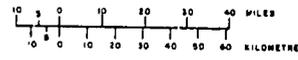


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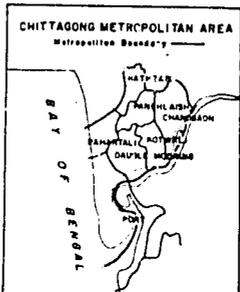
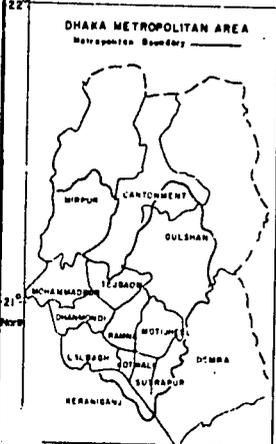
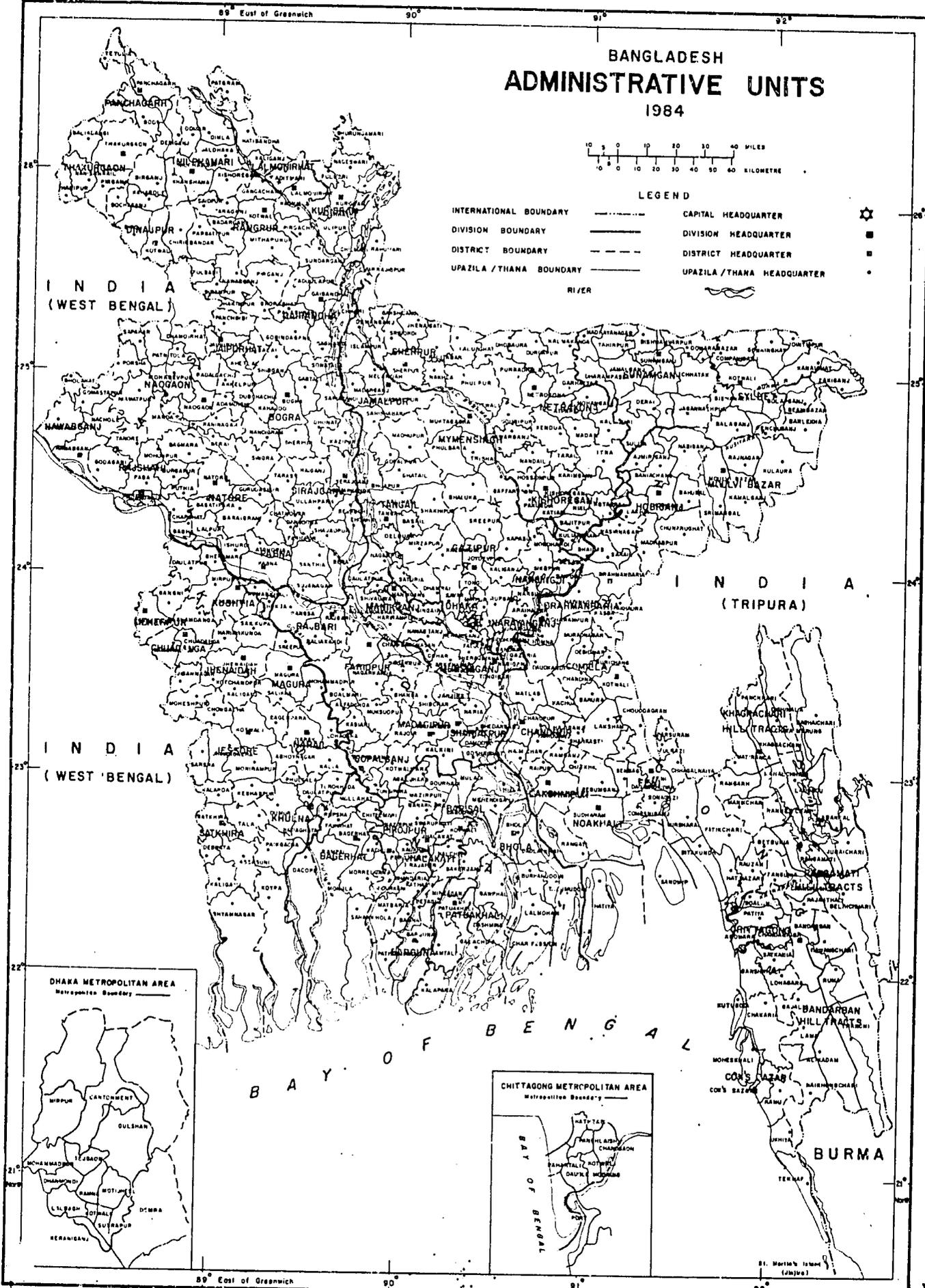
POPULATION CONTROL PROGRAMME IN BANGLADESH:
PAST, PRESENT & FUTURE

BANGLADESH ADMINISTRATIVE UNITS 1984



LEGEND

- INTERNATIONAL BOUNDARY
- DIVISION BOUNDARY
- DISTRICT BOUNDARY
- UPAZILA / THANA BOUNDARY
- RIVER
- CAPITAL HEADQUARTER
- DIVISION HEADQUARTER
- DISTRICT HEADQUARTER
- UPAZILA / THANA HEADQUARTER



SI. Martin's 12004 (2/1984)

POPULATION CONTROL PROGRAMME IN BANGLADESH :
PAST, PRESENT & FUTURE



Ministry of Health & population Control, population Control wing,
Government of the people's Republic of Bangladesh.

Foreword

I am most delighted to see that the effort has succeeded in documenting the historical growth and development of the Family Planning Programme in Bangladesh. A review of the past programme, its present status with future indications will certainly benefit a large number of interested readers who are in search of a reliable document on the subject. I believe that wider dissemination of useful information never goes in vain. Dissemination of knowledge leads to awareness and practice and I think that this document if widely circulated, will certainly contribute to future programme development.

I need not, perhaps, deal elaborately on any issue but I will take the opportunity to emphasize that accelerated Population Growth as the No. 1 problem of the Country, should be squarely dealt with on emergency basis. Our commitment is firm and we would not like anyone amongst ourselves to take it easy. Our present and future depends on how best we deal with the menacing growth of population. As time is running out, I urge upon all to do their best for the sake of individual, community and national welfare. Any dilly-dally will jeopardise our survival.

I would like to thank the members of the Committee who have put their hard labour to compile and edit this document. I hope the publication of the document has been timely and need-responsive. With periodical updating, such a publication will serve as a feed-back instrument for all concerned.

I wish the document will throw light to remove some amount of ignorance and arouse awareness of the readers to the problem and the prospect of Population Control Programme in Bangladesh.

Major General M. Shamsul Haq
Minister,
Ministry of Health and
Population Control

Preface.

I am glad to note that a long-felt need has been fulfilled with the publication of a comprehensive report namely, "Bangladesh Population Control Programme-past, present and future". The report is an excellent piece of work carrying reflection into the past along with an exposition of the present and a glimpse into the future. The report is significant from historical as well as current-day perspectives. Often for lack of proper documentation of the past events of importance, historical facts pass into the realm of oblivion. I hope that with the publication of this Report, the possibility of ignoring the past will be somewhat reduced.

Recalling the past, the history of family planning programme in Bangladesh could be traced back to early 1950's. The voluntary efforts initiated in 1953 prepared grounds for Government's participation as the major partner, in the implementation of the national programme in early part of 1965.

As experience accumulated over the years. Population Policy and Programme became more dynamic, flexible and forceful. We all know that the organizational development of the Population Control Programme has a chequered history in this country. Starting as a Government Organization, it was transformed into an autonomous Board in May 1966. The BOARD was abolished in August 1975 and a Government Directorate under a newly created Division within the Ministry of Health and Population Control, was established. Since then the programme assumed a multi-sectoral dimension as a part of the development activity. In mid 1982, the Government in its best wisdom, has further re-organized the Programme under the singular and unified command of one Secretary at the Ministry along with the functional integration of FP, MCH and PHC services at upazila level and below. The Programme under the present leadership introduced a good number of measures and has started to yield significant improvement in performance. The contraceptive prevalence rate which is one of the indicators of the popularity of family planning has increased appreciably from 18.6 as of 1981 to 21.7 in 1983. This encouraging trend, however, does not leave us in a state of complacency as we have a long and difficult way to go.

A child born today in Bangladesh faces a grim prospect of life, as we are living far below the poverty line amidst endless misery and misfortune. The demographic situation is so serious, that all efforts for salvation from utter poverty will be nullified if the accelerated growth of population is not checked and rapid decline in growth is not ensured. We have to move fast to avert a catastrophic situation. Our planners, demographers and friendly donors have rightly drawn our attention to the fact that a ten year delay in achieving NRR—1 from 1990 would result in an increase of 12 million population by the turn of the century; an additional 2.1 million tons of foodgrain to maintain the current meagre average per capita intake of 16 oz. per day; an additional workforce of 3.1 million; and an increase in the number of children of school going age by about 8 million. The social and economic cost of absorbing this addition to population will be enormous. Recognizing the above realities, the Government having a prospect

of higher contraceptive performance as evidenced during the last two and a half years, has concluded that population programme must aim to achieve a drastic decline in fertility within the shortest possible time. Although the task is a formidable challenge, we are determined to do whatever is necessary to rapidly bring about a favourable balance between the Country's population and its natural resources.

I believe none perhaps, would argue that slower growth of population alone will assure socio-economic development: poor economic growth, inequality in the distribution of wealth and social backwardness may prevail irrespective of population change. But it is clear that poverty, misery and rapid population growth are mutually supportive. In most of the developing countries like that of ours, development for improving the quality of life would not be possible unless slower population growth rate can be achieved. Experience shows that education, women's status, employment and other development measures that raise income and at the same time parent's hope for their children, along with widespread and free access to family planning and MCH Services create a powerful combination in reducing fertility. In addition, a strong, stable and innovative administration is required to steer the thrust of the programme to make a break-through.

Every Government formed in this Country since independence, has declared rapid population growth as priority Number: 1 problem and resolved to tackle it on emergency basis. The Government's commitment to contain the high rate of growth of population is firm and absolute.

Before I conclude, I would like to mention that family planning which stands for family welfare and responsible parenthood aims at improvement of the quality and standard of life of the people at large. It is an effective way to reduce mortality and morbidity through avoiding high-risk pregnancies and adequate spacing which provide opportunity for better health care for mothers and children. MCH intervention similarly, is an important element of family planning programme and both the activities are complementary and supplementary to each other.

We support the view that family planning needs to be effectively pursued with due respect to the cultural set-up of the people, principles of human dignity and freedom for choosing the size of the family in responsible manner and the methods to be followed for achieving this.

In translating these principles into programmatic actions during the Third Five Year Plan period and even beyond, we will concentrate more on community-based voluntary family planning programme with integrated development approach and beyond family planning measures.

I am sure the readers will find the Report interesting and thought-provoking.

A. B. M. Ghulam Mostafa
Secretary
Ministry of Health and Population Control

Acknowledgement

The Population Control Programme in Bangladesh has drawn the attention of the people at large; in particular, the conscientious cross-section of the people are deeply concerned simply because the problem of population growth is the Number One problem and the prospect of life and livelihood, not to speak of improving it's quality, is grim. Amidst poverty, low income and numerous other problems, we are facing the desperate situation of rapid multiplication of human beings which if unchecked, might lead to an explosive situation sooner than we apprehend. The objective to limit our own number is challenging and our task is both difficult and gigantic.

As everyone, perhaps, knows that the Population Control Programme, in order to cope with the situation, has assumed multi-sectoral dimension for wider coverage, and it has an integrated socio-economic development approach. It does not operate in isolation; rather it is well-knit into the process of national development.

The present effort for documentation of the Programme—past, present with future prospect, is a laudable attempt to provide an insight into the programme and policy directions, trends, measures—their strengths and weaknesses. This document will expose briefly what happened in the past, what is being done at present and what the future trends are. I believe, that not only the programme managers, planners, students and teachers but also the general readers interested in population will be benefited from this work.

The decision of the Ministry to publish this document is timely and it fulfills a long-felt need. But for the generous contribution and support from Asia Foundation Dhaka, this effort would not have succeeded. I appreciate their interest and valuable help in promoting the cause of the Population Control Programme in Bangladesh.

I would like to place on record that the onerous task of compilation of the document was carried out by a Committee and it was edited by an editorial Committee. To the members of these committees, I offer my heartfelt thanks in appreciation of their professional excellence and devotion to duty.

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The editorial committee acknowledge with gratitude the guidance received from Mr. A. B. M. Ghulam Mostafa, Secretary, Ministry of Health and Population Control in the compilation of this document. I express my deep regards on behalf of the members of the above mentioned committees, to our Minister Major-General M. Shamsul Haq for encouraging us to prepare a document like this and improving it's quality by timely advises.

Before I conclude, I must also mention that the document as a maiden effort, might not be perfect in its entirety and it leaves enough scope for further improvement. I welcome suggestions from the interested readers for its improvement and I will look forward to an improved version in near future.

I surely believe that the present document will be found useful and interesting.

Md. Najmul Huq
Director (IEM)
and
Member-Secretary
Editorial Committee

TABLE OF CONTENTS

	Page No.
Foreword	
Preface	
Acknowledgement	
CHAPTER I	
An Introduction to the Population Control Programme in Bangladesh	1
Land Peopl and Past	1
Existing Socio economic Situation	2
Demographic trend and Socio economic consequences	3
The Population Control programme Demographic goal and current achievement	4
The future programme	4
CHAPTER II	
A Review of Population Control Programme in the past (1953-80)	6
Historical background	6
Programme during pre-liberation period	6
Transitional phase	7
Post liberation programme Activities	8
Review of Programme Mesures upto 1980	11
CHAPTER III	
A Review of Second Five year plan 1980-85	18
Demographic Target	18
Midterm review and two year action Programme	18
Contraceptive performance and fertility Trend	23
Rural Development	25
Women's Programme	26
CHAPTER IV	
Multi-Sectoral population Control programme	27
Nature and field of activities of the Multi Sector Population Programme	27
Financing	31
The Programme and Performance of the Projects	31
Prospects	37
CHAPTER V	
Population Control Programme in the Non-Government Sector	39
Historical Development of the Non-Government Sector	39
Current Programme in the Non-Government Sector	40
Co-ordination and Manitoring of the Activities in the Non-Government Sector	44
Functining of Special project	45
Performance	47

CHAPTER VI

Future out look	49
Perspective plan	49
Third Five year plan objectives	52
Annexure	57
Population projection 1980—2000	58
Bangladesh National population policy	59
Contraceptive targets for 1984-85 Targets for MCH Services 1980-85	69
Schemes under Population Control wing	60
Multisectoral projects under different Ministry	60
Comparative statement of ADP Allocation, Allocation in the Health Sector since 1973	61
Performance of Different Contraceptives by years & Methods	62
Comparative performance of clinical contraceptive Methods During the decade (1972-82) & 1982-84	62
Union Health and Family welfare Centre	63
Programme Structure	64
Supply flow Chart	64
Population Sizes, 1941-1984	65
Vital Rates	66
Age-Sex pyramid, 1962	67
Age-Sex pyramid 1975	67
Age-Sex Structure of the population of Bangladesh 1984	68
National Contraceptive performance 1983-84, 1984-85	69
Graph Showing the monthly performance of Sterilisation	70
Graph Showing the monthly performance of IUD	71
National Contraceptive performance	72
ADP Allocation to Population Control programme by Source of Financing	73
population Growth 1950-2100	74
Total fertility rates 1950-2100	75
Expectation of life at birth	76
Bangladesh Basic Facts	77
population Geography	
Distribution of population	81
population by age sex	82
Variation of population	83
Rural and Urban population	84
Density of Rural population and Rural population of Cropped area	85
Growth of Urban centres	86
Urbanization	87
Communication and Transport	88
Population Control Programme personalities in Action	89
Information Education Communication Materials and publications	94

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AN INTRODUCTION TO THE POPULATION CONTROL PROGRAMME OF BANGLADESH

Land, People and Past

Bangladesh, a land of 55,958 square miles, has, since ancient times, been known to the outside world for its glorious history and tradition and its strategic geographical setting on the Bay of Bengal.

Bound by India in the east, north and south and by Burma in the south east it lies in the delta of the three mighty rivers—the Ganges, the Brahmaputra and the Meghna which curve their way through it into the Bay of Bengal.

Its present estimated population of 98.9 million is an admixture of different elements from primitive races; to Arabs, Persians, Turks and Afghans. Traces of these various layers of culture are still to be found in the different religious and socio-cultural practices. The major religious groups are the Muslims forming 85 percent of the population, and the remaining 15 percent includes the Hindus, the Christians and the Buddhists. A small number of tribal people, mostly in the south-eastern, north-eastern and northern parts, still follow their quaint way of life.

The mother tongue of the population with some phonetical differences is Bangla.

Until it fell under the alien English colonial rule which continued for almost two hundred years, Bangladesh was fabulously rich. It had exportable surplus in food grains; its agricultural products—rice, wheat, cotton and sugar—found their way into the ports of the South-East Asia and the Far East. Its Agar was in great demand in the Levant. Its textiles, including the celebrated muslin, brought to its shores merchants not only from Asia but also from far-off Europe.

It carried on its maritime trade in ships built on its own land. Its ship-building industry, especially the one located on the island of Swandip, off the Chittagong shore in the south, was so famous that the Ottoman Sultans of Turkey used to have their naval ships built here.

It had a high level of cultural development, particularly in religious philosophy under the Buddhist kings in the eighth through to twelfth centuries. Later, under the pathan muslim kings in the fourteenth and fifteenth centuries, literature, more particularly poetry, flourished under their direct patronage. Its architecture, especially in the building of the temples and the mosques, still excites the admiration of the experts.

Travellers from Europe and Africa who visited Bangladesh in the fifteenth and sixteenth centuries speak glowingly of its rich material and cultural life in their records of those times.

Two centuries of British rule, however, ended it all. The native enterprise of the Bangladeshis was stifled, their industry ruined, and their agriculture was re-oriented to

the production of raw materials for the British industries in the mother country.

There was no appreciable change in the socio-economic condition of Bangladesh even in its over two decades of existence as a part of Pakistan after the British left in 1947. Thus discontent led to a war of independence against Pakistan, and after a short but bloody armed struggle, Bangladesh became independent to find its own place under the sun on 16th December, 1971.

Existing Socio-economic Situation :

The existing socio-economic situation of Bangladesh presents a peculiar paradox of rich natural resources counterpoised by extreme economic poverty. Its climate is ideal for agriculture, but the current agricultural output is far below potential. Lack of irrigational facilities and fertilisers, use of primitive methods of cultivation, small size of land-holding and the like are mainly responsible for it. Therefore, despite being an agricultural country, it has to import a substantial quantity of food grains every year.

As a result of poor yields of rice (1.2 metric ton per hectare) and other food crops, over four-fifths of the population are below minimum caloric requirement. Per capita income of about US \$ 121 is one of the lowest in the world.

The country, however, has vast natural resources which properly utilised might change the lot of the poor. Its innumerable canals and rivers, and the inshore and offshore areas of the Bay of Bengal can claim a vast fishery. Its annual fish production is estimated at 806,000 metric tons, caught by over 6 million fishermen, mostly landless, and is consumed inside the country. The government is now planning to develop fisheries so that not only the domestic demand would be met but also enough left as surplus for export.

Jute, another resource of Bangladesh is one of its major foreign exchange earners both in its raw and finished variety. Tea, grown in more than 150 estates along the lower slopes of the hills in Sylhet in the north-east and Chittagong in the south, is another major foreign exchange earner. Sugar cane is another important cash crop with the annual production ranging from 6.80 to 6.90 million tons.

Although agriculture, using an area of 22.5 million areas and employing 85 percent of the country's population and contributing 57 percent of its GDP, is the lifeblood of Bangladesh economy, the majority of those engaged in it continue to remain poor.

Skewed distribution of land could be one of the reasons of it. Less than 10 percent of rural households own more than half of the country's cultivable land, while more than 60 percent of rural households own less than 10 percent of the land. Forty-eight percent of the families are either landless or functionally landless. These landless people are economically the most disadvantaged.

Bangladesh's industry is still at a low level of development, and is mainly based

on agricultural products. The discovery of vast reserve of natural gas, estimated at 9 trillion cubic feet, has now opened up the prospect for petro-chemical industry. However, natural gas is currently being exploited as an energy for domestic and industrial purposes and for making fertilisers on a limited scale.

Growth in the industrial sector has not kept pace with the increase in manpower. No less than one-third of the labour force is either unemployed or under-employed.

Malnutrition is widespread and takes a heavy toll of lives among women and children. Infant mortality rate, though declining, is still high at 117 per thousand, while that of child mortality is 23 per thousand. The situation is further aggravated by lack of health facilities. As of 1980, there was 1 graduate doctor per 8181 population, 1 trained nurse per 33,333 population and 1 hospital bed per 4390 population. There is a general shortage of essential drugs, vaccines, sera, and the like. Inadequacy of sources of safe water for drinking is one of the major reasons of death from diarrhoeal diseases, specially among the children, in rural areas. Only 1 tubewell exists per 178 population.

Schooling facilities are extremely inadequate, with the current literacy rate a little over 25 percent.

Demographic trends and socio-economic consequences :

The growth of population in Bangladesh reveals the fast pace at which the demographic pattern is changing. In about 30 years time—from 1951 to 1980—the population has more than doubled. The 1981 census put the total population of Bangladesh at 89.9 million. It is growing at the rate of about 2.4 percent resulting from a CBR of 40 and a CDR of 16 per thousand population.

Although the birth rate had shown some decline in the recent years, the death rate had been fluctuating within the range of 16-21 during the period 1975—1982. Still life expectancy at birth is around 55. If the present growth rate continues, Bangladesh is likely to have a population twice its present size in twenty-eight years.

A disturbing feature of Bangladesh "population pyramid" is the tremendous growth potential inherent in its age structure. About 35 million of the population under age 15, as of 1974 census, is likely to rise to 45 million or 44% of the total population in 1990. Besides, women of child-bearing ages will increase from 16 million to 22 million over the same period. Thus with the growth of so large a young and female population, it will be difficult to cut down natural increase even if substantial reduction of fertility is achieved.

Between now and 2000 AD, about 15 million persons will be added to aggravate further the existing labour force situation. The current rate of 30% unemployment is thus likely to remain unchanged. The man-land ratio, which currently stands at 0.29 acre per capita, will shrink further.

If the population continues to grow at the current rate of 2.4%, an 11.5% increase per annum of GDP would be necessary to reach the threshold per capita

income of US \$ 700 by 2000 AD. What with the poor internal resource base and heavy dependence on external assistance, this would be well-nigh impossible.

The Population Control programme : Demographic goal and current achievement

The country, therefore, has no choice but to continue its efforts to control the growth rate throughout the remaining part of the century to achieve NRR One by 2000 AD, as envisaged in its broad perspective plan for population control.

Efforts of the government over the last two decades, and, in particular, during the last 9 years (1975-84), have already established the pre-requisites of a favourable setting for the achievement of its demographic target. Already, considerable investment has been made in building an infrastructure for the delivery of MCH-FP services along with development of required manpower and their deployment; population-related information-education activities have been integrated into some of the key developmental ministries like Education, Agriculture, and special attention has been paid to involve women in the developmental process through projects specially designed to improve their education and income. In order to supplement and complement governmental efforts, non-government organisations are being encouraged to involve themselves in population control areas. More than 160 NGOs currently operate, mostly in urban areas. A system of community awards has been introduced to enthuse the people in general for greater participation in the country's population control programme.

Allocation of funds for the population control programme is ever-increasing; it rose over the years from Tk. 50 million in 1972-73 to Tk. 1070 million in 1983-84.

The current contraceptive prevalence rate is estimated at 24% of the eligible couples with over 98% awareness of family planning programme and knowledge of at least one contraceptive method. This rise in contraceptive use during the past two years has been phenomenal. In fact, the achievement of these two years in this respect, far surpasses the total achievements of the earlier 16 years. This is a happy sign for the future of the programme, and is attributable to a number of effective measures that the government introduced during the past three years. The details of the measures are given in a separate chapter, which also provides a historical account of the evolution of the population control programme in Bangladesh.

The Future Programme :

The government's Third Five Year Plan (1985-1990), which begins from July 1985, emphasises on the reduction of the current TFR of 5.07 to 4.1 by the end of the plan period i. e. June 1990 by causing an increase in the CPR from 24 percent to 36 percent.

In order to achieve the target, a number of measures have been envisaged. These are (i) increasing utilisation of existing service delivery system ; (ii) expanding

coverage of priority MCH services; (iii) expanding rural service infrastructures; (iv) making IEM more responsive to programme needs; manpower development through training; (v) increased multi-sectoral and NGO involvement; and (vi) testing innovative approaches and measures. The measures have been described in detail in the relevant chapters that follow.

A REVIEW OF POPULATION CONTROL PROGRAMME IN THE PAST (1953 – 1980)

Historical background :

Historically, Bangladesh Population Control Programme emerged through a series of developmental phases that took place during the last 30 years. The origin of the programme can be traced back to 1953 when a group of social workers and philanthropists, being aware of the grave prospect of uncontrolled population growth, spearheaded the programme efforts in the private sector.

During the initiation phase, the major thrust of the programme was carried out by the Family Planning Association with nominal financial support from the Government. The effort was limited to the small scale contraceptive distribution services in urban areas particularly through hospitals and clinics. The major achievement of the programme during 1950's was the initiation of the programme itself, besides exposing it to public attention at a time when heightened religious fervour prevailed. The programme also generated some interest amongst the intellectuals and in the Government circle and it facilitated, rather encouraged, subsequent Government action. The first phase activities lasted up to 1959.

The Second phase of the programme started in 1960 with Government sponsoring the clinic - based family planning activities as a regular part of Health Services. The Government set up a target of providing family planning services to 6.7 percent eligible couples and opened a family planning centre in every hospital and Rural Dispensary. Each centre was given a target to recruit 500 acceptors annually. In addition, two Training cum Research Institutes were established in Dhaka and Rajshahi for manpower training and development. During this phase which came to a close by mid 1965, international attention was attracted for technical assistance. Projects were developed with international assistance. A Public Health Research Programme at Dhaka in 1960 and a Research Project of the Academy for Rural Development at Comilla (BARD) were undertaken in 1961.

In the absence of field functionaries and without a sustained educational, motivational programme, the clinic based family planning services looked like islands in isolation. Nevertheless, the efforts during this phase led to the formulation of population policy and a comprehensive programme for the next phase.

2. Programme during pre-liberation period : The Third Phase commenced and coincided with the Third Five Year Plan of the erstwhile Government of Pakistan. The Family planning programme was launched throughout the Country as a priority programme with the goal to reducing the crude birth rate from 50 to 40 per 1000 lived birth during 1965-70. Based on a concept of maximum administrative and financial autonomy, a massive field oriented family planning programme administered by a

BOARD was set up. Full time field staff and part-time village organizers known as DAI (a female village mid-wife) were recruited and trained to provide motivation and service close to the door-steps of the rural people. A cadre of paramedic called Lady Family Planning Visitor (LFPV) was introduced to meet the shortage of lady doctors for family planning work particularly IUD insertion etc. Excepting oral pill, all other non-clinical methods of contraception like Condom, Foam tablet, Jelley, Dia-Phram and clinical methods like sterilization were preached and practiced.

During this phase, monetary incentives were introduced for acceptance of clinical methods like IUD, Vasectomy, Tubectomy etc. Transportation cost to the acceptor, referral fee for the referrer of these methods were offered. Along with this, continued support from administration and top leadership was provided for implementation of the programme during the period. Financial allocation for implementation of the Family planning Scheme was on average, Tk. 25 million annually during the period 1965-70. The allocation was about ten times more than the allocation made during the previous era.

The impact of the programme efforts was noticeable and measurable. Before 1966, knowledge of family planning was 6 percent in rural areas and 14 percent in urban areas amongst the eligible couples, which increased to 52 percent in rural and 72 percent in urban areas in 1969 as revealed in the National Impact Survey of 1968-69. But the contraceptive practice rate did not increase appreciably as only 3.9 percent of couples of reproductive age were using contraception at the time of survey in 1968-69.

3. Transitional phase : The programme then, passed on to a Transitional phase in 1971 amidst social unrest and political turmoil. The programme came to a stand-still during the Liberation war for liberation of the land now constituting Bangladesh, in 1971. During the interim period from 1971 to 1972 and particularly after liberation, a good number of programme measures were initiated. The most noticeable and important steps which affected policy and programme were the following :

- a. Administrative process for decision-making was shifted from the autonomous Family planning Board and the Council to the Ministry of Health and Family planning ;
- b. Family planning and Malaria programmes were integrated with Health at the field level ;
- c. The system of monetary incentives for Sterilization and IUD was discontinued ;
- d. Oral pill was introduced in the family planning programme as a method of contraception ;
- e. The provision of part-time village level DAIs was abolished ;

f. MR programme got its roots during this period to ensure rehabilitation of affected women who suffered at the time of war of liberation.

4. **Post Liberation programme Activities :** During the transitional Period, the Programme however, could not get clear direction for making headway. Owing to massive relief and rehabilitation work, the tempo for family planning, work was dampened. These trends were reflected in the Performance level of contraceptive use. Acceptance rate of various methods of contraception for the period 1965-70 and 1970-71 to 1974-75 are shown below in Table-1 and Table-11.

Table—I

Number of acceptors of IUD and Vasectomy and volume of contraceptives used during 1965-70.

Year	IUD in number	Vasectomy in number	Condom and Foam tab. in thousand pieces
1965-66	96,000	5,000	13,634
1966-67	250,000	46,000	34,164
1967-68	350,000	253,000	65,824
1968-69	397,000	389,000	70,601
1969-70	272,000	314,000	59,802
Source: East Pakistan Family Planning Board, Progress Report 1966-70.			

