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GIVING ALL CHILDREN IN BANGLADESH A FAIR START IN LIFE



Save the Children

Every Last Child Campaign 2016-18

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Bangladesh: a success story

Bangladesh is widely recognised as a Millennium Development Goal success story with a strong track record of growth and socio-economic development. The decline in the poverty headcount has been nothing short of remarkable. In 25 years, gender parity and almost universal access to primary school have been achieved. **More children than ever before survive their early years, start learning in primary schools, and are moving out of poverty together with their families.**

However, these successes coexist with inequities. There are still many excluded children, who suffer from chronic poverty and lack opportunities to grow because of where they live or where they were born. Even as Bangladesh's economy goes from strength to strength, growth and development does not reach all children in the same way.

So, who are these children? Why are they being excluded from national and global progress? And what do we want the Government of Bangladesh to do to address these

inequities? This note sets out our main responses, and why Every Last Child must join the journey towards 'Vision 2021'.

Who is furthest from reach and being left behind?

The reasons for exclusion – sex, location, ethnicity, religion, etc. – are intertwined and often complementary. However, numerically, where a child is born in Bangladesh will be a strong determinant of her opportunities in life. We want to shine a spotlight on this location driven exclusion, with a focus on children born in hard to reach rural areas or in urban slums.

Slum-dwelling children are a stark face of the development gap in Bangladesh. Conventional wisdom suggests that urban dwellers – thanks to their physical proximity to schools, health clinics, and child friendly spaces – benefit from national progress more than their rural counterparts. In reality, slum dwellers often see none of the 'urban opportunity'. Bangladesh is

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experiencing rapid urbanization: the World Bank estimates that the urban population will double in twenty years from 52.5 million people in 2010 to 98.6 million people by 2030¹. This urbanization has been accompanied by a high increase in the slum population, exacerbating the general lack of basic social services (such as education, health, water, sanitation) in slums. There is no comprehensive urban poverty reduction strategy. In fact, slums sit outside formal governance structures and slum dwellers suffer more spatial, social, and economic exclusion compared to their wealthier urban counterparts.

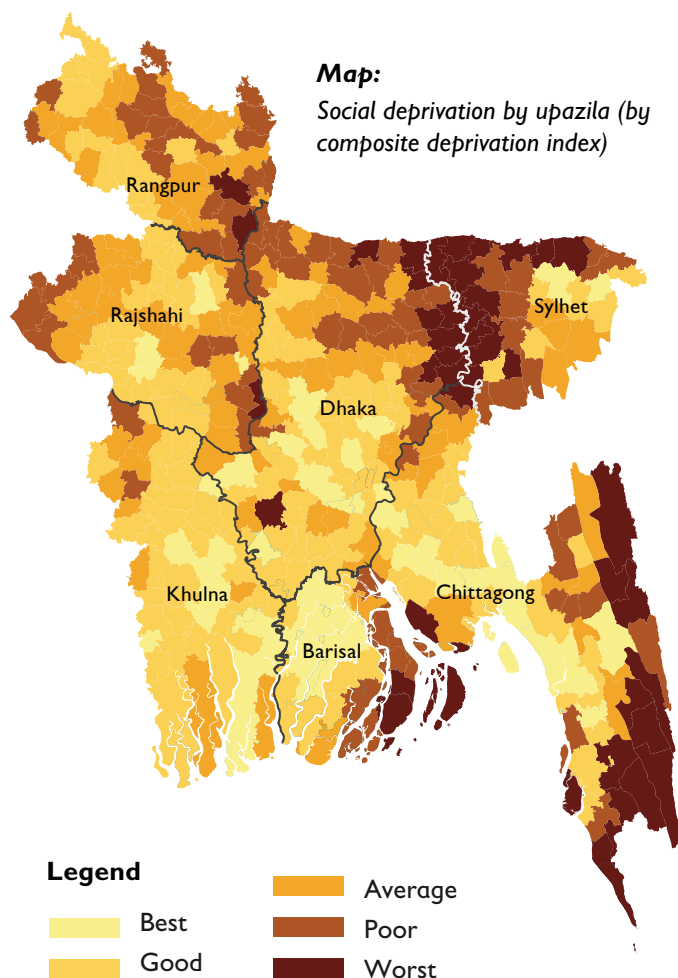
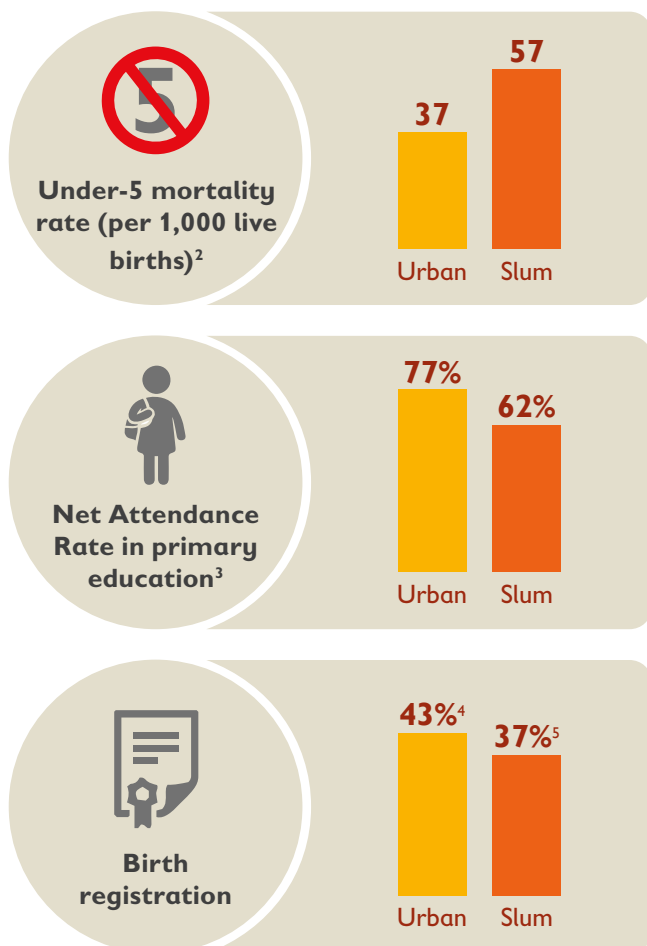
It is crucial to acknowledge the reality of urbanization and recognize it concretely at the policy level. People will continue to be pushed and pulled by the same universal expectations – jobs, opportunities, better lives for themselves and their children. In the prevailing state of affairs, children living in slums are paying the price for where their parents live: they are left behind when it comes to key development outcomes.

