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# Urban family planning program of Bangladesh: Issues and challenges

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# Urban Family Planning Program of Bangladesh: Issues and Challenges

*Workshop Report*

Population Council

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**December 2010**

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We express gratitude to **Dr. Ahmed Al Kabir,** President of RTM International for presenting the keynote paper. We greatly acknowledge the contribution of **Mr. Dhiraj Kumar Nath,** Former Advisor to the Caretaker Government of Bangladesh, **Mr. Juan Carlos Negrette,** Chief of Party of Smiling Sun Franchise Program, **Dr. Kaosar Afsana,** Associate Director, BRAC Health Program, and **Mr. Taslim Uddin Khan,** Head of Research and Evaluation, Social Marketing Company as designated discussants at the workshop. We are also thankful to the participants who attended the workshop and provided thoughtful inputs on the subject.

Finally, efforts of Population Council and RTM International colleagues in organizing the workshop are highly appreciated.

## *ABBREVIATIONS*

| | |
|---|---|
| BCC | Behavior Change Communication |
| DFID | Department for International Development |
| DGFP | Directorate General of Family Planning |
| DGHS | Directorate General of Health Services |
| IEM | Information Education and Motivation |
| IUD | Intra-uterine Device |
| MCH | Maternal and Child Health |
| MOHFW | Ministry of Health and Family Welfare |
| MO-LGRDC | Ministry of Local Government, Rural Development and Cooperatives |
| NGO | Non-Governmental Organization |
| PHC | Primary Health Care |
| SMC | Social Marketing Company |
| SSFP | Smiling Sun Franchise Program |
| UNFPA | United Nations Population Fund |
| UPHCP | Urban Primary Health Care Project |
| USAID | US Agency for International Development |

# EXECUTIVE SUMMARY

In Bangladesh, there is extremely inadequate government primary health care (PHC) structure in cities, while healthcare facilities are overwhelmingly concentrated in urban areas. In urban areas, primary health care service including family planning is the responsibility of the Local Government Division under Ministry of Local Government, Rural Development and Cooperatives (MO-LGRDC). Historically, the Local Government Division has limited infrastructure and capacity to provide urban health and family planning services, and it is providing primary health care and family planning services in a few urban areas. Non-governmental organizations (NGOs) play an important role in providing basic health and family planning services to a limited proportion of urban population. However, NGO programs are time-bound and subject to the availability of development assistance.

Bangladesh has one of the highest rates of growth of urban population among developing countries. Between 1990 and 2000, the urban population in Bangladesh experienced an annual growth rate of 5.6 percent. By the year 2030, approximately 40 percent of the country's population is expected to live in urban areas, where the demand for an affordable health system will be critical. For this teeming urban population, there is no structured family planning service. For ensuring continuous family planning services in urban areas in the context of upcoming mammoth urban population, it is critical to develop a sustainable primary health care structure with the thrust on family planning services. However, there are several challenges to do that. The critical one is the absence of a "strategy" for providing primary health care and family planning services to the urban population.

In this context, a workshop was organized to identify issues and challenges to family planning service delivery in the urban area and to develop the future course of urban health and family planning program.

**Urban health and family planning programs**

- Urban Primary Health Care Project (UPHCP) is providing health and family planning services through 24 NGOs covering six city corporations and five municipalities. Local Government Division under MO-LGRDC is implementing UPHCP. Except UPHCP, there is no program of the government to provide health and family planning services for the urban population.
- Smiling Sun Franchise Program (SSFP) funded by USAID is providing health and family planning services through 28 NGOs covering urban and rural areas.
- Funded by Bill and Melinda Gates Foundation, 'Manoshi' project is being implemented by BRAC to provide maternal, neonatal and child health services to population living in urban slums in six Divisions of the country.
- Marie Stopes Clinic Society is operating 142 clinics in various parts of the country for covering urban healthcare needs including family planning services.

**Challenges to design urban health and family planning program**

Although fertility is low in urban areas, yet there is a variance in fertility within the urban area, which deserves special attention in designing the urban family planning program. Fertility among women living in slum areas is higher compared to women living in non-slum areas. Total fertility rate is 2.5 per woman in the slum while it is 1.9 in the non-slum area. Fifty-eight percent of the women in the slum area are using any contraceptive methods compared to 63 percent of the women in the non-slum area.

In the urban area, the majority of users obtain their methods from non-government medical sources. Pharmacies play a lead role in the urban family planning services. One-fifth of the acceptors get their methods from NGO sector. Pharmacies are the main source for pills and condoms while NGO sector has emerged as principal source for injectables. NGO clinics in urban areas remain underutilized for family planning services, particularly for long-acting and permanent methods. There is an opportunity for NGO and private sector to give more emphasis to family planning activities, particularly to long-acting and permanent methods.

There are two major weaknesses in current programs.

- With two large urban health programs (SSFP and UPHCP) in existence, a major portion of the slum population remains unattended, since most NGOs have a single clinic per ward.
- Poor utilization of facilities for family planning services is a persistent problem in the urban area, which is compounded by inadequate visitation by fieldworkers, where only 11 percent of the urban households are visited by fieldworkers.

Higher mobility of urban population is a critical factor that brings difficulty to service providers. A large number of people shift from rural to urban locations each year, typically starting their urban lives in slums that makes customer tracking difficult. Daily travel is a common feature of urban life and inter-city travel limits possibilities for service differentiation. More women work and are not at home during the day, which also makes service delivery planning difficult.

## *Recommendations*

Based on findings from the workshop, priority areas for future urban health and family planning program have been identified, which include:

- Inadequate coordination between Ministry of Health and Family Welfare (MOHFW) and MO-LGRDC is the major challenge. Considering the large urban population of the country and the mode of operation of government machinery, development of an urban primary health care and family planning strategy is an urgent necessity where the revised role of MOHFW and MO-LGRDC must be reflected. Meanwhile, there is an opportunity to incorporate the future urban health and family planning strategy as a component of Health Population and Nutrition Sector Strategic Plan (2011-2016).
- Mapping of the existing urban family planning service delivery situation is needed. Service delivery in urban areas is complex as there are many actors with diverse roles. Learning the roles of different stakeholders through mapping exercise is critical for developing urban health and family planning strategy.

- The fundamental problem of urban family planning program is the absence of a comprehensive service delivery structure. It is necessary to develop physical infrastructure to provide services as a way to ensure sustainability of the urban program. In addition, involving private medical colleges has the potential to increase coverage of family planning services in urban areas.

- Slums are growing in huge numbers; therefore, demand for health and family planning services among slum dwellers will be intense. NGOs play an important role in providing subsidized health and family planning services to a limited proportion of the slum population. In addition to continue the momentum of current program efforts, NGOs need to increase number of clinics for greater coverage among the slum population.

- Involving for-profit private sector is an opportunity. The intention and commitment of the private sector is critical to supplement the efforts of the government and NGO sector. However, variation in the structure, capacity and charges of clinics operating in urban areas is an obstacle to utilize their services. Another challenge is to subsidize low-income clients who will receive service from the private sector.

- Although NGOs are widely known for their contribution to complement the government efforts in providing primary health care and family planning services in the urban area, sustainability of NGO programs is the key challenge. Historically, NGO programs are subject to the availability of development assistance. They need to develop the capacity to attain an appreciable degree of financial sustainability. Cost recovery through user charges should be strengthened to address the issue of sustainability of NGO services.

