



Policy Brief: The situation of children in Bangladesh

April 2020



The situation of children in Bangladesh

Introduction

The situation of children in Bangladesh 2019, hereafter called as SitAn 2019, is a living document to shed lights on the existing status of child well-being while also identifying the current gaps and inequalities which require both immediate and long-term attention. The SitAn 2019 is a follow-up in the series of the previous exercises taken up twice in every decade as a unique blend of efforts by the General Economic Division (GED) of the Planning Commission of Bangladesh as well as the UNICEF. As a flagship document, SitAn 2019 is aimed at informing the UNICEF Country Program 2021-2025 and the 8th Five-Year plan 2021-2025 of the Government of Bangladesh. The SitAn 2019 aspires to analyze the country context, system and institutions, the extent of establishment of child rights, and the access, opportunities and impacts of social services for children in Bangladesh. Moreover, it also aims to help policy makers to frame priorities, to evaluate the implemented services, and to accelerate progress towards ensuring children's rights and well-being in the country.

Various methods utilizing diverse data sets have been used in this situation analysis. A thorough desk review of the existing national and international studies, statistics, policies, laws and other pertinent documents have been reviewed to synthesize the findings. Key documents used for the collection of secondary data include the Multiple Indicator Cluster Survey (2013; 2019), Bangladesh Demographic and Health Survey (2017-18), Effective Coverage of Basic Social Survey (2018), Household Income and Expenditure survey (2016), as well as other data sources by UNICEF and other organizations. Moreover, divisional consultations with stakeholders from different sectors and Key informant interviews (KIIs) have been conducted in all the divisions across the country. The purpose of the consultations and the interviews have been to identify key challenges, regional hotspots and sources of deprivations, and gaps in knowledge at divisional level across the country. Furthermore, a number of Focus Group Discussion (FGDs) have been conducted across all the divisions to cover children from various cohorts including children who are currently enrolled in schools, dropout of schools, involved as child labour, living in urban slums and streets, and participants of adolescent clubs.

Background of the study

Bangladesh has achieved impressive success in many developmental indicators in the recent past. The country has already achieved the status of a lower middle-income country and set ambitious goal of reaching the upper middle-income status by 2030. Achievements in the social development end has also been remarkable. At the end of the one-and-half decade of MDGs, Bangladesh has topped the charts in terms of attaining several targets. Attaining the reduction in the poverty, child mortality and maternal mortality has gone hand in hand with the increase in the enrolment rate as well as gender parity in primary and secondary schools. Bangladesh is endowed with a young demography as children aged 0-17 years constitute 36 percent of total population in Bangladesh. This large number of children will join the workforce in the coming decades and play a vital role in the country's achievement of its national goals, such as the Vision 2041. Therefore, ensuring children's well-being and upholding their rights must be considered as national priorities in Bangladesh. The country's commitment in achieving the Sustainable Development Goals (SDGs) and various national development strategies such as the five-year plans also require that attention is given in preserving child rights and ensuring their security and protection from all forms of violence, disease and abuse.

The current overall situation of children’s well-being in Bangladesh is less than what is ideal as disparities in terms of class, gender, ethnicity and locality are vividly present. Despite many initiatives, the government is still struggling to ensure quality education at pre-primary, primary, and secondary level. Moreover, many children are deprived of access to safe drinking water, sanitation and hand-washing facilities which has serious health implications. Child mortality remains an important issue to be addressed as the newborns suffer from pneumonia, diarrhoea, respiratory infections and many other fatal diseases. Proper post-natal care is absent, especially in poor and rural households across the country. Overall nutritional status of children, though improved, is not ideal as a significant proportion of children in Bangladesh still suffer from stunting and wasting. Furthermore, a large number of children are still victims of child marriage while a considerable proportion of children are also engaged in different forms of child labour, including the exploitative and hazardous ones, in Bangladesh. Besides the traditional challenges, the lives of 19 million children in Bangladesh are at risk due to climate change driven hazards in recent years. The effects of climate change, such as floods, cyclones, river erosion, drought, and salinity intrusion among others are putting children of marginalized communities in increased vulnerability.

Development context of Bangladesh

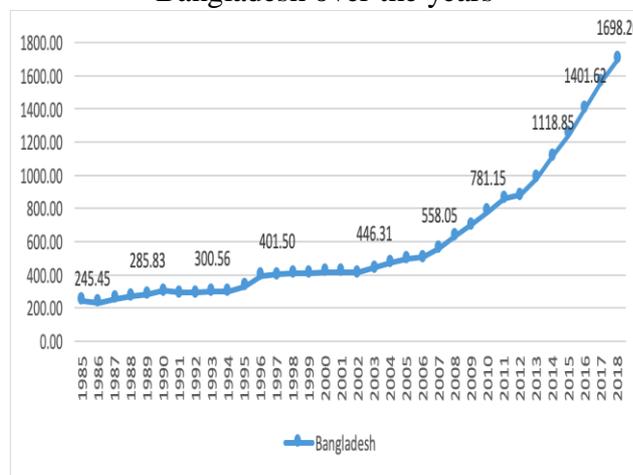
Bangladesh has recently been praised for its socio-economic achievement, especially during the last couple of decades. The country has seen consistent GDP growth with less volatility and has also seen an improvement in the standard of living for its people. While the GDP per capita for the citizens of Bangladesh has risen from a mere 95 USD in 1972 to about 1909 USD by 2019, the life expectancy at birth has also touched the milestone of 72.8 years in 2019 which was only 46 years in 1972. Lately, Bangladesh has achieved 8.15 percent GDP growth rate while eyeing on achieving the 8.2 percent GDP growth rate in 2020. Success in reducing fertility rate, population growth rate, child and infant mortality rate, and maternal mortality rate has gone hand in hand with the reduction in absolute poverty. However, while the reduction in poverty seems all impressive, the income inequality as shown by the GINI Index has somehow risen over the time in 1980s-90s. Hence, raising the per capita income of its citizens while reducing poverty rate and income inequality lays a critical challenge for Bangladesh in the years ahead.

Figure 1: GDP growth rate and GDP per capita of Bangladesh over the years

Figure 1a: GDP growth rate of Bangladesh over the years from 1985 to 2018



Figure 1b: GDP per capita (in USD) of Bangladesh over the years



Source: Author’s depiction based on World Bank data

In terms of social and human development, net enrolment rate (NER) at the primary schools have improved over the last decade as achieving almost a perfect NER looks achievable. However, the NER at the secondary schools, though improving gradually, shows a big gap on the way to achieve a perfect enrolment rate. Moreover, the dropout rate at the secondary schools is about double than that of the primary schools. Lack of proper attention to technical and vocational education and training for the children and youths have resulted into a high rate of youth population not in education, employment, or training (NEET). Moreover, in less than five decades after independence of Bangladesh, the total fertility rate (TFR) has come down from 6.63 in 1975-80 to 2.05 in 2015-2020. The falling rate has been preceded by and often coincided with a sharp decline in the infant mortality rate (IMR) and the under-five mortality rate. However, progress in education and health sector lacks rigour in qualitative sense than the quantitative one while the child well-being in terms of child nutrition, child labor, child marriage, and child discipline falls short of the desired targets.

The success of Bangladesh in different aspects of social and human development has been reflected in the Human Development Index (HDI) prepared by the UNDP. Score in the HDI has improved significantly with the increase in people’s standard of the living, life expectancy at birth, and with attainment in both education and health related aspects. In last few decades, Bangladesh has entered into the ‘medium human development’ category in recent years from the ‘low human development’ category since 1990s. The HDI score has reached to 0.614 in 2018 from 0.39 in 1990. The expected years of schooling for every child has risen from 5.6 years to 11.2 in the same timeline. Moreover, the life expectancy at birth has increased from 58.2 years to 72.3 years¹.

