

BANGLADESH POPULATION POLICY

**MINISTRY OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF THE PEOPLE'S REPUBLIC
OF BANGLADESH, DHAKA**

OCTOBER 2004

Glossary

AIDS	Acquired Immune Deficiency Syndrome
BBS	Bangladesh Bureau of Statistics
BCC	Behavior Change Communication
CBO	Community-Based Organization
DFP	Directorate of Family Planning
HPSP	Health and Population Sector Program
HIV	Human Immune Deficiency Virus
HRD	Human Resources Development
ICMH	Institute of Child and Mother Health
ICPD	International Conference on Population and Development
IMR	Infant Mortality Rate
MCHTI	Maternal and Child Health Training Institute
MMR	Maternal Mortality Rate
MOHFW	Ministry of Health and Family Welfare
NIPORT	National Institute of Population Research and Training
NPC	National Population Council
NRR	Net Reproduction Rate
NGO	Non-Government Organization
RH-FP	Reproductive Health - Family Planning
RTI	Reproductive Tract Infection
SBA	Skilled Birth Attendance (including doctors, midwives and other trained personnel)
SRH	Sexual Reproductive Health
STD	Sexually Transmitted Disease
TFR	Total Fertility Rate
VGD	Vulnerable Group Development

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1. Preamble

Socio-economic development for all citizens is the cornerstone of Bangladesh's constitution. According to the articles 15, 16, 17 and 18 of the constitution, the state has the responsibility to ensure to its citizens certain basic needs such as health, education, food and security. In order to translate these constitutional goals into reality, the Government had undertaken a wide array of public policies. Realizing the importance of population and development, the Government prepared a Population Policy Outline¹ in 1976 and had identified population problem as the national problem. The Policy stands out as one of the most remarkable achievements of the government.

The 1976 Policy Outline incorporates population and family planning program as the integral components of overall national development and social reformation programs to ensure improved living standard of the people and to make family size smaller, improved health status for mother and child, family welfare. Measures were also undertaken to strengthen the organizational structure of population and family planning programs along with strengthening of monitoring system and decentralization of administrative and financial powers. Major programs undertaken were: create opportunity to accept different methods of family planning by choice, strengthen mother and child health care activities, involve young and women groups, religious leaders, community leaders and voluntary organizations, initiate educational programs on family planning issues and develop research and training activities. Emphasis had also been given to increase age of marriage under legal bindings and strengthen vital registration system.

Since 1976, this policy emphasis has been reflected in all successive 5-year plans and programs. As a result, the rate of family planning methods users has increased from 8 percent in mid-70s to 54 percent by the year 1999-2000. Total fertility rate (TFR) has decreased from 6.3 to 3.3² and it has become possible to reduce the population growth rate from 3 percent in mid-70s to 1.47 percent by the year 2000³. But the environment for improved quality of life for the mass has yet to be achieved. High population growth is still an obstacle to the national development. In addition to population density (834 persons per square kilometer³, one of the highest in the world), deforestation and reduction of cultivable land, air and water pollution, scarcity of pure drinking water, inadequate shelter, unemployment, malnutrition and slow pace of progress in the health and nutrition sectors are the major impediments to the development efforts of the country.

In this context, Honorable Prime Minister Begum Khaleda Zia in her 2002 World Population Day address called for the Government commitment to free the nation from the curses of unrestrained population growth at any cost for the benefits of the present and future generations.

¹ Bangladesh National Population Policy – An outline, June 1976, Dhaka, Population Control and Family Planning Department, Government of the People's Republic of Bangladesh.

² National Institute of Population Research and Training (NIPORT), Mitra and Associates and ORC Macro, 2001, Bangladesh Demographic and Health Survey 1999-2000, Dhaka, Bangladesh and Calverton, Maryland (USA), National Institute of Population Research and Training (NIPORT), Mitra and Associates and ORC Macro.