Bangladesh is largely an agrarian country, with 66% of the total population classified as rural in 2014⁶. Incidence of

“Some geographic areas – remote, ecologically vulnerable, inhabited by socially marginalized groups or otherwise – remain perennially neglected, bypassed, and discriminated against often by mirroring the ill-fate of the poorest.”

– Background paper to the 7th Five Year Plan

poverty also tends to be higher in rural Bangladesh. Policymakers have duly recognised this when, for example, designing and implementing national social safety nets that primarily target the rural population. However, an expression of exclusion is found in hard-to-reach areas. The map below⁷ shows the most deprived upazilas in Bangladesh. Those lagging behind are the hard-to-reach areas – the chars, haors, areas near rivers (for example, along the Jamuna river) and near the frontiers. Most of the low-performing upazilas are geographically remote areas. It is no coincidence that 7 of the 10 most deprived districts are also among the hardest-to-reach⁸ areas (where ‘deprivation’ is composite index of education, health and social protection outcomes)⁹.



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The campaign: a response to reaching excluded children

A unique opportunity exists to explicitly take stock of these inequities. This is the era of Sustainable Development Goals (SDGs), which seek to galvanize the best of our resources and guarantee that “no one will be left behind”. The promises to children encompassed by the SDGs are resounding¹⁰:

- No child should die from a disease we can prevent
- Every child should have the food needed to grow normally
- Every child should be able to read and write, and should be numerate
- No child should live in fear

Further, the 7th five-year plan is now in place, focusing on pro-poor growth and sustainable development. Bangladesh has just progressed to lower-middle-income country status, and is on the verge of a massive economic opportunity created by the demographic dividend. **Now is the time to invest in Bangladesh’s**

EVERY LAST CHILD

- Fair financing
- Equal treatment
- Accountability to children and parents

most valuable asset: the new generation. If we are to seize the vast growth prospects of a burgeoning working-age population, children must be accorded categorical attention in all policy endeavours.

This is why, at Save the Children we are calling for effective coverage of health, education and child protection services for Bangladesh’s most excluded children. We will put excluded children first and tackle barriers that prevent them from thriving. We won’t stop until every last child survives and fulfils their potential. Exclusion underpins inequalities, and evidence shows that the reduction of inequalities can be a powerful strategy to accelerate poverty reduction¹¹. As Bangladesh seeks to realise “Vision 2021”, addressing children lagging behind in hard-to-reach rural areas and urban slums must be a priority.

