

Shocks and shields: Economic resilience during turbulent times



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The economic turbulence that Bangladesh is going through right now is rooted in massive global supply-side shocks. With the Russia-Ukraine war and the resultant global supply chain disruption in hindsight, there are uncertainties about how long these shocks will persist. However, there are three sets of problems that actually emerged out of the supply-side shocks: a) a macroeconomic crisis entailing a long list of issues, the most pressing among which are a falling growth rate, obstructed recovery from the pandemic, inflationary pressure, balance of payment, and debt burden; b) social impacts ensuing partly from the elongated pandemic impacts,

is happening in this area. However, remarkably, the same cannot be said about the social impacts or the impacts on larger development goals, perhaps because of the lack of regular surveys and updates in the respective areas and the inadequacies in the existing ones. Whether these problems will leave mild or debilitating impacts depends on our economic resilience. There are three aspects of economic resilience: a) the ability to recover quickly from a shock; b) the ability to withstand a shock; and c) the ability to avoid the shock altogether. We talk plenty about the first two aspects, but less about the last one, because there is hardly any way to avoid such shocks.

Bangladesh has had the long-standing problem of weak formal institutions as a result of ineffective bureaucracy and regulatory quality, little progress in transparency and accountability, lack of control of corruption, and weak enforcement of the rule of law. In the absence of well-functioning formal institutions, informal institutions take the lead, which undermines economic resilience.

including poverty and inequality; and c) problems in achieving larger development goals such as gender equality and various other issues related to the SDGs. Among these issues, the effects of the macroeconomic crisis are visible, thanks to the quality data and impact analyses, and we can track down what

How do we build economic resilience? There are four crucial areas to consider for that: a) broad-based economic growth; b) macroeconomic management, including revenue mobilisation, budget deficit, financial sector, balance of payment, etc; c) strengthening the social sector, especially health and education; and

d) strengthening institutions. Bangladesh's economic growth performance has been encouraging, but questions remain regarding the drivers and quality of said growth in terms of reducing poverty and inequality and promoting employment. RMG exports and remittances have been our major

and in a cost-effective manner must be duly addressed. Diversification of economic and export structures is obligatory and there is a need for broad-based industrial policies in this regard. Until the onset of the current crisis, Bangladesh was successful in terms of managing budget deficit,

child and maternal mortality rates, increasing life expectancy, gross school enrolment, and gender parity in primary education. However, the quality of education and healthcare is questionable. The policy paralysis related to public spending for education and health sectors remains a major issue, with the country

accountability, lack of control of corruption, and weak enforcement of the rule of law. In the absence of well-functioning formal institutions, informal institutions take the lead, which undermines economic resilience. To overcome that, we need to undertake important reforms, especially in major areas such as taxation, financial sector, budget management, export diversification, trade policy, healthcare, education, social safety net, labour market, etc. Interestingly, there is a consensus on the need for these reforms – the sixth, seventh, and eighth five-year plans of the government have highlighted many discussions on these reforms. But little progress has been achieved regarding the reforms. The reasons for that may involve confusion regarding the objectives and results of the reforms, strong resistance from some vested interest groups who may be hurt by the reforms, and a lack of understanding on the adjustment costs of reforms. Another less-talked-about but important reason is the misalignment of actors in terms of influence and interest. For example, there are actors who are highly interested in reforms, but have little influence to get the ball rolling. And there are those who have high influence but little interest in reforms. There is also a strong incentive to maintain the status quo where the generation of rents from the existing system and distribution of such rents among the influential actors perpetuates the so-called "stable anti-reform coalition." Looking at the power-interplay matrix of these actors, it is obvious that the existing highly influential actors have little incentives to break the status quo. Only strong political will for reforms can bring about some lasting changes to improve our economic resilience.

Contraception use in Bangladesh: From revolution to stagnation



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Bangladesh is often cited as a model for developing countries aiming to build strong family planning programmes, and with good reason. The country has had one of the strongest and most successful national family planning initiatives in the world, increasing its contraceptive prevalence from only 7.7 percent in 1971 to 48 percent in 2004 – a 40 percent increase in 33 years. This undoubtedly helped lay the groundwork for Bangladesh's impressive success in improving maternal and child health, as evidenced by the decline in the total fertility rate from 6.87 to 2.14 per woman and the decrease in maternal mortality rate from 570 to 173 per 100,000 live births during this time. However, Bangladesh's progress has recently stagnated. Over the last 19 years (from 2004 to 2022), the country's contraception use has increased only by six percentage points – from 48 percent to 54 percent. The unmet need for contraception has remained constant at 12 percent since the early 2000s. Long acting and permanent methods (LAPMs), including female sterilisation, intrauterine devices (IUDs), and implants, remain very low at eight percent, and this rate has not changed significantly over the decades. Poor and rural populations are particularly marginalised in terms of access to contraception. As a result of this stagnation, Bangladesh has failed to meet the commitments it made in the 2012 London Summit on Family Planning, including increasing contraceptive use to 75 percent by 2021 and improving the choice and availability of LAPMs. Now this stagnation poses a challenge for Bangladesh to attain the universal coverage of contraception use, a target set in the Sustainable Development Goals (SDGs). Meeting this target is regarded as important to achieving other SDGs targets, including maternal (reduce to 70 per 10,000 live births) and child (reduce under-five and neonatal mortality to 25 and 12 per 1,000 live births, respectively) mortality reduction. Progress over these targets has also been slow in recent years.

