

# BANGLADESH

Economic development in Bangladesh and the focus on achieving the Sustainable Development Goals

PAGE 4



Bangladesh Parliament

## PLUS ▶

The Separation of Powers in Bangladesh

PAGE 8

The development of women's issues in Bangladesh

PAGE 12

Providing an effective healthcare sector in Bangladesh

PAGE 16

Political representation and activism in the Bangladeshi diaspora

PAGE 26



Bangladesh Parliament

63<sup>rd</sup> COMMONWEALTH PARLIAMENTARY CONFERENCE  
DHAKA, BANGLADESH  
1 - 8 NOVEMBER 2017 (inclusive of arrival and departure dates)

For further information visit [www.cpahq.org/cpahq/cpc2017](http://www.cpahq.org/cpahq/cpc2017)



- One of the largest annual gatherings of Commonwealth Parliamentarians.
- Hosted by the CPA Bangladesh Branch and the Parliament of Bangladesh.
- Over 500 Parliamentarians, parliamentary staff and decision makers from across the Commonwealth for this unique conference and networking opportunity.
- CPA's global membership addressing the critical issues facing today's modern parliaments and legislatures.
- Benefit from professional development, supportive learning and the sharing of best practice with colleagues from Commonwealth Parliaments together with the participation of leading international organisations.

Commonwealth Parliamentary Association (CPA)  
Email: [hq.sec@cpahq.org](mailto:hq.sec@cpahq.org) | Tel: +44 (0)20 7799 1460 | [www.cpahq.org](http://www.cpahq.org)  
Twitter @CPA\_Secretariat | [Facebook.com/CPAHQ](https://www.facebook.com/CPAHQ)



## Bangladesh: Host to the 63<sup>rd</sup> Commonwealth Parliamentary Conference



### Welcome from the Parliament of Bangladesh

Hon. Dr Shirin Sharmin Chaudhury, MP, Speaker of the Bangladesh Parliament and Chairperson of the CPA Executive Committee.  
Page 2

### Economic development in Bangladesh and the focus on achieving the Sustainable Development Goals

Professor Md. Ali Ashraf, MP, Bangladesh  
Page 4

### The Separation of Powers between the three arms of government and the efforts made in Bangladesh

Suranjit Sengupta, MP, Bangladesh (deceased)  
Page 8

### The development of women's issues in Bangladesh

Fazilatun Nasa Bappy, MP, Bangladesh  
Page 12

### Providing an effective healthcare sector in Bangladesh

Dr Md. Enamur Rahman, MP, Bangladesh  
Page 16

### Political representation and political activism in the Bangladeshi diaspora

Tulip Siddiq, MP, United Kingdom  
Page 26

### Bangladesh: Key Facts

Page 30

Front cover image: The Bangladesh Parliament is housed in the Jatiyo Sangsad Bhaban, designed by the American architect, Louis Kahn.  
Image: 290988302/Bangladesh Parliament/Shutterstock®.



**WELCOME FROM THE  
CPA PRESIDENT AND  
CHAIRPERSON**

# WELCOME FROM THE CPA PRESIDENT AND CHAIRPERSON OF THE CPA EXECUTIVE COMMITTEE

**The Hon. Speaker of the Parliament of Bangladesh looks ahead to the 63<sup>rd</sup> Commonwealth Parliamentary Conference in Dhaka and welcomes delegates.**



**Hon. Dr Shirin Sharmin Chaudhury, MP, CPA President, Chairperson of the CPA Executive Committee and Speaker of the Bangladesh Parliament.**

The Bangladesh Parliament extends a very warm welcome to all the Hon. Speakers, Deputy Speakers, Members of Parliament and distinguished Delegates to Bangladesh at the upcoming 63<sup>rd</sup> Commonwealth Parliamentary Conference (CPC) scheduled to be held in November 2017 in Dhaka.

The Bangladesh Parliament, a member of Commonwealth Parliamentary Association (CPA) since 1973, has been an active partner in promoting democratic values across the Commonwealth countries. It is indeed an honour for Bangladesh Parliament to host

the 63<sup>rd</sup> Commonwealth Parliamentary Conference. A collaborative Commonwealth embraces and celebrates diversity. Commonwealth is the platform to draw upon diversity and bridge the difference.

Each parliament within Commonwealth being at different stage in its own history and development comes together under CPA and helps build a trust within the Commonwealth family of nations. This is the integral strength of the unity of nations to work effectively towards achieving common goals. Parliamentary democracy in Bangladesh nurtures the values of rule of law, fundamental freedoms and human rights. It upholds the pledge to build an equitable and inclusive society free from poverty and exploitation - where economic, social and political justice will be ensured for all - as embedded in our Constitution -- the dream of our Father of the Nation, Bangabandhu Sheikh Mujibur Rahman.

The Tenth Parliament, under the 'visionary leadership' of the Leader of the House and Hon. Prime Minister Sheikh Hasina is engaged in ensuring poverty eradication, food security, gender equality and

attainment of sustainable development goals (SDGs) to bring about substantive changes in the lives of the people.

The surge of globalization presents us with critical challenges. It is time to adopt new ideas, innovative strategies and instill fresh perspectives. The 2017 CPC in Bangladesh will provide a unique opportunity to all Hon. Members of Parliaments to have valuable interactions in pursuing common goals, enriching through comparative analysis of parliamentary practice and procedures and thereby contribute in strengthening democratic process. It will provide the scope to identify the emerging challenges, find solutions to encounter the same and chart out the way forward.

Let us embrace this opportune moment, turn it to our advantage, allowing the voices of the people from all corners of the globe to resonate and dominate the discourse of democracy. It is my firm conviction that it is through our concerted efforts that we can make a positive difference in realization of the common aspirations of the people. I earnestly believe that the upcoming Conference will be a milestone in promoting our collective endeavour to bring about "a better tomorrow for all."

Looking forward to welcoming the distinguished Delegates to Bangladesh - "Sonar Bangia"-- the Golden Bengal.





**CPA Roadshows: CPA President and Chairperson stresses the need to instil the youth of society with democratic values so that democracy can flourish at CPA Roadshows in Bangladesh**

The CPA President, Chairperson of the CPA Executive Committee and Speaker of the Parliament of Bangladesh, Hon. Dr Shirin Sharmin Chaudhury, MP, has stressed the need to instil the youth of society with democratic values so that democracy can flourish and people can benefit from a democratic system of government. The Chairperson was speaking as the chief guest at a CPA Roadshow on Parliamentary Democracy held at the Bangladesh Parliament. The CPA Chairperson has held three different CPA Roadshows with young people since the launch event for this strand of the CPA's Programmes in March 2016.

The CPA President said that among the more than 2.4 billion population of the Commonwealth, 60% are young people under the age of 30 and if the potential of these



Parliament of Bangladesh, nearly 500 school children and students have attended including more than 120 students, both boys and girls, from four renowned colleges of Dhaka - Holy Cross College, Sahid Bir Uttam Anwar Girls College, Adamjee Cantonment School and College and Notre Dame College - and 150 students from the Department of Law, English and Political Sciences of Dhaka University.

The young people at the CPA Roadshow have heard from many different Members of the Bangladesh Parliament. A lively interactive session usually follows the discussion meeting where the students have the opportunity to raise questions on different issues which are answered by the Speaker of the Bangladesh Parliament and other Members of Parliament. The students are usually also taken for a tour of the Parliament of Bangladesh to conclude their visit.

The CPA Roadshows for Schools and Universities provide an opportunity for young people to learn about the political values of the Commonwealth such as diversity, development and parliamentary democracy; to discuss issues of concern about the society in which they live; and to meet local Members of Parliament and Parliamentary staff and to find out about the work of the CPA.

The CPA Roadshows aim to engage with young people and education establishments to promote parliamentary democracy and participation in political life and CPA Branches and Members of Parliament are encouraged to hold CPA Roadshows in their own jurisdictions. Visit [www.cpahq.org/cpahq/cparoadshows](http://www.cpahq.org/cpahq/cparoadshows) for further information.



young people can be fully utilised the world can become a better place for future generations.

The CPA President said that the countries of the Commonwealth have lots of things in common and share similar values among themselves. She also briefed the young people attending the CPA Roadshow on the workings of the Bangladesh Parliament and the Democratic System of Government.

The CPA President, Hon. Dr Shirin Sharmin Chaudhury, MP also spoke about the Commonwealth Parliamentary Association (CPA) and the activities carried out by the parliamentary organisation throughout the Commonwealth.

During the three CPA Roadshows held by the





# ECONOMIC DEVELOPMENT IN BANGLADESH AND THE FOCUS ON ACHIEVING THE SUSTAINABLE DEVELOPMENT GOALS

**What challenges have arisen and what initiatives have been completed?**



**Professor Md. Ali Ashraf, MP** is a former deputy Speaker in the Bangladesh Parliament. His late father, Alhaj Moulana Ismail Hossain Munshi was one of the Islami Scholars and a famous spiritual leader who died during his childhood. He started his professional career as a Research Officer in the Bureau of Statistics before joining the Ministry of Foreign Affairs. As a professor of Economics, he worked in different academic institutions. Professor Ashraf started his political career by engaging himself in political activities through the Bangladesh Student League in 1962. He was elected to the First Parliament of Bangladesh in 1973 and was member of the Public Accounts Committee (1973-75). He has founded colleges, high schools, several Madrashes and other educational institutions amongst his many achievements.

Bangladesh achieved independence in December 1971 and Parliamentarians of the newly independent country met on 1 April 1972 for the drafting of the constitution. The first general election was held on 7 April 1973. Military rule has interrupted twice the process of parliamentary democracy.

The politics of Bangladesh is maintained in a framework of a parliamentary democratic government where the Prime Minister of Bangladesh is the head of the government. Executive power is exercised by the government legislative which is vested in both government and parliament.

The Constitution of Bangladesh is the supreme law of the republic that specifies the composition of powers and the functions of the three branches of government: executive, legislative and judiciary. Each of three branches has its own spheres of actions. The Prime Minister being the Chief Executive and most of the cabinet are Members of Parliament, whom are formally responsible to it. When Bangladesh gained independence in 1971 under the leadership of Bangabandhu Sheikh Mujibur Rahman, the people had high hopes of political freedom and economic emancipation. Poverty would

soon be a thing of the past and the nation would steadily become more prosperous.

The Father of the Nation, Bangabandhu Sheikh Mujibur Rahman along with his family members was martyred by some derailed element of the military on the 15<sup>th</sup> August 1975. Sadly, this incident stagnated the hopes and aspiration of the people in Bangladesh. The dream of a '*Bengal Gold*', which was nurtured by the Father of the Nation, Bangabandhu Sheikh Mujibur Rahman, is now being realised by his daughter, Hon. Prime Minister Sheikh Hasina. On this dream, she is making relentless efforts to create a progressive, democratic and modern secular Bangladesh, which is free from poverty and hunger by upholding the constitution of Bangladesh and by practicing the trend of parliamentary democracy. The continued efforts of the present government, for the last seven years, to turn this country to a knowledge based, peaceful, prosperous and digital country of middle income states have attained widespread successful. Bangladesh has been elevated from low income domain to the platform of lower middle income countries.

Now the attention of Bangladesh has been focused on 2041 in the expectation

of attaining the status of a developed nation. The present government has taken lot of initiatives and to create a happy, prosperous, secular and knowledge-based '*Digital Bangladesh*' by freeing the country from the curse of hunger, poverty, illiteracy, militancy and communalism. The government has been implementing a programme through the prospective plan for 2010-21.

The seventh five-year plan has been formulated covering the unfinished work of the sixth five-year plan and keeping it consistent with the issues included in the Sustainable Development Goals (SDGs). Many of the achievements have been made with respect to the Millennium Development Goals (MDGs) that have been appreciated across the globe. Owing to the steps undertaken by the government, the socio-economic conditions of the people has been improved and Bangladesh has made remarkable economic development with robust growth.

During the 70<sup>th</sup> meeting of the United Nations General Assembly, the Hon. Prime Minister was presented with two prestigious international awards. The International Telecommunication Union (ITU) applauded the contribution she



has made in the proliferation of ICT at the grass roots level as well as massive expansion and sustainable development of the ICT sector. In addition the Prime Minister received the highest UN accolade in the field of the environment called 'The Champions of the Earth'.

Despite the ongoing crisis in the recovery of the global economy as well as adversities on the domestic front,

***The Millennium Development Goals: Bangladesh Progress Reports 2015 show that Bangladesh has made commendable progress in eradication of poverty and hunger.***

Bangladesh has maintained steady and balanced economic growth. Over the last five years, the economy has been boosted by an average of 6.3% growth. The current year growth rate is estimated at 7.3% and the per capita income increased by 9.3%. The per capita income has increased to US\$1,466 from US\$1,316 in the current fiscal year.

Due to the pro-poor planning and the programmes of the government, the rate of poverty and inequality has also reduced remarkably - especially, the numbers of people living below the poverty line. Almost 100% enrolment at primary level education has been achieved and in addition, the equity of male and female at all levels of education has been ensured. Almost all people of the country have been brought under the coverage of immunisation, safe drinking water and sanitation facilities. Despite various global and domestic challenges the uninterrupted macro-economic stability has brightened the image of Bangladesh. Stability

in the external economic sector, foreign exchange reserves and export earning was satisfactory. The exchange rate against dollar broadly remained stable during this period. The effective management of monetary and financial sectors by the government ensured sustainable economic growth.

Today, optimising internal resources and ensuring equitable distribution of resources through reduction of income inequality are some of the priorities of the government to keep pace with the global economy. The government is working to increase the internal resources of the country to gain the status of a higher middle income country. The revenue target in every financial year is higher than that of the previous year.

