



Citizen's Charter (Unedited unofficial translation)

Conference 2019

Democratic Governance and Development: Role of Grassroots Citizens Organisations

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Background

Bangladesh has achieved remarkable success in implementing the Millennium Development Goals (MDGs). The country is now implementing the Sustainable Development Goals (SDGs) or the 2030 Agenda, like other signatory countries, since the adoption of the Agenda by the global leaders at the United Nations in 2015. Bangladesh is pursuing the core pledge of SDGs to “leave no one behind” from the development process. Alongside with the government agencies, the citizen led organisations of the country are working for delivering the SDGs.

The government of Bangladesh expressed its policy decision to ingrain the SDGs' priorities in all development policies. Though the nation on an aggregate level is primarily responsible for overall implementation of SDGs, at the same time, the need for local level initiatives are also outlined in the framework for SDGs. A coordinated action strategy at community level will be required for at-least 12 out of the 17 SDGs (without the 9, 12, 13, 14 and 17). In Bangladesh, the local government provides public services in a number of critical areas of development including agriculture, education, health, land management, employment, training, social safety. It is also widely accepted that challenges and limitations remain in delivering these services to the people living in hard to reach areas of the country.

In this backdrop, the Centre for Policy Dialogue (CPD) and Oxfam in Bangladesh are jointly implementing a project titled 'Enhancing the participation of community-based organizations (CBOs) and civil society organisations (CSOs) in democratic governance in Bangladesh', which is supported by the European Union. The project's overall objective is to enhance the participation of vulnerable and marginalised communities and CSOs in democratic governance in Bangladesh through improved knowledge, enhanced institutional and networking capacities in order to ensure accountability in the public service delivery by the government. The project was initiated in 2018 and will continue till 2021. The project is being implemented in 13 sub-districts located in hard-to-reach areas of the country to implement eight SDGs- Goal 1. No Poverty, Goal 2. Zero Hunger, Goal 4. Quality Education, Goal 5. Gender Equality, Goal 6. Clean Water and Sanitation, Goal 8. Decent Work & Economic Growth, Goal 10. Reduced Inequalities, and Goal 13. Climate Action.

As the project is being implemented to improve quality, transparency and accountability in the delivery of public services, the Social Audit tool has been selected as the accountability tool for this project.



Social Audit

Social Audit is a process that helps to ensure accountability and transparency in relation to the use and management of public resources by local authorities, local government or any other power holder. This is a continuous process of dialogue and sustained development. The overall issues associated with development activities are taken into consideration in this process. Issues pertaining to method, process, impact, quality, usability, transparency and accountability come under the purview of social audit. The results from the audit highlight the policy and programmatic changes which are required to improve the quality of the programmes.

Objectives of social audit

- Creating an environment of transparency, accountability and good governance in public service institutions;
- Verifying the quality and effectiveness of the service in an organised way;
- Creating an opportunity to continue the process of exchange between citizens and the government;
- Minimising the loss incurred by the citizens due to poor service delivery;
- Influencing the decision-makers and service providers to improve the quality of community services.

Process of social audit

To conduct social audits teams were formed in participation of CBO leaders. The Social Audit teams received a three-day training on the activities of Social Audit process. Then, a questionnaire was prepared based on the challenges identified in their respective working areas. Based on the questionnaire, information was collected by the CBO members in their working areas on five issues which are education, health, safe water, agriculture, and Vulnerable Group Development (VGD). Accordingly, thirteen Social Audit Reports were prepared based on the accumulated information.

The following observations and charter have been prepared based on the information collected through the aforementioned process. It reflects the aspirations and expectations from the citizens at grassroots level.

