



Bangladesh Development Updates on

MDG Achievements





Centre for Research and Information

The Centre for Research and Information (CRI) is a not-for-profit policy research organization which aims to create a platform for public discussion on important matters of national policy in Bangladesh.

Analyzing key challenges facing the nation, CRI explores through people-centered debate the political ideas and the policy reforms that will define progressive politics and policies in a new, digital Bangladesh.

With a focus on youth engagement and democratized debate, CRI aims to bring politics closer to the people.

Aims we have

CRI believes in the active participation of citizens in matters of national policy. By bridging the gap between people and politics, CRI hopes to empower citizens and afford them a stake in their society. The organization aims to generate high quality research and data on the opinions and views of people, especially young people in Bangladesh through creative, revolutionary methods. By doing so, the views of the people are given an unfiltered platform which can influence policy decisions on both a local and national scale.

Things we do

CRI takes a strategic approach to achieving its goals. It combines its resources and expertise with ground-breaking market research and polling aimed at various groups, especially young and student groups, to produce the following:

- High quality research into the concerns and priorities of young voters and the youth demographic in Bangladesh;
- Unique platforms for voicing the opinions of young Bangladeshis, such as Let's Talk and Policy Café;
- Publications and blogs produced to the highest editorial, design and production standards, whether in print or digital form;
- Pioneering marketing and promotion efforts, through television, radio and social media outlets;
- Cutting-edge media and publicity efforts aimed at and, in some cases, created by and for, young people themselves

Our Central Theme

The central theme with which CRI goes about its tasks is youth engagement. With that underlying objective in mind, CRI has created a number of unique platforms like Let's Talk and Policy Café which provide youths an unprecedented opportunity to express their opinions, views, hopes and fears. CRI wants to hear what young people have to say about national policy, politics and society. When young people talk, CRI is there to listen and make the nation listen.

Youth Centred Approaches

CRI believes that the young people of Bangladesh have ideas; innovative, creative ideas which can help transform Bangladesh if they are afforded the right platform. There are

numerous examples of talented young people making an impact in Bangladesh, be it through social and political activities or volunteer work in the community. Yet there are many people whose voices are not yet heard. CRI sees youth participation as a vital component for the future development of the country, and believes that the young people of Bangladesh do not have to wait until later in adulthood to shape their nation. Keeping this overriding objective in mind, CRI has arranged for the following programmes specifically tailored for the youths of Bangladesh:

Let's Talk

Let's Talk provides a much-needed avenue for young people to constructively engage with Members of Parliament, ministers and other prominent politicians and debate topical issues which are of relevance to them. Through the Let's Talk events, CRI helps to facilitate opportunities for informal but in-depth political dialogue among the future leaders of Bangladesh – the youth and the politicians. No topic is off the cards, there are no formalities nor are there pre-screened questions. Everything is up for discussion, and everyone is invited to share their opinion.

Policy Café

Policy Café is a forum for the youth to voice their assessments on national policy frameworks. It is an avenue of democratic exercises where every young person is expected to share his/her thoughts, opinion and ideas regarding the formulation and functioning of policies. It is a forum for the young generation to be engaged in policy discourses; simultaneously it's a floor for them to be heard by the policy makers of the nation. It is a forum for the youth to garner their assessment on national policies, acts, ordinances and other important national instruments. It is not an implementing agency rather it recognizes itself as an avenue of democratic exercises where every young citizen is expected to share his/her thoughts, opinion and ideas regarding policies. It is a platform for the youth to be engaged in policy discourses; simultaneously it's a floor for them to be heard by the policy makers of the country.

