamentary Affairs
Child victim protection and care	Department of Social Services	Ministry of Social Welfare
Social protection, social safety nets, and social welfare	Department of Social Services	Ministry of Social Welfare
	Department of Disaster Management	Ministry of Disaster Management and Relief
Protection of child labour	Department of Labor	Ministry of Labour and Employment
Birth registration	Local Government Department	Ministry of Local Government, Rural development, and Co-operatives

Source: Author's compilation based on Save the children, 2012

Besides the government entities, civil society organizations (CSOs) and non-government organizations (NGOs) in Bangladesh also play a crucial role in in advocating and implementing child protection policies and legislations. A large number of NGOs and few networking bodies of NGOs are working to ensure child protection in Bangladesh. Besides NGOs like Aparajeyo Bangladesh, ASK, Odhikar; Proshika, UBINIG, and INCIDIN Bangladesh, there are networks of NGOs like BSAF and CRGA working for child protection from violence, abuse, and exploitation. Furthermore, PDF, CDD, ADD, SWID Bangladesh, DRRA, CSID, and BPKS are some of the key NGOs working for children with disabilities across the country (see Table 43).

Table 43: List of Key Local and National NGOs Working for Children

Key areas	Name of local NGOs and CSOs
Child rights and protection	Bangladesh Shishu Adhikar Forum (BSAF); Aparajeyo Bangladesh; Ain o Salish Kendra (ASK); Association for Women Empowerment and Child Rights; Christian Commission for Development in Bangladesh; National Children's Task Force; Odhikar; Proshika; UBINIG; INCIDIN Bangladesh
Disability	Physically challenged Development Foundation (PDF); Centre for Disability in Development (CDD); Access Bangladesh Foundation; Action on Disability and Development (ADD); SWID Bangladesh, Niketan Foundation; Disabled Rehabilitation and Research Association (DRRA); Centre for Services and Information on Disability (CSID); Bangladesh Protibandhi Kallyan Somity (BPKS)

Source: Author's compilation (2019)

As a large number of government entities are involved in implementing the policies and legislations for child protection, coordination among the agencies and individual capacities of the government entities remain crucial. Evidently, the MOWCA is less than capable in coordinating and implementing policies and action plans for children given its existing structure and resources (BSAF, 2016; CRGA, 2014; Save the Children, 2012). Moreover, while the local government institutions (LGIs) are institutionally responsible for delivering and monitoring various key services for children, strengthening of the capacity of LGIs has been lacking over the decades. Furthermore, insensitivity of and violation of laws by the law enforcement officials and other officials from responsible government bodies while dealing with children are key constraints in ensuring security of children from abuse and exploitation (Save the Children, 2012).

7.3 National Progress and Trends of Critical Indicators

Among many forms of abuse and exploitation, child labour and child marriage prematurely terminate the childhood while other forms of violence can have long term physical and mental effects on children. Abuse and violence against children often start from their own family in the name of child discipline. Moreover, household poverty, education and awareness level of parents also give rise to several forms of exploitation including child labour and early marriage. Data from MICS report on child protection issues shows a rather gloomy progress of improvement in several aspects including child discipline and early marriage.

7.3.1 Birth Registration

Recognized in the UNCRC and many relevant national policies, rights to have a name and nationality is fundamental for every child. The process of birth registration is the first step to ensure this fundamental right in any country. It is only in 2004 through the Birth and Death Registration Act which was later amended in 2013, birth registration has been made compulsory and universal for all the children in Bangladesh. The birth registration certificate is now the legal document to refer to anyone's age in terms of entering into education, marriage, and also into the labour market. The document is now required for children to get national identity card, to get passport, to attain health services, to get social security services, and to prove age to the law enforcing agencies.

In 2010, “Birth and Death Registration Information System (BRIS)” was launched to establish an effective online birth registration process. BRIS has been implemented in all the registrar offices by allotting computer equipment providing necessary training. The registrar offices are 4571 Union Parishads, 319 Municipalities, 11 City Corporations, 15 Cantonment Boards within the county and a total of 53 offices abroad. The BRIS aims to verify birth and death registration online by managing all the data centrally and also to link the central database to services like immunization, education and other relevant services.

In terms of data on birth registration, MICS report measures the percentage of children under age of 5 years by whether their birth is registered with the proper local authority. Data from MICS shows that the percentage of children under 5 years with their births registered has increased from 37 percent in 2013 to about 56 percent in 2019. Moreover, the awareness among the mothers and caretakers of children whose births are not registered has apparently increased significantly. Reportedly, about 90 percent of the mothers and caretakers of children whose births are not registered know the process of birth registration and yet has restrained themselves from following it (see Table 44).

Table 44: Progress in Birth Registration

Year	Percentage of children under age of 5 years whose births are registered	Percentage of children not registered whose mothers/caretakers know how to register births
2013	37.0	60.5
2019	56.2	90.2

Source: MICS 2013 and 2019

Difference among the administrative regions in terms of the rate of birth registration are widely visible from data. According to recent data from MICS 2019, Sylhet has the highest rate of birth registration for children under 5 years whereas Khulna has the lowest rate. In this instance, the rate of birth registration in Khulna division is well below the national rate while the scenario of Sylhet division is in stark contrast to that of Khulna. Rate of birth registration in divisions including Mymensingh, Rajshahi, Dhaka, and Rangpur lower than the national average while Barishal, Chattogram, and Sylhet are doing better than the national mean. Moreover, in terms of progress in the rate of birth registration over the years, Sylhet and Barishal are clearly ahead of all the other divisions. The rate of birth registration of children under 5 years has been doubled only within a period of six years in Sylhet and Barishal divisions. While Chattogram, Dhaka, Khulna, and Rajshahi divisions have shown a fair growth in the birth registration rate in six years, Rangpur division has recorded the slowest growth in birth registration rate over the same period (see Table 45).

Table 45: Birth Registration Rate of Children Under 5 Years in Different Divisions (in %)

Divisions	2013	2019
Barishal	32.3	62.2
Chattogram	41.4	63.1
Dhaka	34.3	52.3
Khulna	32.1	47.6

Divisions	2013	2019
Mymensingh	-	50.1
Rajshahi	32.6	50.6
Rangpur	47.6	54.7
Sylhet	35.0	72.3

Source: MICS 2013 and 2019

7.3.2 Child Discipline

Teaching children discipline and self-control is an indispensable part of childhood. There are two ways how children are often treated: one is through positive parenting and the other is through punitive methods. Teaching children how to handle critical situations by preserving self-respect and dignity is part of positive parenting. It promotes the aspect of mutual respect among children while teaching desired behaviours. On the other hand, punitive methods including physical force or verbal intimidation are often used by parents and caretakers to teach children the desired behaviours. While the negative effects of using punitive methods are well documented in literatures, using violent methods for disciplining children has been evident in Bangladesh.

Data from MICS shows that majority of the children in Bangladesh have experienced violent discipline methods. In this instance, there are no significant variations in the experience of children based on their gender, their rural-urban resident status, and their parents' education. Moreover, the use of non-violent disciplining methods has significantly decreased over the years while the percentage of children experiencing psychological aggression and severe physical punishment have increased over the years (see Table 46). Hence, an alarming increase in the use of violent and aggressive disciplining methods across the country in recent years is evident in the statistics.

Table 46: Disciplining Methods Experienced by the Children Aged 11 to 14 Years

Indicators	2013	2019
Percentage of children experienced only non-violent discipline	12.2	6.3
Percentage of children experienced violent discipline method	82.3	88.5
Percentage of children experienced psychological aggression	74.4	85.9
Percentage of children experienced severe physical punishment	24.6	30.6

Source: MICS 2013 and 2019

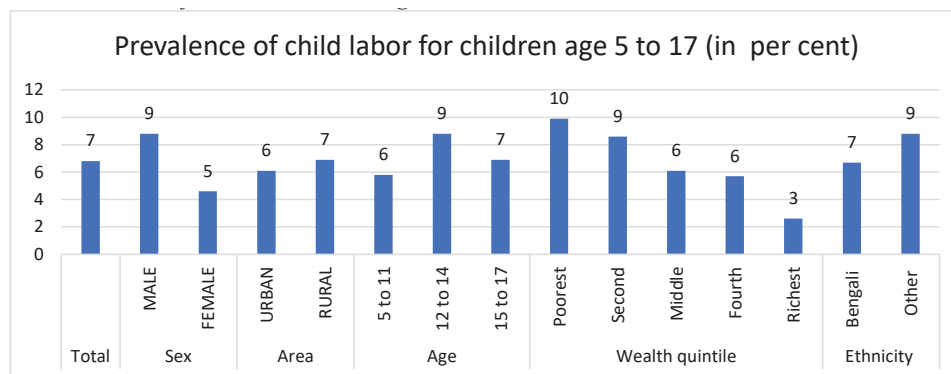
7.3.3 Child Labour

Child labour is a form of exploitation which is discouraged in both international and national conventions and regulations. Generally, children are found to be involved in both paid and unpaid forms of work which do not cause any physical or mental harm. In that instance, the children will not be considered as child labourers. It is only when the children are termed as child labourers when they are involved in any form of paid work that may potentially impede their physical, mental, social or moral development. UNCRC requires state parties to protect children from exploitative and hazardous work that can interfere with a child's childhood, education, and physical as well as mental development. In Bangladesh, Labour Act (2006) prohibits employment of children under 14 years of age while it also proscribes

hazardous forms of child labour for persons under age 18. Following the earlier policy, the National Child Labour Elimination Policy (2010) emphasizes on the elimination of child labour, especially the hazardous forms of it. This latest policy on child labour also recommends creating an incentive structure for families to keep children out of labour. Finally, the Domestic Workers Protection and Welfare Policy (2015) aims to ensure protection and welfare of the domestic workers by setting the minimum age for domestic workers to be 14 for doing light work and 18 for heavy work.

A section of MICS report on child labour covers children aged from 5 to 17 years and takes data on the type of work a child does and the number of hours the child is engaged in it. Data are collected on both the economic activities including paid as well as unpaid work and the domestic work that include different forms of household chores. According to MICS 2019, about 6.8 percent of the children are involved child labour in terms of their engagement in economic activities as well as in the household chores. In this instance, majority of the child labourers are engaged in economic activities. Gender disparity in the engagement at work is apparent as male children involved in economic activities are about thrice as much as the female children and the total number of male child labourers are almost double than those of females. However, the female children are more engaged in household chores as they outnumber the male children by a much bigger margin in this segment.

Table 47: State of Child Labour in Bangladesh



Source: MICS 2019

Data shows that there is a rural-urban dimension in terms of the rate of child labour as more children living in rural areas are involved in economic activities than that of their urban counterparts. As a result, the percentage of child labour in rural areas is higher than the national average. Moreover, there are differences among the administrative divisions in relation to the percentage of children considered as child labourers. Rangpur division apparently has the highest rate of child labour, followed by the Rajshahi division. While Barishal and Khulna has a slightly higher rate of child labour than the national average, Mymensingh, Sylhet, Dhaka, and Chattogram divisions are reported to have a percentage of child labour that is less than the national average (see Table 48).

Table 48: Regional Variations in Child labour

	Children involved in economic activities for a total number of hours (At or above the age specific threshold) ⁶	Children involved in household chores for a total number of hours (At or above the age specific threshold) ⁷	Percentage of child labour
Total	5.9	0.9	6.8
Area			
Urban	5.2	0.9	6.1
Rural	6.0	0.9	6.9
Division			
Barishal	4.5	3.1	7.3
Chattogram	4.6	1.1	5.6
Dhaka	4.7	0.6	5.3
Khulna	6.1	0.5	6.6
Mymensingh	6.0	0.8	6.8
Rajshahi	8.3	0.9	9.2
Rangpur	9.1	0.8	9.9
Sylhet	5.2	0.8	6.0

Source: MICS 2019

7.3.4 Child Marriage

Bangladesh acceded the Convention on the Rights of the Child in 1990 which sets a minimum age of marriage at 18. The country also agreed to the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) in 1984 which obligates to ensure free and full consent to marriage. Of late, Bangladesh has committed to eliminate child, early and forced marriage by 2030 in accordance with target 5.3 of the Sustainable Development Goals. According to UNICEF, the three drivers such as poverty, lack of education and family pressure are the reasons for early child marriage in Bangladesh. Though the incidence of early marriage among women has decreased over time, data from MICS reports show slow progress over the years.

The percentage of early marriage among women varies across the age groups as indicated by the findings in MICS reports over the years. While older women up to 49 years are considered, percentage of early marriage before age 15 and age 18 goes high. On the other hand, as shown in MICS 2019, once the younger age group from 20 to 24 years is considered, there are significant reduction in the incidence of early marriage. As MICS 2019 takes younger age group into consideration for the indicators of early marriage, instead of the wide range of age groups taken into consideration in MICS 2013, the improvements in the rate of early marriage is apparent. However, when the similar age groups are considered, there is a little improvement in the incidence of early marriage over the years (see Table 49). Still, about 35 percent women, aged 15 to 19 years are currently married and the number has not changed much over last half of a decade.

As child labour, involvement at work for 1 hour or more for a child aged 5 to 11 years, 14 hours or more for a child aged 12 to 14 years, and 43 hours or more for a child aged 15 to 17 years are classified as child labour. Involvement at work for 21 hours or more for a child aged 5 to 14 years, and 43 hours or more for a child aged 15 to 17 years are classified as child labour.

Table 49: Early Marriage Among Women

Age group of Women	Indicators	2013	2019
Women aged 15-49 Years	Percentage married before age 15 ⁸	23.8	19.8
Women aged 20-49 Years	Percentage married before age 15	27.2	22.6
	Percentage married before age 18 ⁹	62.8	60.0
Women aged 20-24 Years	Percentage married before age 15 ¹⁰	-	15.5
	Percentage married before age 18 ¹¹	-	51.4
Women aged 15-19 Years	Percentage currently married	34.3	32.9

Source: MICS 2013 and 2019

Evidently, there are rural-urban and regional differences in the rate of early marriage among women across the country. Data from MICS 2013 and 2019 clearly points to the fact that the percentage of women getting married before age 15 and 18 across different age groups is higher in rural areas than the urban areas. Moreover, the variations are also evident across the administrative divisions. Sylhet division, according to MICS reports, hold the record of lowest percentage of women, belonging to age group of 15 to 19 years, currently married. Additionally, Sylhet holds the record of lowest percentage of women from any age group who got married before age 15 and 18. However, data shows that the incidence of early marriage among the women aged 15 to 19 years have increased in Sylhet and Barishal while the rate remained almost stagnant in Chattogram and Dhaka (see Table 50). Furthermore, though Rajshahi, Khulna, and Rangpur hold higher percentage of early marriage among women aged 15 to 19 years, all three of the divisions have showed decent success in reducing the incidence of child marriage over the years.

Table 50: Women Aged 15-19 Years Who are Currently Married

Divisions	2013	2019
Barishal	31.7	34.4
Chattogram	27.7	27.5
Dhaka	33.3	33.8
Khulna	43.5	39.3
Mymensingh	-	33.6
Rajshahi	47.8	42.2
Rangpur	41.9	35.8
Sylhet	13.7	18.6

Source: MICS 2013 and 2019

8 MICS (2013) Indicator for early marriage among women before age 15

9 MICS (2013) Indicator for early marriage among women before age 18

10 MICS (2019) Indicator for early marriage among women before age 15

11 MICS (2013) Indicator for early marriage among women before age 18

7.3.5 Victimization and Domestic Violence

The children are often the victims of different forms of abuse and violence at home and outside. Government of Bangladesh is taking strict actions to prevent all forms of violence against children in both the rural and urban areas. Violence Against Women Survey in 2011 was the first nationally representative survey in Bangladesh which portrays different forms of physical, sexual, psychological and economic violence against women every day. However, there is a dearth of national data on the abuse and violence against children. Though MICS 2019 report has added separate sections on victimization, feeling of safety, and domestic violence, data in these sections focus particularly on women rather than on children.

Bangladesh Shishu Aadhikar Forum (2017) in the report titled “State of Child Rights in Bangladesh 2016” collected data on five broad areas of child rights violation including fatalities, injuries, sexual abuse & exploitation, abduction & trafficking, and physical abuse & torture. According to the report, fatality takes the top spot in terms of violence against children. While the sex of the children is considered, sexual abuse and exploitation is the most occurred form of violence for girls while kidnapping and missing takes the second spot for boys. Data shows that around 98 percent victims of sexual abuse and exploitation against children are girls. In this instance, girls aged from 4 to 12 years are highly likely to face sexual abuse and exploitation. In terms of geographic areas, the highest number of cases of violence and abuse happened in Dhaka district while the other four districts in the top five are Narayanganj, Gazipur, Chittagong and Mymensingh. According to the study, a total of 3589 children have been subjected to various forms of abuse and violence including murder and rape in 2016 while the number was 5212 in 2015. Though there is an apparent reduction in the reported number of abuse and violence faced by children in 2016, drowning, murder, suicide, death by road accidents, and rape remained some of the major problems in ensuring safety for children.

Table 51: Number of Children Facing Different Forms of Violence

Forms of violence against children	2015	2016
Fatalities	2,931	1,441
Injuries	428	205
Abduction & missing	643	445
Sexual abuse & violence	727	686
Physical abuse & torture	483	398
Others	-	414
TOTAL	5,212	3,589

Source: BSAF (2017)

7.3.6 Children Living and Working on the Streets and Children Without Parental care

The Committee on the Rights of the Child has expressed concern over the rising number of children living or working on the streets in urban centres, particularly Dhaka. It described these children as prime targets of organised child trafficking rings and warned that they “are susceptible to abuse and are often charged with the crime of vagrancy... confined in vagrant homes and shelters that are not suitable for children”.

According to the Bangladesh Institute of Development Studies (BIDS), the number of street children stood at 1.5 million in 2015 and will reach 1.6 million in 2024. An alarmingly high proportion of girls on the street, nearly 1 in 2 (46 per cent), are reported to be the victims of sexual abuse or physical torture (Bangladesh SitAn, 2016).

Many of street children in Bangladesh die young as they are not properly cared for. About 110,000 children die of water-borne diseases annually each year.[5] They are incapable or unable to buy healthy foods. They sometimes eat food which is not hygienic. Sometimes they will be driven to extreme hunger looking for food. The environment to which street children belong means they are particularly vulnerable to abuse and exploitation. It is worth mentioning that coming up with new policy regarding the dangers confronted by street children would be greatly beneficial. But for that to happen, the Ministry of Women and Children Affairs must both play a vital role.

Meanwhile, orphaned children, those living with only one parent and children separated from their caregivers are more at risk of ill-treatment and torture. This can be carried out by a stepmother, stepfather or any other member of the extended family. Whoever the offender, children in many cases are more vulnerable because of the lack of full parental care. The prevailing approach towards the care and protection of orphans, disabled children and children who are victims of conflict has been formulated by the Government and NGOs. It focuses primarily on the provision of institutional care. Programmes aimed at preventing children from being separated from their family are very limited, as indeed are most family-based care programmes. While 85.7 per cent of children aged 0-17 live with both parents, 4 per cent live with neither biological parent (girls more than boys), 8.8 per cent live only with their mother, and 1.2 per cent live only with their father. About 4.3 percent of children have suffered the death of one or both parents (Bangladesh SitAn, 2016). MICS 2019 data reveals that 12% of children live with their mother alone.

7.4 Root and Underlying Causes of Challenges Regarding Child Protection

As a developing country, Bangladesh faces a long list of challenges in ensuring security and protection for all the children across the country. While the country has been acceding to and formulating a wide number of policies and legislations concerning child protection, progress in the reduction of different forms of abuse, violence, and exploitation of children has not been overwhelming (BSAF, 2017). Among various socio-economic factors, poverty, lack of education and awareness of parents, and socio-cultural values affect the perpetuation of several forms of violence and exploitation of children in Bangladesh. In the political front, lack of proper implementation of the existing laws and policies to protect children from abuse and exploitation has remained evident over the years.

In terms of policy issues, lack of proper implementation of Children Act leads to failure in protection of children from various types of abuse and exploitation. Due to the huge workloads and the lack of cooperation from the CAPOs, the POs are often unable to manage the task of protecting children in contact or in conflict with law. The CWBs have reportedly remained ineffective in monitoring of CDCs and other certified institutions. Moreover, absence of the National CWB is has been hampering the monitoring of all CWBs, CDCs and other certified institutions. Furthermore, the provision of establishing separate Children Courts in Bangladesh is yet to be implemented.

Among all forms of exploitation and abuse, child labour and early marriage of girl children are two of the major problems the children of Bangladesh are facing. Poverty has been identified as the most decisive factors behind the existence of child labour in both rural and urban areas (Aktar and Abdullah, 2013; Hosen et al., 2010; Alam et al., 2008). Moreover, family size (Shikdar et al., 2013), lack of education of parents, parents' feeling of insecurity about children's future, lack of awareness and embedded tradition are some important determinants of child labour (Aktar and Abdullah, 2013). Furthermore, occupation of the father, income of household head, and loan of family are some of the most influential factors in pushing children towards labour (Alam et al., 2008).

Like the issue of child labour, the reasons behind the higher incidence of early marriage, especially among the girls, lie in the socio-economic as well as in the cultural factors. While household poverty remains an important determinant of early marriage of a girl (Amin et al., 2016; Kamal et al., 2015; Chowdhury, 2004), there are various other economic, social, and cultural determinants. In the poor households, girls are often married off early to avoid paying higher dowries as the dowry usually increases with the increased age of girls (Kamal et al., 2015; Chowdhury, 2004; Amin et al., 2002). Moreover, lack of individual opportunities for girl children in terms of education, training, and employment are some important impediments which force families to marry off the girl child (Amin et al., 2016). Place of residence and religion also plays an important role in determining the age of marriage for girl children as girls who live in rural settings and who are Muslims are highly likely to get married before 18 (Kamal et al., 2015; Kamal, 2011; 2012). Furthermore, Chowdhury (2004) identifies the provocation of young girls by unmarried men as a determinant of early marriage of girl child from poor households. In that instance, parents marry the daughter off to avoid any sort of harassment of the girl and the family arising from security threats posed by any young man (Chowdhury, 2004).

In addition to the desk reviews, divisional consultations across the country have revealed several underlying causes and challenges, similar to many of those identified in the literatures, regarding child protection. The local consultations reveal that poverty, lack of awareness, low level of education, lack of community mobilization, and lack of proper implementation of existing policies are the key challenges behind all forms of abuse and exploitation that children face. In addition to the issues already documented in literature, drug addiction among teenagers have been found to be an alarming issue across the country. A significant number of participants of the regional consultations have indicated this issue as a major challenge to ensure safety and protection of children. It is feared that the addicted children are threats for themselves and also for the security of other non-addicted children which in turn increase the likelihood of violence and abuse. Furthermore, security of identity and dignity of children in the cyber space have also emerged as a major concern of the parents across the country.

7.5 Major Geographic Hotspots

In every division, there are some geographic hotspots which lag behind the neighbouring areas in terms of various child protection indicators. The divisional consultations across the country have helped to identify major geographic hotspots in need of urgent attention from government and UNICEF (see Table 52).

Table 52: Major Geographic Hotspots and Major Issues Requiring Attention

Divisions	Location specified	Issues requiring urgent attention
Khulna	Satkhira, Khulna	Early marriage
	Meherpur, Chuadanga, Jashore, Norail	Child abuse at home and school
Sylhet	Sunamgonj and other Haor areas	Child abuse at school
	Moulvi Bazar, Srimongol and other tea garden areass	Child labour in tea gardens and in other urban informal sectors
	Whole division	Drug addiction among children
Mymensingh	Mymensingh, Kishoregonj and other haor areas	Child labour; Drug addiction among children
Dhaka	Dhaka, Narayanganj, Gazipur	Child labour
Chattogram	CHT regions	Physical abuse and sexual harassment of girl children
	Other districts than CHT	Drug addiction among children
Rangpur	Whole division	Child labour; Early marriage
Rajshahi	Sirajgonj, and the Char areas	Child labour; Early marriage
	Whole division	Drug addiction among children
Barishal	Whole division	Abuse and harassment of girls at public space; Drug addiction among children

Source: Divisional consultations for SitAn (2019)

7.6 Major Data and Knowledge Gaps

The divisional consultations explored a wide range of knowledge gaps into the persisting system which are required to be addressed for the long-term development of children across the country. The consultations helped to identify the data and knowledge gaps which will further help devising proper policies and strategies to address the underlying challenges to child protection (see Table 53). The participants of the consultations have pointed out towards the data gaps in certain geographic hotspots mostly. In addition, collecting data on the number of children addicted to drugs and resulting crimes and violence has highly been recommended by the participants of the divisional consultations.

Table 53: Major Data and Knowledge Gaps

Divisions	Existing gaps
Chattogram	1. No disaggregated data on child abuse, and sexual harassment specific to children living in CHT, 2. No data on child labour among children living in the streets and slums of Chattogram city 3. No data on the number of children addicted to drugs 4. No data on violence by drug-addicted children
Dhaka	No data on child labour among children living in the streets and slums of Dhaka city

Divisions	Existing gaps
Sylhet	1. No disaggregated data on child abuse, child labour, and early marriage specific to children living in haor areas and in tea gardens 2. No data on the number of children addicted to drugs 3. No data on violence by drug-addicted children
Mymensingh	1. No data on the number of children addicted to drugs
Khulna	1. No specific data on the effect of natural disasters on children's education, health, and psychology
Barisal	1. No data on the number of children addicted to drugs
Rajshahi	1. No data on the number of children addicted to drugs 2. No data on violence by drug-addicted children
Rangpur	1. No data on the number of children addicted to drugs 2. No data on violence by drug-addicted children

Source: Divisional consultations for SitAn (2019)

7.7 Recommendations

The recommendations to ensure the security and protection of children have been taken from the regional consultations as well from the desk reviews.

Intensify Implementation of the Children Act and the Relevant Legislations

Government of Bangladesh has put a wide number of policies and legislations in place to protect children from all forms of abuse, exploitation, and violence. Implementing the policies with proper monitoring and feedback mechanisms can ensure protection of children in most aspects.

Preparing a Central Directory of Child Protection and Social Services

A central directory of child protection and social services can be created where data will be collected from every upazila and districts across the country in a centrally managed system. Data will cover all the children in need of protection, in contact with and in conflict with law. All the relevant actors including all childcare institutions, police, and courts can give regular input to the central directory.

Ensuring Training and Empowerment of the Child Protection Staffs Especially Case Workers

Training of POs and CAPOs on necessary rules and procedures of coordination to protect the rights of children is important. Moreover, providing extra allowance to the POs and CAPOs for transportation and communication purposes will encourage them to act proactively in child protection issues.

Establishing Children Courts and Strengthen Their Roles

Establishment of separate children courts at all levels as per the Children Act 2013 is necessary to try and protect the rights of the children in contact or in conflict with law. The judiciary can take necessary steps to channel financial and human resources to implement this provision.

Expanding Coverage of Childcare Institutions Via Partnership With NGOs

To cater to the growing need of childcare institutions across all districts, co-management of the institutions in partnership with relevant NGOs can be helpful. This partnership has the potential to improve service delivery and to increase the cost effectiveness of the childcare institutions.

Giving Strict Attention to Stop Penetration of Drugs

Policy makers and the law enforcing agencies need to be more vigilant about the penetration of drugs in both rural and urban areas. Stricter than conventional laws can be enforced to punish the drug dealers who sell drugs to children.

Raising Community Awareness

Guardians are often unaware of the child protection issues and are unable to distinguish child discipline and child abuse. Overall, the community is also less sensitive to issues like child marriage, child labour, child discipline, and child abuse. Utilizing radio, television, and other online platforms, government and non-government organizations can run awareness campaigns to improve people's understanding of the child protection issues.

Fostering Community Engagement

Engaging community people in various initiatives of government, NGOs, and CSOs will help changing local traditions regarding child protection issues over time. Connecting children, adolescents, youths, and older people together through various initiatives may help change the society's attitude towards issues like early marriage, child labour, and child discipline etc.

Giving Special Attention to the Geographic Hotspots

Some key geographic hotspots including haor areas, char areas, and tea garden areas need special attention to keep children out of work and of early marriage. Recruitment of area specific staffs for the major geographic hotspots can help bringing the areas under government attention.

Raising Social Security Supports for Vulnerable Children

To keep children from poor households out of work, providing stipend at schools for all the vulnerable children is an imperative. In addition to the stipend programs, providing special skill development training for children coming from poor households, especially for girls, can help children staying out of child labour and child marriage.

Chapter 8: Every Child Lives in a Safe and Clean Environment

8.1 Introduction

It is now unequivocally established that Water, sanitation and hygiene (WASH) has a plethora of effects on public health, especially on children's health (WHO, 2019). Lack of hygiene, inadequate sanitation, and unsafe drinking water accounts for child mortality worldwide. Children are at a much higher risk of stunting due to unsafe water usage, lack of sanitation and improper hand-washing practices. Due to children's playful nature, they are more likely to be in contact with the ground, therefore getting exposed to excreta, the primary source of diarrhoeal diseases, and other pathogens (Bartlett, 2003). Repeated diarrhoeal infection, reduced immunity, nutrient loss and decreased nutrient absorption seriously affect physical and cognitive development among children (Schmidt, 2014; Petri, Naylor and Huque, 2014; Dangour et al, 2013).

Limited provision of water and sanitation violates children's rights in terms of their health, development and decent standard of living (Convention on the Rights of the Child, 1989). The linkages between poverty and WASH are undeniable. Households with private toilets have lower morbidity rates than poorer households that do not have the luxury of private toilets (Bosch et al, 2001). As a result, the poor are forced to defecate in the open, leaving them vulnerable to communicable diseases. Illnesses arising out of poor WASH practices put severe burden on health services and keep children out of school (ibid).

In order to combat these adverse situations, there have been ameliorative interventions in many parts of the world. Bangladesh has also taken several initiatives with a view to provisioning safe drinking water, sanitation and maintain hygiene requirements for all children. Even though access to drinking water sources has increased over the decades in Bangladesh, the overall WASH situation has not improved as expected. Despite having been able to reduce the rate of open defecation significantly since the 1990s and making progress towards better quality drinking water, the high levels of contamination of natural water resources remain a stubborn challenge (World Bank, 2018). In fact, poor water quality is also an issue for the rich in Bangladesh who have access to the exclusive piped water system. Quality of sanitation coverage is also another area of concern, with over 40% of all latrines classified as "unimproved." The lack of a holistic approach towards the improvement of the sanitation chain seems to be at the heart of the problem, which essentially means that it is not being ensured that all types of waste are being separated from humans (ibid).

Properly brushing teeth and flossing is necessary to get rid of tooth decaying gum infections (Saha, 2019). In Bangladesh, the children under 5 die mostly due to acute lower respiratory infections, diarrhoea, measles and dysentery (Baqui, 1998). Proper sanitation is the most defective place for the Bangladeshi children although compared to India, Bangladesh has performed relatively better, there is hardly any room for complacency as the challenge of ensuing proper sanitation still remains daunting. As one recent study noted, while 84% schools have basic sanitation provision, only 24% are clean and functional; some 45% remain dysfunctional (UNICEF, 2019). Thus there is a dire need of proper hygiene for the children in every place. To encourage the children UNESCO in association with the government of Bangladesh has been raising awareness of hygiene through the famous

cartoon campaign - “Meena” where a little girl and her pet bird conscientise and demonstrate the children how to live a proper and healthy life.

8.2 Status of Existing Policies, Systems and Governance

Bangladesh has been successful to attain the MGD goals and have been developing plans to successfully attain the goals of SDG. With the help of foreign agencies and the GOB has developed many strategies and policies since 1980's. The policies are made with the concerns in every level of the governance in aligned with the constitution of Bangladesh. There are many departments in both national and local level for governing the policies and fulfilled the targets of SDG. In this section type of policies, core duties of departments of GoB, assistance of foreign NGOs, explanation of existing laws and merging of different entities in local and national level policies are described to understand the major initiatives regarding WASH.

The key targets in the water and sanitation sector as officially announced and pursued by the government of Bangladesh are as follows 100% safe, adequate and equitable water supply coverage to urban and rural areas by 2020.

- Sanitation coverage to 90% of the population by 2030, including the socially marginalized and physically challenged.
- Preserve and conserve groundwater sources and ensure safe yield by 2020 with the Water Act already in place and ensure continuous monitoring up to 2030.
- Population with access to hand-washing facilities with water and soap to be disaggregated by location (home, school, health centres).

The Perspective Plan of Bangladesh (2010- 2021) has emphasized on human development especially in the healthcare sector through such long term means as improved education about hygiene, diarrhoea, dysentery, and stomach worm incidence reduction and access to pure drinking water (Planning Commission, GoB, 2012). Allocating more resources for researching about new technologies for improving the hygiene is another recent step for Bangladesh. Coordination and participation of the civil society are considered mandatory for achieving success for Bangladesh.

One strikingly neglected area is menstrual hygiene management (MHM) where the National Hygiene Baseline Survey found only 11% schools have separate latrines for female students (Wahid, 2015). For that the students get absent in classes and fall behind compared to most male students. According to Majumdar (2015), Bangladesh loses 29,500

corer taka each year due to poor WASH facilities, where more than 50% children suffer due to water borne diseases. The 7th FYP puts considerable emphasis on SDG goals. The 6th goal concerns provision of safe drinking water for all rural and urban communities and the proportion of urban population with access to sanitary latrines to be increased to 100% and to be made available to all rural and urban communities by 90%. The major existing policies and associated prescriptions regarding WASH in Bangladesh are summarized in the following table (see Table 54).

Table 54: The Existing Policies and Associated Prescriptions for WASH Facilities in Bangladesh

Policies & Laws	Core Principles
National Policy for Safe Water Supply and Sanitation 1998	Goal was to ensure that all people have access to safe water and sanitation services at an affordable cost. The policy emphasized elements of behavioural change and sustainability through user participation in planning, implementation, management, and cost sharing.
National Water Policy 1999	Provided guidance on management of the country's water resources by all the concerned ministries, agencies, departments, and local bodies that are assigned responsibilities for the development, maintenance, and delivery of water and water related services as well as the private users and developers of water resources. This policy attached special importance to the conjunctive use of ground and surface water.
National Policy for Arsenic Mitigation and Implementation Plan 2004	Gave preference to surface water over groundwater. The policy provides a guideline for mitigating the effect of arsenic on people and the environment in a realistic and sustainable way.
National Sanitation Strategy 2005	Sets out the goal to achieve 100 percent sanitation by 2010 and identified six areas of concern to be addressed (open defecation, hardcore poor remaining underserved, use of unhygienic latrines, lack of hygiene practices, urban sanitation, and solid waste and household wastewater disposal not fully addressed).
Pro-Poor Strategy for Water and Sanitation Sector 2005	Provided the operational definition of hardcore poor households, basic minimum service standards, and mechanisms for targeting and organizing the households and for administering subsidies.
National Cost Sharing Strategy for Water Supply and Sanitation in Bangladesh 2011	Proposed ways to standardize water supply and sanitation services and recommends cost sharing modalities to ensure affordable, equitable, and sustainable water and sanitation services for all. The Strategy includes an analysis of the sectoral issues, the needed policy reforms and institutional development, as well as economic pricing of the services.
National Hygiene Promotion Strategy for Water Supply and Sanitation in Bangladesh 2012	Provided a framework for the implementation, coordination, and monitoring of various activities for launching hygiene promotion at national, regional, and local levels.
National Strategy for Hard to Reach Areas and People of Bangladesh 2012	Provides definitions and criteria to be used to identify hard-to-reach areas and people and documents the challenges in reaching out to them. The Strategy provides an outline of activities that need to be carried out in order to address the problems faced by the different types of hard-to-reach areas (like coastal areas and wetlands).

Policies & Laws	Core Principles
The Water Act 2013	Provides a legal framework for the sector, along with the Water Supply and Sewerage Authority (WASA) Act 1996, Environmental Conservation Act 1995, Environmental Conservation Rules 1997, and the different Local Government Acts 2009 for the City Corporations, the Paurashava (Municipalities), the Upazila Parishads, and the Union Parishads.
The Perspective Plan (2010–21)	Prioritizes interventions for ensuring access to drinking water, sanitation, and good hygiene practices for all.
Sector Development Plan (SDP) 2011–25	Highlighted the need for having an integrated strategy for the water and sanitation sector (LGD 2012). The GOB has formulated a series of policies and strategies over the years without a clear plan of harmonization and integration of national efforts.
National Strategy for Water Supply and Sanitation 2014	Safe and sustainable water supply, sanitation and hygiene services for all, leading to better health and well-being.

Source: World Bank 2016

8.2.1 Institutions and Governance

Coherence and merging of different agencies are needed to develop and efficiently impose the laws with proper monitoring of the implementations. Thus the GoB has developed diverse departments and institutions to monitor and execute the objectives through many local policies. In pursuit of the country's stated WASH and related targets and goals (as stated above), the principal institutions and agencies are primarily concerned with the governance of water, sanitation and hygiene facilities include the following Bangladeshi institutions (World Bank, 2019).

- The Local Government Department (LGD)
- Ministry of Local Government Rural Development and Cooperatives (MOLGRD&C)
- Local Government Engineering Department (LGED)
- Paurashava and the Union Parishads have Water Supply and Sanitation Committees (WATSAN)
- Dhaka Water Supply and Sewerage Authority (DWASA)
- Chittagong Water Supply and Sewerage Authority (CWASA)
- Khulna Water Supply and Sewerage Authority (KWASA)
- Bangladesh Water Development Board (BWDB)

The National Forum for Water Supply and Sanitation is supported by two major contributors- 1. Policy and Monitoring Committee chaired by the Joint Secretary (Water Supply and Technical Support Committee chaired by Chief Engineer, DPHE (Ministry of Local Government, Rural Development and Cooperatives, GoB, 2014). The National Strategy is mostly supported by LGI and LGD to facilitate and implement WASH policies in all sectors of Bangladesh. They have created thematic groups in order to distribute the works properly and achieve greater success by reaching to all the targets. Their strategy and implementation plan are given below:

Table 55: WASH Interventions by GoB

Major Strategies	Key institutions	Partners	Initiative examples
Ensuring safe drinking water	LGD	MoE&F, DoE, DPHE	Amendments to the 1997 Environmental Conservation Rules for modified standards of drinking water quality and other sectoral issues.
	DPHE	LGI & DoE	Implementation of the monitoring protocol for water quality started by Dec 2014 in Sources of surface and groundwater such as intake of surface water. Enhance DPHE's Water Quality Monitoring and Surveillance Circle to regulate and strengthen the management of WSPs by June 2016, including coordination between DoE, NGOs and private sectors.
Arsenic mitigation	LGD	DPHE & PSU	Preparation of MoLGRD&C's exclusive Arsenic Action plan for Water Supply by June 2015.
	DPHE	LGIs, NGOs, MoEF, MoH&FW and Research institutes	Review the new arsenic screening list for heavily impacted unions by June 2016. Proposal for a Development Project (DPP) designed to cover all possible polluted arsenic regions presented to the LGD by December 2016. Research on arsenic reduction to 10 µg/ started by December 2015.
Approaches to reach the vulnerable and hard to reach people	LGD	PSU	WASH Committee of Secretaries and other mechanisms of coordination which have had regular planning meetings in search of remedies for areas that are difficult to reach with vulnerable people began in June 2016.
	DPHE	PSU & WASA	Guidelines and techniques for the hard-to-reach areas and vulnerable people prepared by DPHE and WASAs by June 2016, including practical, social and financial aspects. Separate DPPs for all hard-to-reach places and vulnerable people are included by sector organizations in new DPPs by December 2017.
Progress in sanitation	LGD	PSU	LGI Sanitation Circular implemented projects such as LGSP issued by LGD by June 2015.
	DPHE	PSU & LGI	Proposal for baseline sanitation survey and municipal level preparation by the LGIs submitted to LGD by June 2015 for attaining 100% sanitation facilities.
Fecal sludge management (FSM) establishment	PSU	NGOs & DPHE	National workshop, organized by December 2014, involving all stakeholders to improve fecal sludge management.
	DPHE	WASA & LGIs	DPP or Technical Project Proposal (TPP) submitted to the Planning Commission by December 2016 to demonstrate fecal sludge management.

Source: Ministry of Local Government, Rural Development and Cooperatives 2014 p. 19 & 20

The Ministry of Local Government Rural Development & Co-operatives has aim to eradicate public defecation and emergency response for WASH activates so that everyone could enjoy a healthy life. With the climate change onslaught and related crisis, the LGD has designed

water technologies for safe drinking water for all which consist of water mobilization and distribution. Cleaning of water bodies as well as emergency water treatment is another important wing of LGD. Preserving rainwater for or rainwater harvesting is quite good idea for the rural areas whom has less access to water sources. Modern and traditional means for sanitation is accepted all over the country but the problem is disposal and sharing. With the help of LGD the people are being aware of possible issues and public toilets new improved systems are occurring for safe livelihood.

Foreign NGOs such as WHO and WWC has been very helpful towards Bangladesh in both developing WASH facilities as well as donating huge amount of money in the government projects. The foreign agencies have been working for developing good hygiene practise since the 1980s with successful designed projects which are implemented in rural areas with vast favourable outcomes. These agencies have been working side by side with the GoB and local NGOs such as BRAC to provide the citizens with better opportunities in the ground level by employing the local people. A broader list of the projects and foreign assistance is given in the next table to understand the works and outcomes.

Table 56: Summary of Notable WASH Initiatives by National & International Organizations

Name	Activity	Objective	Key policies/ strategies on Public Health	Partners and Donors
UN Water	Coordinating the UN's work on water and sanitation, monitoring projects and collecting data	Achieve right institutions for resource and capability	Heart of 2030 Agenda for Sustainable Development, 2015 Paris Agreement, UN Convention Framework on Climate Change, 2015 Addis Ababa Action Agenda on Financing for Development and 2015-2030 Sendai Framework for Disaster Risk Reduction, Water for life (2005-2015).	UNISDR, UNHCR, OHCHR, IOM, IFAD, FAO, ECLAC

Name	Activity	Objective	Key policies/ strategies on Public Health	Partners and Donors
UNHCR	Delivery of water and sanitation services to millions of people in camps, outside of camps and in urban settings	Protection, Coordination and Integration, Prevention, Operations Management, Durable Solutions, Capacity Building and Training, Assessments, Monitoring and Evaluation and Operational Research	Under Article 23, Refugee Convention of 1951 and Article 12, International Covenant on Economic Social and Cultural Rights, 1966, access to public health and human rights watch.	UNICEF, WB, UNDP, WatSan,
The World Water Council	Increasing the awareness of high-level decision makers on water issues.	Political dimensions of water security, adaptation and sustainability.	Financing water infrastructure in many countries, Water and climate change activities, Integration of all water forums, Integrated water resource management	UN bodies, National governments, local governments and parliamentarians, OECD
IRC	Drives resilient WASH systems from the ground up	Planning, developing and delivering resilient WASH systems	Transforming, developing and delivering WASH systems that are resilient, 9 building blocks in national and local systems, working in district level.	UNICEF, WB, WHO, DGIS, EU, USAID, Conrad N. Hilton Foundation, Osprey Foundation, Bill and Melinda Gates Foundation
UNICEF	Community based approaches for WASH; Advanced technologies, basic affordability, and child-friendliness measurements	Promote children's rights, especially those unheard and vulnerable.	Mobilize local government budgets, organize funding for agencies and seek custom-made solutions for vulnerable people.	WHO and UNIEF joint program (JMP), WB, WaterAid,

Name	Activity	Objective	Key policies/ strategies on Public Health	Partners and Donors
WHO	Create and analyse standards and guidelines, improve the capacity of the health sector to provide WASH aid and monitoring of public health through supervision	Works around the world to promote health, protect the environment and help the vulnerable	Coordinate with multi-sectorial partners, lead or engage with global and regional platforms, and advocate for WASH, Promote integration of WASH with other health programs,	UN, Non state actors, AMR, MNCH, GLAAS, JMP
WB	Financing, monitoring and evaluating researches to estimate efficiency of different projects	Achieve overall development through betterment of health and poverty reduction	WASH Poverty Diagnostic, Bangladesh Rural Water Supply and Sanitation Project, OBA Sanitation Microfinance Program, The Chittagong Water Supply Improvement and Sanitation Project, Dhaka Water Supply and Sanitation Project for Bangladesh	UNICEF, WSP, WHO, WSSCC and national governments
BRAC	Deliver WASH services across half the country for contaminated water, unhygienic latrines and unsafe hygiene practices.	Sustainable community with empowerment with the help of local governments and entrepreneurs	WASH in schools, BRAC WASH programs in rural areas, Capacity development of community	Embassy of the Netherlands, DSK, Bangladesh government, IRC, Bill and Melinda Gates Foundation and Splash, National Sanitation Task Force (Bangladesh), WTO, Local Consultative Group Bangladesh (LGC), Freshwater Action Network, Gender and Water Alliance (GWA)

Name	Activity	Objective	Key policies/ strategies on Public Health	Partners and Donors
WaterAid	Work with key decision-makers in all layers of government with the implementation of new technologies and skills for sustainable community and allocate resources.	Ensuring inclusive and effective WASH systems in homes, health facilities and schools for the most disadvantaged and excluded communities in remote rural areas, including tea gardens, hill tracts and char and haor areas	Promote effective and inclusive WASH solutions with main focus on poor and excluded, Improve WASH visibility; importance in public domain, institutional setups and in other sectorial development plans; sustain source, quality, pro-poor focus and disaster resilience in WASH service delivery.	CPS (Bangladesh), local and national government, civil society and private sector

Source: Author's Compilations for SitAn of Children 2019

Besides the above, the other notable programs undertaken by national and international organizations in the country include the following:

Table 57: Summary of Selected Major Programs for Ensuring WASH Facilities in Bangladesh

Programs	Coverage	Activities
Accelerating Sanitation, Hygiene and Water for All (ASWA-II)	Dhaka, Mymensingh, Barisal, Rajshahi and Rangpur	Works towards bringing changes in hygiene practices, creating an open defecation-free environment and promoting handwashing.
Sustainable Social Services in Chattogram Hill Tracts (SSS-CHT) by Unicef & GoB	Chattogram division	This programme has developed a model named "Community based Para Center" which is a one-stop service point for basic social services for marginalized ethnic communities in the CHT.
Sanitation Marketing Systems (SanMarkS) by UNICEF & University of Dhaka	Rangpur, Barisal, Sylhet and Rajshahi division	There is an urgent need for safer, more reliable and disaster-resilient water sources. A Managed Aquifer Recharge (MAR) schemes introduced in 2009 which were a potential solution for providing safe drinking water to the communities.
REACH- Global Research Project	Three major themes are being addressed to promote water security for the poor: coastal water security, water security for urbanizing rivers and universal drinking water security.	Aiming to improve water security for over five million people in South Asia and Africa by generating new evidence on water security through an innovative, interdisciplinary, and risk-based approach. It aims to benefit the poor and build capacity and networks for the next generation of water managers and scientists in South Asia and Africa.

Source: Author's compilation for SitAn of Children, 2019

8.2.2 Safe Drinking Water

Ensuring the WASH facilities and policy implementation requires the establishment of the objectives decided by the GoB in where each component of WASH has to be pointed separately for the policy implications with high success rate. Several government policies tackling such issues as water conservation, water supply and water safety address the WASH sector. The most notable policy instruments include the 7th Five Year Plan, Perspective Plan 2012-2021 and Sector Development Plan (SDP), 2011.

According to Vision 2021, local government institutions will play a critical role in governance as well as in development programmes. A devolution of power that will give authority to LGD within constitutional provision at each level of administration is envisioned by Vision 2021. Other acts and national plans for water safety include:

- Integrated Water Resource Management (IWRM) framework for optimal allocation of water resources
- Stabilizing the use of groundwater and surface water irrigation
- Greater use of rainwater and local storage
- National Water Management Plan (NWMP)
- Haor (flooded tectonic depressions) Master Plan 2012-2032
- National Policy for Safe Water Supply and Sanitation (NPSWSS), 1998
- National Policy for Arsenic Mitigation and Implementation Plan (NAMIP), 2004
- Bangladesh Water Act, 2013
- National Strategy for Water Supply and Sanitation, 2014
- Water Safety Framework, 2011

In November 2015, the United Nations Secretary-General's Advisory Board on Water and Sanitation (UNSGAB) recommended to form high-level alliances to tackle priority water-related challenges. A High-Level Panel on Water (HLPW) is working to achieve SDG 6.

8.2.3 Sanitation and Hygiene

The most neglected part of WASH is the sludge management in developing countries. Thus the GoB must develop the plan for proper maintenance in order to have a clean environment as well as surveillance of the sanitation policies. The Institutional and Regulatory Framework for Faecal Sludge Management (FSM) was officially launched in 2017, and its target areas are:

- Proper containment and emptying of sludge
- Proper treatment, transportation and disposal of faecal sludge
- Providing guidance to government (especially the LGIs) and non-government institutions.

At the 7th conference South Asian Conference on Sanitation (SACOSAN), the key unique approach for Bangladesh was identified as "sanitation marketing". The approach included local capacity building, quality control, demand creation through communication and promotion, and linking entrepreneurs to micro businesses.

CLTS: A Milestone Achieved in Sanitation

Community Led Total Sanitation (CLTS) has been proven the most effective method of promoting sanitation in the rural areas of Bangladesh. The removal of open defecation can largely be attributed to the practice of this method which was recognized by UN bodies and other international development agencies and adopted in 30 other developing countries.

The initiative back in the 1980s involved a low-cost latrine installation with locally sourced materials and in the 1990s added social mobilization for sanitation programmes. With the support of the Department of Public Health Engineering (DPHE), UNICEF and other agencies, this programme has helped achieve Open Defecation Free (ODF) status for many districts in Bangladesh.

Source: Computed by the Author from the Office records.

8.2.4 Menstrual Hygiene

Menstrual hygiene is another major component of WASH initiative, a great concern for the female student all of Bangladesh. To indicate the issues faced by the students the Ministry of Education (MoE) published a circular in 2015 which states the guidelines the secondary, higher secondary, madrasas and vocational institutions must follow regarding Menstrual Hygiene Management (MHM). Among them, availability of sanitary napkins and disposal system, clean and gender-friendly toilets, access to clean water and soap must be ensured. Local government and NGOs must also be involved in running campaigns about safe drinking water, menstrual hygiene and merits of hand washing.

In the Sector Development Plan (2011-25) under the water and sanitation component, the government sets out the need for gender-appropriate WASH facilities; MHM guidance for students and teachers; and the provision for the supply and disposal of MHM materials. The 7FYP also highlights the importance of sanitary napkins and separate toilets in schools for girls. In 2016, national and international organizations and private companies lobbied for the inclusion of MHM in the national curriculum. MHM is a huge component of UNICEF's Ending Child Marriage project.

8.3 National Progress and Trends of Critical Indicators

Children have lack of access to safe drinking water, basic facilities to maintain hygiene in general and in menstrual time are the most common indicators in Bangladesh in terms of WASH problems. Though different programs have initiated so far, but statistics are not convincing enough. The information below is describing the current condition of Bangladesh in maintaining safe drinking water, sanitation, hygienic and overall environment.

8.3.1 Comparisons of Improvements in Consuming Safe Drinking Water (2013-2019)

Some common sources of drinking water continue to be unimproved water collection points such as ponds, rivers, streams and unprotected wells for a good portion of the population. While most of the population use groundwater through some variant of tube wells, the possibility of arsenic, lethal microorganisms and metal/salt contamination cannot be ruled out. Surface water sources and even piped water in a densely populated area stand the risk of high contamination of faecal bacteria.

Almost 12% of the country's improved water sources contain arsenic levels above 50 parts per billion, which the Bangladesh government defines as the threshold of danger. Meeting the combined Early Childhood Development (ECD) level is reduced by 7% due to the presence of arsenic in drinking water above the WHO standard of greater than 10 parts per billion (World Bank, 2018). Following table is showing data for the management of drinking water in Bangladesh and data has collected from MICS 2019.

Table 58: Indicators of Drinking Water Services in Bangladesh (2013-2019)

Indicators for Drinking Water	Rural (%)	Urban (%)	Overall (%)	2012-13
			2019	
Use of improved drinking water sources	98.2	99.6	98.5	97.9
Availability of drinking water	96.9	96.9	96.9	74.2
Faecal contamination of source water	38.2	48.0	40.3	41.7
Arsenic contamination of source water	(a) 20.9 (b) 13.1	(a) 9.9 (b) 7.0	(a) 18.6 (b) 11.8	(a) 25.5 (b) 12.5
Use of safely managed drinking water services	48.8	44.7	47.9	52.8

Source: MICS 2019

As shown in Table 58, it is observed that overall situation of using improved drinking water has increased in Bangladesh in 2019 (98.5%). This increase, however, is not much significant compared to 2012-13 (97.9%). The gap between the urban and rural is almost 1.4 percent. The availability of drinking water has significantly increased from 2012-13 (74.2 %) to 2019 (96.9%). Besides, the faecal contamination of source water decreased significantly in rural areas compare to urban area. Although the contamination at national level has reduced slightly over the course of five years, the variation is found more pronounced in rural areas compared to urban one.

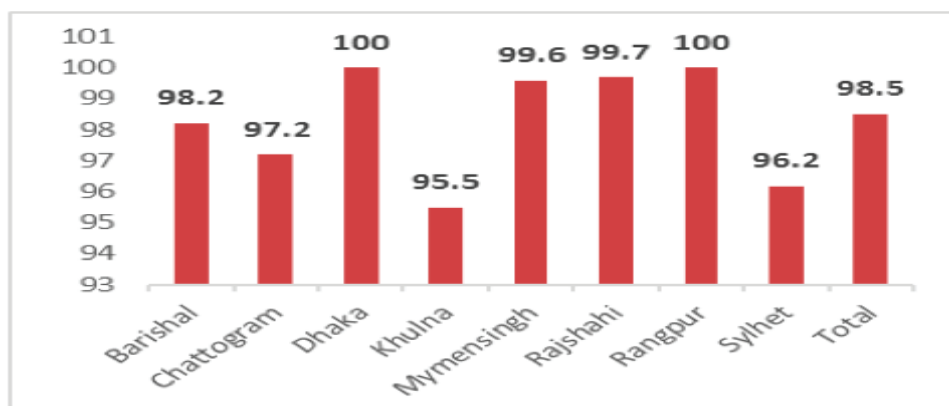
In addition, the arsenic contamination decreased significantly at national level from 2012-13. And, the use of safely managed drinking water services reduced moderately in 2019 (47.9%) compared to 2012-13 (52.8%). Comparing from South and South-East Asia perspective, Bangladesh has the highest population with access to 'at least basic' water but at the lower end (due to unavailability of data) for 'safely managed' water. Sri Lanka has the highest rate of population using limited water sources. The use of surface water is limited in all of these countries; only 0.93% of the population of Bangladesh use surface water.

8.3.2 Sources of drinking water

The first precondition of good WASH is access to safe drinking water from improved sources. Water from unimproved sources can cause skin diseases, Acute Respiratory Infection (ARI) and waterborne diseases. The use of tube-well as a source of drinking water is almost universal (94.1%) with an overall average use of 83.8%. Rivers or canals as sources of water amount to an overall 0.1% only. Rainwater harvesting, which currently stands at 0.5% only, is a promising, potential source of safe water.

The following analysis shows regional performance in safe water management based on MICS 2019 report conducted by the GoB. As shown in figure 30, Dhaka enjoys most ‘improved sources of drinking water’ among all divisions in the country. Khulna has lowest improvement in managing sources of drinking water it is 3 percent lower than national average.

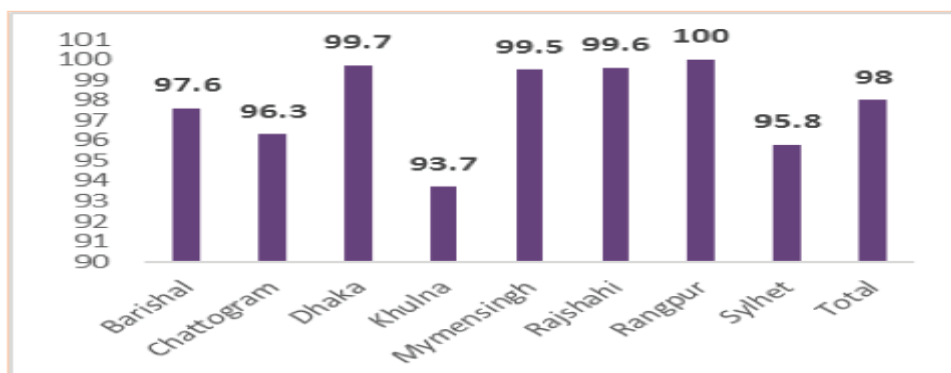
Figure 30: Percentage Using Improved Sources of Drinking Water



Source: MICS 2019

Figure 31 reflects the data on basic drinking water services. Rangpur has scored highest in managing the safe drinking water services, while Khulna has scored lowest among all divisions. The gap is almost 4.3 percent from the national level.

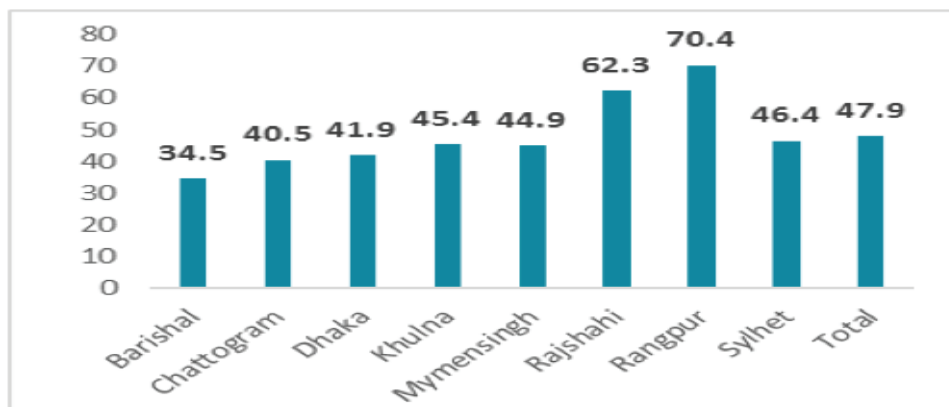
Figure 31: Percentage of Basic Drinking Water Services



Source: MICS 2019

Figure 32 presents the safely managed drinking water services which has comparatively lower at the national level (47.9%) compared to other variables of water services. The most efficient division is Rangpur (70.4%) in managing the safe drinking water, while Barishal represents lowest performance. This may be attributable to such factors as geographic location, climatic implications, relatively inferior facilities and administration concerning the management of safe drinking water in the specific context of Barishal.

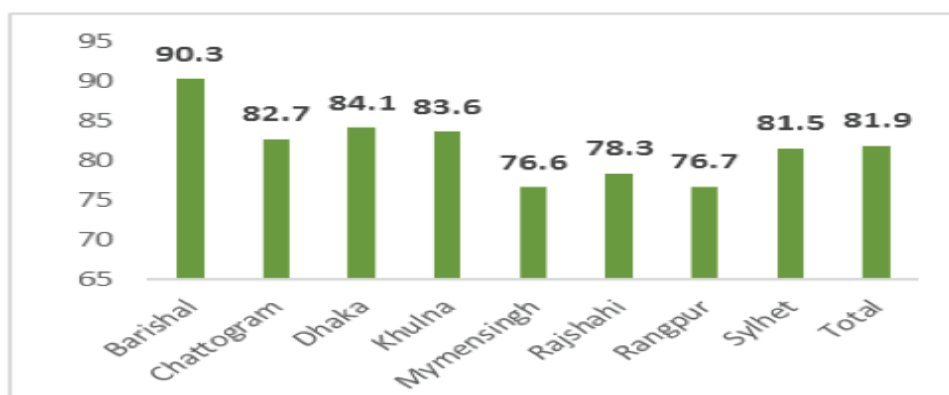
Figure 32: Safely Managed Drinking Water Services (%)



Source: MICS 2019

Figure 33 shows presence of E.coli in household drinking water. At the national level, the overall percentage is 81.9. Barishal scored the highest percentage (90.3) and both Mymensingh and Rangpur scored lowest at 76.6% and 76.7% respectively. Meaning that, people of Mymensingh and Rangpur and Rajshahi to some extent are having more safe drinking water safe from E.coli among all divisions.

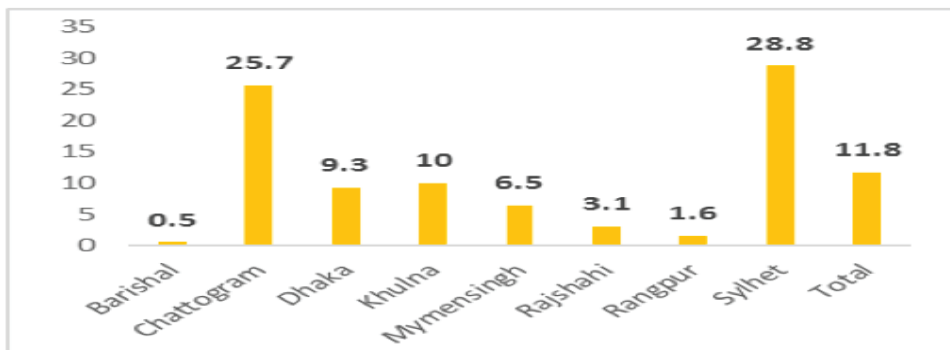
Figure 33: Quality of Household Drinking Water - E.coli (%)



Source: MICS 2019

Figure 34 shows arsenic contamination in source of drinking water. Though the contamination is lower at national level (11.8%), the situation is somewhat different for Sylhet (28.8%) and Chattogram (25.7%) Division. In both the cases arsenic contamination has been found higher than national average. Barishal has the lowest score of 0.5%, which is the lowest among all divisions.

Figure 34: Quality of Source Drinking Water- Arsenic (%)



Source: MICS 2019

8.3.3 Comparisons of Improved Sanitation and Hygiene (2013-2019)

In Bangladesh improved sanitation consists largely of latrines and septic tanks. Human waste from these facilities is dumped untreated in waterways or drains, leading to alarming health risks for all. Faecal sludge management is poor and only an estimated 2% of it is managed safely (World Bank, 2018). The Community Led Total Sanitation (CLTS) programme has achieved much success – bringing in a paradigm shift in community behaviour in terms of sanitation and hygiene practices in rural areas.

The WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply estimates that 41% of the schools' lack access to basic sanitation services. Since 1990, Bangladesh achieved a 29%-point gain in sanitation access and till 2015, a 20%-point gain in water access. 50.8 million People share sanitation facilities while only 3% of the population have access to a sewerage system. Only 50% of the primary schools and 25% of healthcare facilities have separate toilets for females (ibid).

Even though the prevalence of open defecation has reduced by a large extent, faecal contamination is still common due to shared facilities. More than 90% of the population still do not have access to a safe disposal system for excreta in their households. Only 64.4% of the population have access to private basic sanitation facilities. 40% of the population belonging to the B40 in the national wealth distribution do not have a private improved sanitation facility at their property (ibid). National rate of open defecation stands at 4.7%, while Rangpur still has the highest rate of 16.2%. Barisal has the highest rate of improved latrines at 82.5% (BBS/UNICEF, 2017).

There is a direct link between washing hands and diarrhoea. Studies show that washing hands with soap can significantly reduce the incidence of diarrhoea in children under five (Biswas et al., 2017). Only 50% of the caregivers use water and soap to wash both hands. In 19% of the households, child faeces are left in the open place. The prevalence of unsafe disposal of faeces stands at 33% in urban areas and 60% in rural areas (BDHS 2014). An overall household population of 50.7% utilize drinking water, sanitation and hand washing ladders properly.

Table 59: Hygiene & Sanitation Improvement Indicators of Bangladesh (2013-2019)

Hygiene and Sanitation Indicators	Urban	Rural	Overall 2019	2012-13
Hand washing facility with water and soap	87.0	71.4	74.8	59.1
Use of improved sanitation facilities	90.6	82.9	84.6	77.0
Use of basic sanitation services	64.7	64.3	64.4	55.9
Safe disposal in situ of excreta from on-site sanitation facilities	86.5	91.6	90.7	-
Basic drinking water, sanitation and hand washing ladders	58.6	48.6	50.7	-

Source: MICS 2013 and 2019

As shown in Table 59, it is observed that hand wash facility with water and soap has significantly increased in 2019 (74.8%) compared to 2012-13 (59.1%). Urban area has most of the facilities (87%) compared to rural areas of the country (71.4%). Sanitation facilities also increased significantly from 2013 to 2019. Both urban and rural area have coverage over 80 percent. People are more aware now about washing their hands and maintaining hygiene.

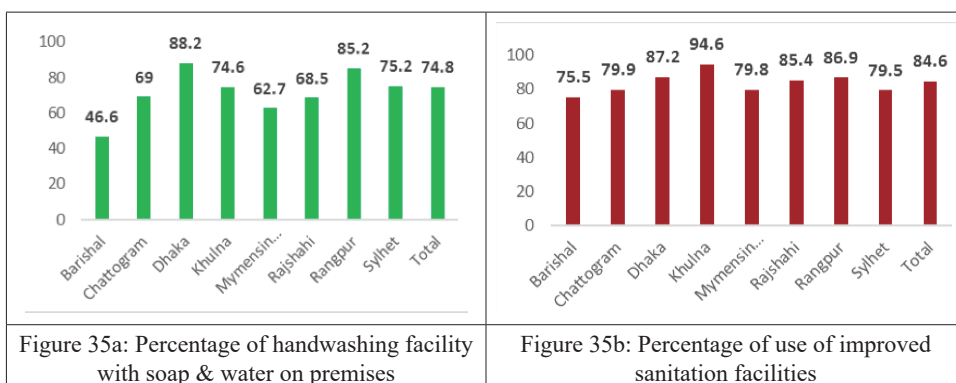
Though the use of basic sanitation services is above 60 percent for overall and in rural and urban areas, the result is not yet satisfactory as maintain basic sanitation is the pre-requisite for sustaining the overall hygiene. Safe disposal of excreta from on-site facilities are ensured at national level which is 90.7%. Surprisingly, rural area has enjoyed more facilities (91.6%) compared to urban area (86.5%).

Basic drinking water, sanitation and hand washing ladders in households show that overall performance is low at national level (50.7%). The value is also lower for rural areas (48.6 percent) compared to urban area (58.6%). It is indicating that, people still have lack of access to basic services like safe drinking water, sanitation facilities in Bangladesh.

In addition to that, the state of the disposal system of children's faeces is sub-par. Caregivers' knowledge of safe disposal methods and hygiene necessities is very low. A little more than 50% of the caregivers know to wash hands before eating and shockingly only around 25% of them wash hands before feeding the baby. On top of that, only around 10% of the population clean their hands after cleaning babies' defecation. Only 51% of the caregivers wash hands with both soap and water 63% wash hands with only water (World Bank calculations using National Hygiene Baseline Survey (NHBS) 2014 data -ICDDR, WaterAid Bangladesh, Local Government Division 2014).

Bangladesh has overall 74.8 percent of households are maintaining hand washing facility and soap usage. Most of the divisions are close to the national level (see Figure 35a). Among those, Dhaka has the highest value (88.2%) while Barishal has the lowest (46.6%). Figure 35b is related to the condition of country in improved use of sanitation facilities. The national average is found 84.6 percent. Almost all divisions have improved conditions in the use of sanitation facilities. Khulna has the highest condition (94.6%) while Sylhet has the lowest (79.5%).

Figure 35: Maintenance of Handwashing and Use of Improved Sanitation



Source: MICS, 2019

8.3.4 Comparisons of Adolescent Hygiene Care (2013-2019)

The gender appropriate WASH component and availability of MHM guidance and materials in primary and secondary schools has been supported by the Government of Bangladesh. Unfortunately, the gender sensitive component has been missing on several stages. There is very few gender-separate WASH facilities available and quality control of the existing toilets are poor. Approaches like celebrating Menstrual Hygiene Day, integrating MHM in WinS (WASH in Schools) and adolescent health, nutrition and education program are few encouraging initiatives in the adolescent hygiene scenario.

Bangladesh National Hygiene Baseline Survey (2014) observed that 40 percent of Bangladeshi girls reported absent at school during menstruation. This affects their active participation in school, thereby directly impacting their educational attainment and their sense of empowerment. 25% of the adolescent girls skip school during their menstruation due to poor WASH setup (WB, 2018). The lack of decent toilets also affects working women in Bangladesh adversely. Bangladeshi women miss up to six days of work a month due to the lack of proper sanitation facilities at their workplace. (The State of the World's Toilets, 2017). 76% of girls avoid physical exercise during menstruation; 68% avoid being near men and boys; 96% avoid religious activities; 59% avoid 'white' foods such as bananas, eggs, milk, and 32% of menstruating girls do not use the toilet at school during menstruation period (The Ritu Baseline Survey, 2017).

Table 60: Menstrual Hygiene Management Indicators (in %)

Menstrual Hygiene Management Indicators	Urban	Rural	Total 2019	2012-13
Menstrual hygiene management	95.3	93.5	93.9	-
Exclusion from activities during menstruation	6.3	8.3	7.9	-

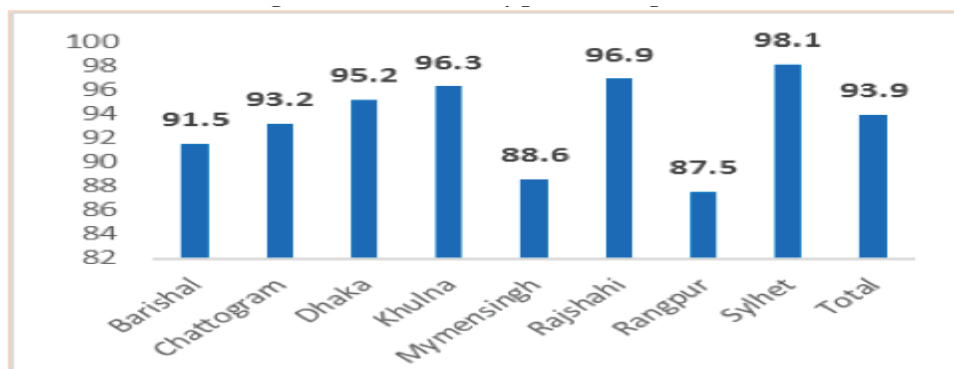
Source: MICS 2013 and 2019

Bangladesh has maintained a good practice in using appropriate menstrual hygiene (see Table 60). Women of both rural and urban area using appropriate means to deal with the menstrual management which is similar to nation average. Around 7.9 percent of female

do not participate in social activities due to this problem. Though the number is lower for urban area (6.3%), rural female has more problems (8.3%).

Bangladesh has managed an average of 93.9 percent in menstrual hygiene (see Figure 36). Rangpur and Mymensingh have lower performance of 87.5% and 88.6% respectively. Meaning that, government have to work more in these divisions for managing proper menstrual hygiene.

Figure 36: Menstrual Hygiene Management



Source: MICS 2019

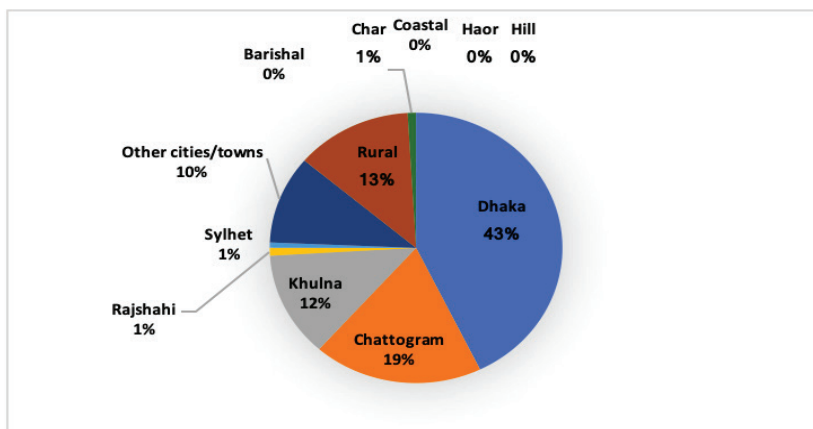
8.4 Root and Underlying Causes of WASH Challenges

8.4.1 Water Management Perspective

There are a lot of issues when it comes to the underlying causes of the WASH challenges. Firstly, the geographical setup of different corners of this country is a variable that contributes to unique challenges. The WASH sector faces a lot of problems as the low-lying delta is vulnerable to frequent flooding and cyclones. The rising seas due to climate change are expected to take 10-15% of the land, displacing 35 million people by 2050 (Displacement Solutions, 2012).

1. The budget allocation shows geographic inequalities in WASH's financial allocations. Haor, char, hill and few districts are wildly ignored in FY 2016/17 allocation.

Figure 37: Allocation of Budgets to Mitigate Geographic Inequalities



Source: World Bank, (2018)

2. In the 7th five-year plan, water resources and water management only includes issues like river dredging, dry season water scarcity, reclamation of agricultural land, haor and wetlands development and impact of climate change on agriculture and coastal area lives-along with different government development projects related to water resources. Management of water resources to comply with the national policies of WASH is hardly present in this plan.
3. In the Perspective plan 2010-2021, the only relevant area with WASH is the objective of reducing the use of groundwater.
4. Six city corporations: Khulna, Barisal, Gazipur, Rangpur, Comilla, and Rajshahi did not receive any WASH allocation in the ADP (Annual Development Program) of 2018-19 fiscal year. With inadequate budget, the utilization of the allocated budget remains a challenge. The last three years, the expenditure against allocation has been around 80% (13 May 2018 Conference Proceeding of WaterAid, UNICEF, PPRC, FANSA, WSSCC, FSM Network, Sanitation and Water for All, and WASH Alliance).
5. The lack of focus on IWRM and effective water governance can be traced to failure to achieve water related MDG goals such as extremely poor quality of public water services and inefficient systems for operations and maintenance of existing infrastructure. Decision making in Bangladesh is highly centralized; long-term and systematic stakeholders' engagement for transparent decision making and effective water management is hardly practiced (World Bank. Country Assistance Strategy for the People's Republic of Bangladesh for the Period FY 11–14; Report No. 54615-BD; IFC, World Bank: Washington, DC, USA, 2010).
6. The Indo-Gangetic Basin (IGB) aquifer is the country's primary source of ground freshwater. Almost all of the Bangladeshis rely on groundwater primarily because the surface water is too polluted to be consumed. Agricultural purposes and livelihood depend almost entirely on ground water. Ground water faces risks of contamination as there are risks of arsenic contamination and sewage water seeping into the ground water near factories. The challenge is to provide safe

drinking water many of its citizens without fear of illness- whether from microbes, naturally occurring arsenic, or even salt.

7. The weak water governance faces challenges like an increased pressure on ground water sources, increasing flood, droughts and natural disasters directly affecting the availability of safe water for consumption and crop production. Unplanned industrial growth is another pollutant factor that is increasingly hindering access to safe drinking water.
8. The income level of a family cannot change the contamination of the source water. As the entire water system stands the risk of contamination, the water that arrives at home can contain E. coli bacteria, a marker of faecal contamination.
9. Regarding project planning and implementation, infrastructure development, and policy making, the Bangladesh Water Development Board has very little to do with other governmental ministries (e.g., agriculture and environment) and with local water consumers.
10. Lack of coordination, mismanagement, consistent crisis, and increased vulnerability to natural disasters are very frequent for water resource management in Bangladesh. The marginalization of citizens and stakeholders to participate in the projects in another issue that widens the gap between policy makers and the mass.
11. The updated data on the target areas for different age groups and presence of different water borne diseases are not available, even with so many government and non-government organizations in this field.

8.4.2 Sanitation & Hygiene Perspective

1. The highly centralized nature of the government hinders the entire WASH component. The lower tiers of the government are not as empowered in terms of institutional and financial independence. The LGIs are only responsible for WASH planning and execution on paper where the Department of Public Health and Engineering (DPHE) are responsible for the planning and budgeting. There is an overlap in allocation of funds and functions and the issue of integration is at large.
2. The planning and budgeting for WASH services although is a responsibility of LGIs, it is done by the DPHE-they depend entirely on government grants, resources (financial and human) and technical expertise.
3. Global dedicated funds to improve the WASH situation in Bangladesh is insufficient. Big funds like GSF (Global Sanitation Fund) established by Water Supply and Sanitation Collaborative Council (WSSCC) has not yet included Bangladesh as one of their operation areas.
4. The national budget allocation has been on a decreasing trend and is not sufficient to meet the growing demands. The budget allocation is skewed towards urban areas and the vulnerable areas are left out.
5. There are plenty of policies at work, but a definitive framework is missing from the picture. The lack of regulatory framework, national policies and monitoring

mechanisms negatively impact the quality water providing services and sanitation practices as well.

6. Achieving the 'Leave No One Behind' theme of the SDGs is another challenge as the hard-to-reach areas of Bangladesh are in the direst state compared to the rest of the country and those vulnerable areas need innovative, context specific solutions.
7. There is a huge knowledge gap when it comes down to matters of WASH-to the extent of more than half of the politicians not remembering or not including WASH in their manifesto. (Share of Politicians in Bangladesh Mentioning WASH Services in Manifestos, 2016).⁸ Hygiene practices are most overlooked and need much more intervention than the rest of the WASH components. Behavioural change communication and other components.
9. At individual and household level, lack of awareness and hygiene education is a major obstacle. Moreover, contamination occurring at every level is another concern. Unwashed hands, dirty storage vessels, and the pervasive environmental presence of faecal contaminants on top of contaminated source water need to be addressed.

8.4.3 Menstrual Hygiene Perspective

1. The awareness barrier and negligence are the first obstruction when it comes to MHM. With prohibitions from family and community, the adolescent population hold a certain stigma when it comes to discussing menstrual health.
2. The responsible figures for guidance still lack the confidence to discuss such topics-even with the inclusion of MHM topics in the curriculum. On top of that, the curriculum is not well articulated. The role of educational institutions is carried out by different NGOs in most of the cases and their learning materials are also piloted at different levels. 66% of the girls said they did not know what menstrual periods were when they started (The Ritu Baseline Survey, 2017).
3. The lack of knowledge, adequate facilities and affordable products lead to different health problems among the adolescent and the young adult population. These health issues are not uncommon and are directly linked with unhygienic MHM practices.
4. About 36 percent were aware of MHM before menarche. Girls must often read biological information in textbooks on their own. (Bangladesh National Hygiene Baseline Survey, 2014) only 41% of primary and 57% of secondary school facilities were lockable. 22% of schools had toilets that were functional but ununlockable gender separate. (ibid)
5. MHM and human capital continue to be inextricably intertwined. Millions of adolescent girls are absent from school while they are menstruating due to lack of proper sanitation facilities in school to manage their needs. 40% of girls miss around three school days during menstruation, and one-third view menstrual problems interfering with their academic performance (ibid).

8.5 Regional Issues and Drivers of Inequity

Dhaka and Mymensingh:

- **Marginal Tribal and Ethnic groups:** There are numbers of minor ethnic groups like Garo, Koach, Hazong, Santal, Dalu and converted Christians. These ethnic people are living in the periphery of the districts, mostly adjacent to the Indian-Bangladesh border areas which is hard to reach and often has the technological failure/ challenges so far it is concerned to the WASH.
- **Flood Prone Areas:** Jamalpur and Netrokona are the two flood prone districts. Almost every year flood affects the population and destroys the water and sanitation facilities.
- **WASH in Schools:** Lack of adequate water and sanitation facilities in the school is an issue for the retention of the girls in the schools.
- Moreover, arsenic is the biggest concern in Mymensingh area (Field data of Situational Analysis of Children, 2019).

Chattogram:

Ethnic Diversity: Language barrier is one of the bottlenecks for raising awareness on key life-saving behaviour and demand creation for social services. Cultural, socio-economic and technical factors as well as a generally poor understanding of diseases and illness. In addition, there are multilingual problems exists in these areas (Situational Analysis of Children, 2019). Their causal relations with safe water use and sanitation practices contribute to the low utilization of safe water, sanitation and inadequate personal hygiene.

Scattered Population: Chattogram Hill Tracts (CHT) is the priority geographical location of programme interventions for UNICEF in Chattogram division. In CHT, communities are scattered and live in sparsely populated areas. Villages are found in extremely remote and inaccessible locations, transportation and communication are poor or even absent in most of these locations. Disparities in service provision and access to improved safe drinking water, sanitation, and hygiene are partly results of the geographic isolation and difficult geo-hydrological conditions. There is still a high rate of open defecation in Khagrachhari.

Geographical Diversity: Though water crisis in CHT is a frequent problem during the dry season, the situation has worsened over the last five years due to deforestation across the region and drying up of natural springs. Also, stone extraction has undermined the water retention capacity of the streams. Last landslides in June 2017, moreover, damaged many of the streams. In ethnic families in the CHT, it is women's responsibility to collect water. They collect water for their households from surface sources walking a long distance as groundwater is not available there due to unique land formation.

Barishal:

Unique Geographical Features: There are a lot of char areas where the population do not have access to proper WASH facilities or accountable governance and effective institutions due to their remoteness. The salinity in the water is another reason for lack of drinking water.

Climate Change: There is a lack of climate resilient WASH facilities for the climate vulnerable locations, frequent disaster/cyclone often destroys WASH infrastructures. The char areas are more prone to inadequate WASH facilities due to disasters.

Lack of WASH Policies and Facilities: The WASH issues in Barisal division that impact upon children include using of unimproved sanitation facilities, drinking water from unimproved water sources, not following Water Safety Plan (WSP), poor WASH facilities in low income communities in urban areas, lack of WASH facilities in Schools and Health Care Facilities, inadequate MHM etc.

Rajshahi and Rangpur:

Flood/Riverbank Erosion/Drought: Flooding, riverbank erosion and drought play a pivotal role in realizing children's rights and increases the unequal distribution of resources. Children who are from flood prone areas of this region are more vulnerable and often denied basic service compared to children who are from non-disaster-prone areas.

Insufficient Policies and Funding: Under the programme with Rangpur City Corporation in collaboration with UNICEF a few dialogues on children issues were held. Those dialogues revealed that the unequal distribution of resources and services are increasing in Rangpur City Corporation. Policies yet need to be aligned with the SDGs.

Poor Socio-economic Condition: One of the key factors of inequalities in service sector of Rangpur and Rajshahi divisions is low socio-economic condition. Changing social norms, attitudes and practices is a continuous process that still could not realize child rights and well-being through engaging stakeholders. There is still a relatively high rate of open defecation in these divisions. Besides, there are no separate sanitary latrine and hand wash facilities in most of the schools in Rajshahi. Furthermore, there are high level of defecation in Rangpur (Situational Analysis of Children, 2019).

Khulna

Inadequate Policies for Climate Vulnerability: Khulna is one of the most vulnerable division in Bangladesh. The effect of climate change, therefore, would be more floods, break-down of sanitation system, more water borne diseases like diarrhoeal diseases, and effects on various components of livelihood. No Specific Policy, Guideline developed yet to address Khulna division's climate vulnerability.

Salinity and Arsenic: Salinity up to 1000 mg/litre-especially in Khulna, Bagerhat and Satkhira and arsenic in almost every district of Khulna division is one of the root causes of poor WASH situation.

Sylhet

Lack of Access to Basic Sanitary and Hygiene Facilities: As Sylhet has hard to reach areas like haors and poor area like teagardens, there's limited utilization and access to WASH infrastructure. The traditional practices of allocating water points to the community people had some limitation which did not allow to reach the vulnerable communities.

Flash Flood and Water Clogging: Climate change is exacerbating existing water challenges, through changing rainfall patterns, increased temperatures and evaporation, and increased flooding.

Declining Water Level and Salinity in Water: The highly saline water hinders access to safe drinking water and declining ground water poses a threat for the future.

8.6 Major Geographic Hotspots

As the country has a diversity of locations in terms of access to clean water and proper communication there is always the chance of geographical phenomenon to hamper the healthy life through natural causes. There are some geographic hotspots which comparatively lag behind in specific terms of the key WASH Indicators.

Table 61: Major Geographic Hotspots and Major Issues Requiring Attention

Divisions	Location specified	Issues requiring urgent attention
Khulna	Shatkhira, Bagerhat	Demonstrate scalable modelling by implementing rural water supply and sanitation for pro-poor and for the risk populations is effective. The context specific WASH planning could lead comprehensive divisional development as it meets context specific diverse need of the population ranging to the population living in hard to reach, arsenic prone or in urban areas e.g. District wise master plan on context specific WASH issues.
Sylhet	Sunamganj, Moulvibazar, Habiganj and Sylhet city corporation	Absence of context specific WASH facilities (Haor and Tea gardens areas).
Mymensingh & Dhaka	As a whole	There are numbers of minor ethnic groups like Garo, Koach, Hazong, Santal, Dalu and converted Christians. These ethnic people are living in the periphery of the districts, mostly adjacent to the Indian-Bangladesh border areas which is hard to reach and often has the technological failure/ challenges so far it is concerned to the WASH. Jamalpur and Netrokona are the two flood prone districts. Almost every year flood affects the population and destroys the water and sanitation facilities. The numbers of child marriage in Jamalpur and Netrokona is very high. Lack of adequate water and sanitation facilities in the school is an issue for the retention of the girls in the schools.
Chattogram	Bandarban, Rangamati, Khagrachari	Behaviour change is crucial to ensure sustainability of WASH services. Operation and maintenance of WASH facilities.
Rangpur	Whole Division	Policy review in light with SDG and implementation at district level. Decentralized service delivery.
Rajshahi	Whole Division	Enabling Environment. System strengthening. Capacity building.

Divisions	Location specified	Issues requiring urgent attention
Barishal	Bhola, Barguna, Patuakhali, Pirojpur, Jhalokathi and Barisal Sadar	Lack of comprehensive WASH MIS system (Like HMIS). Pre-crisis WASH data set for emergency response and recovery. Mapping of climate change impact on WASH services and health issues.

Source: Divisional consultations for Situational Analysis (2019)

8.7 Major Data and Knowledge Gaps

Major data and knowledge gap to underlying challenges for addressing the WASH in Bangladesh.

Table 62: Major Data and Knowledge Gaps

Divisions	Existing gaps
Chattogram	No strategic guideline for coordination mechanism between MOCHTA and ministry of local government for programme implementation. Different administrative structure and complex coordination mechanism is hampering the implementation of WASH programme.
Sylhet	No disaggregated data on child abuse, child labour, and early marriage specific to children living in Haor areas and in tea gardens
Mymensingh & Dhaka	The Standard for the WASH in school is yet to be operationalized. Less consideration on addressing the climate impact issues and WASH technological modification at field level.
Khulna	No Specific Policy, Guideline developed yet to address Khulna division's climate vulnerability. More specific example, to operate high ended water supply system required power supply and till now Govt. charging commercial rate on power supply which create huge cost to continue O&M of water supply systems e.g. pipe water system, RO Plant, Surface water Treatment.
Barisal	Lack of comprehensive WASH MIS system (Like HMIS). Pre-crisis WASH data set for emergency response and recovery. Mapping of climate change impact on WASH services and health issues.
Rajshahi Rangpur	Water, sanitation and hygiene don't deem as priority issues in political manifesto in Rangpur and Rajshahi division. This has direct implication in service equalities in hard-to-reach areas, slums, and other unserved areas in Rangpur and Rajshahi divisions.

Source: Divisional consultations for Situational Analysis of Children 2019

8.8 Recommendations

Allocating More Budget for WASH Programs in Hard-to-Reach Area

The budget allocation for the financial year of 2019-2020 shows that the haor, hill and coastal areas have no visible investment. To ensure WASH allocations from unfunded city corporations and hard-to-reach areas have become crucial as Bangladesh stands at a critical point of climate change where the coastal areas are hit more frequently, and the WASH practices are gravely impacted. Moreover, establishing WASH budget utilization monitoring unit in ministry of finance to under public money and budget management act, 2009 is another way to hold the agencies involved accountable.