Education

The Sustainable Development Goal (SDG) 4 includes inclusive and equitable quality education for all and creating lifelong opportunities for learning. The government's commitment to provide Universal Primary Education also falls under SDG 4. In Bangladesh, in the indicators pertaining to quality primary education such as continuation of education till class five and drop-out rate, places like Kurigram, Jamalpur and Sirajgonj are performing below the national level. Considering this, social audits have been conducted in the primary schools of Rowmari Upajila of Kurigram District, Bakshiganj Upazila of Jamalpur District and Chauhali Upazila of Sirajganj District. As part of social audit, the CBO leaders of these areas collected various information from students,



guardians, teachers, school management committee (SMC) members, local leaders and Upazila education officers. The observations regarding primary education of the selected areas are given below:

Observations

- There is lack of teachers in the schools especially subject specific teachers. As a result, often classes are taken by the substitute teachers. The teachers are not much concerned about entering and leaving the schools on time.
- Infrastructural facilities are not sufficient in the schools. For instance, in almost 43-68 per cent schools, classrooms are overcrowded; separate latrine facilities for girls are not available in approximately 52-57 per cent schools; no facilities are available for disabled students in almost 71-84 per cent schools; 36-60 per cent schools do not have any recreational activities; and first aid treatment facility is not available in any of the schools.
- There are weaknesses in the school management system. Almost 71 per cent respondents stated that teachers encourage students for private tuition and 62-85 per cent respondents responded that students have to take private tuition. Apart from this, due to the absence of regular SMC and guardian meeting, complaints such as irregularity of SMC and guardian meeting, inaction with respect to guardians' complaints, irregularities of school visits by higher officials were also received.

Recommendations

- Ensuring sufficient teachers including subject specific teachers in the schools and regular documentation of entrance and exit time of the teachers
- Increasing infrastructural facilities for development of the schools. Enough seats have to be ensured for the students so that they can concentrate properly in the class for maintaining quality education, hygienic latrines have to be constructed in all schools and separate latrines need to be provided for female students, special facilities should be provided for disabled students, and mandatory first aid treatment facility must be maintained in all schools.
- All mismanagements related school management should be reduced and monitoring system is required to be made stronger. In order to do so it is necessary to aware SMC members about their responsibilities and activities and regularisation of SMC meetings have to be ensured. Guardians must join the regular meetings, the decisions of the meetings should be documented properly, and proper steps need to be taken to solve the concerns of the guardians. The monitoring of the schools by higher officials have to be ensured.

Health

One of the major objectives of SDG 3 is the provision of quality healthcare and development of public health. During the last two decades in Bangladesh, there has been notable progress in the health sector. Alongside improvements in terms of life expectancy, neonatal and maternal mortality rate, healthcare facilities are being modernised. Infrastructural development and establishment of new infrastructure is ongoing. Keeping in view the available resources and expectations of the citizens, the quality and coverage of healthcare is being improved in various districts of the country. In many cases, the beneficiaries are deprived of the anticipated services due to the service providers' capability and limitations as well as various irregularities in services on the other hand. General healthcare, especially sexual and reproductive healthcare, in coastal sub districts of Sandwip and Barguna sadar are lagging much behind that of other districts in Bangladesh. Taking these into consideration, information on the challenges of the service providers and limitations of services faced by beneficiaries has been collected after conducting a social audit in the mentioned areas. Health-related observations for the areas are given below:

Observations

- It is often observed that in the cases of supplied medicines to union health and family welfare centers and community clinics, the reserve of some specific medicines finish due to high demand before the new stock comes in. Under these circumstances, it becomes impossible to provide the required medicines to the incoming patients. Besides, the supply of medicines is not enough to meet the overall demand. In this context, around 34% of the respondents of a survey in Sandwip said that they are not getting the medicines on time. 60% of the beneficiaries surveyed in Barguna said that they are not getting the necessary medicines from community clinics and FWC.
- As the medical equipment (for example, weight and blood pressure machine, laptop for information collection, storage and upload) supplied to the community clinics are often not of good quality, they easily depreciate and disrupt the services in the future. According to the healthcare workers employed in Barguna's community clinics and FWC, medical equipment that are provided once a year expires in only 1-2 months for which it becomes impossible to run the necessary tests for the patients. On top of that, it takes a minimum of 6 months to obtain desired medical equipment after placing order.
- There is a lack of quality and skilled human resources for providing sexual and reproductive healthcare and general healthcare services in both union and sub district levels. For example, there are still 32 vacancies in the family welfare centre in Sandwip despite the requirement of 88 people in the designated positions.
- The community clinics are kept open for much less time than their designated schedule. On top of that, the doctors and service providers do not stay in the clinics for enough hours. In both Sandwip and Barguna, although the clinics are supposed to be open from 9 am to 3 30 pm, they stay open from 10 am to 1 pm in most cases. According to the beneficiaries in Sandwip, the healthcare workers are not present in the community clinics for more than 34% of the time on an average.



