

Discussion Paper.

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Bangladesh Gender Profile.

Achieving Gender Equality Outcomes in Priority Sectors
for German Financial Cooperation with Bangladesh.

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Preface

Gender relations in Bangladesh have been undergoing a process of considerable transformation over the last two decades as part of broader process of economic transition and social change. Although progress has been considerable in many spheres, women's changing roles have also given rise to a range of new challenges that require shifts in policy making and program implementation as well as the various social and cultural values which have informed and shaped implicit societal understandings of women's roles and responsibilities.

Recognising these considerable challenges, the German Government has supported the preparation of this gender profile to enable its development assistance program to Bangladesh to be responsive to and able to effectively partner the process of gender equality and women's empowerment. This commitment to gender equality as a core principle of German development co-operation, has been reaffirmed in the 2005 KfW Gender Strategy which underscores the central importance of gender analysis at program and sector level as key to the design and implementation of effective poverty reduction interventions.

This paper identifies some strategic recommendations for gender mainstreaming in the three priority sectors which are currently the focus of KfW development bank operations in Bangladesh including: economic reform and development of the market system (WIRAM) (with activities focused on promotion of the private sector; rural roads and markets and income generation programs – primarily for the rural poor); primary health care and family planning; and energy.

This publication is part of the *Gender and Development Papers*, a series launched by the German Development Bank (KfW) in 2004 in order to assess its operational impact on contributing to operationally relevant gender changes. Other papers are on - among others - Gender Mainstreaming in International Development Agencies, Gender and Poverty, Gender Links, Gender and Pro-Poor Growth, Gender Mainstreaming in KfW Operations in sub-Saharan Africa, and Gender Mainstreaming in Partner Countries.

The paper was written by Fabia Shah (gender consultant) under the guidance of Dr. Martin Raschen (Asia Department, KfW Entwicklungsbank).

SUMMARY

Gender relations in Bangladesh have been undergoing a process of considerable transformation over the last two decades as part of broader process of economic transition and social change. Although progress has been considerable in many spheres, women's changing roles have also given rise to a range of new challenges that require shifts in policy making and program implementation as well as the various social and cultural values which have informed and shaped implicit societal understandings of women's roles and responsibilities.

In particular, whilst poverty rates in Bangladesh have decreased in overall terms in recent years, vulnerability to poverty continues to have concrete gender dimensions. Significant disparities in employment and wage rates persist which, combined with considerable gaps in asset ownership, seriously limit women's economic opportunities. Gender-based capability poverty continues to be a key issue in the health and education sectors despite significant improvements in recent years – and is reflected in poor nutrition, maternal mortality and child mortality indicators - as well as gaps in primary and secondary enrolment versus completion rates, low achievement levels and high levels of adult female illiteracy. Whilst quota-based efforts have been made to increase the number of women in the public sector, there are still few women in decision-making positions and even fewer in positions of political leadership. Gender-based violence is also increasingly understood to be serious and growing problem in Bangladesh and female poverty and its specific vulnerabilities is also reflected in the sizable numbers of women and children trafficked each year to neighbouring countries and beyond.

These are considerable challenges which will continue to require effectively targeted programs framed by a commitment to mainstreaming gender equality at both the policy and program level. Recognising this, the German Government has supported the preparation of this gender profile to enable its development assistance program to Bangladesh to be responsive to and able to effectively partner the process of gender equality and women's empowerment. This commitment to gender equality as a core principle of German development co-operation, has been reaffirmed in the 2005 KfW Gender Strategy which underscores the central importance of gender analysis at program and sector level as key to the design and implementation of effective poverty reduction interventions.

Beginning with an overview of the national framework for promoting gender equality in Bangladesh, the paper proceeds to review the gender dimensions of the key drivers of poverty reduction efforts in Bangladesh including: economic development and growth; human development (including health and education); governance and political participation; and resource development and the environment as well as considering the issues of gender-based violence, trafficking and women in minority and marginalized groups. Building on this analysis, the paper then identifies some strategic recommendations for gender mainstreaming in the three priority sectors which are currently the focus of German development assistance and KfW development bank operations in Bangladesh including:

- economic reform and development of the market system (WIRAM) (with activities focused on promotion of the private sector; rural roads and markets and income generation programs – primarily for the rural poor);
- primary health care and family planning (providing support through the Bangladesh Health, Nutrition and Population Sector Programme for family planning services, HIV/AIDS prevention interventions and human resource development); and;
- energy (electricity generation and transmission, as well as promoting renewable energy use including improving quality and access to poor and rural consumers).

In addition to enabling KfW Staff to improve gender mainstreaming in the planning and implementation of the development cooperation program with Bangladesh, it is hoped that the sectoral analyses in this profile will also be useful to other development partners working towards the goal of gender equality. To enable readers to locate key documents a detailed bibliography with links to internet sources has also been included.

1. BACKGROUND

1. Achieving independence in 1972, Bangladesh which covers an area of only 147,570 square kilometres, is home to approximately 142 million people¹ making its population density of 900 people per square kilometre one of the most densely populated countries in the world. For administrative purposes, the country is divided into 6 divisions, 64 districts, and 496 upazilas (sub-districts). Muslims constitute almost 90 percent of the population of Bangladesh, Hindus constitute about 9 percent, and others constitute about 1 percent. Agriculture is the overwhelmingly dominant sector of the economy, occupying 80 percent of the total population and contributing 25 percent of gross domestic product (GDP).²

2. Bangladesh has made considerable progress in reducing consumption poverty over the last few decades. The World Bank has estimated that in the 1990's poverty levels fell by 9 percentage points from 1991/2 -2000 – an annual rate of decline of one percentage point.³ In comparison with other countries in the region, this places Bangladesh above Pakistan where poverty was largely stagnant in the 1990's, but just behind India where estimates vary between an annual decline of 1.7 and 1.2 percentage points over the 1993/94 – 1999/2000 period.⁴ Considerable regional variations in poverty levels persist however with urban poverty rates at 37% in 2000 considerably lower than rural rates of 53%, despite continued growth in urban poverty over the 1990's.⁵

3. Despite the real achievements in reducing income and non-income poverty, Bangladesh is still one of the poorest countries in the world ranking 138th out of 177 in the UNDP 2005 Human Development Index (HDI) with a HDI value of 0.520. Although this places Bangladesh in the category of medium human development countries, it ranks among the ten last countries in the category. Within the region, Bangladesh ranks below both Pakistan (HDI of 135) and India (HDI 127).⁶ GDP per capita is low at \$1770 and more than one-third of the population live below the absolute poverty line.⁷ Of concern, consumption expenditure inequality over the 1990's increased in Bangladesh from 30.7% to 36.8% in urban areas and from 24.3% to 27.1% in rural areas with an overall increase in the Gini index of inequality from 0.259 in 1991/2 to 0.306 in 2000.⁸

2. PROMOTING GENDER EQUALITY IN BANGLADESH- THE NATIONAL AND INTERNATIONAL CONTEXT

A. *Laws, Institutions and Policies Promoting Gender Equality*

4. At the international level, Bangladesh has ratified the UN Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) agreeing to the Optional Protocol in 2000. However, reservations on articles 2 and 16 pertaining to marriage, divorce and inheritance remain in force. In its fifth report to the CEDAW (2003),

¹ UNFPA, 2005. *Bangladesh Statistics*. <http://www.unfpa.org/profile/bangladesh.cfm> Accessed 6 December, 2005. The gender ratio of the population is 1.05 males to every female.

² NIPORT, Mitra and Associates, ORC Macro, 2005. *Bangladesh Demographic and Health Survey, 2004*. pg 1.

³ World Bank, 2005 a). *Attaining the Millennium Development Goals in Bangladesh*. pg 5.

⁴ *Ibid.* pp6-7.

⁵ *Ibid.* pg 5.

⁶ UNDP, 2005. *Human Development Report. International Cooperation at a Crossroads. Aid, trade and security in an unequal world*. pg.221

⁷ *Ibid.* pg. 268.

⁸ Government of Bangladesh, 2005. *Bangladesh. Unlocking the Potential. National Strategy for Accelerated Poverty Reduction* . pg 15

Bangladesh noted that it was assessing whether its reservation on Article 2 (relating to “Obligations to Eliminate Discrimination”) is in direct contradiction to Religious Personal Law which allows members of different faiths to practice marriage, divorce, alimony custody and guardianship in accordance with their religious faith.⁹ In relation to article 16 (“Equity in Marriage and Family Law”) although the GOB report noted the incompatibility between the “Personal Laws” and the Constitution, only a “commitment to removing such incompatibilities taking into due consideration the long prevalent traditions in society.”¹⁰ was given.

5. Bangladesh has enacted a number of laws at the national level to protect equality of rights and opportunities although a full review of their implementation and impact has not yet been undertaken. The Constitution of Bangladesh grants equal rights to women and men in all spheres of public life (Article 27, 28(1), 28(2), 28(3), 28(4), 29(1), 29(2) and 29(3)) and has been supplemented by a number of Acts and Ordinances to safeguard women’s equal rights such as the Dowry Prohibition Act of 1980, the Child Marriage Restraint Act (amended in 1984) and the Family Courts Ordinance of 1985. Although such laws provide part of the essential legal framework for protecting and promoting women’s equal rights in the public sphere, women continue to face considerable injustices in the home and in family life where the practice of a range of customs and traditions continue to undermine their rights to equality. The fifth periodic report of Bangladesh to the CEDAW Committee underlined the schism between women’s equality in the public and private sphere, noting that “the personal laws that govern family life are a major impediment for women in exercising their fundamental human rights regarding marriage, divorce, custody of children, alimony and property inheritance.”¹¹

6. **The Ministry of Women’s and Children’s Affairs (MWCA)** was established in 1978 and is headed at the administrative level by a Secretary who reports directly to the Minister. There are 2 Joint Secretary’s reporting to the Secretary – one responsible for the central programming functions related to women and children and the other for development and planning. Each Joint Secretary is assisted by 2-3 Deputy Secretary’s. The MWCA consists of three principal implementing agencies – the Department of Women’s Affairs (DWA), Jatiya Mohila Sangstha (JMS) and the Bangladesh Shishu (Children’s) Academy. Of these three, the DWA plays the principal role in providing technical and administrative support and advice to the Ministry and has 64 District and 394 sub-district offices. The JMS is a government supported national women’s organisation working in each of the 64 districts of the country and the Shishu Academy, which was also established in 1976, has a mandate for protecting and furthering the needs of children.¹²

7. **The National Policy for the Advancement of Women** was adopted in 1997 and includes commitments to eliminating discrimination against women and girls in all spheres and promoting women’s equality in areas such as education and training, health and nutrition, housing and shelter, political empowerment and public administration and the economy. A National Action Plan (NAP) for implementing the policy as well as meeting commitments under the Beijing Platform for Action (PfA) was approved in 1998. Regular monitoring of the NAP is the responsibility of the Women’s Development Implementation and Evaluation Committee which is headed by the Minister of the MCWA and was established in 1998 for this purpose as well as to monitor the progress of related gender mainstreaming initiatives.¹³ A key limitation of both the policy and the NAP is the absence

⁹ CEDAW, 2003. Consideration of Reports submitted by State Parties under Article 18 of the CEDAW. Fifth Periodic Report of State Parties. Bangladesh. (CEDAW/C/BGD/5). pg 10.

