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গণপ্রজাতন্ত্রী বাংলাদেশ সরকার  
স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়  
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সহকারী পরিচালক  
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উপরোক্ত বিষয় ও সূত্রের পরিপ্রেক্ষিতে "বাংলাদেশ জনসংখ্যা নীতি" -২০১২ এর ইংরেজী ভার্সন "Bangladesh Population Policy"-2012 অনুমোদনপূর্বক পরবর্তী প্রয়োজনীয় ব্যবস্থা গ্রহণের জন্য নির্দেশক্রমে এতদসঙ্গে প্রেরণ করা হলো।

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(এ ইউ এস এম সাইফুল্লাহ)  
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টেলিফোন : ৯৫৪০১০৯

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## Bangladesh Population Policy-2012

**Ministry of Health and Family Welfare**  
**Government of the People's Republic of Bangladesh**

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## 1. Introduction:

Socioeconomic development for every citizen is one of the major commitments laid down in the Constitution of the People's Republic of Bangladesh. According to clauses 15, 16, 17 and 18 of the Bangladesh Constitution formulated in 1972, it is the responsibility of the State to ensure health, education, food and security for all citizens. The Government has been adopting various policies with a view to ensuring these constitutional rights of the people of the country. The population was identified as the number one national problem in the first Five Year Plan (1973-1978) of Bangladesh. In this regard the speech delivered by the Father of the Nation Bangabandhu Sheikh Mujibur Rahman in a public meeting held at the historical Suhrawardy Udyan on the 26<sup>th</sup> March, 1975 deserves close attention. He said, "My dear brothers, we should not ignore the fact that our population increases by three million every year. On the other hand, the area of our country is only 55,000 square miles. If our population continues to increase at this rate, there would be no cultivable land left in Bangladesh in 25-30 years, and the people of Bangladesh would be cannibalizing each other. That is why it is imperative that we should control our population growth through family planning." An outline of the population policy was subsequently formulated in 1976<sup>1</sup>. Against this backdrop, a population policy was developed and approved formally in 2004.

In the population policy outline, population control and family planning activities were considered integral elements of social reform and national development with a view to reducing family size for ensuring sound maternal and child health, family welfare and higher standard of living. The outline provided for decentralization of financial power and strengthening of monitoring system along with strengthening of the organizational structure of the population control and family planning activities. Notable among the activities undertaken were creating opportunities for gaining access to different methods of family planning according to one's choice, strengthening mother and child health care, undertaking educational activities on family planning, involving community people in population control and family planning programs, and augmenting research and training activities. It also stressed the importance of increasing the legal ages for marriage as well as strengthening the basic information registration system. As a result, the contraceptive prevalence rate increased from 8% in the mid-1970s to 61.2% in 2011. At the same time the Total Fertility Rate (TFR) came down to 2.3 in 2011 from 6.3 in 1975<sup>2</sup>. It had also been possible to lower the population growth rate from 3% in the mid-1970s to 1.34% in 2011<sup>3</sup>. However, this success is not adequate for improving the living standards of the people. Apart from excessive population density (with 964<sup>4</sup> people per square kilometer, Bangladesh is one of the most densely populated countries in the world), depletion of forests and arable land, air and water pollution, shortage of pure drinking water, insufficient housing facilities, unemployment, malnutrition, and slow rate of progress in health and nutrition sectors are the most notable among the problems that are hindering Bangladesh's development efforts.

The main objective of Bangladesh Population Policy 2004 was to achieve Net Reproductive Rate (NRR) = 1 by 2010 in order to stabilize population by 2060. But as it has not been possible to achieve NRR = 1 by 2010 as targeted originally, it is now imperative to update the current population policy to accelerate the related activities.

Moreover, it is essential to implement family planning activities that are consistent with the Millennium Development Goals (MDGs), International Conference on Population and Development (ICPD) held in 1994, Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and other related policies along with the Sixth Five Year Plan. All these were taken into account while steps were taken to formulate Bangladesh Population Policy 2012.

