CONTENTS

FOREWORD 04

PREFACE 05

1. INTRODUCTION 06
   1.1 Objectives
   1.2 Methodology and Organizing of the Report
   1.3 Selection and Background of Research Area
   1.4 Implementation Process
   1.5 Challenges & Limitations
   1.6 Significance of the Study

2. IMPORTANCE OF DISTRICT BUDGET 10

3. SOCIAL SAFETY NET PROGRAMS: ALLOCATION AND IMPLEMENTATION 12
   3.1 Budget Coverage for Safety Net
   3.2 Trends of Safety Net Programs in Jamalpur Sadar and Islampur Upazilla

4. HEALTH BUDGET: PEOPLE’S DEMAND AND ALLOCATION 17
   4.1 Health Scenario in Bangladesh
   4.2 Health Budget
   4.3 Health Service in Jamalpur Sadar and Islampur Upazilla

5. BUDGET ALLOCATION IN AGRICULTURE SECTOR 23
   5.1 Agriculture Sector
   5.2 Budget Allocation
   5.3 The Local Condition of Agriculture Sector and the Budget Implementation

6. EDUCATION SCENARIO IN BUDGET 27
   6.1 Education, Human Rights and Budgeting
   6.1.1 Education Budget
   6.2 Education Budget Scenario in Jamalpur

7. WOMEN PARTICIPATION IN BUDGET PROCESS 31

8. CONCLUSION AND RECOMMENDATIONS 33

ANNEX-1 39
Foreword

It's our pleasure that we are going to publish Budget Watch Report 2012. SUPRO, a leading civil society network in Bangladesh, has been engaged in a mission to promote collective actions towards establishing better accountability and transparency in the governance system. It envisions a society and a state where the citizens will enjoy and exercise their economic, social, cultural, political and environmental rights at full scale and where the marginalized will be fully integrated into the mainstream society.

Since its inception, SUPRO is contributing towards establishment of pro poor policy and practice changes in all sphere of the society. Budget Advocacy is the major component through which SUPRO is always trying to make the policy makers and duty bearers into a force for planning and implementing a pro poor, participatory and decentralized budget.

The present budget formulation process does not facilitated ensuring people's active participation and it cannot be democratic and therefore it will surely fail to reflect people's demands. Communities underscored the need for a decentralized government system to ensure an overall development of the country and termed further strengthening of local government as the key to a decentralized government.

We trust this study report will give some insights and thoughts in particular to the policy makers, civil society organizations, development partners, economics, journalist and activist to depict future course of actions to address the needs for budget advocacy.

On this occasion we express our thanks and gratitude to all, especially to Oxfam Novib for their active support to our engagement.

We sincerely acknowledge the contribution of the researchers, respondents, grassroots campaigners, SUPRO secretariat staff and other concerned; those have paid tireless effort to make this work into a successful end.

Md. Arifur Rahman
General Secretary

Mustaffur Rahman Khan
Chairperson

Preface

The developing world currently faces a number of unprecedented challenges. The global economy is in crisis, the planet is in peril, and everyday thousands suffer needless agony from the effects of corporate globalization. Though the free market fantasy once proclaimed that liberalization would improve conditions for everyone, these policies have wrought insecurity and devastation upon the world’s most vulnerable peoples, as fleeting private interests are given precedent over public ones. Despite neoliberalism’s disdain for the protections of the welfare state, it is clear that comprehensive budgetary allocations and social protection policies are more important than ever.

National budget reflects the vision of economic and social development of a country. In that sense, the concept of national budget is not only limited to income and expenditure of a country but also it works for implementation of the economic, social and political will of the Government. Government claims that budget is the reflection of peoples hope and expectations though hardly reflects on it.

The study was conducted in Jamalpur district considering two upazila Islampur and Jamalpur sadar to track budget and expenditure on health, education, agriculture and social protection schemes. It went to gather information from the upazila’s respective duty bearers, which was a real difficulty to get comprehensive information on district level budgetary allocation. Also the study went to discuss concerned stakeholders including communities who demanded a transparent and accountable budgetary process and urged to ensure their participation in the process.

Communities claimed that the government should prepare a decentralized budget to uplift the livelihood and economic condition of the marginalized people. For effective implementation, a democratic budget should be based on the opinions of the rural and marginal communities like the challenged, indigenous, dalits (outcaste), farmers, weavers and sex workers, and above all communities and the budget should be meaningfully participatory. Government should announce a schedule and guiding outlines enabling the preparation of district-based budgets to be incorporated into the national budget for the next fiscal year.

The present budget formulation process as undemocratic and discriminatory without ensuring people’s active participation and it cannot be democratic and therefore it will surely fail to reflect people’s demands. Communities underscored the need for a decentralized government system to ensure an overall development of the country and termed further strengthening of local government as the key to a decentralized government.

The recommendations of the study can be powerfully used in campaign for promoting people’s significant participation in district budget preparation and implementation process. The main objective of the study is to ensure that everyone is able to secure their right to take part of budgetary process and have right to access budget related information. The government is likely to put emphasis people’s comments and demands in budget analysis work while revising budget. The study intends to influence budget planning where and who should be targeted to ensure appropriate spending for the economic and social development of citizens.
1. INTRODUCTION

The influence of globalization has been changing the pattern of global, national and local economic relations. Given that changing realities Bangladesh envisions for a transformative Bangladesh by 2021 which is build in Perspective Plan. For achieving such a significant status, much harder effort would be required to ensure that every citizen has the opportunity to fully and positively contribute in the economy and society and equitably benefit from the results achieved. Levels of poverty would have to be brought down significantly by increasing income and asset ownership as well as higher access to food, nutrition, education services, healthcare, gender equality, and creation of opportunities. Social discrimination, environmental degradation, physical insecurity, and socio-economic-cultural vulnerability must go.

Meanwhile Bangladesh has achieved rapid economic growth and pro-poor public expenditures toward social services have contributed to progress in poverty reduction—both income and non-income sides. National budget is the upmost tool of socio-economic development of a country presenting the most important government policy document which is the envision of a sustainable development and reflection of political, social, cultural and democratic values of a society. More precisely, it is a declaration of the government’s fiscal, financial and economic objectives and priorities. It performs several central economic and social functions: it allocates resources, provides basic social services, improves income and wealth disparities, stabilizes prices, and generates economic growth and employment.

Most of the developing countries people envision for realizing and ensuring their economic and social rights through a national budget. The national budget for FY2012-13 has envisaged an expenditure package of Tk. 191,738 crore which is 18.9 per cent or Tk. 30,525 crore higher than the revised budget for FY2011-12. As a share of GDP, the proposed public expenditure (18.4 per cent of GDP) in FY2012-13 is about 0.8 percentage points higher than that of FY2011-12 (17.6 per cent in the revised budget). The estimated growth target of 2.6 per cent for revenue mobilization indicates a faster growth on the earnings side when compared with the expenditure side. At the same time, development expenditure is expected to grow faster (31.7 per cent) than non-development revenue expenditure (8.4 per cent). The proposed ADP, to the tune of Tk. 55,000 crore, is equivalent to 28.7 per cent of total public expenditure; this is 25.5 per cent in the revised budget for FY2011-12. According to a CPD projection, at the end of the year (FY2012) it may be limited to 23.4 per cent.

A sector-wise analysis presented by Centre for Policy Dialogue that total expenditure (development and non-development) reveals that the highest growth in terms of resource allocation has taken place in the “Public Services” sector over the revised allocations of FY2011-12. Total allocation for Public Services is set to increase by 38.5 per cent, driven partly by subsidies (including for export), allocation for public-private partnership (PPP) and lump allocation for development programs financed from the revenue budget (Table 2.1). In contrast, allocation for Agriculture has remained almost unchanged compared to the revised budget of FY2011-12. Interest Payments remains the sector with second highest allocation, which is also likely to post significant rise (by 17.7 per cent). The allocation of Defence increased by 5.4 per cent in Taka terms, but its share has fallen from 7.6 per cent (revised budget FY2011-12) to 6.7 per cent (FY2012-13). Several studies have documented the analysis of national budget while very few studies considered analyzing the district budget as well as local budget. Nevertheless, district budget is more important which is the mirror of a country’s entire development and the reflection of a government’s political will. However, this study primarily focuses on a district budget. It will cover two upazils of Jamalpur district, one is Jamalpur sadar and Islampur upazila.

The study highlights the budget allocation and implementation strategy. Finally, it will bring a set of recommendations to looking a effective budget planning and proper utilization of resources base on local experiences and recommendations.
1.1 Objectives
A main argument of this study: People’s participation has not ensured in budget formulation and implementation process. The study looks at the policy and practice gaps in budget allocation and implementation in four sectors: education, health, agriculture and social safety net. In precisely the study includes the following objectives:
1. To find out the policy and practice gaps in budget allocation
2. To find out the process of implementation to provide these services and identify the weaknesses and deficits
3. To ensure the transparency and accountability of duty bearers of these sectors and improve the quality of services
4. To collect a set of recommendations to bring a positive change in policy and practices in these sectors

1.2. Methodology and Organizing of the Research
The study will follow both qualitative and quantitative research approach. It will include content analysis of available literature and statistics which will include government documents and reports from national and international organizations, journals, articles, periodicals and relevant documents from different reliable sources.

The study will be included grassroots experiences through different methods, participatory tools and techniques were adopted for information collection. It also included secondary information review such as Focus Group Discussion (FGD), semi-structured interviews (SSIs), Informal Discussions, key informant Interviews. The analysis will be based on the narrative data collected through a series of interviews conducted in December 2012. However, the hypothesis of this study is tested with the situation facing the following unions 1. Jamalpur sadar and Islampur upazila people at Jamalpur district.