Table—II

Number of acceptors of Sterilization, IUD & volume of contraceptive used during 1970-71 to 1974-75,

Year	Sterilization in number	IUD in number	Condom in '000 pieces	pill in '000 cycles
1970-71	NA	NA	NA	NA
1971-72	350	1,597	3,549	—
1972-73	369	15,660	20,265	139
1973-74	1,461	27,590	11,239	440
1974-75	19,171	50,391	9,282	1,282

Source: Directorate of population Control & Family planning.

As it is evident, the period of three years beginning from 1970-71 and ending in 1972-73, was a transitional period with lesser programme activity and output. Nevertheless, the Government during the first two years of the post-liberation period attempted to reformulate programme policies and strategies with a view to making it more effective and need-responsive. The programme, however, did not pick-up speed quickly because of the anomaly created owing to the merger of Family Planning and Malaria Programme with the Health Programme.

With the launching of the First Five Year Plan (1973-78) of Bangladesh, the programme stepped into the fourth phase of development from the transitional phase. The plan document advocated any conceivable civilized measure as acceptable to curb the high growth rate of population to keep the size "on the smaller side of 15 crore for sheer ecological viability of the nation". The Plan, however, envisaged a moderate demographic goal of reducing growth rate from the estimated 3 percent to 2.8 percent in five years and corresponding CBR from 47 to 43 per 1000 live birth. The Plan also endorsed the Government policy of integration of Family planning programme with health services in respect of motivation education and service-delivery both institutional and domiciliary. In January 1974, the Government launched the integrated programme with a big bang. It was for the first time that the Government officially tried to bring the two opposite poles—Family Planning and Health, together under one unified direction and control, but with little success.

A sharp look into the historical development of the programme after liberation of Bangladesh until 1980, the end of Two-Year plan following the First Five Year Plan 1973-78 will not fail to identify the 4th phase of the programme into two parts—First part covering the period 1973-75 and the 2nd part covering the period of 1976-80. As already mentioned earlier, the programme during the transitional period was almost in a state of suspension and produced hardly any tangible result to measure with. But the period 1973-75, though short, activated the programme with a good number of measures including the introduction of Oral Pill in the Country and a system of registration of

eligible couples by the field functionaries. Apart from this, the use of Health facilities for Sterilization purpose, free distribution of contraceptive such as condom, foam tablet and oral pill provided some amount of life-blood to the heart of the programme. But the same was not enough to cause full scale activity.

Within the broad frame work of the First Five Year plan, 1973-78, a major re-organization took place toward late 1975. In August 1975, a separate Directorate of family planning and an independent Division of population Control and Family planning in the Health Ministry were created. This was the turning point for the programme to leap into the 2nd part of the 4th Phase. Along with this, MCH programme which was so long a part of Health Services, was transferred to population Control and Family planning Division. The Directorate of population Control and Family planning was vested with the responsibility for implementation of the MCH services to supplement and complement the family planning programme. A National population Council—the highest policy making body, was constituted with the president of the peoples. Republic of Bangladesh as Chairman and Ministers of Development/concerned Ministries as Members. A Central Co-ordination Committee was also formed with the Minister for Health and Family planning as Chairman, and Secretaries of Concerned Ministries as Members to coordinate implementation and review progress of multi-sectoral population activities under defferent Ministries.

The period from late 1975 to 1980 was an era that witnessed a series of hectic activities in the population field in terms of policy and programme measures one of the most significant actions taken during this period was the recruitment of full-time male and female field functionaries, i. e. union level 4500 Family planning Assistants (FPAs) and Ward level 13,500 Family Welfare Assistants (FWAs) on regular basis, to cause a thrust of the MCH-FP programme in rural Bangladesh.

In January 1976, the Government declared the rapid growth of population as the No. 1 problem of the Country and attached high priority to the implementation of the population control programme. In June 1976, the Government approved a National population policy outline which spelt clearly "the urgent need for total reorientation of the strategy making population control and family planning as an integral part of social mobilization and national development efforts". The new policy proposed to enlist 4.3 million eligible couples as continuous users of contraceptives in order to achieve the proposed targets of 2 percent rate by 1980. The policy also indicated the application of social, legal and economic measures to achieve the desired results.

Since 1976-77, family planning turned to be increasingly MCH- based, multi-sectoral and community involved integrated programme. To provide MCH care and family planning services from institutional set-up in rural areas, it was decided to establish Family Welfare centres (FWC) at the union level, and accordingly, as many as 79 (out of 80) FWCs were set up in pilot areas of five districts—Dhaka, Chittagong, Jessore, Rangpur and Tangail during 1978-80. In addition, involvement of voluntary organizations, social groups and religious leaders including youth and women was increased to broaden the horizon of contraceptive practice through a social movement.

The programme measures during the Two-Year plan (1978-80) period included, among others

- a. Structural reorganization and strengthening of family planning programme.
- b. Integration of MCH and family planning services, improvement and expansion of service facilities both in urban and rural areas through the development of an appropriate services infrastructure.
- c. Meeting the existing demand for family planning through efficient MCH-FP service delivery system.
- d. Creation of additional demand for family planning through extensive IEM activities.
- e. Streamlining of procurement and distribution of supplies.
- f. Development of MCH-FP manpower, promotion of specialized skills and establishment of appropriate training facilities and supportive activities, like research, evaluation, service statistics.

The integrated MCH and Family Planning Organization has been extended from the national level to all districts, Sub-Divisions, Thanas, Unions, Ward and Villages. Besides, a supervisory hier has been established at Divisional level with a view to decentralizing the process of decision-making and follow up action.

In brief, at the Divisional level a Director, at the District a Deputy Director and two Assistant Directors, at the Sub-Division a Sub-Divisional Family Planning Officer, at the thana a Thana Family Planning Officer and a Thana Medical Officer (MCH-FP), at the Union, a Family Planning Assistants(FPA) and at Ward level a Family Welfare Assistant (FWA) were provided on full time and regular basis.

5. Review of Programme Measures upto 1980 : Looking at the different aspects of the programme, it appears that significant developments have taken place during 1976-80 in Organization and Management, Training, Research, Evaluation, Information, Education-Motivation (IEM), Service Delivery and Multi-sectoral programme. These are briefly mentioned.

I. Organization

- a. The Family Planning Board, historically, was the main stream, the main implementing agency under the Government, for implementing family Planning activities besides coordinating training, evaluation and research programmes of other organizations namely, National Post Partum Programme; Training Research Evaluation and Communication (TREC) Unit and the Directorate of Inspection (ID). The Programme was re-organized and all these Units were merged. The Programme assumed new dimension with three Director Generals responsible for programme implementation programme development, monitoring and Training & Research:

- (i) Director General (Implementation) Directorate of Population Control and Family Planning;
 - (ii) Director General, Programme Development;
 - (iii) Director General, National Institute of Population Research and Training.
- b. A Division in the Ministry with the nomenclature "Population Control and Family Planning Division" was created. A Planning Cell in the Division for preparation of plan, and formulation of projects and ADP was set-up. Also a Project Finance Cell attached to the Division for management, reimbursement of IDA credit and project aid and monitoring its status, was created. On average, the Division was responsible for executing about 25 projects directly and coordinating the implementation of another 30 Population projects under various development Ministries.
- c. A Directorate of Population Control and Family Planning headed by a Director General was created and made responsible for implementation of the Country-wide Population and MCH activities. During this period, District organization was strengthened by upgrading the post of district, and in addition, two new posts of Assistant Directors were created. The post of sub-divisional Family Planning Officer was also created to strengthen supportive supervision. As already mentioned, 18,000 Union and Ward-level full-time employees were deployed. At village level a training programme for training of Traditional Birth Attendants (TBAs) was conducted and nearly 18,000 TBAs were trained by 1980.

The reorganized District Organization with its roots below, as contained in government Memorandum No. PP-1/18-7/78/317 dated September 29, 1978 issued under the signature of the Secretary, Population Control and Family Planning Division is given at Appendix.

II. Training and Research : Massive training programme for training of paramedics namely, Family Welfare Visitors (FWVs) and field staff namely, FPAs (4,500), FWAs (13,500) was taken up. As many as 12 FWV Training Institutes were established at the district headquarters, and 19 Training Centres for field workers training were set-up. Simultaneously, construction of FWVTIs and 19 Training Centres were taken up with World Bank and NORAD's assistance. A National Institute of Population Training (NIPOT), was established. Later, the scope of the organization was broadened to encompass Research and the project title changed to National Institute of Population Research and Training (NIPORT). Government also took steps to integrate population related subjects including clinical contraception in the curriculum of medical students/internees through Medical Colleges.

Besides, Bangladesh Fertility Survey (BFS) was accomplished in 1975-76, also the first Contraceptive Prevalence Survey (CPS) took place in 1979. A good number of other population related studies were done by BIDs, ISRT, BFRP and other Research

2. Government of Bangladesh, Bangladesh National Population Policy, June 1976.

Organizations.

III. Service Delivery Measures Strengthened : The plan for establishment of Union level Family Welfare Centres in order to deliver an integrated and rather comprehensive health care MCH and Family Planning Service was a milestone in the implementation of a viable programme for the vast rural mass. The full time field workers at Union, Ward level, the widening of the range of contraceptive services with Pill, Condom, IUD, Sterilization, Menstrual Regulation (MR) and traditional methods including breast-feeding, and late marriage campaign added new dimension to Population Control Programme.

The establishment of Model Clinics attached to Medical College Hospitals and Mohammadpur Model Clinic in Dhaka for training as well as service delivery was a step forward towards programme expansion both qualitatively and quantitatively.

IV. Information Education Motivation (IEM) : IEM activities received special attention with the involvement of the Ministry of Information. Every day a 20 minute programme on family planning was broadcast. Publication of feature stories and articles in national dailies, persuasive person to person communication, display of bill boards, distribution of booklets, posters, pamphlets, film shows, seminar, symposium and orientation of religious leaders, community influentials and extension agents were held with intensified efforts. Under a pilot project, 1900 Radio sets were distributed to encourage the listening habits of model farmers and cooperative managers in 19 Thanas (selected experimental thanas). Folk Talent Teams were organized throughout the country in order to catch the imagination of the people quickly towards planned parenthood and small family norm.

V. Multi-sectoral Programmes : During 1976-80 multi-sectoral population activities were organized in the sectors namely, Labour and Social Welfare, Education, Agriculture, Local Government, Woman's Affairs and also the Planning Commission. Activities included the formation of mother's club, women's cooperative, population education in the regular curriculum of educational institutes, orientation for industrial labours, primary school, secondary school and Madrasha Teachers, Vocational Training for Women's Group etc.

VI. Contraceptive performance : Contraceptive performance also recorded rise during the period 1976-80. Table-III will show the number of acceptors in sterilization, IUD and Volume of contraceptives (condom and pill) used during the said period. The performance during the Two Year Plan (1978-80) showed appreciable rise compared to the previous years.

Table—III

Number of acceptors in Sterilization, IUD and Volume of contraceptives used during 1976-80.

Year	Sterilization in number	IUD in number	Condom in pieces	pill in cycles
1975-76	48,915	77,840	45,62,045	59,430,055
1976-77	1,16,312	29,421	29,38,130	46,38,597
1977-78	77,365	40,564	54,47,199	74,87,316
1978-79	1,06,424	22,631	47,95,123	71,20,550
1979-80	1,98,782	21,801	48,65,051	62,27,651

Source : MIS Unit of Population Control Directorate.

VII. Resource Allocation and Role of Donors Financial Allocation under Annual Development Programme (ADP) increased manifold by 1979-80 as compared with the base year 1972-73. Taka 50 million was the allocation under ADP in 1972-73, which rose to Tk. 590 million in 1979-80. The ratio of domestic resources versus external resources for population sector during this period is about 60:40. The domestic resources allocation is on the higher side during the initial years, whereas during the later part, the ratio of external resources is higher. The Table—IV and the graph attached will provide a clear picture.

Major donors namely, USAID, UNFPA began to lend their supporting hand in 1974. The World Bank with its co-financiers namely, NORAD, Netherland, ODA (UK) Australia, SIDA, CIDA stepped into the field in 1975. Gradually their association and support began to increase in population activities. UNFPA under First Country Programme cycles, spent about US \$ 10 million in Population Control Programme, World Bank with co-financiers under First Population Project, provided nearly US \$ 39 million and USAID provided about US \$ 30 million upto 1980.

Table—IV

ADP allocation to Population Control Programme
by source of financing from 1972-73 to 1979-80

(in million taka)

Year	Domestic Resources amount and %	External Resources amount and %	TOTAL
1972-73	30 (60%)	20 (40%)	50
1973-74	40 (57%)	30 (43%)	70
1974-75	50 (63%)	30 (37%)	80
1975-76	80 (42%)	110 (58%)	190
1976-77	160 (73%)	60 (27%)	220
1977-78	170 (53%)	150 (47%)	320
1978-79	190 (40%)	280 (60%)	470
1979-80	220 (37%)	370 (63%)	590

VII. Impact of Programme measures and fertility trend

Government efforts supplemented by NGO activities have produced encouraging results that are measurable in quantifiable terms. As evident from various national and sub-national fertility surveys, dual recording system and analysis of Census data, more than 90% of eligible couples are aware of family planning methods, 18.6% eligible couples have been using contraception in 1981 and fertility declined to 2.6% growth rate in 1979-80. According to the estimate made by the Planning Commission Evaluation Committee in 1980, about 2 million births were averted between 1975 and 1979 by family planning programme. This was nearly 8% of the total births during that period.

Table—V indicate the status of knowledge of contraceptives over the years and Table : VI will show contraceptive prevalence found in different studies :

Source : ADP. Planning Commission, for the period in question.

Table—V

Percentage of ever married women under 50 year of
age having knowledge of atleast one methods

(Eligible women sample)

Year	Percentage	Source
1975	81.9	BFS
1979	94.8	CPS
1981	98.2	CPS
1983	98.6	CPS

1. Prompted and unprompted knowledge.

Table--VI
Contraceptive prevalence Rates

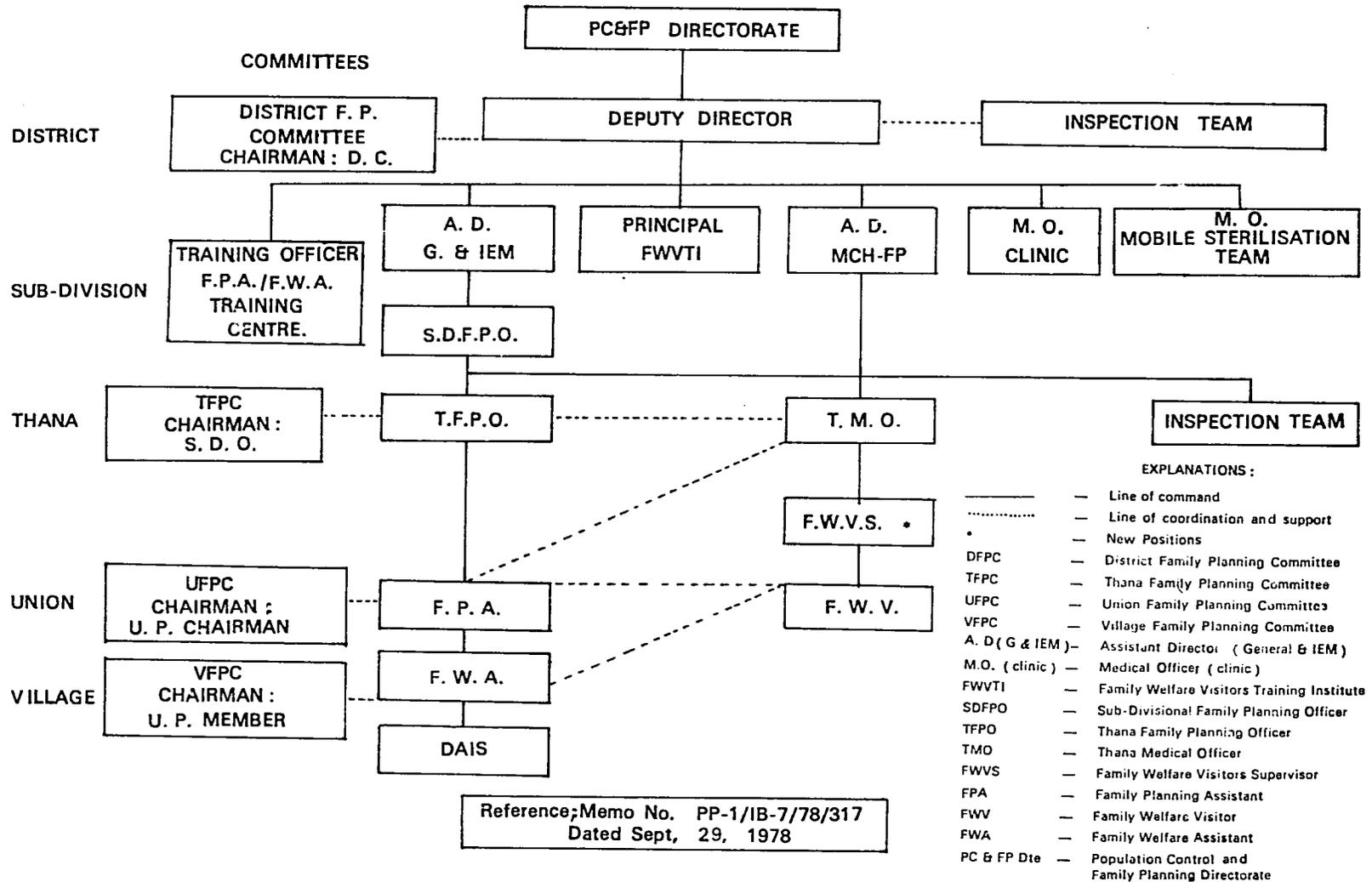
Year	Percent of Couples using contraceptives	Source
1969	3.9	Impact Survey
1975	7.7	Bangladesh Fertility Survey (BFS)
1979	12.7	Contraceptive Prevalence Survey (CPS)
1981	18.6	CPS
1983	21.7	CPS

Source : Key Results --CPS-1983 : Dhaka June, 1984.

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4. *Population of Bangladesh—Country Monograph series No. 8, 1981, UN, New York, USA.*
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CHART SHOWING DISTRICT ORGANIZATION



REVIEW OF SECOND FIVE YEAR PLAN : 1980-85

Demographic Target :

During the second five year plan government set up a very ambitious target of attaining a Net Reproductive Rate (NRR) of One by 1990 with the ultimate objective of limiting the population size to 115 million by the Year 2000 A.D. Consistent with the goal of achieving $NRR = 1$ by 1990, the programme objective was set to reduce the crude birth rate from about 43 per 1000 in FY 80 to 32 per 1000 by FY '85, implying thereby an increase in contraceptive prevalence among eligible couples of reproductive age group from about 14% to 37.5% during a five year period.

The annual target for contraceptive prevalence rates for the 2nd plan period were fixed at 14% for 1979-80 (base year) with an increasing rate of 18.9% for 1980-81, 23.7% for 1981-82, 28.4% for 1982-83, 33.0% for 1983-84 and 37.5% for 1984-85, the last year.

Mid Term Review and Two Year Action Programme :

By 1982 it became evident that the plan target was too ambitious to be achieved. The short-fall recorded for the first two years were to the extent of 40.5% in sterilization, 57.4% in pill, 28.5% in condom and 44% in IUD. The government undertook a review towards the second half of 1982 in order to identify the major reasons for the shortfall and to evolve measures to overcome the bottlenecks and improve performance. The constraints identified, were related to :

- a. administrative and financial ;
- b. lack of assignment of clear functional responsibilities with time bound target to field workers
- c. inadequate supervision of staff at all levels ;
- d. inadequate utilization of existing Health & FP facilities ;
- e. weaknesses in the operational capabilities of implementing agencies at various levels ;
- f. inadequate co-ordination of educational/motivational and service delivery activities ;
- g. frequent transfers of top level staff ;
- h. lack of motivation among field workers due to inadequate financial rewards and less than satisfactory terms of services ;
- i. administrative difficulties and delay to remove staff with a poor performance ;
- j. over-ambitious target ;
- k. weak support system, particularly in logistic supplies and training ; and

1. lack of sufficient community involvement.

The review also revealed that the original proposal to integrate Family planning/MCH services with that of health at thana level and below met with certain degrees of dissatisfaction on the part of both the family planning and health personnel and as such a number of alternatives had to be tried. Ultimately government opted for a system of functional integration. The result of the governmental review led to the formulation of a Two Year Action programme which was launched from December 1982.

Programme Achievement :

Despite having shortfall in contraceptive acceptance during the initial years of the second plan period Bangladesh has by now achieved the pre-requisites of a favourable setting for a successful family planning programme characterised by ,

- a. a definite demographic goal to attain the replacement level fertility within a reasonable time ;
- b. a stronger national commitment to family planning programme ;
- c. a stronger programme leadership to translate commitment into action ;
- d. a growing infrastructure to deliver family planning and development to other health related services for the mother and children ;
- e. social and cultural acceptance of family planning ;

Organization and Management :

Government has undertaken a number of measures to improve the programme performance after the mid-term review in 1982. These are :

- a. The National Population Council (NPC) has been reconstituted into a high powered National Council for Population Control (NCPC) headed by the president of the Council of Ministers. The NCPC provides policy guidelines, directives, approves programmes, strategies, and measures as required from time to time.
- b. An Executive Committee headed by the Minister for Health and Population
- c. An unified command has been established at the top by the merger of the two Divisions of Health and Population Control under one Secretary of the Ministry of Health and Population Control.
- d. A co-ordination mechanism at the district level with Civil Surgeon and Deputy Director, FP, sharing the supervision of programme implementation has been introduced.
- e. Upazila FP Committees have been formed to be chaired by the chairman of upazila parishad for facilitating implementation of programme at local level.

- f. Job-description of field functionaries of all category of personnel under Health & Population Control at the thana level and below have been revised and put into effect. Major distinctive features of job description are that family planning now becomes functions of all Medical Officers in the upazila and not MO (MCH) alone ; Medical Assistant who is in-charge of the HFWCs will provide technical supervision to field staff and health assistants have been assigned with family planning responsibilities with specific targets.
- g. Primary health care has been included in the package of service primarily for distribution of ORS, and Vitamin capsules and immunization. This measure is likely to improve acceptability of the female worker at the local level of the clients in general.
- h. The static centres like upazila health complex and health and family welfare centres have been made the meeting point of officers and field workers respectively. The houses of FWA of family planning programme and that of health asstt. of health programme have been designated as the contraceptive distribution point (CDP) to facilitate easy availability of contraceptive services.
- i. The recruitment procedures have been considerably simplified now. The government have lifted ban on recruitment to all posts under development budget and of technical posts under revenue budget.
- j. The post of FPA has been made transferable in order to enforce discipline among the cadre and to get work from them.
- k. personnel and staff provision have been greatly strengthened. A number of new posts have been created to strengthen service delivery system and field supervision.

: 785 medical assistants have completed their 36-months of training and are absorbed to render MCH-FP services. A total of 500 posts of pharmacist have so far been filled up

: out of 13500 family welfare assistants (FWAs), 13210 are in position and remaining vacancies are also being filled up soon.

: 64 posts of Deputy Directors at district level have been created and filled up.

: 464 posts of Addl. FP officers have been created to assist in the programme administration at the upazila level.

: 401 posts of MO (MCH-FP), 63 posts of MO (clinic) and 63 posts of MO (MST) have been filled up by bringing doctors on deputation from health services.

2. Financial Allocation and Utilization :

Financial allocation has been increased from Tk. 50 million in 1972-73 to about Tk. 1200 million in 1984-85 which indicates a rise in allocation in population sector from one percent to three percent of national annual development budget. The utilization of ADP allocation is above 80 percent during the operation of the 2nd population plan.

Table—1

ADP Allocation for population control in Bangladesh (1980-85)

Year	Taka-GOB	project aid	(In Millions)	
			Total allocation column 2 & 3	% of National ADP
1	2	3	4	5
1980-81	283.10	413.30	696.40	3%
1981-82	312.80	530.00	842.80	3.1%
1982-83	271.00	585.50	856.50	2.7%
1983-84	229.60	839.20	1068.80	3%
1984-85	275.50	919.70	1195.20	3%

3. Construction of Physical Facilities :

There has been considerable progress in setting up physical infrastructure for delivery of family planning services. construction of 980 Health & Family welfare centres (HFWCs) have so far been completed and made operational, another 520 are expected to be completed by June 1985. 1275 Union level rural dispensaries are being renovated and converted into Union Family welfare centres. so far about such 100 dispensaries have been upgraded and converted into Union FWCs. In addition 343 completed Health complexes are also being utilized for family planning services.

Table—2

Union Health & Family Welfare Centre (UHFWC)

Already constructed	880
Rural dispensaries converted	100
Total functional	980
Under construction	520
To be functional by 1985	1500

Besides 980 HFWCs, 12 Family Welfare Visitors Training Institutes, 19 District Training Centres for the field workers and 8 model clinics attached to 8 medical colleges of the country have been constructed.

4. Manpower Development and Training—NIPORT

All field workers at union and ward level have completed three courses of training in integrated health and family planning services since 1980 in 19 regional training centre (formerly district training centres). 1958 FWVs have so far been trained in 12 FWV training institutes. 785 medical assistants have obtained Diploma from 8 medical assistants training schools. About 25000 TBAs have been trained in safe delivery techniques in the rural areas. Medical internees are being trained in sterilization and other family planning methods in the 8 model clinics attached to eight medical colleges of the country.

5. Service Delivery :

The contraceptive availability has increased considerably in rural and urban areas. Nation-wide coverage exists for the distribution of pills and condom jointly through government and non-government system. Besides, government network of field workers for household distribution of contraceptives, the Social Marketing Project, an NGO has 99,000 commercial outlets ; most of them are in rural areas. The urban areas are mostly served by voluntary agencies. Facilities for IUD insertion are available in all the 343 THCs, 87 MCOCs and all 980 operational HFWCs. More than 500 FWVs, have been given training in injectables. Institutional facilities for both male and female sterilizations are now available in 343 THCs, 87 MCOCs, all districts and medical college hospitals. 32 BAVS clinics and about 63 clinics /hospitals of other agencies, In addition 20 mobile sterilization teams provide services in those areas where institutional facilities are now lacking but demand for such services exists. With the adoption of twin policy objectives of NRR—One and Health for All by the year 2000 A.D. programme efforts are directed towards building up a co-ordinate delivery of FP, MCH & Primary health care services at the upazila level and below.

6. IEM

Educational and motivational services have been strengthened utilizing various mass media like TV, Radio, Newspapers etc. and population messages are broadcast daily for 70 minutes through the national radio station and the regional stations devote 30 minutes a day for similar purpose. Besides, seminars for community leaders such as religious leaders, marriage registers, journalists, etc. are being regularly organized. In order to attract villagers Folk Talent scheme is being implemented in 250 upazilas.

7. MCH Services :

The MCH services has been greatly strengthened by adding the projects like the Oral Rehydration Therapy for control of diarrhoeal diseases, Extended programme/Immunization for Control of epidemic and infectious diseases and TBA training for safe delivery in the countryside beside, normal antenatal, delivery and postnatal institutional care. The basic infrastructure for maternal and child health services—the FP/MCH Unit at upazila health complexes, the union HFWCs and the outreach services through field workers have considerably expanded over the past few years and what is now necessary is to institut-

ionalize the three priority services of ORT, EPI & TBA training. An MCH Task Force has been set up to develop a total MCH strategy for the country.

8. Logistic and Supply :

The government recognize that the logistic system is very important component of programme operation. A full time Director is now in position to manage the procurement, storage and distribution system of the huge volume of contraceptives, MSRs, drugs, injectables and other articles. The government is considering to install micro-computers to ensure monitoring of logistic system.

9. MIS

In order to strengthen the monitoring of the programme operation, central operation rooms have been established in the ministry and the directorate. A regular two-way information flow has been ensured through the central operation room of the directorate. Data processing capabilities has been greatly enhanced through the installation of a Mini computer system. Demographic and contraceptive rates and ratios are being regularly produced from the service statistics data being obtained from a special project area. A reasonable data-base has been established by now to cater for the need of policy makers, planners, programme manager and researchers. However, MCH monitoring needs to be further strengthened.

10. Research and Evaluation :

An infrastructure for research and evaluation has been established over the past few years consisting of the social science research section of NIPORT, the External Evaluation Unit of the planning commission, the Population Study Centre of the BIDS, the Bangladesh Fertility Research Programme the sample vital Registration Unit of the Bureau of Statistics and the service statistics project of the MIS Unit of the Directorate. A number of studies having programme implications have been completed. A system of regular surveys on contraceptive prevalence has been instituted. Contraceptive prevalence surveys in 1979, 1981 and 1983 have been completed. Apart from that stuides on voluntary sterilization and IUDs are being carried out in the country regularly.

