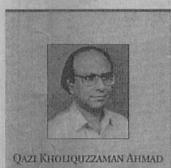
Poverty eradication-MDGand Bangladesh



F the eight Millennium Development Goals (MDGs), the principal goal is to eradicate extreme poverty and hunger. The other goals are its concomitants and facilitators. In this article I intend to examine what the poverty and hunger eradication

MDG implies and what are the

prospects of the targets set under it

cing realised in Bangladesh. The

targeta et are to: (a) halve between 1990 and 2015, the proportion of people whose income is less than \$1 a day, and (b) halve, between the 1990 and 2015, the proportion of people who suffer from hunger. The dollar used here is US dollar, adjusted for purchasing power disparity (PPP). The PPP US\$1, as estimated for a country, has the same purchasing power in the concerned domestic economy in this case Bangladesh, as US\$1 has in

the United States. In Bangladesh, as reported in the UNDP Human Development Report 2005, the per capita GDP in PPP US\$ is 1,770 as of 2003, against a per capitaGDPin US\$ of 376 in that year. Accordingly, the PPP US\$1 is equiva-lent to US\$0.21, i.e. 21 US cents for Bangladesh. Given the current exchangerate between the US dollar and the Bangladesh taka at about taka 65 to one dollar in that year, the taka value of 21 US cents, or of PPP US\$1, is 13.5. Therefore, the poverty reduction target of halving the proportion of people whose income is less than PPP US\$1 a day implies that the proportion is on less than Tk. 13.5 a day. What proportion of Bangladesh population was at that level of poverty in 1990? The Bangladesh Progress Report on the MDGs, prepared by the Government of Bangladesh and UN Country Team in Bangladesh in February 2005, talks of 58.8 per cent of the population being below PPP US\$1 as of 1991/92, with the proportion targeted for 2015 being 29.4. This poverty ratio as of 1991/92 was estimated by Bangladesh Bureau of Statistics and World Bank on the

basis of cost-of-basic needs (World

Bank, Bangladesh: Development

PolicyReview2003)

US\$1-based poverty ratio as well. Anyway in order to achieve the target of 29.4 per cent by 2015, it would have been necessary to reduce poverty by 2.2 per cent per annum during 1991/92-2015. But, so far the achievement has been about one percentage point or about 1.7 per cent per annum. Therefore, a backlog has accumulated. Assuming that the one percentage point poverty reduction per annum achieved during the 1990s has continued up to 2005, the pov-

Unlocking the Potential, uses 2000 poverty ratios as the benchmark and uses two poverty ratios for that year at 50 per cent (according to BBS-World Bank estimate) and 40 per cent (according to Household Income-Expenditure grouped distribution data), setting the targets for 2015 at 25 per cent and 20 per cent respectively. The implied average annual rate of poverty reduction in both the cases is 3.3 per cent during 2000-2015. But, the failure to achieve that rate during erty ratio in 2005 would be 46 per the past five years has caused the

BEHIND THE FACADE

The target setting with reference to PPP US\$1 is meaningless to the concerned people, to say the least. It is in reality an irrelevant, even cruel proposition; and yet it seems clear that even the target so set will not to be achieved in Bangladesh. Where do we stand and whereto the society may head is a million dollar (not a PPP one dollar) question under the circumstances, which we may ignore but only to our peril.

cent. In order to achieve the poverty target of 29.4 per cent by 2015, an average annual reduction of 3.6 per cent would be needed for the remaining10 years.

If we take the figure of 40 percent, as shown in the 2005 Bangladesh Economic Review of the Ministry of Finance, being poor in 2004 on the basis of inadequate calorie intake (i.e. those not accessing 2,122 Kcal/person/day on average) and set the target of reducing this proportion to half or 20 per cent in 2015, the required annual reduction rate would be 4.5 per cent during 2004-2015. The proportion of those who do not have access even to 1,805 Kcal per day, which is an extremely debilitating human experience, has been found to be 19 per cent in 2004, and reducing it to half (i.e. 9.5 per cent) by 2015 would require an annual reduction rate of 4.5 per

World Bank's World Development Indicators 2004 shows that 36 per cent of the population of Bangladesh was living on less than PPP US\$1 perdayin 2000. If the target set for 2015 is to reduce this proportion by half (i.e. to 18 per cent), the would work out at 3.3 per cent during 2000-2015. But, given the failure to achieve that kind of poverty reduction between 2000 and 2005. the required rate for the remaining yearshasgoneupsignificantly

