



A Case for Geographic Targeting of Basic Social Services to Accelerate Poverty Reduction in Bangladesh

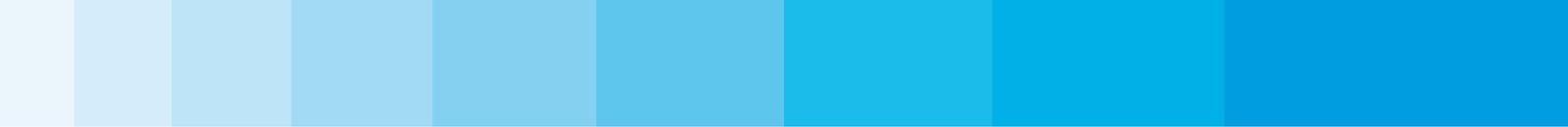
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Preface

The Bangladesh Bureau of Statistics (BBS) in collaboration with UNICEF has recently published a Preliminary Report¹ on the 10th round of the Multiple Indicator Cluster Survey (MICS) conducted in May 2009, with the objective of providing up-to-date disaggregated information on children and women at the national and sub-national levels. Similar surveys are planned for 2012 and 2015 to continuously monitor progress towards the achievement of Millennium Development Goals (MDGs) in Bangladesh. The above mentioned Preliminary Report addressed 9 out of 24 indicators to be featured in the final MICS 2009 Report that should be launched in March 2010.

The 2009 round of MICS differed from earlier ones given that a shorter questionnaire was used to collect data from a much larger sample size comprising 15,000 primary sampling units and 300,000 households. For the first time a large amount of relevant data on social sector indicators has been simultaneously collected and made available at sub-district level.

The MICS 2009 included information, besides household characteristics, on education, water and sanitation, knowledge of HIV and AIDS, child mortality, attendant at delivery, birth registration, and early learning. Most of the 24 indicators used are aligned with MDG indicators.

The timing of the availability of this data coincides with the elaboration of the 6th five-year National Development Plan (NDP). This report aims to facilitate the optimal use of MICS data to inform policies and budgetary allocations in the social sectors of the NDP, particularly health, education and water & sanitation.

Another recent publication on child poverty and disparities in Bangladesh² focused on the measurement of poverty upon deprivation of access to seven basic services instead of the traditional income or expenditure related poverty measure. The basic services considered in that study are: education, health, water, sanitation, nutrition, information and shelter. The study found that people in the lowest poverty quintile are typically deprived of four out of the seven basic services assessed, and that for each rise to the next quintile in the poverty ladder, people are deprived of access to one less basic service. The question thus arises “*should one wait for income/expenditure poverty to be reduced, or should one target the most deprived population with basic social services to accelerate the reduction of poverty?*”

This report argues in favour of geographic targeting of basic social services to the most deprived geographic areas of Bangladesh as one of the means of accelerating progress towards achieving MDGs with equity, as well as accelerating the overall reduction of poverty given the strong association and synergy between the deprivation of access to basic social services and income/expenditure related poverty.

I hope the report will be useful to policy-makers, elected leaders, researchers and administrators as well as to development partners (DPs) in better targeting investments towards the most needy geographic areas. I also hope that MICS 2009 data will be used as a baseline for monitoring progress towards achievement of MDG targets, most of which are directly or indirectly related to women and children.

Given that the same survey will be repeated in 2012 and 2015, overall progress will be assessed but more importantly, individual sub-districts and/or districts will be able to see how much relative progress they have made in comparison to other sub-districts and districts as their ranking will change over time. Ranking of sub-districts and districts will be possible using either composite indexes or for each individual indicator. The frequent and detailed availability of data will enable the assessment of the effect of geographic targeting. Multiple opportunities will hence derive from this context, including the acknowledgement of those sub-districts and districts that advanced most in their ranking, be it on the basis of individual indicators or of a composite index.



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¹ *Monitoring the Situation of Children and Women, Key Findings from the Bangladesh Multiple Indicator Cluster Survey 2009: Preliminary Report*. Government of Bangladesh (Bangladesh Bureau of Statistics) and UNICEF, January 2010.

² *National Report Bangladesh 2008: Key Findings (Global Study on Child Poverty and Disparities)*. PCD, Childwatch, UNESCO, World Bank and UNICEF). The Bangladesh version was prepared by Human Development Research Centre (HDRC).



MILLENNIUM DEVELOPMENT GOALS

Achieve universal primary education

Target:

Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

Indicators available in MICS 2009:

- Net attendance rate

Improve maternal health.

Target:

Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio

Indicators available in MICS 2009:

- Proportion of births attended by skilled health personnel

Ensure environmental sustainability

Target:

Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation

Indicators available in MICS 2009:

- Proportion of population using an improved sanitation facility

Background on the MICS 2009 and its Preliminary Report

Introduction

Properly designed and conducted household surveys are the most reliable method to assess progress toward achievement of MDGs in countries where the routine development outcome or impact information is not readily available.

The analysis of the 2000, 2003 and 2006 MICS data indicated that considerable disparities exist among the performance of districts in terms of achieving MDGs. A further preliminary assessment undertaken by UNICEF³ to better understand the determinants of such disparities suggested that poverty and geographic isolation are among the likely predisposing factors.

The 2009 MICS was conducted by the BBS. It was designed to collect data related to all MDGs except for MDG 1: “Eradicate extreme poverty and hunger”, as other household surveys had already been planned to update the data for this MDG. This survey was, however, for the first time in the history of Bangladesh designed to collect representative data at sub-district level. A total of 24 indicators were assessed.