- Often there are complaints from the public about having to pay fees for services that are meant to be provided for free. 60% of the beneficiaries surveyed in Barguna said that they have to pay 5-50 taka for getting medicines in at least 3 out of 4 community clinics.
- Beneficiaries often fall victim to the misbehaviour of employees in the community clinics for which they feel discouraged to take further services.

Recommendations

- A sufficient number of quality and skilled service providers must be ensured at the local level. In this case, there is no alternative to capacity development for the already recruited human resource at the local level. Among the specialised service providers, those who are local might be posted for a longer term. The relevant authorities must ensure fresh recruitments on a priority basis, ignoring complexities and red tapes of all kinds. Services should be started urgently in all areas where there is lack of specific services such as emergency maternal services.
- It is not possible to ensure sufficient healthcare services with only adequate human resource. In order to warrant quality service from recruited service providers, presence of necessary infrastructure along with its maintenance and, regular and sufficient supply of necessary, good quality medical products and equipment is essential.
- The supervision of community clinics in both district and sub district levels must be made more inclusive and strengthened. Technology based real time monitoring can be arranged to ensure the regular presence of community clinic service providers, healthcare assistants and family welfare centre assistants.

Safe Water

One of the major problems or development challenges in the coastal areas is the availability of safe drinking water. In regard to the ratio of population having access to safe drinking water, Pirojpur holds the 60th position among the 64 districts of Bangladesh and in terms of the ratio of population under adequate safe water service, the district holds the 55th position. Under this consideration, safe water service under SDG 6 (Safe Water and Sanitation) has been selected as the topic of social audit in the aforementioned area (Pirojpur). Under this project, through Community Based Organisations, a social audit report on safe water has been prepared for Indurkani Upazila of Pirojpur district. The observations related to safe water in the aforementioned area are given below:

Observations

- Safe water services are not sufficient in Pirojpur; the sources of safe water in the area are deep tube-wells, shallow tube-wells, PSF and rain water. These cover safe water demand of 10-15% of the inhabitants.
- As the sources of safe water are situated in distant locations, collection of safe water becomes troublesome and time consuming. Almost 50% of the beneficiaries reported that the source of safe water is about half a kilometer to one kilometer away from their

residences. About 85% of the respondents said that they have to walk to collect water. As a result, it takes them about thirty minutes to one hour on average to collect water.

- Although safe water services are supposed to be free of cost, at times it requires financial cost to avail the services; almost 13% recipients said that they have to spend 600-1000 taka monthly to avail the services.
- There is a shortage in the required human resource in the local Department of Public Health Engineering in case of water service provision. Although there are supposed to be 7 employees under the supervision of the Deputy Assistant Officer of the local Department of Public Health Engineering according to the Upazila organogram, there are only three employees.
- Budget allocation for ensuring safe water services is not sufficient to meet the demand; according to the UP chairmen's information, after reviewing the received applications from the general people for safe water and sanitation services, one tube-well is facilitated for 500 families based on the poverty rate.
- Political influence or consideration regarding the service delivery points often create problems in proper implementation of the required service provision. For example, the deep tube-wells provided by the Department of Public Health Engineering can be mentioned. Political influence in the local level significantly affects the determination of the tube-well setting up points.
- There is considerable shortage in the regular inspection and maintenance of the water sources. 85% of the beneficiaries reported that the sources of water are not inspected. Moreover, almost 78% of the beneficiaries stated that there is no committee for the maintenance of the water sources; there is significant weakness in the supervision of the already set-up tube-wells. The quality of the water is also not checked regularly.