The paper is organized in eight sections. Following the introduction, Section 2 discusses the importance of district budget and how it could assist to ensure people’s right on national budget. It also describes government’s transparency and accountability in budget making process. Section 3 focuses on the Social Safety Nets Programmes and budgetary allocation along with Jamalpur sadar upazila and Islampur upazila situation.

Section 4 describes on the health budget and local health scenario. The study highlights the government health service.

Section 5 includes agriculture budget and the situation of local farmers. The section highlights the corruption, mismanagement of subsidy.

Section 6 articulates education budget and how much it goes to the local school administrations. This section also includes the corruption and irregularities in education budget in local level.

Section 7 analyses women participation and women budgeting in the local level. The section also focuses women authority and practice in union parishad budget implementation.

Section 8 is the conclusion summarizing key findings. It includes some suggestions from the FGD and interviews to make the District budget more democratic and effective. We hope some of these recommendations will contribute to the advancement of district budget debate and campaign in Bangladesh.

1.3. Selection and Background of the Research Area
The study proposes to use the purposive technique to select the sample area. It has selected two upazilas; Jamalpur sadar and Islampur which are differ in size, population, location (semi-urban, rural) and level of development. It is, however, difficult to assess the level of development because of the lack of reliable data. The level of development usually varies depending upon a number of factors, of which location is critically important. It is assumed that those located in the urban/semi-urban areas are likely to have better potential for development than those in the rural areas.

Jamalpur the 20th district of Bangladesh, bears the holy remembrance of the Saint Hazrat Shah Jamal (R), and is situated at the pedestal of Garo hill. The district is surrounded by capturing natural beauty and is constantly lapped by the river Jamuna and Brahmaputra. It is the north west district of Dhaka Division. The area of this District is 203.196 km. The city is located besides the Brahmaputra River, and 187 km north of Dhaka, the national capital of Bangladesh. It has 07 Upazilas with 67 Union and 5,22,352 households. The Population is around 23,82,525. Socio economic condition of this area is very poor.

The Jamal sadar upazila consists of 15 unions. The literacy rate of Jamalpur is 43.60%. It is an important market center for the rice, sugarcane, jute, tobacco, and mustard produced in the region. The city is connected by road, rail, and river with Dhaka and the rest of the country. It main exports are jute, tobacco, mustard seed, peanut, leather, egg, pulse, betel leaf and handicrafts. The district has a general hospital, six upazila health complexes, 39 family welfare centres, 2 railway hospitals, 28 union health centers and 7 leprosy clinics.

Islampur is an Upazila of Jamalpur district. The upazila consists of 12 unions, 86 Mahallas, and 169 villages. As of recent Bangladesh Census, Islampur has a population of 2,68,352. Males constitute are 51.1% of the population, and females 48.9. It has an average literacy rate of 38.4% while male 41.1% and female 35.9%.

1.4 Implementation Process
The implementation process was so far comprehensive through gathering information from the respective upazila offices like Jamalpur sadar and Islampur upazila under Jamalpur district. It conducted interviews, formal and informal discussion with the journalists, NGOs, civil society members, upazila duty bearers including elected representatives. It collects information from the secondary sources like newspapers, magazines, books, websites from the finance ministry and concerned online medium. The meetings were noted down properly and screened the information needed from the secondary sources that were later used to write the report. A team member went to the field to collect information through discussion, interviews, and hard materials from upazilas.

1.5 Challenge and Limitations
The study faced huge challenges concerning collecting of information on budget. Local administration as well as concerned officials tend to think that budgetary document is highly sensitive and they are not allowed to share with others and it might threat for their job. Even they also shared with the study team that authority might take action against them. However, there is a lack of right to information while they do not have any understanding that budget document is public document and people should have open access on it.

The present study carried out only in two Upazilas under Jamalpur district for which it is necessary to assess the implication of the policy and practice gaps in budget allocation in service sectors. Due to time and resources, the proposed study has limited area of coverage.

1.6 Significance of the Study
The overall objective of this study is to address the present uneven and unjust budget process. The study intends to influence government to start district budget process as early as possible. This would eventually bring a positive change in the budgetary allocation as well as policy formulation process.

It can act as a reference tool for development practitioners/researchers/academicians working to construct a better social safety net model in Bangladesh. It is highly expected that the findings of the study can be used to generate policy directives and debates on the issue of formulation district budget. It can help gather the necessary evidence and present analyzed data in the form of a policy brief.

The present government has placed elimination of poverty and inequality at the forefront of its development strategy. The aim is to bring down the poverty rate from 40 per cent in 2005 to 15 per cent by 2021. A decentralized budgetary process could assist the government’s vision and protect the poor from all types of social, economic and natural shocks (GoB 2009). Therefore, this research has the potential to contribute in achieving the national development agenda. Finally, the study is addressed to concerned citizens who are interested in monitoring and advocating for the district budget.
2. IMPORTANCE OF DISTRICT BUDGET

The importance of district budget bears immense significance and thus the democratic budget movement is been popular in Bangladesh and around the South Asian countries. This is also because the trends of inequality and injustice in central budget formulation and allocation. If we look back to few years’ budgetary allocation, we could realize the uneven allocation in district level development. In fact district or local level is the pillar of a country’s development and existence of a government. Surprisingly, most of the government ignores the rights and need of local people development. The present government envisions achieving vision 2021 where district budget could be an important initiative. In regard to that formulation of district wise budget helps to run smooth development of all parts of the country can be ensured.

In the Jamalpur district the fiscal year 2007-08, per capita budgetary allocation for the non-development and development fund was 44.52 (taka in thousands) while in 2009-2010 fiscal year it was 295.59 (taka in thousands) respectively. But as per poverty map this district is considered poverty-prone area. In contrast, it is interesting to notice that the per capita allocation is much higher in districts like Dhaka, Gopalganj, Chittagong, Khulna, Sylhet. One can easily understand the need for district or region-based budgeting considering the comparative analysis of uneven distribution of resources among districts and regions. It can also be observed that resource allocation in favor of the poor is low even in these well-off regions. Moreover, analysis also suggests that urban areas get more resources than that of their counterpart the rural areas.

Government’s budgets contain the strategies for mobilization, allocation and disbursement of public money by means of fiscal and monetary operations with due consideration of political, economic, and bureaucratic decision-making process. Constitutionally, Bangladesh uses the term ‘Annual Financial Statement’, which shows the estimated receipts and expenditures of the government for a particular financial year. In 2009-10 finance minister expressed to include district budget in national budget preparation but it has not realized yet. In each fiscal year Municipality, District Council, Upazila Parishad and Union Parishad have their own individual budget but there is no mechanism to accumulate that budget as district level. Furthermore, there is no separate code to show the expenditure estimated for the district level offices in the central budget while no provision in project proforma for showing how much money is being spent for a District or Upazila level. More importantly, the beneficiaries and authority of central budget are the bureaucrats while no space for the local people. However, the entire processes of district budget since preparation to implementation are controlled centrally. Peoples’ demands and aspirations hardly reflect in that process. Nevertheless, it has been noticed that political influence sometimes becomes driver of budget allocation in district level.

There are some strategic weaknesses also found in the existing central budget process. A concept paper published by the finance ministry itself (Unified Budget and District Budget, June 2010, section 4.3, page 10), such as: - desired revenue can not be collected even though there are huge potentialities; in the expenditure projection there is no reflection of public demand; regional disparity on resource allocation; target can not be achieved due to absence of implementation monitoring; no scope of target setting from centre to make the potential districts self reliant; creates full dependency to the centre.
3. SOCIAL SAFETY NET PROGRAMS: ALLOCATION AND IMPLEMENTATION

Social Safety Net Programmes (SSNPs) were introduced in 1971 immediately after the independence of Bangladesh. SSNPs are a set of public measures to protect the poor and vulnerable population from various types of economic and social hardships. These hardships are a direct result of a substantial decline in income due to various types of contingency such as loss of cultivable land, crop failure, unemployment, disability, old age or death of earning household members. SSNP Programme defines the poor population and segregates them into (i) the chronic poor (ii) the transient poor (iii) other vulnerable population groups.

Some experts defined safety nets as formal or informal in nature (Reddy, S., 1998). It has emerged to expand traditional social security measures protecting people within the formal structures of employment, to incorporate those people, in poverty, operating outside of formal employment structures (Coleridge cited in Pradhan A.H., 2011). A comprehensive study by Barket-E-Khuda mentioned that SSNPs as set of public measures to protect economic and social hardship. He attempts to review in his study that Social Safety Net Programmes (SSNPs) are a set of public measures, which a society provides for its members to protect them from various types of economic and social hardships, resulting from a substantial decline in income due to various types of contingencies such as loss of cultivable land, crop failure, land and homestead loss due to river erosion, unemployment, sickness, maternity, invalidity, old age or death of earning household members. Reddy (1998) highlighted more comprehensive characterization of SSNPs. He mentioned that Social Safety Nets (SSNs) are the institutions and regularized practices which serve to protect individuals from remaining or falling below a defined standard of living.

UN Economic and Social Council defines social protection as ‘broadly understood as a set of public and private policies and programmes undertaken by societies in response to various contingencies to offset the absence or substantial reduction of income from work; to provide assistance for families with children as well as provide people with health care and housing’. Recognizing the challenges of poverty, the Government aims to develop effective social protection policies and programmes to address poverty and vulnerability of its population. These policies and programmes aim to help the poor cope with shocks to their incomes by improving coverage, timeliness, scale and delivery of safety net programmes. In Bangladesh, SSNPs was introduced after becoming independence. The constitution of Bangladesh ensured social protection in it’s clause ‘15(d) clearly declares to introduce the Social Security Programme’. The Constitution spells ‘the right to social security that is to say, to public assistance in cases of undeserved want arising from unemployment, illness or disablement, or suffered by widows or orphans or in old age or in other such cases.