For promoting domestic industries and for protecting ecology and environment, the government has extended its facilities like creating one stop services, tax reduction etc. Again in order to attract Foreign Direct Investment (FDI) and to develop the IT sector in line with the vision

2021, special concessions have been given to these industries at economic zones and Hi-Tech Parks. Agriculture and small and medium-sized enterprises (SMEs) play vital roles in the overall development of the country. For the development of the capital market, few reforms activities have been taken by the government.

The Bangladesh Securities and Exchange Commission has achieved IOSCO (International organization of securities commission) 'A' category membership for institutional and structural reforms in the capital market at international standards. This has created opportunities for international investment in Bangladesh's capital market. A long term plan has been taken with a view to bringing further development in the capital market.

In order to establish transparent, accountable and efficient micro finance sectors, the micro credit regulatory authority closely supervises all non-government organisations and microfinance institutions. The government



## ECONOMIC DEVELOPMENT IN BANGLADESH AND THE FOCUS ON ACHIEVING THE SUSTAINABLE DEVELOPMENT GOALS

has been prioritising grants and concessional long term loans to keep external debt payment risk free. Bangladesh has also been prioritizing external aids for infrastructure-related projects.

Apart from this, health education and social safety net projects are the area for external assistance and special focus. The *Millennium Development Goals: Bangladesh Progress Reports 2015* show that Bangladesh has made commendable progress in eradication of poverty and hunger. It has sustained a GDP growth rate of 6.3% in the last five years that has played a positive role in eradicating poverty. This robust growth has been accompanied by corresponding improvements in several social indicators such as increased life expectancy and lower fertility rate, despite being one of the densely populated countries of the world. The rate of poverty reduction has been faster in the present decade than the earlier one due to inclusive growth, according to the Household Income Expenditure Survey 2010.

Bangladesh has reduced poverty at the rate of 1.74% on average per year where the target was 1.2% to achieve the

Millennium Development Goals. The poverty reduction rate in 2015 is 24.8%. The production of food cereals has significantly increased due to the adoption of various agriculture-friendly programmes by the government. These include enhancing irrigation facilities, subsidies in fertiliser and ensuring availability of improved variety seeds.

As a consequence, Bangladesh has been recognized as a model for agricultural development. With a view to improving agricultural statistic and standardising it at international level, a project named '*Harmonisation and Dissemination of Unified Agricultural Production Statistics*' has been implemented with the financial and technical assistance of the Food and Agricultural Organization (FAO) of the United Nations. The government of Bangladesh also ensured food security as it was pledge bound. A buffer stock of more than 10 lakh metric tons of food grains has been made and that stock maintained throughout the year to reduce the impact of natural disasters such as flood, drought and loss of crops. By using modern agricultural technologies, innovating high yielding seed varieties, subsidising chemical fertilisers, making fertilisers available, ensuring irrigation,

using continuous power supply and by providing agri-loans, food grain production has reached 36.60 million metric tons. Moreover, a Memorandum of Understanding (MoU) has been signed between Bangladesh and Russia for five years to facilitate the import of wheat to ensure food security.

The government has been working to achieve the capacity of food storages to 21 lakh metric tons by 2016 and 30 lakh metric tons by 2021. Bangladesh is self-reliant in rice production and it is in 4<sup>th</sup> position in the world regarding vegetable production.

As it has been ensured that Bangladesh would get finance from fundraising for the world's food security and other sources as it has been promised that US\$8.80 billion will be provided.

The government of Bangladesh is very cautious in conserving the natural resources, bio-diversity, marshes, forests and wild life of the country. For that purpose, the government has included section 18(a) in the Bangladesh constitution '*Climate Change Trust Law 2010*' which has been formulated. A Climate Trust Fund has been formed with TK 3000 crore and it has been allocated. Apart from that, the government also set-up the Bangladesh Climate Resilience

Fund (BCRF) in co-operation with development partners.

Successful implementation of the National Plan for Disaster Management 2010-15 was completed. The disaster management policy has been formulated.

Health is a fundamental right of the people. According to the constitution of Bangladesh, it is obligation of the state to provide basic needs including health care services. Bangladesh has achieved commendable programmes in the health sector over last few years. Substantial achievements have been made in various demographic indicators. Maternal and infant mortality are reducing due to various timely, multifarious and coordinated actions by the government. Bangladesh has already achieved the health-specific goals 4 and 6 of the Millennium Development Goals (MDGs) and is on the track to achieve goal 5. The community clinic, a milestone of success of the present government in the health sector, to provide quality health service to the doorsteps of every citizen of Bangladesh; a total of 13,124 community clinics have been started up to December 2015.

A sustainable, effective and transparent health care system now emerges because of client centred services, development and expansion of health services, growth of health education, infrastructural development, accountability and participation of people in the health service in Bangladesh.

During the current fiscal year of 2015-16, a total of 264,000 poor pregnant mothers will receive an allowance under the social safety net programmes. Mothers, who are working in garments factories, City Corporation and Paurasovas will receive allowances. In order to create self-employment opportunities for women, the Hon. Prime Minister Sheikh Hasina has created a micro-credit programme named '*One House One Firm*' in 473







Upazillas. Income generating training was provided to poor women for sustainable growth in the fields of production like agriculture, raising livestock and fish farms under these micro credit programmes. To ensure quality education for all, irrespective of economic circumstances and to reduce the dropout rate, free text books have been distributed on the first day in a year to all students from pre-primary or equivalent level for the last two years.

Bangladesh has taken an anticorruption stand in the international arenas with a view to implementing the '*United Nations Convention against Corruption*'. Bangladesh is a role model in the world for achieving the Millennium Development Goals. The government of Bangladesh has been receiving the affairs of state while taking the challenge of continuing the progress of democracy and achieving socioeconomic targets. Significant progress has been made in almost all sectors. This aspiration of the nation must be fulfilled through the materialisation of the vision and the charter for change of programmes taken under various projects. Despite hundreds of setbacks and obstacles, and in the face of adversity, the government's endeavour has been to progress and to consolidate good governance in the country. Putting the past behind and forging ahead into the achievement of the Sustainable Development Goals has been the main objective of the country. Bangladesh is committed to a long term strategy for achieving the Sustainable Development Goals of its human and natural re-zones.

Bangladesh is progressing and its future is bright. The best way to predict the future, it has been said, is to invent your own future.





# THE SEPARATION OF POWERS BETWEEN THE THREE ARMS OF GOVERNMENT AND THE EFFORTS MADE IN BANGLADESH

What have been the particular challenges for the Bangladesh Parliament?



**Suranjit Sengupta, MP\*** was elected as a Member of the Bangladesh Parliament eight consecutive times (1970, 1979, 1986, 1991, 1996, 2001, 2008 and 2014). He was educated at Central Law College and the University of Dhaka. He was Chairman of the Parliamentary Standing Committee on Ministry of Law, Justice and Parliamentary Affairs. He held many roles including Advisor to Hon. Prime Minister with the rank of a Cabinet Minister (1996-2001); Co-Chairman of Special Committee on Constitution Amendment; Member of Advisory Committee, Bangladesh Awami League since 2009.

The expression 'separation of powers' is well known to all of us working with the government. In liberal democracies, it provides a useful guide to the Government. It is generally accepted that there are three cardinal categories of governmental functions: (i) The Legislative; (ii) The Executive; and (iii) The Judiciary. At the same time, the government, in a state, has the same main three organs (i) The Legislative; (ii) The Executive; and (iii) The Judiciary. According to the dogma of the separation of powers, these three functions of the government must, in a free democracy, essentially be kept separated and be exercised by separate arms of the government. In this purview, the legislative cannot exercise executive or judicial power and in the same way the judiciary cannot exercise the legislative or executive power of the government.

Now the question arises among the people, are these organs of the state or the organs of the government? We know that there are five ingredients needed to become a state; these are (i) Land; (ii) People; (iii) Government; (iv) Sovereignty; and (v) Constitution. We see in another way that the government needs three organs to govern the state smoothly; these are: (i) the Legislative (ii) the Executive and (iii) the Judiciary. So, we can

say, these are the organs of the government.

## Historical sights and jurist comments

If we see the history of the dogma of separation of powers, we will see that its origin is traceable to Plato and Aristotle. But Montesquieu, who for the first time formulated this dogma systematically, methodically, scientifically and clearly expressed in his book '*Esprit des Lois*' or *Spirit of the Law*; published in the year, 1748. In this book, he clearly expresses that the separation of powers is... "*when the legislative and executive powers are united in the same person, or in the same body of magistrates, there can be no liberty, because apprehensions may arise, lest the same monarch or senate should enact tyrannical laws, to execute them in a tyrannical manner. Again, there is no liberty if the judicial power is not separated from the legislative and the executive. Where it is joined with the legislative, the life and liberty of the subject would be exposed to arbitrary control; for the judge would then be the legislator. Where it is joined with the executive power, the judge might behave with violence and oppression. Miserable indeed would be the case, were the same man or the same body,*

*whether of the nobles or of the people, to exercise those three powers, that of enacting laws, that of executing the public resolutions and that of judging the crimes or differences of individuals.*"

According to Wade and Phillips, separation of powers may mean three different things-

- (i) that the same person should not form part of more than one of the three organs of Government.
- (ii) that one organ of the Government should not control or interfere with the exercise of its function by another organ.
- (iii) that one organ of the Government should not exercise the functions of another.

According to Basu, in modern practice, the theory of separation of powers means an organic separation and a distinction must be drawn between 'essential' and 'incidental' powers and that one organ of the Government cannot usurp or encroach upon the essential functions belonging to another organ, but may exercise some incidental functions thereof.

## Internationally Separation of Powers in Practice: USA

The American Constitution is based on the separation of



executive or by the legislature. The Supreme Court and High Courts are given the power of judicial review and they can declare any law passed by the Parliament or Legislature as *ultra vires* or unconstitutional.

But if we study the constitutional provisions carefully, it is clear that the dogma of separation of powers has not been accepted in India in its strict sense. There is no provision in the Constitution itself regarding the division of functions of the Government and the exercise thereof. Though, under Articles 53 (1) and 154 (1) the executive power of the Union and of the States is vested in the President and the Governors respectively, there is no corresponding provision vesting the legislative and judicial power in any particular organ.

powers. It was accepted and strictly adopted by the Founding Fathers of the Constitution of the United States of America. Article 1, 2 and 3 of the US Constitution are very much related to the separation of powers.

In the USA, the separation of powers was implemented by an elaborate system of *checks and balances*. The Congress (legislative) is given the power to make laws but those laws become effective only when they receive the approval of the President (executive). He can exercise two kinds of vetoes. If the bill is sent to him towards the end of a session, he can kill the same by simply not taking any action upon it. In other cases, the President can veto a bill sent to him by the Congress, but if the Congress passes the same bill again by a two third majority, the bill is passed over the veto of the President. The Supreme Court of the USA (judiciary) has the power to declare a bill passed by the Congress and approved by the President as *ultra vires*. The people who hold these judicial powers are nominated by the President but once nominated,

they can put a check on the Congress and the President. The Judges of the Supreme Court can be impeached by the Senate. The Congress can determine the size of the courts and limit the appellate jurisdiction of both the Supreme Court and inferior courts. The President can declare war but he can do so only with the approval of both Houses of the Congress. The President can enter into treaties but those must be ratified by the Senate. There are certain appointments made by the President which have to be confirmed by the Senate. The Congress are balanced against each other.

#### **United Kingdom**

The United Kingdom does not however have a written constitution as such and the division of powers has been exercised largely through conventions and usage, supplemented by statute, with the consequence that the principle of parliamentary supremacy exists in its widest sense: no court of law can declare an Act passed by the

British Parliament to be null and void or *ultra vires*. Thus, under Article IX of the Bill of Rights, proceedings of the two Houses of Parliament cannot be '*impeached or questioned* outside Parliament.

#### **India**

Apparently the separation of powers is accepted in India. Under the Indian Constitution, the executive powers are with the President, the legislative powers with Parliament and the judicial powers with the judiciary. The President's functions and powers are enumerated in the Constitution itself. Parliament is competent to make any law subject to the provisions of the Constitution. It can amend the law prospectively or even retrospectively but it cannot declare a judgment delivered by a competent court void or of no effect. Parliament has also inherited all the powers, privileges and immunities of the British House of Commons. Similarly, the judiciary is independent in its field and there can be no interference with its judicial function either by the

#### **Separation of powers and its efforts in Bangladesh**

Bangladesh emerged as an independent country in 1971, following a long struggle for liberation. The Liberation War ended on 16 December 1971. After that the great leader of the people of the Republic of Bangladesh, the Father of the Nation, Bangabondhu Sheikh Mujibur Rahman as President of the People of the Republic of Bangladesh, signed and promulgated the provisional constitution order, 1972.

Thereafter on the basis of the Proclamation of Independence declared and promulgated by the elected representative and unanimous leadership of Bangabondhu Sheikh Mujibur Rahman, a written Constitution was framed and it was adopted on 4 November 1972. By virtue of this, our Constitution is quite different from others but it can be compared only with the USA constitutional model.