There is an unequivocal need to prioritize areas that are lagging behind (i.e. hard-to-reach and urban slums) at the policy level, so that the factors impeding their progress can be better addressed. If inequities are to be bridged, the ideal expressed in the SDGs must be espoused – aim to “reach the furthest behind first”.

Education: *Many Steps Forward, A Few More Left*

Bangladesh has made remarkable progress in enhancing access and equity in education, especially in achieving near universal access to primary education and gender parity in primary and secondary education access – in 1990, the Net Enrolment Rate at primary school was 60% for boys and 50% for girls; today it is 95% for boys and 98% for girls¹². These achievements reflect the undoubted commitment of the Government to invest in primary education. Most school-aged children now enrol in schools – a promising start to achieving the Sustainable Development Goal 4 of ensuring inclusive and quality education for all and promote lifelong learning.

The opportunity now exists to shift policy attention and public resources to a focus on improving the **quality** of education for all, especially through investments in essential human resources. ‘Quality education’ is a hot topic in the education reform discourse. In Bangladesh, we see the need for it through **high repetition rates**, and **low transition rates** across various levels of education. It is widely accepted that the quality of education cannot be improved without **investments in the human resources** that deliver education. And to sustain the impact created by this investment, precise **accountability mechanisms** will be required that can foster a continuing cycle of feedback and quality enhancements. Investment includes, among other things, improving teacher-student ratios. This has been promisingly declining in the past few years in Bangladesh, with 46 primary school pupils per teacher in 2011¹³. But reducing class sizes will have minimal effect without well-qualified teachers who can effectively conduct their teaching duties.

We must also galvanise around the stark truth that while more children attend primary school today than ever before in Bangladesh, many children are still out of school. These are children who never enrolled in school, or dropped out for a range of reasons, including poverty. Data indicates that **5.5 million**¹⁴ primary and lower secondary school aged children are out-of-school.

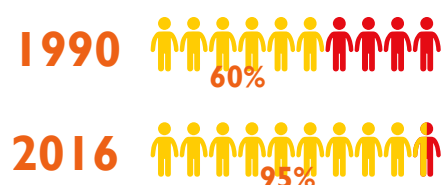
Survival rates (defined as the percentage of a cohort of students enrolled in Grade 1 who reach Grade 5 regardless of repetition) need improvement at the primary level – about a fifth of children enrolled in the first grade never reach the last grade of the primary school cycle¹⁵.

A view through the inequity lens

An “education divide” persists between regions and socioeconomic strata. The case is particularly acute in urban slums, a pocket of the metropolitan setting where educational outcomes for children are alarmingly poor. Government schools in slums are vastly oversubscribed compared to government schools in non-slum settings. On average, around 1,000 students enrol per school in slums, in schools managed by the Directorate of Primary Education (which has the highest share of primary pupils – 82.2% in the slum areas). This is almost four times the national average of 268 pupils per school. But in spite of this apparent overcrowding, Net Attendance Rates in slums (62%) lag behind the urban average (77%). As a consequence, only about 58% of slum inhabitants over the age of 12 are literate, far lower compared to the overall urban literacy rate of 72%¹⁶. There is an added poverty dimension as well: 43% of extremely poor children in slums have never been to school¹⁷.

In hard-to-reach areas, we see exclusion through the wide variation in educational attainment across different geographical areas. The Directorate of Primary Education defines a “composite performance indicator”, inclusive of survival rates, learning outcomes and gender participation. It is a broad measure to inform us of both quality and enrolment. And from their 2015 Annual Sector Performance Review, we find that a substantial proportion of underperforming upazilas – nearly 60% – are also hard-to-reach upazilas¹⁸. This correlation is a telling illustration of the prevailing inequity.