A study by World Bank identifies ‘frequent overlap between programs and inadequate coordination across ministries’ (Worldbank, 2006). At the same study World Bank indicates that SSNPs are limited in scale and coverage. The study also reveals that there are also lacks in an integrated national policy on safety nets. A study by Pradhan et al mentions that as a developing country, Bangladesh has ‘limited capacity to expand expenditure on SSNPs’ (Pradhan et al., 2009). However, the importance of a more systematic and comprehensive framework for safety net programming is increasingly being importance. Rahman and Chowdhury (2012) have stressed an analytical inventory of social safety net programmes in operation.

The Social Safety Net measures are broadly divided into four types: (i) provision of special allowances for the various underprivileged sections of the population, so that the poor and vulnerable people can tackle the poverty effectively; (ii) employment generation through micro-credit and different fund management programmes; (iii) food security based activities to better manage the consequences of natural disasters; and (iv) provision of education, health and training to make the new generation more capable and self-reliant (Rawnak, 2010).
Furthermore, steps have been taken to the physician-population ratio, 3,551 made operational by FY2013. This is a last year’s budget. In this budget, it is services were delivered free-of-cost. The proposed for the health, nutrition, population cent of total ADP allocation has been of total budget which is 0.9 per cent of GDP.

Government established eight medical advice through these mobile phones and doctors are providing connection. Government is starting e-health per its election manifesto present Government has given utmost importance to increase upto 15% from 13.5%. It is needless picture of Jamalpur District: "fiscal year, almost no new initiative was taken increase of around Tk 467 crore from last issue of service providers at public hospitals. The Medical Association just right after the projects such as mobile and satellite health. However, a number of initiatives have taken internationally accepted 1:3:5. However, the key findings have come out done by Jamalpur general hospital. 2011 total neonatal death 1269, infant death in 2011, Civil Surgeon of office reported 55189.Bakshigonj Upazila, 01 Chest disease clinic, In Jamalpur, there is one 250 Beded General 3. In the current fiscal year budget speech fiscal year, the Republic” as health is fundamental to providing free medicine to the patients but because of corruption and irregularities.

Table 1: Major type of safety net programs in Bangladesh

<table>
<thead>
<tr>
<th>Employment Generation</th>
<th>Food for Work (FFW)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Vulnerable Group Development (VGD) employment</td>
<td>• Targeted to the rural poor for working on various public works projects</td>
</tr>
<tr>
<td>• Test Relief (TR)</td>
<td>• Programme for training, credit and employment for low income women in the rural areas</td>
</tr>
<tr>
<td></td>
<td>• Provides employment for the very poor through programmes for the development and maintenance of rural infrastructure</td>
</tr>
</tbody>
</table>

Cash Transfer Payments

<table>
<thead>
<tr>
<th>Stipends for Primary Education</th>
<th>Stipend for girls secondary education</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Gratuity Relief (GR)</td>
<td></td>
</tr>
<tr>
<td>• Vulnerable Group Feeding (VGF)</td>
<td></td>
</tr>
<tr>
<td>• Pure Transfer Payments</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Targeted to low income households as an incentives to keep their children in school</td>
</tr>
<tr>
<td></td>
<td>• Targeted to enhance girls attendance in secondary school</td>
</tr>
<tr>
<td></td>
<td>• Provides emergency short term relief to disaster victims</td>
</tr>
<tr>
<td></td>
<td>• Provides food grains on a short term basis to disaster victims</td>
</tr>
<tr>
<td></td>
<td>• Includes allowances for - distressed, widowed or divorced women, - old age allowances, - cash assistance for the low income freedom fighters, - funds for the homeless</td>
</tr>
</tbody>
</table>

In sum up those four categories can be divided broadly in two groups which are follows:

a. Cash transfers: It includes conditional and non conditional cash transfers (Food-for-Education Programme, Primary Education Stipend Programme, Female Secondary School Assistance Project, Old Age Allowance, Widow Allowance and Rural Maintenance Programme); Budget allocation for 10 major employment generation programmes (EGPs) in FY20-1213 is Tk. 1,818.3 crore, which is less than 1 per cent of total budget (Figure 6.2). This allocation is 0.17 per cent of the GDP in FY2012-13. The allocation for National Service is to be reduced from 305 crore in FY2012 to 228.3 crore in FY2012-13. In all possibility, the government has somewhat moved away from its earlier stance of rapid expansion of this programme.

b. Food transfers: The programme includes Food-for Work Programme, Vulnerable Group Development Programme, Vulnerable Group Feeding Programme, Test Relief and Gratuity Relief. Allocation for food security programmes in SSNP in FY2012-13 is 3.67 per cent of the total budget, which is 30.89 per cent of the total SSNP budget, and 0.67 per cent of the GDP. The percentage share of food security in SSNPs is lower than FY2012 (both provisional and revised). Moreover, allocation for VGD and Vulnerable Group Feeding (VGF) is set to decline by (-) 15.86 per cent and (-) 14.89 per cent, respectively. In addition, allocation for Test Relief (TR) will also decline by (-) 2.44 per cent in FY2013 compared to FY2012 budget.

However, currently 98 SSNP projects are being implemented throughout the country. Some of the major ones include old age allowance, rural maintenance programme, vulnerable group development (VGD) allowance, vulnerable group feeding (VGF) allowance, widow allowance, freedom fighters’ allowance, gratuitous relief, allowance for the financially insolvent disabled, open market sale (OMS) and food for work schemes. Presenting the objective of strengthening social safety net programmes (SSNPs), as seen in past two budgets, appears to have fallen victim to fiscal compulsions which gathered momentum in the budgetary framework.

### 3.1 Budget Coverage for Safety Net

While Bangladesh needs comprehensive budget support for the poor and vulnerable community. The current estimates suggest that millions of food insecure people still remain uncovered. The trend of the allocation in social safety net sector is gradually increasing. The allocation for social safety net program in 2006/2007 was 5700 crore taka. In 2008-2009 the allocation for social safety net was 16932 crore taka whereas the allocation for social safety net program in 2009-10 was 20,601 crore taka and the allocation for the social safety net protection is 22,556 crore taka in the fiscal year 2011-2012. However, the current year allocation for SSNPs is Tk. 22,751 crore, which is 11.87 per cent of total budget and 2.18 per cent of GDP. This allocation was lower than FY2012 (13.79 per cent of total budget and 2.51 per cent of GDP). 13 new programmes have been added to the ongoing SSNPs, while six previous SSNPs programmes will be discontinued in FY2013. 43 ongoing programmes will receive lower allocations compared to FY2012. At this time of high inflation, there was a need for more effective SSNPs through reduction in wastage and leakage, and by raising the efficiency of the delivery system. Bangladesh should also gradually move from the concept of social safety net to social security. This will need putting in place a comprehensive strategy for social security. In the current fiscal year the Programme on the uplift of Harijan, Dalit, Bade, Transgender (Hijra) and the embems of a oppressed section of the Society has been included presenting 14.61 crore taka.

Table 2: Some important Safety Net Programs are mentioned here FY 2012-13

<table>
<thead>
<tr>
<th>Safety net programs (Social protection)</th>
<th>Allocation (crore taka)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Old age allowance</td>
<td>891.00</td>
</tr>
<tr>
<td>Widowed Allowance, Deserted and Destitute women</td>
<td>331.20</td>
</tr>
<tr>
<td>Allowances for the Financially Insolvent Disabled</td>
<td>102.96</td>
</tr>
<tr>
<td>Maternity allowance program</td>
<td>42.50</td>
</tr>
<tr>
<td>Honorarium for insolvent freedom fighters</td>
<td>360</td>
</tr>
<tr>
<td>Honorarium &amp; Medical Allowances for Injured Freedom Fighters</td>
<td>75.65</td>
</tr>
<tr>
<td>Grants for Residents in Government Orphanages and Other Institutions</td>
<td>28.50</td>
</tr>
<tr>
<td>Capitation Grants for Orphan Students in Non-govt. Orphanages</td>
<td>66.00</td>
</tr>
<tr>
<td>General relief activities</td>
<td>61.62</td>
</tr>
<tr>
<td>Block Allocation for Disaster Management</td>
<td>100.00</td>
</tr>
<tr>
<td>Non-Bengali Rehabilitation</td>
<td>18.00</td>
</tr>
<tr>
<td>Allowances for Distressed Cultural Personalities/Activists</td>
<td>2.50</td>
</tr>
<tr>
<td>Pension for Retired Government Employees and their Families</td>
<td>4519.48</td>
</tr>
<tr>
<td>Ration for Shaheed Family and Injured Freedom Fighters</td>
<td>21.00</td>
</tr>
<tr>
<td>Welfare of physically and mentally challenged</td>
<td>170</td>
</tr>
<tr>
<td>Cash Transfer (Special) Program</td>
<td>33,345</td>
</tr>
<tr>
<td>Employment of Hardcore Poor</td>
<td>1,200</td>
</tr>
<tr>
<td>Rehabilitation of beggars</td>
<td>10</td>
</tr>
<tr>
<td>Micro-Credit Programs: Social Empowerment</td>
<td>33,345</td>
</tr>
<tr>
<td>Rehabilitation of Hardcore Poor</td>
<td>650</td>
</tr>
<tr>
<td>Dalit, Harijan, gypsy and eunuch communities</td>
<td>14.6</td>
</tr>
</tbody>
</table>

Source: Ministry of Finance.
Furthermore, steps have been taken to increase its coverage in the coverage of Maternal Health Voucher Scheme services were delivered free-of-cost. The proposals for the health, nutrition, population medical advice through these starting from national level tertiary hospital the drug sector.

increase upto 15% from 13.5%. It is needless picture of Jamalpur District: However, a criticism by the Bangladesh Fund Policy have also been formulated. projects such as mobile and satellite health immunisation. Moreover, a number of infants, and through higher rates of food support to pregnant mothers and human resources and providing the needed that the initiative is very much useful for the and telemedicine facilities in hospitals at the paramedics to improve the scenario of entry fee and the percentage of regularly. This is because of there were delays due to fund transfer and also mismanagement of local administration. Sometimes they would not able to receive appropriate information about the distribution of their allocated money. This situation is in favorable for old-age people. 3. There are leakage allegation about fraudulent master-roll in regards to cash transfer programme.