¹⁰ Ibid. pg 42.

¹¹ Ibid. pg 11.

¹² Ministry of Women’s and Children’s Affairs (MWCA) Website : <http://www.mwca.gov.bd>. Accessed 21 November, 2005.

¹³ CEDAW, 2003. op cit. pg 13.

of measurable and time-bound goals and objectives and the resources (financial and human) that are required to implement them. This also limits the extent to which meaningful regular progress reporting can be undertaken.

8. **Gender Focal Points** were appointed in all central government ministries and committees as early as 1990. Following the Beijing PFA, a WID Focal Points Network was established headed by the Joint Secretary of the MWCA. Whilst their mandate is broadly understood, Focal Points lack formal terms of reference (TORs) for their work which link their activities to the National Policy for the Advancement of Women, the NAP as well as the PRSP. Nor are they provided with adequate resources for implementation. Furthermore, and of critical concern, many Focal Points are expected to undertake standard workloads in addition to their focal point activities. Regular and appropriate training for their tasks is also key to ensuring that the network is to be able to effectively contribute to improved gender mainstreaming at the national and regional levels.

B. Gender and the Bangladesh Poverty Reduction Strategy

9. The principal policy document outlining Bangladesh's approach to poverty reduction is the **Bangladesh Poverty Reduction Strategy Paper (PRSP)** which was finalised in October 2005. The document, entitled *Bangladesh. Unlocking the Potential. National Strategy for Accelerated Poverty Reduction*, was preceded by an interim PRSP (I-PRSP) entitled "A National Strategy for Economic Growth, Poverty Reduction and Social Development" which was completed in March 2003. A period of review followed in which a number of gaps were identified in the I-PRSP – including the inadequate mainstreaming of gender concerns into the plan's broader vision for poverty reduction and economic growth as well as in specific sectors such as agriculture, rural development and the labour market¹⁴. In particular, the Local Consultative Group on Women and Gender Equality (LCG WAGE) supported a detailed analysis of the I-PRSP which provided some strategic recommendations for more effective mainstreaming of gender equality measures in the final PRSP document.¹⁵

10. The redrafted PRSP which spans the period from 2005-2015 is a well structured document that begins with an analysis of the dimensions and principal determinants of poverty in Bangladesh as well as trends in income poverty, human poverty and inequality. The Plan introduces four strategic building blocks for reducing poverty as well as four supportive strategies all of which are key to effective achievement of the goals and objectives in the four strategic blocks (Table 1).

Table 1: Bangladesh PRSP 2005-2015: Strategic Blocks and Supporting Strategies

Strategic Blocks	Supporting Strategies
Enhancing pro-poor growth	Ensuring participation, social inclusion and empowerment Promoting good governance Providing service delivery Caring for the environment and promoting sustainable development
Boosting critical sectors for pro-poor economic growth	
Devising Effective Safety Nets and Targeted Programs	
Ensuring Social/Human Development	

Source: Government of Bangladesh, 2005. *Bangladesh. Unlocking the Potential. National Strategy for Accelerated Poverty Reduction*.

11. As the final PRSP was only released in mid-October, 2005, a full independent gender analysis has not yet been undertaken and is also beyond the scope of this paper.

¹⁴ Government of Bangladesh, 2005. op cit. pg 6.

¹⁵ Zuckerman, E, 2003. Gender Analysis of " Bangladesh: A National Strategy for Economic Growth, Poverty Reduction and Social Development." (Interim-PRSP).

However a rapid review of the document suggests that the document has sought to address a considerable number of the gender-related concerns which were raised in response to the interim document (Table 2). Most notably, gender issues have been more fully addressed in a number of the key areas of the main text where it was previously neglected or mentioned only briefly - for example in the sections of "Promoting Employment" (5.B.7) under Strategic Block 1 and "Agriculture and Rural Development" (5.C.1) under Strategic Block 2. However many of the references to gender appear as separate albeit brief subsections and are not mainstreamed throughout the general discussion of causal factors and policy and program responses.

12. There are also some real gaps. For example, the lack of discussion of women's participation in the informal labour market in the sections on "Promoting Employment" (5.B.7) and the "Informal sector" (5.C.4) – as well as in sections on "Tourism for Poverty Reduction" (5.C.7), "Rural Non-Farm Activities" (5.C.1.7) and "Water Resources Development and Management" (5.C.2) - is of real concern as these are all areas which have typically high female participation rates and/or where new policies and programs have potentially significant gender impacts. Conversely, gender issues are well considered and addressed in Strategic Blocks III "Effective Social Safety Nets and Targeted Programmes" (and its accompanying Annex 2) and Strategic Block IV "Human Development" in which Education and Health strategies are fully discussed. In general terms, the dedicated sections on women's rights and advancement (Section 4.e and 5.F.1) do provide a good strategic overview of both constraints and possible policy and program responses although few gender-disaggregated baselines are provided to effectively measure progress against gender targets

13. An attempt has also been made to improve upon the I-PRSP by more effectively mainstreaming gender in a number of the Policy Matrices which provide the critical policy framework (and implicitly political commitments to) gender mainstreaming for the PRSP's duration. (e.g. in Policy Matrix 2 "Promoting Trade and Remittances" and Policy Matrix 3 "Private sector and medium term enterprise development"). However it remains unclear why gender issues have been addressed more fully in some Matrices than others and in others not at all. Table 2 provides an overview of the Matrices which do seek to address gender issues although it should be noted that some do this more effectively (i.e. by mainstreaming) than others (which only include a few broad commitments that lack both baselines and specific and measurable targets).

14. Finally, whilst there are a range of key commitments to promoting gender equality in the document, only a small number¹⁶ have a budget appropriation and/or additional resources allocated (i.e. human) to enable effective implementation. Without clear budget appropriations such commitments cannot be realised - a common shortcoming of many PRSP's and a key reason for the introduction of gender budgeting initiatives. Moreover the mechanisms for implementation and monitoring (e.g. by a Gender Focal Point or Unit within the Planning Commission/MCWA) of implementation of these commitments are not clear and needs to be in place and resourced for effective tracking and mid-term adjustments to be made if required.

¹⁶ Specifically those that are defined as falling within the social safety program which is well costed out in Annex 2 of the document.

Table 2: Consideration of Gender Issues in the Policy Matrices in the Bangladesh PRSP

Policy Matrix No	Name	Themes/Sectors/Issues Addressed in Matrix	Gender in Matrix
1	Macro-economic stability and pro-poor eco growth	Fiscal & monetary policy; financial sector reforms; SOE reforms.	Y
2	Promoting trade and remittances	Export promotion; import liberalisation; effective management of remittances; capacity building for trade negotiation	Y
3	Private Sector and SME Development	Creating enabling environment (inc strategic vision for private sector dev);provision of freehold land; institutional financing; capital market development; infrastructure and HRD; business support services	Y
4	Agricultural Growth towards Poverty Reduction	Increase productivity; food security; improvement of land resource base; agricultural research; extension services; irrigation; marketing services; agro-processing and agri-business dev; productivity of livestock /inland aquaculture/poultry sectors.	Y
5	Rural non-Farm (RNF) Activities	Creating emp in RNF sector; SME development; vocational training for self emp and income generation; support for food processing industries; strengthen rural infrastructure and electrification (as key RNF drivers)	Y
6	Safety Net for Poverty Reduction	Develop National Social Protection Policy; extend coverage of social safety net programs; implementation of social insurance provisions in labour/ employment laws.	N
7	Disaster Management towards Poverty Reduction & Growth	Mainstreaming disaster management/risk reduction into national policies and institutions; capacity building; strengthening community preparedness; social protection of vulnerable groups.	Y
8	Food Security	Increasing farm productivity; improving ag technology; infrastructure development; ag trade liberalisation; ensuring adequate stock levels; improving nutrition	N
9	Scaling up Poverty Reduction through Micro-Credit	Improved/expanded training; streamlining credit delivery for micro credit and for SME's; building networks; improving operational environment.	N
10	Water Resources Development and Management	Safe water for domestic use; regulation of industrial and ag use of water; protection a/g floods; protection of wetlands etc; enhance access of poor to water and other common property resources; controlling erosion	N
11	Infrastructure Development and Reforms	Increase efficiency, accountability& transparency of power sector inc infrastructure dev & capacity building; developing roads infrastructure inc corridor roads and district network; dev Dhaka City transport; improving quality etc of rail service network; improving quality of water transport;	Y
12	Tourism for Poverty Reduction	Developing policy framework, institutional capacity, human resources and infrastructure for tourism development	N
13	Development of ICT and Bio-Technology Policy	Developing ICT and bio-technology; HRD for ICT; increase access of disadvantaged to ICT; promote use of ICT	N
14	Education Sector	Improve access to (including gender parity)/quality of Early Childhood Development (ECD),primary and secondary ed; increase tertiary ed enrolments &quality; expand NFE and increase adult literacy rates; strengthen governance in sector.	Y
15	Health, Population, Nutrition, Water and Sanitation and Food Safety	Mother/child health and nutrition; reproductive health; adolescent health; non-communicable diseases; access to safe water and sanitation; health awareness; strengthen governance in sector.	Y
16	Women's Advancement and Rights	Employment; technology; finance and banking; housing facilities and shelter; VAW; political participation	Y
17	Children's Advancement and Rights	Health; food and nutrition; education; empowerment; protection (i.e. a/g abuse/violence);HIV/AIDS/STI's and substance abuse	Y
18	Good Governance	Enhance implementation capacity; strengthen local governance; anti-corruption; reform criminal justice system; strengthen sectoral governance.	Y
19	Environment and Sustainable Development	Sustainable livelihoods; decrease land degradation/deforestation; conserve bio-diversity; air pollution control; improved solid waste management; slum development; control industrial pollution; improve water quality; address impacts of climate change .	N

Source: Analysis of PRSP by author

C. Gender and the MDG's

15. In February 2005, Bangladesh presented its first MDG Progress Report which was prepared jointly by the Government and the UN Country Team in Bangladesh in consultation with other stakeholders. The report focuses on progress against international as well as national targets – both of which are detailed in Annex 1.

16. The preparation of the report was underlined by a consultative process that included Government, NGOs and UN agencies although the extent to which civil society representatives (including women) were consulted is not stated in the report. The reporting process also involved the establishment of 13 technical working groups (TWG), facilitated by the most appropriate (mandate wise) UN agency.¹⁷ A separate TWG was established on “women’s empowerment” in the context of reporting on MDG Goals 2 and 3, although the extent to which gender issues were routinely mainstreamed in other TWG deliberations remains unclear. The identification of “Women and children’s advancement and rights” as a thematic sector with direct relevance to only MDG 2 and 3 suggests that gender equality has not been recognised and addressed as an issue which cuts across all of the MDG’s- often in intersecting and multiple ways.