³ Census 2001 Preliminary Report, August 2001, Dhaka, Bangladesh Bureau of Statistics (BBS), Ministry of Planning, Government of the People's Republic of Bangladesh.

She instructed to put in hard efforts to contain the population growth for the interest of sustainable and environment friendly development and for national existence in the world.

The size of Bangladesh population was about 129.3 million in 2002³. Each year, the population increases by 1.8 million. There is a significant geographical variation in fertility. Till today some areas and group are remaining under-served. In order to stabilize the population growth it is necessary to update the existing 1976 population policy outline in the context of changed national and global conditions. The government has recently adopted its strategy towards development in the Interim Poverty Reduction Strategy Paper (IPRSP) document: A National Strategy for Economic Growth, Poverty Reduction and Social Development⁴. It is also important to uphold the human rights and focus the decisions made at the International Conference on Education 1993 in Jomtien, International Conference on Population and Development (ICPD) in 1994, International Conference on Women and Children 1995 in Beijing, Millennium Development Goals (MDGs) of Millennium Summit, 2000 in New York and other relevant decisions taken in international forums in the updated population policy.

2. Rationale for Population Policy

The population of Bangladesh is likely to grow up to 172 million by the year 2020 and will stabilize at 210 million by the year 2060, even if replacement level fertility (i.e. Net Reproductive Rate-NRR=1) is achieved by the year 2010⁵. If it is delayed by another 10 years, population will be stabilized 25 years later due to the population momentum inherent in the young age structure, resulting 250 million people in 2085. The recent plateauing of total fertility rate despite increasing contraceptive prevalence exacerbates the problem. In this situation it would be difficult to ensure basic needs including food, cloth, education, shelter, health and communication for a large number of population within the limited geographical boundary. The increased large number of population will be a burden to the limited national resources making almost impossible to improve the living standard of people.

This policy responds to the critical need for a comprehensive Policy to deal with this complex national problem in a holistic way. It is also essential to build national consensus and synergy among institutions: public, private, civil society and NGOs. Factors that influence population stabilization efforts are affected by the works of several ministries such as Health and Family Welfare, Education, Labor and Employment, Social Welfare, Women and Children's Affairs, Youth and Sports, Cultural Affairs, Local Government Rural Development and Co-operatives, Planning etc. The magnitude and the nature of the problem warrants no less than a well-coordinated population policy that has influence and generates responses from these ministries.

⁴ Bangladesh: A National Strategy for Economic Growth, Poverty Reduction and Social Development, March 2003, Dhaka, Economic Relations Division, Ministry of Finance, Government of the People's Republic of Bangladesh.

⁵ Projected Population Estimates, July 1995, Dhaka, Population Wing, Planning Commission.

3. Major Objectives

The objectives of the National Population Policy are to improve the status of family planning, maternal and child health including reproductive health services and to improve the living standard of the people of Bangladesh through making a desirable balance between population and development in the context of Millennium Development Goals (MDGs) and Interim Poverty Reduction Strategy Paper (IPRSP): A National Strategy for Economic Growth, Poverty Reduction and Social Development. The following major policy objectives will help address the future challenges:

- 3.1 Reduce Total Fertility Rate (TFR) and increase the use of family planning methods among eligible couples through raising awareness of family planning;
- 3.2 Attain NRR equal to one by the year 2010 so as to stabilize population around 2060;
- 3.3 Ensure adequate availability and access of Reproductive Health Services, specially family planning services to all including information, counseling and services for adolescents;
- 3.4 Improve maternal health with emphasis on reduction of maternal mortality;
- 3.5 Reduce RTIs/STIs and prevent spread of HIV/AIDS
- 3.6 Reduce infant and under five mortality rates;
- 3.7 Reduce maternal and child malnutrition;
- 3.8 Promote and actively support programs for elimination of gender disparity in education, health and nutrition;
- 3.9 Ensure Early Childhood Development (ECD) program;
- 3.10 Ensure and support gender equity and empower women;
- 3.11 Develop the human resource capacity of planners, managers and service providers, including improved data collection, research and dissemination;
- 3.12 Actively support measures to provide food and social security and shelter for the disadvantaged including the elderly, destitute, physically and mentally retarded persons;
- 3.13 Actively support measures to regulate and reduce rural to urban migration;
- 3.14 Support measures for environmental sustainability with emphasis on access to safe drinking water;
- 3.15 Support poverty alleviating strategies and conducive environment for improved quality of life;
- 3.16 Ensure coordination among relevant Ministries in strengthening population and development linkages and making their respective mandates and implementation strategies more population focused;