Net Enrolment Rate at primary school for boys



Net Enrolment Rate at primary school for girls



5.5 million
primary and lower
secondary school aged
children are out-of-school

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This is why we call to the Government to, by 2018:

1 Target excluded groups to achieve universal access in primary education

This can be effectively pursued through:

- **Identification:** This document has identified two groups that are deprived, and presented a broad picture with the available data. *It is important to expand the confines of this limited data and study these groups in greater detail, before embarking on a definite program to enhance their access to education.*
- **Dedicated urban slum program:** On the supply side, children in urban slums require more schooling facilities. On the demand side, they need support to defray the cost of attending school. *This could be provided through enhancing the number of classrooms, allocating more teachers to slum areas, and providing stipends targeted at slum children.*
- **Scale up successful stipend schemes for hard-to-reach areas:** To get the children to school and prevent drop-out, targeted stipends and family mobilization for hard-to-reach areas can be considered¹⁹. Bangladesh has tremendous experience with school stipends. *Identifying cost-effective models in government primary schools and reworking them for the hard-to-reach areas could help reduce inequalities in enrolment and retention.*
- **Develop new approaches to respond to the demands for educating the excluded:** To accomplish this, working in close partnership with the non-government sector is crucial. *The public-private partnership model in Bangladesh, characterized by public funding and private provision, must be maintained and strengthened.*

2 Invest in retaining and motivating good teachers to deliver quality education

This could be done through investment in improved and decentralized education governance. Vitally, a system that incorporates the following components:

- Increase teacher's status and create **career opportunities** for attracting talents in teaching: Not having avenues for continued professional development negatively impacts teacher morale²⁰. The creation of well-defined opportunities for teachers to learn new and relevant technical skills is one way of helping them develop their careers and stay motivated. *This could be executed through the Primary Teachers' Training Institute (PTI), beyond the year-long foundation training.*
- Hold teachers and officials **accountable** to their

responsibility towards children: Are teachers able to consistently deliver the quality of education that is expected of them? To establish teacher's accountability a holistic accountability system in the sub-sector is required, which may necessitate a paradigm shift. *A standardized, nation-wide assessment conducted periodically might provide a wealth of information on student competencies across the multitude of providers.*

- Get teachers' **feedback** on the kind of resources they need to continue to perform their duties effectively: What are the factors that obstruct their work? *One potential way of accomplishing this is to establish a formal feedback process through an empowered local entity (such as the SMCs).*
- Focus on **improving reading competency** in primary schools: Learning to read affects all aspects of education. By ensuring a strong foundation for all children at the beginning of school, inequities in education and life outcomes can be precluded. *Using supplementary reading material to boost reading competencies can help enhance the quality of education.*
- **Decentralize** education governance: It is noteworthy that most countries whose students are among the highest performers in international assessments of learning achievement have provided a high degree of autonomy to their local authorities and schools, especially their teachers and parents, particularly in deciding what courses to teach and how to use funds at the school²¹. Given the inequities in education outcomes in Bangladesh, a decentralized system would allow for tailor-made solutions to problems faced specifically by deprived areas.

A framework integrating the above mechanisms would help bring to light the multitude of factors impeding progress for the whole system, **especially for hard-to-reach areas and urban slums.**

3 Increase public expenditure on education

UNESCO recommends that governments should spend at least 20% of their budgets on education. From the Ministry of Finance, we find that allocation in 2015-16 for the education sector in Bangladesh was 11.6% of the total budget – considerably short of the 20% mark. Moreover, in terms of expenditure on education (as a percentage of total government expenditure), Bangladesh was ranked among the bottom 20 countries of the world²². All the aforementioned policy steps will require resources, and without increasing the total budget on education these proposed solutions may not be feasible.

To accomplish the goal of inclusive growth, and systematically uproot inequities, there is a need to significantly increase public expenditure on education.

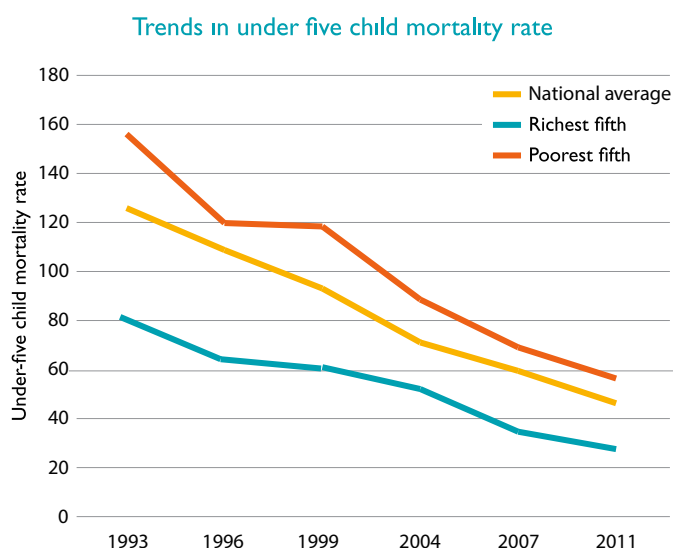
Health and Nutrition: We Have Done Well, Now Let's Do Even Better