Table 3 - The International MDG's

The MDG's
1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/AIDS, malaria and other diseases
7. Ensure environmental sustainability
8. Develop a global partnership for development

17. During the preparation of the report, there was considerable focus on reaching a consensus regarding not only the data to be used to regularly monitor the progress of the MDGs but on the identification of baseline or benchmark data against which progress could be measured over the longer term. A key (and persistent) issue has been the lack of reliable time series gender-disaggregated data in many key MDG sectors - an area which will require further support (i.e. institution and capacity building at central and local government level) if MDG reporting is to be meaningful.

18. A detailed discussion of the gender dimensions of each of the national MDG goals and targets is beyond the scope of this paper. At a broader level however a gender analysis of the first MDG National Progress Report by Bangladesh suggests that whilst gender issues have been well considered and mainstreamed in relation to MDG's 2-5, they have not been well addressed in relation to MDG1, 6, 7 and 8.

19. In particular, under MDG 1 the situation analysis does not consider the gendered face of poverty or provide gender-disaggregated data – both of which are key if the gender impacts of poverty reduction strategies are to be properly understood and effectively monitored. Nor do the identified actions (for example initiatives to facilitate the poor's access to credit, land and labour) note the way in which gender inequality distorts women's access to assets (e.g. land/resources) as well as public goods and services that are designed to improve well-being (i.e. health care, employment and education retraining schemes).¹⁸ Proposed actions such as restructuring and privatising state-owned enterprises and further liberalising the trade regime have clear gender dimensions and

¹⁸ Government of Bangladesh, 2005 a).op cit pg 9.

potential impacts and these and ways to address them could have been considered more fully.

20. Similarly MDG 6 has strong gender dimensions which are not fully discussed in the report, missing an important opportunity to mainstream them into national efforts to combat HIV/AIDS, malaria and other diseases. Although published data is scarce, available evidence strongly suggests that migration (including temporary labor migration) increases the risk of HIV – a key risk factor in Bangladesh where increasing numbers of men are mobile in search of work opportunities, increasing potential contact with commercial sex workers. Increases in the numbers of trafficked women and girls in recent years is also of particular concern - particularly as many of them are forced into sex work in destination countries where they become highly vulnerable to HIV and other STD infections. Improving but still low levels of female awareness of HIV/AIDS is also a problem as are continuing socio-cultural taboos which inhibit the discussion of reproductive and sexual health issues between men and women.

21. Ensuring environmental sustainability (MDG 7) is crucial for Bangladesh where consumption of wood for fuel has contributed to deforestation and other environmental problems and where sustainable access to safe water and basic sanitation remain a real challenge for large numbers of the population – particularly in rural areas. As women are usually the primary managers of domestic energy resources (e.g. fuel, fodder and water), the situation analyses and identification of strategies in the National Report is weakened by the lack of an explicit gender dimension that not only recognises women's central role as users, managers and custodians of the environment but also as key stakeholders and participants in the implementation and monitoring of environmental policies and programs. Similarly drawing the clear links between promotion of gender equality, health related goals such as reducing MMR's and IMR's, and women's lack of access to safe water and sanitation would have strengthened the identification of strategies considerably.

22. Finally there is no discussion of gender issues in the context of MDG 8 and its key targets which relate to trade liberalisation, debt and development assistance policies; work for youth; access to affordable essential drugs; and increasing availability and access to IEC technologies. This is of real concern. There is now considerable evidence that suggests that men and women often experience structural adjustment programs in very different ways and of the gendered impact of trade liberalisation. Gendered analyses, strategies and reporting on the impacts of trade and aid measures for gender equality including measures being taken to protect women's working rights, access to economic and technical resources (including IEC technologies) is critical if Goal 8 is to be achieved in ways that promote gender equality.

3. CONTRIBUTIONS OF KEY STAKEHOLDERS

23. Over the last three decades, a dynamic and increasingly organized NGO movement has developed in Bangladesh and a number of the CBOs and NGOs which have emerged from this movement have a specific focus on gender equality goals. A recent evaluation by the Netherlands Government found that even of those NGOs without a specific gender focus most NGOs surveyed were contributing towards gender equality objectives - and that between 50 per cent and 100 per cent of direct beneficiaries of evaluated NGO projects were women.¹⁹ In particular, women's increasing participation in civil society has been a major outcome of this growth in NGO activity with impacts on both household and community relations. Such changes have been empowering for many women although the process of social transition not without challenges.

¹⁹ Ministry of Foreign Affairs, Policy and Operations Evaluation Department (IOB) Netherlands, 2000. *Evaluation of Netherlands-funded NGOs in Bangladesh*. pg 5.

24. Whilst it is clear that many NGOs do target women as development partners, a considerable number still lack coherent gender policies and action plans against which progress on gender equality goals can be assessed.²⁰ International development partners have increasingly focussed on the need for such policies and monitoring frameworks in the context of providing financial and technical support to these organisations, with considerable success.

25. Encouragingly, there is also evidence of increasing collaboration between NGOs and government at both the program and policy levels – although this is an area where still further progress needs to be made. The NGO Affairs Bureau has the primary responsibility for registering and monitoring NGO programs with foreign funding, although limited institutional capacity and the lack of an effective MIS has meant that its role has been primarily regulatory in nature. There is no clear gender policy governing the Bureau's work which would provide a framework for such a monitoring system.

26. International NGOs have also played an important role in strengthening and supporting national organizations and groups focusing on gender issues in Bangladesh. Focusing on broad and/or multiple mandates as well as specific sectors, many of these organisations work in collaboration with local NGOs as well as international donor partners and are increasingly being staffed at the local level. Such organisations can often provide an initial vehicle for highlighting sensitive social/cultural and gender issues that are more difficult for local NGOs to address.

27. Various international development partners including the various UN agencies, the World Bank, the ADB and bilateral partners such as DFID, CIDA, SIDA and USAID have been actively supporting gender mainstreaming initiatives over the last decade and have identified gender equality as a clear development assistance goal in their programs of assistance to Bangladesh. A number of these have also actively contributed toward the development and implementation of gender and development (GAD) policies in various government and non-government programs - building critical institutional capacity for gender mainstreaming in the process. In addition many now require the preparation and inclusion of gender equality indicators in monitoring and evaluation frameworks to improve the system of accountability on gender-related reporting at an organisational level. To support such programs, several partners (e.g. ADB, SIDA, and DFID) have also undertaken detailed country gender analyses and assessments.

28. Real efforts have also been made to improving coordination between government and non- government efforts for the implementation of gender equality policies and programs. A Local Consultative Group on Women and Gender Equality (the LCG WAGE) which includes a range of multilateral, bilateral and national development partners, has been pivotal in this regard and increasingly active in recent years. In addition to lobbying and collaborating for improved gender mainstreaming in policies and programs at all levels, the Group has supported research and analyses in support of their work. Most recently the LCG WAGE has supported a gender analysis of the I-PRSP process and has been active in seeking to engender the national MDG target setting process.

4. KEY GENDER ISSUES IN BANGLADESH

38. This section discusses in brief some of the key gender issues facing Bangladesh today including the gender dimensions of economic development and growth, human development, governance and political participation and the environment as well as highlighting other gender issues such as gender-based violence, trafficking and the special gender constraints facing women in minority and marginalized groups. Section 5

²⁰ Ibid pg 5.

draws from this discussion to outline some broad recommendations for achieving gender equality goals in the key priority sectors of German development co-operation.

A. Gender Dimensions of Economic Development and Growth

29. Increasingly visible in the agricultural and manufacturing sectors, women's formal labour force participation has grown considerably over the last decade, contributing to economic growth at the macro level as well as reduced poverty rates at the household level through increased family income levels. In recognition of need for greater gender equality of employment in the public sector, the government has also introduced a quota system for women which sets employment targets of 10% for gazetted officers and 15% for other categories (see section on "Gender and Governance" for a fuller discussion of public sector employment) The tangible contributions of women wage earners to achieving poverty reduction objectives is also gradually being recognized in policy and planning documents - including Bangladesh's recently released poverty reduction strategy paper (PRSP).

30. Despite such achievements however, considerable challenges remain. There is considerable disparity in men's and women's wage rates in Bangladesh although the principle of equal wages for equal work is guaranteed by law. On average women's wage rates are considerably lower than men with the 2000 Labour Force Survey (LFS) showing women's earnings to be approximately 58.5 percent of men's²¹. Furthermore whereas 61% of female salaried workers earn less than 1000 taka per month, only 16% of their male counterparts earn an equivalent amount – confirming entrenched wage-based gender discrimination.²² In particular, the persistence of significant vertical gender segregation in the labour force is a key factor affecting women's low wage rates in comparison to men's overall, with relatively few women occupying senior positions in most sectors.

Table 4 – Percentage of Male/Female Salaried Workers by Monthly Income

Monthly income in Taka	National	
	Women	Men
1-750	41.7	7.3
751-1000	19.2	8.9
1001-1500	10.6	10.2
1501-2000	6.7	13.1
2001-2500	3.2	7.5
2501-3000	5.9	14.5
3001-3500	2.2	5.8
3501-4000	5.0	9.4
4001-5000	2.1	9.2
50001-7000	1.9	8.0
7501+	1.5	6.1

Source: Bangladesh Labour Force Survey 1999-2000

31. Moreover, considerably fewer women (26.9%) than men (51.6%) define themselves as self-employed attesting to the considerable obstacles faced by women in starting up small businesses. In particular, many women are unable to meet collateral requirements, have difficulties in negotiating their way through the maze of banking regulations and requirements, and lack business training and advisory support services. In addition, self-employed women earn consistently less than their male counterparts with 66% of women

²¹ Government of Bangladesh, 2005. op cit. pg 151

²² Ibid. pg 151.

earning less than 1000 taka per month compared to only 6.3% of men.²³ Although the establishment of small and medium sized enterprises (SME's) in Bangladesh has consistently been identified as one of the most promising ways to diversify the economy and create employment programs, there has been very little analysis of the extent of and barriers to women's entrepreneurship in Bangladesh with most assessments of the potential for expanding the SME being largely gender "neutral" – and therefore not adequately considering or addressing ways in which women's participation could be more actively supported and expanded.

32. In sectors such as manufacturing and the ready made garment sector (RMG), which witnessed a considerable growth in female labour force participation in the 1990s, considerable horizontal and vertical segregation persists with women employed in lower paid, lower skilled areas with little decision-making responsibility. Women are also often the first to lose their jobs in this and other export-oriented sectors where sizeable shedding of the labour market is not uncommon in times of market fluctuations and/or reduced demand. In particular, women working in the RMG sector which employs approximately 1.35 million women (or 90% of the workforce)²⁴ are particularly vulnerable.