4. Beneficiaries have no information concerning how much money has been allocated for them.

5. Most of the beneficiary of SSNPs are not satisfied about allocated money. This is because of not enough to maintain their livelihood while food and other necessary products price are getting higher.

6. There are some irregularities in the selection of beneficiaries, distribution process, and also in the procedural process concerned by Civil Society Groups. Nepotism is the main influential factor in irregularities and corruption. There is also corruption in ID card issue process.

A study carried by PPRC-UNDP on Social Safety Net in Bangladesh highlights having to pay an entry fee in cases of allowances programmes in Jamalpur. The table 4 articulates the scenario of entry fee and the percentage of affected people.

Table: 3 Food security programmes

<table>
<thead>
<tr>
<th>Programmes</th>
<th>Budget (taka in crore)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open Market Sales (OMS)</td>
<td>1755.00</td>
</tr>
<tr>
<td>Vulnerable Group Development (VGD)</td>
<td>806.84</td>
</tr>
<tr>
<td>Vulnerable Group Feeding (VGF)</td>
<td>1352.21</td>
</tr>
<tr>
<td>Test Relief (TR) Food</td>
<td>316.70</td>
</tr>
<tr>
<td>Gratuitous Relief (GR)- Food</td>
<td>274.88</td>
</tr>
<tr>
<td>Food Assistance in CTG-Hill Tracts Area</td>
<td>237.09</td>
</tr>
<tr>
<td>Food For Work (FFW)</td>
<td>14.99.04</td>
</tr>
</tbody>
</table>

3.2 Trends of Safety Net Programs in Jamalpur Sadar and Islampur Upazilla

The study tends to give importance on people’s views and experiences concerning how do they get included and benefited by safety net programmes? There are number of pertinent issues notified from beneficiaries’ perspective. Most of the poor and disadvantaged people are left out from the Safety Net Programs. In spite of claiming rights as poor but it is not considered. Most of the cases corruptions take place and people’s rights become neglected. However, among Safety Net Programs, Vulnerable Group Development (VGD), Vulnerable Group Feeding (VGF), kabikha, Test Relief, Old age allowances, widowed allowances, disabled allowances and freedom fighter allowances are mentionable both in Jamalpur sadar and Islampur upazillas.

Among them some key findings and realities mentioned here in terms of food security and cash transfer programmes:

1. Respondents said that they are not involved with any decision making process. They have not asked ever advanced and disadvantaged of the programmes as beneficiaries. They are only entitled to receive money but no access to budget information.

2. Most of the respondents mentioned that they are not likely to receive money regularly. This is because of there were delays due to fund transfer and also mismanagement of local administration. Sometimes they would not able to receive appropriate information about the distribution of their allocated money. This situation is in favorable for old-age people.

3. There are leakage allegation about fraudulent master-roll in regards to cash transfer programme.

4. Beneficiaries have no information concerning how much money has been allocated for them.

5. Most of the beneficiary of SSNPs are not satisfied about allocated money. This is because of not enough to maintain their livelihood while food and other necessary products price are getting higher.

6. There are some irregularities in the selection of beneficiaries, distribution process, and also in the procedural process concerned by Civil Society Groups. Nepotism is the main influential factor in irregularities and corruption. There is also corruption in ID card issue process.

A study carried by PPRC-UNDP on Social Safety Net in Bangladesh highlights having to pay an entry fee in cases of allowances programmes in Jamalpur. The table 4 articulates the scenario of entry fee and the percentage of affected people.

Table 4: Estimated Entry Fee Burden

<table>
<thead>
<tr>
<th>Programme</th>
<th>Average Entry fee range (Tk)</th>
<th>Approximate % of beneficiaries affected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Old Age</td>
<td>2000-3000</td>
<td>60</td>
</tr>
<tr>
<td>Widow</td>
<td>1500-2000</td>
<td>60</td>
</tr>
<tr>
<td>VGD</td>
<td>2000-3000</td>
<td>80</td>
</tr>
<tr>
<td>VGDUP</td>
<td>2000-3000</td>
<td>50</td>
</tr>
</tbody>
</table>

Source: FGDs, PPRC Study on Social Safety Nets, 2011
4. HEALTH BUDGET: PEOPLE’S DEMAND AND ALLOCATION

4.1 Health Scenario in Bangladesh

The Constitution of Bangladesh ensures that “Health is the basic right of every citizen of the Republic” as health is fundamental to human development. Since independence Bangladesh has made significant progress in health outcomes and the government has been pursuing a policy of health development that ensures provision of basic services to the entire population, particularly the under-served population in rural areas. Within the overall development policy framework of the Government of Bangladesh, the goal of the health, nutrition and population (HNP) sector is to achieve sustainable improvement in health, nutrition and reproductive health, including family planning status of the people, particularly of vulnerable groups, including women, children, the elderly, and the poor with the ultimate aim of their economic emancipation and physical, mental and spiritual well-being. Three sub-sectoral policies, i.e., National Health Policy, National Food and Nutrition Policy, and National Population Policy duly approved by the government from time to time are under implementation by the Ministry of Health and Family Welfare.

In regards to achieve the Millennium Development Goals (MDGs)-improvements in some health indicators have been remarkable, especially in reducing fertility, reducing under 5 mortality rate, providing vaccines to children and mothers, reducing vitamin A deficiency, and others. In other areas the country is lagging behind and more must be done and coordinated effort will be needed to ensure that the promise of the MDGs is realized. Bangladesh is committed to achieving the millennium development goals (MDGs) by 2015 and has been pursuing various programs to translate the MDGs into reality. Bangladesh has accomplished significant successes through won the UN Award in 2010 for the adoption of the MDG-4 target in reducing child mortality. However, despite of government continuous initiative to improve health situation, many studies reveals the poor quality of service. In that circumstance, a large portion of health service is still dominated by the private sector which resulted commodification and delivery in any government facilities or non-government ones activated by the government. EPI coverage at present is all dose of vaccine given (under 1year):75.2%, All dose of vaccine given (under 2 year): 92%. Amongst its BCG-99%, DPT-3:93%, Polio-3:93%, Hepatitis-B: 3- 93%, Measles-83% Vitamin A+ program is on operation for the mother and children. Area based community nutrition program is being implemented in 109 upazila under national nutrition program for reduction of malnutrition. The same program is planned for expansion in 60 poverty affected upazillas and hard-toreach areas by 2011.

The achievements of family planning programme of Bangladesh have become a model to the Least Development Countries of Asia, Africa and Latin America. The users of family planning method are increasing in our country from 1975 in an average of 1.5% instead of various unavoidable circumstances. At present total population of Bangladesh is nearly 14 crore 66 lacs. Population growth rate is now 1.39% per annum. According to the present Government, 13,500 community clinics, Measures have taken to operational 10,723 community clinics. A project has been undertaken for ensuring health services to the rural people through community clinics by constructing another 2,876 new community clinics. Appointment of 13,500 Community health care providers is under process. This will result not only improvement of health care at rural level but also employment opportunity at local level. Initiatives have been taken to set up Solar panel for uninterrupted electricity supply to ensure health services at community clinic.

For the aim of nursing sector development, BSC in nursing course has been introduced. In 2009-10 session along with student admission educational activities has been launched in newly set up 11 nursing institutes. Three new nursing colleges has been set up and initiatives taken to convert three nursing institutes to college. Recently 1,144 nurses are appointed. The government has efforts to set up an international standard nursing institute with the financial support of Japan.

In order to overcome economic barrier for accessing care during pregnancy and delivery by the poor women, maternal vouchers scheme is under implementation in 35 upazillas. These vouchers pay for the poor women to access required health care during pregnancy and delivery in any government facilities or non-government ones activated by the government. EPI coverage at present is all dose of vaccine given (under 1year):75.2%, All dose of vaccine given (under 2 year): 92%. Amongst its BCG-99%, DPT-3:93%, Polio-3:93%, Hepatitis-B: 3- 93%, Measles-83% Vitamin A+ program is on operation for the mother and children. Area based community nutrition program is being implemented in 109 upazila under national nutrition program for reduction of malnutrition. The same program is planned for expansion in 60 poverty affected upazillas and hard-toreach areas by 2011.

The achievements of family planning programme of Bangladesh have become a model to the Least Development Countries of Asia, Africa and Latin America. The users of family planning method are increasing in our country from 1975 in an average of 1.5% instead of various unavoidable circumstances. At present total population of Bangladesh is nearly 14 crore 66 lacs. Population growth rate is now 1.39% per annum. According to the present Government, 13,500 community clinics, Measures have taken to operational 10,723 community clinics. A project has been undertaken for ensuring health services to the rural people through community clinics by constructing another 2,876 new community clinics. Appointment of 13,500 Community health care providers is under process. This will result not only improvement of health care at rural level but also employment opportunity at local level. Initiatives have been taken to set up Solar panel for uninterrupted electricity supply to ensure health services at community clinic.