The preliminary report of the 2009 MICS presents selected results on MDG monitoring indicators as well as a composite index based on nine key indicators.

The results of the 2009 MICS provide valuable and detailed information for the Government of Bangladesh (GoB) as well as its development partners to better prioritize, target, plan and budget for social sector interventions and investments, in the context of the 6th NDP currently being prepared.

The Preliminary Report ranked 64 districts and 481 sub-districts using the above-mentioned MDG composite index. Ranking from the best performing (smallest number) to the worst performing (highest number) of geographic areas was also undertaken for the 9 indicators separately both for the 64 districts and 481 sub-districts. The resulting data-base and 20 maps provide an opportunity for optimal geographic targeting of sectoral interventions using individual indicators or alternatively target districts and/or sub-districts where needs are greatest using the composite index as a reference.

Given that the same survey will be repeated in 2012 and 2015 overall progress will be assessed,

3 *Monitoring of Millennium Development Goals, Trend Analysis of Child Risk Measure 2000 – 2006*, UNICEF 2009.

but more importantly, individual sub-districts and/or districts will be able to see how much relative progress they have made in comparison to other sub-districts and districts as their ranking will change over time. Ranking of sub-districts and districts will be possible for each individual indicator as well. The frequent and detailed availability of data will enable the assessment of the effect of prioritizing and targeting investments in those districts and sub-districts that fall behind in terms of MDGs achievement. Multiple opportunities will hence derive from this context, including the acknowledgement of those sub-districts and districts that advance most in ranking, be it on the basis of individual indicators or of the composite index.

Survey Objectives

The 2009 Bangladesh MICS has four objectives:

- To provide up-to-date and disaggregated information for assessing the situation of children and women;
- To provide data needed for monitoring progress towards achievement of the MDGs as a basis for future action;
- To assist the GoB at national, district and sub-district levels to establish a baseline and assess future progress made in achieving MDGs with equity by 2015;
- To provide detailed thematic and geographic social sector information that will facilitate prioritization and better targeting of future investments made in the context of the 6th NDP currently being prepared by the GoB.

Sample and Survey Methodology plus Design

The sample for the Bangladesh MICS was designed to provide estimates on a few indicators on the situation of children and women for urban and rural areas, at the national, district and sub-district levels. Sub-districts were identified as the main sampling domains and the sample was selected in two stages. Within each sub-district, at least 26 census enumeration areas (EA) were selected with probability proportional to size. A segment with 20 households was randomly drawn in each selected EA. The sample was stratified by sub-district and is not self-weighting. For reporting national and district level results, sample weights were used.

Questionnaires

Three questionnaires were used in the survey. In addition to a household questionnaire which was used to collect information on all household members, questionnaires were administered in each household to women aged 15-49. Mothers or caretakers of children aged under five were identified in each household, and these persons were interviewed on their children aged under five. The questionnaires included the following modules:

- Household questionnaire
 - Household listing
 - Education
 - Water and sanitation, including water sample collection for arsenic testing
- Questionnaire for individual women
 - Child mortality
 - Attendance at delivery
 - HIV and AIDS
- Questionnaire for children under five
 - Birth registration
 - Early learning

The questionnaires are based on the MICS3 model questionnaire. From the MICS3 model English version, the questionnaires were translated into Bangla and were pre-tested in March 2009. Based on the results of the pre-test, modifications were made to the wording and translation of the questionnaires.

Fieldwork and Processing

A total of 7,683 interviewers and 1,154 supervisors were trained in April 2009. Fieldwork was undertaken from 28th April to 31st May 2009.

Data were entered on 64 microcomputers using the CSPro software. In order to ensure quality control, all questionnaires were double entered and internal consistency checks were performed. Procedures and standard programmes developed under the global MICS3 project and adapted to the Bangladesh questionnaire were used throughout. Data processing was concluded in October 2009. Data were analysed using the SPSS software programme and the model syntax and tabulation plans developed for this purpose.

Sample Coverage

Of the 300,000 households selected, 299,988 were found to be occupied. Of these, 299,842 were successfully interviewed for a household response rate of 99.9 per cent. In the interviewed households, 336,286 women (age 15-49) were identified. Of these, 333,195 were successfully interviewed, yielding a response rate of 99.1 per cent. In addition, 140,860 children under age five were listed in the household questionnaire. Questionnaires were completed for 139,580 children corresponding to a response rate of 99.1 per cent. An overall response rate of 99.0 per cent was obtained for both the women and for children under five. According to the survey design, water samples were to be collected from 15,000 households for arsenic testing, 13,301 water samples were tested which correspond to an arsenic test rate of 88.6 per cent.

8 Making a case for “blanket geographic targeting” of basic social services

Most of the 24 indicators used for the MICS 2009 and the 9 indicators used in this report are aligned with MDG indicators. The timing of the availability of this data coincides with the elaboration of the 6th NDP. This report aims to stimulate the optimal use of MICS data to inform policies and budgetary allocations in the social sectors of the NDP, particularly health, education and water & sanitation.

The Preliminary Report⁴ indicated that a large range exists in the geographic disparities between the best and worst performing districts for several of the nine indicators analysed, including: infant mortality (a range of 49 percentage points), skilled attendant at delivery (53 percentage points), under-five mortality (59 percentage points) and net attendance in primary education (30.4 percentage points). It is plausible, based on these findings, that effective geographic targeting of interventions in favour of the least performing districts - and sub-districts – has the potential to accelerate progress towards achievement of MDGs with equity.