- Due to the movement of destitute people from rural to urban area, urban poverty and income inequalities have become more pronounced over the years. This disadvantaged population should be protected through subsidization. If sustainability of the program is ensured at the cost of depriving the low-income urban populations to access services, it will be counterproductive. Subsidizing poor client is necessary for two reasons: the poor cannot afford to receive services at the market price, and unmet need for services is the highest among the poor.

- Full potential of the NGO sector has not been utilized yet. The necessity of redefining the role of NGOs in the family planning sector on urgent basis is realized, as NGO programs are expensive while only about five percent of the contraceptive prevalence rate is due to NGO activities. NGOs can seize the opportunity to contribute in: underserved areas, urban slums, behavior change communication and marketing, and promotion of long-acting and permanent methods.

- In the last two decades, several primary health care and family planning programs were implemented in urban areas, but in a less-coordinated fashion. Good examples and opportunities are available from those programs. It is important to capture those elements for designing future program.

- To increase acceptance of long-acting and permanent methods requires continuity and expansion of the existing program. In addition, the private sector can be involved for providing long-acting and permanent methods, for which creating an enabling policy environment is critical. It is also necessary to strengthen the system of incentive for long-

acting and permanent methods as further increase in the contraceptive prevalence rate largely depends on the acceptance of long-acting and permanent methods.

- Close collaboration between MOHFW and MO-LGRDC is critical to address the future health and family planning needs of the burgeoning urban population. Population activities should not be limited to these two ministries rather other ministries and agencies whose target population is affected by population dynamics should share the responsibility of family planning and family welfare. Sound political will and commitment at the highest level is the key to ensure collaboration within different ministries.

- Local Government Division has no separate budget for the urban health and family planning services, and allocation of fund is much less than its actual requirement. It has a project with coverage only in six city corporations and five municipal areas, leaving more than 300 municipalities as orphan, primarily due to lack of finance, manpower and logistics. The government needs to channel own resources for addressing the family planning needs of urban populations as a way to reduce dependence on donors and NGOs. Simultaneously, it is necessary to entrust the responsibility of budget allocation to the Local Government Division.

- Shortage in the supply of contraceptive methods contributes to the increase of unwanted pregnancy, eventually leading to higher fertility. Generally, women, who do not get the supplies of desired methods from the clinic, are more likely to have unwanted pregnancy. Supply falling short of the demand is common among NGO clinics operating in urban areas. Unless supply is ensured, the other strategies and efforts will be futile.

- Bangladesh is reputed for producing quality medicines and exporting pharmaceutical products to many countries including few developed countries. Yet, contraceptive commodities are procured from foreign countries. The government can capitalize on the comparative advantage of the pharmaceutical sector to produce contraceptive commodities at home as a way to ensure continuous supply of commodities with affordable cost.

- The availability of specialized clinics for family planning services is not an appropriate choice. Providing doorstep services may not be a feasible option either as majority of women living in urban areas are involved with income earning activities outside home and are not at home during the day. Higher mobility of urban populations brings difficulty to service providers. Therefore, different types of activities are needed in urban areas. For example, working populations often want health and family planning services near their place of work and speedy service during work breaks.

- It is necessary to identify appropriate ministry that will coordinate the primary health care and family planning activities in urban areas across the country. However, there is a great difficulty to change allocation of business among ministries. Change in the distribution of responsibility in the population sector must be through the National Population Council where Prime Minister alone has the power to take such decision. At present, it will be more useful if MO-LGRDC takes the lead role in urban health and family planning while MOHFW will have the supplementary role. Partnership between the government, private sector and NGOs is the next critical step towards sustainability of urban health and family planning services.

## SECTION I: BACKGROUND

Bangladesh has one of the highest rates of growth of urban population among developing countries. Between 1990 and 2000, the urban population in Bangladesh experienced an annual growth rate of 5.6 percent. Bangladesh has a 2006 population of 144 million; 35 million of whom, or 24 percent, live in urban areas. Dhaka, with an estimated 2006 population of 9 million, is one of the largest and fastest growing cities of the world. Slums have always been a part of the Dhaka city. The growth in number of slums, as well as slum populations, has increased markedly in recent years. According to Urban Health Survey 2006, slum population in Dhaka City Corporation is 3.4 million, which is more than doubling of the slum population over the 1996 level.

While healthcare facilities are overwhelmingly concentrated in urban areas in Bangladesh, there is extremely limited government primary health care (PHC) structure in cities. The Ministry of Health and Family Welfare (MOHFW) is not responsible for the PHC services in urban areas. These health matters are the responsibility of the Ministry of Local Government, Rural Development and Cooperatives (MO-LGRDC). Under the jurisdiction of MO-LGRDC, several non-governmental organizations (NGOs) are providing primary health care and family planning services in limited urban areas, which is, however, subject to the availability of development assistance.

Yet, there is no policy or strategy for providing primary health care and family planning services to urban population. In Bangladesh, by the year 2030, approximately 40 percent of the country's population is expected to live in urban areas. For these teeming urban population, there is no structured family planning service. For ensuring continuous family planning services in urban areas in the context of mammoth future urban population, it is critical to develop a sustainable primary health care structure with the thrust on family planning services. However, there are several challenges to do that. In this context, a workshop was organized to identify issues and challenges to family planning service delivery in the urban area.

## SECTION II: PURPOSE AND ORGANIZATION OF THE WORKSHOP

The key purpose of the workshop was to identify the future course of urban health and family planning program. The specific purposes were to:

- Examine present efforts to implement the government's commitments for urban family planning services.
- Discuss issues and challenges to family planning service delivery in the urban area.
- Share the knowledge and practical experience on how urban health and family planning program can be shaped for growing urban population.

### *Organization*

The workshop was held on December 18, 2010 in Dhaka. **Mr. Md. Abdul Karim,** Principal Secretary to the Prime Minister's Office graced the workshop as the Chief Guest. **Mr. Md. Humayun Kabir,** Secretary, MOHFW and **Mr. Syed Mahboob Hasan,** Additional Secretary, Local Government Division, MO-LGRDC attended the workshop as Special Guests. **Mr. Ganesh Chandra Sarker,** Director, Information Education and Motivation (IEM), Directorate General of Family Planning (DGFP) attended the workshop as the representative of Director General of

Family Planning. **Dr. Ubaidur Rob,** Country Director to Population Council presided over the workshop. **Mr. A.K.M. Zafar Ullah Khan,** Advisor to Population Council and former Secretary, MOHFW moderated the workshop. **Dr. Ahmed Al Kabir,** President of RTM International presented the keynote paper of the workshop.

The workshop was half-day long and divided into two sessions. In the first session, the keynote paper was presented. The other session was dedicated to action-oriented discussion, where several designated discussants shared their views on the issue of future urban family planning program. The workshop ended with the forward-looking speech from the Additional Secretary to MO-LGRDC, the Secretary to MOHFW, and the Principal Secretary to the Prime Minister's Office.

The workshop was an apex-level event, which brought together key policymakers, program managers, researchers and academicians involved in, and relevant to, the issue of urban family planning program. A total of 64 participants attended the workshop, mostly from MOHFW, Local Government Division under MO-LGRDC, DGFP, and Directorate General of Health Services (DGHS). Participants from academic institutions like University of Dhaka, Jahangirnagar University, and American International University Bangladesh joined the workshop. Among others, representatives from development partners, international organizations and NGOs were also present at the workshop. On the basis of the findings from the workshop, priority areas for future program have been identified and action-oriented future strategies developed.