Allocating Resources

The six city corporations- Khulna, Barisal, Gazipur, Rangpur, Comilla, and Rajshahi, did not receive any WASH allocation in the 2018-19 fiscal year in ADP (Akhter, 2019). Devolution of funds and functions-especially at the lower-tier government of Bangladesh is essential for proper resource allocation. Changes in policy and institutional level with clarity in roles is indispensable. According to Zillur Rahman (2019) the budget is being undermined thus it requires regular monitoring and utilization of the government provided resources so that the budget allocation is distributed properly as well as strengthening the purpose of WASH initiatives.

Using Multi-Sectorial Strategies

As a crucial part of Human Development, WASH programs need to have a "nutrition-sensitive" lens. With a direct linkage to stunting rates, introducing WASH components multi-sectorial strategies in reducing stunting can have a far-reaching effect (Hoddinott et al, 2013).

Organizing a Framework for Reducing Regional Disparity

Geographical targeting can be another tool for reducing regional disparity. Funds and resources should be channelled to the most deprived regions and proper infrastructure and institutional support should be extended to identify beneficiaries on a household level. Moreover, healthcare facilities, schools, and workplaces tend to overlook safe WASH services. Hence, WASH support should extend to community establishments as well as households.

Reduction of Inequality

Due to unbalanced situation of poverty in Bangladesh few regions are far behind in terms of WASH facilities thus the inequality and distribution of information as well as resources is mandatory to help the people get included in WASH initiatives. Reduction of poverty is the crucial part of this agenda as it holds the barriers of progress and political power provokes it.

Shifting from Tube-Well to Piped Water System

Even though Bangladesh is a riverine country, the population has low access to clean drinking water. Only 14.2% of the population is dependent on piped or tap water and majority depend on tube wells. Tube well water has arsenic contamination and E. coli contamination in both the rural and urban water system is high. Moving away from tube wells to a piped water system that can be easily treated and monitored should be on the priority list.

Rebuilding the Central Pipe Network & System

Public taps have 55% E. coli contamination and on-premise water has 82% contamination (WB, 2018). The existing piped water needs rehabilitation as frequent pipe breaks and illegal connections let the drain water to seep into the piped water system.

Enhancing rural and secondary towns' allocation through Department of Public Health Engineering (DPHE) and expanding their intervention area to work with LGD and LGIs as well as streamlining their action plans to maximize the impact is required.

Transforming Into Centrally Treated Surface Water System

Transition to a centrally treated surface water system and decreased reliance on groundwater-especially in the North regions of Bangladesh is crucial. There is a need to start increasing surface water-based irrigation as groundwater is running out at an alarming rate. In Dhaka, water can only be extracted from deep aquifers there is no water in the shallow aquifers. Usage or ETP (Effluent Treatment Plant) should be made mandatory for all factories to reduce pollution.

Emphasizing More on Faecal Sludge Management, Hygiene

Currently the national policies do not put as much emphasis on ensuring Faecal Sludge Management (FSM), hygiene, and awareness building in sub sectorial allocations. Even though decreasing open defecation has been a success story, the overall poor WASH practices yet are pervasive-especially in the remote areas of Bangladesh. Infants and children have a negative impact based on the WASH behaviour of the family which in terms affect their cognitive abilities, education and overall health.

Ensuring Safe Water, Sanitation and Hygiene in Educational Institutions

Most of the school and colleges do not have sufficient facilities for water supply, sanitation and hand washing. Students have to use common washroom or latrine which is used by both boys and girls. Government should promote more awareness program and also should bind some policies to ensure the sanitation facility for all school and college in country. In addition, they should ensure the separate latrine system in educational institutions and hospitals. Furthermore, GoB should promote more awareness programs for menstrual hygiene and also should raise consensus among people about the menstrual hygiene so that they can help their adolescent girls including availability of menstrual hygiene napkins in schools and colleges.

Promoting Consciousness More About Sanitation, Waste Management System

Even though 84.6% of the population has access to improved sanitation, the figure drops when excluding the shared facilities. Hand washing facility with water and soap is only available to 74.8% of the population (MICS, 2019). The urban sanitation facilities require safe containment and treatment of human waste through a proper sewage system incorporated in the city plans. The shared facilities in the urban-poor or low-income groups contribute to faecal contamination and proper disposal of child faeces must be ensured through behaviour change communication.

Controlled Behaviour Change Campaigns (BCC) and promoting proper sanitation and hygiene practices must be on the priority list. Following the footsteps of CLTS, context-specific hygiene practice change programs should be undertaken-especially for the B40 population. For rural areas, moving up the WASH ladder should be given priority, with the desired change being a conversion from unimproved to improved sanitation. Construction of new facilities should be combined with community awareness interventions.

Raising Awareness Through Training and Icebreaking of Social Stigmas

Proper education of our youth about puberty and menstrual health in an open way included in their curriculum will be a game changer in reducing the stigma. The MHM platform is helping to coordinate non-governmental organization (NGO) interventions to be implemented and scale up efforts. The government should be improving WASH facilities for secondary schools and MHM education, supported by implementing agencies. School authorities, teachers, and parents should become resources for an MHM-supportive environment. Govt. and private sector are needed to play a crucial role in raising awareness of menstrual health hygiene. Social outreach through news, TV, and social media may create awareness among female population, which will have greater social and economic impact. In addition, a new tool developed by the Bloomberg School of Public Health and ICDDRDB aims at measuring girls' self-efficacy for MHM. Such tools for our context should be developed to better understand the situation.

Introduce Watershed Management

Introduce watershed management in different nationwide geographical contexts of the country e.g. the Chittagong Hill Tracts (CHT) to address the acute water crisis due to the depletion of water table, rocky ground, deforestation, drying up of natural springs, changing patterns of rainfall and extraction of stones from water bodies.

Chapter 9: Every Child Has an Equitable Chance in Life

9.1 Introduction

Ensuring equitable chance for children is one of the most essential determinants of building a more equitable and fairer society. Every child has a right to reach his or her full potential without discrimination and this principle helps ensure the development of a human capital base maximising social productivity and prosperity participated by people from all walks of life. Childhood is a significant period of human life, which requires utmost attention so that all children have a fair opportunity to transform into healthy and empowered individuals. The importance of rights of children and an equitable chance in life, as enshrined in the United Nations Convention on the Rights of the Child (UNCRC), is accepted as a general consensus everywhere. Yet, nations, even the most developed ones, struggle to safeguard this fundamental value, causing many children, particularly those from low-income households, to experience stunted emotional, social, physical, and cognitive growth. This, in turn, generates a vicious circle of an initial disadvantaged socio-economic background of children leading to fewer opportunities in life, passing on deprived prospects to the next generation. Childhood development is a lifetime investment, to which every child must have a fairer access.

Bangladesh has a strong track record of sustaining economic growth over the past decades and has been successful in reducing poverty at a brisk pace. However, rising inequality has surfaced as a major problem. Existing poverty and deteriorating equality mean Bangladesh will have to strive hard for ensuring a fair society for children from all different population groups. The state has taken important steps to address the issue of guaranteeing child rights by enacting policies and laws such as the National Children Policy 2011, Early Childhood Care and Development Policy 2013, the National Children Act 2013, and Child Marriage Restraint Act 2017. No doubt, these are important steps, nevertheless, Bangladesh still confronts formidable challenges, which are manifold and intertwined. This chapter presents a situation analysis of the cross-cutting areas of the challenges.

9.2 Cross-Cutting Areas

Children's development is associated with various factors such as education, health, and environment, which often interact amongst themselves to reinforce inequitable prospects of life. That is why childhood multidimensional poverty needs to be considered. Poverty can be caused by a multitude of factors and one of the prime ones is climate change. Climate disruptions can cause the loss of livelihood and hence cause income poverty; but it can also destroy the environment, education and health infrastructure, etc. which affects childhood multidimensional poverty. Climate change is also considered to be one of the prime drivers of displacement, and displaced children suffer in terms of growth and development as they get deprived of services such as education and healthcare. Displacement can also be transnational, which can occur when people have to leave from their homeland behind for reasons such as war. Girl children, especially in the less developed countries, often get deprived of rights due to the discriminatory norms of patriarchal systems. The children with disabilities are often strangers among their peers and also misunderstood by the society, and hence they get deprived of their rights. To ensure children's rights one might say that economic growth is vital; growth of the economy is essential, but the quality of

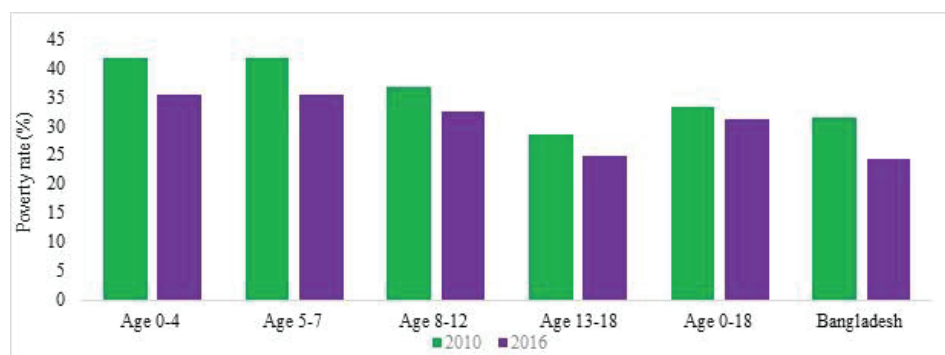
growth is of more importance. Rapid economic growth, without sufficient development, may bring forth issues such as unplanned urbanisation that could lead to adverse effects like congestion and environmental pollution.

Multipronged initiatives by the state and private sector are required to promote the development of children by ensuring their rights. The state's role in providing essential products and services for children is crucial, but the private sector might also have a vital part in providing such products and services. Moreover, the business sector can further the development of children through improvement in Corporate Social Responsibility (CSR) practices. This section will address the cross-cutting issues through the viewpoint of Bangladesh.

9.2.1 Child Poverty (Monetary and Non-Monetary)

Children, under the age of 18, constitute around 40 per cent of the Bangladesh population and they will have a substantial effect on the country's future society and economy.¹² As seen in Figure 38, the results from the HIES 2010 and 2016 reveals that the income poverty rates for the country has been declining but the drop in childhood poverty is lower, and the childhood poverty rates for all the different age groups are almost always higher than that of the total population. The youngest groups, the 0–4-year olds and 5–7-year olds, experience the most poverty. The trend of children being poorer than adults is not idiosyncratic to Bangladesh. The World Bank report—Childhood Poverty in Latin America and the Caribbean—reports that children are almost twice as likely to be poor than adults.¹³ In fact, even a developed country like the USA have been facing this same aspect of poverty.¹⁴ This shows that more children live in poorer households and if these households can be boosted out of poverty, childhood poverty could be alleviated.

Figure 38: Income Poverty Rates of Households With Children of Varying Ages



Source: The analysis of the situation of children in Bangladesh (SitAn), 2019.

12 UNICEF Bangladesh. Evaluation of the UNICEF Child Protection Programme 2012-2016. September 2016, accessed at https://www.unicef.org/evaldatabase/files/Final_CP_Evaluation_Report_Bangladesh_2016-002.pdf.

13 Lucchetti, Leonardo Ramiro; Malasquez Carbonel, Eduardo Alonso; Monsalve, Emma; Reyes, German Jeremias; Sousa, Liliana Do Couto; Viveros, Martha. 2016. Childhood poverty in Latin America and the Caribbean (English). Washington, D.C. : World Bank Group. <http://documents.worldbank.org/curated/en/556441468196194868/Childhood-poverty-in-Latin-America-and-the-Caribbean>.

14 Kaiser Family Foundation, "Poverty Rate by Age", accessed at <https://www.kff.org/other/state-indicator/poverty-rate-by-age/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>.

Child Focused Multidimensional Poverty Index

A recent analysis on multidimension child poverty (unpublished report, 2019) concluded that some regions are more prone to multidimensional poverty compared to others (see Map below).

Using Bangladesh Multiple Indicator Cluster Survey, 2019, 54.7.6% with 95% CI: 53.9 % - 55.3% of the population was multidimensionally poor with a cut-off value (k)=25. The average intensity of deprivation, which reflects the share of deprivations each poor person experiences on average, is 38.8 per cent. The Child-focused Multidimensional Poverty Index (CMPI), which is the product of the percentage of poor people and the average intensity of poverty, stands at 0.212 with 95% CI: 0.209-0.215. This indicates that poor people in Bangladesh experience 21.2% of the deprivations that would be experienced if all people were deprived in all indicators.

There are stark regional disparities in Bangladesh. The proportion of people identified as poor in urban areas is significantly lower than in rural areas i.e. 41.0% vs. 58.4%. Further heterogeneities are found when looking at results at the provincial level: in 2019, poverty rates range from 69.6% in Sylhet (with an intensity of 43.5%), to 46.4% in Khulna (with an average intensity of almost 36.4%).

In terms of the percentage contribution of each of the 15 indicators to national child multidimensional poverty, the largest contribution comes from a lack of available schooling (18.7%), followed by child violence (12.7%) and lack of school attendance (10.6%). Aggregated by dimensions, the largest contribution is due to child development (education) deprivations (28.4%). The child environment and child protection dimension contribute 27.7% and 23.9%, respectively. On the other, child development dimension (19.9%) has the lowest contribution to the poverty.

Household characteristics: Interesting results are found when considering how the CMPI behaves within different population groups. The educational level and literacy status of the household head plays an important role. The higher the level of educational attainment of the household head, the lower the poverty rate. The poverty rate among people living in households where the head is ‘no years of schooling’ is 3.5 times higher than among people living in households where the head is ‘10 or more years of schooling’.

In order to get beneath the surface, we have conducted an analysis on determinants of monetary poverty based on household characteristics. The results suggest that probability of living below the poverty line (both lower poverty line and upper poverty line) reduces with parental education characteristics. In other words, children living in households with educated parents are less likely to be poor. Households with a higher number of children aged 0 to 5 as well as households with a higher share of children aged 6 to 12 are much more likely to be living below the poverty line, relative to other households. The findings above could be explained by the fact that a higher share of children and adolescents live in poorer areas on the country. The proportion of the population below 18 years is highest in the regions with severe social deprivation such as in districts of the Sylhet and Chattogram divisions, creating pockets of child deprivation in the least accessible and most densely populated areas, such as urban slums. (REACH (2015) Country Diagnostic Report, Bangladesh).

Figure 39: Map. Child Multi-Dimensional Poverty Index Using 15 SDG Indicators, by District (Unpublished Report)

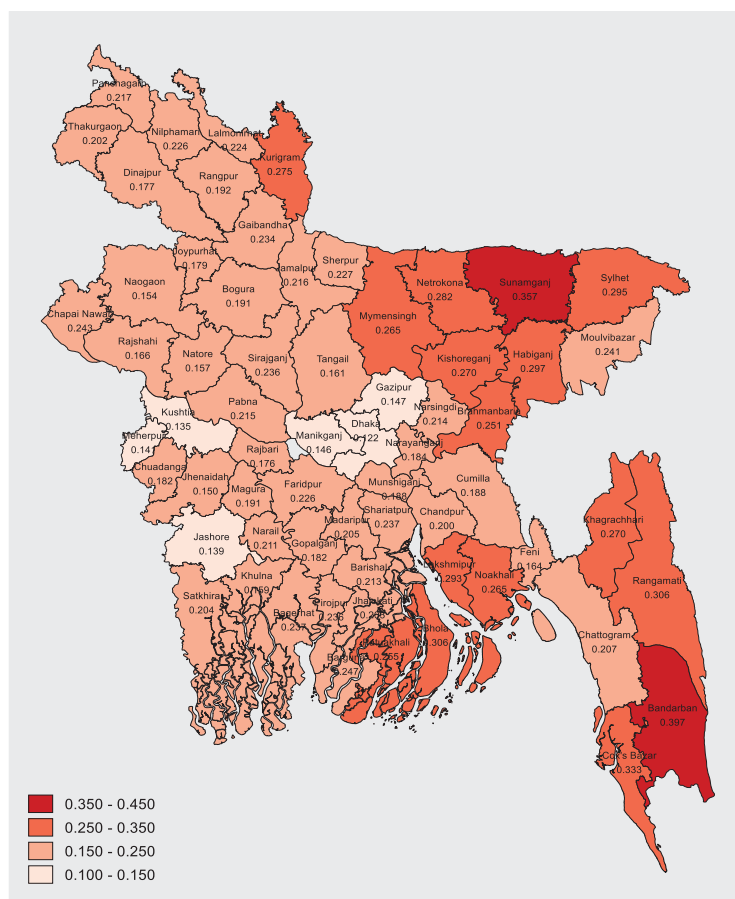
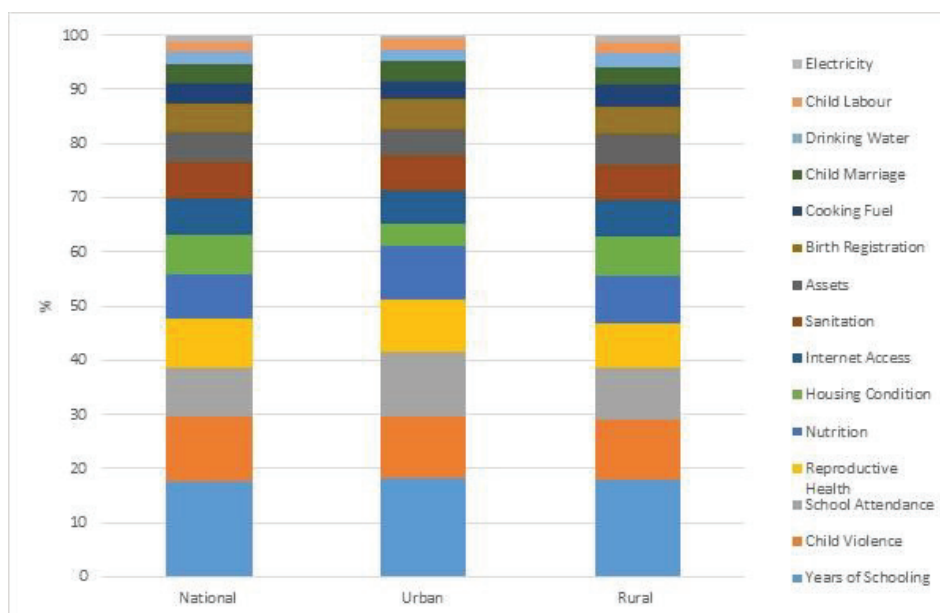


Figure 40: Percentage Contribution of Each Indicator to Rural and Urban C-MPI, 2019



Source: Multidimensional Poverty in Bangladesh Construction of a National Child Focused Multidimensional Poverty Index (C-MPI).

Government Initiatives

The GoB has made significant investments in social protection for children. The Move reports that child focused budget of selected 15 Ministries/Divisions is 15.33 per cent of the national budget for FY20. Though the financial contribution is substantial, it is hard to detect the exact amount spent to combat child poverty, let alone multidimensional child poverty. The Primary Education Stipend Programme (PESP) and Secondary Education Stipend Programme (SESP) are two of the largest Social Security Programmes (SSPs) in terms of the number of child beneficiaries. These programmes have had substantial impacts in improving overall educational outcomes. This, again, is very important as a key element for reduction of childhood poverty is improvement in education (NSSS Midterm Review).¹⁵

The School Feeding Programme currently provides cooked meals at schools in three upazilas and biscuits in 104 others, including 11 funded by the World Food Programme. This is a positive step on improving the prevalence of wasting in the nation. The SSP for the orphans is primarily run by the Ministry of Social Welfare providing benefits to 1,19,000 orphans under two programmes. Around 4 per cent of children aged 0–14 years are orphans in Bangladesh without one or both parents. Assuming that half of them belong to the poor and vulnerable households, the current coverage of the SSP is only around 1.32 per cent (NSSS Midterm Review).

15 General Economic Division (GED), Ministry of Planning, Government of Bangladesh (mimeo). Midterm Progress Review on Implementation of the National Social Security Strategy.

Some of the schemes that aim to reduce children malnutrition are the Maternity Allowance Program for the Poor, which is rural-centric, and Allowances for Urban Lactating Mothers, which is urban-centric. These programmes have been providing Tk. 800 per month to nearly 1 million mothers from the poor and vulnerable households but the programmes have yet to succeed in providing for all such mothers. These programmes allow mothers to register within three years of childbirth, but if the mothers register after 30 months, their children misses the provision for the crucial first 1,000 days. Nevertheless, the MoH provides prenatal and antenatal care universally. The NSSS has stipulated to consolidate all such programmes to one broad intervention to be called the ‘Child Benefit’ programme for children aged 0–4 years. In 2018, the Government created a Policy Guidance Unit for Child-focused Social Protection (PGU-CSP) under the Cabinet Division to speed up the design and implementation of a Child Benefit Scheme (NSSS Midterm Review).

One of the main problems of the SSPs is the inability to address the high exclusion and inclusion errors, which have been found to be 71 per cent and 46.5 per cent respectively from the HIES 2016 data. Low poverty impact of SSPs can be attributed to the high inclusion error. Simulation results show that the elimination of the inclusion error will result in the decline in headcount poverty to 17.7 per cent. Research by UNDP, analysis from a primary survey, KIIs, and FGDs have identified constraints and inefficiencies of the SSPs. One the supply-side, funding constraints; mismatch in the provision of and demand for particular SSPs; and nepotism and favouritism in the selection of beneficiaries, and on the demand-side, lack of awareness, and inadequate knowledge of the procedures involved have been found to be the constraints and inefficiencies. Most of the child related SSPs are off-track in terms of implementation and improvement but a positive is that the Child Benefit programme is moderately on track. (NSSS Midterm Review). Other than the state, NGOs have been working on improving the lives of marginal people, especially in the rural areas. Programmes such as BRAC’s Targeting the Ultra Poor programme (TUP) have been very effective.

9.2.2 Children on the Move

Each year, millions of children are being displaced, both within and across countries’ borders. These children are often unaccompanied by their families or caretakers. They are often left alone, neglected, and in dejected conditions, usually in the streets and slums. These children are vulnerable of being grasped by various forms of economic and social ills such as child labour, sexual abuse, trafficking, and violence. They are the children on the move.

Children are on the move in Bangladesh for a multitude of reasons. These reasons behind their displacement are complex and interlinked. One of the main reasons, and often termed as the biggest push factor, of displacement is poverty; it causes people to seek alternative livelihood opportunities, and as a result it causes people to shift to other places, which often is in the form of rural-urban migration. But this migration could also be a result of the pull factors such as the existence of better opportunities in the urban areas relative to the rural ones. When they move, children usually move with them, and hence cause child displacement. Poverty also causes families to engage their children in employment. It is often the case that the place of work is very far from children’s home. These children often travel to developed urban cities like Dhaka city; when they migrate, especially when

unaccompanied by families or caretaker, they face issues such as violence, trafficking, and prostitution. Children who seek for employment opportunities are often the target of traffickers.

People of Bangladesh are very vulnerable to climate change and the rural areas are the most vulnerable to climate disruptions, especially the coastal regions. It is the coastal parts of the country which are often the source of displaced people. Climate adversities such as cyclones, floods, rise in salinity, and soil erosion cause people to lose their homes, families, and livelihood support, and hence also causes poverty. All these adverse effects cause people to move to other parts of the country, both urban and rural areas, in pursuit of safety and livelihood opportunities. In the process of this movement, children are often exploited. It has been observed that female children are very vulnerable to post-disaster situations and they require additional support to stay safe from exploitations.

Parents' divorce or separation might lead to poverty especially when the former breadwinner does not provide for the family after divorce or separation. Often is the case that the breadwinner is the husband, and after divorce the divorced wife is left alone to take care of their child/children. Such cases push wives and children towards poverty. However, the divorce or separation itself can displace children without causing poverty as the parents, with whom the children live, might migrate to another place far away from previous home.

Household heads who are afflicted with disability/disabilities might not have enough employment opportunities to provide for their families. This could lead to the families suffering from poverty. Furthermore, the household heads might migrate to find better employment opportunities and their families, including children, migrate with them, causing child displacement. But, disability of children might also lead to displacement. Families with children with disabilities may migrate to someplace where their children do face social stigma.

Violence against children could also cause child displacement. For example, children might run away with or without family members to get away from other abusive family members. In the process they might get involved in the various combinations of child marriage, child labour, and trafficking.

Due to civil war, genocide, etc. people could be displaced to neighbouring countries. It is observed that a major part of the internationally displaced are women and children. In the process of migration they might also get trafficked. In this case cross-border displacement occurs.

Most of these causes were also highlighted in a recent UNICEF field study, consisting KIIs and FGDs, in Khulna and Satkhira.¹⁶

Climate Change: A Major Cause

The nation hosts a glut of disasters such as floods, cyclones, and saltwater intrusion, all of which could play a role in displacing its people. The lack of robust housing and communication infrastructure, and country's employment dependency on agriculture further exposes Bangladesh to climate-related internal displacements. The most vulnerable are the people living in and around the coastal areas and river embankments as they are severely affected by various climate disruptions. A World Bank document notes that

16 UNICEF field report on "Children on the Move".

approximately 12 million people in the coastal region of Bangladesh live in poverty.¹⁷ This makes things worse as poor households tend to have more children and are more vulnerable to climate change. A UNICEF study highlights that one-third of the children live in the 20 most disaster-prone districts of Bangladesh (see Map 2).¹⁸

Numerous studies have illustrated the effects of disasters. A study reports that in the period 1990–2018, riverine floods and cyclones caused over 150,000 deaths, affected over 150 million people, and caused over \$12 billion worth of damages.¹⁹ A report by the Internal Displacement Monitoring Centre (IDMC), *Global Estimates 2012: People displaced by disasters*, reports that Bangladesh faced one of the highest displacements—2,999,000—over the period 2008–2012. The IDMC reports that there were 78,000 disaster-related internal displacements in Bangladesh in 2018 alone.²⁰ A UNICEF report states that a one meter combined sea level rise (SLR) and storm surge would lead to a loss of more than 3.2 per cent of the country's land mass and a two meter combined SLR and storm surge would lead to the inundation of nearly eight per cent of the land mass.²¹ The report also mentions that this might result in the internal migration of as many as 13.3 million people. Kyle Frankel Davis et al (2018) used maps of population and elevation to predict migration due to inundation. They found that 900,000 people (by the year 2050) to 2.1 million people (by year 2100) could be displaced by direct inundation and most of the movement will occur locally within the southern half of the country. They also anticipate that significant additional demand on jobs (594 000), housing (197 000), and food (783×10^9 calories) by 2050 as a result of those displaced by SLR. These estimates show that climate disruptions will probably cause massive internal migration.

Displaced Population From Neighbouring Countries

The UN Secretary-General António Guterres stated in 2018 that the Rohingyas are the most discriminated against and vulnerable communities on Earth.²² Approximately a million Rohingyas are living in various camps in Bangladesh. One thing to note is that the majority of the refugees are women and children and they lack protection of men as a lot of them were killed in the Myanmar. Children, under the age of 18 years, make up 55 per cent of the Rohingya refugees.²³ They cannot move outside the camps and cannot avail education, health-care services, justice, and other services as they do not have legal status in Bangladesh. Rohingya children have limited access to basic rights because the country has restricted the birth registration for the refugee children.²⁴ This contradicts the basic principles of the UNCRC as all children are viewed equally in the convention. It considers children as just children and not refugees.

17 Dasgupta, Susmita; Kamal, Farhana Akhter; Khan, Zahirul Huque; Choudhury, Sharifuzzaman; Nishat, Ainun. 2014. *River salinity and climate change : evidence from coastal Bangladesh* (English). Policy Research working paper ; no. WPS 6817. Washington, DC: World Bank Group, accessed at <http://documents.worldbank.org/curated/en/522091468209055387/River-salinity-and-climate-change-evidence-from-coastal-Bangladesh>.

18 UNICEF. *A Gathering Storm: Climate Change Clouds the Future of Children in Bangladesh*, March 2019.

19 Eskander, S and Steele, P (2019) *Bearing the climate burden: how households in Bangladesh are spending too much*. IIED, London.

20 IDMC. "Bangladesh," accessed at: <https://www.internal-displacement.org/countries/bangladesh>.

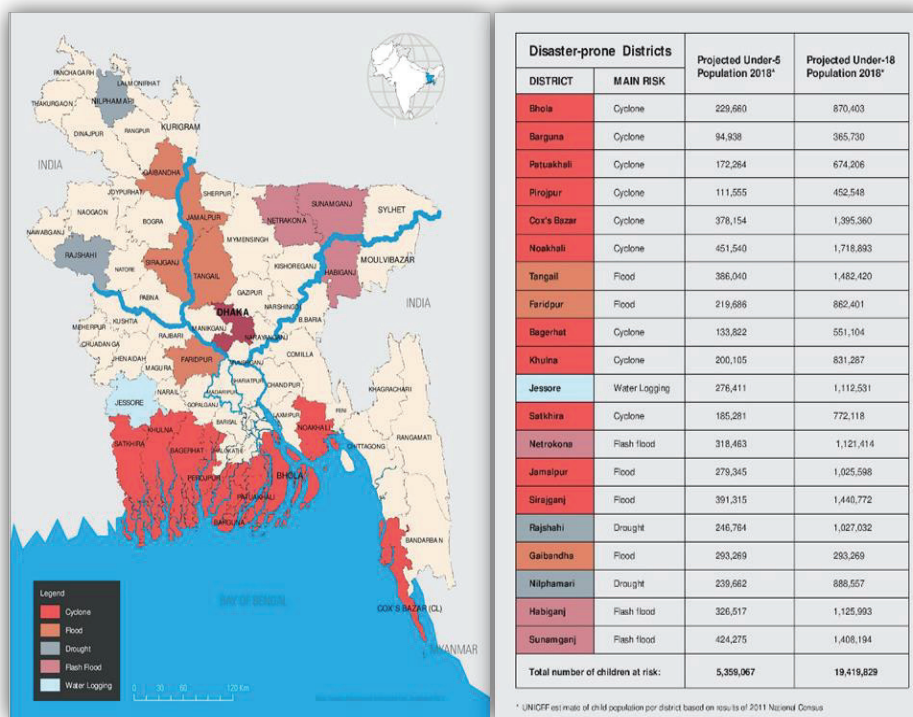
21 UNICEF. *A Gathering Storm: Climate Change Clouds the Future of Children in Bangladesh*, March 2019.

22 World Bank. "Rohingya Crisis Needs World's Support," accessed at <https://www.worldbank.org/en/news/feature/2018/07/02/rohingya-crisis-needs-world-support>.

23 Strategic Executive Group and partners. *JRP for Rohingya Humanitarian Crisis*, March–December 2018, <https://reliefweb.int/sites/reliefweb.int/files/resources/JRP%20for%20Rohingya%20Humanitarian%20Crisis%20-%20FOR%20DISTRIBUTION.PDF>

24 Human Rights Watch. "Are We Not Human?," accessed at <https://www.hrw.org/report/2019/12/03/are-we-not-human/denial-education-rohingya-refugee-children-bangladesh>,

Figure 41: Twenty Most Disaster-Prone Districts in Bangladesh



Source: A Gathering Storm, UNICEF, March 2019.

Floods, landslides, and cyclones exaggerate the deprivation of the refugees, especially the children. Due to lack of implementation of laws and justice in the camps, the Rohingya women and children are being exploited. A lot of them have been forcibly engaged in labour work, human trafficking, and prostitution. Women and girls are suffering from safety issues due to the high level of sexual and gender-based violence in the camps. (CCA background paper on human rights)

Over 90 per cent of the adolescents and youth do not have access to any form of education and training.²⁵ Furthermore, the quality of education is of great concern. The camps lack in good teachers and space. This may lead to a 'lost generation' among the Rohingyas as they are severely lacking in skill and learning. All these factors lead the refugees to be exploited by criminals and lead them to use deleterious coping strategies like the use of drugs. Rohingya refugees, including children, are susceptible to both domestic and transnational trafficking. Rohingya girls are being transported within Bangladesh to Chattogram and Dhaka, and transnationally to Kathmandu and Kolkata for the purpose of sex trade; even though the law allows Rohingya to file trafficking cases in Bangladeshi courts and the High Court had failed to entertain anti-trafficking cases filed by Rohingya.²⁶

25 Strategic Executive Group and partners. JRP for Rohingya Humanitarian Crisis, January–December 2019, accessed at https://reliefweb.int/sites/reliefweb.int/files/resources/2019%20JRP%20for%20Rohingya%20Humanitarian%20Crisis%20%28February%202019%29.compressed_0.pdf.

26 US State Department. Trafficking in Persons Report. June, 2019, accessed at: <https://www.state.gov/wp-content/uploads/2019/06/2019-Trafficking-in-Persons-Report.pdf>.

Streets and Slums

Estimates show that 400,000 Bangladeshis move to Dhaka each year and more than 80 per cent of them are residing in the city's slums (World Bank, 2007). One of the most protruding effect of child displacement can be observed in the daily lives of the urban street and slum children. Most of the street children live and sleep in the railway stations and streets. Dhaka hosts a huge number of street children. The actual number of street children is not known as there is a scarcity of data on poor urban population but using MICS 2013 and 2011 Census data it was estimated that approximately 680,000 children are living in the streets in Bangladesh, majority of whom, 249,200, are residing in Dhaka. The number of total street children is expected to rise, and a projection shows that it might reach 1.6 million by 2024 (CCA), and Dhaka being one of the worst performing cities in the Safe Cities Index 2017 does not help the street children. Throughout Bangladesh, they are the victims of hazardous work, mental and physical torture, trafficking, and sexual violence. They are also very prone to HIV/AIDS infection and the use of drugs among them is prevalent. The widespread criminal network apply exploit them by engaging the children in begging, stealing, supplying drugs and weapons, and prostitution. (CCA)

Eshita (2017) shows that street children have poor health and the effect of it is further aggravated as they tend to not seek healthcare from official healthcare providers. The study found that 68.1 per cent of the sampled street children received treatment from medicine shops; 33.6 per cent from homeopathic practitioners; 28.4 per cent from hospitals; 12.9 per cent from faith healers; 11.2 per cent from kabiraj (Ayurvedic practitioner); 8.6 per cent from MBBS doctors; 3.4 per cent from private clinics, and 4.3 per cent from other sources. A field study in Khulna and Satkhira found that the urban street children of Khulna are deprived of the access to health and education due to not having birth registration certificates and other pertinent documents. Although slum children do attend schools, they do not continue due to poverty and lack of awareness. These children were also found to lack in access to healthcare.²⁷

9.2.3 Children With Disabilities

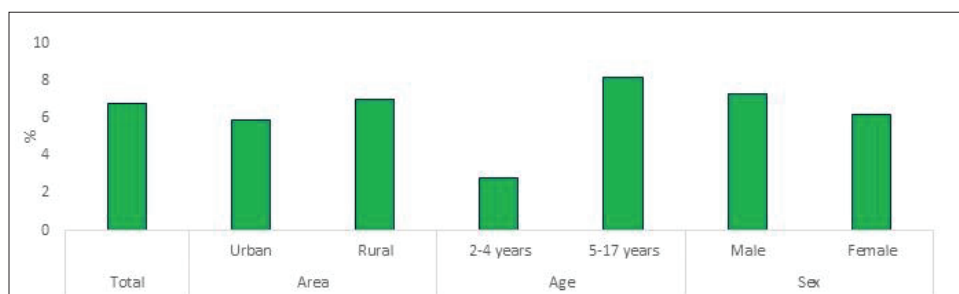
Current Situation

Girls and boys with disabilities remain one of the most excluded and marginalised groups of children, experiencing widespread violations of their rights and reduced access to services (such as health, education, and vocational services). Data from the most recent MICS 2019 in Bangladesh suggests that 6.8 per cent of children aged 2–17 suffer from functional difficulties in at least one domain of disabilities (Figure 42). Child functional disability is higher in the rural area than in urban area: seven per cent compared to 5.9 per cent for the latter. The share of children aged 2–4 years with functioning difficulty is low. When combining various functioning difficulties (seeing, hearing, walking, motor skills, communication, learning, playing, or controlling behaviour) only 2.8 per cent of children aged 2–4 years have experienced problems (Figure 43a). A slightly higher share is among the poor (3.3%), compared to the rich (2.5%). The share of children aged 5–17 years with functioning difficulties is slightly higher. The share of children in the above category have difficulties in at least one of the domains (seeing, hearing, walking, self-

²⁷ UNICEF field report on “Children on the Move”.

care, communication, learning, remembering, concentrating, accepting change, controlling behaviour, making friends, anxiety, or depression) is 8.2 per cent (Figure 43b). The distribution is similar across different socio-economic quintiles. The share of children with difficulties when wearing glasses or using hearing aid is small. Only three per cent of children have difficulties seeing while wearing glasses, 3.3 per cent of children have difficulties hearing while using hearing aid, and 9.4 per cent of children have difficulties with walking while using equipment.

Figure 42: Percentage of Children With Functional Difficulty in at Least one Domain



Source: MICS 2019.

Figure 43: Child Functioning (%)

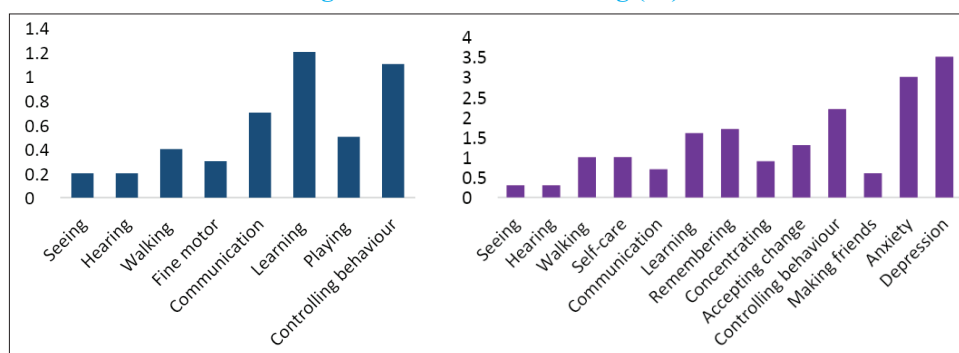
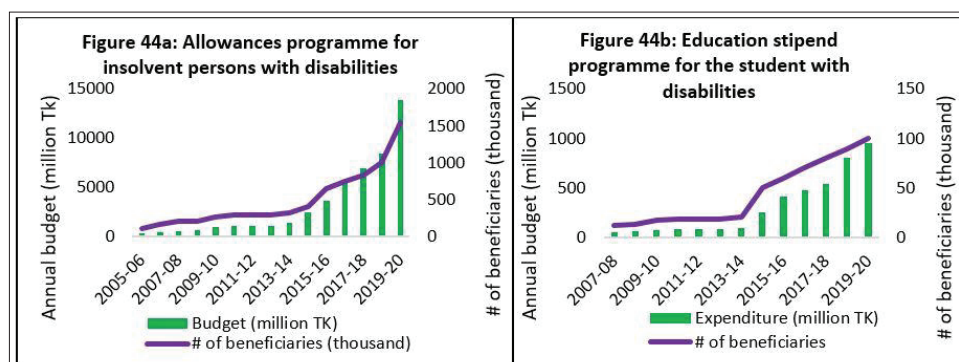


Figure 44: Social Protection Programmes for Persons With Disabilities



Source: Department of Social Services, 2019.

Barriers for PWDs and Initiatives

Many barriers exist in Bangladesh for the PWDs to play an active role in the economic and social life. They face difficulties in availing public transport, mobile/internet services, education, health care facilities, and other services. In most cases, housing is not adapted to their needs. Although a new law was passed to protect the rights of the PWDs, its implementation is lagging (CCA background paper on human rights).

Considering the widespread challenges for the people with disabilities, the United Nations implemented an international Convention on Rights of Persons with Disabilities (CRPD) in 2006. The Constitution of the People's Republic of Bangladesh also preserves human rights and equal opportunities in all aspects of human life (such as socio-political, education, and employment) for all, including persons with disabilities. The Government of Bangladesh ratified the UN convention and agreed to implement it. Bangladesh, following the ratification of the convention, enacted the Rights and Protection of Persons with Disabilities Act 2013 which abolished the Bangladesh Persons with Disability Welfare Act 2001. The aim of the act is to guarantee the educational, physical, and mental development of persons with disabilities and to support their participation in social and state activities by removing all sorts of discrimination. Through an official gazette notification, the country published the Rights and Protection of Persons with Disabilities Rules 2015. The rule provides clarification of the act, defines the role of different committees formulated by the act, and explains the registration process of the PWDs grievance mechanism and resolutions.

In order to protect the rights of the people with disability, Bangladesh also formulated the Neurodevelopmental Disability Protection Trust Act 2013. Their rights are also highlighted in the Seventh Five Year Plan, National Education Policy, National Skills Development Policy, and the National Social Security Strategy (NSSS). The NSSS puts forth the Ministry of Social Welfare (MoSW) as the main implementing ministry to consolidate all support provided to the PWDs. It suggests consolidating the support to people with disabilities in three core schemes. First, a child disability benefit for all children with disabilities up to 18 years of age. Second, a disability benefit to all adults aged between 19 and 59 years. Finally, a third scheme targeting people with severe disabilities at the age of 60 years or above. The NSSS suggests a set of strategic schemes for enabling persons with disabilities to benefit from specific social security programmes and initiatives. As part of the child disability benefit programme, the NSSS suggests (i) reforming the amount of transfer benefit as case-specific—depending on the severity of the disability and associated cost of care; (ii) identifying severe disability in children, including children suffering from autism, cognitive, and visual disorders; (iii) developing a mechanism for identifying households bearing children with disabilities with income below the threshold; and (iv) monitoring the progress of the recipients of the child disability benefit.

The Education Policy 2010 addresses children with disabilities, as does the Comprehensive Early Childhood Care and Development Policy approved in November 2013. Children with disabilities are adequately addressed in these policies, with emphasis on inclusion of early learning centres/preschools and other early childhood development centres. Fewer initiatives are visible for secondary students with disabilities. In 2018, the percentage of

children with ‘special educational needs’ enrolled at primary level was 122,000 or 0.7 per cent of the enrolled population. The under-representation at the secondary level is even worse as services are less able to cater to the needs of adolescents with disabilities (CCA background paper on education).

Currently the government of Bangladesh is implementing several programmes to ensure the rights of people with disabilities. Around 1.55 million persons with disabilities are receiving allowances. They are paid Tk 750 per month which is an increase from Tk 300 per month in 2013–14. Eligibility criteria includes people of all ages above six while allowing the relaxation of age criterion for autistic children and persons with complete vision impairment. Besides, education stipend programme for the student with disabilities are also being implemented. The targeted number of beneficiaries for 2019–20 is 100,000. Number of beneficiaries increased annually by 10,000 since 2014–15. The Ministry of Social Welfare has been running eight schools for the hearing impaired, five schools for the visually impaired, and one school for the intellectually disabled persons. There are 64 integrated educational programs for the visually impaired persons. Besides, National Training and Rehabilitation Centre for the PWDs provides training for visually impaired persons to make them capable of self-sustained lives. A centre on vocational training, employment, and rehabilitation for physical disabilities is also working for the development of people with disabilities including children, but there is scarcity of teachers who can teach person with disabilities. Furthermore, teachers of regular schools are not trained to teach children with disabilities.²⁸ Further initiatives include the requirement of building codes to incorporate ramps in all newly built schools; all new public buildings are required to be accessible to persons with disabilities; a 2002 Executive Order from the Prime Minister of Bangladesh called for actions to reduce barriers in public transportation; and efforts are under way to provide assistive devices free of charge (Bangladesh SitAn, 2016). Although there has been some meaningful progress, Bangladesh is still lagging behind in enacting and enforcing disability-related policies.

Discrimination within the family and the community is central to most of the violations of the rights of children with disabilities in Bangladesh. The change in culture of viewing children as having disabilities to viewing their abilities, and the shift from a welfare approach to a rights-based approach are yet to be realised in the country. Deeply rooted social norms and cultural beliefs around disabilities are severe constraints. For example, the belief that disability is a ‘curse’ and a punishment for ‘sinful’ behaviour remains prevalent at all levels of society. This leads to the lack of access to health and education services, and space for participation for children with disabilities. Other factors such as poverty level, gender, and geographic location contribute to the deprivation of these children’s rights. (Bangladesh SitAn, 2016).

Children with disabilities are amongst the most marginalised at all levels of education. The lack of proper infrastructure, particularly in schools further hinders the inclusion of children with disabilities. Education systems lack the capacity to ensure pedagogical integration of persons with disabilities, and mostly focuses on physical integration. To achieve all children’s access to and completion of education without discrimination, an Inclusive Education (IE) and Gender Action Plan is in place at primary level, and the

28 Information obtained from the Ministry of Social Welfare website—<https://msw.gov.bd>, and the Department of Social Services website—<http://dss.gov.bd>.

Secondary Education Development Program (SEDP) speaks of the need for inclusive education. However, there is need for strong concerted action to create inclusive learning environment and to improve completion and learning among children and adolescents with disabilities (Bangladesh SitAn, 2016).

There is no monitoring framework for the people with disabilities. The Ministry of Social Welfare has implemented a Disability Information System (DIS) but this is different from a monitoring framework. DIS can be used as a tool for monitoring; there is a need for a framework to be established regarding to how to use the information for monitoring purposes (NSSS Midterm Review) Moreover, data from a range of sectoral programmes at the national level lacks the disaggregation by disability, and hence contributes to the ‘invisibility’ of children with disabilities. Also, a lack of coordination between the government and civil society partners continues to hamper progress. Representation by disabled persons’ organisations (DPOs) often is not sufficient for the disability-inclusive decision-making, policy development, and design of programmes, and competing nature of the service providers, reportedly, sometimes weakens the efforts to influence the government. The Committee on the Rights of the Child has noted the existence of difficulties in rendering policies into concrete actions and is concerned that children with disabilities, particularly girls, face discrimination and prejudicial treatment. The committee also expressed concerns about the lack of adequate services for early detection of disabilities (Bangladesh SitAn, 2016).

9.2.4 Climate, Energy, and Environment

Current Status

Bangladesh is one of the most climate-vulnerable countries according to Germanwatch. As per the Notre Dame Global Adaptation Initiative (ND-GAIN), the country has been suffering from high vulnerability to climatic change but low readiness to battle it, and needs substantial investment and innovation to improve the readiness.²⁹ The country stands in the 158th position (out of 181 countries) and is behind all its South Asian counterparts except Afghanistan. The country ranks 179th (out of 180) in the Environmental Performance Index and has an annual mean level of fine particulate matter (PM2.5) of 60.85 µg/m³ which is way above the WHO guideline of keeping it below 10 µg/m³.³⁰ As per the Tracking SDG7 report, Bangladesh is also lagging behind in the usage of improved cooking facilities: 82 per cent of the population use fuels such as wood, charcoal, coal, and kerosene for cooking. Two positives are that the country is doing very well in terms of electricity coverage, which is 93 per cent as per the Energy Progress Report 2019 and has a low water stress level (ratio of total withdrawals to renewable supply of water).³¹

Bangladesh faces a plethora of natural disasters such as riverine floods, recurrent and flash floods, tropical cyclones, storm surges, droughts, sea-level rise, saltwater intrusion, and riverbank and coastal erosions. It is expected that the children will face the brunt of climate change, not only physically but also mentally, as they are the least resilient community. One

29 Notre Dame Global Adaptation Initiative (ND-GAIN). “Matrix,” accessed at <https://gain.nd.edu/our-work/country-index/matrix/>.

30 Environmental Performance Index (EPI). “2018 EPI Results,” accessed at <https://epi.envirocenter.yale.edu/epi-topline>.

31 World Resources Institute. “Aqueduct Projected Water Stress Country Rankings,” accessed at <https://www.wri.org/resources/data-sets/aqueduct-projected-water-stress-country-rankings>.

in three children is estimated to live in climate vulnerable areas of Bangladesh. 12 million and 4.5 million children are living in riverine and flash flood prone areas and coastal areas at risk of cyclones respectively, including almost half a million Rohingya refugee children living in dreadful conditions.³² Furthermore, 3 million children live in inland areas where agriculture-based communities suffer from drought³³. The HIES 2016 results show that in the past 12 months of the survey 5.80 per cent of households have experienced floods, but the incidence on household with children is higher with a share of 8.23 per cent.

The Burden of Climate Change on Children

Climate-related disasters are obstacles for ensuring rights of children such as the right to survival and development (art. 6); the right to the healthcare (art. 24); and right to protection from violence, abuse, and neglect (art. 19) which are delineated in the United Nations Convention on the Rights of the Child (UNCRC). A study by UNICEF Bangladesh has identified the effects of climate change on children which is shown in Table 63.³⁴

Table 63: Effects of Climate Change on Children

Education	<p>Disruption in schooling due to destruction of and damage to infrastructure, and schools being used as shelters. This phenomenon occurs multiple times in many areas.</p> <p>Adverse effects on livelihood hinders families' ability to keep children in school and increases child labour and child marriage. Girls are more likely to be withdrawn from school than boys.</p> <p>Being out of school increases the likelihood of not returning to education at all.</p> <p>Increase in migration of children causes disruption in their schooling.</p>
Health	<p>Incidence of climate change on children's health is higher than that on adults.</p> <p>Waterborne diseases are more widespread after floods, cyclones, and droughts.</p> <p>Disease patterns are changing which is increasing unpredictability of diseases.</p> <p>People, including children, are forced to use contaminated water.</p> <p>Disruption in the provision of healthcare services during and after disasters.</p>
Nutrition	<p>Extreme weather events may cause malnutrition</p> <p>Agricultural yields, crop nutrient content, and food security are adversely affected by climate change.</p>
WASH Facilities	<p>Both surplus and scarcity of water have adverse effects.</p> <p>Surface water salinity is being aggravated by climate change.</p> <p>WASH infrastructure gets damaged or destroyed by disasters and extreme weather events.</p>
Child Protection	<p>Children face the possibility of violence, exploitation, and abuse during after disasters.</p> <p>Increased risk of child labour, child marriage, and trafficking</p> <p>Migration increases vulnerability of children.</p>

Major Climate Disruptions and Their Effects

The UNICEF states, "Cyclones and storm-surges are common events in the coastal areas of Bangladesh and these have devastating effects in these areas where about 25 per cent of the

32 UNICEF. A Gathering Storm: Climate Change Clouds the Future of Children in Bangladesh, March 2019.

33 Ibid.

34 UNICEF Bangladesh. Learning to Live in a Changing Climate: the Impact of Climate Change on Children in Bangladesh. May 2016.

population reside”.³⁵ One IIED report finds that in the period 1990–2018, tropical cyclones resulted in 145,857 deaths, affected 42,506,713 people, and caused \$ 5.1 billion in damages in the same period.³⁶ The country has suffered eight major floods in a 30-year period, 1974–2004, that hydrologists would normally expect only once every 20 years to happen (Pender, 2008). The IIED report also stated that in the period 1990–2018, riverine floods resulted in 4,954 deaths, affected 108,114,785 people, and caused \$7.4 billion in damages. By 2050, with a projected 50 cm rise in sea level, Bangladesh may lose approximately 11 per cent of its land, affecting an estimated 15 million people living in its low-lying coastal region.³⁷ Furthermore, the IPCC projected that more than 50 million people will be affected by SLR in Bangladesh by the end of 2100 along with a 1.5 °C temperature rise. (CCA background paper on environment and climate change).

As per a recent ADB study, climate change and the subsequent frequent floods and cyclones significantly harm the already weak infrastructure of the country and will deplete the capital stock in the construction sector by 0.05 per cent annually until 2100.³⁸ As a result, economic sectors availing infrastructure services would face substantial fall in production. The study also estimated that the real GDP would continue to fall by 0.62 per cent by 2030 and 1.07 per cent by 2100. Floods, cyclones, and saltwater intrusion bring severe harm to the agriculture sector. The contribution of agriculture to the GDP and total labour force are around 13 per cent and 40 per cent respectively.³⁹ As per the Child Labour Force Survey 2013 by the BBS, 36.9 per cent of the working children aged 5–17 are employed in the agriculture sector. One has to realise that the socio-economic issues often leads to children being engaged in work and it would not be possible to eliminate the issues immediately. Therefore, damage to the agriculture sector might make children lose their livelihood and hence they would search for other opportunities. This is when they get very vulnerable as they expose themselves to exploitations by criminals.

Riverbank erosion is one of the main drivers of climate displacement inland.⁴⁰ It is believed that 50 per cent of the urban slum population might have been displaced due to riverbank erosion.⁴¹ The ones who live in chars, the river islands, are at high risk. The government has referred the four million-plus of these chars’ residents as “immediately threatened”.

A study finds that river salinity will be significantly changed in the southwest coastal area of Bangladesh by 2050 due to climate change.⁴² It finds that freshwater river area may decrease from 40.8 to 17.1 per cent and river area suitable for agricultural irrigation may

35 UNICEF. “The changing climate: As disaster risks evolve, UNICEF helps build resilience of communities,” accessed at <https://www.unicef.org/bangladesh/en/changing-climate>.

36 Eskander, S and Steele, P (2019) Bearing the climate burden: how households in Bangladesh are spending too much. IIED, London.

37 Environmental Justice Foundation. “Climate Displacement in Bangladesh,” accessed at: <https://ejfoundation.org/reports/climate-displacement-in-bangladesh>.

38 ADB. Assessing the Costs of Climate Change and Adaptation in South Asia. 2014. Mandaluyong City, Philippines: Asian Development Bank, accessed at: <https://www.adb.org/sites/default/files/publication/42811/assessing-costs-climate-change-and-adaptation-south-asia.pdf>.

39 MoF, Bangladesh. Socio-Economic Indicators of Bangladesh, accessed at: https://mof.portal.gov.bd/sites/default/files/files/mof.portal.gov.bd/page/f2d8fab9_29c1_423a_9d37_cdb500260002/6.%20Socio-Economic%20Indicators.pdf.

40 Environmental Justice Foundation. “Climate Displacement in Bangladesh,” accessed at: <https://ejfoundation.org/reports/climate-displacement-in-bangladesh>.

41 Ibid.

42 Dasgupta, Susmita; Kamal, Farhana Akhter; Khan, Zahirul Huque; Choudhury, Sharifuzzaman; Nishat, Ainun. 2014. River salinity and climate change : evidence from coastal Bangladesh (English). Policy Research working paper ; no. WPS 6817. Washington, DC: World Bank Group, accessed at <http://documents.worldbank.org/curated/en/522091468209055387/River-salinity-and-climate-change-evidence-from-coastal-Bangladesh>.

decrease by 29.7 per cent. These changes will probably hinder giant freshwater prawn (Golda) farming but, on the other hand, increase brackish water aquaculture such as that of Tilapia Nilotica and Black Tiger Shrimp. There might also be a shift in the prevalence of some trees such as a decrease in Sundari, which has the highest market value, to Gewa and Guran in the Sundarbans.

A report by the Ministry of Environment, Forest and Climate Change emphasised that children are very vulnerable to climate-sensitive diseases like diarrhoea, fever, cough, flux, and skin diseases, and issues such as malnutrition.⁴³ As a result of the abysmal air quality of Dhaka, children are increasingly suffering from fever, asthma, and dust allergy. The outskirts of Dhaka consists of around 1,000 brick kilns, many of which employ children workers, are a major source of air pollution and the Institute of Asthma and Allergy estimated that there were 4 million children asthma sufferers, but the doctors say the figure is much higher now.⁴⁴ The report, State of Global Air 2019, found that Bangladesh had one of the highest mortality burden of 123,000 attributable to air pollution in 2017. The Climate Change Profile for Bangladesh, published by the MoF of the Netherlands, finds that Bangladesh is not a significant contributor to the global greenhouse gas emissions. It only contributes less than 0.36 per cent of global emissions and ranks 152 out of 182 countries in per capita greenhouse gas emissions.

WASH Facilities and Education

WASH infrastructure such as latrines and tube wells are frequently destroyed by storms and floods which amplifies the possibility of spread of diseases by contaminated water. A prime example is the mid-2017 flood of the Brahmaputra river basin. It damaged or destroyed more than 50,000 tube wells. (CCA background paper on environment and climate change).

Bangladesh's primary education system, with 19 million students and around 120,000 schools, is one of the largest in the world. 1,078,118 school days were lost due to hydrometeorological disasters over 2009–2014. A study on the effects of natural disasters on primary schools of Bangladesh found that 70 per cent of the sampled schools in disaster-prone areas were used as shelters, with the bulk of them reporting heavy losses and damages to school facilities, particularly to furniture and water sanitation facilities. A three per cent increase in dropout rates and diminished competency achievement was also reported by the affected schools. (CCA background paper on climate change and environment).

Government Initiatives

In the past few decades, the GoB has invested more than \$10 billion to lessen the country's vulnerability to natural disasters.⁴⁵ However, as per the Climate Financing for Sustainable Development Budget Report 2019–20 by the MoF, GoB, the share of Bangladesh's climate budget has been reduced from 8.82 per cent in FY19 to 7.81 per cent in FY20. A unit called the Climate change & Health Promotion Unit under the MoHFW has been set up to “build

43 MoEFCC, Bangladesh, and GIZ. Nationwide Climate Vulnerability Assessment in Bangladesh. November 2019, Bangladesh, accessed at: https://moef.portal.gov.bd/sites/default/files/files/moef.portal.gov.bd/notices/d31d60fd_df55_4d75_bc22_1b0142fd9d3f/Draft%20NCVA.pdf.

44 UNICEF. A Gathering Storm: Climate Change Clouds the Future of Children in Bangladesh, March 2019.

45 Government of Bangladesh. Bangladesh Climate Change Strategy and Action Plan 2009. Dhaka, 2009.

capacity and strengthen health systems to combat the health impact of climate change and to protect human health from current and projected risks due to climate change”. On the education front Bangladesh have made strides as well. The GoB have developed a framework for the integration of disaster risk reduction (DRR) in education—Framework for Disaster Risk Reduction (DIR) in Education and Education in Emergencies (EIE). Based on a 2008 World Health Organization manual, a manual for high school students on climate change and health protection endorsed by the National Curriculum and Textbook Board was created. The manual was found to be effective in by a study by conducting a cluster randomised intervention trial involving 60 schools.⁴⁶ Bangladesh has also been doing well in developing state-of-the-art warning systems. The Cyclone Preparedness Programme (CPP) is an acclaimed programme for early warning, evacuation, and response for cyclone and there exists a 5-day lead early warning system for flood. Conversely, the country does not have early warning systems and preparedness for flash floods, landslides, and lightning strikes. The country also developed climate-resilient varieties of crops. (CCA background paper on climate change and environment). Bangladesh have also been providing SSPs related to climate change such as the Coastal Climate Resilient Infrastructure Improvement Project (CCRIP), TR-Cash (a scheme that is being implemented every year during the slack periods and after natural disasters), and Haor Area Infrastructure and Livelihood (HAIL). Although many institutions exist for disaster response, mitigation, and preparedness with robust policy framework and some even including child-related aspects, recovery is highly neglected and there is no well-rounded planning and coordination for disaster recovery.

A recent study have conducted a policy review to analyse the effectiveness of policies, strategies, and action plans in reducing disaster risks to and impact of climate change on children.⁴⁷ The report analysed the initiatives through the lens of child-centred adaptation (CCenA)—which refers to “child-age and gender (boys and girls) responsive and hazard specific adaptation action for the children and by the children”—and disaster risk reduction (DRR), and created three self-explanatory performance categories—poor, moderate, and comprehensive—to judge the initiatives. In total, 25 policy documents were analysed. 14 of these were related to UNICEF theme areas like education, nutrition, and WASH facilities and the other 9 initiatives were related to environment, climate, and disaster. None of the policies and strategies were comprehensive, but most of these were assigned to the moderate category. Among these initiatives, the best performing were the National Education Policy 2010 and National Disaster Management Policy 2015. Two development planning documents—the Perspective Plan 2010–2021 (PP) and Seventh Five Year Plan (SFYP)—were also reviewed. The PP was assigned to the moderate category. The SFYP performed the best among all the documents reviewed and was marginally assigned to the comprehensive category. The review advised to structure the policies and strategies through a life cycle approach. One positive aspect about this is that the NSSS has adopted programme consolidation along life cycle risks. This might address some of the issues the review report suggested to address.

46 Kabir MI, Rahman MB, Smith W, Lusha MAF, Milton AH (2015) Child Centred Approach to Climate Change and Health Adaptation through Schools in Bangladesh: A Cluster Randomised Intervention Trial. *PLoS ONE* 10(8): e0134993. doi:10.1371/journal.pone.0134993

47 IMED, MoDMR, and UNICEF Bangladesh. Policy Review for Child-Centered Adaptation to Climate Change Disaster Risk Reduction in Bangladesh. Dhaka, Bangladesh, August 2018.

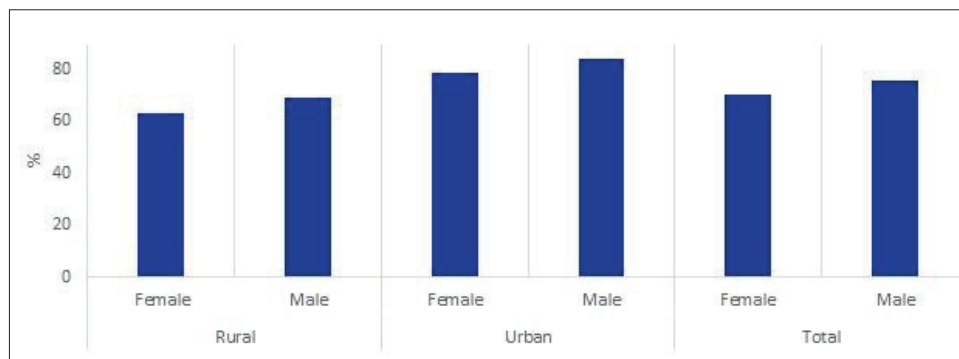
9.2.5 Gender Equality

Bangladesh has made significant progress in women related indicators over the past decades or so. Still, there are some indicators where the country lags behind many developing countries of equal stage of development. While both male and female literacy level is improving and literacy gap between males and females is decreasing, the female literacy rate is still lower than that of their male counterpart, 70.1 per cent for female against 75.7 per cent for male. Gross and net enrolment rates in primary and secondary education were higher for girls than that of boys. Boys have a higher dropout rate than that of girls whereas girls have a higher completion rate than that of boys in primary education. In secondary education, dropout rate for girls is higher than that of boys and completion rate for girls is lower than that of boys. The drop out has reduced and completion rate has improved for both boys and girls during the past years due to several government initiatives. However, since 2012 boys' dropout rate reduced significantly faster than that of the girls. Although female education enrolment and completion rate has improved, their participation in the labour force is still very low: only 36.3 per cent compared to 80.5 per cent for male. Female labour force participation is quite higher (56.9 %) for those who completed tertiary education. Female labour force participation has remained almost stagnant. In terms of changes in the sectoral composition of female employment, despite a reduction in female employment in agricultural activities in the earlier part of this decade, the recent trend has been reversed, and there has been a rise in women's participation in less-productive and low-paid agricultural activities with a corresponding decline in employment in manufacturing jobs due to the sluggish performance of the RMG sector (Raihan and Bidisha, 2018). Discrimination at the workplace, insecurity, and social stigma are considered as major factors behind the low participation of female in the workforce.

Meanwhile, trends in the proportion of never married women also increased slightly, which increased from 54.3 to 54.8 in 2014 among the 15–19 years group. Probably slow change in child marriage norms contributed to this shift (Bangladesh Bureau of Educational Information and Statistics, 2018 and Bangladesh Demographic Health Survey, 2014). The proportion of female teachers at primary level government schools, secondary level government schools, and tertiary level government colleges are 62.6, 31.24, and 24.23 per cent, respectively (MoWCA 2018).

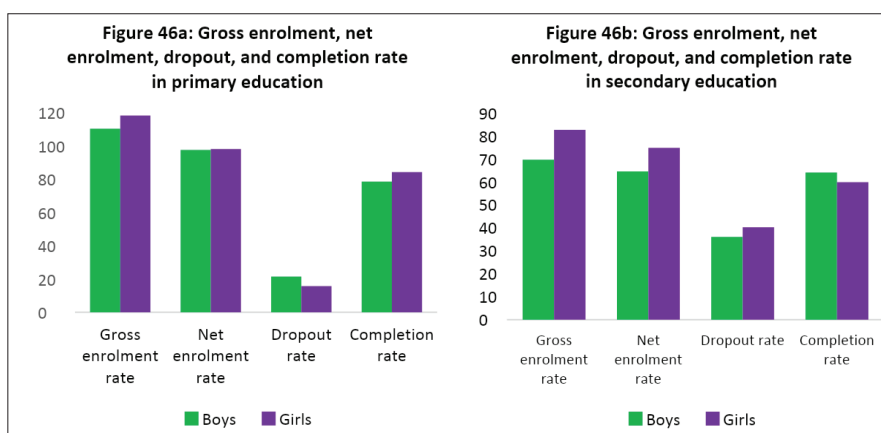
Finally, high rates of poverty disproportionately affect women and girls, especially those who belong to the disadvantaged and marginalised communities (CEDAW Concluding Observation, 2016). Women in Bangladesh own only 3.5 per cent of the country's agricultural land (The Economist 2013) and lack access to critical economic inputs including land, employment, and fair wages. It is generally observed that poverty rate is lower for female headed households, however, on the urban areas, female headed households are relatively poor than the male headed households.

Figure 45: Adult Literacy Rate in Bangladesh (%)



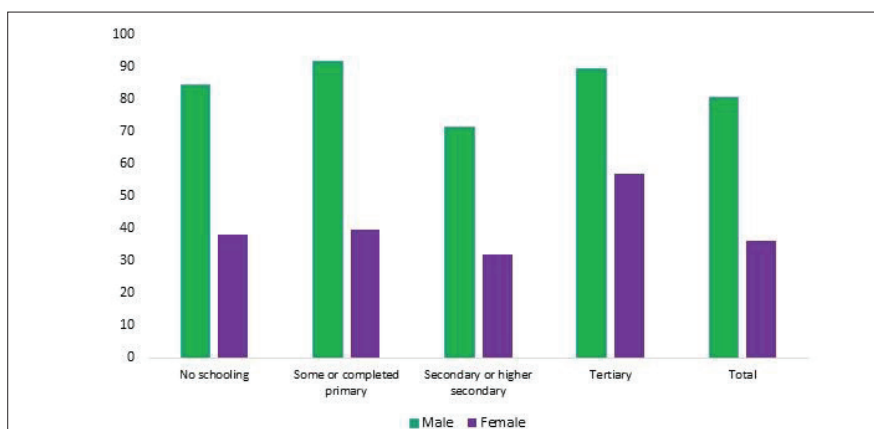
Source: Bangladesh Sample Vital Statistics, BBS (2018).

Figure 46: Gross Enrolment Rate in Primary and Secondary Education (%)



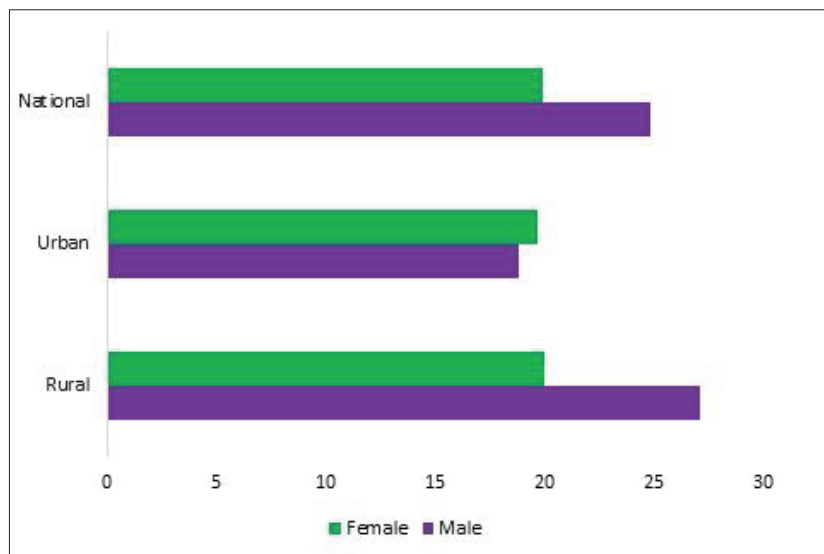
Source: Bangladesh Education Statistics 2018, BANBEIS.

Figure 47: Labour Force Participation Rate by Level of Education (%)



Source: Labour Force Survey, 2016-17

Figure 48: Headcount Poverty by Upper Poverty Line (%)



Source: HIES 2016

Gender-Related Bottlenecks and Barriers

Bangladesh has been ranked the top country among its South Asian neighbours by performing the best in bringing down the gender gap. Bangladesh obtained 50th position out of 153 countries globally according to the Global Gender Gap Report 2020 published by the World Economic Forum. Women's formal participation in political decision-making processes has improved slowly in recent years. In the same report, Bangladesh ranked in the top 10 of the Global Gender Gap Political Empowerment sub-index. Still there are many bottlenecks, on institutional, community and individual level that hinder further advancement of women in society. Among others, poverty, gender-based discrimination, violence against women and girls (VAWG), son preference and desire to invest on son, child marriage, responsibility of household work, pressure to contribute to family income, and long-distance to schools in rural and marginalised communities are the major obstacle to girls' educational enrolment (BBS, 2017). Moreover, girls are viewed as potential mothers and homemakers; thus, priority is given to their training in domestic chores rather than to their rights to education.

At the institutional level, unsafe environment in school, lack of proper water and sanitation facilities for girls, sexual harassment on the way to school/home for the girls, inappropriate sexualised behaviour by teachers towards girls, and lack of teacher training on sexual and reproductive health and rights are obstacles to retain girls at school (UNESCO, 2014). To establish gender-friendly environment, the High Court Division issued a directive to address sexual harassment at educational institutions and workplaces in 2009.

In technical/vocational education as well as in higher education and science, technology, engineering, and maths (STEM) education, women's participation and enrolment remains as a challenge. Major barriers for women's participation in technical education include:

lack of awareness on benefit of technical education, low value to vocational education by the family and society, distance between technical educational institutes and homes, girls' perception about technical education as "stressful" and suitable only for men, and low quality of technical education (Daily Star, 2016).

The Seventh Five Year Plan targets to reduce maternal mortality ratio to 105 (per 100,000 live births) by 2020. Maternal mortality ratio (MMR) has decreased from 197 per 100,000 live births in 2013 to 172 in 2017 (SVRS, 2017), therefore the target is less likely to be achieved. The total fertility rate (TFR) stands at 2.3 births per woman of reproductive health (age 15-49 years). Antenatal care visits, delivery at facility centres, presence of skilled birth attendance, post-natal care for mothers and fulfilment of the unmet needs for family planning have detrimental effects on maternal health and are indirectly linked with the maternal mortality ratio of Bangladesh. Bangladesh has made significant improvement in use of contraception which has increased to 62 per cent in 2017-18 from 56 percent in 2007; about 52 per cent use modern methods (BDHS 2017-18). The number of births attended by skilled personnel has increased from 9.5 per cent in 1994 to 53 per cent in 2017-18 (BDHS 2017-18). Although significant progress has been made, neonatal, infant, and under-five mortality rates are still quite high (26, 34 and 40 per 1,000 live births) and the progress has been slow in recent years (MICS 2019).

Challenges in the health-related services include the willingness of families for delivery of newborn at home because of shame/modesty and honour; fear of being handled by male doctors; less trust on female doctors' ability and culturally insensitive behaviour of the healthcare staff; and non-respect of privacy and confidentiality. Lack of required facilities at home and high level of malnutrition among women create casualties during delivery. There is a need to ensure women-friendly hospitals that promote harassment-free workplaces with health care professionals to understand and address gender inequalities and differences. (Asian Development Bank, 2015).

Social stigma keeps unmarried adolescent girls out of reproductive health services (World Bank 2014). They lack access to information and services including modern contraception. Criminalisation of abortion process force women and girls to resort to unsafe abortion. Bangladesh has the 'National Menstrual Regulation (MR) Services Guideline' but the implementation of it is not properly monitored and regulated by the health service providers, especially in the private sector. This creates a situation where women and girls become vulnerable and putting their lives at risk. In order to address these major impediments, it is crucial for Government to ensure adolescents' access to modern contraceptives and accurate information, education on sexual and reproductive health and rights and also enable more reproductive and sexual health care and counselling services. It is also critical for Bangladesh to think of having a Comprehensive Sexuality Education for Adolescents.

Violence against women and girls (VAWG) is one of the most systematic and widespread human rights violations worldwide. It is a pandemic, embedded in unequal power dynamics between women and men that is reinforced by harmful social norms or inequality in law and in practice. The VAW survey (2015) estimates that more than two thirds (72.6%) lifetime prevalence rate among women, while 37.5 per cent of the adolescent girls aged 15-19 years' experience partner physical violence. Cases of domestic violence are often not

reported because it is widely tolerated and justified by society. Fear, stigma, and inadequate understanding of human rights might be contributing factors to the under-reporting. Sexual harassment is also common and widespread in public spaces, at work, and at educational institutions, with 76 per cent of the female students facing sexual harassment at least once on the campus (UN Women, 2013), and 94 per cent of women experiencing harassment while commuting in public transport (BRAC, 2018). As per Bangladesh Shishu Adhikar Forum data, at least 3,136 children have been raped during 2015–2019, and there has been more than a 70 per cent increase in child rape incidents from 2018 to 2019.

Current Policies and Programmes

Convention on the Elimination of All Forms of Discrimination Against Woman (CEDAW) was adopted in the United Nations in December 1979 to eliminate all kinds of discrimination against women in the state, economy, family, and in each area of family and social life; it came into effect on 3 September 1981. Bangladesh ratified the convention in 1984 and expressed its commitment in undertaking multilateral steps in areas of women development.

In the recent years the government of Bangladesh has adopted laws and policies that represent a crucial improvement in the legal status of women and address violence against women and girls, such as the 2009 High Court's Directive on sexual harassment; the Women and Child Repression Suppression Act; Domestic Violence (Prevention and Protection) Act 2010; the National Women Development Policy 2011; and the revision of the National Action Plan on violence against women and children (2018–2030) in November 2018. Despite these initiatives, prevalence of VAWG remains unacceptably high, with many cases going unreported. The said National Action Plan (NAP) do not have a monitoring framework. Bangladesh formulated National Women Development Policy 2011 with the objective to establish equal rights for men and women in areas of state and public life in the light of the constitution of Bangladesh; to ensure security and safety of women in all areas of state, social, and family life; to assure the socio-economic, political, administrative, and legal empowerment; and to establish women's rights. Other medium- and long-term national policies and strategies including the Seventh Five Year Plan and the national social security strategies (NSSS) effectively address the gender issues. A comprehensive Gender Policy has also been developed to address the gender-related risks and vulnerability in support of the NSSS. The Gender Budget Report has been published in 2019–20 which highlights various activities undertaken by the government and allocations made for women development. Despite these initiatives, in recent years, there has been an alarming number of cases of violence against women and children and it drew public attention. However, the attention has been more on how to keep 'women and girls safe' rather than on how to address a culture that normalises violence and how to tackle the negative impacts of masculinity.

At the institutional level, lack of transport facilities, social and workplace safety systems, lack of required skills and education, lack of gender friendly machineries, occupational health and safety, long working hours/overtime, inadequate investment in human capital formation, and a shortage of gender-friendly infrastructure including lack of child care facilities act as impediments to female access to employment (CEDAW, 2016).

9.2.6 Decentralization and Local Government

According to Bangladesh local Government public financial management systems assessment, (World Bank and Policy Research Institute, 2019), the level of fiscal decentralization in Bangladesh in comparison with other countries is low. Data from a sample of 16 developing countries and 26 developed countries shows that spending by local Government institutions (LGIs) account for 19% of total Government spending in developing countries and 28% for industrial countries as compared with only 7% in Bangladesh. Taxes similarly are heavily centralised in Bangladesh. Thus, sub-national Government taxes account for 11.4% of total taxes in a sample of 16 developing countries and 22.7% in a sample of 24 industrial countries. In Bangladesh, it is only 1.6% of total Government taxes. However, there has been remarkable progress in improving the capacity of Government on child rights to enable strengthened national and local governance in support of children, backed by evidence, increased collaboration and robust planning. More specifically:

- All 22 districts where UNICEF is programming have been enabled to incorporate the children's agenda into subnational level coordination platforms and forums which support advocacy around increased resources for children.
- Child rights issues have been incorporated as a key component of training courses for Government officials and elected representatives across both the Public Administration Training Centre and the National Institute of Local Government. It's hoped these courses will help build Government capacity on child rights.
- More than 150 academics, development practitioners and donors have participated in a national C4D research convergence organized by UNICEF and the University Grants Commission to help increase their capacity to work more closely to achieve results for children.
- In the past few years UNICEF and other development partners have been working on increasing the capacity of sub-national authorities by implementing the following: (i) On-boarding of the Bangladesh Scouts with full completion of its workplan 2020; (ii) Foster the first-ever 5-year child rights related C4D/SBCC Research Fellowship Programme for academics and support publishing papers in the Scopus Journals; and (iii) Delivery advocacy strategy at the central level to promote a child-focused planning and budgeting process.

9.2.7 Online Safety of Children Issues

A large force with different levels of experts in the ICI field is continuously growing. Course of computer literacy, its applications, hardware and software are being offered in different college and universities with the help of the Bangladesh Computer Council, and Engineers Institutions of Bangladesh (IEB). But the desired quality of these programs should be redesigned according to demand. The maximum benefit from such programmes cannot be gained if the Government is confined to large cities. The Bangladesh Telecommunications Company Limited (BTCL), the largest telecommunication company in the country, has installed digital exchanges in all districts and Upazillas. Transmission links are also being expanded to all Upazilla levels, and optical fibre cable is being installed to distribute the facilities of ICTs nationwide.

Bangladesh is in addition connected to the global information superhighway through a submarine cable. But the lack of pre-planning of connectivity means there is room for improvement. The BTCL must start developing content and applications so that the people can fully utilize available bandwidth. The Government has pledged to establish a High-Tech Park with modern infrastructural facilities. But access to information is exclusively dependent on the combination of telecommunication infrastructure and the availability of user-end equipment and tariffs of service.

To adapt to this new environment and ‘future-proof’ the nation, young people need to learn how to engage with technology. The Government is committed to embrace this new direction and has made digitization a national priority. It has also called for greater youth skills development, especially in Information Communication Technologies (ICT). The National ICT Policy 2009 promotes the use of ICT tools in all levels of education and ensures access to education and research for people with special needs, among other measures. It aims to create a sizeable cohort of ICT professionals who can meet competitive global requirements.

Bangladesh is ranked fifth in Asia in terms of having the most internet users, with more than 80 million having internet access as of December 2017, up from 0.1 million in 2000 (Internet World Stat, 2018). Children and youths account for the large majority of users. But as the internet becomes widely available and affordable, the Government has failed to make online safety for young users a priority concern.

The experience of cyber-bullying and violence can psychologically scar a child for life. There have been instances of online encounters resulting in the killing of an innocent girl. A UNICEF survey in 2019 on children’s online safety in Bangladesh, released on Safer Internet Day, showed that around 32 per cent of the children aged between 10 and 17, have faced bullying, violence and harassment online. An earlier study by a global mobile giant made a similar claim saying that the young are increasingly vulnerable to online harassment, with 49 per cent of students falling victim to cyber bullying. In addition to harassment and bullying, 10 per cent of the children surveyed acknowledged receiving religiously provocative content (UNICEF Bangladesh survey, 2019). The study also finds that 70 per cent of boys and 44 per cent of girls surveyed accepted unknown people on their friends list, risking their safety in the process. Even more worrying are statistics that show that 63 per cent of children use the internet unsupervised. The Government needs to immediately respond to UNICEF’s call for concerted action to stop online violence against children and young people.

Children are introduced to new technology without being made aware of the risks of engaging in online activities. The Bangladesh Shishu Adhikar Forum has recommended some level of supervision and parental control over children’s internet use both in school and at home. Others recommend that the ICT classes should cover issues such as online safety, acceptable and unacceptable online behaviour, and guidelines for children to report cases of cyber-harassment. The Government has in addition enacted laws that criminalise cyber-bullying, but only overtly violent cases have been addressed. Rights activists suggest the Government approach is punitive and does not consider the virtual world as a social space in which harassment is more commonplace. It is for this reason that the Government

has focused more on creating awareness of online safety, by encouraging people to maintain the same social norms that they practise in society at large.

The Government, under the circumstances, must prioritise children's safety online and develop strategies to prevent cyber-bullying. In doing so it must include internet safety issues in curriculum and run mass campaign against cyber violence.

9.2.8 Working With the Business Sector to Deliver Results for Children

The Business Sector as a Stakeholder

The majority of the businesses are privately owned in Bangladesh. According to Bangladesh Economic Review 2019, the private sector accounted for three quarters of total investment activities in FY19. Private investment stood at 23.4 percent of GDP in FY19 which was 15.9 percent in FY05. During the past five years, local investors made nearly \$250 billion worth of investment. In contrast, foreign direct investment (FDI) was much less prominent with FDI inflows about \$12 billion in the same period. This implies that the country's economic growth is propelled by the dynamism of the domestic private sector.

Although the country's Seventh Five Year Plan (FY16–FY20) and the Perspective Plan (2010–2021) emphasises on the 'human development' with a focus on women and children, no business sector has been identified as a key stakeholder in addressing child deprivations in the country. However, numerous evidences suggest that many businesses have increasingly adopted Corporate Social Responsibility (CSR) strategies aimed at boosting children's welfare.

Role in Providing Essential Social Services

As mentioned above, Bangladesh has witnessed a private sector led growth. But, when it comes to providing social services to the mass population, much of the health and education services have been provided by the public sector. Businesses may be unable to provide essential social services to the mass population for a profit as they would require significant physical and social infrastructure, and hence may lead to market failure. The public sector, through the lens of efficient distribution, provides these services at prices lower than that of the market. From this aspect, the private sector's role is limited and that of the public sector is rather prominent.

Nevertheless, the private sector plays an important role in many areas. The country's pharmaceutical industry can be cited as one example of the business sector providing low cost medicines to the population. At present, Bangladesh's pharmaceutical industry meets more than 90 per cent of the domestic demand.⁴⁸ In a country like Bangladesh where expenditure on drugs captures a significant portion of out of pocket expenses, providing drugs for a large population at affordable prices is a remarkable progress. This helped the country's effort to improve the health of the population, especially that of the children and women.

However, there is a pressing concern about the inadequate budget allocation in important

48 Bangladesh Association of Pharmaceutical Industries. "Overview," accessed at: <http://www.bapi-bd.com/bangladesh-pharma-industry/overview>.

services like health and education. In fact, in comparison with other South Asian countries, Bangladesh has the lowest budget allocation in health and education (UNESCAP, 2018). Therefore, providing essential services like health and education remain as critical challenge. In addition, ensuring the quality of services in these sectors could magnify the existing challenge.

As discussed previously, the private sector usually does not succeed in providing essential services to the mass population. For instance, it only costs Tk 10 to consult a doctor in a public medical college and hospital in Bangladesh, whereas such prices in private sector are fixed independently by the businesses or individual doctors. In a public hospital, a patient can spend as low as Tk 1000 to avail a caesarean section operation. In contrast, privately owned hospitals and clinic can charge as per their policy which often deter low-income population to avail such services. If such trend continues, it may intensify the existing inequality in availing these essential services.

Impact of Business Operations and Practices on Children's Well-Being

Business operations and practices have substantial impact on children's well-being, directly or indirectly. Perhaps, one of the most prominent way to look at the impact is the employment across various sectors in the economy. At present, the agriculture, industry, and service sector comprise about 13 per cent, 36 per cent, and 51 per cent of GDP respectively; amongst these sectors, employment in the agriculture is the highest with just over 40 per cent of the total employment.⁴⁹ This sector is mostly dominated by small and marginal farmers, and employ child labour. According to an estimate provided by the Bangladesh Bureau of Statistics, this sector accounts for 36.9 per cent of the total child employment. But there has not been much discussion about children's involvement in the agriculture as most analytical work has been done on non-farm employment. In contrast to agriculture, child employment in the industry sector accounts for 32.5 per cent of the overall child employment whereas the service sector engaged 30.6 per cent of the child labour (BBS, 2015). However, there seems to be lack of concrete timeseries and disaggregated data on child labour.

Informal employment accounted for nearly 95 per cent of total child employment. Although the incidence of child labour has declined, there are still about 1.6 million working children while some 1.2 million children are involved in worst forms of labour (BBS, 2015). Many children are involved in informal manufacturing sectors. Although child labour was prohibited in the formal manufacturing of readymade garments (RMG), children are engaged in informal garment production which often requires them to work for long hours. Children working in the leather industry are exposed to hazardous toxic materials. In the dried fish industry, children are found to work without protective gear and experience heavy exposure to insecticide, salt, and sunlight. In addition, forced child labour is prevalent in brick production at brick kilns and fish drying in the dried fish industry. Apart from these, violence against domestic child workers continues to be a regular incident. However, there is a lack of credible information regarding industry specific child employment. This makes it difficult to identify the issues related to child rights related to business activities across the economy.

49 Ministry of Finance, Bangladesh. Socio-Economic Indicators of Bangladesh, accessed at: https://mof.portal.gov.bd/sites/default/files/files/mof.portal.gov.bd/page/f2d8fabb_29c1_423a_9d37_cdb500260002/6.%20Socio-Economic%20Indicators.pdf.

It is also worth pointing out that, as per the Labour Force Survey, Bangladesh 2016-17, the lion share of 85.1 per cent of the total employment in Bangladesh belong to the informal sector and information on the activities of businesses in this sector is quite scarce. Therefore, it is quite challenging to assess the status quo of the working conditions and its impact on lives of children.

Generally, businesses struggle to comply with issues related to children's well-being and provide child-friendly lens to their work. But measures have been taken to improve business practices and operations to improve children's well-being. Overtime, the awareness building has generated certain policy improvements to enforce measures within the businesses and subsequently improve child well-being.

The Seventh Five Year Plan highlighted the manufacturing and services sectors as growth drivers. Amongst the manufacturing sector, the RMG industry is the country's largest source of export earnings and has been under the spotlight for a while. Growth of the RMG industry has contributed to the country's poverty reduction efforts. Although incidents like fire in Tazreen Fashions and Rana Plaza collapse exposed the lack of safety and compliance issues plaguing the RMG industry, but a positive is that improvements have been made in recent times. At present, the sector employs some 4 million workers of which nearly 80 per cent are woman. A UNICEF study suggests that, about 15 per cent of woman employed in the RMG industry are aged between 16–30 years. This sector helped improve the livelihood of some 25 million people, particularly for the women and children.⁵⁰ The study also identified eight impact areas, often interlinked and might include practices and conditions outside the factory gates, in which garment workers' working and living conditions affect the rights of children. The areas are the following: (i) inadequate maternity protection, (ii) challenges for breastfeeding, (iii) limited childcare options, (iv) poor health and nutrition of working mothers, (v) low wages and long working hours, (vi) child labour in the informal sector, (vii) lack of decent living conditions, (viii) poor access to health services and education.

Corporate Social Responsibility (CSR)

There is evidence that the private businesses in Bangladesh take interest in enhancing social welfare. Although there is no comprehensive database of CSR activities, they can be found in the reports and websites of some of the companies. Some of the CSR activities and essential supplies provided to children by the private stakeholders are mentioned in Table 64.