Contraceptive performance and Fertility Trend

A contraceptive prevalence ratio as indicated below was worked out for 2nd plan period (1980-85) to achieve the demographic target. The proposed mix was as follows:

Method	1979-80	1980-81	1981-82	1982-83	1983-84	1984-85
	%	%	%	%	%	%
Sterilization	19	25	30	35	39	43
oral pill	40	37	34	31	28	25
Condom	25	24	23	21	20	18
I.U.D.	6	6	7	7	7	8
others	10	8	6	6	6	6

Contraceptive Performance

- a) More than 90% of all fertile couples are now aware of family planning methods—a significant achievement.
- b) only 3.9 percent eligible couples were practicing some kind of contraception in 1969. This increased to 7.7 in 1975, 12.7 in 1979, 18.6 in 1981 and 21.7 percent in 1983.
- c) Although programme performance falls short of the 2nd five year plan target by a considerable margin, the increase in contraceptive performance over the last two years is spectacular.
- d) The contraceptive performance for the period 1980-85 :

Financial year	Sterilization	IUD	Pills	Condom
1980-81	258,793 (65.2%)	41,601 (42.9%)	81,37,744 (46.0%)	871,11,774 (75.8%)
1981-82	302,908 (58.6%)	83,668 (52.3%)	77,51,352 (37.0%)	932,30,417 (65.7%)
1982-83	363,157 (54.7%)	117,743 (72.7%)	82,57,995 (45.0%)	11,68,21,484 (73.1%)
1983-84	551,265 (72.0%)	303,338 (163.0%)	97,24,477 (38.2%)	13,10,94,483 (72.0%)
1984-85 (upto Feb.85)	396,839 (64.84%)	293,997 (156.38%)	77,77,952 (43.94%)	12,17,30,370 (95.55%)

During October '84, a massive all time high 88,607 sterilization cases were performed with a success rate of 116%. The IUD performance during January '85 has registered all time high figure of 42,180 and thereby achieving a success rate of 179%. Other methods have also recorded considerable increase. There is a great stride in contraceptive performance during the last two years. The performance during the period 1982-84 have far exceeded that of the previous decade of 1972-82.

The NGOs have also made significant contribution in the programme performance. The contribution of NGO sector is to the extent of 30% in sterilization 13% in IUD, 60% in injectables, and about 70% in condoms.

Comparative statement of performance during the decade 1972-82 and that in 1982-85.

Method	1972-82	1982-84
Sterilization	11,30,505	12,71,842
I. U. D.	4,41,167	5,55,715
Injectables	2,39,170	2,44,737

is greatest when it is characterized by :

- (a) an integration with closely related and mutually reinforcing social goals ;
- (b) implemented with participation of the local people ;
- (c) amply supplemented by NGO efforts.

Taking lessons from such empirical evidence and to achieve a break-through to increases levels of contraceptive acceptance, Government have been promoting and shall continue to promote certain measures to stimulate and sustain demand for means of fertility reduction.

Rural Development :

With the adoption of Bangladesh Rural Development Board's (BRDB) new strategy highlighting the production and employment programme for rural poor, there has been an increase in social organizations and in the capacity to reach a far greater number of rural people. Under BRDB's umbrella, a total of 3784 BSS (Co-operative Society for the landless) and 3525 MSS (Women Co-operative Society) have been formed with a total membership of 107,989 landless and 134,634 women respectively, as of August 1983. The economic activities for the members of the BSS/MSS include poultry raising, goat raising, beef fattening, fisheries, cottage industries, bee-keeping, sericulture and processing, preserving and marketing of agricultural products. The members of the BSS/MSS are provided with easy credits for self employment and generating supplementary income. Education on family health including family planning is an integral part of the women societies.

Besides the various co-operatives under the BRDB, there are many projects planned and implemented in the rural areas under various ministries of the government to promote rural development. The important ones Rural Works Programme Area Development Projects (Serajgonj), Noakhali Integrated Rural Development Project, South West Rural Development Project, Agricultural and Rural Credit Project, Landless Small Farmers Credit Project, Grameen Bank Project, Rural Finance Experimental Project, Small Farmers and Landless Labourers Project and Bangladesh-Swiss Agricultural Project have created institutional facilities and have established direct linkage with the rural population.

Many of these projects and agencies, with their unique understanding of local institutions and socio-cultural environment are already contributing to population control and others that have promise and potential to contribute, will be encouraged to share the responsibility in population activities.

The rural development projects so far approved by the Government cover all the districts in the country and are expected to make significant impact over the next 5-10 years.

Women's Programme :

In recent years, there has been an increasing recognition that the status of women has significant bearing on fertility behaviour and the limited data generated in Bangladesh confirm the hypothesis that decision-making power, and employment and educational status are positively associated with the use of contraceptives and inversely related to fertility.

Association between women's involvement in income generating activities and their contraception/fertility in Bangladesh is strongly corroborated by findings in the evaluation of such projects where women are involved for changing their status—both economic and social. The existing projects, such as Mothers' Club under the Department of Social Welfare, Women's Co-operatives of BRDB, Women's Vocational Training of Women's Welfare Foundation, all supported under the population programme, are observed to provide beneficial results in terms of family planning acceptance. These projects now cover a total of 89 thanas and have the common objectives of providing skill training, non-formal education in family health and access to credit to women. The organizational strategy of the three projects, however, vary. While mothers clubs concentrate more on non-agricultural activities for income generation, women's co-operative concentrate more on agricultural activities. Under vocational training, the stress is to impart skill training in two or three trades so as to promote employment on individual or on group basis. The experience of all the three projects is very encouraging in that the women freely accept in these activities, are eager to learn, receptive to accept contraception (40%) and are able to contribute, though modestly, to the income of their families.

Education and employment of females has inverse relationship with fertility. The Government is convinced with the evidence that female literacy not only has strong association with contraception and fertility but also with infant and child mortality ; thus promotion of female literacy especially among girls is Government's special focus in the education sector. A scheme for the promotion of female education through scholarship and other motivational efforts is being experimented in Mehar-panchogram and the Preliminary results are encouraging. It is proposed to extend the scheme in phases for greater coverage, starting with 3rd five year plan (1985-90).

Promotion of employment opportunities for women is of course encouraged by the Government. It has been decided to employ women in 10% of the new posts at all level. About 50% of posts of primary school teachers are now reserved for women : admission to nursing schools are also restricted to women from 1982 onwards. A number of NGOs are also employing large number of women workers. Swanirvar Programme for example, through its credit system has created more than 3,000 jobs, mostly part-time for the women who work as loan organisers and receive their remuneration from the loan repayment system.

MULTI - SECTORAL POPULATION CONTROL PROGRAMME

1. Concept of Multi-Sectoral Population programme :

One of the major threats to the national progress is the rapid Population growth inconsistent with the gross domestic production and its adverse effect on socio-economic development. Social, cultural and economic condition of a society jointly and severally affect the demographic behaviour of a society. Therefore, the current thrust of the national population programme of Bangladesh is on the multi-sectoral approach with the major objectives of integration population related activities by extending the programme into areas beyond family Planning and also by adopting measures as incentive and condusive factors for the acceptance of family Planning. To make the Population Control more responsive and acceptable, it needs to be linked up closely with family welfare activities, something beneficial and fundamental to the improvement in qualitative and quantitative aspects of life. Thus, the concept of integration of multi-sectoral motivational and development components with the Population Control programme has been adopted as strategy to combat the Population problem. In fact, the search for an effective policy to deal with the inter-related problems of Population, social change and economic development has led to the launching of the multi-sectoral Population programme in Bangladesh.

2. Nature and Field of activities of the Multi-Sectoral Population Programme :

The National Population Policy of Bangladesh declared in 1976 adopted the strategy of Population control not only to reduce the growth rate and stabilise the Population size but also to regulate the family size to ensure better health for women and children, higher standard of living and welfare of the family.

Thus, the population control programme was recognized as an integral component for total social mobilization and national development efforts. The Government has, therefore, adopted a policy to operate multi-sectoral population projects under different Ministries/Divisions in the field of :

- a) Service Delivery ;
- b) Information, Education and Motivation ;
- c) Manpower Development, Training ;
- d) Studies, Research and Evaluation ;
- e) Policy Formulation, Planning, Monitoring & Co-ordination.

The number of Ministries/Divisions involved in the population activities during 1984-85 are 14 having 26 projects as follows :

**Statement showing the position of Multi-Sectoral
Population Projects (ADP 1984-85)**

(Taka in lakh)

Name of the Ministry/Division	Name of the Project	Total cost	Provision of ADP 1984-85	Source of Funding
1. Health Wing, Ministry of Health and Population Control.	*i) BFDU for Population Projects under World Bank assistance.	49.24	12.00	IDA
	*ii) Four Modle Clinic of Dhaka Medical College, Sir Salimullah Medical College, Chittagong Medical College and Rajshahi Medical College.	89.22	22.00	GOB
	*iii) Reconstruction of Rehabili- tation of existing charitable dispensaries in the rural areas.	694.69	150.00	ADB
	iv) Strengthening of F. P. activities in 43 Sub-divisional Hospitals.	29.25	5.00	GOB
	v) Family Health and Manpower Development.	93.77	20.00	UNFPA
2. Rural Development and Co-operative Division.	*i) Population Planning and Rural Women's Coperatives.	217.52	124.00	IDA
3. Ministry of Lobour and Manpower. (Labour Division).	ii) Motivation & Services Project for workers on population and family planning in industries & plantations (2nd Phase).	123.18	33.00	UNFPA
	ii) Population and Family Welfare Education for organised sector through I.R.Is.	28.80	9.00	UNFPA

(Taka in lakh)

Name of the Ministry Division	Name of the Project.	Total cost	Provision of ADP 1984-85	Source of Funding
4. Statistics Divison.	*i) Bangladesh Demographic Survey and Vital Registration.	73.50	19.00	GOB
	ii) Bangladesh Population and Housing Census.	623.54	12.00	GOB
5. Ministry of Information.	i) Use of Audio-Visual Vans for population activities under the Deptt. of Mass Communication.	106.57	36.00	IDA
	* ii) Population Planning Cell in Radio Bangladesh.	99.00	25.00	IDA
	* iii) Population Planning Cell in Bangladesh Television.	141.67	40.00	IDA
	iv) Office of the Population Programme Officer in the Ministry of Information.	13.15	2.00	IDA
	v) Strengthening of Development of Films and Publications for population activities (2nd phase)	130.21	26.00	IDA
6. Education Division.	*i) Introduction of Population Education in the formal school system of Bangladesh.	430.57	120.00	UNFPA
7. Agriculture Division.	i) Population Education for Agriculture Extension Workers and Motivation of Farmers.	35.00	8.00	UNFPA

Name of the Ministry/Divison.	Name of the Project.	Total cost.	Provision of ADP 1984-85.	Source of Funding.
8. Ministry of Social Welfare and Women's Affairs.	*i) Use of Rural Mother's Centres for population activities	245.03	152.00	IDA
	*ii) Use of Women's Vocational Training for Population education and control.	205.32	82.00	IDA
9. Defence Division.	*j) MCH-FP for Bangladesh Armed Forces.	97.25	20.00	GOB
10. Ministry of Home Affairs.	*i) MCH-FP Services for BUR.	65.83	7.00	GOB
11. Railway Division.	*i) MCH-FP Services for Bangladesh Railway.	30.00	10.00	GOB
12. Ministry of Works.	*i) Population Planning Cell under the M/o, Works.	5.03	3.00	IDA
13. Cabinet Division,	i) MCH-FP Activities in special areas of Chittagong Hill Tracts.	22.82	8.00	ADB
1. Planning Division	*i) External Evaluation Unit	122.02	37.00	IDA
	ii) Population and Development Planning Unit	144.00	44.00	UNFPA

Out of these 26 projects as appeared in the annual development plan 1984-85, 15 projects are core (with star mark), 11 projects are non-core. During the FY 1982-83 and FY 1983-84, the number of projects were 28 in total. The project "Population Feature Writing Bureau under PID" was dropped and "Population Study Centre under BIDS" was merged with the Planning Division. The project "Establishment of 4 Model Family Planning Clinics" under the Health Wing has been completed in place of which the project "Family Health and Manpower Development" appeared under the Health Wing as multi-sectoral population project during 1984-85.

Out of the 26 projects of 1984-85, 7 projects are directly involved in providing MCH-FP Services & 3 women's projects are also providing services along with the motivation, developing skill & income generating activities destined to raise the status

of women. Six projects are directly involved in evaluation, studies, research and manpower development, two projects are engaged in activities related to construction and others are meant for IEC, Planning and Monitoring and Co ordination of Population Control activities.

3. Financing :

Although the number of multi-sectoral projects are quite sufficient with diversified objectives, the total fund provided for these projects are not that much significant. During the last three preceeding years, the average annual allocation for all these multi-sectoral projects varied around TK. 10.00 crore. During the year 1984-85, an amount of Tk. 10.26 crore was provided for these projects. The source of financing of all these projects are as follows :

i) IDA and Co-financiers ...	11 projects
ii) UNFPA	6 projects
iii) ADB	2 projects
iv) GOB	<u>7 projects</u>
	26 projects

The reimbursement claim position of multi-sectoral Population projects is satisfactory. Some of the projects have submitted their re-imbusement claim in full during the last 3 preceeding years through the Project Finance Cell of the Ministry of Health and Population Control.

4. The Programme and Performance of projects :

The programme objectives and performance of multi-sectoral projects under different Ministries/Divisions are as follows :-

1. Ministry of Information.

The Ministry of Information has 5 projects (1984-85) as follows :

- a. Office of the Population Programme Officer in the Ministry of Information;
- b. Use of audio-visual vans for Population activities under the Department of Mass Communication ;
- c. Population Planning Cell in Radio Bangladesh;
- d. Strengthening of the Department of Films and Publications for Population activities;
- e. Population Programme Cell in Bangladesh Television.

The projects "Use of Audio-visual Van" was undertaken for launching a major motivational drive by projecting Population films in rural Bangladesh. For this purpose, 16 mobile vans, 8 ROSA and 8 Day light Vans were procured and about 4000 films shows have been held in 16 project areas at Upazila level. The principal Cell of Radio Bangladesh has raised the daily programme duration to 70 minutes, broadcast the programme all days in a week. The 5 Sub Cells have also raised the duration of programme up to 30 minutes on an average 5 days a week. The Department of Films and Publication has set up a film processing laboratory and produced 11 films on Population Planning, 6 films in 1980-81, 4 in 1981-82, 3 in 1982-83. These films are being shown in movie houses and through audio-visual films at rural areas of the country. Bangladesh Television has also strengthened its programme of telecasting programme on Health and Population Control. All these 5 projects has spent about Tk.2.65 crore during the last 3 years, 1981-82 to 1983-84 and a provision of Tk.1.29 crore has been made for the year 1984-85.

II. Health Wing of the Ministry of Health and Population Control.

There are 5 projects as follows :

- a. Strengthening of BPDU ;
- b. 4 model clinics at Dhaka Medical College, Sir Salimullah Medical College, Chittagong Medical College and Rajshahi Medical College ;
- c. Repair, reconstruction of existing rural charitable dispensaries ;
- d. Strengthening of family planning activities in 43 Sub-Divisional hospitals ;
- e. Family Health and Manpower Development.

The UNFPA assisted project "family and health and manpower development" has started functioning from 1983-84 and as such could not show a remarkable progress in development of curriculum and imparting training. The 43 Subdivisional hospitals shall now work as district hospitals and are expected to be strengthened accordingly. The fund available for the ADB assisted project of Tk. 1.50 crore for repair and reconstruction of rural charitable dispensaries has been decided to be placed with the Upazila Parishad. The performance of 4 Model clinics in providing training and family planning services was considered satisfactory although requires additional attention in providing services and training as Model Clinics.

III. Planning Division :

- a. External Evaluation Unit ;
- b. Population and Development Planning Unit.

The External Evaluation Unit (2nd phase) has undertaken 22 evaluative studies

of which 11 studies have been completed. Studies are mostly evaluative and follow up nature e. g. Evaluation of performance of training of FPAs and FWAs, Follow-up study of women's programme etc. PDPU sets its target to review the selected training programme, organise short seminars/workshops, prepare policy/position paper on different aspects of demography, literature review on demographic development related topics and setting up a data information-bank of demographic trends for use of development planners at all level of Government. Action are being taken in the project to implement these objectives with a view to providing feed back to the population control programme in determining policy and future strategy.

IV Ministry of Social Welfare and Women's Affairs.

There are two projects under this Ministry as follows :

- a. Use of Rural Mothers' Centres for population activities ;
- b. Use of Women's Vocational Training for population education and control.

Both the projects have completed their first phase starting in 1975. These projects, during their second phase starting in 1980, have expanded their programme activities. The objectives of "Rural Mothers' Centre' (RMC), are to create public opinion in favour of small family norm and organise rural mothers' clubs through economic and gainful activities with a view to raising the status of women. The 2nd phase started from July, 1980 has extended its programme to 40 Upazilas including 19 of the 1st phase and organised about 1600 mothers' club in total upto June, 1984. The total members enrolled are about 90,000 up to June, 1984 and almost all eligible couples of the mothers' club have been recruited as acceptors of family planning.

The project on "Women's Vocational Training" was established to create facilities for vocational training of rural women to make them economically self-reliant and help up-ward mobility and to recruit acceptors of family planning. The project activities are conducted in 100 centres in 20 Upazilas. The project imparted vocational training to 11,340 womens, recruited 1,12,468 eligible couple as acceptors of family planning, set up 60 Weaving Training Centres (WTC), established 4 bakeries, acquired 6 acres of land, procured 583 training instrument, 60 bi-cycles and formed 120 co-operative societies upto June 1984. An evaluation of the project shows that the quarterly income of women has been raised to Tk. 225/- from Tk. 52/- after giving them training on different skills.

V. Ministry of Labour and Manpower

There are two projects under this Ministry as follows :

- a. Population and Family Welfare Motivation and Services in Industry and Plantation ;

b. Population/Family Welfare Education for Organized Sector through Industrial Relation Institute (IRI) ;

A happy and contented labour force is an essential pre-requisite for higher productivity for overall economic development of the country which is possible by increasing the efficiency of workers through adoption of small family norm, reducing the mortality rate by adopting MCH and Nutrition programme and creation of better working environment. With this end in view, the labour sector programme was first launched in 1976. The present project on Population and Family Welfare Motivation and Services in Industry and Plantation came into being in 1980 to undertake motivational and educational activities for Industrial workers and their families through the Labour Welfare Centres, Trade Unions and Managements with the help of Volunteer Worker Motivators and the plant level Tripartite Committees. The project through its 21 centres has recruited about 1,09,468 acceptors of family planning upto June 1984. The project Family Welfare Education for Organised Sector was started with the objectives of family welfare education at IRI, Tongi, Chittagong, Khulna and Rajshahi and 114 courses were conducted, 2848 persons were trained up to June, 1984 achieving the more than 100% of the target assigned.

VI) Statistics Division.

There are two projects under the Statistics Division as follows :

- a. Bangladesh Demographic Survey and Vital Registration ;
- b. Bangladesh Population and Housing Census.

The objective of the project Demographic Survey and Vital Registration is to collect, evaluate and analyse the curriculum, data on birth, death, marriage and on selected socio-economic characteristics of the population to study inter-relationship between demographic and socio-economic variables etc. Its objective is to determine a mechanism of sample vital registration system needed for establishing permanent, reliable, suitable and effective statistical system for regular monitoring of vital statistics evaluation of the impact of family planning programmes. To attain these objectives, the project activities comprising house listing, mapping, baseline demographic survey are undertaken through two independent systems of operation like day to day recording of vital events occurred in the sample areas through local registrars and quarterly collection of data by the head-quarter staffs. Some of the major findings of this project in 1983 are as follows :

a. Natural Growth Rate	2.27%
b. Total Fertility Rate	5.07
c. Net Reproduction Rate	1.92%
d. Crude Birth Rate	35.00 per thousand
e. Crude Death Rate	12.03 per thousand

f. Infant Mortality Rate	...	117.05 per thousand
g. Life expectancy at birth	...	54.05

The project "Bangladesh Population and Housing Census" started its functioning in 1980 with the objectives of conducting, processing and disseminating country's 1981 Population Census. The preparation and updating of household mouza maps and CS maps for Agriculture Census for 1983-84 have been undertaken. This project is involved in providing computer support to all Census and survey activities and development of computer based geo-information system.

VII. Rural Development and Co-operative Division.

The project "Population Planning & Rural Women's Co-operative" under BRDB during its operation since 1975 has formed 1586 Women's Co-operative Societies with about 58,905 members upto June 1984. Out of 31,520 eligible member couples of these Co-operatives, 22,702 accepted family planning and thus 72% of the eligible members accepted family planning within project areas comprising 40 Upazilas. Adult education, Health programme, Poultry raising and Farming are also major componets of this project.

VIII. Ministry of Agriculture and Forests

The project "Population Education for Agriculture Extension Workers and Motivation of Farmers" was launched to introduce population education in the curriculum of Agriculture Extension Training Programme and develop the capability of Agriculture Extension Workers/Union Extension Agents to undertake population control activity and motivate farmers families to practice family planning. The programme is extended in 25 Upazilas as against the target of 50 Upazilas covering 298 Unions and 12.97 lac eligible couple of which 2.27 lac have been recruited/motivated for acceptance of family planning upto June 1984. The number of workshops conducted is 1 at National level, 1 at Zila and 155 at Upazila level. An evaluation of the project indicated that 87% of respondents (contact farmers) confirmed that the UAAs/UEAs sought to motivate them for family planning while covering their agriculture extension activities.

IX. Education Division

The project "Introduction of Population Education in the Formal School System of Bangladesh" was started in 1980. The major objective was to institutionalise population education in the formal school system and in Teachers' Training Institutes. The population education has already been introduced upto class-X and curriculum were developed for XI-XII classes. During the last 3 preceeding years, 39,601 teachers were trained. The District Population Education Officers were given specific target to popularise the population education among the teachers and the taughts.

X. Defence Division

The project "MCH and Family Planning for Bangladesh Armed Forces" started

its operation in July 1978 with the project cost of Tk. 97.25 lakh (revised). So far 9 MCH-FP clinics and 30 MCH-FP centres have been established and made operative. The project has recruited upto Sept. 1984 since July 1979 about 4500 clients of Sterilisation, 2500 of IUD, 1900 for MR, 23000 for Pill and 4600 clients for injectables. An evaluation of the project reflects its better performance and satisfactory management.

XI. Ministry of Home Affairs

The project "MCH-FP Services for BDR" was started in 1978 with the objectives of constructing 20 clinics by 1985 for providing MCH-FP Services. Out of the same, 16 clinics were constructed and made operative. Attempts are being made to attract the outsiders in the BDR clinics for providing MCH-FP services. The performance of this Project for the recruitment of client for family planning during the last 3 years was as follows :—

Method	1981-82	1982-83	1983-84
Sterilisation	129	77	159
I U D	30	101	179
Injectables	247	38	154
Pill	1049	2847	2007
Condom	1230	2395	2447
M. R.	844	230	231

It was estimated in September 1984 that the total number of eligible couple in BDR were about 19804 of which 18724 are in uniform personnel and 1080 were civilians.

XII Railway Division :

The project "Expansion and Modernisation of Maternity Child Health and Family Planning Services under Bangladesh Railway" was made operative in late 1983. There are at present 9 centres at Pahartali, Lakshain, Akhaura, Dhaka, Pakshi, Saidpur in the East and Northern Zones : Attempts are being made to expand and provide the facilities of MCH-FP at Mymensingh, Narayanganj, Rajshahi etc.

XIII) "Strengthening of MCH-FP facilities in special areas of Chittagong Hill Tracts" under the Cabinet Division :

This project under the Cabinet Division was started in 1979 for construction, renovation and provide facilities of MCH-FP at Chittagong Hill Tracts. The project is scheduled to be completed by June 1985. The construction/renovation of 3 HFWCs at Chhotomerung, Babuchara, Maischari and 2 Weekly Clinics at Panch-chari and Dighinala has almost been completed by the Chittagong Hill Tracts Development Board.

5. Co-ordination of Multi-sectoral Population Programme.

Ministry of Health and Population Control co-ordinates the activities of multi-sectoral population projects. A Central Co-ordination Committee was constituted in 1975 headed by the Minister for Health and Population Control. The committee met about 24 times upto 1983 to review the programme, evaluate the performance and take decisions for proper functioning of the multi-sectoral projects. The Government is also considering to constitute a steering committee for effective monitoring co-ordination of the activities of 3 women programme. Presently, a monthly co-ordination meeting is being held for this sector under the Chairmanship of the Addl. Secretary, Population Control Wing of the Ministry of Health and Population Control.

6. Multi-sector IEC programme.

The Government decided on 1-1-82 that all media of information, motivation and communication should be involved to disseminate the messages of Population Control Programme. Accordingly, 14 Ministries/Divisions were directed to disseminate the message of major 3 slogans of family Planning through ration card, non-judicial stamps, office file, bill-boards, signboards, stickers, tickets, stamps, receipts display boards, etc. The Post & Tele communication Division, Industries Division, Finance Division etc. were involved in the programme. Ministry of Health and Population Control has been working as Co-ordinating Ministry and IEM Unit of this Ministry is providing technical and financial support to these multi-sectoral IEM population programmes. This multi-sectoral IEM activities have made a significant success in involving the different Ministries/Divisions and disseminating the messages of population control programme through different media. It is evident that post cards, envelopes, railway tickets, non-judicial stamps, coins of ten paisa, yearly calendar published by Ministry of Establishment etc. carry the slogan/monogram of the population control programme.

The IEM Unit of the Directorate of Population Control has distributed about 16,000 Tin plates, 2,000 Posters, 8,000 stickers to the Agriculture Division, Bangladesh Railway, Chittagong and Chalna Port Authority, Bangladesh Shipping Corporation, BIWTA etc. During the year 1983-84, 50 Bill Boards have been supplied to 20 Railway Junctions, 20 Labour Welfare Centres, and 350 slides of 35mm have been prepared for projection in cinema halls and exhibitions. During the year 1984, 50,000 Tin plates of two different design have been prepared out of which 3,000 to Post & Tele communication, 500 to Commerce Ministry, 500 to BRTC, 500 to Food Directorate have been distributed. Thus, the multi-sectoral approach on IEC activities has also been undertaken by different Ministries/Divisions to combat this problem through combined national efforts.

Prospect :

Multi-sectoral population projects, with the passage of time, have made an appreciable impact in stimulating and sustaining demands for means of fertility reduction

and creating a favourable climate for increased acceptance of population control programme. Some of the projects under the Ministry of Social Welfare and Women Affairs, Ministry of Labour and Manpower, Statistics Division, MCH-FP projects in the Armed Forces and BDR have made significant contribution in spite of ostensible initial difficulties. Studies/evaluations undertaken on many of these projects have recommended the existence and expansion of projects activities. Association between women's involvement in income generating activities and their contraception/fertility behaviour was strongly corroborated by findings of the evaluation of such projects where women were involved for changing their status—both economic and social. Similarly, evaluation of the projects in organised sector, agriculture, armed forces, planning commission have identified positive impact on the changing pattern of fertility behaviour and their utility in the programme. A few of the projects, of course, providing service delivery could not make significant contribution in terms of targets assigned to them due to certain unavoidable circumstances. Similarly, projects meant for conducting studies, research, evaluations could not come out with their recommendations/findings within the scheduled time. Thus, there was always a mixed reaction about the prospect of the multi-sectoral projects and Opinions/Views were expressed in favour/against the existence of these projects on different occasions.

Multi-sectoral population projects, in fact, were allocated around 1% of the total fund earmarked for the population sector in ADP of 1983-84. In comparison with the resource mobilisation, the performance of these projects were considered to be note-worthy. Re-imburement position was always a satisfactory aspect in these projects. Population policy cannot be a population sector policy. It must be multi-sectoral and multi-dimensional as recommended in the World Population Conferences in Bucharest and in Mexico. Therefore progressive incorporation of population factors and development inputs ensure complementarity with national population policy should be beyond any question and controversy. Improved management skill, commitment of the concerne Ministries/Divisions, development of proper monitoring system and implementation of innovative ideas are needs of the hour and demands of the situation in these projects. It is expected that some of the multi-sectoral projects could contributed significantly provided administrative & logistics supports are given adequately with certain financial and operational flexibility.

POPULATION CONTROL PROGRAMME IN THE NON-GOVERNMENT SECTOR

Historical Development of the Non-Government Sector:

Population Control Activities started in this country to control the unplanned growth of Population with the formation of the Family Planning Association in 1953, a Non-Government Organisation. Historically, this was the first attempt to combat the rapid population growth that was considered as a grave concern by a group of social thinkers and philanthropists. Initial activities of this Association were mostly confined to remove social prejudice and taboo against family planning. As a maiden effort, a clinic was set up at Dhaka by this Association for providing counselling on contraceptive technology, distribution of non-clinical contraceptives and distribution of motivational/educational literatures for popularising the concept of small family norms and encouraging the practice of family planning amongst the city dwellers. Until 1951, the Government support was very nominal and only Rs. 10,000/- was received from the Pathfinder Fund, Boston, USA. After 1958, when the then Government recognised the rapid growth of population as a problem, a financial support of Rs 50 lac was provided to the Association to promote Family Planning through voluntary efforts. The Association then spread its activities in a few urban areas of the country to generate awareness and interest for responsible parenthood.

With the ground prepared by the efforts of the voluntary sector, the Government stepped into the scene and emerged as the major partner to direct the movement towards the same goal of Family Planning and Family Welfare. In spite of the fact the Non-Government Sector during the decade of 1960-70 lacked momentum and speed. One of the reasons for slow expansion of NGO activity was the inadequate attention and support from the Government. Nevertheless, NGOs in urban areas continued to provide services and undertake motivational efforts to popularise the concept of small family norms.

During the post-liberation reconstruction phases, after 1971, although Government was mostly concerned with economic, social and administrative reorganisational activities on priority basis the Population Control Programme continued as a planned development programme of the Government. International agencies like The Asia Foundation, The Pathfinder Fund, Family Planning International Assistance, Health Education Economic Development (HEED), Save The Children Fund (SCF) UK, Co-operative American Relief Everywhere (CARE), Radda Barnen, New Life Centre, The Lutheran Mission, Mennonite Central Committee (MCC), Rangpur Dinajpur Reha-

hilitation Services etc. have shown their keen interest in undertaking MCH—FP programme and providing assistance for care of mother and children under 5, nutritional support and medicaments directly and through local organisations.