CRI Junction

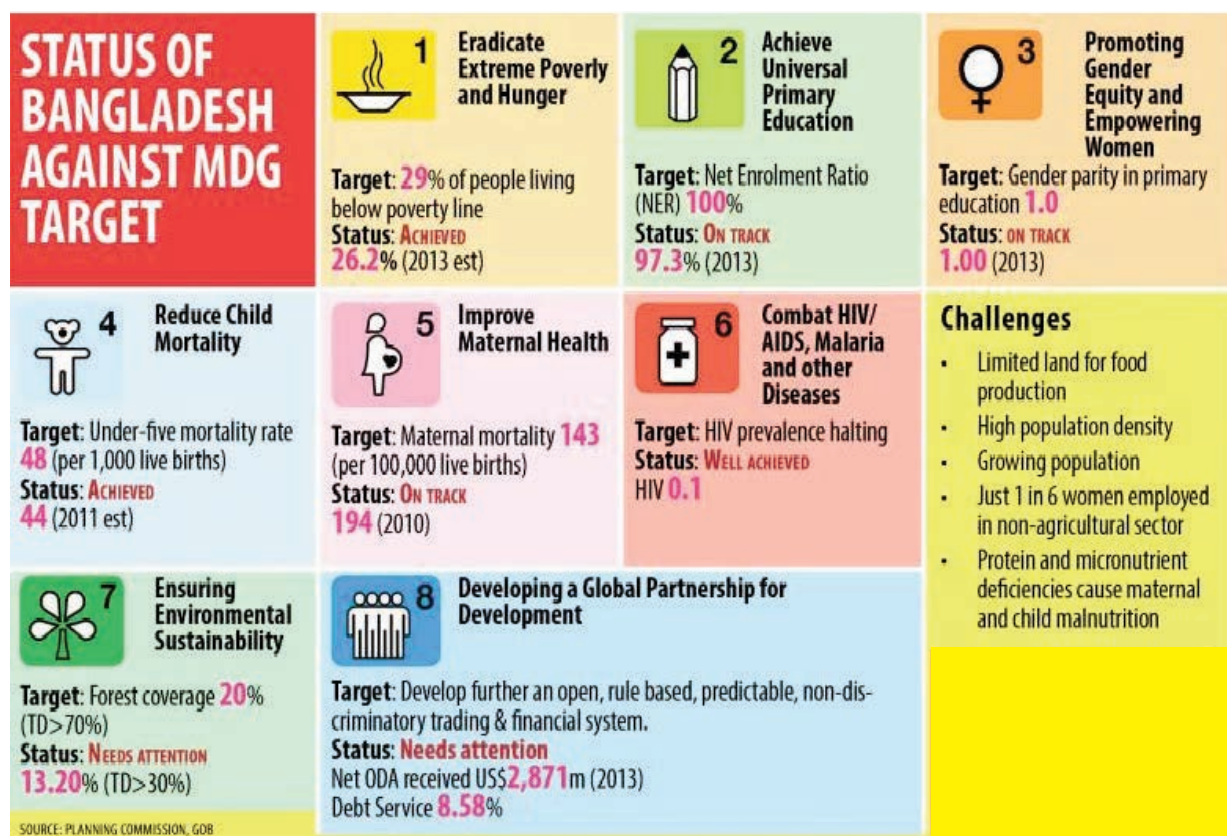
CRI Junction invites young poets, writers, artists, filmmakers, photographers, actors, performing artists and other cultural leaders to express their views on society and the world around them. The objective is to facilitate gatherings of young cultural groups, fuel intellectual debate and explore the various aspects of Bangali arts and culture which undoubtedly affect our nation today. Creative young minds are encouraged to share their ideas on Bangali heritage and culture and discuss how these feed into wider debates on national policy and current affairs. Topics discussed include the future profile of Bangladesh in a globalised world, Bangla language and literature, and the cross-cultural influences of the creative arts in modern Bangladesh.

Bangladesh Continues to be a Role Model in MDG Achievement

Bangladesh has already met several targets of the MDGs like reducing poverty gap ratio, attaining gender parity at primary and secondary education, under-five mortality rate reduction, containing HIV infection with access to antiretroviral drugs, children under five sleeping under insecticide treated bed nets, detection and cure rate of tuberculosis under directly observed treatment short course and others. In addition, Bangladesh has made remarkable progress in the areas of poverty reduction, reducing the prevalence of underweight children, increasing enrolment at primary schools, lowering the infant mortality rate and maternal mortality ratio, improving immunization coverage and reducing the incidence of communicable diseases.- UNDP[®]

The Millennium Development Goals, set forth in the UN Millennium Declaration 2000, are a set of numerical and time-bound targets to be achieved by 2015, taking 1990 as the base year. The MDGs are a set of quantified and time-bound goals marked as a strong commitment to the right to development, to peace and security, to gender equality, to eradication of many dimensions of poverty and to sustainable human development. To bring the people of lagging countries into mainstream development 189 countries (there are 193 currently) adopted the MDGs having eight goals, 21 targets and 60 indicators in 2000.