Like other written constitutions, the Bangladesh Constitution from its beginning



## THE SEPARATION OF POWERS BETWEEN THE THREE ARMS OF GOVERNMENT AND THE EFFORTS MADE IN BANGLADESH

has stated itself the provision regarding the division of functions of the government and the exercise thereof. From its beginning the supremacy of the constitution and all actions of the legislature and executive have been confirmed in the constitution. Having regard to the past constitutional developments, the framers of the constitution, like me, thought if necessary and proper not only to declare the supremacy of the constitution in the preamble, but also make a substantive provision in the constitution. Thus Article 7 of the Bangladesh Constitution declares *“that all powers in the Republic belong to the people, and their exercise on behalf of the people shall be effected only under, and by the authority of the Constitution and further that the Constitution, as the solemn expression of the will of the people, is the supreme law of the Republic, and if any other law is inconsistent with ‘this Constitution’ that other law shall, to the extent of the inconsistency, be void.”*

Only this article fully encompasses that law of

the Constitution as regards paramountcy. In fact, the idea of the Father of the Nation was to protect the functioning of the governmental arms by making them supplementary and complementary with each other. It indicates the separation of powers between the three co-ordinate arms of the government and the supremacy of the Constitution.

The other salient feature of our Constitution is that it vests the executive power of the Republic upon the executive and the legislative power of the Republic in Parliament. Though there is no specific vesting of the judicial power of the Republic, it is vested upon the judiciary. The division of powers is not, however, absolute. The executive can legislate under certain circumstances, and, in fact, Parliament cannot make any law relating to the appointment of judicial officers and magistrates exercising judicial functions, which has to be provided for by the President. On the other hand, Parliament can cause a fall of the executive government and impeach

the President. Parliamentary Standing Committees can review the enforcement of laws by the Ministries and propose measures for such enforcement and in relation to any matter referred to it by Parliament as a matter of public importance and investigate or inquire into the activities or administration of the Ministries. These are constitutional provisions inserted from the beginning; whereas, in the USA, it was introduced in 1994. While the judiciary has the legislative power to make certain rules, Parliament can adjudicate certain disputes; it has the power to enforce its own privileges and to punish those who offend against them. This may in certain situations bring it into conflict with the courts.

What the Constitution has done, can very well be described as an assignment or distribution of the powers of the Republic to the three organs of the government and it provides for separation of powers in the sense that no one organ can transgress the limit set by the Constitution or encroach upon the powers assigned to the

other organs. The result is that unless the Constitution has expressly provided otherwise, no one interpretation of the Constitution and the laws, the judiciary cannot create a new law or amend an existing law, which will be offensive as a judicial legislation. Nor can the judiciary give direction to Parliament to make laws or to the President to make rules. The Appellate Division held that when there is a constitutional deviation and constitutional arrangements have been interfered with and altered by Parliament by enacting laws and by the government by issuing various orders, the higher judiciary is within its jurisdiction to bring it back to Parliament and the executive from constitutional derailment and give necessary direction to follow the constitutional course by making or amending laws or rules. It is submitted that when there is a constitutional deviation in legislative measures, the court can declare such legislative measures to be *ultra vires*, but cannot give direction to repeal or modify it. It may be noted that Article 112 stipulates that





all authorities, executive and judicial (but not legislative), shall act in aid of the Supreme Court. Parliament may amend a law retrospectively within certain limits so to destroy the foundation on which a judicial decision is based, but it cannot set aside a judgment of a court or declare it to be invalid as it will be void as legislative judgment. Parliament cannot pass a law creating an offence and holding a person guilty of the offence not can pass a law giving a decision in a controversy.

### Judgement against an Act passed by Parliament

The principle of the supremacy of the constitution exists in Bangladesh and according to the provision of the Constitution, the Supreme Court has the power to review and can declare any law passed by Parliament, in certain circumstances, as *ultra vires* or unconstitutional if that law is inconsistent with the Constitution. In 1988, Parliament passed an Act named *The Constitution (Eightieth) (Amendment) Act, 1988* and subsequently, it was signed by the President. Then the amendment was challenged before the High Court in *Anwar Hossain Chowdhury v. Bangladesh*. In this case, the Appellate Division by a majority of 3 to 1 held that the amendment was void as the High Court Division, as an integral part of the Supreme Court with plenary judicial power of the Republic, had been rendered non-altered. So it could not be done by Parliament. It is out of the jurisdiction of Parliament.

In 2013, the *Contempt of Court Act, 2013* was passed in Parliament. The Act was challenged before the High Court and it observed that total freedom without restriction leads to total chaos. The court could not allow such kind of freedom of the journalist who had no legal



Above: The Hon. Prime Minister of Bangladesh, Sheikh Hasina addresses Parliament in Bangladesh.

knowledge on how to report on proceedings pending with the court. So it was deemed to be out of the jurisdiction of Parliament. Now it is pending before the Appellate Division.

Recently, the High Court Division of Bangladesh has declared the *Constitution (Sixteenth) (Amendment) Act, 2015*, as *ultra vires* because the amendment was inconsistent with the Constitution. Now it is also pending before the Appellate Division.

### Challenges for Parliament

We know that the most important aspect of the dogma of the separation of powers is judicial independence from administrative discretion. There is no liberty if judicial power is not separated from the Executive and also the Legislature. So, the separation of the Judiciary from the Executive is challenge for any government. In 2009, the present government under the leadership of Prime Minister Sheikh Hasina, who has also been famous as an international leader, has passed an Act giving the Judiciary independence from the Executive. This is a challenging job for Parliament and subsequently has included an amendment in the Constitution, which is also to

maintain a check and balance on the separation of powers. Through this amendment, the power of the removal of a justice/judge of the Supreme Court has been vested to in Parliament which is noted as:

*"96 (2) A Judge shall not be removed from his office except by an order of the President passed in pursuant to a resolution of Parliament supported by a majority of not less than two-thirds of the total number of members of Parliament, on the ground of proved misbehaviour or incapacity.*

*(3) Parliament may by law regulate the procedure in relation to resolution incapacity of a Judge."*

### Conclusion

The separation of powers between the arms of the government is essential for any kind of government because its success depends on the cooperation and team work of these arms of the government. After over fifty years as a Member of Parliament, I am speaking from my own experience that every state should have stated in their own constitution clearly the provision of the separation of powers. I think this can be done and possible only by Members

of Parliament. At present, the government under the leadership of Sheikh Hasina is going ahead and working to fulfill the dream of our Father of the Nation, Bangabondhu Sheikh Mujibur Rahman. Sustainable development is now the Prime Minister's main challenge together with keeping untouched those of fundamental human rights and freedom of expression. As a result, the judiciary now is separated from the executive.

So, for those who are at present at the 63<sup>rd</sup> Commonwealth Parliamentary Conference in Dhaka, it should be our own responsibility to incorporate this idea into our own constitution and I would like to propose to the CPA Secretariat that this can be a topic of discussion for the next conference; to formulate the best practice on the separation of powers in different countries and to adopt it.

*"Sadly since the submission of this article for this publication the Hon. Member has deceased and so this article is published in tribute.*



# THE DEVELOPMENT OF WOMEN'S ISSUES IN BANGLADESH

## How is the Bangladesh Parliament addressing issues for women such as early and forced child marriage?



### Fazilatun Nasa, Bappy MP is a

Member of the Bangladesh Parliament and member of the Bangladesh Awami League. Before entering politics, she was an advocate of the Bangladesh Supreme Court. She was an Assistant Attorney General, Prosecutor of the International Crimes Tribunal and a member of the Board of Directors of the Bangladesh Jatiyo Mohila Shangstha. Ms. Bappy is also known as a host of television programme named 'Ain Kotha', about law in Bangladesh. She is a strong voice in the campaign for gender equality and women rights, as well as human rights.

Bangladesh is a wonder in women's leadership and they are getting enlightened with the progress of time. In terms of the political empowerment of women, Bangladesh was at the 10<sup>th</sup> position according to the Gender Gap Report.

Hon. Prime Minister Sheikh Hasina has given us a vision to make our country as a middle income country by 2021 and a developed country by 2041. Bangladesh has already achieved lower middle income country status.

Our constitution guarantees equal rights for women. Our Parliamentarians and the Government are working together to include women in the mainstream of development and decision making process. We face challenges here. Superstitions, fanaticism, bigotry are making obstacles. But the present '*women-friendly*' government is our safe guard which makes us fearless and determined.

We achieved freedom by the prudent leadership of our great leader Father of the Nation, Bangabandhu Sheikh Mujibur Rahman. Women of Bangladesh participated in our glorious liberation war in 1971. More than 2 million women made their supreme sacrifice in the liberation war.

The Hon. Leader of the House, Prime Minister Sheikh

Hasina MP; Hon. Speaker of Parliament and Chairperson of the CPA Executive Committee, Dr. Shirin Sharmin Chaudhury MP; the Deputy Leader of the House; and Leader of the Opposition Party are all women, which is rare in the world. We have four Ministers and eight Parliamentary Standing Committee Chairpersons who are women. 21% of MPs are women. At the local government level, women are empowered. In each Upazila, there is an elected woman Vice-Chairman.

At the Union level, women are elected directly in three hundred reserved seats. Seven women Secretaries and fifty-six Additional Secretaries are in the civil service. Two public university's Vice Chancellors are women. Women are working in the agriculture sector, garments sector, private sectors, diplomatic missions and in the army, navy, air force and police departments.

Women are appointed as Justices of the Appellate Division and High Court Division of the Supreme Court. The initiatives taken by the Hon. Prime Minister Sheikh Hasina worked as magical sticks in this amazing development of women in Bangladesh. She has received awards from the United Nations and different international organisations for her great contributions to women's

empowerment, reducing child and maternal mortality and improving women's education.

Since coming to power, the current government has been working hard on all issues relating to women's development and empowerment. In addition to the measurements adopted by the government, the Bangladesh Parliament itself has played its active role through legislation, recommendation and decisions reached through debate in the house to address women's issues.

We adopted acts and policies to address CEDAW, ICPD and SDGs. Bangladesh has had great success in fulfilling the target of MDGs. Our government adopted a National Women's Development Policy. We have a gender responsive parliamentary budget. Budgetary allocation of gender is increasing 2.6% of GDP in 2007 to 4.4% of GDP in 2015. In the seventh five-year plan, female to male ratio in tertiary education is to be raised from the current 70% to 100%.

The government has adopted the following measures to enhance women's education, healthcare and economic empowerment and in the process of their implementation, Parliamentarians are giving their best efforts both individually and collectively through the following measures:

- a. Female students are given



a stipend up to graduation level. Last year 1.33 million female students were given stipend at graduation level.

b. 'Community Clinic' service is one of the milestones for health services in rural areas providing health services to the poor, pregnant women, young and children on nutrition and family planning.

c. Life skill and health awareness training has been provided to 27,900 adolescent girls in their schools through the 'Adolescent Club'.

d. We have targeted enhancing our women participations in all economic activities to 50% by 2021 from 33% at present.

e. Maternity leave has been increased from 4 months to 6

months with full benefits.

f. About 0.70 million poor women are getting allowances for the maternity period.

g. Lactating working Mothers allowance are given to 0.22 million poor women.

h. The Ministry of Women and Children Affairs has ensured the economic empowerment of women by raising funds.

i. Financial Aid is provided to the poor and tortured women for their treatment and legal support and also for self-employment.

j. Various steps have been adopted for the welfare of women who are working in the garments sector; more than 2.5 million women are working in garments sector.

k. A huge amount of budget allocation is passed

by Parliament each year to enhance women's economic empowerment.

Our Parliamentarians and the Parliamentary Standing Committees along with three sub-committees are working continuously with the Government to upgrade women's social dignity and prestige as well as to prevent all sorts violence's against women and girls which are briefed below:

1. We adopted the National Work Plan 2013-2025 to implement the National Women's Policy.
2. Our Parliament passed 'The Domestic Violence (prevention and protection) Act 2010' to address the right and security of women

at home and the DNA Act to prevent acid-related crimes, human trafficking, eve teasing and dowry etc.

3. In an amendment of the *Citizenship Act 2009*, our Parliament has enacted the provision that the citizenship of a person can be determined upon the nationality of the mother; also the provision to include mother's name with the father in all administrative process including passports.
4. Our Government has established a national helpline centre to stop violence against women and children. The toll free helpline number is 10921;
5. The Government established one-stop crisis



## THE DEVELOPMENT OF WOMEN'S ISSUES IN BANGLADESH

centres in medical colleges and hospitals and one-stop crisis cells to provide the required services to women and children. At every police station, one woman sub-inspector has been appointed to address violence against women.

Bangladesh is in the top position on Gender Equality in South Asia. Our Parliamentarians, on their part, are working to ensure gender equality. Here I would like to mention few of the steps taken:

1. A Parliamentary Standing Committee is working on the issue of Women and Children Affairs.
2. A Committee entitled 'Bangladesh Association of Parliamentarians on Population and Development' (BAPPD) has been formed with the Hon. Speaker, Dr. Shirin Sharmin Chaudhury MP as its Chairperson.
3. Parliament has formed

three Sub-Committees to deal with the issues of child marriage, improving maternal health through ensuring safe delivery and ensuring young people's development.

4. Provision has been made according to the rules of procedure for any MP to discuss women's issues during Parliament session.
5. It is obligatory for the Minister of Women and Children Affairs to answer any questions in the House relating to women issues.

Now I would like to mention how the Bangladesh Parliament is addressing issues on early and forced child marriage.

If a girl does not marry, people will start to gossip about her, for a man it is less of an issue, he can remain single. This is a very common scenario in Bangladesh.

Child marriage reinforces gender inequality and violates human rights. Child marriage harms mental and physical health. Early pregnancy and child birth

are the main causes of death among adolescent girls. Besides, child marriage also often paves the way for domestic violence.

