

MAKING AID MORE EFFECTIVE THROUGH GENDER, RIGHTS AND INCLUSION: EVIDENCE FROM IMPLEMENTING THE PARIS DECLARATION

Bangladesh Case Study



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Preface and Acknowledgements

This is one of six country case studies (Bangladesh, Bolivia, Kenya, Sierra Leone, Uganda and Vietnam) undertaken as part of a study supported by the British, Dutch, Irish and Norwegian governments that aims to:

- Generate an evidence base on how human rights, gender and equity issues have been integrated into and benefit current approaches to aid effectiveness.
- Build support among Paris Declaration stakeholders.
- Provide practical recommendations for strengthening the focus on human rights, social exclusion and gender equality, and poverty outcomes, for the Third High Level Forum in Ghana (2008) and beyond.

A Synthesis Report has been prepared that draws on the country case studies (together with additional desk-based case studies) to provide overall findings and recommendations.

The study team comprised Tim Ruffer (Oxford Policy Management), Sean Conlin (Social Development Direct) and Nazme Sabina and was based on information obtained during a visit to Dhaka in November 2007.

Thanks are due to DFID Bangladesh staff who helped in facilitating this visit, in particular Shaila Rahman who provided the study team with some initial suggestions on contact points, and to Bo Sundstrom who was the team's main contact point in Dhaka.

Although the timing of the visit came a week after a devastating cyclone, which meant that many government officials and NGO representatives were engaged in more urgent affairs, the team was able to meet with a broad range of stakeholders including government officials and non-governmental organisations, civil society representatives, ex-parliamentarians, and development partners. As well as individual meetings, a half-day workshop was held with local NGOs.

This study represents the views of the consultants alone and conclusions or comments should not be attributed to the governments and donor agencies involved in supporting the study.

Executive Summary

This country case study contributes to gathering evidence on the relationship between aid effectiveness and gender equality, human rights and social exclusion, focused on strengthening the poverty impact of the Paris Declaration. The aim of the overall study is:

- to generate an evidence base on how human rights, gender and equity issues have been integrated into and benefit current approaches to aid effectiveness
- to build support among Paris Declaration stakeholders
- to provide practical recommendations for strengthening the focus on the cross-cutting social issues of gender equality, human rights and social exclusion, and poverty outcomes, for the Third High Level Forum in Ghana (2008) and beyond.

The study involved a review of the aid effectiveness and social issue context, and three more detailed case studies of particular initiatives that illustrate interactions between the PD Principles and social issues. Findings and conclusions from the case study are presented.

Context

Bangladesh provides an example of a country where there have been significant attempts led by donors over a number of years to take forward the aid effectiveness agenda, particularly through the sector programmes in health and education. Bangladesh also has an exceptionally active and capable NGO sector which has played a major role in both advocacy and service provision – including substituting for the weaknesses of government service provision. Moves towards sectorwide approaches and dialogue and processes of harmonisation and the development of a poverty reduction strategy have encouraged a relatively inclusive policy dialogue and policy commitments that do pay regard to social issues, particularly in relation to gender equality and some aspects of social exclusion.

However, government ownership of these policies and processes has so far proved weak. The record of intense and sometimes violent political competition has militated against effective policy implementation, while the current caretaker government faces particular challenges in formulating and carrying through a programme that enjoys legitimacy and wide support. The result has been a poor record of implementation of policies that on paper are well-focused on social goals.

Case study evidence

Three examples were reviewed in detail by the case study team. They were selected as illustrating the interaction between the aid effectiveness agenda and cross-cutting social issues. Bangladesh has SWAps in two sectors (which are heavily dependent on donor funding), health and education, both of which are of central importance for addressing social exclusion and gender equality.

- **Integrating social issues into the Health SWAp.** This case study examines how there has been a considerable focus at the level of sector strategy on social inclusion and gender equality in the Health Nutrition and Population Sector Programme (HNPSp). However, there has been very limited progress in implementing this aspect of the programme, reflecting very limited overall progress in implementation generally in a context of weak capacity for specifically addressing social issues as well as opposition to change within an entrenched bureaucracy.
- **Improving social inclusion in primary education.** This example focuses on social inclusion in the second Primary Education Development Programme (PEDP II). While there has been a

substantial improvement in gender equality in education since 1991, the SWAp has over the recent past made little progress in implementing an ambitious agenda for a more socially inclusive education system.

- **Extending rights of access to land: support to Samata.** This is an example of harmonised donor support using pooled funding arrangements to an NGO promoting rights to land access. Samata's work has been highly successful, but pressures on donors to rationalise the management of their aid programmes to reduce administrative costs may threaten future funding.

Key findings

Specific findings on the inter-relationship between aid effectiveness and cross-cutting social issues include the following:

- Processes of donor harmonisation have paid mixed attention to social issues.
- SWAps in health and education have made policy processes more inclusive and more focused on social issues, but this has not led to improvements in implementation.
- Funding for NGO programmes appears to have fallen as a result of moves towards sectorwide approaches.
- The move by donors to more programmatic support for NGOs poses challenges for some that have been reliant on direct donor funding.
- Donors are continuing to make use of innovative NGO programmes to address important cross-cutting social issues that are not being satisfactorily dealt with by government programmes.
- There have been initiatives to improve data in support of results-based frameworks including a greater focus on disaggregation of data but the processes for implementing these approaches remain unclear.

Conclusions

Country ownership and mutual accountability

The PRSP was developed in a participatory way that enabled it to reflect civil society and NGO concerns and consequently the PRSP provides a strong focus on social issues. However, while there has been policy dialogue about human rights and programme designs have often incorporated attention to gender equality or social exclusion, there has been little effective implementation. Governments (and their officials) have not really owned the policies and the impression is that there has been lip service provided to what are in reality donor-driven policies. The current caretaker government may not feel able to enter into long term commitments, which limits the scope for effective action. Furthermore, the present context of suspended parliamentary instruments of political accountability under the caretaker government makes it difficult for donors to engage with the legislative branch of the State.

The underlying issue relates to the operation of the political system and its capacity to respond to civil society pressures and demands for greater social accountability and improved service delivery including through effective decentralisation and the overcoming of vested interests that have obstructed service delivery reforms. The capacity of donors to influence these fundamental political processes is probably limited but a systematic and effective approach to supporting civil society and encouraging strengthened accountability would be desirable. The record of support to sectorwide approaches in health and education so far is one of largely unsuccessful attempts to encourage reforms within service delivery systems by the provision of donor resources through government.

Harmonisation and alignment

The way in which the aid effectiveness agenda is being taken forward in Bangladesh risks an overemphasis on attempting to channel aid resources through poorly functioning and over-centralised government mechanisms, while limiting the resources channelled through NGOs that may be more effective both in service delivery and in performing a wider advocacy and accountability role.

The Local Consultative Group system has not played as large or as effective a role as would be desirable in relation to social issues. An enhanced role would include articulating strategies for cross-cutting social issues, building capacity to formulate a results chain linked to the MDGs, and identifying indicators for monitoring.

Managing for development results

This country case study shows that development partners are working jointly with new aid instruments and have focused their attention on the monitoring of performance of operational procedures. Relatively little attention has been given to tracking development results compared to operational performance. A more vigorous focus on accounting for development results should draw attention back to the MDG for poverty reduction, and the contribution that would be made through greater emphasis on gender equality, human rights and social exclusion.

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Abbreviations

ADB	Asian Development Bank
AIEC	Access and Inclusive Education Cell
APR	Annual Performance Review
BBS	Bangladesh Bureau of Statistics
BNP	Bangladesh Nationalist Party
BRAC	Bangladesh Rural Advancement Committee
CSO	Civil Society Organisation
DAC	Development Assistance Committee
DFID	Department for International Development
DP	Development Partner
DPE	Directorate of Primary Education
ERD	External Relations Division
FFE	Food for Education
GNI	Gross Domestic Income
GOB	Government of Bangladesh
HAP	Harmonisation Action Plan
HNPSP	Health, Nutrition and Population Sector Program
HNSP	Health and Population Support Program
IDA	International Development Agency
IRT	Independent Review Team
JAS	Joint Assistance Strategy
JICA	Japan International Cooperation Agency
LCG	Local Consultative Group
MDG	Millennium Development Goal
MJF	Manusher Jonno Foundation
MoHFW	Ministry of Health and Family Welfare

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MoPME	Ministry of Primary and Mass Education
MTEF	Medium Term Expenditure Framework
NGO	Non-Government Organisation
NORAD	Norwegian Agency for Development Cooperation
ODA	Overseas Development Assistance
OECD	Organisation for Economic Cooperation and Development
OPM	Oxford Policy Management
PD	Paris Declaration
PIU	Project Implementation Unit
PRSP	Poverty Reduction Strategy Paper
ROSC	Reaching Out of School Children project
SIDA	Swedish Development Agency
SWAp	Sector-Wide Approach
TA	Technical Assistance
UK	United Kingdom
UN	United Nations
UNDP	United Nations Development Program
UNICEF	United Nations Children's Fund
US\$	United States Dollars
WAGE	Women's Advancement and Gender Equality
WFH	Women Friendly Hospital

1 Introduction

This country case study assesses how gender, rights and exclusion are being addressed in Bangladesh in the “new aid environment” of the Paris Declaration and specifically through the aid instruments, partnerships, and dialogue and accountability processes that provide the mechanisms through which the Paris Declaration and its Principles are being operationalised.

Bangladesh provides an example of a country where there have been significant attempts led by donors over a number of years to take forward the aid effectiveness agenda, particularly through the sector programmes in health and education. Bangladesh also has an exceptionally active and capable NGO sector which has played a major role in both advocacy and service provision – including substituting for the weaknesses of government service provision. Moves towards sectorwide approaches and dialogue and processes of harmonisation and the development of a poverty reduction strategy have encouraged a relatively inclusive policy dialogue and policy commitments that do pay regard to social issues, particularly in relation to gender equality and some aspects of social exclusion. However, government ownership of these policies and processes has so far proved weak. The record of intense and sometimes violent political competition has militated against effective policy implementation, while the current caretaker government faces particular challenges in formulating and carrying through a programme that enjoys legitimacy and wide support. The result has been a poor record of implementation of policies that on paper are well-focused on social goals.