The terminal year (2015) of the Millennium Development Goals (MDGs) is drawing near and it is encouraging to note that Bangladesh has already met several targets of the MDGs like reducing headcount poverty and poverty gap ratio, attaining gender parity at primary and secondary education, under five mortality rate reduction, containing HIV infection with access to antiretroviral drugs, children under five sleeping under insecticide treated bed nets, detection and cure rate of TB under DOTS and others. In addition, Bangladesh has made remarkable progress in reducing the prevalence of underweight children, increasing enrolment at primary schools, lowering the infant mortality rate and maternal mortality ratio, improving immunization coverage and reducing the incidence of communicable diseases. ⁽ⁱⁱⁱ⁾



SOURCE: PLANNING COMMISSION, GOB

FULFILLING TARGETS USING OWN RESOURCES

Bangladesh has made significant strides in achieving major MDG targets, mostly utilising its own fund, though the daunting task required a great deal of foreign assistance. According to the MDG Bangladesh Country Report 2013, despite having resource constraints, Bangladesh is on the right track in achieving MDG targets with remarkable successes in poverty alleviation, gender equality, checking infant death and reining in HIV spread and tuberculosis. For accomplishing all the targets Bangladesh requires US \$78.2 billion during 2011-2015, but its annual average Official Development Assistance (ODA) receipts was only \$1.68 billion against its yearly requirement of \$3 billion to \$5 billion which is much lower than the necessity. The report further suggests that of the \$1.68 billion ODA, 48.24 percent has been spent in some of sectors like education, health, social welfare, labour, rural development, public administration and social infrastructure. The figures clearly indicate that arrangement of own resources contributed the most to the MDG achievement.

BANGLADESH COUNTRY REPORT 2013: GOAL WISE ACHIEVEMENT

Goal 1: Eradicate Extreme Poverty and Hunger



Bangladesh has made commendable progress in respect of eradication of poverty and hunger. It has sustained a GDP growth rate in excess of 6 percent in recent years that has played a positive role in eradicating poverty. The robust growth has been accompanied by corresponding improvements in several social indicators such as increased life expectancy and lower fertility rate despite having one of the world's highest population densities.

The inclusive growth has resulted in impressive poverty reduction from 56.7 percent in 1991-92 to 31.5 percent in 2010; the rate of reduction being faster in the present decade than the earlier ones. The latest HIES 2010 data show that the incidence of poverty has declined at an annual rate of 2.47 percent in Bangladesh during 1992-2010 against the MDG target of 2.12 percent. Bangladesh has already met one of the indicators of target 1 by bringing down the poverty gap ratio to 6.5 against 2015 target of 8.0. ⁽ⁱⁱⁱ⁾

Target	Indicator	Benchmark (Year)	Current progress (Reference)	Target (Year)
Reduce by half the proportion of people who suffer from hunger	Prevalence of underweight among children <5 years of age (%)	66.0 (1990)	36.4 (BDHS 2011)* 35.0 (UESDS 2013)	33.0 (2015)
	Population below minimum level of dietary energy consumption (%)	28.0 (1990)	17.0 (WB 2011)*	14.0 (2015)

Table 1: Goal 1: Eradicate extreme poverty and hunger ^(iv)

Goal 2: Achieve Universal Primary Education



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

Goal 3: Promote Gender Equality and Empower Women

Bangladesh has already achieved this goal i.e. gender parity in primary and secondary education at the national level. This



positive development has occurred due to some specific public interventions focusing on girl students, such as stipends and exemption of tuition fees for girls in rural areas, and the stipend scheme for girls at the secondary level. Bangladesh has made significant progress in promoting the objectives of ensuring gender equality and empowerment of women.

