Family Planning Strategy for Hard-to-Reach and Low-Performing Areas of Bangladesh

2025 - 2030

Clinical Contraception Services Delivery Program

Directorate General of Family Planning

Medical Education and Family Welfare Division

Ministry of Health and Family Welfare

Dhaka, Bangladesh

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Family Planning Strategy for Hard-to-Reach and Low-Performing Areas of Bangladesh

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Foreword

Ensuring universal access to family planning services is pivotal to achieving the Sustainable Development Goals (SDGs), particularly Goal 3 (Good Health and Well-being) and Goal 5 (Gender Equality). Aligned with Bangladesh's commitment to 'leaving no one behind', the Family Planning Strategy for Hard-to-Reach and Low-Performing Areas aims to bridge critical gaps in reproductive health services for marginalized and underserved communities.

Despite significant progress in family planning, millions living in remote, geographically challenging, and socially excluded areas still face barriers to accessing essential services. This strategy adopts an inclusive, community-driven, and gender-responsive approach, ensuring that adolescent girls, women, and vulnerable populations receive equitable access to quality family planning services.

Through this initiative, we are reconfirming our dedication to reduce unmet needs for contraception, improving maternal and child health, and empowering women and girls to make informed choices about their reproductive health. I request all stakeholders—government agencies, development partners, civil society, and community leaders—to join hands in implementing this strategy effectively.

I believe through our collective efforts, we can achieve a healthier and more equitable Bangladesh, ensuring that no one is left behind

Dr. Md. Sarwar Bari



Dr. Ashrafi Ahmad, ndc
Director General
Directorate General of Family Planning
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Preface

Bangladesh has made significant progress in improving maternal and child health, reducing matemal and infant mortality rates, and increasing contraceptive prevalence rates. The country has also been recognised for its success in reducing population growth and achieving demographic dividend.

The Government of Bangladesh has developed different strategies and policies to address population issues. Initially, the family planning program started with a project approach. Later, with the link to the Program of Actions of ICPD and other development goals, the Government of Bangladesh shifted from focusing on family planning to a more broad-based and holistic reproductive health approach responding to the national population issue.

Reaching the communities in the Hard to Reach and Low-Performing areas conform with the promise of the FP 2030 Agenda for sustainable development and the SDGs' 'Leave No One Behind (LNOB)' There is a perception that various health programs are not equally implemented in the HTR and low-performing areas due to geographical barriers, logistic constraints, resource scarcity, and other physical impediments.

To fulfil the commitment to achieve Goal-3 of SDGs and FP 2030 goal and to address the FP and SRH needs of the people of the HTR and Low Performing areas, it is felt that there should be a specific FP strategy for the HTR and Low Performing areas since the nature of these areas vary from each other and the problems of one area may not match with that of another area. Hence the ways and means to address the health, FP, and SRH issues may be different depending on the type and location of a particular HTR area. As such this FP strategy (2023-2030) has been prepared in consultation and participation of the relevant stakeholders at local and national levels
.
I am very happy that finally we have developed the Strategy of Family Planning for Hard to Reach and Low Performing areas in Bangladesh. This great job has been accomplished through the combined efforts of the CCSDP Unit of DGFP with technical support from Marie Stopes Bangladesh and other development partners. I would like to thank Marie Stopes Bangladesh for their technical support in developing the strategy. I hope that this strategy will substantially help improve access to FP and SRH services in the HTR and Low-Performing areas.

Dr. Ashrafi Ahmad, ndc

মেরী স্টোপস বাংলাদেশ



Kishwar Imdad
Country Director
Marie Stopes Bangladesh

Strategic Reflections from the Country Director

It gives me great pleasure to mark the official launch of the **Family Planning Strategy for Hard-to-Reach and Low-Performing Areas of Bangladesh (2025–2030).** This strategy marks a pivotal step in our shared mission to ensure that every individual—no matter where they live—has access to high-quality family planning information and services.

Bangladesh has made commendable progress in reproductive health over the years. Yet, significant disparities remain, particularly among communities in remote, disaster-prone, and underserved regions. The 2030 Agenda for Sustainable Development, with its core pledge to "Leave No One Behind," calls for focused and inclusive action.

This strategy embodies a strong commitment to reaching the most marginalized. It acknowledges the distinct challenges—whether physical, cultural, or systemic—faced by these communities and presents a roadmap that is inclusive, evidence-driven, and centered on people's needs.

Marie Stopes Bangladesh is honored to have partnered with the Directorate General of Family Planning (DGFP), the Ministry of Health and Family Welfare, and other stakeholders in shaping this strategy. We are confident that its implementation will lead to better reproductive health outcomes, greater empowerment for women, and stronger community resilience across the nation.

As we move ahead, let us unite—government, NGOs, development partners, and communities—to ensure that reproductive rights and choices are accessible to all.

Together, we can build a future where quality family planning services are available to everyone, everywhere, at all times.