In the context of Bangladesh, I define child marriage as any marriage, both early and forced, that is carried out below the age of 18 years for girls and 21 years for boys, before an individual is physically and psychologically able to shoulder the responsibilities of being married. Child marriage affects both boys and girls, but girls are the main victims. In Bangladesh, two out of every three girls become victims of child marriage. The rate of child marriage in Bangladesh is high. Three out of four marriages in Bangladesh involve child marriage.

Child marriage is a global problem affecting millions of children. It is estimated that between 2011 and 2020, more than 140 million girls will become the victims of child marriage.

So why does early and forced child marriage happen? I will mention here five reasons:

- Tradition
- Gender Rules
- Poverty
- Social Insecurity
- Dowry

*How can we eliminate the problems of child marriage?* Simply I am saying traditions are made by people, so we can change them by motivation. Most of our parents think, boys are assets and girls are a burden. They think boys will earn a salary and look after them but girls can't provide any financial support to them. Some parents think that if a girl grows up, then they have to pay more dowry.

Therefore, poverty reduction, increasing social security, providing education and job opportunities and providing proper birth certificates and marriage registration can reduce child marriage. Effective laws and bold and secular political commitment can stop child marriage in Bangladesh.

*The Child Marriage Restraint Act 1929* is the main law concerning child marriage and







the obligations of the persons involved to marriage. Now this law is under the process of being amended, we are very hopeful that the Bangladesh Parliament is going to pass a very effective law to stop early and forced child marriage.

In the London Girl's Summit held on 22 July 2014, Hon. Prime Minister Sheikh Hasina of Bangladesh pledged to end the marriage of girls below the age of 15 years and to reduce by one third the rate of marriage for girls aged below 15 and 18 years in 2021 and to completely eliminate child marriage by 2041.

Our government has taken various steps to eliminate child marriage which I have already mentioned. The rate of child marriage has been reduced to a great extent by the dynamic leadership of our Hon. Prime Minister Sheikh Hasina.

Our Parliamentarians are working along with the concerned Ministries, the

Prime Minister's office, local representatives, local government officials, community leaders, parents, teachers, students, civil societies, religious leaders, NGOs and with international organizations like the CPA, IPU, UNFPA, UN WOMEN, UNICEF, Save the Children and Plan International to eliminate child marriage.

Our Parliamentary Standing Committee on Women and Children Affairs and three Sub Committees are working to eliminate child marriage. A Parliamentary caucus regarding children's rights is also working to eliminate child marriage. Our Hon. Speaker of Parliament and the Chairperson of the CPA Executive Committee, Dr. Shirin Sharmin Chaudhury MP is a strong voice in the prevention of early and forced child marriage. Her initiatives during her current and previous position as the State Minister of Women and Children Affairs are very much inspiring to

MPs to stand against this social disease. Our Parliament has been organizing the following initiatives that the Speaker has undertaken to stop child marriage, of which I was also a part:

- Capacity building workshop for MPs on child carriage and birth and marriage registration.
- Root level workshop on capacity building for addressing child marriage.
- Root level awareness development motivation for addressing child marriage.
- Debriefing meeting on capacity building workshop and outreach programme on child marriage.

Being an MP, I believe, an MP can be a safeguard for girls. An MP can convey the negative consequences of child marriage to parents. We should train up our girls to strengthen confidence, self-esteem and give them the chance to be a part of social

and cultural activities. We, as Parliamentarians, raise our strong voice against child marriage in public meetings, places of worship, on television and social media, in seminars, workshops, conferences and in all spheres of public life. In my constituency, I am working hard to make my area free from child marriage and as a result, having some positive feedback to my inspiration. Many MPs are working on this issue and, as a result of their sincere efforts, a good number of districts and upzilas are newly free from child marriage.

**Girls not brides, they are the key to change the world**

Our Parliamentarians give the topmost priority to save girls from child marriage. I firmly believe, if we work together, nothing is impossible. That's why we are together. And I am confident, though it is a long journey, we shall win very soon.



# PROVIDING AN EFFECTIVE HEALTHCARE SECTOR IN BANGLADESH



**Dr Md. Enamur Rahman, MP** is a Member of Parliament in Bangladesh. Dr Rahman is a member of the Parliamentary Standing Committee on Ministry of Textiles; Parliamentary Caucus on Child Rights; PNND (Parliamentarians on Nuclear Non-Proliferation and Disarmament). Prior to entering parliament, Dr Rahman founded several clinics and hospitals. Today, Dr Rahman is Founding Director and President of a number of medical colleges and schools. Dr Rahman has worked tirelessly in the medical and healthcare sector in Bangladesh.

Healthcare is one of the most basic human rights. Over the last few years, it is clearly observed that Bangladesh has made tremendous progress in the sector of healthcare development under the present government led by our Hon. Prime Minister Sheikh Hasina.

This development has been more prominent after our internationally recognized successes in achieving the targets of the Millennium Development Goals (MDGs) even with our limited resources. Due to this, in achieving the MDGs, Bangladesh has become a role model for other developing countries in the world.

In Bangladesh, healthcare is being provided through an organized healthcare network. The Ministry of Health and Family Welfare (MOHFW) is the lead agency in this network, which is responsible for formulating national level policy, planning and decision making in the provision of healthcare and education. The Ministry of Health and Family Welfare (MOHFW) perform its all activities through nine implementing authorities and five regulatory bodies. These are:

#### **Implementing Authorities**

- Directorate General of Health Services (DGHS)
- Directorate General of Family Planning (DGFP)
- Directorate General of Drug Administration (DGDA)

- Directorate General of Health Economics Unit (DGHEU)
- Directorate General of Health Engineering Department (DGHEDE)
- Directorate General of Nursing services (DNS)
- National Institute of Population Research & Training (NIPORT)
- Transport and Equipment Maintenance Organization (TEMO)
- National Electro Medical and Engineering Workshop (NEMEWS)

#### **The Regulatory Bodies**

- Bangladesh Medical and Dental Council (BMDC)
- Bangladesh Nursing Council (BNC)
- State Medical Faculty (SMF)
- Homeo, Unani and Ayurvedic Board
- Bangladesh Pharmacy Council

Among all the implementing authorities under the Ministry of Health and Family Welfare (MOHFW), the Directorate General of Health Services (DGHS) is the largest having a satisfactory number of skilled officers and staff members. The healthcare under the DGHS comprises six tiers of healthcare infrastructures: i) National Level ii) Divisional Level iii) District Level iv) Upozila Level (Sub District v) Union Level and vi) Ward Level.

In these six tiers, the types of

health faculties are:

1. **National Level** - Public Health Institute, Postgraduate Medical Institute and Hospital with Nursing Institute and Specialized Health Centre.
2. **Division Level** - Medical College and Hospital with Nursing Institute, General Hospital with Nursing Institute, Infectious Disease Hospital and Institute of Health Technology.
3. **District Level** - District Hospital with Nursing Institute, General Hospital with Nursing Institute, Medical College and Hospital with Nursing institute, Chest Disease Clinic Tuberculosis Clinic, Leprosy Hospital and Medical Assistant Training School.
4. **Upazila Level** - Upazila Health Complex
5. **Union** - Rural Health Centre, Union Sub-Center and Union Health and Family Welfare Centre (UHFWCs).
6. **Ward** - Community Clinic,

#### **Primary Healthcare**

This means 'Healthcare at the door steps' so Bangladesh is one of the top ranking countries that provide free medical services to the people at the community level through various public health facilities. Primary healthcare is provided through an extensive network of health facilities extended down to the community level



with upward referral linkages and government-paid community healthcare workers. Located at the ward level, the community clinics are the lowest level static health facilities. These have upward referral linkages with health facilities located at the Union and Upazila levels.

Among the six tiers of the healthcare infrastructure, primary healthcare is provided through Upozila, Union and Ward level health centres. There are 484 hospitals at Upazila level with 17,686 beds and 50 hospitals; with 800 beds at Union level and there are 13,127 community clinics in operation at Ward level.

The Upazila Health and Family Planning Officer (UH&FPO) and the Upazila Manager at the Upazila level health complex manages all public health programmes, especially the primary healthcare. At the Union level, different

kinds of health facilities exist: i) Rural health centers ii) Union health and family welfare centers (UHFWCS).

### Community clinics

Community clinics are the lowest-level static health facilities. The government of Bangladesh, between 1996 and 2001, planned the establishment of 18,000 community clinics (CCs) for the provision of primary healthcare services to rural people.

The government resumed the community clinics under a project titled '*Revitalization of community-based healthcare in Bangladesh.*' As of today, 13,094 independent community clinics have been established; with the required Community Healthcare Providers (CHCP), one for each CC, which have also been recruited. In addition to the CHCP, the existing domiciliary

staff members of the DGHS and DGFP also provide a service to the community clinics for three working days a week alternately. The community clinics provide a basic healthcare package to the community including maternal and child healthcare, reproductive health and family-planning services, immunization, nutrition education, micro-nutrient supplementation, health education and counseling, communicable disease control, treatment for minor ailments and first aid and referral to higher-level health centres. By April 2014, all community clinics received internet connection through a laptop and wireless modem to help with the collection of local health-related data, provide a tele-medicine service, community health education and certain other ICT-based health solutions. The use of ICT by the CCs for data

collection and these services is quite impressive. It may be mentioned that the project '*Revitalization of community-based healthcare in Bangladesh*' ended in June 2015 and community clinics are now being run under an operational plan titled '*Community-based Healthcare*' of the Health, Population and Nutrition Sector Development Programme (HPNSDP) 2011-2016.

To ensure the long-term sustainability and the better operation of the community clinics, the government of Bangladesh is trying to explore innovative ways to maintain these important centres. Such an exploration is underway today.

The government expenditure for the supply of medicines to the community clinics in different fiscal years is:



## PROVIDING AN EFFECTIVE HEALTHCARE SECTOR IN BANGLADESH

Fiscal Year: Expenditure (BDT in Millions):

2009-2010 - 0.072
2010-2011 - 0.085
2011-2012 - 0.11
2012-2013 - 0.111
2013-2014 - 0.111
2014-2015 - 0.111

The number of clients treated in community clinics between April 2009 and December 2014 was 355.5 million and the number of referrals over the same period of time was 7.4 million.

Community clinics are certainly a pro-people health initiative led by the government. If quality health services can be guaranteed to be near to people's front doors in even the remotest corners of the country, the people will spontaneously seek the necessary services from the well-trained care providers at the health facilities instead of the untrained traditional healers. It is expected that

community clinics will ensure the provision of quality healthcare for the majority of people of rural Bangladesh, particularly the poor, the vulnerable and the underprivileged and will contribute to the achievement of the health development targets envisaged in the upcoming SDGs as these did in achieving the MDGs. The community clinics are an unprecedented instance of community participation and public-private partnership. Being inspired by the community participation, some UN agencies and NGOs have started working for the community clinics with many other organizations also coming forward to join as time moves on.

In addition to the community clinics, some other important components of primary healthcare are also being implemented which includes domiciliary healthcare, essential service delivery, urban primary healthcare, maternal healthcare

(inclusive of some screening programs for women's health), child healthcare, nutrition programmes, school health programme and adolescent health programmes.

### Essential service delivery and urban primary healthcare

Under the Health, Population and Nutrition Sector Development Programme (HPNSDP) 2011-2016, there is an operational plan, namely 'Essential Service Delivery' mainstreamed under the DGHS to help improve services, particularly at the Upazila level and below and to complement urban primary healthcare. The areas of services include limited curative care, support services and coordination, medical waste management, urban health, mental health and tribal health.

The urban primary healthcare in Bangladesh is principally the responsibility of the Ministry of Local Government, Rural Development and Cooperatives

(MOLGRD) and is carried out through city corporations and municipalities. These local bodies run a number of small to medium sized hospitals and outdoor facilities. This is separate to the large-scale primary healthcare activities under the Urban Primary Healthcare Project (UPHCP) and Smiling Sun Franchise Programme which are run by NGOs in collaboration with city corporations and with financial assistance from donors.

### Domiciliary health service in rural Bangladesh

There are domiciliary workers—one for every five to six thousand people at the ward or village level. Under the DGHS, there are 26,481 sanctioned posts of domiciliary workers, of which 20,877 are for health assistants (HA), 4,205 for assistant health inspectors (AHI), and 1,399 for health inspectors (HI). As of December 2014, 86% posts were filled.





### **Maternal healthcare**

The Bangladesh Ministry of Health and Family Welfare, in collaboration with UNICEF, are undertaking facility-based Emergency Obstetric Care (EOC) Programmes in all the districts of Bangladesh to improve the maternal health situation. All the government medical college hospitals, district hospitals, Upazila hospitals and maternal and child welfare centers (MCWCs) provide obstetric care service, inclusive of emergency obstetric care. A number of private clinics or hospitals and health-related NGOs are also partners in this programme. Obstetric care is classified into two categories in this programme; Comprehensive Emergency Obstetric Care (CEMOC) and Basic Emergency Obstetric Care (BEOC). Currently, all medical college hospitals, 59 district hospitals, 3 general hospitals, 132 Upazila health complexes and 63 MCWCs provide CEMOC and rest of the Upazila health complexes provide BEOC.