Recommendations

- Considering the adequacy of rain water and reservoirs, PSF construction and rain water collection beside water sources and setting up of more deep tube-wells should be undertaken by the government, NGOs and private entities.
- After having a discussion with the relevant area's inhabitants, new tube-wells can be constructed in specified locations based on their consent. In order to ensure civil servants' active participation, open-meetings or public gatherings would render helpful.
- Inspection and maintaining cleanliness of the water and water sources, regular visit and inspection by the Department of Public Health Engineering and local government representatives and activities of the Union Sanitation Taskforce (USTF) Committee are required to be accelerated.
- Providing a single-time fee to the authority/institution/office to avail services needs to be stopped.
- Training facilities should be provided to establish an effective communication system between the beneficiaries and service providers.
- NGOs can visit houses in their respective areas for their updates and arrange talks and open-meetings regarding the efficient use of water.



Agriculture

An agriculture based social audit has been conducted on the quality of service received by the farmers of Mohongonj upazila of the Netrokona district, Nikli upazila of the Kishoreganj district and Tahirpur upazila of Sunamganj district. Under this audit, the CBO members of the abovementioned upazilas conducted a survey on the farmers with regards to the agriculture management skills, availability of agriculture inputs, knowledge required for agricultural harvesting, type and quality of relevant public services, constraints in availing these services and how to overcome these challenges. A summary of observations from the survey is presented below:

Observations

- There is a lack of awareness among the farmers regarding the agriculture based public services they can avail. Although the level of awareness regarding the available services may be higher at upazila level, a clear lack of awareness regarding the services can be observed at union level.
- There is a lack of cases of relevant government officials directly communicating with farmers regarding agriculture-based problems. 52 out of the 90 respondents in Netrokona district, and 38 out of the 70 respondents in Sunamganj district claimed that they have never had any direct communication with the service providers. Although, they provide suggestions and go out for field visits when communicated.
- It was found that the relevant officials were not always available at their respective offices when reached for. One of the major contributors to this issue is lack of human resource. For example, only 11 Sub Assistant Agricultural Officers are appointed in place of 21 at Tahirpur upazila of Sunamganj.
- Surveyed farmers also informed that they did not receive any training from the Agriculture Office. 65 out of 95 respondents from Netrokona district and 90 out of 100 respondents from Kishoreganj district, made such claims.
- Agricultural loan is not easily accessible for the poor and marginalised farmers. Most of the farmers of the Netrokona district being tenant farmers do not have access to agricultural loan, reported respondents. Also, out of the 100 respondents in Kishoreganj, only one farmer received the agricultural loan. Due to lack of financial support, farmers in Sunamganj have to borrow money from money lenders at high interest rates.
- Farmers, being used to traditional ways of farming are not interested in adapting modern skills and techniques of farming. Additionally, there is a lack of access to farming resources required for harvesting at local level. There is also a lack of crop collection and storage facility at union level provided by the Government. Communication facilities are also not up to the mark to transport the crops from the fields. Natural calamities like early flood, hail, drought and heavy rain during crop collection causes farmers to not be able to collect the crops, despite good yield. The cost of seeds, fertilisers, pesticides, irrigation, cultivation land and other costs usually increase at local level after such calamities.
- Increase in price of farming inputs and not getting a fair price is creating a burden on the farmers. All the respondents of Netrokona and 99 out of 100 respondents in Kishoreganj



district reported that they did not receive fair price for their crops. Rise in price of farming inputs is identified as the major problem by the respondents of both Sunamganj and Netrokona. Among other major problems the respondents mentioned buying fertilisers at local level at a price higher than set by the Government, not being able to sell paddy at Government set prices and etc.