The case study report is structured as follows. Section 2 summarises the main features of aid in Bangladesh and provides an overview of progress in application of the PD Principles. Section 3 provides an overview of the opportunities and challenges for gender equality, social exclusion and human rights in Bangladesh and the main policy initiatives to address these challenges. Section 4 focuses on specific examples of how gender, rights and exclusion are being addressed as part of the aid effectiveness agenda. The examples selected were:

- Integrating social issues into the Health SWAp;
- Improving social inclusion in primary education;
- Support to an NGO in extending rights of access to land.

Section 5 presents the findings of the case study for Bangladesh. The findings highlight progress at the level of policy statements and analysis associated with attempts to improve aid effectiveness, but also the lack of progress in implementation and the challenges faced by NGOs as a result of apparent changes in donor funding arrangements associated with new aid instruments and approaches.

Section 6 provides conclusions and wider reflections from the experience reviewed in terms of the relationship between the Paris Declaration Principles and progress in addressing gender equality, rights and exclusion.

Additional material is included in Annexes. Annex A contains the study terms of reference. Annex B contains information on poverty in Bangladesh.

2 Context: Aid Effectiveness

2.1 Aid in Bangladesh

Bangladesh is not aid dependent. Aid accounts for around 2% of GNI (see Table 2.1). However given that central government expenditure accounts for a relatively low proportion of GNI (around 8%), aid is of greater significance when compared with central government expenditure, especially in certain sectors. In the health and education sectors, aid is substantially more significant. These are the only two sectors where there are Sectorwide Approaches in place.

Table 2.1 Aid in Bangladesh

	2000	2001	2002	2003	2004	2005	2006
Aid (% of Cent. Govt. Exp.)	--	24.99	21.22	29.69	28.84	--	--
Aid (% of GNI)	2.39	2.10	1.82	2.54	2.36	2.09	--
Aid per capita (current US\$)	9.05	7.79	6.78	10.2	10.14	9.31	--
ODA (current US\$ billion)	1.17	1.02	0.91	1.39	1.41	1.32	--

Source: World Bank World Development Indicators (WDI)

The interviews held during the case study fieldwork suggested that whilst donors do have some influence over government policy, this is primarily over the contents of policy statements and strategies. Implementation of agreed policies is often weak, due to a combination of capacity constraints and, in many cases, low political will to implement externally driven reforms. This means that donor influence is in fact weaker than is apparent from a consideration of official policy documents.

Table 2.2 shows that in most years, the World Bank, UK, ADB and Japan are Bangladesh's most significant donors. Collectively, they account for around 80% of ODA received by Bangladesh. In an effort to better harmonize their assistance, they have recently prepared a Joint Assistance Strategy (see Section 2.2).

Table 2.2 Bangladesh's main donors

	2000	2001	2002	2003	2004	2005
World Bank – IDA	275.16	217.9	195.05	394.74	474.33	400.01
United Kingdom	103.36	124.47	101.82	260.47	252.72	203.27
IMF	-90.99	-81.54	-22.34	65.19	146.69	99.34
Asian Development Fund	197.99	126.55	93.15	96.08	-4.47	68.81
European Commission	68.39	73.93	24.74	52.33	58.19	78.31
Netherlands	32.63	43.23	44.31	57.45	65.23	60.68
Denmark	33.67	41.81	37.33	45.27	45.67	50.36
United States	62.54	87.13	72.14	56.61	62.85	49.7
UNDP	18.83	12.22	14.39	15.89	19.59	16
Japan	201.62	125.64	122.72	115.27	38.23	-1.01

Source: OECD, Development Database on Aid from DAC Members (DAC Online) – Figures in US\$ million

2.2 Attitudes towards aid and progress with the Paris Declaration agenda

As in most countries, interpretation of the Paris Declaration agenda in Bangladesh tends to focus on the relationship between official aid agencies and the central Government of Bangladesh. Less attention has been paid to how to enhance the engagement of donors with sub-national governments and local NGOs and CSOs, critical to broadening the framework of mutual accountability.

Country ownership

Bangladesh's Poverty Reduction Strategy Paper (PRSP) was finalised in 2005. It has a strong focus on social issues and outlines appropriate policies on gender and social exclusion. It was produced through a participatory process (though this has been criticised as being limited to Dhaka) that took the document forward from an interim PRSP that had a much weaker social focus. NGOs were successful in advocating a stronger social focus and there was support from donors through the Local Consultative Group on Women's Advancement and Gender Equality (LCG WAGE) to fund consultants to consider the gender dimensions of the strategy.

The PRSP is being used to guide the Medium Term Expenditure Framework (MTEF) and hence budget decisions. However, the PRSP has not been presented to Parliament and it is not clear that the PRSP is guiding day to day government decisions, creating an apparent gap between its rhetoric and policy decisions. Significantly, the PRSP is also not fully integrated with the national development planning process. This gap reflects the very mixed attitude of line ministries to the PRSP and opposition from strong vested interests within the bureaucracy which it has been difficult for successive governments (including the current caretaker government) to overcome.

Since January 2007 Bangladesh has been ruled by a caretaker administration that has the responsibility of preparing the country for elections, due to take place at the end of 2008. The government has promised to clean up corruption before the elections, and has set up fast-track courts to prosecute dozens of high profile political figures. Its leadership has facilitated difficult reforms at some levels and it is generally perceived as being more accepting of influence from NGOs and donors. However, because of its limited mandate, the caretaker government has been reluctant to make political decisions with long term impact and many question the sustainability of those reforms that it has instituted.

Mutual accountability

There is a process for mutual accountability between development partners and the Government of Bangladesh through the joint process of PRS monitoring, which involves independent monitoring of PRS implementation. This process takes place in Dhaka and is co-chaired by government. Under the current caretaker government, the scope for long-term commitments is limited though the government's high profile anti-corruption drive is part of an attempt to make Bangladeshi governance more accountable.

Beyond relations between donors and government, there have been increasingly concerted attempts by donors to extend the principle of mutual accountability to include *civil society* engagement with government. Donors have sought to build the capacity of Bangladesh's vibrant civil society to play an advocacy and lobbying function (discussed in 3.1 below).

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The context for donor engagement with state-civil society relationships is one of weak non-electoral accountability. The centralised nature of the Bangladeshi political system¹ and the ineffectiveness of local government severely undermines the scope for accountability at local level. Transparency International Bangladesh (TIB) notes an “*absence of openness, lack of checks and balances with regard to power and discretion and lack of institutional opportunities for raising citizen’s voice against the abuse of power, maladministration, violation of rights, negligence, nepotism and corruption*”². Thus, non-electoral accountability has been largely limited to citizens mounting protests, rallies, *gheroas* (lock ins), human chains and exposing bad practice in the media. The route of Public Interest Litigation is rarely pursued³ and is rarely effective as the State may choose to ignore court verdicts.

Alignment

Progress with alignment in Bangladesh is very mixed. For example, OECD (2006) found that:

- Coordinated technical assistance, including that incorporated into SWAps, accounted for only 31% of TA to Bangladesh in 2005.
- 53% of aid for the government sector uses Bangladesh’s public financial management systems and 48% of aid uses national procurement systems.
- 41% of aid is channelled via programme-based mechanisms and therefore uses common procedures.
- 19% of missions by donors to Bangladesh were conducted jointly in 2005. Less than half (38%) of the country analytical work was jointly done by more than one donor.

The Government finalised a new set of Public Procurement Rules in 2006, but concerns remain among donors about the effectiveness of government systems, although the caretaker government has undertaken some high profile prosecutions for corruption.

Aid coordination (including around the PD) is the responsibility of the External Relations Division (ERD) of the Ministry of Finance. ERD is generally perceived as facing significant capacity constraints which challenge its ability to carry out its mandate and exert effective influence over the rest of government.

Harmonisation

Several institutions and processes have been established for donor coordination. These include the Local Consultative Group (LCG) system, the Harmonisation Action Plan (HAP), the Bangladesh Development Forum, and sector specific consortia which can be parallel to LCGs. The LCG Plenary is co-chaired by the ERD and World Bank. It has an Executive Committee with six donor members. There are 21 sector and issue-specific sub groups, which are generally formed of interested donor representatives. In some cases, government and civil society are represented at LCG sub group meetings, although this is by no means universal.

¹ Bangladesh is “one of the most centralized large countries in the world” (according to the World Bank country web page for Bangladesh). Although there have been efforts towards decentralisation, local governments have little fiscal and administrative autonomy, the legal framework for decentralisation is weak and political conflict has weakened institutional capacities at the local level

² *Ombudsman for good Governance in Bangladesh, Why now and How?* Iftekharuzzaman, Transparency International, 2007.

³ Some exceptions being those pursued by Bangladesh Legal Aid and Services Trust (BLAST) and Ain-o-Shalish Kendra (ASK).

The LCG groups of greatest relevance to the rights, social exclusion and governance are LCG WAGE (Women's Advancement and Gender Equality) and LCG Governance, which touches on issues of human rights, with a focus on justice sector reform. LCG WAGE has developed a matrix which sets out donor activities that contain a gender component. However it has proved difficult to isolate specific gender programmes and the matrix is no longer being updated.

The HAP sets out a series of fairly high-level actions to be undertaken to strengthen progress towards three of the PD principles, namely ownership, alignment and harmonisation. Its implementation is coordinated by a specially created Harmonisation Cell in ERD. The HAP does not explicitly address rights, social exclusion or gender equality. Harmonisation activities have been prepared for the health and education SWAPs, including: pooled accounts, procedures for pool-funded procurement, performance-based financing, joint implementation and supervision activities and common audit and reporting requirements.

Bangladesh's four largest donors (World Bank, ADB, JICA and DFID) have together prepared a Joint Assistance Strategy (JAS). The strategy began in 2006 as a matrix of selected outcomes derived from the PRS, identification of key activities and roles (leading or supporting) for each partner. Each of the four donors continue to have their own country strategies, though the World Bank's 2006 Country Assistance Strategy for Bangladesh was prepared jointly with the other three partners. The JAS has contributed to closer policy dialogue between the four partners. However, the extent to which it has led to noticeable changes in the way in which these agencies act at the operational level is less clear as they have generally shown limited willingness to sacrifice autonomy over their preferred approach – something that is required for meaningful harmonisation. Achieving greater harmonisation between these four agencies is a particular challenge given their very different procedures and organisational structures, including varying levels of decentralisation of responsibilities to the country offices.