For the aim of nursing sector development, BSC in nursing course has been introduced. In 2009-10 session along with student admission educational activities has been launched in newly set up 11 nursing institutes. Three new nursing colleges has been set up and initiatives taken to convert three nursing institutes to college. Recently 1,144 nurses are appointed. The government has efforts to set up an international standard nursing institute with the financial support of Japan.

In order to overcome economic barrier for accessing care during pregnancy and delivery by the poor women, maternal vouchers scheme is under implementation in 35 upazillas. These vouchers pay for the poor women to access required health care during pregnancy and delivery in any government facilities or non-government ones activated by the government. EPI coverage at present is all dose of vaccine given (under 1year):75.2%, All dose of vaccine given (under 2 year): 92%. Amongst its BCG-99%, DPT-3:93%, Polio-3:93%, Hepatitis-B: 3- 93%, Measles-83% Vitamin A+ program is on operation for the mother and children. Area based community nutrition program is being implemented in 109 upazila under national nutrition program for reduction of malnutrition. The same program is planned for expansion in 60 poverty affected upazillas and hard-toreach areas by 2011.

The achievements of family planning programme of Bangladesh have become a model to the Least Development Countries of Asia, Africa and Latin America. The users of family planning method are increasing in our country from 1975 in an average of 1.5% instead of various unavoidable circumstances. At present total population of Bangladesh is nearly 14 crore 66 lacs. Population growth rate is now 1.39% per annum. According to the present Government, 13,500 community clinics, Measures have taken to operational 10,723 community clinics. A project has been undertaken for ensuring health services to the rural people through community clinics by constructing another 2,876 new community clinics. Appointment of 13,500 Community health care providers is under process. This will result not only improvement of health care at rural level but also employment opportunity at local level. Initiatives have been taken to set up Solar panel for uninterrupted electricity supply to ensure health services at community clinic.

For the aim of nursing sector development, BSC in nursing course has been introduced. In 2009-10 session along with student admission educational activities has been launched in newly set up 11 nursing institutes. Three new nursing colleges has been set up and initiatives taken to convert three nursing institutes to college. Recently 1,144 nurses are appointed. The government has efforts to set up an international standard nursing institute with the financial support of Japan.

In order to overcome economic barrier for accessing care during pregnancy and delivery by the poor women, maternal vouchers scheme is under implementation in 35 upazillas. These vouchers pay for the poor women to access required health care during pregnancy and delivery in any government facilities or non-government ones activated by the government. EPI coverage at present is all dose of vaccine given (under 1year):75.2%, All dose of vaccine given (under 2 year): 92%. Amongst its BCG-99%, DPT-3:93%, Polio-3:93%, Hepatitis-B: 3- 93%, Measles-83% Vitamin A+ program is on operation for the mother and children. Area based community nutrition program is being implemented in 109 upazila under national nutrition program for reduction of malnutrition. The same program is planned for expansion in 60 poverty affected upazillas and hard-toreach areas by 2011.
increase up to 15% from 13.5%. It is needless to
mentioned here that the present
Government has given utmost importance to
the drug sector.

To transform the vision 2021 into reality as
per its election manifesto present
government has initiated various program
and started its implementation. By this time
starting from national level tertiary hospital
to upazila health complex is connected
through computer network and internet
connection. Government is starting e-health
services through this. All the district hospitals
and upazila health complexes now have
mobile phones and doctors are providing
medical advice through these
phones. Government established eight
Teledmedicine Centers in different part of the
country in order to provide specialist service
to the remote area people free of cost.

4.2 Health Budget

The allocation of health sector is 4.9 per cent
of total budget which is 0.9 per cent of GDP
share (Tk. 9,335 crore) while last year
(FY2012) it was 5.4 per cent of the total
budget (Tk. 8,869 crore). There are 7.5 per
cent of total ADP allocation has been
proposed for the health, nutrition, population
and family welfare sector.

To improve health and well-being of poor city
dwellers, 27 urban maternity clinics, 167
urban health centres and 656 satellite clinics
have been providing primary healthcare
services. Moreover, 30 per cent of these
services were delivered free-of-cost. The
coverage of Maternal Health Voucher Scheme
has increased beyond 46 upazillas though
there was a plan to increase its coverage in
last year’s budget. In this budget, it is
expected that 2,091 clinics will be set up and
made operational by FY2013. This is a
positive move, but implementation will
require significant amount of fund,
manpower, etc. Moreover, in order to improve
the physician-population ratio, 3,551
physicians have been recruited, and five new
medical colleges have been established.
Furthermore, steps have been taken to
increase the number of nurses and
paramedics to improve the
doctor-nurse-paramedic ratio to
internationally accepted 1:5.5:5. However,
concerted effort will need to be taken to
attain this ratio, particularly in the rural areas.

However, a number of initiatives have taken
to introduce e-health service including
mobile phone service, internet connectivity
and teledmedicine facilities in hospitals at the
district and upazila level. It is needless to say
that the initiative is very much useful for the
poor and remote area’s inhabitants but there
would be a challenge of available skilled
human resources and providing the needed
logistical support in implementing these
programmes. The National Nutrition Service
Programme has been expanded to 123
upazillas to address malnutrition by
improving the rate of local participation,
food support to pregnant mothers and
infants, and through higher rates of
immunisation. Moreover, a number of
projects such as mobile and satellite health
clinics will be implemented for the
inhabitants of the remote hill tracts.

Bangladesh Medical and Dental Council Act
2010 has been enacted, while the National
Health Policy 2011 and Patients Welfare
Fund Policy have also been formulated.

However, a criticism by the Bangladesh
Medical Association just after the
current fiscal year budget launched the
doctor’s associations’ leaders stated deeming
healthcare insignificant in remote areas, the
issue of service providers at public hospitals
in hill tracts and other such areas remained
unaddressed in the proposed budget. They
also indicated that despite an allocation
increase of around Tk. 467 crore from last
fiscal year, almost no new initiative was taken
in the health sector.

4.3. Health Service in Jamalpur Sadar and
Islampur Upazila

Jamalpur has a general hospital, six upazila
health complexes, 39 family welfare centres, 2
railway hospitals, 28 union health centres.
The following table shows the existing health
picture of Jamalpur District:

<table>
<thead>
<tr>
<th>Facility</th>
<th>Total</th>
<th>Number of beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>General hospital</td>
<td>01</td>
<td>250</td>
</tr>
<tr>
<td>Upazila health complex</td>
<td>06</td>
<td>243</td>
</tr>
<tr>
<td>Union Sub-centres</td>
<td>28</td>
<td>N/A</td>
</tr>
<tr>
<td>Union health and family welfare centers</td>
<td>44</td>
<td>N/A</td>
</tr>
<tr>
<td>Rural dispensaries</td>
<td>0</td>
<td>N/A</td>
</tr>
<tr>
<td>Community clinics</td>
<td>158 active among proposed 262</td>
<td>N/A</td>
</tr>
<tr>
<td>Trauma centres</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Maternal and child welfare centre</td>
<td>02</td>
<td>N/A</td>
</tr>
<tr>
<td>Chest diseases clinic (TB clinic)</td>
<td>01</td>
<td>N/A</td>
</tr>
<tr>
<td>Private clinics</td>
<td>20</td>
<td>211</td>
</tr>
</tbody>
</table>

Source: Jamalpur Civil Surgeon Office Health Bulletin 2012

In Jamalpur, there is one 250 Bedded General
Hospital, 06 upazila health complex, 28 Union
sub-centre, 02 MCWC (1 at urban and 1 at
Bakshigonj Upazila), 01 Chest disease clinic,
44 Union Health and Family Welfare Centers,
270 community clinics & 20 Private clinics.

In 2011, Civil Surgeon office reported 55189
live births from all the facility including
private clinic and Community. Most of
the people live in the village and they feel comfort
to conduct the delivery at home due to lack of
transportation, poverty, social stigma and
hard to reach areas specially char areas. In
2011 total neonatal death 1269, infant death
1267 and total under 5 death is 1477 in the
district. Most of the major and minor surgery
done by Jamalpur general hospital.

However, the key findings have come out
through interviews:

1. Quality health services are not visible
and sufficient compare to the number
of population both in Jamalpur sadar

2. There are union-sub centers but necessary
health related services are not available.

3. In the current fiscal year budget speech
minister mentioned to set up 650
satellite clinics all over the country but
there is no reflection on that in Jamalpur
district.

4. Lacking of specialized doctor is one of the
major concerns among respondents. Due
to shortage of skilled doctor patients need
to go to Dhaka for better treatment (see
table 6). In 2011 hospitals were in
shortage of doctors, nurses and other staff.
Due to lack of Human resource doctors &
Nurses) they provide optimum services to
the beneficiaries.

Table: 6 Manpower at the hospitals in Jamalpur

<table>
<thead>
<tr>
<th>Class</th>
<th>Sanctioned</th>
<th>Filled-up</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>F</td>
</tr>
<tr>
<td>Class I</td>
<td>263</td>
<td>115</td>
</tr>
<tr>
<td>Class II</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Class III</td>
<td>162</td>
<td>16</td>
</tr>
<tr>
<td>Class IV</td>
<td>857</td>
<td>173</td>
</tr>
</tbody>
</table>

Source: Jamalpur Civil Surgeon Office Health Bulletin 2012
5. According to a bulletin published by Jamalpur Civil Surgeon Office reported that almost 40% doctors and 30% nurses post is vacant in the district. So, it is very difficult to run the health department of this district by this physician. Most of the time Medical assistant provide services in sub-centre. Due to shortage of nurse it is very difficult to manage roster specially in Upazila health complex.