Bangladesh has achieved significant reductions in child mortality over the past two decades – under-five mortality has fallen from 144 to 41 deaths per 1,000 live births between 1990 and 2013²³. This achievement exceeds the MDG target of 48 per 1,000 live births. Simultaneously, Bangladesh has made remarkable progress in reducing malnutrition, with the proportion of underweight children (under 5 years) declining sharply from 61.5% to 35.1%²⁴. The Maternal Mortality Rate fell from 322 deaths (per 100,000 births) in 1998-2001, to 194 deaths in 2007-10²⁵. Undoubtedly, the average Bangladeshi child in 2013 eats healthier and lives longer than the average child in 1990.

Notwithstanding these successes, there is a long way to go. Only 37% of the births in three years from 2011-2014 were delivered in a health facility, and this number drops to a mere 15% for women in the lowest wealth quantile. About a third of the women who gave birth did not receive antenatal care from a medically trained provider. Even as 38% of married women do not use any form of contraception, exposure to family planning messages continues to decline²⁶. And the most alarming fact of all – there is a massive shortage of trained health professionals, with 0.3 doctors and 0.3 nurses per 1000 population; cumulatively less than 23 doctors, nurses and midwives per 10,000 population²⁷.

A view through the inequity lens

The equity picture is mixed – some children are being excluded from overall gains in key health indicators. The economic aspect of it is well documented, mirrored in under-five child mortality rates in the figure below²⁸.



However, inequity is also found geographically. We know that Bangladesh's achievements of MDG 4 (to reduce child mortality) and MDG 5 (to improve maternal health) have been rather unequal across the country. A comparison between Sylhet and Khulna lucidly illustrates this inequity²⁹.

Sylhet		Khulna
39.8	Malnutrition (weight-for-age)	25.5
61.1	All basic vaccinations ³⁰ (%)	85.5
67	Under-5 mortality rate (per 1000)	56
21	Deliveries in health facilities (%)	46

Sylhet has one of the highest concentrations of hard-to-reach rural populations (40%), and remains one of the most deprived areas of Bangladesh. In Khulna, on the other hand, the percentage of hard-to-reach population (17%) is less than half of that in Sylhet³¹. And on all key health outcomes for children, Khulna is far ahead of Sylhet.

Urban areas present yet another baffling contrast. In general, urban children – compared to their rural peers – have a far lower probability of dying at any stage of early childhood³². But the urban benefits are not equally distributed across metropolitan urban areas. Those living in slums systematically fare worse across key health indicators than those living in non-slum urban areas. The percentage of malnourished children in 2013 was 42.5% in urban slum areas – far higher than the 28.7% in all other urban areas. Under-5 mortality rates follow suit, with the figure for slums (57 for every thousand live birth) being far higher than the average for all urban areas (37 for every thousand live birth). Access to and utilization of health care exacerbates this inequality: compared to her non-slum dwelling peers, a child living in a slum is more likely to have been delivered without the help of medically trained staff, more likely to suffer from an acute respiratory infection, and less likely to receive qualified medical support if she does contract an infection³³.

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Further, slums tend to be more vulnerable towards natural and man-made hazards. Slums lack reliable physical infrastructure, demonstrated in poor drainage systems. As a result, they can remain waterlogged for as long as 6-7 months every year, triggering health dangers from waterborne diseases. Use of inflammable building materials and high residential density puts them at a greater risk of fire disasters. In 2014 alone, there were 2,374 fire incidents in Dhaka with slums being a major area of concentration. Given the cramped, impenetrable road networks, navigation can become tough and time-consuming for firefighting teams – valuable time that could make the difference between saving and losing lives.

This is why we call to the Government to, by 2018:

1 Expand health coverage to improve maternal and child health outcomes in excluded areas

This may be pursued through:

- **Identification:** The first step is to identify exactly where the deprivations lie. With DHIS2, many health facilities now routinely report information electronically. *This could be further strengthened by laying an objective, nation-wide system for measurement of quality and outcomes.*
- **Investing where the impact is high:** Before expansion of health facilities, it is vital to recognize high-impact interventions based on evidence. *A commitment to programming based on solid evidence and results can ensure the most efficient investment of resources, by facilitating adoption of successful and cost-effective service delivery models.*
- **Differential planning and allocation:** In this document, we have mentioned two different groups that face exclusion: hard-to-reach areas and urban slums. *As opposed to the current universal planning process, differential planning and increased allocation in the health infrastructure of excluded areas will help reduce inequalities in outcomes.*
- **Infrastructure in urban slums:** Priority investment in drainage and transportation infrastructure in slums is a pre-requisite to avoid outbreaks of waterborne diseases and enable effective firefighting.