The National Population Policy declared in 1976 emphasised on the participation of Non-Government Organisation in the Population Control Programme. During the period of 1973-78, quite a good number of Non-Government/Voluntary Organisations came forward to complement the Population Control Programme with Community Based Distribution Programme and other innovative approaches e.g. Bangladesh Association for Voluntary Sterilization (1974), Christian Health Care Project (1974), Concerned Women's Family Planning Project (1975) started functioning during this period. The Population Control Division has also taken a Project namely "Use of Voluntary Organisations in MCH- FP activities". Government also established a "Family Planning Council of Voluntary Organisations (FPCVO) in early 1978 for effective co-ordination of Non-Government Organisations and created a centre namely "Family Planning Services and Training Centre" in late 1978 outside Government set up to provide promotional, technical and other support to FPCVO and Voluntary Agencies.

During the period 1979-84, a good number of local level voluntary organisations were promoted with the active support of International Agencies like USAID, Family Planning International Association, The Asia Foundation, The Pathfinder Fund, Population Crisis Committee, Oxfam etc. The Ministry of Health and population Control also continued to provide assistance to Non-Government Organisations. The Government amended the Foreign Donation (VA) Regulation Ordinance of 1978 in 1982 and promulgated the Foreign Contribution (Regulation) Ordinance 1982. The Ministry of Health and population Control also issued circular prescribing guidelines for the purpose of formation, operation and co-ordination of the Non-Government and Voluntary Organisations.

2. CURRENT PROGRAMME IN THE NON-GOVERNMENT SECTOR :

(a) Nature of the Organization :

The words "Non-Government Organisation" and "Voluntary Organisation" are used interchangeably to identify an organisation carrying an activity on voluntary basis in the non-government sector. The Foreign Donation (Voluntary Activity) Regulation Ordinance 1978 defines "Voluntary Organisation" as an organisation means a church or a body of persons, called by whatever name, whether incorporated or not, established by persons for the purpose of undertaking or carrying on any voluntary activity in Bangladesh".

The term "Non-Government Organisation" is widely used to indicate the activities undertaken in the private sector. In fact, all Non-Government Organisations are established with the initiative of a group of persons to undertake an activity on voluntary basis through paid executive staff. Activities undertaken by these organisations are

approved by the Government, although formation, nature of implementation, mode of operation are different than the Government, which depends on the body of persons who established the organisation. Thus, the world Non-Government and Voluntary Organisation is used simultaneously.

b) Classification :

All Non-Government/Voluntary Organisations are equal in all respects and classification is not relevant but, to identify the organisation in the Population Control Programme, NGOs are classified into 3 major categories :

- i) national level organisation ;
- ii) local level organisation :
- iii) foreign voluntary organisation.

A national level organisation is one having at least 10 branches or projects throughout the country, e. g. FPAB, BAVS, CWFP, CHCP etc. Organisations established and functioning in a particular area/locality having no branches/projects and employing around 10 workers are regarded as local level organisations e. g. Atma Nivedita Mohila Sangstha, Sobhanbagh Mothers Club and Patiya Samaj Kallayan Mohila Samity. Organisations formed outside but working in Bangladesh are regarded as Foreign Voluntary Organisations e. g. New Life Centre, Radda Barnen, Save the Children Fund etc.

c) Field of Activities :

As per record, about 170 Non-Government/Voluntary Organisations were registered affiliated with the Directorate of Population Control for undertaking Population control activities. Out of these organisations, about 110 are actively involved in the programme at present. These organisations are involved in the following field of activities :

- i) community based distribution of contraceptives ;
- ii) clinical services ;
- iii) CBD-cum-clinical ;
- iv) MCH-FP integrated with income generating and nutritional activities ;
- v) research and evaluation ; and
- vi) social marketing of contraceptives.

All Non-Government/Voluntary Organisations have their in—built programme for dissemination of information, education, motivation. Some of the NGOs have innovative approaches to ensure community participation and to provide a sense of

socio-economic security to the acceptor etc. All these 110 active organisations have almost 230 projects in different areas of the country.

The area of operation of these organisations were basically urban—based to facilitate intensive coverage and avoid duplication with the Government workers in the rural areas. At present, there is no restriction for a NGO to operate in rural areas with innovative approaches with the approval of the Government.

d) Target of Performance :

All Non-Government/Voluntary Organisations involved in service providing activities were given a uniform method—specific contraceptive target as follows :—

Method	Old Project	New Project
Sterilization	2	2
IUD	2	2
Condom	2	4
Pill	3	6
Others	1	1
	10	15

The monthly target per clinic for Sterilization has been fixed organisation-wise as follows :—

i) BAVS	300
ii) FPAB	200
iii) CHCP & others having clinics	100

Deployment of worker has been fixed. Normally, at least one full time worker will be deployed for every 5000 population and there will be one supervisor for 5 workers.

c. Method and Source of Financing :

Almost all Non-Government/Voluntary Organisations in the Population Control Programme are being financed by foreign donor agencies. A few of the organisations have their own contribution for a portion of the total finance. For understanding of the flow of assistance, the method and sources of finance may be mentioned as follows :—

- i) subvention committee through a World Bank assisted project providing seed money for promotion of NGO activities ;

- ii) foreign intermediary donors like Family Planning International Assistance, The Pathfinder Fund, The Asia Foundation, International Planned Parenthood Federation, International Project Association for Voluntary Sterilization, Population Crisis Committee, Oxfam etc. providing assistance to the NGO programme ;
- iii) FPSTC providing support to NGOs, as sub-grantee projects with the assistance from USAID and FPIA :
- iv) self contribution of the members of NGOs for paying house rent, awarding the best workers for better performance.

It is obligatory for both donors and recipients to obtain Government permission for making or receiving any contribution.

Most of the organisations involved in the population control activities operate their programme with the budget of around Tk. 5 lac. The annual budget of BAVS (Tk. 3.75 crore), FPAB (Tk. 2.65 crore), CHCP (Tk. 80 lac), CWFPP (Tk. 50 lac) are in the higher side.

f) Supply of contraceptive and other logistics :

- i) all approved Non-Government/Voluntary Organisations are allowed wage loss, transport cost, food charges, surgical apparel, referral fee etc. as admissible from the Directorate of Population Control for each case of Sterilization and IUD ;
- ii) all organisations get the supply of logistics free of cost on the basis of their performance. Usually, the supply to NGOs is ensured on the criteria of the average of 3 months performance, one month running and one month's stock in advance.
- iii) MCH-drugs, Drugs and Dietary Supplements Kits are also provided to Non-Government Organisations having MCH programme as far as possible.
- iv) FPAB, BAVS, CWFPP, CHCP and other big organisations get supply directly from Transport Equipment Maintenance Organisation (TEMO). FPSTC procures supplies from Central Store for all its sub-grantee organisations and Family Planning Association of Bangladesh receives stores of contraceptives from TEMO for all organisations funded by Family Planning International Assistance. The Asia Foundation, and The Pathfinder Fund. Other Organisations get their supplies from District store.

g) Registration/Affiliation of the Non-Government/Voluntary Organisation :

Population Control and Family Planning Division issued a notification vide No.

FP/II/354/75/155 dated 25.4.79 exercising powers conferred by clause (e) of section 2 of the "Voluntary Social Welfare Agencies (Registration and Control) Ordinance 1961 (XLVI of 1961) authorising the officers of the Directorate of Population Control to exercise the powers of Registration Authority under the aforesaid Ordinance. Accordingly, organisations involved in population control activities were given registrations so long.

At present, Directorate of Population Control cannot give any registration to an organisation operating with foreign donation. Under the Foreign Donation (VA) Regulation Ordinance (Amendment) 1982, registration is obligatory for both foreign and Bangladesh agencies or persons undertaking voluntary activities in Bangladesh with foreign donation. At present, for registration, agencies or persons are required to apply to the Department of Social Welfare in form FD-I under Rule 3 of the Foreign Donation (Voluntary Activity) Regulation Rules. Social Services (former Department of Social Welfare) will accord registration on the basis of the recommendation of Standing Committee at External Resources Division. The Directorate of Population Control may, however, at present give affiliation to NGOs for undertaking population control activities in a specified area and for the purpose of monitoring and co-ordination of their activities.

3. Co-ordination and Monitoring of the Activities in the Non-Government Sector :

A multi-channel working system has been developed for monitoring contraceptive performance and co-ordination of activities of Non-Government/Voluntary Organisations. The system comprises the following :

- (a) Management Information System (MIS) Unit of the Directorate of Population Control collects the contraceptive performance report of all NGOs through its normal channel and reflects the same separately every month in their contraceptive performance report ;
- (b) NGOs send their report on their activities to the main organisation/donor agencies also. Say, all organisations supported by FPSTC send their report to the central office. Similarly, branches of FPAB, BAVS, CWFPP etc. send their report to their central office who compile, compare and send it to MIS Unit of the Directorate of Population Control ;
- (c) Deputy Director, Family Planning of the concerned Zila are to monitor the NGO activities every month in a meeting ;
- (d) Family Planning Council of Voluntary Organisations headed by the Secretary, Ministry of Health and Population Control in its quarterly meeting discusses in details the performance of Non-Government Sector along with their future programme strategies ;

- (e) Steering Committee constituted in the Population Control Wing as per guidelines of the Foreign Donation (Voluntary Activity) Regulation Ordinance and Rules thereunder also monitor the activities;
- (f) Special meetings are arranged with NGOs at the Secretary/Additional Secretary level to monitor the performance of NGOs.

4. Functioning of Special Projects :

There are special pilot projects of innovative nature under the Ministry of Health and Population Control as follows :—

- a) Family Planning Social Marketing Project (SMP)
- b) Bangladesh Fertility Research Programme (BFRP)
- c) Family Planning Services & Training Centre (FPSTC)
- d) Integrated Family Planning, Nutrition and Parasite Control Project (IFPNPCP)
- e) Metropolitan Dhaka Family Planning Satellite Project (Satellite Clinics)
- f) Mohammadpur Fertility Service and Training Centre (Model Clinic)
- g) Menstrual Regulation Training and Services Programme (MRTSP)

All these pilot projects have their special features in providing family planning services, promoting the population control programme, identifying the future programme needs and experimentation of innovative approaches. All these projects are being operated under special arrangement, managed by Executive Council/Governing Body headed by the Secretary/Additional Secretary, Ministry of Health and Population Control. These Projects are not in the Government sector, although their management, and operational mechanism are in the line of Government. The pay scale, service condition, job description etc. have been maintained as per Government rules in some of these projects to facilitate future integration/absorption of the programme activities with the Government. FPSTC, BFRP, IFPNPCP, Satellite Clinics, and Model Clinic are exempted from the provisions of Foreign Donations (Voluntary Activity) Regulation Ordinance 1978 in view of their special operation arrangement. The activities of these projects are summarised as follows :—

a. Family Planning Social Marketing Project:

FPSMP came into being in 1974 under an agreement with the Population Services International and the Population Control Division to promote the sale of contraceptives and other nutritional items and socially desirable products. The FPSMP has at present 8 regional sales offices, 1,08,200 (May, 1984) retail outlets for the sale of condom (Raja, Panther, Majestic), Maya (Pill), Foam tablet (Joy) and also started the

administration of Injectables on pilot basis. Besides, FPSMP distributes ORS, and Safe Delivery Kits (SDK) on non-profit basis. FPSMP's contribution in the national performance of condom distribution ranges around 60% - 65% in a year. An Executive Council headed by the Secretary, Ministry of Health and Population Control is responsible for the overall management of the FPSMP.

b. Bangladesh Fertility Research Programme :

The recent trend of development of fertility regulation technology indicates to the clinical and biological complexities of contraceptive methods, which need for additional applied research to establish the suitability of fertility regulation methods in a particular society in the context of social, cultural and biological situation. With a view to addressing the above needed research in fertility regulation, BFRP was formed in 1976 under an agreement between Population Control Division and International Fertility Research Programme (now Family Health International) which is supported out of USAID grant. BFRP is governed by an Executive Council of 19 members headed by the Secretary, Ministry of Health and Population Control, BFRP undertakes studies, independent or collaboration research, conducts trainings, organises seminars, conferences and publishes reports on different aspects of fertility management related to the population control programme.

c. Family Planning Services and Training Centre :

FPSTC came into being in 1978 as a cell outside Government set-up to provide secretariat services to the Family Planning Council of Voluntary Organisations, promote family planning services and impart training to the personnel of Non-Government Sector. FPSTC is providing assistance to 40 NGOs for undertaking CBD programme along with MCH and income generating activities. The average contraceptive prevalence rate in FPSTCs sub-project areas ranges from 30% to 40% with a reasonably minimum cost for recruitment of per client. The Government Body of FPSTC is headed by the Additional Secretary, Ministry of Health and Population Control. USAID, FPIA and Ford Foundation provide financial assistance to FPSTC.

d. Integrated Family Planning, Nutrition and Parasite Control Project :

Population Control Programme needs to be integrated with other programmes to bring direct benefits to the people, and improve their health status etc. Parasite Control and Nutrition have been considered to be potential partners of integration to establish credibility of family planning workers by yielding immediate result of deworming and providing nutrition services as incentive and conducive factor for acceptance of family planning. Like other 12 countries of the world, with the assistance of Japanese Organisation for International Co-operation in Family Planning, Inc. (JOICFP) this project is operating since 1979 in 4 areas of Bangladesh (Naldanga at Rangpur, Panchdona at Narsingdi, Boyra at Khulna and Nayapara at Sylhet). The rate of parasite infestation in some project areas has been reduced from 90% to 23% and the contracep-

tive prevalence rate has been raised to 52% on an average in the project areas.

e. Mohammadpur Fertility Services and Training Centre :

Mohammadpur Fertility Services and Training Centre is popularly known as Model Clinic was established in 1974 to provide family planning services and impart training to Doctors and Family Welfare Visitors. During the 10 years of its operation, the Centre has earned a wide reputation not only for providing quality services but also for standard of training. The Pathfinder Fund and Population Crisis Committee have been providing financial assistance to this Centre. Managing Committee under the chairmanship of the Additional Secretary, Ministry of Health and Population Control is responsible for the overall management of the Centre.

f. Metropolitan Dhaka Family Planning Satellite Project :

In 1978, this Satellite Project was established with a view to providing family planning service facilities in the outskirts of greater Dhaka City including Narayanganj. Four clinics were commissioned at Bashabo, Mirpur, Rampura and Narayanganj to provide family planning services and recruit clients through the field agents. The Pathfinder Fund has been providing assistance for the operation of the Project. Additional Secretary, Ministry of Health and Population Control is Chairman of the Managing Committee of this Project.

g. Menstrual Regulation Training and Services Programme :

The MRSTP was formed in late 1983 to provide menstrual regulation training and services through 9 Medical colleges and Sadar Hospitals. The Population Crisis Committee has been providing financial assistance to this Project and the Project is amnaged by a 9-Members Council headed by the Secretary, Ministry of Health and Population Control.

Performance :

The performance of Non-Government/Voluntary Organisations involved in the population control programme has been found to be significant in the recent past. A current appraisal indicates that the contribution of Non-Government organisations is around 30% in Sterilisation, 65% in Condom, 12% in IUD and 55% in injectables. BAVS performs about 16% of the national performance in surgical sterilisation. Social Marketing Project contributes around 60% of Condom distribution and 80% of foam tablet. CHCP provides around 50% of the injectables. The Annual Country Reviewed of '83 by UNFPA estimated that the overall contribution of NGOs in the given year was around 40% of the total performance.

An evaluative study by Alauddin and Yahia (May 1983) on 5 successful NGOs revealed that contraceptive prevalence rate in project areas of those organisations

was almost double the national performance. The important approaches identified to have contributed the success were mainly (a) adoption of MCH-FP strategies, (b) total community Development strategy, (c) Integration of family planning with basic need oriented programmes. The specific elements responsible for improved performance were mentioned as worker-population ratio, deployment of educated female work-force, effective supervision & follow up system, feed back mechanism, involvement of community influentials etc.

In view of the commendable contribution of non-govt. sector, Government might actively consider the future expansion of the scope of NGO activities. SMP has been entrusted by this time, with the marketing of ORS, promotion of injectable and expansion of IEC activities. FPAB has initiated different programmes of innovative nature. BAVS is imparting training to doctors both Govt. and private on new regimen to improve their skill. FPSTC and the Asia Foundation undertook projects of income generating nature and integrated collaborative programme in less performing Union/Upazila. All these indicate a special drive in the Non-Govt. sector to adequately supplement the Govt. programme.

Non Government Organisations and special projects of the Government require financial assistance directly in a year on average around Tk. 20.00 crore (based on 83-84). Besides this direct financial assistance, SMP gets assistance of contraceptive supplies worth Tk. 12.00 crore in a year (83-84) and other organisations also receive contraceptives, audio-visual aids, MSRs, IEC materials etc. from respective donors as free gifts. Thus, the mobilisation financial resources in the non-government sector is around 20—25 percent of total fund generated for the population control programme (83—84). The contribution is relatively much higher indicating a favourable cost-benefit ratio in the Non-Government sector.

In view of the diversification and intensification of Government activities, coming years will be a challenging one for non-government organisations. NGOs will have to identify new areas of activities with community support coupled with integrated development approaches toward self-reliance. Effective steps will have to be taken to develop the management capabilities through effective co-ordination, supervision and substantial improvement in the programme performances.

In brief, demonstration of effective performance in real terms will be the key factor for existence of NGOs and for this purpose, NGOs will need substantial support both moral and material to justify their utility in the population control programme in future.

FUTURE OUTLOOK

a) Perspective Plan :

"In Bangladesh, planning, to be meaningful, has to be long-term. In the short run there cannot be any miracles." These are the words that catch our eyes immediately when we try to have a glimpse into the "Thoughts About Perspective Plan" (1980—2000), brought out by the Government in September 1983. The Perspective Plan had also given a general scenario of problems that faces the Country. "Bangladesh continues to be set with massive socio-economic problems. Poverty, hunger, unemployment, illiteracy and population pressure are so pervasive that Bangladesh is in a syndrome of poverty. Even on the basis of minimum calorie intake, around 85 percent of people live below the poverty line; unemployment is about one-third of the labour force; three-quarters of population are illiterate, and the population about half of the rural households. If the present trends continue through the end of this century, socio-economic maladies of Bangladesh will assume colossal magnitude. Even at current levels all these problems are not only massive, but also extremely complex, as such they pose very tough choice for a poor country like Bangladesh, toiling under severe resource and balance of payments constraints. All the problems can be basically reduced to a dichotomy of growth and population control, but each one of them would individually need attention in order to arrest absolute deterioration in other words, all the symptoms and causes of the syndrome of poverty need to be attacked simultaneously."

The Perspective Plan document also provided a table of Macro Indicators of Successive Plans which clearly shows that planned expectations remained largely unfulfilled, except some marginal improvement in per capita GDP, food production and primary education.

TABLE—I
Macro Indicators of Successive Plans

	Actual 1972-73	First Five Year Plan (1973-78)		Two Year Plan (1978-80)		Second Five Year Plan (1980-85)		
		Target	Actual	Target	Actual	Original Target	Revised Target	Result 1980-83
1. GDP Growth								
Rates (% per annum)	—	5.5	4.0	5.6	3.5	7.2	5.4	3.6
2. Population Growth(% per annum)	3.0	2.8	2.6	2.8	2.6	2.2	2.4	2.5
3. Per capita GDP (Tk) (Terminal Year)	676	766	727	752	747	942	865	770
4. Food Production (Million tons on Terminal Year)	11.14	15.14	13.10	14.40	13.35	20.03	17.5	15.1
5. New Employment (Million in Terminal Year)	—	4.10	3.00	1.80	N.A.	5.18	3.65	N.A.
6. Primary Education (Million in Terminal Year)	6.00	8.59	8.53	9.00	7.00	13.00	13.00	N.A.
7. Development Outlay* (Tk. in million for the Plan)	—	44,550	50,470	38,610	49,040	255,950	172,000	—
8. Self-reliance Share of Foreign Aid (over the Plan)	—	40.4	76.0	74.0	81.1	46.3	41.2	—
9. Domestic Saving (Terminal Year)	4.5	14.2	4.6	5.7	4.3	7.2	7.4	—
10. Tax-GDP Ratio : (Terminal Year)	4.8	10.0	8.0	9.2	8.0	13.0	9.5	8.1

* Target development outlay is at constant Prices and actual at current Prices. (Page-3 of the Perspective Plan).

The prospective Plan clearly stated that "Population Control and Family Planning hold the ultimate key to the success of Planned development in Bangladesh. It is clear from the scenario that the long-term plan assumes a significant decline in population growth by the end of the Century. To achieve this goal suitable legal and institutional reforms will be necessary for family Planning" (page-13). The programme will gradually assume new dimension with its expanded institution based service delivery activities close to the door steps of the people, wider community-based sustained voluntary efforts, and more beyond family Planning measures.

The scenario of Long Term Plan (1980-2000 A.D.) may also be gleaned from Table-II below as stated in the "Thoughts About Prospective Plan" (Page-9).

Table—II
Scenario of Long Term Plan
(1980-2000 A.D.)

	1979-80	1984-85	1989-90	1994-95	1999-2000
1. Population :	87.2	98.1	110.2	120.3	128.3
in (million)					
Growth rate (%)	2.6	2.4	2.2	1.8	1.3
2. GNP (at 1979-80	186,130	251,260	352,404	503,558	711,910
prices) (in million Tk.)					
GNP Growth ;	—	6.1	7.0	7.4	7.2
rate (%)					
per cepia :	2134	2563	3199	4184	5547
Income (Tk.)	(\$ 138)	(\$ 16%)	(\$ 206)	(\$ 270)	(\$ 358)
3. projected :	—	172,000	284,810	421,390	588,665
Planned		(SFYP)	(TFYP)	(FFYP)	(FFYP)
Investment					
(in million Tk.)					
Investment :	15.9	16.3	19.3	20.3	21.5
Rate (%)					
4. Domestic :	4.3	7.4	10.3	11.8	12.3
Saving(%)Rate(%)					
Foreign Saving	11.5	8.9	9.0	9.1	9.2
(%) (including					
transfers)					
5. Unemployment (%) :	30.3	29.8	22.5	16.6	9.5

6. Literacy Rate(%)	:	26.0	40.0	52.0	65.0	75.0
7. Food Production (million tons)	:	13.35	17.5	20.7	23.8	26.6
8. Structure of GDP	:	100.00	100.00	100.00	100.00	100.00
Share of Agriculture	:	51.6	50.3	45.3	41.2	36.9
Share of Industries	:	8.2	9.6	11.4	14.7	21.2
Share of other Sectors	:	40.2	40.1	43.3	44.3	41.9

b. Third Five Year plan : Objectives

The Third Five Year Plan will be critically important in making a break-through in the population as well as the Health sector. The possibility of achieving NRR One by 2000 A.D. and "Health for ALL" by 2000 A.D. will depend on the degree of success of the efforts to be made during the 3rd Five Year Plan period. The lapses of the current plan period, and the shortfall in achieving plan targets have to be made up with all out efforts during this intervening period (1985-90). At the same time, the institutional capability will have to be further strengthened and the vigilance system improved. Further, mother and child health care will have to be improved to make it a triggering factor for family planning.

The demographic goal as proposed to be achieved by 1990, is a CBR of 31 per 1000, CDR of 13.4 per 1000, rate of population increase 1.8%, a TFR of 4.1 and a matching, reduction in mortality, particularly infant and child mortality to about 100 per 1000 live birth. The achievement of TFR of about 4.1 by 1990 would call for practicing contraception by about 40% of couples by that year. In absolute terms, the number of contraceptors will have to increase to about 10.5 million by 1990. (table—III)

The 3rd Five Year Plan aims at immunizing about 5 million women of reproductive age groups with tetanus toxoid, an almost equal number with DPT, besides educating most of the village mothers on preparation of Oral Rehydration Saline (ORS). The Plan will emphasize on the training of village Traditional Birth Attendants (TBAs) to ensure safe-delivery—one of the three major intervention areas in MCH Programme. Needless to mention that GOB has been promoting and shall continue to promote certain measures to stimulate demand and sustain use of contraception for causing fertility reduction. It is important to note that the Government has been continuing its efforts to harmonize health and Population control in order to mutually reinforce each other and prevent overlap, duplication or other anomalies in policies and programmes.

The Government is in search of additional measures to hasten the process of fertility decline. Admittedly, family planning alone can not contain fertility problems, though it has clear and independent effect. The acceptance of family planning is highest when it

interacts with :

- a. closely related and mutually reinforcing social goals ;
- b. implemented with the active participation of the local leaders and the community ;
- c. amply supplemented by NGO efforts;

Taking lessons from empirical evidence and to meet the latent unmet demand to increase contraceptive prevalence rate, the Third Five Year Plan objectives and strategies have been tentatively drawn. One might notice that GOB has prepared a document entitled "Suggested programme components for Population Control under Third Five Year Plan, 1985—90" and circulated the same in June 1984. The document provides preliminary thoughts and may be used for further discussion and deliberation.

c. Future strategy :

Some of the basic strategies that are to be followed during the forthcoming Plan periods are :—

i. Expanding Infrastructure to ensure wider coverage of rural areas :

During 1985—90, about 50 Upa Zila health Complexes besides the existing 343 will be established to cover remaining Rural Upa Zilas. The Upa Zila health complex will be the key point, in other words, the fountain head for integrated health, MCH,FP service implementation activities. At Union-level about 1500 Health and Family Welfare Centres will be constructed and made operational and another 500 Rural Dispensaries (RDs) will be upgraded to the level of UH&FWCs in terms of physical facility by 1990. By the year 2000 AD it is expected that each of the 4500 union will have one functional Health and Family Welfare Centre.

ii. Optimize utilization of existing service delivery channels :

In order to ensure wider coverage as well as to raise the standard and quality of the services rendered to the people, the GOB and NGO service delivery system will be strengthened, closely supervised, monitored and corrective measures taken. For this purpose, upgradation of knowledge and skill of Field workers and supervisory staff, improvement of management of the programme and supportive services like logistics and MIS will be done.

iii. Maximize coverage of priority MCH services:

MCH services will be prioritised to include three major interventions of tetanus toxoid immunization, management of diarrhoea and promotion of safe delivery practices.

iv. Designing IEM activities to be more responsive to programme needs:

Measures proposed include redesign of communication messages to conform to programme and community needs, channelling of more method specific communication, involve-

ment of community influentials in programme planning and implementation, enlisting cooperation of religious leaders, expanding communication activities to include MCH services, coordination of the communication activities of various agencies, improving monitoring and evaluation, design of communication system to take care of major determinants of fertility.

v. Manpower development and training:

Many measures are proposed to equip the manpower with necessary knowledge and skills, improve quality of training, greater attention to practical and field training, team training, strengthening of managerial capability and measures to improve motivation of staff like better remuneration, career development plans etc.

vi. Increasing coverage of multisectoral activities:

Particular attention will be paid to strengthen the three woman's projects to improve cost effectiveness and increase coverages. Measures are proposed to improve skill training, provide access to credit, create marketing facilities etc.

vii. Greater Involvement of NGOs:

NGOs will be involved in a larger degree in programme implementation both in urban and rural areas. Measures are proposed for coordination among NGOs and with government, streamlining funding mechanism, provision of support services, monitoring and evaluation.

viii. Testing innovative measures :

While the existing programme may increase contraceptive use to about 40% eligible couples by 1990, additional innovative measures to further increase coverage upto 65% will have to be tested during 1985-90 for their wider application in 1990s. Many other measures for testing are proposed, which include, bond scheme, award for socially responsible couples, women credit programme, promotion of female enrolment in schools etc.

d. Conclusion :

In view of the current evidences and a result of the new and proposed measures it now appears that the country has achieved the pre-requisites of a favourable setting for a vigorous family planning programme characterised by a strong political commitment to family planning; strong programme leadership to translate commitment into action, growing infra-structure, intensive supervisory system and a higher level of social and cultural acceptance. In the context of such a situation it now seems feasible to achieve demographic goal of NRR One by the year 2000 A.D.