4. Implementation Strategies

To achieve the above objectives, following broad implementation strategies shall be adopted:

4.1 Service Oriented Strategies:

In order to address the problems of high fertility, mortality and morbidity, RH-FP services are critical and there is considerable scope for improvement in this area. Empirical study reveals that substantial natural increase in population comes from an unmet need for family planning as well as desire for a large family. Hence, more attention on improved quality of care and increased utilization of services will be needed for reducing fertility, maternal mortality and morbidity, infant and child mortality. Complications arising from unsafe abortions are also significant in Bangladesh. Besides, ensuring the availability of family planning materials is one of the cornerstones of the population policy. Some strategies proposed in this area are:

- (a) Provision for Maternal, child and reproductive health services through a comprehensive client centered approach. These services should be provided along with health services at Upazila and Union levels, through a one-stop service and home delivery system. Both system should be complementary to one another;
- (b) Ensure full coverage of safe delivery through skilled birth attendants;
- (c) Special attention to young, low parity and newly married couples and those with unmet need for RH information and services. Freedom and right to choose contraceptive methods according to individual needs and preferences will be emphasized. In addition, supply of contraceptives should be ensured through home visitation and poor community should get supply of contraceptives free of cost;
- (d) Priority should be given in the provisions of social services to the couples with one child for their adopting small family norm;
- (e) Establishment of Union level Health and Family Welfare Centers, wherever needed and appointment of a doctor in these centers will be pursued in a phased manner to increase availability and access to quality care;
- (f) Uninterrupted supply of required medicines, equipment for all the service centers and strengthening of the contraceptive security system so that supplies are available wherever and whenever they are needed;
- (g) Ensure access to essential information and services especially amongst high risk behaviour groups for prevention of STIs, RTIs and HIV/AIDS infection;
- (h) Ensure supply of Vitamin A and other micronutrients and prevention of malnutrition among children and pregnant women; and
- (i) Support and ensure full coverage of child immunization.

4.2 Adolescent Welfare Services:

Adolescents constitute more than one-fifth of the total population in Bangladesh. One-fifth of the total births also occur among adolescent mothers⁶. Moreover, the rates of maternal and infant deaths are comparatively high among these mothers. In fact, for the well being of the adolescents following steps can be taken in collaboration with NGOs and community-based organizations:

- (a) Provide information and services, including counseling services aimed at (i) delaying age at marriage; (ii) delay in first birth as far as possible; (iii) adequate spacing between children and iv) improved access to reproductive health education and methods of preventing STIs, HIV/AIDS infection;
- (b) Provide credit facilities and vocational training especially to unmarried young women and men. To this end, support to establish an revolving fund may be provided;
- (c) Introduce vocational education including training on information technology in the formal and non-formal school curricula in order to equip boys and girls to enter into new and emerging occupational streams;
- (d) Provide formal and non-formal education to both in-school and out-of-school adolescent boys and girls; and
- (e) Provide adolescent RH and life skills education as well as counseling for parents, teachers and service providers on how to address adolescents in respect of SRH issues.