The latest available draft (as of 12 I don't know if it reflects the PPP tion Strategy Paper (PRSP),

required rate during 2005-2015 to go up significantly. The PRSP also indicates a third target of reducing another measure of poverty, labeled extreme poverty which may be considered a measure of hunger, to reduce from 19 per cent in 2000 to 5 per cent in 2015, at an annual average rate of 4.9 per cent during 2000-2015. This rate has also gone up for the period 2005-2015 due to poor performance over the past five

Given all the above mentioned and other available poverty measures from different sources floating above, it is crucial that a consensus is reached by all concerned, certainly within the government as to what is the target for poverty reduction against what benchmark value and year. Even the PRSP and the Progress Report referred to above, both government documents talk of different benchmarks and differ-

Depending on which poverty ratio with reference to which year, out of those indicated above, is used as the base, the poverty reduction rate varies between 3.3 per cent and 4.9 per cent per annum for the remaining years to 2015. Even the lowest, 3.3 per cent, is well beyond the past achievements in Bangladesh. Prospects of achieving such an acceleration in poverty reduction look bleak as economic growth does not look like accelerating due to resource and governance (corruption, inefficiencies) constraints and because the distribution of the growth achieved will continue to be highly inequitable given that neoliberal free market rules and no effective efforts are afoot to reverse that trend and establish an inclusive society. The UN's The Inequality Predicament on the World Social Situation Report-2005 has shown thatdisparityhasbeenaccentuating globally (i.e. between nations) and within nations around the world in the wake of the free market and globalizationparadigm. Let us now see what, in Bangla-

desh, a per day income of Tk. 13.5 means for a person in concrete terms. This amount has to cover the person's food, shelter, cooking facilities, clothing, healthcare, transportation, and other absolute minimum basic necessities. The price of the ordinary variety of rice, the staple food in Bangladesh, is now about Tk. 18 per kg. Assuming that an average person needs, as a basic minimum, 400 grams of rice a day, the cost of rice would be Tk. 7 per day. Then, the person would also require such items as salt, cooking oil, onions, lentils, and at least some vegetables if not fish or any kind of meat or poultry. Fuelwood or kerosene is needed to cook the food. The remaining Tk. 6.5 cannot be sufficient for these items. Obviously, no money is left for any of the other basic minimum needs. Therefore, one PPP US\$1 fixes the income per person per day for poverty reduction purposes at an ignominiously low level. And, yet over four million people of Bangladesh (about a third of the total population) are today in that category of poor. The target is to raise half of them to a per person/day income of above PPP US\$1 or above Tk.13.5 by 2015, assuming that Tk.13.5 remains valid in real terms fortheperiod to 2015.

The question is: by how much above? If one is able to secure four, five, or even ten taka more a day to spend, would that make a difference in respect of their poverty? Hardly. They will in fact remain virtually in the same rudimentary plight. Therefore, the target setting with reference to PPP US\$1 is meaningless to the concerned people, to say the least. It is in reality an irrelevant, even cruel proposition; and yet it seems clear that even the target so set will not to be achieved in Bangladesh.

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NATIONAL GIRL CHILD DAY

Social status of women and their consequences

DR. BADIUL ALAM MAJUMDAR

OMEN are half of Bangladesh's population. Historically they played great roles in our society. During our liberation war, they fought side by side with men risking their lives and they immensely contributed to our victory against the enemy. Women are now making unparallel contributions in the areas of family care, nutrition, food production, political leadership, birth control, and even family income. Considering their importance in the society, our Constitution guarantees (Article 28) equal rights and equal opportunities for women. Nevertheless, women in our country are subjugated, marginalised and are subject to widespread violence. This article reviews the prevailing social status of women and the consequences of

their deprivations in our society. Girl child: Because of the patriarchy, girls in general are given less attention and care from right after birth in Bangladesh. As a result, the rate of severe malnutrition among girl children is 50 per cent higher and the mortality rate of girls below the age of five is also relatively high. In rural societies, girls become confined within four walls once they reach puberty. Consequently, even though there is equality in the enrolment of boys and girls at the primary level, the rate of dropout for girls at the secondary level is much higher. Large numbers of girl children in cities work as household maids at very low wage and sometimes for no wages at all. Nearly 83 per cent of all maids are

Marriage: Most girls in rural Ban-gladesh are married off at puberty. Available statistics show that while 51 per cent of girls are married below the age of 18, only 5 per cent of boys of that age get married. Many girls get pregnant right after marriage and become mothers before they themselves become physically and mentally ready. Because of child birth at immature age, many women suffer from genital damage. At least 70,000 Bangladeshi women suffer from obstetric fistula.