One possible reason for this stagnation is the higher prevalence of unintended pregnancy (around 47 percent) due to lack of contraception, particularly LAPMs. It has several adverse consequences, such as unsafe abortion, which alone accounts for 13 percent of total maternal deaths in Bangladesh. Additionally, unintended pregnancy leads to lower utilisation of maternal healthcare services, which is observed in the cases of one-fourth of the total live births in Bangladesh that were unintended at conception. This lack of healthcare service use ultimately leads to higher pregnancy complications and higher maternal and child mortality rates. This stagnation, which follows a period of great success, is largely due to reduced exposure to family planning messages and a devaluation of the contraception distribution process. Exposure to family planning messages, for example, decreased from 44 percent in 2004 to approximately 22 percent in 2018, despite government targets to provide family planning counselling and contraception at the field level, as was done before the 2000s. The reduction in exposure to family planning messages can be attributed to two main reasons. First, Bangladesh has made significant progress in women's education and their participation in formal work, which means that they are less available at home compared to the 2000s. This shift in women's roles and responsibilities has made the previous approach of providing family planning and contraception through visits by family welfare assistants (FWAs) no longer effective for many women, even if they intend to use contraception. Second, the current number of posts for FWAs is inadequate, as it was created in the 1980s when the population of Bangladesh was around half of what it is now, and around half of the available posts are vacant. Consequently, while the provision of family planning services at the household level remains functional, there appears to be less enthusiasm than it was during the 2000s, resulting in lower quality of services and fewer visits. The lack of governmental monitoring

also exacerbates the problem. Since the early 2000s, contraception has been distributed from healthcare facilities in addition to the previous approach of distribution at the field level through FWA visits. This transformation sends a message to the FWAs that contraception is available at the nearest healthcare facility, and women should collect it from there if they want to. This may motivate the FWAs to reduce their focus on contraception at the field level and give more attention to their other duties, including child vaccination. Moreover, contraception is considered culturally sensitive in Bangladesh and requires privacy for providers to discuss, although facilities rarely have private corners. Furthermore, the provision of joint services makes health centres overcrowded. As a result, healthcare workers, for whom providing maternal healthcare is a priority, do not have enough time to discuss contraception and counselling services. Even if they have the time, they often do not feel comfortable providing family planning services and contraception with an MBBS degree. Additionally, there is little to no coordination between services being provided at the household level and health centres. Such uncoordinated delivery results in unequal coverage, and some people may miss out on services. Together, these indicate system-level challenges to contraceptive uptake. These challenges are often exacerbated by the lack of sustainability of the relevant policies and programmes formulated by the government. For instance, the government's plan to include men in family planning services and focus more on LAPMs is mostly not implemented at the field level. Before 2008, the operation of over 18,000 community clinics was stopped because they were established by a previous government, without considering the effects at the field level. Along with these challenges, the current achievement of replacement-level fertility should motivate the government to reduce its focus on contraception at the field level and give more attention to population management. Whatever the challenges or intentions are, it is important to ensure universal coverage of contraception. This is not only to achieve the SDG targets, but also to give women in Bangladesh a chance to control their own fertility and plan their families, which in turn contributes to the reduction of maternal and child mortality.

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বান্দরবান পার্বত্য জেলার রোয়াংছড়ি উপজেলায় ২০২২-২৩ অর্থ বৎসরে বার্ষিক উন্নয়ন কর্মসূচি (ADP) এর আওতায় নিম্নলিখিত স্বাস্থ্য বাস্তবায়নের ক্ষেত্রে PPA ও PPR ২০০৮ এবং পরবর্তী সংশোধনী মোতাবেক এলজিডি চুক্তিগ্রাহ্য, রাজস্বমিতি, বাস্তবায়ন ও বাস্তবায়ন জেলা সচিবের হস্তাক্ষরিত অধিদপ্তর/উপজেলা প্রকৌশলীর কার্যালয়ের নিকট হতে সীলমোহরসহ খসে সীমিত দরপত্র পদ্ধতিতে (LTM) দরপত্র আহ্বান করা যাচ্ছে।