4.3 Gender Equity and Empowerment:

In terms of gender equity and equality, women in Bangladesh are in a disadvantageous position. At the household level, the girl child often has unequal access to nutrition, health care and education compare to boy child. Many discriminatory practices arise out of some deep-rooted socio-cultural factors. Women still earn less than men and are mostly occupied in low paid jobs. They often do not have easy access to credit and other income generation opportunities. In order to ensure better gender balance, the following strategies call for urgent attention:

- (a) Formulate all programs, both Government and Non-Government conforming to gender sensitivity;
- (b) Improve participation of women in decision-making roles at national and local levels as well as in income generating activities, including use of micro-credit, and vocational education to enable them to move beyond traditional roles and occupations;
- (c) Provide child care support systems, including creches at work places in urban and rural areas;
- (d) Strengthen institutional capacity and resources of the women's development related institutions and mainstream gender concerns in all sectors;

⁶ National Institute of Population Research and Training (NIPORT), Mitra and Associates and ORC Macro, 2001, Bangladesh Demographic and Health Survey 1999-2000, Dhaka, Bangladesh and Calverton, Maryland (USA), National Institute of Population Research and Training (NIPORT), Mitra and Associates and ORC Macro.

- (e) Eliminate all forms of violence and sexual abuse, including trafficking of women and children;
- (f) Promote male participation in household responsibilities and make them more responsive to family planning and reproductive health care needs and essentialities of women; and
- (g) Create equal opportunity for both boys and girls in education, nutrition and health services.

4.4 Population and Development Strategies:

Population growth and distribution influence development and in turn get influenced by it. As a multi-sectoral concern, population stabilization requires integration of demographic factors into the activities of health, education, women's development, urbanization, housing, environment, poverty alleviation, elimination of social and economic disparities etc. Policies and strategies of these sectors have to be consistent with the goal of population stabilization and socio-economic development. There is a need to integrate population variables in the development plans and policies of all relevant ministries in order to make public policies more population focused. The Population and Development strategies will emphasize the following four areas:

4.4.1 Welfare Services for Elderly and Poor

Elderly and poor constitute a significant portion of the total population in Bangladesh. Special attention is needed for their health, education and social security. Following strategies will be adopted in order to solve their problems:

- (a) Introduce universal education, social security, health and family planning services for the poor with the help of government, nongovernmental and private sector institutes;
- (b) Strengthen family support system through advocacy and counseling regarding responsibilities of family for elderly, physical and mental retarded members and create awareness in the light of religious values;
- (c) Increase existing old age allowance and expand its coverage; and
- (d) Ensure social security and free medical care for childless and helpless elderly couples.

4.4.2 Urban Migration and Planned Urbanization:

Urban population in Bangladesh is increasing at the rate of 4.0 percent per annum, largely attributable to rural-urban migration⁷. This high growth rate is putting tremendous pressures on urban facilities and civil services, including law and order. Hence, the following strategies will be adopted to slow down the growth of urban population:

⁷ Census 2001 Preliminary Report, August 2001, Dhaka, Bangladesh Bureau of Statistics (BBS), Ministry of Planning, Government of the People's Republic of Bangladesh.

- (a) Slow down the rate of migration from rural areas to Dhaka and other major cities. To this end, there is a need to mitigate the push factors from rural areas by ensuring rural employment opportunities in agriculture and agro-based industries. Simultaneously satellite towns and growth centers should be established with adequate facilities to provide alternative destinations to rural migrants. Roads and communication systems should be linked with the growth centers; along with health, education housing and other welfare services created in those places. Headquarters of important Government and non-Government Organizations, educational institutions and industrial units may also be shifted or relocated to other cities;
- (b) Relax rules relating to going abroad of skilled workers and make provision for dual citizenship;
- (c) Impart education and skill training to the young men and women to become competent and skillful to handle many new and emerging fields in the cities and towns;
- (d) Create skilled manpower for overseas employment;
- (e) Ensure coordinated and planned development of the towns and cities keeping in view the future growth of population and prevent the growth of urban slums through vigilance of administration, municipalities and law enforcing agencies, which may slow down the rate of population growth in urban areas.