The distribution of normal, assisted, caesarean and total deliveries reported from the government and non-government healthcare facilities was recorded in 2014. Of the total 708,196 deliveries reported from the government health facilities: 0.7% took place in a postgraduate institute hospital (ICMH), 13.9% took place in medical college hospitals, 15.3% in district and general hospitals and the largest proportion (71.1%) took place at the government health facilities at the Upazila level (Upazila health complexes: 39.5% and other government health facilities at the Upazila level: 30.6%) (*Ref-Health Bulletin 2015 Page No. 36 table 4.4*)

### **Voucher scheme for maternal health**

The Ministry of Health and



Family Welfare in collaboration with WHO, introduced in 2007, an innovative maternal health voucher scheme, a demand-side financing (DSF) initiative, to improve access to and use of quality maternal health services. Currently, the programme is being implemented in forty six upazilas in 41 districts and seven upazilas in 4 MNHI (maternal and newborn health initiative) districts. Poor women defined by specific criteria (roughly 50% of pregnant women) and validated by local government representatives are eligible for the voucher. Half of the target population qualifies as poor. The total number of cumulative beneficiaries reached 870,423. In 2014–2015, a total of 153,606 pregnant women received the benefit. A voucher entitles its holder for specific health services free of charge, including antenatal and postnatal care, safe delivery and treatment for complications, including caesarean sections, transportation cost and laboratory tests. If the delivery is attended by skilled staff, the voucher holders get unconditional cash benefits for a nutritious food and gift-box.

### **Maternal and Newborn Health Initiative**

The Maternal and Newborn Health Initiative (MNHI) is being implemented by the Director of Primary Healthcare of the DGHS in 11 districts of Bangladesh, with the assistance of UNFPA, UNICEF and WHO, and funded by DFATD Canada. The districts are: Thakurgaon, Jamalpur, Narail, Maulovibazar, Panchagarh, Sirajganj, Patuakhali, Barguna, Rangamati, Sunamganj and Bagerhat. The programme focuses on saving maternal and newborn lives through creating need-based demand and priority-based actions.

### **Tetanus toxoid (TT) for women of childbearing age**

The country is maintaining the maternal and neo-natal tetanus-free status since 2008. The immunization program of Bangladesh aims to immunize women of childbearing age by administering TT before the age of 18 years.

### **Community-based skilled birth attendants and midwives**

The Directorate General of Health Services has been implementing community-based

skilled birth attendant (CSBA) training programmes since 2003 to conduct normal safe deliveries at home and to identify the risks and complicated cases so that they can motivate the women and their family members to refer to the nearby health facilities where comprehensive EOC services are available.

### **Cervical and breast cancer screening programme**

Cervical and breast cancers contribute to a significant disease burden in Bangladesh. The United Nations Population Fund has been assisting the Ministry of Health and Family Welfare to run a cervical and breast cancer screening programme. The programme is being coordinated by the Department of Obstetrics and Gynecology at the Bangabandhu Sheikh Mujib Medical University (BSMMU) in Dhaka. Beginning in 2004, about 363 centres have been established throughout the country to run the cervical and breast cancer screening programme. By 2014, 1,228 service providers from 64 districts were trained on cervical and breast cancer screening, based on visual inspection with acetic acid (VIA) and clinical



## PROVIDING AN EFFECTIVE HEALTHCARE SECTOR IN BANGLADESH

breast examination (CBE). A total of 886,490 VIA screening tests were done in ten years (from 2005 to 2014) throughout the country and 5% of them were found positive.

### Child healthcare

In Bangladesh, child healthcare is provided through universal routine child immunization, integrated management of childhood illness (IMCI), scaling-up of newborn health interventions and special-care newborn units (SCANU), school health and adolescent health programmes.

### Universal routine child immunization

Child immunization coverage data presented in this section of this article was taken from the EPI Coverage Evaluation Survey 2014 (EPI CES 2014) Report. The EPI CES 2014 validated the immunization coverage rates by cross-checking EPI cards with the medical history taken from mothers and care-givers. The percentage of children aged less than 12 months covered with all vaccinations was 81.6% in 2014. This also shows the trend of immunization coverage from 2002 to 2014 among the same age-group of children. The WHO completed necessary scientific observations and the South-Asia Region, including Bangladesh, obtained the polio free certification in February 2014

### Integrated Management of Childhood Illness

The relevant section of the DGHS, with assistance from UNICEF, the WHO and other partners, has been implementing the Integrated Management of Childhood Illness (IMCI) programme since 1998.

### School health programme

In Bangladesh, the school health programme began in 1951 in Dhaka and Chittagong and

gradually expanded by 1972 to a network of 23 schools. But nowadays, the HPNSDP 2011-2016 has broadened the scope of the school health programme to expand all over the country, to provide preventive and promotional health services through health education; screening for eye, ENT (ear, nose and throat), nutrition and dental health; first-aid and referrals. The school health programme includes the training of school teachers for teaching first-aid to school students, as well as personal hygiene, hand-washing, nutrition, safe water and sanitation and the provision of a functioning first-aid box.

### Adolescent health programme

The adolescents (10-19 years) constitute about 23% of the population in Bangladesh. The annual growth rate of the adolescent population is 4.3% compared to 1.37% growth rate among the general population.

Early marriage and motherhood are common in Bangladesh. About 50% of all 15-19 year old females are married, of whom about 33% are already mothers and another 6% are pregnant having risks to their health. Their knowledge on unprotected sex is also limited which may expose them to STDs (sexually transmitted diseases), unwanted pregnancies and abortions.

In consideration of the above facts, the adolescent health programme has been incorporated into the school health programme under HPNSDP 2011- 2016. The objectives of the programme include: (i) the improvement of the knowledge of adolescents on adolescent reproductive health issues; (ii) the creation of positive changes in the behaviour and attitude of the gatekeepers of adolescents towards reproductive health; (iii) the providing of easy access for

all adolescents to adolescent-friendly and related health and other services.

### Secondary and Tertiary Healthcare

Secondary and tertiary healthcare facilities are those that provide more advanced or specialty care than the primary healthcare facilities at the ward, union and Upazila levels. The district hospitals are usually termed secondary hospitals as these have fewer facilities for specialty care compared to many in the medical college hospitals. There are also different types of specialty-care centers, such as infectious disease hospitals, tuberculosis hospitals and leprosy hospitals, which fall under the health facilities of secondary care.

The medical college hospitals are located at a regional level, one for few districts and provide specialty care in many disciplines. These hospitals are called tertiary hospitals. Super-specialty hospitals at the national level or centres that provide high-end medical services in a specific field are also considered tertiary hospitals such as the National Institute of Ophthalmology Hospital, which is a fifty-bed specialized ophthalmology hospital providing the best quality services for the people suffering from eye diseases.

The numbers of government hospitals of secondary and tertiary levels are 128 hospitals including some recent initiatives to increase secondary and tertiary health services for people. These include:

- Dhaka Medical Collage & Hospital Unit-2
- National Institute of Neuroscience - 300 beds
- Kormitula General Hospital Dhaka - 500 beds
- Khilgaon General Hospital Dhaka - 500 beds
- National Institute of ENT - 100 beds

- TB Hospital Shyamoli Dhaka
- Institute of Tropical & Infectious Diseases Hospital, Fojdarhat - 100 beds
- Diabetic Hospital, Khulna - 100 beds
- Diabetic Hospital, Ponchoghar - 100 beds
- Hospital for Government 4th Class Employee, Fulbaria Dhaka - 150 beds
- To start ICU (Intensive Care Units) and Causality Unit in Khulna, Rajshahi, Sylhet & Faridpur Medical College Hospitals
- To increase ICU beds from 8 to 40 in Dhaka Medical College Hospital and 20 ICU beds in Mitford Hospital

### Bangabandhu Sheikh Mujib Medical University

Bangabandhu Sheikh Mujib Medical University (BSMMU) is the only medical university in Bangladesh. The BSMMU and its affiliated hospital receive financial assistance from the Ministry of Health and Family Welfare. Both the university and its affiliated hospital are autonomous bodies. The hospital has 1,500 beds, including 752 free beds. The hospital has 48 clinical departments, 167 cabins and 18 operation theaters.

### Private hospitals, clinics and diagnostic centers

As of November 2015, the DGHS provided registration to 13,341 private hospitals, clinics and diagnostic centers in Bangladesh. The number of registered private hospitals and clinics is 4,280 and that of registered private diagnostic centers is 9,061. The total number of beds in these registered private hospitals and clinics is 74,620.

### Communicable Disease Control in Bangladesh

In the field of communicable disease control, Bangladesh has



made tremendous achievements due to comprehensive prevention and control progress.

In this regard, the initiatives to control very common communicable diseases with recent outcome data are described below:

**i. Diarrhea**

In 2014, a total of 2,135,220 diarrhea cases and 23 related deaths were reported, which was a death rate of 0.001%. The amazing reduction in diarrhea-related mortality over the last few years proves the effectiveness of the strategies adopted including the provision of early oral dehydration at the household level.

**ii. Malaria:**

This is one of the major public health problems in Bangladesh but due to implementation of the National Malaria Control Programme (NMCP), it has come under control. This progress was accelerated from 2007 and the achievement of the programme in terms of reducing morbidity and mortality between 2008 and

2013 is notable in that it resulted in a 68% and 90% reduction at the start and end of this time period. A significant progress in malaria control has been achieved in Bangladesh during the period from 2007-2013. A new strategic plan 2015-2020 has been updated with the vision of a 'Malaria-free Bangladesh'.

**iii. Dengue:**

A new threat has arisen due to the re-emergence of the dengue viruses in recent years in Bangladesh. The first dengue infections were confirmed in 1996-1997 and the first epidemic of dengue hemorrhagic fever occurred in mid-2000. However, it is a matter of great success that the number of dengue cases and deaths has been dramatically decreased from 5,551 deaths in 2000 to 375 deaths in 2014, due to more effective planning and strategies implemented by the government.

**iv. Filariasis:**

The exact figures of filarial cases in our country are not

known but it is considered a neglected tropical disease (NTD) in Bangladesh. It is endemic in 33 out of 64 districts. A mass drug administration (MDA) programme was launched in November 2004 and today, Bangladesh has started the Elimination of Lymphatic Filariasis (ELF) Programme and conducted a Transmission Assessment Survey (TAS) in 18 out of 19 districts where MDA has been detected. Soil-transmitted helminthes control is an important component of the Filariasis Elimination Programme. The 'Little-doctor programme' involving school students is another initiative which covered every primary level institution in the country to target all school-aged children of the ages of 5 to 12 years twice a year.

**v. Kala-ayar:**

This is a neglected tropical disease (NTD) affecting the poor, marginalized rural population of society in Bangladesh. In 2002, Kala-ayar cases had reached 8,110 resulting in 36 deaths but

due to the effective, Kala-ayar Elimination Programme (NKEP), the number of cases and reported deaths have decreased to 1,068 cases and three deaths in 2014.

**vi. Rabies**

Rabies was a neglected tropical zoonotic disease. It claims more than 2,000 lives annually in the country. This is the highest number for any single infectious disease. A national rabies prevention and control centre has been established at the Infectious Disease Hospital in Mohakhali and Dhaka, where about 350 to 450 dog-bite victims receive the service daily. Anti-rabies vaccines and rabies immunoglobulin are distributed free of charge from this centre. In addition to the national centre, 65 rabies prevention and control centres have also been established at the district level where dog-bite victims are receiving modern treatment. These district centres also distribute anti-rabies vaccines



and rabies immunoglobulin free of charge.

**vii. Anthrax:**

Anthrax is caused by bacillus anthracis. Humans generally acquire the disease directly or indirectly from infected animals or from occupational exposure to infected or contaminated animal products. The numbers of cases are increasing as the Institute of Epidemiology, Disease Control and Research (IEDCR) investigated 14 outbreaks in 2009, 176 cases in 2012 and 327 cases in 2013. By taking the proper steps, the number of cases has started decreasing as in 2014 the total cases reported was 114.

**viii. Tuberculosis:**

Tuberculosis (TB) is a major public health problem in Bangladesh for many years. Under the Myco-bacterium Disease Control (MBDC) Unit of the Directorate General of Health Services (DGHS), the National Tuberculosis Control Programme (NTP) is working with a mission of elimination TB from Bangladesh. As a result of the effectiveness of the programme, the TB cure rate has been increased (94% NTP 2015) and the death rate from

TB has decreased to 51 out of each 100,000 of the population.

**ix. Leprosy:**

Leprosy is an ancient and chronic infectious disease caused by Myco-bacterium leprae. Bangladesh achieved the elimination of leprosy at the national level by the end of December 1998.

**x. HIV/AIDS:**

Bangladesh is still considered a low-prevalence country for HIV/AIDS but remains vulnerable to an HIV epidemic because of the high prevalence in neighboring countries and the high mobility of people within and beyond the country. HIV prevalence among the most-at-risk population group is reported to be 0.7% (DGHS 2015)

HIV prevalence among key populations in 2014:

- People who inject drugs (PWID) - 1.1%
- Female Sex Worker (FSW) - 0.3%
- Male Sex Worker (MSW) - 0.4%
- Men who have sex with Men (MSM) - 0.4%
- Hijra- 1%

Other key statistics were:

- People living with HIV

(PLIV) in 2014 - 8,900 (NASP 2015)

- New HIV infection reported in 2015 (up to November) - 469 (NASP 2015)
- Anti-retroviral treatment (ART) coverage among adults needing ART - 14% (UNFPA 2015)
- Number of ART recipients in 2014 - 1,287 (UNFPA 2015)
- Estimated number of ART recipients in 2015 - 1,428 (UNFPA 2015)
- Knowledge of at least one mode of transmission of HIV/AIDS among population (%) - 60.1 (SVRS 2013)

In recent times, the government has also undertaken very strong initiatives against some newly emerged diseases like MERS-CoV and H7N9 (Novel Influenza), Rotavirus and Intussusceptions, Chikungunya fever (dengue-like disease), Nipah virus infection and Avian and pandemic influenza AH1N1 (bird flu).

**Non-Communicable Diseases**

In the current Health, Population and Nutrition Sector Development Programme (HPNSDP) 2011-2016, control of non-communicable diseases is one of the topmost priority areas of healthcare in the country.