50 UNICEF. The Ready-Made Garment Sector and Children in Bangladesh. November 2015, accessed at https://www.unicef.org/csr/files/CSR_BANGLADESH_RMG_REPORT.PDF

Table 64: CSR Activities of Some Private Stakeholders Regarding Children

Private stakeholder	Activities
Dutch-Bangla Bank Limited (DBBL) Annual Report 2018	Providing scholarships to H.S.C. meritorious students in financial need. 34,124 students were beneficiaries from 2003–2018.
	Sponsoring the flagship event Dutch-Bangla Bank-Prothom Alo Ganit Utsab (Math Olympiad). Spent more than Tk 82 million from 2004–2018.
	Treatment for the underprivileged cleft-lip and cleft-palate children under the Smile-Brighter programme.
United Trust, a social welfare organ of the United Group	It has been patronising around 26 education institutions.
	It runs seven rural clinics where over 100,000 outdoor patients are treated, and more than 2,500 cataract operations are conducted per year for almost free of cost.
	Community development activities such as hygienic sanitation; safe drinking water; monetary assistance for education, marriage, religious, and charitable institutions; etc.
Brac Bank	BRAC Bank-Prothom Alo Trust: Adanya Medhabi Scholarship introduced in 2010. 50 meritorious students from disadvantaged families who achieve GPA 5 in the S.S.C. exams get the scholarship for H.S.C. study each year.

Sources: Dutch-Bangla Bank Limited Annual Report 2018, CSR centre 2019 Annual Report, and United Group Annual Report 2017.

A study mapped the business linkages to child rights in the RMG industry and ICT/Telecommunications sector (Save the Children, 2014). As part of the study, 48 businesses were surveyed in these two sectors. Most garment factories surveyed contributed to the community through various initiatives. These include providing medical facilities to the local community; organising health/medical camp for local people; donating money to educational institutes (schools and colleges); religious places of worship (mosques, madrasas, churches); orphanages; etc.

Most businesses surveyed support victims of natural disasters or emergency situations. In this regard, donation of clothes, food, and medicines are the major support provided by the businesses. During the winter season, majority of the factories distribute winter clothes to the affected people. These initiatives are helpful for the community and positively affects the lives of the children beneficiaries.

The study also found that businesses undertake children-specific activities. For instance, one factory arranged hand-writing competition and a drawing training session for the disadvantaged children. Another factory has invested more than Tk 16 million for the development of their community and society. Also, this factory has been collaborating with Centre of the Rehabilitation of the Paralysed to offer vocational training to the physically challenged children. In addition, a school named ‘BIKASH’ for disadvantaged and physically challenged children was also established by the factory.

Some businesses allow injured workers to take leave until his/her complete recovery. If the employee is unable to work, then businesses also provide employment opportunity to another adult member of the employee's family or give a considerable amount of money so that the beneficiary can find an alternative livelihood.

A positive practice is that all surveyed factories provide childcare or day care centres for their employees and free medical services to the employees and their children are provided by most of the factories. Businesses promote the education of their employees' children by various initiatives like (i) providing scholarships; (ii) covering the cost of the education; (iii) offering full support for tuition fees and purchasing uniforms and books; (iv) setting up own schools to provide free education; (v) providing free schooling in nearby neighbourhood; and (vi) arranging prize-giving ceremony for excellent academic result.

In case of the ICT/Telecommunications sector, the study found that 'child rights' is not a very familiar term or concept. When asked about employment, businesses surveyed in this sector revealed that there is nearly zero prevalence of child labour in this sector as most organisations tend to employ skilled persons. The study identified limited number of CSR activities by various businesses across the sector. Some of the current CSR activities are having positive impact towards children's well-being. Like that of RMG sector, CSR initiatives in this sector include offering medical facilities, educational support, emergency food, and financial support during natural disaster or crisis. Apart from these, few CSR activities engaged children through various recreational initiatives e.g. cultural activities like storytelling, face painting, sports events, etc. Some businesses pursued environmental CSR initiatives e.g. awareness-raising regarding river pollution, etc.

Overall, the mapping exercise provided a few important insights on the impact of businesses on lives of children. However, the study focused only on two sectors, and there are various other factors across different sectors of the economy which affects children's well-being. It has been identified that, even in the formal sector, businesses often fail to operate through a child-friendly lens. For example, in the banking sector, few banks provide childcare facilities. It is worth pointing out that, although the National Children Policy 2011 mentions arranging day care centre for arranging and lactating mothers, very few businesses have implemented this.

Private Sector Capacity for Engaging in Innovation for Children

There is no comprehensive data on private sector's contribution on innovation for children. But, analysis of various media sources suggest that the private sector has the capacity to facilitate innovation to improve children's well-being. Besides the private sector, non-governmental organisations are also supporting innovation for children through numerous interventions. For example, there have been several innovations in providing education to disadvantaged children by organisations like BRAC, Jaago Foundation, and many more. For example, BRAC Boat School project has proven to be an innovative project which offers free education to children in flood affected areas in engine operated boat school (Chowdhury, 2017). Introduced in 2011, under this project, through 500 boat schools, more than 13,000 students have received education. Jaago Foundation introduced the idea of digital school to provide quality education to the underprivileged children of the rural areas where there is shortage of experienced teachers. Their digital schoolteachers conduct the

classes virtually from Dhaka while two support teachers are present at the digital school itself to monitor the students. Till date, through 12 digital schools, some 3,500 students have been able to receive education without any cost.⁵¹

Alongside these initiatives, currently, the access to information (a2i) program, supported by the cabinet division and UNDP, is promoting innovation to ease and improve lives of citizens. From the program's innovation fund, \$4.5 million has been awarded to more than 247 contributors for various innovative solutions. The awarded innovations encompass a wide range of areas including health and education, which are expected to improve the lives of children and women.⁵²

9.2.9 Risk, Resilience and Peace Building

Risks and Uncertainties in Bangladesh

A major part of Bangladesh lies in the Ganges–Brahmaputra–Meghna Delta (GBM Delta)—the largest delta in the world, for which the country is exposed to various natural shocks and vulnerabilities. Although the country has made a remarkable progress in poverty reduction in the past two decades, vulnerability remains high. According to the HIES 2016 report, 24.3 per cent of household are poor and another 18.6 per cent population (i.e. about 30 million individuals) are vulnerable. The crisis-coping capacity of the vulnerable group is thought to be extremely limited. This implies that even a small shock can cause large movements in poverty. Climatic shocks (e.g. floods and droughts) are the most prominent type of shocks that affect households in Bangladesh (HIES 2016). The experience of shocks, however varies, depending on the location of the households or their poverty status. For example, rural households are twice as likely to experience climatic shocks (e.g. floods) relative to urban households.

According to the Global Climate Risk Index 2020, Bangladesh has been ranked seventh among the countries most affected by extreme weather events during 1998–2018—with more than 190 events affecting millions of people, leading to more than 570 deaths, costing around \$1,686 million PPP worth total losses, and 0.41 per cent of GDP losses per unit every year. Bangladesh, being ranked 101th out of 163 countries in the in the Global Peace Index, is one of the least peaceful countries in the world. The INFORM Global Risk Index—a global open-source risk assessment for humanitarian crises and disasters—categorised Bangladesh as a ‘high’ risk country. According to the index, Bangladesh ranks 22 out of 191 countries with overall index of 6 out of 10. The country is one of the most vulnerable countries in the world to cyclones and floods, particularly in the country's coastal areas. Over the past 40 years, cyclones and associated storm and floods have led to almost all the nearly 520,000 natural disaster deaths. During this period, these events had caused significant economic loss. Cyclone Sidr in 2007 cost an estimated \$1.7 billion in damages and losses.⁵³ The country's extreme vulnerability to hydro-meteorological hazards, including storm-induced tidal flooding, is likely to increase due to climate change. Climate change affect food security which makes lives more difficult for vulnerable communities in Bangladesh. Furthermore, it can cause higher food insecurity as it has adverse effects on the nutrition of grown crops. It has been estimated that owing to climate change, crop

51 JAAGO Foundation. “Our Schools, accessed at <https://jaago.com.bd/our-schools/>.

52 Access to information in Bangladesh, accessed at <https://a2i.gov.bd/innovation-fund>.

53 Global Facility for Disaster Reduction and Recovery. “Bangladesh,” accessed at <https://www.gfdrr.org/en/bangladesh>.

production might be reduced by 30 per cent by the end of the century; in particular, rice and wheat production might be reduced by between 8 per cent and 32 per cent, respectively by 2050 (FAO/WHO 2014). The effects of climate change on Bangladesh's children has been discussed in the sub-section 9.2.4 in detail.

The recent influx of Rohingya refugees has put Bangladesh on high risk. Since 2017, more than 700,000 Rohingya people fled violence to seek refuge across the border in Bangladesh. It was estimated that over 1.2 million persons of concern needed assistance worth \$920 million in 2019 in the Cox's Bazar region, including 913,000 Rohingya refugees and 336,000 host community members.⁵⁴ The refugee camps are currently the largest refugee settlements in the world. Several rapid economic assessment reports identified the impact of Rohingya influx on the host communities in Cox's Bazar. The recent assessment of UNDP found that the agricultural wage rates in Teknaf have fallen by 11 per cent in the post-influx period while the corresponding figure for Ukhiya is 17 per cent. Prices of several commodities have gone up because of high demand. The estimates show that, because of declining wages, headcount poverty rates in Teknaf and Ukhiya have increased by 2.73 and 2.63 percentage points, respectively, as a direct consequence of the refugee influx. An estimated 15,000 people (8,390 in Teknaf and 6,342 in Ukhiya) comprising 2,500 households, fell below the poverty line income due to the refugee-influx (UNDP 2018). Health and environmental hazards have been triggered due to the influx also.

The Rohingya crisis has affected the education sector in host communities in Cox's Bazar and Bandarban. Several educational institutions that were used as makeshift camps for freshly arrived refugees suffered from infrastructural damages and loss of educational equipment. It has also been highlighted that in some schools and colleges up to 70 per cent of teachers have left jobs for more lucrative NGO/INGO jobs (UNDP 2018). Besides, major infrastructural damages were caused due to the movement of refugees in their transit and for the movement of heavy-duty transports used in the humanitarian response. It is to be noted that several initiatives of the government and NGOs have improved the situation.

Overtime, the discontent of the local people arises from many different aspects including falling wages, and competition for sharing the natural resources such as groundwater, forestry, etc. Besides, there is also a widespread perception among the local inhabitants of rising crimes since the arrival of the refugees. Local people complain that kidnappings, thefts, and robberies have increased in their localities. It is not about whether these complaints can be substantiated or not, this has been the general perception, which often causes disruptions in social cohesion (UNDP 2018). There have been reports of clashes between host communities and refugees, and refugees and the law enforcement authorities. Incidents of refugee outrage and violence at food distribution centres have also exuded tensions among the refugees and the host communities. There are security concerns arising from the refugee influx, especially affecting girls' and women's mobility.

The country has also faced some level of insecurity from terrorism. The last prominent terrorist attack in Bangladesh took place in July 2016 when five terrorists stormed the Holey Artisan Bakery in the Gulshan area in Dhaka. The incident resulted in 24 deaths,

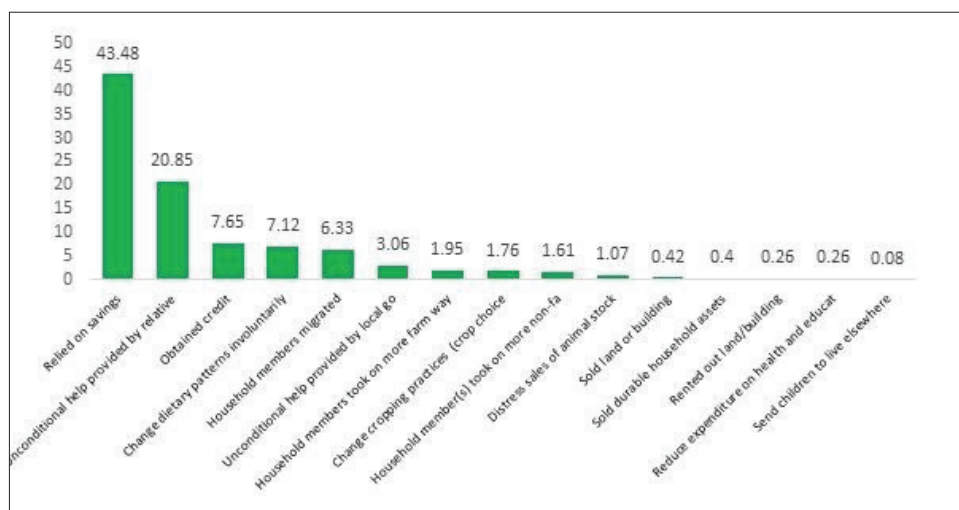
54 ReliefWeb, "Joint Response Plan for Rohingya Humanitarian Crisis 2019 funding update as of 2019.08.31," accessed at <https://reliefweb.int/report/bangladesh/rohingya-humanitarian-crisis-joint-response-plan-2019-funding-update-20190831>, and UNHCR, "Rohingya Refugee Response Population factsheet," accessed at <https://data2.unhcr.org/en/documents/download/71171>.

including 17 foreigners. While there have been no notable terrorist attacks since, the year 2019 has seen six small-scale attacks or attempts targeting law enforcement and political offices. The recent arrests further indicate that there is an effort from several extremist groups to reorganise. While there has been little evidence so far that international and Bangladeshi terrorist groups are operating in the refugee camps in Cox's Bazar, there are indications that various extremist groups continue to attempt to penetrate the Rohingya community and have been active on social media calling their followers to support the Rohingya cause. To date, no foreign terrorists have been arrested in Bangladesh. At the same time, isolated incidents are being quickly managed by law enforcement, and the police and specialised forces are continuously monitoring situations.

Risk Management: Adaptation Strategies

The majority of households in Bangladesh rely predominantly on informal coping mechanisms in order to weather the effects of shocks. Evidence from HIES data suggests that 43.5 per cent of the households have relied on their own savings, while around 20 per cent have relied on unconditional help from relatives or friends (Figure 49). More than 7 per cent of the households that are affected by a shock obtained credit from bank or non-bank financial institutions.

Figure 49: Households' Coping Mechanism to Shocks (% of Households)



Source: HIES 2016.

Social budgeting and social protection will be critical in order to shield poor households and vulnerable children from the worst effects of these shocks.⁵⁵ Only about 3 per cent of households have reported that they rely on public assistance or formal social protection, which is expected, and it is consistent with previous findings based on older datasets (Santos, 2011). In effect, this low reliance on formal social protection mechanism is a result of the under-developed social protection system in the country.

⁵⁵ UNICEF. Aggregate Shocks, Poor Households and Children: Transmission Channels and Policy Responses. February 2009, accessed at https://www.unicef.org/policyanalysis/files/Postscript_Formatted_AGGREGATE_SHOCKS_AND_CHILDREN_3.04.09.pdf.

Government Initiatives

The Government of Bangladesh has devised a range of policies, plans, and regulatory frameworks that provide clear guidance to key stakeholder groups and national development planning. The challenges of climate induced risks are well-recognised and remedial measures are appropriately articulated in the country's long-term vision and multiyear plan including the Vision 2021 and Seventh Five Year Plan. A number of acts, policies, plans, strategies, frameworks, instruments, and tools to tackle the current vulnerability and imminent risk of climate change were developed and enacted. These include National Adaptation Programme of Action (2005, revised in 2009), Bangladesh Climate Change Strategy and Action Plan (BCCSAP), Climate Change Trust Act 2010, Climate Fiscal Framework, Nationally Determined Contributions (NDCs), Bangladesh Environment, Forestry and Climate Change Country Investment Plan (2016–2021), and Bangladesh Delta Plan 2100.

Bangladesh does not have a consolidated approach to analysing, planning for, and managing risks. As a signatory of the Sendai Framework on Disaster Risk Reduction, responsibility for risk resilience is primarily vested in the Ministry of Disaster Management and Relief (MoDMR), yet this ministry's efforts focus primarily on post-disaster response, which is only one important component of risk reduction and resilience (CCA). While the country has developed sound policies and frameworks, it lacks the capacity to implement all aspects of these policies and frameworks.

Government along with NGOs, INGOs, and international developing agencies including the United Nations are working to minimise the impact of Rohingya refugee influx. The Joint Response Plan (JRP) adequately articulates the plans and programmes for the host communities as well as the Rohingya population. Several programmes and projects are being implemented by UNICEF, UNHER, UNDP, and other organisations. A joint working group has been formed to start repatriating Rohingya refugees. After several meetings of the joint working group two attempts have been taken for the repatriation. The attempts were not fruitful as the refugees were not convinced of their safe return.

As the Rohingya crisis continues, there is an ongoing risk of escalation of tensions between Bangladesh and Myanmar to the point of threatening peace and security in the region. Bilateral relations between the two countries have continued to deteriorate in recent months as the two countries struggle over the question of return of refugees to Myanmar. Continued mediation efforts by international actors have helped to keep tensions in check, and steps to facilitate a small-scale pilot return in which security and basic physical needs are addressed, if successful, could assist in improving the relation.

In order to minimise conflicts and build peaceful environment among the host communities and the Rohingya people, the JRP stipulated a list of interventions. One of the three strategic objectives of the JRP 2019 is fostering social cohesion: stabilise and sustain the response in close collaboration with the Government of Bangladesh by ensuring access to quality services for affected populations including the host communities; building resilience and strengthening capacities; and rehabilitating the environment and eco-systems. Estimates shows that some 25 per cent of the Rohingya households have regular interactions with Bangladeshi host communities and almost all describe this relationship as good or very

good (ISCG Joint MSNA, June 2019). Several joint activities between refugees and host communities are ongoing including joint identification of priorities, and joint workforces on improvement projects; joint membership in community protection committees; and joint activities in community centres and safe spaces. Efforts to rehabilitate the environment have advanced, including reforestation and replanting, and distribution of liquefied petroleum gas (LPG) as an alternative fuel to mitigate deforestation. 5,000 of the host community families (of the targeted 45,000) and more than 151,000 refugee families (of the targeted 180,000) have been covered by the LPG distribution programme. 78 Government officials, 40 Ansar personnel, and 8 CICs and assistants of Uhkiya camps were trained on refugee law and protection to promote peaceful coexistence and enhance social cohesion (JRP mid-term review, 2019).

9.2.10 Country Review of Essential Products, Markets, Services and Supply Chain Systems for Children

Bangladesh has been making substantial investments to provide essential supplies available, accessible, and affordable to children, and hence government-procured supplies are playing a significant role in improving children's health and education. This sub-section highlights the country's budgetary allocation for children and various children-related interventions undertaken by the public sector.

Budgetary Allocation for Children

Budgetary allocation in the education and health sector has been a critical factor to ensure the supply of essential products and services. Since 2015–16, the government started to publish the child budget which reflects how the rights and requirements of children are incorporated in the national budget. The child budget framework as a part of the overall national budget follows the life-cycle approach which provides a child-centric budget structure. Because of the complex structure of the national budget, it is difficult to specify exactly how much has been allocated for children, and how much of that has been spent to eradicate childhood poverty and to improve child-nutrition. In the first publication of the child budget, the government focused on five ministries that were involved in important activities pertaining to child rights. The number of ministries/divisions has been increased to 7, 11, and 13, respectively, in FY18, FY19, and FY20 (Figure 14).

National Scenario of the Child-Centric Budget

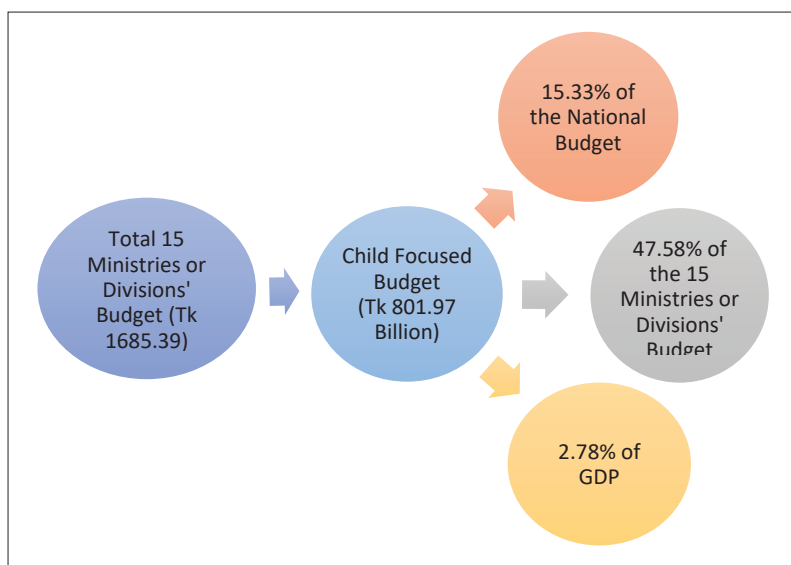
In the FY20 budget, the government allocated around Tk 1685.4 billion for the related 15 ministries/divisions of which approximately Tk 802 billion was allotted for child-focused expenditure purposes. In total, 47.58 per cent of the related 15 ministries/divisions budget are allocated for child-focused expenditures which is approximately 15.33 per cent of the national budget and 2.78 per cent of GDP (Figure 51). Of the total allocation for the related 15 ministries/divisions, around 58.2 per cent allocation, approximately Tk 981 billion, is for education, health, and welfare purposes. The child-centric budget allocation increased from 43.6 percent in 2018–19 to 47.58 per cent in 2019–20 and the government budget share for child budget increased from 14.13 per cent in 2018–19 to 15.33 per cent in 2019–20 of the corresponding national budgets.

Figure 50: Trend of Coverage of Ministries/Divisions for Child-Focused Budget

2016-17	2017-18	2018-19	2019-20
Ministry of Primary and Mass Education Ministry of Education Ministry of Health and Family Welfare Ministry of Social Welfare Ministry of Women and Children's Affairs	Ministry of Primary and Mass Education Ministry of Education Ministry of Health and Family Welfare Ministry of Social Welfare Ministry of Women and Children's Affairs Local Government Division Ministry of Disaster Management and Relief	Ministry of Primary and Mass Education Ministry of Education Ministry of Health and Family Welfare Ministry of Social Welfare Ministry of Women and Children's Affairs Local Government Division Ministry of Disaster Management and Relief Public Security Division Law and Justice Division Ministry of Information Ministry of Labor and Employment	Ministry of Primary and Mass Education Ministry of Education Ministry of Health and Family Welfare Ministry of Social Welfare Ministry of Women and Children's Affairs Local Government Division Ministry of Disaster Management and Relief Public Security Division Law and Justice Division Ministry of Information Ministry of Labor and Employment Ministry of Youth and Sports Ministry of cultural affairs

Source: Ministry of Finance, Child Budget, 2019-20.

Figure 51: Characteristics of the Child-Focused Budget in 2019–20



Source: Ministry of Finance, Child Budget, 2019–20.

Public procurement

Procurement is an important component of government expenditure which facilitates the delivery of public services such as health, education, water, and energy. Approximately \$16 billion is being spent on public procurement which is nearly one third of the country's

annual budget. Of this, Bangladesh spends about \$13 billion on the public procurement of various goods, services, and works to implement development programmes. This accounts for nearly 70 per cent of the country's annual development budget (Islam, 2018).

The Central Procurement Technical Unit (CPTU), under the Implementation Monitoring and Evaluation Division (IMED) of the Ministry of Planning, is the country's central regulatory agency for public procurement. Bangladesh's public procurement is guided by the Public Procurement Act (PPA) 2006 and the Public Procurement Rules (PPR) 2008. While the PPA 2006 which focuses on major public procurement issues, the PPR 2008 addresses public procurement process in details. To optimise the use of public funds, an online procurement process, known as e-Government Procurement (e-GP), is currently in place which has improved the country's public procurement process in recent times.

Government bodies use various sources (e.g. official database, surveys, feasibility studies, etc.) to guide their decision regarding public procurement. Besides using the official database to guide decision-making regarding procurement of essential goods, services, and works, the government programmes and projects often use information from the field administration offices. To some extent, there has been use of result-based management system to improve the decision-making process. However, there exists opportunity to strengthen the data across various sectors. For example, under the collaboration of Bangladesh Bureau of Statistics and UNICEF, the Multiple Indicator Cluster Survey (MICS) 2012–13 was published in March 2015. The latest MICS is yet to be made publicly available. This implies that data regularity could be improved to make further informed decisions in future.

Essential Supplies

Bangladesh has made major strides in the provision of essential products and services. The country's free textbook distribution, school feeding programme, and the Expanded Programme on Immunisation (EPI) are three major interventions which has played a robust role in improving children's well-being.

Free Textbook Distribution

According to the information obtained from a key informant interview (KII) at the National Curriculum and Textbook Board (NCTB), the programme for free textbook distribution started in 2009 when the government was able to provide 7 crore free textbooks; but, in the next year they were able to provide almost 20 crore textbooks. Most of the books were delivered on due time, 1 January 2010, except for 50 lakh books which were provided after that date. In the year 2020, more than 35 crore textbooks were distributed among more than 4 crore students (Figure 52). The on-time delivery of free textbooks is of the highest priority for the government. Distribution of free pre-primary textbooks, and pre-primary textbooks in five ethnic minority languages and braille textbooks (primary and secondary) were introduced in 2014 and 2017, respectively. It was also revealed that a budget of around Tk 1,200 crore (1000 for secondary textbooks and 200 for primary textbooks) was allocated for the academic year 2020, but the total cost incurred to deliver the books was 50 crores less than the budget. For secondary textbooks, the method of tendering is Open Tendering Method (OTM) which is restricted to local bidders, and for the primary

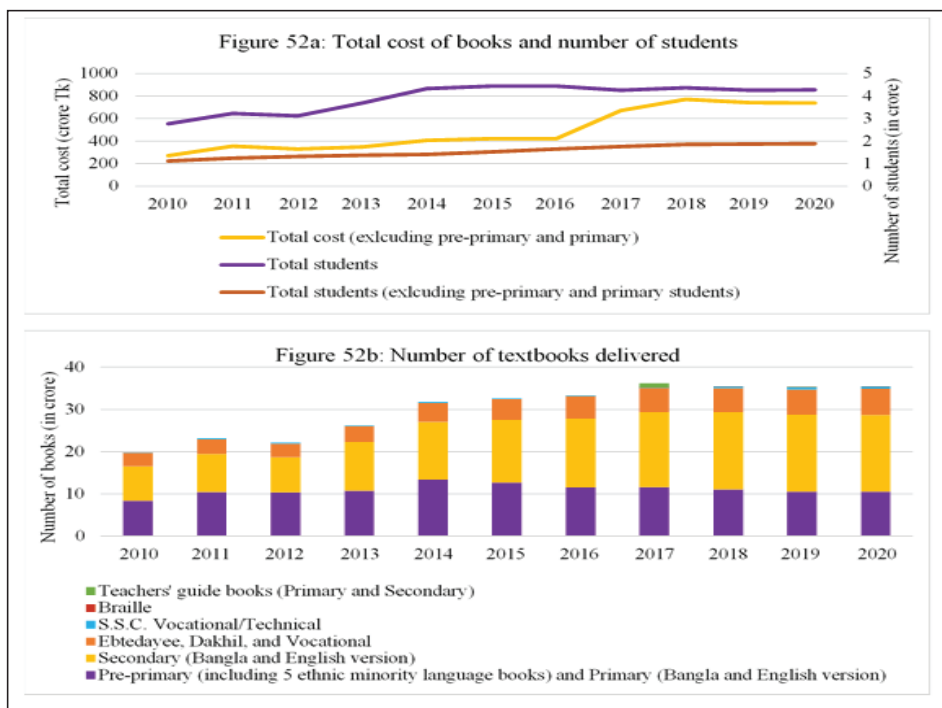
textbooks the tendering method is also of the same type, but international bidders can also participate. Last year all the tender winners were local printing presses. There are around 250 printing presses involved in printing these textbooks and due to the government's growing demand of efficient printing of textbooks, a lot of the presses have shifted from less efficient sheet-fed machines to higher efficient web machines. The government still accepts bids from some printing presses using sheet-fed machines to help them survive, but they will eventually have to adopt more productive technology to be able to participate in future tenders. The binding is also done by automatic glue binding machines which is much more efficient than manually stitching every book that was done previously. The programme for free textbook distribution also helps the paper mills to stay active. Around 100,000 metric tonnes of paper are consumed each year for printing the books for this programme. It is also estimated that around 200,000 workers are involved, directly and indirectly, in this programme.

The free textbook distribution programme is helping to reduce the inequality among the students. Partly due to this initiative, the number of students is on the rise and the dropout rate is also decreasing. At present, the dropout rate is 18 per cent at the primary level and less than 40 per cent at the high school level.⁵⁶

The supply chain of the free textbook distribution programme is shown in Figure 53. The estimation of the volume of each textbook is done through an online Database Management System (DBMS) where the schoolteachers enter the number of different textbooks required for their schools, and to operate the software, sufficient training is also provided. This system has been in use for the last two years for the primary textbooks, and from the year 2020 the system has been introduced for secondary textbooks which will run side by side the manual process of estimating the number of secondary textbooks. The NCTB is the procuring entity which follows the CPTU's guideline for conducting all the tenders. Previously, the body used to follow the World Bank's guidelines for the tender for primary textbooks. The source of funds for all the tenders is the GoB. For the printing, binding, and supplying of textbooks the tenders are generally opened in March/April and signed in June/July, and the contracts are completed by September/October. The time to complete the contract is usually 98 days for secondary textbooks, and a bit lengthier for primary textbooks. While the tender process is in motion, the dummies of textbooks are created, usually by April. The dummies are given to the selected printing presses on disks. After printing, thousands of trucks are mobilised to deliver the books to the Zilla education offices by mid-November. From there the Upazila education officers (UEOs) collect the books and distributes them to the schools. Feedback from schools are provided on the number of textbooks received by early December. Schools are also inspected by December to monitor overorders and hence ensure accountability. The last stage of the supply chain is the delivery of the textbooks to the students on 1 January.

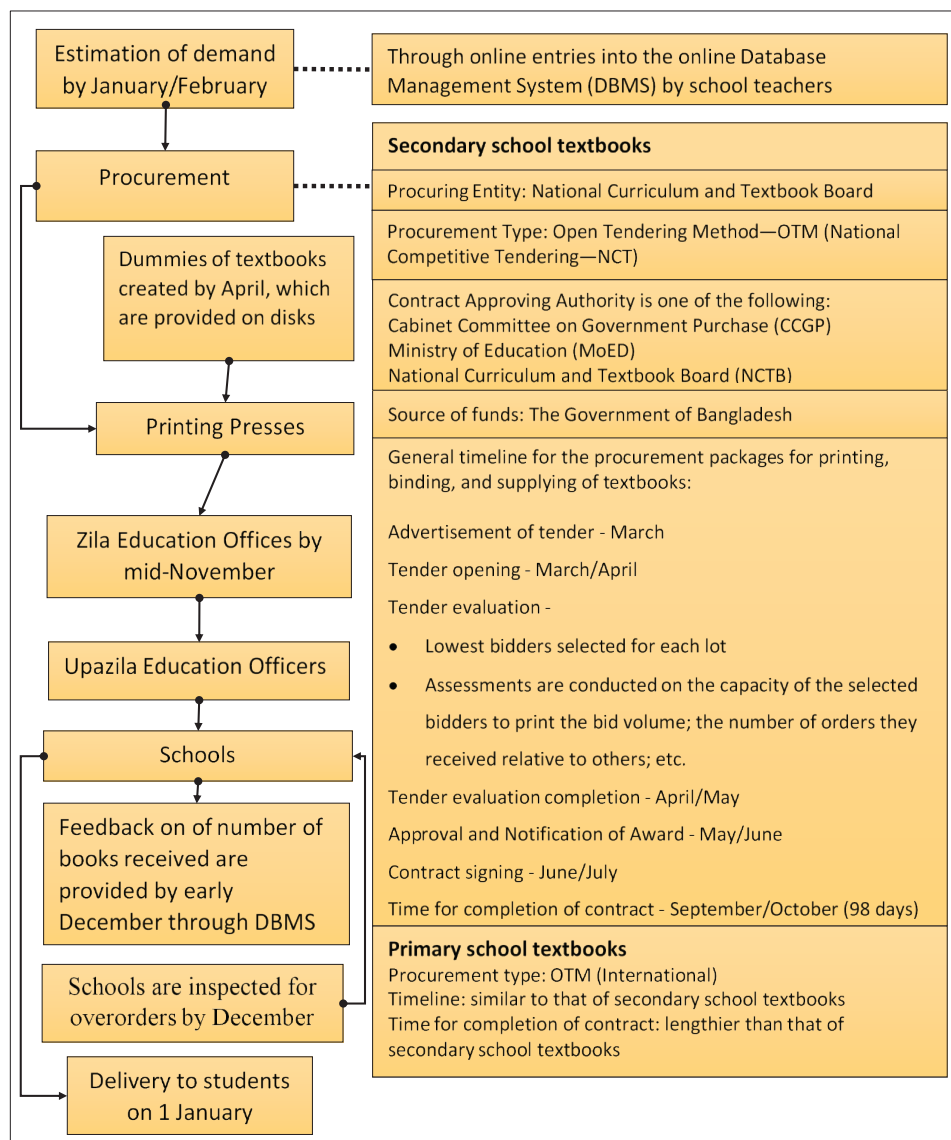
56 Ahmed, Mustak "Unparalleled example of free book distribution," in Prothom Alo, Dhaka, 16 November 2019, accessed at <https://en.prothomalo.com/bangladesh/news/205002/Unparalleled-example-of-free-book-distribution>.

Figure 52: Total Cost of Books, Number of Students, and Number of Textbooks Distributed



Source: Authors' presentation using NCTB data.

Figure 53: Supply Chain of the Free Textbook Distribution Programme



Source: NCTB.

School Feeding Programme

The School Feeding (SF) programme was initiated by the WFP in 2001 as an emergency response programme to 350,000 flood-affected schoolchildren in the Jashore district. The aim of the programme was to bring the children back to school. Due to the success of the programme, it was incorporated as a core-component into the WFP's country programme to address poor attendance and enrolment rates in the poverty-stricken areas of Bangladesh. The GoB started their own SF programmes in 2011 using their own resources,

with the technical assistance from the WFP, after seeing the beneficial impact of WFP's SF programme. At that time, 56,635 primary students in upazilas were covered by the programmes. In 2016, the government was able to reach to around 2.53 million students in 72 upazilas; and in recent years the WFP has been handing over their school feeding operations to the government. Areas of programmes operations are prioritised based on the Poverty Map.⁵⁷ As of 2019, the government's SF programme covers over 3 million school children in 15,700 schools in 93 Upazilla of 29 districts of Bangladesh.⁵⁸

The MoPME provides the general guidance and supervision in the implementation of the SF programme. The Directorate of Primary Education (DPE) and the WFP are jointly implementing the programme at the school level with the help of NGOs. At the central level, an inter-ministerial Project Steering Committee (PSC) has been formed headed by the Secretary of MoPME to review the implementation process of the project. A Project Implementation Committee (PIC) is headed by the Director General (DG) of DPE to review the plan of activities of the DPE, budget, and annual work-plan, and to monitor the management of the project. A Project Liaison Unit (PLU) of the WFP, embedded in the DPE, provides an all-inclusive technical assistance to the DPE by building their internal capacity to promote the independent management of the programme. The WFP has also been providing technical support to MoPME in developing the National School Feeding Policy and Strategy.⁵⁹

Objectives of the Programme

The short-term objectives are: (i) to increase enrolment and attendance rates of primary school students in food-insecure areas; (ii) to improve health and learning ability of primary school children by reducing micronutrient deficiencies; and (iii) to enhance the government's capacity to implement the school feeding programme efficiently and effectively.

The long-term objective of the programme is to contribute to achieving Universal Primary Education and to cover all primary students gradually.

Provisions of the Programme

The programme provides fortified (with vitamins and minerals) biscuits to pre-primary and primary school children in highly poverty-prone areas. Each child in the programme coverage receives a 75 gram pack of fortified biscuits six days a week based on daily attendance. Each pack of biscuits contains about 67% of the daily 'Recommended Nutrient Intake (RNI) of a child and provides around 338 kilocalories of energy.⁶⁰

The programme also includes an essential learning package (ELP) that aims to teach the importance of setting up school vegetable gardens; provide educational lessons on health, nutrition, hygiene, water, sanitation, and de-worming; and raise awareness on disaster

57 The Poverty Map has been constructed by the Bangladesh Bureau of Statistics with collaboration with the World Bank and the WFP.

58 Rahman, Bappy. "Rethinking School Feeding Programme," in Daily Sun, 23 April 2019, accessed at <https://www.daily-sun.com/printversion/details/387037/Rethinking-School-Feeding-Programme> and <https://www.sfp.dpe.gov.bd>.

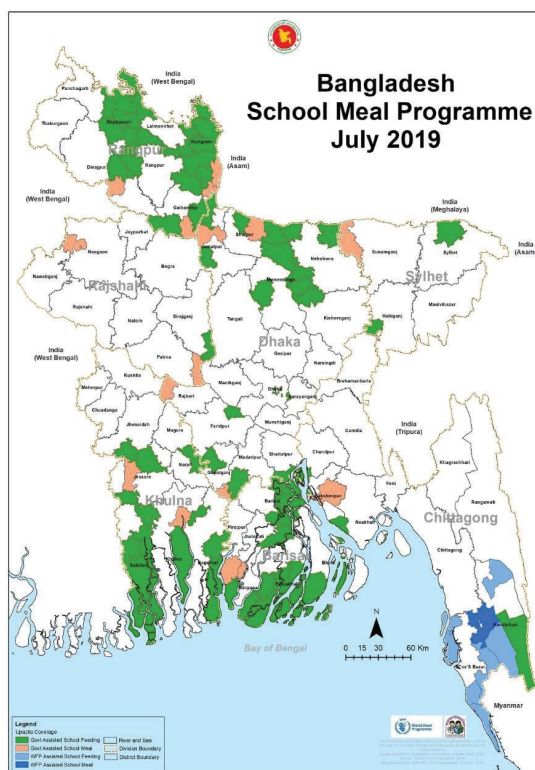
59 <https://www.sfp.dpe.gov.bd>.

60 Rahman, Bappy. "Rethinking School Feeding Programme," in Daily Sun, 23 April 2019, accessed at <https://www.daily-sun.com/printversion/details/387037/Rethinking-School-Feeding-Programme> and <https://www.sfp.dpe.gov.bd>.

risk reduction and social issues such as dowry, early marriage, and pregnancy. Lessons on the creation of vegetable gardens teach them how to use limited space, crop rotation, preservation of seeds, and methods of pest control. Students then can pass the knowledge to their families and help them set up gardens at homes.⁶¹

The government is also working on a school meal programme. A pilot programme, initiated in 2013, at Bamna and Islampur upazilas provides hot meals that provide adequate macro and micronutrients to school children. The meals include locally sourced fresh vegetables with lentils and micronutrient-fortified rice and oil. For the purposes of the meal programme, the National School Meal Policy 2019 has been approved, which aims at bringing all the students of government primary schools under the school meal programme coverage by 2023. The government currently provides school meal programmes in three upazilas.⁶² Figure 54 shows the current coverage of the school feeding and school meal programmes implemented by the government and the WFP.

Figure 54: Coverage of the School Feeding and School Meal Programmes as of July 2019



Source: Directorate of Primary Education, Government of the People's Republic of Bangladesh.⁶³

61 Ibid.

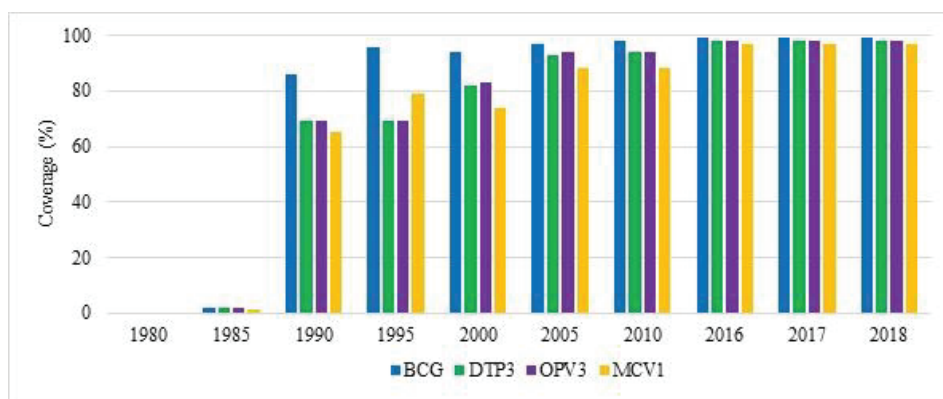
62 bdnews24.com, "Bangladesh clears draft school meal policy to ensure nutrition of 15 million children," in bdnews24.com, 19 August 2019, accessed at <https://bdnews24.com/bangladesh/2019/08/19/bangladesh-clears-draft-school-meal-policy-to-ensure-nutrition-of-15-million-children>.

63 Directorate of Primary Education, "Bangladesh School Meal Programme July 2019," accessed at [https://dpe.portal.gov.bd/sites/default/files/files/dpe.portal.gov.bd/forms/6bdfd538_45a3_40a2_a5c8_695e7a61f067/SFP%20Location%20Map_July%202019%20\(1\).jpg](https://dpe.portal.gov.bd/sites/default/files/files/dpe.portal.gov.bd/forms/6bdfd538_45a3_40a2_a5c8_695e7a61f067/SFP%20Location%20Map_July%202019%20(1).jpg).

Expanded Programme on Immunisation (EPI)

Bangladesh's Expanded Programme on Immunisation (EPI) is one of the most successful public health interventions that has helped the country to reduce child mortality and morbidity from vaccine preventable diseases. EPI activities were initiated in the country in 1979 with vaccines to prevent six diseases, namely, childhood tuberculosis, diphtheria, pertussis, neonatal tetanus, poliomyelitis, and measles. As a reflection of the commitment to the safeguard of children, several new vaccines were subsequently added, namely, the Hepatitis B (Hep-B) vaccine, Haemophilus influenzae type B (Hib) vaccine, measles-rubella (MR) vaccine, pneumococcal conjugate vaccine (PCV), and inactivated polio vaccine (IPV). Required vaccines are internationally sourced and provided free of cost to the children. The EPI is now protecting children against 10 diseases. According to the latest Coverage Evaluation Survey of the EPI, 82.3 per cent of children under the age of one year were receiving all doses of vaccines at the right time and right interval which was only 2 per cent in 1985. It provides almost universal access to immunisation services, measured by the percentage of children under the age of one year receiving the bacillus Calmette-Guérin (BCG) vaccine, diphtheria-tetanus-pertussis (DTP3) vaccine, third dose of oral polio vaccine (OPV3), and measles-containing-vaccine first-dose (MCV1). The coverage of these vaccines has increased from a mere 2 per cent in 1985 to over 97 per cent in 2018 (Figure 55).⁶⁴

Figure 55: National Immunization Coverage



Source: WHO and UNICEF estimates of immunisation coverage, July 2019 revision.

9.2.11 Urban settings

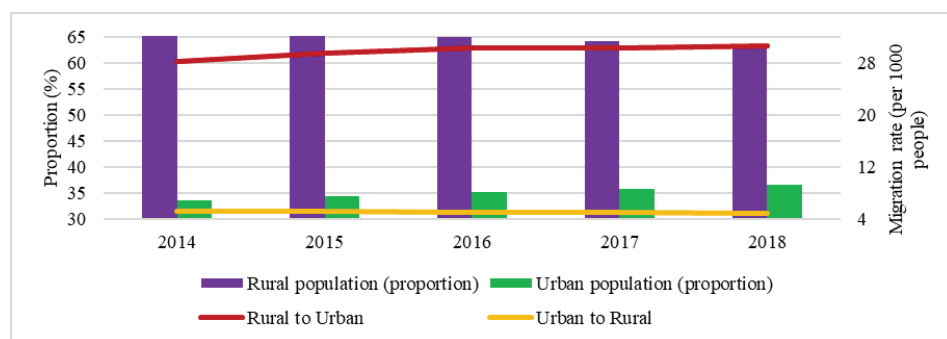
Rapid Urbanisation of Bangladesh

Bangladesh has experienced rapid urbanisation over the recent decades. As per the HIES 2010 and 2016 reports, the urban population in Bangladesh grew by 5.39 percentage points more than the rural population from 2010–2016. The current urban population of 55 million is expected to reach a massive 77 million by 2025 as per the projections by

64 Directorate General of Health Services, Ministry of Health and Family Welfare. "CES (Coverage Evaluation Survey) Report," accessed at <https://dghs.gov.bd/index.php/en/mis-docs/epi/121-bengali/menu-articles/1117-ces-coverage-evaluation-survey-report> and World Health Organization, "Expanded programme on Immunization (EPI) factsheet 2019: Bangladesh," accessed at <https://apps.who.int/iris/handle/10665/329976>.

the United Nations Expert Group.⁶⁵ According to the World Urbanization Prospects 2018 report, Dhaka is projected to become the fourth largest city by 2030. As seen in Figure 56, the rural to urban migration rate grew from 28.2 per 1000 people in 2014 to 30.6 per 1000 people in 2018. On the other hand the urban to rural migration rate decreased from 5.1 to 4.9 per 1000 people over the same period. Although the out-migration for urban areas has averaged around 100 per 1000 people over the last five years, the urban population grew at an average rate of 3.3 per cent over that period.⁶⁶

Figure 56: Proportion of Urban and Rural Population, and Internal Migration Trend



Source: Authors' calculation using World Bank and BBS data.

Consequences

Though urbanisation brings in the prospect of economic development, it also brings forth the challenges that threaten sustainable and inclusive development. The Child Well-Being Survey in Urban Areas of Bangladesh 2016 reports that 35.6 per cent of the urban population are children under the age of 18 years. The prevalence is slightly higher in the city corporation (CC) slums (38.4 per cent); and the people residing in slums are generally very poor. This figure points out to a similar observation found in the sub-section 9.2.1—more children live in poor households.

The two principal drivers of migration in Bangladesh are natural increase and internal migration. The latter has been the leading force contributing to two-thirds of the urban growth in Bangladesh. The main factors affecting the rural-urban migration have been identified to be economic “push” and “pull” factors. One of the most significant “pull” factors has been the expansion of the garment industry which has driven the growth of urban slums that lacks the provision of basic facilities and services such as formal housing, education, health, nutrition, water, sanitation, and security services.⁶⁷

The speedy rise in urbanisation and economic activities have resulted in various environmental and social disruptions. For instance, textile wet processing has led to substantial pollution of surface and groundwater in Dhaka. The poor health of the residents of urban areas is made worse by the poor diet and unhygienic conditions. Bangladesh's air quality also has been deteriorating. Two of the biggest air polluters in the country are brick

⁶⁵ UNICEF. Analysis of the Situation of Children and Women in Bangladesh 2015. December, 2015.

⁶⁶ Authors' calculation from World Bank data. Migration data were obtained from the BBS.

⁶⁷ Hossain, Md. Zakir. (2016). ‘Determinants of Rural-Urban Migration in Bangladesh including its Consequences for Origin Households and Urban Amenities’. Research & Reviews: Journal of Statistics. Vol. 5. Page 47–61.

kilns and the transport sector. As per estimates by the World Bank, 230 million cases of respiratory diseases and around 3,500 deaths could be avoided annually in Bangladesh if air pollution is significantly reduced.⁶⁸ The urbanisation also results in water logging and loss of forests. Slums, as well as urban buildings, have very poor fire safety and protection systems. Fire hazards are quite frequent in urban slums. Traffic jam has been a serious issue in urban Bangladesh. A World Bank report finds that “congestion wastes about 3.2 million working hours each day and costs the economy billions of dollars every year”.⁶⁹ The jam has a massive effect on urban children’s lives as they suffer a lot while travelling to places such as schools. As per the Rapid Action Battalion (RAB), over 50 teen gangs have sprouted in Dhaka city and they have been a cause of social degradation. Rape has become a serious problem.⁷⁰

Bangladesh is one of the most densely populated country in the world. The influx of migrants into Dhaka metropolitan region is of big concern due to the physical limits of the city and the carrying capacity of urban land and the cities also lack in resources. Seventh Five Year Plan remarks that only 2 per cent of the total government expenditure was allocated to the city corporations. The dearth of resources means that deteriorating infrastructures are not being refurbished and new infrastructures will suffer in terms of quality. The decline in the robustness of infrastructure would pose great risks to the swelling population of the urban lands. Examples of the effect of resource paucity have been mentioned in the Seventh Five Year Plan One example is that the number of buses in operation can only meet 20—25 per cent of the demand and leads to the poor management of the already-stretched road infrastructure. Another example is that, although, Dhaka can meet about 90 per cent of its water supply service requirement, Chattogram has a coverage of 50 per cent, while Rajshahi and Khulna had the corresponding coverage of 40 and 20 per cent respectively. The most widely used sanitation system in Bangladesh is the latrine system and only 60 per cent of Dhaka city’s waste is collected, which is actually higher than that of Barisal, Khulna, and Sylhet.

Four million people are estimated to live in around 5,000 urban slums in Dhaka city. The slums lack in infrastructure and basic facilities and are also very climate vulnerable as these are usually situated in low-lying areas.⁷¹ The combination of overcrowding and limited resources and services results in poor living conditions, especially in the slums. The Child Wellbeing Survey in Urban Areas 2016 (CWS 2016) reveals that City Corporation (CC) slums and other urban areas, in general, are way behind than their CC non-slum counterparts in terms of the aspects—nutrition, health, water and sanitation, education, and protection (Figure 20). CC slums had an underweight prevalence of 30.8 per cent compared to 17.7 per cent for CC non-slums; CC slums had a stunting prevalence of 40.4 per cent as against 25.2 per cent for CC non-slums; percentage of children under age 5 with ARI (Acute Respiratory Infection) symptoms in the last 2 weeks in the CC slums was 7.5 per cent compared to 6.7 per cent for CC non-slums; percentage of women aged 20-24

68 World Bank. “Cleaning Dhaka and Bangladesh’s Air,” accessed at <https://www.worldbank.org/en/news/feature/2014/07/24/cleaning-dhakas-air-bangladesh>.

69 Bird, Julia Helen; Li, Yue-000316086; Rahman, Hossain Zillur; Rama, Martin G.; Venables, Anthony J. 2018. Toward Great Dhaka : a new urban development paradigm eastward (English). Directions in development; countries and regions. Washington, D.C. : World Bank Group. <http://documents.worldbank.org/curated/en/566521531469112919/Toward-Great-Dhaka-a-new-urban-development-paradigm-eastward>

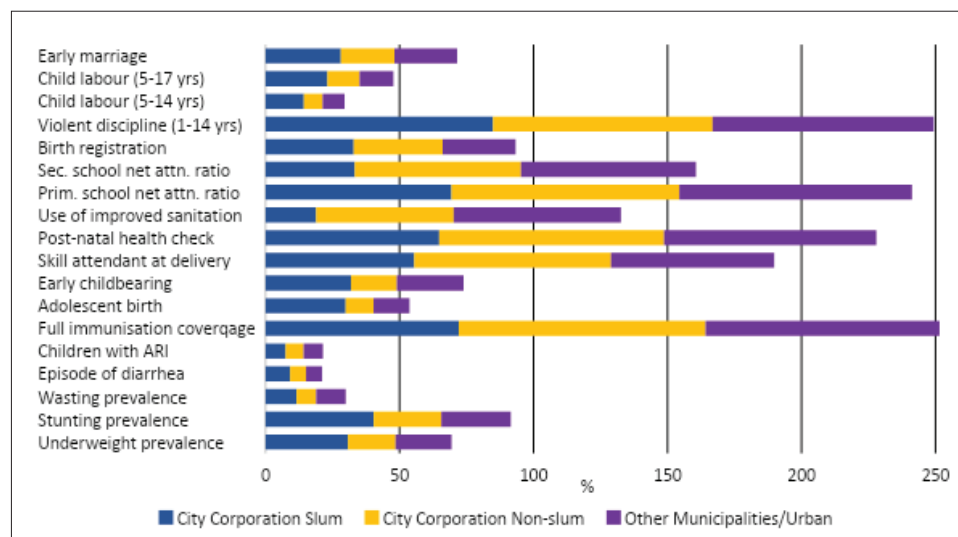
70 Rabbi, Arifur Rahman, “Over 50 teen-gangs active in Dhaka,” in Dhaka Tribune, 29 August 2019, accessed at <https://www.dhakatribune.com/bangladesh/dhaka/2019/08/29/over-50-teen-gangs-active-in-dhaka>.

71 UNICEF. “Children in cities,” accessed at <https://www.unicef.org/bangladesh/en/children-cities%2C%A0>.

years who have had at least one live birth before age 18 years in CC slums was 31.9 per cent as against 17.1 per cent for CC non-slums; 18.9 per cent of the household members in the CC slums used improved sanitation as against 51.3 per cent for CC non-slum households members; percentage of children of secondary school age currently attending secondary school or higher in the CC slums was 33.3 per cent as against to 62 per cent for CC non-slums; and prevalence of child labour was found to be more in CC slums than in CC non-slums.

Violent discipline is very prevalent (more than 80%) and birth registration of under age of 5 years children is very low (around 30 %) among all the sub-groups of urban areas. The CWS 2016 also found that CC slums are way behind CC non-slums in terms of child faeces disposal and handwashing practices. Other studies have also found similar results. Mostafa et al (2017) investigated in four slums in Dhaka and that found that 63 per cent of the children were malnourished and 58 per cent were stunted. They also found that yeast and moulds, and coliforms in 86 per cent and 73 per cent of the food samples respectively. Faecal coliforms, yeasts and moulds, and Staphylococcus contaminated all the water samples they collected.⁷² 83 per cent of the households were suffering from food insecurity. Ahsan et al (2017) also found similar results regarding stunting in their study, and also found that 43 per cent of the children were underweight. All these findings mean that children living in the urban slums are worse than their urban counterparts are. As Bangladesh has been experiencing substantial economic growth, the findings contest the trickle-down effect.

Figure 57: Indicators on Nutrition, Health, Water and Sanitation, Education, and Protection



Source: Authors' representation Child Well-Being Survey in Urban Areas of Bangladesh 2016 data.

More than 8.5 million children live in Dhaka city what covers a land mass of around 306 km and the city only consists 148 playgrounds and 27 parks, which is very inadequate

72 The presence of coliforms (a type of bacteria) indicates unsanitary conditions. The Staphylococcus is a harmful bacteria.

to suffice the children's needs. The playgrounds also do not have proper provisions for playing.⁷³ This forces child to using other forms of entertainment such as drugs and social media. Addiction to these hinders the mental and physical growth of children.

Government Initiatives

The Local Government Division (LGD) of the Ministry of Local Government, Rural Development and Cooperatives (MoLGRD&C) and the Ministry of Housing and Public Works (MoHPW) are the two ministries directly involved in urban administration. Agencies responsible for the provision of services and construction are controlled by the LGD. The municipalities and city corporations provide only a few services such as road construction sanitation, street lighting, and water supply, except in the cases of Chattogram and Dhaka. Other departments of the central government are responsible for the provision electricity, judiciary, security, and telephone services. Other ministries, such as the Ministry of Education (MoE), Ministry of Health and Family Welfare (MoHFW), and Ministry of Women and Child Affairs (MoWCA), provide services through their decentralised structures in urban and rural areas. The disjointed nature of service provision leads to many challenges. The relevant ministries, MoHFW and MoLGRD&C, and other local government institutions are responsible for the provision of urban primary healthcare services. This makes implementation of a coordinated and integrated service delivery very difficult. This problem is further aggravated by the fact that many public sector services are provided by NGOs, especially in the poorer urban areas. Concerns have been raised about the susceptibility of urban health care system to external, financial, or political shocks due to the role played by the NGOs. Although private companies have been providing other services, it has often been done illegally and with associated costs. (CCA)

The LGD has been working on the implementation of the National Urban Health Strategy 2014. The initiative was set up to address deficiencies in the provision of funds, infrastructural support, and skill human resources for the poor. The National Urban Poverty Reduction Programme (NUPRP) 2015–2022 is a government initiative to address urban poverty. The main components of the NUPRP are:

1. Boosting local economic development through the preparation of city development plans;
2. Strengthening municipal planning, boosting local revenue generation, and improving financial management through the building of robust municipal capacity
3. Deployment of savings and credit schemes for the urban poor
4. Provision of secure tenure and housing finance; and
5. Improvement in infrastructure to develop the local environment.

Although Bangladesh has made significant strides in upgrading their policies, challenges are up ahead. For instance, UNICEF consultations at the divisional level showed that the GoB is yet to have a comprehensive urban policy. The UNICEF Rangpur field office aims to develop Rangpur city as a child-friendly city. The Rangpur City Corporation have not

73 Ejaj, Faria. "Lack of playground in Dhaka city," in New Age, 02 December 2018, accessed at <http://www.newagebd.net/article/57627/lack-of-playground-in-dhaka-city>

recognised the needs and priorities of children in their plans. The major chunk of their annual budget is allocated for roads and infrastructure and lacks in the allocations for children well-being. They need to portion out funds for child-friendly police stations and health corner in hospitals, and children parks. (CCA)

9.3 Data and Knowledge Gaps

There exist significant data and knowledge gaps to make informed assessments on various children related issues in Bangladesh. These gaps pose formidable challenges for the situation analysis of children and in devising appropriate child-related policy measures. Some of the major data and knowledge gaps are highlighted below:

The data uses for multidimensional poverty is aggregated in nature. Using such data it is difficult to infer about the situation of certain pockets/regions that are known to suffer from high poverty and deprivation. To address this issue, it is essential to collect data at a more disaggregated level.

Concrete information on displaced, climate-vulnerable, and street children is almost non-existent. While it is difficult to generate such data, informed policymaking is hardly possible in its absence. There is a need for investing in information generating capacity, utilising both quantitative and qualitative techniques. Institutional capacity building is also needed in gathering such data on a regular basis and preparing analytical policy advice using them.

There exist divergences in the definition of disability and data collection methods. This has led to varying estimates of the number of PWDs. According to the Disability Detection Survey (DDS), there are 1.63 million PWDs in Bangladesh (approximately 1.04 per cent of the population). The survey used the definition of disability from ‘Rights and protection of persons with disabilities act 2013’. On the other hand, the NSSS has estimated that 8.9 per cent of the population are PWDs. An appropriate methodology, which identifies the various degrees of disability and age-specific characteristics, should be used to collect data on PWDs. This would help to undertake specific policy measures for children with disabilities.

CSR initiatives by business enterprises can be helpful for community development as well as promoting awareness about child rights and children’s equitable access to health, education and other social security schemes. The information on CSR activities is usually featured in the respective business enterprises’ website and news reports. There exists a lack of comprehensive information base about all those activities undertaken and their beneficiaries. In the absence of such detailed information, it is hardly possible to assess how the corporate sector is contributing to child rights and equity issues.

Data on child labour are scarce. Studies and surveys on child labour are sporadic in nature and because of different methodologies used the results cannot be compared over time. Indeed, at present, it is hardly possible to assess the prevalence of child labour in the economy. In general, credible information on the informal sector non-existent. There is a general perception that children are often employed for hazardous tasks in the informal sector. However, any systematic evaluation of this is not available.

9.4 Recommendations for 2021–2025

Some impact strategies based on the analysis of this chapter to address the cross-cutting challenges are as follows:

1. Poor households tend to have more children, and hence improvement in the SSPs could alleviate childhood poverty. Therefore, SSPs need to be consolidated and expanded, and their targeting needs to be improved. The creation of a single digital database of users could help to corroborate information on households' assets and income and hence could reduce the high exclusion and inclusion errors. To assess the poverty situation, both income poverty and child-focused multidimensional poverty should be used to design SSPs and policy measures. The SSPs need to be expanded to target the climate-vulnerable, street, urban slum, and displaced children; there is also a call for the expansion of such programmes for the orphans. Also, child-focused multidimensional poverty is highest in Sylhet. So, the division might need further scrutiny to provide or improve specific SSPs. Overall, the NSSS has performed well in identifying problems but improvements can be made regarding the effective and timely implementation of the programmes. Furthermore, the development partners of the government could do the same regarding their social protection schemes.
2. Analyses have shown that education is one of the key poverty alleviators. It has been also revealed that the quality of children's health in poor households have been found to be lagging behind their non-poor counterparts. Bangladesh has the lowest public expenditure to GDP ratio in South Asia for the education and health sectors. To ensure every child's fair share in education and healthcare, it will require significant investment and improvement in these sectors. Also, effective and timely implementation of the child-related development projects is essential. There has been the implementation of encouraging initiatives such as the inception of a separate module—child budget module—in the government's database to include child-focused expenditures of 15 ministries. Effective use of this module can help attract increased allocation of resources and their effective utilisation for children.
3. Quality assurance is a key factor in providing better products and services to children. In this context, streamlining the procurement processes could lead to achieving the desired quality. Another area which requires streamlining is the urban health sector. The fragmented nature of the provision of urban healthcare services has resulted in difficulties in service delivery. Better coordination among different urban ministries and institutions of the government could result in better service delivery.
4. Most vulnerable areas in terms of vulnerabilities such as food insecurity and destruction-prone WASH facilities have to be identified so that quick response to these areas can be provided during and after natural disaster events and climate disruptions. Improvement in the infrastructure, including in the communication system, could also help to quicken the response.
5. Modification of the infrastructure of educational institutions and WASH facilities that face regular climate disruptions could help lessen the adverse effects such as the loss in schooldays.

6. There is scope to further incorporate the aspects of CCenA, CCA, and DRR in existing policies, plans, and strategies. Incorporations such as mainstreaming disaster preparedness and climate adaptation in the national school curriculum could improve the awareness and knowledge on climate disruptions.
7. The divergences in definitions and data collection methods have resulted in difficulties regarding identifying the PWDs. Maintaining a database with a set method and definition, as mentioned in section 9.3, would help to expand the SSPs to the PWDs. Specific resource allocation or specific direction for disability-inclusive policies and planning and implementation of development initiatives under each ministry could be useful in mainstreaming the development of children with disabilities. SSPs could be designed to address the nature and degree of disabilities. The initiative of a universal child disability benefit for all children with disabilities, as stipulated by the NSSS, would be much welcomed. There are other initiatives that could address the issues faced by children with disabilities:
8. The disability information system (DIS) should be functional in order to track all people with disabilities including the children. This would help reduce the information gap on the number of PWDs and help identify them based on the nature and severity of the disability.
9. All public and private educational institutions should have facilities for children with disabilities.
10. Specialised educational institutions have played an affirmative role in helping children with disabilities, but more could be done in terms of quality and quantity. Introduction of one of such educational institutions per Upazila could be a way forward.
11. There is room for improvement in expanding the facilities of state hospitals and care centres for children with disabilities. There are also scopes to enhance training and research centres on disabilities. Investment in such areas could improve the access to facilities for them; bring forth innovative ideas in addressing issues related to disabilities; make them appropriately skilled; and raise awareness in the society.
12. It is critical to break gender stereotypes and transform social norms that perpetuate gender inequality and that are the basis for discrimination. This requires the adoption of progressive policies that create more opportunities for girl children, and an end to the impunity against violence against girls that reinforce the low value socially prescribed to their lives. In addition, long term programmes and interventions strategies need to identify effective approaches to shift the power dynamics towards a more equal society.
13. Considering the high prevalence of gender-based violence (GBV) in Bangladesh, initiatives to implement multisectoral prevention and response interventions including referral, GBV case management, and psychosocial and mental health services for the GBV survivors could be undertaken by the stakeholders. For collecting and keeping records of GBV data in an ethical way, GBV Information Management System (GBVIMS) could be rolled out.

14. Girl children are much more vulnerable to climate change; they are especially prone to abuse in post-disaster situations. Disaster management policies and strategies could incorporate the provision of specific services to and separate shelter for girls in post-disaster situations to lessen their vulnerabilities.
15. Bangladesh has provided an extremely timely and invaluable global good by providing refuge and shelter to the Rohingya refugees. But the issue has so far been addressed through a short-term framework which has not been in favour of the Rohingya children. As all children should be treated equally regardless of their status, appropriate interventions should be devised in such a manner so that all child right issues are addressed squarely. It seems that an appropriate way to address the refugee challenges is through a medium-term response.
16. Children comprise a large part of the Rohingya society in Bangladesh. It is important to ease the social tension among the host and refugee communities. The social cohesion between the host and refugee communities could be promoted to ease this tension. The Joint Response Plan (JRP) focuses on conflict sensitivity which emphasises on equity and harmonisation to improve social cohesion. Other complementary measures, along with the JRP, could be undertaken to help improve the situation.
17. Human traffickers often target vulnerable children like displaced and Rohingya children. It is of utmost importance to make efficient and effective measures to identify, capture, prosecute, and punish human traffickers. The victims should receive appropriate rehabilitation services and legal aid. The state should also collaborate with international organisations and foreign governments to thwart the efforts of the traffickers and establish a special tribunal for human trafficking cases in Cox's Bazar district.
18. Rajdhani Unnayan Karttripakkha (RAJUK) could play a proactive role to address urban congestion and to enhance the quantity and quality of open spaces such as playgrounds in Dhaka city. This would aid the physical and mental development of urban children. Other relevant authorities could play a similar role in the other growing urban areas.
19. The Ministry of Disaster Management and Relief (MoDMR) could develop a roadmap to build resilience against any types of vulnerabilities faced by children. A monitoring and regulatory body could be formed to monitor the timely implementation of projects and plans. The capacity of the ministry could be further improved for the implementation of current plans and programmes.
20. To address the data gaps on CSR activities, a database can be developed. This can help generate evidence to better understand the impact of CSR on children and can help to address child-related issues. Besides this, encouraging child-focused CSR initiatives, which could have a lasting beneficial impact on society, can be pursued.
21. Since data on child labour is scarce, a comprehensive and regularly updated database needs to be developed. Utilisation of good sampling procedures and qualitative and quantitative methods can help build a robust database on child labour. Conducting such a survey should not be one-off exercise but rather a regular one to generate time-series data.

22. The business sector of Bangladesh has been performing very well and could play a substantial role in child welfare. Adopting child-friendly business practices is necessary not only to ensure child rights but also to promote employee welfare. Becoming a child-friendly business is a long-term process. As identified earlier, the working conditions of the employees affect in multifarious ways both directly and indirectly. Therefore, an integrated approach should be taken to ensure that businesses respect and support child rights in their organisations' management systems.

Chapter 10: Conclusions and Way Forward

Bangladesh has achieved the status of a lower middle-income country and has set ambitious goal of reaching the upper middle-income status by 2030. Achievements in the social development end has also been remarkable in many aspects. Attaining the reduction in the poverty, child mortality and maternal mortality has gone hand in hand with the increase in the enrolment rate as well as gender parity in primary and secondary schools. The country has implemented a wide number of initiatives including universal primary education, stipend schemes for different categories of students at secondary level, free textbook distribution up to secondary level, and arrangement of meals at school to promote education for all children. Moreover, initiatives like implementing universal child immunization, establishing community clinics, reducing the rate of open defecation, promoting the use of sanitary latrines, and promoting the need for washing hands several times a day have improved the health and well-being of children across the country. Furthermore, the country has recently enacted and implemented a wide number of policies and legislations including the birth registration system to reduce the incidence of early marriage, especially of girl child, and child labour across the country.

Despite many initiatives, however, the current overall situation of children's well-being in Bangladesh is less than what is ideal as disparities in terms of class, gender, ethnicity and locality are vividly present. Evidently, the government is still struggling to ensure quality education at pre-primary, primary, and secondary level. Moreover, many children are deprived of access to safe drinking water, sanitation and hand-washing facilities which has serious health implications. Ensuring antenatal and postnatal care for mothers as well as infants and promoting reproductive health services as well as menstrual hygiene management for adolescents have remained a big challenge. Overall nutritional status of children, though improved, is not ideal as a significant proportion of children in Bangladesh still suffer from stunting and wasting. Furthermore, a large number of children are still victims of child marriage while a considerable proportion of children are also engaged in different forms of child labour, including the exploitative and hazardous ones, in Bangladesh. Besides the traditional challenges, the lives of 19 million children in Bangladesh are at risk due to climate-related hazards in recent years. On this backdrop, the country needs to plan accordingly to identify and address the contemporary as well as emerging challenges to ensure well-being for children of today and of tomorrow. Proper implementation of policies and programmes, designed carefully with effective resource allocation to target the major policy gaps as well as the major geographic hotspots, is necessary in this regard.

10.1 Addressing the Regional Disparities

There are regional issues that have impact upon children. Disparities across regions and administrative divisions in terms of quality of services and quality of life are vividly present in the country. The administrative divisions perform differently in terms of different social indicators relating to child well-being. While some divisions fare in most of the aspects, there are some divisions lagging behind others in most of the indicators. The performance of a division in terms of different indicators also vary as it fares well in one aspect and lags behind in some others. The disparities indicate that none of the divisions

perform in a perfect way in all indicators and rather need specific attention and planning for few of the lagging socio-economic sectors. Especially, there are few specific pockets in every divisions of the country. In the southern part of the country, coastal areas in Khulna division, coastal areas and islands in Barishal, and hilly districts in Chattogram are some of the well-known pockets requiring attention. On the other hand, Haor and tea garden areas in Sylhet, hilly and char areas in Mymensingh, and slums and low-income settlements in Dhaka are some of the key areas in eastern and central part of the country. Finally, in the northern part, bordering areas as well as the areas prone to flood, riverbank erosion, and drought in Rangpur and Rajshahi divisions are some major hotspots needing attention for proper policy implementation and resource allocation.

Barisal, a coastal division, lies near the Bay of Bengal and crisscrossed by a large number of canals and rivers. The rivers and canals are so omnipresent in Barisal that the drowning rate of children is extremely high, making it as one of the worst places in the world for child drowning. Due to climate change, the gradual salinity intrusion into the coastal areas are threatening the primary production system, coastal biodiversity and human health and nutrition of this district.

In Barisal, assuring safe drinking water is a major challenge due to salinity intrusion and the presence of arsenic as well as E.coli in the groundwater. Every year, many public infrastructures including roads, schools, and hospitals are damaged due to various natural calamities like floods and cyclones. Furthermore, in the remote islands and other pocket areas, staff retention rate at government institutions including schools and hospitals is very low. Data shows that Barisal division lags behind in terms of assisted child delivery by skilled attendants while the other divisions remain close to the national average, reduction in the rate of early marriage of girl children, and in the rate of child labour. Though Barisal has the highest rate of improved latrines, it scores lowest in terms of maintaining hand washing facility and soap usage. However, in terms of progress in the rate of birth registration over the years, Barisal is clearly ahead of all the other divisions.

Chattogram is the largest port city of the country and a south-eastern administrative division stretching over 33 thousand square feet of land and 11 districts. The division has diverse geographic characteristics and is endowed with coastal areas, sea beaches, hilly districts, and plain lands. Most disadvantaged of the 11 districts are the three hill districts that include Rangamati, Khagrachhari, and Bandarban. People living in the Chattogram hill tracts (CHT) often remain out of the reach of healthcare as well as educational and other services. Lack of infrastructure and manpower at the educational as well as healthcare institutions is a key concern for the CHT. Low quality of service along with lack of awareness among mass people are important barriers behind many socio-economic problems in the CHT while government organizations as well as the NGOs are working to promote a wide range of basic services in this area. Research shows that the both barrier of language as well as physical communication are two key bottlenecks for raising awareness on key life-saving behaviour and demand creation for social services, especially among the ethnic minorities, in the CHT. Improving the nutritional status of children, especially in the CHT and low-income urban settlements, is another major concern. Besides, Chattogram faces high risk of natural disasters like earthquake, landslide, flooding and cyclones. Moreover, lowest usage of modern contraception, poor condition of maintaining minimum acceptable diet for children, higher arsenic contamination in drinking water, higher number

of cases of violence and abuse against children are some of the key challenges for the whole Chattogram division. Engagement of the local communities in the planning process and allocation of resources with evidence-based data can be useful in facing the local challenges.

Dhaka division centres on the capital city, Dhaka, and is constituted of 13 districts covering an area of over 20 thousand square feet. Dhaka is the largest metropolitan city of the country while the division hosts a number of other city corporations including Gazipur and Narayanganj. In terms of overweight among children, Dhaka scores the highest while the other divisions have on a much lower average. Number of slums and people living in slums are highest in Dhaka which also extends to its nearest cities. Moreover, the highest number of cases of violence and abuse against children happened mostly in Dhaka district followed by two of its neighbouring cities including Narayanganj and Gazipur. While endowed with better roads, schools, and hospitals, children in the bigger cities including the capital city faces a wide number of problems that include lack of playground, lack of open places for children to play, lack of fresh air to breathe in, higher cost of basic services, and so on. Within Dhaka division, slums, low-income settlements, some river islands, and some other riverbank erosion-prone areas lag in terms of child well-being.

Khulna is a coastal division and hosts a major part of the world's largest mangrove forest, the Sundarbans. Cyclones, tidal surges, flooding, riverbank erosion, and salinity intrusion are some of the major natural disasters making lives of children difficult. Frequent natural disasters like tidal surges and riverbank erosion have often made children and their families homeless and led rural to rural migration. Remoteness of many communities, along with frequent natural disasters and increasing level of salinity intrusion owing to sea-level rise, has resulted in lack of availability of quality educational as well as healthcare services and other necessary infrastructures. While the remote areas of Khulna division severely lag behind in terms of getting access to basic services, the division as a whole scores best in the average rate for antenatal as well as postnatal care coverage and in the use of improved sanitation facilities. Moreover, Khulna division fares well in terms of keeping lower number of underweight children, maintaining acceptable dietary practices for children, reducing the high rate of early marriage among girl children. However, Khulna performs low in assuring birth registration of children below 5 years and in keeping the rate of child labour lower. Moreover, like Barisal, Khulna as a coastal division fails to effectively manage the safe drinking water services for all.

Mymensingh, full of haors and hills, is a fairly new administrative division established only in this decade. Poverty-prone areas including the haor basins and the hilly areas in Mymensingh make the delivery of basic services difficult in remote areas, especially to the ethnic minorities in the region. Ethnic minorities like Garo, Koach, Hazong, Santal, and Dalu often live in the most remote areas near the borders with India and are under-served due to the remoteness. Some districts like Jamalpur and Netrokona are the two-flood prone district where floods destroy public infrastructures like roads and schools and household infrastructures like houses, tube wells, and sanitary latrines. Mymensingh extremely lag behind in terms of child delivery by skilled birth attendants, coverage of post-natal care services, and minimum acceptable dietary practices of children. Moreover, the number of cases of violence and abuse against girl children is high in Mymensingh.

Rangpur is the northernmost region of Bangladesh which shares border with India. This division is recognized for hosting well-known poverty pockets of the country. In addition to poverty and low level of education among the people, natural disasters like flood, drought, and riverbank erosion add to the woes of the marginalized people of the division. According to data from MICS, Rangpur performs worst in terms of highest adolescent birth rate, lower iodized salt intake, higher rate of child labour, slowest growth in birth registration rate, higher percentage of early marriage among girls aged 15 to 19 years, and highest rate of open defecation. On the other hand, Rangpur performs best in terms of highest usage of modern contraception, most efficient management of and highest rate of people having access to safe drinking water, lower presence of E.coli in drinking water. Moreover, Rajshahi, a northern division of the country, performs almost like Rangpur in many indicators. Evidently, Rajshahi also suffers from very lower rate of iodized salt intake among children, higher rate of child labour, higher rate of child marriage, and lower level of antenatal as well as postnatal care coverage. Both Rajshahi and Rangpur divisions require sector-specific planning and allocation of resources for improvement of educational as well as health and nutritional conditions of children living in those regions.

Sylhet is a north-western division of the country, which is mainly known for tea gardens, hills, lakes, waterfalls, and haors. According to data from MICS, Sylhet performs worst in terms of child mortality, antenatal care coverage, child delivery by skilled birth attendants, number of underweight children, acceptable dietary conditions for children. On the other hand, Sylhet performs best in terms of lowest rate of early marriage among girl children, lowest adolescent birth rate for women aged between 15 to 19 years, highest iodized salt intake, highest birth registration rate for children, and the lowest number of overweight children among all the administrative divisions. However, the higher rate of arsenic contamination in the drinking water and lower rate of use of improved sanitation has been observed in Sylhet. In a nutshell, workers living in tea garden areas and people living in haor areas lag behind most in terms of access to road communication, education, and health services. Often the natural disasters like flood and flash floods pose additional burden on the disadvantaged communities in accessing necessary services. Different initiatives, in sectors like education and health, targeting the pockets like haors and tea garden areas is an immediate necessity for Sylhet. Moreover, ensuring quality services for mothers and children during delivery as well as in antenatal and postnatal period is needed in Sylhet division.

10.2 Addressing the Rural-Urban Divide

The rural urban divide in terms of access to as well as quality of services and the quality of life is apparent from both quantitative and qualitative data. In health aspects, data shows that the conditions of fertility rate, child mortality rate, ante-natal care, support for pregnant women during delivery, and knowledge about the HIV transmission and use of contraception in urban areas are slightly better than those of rural areas. However, the rate of post-natal health check-ups are same in both the urban and rural areas while the rate of predominant breastfeeding under six months and the age-appropriate breastfeeding for children is comparatively better in the rural areas. On the other hand, in terms of nutrition, underweight prevalence for children is lower in urban areas while the overweight prevalence has opposite occurrence as rural areas show lower rate of overweight children. Though the percentage of overweight children is not that significant at present but the

increasing trend in recent decade poses a threat for upcoming years. Moreover, overall situation of using improved drinking water has marginally increased in both rural areas while hand wash facility with water and soap has significantly fared in urban areas than in rural areas. Furthermore, the prevalence of unsafe disposal of faeces is higher in rural areas.

In terms of education, data reveals both urban-rural disparities in quality of learning as of children in urban areas fared better in foundational reading tasks than those of in rural areas. The quality of teachers also varies from urban to rural areas. The disparities in quality of education is reflected in the lower pass rates of students from rural areas in the competitive exams at both primary and secondary level. Moreover, the divide is even more prominent in terms of school infrastructure including multimedia classrooms, computer labs, clean toilets, and various other facilities. However, most of the urban schools have limited or no facilities for children to play outdoor which the rural students enjoy better. Furthermore, perceptions and societal attitudes play a vital role as many families in rural areas choose to keep their girls out of school and often put the burden of household chores on girls.

Children living in rural areas are involved in economic activities more than that of their urban counterparts. Though there are child labour actively working in different informal sectors of urban economy, the percentage of children involved in economic and household activities for a certain period of the day on a regular basis is higher in rural areas. In a similar way, the percentage of women getting married before age 15 and 18 is higher in rural areas than the urban areas. Moreover, number of female children ashamed of discussing their menstrual hygiene in front of family members is also higher in rural areas. Poverty and socio-cultural values for female children in the rural areas are less enabling than that of in urban areas. Hence, addressing the rural-urban gap through targeted policy planning and implementation is an imperative.

10.3 Addressing the Gender Disparities

In accessing various public services and in terms of quality of life, boy and girl children are often treated unequally. Data from MICS show that, while girls are either being at par or faring at few aspects, they are actually lagging behind in many aspects while compared to the boys. The gender-segregated net enrolment ratios in primary education show that boys fared a little better as girls' enrolment fell slightly in the recent decade. Moreover, while the net enrolment rate for girls in secondary education is well above than that of the boys, the completion rate for girls is lower and the dropout rate is higher than that of the boys. As a result, though Bangladesh has achieved gender parity in primary and secondary education, girl children continue to lag behind in secondary and higher secondary completion rates. In contrast, gender disparity in the engagement at work is apparent as male children involved in economic activities are about thrice as much as the female children. However, the female children are more engaged in household chores as they outnumber the male children by a much bigger margin in this segment.

Perceptions and societal attitudes play a vital role as many families still choose to keep their girls out of school to utilize their time on household chores. This problem exists to a greater extent in rural areas and to a lesser extent in urban areas and it is most acute for girls hailing from poor families. Besides, among all forms of exploitation and abuse, early

marriage is one of the major problems the girl children of Bangladesh are facing. The early marriage of girl child pushes them backward for their whole life as they face the risk of early pregnancy and many other health problems associated with it. The reasons behind the higher incidence of early marriage, especially among the girls, lie in the socio-economic as well as in the cultural factors. Besides household poverty, the dowry culture, the lack of individual opportunities for girl children in terms of education, training, and employment, the religious and social prejudices favouring early marriage, and the safety of girls are some of the reasons why girls are married off at an earlier age. Therefore, addressing the gender disparities especially the aspects where girl children are lagging behind requires proper attention in the policies. Educating girls, making them aware of health as well as hygiene issues, and widening opportunities of training and employment for them can lessen the gender gap and ensure well-being for children in many aspects.

10.4 Addressing the Wealth Inequalities and the Rich-Poor Divide

Income level of the parents and of a household is an important, if not the sole, determinant for outcomes in many aspects like education, health, nutrition, hygiene, child labour, early marriage, and so on. As one-fifth of the households in Bangladesh still live below poverty line and the average per capita income is yet to cross 2000 USD per annum, and keeping the not-so-low Gini index for inequality in mind, the poor economic condition of majority of the households can be linked with the poor social outcomes with data. MICS data shows that the relationship of income level with early marriage, fertility rate, and early childbearing is negative. In terms of education, the poorer households are lagging behind when it comes to enrolment at the secondary level and above. Moreover, the rich-poor divide is even more glaring as quality of learning varies among income groups due to the difference in availability of the study hours and the associated tuitions as well as other helps. However, what income level of a family cannot guarantee is the contamination-free drinking water and pollution-free air. Furthermore, ensuring safety and security of children in the public places and imposing the control over drug abuse are also some other aspects that income level of a household cannot affect. Thus, assurance of equitable economic development, creation of employment opportunities, and improvement in the social protection system may reduce the income gap of the households and pave the way towards better childhood for millions.

10.5 Addressing the Need for Proper Education and Awareness

Education and awareness of parents and other family members plays an important role in enriching the well-being of children. Data from MICS indicates that the education level of mother plays a significant role in reducing fertility rate, child mortality rate, and adolescent birth rate. Girl children with educated mothers tend to marry off girl children at a matured age. Hence, both education of parents, especially of mothers, and education of girl children helps to stop early marriage of girl children. Moreover, there is an inverse relationship between education level and total fertility rate as fertility rate decreases as education level increases. Hence, educating female children can be the best way to reduce early marriage and to improve the childbirth scenario. Besides the level of education, level of awareness of parents, especially of mothers, is also vital to ensure well-being of children. Data shows that people, especially women, have lack of knowledge and willingness to comply with

the use of contraception. In addition, a very low percentage of women in Bangladesh have knowledge about the HIV transmission and the necessary precautions to prevent it. Furthermore, educated mothers remain more attentive to ensure antenatal as well as postnatal care and remain cautious to assure proper nutrition for children. Therefore, proper steps to promote education for children, especially the girls, and to raise awareness on reproductive health, family planning, childcare, and other relevant issues are immediate priorities.

10.6 Addressing the Implementation Gaps

Proper implementation of policies and the necessary co-ordination among the relevant government agencies to address the cross-cutting issues affecting child well-being have remained a key challenge in Bangladesh. Despite the initiatives of different actors, governance of child rights and welfare through proper implementation of policies and action plans have remained weak over the decades in Bangladesh. The governance of child rights, like other important sectors, suffers from the centralized structure of governance in Bangladesh. Though the MOWCA is the coordinating agency for all the children related issues, there are several other key ministries which are involved in implementing child rights and welfare policies. Moreover, while the local government institutions (LGIs) are institutionally responsible for delivering and monitoring various key services for children, strengthening of the capacity of LGIs has been lacking over the decades. The capacity of the MOWCA in coordinating and implementing policies and action plans for children has also remained under scrutiny as the ministry lacks a dedicated department for child affairs with sufficient human resources.

Like the issue of child rights, health and education sectors also have multiple government agencies dealing with various aspects of child health and education. Health system in Bangladesh is pluralistic as the Ministry of Health and Family Welfare (MOHFW) plays both role of the coordinator as well as the regulator in implementing the programs and policies related to health. While MOHFW is the responsible ministry for implementing national health policies and services, primary health care services in urban areas is the responsibility of local government institutions under the Ministry of Local Government, Rural Development and Cooperatives. In education sector, the management of the education system falls under the purview of two ministries, namely the Ministry of Primary and Mass Education, which looks after primary education, and the Ministry of Education, which is responsible for secondary, vocational and tertiary education. Hence, the coordination between the government agencies to recruit quality teaching and healthcare staffs while also upgrading the physical infrastructures with modern equipment and tools is necessary to ensure quality education and healthcare for children. Besides, modernizing and unifying the curricula of different streams of current secondary education system has remained as an uphill task for the relevant implementing agencies. Furthermore, strengthening the monitoring and supervision of the educational as well as healthcare institutions in marginal areas by responsible officers of the respective areas is much needed to improve the services for children.

Besides health and education sectors, lack of proper planning and implementation of nutrition policies and strategies along with lack of human resources and awareness

campaigns dedicated towards nourishment of children are some key barriers in the nutrition sector. Moreover, as a large number of government entities are involved in implementing the policies and legislations for child protection, coordination among the agencies and individual capacities of the government entities remain crucial. In addition, insensitivity of and violation of laws by the law enforcement officials and other officials from responsible government bodies while dealing with children are key constraints in ensuring security of children from abuse and exploitation. Furthermore, initiatives including the recruitment of Child Affairs Police Officers (CAPOs) at police stations, recruitment of Probation Officers (POs) by the Ministry of Social Welfare at upazila level, establishment of Child Welfare Boards (CWBs), and establishment of separate Children Courts in Bangladesh are yet to be implemented properly to ensure security and protection of children.

10.7 Addressing the Data Gaps

Data gap is a big challenge to design and implement informed policies. Like other developing countries, Bangladesh suffers from the gaps in data on many aspects of child well-being. While the existing databases have wide range of data on child education, data gap is very much evident in the sectors like child nutrition, adolescent hygiene, and child protection. Data collection and management using management information systems (MIS), either a central one or a number of integrated few, is necessary in the age of ICT. Local government schools and the union information centres can be useful points of data collection regarding various aspects of child well-being in the rural areas while local government bodies and other relevant institutions can be leveraged in urban areas across the country. In this instance, equipping the institutions with required financial resources as well as skilled human resources, often by imparting training for the existing staffs and to some extent by employing new staffs, will be an important dimension to be considered for implementing the MIS nationally.

10.8 Addressing the Emerging Challenges

There are few emerging issues, surfacing in recent years, which can potentially affect child well-being negatively. Among a few important issues, climate-related disasters are banes to the children's rights and well-being. The growing concern of sea level rise and salinity intrusion has been a contemporary challenge in the coastal areas while increased frequency of cyclones, tidal surges, flash floods, and landslides are also the outcomes of climate change. Children are being affected both during and after the disasters as the natural disasters often make children and their families homeless and lead to migration of the affected households. Climate-related disasters have affected the availability and quality of educational as well as healthcare services and other necessary infrastructures for children in many remote areas. Besides climatic challenges, adolescent suicide has become an emerging issue across the country, especially in the urban areas. The tendency to commit suicide due to family and education-related issues has apparently increased in recent decade. Moreover, drug addiction among adolescents have become a matter of serious concern among the parents and guardians across the country. While the availability and rampant abuse of drugs and other substances are reportedly affecting the physical, mental, and intellectual growth of the addicted children, it has also been increasing the likelihood of crimes to be committed by them. Hence, addressing all the emerging challenges is necessary to ensure continued well-being for children in the coming decades.