Recommendations

- Farmers need to be made more aware of the agriculture based public services. Also, Government needs to undertake more campaigns to adequately take the information to the farmers at local level.
- Self-initiated efforts by the Government officials to solve agriculture related problems must be ensured. Also, presence of the Government officials needs to be ensured through increased monitoring.
- Every farmer should be provided with trainings to develop modern skills and techniques of farming.
- It has to be ensured that the farmers receive fair prices for their crops. For this, Government must ensure that crops are collected directly from the farmers. Government storage facilities must be developed at union level. Prices of seeds, fertilisers, diesel, pesticides and other farming tools have to be within the buying capacity of the farmers.
- Access to loan for farmers needs to be enhanced

Vulnerable Group Development (VGD)

With the help of CBOs, a VGD based social audit has been conducted on people from Fulchari upazila of the Gaibandha district and Dimla upazila of Nilphamari district. Under this audit at 2 upazilas, 190 beneficiaries of the VGD programme expressed their views from different perspectives. A summary of observations from the audit is presented below:

- Influence of relatives and local political leaders played a major role in getting the VGD card to the beneficiaries of the programme. Many respondents noted that these cards are not available without any type of reference.
- People had to make illicit financial giveaways for being registered under the VGD programme. Such instances were reported by 11 out of 100 respondents from Gaibandha and 6 out of 90 respondents from Nilphamari. Reports related to involvement of politically influential people were also observed.
- The criteria of selecting VGD beneficiaries are often not clear among the service providers themselves. For example, 3 Union Parishad Chairman of Nilphamari stated 3 different age limits for the VGD beneficiaries.



- In some cases, goods provided under the VGD were lower than programmed weight. 23 out of the 100 respondents in Gaibandha and 7 out of 90 respondents in Nilphamari received lower weighted goods in 1 or 2 instances.
- Complaints regarding this lower quantity/weight goods and other complaints by the beneficiaries are not provided with any solution in response. Although, this varies on a region basis. For example, although complaints reported in Gaibandha received no solution but the scenario is completely opposite for Nilphamari. Also, many beneficiaries do not report a complaint despite facing various problems.
- Although a number of trainings are supposed to be organised under the VGD programme, in reality, very few receive those trainings. Only 25 out of the 100 respondents in Gaibandha received a 1-2 day-long training. For Nilphamari, only 3 out of 90 respondents received such training. However, the Women Affairs Officer of the Dimla upazila mentioned a five-day training for the beneficiaries.
- The monitoring system, despite being an efficient one in the beginning, is no longer an effective system. This lacking trickle down starting from programme registration to sell of rice to the programme beneficiaries.
- There is a lack of communication between the beneficiaries and the service providers

Recommendations

- Both the beneficiaries and the service providers mentioned that the number of card holders has to increase to be in line with demand for these cards in each area.
- The Government guideline must be followed for the selection of the beneficiaries. For this, nepotism and corruption should be resisted.
- Rice distribution under the VGD programme has to be done timely.
- Complaint resolution process under the VGD programme has to be implemented effectively.
- To strengthen the capacity of the beneficiaries, adequate trainings need to be organised under the programme guideline.
- Regular monitoring should be undertaken by the upazila Women Affairs Office.
- Above all, stronger communication has to be developed between the beneficiaries and the service provider. CBOs can play a role in this regard

Way forward

The recommendations from this Citizen's Charter will be shared with the National Parliament, relevant Ministries and Departments. Dialogues between local level CBOs and the policymakers and the policy implementing agencies, public hearings and dialogues with national level policymakers will be organised under the project and this Citizen's Charter will be disseminated accordingly. It is expected that the reflection of the recommendations, mentioned in this Citizen's Charter, into the Government policies will help to ensure inclusive implementation of the SDGs.



This Citizen's Charter has been produced under the project titled, "Enhancing the participation of community-based organizations (CBOs) and civil society organizations (CSOs) in democratic governance in Bangladesh". The programme is being implemented by the CPD and Oxfam in Bangladesh, with support from the European Union (EU).

This Citizen's Charter has been accepted in the conference titled *Democratic Governance and Development: Role of Grassroots Citizens Organisations*, organised through the joint initiative taken by CPD and Oxfam in Bangladesh and with cooperation from the Citizen's Platform for SDGs, Bangladesh under the aforementioned project.

Project website

www.localizingsdq.cpd.org.bd

In partnership with



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