## SECTION III: URBAN FAMILY PLANNING PROGRAM OF BANGLADESH: ISSUES AND CHALLENGES

The discussion of the inaugural session is summarized in this section. The session started with the welcome speech by Dr. Ubaidur Rob, Country Director to Population Council, followed by the keynote presentation by Dr. Ahmed Al Kabir, President of RTM International.

### *Overview of urban fertility and family planning*

At the beginning of the first session, Dr. Ubaidur Rob provided an overview of fertility, family planning and future population in the urban area.

Dr. Rob pointed out the variance in fertility within the urban area, which deserves special attention in designing the urban family planning program. Fertility among women living in slum areas is higher compared to women living in non-slum areas. Total fertility rate is 2.5 per woman in the slum area while it is 1.9 in the non-slum area. Fifty-eight percent of the women in the slum area are using any contraceptive methods compared to 63 percent of the women in the non-slum area.

A comparison on the sources of contraceptive supply in urban areas was presented by Dr. Rob. The majority of acceptors rely on oral contraceptive pills and the second most popular method is injectable. Permanent and long-acting methods are hardly accepted. The majority of users obtain their methods from private medical sources. Twenty-two percent of the acceptors get their methods from NGO sector. Pharmacies are the main source for pills and condoms while NGO facilities are the principal source for injectables. Dr. Rob noted that NGO clinics in urban areas remain underutilized for family planning services, particularly for long-acting and permanent methods. There is an opportunity for NGO and private sector to give more emphasis to family planning activities, particularly to long-acting and permanent methods.

Dr. Rob described the mode of operation of government machinery to provide family planning services in the urban area. He expressed concern over the limited availability of government primary health care structure in the urban area. NGOs play an important role in providing basic health and family planning services. However, NGO programs cover limited area, and are time-bound and subject to the availability of development assistance.

Currently, one-fourth of the country's population lives in urban areas. Dr. Rob expressed concern over the unplanned growth of urban population. By the year 2040, half of the country's population is expected to live in urban areas where slums will be growing in huge numbers. The Local Government Ministry has limited infrastructure and capacity to provide urban health and family planning services. Dr. Rob emphasized that for providing primary health care and family planning services to the mammoth future urban population, a full-fledged service delivery structure should be in place.

## *Urban family planning program: Status, challenges and opportunities*

In his presentation, Dr. Ahmed Al Kabir attempted to analyze urban health and family planning situation, identified key challenges to future urban family planning program, and outlined several recommendations.

**Urban population growth**

Dr. Kabir informed that at present, the world urban population equals the rural one and Bangladesh will be in the same position by 2040. The population of urban area is a key development challenge in low-income countries. Dr. Kabir reported that Dhaka is the ninth largest city with a population of 15 million while it will be the fifth largest city in 2025 with the population of 21 million. The last three decades have experienced massive growth of urban population in Bangladesh. In 1975, urban population constituted 10 percent of national population, while 27 percent of the country's population now lives in the urban area.

**Urban poverty and income inequalities**

Urbanization has occurred in Bangladesh in a fast pace without a corresponding socio-economic development. Dr. Kabir elaborated on the increasing inequalities among urbanites. Due to the movement of destitute people from rural to urban area, urban poverty and income inequalities have become more pronounced over the years. Although urban poverty declined from 55 percent in 1996 to 48 percent in 2004 in Dhaka, the total number of people living below poverty line has increased during the same period. To meet basic level of subsistence, poor and migrants are forced to work in the informal sector with long hours in low-wage jobs. Growing urban unemployment, poverty and income inequalities spur an upsurge of crime and anti-social activities like black marketing, hijacking, theft, prostitution and so on.

**Urban health and family planning programs**

Dr. Kabir provided an overview of the urban health and family planning programs. Urban Primary Health Care Project (UPHCP) is a government program, which is providing health and family planning services through 24 NGOs covering six city corporations and five municipalities. Local Government Division under MO-LGRDC is implementing UPHCP. Dr. Kabir informed that except UPHCP, there is no program of the government to provide health and family planning services for the urban population. Dr. Kabir also highlighted several NGO initiatives in the urban area, which include:

- Smiling Sun Franchise Program (SSFP) funded by USAID is providing health and family planning services through 28 NGOs covering urban and rural areas.
- Funded by Bill and Melinda Gates Foundation, 'Manoshi' project is being implemented by BRAC to provide maternal, neonatal and child health services to population living in urban slums in six Divisions of the country.
- Marie Stopes Clinic Society is operating 142 clinics in various parts of the country for covering urban healthcare needs including family planning services.

- RTM-Katalyst initiative is piloting a project on health service provision for urban industrial laborers. They also developed policy for creation of 'community paramedics' as frontline workforce for reproductive health and family planning services.

**Program outreach**

Dr. Kabir made a comparison on the contribution of the public and private sectors to the urban family planning service delivery. Pharmacies play a lead role in the urban family planning services. Ninety percent of family planning commodity supplies in the private sector are by pharmacies. NGO sector has emerged as principal source for injectables. More than one-third implant users get their method from NGOs. Dr. Kabir expressed concerns on several programmatic weaknesses.

- Poor utilization of facilities for family planning services is a persistent problem in the urban area, which is compounded by inadequate visitation by fieldworkers, where only 11 percent of the urban households are visited by fieldworkers.
- With two large urban health programs (SSFP and UPHCP) in existence, a major portion of the slum population remains unattended, since most NGOs have a single clinic per ward.

**Critical issues for urban health and family planning program**

Broadly, there are three critical issues to be considered to develop urban health and family planning program as visualized by Dr. Kabir. Understanding the nature and scope of these factors might help to shape an urban health and family planning program in Bangladesh.

First is the greater diversity within the market, i.e., greater socio-economic diversity within urban area. There are extremes of rich and poor in urban areas but urban residents are wealthier and more literate than rural residents, with the exception of slums. Urban health customers tend to be more prepared to pay for quality health care and seek services. Dr. Kabir asked to pay attention to the faster growth of the urban market, which requires adjustment on service delivery plan.

Higher mobility of urban population is another critical factor that brings difficulty to service providers. A large number of people shift from rural to urban locations each year, typically starting their urban lives in slums, which makes service delivery planning difficult. Intra-urban migration is an associated problem that makes customer tracking difficult as slum dwellers move out of their squatter settlements. Daily travel is a common feature of urban life and inter-city travel limits possibilities for service differentiation. More women work and are not at home during the day, and working population often wants health service near their place of work and speedy service during work breaks.

Thirdly, Dr. Kabir advised to utilize the greater reach of or access to mass media. While community work is undoubtedly challenging in urban areas, there is an advantage of better mass media reach. For example, television reaches 69 percent of urban population against 34 percent of rural and newspaper reaches 32 percent against 10 percent. An important merit of media is that it tends to reach men more readily than women.

Dr. Kabir grouped the challenges underlying the future urban health and family planning service delivery into three areas:

- How to widen efforts to reach more urban communities?
- How to deepen efforts to reach more of the poor and vulnerable?
- How to organize better for the future?