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Study 17:

**Demographic Diversity of Bangladesh:
Emerging Trends and Policy Implications**

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1 Introduction and Background

It is argued that population is the most valuable asset for a country, and that the proper harnessing of this asset is both a means to economic prosperity and end in itself, which is human welfare. The history of economic growth shows clearly that countries that have invested well and judiciously in evolving the population have performed well on the development front. The debate on addressing population issues for development emerged in the 1960s as a ‘numbers problem’. There was a major concern about the high growth of world population and the risks of overpopulation leading to economic and social miseries. It was recognized that the proper management of population for development was not simply a task of lowering population growth through the reduction in total fertility rates (TFR), but also one of empowering women to take control over their reproductive health and decisions. And furthermore, to ensure the management of the population by reducing risks and enhancing the quality of life at different stages of life -- from conception to old age.

Accordingly, the landmark agreement on population management during the 1994 International Conference on Population and Development (ICPD) in Cairo endorsed the two-pronged approach, where managing the population growth rate was to be complemented by efforts to encourage the development of human capital at the different stages of the life cycle. This method of population management is essential to attain the full benefits of this precious asset. There are various conduits through which population and development are inter-linked, and clearly depicts the critical role of population in economic growth and overall national development. Changing demographic scenarios have various social and economic consequences. Such changes affect society and the economy through age structure and dependency ratio, labour market and demographic dividends, and have implications for public services and policies -- including policies for education, health, and social protection. Therefore, the interconnections between population and economic growth, and the importance of demographic transition, have to be properly recognized and integrated in the national development strategy.

Bangladesh’s progress in the population front has been impressive. TFR dropped from a high of 6.3 in 1974 to 2.3 in 2019; the population growth rate fell from 2.6 per cent in 1980 to 1.03 per cent in 2019; and life expectancy increased from 54 years to 72.2. These demographic changes have resulted in a growing share of the working age population (15-64), including a large pool of youth, along with a rising share of the elderly population (65+). Along with the progress on female education and an associated increase in the female labour force participation rate, Bangladesh is witnessing the impact of the demographic dividend, although partially, reflected in a labour force that has been growing faster than the population growth rate. It is also recognized that the potential maximum benefits of this ‘window of opportunity’ could not be fully realized in Bangladesh due to an inadequate investment in human capital development (composed of an investment in early childhood development, education, health and social protection). Furthermore, any aforementioned opportunity is limited to about 18 years from now, when the country enters the inevitable process of ageing. Thus, another key concern of the demographic diversity in Bangladesh is the rapidly ageing population -- which is faster than Japan and perhaps one of the fastest in the world both historically and contemporarily. As a result, the support ratio -- the share of

working-age persons to support one senior citizen -- has been falling sharply. As mentioned above, Bangladesh already passed 75 per cent of the demographic window of opportunity, suggesting that the years left for the window is short at only 18 years.

Today, Bangladesh is standing at a crossroad for its sustainable development. It needs to make prioritized investment for the nation's human resource development, particularly in the social sector, encompassing health and nutrition, water, sanitation and hygiene (WASH), education, early childhood development, and the protection of women and children in a highly time-sensitive manner.

Bangladesh has been implementing a 20-year-long perspective plan (PP 2041) and a life cycle-based social security strategy. The country is also preparing their Eighth Five Year Plan (8th FYP) covering FY 2021 to FY 2025. The Bangladesh Planning Commission has decided for the first time to explicitly incorporate demographic diversity and transition in the preparation of the 8th FYP. A demographic transition has important implications for child-focused social policies. Accordingly, the UNICEF country office has been assisting the commission on trends and implications through rigorous research. Moreover, against these developments, this policy report argued that rapidly ageing challenges can only be fended off if adequate and time-bound investments are made on children.

The analyses presented here are based on data from World Population Prospects (2019 Revision). The outcomes of the studies are similar to the population projection of the Bangladesh Bureau of Statistics (BBS). The emerging trends and conclusions are the same for both sets of data, and thus policy recommendations of this brief are equally relevant for BBS projections.

2 Demographic Diversity in Bangladesh: Analysis

2.1 Demographic Transition in Bangladesh

A demographic transition occurs when a country shifts from a largely rural agrarian society with high fertility and high mortality rates, to a predominantly urban industrial society with low fertility and low mortality rates. There are four stages of the transition: pretransition, early transition, late transition, and post-transition. Pretransition is associated with high birth rates and high death rates. During the early transition stage, death rates decline but birth rates remain high, resulting in rapid population growth. In late transition, population growth rates slow down due to both declining birth and death rates. Lastly, post-transition is characterized by low birth rates and low death rates, and population growth is negligible or begins to decline.

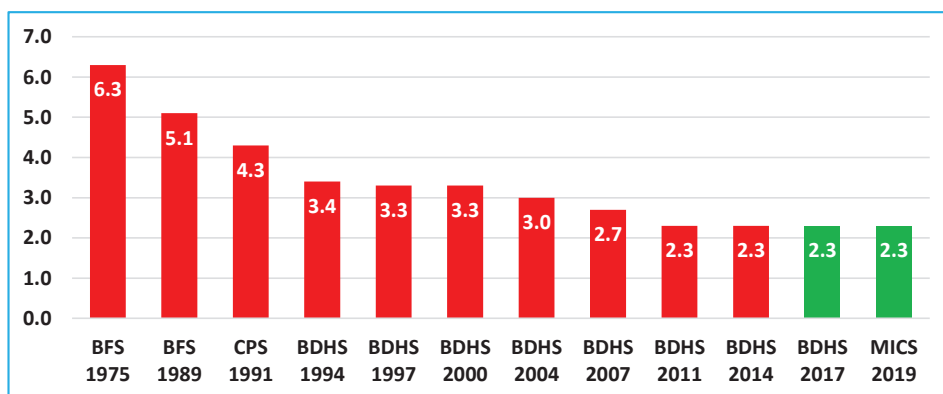
Bangladesh has experienced very rapid demographic changes over the last three decades. Since 1980, the country has witnessed significant declines in its TFR, crude death rates and population growth, alongside significant improvements in life expectancy.

Total Fertility Rate: 1975 to 2019

Among the various demographic shifts that Bangladesh experienced in the last four decades, the decline in its TFR has been the most striking. This rate is the average number of children women (with a reproductive age of 15 to 49 years) would have if they survive

all years and were subject during their whole lives to the fertility rates of a given period. It is expressed as children per woman. Figure 1 presents the TFR in Bangladesh from 1975 to 2019. The reduction of the child mortality rate, coupled with the success of the family planning programme, resulted in a rapid and consistent reduction of the fertility rate. The TFR decreased from 6.3 in 1975 to 2.3 in 2017.

Figure 1: Total Fertility Rates in Bangladesh -- 1975 to 2019



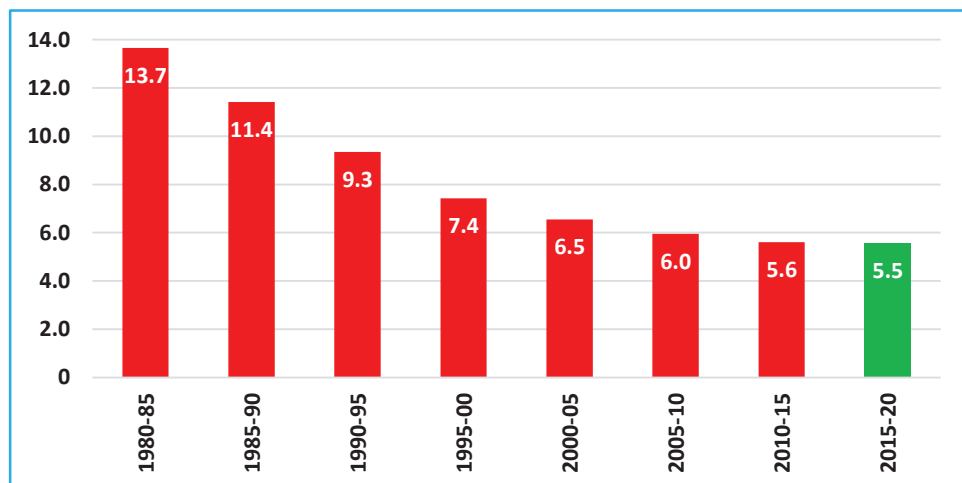
Source: BFS Bangladesh Family Planning Survey; BDHS Bangladesh Demographic and Health Survey, and Multiple Indicator Cluster Survey

This shift from a high mortality/high fertility society to low ones (as experienced in Bangladesh) is known as a ‘health and demographic transition’. This is a positive development, as an alternative scenario would have been the continuation of high mortality and high fertility rates, resulting in pervasive poverty (i.e., a scenario that used to be called ‘population explosion’ in the 1960s and ‘70s, and feared in many countries including Bangladesh).

Crude Death Rate: 1975 to 2019

Similarly, Bangladesh made significant improvements in its crude death rate. This rate is the average annual number of deaths per 1,000 people over a given period. Figure 2 shows that crude death rates in Bangladesh reduced from 13.7 deaths per 1,000 between 1980 and 1985, to 5.5 between 2015 and 2020 -- implying a decline by more than half over the 25-year period.

Figure 2: Crude Death Rates in Bangladesh -- 1980 to 2020



Source: World Population Prospects 2019, Population Division, United Nations

Life Expectancy at Birth: 1975 to 2019

Another demographic (and human-development indicator) is the significant improvement in the life expectancy of a country's citizens. Estimates of present-life expectancy at birth is the average number of years of life expected, assuming mortality rates of a given period remain constant throughout their lives. Figure 3 captures life expectancy trends in Bangladesh. Life expectancy at birth, which was 53.8 between 1980 and 1985, increased significantly to 72.2 between 2015 and 2020.

Figure 3: Life Expectancy at Birth in Bangladesh -- 1980 to 2020



Source: World Population Prospects 2019, Population Division, United Nations

Population Growth and Changes: 1975 to 2019

Population growth rates, annual population changes and other associated indicators are presented in Table 1 for the period between 1980 and 2020. The population growth rate is the average annual exponential rate of population change over a given period. These rates have been declining in Bangladesh between 1980 and 2020. In the 1980-85 period, the average annual rate of population change was 2.62 per cent. This rate continued to decrease to reach 1.05 per cent by the 2015-20 period.

Population change, or the change in the number of individuals in a region, is calculated as the sum of natural population growth (births minus deaths), and net migration (in-migration minus out-migration). Over the last 40 years, the annual change in the population of Bangladesh increased, then declined. In the 2015 to 2020 period, the population change per year was 1,687,000. Between 1980 and 2000, births increased, deaths declined, and out-migration increased, leading to comparatively larger increases in the population. Subsequent declines in births and increased out-migration have led to declines in the population change per year.

Table 1: Bangladesh Population -- Growth Rates, Change and Components of Changes Between 1980 and 2020

ANNUAL VALUES (calculated from five-year values)					
Period	Population growth rate	Population change per year (In thousands) *	Average number of births per year (In thousands)	Average number of deaths per year (In thousands)	Average net number of migrants per year (In thousands)
1980-85	2.62	2225	3548	1164	-159
1985-90	2.56	2482	3632	1107	-44
1990-95	2.20	2400	3582	1020	-163
1995-00	2.06	2498	3543	901	-144
2000-05	1.71	2276	3447	873	-299
2005-10	1.19	1708	3212	853	-651
2010-15	1.14	1736	3049	851	-461
2015-20	1.05	1687	2946	890	-370

Note: * [(Births per year -- Deaths per year) + (Net migration per year)]

Sources: 1. WPP 2019: POP/2: Average annual rate of population change by major area, region, and country, 1950-2100 (percentage).

2. WPP 2019: FERT/1: Births (both sexes combined) by major area, region and country, 1950-2100 (thousands).

3. WPP 2019: MORT/3-1: Deaths (both sexes combined) by major area, region and country, 1950-2100 (thousands)

4. WPP 2019: MIGR/2: Net number of migrants (both sexes combined) by major area, region and country, 1950-2100 (thousands).

Over the past decade, population growth patterns in Bangladesh (average annual rate of 1.03 per cent) are relatively lower compared to that of its neighbours in the South Asia region (1.18 per cent), and significantly lower than the Least Developed Countries (LDCs), estimated at 2.35 per cent (Table 2).

Table 2: Population Growth Rates by Decades in Bangladesh

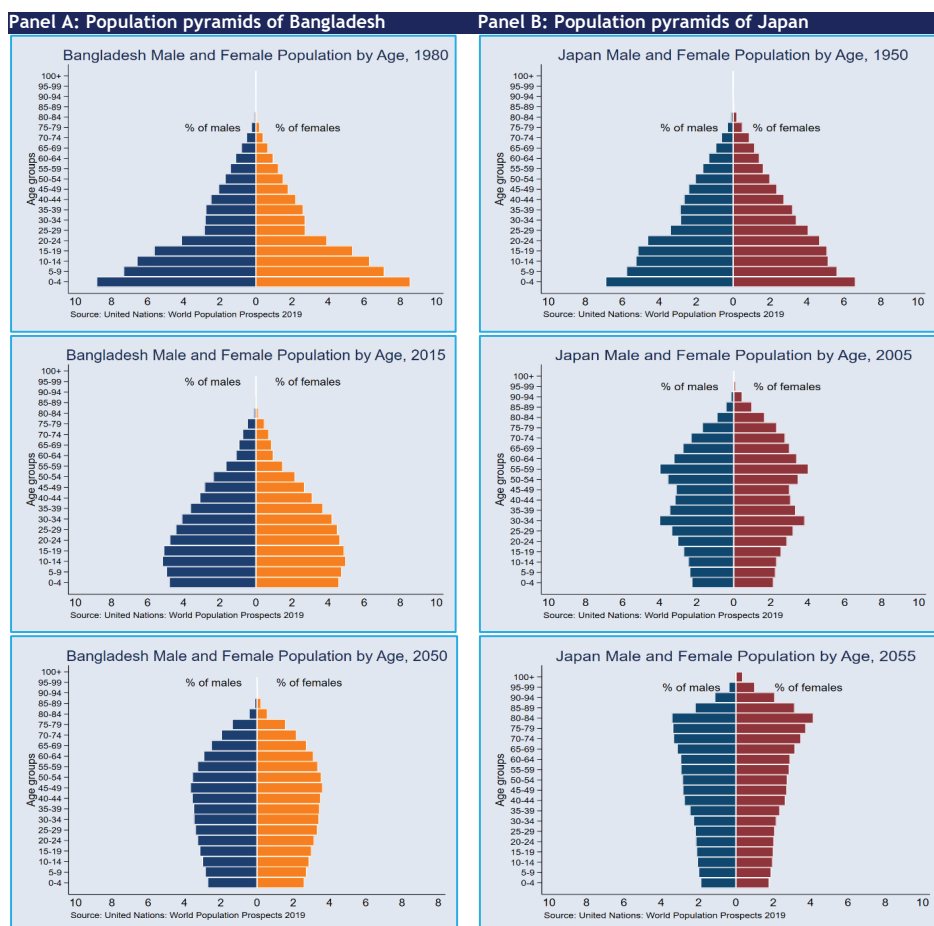
Annual population growth rate			
Regions	2000-2010	2005-15	2010-2020
Least Developed Countries	2.41	2.35	2.35
South Asia	1.55	1.32	1.18
Bangladesh	1.34	1.09	1.03

Sources: Calculations based on WPP 2019

Changing Age Structure

Over the last five decades (i.e., 48 years since independence in 1971), the country has experienced rapid demographic shifts -- in particular from high mortality and fertility, to low mortality and fertility. This quick change in mortality and fertility means the age structure of the country's population has been changing very fast.

Figure 4: Population Pyramids of Bangladesh and Japan



As can be seen in Figure 4, population age pyramids, especially when contrasted with another country, are an effective way of capturing the distribution of a population by gender and age group, as a percentage of the total population¹. Figure 4 shows the projected trajectory of the population distribution for Bangladesh from 1980 to 2050. In 1980, the pyramid depicts a young and growing population for Bangladesh -- with larger shares of a young population and a smaller proportion of older age groups. The shape of this particular structure pyramid is that of a classical 'population pyramid', in which the youngest segment of the population is also its largest. Then, as of 2015, the population pyramid of Bangladesh began to experience change. The population pyramid, now with a 'dent' at the bottom, indicates that the population is beginning to show a decline in children under the age of 10. But the population pyramid still shows that it is young, with the largest segment between the ages of 10 and 14, but at a slower growth. However, by 2050, the shape of the age-wise population structure is no more a pyramid, but very top heavy. The two largest segments of Bangladesh's population in 2050 will be in the 45-49 and 50-54 age groups. Bangladesh will have made this dramatic transition in just 30 years. The shape of the age-wise population structure in 2050 means a substantially smaller number of young working-age population will need to support a much larger and older dependent population, compared to today. This change of shape is what some demographers call a transition from a 'pyramid' to a 'kite'.

For comparison, we also present the change of population pyramid of Japan -- one of the fastest ageing societies in the world. In the case of Japan, the shape was almost a complete pyramid in 1950, then became mid-heavy by 2005, then totally top heavy by 2055. Although it is not that pronounced, the shape of the population pyramid of Bangladesh becomes more similar to that of Japan by the 2050s compared to today, meaning Bangladesh will face similar issues that Japan has been struggling with over the last few decades.

2.2 First Demographic Dividend and Window of Opportunity

According to Mason and Lee (2006), the demographic transition can enhance economic growth in two broad ways. First, as the dependency ratios decline and the share of working-age population grows relative to the total population. This is the first demographic dividend. Second, another demographic dividend may also arise to positively affect economic growth and overall development. More specifically, the second dividend results when the faster growth of the first dividend leads to larger savings in the short run, and higher investment in the human capital and investment per worker, in the long run.

As mentioned above, the demographic window of opportunity is the period when the proportion of a country's working age population aged 15 to 64 years is pronounced, compared with dependent populations (i.e., a junior dependent population aged 0 to 14 years, and a senior dependent population aged 65 years and above). This means that numbers of working people are larger than the non-working population. Thus, other things being equal, this is a more favourable situation for a country's economic development. In other words, it is a 'sweet spot' of a country's development. However, the duration of this demographic window of opportunity differs from one country to another, depending on

¹ United Nations, 'World Population Prospects 2019', Department of Economic and Social Affairs, POP/7-2: Male Population by Five-year Age Group, Major Area, Region and Country, 1950-2100 (thousands), retrieved from [https://esa.un.org/unpd/wpp/DVD/Files/1_Indicators%20\(Standard\)/EXCEL_FILES/1_Population/WPP2015_POP_F07_2_POPULATION_BY_AGE_MALE.XLS](https://esa.un.org/unpd/wpp/DVD/Files/1_Indicators%20(Standard)/EXCEL_FILES/1_Population/WPP2015_POP_F07_2_POPULATION_BY_AGE_MALE.XLS).

how it has gone through its health and demographic transition. Moreover, demographic dividends, or favourable demographic scenarios, may lead to accelerated economic growth. This demographic dividend, as noted above, however, is not guaranteed. Only when combined with strategic and timely investments in human capital and savings, can this positive demographic scenario transform the economic prospects of individuals and societies.

Box 1: Economic Lifecycle in Bangladesh

Using the National Transfer Accounts (NTA)² methodology, the economic life cycle and dependency of junior-dependent and senior-dependent populations have been estimated for 2016. It used HIES 2016 data.

The labour income profile (blue line) is an inverse U-shaped curve, suggesting low earning potential at early ages. It increases steeply till about 34 years of age, and then steadily increases between 35 and 49 years of age. Thereafter, income starts declining, and after 54, it drops rapidly with advancing age.

Per-capita yearly consumption (red line) increases sharply from about four years of age till it attains an early peak at about 19 years, indicating investment in education which continues up to 25 years. Afterward, the consumption is similar across the rest of the ages.

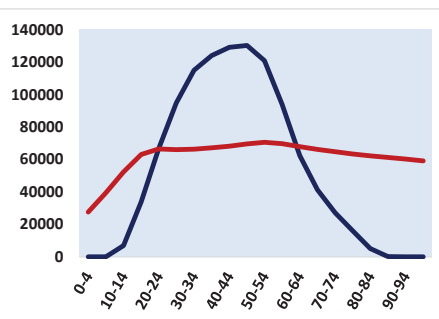
Three distinct age groups are found in terms of life cycle deficit (LCD). As expected, two deficit groups are children (age 0 to 14) and the elderly (65+). However, the deficit for the elderly group is higher than the children, which perhaps indicates that low levels of income, as well as higher poverty among households with children, compared to households with the elderly. The group encompassing ages 15 and 64 is generating a surplus in Bangladesh.

The falling support ratio in Bangladesh suggests that the surplus-generating group must be able to create enough income to support the other two deficit groups -- especially the elderly.

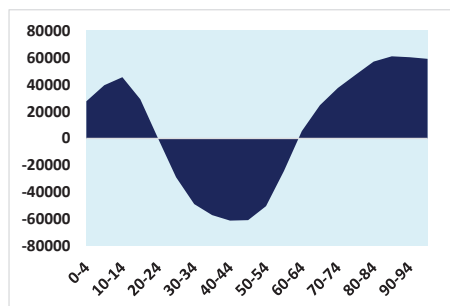
Source: Khondker and Rahman (2016)

Figure 5: Per Capita Profile (in thousand taka), 2016

Consumption and Labour Income



Life Cycle Deficit



² National Transfer Accounts provide a complete accounting of economic flows by age of the residents of a country, by capturing how economic resources are produced and consumed, and how each of them relies on government programmes, family systems, and financial markets to achieve the final distribution of these economic resources in a year.

Figure 6: Bangladesh Demographic Window, 1975 to 2075

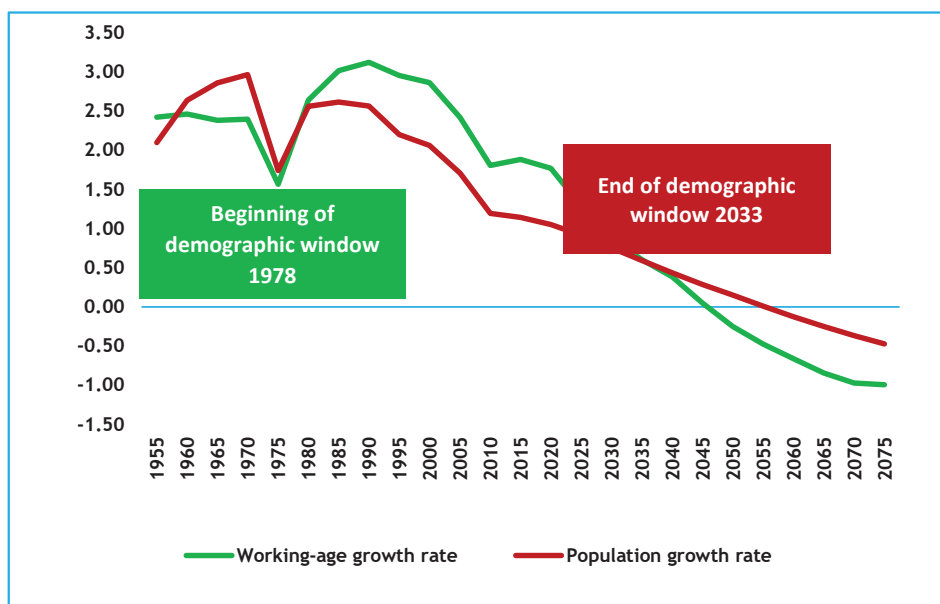


Figure 6 captures growth rates of population and working-age population between 1975 and 2075. Accordingly, in the case of Bangladesh, the share of the country's working-age population started to increase vis-à-vis in 1978, which is the beginning of its demographic window of opportunity. In terms of age group-wise growth of population, the growth rate of the working-age population aged from 15 to 64 years has been declining since the 1990s, and will start to shrink in 2033 -- the end of the country's demographic window of opportunity. The rate of decline of this age group is much faster than that of the total population, which has also been on a declining trend, but at a much slower pace, and its absolute number will start to decline only in 2060. Thus, altogether the duration of Bangladesh's demographic window of opportunity is 55 years and as of 2019, the country has passed 75 per cent of its demographic window of opportunity.

The length of the window of opportunity in Bangladesh is not very different from some of its East Asian neighbours, and a comparison of the length of the demographic windows for Bangladesh and other Asian countries is shown in Table 3. Accordingly, Bangladesh's demographic window of opportunity, at 55 years, is very similar to that of Indonesia, Nepal, Malaysia, and Taiwan, all of which have either already experienced, or are experiencing, their windows of opportunities at more advanced stages of their development.

Table 3: Demographic Window of Opportunity in Bangladesh and Other Asian Countries

Year			
Country	Start	End	Length
Thailand	1966	2010	44
China	1968	2012	44
Singapore	1966	2012	46
Hong Kong	1964	2011	47
South Korea	1968	2016	48
Taiwan	1963	2014	51
Indonesia	1973	2025	52
Malaysia	1966	2021	55
Nepal	1992	2047	55
Bangladesh	1978	2033	55
Japan	1930-35	1992	59.5

What is concerning is that the window of opportunity of Bangladesh is shorter than that of Japan -- one of the fastest ageing societies in the world -- which enjoyed 59.5 years of opportunity. But Japan aged at a much more advanced stage of her development. It is also not so different from Asian ‘tiger’ economies that have been enjoying a longer period of economic growth.

2.3 Ageing and Transition of an Aged Society

According to Oizumi, who used a specific method to measure the speed of ageing, a society is referred to as ‘ageing’ if 7 per cent of the total population is 65 and above. A society has transitioned to an ‘aged’ stage occurs when the share of 65 and older is 14 per cent. According to this definition, the time required for Bangladesh’s shift from an ageing to an aged society is shown in Figure 7, which states Bangladesh will transition to ageing in 2029. Therefore, it will take only 18 years from ‘ageing’ to shift to an ‘aged’ society (i.e., in 2047).

Figure 7: Bangladesh Population Aged 65 and Older

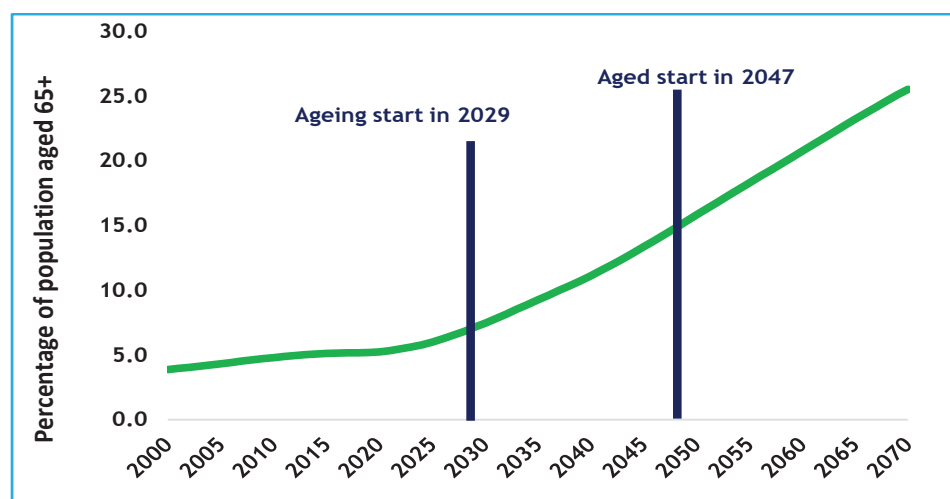
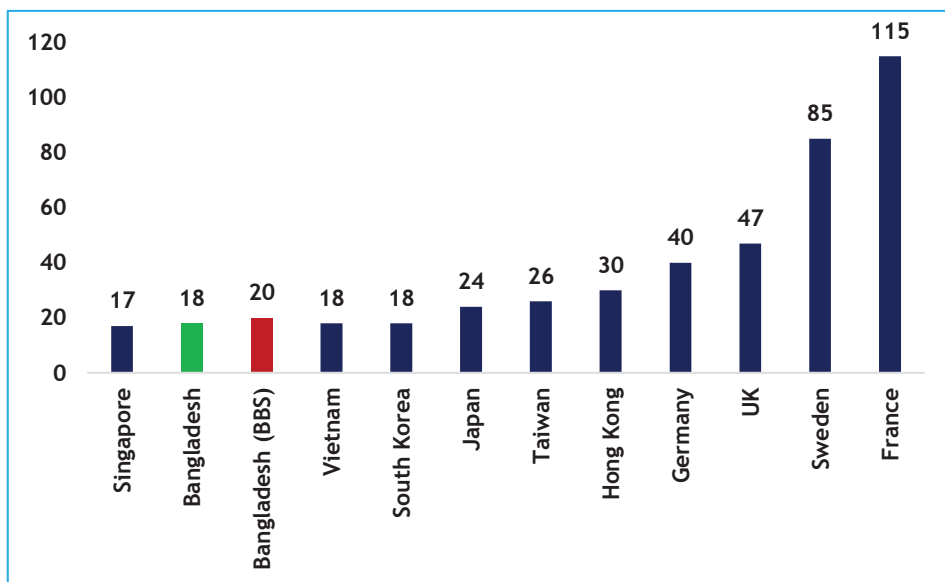


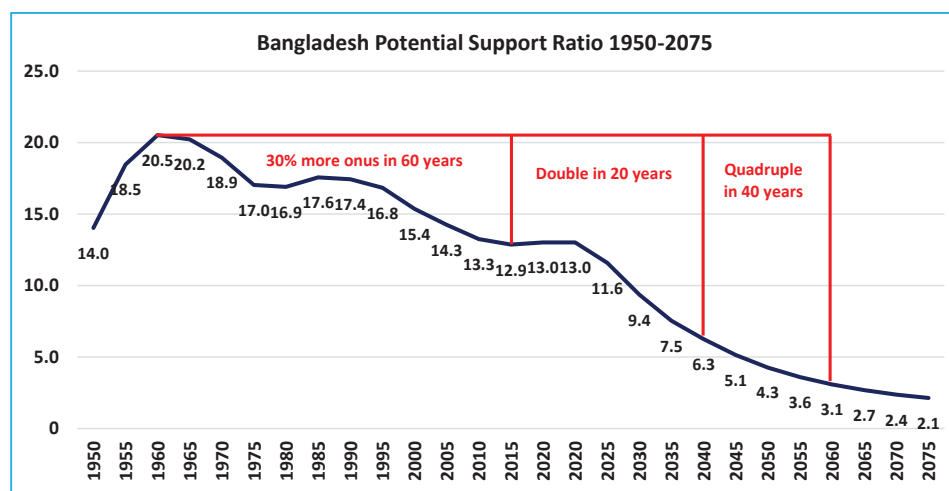
Figure 8: Transition Speed (Number of Years)



The speed at which Bangladesh is likely to transition from ‘ageing’ to ‘aged’ stage is 18 years (i.e., 2047-2029), which is faster than Asian advanced countries and rich European countries (Figure 8). This is by far one of the fastest-speeds of ageing compared with both historical (e.g., France, UK, Germany, and Sweden) and contemporary data of other countries. The above statistics also suggest that Bangladesh may experience transition at a much lower stage of development compared to the Asian advanced countries and wealthy European countries, where transition took place at significantly more advantaged stages of their development.

Although the age-wise population structure of Bangladesh is still ‘young’, it will age very fast in the next several decades. An implication of the ageing trend is that, the potential support ratio -- the number of working age population (15 to 64) required to support one elderly person (65+) -- has declined and projected to decline even faster in the future (Figure 9)³. In 1960, about 20 working-age persons were supporting one senior dependent -- a decline of 35 per cent in support ratio over 59 years (i.e., 1960-2019). The support ratio fell to 13 by 2019. By 2040, this ratio will become six persons of working age to one senior dependent (i.e., half of today’s ratio in 21 years, calculating from 2019). Finally, by 2065, this ratio will become three persons of working age to one senior dependent -- 25 per cent of today’s ratio in 46 years, calculating from 2019. This will be feasible only if the productivity of today’s children becomes twice and four times higher than today’s adults by the time they become adults themselves. Hence the need to make prioritized and highly time-sensitive investment in today’s children for them to be equal to these challenges.

Figure 9: Number of Working-age Persons (15-64 Years) Supporting One Old Age Person (65 Years +) in Bangladesh



3 Policy Implications

Demography is not destiny. At the same time, it does set clear and strong parameters within which countries need to make conscious decisions and take actions in a time-bound manner. Countries need to make the best out of a given situation in one demographic stage, and be well prepared for opportunities and challenges for the next stage. Based on the aforementioned analysis, it is justifiable and necessary both morally and economically to invest in children as an act of ‘paying forward’ to the future generations, who will support us in our old age and continue to develop our society in future. The concept and practice of old-age benefit has been well accepted as a legitimate act of ‘paying afterward’ to those who worked hard and supported us in our young age. This perspective is very much in need for Bangladesh today.

Priority policy issues relevant for Bangladesh include (i) investment in schemes lengthening the demographic window of opportunity by delaying early age marriages; (ii) nurturing early childhood development by investing in child-focused interventions (especially for the age groups 0 to 4); and (iii) investment in education.

In addition, it is important to note that unlike the demographic experience of East Asia, where age at marriage is traditionally higher, Bangladesh’s demographic transition began at a stage age when marriage and first births were still low (i.e., according to BDHS⁴ 2014, 50 per cent of girls aged between 15 and 19 experienced marriages and first births at 15 or below). However, this presents a new kind of opportunity: It may be argued that there is room for investments in policies to lengthen the demographic window of opportunity through later marriage and later births. These will also call for greater investments in education and health, which promote opportunities for girls and women. Following the experience of South Korea, Taiwan, Indonesia, Malaysia, Vietnam, Thailand, and China, economies that ensured educational opportunities for women and their productive

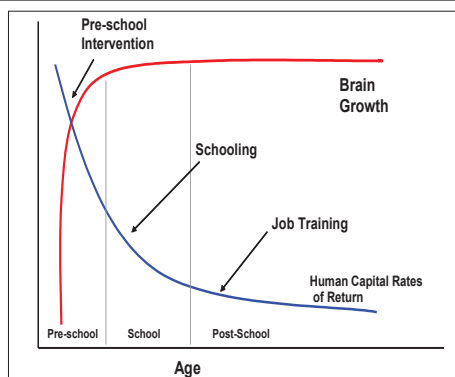
engagement in the workforce are also relevant. All these economies had a combination of security, strong local institutions, and a significant role of government that ensured these investments took place.

Investing in Early-Childhood Development

Nutritional deficiency hampers early childhood development, with lasting impact on productivity and life-time earnings. Despite progress, there are concerns with regards to the current state of nutrition (stunting, wasting and underweight) among children in Bangladesh. Poverty and lack of awareness are two identifiable sources of nutritional deficiency in Bangladesh. Adequate and effective investment in health and social protection is required to improve the situation.

Box 2: Investment in Early Childhood

Carneiro and Heckman, (2003) argued that investment in early age promises higher brain development and the best rates of return; waiting for intervention until preschool or primary school might be too late. An empirical study by Professor Seth Pollak et al found that poverty delays the development trajectory of brain growth. Infants living in an impoverished environment have less executive functioning in memory, emotion and language, which accounted for a 21 per cent difference in academic achievement. High schoolers living below the federal poverty line showed a 16 per cent achievement gap in problem solving, attention and judgment areas. The failure to optimize brain development early in life appears to have an ‘ultimate cost to society’ affect.



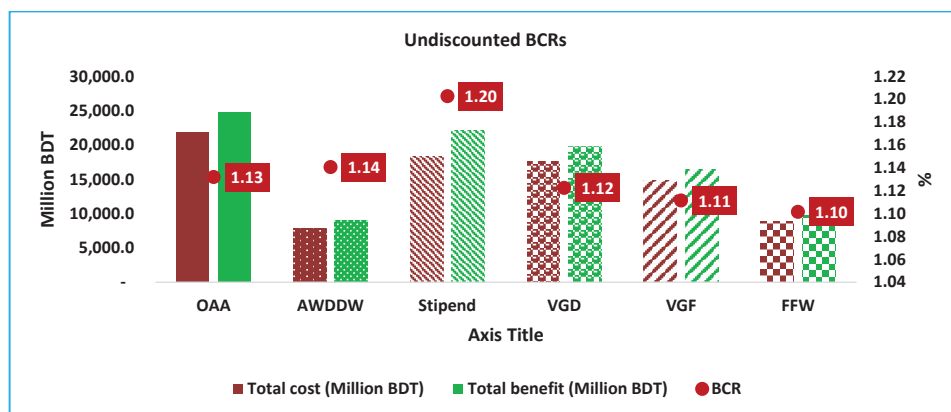
Bangladesh must invest at least 2 per cent of gross domestic product (GDP) on health from the existing level of less-than 1 per cent of GDP within the 8th FYP period. Similarly, investment in social protection should be increased to 3 per cent of GDP by the end of 8th FYP from the current 2.2 per cent of GDP. A large part of the additional allocation (i.e., 0.8 per cent of GDP) should go to child-focused social protection programmes.

Investing in Education

A large number of global evidences envisaged that economic expansions are positively associated with educational attainment, not just in later stages of life (see Behrman, 1996; and Glewwe and Miguel, 2008), but also during early childhood (Reynolds, A.J., and J.A. Temple. 1998). Similarly, a recent study on the demographic dividend at the International Institute for Applied Systems Analysis (IIASA) suggests that in most settings, the demographic dividend is an education dividend. A recent study conducted by SANEM for UNDP (2019) to assess the benefit-cost ratios (BCRs) of some key social protection schemes included old age allowances (OAA), school stipends, allowances for widowed, deserted and destitute women (AWDDW), vulnerable group development (VGD), vulnerable group

feeding (VGF), and food for work (FFW). It found that the school stipend scheme attached the highest BCRs among the selected schemes considered for the study.

Figure 10: Undiscounted BCRs



Source: UNDP 2019

Given the in-country evidence, as well as the other associated virtues of education in reducing school drop-outs and delaying child marriages, Bangladesh must increase the investment in education from 2 per cent of GDP to at least 3.5 per cent (if not 4 per cent) of GDP by the end of 8th FYP.

Urgent and Time-Sensitive Policy

Finally, it is imperative to point to the urgency and time sensitivity of these investments. The window of opportunity is short in Bangladesh, in a manner that is similar to the historical experience of Japan.

- The demographic window of opportunity in Bangladesh will close within 18 years. Against the backdrop of the rapid process of ageing, Bangladesh must learn from the experience of ageing societies struggling to maintain social security systems, by adopting a strategy to ensure old-age support through recognizing the critical role of an immediate investment in children.
- To attain these gains, it is essential for Bangladesh to invest in children now, as the time left to reap the benefits of the demographic window of opportunity is finite; Bangladesh has already passed 75 per cent of the window of demographic opportunity in 2019 (which opened in 1978), which will cease in 2047. Therefore, immediate adequate and effective investment in children is an absolute necessity to make the best use of the remaining 18 years of the window.
- Bangladesh's transition has progressed in terms of fertility and mortality, even while the nation is at a relatively low stage of development. The demographic transition started in Bangladesh while the ages of marriage and first births remained low, which may present a new kind of opportunity. There is thus room for investments in policies to prolong the demographic window of opportunity, through later ages of marriage, and later births.

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Study 18:
**Social Protection for Children in a Changing
Demographic**

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1 Introduction and Background

Bangladesh has made impressive progress in the areas of economic growth and poverty reduction. The economic growth rate in FY 2020 is likely to surpass the growth rate targeted in the terminal year of the Seventh Five-Year Plan (7th FYP -- 2016 to 2020). Economic growth had a strong impact on poverty, with the head count poverty rate halved from 50 per cent in 2000 to 24.3 per cent in 2020. Bangladesh is also committed to eradicating extreme poverty by 2030. However, rising inequality (measured by various inequality indices -- Gini; and the Palma ratio) tend to suggest that 'economic growth' may not be inclusive. Accordingly, the 7th FYP plan of Bangladesh emphasized the need to reduce poverty and promote inclusive growth. Simulations carried out using the well-known 'growth to poverty elasticity' approach suggests that even economic growth in the range of 8 per cent to 9 per cent may be insufficient to eradicate extreme poverty by 2030. This also suggests that transfers through a social protection system is needed to help eliminate such poverty.

Available monitoring and evaluation indicators of the social protection system in Bangladesh reveal that the system is inefficient and cost-ineffective. Consequently, value for money in the Bangladesh social protection system tends to be weak. A mapping of spending of the social protection schemes by age groups (closely following the life-cycle approach) suggest a substantial mismatch between population sizes and the social protection spending by different age groups. Children (between 0 and 18) have been disproportionately affected by the allocation principle -- despite children constituting a significant portion (i.e., around 49 per cent in 2016) of the total population in Bangladesh. A review of literature and analysis of the data also reveal different forms of life-cycle risks among children.

Bangladesh is preparing the 8th Five-Year Plan (8th FYP), where again poverty reduction through inclusive growth would strongly feature. Against this setting, this background analysis has been developed with an aim to highlight the need to invest in children, using social protection instruments. Key objectives are:

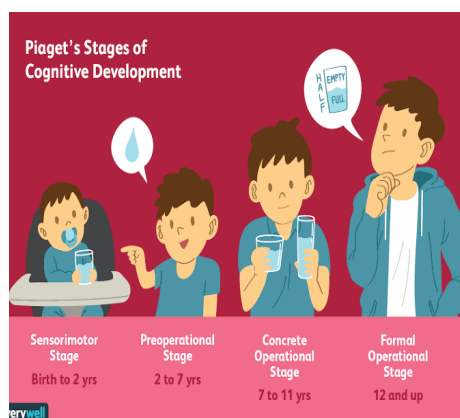
1. Explain the role of social protection during early childhood in cognitive development, productivity and their implications of future income generation in the context of Bangladesh.
2. A comprehensive assessment of child-sensitive social protection interventions adopted in other countries for adaptability in the context of Bangladesh.
3. Assess the value of money in Bangladesh social protection systems in general, and in particular for children focused on social protection programmes in Bangladesh, with a view to a better design of this system.
4. Assess whether there is a need for a separate social protection programme for the urban underprivileged, as well as other marginal child groups.
5. Assess prevalence of disability (including autistics) among children, and what types of social protection programmes may be considered for them.
6. Assess whether current programmes are effective in reducing incidence of child marriages in Bangladesh and if not, what new measures may be adopted in this context.
7. Assess the pathways to implement universal child benefit programmes for

Bangladesh over the next five years, while considering the following factors:

- a. Trends in population structure
 - b. Multi-tiered benefit schemes involving the public and private sectors
 - c. Regulatory and implementation mechanism of a universal child benefit programme (with the importance of behavioural change through training/awareness, building on food preparation, and mixing the food basket etc.). Child benefit programmes may further be expanded to include fulfilling other related services such as birth registration, access to antenatal care (ANC) and postnatal care (PNC), and immunization and early childhood development (ECD) as conditions for those eligible to continue to receive cash transfers.
 - d. Phasing of implement of a universal child benefit programme in Bangladesh under fiscal space constraints.
8. Analyses of future population structures by three specific children groups (i.e., 0-5; 6-9; and 10 to 18), along with other groups (i.e., working age and old age) to identify fiscal space for a child-focused social protection system for the perspective plan period (i.e., 2021 to 2041). In this context, using a costing module to determine investment requirement for children-focused social protection programmes in Bangladesh under alternative parameters.

The rest of the report is composed of eight more sections. Section 2 briefly discusses the importance of investment in children. Methodology and data issues are presented in Section 3. Poverty and vulnerability aspects are assessed in Section 4. Key aspects of the Bangladesh social protection system are presented in Section 5. Country experiences are contained in Section 6. Issues pertaining to coverage of the child-focused social protection system are examined in Section 7. Major findings of the KII and FGD are presented in Section 8. And the recommendations and proposed interventions, along with estimated investments, are discussed in the final section.

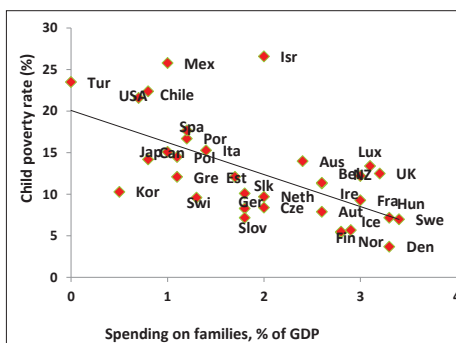
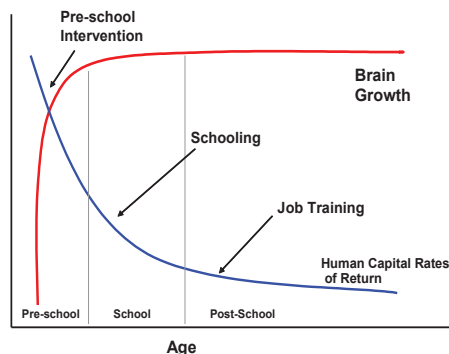
2 Why Invest in Children?



Poverty may impede cognitive development of children. The most popular theory in this field is prescribed by French psychologist Jean Piaget (1896-1980), who explains the four distinct stages of psychological and neurological development of childhood: (i) Sensorimotor (infancy); (ii) Pre-operational (toddlerhood and early childhood); (iii) Concrete operational (elementary and early adolescence); and (iv) Formal operational.

Growth and development trajectory of intelligence is heterogeneous across time. But a great deal of the brain's decisive structure and capacity is moulded early in life, before the age of three. The three most important factors that influence early brain development are reduction of toxic stress and inflammation, the presence of strong social support and secure attachment, and the provision of optimal nutrition.

Cameiro, P. & Heckman, J. (2003) argued that investment in early age offered higher brain development and the best rates of return. Thus, waiting for intervention until preschool or primary school might be too late. An empirical study by Professor Seth Pollak et al found that poverty delays the development trajectory of brain growth. Infants living in impoverished environments have less executive functioning in memory, emotion and language, which accounted for a 21 per cent difference in academic achievement. High schoolers living below the federal poverty line show a 16 per cent achievement gap in problem solving, attention and judgment, and the failure to optimize brain development early in life appears to have an ‘ultimate cost to society’ affect.



There is a strong correlation between spending on families and child poverty. Universal coverage has been found more effective in reducing poverty among families with children, than coverage based on poverty targeting.

It is evident that countries providing more universal access to social protection schemes (such as Sweden, Norway, Denmark, Finland, France and the Czech Republic) tend to have lower levels of child poverty than countries committed to selecting only poor families and children (mainly the Anglo-Saxon nations).

3 Methodology and Data

Various types of methods utilizing diverse data sets have been used in this study. A thorough desk review of the changing population structure and their socio-economic implications has been conducted, using demographic dynamics and other relevant social and economic data sets. Unit record data of HIES 2016 and BDHS 2014 has been analysed for poverty and nutritional status. An investment module based on the demographic dynamic (i.e., between 2020 and 2030) and key macro-economic indicators is employed to project investments of the age-based social protection schemes.

- First, a thorough desk review of the changing population structure and their socio-economic implications have been conducted using demographic dynamics and other relevant social and economic data sets. International and regional literatures are also reviewed to assess the extent and types of child-specific social protection interventions, along with their applicability in the context of Bangladesh.
- Second, a comprehensive data analysis using HIES 2016 has been conducted to assess child age-specific poverty and vulnerability to determine the economic deprivation among households with children in Bangladesh, compared to the national level economic deprivation. MICS 2019 has been used to understand the extent of nutrition deficiencies among children in Bangladesh. MICS 2019 has also been used to examine the disability prevalence, status of child marriage, and prevalence of gender-based violence. Brief descriptions of these data sets are provided below.

<p>The Bangladesh Multiple Indicator Cluster Survey (MICS) was carried out in 2019 by the Bangladesh Bureau of Statistics (BBS), in collaboration with the United Nations Children's Fund (UNICEF) Bangladesh, as part of the Global MICS Programme. Technical support was provided by UNICEF. The 2019 MICS for Bangladesh collected data for 144 major indicators from 64,400 households, where 61,242 households were interviewed from all over the country on a totally random basis between 19 January and 1 June, 2019. It not only provides national averages for the concerned indicators, but also statistically reliable data for eight divisions and 64 districts, as well as different socioeconomic axes such as gender, age, rural-urban divide, mother's education, functional difficulty, and wealth quintile. The sample dataset consists of four parts: 64,400 of households; 64,378 of women; 24,686 of under-five aged children; and 68,705 of children aged 5-17.</p>	<p>The Household Income and Expenditure (HIES), conducted by BBS, is the main survey to assess poverty and inequality in Bangladesh. According to BBS, data collection for HIES 2016 was started on 1 April, 2016, and continued without any interruption up to 31 March, 2017. Three main objectives of the HIES 2016 included: (i) reliable annual estimates at 64 district levels; (ii) reliable quarterly estimates at the national level; and (iii) reliable annual estimates at the division level for urban and rural areas.</p> <p>In order to attain the above multiple objectives, the sample design in HIES 2016 underwent significant change from HIES 2010. The first significant change was to increase the sample size to almost four times, compared to HIES 2010. The total sample size in 2016 was 46,080 households, compared to 12,240 in 2010.</p>
<p>The Bangladesh Demographic and Health Survey (BDHS) 2014 is the seventh national-level demographic and health survey, designed to provide information to address the monitoring and evaluation needs of the Health, Population and Nutrition Sector Development Program (HPNSDP), and to provide managers and policy makers involved in this programme with the information they need to effectively plan and implement future interventions. The 2014 BDHS survey was conducted by Mitra and Associates from June to November 2014. Funding was provided by the United States Agency for International Development (USAID)/Bangladesh. ICF International provided technical assistance through the DHS Program, a USAID-funded project. The survey selected 18,000 residential households, where interviews were successfully completed in 17,300 of those.</p>	<p>The Labour Force Survey 2016-17 presents annual estimates as well as quarterly estimates of labour statistics and key indicators of the labour market of the country for the survey period July 2016 to June 2017. Detailed information on labour force characteristics has been collected from a representative sample of 123,000 households to produce gender disaggregated national and divisional level estimates with urban/rural/city corporation breakdown. The survey also provides quarterly representative results and sample sizes for each quarter to 30,816 households. The primary objective of the survey was to collect comprehensive data on the labour force, employment and unemployment information of the population aged 15 or older, for use by the government, international organizations, NGOs, researchers and others to efficiently provide targeted interventions.</p>

- Third, selected KIISs and FGDs have also been conducted to gather their insights on gaps, the design of child-focused social protection programmes, coverage (universal vs. targeting), and transfer amounts, etc.
- Fourth, an investment module based on the demographic dynamic (i.e., between 2020 and 2025) and key macro-economic indicators, has been employed to project and explore the investments and financial opportunities of the age-based social protection schemes.

Box 1: Investment Module

Investment essentially depends on beneficiary coverage and transfer amounts (value of benefit), as well as whether we like to index them to an inflation rate or other price indices. The specification of the investment model is provided in the equation below.

$$I_i = BC_i \times VB_i \times CPI; \text{ where } i = 1 \dots n \text{ (number of age-based schemes)}$$

Where I refer to investment: BC denotes beneficiary coverage; VB suggests monthly value of benefit; and CPI is the consumer price index.

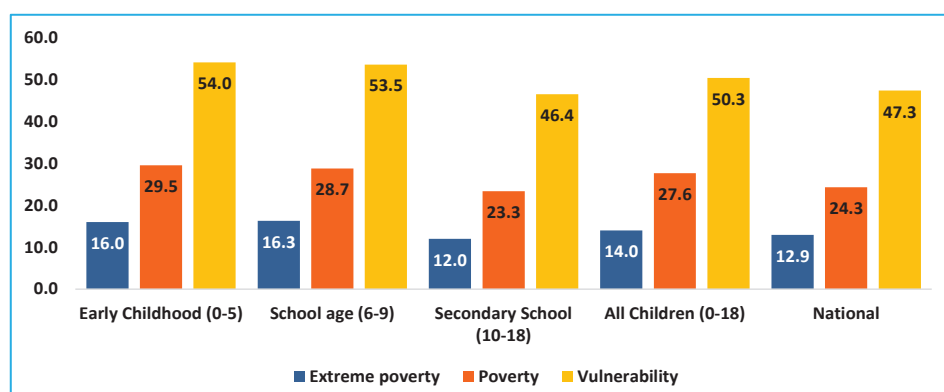
4 Child Poverty, Vulnerability and Deprivation

4.1 Child Poverty and Vulnerability

Poverty statistics suggest that Bangladesh is winning its fight against poverty, an impressive effort. Still, 24.3 per cent of the population has been counted as poor in 2016, according to the upper poverty line and HIES 2016 data. This implies that about 38 million people, including children (comprising almost 50 per cent of the total population) are vulnerable to poverty and deprivation¹. Furthermore, poverty rates in households with children (i.e., 27.6 per cent) are higher than that of the households without children (24.3 per cent). There are also variations in poverty rates among different age groups of children. Rates in households with children aged from 0 to five years are higher (29.5 per cent) than that of households with children aged between 10 and 18 years (23.3 per cent), while poverty and vulnerable rates are higher among households with children. Thus, children are disproportionately affected by poverty.

Following the definition of NSSS (2015), the upper poverty lines (UPL) of 2016 have been adjusted upward by 25 per cent to assess vulnerability rates (i.e., vulnerable line VL = UPL x 1.25)². The estimated vulnerability rates are provided below. Around 43 per cent of the population was vulnerable, according to the UPL, while extreme vulnerable population was 37 per cent in 2016. Estimated vulnerability rates for households with children are substantially higher than their corresponding national vulnerability rates. The highest vulnerability rate of 52 per cent has been found for households with children between 0 and five. Extreme vulnerability of this household group is high at around 43 per cent. The rates of vulnerability reduced to 48 per cent (with UPL x 1.25) and 40 per cent (with LPL x 1.25) respectively for households with children aged between 10 and 18.

Figure 1: Child Poverty and Vulnerability (%)

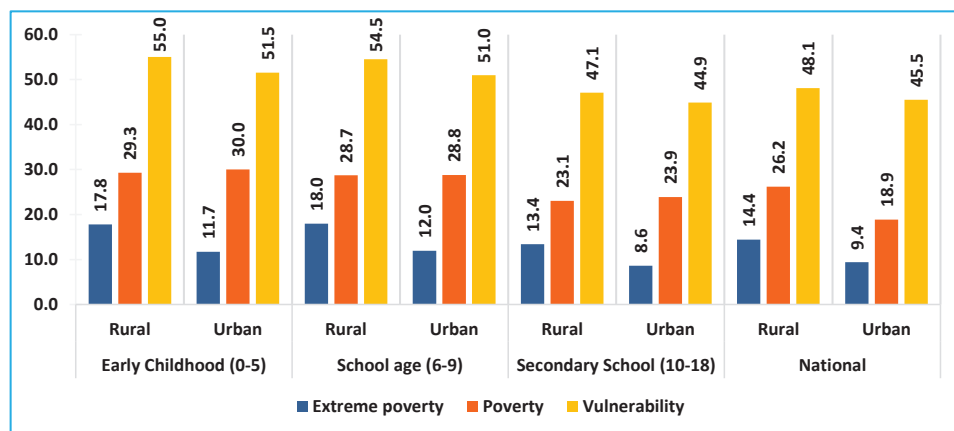


Source: HIES 2016

Poverty assessment of households with children by location (rural and urban) provides some interesting insights. Extreme poverty rates in rural households with children are lower than the extreme poverty rates of urban households without. Vulnerability rates among the urban households with children are about 3 percentage points less than their rural counterparts. But poverty rates in urban households with children are slightly higher

(i.e., 0.8 percentage points) than the poverty rates in rural households with children.

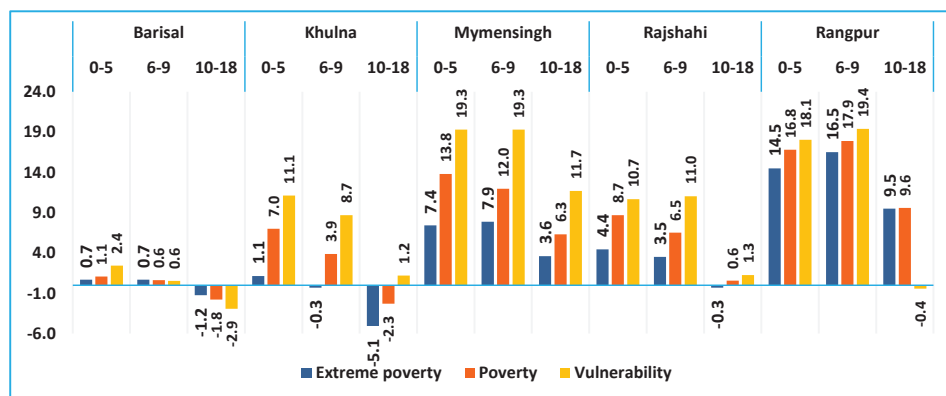
Figure 2: Child Poverty and Vulnerability by Location (%)



Source: HIES 2016

The dissection of child poverty by administrative divisions provide further insights into poverty and vulnerability from a regional perspective. Poverty and vulnerability rates of the eight divisions by three child age groups are first estimated for 2016. These rates are then compared with the national poverty and vulnerability rates to determine the extent of division-specific child poverty and vulnerability rates over the national rates. A positive value suggests worse-off regions in terms of child poverty and vulnerability, while a negative value suggests better-off regions with respect to child poverty and vulnerability. According to these criteria, the two most worse-off divisions are Mymensingh and Rangpur. In these two divisions, a high extent of poverty and vulnerability has been found across all three-child age groups. Incidence of child poverty, although higher than the national rates in Khulna and Rajshahi, are substantially less than that of Mymensingh and Rangpur.

Figure 3: Divisions With Above National-Average Child Poverty and Vulnerability (%)

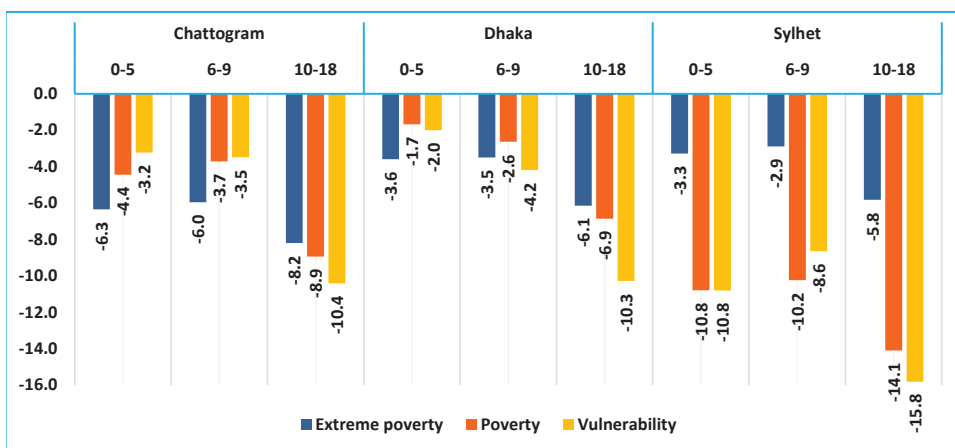


Source: HIES 2016

Child poverty and vulnerability have been found significantly lower than the national

average for three relatively well-off regions in Bangladesh: Chattogram, Dhaka and Sylhet.

Figure 4: Divisions With Less Than National-Average Child Poverty and Vulnerability (%)



Source: HIES 2016

4.2 Nutrition Deprivation

Despite recent progress in reducing nutritional status, a high proportion of young children still suffer from it, which impacts their cognitive development and affects them throughout their lives. Stunting and underweight rates, estimated at 42 per cent and 32 per cent respectively in 2013, fell to 28 per cent and 22.6 per cent respectively in 2019³. Despite such progress, it is evident that significant challenges remain in tackling nutrition-related outcomes, and further dissection of the extent of malnutrition reveals important patterns across wealth quintiles.

Figure 5: Stunting, Underweight and Wasted Among Children in 2019 in Bangladesh (%)



Source: MICs (2019)

The extent of malnutrition by three important measurements are reported in Panels B, C and D. The outcome suggests that malnutrition is not only an issue of poverty, but also a lack of knowledge -- perhaps in the mixing/balancing, as well as in the preparation of food.

4.3 Child-Specific Disability Prevalence

Child-specific disability prevalence is provided in the table below. It categorizes types as well as intensities of disability by three age groups: 0 to four; five to nine, and 10 to 17. As many as six types of disabilities have been reported for the early child group (i.e., 0 to 4). Whereas 13 types of disabilities have been reported for the other two groups.

Table 1: Types and Intensity of Disability Among Children in Bangladesh in 2019 (%)

Age	Types of disability	Intensity	%
Age 0-4	1. Seeing	Some difficulty	0.76
		Severe difficulty	0.11
		Can't see	0.04
	2. Hearing	Some difficulty	0.5
		Severe difficulty	0.11
		Can't hear	0.06
	3. Walking	Some difficulty	0.84
		Severe difficulty	0.19
		Can't walk	0.15
	4. Learning	Some difficulty	4.96
		Severe difficulty	0.75
		Can't care for self	0.53
	5. Playing	Some difficulty	1.86
		Severe difficulty	0.31
		Can't care for self	0.17
Age 5-9	1. Seeing	Some difficulty	1.11
		Severe difficulty	0.19
		Can't see	0.04
	2. Hearing	Some difficulty	0.96
		Severe difficulty	0.17
		Can't hear	0.14
	3. Walking (100 yards)	Some difficulty	0.72
		Severe difficulty	0.24
		Can't walk	0.20
	4. Self-care	Some difficulty	4.65
		Severe difficulty	1.01
		Can't care for self	1.09
	5. Communication	Some difficulty	1.15
		Severe difficulty	0.24
		Can't communicate	0.30
	6. Learning	Some difficulty	7.39
		Severe difficulty	1.23
		Can't learn	0.44
	7. Remembering	Some difficulty	9.89
		Severe difficulty	1.25
		Can't remember	0.50
	8. Concentrating	Some difficulty	7.23
		Severe difficulty	0.65
		Can't concentrate	0.43
	9. Accepting change	Some difficulty	9.10
		Severe difficulty	1.10
		Can't accept change	0.49
	10. Controlling behaviour	Some difficulty	10.23
		Severe difficulty	1.84
		Can't control behaviour	0.63
	11. Making friends	Some difficulty	1.90
		Severe difficulty	0.21
		Can't make friends	0.39

Age	Types of disability	Intensity	%
	12. Anxiety (How often)	Daily	2.26
		Weekly	3.10
		Monthly	4.62
		A few times a year	8.88
	13. Depression	Daily	3.32
		Weekly	5.27
		Monthly	5.50
		A few times a year	10.03
Age 10-17	1. Seeing	Some difficulty	2.17
		Severe difficulty	0.21
		Can't see	0.05
	2. Hearing	Some difficulty	0.96
		Severe difficulty	0.23
		Can't hear	0.07
	3. Walking (100 yards)	Some difficulty	0.52
		Severe difficulty	0.22
		Can't walk	0.11
	4. Self-care	Some difficulty	0.95
		Severe difficulty	0.35
		Can't care for self	0.25
	5. Communication	Some difficulty	0.47
		Severe difficulty	0.27
		Can't communicate	0.19
	6. Learning	Some difficulty	5.20
		Severe difficulty	1.30
		Can't learn	0.39
	7. Remembering	Some difficulty	7.79
		Severe difficulty	1.32
		Can't remember	0.40
	8. Concentrating	Some difficulty	4.94
		Severe difficulty	0.61
		Can't concentrate	0.32
	9. Accepting change	Some difficulty	6.63
		Severe difficulty	0.81
		Can't accept change	0.34
	10. Controlling behaviour	Some difficulty	7.34
		Severe difficulty	1.67
		Can't control behaviour	0.46
	11. Making friends	Some difficulty	1.66
		Severe difficulty	0.25
		Can't make friends	0.33
	12. Anxiety (How often)	Daily	2.35
		Weekly	3.80
		Monthly	6.39
		A few times a year	14.64
	13. Depression	Daily	2.52
		Weekly	5.31
		Monthly	8.61
		A few times a year	16.09

Source: Source: Author's estimation from MICs, 2019

4.4 Adolescent Girls

Despite legal sanctions, the incidence of child marriage is substantial in Bangladesh. Child marriage compromises a girl's development through early pregnancy, social isolation, interruption of her schooling, limited opportunities for career and vocational advancement, and increased risks of domestic violence. Notwithstanding the progress with girls' education, in Bangladesh only 45 per cent of adolescent girls are enrolled in secondary school, and even fewer attend regularly. New brides, especially in rural areas, are expected to work in their husbands' households, and are subject to the same hazards as child domestic workers. According to MICs (2019), the prevalence rate of the median age of first marriage for girls aged between 0 and 14 is high at 19.7 per cent. The share is very high at 49.7 per cent for the age group of 15 to 19.

Table 2: Marital Status of Women in 2019 (%)

Current age of women	Median age of first marriage
0-14	19.66
15-19	49.66
20-24	11.71
25-29	2.18
30-34	0.37
35-39	0.06
40-44	0.02
45-49	0.00

Source: MICs, 2019

Early marriage leads to early pregnancy. BDHS (2014) data support this causality. According to BDHS (2014), almost 50 per cent of teenage girls aged 15 to 19 are mothers, or pregnant. Adolescent mothers have higher total fertility rates (TFR), and are more likely to suffer from birth complications than adult women.

Table 3: Marital and Reproductive Status of Women in 2014 (%)

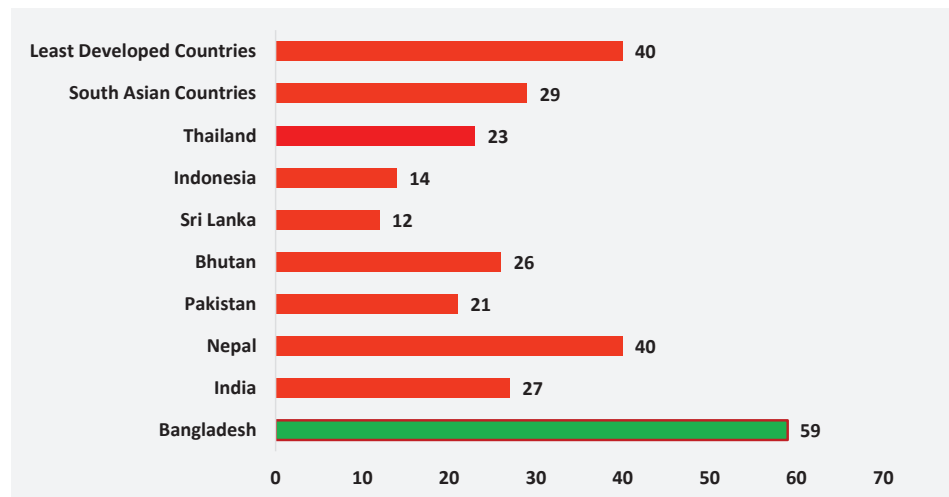
Current age of women	Median age of first marriage	Median age at first birth
15-19	50% started to live with spouse before 15	50% had birth before 15
20-24	17.2	19.2
25-29	16.4	18.5
30-34	16.0	18.1
35-39	15.6	17.9
40-44	15.3	17.9
45-49	15.3	18.3

Source: BDHS (2014)

Bangladesh has one of the world's highest rates of child marriage (Figure 6). Such socio-cultural practices exacerbate female vulnerabilities. Notwithstanding the legal bar on child marriage (legally, the minimum age of marriage is 21 for boys and 18 for girls), the rates are high among female children. Many factors interact to place a girl at risk of marriage,

including poverty, the perception that marriage will provide ‘protection’ and preserve family honour, social norms, customary or religious laws that condone the practice, inadequate enforcement of the legislative framework, and weaknesses in the country's civil registration system.

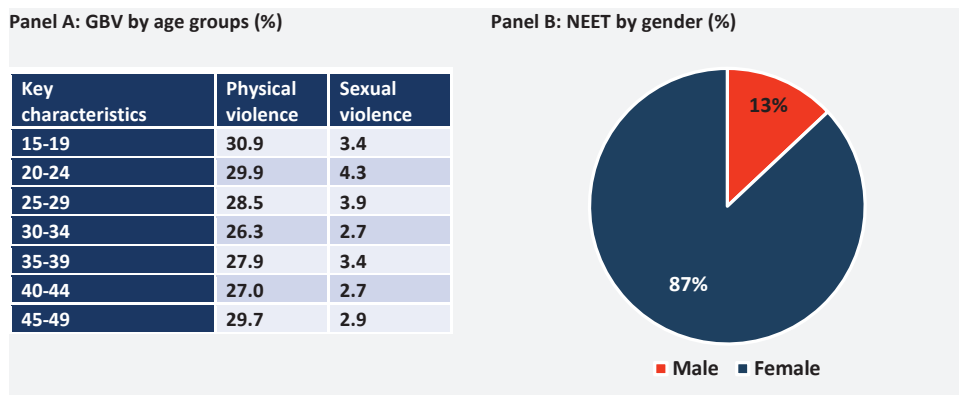
Figure 6: Women Married by Age of 18 (%)



Source: UNDP (2018)

Progress made in various population and gender fronts -- especially in women empowerment -- have been dented to an extent in Bangladesh by the prevalence of the high rate of gender-based violence (GBV)⁴. GBV takes many forms, such as physical violence, sexual violence, emotional violence, and economic violence, or any controlling behaviour at home, the workplace or in a public place. According to the findings of the 2015 Violence Against Women (VAW)⁵ Survey, almost two thirds (72.6 per cent) of ever-married women experienced one or more forms of violence by their husbands at least once in their lifetime, with 54.7 per cent experiencing violence during the last 12 months. Of lifetime experiences, controlling behaviour (55.4 per cent) was the most common, reported by more than half of ever-married women. This was followed by physical violence (49.6 per cent), emotional violence (28.7 per cent of women), sexual violence (27.3 per cent) and economic violence (11.4 per cent). Although, the 2015 VAW report suggests a falling trend of all kinds of violence from 2011 to 2015, the GBV rates are still high in Bangladesh -- and highest among the age group 15 to 19.

Figure 7: GBV and NEET (%)



Source: VAW Survey (2015) and LFS (2017)

Further dissection of the Labour Force Survey (LFS) data of 2017 suggests that prevalence rates of NEET are higher among girls in the age groups 15-19, 20-24 and 25-29. Although we did not conduct any regression to assess their statistical significance, descriptive statistics of GBV and NEET by age envisaged that high NEET among females may be related to GBV.

Table 4: Distribution of NEET by Age Groups in 2017 (%)

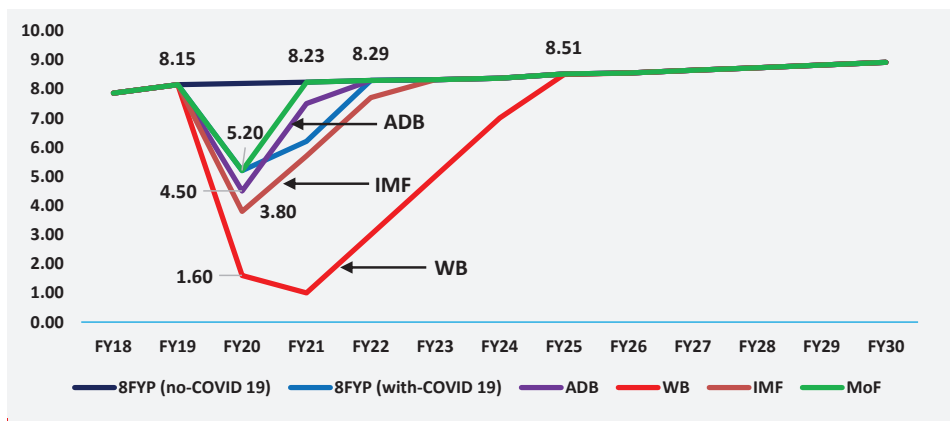
Age groups	Female	Male	Female	Male	Female
15-19	15.64	19.63	63.21	36.79	100.00
20-24	16.33	14.00	71.56	28.44	100.00
25-29	17.83	15.07	71.84	28.16	100.00
30-34	15.07	14.12	69.70	30.30	100.00
35-39	14.49	14.65	68.09	31.91	100.00
40-44	10.39	11.47	66.13	33.87	100.00
45-49	10.25	11.06	66.64	33.36	100.00
Total	100.00	100.00			

Source: LFS, 2017

5 Child Vulnerability in COVID-19

COVID-19 has impacted harshly on Bangladesh's national income and GDP. The estimated or simulated impacts on GDP growth rates by various agencies and the Government of Bangladesh (GOB) are collated to provide a comparative assessment in GDP growth rates in 2020, and possible trends in recovery. Recent estimates of the World Bank (WB) and the International Monetary Fund (IMF) project a 1.6 per cent and 3.8 per cent GDP growth rate for 2020. The projections for 2021 by the WB and IMF are respectively 1 per cent and 5.7 per cent. The Asian Development Bank (ADB) projected an optimistic GDP growth rate of 7.5 per cent for 2021, depending on conditions.

Figure 8: COVID-19 Impacts on GDP Growth Rate and Recovery Paths



Note: ADB, WB and IMF provided GDP growth projections only for 2020 and 2021. The growth rates for other years are author's projections.

5.1 Child Poverty and Vulnerability

Notwithstanding the variations in growth impacts by various agencies, it was more or less agreed that poverty impacts could be high in Bangladesh due to the low resilience of near-poor households (i.e., non-poor by the national poverty line measurement, but highly vulnerable to small income shocks -- by augmented poverty lines or international poverty lines). To measure the poverty impacts of income shocks, simulations were carried out using a Bangladesh-specific computable general equilibrium (CGE) model. Two scenarios are considered.

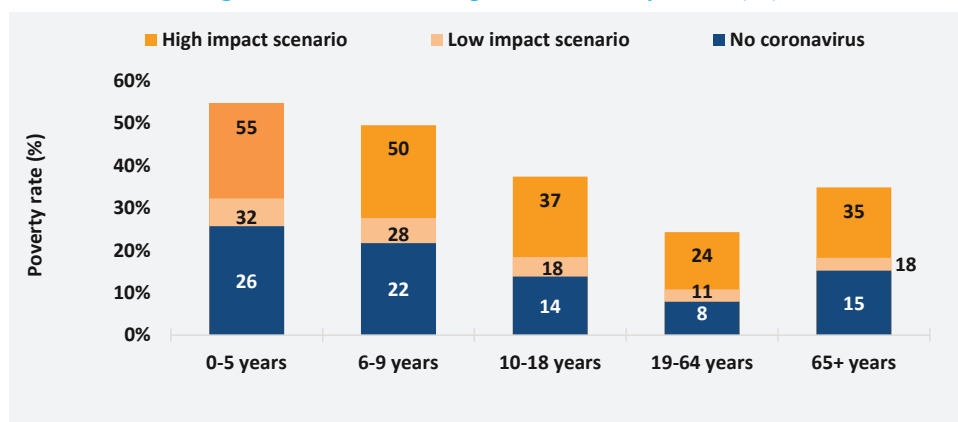
In a low impact scenario, exports from ready-made garments (RMG) fall by an annualized rate of 10 per cent and remittance flows by 3.7 per cent. The agriculture sector grows by 3 per cent. The effects of a four-week lockdown on the industry and services sector are modelled through a reduction of 5.3 per cent in the utilization of capital in the production process.

In a high impact scenario, foreign demand for RMG and remittances fall by 30 per cent and 18 per cent respectively, on an annualized basis. Growth in the agriculture sector is more subdued (1 per cent). The industry and services sector experience an eight-week lockdown, modelled through a reduction of 10.6 per cent in the intensity with which available capital is used.

The outcomes of the CGE model (i.e., fall in GDP and household income) are fed into the poverty model to assess the poverty impacts of COVID-19. Poverty impacts have been assessed by five age-based representative household groups. It has been found that the levels of child poverty could more than double under the high-impact scenario. As a result of the economic fallout of the virus, monetary poverty among young children could be twice as high as what it would have been under the business-as-usual scenario, increasing

from 22-26 per cent, up to 50-55 per cent under the high-impact scenario.

Figure 9: COVID-19 Impacts on Poverty Rates (%)

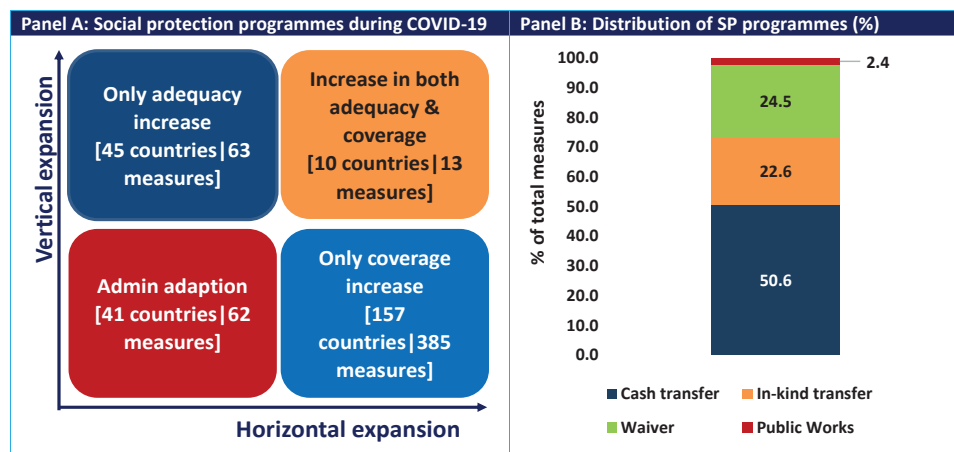


5.2 Global Response and Lessons for Bangladesh

The global response to COVID-19 to save lives and livelihoods has been extraordinary. Almost all countries proposed large stimulus packages to address the virus. A large segment of the stimulus package focuses on social protection. A survey of such responses from countries by Gentilini et al. (2020), found that social protection, especially social assistance, emerged as the most important stimulus to save lives and livelihoods during COVID-19. Out of 638 measures recorded, 323 were cash transfer programmes implemented in 139 countries. Cash transfer programmes have been supplemented by 144 in-kind programmes (in 96 countries), by waiver/postponement of fees or charges (e.g., utility and financial obligations) by 156 programmes (in 94 countries), and by public works programmes of 15 types in 12 countries. The social protection system also witnessed unprecedented expansion, both vertical and horizontal, during the last four to five months.

Rich countries have already allocated around 6 per cent of their GDP (IMF, 2020a)⁶ on social protection programmes to mitigate the negative impacts of COVID-19. Given low coverage, and inadequate and weak social protection systems, higher allocation with universal coverage (even on a temporary basis) has been advocated by the IMF (2020b)⁷ and the World Bank. Martin Ravallion (2020)⁸ suggested to allocate at least 2 per cent of GDP to social protection programmes to address COVID-19 impacts.

Figure 10: Global Social Protection Response to COVID-19



Source: Based on Gentilini et al. (2020)⁹.

Contrary to the global social protections and recommendations, the social protection responses in Bangladesh have been weak and muted. Despite Bangladesh's proposed stimulus packages of 3.7 per cent of GDP -- social protection measures have been small. Bangladesh has implemented three types of social protection interventions: cash transfer, wage subsidy, and in-kind transfers, allocating around 0.31 per cent of GDP out of its stimulus package.

There may be several reasons for the poor social protection response in Bangladesh (e.g., a weak and underdeveloped social protection infrastructure/system). The crisis provides an opportunity for Bangladesh to build back better by improving its social protection infrastructure, such that the country is ready for an adequate social protection response for the next crisis.

6 Key Features of the Social Protection System in Bangladesh

6.1 Salient Features

System

Large Number of Small Schemes: The number of schemes implemented under the social security system is still very large. During the last five fiscal years, social protection schemes varied between 130 and 14 between FY 2017 and FY 2019. The number is around 55 when only the schemes under the non-development budget is considered. However, closer review of the social security budget suggests that more than 75 per cent of the non-development social security budget is accounted for by the 30 large schemes covering a major part of the beneficiaries. When development budget is considered, along with non-development budget, allocation to the 30 large programmes is reduced to about 50 per cent.

Inadequate Administrative Costs: Available data suggests that in Bangladesh,

administrative costs of cash and CCT is around 4 per cent, while administrative costs of food schemes have been found at around 10 per cent. These are significantly lower than the global average of 8.2 per cent for CCT/Cash programmes, and 25 per cent for food-assisted programmes. It is argued that the low or inadequate allocation of resources for administrative costs are associated with high exclusion and inclusion errors (for instance, in the OAA, the exclusion errors are in the range of 32 per cent to 35 per cent), and leakages of resources (in the case of stipend programmes, the leakage has been estimated at 20 per cent to 40 per cent).

Coverage

Beneficiary Coverage: Beneficiary coverage as a percentage of total population has hovered between 32 per cent and 34 per cent during FY 2015 and FY 2018. In FY 2019, the coverage has been projected to increase to around 39 per cent of total population in 2019. One important observation is the beneficiary coverage (i.e., more than 34 per cent) is higher than the prevailing poverty rate (i.e., around 20 per cent), implying all poor and vulnerable populations are covered. For instance, head-count poverty rate in 2015 has been estimated at 23.9 per cent, while the social safety net benefit coverage is almost 32 per cent. The system also has large exclusion errors (71 per cent) and inclusion errors (47 per cent). When these are taken into consideration, coverage of the poor becomes very low.

Low Coverage for Children: Low coverage of children in SP system A UNDP study (2019) using the MOF social protection budget data found that in FY 2010, 3.5 per cent of the total social protection budget was spent on 5.6 per cent of child beneficiaries. While in FY 2016, 2.4 per cent of the total social protection budget was spent on 2.3 per cent of child beneficiaries. There is no programme to support families and caregivers in child-care roles, other than a few child-care centres in urban areas for female government employees. UNICEF's child marriage budget allocation (2018) identified 64 government programmes and projects (with an average allocation of 1.15 per cent of total government budget from FY 2011 to FY 2016), which directly/indirectly contributed to ending child marriage in Bangladesh. However, a high prevalence of child marriage may question adequacy, as well as efficacy, of these programmes ending child marriage in Bangladesh. The programmes for orphans and other vulnerable children are also inadequate.

Beneficiary Coverage in Urban Areas: Currently, the beneficiary coverage to urban locations are disproportionately low. Bangladesh has been witnessing rapid rates of urbanization, with a rate of 35 per cent recorded in FY 2015, and likely to increase to 50 per cent by 2035. The migration of rural poor has slowed poverty-reduction rates in urban areas. Poverty reduction is only 10 percentage points in urban areas compared to 25 percentage points in rural areas. However, social security coverage has struggled to keep pace with urban poverty and vulnerability. On average, between FY 2013-14 and FY 2017-18, social security system allocation reveals three patterns with respect to locational allocation: (i) 49 per cent of social security schemes serves both areas (including government pensions); (ii) 47 per cent of social security schemes go exclusively to rural areas; and (iii) only 4 per cent of the social security schemes go exclusively to urban areas. The outcome of these allocation mismatches are: (i) coverage is lower than poverty in urban areas (i.e., 10.6 per cent covered against a poverty rate of 18.9 per cent); (ii) coverage is greater than poverty

in rural areas, with 34.5 per cent coverage for 26.4 per cent of the poor population (WB, 2019).

Allocation

Social Protection Budget Stable but Low: Bangladesh has been spending about 2 per cent of its GDP in the social safety net system (including social empowerment). The allocation is less than 2 per cent of GDP when the public servant pension scheme component is excluded. Key government plans (i.e., NSSS¹⁰, Sixth Five-Year Plan, Seventh Five-Year Plan and SDG financing strategy) called for the scaling up of the social protection budget to around 2.5 per cent, and 3 per cent of GDP. Social protection budget allocations are heavily tilted towards the cash-based programmes receiving around 60 per cent of the total social protection budget allocation. Thus allocation to food-assisted programmes is around 40 per cent of total allocation (Source: Alam A. 2019¹¹, ‘MIS Integrated G2P Payment System for Social Protection Programmes’.) At present, multiple payment methods are used for transfer payments, with transaction costs up to 2.5 per cent (Source: Alam, 2019). The pre-dominant payment channels are:

1. Payment through Treasury
2. Banking system (local bank branch, payment booth, agent banking, mobile financial services)
3. Payment through postal system

Inadequate Generosity: The average transfer amount to beneficiaries (also known as generosity) has been low in Bangladesh. The estimated average transfer amount, which was less than BDT 332 per month in FY 2015, increased to about BDT 595 per month in FY 2019 in nominal terms. When compared with the national poverty lines, these transfer amounts appear inadequate to have any impact on the poverty situation for the beneficiaries. For instance, the estimated upper-poverty line for 2018 is BDT 2,025 per person, per month. Thus, the transfer amount of BDT 595 constitutes only 31 per cent of the need for a poor or vulnerable person.

6.2 Mapping of Social Protection Programmes to Child-Sensitive Social Protection Programmes

To determine the extent of child-sensitive social protection programmes (CSSP) in Bangladesh, all the programmes considered child-sensitive were grouped by their objectives: those which provide vulnerable children and their families with adequate quality basic services (health, nutrition, education, shelter, etc.); alleviate family poverty or encourage women’s empowerment; support families and caregivers in their childcare role; address the rights of children with disabilities, orphans and children living on the street; reduce child labour or child marriage; create employment or income-generation for caregivers; and enhance adolescent livelihood skills by taking into account their role as future workers (DFID et al.). Some social protection programmes that targeted specific members of a family aged 18 years and above, which might support children indirectly,

¹⁰ National Social Security Strategy.

¹¹ Power point presentation on MIS Integrated G2P Payment System for Social Protection Programmes, by Md. Azizul Alam, Ministry of Finance.

were not considered as child sensitive. The programmes directed towards women were considered child-sensitive, owing to the fact that children benefit enormously from investment in women's empowerment, based on the strong intertwined link between women and children¹² (for details please refer to UNICEF 2019). Using the above-mentioned criteria of CSSP programmes (or mapping schemes), it has been estimated that 80 programmes directly or indirectly benefit children.

Table 5: Programmes and Budgets Allocation of the Child-Sensitive Social Protection Programmes, FY 2018-19

Programmes	Allocation (in crore BDT)	As % of CSSS budget	As % of total SS budget	As % of national budget
A. Direct Children Programmes (16)	3962.96	15.82	6.12	0.81
B. Indirect Children Programmes (64)	21087.10	84.18	32.61	4.53
C. Total Children Programmes (80)	25050.06	100.00	38.74	5.39
C1. Basic Services (24)	8073.56	32.22	12.48	1.73
C1.1. Health and Nutrition (10)	3371.55	13.45	5.21	0.73
C1.2. Education (8)	3513.37	14.02	5.43	0.75
C1.3. Shelter (4)	1008.84	4.03	1.56	0.22
C1.4. Water and Sanitation (2)	179.80	0.72	0.27	0.03
C2. Family Poverty, Women Empowerment & Employment (43)	15710.58	62.71	24.22	3.33
C2.1. Family Poverty (19)	6869.85	27.42	10.61	1.43
C2.2. Poverty-Woman (5)	5008.81	20.00	7.74	1.02
C2.3. Women Empowerment (10)	458.68	1.83	0.75	0.09
C2.4. Employment (9)	3373.24	13.46	5.21	0.70
C3. Child Protection (13)	1265.92	5.07	1.90	0.21
C3.1. Orphans and Street Children (5)	259.7	1.05	0.40	0.05
C3.2. Disability (8)	1006.22	4.02	1.56	0.22

Source: Based on the Social Safety Net Budget of FY 2018-19, published by Finance Division, Government of Bangladesh.

Main Observations are:

- Under the basic service category, there are 24 programmes, of which 10 are related to health and nutrition, eight to education, four to shelter, and two to water and sanitation.
- There are 43 programmes listed under the second category (family poverty, women empowerment and employment). Out of these, 24 are related to poverty and 10 to women empowerment. There are nine programmes for employment.
- Under the child-protection category, there are 13 programmes, of which five are for orphan and street children and eight for children with a disability.
- The health and nutrition-related programmes are designed to address such issues for people of all ages, including children. These programmes include the national nutrition service, national sanitation project, maternal health voucher schemes, Maternal, Child, Reproductive and Adolescent Health (MCRAH), and urban public and environment health sector development.