Table 1: Bangladesh’s HDI trends over the years

Years	Life expectancy at birth	Expected years of schooling	Mean years of schooling	HDI value
1990	58.2	5.6	2.8	0.388
1995	62.0	6.6	3.3	0.427
2000	65.4	7.5	4.1	0.470
2005	67.8	8.4	4.5	0.506
2010	69.9	9.2	5.3	0.549
2015	71.5	10.3	5.8	0.588
2018	72.3	11.2	6.1	0.614

Source: UNDP, 2019²

In terms of demography, Bangladesh has gone through a massive transition in terms of reducing fertility, infant and child mortality, and the population growth rate for the last few decades. The falling infant and child mortality together with a sharp decline in fertility rate has generated a boom in the young-age population since 1980s. The age-sex structure of Bangladesh population in 1980 shows that about half of the total population then belonged to an age group below 14 years. In the recent decade, this rise in the working age population and the fall in the ratio of dependent people has been dubbed as a situation conducive to realizing ‘demographic dividend’ in Bangladesh. About 36 percent of the population now belongs to an age group below 20 years who can potentially remain active in the economy for about next five decades. However, Bangladesh is also predicted to have an ageing population from 2030s and a high ratio of aged population since. At the end of the

¹ Human Development Data (1990-2018) is available at <http://hdr.undp.org/en/data>

² UNDP, 2019. *Briefing note for countries on the 2019 Human Development Report: Bangladesh*. Available at: http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/BGD.pdf

century, Bangladesh will become an aged society with a very high ratio of old age population. Hence, preparing for tomorrow's elderly support needs to begin with today's children.

Figure 2: Total Fertility Rate (TFR), Infant Mortality Rate (IMR) per 1000 live births, and Under-five Mortality Rate per 1000 live births in Bangladesh

Figure 2a: TFR in Bangladesh

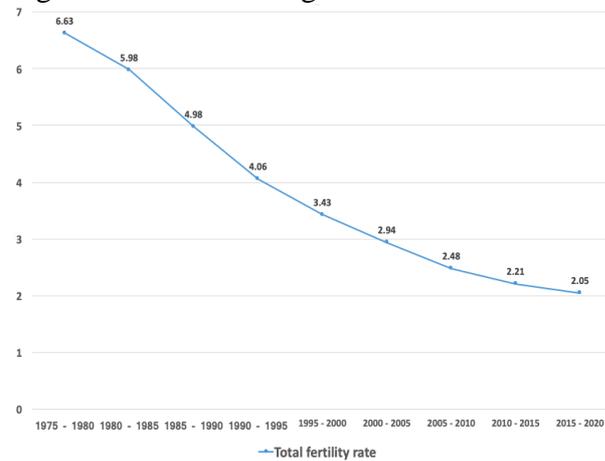
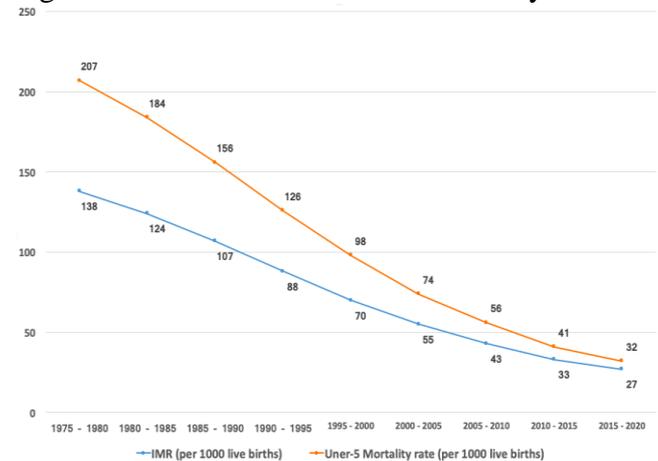
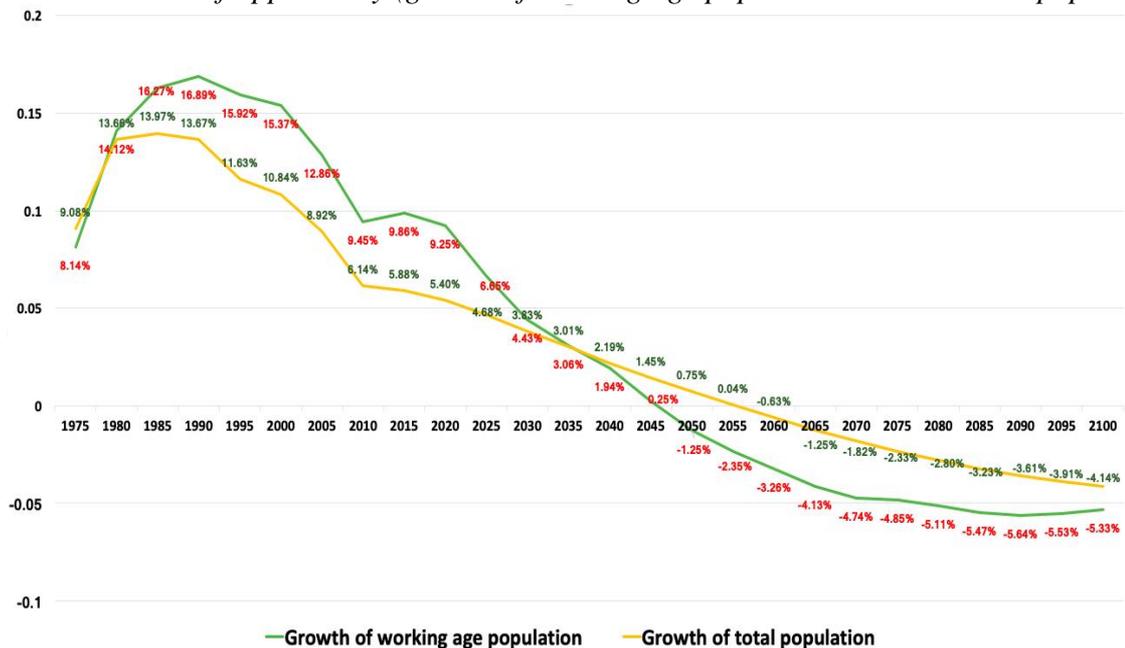


Figure 2b: IMR and Under-five mortality rate



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

Figure 3: Windows of opportunity (growth of working age population vis-a-vis total population)



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

Importance of the investment on children

The importance of and return to the investment on early childhood development (ECD) have been a major focus of the policies as well as research for last couple of decades. In SDGs, ECD is defined and measured by the proportion of children aged 36-59 months who are developmentally on track in health, learning and psychosocial wellbeing. Development of children under 5 years in terms of literacy-numeracy, physical, social-emotional and learning are emphasized under ECD. Besides the investment on ECD, investment on the adolescents also count as an important part of public

spending. Before recent SDGs, rights and welfare of children was brought to the mainstream development agenda for last few decades, especially since late 1980s with the declaration of United Nations Convention on the Rights of the Child (UNCRC) in 1989. Since the UNCRC in 1989, the focus on child rights and childcare has been consistently being strengthened in the global and national commitments. In 2000, the Millennium Development Goals (MDGs) were implemented across the developing nations with particular focus on development of health and education facilities which mostly benefitted the children. Later, the post-2015 development agenda has put clear emphasis on various issues related to the physical, social, and psychological development of children. Apparently, there are 44 indicators dedicated to children which cuts across 14 goals in the SDGs. Hence, importance of investing on and ensuring the rights of children is substantively reflected in the today's global development agenda.

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

National policies and governance regarding children

Rights of children to universal primary education, and to healthcare have been recognized, in the Constitution of the country, as basic needs of children irrespective of their sex, race, ethnicity, and religion. Bangladesh first formulated the Children Act 1974 to recognize and protect the rights and dignity of every child and signed the UNCRC after its formulation in 1989. Bangladesh has prepared the National Child Policy in 1994 and updated the National Child Policy in 2011. In recent years, the government has formulated a wide number of recent policies concerning the establishment of child rights and well-being. In 2010s alone, a number of important policies have been formulated which covers issues like early childhood care, education, health, child labour, and child marriage among others. Moreover, government has recently added a segment titled 'children budget' in the national reflecting government's commitment to finance on the well-being of children.

