

SECTION 1

CONTEXT



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Background

Section 1 provides contextual support in the development of a 'Healthy Settings' framework by giving background to the country Bangladesh, DORP (Development Organisation of the Rural Poor) and its goals as a non-government sector agency, and the major international and national directives driving human development: the MDGs (Millennium Development Goals) and the PRSPs (Poverty Reduction Strategy Papers).

The MDGs and the PRSPs are complementary international goals and national strategies representing a new consensus on development.



For the MDGs, poverty and health are so intricately interrelated that three out of eight goals are aimed directly at improving global health and therein fight world poverty. The challenges are immense. The MDGs call for reducing the proportion of people living on less than US\$1 a day to half the 1990 level by 2015 - from 27.9 per cent of all people in low and middle income economies to 14.0 per cent. The goals also call for halving the proportion of people who suffer from hunger by 2015.

The MDGs commit the international community to an expanded vision of development, one that vigorously promotes human development as the key to sustaining social and economic development, and the importance of creating a global partnership for development. The MDGs recognise that extreme poverty has many dimensions, not only low income but also: vulnerability to disease; exclusion from education; chronic hunger and undernutrition; lack of access to basic amenities such as clean water and sanitation; and environmental degradation and land erosion that threatens lives and livelihoods.

Bangladesh

Bangladesh was born out of the War of Liberation against Pakistan in 1971. Millions died, the national infrastructure was destroyed and appalling famine and natural disaster took its toll. The country was labelled 'an international basket case'. Thirty years later Bangladesh has graduated to the 'medium human development'¹ league and is a moderate and pluralist Muslim democracy. This graduation was the result of global recognition that Bangladesh has had significant achievement in several areas of social and economic development. It is a remarkable progress, and not many countries at Bangladesh's level of income can list so many achievements. Still, Bangladesh remains one of the poorest countries in the world, with one of the world's poorest and most vulnerable economies, characterised by extremely high population density, low resource base, and high incidence of natural disasters.

Bangladesh, in the north-east corner of South Asia, sits on the largest active delta in the world, where three rivers – the Ganges, the Brahmaputra and the Meghna – flow together before reaching the Bay of Bengal. As a result, most of the country, apart from the hills in the east and highlands in the north, consists of a low, flat, fertile floodplain criss-crossed by hundreds of rivers, canals and streams, and covered by vast watery meadows. Its neighbours are Myanmar to the south-east, and India, whose border almost surrounds Bangladesh.

The country suffers from rising environmental pollution and soil degradation and has a long history of recurrent natural disasters such as cyclones and rising sea levels associated with global climate change. Floods are common during the monsoons, when nearly half the country is submerged. In 1998, when the worst floods recorded in the 20th century hit Bangladesh, nearly 75 per cent of the country was inundated for more than 50 days. In July – August 2004 the north-eastern region of the country suffered yet another devastating flood with over 25 per cent of the population affected². Flood or disaster management in Bangladesh is perceived as an indispensable component of poverty-reduction initiatives.

A little over half the population is less than 15 years of age, health and education levels have improved, population growth has been reduced, poverty is declining, and increasing gender parity in primary school enrolment rates is a major accomplishment. In the past decade the infant mortality rate has been reduced by half, adult literacy has increased, and the country has achieved near self-sufficiency in food production³. With a vigorous civil society, a rapidly growing private sector, and a free press, Bangladesh is well positioned for future development⁴. Major obstacles to Bangladesh's growth are frequent natural disasters such as floods, cyclones, drought and continuous river erosion. These cause displacement of families and loss of crops. The World Bank⁵, further suggests that Bangladesh's most significant obstacles to continued growth and development are poor governance and weak public institutions.