- There are eight programmes under education. They aim to increase enrolment and attendance of children from poor families at primary, secondary and higher secondary schools; provide financial incentives to parents of children who dropped out of school to send them back and allow them to complete the education cycle; combat hunger in the classroom; enhance early education; and provide formal education through a non-formal delivery approach ('second chance' education) to children who have never been to school, children who have dropped out, and children who are living on the street.
- There are 43 programmes that address family poverty, including empowerment of vulnerable women, and support to income-generation or employment for working-age individuals, or elderly household members. The most neglected social protection area is child protection, with very low allocation. The programmes for orphans and other vulnerable children are also inadequate. Furthermore, social security schemes are biased towards rural areas, and many programmes exclude urban areas -- including the primary stipend programme.

7 Country Experiences

7.1 Child Benefits

Almost every high-income country -- and, increasingly, many middle and low-income countries, are providing support to children and families, implemented through a variety of cash and in-kind benefits schemes. The prime goal of a cash transfer is to meet both the direct costs of having or bringing up children (i.e., those related to food, clothing and other necessities), as well as other indirect costs related to their care (e.g., caregiver's foregone income due to unpaid care work). On the other hand, free childcare, health services or school meals are some of the examples of in-kind child benefits that usually form part of a country's social protection system for families.

As with other social security transfers, child or family benefits may be tax financed (non-contributory), and financed from social contributions through the social insurance system, or some combination of these. Within those broad categories, design structures may vary significantly. Child benefit systems around the world reflect these broad design features, with notable regional trends. Tables 6 and 7 capture initiatives/programmes that are very central to social protection systems, and can be considered flagship initiatives within their countries. The tables shed light on design and operational features of 10 programmes, and presents best practices that could inspire other programmes to enhance their efficiency, equity, and child-sensitivity.

Table 6: Key Design Features of Different Types of Child Benefits Systems

Country	Programme	Description and amount	Eligibility criteria	Source of funds	Method
Argentina	Three tiers system: Universal Child Allowance (AUH) Contributory family allowance system (AAFF) Tax deduction	While the AUH is a flat-rate benefit equivalent to the highest rate contributory benefit, the AAFF has earnings-related benefits paid on a progressive basis, and is inversely proportional to the insured's earnings	A three-tiers system to achieve near universal coverage	A portion is tax financed. Rest is a contributory system, which is affluent tested	Mixed
Mongolia	Child Money Programme (CMP)	The CMP pays a monthly allowance of 20,000 Mongolian tugriks (around US\$10 in 2016) via direct bank transfer. By 2012, the CMP had achieved nearly 100 per cent coverage (ILO 2016)	All children aged 0 to 17	Taxes on mineral rents through the Human Development Fund	Tax-financed
Tunisia	Contributory family allowances	Most categories of private-sector employees are covered, although self-employed persons, household workers and employees of small farms are excluded. For the first child, the benefit is 18 per cent of the employee's quarterly earnings; for the second child, 16 per cent; and for the third, 14 per cent. Benefits are paid quarterly	Children younger than 16 are eligible, with upper age limits under certain conditions There is no age limit if the child is disabled. Benefits are paid for up to three children	For employees, financing is 0.89% of gross earnings For employers it is 2.21 % of gross payroll	Contributory family allowances

Source: ILO, 2019

Table 7: Key Design Features of Contributory Child Benefits Systems in Asia

Country	Programme	Description and amount	Eligibility criteria	Source of Funds	Value of child benefit (% GDP per capita) ¹³
Azerbaijan ¹⁴	Childcare benefit (social insurance)	40 manat a month to 18 months, thereafter 25 manat a month	Paid for covered children up to age three	A portion of global insured (3%) and employer (22%) contribution	7.7
Islamic Republic of Iran		Three times daily minimum wage of unskilled labourer for each child (270,772 rials in 2016)	Covered children up to age 18; 720 working days of contributions	Employer contribution (total cost)	6.1
Japan	Family allowance (income tested)	15,000 yen a month for children up to age three; 10,000 a month from age three to the start of secondary school (increasing with each subsequent child); 10,000 for children in secondary school	Must have at least two children and meet income test	Shared roughly 50:50 between employer and government (employer contribution of 0.2% of wages with different levels of government sharing the remainder)	4.3
Thailand	Child allowance (social insurance)	400 baht for each child (compulsory insurance); 200 baht for each child (voluntary insurance)	Paid up to three children up to age six	A portion of global insured (3%) and employer (3%) contribution to old-age benefits; a portion of global flat-rate for voluntarily insured, self-employed and informal-sector workers	2.3
Tajikistan	Childcare allowance (social insurance)	40 somoni a month per child	Paid for all children up to age 18 months; no qualifying period, but one parent must be working	A portion of global employer contribution (25%)	7.7

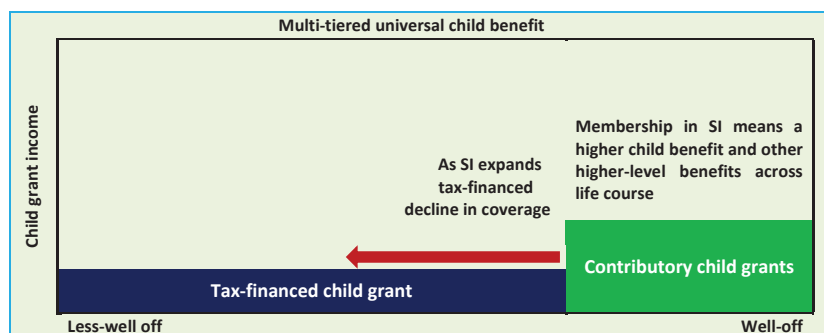
13 Value is for the first child only. GDP per capita is based on the International Monetary Fund World Economic Outlook Database (2016) (current prices).

14 Azerbaijan also has a tax-financed poverty targeted child allowance for children up to age one.

Country	Programme	Description and amount	Eligibility criteria	Source of Funds	Value of child benefit (% GDP per capita) ¹³
Turkmenistan	Childcare allowance (social insurance)	65% of the basic amount (242 manat in 2017) per child	Covered children up to age three; no minimum qualifying period	A portion of global employer contribution (20%)	8.4
Uzbekistan ¹⁵	Young child allowance (social insurance, income/affluence tested)	200% of the monthly minimum wage (149,775 soms in 2016), regardless of the number of children	Covered children up to age two	A portion of global employer contribution (25%)

Source: ILO, 2019¹⁶

The main lesson from the above analyses is that a universal child benefit (UCB) is feasible in the context of Bangladesh. It is generally argued that due to fiscal space constraints, it may not be viable to expand the tax-financed child grant to cover every single child of a country. Above examples provide various innovations in this context. Various alternatives include: (i) Multi-tiered universal child grant. In tier 1, an adequate tax-financed guaranteed benefit is ensured to all children, while tier 2 provides opportunity for higher contributions by well-off groups; and (ii) Benefit-tested multi-tiered universal child grant. The main advantages of this approach over (i) are that the size and cost of the tax-financed components reduce over time, as more people join social insurance. Furthermore, this is an attractive alternative to poverty targeting, which is administratively simple and achieves universal coverage¹⁷. This is shown below.



Source: McClanahan (2019)

15 Uzbekistan also has a tax-financed means-tested child allowance for families of limited means with children younger than 14.

16 Assessing the potential for multi-tiered child benefits in Viet Nam, Report published by ILO (2019).

17 One such idea has been floated and discussed by McClanahan, S. (2019), 'Multi-tiered Child Benefits for Universal Coverage', Presentation for International Conference on Universal Child Grants, Geneva, 6-8 February 2019.

7.2 Child Marriage

1. Studies from African nations (such as Nigeria, etc.) have shown that women and children who are recipients of cash transfers are more likely to pursue education and delay marriage. Therefore, it is argued that the reduction in child marriage is a result of such cash transfers (Oladejo et al. 2019).
2. According to a randomized control trial (RCT) exercise, a school-based HIV/AIDS prevention programme carried out by Duflo, Dupas and Kremer from 2003 to 2007 in Kenya, found that girls in the treatment schools were 2.4 percentage point less likely to drop out of primary school by 2005, and 4.5 percentage points more likely to have graduated from primary school by 2007. By the end of 2005, girls who received a subsidy (uniforms) were 1.7 percentage points less likely to be married and 1.5 percentage points (10 per cent) less likely to be a mother at an early age (Duflo et al. 2010). From the same RCT, Duflo et al. 2006, reported that girls in schools receiving free uniforms were 12 per cent less likely to be married than girls in control schools. Thus, interventions reducing the cost of schooling would lessen child marriage.
3. A cash-transfer programme in the Zomba district of Malawi included two types of cash transfers -- conditional (based on attendance) or unconditional to unmarried girls aged between 13 and 22 in school, and recent dropouts over two years. For girls who had dropped out at the baseline, the cash transfers reduced their rate of early marriage and pregnancy, and increased the likelihood of returning to school, when compared with the control group. Girls in both cash transfer groups were also less likely to drop out of school than in the control group (World Bank¹⁸). Furthermore, Baird et al. 2011 found that in Malawi, female recipients of the Zomba Cash Transfer Programme were 40 per cent less likely to get married than non-recipients. The programme was a conditional cash transfer programme, where school enrolment and attendance were the conditions.
4. The Berhane Hewan programme in Ethiopia was a conditional cash-transfer programme that succeeded in reducing child marriage. The recipient girls aged between 10 and 14 were less likely (odds ratio, 0.1) to get married and more likely (odds ratio, 3.0) to be in school (Erulkar et al. 2009).
5. In Egypt, several development partners undertook the 'Ishraq' programme, which targeted out-of-school girls, with interventions being literacy, life skills and sports. The participants were more likely (85 per cent) to want to delay early marriage, as opposed to 63 per cent among non-participants (Brady et al. 2007; Selim et al. 2013).
6. In Senegal, according to a long-term evaluation study, the villages where the Tostan Community Empowerment programme was introduced recorded a steady decline in child marriage. For instance, the percentage of first marriages under the age of 15 dropped steadily from 18 per cent to 14 per cent, then to 13 per cent in the 2001-2005, 1996-2000 and 1991-1995 periods, respectively (UNICEF, 2008).
7. The Empowering Girls in Rural Bangladesh programme, introduced by Innovation

18 The World Bank, 'Malawi: The Zomba Cash Experiment -- Does Paying Girls' School Fees Reduce Their Risk of HIV Infection?', <https://bit.ly/37pu4hL>, accessed 9 January, 2020.

for Poverty Action (IPA), found that recipients of conditional incentives, cooking oil, were 24 per cent less likely to endure child marriage (Buchmann et al. 2017).

8. The Community-Based Rural Livelihoods Programme in Badakhshan, Afghanistan, found positive impact on both behaviour and knowledge/attitude towards child marriage. The respondents reported an increased age range for marriage from “10-12 years to 18-20 years” (Gandhi et al. 2006).
9. In India, the Maharashtra Life Skills Programme was a non-formal educational programme conducted for an hour each week day, and consisted of the following units: social issues and institutions, local bodies, life skills, child health and nutrition, and adult health. The programme managed to increase the average age of marriage from 16 to 17 in the programme area (Pande et al. 2006; Brides, G. N. 2017).
10. In India, the Development Initiative Supporting Healthy Adolescents (DISHA) worked through adult groups, youth groups and resource centres, peer education, and skill development programmes for youths. DISHA managed to increase the average age of marriage by nearly two years, from 15.9 (at baseline) to 17.9 (at endline). Moreover, DISHA demonstrated behavioural change regarding early marriage among both youth and adults, who were 14 per cent and 7 per cent more likely to know the legal age of marriage for girls, and felt that they should wait until they are 18 or older to marry (ICRW, 2008).
11. In Belize (Toledo Adolescent Girls Programme), Mexico (Abriendo Futuro), and Guatemala (Abriendo Oportunidades), population councils engaged community leaders and trained vulnerable Mayan girls to run community girls’ clubs, and have safe spaces where they could learn practical skills and assume leadership roles. According to the evaluation report, 97 per cent of participants delayed child marriage (Lee-Rife et al. 2012).
12. BALIKA (Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents) programme was implemented over an 18-month period from 2014 to 2015 by the Population Council¹⁹. Just over 9,560 girls in 72 communities participated in the treatment group, with an estimated cost of around \$155 per girl. Another 24 communities served as the control group. Communities were assigned to one of three intervention arms: (i) *Education support* -- girls received tutoring in mathematics and English (in-school girls), and computing or financial-skill training (out-of-school girls). Cost per girl in the education arm was \$161; (ii) *Life skills training*: girls received training on gender rights and negotiation, critical thinking and decision making. Cost per girl in the gender arm was \$129; and (iii) *Livelihoods training*: girls received training in entrepreneurship, mobile phone servicing, photography and basic first aid. Cost per girl in the livelihood arm was \$170.

Results found girls were one-fourth less likely to be married by the end of the study. In an intent-to-treat analysis, each intervention showed that it was possible to significantly delay child marriage in comparison to control communities. For example: (a) girls who received educational support were 31 per cent less likely

19 Population Council, ‘BALIKA (Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents)’ www.popcouncil.org/research/balika, accessed 1 March 2020.

to be married as children; (b) girls who received life skills training on gender rights and negotiation, critical thinking, and decision-making were 31 per cent less likely to be married as children; and (c) girls who received livelihoods training in entrepreneurship, mobile phone servicing, photography, and basic first aid were 23 per cent less likely to be married as children. Thus, all three interventions had similarly successful education, health, and social outcomes later in life. Compared to girls outside BALIKA communities, girls participating in the programme were more likely to be attending school, have improved mathematical skills, and earning an income (Amin et al. 2016; Amin et al. 2018).

Table 8: Summary of Interventions on Child Marriage

Country	Intervention	Impact
Kenya	Conditional cash and in-kind transfer school-based intervention	Delayed marriage among treatment group by 12%; and early pregnancy by 10%
Malawi	Conditional cash transfer school-based intervention	Delayed marriage among treatment group by 40%
Egypt	Conditional in-kind interventions (literacy, life skills and sports) for out-of-school children	Delayed marriage among treatment groups by around 85%, compared to 63% among non-participants
Senegal	Community empowerment programme	Reduce percentage of first marriages under age 15 by 4 percentage points (from 18% to 14%)
Afghanistan	Community-based Rural Livelihoods Programme	Increased age of marriage from 10-12 years to 18-20 years
India	Life Skills Programme non-formal educational programme	Increase average age of marriage by one year (from 16 to 17 in the programme area)
India	Development Initiative Supporting Healthy Adolescents (DISHA)	Increase average age of marriage by two years (from 15.9 to 17.9 in the programme area)
Belize, Mexico and Guatemala	Community girls' clubs, safe spaces for Mayan girls to impart their practical skills and leadership roles	97% of participants delayed child marriage
Bangladesh	Conditional incentives through provision of cooking oil	Likely drop of child marriage by 24% among the treatment households

Source: Author's compilation

Orphan Children

In Kenya, the Cash Transfer Programme for Orphans and Vulnerable Children (CT-OVC) had a positive impact on secondary school enrolment in older children, with an increase of 6 per cent to 7 per cent compared to the control areas. The programme has substantially increased the ownership of birth certificates or registration forms for children, with an around 12 per cent point increase over the controls. The programme also appears to have reduced the extent of child work. Child labour among children aged six to 13 years was reduced by 3 per cent, and the average amount of unpaid work reduced by four-hours per week (Ward et al. 2010).

Child Labour

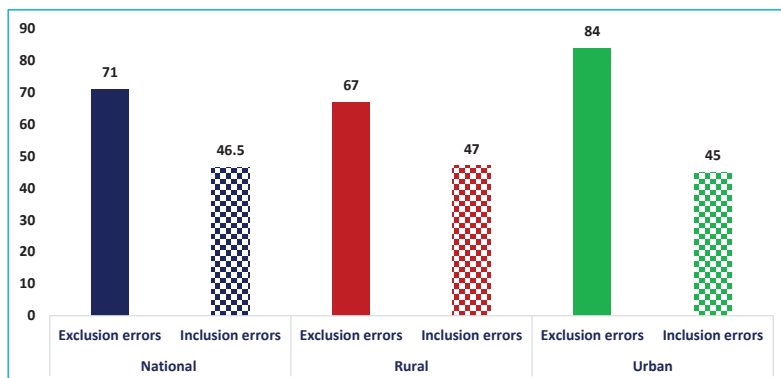
1. Brazil has experienced success in improving the child labour situation through the Child Labor Eradication Program (PETI), from 4 per cent to 26 per cent in various states (Rosati et al., 2011). Another conditional cash transfer programme implemented in Brazil, the Bolsa Escola/Familia programme, provides cash payments to poor households if their children (from six to 15) are enrolled in school (Theme, 2011). Bolsa increased enrolment by 5.5 per cent and 6.5 per cent for Grades 1-4 and Grades 5-8 respectively. The programme also lowered dropout rates by 0.5 percentage points for Grades 1-4, and by 0.4 percentage points for grades 5-8, and raised grade promotion rates by 0.9 percentage points in Grades 1-4, and by 0.3 percentage points for Grades 5-8 (Glewwe et al. 2012). According to Lindert et al., 2005, the gap between actual and full school enrolment was reduced by 20 per cent for girls living in beneficiary households. Furthermore, girls' labour-force participation rates reduced with an increased benefit income.
2. The Jaring Pengaman social scholarship programme in Indonesia provided (among other benefits) school grants to pupils during the Asian financial crisis in the late 1990s, in order to minimize increases in school dropouts. As a consequence, child labour was reduced by 27 per cent on average (Sparrow, 2007).
3. In South Africa, the Child Support Grant increased primary school enrolment by roughly 2.4 per cent, and decreased non-attendance by 54 per cent (Williams, 2007). The Child Support Grant is provided to the primary caregiver of a child with an income condition. There is also a Foster Child Act for caregivers of foster children, and the Care Dependency Act for caregivers of disabled children.
4. In Mexico, the Progresa Conditional Cash Transfer Programme increased primary school enrolment 8 per cent for boys and 14 per cent for girls aged 12-17 (Skoufias et al. 2001). School enrolment and attendance are included among the conditions for Progresa.
5. In Ghana, the School Feeding Programme by the World Food Programme (WFP) has shown a significant impact on girls' education in three northern regions. Girls' enrolment has increased more than fourfold and retention rates doubled to 99 per cent (Lambers, 2009). Moreover, another flagship plan called the Livelihood Empowerment Against Poverty Programme (LEAP) is a conditional cash transfer programme in Ghana. LEAP includes birth registrations of new-born babies and attendance of postnatal clinics, the enrolment and retention of school-age children in school, the vaccination of children under five, as well as the non-trafficking of children and their non-participation in the worst forms of child labour by caretakers of orphans and vulnerable children, among other conditions. LEAP has increased school enrolments among secondary school-aged children by seven percentage points, and reduced absenteeism by 10 percentage points among primary aged children. LEAP has also reduced the number of days when child labour is hired (Handa et al. 2013).
6. In Malawi's Mchinji programme, 150 per cent more children in beneficiary households were newly enrolled in school. The programme targeted all child-membered households, among other criteria, and provided bonuses for school-going children (Omilola et al. 2014).

8 Child-Focused Social Protection Coverage

Beneficiaries of the social security system in Bangladesh are mainly selected on the basis of their poverty situation. The methods followed in Bangladesh to categorize the poor have been inefficient, resulting in a high level of under coverage of the underprivileged, and leakage. Under coverage, or ‘exclusion error’, denotes the sum of actual poor wrongly classified as non-poor as a proportion of the total poor. On the other hand, leakage, which is also known as ‘inclusion error’, is the sum of actual non-poor incorrectly classified as poor as a proportion of the total poor (Johannsen, 2006).

HIES data (BBS, 2017) has been used to estimate the extent of exclusion and inclusion errors. Exclusion errors is measured as the number of eligible individuals (defined by various indicators such poverty, age, location, and other programme-specific attributes like widow-destitute, etc.) that are not covered in the SS System as a proportion of total eligible individuals. Inclusion errors can be defined as the number of ineligible beneficiaries as a proportion of total social protection system beneficiaries. Using these definitions, estimated exclusion errors and inclusion errors in 2016 were 71 per cent and 46.5 per cent respectively. Exclusion errors were lower in the rural location (i.e., 67 per cent) compared to the urban location (i.e., 84 per cent), due to the lower coverage of social protection systems in urban locations. Inclusion errors were slightly higher in the rural location compared to the urban location. The existence of high exclusion and inclusion errors envisaged an inefficient social protection system. Moreover, due to these high levels of under coverage and leakage, social protection spending has fallen short in attaining the desired impacts on poverty and inequality.

Figure 11: Exclusion and Inclusion Errors in Bangladesh (2016)

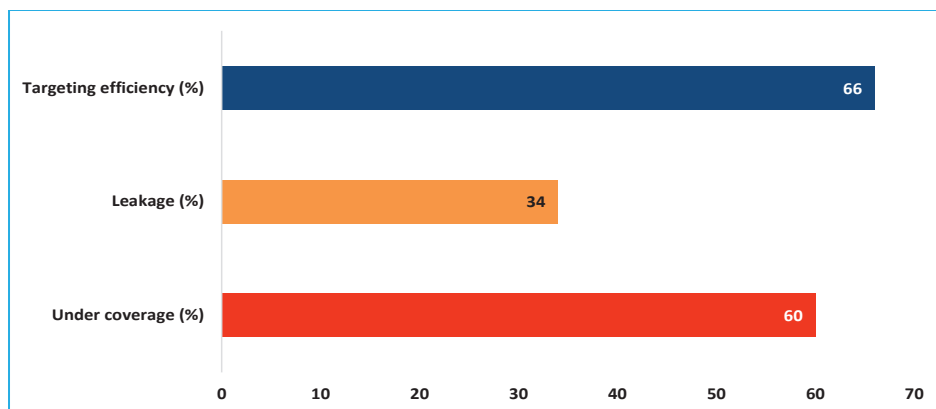


Source: Based on HIES 2016

Poor targeting has turned out to be costly in Bangladesh's pursuit of reducing poverty. Under the current social protection system, additional poverty impacts of 2.2 per cent GDP spending on social protection programmes is only 0.42 per cent (i.e., the difference between the poverty rate of 24.3 per cent with social protection, and 24.81 per cent without). However, improved (or perfect) targeting of deserving beneficiaries may have a higher impact on poverty reduction in Bangladesh.

To address the high-cost inefficiency problems, the government has undertaken a project to develop a comprehensive database of all households (known as the National Household Database -- NHD), and use a selection method based on the 'Proxy Means Test (PMT)' model to improve the selection of poor, and thereby reduce the high level of exclusion and inclusion errors. The prime objectives of the PMT model as stated in the NHD project (2019) are to: (i) Maximize coverage of the poor and vulnerable population given limited budget; (ii) Make the system fully consistent with the goal of universal coverage of the poor; and (iii) Address the key challenge of building a cost-effective system to identify the poor. The outcomes of the Bangladesh PMT model are not encouraging; it used HIES 2016 data, and is an updated version of the 2010 PMT model. From 10 different PMT models, the best model has been selected on the basis of key indicators such as under-coverage, leakages and targeting efficiency, when a 20 per cent cut-off point is considered. According to the best fit Bangladesh PMT model (2016), under coverage is 60 per cent. Therefore, 40 per cent of the poor are left out of the social protection net. This is the theoretical error. If we add 5 per cent for implementation error -- the level of exclusion error is close to the current figure of 70 per cent. The inclusion error is also not small at 34 per cent. Again, if a 5 per cent implementation error is added to the inclusion error (i.e., 39 per cent) it is close to the current exclusion error of 47 per cent. However, these results are not surprising. It is well known and accepted that at a lower level of coverage (e.g., 20 per cent), the exclusion and inclusion errors will be high. The level of errors reduces with the expanded coverage. It is clear that universal coverage of the poor will not be ensured using the PMT model²⁰.

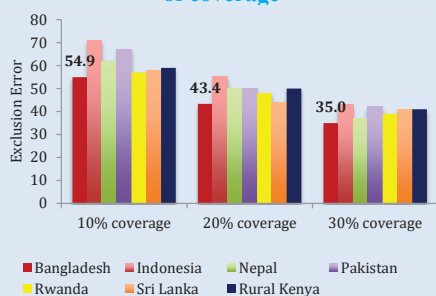
Figure 12: Key Outcomes of Bangladesh PMT Model



Box 2: Efficacy of the PMT Model

The outcomes of various PMT models of different countries confirm that at a very low coverage (i.e., cut off points), the theoretical exclusion and inclusion errors are high. But exclusion and inclusion errors drop significantly as coverages are expanded. Figures below indicate that the exclusion errors for programmes with 10 per cent coverage are around 60 per cent, but this drops to about 40 per cent when coverage is 30 per cent. Bangladesh PMT (2010) has also found very similar errors, doubting its effectiveness as an accurate ‘selection’ mechanism (Sharif 2009). In effect, at a very low coverage, errors increase. So, for example, in Bangladesh (based on 2010 PMT model), at 5 per cent coverage, around 69 per cent of the eligible population would be excluded.

Figure 13: Theoretical exclusion errors of PMT, when assessed against different levels of coverage



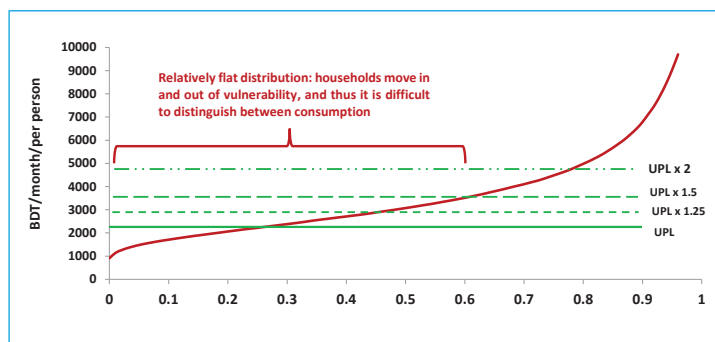
Source: Kidd and Wylde (2011a)

Two main explanations for the increase in the exclusion of the poorest as coverage decreases have been identified: (i) Some schemes have such low coverage that it is impossible for them to reach the poorest 20 per cent of the population. For instance, Pakistan’s Benazir Income Support Programme (BISP) covers only 8 per cent of the population, so, necessarily, the majority of the poorest 20 per cent -- in this case 85 per cent -- are excluded; and (ii) The inherent inaccuracy of methodologies for selecting the poor in developing countries. There is no ‘selection’ methodology that can accurately identify the poor. Nonetheless, significant effort has been invested in developing selection mechanisms to identify families with low incomes. Many countries have adopted the proxy means test as their preferred selection methodology -- yet it is not particularly accurate in identifying eligible poor households.

Given the inability of the PMT model to improve the beneficiary selection at lower levels of coverage, it has been advocated by social protection practitioners to adopt universal coverage of the beneficiary. However, in the context of Bangladesh, where fiscal space is low and shrinking²¹, it may be argued that universal coverage may not be tenable. However, as discussed above (in section 6.1) the universal child benefit is feasible when involving public provisions (i.e., tax-financed child benefits) and private contributions (i.e., social insurances such as family packages and survivor’s pension, etc.). Furthermore, universal coverage may be considered for some specific regions. Against these backdrops, the cumulative consumption function of all households using HIES 2016 has been compared

against the various poverty lines to determine who should be covered under the child-focused social protection programmes in Bangladesh. The comparison of the cumulative consumption function against various poverty lines suggests that around 30 per cent to 40 per cent of households are in a position to withstand shocks of various types (Figure 11).

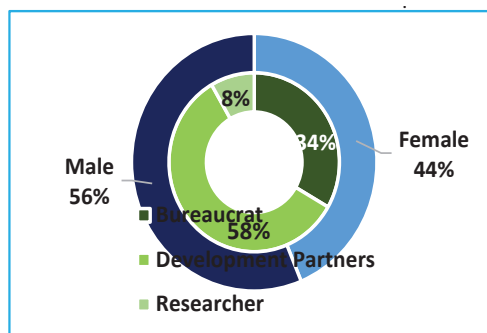
Figure 14: Distribution of Consumption Across Households Against Various Poverty Lines in 2016



Source: Based on HIES 2016

9 Key Informant Interviews and FGD

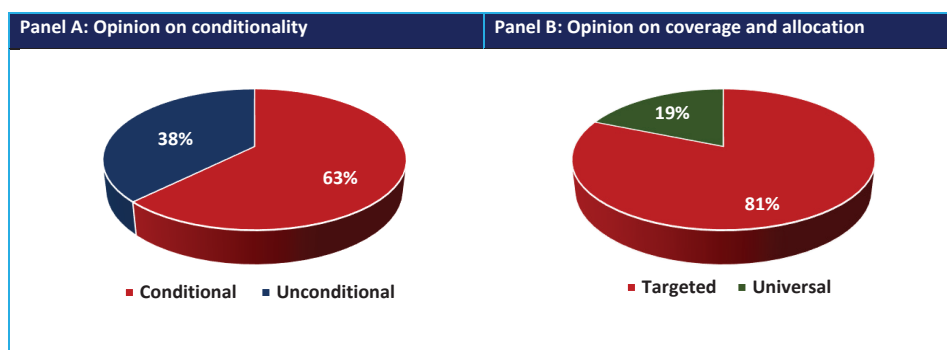
Under the purview of the current study, 16 distinct key informant interviews and two focus group discussions have been conducted. Key informant interviews are in-depth interviews of a select (non-random) group of experts who are most knowledgeable of the organization or issue²². Thus, the key informant is a proxy for her or his associates at the organization or group.



Sector and Gender Profiles: Each KII was construed over an hour. The adjacent chart shows the gender and sector-wise distribution of the respondents. The majority of the respondents were male (56 per cent). Almost three-fifths of the respondents were various national and international development partners with expertise in child rights issues. Relevant policymaking authorities, as well as researchers, were also part of the interviews (see Annex II for details).

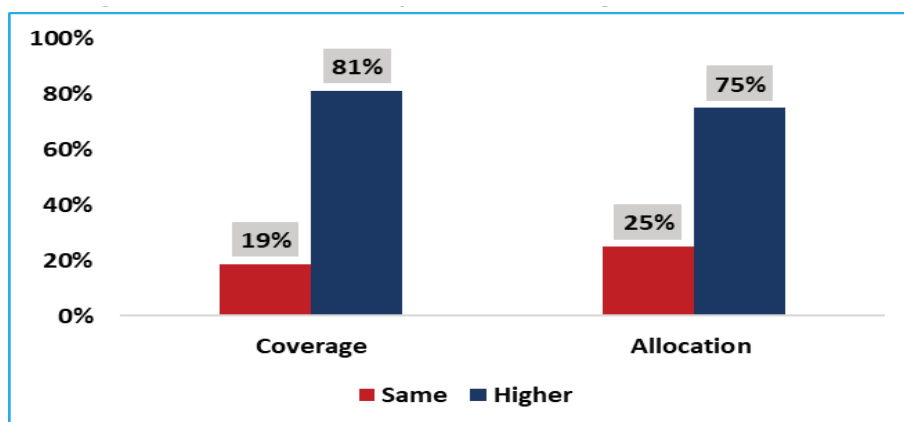
scarcity of the country, the majority of the respondents (81 per cent) were supportive of targeted programme coverage, instead of universal coverage. However, all of them agreed that the vulnerable population should be included in such targeted groups, as the vulnerable population is, per se, poor and needs to be included in such targeted groups. Interestingly, the respondents reporting universal coverage (19 per cent) argued that, with the prevalence of digital technology, it is the only way to reach the 63 per cent of the population most in need of child benefits. Therefore, only conditional coverage can reach the pockets of the impoverished source

Figure 15: Respondent's Opinion on Conditionality, Allocation and Coverage of Child Benefits



All respondents agreed on the necessity of consolidating child-sensitive social protection programmes into the few schemes as prescribed in the NSSS. With regards to coverage and allocation, the majority of respondents (81 per cent) preferred higher coverage for the CSSP programmes, compared to the current coverage (or same coverage). It is also suggested that regional disparity and specific needs of the population from specific regions may be addressed through specialized versions of social protection programmes (e.g., ‘ekti bari ekti khamar’). In line with higher coverage, 75 per cent of the respondents preferred higher levels of allocation in comparison to the current coverage.

Figure 16: Distribution of Opinion on Coverage and Allocation (%)



Education and Child Marriage: Relatively higher dropout rates at the secondary education level, and the emergence of child labour from that age group, can be attributed to the lack of dedicated programmes. It is opined that the deficiency of programmes on skill development for adolescent groups can be addressed through social protection systems. It is also argued that a free skill-developing programme, or vocational training, should be associated in secondary education programmes to help curb child labour. Vocational training, along with conditional cash transfers, can fully eradicate child labour. In addition, it is also suggested that the allocation and coverage of child-focused education programmes should be made universal. Moreover, such programmes should be needs-based in the sense that it should

completely cover the educational expenses of children, or reflect the opportunity cost of non-attending schools.

It has been argued that child marriage is a result of a lack of economic solvency and safety. So conditional cash transfers, as well as skills-associated education systems, can be taken to help solve the issue. The respondents also emphasized that an improved safety situation is an important condition to lessen the prevalence of child marriage.

Urban Children: Urban poverty is trickier to address, due to the mobility and portability of the urban poor. Urban slum-centred programmes need to be formulated to address the necessity of education, safety, shelter and nutrition of children living in vulnerable conditions. Moreover, existing programmes should be extended through higher allocation and coverage.

Digitization and Data: Digitization of the transfer process of social protection can assist in minimizing corruption present in the system. However, the absence of sufficient and effective monitoring can hamper the well-intentioned programmes taken so far. Digitized national databases, along with local government, should be strengthened to solve inclusion and exclusion errors. It is also observed that the lack of assessment and research have been hindered by the non-availability of data. Thus, it is also suggested that there should be regular surveys on children, with an aim to create an extensive database of vulnerable children; the absence of data and information hampers strategy formulation of social protection programmes.

Box 3: EU on Strengthening of the Social Security

The European Union (EU) is supporting the strengthening of the social security sector in two main ways:

- Strengthening the management and oversight mechanisms for the sector, in particular development of a lifecycle approach, which is already outlined in the NSSS but hasn't been implemented yet; and
- Development of a nutrition-sensitive child benefit social protection programme, focusing on the Early Childhood Programme (from the date of pregnancy to the fifth birthday.)

The EU position is that the nutrition-sensitive child benefit social protection programme should provide pregnant women and children with a cohesive mixture of cash and non-cash benefits, so that the child maximizes his or her potential during the early years. The EU recognizes that constraints over the availability of funds may require that a targeting mechanism is needed, which should recognize how poor the household is, together with other factors such as vulnerability to climate-related shocks, and their urban or rural status. The key principles of fairness and transparency should dominate in the targeting process, supported by an effective grievance mechanism. The EU prefers that programmes should not be conditional. Coverage should be national (with variations based to regional and/or urban-rural needs as relevant). The role of social protection as a powerful mechanism for social cohesion should be taken into consideration.

Several of the child social protection programmes developed so far have been on a pilot basis, funded by the development partners. Government needs to be aware of the challenges of taking pilot programmes to scale, notably that they require a proper budgetary allocation both for beneficiary payments, and for the operation of the programme at the local government level. In addition to fiscal space, policy (regulatory and legal frameworks) and organizational space (capacity to scale up) should also be in place. Scaling up would require building on a programme already in place and successfully tested, with a clear roadmap for rollout (including the aforementioned elements as prerequisites).

The NSSS sets out the principles of a lifecycle approach to social protection, with government taking the necessary steps to reduce the number of separate projects or programmes serving each lifecycle group. Social protection is an 'end-to-end' process, from targeting through to payment – so beneficiaries need to receive their full entitlement, paid in a timely and predictable way, to maximize the impact. The payment mechanism needs to be strengthened to help minimize inclusion and exclusion errors, as well as financial waste.

The NSSS provides for management of the strategy to be transferred to the Ministry of Social Welfare in due course. Capacity within the ministry needs to be built to enable effective implementation.

Focused Group Discussions (FGD)

A focus group is a qualitative research method in which a trained moderator conducts a collective interview of typically six to eight participants from similar backgrounds, similar demographic characteristics, or both. Focus groups create open lines of communication across individuals and rely on the dynamic interaction between participants to yield data that would be impossible to gather via other approaches, such as one-on-one interviewing. When conducted well, focus groups offer powerful insights into people's feelings and thoughts, and thus a more detailed, nuanced, and richer understanding of their perspectives on ideas, products, and policies²³. The study conducted two FGDs; one with school/college-going children, and another with the teachers from various schools and colleges, to understand the different perspectives of the children and the adults. Each FGD consisted of about eight participants spanning over two hours. The detailed demographic of the FGD

participants are in Annex II. According to both of the FGDs, child marriage is a product of social norms. Moreover, increased financial incentives and safety with regular community involvement can ensure a girl's education, and delay her age of marriage.

The participants in the FGDs opined that current programmes covering the disabled, orphan and minorities' children are meagre in both allocation and coverage. Across the regions, more urban-centric programmes were recommended by the participants due to the forced migration and homelessness faced as a consequence of poverty and climate vulnerability. Furthermore, the application process of such programmes are sometimes barriers for orphans, street children and disabled children. Digitization of the application process can shorten the time needed and the probability of lessening corruption to obtain such benefits. Furthermore, digitization can help to reduce inclusion and exclusion errors, which are still very high in Bangladesh. Therefore, increasing the transfer amount and coverage, and strengthening the capacity of the relevant ministries at the grass-root level, are key prerequisites. According to the discussions, there exists a lack of safe spaces for children to discuss their issues (for instance, safety issues). Moreover, a lack of coordination among education providers and guardians act as a catalyst for drop-outs, child marriage and child labour. Furthermore, the currently available stipends are not enough to compensate for the wage that children from extreme poor households earn. The amount, which is not inflation indexed, barely covers the educational expense of the children. Therefore, regardless of the high enrolment rate, the drop-out rate has been rather stagnant, especially in the secondary education level. Increasing the allocation is a must to offset child labour and drop-out issues in Bangladesh.

10 Interventions and Investment

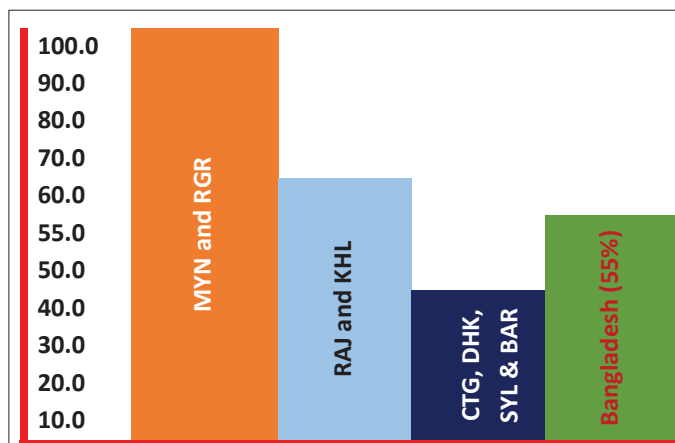
The above discussion portrays a distressing situation of children in Bangladesh aged below 18. The challenges faced by children and their families are diverse -- yet more worrisome are the changing challenges for different life-cycle stages of children below 18. Despite recognizing the importance of investing in children, public programmes backed by adequate resources are still lacking. In this section, some interventions are proposed. In designing these, considerations include the nature of coverage (universal vs targeted); instruments for beneficiary selection -- means tested or proxy means tested; geographical and community approach; transfer size; and size of investment. All these proposed programmes are equally relevant for urban children, and thus no special programme has been recommended for them.

10.1 Extended Child Benefit Programme

Poverty and nutrition deficiency are the two main risks for children under five. Thus, child benefit (CB) programmes should be a priority. Nutrition deficiency is not only a poverty issue, but also a knowledge issue. In other words, the provision of cash transfers may not be a sufficient condition to improve the nutrition status. Thus the CB programme should include training and awareness campaigns on the sustenance front. The proposed extended child benefit (ECB) combines these two components to attain maximum benefits in lowering child poverty and improving nutrition deficiency. On the basis of child poverty analysis in section 4.1, it is proposed a universal coverage for children under five in the Rangpur (RGR) and Mymensingh (MYN) divisions; 60 per cent coverage of children in the

Rajshahi (RAJ) and Khulna (KHL) divisions; and 40 per cent coverage of children in the Dhaka (DHK), Chattogram (CTG), Sylhet (SYL) and Barisal (BAR) divisions. According to the above coverage, distribution of beneficiary coverage over the 8 FYP is shown below.

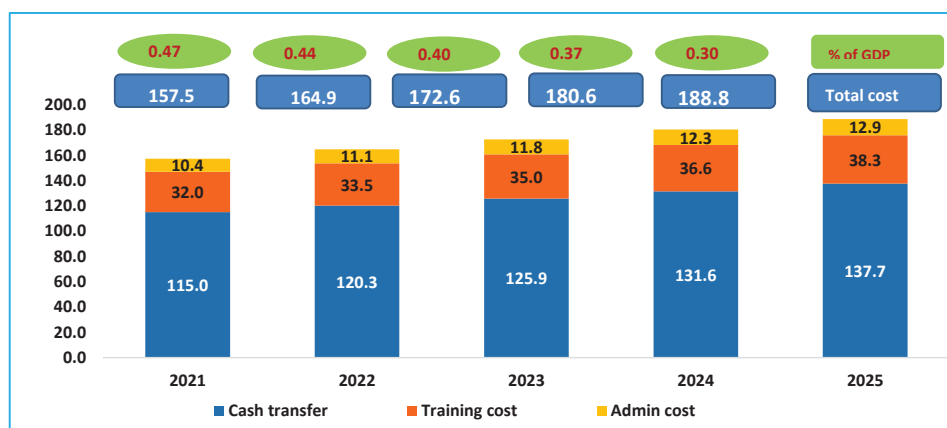
Figure 17: Beneficiary Coverage for ECB (% of Total Children)



Source: Investment module

Transfer amounts in Bangladesh are low -- significantly inadequate to meet the needs of households in vulnerable situations. It is proposed that the ECB will only be provided to a maximum of two children per household. The ECB for the first child will be BDT 1,000 per month. This will reduce to BDT 800 per month for the second child. Other children will not get any cash benefits, although they will benefit from nutrition training. In addition to the cash transfer, an additional BDT 250 per child, per month will be allocated for the training programme. Furthermore, following the design of the Agamir Shishu²⁴ concept by UNICEF, cash transfers may be linked with training and access, and the use of other related social services. In line with global evidence, an 8 per cent administrative cost per child is also allocated for programme implementation. The estimated cost of ECB may range from 0.47 per cent of GDP in FY 2021 to 0.3 per cent of GDP in FY 2025. The additional funding requirements may come from the proposed increase of social protection allocation of 3 per cent during the 8 FYP, compared to the current allocation of 2.2 per cent of GDP and/or through consolidation of some of the child-focused social protection programmes.

Figure 18: ECB Investment (Billion BDT and % of GDP)



Source: Investment module

Box 4: Key Features of Agamir Shishu

The Agamir Shishu Approach was developed in response to the recommendation and strategic direction of the Bangladesh National Social Security Strategy (NSSS). The Policy Guidance Unit for child-sensitive social protection (PGU-CSP) of the Cabinet Division, in collaboration with MoWCA and UNICEF, assessed the feasibility and scalability of the current schemes targeted to pregnant mothers and children, and came up with an operational design document and programme architecture labelled ‘Agamir Shishu’.

Agamir Shishu has been designed as a complement to other on-going initiatives to develop a comprehensive and integrated national system to provide a set of services, which include ANC/PNC, immunisation, birth registration, child grant, nutrition, ECD and pre-primary education to children of Bangladesh, from conception to four-years of age.

Several social security programmes are already being implemented to reduce child mortality, stunting, encourage birth registration coverage, and enhance the cognitive development of children. However, it is important to expand coverage, develop synergies between programmes and harness coordination. This is where the Agamir Shishu Approach makes its mark. It will address this in two ways: first, accelerate services and expand coverage to reach the maximum number of pregnant mothers and children; and second, the integration of services to establish convergence, and strengthen coordination among services.

To ensure that all children have the best possible start that the country can offer, the proposed support under the Agamir Shishu Approach would help respond to the situation by improving management, as well as the availability of services at the primary-care level. Infants registered under Agamir Shishu will be linked to a comprehensive range of government-run services through the stages of early childhood.

A key component of the Agamir Shishu Approach will be to develop an integrated beneficiary registration system and an MIS. It will integrate the following five major services: (a) Birth registration within 45 days of birth; (b) Health and nutritional services for pregnant women, mothers and children; (c) Access to early childhood development programmes; (d) Cash transfers to pregnant women and children under five; and (e) Early childhood development services.

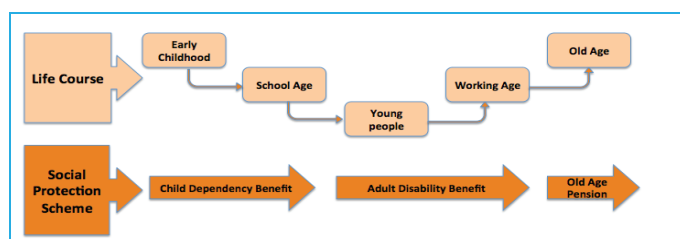
The integration would allow bringing all pregnant mothers and their children, registered in the DHIS2 database, under the umbrella of Agamir Shishu, and enable them to receive all basic services available. This will expand access to services to ensure that no one is left behind.

Linking major services into a single MIS will eliminate the duplication of beneficiaries and the overlapping of services, and simultaneously allow the administrative and operational costs in relation to beneficiary identification and monitoring to be reduced.

10.2 Expanding Programmes for Disabled Children

Almost 8 per cent to 9 per cent of Bangladesh's population suffers from some sort of disability. Disability prevalence has also been found for different stages of life cycles. However, the prevalence rate increases with age. Moreover, almost 1.5 per cent of the population has been diagnosed with a severe disability. A universal programme invoking a higher-than-average transfer amount should be designed for severely disabled persons. The social protection system that could be expanded in Bangladesh for disabled persons is set out in Figure 19, focusing on life-course schemes.

Figure 19: An expanded social protection system for disabled persons

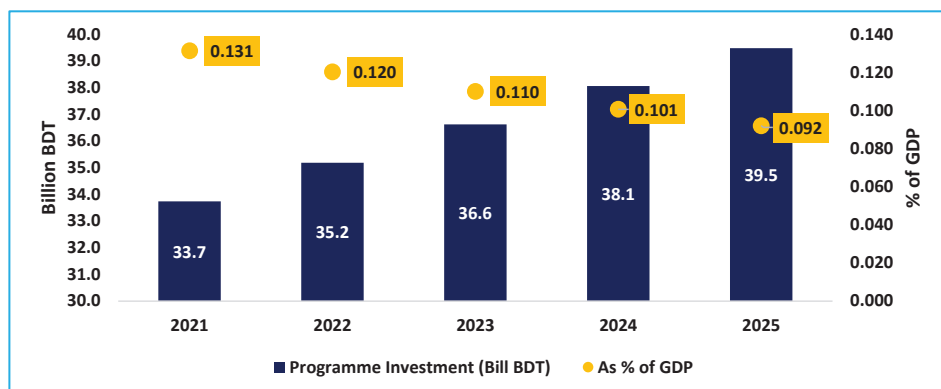


Care Dependency Benefit: A Care Dependency Benefit could be established/expanded for families caring for children with disabilities. The programme could focus on children with severe disabilities irrespective of whether or not they are attending school. Once children are on the programme, it would not be necessary to recertify them on a regular basis. Children would automatically leave the programme when they reach 18, and would be transferred to the adult disability benefit if their disability were assessed to be sufficiently severe. The absence of recertification would reduce administrative costs, and make the programme simpler to administer. The share of severe disabled children up to five is 2.23 per cent of all children in that age group; the corresponding share is 1.06 per cent for ages between six and nine. The share is only 1 per cent for ages between 10 and 18. Using these severity shares, the monthly transfer amount is BDT 3,000 per child, per month (NSSS proposed a transfer amount of BDT 1,500 for severely disabled person in 2015). Considering the cost-of-living index rise in the last six years, a reasonable transfer amount of BDT 3,000 has been set at 2020 prices. This amount will roughly equal the per-person poverty line in FY 2020, and an administrative cost of 10 per cent has also been included to estimate the total programme cost under the 8 FYP.

The programme cost may range from BDT 33.7 billion in FY 2021 to BDT 39.5 billion BDT in FY 2025. As a per cent of GDP the cost is small -- falling from 0.131 per cent in FY 2021 to 0.092 per cent in FY 2025. It is noted that speaking and hearing impairments during early childhood can be cured if treated early. Thus, provisions should be made for such treatments. The cost for speaking and hearing will be covered from the health-sector budget.

Adult Disability Benefit: An adult disability benefit should be established or expanded for all those aged between 18 and 60 with a severe disability. However, once they become eligible to get a pension, the adult disability benefit should cease, and beneficiaries would be covered by the pension scheme.

Figure 20: Child Disability Investment (Billion BDT and % of GDP)



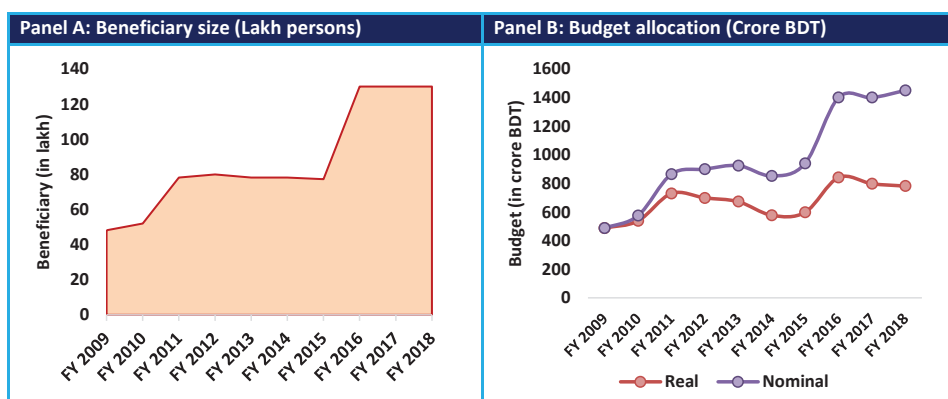
Source: Investment module

10.3 Implementation of NSSS Recommendation on School Stipends

The primary school pupils and their families throughout rural Bangladesh are the main targeted beneficiaries of the primary education stipend schemes. It is a conditional cash transfer programme designed to provide cash assistance through a stipend plan to all eligible primary school students. Its main purpose is to increase the enrolment rate among primary and school-aged children, increase the attendance-rate completion cycle and survival rates, and reduce the dropout rate. The Primary Education Stipend Project (PESP) is being implemented by the Ministry of Primary and Mass Education.

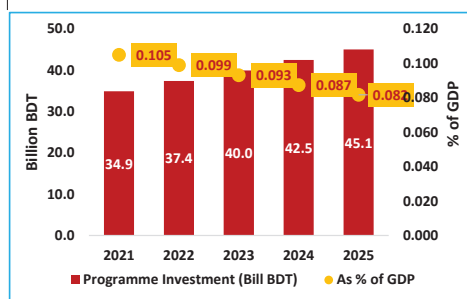
The number of beneficiaries of PESP was 52.0 lakh (or 5.2 million) in FY 2010, and increased to 130.0 (or 13 million) lakh in FY 2018. The budget allocations were BDT 574.84 crore (or BDT 5,748.4 million) and BDT 1,450 crore (or BDT 14,500 million) in FY 2010 and FY 2018 respectively. The existing process of implementing this project will need positive intervention for improving efficiency and effectiveness.

Figure 21: Beneficiary and Allocations of the Primary School Stipend Programme



Source: Ministry of Finance

Figure 22: Additional Investment Need (Billion BDT and % of GDP)



One of the recommendations of the NSSS (2015) was to enhance the school stipend amount to BDT 300 per student, per month. This has not yet been implemented. The real value of the school stipend amount has fallen significantly. Thus, it is proposed to implement the NSSS recommendation during the 8th FYP. Considering that the number of beneficiaries would remain more or less close to 13 million over the 8 FYP plan, and that

they would be paid BDT 300 per month (which is inflation indexed), the estimated additional cost of the primary school stipend programme may range between 0.105 per cent of GDP in FY 2021 to 0.082 per cent of GDP in FY 2025.

10.4 Interventions for Adolescent Girls

School drop-out rates and child marriages are very high among adolescent girls in Bangladesh, with poverty and security cited as two major factors. Interventions aimed at reducing school dropout and delaying early marriages are argued to have long-term positive impacts on mortality, nutrition status and productivity. Accordingly, a large number of pilot projects have been tried in various countries in Africa and Asia. The outcomes of these interventions have been found to be positive in terms of delaying child marriages and reducing school dropouts. It has also been argued that the positive outcomes may be a result of high-cost intervention, which later on was found to be difficult to scale up. Some of the aspects related to scale-up is discussed briefly in Box 5.

Box 5: Issues Pertaining to Scale-Up

Given the success of Berhane Hewan in delaying marriage age, it was anticipated that the approach would be scaled up to other locations in Ethiopia where child marriage was prevalent. However, the feasibility of upscaling the project was questioned, given its multi-component design (Muthengi et al., 2011). In fact, most impact evaluations of community-based programmes lack rigorous costing data. This particular weakness of cash transfer schemes as a programmatic cost would affect the ability to scale-up successful interventions for large populations. For example, despite the successful impact of Berhane Hewan, there were lingering doubts about the scalability of providing a \$25 goat to families (amounting to \$1 per month for the two-year pilot), an amount which could not be justified in the absence of rigorous costing data. Interventions such as the Zomba scheme in Malawi offered households a conditional cash transfer of between \$4 and \$10 per month, and girls between \$1 and \$5 dollars per month (Baird et. al, 2011). While Zomba was found to reduce school drop-outs by roughly 40 per cent, it is unclear if such schemes can be feasibly scaled-up to large populations in poor countries, given the monthly expense and the magnitude of payments (Erulkar et al., 2017).

Source: https://www.popcouncil.org/uploads/pdfs/2017PGY_ChildMarriageAfrica_report.pdf

In the case of Bangladesh, according to the available data, the following aspects are important in designing interventions for adolescent girls aimed at reducing the drop-out rate and delaying child marriages:

- Around 50 per cent of the adolescent girls (aged 15 to 19) are married and gave birth to their first child before the age of 15. Thus, targeted groups for this intervention are girls between the age of 10 and 18 or 19.
- Around 45 per cent of the adolescent girls do not attend school. Therefore, at least two types of interventions are considered: one for girls attending school, but susceptible to drop-out and early marriage; and another for girls who have already dropped-out and are very much subject to early marriage risks.
- Transfer size and types of interventions should be designed in a way that do not create ‘perverse’ incentive. One possible approach is to set the transfer (or enhanced stipend) amount equal to the child benefit amount (BDT 900 per month), but separated into three components: BDT 300 as stipend; BDT 300 for purchasing of hygiene products; and BDT 300 for health-related expenses. Moreover, merit-type interventions such as improved security at schools, local and community levels, as well as access to safe space groups, are of public good types with equal access to all girls aged 10 to 19.
- Adequate resources must be allocated for a beneficiary selection and a subsequent strong monitoring of the programmes.

Considering the above aspects, the programme investment for adolescent girls has been estimated. Two types of interventions have been attempted: one for adolescent girls who are attending schools; and another for adolescent girls who are not.

Table 9: Estimated investment for Adolescent Girls’ Intervention

Description of items	2021	2022	2023	2024	2025
Beneficiary Size					
1. Girls aged 10 to 19 (Million)	17.3	17.1	16.9	16.4	16.0
2. Vulnerable girls [1 x 0.7] (Million)*	12.1	12.0	11.8	11.5	11.2
3. Susceptible girls [2 x p.52] (Million)**	6.3	6.2	6.1	6.0	5.8
A. Intervention (school-attending girls)					
A.1. Beneficiary size [3 x 0.55] (Million)***	3.5	3.4	3.4	3.3	3.2
A.2. Stipend (BDT 900 per month inflation indexed)	900	944	989	1,035	1,080
A.3. Cost of security (BDT 1,000 per month inflation indexed)	1,000	1,049	1,099	1,150	1,200
A.4. Monthly investment including 10% admin cost (BDT)	2,090	2,193	2,298	2,403	2,509
A.5. Yearly investment (BDT million)	87.0	90.1	93.1	94.9	96.4
A.6. Yearly investment (% of GDP)	0.262	0.238	0.217	0.195	0.175
B. Intervention (non-attending girls)					
B.1. Beneficiary size [3 x 0.45] (Million)	2.8	2.8	2.8	2.7	2.6
B.2. Stipend (BDT 900 per month inflation indexed)	900	944	989	1,035	1,080
B.3. Cost of security (BDT 1,500 per month inflation indexed)	1,500	1,574	1,649	1,725	1,800
B.4. Monthly investment including 10% admin cost (BDT)	2,640	2,770	2,902	3,035	3,169
B.5. Yearly investment (BDT million)	90.0	93.1	96.2	98.0	99.7
B.6. Yearly investment (per cent of GDP)	0.270	0.246	0.224	0.202	0.181

Description of items	2021	2022	2023	2024	2025
Total Investment (A + B) as % of GDP	0.532	0.484	0.441	0.397	0.356
Memo Items****					
Nominal GDP (Billion BDT)	33,275	37,814	42,910	48,631	55,091
Inflation rate	5.12	4.94	4.76	4.58	4.40

Note: * It is assumed that 30% of girls (belonging to relatively well-off/educated parents) will continue education beyond secondary level, and are not vulnerable -- at least from an economic perspective.

** Girls who are susceptible to drop-out and early marriages is 52% (HIES 2016).

*** It is reported that 55% of the girls attend school, or drop-out is 45%.

**** Macroeconomic outlook for the 8th FYP.

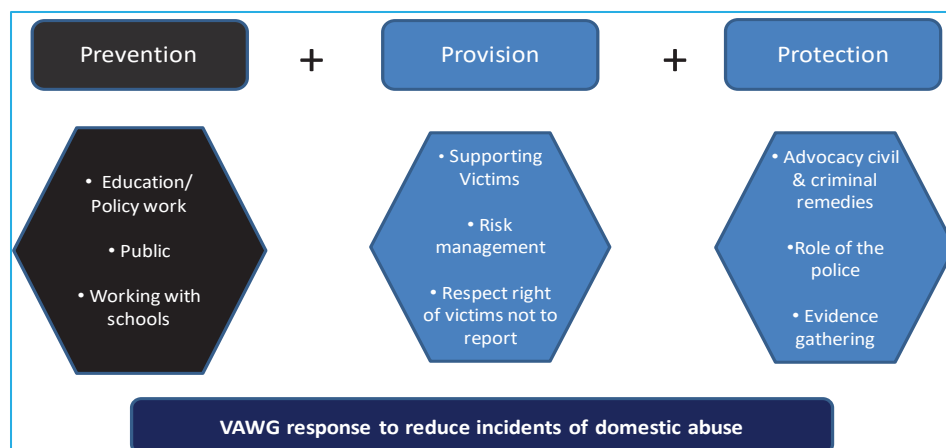
Source: Investment Module

Investment for Intervention A should be provided by the ministry of primary and mass education (as part of the proposed increased allocation of 3.5 per cent of GDP in 8th FYP, in place of the current 2 per cent of allocation), while investment for Intervention B should be covered from the social protection budget, as well as from the MoWCA budget.

10.5 Addressing Gender-Based Violence

Prevalence of GBV in Bangladesh (especially among adolescent girls) has to some extent propelled school dropout rates and early marriage. Experiences of countries that have successfully reduced the incidence of GBV point to undertaking strategic actions, along with allocation of required resources. Following Commonwealth Secretariat (2017), Bangladesh may formulate strategies and policies in line with the ‘whole system’ approach that focuses on all three aspects: prevention, provision and protection. This is a high-priority agenda for the 8 FYP. The cost of these interventions are not attempted here as it involved many agencies, and their expenses are not readily available. However, global experiences also suggest that investment in GVB interventions are small and with a high outcome -- resulting in a benefit-cost ratio.

Figure 23: Systemic Approach to Prevention of Violence Against Women and Girls



10.6 Other Interventions or Reforms

Benchmarking Administrative Cost

International and national evidence has clearly envisaged that allocating adequate resources for administrative costs are important for success. According to available data in Bangladesh, the share of administrative expenses in total costs across selected cash and food schemes mostly hovered around 4 per cent. These ratios contrast poorly with the international ratio of 9 per cent to 10 per cent for cash schemes, and 25 per cent for food-assisted schemes. Authorities involved in the social protection system lack a clear understanding of the elements and structures of an adequate administrative cost system. Most administrative costs are incurred for salaries and purchases of goods and services. Important costs associated with the selection of beneficiaries and monitoring and evaluations are virtually non-existent. Given the poor state of administrative costs in Bangladesh's social protection system, the following could be adopted: (i) Designing an adequate administrative cost structure may not be feasible without a large scale consolidation of schemes, thus programme consolidation is a must; (ii) Key agencies involved in policy formulation, resource allocation and implementation may need to be exposed to a systematic acquaintance to the formulation of an adequate administrative cost through tailored trainings, exchange programmes, and further in-depth studies; and (iii) Determining an adequate administrative cost structure for social protection schemes (i.e., cash; CCT; food and livelihood) with clear provisions for costs to cover set-up (i.e., office, equipment and MIS system etc.), beneficiary selection, and monitoring and evaluation.

A Dedicated Survey on Social Protection System in Bangladesh

HIES has incorporated a section on social protection systems covering 30 large programmes since 2005, with an aim to generate data to assess the performance of the system. HIES has been a good source of information for assessing the scheme. However, the extent of exclusion and inclusion errors are quite large, according to the HIES social protection data base. Moreover, a deeper analysis of the HIES social protection data base reveals the existence of large numbers of outliers²⁵ -- perhaps influencing high exclusion and inclusion errors and other related deficiencies of the social protection system. Discussions with DSS officials also transpired that they are sceptical on the extent of high exclusion and inclusion errors that emerged out of HIES data, and pointed to unsatisfactory collection methods adopted by the HIES field enumerators. Considering the importance of a comprehensive data base for the social protection system, a dedicated survey of social protection systems may be carried out under the aegis of the General Economics Division. Moreover, this should be supplemented by a comprehensive review of the administrative cost of the major 15 to 20 social protection schemes covering cash, CCT, food and livelihood programmes. This would find out cost structures, gaps in cost compared to international best practices, and what needs to be done to move towards an adequate administrative cost structure, with an aim to improve cost effectiveness of Bangladesh's social protection system.

Design and Implement Pilot Project for Agamir Shishu

As mentioned above, the Agamir Shishu Approach has been developed in response to the recommendation and strategic direction of the NSSS. The PGU-CSP of the Cabinet Division, in collaboration with MoWCA and UNICEF, has assessed the feasibility and scalability of the current schemes targeted to pregnant mothers and children, and came up with an operational design document and programme architecture, labelled ‘Agamir Shishu’. A pilot project covering four to five regions in Bangladesh may be commissioned in the first year of the 8 FYP, such that the programme is ready to scale up at the end of 8 FYP, or in the first year of the 9 FYP. The responsibility of designing and implementation of the pilot project may be entrusted with GED and UNICEF.

Expansion of G2P Coverage

Currently, multiple payment methods are used to transfer funds to the beneficiaries. A research study on Payment System for Social Protection in 2017 revealed several disadvantages of the current payment systems. Some of them include: (i) Delay in receiving funds; (ii) Inconvenience for beneficiaries -- time, opportunity, and money wise; (iii) Added difficulties for the old, disabled, and sick, mothers with children, and pregnant mothers; (iv) High transaction costs (0 to 2.5 per cent); (v) Vulnerability to duplication and fraudulent payments; and (vi) Risk in cash management. Considering these demerits, the Finance Division (FD) has been implementing pilot fund transfers through G2P. Expected benefits of G2P include: (i) Direct payment from the treasury to beneficiaries’ accounts; (ii) Timely and regular hassle-free delivery of allowances at the doorsteps of beneficiaries at zero cost to them; (iii) Provides choice for beneficiaries to select, according to their convenience, the mode of receiving the allowances (bank, mobile financial services, post offices etc.); (iv) Prevents leakages in terms of double dipping, and duplicates and eliminates ghost beneficiaries; and (v) Improves cash flow management for the government. But G2P is still very limited in scale, as only a few programmes are included in the G2P pilot. For instance, cash allowances for 11 SSPs are partially disbursed through G2P. Currently, only 1.3 per cent of SSP allocation goes through the digitized G2P national architecture. Given its merits, as well as to enhance financial inclusion, special attention should be given to scale it from 60 per cent to 70 per cent of the total SP fund transfer within the 8 FYP.

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Annex I: Description of Child Benefit Schemes

Argentina: Mixed Approach for Universal Child Allowance

Approach: Argentina has embarked on a combination of measures for universal child grant coverage. In addition to the existing contributory family allowances (CFA) and tax deductions available for higher-income workers with children, Argentina introduced the Universal Child Allowance (UCA) in 2009, with the goal to consolidate several non-contributory fragmented schemes for families with children.

Coverage: Under the UCA, a unique child benefit has been extended to families of unemployed workers, informal workers earning less than the minimum wage, domestic workers, and self-employed workers participating in the simplified tax and contribution payment regime for small-scale contributors (known as *monotributo*).

Transfer Conditions and Amounts: The semi-conditional UCA scheme transfers child grants to children up to the age of 18 (no limit for those with disabilities), and up to five children per family, contingent that beneficiaries fulfil certain requirements relating to health (e.g., vaccination for children under the age of five) and education (school attendance). The benefit amount was set at around US\$50 a month for each child younger than 18, of which 80 per cent was disbursed on a monthly basis. The rest was accumulated and paid annually, provided the conditions are fulfilled. Approximately US\$150 a month is paid for a child with a disability.

Cost: The programme cost 0.6 per cent of GDP as of 2017. According to 2017 statistics, the UCA schemes covered 3.9 million (or 30.3 per cent) of all children, and the social protection system for children as a whole (including contributory and non-contributory allowances and tax deductions for higher incomes) reached 87.4 per cent for those under the age of 18 -- a total of 11.4 million children.

Challenge: Main challenges include the exclusion of over 1 million children from any social protection scheme, due to strict conditionality. Moreover, studies show 32 per cent of children in the lowest decile are not covered.

Impact: Impact assessment studies concluded that it would be reduced by extreme poverty by about 65 per cent, and overall poverty by 18 per cent (Bertranou and Maurizio, 2012). More recently, UNICEF carried out an updated analysis showing that the UCA reduces extreme poverty among children by 31 per cent (Paz et al., 2018).

Source: ILO-UNICEF (2019)

Annex II: List of Agencies/Experts for KII and FGDs

Serial No.	Institutions	Number of KII
1	Cabinet division, Government of Bangladesh	1
2	Save the Children	1
3	Bangladesh Institute for Development Studies	1
4	Manusher Jonno Foundation	1
5	European Union	3
6	Educo Bangladesh	2
7	Families for Children (FFC)	2
8	ActionAid Bangladesh	2
9	Ministry of Finance	1
10	Department of Social Services	1
11	World Bank	1
12	UNICEF	1
Total		17

Detailed List of FGD Participants:

1. School-going children (female)

Serial No.	Class	Age
1	Class 8	14
2	Class 9	15
3	Class 9	15
4	Class 10	16
5	College 1 st Year	17
6	Class 8	14
7	Class 7	13
8	Class 6	12

2. Teacher (School)

Serial No.	Gender
1	Female
2	Female
3	Male
4	Female
5	Male
6	Female
7	Female

Annex III: Questionnaire for KII

1. Do you think the current portfolio of social protection programmes addresses the needs of the children?
2. According to you, what are the current barriers of SSP for children? How can these be overcome?
3. The current social protection system is biased towards rural children. How can this programme be modified to include urban children as well? Please provide three suggestions.
4. Programmes for children have not been separately mapped in the NSSS. Are there any plans for doing so in the near future? (For ministries)

Programmes for children have not been separately mapped in the NSSS. How is the lack of mapping hindering the steps different stakeholders are trying to take to help vulnerable children? (For INGOs)
5. Bangladesh is currently at the peak of its 'demographic dividend'. What measures are being taken by GoB to maximize this window of opportunity? (For ministries)

What measures should be pursued by GoB to maximize this window of opportunity? (For INGOs)
6. Brazil has experienced success in improving the child labour situation through the Programme for the Eradication of Child Labour (PETI), from 5 per cent to 25 per cent in various states. In Bangladesh, around 8 per cent of children aged 5-17 years would be regarded as child laborers (11 per cent of boys, and 8 per cent of girls). Can Bangladesh rethink its urban child labour mitigating strategy through such programmes?
7. What measures can be taken for the children of informal sector laborers?
8. Evidence from various countries show a strong impact of stipend on education. Dropout rates in primary, secondary, higher secondary and diploma levels have been stagnant over the past decade. In 2018, dropout rates increased for boys in secondary and higher secondary level (36.01 per cent and 18.02 per cent) from the previous year (33.43 per cent and 16.44 per cent). Is the current stipend programme allocation and coverage enough to increase enrolment and decrease dropout?
9. Without parental and state coverage, orphans face a higher extent of vulnerability. Presently less than 5 per cent of orphaned children are covered through social protection. How to mitigate the current situation?
10. Child marriage rates are high in Bangladesh, with 63 percent of girls married before the age of 18 and 27 percent married before the age of 15 (BBS, and UNICEF, 2014). There are currently no social protection programme directly addressing the child marriage. What types of programmes may be introduced to address the current situation?
11. There is no exclusive social protection programme to deal with street children. Is there any future plan to include them? (For ministries) What kind of programmes

do you think will be capable of addressing such issues? (For INGOs)

12. What plans does the Bangladesh Government have for disabled children? What new schemes will be introduced for children with a disability? (For ministries)
What kind of social protection programmes should be in place to ensure equal opportunities for disabled children? (For INGOs)
13. What are the plans of the Bangladesh Government in terms of children in climate affected areas? (For ministries)
What kind of social protection programmes should be in place to deal with the specific sort of vulnerability children face as part of a member of climate-affected regions? (For INGOs)
14. Do you have any plans for introducing special social protection for the children of sex workers and religious minorities? (For ministries)
What kind of social protection programmes should be in place for the children of sex workers and religious minorities? (For INGOs)
15. In case of targeting the poor, 'regional disparity' in poverty and wealth distribution are not being considered now. Are there any future plans for considering these? (For ministries)
How should government approach the regional disparities regarding poverty, while considering child-sensitive social protections? (For INGOs)
16. The allowance for cash transfer programmes remains the same over the year; as a result their purchasing power gets reduced. Should they be indexed to inflation?
17. Social protection transfer payments in Bangladesh is low at around BDT 500 (which is only 30 per cent of the poverty line). What should be a reasonable transfer payment for child-focused social protection programmes?
18. What measures are being taken to bring down the Inclusion and Exclusion Error?
19. What measures can be taken to strengthen the M&E of social security programmes for children?

Annex IV: Cost of Child Marriage Programmes

Country	Programme	Description of Items	Costing (yearly, \$)
Malawi	Zomba Cash Transfer Program	Conditional/unconditional	60-75
Ethiopia	Berhane Hewan	School supplies	17
		Community	30
		Conditional economic incentive	32
		Combined	44
Tanzania		Community	11
		School supplies	22
		Conditional economic incentive	107
		Combined	117
Burkina Faso		Education cost	8.5
Zambia	Adolescent Girls Empowerment Programme (AGEP)	Safe Space groups	197
		Health voucher	146.5
		Savings account	275.5
Ethiopia	Biruh Tesfa (“Bright Future”)	Public meeting spaces and learning materials	52
Nairobi	Kibera	Violence prevention only	33
		v+education	242
		v+e+health	98
		v+e+h+wealth creation	39
Kenya	Wajir	Violence prevention only	115
		v+education	332
		v+e+health	581
		v+e+h+wealth creation	695
Bangladesh		Conditional incentive programme (cooking oil)	16
India		Training, recruitment	262

Study 19 :
Governance of Urban Services for Woman and Children

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1 Urban Context

1.1 Urbanization and Urban Governance: An Emerging Complexity

More than 55 percent of the world's population currently lives in urban areas. This figure is expected to reach 60 percent by 2030. Around 95 percent of urban expansion in the coming decade will take place in the developing world. Projections show that there will be around 65 million urban population in Bangladesh by 2031.¹ A great majority of them will be living in slums and low-income settlements. This emerging urban landscape is particularly challenging for women and children who face endemic structural and social inequities in their access to urban services as well as in their routine social and economic existence.

Policy documents such as the government's 7th Five Year Plan, Draft Urban Policy, National Social Security Strategy as well as UNICEF's Urban Strategy (2017-20) have begun to acknowledge these complexities and the need to improve urban governance for social services particularly for women and children. Local Government Act of 2009 has highlighted the mandate of city governments – city corporations and municipalities – for inclusive and sustainable development of cities that also covers the burgeoning challenge of urban poverty. Not all city governments have responded equally to such mandate opportunities nor have the political economy landscape been evenly conducive for all city governments.

In reality, urban governance is characterized by overlapping jurisdictions, fragmented responsibilities and uncertain financial and human resources for the delivery of services. This is equally true for the mega-city of Dhaka as for tier-2 secondary cities. A multitude of stakeholders spanning government ministries, local government bodies, NGOs, interest groups and civil society impinge on the urban governance agenda rendering the issues of unified vision and effective coordination unusually complex and challenging. However, even within such governance milieus, there are occasional innovations in governance and service-delivery that underscore the potential for change.

Understanding governance deficits as well as opportunities for change represent formidable analytical challenges. Governance realities are shaped by formal and informal rules and structures as well as by the motivations and perspectives of the range of stakeholders underpinning the existing governance regime. Unpacking the interplay of laws and regulations, the interface of central administration and local governments and finally the social capital of urban poor communities is critical to building more effective and sustainable strategies for equitable delivery of urban services.

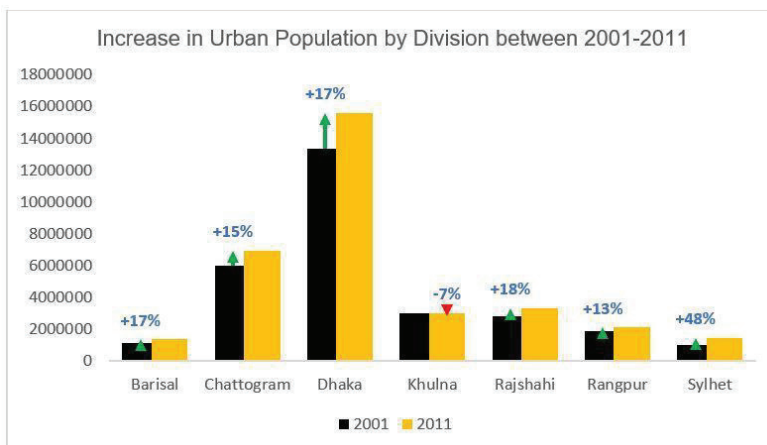
1.2 The Density Challenge

Bangladesh is urbanizing faster than both the southern Asia and all Asia regional averages. Projections indicate that urban population in Bangladesh will rise to between 91 and 102 million by 2050 which will be 44% of total population.² This dizzying speed of urbanization is also occurring within an overall situation of extreme land scarcity. A population of nearly 170 million is squeezed within a landmass of 144000 Sq. km making the average density of the whole country akin to an urban density. Within this countrywide trend towards an

¹ Bangladesh Bureau of Statistics (BBS), 2015, Population Projections of Bangladesh: Dynamics and Trends 2011-2061

² BBS, 2015, Population Projections of Bangladesh: Dynamics and Trends 2011-2061

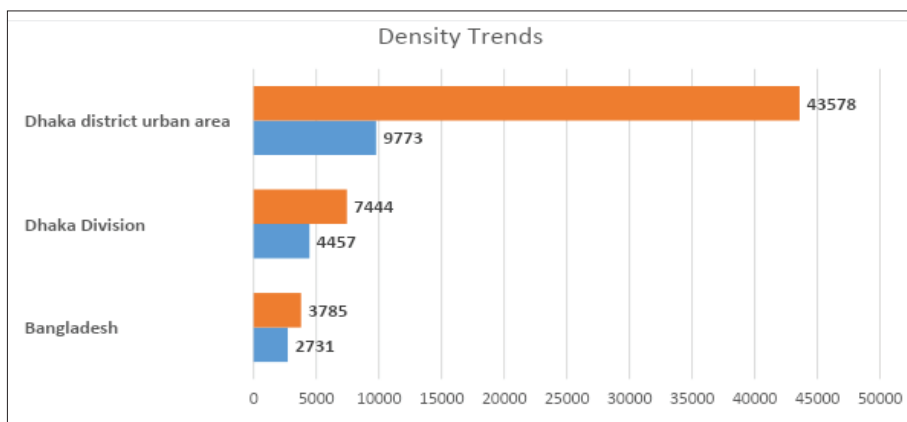
urban density that saw a rise of average density from 2731 persons per sq.km in 2001 to 3785 persons per sq. km. In 2011, there was significantly higher concentration in the Dhaka region. Dhaka district alone accounts for 27.76 percent of total urban population of Bangladesh.³



Source: Bangladesh Population and Housing Census 2011: National Volume 3: Urban Area report (2014)

The percentage variation of urban population by division during the decade of 2001-2011 has been illustrated above. It indicates that over this period, Sylhet division with 48% increase in the urban population experienced the highest growth in urban population followed by Rajshahi (18%), Barisal (17%) and Dhaka (17%) whereby growth in urban population was slightly above the national average of 15%. Both Chattogram (15%) and Rangpur (13%) witnessed growth in the urban population over the decade but variation stood below the national variation. As shown above, only the Khulna division saw a decline in the urban population by 7% during the period. The urban areas of Dhaka district saw a nearly five-fold increase in population density between 2001 and 2011 (Figure 1).

Figure 1



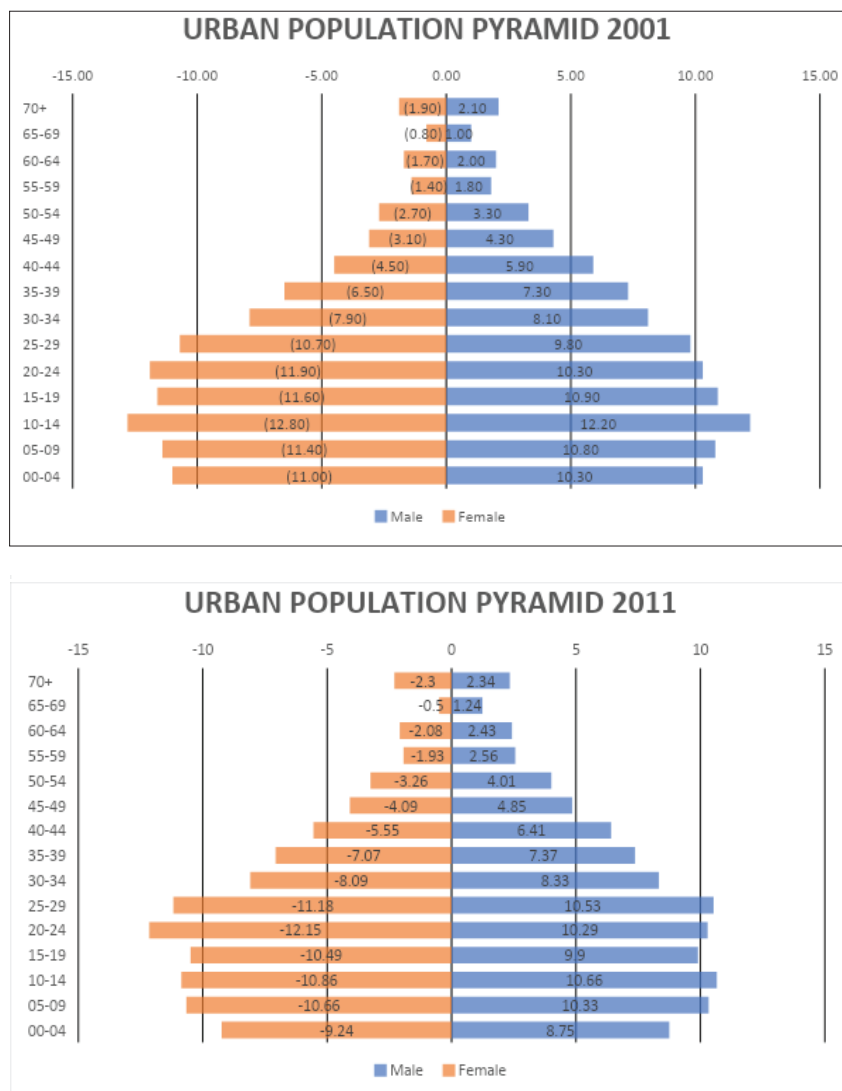
Source: Bangladesh Population and Housing Census 2011: National Volume 3: Urban Area report

Dhaka City itself – the undivided city corporation with an area of 126.34 sq.km. in 2011 – had an even more astounding population density of 55,169 persons per sq.km.⁴ Can such densities be sustained if the service needs of the burgeoning population, in particular of women and children, is to be meaningfully met? Will land become a binding constraint on services within such densities?

1.3 Changing Urban Population Pyramid 2001-11

The changing urban population pyramid in Bangladesh 2001-11 is described in Figure 2.

Figure 2



Source: (1)Population Census2001, National Report (2) Population and Housing Census 2011, National Volume 3, Urban Area Report

1.4 Urban Poverty Dynamics

Though urbanization has generally been a strong growth driver with positive impact on poverty reduction, the overall poverty scenario points towards a strong trend towards spatial relocation of poverty in urban centres (Table 1). Not only are one in five poor households now living in urban Bangladesh, in absolute numbers there are 3.7 million extreme poor in urban Bangladesh in 2016 compared to 3 million in 2010 (HIES). At current rates of urbanization and poverty reduction, more than half of poor households will be urban by 2030. A great majority of them will be in Dhaka mega-city. They include a wide array of informal and formal occupations - street vendors, rickshaw-pullers, low-wage workers in formal and informal enterprises, petty shopkeepers, artisans, home-based workers, domestic workers etc.

Table 1: Location of the Poor

Year	Urban share of poor	Urban share of extreme poor
2000	14.4	11.7
2005	17.4	14.4
2010	17.8	11.5
2016	22.3	18.0

Source: World Bank: Bangladesh Poverty Assessment, 2018: staff calculations based on HIES

HIES, Census and CWS data indicate that while the urban poor have access to economic opportunities as indicated in the marked improvement in income poverty, corresponding improvements in social poverty indicators – education, health, nutrition – tend to be much weaker.⁵ The Child Well-being Survey (CWS) 2016 assessed the situation of urban mothers and children with particular focus on slum areas in terms of nutrition, health, education, child protection and access to water and sanitation. The survey underscored the slower rate of improvement on most of these social indicators in the urban areas. A snapshot of the key findings is provided in Table 2.

Social and policy mind-sets often have negative views of the growing number of urban poor settlements leading to lower prioritization of their service needs. It is thus a moot point whether the urban poor are saddled with a Faustian bargain of economic opportunities and social exclusion with greater burdens of insecurity and social deprivations falling disproportionately on women and children.

2 Urban Services: An Analytical Framework

2.1 Setting Standards

The urban question as well as the question of equity looms large in the Sustainable Development Goals. SDG 11 aims to make cities inclusive, safe, resilient and sustainable while SDG 10 aims to address reducing inequalities as a cross-cutting agenda. UNICEF's Child-Friendly City initiative aims to ensure that all children have the right to grow up in an environment where they feel safe and secure, they have access to basic services and clean air and water, they can play, learn and grow, and their voice is heard and matters. Child-friendly cities specifically work to ensure that children have the following rights: (i)

the right to family time, play and leisure (ii) the right to be safe (iii) the right to be heard (iv) the right to essential services (v) the right to be valued, respected and treated fairly.

Realizing child-friendly cities will not be possible if cities are not simultaneously also women-friendly. This means effective understanding of the infrastructural, social and spatial needs of women and girls and by analyzing these needs designing women-specific urban services and providing all services by assessing them in terms of gender equality. Women friendly cities are cities where women can access health, education and social services, access employment opportunities, access high quality and comprehensive urban services such as transportation, accommodation and security, and finally access mechanisms that will guarantee their rights in the event they are subjected to violence. The dimensions of child and women-friendly cities as elaborated above are crucial components of SDG 11.

UN Habitat has also come up with the City Prosperity Index (CPI) to measure prosperity and sustainability of cities. CPI highlights six broad dimensions to promote the goal of prosperous cities - i) Productivity - generation of income, provision of decent jobs and equal opportunities for all, ii) Infrastructure - clean water, sanitation, good roads, and information and communication technology, iii) Quality of life – general well-being and citizen satisfaction, iv) Equity and Social inclusion – reduction in incidence of slums, protection of rights of marginal and vulnerable groups and enhancing gender equality, v) Environmental Sustainability - protection of urban environment and pursuit of energy efficiency, and vi) Urban Governance and Legislation – strengthening regulatory and management capacity and catalyzing community initiatives.

There are broad commonalities in these various agency articulations on the desired standards set for the unfolding urban future. However, even within such broad commonalities, a compelling and recurring priority is the needs and aspirations of women and children in general and of poor women and children in particular.

2.2 What is the Starting Point?

As against the desired standards set for women and child-friendly cities sketched in the preceding section, where does Bangladesh stand in terms of the starting point for crafting an agenda for change for the 8th FYP? The 2016 BBS-UNICEF Child Well-Being Survey of Urban Areas of Bangladesh can provide a useful snapshot of such a starting point in terms of key indicators of well-being for urban women and children.⁶ Table 2 summarizes this rich data source for a comparative picture of slum and non-slum on key indicators of child and women well-being. There was a more updated data source in the MICS, 2019 but the data here is not disaggregated for urban areas.

6 BBS & UNICEF, 2016, Child Well-Being Survey of Urban Areas of Bangladesh

Table 2: Women and Child Well-Being in Urban Areas (city Corporations), 2016

Dimension	Indicator	Slums	Non-slums
		%	
Nutrition	Underweight (under-5 children)	30.8	17.7
	Stunting (under-5 children)	40.4	25.2
	Wasting (under-5 children)	11.6	7.3
	Children ever breastfeed	97.8	97.2
	Early initiation of breastfeeding	66.9	58.2
	Exclusive breastfeeding under 6 months	62.3	57.5
	Introduction of solid, semi-solid or soft foods (age 6-8 months)	75.1	68.1
Child health	Full immunization coverage	72.1	92.1
	Care-seeking for children with ARI symptoms	78.5	79.4
WASH	Use of improved drinking water sources	98.0	99.0
	Use of improved sanitation facility not shared	18.9	51.3
	Access to defined handwashing facility with soap/cleansing agent	35.4	67.1
Maternal & newborn health	15-49 Pregnant women with 4 ANC	36.0	61.0
	Skilled attendant at delivery	55.5	73.6
	C-Section	23.9	46.6
	Post-natal check for newborn	64.8	83.9
	Post-natal check for mother	61.4	80.3
Education	ECCD	23.8	30.4
	Literacy among young women (15-24)	59.0	83.7
	Net intake rate in primary education	40.5	66.9
	Net secondary attendance ratio	33.3	62.0
	Primary completion rate	73.1	77.4
	Gender parity index primary	1.01	1.05
	Gender parity index secondary	1.14	1.22
Child protection	Birth registration	32.9	33.2
Social problems	Child labour (5-17 years)	23.1	12.0
	Early marriage (before 15)	28.1	20.0
	Early marriage (before 18)	66.4	53.3

Source: BBS-UNICEF, Child Well-Being Survey, 2016

The snapshot picture highlights some encouraging achievements in the areas of gender parity in primary and secondary education, use of improved source of drinking water, awareness on breastfeeding and post-natal maternal and newborn check. However, Table 2 makes amply clear, there are formidable challenges to be addressed in the forthcoming 8th FYP to ensure equitable urban services for women and children. The outstanding statistics of concern both from Table 2 above and other relevant sources are highlighted below indicating the daunting starting line for the 8th FYP.