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

2 Bangladesh Demography and Health Survey (BDHS), Preliminary Report - 2011.

3 Population & Housing Census, Preliminary Results - July 2011.

4 Population & Housing Census, Preliminary Results - July 2011.

## 2. Rationale behind Updating the Bangladesh Population Policy:

According to the preliminary results of the latest census published in 2011, the current population of Bangladesh is 14 crores and 23 lakhs<sup>5</sup>. It is increasing by approximately 18-20 lakhs every year<sup>6</sup>. By the year 2015, the population density will increase to 1050 people per square kilometer from the current 964 people per square kilometer. This will put enormous pressure on all utilities and infrastructures including food, clothing, education, health care, accommodation, water, sewerage system, electric supply etc. Besides, population growth varies greatly across different regions of the country, and certain areas and communities in the country are still being deprived of essential social services. Therefore, it is indispensable to update the population policies and strategies in order to keep the population of the country within tolerable limits.

The Population Policy 2004 aimed to achieve Replacement Level Fertility and Net Reproductive Rate (NRR) = 1 by the year 2010. But considering the present Replacement Level Fertility rate and the number of users of family planning methods, it was observed that NRR = 1 was not achieved within the said period of time. Besides, success as expected could not be achieved with regard to planning and implementation of various strategies and activities including client-oriented services, youth-friendly services, empowerment and equality of women, the poor and the elderly-friendly services, human resources development, environment-friendly planning etc. The program didn't achieve desired results due to the prevalence of early marriages and pregnancies, and a persistent lack of momentum in using long-acting and permanent family planning methods. Moreover, it was not possible to achieve the desired results because of the fact that adequate numbers of special localized programs were not undertaken in inaccessible areas including backward regions.

It is important to achieve NRR = 1 within a definite time span, and if it can be achieved by 2015 then the population of Bangladesh would be 22 crores in 2050 and it would stand still at 23-25 crores in the year 2070. If achieving NRR = 1 is delayed, it would take more time to achieve a stable population due to the momentum originated from a young population age structure. If the present rate of population growth continues, it would be difficult to meet the basic needs including food, clothing, education, accommodation, health care, climate, environment and communication structures for the huge population within the geo-physical limits of Bangladesh. It will be almost impossible to achieve the expected higher standard of living of the people by dealing with the pressure on proper distribution and utilization of national resources. Against this backdrop, it is necessary to develop a pragmatic and widely acceptable policy through involving government, non-government and private sector institutions and undertake programs and strategies in the light of the policy.

### 3. Vision:

Develop a healthier, happier and wealthier Bangladesh through planned development and control of the nation's population.

### 4. Objectives:

4.1 Reduce the Total Fertility Rate (TFR) to 2.1 by increasing the contraceptive prevalence rate to 72%, and achieve Net Reproductive Rate (NRR)=1 by the year 2015;

4.2 Ensure the availability of family planning methods to eligible couples by providing easy access to reproductive health services including family planning methods; Build awareness among the poor and the adolescents on family planning, reproductive health, reproductive tract infections and HIV/AIDS; and prioritize counseling services;

<sup>5</sup> Population & Housing Census, Preliminary Result - July 2011

<sup>6</sup> Population Projection of Bangladesh: BBS, 2007

4.3 Reduce maternal and infant mortality, and take steps to improve mother and child health by ensuring safe motherhood;

4.4 Ensure gender equity and women's empowerment, and strengthen activities to eliminate gender discrimination in family planning, mother and child health care program;

4.5 Undertake short, medium and long-term plans for transforming the population of the country into human resources by involving the concerned Ministries;

4.6 Ensure easy access to information on reproductive health including family planning at all levels.

## 5. Major Strategies for Implementation of the Population Policy:

### 5.1 Client-Centred Service:

Strengthening facility based and door-to-door services to ensure client-centred services, and undertake the following strategies to make them complement each other:

- a) Ensure services through existing Health and Family Welfare Centers in districts, upazillas, and unions, including Satellite and Community Clinics in the community;
- b) Ensure client-centred services through the participation of non-government and private sectors;
- c) Continue providing door-to-door services to all eligible couples, especially to the poor, and ensure mechanism for referral from the field level. Also establish e-reproductive health services;
- d) Bring newly-weds, adolescents and couples with one or two children under the coverage of family planning services on a priority basis;
- e) Identify couples with unmet needs for health and family planning information and services, and ensure delivery services;
- f) Ensure all safe delivery services with the support of trained and skilled service providers;
- g) Ensure the availability of essential information and services related to sexually transmitted infections (STIs), reproductive tract infections (RTIs) and HIV/AIDs for all, especially for high risk population;
- h) Encourage homestead gardening for the production of fruits and vegetables to ensure the supply of vitamin-A and other nutrients. Prevent malnutrition among infants and pregnant women, and augment activities to enhance awareness of this issue among people in general;
- i) Ensure immunization of all women and children;
- j) Ensure 24/7 services at Union Health and Family Welfare Centers. Deploy Medical Officers, Family Welfare Visitors, Sub-Assistant Community Medical Officers, Pharmacists, MLSSs and Ayas at all Union Health and Family Welfare Centers, and develop the concerned personnel as midwives through training as per need;
- k) Ensure regular supply of required medicine and equipment to all service centers; make sure that family planning commodities are easily available at public and private service centers; and ensure security of all such centers;
- l) Encourage all eligible couples to accept family planning methods through informed choice and voluntarism;
- m) Ensure delivery of specialized emergency reproductive health care services in case of natural disaster or emergencies.

5.2 **Urban Health Care:**

Undertake action plans through effective coordination between the Ministry of Local Government and the Ministry of Health and Family Welfare with the aim of ensuring urban health care services, especially family planning, mother and child health care services for the slum-dwellers and the floating and destitute people in the City Corporation and the Municipal areas. Especially undertake plans and strategies to ensure client-centered services in the urban areas.

5.3 **Area-Based Plans and Strategies:**

Upon assessing the present health and family planning activities in Bangladesh, it is observed that acceptance of service varies across different geographical, economic, social and educational backgrounds. In this context, undertake special plans of action and strategies aimed at regional basis and relatively low performing areas along with greater national plans and strategies:

- a) Planning and implementation of program at local level that are consistent with the national program to address specific needs and goals. In this regard, delegate necessary financial and administrative power for implementing program locally with the assistance of local government;
- b) Undertake specific government and non-government program on priority basis in the context of the existing realities in the coastal regions involving the people of the coastal areas of the country in the family planning, mother and child health, and nutrition program;
- c) Coordinate family planning activities with field-level program of other Ministries at local level and undertake collaborative activities if required;
- d) Perform client segmentation on the basis of acceptance of family planning methods by eligible couples in order to provide local need-based services and ensure quality of services.

5.4 **Behavior Change Communication (BCC) Program:**

Undertake various informative, educational and motivational activities under the Population, Nutrition and Health program for behavioral change:

- (a) Make all-out efforts to popularize and establish the slogan 'Not more than two, one child is better';
- (b) Provide information on the reduction of maternal and child mortality and different family planning methods and their advantages and disadvantages; and augment publicity for building social movement through apprising of the far-reaching impact and importance of economic solvency, education, health and social security;
- (c) Undertake behavior change communication (BCC) program to encourage the seeking of antenatal, delivery and postnatal services;
- (d) Assist in promotion of behavioral change program to prevent all infectious diseases including infection of the reproductive tract, sexually transmitted diseases, HIV/AIDS etc.;
- (e) Ensure regular dissemination of multidimensional and attractive important messages regarding population, family planning, mother and child health etc. through government and non-government radio, television and print media, and other available mass media;
- (f) Assist in behavior change through analysis and utilization of gender-based information;
- (g) Organize dissemination meetings on specific subjects selected for groups of public representatives, religious leaders, different social organizations, non-government organizations, development partners, women leaders, newly married couples etc. from grass-roots to district level;

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- (h) Take necessary steps to develop and disseminate messages on family planning, mother and child health issues based on regional languages and cultures. In this regard, ensure dissemination of above mentioned messages through entertainment program with the help of local cultural groups;
  - (i) Ensure publicity of specific information on family planning activities in the advertisement of public and private organizations. Especially, facilitate publicity on family planning activities on private radio and television channels as a part of their corporate social responsibility;
  - (j) Initiate necessary steps to incorporate issues related to family planning, mother and child health in educational curriculum and text books.