33. In the agricultural sector, women play a central role in agricultural production although social norms and customs limiting women's mobility and in turn women's labour market opportunities, have traditionally seen women working in "non-public" domains such as selection of seeds and storing of crops as well as being largely responsible for the production of household produce and key caretakers of domestic livestock. Whilst such gender divisions of labour still apply in Bangladesh, these roles are gradually changing with more and more women actively visibly engaged in "public" employment such as fieldwork. This is particularly the case amongst poorer households, where women are increasingly engaged in wage labour in addition to their household tasks to supplement family income. Increasing levels of male internal and external migration have also seen women increasingly visible in non-traditional agricultural employment.²⁵

34. Outside of these sectors, many women (including many children) in Bangladesh continue to work in the informal sector where their rights are unprotected, working conditions poor and salaries low. Home based work, whilst providing some solution for women who cannot afford child care, offers very poor financial returns on their labour, is isolated and increases women's levels of time poverty as they juggle the triple shift of undertaking home-based work, childcare and domestic tasks. Moreover, the absence of any form of social protection such as sick leave, maternity leave or pension contributions, leaves informal sector workers extremely vulnerable to poverty in both the present and in the future. For the considerable number of child labourers, both male and female, these risks are magnified and their plight often marginal to economic sector policy and program development.

35. Further research and analysis of the gender dimensions of the informal economy is important to providing an improved understanding of its contribution to economic growth and its links with poverty. In addition to gathering more reliable data on the quantitative numbers of women and men and children engaged in informal sector work in rural and urban areas and across regions, and their profiles (i.e. age and income group) it is also important to better understand the drivers behind their shift to the informal sector and what are the perceived benefits as well as constraints. In particular, identifying what incentives and support need to be provided to encourage women into the formal sector could have important implications for poverty reduction strategies – particularly in countries such as Bangladesh where stimulating private sector growth is a key development strategy.

²³ Ibid. pg 151

²⁴ ADB, 2005. op cit. pg 13.

²⁵ Ibid. pp 14-15.

B. Gender Dimensions of Human Development

1. Gender Issues in the Health and Population Sector

36. Bangladesh's health and population programs have evolved through a series of developmental phases and have undergone changes in strategies, structure, content, and goals. Beginning with separate functional policies and operations for the health and population sectors, the trend since the early 1980's has been on functionally integrated health and family planning programs. The goal has been to provide an essential package of high quality, client-centred reproductive and child health care, family planning, communicable disease control, and limited curative services at a one-stop service point. Over the last decade there has also been increasing recognition of the complex ways in which gender shapes both health and population outcomes and the need to develop appropriate (and sometimes targeted) strategies to address these.

37. Following the Fifth Health and Population Sector Program (HPSP) from 1998-2003, the Government of Bangladesh has launched the Health, Nutrition and Population Sector Program (HNPSPP). Recently, the government also adopted the Bangladesh Population Policy which aims to improve the status of family planning, and maternal and child health, including reproductive health services. In addition to a stated commitment to ensuring and supporting gender equity and empowering women, one of the key objectives of the policy is to actively support programs for elimination of gender disparity in education, health and nutrition.²⁶

38. Significant investments in the sector as well as extensive policy reform have led to considerable improvements in both health and family planning outcomes in recent decades. The significant reductions in both fertility and under-five mortality rates attest to the reforms that have been implemented – particularly the greater emphasis on quality and access of health and family planning service delivery – but also on parallel investments in the education sector which have recognised the fundamental links between poverty, gender and health and education outcomes.

39. Nevertheless, serious gender-related health problems persist in Bangladesh. Maternal mortality rates, whilst improving are still among the highest in the world at 320 deaths per 100,000 live births in 2001²⁷ although by regional standards Bangladesh rated above both Pakistan and India (Table 5) over the 1985-2003 period. Government figures acknowledge that despite considerable investments in improving maternal health care delivery, nearly 50% of all mothers in Bangladesh still do not receive antenatal care and almost 90% of all births in rural areas take place at home. In particular, the proportion of births attended by skilled birth personnel which in 2004 was still only 13.4%.²⁸ The need for continued emphasis on improving access to and utilisation of quality child and maternal health services is however well recognised and a major focus of the current (and previous) health sector program which includes specific targets for increasing antenatal coverage; utilisation of essential obstetric care services; increasing skilled birth attendance as part of its PRSP health sector strategy.²⁹

40. Early pregnancy, that is a pregnancy before the age of 20, poses a particular threat to the psychological and physical well being of adolescents who have not yet reached maturity and affects the nutritional status of the mother as well as the fetus, as both have

²⁶ NIPORT, Mitra and Associates, ORC Macro, 2005. *Bangladesh Demographic and Health Survey, 2004*. pg 9.

²⁷ Note that these are official government figures. Government of Bangladesh, 2005. op cit. pg 140

²⁸ Ibid. pg 140

²⁹ The PRSP targets are: to increase ANC coverage from 48.7% in 2004 to 60% in 2006; increase utilisation of essential obstetric care services from 26.5% (risk group) in 2003 to 40% in 2006; and increase skilled birth attendance from 13.4% in 2004 to 25% in 2006. Ibid pg 140.

to compete for growth. The increased risks of early pregnancy include low birth weight, pre-term birth, stillbirth, neonatal accidents (cerebral damage), infections, haemorrhage, anaemia, and mortality. Early pregnancy can also have negative impacts upon the education of adolescent girls, limiting career choices and earning potential. Whilst estimates do vary in Bangladesh, the 2004 DHS found that more than half of women marry before the age of 15 (giving Bangladesh one the highest rate of early marriage in Asia) and that one in three births are to teenage mothers.³⁰ The GOB's Progress Report on the MDG notes that 57% of these adolescent mothers become mothers before the age of 19 and that approximately half are malnourished.³¹ Increasing the median age of marriage in Bangladesh and first birth is therefore also central to achieving gender equality of capability and opportunity and will require specific interventions focussed on the under 15 male/female age group.

**Table 5- Maternal Mortality Ratio 1985-2003 (reported) – Regional Comparison
(per 100,000 live births)**

	Bangladesh	India	Pakistan	Nepal	Bhutan	Sri Lanka
1985-2003	380	540	530	540	260	92

Source: UNDP, 2005. Human Development Report. *International Cooperation at a Crossroads. Aid, trade and security in an unequal world.*

41. Bangladesh has made significant progress over the last two decades in halving fertility levels from an average of 6.3 in 1975 to 3.0 in 2004³² and family planning programs are now well established in both rural and urban areas, although issues relating to both quality and equality of access persist. In particular, inequities in access to services between wealth and poor households are a concern and requires targeted interventions at both the household and district level. Persistently high contraceptive discontinuation rates (around 50%) are worrying and will need to be addressed if Bangladesh is to sustain lower fertility levels.³³ Moreover, it is estimated that if the population of Bangladesh stabilises by 2035, there will be over 40 million women of reproductive age (15-45 years) in 2015 who will be the focus of preventive and awareness raising programs on safe motherhood as well as clients of family planning services.³⁴ This represents a considerable challenge for Bangladesh and will require continued (and possibly expanded) investments in the sector if achievements in fertility decline are to be sustained.

42. Poor nutrition is a major health problem in Bangladesh with clear gender dimensions. In particular, the prevalence of anaemia amongst women of childbearing age is extremely high with consequent impacts upon both mother and child health as well as productivity. A national anaemia surveillance survey completed in 2001 by Helen Keller International (Bangladesh) found that almost half of pregnant women in rural Bangladesh were anaemic and that approximately one third of non-pregnant mothers had low haemoglobin concentrations. In total the data indicated that 9 million women of

³⁰ NIPORT, Mitra and Associates, ORC Macro, 2005. op cit. pg 211.

³¹ Government of Bangladesh, 2005 a). *Millennium Development Goals. Bangladesh Progress Report.* pg 33

³² 1975 figures are from the 1975 Bangladesh Fertility Survey and 2004 figures from the 2004 DHS. NIPORT, Mitra and Associates, ORC Macro, 2005. op cit .pp 210-211.

³³ KfW, 2005. *Bangladesh. Gesundheits und Bevölkerungsprogramm (zwei Tranchen). Schlussprüfung.* Pg A17.

³⁴ Government of Bangladesh, 2005 a). op cit. pg 35.

reproductive age in Bangladesh were anaemic.³⁵ The same survey also found that almost half of all pre-school children in rural Bangladesh, or almost 23 million children, were anaemic – suggesting a serious future health problem in the absence of effective nutritional interventions over the next decade.³⁶ The high child mortality rate of boys vis-à-vis girls also points to the need of further gender targeting.

Table 6- Child Mortality Rates by Sex of Child, 1993/94 and 1999/2000

Year	1993/94	1999/2000
Male	62	38
Female	47	28

Source: World Bank, 2005 a). *Attaining the Millennium Development Goals in Bangladesh*. op cit pg 22

43. Child malnutrition although registering improvements over the last decade, is also a major public health issue with 43% of children under 5 suffering from stunting, 13% from wasting and 48% from being underweight. Approximately 50% of all children in Bangladesh are also born underweight (below 2500 grams).³⁷ Of real concern are the persistent and growing gender gaps in nutritional indicators with the female-male gap for severely stunted children increasing from 10% in 1996/7 to 16% in 1999/2000.³⁸ Although poverty and poor nutrition are strongly correlated, with more than 60% of stunted children aged 6-71 months coming from the poorest quintile, nearly a third of children from the richest quintile also suffer from malnutrition.³⁹ The significant gender gaps in child mortality rates with female rates in the 1-4 age group approximately one third higher than male rates raises serious questions - not least concerning possibly gendered patterns of nutrition and health care at the household level (Table 6). This needs to be further investigated (e.g. through gender analyses of nutritional levels/health care access/provision within the household) and effective strategies developed to address these gaps.

Gender Dimensions of HIV/AIDS

44. Bangladesh as a nation has a low prevalence of HIV, but UNAIDS notes that risk behaviours are sufficient for continued HIV transmission among groups at higher risk and to its general population. A second generation HIV surveillance system has been established that consists of a sero-surveillance component and a behavioural surveillance component.⁴⁰

45. The first case of HIV infection was detected in Bangladesh in 1989; by the end of December 2003 the number of reported cases of HIV was 363 with 57 cases of AIDS of which 31 had died. The data indicate that HIV prevalence rates among the most vulnerable population groups and some bridging population groups (mainly male clients of sex workers) have remained at <1%, with the highest prevalence in injecting drug users at an average of 4%. Using sentinel surveillance data, WHO and UNAIDS have estimated that at the end of 2003 the number of people with HIV in Bangladesh was approximately 13,000.⁴¹

³⁵ Bloem, M; Pfanner-Moench, R; Panagides, D (Eds), 2003. *Health and Nutritional Surveillance for Development*. (Helen Keller International). pg 151.

³⁶ Ibid. pg 151.

³⁷ Government of Bangladesh, 2005. op cit . pg 143.

³⁸ Government of Bangladesh, 2005. op cit . pg xv.

³⁹ Government of Bangladesh, 2005 a). op cit. pg 8.