Another recent publication on child poverty and disparities in Bangladesh focused on the measurement of poverty upon deprivation of access to seven basic services instead of the traditional income or expenditure related poverty measure. The basic services considered in that study are: education, health, water, sanitation, nutrition, information and shelter. The report found that people in the lowest poverty quintile are typically deprived of four out of the seven basic services assessed, and that for each rise to the next quintile in the poverty ladder, people are deprived of access to one less basic service. The question thus arises “should one wait for income/expenditure poverty to be reduced, or should one target the most deprived population with basic *social services to accelerate the reduction of poverty?*”

This report argues in favour of geographic targeting of basic social services to the most deprived geographic areas of Bangladesh as a means of achieving MDGs with equity, as well as accelerating the overall reduction of poverty given the strong association and synergy between the deprivation of access to basic social services and income/expenditure related poverty: a hypothesis that is tested in this paper, with the findings thereof proposed to enhance targeting of basic social services.

⁴ *Monitoring the Situation of Children and Women Key Findings from the Bangladesh Multiple Indicator Cluster Survey 2009: Preliminary Report.* Government of Bangladesh (Bangladesh Bureau of Statistics) and UNICEF, January 2010.

Forty five per cent of the children in Bangladesh find themselves below the poverty threshold⁵. Several programmes and government initiatives have attempted to target the poorest portion of the country's population – including children – some of which, at least, have had sub-optimal effectiveness. One example is the primary education stipend (PES), one of the interventions of the national social safety net system. A recent assessment⁶ of the stipend revealed it reached only 40 per cent of the poorest children (coming from the poorest two-fifths of the households); that 27 per cent of the households receiving the entitlements were not entitled to these and; that over 30 per cent of eligible households in the study did not receive the cash transfer. “Overall, the effects of the PES programme are remarkably small given its size and expense,” said Dr Bob Baulch, coordinator of the Poverty Dynamics and Economic Mobility Theme at CPRC.

Attempting to directly target the poorest children was clearly ineffective in the above mentioned example. Had the most in-need districts, or even better, the most deprived sub-districts or unions been targeted, with all children within these geographic entities receiving the cash transfers, the effectiveness of the stipend could have been much better. This is because, if the national average of children below the poverty threshold is 45 per cent, obviously the average of children below the poverty threshold is much larger in the districts, and especially sub-districts or unions where poverty is more acute and/or the lack of access to basic services is more prevalent. The most deprived sub-districts, and unions within these, could be considered as objects of “social targeting” (see paragraph 2, page 5 above). In this case the majority of the target population is likely to be reached.

This concept is not new and was referred to in the context of the above mentioned study on the primary education stipend (PES): “In the future, providing larger cash transfers to fewer households, but the poorest ones, could improve the education, health, and well-being of millions of children and ultimately end the cycle of poverty that plagues generation after generation of rural Bangladeshis,” Dr Baulch said. The recommendations put forward by Dr Baulch for redesigning the PES include giving more focus on poverty pockets, enlarging the stipend and tightening the household selection process to ensure transparency.

The above evidence and argument suggests that the acceleration of poverty reduction in Bangladesh will – among several other interventions such as the supply of energy and improved infrastructure - depend on effective geographic targeting of social services and benefits given that the GoB does not have the resources available to provide an adequate level of subsidy to all children, and that other targeting strategies seem so far not to have been effective. Therefore the case is made here for “effective blanket geographic targeting of basic social services”.

5 *National Report Bangladesh 2008: Key Findings (Global Study on Child Poverty and Disparities)* - PCD, Childwatch, UNESCO, World Bank and UNICEF. The Bangladesh version was prepared by Human Development Research Centre (HDRC).

6 The study of PES, conducted by the Chronic Property Research Centre (CPRC) and the International Food Policy Research Institute (IFPRI), is part of a larger project, *What Development Interventions Work? The Long-Term Impact and Cost-Effectiveness of Anti-Poverty Interventions in Bangladesh*, funded by the UK Department for International Development and the Economic and Social Research Council.

||| Pursuing “optimal social indicators” by using the MICS 2009 as well as income/expenditure poverty data

Methodology and Hypothesis

In order to find effective sector-related MDG indicators and a multi-sector composite index, that would allow for most effective geographic targeting - in terms of poverty reduction – the correlation of the nine indicators used in the Preliminary Report⁷ with the available income and expenditure poverty data⁸ was assessed. The nine indicators are:

1. Net attendance rate of primary school
2. Proportion of pupils starting grade one who reach grade five
3. Ratio of girls to boys in primary education
4. Ratio of girls to boys in secondary education
5. Under-five mortality rate (U5MR)
6. Proportion of births attended by skilled health personnel
7. Proportion of women aged 15-24 years with comprehensive correct knowledge of HIV/AIDS
8. Proportion of population using an improved drinking water source
9. Proportion of population using an improved sanitation facility

Poverty data is available for 64 districts and 507 sub-districts. The MICS data is available for 64 districts and 481 sub-districts of which 465 sub-districts have the poverty data from the poverty database. Therefore 465 sub-districts and 64 districts were used to test the correlation between income/expenditure poverty and social indicators.

The Pearson correlation was applied to measure the association between income/expenditure poverty and the nine MICS indicators. The value of the Pearson correlation (r) indicates the

⁷ *Monitoring the Situation of Children and Women Key Findings from the Bangladesh Multiple Indicator Cluster Survey 2009: Preliminary Report*. Government of Bangladesh (Bangladesh Bureau of Statistics) and UNICEF, January 2010.