### 5.5 Adolescent Welfare Program:

More than one-fifth of the population of Bangladesh is adolescent, and one third of the female adolescents are either mother or pregnant. Although there is no legal provision of marriage before 18 years of age, two-thirds of the adolescents are married off before they are 18. Integrated efforts must be made through government and non-government organizations and religious and social institutions in order to change this situation. Ensure registration of marriages irrespective of race, religion and caste, and make the marriage registrars aware of their responsibilities and duties:

- a) Ensure providing information and advice in favor of late marriage and having children with adequate birth intervals;
- b) Create employment opportunities for the unmarried women in the rural areas; assist in developing their skills through loan facilities and technical training;
- c) Organize dissemination workshops, essay writing and debating competition etc. for adolescents in schools and colleges regarding mother and child health, reproductive health and family planning activities;
- d) Educate the adolescents in health issues and life skills, and increase awareness of their parents, teachers and service providers for orientating the adolescents regarding adolescent health;
- e) Undertake special program for the adolescents to transform them into skilled manpower.

### 5.6 Participation of Non-Government including Private Sectors and Individuals:

Active participation of government, non-government including private sectors and individuals in different phases of population program is important. Following strategies can be adopted in this regard:

- a) Encourage the affiliated non-government organizations to expand their program on health, nutrition and population in areas where these services are not available;
- b) Undertake program with the support of non-government including private sectors and individuals or through joint collaboration to implement the health, population and nutrition program of the government, and ensure providing services with minimum cost;
- c) Strengthen communication and coordination among government, non-government including private sectors and individuals and undertake program by identifying specific and priority-based activities;
- d) In order to maintain close communication and avoid duplication of work, the Directorate General of Family Planning will act as the 'Focal Point' linking with Ministry of Health and Family Welfare, and other concerned ministries and departments with non-government and private-sector organizations;



5.7

**Empowerment of Women and Equal Partnership of Men and Women:**

The women of Bangladesh are still far behind with regard to equity for men and women and gender equality. In some families the female children have less access to nutrition, health service and education in comparison to the male children. A number of deep-rooted social and cultural barriers in the society have led to discriminatory behavior between men and women. The women in most cases are engaged in services with lower wages and are earning less compared to men. In many cases they are being deprived of the opportunities of getting institutional loans easily and participating in other economic activities. In this regard, adopt the following strategies in order to establish better equity among men and women:

- a) Formulate gender sensitive strategies for both men and women in all government and non-government activities;
- b) Women's skills development through imparting appropriate education and vocational training to ensure their participation in economic activities;
- c) Establish necessary child care facilities including day care centers in both urban and rural working areas;
- d) Encourage institutions/organizations involved in women's development to participate in activities pertaining to family planning and reproductive health;
- e) Incorporate family planning activities in all social welfare and various credit programs run by different government and non-government organizations;
- f) Eliminate women and child trafficking and all types of oppression and sexual abuse.
- g) Undertake awareness campaign to make men more responsible regarding women's needs and requirements for family planning and reproductive health services;
- h) Create gender equality among boys and girls in terms of access to health services, nutrition, education and employment.

5.8

**Human Resource Development:**

Adopt the following strategies considering that skilled manpower is indispensable for the proper implementation of activities under the population policy framework with a view to providing quality services on family planning, mother and child health, and reproductive health care in the service centers at all levels:

- a) In order to ensure quality services in government facilities as per existing population, assess manpower requirement at all levels, appoint them, and impart basic training along with regular/in-service training to them;
- b) Update recruitment rules from time to time, prepare career plans and take initiative for timely promotion;
- c) Provide encouragement and incentives to the non-government training institutes, and develop skilled manpower for government and non-government sectors through them;
- d) Ensure development of skilled manpower through appropriate training curriculum in government and non-government institutes; make provisions for pre-service training in academic and training institutes at all levels.

5.9 **Legal Measures:**

With the assistance from other concerned ministries, the following strategies to be adopted by the Ministry of Health and Family Welfare in order to achieve the objectives of Population Policy:

- a) Avoid duplication of work by making a single organization responsible for registration of birth, death, marriage and divorce;
- b) As per birth registration information, ensure the citizens' rights for all children, get them enrolled in schools at an appropriate age and prevent early marriage of girl children. Use birth certificate during admission into school and marriage registration;
- c) Make marriage registration mandatory according to the prevailing law and ensure compliance by all citizens; confirm age as per birth certificate before marriage registration.