**Strategies to strengthen urban health and family planning service delivery**

Dr. Kabir outlined several strategies to develop sustainable urban health and family planning program.

- Expand coverage of primary health care and family planning services
- Increase access to services for the poorest and vulnerable people
- Increase capacity of service delivery points to sustain services institutionally and financially
- Strengthen NGOs and private sector groups and form service delivery alliance
- Improve governance by all parties
- Develop new roles for NGOs, city corporations, municipalities, and ministries (MOHFW and MO-LGRDC) in planning, supervising and providing health and family planning services
- Work with partner institutions for training, quality assurance, and behavior change communication (BCC) and marketing.

Dr. Kabir emphasized to expand the reach of current government program and involve private sector providers. He sketched out recommendations for public and private sector apiece.

| Public Sector | Private Sector |
|---|---|
| Review and revise urban health and family planning implementation strategy and increase and expand coverage. | Ensure regular monitoring of NGO programs/ activities through government body. |
| 'Urban Health and Family Planning Strategy' has been missing for years. Need to undertake initiatives for drafting a clear-cut strategy. | Extend satellite clinic facilities in urban slums. |
| MOHFW should take a lead role in implementing urban health and family planning programs and maintain close coordination with Local Government Ministry. | Involve volunteers for family planning awareness in slums. |
| MOHFW needs to make provision for separate budget and coverage for addressing urban health and family planning issues. | Develop a sustainability plan for urban NGO family planning programs for continuity of services after donor withdrawal. |
| Participation and engagement of Ward Commissioners in family planning activities for ensuring better family planning program coverage in their areas. | Increase involvement of private medical colleges, hospitals, clinics and private practitioners in family planning service delivery. |
| | Design special programs for slum areas, to be implemented through private-public partnership and innovative local-level approach. |

## SECTION IV: DEVELOPING SUSTAINABLE URBAN FAMILY PLANNING PROGRAM: STAKEHOLDERS' VIEWS

The action-oriented discussion of the workshop is summarized in this section. **Mr. A.K.M. Zafar Ullah Khan,** Advisor to Population Council and former Secretary, MOHFW moderated the discussion session. In this session, several designated discussants, from government and non-government sectors, shared their experiences and provided thoughtful inputs on the current status and potential opportunities for and barriers to establishing a 'sustainable' urban family planning program.

### *Views of designated discussants*

**Opportunities for NGO family planning activities**

At the beginning of the session, **Dr. Obaidur Rahman** from Urban Primary Health Care Project (UPHCP) talked about the activities and challenges of UPHCP. Dr. Rahman informed that under UPHCP, several NGO clinics are providing primary health care and family planning services in six city corporations and five municipalities. A full range of family planning services including condoms, oral contraceptive pills, emergency contraceptive pill, injectables, intra-uterine device (IUD), implant, vasectomy and tubectomy are provided at those NGO clinics. With the back-up referral system of these NGO clinics, family planning and immunization services have been brought to the community through satellite clinics. Family planning counseling and short-term methods are provided and available services are publicized through community outreach services. Moreover, NGOs actively participate in the national family planning program where family planning camps are organized in collaboration with DGFP.

Dr. Rahman highlighted on some challenges related to the functioning of UPHCP.

- Prolonged process of obtaining legal accreditation from DGFP is a barrier to expand family planning activities in new areas.
- Shortage in the contraceptive supplies hampers the continuity of services.
- Limited opportunity exists for NGO clinics to receive training on long-acting and permanent methods from DGFP.
- There is a problem with the recruitment of fieldworkers under the current design of UPHCP, affecting its family planning performance at the field level.

**Making family planning a priority for city governments**

**Mr. Ganesh Chandra Sarker,** Director, IEM, DGFP underscored the need to develop strong, well coordinated family planning program for the urban population. He noted that DGFP is often blamed for the low performance of family planning activities in the urban areas despite family planning services in the urban areas are under the Ministry of Local Government, administered through city corporations and municipalities. Mr. Sarker was concerned with the inadequate attention paid by the Ministry of Local Government, where city corporations make family planning a less prioritized agenda in their development program. Mr. Sarker made two specific recommendations:

- The Ministry of Local Government and the Ministry of Health and Family Welfare need to jointly prioritize the activities that they will implement for family planning services in the urban areas. It will be useful if Ministry of Local Government coordinates with DGFP to address the challenges to urban family planning service delivery.
- It is necessary to pay special attention to the upcoming youth bulge in the urban area, where multi-sectoral approach would be effective.

**Expanding existing urban program**

**Mr. Juan Carlos Negrette,** Chief of Party, Smiling Sun Franchise Program (SSFP) emphasized to strengthen collaboration between service delivery organizations.

Mr. Negrette informed that SSFP-supported NGO clinics have been working in collaboration with the Government of Bangladesh and half of the clinics are located in the urban area. Some 165 NGO clinics are in place in urban settings, which provide services to 12 13 million clients each year. Recently, remarkable progress was observed in the provision of long-acting and permanent methods in city corporations suggestive of the demand, which requires continuity and expansion of the existing program. However, Mr. Negrette was concerned with the sustainability of the program. He opined that providing family planning services in integration with maternal and child health could be an important gateway for offering family planning services in a sustainable manner.

There is a room for improvement in urban family planning program as several organizations are providing family planning services in the urban area. Mr. Negrette felt the need to coordinate with other organizations operating in the urban area. He expressed interest to continue and strengthen collaboration with different agencies of the government towards developing a sustainable family planning program for urban population.

**Strengthening public-private partnership**

**Dr. Kaosar Afsana,** Associate Director, BRAC Health Program attached importance to capture the elements of public-private partnership for designing future program. Dr. Afsana elaborated on BRAC's maternal and newborn health programs, which cover about 5.7 million population in six city corporations. She noted that in urban slums there is a good example of public-private partnership where the government is working with NGOs.

Dr. Afsana stressed to ensure access to family planning services among married female adolescents, newly-wed women, and couples with one child. For reducing fertility, apart from family planning program, economic development initiative is necessary. Dr. Afsana suggested viewing population program from development perspective. Delaying age at marriage leads to delayed pregnancy, for which development programs like education and employment should be linked with population program. Dr. Afsana strongly advocated for strengthening public-private partnership to address the primary health care and family planning needs of urban disadvantaged population, which will eventually reduce fertility among poor urban population. It is also necessary to develop an "urban health strategy" as an engine of human development, which should encompass a multi-sectoral approach. Dr. Afsana considered the commitment of policymakers as the most important element in this regard.

**Involving private sector to provide long-acting and permanent methods**

**Mr. Taslim Uddin Khan,** Head of Research and Evaluation, Social Marketing Company (SMC) highlighted private sector's contribution in increasing the use of contraceptive methods. He informed that large portion of the increase in contraceptive prevalence rate is from temporary methods, which is contributed mainly by the private sector.

Traditionally, there is no contribution from the private sector to long-acting and permanent methods. Mr. Khan urged policymakers to involve the private sector for providing long-acting and permanent methods in order to supplement government efforts. However, there is a complex policy barrier to procure, import and provide family planning methods. In this context, government support is required. Mr. Khan advocated for creating an enabling policy environment to introduce long-acting and permanent methods in the private sector.