The Health and Population Control ministry feels that it is possible to achieve NRR One by the year 2000 A.D. with the strength and consolidation gained by the programme and the committed pursuit of goals by all concerned. As per projection under the assumption of attaining NRR One by the year 2000 A.D. the Population of Bangladesh

Table—III

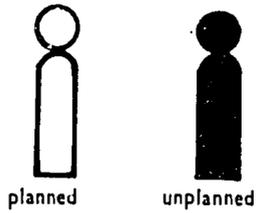
Population Projection 1985-2000

Year	Population size (thousand)	CBR	CDR	NRG	% couples to practice contraception
1980-81	89,503	41.7	16.0	2.57	14
1981-82	91,626	41.5	16.5	2.50	17
1982-83	84,206	40.5	16.1	2.44	19
1983-84	96,625	40.0	15.6	2.44	21
1984-85	98,883	38.0	15.2	2.38	23
1985-86	100,947	37.7	14.7	2.30	26
1986-87	103,387	36.4	14.3	2.21	28
1987-88	105,009	35.1	13.8	2.12	31
1988-89	108,222	33.8	13.5	2.03	34
1989-90	110,330	32.5	13.1	1.04	37
1990-91	112,238	31.2	12.7	1.85	40
1991-92	114,857	29.8	12.4	1.75	43
1992-93	116,926	28.6	12.0	1.66	46
1993-94	118,794	27.3	11.7	1.56	50
1994-95	120,464	26.0	11.4	1.46	54
1995-96	122,192	24.6	11.0	1.36	58
1996-97	123,911	23.2	10.7	1.25	62
1997-98	125,487	23.2	10.7	1.25	62
1998-99	127,005	23.2	10.7	1.25	62
1999-2000	128,477	23.2	10.8	1.24	62

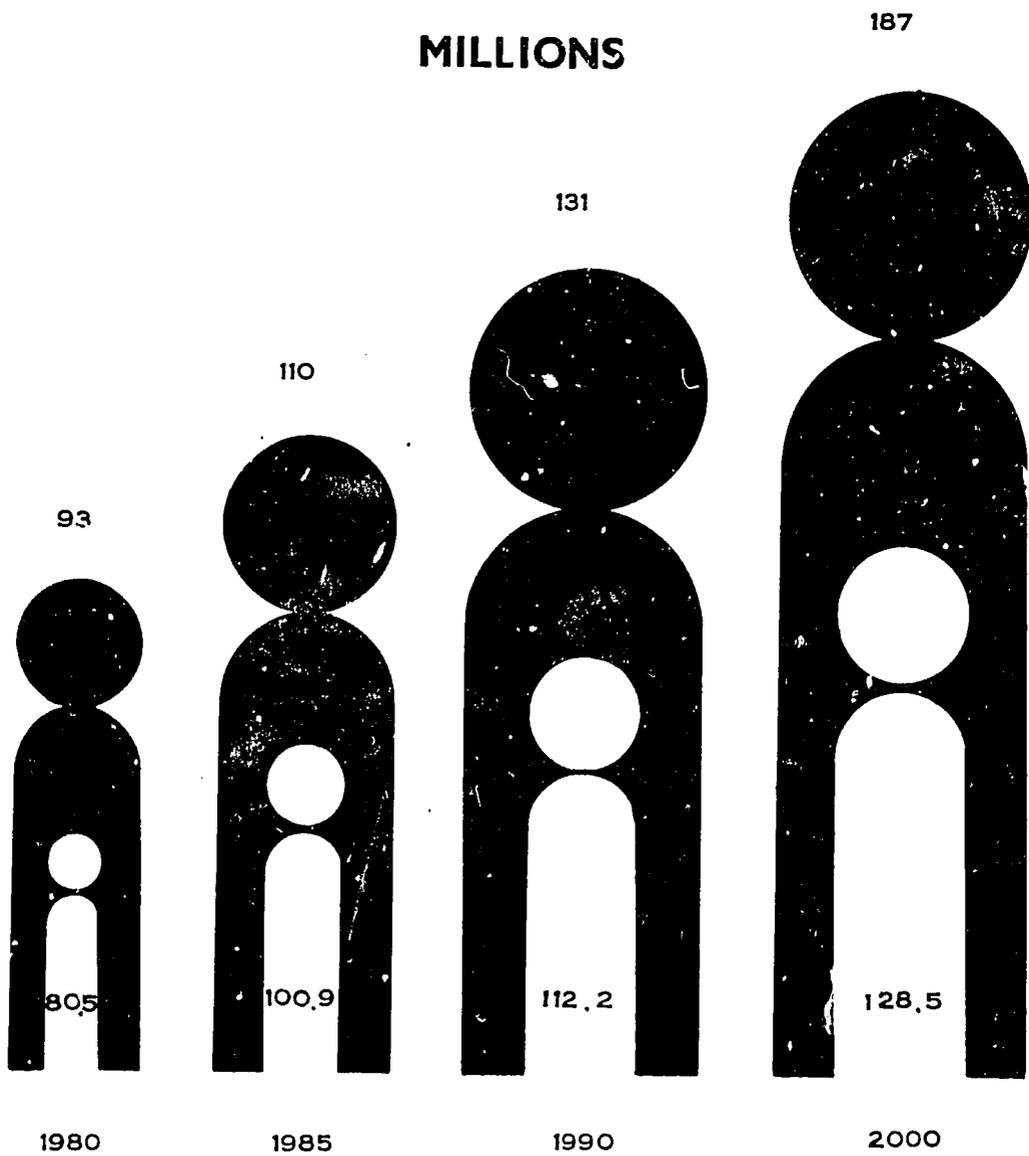
will be 128.5 million. The number of eligible couple is estimated to 128.5 million. The number of eligible couple is estimated to 25.7 million. In order to achieve NRR One 60% of the eligible couples must be using contraception on a continuous basis. This, in other words, means 15.9 million continued users will practice contraception in the year 2000 A.D. It is estimated that there are about 5 million regular users in the country now out of a total number of 19.8 million eligible couples which indicates a current contraceptive prevalence rate of about 25%. With the present size of the continued users we shall have to add 10.9 million such users by the year 2000 A.D. Each year we shall have to recruit roughly about 1 million (0.726) continued users. If the last year's level of achievement continues it will not be very difficult to recruit 10 lakh target of continued users each year. In 1983-84 there were 551,322 sterilization and 303,302 IUD cases were performed besides recruitment of a large number of injectables, pills and condoms and other method acceptors. The continued users is estimated to be well over 15 lakh in the year 1983-84. Even with discrepancies prevailing between the known condom practice rate and condom distribution figures the number of continued users will be well over 10 lakh. With further gearing up of programme efforts it can be reasonably, hoped that recruitment of continued users will be over 10 lakh per year for the next one decade and a half ending in 2000 A.D.

ANNEXURE

POPULATION PROJECTION, 1980 - 2000



MILLIONS



● **BANGLADESH NATIONAL POPULATION POLICY**

HIGHLIGHTS

- POLICY ADOPTED—JANUARY 1976
- POPULATION EXPLOSION—NUMBER ONE PROBLEM

POLICY OBJECTIVES & MEASURES

- REDUCTION OF TER FROM 64 IN 1976 TO 44 IN 1985
- CONTRACEPTIVE PREVALENCE OF 40% BY 1990
- NRR-1 OR TWO CHILD FAMILY BY 2000
- REGULATE FAMILY SIZE TO ENSURE BETTER HEALTH FOR WOMEN & CHILDREN
- FUNCTIONAL INTEGRATION OF HEALTH & FAMILY PLANNING SERVICES
- DECLARATION OF NATIONAL AWARD
- EXPANSION OF PHYSICAL FACILITIES
- ADMINISTRATIVE AND FINANCIAL FLEXIBILITY
- INCENTIVE AND DISINCENTIVES
- MULTISECTORAL MCH. BASED PROGRAMME
- COMMUNITY INVOLVEMENT
- CAFETERIA APPROACH
- LEGAL MEASURES
- NATIONAL COMMITMENT AT ALL LEVELS

CONTRACEPTIVE TARGETS FOR 1984-85

STERILIZATION	918000
IUD	282000
ORAL PILL	26550000
CONDOM	191100000
OTHERS	425000

TARGETS FOR MCH SERVICES 1980-85

REDUCE MATERNAL MORTALITIES RATE FROM 7104 PER 1000 LIVE BIRTH
REDUCE INFANT MORTALITY RATE FROM 140 TO 100 PER 1000 LIVE BIRTH
REDUCE CHILD MORTALITY RATE FROM 23 TO 15 PER 1000 LIVE BIRTH

SCHEMES UNDER POPULATION CONTROL WING

Name Of Schemes Under	PUBLIC SECTOR	Populafion Control Wing
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1. FAMILY PLANNING SCHEME
2. TRAINING OF FPA, FWA & FWV
3. SERVICE STATISTICS CELL
4. PROJECT FINANCE CELL
5. USE OF VOLUNTARY ORGANISATION
6. NIPORT
7. HFWC
8. VOLUNTARY STERILIZATION PROGRAMME
9. REGIONAL WAREHOUSE
10. MCH PROGRAMME
11. CENTRAL WAREHOUSE
12. 19 TRAINING CENTRES
13. CONSTRUCTION AND MANAGEMENT CELL
14. FWV TRAINING PROGRAMME
15. PLANNING CELL
16. STRENGTHENING OF IEM UNIT
17. TBA PROGRAMME
18. STERILIZATION OF SURVEILLANCE TEAM
19. IUD PROGRAMME
20. POPULATION IFORMATION SERVICE

MULTISECTORAL PROJECTS UNDER DIFFERENT MINISTRY

M/O. HEALTH, Health Division.	6	M/O. SOCIAL WELFARE.	1
M/O. INFORMATION & BROADCASTING.	5	M/O. RAILWAY ROAD HIGHWAYS & ROAD TRANSPORT	1
M/O. PLANNING.	2	M/O. PUBLIC WORKS & URBAN DEV.	1
STATISTICS DIVISION.	2	M/O. CABINATE AFFAIRS.	1
M/O. DEFENCE.	1	M/O. EDUCATION.	1
M/O. HOME AFFAIRS.	1	M/O. LABOUR & INDUSTRIAL WELFARE.	2
M/O. AGRICULTURE & FOREST.	1	M/O. LGRD & CO-OPERATIVE.	1
3. I. D. S.	1	M/O. WOMEN AFFAIRS.	1

Total 28

COMPARATIVE STATEMENT OF ADP ALLOCATION FOR POPULATION CONTROL & FAMILY PLANNING PROGRAMME INCLUDING MULTISECTORAL PROJECTS

YEAR	GOB In Tk.	Total Project Aid	Total Allocation Column 2+3	% of National ADP (in crores)
1	2	3	4	5
1972-73 (Base Year)	3.00	2.00	5.00	1%
1973-74	4.00	3.00	7.00	1%
1974-75	4.74	3.00	7.74	1%
1975-76	8.44	11.15	19.59	2%
1976-77	15.71	5.93	21.64	2%
1977-78	17.22	14.78	32.00	2.5%
1978-79	19.02	27.72	46.74	3%
1979-80	22.025	37.242	59.27	3%
1980-81	28.31	41.33	69.64	3%
1981-82	31.28	53.00	84.28	3.1%
1982-83	27.10	58.55	85.65	2.74%
1983-84	22.96	83.92	106.88	3.06%
1984-85	27.55	91.97	119.52	3%

Source :

ADP-Planning Commission

compiled / consolidated by :

PLANNING CELL Population Control Wing (MAY 1982)

ALLOCATION IN THE HEALTH SECTOR SINCE 1973

Fiscal Year	Budget Development	Revenue Budget	Total	TAKA IN CRORES	
				PERCENTAGE OF NATIONAL ALLOCATION DEVELOPMENT	OVER ALL
1973-74	21.00	14.13	35.13	3.0	2.6
1974-75	27.00	19.32	46.32	3.5	1.5
1975-76	33.00	24.81	57.81	3.4	1.4
1976-77	32.00	27.62	59.62	3.0	1.6
1977-78	43.02	37.88	80.90	3.4	1.7
1978-79	47.65	43.48	91.13	3.0	1.8
1979 -80	70.00	58.86	128.86	3.5	1.9
1980-81	65.83	65.00	130.83	2.8	1.7
1981-82	74.23	63.00	137.23	2.7	1.7
1982-83	78.24	75.83	154.07	2.5	1.6
1983-84	82.00	101.00	183.00	2.3	1.7
1984-85	87.22	128.00	215.22	2.2	1.6

YEAR-WISE BUDGET ALLOCATION FOR MEDICAL AND SURGICAL REQUISITES (M.S.R)

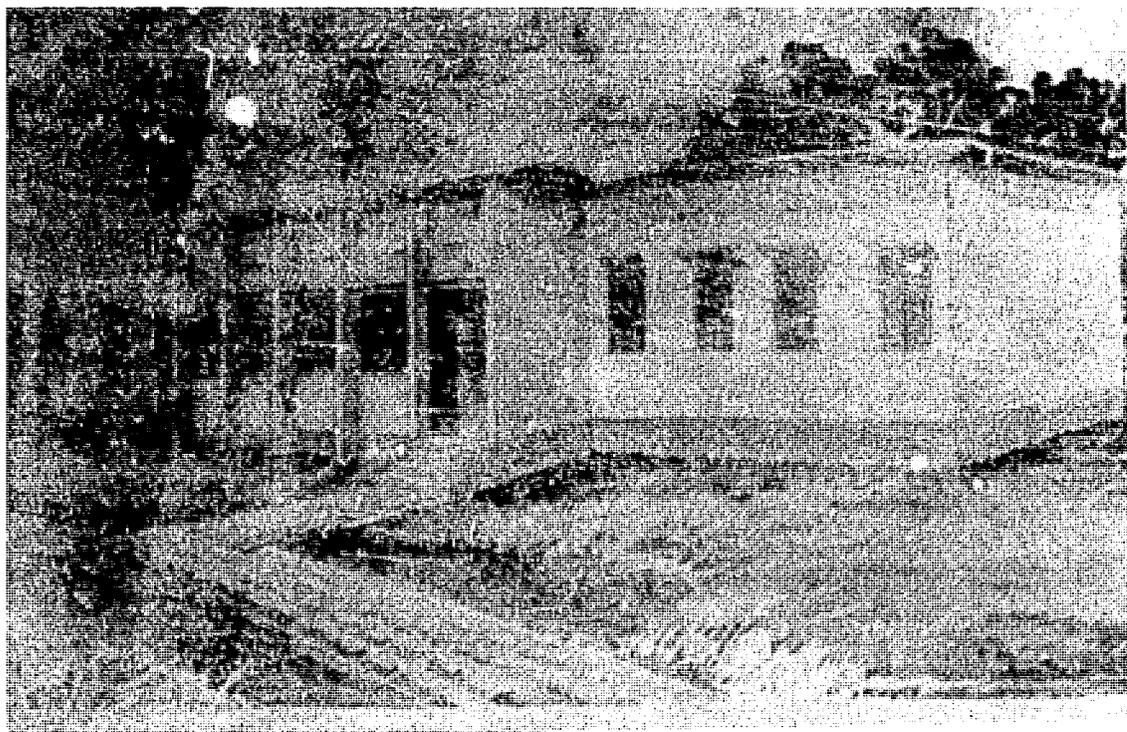
BUDGET ALLOCATION IN LAKH TAKA	1980-81 1660'00	1981-82 1900'00	1982-83 1950'00	1983-84 2340'00	1984-85 2900'00
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PERFORMANCE OF DIFFERENT CONTRACEPTIVES BY YEARS & METHODS

Financial Year	Sterilization			Injection	MR	IUD	Cendom (In Pieces)	Oral Pili (In Cycles)	Emko (In Vials)	Foam Tab
	Vesectomy	Tubectomy	Total							
1972-73	240	129	361	—	—	15660	1688807	139771	72721	—
1973-74	446	1015	1461	—	—	27590	936631	440973	99704	—
1974-75	14469	4707	19176	58	686	50391	773548	1288472	99091	—
1975-76	37839	11076	48915	1908	4408	77840	4562045	5943055	124784	—
1976-77	75066	41246	116312	2548	6687	59421	2938130	4633597	59479	—
1977-78	32643	44722	77365	4527	6135	40564	5447199	7487316	32224	—
1978-79	24705	81719	106424	11028	4412	22631	4795123	7120550	39051	—
1979-80	27534	171248	198782	26026	10479	21801	4865051	6227651	39127	—
1980-81	26003	232482	258793	112010	28044	41601	7259315	8137744	60786	5011074

COMPARATIVE PERFORMANCE OF CLINICAL CONTRACEPTIVE METHODS DURING THE DECADE (1972-82) & 1982-84

METHOD	1972-82	1982-84
STERILIZATION	11,30,505	12,20,040
I U D	4,41,167	5,94,468
INJECTABLE	2,39,170	2,57,369



UNION HEALTH & FAMILY WELFARE CENTRE (H F W C)

TARGET FOR 1980-85	1000'
ALREADY CONSTRUCTED	865
RD CONVERTED INTO HF WC	76
TOTAL FUNCTIONAL	568
UNDER CONSTRUCTION	562
TO BE FUNCTIONAL BY 1985	1500

REQUIREMENT OF HF WC DURING 3RD SCHEME (1985-90)

TOTAL UNION	4500
ALREADY CONSTRUCTED	1500
TO BE CONSTRUCTED/CONVERTED	3000

(NEW CONSTRUCTION 1875 + RURAL DISPENSING CONVERSION 1125)

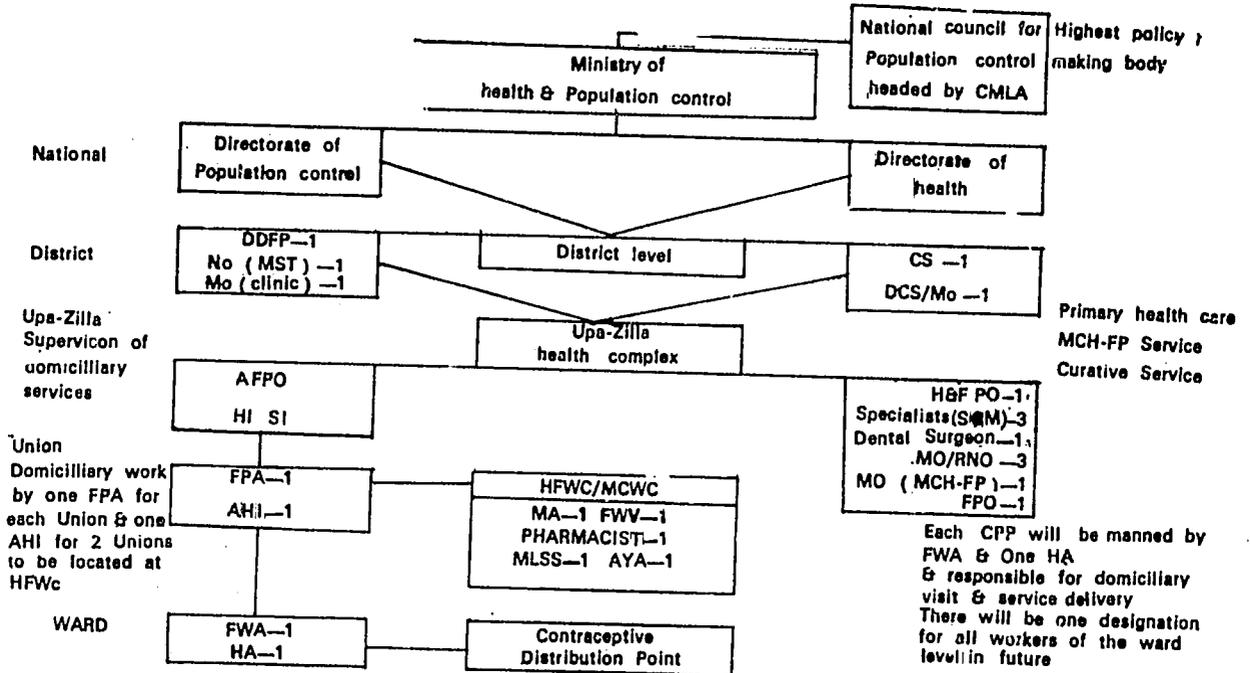
COMPLETION STATUS OF H & FWC CONSTRUCTION

DURING 1975-82 & 1982-84

	1975-82	1982-84
COMPLETED	352	586

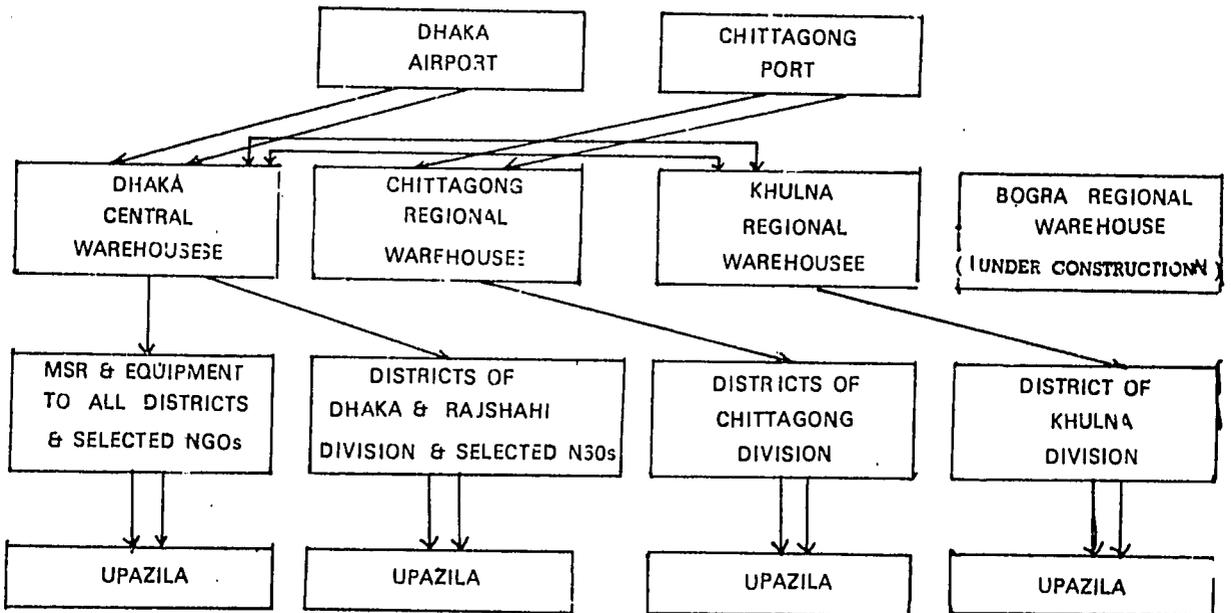
PROGRAMME STRUCTURE

ORGANISATIONAL AND FACILITY CHART FOR INTEGRATED HEALTH AND FP PROGRAMME



● SUPPLY FLOW CHART

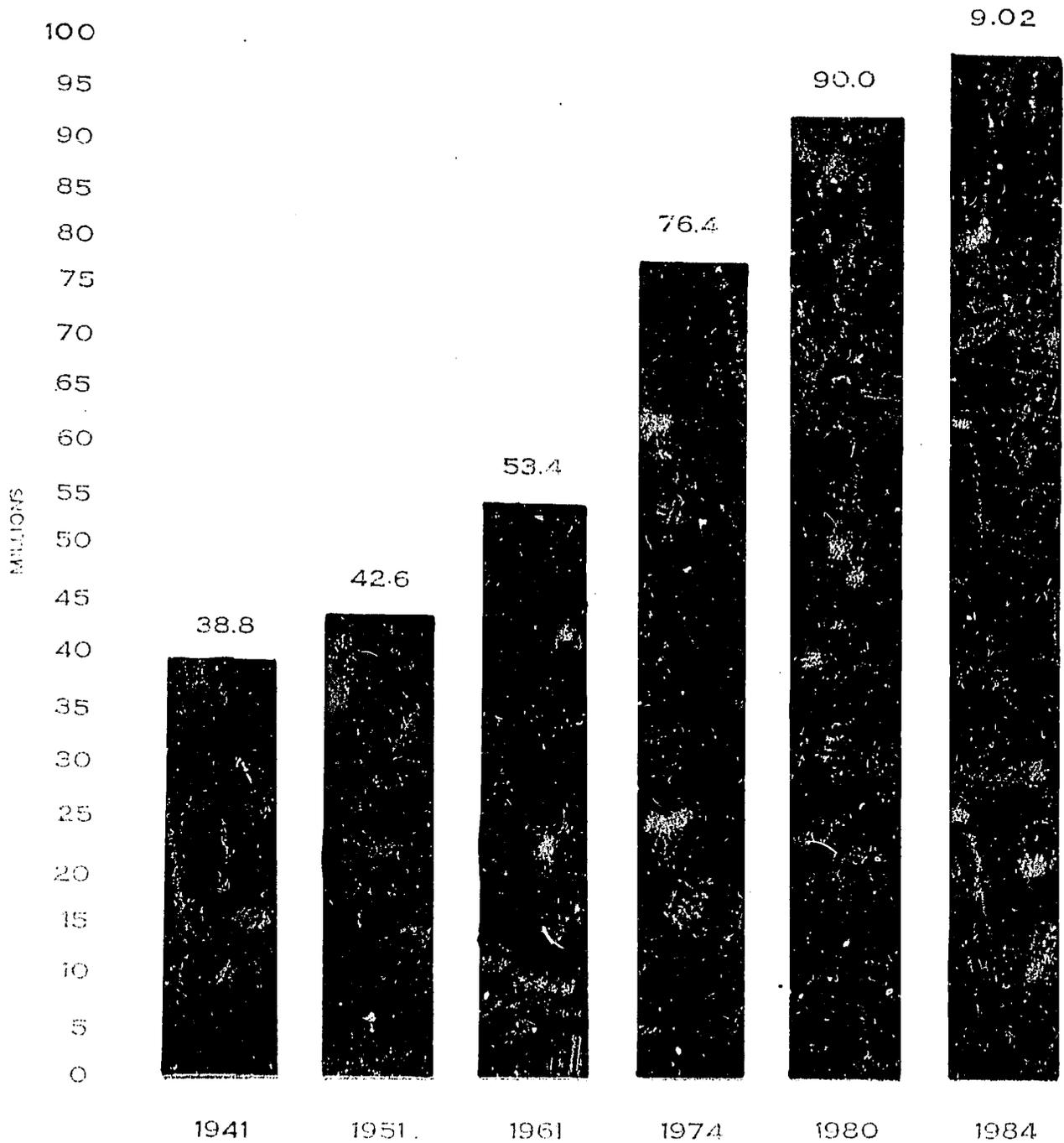
(PC WING)



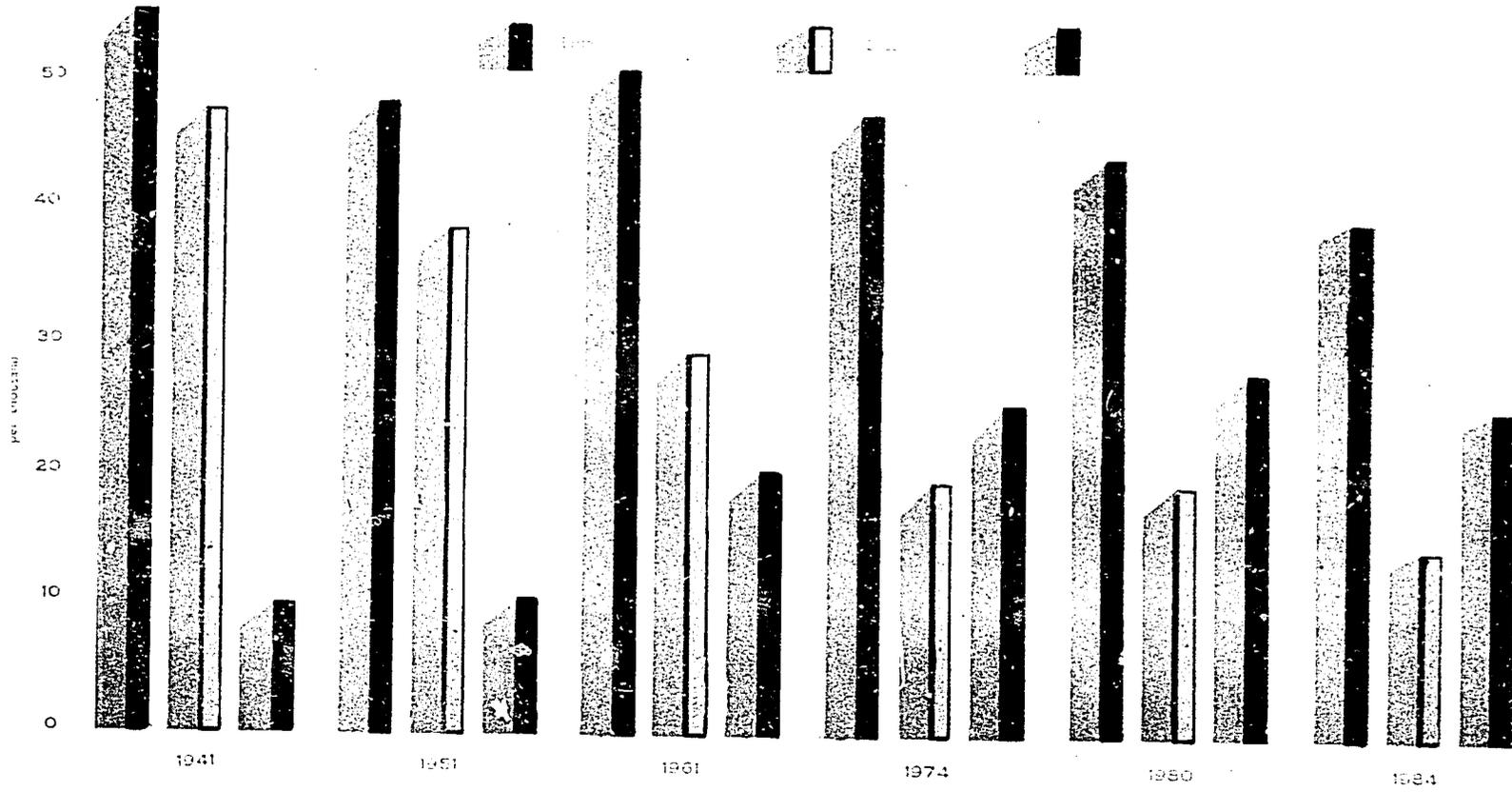
—CONTRACEPTIVE
(DDS-KITS & TBA KITS)

—MSR₃
INCLUDING SHAREE & LUNGI

POPULATION SIZES, 1941 - 1984



VITAL RATES, 1941-1984



AGE-SEX PYRAMID, 1962.