DFID was a leading donor in the creation of the JAS with the implicit intention of influencing the other donors to formulate more pro-poor strategies. Since the four donors account for 80% of the ODA to Bangladesh, DFID saw an opportunity to have a greater influence on poverty reduction than it could have achieved alone. At the time, DFID's own country strategy had defined "women and girls first" as the guiding principle in its own Country Assistance Strategy (2004-6). However, the JAS includes little direct consideration of social issues. Several Nordic+ donors felt that DFID, far from influencing the other members of the big four, had itself been influenced and that the JAS was oriented toward the 'lowest common denominator', and DFID acknowledges that this process has been less successful than hoped.

Managing for development results

There is some evidence of government commitments to incorporate a results-based framework into wider development strategies though, again, capacity to deliver on these commitments is limited. In monitoring the results of the PRSP, a fairly strong set of indicators has been developed. The strategy links long-term targets to the MDGs. The Bangladesh Bureau of Statistics' (BBS) carried out a Household Income and Expenditure Survey (August 2006). Data from the survey shows a substantial decrease in poverty by 9 percent between 2000 and 2005 (World Bank, 2006a). This survey and other processes such improving the capacity of the BBS and the development of M&E systems by the National Poverty Focal Point are all efforts to incorporate a results-based framework into the wider developmental strategies. However there is inadequate capacity to deliver the indicators. The document envisages a sophisticated structure to oversee implementation which has not yet been instituted. Another weakness is that the Action Matrix for the PRSP provides no indication of responsibility for implementation.

3 Context: Human Rights, Social Exclusion and Gender Equality

Bangladesh's development performance has been mixed. The country has made good progress with some MDGs, notably reducing poverty, moving towards universal primary education, achieving gender parity in schools, and increasing the participation of women in the labour force. In contrast, discrimination against women persists, maternal mortality remains at one of the highest rates in the world, and the targets for reducing disease remain challenging.⁴

Bangladesh remains socially a hierarchical and patriarchal society with deeply entrenched gender inequalities and social exclusion of specific ethnic and occupational groups. Government commitment to human rights declarations has been hampered in implementation by a highly polarised political system with endemic clientelism⁵. Civil society is highly active and engaged but because of weak non-electoral accountability systems resorts to popular protests through strikes and demonstrations when engaging with the state.

3.1 The role of civil society

Bangladesh has one of the most active civil societies in the world. For decades, civil society organisations (CSOs) and NGOs have provided services to people. This role has been supported by donors who have seen direct support for NGOs as a means of by-passing the non-functioning government institutions. While many of these organisations are small local groups, some, such as the Bangladesh Rural Action Committee (BRAC), are now so large and multi-faceted that collectively they form an alternative country-wide structure to government.

This CSO service provision role has increasingly been accompanied by a policy dialogue, lobbying and advocacy function. This shift has again been supported by donors promoting deliberative democracy and social accountability. BRAC may be unique in Bangladesh in having extensive research capacity that it uses to improve its programmes⁶ but others also engage in policy dialogue. These civil society organisations and NGOs had an important role in lobbying for changes in the PRSP to provide a greater focus on specific poverty issues. Increasingly these organisations are engaging in lobbying, perhaps as a result of the experience gained in the PRSP process. This more directly political role confronts opposition from some government officials and party politicians, who tend to differentiate civil society organisations from non-governmental organisations. The prevalent perception is that CSOs are politically motivated and illegitimate social actors while NGOs focus on service delivery that is useful and non-political.

In the context of the Paris Declaration principles of country ownership and mutual accountability, donors are currently looking for other mechanisms to support NGOs in their advocacy and lobbying role. An example of this lies with DFID which has created a new NGO (Manusher Jonno), which

⁴ Further detail on Bangladesh's progress in meeting the MDGs and the linkages between rights, social exclusion and gender equality and MDGs in Bangladesh is provided in Annex B.

⁵ Bangladeshi politics are highly polarized. Before the caretaker government took over, politics was dominated by two women leaders, Begum Khaleda Zia, the chief of the Bangladesh Nationalist Party (BNP), and Sheikh Hasina, leader of the Awami League. Whilst politics has remained virtually frozen since January 2007, several small parties have emerged, aiming to offer a third force in the country's traditionally confrontational politics. However it is generally believed that no other party or alliance is strong enough to defeat the Awami League or BNP in the coming polls if the two women remain at the helm.

⁶ See Manzurul Mannan 2006.

receives a block grant from DFID and more recently has begun to receive additional funding from SIDA, NORAD and the Netherlands. It provides financial and technical support to NGOs and other civil society organisations through the Manusher Jonno Foundation (MJF) and currently has 127 partners. Manusher Jonno seeks to promote human rights and good governance in Bangladesh and aims to:

- Promote voices of people whose rights are being denied and violated.
- Create social environment in building people's dignity.
- Channel isolated, unlinked efforts about human rights and governance into linked and aligned actions.
- Challenge the vested interests and established hierarchies in the society that perpetuate poverty.”

NGOs and CSOs see⁷ both strengths and weaknesses from reforms to aid processes.

Strengths are that the Paris Declaration and the new aid instruments emphasise national ownership of development policies and the roles of both donors and partners. The PRSP and sector discussions helped to open up space for policy dialogue. As a result, NGOs have been able to promote their concerns with human rights, social inclusion and gender equality. Because these aid instruments consider the broad range of development, rights, social exclusion and gender equality can be mainstreamed into the discussions. Examples include the promotion of gender equality in primary education⁸ and the extension of the rights of vulnerable groups to social safety net programmes.

Weaknesses are that initiatives to empower the poor and women, to promote human rights, especially land rights of indigenous peoples, are challenged by powerful vested interest groups and donors are not effective in promoting these initiatives. The new aid instruments are also often seen as imposing new forms of conditionality onto partners. They can be top-down, elitist and patriarchal. Funding instruments for NGOs (through Challenge Funds) are also perceived to be leading to conservative and risk-averse funding patterns, with a limited number of “safe” NGOs funded rather than other civil society groups such as Trade Unions and social movements. Implementation mechanisms are often not focused or effective and monitoring mechanisms are weak or non-existent and pay insufficient attention to gender disaggregation.

3.2 Human rights

The Bangladesh Constitution of 1973 enshrines the guarantee of human rights for all citizens, with specific mention of the provision of ‘basic necessities’ and universal education. Article 11 states:

“The Republic shall be a democracy in which the fundamental human rights and freedoms and respect for the dignity and worth of the human person shall be guaranteed).”

The Bangladesh Constitution makes a clear statement on the universal and indivisible rights of all citizens, stating that:

‘the State shall not discriminate against any citizen on grounds only of religion, race, caste, sex or place of birth. Women shall have equal rights with men in all spheres of the State and of public life. No citizen shall, on grounds only of religion, race, caste, sex or place of

⁷ This discussion summarises views from the NGO workshop during the field mission.

⁸ This example is discussed further below in Section 5.2.

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birth be subjected to any disability, liability, restriction or condition with regard to access to any place of public entertainment or resort, or admission to any education institution. Nothing in Article 28 shall prevent the State from making special provision in favour of women or children or for the advancement of any backward section of citizens.”

Bangladesh has signed up to the major international human rights instruments, including the Convention on the Rights of the Child (CRC), Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), International Convention on the Elimination of All Forms of Racial Discrimination (CERD), International Convention on the Suppression and Punishment of Crime of Apartheid, Convention for the Suppression of the Trafficking in Persons and of the Exploitation of the Prostitution of Others, and the Slavery Convention of 1926. Bangladesh has also ratified International Covenant on Economic, Social and Cultural Rights; International Covenant on Civil and Political Rights; Convention on the Prevention and Punishment of the Crime of Genocide; Convention on the Political Rights of Women; Convention on Consent to Marriage, Minimum Age for and Registration of Marriage; Convention Against Torture and other Cruel Inhuman or Degrading Treatment or Punishment; and Convention on the Rights of Migrant Workers and Members of their Families.

The official GoB website shows that Bangladesh has followed up on signing the main Conventions by creating national machinery, formulating new policies and programmes, legislating new laws, and updating and amending existing ones. These statements are countered by criticisms that not all the necessary mechanisms are in place to deliver on these international commitments.

There have been encouraging signs of progress towards judicial accountability in the delivery of human rights with the separation of the judiciary from the executive in November 2007. Necessary measures are also underway to set-up an independent National Human Rights Commission and to establish the Office of Ombudsman. The government also regards the fight against corruption as an issue of human rights and has established an Independent Anti-Corruption Commission to conduct investigations and prosecutions for the offences of corruption.

Many of Bangladesh's non-governmental development organisations and civil society organisations promote rights-based development. Samata, for example, is concerned with supporting property rights claims among the landless, while an international NGO such as Action Aid is concerned to promote the right to quality health.

Among donors, there is a Local Consultative Group (LCG) sub-group on governance. Whilst one of its priority areas is justice and human rights, the focus is primarily on justice.

It is perhaps significant that GoB policy approaches to realising the rights of women and children have tended to emphasise rights related to social protection over the progressive fulfilment of a wider range of human rights. In 2005, the Government stated⁹ that it accorded the highest priority to empowerment of women, yet the priorities for action on the rights of children and women focussed mainly on their protection from violence, abuse, and discrimination, with appropriate legislation passed to support these aims. A National Advisory Committee has been established to combat trafficking. Stringent laws have been enacted to protect the women and children, in particular girls, from being trafficked and abused. At the regional level, the Government has ratified the South Asian Association for Regional Cooperation (SAARC) Convention on Preventing and Combating Trafficking in Women and Children for Prostitution in 2002.

⁹ http://www.un.int/bangladesh/general_assembly/st/60ga/hrightsquestion.pdf accessed 20 December 2007

3.3 Social exclusion

Social exclusion remains institutionalised within Bangladeshi society. People living in poverty, including excluded ethnic minority groups and occupational “castes” feel that they are “lesser citizens” and acquiesce to acceptance of this inequality. A whole range of institutions and systems which are supposed to be accessible by all are in fact hijacked by the elite, with the prevailing power structures firmly entrenched by social norms.