5.10 **Social Measures:**

**Welfare Services for the Elderly, Poor and Disabled People:**

A considerable portion of the population of Bangladesh is elderly, poor and disabled. Undertake special priority program for them with regard to health, education and social security/safety net.

5.11 **Population and Environment:**

Rapid growth of urban population leading to scarcity of housing, inadequate supply of water and sewerage facilities, and air pollution is constantly affecting the environment. Adopt the following measures to resolve these problems:

- a) Discourage establishment of housing blocks and industrial factories causing depletion of agricultural lands in urban and rural areas, and promote planned housing areas and industrial zones;
- b) Strengthen social afforestation program in the rural areas and undertake appropriate measures to create pollution-free environment in urban and rural areas;
- c) Ensure availability of pure, arsenic-free water for all citizens, and identify alternative sources for arsenic-free water;
- d) Minimize pollution caused by vehicular traffic through the enforcement of appropriate laws;
- e) Control expansion of slum areas and encourage environment-friendly activities through different government agencies;
- f) Encourage municipalities/city corporations or other municipal authorities to conduct regular cleanliness campaigns for keeping towns, cities and marketplaces neat and clean;
- g) Assist in excavation of canals and ponds in rural areas, and prevent soil and river erosion; ensure proper enforcement of existing laws to discourage establishment of housing blocks and industrial factories through filling up of rivers and water reservoirs;
- h) Adopt strategies with due consideration to population and environment in view of social security.

5.12 **Discourage Urban Migration and Introduce Planned Urbanization:**

Minimize disparities between citizens' facilities/services in rural and urban areas in order to discourage migration from villages to towns, and create new employment opportunities in rural areas. Ensure effective coordination among all respective departments to promote planned urbanization.

5.13 **Integrated Information Collection and its Use:**

Census, demographic survey and the findings of different researches are the primary sources of population information. While census, demographic survey and researches are carried out regularly in the country, the information received thereof is not properly utilized. In this regard, adopt the following coordinated initiatives with the strategies of the administrative ministry and other concerned ministries in order to maintain continuity of the process of collection of information and to ensure its adequate use:

- a) Conduct regular survey and research on population, health and nutrition;
- b) Encourage regular communication among the population, health and nutrition researchers, policy makers, planners, managers and stakeholders, and ensure use of information received from the researches;
- c) Coordinate the activities of different institutions in connection with collection, analysis and use of gender-based information, and determine indicators for monitoring of effective implementation of the Population Policy;
- d) Encourage the use of modern digital information technology for integrated collection and use of information, and ensure free flow of all information through different media including websites.

5.14 **Decentralization of Administrative and Financial Power:**

To ensure delivery of quality family planning, mother and child health care services, it is essential to decentralize administrative and financial decision-making authority and ensure community participation in all activities. Adopt the following strategies to achieve these objectives:

- a) Decentralize administrative and financial decision-making power, and ensure community participation in population, nutrition and health programs; decentralize services by delegating more power to those at district to union levels;
- b) In order to provide demand-driven reproductive health services, identify local problems and prospects, and, in the light of those, develop local level action plan through the participation of the local elite, stakeholders and women representatives of the poor in the society;
- c) Raise/create funds to enhance the scope and quality of reproductive health services, and activate and empower the local level (upazila and union) committees to ensure its proper utilization;
- d) Strengthen the role of local government to facilitate transparent administration and people's participation, and include representatives of farmers, laborers and women in it;
- e) Ensure inclusion of mothers' welfare clubs and similar associations in order to extend the scope of family planning, mother and child health, and reproductive health services at the union and field levels.

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5.15 **Production and Supply of Family Planning Commodities:**

Every year the Government imports family planning commodities at the expense of a huge amount of foreign currency. Provide encouragement and incentives to local entrepreneurs for taking initiatives to produce family planning commodities in the country; consider necessary steps to ensure contraceptive security at all levels. Especially, ensure supply of necessary commodities for providing family planning and reproductive health services to organizations engaged in such services in labor intensive areas.

5.16 **Coordination with Different Policies and Plans:**

Formulate strategies for implementation of this policy in coordination with the related policies, plans and program of the government.