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Goal 4: Reduce Child Mortality



Bangladesh is on track in meeting the target of this goal measured in three different indicators like under-five mortality rate, infant mortality rate and immunization against measles.

The successful programs for immunization, control of diarrhoeal diseases and Vitamin A supplementation are considered to be the most significant contributors to the decline in child and infant deaths along with potential effect of overall economic and social development. Despite these improvements, there are challenges ahead. While the mortality rates have improved, major inequalities among the population segments still need to be addressed. Childhood injuries, especially drowning, have emerged as a considerable public health problem responsible for a full quarter of the deaths among children 1-4 years of age.

Target	Indicator	Benchmark (Year)	Current progress (Reference)	Target (Year)
Reduce by two-thirds the mortality rate among under-five children	Death rate among under-five children/1,000 livebirths	144.0 (1990)	41.0 (UN 2013)** 44.0 (SVRS 2011) 53.0 (BDHS 2011)	48.0 (2015)
	Infant mortality rate/1,000 livebirths	94.0 (1990)	33.0 (UN 2013)* 35.0 (SVRS 2011) 43.0 (BDHS 2011)	31.3 (2015)
	1-year old children immunized against measles (%)	52.0 (1991)	85.5% (BECES 2012)* 87.5 (BDHS 2011)	100.0 (2015)

Table 2: Goal 4: Reduce child mortality ^(v)

Goal 5: Improve Maternal Health



According to Bangladesh Maternal Mortality Survey (BMMS), maternal mortality declined from 322 in 2001 to 194 in 2010, a 40 percent decline in nine years. The average rate of decline from the base year has been about 3.3 percent per year, compared with the average annual rate of reduction of 3.0 percent required for achieving the MDG in 2015. The BMMS 2001 and 2010 show that overall mortality among women in the reproductive ages has consistently declined during these nine years.

The Multiple Indicator Cluster Survey (MICS) of BBS & UNICEF have found 43.5 percent of women age 15-49 years with a live birth in the last 2 years were attended by skilled health personnel in 2012-2013, which was only 24.4 percent in 2009. The government has framed the National Health Policy, 2011 “with a view to revamping the health sector and the ‘National Population Policy 2012’” has also been finalized. Moreover, in order to strengthen primary healthcare facilities, the government has launched 12,217 community clinics to expand health services to the grassroots level. The innovative idea to use the Information and Communication Technology for progress of the health of women and children has already been acclaimed by the world. However, challenges remains in the area of access to reproductive health.

Target	Indicator	Benchmark (Year)	Current progress (Reference)	Target (Year)
Reduce by three-quarters the maternal mortality ratio	Maternal mortality ratio/100,000 livebirths	574.0 (1990)	170.00 (UN 2013)*	143.5 (2015)
	Births attended by skilled health personnel (%)	7.0 (1990)	26.5 (BMMS 2010) 43.5 (MICS 2012-2013)	50.0 (2015)
Ensure, by 2015, universal access to reproductive healthcare	Contraceptive prevalence rate (%)	39.9 (1991)	61.2 (BDHS 2011)* 61.8 (MICS 2012-2013)	72.0 (2016)
	Birth rate among adolescent mothers/1,000 women	77.0 (1990/91)	105.0 (BMMS 2010) 83.0 (MICS 2012-2013)	-
	Antenatal care coverage (at least one visit by skilled health professional) (%)	27.5 (1993)	54.6 (BDHS 2011) 58.7 (MICS 2012-2013)	100.0 (2015)
	Antenatal care coverage (at least four visits) (%)	05.5 (1993)	25.5 (BDHS 2011) 24.7 (MICS 2012-2013)	100.0 (2015)
	Unmet need for family planning (%)	19.4 (1993)	13.5 (BDHS 2011) 13.9 (MICS 2012-2013)	7.6 (2016)

Table 3: Goal 5: Improve maternal health ^(vi)

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



Bangladesh has performed well in halting communicable diseases under this goal. Available data show that the prevalence of HIV/AIDS in Bangladesh currently is less than 0.1 percent and thus is still below an epidemic level. According to National AIDS/STD Programmes (NASP), condom use rate at last high risk sex was 43.33 percent in 2013. According to National AIDS/STD Programmes (NASP), proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS is 17.70 percent in 2013. There was a significant improvement in the reduction of malarial deaths in the country over the years.