Kishwar Imdad



Dr. Md. Sultan Ahmed
Director, (MCH- Services)
MCH- Services Unit
Directorate General of Family Planning (DGFP)

Message

We are pleased to introduce the Family Planning Strategy for Hard-to-Reach and Low-Performing Areas of Bangladesh 2025–2030—a crucial policy to ensure equitable access to reproductive health services nationwide.

Despite progress in family planning, service gaps persist in remote areas like char, haor, hill tracts, coastal regions and among marginalized groups. These disparities impact population stabilization and maternal and newborn health.

Challenges such as high unmet need for contraception, limited skilled providers, weak referral systems, and social and gender barriers hinder access to essential services. This strategy offers an inclusive, evidence-based roadmap to address these issues.

It supports national goals for population management and demographic transition through rights-based, voluntary family planning. It also highlights contraception's role in reducing unintended pregnancies, unsafe abortions, and maternal mortality—advancing SDGs and UHC.

Developed through broad consultation with government, partners, NGOs, and communities, the strategy focuses on service delivery, supply chains, provider capacity, and community engagement.

As Director of MCH, I request all stakeholders to collaborate in implementing this strategy, ensuring family planning benefits reach even the most underserved areas. Together, we can improve maternal health, empower women, and build a resilient Bangladesh.

Dr. Md. Sultan Ahmed



Dr. Md. Rafiqul Islam Talukder
Line Director (CCSDP)
Clinical Contraception Services Delivery Program (CCSDP) Unit
Directorate General of Family Planning

Acknowledgement

The Directorate General of Family Planning has been implementing the Family Planning program with a focus on right-based approach, including their rights to information, choice, safety, privacy, dignity, comfort, and access to all necessary services.

Despite various policies and programs, significant challenges persist in the Health, Population, and Nutrition Sector Development Program (HPNSDP), along with unresolved issues from the previous agenda. Addressing the overall nutritional situation, particularly underweight and stunting, remains critical. Ensuring adolescent health care and safeguarding their sexual and reproductive health rights have become equally pressing. Key challenges include providing adequate health responses to gender-based violence, increasing contraceptive prevalence, promoting Long-Acting and Permanent Methods (LAPM) of contraception, expanding services to hard-to-reach and Low-performing areas (HTR) areas, and ensuring quality of care. These areas require focused attention to improve HNP services, especially in underserved regions. Moreover, achieving the FP 2030 and the Sustainable Development Goals (SDGs), particularly universal access to reproductive healthcare services, necessitates the expansion of family planning services to reach the people who are living in hard-to-reach and Low-performing areas.

Considering the importance of separate plans and programs for hard-to-reach and Low-performing areas, CCSDP unit of DGFP with technical support from Marie Stopes Bangladesh, has developed a Strategy for Family Planning for these areas, which will be included in the National Family Planning Program.

I extend my thanks to all related development partners who were involved in the strategy development process. I also thank my colleagues from CCSDP, MCH, the Field Service and Planning unit, and the DDs of different districts in hard-to-reach and Low-performing areas for their active participation and valuable contributions to developing this FP Strategy.

I hope this strategy will play a pivotal role in enhancing access to family planning services for the people, particularly women, in the hard-to-reach and Low-performing areas and other low-performing areas of Bangladesh, thereby contributing significantly to achieving the Sustainable Development Goals (SDGs).

Dr. Md. Rafiqul Islam Talukder

CHAPTER ONE

Family Planning: A Pathway to Women's Well-being and Empowerment in Bangladesh

1.1 Background:

Universal access to reproductive health services is a human right. Ensuring women's well-being and empowerment through improved family planning (FP) services is crucial for achieving gender equality and sustainable development.

Investing in family planning (FP) extends beyond contraception; it is intricately linked to women's health, autonomy, and socio-economic empowerment. Expanding access to quality family planning services, especially in hard-to-reach (HTR) and low-performing areas, can empower women to make informed choices about their health and futures. Despite significant progress in family planning in Bangladesh, achieving the goal of "Leaving No One Behind" remains a challenge, particularly for women in HTR and low-performing areas. These women face socio-cultural, economic, and geographic barriers that limit their access to modern contraceptives and essential reproductive health services. To bridge this gap, a holistic, coordinated, and collaborative approach is necessary—one that prioritizes equity, quality of care, and rights-based service delivery.

Therefore, a dedicated FP strategy for hard-to-reach and low-performing areas is essential to ensure that every woman, regardless of her geographical location, economic status, or other circumstances, has access to comprehensive reproductive health services. A well-structured strategy can streamline service delivery, strengthen referral systems, expand outreach through innovative approaches, and enhance public-private collaboration and partnerships.

1.2 Defining 'Hard-to-Reach (HTR) and Low-performing areas'

The notion 'hard to reach' is a contested and ambiguous term[1], commonly used within the spheres of social care and health, especially in discourse around health and social inequalities[2] . The term refers to sub-groups of the population that are difficult to reach or involve in public health programmes due to their geographical location or their social and economic situation[3]. In Bangladesh, hard-to-reach areas are practically defined by considering both hard-to-reach and Low-performing areas in terms of remote geographical locations and population slipping from health care delivery and development activities[4].