4.4.3 Coordinated Collection and Use of Data:

Census, surveys and researches are major sources of population data. And these are currently being done regularly in the country. But the received information and data are not properly utilized. So, in order to maintain flow of information and maximum utilization of it, Ministry of Planning in collaboration with the Ministry of Health and Family Welfare can initiate a coordinated effort in this area through the following strategies:

- (a) Promote regular interface between population and Reproductive Health researchers, among the policy makers, program planners, managers and relevant stakeholders;
- (b) Harmonize gender-aggregated data collection, analysis and dissemination efforts of different agencies and establish a set of indicators for effective implementation and monitoring of the population policy; and
- (c) Promote sub-national socio-cultural research to better understand the dynamics of differentials in contraceptive use, reproductive health services on health and demographic outcomes.

4.4.4 Population and Environment:

Rapid increase in urban population resulting in heavy traffic movement on roads in cities and towns, shortage of housing, poor water supply and sanitation facilities, air pollution etc are constantly affecting environment. Many of these problems are due to influx of rural population to urban areas. In addition, unplanned housing in the villages are being developed destroying agricultural land. To remedy these problems, the following strategies shall be pursued:

- (a) Develop specific plan to discourage housing in the villages and cities by destroying agricultural lands;
- (b) Strengthen social afforestation programs in villages and take appropriate steps to create a pollution free environment in all towns and cities;
- (c) Ensure availability, access to safe and arsenic free water to all citizens and make the local Government responsible for taking all necessary measures. Different arsenic-free water sources shall be made available;
- (d) Reduce vehicular pollution by implementing appropriate laws;
- (e) Regulate the growth of slums and encourage environment friendly activities. Undertake appropriate steps through the local Government and law enforcing agencies in this regard;
- (f) Undertake a cleanliness drive regularly by the Municipal Corporation and Municipalities and other civic authorities to keep cities, towns, hats and bazaars clean; and
- (f) Support the programs for re-excavation of canals and ponds in rural area and to undertake measures against soil and river erosion.

4.5 Human Resources Development:

In view of the importance of quality family planning, maternal and child health and reproductive health service delivery, population and development linkages and behavior change communication at all level of policies and programs, a large skilled workforce need to be created to sustain population activities within the framework of the population policy. Hence, the following education and training strategies need to be pursued for human resources development:

- (a) Introduce population, public health and health science in all levels of education with due importance and initiative to incorporate these issues particularly in the curriculum of Secondary School Education.
- (b) Undertake initiative to incorporate population, family planning, maternal and child health and reproductive health issues in different curriculums of medical education.
- (c) Design and implement appropriate training and learning programs for managers and service providers from different disciplines, covering the necessary mix of skills required for family planning, maternal and child health and reproductive health services. To this

end, existing Human Resources Development (HRD) institutions need to be strengthened in terms of faculty and curricula development;

- (d) Strengthen training activities in order to develop skilled manpower like nurses, paramedics, field workers and skilled birth attendants so that maternal and child mortality can be reduced.
- (e) Expose policy makers, planners, program managers of various Ministries to population and development linkages so that they can prepare and implement sectoral plans and programs with more focus on population;
- (f) Develop capacity of health and population training institutes/HRD.
- (g) Arrange higher education and training in population science and reproductive health.

4.6 Decentralization of Population Policy Activities:

Decentralization and community involvement are essential in order to ensure that women, children and other vulnerable groups have adequate access to services. Strategies to achieve this objective are:

- (a) Decentralize population activities and ensure the people's participation in population, nutrition and health activities, decentralization of services through devolution of power to the Upazila level and further below;
- (b) Prepare action plan through participation of local elites, opinion makers, women's representatives of poorer section of the society along with the local level Government official;
- (c) Empower local level (Upazila and Union level) committees to generate funds for their use in improving quality and access to RH services; and
- (d) Ensure strong local Government presence for transparent administration and people's participation. It shall comprise representatives, among others, from peasants, workers and women according to article 9 of Bangladesh Constitution.
- (e) Orient mothers about family planning, maternal and child health and reproductive health through commissioning mother's centers at Union level and below.