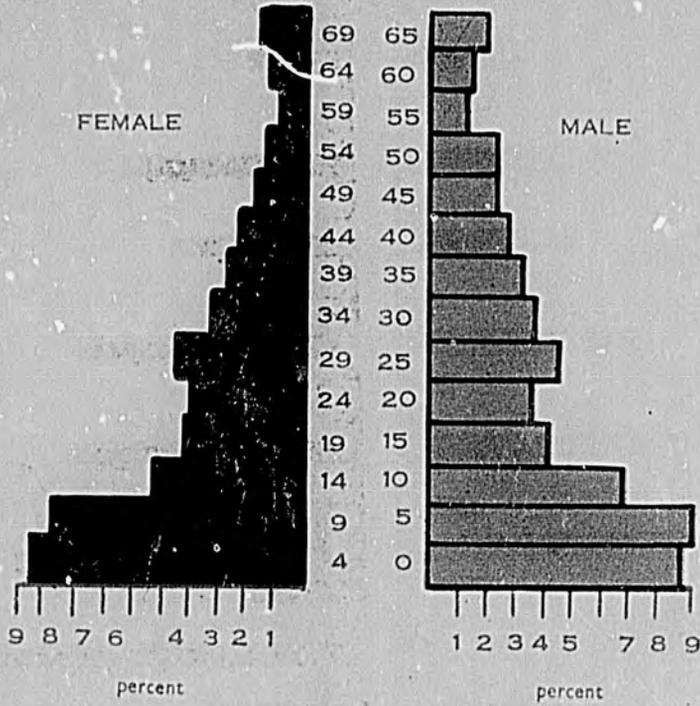


FIGURE 8

AGE-SEX PYRAMID, 1975

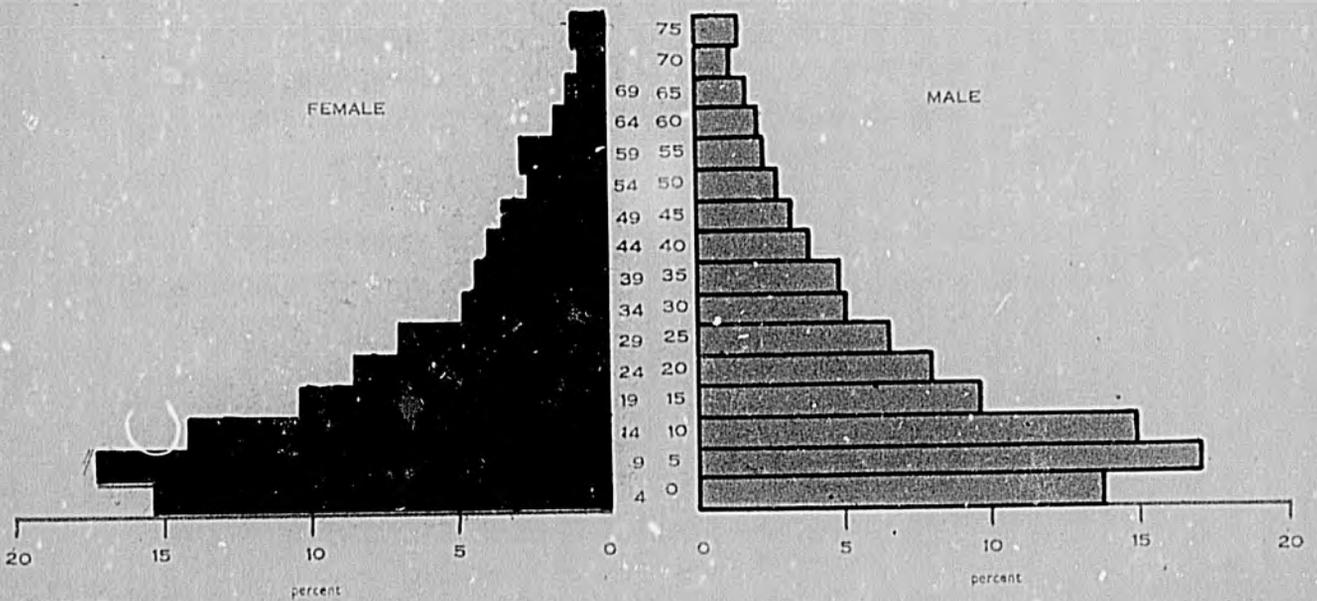
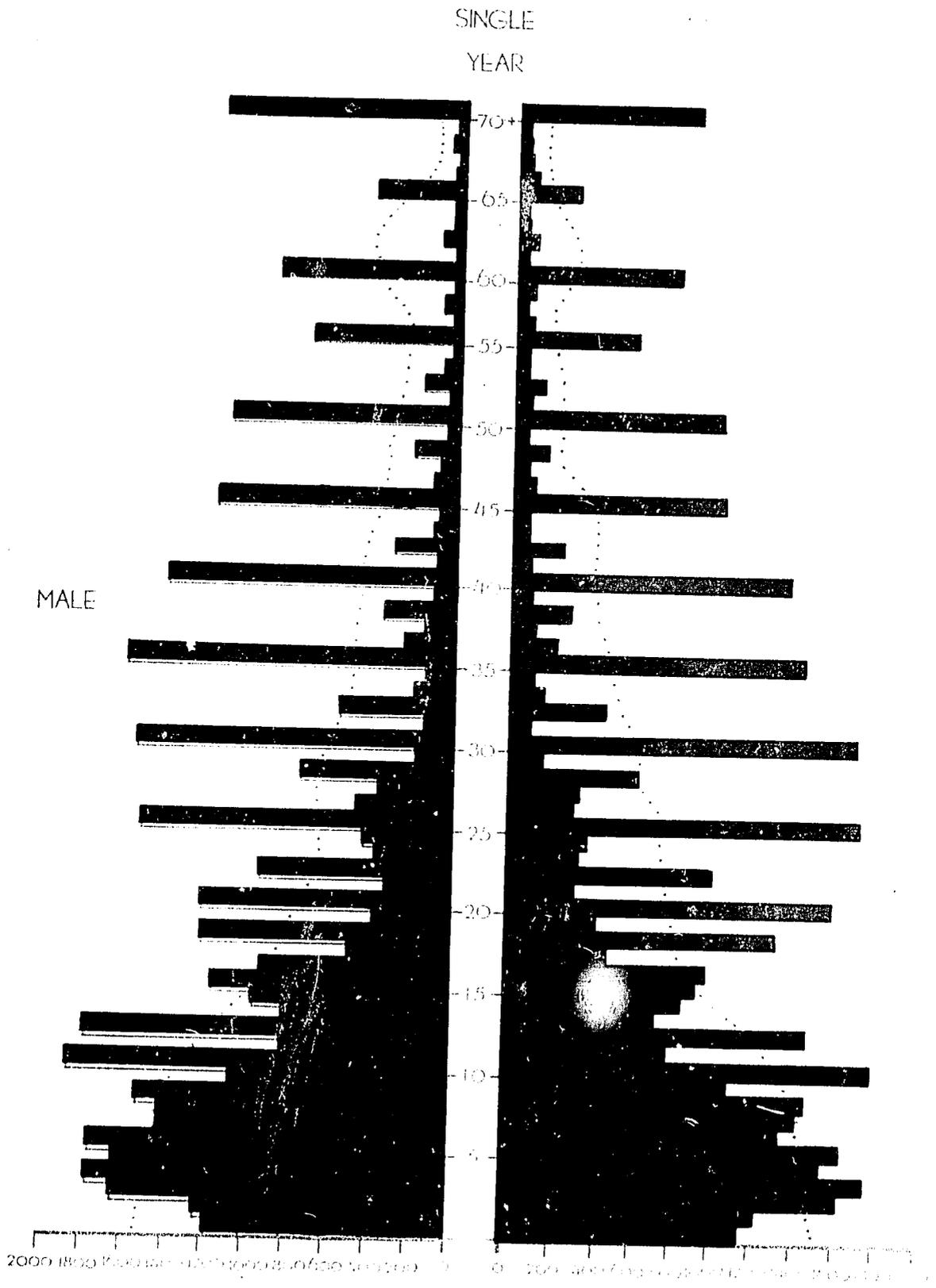
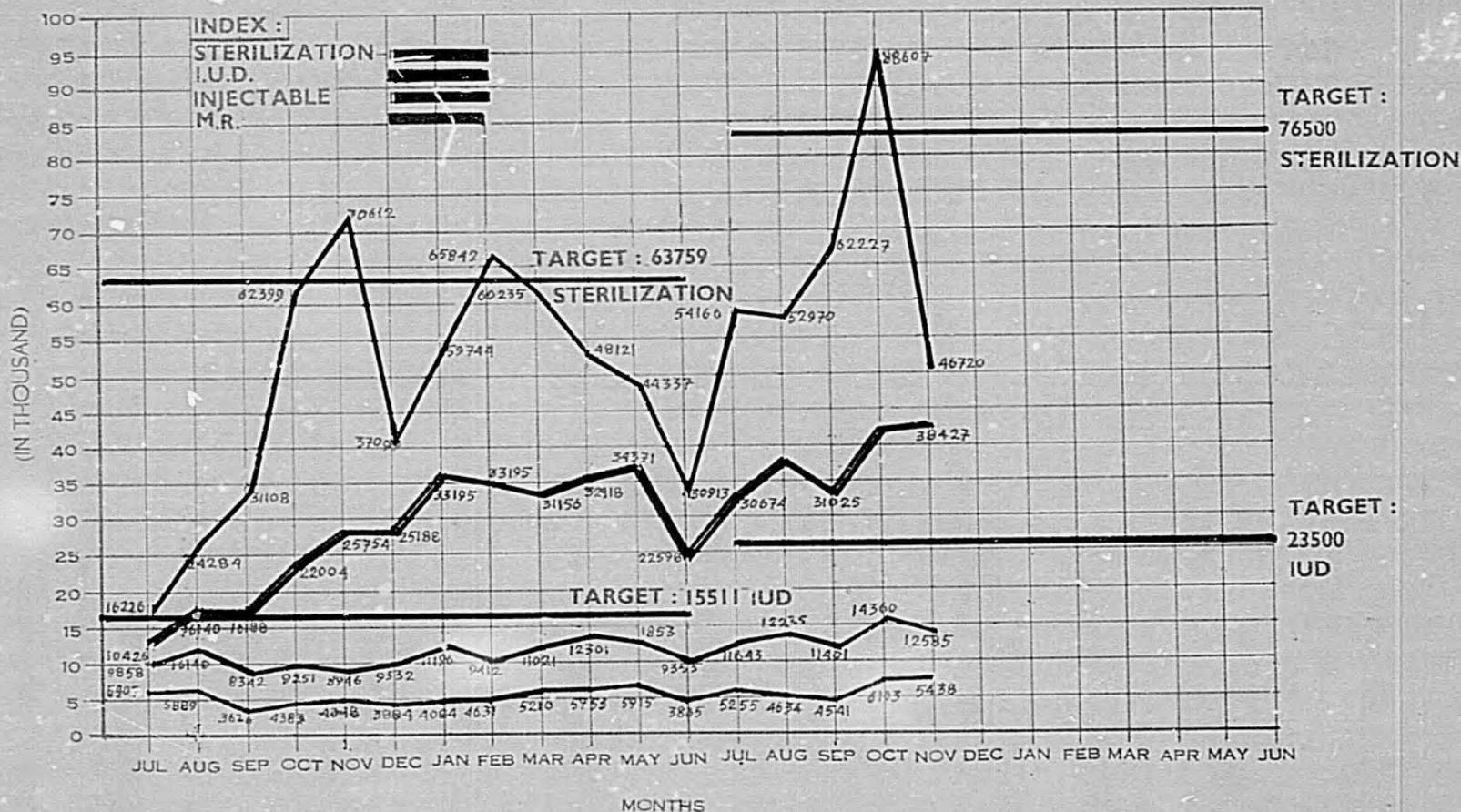


FIGURE 9

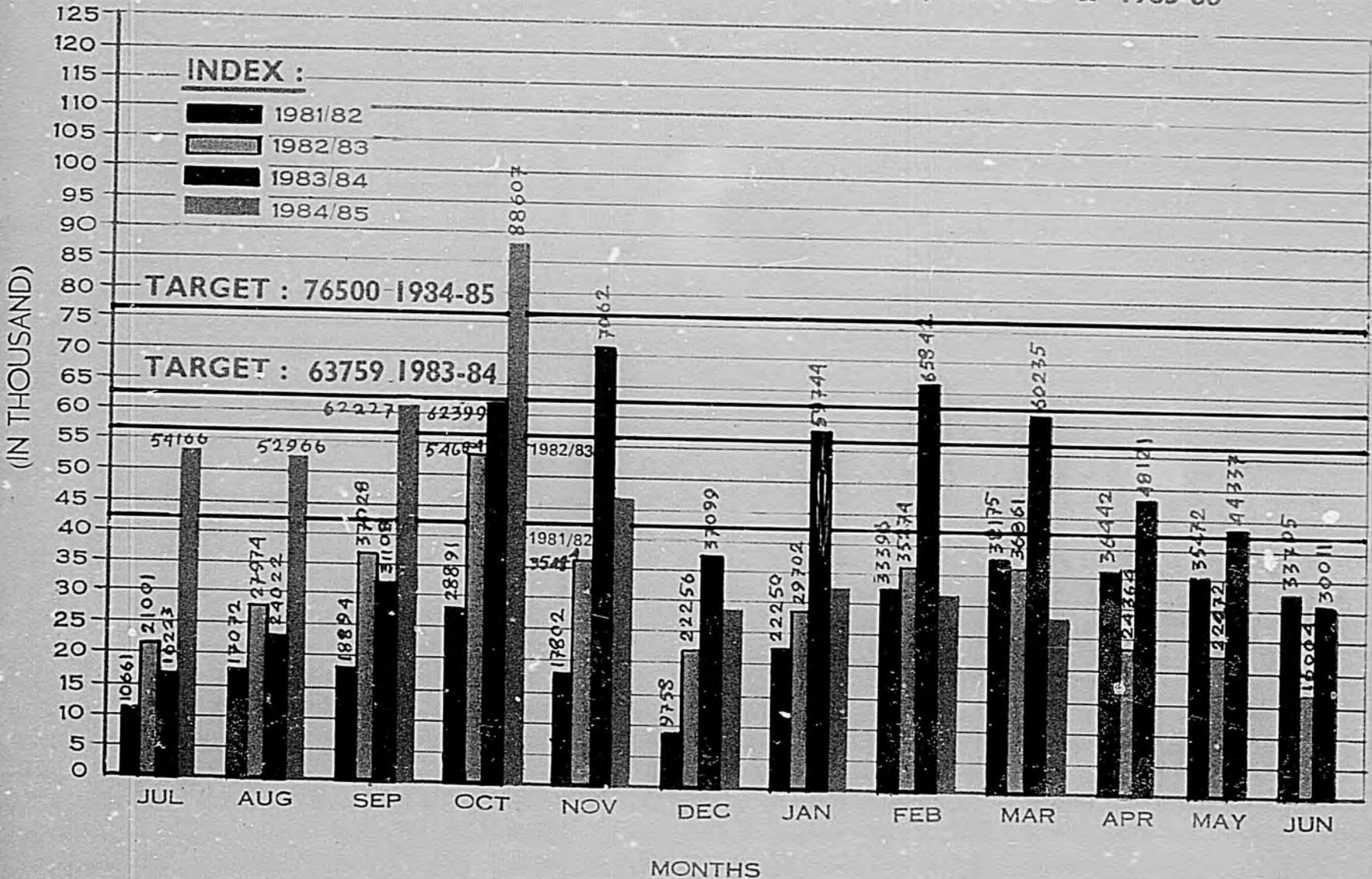
AGE-SEX STRUCTURE OF THE POPULATION OF BANGLADESH 1984



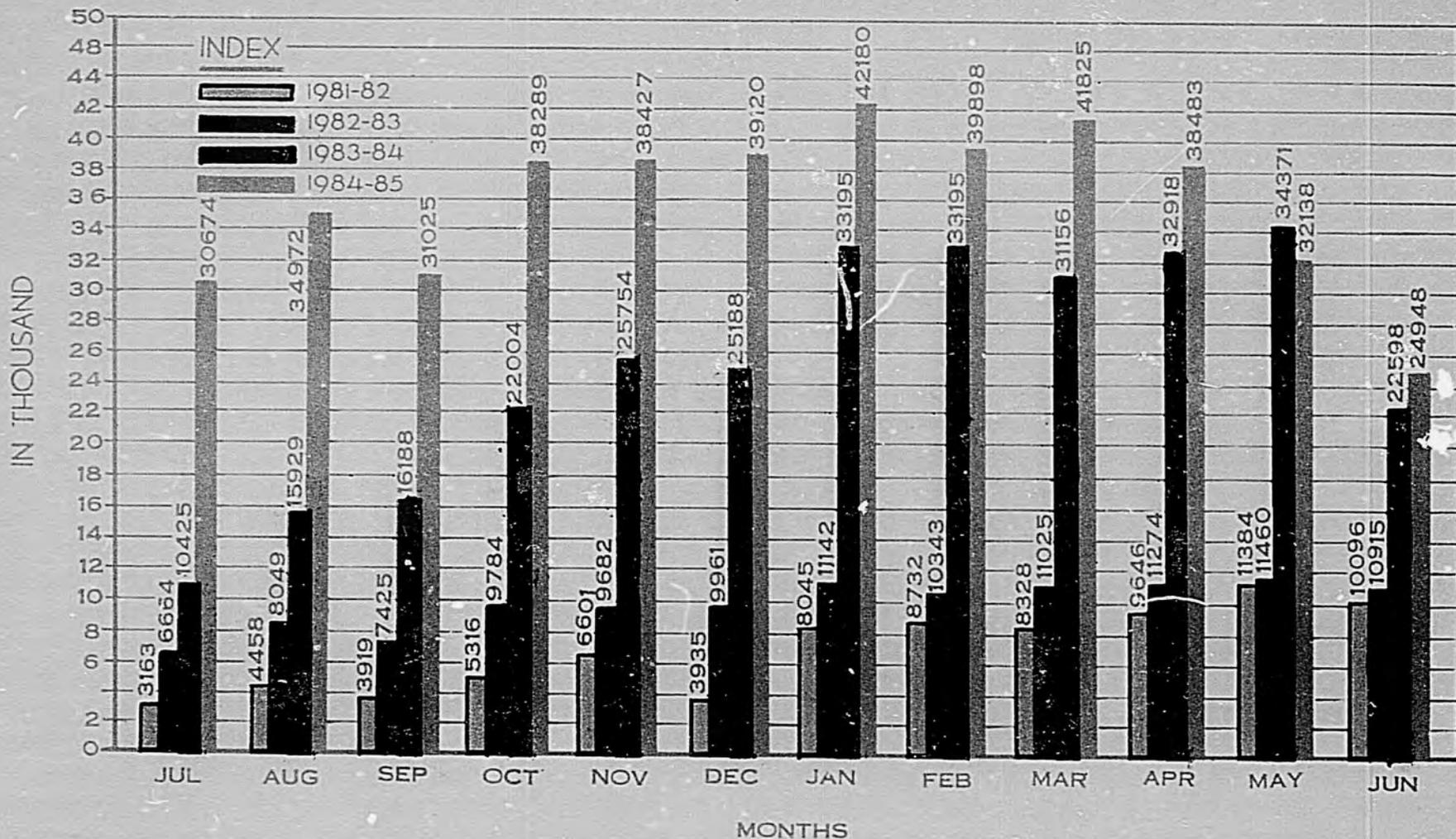
NATIONAL CONTRACEPTIVE PERFORMANCE 1983-84 & 1984-85
(STERILIZATION) I.U.D. INJECTABLE & M.R.)



GRAPH SHOWING THE MONTHLY PERFORMANCE OF STERILIZATION DURING THE YEAR 1981-82, 1982-83, 1983-84, 1984-85 & 1985-86

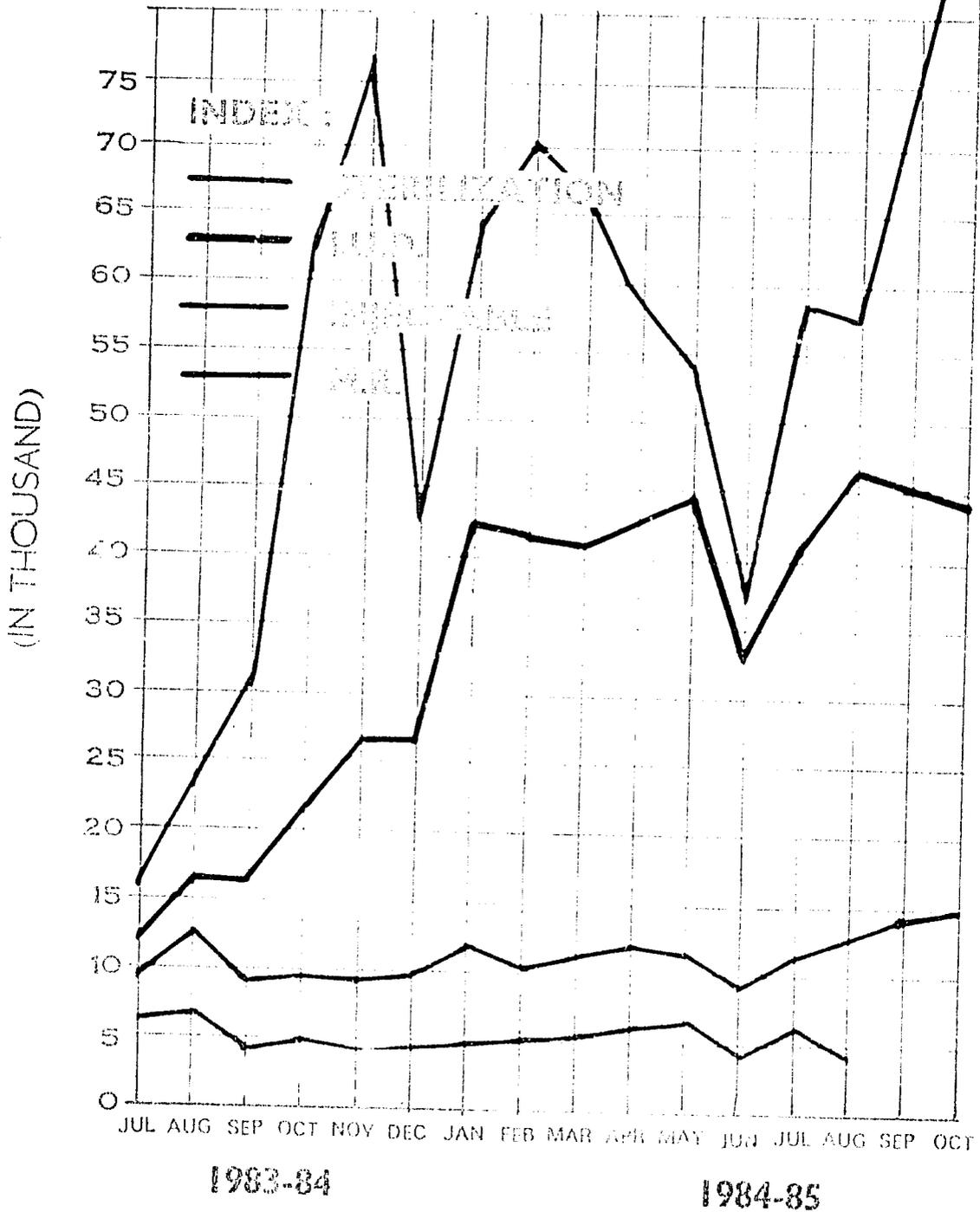


GRAPH SHOWING THE MONTHLY PERFORMANCE OF IUD DURING THE YEAR
1981-82, 1982-83, 1983-84 & 1984-85

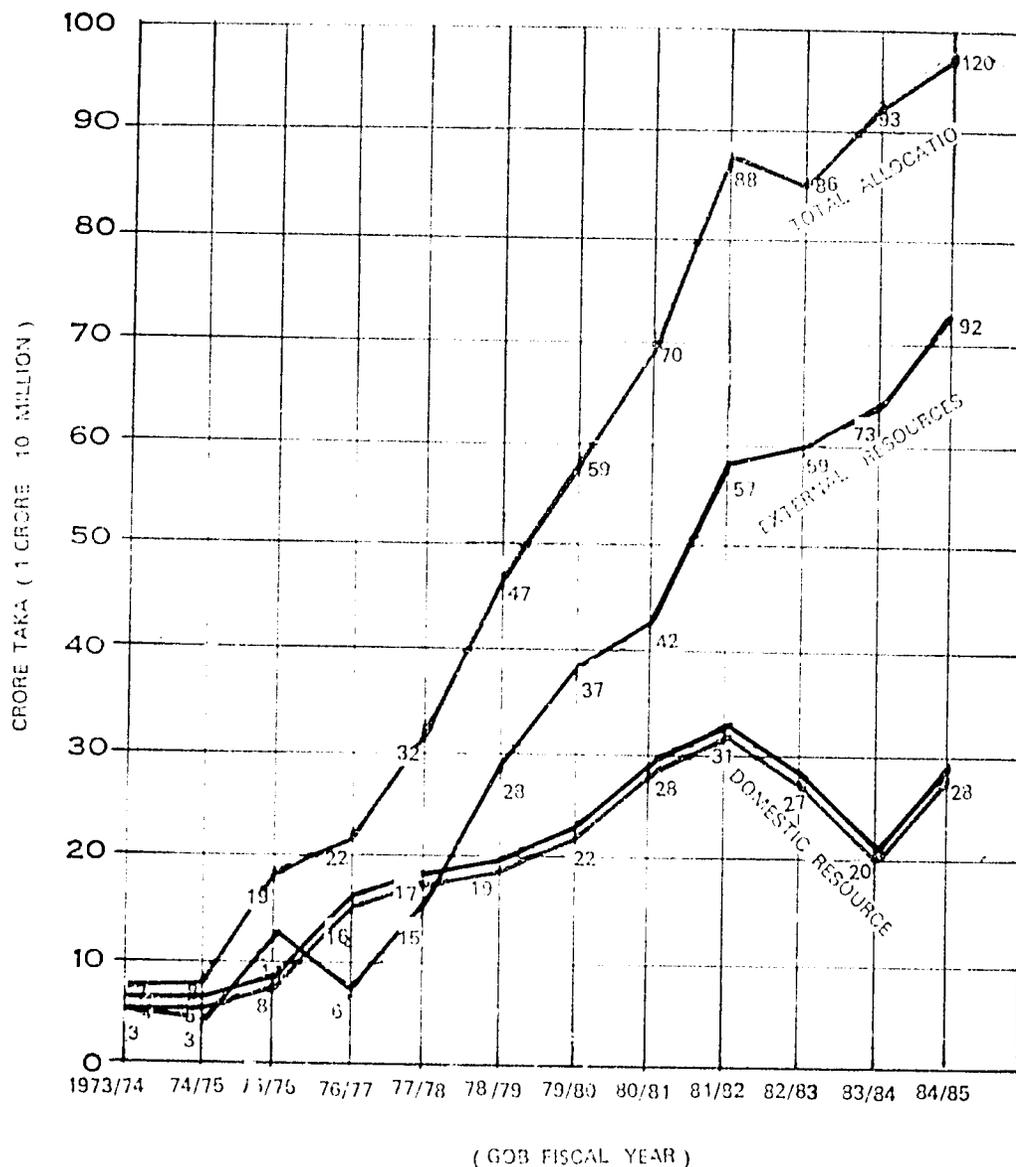


NATIONAL CONTRACEPTIVE PERFORMANCE 1983-84 & 1984-85

(STERILIZATION) I.U.D. INJECTABLE & M.R.)