⁸ *Report of the Household Income and Expenditure Survey (HIES) 2005* Government of Bangladesh (Bangladesh Bureau of Statistics), with support of the World Bank and World Food Programme.

degree of linear association. The larger the absolute value of r , the stronger the degree of linear association.

The *null hypothesis* states there is no significant correlation between the income/expenditure poverty and the tested MICS indicators. The *alternative hypothesis* states that there is a significant correlation between income/expenditure poverty and the tested MICS indicators. The alternative is two-tailed. The significance level, (α) was set at 0.05. The test assumes that the distribution of all tested variables is approximately normal.

Results

1. District level

Table 1: Correlation between income/expenditure poverty and MICS indicators, District level

Indicators	Pearson correlation	Statistical significance
Net attendance rate of primary education	-0.109	No
Proportion of pupils starting grade one who reach grade five	-0.025	No
Ratio of girls to boys in primary education	0.155	No
Ratio of girls to boys in secondary education	-0.037	No
Probability of surviving from birth to exact age of five	-0.160	No
Proportion of births attended by skilled health personnel	-0.374(**)	Yes
Proportion of women aged 15-24 years with comprehensive correct knowledge of HIV/AIDS	0.022	No
Proportion of population using an improved drinking water source	-0.062	No
Proportion of population using an improved sanitation facility	-0.121	No

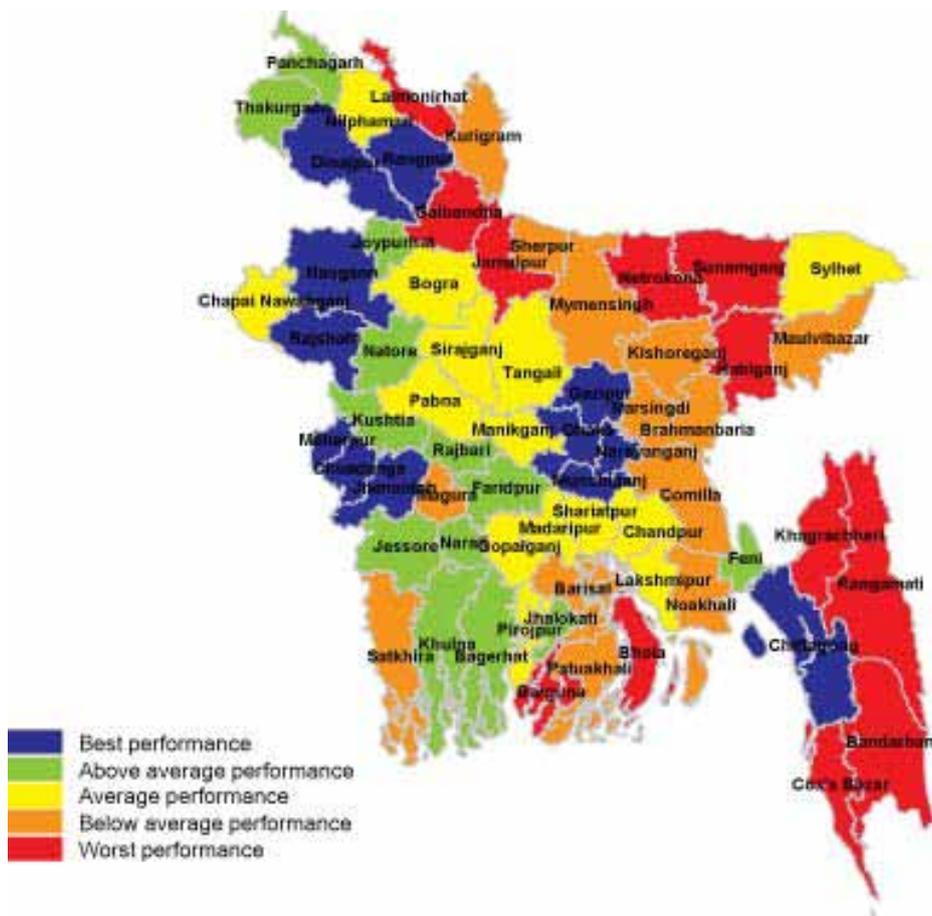
** Correlation is significant at the 0.01 level (2-tailed).

Only the indicator, “proportion of births attended by skilled health personnel”, has significant correlation with income/expenditure poverty. The coefficient of determination (r^2) is 14 per cent. Therefore, the income/expenditure poverty can be considered as accounting for 14 per cent of the variability of “proportion of births attended by skilled health personnel”.

Three of the nine indicators tested, namely: “net attendance rate of primary education”⁹, “proportion of births attended by skilled health personnel”; and “proportion of population using an improved sanitation facility”¹⁰, have significant correlation with income/expenditure poverty.

All the relationships are negative which indicates that the higher the poverty index, the lower net attendance rate of primary education; the smaller proportion of births attended by skilled health personnel and the smaller proportion of population using an improved sanitation facility.

Map 2: Sub-district performance assessed by using the “proportion of births attended by skilled health personnel” indicator



Four districts in the south-east; three in the north-east; three in the north-west and two in the southern part of Bangladesh come out as “worst performing” (red) areas for this indicator on Map 1. However, Map 2, which has a much greater geographic resolution, features many other “worst performing” areas indicating sub-district disparities which were obscured by “district averages” on Map 1.