**Making urban population as thrust sector**

**Mr. Dhiraj Kumar Nath,** former Advisor to the Caretaker Government of Bangladesh and former Secretary of the Government of Bangladesh strongly recommended making urban population as thrust sector with necessary policy and strategy. Mr. Nath mentioned some challenges to the urban health and family planning program:

- Inadequate health and family planning service delivery infrastructure and manpower as family planning services in urban areas are largely dependent on NGOs
- Lack of resources and manpower of DGHS and DGFP to supervise and monitor essential health and family planning services in urban areas
- Insufficient logistics supplies
- Weaker municipal governance
- Unscientific municipal finance system
- More responsibility to local bodies than capacity
- Inadequate coordination to address urban issues
- Spread of slums associated with the spread of diseases, and
- Poor management of environmental health risks like solid and medical waste.

Mr. Nath was deeply concerned with the absence of urban family planning strategy and inadequate coordination between MOHFW and MO-LGRDC. He suggested developing an urban family planning strategy as a component of Health Population and Nutrition Sector Strategic Plan (2011-2016). Mr. Nath felt the dire necessity to have a special meeting of the National Population Council through which issues and challenges to the urban family planning program can be brought to the cognizance of the Prime Minister. Additionally, there is a need to form Urban Development Wing under MO-LGRDC. Mr. Nath also advised to form a 'committee' to study how MOHFW and MO-LGRDC can jointly coordinate urban family planning services.

Mr. Nath strongly recommended improving urban family planning services by mobilizing resources. The following issues should be considered while strengthening urban family planning program:

- Mapping is necessary to clearly define the problems related to physical accessibility in providing family planning services in urban areas for ensuring both cost-effectiveness and accessibility.

- Family planning services in urban areas should not be left to NGOs alone.
- Mobilization of technical human resources from DGHS and DGFP is necessary to make family planning services in urban areas accessible, affordable and sustainable.
- Private clinics need to provide family planning services in urban areas.
- Strengthening capacity of Health Department of City Corporations and Municipalities is critical.
- There should be pro-poor interventions, e.g., red card (user fee exemption) for the poor, especially for the slum dwellers.

### *Open discussion*

**Dr. Jahiruddin Ahmed**, former Director of Maternal and Child Health (MCH) Services, DGFP and former Director General of Family Planning Association of Bangladesh, shared his experience of visiting some of the NGO and private sector's activities. There are various opportunities to serve urban population and it is important to utilize these opportunities for future activities.

Dr. Ahmed briefly discussed about the contribution of different private sector programs in providing maternal health and family planning services in the urban area. Comprehensive maternal and child health including emergency obstetric care and family planning services are provided by Urban Primary Health Care Project, Smiling Sun Franchise Program, and Marie Stopes Clinic Society. BRAC's 'Manoshi' program is providing community-based low-cost maternal health services. The contribution of Social Marketing Company in supplying modern contraceptive methods is widely recognized. Under 'Mayer Hashi' project of Engender Health, the capacity of the government to provide long-acting and permanent contraceptive methods is being strengthened.

Good examples and opportunities are available for formulating strategies. Dr. Ahmed urged the policy planners to integrate the important elements of these project activities in the next sector program. He stressed the necessity of strong collaboration between the Ministry of Health and Family Welfare and the Ministry of Local Government to implement family planning activities. First and foremost thing is to determine the leadership between these two Ministries. Partnership between the government, private sector and NGOs is the second critical factor.

**Mr. Md. Abdullah**, Advisor to A.K. Khan Healthcare Trust and former Joint Chief of Government of Bangladesh was concerned that urban health and family planning services are not given due importance. There is no specific commitment for the urban health care and family planning services, provided that more than 30 percent of people live in the urban area and it is going to be about 50 percent by 2040, unnoticed and unattended.

The responsibility to provide primary health care and family planning services was transferred to the city corporations and municipalities under Ministry of Local Government, without equipping them with necessary operational, management and supervision capacity. Mr. Abdullah stated that Ministry of Local Government does not attach high importance to primary health care and family planning services in the urban area. He also noted the inadequacy of existing government initiative, which runs one project under the Local Government Division. The service provided by this project

(UPHCP) is purely insufficient in the national context, as it covers only six city corporations and five municipalities, while more than 300 municipalities are denied such services.

Mr. Abdullah strongly recommended formulating a specific strategy to address the urban primary health and family planning on a priority basis. For this, creation of a wing in the Local Government Division is critical.

**Dr. A.K.M. Nurun Nabi**, Professor of Population Sciences, University of Dhaka stressed on formulating an urban population strategy by capturing the existing opportunities. He reasoned that there have been many discussions about urban population or migration issues for last 20 years, but the magnitude of the problem has become worse over the years, necessitating urgent action.

Professor Nabi questioned the sustainability of donor-supported programs, as it is likely that donor's priorities change over the time and there is no permanent commitment of donors on a particular program. Therefore, first task is to identify ways to ensure sustainability. Professor Nabi considered 'ownership' as an important element to sustainability. It is also necessary to formulate a strategy to establish partnership between public, private and NGO sectors.

Professor Nabi emphasized that adolescent population requires special attention of the program managers since it is alarming that the contribution of the adolescent group on population growth is increasing and almost one-fourth of total fertility rate is contributed by the adolescents. Another issue of immediate concern is the male involvement in family planning, as reasoned by Professor Nabi that the majority of the household heads are male and the culture dictates a male domination.

**Dr. Jafar Ahmad Hakim,** former Director, MCH, DGFP mentioned about the inadequate coverage of urban family planning program, which will be a serious problem in near future. Dr. Hakim mentioned some successful elements of different NGO programs that provide maternal and child health and family planning services in urban areas, supplementing government efforts in increasing access to services.

Dr. Hakim specifically put forward two suggestions for developing a sustainable urban family planning program. First, it is necessary to determine the appropriate ministry that will coordinate the primary health care and family planning activities in urban areas across the country. It will be more effective if the Ministry of Health and Family Welfare takes a lead role in implementing urban health and family planning programs and maintains close coordination with the Ministry of Local Government as well as with NGO and private sector. The second recommendation of Dr. Hakim was to formulate an urban health strategy, which will reflect the intention and commitment of the government to ensure access to primary health care and family planning services to the disadvantaged urban population.

**Dr. Ahmed Neaz,** Professor, American International University of Bangladesh considered the issue of urban family planning a big challenge in Bangladesh as half of the country's population is expected to live in urban areas in near future primarily due to the movement of destitute people from rural to urban areas for livelihood. Professor Neaz, however, reported a recent decline in the urban population growth, which is due to the non-farm employment in rural areas that creates opportunity for rural people to earn their livelihood, and nearly one-third population in the rural area are engaged in non-farm employment instead of agriculture. This is good trend in the offing, but not enough for the entire rural population. Professor Neaz advised to establish industries and

create employment opportunities in the rural area. On the other hand, an urban strategy with specific ways and means is necessary for addressing the challenges in the urban area.

Dr. Neaz cautioned not to ensure sustainability of the program at the cost of depriving the poor to access services. Subsidizing poor client is necessary for two reasons: the poor cannot afford to receive services at the market price, and unmet need for services is the highest among the poor. Development assistance is necessary for defraying the cost of subsidizing the poor to receive services in a resource-constrained setting like Bangladesh.