Interestingly, the Constitution’s emphasis on universal human rights is accompanied by a notable lack of reference to the diversity of the population. While recognising Islam as the state religion, other religions may be practiced in peace and harmony (article 2A). There is no similar recognition of ethnic differences in the population, notably the position of indigenous peoples. The Ministry of Chittagong Hill Tracts Affairs deals with one particular group of indigenous peoples though not with the others scattered around the country’s territory.

The State’s attitude towards social exclusion has tended to be welfarist in tone, with a focus on including categories of ‘vulnerable groups’. Specific concepts of social inclusion, focusing on the need for social welfare, are recognised in the Constitution. This responsibility includes the right to public assistance in cases of undeserved want arising from unemployment, illness, disablement, or suffered by widows and orphans or in old age (Article 15 of the Constitution).

In accordance with Article 15, the Ministry of Social Welfare deals with poverty alleviation, welfare-development and empowerment by providing categorical welfare transfers, including old age allowances, disablement allowances, and grants to acid-burn victims. According to the official website of the Ministry, the excluded clients are the “by-passed, disadvantaged segment, unemployed, landless, orphans, distressed, vagrants, socially, mentally and physically handicapped, poor, helpless patients, juvenile delinquents population of both rural and urban areas of the country.” Despite the apparent ‘residual welfarism’ of its approach to the excluded, the Ministry’s website claims that it takes a developmental, rather than a charitable, approach aimed at achieving the targets of the Millennium Development Goals (MDGs).

Other Ministries also deal with issues of social exclusion. There are three separate Ministries for Health and Family Welfare, Education, and for Primary and Mass Education concerned with extending the coverage of these social services to the majority of the population. Under the Ministry of Education’s PEDP II, for instance, a World Bank/SDC funded project, “Reaching Out of School Children” (ROSC) has established primary schools in rural communities with high drop-out rates, and incorporated parents into the management of these schools. These communities include “low caste” occupational groups who are traditionally socially excluded by surrounding communities (see discussion in Section 4.2).

As with many other areas of Bangladeshi society, NGOs and Civil Society Organisations fill the gap left by the State in extending services to the socially excluded. There are various organisations dealing with the needs of various excluded groups such as indigenous peoples, sex workers, people living with HIV/AIDS, and drug abusers. For example, Action Aid has a programme for Social Inclusion of socially marginalised and stigmatised groups by addressing the root causes of exclusion while the Bangladesh Indigenous Peoples Forum promotes the interests of indigenous peoples.

Significantly, among the donors there is no LCG for these different areas of social exclusion, apart from women and gender.

3.4 Gender equality

Economic growth and diversification in Bangladesh has created observable changes in the opportunities for women, particularly in terms of labour market participation in the textile industry. The incomes earned by women have had multiplier effects on economic growth, health and education outcomes.

Women's economic empowerment has, however, been met by patriarchal forms of resistance. A gender review of livelihoods in Bangladesh (Waterhouse and Huq, 2004) showed that, while change has brought increased economic opportunities for women, there is concern about a gendered social backlash against women who push the boundaries in terms of work, education, travel, marriage and other behaviours.¹⁰ Domestic violence against women (including acid attacks) and against children is increasing. The government NGOs, with donor support, are increasing their efforts to combat domestic violence. For example, an OXFAM-funded social mobilisation campaign, "We Can", raises awareness and challenges behaviour and attitudes towards domestic violence in Bangladesh through a network of "change makers".

Similarly, in the political sphere, women face social, economic and institutional barriers to decision making; this includes dependency on male patronage, vote hijacking, voter harassment, poor political education, subordination in elected bodies, and unsatisfactory quota arrangements at local (elected) and central government (nominated) levels.

Government policy statements on gender equality have been encouraging. Recent five-year plans have emphasised empowering women. The Fourth and Fifth five-year Plans aimed at achieving equality between men and women by integrating and mainstreaming gender issues within developmental processes. The donor-harmonised JAS also recognizes the empowerment of women as a key driver to achieving MDG goals (World Bank, 2006) although some donors feel that in practice this perspective is not carried through into the programmes of the major donors. The Bangladesh PRSP and related planning and resource allocation processes include a focus on women at the grassroots level – and the PRSP outlines strategies to strengthen the focus on women's rights and advancement.

There is a Ministry of Women and Children Affairs and there are focal points on gender in other ministries. The ministry first developed a Gender Action Plan in 1997 after the Beijing Conference. It was revised in 2004 and, at the time that the team visited Bangladesh, a new draft had been prepared (although it was not publicly available). The weak capacity of the Ministry of Women and Children Affairs means that progress in taking forward the strategy has been limited.

The Local Consultative Group (LCG) Sub-Group on Women's Advancement and Gender Equality (WAGE) supports the coordination of donor efforts in strengthening the implementation of the mandate of the Ministry of Women and Children Affairs to mainstream gender throughout government. However, the government is not represented on the LCG WAGE. Priority areas for WAGE include gender and poverty reduction strategy processes, gender and governance, women's rights and combating violence against women, gender and education, and gender and health.

A number of Civil Society organisations work directly with and for women in Bangladesh. For instance, Nari Pokkho raises consciousness and lobbies on women's issues. The Bangladesh Rural Advancement Committee (BRAC) undertakes a number of development activities for rural women. Nijera Kori undertakes programmes for landless peasant women and men.

¹⁰ The backlash against poor people who assert land rights is discussed later in Section 4.4

4 Case Study Examples

This section presents analysis of three specific examples that were reviewed in detail by the case study team. They were selected as illustrating the interaction between the aid effectiveness agenda and rights, social exclusion and gender. Bangladesh has SWAp in two sectors (which are heavily dependent on donor funding), health and education, both of which are of central importance for addressing social exclusion and gender equality, so these were selected for review as principal initiatives to address the aid effectiveness agenda.

- **Integrating social issues into the Health SWAp.** This case study examines how there has been a considerable focus at the level of sector strategy on social inclusion and gender equality in the Health Nutrition and Population Sector Programme (HNPS). However, there has been very limited progress in implementing this aspect of the programme. This reflects an overall lack of progress in SWAp implementation in a context of weak *technical* capacity for specifically addressing social issues and *political* opposition to change from powerful lobbies within an entrenched bureaucracy.
- **Improving social inclusion in primary education.** This example focuses on social inclusion in the second Primary Education Development Programme (PEDP II). There has been a substantial improvement in gender equality in education since 1991. Under the PEDP II there has also been notable success – through the ROSC project -- in reaching some two-thirds of the 0.5 million primary school dropouts in Bangladesh. However, beyond these remedial efforts, focussed outside of mainstream schooling and in pursuit of the MDG literacy target, the SWAp has over the recent past made little progress in implementing an ambitious agenda for a more socially inclusive education system.
- **Extending rights of access to land: support to Samata.** This is an example of harmonised donor support using pooled funding arrangements to an NGO promoting rights to land access. Samata's work has been highly successful in terms of land distribution, with dramatic knock on effects for gender equality and social inclusion. There are also concerns about the capacity of an indigenous social movement like Samata to absorb funds and scale up operations in line with harmonised (and 'projectised') donor expectations. In addition, pressures on donors to rationalise the management of their aid programmes to reduce administrative costs may threaten future funding.

4.1 Integrating social issues into the Health SWAp

The Health, Nutrition and Population Sector Programme (HNPS) is a major initiative to improve the effectiveness of aid in the sector. However, although important progress has been achieved in developing a policy framework that pays more attention to gender and to the health of the tribal population, and pooled funding instruments, the results have been disappointing in terms of programme objectives and implementation of the measures to achieve social objectives.

Ten years ago, the Ministry of Health was responsible for implementing 139 donor-financed projects. From 1999 to 2003, the Health and Population Support Program (HPSP) started the process of change in the health sector. This led in 2004 to the HNPS, with a budget of US\$ 4 billion (when pooled funds and parallel funds are included) which is probably the largest health sector programme in the world. Of this budget, the government provides US\$ 3 billion and sixteen donors together provide around US\$ 1 billion. These efforts mark a significant achievement in terms of concentration of aid effort.

The programme started in 2005. Progress has been slower than had been hoped by both the government and donors and the focus over the first two years of the programme has been on

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establishing the basic institutional mechanisms required for the SWAp to function effectively. The 2007 annual review of the programme concluded that *“Progress achieved to date on meeting programme objectives has been extremely low, and programme expenditure is also well under half of where it should be by now. In spite of a few successes and good momentum following last year’s APR the HNPSP programme has failed to address three most critical areas: programme management and leadership; financial management, and procurement. Nothing is more evident to the IRT [Independent Review Team] than the lack of committed leadership to carry HNPSP forward. We often asked ourselves: who manages this programme? Who is in control? Who makes the decisions? Who oversees Operational Plans? Who is accountable? Leadership is elusive and the programme continues to suffer from serious systemic problems, the “business as usual” that nobody seems prepared to address”*

The programme focuses primarily on public sector delivery of health services and has so far provided no support to NGOs. HNPSP has earmarked 25% of its funds for NGOs. However none of these funds have been accessed during the first 2½ years of the programme. This appears not only to have had an impact on service delivery, but also on mechanisms to enable service users to have voice in the sector strategy. Given that the socially excluded and most vulnerable are generally reliant on NGOs for health care services, the inability to access funds and the lack of voice in the strategy is a serious exclusion. The 2006 Annual Review of HNPSP found that *“The governance structure of the SWAp does not yet provide a functioning space for voices of service users, or even civil society representatives... [Although] some NGOs continue to facilitate stakeholder committees/health watch groups, [they] remain without formal recognition by GoB, and voice is still trapped at the local level.”* One reason for this exclusion has been the existence of powerful lobbies opposing any diversification in health care supplies.

There is general agreement that the SWAp has created a better opportunity for government, civil society and development partners to have greater policy-related dialogue about these and other issues. Evidence of this includes the development of a sector Gender Equity Strategy and a Tribal Health Plan. The need for a Gender Equity Strategy (GES) was recognised at the highest levels of government for several reasons – poor health status of women and girls, high rates of maternal mortality and morbidity, neglect arising from societal discrimination. Similarly the Tribal Health Plan, developed several years ago, arose from the recognition that tribal health populations are poorly served by the current government health care system.