One composite (multi-sector) index was derived from the three above mentioned sector-related indicators that are associated with income/expenditure poverty. It too is correlated with income/expenditure poverty. This composite index allows for multi-sector social targeting of the most deprived sub-districts as it represents the education, health and the water & sanitation

9 MDG 2, Target 2A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling.

10 MDG 7, Target 7C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation.

sectors. Given this index's association to income/expenditure poverty it also serves as a tool for identifying those sub-districts where multi-sector service deprivation occurs. The composite index could therefore be effectively used for simultaneous reduction of several basic social service deprivations in deprived sub-districts thereby holistically accelerating poverty reduction as well as achievement of MDGs 2, 5 and 7.

Each indicator for each district/sub-district is calculated as a relative deviation from the national average. The composite index is the sum of the index of each of the three sector indicators. A district/sub-district with a positive value means that it has a comparatively better performance in terms of achieving MDGs than a district with a negative value.

Noteworthy is the fact that for effective geographic targeting, focusing upon worst-performing districts does not suffice. It is necessary to target worst-performing sub-districts within districts as well. Map 3 exemplifies this by featuring sub-district disparities in Chittagong District. Despite being a best-performing district (blue in Map 1), one sub-district, the geographically isolated island of Sandwip, is among the worst-performing (red) sub-districts.

One could even further enhance the effectiveness of geographic targeting by prioritizing or allocating more resources to those unions that are most isolated geographically, given that poverty is associated to geographic isolation (see paragraph 2 of page 5).

Map 3: Chittagong District disparity in health sector performance according to the “proportion of births attended by skilled health personnel” indicator

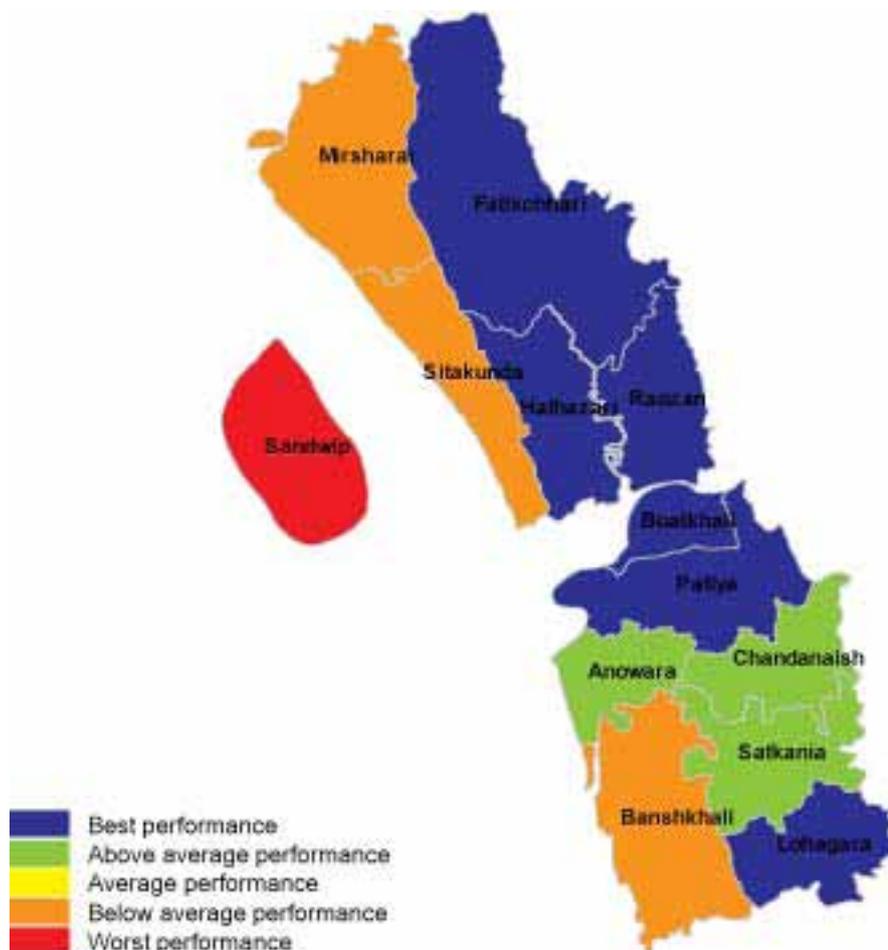
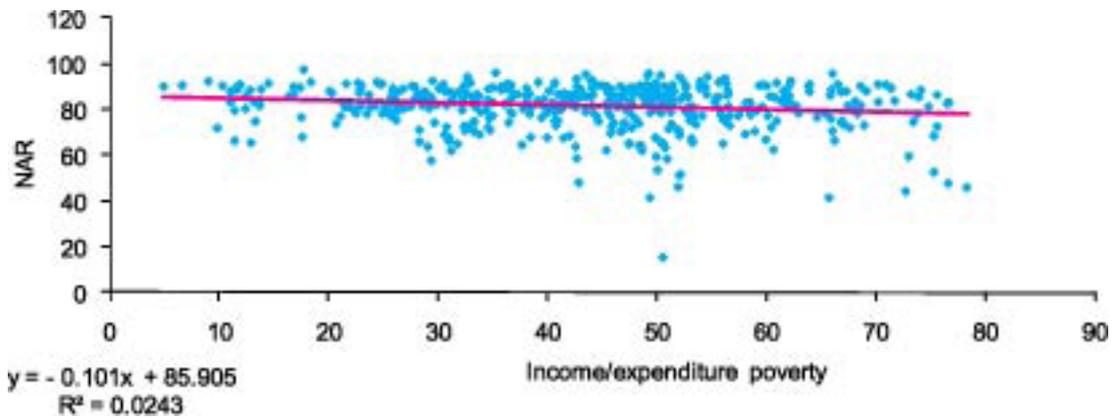
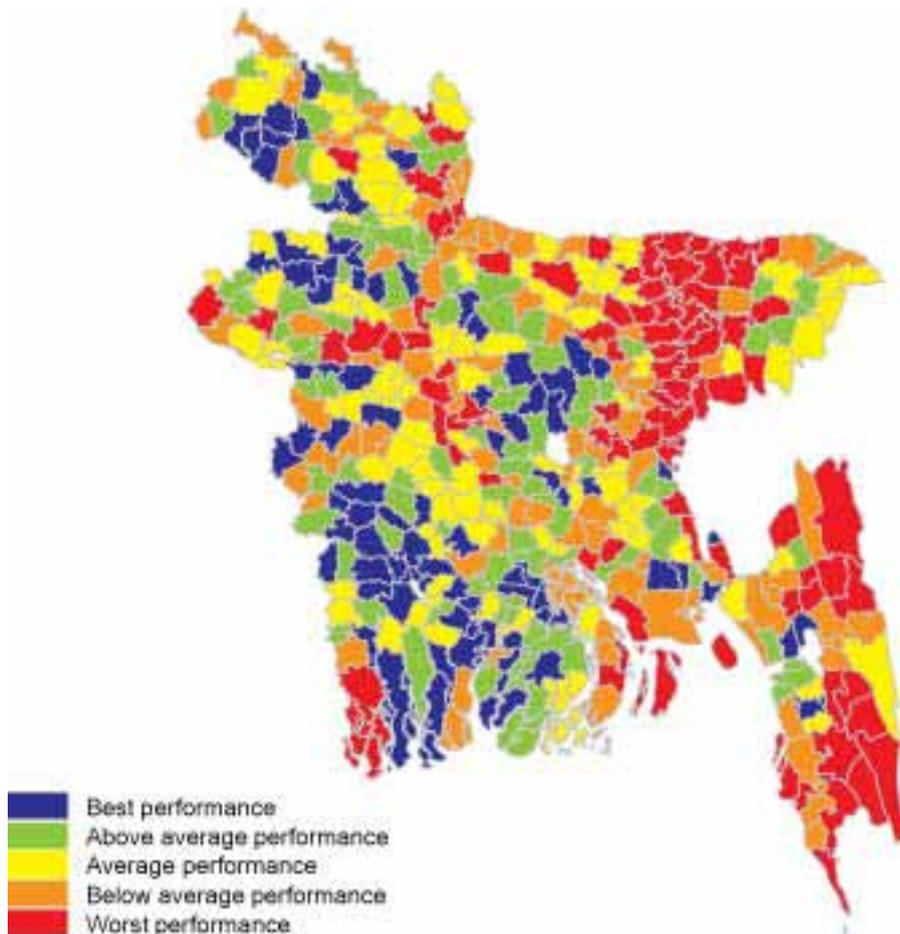