2 Invest in the human resources engaged in health-service delivery

Some policy measures for this could be:

- **Standard-based performance monitoring:** There is, at present, no reward for staff who work harder to deliver robust services through well-maintained facilities. *Enforcing a thorough accreditation system that reviews if quality meets certain specific standards, and rewards staff who achieve those standards, will serve as a strong performance incentive.*
- **Accountability:** For health service delivery to improve, users need to be empowered to highlight specific deficiencies. *A formal feedback mechanism, through which recipients of health services are able to provide information on the kind of services they received, could bring to light area-specific problems and boost equity in quality.*
- **Capacity-building:** The current capacity (of the public and private sector combined) to produce health workforce is inadequate³⁴. *There is no alternative to establishing more training centres and institutes, and training more professionals to address this shortage. This could take the form of public training facilities, or public funding and private provision.*

3 Increase public expenditure on health

Notwithstanding the increase in absolute levels, the share of the health budget in Bangladesh has declined since 2009 – both as a percentage of the total government budget, and as a percentage of GDP. In 2015-16, the health budget was 4.31% of the total budget, and just 0.74% of GDP³⁵. In terms of health expenditure (as a percentage of total government expenditure), Bangladesh ranked among the 20-lowest countries in the world in 2014³⁶. Further, WHO estimated that the minimum spending per person per year needed to provide basic, life-saving services is USD 44³⁷. In Bangladesh, per capita health allocation for 2015-16 was less than a quarter of that amount, a mere USD 10³⁸.

To accomplish the health outcomes articulated in the Sustainable Development Goals, and to do so in a truly equitable manner, there is a need to significantly increase public expenditure on health.

Child Protection: From Rights to Realities

The government of Bangladesh has enacted a number of laws and policies in recent years that reflect its strong commitment to protect the rights of children. A few examples are: National Child Labour Elimination Policy (2010), National Education Policy (2010), Prevention of Domestic Violence Act (2010), National Children Policy (2011), Human Trafficking Deterrence and Suppression Act (2012), Pornography Control Act (2012), and Child Act (2013). These are all demonstrative of the legal and policy reform efforts of the government in this area. Despite some achievements in the outcomes of child marriage, child labour, birth registration and others, the pace of the progress has been slow. Consider child marriage: 59% of Girls in Bangladesh are married before their 18th birthday. Compared to 1993-94³⁹ levels, this is a 14% reduction (less than one percentage point reduction per year), exemplifying the sluggish progress.

Violence against children has persistently been an area of concern. Over 80% children (1-14 years)⁴⁰ in Bangladesh experience psychological aggression or physical punishment, irrespective of the fact that there is a ban on corporal punishment in educational settings since 2010 through a government circular. Reports also suggest increased number of killings and rapes in recent years⁴¹. Only a few extreme cases of violence against children get reported by the media and even fewer perpetrators are brought to justice.

Notwithstanding the government's commitment towards the elimination of child labour, it remains a major problem. About 8% of children in the age group of 5-14 are engaged in child labour in Bangladesh, which represents over 2.9 million children⁴². These working children remain directly vulnerable to violence, abuse, and exploitation by employers. Children are trafficked within and outside the country. And some children are rendered more defenceless than others due to their identities. For example, children of sex workers, children with disabilities, children of ethnic minority groups, refugee children, children affected by AIDS, and children of Dalit groups still face huge social exclusion, stigma as well as discrimination. Only around 20% of the children below the age of five are birth registered⁴³.

A view through the inequity lens

Child protection issues cut across several other aspects of development, like education, health, economic poverty, social dynamics and norms, etc. Given the inequities in the outcomes of those factors across certain geographic regions, it comes as no surprise that some of the

indicators of child protection tend to follow the same pattern. For example, child marriage incidences are much higher in urban slums compared to other areas. A recent Save the Children survey covering selected slums of Dhaka city found that over 94% of the currently married women got married before reaching the age of 18. Yet another reality of urban slums is the abject lack of spaces for children to play. There is abundant research to show that leisure and play during early childhood is necessary if humans are to reach their full potential⁴⁴. In fact, children who don't have the opportunity to play and fully experience their surroundings, may fail to link up neural pathways that are needed for learning⁴⁵. This could feed into poor education outcomes.