Target	Indicator	Benchmark (Year)	Current progress (Reference)	Target (Year)
Halt and begin to reverse the spread of HIV/AIDS	HIV prevalence among population aged 15-24 years (%)	0.005 (1990)	0.7% (NASP 2011)*	Halt (2015)
Ensure, by 2010, universal access to treatment for HIV/AIDS for all those who need	Population with advanced HIV infection with access to ARV drugs (%)	-	45.0 (UNGASS 2012)	100.0 (2015)
Halt and begin to reverse the incidence of malaria and other major diseases	Malaria prevalence/100,000 population	58.5 (2008)	18.4 (DGHS 2012)** Estimated based on reported malaria cases	29.3 (2015)
	Malarial death rate/100,000 population	0.106 (2008)	0.007 (DGHS 2012)** Estimated based on reported malaria cases	0.053 (2015)
	Under-five children sleeping under insecticide-treated bednets in endemic areas (%)	81.0 (2008)	94.4 (DGHS 2012)**	90.0 (2015)
	Under-five children with fever treated with appropriate antimalarial drugs (%)	60.0 (2008)	89.0 (DGHS 2011)*	90.0 (2015)
	TB (all forms) prevalence rate/100,000 population	639.0 (1990)	411.0 (DGHS 2011)*	320.0 (2015)
	TB death rate/100,000 population	76.0 (1990)	45.0 (DGHS 2011)*	38.0 (2015)
	New smear+ve TB case notification rate under DOTS (%)	21.0 (1994)	68.0 (NTP 2013)**	>70.0 (2015)
	TB cure rate (%) with DOTS	73.0 (1994)	92.0 (NTP 2012)**	>85.0 (2015)

Table 4: Goal 6: Combat HIV/AIDS, malaria, and other diseases ^(vii)

The prevalence of malaria per 100,000 population was 441.5 in 2005, which came down to 202 in 2013. The MIS data of National Malaria Control Programme (NMCP) show that the proportion of children under 5 sleeping under insecticide-treated bed nets in 13 high risk malaria districts was 81 percent in 2008 which has increased to 90.1 percent in 2013. The proportion of children under-5 with fever who are treated with appropriate anti-malarial drugs was 80 percent in 2008, which was recorded at 89.50 percent in 2013 and the target is to achieve 90 percent in 2015 is almost achieved. The death rate associated with TB was 61 per 100,000 populations in 1990. The current status is 45 in 2012 which shows that the country is on track to achieve the target. A total of 190,893 cases have been reported to NTP in 2013. So the overall case notification rate was 119 per 100,000 population. The case notification rate for new smear positives cases in 2013 was 68 per 100,000 population.

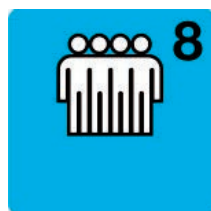
Goal 7: Ensure Environmental Sustainability



At present there is only 13.20 percent of land in Bangladesh having tree cover with density of 30 percent and above and the area having tree cover is much lower than the target set for 2015. Since 1991, there has been a steady increase in CO₂ emission in Bangladesh because of increasing development interventions and activities. In 2012, the emission was 0.32 tonne per capita.

At present the proportion of terrestrial and marine areas protected is 1.83 percent which is much less than the target of 5 percent. Data show that without considering the issue of arsenic contamination, 97.9 percent of the population of Bangladesh is using improved drinking water source; 55.9 percent of population is using improved sanitation in 2012-2013. However, access to safe water for all is a challenge, as arsenic and salinity intrusion as a consequence of climate change fall out will exacerbate availability of safe water especially for the poor.