**6. Role of Different Ministries, Non-Government including Private Sectors and Individuals in Population Program:**

Expected achievements in various economic sectors are being hindered due to rapid growth of population. As such it is essential to include the ministries and institutions as partners in population planning and development program whose target groups are heavily affected by growth of population. In this regard the concerned ministries and institutions can play fruitful roles within the scope of their own activities:

6.1 **Role of Different Ministries in Population Program:**

**A. Ministry of Health and Family Welfare:**

This Ministry will act as the lead Ministry with regard to population and family welfare program. It will supervise family planning, mother and child health, and reproductive health services provided by institutions such as hospitals and other service centers located at districts to grass-roots levels. This Ministry will also be responsible for formulation of policies and coordination on population and family planning program. It will implement population policy with support from other Ministries, government and non-government organizations, and civil societies. Moreover, this Ministry will act as the secretariat of the National Population Council and will monitor the progress of implementation of the Council's policy decisions and the program of stakeholder committees at national, district, upazilla and union levels. At the same time it will improve quality of services through capacity development of the officers and staff members engaged in population program by imparting training to them, and through providing necessary assistance for research activities. The directorates and organizations under the Ministry will formulate appropriate strategies for the implementation of family planning and reproductive health services as per their roles and responsibilities, and will implement program accordingly.

**B. Ministry of Public Administration:**

Along with formulation and implementation of national training policy, this Ministry can incorporate modules on effects of over-population and mass motivation for having planned families in the training curricula of the institutions under it, namely Bangladesh Public Administration Training Center (BPATC), Regional Public Administration Training Centers (RPATCs) and Bangladesh Civil Service Administrative Academy. This Ministry can take necessary initiatives to implement family planning, mother and child health activities at the field level through division, district and upazilla administrations.

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**C. Ministry of Finance:**

With increased focus on planned population and its development, this Ministry will be responsible for allocating necessary funds for the Health and Family Welfare Ministry as well as the Directorate General of Family Planning for implementing family planning, mother and child health, and reproductive health program. Besides, it will also allocate necessary funds to other Ministries for the implementation of program pertaining to family planning, mother and child health, and reproductive health.

**D. Ministry of Education:**

Upholding the high standards in accordance with the National Education Policy, this Ministry will ensure development and implementation of education curricula and education program for secondary and higher secondary levels that include family planning, mother and child health, and reproductive health issues. It will also strengthen the activities to encourage equality between male and female population in education sector. Besides, it will include updated issues relating to over-population and its serious impact, health, education and life skills education in different text books and other learning materials. Similarly, the Ministry can take necessary steps including introducing research program in the universities in order to develop courses on demography, population and reproductive health.

**E. Ministry of Primary and Mass Education:**

Upholding the high standards in accordance with the National Education Policy, this Ministry will ensure development and implementation of education curricula and education program for primary level that include topics on planned families, mother and child health, and reproductive health. It will also strengthen the activities to encourage equality between male and female population in education sector. Besides, it will include updated issues relating to population, health, education and life skills education in different text books and other learning materials. The Ministry will also include issues relating to the effects of over-population and motivation at all levels of the society for having planned families in the education curricula of different teachers' training institutes.

**F. Ministry of Agriculture:**

This Ministry will include topics related to population and health education in the curricula of the vocational training institutes. The Ministry will utilize its extension service employees to undertake effective initiatives to encourage the people engaged in farming to increase the income of farming households through the use of modern agricultural technologies and to promote two-child families. Moreover, this Ministry can play an important role in discouraging urban migration through stakeholder counselling.

**G. Ministry of Information:**

This Ministry will allocate time and resources for broadcasting information on health education, family planning, mother and child health, reproductive health, equality of men and women, sexually transmitted diseases and HIV/AIDS through different public and private radio and television channels, and other different media. At the same time the Ministry will encourage all types of newspapers and private mass media to play appropriate roles for creating public awareness of such issues.