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

Table 2: Recent national policies and legislations for children in Bangladesh

Policies, Acts, and Laws	Year of approval/development
National Child Labour Elimination Policy	2010
National Child Policy	2011
Children Act 2013 (amended in 2018)	2013
Comprehensive Early Childhood Care and Development Policy	2013
Breastmilk Substitute Act	2013
National Domestic Labour Policy	2015
Child Marriage Restraint Act	2017
Child Marriage Restraint Rules	2018
National Plan of Action to End Child Marriage	2018
National Action Plan to Prevent Violence Against Women and Children (2018-2030)	2018

Source: Author's compilation (2019)

Besides the government agencies, private sector and the civil society organizations (CSOs) as well as the non-government organizations (NGOs) in Bangladesh have been working to protect rights and to ensure welfare of children throughout Bangladesh. Now-a-days, a large number of local as well as international NGOs and CSOs are working for children in various sectors like education, health, nutrition, WASH, disability, and child rights. Moreover, private sector has also progressed faster in providing various services for children mostly in the education and health sectors. Though a large number of educational and health institutions have been set up by the private sector entrepreneurs, issues like water and sanitation have often been overlooked by the private sector entities resulting in a gap which is filled by the NGOs.

Despite the initiatives of different actors, governance of child rights and welfare through proper implementation of policies and action plans have remained weak over the decades in Bangladesh. The governance of child rights, like other important sectors, suffers from the centralized structure of governance in Bangladesh. Though the MOWCA is the coordinating agency for all the children related issues, there are several other key ministries which are involved in implementing child rights and welfare policies. Moreover, while the local government institutions (LGIs) are institutionally responsible for delivering and monitoring various key services for children, strengthening of the capacity of LGIs has been lacking over the decades. The capacity of the MOWCA in coordinating and implementing policies and action plans for children has also remained under scrutiny as the ministry is usually headed by a state minister, instead of a full minister, and lacks sufficient human resources. Furthermore, Government's promise of allocating 20 percent of the budget for children as mentioned in the budget speech of 2018-19 has not been met in the 'children budget' yet.

Child survival, child health and reproductive & maternal health

Survival of children has always been considered as one of the most important areas of child well-being prioritized in the global conventions and goals the UNCRC, the MDGs, and the SDGs. Taking steps to improve ante-natal and post-natal care including many other interventions to improve healthcare for children have contributed to significant reduction in infant and child mortality rates in many of the developing countries across the globe. Among a large number of developing countries, Bangladesh has performed fairly well in reducing maternal mortality rates, infant and child mortality rates, and in increasing the coverage of immunization programs. The country has evidently reduced the neonatal mortality rate from 92 to 26 per 1000 live births and the under-five mortality from 146 to 40 per 1000 live births over the first couple of decades of the new millennium. Improvement in the maternal healthcare and reproductive healthcare have contributed to the reduction in neonatal

mortality. However, prevalence of early childbearing among girl children and water-borne diseases among children remain high while ensuring quality and universal health coverage for all children across the country remain under-addressed. Furthermore, cross-cutting climate issues like flood, drought, river erosion, cyclone, salinity intrusion may more adversely affect child survival in the disadvantaged communities in coming decades.

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

Health system in Bangladesh is pluralistic as a large number of actors including the government, private sector, NGOs, and donor agencies are involved in providing health care services to the people. The Ministry of Health and Family Welfare (MOHFW) plays both role of the coordinator as well as the regulator in implementing the programs and policies related to health. While MOHFW is the responsible ministry for implementing national health policies and services, primary health care services in urban areas is the responsibility of local government institutions under the Ministry of Local Government, Rural Development and Cooperatives. In the private sector, for-profit entities as well as not-for-profit entities like NGOs exist to provide people health services in rural and urban areas. In recent years, success of the immunization program and the community healthcare system along with health service delivery by NGOs have helped a wider coverage of healthcare for the children than ever.

While the progress in the coverage of immunization, coverage of vaccination, and the reduction of under-five mortality rate is plausible, high adolescent birth rate and fertility rate for women aged between 15 to 19 is still a big concern for Bangladesh. Hence, the reproductive health especially of young women, aged 15 to 19, and the delivery of children at home with unqualified birth attendant are some important issues to be considered with seriousness. Furthermore, awareness about and availability of quality ante-natal and post-natal care is lacking. Skilled birth attendant is still lacking. Therefore, Bangladesh still has to plan and invest more on family planning, ante natal as well as post-natal care with a combined approach of policy formulation, policy implementation, and awareness creation.

Child nutrition and development

Ensuring proper nutrition for children during early childhood has been recognized as the prerequisite for physical and mental growth, immunity, and overall well-being of children. The first thousand days of life, the time from conception to age two, children grow and develop at a faster rate and requires proper nutrition to fulfil their growth potential. Under-nutrition, hidden hunger and overweight are the three major dimensions of malnutrition which work as a considerable threat to survival, growth and development of children. Child malnutrition, manifested by stunting, wasting and underweight or obesity are outcomes of poor nutrition in-utero and early childhood, lack of breastfeeding, and intake of nutrient-enriched food in the childhood. In recent years, prevalence of stunting, wasting, underweight, and overweight among children in Bangladesh has become a

growing concern. However, research shows that malnutrition can be prevented by ensuring adequate maternal nutrition before and during pregnancy and lactation, by ensuring optimal breastfeeding in the first two years of child’s life, and by providing nutritious and safe foods in early childhood. In addition, ensuring a healthy environment with access to basic healthcare, safe water, hygiene and sanitation services are important for proper growth of children.

The Constitution of Bangladesh acknowledges the need for ‘raising of the level of nutrition and improvement of public health’ as a priority. The National Nutrition Policy 2015 and the 7th Five-Year Plan aim to attain healthy and productive lives by ensuring expected nutrition for all the citizens, especially of the disadvantaged groups, the mothers, adolescent girls, and children. Enhancing dietary diversity with optimum quality and quantity of diet, scaling up nutrition-specific and nutrition-sensitive interventions, and strengthening multi-sectoral approach and coordination among relevant stakeholders for improving nutrition are some key objectives of the policies. MoHFW is endowed with the major responsibility of nutrition services under Health, Nutrition and Population Sector Program. Institute of Public Health Nutrition (IPHN) of MOHFW is mandated to assist in developing policies and strategies in relation to nutrition services. There are some other core committees like the Multi-Sectoral Steering Committee on Nutrition Initiative (SCNI), the Nutrition Implementation Coordination Committee (NICC), and the Food Planning and Monitoring Committee (FPMC) to work on food and nutrition issues. However, coordination among the relevant ministries and other government agencies is still weak and needs more meaningful integration as there are apparent duplications of work and confusion in the implementation of programs relating nutrition.

The nutritional status is being measured by three main indicators- weight-for-age, height-for-age, and weight-for-height. In Bangladesh, nearly 1 in 3 children under the age of five are slightly or significantly underweight (31.9%), and nearly 1 in 10 are rated as seriously underweight (8.8%). Furthermore, approximately 4 out of every 10 children (42%) are either slightly or seriously stunted for their age, and 1 out of every 10 children (9.6%) is wasted mildly or extremely or too thin for their height. The underweight prevalence for children under five is 22.6 percent. Though the percentage of overweight prevalence is not much significant at present (2.4%), it has increased from the 2012-13 (1.6%) level. On the positive side, the overall percentage of households with proper amount of iodized salt intake increased from only 54.3 percent to 76 percent within this decade. However, the percentage of low-birthweight infants is high in Bangladesh as one in three infants have low birthweight.