The population group most affected by non-communicable diseases (NCDs) in Bangladesh comprises middle-aged people and the elderly, having a major share of the disease burden and mortality in the country. Changing dietary habits and lifestyle, rapid urbanization, growth of commuting, tobacco use, uncontrolled growth and consumption of processed foods and beverages, indoor air pollution, road-traffic injuries, lack of awareness about healthy behavioral patterns and

psychological pressures are among the important factors and causes responsible for non-communicable diseases. The NCD Operational Plan categorized NCDs into two major groups: conventional and non-conventional NCDs.

The conventional group includes major NCDs like cardiovascular diseases (CVDs), peripheral vascular diseases (PVDs), cerebra-vascular disease (stroke), cancer, diabetes, chronic obstructive pulmonary disease (COPD), arsenicosis, renal diseases, deafness, osteoporosis, congenital anomalies, oral health and thalassemia.

The non-conventional group of health issues includes: road safety and traffic injuries, child injuries (including drowning), sports injuries, snake-bites, suicide and related injuries, violence against women, acid burn, occupational health and safety, industrial and agricultural health hazards, climate change, air pollution, water, sanitation and other environmental health issues, emergency preparedness and response, post-disaster health management and emergency medical services, mental health, autism and tobacco, alcohol and substance-abuse.

Some critical issues evolved from the national NCD risk factor survey conducted in 2010:

- (i) the NCDs may account for 61% of the total disease burden;
- (ii) among the sampled adult population (15+ years), 97% had at least one risk factor, half of whom had two risk factors;
- (iii) the country has 40 million adult smokers and smokeless tobacco-users;
- (iv) 64.5million people are not consuming adequate fruit and vegetables;
- (v) 17 million people are not doing adequate physical activity;
- (vi) 18% of adults have hypertension;







(vii) 4% have documented diabetes as reported by the patients themselves.

A number of specialist centres have been established in Bangladesh to combat the healthcare problems that we face:

- **National Institute of Cardiovascular Diseases** - This institute (NICVD) provides world class services with modern facilities for the people suffering from Cardiovascular Diseases.

- **National Center for Control of Rheumatic Fever and Heart Diseases** - The National Center for Control of Rheumatic Fever and Heart Diseases (NCCRFHD) takes care of the patients suffering from rheumatic heart diseases and related conditions.

- **National Institute of Kidney Diseases and Urology** - The National Institute of Kidney Diseases and Urology (NIKDU) is a specialized postgraduate institute and training centre. It offers postgraduate courses, like MD (Nephrology), MD (Pediatric Nephrology), and MS (Urology) and provides postgraduate

training on nephrology, urology, pediatric nephrology, radiology and imaging, biochemistry, histopathology, microbiology, immunology, hematology, and anesthesiology.

- **National Institute of Cancer Research and Hospital** - The National Institute of Cancer Research and Hospital (NICRH) is the country's largest, set-up to deal with every aspect of cancer. It is the only tertiary-level cancer institute run by the Government. It offers a wide range of cancer related services at low cost or free of charge. There are 23 rich departments at the NICRH. All departments are working relentlessly in cancer management from prevention to cure, from diagnosis to research, and from surgery to rehabilitation.

- **National Institute of Mental Health and Research** - This institute (NIMHR) is successfully providing services with modern facilities for a huge number of people with mental health problem every day.

### Autism

Autism Spectrum Disorders (ASD) is one of the most intriguing and challenging neuro-developmental disorders facing people all over the world. The national health programme has identified this problem as a priority and has undertaken the following activities:

1. National Advisory Committee on Autism and Neuro developmental Disability headed by Saima Wazed Hossain has been constituted.
2. A seventeen member Autism Technical Guidance Committee has been created.
3. A National Steering Committee on autism with the involvement of fifteen ministries, divisions and organizations has been created.
4. A national strategic plan on autism has been formulated, along with a short-term and a long-term action plan.
5. Autism has been incorporated in

undergraduate medical curriculum.

6. Child development centers (Sishu Bikash Kendro) have been established in fifteen medical college hospitals.

7. Piloting of home-based screening of autism and neuro-developmental disorders in children aged 0-9 year(s) in seven selected upazilas, one in each division, has been conducted.

8. Doctors have been trained to recognize autism.

9. IEC materials on autism have been developed, printed, and distributed.

10. Centre for Neuro-development and Autism in Children has been established at Bangabandhu Sheikh Mujib Medical University, which is now the Institute of Pediatric Neuro-disorder and Autism (IPNA).

11. A study of the prevalence of maternal depression of children with autism in Dhaka and the



## PROVIDING AN EFFECTIVE HEALTHCARE SECTOR IN BANGLADESH

pilot testing of the feasibility of the implementation of household-based training for mothers have both been undertaken.

12. 'World Autism Awareness Day 2015' has been observed.

### Immunization Situation in Bangladesh

The Expanded Programme on Immunization (EPI) in Bangladesh was launched on 7 April 1979 (World Health Day). The recent scenario of EPI in Bangladesh has resulted in the key results below (EPI CES 2014):

- Vitamin A coverage - Infant (6-11 months): 85.4%; Children (12-59 months): 93.7%; Post-partum women: 41.4%.
- Percentage of women taking iron tablets during the last pregnancy: 70.8%
- Percentage of women taking calcium tablets during the last pregnancy: 59.0%
- At present, in the vaccination programme for rubella, a second dose for measles has also been included.

### Nutrition Situation in Bangladesh

Malnutrition has been a long-standing public-health problem in Bangladesh. It is responsible for one-third of deaths in children below five years of age and is a significant cause of under-five deaths in the country. Malnutrition during pregnancy increases the risk of complications and maternal death, as well as the likelihood of low birth weight of newborn babies. It also has an impact on health, education and work productivity and it is a major impediment to the economic growth and development of the country.

Despite significant progress in sustained economic growth and a reduction in maternal and child mortality, Bangladesh is a developing country with one of the highest levels of malnutrition, affecting mostly children and women.

To face this problem, the National Nutrition Service (NNS) began in 2011 to steward mainstreaming nutrition into the health, family planning and other sectors through the current sector-wide programme (HPNSDP 2011-2016), along with the scaling up of the

provision of community-based nutrition services throughout the country. The major activities of NNS include: (i) training, (ii) facility-based services, (iii) community/area-based nutrition-related work, (iv) human resource development in the area of nutrition services, (v) providing micronutrients to people, (vi) supply of nutrition-related logistics and medicines, (vii) operational research and surveys, and (viii) developing nutrition information system.

The capacities of the Upazila health complexes, the district hospitals and the community clinics as well as of the facilities under DGFP (e.g. of MCWCs) are now in the process of strengthening nutrition-related services. The NNS aims to cater nutrition services through establishing Integrated Management of Childhood Illness (IMCI) and corners in all of the health facilities. Mass awareness is also being created through behavior change communication (BCC).

In addition, other effective initiatives that have been undertaken by the government include:

- i) Breastfeeding practices
- ii) Infant and young child-

feeding (IYCF) Practices  
iii) Vitamin A Supplementation Programme

iv) Control and prevention programme of iron-deficiency anemia

v) Control and prevention programme of iodine-deficiency disorders and other micronutrient-related problems

After taking all these effective initiatives against malnutrition, the current situation is being improved which is observed in the statistics of stunting, wasting and underweight people (a very common result of malnutrition). The level of stunting has declined from 51% in 2004 to 36% in 2014. Wasting has declined from 17% in 2007 to 14% in 2014. The level of underweight has declined to 33% in 2014 from 43% in 2004. (*Source 2004-2014 BDHS and Utilization of Essential Service Delivery Survey 2013*).

So it is clear that the National Nutrition Services (NNS) is the umbrella organization for the implementation and management of nutrition-related activities throughout the country.

### Recent infrastructure development and other achievements in the health sector

- Multi-storied building (20 floors) for DGHS has been started at Mohakhali.
- Five trauma centers (Faridpur, Tangail, Valuka, Daudkandi and Feni) have been established.
- Total bed number has been increased from 31 to 50 at 136 Upazilla health complexes.
- New health complexes have been built in another 12 Upazila.
- Hospital facilities have been started in Koakata, a very important tourism centre in Bangladesh.
- A food safety laboratory has





been established that meets international standards at Mohakhali, Dhaka in 2015.

- Ambulance Distribution: 267 ambulances (including 10 boat ambulances) have been distributed in 44 District Hospitals and 193 Upazila Health Complexes.
- eHEALTH: The MIS-DGHS uses the term 'eHealth' to describe health services to citizens delivered through the use of ICT. Tele-medicine is one of the very important parts of the eHealth service which is being implemented through various methods like the mobile phone health service, advanced telemedicine and Skype-based tele-consultation. Mobile phone health was first introduced in 2009 in 418 Upazila health complexes and 64 district hospitals. Advanced telemedicine centres were established in eight hospitals inaugurated by Hon. Prime Minister Sheikh Hasina on 6 July 2011. Now this service has been introduced at 59 hospitals across Bangladesh. It is also worth mentioning that the mobile phone health service received recognition through the awarding of the ICT4 Development Award (2010) and special mention in Manthan India Award (2011).

### **Safe Blood Transfusion**

In Bangladesh, the Safe Blood Transfusion Programme (SBTP) was launched in 2000 under the Health and Population Sector Program (HPSP). The activities are now being continued under the current Health, Population and Nutrition Sector Development Program (HPNSDP) 2011-2016. The Safe Blood Transfusion Programme made good progress over recent years through a reduction in the number of

paid donors from 70% to 0%; capacity-building for blood screening for HIV, hepatitis B and C and syphilis; reduction of malaria in all blood transfusion centres; and the expansion of activities to the Upazila health complex level. Currently, the number of blood transfusion centres supported by SBTP is 211; the number of blood transfusion centers at the Upazila level is 92; the number of centres where blood component separation facilities exist is 24; and the number of centers with mobile vans for blood collection is six.

### **Research and Development in the field of healthcare in Bangladesh**

Bangladesh has also advanced in the field of health research, education and training. Several public, private and autonomous institutions are conducting health research, training and education.

These are:

- Bangladesh Medical Research Council (BMRC)
- James P Grant School of Public Health, BRAC University
- Institute of Child and Mother Health (ICMH)
- Institute of Epidemiology, Disease Control and Research (IEDCR)
- International Centre for Diarrhea Disease Research, Bangladesh (icddr.b)
- National Institute of Preventive & Social Medicine (NIPSOM)

Among all the above institutions, BMRC Bangladesh Medical Research Council is the focal point for health research in Bangladesh. In health development, another institute has been playing a vital role in Bangladesh namely the Institute of Public Health (IPH) established in 1953. This has aimed at:

- i) Ensuring the quality of food and water

ii) Production of vaccines, intravenous fluids, anti-sera and diagnostic reagents, and diagnosis of infectious diseases. The IPH also conducts research on the above disciplines. The IPH has five major sections and several units to perform its different activities.

### **Medical Education in Bangladesh**

The key statistics in the provision of medical education in Bangladesh are:

- Number of postgraduate medical teaching institutions: total 33 (Government: 23; Private: 10).
- Number of medical colleges: total 104 (Government: 38; run by DGHS: 32; run by Bangladesh Armed Forces: 6; Private: 66).
- Number of dental colleges: total 33 (Government: 9; Private: 24).
- Number of degree/diploma colleges for alternative medicine: total 64 (Government: 3; Private: 61).
- Number of nursing colleges offering basic BSc Nursing courses: total: 39 (Government: 14; Autonomous: 1; Private: 24).
- Number of nursing colleges offering post-basic BSc Nursing courses: total 24 (Government 4; Autonomous: 1; Private 19).
- Number of nursing institutions: total 131 (Government 57; Private 68).
- Number of institutions providing junior midwifery training: total 45 (Government 31; Private 14).
- Number of medical assistants training schools: total 176 (Government 8; Private 168).
- Number of Institutes of Health Technology (IHT): total 116 (Government 8; Private 104; Government/private: 4).

### **International Recognition and Awards**

On 19 September 2010, Hon. Prime Minister Sheikh Hasina received a UN award for MDGs achievement in New York from the United Nations on behalf of the country for reducing child mortality.

On 19 September 2011 in New York, the UN Economic Commission for Africa, the Permanent Mission of Antigua and Barbuda to the United Nations, the International Telecommunications Union (ITU) and the South-South News jointly awarded Hon. Prime Minister Sheikh Hasina an award for her innovative ideas in using information communication technology for the progression of the health of women and children.

Bangladesh has also been given the best award in 2009 and 2012 due to the tremendous success in implementing the EPI Programme.

At the end of my discussion, I would like to say that, now it is high time for us to focus on the upcoming Sustainable Development Goals (SDGs) set by the United Nation as the post-2015 agenda. Since Bangladesh has become a role model for other developing countries in achieving the Millennium Development Goals, we hope that Bangladesh will continue to perform as well in achieving the targets of the Sustainable Development Goals.

### **Bangladesh: Key Health Statistics:**

- Maternal Mortality Rate: 176 per 100,000 (UN-2015)
- Neo-natal Mortality Rate: 23 per 1,000 (UN-2015)
- Infant Mortality Rate: 31 per 1,000 (UN-2015)
- Child Under-5 Mortality Rate: 38 per 1,000 (UN-2015)
- Life Expectancy at birth (years): Both sexes: 70.4; Male: 68.8; Female: 71.2 (SVRS 2013); both sexes: 70.69 (WB 2015).