Table 3: Statistics of Concern

Under-5 stunting in urban slums is 40.4%
EPI coverage 72.1% in slums compared to 92.1% non-slum
66% females in slum areas and 53% in non-slum areas are married before the age of 18
Early childbearing rate is 31.9% in slums compared to 17.1% in non-slums
Only 55.5% of women in slums had skilled attendant service while giving birth
Net secondary attendance ratio in slums is only 33%, this is lower than in rural areas
Only 23.8% of children in slums have access to ECCD opportunities
Diabetic rate among rose from 8.8% to 12% among urban females between 2010 and 2016 compared to a rise from 2.8% to 5.5% for rural females (HIES)
Only 33% of births are registered whether in slum or non-slum areas
63% of households in slums using shared latrines
Only 35% of households in slums have access to defined handwashing facility with soap/cleansing agent
46.5% married urban women experienced sexual or physical violence from partners (BBS)

2.3 A Framework for Analyzing Policy and Governance

Policy and governance are central to addressing the burgeoning urban services needs highlighted above. Experience has shown that the policy and governance process is far from being linear with multiple factors, ideas and constituencies competing to shape outcomes and results. Governance structures have formal and informal norms and rules of functioning that may not be obvious from formal descriptions of structures. However, narrow definitional debates on what constitutes governance is not the issue here.

For purposes of strategic planning, what is more meaningful is to bring an analytical approach to bear that can capture the intersectionality of the policy and governance process underpinning urban services. Three interconnected dimensions merit attention here⁷:

- A *‘technical’* dimension, namely how the ‘policy narrative’ on urban services is being framed through research and discourse,
- An *‘administrative’* dimension, namely the range of actors and networks having a stake and impinging on the policy and governance process, and
- A *‘political’* dimension, namely the underlying power dynamics i.e. the politics and the interests that shape the policy and governance outcomes.

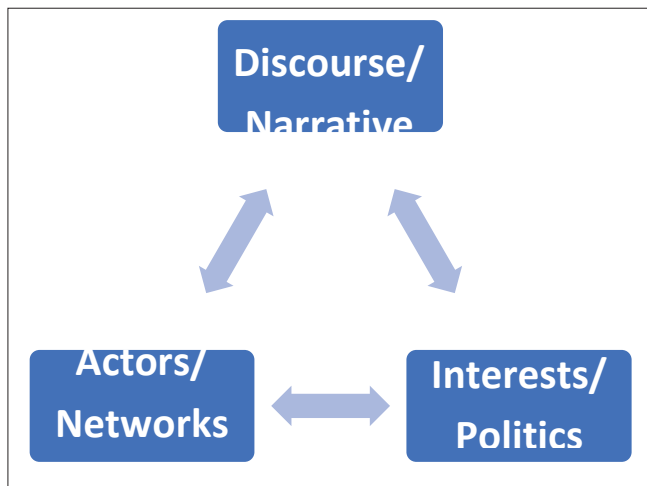
Considering these inter-connected dimensions as a point of departure, it is possible to conceive of a governance triangle (Figure 3) which can help to frame the scope of research and guide the analysis for purposes of this report.

At one point of the triangle is discourses and narratives – what and how issues and policies are being framed and prioritized. This point of the triangle defines the prevailing issues and policy agenda on urban services and how these boundaries are evolving. For example, how are issues and policies on urban services being framed in various plan documents? Are there marked changes between 6th and 7th 5YP documents in this area?

The second point on the triangle is the actors and networks – not only the range of

stakeholders but their levels of knowledge and awareness of the issues as well as their attitudes and practices in translating policies into action. This also includes the inter-relationship and synergies, or lack thereof, between and among actors for example between the urban local governments and central ministries and agencies.

Figure 3: Governance Triangle



Source: PPRC, 2020

The final point on the triangle is interests and power dynamics whose interplay define the political boundaries for action and shape the eventual policy and governance outcomes. This requires adopting a political economy lens to the analysis because ‘interests’ and ‘power dynamics’ are often implicit rather than explicit. Examples are jurisdictional conflicts among institutional actors or competing interests overuse of urban land both of which have strong bearing on urban services solutions.

3 Objectives and Research Methodology

3.1 Objectives and Scope

The broad objective of the study is to strengthen policies towards making Bangladesh cities more child and women friendly.

The specific objectives of the study are:

- Better understanding of demand and supply-side perspectives on what is working and what is not working on urban services for children and women.
- Better understanding of the interface of urban local governments (ULG)s, line ministries and NGOs/CSOs for greater coherence and alignment amongst service-providers.
- Recommendations on short, medium and long-term measures to improve governance and delivery of urban services for women and children.

The scope of the study requires a cross-cutting analysis of governance issues pertaining to urban services for women and children instead of a detailed quantitative sectoral approach. Additionally, while the focus on services is mainly with reference to the needs and priorities of poor women and children, there is also a ‘whole society’ approach to service needs on issues such as security, protection against violence against women, public transportation, work-place needs of women etc.

3.2 Methodology

The study is based on three distinct methodological components:

3.2.1 Desk Review

In-depth review of selected policy and research documents, in particular the preceding 6th and 7th FYP and their implementation reviews as well as a wide array of related publications including the 2016 Child Well-Being Survey. The review focus was on both qualitative and quantitative findings of the documents and was structured around capturing three analytical landscapes:

- **Service Landscape** – the range of urban services being prioritized for women and children, their availability and progress against targets.
- **Institutional and Provider Landscape** – the range of service providers and their service-delivery covering line ministries and central agencies, urban local government bodies, NGOs, community-based organizations and private sector as well as the nature and efficacy of their interfaces.
- **Policy and Governance Landscape** – policy and legal instruments, coordination and accountability mechanisms and scope for participatory planning.

Through the capture of these landscapes, the broader goal of the desk review has been to understand the existing institutional and management process of service delivery to the women and children in urban areas as well as key elements of such governance and policy realities with broader perspectives of the rights of urban women and children on their well-being.

3.2.2 Consultations

- **Multi-stakeholder consultations** – these consultations were held in partnership with selected urban local governments and engaged elected functionaries, administrative, NGO and CSO stakeholders as well as representatives of urban poor communities. As per TOR, consultations were held with three categories of urban local governments:
 - City corporations with zonal management – Dhaka North City Corporation and Chattogram City Corporation
 - City corporation without zonal management – Sylhet City Corporation
 - Municipality – Nilphamari pourashava.
- **Beneficiary consultations** – Two types of beneficiaries were mobilized for these consultations:

- Consultations with a cross-section of urban poor women in Dhaka, Chattogram, Sylhet and Nilphamari. A total of 118 women and 43 male family members participated.
- Consultations with a cross-section of middle-class women in Dhaka and Chattogram. A total of 80 women from diverse occupational and social backgrounds participated.
- **Roundtable discussion** – GED, UNICEF and PPRC jointly organized a roundtable discussion with Prothom Alo on 7 July 2019 titled ‘Women and children-friendly urban services and good governance’. The key recommendations from the discussion are:
 - Urban planning should be carried out in a way that meets the needs of women and children.
 - Necessary initiatives should be taken to ensure the safety of women and children in public transportations.
 - There should be sufficient daycare services in both government and non-government organizations.
 - Maternity leave policies should be implemented in non-government organizations.
 - Health services including mental health services should be more accessible to women and children, especially urban poor women and children.
 - All the urban services and projects need to be accessible to differently abled persons.
 - More public spaces need to be included in urban planning.
 - Instead of allotting a huge budget for parks accessible to only specific groups of people, low-cost parks which are open for all need to be prioritized.
 - To implement women and children-friendly urban planning, it is necessary to ensure proper coordination between government and non-government organizations including NGOs.

The broader objective of these consultations was to better understand demand and supply-side perspectives on what is working and what is not working on urban services for children and women.

3.2.3 Governance Diagnostics – Knowledge, Attitude, Practice (KAP) Survey

Governance is the outcome not only of formal policies and structures but of the specific nature of the knowledge, attitude and practices of individuals and institutions occupying the policy formulation and service-delivery spaces. To supplement the desk review and multi-stakeholder consultations, a limited KAP survey was undertaken on functionaries in government, local government, NGO and civil society spaces. The KAP instrument is provided in Annex 1.

4 Policy Narrative: 6th and 7th Five Year Plans

4.1 Policy Narrative: Strategic Perspectives

Five Year Plans (FYP) are the key policy documents of the government even if considerable sections of the Plan texts on hindsight appear more as merely ‘declarative’ rather than ‘directive’ about the actual priorities of the government. Be that as it may, successive FYPs provide important insights into how the policy narrative is being shaped at the official level. Tables 4 and 5 below examine 6th and 7th FYPs to assess how the ‘urban’ issue is reflected in plan priorities in terms of core targets and strategies.

Table 4: ‘Urban’ Focus in 6th Five Year Plan

General observations	Core target/Strategy	Specific ‘urban’ focus
<ul style="list-style-type: none"> There are 7 core targets: - Income and poverty - Sector development - Macroeconomic dev - Urban development: - Education, health, population (no specifics on urban) - Wash: safe drinking water to all urban, sanitary latrines universal - Energy and infrastructure: urban traffic congestion in Dhaka and chittagong - Gender equality, income inequality & social protection - Environmental sustainability - ICT development • Income and poverty • Human development – education, health, population • Water and sanitation • Energy and infrastructure • Gender equality and empowerment • Environmental sustainability • ICT. 	Income & poverty	<i>No specifically urban core target</i>
	Human resource development: Health, Education, population	<i>No specifically urban core target</i>
	WASH	<ul style="list-style-type: none"> • Safe drinking water to be made available for all urban population. • Proportion of urban population with access to sanitary latrines to be increased to 100%. <p><i>Specific targets are set on these indicators</i></p>
	Energy & infrastructure	<ul style="list-style-type: none"> • Expanding access of the poor to primary and secondary energy sources through affordable pricing and targeted distribution. (<i>urban reference not explicit but can be construed as implied</i>) <p><i>No specific targets are set on these indicators</i></p>
	Gender equality & empowerment	<i>No specifically urban core target</i>
	Environmental sustainability	<ul style="list-style-type: none"> • Improve air quality in Dhaka and other large cities and enacted Clean Air Act • Treat all urban wastewater by FY15 to clean river waters • Urban wetlands are restored and protected in line with Wetland Conservation Act • Canals and natural water flows of Dhaka and other major cities restored. <p><i>No specific targets set on these indicators</i></p>
	ICT	<i>No specifically urban core target</i>

General observations	Core target/Strategy	Specific 'urban' focus
<ul style="list-style-type: none"> Key strategies with potential for urban focus are also spelt out to pursue the core targets. Some with specific or potential significance to the urban focus are examined in corresponding columns. 	Managing the spatial dimensions of growth	The focus is on an idealized goal of balanced development of various urban centres. <i>Neither specific indicators nor targets on indicators set.</i>
	Reducing income inequality	There is no explicit urban reference in the strategy focus of expanding access to economic opportunities or increasing supply of human development services.
	Ensuring social protection for the under-privileged population	There is no explicit urban reference either with regard to target population or with program focus.
	Ensuring gender parity	There is no explicit urban reference but a recognition that <i>'women are a heterogeneous group such that their situations, deprivations, and needs vary according to their locations within various communities, religions, and regions. Thus, along with promoting rights and entitlements of women, Sixth Plan envisages to cater to all these differential and specific requirements'</i> .
	Improving governance	There is no explicit urban reference but there are some specific focus with potential urban applications: <ul style="list-style-type: none"> Emphasis will be given to improving service delivery in basic services such as education, health, nutrition and water supply. Emphasis will be placed in developing capacities of local governments to play their development role in terms of delivery of basic services. Strengthening public-private partnerships Strengthening planning and budgetary processes.

Table 5: ‘Urban’ Focus in 7th Five Year Plan

General observations	Core target/ Strategy	Specific ‘urban’ focus
<ul style="list-style-type: none"> 7th FYP build on but has newer areas of emphasis (in bold) in the framing of 10 core targets areas: Income and poverty Sector development Macro-economic development Urban development Human Resource Development (Education, Health and Population) WASH Energy & Infrastructure Gender equality, income inequality and social protection Environmental sustainability ICT development 	Income & poverty	No specifically urban core target
	Sector development	<i>No specifically urban core target</i>
	Macro-economic development	<i>No specifically urban core target</i>
	Urban development	<ul style="list-style-type: none"> Inclusive housing and other civic services for urban inhabitants including for people living in informal settlements and slums Inclusive urban planning based on sustainable land use planning and zoning Increased productivity, access to finance, and policy support for urban micro-small and medium enterprises
	Human Resource Development (Education, Health and Population)	<i>No specifically urban target</i>
	Child Rights and Protection Issues	<i>Although the 7th FYP strongly focused on strategies to address child rights and protections, it did not have specific strategies for disaggregated geography. This means urban poor children who have distinct needs are left vulnerable. For more information on how the plan documents address children's rights issues, refer to Matrix 3.</i>
	WASH	<ul style="list-style-type: none"> Safe drinking water for all in line with SDG 6 which calls for ensuring availability and sustainable management of water and sanitation for all rural and urban population Proportion of urban population with access to sanitary latrines to be increased to 100 percent <p><i>Specific targets are set on these indicators</i></p>

General observations	Core target/ Strategy	Specific ‘urban’ focus
	Energy & infrastructure	<ul style="list-style-type: none"> • Reduce urban traffic congestion with focus on Dhaka and Chittagong cities. <p><i>Preceding focus in 6th Plan on ‘Expanding access of the poor to primary and secondary energy sources through affordable pricing and targeted distribution’ is dropped. Primary emphasis in the 7th Plan on this core target is on mega-projects.</i></p>
	Gender equality, income inequality and social protection	<p><i>Though there are no specifically urban-specific indicators on this core target, there are two that can be seen to have a bearing on the urban agenda:</i></p> <ul style="list-style-type: none"> • Reduce or maintain the current income inequality of 0.45 • Spending on Social Protection as a share of GDP to be increased to 2.3% of GDP
	Environmental sustainability	<ul style="list-style-type: none"> • Improve air quality in Dhaka and other large cities and enacted Clean Air Act • Treat all urban wastewater by FY15 to clean river waters • Urban wetlands are restored and protected in line with Wetland Conservation Act • Canals and natural water flows of Dhaka and other major cities restored. <p><i>No specific targets set on these indicators</i></p>
	ICT development	<i>No specifically urban target</i>

General observations	Core target/ Strategy	Specific ‘urban’ focus
<ul style="list-style-type: none"> 7th Plan marks an improvement in the planning process in adopting a common framework of Sectors among the Planning Commission, Ministry of Finance and Five year Plans. All now are aligned on a common framework of 14 Sectors. Of these 14 sectors, Sector 9 on Housing and Community Amenities is explicitly focused on the urban sector. The other sectors with potential for specific urban focus include: <ul style="list-style-type: none"> Transport & communication Local government & Rural development Environment and climate change Housing and Community amenities Health Education & Technology Recreation, culture & religion Social protection 	Transport & communication	<ul style="list-style-type: none"> Address the urban transportation challenge of increasing traffic congestion.
	Local government	<i>There is no separate focus on urban local government issues.</i>
	Environment & Climate change	<ul style="list-style-type: none"> Plan recognizes climate change as an added challenge to reduce poverty and environmental degradation.
	Housing and community amenities	<p>The urban focus is explicit here with four priorities:</p> <ul style="list-style-type: none"> Urban vision Urban governance Urban housing Basic services at community level <p><i>However, these appear to be declarative rather than directive priorities.</i></p>
	Health	<i>This sector focuses on health, population and nutrition in general but there is no explicit urban focus on these areas.</i>
	Education & technology	<i>This sector focuses on education, skills and ICT in general but there is no explicit urban focus.</i>
	Recreation, culture & religion	<i>Activities of the ministries of youth, religious affairs, cultural affairs and information are covered under this sector. There is no explicit urban focus.</i>
	Social protection	<p><i>This sector covers the areas of social protection, food security, disaster management and women’s advancement.</i></p> <p><i>There is no priority reference to urban social protection though the detailed intervention areas also include some urban programs.</i></p> <p><i>A major reference is to the National Social Security Strategy which provides potential entry points to address urban social protection.</i></p>

A comparison of Tables 4 and 5 using our governance triangle framework, can shed light on how exactly the ‘urban’ issue has changed between the 6th and 7th FYP.

Dimension 1: Narratives and Discourse

We see that there has been a markedly clear progress in the focus on ‘urban’ in the 7th Plan compared to the preceding 6th FYP. While the 6th FYP merely mentioned sporadic urban specific indicators under some of the core targets, in the 7th FYP the urban issue was brought to the forefront of the discourse with Urban Development being one of the 10 core target areas. There is an explicit section on urbanization strategy though this is located within

Sector 9 on housing and community amenities. A closer review of this section underscores the following:

- Four urban sector challenges are prioritized:
 - Housing with an emphasis on housing finance challenges
 - Transportation with an emphasis on traffic challenges. This section also includes small focus on water supply, sanitation and solid waste
 - Urban poverty
 - Spatially imbalanced urbanization
- With nine guiding principles in view, an urbanization strategy with the following components are proposed:
 - Urban governance
 - Urban housing
 - Urban transportation
 - Urban poverty reduction.
- Much of the suggested strategies on closer reading appear more as ‘declarative’ strategies i.e. identifying areas where action may be taken rather than as ‘directive’ strategies i.e. strategies which are translated into actionable indicators and targets. For example, in the preceding 6th FYP, one of the priority indicators identified under the core target area of energy and infrastructure was ‘expanding access of the poor to primary and secondary energy sources through affordable pricing and targeted distribution’. This is an important indicator for the urban poor in terms of relief on the cost burden of electricity and gas. However, neither were there defined follow-up targets in the 6th FYP, the issue was dropped altogether in 7th FYP.
- The urban governance section of the strategy also appears to be more of a ‘declarative’ wish-list rather than reflective of a credible action plan that can address the entrenched problems of coordination, political and functional accountability, community engagement and data-based monitoring.

Dimension 2: Actors/Networks

- There is a recognition that urban governance represents a complex reality of three principal governance actors: central agencies, urban local government and special purpose bodies such as Rajuk, WASA, DESA, BRTA etc. 18 ministries and 42 organizations are involved in urban development besides the local government bodies.

Dimension 3: Politics/Interest

- There is a recognition that an official approved urban sector policy does not yet exist. A draft policy has been pending approval for over a decade.

A closer reading of the section on reduction of urban poverty highlights the following elements of the evolving policy narrative:

- There appears to be a realization that providing land as an option to address urban poverty is not realistic within the prevailing land constraint. The focus more clearly is on various options for lease including individual and group tenures.

- There is also a recognition that many of the slums are on private land and the policy option indicated is for promoting better negotiations between such landowners and the urban poor leasing such houses.
- Housing finance is strongly suggested as a more meaningful vehicle to address housing needs of the urban poor.
- Capacity building of NGOs/CBOs to assist the urban poor in their basic needs.
- Both in-situ upgradation of slums and creation of defined areas for the informal economic activities of the urban poor are suggested.

4.2 Policy Narrative: Issues and Achievements

The policy narrative in the FYPs have to be gleaned not only from the strategic perspectives sections but also from the details on issues, targets and achievements. Four issue areas are looked at in-depth: education and training, health-population-nutrition, children advancement and rights, and gender equality-women's empowerment. Each of these are examined in turn.

4.2.1 Education and Training

Under the 6th and 7th FYPs, educational targets included achieving universal primary education, extending primary education to grade 8, greater skills in technical and scientific knowledge, better remuneration for teachers and overall improvement of quality. These targets were aligned with the National Education Policy 2010 and an important aspect was the emphasis on science and technical education.

The 6th and 7th FYPs resulted in notable improvements across the education sector (Table 6). Net primary enrolment saw a steady rise throughout the five years and net secondary enrolment saw improvement for girls. In general, improved gender equity was achieved in both primary and secondary levels. School based programs such as the School Feeding Program and the Stipend Program were expanded to have greater reach. Improvements were also made to increase participation of students with disabilities in the general education institutions.

Table 6: Education Sector Performance: Selected Indicators

Issues	6 th FYP (2011- 2015) Target	Performance/ Result indicators of 6 th FYP	7 th FYP (2016 -2020) Target	Performance/ Result indicators of 7 th FYP Midterm Review
Net enrollment at primary level	100%	97.3%	100%	97.94%
Net enrollment at secondary level	n/a	57%	100%	67%
Net enrollment at tertiary level	n/a	12%	20%	
Enrollment in 12th grade	60%	n/a		
Percentage of cohort reaching Grade 5	100%	80.5%	100%	
Elimination of illiteracy	n/a	n/a	32.5 million	

Despite the progress, major issues and challenges continued to persist. The issue of limited access to education due to poverty remained particularly acute in urban slums. Although enrollment saw improvements, high repetition and low transition rates hampered overall improvement in the primary sector. Issues related to secondary and higher education were mainly on the supply side – teaching capacity, infrastructure improvement etc. Although there was gender parity in primary and secondary levels, enrolment and attainment has not been maintained in higher and tertiary education. Low budgetary allocation as well as coordination amongst different education sectors remains a challenge.

Details of key issues highlighted at various tiers of education are described in Matrix 1. In analytical terms, the three key issue areas touched upon in both the FYPs are the issues of equity, quality and system development. However, while the focus on equity is pronounced, there does not appear to be credibly pronounced strategic thrust on the question of quality. On the broader goal of system development, there appears to be more concerted efforts through creation of newer regulatory and oversight institutions.

Issue Matrix 1: Education & Training

Sector	Issues	
	6 th FYP	7 th FYP
PRIMARY EDUCATION	<ul style="list-style-type: none"> • Focus on attendance instead of enrollment, addressing the issue of crowded classrooms, lack of adequate learning materials and untrained teachers. • Integrating more indicators of efficiency: a) enrollment, b) continuation and completion without dropout, and c) and acquiring prescribed knowledge and competencies for particular stages of education. • Eliminate costs to families of primary school children (sports, transportation of government-supplied textbooks, terminal examination fees) • Extending compulsory education up to Grade 8 • Greater value placed on pre-schools leading to encouragement of NGOs and community organizations to set up and support preschools within the premises or near primary schools. • The MoWCA has become engaged in a process of developing a policy framework for early childhood development spanning conception to transition into primary education. • Integrate physical education at primary and secondary level. • Expansion of the scope for students with disabilities (from mild disability to severe disability) including children of excluded groups (linguistic minority and extreme poor). • Capacity Development of NCTB and NAPE 	<ul style="list-style-type: none"> • Improve the Teaching Learning process in schools through expanding training services for teachers, establishing assessment mechanisms and curriculum improvement. • Ensure participation and reduce disparity through expansion of feeding and stipend programs, support inclusive education and increasing infrastructure. • Ensure Decentralization and enhance effectiveness through increasing school funding (SLIP) with the help of the local community and increasing authority of the School Management Committee. • Annual primary school census will also be implemented along with leadership training of teachers. • Mainstream Each Child Learn Program all over the country.

Sector	Issues	
	6 th FYP	7 th FYP
NON-FORMAL EDUCATION	<ul style="list-style-type: none"> • Non-formal primary education on a substantial scale, offering a second chance to children and youth for basic education, has been carried out by NGOs • Redefine functional literacy in terms of achieving functional and meaningful skills instead of indicators such as “reading a sentence” or “singing one’s name” • Literacy program for child labor should include basic education opportunities combined with social support, counseling, and employment-related skill training, which is beyond the capacity of a regular primary education institution. • Autonomy and functionality of the Bureau of NFE has to be addressed. There is a need for a core permanent staff of professional personnel and an appropriate remuneration structure to attract high level professionals, as recommended by the national working group. The Bureau lacks the mandate and the capacity to operationalize the broad vision of the NFE policy framework. • A new organization known as Bangladesh Continuing Education and Skill Development Authority is proposed to be established, which will combine the functions of the Directorate of Primary Education and the Bureau of Non-formal Education. A legal framework for fulfilling the constitutional obligation regarding adult and non-formal education is recommended. • To address the complex problem of child labor and their deprivation from education, a basic education project for "hard-to-reach urban children" has been undertaken with UNICEF support. The administrative home of this project appropriately 319 lies with the Bureau of Non-Formal Education. A second phase of the Hard-to-Reach project has been underway since 2003. 	<ul style="list-style-type: none"> • Elimination of illiteracy/ Providing Basic Literacy as outlined in NEP • Establishing a community-based network of learning centres in order to create scope for ICT based continuing and lifelong learning • A mechanism supporting ‘Second chance’ schooling will be considered to serve as a remedial programme for workers who dropped out of school to enter the labour market. • Establishment of Non-Formal Education Board

Sector	Issues	
	6 th FYP	7 th FYP
SECONDARY EDUCATION	<ul style="list-style-type: none"> • Introduction of science and technology curriculum in madrasa and general education. • Established an autonomous Nongovernmental Secondary Teachers Registration and Certification Authority • Independent Textbook Evaluation Committee (ITEC) has been established for designing transparent criteria under which individual textbook manuscripts will be evaluated. • Establish a strong ICT network among Ministry of Education and all relevant agencies • Formation of Oversight Committee for Supervision of Teaching at Classrooms. • Retirement and Welfare Fund for Non-Government Teachers. 	<ul style="list-style-type: none"> • Achieve 100% enrolment rate within the 7th FYP period • Completion rate in SSC is still only 58.06%. Address barriers to increasing completion rate • Reducing the current rate of dropout of 41.94% • Further increase gross secondary female enrolment from current rate of 61% • Strengthen inclusion principles regardless of gender, age, physical or financial ability, ethnicity, autistic & disable, impairment or HIV status. • ICT in Madrasas: To promote the vision of 'Digital Bangladesh', there will be wider access of ICT in Madrasas. ICT is to be incorporated in the teaching-learning process.
HIGHER EDUCATION	<ul style="list-style-type: none"> • Addressing the dilemma of expansion and quality due to funding constraints • Address access to the limited number of seats in lucrative fields of study in public universities. • Address high cost of higher education • Despite great improvements in primary and junior secondary education of females, they lag behind male counterparts significantly in tertiary education. • Imbalance among disciplines: The distribution of students in humanities subjects versus scientific and applied subjects is highly skewed leading to many more general degrees compared to specialized degrees. 	<ul style="list-style-type: none"> • Improve educational infrastructures • Address increased demand for access to public universities • Insufficient funding • Inequality and gender disparity • Imbalance among disciplines • Emphasis on development of libraries and laboratories • Further strengthening of University Grants Commission • Establishment of accreditation council

Sector	Issues	
	6 th FYP	7 th FYP
VOCATIONAL AND TECHNICAL EDUCATION	<ul style="list-style-type: none"> Strengthen the system of technical and vocational education and training (TVET). (Formal TVET consists of SSC, HSC, and Diploma courses. The Directorate of Technical Education (DTE) and the Bangladesh Technical Education Board (BTEB) oversee vocational and technical education (VTE) provided by both public and private institutions.) Promote private sector institutions in the IT sector to respond to opportunity for work abroad as skilled and semi-skilled workers. 	<ul style="list-style-type: none"> Address the skill mismatch Improve the TVET system through the implementation of the National Education policy-2010 and the National Skills Development Policy-2011. To encourage more women's participation in TVET to ensure empowerment equality and gender equity.

4.2.2 Health, Population and Nutrition

Malnutrition continues at an unacceptably high level in Bangladesh, with children and women the most affected. Neonatal mortality has been challenging to reduce. Inadequate skilled attendance at birth, child marriage and teenage pregnancy continue to endanger health status of women and children. Bangladesh remains in the midst of rapid demographic changes, epidemiological transition and confronted with double burden in nutrition. Issues in service delivery, governance and health workforce are important challenges in the HNP sector.

Child Health

Mortality rate of children under five was reported to be 46 per 1000 live births in FY 2015 which met the target set in 6th FYP and the next target was to reduce it further to 37 per 1000. On the other hand, the latest target is to reduce infant mortality rate to 20 per 1000 live births. However, immunization against measles did not meet the target set in 6th FYP. 7th FYP had a new mention on necessary measures to include child health-related issues in school syllabus. It was also mentioned that regional variations will be taken into consideration for awareness building in using Oral Rehydration Therapy (ORT) for treating diarrhea and effective programmatic interventions will be taken to minimize regional disparities in immunization coverage.

Maternal and Newborn Health

The target that was set for the Maternal Mortality Ratio in 6th FYP was not met and in 7th FYP a more ambitious target was set. The real percentage of births attended by skilled health staff was also below the target set in 6th FYP. In the 7th FYP, the proposed action was to improve the quality of hospitals and maternity services and to make these accessible especially to the women, children and poor. Nothing was mentioned about the maternal health strategy that was to be updated, as mentioned in 6th FYP.

Population

Contraceptive prevalence rate did not meet the target set in 6th FYP whereas Total Fertility Rate (TFR) targets and actual rate remained more or less the same in both five-year plans. Many different actions were proposed in both of the five-year plans.

Nutrition

Stunting children under 5 years did not meet the target set in 6th FYP. Same actions were proposed in both of the FYPs.

Details of key issues, targets and performance on the health, population and nutrition sector are described in Table 7 and Matrix 2.

Table 7: HPN Targets and Performance

Issue	Indicator	6 th FYP		7 th FYP	
		Target	Achievement	Target	Achievement
Child health	Under-5 mortality rate	50 per 1000 live birth	46 per 1000 live birth (2015)	37 per 1000 live birth.	34.2 per 1000 live birth. (WDI, 2016)
	Infant mortality rate	31 per 1000 live birth	32 per 1,000 live births (38 per 1,000 live births according to BDHS 2014).	20 per 1000 live birth (Target 2020)	28.0 per 1000 live birth (SVRS, 2016)
	Immunization, measles (percent of children under 12 months)	100%	84% (FY 2015)	100%	
Maternal and newborn health	Maternal Mortality Ratio	143 per 100,000 live births	170 per 100,000 live births (FY 2015)	105 per 100,000 live births	176 per 100,000 live births (WB, 2016), 196 per 100,000 live births (BMMS, 2016)
	Births attended by skilled health staff	50%	42.1% (FY 2015)	65%	50% (NIPORT BMMS: 2016)

Issue	Indicator	6 th FYP		7 th FYP	
		Target	Achievement	Target	Achievement
Population	Contraceptive Prevalence Rate	72%	62% (FY 2015)	75%	62.3% (SVRS, 2016)
	Total Fertility Rate (TFR)	2.2	2.11 (FY 2015)	2.0	
Nutrition	Stunting of under 5 children (16-59 months)	25%	36.1% (BDHS 2014)	25%	36.1% (DGHS, 2014)
	Underweight children under 5	33%	32.6% (BDHS 2014)	20%	
	Night blindness among pregnant women	1% (FY 2015)	N/A	N/A	
WASH	Proportion of urban population with access to safe drinking water	100%	N/A	100%	71.3% (2017)
	Proportion of urban population with access to sanitary latrines	85%	N/A	100%	87.0% (2017)
	Percentage of urban solid waste regularly collected		63.2% (2015)	75%	Not available

Matrix 2: HPN Issue Details

Issue	Activities	
	6 th FYP	7 th FYP
Child health	<ul style="list-style-type: none"> • Adolescent strategy • School awareness program on critical child health and reproductive health issues, healthy practices and worm infestation. • Supplying iron and folic acid tablets for schoolgirls 	<ul style="list-style-type: none"> • Adolescent strategy • Inclusion of child health issues in syllabus and continuation of awareness program • Supplying iron and folic acid tablets for schoolgirls • Considering regional variations for awareness building in using ORT for treating diarrhea. • Minimizing regional disparities in immunization coverage
Maternal and Newborn Health	<ul style="list-style-type: none"> • Improve maternity services in urban areas, particularly for the poor. • Update maternal health strategy to a maternal and newborn health strategy • Evaluation of ongoing maternal voucher scheme (demand side financing) • Strengthen coordination between health and family planning departments. 	<ul style="list-style-type: none"> • Improve quality of hospitals and maternity services and to make these accessible especially to the women, children and poor.
Population Management and Family Planning	<ul style="list-style-type: none"> • Strengthen contraceptives and FP services supply chain 	<ul style="list-style-type: none"> • Ensure women's decision making over reproductive health through proper education and information • Strengthen FP awareness building • Use different service delivery approaches (including domiciliary services) for different geographical regions and segments of population having low CPRs • Strengthen FP services especially post-partum and post abortion FP and demand generation through effective coordination of services with DGHS • Strengthen advocacy for male participation in permanent and other methods of contraception • Create awareness of all relevant ministries of their roles in population management with MoHFW as the lead Ministry.

Issue	Activities	
	6 th FYP	7 th FYP
Food and Nutrition	<ul style="list-style-type: none"> • Vitamin A supplements to children • Universal salt iodization to control iodine deficiency disorders • Iron-folate supplementation, • A strategy to address health care needs of children with physical and mental disabilities 	<ul style="list-style-type: none"> • Vitamin A supplements to children • Universal salt iodization to control iodine deficiency disorders • Iron-folate supplementation, • A strategy to address health care needs of children with physical and mental disabilities
Safe drinking water	<ul style="list-style-type: none"> • Make safe drinking water available to each household in the urban areas; 	<ul style="list-style-type: none"> • Mitigate arsenic problem in drinking water • Expand water and sanitation services to cover currently underserved Paurashava areas • Primary schools will be ensured access to sanitation and safe drinking water • Arrangement of safe drinking water and accessible toilet facilities would be there for the women and people with disability in rail station, bus stand, and launch terminal.
Sanitation	<ul style="list-style-type: none"> • Ensure sanitary latrine within easy access of every urban household through technology options ranging from pit latrines to water borne sewerage. • Install public latrines in schools, bus stations and important public places and community latrines in densely populated poor communities; 	<ul style="list-style-type: none"> • Increase rural and urban slum access to sanitary latrines
Waste Management	<ul style="list-style-type: none"> • Focus on urban waste management. 	<ul style="list-style-type: none"> • National 3R (Reduce, Reuse & Recycle) strategy of waste management

4.2.3 Children's Advancement and Rights

Issues highlighted in this matrix are those framed under the children advancement and rights section in both the 6th and 7th FYP. These include Child Health, Child Education, Access to WASH, Child empowerment, Child protection, Birth registration, Child labor, Child Abuse, and Children with disability. While it includes some issues which are already included under HPN and Education matrices above, this section outlines some additional strategies to specifically advance children's rights. Specific focus on each of these issue areas is described in Matrix 3.

Matrix 3: Children's Advancement and Rights

Issues	Issues	
	6 th FYP	7 th FYP
CHILD HEALTH	<ul style="list-style-type: none"> • Awareness-building among primary and secondary students about critical child health and reproductive health issues, healthy practices and worm infestation. • Expand existing child health programs • Promote exclusive breast-feeding for under-6 months newborns. 	<ul style="list-style-type: none"> • Awareness-building among primary and secondary students about critical child health and reproductive health issues, healthy practices and worm infestation. • Expand existing child health programs • Promote exclusive breast-feeding for under-6 months newborns. • Strengthen monitoring of MCH services at community clinics and public hospitals.
CHILD EDUCATION	<ul style="list-style-type: none"> • Awareness-building on ECCD • Strengthen existing programs 	<ul style="list-style-type: none"> • Awareness-building on ECCD • Strengthen existing programs
ACCESS TO WASH	<ul style="list-style-type: none"> • Expand WASH access in urban slums • Ensure WASH at primary schools 	<ul style="list-style-type: none"> • Expand WASH access in urban slums • Ensure WASH at primary schools
CHILD EMPOWERMENT	<ul style="list-style-type: none"> • Promote national children platform 	<ul style="list-style-type: none"> • Promote national children platform
CHILD PROTECTION	<ul style="list-style-type: none"> • Awareness-building among judicial and law-enforcement personnel on child-sensitive behavior • Development of an alternative to custodial sentences for juveniles involving the courts, social workers and probation officers. • Adoption of Children Act of 2013 • Pilot initiative by MOWCA on child-focused budget as a budget-monitoring tool. • Child help-line and community-based child protection committees 	<ul style="list-style-type: none"> • Continuation of earlier programs and initiatives
BIRTH REGISTRATION	<ul style="list-style-type: none"> • Mobilize urban local governments to strengthen birth registration 	<ul style="list-style-type: none"> • Mobilize urban local governments to strengthen birth registration • Strengthen social campaign against child marriage

Issues	Issues	
	6 th FYP	7 th FYP
CHILD LABOUR	<ul style="list-style-type: none"> National Child Labour Elimination Policy approved in 2010. Establish a National Child Welfare Council. 	<ul style="list-style-type: none"> Policy for child labour in formal sector. Effective rehabilitation of street children. Increase coverage of livelihood program support to extreme poor households forced to deploy their children for child labour.
CHILD ABUSE	<ul style="list-style-type: none"> Develop community support for children 	<ul style="list-style-type: none"> Develop community support for children
CHILDREN WITH DISABILITY	<ul style="list-style-type: none"> Expand educational opportunities for all categories of children with disabilities. Collaborate with NGOs and the private sector for expanding educational opportunities for children with disability. 	<ul style="list-style-type: none"> Continue expansion of educational programs for children with disability. Collaborate with NGOs and the private sector for expanding educational opportunities for children with disability. Extend coverage of Child Disability Grant managed by Ministry of Social Welfare Ensure early screening of children for disabilities.

4.2.4 Gender Equality and Women's Empowerment

The framing of this objective in the 6th 5YP read: 'Women and men should enjoy equal social, political and economic opportunities'. The phrasing in the 7th Plan changed to 'A country where men and women will have equal opportunities and rights and women will be recognized as equal contributors in economic, social and political development'.

Issues highlighted in this area are of a generic nature and include strengthening access of women to economic, educational, employment and service opportunities, addressing social barriers to greater participation of women in all spheres of life including political participation, strengthening budget focus on gender-sensitive expenditures.

The mid-term review of the implementation of the 7th 5YP provides the following summary picture on progress (Table 8).

Table 8: Progress on Gender Equality Indicators During 7th FYP

Indicator	Base-line	Updated progress
% of women 20-24 years who were married before 18	65% (2011)	58.6% (2014) <i>Updated figure not available</i>
Ratio of girls to boys in tertiary education	0.7 (2015)	0.68 (2017)
Gender budget as % of total budget	27.7% (2014)	27.3% (2017)
% of parliamentary seats held by women	20% (2014)	20.3% (2018)
% of female primary teachers	57%	61.45% (2017)
% of female secondary teachers	24%	26.1% (2017)
% of female tertiary teachers	20%	23.7% (2017)
% of female Class-1 officers in civil service	21% (2014)	Not available
Policy strengthening on child marriage		Child Marriage Prevention Act, 2017 formulated

5 Service Needs, Providers and Realities: Beneficiary Perspectives

5.1 Beneficiary Perspectives: Poor Women

Effective policy responses to the agenda of urban services need to be anchored in an understanding of the perspectives and expectations of the urban citizens, in particular the disadvantaged urban groups. With this objective in mind, PPRC undertook four consultation sessions with a critical urban group – urban poor women. Participants included a cross-section of 118 urban poor women and 43 urban poor men in four urban locations – Dhaka city, Chattogram city, Sylhet city and Nilphamari municipality.

The service priorities identified by the participants included EPI, Nutrition and childcare, healthcare, education, VAW protection and justice, WASH, utilities, economic participation, financial services and community facilities. The beneficiaries brought up child health related issues however child protection perspectives were largely missing from this group. Leading concerns such as child marriage, violence against children were not highlighted by urban poor men or women. However, discussions on these topics are presented in the section on adolescent perspectives where children themselves shared their views. This shows that while these are important issues for the demographic who are directly being affected by them, for the parent demographic they are not a priority.

The urban poor beneficiaries identified the providers, governance issues as well as recommendations for each service area.

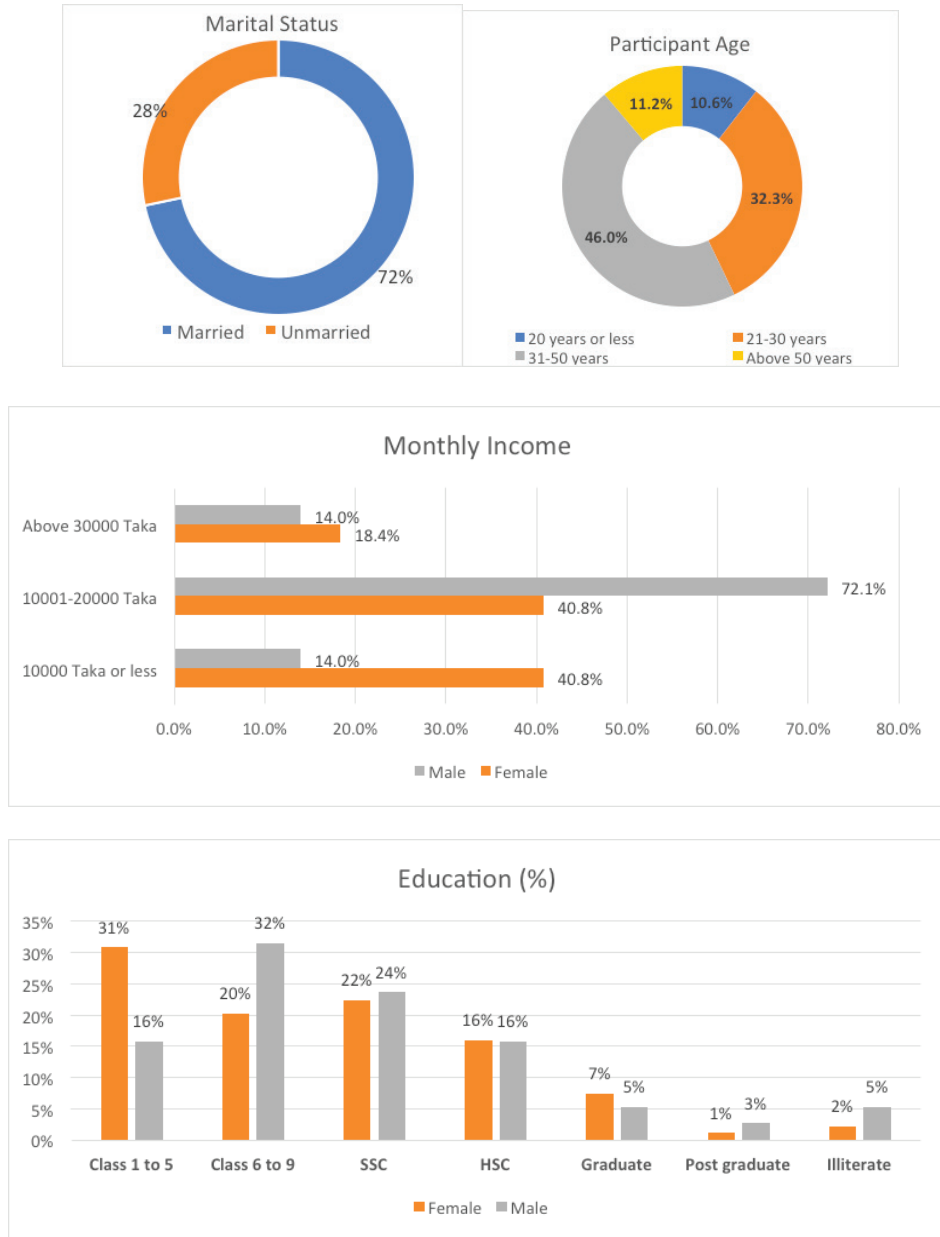
5.1.1 Participant Profiles

Profile of the participants - 118 women and 43 male family members – are described in Figure 4 along the following indicators: age, marital status, reported monthly income and educational status. As seen in Figure 4, the majority of the participants of the consultations were aged between 31-50 years (46%) and 32.2% were aged between 21 to 30 years. Around 10.6% of the participants were 20 years old or less whereas 11.2% were above 50 years. Majority of the participants were married (72%).

Monthly income of 40.8% of the female participants was Taka 10,000 or less and other 40.8% women earned between Taka 10,000 to 20,000. On the contrary, the majority of the male participants (72.1%) earned between Taka 10,000 to 20,000. Only 18.4% women earned more than Taka 30,000 per month.

In terms of level of education, 32% female participants studied up to class 5 and 20% studied up to class 9. On the other hand, 16% of the male participants studied between class 1 to 5 and 32% studied between classes 6 to 9. Similar percentage of males and females passed SSC (22-24%) and HSC (16%) examinations and a small percentage of the participants graduated. Around 2% of the female participants were illiterate and in the case of males, it was 5%.

Figure 4

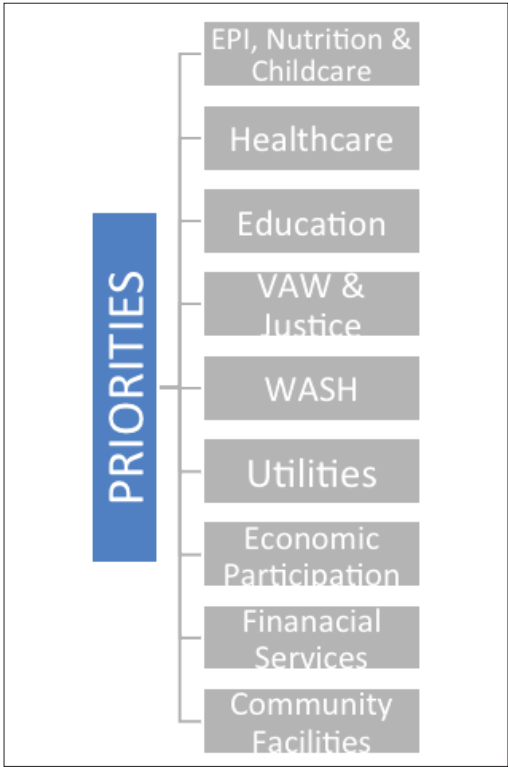


5.1.2 Which Urban Services are Prioritized by Poor Women?

The wide-ranging and in-depth discussion highlighted six priority urban services (Figure 5). The highlights of the discussion in terms of the rationale, ground realities, governance challenges and solution suggestions on each of the identified service areas are described

in turn.

Figure 5: Priorities Identified by Urban Poor



The highlights of the discussion in terms of the rationale, ground realities, governance challenges and solution suggestions on each of the identified service areas are described in turn.

5.1.3 EPI, Nutrition and Childcare

5.1.3.1 Providers

Table 9 provides a summary overview of the availability and providers for each of these service areas. There are multiple providers from public and NGO sectors for the provision of EPI and Vitamin A supplement though the pattern is not uniform across all the four studied areas. Nutrition programs have by comparison a weaker presence as does daycare services.

Table 9: Provider Matrix: EPI, Nutrition and Childcare

Service Type	Location and Service Provider Type			
	Dhaka	Chattogram	Sylhet	Nilphamari
EPI & Vitamin Supplement	CC Health Department, Thana, NGO Clinic	Commissioner Office, NGO Clinic	Councilor's Office, Government Hospital, NGO Clinic, CC-UNICEF Program	CC Health Department, Government Sadar Hospital, NGO Clinic, Missionary hospital
Nutrition	Government Primary Schools (limited), NGO Clinic	No available service	No available service	Government primary school
Daycare	NGO	Trustworthy neighbors	City Corporation	No available service

5.1.3.2 Governance Issues

- Inconsistent Pricing of Vaccines:** Immunization is one of the most cost-effective, simple, and effective mechanisms for protecting children giving them a best start to a healthy future. However, the participants in all four of the locations reported that regardless of provider type, they pay high prices for vaccinating their children and also that the price of the vaccines vary across providers. In Dhaka, the typical price of each vaccine ranges from Tk. 50-150. Only a few service providers provided vaccination for free. Few participants said, "Vaccines are free, but we have to pay a fee for injection service." In Chattogram, typical price for each vaccine ranges from Tk. 30-60. The participants mentioned that they need to pay an extra amount of Tk. 20 as vaccination card fee which is valid for a year and has to be preserved by the parents as identification document while enrolling children in school. The beneficiaries in Chattogram expressed their concerns about the rising costs of the vaccines and the card that they are required to make beforehand. The participants said, "Cost of each vaccine and the card provided by the Commissioner's office was previously Tk.20 and Tk. 10 respectively. But the prices are higher now. Moreover, we are asked to buy pain reliever syrups from pharmacies that the providers provided for free earlier which now adds up to our healthcare expenditure." In Sylhet, the beneficiaries mentioned getting vaccination services for free only from the councilor's office. Similarly, they reported getting vaccination for free from government tertiary hospital but for that they need to pay a service fee of Tk.50 which is followed by free vaccines in during the scheduled visits. But for vaccines provided by NGOs costs the beneficiaries an initial service fee of Tk. 200 followed by Tk.50 per vaccine. In Nilphamari, the participants shared that regardless of the service provider, they receive vaccination services for free.
- Additional Cost of Health Card:** Provision of health cards for poor and deprived for availing healthcare services such as vaccination emerged in the consultation in Dhaka only. The cost of the issuing health cards ranges from Tk.50-600.0 However, the card holders claimed that they are required to bear the cost of each

additional service under the card and even the doctor's visit and having health cards do not give them any extra benefit like free treatment or medicines in most cases. Participants from Dhaka Match Colony mentioned that BRAC provided health cards for free one year ago in their community. But now the same card cost Tk. 600 for one year. With the card, patients receive medicines free of cost but still have to pay the doctor's visit. Participants from Puran Dhaka mentioned that health cards from Urban Clinic cost them Tk. 50 and the cost of vaccines is covered by the card. Participants from Pora Slum in Kallyanpur mentioned that BRAC charges Tk. 100 to issue health cards but the card holders have to pay for services such as vaccination for mother and children that costs Tk. 200. In Karail, BRAC issues health card that costs Tk.100 but they too have to pay extra for services such as vaccines that cost Tk.120/vaccine. In Rayerbazar, BRAC healthcare center provides free health cards. 'Neer Sheba Sangstha' an NGO health clinic is also active in the area. Previously they had to pay Tk. 10 for one ticket for availing services which is now Tk. 50. For medicines patients have to pay 50% of the money and rest of it is covered by the providers.

- **Discontinuation of Vital Services:** The issue of discontinuation of vital child and maternal healthcare services in many poor communities surfaced exclusively in the consultation held in Dhaka. The participants from Bhola Slum mentioned that their community had an urban clinic that distributed red cards to the community dwellers and the card holders received some benefits. Nutritious food was also provided and vaccinations for adolescents from households that were card holders. No such services are provided in the community now. In Dhaka Match Colony, BRAC used to provide door-to-door healthcare services such as providing vaccines, measuring weight of children etc. SEEP and BRAC delivery center also used to provide such services previously. After their inclusion in the City Corporation, the pregnant women in their communities no longer receive the allowance for pregnant women. In Baganbari, Red Cross/Crescent no longer provides any services for women and children that they used to do earlier.
- **Insufficient Accessibility:** Limited access to immunization programs surfaced in consultations in Sylhet and Chattogram. Distant outreach sites, lack of awareness and lack of off-hour EPI programs were common reasons cited by the participants that limited their access to immunization programs and other healthcare campaigns like Vitamin A campaigns. In Chattogram, the participants mentioned that the immunization programs and health campaigns are held in outreach sites like school premises and Ward Commissioner's office which are not always close to the communities of the participants and they are sometimes reluctant to visit distant outreach sites. In Dhaka and Nilphamari the participants mentioned that the EPI centres are usually nearby. For instance, in Karail, Dhaka service centers are concentrated in the centre of the slum in Boubazar (within 1-mile distance of periphery). In Nilphamari, the participants mentioned that they can the EPI centers are usually within half kilometer radius of their communities. Besides, in Sylhet the participants brought forth the lack of awareness of parents in many of their poor communities about the need to immunize children. Many families frequently miss doses of vaccinations for their children. Information on vaccination and other campaigns are also not well propagated. Finally, participants

in Sylhet shared that working parents find it very difficult to take their children to EPI centers during daytime on days of work. For children with working parents, CC-UNICEF collaboration runs an evening/nighttime EPI service program. From January 2019, SCC conducts 23 Evening EPI sessions per month in 17 sites of 14 wards (out of 27 wards) of SCC followed by IPC. in ward no. 22 only. Participants mentioned that there is a need to spread such initiatives in other areas in SCC as opined by the participants.

- **Beneficiary Lists Prepared But no Service Yet:** In Dhaka, the participants expressed their disappointments over the repeated beneficiary listing by many organizations in their communities without receiving any service benefits. Participants from Pora slum, Dhaka Match colony and Korail Slum mentioned that NGO-GO representatives took names of mothers and children from their communities a few months ago and were told they would receive nutritional food for free. DWASA Colony participants talked about a UNDP project that is supposed to provide nutritious food for pregnant women and children. However, for this program all participants have to contribute a certain amount of money (they paid Tk. 100 per person) which they can keep as savings and then avail the food later. It has been approximately 6-7 months since they gave their names, but they have not received any service yet.
- **No Nutritious Food/ Meal Program for Pregnant Women or Children:** Lack of nutritional interventions such as programmes and schemes by government and NGO for maternal nutrition education, nutrient supplements, and nutritious meals in urban poor areas was talked about in Sylhet and Dhaka consultations. Earlier, BRAC used to provide additional food required for infants of more than 6 months in the area. They used to provide micronutrients and taught mothers the preparation of nutritious meals for their children. But this service stopped 4 years ago. Families are unable to afford special food for pregnant mothers and children and this leads to many complications during and after birth. Moreover, there is no government school meal program in the primary schools. Some NGOs sporadically organize programs to distribute nutritious food for one day. Women who are involved in community work and attend various meetings on community development, mentioned that they have only heard of a government food program for children under 5 years but never received any benefits. Representatives from Lakshmi Bazar said the Ward Councilor has the capacity and resources to provide such allowances, but community members never receive it. One participant from Pora Slum shared that many women like her aren't aware what services they are supposed to get from the Ward Councilors and have always thought that Ward Councilor only had the authority to implement dengue prevention programs.
- **Insufficient Child Growth Monitoring and Vitamin Supplement Campaigns:** In Sylhet, the participants mentioned about SCC-UNICEF partnership provides child growth monitoring and promotion services, which is similar to the evening EPI services. The vaccinators run Severe Acute Malnutrition (SAM) screening and refer the most malnourished children to community or government hospitals; the medium malnourished are provided nutrition counseling by CC vaccinators. This SAMS screening is still not widely available in SCC. Vitamin A campaigns

and some of the child growth monitoring services such as measuring weight are provided by the Councilor's Office in the office or local school premises. However, the programs are not sufficiently available.

- **Lack of Daycare Facilities:** In most of the poor households where it's a struggle to make ends meet women need to work besides their husbands to bring whatever little stability their collective income can provide them. But the majority of the participants in the consultations held in Dhaka, Sylhet, Chattogram and Nilphamari opined that limited or lack of proper, reliable daycare facilities deters many women from poor households to involve in economic activities. Participants in Dhaka complained that the number of daycare centers available is not sufficient to meet the daycare needs of the spiraling number of working women in poor households. Many communities still have no formal or informal daycare centers. Participants from a community in Dhaka mentioned an NGO run daycare center in their community that charges Tk.1000 as monthly fee. The fee doesn't cover the cost of food for the children, which still has to be managed by the mother. Women feel the current daycare services are too expensive. For this reason, many working women rely on slightly older children to take care of their siblings. This hampers their education. Participants in Sylhet talked about only one daycare centre available in SCC. No NGOs provide daycare services in the wards where the participants live. As working mothers have no place to keep their small children most of them are left alone unsupervised in the slums during daytime. The participants stated the need for day care centres in every ward in SCC. Participants in Chattogram shared that they do not know of any daycare services in Ward no. 8 and 22. They usually keep their children with family members such as older children, mother/mother-in-law. Sometimes neighbors also take care of some children in the neighborhood in exchange of a monthly fee of Tk. 1000-1500 and the parents have to bear additional costs of food etc. However, such services by neighbors are not common and only few people keep their kids with others who they trust. Some participants mentioned one day care center near Enayet Bazar. Majority of the participants agreed that there is a need for more day care centers as it will help working mothers as well as women who want to work. In Nilphamari, the participants stated that the locations from which they came do not have any day care facilities. However, the need for daycare facilities was not as emphasized by the participants as in other locations.

5.1.3.3 Beneficiary Recommendations:

- Low cost and more accessible immunization services
- Awareness campaigns on immunization services;
- Off-hour immunization programs for working parents;
- Low cost and good quality day care facilities;
- Nutritious food package/allowance for children and new mothers;
- Child growth monitoring and vitamin supplement campaigns;
- Availability of health cards at consistent price.

5.1.4 Women's Healthcare

Two types of women's healthcare services were prioritized – (i) Delivery care, ANC, PNC and (ii) SRHR care services. Providers, governance issues and recommendations on both service areas are described below.

5.1.4.1 Providers

Table 10 provides a summary overview of the availability and providers for the two service areas. The two types of services are usually provided together by the same providers. As shown in the table below, providers include public and private hospitals, NGO clinics and health outreach workers. We can see that there is heavy reliance on healthcare provided by NGOs across all four locations. However, most NGOs provide healthcare services on a projectized basis and the issues that come attached with such a service structure are discussed below.

Table 10: Women's Healthcare Services: Providers

Service Type	Location and Service Provider Type			
	Dhaka	Chattogram	Sylhet	Nilphamari
Delivery care services, ANC and PNC, SRHR care services	NGO Health Centre, Government Hospital, Community Health worker	Community Health worker, NGO Health Centre (limited), Traditional birth attendants/ midwives	Government Hospital, NGO Health Centre	Missionary hospital, NGO clinic, Government Hospital, Private Hospital

5.1.4.2 Governance Issues

- Inconsistent Pricing and High cost Maternal Healthcare Services:** Lack of affordable, accessible and quality comprehensive maternal healthcare services including Antenatal care (ANC), institutional delivery and postnatal care services for poor women in urban slums was an issue of concern in all the consultations across 4 locations. In Dhaka, many women rely on NGO delivery centres. Normal delivery at a BRAC delivery clinic costs Tk. 3000 and C-section costs Tk. 15,000 - 20,000. In Baganbari, women complained that BRAC staff force women to get C-section. The participants from the community shared a recent case of a woman who turned handicapped during her delivery and her baby died at birth. The participants in Chattogram mentioned a card distributed by BRAC to pregnant mothers from extreme poor households. This card is issued for free and covers pregnancy related healthcare services worth Tk.6500. The economic conditions of the card holders are inspected before providing them the card. Non-card holders have to pay Tk. 650 for ultra-sonogram. For card holders, normal delivery services are completely free of cost. But after delivery, the card is taken back by the authority. However, many respondents said that they do not go to the BRAC healthcare center as the cost of transport is Tk.80-90 per visit from their respective wards. On the other hand, the cost of normal delivery and C-section delivery services is Tk. 10,000-30,000 and Tk. 40,000 respectively. Respondents expressed their reluctance to visit government hospitals for pregnancy care and/

or delivery services as additional Tk. 5000-6000 is spent out of pocket. The respondents mentioned the preference at home delivery by traditional birth attendants/midwives. They do not have any fixed rate and the service recipients happily pay cash or other non-monetary incentives to the midwives. In Sylhet, the participants expressed their dissatisfaction over the lack of holistic healthcare services for women in SCC. They have to pay for availing services at every level in all healthcare facilities. ANC and delivery services were previously provided by BRAC and Shimantik free of cost. Normal delivery service was provided for free previously but now it costs around Tk. 3000-3500. In SKSS, normal delivery service used to cost Tk.2000-25000 before but now it has increased to Tk.3000. Costs of C-section delivery services are even higher at Tk. 4000-4500 in SOMC, Tk.7000-7500 in Shimantik, Tk. 12,000-16,000 in FPAB (Family Planning Association in Bangladesh), Tk. 20,000-25,000 in Marie Stopes and more than Tk. 15,000 in SKSS. Most of the poor women cannot afford the current cost of the institutional delivery care services. In Nilphamari, the participants voiced their reluctance to go to NGO clinics and private hospitals for maternal healthcare services due to high cost. In government hospitals, Tk.5 is charged as registration fee and Tk.15 is charged as admission fee. However, the participants prefer Shishu Mongol Hospital and LAMB hospital for delivery as the services are provided for free. LAMB hospital further shares the cost of delivery if any poor women give birth at any other hospital or clinic within the city. One participant from ward 9 said, *“I had to spend Tk.2500 for my normal delivery in Nilphamari Sadar hospital but LAMB hospital authority gave me Tk.1000 to partially cover the delivery expenses.”*

- **Insufficient Vital Services:** In Sylhet, prevalence of anemia is very high in pregnant women. Iron tablets were provided to pregnant women by the government previously, but this service has stopped. Before BRAC used to refer new mothers in critical conditions to SOMC. They covered associated costs like transport. However, they do not provide this service any longer. The City Corporation also used to provide iron and folic acid for adolescent girls and UNDP used to provide healthcare services for marginal communities in SCC but these services are no longer available. In Chattogram, participants from Ward no. 22 mentioned that a healthcare worker from BRAC visits their ward weekly and sometimes monthly with iron, calcium supplements, sanitary napkins etc. 10 iron tablets cost Tk. 20 and 1 strip of calcium tablet costs Tk. 30. A packet of sanitary napkin costs Tk. 100. This service is not available in Ward no. 8.
- **Lack of Awareness Services:** Participants in Dhaka and Sylhet consultation emphasized on the need for awareness campaigns to educate women and young girls on a range of issues including reproductive health, preventable cancers, adolescent health etc. Participants from Dhaka Match Colony said that they want the NGO clinic and delivery centres to also provide awareness services on relevant topics like breast cancer. In Rayerbazar, ‘Manobik Sangstha’ advises community members on health issues of mother and child. Participants in Bhola slum said that City Corporation imparts training on maternal and child health, pregnant women’s health, adolescent health, etc. through form *“mother groups”*. Participants from Lakshmi Bazar brought forth the issue of raising awareness

around the need for cervical cancer vaccine as cervical cancer is one of the most common forms of cancers in women. They also raised concern over the highly priced vaccine for cervical cancer that can cost up to Tk. 3,500. In Sylhet, the participants talked about the poor awareness among many poor women about the available healthcare facilities. There is a need for SCC to hold monthly courtyard meetings with women to increase health awareness especially among working women. Currently, there are some health-related committees in some of the communities organized by Livelihoods Improvement of Urban Poor Communities (LIUPC) Project of UNDP. They mentioned BRAC's Adolescent clubs known as Kishori Clubs through which they raise awareness about menstrual health of adolescent girls. But these clubs only exist in wards that are part of the UDP program. They also mentioned that Marie Stopes used to provide sanitary pads to distribute in the community through the adolescent clubs, which are no longer available. In Chattogram the participants mentioned BRAC raising awareness on cervical cancer as a result of using clothes among the women. In Nilphamari, the participants said that LAMB hospital and Smiling Sun works on awareness-raising and provides counseling to the adolescent girls about menstrual health and hygiene, reproductive health and nutrition from their healthcare centres and also sends their health workers to the communities to provide door-to-door service. But recently LAMB hospital has discontinued these services and the participants expressed their need for such services in their communities.

- **Limited Health Card Facilities:** The health card coverage is very low in Sylhet and according to the participants in the consultation held in Sylhet only 5-6 families per 100 families are the recipients of health card. Smiling Sun and BRAC used to provide health cards in SCC in the past but they do not anymore. Shimantik is the only health card provider now. Field officers visit the households and take details of household income, no. of family members etc. Cards are provided to only the poorest of the households. Only people of ward no. 8 have access to the health cards. The health card covers the cost of healthcare of the recipient family. The participants stated that people who are not extreme poor but poor nevertheless cannot access the health cards and thus have to bear high financial burdens for healthcare facilities.
- **Limited Availability of Community Clinics:** Participants in Sylhet consultation stated that they are deprived of the facilities of community clinic, which are available in union paraisads but not in the municipalities and cities. There is a need for community clinics in every ward for primary as well as reproductive healthcare.

5.1.4.3 Beneficiary Recommendations:

- Low cost delivery
- Health card facilities
- Awareness campaigns about available services and vaccine for cervical cancer
- Awareness campaigns on social and behavioral issues regarding menstrual hygiene, maternal care etc.
- Low cost sanitary napkins
- Ward-level Community clinics for primary and reproductive healthcare.

5.1.5 VAW & Justice

5.1.5.1 Providers

Table 11 describes the range of providers for services on conflict resolution and legal aid. There is a wide range of formal and informal providers including elected local government functionaries, CBOs, NGOs, court, police as well as helplines.

Table 11: VAW & Justice: Providers

Service Type	Location and Service Provider Type			
	Dhaka	Chattogram	Sylhet	Nilphamari
Conflict resolution, legal aid	Community member, Panchayet Committee, Local community leaders, Commissioner, Local Police, Ward Councilor, Government Helpline	BRAC, Thana, Community Club, Government Helpline	Community members, Ward Councilor, Police, Court, Government Helpline	Community leaders/elderly members, UGIIP-3 group community leaders, Ward Councilor, Local Police, Court

5.1.5.2 Governance issues

- Lack of Awareness Service:** Violence against women in both private and public spheres is a public health problem constrains their ability to participate in economic activities due to poor health outcomes. But due to women's fear of reporting and more importantly their lack of awareness regarding where to report and how to seek help in such cases have negative bearing on women's protection from any kind of gender based violence as reported by participants in the consultation across 4 locations. In Dhaka, Nari Pragati Shangstha works in Rayerbazar slum to raise awareness against violence against women since 2016. They hold meetings with community men and women and share knowledge with them on how to deal with VAW cases. It improved the situation for the women in the slums. They can also call them who come to help at house. They even help to stop child marriage. In Chattogram, BRAC holds meetings with poor women in regular intervals to raise awareness on child marriage, domestic violence. If neighbors know any severe case of domestic violence they can reach out to the BRAC authorities to get justice for the victim. According to the respondents they use a toll free number 109 to report any case of domestic violence. Banners have been hoisted in various places of their communities to raise awareness on the helpline number.

Community Leaders as Intermediaries: Success Stories

Women lack the courage to file complaints against violent partners; Women do not know exactly where they should seek help in case of partner violence or any kind of violence. Female community leaders, who are well informed about the legal procedure, are invaluable resources for women in the community for getting proper justice. They are able to share information on helplines, complaint procedures and also act as a liaison with police/NGO representatives. Representatives from Baganbari and Lakshmi Bazar were successfully able to get justice through the formal process.

From Match colony, Rokeya apa talked about BRAC's short code 109/199 for reporting violence against women. She received assistance from BRAC to find her neighbor's daughter who went missing. BRAC's affiliated call centre connected her to legal aid services. In Baganbari, the community leader was able to get justice for a victim of domestic violence.

They had awareness of the evidence that was required (health certificate, photos of injuries), as well as knowledge of where the complaint should be filed (local police station). In one case, the perpetrator (husband) was put in jail for 6 months and in another case the perpetrator (policeman) was transferred to a location outside of Dhaka. Both these representatives play roles of community leaders and are involved in local politics.

In Sylhet the participants shared that during cases of severe violence they first try to resolve the problem within the community. If the conflict is still not resolved then some of them go to the police and the court. However, some of them complained that they do not get justice by going to the police. Majority of the women know about helpline numbers 999 and 109. But these are not their first option for seeking help. There is also an eleven-member Safe Committee, which was recently set up by UNDP where victims of violence in SCC can go for help. There are 5 members from Community Development Committees (CDCs), 2 local influential men and four others. Some of the participants were aware of this safe committee. But participants also expressed their concern over the lack of no initiative to address the social norms regarding the mobility of women. The women are fearful of eve-teasing and harassment during the evening when most women come back home from work. Neighbors and even young boys in the community look down upon working women of the urban poor settlements and pass derogatory comments. Some of the neighbors talk behind the back of the women who work with NGOs for the development of their own communities. They also mentioned about the harassment when they use public transportation and opined that separate transport system exclusively for women have the potential to solve this problem. Other programs provided by UNICEF exist such as Child helpline or awareness building sessions, emergency simulation services etc. however none of the participants mentioned these.

- **Corrupt Practices and Nepotism Driven System of Justice:** The participants in Dhaka shared that in many cases, VAW complaints are first taken to local influential leaders or Panchayet Committees. Women in Dhaka consultation mentioned that the locally powerful people are the main perpetrators of injustice; they can even manipulate the law to exploit the poor people. Community people do not have the courage to stand up against them. NGOs also do not interfere because they are scared of the local leaders. In Tinshed Colony, the local elites are biased, and they do not give fair justice to the victims; they do not get justice from the police as well. Especially if the perpetrator has political affiliation the victims

do not do anything about it. Similarly, the participants in Sylhet mentioned that in case of marital conflict and domestic violence, the slum dwellers seek justice from the councilor. However, the councilor does not always give fair judgments. The process of seeking justice is unnecessarily lengthy and sometimes they are harassed during the process. Councilor gives judgments in favor of those who are well connected to him. Many women do not get justice because of this. Participants in Chattogram consultation spoke of a club named 'Bandhan' club where they report any sort of violence perpetrated towards women. This club is run by Jamindar's son and the participants think that anyone who has money can buy justice from the club. They sometimes go to Panchlaish thana too for reporting crime. In Nilphamari, the participants voiced their reluctance to go to police or court as these institutions are not poor friendly and they harass the poor slum dwellers instead of giving them due justice. However, the participants in Nilphamari consultation stated that they prefer to resolve any cases of violence against women and conflict through councilors, community trials by local elderly people as they are free of cost.

- **Lack of Violence Related Healthcare:** Victims of violence do not usually go to hospitals for first aid or treatment in case of serious injuries. In case of partner violence, husbands usually bring medicines and discourage wives to go to hospitals; many women are threatened by their in-laws; those who go to hospitals hardly reveal the real reason of cuts and injuries to the doctors.

5.1.5.3 Beneficiary recommendations

- Streetlights
- Awareness of complaint process
- Awareness of helplines
- Healthcare for VAW victims
- Fair treatment in councilor's office
- Poor friendly police office
- Separate transport system for women
- Initiatives to address the social norms regarding the mobility of women.

5.1.6 Economic Participation

Beneficiaries identified several needs pertaining to women's economic participation:

- **Need for small scale training programs:** There is a common need for training programs in the slums and low-income areas for women for skill development. Some NGOs are already providing such trainings to women in specific locations. For instance, BRAC gives IT skills and tailoring training where around 5-6 adolescent are chosen by the community representatives to receive the training in each community. Even if the training center is far from the settlement, there is demand for this service since the trainees are given jobs once they complete their training. Other areas of training for adolescents include parlour work, sewing, clinic work, mobile servicing etc. Training programs for women include driving,

parlor work, domestic work (for maids), clinic work, etc. In Saidabad, women have to take out some loans and then they are provided training under a UNDP project. In Lakshmi Bazar, interested women have to pay for receiving specialized training. In Baganbari, 17 out of the 26 women listed for garments factory work training received it. Some even got jobs in garments factory after they received the training, however, this program was not sustainable.

- **Preference for Home-Based Work:** Women are interested to learn skills similar to small and cottage industries that will allow them to earn money by working from home. They need more of such opportunities.
- **Cost and Other Problems of Transport:** Many poor women travel to work on foot which limits their income earning opportunities. Cost and other problems related to public transport is a big barrier in their economic lives.
- **Garments Industry Exploitation:** The participants in Dhaka consultation informed that it has become common for one person to operate three machines after the increment in the garment's industry pay scale so that the garments owners can employ less number of workers. This severe workload and pressure are now a deterrent for women to work in the garments industry.
- **Limited Work Opportunities for Poor Women:** The urban poor women, especially who are living outside Dhaka, need more diverse work opportunities. Work opportunities for women in Sylhet and Chattogram are very limited. There are very few garments factories in Sylhet city. They mainly work as housemaid, tailoring, cleaner, salesman, etc. Poor women do not want to become day laborers or housemaids, but they have no other option. They are not educated and therefore they cannot access better work opportunities. At the same time, they face many barriers to join informal occupations that require some education. On the other hand, the poor women who are somewhat educated do not want to become housemaid or day laborers because it is shameful. In Chattogram, the women want to work as cleaners or caretakers in school, college, office etc. as these jobs offer comparatively better pay. But the respondents said that the amount of bribe is Tk. 2-3 lakh to secure a job in government schools, colleges or offices.
- **Limited Work Opportunities for Elder Women:** Elderly women have even more limited scopes of working. Garments factories do not employ women aged above 40 as they do not look good in uniform factories. Women in their 40s or 50s who have worked in garments are also sacked as their body doesn't allow them to lift heavy things.
- **Access to Services During Work Hours:** Women in the SCC started to join the workforce mainly over the last 10 years. Most of the poor women work as housemaids. They cannot avail many services during the day especially healthcare services.
- **Lack of Recognition of Women in Community Development:** Many poor women in the slums work for community development on a voluntary basis under different NGOs. They want separate identity cards and honorarium for their work so that their contribution is recognized in the community. This will encourage more women to engage in community development activities.

5.1.7 Financial Services

Although beneficiary input on this topic was limited, the issues that were highlighted in the consultations are as follows:

- **Problematic Mechanism of Loans:** Most of the slum dwellers are dependent on NGOs and local influential for loans with high interest. In all the cities, the participants complained about the high interest rates of the loans. In extreme cases, people have committed suicide or escaped to village after becoming defaulters. Moreover, the guarantors have to pay for the defaulters. There are a limited number of loan schemes for specific target groups such as poor students. In Baganbari, Bangladesh Red Cross used to provide educational loans of Tk. 5000. These loans could be repaid in installments and the fund created by recovering loans served as a community development fund. However, the program was discontinued after Red Cross stopped working in Baganbari. According to the respondents, NGOs are more likely to give out loans to those who want to start small businesses. So they have to pretend to start a business to take loans out from NGO samitis.
- **Exploitation by Informal Money Lenders:** Local influential people utilize the system of informal loans to exploit the people. In Chattogram, they have to pay Tk. 500 as interest per Tk.20,000 loan from NGOs whereas the same amount per Tk. 5,000 loan from informal money lenders.
- **Limited Loan Services:** Some loans were provided by NGOs to poor women in Sylhet to buy sewing machines or to start clothing business, but these loans are not given out anymore. Maternal, Neonatal and Child Health (MNCH) program of BRAC provides some loans to buy medicines and access primary healthcare.

5.1.8 Education

Participants highlighted a number of governance challenges on this critical need:

- **High Costs of Education:** In Chattogram, the participants informed that schools, public or private, usually charge a range of fees from the students which include- Admission fee (Tk. 300). Exam fee (Tk. 50-300), Result Card fee (Tk. 20), Syllabus fee (Tk. 20), Annual fee (Tk.200). Families are required to provide children with school dress, stationeries etc. which adds up to the cost. In Sylhet, BRAC provides primary education for children from poor households. Education was provided for free but since 2017 the students have to pay Tk. 200 per month, which is a burden for poor households. BRAC schools do not provide stipend but provide books and stationaries till Class V. In Nilphamari, BRAC schools have not imposed any fee in their schools yet. Children who want to pursue secondary education have to go to divisional high schools. After primary school, most of the children from poor households drop out of schools as their parents cannot afford the costs of secondary education in high schools. Children also go to government primary schools and the monthly fee in these schools is Tk. 300. Primary schools do not want to enroll more than 120 students per session. The rest of the children from poor households have no option but private primary schools which are beyond their affordability.

- **Lack of Awareness Among Students and Parents:** Urban Slum Ananda School provides primary education to 120 students in each Ananda school. This project started in 2017 in the Sylhet City Corporation (SCC) for drop-out students mainly. There are three teachers in each school. They have 28 schools in SCC which operate in 2 shifts. They provide books, stationaries, school uniform etc. for students for free. They also refer students with good academic records to government high schools. Students get Tk. 1800 as stipend every 6 months. However, absenteeism in Urban Slum Ananda School is very high. Many parents even engage their children in income generating activities and only send their children to school to receive the stipend. Teachers make home visits to convince the children to come to school. But due to lack of awareness and supervision of parents children do not come to school regularly.
- **Insufficient Night Schools:** There is only one nighttime high school run by the City Corporation in Sylhet. Many students who pass their SSC exams from this school enroll in Open University.
- **Problematic System of Stipend Programs:** Targeting of the educational stipend program is problematic as all these programs repeatedly reach out to the extreme poor households without factoring in the reluctance of children of these families to study. Children from moderately poor or lower income families who are more eager to study are usually left out in these programs. Under the LIUPC project of UNDP in Sylhet, students from Class I to X received educational stipend of Tk. 9000 in two installments till 2018. From 2019, this stipend is only provided to female students of Class VII to X. This has led to male students dropping out of high schools. In Chittagong, the participants stated that government schools provide a quarterly stipend of Tk. 300 to meritorious students. The stipend is disbursed through mobile banking. However, the respondents claimed that meritorious students who fail to pay monthly school fee are not given the stipend by the school authorities.
- **Coaching System and Exploitation:** Mandatory coaching has become the norm for both government and private schools. Participants in Dhaka Consultation felt that NGOS can play a role here to reduce coaching fee. Coaching centers are run by schoolteachers after school hours. Coaching is made mandatory from school authority otherwise marks are deducted. In some cases, coaching fees are taken from parents whether or not their child wants to do coaching classes. One school in Dhaka takes Taka 500 for 1 hour of coaching. Tuition and coaching fees after class 8 are particularly very high. If they cannot pay fees, then they are not allowed to sit for the 'test' exam before board examination. No one from extreme poor families to the solvent ones is spared by the school authority. Coaching is often made mandatory before pre-test and test exams preceding the SSC exams. Tk. 4000-5000 is usually spent on coaching classes in Sylhet. For JSC exam candidates, school administration makes coaching mandatory and makes students pay Tk.500 per month for 3 months before the exam. Whether students attend the classes or not, they have to pay the total amount for 3-4 months at once. The students who do not pay the whole amount are not allowed to fill up the examination form. The school authorities do not spare even the students who belong to extreme poor families.

- **Administrative Exploitation:** There is abundance of schools in SCC and many of them put banners on streets saying that they provide free education and other facilities which tempt parents to send their children to those schools. But the reality is quite different. The school authorities take the full exam fee if any student doesn't perform well in the exams. Any student who fails in the pre-test or test examination has to pay the full amount to the school authorities for re-filling the form. There are further indirect charges as school authorities only allow school uniforms to be made from specific tailors, schoolbooks from specific libraries and so on. On the other, schools in Dhaka charge Tk. 5000-6000 per student to fill up SSC exam forms. Admission fee, test fee – these fees need to be reduced. One case where SSC exam form fee was Tk. 1,600 actually, but school took Tk. 8000. And school authority said if they inform the police then they won't be allowed to sit for the exams. If one student fails in the exam, then they have to repay for the whole year or pay Tk. 5000-10,000 additional for failing the tests. School authorities also keep students answer sheets from parents so there is no way for parents to verify the school's marking of their child's exams.
- **Lack of Access to Pre-Primary Schooling:** There are many kindergarten schools, but students are usually from comparatively well-off families. Poor families usually cannot send their children to these schools because of the high costs. However, coaching is made mandatory even by the teachers of the kindergarten schools; otherwise students are poorly marked in their assessments.

5.1.9 Water Supply

A number of governance issues related to water supply was identified by the participants:

- **No Piped Water Supply:** The participants in Sylhet informed that there is no pipeline supplied water in their communities in several wards including Ward No. 8, 12, 24, 25, 26 and 28 of Sylhet City Corporation. They depend on deep tube wells set up by NGOs, house owners or neighbors as well as the river. Per pitcher usually costs Tk.2. Respondents from ward no. 8 in Chattogram reported that they have water connection from WASA but the water is mostly unavailable. So their house owners have water pumps for supplying water to the tenants which is often reddish in color. The water bill is included in the house rent. The participants in Nilphamari depend on tube wells and it takes around Tk. 2000-3000 to set up the system.
- **Lack of Transparency Regarding Water Supply Providers:** The slum dwellers of Dhaka do not usually get personal bills from WASA. In most cases, bills are paid to community leaders or representatives who act as a liaison with WASA. In Korail for example, they cannot pay the bill to WASA directly. There are 80 lines with 80 different bills. Local powerful people control it and they charge double the actual bill. House owners or informal providers frequently cut service supply in order to extract money. WASA's bill is Tk. 250 but personal line cost Tk. 2000 for half an hour of water supply. In Sylhet, the scenario varies depending on whether low income communities are situated on private land or public. It should be noted that majority of the urban poor settlements of SCC are situated on private land. Houseowners typically set up water pumps. House owners include the water

bill with the house rent. The total water bill is divided among the tenants. The tenants in some wards have to pay up to a monthly bill of Tk. 3000. In congested densely populated slums, deep tube wells have been set up in specific places by NGOs. For instance, in ward no. 8 there are 100 families and 3 tube wells have been set up by the government in specific houses. The owners of these houses hold the power to distribute water according to their will. They even charge Tk. 100-300 from other slum dwellers collecting water. They do not allow the slum dwellers to fill in more than 10 jars a day. They also have to stand in long queues for hours to collect water. In addition, participants mentioned that provision of new WASH services such as deep tube wells or water pumps are used as an excuse by houseowners to drive up the rent.

- **Duration and Quality of Water Supply:** Supply water coverage in SCC is not sufficient and only available for 1-2 hours. The supply water is dirty and smelly. Many dwellers in the poor settlements, especially the ones living near the River Surma depend on the river water for cooking, cleaning, bathing etc. The water is used by many for various purposes which make it unfit for drinking and cooking. Supplied water is dirty in some of the slums in Dhaka as well and in many cases, water supply is interrupted.

5.1.10 Utilities: Electricity and Gas

Participants identified a number of governance challenges out of their own experience of access to utilities:

- **Lack of Transparency and High Cost:** The house owners and local influential bring the electricity connection to the slums and control the entire system. The tenants usually have to pay bills for each point of connection such as each light, fan, TV and refrigerator to the electricity suppliers. For example, per light and fan can cost Tk. 350 and refrigerator Tk. 400. In most cases, meter readings are not showed to them. In Lakshmi Bazar, actual bill could be Tk.5000 but Tk.15,000 is collected as electricity bill and therefore, the meter owners make a profit of Tk.10,000 per month. As the meter owners invest their own money to bring electricity connections to the slum, they later seek to make profit from the electricity business. In Baganbari Slum in Dhaka, the meter owners have brought two main electricity lines spending Tk.4 lakh. The dwellers in poor settlements in Sylhet have been suffering due to anomalies in the electricity bill for the past 2 years. Tenants have to pay electricity bill themselves. The bill paper is sent to the tenants. The cost of electricity supply is around Tk. 2000-2500 for a big family and Tk. 500-600 for a small family. They have to pay for each unit such as Tk. 100 per month for using one fan. Often, the meters do not give correct reading.
- **Continuity of Electricity Supply:** Electricity supply is usually continuous with seasonal power shortages in Dhaka and Nilphamari. However, if they are unable to pay the bills on time or if there is any conflict with the suppliers, electricity connection is cut. Heavy load shedding is a major problem in Sylhet City.
- **Lack of Gas Supply:** There is no gas supply in many of the poor settlements of Sylhet for the last 5 years. The gas supply is unavailable during most part of the day. Many of them use cylinder gas, which is very expensive. In Nilphamari

consultation, all the participants stated that they need to use firewood to cook. The situation is similar in Dhaka and Chattogram as well. Participants in Nilphamari informed that about 45% households have to purchase firewood from local market. They have pay Tk. 220-230 for per mound firewood. One family approximate need 3-4 mound firewood per month. Others usually collect firewood and other materials from here and there to burn as fuel. A very few families can afford cylinder gas.

5.1.11 Community Facilities

Participants identified community facilities as an important urban service for themselves and their children. A number of governance challenges were identified:

- **Privatization of Public Spaces:** Increasingly, public spaces are being captured by members of the government for various construction projects. Spaces like parks, public libraries or community centres have been turned to markets, bus terminals, toll plazas or garages.
- **Little Access to Community Facilities:** In Pora Slum in Dhaka, there is a library and indoor playroom, but powerful people do not even open the gates for them. DSK gave the responsibility to local powerful people but they keep it locked. Girls cannot go in there. Children have to play on the road and have to go a long way to play football in a field near Lakhshmi Bazar in Dhaka. Local politicians closed down open spaces and community centres. No one can use it anymore.
- **Lack of Open Spaces and Playground for Girls:** In Sylhet City, there are very few playgrounds available for urban poor children and only boys go to these playground. Girls have no access to these. Most of the open spaces where children from urban poor settlements could play have been occupied to build buildings or colonies. There is also no space for young girls to sit in the open or for children to play. In Dhaka city, public spaces are increasingly being captured by members of the government for various construction projects. Spaces like parks, public libraries or community centres have been turned to markets, bus terminals, toll plazas or garages. Plan International had a sports or instruments room in Lakshmi Bazar in Dhaka but it is not functional anymore. In Chattogram City, children mainly play in the hills. In Nilphamari, after harvesting period of paddy in dry season children get the cope to play in paddy fields for short time. There is one playground and it is prohibited by municipality authority to drive any vehicle in big there but this rule is not followed.
- **Lack of Library and Community Centre:** Participants mentioned that there is no public library available for girls and women in Sylhet, Chattogram or Nilphamari cities. The high schools have libraries, which are only accessible to the student; most of who belong to well-off families. The availability of public libraries and community centers is very rare. A community centre is needed in these areas; they have to organize weddings or other programs on the streets for lack of it. Meeting of NGOs or any other gathering are sometimes held in the school premises.
- **Adolescent Clubs:** There are some adolescent clubs of NGOs in some of the urban poor settlements, which provide trainings on healthcare, birth registration, etc. and create awareness about child protection but these are not sufficient.