The GES was published in 2001, and at first covered the HPSP from 2001 to 2003 but many of the ideas were expected to have a longer timeframe. The aim was enhance the capacity of the Ministry of Health and Family Welfare (MoHFW) to improve health status “by addressing the gender differentials and inequities that undermine the health of women and children, particularly the poor.” As the GES was a groundbreaking document for the MoHFW, it was expected that implementation would be through the Ministry’s Operational Plans. Monitoring would be through the normal ministerial review processes. A crucial element was also implementation at local and Upazila levels, through local level planning, in service training, District level management training and the activities of a Gender Issues Office. This latter Office was charged with broad distribution, discussion and development of the GES through district and Upazila levels. It was also envisaged that there would be broad stakeholder participation.

On the other hand, while these developments show progress in terms of integrating social issues into policy, progress with implementation has been extremely slow. This can most appropriately be shown by quoting from the 2007 Annual Review of the HNPSP, which deals with the challenges of the GES and Tribal Health Plans.

With regard to the GES, the 2007 Review found that:

“There is very little evidence of progress in translating the government’s commitments on improving gender equity and promoting citizen voice and accountability over the past year...In fact, progress in some areas achieved during HPSP, such as implementation of the Gender Equity Strategy, is in danger of being eroded by the loss of momentum since 2003...”

...MOHFW ownership of and vision for gender, equity and participation issues remain very weak. Frequent turnover of staff – both MOHFW and DPs – has resulted in a loss of institutional memory which has contributed to the loss of momentum. The MOHFW has been hampered by lack of funds from DPs and lack of technical assistance. There are no clear and sufficiently resourced or powerful institutional homes within MOHFW on these issues....

...some visible steps were taken during HPSP (reported in APR 2006) towards bringing gender concerns into the lime light. Unfortunately, the energy required to continue to support this area of work seems to be in short supply in HNPSP and, as a result, many of the initiatives that were earlier reported have been either discontinued or have become “dormant”. For instance, the Women Friendly Hospital (WFH) initiative went all the way in terms of planning, staff orientation and undertaking of baseline surveys in four district hospitals...and three upazilla health complexes. Unfortunately, three of the facilities are still waiting to be formally accredited as women friendly hospitals, mainly because the Guideline for Accreditation of Women Friendly Hospital (WFH) that was forwarded to the MOHFW in December 2006 has not been approved’

In reflecting on the implementation of the Tribal Health Plan, the 2007 Annual Review of HNPSP review recommended that tribal health be either taken completely out of the HNPSP programme, or that the matter is addressed at the level of the HNPSP Coordination Committee. The review is particularly scathing in its conclusions about implementation deficiencies:

“Every year the APR consultants are asked to look at tribal health...and every year APR consultants witness the same lack of specific plans to transform intentions into a programme...The argument is always that tribal health is a sensitive issue, and that tribal health is the responsibility of the Tribal Health Councils (almost implying that it is not the responsibility of the MOHFW).”

Slow progress with the SWAp has meant that even those providing pooled funding have also looked for other avenues to improve health status of women and other excluded groups. This often includes parallel funding to multilateral programmes and NGO activities. For example, support to women’s health might be channelled through the UN’s Safe Motherhood programme and similar initiatives on maternal mortality from BRAC while support for the disabled might be channelled through Action Aid and other NGOs. The lack of progress in addressing social issues in the Health SWAp appears to be due to a combination of factors including:

- Lack of buy-in from government officials. In many cases, these issues have been brought onto the agenda through donor pressure and donor-funded TA. Ownership of the strategies is mixed.
- Opposition from vested interests and local political pressures leads to backsliding on policy commitments.
- Weak capacity and understanding on how to “mainstream” issues like gender, particularly at the operational level. Lack of capacity at the local government level is a particular constraint.
- Reliance on the Ministry’s management and monitoring systems is not sufficient to ensure implementation of the policies.

- A focus on the basic administrative mechanisms required for the SWAp to function effectively, meaning that social issues get sidelined.

4.2 Improving social inclusion in primary education

The development of a sectorwide approach in education has followed a similar pattern to that in health. There has been significant progress at the level of policy to address social issues, as part of a process of improving aid management, but there have similarly been major challenges in implementation.

The second Primary Education Development Programme (PEDP II) is the second phase of a government SWAp for primary education. PEDP II has four components:

- Quality improvement through organisational development and capacity building
- Quality improvement in schools and classrooms.
- Quality improvement through infrastructural development.
- Improving and supporting equitable access to quality schooling.

Primary education has seen significant improvements in aid effectiveness as a result of the SWAp. PEDP II is supported by eleven multilateral and bilateral donors. Its total budget is US\$ 1.8 billion. Government contributions account for 64%, which demonstrates government ownership. Eight donors provide pooled funding and three provide parallel funding (AusAid, UNICEF and JICA). Prior to PEDP II, there were over 20 separate primary education projects, each with its own Project Implementation Unit (PIU). The number of PIUs has since reduced dramatically, implying that the SWAp has resulted in increased harmonisation.

PEDP II has made efforts to improve the access of socially excluded children to primary school. The programme is implemented through the Directorate of Primary Education (DPE) in the Ministry of Primary and Mass Education (MoPME). Within DPE, a small Access and Inclusive Education Cell (AIEC) is responsible for initiating efforts in social inclusion. An Inclusive Education Framework has been developed which covers Gender, Children with Special Needs, Indigenous Children, and Vulnerable Groups. Strategies and action plans have been completed. Under the PEDP II, the World Bank/SDC-funded ROSC project, managed by the DPE, was launched to promote social inclusion amongst out of school children. The project establishes and resources primary schools in rural communities with high drop-out rates and incorporates parents into the management of these through the establishment of Community Management Committees. The project has delivered primary education to some 350,000 children in the poorest regions of the country, of whom 90% are from households that live below the poverty line.

Policy improvements in both phases of the PEDP have helped improve gender equality in education. Recent outcomes in the primary education sector have been positive from a gender perspective: in 1991, 69% of boys and 61% of girls were enrolled in primary education. The ratios have increased to 82% and 86% respectively – i.e. enrolment is now in girls' favour. The primary education stipend programme has contributed to this successful outcome by providing an incentive to parents to send girls to school. This programme, which replaced the Food for Education (FFE) Programme, is by far the largest component (US\$ 864 million over six years) of PEDP II. The stipend programme targets 40% of the poorest school children and provides stipends for over five million poor children annually.

Efforts have been made to enhance the involvement of NGOs to reach socially excluded groups of children. Although PEDP II deals almost exclusively with government schools and will not fully cover children in non-formal centres run by NGOs, an innovation grants programme has recently been developed under which NGOs can apply for grants for innovative approaches to providing education to excluded groups. It is envisaged that complementary sub-programmes developed for children in NGO schools will help to ensure full coverage. In this regard, discussions on planned sector work on NGO schools have already been initiated among interested Education Local Consultative Group Development Partners, who have formed a Task Force to focus on these issues.

A recent review of inclusive education in Bangladesh (UNICEF, 2007) found that PEDP-II has made important strides forward in terms of social inclusion during its first three years:

“It has brought to DPE and MoPME the language of social inclusion and a heightened awareness and understanding of its importance where it barely existed before. It has made a significant improvement in the gender ratio of new teachers. It has established an Access and Inclusive Education Cell (AIEC) in DPE. It has prepared an Inclusive Education Framework and a set of Action Plans covering gender, special needs, vulnerable and tribal children. It has begun to incorporate gender sessions in all short courses for head teachers, subject-based teachers’ training and SMC training. It has begun to take the first steps on the long road of bringing special needs children into schools. It has built thousands of new primary schools that incorporate ramps for use by children with disabilities. It has begun the task of supporting capacity development across DPE in terms of social inclusion issues and activities, including in monitoring and evaluation. PEDP-II has done all of this with a seriousness of intention supported by the donor partners and the government.

The UNICEF review concludes, however, that the objectives of the programme were overly ambitious, given the capacity of the education system. It notes unrealistic expectations by donors, given the magnitude of what needs to be done with social inclusion and education in Bangladesh as well as the realities of capacity needs within the education system. DPE has limited capacity to manage effectively all the activities of the PEDP-II final plan, but there was a failure to plan for adequate capacity building within DPE. The planning issues were transformed into implementation issues, intensified by the complexity of the large programme, problems of recruitment and staffing, a delayed baseline survey, governance problems, and weaknesses of both inter-ministerial communication and coordination as well as of coordination between the government and the NGO community. These implementation weaknesses have affected the overall efforts and plans for social inclusion in particular. In retrospect, the objectives of the program were overly ambitious but, nonetheless, progress has been made in the face of considerable challenges.

Whilst the existence of PEDP II has provided an improved platform for policy advocacy, institutional weaknesses and capacity problems are the main stumbling block of the programme and a major impediment to work on social inclusion. PEDP II has helped to clarify institutional responsibilities within the government on policy issues. Moving to a SWAp has also brought benefits of funding and administrative coordination to a large and complicated educational effort. However, the programme has been criticised for many of the same basic reasons as the health SWAp (HNPSp). PEDP II is extremely centralised and efforts have been channelled into developing bureaucratic mechanisms, which have seriously hampered its implementation and impact. In fact, it is difficult at this point to identify the actual impact of PEDP II on social inclusion at the local and school levels, which is not surprising as the focus remains on improving quality for mainstream schooling, with limited attention to excluded groups. As the UNICEF study shows, all of the issues noted above have profoundly affected and slowed the work on social inclusion within

PEDP-II. This understanding of the problems is forcing a practical rethinking of the new realities and what can be done in the second half of the programme.

4.3 Extending rights of access to land: support to Samata

Access to land is one of the most important, and sensitive, issues of rural development in Bangladesh. Landless people face many barriers of access to services, resources and livelihood opportunities so gaining access to land is often an important step for people's realisation of other rights. However, rights of access to land are very controversial in Bangladesh. According to Ministry officials, about 80% of court cases in Bangladesh relate to land issues with disputes about registration of land title, boundaries, and accusations of land-grabbing. The resolution of these disputes about land ownership has tended to be highly politicised and corrupt.

The government and donors have not undertaken joint sectoral work on the issue of land. The current government is considering how to address this issue through better registration procedures, including the introduction of information technology. Donors have not engaged with the government at all at the policy level in this area, perhaps reflecting its controversial nature. Instead, some donors have preferred to work with NGOs and civil society organisations that promote land distribution. Since 2001, DFID, NORAD and SIDA have been supporting an NGO and social movement, Samata. Donor support to Samata has helped to build the institutional capacity of the NGO, increase the impact of the programme, and promote a systematic concern with evaluating results.