⁴⁰ UNAIDS Epidemiological Fact Sheet pg 2

⁴¹ This figure is not gender disaggregated. ibid. pg 2.

46. Although official HIV/AIDS infection rates are low, behavioural sentinel surveillance among high risk groups show low levels of risk perception, high rates of risk behaviour, low condom use, and high levels of symptoms associated with sexually transmitted infections. In particular, sex workers - for whom negotiating safer sex (in particular condom usage) is problematic - are particularly vulnerable and high rates of STI prevalence indicate the possibility of high rates of sexual transmission of HIV. UNAIDS (using research data) note that the rates of chlamydia and gonorrhoea among female sex workers to be as high as 21.6% and 35.6%.⁴²

47. Available evidence also strongly suggests that migration (including temporary labor migration) increases the risk of HIV. In particular, growing levels of male internal as well as external migration, increase the possibility of contact with infected sex workers and/or other sexual partners and transmission to their wives once they return home.⁴³ For many men in Bangladesh (and elsewhere), sex within in marriage is understood to be a right and wives do not feel empowered to refuse or to demand the use of condoms. Increases in the numbers of trafficked women and girls in recent years adds a further gender dimension to the HIV/AIDS situation in Bangladesh - particularly as many of them are forced into sex work in destination countries where they become highly vulnerable to HIV and other STD infections.⁴⁴

48. The recent (2004) BDHS highlighted considerable progress in awareness of HIV/AIDS amongst both men and women although women's level of awareness continued to lag considerably behind that of men's overall. Significantly a respondent's place of residence, level of education and household wealth quintile were also strongly associated with HIV/AIDS awareness. In particular, the Survey found that whereas 82 percent of women and 93 percent of men in urban areas have heard of AIDS, only 54 percent of women and 78 percent of men in rural areas have heard of the disease. Education was positively associated with knowledge of HIV/AIDS ranging from 37 percent among women with no education, to 71 percent among those who have completed primary school (only), to virtually all women (98 percent) who have completed secondary education. Overall, the survey found that six in ten women and one in four men do not know any way to avoid the disease.⁴⁵ Disturbingly, approximately half of women (47 percent) and men (54 percent) have never discussed HIV/AIDS prevention methods with their spouse – largely due to the existence of strong taboos around the open discussion of sexual and reproductive health issues between men and women.⁴⁶

49. There have been a variety of approaches to raising awareness of HIV/AIDS in Bangladesh including visual and written media, radio and outreach educational activities targeting registered brothels, areas with heavy industries where a large proportion of males live away from families, and border crossings with truck waiting areas. Education packages containing information and advocacy materials (but no services), are being offered at the community level, and also targeting factory workers, transport workers, and young people in and out of school—the latter through youth clubs.⁴⁷ Continued efforts to increase public awareness of HIV/AIDS including preventative measures, identifying and working with key vulnerable groups (e.g. temporary labour migrants, sex workers, IDU's) and expanding confidential testing facilities, will be crucial if Bangladesh is to successfully meet the challenge of reversing the spread of HIV/AIDS in the next decade.

⁴² Ibid. pg 6.

⁴³ ADB, 2005. op cit . pg 23

⁴⁴ Section 4 of this report provides more details on trafficking estimates for Bangladesh.

⁴⁵ NIPORT, Mitra and Associates, ORC Macro, 2005. op cit. pg xxiii.

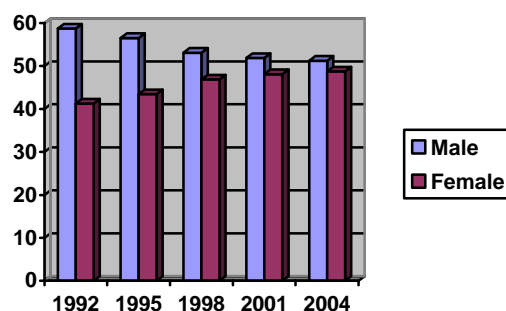
⁴⁶ Ibid. pp 220-221.

⁴⁷ Ibid. pg 221.

2. Gender Dimensions of Education

50. Education is the key to building women's capabilities and a key strategy for gender equality and women's empowerment. Bangladesh's real progress towards achieving gender parity in primary education enrolment rates has been widely acknowledged and testifies to the considerable and innovative investments (financial and human)⁴⁸ that have been made in the education sector over the last two decades. At present it is estimated that at primary level net enrolments are around 80% with the gender gap in enrolments close to parity at a ratio of 52:48 for boys and girls in 2002.⁴⁹

Figure 1 – Gender Shares in Primary School Enrolments



Source: Government of Bangladesh, 2005 a). *Millennium Development Goals. Bangladesh Progress Report.* op cit. pg 19

51. Whilst such progress is impressive, there remain real issues relating to retention rates, with drop-out rates at the primary level still high at 33% in 2004 (compared to 38% in 1994).⁵⁰ Although reliable gender-disaggregated figures on drop out rates are not available, it is clear that both girls and boys are struggling to remain in education for the full five-year primary stage. In particular a significant number of those dropping out of primary school come from poor households and live in rural areas, urban slums, coastal areas and the Chittagong Hill Tracts.⁵¹

52. Achieving the MDG 2 target of ensuring that boys and girls are able to complete a full course of primary schooling will require continued investments and focus on this key sector. In particular, achieving this goal will require significant improvements in attendance and completion rates. For girls this may require special interventions such as improvements in infrastructure (minimising travel distances, improving the safety and privacy and sanitary facilities), the school environment (i.e. vulnerability harassment), the content and process of education (i.e. quality and gender sensitive curriculum and materials that are relevant to the needs of girls and boys and promote gender equality) as well as addressing the need for increases in the numbers of female teachers (33.9% in 2000)⁵².

53. Significant progress has also been made in the secondary education sector where approximately 53% of enrolled students are female⁵³. In large part, this has been achieved through the introduction of the Female Secondary School Stipend (FSSS) program which provides a cash incentive to households to cover a large portion of direct school expenses incurred by girls in grades 6-10. In tandem, efforts have continued at the national and

⁴⁸ These include the Primary Education Stipend project which replaced the Food for Education program.

⁴⁹ Government of Bangladesh, 2005. op cit. pg 130.

⁵⁰ Government of Bangladesh, 2005 a). op cit. pg 12

⁵¹ Ibid. pg 12.

⁵² ADB, 2005. op cit .pg 21.

⁵³ Government of Bangladesh, 2005. op cit. pg 131.

local level to highlight the benefits of female education and encourage greater participation. However gross enrolments rates remain low at 44% and achieving 100% enrolment rates as envisaged under MDG 3 remains a real challenge for Bangladesh. Drop out rates are also of concern with government figures reporting a drop-out rate of 18.7% for classes 6-8, 51.6% for classes 9-10 and 43.8% for classes 11-12. Although gender disaggregated data on drop outs is not available it is assumed that at least equal numbers of boys and girls are not completing their secondary education. As in primary education sector, serious quality issues remain and pass rates are low at around 40.⁵⁴

54. Despite improvements in school enrolment rates, real gaps persist in male and female literacy rates. In the 15-19 year age group, 68% of men compares to 61% of women are literate according to government figures for the year 2000. This gap widens in the 20-24 age group where 71% of males and only 55% of females are defined as literate. Overall adult (15+) literacy rates show even greater gaps with 61% literacy rates for males compared to only 43% for females.⁵⁵

55. Considerable gender disparities exist in the tertiary education sector with male advantage contributing to the considerable vertical segregation in the employment sector. Although the female/male ratio has improved from 25:75 in the 1990's to 36:64 in 2002,⁵⁶ much remains to be done if a gender balance is to be achieved over the next decade. Targeted efforts need to be made to encourage and support greater numbers of women to enter and remain in tertiary education – and should be linked to improving employment opportunities for women - particularly in professional, administrative and managerial occupations.

C. Gender Dimensions of Governance and Political Participation

56. Despite the existence of quotas at the national and local government levels for much of Bangladesh's history, women's representation in political structures remains low. Disempowerment within the home and the community where restrictive gender stereotypes and attitudes reinforce the role of women as wives, mothers and carers; discrimination within existing political and administrative power structures; limitations on physical mobility (especially travel outside of the home location); and lack of resources with which to contest elections campaigns, all intersect to considerably limit women's levels of political participation.

57. Bangladesh's unicameral legislature consists of a parliament (Jaityo Songhsod) with 300 members. The constitution provided for 15 reserved seats for women (Clause 65), which were doubled to 30 in the second national assembly (1979-1982) although this lapsed in 2001. A recent proposal, yet to be passed, is for restoration of reserved seats and increasing the quota to 45 seats. As in Pakistan, this does not prevent women from contesting on general seats. In 2004, there were 6 directly elected women in parliament, ranking Bangladesh below most countries in the region – although unlike any country in the region both the head of government and leader of opposition are women.

Table 7 – Representation of Women in Parliament

Country	Total Seats in Lower Chamber	Seats Held by Women	% of Seats Held by Women
Bangladesh	300	6	2.0
Bhutan	150	14	9.3
India	543	48	8.8
Maldives	150	3	6.0

⁵⁴ Ibid. pp131-132

⁵⁵ Government of Bangladesh, 2005 a). op cit . pg 13 and 20.

⁵⁶ Ibid. pg 20.

Nepal	205	12	5.8
Pakistan	342	74	21.6
Sri Lanka	225	10	4.4

Source: Mumtaz, K, 2005. *Women's Representation, Effectiveness and Leadership in South Asia*. pg 2

58. The Local Government structure consists of three principal tiers of governance in Bangladesh: districts (Zila Parishads), thanas (Upazila Parishads), and the Union Parishad's which comprise the lowest tier of the hierarchy. At the Union Parishad (UP) level, a 1983 Ordinance provided that each UP would include 1 Chairman, 9 directly elected members and 3 nominated women members. This was substituted in 1997 by Act No 20 wherein the 3 nominated seats for women were converted into 3 elective seats. Whilst in principle each UP consists of nine wards each of which elect a general member, the limited number of elected women representatives' means that each woman represents three wards and is elected by the combined voters of these wards. In effect, female UP members have an electoral constituency that is more demanding and more geographically dispersed than her male counterparts.⁵⁷ In 2004, approximately 12,000 women were elected to the UP's.⁵⁸

59. The UP has a range of administrative, developmental, financial and legal responsibilities. A key function of the UP for many Bangladeshi women is dispute resolution (shalish) on issues such as dowry, early marriage, polygamy, family and land dispute, violence against women and children and divorce. However despite their key role in these areas, an ADB funded survey of 451 women councillors found that once elected, many do not automatically find themselves as equal decision makers. In particular, more than 70% of the interviewees said that they are not aware about their role in the UP. More than 80% said that they do not have adequate skills to conduct meetings or shalish and that most of the time they were dependent on male members present in the shalish to make decisions. The ADB has provided support through a project to strengthen the role of women UP representatives as part of a Regional Program on Gender Governance.⁵⁹

60. A ten per cent quota for women has applied to all government ministries, directorates and autonomous bodies in Bangladesh since 1976 and in 2002, 9.7 % of all employees were women. However in applying to all posts, the quota has not been successful in ensuring female representation at senior levels of government with most women occupying junior level posts. The Bangladesh Government's 2003 report to CEDAW noted only 1 female at Secretary level, none at Additional Secretary, 4 at Joint Secretary and 24 at Deputy Secretary level.⁶⁰

D. Gender Dimensions of Resource Development and the Environment

61. Bangladesh has a fragile ecosystem and like other countries in the region is experiencing ecological degradation. Meeting sustainable development goals in Bangladesh requires effective and rapid responses to key environmental challenges including land (and forest degradation), serious levels of water and air pollution, and the destruction of critical habitats with consequent decreases in biodiversity.