4.7 Participation of NGOs and Private Sector:

The Government has the primary responsibility of policy making, planning, guidance and implementation of socio- economic development in respect of population. However, the NGOs and private sector are important partners of the Government in this endeavor. Hence, their active involvement in population activities at various levels is essential. To achieve this objective, the following strategies shall be pursued:

- (a) Provide support to the registered NGOs in Health, Nutrition and Population sectors to work in the underserved areas;

- (b) Encourage them to undertake motivational works and services particularly for the poor and other vulnerable groups;
- (c) Engage them in awareness creation activities regarding the benefits of delayed marriage and delayed birth, health and nutrition issues as well as of STIs, RTIs, HIV/AIDS;
- (d) Utilize NGOs and private sector effectively in community mobilization in population, family planning, maternal and child health and reproductive health activities; and
- (e) Ensure coordination and intimate linkages of the NGOs and private sector with the Ministry of Health and Family Welfare and other relevant ministries and institutions and avoid duality.

4.8 Building of Planned Family:

Accelerated increases in the size of population need to be contained in view of country's limited resources. All out efforts should be taken to popularize and ingrain the slogan "not more than two, one child is better".

4.9 Role of Doctor in Implementation of Population Policy:

The participation of doctors is necessary in ensuring the delivery of family planning and reproductive health services under the framework of the population policy. By their involvement, the doctor's community can play an important role in improving quality of family planning services and ensuring better health for mother and children. The following strategies will be adopted, for active involvement of doctors towards achieving the overall objectives of the population policy.

- (a) Ensure participation of government and non-government doctors in implementation of population program;
- (b) Engage government and non-government doctors in reducing the incidences of RTI/STI and preventing the spread of HIV/AIDS towards ensuring better reproductive health services;
- (c) Encourage the doctors in providing family planning services along with information, education and motivation activities according to the need of their patients;
- (d) Provide family planning services regularly along with maternal and child health services in all government and non-government health facilities.

5. Legal and Social Measures:

A set of measures in legal and social areas has been proposed with a view to achieving the goal and objectives of the national population policy as well as for implementing the relevant program strategies. These relate to the enhancements of welfare of women and their families, empowerment of women to promote equity and peace, broadening the scope of participation in

the decision- making process in health and other matters. The Ministry of Health and Family Welfare shall implement the following strategic proposals in cooperation with other concerned Ministries to achieve the Population Policy objectives.

- 5.1 Reform laws and procedures and design an implementation strategy to ensure compulsory registration of birth, death, marriage and divorce.
- 5.2 Ensure other facilities in accordance with the birth registration data: ensure the rights of citizenship for every child; prevent marriage of minor girls; and enroll children to schools at appropriate age. Birth registration will be ensured by putting in place the provision of producing a birth certificate at the time of enrollment to schools and registration of marriage. Compulsory birth registration will help prevent child labour; generate sex disaggregated demographic data for the purpose of planning in such important sectors as education, health and other welfare sectors; and prevent the widespread practice of supplying false information with respect to age etc.
- 5.3 As per the existing law, the minimum age of marriage for women is 18 years, and for men 21 years. Registration for marriage should be made compulsory for all citizens. Prior to marriage registration, the age of the applicant should be verified as per information in the birth registration certificate.