Dowry is a very serious problem for women of Bangladesh and their families. This problem has been becoming widespread overtime in rural areas. Dowry creates severe financial hardship for families. It turns women into mere "commodities" and many of them suffer violence due to this practice. Often they are abandoned for not paying dowry and are forced to embrace lives of poverty. Nearly 95 per cent of female headed households in Bangladesh lie below the poverty line.

Education: Bangladesh has achieved tremendous successes in girls' education. While the rate of literacy was only 12 per cent among women above the age of 15 in 1970, the rate increased to 41 per cent in 2002, although the comparable Educational opportunities for young engaged in prostitution in Pakistan. arena. Nearly 13,000 women are now

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girls increased greatly over the years. Their literacy rate increased from 19 per cent in 1970 to 41 per cent in 2004. Although this is a big achievement, still the disparity exists between boys and girls. For example, the rate of literacy for boys was 58 per cent in

Equality now exits between boys and girls in their participation in primary education, the rate being 54 per cent in both cases. This is undoubtedly a significant achievement. However, drop-out rate for girls in secondary schools is 10 per cent higher. Opportunities for higher education, especially professional education for girls are also very

Large number of Bangladeshi women are also living in inhuman conditions in brothels of India.

Health: Women are seriously deprived in receiving healthcare. Although the life expectancy is almost equal for women and men, women are largely deprived of modern health services. In most cases they have to depend on village quacks. Nearly one-third of women do not get the services of skilled birth attendants during child birth. As a result, maternal mortality is still high in Bangladesh -- about four per thousand.

Women of Bangladesh on average et pregnant four times over their get pregnant tod. In the life-time, which has a severe impact

In spite of progress in certain areas, women of Bangladesh are still seriously neglected and deprived. Their deprivations, especially in the area of nutrition create a severe and vicious circle of malnutrition. Ensuring nutrition, education and good health for women and investing in them, are in the best interest of the entire society -- men and women alike. That is the idea behind the celebration of the National Girl Child Day on September 30th every year.

Subjugation and violence: Women of Bangladesh are subjected to serious violence within and outside their homes. According to World Population Fund, 47 per cent of women of Bangladesh are subjected to violence by men within the family setting, which is among the highest in the world. Based on a survey of 12 national dailies and 196 regional newspapers, MMC recently reported that during the first eight months of 2005, on average five women were raped or sexually harassed everyday. Of these, 127 were killed and 541 were injured. Not only adult women, girl children are also often subjected to physical, mental and sexual harassments. It must be noted that these statistics do not tell the whole story as many cases of violence do not get reported because of fear of publicity and threats from perpetrators. Nevertheless, it is clear that overall women have been becoming less secure overtime in our society.

Acid throwing is the cruelest and most barbarie type of violence. This type of violence is perpetrated because of rejection of marriage proposals or undue sexual advances. Women are primarily the victims of acid violence and many of them (41%) are below the age of 18.

Trafficking: The rate of trafficking of Bangladeshi children and women has seriously increased in recent years. According to available statis-tics, every month between 200-400 young women and children are trafficked from Bangladesh to Pakistan and most of them end up in brothels. Recent reports show that literacy rate for men is 50 per cent. over 200,000 Bangladeshi women are becoming more active in political

on their health. The reason for high rates of pregnancy is their own desires as well as family pressures on

them to bear boys. AIDS is not yet a serious problem in Bangladesh, although many seriously doubt the published statistics on its incidence. The subjugated status of women in Bangladeshi society enhances this threat. Experiences of Africa show that women's inability to say "no" to men's demands for unprotected sex and with many partners is the single most important cause for the rapid and devastating spread of aids in African continent. Thus, if we are to prevent the potential onslaught of AIDS in Bangladesh we must ensure the equality of women and men, and the opportunity for them to participate in family decisions.