62. Over the last decade there has been increasingly recognition by Government (and indeed development partners) of the very specific ways in which these challenges impact on women's lives in Bangladesh, and therefore the critical need for effective gender

⁵⁷ ADB, 2004 b). Gender and Governance Issues in Local Government. Field Implementation of the RETA. Bangladesh. pg 1.

⁵⁸ ADB, 2004 b). Ibid. Pg 2.

⁵⁹ ADB, 2004 a). RETA 6008:Gender and Governance Issues in Local Government. Overview Paper. pg 7.

⁶⁰ CEDAW, 2003.op cit. pg 14.

mainstreaming in environmental policies and programs. Although much remains to be done to ensure that mainstreaming of gender concerns is systematically implemented, several international partners are working closely with relevant Ministries to build and maintain institutional capacity and ensure that both international and national targets and commitments are gender sensitive and supported at the policy and program level.

63. In particular rural women in Bangladesh play a major role in managing and using natural resources (soil, water, forests) and have an intimate knowledge of the environment upon which they depend for their livelihood. Women also perform a variety of activities including collecting, processing, storing, utilising, managing and marketing of food and fuel – and are active in the fisheries sector in both coastal and inland areas.

64. Extensive deforestation is a major problem in Bangladesh with forests accounting for approximately only 14% of the total land area and an actual tree cover of only 9 per cent.⁶¹ Women and girls, who are primarily responsible for collecting wood and other (including biomass) fuels, are forced to spend more time gathering fuel-wood over greater instances with impacts on both their health and security. Severe soil erosion and in turn river siltation has also resulted in greater vulnerability to flooding which destroys crops, livestock, housing and other household assets. Women (particularly female heads of household) and children are particularly vulnerable to the impacts of such flooding due to a lack of financial and other assets which can help to cushion such sudden income shocks as well as their lack of mobility.

65. Export-oriented shrimp cultivation, which is one of the largest export commodities in Bangladesh, has involved the conversion of vast amounts of agricultural land and mangrove forest to create coastal shrimp farms. Whilst providing much needed export earnings, shrimp cultivation has caused significant environmental damage that has harmed fish and other aquatic biodiversity significantly. For poor families traditionally reliant on fish for earnings as well as food, such farms which have taken away access to and rights over common resources and have had serious livelihood and health impacts – on women, men and children.⁶² Moreover although some women have obtained employment in pre-processing factories near shrimp farms, the pay is low and conditions poor.⁶³

66. In Bangladesh, the shortage of safe water impacts particularly on the poor and poor women specifically with women bearing the brunt of the additional workloads involved including queuing for water, water storage and treatment (i.e. through boiling). In particular arsenic contamination of groundwater (largely from tube-wells) is a major problem with serious health consequences. The Bangladesh State of the Environment Report for 2001 noted that an estimated 20 million people are drinking water that exceeds the national standards for arsenic levels.⁶⁴ Pollution of major waterways such as the *Buriganga* from tanneries and other industrial wastes is also a critical environmental health problem.⁶⁵ Purchasing water at a higher price from merchants or having to go to public water sources may also be having impacts on intra-household allocations for other essential items including food, transport and funds available for education of children. Improving access to safe water (MDG 7) is therefore central to improving the health of women and their families, and through reduced time commitments for water collection and treatment, has the potential to increase women's opportunities to engage in other productive work.

⁶¹ ADB, 2001. Women in Bangladesh. Country Briefing Paper. Pg 28.

⁶² Ibid. pg 228-29.

⁶³ FAO *Asia's Women in Agriculture, Environment and Food production. Bangladesh*. FAO Website: Website. <http://www.fao.org/waicent/faoinfo/sustdev/WPdirect/WPre0104.htm>. Accessed 5 December, 2005.

⁶⁴ Government of Bangladesh, 2001. *State of the Environment 2001*. Dhaka, Bangladesh. Pg 4

⁶⁵ Ibid. pp3-4.

67. Finally, Bangladesh is extremely prone to natural disasters such as cyclones and floods which cause serious damage to personal property and deaths almost every year. Severe cyclones occurred in 1988, 1991 and 1998 with the UN estimating that in some areas affected by the devastating 1991 cyclone over 85% of victims were women and children.⁶⁶ Whilst impacting on all people in affected areas, these disasters often impose additional burdens on women who must ensure that basic (i.e. food/water) family needs are met - often in the absence of husbands and other male family members who not uncommonly leave the home in search of work. Considerable investments in cyclone shelters have been made in recent years to provide some protection during these crises and in the immediate period afterwards. However past experience has demonstrated that to be effective they must be designed with the full participation of women who are able to advise on special needs (i.e. for separate and safe sanitation facilities) and requirements.

E. Other Key Gender Issues

1. Gender- Based Violence

68. There is growing recognition and concern over the levels of gender-based violence in Bangladesh – in its many forms, including sexual harassment in the workplace, assaults, rapes, and domestic violence (physical and emotional). Although there is insufficient data to determine the scope of the problem due to large numbers of unreported cases, the existing information paints a grim picture. Poverty, low literacy and lack of awareness of legal rights work against women seeking redress through formal mechanisms.⁶⁷

69. A 2001 study by the NGO Naripokko (using records drawn from the MCWA) shows that between 1985 and 1997, reported cases of rape, physical violence, acid attack and murder all increased significantly – with rape increasing more than nine-fold and physical violence more than 30 fold.⁶⁸ Whilst on the one hand this suggests more women are reporting these crimes, both Government and NGO's have noted that the incidence of violence is increasing in terms of both frequency and severity.⁶⁹ A recent Bangladesh Rural Advancement Committee (BRAC) assessment of intimate partner violence in a number of villages in the Matlab region, found that around 17.5% of women had experienced violence (physical and/or mental) from their husbands in the previous four months.⁷⁰ Changing gender roles may trigger such violence but in Bangladesh, as elsewhere, gender-based violence needs to be understood as a manifestation of unequal relations between men and women rather than simply as a symptom of economic transition and change.

70. Considerable numbers of NGOs are working to address VAW issues in this context and also provide some legal, psychological and financial support to victims-although support in rural and remoter locations remains limited and fragmented. International organisations such as WHO and UNFPA are also increasingly supporting campaigns to eliminate gender based violence with other organisations such as the ICDDR,B and BRAC undertaking studies to document the extent and dynamics of violence in project

⁶⁶ ADB, 2001. op cit. pg 28.

⁶⁷ ADB, 2005. *Combating Violence Against Women and Children - Mukti Nari O Shishu Kalyan Shangstha* Project Description. <http://www.adb.org/gender/working/ban003.asp>. Accessed 5 December, 2005.

⁶⁸ Reported cases of rape in 1985 were 248 and had increased to 2224 in 1997; reported cases of physical violence were 64 in 1985 and had increased to 2029 in 1997. ADB CGA Pg 4.

⁶⁹ Government of Bangladesh, 2005. op cit. pg 151.

⁷⁰ Ahmed, SM, 2005. "Intimate Partner violence against Women: Experiences from a Women-focused Development programme in Matlab, Bangladesh" in *Journal of Health, Population and Nutrition*, March 2005, pp 95-101.

areas. The Government response to addressing VAW remains slow, although various Government documents, including the 2005 PRSP raise the issue as well as identify activities to address it. At present there are no government supported counselling services for victims of violence, safe houses where women can find refuge or free legal advice networks which could support and guide women through the legal process. Nor is specialised training provided to officers of law enforcement bodies.

2. Trafficking

71. The trafficking of women and girls is a growing problem in Bangladesh and worldwide with poverty and scarcity of employment acting as the primary "push" factors. Increasing levels of unemployment and underemployment amongst younger women has made them particularly vulnerable to offers of employment abroad and many agree to such offers without checking the credentials of the recruiting organization or the prospective employer. Few have any awareness of their legal rights or how to exercise them. For the few who do manage to escape, their future is bleak because they are poor and in another country illegally. Those who do manage to return home are usually shunned by family members and society in general because of the widespread stigma association with sex work in general.⁷¹

72. Bangladesh is rated as a Tier 2 country by the US State Department of State in its 2005 Trafficking in Persons (TIPS) Report which notes that it is a country of origin and transit for women and children trafficked for the purposes of sexual exploitation, involuntary domestic servitude, and debt bondage. Whilst precise figures are not available, USAID has estimated that between 10,000 and 20,000 women and children are trafficked each year. The ages of the women and girls trafficked range from 7 to 24, with a mean age of around 15; for boys, their age ranges from 4 to 12.⁷²

73. Key destination countries for trafficking in women and girls include India, Pakistan, Bahrain, Kuwait, and the United Arab Emirates (U.A.E.). A small number of women and girls are trafficked from Burma to India through the country. Bangladeshi boys are also trafficked to the U.A.E., Qatar, and Kuwait for forced work as camel jockeys and beggars. Increasing numbers of women and children from rural areas in Bangladesh are trafficked to urban centers for commercial sexual exploitation and domestic servitude.⁷³

74. Although much remains to be done to combat trafficking of persons in Bangladesh, efforts are being made by Government to address the problem. An inter-ministerial anti-trafficking committee has been formed and a national anti-trafficking police monitoring unit have been established with presence in all 64 districts. In cooperation with NGOs an anti-trafficking public awareness campaign has been implemented and in 2004 the MWCA continued its campaign of "Road Marches" to raise awareness of the dangers of trafficking. However the government still primarily relies on NGOs for shelter, medical care, counselling, repatriation, and reintegration services.⁷⁴

3. Women in Minority and Marginalised Groups.

75. There is little reference to tribal women and women from marginalized (including minority religious) communities in the development literature on Bangladesh nor recognition that for many, gender discrimination intersects with other discriminations (e.g. religious/ethnic/class) further compounding their inequality of access, opportunity, security

⁷¹ ICDDR, B: Center for Health and Population Research, 2001. *Trafficking of Women and Children in Bangladesh. An Overview.*

⁷² USAID Anti-Trafficking Website at: <http://www.usaid.gov/bd/trafficking.html>. Accessed 4 December, 2005.

⁷³ ICDDR, B: Center for Health and Population Research, 2001. op cit; U.S. Department of State, 2005. *Trafficking in Persons Report.* pp 62-64.