**Dr. Shehlina Ahmed,** Health Adviser, Department for International Development (DFID) highlighted three key challenges to family planning and family welfare services: governance, health financing, and regulation. Regarding the issue of governance, Dr. Ahmed delineated alternative approaches to deal with urban health and family planning issues. One option might be to have a full-fledged health workforce within the Local Government Division. Simultaneously, it is necessary to entrust the responsibility of budget allocation to the Local Government Division. On the other hand, it can be explored whether to delegate the responsibility to the Ministry of Health and Family Welfare. In terms of financing, Dr. Ahmed emphasized to have an urban strategy or subsector plan otherwise, it is difficult to finance or to predict long-term financing. Such strategy will be helpful for development partners to commit resources as a long-term support to the government. On the issue of regulation, Dr. Ahmed highlighted two areas that should be brought under regulation: alternate service providers and large variation in the user fees/charges.

Dr. Ahmed reemphasized the issue of reviving the National Population Council, as she believed that population issues are not limited to the Ministry of Health and Family Welfare and Ministry of Local Government rather other ministries and agencies whose target population is affected by population dynamics should share the responsibility of family planning and family welfare.

**Dr. Barkat E Khuda,** Professor of Economics, University of Dhaka warranted urgent action to develop a sustainable urban family planning program for fear that the gains at the national level will be counterbalanced. Professor Khuda centered his discussion on three issues: coordination between ministries, future NGO role, and public-private partnership.

Close collaboration between the Ministry of Health and Family Welfare and the Ministry of Local Government is critical to address the future health and family planning needs of the burgeoning urban population. Professor Khuda appreciated recent government initiative of forming a 'committee' led by the Health Secretary to coordinate the activities of these two ministries. He viewed sound political will and commitment at the highest level as the key element to ensure collaboration within different ministries.

Professor Khuda advised to use full potential of the NGO sector. He strongly advocated redefining the role of NGOs in the family planning sector on urgent basis, as NGO programs are expensive while only about five percent of the contraceptive prevalence rate is due to NGO activities. He identified several areas where NGOs can seize the opportunity to contribute in: underserved areas, urban slums, BCC and marketing, and promotion of long-acting and permanent methods.

Professor Khuda viewed involving for-profit private sector as an opportunity. He advised to explore whether it is possible to involve the for-profit private sector to supplement the efforts of Health and Local Government Ministries. Professor Khuda also suggested that the government and

development partners should subsidize low-income clients in case of private sector providing services to them.

**Dr. M. Kabir,** Professor of Statistics, Jahangirnagar University pointed out lack of coordination between the Ministry of Health and Family Welfare and the Ministry of Local Government, which also indicates less priority to urban family planning program. Professor Kabir advised to give importance to urban maternal and child health and family planning program targeted at the poor segment of the community, otherwise it will be difficult to reach national demographic goals.

Professor Kabir mentioned that shortage in the supply of contraceptive methods contributes to the increase of unwanted pregnancy, eventually leading to higher fertility. Generally, women, who do not get the supplies of desired methods from the clinic, are more likely to have unwanted pregnancy. Supply falling short of the demand is common among NGO clinics operating in urban areas. Unless supply is ensured, the other strategies and efforts will be futile.

The fundamental problem of urban family planning program is the absence of a comprehensive service delivery structure. It is necessary to develop physical infrastructure to provide services as a way to ensure sustainability of the urban program. In addition, involving private medical colleges has the potential to increase coverage of family planning services in urban areas as speculated by Professor Kabir.

**Ms. Yuki Suehiro**, Deputy Representative, United Nations Population Fund (UNFPA) pointed out two major issues. One is mapping of the existing urban family planning service delivery situation. Service delivery in urban area is complex as there are many actors with diverse roles. Learning the roles of different stakeholders through the mapping exercise should be first step for developing health and family planning strategy. The other issue is financial sustainability. So far, the focus has been on how to make health facilities financially sustainable. However, Ms. Suehiro felt the need to explore how to make the urban health sector or urban family planning sector financially sustainable.

**Mr. Tarik Hasan Shahriar,** Journalist and Columnist of the Daily Sun emphasized to establish a mechanism to monitor NGO activities. NGOs should be regulated or monitored by the government, not by the donor agency. He also underlined the need to strengthen doorstep services to the slum population.

## *Speech by Additional Secretary, Local Government Division, MO-LGRDC*

**Mr. Syed Mahboob Hasan**, Additional Secretary, Local Government Division, MO-LGRDC was concerned about the unplanned accumulation of population in Dhaka city and high fertility among slum women. Mr. Hasan advised to provide safety net to couples living in slums otherwise they will have more children in the hope of early economic return from their children.

Mr. Hasan mentioned the inadequacy in the government efforts to ensure access to education and health care among slum population. He informed that Local Government Division has no separate budget for the urban health care services, and allocation of fund is much less than its actual requirement. It has a project with coverage only in six city corporations and five municipal areas, leaving more than 300 municipalities as orphan, primarily due to lack of finance, manpower and logistics. Mr. Hasan was supportive of the idea of a collaborative effort between the Ministry of Local Government and the Ministry of Health and Family Welfare for formulating a strategy of how disadvantaged population in cities can be reached with heath and family planning services.

It is worth noting that Bangladesh is reputed for producing quality medicines and exporting pharmaceutical products to many countries including few developed countries. Yet, contraceptive commodities are procured from foreign countries. Mr. Hasan advised policymakers to capitalize on the comparative advantage of the pharmaceutical sector to produce contraceptive commodities at home as a way to ensure continuous supply of commodities with affordable cost.

## *Speech by Secretary, Ministry of Health and Family Welfare*

**Mr. Md. Humayun Kabir,** Secretary, MOHFW heightened the necessity to enhance the involvement of MOHFW in the urban health system to reach slum population, which constitutes one-third of urban population and cannot afford services from the government tertiary hospitals and for-profit private clinics. The Secretary also emphasized to strengthen family planning service delivery in the urban area, and provided important direction for the future program.

The Secretary was concerned with the inadequacy of family planning infrastructure in urban areas and opined that the presence of hospitals is not enough. He felt the necessity to do different types of activities in urban areas as he substantiated that providing doorstep services may not be a feasible option as majority of women living in slums are involved with income earning activities outside home. The Secretary expressed his intention to strengthen the system of incentive for long-acting and permanent methods as he reasoned that further increase in the contraceptive prevalence rate largely depends on the acceptance of long-acting and permanent methods.

NGOs have the opportunity to complement the government efforts in the urban area. The Secretary recommended cost-sharing to address the issue of sustainability of NGO services and to relieve their burden of expenditure while the poor should be protected through subsidization. Regarding public-private partnership, the Secretary considered the variation in the structure, capacity and charges of clinics operating in urban areas as an obstacle to utilize their services. The intention and commitment of the private sector is critical to initiate such collaboration.

As urban health is not under the MOHFW and is a transferred subject, it will be more useful if Local Government Division takes a lead role in urban health while MOHFW will have the

supplementary role. The Secretary expressed sincere intention to depute/provide doctors to the Local Government Division's infrastructure if necessary.

The Secretary was not impressed with the idea of having a separate 'urban health policy'. He elaborated that MOHFW visualizes health as a sectoral approach and it intends to incorporate urban health strategy as a component of next health sector program. The Secretary informed about the formation of coordination committee between MOHFW and MO-LGRDC, which is mandated to develop an urban health strategy.