Nutrition: Malnutrition is a serious problem in Bangladesh. However, the rates of malnutrition and stunting are higher among women than men. About half of Bangladeshi girls in puberty suffer from stunting and nearly a third of the village girls of that age group suffer from wasting. Approximately 43 per cent of them are anemic. The reason for high rates of malnutrition among women and girls of Bangladesh is the patriarchic mindset, requiring women, especially village women to eat last and the least. Furthermore, the traditional notion in Bangladesh is that boys need more

Participation and empowerment: Even though opportunities for participation in family decisions are limited, women are increasingly

nutritious food than girls.

directly elected in Union Parishads, Paurashavas and City Corporations in every term. Although women elected to reserve seats do not enjoy the same status, nevertheless the election of such a large number of women to local bodies is a significant

Even though our two major political parties are headed by women, the opportunities for political empowerment of women are still limited in Bangladesh. All decision makers surrounding the Prime Minister and the Leader of the Opposition, despite their being women, are men. In addition, the proportion of women among directly elected MPs is only 2 per cent. The number of reserve seats in Parliament has recently been increased to 45 and they are now being filled as a result of the removal of legal hurdles. Nevertheless, in filling these seats through partybased nominations, the ruling coalition has defied its own election commitment and also the demands of women groups as well as conscien-tious citizens to hold direct elections to women's seats.

Women have also advanced a great deal in economic arena. Employment opportunities have increasingly being created for them. Nearly all employees of the readymade garments industry are women. Women participation in the private sector has thus considerably ncreased. Even though the number of women employees has been increasing over the years, there exists a serious disparity in wages between women and men. A recent survey shows that while the average monthly wages paid to men employed in industry is Tk. 2,118, the average wage paid to women in the same sector is less than half that amount. In addition, the rate of participation of women in government and semi-government jobs is about eighth of men.

It is clear from the above that in spite of progress in certain areas, women of Bangladesh are still seriously neglected and deprived. Their deprivations, especially in the area of nutrition create a severe and vicious circle of malnutrition. Women's deprivations from the childhood, lack of opportunities for them at puberty, early marriage and pregnancies are the causes behind the vicious circle. Although it perpetuates through the conditions of malnutrition and deprivations of Women, its adverse consequences are suffered by all -- men and women alike, generation after generation.

Thus, ensuring nutrition, education and good health for women and investing in them, are in the best interest of the entire society -- men and women alike. That is the idea behind the celebration of the National Girl Child Day on September 30th every year.

Dr. Badiul Alam Majumdar is Global Vice President

Imaginary conversation between Bush and Condoleezza Rice on Bangladesh

DR. FAKHRUDDIN AHMED writes from Princeton

ELOW is a fictitious and B wishful conversation between US President George W. Bush and the Secretary of State Dr. Condoleezza Rice, as Secretary Rice presents the President with a letter signed by sixteen US legisla-

Dr. Rice: Mr. President, here is a letter signed by sixteen Senators and Congressmen about Bangladesh. President Bush: What's "Bangla-

Dr. Rice: It is a South Asian coun-

try that used to be a part of Pakistan. President Bush: Why isn't it now? What else has Musharraf been doing behind my back? I knew I couldn't trust the guy!

Dr. Rice: This happened long before Musharraf, Mr. President. In 1971 "East Pakistan" broke away from Pakistan and became Bangladesh with India's help.

President Bush: No wonder Henry Kissinger said you couldn't trust the

Dr. Rice: No Mr. President, Bangladeshis welcomed India's help. President Bush: So, what's the problem now?

Dr. Rice: The legislators say that there is too much political and religious violence in Bangladesh, eminent citizens have been killed and the government cannot find the killers.

President Bush: I cannot find WMD in Iraqeither. Join the club! Dr. Rice: The legislators worry that if the violence goes unchecked, Bangladesh may become a haven for

President Bush: There is Al-Qaeda also in, what's the name, Bangladesh?

Dr. Rice: Al-Qaeda is everywhere, Mr. President. President Bush: Then why can't I

find them anywhere? Dr. Rice: The legislators worry that if the trend continues, Bangladesh

mayfail as a state. President Bush: So what's the big deal? I have failed in everything I did all my life, and look, I am a two-term President of the US! Way to go, what's

the name again, Bangladesh! Dr. Rice: The lower courts in



Bangladesh are not independent, the

legislators complain. President Bush: So, what's-hisface, Bangladesh's courts are like ours! Remind me to mention this when I announce Sandra Day

O'Connor's replacement. Dr. Rice: Transparency International calls Bangladesh a very corrupt

President Bush: Make Enron and Halliburton opaque to them! And my reasons for invading Iraq. And the sinking of New Orleans because of the tax breaks for the rich. Who are

these legislators, anyway? Dr. Rice: SenatorTed Kennedy has signed the letter.