Figure 1 Primary School Net Attendance Rate (NAR) by income/expenditure poverty prevalence



Map 4: Sub-district performance assessed by using the “net attendance rate of primary education” indicator



Map 5: Sub-district water & sanitation sector performance assessed by using the “proportion of population using an improved sanitation facility” indicator

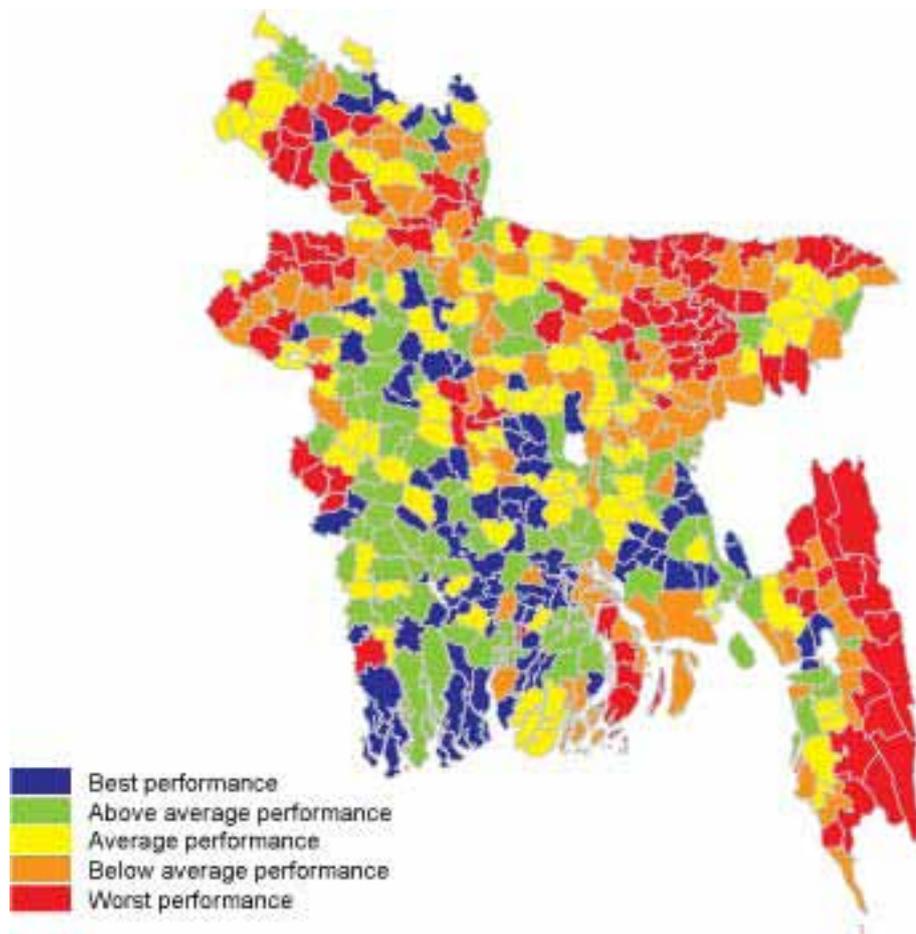
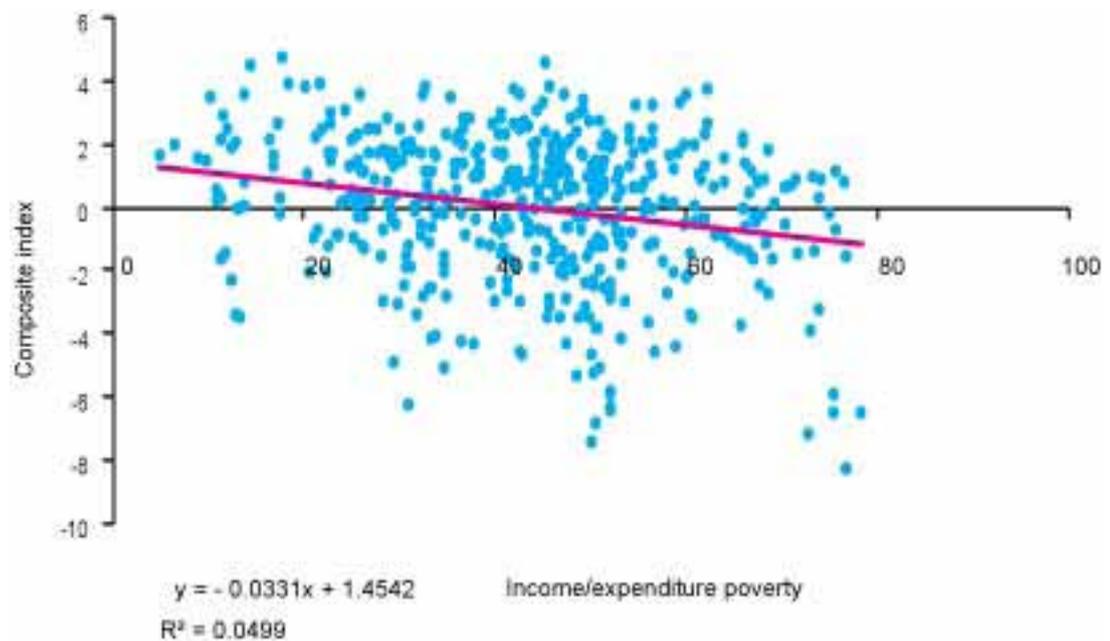
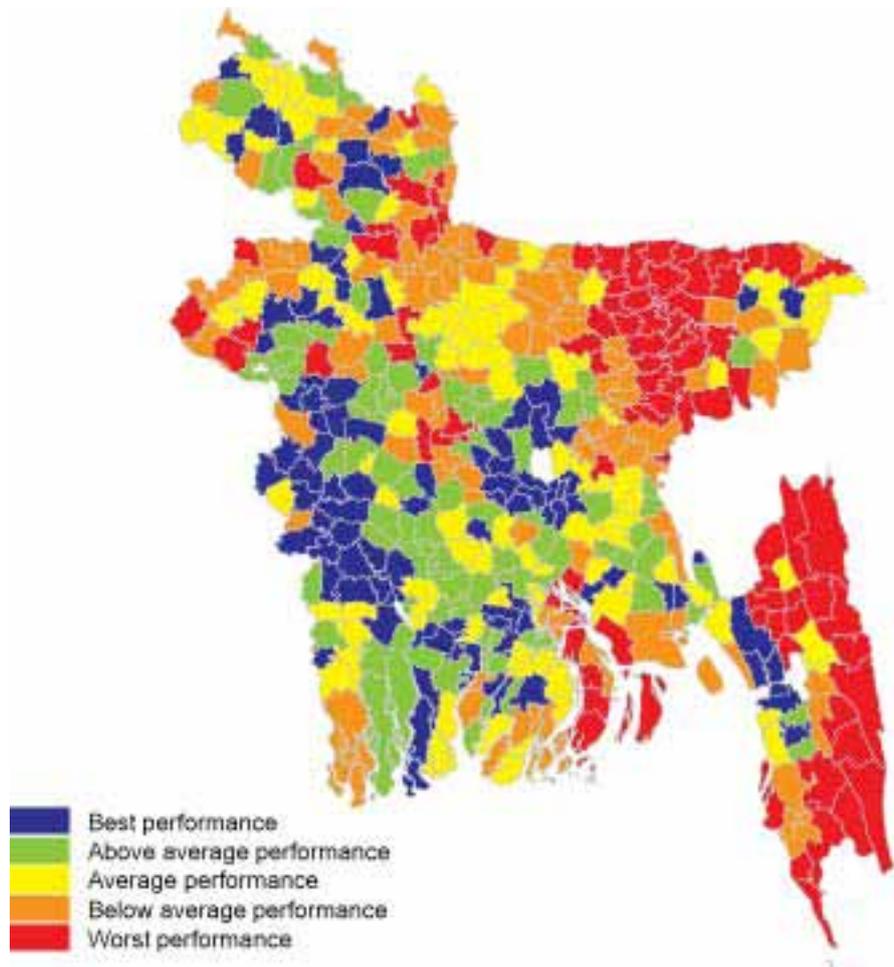