⁷⁴ U.S. Department of State, 2005. op cit. pp 62-64.

and empowerment. Official policy documents such as the 2005 PRSP, MDG reports and official statistics tend to treat Bangladeshi “women” as a homogenous category, rather than as a group intersected by class, ethnic, religious and other differences. As a result, the status of women from these marginalized communities is poorly understood or recognized both within and outside Bangladesh, increasing the risk that they may be falling outside of the usual range of services and programs that are designed to provide assistance to the broader community.

76. Considerably more needs to be done to obtain an accurate assessment of the socio-economic status of women in marginalized communities – including tribal groups such as the largely Buddhist Chakma’s, Hindus and the Urdu-speaking Biharis. In particular greater efforts need to be made to collect and analyse key poverty-related and gender disaggregated data for these groups with a view to identifying gaps in key indicators such as consumption and income poverty, educational access and achievement, health status (including MMR and child mortality rates) and inform the development and implementation of appropriate policy and program responses. An improved understanding of gender roles within these communities, as well as cultural values and attitudes that may impact upon these roles, is also key to designing effective and well targeted interventions.

5 CONCLUSIONS AND RECOMMENDATIONS FOR ACHIEVING GENDER EQUALITY OUTCOMES IN PRIORITY SECTORS FOR GERMAN DEVELOPMENT CO-OPERATION

77. Despite real progress on many key social and economic development indicators over the last two decades, considerable gender disparities persist in Bangladesh in sectors such as health, education, employment and access to resources. In addition, women remain largely marginal to key decision-making processes and are poorly represented in political structures at both the national and local level. And whilst there is a growing recognition of women’s central role in the environment and resource development, much remains to be done to full mainstream gender at the policy and program level. Increasing levels gender based violence and trafficking are also real concerns and within the home and community patriarchal values and customs which limit women’s freedoms and mobility persist. Efforts to achieve gender equality in Bangladesh must therefore focus on seeking improvements in both income and non-income poverty indicators for women - by increasing opportunities and productive capabilities, reducing levels of income and non-income insecurity and promoting greater empowerment in the workplace, the home and community.

78. The following recommendations identify some strategic entry points for achieving these multiple and indeed intersecting goals in the focal areas of the operational work of KfW development bank. This list is intended to be indicative rather than exhaustive. It begins with some general cross-sectoral recommendations before identifying recommendations relevant to the key focal points of Financial Cooperation (FC), and may be applied, as appropriate, to both ongoing and pipeline projects.

A. General Recommendations for Country Programming

- (i) Ensure that social and gender analysis (including gender-disaggregated baseline data) informs project design – identifying constraints to women’s and men’s full and equal participation and making recommendations to overcome those constraints as appropriate. Social development/gender experts should be included on all project design teams as well as implementation teams based in-country. Preparing ex-ante gender and poverty impact assessment should be formalized;

- (ii) Development of project **gender action plans** and/or gender strategies that: contain clear objectives and targets linked to the project log-frame; are tracked through an effective monitoring and reporting system; and are adequately resourced (financial and human);
- (iii) Identify and support **gender focal points** in projects and programmes who would also be responsible for capacity building and institutional strengthening of relevant Ministries/executing and implementing agencies;
- (iv) Ensure that such action plans/strategies include **gender capacity building** support (including for example training in gender analysis, collection of gender-disaggregated data) for Executing Agencies and other project staff so that they have the understanding and tools to effectively achieve the project's gender-related objectives and targets;
- (v) Ensure that **participation strategies include women and men** as managers and users; and monitoring and evaluation is participative and gender-inclusive;
- (vi) Support **gender equity** in the appointment of project management staff in Executing/Implementing Agencies and Units and ensuring **wage parity** for all male and female project staff in the field and at project management level ;
- (vii) Institutionalise **gender-disaggregated data** in Project Implementation and Management Units (PIU's/PMU's) and regular collection and reporting of project data disaggregated by sex to track indicators for women and men and girls and boys and identify and remedy gender gaps as appropriate.
- (viii) Identify, support and wherever possible **work with women's NGOs/CBOs** or NGOs/CBOs with an active female constituency in projects. Further strengthening of (women's) NGOs/CBOs, particularly in rural areas where most poor women live, is central to enhancing women's leadership and participation in governance structures and projects can actively contribute to this by encouraging their participation and building their institutional capacities through project activities;
- (ix) Identify ways in which projects can **support government efforts to promote gender equality** – particularly through support for implementing, monitoring and evaluating gender mainstreaming in the PRSP process

B. Sectoral Recommendations for Gender Mainstreaming in the Country Strategy and Program

79. Poverty reduction is the overarching goal of the current German development cooperation program to Bangladesh with efforts focused on three priority areas agreed at government level in 2000 including: (a) economic reform and strengthening of the market economy (WIRAM) with particular focus on microfinance and including rural transport; (b) primary health care, family planning and HIV and AIDS prevention; and (c) energy.

1. WIRAM

80. Economic reform and strengthening of the market economy is the current sectoral priority of the FC portfolio within the WIRAM sector. In particular support is being provided to projects focused on promotion of the private sector; rural roads and markets and income generation programs – primarily for the rural poor.

Private Sector Promotion/Income-Generation/Financial Sector

- (i) Utilize existing as well as upstream projects proposed for this sector to undertake detailed reviews of women's demand for, access to and constraints

- in accessing credit to enable the development of project strategies that support and expand women's access to credit and the development of SMEs;
- (ii) Involve women as well as men in the design of financial service packages – with a particular focus on developing products that address current obstacles for women in the financial sector and create greater employment opportunities for women;
 - (iii) Seek to target young women (with a focus on rural areas) in income generation/private sector development activities, ensuring that they are effectively supported through training and accessible business advisory services;
 - (iv) Build in activities which seek to increase gender sensitivity in business development services and banking and improve consultation services for women;
 - (v) Ensure that projects which propose policy amendments are expertly reviewed for their gender implications and impacts (if any) and appropriate recommendations made and implemented;
 - (vi) Ensure that micro and rural finance development projects seek to sensitize project partners and stakeholders including MFIs, banks and relevant government agencies to the specific constraints faced by women in accessing credit and provide capacity building assistance as required to ensure that these constraints are effectively addressed;
 - (vii) Support women's participation in the private (SME) sector by building into projects activities that strengthen women's entrepreneurial skills including training, retraining, special education programs and comprehensive advisory and support services

Rural Roads and Markets

- (i) Assess women's transport (i.e. safe and accessible public transport) and marketing needs (i.e. separate marketing facilities for women) and ensure that projects are designed to respond to these needs effectively;
- (ii) Ensure that women fully participate in the selection and design of project facilities, including in the management of markets and ghats, the implementation, monitoring and evaluation of project outcomes as well as the identification of appropriate strategies to address negative gender impacts if/when they arise;
- (iii) Assess the gender impacts of FC supported road projects on improved household income and access to social services
- (iv) Ensure that wherever possible women are fully represented on road user panels/committees and other project management forums;
- (v) Ensure that projects provide opportunities (including setting quotas) for women to gain employment on rural road maintenance work and community maintenance committees as appropriate – with a focus on reaching women who are defined as “hard core poor” as well as women in vulnerable groups (e/g minority/marginalised communities, the disabled, female heads of household);
- (vi) Enhance gender equality and equity through the recruitment and training of more women engineers and other field staff;
- (vii) Ensure that project targets and indicators are gender-disaggregated (e.g. of user cost savings) and that strategies are in place to ensure that women benefit equally from project interventions;
- (viii) Develop strategies to increase women's participation in marketing – including support for separate marketing areas for women (e.g. “Women's Corners”);

- training and advisory services; safe, affordable and accessible transport to and from markets; and separate, safe and accessible sanitary facilities for women;
- (ix) Build in, as appropriate, interventions to address capability poverty issues (such as adult illiteracy) amongst women in the target locations (e.g. through Women's Corners and using local respected NGOs with relevant expertise);
 - (x) Ensure that components addressing human trafficking, STD's and HIV/AIDS are incorporated into all road/marketing projects and ensuring that such components address relevant gender issues effectively;
 - (xi) Build the institutional capacity of key line ministries to address gender issues in their daily work through for example the provision of project-related social and gender experts and gender -analysis training.

2. Health, Family Planning and Combating HIV/AIDS

81. German Government support to this sector has been committed through the Health, and Population Sector Program – now known as the Health Nutrition and Population Sector Program (HNPSPP). Key areas of support have included support for family planning interventions (including provision of oral contraceptives); human resource development and capacity building; HIV/AIDS prevention activities; and primary health care in the Chittagong Hill Tracts.

Health and Family Planning

- (i) To advocate and support effective gender mainstreaming of policy and program interventions in the health and family planning sectors in general and in the context of the HNPSPP in particular. In particular, focus needs to be placed on improving gender equity in access to and affordability of quality health and family planning services – particularly for vulnerable groups of women such as the poor (rural and urban), women belonging to marginalized communities and living in neglected areas in the country, women living with HIV/AIDS, the disabled, the very young and the elderly;
- (ii) To advocate and support, within the framework of German support for the HNPSPP 2005-2010, the regular monitoring of and reporting against the MOHFW “Gender Equity Strategy” – providing technical and other support to assist in remedying actual and emerging gender gaps;
- (iii) To ensure that the fundamental links between improved nutrition and lowering maternal and child mortality rates is mainstreamed at the policy and program level with a particular focus on identifying and targeting vulnerable groups – including next generations;
- (iv) In the context of FC support for further development of an effective monitoring (MIS) and evaluation system for HNPSPP 2005-2010, advocate and provide support for (as necessary) the strengthening of collection, analysis and dissemination of gender-disaggregated data (including reliable baseline data) in all health and family planning sub-sectors so that gender equality goals and objectives (in the HNPSPP 2005-2010) can be effectively and regularly measured and assessed;
- (v) Seek to ensure that the Health User Forum envisaged under the HNPSPP 2005-2010 includes at least 50 per cent women – including representatives from vulnerable groups of women such as the poor (rural and urban), women belonging to marginalized communities, women living with HIV/AIDS, the disabled and the elderly;
- (vi) Seek to target young adolescent girls and boys from both urban and rural areas in family planning and health awareness programs particularly with a

view to raising the age of first birth and improving awareness of HIV/AIDS and STD's prevention strategies;

- (vii) Build into family planning interventions strategies to address the persistently high contraceptive discontinuation rates;
- (viii) Seek to address the significant health gaps between wealthy and poor households by building in strategies to improve the equity in distribution of resources (e.g. doctors, nurses, beds, facilities and public expenditures) – including targeting of poorer districts;
- (ix) Seek to address gender equity issues in the family planning and health sectors by identifying disadvantaged groups/communities (i.e. women in remote areas, disabled women, women from marginalized groups); the reasons for and dimensions of their vulnerability; and develop effective strategies to ensure equity of access to health and family planning services;
- (x) Advocate and support gender analyses of health financing and insurance proposals to ensure that they do not discriminate or disadvantage women and effectively address women's health and family planning needs;
- (xi) Ensure that the Bangladesh-based German health team includes a well resourced Gender Focal Point who is responsible for monitoring of gender issues and providing technical support as required;