President Bush: That liberal fatso from Massachusetts! And you expect me to listen to him? Who else is

Dr. Rice: Senator John Kerry. President Bush: John Kerry, from

Massachusetts? The guy who tried to take my job away last year? And you mention him to me! Are you out of your mind, Condi? Let me see the letter (President Bush snatches the letteraway). Who is Barack Obama?

Dr. Rice: He is freshman Senator from Illinois. He is African American. President Bush: Very funny, Condil I know for a fact that there is no African American in the Senate! Who else signed the letter? Colin Powell? Ifhe did, I will fire him.

Dr. Rice: He resigned, Mr. Presi-

President Bush: Tell me something Condi. If whatchyoumaycallit,



Bangladesh, is so bad, why didn't you tell me earlier? I would have invaded it! Why did the legislators have to tell

Dr. Rice: Ummmmm... President Bush: You are fired, Condi! Just kidding! Tell me more about this Bangladesh. Who is the

me first?

dictatorofthisevilnation? Dr. Rice: Bangladeshis actually a democracy, Mr. President.

President Bush: You got to be kidding me! I am telling the Arabs, the Muslims and the world that democracy is panacea for everything and you are telling me that this evil nation, what's the name again, Bangladesh, is a democracy! There goes my theory! Thanks a lot! You haven't answered my question though:whoistheguythatleadsthis

Dr. Rice: It's actually a woman, Mr. President. Bangladeshhasbeen ruled by two democratically-elected womenforthelastfifteenyears.

President Bush: Do you have all your marbles with you, Condi? You mean to tell me that this evil Bangladesh is actually a democracy that has been run by two democratically elected women for the last fifteen years? I guess the next thing you are going to tell me is that Bangladeshis a Muslimnation and the two women Dr. Rice (very embarrassed and

red-faced): Actually it is a Muslimmajority nation and the two women leadersare Muslims, Mr. President! PresidentBush (stunned): Letme. get this straight. You mean to tell me that this Bangladesh, which I thought was an evil nation is actually a functioning parliamentary democracy which has been run by two women Prime Ministers for the last fifteen years, and we are trying to destroy it by labeling it a terrorist andfailedstate?

Dr. Rice: We are not attempting to destroy Bangladesh Mr. President; although some of our friends in the

President Bush: The neocons told me that Muslims and democracy do not go hand in hand. Now you are tellingme that Bangladeshis a Muslim nation and a democracy which has been led by two women Prime Ministers for the last fifteen years. Why did the neocons lie to

Dr. Rice: You have to ask Cheney. Rumsfeld, Wolfowitz, Feith, Libby, Bolton, Perle, Pipes, Krauthammar, Gaffney and Kristol that question, Mr. President.

President Bush: Muslims are supposed to oppress women. How did the two women Prime Ministers come out of their seclusion? Do Bangladeshi girls go to school,

Dr. Rice: Unlike neighbouring countries, Mr. President, up to the seventh grade more girls than boys attend school in Bangladesh. School is free in Bangladesh, Mr. President.

President Bush: Condi, I like this Bangladesh. It is everything I want to see in a Muslim or any other developing nation. I want to help Bangladeshin every possible way to defeat political and religious violence. I want to make Bangladesha beacon of democracy, moderation, prosperity and women's empowerment in the Islamic and the rest of the world. Are you with me on this, Condi?

Dr. Rice: Absolutely Mr. President!

President Bush: One more thing, Condi: ask their BangladeshiAmerican constituents not to make political contributions to these sixteen legislators and ask the Bangladeshi Americans to vote these sixteen legislators out of office!

Dr. Rice: I will, Mr. President.



caution for it. The relevant cause behind the problems are poverty, over population, unemployment, more than two children in a family, negligence of girl children, illiteracy, lack of awareness, dowry, early marriage, flood, cyclone/ disaster, a vicious circle of malnutrition etc. On the other hand, we could not adopt any sustainable initiatives to prevent population growth, to ensure food security, especially for the most vulnerable and disadvantaged.

cents become mother without pre-

Even today, in this 21st century most of our girls and adolescents are being forced to marry at a very early age. As a result they have to stop education, give birth to low birth weight children. Most of the girl children have little say in the timing of marriage or choice of their spouse. After marriage they get very limited power within their newhouseholds.