Hard-to-reach areas continue along the trend. For instance, incidence of violent disciplinary measures are found to be more prominent in Sylhet region (85% of children between 1-14 years of age) – which has the highest concentration of hard to reach population – compared to majority of other divisions of the country as well as the overall country scenario (82%)⁴⁶. Sylhet also has the highest proportion of male real child workers⁴⁷, and the second-highest proportion of real child workers overall (second only to Dhaka). Looking at the district level, we find that Sylhet and Chittagong hill tracts have higher concentrations of real child workers compared to other parts of the country (again, second to Dhaka)⁴⁸.



Photo credit: Afroza Sharmim/Save the Children

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This is why we call to the Government to, by 2018:

1 Improve accountability mechanisms to enforce laws and implement policies protecting children from violence

This could be done by:

- **Enforcing the circular on corporal punishment:** The circular on the ban of corporal punishment in education settings needs to be enforced by putting in place a functional monitoring and response mechanism. Community involvement is essential, particularly to protect girls from being sexually harassed on their way to and from schools. *Community Based Child Protection Committees, which are yielding positive outcomes, can be introduced at scale.*
- **Engendering social change through awareness:** Enduring changes will not occur if citizens remain passive observers to cases of violence. Building citizen awareness on child rights and their importance, the legal and policy set-up, and positive discipline techniques, can help make incidents of violence against children unacceptable. It will also equip citizens to hold duty-bearers to account. *One way of executing this is through effective promotional campaigns and materials, disseminated amongst all citizens in an accessible manner.*

2 Establish child protection programs for excluded children to bridge inequities

Child protection is a broad, multi-faceted policy area. While deprivations should be addressed simultaneously, a few topics that deserve particular attention are:

- **Identification:** As with education and health, inequities cannot be addressed unless they are precisely identified. Strengthening reporting of

violations of child rights must be a policy priority. *ICT based platforms for reporting violations of child rights – such as violence – can be developed at the national level. This will allow crowdsourced data on violations to bring together reporting from sources such as NGO field operations and citizens. Further, the data will help in raising the profile at the national and local levels of violations of child rights.*

- **Child Clubs for urban slums:** Given the importance of play, it is vital to *create spaces where children can come together and play, meet friends and engage in recreation and leisure activities.* This will not only help slum children better realise their potential, but also provide *a platform where they can be taught about various social issues, like hygiene and cleanliness, health and nutrition, child marriage, child labour, and so on.*
- **Target the root-causes of child labour in hard-to-reach areas:** One cause, for example, is that employers often prefer to employ children – they are cheaper and considered to be more compliant than adults. It is, hence, essential to ensure that services and industries comply with the provisions of ILO Conventions 138 and 182⁴⁹. *A strictly enforced punitive regulation for services and industries can help reduce the incidence of child labour.*

3 Increase targeted social protection investment for children

Bangladesh is one of the lowest-ranked countries in Asia in terms of expenditure on social protection for children. According to ILO estimates, Bangladesh's investment in this regard is only about a quarter of the global average⁵⁰. From 2015-16 estimates, Bangladesh invests around 0.2% of GDP on social safety nets for children⁵¹.

In order to protect the rights and interests of children, especially those in urban slums and hard-to-reach areas, ramping-up investment in social protection programmes targeting children is essential.

Concluding Note

Despite unprecedented increases in opulence, vast numbers of children are denied elementary freedoms. To help streamline focus, this document presented a vertical, sector-based approach. But we must remember that deprivations are complementary and have to be addressed simultaneously. Lack of quality education, healthcare, or protection, do not exist in silos where different scarcities affect discrete groups of people. They are deeply interrelated. In fact, they serve to reinforce each other.

Ultimately, all these deprivations converge onto the same children. It is that same child left behind, denied her right to leisure and harassed on her way to school, who also dropped out of school prematurely because she was married off as an adolescent, and suffered without remedy when she fell sick from what was a curable ailment.