### *Speech by Principal Secretary, Prime Minister's Office*

**Mr. Md. Abdul Karim**, Principal Secretary to the Prime Minister's Office stressed the need to reassess the situation whether urban health and family planning should be the function of Ministry of Local Government alone or there should be involvement of the Ministry of Health and Family Welfare. The Principal Secretary, however, mentioned the difficulty to change allocation of business among ministries. He explained that change in the distribution of responsibility in the population sector must be through the National Population Council where Prime Minister alone has the power to take such decision.

The Principal Secretary attached high importance to stakeholder participation since joint effort of the government, private sector and NGOs is critical to enhance service coverage. Effective coordination between MOHFW and MO-LGRDC is also important because the elected representatives can be involved in family planning activities for ensuring program coverage in their areas and mobilizing community toward small family norm. The Principal Secretary also emphasized on the cost-subsidization for low-income clients. 'Corporate social responsibility' could be one of the ways for the private sector to support poor clients.

The Principal Secretary appreciated the contribution of the development partners in supporting NGO activities for slum population. However, he is not supportive of the traditional notion of dependence on development assistance alone. He asserted that the government should channel own resources for addressing the family planning needs of urban population instead of depending on donors and NGOs alone.

Considering the large population of the country and the mode of operation of government machinery, the Principal Secretary considered the development of an urban strategy as an urgent necessity where the revised role of MOHFW and MO-LGRDC must be reflected. He requested the Population Council to present the workshop recommendations in a structured way to the Prime Minister's Office and concerned ministries for further action.

## SECTION V: WAY FORWARD

In the urban areas, primary health care service including family planning is the responsibility of the Local Government Division under MO-LGRDC. Historically, the Local Government Division has limited infrastructure and capacity to provide health and family planning services in urban areas. Unfortunately, there is no policy or strategy for providing primary health care and family planning services to urban population. By the year 2030, approximately 40 percent of the country's population is expected to live in urban areas, where the demand for an affordable health system will be critical. For this teeming urban population, there is no structured family planning service. It is critical to develop a sustainable primary health care structure with the thrust on family planning services.

- Inadequate coordination between MOHFW and MO-LGRDC is the major challenge. Considering the large urban population of the country and the mode of operation of government machinery, development of an urban primary health care and family planning strategy is an urgent necessity where the revised role of MOHFW and MO-LGRDC must be reflected. Meanwhile, there is an opportunity to incorporate the urban primary health care and family planning strategy as a component of Health Population and Nutrition Sector Strategic Plan (2011-2016).

- Mapping of the existing urban family planning service delivery situation is needed. Service delivery in urban area is complex as there are many actors with diverse roles. Learning the roles of different stakeholders through the mapping exercise is critical for developing urban health and family planning strategy.

- The fundamental problem of urban family planning program is the absence of a comprehensive service delivery structure. It is necessary to develop physical infrastructure to provide services as a way to ensure sustainability of the urban program. In addition, involving private medical colleges has the potential to increase coverage of family planning services in urban areas.

- Slums are growing in huge numbers; therefore, demand for health and family planning services among slum dwellers will be intense. NGOs play an important role in providing basic health and family planning services to a limited proportion of the slum population. In addition to continue the momentum of current program efforts, NGOs need to increase number of clinics for greater coverage among slum population.

- Involving for-profit private sector is an opportunity. The intention and commitment of the private sector is critical to supplement the efforts of the government and NGO sector. However, variation in the structure, capacity and charges of clinics operating in urban areas is an obstacle to utilize their services. Another challenge is to subsidize low-income clients who will receive service from the private sector.

- Although NGOs are widely known for their contribution to complement the government efforts in providing primary health care and family planning services in the urban area, sustainability of NGO programs is the key challenge. NGO programs are subject to the availability of development assistance. They need to develop the capacity to attain an

appreciable degree of financial sustainability. Cost recovery through user charges should be strengthened to address the issue of sustainability of NGO services.

- Due to the movement of destitute people from rural to urban area, urban poverty and income inequalities have become more pronounced over the years. This disadvantaged population should be protected through subsidization. If sustainability of the program is ensured at the cost of depriving the low-income urban populations to access services, it will be counterproductive. Subsidizing poor client is necessary for two reasons: the poor cannot afford to receive services at the market price, and unmet need for services is the highest among the poor.

- Full potential of the NGO sector has not been utilized yet. The necessity of redefining the role of NGOs in the family planning sector on urgent basis is realized, as NGO programs are expensive while only about five percent of contraceptive prevalence rate is due to NGO activities. NGOs can seize the opportunity to contribute in: underserved areas, urban slums, BCC and marketing, and promotion of long-acting and permanent methods.

- In the last two decades, several primary health care and family planning programs were implemented in urban areas, but in a less-coordinated fashion. Good examples and opportunities are available from those programs. It is important to capture those elements for designing future program.

- Traditionally, there is no contribution from the private sector to long-acting and permanent methods. The private sector can be involved for providing long-acting and permanent methods in a way to supplement government efforts. However, there is a complex policy barrier for the private sector to procure, import and provide family planning methods. In this context, creating an enabling policy environment is critical to introduce long-acting and permanent methods in the private sector.

- To increase acceptance of long-acting and permanent methods requires continuity and expansion of the existing program. It is necessary to strengthen the system of incentive for long-acting and permanent methods as further increase in the contraceptive prevalence rate largely depends on the acceptance of long-acting and permanent methods.

- Close collaboration between the Ministry of Health and Family Welfare and the Ministry of Local Government is critical to address the future health and family planning needs of the burgeoning urban population. Population activities should not be limited to these two ministries rather other ministries and agencies whose target population is affected by population dynamics should share the responsibility of family planning and family welfare. Sound political will and commitment at the highest level is the key to ensure collaboration within different ministries.

- Local Government Division has no separate budget for the urban health and family planning services, and allocation of fund is much less than its actual requirement. It has a project with coverage only in six city corporations and five municipal areas, leaving more than 300 municipalities as orphan, primarily due to lack of finance, manpower and logistics. The

government should channel own resources for addressing the family planning needs of urban populations instead of depending on donors and NGOs alone. Simultaneously, it is necessary to entrust the responsibility of budget allocation to the Local Government Division.

- Shortage in the supply of contraceptive methods contributes to the increase of unwanted pregnancy, eventually leading to higher fertility. Generally, women, who do not get the supplies of desired methods from the clinic, are more likely to have unwanted pregnancy. Supply falling short of the demand is common among NGO clinics operating in urban areas. Unless supply is ensured, the other strategies and efforts will be futile.

- Bangladesh is reputed for producing quality medicines and exporting pharmaceutical products to many countries including few developed countries. Yet, contraceptive commodities are procured from foreign countries. The government can capitalize on the comparative advantage of the pharmaceutical sector to produce contraceptive commodities at home as a way to ensure continuous supply of commodities with affordable cost.

- The availability of specialized clinics for family planning services is not an appropriate choice. Providing doorstep services may not be a feasible option either as majority of women living in slums are involved with income earning activities outside home and are not at home during the day. Higher mobility of urban populations brings difficulty to service providers. Therefore, different types of activities are needed in urban areas. For example, working populations often want health and family planning services near their place of work and speedy service during work breaks.