In 2004⁶ Bangladesh was ranked 138th in the United Nations human development index — up from 145th in 2002. Bangladesh is a fairly small country in terms of area coverage and relatively homogenous in terms of ethnic composition, language and landscape, with the dominant religion being Islam. The economy⁷ is largely based on agriculture, where 74 per cent of the workforce is

¹ UNDP Human Development Report 2003

² The World Bank in Bangladesh. Country Brief September 2004. <http://www.worldbank.org/bd>

³ The World Bank in Bangladesh. Country Brief September 2004. <http://www.worldbank.org/bd>

⁴ Canadian International Development Agency. <http://www.acdi-cida.gc.ca/index-e.htm>

⁵ The World Bank in Bangladesh. Country Brief September 2004. <http://www.worldbank.org/bd>

⁶ United Nations Development Program 2004. United Nations Human Development Report 2004.

⁷ United nations Capital Development Fund <http://www.uncdf.org/english/countries/bangladesh/index.php>

engaged, though there is a growing garment industry in Dhaka employing many young women who are migrating to the city from rural villages.



Dhaka City



Village

It is not only the eighth most populous country in the world and one of the poorest; it also has the highest population density. Some 135 million people live in 143,998 sq km of land, – nearly 800 people per square kilometer, one of the highest levels of human density in the world⁸. Ninety per cent of Bangladesh's 135 million live in rural areas, often accessible only by unpaved, poorly maintained roads. Many do not own land and the majority are dependent on seasonal agricultural work. The number of people living in the cities is estimated to be over 30 million with almost 50 per cent of the urban population living in the country's four major cities: Dhaka, Chittagong, Khulna and Rajshahi.

Almost every one of Bangladesh's achievements in reducing poverty and bettering the life of the poor has to be qualified by recognising the size of what still has to be done. Roughly half of its citizens, some 63 million people, live in deprivation. Of the poor, two out of three are caught in hard-core or extreme poverty, as measured by their consumption of food and other basic needs⁹. Poverty is deep and pervasive in Bangladesh, with 44 per cent of the population living in absolute poverty, defined as having an income of less than US\$1 per day.

Over the last decade, the country's Gross Domestic Product (GDP) has grown by 5 per cent, though this has only helped to reduce poverty by about 1 per cent per year. Infant mortality has

⁸ The World Bank in Bangladesh. Country Brief September 2004. <http://www.worldbank.org/bd>

⁹ World Bank and Asian Development Bank, 2002. Poverty in Bangladesh: Building on Progress. Report No. 242299-BD.

reduced faster than any other country, but malnutrition rates among women and children are still among the highest in the world¹⁰. Gender inequalities limit progress, and health and education levels are still low. About 2.5 million babies are born in Bangladesh each year but many of them die before they reach their fifth birthday.

The status of women has improved significantly over the past 30 years, but they still face unequal access to education, health care and job opportunities. The epidemic proportion of gender-based violence underscores women's overall vulnerability, the bias of current legal systems, the despair associated with poverty, dowries and polygamy, skewed power relations, and the limited protection that exists for women.

The urban poor and population in hard-to-reach areas live without adequate access to safe water, sanitation, basic health care, basic education and other essential services¹¹. It is estimated there are over 600,000 street children living in Bangladesh¹² and 98 per cent of the population has access to wells or taps for drinking purposes, although with the recent problem of arsenic contamination, only 70 per cent are currently drinking safe water. Bangladesh approached self-sufficiency in rice production in 2000, but full food security for the ultra-poor remains elusive.

Dramatically lowering the incidence of poverty requires significantly higher levels of economic performance, but it also requires that growth reaches the poor and expands their opportunities. They, in turn, must have the assets – literacy, health, agriculture, sanitation and access to credit among other things – to capitalise on expanding options. Further, the poor need to participate in, and have confidence in the integrity of the country's political and administrative institutions.

There is consensus in Bangladesh on the important developmental priorities and challenges confronting the country. Among the major issues that different stakeholders identified during consultation on the development of the Poverty Reduction Strategies (PRSPs) included¹³:

- lack of physical infrastructure, law and order,
- organised crime, extortions and economic violence,
- lack of effective local government and decentralisation,
- quality education, health and other social services,
- lack of coordination among development agencies and institutions,
- lack of remunerative employment and economic opportunities,
- lack of social capital at the community level and,
- lack of democratisation of political process.