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#### **H. Ministry of Local Government, Rural Development and Cooperatives:**

This Ministry can undertake activities to involve members of the Union Councils, Upazilla Councils and District Councils, and local opinion leaders in population and development program. It is possible to create momentum in family planning program through activating the existing District Family Planning Committees, Upazilla Family Planning Committees, Union Family Planning Committees and Ward Family Planning Committees. Special action plans can be undertaken for monitoring activities and developing program at local levels by ensuring holding of committee meetings at upazilla, union and ward levels as per existing instructions with special emphasis on family planning, mother and child health program. Topics pertaining to reproductive health and equality of men and women can be included in the adult education and training activities. This Ministry can motivate women's cooperative societies to conduct population program. These societies can encourage their members to have planned families while imparting training and extending loan facilities to them. The Ministry can undertake the responsibility to promote birth and death registration all over the country, and to ensure quality health care services in all city corporations and municipal areas. It can involve the Directorate General of Family Planning in primary health care and population program undertaken by the Local Government Division in the city corporations and municipal areas.

#### **I. Ministry of Planning/Planning Commission:**

This Ministry will assist the government in its policy making and planning giving importance on demography, population projection and development, and integrate these issues to all development plans. It will include, components addressing the problem of over-population in the development projects of different Ministries.

#### **J. Ministry of Social Welfare:**

It is possible to involve more rural people in the maternity centre program through strengthening the institutions under it. This Ministry will play a role in encouraging the communities to receive family planning services from these centers. Moreover, the Ministry can instruct the institutions who receive grants from it and the registered NGOs to conduct population program.

#### **K. Ministry of Women and Children Affairs:**



The Ministry of Women and Children Affairs will take necessary steps to implement women's program related to family planning, mother and child health, and reproductive health while giving special importance to women's skill development training, arrangement of loans for trained women, institutional training, and the rights and responsibilities of women.

#### **L. Ministry of Youth and Sports:**

The Ministry of Youth and Sports can organize various sports program at school and college levels for wider dissemination of messages related to family planning, mother and child health. In this regard the ministry can carry out its responsibilities through coordination with the Directorate General of Family Planning.

#### **M. Ministry of Cultural Affairs:**

This Ministry can undertake different cultural activities for wider dissemination of messages related to family planning, mother and child health. In this regard the Ministry will carry out its activities through coordination with the Directorate General of Family Planning.



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**N. Ministry of Environment and Forests:**

In accordance with the National Environment Policy, the Ministry of Environment and Forests will encourage people to plant trees, discourage them from encroaching on forest land for habitation, implement the ban on using vehicles that pollute the environment. This Ministry will give importance to population issues in the program of the Ministry to promote better natural environment, and take initiative to implement its program according to the National Climate Change Strategy and Action Plan.

**O. Ministry of Food and Disaster Management:**

This Ministry can take special initiatives to incorporate population issues in all field level activities. Besides, this Ministry can take initiatives to motivate the beneficiaries of the Vulnerable Group Development (VGD), Vulnerable Group Feeding (VGF) and other social security programs to accept family planning methods in order to have planned families.

**P. Ministry of Home Affairs:**

This Ministry can provide family planning, mother and child health, and reproductive health care services through hospitals and other service centers and can conduct regular educational program for the officers and staff members working in those facilities. Besides, Bangladesh Police, Rapid Action Battalion (RAB), Border Guard Bangladesh, and Ansar and Village defense Party (VDP) can motivate their members to receive health and family planning services, can participate in health education program, and undertake awareness program for control and prevention of various infectious diseases including HIV/AIDS.

**Q. Ministry of Labour and Employment:**

This Ministry will introduce family planning and reproductive health care services in labour welfare centers, tea garden clinics and other service centers. It can strengthen these services in industrial areas too. Besides, the Ministry will incorporate family planning and reproductive health care issues in the education curricula of the training institutes.

**R. Ministry of Expatriates' Welfare and Overseas Employment:**

In order to collect specific information regarding sexually transmitted diseases and HIV/AIDS, Ministry of Expatriates' Welfare and Overseas Employment can strengthen surveillance on the workers back from abroad. Besides, it can take necessary steps to create awareness among the workers going abroad regarding the deadly impacts of these diseases.

**S. Ministry of Religious Affairs:**

This Ministry can strengthen its training program for religious leaders and Imams on family planning, mother and child health care services, and prevention of sexually transmitted diseases and HIV/AIDs in the light of the religious teachings. The importance of family planning can be reflected in different publications of this Ministry.