Table 3: Prevalence of underweight, stunting, and wasting (in %)

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

(Moderate and severe)	below: (a) minus two standard deviations (moderate and severe) & (b) minus three standard deviations (severe) of the median weight for height of the WHO standard		
Wasting prevalence (Severe)		1.6	2.3
Overweight prevalence	Percentage of children under age 5 who are above two standard deviations of the median weight for height of the WHO standard	1.6	2.4

Source: MICS 2013 and 2019

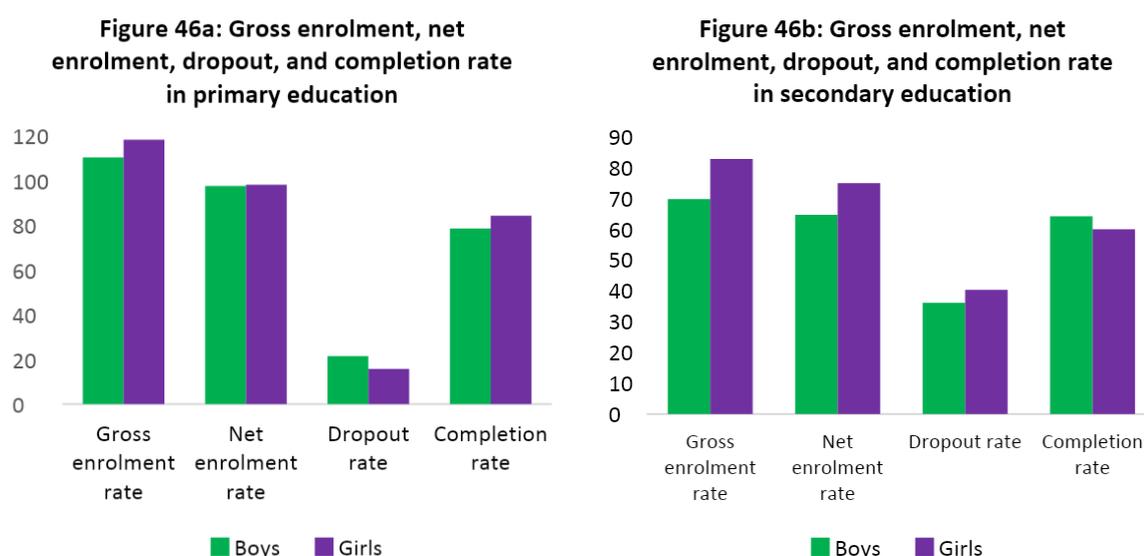
The predominant breastfeeding under six months has good score in 2019 as almost 73 percent of infants are being breastfed as a dominant source of nourishment. The similar pattern can be seen in this case of age-appropriate breastfeeding as the average value is higher for 2019 (78.2%) than from 2012-13 (66.5%). Moreover, more than 75 percent cases infants are getting the semi-solid foods along with breastfeeding after 6 months of age. Furthermore, we may see that the minimum dietary diversity (percentage of children age 6–23 months who received foods from 4 or more food groups during the previous day) is higher in urban areas which is 41.5 percent. However, the overall diversity in dietary consumption of infants are quite low (33.8%) in Bangladesh. Furthermore, anaemia is a widespread phenomenon in Bangladesh due to mal-absorption and low bioavailability of iron in the food consumed by most households. During the current decade in Bangladesh, iron deficiency has decreased among children while maternal anaemia remains high. Besides iron deficiency, deficiency of major micronutrients is also apparent among the children in Bangladesh despite a handful number of government initiatives.

For the last two decades, Bangladesh has done relatively well in attaining food security, while ensuring proper nutrition for the citizens, especially for children, has been underwhelming. The increase in rice production appears to have small effects on proper nutrition as the population, especially the young children, need access to a diverse set of foods including staples such as rice, vegetables, animal proteins and milk. Lack of proper planning and implementation of nutrition policies and strategies along with lack of human resources and awareness campaigns dedicated towards nourishment of children are some key barriers in the nutrition sector. Multi-sectoral coordination for nutrition is yet to be strengthened by the government. Moreover, there remains a major data gap on nutrition issues across the country.

Education, training, and skills for children

There is little doubt that Bangladesh has made leaps and bounds in the realm of primary and secondary education in the last few decades. The country has achieved near-universal access to primary education and gender parity in both primary and secondary school enrolments. In fact, Bangladesh was one of only few countries to achieve gender parity up to the secondary level during the implementation of MDGs. Public investment and social services in education have played a critical role in increasing access to education for millions of children. Provision of government stipends through special projects, distribution of free textbooks in recent years, and school-feeding programs have helped to significantly increase enrolment and retain students, particularly those from poor families. The Government of Bangladesh has also been giving special focus to early childhood development (ECD) and technical and vocational education (TVET) as the importance of early care for children and skills development gained momentum both nationally and internationally. As a result, the number of pre-primary students and TVET institutions in the country has increased significantly over the years.

Figure 4: Enrolment, dropout, and completion rates in primary and secondary education (%)



Source: Bangladesh Education Statistics 2018, BANBEIS.

The management of the education system in Bangladesh falls under the purview of two ministries: Ministry of Primary and Mass Education, which looks after primary education, including pre-primary, and Ministry of Education, which is responsible for secondary, vocational and tertiary education. It is worth noting that the primary education which is constituted of grades 1 to 5 while the secondary education is composed of grades 6 to 10 and the higher secondary education is composed of grades 11 to 12. Government primary schools and newly nationalized primary schools under the Directorate of Primary Education (DPE) are the main mediums of PPE delivery. However, the primary education in the country has two major streams, i.e. general and madrasah (Islamic institution of religious learning), while secondary has three overall streams, i.e. general, madrasah, and technical-vocational. Along with these, there are English-medium schools that follow international curricula such as Cambridge and Edexcel (ibid). Non-formal schools, on the other hand, follow a separate syllabus and do not fall under any single type; thus the standards among these schools vary. Moreover, there are mainly two streams of madrasahs: Aliya and Qawmi. Aliya madrasahs fall under the Bangladesh Madrasah Education Board while Qawmi madrasahs function under the private institution called the Befaql Madarisil Arabia of the Bangladesh Qawmi Madrasah Education Board.

In terms of achievement in education, enrolment in PPE in absolute numbers has seen an overall increase between 2015 and 2018 while gender parity has also been achieved. Net enrolment ratio at primary and secondary level improved over recent years while the teacher-to-student ratio also showed significant improvement. As a result of an increased number of interventions and attention to children with special needs at the policy level, the number of children with disabilities enrolled at the primary level has been on the rise in the last decade. Moreover, dropout rates at the primary and secondary level have substantially decreased in the running decade. However, though NER at the secondary level is higher for girls compared to that of boys, the dropout rates for girls are also higher than those of boys. A large number of primary and secondary schools have received computers and other tools required to establish multimedia classrooms. Furthermore, total number of TVET institutions and its students have apparently increased in recent years.

Despite all the progresses made in recent years, a significant number of challenges related to quality and equity in education still exist, both at the primary and secondary levels. The challenges include

teacher capacity, teacher absenteeism, lack of skilled and trained teachers, and poor physical infrastructure in many remote areas. Curricula reforms are also the need of the hour as the lack of modernization of school curricula coupled with the existence of three different streams of education (Bangla, English, and Madrasas) mean that education is not tailored to modern-day needs and there is no synergy between the various streams. Moreover, some of the targets set by the 7th FYP are far from being achieved while some have been met. It was conceived in the 7th FYP that 100% of all secondary schools would have an ICT laboratory but as of 2018, the percentage of schools with computer facilities stands at 87.24 percent.

Among many bottlenecks to ensure quality education, the pre-primary education suffers from the shortage of dedicated teachers and dedicated classrooms. The lack of skilled and trained teachers along with the lag in the digitization of all the educational institutions hinder the provision of quality education across the country, especially in the disadvantaged areas. Lack of playground, lack of opportunities for co-curricular activities at schools, unclean and unhygienic water and sanitation system at the educational institutions add to the long list of structural and infrastructural problems at most of the schools across the country. Ensuring curricula reform, improvement of classroom and other ICT related infrastructures, training of the teachers on modern teaching-learning methods are some of the important aspects to materialize quality education across schools, madrasahs, and TVET institutes. Furthermore, strengthening the monitoring and supervision of the educational institutions by education officers of respective areas and utilizing the School Management Committees (SMCs) can help improving educational environment of the respective educational institutions.

Protection of children from violence, exploitation, neglect and abuse

Rights of children to security and protection from violence, exploitation, and abuse has been recognized as a core issue in most of the policies and conventions related to children. Over last couple of decades, Bangladesh has formulated a wide number of policies and legislations focusing on child safety and protection from domestic violence, violence at workplace, child labour, child marriage, and child trafficking etc. Moreover, the country has emphasized on implementing digital birth registration system lately to prevent child marriage, child labour and other abusive practices against children. However, the loose coordination among the implementing agencies have been blamed as a core reason behind the lack of proper implementation of the relevant policies and legislations relating to child protection in Bangladesh.