¹⁰ The World Bank in Bangladesh. Country Brief September 2004. <http://www.worldbank.org/bd>

¹¹ UNICEF. http://www.unicef.org/bangladesh/overview_364.htm

¹² Without birth registration or a national census, figures range from 500,000 to 2,000,000. Statistics also depend on the definition of 'street children'.

¹³ Memorandum for the Bangladesh Development Forum 2002-2003, Ministry of Finance, Government of Bangladesh.



Governance arrangements

Administratively, the country is divided into six divisions. Each division is in turn divided into districts, and districts (Zilla), then sub districts (Upazilla), then Unions (thanas) then finally villages. It is at the lower levels that the government has the most impact on people's daily lives. But while elections are held for lower-level positions, local governments have only a democratic veneer because elections are held infrequently and elected officials once in office, are not very responsive to the public.

On average, a district has a population of about 1.8 million, a thana 230,000, a union 25,000 and a village 2,000. There are 490 thanas, 4,451 unions and 59,990 villages. The number of households is about 20 million. On average, a household consists of 5.6 persons.

DORP – Development Organisation of the Rural Poor

Non-Government Organisations (NGOs) are important actors in development, and particularly in poverty alleviation, in most developing countries. Nowhere has their importance been as great as in Bangladesh. Bangladesh's NGOs are among the most active in the world. It is estimated¹⁴ that nearly 80 per cent of the villages in Bangladesh are now covered by some NGO program or project.

DORP established in 1987, is a local non-government development group with special emphasis on the coastal belt of the Southern districts, although it has also achieved considerable work across Bangladesh. DORP is well recognised within the Bangladesh NGO and International Aid sector and the People's Health Movement. (refer appendices for map of activities)

DORP has projects and programs operating in 25 sub-districts of 14 districts through the coastal belt and other parts of Bangladesh. They are engaged in sustainable and participatory development in disaster-prone areas, slum areas, backward areas and in the ethnic minority areas, largely in the field of poverty reduction, environmental care, infrastructure and development support, primary health care, human rights, strengthening of local government, people's health movement and empowerment of women. Since inception, DORP has established a range of community projects in education, health,

¹⁴ The World Bank 2005. Attaining the Millenium Development Goals in Bangladesh.

environment, resettlement, social forestry and micro-credit. Emphasis is on the most vulnerable, and in assisting and supporting those rendered homeless by natural disasters through a low-cost housing and maintenance scheme, and addressing the needs of the urban poor, such as the urban slum dwellers project. Based on experiences, DORP works from the principle and understanding of a bottom-up approach for poverty reduction, and the understanding that health and poverty are interwoven and require an integrated approach. The holistic approach taken by DORP to development is reflected in group activities where beneficiaries are trained and educated in a number of areas so as to ensure economic and social independence while providing the skill and support base for participant involvement in all aspects of community life.

The major objectives of DORP are as follows:

Poverty reduction through local level planning and grass root organisation.
 Establishing the rights of people's health.
 Promote and establish gender equity, human rights and social justice.
 Empowerment of the poor: socially, politically and economically.

The operational areas of DORP:

Number of Villages	1774
Number of Wards (in 3 City Corporations)	9
Number of Thana	25
Number of Districts	12
Number of Projects/Programs	18

Governance and staffing (refer appendices for organisation chart)

General Body (meets yearly) 22 members
 Executive Committee (meets monthly) 07 members

Total staff	213
Number of volunteers	33

Main fields of activities

Non-formal, formal and Mass Education
 Rural Housing
 Fisheries and Livestock
 Agriculture, Homestead Farming and Nursery Development
 Water and Sanitation
 Afforestation and Environment
 Health and Nutrition
 Micro Credit and Income Generating Activities
 Gender and Women Empowerment
 Disaster Management
 Human Rights
 HIV/AIDS
 Disability
 Advocacy, Lobby and Campaign on PRSP and Health
 Floating Socially Disadvantaged Women, their Children and Sex-workers
 Social Investment Program.