**T. Ministry of Land:**

This Ministry will introduce activities related to family planning and reproductive health care information and services in different development programs conducted by it including Ideal Village (Adarsho Gram), Rootless and Slum Rehabilitation program.

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**U. Ministry of Industries:**

This Ministry will take necessary steps to provide family planning and reproductive health information and services in order to ensure the reproductive health rights of the female and male workers who are engaged in government and non-government industries, especially in labor-intensive factories including garment factories. Besides, the Ministry can provide information and counseling to unmarried workers and encourage them to marry late, and help them for planned family. In this regard the Ministry will take joint initiatives with the concerned professional associations.

**V. Ministry of Housing and Public Works:**

This Ministry will take initiatives for planned housing and urbanization in rural and urban areas through the departments under it in order to provide accommodation and other necessary civic facilities for the increasing population.

**W. Ministry of Science and Technology:**

This Ministry can allocate funds for conducting research on population, family planning and reproductive health issues through its scientific research program.

**X. Ministry of Information and Communication Technology:**

This Ministry can take initiative to disseminate information on population issues through the website maintained under its e-Governance program.

**Y. Ministry of Defence:**

This Ministry can undertake activities for raising awareness of the members of Bangladesh Army, Bangladesh Navy and Bangladesh Air Force to receive health and family planning services and to participate in health education program, control and prevention of different infectious diseases including HIV/AIDS among them. Besides, the Ministry can provide health, family planning, mother and child health care services through the hospitals and other service centers.

**6.2 Role of Non-Government including Private Sectors and Individuals in Population Program:**

- a) Production and distribution of family planning commodities by non-government and private sectors would be encouraged. Incentives would be given to all types of private sector service providers, professional bodies, employment-generating industries and other institutions for playing complementary roles in implementing population program of the government.
- b) Import, distribution and marketing of family planning commodities by non-government and private sectors would be facilitated.

**7. Institutional Management for Policy Implementation:**

The National Population Council (NPC) will coordinate and monitor inter-ministerial activities for the implementation of Bangladesh Population Policy. In this regard, the National Population Council has already been constituted with the Honorable Prime Minister as its head. Concerned ministers, secretaries, departmental heads, leading non-government institutions, population experts, social scientists and public health experts are the members of this Council. The National Population Council will provide necessary guidance for implementing the population policies and program, inter-ministerial coordination, monitoring of progress and evaluation of its impact. The Council



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will provide instructions for any alteration or updating of the Population Policy if deemed necessary. There will be an Executive Committee under the leadership of the Honorable Minister, Ministry of Health and Family Welfare which will disseminate the directives given by the National Population Council to the Ministry of Health and Family Welfare, different organizations and individuals, and will take initiative to implement those.

The Ministry of Health and Family Welfare will act as the secretariat of the National Population Council and will implement the recommendations and decisions taken by the National Population Council with assistance from other concerned Ministries. There will be a small Task Force comprising of population experts and will be attached with the office of the Secretary/Additional Secretary, Ministry of Health and Family Welfare to help the secretariat in conducting all activities including assisting the Council, preparing technical papers regarding the policies and monitoring progress of implementation of decisions taken by the NPC.

The Directorate General of Family Planning (DGFP) will play the leading role in implementing and supervising various program mentioned in the Bangladesh Population Policy. The DGFP will ensure family planning, mother and child health, and reproductive health care services in accordance with the demand of the clients through the countrywide service centre's and service providers. In this regard, the DGFP will ensure continuous supply of family planning commodities, necessary medicines and Medical & Surgical Requisite (MSR), and maintain the quality of care through proper supervision and monitoring. Along with these, the DGFP will take initiative for creation of demand for family planning and reproductive health services through behavioral change communication program. The DGFP will implement different program under the Population Policy through strengthening coordination with different ministries of the government, semi-government organizations, autonomous bodies, non-government institutions and private initiatives, and ensure accountability and transparency in every tier of the program.

Different directorates, departments and institutions under the Ministry of Health and Family Welfare along with the Directorate General of Health Services (DGHS) will extend overall support to the DGFP for implementing different program related to Population Policy. A detailed time-bound well-coordinated action plan will be prepared for implementing the Population Policy which will include specific, measurable indicators for monitoring progress.

By order of the President

(.....)

Senior Assistant Secretary

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