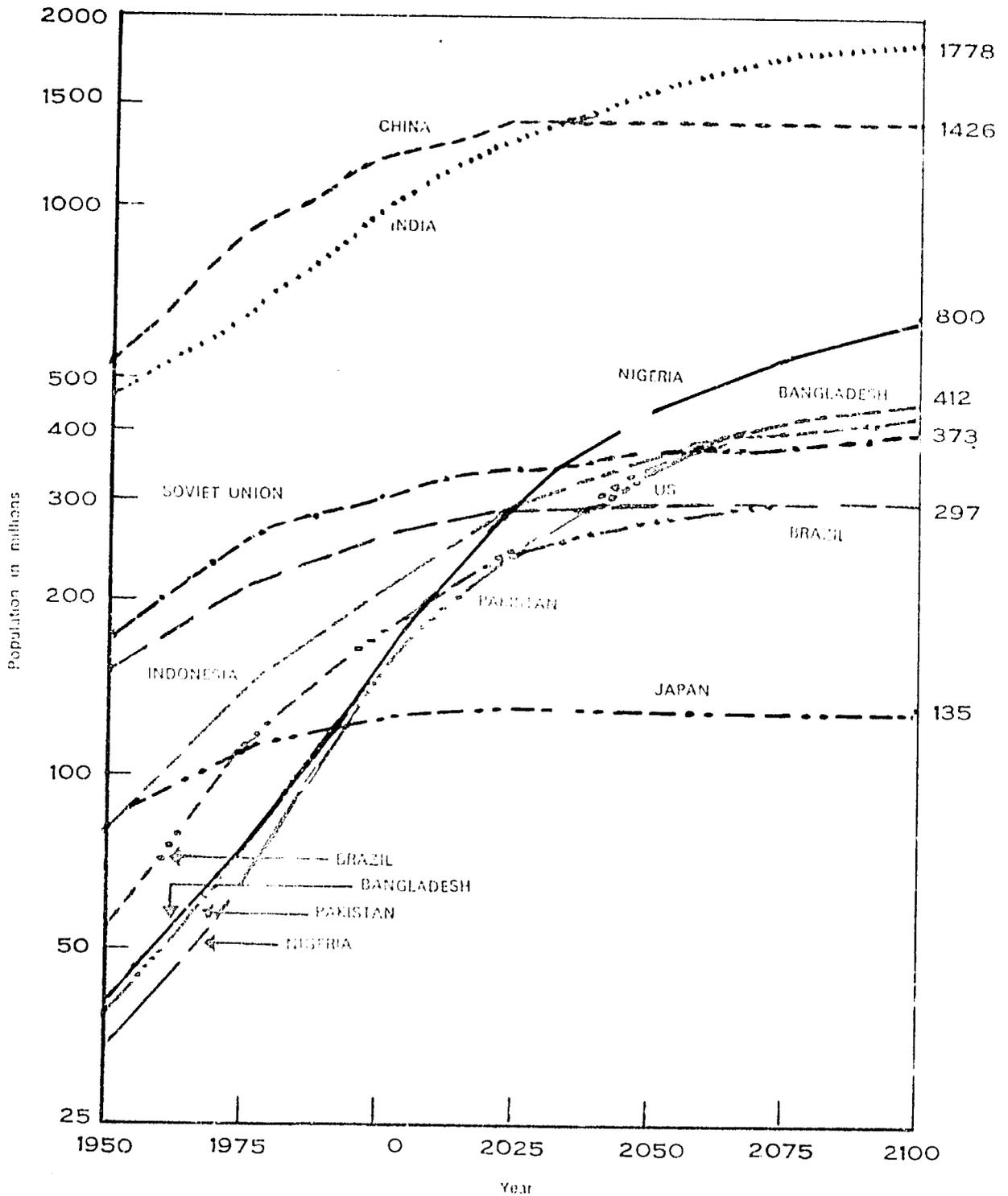


ADP ALLOCATION TO POPULATION CONTROL PROGRAMME BY SOURCE OF FINANCING : 1973 74-1984 85

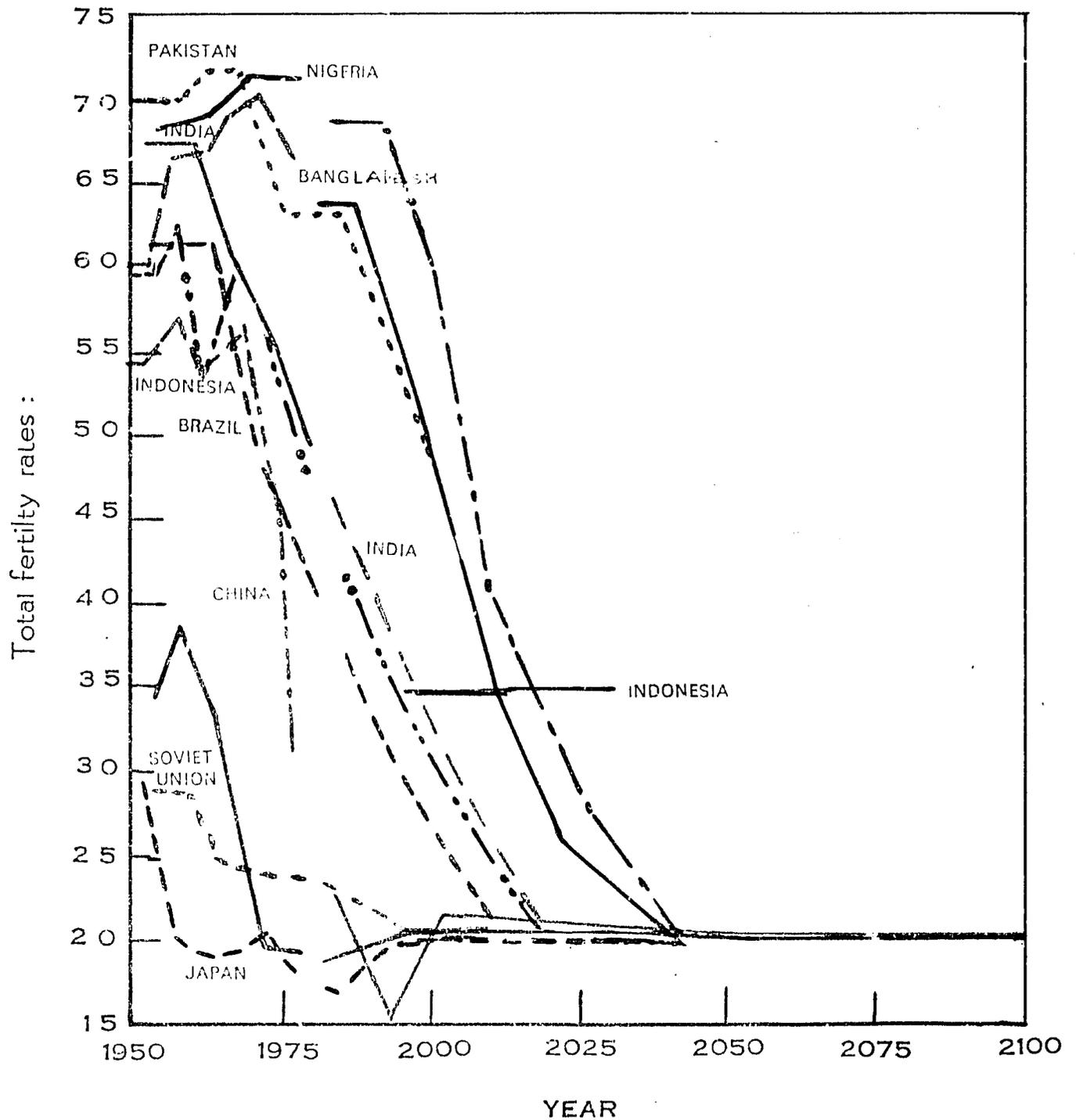


SOURCE : For all figures, 1950-1980 : United Nations (1983) ; 1980-2100 : World Bank (1983b).

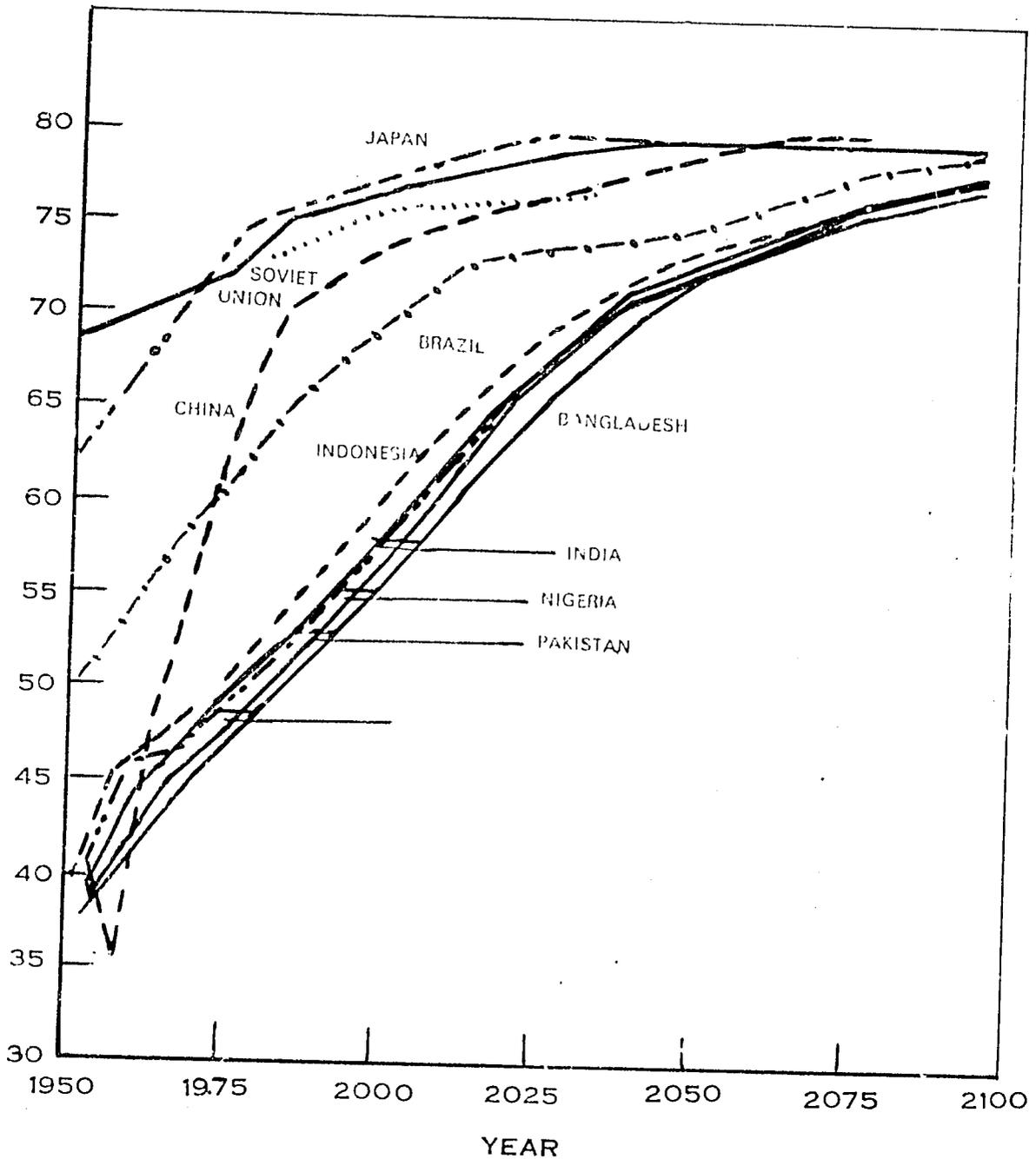
Population growth: 1950-2100
 (world's ten largest countries as of 1980)



Total fertility rates: 1950-2100 (world's ten largest countries as of 1980)



Expectation of life at birth (in years), both 1950-2100
 (world's ten largest countries as of 1980)



SOURCE : For all figures, 1950-1980 : United Nations (1983) ; 1980-2100 : World Bank (1983b).

BANGLADESH - BASIC FACTS

- Office Name** : People's Republic of Bangladesh.
- Area** : 143,998 sq km (55, 598 sq miles).
- Independence** : Bangladesh attained Independence on 26 March 1971.
- Head of State** : Lt. General Hussain Mohammad Ershad
President of the People's Republic of Bangladesh.
- Head of Government** : Lieutenant General Hussain Mohammad Ershad
ncc, psc, CMLA
- National flag** : The flag is rectangular in size in the length to width proportion of 10 : 6. It is bottlegreen in colour with a red circle in the middle. The circle has a radius of one-fifth of the length and is on the intersecting point of the perpendicular drawn from the nine-twentieth part of the length of the flag and the horizontal line drawn through the middle, of its width.
- National anthem** : *AMAR SONAR BANGLA AMI TOMAY BHAILOBASHI*
(My Bengal of gold, I love you)
- Location** : Between 20° 30' and 26° 45' North latitudes and 88° 01' and 92° 59' East longitudes.
- Capital** : Dhaka (area 100 sq miles). Population 3 million.
- Neighbours** : India, Burma, Nepal, Bhutan and China.
- Bangladesh time** : 6 hours ahead of GMT.
- Population** : About 90.6 million (1981 census).
- Density** : 956 per kilometer (1566 per square mile).
- Religion** : Islam (90%)
Hinduism
Buddhism
Christianity

- Education** : Primary Schools—43,937, Secondary schools—8960, colleges for general education—688, Technical colleges and vocational institutions—114. Universities—7, Medical colleges—8, Dental college—1, Institute of post-graduate Medicine and Research—1, Specialised Medical Institutes—4, college of Nursing—1, Madrasahs (providing Islamic education)—2657.
- Literacy** : 26.0 percent
- State language** : Bangla (Bengali). English is also widely spoken and understood.
- Topography** : The surface of Bangladesh is characterised by the uniformity of a wide alluvial plain. This typical landscape is broken only along the eastern and southeastern sectors of the country by several minor and low hills. The average elevation of this alluvial plain of enchanting greenery with expansive paddy fields and rich luxuriance of vegetation is less than 30 feet. The Chittagong hills are the highest in Bangladesh with an average elevation of 2000 feet. The highest peak Keokradang (4,034 feet) is located in the southeastern corner of the country near the Burmese border.
- A net work of rivers and their numerous distributaries criss-cross the country before flowing down to the Bay of Bengal. The alluvial soil is thus continuously being enriched by heavy silts deposited by these rivers during the monsoon.
- Climate** : Bangladesh enjoys generally a sub-tropical monsoon climate. Winter which is quite pleasant with delightfully mild and sunny days begins in November and ends in February. Temperature is equable. The mean minimum temperature varies from 49.6° F to 56.2° F in January and from 77.9° F to 78.9° F in July. The mean maximum temperature varies from 75.4° F to 78.4° F in January and from 85.9° F to 89.2° F in July. The annual rainfall varies from 50" in the west to 100" in the southeast and to 200" in the supmontane region in Sylhet district in the north. Monsoon starts in June and continues into October. This season accounts for 80 percent of the total annual rainfall.

Flora & Fauna : The country is luxuriant in vegetation because of an abundance of water and sunshine. The villagers in Bangladesh are virtually buried in groves of mango, jackfruit, bamboo, palm, coconut and a variety of other fruit bearing and economically important trees. Herbs and shrubs present a common sight every where. The national flower is white water lily.

Most of the hilly regions are covered by dense forests where sufficient quantities of quality wood and timber grow. The biggest forest is the 3,700 sq km Sundarbans rich in both flora and fauna. It is also the habitat of the Royal Bengal tigers where this world famous rare species roam majestically attracting large number of tourists from home and abroad every Year. Tea gardens in the hill slopes of Sylhet and Chittagong with petite tribal girls plucking "two leaves and a bud" present yet another enchanting sight.

Bangladesh can also take legitimate pride in its rich fauna. Wild animals are found in the forest areas. Of them tigers, elephants, bears, deer, monkeys, boars and leopards are worth mentioning. About 900 species and sub-species of birds are found in the country. 200 of them are of seasonal and migratory types. Among the common reptiles are the sea turtles, river tortoise, mud turtle, house gecko, agamid, monitor, skunk, python, ratsnake, cobra, krait, crocodile, mugger and garial. The principal fish are hilsa, rohu, koi, magur, shing, pangas, prawn, labster and pomfret. The national bird is 'Doel'.

Major rivers : Ganges or Padma, Meghna, Brahmaputra, Jamuna, Teesta, Surma and Karnaphuli.

Currency : Taka [1 US \$ = 26 Tk. (approx.)]

G D P ; US \$ 11.319 million
(fiscal Year ending 30 June 1983, at constant prices of 1972-73).

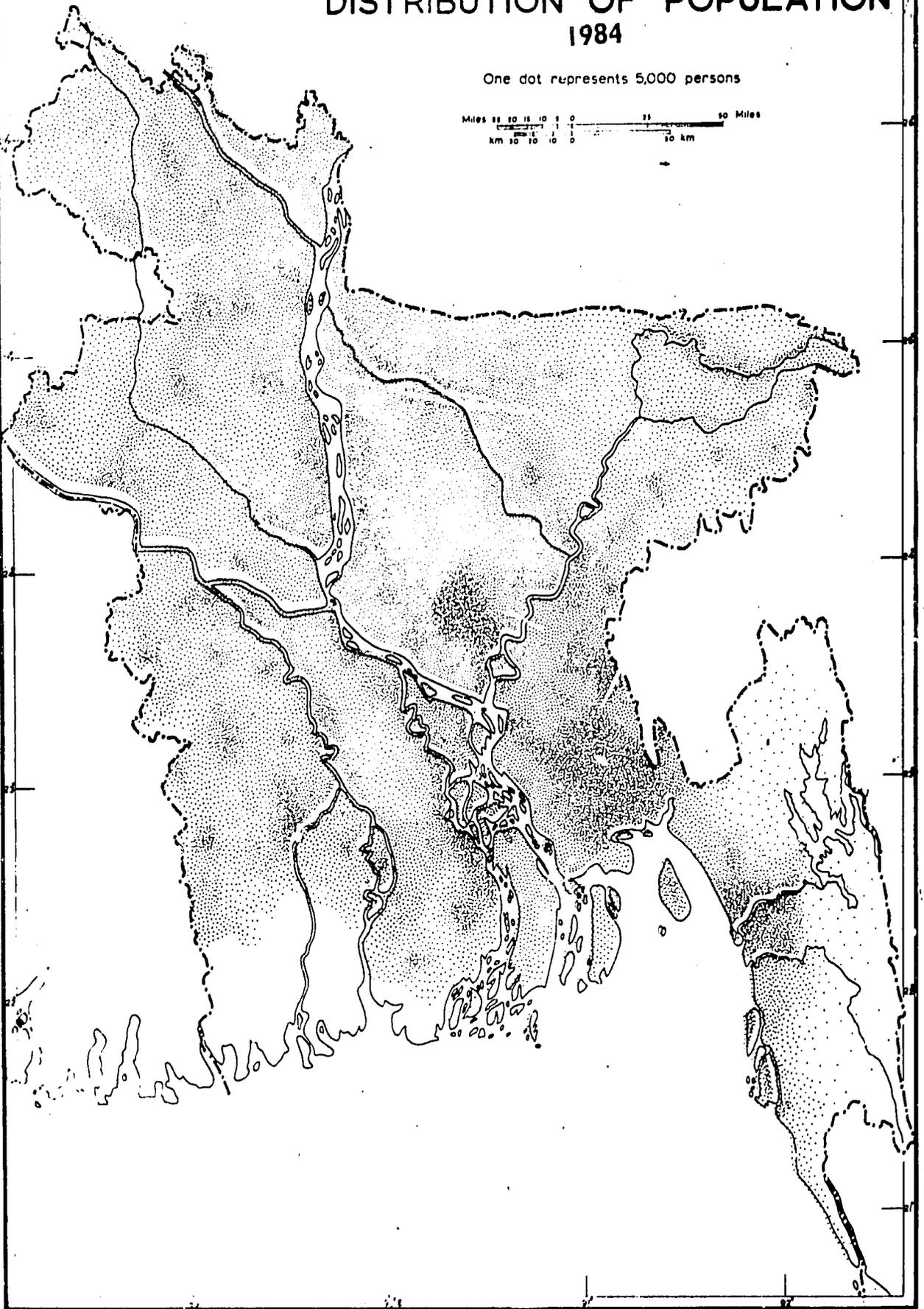
Per capita income ; US \$ 121

Major crops : Jute, rice, tea, tobacco, sugarcane and pulse.

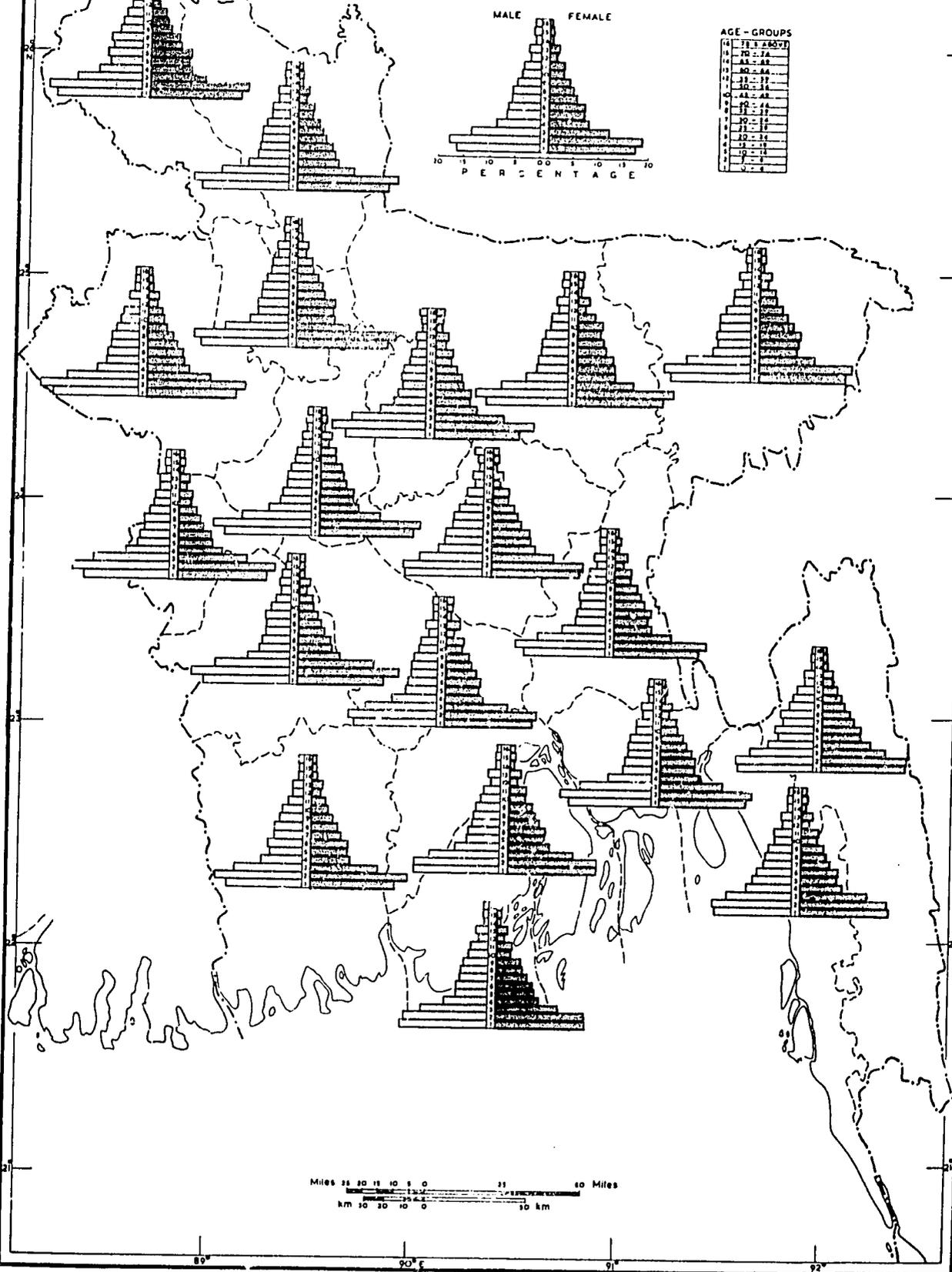
- Major industries** : Jute, suger, paper, textile, leather, fertilizer, steel, cement, newsprint, pharmaceuticals, ship-building, electrical manufacturing and silk.
- Mineral resources** : Natural gas, coal, peat, limestone, hardrock, lignite, silica sand, white clay, copper, etc. Bright prospect of oil deposit also exists for the exploration of which serious efforts are underway.
- Major exports** : Jute and jute products, tea, leather, newsprint, paper, handicraft, frozen froglegs, prawns and shrimps, readymade garments and specialised textiles.
- Major ports** : Chittagong and Chalna
- National airlines** : Bangladesh Biman.
- International Airport** : Zia International Airport, Dhaka.
- Newspaper** : 42 dailies with a total circulation of 600,000 copies per day. There are 234 weeklies, 24 fortnightlies, 180 monthlies, 39 quarterlies and 118 periodicals with circulation of half a million copies.
- Television** : Both colour and black and white transmissions covering all most the entire country. Mother TV station is located in Dhaka with six relay stations working at Chittagong, Khulna, Sylhet, Natore, Rangpur and Mymensingh. There are 2,15,000 TV sets including 20,000 sets in colour.
- Radio** : Radio Bangladesh with seven radio station broadcast an average 85 hours of programme daily for home listeners. The External service broadcasts an average of five hours of programme daily in six foreign languages. With the commissioning of two 250-Kw short wave transmitters near Dhaka soon, Radio Bangladesh will be heard throughout the world. The number of radio sets is about 4 million.
-