DORP is an integral part of a strong advocacy network of national and international agencies. It exercises significant leadership at high level roundtables in pursuit of its core objectives. An integrated range of external funds, including international and national sources, sustains its own organisational infrastructure and project goals. DORP believes in an integrated and people-centred approach to development and as such has developed 'health villages' as a model for development. DORP first piloted the model in Bashkhali, Chittagong 2001. The main theme of the Health Village Program is the development of a comprehensive program that places health as the central focus, and supporting a bottom-up approach through community participation in planning and implementation. There are 22 strategies (refer appendices for detail 22 strategies) within the program with responsibility for activities shared across village families and Village Development Committee (VDC), local government and a joint venture partnership of local government and community. The project is a unique example or model through which local development can incorporate health development, poverty reduction and community-based planning.

With the financial assistance of Simavi Netherlands, DORP has started to realise the goal of 21 Health Villages in 7 Upazillas. Currently Health Villages are implemented through partnership with local NGOs in two locations and DORP is involved at five sites. (Model health villages are developed in Section 2 with an analysis of current activities in Section 3).

International Development Policy and Program Directives

Millennium Development Goals¹⁵



www.millenniumcampaign.org

The Millennium Development Goals (MDGs)¹⁶ are part of the 'road map' for implementing the Millennium Declaration and the universal framework for the broad global development agenda. Since their launch, the MDGs have become the most widely accepted yardstick of development efforts by governments, donors and NGOs. The MDGs are also the primary framework for international cooperation used by the World Bank, the IMF, the OECD, the WTO, most UN development agencies, as well as bilateral development agencies of industrial countries.

The challenge is great, but the MDGs set a powerful agenda for a global partnership to fight poverty, offering a shared vision of a better world by the year 2015. They aim to cut extreme

¹⁵ The World Bank Group: World Bank Millennium Development Goals main Site

<http://www.developmentgoals.org/>: Millennium Development Goals About the Goals.htm

¹⁶ The Millennium Development Goals and targets come from the Millennium Declaration signed by 189 countries, including 147 Heads of State, in September 2000 (www.un.org/documents/ga/res/55/a55r002.pdf - A/RES/55/2). The goals and targets are inter-related and should be seen as a whole. They represent a partnership between the developed countries and the developing countries determined, as the Declaration states, "to create an environment – at the national and global levels alike – which is conducive to development and the elimination of poverty."

poverty by half, ensure every child has the chance to go to school and live a long and healthy life, and bring discrimination against women to an end. The risks of dying as a result of childbirth are to be dramatically reduced, deadly diseases brought under control, the environment better managed, and the benefits of progress more equally shared by all the nations of the world. Together, the aspirations set out in the MDGs and their associated targets and indicators represent a powerful framework for action.

The MDGs represent a new consensus on development that poverty reduction is multidimensional and that progress depends not on a single approach prioritising economics but on simultaneous actions across sectors. Health is a good example. Three of the eight MDGs are health goals: reducing under-5 mortality; reducing maternal mortality; and reversing the spread of communicable diseases, specifically HIV/AIDS, malaria, TB and others. All of the other MDGs have important effects on health. Related health goals are: universal education; gender equality; environmental balance; poverty reduction; and global partnerships. What needs to be clear is that the targets for child health, maternal health and communicable diseases require improvements in public health systems, not quick fixes or isolated technological interventions. For success in health, broad systemic and institutional changes are required in the health sector and comprehensive advances in education, gender, environment and international cooperation are also required.

Ultimately, the key to achieving the MDGs is to ensure that each person has the essential means to a productive life: human capital; essential infrastructure; and core political, social and economic rights. Key elements of human capital include, among others: nutrition; a good health system; sexual and reproductive health; and education. Core rights, the experts add, include: equal rights, including reproductive rights, for women and girls; freedom from violence, especially for girls and women, and a political voice for every citizen.