Child protection issues are usually cross-cutting and multi-sectoral in nature which requires action from a multiple number of government and non-government actors and agencies. While the MOWCA coordinate all issues related to children, safety and protection of children are ensured and enforced by several other departments and ministries of the government. The Ministry of Home Affairs (MoHA), The Ministry of Law, Justice and Parliamentary Affairs (MoLJPA), The Ministry of Social Welfare (MoSW), The Ministry of Disaster Management and Relief (MoDMR), The Ministry of Labour and Employment (MoLE), and The Ministry of Local Government, Rural development, and Co-operatives (MoLGRC) are some of the most important ministries involved in child protection. Besides the government entities, civil society organizations (CSOs) and non-government organizations (NGOs) in Bangladesh also play a crucial role in advocating and implementing child protection policies and legislations. As a large number of government entities are involved in implementing the policies and legislations for child protection, coordination among the agencies and individual capacities of the government entities remain crucial. Moreover, insensitivity of and violation of laws by the law enforcement officials and other officials from responsible government bodies while dealing with children are key constraints in ensuring security of children from abuse and exploitation. Furthermore, implementation of the policies has remained sluggish and the coordination among responsible government agencies have been relatively poor.

Among many forms of abuse and exploitation, child labour and child marriage prematurely terminate the childhood while other forms of violence can have long term physical and mental effects on children. Abuse and violence against children often start from their own family in the name of child discipline. Moreover, household poverty, education and awareness level of parents also give rise to several forms of exploitation including child labour and early marriage. Government has been implementing the mandatory birth registration system which can potentially help reducing the incidence of child labour and child marriage. Though the birth registration is required to be done within 45 days of childbirth, MICS data shows that the percentage of children under 5 years with their births registered has increased from 37 percent in 2013 to only about 56 percent in 2019. However, the awareness among the mothers and caretakers of children whose births are not registered has apparently increased significantly. Reportedly, about 90 percent of the mothers and caretakers of children whose births are not registered know the process of birth registration and yet has restrained themselves from following it.

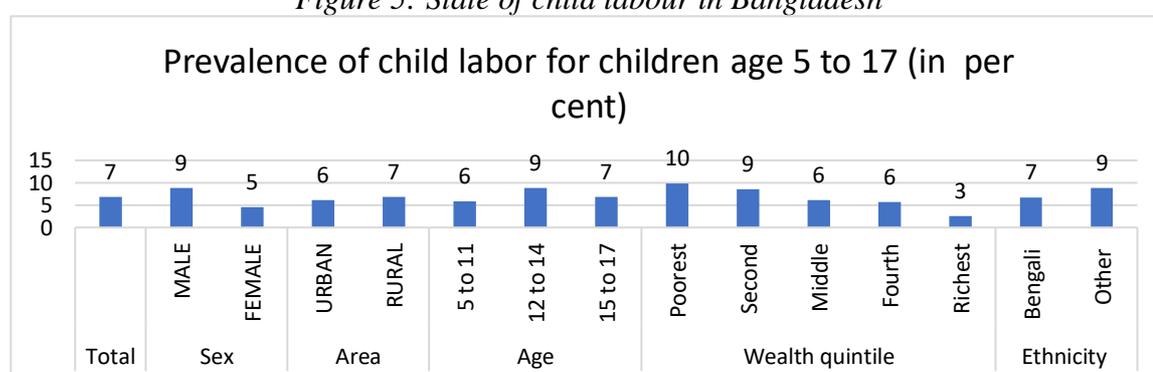
Table 4: Progress in birth registration

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

Source: MICS 2013 and 2019

In Bangladesh, Labour Act (2006) prohibits employment of children under 14 years of age while it also proscribes hazardous forms of child labour for persons under age 18. According to MICS 2019, about 6.2 percent of the children are involved as child labour in terms of their engagement in economic activities as well as in the household chores where majority of the child labourers are engaged in economic activities. Besides, the percentage of early marriage among women varies across the age groups as indicated by the findings in MICS reports over the years. While older women up to 49 years are taken into account, percentage of early marriage before age 15 and age 18 goes high. On the other hand, as shown in MICS 2019, once the younger age group from 20 to 24 years is considered, there are significant reduction in the incidence of early marriage. Still, about 33 percent women, aged 15 to 19 years, are currently married and the number has not changed much over last half of a decade. The three drivers such as poverty, lack of education, and family pressure are the core reasons for early marriage of girl child in Bangladesh.

Figure 5: State of child labour in Bangladesh



Source: MICS 2019

In terms of child discipline, data from MICS shows that majority of the children in Bangladesh have experienced violent discipline methods. In this instance, there are no significant variations in the experience of children based on their gender, their rural-urban resident status, and their parents' education. Moreover, the use of non-violent disciplining methods has significantly decreased over the years while the percentage of children experiencing psychological aggression and severe physical punishment have increased over the years. Hence, an alarming increase in the use of violent and aggressive disciplining methods across the country in recent years is evident in the statistics. Furthermore, literature shows that fatality takes the top spot in terms of violence against children while the other forms include injuries, sexual abuse & exploitation, abduction & trafficking, and physical abuse & torture. When sex of children is considered, sexual abuse and exploitation is the most occurred form of violence for girls while kidnaping and missing takes the second spot for boys. Data shows that around 98 percent victims of sexual abuse and exploitation against children are girls. In this instance, girls aged from 4 to 12 years are highly likely to face sexual abuse and exploitation. To add the existing challenges for children, drug addiction among teenagers have been found to be an alarming issue across the country. A significant number of participants of the regional consultations have indicated that the addicted children are threats for themselves and also for the security of other non-addicted children which in turn increase the likelihood of violence and abuse. Furthermore, security of identity and dignity of children in the cyber space have also emerged as a major concern of the parents across the country.

As a developing country, Bangladesh faces a long list of challenges in ensuring security and protection for all the children across the country as progress in the reduction of different forms of abuse, violence, and exploitation of children has not been overwhelming. Among various socio-economic factors, poverty, lack of education and awareness of parents, and socio-cultural values affect the perpetuation of several forms of violence and exploitation of children including child labour, child marriage, and child discipline in Bangladesh. In the political front, lack of proper implementation of the existing laws and policies and lack of sensitivity of the implementing agencies to protect children from abuse and exploitation has remained evident over the years. In reality, there is a lack of cooperation between the Child Affairs Police Officers (CAPOs) and the Probation Officers (POs) of the Ministry of Social Welfare in protecting children in contact or in conflict with law. Moreover, the Child Welfare Boards (CWBs) have reportedly remained ineffective in monitoring of Child Development Centres (CDCs) and other certified institutions to ensure protection of children in need. Moreover, absence of the National CWB is has been hampering the monitoring of all CWBs, CDCs and other certified institutions. Furthermore, the provision of establishing separate Children Courts in Bangladesh is yet to be implemented.

Water, sanitation, and hygiene (WASH) for children

Lack of hygiene, inadequate sanitation, and unsafe drinking water accounts for child mortality worldwide. Children are at a much higher risk of stunting due to unsafe water usage, lack of sanitation and improper hand-washing practices. Even though access to safe drinking water sources has increased over the decades in Bangladesh, the overall WASH situation has not improved as expected. Despite successfully reducing the rate of open defecation since the 1990s and making progress towards better quality drinking water, the high levels of contamination of natural water resources remain a stubborn challenge in Bangladesh. In fact, poor water quality is also an issue for the rich in Bangladesh who have access to the exclusive piped water system. Quality of sanitation coverage is also another area of concern, with over 40 percent of all latrines classified as “unimproved.” According to a recent study of UNICEF, while about 84 percent of the schools have basic sanitation provision, only 24 percent of the facilities are clean and functional, and some 45 percent of the facilities remain dysfunctional. Thus there is a dire need of proper hygiene for the children in every place.

The key targets in the water and sanitation sector as officially announced and pursued by the government of Bangladesh include ensuring safe, adequate and equitable water supply coverage to urban and rural areas by 2020 while also assuring sanitation coverage to 90 percent of the population by 2030. Moreover, preserving and conserving groundwater sources and ensure safe yield by 2020 with the Water Act is already in place. In pursuit of the country's stated WASH and related targets and goals, there are a number of institutions and agencies primarily concerned with the governance of water, sanitation and hygiene facilities. Among the concerned agencies, The Local Government Department (LGD), Ministry of Local Government Rural Development and Cooperatives (MOLGRD&C), Local Government Engineering Department (LGED), Bangladesh Water Development Board (BWDB), Water Supply and Sewerage Authority (WASA) in Dhaka, Chattogram, and Khulna are the key institutions.