Figure 2 Composite index by income/expenditure poverty prevalence (Sub-districts)



Map 6: Sub-district composite index (using the three sector indicators referred to above)



IV Conclusions and potential policy implications

Evidence

The complementary and converging evidence comprises:

- The child poverty study finding that the poorest quintile is also that which has greatest basic social services deprivations;
- Substantiation of the above through correlations of income/poverty and health, education and sanitation indicators as well as a composite index comprising these three;
- Earlier assessment undertaken by UNICEF pointing towards income/expenditure poverty and geographic isolation as likely reasons to explain disparity between districts in their progress to achieve MDGs;
- The added value of sub-district level social indicators indicating the existence of disparities at sub-district level regarding progress in achieving MDGs, as well as substantiating that such disparities are linked to geographic isolation (comparison of Map 1 with Map 3);
- The limited effectiveness of the PES cash transfer programme where only 40% of the target population was reached.

The available evidence calls for geographic targeting of sector programmes (water, sanitation, health, nutrition, education) as well as social safety net interventions (primary and secondary school stipends etc.).

Targeting can be either sector-based or more holistic considering multiple-sector social deprivations using a composite index as demonstrated on Map 6. The latter is likely to have a greater impact upon poverty reduction because of the synergism created by simultaneously addressing several social deprivations.

Not only should the worst performing sub-districts be the object of targeting but even within the sub-districts, the most geographically isolated unions could be the object of targeting.

Potential policy implications

The line ministries (MoHSW, MoPME and MoLGRDC/DPHE) could use, among other criteria, individual sector-related indicators to respectively target their national or sub-national programmes and/or projects more equitably.

As the GoB pursues its decentralization policy, the equitable allocation of social sector financial resources could be considered by the Ministry of Finance using, among other criteria, the above

presented composite index as it comprises data on three different sectors. This would enable targeting the least performing sub-districts. Depending on available resources either those 96 sub-districts in the lowest performing quintile (red) or the 192 sub-districts in the two lowest performing quintiles (red and orange) could be targeted.

Targeting the urban poor is equally valid, feasible and relevant, given that 27 per cent of the country's population is urban. One third of the urban population of the six largest cities comprises slum dwellers. Given that the population density in urban slums is 7.5 times greater than the average city population density, it is additionally highly efficient to target the urban poor.

Effective geographic targeting could further be explored by providing sub-districts with average performance (yellow) with average financial allocations; those that are below average (orange) with 10 per cent more; and subsequently those that are the worst performing (red) with 20 per cent additional resources compared to the average. These resources would derive from a 10 per cent reduction in financial allocation for above average sub-districts (green) and a 20 per cent reduction from best performing (blue) sub-districts.

Such an approach, either sectorally, but even more-so if undertaken multi-sectorally using the composite index, could be quite effective in accelerating the reduction of poverty and achieving MDGs with equity.

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Table 3: Summary of Findings

MICS Millennium Development Goal and Child Protection Indicators, Bangladesh, 2009

Topic	Indicator	Value in 2009			Value in 2006			Change between 2006 and 209		
		Total	Male	Female	Total	Male	Female	Total	Male	Female
MDG 2: Achieve universal primary education	Net attendance rate in primary education ¹²	81.3	80.2	82.5	81.3	78.9	83.7	0	1.3	-1.2
	Proportion of pupils starting grade one who reach last grade of primary	79.8	70.7	81.0	63.6	62.5	64.7	16.2	8.2	16.3
MDG 3: Gender equality and empower women	Ratio of girls to boys in primary education	1.03	n.a.	n.a.	1.06	n.a.	n.a.	-0.03	n.a.	n.a.
	Ratio of girls to boys in secondary education	1.17	n.a.	n.a.	1.14	n.a.	n.a.	0.03	n.a.	n.a.
MDG 4: Reduce child mortality	Under-five mortality rate	67	74	59	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
	Infant mortality rate	45	56	40	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
MDG 5: Improve maternal health	Proportion of births attended by skilled health personnel	24.4	n.a.	n.a.	20.1	n.a.	n.a.	4.3	n.a.	n.a.
MDG 6: Combat HIV/AIDS, malaria and other diseases	Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS	n.a.	n.a.	14.6	n.a.	n.a.	15.8	n.a.	n.a.	-1.2
MDG 7: Ensure environmental sustainability	Proportion of population using an improved drinking water source	97.8	99.5 Urban	97.4 Rural	97.6	99.2 Urban	97.1 Rural	0.2	0.3 Urban	0.3 Rural
	Proportion of population using an improved sanitation facility	80.4	86.4 Urban	78.9 Rural	39.2	57.8 Urban	31.9 Rural	41.2 ¹³	28.6 Urban	47.0 Rural
Child Protection	Proportion of children under five years who received birth registration	53.6	53.4	53.7	9.8	10.1	9.6	43.8	43.3	44.1

11 The “net attendance rate in primary education” is the proxy indicator for the “net enrolment ratio in primary education”.

12 “Improved sanitation” was measured differently to become in line with the UNICEF/WHO Joint Monitoring Programme definitions, making comparison between 2006 and 2009 MICS data difficult.

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