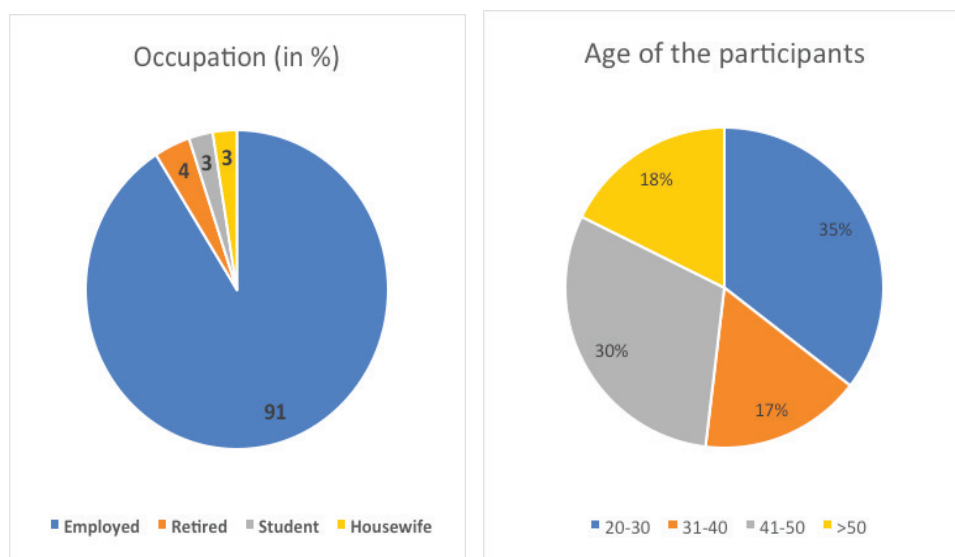
5.2 Beneficiary Perspectives: Middle Class Women

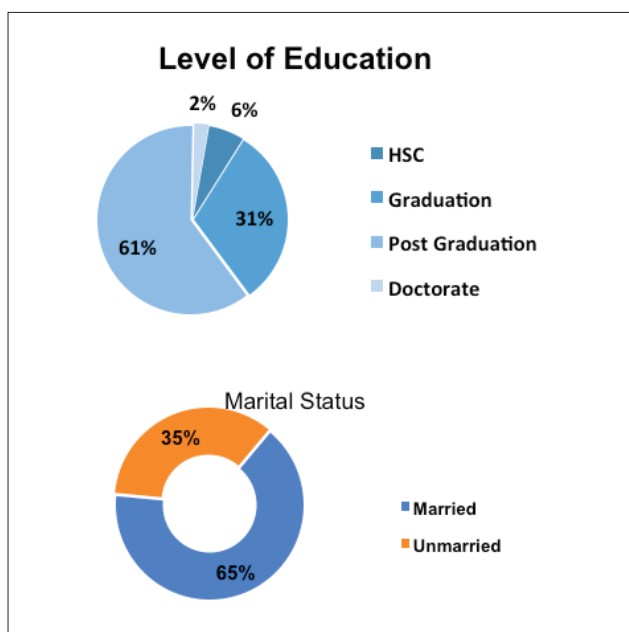
While the focus of this project has been the marginalized and vulnerable groups of urban women and children, this study recognizes that some issues are universal across classes. Issues such as violence against women, unequal work opportunities, safe transport, healthcare, and insufficient childcare services are relevant for poor women as well as non-poor women. To capture the voices of the non-poor, while centering the voices of the poor, PPRC conducted two consultations with Middle Class women. Detailed beneficiary insights are provided in the sections below.

5.2.1 Participant Profiles

A total of 80 middle class women representing a cross-section of occupations and social identities participated in the two separate consultation sessions in Dhaka and Chattogram. In order to identify participants for this set of consultations, PPRC used a combination of their social and economic profiles. For their social profile we prioritized specific occupation types and for their economic profile we prioritized a monthly income range between Tk. 25,000 to Tk. 75,0000. The occupation, age, marital status and educational profiles of the participants are described in Figure 6 below.

Figure 6: Profiles of Middle-Class Women Participants

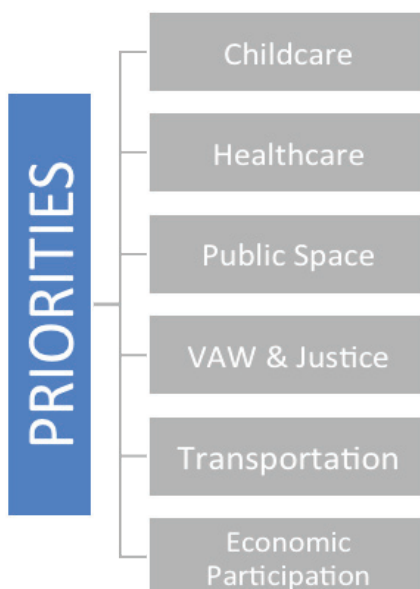




5.2.2 Which Urban Services are Prioritized by Middle Class Women?

The wide-ranging and in-depth discussions with the middle-class women highlighted six priority urban service needs (Figure 7).

Figure 7: Urban Service Needs Prioritized by Middle Class Women



The highlights of the discussion in terms of the rationale, ground realities, governance challenges and solution suggestions on each of the identified service areas are described in turn.

5.2.3 Women's Economic Participation

- **Daycare centres in the workplace:** As there is no equal division of labor between a husband and a wife, in most families, childcare and other family responsibilities are considered to be the primary duty of the woman. They are often put in a situation where they have to choose between their career and family. Many educated women in urban areas leave their jobs because they have nowhere to keep their children as there is no daycare facility in their workplace. Recent studies showed that urban female labor force has decreased after 2010 because of domestic responsibilities. Neither the family nor the workplace are supportive of the women to balance domestic responsibilities with work. Those who do not have close family members as babysitters, they constantly go through emotional struggle for leaving their child to a housemaid. Some expensive daycare services are available in Dhaka, but their quality is questionable and women do not feel safe to leave their children there. Therefore, working women need daycare centres in their workplaces both the private and public sector. Moreover, formulation and proper implementation of a government policy is essential to make daycare centers compulsory in the workplace. The government needs to provide different incentives to the private sector to have daycare centres in their offices.
- **Soft Skill Development and Vocational Training:** Lack of soft skills such as negotiation, driving, etc. were identified as major barriers for women's economic advancement. For certain jobs, for instance in the NGO sector, the employees are required to travel to remote rural locations. For such jobs, they need the skill of driving motorcycles, which most women do not have. However, even when the women know how to drive, they are often targeted for ridicule or unnecessary hassles on the streets. On the other hand, many women lack negotiation skills and on top of that, the common practice is to charge women more money. Therefore, they are always on the losing side of negotiation – in their profession as well as daily life. Women entrepreneurs especially face this problem on a regular basis when they have to negotiate for procurement. Male entrepreneurs have the advantage of socializing their clients who are also mostly men while smoking and other male-dominated social activities where women are often not welcome. In the professional world, it is expected from women to have the same soft skills of men. However, developing these skills is interconnected with the social practices and norms that shape the person from childhood, which are vastly different for men and women. Moreover, women always have the feeling in the back of their head if they can do a certain job even after being qualified, whereas their male counterparts are more confident that they can do it and apply for the job irrespective of their qualifications. Therefore, there is a need for trainings and programs on soft skill development and confidence building so that women can overcome the additional barriers in the job sector. They also need vocational trainings from school level to develop specific skills needed for certain sectors.
- **Recognition of Elderly Care and Daycare as a Profession:** The quality of the

caregivers is a major concern of the women. Palliative care for elderly people or childcare needs to be recognized as a profession. There needs to be proper training to have skilled care givers and proper incentives need to be given to attract more people in this profession. Caregiving sector itself has the scope of becoming an economic opportunity for many others. It also needs to be included in the education and training sector.

- **Improved Workplace Regulations:**

- **Monitoring of maternity leave:** A regulator body is necessary to monitor if women can take maternity leaves in all sectors. There are organizations where indirect policies are implemented against women to take maternity leave. For instance, a policy was initiated in IUB and East West University that no employee can take a long leave within 3 year of their joining, which included the maternity leave period for a women employee.

- **Flexible working hours:** This facility is available for women in many other countries and the same modality can be adopted here in Bangladesh so that women can carry out responsibilities both at work and home equally until social norms are changed regarding a husband and wife's duties at home.

- **Consideration of gaps in job experience:** Even if a candidate is an expert in her field, they cannot re-enter their job sector after a certain age. In the case of women, the gap in their job experience is often related to the birth of their child and family-related responsibilities. However, this women-specific situation is not considered as a valid reason for the gap in their experiences. Therefore, there should be situation-based provisions for women to re-enter the job sector.

- **Addressing gender-based salary dissemination:** Salary discrimination is an undocumented reality for female professionals in Bangladesh. Non-salary incentives such as opportunities to travel to another country, training, etc. are usually given to men, even in the civil service. In terms of salary raise, female employees have to hear, "Mohila extra taka diye ki korbe; husband o toh income kore (What will a woman do with the extra money; her husband also earns). In fact, many women themselves agree to work at lower scales because of societal pressures. There is enough evidence that the wage gap exists in the informal sector of Bangladesh, for instance the day labor sector. Similarly, wage gap analysis in the formal sector or high paying jobs need to be conducted to address the issue of salary discrimination against educated women.

- **Workplace counselor:** There is a need for workplace counsellors to deal with stress. Some women even face verbal abuse or harassment by their male colleagues and boss, for which they need a support system where they can talk and report any harassment that took place.

- **Better Access to Finances:** Women in different professions, especially female entrepreneurs, face additional barriers in comparison to men to have access to finances and funds. Moreover, many male family members get licenses under their wife or mother's name but in reality, the men conduct the business. On the other hand, collateral is needed to access loans from banks and women often do

not own enough property in the first place. In order to show collateral to start a business, they often have to take permission from other male family members who own property. Therefore, women-friendly finances are needed to encourage female entrepreneurs.

5.2.4 Women's Health

5.2.4.1 Sanitation and Menstrual Health

- **Women-Friendly Hygienic Toilets:** There are public toilets in markets and offices of cities but they are not women-friendly. Many women cannot use the female toilets out of shame as it is right beside the male toilets and they feel ashamed to walk past men using the open male toilets. There are even public female toilets where men take showers, for which women avoid the public toilets. If women do not get the proper environment to use it then they avoid using the public toilets as it does not feel safe. The public toilets for women need to be hygienic and there should a proper environment where women feel safe and comfortable to use the toilets. Maintenance of the public toilets is crucial to ensure cleanliness. Location of the female toilets is a major problem as mentioned before. Therefore, female public toilets need to be set up in a separate safe location away from the male toilets.
- **Basic Toilet Facilities in Institutional Spaces:** There is no proper toilet facility or no separate toilet for women in many workplaces, educational institutions, hospitals and bus terminals. In fact, there is no separate washroom for the female practitioners in the Supreme Court. Cleanliness and maintenance of hygiene are also major problems for the toilets in different institutions.
- **Subsidizing Raw Materials for Production of Pads:** The government needs to lower taxes and subsidize the raw materials needed for pad production to encourage more local production manufacture cheaper sanitary napkins.
- **Awareness Raising About Hygienic Behaviors and Menstrual Health:** Most of the school authorities do not provide assistance to their students regarding their menstrual health. Awareness about hygiene and menstrual health need to be created at various levels started from home. Schools and media need to raise awareness about menstrual and sanitation hygiene. More families need to be made aware of the hygienic practices related to sanitation and menstrual health to change their daily practices. In most of the schools in Chattogram, water is available in the public schools but there is no soap. The school authorities need to keep the toilets clean as it teaches the students from a young age how to use toilets and maintain hygiene. The schools need to properly teach the students how to use toilets and review their personal hygiene on a weekly basis.

5.2.4.2 Nutrition and health awareness

- **Raising Awareness About Nutrition of Working Women and Housewives:** Nutritious food intake of both working women and housewives is usually significantly less than other members of the family. The women usually look after

what everyone else eats but no one else looks after what she eats. Senior women do not prioritize or vocalize their healthcare needs. The lack of nutritious food intake causes calcium deficiency leading to weak bone, pregnancy and thyroid related problems among others. Women need nutritious food, exercise, enough sleep, mental health counselling, etc. during different hormonal stages but most women cannot pay enough attention to self-care.

- **Raising Awareness About Menopause:** Nearly one third of the women at any given time are going through menopause, which causes many mental health problems as well as physical problems. As their children, husband and other family members often have no awareness about it, they suffer from extreme loneliness. They suffer from the hidden pains even though they can have a better life through counselling, exercise, nutritious food, etc. It is necessary to identify how to address the specific hidden issues of this group of women and include them in the overall health agenda of the country.

5.2.4.3 Mental Health Services and Counseling for Victims of Violence

- **Counseling Services for Victims of Gender-Based Violence:** If a woman is harassed and go for treatment, the doctors ask unnecessary personal and embarrassing questions which humiliates the victims further. Therefore, they feel discouraged to see a nearby doctor when required. Rape cases are not filed because of harassment they face in private hospitals. In fact, even the police often do not cooperate with the victim to lodge complains. Therefore, counseling centers are needed where they can go and make complaints. In the centres, a professional specialist would handle the victim with proper counseling and can go for further action if necessary.
- **Raising Awareness About Mental Health:** There is extreme stigma related to mental health issues and limited services are available to address mental health problems. Some hospitals provide counselling and other mental health treatments in Dhaka but there is no such in Chattogram. The patients do not seek mental healthcare because of shame and name calling as pagol (crazy). If someone goes to a psychiatrist for any mental problem, then they are socially stigmatized this way.
- **Creating Awareness About Available Laws and Services:** Bangladesh National Women Lawyers' Association (BNWLA) submitted a draft law on sexual harassment at workplace in 2018 to impose a statutory obligation on all organizations to have sexual harassment Complaint Committees. They submitted a writ on the rule for sexual harassment against women at the workplace and there was a verdict that counseling will be mandatory in every school. They also gave specific definitions on sexual harassment. However, very few people know about this law. Participants stated that more programs are needed to raise awareness about the existing laws in Bangladesh against all types of violence.

5.2.5 Transportation Services

- **Increasing the Number of Public Transports:** Even though “Nine seat quota for females” in a bus is a rule, in reality the bus driver and helper let the men sit

there by charging more money. In some cases, they do not even let the female enter the bus if there is scarcity of seats. The reserved seats for the women in public buses are usually on top of the hot engines in the front of the bus. Women also feel extremely uncomfortable to sit in the front of the bus facing all the men in the bus because of male gaze. However, if they sit in the common seats, often situations are created where they are publicly humiliated or harassed for sitting in ‘male seats’. Even the bus helpers are reluctant to take women passengers and male passengers occupying female tell the helpers to not take women in the bus. Overall, women have to face all types of harassment in public buses because of lack of seats. Many problems regarding public transportation might be minimized if there are sufficient numbers of public buses on the street.

- **Female-Only Buses:** A number separate bus for women-only can be a temporary solution where the driver and helper would also be women. More women need to be trained to take this as a profession. More women need to be encouraged to enter these professions so that general people get used to seeing women as drivers. The government needs to take the initiatives in this regard.
- **Changing the Infrastructure of Public Buses for Women:** In many other countries the public buses have two doors but in Bangladesh, most buses have one door, which creates the scopes of harassment against women. Moreover, the deck of the bus is so high that it is very difficult for an elderly woman to get on the bus. The infrastructure of the public buses needs to be modified to make it women friendly. Disabled-friendly bus services are also required.
- **Awareness and Training Programs for the Police, Transport Workers and Bus Owners by City Corporations:** All the participants unanimously stated the public transportation in Chattogram city are not women-friendly at all. After 6 pm, when it is dark, women are scared to go out of the house on their own or get on CNG-run auto rickshaws or leguna. Women driving cars or bicycles are frowned upon by family members as well as harassed on the streets by men driving other vehicles. “Women need to stay inside the house, why should they go outside” –to change this kind of mindset of the male dominated society, to prevent harassments women on the road, more awareness programs and training are needed for police, transport workers and owners of the Transports with the initiatives of City Corporations.
- **Counseling of Bus Drivers and Helpers:** To build up a congenial atmosphere for women on the road, the mentality of transport workers should be changed to be more women friendly through counseling. For example, they need to be sensitive about pregnant women in the bus
- **Enforcement of the Laws to Stop Harassment Incidents:** Not only the bus drivers or helpers but the male passengers of the bus also harass female passengers. The male passengers also think that the more abuses will occur, the more women will stop coming outside. Incidents of harassment in the transport provided by the organizations where women work are also not uncommon. Strong rules need to be enacted against those offences and exemplary punishments are very much required to stop these kinds of offences. Moreover, a second number plate of the vehicle with a helpline number should be inside the bus so that women can

take actions immediately in times of harassment. The number 999 takes a long time to access. Only enforcing strict laws can control people's behavior and then eventually their mentality will change.

- **Road Safety Programs in Schools:** Awareness programs regarding road safety are required for school students. This program should be incorporated in the school curriculum.

5.2.6 VAW and Conflict Resolution

- **Awareness Programs for Women:** Programs on how to file a GD online or how to get access to the crime division after any incident of VAW need to be added at every level of education starting from school to university.
- **Services for Victims of VAW:** Like other developed countries, the GoB can offer online or face-to-face therapy services for the victims with the combined efforts of lawyers and doctors. Programs need to be designed for victims instead of blaming them, which might change their lives in a positive way.
- **Training Programs for the Police, Doctors and Other Professionals Dealing With Victims of VAW:** Specialized training on how to deal with VAW-related situations need to be provided to the police, doctors and other support professional such as how to behave with the victims and how to play a neutral role without passing comments.
- **Support for Victims of Cybercrime:** There are victim support centers and trauma centers for victims of violence. Likewise, there should be cybercrime support centers for victims of cybercrimes.
- **Awareness About Existing Services:** The Counter Terrorism Unit of GoB deals with victims of cybercrime but very few women are aware about this. They have a helpline, which need to be advertised more.
- **Digital Literacy Programs:** Currently social media dominates the online world but most of the people cannot even differentiate between real or fake news. Moreover, they become victims of cybercrimes for lack of awareness about how to ensure one's data is protected. Therefore, digital literacy programs need to be included among other awareness building programs of the government.
- **Awareness Programs and Counseling for Parents:** In our society, parents are always biased towards their boy child. An appropriate counseling system is needed to get rid of all these biasness against girl child. Moreover, the middle-class mentality of the parents is that they cannot accept their daughter's divorce, even if the reason was physical and mental abuse. As a result, many women do not get divorced and have no other option but to live an inhumane life. If their parents do not support them, then many of them are helpless in such situations. Therefore, awareness programs and counseling for parents regarding different aspects of discriminating against daughters need to be initiated.
- **Marriage Counseling:** Pre-marriage and couple counseling are required to assist couples deal with conflict. Most importantly, counseling needs to be affordable.

5.2.7 Other Public Services

- **Housing Facilities for Single Women:** Single woman living alone is still not accepted here by the society in Bangladesh. The single women face many problems when they try to rent a house alone. They have to give explanations to the landlord if they have any male guest. Special housing facilities such as women's hostels can be a solution for single women in the cities. Especially women who are divorced often do not get family support as mentioned before. They also need housing facilities that are supportive of their situation.
- **Enabling Access to Public Spaces:** There is little scope for recreation for women in the public spaces in the cities. In Chattogram, there is also no scope for women to go out of the house after dark or to play in open fields in the city. The parks and other public spaces need to be safe and women friendly. There is also a need for prayer rooms for women in the mosques.
- **Sports Facilities for Women:** The government and the school authorities need to take more initiatives to encourage girls to get involved in sports and provide the necessary facilities for them as it is crucial for their personal development.
- **Waiting Corner for Parents in Every School Premises:** To pick up and drop off their children, parents usually accompany their children to the school. Because of traffic jam, transportation, etc. some parents, mostly mothers, wait near the school premises for hours together to pick up their children. Schools do not have any waiting room for the parents, so they wait standing in front of the school or sit on the foot path out in the open. Therefore, there should be waiting corners for parents in the school.

5.3 Adolescent Perspectives

5.3.1 CRC30 Forum and PPRC Adolescent Consultation Summary

Besides the perspectives of poor and middle-class women, adolescent perspectives on their service needs and overall urban experiences have been tapped from three sources – CRC30 forum summaries and PPRC consultation with adolescents from 25 Dhaka low-income settlements. The United Nations General Assembly adopted the Convention on the Rights of the Child 25 Dhaka recognized the duty of states to protect the rights of children on November 20th, 1989. To celebrate the 30th anniversary of the Convention on the Rights of the Child, UNICEF Bangladesh, in partnership with the Bangladesh Debate Federation launched the CRC30 forums, a nationwide conversation on child rights. These conversations in the CRC30 forum were not restricted to urban services but touched on a range of issues children considered significant for their overall well-being.

On the other hand, PPRC consultations focused on school experiences for males and female adolescents from low-income settlements are varied. 'Good' school experiences occur when seniors are good, teachers are attentive and civil towards students and there are healthy extra-curricular opportunities. Many of the students from low-income settlements journey to school on foot. Facing eve-teasing on these journeys is a concern for many girl students. Another negative experience is having to participate in 'political' programs at the cost of study time.

Participants in the PPRC consultation also highlighted the major reasons for drop-out or not going to school which cuts short the aspirations the students may have nurtured. Common reasons are:

- Financial hardship
- Taking on family responsibilities
- Early marriage
- Bad peer influence
- Healthcare cost burdens of chronic disease of family members
- Death of parent
- Lack of awareness of parents

The opportunity cost of schooling for urban poor children is quite high. Drop-out is a constant reality at every class particularly during secondary education. Doing various odd jobs, tutoring or helping in family enterprise are the usual earning choices for the adolescents from poorer classes. Working in garment factories which may be in the neighborhood are also an option though participants suggested there may be frequent 'in-and-out' experiences due to a variety of factors.

5.3.1.1 Key Recommendation by Adolescents

The key recommendations suggested by the adolescent participants in both CRC30 Forum and PPRC consultations included:

- **Green health facilities**, including renewable energy technology installed in health centres for lighting, hot water, vaccine storage, medical equipment and digital connectivity.
- **Climate-sensitive education planning** to improve the climate after-effects of schools and their local communities.
- **Children awareness programs** to help children become more resilient by deepening their understanding of the impact of climate change and what to do in emergency situations.
- **'Safe schools'** concept to include climate-resilient water and sanitation facilities.
- **Psychosocial support** for children & young people affected by climate shocks.
- **Healthy school diets**
- **Parent counseling** to discourage excessive pressures on children and appreciate the need for a healthier study-life balance. Unhealthy hyper-competitive attitudes among guardians can create trauma among their children.
- Promote **Support group** concept for students and guardians to relieve excessive performance pressures and find practical solutions.
- Develop **Peer Support systems** to address cyber harassment on one hand and responsible online behavior on the other
- Restore **trust and accountability** in legal and law enforcement system.

- Strengthen **youth forums and platforms** in low income settlements to build awareness and community responses to injustice and violence against women.
- **Community facilities** are very important for healthy youth development particularly in urban centres. Such facilities are not only limited but those that exist are often used for commercial purposes or there are access barriers particularly for girls.
- **Hygienic and separate public toilets** for girls are a critical urban need.
- **Free after-school coaching/tutoring.** School lessons are not enough. Not enough time in school. In coaching they get multiple chances to understand lessons.
- **Replicate good NGO school** in all low-income settlements.
- Promote **Mentor Program** in schools whereby public or private institutions support selected students in their neighborhood schools.
- Promote **Career Planning** activities in schools to prepare students for their post-school work careers.
- Address **corrupt management practices** such as grading manipulation to force students to retake classes by paying more money to the school.

Participants also highlighted the major reasons for drop-out or not going to school which cuts short the aspirations the students may have nurtured. Common reasons are:

- Financial hardship
- Taking on family responsibilities
- Early marriage
- Bad peer influence
- Healthcare cost burdens of chronic disease of family members
- Death of parent
- Lack of awareness of parents.

5.3.2 Child Labour

The opportunity cost of schooling for urban poor children is quite high. Drop-out is a constant reality at every class particularly during secondary education. Doing various odd jobs, tutoring or helping in family enterprise are the usual earning choices for the adolescents from poorer classes. Working in garment factories, which may be in the neighborhood, are also an option though participants suggested there may be frequent ‘in-and-out’ experiences due to a variety of factories.

Some try to combine studying and working – ‘One respondent said that he goes to school at 7 AM and comes back at 1 PM. At 3 PM he goes to work at a grocery shop and works till 7-8 PM. He has been working for the last 2 years. He helps the shopkeeper and gets Tk. 2,500 monthly’. Working in garment factories which may be in the neighborhood are also an option.

5.3.2.1 Norm Development

Norm development is an important adolescent agenda. The PPRC consultation explored their own views on the matter by asking the participating adolescents to define characteristics of what in their own view is a ‘good boy/girl’ and a ‘bad boy/girl’. Adolescent perceptions on norms is captured through this exercise as described below (Table 12):

Table 12: Community perceptions on ‘norms’

Good Girl	Bad Girl
Goes to school Sincere and dedicated Polite and well-behaved Helps in family chores Helpful attitude Decent attire Not quarrelsome Listen to parent	Hang around streets till late Drug addiction Not polite or respectful Quarrelsome No participation in family chores Irregular in studies Do not listen to parents Indecent attire
Good Boy	Bad Boy
Well-behaved Goes to school No drug addiction Moves in good peer circles Help in family chores Listen to parents Helpful No eve-teasing	<ul style="list-style-type: none"> · Eve-teasing & violence against women · Do not listen to parents · Inattentive and rude in class · Drug addiction · Hang around streets till late · Involved in street fights · Not helpful to younger persons · Do not respect teachers

The participants had some additional insights on the issue of ‘norms’. While they agreed with some of the good boy/girl characteristics suggested by the elders of their community, they also disagreed on some. For example, obedience to parents is a virtue but not if it is a matter of early marriage. In such cases, girls have to fight back and protest against their parent’s decisions. Elders do not like seeing phones in the hands of the young boys and girls. However, they could be using the phone for a good reason. The age of the phone user is of course an issue. If the user is too young, then they should not be using phones. Girls also cannot do all of the housework in addition to studying but then they are criticized for it and called ‘bad girls’, which they disagree with.

6 Unpacking Governance of Urban Services

6.1 Regulatory and Legal Environment

6.1.1 Child Protection and Welfare

Good governance is not only limited to the provisions of delivery of services at the desired level, it also adheres to the day to day protection of citizens including children under a comprehensive legal system and its proper application by the concerned state agencies. There is no single legislation or a comprehensive framework in the country for taking care and ensuring protection of children. Various laws and regulations have been enacted and formulated at different times by different state agencies to cover particular rights and

well-being of the children covering areas such as child labour, engagement in hazardous and risky occupations etc. Implementation responsibility lies with Bangladesh Police, Ministry of Women and Children, Ministry of Labour and Manpower, Ministry of Social Welfare, etc. There is no special legal provision for children in urban centres. While the City Corporations and Municipalities have responsibilities to ensure relevant services, such jurisdiction do not extend to taking action for breaches of law in terms of access to such services

The Constitution of Bangladesh in its Fundamental Principles of State Policy (Articles 15, 17, 18 and 19 in Part II) recognizes the responsibility of the State to ensure provision of basic necessities of life, including food, clothing, shelter, education, medical care and social security. These rights are supposed to be equally applicable for the protection of children. To this end, the Children Act, the Probation Act, the Child Marriage Restraint Act, Child Labour laws and policy, The Repression against Women and Children (Special Provision) Act, 1995 and other laws and policies for the empowerment and development of women and children have been formulated and adopted by state entities.

Bangladesh is one of the pioneer countries to enact laws for the protection of the children in 1974 long before CRC (1989). Bangladesh ratified and signed the CRC with reservation to two Articles, i.e., 21 and 14(1) pertaining to adoption. In 2013, a comprehensive new law – The Children Act of 2013 – was enacted replacing the Act of 1974 and incorporating many of the issues highlighted by CRC. The Act clearly delineates the scope of child's rights, childhood, guardianship, protection of child's property, provision of protection for children in civil and criminal proceedings, and legal custody. The Act also provides for separate juvenile courts and forbids the joint trial of an adult and a child offender even where the offence has been jointly committed.

Children Act, 2013

An important institutional development following the Children Act 2013 is the appointment of Probation Officer at district levels as a focal point under the Department of Social Welfare (DSW) for issues pertaining to protection of children. The Children Act 2013 also keeps following provisions for ensuring their protection:

- Establishment of National Child Welfare Board chaired by Minister of the Ministry of Social Welfare to supervise, coordinate, monitor and evaluate the nationwide child welfare activities.
- Establishment of Child Development Centres and other certified centres in the country based on gender disaggregation for accommodation, correction, and development of the children.
- Establishment of District Child Welfare Board in all Districts and Upazilas where local MP will act as Advisor.
- Establishment of Child Affairs Desk at the Ministry of Home Affairs in Dhaka.
- Appointment of one police officer designated as Child Affairs Police Officer in each police station. For the purposes of the Act and for the trial of any offence thereunder, a separate

- Establishment of Court in each district and in every Metropolitan area for the trial of any offence committed by a child. The sitting arrangement of the Children's Court may be in manner so that the child may sit nearer to the parents or legal guardian and to the Probation Officer. Keeping the child in safe custody during trial will be considered as the last resort by the court.
- Providing specific definitions of disadvantaged children. Fourteen definitions – child who has lost any or both of his /her parents, has no lawful guardian, has no shelter or live in a slum without any living means, engaged in begging, and victim of sexual harassment, etc. – are specified. .

Notwithstanding the progress made on the de jure front through the Children Act of 2013, de facto ground realities indicate significant progress is yet to be achieved on multiple areas. Three critical limitations include:

- Inadequate implementation of the law: Several years since the enactment of the 2013 Act, the full implementation of the law is yet to be observed. Committees provided for in the law to ensure its full implementation are yet to be activated and those set up sit only irregularly with poor monitoring record.
- Lack of coordination and mainstreaming: Three ministries - Ministry of Social Welfare and its agency the Department of Social Welfare, Ministry of Women and Children and Ministry of Home and Police department - have critical role to play in the implementation of the Children Act of 2013. In addition, there are the services to be delivered by the local government institutions (City Corporations and Municipalities) in urban areas. The tasks of coordination and mainstreaming of children's concern thus are essential. Institutional realities, however, indicate significant gaps in these areas.
- Absence of child-friendly environment for operation of child courts: The Child Court has been established by Ministry of Law, Justice and Parliamentary Affairs in almost all the district head-quarters but these courts are still in the premises of the district judge where cases of criminal and civil nature are conducted. This strongly militates against the goal of a child-friendly environment for the operation of the child courts whose essence demands the administration of such courts in a friendly manner without the interferences of police and handcuffed criminals.

Defining Childhood in Terms Age

An important issue pertaining to services for children and their legal protection is the legal definition of a child. Various laws provide differing definitions on this question of age to define a child. The Children Act of 2013 defines children as those under the age of 18. This goes with the standard definition provided by UN-CRC.

The Penal Code of 1860 (sections 82, 83 and 90) defines a child as those under the age of 12 for purposes of defining culpability of criminal offence. Thus, anyone under the age of 12 committing an offence will not be held legally liable as a child below that age is not mentally matured enough to understand what lawful act is. The same law also provides other age definitions of a child pertaining to kidnapping of a child from his/ her legal guardianship. For boy child, this age is defined as 14 and for girl child as 16. Separately, kidnapping or abduction of a child below the age of 10 is also an offence under section 364A.

The Bangladesh Labour Act, 2006 also provides age definition of a child pertaining to the issue of child labour. A person below the age of 14 is defined as a child while a person between the ages of 14 and 18 is defined as an adolescent.

Clearly legal definition of a child varies with regard to issues of provision of services, criminal liability and child labour. There may be historical rationales for how such differing definitions came to apply but a well thought-through resolution of such anomalies remains an important agenda.

Child Marriage

Child marriage remains a critical child protection agenda. Not only does prevalence of widespread child marriage militate against child interests, it leads to harmful outcomes such as high rates of adolescent pregnancy and school dropouts particularly at secondary education level. The legal environment in Bangladesh has not been oblivious to the issue. A Child Marriage Restraint Act was enacted as far back as 1929, later amended in 1984. This law prohibits marriage for males under the age of 21 and females under the age of 18 and provides for punishment for guardians in case of breach of the law. In 2017, the law was amended essentially diluting the stringent prohibition of marriage of girls under the age of 18 by the insertion of a new provision allowing marriage of girls under 18 ‘under special circumstances and with parental consent’. The pernicious consequence of this new legal enactment done against vociferous criticism from civil society has extended to weakening the Penal Code (1860) provision 375 defining offence of rape by husband against wife’s consent if she is under the age of 14. The 2017 Act has rendered need for such consent as legally irrelevant. Clearly, the Act of 2017 has created new complications regarding the important social problem of child marriage. While the Act of 2017 needs an urgent amendment to avoid the clash with the Penal Code (1860), the issue of child marriage also reflects deep-seated social prejudices and norms which needs to be addressed to robust awareness campaigns and social policies.

Child Labour

The Ministry of Labour and Employment has adopted a National Child Labour Elimination Policy (NCEP) in 2010. The policy called for establishing a Child Labour Unit under Ministry of Labour and Employment to coordinate various activities undertaken by different actors. However, much of the Policy remains of paper. The suggested Child Labour Unit was not however established. Instead the ministry organogram was partially revised to include a new section albeit with lesser scope titled ‘Women and Children’ section was established. To the limited extent it has been made functional, this section mainly addresses hazardous occupations and workplace safety issues. At a broader level, significant gaps continue to plague required coordination and mainstreaming with related ministries.

Meanwhile reality is male children aged 14 and above from low-income households in urban settings are working in small enterprises, in shops and restaurants, and in road-transport sector, while girl children are employed in domestic and garments enterprises. Many of these working children are not paid the minimum wage which is mandated by the Minimum Wage Ordinance of 1961.⁸

8 Rahman, Mohammad Mafizur & others (December 1999). "Child Labor in Bangladesh: A Critical Appraisal of Harkin's Bill and the MOU-Type Schooling Program". *Journal of Economic Issues*. Association for Evolutionary Economics. 33 (4): 985–1003.

6.1.2 Urban Local Governance

The Local Government (City Corporation) Act, 2009 and the Local Government (Municipality) Act, 2009 define the regulatory environment for provisions of urban services by urban local governments. Both the Acts have provisions for participatory planning covering women and children within the jurisdiction of the concerned local government institutions through relevant standing committees as below:

- Education, Health, Family Planning and Medical Aid
- Water and Sanitation
- Social Welfare and Community Centre
- Women and Children
- City/ Municipality Planning and Development
- City/ Municipality Infrastructure Construction and Maintenance
- Sports, Culture and Library
- Birth, Death and Marriage Registration and
- Environment and Disaster Management

There are scopes for representations of women in these committees. It is observed in Khulna City Corporation that there are Committees like Cluster Committee, Community Development Committee (CDC), and Committee for Community Action Plan in each Ward chaired by the concerned Ward Councilor and represented by the concerned Women Councilor and leaders (mostly women) from the slums and squatter areas of the city. Similarly, in Kushtia Municipality it is observed that committees like Poverty reduction and slum development, Women and child affairs are functioning. Slum dwellers' representatives are members of various committees such as Town Level Coordination Committee (TLCC), CDC and Ward Level Coordination Committee (WLCC)⁹.

In most cases the Councilors of the City/ Municipal Corporations are interested to work through the standing committees, but gaps remain in implementation of the recommendations of the committees by the executive bodies of the corporations.¹⁰ There is an absence of linkage between standing committees and executive functionaries¹¹ rendering the implementation of committee recommendations quite uncertain. A second limitation for action by local government bodies related to urban services is the new reality where many slums, in particular the land and shelters are under private ownership. The question of development works benefitting the urban poor residing in such privately owned slums has emerged as a thorny issue. Often it is observed¹² that once the slums are developed by infrastructure- link roads and drainage facilities, electricity and water supply are arranged and sanitation facilities are ensured, the rents are increased by the owners that drives the poor out of these slums.¹³ The 2009 Acts vests urban LGIs with the responsibility for primary healthcare but most urban LGIs lack facilities to provide health and family planning services except a few. Similar is the situation with regard to education services at primary and secondary levels.

9 PPRC and IPE-Global (2009): Institutional and Financial Capacity Assessment of 11 Cities under LIUPC Project NUPRP Project of National Urban Poverty Reduction Programme of Bangladesh supported by UNDP

10 ibid

11 PPRC and IPE-Global (2009): Institutional and Financial Capacity Assessment of Sylhet City Corporation under LIUPC Project NUPRP Project of National Urban Poverty Reduction Programme of Bangladesh supported by UNDP

12 See Sylhet Report.

13 See Sylhet Report.

LGIs provide an important space for women's political and social empowerment through the provision of reserved seats for women and such space have been effectively utilized for last two decades with limited successes. However, such progress have been more limited in the contexts of rural LGIs compared to urban LGIs due to the more complex and multi-agent power realities prevailing in urban settings as seen in Matrix 4.¹⁴

Matrix 4: Local Governance: A multi-agent reality

Agency types	Roles played
Government agencies	Infrastructure, Service-provision, Security and Monitoring
Local governments	Political representation, Justice, Protection, Service delivery, Catalyst for local economy promotion
NGOs	Service-delivery, Mobilisation of the poor and Advocacy
Community capacities/CBOs	Voluntarism, Dispute resolution, Power issues and Value creation
Political parties	Demand articulation, Protection, Social mobilization and Power issues
Private sector	Service-delivery and Economic growth
Support institutions	Capacity-building and Catalyst for local economic development
Think-tanks	Agenda formulation and Progress monitoring

The matrix shows that there many agencies and actors, government, local government, autonomous, NGOs and private sectors, play strategic roles in service delivery in cities and towns.

6.1.3 Women's Empowerment

A national policy guideline on development of women was first adopted in 1997. The commitment envisaged in the first women development policy was to eliminate discrimination against women and girls in all spheres of life promoting gender equality in the areas of education, training, health and nutrition, housing and shelter, administration and politics. The policy was further amended in 2004 and 2008 and took its current form in 2011.

It may be mentioned that Beijing Platform for Action was adopted in 1998. So, an Action Plan was undertaken to implement the Women development Policy 1997. Later the policy was amended in 2004 and 2008. Finally, the present form of policy, may be termed as a comprehensive gender sensitive and gender inclusive policy, the Women Development Policy was adopted in 2011.

The policy on paper espouses a comprehensive list of objectives aimed at removing discrimination against women, strengthen women's access to services and participatory processes and address issues of insecurity and violence against women. However, in the absence of specific legal or institutional instrumentalities, the pursuit of such objectives remains a fragmented process dependent of specific follow-up initiatives and advocacy pressures from social groups.

6.1.4 Urban Policies

National Urban Health Strategy (NUHS) 2014

Reflecting the duality of health jurisdiction between the Ministry of LGRD&C and MoHFW, the NUHS 2014 was formulated by the LGD. This policy document is an acknowledgment of rapid urban growth and proliferation of slums with unhygienic living conditions requiring specific focus on urban health issues. The document provides both a stock-taking of urban healthcare services and implementation challenges to address emerging urban health concerns.

While the issue has come under policy attention, jurisdictional tensions regarding urban health between LG and Health Ministries remain as serious bottlenecks against substantive progress on the matter. A particular challenge is the preponderance of private sector healthcare services in urban settings and the absence of meaningful oversights on such services.

Draft National Urban Sector Policy, 2011

Driven more by civil society actors engaged on a long drawn-out policy development process, a national urban sector policy document was officially taken up for approval in 2011. However, the draft failed to graduate to an approved policy status over the last decade but remains as a reference point for the urban sector discourse. Recent policy attention have touched on areas such as slum development, housing for the urban poor urban sanitation as well as a new focus on urban social protection in post-Covid19 context.

6.2 City governance – Functions, Processes and Accountabilities

At present Bangladesh has nearly 340 urban local governments – 328 municipalities (of three classes) and 11 city corporations. Given the respective Acts for these institutions, there are well-defined functions and responsibilities for the provision of different municipal services.

The Local Government (Municipalities) Act 2009 section 50 (1) enunciates four main responsibilities and 11 activities. These include water supply, water and sanitation, solid waste management, transport and traffic planning, development and maintenance of communications (roads, footpaths, terminals, etc.) and public spaces, and public health and environment.

Similarly, the Local Government (City Corporation) Act 2009 also details a number of functions to be undertaken by the city corporations. Mandatory functions include: preparation of city master plans; municipal infrastructure development; ensuring access to water supply; solid waste management; construction and management of public (kitchen) markets; issuance of trade licenses and licenses for non-motorized vehicles; disaster management; development control (on construction of buildings); birth and death registration; and disease control.

As such, the overarching function of an urban local government as per the current laws is to ensure that the urban population is provided with adequate access to basic urban services which, in turn, requires the construction and maintenance of adequate infrastructure and facilities.

However, for most municipalities and city corporations, the central government (GoB)

administratively controls (and at times interferes) most functions; several central public utility agencies [such as the WASAs (in Dhaka, Chattagram, Khulna and Rajshahi), Department of Public Health Engineering (DPHE), Local Government Engineering Department (LGED), Bangladesh Power Development Board, etc.] play an enormous role in the provision of different infrastructure and related services in urban areas. A major bottleneck in this context has been the lack of effective coordination in carrying out the various works undertaken by multiple agencies – in metropolitan Dhaka, there are over 40 agencies with their own different work programs but most are hardly carried out without overall coordination by the two city corporations.

Overall executive powers for carrying out the responsibilities and activities of a city corporation are vested with the corporation and executed through the mayor, councilors, and other executives/staff, as per the Local Government (City Corporation) Act 2009. The Act also provides for the constitution of 14 Standing Committees covering different subjects, including waste management; education, health, family planning, and health management system; water and power; social welfare and community center; city infrastructure construction and maintenance; etc.

A Chief Executive Officer is appointed by the Government of Bangladesh for each city corporation (and municipality) and representatives from a dozen and more government agencies may also be invited to attend the council meetings of a corporation. In this context, the Local Government Division of the Bangladesh Government plays an important role in the supervision and management of urban local governments -- starting with the promulgation of laws, rules and regulations; authority to inspect all registers, records and documents of a city corporation (as per sections 103 and 104 of the Act); sanction of any leave for the Mayor; and the suspension of a municipal or city corporation mayor and/or councilor.

As such, in the existing governance practice at the city/town levels, local governments are rarely a part of policy making process impacting the urban areas as the major economic policies are decided upon by the central government and its agencies. Coupled with the lack of adequate resources for municipal infrastructure and human resources, the ideal business model of an efficient autonomous urban local government -- capable of planning and dealing with its own financial resources for providing efficient and sustainable service delivery -- is still far from being achieved in Bangladesh. In effect, city corporations and municipalities are left mainly with the function of service provision.

Also, beyond the government system, there is a need to identify various service providers and different actors increasingly involved in the service delivery process. This is especially relevant as NGOs, CSOs, and elected local government officials (e.g., ward councilors) and political activists are now more involved as service providers as well as intermediaries in processes aimed at ensuring better services to the city dwellers through targeted programs and to pre-identified groups. In general, citizens have easy access to the ward councilors of most municipalities and city corporations, and these elected officials work as the link between the town dwellers and the mayor and municipal officials in influencing the service delivery system.

Various urban services delivered to the people can be broadly categorized into three groups:

- Infrastructure services are considered as a major function of a municipality or city corporation. The infrastructure services delivered include drainage and waste management, water supply, electricity, gas/fuel, and transportation. As mentioned, several of the services are provided not by the urban local government but central government agencies (especially, power and gas). In principle, these services are expected to be delivered equally regardless of area, class, and locality, and the municipal government would provide these services by imposing charges/rates as per the applicable rules and regulations. For most of urban Bangladesh, the urban infrastructure services are relatively limited, and the inadequacy is more prevalent in low-income areas. Thus, the urban poor households face more problems in accessing water supply, power, drainage and waste management and other services related to the urban infrastructures.
- Social services include basic education and health facilities as well as social protection activities. With the rapid urbanization and growth in urban population, there has been an increasing demand for social services and the needs are more acute in low-income areas. Several social service programs (e.g. the urban primary health care and the urban poverty reduction projects) have been implemented in the major cities and pre-selected towns.
- Regulatory services, such as the judiciary and police, in Bangladesh are not under the purview of the urban local governments but centrally controlled (for example, Metropolitan Police in the city corporation areas).

Most studies on the urban service delivery process in Bangladesh have focused mainly on the quality of such services and have generally analyzed urban governance more from a conventional public administration perspective, more in the context of implementation of policies, programs, and projects. By mostly looking at the service delivery systems hierarchically, most of the underlying ground-level reality facing citizens -- as to who gains access to urban services, which actors they need to interact to get access, and how such access is sustained is not brought within analytical purview.

Therefore, in order to comprehend the existing processes of urban services delivery and municipal governance especially as it relates to women and children, a holistic approach is more appropriate -- to analyze the current efficacy of municipal services and activities provided; and to identify potential areas for feasible reform.

6.3 Governance Diagnostics: Knowledge, Attitude, Practice

To supplement the desk review on urban governance, a KAP (knowledge, attitude, practice) survey of a cross-section of governance-relevant stakeholders was undertaken. A total of 110 respondents from Dhaka, Chattogram, Sylhet and Nilphamari were covered by the survey. Findings from the survey are presented below.

6.3.1 Participant Profiles

The profile of the 110 KAP respondents is described in Figures 8-10 covering the indicators of location, gender and institutional type.

37.3% of the respondents were from Dhaka, 22.7% from Chattogram and 20% each from Sylhet and Nilphamari (Figure 8).

Figure 8: Profile of KAP respondents: Location

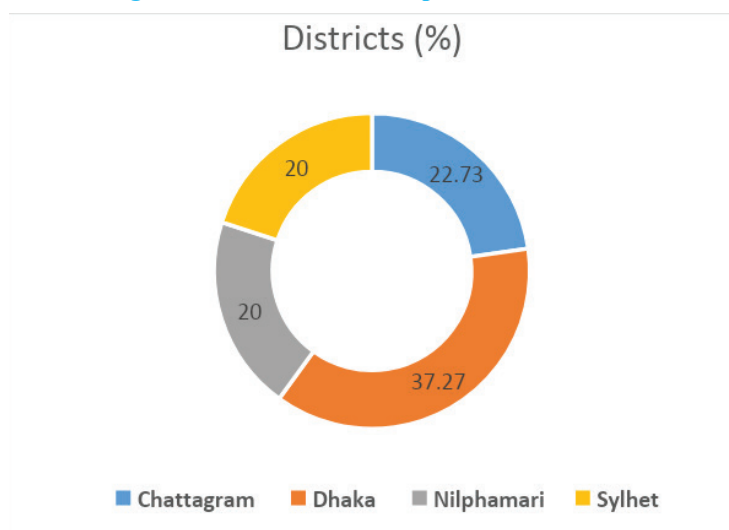


Figure 9 describes the gender profile of the KAP respondents. 72.7% were males and 27.3% female.

Figure 9: Profile of KAP respondents: Gender

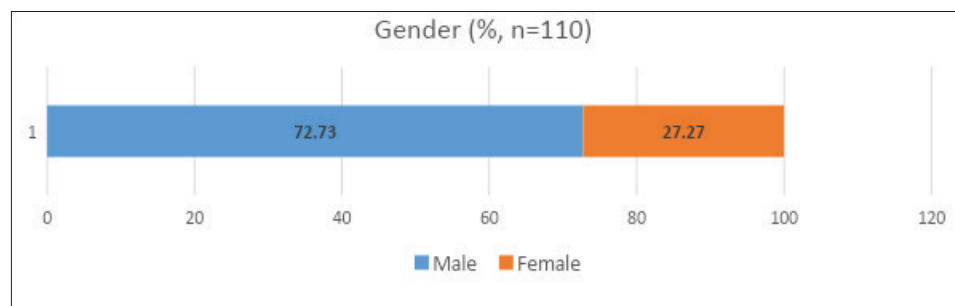
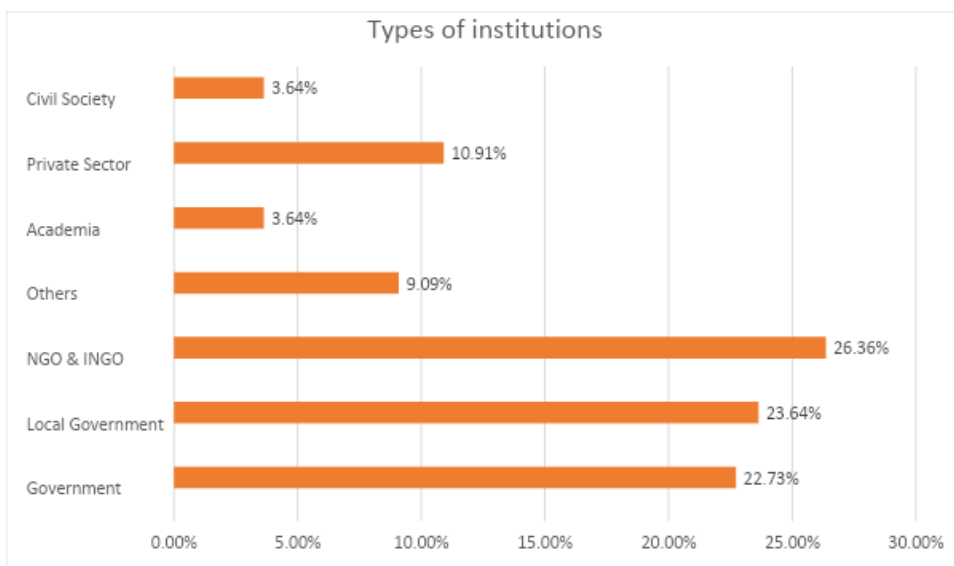


Figure 10 describes the typology of institutions from which the KAP respondents were selected. Priority in selecting KAP respondents was given to those sectors that have the most relevance to the issue of governance of urban services. Not surprisingly, the three dominant categories of respondents were from government - 22.7%, local government - 23.6%, and NGO/INGO - 26.4%. Respondents from three other institutional categories were also selected – private sector – 10.9%, academia – 3.6% and civil society – 3.6%. There was also a residual category of ‘others’ – 9.1%.

Figure 10: Profile of KAP Respondents: Institutional Type



6.3.2 Prioritizing Governance Issues

An important objective of the KAP survey was to understand similarities or differences in the list of governance issues seen as priority by different stakeholders. This allows us to go beyond only a ‘technical’ assessment of governance priorities, as is usually done through expert analysis and bring within consideration an ‘experiential’ assessment by stakeholders actively engaged in the governance process itself.

The first response sought from the participants in the KAP survey was on the generic issue of ‘what in their view were the priority governance issues’. Respondents were asked to identify the three most important urban governance issues in current Bangladesh from their own perspectives. The overall ranking and results is presented in Table 13.

Table 13: Prioritizing Urban Governance Issues

Rank	Issue	% of responses
1	Coordination	23.64%
2	Corruption	16.67%
3	Accountability	18.48%
4	Capacity Gap	9.09%
5	Political pressure	8.79%
6	Lack of resources	6.36%
7	Data Gap	6.06%
8	Lack of autonomy of ULG	6.06%
9	Lack of incentives	2.12%
10	Overlapping roles	1.52%

Taking answers from all the 110 respondents together, the top-ranked urban governance issue is ‘Coordination’ followed by ‘Corruption’ and ‘Accountability’. Seven other priorities of lesser ranking were also identified by the respondents as can be seen from Table 11.

6.3.3 Urban governance: Variation in Issue Prioritization

Disaggregating the responses, one can see whether there is any variation in the perceptions on the priority governance issues among the respondent categories (Table 14). Respondents from government institutions, urban local governments and NGOs all assess coordination as the top governance challenge while civil society and others see corruption as the top issue. However, for all categories, the top three governance issues are common – coordination, corruption and accountability except for local government respondents who assess capacity gap as a more serious issue compared to corruption. A similar picture prevails when respondents are grouped by location.

Table 14: Prioritizing Issues by Respondent Categories

Rank by Organization Type

	Government	Local Government	NGO	Others
Rank 1	Coordination	Coordination	Coordination	Corruption
Rank 2	Corruption	Accountability	Accountability	Accountability
Rank 3	Accountability	Capacity Gap	Corruption	Coordination

Rank by Location

	Chattogram	Dhaka	Nilphamari	Sylhet
Rank 1	Coordination/Corruption	Coordination	Accountability	Coordination
Rank 2	Accountability	Accountability	Coordination	Accountability
Rank 3	Political pressure	Corruption	Corruption	Corruption

6.3.4 Towards a Typology Urban Governance Challenges

The priority list of urban governance challenges thrown up by the KAP survey allow us to go a step further towards the formulation of an analytical typology of urban governance. The list of 10 governance priorities have been grouped into a four-fold analytical typology (Table 15):

- Institutional functionality
- Political governance
- Finance
- Data.

Table 15: Urban Governance Challenges: A Typology*

Typology of governance challenges	Issue	Composite rank
Institutional Functionality	Coordination	1
	Accountability	
	Capacity gap	
	Overlapping roles	
Political Governance	Corruption	2
	Political pressure	
	Lack of autonomy of ULG	
Finance	Lack of resources	3
	Lack of incentives	
Data	Data gap	4

*Typology developed by Hossain Zillur Rahman, 2020

On the composite rank, the top-ranked analytical category of urban governance challenge is *Institutional functionality*. This encompasses the issues of coordination, accountability, capacity gaps and overlapping roles.

Closely following is the analytically second-ranked challenge of ‘Political governance’ which encompasses the issues of corruption, political pressure and lack of autonomy of urban local governments.

Finance and *Data* make up the other two analytical categories that complete a holistic analytical model of urban governance.

6.3.5 Sectoral Urban Governance Challenges

While the analytical typology in Table 16 provides a macro understanding of governance challenges, the consultations with poor and middle-class women have also allowed a micro-understanding of governance challenges in urban service delivery (Table 16). The micro-governance challenges include monitoring, coordination, targeting, corruption, capacity gaps, ethics and compliance violation, accountability, political control, anti-poor mechanism and gender insensitivity.

Table 16: Urban Governance Challenges: The Sectoral Scenario

Sector	Governance challenges
Nutrition	<p><i>Capacity Gap:</i></p> <ul style="list-style-type: none"> • Discontinuation of or lack of vital nutrition related programs such as vitamin supplement provision, nutritious meal programs for mothers or children, as development projects shut down or expire. • Inadequate maternal nutrition education programs • Limited awareness and access to government benefit program

Sector	Governance challenges
EPI and Childcare	<p>Monitoring:</p> <ul style="list-style-type: none"> • Inconsistent pricing of vaccines across service providers • Additional and inconsistent cost of making health cards which in some cases do not cover the cost of basic medicines • Lack of quality and affordable daycare centers. Day care centers at workplaces like garments factories are non-functional and decorative to meet compliance requirements. <p>Coordination:</p> <ul style="list-style-type: none"> • Discontinuation of vital services as development projects shut down/ expire. • Limited accessibility as information on vaccination and other campaigns are also not well propagated to beneficiaries • Limited awareness and access to government benefit programs
Women's Healthcare	<p>Monitoring:</p> <ul style="list-style-type: none"> • Inconsistent pricing and high cost maternal healthcare services especially in case of institutional delivery • Maintenance of public toilet: Limited or no maintenance of the public toilets. Women do not feel safe and comfortable to use unhygienic and dirty toilets • Inadequate monitoring by the school authorities regarding the hygiene and safety issues in school toilets <p>Coordination:</p> <ul style="list-style-type: none"> • Discontinuation of vital services by service providers • Lack of awareness services on women's reproductive health due to associated social stigmas <p>Targeting:</p> <ul style="list-style-type: none"> • Inappropriate targeting of health card beneficiaries which often leaves out the extreme poor households
VAW & Justice	<p>Capacity Gap:</p> <ul style="list-style-type: none"> • Inadequate understanding, sensitivity on and cooperation of law enforcement agencies on cases of VAW • Information on reporting of VAW not well propagated among low income communities <p>Corruption:</p> <ul style="list-style-type: none"> • Manipulation of the justice system by politically powerful or local influential at various levels

Sector	Governance challenges
Economic Participation	<p><i>Ethics & Compliance Violation:</i></p> <ul style="list-style-type: none"> • Violation of worker's right and mistreatment of factory workers especially in the garments industry • No fixed honorarium for the women who work as community development workers • <i>Workplace harassment:</i> Insufficient implementation of the existing laws related to sexual harassment at workplace <p><i>Corruption:</i></p> <ul style="list-style-type: none"> • Well-established culture of bribe (up to Tk.2-3 lakhs) in exchange of office based work (cleaners or caregivers in schools ,colleges, and offices). <p><i>Capacity Gap:</i></p> <ul style="list-style-type: none"> • <i>Daycare centres:</i> Lack of government policies or incentives to make daycare centers compulsory in the workplace of both public and private sector • <i>Soft skill development:</i> Lack of trainings on soft skills such as negotiation skills, communication skills, driving, etc., which are major barriers for women's economic advancement <p><i>Monitoring:</i></p> <ul style="list-style-type: none"> • <i>Maternity benefits:</i> Complete lack of monitoring of the maternity benefits of the women such as maternity leave in both public and private sector <p><i>Accountability:</i></p> <ul style="list-style-type: none"> • <i>Salary discrimination:</i> Wage gap among the professionals is completely unaddressed unlike the informal sector
Financial services	<p><i>Anti-poor mechanism:</i></p> <ul style="list-style-type: none"> • Loan disbursement mechanism of NGOs and formal lenders are not poor friendly
Education	<p><i>Anti-poor mechanism:</i></p> <ul style="list-style-type: none"> • Multiple mandatory education related costs in addition to tuition fees • Problematic stipend disbursement system that often deprives the most needy students <p><i>Corruption:</i></p> <ul style="list-style-type: none"> • Imposition of private coaching on students in both private and public educational institutions
Water Supply	<p><i>Monitoring and corruption:</i></p> <ul style="list-style-type: none"> • No central monitoring of the price of water supply leading to lack of transparency and control over water supply by the providers in different locations • Poor quality of the supplied water <p><i>Lack of resources:</i></p> <ul style="list-style-type: none"> • Inadequate supplied water in the slums in other cities except Dhaka
Utilities –Electricity and Gas	<p><i>Monitoring and corruption:</i></p> <ul style="list-style-type: none"> • No central monitoring of the electricity supply in the slums and other low-income areas leading to complete lack of transparency and extremely high costs <p><i>Lack of resources:</i></p> <ul style="list-style-type: none"> • Limited coverage of gas supply in the slums and other low-income areas

Sector	Governance challenges
Community Facilities	<p>Political control:</p> <ul style="list-style-type: none"> Limited access to community facilities such as adolescent clubs, libraries, etc.; local influential even keep it locked Community facilities and public spaces used for purposes other than the needs of the community members
Transportation services	<p>Gender insensitivity</p> <ul style="list-style-type: none"> <i>Bus seats:</i> Complete lack of supervision of the “Nine seat quota for females” in public buses. Women have to face all types of harassment in public buses because of lack of seats. <i>Gender sensitivity trainings:</i> Lack of initiatives by the city corporations to provide gender sensitivity training and counseling for the police, transport workers and owners <i>Harassment incidents:</i> Inadequate implementation of the existing laws to strictly handle cases of harassment and violence on the road.
Urban Emergencies	<p>Climate change & Urban disasters</p> <ul style="list-style-type: none"> <i>Storms and Waterlogging:</i> Increased frequency of storms and excessive rainfall combined with poor drainage and risks of landslides constantly compromise the quality of the living environment of the urban poor who tend to be concentrated in environmentally vulnerable locations in urban centres. <i>Fires:</i> Recent times have seen increasing frequency of fire incidents in slums and hazardous locations with concentrations of urban poor households. The aftermath of such incidents greatly increases the misery of affected households requiring new strategies of redress. <p>Economic shocks</p> <ul style="list-style-type: none"> Dramatic upsets in national and global economic outlook such as in financial crisis of 2008 and now in the aftermath of Covid-19 throw significant numbers of urban poor into grave livelihood uncertainties. This has brought to the fore the policy urgency of extending safety net programs, traditionally focused on the rural poor, to the urban poor too.

7 Recommendations and Action Plans

Recommendations are analytically grouped in three broad clusters:

- Overcoming governance weaknesses
- Addressing service gaps
- Addressing emerging challenges.

7.1 Overcoming Governance Weaknesses

Table 17: Recommendations: Overcoming Governance Weaknesses

Time-frame	Action Plan
Short-term	<ul style="list-style-type: none"> Dissemination of health & justice service delivery information (schedules, locations, contact info, pricing) needs to be strengthened Standardizing admission fees, examination fees, etc. in public and private schools Operationalizing citizen charter to increase beneficiary demand and promote local government accountability Produce strong evidence on wage gap among professionals to inform policies
Medium-term	<ul style="list-style-type: none"> Monitoring of pricing of health services such as vaccinations and ANC delivery care in private, NGO and public hospitals Establishing a regulatory body to monitor gender-specific workplace regulations in both public and private sector including maternity leave, flexible work hours, wage gap, re-entering job sector after pregnancy, etc.
Long-term	<ul style="list-style-type: none"> Targeted budget allocation and services for women and children in projects to be monitored

7.2 Addressing Service Gaps

Table 18: Recommendations: Addressing Service Gaps

Time-frame	Action Plan
Short-term	<ul style="list-style-type: none"> Off-hour service availability for working parents Social campaigns against violence or social barriers for women to participate in the economy, especially in cities outside Dhaka Workplace counselors to support victims of workplace harassment Female-only buses in the cities Sports facilities for girls and women in schools and playgrounds Digital literacy programs to reduce cyber crimes Expanding women-friendly finances to encourage more female entrepreneurs
Medium-term	<ul style="list-style-type: none"> Community water supply, shared toilets and bathing facilities only for women and children in urban slums areas Gender-sensitivity training programs for the police, doctors, bus owners and other professionals, especially who deal with victims of VAW, by the city corporations Gender-sensitivity training and counseling for bus drivers, helpers and other transportation workers Comprehensive health screening or child growth monitoring program for children along with EPI programs Disability-enabled community infrastructure
Long-term	<ul style="list-style-type: none"> Targeted opportunities for women in the ICT or high-tech parks in the outskirts of the cities Establishing caregiving of children and elderly as a profession by proper recognition, incentives and trainings Income-earning opportunities for poor women living in cities outside Dhaka (such as Chattogram and Sylhet) Establishing a regulatory body to monitor administrative exploitation and coaching system in schools

7.3 Addressing Emerging Challenges

Table 19: Recommendations: Addressing Emerging Challenges

Timeframe	Action Plan
Short-term	<ul style="list-style-type: none"> • Women-friendly transportation schedules • Increased budgetary allocation to scale up skill-based training for women in specialized sectors such as tailoring, parlour, cleaning, etc. • Across-the-board opportunities for women in emerging ICT sector • Road safety programs in schools
Medium-term	<ul style="list-style-type: none"> • MRT should prioritize integration of women and children facilities • Incentivization of women's participation in STEM • New Meena campaign around 20-year-old Meena on themes including GBV, restricted participation in economic activities, SRHR, skill development, wage gap, respect at
Long-term	<ul style="list-style-type: none"> • Reimagine public space such as community centres, courtyards, mosques that provide daycare, EPI, growth monitoring services. It can also be a meeting space for specific demographic segments (adolescent, post-menopause, working mothers) and have computer labs, library, digital centre, etc.

Study 20 :
**Children on the Move: A Rapid Assessment of the
Current Situation and Policy Issues**

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1. Introduction

Globally, more than 30 million children were forcibly displaced by the end of 2019 -- the highest since the Second World War. Yet this figure does not include children who have been displaced by crises and issues such as natural disasters and poverty (UNICEF, 2020). Hence, the number of child displacements is likely to be much more than the cited figure. This phenomenon has both international and internal dimensions, i.e., internally displaced and asylum-seeking and/or refugee children. Bangladesh is currently experiencing children on the move due to internal developments within the country, as well as an influx of refugee children as the Rohingyas fled their own country in the aftermath of violence.

Millions of people in Bangladesh migrate internally every year. People move, including to urban centres, because of various factors: e.g., due to loss of village homes and livelihoods following natural disasters, often due to climate change, to seek jobs in the cities. The pace of urbanization has also been rising; this has caused growing disparities between rural and urban areas, attracting people to the latter and consequently increasing the urban slum and street population. But children's migration to the streets and slums has also been attributed to social reasons, such as violence towards children within the household. This suggests that economic poverty alone cannot explain why some children have abandoned their families, while others have not. As children leave home, they often look for economic opportunities; as such, poverty is often wrongly considered as the only reason for children's migration to the streets.

Although children's employment in the formal sector has reduced, their economic engagement in the informal sector is still prevalent. In urban and semi-urban centres, children are regularly engaged in hazardous and exploitative working conditions. For many, this is the usual route to learn skills and get into wage labour markets. Child marriage is another factor influencing child displacement, and being prevalent in Bangladesh, might be playing a significant role in displacing children. It is important to acknowledge that the children's migration process, particularly without the accompaniment of their parents or caretaker, could escalate the risk of exploitation. Trafficking is also another aspect of children on the move, which can be both domestic and international. This aspect is a dangerous one, as it involves children's engagement in social ills such as child labour and prostitution.

Displaced children are vulnerable to the deprivation of child rights, marked in the United Nations Convention on the Rights of the Child (UNCRC). In Bangladesh, initiatives, both governmental and non-governmental, generally do not address the issue of child displacement directly, but some do indirectly.

The rest of the report is organized as follows: Section 2 provides an analytical framework to facilitate the understanding of the causes and dynamics of children on the move; Section 3 provides evidences of the causes and dynamics of children on the move in Bangladesh; Section 4 provides an estimate for child displacements in Bangladesh for a few of the

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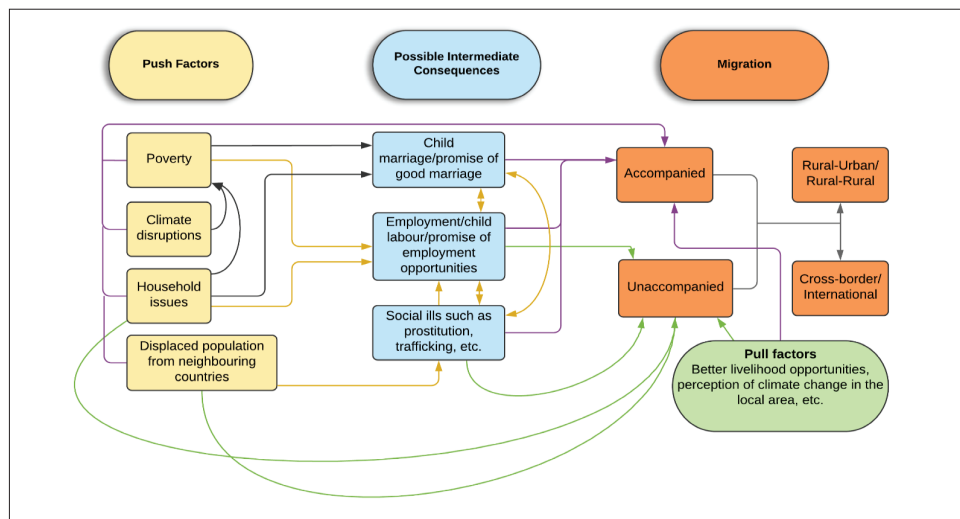
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causes; Section 5 provides a mapping of the initiatives by the government and non-governmental organizations regarding displaced children; and finally, Section 6 provides concluding remarks.

2. Analytical Framework for Children on the Move

Figure 1: Analytical Framework for Children on the Move



Source: Authors' illustration.

An analytical framework has been constructed to identify the root causes of children on the move phenomenon, and the pathways (dynamics) through which the migration occurs (Figure 1).¹ A multitude of causes can interact in triggering the children to move, and are often interlinked. The migration pathways may also include intermediate consequences, and these consequences are often interweaved. The migration of children might be accompanied or unaccompanied, and domestic or international. The migration pathways can be complex, and each of these might have variations because of the multiple possibilities at each stage of the pathways, and the interlinked nature of the causes and consequences. It is to be noted that child migration does not necessarily lead to the deprivation of child rights, and hence might or might not lead to both economic and social empowerment of children. Also, both accompanied and unaccompanied migration might be susceptible to vulnerabilities, and hence, one is not necessarily better than the other; however, unaccompanied migration is generally considered to involve more risks.

The causes can generally be divided into two categories -- 'push factors' and 'pull factors'. Poverty is often considered to be the biggest push factor, which forces people to seek better livelihood opportunities; in the process of seeking, they often migrate to different locations. It is generally the case that migration due to poverty occurs from rural to urban areas, as urban areas tend to provide better economic prospects. Even if an urban area does not provide such prospects, such a perception by rural people might drive them to those areas. When migration takes place, whole families might migrate, with children moving

with them. Rural-rural migration can occur in cases of poverty also. People might find relatively better opportunities in another rural area and shift their families there. This type of migration can also occur when people in poverty-stricken rural areas find it unfeasible to shift to urban areas due to various economic and social constraints.

The inter-linkage between the causes is quite apparent in the case of the poverty-climate nexus. Other causes, such as a range of household issues, seem to also be interweaved with poverty. Climate adversities such as cyclones, floods, rise in salinity, and soil erosion can cause people to lose their homes, families, and livelihood support, and also cause poverty. This ultimately leads to the displacement of the affected people, directly and indirectly (through poverty), to both rural and urban areas. Household issues such as divorce or separation, and/or the household head suffering from disabilities, might also push households into poverty. Divorce or separation of parents might lead to situations where the former breadwinner does not consequently provide for the family. Often is the case that the breadwinner is the husband, and after the divorce the divorced wife is left alone to take care of their offspring. Such cases push mothers and children towards poverty. Divorce or separation could also lead to the degradation of social aspects of the children. However, divorce or separation itself can displace children without causing poverty as the parent, with whom the children live, might migrate to another place. Similar situations might also be faced by orphans, where the loss of one or both parents might lead to the migration of children. Household heads who are afflicted with disabilities might not have enough employment opportunities to provide for their families. This could lead to their families suffering from poverty. Furthermore, the household heads might migrate to find better livelihood opportunities and their families, including children, migrate with them, causing child displacement. The disability of children might also lead to their displacement. Families with such children may migrate to a place where their children are less likely to face social stigma. Violence against children is another household issue that could also cause child displacement. For instance, children might run away with or without family members to escape other abusive family members. Other issues such as conflict, e.g., land grabbing, might also displace people.

The converse situation of poverty might also beget migration scenarios. People who experience a rise in purchasing power, especially in the rural areas, might want to have access to better education and health-care services, particularly for their children. So they migrate with their children to areas, usually urban, where these services are available. Other factors like the perception of climate change in local areas, like coastal regions, might influence them into migrating to less climate-vulnerable areas. Issues like these are pull factors that may cause child migration.

The other dimension in the pathways of child migration is the existence of possible intermediate consequences, derived from the causes themselves. Such outcomes often result in the unaccompanied migration of children. One of these consequences could be child marriage. Poverty is considered as one of the main causes of child marriage. Due to poverty, families marry off their children, usually daughters, to relieve themselves from financial responsibilities. The culture is that the wife leaves their home to live with her husband, and the result is the migration of married children. Children in poverty-stricken families might be engaged in work due to lack of livelihood support, and it is often the case

that the place of work is far from a child's home. These children often travel to developed urban cities and when they migrate, they are often unaccompanied. When children are alone, especially when migrating to a different place, they might face social ills such as violence, trafficking, and prostitution. Child marriage and child labour might also occur due to promises of a good marriage and employment opportunities, respectively. This, then, might lead to the children being engaged in prostitution and child labour. They may also be trafficked to domestic or international destinations for such purposes. Down the road, they might be married off again. Child marriage, child labour, and prostitution and trafficking might feed off from one another, creating a vicious cycle for displaced children.

As a result of urban migration and children not finding suitable residence, they might find themselves in urban streets and slums. This shift to urban areas might affect their status in a range of ways: from social and economic empowerment to severe deprivation of rights. For instance, an orphan might come to a city and find decent work, and also find caring people at a slum to live with. The converse might also occur: the child might not find employment and end up living on the streets with gangs involved in crime and drug abuse. Similarly, a child leaving her home to work as a housemaid might find education opportunities and health-care services that she did not have before, and caring employers at her workplace. Again, the converse might be a situation where she is deprived of such benefits, and faces violence in her workplace.

The discussion so far has considered the domestic aspect of children on the move, but in many cases, the international aspect might dominate its internal counterpart. Due to civil war, human rights violation, etc., people could be displaced to neighbouring, or even far away, countries. It is often observed that a major percentage of the internationally displaced are women and children. In the process of migration, they might get trafficked and enter the vicious cycle of intermediate consequences discussed above.

The analytical framework provides a structure to guide the understanding of children on the move. Hence, for this study, it defines children on the move.

3. Causes and Dynamics of Children on the Move in Bangladesh

There is no comprehensive database on the causes and dynamics of displacement, let alone child displacement. Information on these aspects is found in separate studies, news articles, field reports, etc., for specific issues and/or areas of the country. This section will present these and analyse data from various sources to illustrate the causes and pathways of migration.

Climate Disruptions

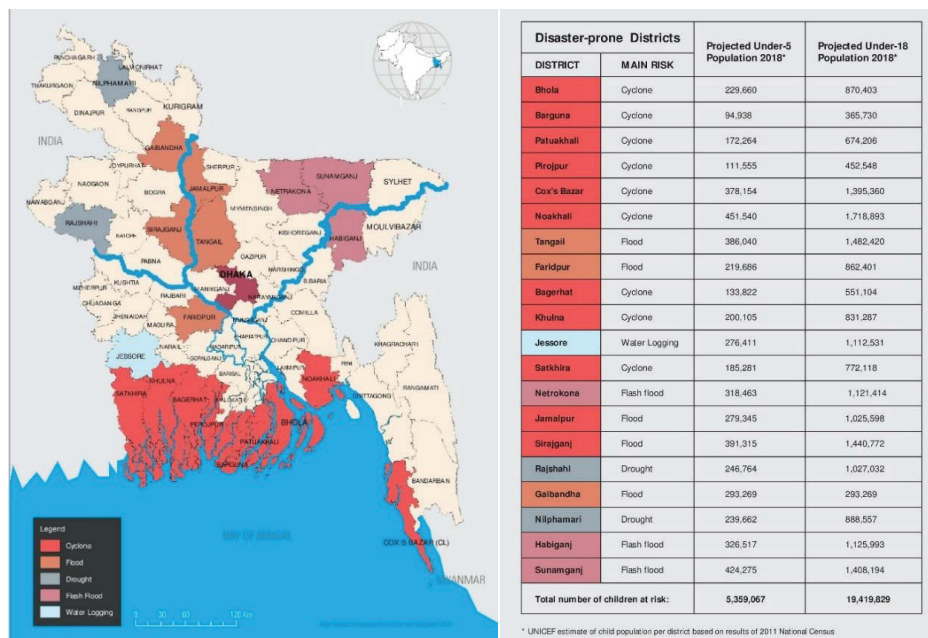
Bangladesh has had more than its fair share of climate disruptions such as river erosion, floods, cyclones, and saltwater intrusion, all of which could play a role in displacing its people. The lack of stout housing and communication infrastructure, and the country's vast agriculture employment, exposes Bangladesh to climate-related internal displacements. UNICEF -- using the information gathered from interviews with families, community leaders, and officials -- states that a combination of extreme weather events, such as flooding, storm surges, cyclones and droughts, and longer-term phenomena directly related

to climate change (such as sea level rise and salt water intrusion), are worsening the poverty and displacement situation (UNICEF, 2019b). This severely disrupts children's access to education and health services, which deprive their rights. Bilak (2019) notes that due to various climate disruptions, displaced people seek sanctuary in urban slums, especially in Dhaka.

People living in coastal areas and on river embankments are the most vulnerable, as they face a host of different climate disasters. Furthermore, approximately 12 million people in the coastal areas of Bangladesh live in poverty (Dasgupta et al., 2014). Poor households tend to have more children, worsening the situation. A UNICEF study highlights that one-third of children live in the 20 most disaster-prone districts of Bangladesh (Figure 2) (UNICEF, 2019a). Twelve million and 4.5 million children live in riverine and flash-flood prone areas, and coastal areas at risk of cyclones respectively, including almost half a million Rohingya refugee children residing in dreadful conditions (UNICEF, 2019a). Furthermore, 3 million children live in inland areas where agriculture-based communities suffer from drought (UNICEF, 2019a).

Several studies have reported the effects of natural disasters. In the period 1990-2018, riverine floods and cyclones caused over 150,000 deaths, affected more than 150 million people, and caused over US\$12 billion worth of damages (Eskander & Steele, 2019). That would equate to approximately 60,000 child deaths, and affect about 60 million children.² The IDMC reports that there were 78,000 disaster-related internal displacements (around 31,000 child displacements) in Bangladesh in 2018 alone.³ A UNICEF report states that a one meter combined sea-level rise (SLR) and storm surge would result in a loss of more than 3.2 per cent of Bangladesh's land mass, and a two-meter combined SLR and storm surge would result in the loss of nearly 8 per cent of its land mass (UNICEF, 2019a). The report also states that this might lead to the internal migration of around 13.3 million people (approximately 5 million children).⁴ Davis et al. (2018) found that by 2050, 900,000 people (around 315,000 children) could be displaced as a result of direct inundation, and most of the displacement will occur locally within the southern half of the country.⁵

Figure 2: Twenty Most Disaster-Prone Districts in Bangladesh



Source: UNICEF, 'A Gathering Storm: Climate Change Clouds the Future of Children in Bangladesh', March 2019.

Cyclones

The Comprehensive Disaster Management Programme (CDMP II) (2014) reports that Cyclone Sidr displaced around 650,000 people and killed 3,447 in 2007. Two years after, in 2009, two cyclones - Aila and Bijli - hit the country. Bijli resulted in the displacement of more than 200,000 people, and Aila devastated the coastal area and affected about 4.82 million people. The International Organization for Migration (IOM) reported that 11,118 families in Dacope upazila, and 5,533 families in Koyra upazila (in the Khulna district), were displaced in November 2009 as a direct consequence of the cyclone. This would mean the displacement of about 67,500 people (approximately 27,000 children) (CDMP II, 2014).⁶ According to the assessment of the European Commission Humanitarian Aid Office (ECHO) partners, about 40,000 people were displaced from Koyra upazila (sub-district) alone (CDMP II, 2014).

Floods and land erosion

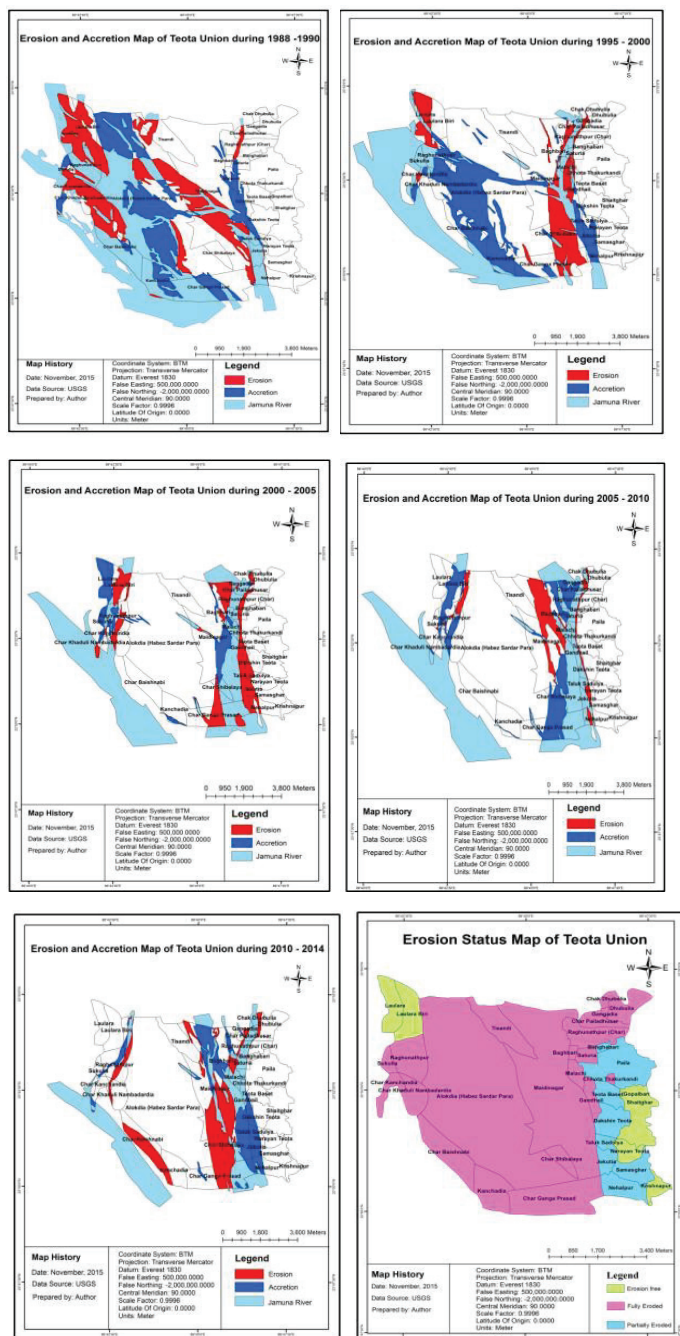
A major portion of Bangladesh lies in the Ganges-Brahmaputra-Meghna Delta (GBM Delta). The country has been experiencing erosion created by strong currents for decades. According to statistics provided by the UN, in the period 1973–2017, Bangladesh's three major rivers -- the Padma, Meghna, and Jamuna -- have eroded more than 1,600 km² of land, which is roughly five times the land mass of the country's capital. The Centre for Environmental and Geographic Information Services, a government think-tank, estimates that erosion could affect another 45 km² of land by the end of 2020, which would potentially displace more than 40,000 people (AZM Anas, 2019b).

The Sarker and Rahman (2018) study analysed the river bank erosion scenario of Teota Union, a riverine area, in Shibalaya Upazila of Manikganj District (located on the left bank of Jamuna River and the migration patterns). Teota Union is very vulnerable to river bank erosion due to char formation and shifting channels. The study analysed erosion and accretion between 1988 and 2014 from satellite images using GIS.

Figure 3 depicts the degree of eroded and accreted areas of the Teota Union from 1988 to 2014. It is observed that erosion (red area) and accretion (dark blue area) is a continuous process, and people living there tend to face multiple displacements due to erosion. The last map in Figure 3 clearly shows that most of Teota Union has suffered from erosion. The study found that almost 90 per cent of the people in the study area have been displaced from their place of original residence, and that many of these people were displaced multiple times, with farmers, fishermen, and day labourers being affected most. People tend to migrate to places that are near their original residences. Loss of livelihood opportunities and reduced access to health care and education services were also highlighted in the study.

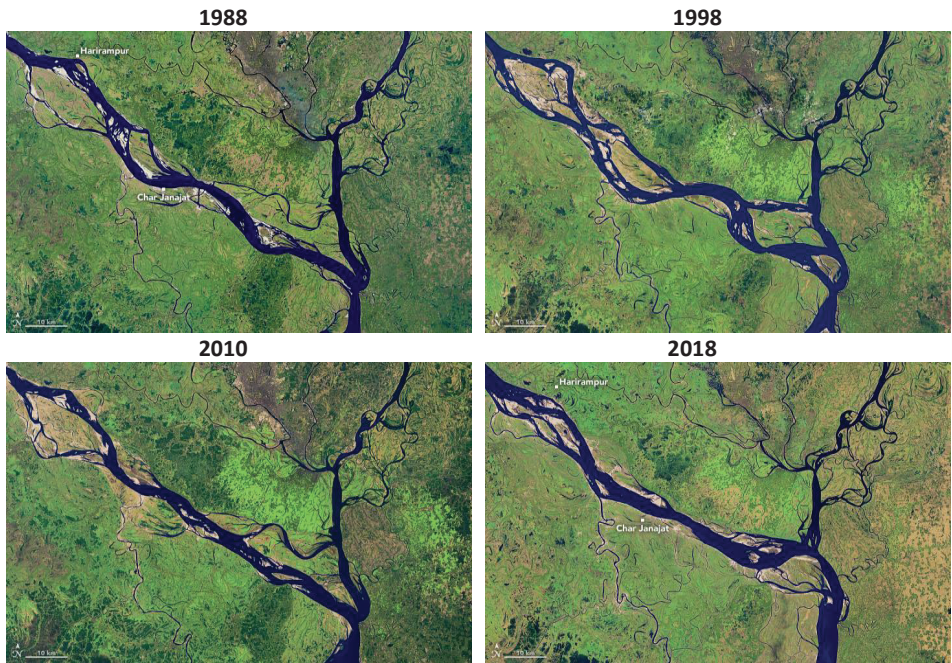
Land erosion in Bangladesh becomes severe during monsoon season when torrential rains swell the rivers. In March 2017, weeks before the typical onset of monsoon rains, torrential rains eroded river banks, washed away roads, damaged 220,000 hectares of rice crops, and destroyed 80,000 homes, affecting the livelihood of hundreds of thousands of people (AZM Anas, 2019a). The Padma River's roaring currents continuously transform the shape of the river, leading to the severe erosion of its banks (Figure 4) (The Earth Observatory, n.d.). At least 8,000 people in the northern districts of the country lost their homes to erosion. In 2018, Shariatpur, a poverty-stricken district in the Dhaka division, faced severe riverbank erosion and 44,000 (about 17,500 children) people lost their homes (The Earth Observatory, n.d.).⁷ In July 2019 alone, 400,000 (around 160,000 children) people in Bangladesh were displaced due to floods (Reuters, 2019). Due to the changing form of the rivers and consequent erosion, people living in chars (tracts of land surrounded by water) are very vulnerable to displacement.

Figure 3: Eroded and Accreted Areas of the Teota Union From 1988 to 2014



Source: Sarker and Rahman (2018).

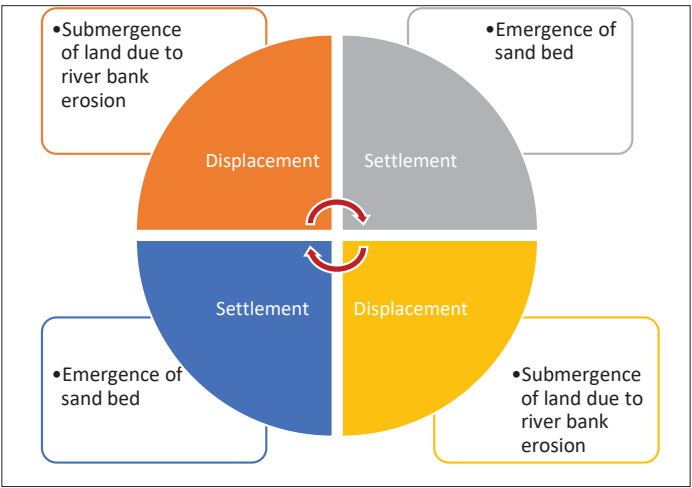
Figure 4: Padma's Course, 1988–2018



Source: The Earth Observatory.

It seems that people who reside in areas of frequent erosion get caught in a vicious cycle of displacement and settlement (Figure 5). This kind of erosion results in ‘continuous forced migration’, i.e., displacement, then settlement, then displacement, and so on (Das et al., 2014).

Figure 5: Vicious Cycle Displacement Due to River Bank Erosion



Source: Das et al. (2014).

Poverty-Migration Nexus

It is widely believed that poverty is a major driver of migration, and numerous studies have shown that poverty forces people to migrate to other places in search of better livelihoods; the few studies that have been conducted in Bangladesh also seem to indicate the same. Farhana, Rahman, & Rahman (2012) examines the determinants of rural-urban migration in Rajshahi, Bangladesh. The study found that push factors are more significant than pull factors, and poverty and unemployment always push poor villagers to change their residence to the cities. Mahmood & Siddiqui (2014) found that 80 per cent of respondents of a survey, consisting of 1,200 households, refer to economic reasons behind their decisions to migrate.

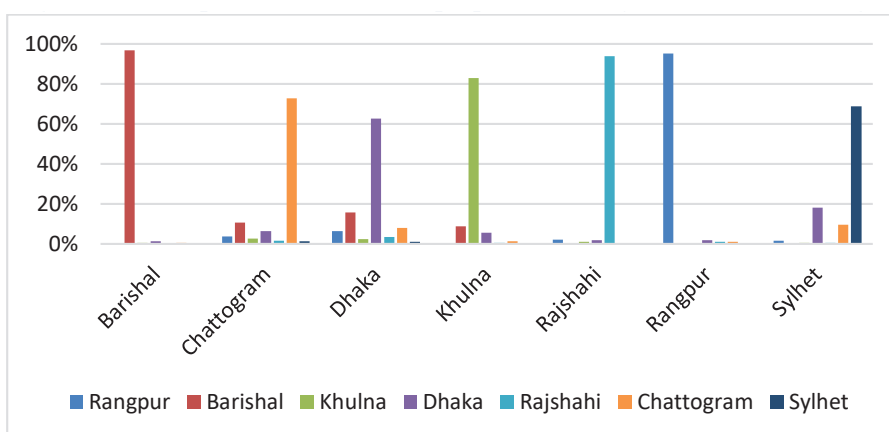
The movement of people into slums can be studied to gain insights into the dynamics of poverty and migration. Data on division-and-district-wise slum population are taken from the ‘Census of Slum Areas and Floating Population 2014’, and data on population and poverty rates for the same segments are taken from the ‘Poverty Maps of Bangladesh 2010: Technical Report’. Poverty rates of 2010 were considered to capture the situation before the slum census was conducted. Variables representing migration per 1,000 people (migration rate) were calculated by dividing migration data obtained from the slum census, by the population data obtained from the World Bank report. About a third of the slum population were below the age of 15, as per the slum census. Over half of the respondents cited seeking job opportunities as a reason for migration to slums, followed by poverty (30 per cent) and river erosion (about 7 per cent).