By preventing malnutrition of girl children, we can get healthy girls to ensure safe motherhood, planned family with one child or two children, increased rate of school enrollment. These are the preconditions for building a healthy and wealthy nation with the opportunity to practice all types of human rights of girls/women, for their taking part in decision making and being educated and empowered.

Helen Keller International (HKI)-Bangladesh, described in its survey report (1999) on iron deficiency that approximately 52.7 percent of Bangladeshi children between 6-59 months are anaemic (haemoglobin levels below 11.0 g/ dl). È Children are more likely to be anaemic if their mothers suffer from anaemia. Childhood anaemia is also related to the diet and to the mother's propensity to purchase special foods for the house-



Healthy girl child is a must to build a healthy nation.

HKI added that Bangladesh is a disaster prone country and households are plagued by natural disasters as well as crises related to illness, employment opportunities and social obligations. These crises force households to sell assets, sell advance labour, and/or take loans at extremely high interest rates in order to survive. This is why the cyclic pattern of poverty in Bangladesh is associated with poor nutritional outcomes, such as vitamin A deficiency among children. The Iodine Deficiency Disorder (IDD) survey undertaken in Bangladesh in 1993 revealed that 68.9 percent are victims of Iodine deficiency.

If we invest in nutrition for our girl children, we will be benefited a lot. Such as, iodine fortification and salt iodisation programmeş benefit 8 percent in child mortality reduction. By eliminating Vitamin A deficiency, we can reduce 16 percent of the burden of disease in children. By eliminating iron deficiency and severe anemia, we can be able to reduce 13 percent of maternal disease burden. Daily zinc supplementation helps to reduce 70 percent of infant mortality. By eliminating micronutrient malnutrition in children and anemia in reproductive age women, it is possible to save 18 percent of the burden of disease and 15 percent of children's underweight. Low birth weight is the best single predictor of malnutrition. Low birth weight leads to increased obesity and noncommunicable disease morbidity.

Where population is living in poverty, multiple micronutrrtient deficiencies coexist. Woman's status impacts on the nutritional status of her child. Micronutrient deficiencies are responsible for economic costs at individual, community and national levels. Integrated approach is required to prevent malnutrition. To achieve sustainable improvement of the nutritional status of girl children, women's status should be improved. Women's health must also be improved for their own sake so that they are able to lead a productive, healthy life and play a vital role every-

Undernourished mothers are likely to give birth to premature or underweight children who become stunted by age three. These children experience developmental delays and mental impairment. They suffer from chronic susceptibility to infections in infancy and metabolic disorders such as diabetes and heart disease in midlife. Nutritional deficiencies can be prevented by promoting breastfeeding, iodizing salt, fortifying staple foods with Vitamin A, and providing

semi annual dosage of Vitamin A, Iron and Zincetc.

Special attention should be given to the girl child, whose physical growth, mental development and level of education determine the quality of next generation's children. Discrimination against girls limits their access to adequate nutrition and health care. So, the small child eventually becomes a small mother, whose risk of dying in first pregnancy is 10 times greater than a woman of normal height and weight. The same order of risk applies to premature and small (less than 2,500 grams) babies in the first year of

Concerted efforts are necessary to protect the health of girl child through recognising the fact that the potential of the child is related directly to the educational and social status of the mother. Women's educational achievement and social status are the main determinants of children's nutrition.

When family planning and reproductive health services respond to the needs of educating women, fertility declines further in response to changing perceptions of ideal family size. Mainstreaming gender concerns in social development programmes is essential for success. Girl children are particularly vulnerable to certain human rights violations and therefore

require additional protections. Vienna Declaration and Programme of Action mentioned that national and international mechanisms and initiatives should be strengthened for the defence and protection of children, in particular the girl child, abandoned children, street children, economically and socially exploited children, refugee and displaced children.

Beijing Declaration emphasised to ensure human rights of girl child as an inalienable, integral and indivisible part of all human rights and fundamental freedoms. So, let us keep in mind that among other rights, nutrition for girl child is her constitutional human right too. Under these logical and humanitarian grounds, this is the very important time for our government, donor agencies, NGOs, civil society and the scrupulous people of the country to work actively as well as to invest in nutrition for the girl child.

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