HIV/AIDS

- (i) Seek to build into HIV/AIDS project support, wherever possible, mechanisms (i.e. individual/household survey's) to improve knowledge of male/female sexual values and behaviour to better inform the development and implementation of HIV/AIDS interventions that target men and women effectively;
- (ii) Support integrated family planning and STI/HIV services which can reach women (including those from vulnerable groups) who may not otherwise gain access to HIV-prevention information.
- (iii) Ensure that HIV/AIDS projects recognise and build in mechanisms to: (a) improve women and girls access to prevention services including information and sexual and reproductive health services; (b) support female-controlled preventive methods; (c) equalise access to treatment and support including access to voluntary testing and counselling, as well as services to protect themselves and their children from infection.
- (iv) Ensure that support for HIV/AIDS projects address family planning providers' potentially stigmatizing or discriminatory attitudes, especially with providers who may assume that certain female clients do not need to worry about HIV prevention (e.g., women who are married) or who believe that fertility control is the primary goal and, therefore, prioritize a more traditional family planning method;
- (v) Encourage greater efforts to be made in the context of health and family planning programs to build in strategies to improve communication between spouses on sexual health issues, including HIV/AIDS (e.g. using existing community based interventions within the HNPSP 2005-2010 as a vehicle);
- (vi) Ensure that the links between HIV/AIDS and gender-based violence (GBV) are integrated into HIV/AIDS and other health programs (e.g. risk of HIV/AIDS transmission through rape and sexual assaults – including on sex workers; a fear of violence limiting women's ability to negotiate condom use or fidelity or

whether, when, and how to engage in sexual relations, as well as their ability to leave unsafe relationships).

3. Energy/Resource Development

82. The key focus of German support in this sector is to expand existing capacity as well as to contribute to the reform of the electricity sector. Emphasis has primarily been on the extension and modernisation of supply systems (including pilot prepaid metering systems) and on improving energy efficiency including the use of alternative systems (such as photovoltaic, solar-thermal plants and/or biogas plants), to improve electricity supplies in rural areas. Assistance is also being provided through the Federal Institute for Geosciences and Natural Resources (BGR) to help Bangladesh tap gas reserves.

- (i) Ensure that the design of energy projects have explicit gender goals (e.g. equality of access), recognise that neither public nor private energy infrastructure provision are gender-neutral and that women use energy and electricity differently than men, because of their different household and productive activities;
- (ii) Explore opportunities for women's employment in the electricity sector as well as in allied services, such as construction of connections, wiring of buildings, maintenance, appliance repairs etc. as well as administration of supply and payments;
- (iii) Ensure that women are key participants in the design, monitoring, implementation and evaluation of alternative energy systems and analyse and develop strategies for increasing women's employment opportunities in the alternative energy sector;
- (iv) Support the collection of relevant gender disaggregated data in energy projects (including baseline data) to ensure that effective monitoring of gender impacts can be undertaken and gaps/weaknesses in design can be identified and addressed (for example gender disaggregated data on energy use, access and supply);
- (v) Ensure that energy/electrification programs are designed to meet the needs of the poor and poor women and women in disadvantaged groups in particular and that these groups are actively engaged in the monitoring and evaluation process;
- (vi) Ensure that energy projects promote and build upon women's knowledge and expertise and decrease their workloads and health risks;
- (vii) Ensure that projects seeking to address energy pricing and tariffs include a full gender analysis at project design; build in a framework for regular monitoring of gender impacts through implementation; and address gender gaps and negative impacts as they emerge. Such projects also provide an opportunity to influence the policy-making process and ensure that gender issues are considered and mainstreamed in the policy-making process;
- (viii) Utilise energy projects as entry points for opening dialogue with government and other providers on engendering national energy/resource development policies – providing technical support as required.

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The MDG's - International and Bangladesh Targets

International MDG	National MDG Targets for Bangladesh
<p>Goal 1 Eradication of extreme poverty and hunger</p> <p>Targets</p> <p>1. ½ between 1990 and 2015 the proportion of people living on less than \$1 per day</p> <p>2. ½ between 1990 and 2015 proportion of people suffering from hunger</p>	<p>Goal 1 Reduction of income poverty</p> <p>Targets</p> <p>1. Reduce proportion of population below US\$ 1 per day from 58.8% in 1991 to 29.4% by 2015</p> <p>2. Reduce proportion of people in extreme poverty from 28% in 1991 to 14% by 2015.</p>
<p>Goal 2 Achieve universal primary education</p> <p>Targets</p> <p>3. Ensure that by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling</p>	<p>Goal 2 Achieve near-to universal secondary education</p> <p>Targets</p> <p>3. Increase net enrolment rate from 73.7% in 1992 to 100% in 2015</p> <p>4. Reduce primary school dropout rates from 38% in 1994 to 0% by 2015</p>
<p>Goal 3 Promote gender equality and empower women</p> <p>Targets</p> <p>4. Eliminate gender disparity in primary and secondary education preferably by 2005 and to all levels of education no later than 2015</p>	<p>Goal 3 Promote gender equality and empower women</p> <p>Targets</p> <p>5. Eliminate gender disparity in primary and secondary education preferably by 2005 and to all levels of education no later than 2015</p>
<p>Goal 4 Reduce child mortality</p> <p>Targets</p> <p>5. Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate</p>	<p>Goal 4 Reduce child mortality</p> <p>Targets</p> <p>6.Reduce under five mortality rate from 151 deaths per 1000 live births in 1990 to 50 by 2015</p>
<p>Goal 5 Improve maternal health</p> <p>Targets</p> <p>6. Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio</p>	<p>Goal 5 Improve maternal health</p> <p>Targets</p> <p>7. Reduce the maternal mortality from 57.4 deaths per 100,000 live births in 1990 to 14.3 by 2015.</p> <p>8. Increase the proportion of births attended by skilled birth personnel to 50% by 2010 (2005 estimate 12%).</p> <p>9. Reduce total fertility rate (TFR) to 2.2 by 2010 (2005 estimate 3.3%)</p> <p>10. Reduce maternal malnutrition to less than 20% by 2015 (2005 estimate 45%)</p> <p>11. Increase by 2 years the median age of girls at first marriage (2005 estimate 18yrs)</p> <p>12. Eliminate violence against women</p>
<p>Goal 6 Combat HIV/AIDs, malaria and other diseases</p> <p>Targets</p> <p>7. Have halted by 2015, and begun to reverse, the spread of HIV/AIDS</p> <p>8. Have halted by 2015, and begun to reverse, the incidence of malaria and other major diseases</p>	<p>Goal 6 Combat HIV/AIDs, malaria and other diseases</p> <p>Targets</p> <p>13. Have halted by 2015, and begun to reverse, the spread of HIV/AIDS</p> <p>14 Reduce by 50% the incidence of cases of malaria and the number of deaths from malaria by 2015 (2005 prevalence estimates of 1 million cases annually of resulting in 1% of deaths)</p> <p>15. Detect 70% and cure 85% of detected cases by 2005</p>
<p>Goal 7 Ensure environmental sustainability</p> <p>Targets</p> <p>9. Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources</p> <p>10. Halve, by 2015, the proportion of people without sustainable access to safe drinking water</p> <p>11. By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers</p>	<p>Goal 7 Ensure environmental sustainability</p> <p>Targets</p> <p>16. Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources</p> <p>17. Ensure that 100% of urban and 96.5% of rural population have access to safe water by 2015 (2005 estimates 82% urban/72% rural)</p> <p>18. Ensure that 100% of urban and rural population have access to improved sanitation by 2010 (2005 estimates 56% urban/29% rural)</p>
<p>Goal 8 Develop a global partnership for development</p> <p>Targets</p> <p>12. Develop further an open, rule-based, predictable, non-discriminatory trading and financial system.</p> <p>13. Address the special needs of the least developed countries</p> <p>14. Address the special needs of landlocked countries and small island developing states</p> <p>15. Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term</p> <p>16. In co-operation with developing countries, develop and implement strategies for decent and productive work for youth</p> <p>17. Co-operation with pharmaceutical companies, provide access to affordable, essential drugs in developing countries</p> <p>18. In co-operation with the private sector, make available the benefits of new technologies, especially information and communications</p>	<p>Goal 8 Develop a global partnership for development</p> <p>Targets</p> <p>19. Develop further an open, rule-based, predictable, non-discriminatory trading and financial system.</p> <p>20. Address the special needs of the least developed countries</p> <p>21. Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term</p> <p>22. In co-operation with developing countries, develop and implement strategies for decent and productive work for youth</p> <p>23. In co-operation with pharmaceutical companies, provide access to affordable, essential drugs in Bangladesh</p> <p>17. In co-operation with the private sector, make available the benefits of new technologies, especially information and communications</p>

Source: Republic of Bangladesh, 2005. Millennium Development Goals. Bangladesh Progress Report. February 2005.

List of Abbreviations

ADB	Asian Development Bank
ADP	Annual Development Programme
AIDS	Acquired Immune Deficiency Syndrome
BBS	Bangladesh Bureau of Statistics
BDHS	Bangladesh Demographic and Health Survey
BEPZA	Bangladesh Export Processing Zone Authority
BGMEA	Bangladesh Garments Manufacturers and Exporters Association
BIDS	Bangladesh Institute of Development Studies
BINP	Bangladesh Integrated Nutrition Project
BRAC	Bangladesh Rural Advancement Committee
CBO	Community Based Organization
CEDAW	Convention for Eliminating Discrimination Against Women
CMR	Child Mortality Rate
CNU	Community Nutrition Unit
CPR	Contraceptive Prevalence Rate
CRC	Convention on the Rights of the Child
DHS	Demographic and Health Survey
EPI	Expanded Programme for Immunization
EPZ	Export Processing Zone
EU	European Union
FY	Fiscal Year
GIS	Geographic Information System
HIV	Human Immune Virus
HNPSP	Health, Nutrition and Population Sector Programme
IMF	International Monetary Fund
IMR	Infant Mortality Rate
I-PRSP	Interim Poverty Reduction Strategy Paper
LCG	Local Consultative Group
LCG WAGE	LCG on Women and Gender Equality
LDC	Least Developed Country
LFS	Labour Force Survey
LGED	Local Government Engineering Division
MDG	Millennium Development Goal
MIS	Management Information System
MMR	Maternal Mortality Rate
MoHFW	Ministry of Health and Family Welfare
MWCA	Ministry of Women and Children Affairs
NAP	National Action Plan
NFE	Non Formal Education
NGO	Non Government Organization
PRSP	Poverty Reduction Strategy Paper
SME	Small and Medium Enterprise
STD	Sexually Transmitted Diseases
TBA	Trained Birth Attendant
TFR	Total Fertility Rate
UNDP	United Nations Development Programme
UP	Union Parishad
VAW	Violence Against Women
WHO	World Health Organization