Appendix A shows that about a third of the total (national) migration flows into slums were from the Dhaka division.⁸ Chattogram and Barishal divisions had the next two largest corresponding proportions, respectively. Total migration into slums rate (per 1,000 people) was highest for Barishal, followed by Chattogram, Dhaka, and Rangpur. Total in-division migration into slums rates were highest for Chattogram and Dhaka, respectively; on the other hand, the out-division migration into slums rates were highest for Barishal and Rangpur, respectively. Barishal’s corresponding rate (30.7 per cent) was more than 10 times the average rate for other divisions, and is the only division that had a negative differential rate (in-division rate -- out-division rate), and by a huge margin relative to other divisions. Rangpur had a very small positive differential rate. Proportion of out-division migration in total (division) migration to slums is highest for Barishal, followed by Rangpur -- 84 per cent and 46 per cent, respectively. Rajshahi and Sylhet had the lowest rates for total, in-division, and out-division migration into slums. Dhaka and Chattogram had the highest rates of in-division migration into slums relative to the division’s out-division migration rates.

8 Total migration for a division comprises the migration of people from the said division into slums of the said division and into slums of other divisions.
Total migration for a district comprises the migration of people from the said district into slums of the division where the said district belongs and into slums of all other divisions.
In-division migration into slums for a division is the migration of people from the said division into slums of the said division.
In-division migration into slums for a district is the migration of people from the said district into slums of the division where the said district belongs.
Out-division migration of a division is the migration of people from the said division into slums of other divisions.
Out-division migration for a district is the migration of people from the said district into slums of all divisions except the division where the said district belongs.
Out-of-division migration for a division is the migration into the slums of said division from other divisions.

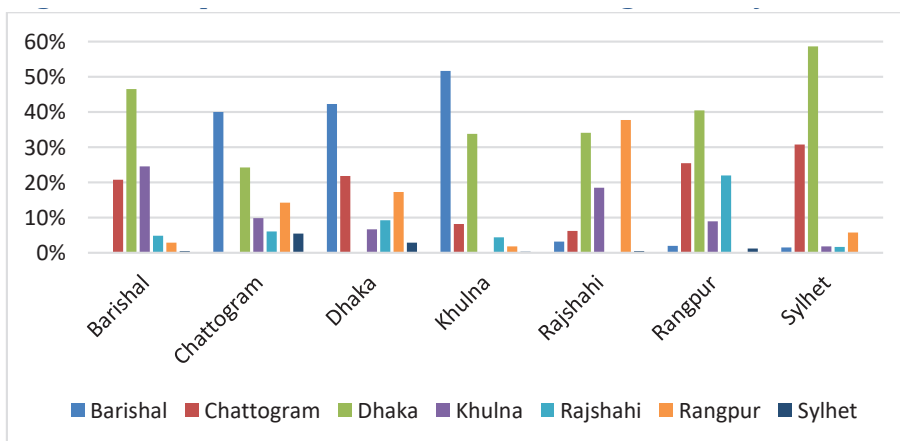
On the poverty front, Rangpur and Barishal divisions had the highest positive differences (37 per cent and 24 per cent) from national poverty, respectively, indicating that these divisions suffered from poverty the most. Sylhet, Chattogram, Rajshahi and Dhaka had negative differences, in order of significance, from the national poverty, showing these divisions had suffered relatively less due to poverty when compared to other divisions. It seems that the regions with the highest poverty rates, Barishal and Rangpur, have higher rates of total and out-division migration into slums. Barishal and Rangpur, comprising environmentally vulnerable districts, might also have contributed to the migration factor. On the other hand, Chattogram and Dhaka seems to attract migration to slums, probably due to lower poverty rates and high urbanization. In addition, it seems that the proportion of in-division migration in total (division) migration to slums for divisions with lower poverty rates are higher.

Figure 6: Proportion of Slum Population by Division of Origin



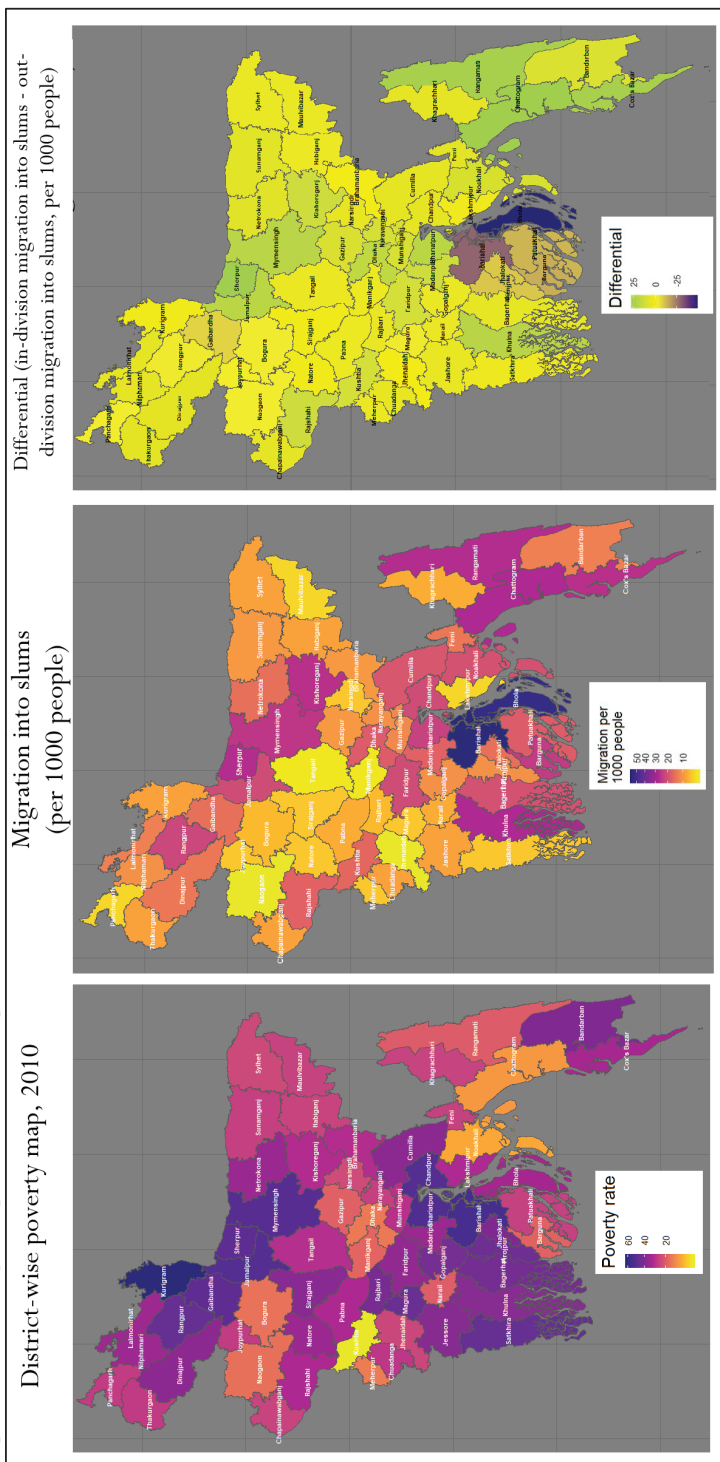
Source: Authors' presentation using Census of Slum Areas and Floating Population 2014 data.

Figure 7: Proportion of out-of-Division Migration by Division of Origin



Source: Authors' presentation using Census of Slum Areas and Floating Population 2014 data.

Figure 8: Poverty, Migration, and Migration Differential



Source: Authors' presentation using data from Census of Slum Areas and Floating Population 2014, BBS; and Poverty Maps of Bangladesh 2010: Technical Report, World Bank.

It is observed from Figure 6 that slums in each division comprised mostly people of the respective division. Dhaka and Chattogram had the lowest corresponding proportions, indicating that these two divisions hosted higher proportions of populations migrating from other divisions. Dhaka and Chattogram comprise a substantial portion of the total slum population -- around 48 per cent and 29 per cent, respectively. Figure 7 shows that Barishal dominates the out-of-division migrant population in the slums of Khulna, Dhaka, and Chattogram. Dhaka and Chattogram comprise a substantial portion of the out-of-division migrant population -- around 62 per cent and 27 per cent, respectively.

Appendix B shows that seven of the 10 districts with the highest poverty rates have high rates of migration into slums. This might indicate that a high poverty rate is a push factor, contributing to the migration to slums. Kurigram had the highest poverty rate -- 63.7 per cent -- but had a very low migration rate, which might indicate that in general, it is not feasible (i.e., not having enough assets to perform migration) for the people in the district to migrate far. And even if they do, they might migrate to nearby rural areas with better livelihood opportunities. Among the five districts with the lowest poverty rates, four of them have high migration rates. This might indicate that a low poverty rate is a pull factor, contributing to the migration into slums. It is to be noted that two of the five districts are the two major urban districts in the country -- Dhaka and Chattogram. The pull factor is apparent for these two districts as they had relatively high in-division migration rates than out-division migration rates. Also, the slums in Dhaka and Chattogram divisions host most of the out-of-division migrants, indicating that the highly urbanized districts of Dhaka and Chattogram were attracting migrants from other divisions. It is apparent from the aforementioned map and table that all districts of the Barishal division have fairly high rates of migration into slums. These districts also have negative differentials (in-division migration rate -- out-division migration rate) with high degree -- meaning the out-division migration is much higher than the in-division migration. The district of Bhola had the highest differential. The districts of Barishal, Pirojpur and Jhalokati have high poverty rates, and it might have contributed to the migration. Also, most of Barishal division's out-division migrants go to Dhaka and Chattogram divisions, indicating the strength of the pull factor of the urban areas of the two divisions. Furthermore, Barishal, being a coastal division, might have stimulated the movement. Bhola, Patuakhali, and Barguna had relatively low poverty rates, but have been marked as environmentally vulnerable districts -- confronting issues and challenges such as cyclones, salinization, and sea water incursion -- which could have contributed as a push factor for migration.

Other than the districts in the division of Barishal, migrants in most of the districts tend to have positive differential values, indicating that the in-division migration is higher than the out-division migration. Considering the districts in the divisions of Rangpur and Rajshahi, both most and least poverty-stricken districts had a low positive or negative differential, indicating substantial out-division migrations in these districts. Rangpur's most poverty-stricken districts -- Kurigram, Gaibandha and Rangpur -- which are also marked as environmentally vulnerable regions with challenges such as droughts and food insecurity, had substantial out-division migration rates relative to their total migration rates. The division of Sylhet has districts that have been identified as environmentally vulnerable; these areas had relatively low poverty and migration rates with positive differentials.

Overall, it seems that the most poverty-stricken areas induce migration to urban slums; conversely, the areas with the lowest poverty rates also seem to attract migration, probably due to the poverty differential between rural and highly urbanized areas. Urban centres such as Dhaka and Chattogram host a substantial portion of the out-of-division migrants. A spatial characteristic has also been observed -- most of the migration occurs within respective divisions, which seems to indicate that geographical proximity is preferred when migrating to a different place. The exceptions for this characteristic are the districts in the division of Barishal. Coastal districts with relatively low poverty rates seem to have high out-division migration rates, which seems to indicate that climate change and other natural disasters might have played a significant role in inducing migration in the country.

Poverty and Child Labour Nexus

Research in many countries, including Bangladesh, has suggested the existence of transmission mechanisms between poverty and child labour, and that poorer households are more exposed to the risk of child labour. In general, migration is considered to originate from poor regions, but that is not always the case, especially for the poorest areas due to their lack of the most basic assets needed for migration. Alam et al. (2008) conducted a study with a sample size of 1,000 in the Dinajpur district of Bangladesh. They found that the poverty and educational attainment in their families are key drivers of child labour. Amin et al. (2004) also found family poverty to be a key driver of child labour in their study comprising a sample of more than 11,000 children. Using a survey conducted in the aftermath of the 1998 floods in Bangladesh, Alvi and Dendir (2011) suggested that child labour might be a response to non-availability of credit after-shocks, such as floods. A study used the Bangladesh Labour Force Survey 2000 data and found that child workers who are in the poorest quintile of households contribute nearly half of the share of family income (Salmon, 2005). The study found that children living in households where the potential of income generation is low, and where this potential has already been used up, are more prone to get involved in work. Quattri and Watkins (2016) studied a sample of 2,700 children in the slums of Dhaka: a vast majority of boys and girls reported working due to economic reasons, primarily to supplement family incomes.

It is observed from the Child Labour Survey 2013 (CLFS 2013) report that around 60 per cent and 8 per cent of working children (aged 5-17) were not attending school and never attended school, respectively.⁹ Around 30 per cent and 29 per cent of the working children who never went to school did so to support family, and because they were unable to afford education expenditure, respectively. This means about 60 per cent of the aforementioned subgroup of working children did not attend school due to economic reasons. About 70 per cent of the subgroup of working children who dropped out of school did so due to economic reasons. Around 39 per cent, 17 per cent, and 12 per cent of the subgroup dropped out

⁹ Working children are employed children, engaged in economic activity, fitting the production frame of the System of National Accounts (SNA), working at least one hour during the period of the survey. This is related to the economic activity of children covering all the products in the market and certain kinds of products of non-market origin (mainly production goods and services for personal use). It includes forms of work in formal and informal sectors of the economy; inside and outside of families and work for payment (in monetary form, incomplete working days or full working days), or as a household worker outside of the child's family for an employer (with or without payment). According to the SNA, in the category of 'working children', the performance of household chores/tasks within their own household by children are excluded. However, the performance of domestic work, paid or unpaid, in another household (whether by a child or adult) is counted as economic activity, and children so engaged in domestic work in a third household are included in working children.

because they could not afford education expenditure, to support their families, and to start working, respectively. These data tend to show that economic challenges in households push children to engage in work, and act as a barrier to their education.

Violence Against Children

Although it is widely assumed that children in Bangladesh migrate to the streets due to economic issues -- i.e., shortfalls in income, consumption, or material, Conticini and Hulme (2007) argue that the abuse of human rights, especially relating to physical violence, and the collapse of trust within households, primarily lead children to migrate to the streets. They adopted a holistic and multi-dimensional perspective of poverty, and utilized observations from extended qualitative research methods in their study. They found that a significant minority of street children come from non-poor (in economic terms) households. Children in their study have cited other factors such as excessive control, emotional violence, physical violence, and sexual violence in their domestic environment for their move to the streets. Seventy-eight out of 80 children reported that they were victims of domestic violence in their households during the preceding year of moving onto the streets. Most of them cited that the violence was physical or sexual. They experienced maltreatment by parents, stepparents, relatives, and husbands. Violence exerted by stepparents was found to be common, and girls on the streets who married at a young age reported physical and sexual abuse by husbands.

Trafficking and Child Sexual Abuse

Studies suggest that Bangladesh has a trafficking issue, causing an undesirable migration of children. According to the Ministry of Home Affairs, Bangladesh is considered mainly as a source, and to a smaller extent, a transit and destination of human trafficking (MoHA, n.d.). Young girls and boys from economically poor families at the border areas are often ensnared by agents of traffickers with false opportunities of employment, marriage, and sightseeing in the neighbouring countries. Most of these boys are sold at the brick fields, while girls are usually forced into prostitution. Traffickers pretend to be fiancés or offer false marriages, and emotionally blackmail girls to travel to a neighbouring country for a better life. Bonded and sex labour comprise the vast majority of the endpoint of trafficking. Other consequences faced by the trafficked children include issues such as forced begging and organ harvesting. Victims also suffer from the constant threat of apprehension and deportation, as they often do not have valid travel documents.

Although there are several empirical works on this issue, data and estimates date back several years, even decades. According to police evaluations, as cited in Khan and Arefeen (1989), there were about 25,000-30,000 underage sex workers in Bangladesh. These children are mostly trafficked from various remote parts of Bangladesh, and later sold to ‘madams’ or ‘pimps’ in designated brothels. In addition, a significant portion are employed as street/hotel-based sex workers. According to Islam and Smyth (2016), there were as many as 150,000-200,000 female sex workers in Bangladesh, mostly adolescents or young women, the majority aged between 15 and 18. Many entered into prostitution before the age of 12, and most of them retire by the age of 30.

More than 1 million women and children were trafficked out of the country between 1980 and 2010, and many were forced to become prostitutes, domestic helps, camel jockeys, and beggars (UNODC, 2009). A UNICEF report stated that around 400 women and children in Bangladesh are trafficked each month (UNODC, 2009). Another study reports 300,000 Bangladeshi children and women between the ages of 12 and 30 have been trafficked to India in the first decade of this millennium (UNODC, 2009). The Pakistan-based organization Lawyers for Human Rights and Legal Aid reported that 200,000 Bangladeshi girls and women have also been sold in Pakistan (UNODC, 2009).

Child Marriage

Children are displaced when they leave their homes to live in a different environment, and such is the case of child marriage. According to the Multiple Indicator Cluster Survey 2019, Bangladesh has one of the highest child marriage rates: 15.5 per cent of girls in Bangladesh married before the age of 15, and 51.4 per cent married before the age of 18. A UNICEF study on 200,000 households in 2017 found that among the families who reported an occurrence of marriage, the age of the bride was less than 18 years in 50 per cent of the marriages.¹⁰ The highest prevalence of division-wise child marriage was reported for Rajshahi (almost 70 per cent), followed by Rangpur (around 60 per cent). Sylhet had the lowest prevalence, at around 20 per cent. No substantial distributional difference in child marriage among girls was found between rural and urban areas -- both were around 50 per cent. Although the prevalence of child marriage of girls has been found to decrease with the education of the household head, one-third of the girls among the families with most educated household heads (education of 10 years or more) still married before 18. Prevalence of child marriage among boys was much lower than girls -- about 10 per cent.

The most cited reason for marrying off girls was being able to find a good match (reported by approximately 55 per cent), followed by economic reasons (about 25 per cent). Division-wise, an economic reason was most important for Rangpur, Dhaka, and Sylhet, with around 37 per cent, 30 per cent, and 28 per cent respectively, and was least important in the case of Chattogram (around 11 per cent). The study found a substantial difference in the importance of economic reasons between rural and urban areas -- rural areas cited economic reasons less (approximately 22 per cent) than their urban counterparts (about 34 per cent). It is generally considered that as a result of child marriage, girls often are deprived of socio-economic services such as education and health care.

The UNICEF study also found that among girls who were enrolled in school and married before the age of 18, about 45 per cent dropped out of school after marriage. This prevalence was highest in the Sylhet, Chattogram, and Khulna divisions with around 63 per cent, 57 per cent, and 51 per cent respectively. The lowest prevalence was reported by the respondents of Barishal (around 30 per cent). There is a considerable difference in the prevalence between rural and urban areas -- around 51 per cent for rural and 27 per cent for urban.

Displaced Population from Neighbouring Countries

Bangladesh hosts around 1 million Rohingyas (ReliefWeb, 2019c). Most of these refugees live near Ukhia in Cox's Bazar District (ReliefWeb, 2019c). The camps are in a rugged and hilly region, and susceptible to flooding and landslides -- particularly during the rainy monsoon season. This has made life challenging for refugees, and has humanitarians providing assistance. Overcrowding has increased the chances of the spread of infectious diseases. Several steps such as building brick roads, and humanitarian programming such as a chlorinated water supply system and the provision of latrines, help in mitigating existing challenges. Children under the age of 18 comprise 55 per cent of the Rohingya refugees (Strategic Executive Group and Partners, 2018). They cannot move outside the camps and hence have been deprived of education, health care, and other services as they do not have legal status in Bangladesh. Over 90 per cent of the adolescents and youth do not have access to any form of education and training (Strategic Executive Group and Partners, 2019). Furthermore, the quality of education is of great concern. The camps lack good teachers and space. This may lead to a 'lost generation' among the Rohingyas, as they are severely lacking in skills and learning. However, the Bangladesh Government has recently announced that it will be providing schooling and skills training opportunities to Rohingya children (Amnesty International, 2020). Overall, Rohingya children have limited access to basic rights, because the country has restricted the birth registration for the refugee children (Human Rights Watch, 2019). This contradicts the basic principles of the UNCRC, as all children are viewed equally in the convention. It considers children as just children, not refugees. The significant global funding gap for the Rohingyas has been limiting the humanitarian capacity (ReliefWeb, 2019b). Floods, landslides, and cyclones exaggerate the deprivation of the refugees, especially the children. Due to a lack of implementation of laws and justice in the camps, Rohingya women and children are being exploited. A lot of them have been forcibly engaged in labour work, human trafficking, and prostitution. Women and girls are suffering from safety issues due to the high level of sexual and gender-based violence in the camps (CCA background paper on human rights). All these factors lead the refugees to be exploited by criminals, and lead them to use harmful coping strategies like the use of drugs. Rohingya refugees, including children, are susceptible to both domestic and transnational trafficking. Rohingya girls are being transported within Bangladesh to Chattogram and Dhaka, and trans-nationally to Kathmandu and Kolkata for the purpose of the sex trade; even though the law allows Rohingya to file anti-trafficking cases in Bangladeshi courts, the High Court did not entertain such cases filed by the Rohingya (U.S. State Department, 2019).

State of Children in the Streets and Slums

Street children and children living in the slums are considered to be a sizable portion of the children, especially due to push factors such as climate disruptions and poverty. Studies have shown that these children are living in poor conditions, with reduced access to child rights. Four million people are estimated to live in around 5,000 urban slums in Dhaka (UNICEF, 2015). The slums lack infrastructure and basic facilities, and are also very climate-vulnerable, as they are usually situated in low-lying areas (UNICEF, n.d.). The combination of overcrowding and limited resources and services results in poor living conditions, especially in the slums. The Child Wellbeing Survey in Urban Areas 2016

(CWS 2016) reveals that City Corporation (CC) slums and other urban areas, in general, are way behind their CC non-slum counterparts in terms of nutrition, health, water and sanitation, education, and protection (Figure 9). A few of the comparisons are as follows: CC slums had an underweight prevalence of 30.8 per cent as against 17.7 per cent for CC non-slums; CC slums had a stunting prevalence of 40.4 per cent as against 25.2 per cent for CC non-slums; and the percentage of children under five with ARI (Acute Respiratory Infection) symptoms in the last two weeks of the survey in the CC slums was 7.5 per cent, compared to 6.7 per cent for CC non-slums. Violent discipline against children is very prevalent (more than 80 per cent), and birth registration for children under five is very low (around 30 per cent) among all the sub-groups of urban areas. The CWS 2016 also found that CC slums are way behind the CC non-slums in terms of child faeces disposal and handwashing practices. Other studies have also found similar results.

Mostafa et al. (2017) conducted their study in four slums in Dhaka and found that 63 per cent of the children were malnourished, and 58 per cent stunted. They also found yeast/moulds and coliforms in 86 per cent and 73 per cent of the food samples, respectively. Faecal coliforms, yeasts and moulds, and *Staphylococcus* contaminated all water samples they collected.¹¹ Eighty-three per cent of the households were suffering from food insecurity. Ahsan et al. (2017) also discovered similar results regarding stunting in their study, and also found that 43 per cent of the children were underweight. All these findings indicate that children living in urban slums are worse off than their urban counterparts. As Bangladesh has been experiencing substantial economic growth, the findings contest the trickle-down effect.

The actual number of street children is not known as there is a scarcity of data on the poor urban population, but using MICS 2013 and 2011 Census data, a study estimated that approximately 680,000 children are living on the streets in Bangladesh, the majority of whom (249,200) are residing in Dhaka (CCA). The number of total street children is expected to rise, and a projection shows that it might reach 1.6 million by 2024 (CCA).

A survey conducted in 2003 found that almost 98 per cent of the street children were boys and around 2 per cent were girls (Ahmed et al., 2003). As per the survey, most of the street children (55 per cent) were found in Dhaka. The poorest of the children migrated from their previous residences to urban parts of the country, mainly the metropolitan cities -- Dhaka, Chattogram, and Sylhet. Most of these children were born in the Barishal, Cumilla, Dhaka, Faridpur, Sylhet, Mymensingh, Kishoreganj, Patuakhali, Noakhali, Rangpur, and Chattogram districts. About half of them were between 11 and 14, 26 per cent between 14 and 17, and 25 per cent between five and 11. Parents of these children were found to be generally illiterate, and most of them were day labourers or running small businesses. The children's mean age of starting a job was found to be about eight years.

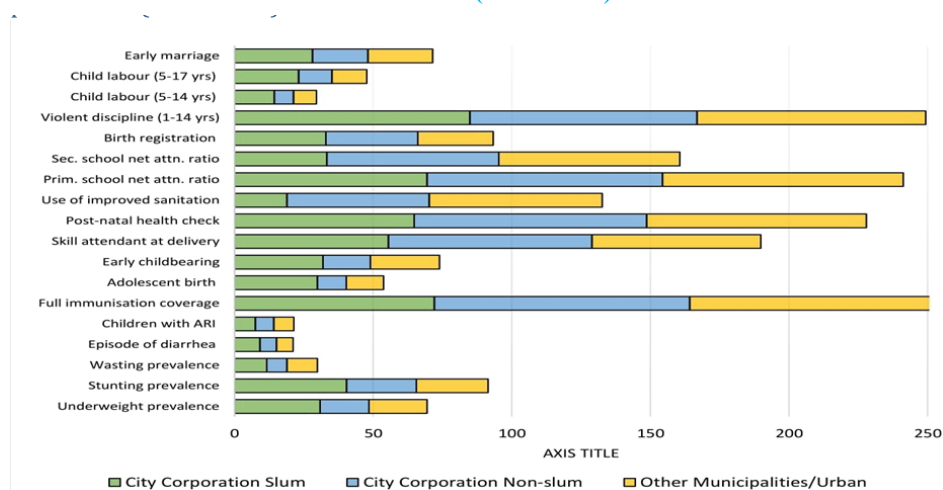
The surveyed children usually started their job as domestic servants, agricultural workers, panhandlers, koolis, mintis, tokais, paper pickers, and flower sellers, etc.¹² The children

11 The presence of coliforms (a type of bacteria) indicates unsanitary conditions. The *Staphylococcus* is a group of harmful bacteria.

12 Tokai: A child who moves around the town to pick up various used items like papers, bottles, shoes, clothes; Koolis: People who earn their livelihood by carrying baggage of others in railway stations, ferry terminals, and bus terminals. They are generally registered by the authority; Minti: They do the same job as koolis but are not registered. They work in the markets,

expressed their wish to receive skill training, and most of them preferred to become drivers, mechanics, and garage workers. The survey also found that on average, children have been working around four years prior to the date of interview. The children cited poverty as the main reason to engage themselves in employment; the second most important was abuse against them by family members. About 80 per cent of them had to stop going to school to engage in work. It was also revealed in the survey that a small percentage of street children were involved in theft, pick-pocketing, sex work, the drug business, etc. Begging was found to be predominant among younger children, while elder children were generally koolis and mintis. Daily working times were found to be in the range of about five to 12 hours. On average, these children were found to be working for almost seven days, on average, a week. Almost 60 per cent of the street children reported that they felt sick. The most common sickness, in order of frequency of respondents, was fever, water-borne diseases, and headache. About 35 per cent of the street children were found to be sleeping alone at night. Public toilets and open spaces were the places where these children usually defecated.

Figure 9: Indicators on Nutrition, Health, Water and Sanitation, Education, and Protection (CWS 2016)



Source: Authors' representation of Child Well-Being Survey in Urban Areas of Bangladesh 2016 data.

Field Report

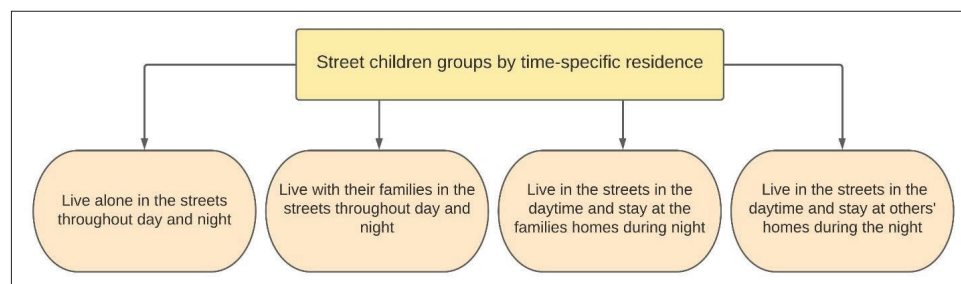
Field studies are often helpful to illustrate cases where a lot of interlinked causes and intermediate consequences are in play, and such is the case with children on the move. Field studies were conducted in various rural and urban locations in the Dhaka, Khulna, Satkhira, and Sirajganj districts. It comprised KIIs and FGDs to obtain insights into the state of the displaced children. Information was also gathered to assess the situation and rights of these children. The study revealed insights about their places of origins and destinations, living standards, education, and employment, and also the push and pull factors influencing their moves. The following part describes the aspects gleaned from the study to picture the dynamics of child displacement in specific areas.

Khulna Division and Khulna City

The Khulna district, which encompasses an area of 4,400 km², is the divisional headquarter of the Khulna division. The district's metropolitan city is the third-largest city in the country. Urban city slums in Khulna have been found to be major destinations for child migrants originating, mostly, from the coastal parts of the Khulna and Barishal divisions, and some also migrate from North Bengal as well. Generally, children who migrate with families live in urban slums, and other children who migrate alone live in public parks, and at or near railway stations, bus stations, and ship terminals. Waterlogging, high tides, tidal surges, salinity intrusion, and flooding in the low-lying areas are typical reasons cited for the migration of children and their families. On the other hand, a lack of livelihood in the rural areas push children both alone and with family members to migrate to urban areas. Additionally, Khulna, Satkhira, and Jashore districts are highly prone to cross-border child trafficking. The study also found that nowadays, children are also moving with passports to India for work. Moreover, the Khulna Division has the second highest incidence of child marriage.

Though the official data on the number of street children is not available, representatives of development organizations working in Khulna believe that about 3,000 children are living on the streets of Khulna. The study found that there are four categories of street children: The first group live alone on the streets throughout day and night; the second live with their families in the streets throughout day and night; the third live on the streets in the daytime and stay at others' homes during the night; and the fourth live on the streets in the daytime and stay at the families' homes during night. The study observed that the first three groups of children were migrants from far away districts, while the fourth group was from different areas of the Khulna Division. Among the causes for displacement, climate disruptions, economic poverty, and broken families -- including separation and re-marriage -- have been the major factors pushing children to migrate, especially unaccompanied. The study also found that some children with disabilities were living on the streets because they are unwanted by their families.

Figure 10: Four Categories of Street Children



These street children suffer from the deprivation of rights through various forms of neglect and abuse. They report that they are abused by different vested groups, including some deviant members of law enforcement agencies. They also lack access to health and education services due to not having birth registration certificates and other relevant documents. On the other hand, and despite being allowed, children living in the slums often

do not continue education due to poverty and a lack of awareness within their households. UNICEF, in association with other local NGOs, temporarily built a night shelter for street children, which is now being institutionalized by the city corporation, and a new night shelter for street children will be operated and maintained by the local NGOs. The Ministry of Social Welfare (MoSW) and the Department of Social Services (DSS) have established ‘Shishu Paribar’ to support orphan children, but not the street children. Locally, Jagrata Juba Shangha (JJS), Dhaka Ahsania Mission, Bangladesh National Women Lawyers’ Association (BNWLA), and Care Bangladesh are working to help street children.

Case Study 1: Khulna Railway Station

Ismail (14) lives on the streets near the Khulna Railway Station, where he has been residing for years. His mother left the family when he was about three, after which his family shifted from his ancestral place to another rural setting. Then, at the age of four, they moved far into the mainland and away from the river due to erosion. As far as Ismail can remember, his father was often drunk and used to punish him physically for small mistakes. About a year after they shifted to the new home, his father left him to his paternal uncles and never returned. However, his uncles lived hand-to-mouth, working as day labourers in local farmlands. Being in a poverty-stricken family, he was forced to move to Khulna. Without knowing where to go, he chose to live on the streets near the railway station, along with other children. He earns a mere 50 to 60 Taka a day by working as a porter at the station. The children sometimes face the risk of eviction by local police. Previously, for a few years, they did not face the risk of expulsion as Ismail and the other children lived in a night shelter, temporarily built by local NGOs. However, once the night shelter was closed, they had to move back to the streets. Fearing eviction, he moved to Dhaka and took a job at a small restaurant in late 2018, but recently returned to Khulna, spending less than a year in Dhaka, due to abusive behaviour by the restaurant manager. Except for the shelter facilities provided by the local NGOs earlier in his life, he never received any support from any government agencies or local NGOs. For Ismail, getting a night shelter is always the immediate priority. He demanded legal support for the children to stay at the station during the night (until a night shelter is available again), and also expressed his desire for education and day-time meal support at schools frequented by street children.

Moilapota slum, Khulna City

The Moilapota slum was established a few decades ago by migrant families coming from different areas. The population of the slum is about 3,500, with an average of seven persons per household. The approximate number of children in the slum is about 2,000, which is approximately 60 per cent of the total slum population, i.e., around 20 percentage points more than the national average. Children attend nearby public schools, and some who can afford it attend private schools. Most children continue five to six years in schools, then drop out to work in the informal sector. Boy children are often found to be working at motor garages, small shops, small restaurants, and as cleaners and garbage collectors. Conversely, girl children often work as housemaids at well-off households. Poverty and large household size forces children to work to provide financial support to their families. Also, early marriage among girl children is quite prevalent due to poverty and lack of awareness.

There are no dedicated health-care centres for the 500 families residing in the slum. The nearby Urban Primary Health Care Centre (UPHCC) is not functioning due to a lack

of manpower. There is one tube-well for an average of 30 families, and one toilet for an average of 15 families in the slum. There are three committees in the slum for the three clusters, created by the residents, to keep it clean and manage drainage, water, and sanitation. In terms of support from NGOs, World Vision Bangladesh once used to provide education materials to children, but has been discontinued.

The majority of the residents came from different areas of the Khulna, Bagerhat, and Patuakhali districts. The causes for the migration to the slum include river erosion, high tide, waterlogging in the low-lying areas, crop destruction, and a lack of livelihood. Some residents sold or left their homes and moved to this slum.

Banishanta Union, Dacope Upazila, Khulna

In the village of Amtola, there are about 26 households with 100 people, comprising about 40 children, living at the old embankment on the Rupsha River. Most households in this area are victims of multiple river erosion incidents. After the first phase of river erosion, the richer households who either owned or could afford to buy a piece of land in the plain areas moved away from the embankment. The poorer households remained on the embankments, and faced river erosion a further two times. Currently, people live in small shanties.

Free education is provided at a nearby public school, as well as in a school run by a local NGO called DALIT. However, due to extreme poverty, about 60 per cent of the children are attending school while the other 40 per cent work. Some even start to work before the completion of primary education. Though there are school stipends for financially insolvent students, the majority of the children of this area drop out of school and join work either locally, or in nearby cities after about five years of schooling. There is a Union Health and Family Welfare Centre nearby, but it has not been in service for the past few years, and the nearest community clinic is six kilometres away. People use water from local ponds for drinking and cooking due to groundwater salinization. Two local NGOs helped local communities in building temporary embankments during Cyclones Sidr and Bulbul. However, the government is currently undertaking a project to build a new embankment along the banks of the Rupsha River.

The district of Satkhira

Satkhira is a south-western district in the Khulna Division that shares a border with India. Trafficking and prostitution have been identified as major issues regarding women and children by the study. There is a brothel on the other side of the border in India where many children from Satkhira are trafficked to work as sex workers. Some girls who worked in the brothels have returned to Bangladesh and started prostitution by recruiting girls from local areas. Child trafficking, as well as legal cross-border movement of children, have been issues faced in this area for a long time. Besides trafficking, using children as carriers of goods between the two sides of the border also attracts children to work in the border areas.

Satkhira City

Satkhira City is a small town, and holds a smaller slum population compared to bigger cities like Khulna. Among natural disruptions, flooding, waterlogging, tidal surges, salinity,

and a lack of fresh drinking water are some of the push factors behind rural-rural and rural-urban migration. An increase in salinity has increased shrimp farms, which replaced other traditional farms. Shrimp farms require less workforce than traditional ones, which ultimately decreases the employment opportunities in the region. As a result, there has been a decrease in livelihood opportunities, which has forced families to migrate in search of livelihoods in other areas, especially in urban centres.

People from different parts of Satkhira, as well as from some neighbouring districts and different parts of Barishal Division, have migrated to Satkhira City due to its homely settings. Families who can afford it rent houses, while others live in different slums. Children work in brick fields in Satkhira City, as well as in other nearby areas. Due to the reduction in professions like farming, fishing, and logging in the Sundarbans in recent decades, families have been pushed to the cities. Street children, especially the ones who live alone, are rarely seen in small cities such as Satkhira as they move to big cities such as Dhaka and Khulna. Though insufficient, there are some non-formal education programmes, run by NGOs, in the slums of Satkhira. Access to health, water, and sanitation is challenging, particularly for children living on the streets, and to some extent, also for the children living in the slums. Moreover, drug addiction among street children and slum-dwellers has been found to be prevalent.

Burigoalini Union, Shyamnagar Upazila, Satkhira

Children move, sometimes unaccompanied, from Burigoalini to work at the brickfields in Barishal, Dhaka, and Khulna due to the lack of livelihood in local areas. This absence, resulting from the replacement of agricultural farming by shrimp farming and low wages, has been found to be major causes of child migration. Other relocation destinations include the Chattogram Hill Districts and India. Children who migrate alone live either on the streets or at their workplaces, such as brick fields, garages, and restaurants. However, most of the time children, as well as their families, migrate to areas where they have friends and relatives.

Sirajganj, Rajshahi

As mentioned in Section 3, the Jamuna River has faced major river erosion for a very long time, and people in the Sirajganj District in north-central Bangladesh are considered one of the major victims of erosion and floods of the Jamuna River.

Belutiya Uttar Para, China Badh, Banbaria, Sirajganj, Rajshahi

Around 150 families live in Belutiya Uttar Para, which is near the partially constructed Sirajganj Economic Zone. The population is around 800, with children comprising about two-thirds of that number. Most of the children are below the age of 12, and people here stated that families in char areas are usually large, comprising more children. Families have relocated multiple times due to river erosion of the Jamuna River before moving, with most residing here for about seven years. Preceding that, they lived in the Morgram village for three years after the river washed away whatever they previously had. The closest primary school is at least 1.5 km away, and there is no hospital in the locality. Children walk or hire a van, which can hold 6-8 students, to go to school. Most of the children go to government

primary schools, where students receive stipends. There is also a BRAC school, which has commenced its operations recently. Children also go to a secondary school about five kilometres away. They have to visit the Sirajganj Sadar government hospital for health-care services, including child delivery, which is a few kilometres away. Recently, almost all children have been showing symptoms of flu and cold. The professions of the local people vary; about one-third of the men work in Dhaka and Sirajganj, primarily as rickshaw-pullers. The rest work in local areas as day labourers. They toil in rice fields for a limited number of months; this earns them Tk 200-300 a day. At other times, they work as part-time fishermen, part-time van pullers, and handloom workers. Women mostly do not have many employment opportunities in Belutiya. Manab Mukti Sangstha (MMS) is a local NGO providing micro credit in the area. No other formal NGOs, except for the BRAC school, are active here. The residents of the area do not have any access to electricity. Tube-wells are present in most of the households; those who do not have one can collect water from other tube-wells from nearby households. Each household has a latrine, but most are open and non-sanitary. People in the area are aware of hand-washing practices. Storms have destroyed many of the houses in the past, and during monsoon schools are closed due to flooding.

Slum near the Sirajganj Wind Turbine Project, Sirajganj, Rajshahi

The slum near the Sirajganj Wind Turbine Project consists of several mahallas (neighbourhoods). One of them is Charputiyabari, where approximately 400 people live. Citizens here have experienced multiple displacements due to river erosion since the 1984 floods. Their previous residences were Kawkhola and Andani chars. They report that river erosion not only affected the poor, but due to loss of property and land, also the relatively well-off. People here generally work as rickshaw-pullers, soil-cutters, and day labourers. There is no government school nearby and the nearest school is one kilometre away. Most of the children go to school. A BRAC school used to operate nearby but has ceased operations recently. Boys usually discontinue studies after completing their primary education and engage in work. Child marriage is not that prevalent, but sometimes social issues force parents to marry off their children. A local NGO has been building latrines, but the people have to pay in instalments for the service. Furthermore, the latrines are not hygienic. People who cannot afford to avail the service do not have latrines, and have to openly defecate. Except for the one mentioned, there are no active NGOs. The residents of the slum also said that they have not received any assistance from the government.

Mahmudpur, Sirajganj Sadar Upazila, Sirajganj, Rajshahi

Around 1,500 households have been living in a slum near the railway tracks for about 45 years. Most came here due to river erosion at their previous residence, and most have fairly low incomes. They usually work as farmers, day labourers, and rickshaw-pullers. Government primary schools are near the slum and about half of the slum children go to school. The other half work at motor workshops, as rickshaw-and-auto-pullers, and as small vendors in the city. It seems that urban children are more prone to work in informal sectors. Children who study tend to complete secondary and higher secondary education. Some street children are present in Sirajganj, mostly working in the informal sector. Most of the households have tube-wells and more than 90 per cent of the households have

sanitary latrines. The NGOs-BRAC, Association for Social Advancement (ASA), and Thengamara Mohila Sabuj Sangha (TMSS), are providing microcredit services. A local NGO has been constructing toilets, but the people have to compensate in payments for it. People here have said that the involvement of NGOs in most of the municipalities is not substantial. No NGOs are involved in providing health-care facilities in the municipalities. The poor people in the area also have said that government assistance does not reach them. As an example, they cited that during the recent winter season, they had not received any blankets. They also stated that politically affiliated people get benefits from the government aid schemes.

Urban Dhaka

Korail is one of the largest slums in Bangladesh, and borders Gulshan and Banani -- two of Dhaka's most affluent neighbourhoods. Most of the people in the slum are living below the poverty line and working in extremely low-income jobs (BRAC, n.d.b). According to one study, there are about 10,000 households with a population of around 37,000; more than one-third are children below the age of 15 (Razzaque et al., 2019). Almost 90 per cent of the people in the slum use pipe water for drinking, followed by tube-well water (about 9 per cent). Most of the inhabitants obtain water from shared water sources. Almost all of the households use sanitary latrines, but most share them. The slum has access to electricity but the supply is intermittent. The study also reveals that more than 40 per cent of the children go to schools run by NGOs; the rest go to private, government, and religious institutes. The dominant occupations in the slum are labourer, garment worker, rickshaw/van puller, and owner of a small business. In Korail, almost 90 per cent of the household heads migrated for work. Except for Dhaka itself, most of the household heads came from Barishal and Chattogram.

Case Study 2: Korail Slum

Ruhul Amin, a 13-year-old boy, came to the slum from Cumilla with his parents between 10 and 15 years ago. His father works as a guard and his mother is a domestic worker. He is a Class 6 student at a government school nearby. He is not engaged in employment. His family shares a latrine with other households. They have access to drinking water from a shared pipe water supply and do not use tube-wells. When asked about hygiene and hand-washing practices, he said that he had learnt about it in school, but neither government nor non-governmental institutions have any programmes on awareness regarding hygiene. He also stated that his house has electricity, but access is intermittent. He is aware that NGOs are running programmes in the slums, especially BRAC. The government provides no assistance to the people, but Ruhul mentioned that people affected by the fire a year or so back received some. On the other hand, Murad, a student in Class 1 and an orphan, lost his father five years ago, and is engaged in work. He lives in the Korail slum with his maternal grandparents. His mother lives far away where she works as a domestic helper. His grandfather is a scavenger, and Murad assists him in his work. His family shares a latrine with multiple families. His grandfather said that the slum has electricity access, but it is irregular.

Mohammad Sadek is a father of four and a scavenger. His wife and eldest daughter (Aklima, a 14-year-old girl) are domestic workers. Aklima left school to provide financial support to her family. Sadek's other children study at the nearby government school. His other daughter, Taslima, studies in Class 1. He has two sons -- Naim and Fahim -- and both are studying in Class 2 and also assisting their father in scavenging. Sadek hails from Bhola, where he was burdened with debt. He came to this slum for salvation and now earns Tk 10,000–15,000 per month. His family has access to supply water, which they use for drinking purposes, and also have their own private latrines. His children have learnt about hygiene and hand-washing practices. Sadek said that they have electricity access at their place. He also stated that the government provides no assistance, but the ones who suffered from the fire that burned a lot of the houses a year or so back received assistance. He is not aware of any operations by NGOs.

The field studies seem to corroborate the analytical framework and empirical evidences about the causes and intermediate consequences involved in child displacement in Bangladesh, provided in Section 2 and 3, respectively.

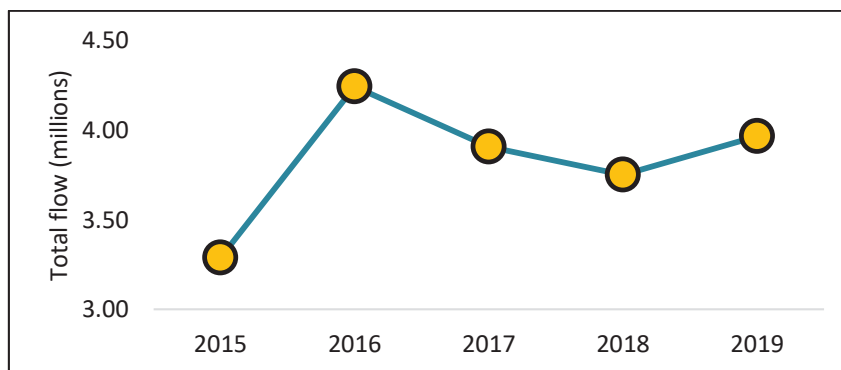
4. Estimation of the Number of Children on the Move

Due to the complex nature of the migration process and the scarcity of data, it is challenging to assess the situation of child migration in Bangladesh. Data on internal migration from the Sample Vital Statistics (SVRS) reports (2015-2018) were used to provide an estimate of the flow (Figures 11 and 12) and stock of children on the move in Bangladesh.¹³ Rural-urban and rural-rural migration have been considered for the estimation. Data for the age groups -- 0-4, 5-9, 10-14, and 15-19 years -- were used to estimate the flow. Adjustments were made to the flow for the age group 15-19 years to get the estimate for the age group 15-17 years for each year in the period 2015-2018. As internal migration data are unavailable for 2019, the estimation of flow for the year was made by taking the average of the flows of the past three years (2016-2018). The average flow of children on the move during 2015-2019 has been estimated to be 3.8 million. The age group with the highest average flow is 15-17 years, with a figure of 1.1 million. The average share of flow of children on the move in the total internal migration (i.e., internal migration for all ages) has been estimated to be about 17 per cent. Another estimate suggests that 3.5 per cent of the population of Bangladesh migrates internally each year. This means that each year, the flow of children on the move

could be approximately 2.3 million.¹⁴

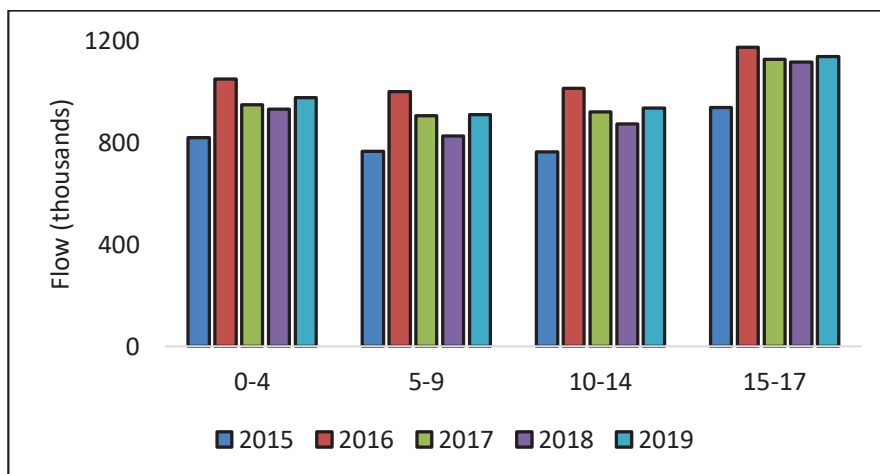
The five-year stock (2015-2019) of children on the move is calculated by summing up the adjusted flows, which is estimated to be 15.8 million. Adjustments such as the following were made to the flows for the estimation of the stock: no one from the flow in the age group 15-17 years in 2015 remains a child in 2019, so they are omitted from the stock. It is possible that one or more individuals have migrated more than once in the mentioned period. Several migration scenarios were considered for the estimation of the five-year stock of children on the move. A range of 11-15.8 million children is estimated for the stock (Table 1).

Figure 11: Yearly Flow of Children on the Move in Bangladesh, 2015–2019



Source: Authors' calculation using data from various SVRS reports.

Figure 12: Yearly Flow of Children on the Move in Bangladesh by Age Group, 2015–2019



Source: Authors' calculation using data from various SVRS reports.

14 Assumption A1 is applied to a total population figure of 162.7 million. Sources: BBS, 'Bangladesh Statistics 2018', <https://bit.ly/3ySVKTy>; UNICEF, 'Analysis of the Situation of Children and Women in Bangladesh', 2015, <https://unicef/3z5AsqD>.

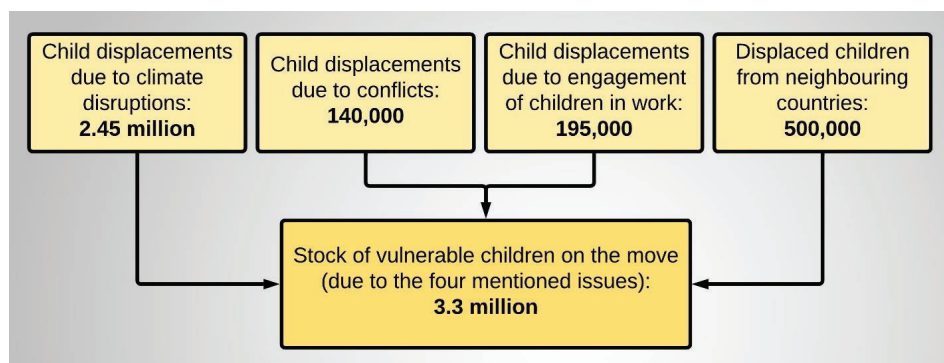
Table 1: Five-Year Stock (2015-2019) of Children on the Move in Bangladesh

Percentage contribution of multiple migrations by same individuals to the stock	Five-year stock (2015-2019) of children on the move in Bangladesh (millions)
0%	15.8
10%	14.2
20%	12.6
30%	11.0

Source: Authors' calculation using data from various SVRS reports.

An estimate for the stock of vulnerable children on the move

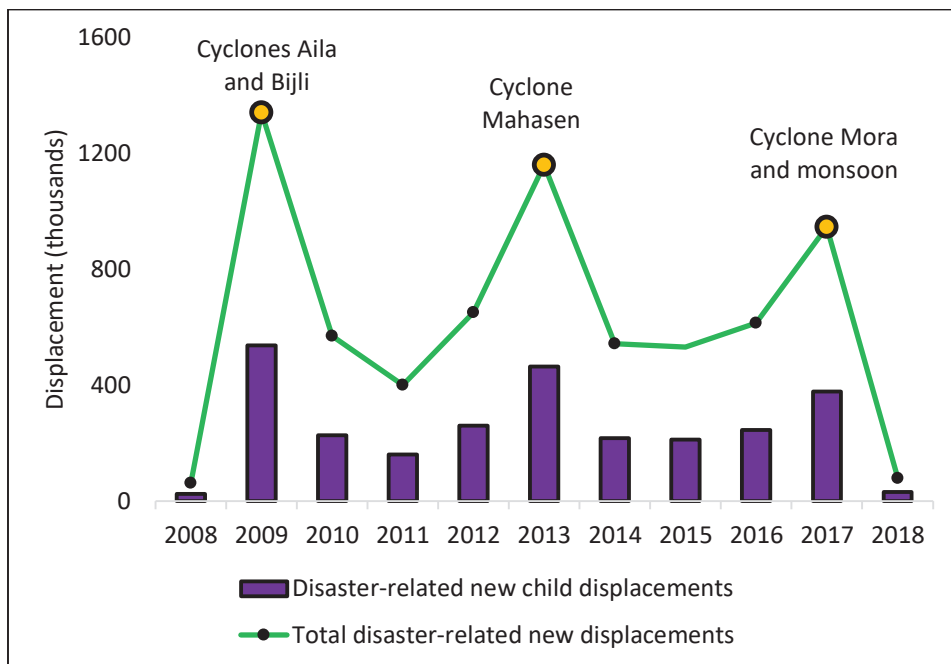
All the children in the previously mentioned stock of children on the move, 11-15.8 million, are not likely to be equally vulnerable. Data on vulnerable children on the move are not available, but the limited information accessible on children engaged in employment and disaster-induced displacements might provide some clues to the stock of vulnerable children. Data or derived data on displacements resulting from climate disruptions (2008-2019), conflicts, children engaging in employment, and refugee population can be used to provide an estimate for vulnerable children on the move.¹⁵ This approximation should be considered as conservative as all sources of displacements have not been possible to consider (e.g., unavailability of data on trafficked children), and a lot of displacements go unreported for pockets/sources for which data exist. With those caveats in place, a conservative estimate of the stock of vulnerable children on the move is estimated to be around 3.3 million.

Figure 13: Estimate for the Stock of Vulnerable Children on the Move

Source: Authors' calculations using various data sources.

15 Sources: Climate Disruptions -- Internal Displacement Monitoring Centre (IDMC) and Reuters (2019, July 19); Voice of America, 'Bangladesh Rivers Overflow, Force 400,000 From Their Homes', July 2019, www.voanews.com/east-asia-pacific/bangladesh-rivers-overflow-force-400000-their-homes; Conflict -- IDMC; Engagement in Work -- Child Labour Force Survey (CLFS) 2013; Displaced Children From Neighbouring Countries (Rohingya Children) -- ReliefWeb (2019a, August 20). Calculation of displaced children due to engagement in work: At first, figures of the 'floating or no place of work' and 'domestic workers' categories from CLFS 2013 are added. The number of 'working children' in CLFS 2002-2003 is used to estimate rate of change in 'working children' for the period 2003-2013, and then applied the same rate to the figure obtained from adding the two categories to get an estimate for 2019.

Figure 14: Displacements Due to Climate Disruptions



Source: Authors' calculations and presentation using IDMC data.

Displacement due to climate disruptions has been found to be the main contributor to the estimated stock of vulnerable children on the move. Cyclones, floods, river erosion, and monsoonal rainfall are the primary causes of disaster-induced displacements (Figure 14), with major cyclones being the most significant one.

5. Policy and Initiative Mapping

Bangladesh has been making considerable investments to enhance the well-being of children. Parallel to the government, NGOs have also been contributing to the cause. This section delineates the country's budgetary allocation for children by the public sector, and maps different policies and initiatives by the government and NGOs that targets, or potentially targets, displaced children.

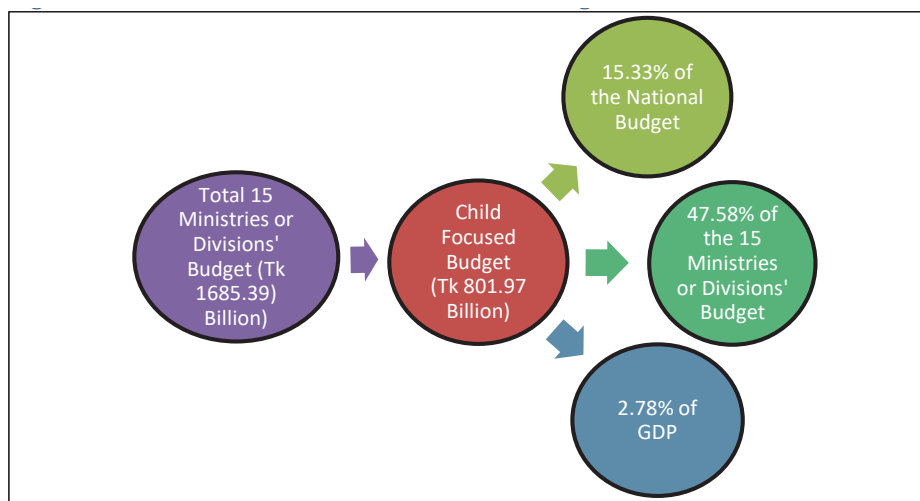
Budgetary Allocation for Children

The government has been publishing the child budget from 2015-2016. The budget shows how the rights and requirements of children are integrated in the national budget. The child budget framework follows the life-cycle approach that provides a child-centric budget structure. Due to the complex framework of the national budget, it is challenging to identify exactly how much has been allocated for children. At first, the government focused on five ministries that were involved in important activities relating to child rights. The number of ministries/divisions has been raised to 15 in FY20.

In the FY20 budget, the government allocated around Tk 1685 billion for the related 15 ministries/divisions, of which about Tk 802 billion was allocated for child-focused expenditure purposes. In total, 47.58 per cent of the related 15 ministries/divisions budget were allocated for child-focused expenditures, which is approximately 15.33 per cent of the national budget and 2.78 per cent of the GDP (Figure 15). Of the total allocation for the related 15 ministries/divisions, about 58.2 per cent of the allocation (around Tk 981 billion) is for education, health, and welfare purposes. The child-centric budget allocation increased from 43.6 per cent in 2018-19 to 47.58 per cent in 2019-20, and the government budget share for the child budget increased from 14.13 per cent in 2018-19 to 15.33 per cent in 2019-20 of the corresponding national budgets. As a programme-wise distribution of funds is not disclosed in the budget, it is not possible to estimate the allocation of funds for different aspects of child rights. However, from the ministry-and-division-wise allocation, it can be estimated that the allocation for children's education and health comprise around 65 per cent and 15 per cent of the total child-focused budget, respectively.

The allocation for childhood-related social safety net programmes decreased by around 15 per cent -- around Tk 62 billion to Tk 52 billion -- from 2018-19 to 2019-20. In 2018-19, the child-related SSP allocation in total SSP allocation was around 9.5 per cent of the total SSP allocation, which decreased to around 7 per cent in 2019-20. Primary school stipends and school feeding were among the programmes experiencing significant decreases in allocations. The child protection and child welfare programme's allocation more than doubled, from Tk 0.92 billion to Tk 1.89 billion. Allocations for programmes that may mitigate the effects on children due to climate disruptions, such as programmes for climate change, and development of haor and char areas, have increased.

Figure 15: Characteristics of the Child-Focused Budget in 2019–20



Source: Ministry of Finance, Child Budget, 2019–20.

Mapping of Policies and Initiatives

This sub-section maps the government and non-government policies and initiatives regarding children on the move. Some of the government documents are strictly regarding children -- some of which might address child displacement issues such as documents regarding child marriage and child labour -- and some are documents that might have initiatives in place for displaced children.

IMED, MoDMR, and UNICEF Bangladesh (2018) reviewed the effectiveness of government initiatives in reducing the disaster risks to, and impact of, climate change on children in Bangladesh. The study reviewed the initiatives through the perspective of child-centred adaptation (CCenA) -- which refers to ‘child-age and gender (boys and girls) responsive and hazard-specific adaptation action for the children and by the children’ -- and Disaster Risk Reduction (DRR), and created performance categories -- poor, moderate, and comprehensive -- to judge the initiatives. In total, 25 policy documents were analysed. Nine initiatives were related to environment, climate, and disaster, and the other 14 were related to UNICEF-themed areas like education, nutrition, and water, sanitation and hygiene facilities. None of the policies and strategies were assigned to the ‘comprehensive’ category, but most of these were assigned to the moderate category. The best-performing initiatives regarding climate disruptions and environment was the National Disaster Management Policy 2015. Among the other 14 documents, the National Education Policy 2010 and the Action Plan for Disaster Risk Reduction of Women and Children performed the best. Two development planning documents -- the Perspective Plan 2010-2021 (PP) and 7th Five Year Plan (7FYP) -- were also analysed. The PP was assigned to the moderate category. The 7FYP performed the best among all the documents reviewed, and was marginally assigned to the comprehensive category. The review advised to programme the initiatives through a life-cycle approach, and also emphasize on girls during and after disasters, due to their increased vulnerabilities during the mentioned periods.

Table 2: Mapping of Government Documents Regarding Children

Initiative	Description and progress
Children Act, 2013	The Children Act, 2013 has already been enacted. It has essential provisions for children that include the appointment of probation officers with detailed responsibilities; the establishment of Child Welfare Boards (CWBs) at the national, district, and upazila levels; the establishment of a Child Affairs Desk in every police station with a Child Affairs Police Officer (CAPO) in charge (and with duties defined to suit children’s needs); the establishment of Children’s Court, with child friendly environment, in every district headquarter and metropolitan area; diversionary measures and bail for children; confidentiality of the proceedings of the Children’s Court as per the direction of the court; and penalties for being cruel to a child, which include employing a child for begging, and giving intoxicants or dangerous drugs to a child. The UNCRC recommends 12 years or higher as the minimum age of criminal responsibility, but the act has set that age at nine years.

Initiative	Description and progress
Child Marriage Restraint Act, 2017	Child Marriage Restraint Act, 2017, though with salient prevention and punishment features, has come under scrutiny of rights' activists, due to some flexibility regarding the marriage age. Sometimes child marriage is performed, considering the best interests of the underage child and with the direction of the court. It is to be noted that some flexibility exists in many countries, even in developed ones, to accommodate for certain circumstances. For example, two states in the United States allow marriage of 14-year-old children under circumstances like pregnancy. MICS 2019 and MICS 2012-2013 indicate that there has been a slight fall in the percentage of early marriage (from 18.1% to 15.5%). Recently, Bangladeshi local administrations were able to thwart a number of child marriages, but the question then arises as to why people are still taking risks of punishment to engage in child marriages (United News of Bangladesh, 2019). The National Plan of Action to End Child Marriage (2018-2030) has also been formulated, which has short, medium, and long-term measures in place to battle child marriage.
Domestic Worker's Protection Policy, 2015 and Labour Act, 2006	Domestic Worker's Protection Policy, 2015, gives rights to and provides safeguards for both domestic workers and employers, but a structure defining minimum wages and hours would have been welcomed. Bangladesh is also working on the prohibition of corporal punishment, which is encouraging. The Labour Act, 2006, has set the age of a working child at 14. The general disposition of the law is to prohibit all forms of child labour as fast as possible, but child labour is an intrinsic element of the socio-economy of Bangladesh. There is a wide existence of child labour in rural agriculture and other formal/informal sectors (Government of the People's Republic of Bangladesh, n.d.).
National Child Labour Elimination Policy (NCEP) – 2010	The National Child Labour Elimination Policy (NCEP), 2010, is being implemented by the Ministry of Labour and Employment to oversee the working conditions of children, and to ensure a healthy and secure working environment for them. Bangladesh is doing well in terms of prevalence of child labour, which is at 10.1%, compared to the LDCs, whose average of the indicator stands at 29% (UNICEF, 2019c).

Table 3: Mapping of Government Documents that Might cover Displaced Children

Initiative	Description
National Plan for Disaster Management (NPDM 2016–2021)	<p>The document identified that there was a limited focus on children, women, and elderly in the previous NPDM (2010-2015). The plan promotes the use of resources, especially improved technology, for forecasting and early warning systems, emergency response capacity building, sector-wise preparedness, inclusive recovery and rehabilitation, business continuity, and multi-hazard response and recovery measures. It aims to develop an early/medium/long-term recovery and rehabilitation strategy, with a robust framework to include gender, children, senior citizens, and disability for disaster-affected or displaced households.¹⁶ The plan also has provisions for recovery from riverbank erosion, drought, and other localized disasters. Although displaced children were not mentioned specifically, the plan covers displaced children affected by climate disruptions.</p> <p>A set of thematic and regional workshops and consultations were conducted to gain insights on what national and regional disaster management initiatives need to be taken. One of these revealed the need for the creation of a national database with disaggregated data (gender, age, and disability disaggregated) of displaced populations.</p>
The Disaster Management Act (2012)	<p>The act does not specifically address the issue of displaced population, and hence does not address the issue of displaced children. But it mentions that while providing assistance, preference would be given on protection and risk reduction for the ultra-poor and under-privileged communities such as women, children, the elderly, and handicapped persons.</p>
Bangladesh Climate Change Strategy and Action Plan (BCCSAP–2009)	<p>This initiative includes comprehensive adaptation actions that focus, although limitedly, on child-risk management. Specific measures taken to address issues faced by displaced children are not mentioned, but the measures do cover displaced children, as the plan focuses on providing food security and social protection to the poorest and most vulnerable -- including women and children, so that they are safeguarded from climate change. Provisions include food, safe housing, employment, and access to basic services among others.</p>
National Adaptation Programme of Action (NAPA), 2009	<p>The initiative provides disaster response and adaptation measures, but lacks the focus on children. Displaced children are not mentioned, neither directly nor indirectly.</p>
Standing Orders on Disaster (SOD), 2010	<p>The strategy provides for the organization of “rapid assessment of damage and vulnerability of people giving special attention to women and children (orphaned, separated, displaced) in coordination with the Ministries of Women and Children Affairs and Social Welfare”. So, displaced children are directly mentioned in this document.¹⁷</p>

16 The term ‘displaced’ in many documents might not be as broad as considered in this report. For example, documents might use the term only to refer to people displaced by climate disruptions.

17 Although the term ‘displaced’ is mentioned in the document, it might not cover all the issues this report considers when defining ‘displaced children’.

Initiative	Description
Intended Nationally Determined Contributions (INDCs)	The strategy does not include provisions regarding children and displaced people. It includes mitigation and adaptation measures to tackle climate change.
Perspective Plan 2010–2021	The plan is child-and-gender-sensitive, but the issue of displaced children has not been addressed directly. The document mentions the provision of social protection to displaced people.
7th Five Year Plan	The document has set comprehensive measures as targets regarding the education, health, and social protection of children. It includes climate change issues regarding children. The document mentions the measures needed for a displaced population. Although displaced children are not mentioned specifically, measures do cover their issues.

Table 4: Mapping of Government Activities that Might Cover Displaced Children

Ministry/ Department/ Division	Description
Ministry of Disaster Management and Relief (MoDMR)	Since December 2019, the MoDMR started allocating funds, especially for child victims of natural (or other) disasters. At the primary stage, Tk 6 million has been allocated for the purchase of clothes for children suffering from cold waves in 30 districts. In the future, the MoDMR plans for a special budgetary allocation for nutrition and food necessities of infants and children.
Ministry of Social Welfare (MoSW)	<p>Twenty-two new government children's homes are under construction, and the construction of 35 more homes for children are already in the plan. Twelve Sheikh Russell Training and Rehabilitation Centres are being established in various cities for the development of street children. The ministry plans to extend these training and rehabilitation centres in many other districts as well. The ministry is also running six safe homes for women and socially abused girl in six divisions.</p> <p>The ministry prioritizes the enhancement of the well-being and rehabilitation of helpless girls. The plan is to provide social security through government organizations to around 8,500 of these children per year.</p> <p>The ministry has also been involved in, and has plans in place, for various programmes that might address the issues of displaced children, and improve the lives of children living in places with high displacement risks, like the haor areas.</p>

Ministry/ Department/ Division	Description
Department of Social Services (DSS), Ministry of Social Welfare (MoSW)	<p>The DSS has children's homes in place for orphans. The objectives of their children's homes, Sarkari Shishu Paribars (State Children Homes), are to take care of, protect, maintain, and to provide food, education, training, medical, and recreational facilities, and also to rehabilitate the orphans. There are 85 Sarkari Shishu Paribars under the DSS all over the country, with a capacity of 10,300 orphans -- among which 43 institutions are earmarked for boys, 41 for girls and one for both sexes. A total number of 51,342 orphans have been rehabilitated through this programme to date. The national child helpline project is being implemented by the Department of Social Welfare and Ministry of Social Welfare, with financial and technical assistance from UNICEF. Any child at risk will be able to receive help by calling this helpline -- 1098.</p>
	<p>From its inception in December 2015 to November 2018, it had the following successes:</p> <ul style="list-style-type: none"> • Addressing 1,691 violence against child cases. • Providing solution to 789 family issues. • Rehabilitating or return to family of 2,421 homeless and helpless/lost children. • Provision of legal aid to 10,522 children. • Provision of health-related information and advice to 9,170 children. • Provision of assistance on education, by connecting to schoolteachers, managing committees, and parents, to 2,814 children. • 226 cases of providing advice and information of the dangers of drugs and intoxicants, and referrals to rehabilitation centres. • Restraining child marriage of 1,527 children.

Non-Government Activities that Might Cover Displaced Children

A host of NGOs, both domestic and international, are providing their services to the vulnerable and displaced children, including the Rohingyas. Rights Jessore, among other organizations, emphasizes on the protection and promotion of human rights, prevention of human trafficking, and providing services to victims, including children, of human trafficking. Its provisions include support for victim rescue, repatriation, reintegration, and rehabilitation. There are organizations, such as Ahsania Mission, which are working for the rehabilitation and provision of support to the helpless, poor, and distressed street children of urban city centres. Save the Children (Bangladesh) also runs programmes for vulnerable groups such as children of sex workers and trafficked children. They help these children get access to health, education, and protection services. NGOs such as BRAC have been running successful poverty alleviation, education, and health programmes, especially in the rural areas of Bangladesh.

Rights Jessore, Technical Assistance Inc. (TAI), Bangladesh Legal Aid and Services Trust (BLAST), BRAC, United Nations Development Programme (UNDP), Community Development Centre (CODEC), and Relief International (RI), among others, have been playing an important role by providing child-protection services to Rohingya children. Many other NGOs, including the aforementioned ones, are also working in other sectors

such as education, health, nutrition, and shelter for Rohingya children. The support measures are, however, grossly inadequate given the nature of the crisis and the children's needs.

6. Concluding Remarks

Children on the move is a complex concept consisting of a broad range of interlinked issues. A comprehensive source of information does not exist for this phenomenon. Consequently, undertaking informed policy analyses is not possible. Child displacement can also be region-specific, and is often associated with the poorest and the most vulnerable population segments. As a result, undertaking a nationally representative survey cannot often capture the dynamics of the phenomenon. Therefore, a more apt approach is to undertake various customized surveys, and then to infer about the extent and magnitude of child displacement and its related problems in Bangladesh. Such specific surveys and analyses will also be important in identifying the root causes of the displacement and associated problems, and provide remedial measures. Given the nature of the diverse features of the phenomenon, across-the-board policy measure may not be adequate in dealing with the issue of children on the move. In certain cases where the information on the determinants or pre-conditions of child displacement is known, microdata or survey data on the pockets or hotspots of the phenomenon would be needed to gain insights on the development of the phenomenon at timely intervals. For example, regions affected by climate disruptions; regions hosting vulnerable population groups; and regions comprising urban informal employment sectors, which accommodate displaced children, are areas where regular survey and analyses can be undertaken to generate information needed to ascertain the trends of children on the move.

Few other recommendations, based on the evidences and analyses -- which provided insights on the root causes of child displacement -- presented in the report, can be considered as follows:

- **Poverty and deprivation appear to be major causes of children on the move, and thus tackling it could reduce undesirable child migration.** While economic growth, employment generation and reduced income inequality can contribute to poor and vulnerable groups' improved economic and welfare situations, bolstering direct bottom-up approaches targeting their needs and vulnerabilities would also benefit children in disadvantaged regions and households.
- **Universal child benefit programme and strengthening of the Social Security Programmes (SSPs) would help alleviate the poverty situation.** A universal benefit programme for children would also help safeguard children from covariate shocks. Effective implementation of the National Social Security Strategy would greatly tackle poverty and vulnerability situations in the country, while promoting children's welfare. SSPs also need to be expanded to the urban poor and already displaced children, such as street and slum children, to lift them out of deprivation and help them develop their potential.
- **Strengthening climate-related preparation and response could help mitigate the detrimental effects -- child displacements and its related adverse issues -- of climate disruptions.** Infrastructural development could be promoted to build

resilience against climate disruptions. This might help reduce climate-induced displacements. Child-and-gender-sensitive climate mitigation and adaptation measures must be developed to protect the rights and interests of the children.

- **Increased policy support and practical on-the-ground, well-managed initiatives targeting vulnerable children (e.g., children subject to household violence, orphans, school dropouts, and children engaged in employment) need to be tackled to contain the undesirable aspects of children on the move.** Relevant government ministries and departments such as the Ministry of Disaster Management and Relief (MoDMR), the Ministry of Social Welfare (MoSW), and the Department of Social Services (DSS) should expand their support programmes for vulnerable children, with increased support from development partners such as UNICEF. Likewise, NGOs could also expand their activities related to these children.
- **Effective monitoring and assessment of effectiveness of the child budget are required to achieve the desired results of the budget.** The budget needs to be more transparent on its allocation to specific programmes. This will create the space for the monitoring of public spending, and thus will contribute to improving accountability. This would also help assess the capacity of the institutions to bring about fruitful results. Furthermore, the budget could be improved if targeted allocations are made to specific deprived/vulnerable geographic areas.

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Appendix A: Division-Wise Migration and Poverty Rates

Division of Origin	Proportion of migration to slums in total (national) migration to slums	Total migration to slums (per 1,000 people)	Total out-division migration into slums (per 1,000 people)	Total in-division migration to slums (per 1,000 people)	Differential between total in-division migration to slums rate and out-division migration to slums rate	Proportion of out-division migration in total (national) out-division migration to slums	Proportion of in-division migration in total (division) migration to slums	Proportion of out-division migration in total (national) out-division migration to slums	Average poverty rate (upper poverty line)	Difference from national average poverty rate
Rangpur	9%	13.6	6.3	7.3	1.0	46%	54%	15%	42%	37%
Barishal	13%	36.5	30.7	5.8	-24.8	84%	16%	39%	38%	25%
Khulna	8%	12.2	3.0	9.3	6.3	24%	76%	7%	32%	4%
Dhaka	33%	16.2	1.6	14.6	13.0	10%	90%	11%	31%	-1%
Rajshahi	7%	8.0	2.7	5.3	2.5	34%	66%	8%	27%	-11%
Chattogram	25%	20.2	3.6	16.6	13.0	18%	82%	16%	26%	-15%
Sylhet	4%	8.6	2.1	6.5	4.3	25%	75%	3%	25%	-18%

Source: Authors' calculation using data from the Census of Slum Areas and Floating Population 2014, BBS, and Poverty Maps of Bangladesh 2010: Technical Report, World Bank.

Appendix B: District-Wise Migration and Poverty Rates

Ranking by level of poverty	District	Division	Total migration to slums per 1,000 people	In-division migration to slums per 1,000 people	Out-division migration to slums per 1,000 people	Differential (in-division migration to slums per 1,000 people – out-division migration to slums per 1,000 people)	Average poverty rate (%)
1	Kurigram	Rangpur	9.3	5.0	4.3	0.7	63.7
2	Barishal	Barishal	58.5	14.7	43.8	-29.0	54.8
3	Shariatpur	Dhaka	22.6	21.0	1.6	19.3	52.6
4	Jamalpur	Dhaka	21.4	20.3	1.1	19.3	51.1
5	Chandpur	Chattogram	21.3	13.4	7.9	5.6	51
6	Mymensingh	Dhaka	25.0	22.5	2.5	20.0	50.5
7	Sherpur	Dhaka	27.3	26.9	0.3	26.6	48.4
8	Gaibandha	Rangpur	15.3	3.7	11.6	-8.0	48
9	Satkhira	Khulna	5.8	4.1	1.7	2.5	46.3
10	Rangpur	Rangpur	22.1	9.5	12.6	-3.2	46.2
11	Magura	Khulna	6.4	1.6	4.8	-3.2	45.4
12	Pirojpur	Barishal	11.3	0.6	10.7	-10.1	44.1
13	Bagerhat	Khulna	20.2	12.6	7.6	5.0	42.8
14	Gopalganj	Dhaka	11.1	7.4	3.7	3.7	42.7
15	Rajbari	Dhaka	6.8	5.8	1.1	4.7	41.9
16	Jhalokati	Barishal	15.5	2.9	12.6	-9.7	40.5
17	Bandarban	Chattogram	13.0	10.9	2.1	8.9	40.1
18	Jessore	Khulna	9.3	6.9	2.4	4.4	39
19	Khulna	Khulna	27.8	24.0	3.9	20.1	38.8
20	Sirajganj	Rajshahi	6.0	3.6	2.4	1.3	38.7
21	Cumilla	Chattogram	19.2	12.4	6.8	5.6	37.9
22	Dinajpur	Rangpur	13.5	9.8	3.7	6.0	37.9
23	Faridpur	Dhaka	20.8	15.8	5.0	10.8	36.3
24	Netrokona	Dhaka	15.1	11.0	4.1	7.0	35.3

Ranking by level of poverty	District	Division	Total migration to slums per 1,000 people	In-divison migration to slums per 1,000 people	Out-divison migration to slums per 1,000 people	Differential (in-divison migration to slums per 1,000 people – out-divison migration to slums per 1,000 people)	Average poverty rate (%)
25	Natore	Rajshahi	5.7	3.2	2.5	0.8	35.1
26	Madaripur	Dhaka	16.6	14.8	1.7	13.1	34.9
27	Nilphamari	Rangpur	11.4	8.6	2.8	5.8	34.8
28	Lalmonirhat	Rangpur	13.1	9.3	3.8	5.5	34.5
29	Bhola	Barishal	54.0	2.4	51.5	-49.1	33.2
30	Cox's Bazar	Chattogram	26.1	25.4	0.6	24.8	32.7
31	Pabna	Rajshahi	8.2	5.4	2.8	2.6	31.5
32	Rajshahi	Rajshahi	17.4	15.3	2.1	13.2	31.4
33	Lakshmipur	Chattogram	5.5	3.6	1.8	1.8	31.2
34	Kishoreganj	Dhaka	26.1	19.6	6.5	13.2	30.3
35	Brahmanbaria	Chattogram	10.2	5.2	5.0	0.2	30
36	Tangail	Dhaka	3.7	3.4	0.3	3.1	29.7
37	Munshiganj	Dhaka	11.7	10.7	1.0	9.8	28.7
38	Chuadanga	Khulna	8.5	6.5	2.0	4.5	27.7
39	Thakurgaon	Rangpur	9.4	7.7	1.7	6.0	27
40	Joypurhat	Rajshahi	6.3	2.7	3.6	-0.9	26.7
41	Panchagarh	Rangpur	5.3	2.0	3.2	-1.2	26.7
42	Narayanganj	Dhaka	11.0	10.7	0.3	10.4	26.1
43	Sunamganj	Sylhet	10.4	8.6	1.8	6.7	26
44	Feni	Chattogram	14.2	10.3	3.9	6.4	25.9
45	Patuakhali	Barishal	17.9	2.2	15.7	-13.6	25.8
46	Maulvibazar	Sylhet	5.1	4.4	0.7	3.8	25.7
47	Khagrachhari	Chattogram	8.0	6.9	1.1	5.8	25.5
48	Chapainawabganj	Rajshahi	9.1	7.4	1.7	5.8	25.3
49	Habiganj	Sylhet	9.2	6.1	3.2	2.9	25.3

Ranking by level of poverty	District	Division	Total migration to slums per 1,000 people	In-migration to slums per 1,000 people	Out-migration to slums per 1,000 people	Differential (in-migration to slums per 1,000 people – out-migration to slums per 1,000 people)	Average poverty rate (%)
50	Jhenaidaha	Khulna	2.8	1.6	1.2	0.4	24.7
51	Sylhet	Sylhet	8.8	6.3	2.5	3.8	24.1
52	Narsingdi	Dhaka	5.8	5.1	0.6	4.5	23.8
53	Rangamati	Chattogram	27.0	25.9	1.1	24.8	20.3
54	Narail	Khulna	8.5	6.1	2.4	3.7	20
55	Gazipur	Dhaka	10.5	10.1	0.4	9.7	19.4
56	Barguna	Barishal	24.3	4.8	19.6	-14.8	19
57	Manikganj	Dhaka	4.0	3.4	0.7	2.7	18.5
58	Naogaon	Rajshahi	3.5	1.1	2.3	-1.2	16.9
59	Bogura	Rajshahi	7.2	2.9	4.3	-1.4	16.6
60	Dhaka	Dhaka	18.4	18.0	0.4	17.5	15.7
61	Meherpur	Khulna	5.7	4.5	1.2	3.4	15.2
62	Chattogram	Chattogram	27.8	27.4	0.4	27.0	11.5
63	Noakhali	Chattogram	20.3	15.2	5.1	10.1	9.6
64	Kushtia	Khulna	16.1	13.5	2.7	10.8	3.6

Source: Authors' calculation using data from the Census of Slum Areas and Floating Population 2014, BBS, and Poverty Maps of Bangladesh 2010: Technical Report, World Bank.

Note: The coloured cells in the 2nd columns are marked as environmentally vulnerable (see Marshall and Rahman (2013) and urban centres. Blue-coloured cells in the 2nd column belong to the coastal zone, which is affected by cyclone and other climatic risks, and challenges such as salinization and sea water incursion. Orange-coloured cells in the 2nd column represent the Monga-affected districts. Green-coloured cells in the 2nd column represent the districts comprising Haors, which faces seasonal severe flooding and remoteness. Yellow-coloured cells in the 2nd column represent the districts with major urban centres.

The bold figures in columns 4, 5, 6, and 8 represent figures belonging to the top 40% in the respective columns. Bold figures in column 7 represent figures belonging to the bottom 40% of the column.

List of Notable Publications by General Economics Division (GED) Bangladesh Planning Commission since 2009 till December 2021

1	Policy Study on Financing Growth and Poverty Reduction: Policy Challenges and Options in Bangladesh (May 2009)
2	Policy Study on Responding to the Millennium Development Challenge Through Private Sectors Involvement in Bangladesh (May 2009)
3	Policy Study on The Probable Impacts of Climate Change on Poverty and Economic Growth and the Options of Coping with Adverse Effect of Climate Change in Bangladesh (May 2009)
4	Steps Towards Change: National Strategy for Accelerated Poverty Reduction II (Revised) FY 2009 -11 (December 2009)
5	Millennium Development Goals: Bangladesh Progress Report-2009 (2009)
6	Millennium Development Goals: Needs Assessment and Costing 2009-2015 Bangladesh (July 2009)
7	এমডিজি কর্ম-পরিকল্পনা (৫১টি উপজেলা) (জানুয়ারি-জুন ২০১০)
8	MDG Action Plan (51 Upazillas) (January 2011)
9	MDG Financing Strategy for Bangladesh (April 2011)
10	SAARC Development Goals: Bangladesh Progress Report-2011 (August 2011)
11	Background Papers of the Sixth Five Year Plan (Volume 1-4) (September 2011)
12	6 th Five Year Plan (FY 2011-FY 2015) (December 2011)
13	Millennium Development Goals: Bangladesh Progress Report-2011 (February 2012)
14	Perspective Plan of Bangladesh 2010-2021: Making Vision 2021 a Reality (April 2012)
15	Public Expenditure for Climate Change: Bangladesh Climate Public Expenditure and Institutional Review (October 2012)
16	Development of Results Framework for Private Sectors Development in Bangladesh (2012)
17	ষষ্ঠ পঞ্চবার্ষিক পরিকল্পনা (২০১১-১৫) বাংলা অনুবাদ (অক্টোবর ২০১২)
18	Climate Fiscal Framework (October 2012)
19	Public Expenditure for Climate Change: Bangladesh CPEIR 2012
20	First Implementation Review of the Sixth Five Year Plan -2012 (January 2013)
21	বাংলাদেশের প্রথম প্রেক্ষিত পরিকল্পনা ২০১০-২০২১ রূপকল্প ২০২১ বাস্তবে রূপায়ণ (ফেব্রুয়ারি ২০১৩)
22	National Sustainable Development Strategy (2010-2021) (May 2013)
23	জাতীয় টেকসই উন্নয়ন কৌশলপত্র (২০১০-২০২১) [মূল ইংরেজি থেকে বাংলায় অনূদিত] (মে ২০১৩)
24	Millennium Development Goals: Bangladesh Progress Report-2012 (June 2013)
25	Post 2015 Development Agenda: Bangladesh Proposal to UN (June 2013)
26	National Policy Dialogue on Population Dynamics, Demographic Dividend, Ageing Population & Capacity Building of GED [UNFPA Supported GED Project Output1] (December 2013)
27	Capacity Building Strategy for Climate Mainstreaming: A Strategy for Public Sector Planning Professionals (2013)
28	Revealing Changes: An Impact Assessment of Training on Poverty-Environment Climate-Disaster Nexus (January 2014)

29	Towards Resilient Development: Scope for Mainstreaming Poverty, Environment, Climate Change and Disaster in Development Projects (January 2014)
30	An Indicator Framework for Inclusive and Resilient Development (January 2014)
31	Capacity Building Strategy for Climate Mainstreaming: A Strategy for Public Sector Planning Professionals (2013)
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34	An Indicator Framework for Inclusive and Resilient Development (January 2014)
35	Manual of Instructions for Preparation of Development Project Proposal/Proforma Part-1 & Part 2 (March 2014)
36	SAARC Development Goals: Bangladesh Progress Report-2013 (June 2014)
37	The Mid Term-Implementation Review of the Sixth Five Year Plan 2014 (July 2014)
38	Millennium Development Goals: Bangladesh Progress Report 2013 (August 2014).
39	Population Management Issues: Monograph-2 (March 2015)
40	GED Policy Papers and Manuals (Volume 1-4) (June 2015)
41	National Social Security Strategy (NSSS) of Bangladesh (July 2015)
42	MDGs to Sustainable Development Transforming our World: SDG Agenda for Global Action (2015-2030)- A Brief for Bangladesh Delegation UNGA 70 th Session, 2015 (September 2015)
43	7 th Five Year Plan (2015/16-2019/20) (December 2015)
44	সপ্তম পঞ্চবার্ষিক পরিকল্পনা ২০১৫/১৬-২০১৯/২০ (ইংরেজি থেকে বাংলা অনূদিত) (অক্টোবর ২০১৬)
45	জাতীয় সামাজিক নিরাপত্তা কৌশলপত্র (অক্টোবর ২০১৬)
46	Population Management Issues: Monograph-3 (March 2016)
47	Bangladesh ICPD 1994-2014 Country Report (March 2016)
48	Policy Coherence: Mainstreaming SDGs into National Plan and Implementation (Prepared for Bangladesh Delegation to 71 st UNGA session, 2016) (September 2016)
49	Millennium Development Goals: End- period Stocktaking and Final Evaluation Report (2000-2015) (September 2016)
50	A Handbook on Mapping of Ministries by Targets in the implementation of SDGs aligning with 7 th Five Year Plan (2016-20) (September 2016)
51	Data Gap Analysis for Sustainable Development Goals (SDGs): Bangladesh Perspective (January 2017)
52	Environment and Climate Change Policy Gap Analysis in Haor Areas (February 2017)
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