Samata believes that the most fundamental way that empowerment occurs is through the introduction of rights and that the reduction of poverty is a legal obligation. The purpose of Samata's programme is: *Landless men and women in Samata's programme area improve their livelihoods, become socially and politically empowered and able effectively to pressurise government, political and other elites to address the needs and rights of poor men and women.* Since 1983, Samata has made use of the land laws established at Independence to distribute unused or illegally occupied government land to landless families - two acres of land being given on lease jointly to the husband and wife. Over two decades, Samata has improved access to physical, human, social, financial and natural capital for around 500,000 landless women and men.

Samata's Annual Report 2006 sets out the achievements both for the distribution of land and in broader social terms. In the reporting period 94,000 acres of land were distributed to 184,000 landless families. The Samata programme has also enabled the poor, marginalised and landless people to develop skills and knowledge, and to organise and "exercise voice." The programme has effects on the governance at village, Union and district level by developing the capacities of the landless group members to hold those in power accountable. For example, in one Upazila Health Complex there had been difficulties in gaining access to health services. In this instance, the doctor could never be found, the ambulance could not be used, and the health assistants used to ask for illicit payments. Samata's landless groups organised a mass protest demonstration that resulted in improvements in health services. Social mobilisation of the landless poor has also opened up political space for them to express their views, such as in the PRSP consultation process.

One of the most notable achievements concerns the effects on women's empowerment. The project promotes women's rights, including through the formation of Women's Action Committees. Samata's report shows that the provision of land has helped empower women. One of the emerging concerns in Bangladesh is the backlash against people who claim their rights. This includes increasing domestic violence against women who push social boundaries in terms of work, education, and other behaviour. In the case of Samata's programme areas, however,

evaluations of the programme have noted a reduction of domestic violence, an increased decision-making role for women and increased esteem for women and landless families.¹¹

Samata's land distribution programme has also had other effects beyond the programme area and at the level of policy. Several international NGOs have established similar projects. The Ministry of Land, following the successful pilot project in 2004, intends to roll out a country wide project over a 10 year period. The Ministry also intends to address the legal problems associated with these projects, notably land grabbing, illegal possession of holdings, false registration and fake documents. It is working on a computerised system of land registration and drafting a land reform. This opens up further opportunities to donors to provide technical support for the government's land registration programme through better information technology. It could also, in principle, open up opportunities for policy engagement with the government on how to address sub-sectoral issues around land distribution to the landless and also for NGOs such as Samata to direct their work on policy advocacy if there is a consultation process.

The Samata programme was successful in many ways but now it faces several challenges from its supporting donors. Despite the pooled funding arrangement to support the NGO, the common annual report shows the separate contributions of these development partners and also allocates the achievements to the three partners in proportion to the budget contributions. One donor (SIDA), despite the relatively small contribution to the whole programme, required its own reporting arrangements, apparently because of the auditing requirements of the Swedish Auditor-General. The other two donors (DFID and Norway) are not sure that they will be able to continue funding the programme, despite the evident success, because of their search for greater efficiencies in aid administration. Both DFID and Norway wish to reduce the number of small programmes they support. In the case of DFID, one larger programme for NGO funding will take the place of many small programmes, making DFID administratively more efficient while increasing the administration costs of local NGOs such as Samata, which will have to compete for funding with local and international NGOs that are undertaking similar programmes. At the same time, the new competitive arrangements¹² will make it less likely that small NGOs or more "risky", but potentially innovative, civil society groups will have any influence on the policy thinking of DFID.

¹¹ Dee Jupp, personal communication.

¹² Through Manusher Jonno, discussed above in section 3.2.

5 Findings

Bangladesh provides an example of a country where there have been significant attempts led by donors over a number of years to take forward the aid effectiveness agenda, particularly through the sector programmes in health and education. Bangladesh also has an exceptionally active and capable NGO sector which has played a major role in both advocacy and service provision – including substituting for the weaknesses of government service provision. Moves towards sectorwide approaches and dialogue and processes of harmonisation and the development of a poverty reduction strategy have encouraged a relatively inclusive policy dialogue and policy commitments that do pay regard to social issues, particularly in relation to gender equality and some aspects of social exclusion.

However, government ownership of these policies and processes has so far proved to be weak. The record of intense and sometimes violent political competition has militated against effective policy implementation, while the current caretaker government faces particular challenges in formulating and carrying through a programme that enjoys legitimacy and wide support. The result has been a poor record of implementation of policies that on paper are well-focused on social concerns. The fundamental problems in service delivery - lack of effective accountability to users, overcentralisation and corruption – have not been addressed. At the same time, the development of sectorwide approaches has encouraged a reorientation of donor support away from NGO service delivery towards the use of government systems. This has led to problems of disbursement as capacity improvements in public service provision have been slow to be realised, and to reduced funding for NGOs.

Specific findings on the inter-relationship between aid effectiveness and rights, social exclusion and gender equality include the following:

- ***Processes of donor harmonisation have paid mixed attention to social issues.*** The Local Consultative Group on Women's Advancement and Gender Equality has attempted to map donor activities which have a gender component but this proved not to be an effective approach. There was more success in supporting work on the gender dimensions of the PRSP. The Joint Assistance Strategy initiative was intended by DFID to try to orient other major donors towards a stronger social focus but this is regarded by those donors most engaged with gender issues as having had limited success.
- ***SWAps in health and education have made policy processes more inclusive and more focused on social issues, but this has not led to improvements in implementation.*** Consideration of the health and primary education SWAps brings out several common messages. The development of the SWAps has undoubtedly improved harmonisation in the sectors, with donors also more aligned behind the policies of government. It has also provided increased opportunities for policy dialogue on social issues, for both donors and NGOs. This has opened up the possibility for citizens, including women and excluded groups, to have a voice in decision-making. However while new policies have been adopted, progress with their implementation has been poor. The lack of progress with implementation in both SWAps has had an adverse impact on tackling social exclusion and gender equality. There is also a sense that harmonisation leads to co-operation around the lowest common denominator, with certain donors continuing to champion attention to social issues outside the SWAp framework.
- ***Funding for NGO programmes appears to have fallen as a result of moves towards sectorwide approaches.*** The SWAps have almost exclusively provided funding for government service delivery within systems that remain highly centralised. Donor support for NGOs, the main social service providers for the most poor and marginalised in Bangladesh, has taken place outside the SWAps through parallel projects, but overall direct support to

individual NGOs has been reduced. Both SWAs have set up mechanisms to enable funding for NGOs but these mechanisms are not functional in either case.

- ***The move by donors to more programmatic support for NGOs poses challenges for some that have been reliant on direct donor funding.*** A common theme encountered across many donor agencies operating in Bangladesh is that they are facing a reduction in their administrative budgets and this is contributing to a drive to reduce the number of separately managed activities and engagements. DFID's support through the Manusher Jonno Foundation is in part a response to the need to reduce the administrative burden associated with supporting numerous NGOs as well as providing a more structured and open basis for capacity development support and funding. Civil society organisations however express concerns that these new funding modalities can lead to conservative and risk-averse funding patterns and that implementation mechanisms for these programmes remain to be developed effectively.
- ***Donors are continuing to make use of innovative NGO programmes to address important social issues that are not being satisfactorily dealt with by government programmes.*** In the case of Samata, the NGO programme promoted a rights-based approach to land distribution and addressed issues of social exclusion and women's and men's property rights and empowerment. When successful, these programmes have the potential for replication and broader policy impact.
- ***There have been initiatives to improve data in support of results-based frameworks including a greater focus on disaggregation of data but the processes for implementing these approaches remain unclear.*** The responsibility for implementation of the elements of the PRSP Action Matrix has not been defined and there is inadequate capacity to oversee and deliver information on the indicators identified.

6 Conclusions

The following conclusions arise from overall reflection on the context and specific examples analysed in Bangladesh. Conclusions are presented as pointers from experience, rather than in the form of recommendations, given that the evidence base is restricted to only one country. Conclusions are grouped according to categories of the Paris Declaration principles. Inevitably, some reflections touch upon a number of these principles and the categorisation below is intended to be indicative, rather than definitive.

Country ownership and mutual accountability

The PRSP was developed in a participatory way that enabled it to reflect civil society and NGO concerns and consequently the PRSP provides a strong focus on social issues. However, while there has been policy dialogue about rights and programme designs have often incorporated attention to gender equality or social exclusion, there has been little effective implementation. Governments (and their officials) have not really owned the policies and the impression is that there has been lip service provided to what are in reality donor-driven policies. The current caretaker government may not feel able to enter into long term commitments, which limits the scope for effective action.

The underlying issue relates to the operation of the political system and its capacity to respond to civil society pressures and demands for greater accountability and improved service delivery including through effective decentralisation and the overcoming of vested interests that have obstructed service delivery reforms. The capacity of donors to influence these fundamental political processes is probably limited but a systematic and effective approach to supporting civil society “voice” while more explicitly promoting and strengthening accountability mechanisms would be desirable. The record of support to sectorwide approaches in health and education so far is one of largely unsuccessful attempts to encourage reforms within service delivery systems by the provision of donor resources through government.

Harmonisation and alignment

The way in which the aid effectiveness agenda is being taken forward in Bangladesh risks an overemphasis on attempting to channel aid resources through poorly functioning and over-centralised government mechanisms, while limiting the resources channelled through NGOs that may be more effective both in service delivery and in performing a wider advocacy and accountability role.

The Local Consultative Group system has not played as large or as effective a role as would be desirable in relation to social issues. The major donors (apart from DFID) have not had a strong focus on social issues. An enhanced role for the LCG would include articulating strategies for rights, social exclusion and gender equality, building capacity to formulate a results chain linked to the MDGs, and identifying indicators for monitoring. The LCG WAGE and the LCG Justice and Human Rights could already be undertaking this work on gender equality and human rights. Within these LCGs there is a need for one or other of the donors to be taking the lead. At present, the Netherlands and SIDA are taking the lead but there is a need for one of the big four donors, probably World Bank or DFID, to re-engage with this agenda.