6. Role of Different Ministries in Population Activities:

High rate of population growth and resultant increase in population size impede the process of achieving the objectives in various sectors of the economy. Therefore, those ministries and agencies whose target populations are overwhelmingly affected by population growth should share the burden of responsibility of population control and family planning. In this regard the relevant ministries and agencies will be able to play their respective role successfully within their ambit and framework. Outlined below is the role to be played by different ministries and agencies with regard to population activities:

- 6.1 **Ministry of Health and Family Welfare** shall be the lead Ministry for population and family welfare activities and responsible for overseeing family planning, maternal and child health and reproductive health care services through its existing and potential service outlets like hospitals and other static delivery centers from Districts to Unions as well as field workers. It shall also be responsible for policy formulation, co-ordination of all population and family planning activities as well as implementation of National Population Policy in co-operation with other Ministries, Government and Non-Government organizations and civil societies. In addition to that, it shall act as the Secretariat of the National Population Council and monitor progress of implementation of its policy decisions and also, the activities of the National, District, Upazila and Union level Stakeholders' Committees. Besides, it shall facilitate training for the functionaries involved in population activities in the Ministry of Health and Family Welfare as well as

other ministries and support researches. All relevant Directorates and agencies shall be responsible for implementing family planning and reproductive health care services by pursuing strategies in accordance with their role and responsibilities.

- 6.2 Ministry of Primary and Mass Education and Ministry of Education** in keeping with the Education Policy may ensure improved quality and completion of primary and secondary education levels. The existing programs of encouraging gender equity in education may be continued and strengthened. In addition, the Ministries are urged to update their curricula on population, health sciences and life skill education through formal and informal schooling systems. Likewise the universities may take the necessary steps to modify demographic/population and RH courses.
- 6.3 Ministry of Agriculture** is urged to introduce courses on population and health science education in its training institutes and colleges. It may make useful efforts to motivate farm population on small family norm through its extension workers. However, this shall be done in harmony with Agricultural Policy.
- 6.4 Ministry of Information** will be encouraged to allocate more time and resources to telecast/broadcast messages on health education, family planning, maternal and child health and reproductive health, gender inequality, STD, HIV/AIDS especially targeting young people. In addition, the role of print media will be strengthened to create mass awareness on these issues.
- 6.5 Ministry of Local Government, Rural Development and Co-operatives** may develop programs involving the Gram Sarker, Union Parishad, Upazilla Parishad, Zilla Parishad members and local elites to orient them in population and development activities. Reproductive Health and gender will be the important elements of functional literacy, adult education and training programs. For this purpose, the Ministry should continue to utilize women's co-operatives for population activities. It will arrange skill training and credit facilities for the members. It will pursue birth registration system throughout the country and ensure improvement in health system in all municipalities and corporations.
- 6.6 Ministry of Planning/Planning Commission** will be responsible for policy planning, integration of population variables in the relevant sectoral plans and programs, as well as co-ordination of adequate resource allocation to concerned ministries. It will also be responsible for assessing overall national efforts and program impact. Bangladesh Bureau of Statistics (BBS) will undertake decennial population census and play a leading role in co-coordinating demographic studies and population statistics.
- 6.7 Ministries of Social Welfare, Women and Children Affairs, Youth and Sports and Cultural Affairs** may be encouraged to continue to implement family planning, maternal and child health and reproductive health and population related women's and youth development programs focusing attention to skill training, credit supports for the

trained women, functional literacy, women's rights and responsibilities. The institutions of mother's centers should be further strengthened by enlisting more and more members from the village community and thereby, enabling them to avail themselves of these facilities. On the other hand, Ministry of Youth and Sports and Culture can create mass awareness through its training institutes and affiliated organizations by arranging games, sports, and cultural activities which will in turn help to improve mental health and reduce morbidity and mortality.