While most of the population use groundwater through some variant of tube wells, the possibility of arsenic, lethal microorganisms and metal/salt contamination cannot be ruled out. Surface water sources and even piped water in a densely populated area stand the risk of high contamination of faecal bacteria. Almost 12 percent of the country's improved water sources contain arsenic levels above 50 parts per billion, which the Bangladesh government defines as the threshold of danger. It is observed that overall situation of using improved drinking water has increased in Bangladesh in 2019 (98.5%). This increase, however, is not much significant compared to 2012-13 (97.9%). In addition, the arsenic contamination decreased significantly at national level from 2012-13. Though the contamination is lower at national level (11.8%), the situation is somewhat different for divisions like Sylhet (28.8%) and Chattogram (25.7%). Moreover, at the national level, the overall percentage of presence of *E.coli* in household drinking water is 81.9 percent. However, the use of tube-well as a source of drinking water is almost universal (94.1%) with an overall average use of 83.8 percent. Rivers, canals, and rainwater harvesting constitute a small portion of drinking water.

In terms of sanitation, the Community Led Total Sanitation (CLTS) programme has achieved much success – bringing in a paradigm shift in community behaviour in terms of sanitation and hygiene practices in rural areas. The improved use of sanitation facilities is apparent as the national average stands at 84.6 percent in 2019. Moreover, it is observed that hand wash facility with water and soap has significantly increased in 2019 (74.8%) compared to 2013 (59.1%). Though people are now more aware about washing their hands and maintaining hygiene, the use of soap or liquid in washing hands is yet to be practised widely. Only 50 percent of the caregivers use water and soap to wash both hands. In 19 percent of the households, child faeces are left in the open place. An overall household population of 50.7% utilize drinking water, sanitation and hand washing ladders properly.

Besides water and sanitation issues, one strikingly neglected area is menstrual hygiene management (MHM) where the National Hygiene Baseline Survey found only 11 percent schools to have separate latrines for female students. The gender appropriate WASH component and availability of MHM guidance and materials in primary and secondary schools has been supported by government in recent years. Unfortunately, the gender sensitive component has been missing on several stages. There is very few gender-separate WASH facilities available and quality control of the existing toilets are poor. Literature shows that about 25 percent of the adolescent girls skip school during their menstruation due to poor WASH setup. However, approaches like celebrating Menstrual Hygiene Day, integrating MHM in WinS (WASH in Schools) and adolescent health, nutrition and education programs are few encouraging initiatives in the adolescent hygiene scenario.

In a country where groundwater water is being depleted quickly, at least in urban areas, proper recycling of water for household as well as industrial usage has become a crying need. Dumping of

industrial wastes to sources of surface water and filling as well as grabbing of low-lying lands from rivers and canals are some of the crucial challenges for water resource management in Bangladesh. Planned interventions along with mass awareness campaigns on the WASH issues, including MHM aspect, is a need of the time. Moreover, there are no comprehensive datasets on as well as a comprehensive plan of the WASH sector at present. Hence, a proper MIS, a comprehensive plan, and coordinated action by a number of relevant government agencies are the key necessities for improved WASH conditions for children across the country.

Concluding observations

Bangladesh has proceeded in economic as well as social aspects at both micro and macro level which have helped the country to promote child well-being in recent decades. The country has implemented a wide number of initiatives including universal primary education, stipend schemes for different categories of students at secondary level, free textbook distribution up to secondary level, and arrangement of meals at school to promote education for all children. Moreover, initiatives like implementing universal child immunization, establishing community clinics, reducing the rate of open defecation, promoting the use of sanitary latrines, and promoting the need for washing hands several times a day have improved the health and well-being of children across the country. Furthermore, the country has recently enacted and implemented a wide number of policies and legislations including the birth registration system to reduce the incidence of early marriage, especially of girl child, and child labour across the country. Despite many initiatives, however, disparities in terms of class, gender, ethnicity and locality in ensuring child well-being are vividly present. Evidently, the government is still struggling to ensure quality education and healthcare services for all the children while many are also deprived of access to safe drinking water, sanitation and hand-washing facilities. Promoting reproductive health services as well as menstrual hygiene management for adolescents have remained a big challenge. In addition, a significant proportion of children in Bangladesh still suffer from stunting and wasting while many are still victims of early marriage, child labour, and physical as well as psychological violence and abuse. Besides, climate-related challenges pose additional threat to child well-being in the coming years. On this backdrop, this report has identified several key aspects to be addressed through policy planning and implementation.

Addressing the regional disparities

There are regional issues that have impact upon children. Disparities across regions and administrative divisions in terms of quality of services and quality of life are vividly present in the country. The administrative divisions perform differently in terms of different social indicators relating to child well-being. While some divisions fare in most of the aspects, there are some divisions lagging behind others in most of the indicators. The performance of a division in terms of different indicators also vary as it fares well in one aspect and lags behind in some others. The disparities indicate that none of the divisions perform in a perfect way in all indicators and rather need specific attention and planning for few of the lagging socio-economic sectors. Especially, there are few specific pockets in every divisions of the country. In the southern part of the country, coastal areas in Khulna division, coastal areas and islands in Barishal, and hilly districts in Chattogram are some of the well-known pockets requiring attention. On the other hand, Haor and tea garden areas in Sylhet, hilly and char areas in Mymensingh, and slums and low-income settlements in Dhaka are some of the key areas in eastern and central part of the country. Finally, in the northern part, bordering areas as well as the areas prone to flood, riverbank erosion, and drought in Rangpur and Rajshahi divisions are some major hotspots needing attention for proper policy implementation and resource allocation.

Barisal, a coastal division, lies near the Bay of Bengal and crisscrossed by a large number of canals and rivers. Gradual salinity intrusion into the coastal areas, due to climate change, are threatening the primary production system, coastal biodiversity and human health and nutrition of this district. In Barisal, assuring safe drinking water is a major challenge due to salinity intrusion and the presence of arsenic as well as *E.coli* in the groundwater. Every year, many public infrastructures including roads, schools, and hospitals are damaged due to various natural calamities like floods and cyclones. Data shows that Barisal division lags behind in terms of assisted child delivery by skilled attendants while the other divisions remain close to the national average, reduction in the rate of early marriage of girl children, and in the rate of child labour. Though Barisal has the highest rate of improved latrines, it scores lowest in terms of maintaining hand washing facility and soap usage. However, Barisal is clearly ahead of all the other divisions in terms of progress in the rate of birth registration.

Chattogram is the south-eastern administrative division with diverse geographic characteristics like coastal areas, hilly districts, and plain lands. People living in the Chattogram hill tracts (CHT) including Rangamati, Khagrachhari, and Bandarban often remain out of the reach of healthcare as well as educational and other services due to both lack of infrastructure and human resources. Low quality of service along with lack of awareness among mass people are important barriers behind many socio-economic problems in the CHT. Research shows that the both barrier of language as well as physical communication are two key bottlenecks for raising awareness on key life-saving behaviour and demand creation for social services in the CHT. Improving the nutritional status of children, especially in the CHT and low-income urban settlements, is another major concern. Besides, Chattogram faces high risk of natural disasters like earthquake, landslide, flooding and cyclones. Moreover, lowest usage of modern contraception, poor condition of maintaining minimum acceptable diet for children, higher arsenic contamination in drinking water, higher number of cases of violence and abuse against children are some of the key challenges for the whole Chattogram division. Engagement of the local communities in the planning process and allocation of resources with evidence-based data can be useful in facing the local challenges.