Managing for development results

This country case study shows that development partners are working jointly with new aid instruments and have focused their attention on the monitoring of performance of operational

procedures. Relatively little attention has been given to tracking development results compared to operational performance. Nor has there been any attention to accountability for results. Improved attention to results should go beyond the mechanics of inputs, outputs and operational results and place greater emphasis on increasing the impact of aid on poverty reduction and the MDGs, which will require greater focus on gender equality, human rights and social exclusion. A more vigorous focus on accounting for development results should draw attention back to the MDG for poverty reduction, and the contribution that would be made through greater emphasis on the rights, social exclusion and gender equality.

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Annex A Terms of reference

**Strengthening the poverty impact of the Paris Declaration:
Aid effectiveness evidence gathering project on gender equality, human rights and social exclusion:**

Terms of reference for Phase Two, July 2007

Background and rationale

1. In March 2005 over one hundred official agency donors and developing countries established global commitments to support more effective aid in the context of significant scaling up of aid. The result, the *Paris Declaration on Aid Effectiveness (PD)*, marks an unprecedented level of consensus and resolve to reform aid. These reforms are intended *'to increase the impact of aid...in reducing poverty and inequality, increasing growth, building capacity and accelerating the achievement of the MDGs'* (Paris Declaration para 2).

2. The PD framework agreed five overarching principles or partnership commitments – ownership, alignment, harmonisation, managing for development results and mutual accountability. It goes beyond previous agreements and lays down a practical, action-oriented roadmap to improve the quality of aid and its impact on development. Donor and partner countries agreed a set of indicators, targets, timetables and processes to monitor the implementation of the PD up to 2010. This includes the **Third High Level Forum to take place in Ghana in September 2008**.

3. To date attention by donors and partner governments has primarily focused on aid and agency effectiveness, in particular improvements in aid delivery to increase the efficiency of financial and administrative arrangements; harmonisation of donor procedures and activities, and strengthening partner government leadership and ownership with alignment behind national development plans. The Paris Declaration itself and the indicators for monitoring focus on mechanisms and processes, and does not monitor substantive issues such as the development of content and outcomes. The focus on aid delivery mechanisms is much needed. However, on their own, they will not lead to the envisaged development effectiveness or sustainable benefits for poor women and men unless issues of substance such as gender equality, rights and inclusion are addressed in parallel.

4. However, a more complete reading of the PD locates the commitments more clearly within the ultimate goal of reducing poverty and inequality and requires an assessment of wider outcomes and impacts on poor and excluded women and men. The partnership commitments are major reference points for strengthening broad based ownership, guiding policy dialogue, shaping the contents of development co-operation programmes and bringing about institutional and budgetary changes required to improve poverty outcomes and empower poor and excluded groups. More attention needs to be paid to ends as well as means of channelling aid, and to processes necessary for poverty reduction, particularly those concerned with human rights, social exclusion and gender if the aims of the PD and the MDGs are to be realised. These reforms provide an opportunity to improve current practice of donor agencies, recipient governments and civil society in pursuit of gender, rights and inclusion to the betterment of women, men, girls and boys (Gaynor 2007).

5. In September 2008 the **Third High Level Forum on AE**, in Accra Ghana, will review progress in implementing the PD and set a pathway to 2010 and beyond. This is likely to be a high profile event, attracting far greater scrutiny from the media, civil society and partner governments than in Paris 2005. It is an opportunity to reaffirm, accelerate and deepen the Paris Agenda and to mark

its transformation into a country-led framework for aid relationships and aid effectiveness. It also is an opportunity to strengthen the focus on poverty outcomes in the implementation of the PD, including through greater integration of cross cutting issues.

6. To ensure the HLF recognises the relevance of cross cutting issues in operationalising the Aid Effectiveness agenda, more systematic evidence is required on how, and to what extent, cross-cutting issues of gender equality, human rights and social exclusion are analysed, captured and monitored in the evolving new approaches to aid delivery and partnerships. In discussion with the Gendernet, Govnet, the Working Party on Aid Effectiveness (WP-EFF) and Nordic + colleagues, DFID proposed an evidence gathering exercise on aid effectiveness and gender, rights and exclusion to fill this identified gap.

7. In the spirit of the Paris principles, this work is jointly funded by a number of Nordic + partners including the Irish, DFID and the possibly the Dutch. It builds on the momentum created by the Dublin Workshop in April 2007 which brought together the WP-EFF, Gendernet, Govnet and Environet.¹³ It seeks to complement on ongoing cross-cutting work to strengthen the evidence base such as the Unifem project on Building Capacity and Improving Accountability for Gender Equality in Development, Peace and Security, and also Irish Aid's desk study on Gender and Joint Assistance Strategies. It should also complement other efforts in monitoring progress such as the Baseline Survey and the DAC joint evaluation on Aid Effectiveness. Overall this work should contribute to the development of shared messages and agreed outcomes for the HLF3 for a strengthened focus on social outcomes especially gender outcomes beyond Ghana.

8. A scoping study (phase 1) funded by DFID was undertaken as a first step towards developing this evidence base. This produced a synthesis of relevant literature on aid effectiveness and cross cutting approaches; a synthesis of civil society perspectives; an initial analytical framework and approach for evidence gathering; and a partnership and influencing strategy which maps key opportunities, partners and processes leading up to Ghana 2008. Building partnerships and influencing is an important component of the work.

9. The initial **analytical framework** is described in the main body of the Phase 1 report¹⁴. It builds on the synergies between the cross-cutting issues of gender equality, human rights and social exclusion, and that of the PD. It maps change processes in both onto key areas of the policy cycle and enables a matching of opportunities and risks as well as good practice in both the aid effectiveness and cross-cutting agendas.

10. The **partnership and influencing strategy** is set out in the main body of the Phase 1 report¹⁵. It is integral to the selection and implementation of the case studies and the dissemination of findings. The aim is for the project to be carried out in such a way as to maximise opportunities for joint work among a range of partners, and to influence key stakeholders in the lead-up to the Ghana HLF and beyond.

Goal

¹³ The Dublin workshop looked at environmental issues. We recognise that HIV/Aids is seen as a cross cutting issue. This work will however, focus on gender, rights and exclusion only.

¹⁴ Aid effectiveness and cross cutting issues – gender equality, human rights and social exclusion: Strengthening the poverty impact of the Paris Declaration. By S. Fleming, M. Cox, Kasturi Sen, Katie Wright-Revollo. 31 March 2007.

¹⁵ Ibid

11. Cross-cutting issues of gender equality, rights and exclusion firmly on the Ghana HLF agenda and analysed and captured in the implementation and review of the Paris Declaration on Aid Effectiveness, in order to strengthen the focus and impact on poor women and men.

Purpose

12. To generate an evidence base, build support among Paris Declaration stakeholders and provide practical recommendations for strengthening the focus on the cross-cutting issues of human rights, social exclusion and gender equality, and poverty outcomes, for the Third High Level Forum in Ghana (2008) and beyond.

13. Specifically the research should be able to answer how effectively the policy areas of gender, rights and social exclusion are addressed in:-

- Budget support processes, structures and mechanisms; Sector Wide Approaches
- New aid effectiveness mechanisms for operationalising the Paris Declaration at country level e.g. Performance Assessment frameworks, Joint Assistance Strategies, Aid Policy frameworks; national planning processes and plans, PRS monitoring frameworks
- The country level dialogue, relationships and decision making related to the new aid environment. Including the relationships and dialogue between donors, partner governments and civil society, and the spaces and processes for dialogue and decision making e.g. harmonisation groups, results and resources groups/ consultative groups, mutual accountability mechanisms.

Outputs and timing

14. The outputs for the project will include:

i) An inception report detailing methodology, locations and partners, with rationale; a work plan with timetable; and a partnership and influencing plan: by end of month 1, to be discussed and agreed and updated as required

ii) A series of approximately 6 in-depth case studies of 10-15 pages each: finalised by December 2007

iii) A document summarising the other, approximately, 18 relevant examples and experience from the literature and other on-going research (36-50 pages): finalised by December 2007

iv) A synthesis report (maximum 50 pages including annexes) which presents the main lessons from the case studies, rapid assessments, and additional contemporary research and literature: finalised by January 2008. The synthesis report will include:

- (a) Evidence on how cross-cutting social issues have been integrated into and benefit current approaches to aid effectiveness; as well as where they have been omitted
- (b) How the PD applies to donor and partner country efforts to promote cross-cutting social issues;
- (c) Recommendations for integrating cross cutting issues into PD implementation, monitoring and evaluation.
- (d) Recommendation for 2 – 3 high level strategic key messages and concrete outcomes for the HLF

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v) An influencing strategy with identification of alliances and influencing opportunities supported by a short presentation paper (4-6 pages) to present the results of the study and its principal recommendations to senior policy makers and other stakeholders at the Accra HLF: finalised by March 2008

vi) A series of briefs and/or presentations on emerging findings. These outputs should be tailored to specific events and audiences outlined in the partnership and influencing strategy: on-going and responsive

vii) Series of workshops and presentation materials for final events in the in-depth case study countries and for the project as a whole: on-going and responsive

viii) Quarterly progress reports

Tasks

15. The tasks are outlined below:

i) Finalise a work plan and a partnership and influencing plan, detailing roles of collaborating donors and country government, civil society and research partners. Outline types and timetable of products for DAC, donor, country government and civil society audiences, including proposals for feedback at country level, and final presentation and discussion. Some flexibility will be needed to respond to changing priorities and opportunities for building partnerships and exercising influence as they arise. Guidance for the plan is in the method section of these TORs.

ii) Develop a methodology to assess how gender, rights and exclusion in relation to the Paris Declaration are addressed in budget support processes, structures and mechanisms; new aid effectiveness mechanisms for operationalising the Paris Declaration and country level dialogue, relationships and decision making in the new aid environment. A suggested list of study questions and an overall conceptual framework for these studies are included in the phase 1 scoping report¹⁶ as a guide

iii) Carry out approximately 6 in-depth country case studies and 18 rapid assessments. Criteria for choice of case studies are in the method section of these TORs.

iii) Monitor and brief joint donor steering group on key processes, events and developments in preparation for Accra, amongst the DAC WP-EFF, the donor community and key civil society actors.

iv) Organise feed back of results in the case study countries, and a series of workshops to present the findings and recommendations to a diverse group of key stakeholders e.g. donors, civil society, WP-EFF, North and South.