- 6.8 Ministry of Environment and Forest** in keeping with environment policy may pursue a policy to safeguard the natural environment, encourage people for tree plantation, prohibit human settlements in the forest areas, disallow air polluting vehicles and undertake a guide line in order to create a better natural environment and ensure better health through useful measures.
- 6.9 Ministries of Defense and Home Affairs** may provide family planning, maternal and child health and reproductive health services in their hospitals and other service outlets and carry out regular educational programs for their officers and employees. In addition, defense forces, Bangladesh Rifles, Police, VDP and Anser can under take different programs in order to motivate their members for receiving health and family planning services, participate in health education activities and create awareness on prevention and control of different kinds of infectious diseases.
- 6.10 Ministry of Labour and Employment, Expatriate's Welfare and Overseas Employment** may introduce family planning and reproductive health care programs at their affiliated organizations, Labor Welfare Centers, tea garden clinics and other service outlets. The population of the industrial area should be the special target group for such services. The Expatriate's Welfare ministry can strengthen the surveillance system on the returnee workers in order to gather specific information on STIs/RTIs, HIV/AIDS incidence. Besides, it can under take necessary measures to create awareness among the workers going abroad about dangerous impact of these diseases.
- 6.11 Ministry of Religious Affairs** may be entrusted with the responsibility of orienting religious leaders and Imams on responsible parenthood, family planning, maternal and child health including reproductive health and prevention of STIs/RTIs, HIV/AIDS in the light of religious teachings.
- 6.12 Ministry of Land** may introduce family planning and reproductive health information and services in different development programs including Adarsha Gram, distress and slum rehabilitation program.
- 6.13 Ministry of Industries** may provide family planning and reproductive health information and services to female and male workers working at public and private industries for ensuring their reproductive rights. In addition, information and counseling

of unmarried workers may be ensured to encourage delayed marriage and development of planned family.

6.14 Ministry of Science and Information and Communication Technology may disseminate population information in the web-site of E-Governance program. The ministry can also provide fund for research in population, family planning and reproductive health areas under its scientific research program.

6.15 Ministries of Communication and Water Transportation may provide family planning, maternal and child health and reproductive health services in their hospitals and other service outlets and carry out regular educational programs for their officers and staffs.

7. Institutional Arrangement for Implementation:

Directorate of Family Planning (DFP) shall play a major role in overseeing and coordinating different programs mentioned in the national population policy. DFP shall ensure family planning, maternal and child health and reproductive health services needed for the people through its different service centers and providers. The Directorate shall maintain quality services through proper monitoring and supervision and ensure smooth supply of sufficient family planning logistics. It will also take initiative to create demand for family planning and reproductive health services through Behavioral Change Communication (BCC) activities. DFP will implement different programs mentioned in the national population policy through strengthening coordinated efforts with different government and non-governmental organizations and ensure accountability and transparency in all level of the programs. The Directorate of Health Services and other directorates/divisions and organizations of the Ministry of Health and Family Welfare will help DFP to implement national population policy related programs. In this regard, National Institute of Population Research and Training (NIPORT), Institute of Child and Mother Health (ICMH), Maternal and Child Health Training Institute (MCHTI), medical colleges including other related organizations will be involved for Human Resource Development (HRD) and research and development issues. Besides, local level administrations of all tiers will also be involved to implement the programs. In this regard, Gram Sarker, Union, Upazilla and Zilla level population committees shall be strengthened to execute the program.

The National Population Council (NPC) will monitor the implementation of the national population policy. With this end in view the NPC headed by the Honorable Prime Minister is already in place. This has as its members, concerned Ministers and Secretaries, departmental chiefs, leading private sector organizations and population experts, social scientists and public health specialists. The NPC will provide necessary guidelines for implementation of the population policy and programs, monitor the progress, and evaluate the impact of the policy. If required, the NPC may recommend any amendments or additions to the National Population

Policy from time to time. The NPC shall have an Executive Committee headed by the Honourable Minister for Health and Family Welfare.

The MOHFW shall act as the Secretariat of the NPC and be responsible for implementing the recommendations and decisions of the NPC in cooperation with concerned Ministries. A small working unit consisting of population experts shall be attached to the office of the Secretary/Additional Secretary in MOHFW to assist the Secretariat of the NPC to support the Council it needed in its deliberations, including monitoring the progress of implementation of NPC decisions and preparation of policy related technical papers.

A detailed time-bound integrated Action Plan shall be prepared to implement this policy with specific measurable indicators to monitor progress.