Dhaka division centres on the capital city, Dhaka, and is the largest metropolitan city of the country while the division hosts a number of other city corporations including Gazipur and Narayanganj. In terms of overweight among children, Dhaka scores the highest while the other divisions have on a much lower average. Number of slums and people living in slums are highest in Dhaka which also extends to its nearest cities. Moreover, the highest number of cases of violence and abuse against children happened mostly in Dhaka district followed by two of its neighbouring cities including Narayanganj and Gazipur. While endowed with better roads, schools, and hospitals, children in the bigger cities including the capital city faces a wide number of problems that include lack of playground, lack of open places for children to play, lack of fresh air to breathe in, higher cost of basic services, and so on. Within Dhaka division, slums, low-income settlements, some river islands, and some other riverbank erosion-prone areas lag in terms of child well-being.

Khulna, a coastal division, is vastly affected by cyclones, tidal surges, flooding, riverbank erosion, and salinity intrusion making lives of children difficult. Frequent natural disasters like tidal surges and riverbank erosion have often made children and their families homeless. Remoteness of many communities, along with frequent natural disasters and increasing level of salinity intrusion owing to sea-level rise, has resulted in lack of availability of quality educational as well as healthcare services and other necessary infrastructures. The division as a whole scores best in the average rate for antenatal as well as postnatal care coverage and in the use of improved sanitation facilities. Moreover, Khulna division fares well in terms of keeping lower number of underweight children, maintaining acceptable dietary practices for children, reducing the high rate of early marriage among girl children. However, Khulna performs low in assuring birth registration of children below 5 years

and in keeping the rate of child labour lower. Moreover, like Barisal, Khulna as a coastal division fails to effectively manage the safe drinking water services for all.

Mymensingh, full of haors and hills, is a fairly new administrative division established only in this decade. Poverty-prone areas including the Haor basins and the hilly areas in Mymensingh make the delivery of basic services difficult in remote areas, especially to the ethnic minorities in the region. Ethnic minorities like Garo, Koach, Hazong, Santal, and Dalu often live in the most remote areas near the borders with India and are under-served due to the remoteness. Some districts like Jamalpur and Netrokona are the two-flood prone district where floods destroy public infrastructures like roads and schools and household infrastructures like houses, tube wells, and sanitary latrines. Mymensingh extremely lag behind in terms of child delivery by skilled birth attendants, coverage of post-natal care services, and minimum acceptable dietary practices of children. Moreover, the number of cases of violence and abuse against girl children is high in Mymensingh.

Rangpur, the northernmost region of Bangladesh, is recognized for hosting well-known poverty pockets of the country. In addition to poverty and low level of education among the people, natural disasters like flood, drought, and riverbank erosion add to the woes of the marginalized people of the division. According to data from MICS, Rangpur performs worst in terms of highest adolescent birth rate, lower iodized salt intake, higher rate of child labour, slowest growth in birth registration rate, higher percentage of early marriage among girls aged 15 to 19 years, and highest rate of open defecation. On the other hand, Rangpur performs best in terms of highest usage of modern contraception, most efficient management of and highest rate of people having access to safe drinking water, lower presence of *E.coli* in drinking water. Moreover, Rajshahi, a northern division of the country, performs almost like Rangpur in many indicators. Evidently, Rajshahi also suffers from very lower rate of iodized salt intake among children, higher rate of child labour, higher rate of child marriage, and lower level of antenatal as well as postnatal care coverage. Both Rajshahi and Rangpur divisions require sector-specific planning and allocation of resources for improvement of educational as well as health and nutritional conditions of children living in those regions.

Sylhet, a north-western division of the country, performs worst in terms of child mortality, antenatal care coverage, child delivery by skilled birth attendants, number of underweight children, acceptable dietary conditions for children. On the other hand, Sylhet performs best in terms of lowest rate of early marriage among girl children, lowest adolescent birth rate for women aged between 15 to 19 years, highest iodized salt intake, highest birth registration rate for children, and the lowest number of overweight children among all the administrative divisions. However, the higher rate of arsenic contamination in the drinking water and lower rate of use of improved sanitation has been observed in Sylhet. Moreover, workers living in tea garden areas and people living in haor areas lag behind most in terms of access to road communication, education, and health services. Different initiatives, in sectors like education and health, targeting the pockets like haors and tea garden areas is an immediate necessity for Sylhet. Moreover, ensuring quality services for mothers and children during delivery as well as in antenatal and postnatal period is also needed in Sylhet division.

Addressing the rural-urban divide

The rural urban divide in terms of access to as well as quality of services and the quality of life is apparent from both quantitative and qualitative data. In health aspects, data shows that the conditions of fertility rate, child mortality rate, ante-natal care, support for pregnant women during delivery, and knowledge about the HIV transmission and use of contraception in urban areas are slightly better than those of rural areas. However, the rate of post-natal health check-ups are same in both the urban and rural areas while the rate of predominant breastfeeding under six months and the age-appropriate breastfeeding for children is comparatively better in the rural areas. On the other hand, in

terms of nutrition, underweight prevalence for children is lower in urban areas while the overweight prevalence has opposite occurrence as rural areas show lower rate of overweight children. Though the percentage of overweight children is not that significant at present but the increasing trend in recent decade poses a threat for upcoming years. Moreover, overall situation of using improved drinking water has marginally increased in both rural areas while hand wash facility with water and soap has significantly fared in urban areas than in rural areas. Furthermore, the prevalence of unsafe disposal of faeces is higher in rural areas.

In terms of education, data reveals both urban-rural disparities in quality of learning as of children in urban areas fared better in foundational reading tasks than those of in rural areas. The quality of teachers also varies from urban to rural areas. The disparities in quality of education is reflected in the lower pass rates of students from rural areas in the competitive exams at both primary and secondary level. Moreover, the divide is even more prominent in terms of school infrastructure including multimedia classrooms, computer labs, clean toilets, and various other facilities. However, most of the urban schools have limited or no facilities for children to play outdoor which the rural students enjoy better. Furthermore, perceptions and societal attitudes play a vital role as many families in rural areas choose to keep their girls out of school and often put the burden of household chores on girls.

Children living in rural areas are involved in economic activities more than that of their urban counterparts. Though there are child labour actively working in different informal sectors of urban economy, the percentage of children involved in economic and household activities for a certain period of the day on a regular basis is higher in rural areas. In a similar way, the percentage of women getting married before age 15 and 18 is higher in rural areas than the urban areas. Moreover, number of female children ashamed of discussing their menstrual hygiene in front of family members is also higher in rural areas. Poverty and socio-cultural values for female children in the rural areas are less enabling than that of in urban areas. Hence, addressing the rural-urban gap through targeted policy planning and implementation is an imperative.

Addressing the gender disparities

In accessing various public services and in terms of quality of life, boy and girl children are often treated unequally. Data from MICS show that, while girls are either being at par or faring at few aspects, they are actually lagging behind in many aspects while compared to the boys. The gender-segregated net enrolment ratios in primary education show that boys fared a little better as girls' enrolment fell slightly in the recent decade. Moreover, while the net enrolment rate for girls in secondary education is well above than that of the boys, the completion rate for girls is lower and the dropout rate is higher than that of the boys. As a result, though Bangladesh has achieved gender parity in primary and secondary education, girl children continue to lag behind in secondary and higher secondary completion rates. In contrast, gender disparity in the engagement at work is apparent as male children involved in economic activities are about thrice as much as the female children. However, the female children are more engaged in household chores as they outnumber the male children by a much bigger margin in this segment.

Perceptions and societal attitudes play a vital role as many families still choose to keep their girls out of school to utilize their time on household chores. This problem exists to a greater extent in rural areas and to a lesser extent in urban areas and it is most acute for girls hailing from poor families. Besides, among all forms of exploitation and abuse, early marriage is one of the major problems the girl children of Bangladesh are facing. The early marriage of girl child pushes them backward for their whole life as they face the risk of early pregnancy and many other health problems associated with it. The reasons behind the higher incidence of early marriage, especially among the girls, lie in

the socio-economic as well as in the cultural factors. Besides household poverty, the dowry culture, the lack of individual opportunities for girl children in terms of education, training, and employment, the religious and social prejudices favouring early marriage, and the safety of girls are some of the reasons why girls are married off at an earlier age. Therefore, addressing the gender disparities especially the aspects where girl children are lagging behind requires proper attention in the policies. Educating girls, making them aware of health as well as hygiene issues, and widening opportunities of training and employment for them can lessen the gender gap and ensure well-being for children in many aspects.