Goal 8: Develop a Global Partnership for Development



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

Target	Indicator	Benchmark (Year)	Current progress (Reference)	Target (Year)
Reduce by half the percentage of people without sustainable access to safe drinking-water and basic sanitation (%)	Population using improved drinking-water sources (%)	78.0 (1990)	98.2 (SVRS 2011)* 97.9 (MICS 2012-2013)*	100.0 (2015)
	Population using improved sanitation facility (%)	39.2 (2006)	55.9 (MICS 2012-2013)* 63.6 (SVRS 2011)	100.0 (2015)

Table 5: Goal 7: Ensure environmental sustainability ^(viii)

Out of 34-member states of the OECD, only eight countries provided US\$ 624.9 million ODA to Bangladesh in 2012-13. The amount was about 22.23 percent of the total ODA received by Bangladesh in that particular year. The MDGs sectors like education, health, social welfare, labour, public administration and social infrastructure together with agriculture and rural development constituted around 48.24 percent of the total ODA outlay.









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

CONCLUDING OBSERVATIONS

A major concern in the country is the pervasive underemployment which has prevented the country from fully meeting the MDG 1. The challenge is to ensure poor economic growth that can lead to creation of more jobs, better employment and higher household income. Structural realities and constraints such as limited land for cultivation, high population density and a growing population represent significant challenges. To meet the future demand of a growing population, agricultural productivity growth, especially for rice and other crops, needs to be sustained.

According to GED's seventh report on MDG, Bangladesh has made success in lowering child low-weight problem and maternal mortality. It has progressed in ensuring primary education, expansion of vaccination campaign and bridling contagious diseases. The report, however, identified some areas which require more attention from policymakers.

The areas include bringing down hunger, poverty, creating jobs and ensuring more quality jobs for women, enhancing the rate of primary school completion and informal education, ensuring more health workers during pregnancy, and information on AIDS and expanding forests and the use of ICT.

MDGs: Bangladesh progress at a glance		
	1 MDG 1: Eradicate Extreme Poverty and Hunger: Bangladesh showing an impressive poverty reduction from 56.7% in 1991-92 to 31.5% in 2010	PROGRESS ON TRACK
	2 MDG 2: Achieve Universal Primary Education: Ensure that all boys and girls complete a full course of primary schooling Currently primary education rate is 97.3%	PROGRESS ON TRACK
	3 MDG 3: Promoting Gender Equity and Empowering Women: Eliminate gender disparity in primary & secondary education preferably by 2005, and at all levels 2015	PROGRESS ON TRACK
	4 MDG 4: Reduce child Mortality: Reduce by two thirds by 2015, the under-five mortality rate Bangladesh is on track in meeting the target of this goal	PROGRESS ON TRACK
	5 MDG 5: Improve Maternal Health: Reduce by the three quarters, by 2015, the maternal mortality ratio In Bangladesh maternal mortality declined from 322 in 2001 to 194 in 2010, a 40% decline in nine years	PROGRESS ON TRACK
	6 MDG 6: Combat HIV/AIDS, Malaria and other Diseases: Have halted by 2015 & begin to reverse the spread of HIV/AIDS Bangladesh performance in halting communicable diseases is satisfactory	PROGRESS NEED ATTENTION
	7 MDG 7: Ensuring Environmental Sustainability: At present there is only 13.20 % of land in Bangladesh having tree cover with density of 30 % and above and the area having tree cover is much lower than the target set for 2015	PROGRESS NEED ATTENTION
	8 MDG 8: Developing a Global Partnership for Development: Develop further an open rule-based, predictable, non-discriminatory trading & financial system On average Bangladesh's GDP has declined from 5.59% in FY 90-91 to 1.87% i	PROGRESS NEED ATTENTION

End Note

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- i. UNDP Bangladesh, Bangladesh Progress on the MDGs
<http://www.bd.undp.org/content/bangladesh/en/home/mdgoverview/>
- ii. MDG: Bangladesh Progress Report 2013, General Economic Division, Bangladesh Planning Commission
- iii. Welfare <http://www.bd.undp.org/content/bangladesh/en/home/mdgoverview/overview/mdg1/>
- iv. Health Bulletin 2014, Government of the People's Republic of Bangladesh Ministry of Health and Family
- v. Health Bulletin 2014, Government of the People's Republic of Bangladesh Ministry of Health and Family Welfare
- vi. *ibid*
- vii. *ibid*
- viii. *ibid*

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