We have seen that a child's chances of receiving quality education, healthcare, and protection are less if they are from urban slums or hard-to-reach areas. To ensure that

all children of Bangladesh are onboard the development train and no one is left behind, we call for –

- **Equal treatment:** No child should be discriminated against because of where they happened to be born. The location driven exclusion must end.
- **Accountability:** Service providers must be held accountable for the quality they deliver, to children in particular and communities in general.
- **Fair financing:** The budget-making process of social sector Ministries should explicitly factor the “Every Last Child” principle in allocations.

As Bangladesh progresses in the backdrop of the 7th five-year plan and the SDGs, we want to put children at the heart of this progress to ensure that every last child thrives and fulfills their potential.



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End Notes

[1] “Seeding Fertile Ground: Education That Works for Bangladesh”, Bangladesh Education Sector Review 2013, World Bank

[2] Bangladesh Urban Health Survey 2013, National Institute of Population Research and Training (NIPORT)

[3] Annual Sector Performance Review (ASPR) 2015, Directorate of Primary Education, Ministry of Primary and Mass Education

[4] Multiple Indicator Cluster Survey (MICS) 2013, UNICEF

[5] “Urbanization trends and implications for children” and “Situational analysis of selected slums of Dhaka city” 2014, Centre for Urban Studies

[6] World Bank data, <http://data.worldbank.org/indicator/SP.RUR.TOTL.ZS>

[7] “Child Equity Atlas” (2013), UNICEF

[8] See Bangladesh Population Census (2011); “National Strategy for Water and Sanitation: Hard to Reach Areas of Bangladesh” (2011); “Hard-to-Reach Areas: Providing Water Supply and Sanitation Services to All”, Rokeya Ahmed and Shareful Hassan (2012).

Hard-to-reach: Areas having poor water and sanitation coverage due to adverse hydro-geological condition, poor and inadequate communication network, and frequent occurrence of natural calamities which in turn results in higher rate of child mortality and accelerates the vicious cycle of poverty.

[9] See “Child Equity Atlas” (2013), UNICEF

[10] “The Post-2015 Agenda – Delivering its Core Promises to Children”, David Steven (2015), New York University

[11] “A Comparative Perspective on Poverty Reduction in Brazil, China and India”, Martin Ravallion (2009), World Bank

[12] Bangladesh Bureau of Educational Information and Statistics (BANBEIS), Primary Education, Government of Bangladesh

[13] Annual Sector Performance Review (ASPR) 2015, Directorate of Primary Education, Ministry of Primary and Mass Education

[14] “Seeding Fertile Ground: Education That Works for Bangladesh”, Bangladesh Education Sector Review 2013, World Bank

[15] Annual Sector Performance Review (ASPR) 2015, Directorate of Primary Education, Ministry of Primary and Mass Education

[16] Annual Sector Performance Review (ASPR) 2015, Directorate of Primary Education, Ministry of Primary and Mass Education

[17] “Seeding Fertile Ground: Education That Works for Bangladesh”. Bangladesh Education Sector Review 2013, World Bank

[18] Annual Sector Performance Review (ASPR) 2015, Directorate of Primary Education, Ministry of Primary and Mass Education; “Hard-to-Reach Areas: Providing Water Supply and Sanitation Services to All”, Rokeya Ahmed and Shareful Hassan (2012).

[19] “Seeding Fertile Ground: Education That Works for Bangladesh”. Bangladesh Education Sector Review 2013, World Bank

[20] “Bangladesh Education Quality Background Study Education Sector Review”. Background Report for the Bangladesh Education Sector Review, A.K. Sandhu and M.L. Rahman (2012)

[21] “Seeding Fertile Ground: Education That Works for Bangladesh”. Bangladesh Education Sector Review 2013, World Bank

[22] World Bank data on expenditure on education as % of total government expenditure (%). <http://data.worldbank.org/>

[23] “The Lottery of Birth” (2015), Save the Children UK

[24] World Bank data on prevalence of underweight, weight for age (% of children under 5). <http://data.worldbank.org/>

The figures for malnutrition are calculated as the percentage of children under age 5 whose weight for age is more than two standard deviations below the median for the international reference population ages 0-59 months

[25] Bangladesh Demographic and Health Survey (2014), National Institute of Population Research and Training (NIPORT)

[26] Bangladesh Demographic and Health Survey (2014), National Institute of Population Research and Training (NIPORT)

[27] Bangladesh Health System Review (2015), World Health Organization

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- [28] *"The Lottery of Birth"* (2015), Save the Children UK
- [29] Bangladesh Demographic and Health Survey (2014), National Institute of Population Research and Training (NIPORT)
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