- It is necessary to identify appropriate ministry that will coordinate the primary health care and family planning activities in urban areas across the country. First and foremost thing is to determine the leadership between these two ministries, which is also associated with the issue of governance. In this regard, one option might be to have a full-fledged health workforce within the Local Government Division. On the other hand, it can be explored whether to delegate the responsibility to MOHFW.

- There is a difficulty to change allocation of business among ministries. Change in the distribution of responsibility in the population sector must be through the National Population Council where Prime Minister alone has the power to take such decision. At present, it will be more useful if MO-LGRDC takes the lead role in urban health and family planning while MOHFW will have the supplementary role. Partnership between the government, private sector and NGOs is the next critical step towards sustainability of urban health and family planning services.

# *ANNEXURE 1*

## Program of the Workshop

### Future of Urban Family Planning Program in Bangladesh: Issues and Challenges

Date: December 18, 2010
Venue: BRAC Center Inn, Mohakhali, Dhaka

| 9:30 am – 10:00 am | **Registration** |
|---|---|
| Chief Guest: | **Md. Abdul Karim**, Principal Secretary, Prime Minister's Office |
| Special Guests: | **Md. Humayun Kabir**, Secretary, Ministry of Health and Family Welfare<br>**Syed Mahboob Hasan**, Additional Secretary, Local Government Division, MO-LGRDC |
| Guest of Honor: | **Begum Dilruba**, Director General, DGFP |
| Chair: | **Ubaidur Rob**, Country Director, Population Council |
| 10:00 am – 10:05 am | Recitation from the Holy Quran |
| 10:05 am – 10:10 am | Welcome Address<br>- **Ubaidur Rob**, Country Director, Population Council |
| 10:10 am – 10:40 am | Future of Urban Family Planning Program: Issues and Challenges<br>- **Ahmed Al Kabir**, President, RTM International |
| 10:40 am – 11:00 am | **Tea** |
| 11:00 am – 11:45 am | Action-oriented Discussion<br>Moderator: **A.K.M. Zafar Ullah Khan**, Advisor to Population Council & Former Secretary, Ministry of Health and Family Welfare |
| 11:45 am – 12:30 pm | Open Discussion |
| 12:30 pm – 12:40 pm | Remarks by the Guest of Honor |
| 12:40 pm – 1:00 pm | Remarks by the Special Guests |
| 1:00 pm – 1:15 pm | Remarks by the Chief Guest |
| 1:15 pm | Closing by the Chair |
| | **Lunch** |

## *ANNEXURE 2*

### List of Workshop Participants

*(Not According to Seniority)*

1. Md. Abdul Karim, Principal Secretary, Prime Minister's Office
2. Md. Humayun Kabir, Secretary, Ministry of Health and family Welfare
3. Syed Mahboob Hasan, Additional Secretary, Local Government Division, MO-LGRDC
4. Ganesh Chandra Sarker, Director (IEM), DGFP
5. Hosne Ara Begum, Director (Planning), DGFP
6. Md. Zahir Uddin Babar, Director (MIS), DGFP
7. Md. Delwar Hossain, Director (Admin), DGFP
8. Faikuzzaman Chowdhury, Director (Finance), DGFP
9. Mohd. Zearul Islam, Deputy Director (IEM), DGFP
10. Tapash Ranjan Das, Deputy Director (MCH) & PM (MHS), DGFP
11. Gias Uddin, AD (MCH), DGFP
12. Zebunnessa Hossain, AD (QA) & DPM (CCSDP), DGFP
13. Ahsan Sadiq, Team Leader, GFA
14. Md. Saikhul Islam Helal, Program Preparation Cell, MOHFW
15. Obaidur Rahman, Epidemiology & Nutrition Officer, UPHCP
16. Shehlina Ahmed, Health Adviser, DFID
17. Momena Khatun, Health Advisor, CIDA
18. Bertold Liche, KFW
19. Habibur Rahman, Senior Program Manager, KFW
20. Yuki Suehiro, Deputy Representative, UNFPA
21. Aminul Arefin, Technical Officer, M&E, UNFPA
22. K. Zaman, Senior Scientist, ICDDR,B
23. Juan Carlos Negrette, Chief of Party, Smiling Sun Franchise Program
24. Abdus Shahid Khan, Managing Director, Smiling Sun Franchise Program
25. Md. Mozzammel Hoque, Sr. Policy Adviser, Smiling Sun Franchise Program
26. Mobarak Hossain, General Manager, Marie Stopes Clinic Society
27. Hasinul Islam, Project Manager, Marie Stopes Clinic Society
28. Taslim Uddin Khan, Head, Research & Evaluation, SMC
29. S.M. Nizamul Haque, Team Leader (Policy and Advocacy), Engender Health
30. Badal Halder, Sr. Program Officer, Bangladesh Center for Communication Program (BCCP)
31. Farhana Ahmad, National Coordinator, White Ribbon Alliance, Bangladesh
32. Istiaq Mannan, Chief of Party, Mamoni Project, Save the Children-USA
33. Selina Amin, Health Adviser, Plan International
34. Md. Imtiazul Islam, Team Leader, CARE Bangladesh
35. Faruque Ahmed, Director, BRAC Health Program

36. Kaosar Afsana, Associate Director, BRAC Health Program
37. Solaiman Sarker, PM, BRAC
38. Taskeen Chowdhury, Sr. Sector Specialist, BRAC Health Program
39. Md. Masudul Haque, Chief Executive, Bangladesh Women's Health Coalition
40. Ahmed Al Kabir, President, RTM International
41. Farhtheeba Rahat Khan, Director, BD&M unit, RTM International
42. Md. Ashraful Awal, Deputy Director, Research Evaluation Associate for Development (READ)
43. Sharifa Begum, Sr. Research Fellow, BIDS
44. Barkat E Khuda, Professor of Economics, University of Dhaka
45. M. Kabir, Professor of Statistics, Jahangirnagar University
46. A.K.M. Nurun Nabi, Professor of Population Sciences, University of Dhaka
47. Sushil Ranjan Howlader, Professor of Health Economics, University of Dhaka
48. Ahmed Neaz, Professor, American International University Bangladesh
49. Dhiraj Kumar Nath, Former Advisor, Caretaker Government of Bangladesh & Former Secretary, Government of Bangladesh
50. Md. Abdullah, Advisor, A.K. Khan Healthcare Trust & Former Joint Chief, Government of Bangladesh
51. Jahiruddin Ahmed, Former Director (MCH), DGFP & Former Director General, Family Planning Association of Bangladesh
52. Jafar Ahmad Hakim, Former Director (MCH), DGFP
53. Tarik Hasan Shahriar, Journalist & Columnist, The Daily Sun
54. Shahin Ahmed, Managing Editor, Shilpakantha
55. Ubaidur Rob, Country Director, Population Council
56. A.K.M. Zafar Ullah Khan, Advisor, Population Council & Former Health Secretary, Government of Bangladesh
57. Ismat Ara Hena, Program Officer, Population Council
58. Md. Moshiur Rahman, Program Officer, Population Council
59. Md. Noorunnabi Talukder, Program Officer, Population Council
60. Amar Krishna Baidya, Assistant Program Officer, Population Council
61. Md. Mostafizur Rahman Khan, Senior Research Officer, Population Council
62. Kaji Tamanna Keya, Research Officer, Population Council
63. Eshita Jahan, Research Officer, Population Council
64. Sareeta Haider, Research Officer, Population Council

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