DISTRIBUTION OF POPULATION 1984

One dot represents 5,000 persons



POPULATION BY AGE AND SEX 1984

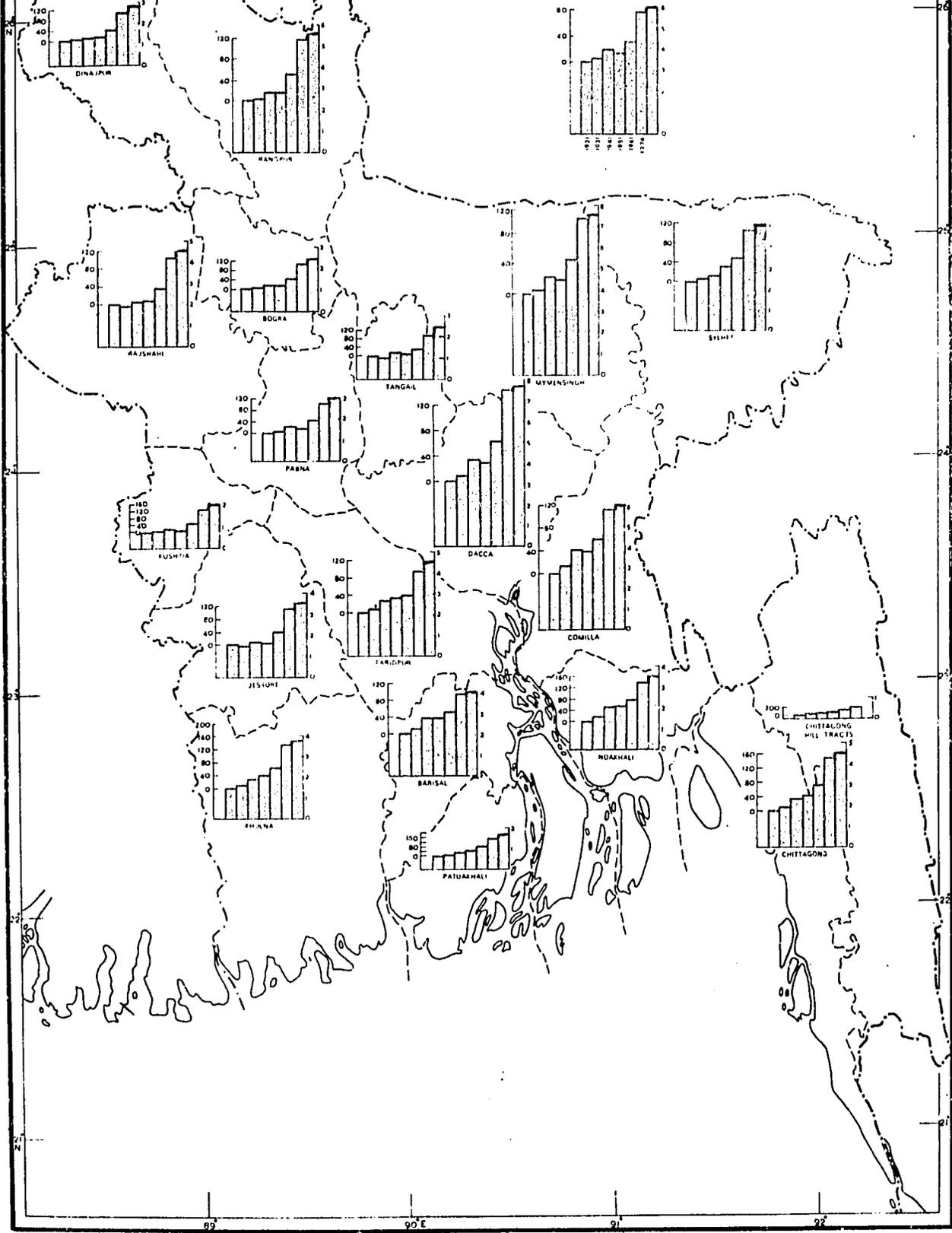


Miles 25 20 15 10 5 0 5 10 15 20 Miles
km 10 20 30 40 50 km

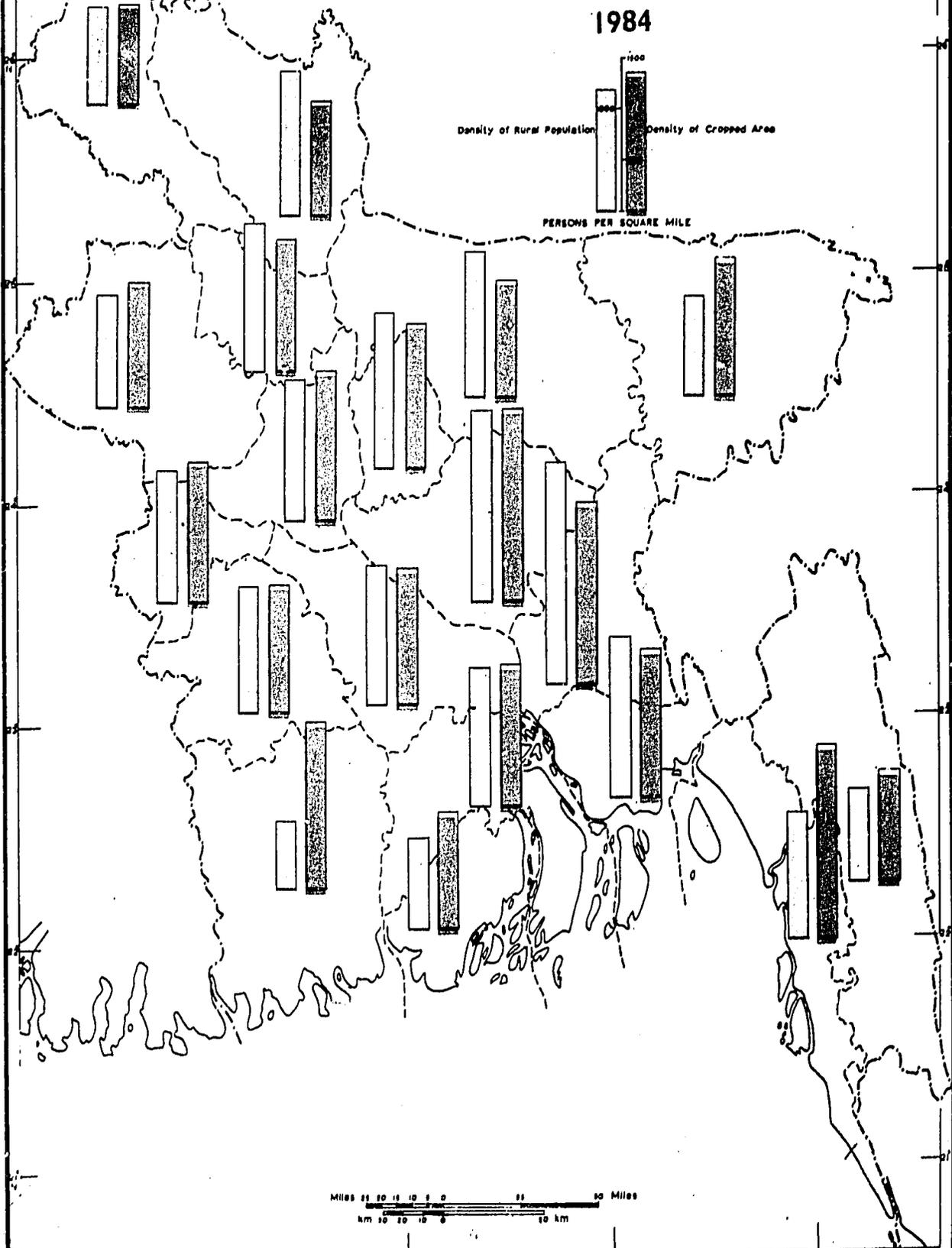
VARIATION OF POPULATION 1921-84

Miles 20 10 0 0 10 20 Miles
km 10 20 10 0 10 20 km

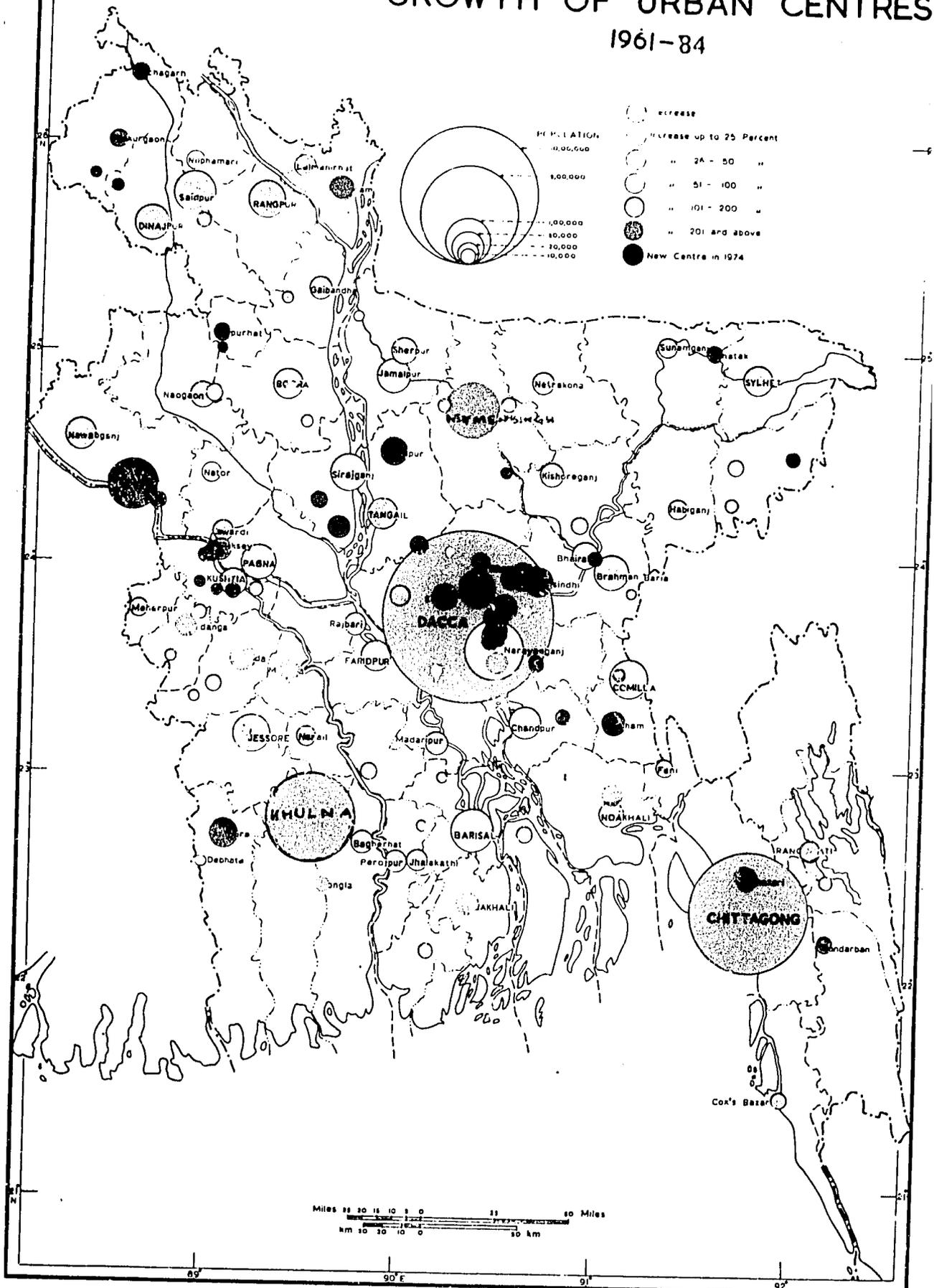
POPULATION
IN MILLION

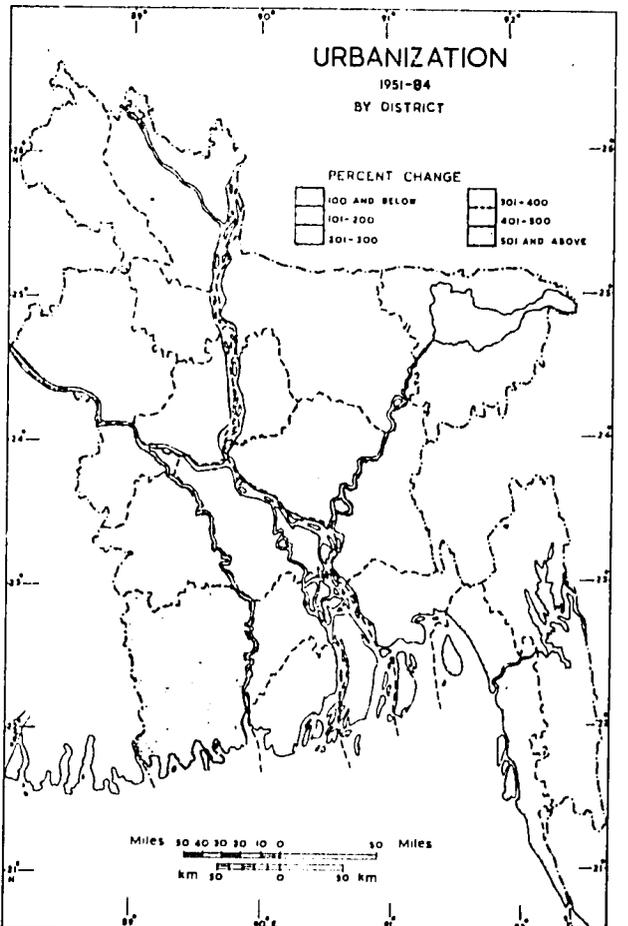
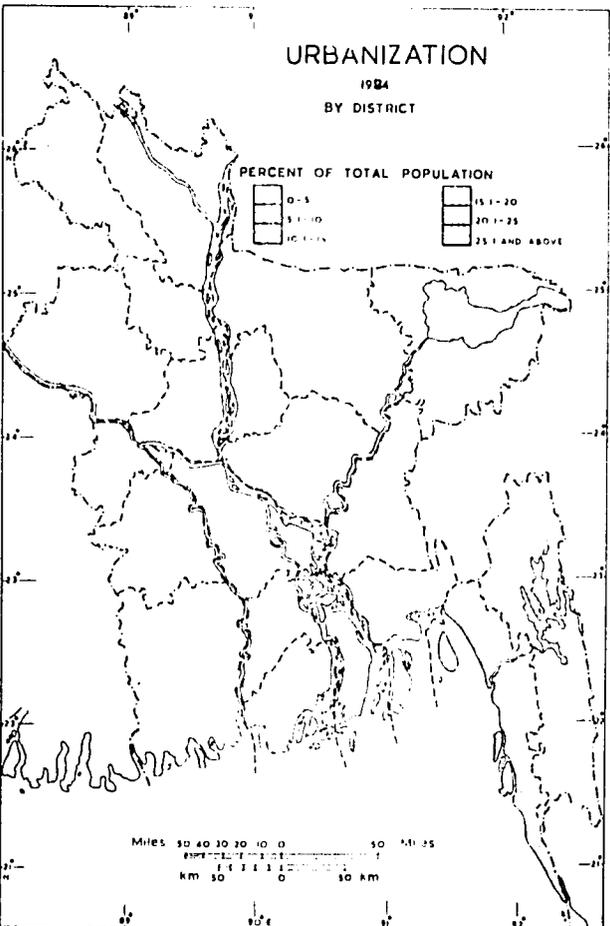
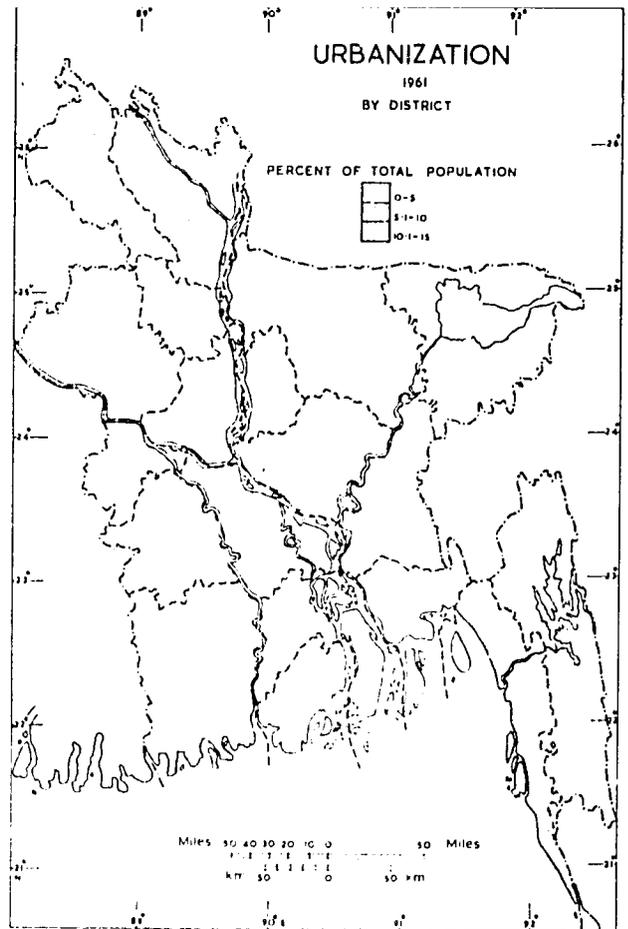
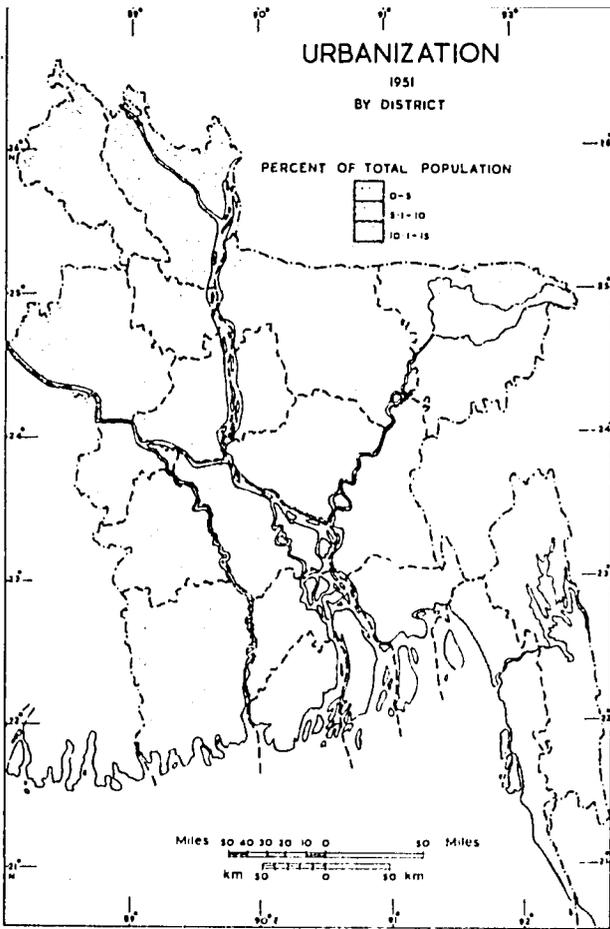


DENSITY OF RURAL POPULATION AND RURAL POPULATION OF CROPPED AREA 1984

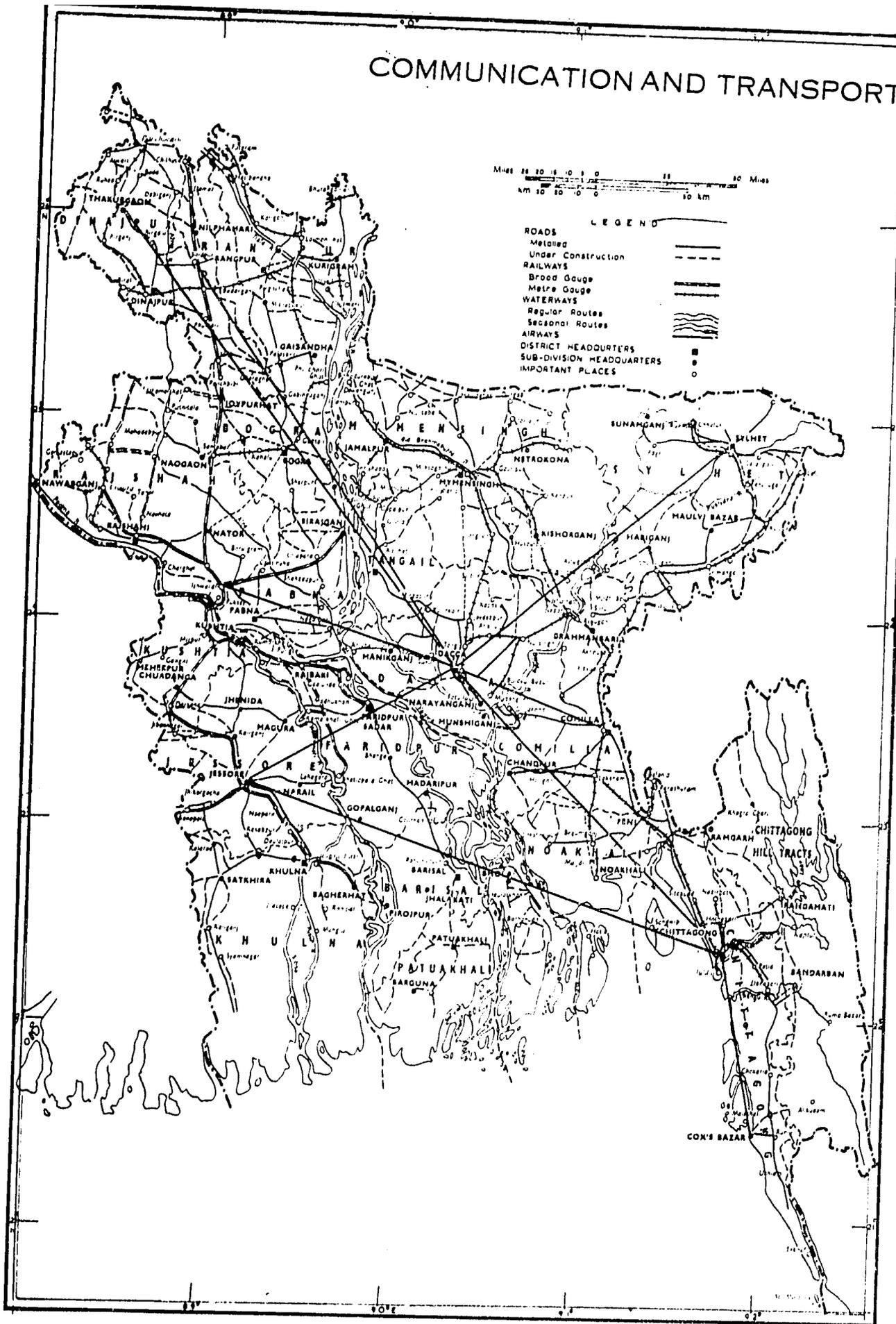


GROWTH OF URBAN CENTRES 1961-84





COMMUNICATION AND TRANSPORT



POPULATION CONTROL PROGRAMME PERSONALITIES IN ACTION



President Hussain Mohammad Ershad addressing Upazila Health & Family Planning Officers at Shilpakala Academy on 11 June 1985.



Orientation Course on Pop. Control for Journalist. Secretary H & P C Speaking as Chief Guest. Dhaka. 11 Feb. 85



Field Workers are motivating a rural audience.

A litigation client in a Health and Family Welfare Center.



Health & Population Control Secretary Mr. A. B. M. Ghulam Mostafa delivering inaugural address at the Workshop on Population Documentation, Dhaka. March 28-29, 1984.



Health & Population Control Minister Maj-Gen. M. Shamsul Haq delivering inaugural address at the National Conference on Population Control for Municipal Chairmen on 7 Oct. 1984 in Dhaka.



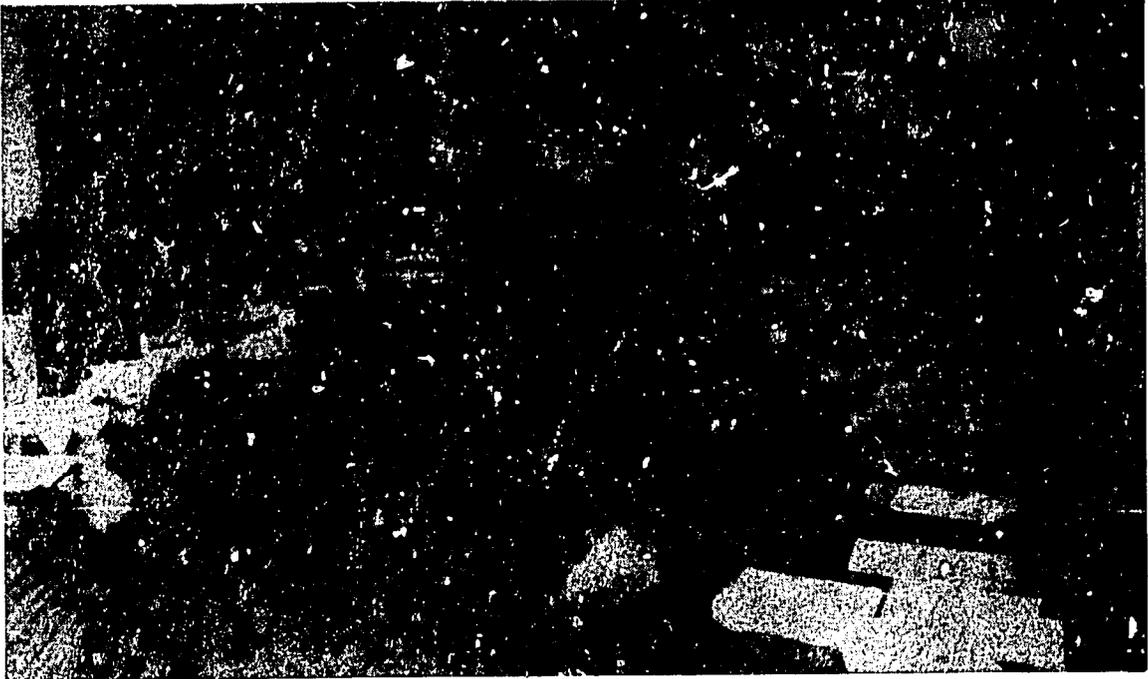
Secretary Health & Population Control awarding certificates to the participants of the National Conference on Population Control for Municipal Chairmen in Dhaka. 8th oct. 84



Major Gen. M. Shamsul Haq, Minister for Health & Population Control addressing H & F.P Field Workers of Bangladesh at NIPORT Premises in Dhaka. 13th Aug. 1985



First session of 4 day's National Kazi Training Course in Dhaka. 22-25 July. 1984



Discussion meeting between High Officials of the Ministry of Health & Population Control and Representatives of donor agencies at Population Building, Dhaka.

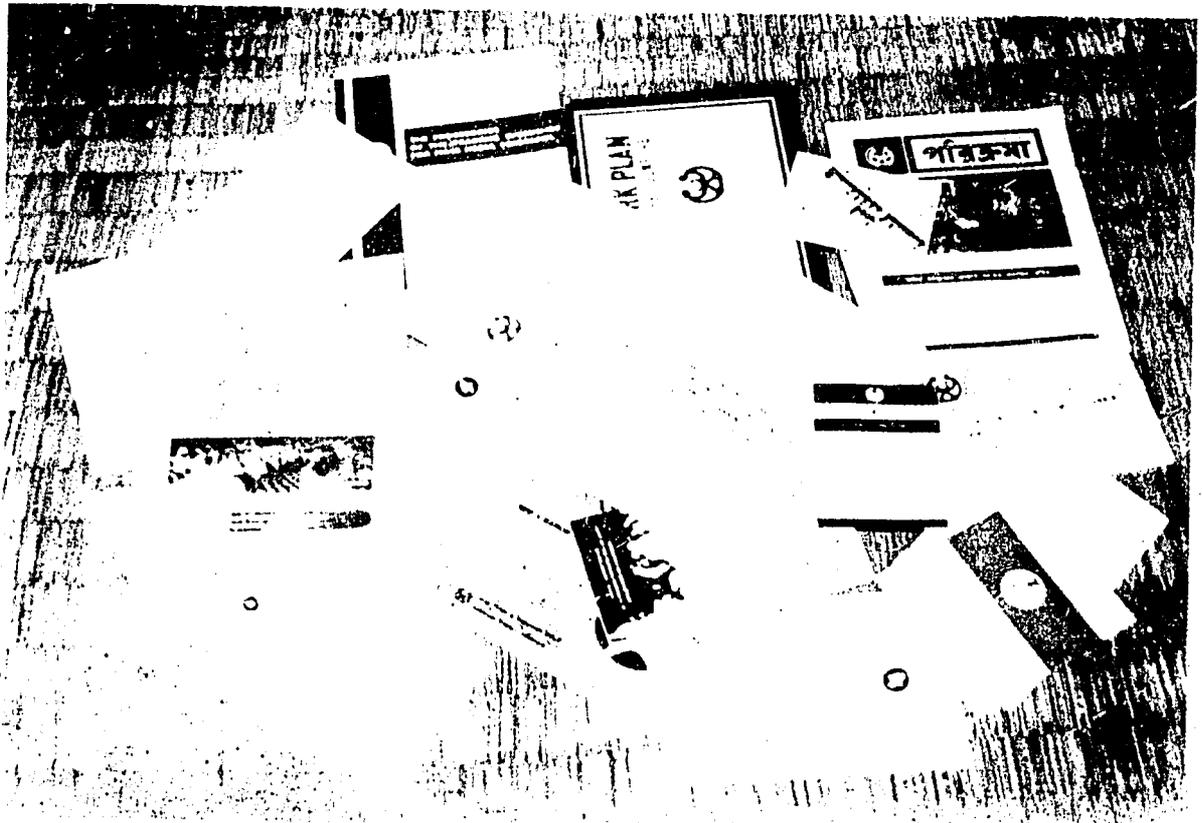


Health and Population Control Minister is laying the foundation of IEM Building, Dhaka. 10th March 1985.

INFORMATION EDUCATION COMMUNICATION MATERIALS AND PUBLICATIONS



..... religious affairs.



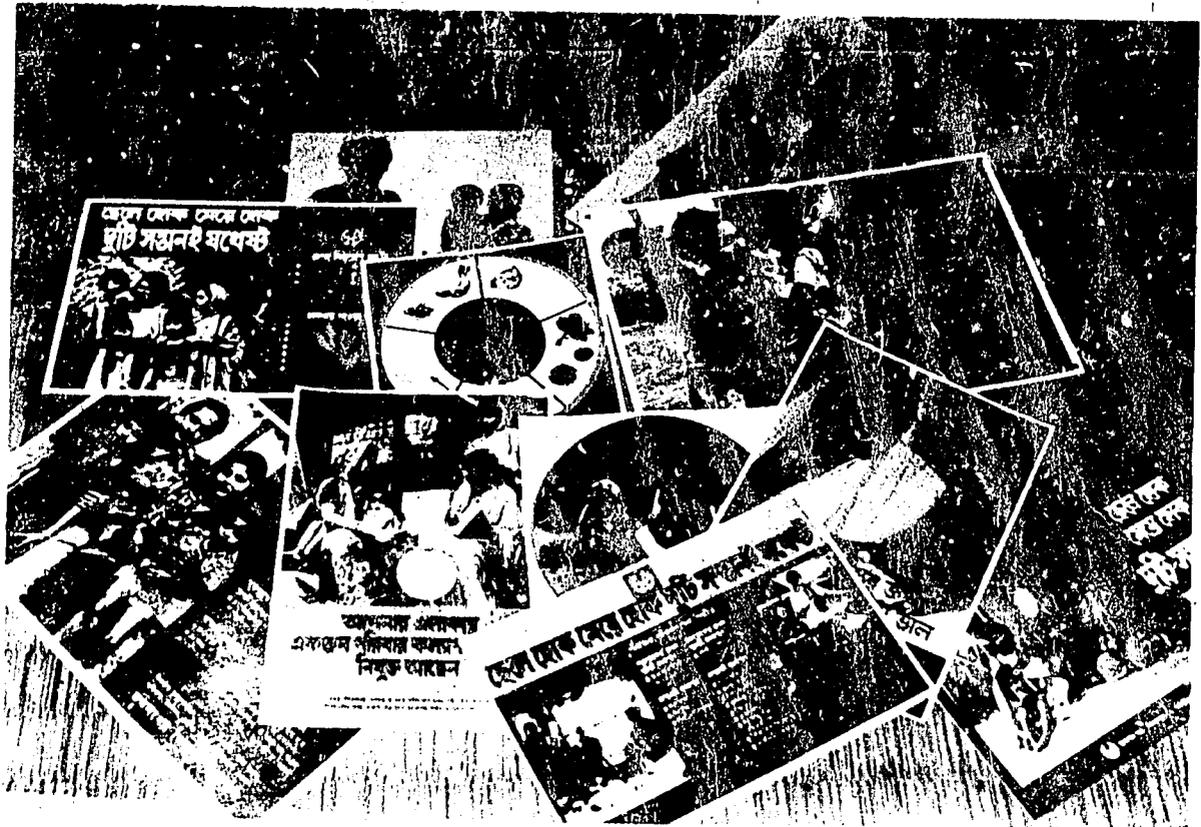
..... booklets,



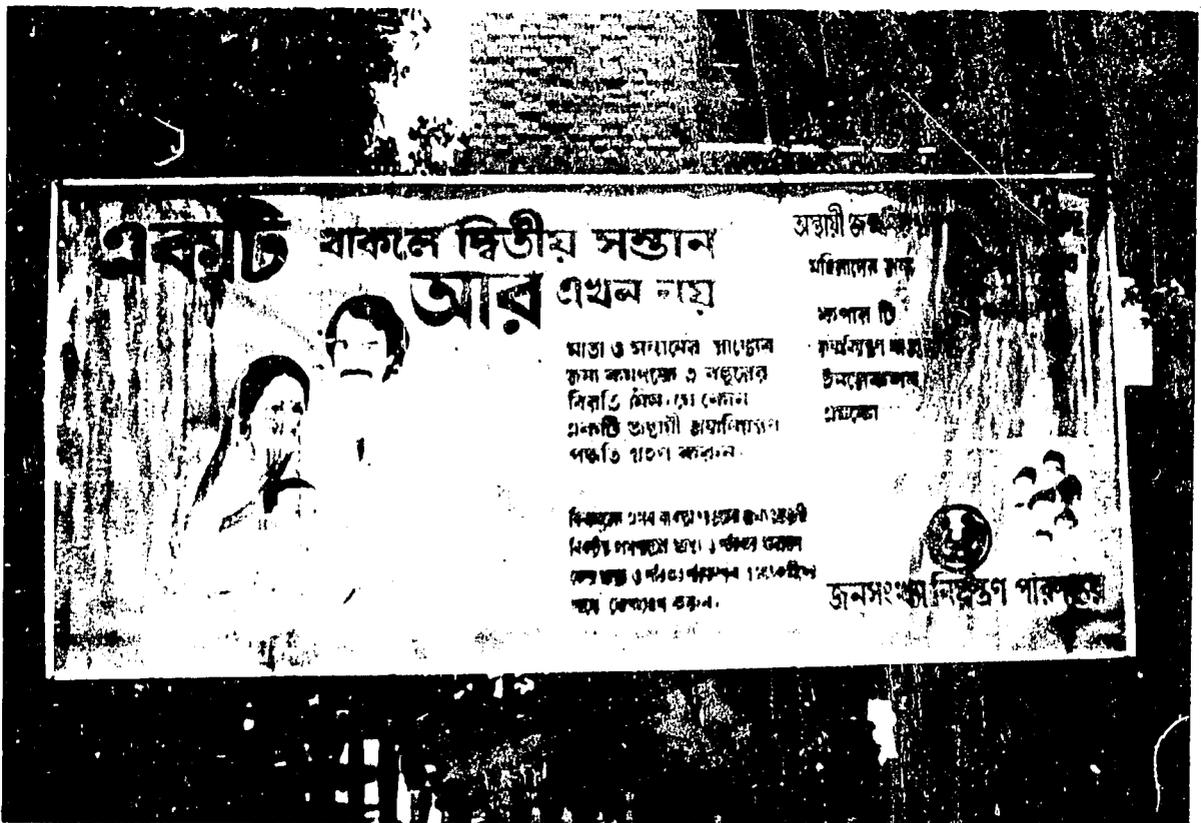
..... manuals,



..... posters.



..... tinplates & stickers.



..... bill board.