Addressing the wealth inequalities and the rich-poor divide

Income level of the parents and of a household is an important, if not the sole, determinant for outcomes in many aspects like education, health, nutrition, hygiene, child labour, early marriage, and so on. As one-fifth of the households in Bangladesh still live below poverty line and the average per capita income is yet to cross 2000 USD per annum, and keeping the not-so-low Gini index for inequality in mind, the poor economic condition of majority of the households can be linked with the poor social outcomes with data. MICS data shows that the relationship of income level with early marriage, fertility rate, and early childbearing is negative. In terms of education, the poorer households are lagging behind when it comes to enrolment at the secondary level and above. Moreover, the rich-poor divide is even more glaring as quality of learning varies among income groups due to the difference in availability of the study hours and the associated tuitions as well as other helps. However, what income level of a family cannot guarantee is the contamination-free drinking water and pollution-free air. Furthermore, ensuring safety and security of children in the public places and imposing the control over drug abuse are also some other aspects that income level of a household cannot affect. Thus, assurance of equitable economic development, creation of employment opportunities, and improvement in the social protection system may reduce the income gap of the households and pave the way towards better childhood for millions.

Addressing adolescents and young people's expectations from government

Children are the best speakers and advocates of their rights. Around 18,500 young people aged 14-24 years participated in a Facebook survey conducted by UNICEF. In the survey, they selected their top 10 preferred areas where their lives could be improved. Their views were supported by recent published reports and are also reflected in the relevant sections of each chapter of this document. The top five areas of action are: (1) safety, (2) road safety, (3) fair judiciary system, (4) employment opportunities, and (5) skill development opportunities. In the survey, as higher percentage rate means higher level of preference by the respondents, the response rate for safety, road safety, fair judiciary system, employment opportunities, skill development opportunities, adequate and dietary diversity, and health services and nutrition were 90%, 85%, 85%, 83%, 78%, 55%, and 52% respectively. Moreover, CRC30 forums, nationwide dialogue on the status of child rights, was conducted among young people from all over the country. The CRC30 Forum in Dhaka, held on 23rd November 2019, called for increased public finances to be made available so that children can overcome impediments that detract from their development and growth. Fifteen emerging issues were identified that concerns children in the country. These included child marriages, child labour, health, education, nutrition, climate change, violence against children, road safety, the psychological wellbeing of children, information and communication technology, youth and employability, children with disabilities, access to information, and increased budgetary allocation for children by the government.

Addressing the need for proper education and awareness

Education and awareness of parents and other family members plays an important role in enriching the well-being of children. Data from MICS indicates that the education level of mother plays a significant role in reducing fertility rate, child mortality rate, and adolescent birth rate. Girl children with educated mothers tend to marry off girl children at a matured age. Hence, both education of parents, especially of mothers, and education of girl children helps to stop early marriage of girl children. Moreover, there is an inverse relationship between education level and total fertility rate as fertility rate decreases as education level increases. Hence, educating female children can be the best way to reduce early marriage and to improve the childbirth scenario. Besides the level of education, level of awareness of parents, especially of mothers, is also vital to ensure well-being of children. Data shows that people, especially women, have lack of knowledge and willingness to comply with the use of contraception. In addition, a very low percentage of women in Bangladesh have knowledge about the HIV transmission and the necessary precautions to prevent it. Furthermore, educated mothers remain more attentive to ensure antenatal as well as postnatal care and remain cautious to assure proper nutrition for children. Therefore, proper steps to promote education for children, especially the girls, and to raise awareness on reproductive health, family planning, childcare, and other relevant issues are immediate priorities.

Addressing the implementation gaps

Proper implementation of policies and the necessary co-ordination among the relevant government agencies to address the cross-cutting issues affecting child well-being have remained a key challenge in Bangladesh. Despite the initiatives of different actors, governance of child rights and welfare through proper implementation of policies and action plans have remained weak over the decades in Bangladesh. The governance of child rights, like other important sectors, suffers from the centralized structure of governance in Bangladesh. Though the MOWCA is the coordinating agency for all the children related issues, there are several other key ministries which are involved in implementing child rights and welfare policies. Moreover, while the local government institutions (LGIs) are institutionally responsible for delivering and monitoring various key services for children, strengthening of the capacity of LGIs has been lacking over the decades. The capacity of the MOWCA in coordinating and implementing policies and action plans for children has also remained under scrutiny as the ministry lacks a dedicated department for child affairs with sufficient human resources.

Like the issue of child rights, health and education sectors also have multiple government agencies dealing with various aspects of child health and education. Health system in Bangladesh is pluralistic as the Ministry of Health and Family Welfare (MOHFW) plays both role of the coordinator as well as the regulator in implementing the programs and policies related to health. While MOHFW is the responsible ministry for implementing national health policies and services, primary health care services in urban areas is the responsibility of local government institutions under the Ministry of Local Government, Rural Development and Cooperatives. In education sector, the management of the education system falls under the purview of two ministries, namely the Ministry of Primary and Mass Education, which looks after primary education, and the Ministry of Education, which is responsible for secondary, vocational and tertiary education. Hence, the coordination between the government agencies to recruit quality teaching and healthcare staffs while also upgrading the physical infrastructures with modern equipment and tools is necessary to ensure quality education and healthcare for children. Besides, modernizing and unifying the curricula of different streams of current secondary education system has remained as an uphill task for the relevant implementing agencies. Furthermore, strengthening the monitoring and supervision of the educational as well as healthcare institutions in marginal areas by responsible officers of the respective areas is much needed to improve the services for children.

Besides health and education sectors, lack of proper planning and implementation of nutrition policies and strategies along with lack of human resources and awareness campaigns dedicated towards nourishment of children are some key barriers in the nutrition sector. Moreover, as a large number of government entities are involved in implementing the policies and legislations for child protection, coordination among the agencies and individual capacities of the government entities remain crucial. In addition, insensitivity of and violation of laws by the law enforcement officials and other officials from responsible government bodies while dealing with children are key constraints in ensuring security of children from abuse and exploitation. Furthermore, initiatives including the recruitment of Child Affairs Police Officers (CAPOs) at police stations, recruitment of Probation Officers (POs) by the Ministry of Social Welfare at upazila level, establishment of Child Welfare Boards (CWBs), and establishment of separate Children Courts in Bangladesh are yet to be implemented properly to ensure security and protection of children.

Addressing the data gaps

Data gap is a big challenge to design and implement informed policies. Like other developing countries, Bangladesh suffers from the gaps in data on many aspects of child well-being. While the existing databases have wide range of data on child education, data gap is very much evident in the sectors like child nutrition, WASH, adolescent hygiene, and child protection. Data collection and management using management information systems (MIS), either a central one or a number of integrated few, is necessary in the age of ICT. Local government schools and the union information centres can be useful points of data collection regarding various aspects of child well-being in the rural areas while local government bodies and other relevant institutions can be leveraged in urban areas across the country. In this instance, equipping the institutions with required financial resources as well as skilled human resources, often by imparting training for the existing staffs and to some extent by employing new staffs, will be an important dimension to be considered for implementing the MIS nationally.

Addressing the emerging challenges

There are few emerging issues, surfacing in recent years, which can potentially affect child well-being negatively. Among a few important issues, climate-related disasters are banes to the children's rights and well-being. The growing concern of sea level rise and salinity intrusion has been a contemporary challenge in the coastal areas while increased frequency of cyclones, tidal surges, flash floods, and landslides are also the outcomes of climate change. Children are being affected both during and after the disasters as the natural disasters often make children and their families homeless and lead to distress migration of the affected households. Climate-related disasters have affected the availability and quality of educational as well as healthcare services and other necessary infrastructures for children in many remote areas. Besides climatic challenges, adolescent suicide has become an emerging issue across the country, especially in the urban areas. The tendency to commit suicide due to family and education-related issues has apparently increased in recent decade. Moreover, drug addiction among adolescents have become a matter of serious concern among the parents and guardians across the country. While the availability and rampant abuse of drugs and other substances are reportedly affecting the physical, mental, and intellectual growth of the addicted children, it has also been increasing the likelihood of crimes to be committed by them. Hence, addressing all the emerging challenges is necessary to ensure continued well-being for children in the coming decades.