In themselves, however, the MDGs are political rather than programmatic. Translating that shared agenda into action requires a detailed operational framework that can only be established at national level, because country ownership of the MDGs is key to their achievement. Global targets, however valid, cannot be imposed on countries, independent of their current situation and recent history. To be meaningful, they must be customised and tailored to national circumstances and built into national medium-term goals and strategies.



Poverty Reduction Strategy Papers (PRSPs)

The key vehicle for carrying out the MDGs is the nationally owned Poverty Reduction Strategy Papers (PRSPs). The emergence of the PRSPs, as a tool for setting national priorities and strategies, including numerical and time-bound targets for human development and poverty reduction, makes them the most important instruments for integrating the MDGs fully within priorities, policies and resource allocation decisions taken by respective governments. They are national planning frameworks for low-income countries and describe a country's macroeconomic, structural and social policies and programs to promote growth and reduce poverty, as well as associated external financing needs. Governments through a participatory process involving civil society and development partners including the World Bank and the International Monetary Fund (IMF), prepared the national frameworks of PRSPs.

There are five core principles underlying the development and implementation of poverty reduction strategies:

- Country driven – involving broad-based participation by civil society and the private sector in all operational steps
- Results oriented – focusing on outcomes that would benefit the poor
- Comprehensive in recognizing the multidimensional nature of poverty
- Partnership oriented – involving coordinated participation of development partners
- Based on long-term perspective for poverty reduction

PRSPs fulfill two major functions. Firstly, as country-designed development strategies they sit as part of funding applications to the World Bank. The World Bank requires that PRSPs be approved by the Boards of the World Bank and the IMF before access to debt relief and concessional lending is granted. Secondly, as advocacy documents for ongoing program development by development groups.

In essence, PRSPs lay out a country's macroeconomic, structural and social policies and programs over a three-year or longer horizon. The aim is to promote broad-based growth and reduce poverty, and to identify associated external financing needs and major sources of financing. Bank and Fund staff then prepare joint assessments of the PRSP and take a view on whether the strategy warrants support through concessional assistance from the two institutions.

All countries wishing to access concessional loans through the Poverty Reduction Growth Facility (PRGF), or wishing to benefit from debt relief under the Highly-Indebted Poor Countries (HIPC) initiatives, are required to produce a PRSP. As development cooperation continues to move 'upstream' towards program aid and budget support and away from individually funded projects, PRSPs are also becoming the framework around which some bilateral donors – notably the Nordic countries and the UK – build their cooperation programs.

The Government of Bangladesh¹⁷ vision of a poverty reduction strategy is to “substantially reduce poverty within the next generation”. For this, poverty reduction and social development have been made the overarching independent strategic goals, with the following goals and targets:

¹⁷ Government of Bangladesh, March 2003. Bangladesh: A National Strategy for Economic Growth, Poverty Reduction and Social Development. Ministry of Finance. Economic Relations Division. Pp23

- i. Remove the 'ugly faces' of poverty by eradicating hunger, chronic food-insecurity, and extreme destitution
- ii. Reduce the proportion of people living below the poverty line by 50 per cent
- iii. Attain universal primary education for all girls and boys of primary school age
- iv. Eliminate gender disparity in primary and secondary education
- v. Reduce infant and under five mortality rates by 65 per cent, and eliminate gender disparity in child mortality
- vi. Reduce the proportion of malnourished children under five by 50 per cent and eliminate gender disparity in child malnutrition
- vii. Reduce maternal mortality rate by 75 per cent
- viii. Ensure access of reproductive health services to all
- ix. Reduce substantially, if not eliminate totally, social violence against the poor and the disadvantaged groups, especially violence against women and children
- x. Ensure comprehensive disaster risk management, environmental sustainability and mainstreaming of these concerns into the national development process.