# POLITICAL REPRESENTATION AND POLITICAL ACTIVISM IN THE BANGLADESHI DIASPORA



**Tulip Siddiq, MP** is the UK Member of Parliament for the constituency of Hampstead and Kilburn in north London. First elected in May 2015, she has served on the Women and Equalities Select Committee. Before her election, she was a Camden Councillor and a Cabinet Member for Culture and Communities. Her professional experience included working at Amnesty International, Save the Children, the Greater London Authority and Brunswick Group LLP. She is a fellow of the Royal Society of Arts. Tulip was born in South London, and spent her early childhood in Bangladesh, India and Singapore.

The Bangladeshi diaspora, particularly the communities living across the Commonwealth, hold a special place in my heart. Whether it has been migration for economic reasons, or in the case of my mother, fleeing political persecution, different wings of my family have found support in countries such as the UK, India, Canada and Singapore.

I remain close to Bangladesh, returning to visit relatives and friends as often as I can. However, as one of our family members to become a political representative outside of Bangladesh, I am also able to keep track of events through the diaspora in Britain. This experience has motivated me to examine more widely how the diaspora has taken root in different countries and how a surprising number of members of communities overseas remain actively engaged in Bangladeshi politics.

In this note, I will outline the historic and current extent of Bangladeshi emigration. I will then turn to how these communities have integrated into their new societies, as it provides important context for the nature of political involvement to date. Then, I will discuss how political links with Bangladesh have been maintained, exploring the

possibilities for why these links might be so strong. Finally, I will make some observations surrounding domestic political behaviour and how the diaspora have engaged with their relatively new political settings. I hope this short note is able to inspire others to contribute more data and context to strengthen our collective understanding of this crucial facet of the Bangladeshi diaspora.

## **Brief history of Bangladeshi immigration across the Commonwealth**

The history of Bangladeshi immigration into the UK and other parts of the Commonwealth can often be difficult to trace, due to the levels of resource afforded to the census in each country. That said, it is clear that the respective populations have an extremely wide range in size. In the UK and Malaysia, Bangladeshi Diasporas exceed

Country (partial list)	Approx. Bangladeshi Population	Approx. % of total population
United Kingdom	~530,000	~0.8%
Malaysia	~530,000	~1.8%
Canada	~100,000	~0.3%
Singapore	~90,000	~1.6%
Australia	~60,000	~0.3%
Trinidad and Tobago	~4,000	~0.3%
New Zealand	~2,000	~0.1%



half a million people, whereas in New Zealand and Trinidad and Tobago, estimated populations are less than 5,000.

In Britain, the Office of National Statistics (ONS) analysis of census data reveals that the largest increase in the Bangladeshi population occurred after the 1971 War and the 1975 military coup, with sharp increases throughout the 1980s. The 1991 Census recorded 104,000 Bangladeshi-born, compared to 48,000 in 1981 - a rise of 118%.

In the 2011 Census, 98,000 Bangladeshi-born people stated that they arrived in the UK before 1991; this was 94% of the number of Bangladeshi-born recorded in the 1991 Census (104,000). This suggests that Bangladeshi-born who arrived before 1991 remained in the UK and that many of them were young.

The Bangladeshi community's exodus to Britain echoes similar waves of immigration in the 20th century that have shaped the British populace. Notable examples include the Jewish community's arrival in the 1930s and the Afro-Caribbean's 'Windrush' generation of the 1950s. The Bangladeshi-

born wave of immigration is exceptional only in that it has been sustained across several decades.

In Canada, the High Commission in Ottawa states that there are around 100,000 Bangladeshis. The highest concentration of populations being in areas adjacent to East Toronto, such as Scarborough, Victoria Avenue and Danforth. The 2011 Canadian census reveals around 25,000 Bangladeshis live in these areas. A significant proportion of this population moved to Canada during the 1980s, but many moved in the 1960s, simply to benefit from the excellent higher education provision in the country.

In Malaysia, the relative geographic proximity with Bangladesh has ensured a diaspora presence for centuries, typified by landmarks such as the Bengali Mosque, built in Penang in 1803. This represents a different era to the economic migration that has shaped the contemporary relationship between the two countries.

Bangladeshi labourer's migration to Malaysia took place on a particularly large scale during the period 1990-1991,

when the massive flow towards Middle Eastern countries dropped due to the Persian Gulf War. This relationship is set to expand dramatically in the years ahead with bilateral agreements between the two Governments overseeing around 1.5 million workers arrive in Malaysia to fulfil employment contracts in the construction, service, manufacturing, and agriculture sectors.

### **The immigrant journey and experience in new countries**

Beyond the numbers, an interesting picture lies in the varied experiences entailed in attempts to integrate into new surroundings.

Broadly speaking, the Commonwealth's Bangladeshi diaspora is typically defined by having a greater proportion of working class individuals than their neighbouring communities. On average, they form larger sized families, which, compared to the general populace, are of much younger age.

In Malaysia, the socio-political 'experience' of Bangladeshi migrants is hard to delineate, particularly as there are vast differences between the economic and social settings of

migrant workers in the Peninsula, Sabah and Sarawak.

In Kuala Lumpur, commercial sites such as the 'Bangla Bazaar' provide a positive case study of inter-ethnic ties and relationship with Malay neighbours. At the Bazaar, Bangladeshi music, cinemas or dramas in the Bangladeshi-Malay joint-ventured shops are common, and typical of the ever-growing closeness between the ethnic groups that now form Malaysia's workforce.

In Britain, it is clear that the Bangladeshi diaspora's path of integration is following the path of immigrant communities that have arrived before them.

Typically speaking, the 'story' for foreign-born residents begins in inner city areas, with the passage of time bringing greater affluence, a subsequent migration to the leafier suburbs, and thus a vacancy for a new migrant community to occupy the space in the inner city. In Britain, this transition reveals itself in a number of landmarks and historical sites, which have in effect been passed from one immigrant community to another.

For example, the charity Barnardo's now occupies a site in Stepney Green that



## POLITICAL REPRESENTATION AND POLITICAL ACTIVISM IN THE BANGLADESHI DIASPORA



was originally for poor white boys in the 19th century. Upon the arrival of Jewish European communities after the World Wars, it then became a synagogue. Now, it provides education and work readiness services to mostly British-Bengali kids, mirroring the changing ethnic mix of the area.

This pattern repeats itself around the country, even in areas with relatively small Bangladeshi populations. In Manchester, British-Bangladeshis make up only around 1% of the population, yet have increasingly congregated in inner-city areas.

At the end of the war, Jewish asylum seekers were concentrated in areas such as Rusholme and Cheetham Hill, but as with Stepney Green, they too have become increasingly dominated by British-Bangladeshi communities. Rusholme in particular is now famous for the 'Curry Mile', a mile-long road of practically nothing but curry houses.

Similar trends take place in Canada in areas such as Scarborough and Kensington, where the maintenance of outdoor markets and the huge variety of ethnic stores has

long attracted ethnic minority communities. The 2011 census shows South Asian communities as together forming one of the "most visible minority groups" in these areas, second only to the Chinese population.

### The political identity of Bangladeshi-born communities abroad is often distinct

The migration to Britain began earlier than other countries and the diaspora that settled here now have families that are second and third generation immigrants. The sense of identity that British Bangladeshis have differs from the immigrant community in certain other Commonwealth countries where immigrants tend to be first generation immigrants. Even then, the attachment to Britain is nuanced and presents itself differently to other groups, as evidenced by several studies.

According to a 2009 study by the University of Surrey and a 2013 survey by the Centre on Dynamics of Ethnicity (CoDE) at the University of Manchester, Bangladeshi-Britons were more likely to describe themselves as exclusively "British" than their

white Briton counterparts, with 72% of Bangladeshis reporting an exclusive "British" identity, in contrast 72% of white Britons who preferred to call themselves "English" rather than the more expansive "British" designation. The underlying assumption was that "Englishness" was associated with "whiteness" whereas "Britishness" denoted a more universal kind of identity that encompasses various cultural and racial backgrounds.

In Malaysia, the identity of the diaspora is shaped by the realities of working life as a migrant and a hybrid culture has developed in the wave of transnational business. Many migrants live in houses adjacent to their factory compounds, alongside Pakistanis, Indonesians and Nepalese workers as housemates. This has produced a distinct culture and makes the political identity underpinning democratic engagement hard to define neatly.

In Canada, the diaspora is younger than Britain's, but has a greater sense of permanency than Bangladeshis in Malaysia. Surveys of residents in Ontario reveal a community seeking

to establish itself beyond the service sector and into broader Canadian life. Specifically, the Bengali Information and Employment Services' survey (*Status of Bangladeshi New Immigrants in Ontario: Employment Perspectives*) found that 32% of respondents are undertaking courses to improve their qualifications with the hope of securing a job in professional services.

This is an indicator of the long-term prospects the Bangladeshi-Canadians believe they have in their (relatively) new home and may encourage an evolution in political engagement in the coming years.

### Bangladeshi political activism in the Bangladeshi diaspora

People in Bangladesh are highly political and voter turnout at elections has sometimes been as high as 80%. It is striking that this sense of political participation and activism has translated even into international divisions of Bangladeshi political parties across the Commonwealth.

There are international groups of the Awami League and Bangladesh Nationalist



Party in Britain, Canada, Australia, New Zealand, Malaysia and Singapore. These groups have an elected chairperson, a constitution and are extremely active in carrying out political activities abroad. For instance, the Awami League in Britain has over 100 people in the executive committee and is structured internally into various divisions, such as the Youth Wing, the Student Wing, the Women's Caucus and the Awami League Lawyers Association. Various senior roles are staffed via rules-based internal selections. It is estimated that the Awami League in Britain has nearly 30,000 members. Anecdotally, this is the largest Awami League section outside Bangladesh, with around 5-6,000 members in both Canada and Australia.

The UK division of the Awami League has been successful in bringing over sitting Bangladeshi MPs to speak at public events, such as Sayed Ashraful Islam, Abul Kalam Azad and Ashrafunnessa Musharaf. The events are held in areas with a sizeable Bangladeshi community, such as Mile End, East London. As one example of effective overseas organisation, in 2007 the leaders of both the Awami League and the BNP were arrested and held in Bangladesh. In response, the UK divisions of both the Awami League and BNP lobbied British MPs via grass-roots methods and engaged at a professional level with the international media and the White House. Meanwhile, in Europe and in other countries, other local wings of the Bangladeshi parties were active, with the Brussels-based team playing a key role in lobbying for and informing a debate in the European Parliament. Collectively, these efforts made an important contribution to the focusing of diplomatic pressure, such that both political leaders were ultimately freed within

Bangladesh, thwarting the ambitions of the military-backed interim government to force their political opponents into exile abroad.

The political identity of Bangladeshi people has been a source of many discussions. Theories vary about why Bangladeshi people are so political in nature and one explanation focuses on the War of Independence which was only in 1971. Many people who fought in the War are still alive today and the children of the freedom fighters grew up listening to the experiences their parents had.

The power of collective memory may be strong because for years, there was no accountability or justice for the genocide that had occurred during those nine months. The stifling of justice created a lot of anger which in turn may have contributed to a strong political identity. Moreover, the desire and very real need to foster Bangladesh's young democracy, which has struggled with military influence and fears for electoral fairness, may also be part of the picture and may carry sufficiently powerful associations to cross borders.

### **Domestic democratic representation of the Bangladeshi diaspora**

In Britain, the growing number of Bangladeshi-British representatives indicates increased participation. There are three Members of the UK Parliament who are of Bangladeshi origin: Rushanara Ali, Rupa Huq and myself. There have also been Bangladeshi figures occupying important positions in local government in the UK, including the Mayors of different London boroughs; a former Greater London Authority member, Murad Qureshi; and over a hundred local councillors.

Though many of these

representatives are from the Labour Party, the diaspora's political allegiances in the UK are becoming less clear cut. Previously, this had been because of a choice of left-leaning parties, with the most populous Bengali borough of Tower Hamlets electing politicians from the Respect and Tower Hamlets First parties.

Before the 2015 election, a BBC Asian Network/ICM poll found that 24% of South Asian voters were undecided as to who to vote for, and that 39% may have changed their minds before Election Day. However, by and large, it remains the case that constituencies with large British-Bangladeshi populations, such as Bow and Bethnal Green/Poplar and Limehouse, have elected Labour politicians by considerable margins.

The number of British Bangladeshi elected officials, while not yet fully representative in a proportionate sense, is far larger than other countries in the Commonwealth. Canada, Malaysia and Australia, to name but a few, are yet to elect Members of Parliament of direct Bangladeshi descent.

This perhaps pays tribute to the role that Britain has played within the Commonwealth, but also indicates that significantly greater involvement in British politics may also be a result of advanced integration and the passage of generations, as well as deliberate efforts from Government and political parties to widen representation. In some other Commonwealth countries, I see similar trends and priorities, so I hope to see more members of the Bangladeshi diaspora elected to Commonwealth Parliaments.

### **Conclusion**

Wherever an established Bangladeshi diaspora exists, so too does the potential for greater impact in political life. However,

if the history of politics teaches us anything, it is that translating potential into participation and engagement requires accessibility, commitment and passion. Political freedoms are often hard won and must often be proudly defended.

In Britain, where the community now spans three generations, elected representatives are becoming proportionate to the population size. In Malaysia, there is a cultural closeness that predates the founding of Bangladesh, but the contemporary relationship appears to be defined by the demands of the respective countries' labour markets, rather than formal local political involvement. In more geographically remote Commonwealth countries, such as Australia and New Zealand, the kind of political impact seen in Britain seems far off from becoming a reality. Canada, with its highly concentrated Bangladeshi diaspora in Ontario, seems to be well placed to catch up with the levels of representation in Britain.