8. The government hospitals are supposed to provide free medicine to the patients but this service is not available properly because of corruption and irregularities. The respondents said it is necessary to increase the numbers of seats and provision of modern equipments for the hospital. There are 28 Union Sub-Centers in the entire Jamalpur district but most of them do not have enough service stuff and skilled doctors.

Table 7: Equipment in Jamalpur District health complexes

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Total (No.)</th>
<th>Functional (No.)</th>
<th>Non-Functional Repairable (No.)</th>
<th>Non-Functional Non-Repairable (No.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulance</td>
<td>13</td>
<td>9</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>X-ray Machine</td>
<td>10</td>
<td>7</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>ECG Machine</td>
<td>4</td>
<td>3</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Colorimeter</td>
<td>7</td>
<td>4</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Computer</td>
<td>22</td>
<td>18</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Printer</td>
<td>22</td>
<td>14</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>FAX</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Multimedia</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Laptop</td>
<td>7</td>
<td>7</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Source: Jamalpur Civil Surgeon Office Health Bulletin 2012

6. Lacking of medical equipments and majority of them are non-functional (see table 7)

7. Basic health service is fully depending on commercial business. Doctors are mainly like to practice in the private clinics.

Table 8: Corruption in health sector

<table>
<thead>
<tr>
<th>Service</th>
<th>Corruption (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government Upazilla Health Complex</td>
<td>35</td>
</tr>
<tr>
<td>Medical College Hospital</td>
<td>20.7</td>
</tr>
<tr>
<td>Ambulance</td>
<td>32.6</td>
</tr>
<tr>
<td>Trolley use</td>
<td>20</td>
</tr>
<tr>
<td>Bandage and dressing</td>
<td>17.3</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>17</td>
</tr>
<tr>
<td>Operation</td>
<td>12.1</td>
</tr>
<tr>
<td>Injection/Saline</td>
<td>12.1</td>
</tr>
<tr>
<td>Medical checkup</td>
<td>11.4</td>
</tr>
<tr>
<td>Cabin</td>
<td>10.4</td>
</tr>
<tr>
<td>Ticket to see doctor</td>
<td>9.3</td>
</tr>
<tr>
<td>Visit doctor</td>
<td>8.7</td>
</tr>
</tbody>
</table>

Source: Prothom Alo, January 4, 2013
5. BUDGET ALLOCATION IN AGRICULTURE SECTOR

5.1 Agriculture Sector

Agriculture was considered to be the backbone of the Bangladesh economy at the time of its independence since about half of its gross domestic product (GDP) would come from this sector. Over the years the contribution of the agriculture sector to GDP has declined due to the structural change of the economy. With the dominance of the service sector followed by the industrial sector, agriculture is now positioned in the third rank with a contribution of about 20 percent in the GDP. Despite a relatively lower contribution in the national income, the importance of the sector is still very critical from the point of its role to employment generation and poverty reduction (Daily Star, June 2012). However, per year agriculture sector has posted an average growth rate of 4.7 percent per year. Only the crop sub-sector has registered an average growth rate of 5.6 percent. The present government has planned to make Bangladesh self-sufficient in food by 2013. Likewise, To achieve this target the government has formulated ‘National Agricultural Policy, 2011.

Agriculture sector is one of the biggest sectors of total employment of the country which is about 47 per cent (Labour Force Survey, 2010). It is also a major supplier of raw materials for the manufacturing sector. During the last four decades, the GDP of the agriculture sector grew at an average rate of 3 percent while during 2005-10 by 4.19 percent. A number of initiatives have taken by government to improve the agriculture sector. Government has already issued ‘Agricultural Inputs Support Card’ to as many as 1.40 crore farmers across the country. They have been given the opportunity of opening a bank account by depositing only Tk. 10. In FY 2010-11, government compensated 3,46,100 farmer families who were affected by flash floods in the haor areas by providing them with fertilizer and seeds free of cost. In FY2011-12, as many as 3,65,206 farmer families from 56 districts received fertilizers and seeds free of cost to produce ‘Ufshi Aush and Bona Aush’ (Narcıć). Aside from this, government also provided supply power tillers, tractors and other agricultural equipment to the farmers of 35 districts at subsidized prices.

In order to maintain the growth momentum and exploit the full potential of the sector the government needs to allocate adequate resources in the national budget. Taking the budgetary constraint into account, the government can prioritize a few areas and sub-sectors within the sector.

5.2. Budget Allocation

The allocation of Tk. 6,000 crore for agriculture subsidy is in the budget for FY2012-13. However, the total amount is 7.7 per cent less than the allocation in the revised budget for FY2012, and 33.3 per cent higher than the proposed budget for FY2012. The revised budget for FY2012 is 44.4 per cent higher than the proposed budget for the same year. Government has taken initiative to strengthen Bangladesh Agriculture Development Corporation (BADC) to enhance its capacity to supply high yielding variety seeds. BADC used to supply 18 percent of Boro seeds in FY 2009-09. It now supplies about 60 percent of Boro seeds. In FY 2011-12, implementation of a programme for distribution of 1,44,000 MT of seeds of various crops through BADC is in progress. A target has been set to produce 1,66,252 MT of seeds in the next fiscal. SARRC Seed Bank has been established to ensure availability of quality seeds. Moreover, the scope of hybrid paddy cultivation is increasing. As of March of FY2011-12, hybrid paddy has been cultivated in 7,30,000 hectares of land. During FY2011-12, Tk. 5.69 crore was allocated for the small and marginal farmers to facilitate corn cultivation and it has continued for the current year. In the current fiscal year, up to April, 2012, 73.9 percent of agricultural credit has been disbursed against a target of Tk. 13,800 crore. In the next fiscal year, the target of agricultural credit will be raised to Tk. 14,130 crore.

Production of sufficient food grains for a huge population in a limited space of arable land is indeed a daunting task. For this reason, there is an emphasis on expanding cultivable land. While 15,67,000 hectares of land under cultivation by addressing the water logging problem, expanding irrigation facilities through utilization of surface water in southern region and draining out water in haor areas.

Government is very much concerned about ensuring fair prices for farm produce, likewise formed 490 ‘Farmers Marketing Group’ and 18,000 ‘Farmers Club’ and built growers’ market in 60 upazilas, and wholesale markets in 21 districts.

E-farming is one of the new initiatives in the current fiscal year. Government is trying to provide solutions to the farmers on farming issues via agricultural information centre, video conferencing and mobile SMS. Currently, the agricultural information communication centres in 95 unions have started their activities and steps have been taken to open such centres in another 150 unions. All the unions across the country are maintaining information databases. Agricultural services are also being provided through these databases (Budget speech, June 2012).

5.3 The Local Condition of Agriculture Sector and the Budget Implementation

The food security of Bangladesh depends on mainly the local level agricultural production. In the current fiscal year government has taken number of initiatives to improve the agriculture as well as farmers situation. Though the allocation of Tk. 6,000 crore for agriculture subsidy is in the budget for providing solutions to the farmers on farming issues via agricultural information centre, video conferencing and mobile SMS. Currently, the agricultural information communication centres in 95 unions have started their activities and steps have been taken to open such centres in another 150 unions. All the unions across the country are maintaining information databases. Agricultural services are also being provided through these databases (Budget speech, June 2012).

Table 8: Agriculture subsidy during the five fiscal years (In Crore taka)

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>FY 2007-08</th>
<th>FY 2008-09</th>
<th>FY 2009-10</th>
<th>FY 2010-11</th>
<th>FY 2011-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agriculture subsidy</td>
<td>2250</td>
<td>4285</td>
<td>3600</td>
<td>4006</td>
<td>4500</td>
</tr>
<tr>
<td>Total subsidy</td>
<td>4200</td>
<td>6717</td>
<td>6989</td>
<td>7662</td>
<td>9286</td>
</tr>
<tr>
<td>Agriculture subsidy as % of total subsidy</td>
<td>54</td>
<td>64</td>
<td>52</td>
<td>52</td>
<td>48</td>
</tr>
</tbody>
</table>

Source: Ministry of Finance (MoF) http://www.moof.gov.bd

Table 9: Non-development and development expenditure (in Crore taka)

<table>
<thead>
<tr>
<th>Agriculture Sector</th>
<th>Budget 2011-12</th>
<th>Revised Budget 2010-11</th>
<th>Actual Budget 2009-10</th>
<th>Actual Budget 2008-09</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ministry of Agriculture</td>
<td>7406</td>
<td>8435</td>
<td>7350</td>
<td>7643</td>
</tr>
<tr>
<td>Ministry of Fisheries and Animal Resources</td>
<td>977</td>
<td>794</td>
<td>635</td>
<td>602</td>
</tr>
<tr>
<td>Ministry of Environment and Forest Resources</td>
<td>1231</td>
<td>1128</td>
<td>820</td>
<td>250</td>
</tr>
<tr>
<td>Ministry of Land</td>
<td>674</td>
<td>579</td>
<td>504</td>
<td>433</td>
</tr>
<tr>
<td>Ministry of Water Resources</td>
<td>2228</td>
<td>2133</td>
<td>1838</td>
<td>1487</td>
</tr>
<tr>
<td>Total Agriculture</td>
<td>12516</td>
<td>13069</td>
<td>11147</td>
<td>10415</td>
</tr>
<tr>
<td>Total Budget</td>
<td>163589</td>
<td>130011</td>
<td>101604</td>
<td>94140</td>
</tr>
<tr>
<td>Share (%) of Agriculture in the Total Budget</td>
<td>7.65</td>
<td>10.05</td>
<td>10.97</td>
<td>11.06</td>
</tr>
<tr>
<td>Share (%) of the total Agriculture Budget in GDP</td>
<td>NA</td>
<td>1.66</td>
<td>1.61</td>
<td>1.69</td>
</tr>
</tbody>
</table>

Source: Ministry of Finance (MoF) http://www.moof.gov.bd
In spite of tremendous potentiality, there are numbers. In addition the numbers of private medical colleges have been established. The physician-population ratio, 3,551 expected that 2,091 clinics will be set up and to improve health and well-being of poor city and family welfare sector. Medical advice through these mobile phones and doctors are providing through computer network and internet per its election manifesto present increase upto 15% from 13.5%. It is needless In that way we could achieved our goals.