Method and principles

16. Study principles and design:

- The PD principles and commitments and their relationship with the cross-cutting issues of gender, human rights and social exclusion, are the central focus of the study;

¹⁶ Ibid

- Aid instruments (e.g. Poverty Reduction Budget Support, Sector Wide Approaches), modalities (e.g. gender and participatory budget / monitoring and evaluation initiatives, PRS processes) and management frameworks (e.g. Joint Assistance Strategies, Performance Assessment Frameworks, harmonisation groups, national planning cycles) and systems for dialogue and decision making (donor working groups etc.) should provide concrete examples of the PD commitments and issues;
- The case studies will focus on practical lessons and experience, particularly of emerging good practice, that could act as a guide for policy makers and practitioners (both aid effectiveness generalists as well as cross cutting specialists);
- The study design and implementation should adhere as far as possible to the spirit of the PD principles of i) broad-based country ownership (the issue could be of importance to either sector ministries, regional and local government, parliaments and assemblies, or civil society organisations), ii) alignment with research strategies of in-country actors (through consultation and possible direct participation with southern researchers), iii) harmonisation with other donor efforts on cross-cutting issues, iv) consultation with both government and civil society in country-specific design, open and transparent with study results, ensuring accessibility, enabling feedback to the range of in-country partners;
- The two levels of research are a) in-depth studies, using secondary data, individual and focus group interviews with stakeholders and where appropriate use of the relevant research in the area and b) rapid assessments using secondary data, telephone interviews as needed, as well as findings from other research and studies;
- Involve government and civil society in the preparation of individual case studies, work with southern researchers and/or research institutions, and in-country partners, as far as possible.

17. Suggested criteria for selection of case study countries and rapid assessment examples. These are to be chosen to provide a range of different country contexts :

- regional spread across e.g. Asia, Africa, Middle East and South America
- country capacity/ context (good performer, fragile and non-fragile, post conflict)
- degree of dependency (HIPC/MICS/LICS)
- Mixture of budget support and non-budget support countries
- presence of best practice examples and/or risks and opportunities (across the principles)
- where implementation of the Paris principles is making a clear difference (for the better or otherwise)
- relevant issue, owned by partner country governments (central and local) and/or civil society
- preferably non duplication with Unifem country case studies¹⁷ but possible complementarity with some country case studies from the AE evaluation
- Countries where DFID offices are keen to engage and can provide a strong country case study e.g. Cambodia

18. Partnership and influencing strategy

¹⁷ Unifem country case studies include Ghana, Ethiopia, Honduras, Cameroon, Ukraine, Kyrgyzstan, Papua New Guinea – possibly Nepal and DRC; AE evaluation include Bangladesh, Bolivia, Mali, Philippines, Senegal, South Africa, Sri Lanka, Uganda, Vietnam, and Zambia.

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- The project will be carried out in such a way so as to maximise opportunities for joint work among a range of partners, and to influence key stakeholders in the lead-up to the Accra HLF.
- Briefing and dissemination may need to tailor different messages to different audiences, described in the partnership and influencing strategy.
- Briefing and dissemination of evidence will be carried out throughout the life of the project, in order to build awareness of and receptivity to project evidence and recommendations.
- The project will use a range of events and processes as opportunities for disseminating its findings, including international fora and Northern and Southern civil society networks, in the lead up to Ghana.

Reporting

19. The project will be led by the CLEAR and Equity and Rights teams in DFID with reporting to Katja Jobes (CLEAR team) and Clare Castillejo (Equity and Rights Team), who will chair a joint donor management group with Irish aid. The exact composition and roles will be determined at the time of awarding contracts. The consultants will submit quarterly progress reports.

Competencies

20. The team will have skills and experience in the following areas:

- Multidisciplinary team covering the technical areas of mainstreaming cross cutting approaches – gender, human rights, social exclusion *and* aid effectiveness; current knowledge and experience of both areas
- Policy aptitude and experience in multi-donor fora, and with policy engagement on cross cutting issues and aid effectiveness
- Understanding and experience of the Paris Agenda, the process and the OECD/DAC machinery for effective influencing
- Research/communication skills and experience, experience of managing different research sites, working in partnership with a range of government, civil society and southern research partners
- Qualitative and participatory research skills
- Wide geographic experience, with country coverage in the team across Asia, Africa, Middle East and Latin America

Department for International Development

Annex B MDGs, poverty and Social Issues

The 2005 MDG Progress Report details Bangladesh's progress with the first six MDGs as follows:

MDG 1: Bangladesh has made good progress in reducing income poverty based on the national poverty line. The country was able to lower the overall incidence of poverty from 58.8% in 1991-92 to about 50% in 2000, or one percentage point per year. Bangladesh's good economic growth performance – with overall GDP growth averaging 5% and per-capita growth averaging 3.3% per annum during FY1992-2001 – contributed much to this progress. This was achieved despite a rise in inequality during the nineties – with overall Gini coefficient rising from 0.259 in 1992 to 0.306 in 2000 – which partly offset the positive impact of growth. In spite of the advance, 63 million people are poor with one-third suffering from extreme poverty.

The prevalence of moderately underweight children (6-71 months) has declined noticeably from 67 percent in 1990 to 51 percent in 2000, while that of severely underweight children of the same age group has been halved from 25 to 13 percent during roughly the same period. Also, the proportion of moderately underweight children under the age of five years reduced from 56 to 48 percent during the period 1997-2000.

Despite the progress achieved, child malnutrition in Bangladesh remains among the highest in the world, and more severe than that of most other developing countries, including the countries of sub-Saharan Africa. The proportion of underweight children in Bangladesh is 16 percent higher than 16 other Asian countries at similar levels of per capita GDP.

MDG 2: The second goal of the MDG is achieve universal primary education by 2015. The targets for Bangladesh are to a) increase net enrolment rate from 73.7% in 1992 to 100% by 2015; b) reduce primary school drop out rates from 38% in 1994 to 0% by 2015. Bangladesh is a signatory to the World Declaration on Education for All - as well as the Convention on the Rights of the Child.

The Second Primary Education Development Programme (PEDP II) aims to ensure that every child has access to the minimum acceptable quality of primary education. An accessible and inclusive education framework is defined to include disabled children and children with learning difficulties. Reaching Out-of-School Children (ROSC), a government project was launched to serve landless people, families of widowed women, socially disadvantaged groups, ethnic minorities, children of floating populations who live for less than one year in a particular place.

There is progress in the expansion of school enrolments at the primary level. About 97% of the children aged 6-10 years are currently enrolled in primary schools. There has been almost parity in the enrolment by gender and urban-rural variations. Gender equity at primary and secondary education levels has been achieved. However, a very large number of both girls and boys are deprived of their right to education. There are significant socio-economic and urban-rural differences in enrolment in primary education. For example, the enrolment is 64% for the poorest 20% compared to 87% for the richest 20%. About half of the children will complete their primary education.

NGOs in Bangladesh offer innovative services in the non-formal education sector for the diverse needs of various population groups, such as, domestic child workers, garment workers and children involved in the worst forms of child labour, ethnic children, children of vulnerable groups (sex workers, children of gypsy, sweeper, cobbler, fishing communities, disaster-prone areas).

MDG 3: Prolonged discriminations against women in terms of nutrition, food intake and other amenities of life have marginalized the status of women in Bangladesh. Traditional socio-cultural values and practices work against raising the status of women. Women still have limited opportunities for education, technical and vocational training, employment and activities.

Socio-economic changes, triggered by increasing rates of landlessness and impoverishment, have had a profound impact on women's lives. While poverty affects the household as a whole, women bear a disproportionately greater burden in managing household production and consumption under conditions of severe scarcity. Women are routinely discriminated within the household in allocation of resources in terms of food, education, health care, shelter and workload.

Though women play the central role in the functioning of the household, their contributions outside the domestic sphere remains low. Although male headed households are the norm, national statistics show that women head about 8% of households. The percentage of de-jure and de-facto female-headed household is increasing, particularly among the poorest section of the rural population due to male migration, desertion and divorce etc. The income distribution is more skewed among women headed households.

Over the last two decades women have gradually become more visible in the labour force, in development programmes and local institutions. The participation rate of females in the labour force is increasing at a faster rate than that of males. Women's role as productive agents whose contribution is crucial to attain a certain standard of living for the family is increasingly being recognized. The measurement of women's economic activities has been modified to better capture their contribution.

MDG 4: Under this goal, under-five mortality rate must be reduced from 151 deaths per thousand live births in 1990 to 50 in 2015. While there has been an appreciable drop in under-five death rates from 151 deaths per thousand live births in 1990 to 87 in 1999, the rate has since slowed considerably, with the figure standing at 82 in 2001. From this base, it will be necessary to maintain a pace of annually reducing under-five deaths by at least three deaths per thousand live births to achieve MDG 4 by 2015.

MDG 5: To achieve MDG 5, Bangladesh must reduce maternal mortality from 574 deaths per 100,000 live births in 1990 to 143 by 2015; increase the proportion of births attended by skilled health personnel to 50%, and reduce the Total Fertility Rate to 2.2 per woman by 2010. In spite of the fact that maternal mortality has declined from nearly 574 per 100,000 live births in 1990 to between 320 and 400 in 2001, the maternal mortality ratio (MMR) in Bangladesh remains one of the highest in the world. It is estimated that 14% of maternal deaths are caused by violence against women, while 12,000 to 15,000 women die every year from maternal health complications. Some 45% of all mothers are malnourished.

MDG 6: It is estimated that the prevalence rate of HIV infection among adults (15-49 years) is less than 0.1 percent. As of end November 2003, the Ministry of Health and Family Welfare reported a total of 363 cases. However, as there is no functional reporting system on HIV/AIDS and the information remains incomplete, Bangladesh is classified as a low HIV prevalence country. Nevertheless, latest surveys indicate a rapid increase of HIV positivity among injecting drug users (IDUs) from 1.7% in 2000 to 4 percent in 2002. Such concentrated HIV epidemic can have far reaching implications on HIV transmission to other vulnerable populations in the community.

To achieve the target relating to malaria and tuberculosis, Bangladesh will have to halve the one million people annually afflicted by malaria and reduce the number of deaths from one percent to half a percent by 2015. Also, by 2005, Bangladesh will have to increase the success rate of detection of tuberculosis cases under DOTS from 34% in 2000 to 70%, and the cure rate from 84% to 85%.