However, a mainstay feature of diaspora communities seems to be the impact of politics back in Bangladesh, with large-scale, often well-organised 'international divisions' of the Awami League and the BNP prevalent across the Commonwealth. It seems that, even where practical opportunities for local political participation are limited (or perhaps because of it), political links between Bangladeshi and its diaspora will remain strong for some time yet. No doubt these relationships will evolve as the generations interweave, but I hope that links between Bangladeshis at home and abroad, whether they be political, cultural or economic, stand the test of time.

## Bangladesh: Key Facts

### Official Name:

The People's Republic of Bangladesh

### Head of State:

His Excellency Abdul Hamid,  
16<sup>th</sup> President of the People's  
Republic of Bangladesh.

### Head of Government:

Hon. Sheikh Hasina, Prime  
Minister of the People's  
Republic of Bangladesh.

### Speaker of Parliament:

Hon. Dr Shirin Sharmin  
Chaudhury, MP, Speaker of the  
Parliament of Bangladesh.

### State Religion:

Islam but the state ensures  
equal status and equal right  
in the practice of the Hindu,  
Buddist, Christian and other  
religions.

### State Language:

Bangla

### National Anthem:

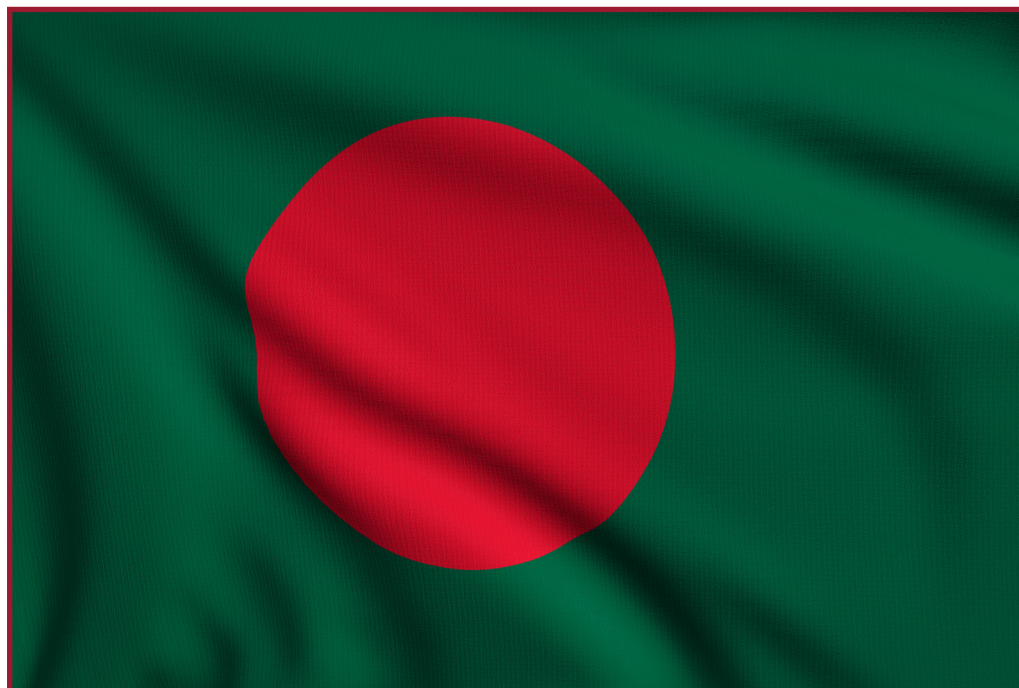
The first ten lines of "*Amar  
Sonar Bangla*".

### National Flag:

Consists of a circle coloured red  
throughout its area, resting on a  
green rectangular background.  
The length to width ratio of the  
rectangle is 10:6 and the circle  
has a radius of one fifth of the  
length.

### National Emblem:

The national flower '*Shapla*'  
(*nymphaea-nouchali*) resting  
on water, having on each  
side an ear of paddy and  
being surmounted by three  
connected leaves of jute with  
two stars on each side of the  
leaves.



### Capital city:

Dhaka (Area:1,416 sq.km.  
Population: 17 million in  
Greater Dhaka, 2011)

### Major Cities:

Dhaka, Chittagong, Khulna,  
Rajshahi, Mymensing, Comilla,  
Barisal, Sylhet

### Sea Ports

Chittagong and Mongla.

### Main Rivers:

Padma, Meghna, Jamuna,  
Bhahmaputra, Teesta, Surma  
and Karnaphuli - in all more  
than 200 rivers including  
tributaries and branches.

### Nationality:

Bangladeshi/Bengali.

### Area:

56,977 sq. miles or 147,570  
sq. km.

### Territorial Water:

22.22 km. Economic zone: up  
to 370.40 km. in the high seas,  
measured from the base line.

### Location

Latitude between 20'34"  
and 26'39" North, Longitude  
between 88'00" and 92'41"  
East.

### Boundaries

- North: India
- West: India
- South: Bay of Bengal
- East: India and Myanmar

### Population:

2016 estimate  
171,700,000 – 8<sup>th</sup> largest in the  
world.

### Main Industries:

Garments and knitwear, Jute,  
Cotton, Textiles, Tea, Paper,  
Newsprint, Cement, Fertilizer,  
Sugar, Light Engineering,  
Electric cables, Leather, Fish.

### Education:

Public Universities - 31, Private  
Universities - 54, Colleges -  
3,639, Polytechnic Institutes  
- 27, Government Medical  
Colleges - 13, Non-government  
Medical Colleges - 27,

Secondary schools - 21,665,  
Primary schools - 82,020.

### Economic Overview

The economy has grown  
5-6.7% over the past few  
years. Although more than half  
of GDP is generated through  
the service sector, agriculture  
is the single most important  
area of employment, with rice  
as the single most important  
product. Garment exports and  
remittances from millions of  
Bangladeshis working overseas  
fuel economic growth. As a  
result incidence of poverty has  
fallen significantly.

### GDP (PPP): 2015 estimates

Total \$572.440 billion (34<sup>th</sup>)  
Per capita \$3,581(144<sup>th</sup>)

### Name of Currency:

Taka (TK)

### Denominations:

- Notes: Taka 1000, 500,  
100, 50, 20, 10, 5, 2 & 1
- Coins: Taka 5, 2, 1 and  
Paisa 50, 25, 10, 5, 2 & 1





**The Parliament of Bangladesh: Jatiyo Sangshad**

The Jatiyo Sangshad (*National Parliament* in Bengali) is often referred to simply as the Sangshad or JS and is also known as the House of the Nation. It is the supreme legislative body of Bangladesh.

The current Parliament of Bangladesh has 350 parliamentary seats, including 50 seats reserved for women, which are apportioned on the elected party position in the

parliament. Elected occupants are called Members of Parliament or MPs.

The 10<sup>th</sup> national parliamentary election was held on 5 January 2014 and under normal conditions, elections are called every five years.

The leader of the party (or alliance of parties) holding the majority of seats becomes the Prime Minister of Bangladesh and the head of the government. The President of Bangladesh, the ceremonial

head of state, is chosen by Parliament.

The Parliament is housed in the Jatiyo Sangshad Bhaban designed by the American architect, Louis Kahn.

Since the December 2008 national election, the current majority party is the Bangladesh Awami League. It is led by the Prime Minister Sheikh Hasina.

**Membership:**

Article 66 of the Constitution makes membership open to

any citizen of Bangladesh and only to citizens above the age of 25 (dual citizenship is possible for civilians in Bangladesh, but not for MPs). Members are elected by direct polls in their respective constituencies. Whoever wins the most votes, regardless of turnout or proportion, wins the election. Members are elected for a term of 5 years; the entire Parliament dissolves five years after the swearing-in. Members can be re-elected indefinitely. They may be independent or affiliated with a political party.

Members must not have served time in prison for more than two years to be eligible, unless they served this period five years prior to the elections.

Article 67 states that members absent without leave for 90 consecutive sitting days will lose their membership. Any ambiguity regarding membership will be resolved by the Bangladesh Election Commission.

**Double membership:**

Article 71 of the Constitution allows eligible people to be candidates in more than one constituency. However, if elected from multiple seats, the member must vacate all but one seat. It is usually the custom for prominent politicians, especially party leaders.

**Powers and rights:**

The President of Bangladesh appoints a cabinet with the Prime Minister and other ministers from among the Members. The Prime Minister must be a Parliamentarian, and so must at least 90% of the Ministers. The President must appoint a Prime Minister who, in their opinion, commands the confidence of the majority of the House. The cabinet



Shutterstock map image ref: 15658802



remains answerable to the Parliament.

The President of Bangladesh is elected by the Parliament through an open ballot vote. As a result, the opposition party seldom nominates a candidate and the government-party nominee is uncontested. The Parliament can also impeach the President by a two-third majority, although no President has ever been impeached in the past.

The Parliament can form parliamentary standing committees for the purpose of examining bills and reviewing laws.

**Culture:**

Bangladesh is a melting pot of races and has a mixed culture. The deep rooted heritage is reflected in Bangladesh's architecture, literature, dance, drama, music and painting. Bangladeshi culture is influenced by three great religions - Hinduism, Buddhism and Islam in successive order, with Islam having the most lasting impact. Like a colourful montage, the cultural tradition of the country is a happy blending of many variants,

unique in diversity but in essence greatly symmetrical.

**Festivals:**

A series of festivals varying from race to race are observed in Bangladesh. Some of the Muslim rites are Eid-e-Miladunnabi, Eid-ul-Fitr, Eid-ul-Azha, Muharram. Hindus observe Durga Puja, Saraswati Puja, Kali Puja and many other pujas. Christmas (popularly called Baradin in Bangla) is observed by Christians. Also there are some common festivities, which are observed countrywide by people irrespective of races. Pahela Baishakh (the first day of Bangla year) is such a festival. The main national festivals are Independence Day (26<sup>th</sup> March), the National Mourning Day and World Mother Language Day (21<sup>st</sup> February), the Victory Day (16<sup>th</sup> December), Rabindra & Nazrul Jayanti.

**Literature:**

Bangladesh has a rich literary heritage. The earliest available specimen of Bengali literature is about a thousand years old. During the medieval

period, Bengali literature developed considerably with the patronage of Muslim rulers. Chandi Das, Daulat Kazi and Alaol are some of the famous poets of the period. The era of modern Bengali literature began in the late nineteenth century. Rabindranath Tagore, the Nobel Laureate is a vital part of Bangalee culture.

**Music:**

The traditional music in Bangladesh shares the perspectives of that of the Indian sub-continent. Music in Bangladesh can be divided into three distinct categories -classical, folk and modern. The classical music, both vocal and instrumental is rooted in the remote past of the sub-continent.

The store of folk song abounds in spiritual lyrics of Lalan Shah, Hasan Raja, Romesh Shill and many anonymous lyricists. Bangla music arena is enriched with Jari, Shari, Bhatiali, Murshidi and other types of folk songs. Rabindra Sangeet and Nazrul Sangeet are Bangalees' precious heritage. Modern music is also practiced widely.

Contemporary patterns have more inclinations to western pop song and band groups are also coming up mainly in Dhaka City.

**Traditional Transport:**

There are some transportation types that are part of the culture of Bangladesh. In rural areas, bullock carts, buffalo carts and tomtoms (horse carts) are commonly used. In old Dhaka, the tomtom was a common vehicle and it is still found in some areas. Bicycles are used both in rural and urban areas. Palki (a box-like vehicle carried on shoulders by six men) is a wedding transport. Brides are carried to the bridegrooms' places by Palki. Being a land crisscrossed by rivers, Bangladesh has a wide-range tradition of ferry transport. Wooden boats, popularly called nawka, are a vital means of rural communication. The rickshaw is a very common vehicle to many Bangladeshis.

*[Information sources: Bangladesh High Commission London website and Wikipedia online].*





**CPA** COMMONWEALTH  
PARLIAMENTARY  
ASSOCIATION

# The Commonwealth Parliamentary Association (CPA)



***The Parliamentarian:***  
Journal of the Parliaments  
of the Commonwealth

**This Country Profile is  
published as a  
supplement to:  
Vol. 98  
2017: Issue Three  
*The Parliamentarian*  
ISSN 0031-2282**

Issued by the Secretariat  
of the Commonwealth  
Parliamentary Association  
(CPA), Suite 700,  
Westminster House,  
7 Millbank, London  
SW1P 3JA, United Kingdom  
Tel: (+44-20) 7799-1460  
Fax: (+44-20) 7222-6073  
Email: [hq.sec@cpahq.org](mailto:hq.sec@cpahq.org)  
[www.cpahq.org](http://www.cpahq.org)

Publisher:  
**Mr Akbar Khan**  
Secretary-General

**Jeffrey Hyland, Editor**  
[editor@cpahq.org](mailto:editor@cpahq.org)

**With special thanks to the  
Members of Parliament  
who have contributed  
to this issue and to the  
Organising Committee of  
the 63<sup>rd</sup> Commonwealth  
Parliamentary Conference  
2017 in Bangladesh.**

Images supplied by the  
Bangladesh Parliament,  
Shutterstock and CPA images.

Printed in:  
United Kingdom by  
Warners Midlands, PLC;  
New Delhi, India by Jainco Art  
India, and Singapore by Times  
Printers Private Limited.

# SUBSCRIBE TODAY

# THE PARLIAMENTARIAN



To subscribe to *The Parliamentarian*, please email [hq.sec@cpahq.org](mailto:hq.sec@cpahq.org)  
 Members of Parliament: Please contact your CPA Branch Secretary for details. Individual subscriptions also available.