The chairman of Islampur Upazila said that improvement the teaching and education quality. Limitation of proper administrative up-to-date training programmes for teachers. Education sector and the Budget Implementation service sectors. The study identified that recently, Transparency International increase the numbers of seats and because of corruption and irregularities.

Women farmers mentioned that they do work at the field but still there is no recognition as farmer. As a result they are not entitled to get subsidy and other necessary support as farmer.

In the current fiscal year government has planned to provide solutions to the farmers on farming issues via agricultural information centre, video conferencing and mobile SMS. In both areas that services are not available. Farmers urged to get necessary information on price of commodities, inputs, weather, and crop diseases. They said that weather forecasting on rain, flood and sunshine, is important for cropping and harvesting.

The research also found number of irregularities, political influence and mismanagement of distribution of agricultural credit card. It has been observed that poor farmer does not receive any card but two members of a family own two cards. Sometimes farmers do not receive information about "Agricultural Input assistance Card" at right time.

Farmers have complained about the lack of fair price of their agricultural goods. They said that production price has increased day by day but they have not gotten fair price of their products. They urged to government to establish a mechanism while fair price could be ensured.
6. EDUCATION SCENARIO IN BUDGET

6.1 Education, Human Rights and Budgeting

Education rights considered as one of the essential human rights. It is one of the key elements of human asset. In regards to economic growth, socio economic development and enhanced welfare of an individual and a household in the process of economic transformation, it is also one of the key principal. As a major contributor of economic development education can also lessen the burden of poverty — one estimate for Bangladesh reveals that households without any formal education have about six time higher poverty incidence than those who have access to education. Because of all this, educational attainment is considered to be the most important indicator of development.

In the Article 15, constitution of Bangladesh emphasizes the need of education with other basic necessities including ‘food, clothing, shelter, education and medical care’ Likewise Article 17 stands on Free and compulsory education states: ‘The State shall adopt effective measures for the purpose of — establishing a uniform, mass-oriented and universal system of education and extending free and compulsory education to all children to such stage as may be determined by law; b) relating education to the needs of society and producing properly trained and motivated citizens to serve these needs; removing illiteracy within such time as may be determined by law.

Several important covenants mentioned the importance of education rights and state obligation. For example Article 2 of the International Covenants On Economic, Social and Cultural Rights states: ‘Each State Party to the present Covenant undertakes to take steps individually and through international assistance and co-operation, especially economic and technical, to the maximum of its available resources, with a view to achieving progressively the full realisation of the rights: As an UN organization, UNESCO has an mandate to promote and improve education system in its host country. The first is a UNESCO 1996 report, Learning: The Treasure Within (Delors et al.), which suggested that governments should invest at least 6% of GNP in education. This is now widely recognized as the minimum levels of allocation in education sector. Furthermore, an important initiative which is called ‘Fast-Track-Initiative’ recommends that countries should spend 20 % of their national budget on education.

Before going to discuss about budgeting in education sector, it is worth to explain briefly about the education system and management structure. Bangladesh has three major layer of education system — primary, secondary and higher education. Primary Education is a 5-year cycle while secondary education is a 7-year one with three sub-stages: 3 years of junior secondary, 2 years of secondary and 2 years of higher secondary. The private schools also receive strong financial support from the state. The tertiary education (5-6 years) is provided through universities (31 public and 51 private universities) and affiliated colleges under supervision of University Grants Commission. The Ministry of Education is the supreme state office for education which again is subdivided in different directorates for each level while running numerous development projects (Education Projects and Technical projects). According to the article 17 of the Constitution, all the children of Bangladesh are supposed to receive full free education up to secondary level. Secondary and higher secondary schools are affiliated under ten (10) education boards. The boards administer two public examinations - one is the Secondary School Certificate (SSC) Examination and the Higher Secondary Certificate (HSC) Examination. The higher secondary schools are known as colleges. There are also Madrasas (religious inclined) and English medium schools which are enrolled under Madrasah Education Board and Foreign Education Board respectively. Besides this, a Technical Education Board has been established to administer the vocational training schools at post secondary level in Education Board. However, there are also many non-profit organizations which operate informal and semi-formal education for underprivileged children under supervision of Bureau of Non-formal Education. The Directorate of Primary Education (DPE) and its subordinate offices in the district and upazila are solely responsible for management and supervision of primary education at the local level. The responsibilities include recruitment, posting, and transfer of teachers and other staff; arranging in-service training of teachers; and distribution of free text books, and supervision of schools. The responsibility of school construction, repair and supply of school furniture lies with the Facilities Department (FD) and Local Government Engineering Department (LGED).

6.1.1 Education Budget

Education is the highest priority sector for the current government. In contrast, in FY2013, 11.2 (1.15% of the total budget) percent (Tk. 21,408 crore) of total budget is allocated for education sector; this is lower than previous year’s share in total public expenditure (Tk. 19,806 crore or 12.1 per cent of total budget). Allocation for education as a share of GDP has also decreased to 2.1. In terms of policy development, government has formulated an Education Policy which is also incorporated with the ‘Vision 2021’.

Graph 1 Education budget 2007-2013

The government is highly concerned to eliminate disparity in the education sector. Currently, the male-female student ratio is 47:53, which is the 2nd highest in South Asia. Besides, as many as 43.38 lakh students from initiative to distribute stipend to poor and meritorious students. The Zilla parishad offers stipend and other financial benefits for higher education to the successful students. The education system tends to become privatized which has proved one more time through the following table. The table shows that government and non-government primary education schools are close in

<table>
<thead>
<tr>
<th>Year</th>
<th>% change over previous year</th>
<th>As share of GDP</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY07</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY08</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY09</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FY13</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Analysis of the National Budget for FY2012-13, CPD.
numbers. In addition the numbers of private colleges are 31 whereas government colleges are only 5 numbers. However, students in both government and non-government registered schools receive free textbooks.

In spite of tremendous potentiality, there are number of issues that lag behind the development of education in Jamalpur district. A large number of interviewee mentioned about the corruption issues in stipend programmes. Number of Civil Society organizations and Community base organizations are promoting advocacy programmes to make awareness and influence concerned government offices. The mentioned some irregularities in the infrastructure development fund.

He also suggested that it will help to increase their proficiency and skill which supposedly improve the teaching and education quality. The chairman of Islampur Upazila said that we need to increase the budget in scholarship program for poor but meritorious students. In that way we could achieved our goals.

Limitation of proper administrative decentralization is one of the main problems of our district and upazila level education system. Local/education authority has very limited decision making power said one of the member of School Management Committee at Islampur Upazilla.

One primary teacher urged to necessity of up-to-date training programmes for teachers.
7. WOMEN PARTICIPATION IN BUDGET PROCESS

Bangladesh has made tremendous progress in women development in terms of visibility and mobility, education, economic participation, political and social empowerment etc. Gains made by the female population in primary and secondary education, access to birth control measures positive social attitudes towards women's economic participation too have become near universal. The government of Bangladesh made National Women Development Policy 2011 which is ‘committed to establish equal rights for men and women in every sphere of the society and the state and ensure unrestricted opportunity for women in all kinds of activities involving national development, policy making, and political, administrative, economic, social and cultural issues’. However, beyond these achievements there are still many challenges that women have been facing today. Women are the minority group where they used to exclude from any kind of decision making processes and benefits of development activity.

Despite adopting different pro-women policies in education other service sectors the women’s participation in decision making positions has not increased considerably. In the financial year 2010-11 about 19.91 percent (Taka 382.70 crore) of total expenditure of the Division was utilized for the benefit of women and for the FY 2011-2012 the proportion of total allocation is significantly increased up to 40 percent (Tk 825.42 crore). It demonstrates that 38 percent of the total Annual Development Plan (ADP) have utilized for the benefit of women and for the FY 2011-2012 the proportion of total allocation is significantly increased up to 40 percent.

The government has ensured women participation in all sectors including the judiciary, the executive and the legislative organs of the state. In the parliament the reserved seats for women have increased to 50. A legal provision has been made to include three elected women representatives in each union parishad. However, Bangladesh has achieved achieved 11th position amongst 134 countries of the world in terms of ‘Political Empowerment of Women’ in the World Economic Forum’s ranking.

On the contrary, the entire budget process is not supposed to be transparent or accessible to women. In terms of women involvement in the budget process especially local women never have been included. The study highlights that women are aside from the Union Parishad budget implementation decision. Women representative said that they are always dominated and controlled by male members.

Women farmer mentioned that they used to work at the agriculture field but ‘Agricultural Inputs Credit Card’ tends to issue for male farmers.

It is worth to advance women participation in budget process, from formulation to execution, is crucial for reflecting their aspirations. In contrast addressing women participation or the need for participatory approaches in the budget making process could bring the voices of voiceless.

