Bangladesh: National Urban Policies and City Profiles for Dhaka and Khulna

Written by Khulna University
Author contribution statements

Dr. Shilpi Roy and Prof. Tanjil Sowgat made contributions to the conception of the report, interpretation of data, and writing of the manuscript.

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Cover photo: Aerial view of Dhaka city, Bangladesh

This report is published by the GCRF Centre for Sustainable, Healthy and Learning Cities and Neighbourhoods (SHLC). The contents and opinions expressed in this paper are those of the authors only.

SHLC is funded via UK Research and Innovation as part of the Global Challenges Research Fund.

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Executive Summary

Bangladesh is one of the fastest urbanising countries in the world, with an average annual Rate of Urbanisation (RoU) of 5.34 since 1974. It is anticipated that by 2050 country’s share of urban population will reach to 56%, which was 35.8% in 2017. In the face of rapid urbanisation, country’s number of cities have increased by about 4.7 times in the last 40 years. Concentration of urban population is rising in the large cities disproportionately compared to the rest of the cities. In 2011, Dhaka itself comprised 44.26% of the total urban population where every year about 300000 to 400000 rural migrants arrive, who are mainly poor.

Rural to urban migration is always thought to be the primary factor contributed to the remarkable growth of the urban population in Bangladesh. In every 1000 people, the rural to urban migration rate was unbelievably high in 2011 as much as 222.9 compared to rural-rural migration of 52.6 and urban-urban migration of 44.4. The unequal distribution of land, high unemployment, inadequate education and health facilities, displacement by natural disasters in rural areas as push factors and income opportunities, better social amenities and improved livelihood in cities etc. as pull factors are drawing rural people to urban areas.

Rapid Urbanisation and swift industrialisation in Bangladesh have secured the annual GDP growth rate of 7.28% in 2017. The urbanisation process, however, have brought some of the most pressing urban sustainability challenges. As in 2011, 7.35 million people who account for 21% of the urban population remained under poverty. In 2014, nationally the number of slums increased dramatically to 13935 from 2991 in 1997. The concentration of poverty in different dimensions including employment, income, housing, and urban services is remarkable in the informal housing. Again, high density urban built-up areas are already putting pressure on extremely deficient urban facilities and services in the big cities. The traffic congestion in Dhaka cost $03 billion a year. About 40% solid wastes in Dhaka city and 52% in Khulna are left in the roadside or other places. Already these cities have lost their fundamental high-quality land including open spaces, green surfaces, and structures of water system and the process are ongoing. Unplanned infringement is not only having a detrimental effect on urban food security but also permanently damaging vital landscape elements and shrinking the possibilities of creating planned land uses in the future. In the face of the rapid urbanisation and poor city governance, the situation is likely to become worse in the coming days.

Bangladesh has made notable improvement in addressing inequality concerning school enrolment and learning outcomes. There was a dramatic rise of net enrolment rate in primary school from 90% in 2000 to 98% in 2015. The net enrolment rate at the secondary level has also increased from 45% in 2000 to around 54% in 2015. Still, urban exclusion, gender inequity and spatial imbalance of service distribution are challenging the effective and inclusive education service provision. The country has ranked on education expending 155 out of 161 countries in the world.

Urbanisation process in Bangladesh has witnessed an improved health status of the urban people, especially in achieving the MDG agendas. The country has also achieved notable recognition in improving general health status in compare to many of its neighbouring countries of the South Asia, in terms of reduced maternal mortality, reduced under-5 mortality, reduced infant mortality rate. Still, per capita expenditure on health sector is only about 5 USD against the standard of 34 USD. In 2011 the number of hospital beds per 1,000
people was only 0.6. Both the health sector and education delivery system are highly centralized system, which often leads towards inefficiency and inequality of service provision.

Towards sustainable urbanisation, the essential focus of the urban policies from 2011, in general term, remains on more magnificent regional development than before, polycentric decentralization, promoting the development of lower rank cities adjacent to the large urban areas and improved livelihoods of the rural people. Strategies focused on improved livelihood of the poor households through upgraded access to microfinance, job creation, better and quality education, health and nutrition services, target and coverage of social protection programs, and housing. Promoting a healthy living environment for urban dwellers through infrastructure and services at community level have been a key focus in recent national urban and development policies. Strategies after 2000 have put significant emphasis on protection and better utilisation of valuable land.

However, blueprint master planning approach, strategic planning approach and incremental planning approach all to some extent have failed to tackle the prevailing urban challenges and guide future development in the city and its periphery. Due to lack of resources, cities either fail to have any development plan regularly or when adopted major share of its proposals remain unimplemented. The poor coordination among the implementing authorities during or after the planning process that left many proposals unimplemented.