PRSPs are potentially very important instruments for the health sector¹⁸, as the PRSP process can help to improve dialogue between ministries such as finance and planning and the ministries of health and education. This provides an opportunity to increase understanding in 'upstream' ministries of the role of health in development. By bringing a poverty reduction lens to the health sector, PRSPs could catalyse a more pro-poor analysis of the health challenges that low-income countries face, including an examination of why existing policies are failing to reach vulnerable groups.

The 2004 WHO report¹⁹ which analysed PRSPs from a health perspective concludes that in most cases PRSPs are not delivering on the potential as outlined above. The link between health and poverty is recognised in most PRSPs but analysis of the connections between economic, social and health policies are scarce. PRSPs are not systemically identifying those health issues, which are the biggest contributors to poverty. They are not delivering on their potential to stimulate cross-sectoral action for health.

DORPs consultation on PRSPs

DORP in line with its focus on the links between health and poverty, has in partnership with WEMOS the Netherlands²⁰, initiated in 2003 a three-year study to 'monitor and analyse the process of PRSP development and implementation along with the impact of PRSP on health policies'. A specific project has been undertaken in 2003 with the objective to:

understand the local people's perception about health services and involvement of local people in the process of PRSP particularly to the health sector and the

¹⁸ WHO 2004, PRSPs: Their significance for Health: second synthesis report. WHO/HPP/PRSP/04.1

¹⁹ WHO 2004, PRSPs: Their significance for Health: second synthesis report. WHO/HPP/PRSP/04.1

²⁰ WEMOS <http://www.wemos.nl/en-GB/content.aspx>. a Dutch aid group, whose mission is to "improve the health of people in developing countries"

impact (if any) of PRSP development at micro level in sub-districts of Bangladesh.²¹

The process was 'focus group discussions' held in 12 sub-districts and key stakeholder interviews. The project provided evidence of:

Existence of serious problems, not usually covered by Health or Poverty reduction strategies. Vicious circle of forces that render government hospitals in effective prolonged continuation of dependence on undesirable service providers, and need for congenial relation between hospital officials and patients, are some of them²²

The local processes on which the MDGs and PRSPs depend

The aims are admirable and the vision clear, but such global approaches will not make poverty history without a much stronger focus on local institutions and processes. Measures to meet most of the MDGs and PRSPs have to be intensely local or have strong local components because, to succeed, they have to change outcomes in each particular locality, especially for those with the least income and assets. Most of the MDGs and PRSPs are about improved outcomes for individuals and households in food security, adequate incomes, access to schools and health care, secure home with adequate provision for water and sanitation, protection from the treatment for life-threatening diseases.

This requires more effective local organisation to provide the relevant services – and to increase local capacity to cope with social and environmental change. So meeting the MDGs and PRSPs also requires actively supporting civil and political rights. Where local governments are ineffective or simply ignore the needs of local communities and/or remote poor villages, organisations formed by and acting on behalf of the poor, the landless, or slum dwellers, often have particular importance, providing their members with services and more influence.

Most poverty reduction, including meeting most of the MDGS, requires local processes that both improve the performance of the more visible and formal local institutions and also support the more informal organisations formed by communities and poorer groups.

There are three areas of change needed in the local institutions:

1. **Providing services**, such as good-quality schools, primary health care services and provision for water and sanitation that poor groups can access and afford – although the most effective way of providing these is often through partnerships with the informal organisations of communities and poor groups.

²¹ Health in Poverty Reduction Strategy: Bangladesh Perspective 2003. Development of the Rural Poor, Bangladesh. Pp17.

²² Health in Poverty Reduction Strategy: Bangladesh Perspective 2003. Development of the Rural Poor, Bangladesh. Pp91

2. **A just rule of law** locally applied in ways that protect local communities and poor groups' rights and livelihood. The rule of law also has to protect and support those who face discrimination, for instance on the basis of gender.
3. **More voices and power locally** for communities and local governments that is more accountable to them and able to work in partnership with them.
4. **Local processes** in which local communities are involved in defining and measuring poverty and use this to support locally based poverty reduction strategies.