A genuine integration of women participation needs to be done at each stage of the budget making process.

Marriage Registration Act 2012 framed for protecting the rights of Hindu women has received the nod of the cabinet. The present government also has taken a wide range of steps to prevent all forms of social crimes against women including eve-teasing. The duration of maternity leave has been extended from four to six months keeping in mind the welfare of the new-born as well as the mother.

The government has ensured women participation in all sectors including the judiciary, the executive and the legislative organs of the state. In the parliament the reserved seats for women have increased to 50. A legal provision has been made to include three elected women representatives in each union parishad. However, Bangladesh has achieved achieved 11th position amongst 134 countries of the world in terms of ‘Political Empowerment of Women’ in the World Economic Forum’s ranking.

On the contrary, the entire budget process is not supposed to be transparent or accessible to women. In terms of women involvement in the budget process especially local women never have been included. The study highlights that women are aside from the Union Parishad budget implementation decision. Women representative said that they are always dominated and controlled by male members.

Women farmer mentioned that they used to work at the agriculture field but ‘Agricultural Inputs Credit Card’ tends to issue for male farmers.

It is worth to advance women participation in budget process, from formulation to execution, is crucial for reflecting their aspirations. In contrast addressing women participation or the need for participatory approaches in the budget making process could bring the voices of voiceless.

A genuine integration of women participation needs to be done at each stage of the budget making process.
8. CONCLUSION AND RECOMMENDATIONS

Most democratic constitutions demand that parliament deliberate on and approve the annual budget. So it is a democratic budget. Nevertheless, transparency and accountability are only achieved through independent, meaningful participation, inclusion of grassroots voice. It is important to look what does government say and what is doing. Parliament is an ideal space to promote openness and debate around budgets but we need to ensure the path of making budget. Through democratic budget movement, CSOs are likely simplifying budgets and deepening the debate around budget policies and decisions.

It is true that still in Bangladesh Budget decision comes from centrally. Bureaucrats are mainly involved with the process where people’s demand and hope never had been reflected since independence. Local administrations only exist there to implement or carry forward decisions made by centrally. As a matter of fact, each decision in a centralized state is repeatedly verified by multiple levels of bureaucracy, passing through at least a dozen of steps before being approved. When a Thana/sub-district officer proposes something to his boss, it moves around various levels before coming to the center, the capital city, Dhaka. Few years ago when Honorable Finance Minister Abul Mal Abdul Muhit uttered about the district budget, people got the glimpse of hope. However, it is still in the process to realize people’s hope.

Focus Group Discussions followed the themes of practice gaps in budget allocation, implementation to providing these services and identify the weaknesses and deficit, ensure the transparency and accountability of duty bearers of these sectors and improve the quality of services, and recommendation to bring a positive change in policy and practices in these sectors. In their view social safety net programs cannot eliminate poverty unless it does not change in policies and likewise current practices which have followed an unfocused program. Study participants also expressed concern over the budgetary allocation of social sector i.e. health, education and agriculture. Participants urged to ensure sufficient allocation for the citizens.

“An annual budget is formulated for a year giving very little time to the stakeholders to propose their recommendations. The fast-moving mode of budget formulation often keep the new demands unseen as they fear to take too much time in preparing them. But, the policy makers used to promise that the remaining demands would be considered with proper attention in the next year which often never comes true. The time-bound process of preparing national budget not only restricts the participation of people but also their elected representatives who are actually responsible for monitoring the public expenditure. In fact, the bureaucrats used to consume significant amount of time of a given fiscal year to prepare the budget. As result, public representatives find very little time to review it. The study received number of feedbacks, reviews, opinions and recommendations which are given below:

1. The education sector in Bangladesh, at present, is under-resourced and shortage of minimum per capita expenditure. There is needed of sufficient budget allocation at the district level.
2. These is a need to empower local education authority and ensure power and authority to school committee so that they can take any decision prior to the educational development.
3. Government has sole responsibility to improve the education situation vis-a-vis government needs to ensure the significant involvement of all stake holders including parents, communities, CBOs NGOs, religious bodies will surely contribute to effective functioning of a suitable environment for education including generating additional resources for the education sector.
4. To ensure the quality of education, there is a need of modern training for teachers which will increase their professional development.
5. Government should formulate district budget with the involvement of community people and people’s demand should be reflected in the budget allocation.
6. Government should publish all information related with budget. The budgetary information should make public in user-friendly version. And concerned person/information officer should have enough knowledge about Right to Information.
7. Government should make sure that all types of Safety Net Programmes are implementing at the local level and the allocation of social safety net programs should be increased.
8. Women always lag behind from any kind of development process though Bangladesh has made advancement in gender equality. However, women participation should be ensured in the district budget planning and budget implementation.
9. The study found that the important social sectors such as health, education and agriculture have insufficient resource allocation. The allocation should be increased.
10. Respective Ministries will take necessary action to demonstrate detailed district-wise allocation through their respective website.
11. The accountability and transparency should increase in all sectors to reduce the corruption and to utilize the allocated money.
12. The local government and administration should have power and authority with freedom of work without any political interference and all sectors should get rid of political influence in real.

In conclusion Bangladesh, budget is a highly centralized process. Furthermore, local governments have very limited role and authority in budget making process. In the context of Bangladesh, participatory budgeting is only be ensured through participation at central level, participation at local level and at the central level. Besides these, governments need to set priority base development and poverty reduction programmes. There is, however, a huge gap between the budget promise and the actual performance of in the local level.
Questionnaire: 1

Budget Tracking and Analysis
Upazila/District level

The collected information will only use for research work of SUPRO

General Information

Name: __________________________________________

Occupation: ______________________________________

Designation: ______________________________________

Address: _________________________________________

Upazila: __________________________________________

District: __________________________________________

Education qualification: ______________________________

Age: _____________________________________________

Gender: __________________________________________

Numbers of family member: __________________________

Monthly income: ___________________________________

(Questions both for the general people and the responsible persons)

Social safety net

1. How much you are acknowledged about budget allocation?

2. What projects are included in the social safety net? How much are you benefited or what are the facilities you get from the projects?

3. Are the sufferers of this area getting the VGF, Old age allowance, etc facilities? How much are you known about the kabikha, kabita projects? Are the activities of these projects running properly? Do you identify any corruption in there? Do you face any problem to accomplish the work properly?

4. How much money is allocated for the social safety net in your area? Are the quality of benefit packages satisfactory?

5. What are the recommendations for improving the condition of social safety net sector?

Health

1. What are the facilities you get or provide in this Upazila?

2. Do you get the doctors when you need or are the doctors available as the patients need?

3. What are the medicines being provided by the hospital?

4. How much money is allocated for the Upazila health sector? Is this allocated money sufficient than the demands?

5. What are the others facilities you think you need to get or provide?

6. Are there sufficient employees in your hospital to provide better services?

7. Are there any irregularities in the allocation process of the health sector in this Upazila or Is there any political influences in this sector?

Agriculture

1. What are the agricultural programmes or what are the government projects running now?

2. Do you get the agricultural subsidy properly? Do you get or provide the government support to buy agricultural instruments such as fertilizer, seeds, diesel, power tiller etc?

3. What is the system of selecting farmers to provide government support? Is there any irregularity in the selection process?

4. Do you get the assistance from Upazila Agriculture Officer when you need or are the Upazila Agriculture officers available to help?

5. How much money is allocated for this sector in this Upazila? Is it sufficient than the demands?

6. What are the projects that government has
taken for the development of agriculture in this area? If there is no project then, Are there any demands to take measures for the development of agriculture?

**Education**

1. How much money is allocated for the education sector in this Upazila? Is the allocated money sufficient comparing to the last year?

2. Is the allocated money distributed equally in the primary, secondary or higher secondary level?

3. What are the facilities government provides in different educational institutions? Have there any measures of digitalization been taken in the educational institutions? Is there any irregularity in this system?

4. Are there any irregularities in the process of providing stipends or distributing books?

5. What are the initiatives should be taken for the development of educational sector in this Upazila?

**Patients/ service receiver**

1. Why do you come to the government hospital for your health problems?

2. Is there any system of providing free medicine? Do you get free medicines for your problem?

3. Are you satisfied with the health services of this hospital?

4. Do you come often here for your health problem? If she/he comes then, Why does she/he come and if not, why does she/he not?

5. Did you stay here before for your health problem? If answer is yes, then, was she/he satisfied by the service?

6. How many patients come here? If the numbers of patients are large then, why is large or why is not large?

7. Did the doctor suggest you to do check-up? If answer is yes then, was it unnecessary for him/her?

8. Do you observe any irregularity here?

9. What are the measures should be taken for the improvement of health service quality?

**Common questions for all sectors**

1. What is the process of budget formulation? Is there any separate budget for the District, Upazila and Union Parishad?

2. Is the local government participation ensured in the budget formulation process?

3. How the budget of health, education, agriculture and social safety net sector are formulated and implemented?

---

**ANNEX-1**

5. Ganguly, K and Panda, GR, 2011. Information Kit on the Budget of Bangladesh
6. Supro report on budget
7. Without District Budget there is no alternative to Achieve Vision 2021, online retrieve: www.equitybd.org
xii Centre for Policy Dialogue, 2012. Analysis of the national budget for FY2012-2013


xiii Public Expenditure in Primary Education in Bangladesh: An Analysis/Atiur Rahman, Mahfuz Kabir, and AKM Muksudul Alam

xix Education system in Bangladesh, online retrieve: http://www.bangladesh.gov.bd/index.php?Itemid=27&id=33&option=com_content&task=category


xii Briefing paper on democratization of national budget, online retrieve: http://democraticbudget.wordpress.com/publication