The MDGs informed specific national agenda of achieving universal primary education by 2015 (MDG 2) as well as ensuring gender equality in education sector (MDG 3). Informed by the MDGs, recent national educational goal, strategies, and policies (NSDS 2010-2021, the Seventh FYP, NEP 2010, NEP 2010) focus on ensuring inclusive education provision in terms of geography, gender, social background, and economic condition and emphasize that efficiency should be ensured in delivering education to disadvantaged communities. NEP (2000 and 2010) and the Sixth FYP introduce the idea of continuous learning. Such as, the fifth objective of NEP 2010 is “to foster creative and thinking faculties among the learners through a system of education that contains indigenous spirit and elements, and which will lead to a life-oriented development of knowledge of the learners”. In the Sixth FYP, sets goals for literacy and adult education “as a part of the effort to create eventually lifelong learning opportunities for all citizens”.

National development goals (MDGs, SDGs and Vision 2021) targets to promote the highest attainable level of health and sustained health and nutrition, improved longevity, reduced maternal mortality along with ensuring inclusive healthcare facilities. National Health Policies (2000 and 2011) in response, aim to ensure minimum and compulsory primary health service to all. Recent FYPs emphasise improved general health status and inclusive service provision irrespective of gender, ethnicity and income groups.

In line with the commitment of the constitution, health policies are sensitive towards the poor and the unprivileged group of people. Thereby, in Sixth FYP affordable health care service system was introduced under which semi-private health care service centres (private but receiving government fund) are bound to provide free treatment to at least 30% of people who cannot afford the health expenses. Policies further provide special attention towards the hard to reach and geographically excluded populations, which includes about 2.5 million urban and rural people in Bangladesh and encourage the private sector to provide health care service to these group of people.
In the urban context of Bangladesh, neighbourhoods are being hardly considered as a planning territory; therefore, policies are not targeted at the neighbourhood level. National policies broadly guide, control, and inform the city level plans, which shapes health and education opportunities at neighbourhoods. Still standards and regulations for health and education provision remain extremely deficient. There are acute shortages of health and education related data at city and neighbourhood level, which create hurdles in measuring and evaluating city specific health performance and neighbourhood level necessities.

Khulna, located in Southern Bangladesh, near to the South-western coastal belt and the biggest mangrove forest in the world, is the regional (locally known as divisional) headquarter. Its location near to the vulnerable cyclone zone makes it a host for a rural migrant from the rural areas of this region. Khulna’s colonial origin and function as a central town ensured that it had a plan to guide its growth and development since 1961. However, in effect, the plans were implemented to a limited extent, and the city mainly followed a natural yet slow transformation until recent time. As the country’s first industrial city, its heyday was achieved in the late 1950s but was short lived. Despite efforts to make this city ship braking and jute based industrial city, in the midst of lack of infrastructure and financial support from the government and the face of changing market, the jute industries could not flourish. This drive for industrialization led to an influx of migration of worker to Khulna city who soon found them to be unemployed and looking for an alternative livelihood. Since the collapse of the industries planned development had been limited, and the city is now characterised by haphazard development, poor quality housing and lack of necessary urban infrastructure and services. Like any other service provisioning, health and education in the city face the challenge of limited infrastructure in comparison to the vast population. More recently, traffic congestion arising from lack of roads, public transport and uncontrolled urban expansion is exerting pressure on the city’s built environment and resulting in unprecedented noise pollution. Within the context of haphazard growth and the scarcity of resources, the city authorities are struggling to cope with the challenges continually posed by the urban growth and limited economic transformation. Over the past three decades, its most intractable problem has been to provide long-term solutions to its inner-city problems through a variety of national policy initiatives and local partnerships. The planners moved away from the sustainability agenda and community focused development and emphasised on rebuilding the economic base, improving the city infrastructures such as roads and drains, and boosting the city's confidence through image reconstruction. However, plan-led development is very slow because of lack of investment, funding and institutional support. Overall, the growth of the city is driven by spontaneous transformation influenced by in-migration of people in the city through both push (mainly natural disaster) and full factor (employment opportunity).

Dhaka has a long urban history, which dates back to the 7th century. The city has always been a hub of growth and managed to attract migrants. The growth of the population gradually created pressure on the provisioning of urban services in the city. Demand based spontaneous growth has been the main transformer of this rapidly urbanizing city. Despite continuous effort from 42 city management authorities, the city is faced with the acute housing crisis, traffic congestion, unplanned use of space, pollution and shortage of urban services. Although committed to accommodating growth, policy makers of the city have never been successful in doing so. Despite at least four plans at the city level, planners failed to control the development. This report concludes that decentralisation of activities rather than pro-growth planning is linked to the future success and development.

In terms of growth, Dhaka is experience unprecedented rate of urbanisation and growth whereas Khulna has much lower growth rate. Both the cities are finding this difficult to
provide urban services and quality-built environment to their citizens. Dhaka's challenge is linked to its inability to meet the demands of its growing population. However, Khulna is struggling because of limited investment and resources. Both the cities have local level urban plans in place, but Dhaka has a more forward-looking plan that includes sustainability agendas in compare to Khulna. There are policy implementation challenges for both the city, which are mainly because of uncoordinated development projects and a lack of institutional and funding strength of the local planning and City Corporations in the cities.
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