প্যাকেজ নং	কার্যের নাম	প্রাক্কলিত ব্যয়	বাসনের টাকা	দরপত্রের মূল্য	কার্য সমাপ্তির সময়
রোয়াংছড়ি/এলজিডি/২২-২৩/০১	পাইকাং পাড়া মূল সড়ক হইতে ক্যাটাং পাড়া এটাইবিধি করা।	৮,০০,০০০/-	২০,০০০/-	৮০০/-	৩০ দিন
রোয়াংছড়ি/এলজিডি/২২-২৩/০২	রোয়াংছড়ি ইউপি মোহামত।	২,০০,০০০/-	৫,০০০/-	২০০/-	৩০ দিন
রোয়াংছড়ি/এলজিডি/২২-২৩/০৩	রোয়াংছড়ি নতুন পাড়া সিঁড়ি নির্মাণ।	৫,০০,০০০/-	৭,৫০০/-	৩০০/-	৩০ দিন
রোয়াংছড়ি/এলজিডি/২২-২৩/০৪	বেতহাড়া রাস্তা এটাইবিধি করা।	৫,০০,০০০/-	১৫,০০০/-	৫০০/-	৩০ দিন
রোয়াংছড়ি/এলজিডি/২২-২৩/০৫	কোয়া পাড়া মহিলা সমিতি ঘর নির্মাণ।	৫,০০,০০০/-	৭,৫০০/-	৩০০/-	৩০ দিন
রোয়াংছড়ি/এলজিডি/২২-২৩/০৬	বেতহাড়া মনসিদের পাশে টয়লেট নির্মাণ।	২,০০,০০০/-	৫,০০০/-	২০০/-	৩০ দিন
রোয়াংছড়ি/এলজিডি/২২-২৩/০৭	ম্যাংকা পাড়া (শিউরা) চেংলা ঘর নির্মাণ।	৪,০০,০০০/-	১০,০০০/-	৪০০/-	৩০ দিন
রোয়াংছড়ি/এলজিডি/২২-২৩/০৮	আলেকাং ইউপি রোড আবাসনিক করা।	৭,০০,০০০/-	১৫,০০০/-	৭০০/-	৩০ দিন
রোয়াংছড়ি/এলজিডি/২২-২৩/০৯	বেংকং দিহা মাখামি বিদ্যালয় মোহামত।	৪,০০,০০০/-	১০,০০০/-	৪০০/-	৩০ দিন
রোয়াংছড়ি/এলজিডি/২২-২৩/১০	কছপড়া ইউপি চায়া পাড়া রাস্তা সিসি করা।	৮,০০,০০০/-	২০,০০০/-	৮০০/-	৩০ দিন
রোয়াংছড়ি/এলজিডি/২২-২৩/১১	শকাং পাড়া রাস্তা এটাইবিধি করা।	৪,৫০,০০০/-	১১,২৫০/-	৪৫০/-	৩০ দিন
রোয়াংছড়ি/এলজিডি/২২-২৩/১২	নরাইনগঞ্জ পাড়া সিঁড়ি নির্মাণ।	৮,০০,০০০/-	২০,০০০/-	৮০০/-	৩০ দিন
রোয়াংছড়ি/এলজিডি/২২-২৩/১৩	মোহামত ইউপি রাস্তা এটাইবিধি করা।	৫,০০,০০০/-	৭,৫০০/-	৩০০/-	৩০ দিন

- অর্থের উৎস/স্বাক্ষর : বার্ষিক উন্নয়ন কর্মসূচি (এলজিডি) খোলা বাকস।
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- সময় ও স্থান : অফিস চলাকালীন সময়, ক) নির্বাচনী প্রকৌশলীর কার্যালয়, এলজিডি, বান্দরবান। খ) উপজেলা প্রকৌশলীর কার্যালয়, বান্দরবান সদর, বান্দরবান। গ) সিংখাঞ্চলকারীর কার্যালয়।
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- উপরে উল্লিখিত টেন্ডার সিকিউরিটি দরপত্রের সাথে অবশ্যই দাখিল করতে হবে। দরপত্রের সাথে হাসানাদাস ট্রেড হাউস, এলজিডি'র ডায়ালগ/নথায়নকৃত হাসানাদাস ট্রিকাদারি হাউসিং, ডাট ও টিআইএন সনদপত্রের সাথে দাখিল করতে হবে। কোন দরপত্রকারী কার্যকরী প্রাক্কলনের ৫% এর অধিক নিম্ন বা উর্ধ্বের দরপত্রের উদ্ধৃত করা হলে উক্ত দরপত্র সরাসরি বাতিল বলে ধরা হবে। দরপত্র মূল্যমান হ্রাসের নির্দিষ্ট এবং পরবর্তী প্রতিটি ক্ষেত্রে পারসিক প্রকৌশলমতে বিদ্যালয় ২০০৮ (পরবর্তী সংশোধনী সহ) এর সকল বিধি বিধান অনুসরণ করা হবে। কোন কর্তৃপক্ষ কর্তৃক হস্তক্ষেপ নেবে কোন দরপত্রগ্রহণ বিধি বাতিল করার ক্ষমতা সংরক্ষণ করেন।
- বাকস গ্রহণ সংশোধন বিল পরিশোধ করা হবে।
- বান্দরবান টাউন/পে-অর্ডার/চাক্রে ড্রাক্ট, অক্ষীয়াসহ সিটিংস বাকস হতে উপজেলা প্রকৌশলী, এলজিডি, রোয়াংছড়ি, বান্দরবান এর অনুকূলে দাখিল করতে হবে।

স্বাক্ষর স্থান

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