'Hard-to-reach and low-performing areas' (like chars, haors, exposed coastal areas, hills, flood, and extreme drought zones) can be conceptualized and understood from a wider perspective. These people may reside in accessible areas but remain unreached due to factors including poverty, limited access to education, health services and income opportunities, low literacy rates, physical disability, cultural backwardness, social exclusion, traditional practices, social norms and values, environmental degradation, gender discrimination, climate vulnerability and beyond.

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1 Cook D: Consultation, for a Change? Engaging Users and Communities in the Policy Process. Social Policy & Administration 2002, 36(5):516-531.

2 'Reaching the hard to reach' - lessons learned from the VCS (voluntary and community Sector). A qualitative study; Sarah M Flanagan, Beverley Hancock, Flanagan and Hancock BMC Health Services Research 2010, 10:92, http://www.biomedcentral.com/1472-6963/10/92

3 Managing Community Health Services. Bringing services to hard-to-reach populations

4 https://www.psb.gov.bd/policies/nswshrabe.pdf

1.3 Defining Low-performing area

1.3.1 Low Performing Areas: Definition

A low-performing area for family planning coverage generally refers to a geographic region, such as a district, community, or province where the adoption, accessibility, or availability of family planning services falls below a defined benchmark or target. The specific definition may vary depending on national health policies, international guidelines, and program objectives. Hard-to-reach and low-performing areas are often synonymous with regions where family planning method uptake remains low. However, several key indicators help identify these areas:

1. **Contraceptive Prevalence Rate (CPR):** Nationally, the CPR stands at 64%, but there are significant regional variations. For instance, the CPR in the Eastern regions (Sylhet and Chattogram) is much lower than in the Western regions of Bangladesh.

2. **Use of Long-Acting and Permanent Methods (LAPM):** The use of LAPM is notably low, contributing to high rates of contraceptive discontinuation. Approximately 32% (BDHS 2022) of contraceptive users stop using a method within 12 months of starting, especially among temporary method users. Barishal, Chattogram and Mymensingh divisions have the lowest uptake of LAPM.

Division	Any Method	Any Modern Method	Long-acting and Permanent Methods			
			Female Sterilization	Male Sterilization	IUD	Implant
Barishal	64.8	54	2.5	0.4	0.4	1.7
Chattogram	57.5	49	3.2	0.5	0.5	1.9
Dhaka	63	53.2	4.6	0.9	0.5	1
Khulna	66.5	56.3	5.5	1	0.4	1.7
Mymensingh	66.1	59	3.5	0.7	0.4	1.7
Rajshahi	70	60.8	6.5	1	0.5	2.4
Rangpur	70.7	61.3	4.4	2.2	0.2	2
Sylhet	52.8	44.3	5.7	0.8	0.6	1.7

Table 1: Percent distribution of currently married women aged 15–49 by contraceptive method currently used, according to Divisions[5]

3. **Unmet Need for Family Planning:** Overall, 10% of currently married women in Bangladesh have an unmet need for family planning services. This unmet need is higher among married adolescents (12.7), leading to a high adolescent fertility rate. Chattogram (16%) and Sylhet (13%) divisions have the highest unmet needs for Family Planning.

1.4 The Socio-economic context of HTR and Low Performing areas

Bangladesh comprises 64 districts under eight divisions, which are further divided into 495 upazilas and 4,480 Unions. Among these, approximately 1,200 HTR unions in 257 upazilas under 50 districts are classified by the government, predominantly inhabited by poor populations. The geophysical context of HTR and low-performing areas is diverse, distinctive from location to location by context and facilities and the livelihood patterns of the people are also vary. Besides, these zone-specific areas are extremely disadvantaged in terms of accessibility[6].

According to the Population and Housing Census 2022 by BBS and SVRS 2023, Bangladesh has a population of 169,828,921 people, 11,6065,804 of them live in rural areas and 53,763,107 live in Urban areas. As per the Asian Development Bank's Basic Statistics 2022 (April 2022), 20.5% of the population lived below the national poverty line, and 4.0% of the employed population lives

[5] BDHS-2022
[6] National Strategy for Water and Sanitation Hard-to-Reach Areas of Bangladesh 2012

below $1.90 purchasing power parity/day. The national literacy rate is 74.66%; it is 81.28% in urban areas and 71.56% in rural areas[7]. In HTR and low-performing areas, the literacy rate is significantly lower than the national average.

The economic status in these areas is more critical than in other parts of the country. Due to remote environments, economic opportunities are limited, rendering the poor population particularly vulnerable. Scarcity of land further compounds their challenges. Although the legal age of marriage for women in Bangladesh is 18, a large proportion of marriages occur before this age. According to BDHS 2021-22, 50% (urban 44.4%, rural 52.6%) of women aged 20–24 marry before the age of 18, and 27% before the age of 16.

The people living in the hard-to-reach and Low-performing areas are deprived of most of the basic services and rights including FP services & information. They lack proper access to health and family planning services[8]. Besides, these people are unable to access to welfare related services and facilities and need attention to fulfil their basic rights[9]. Moreover, the poor people cannot afford health care, sanitation facilities and water technologies due to financial crisis. Poor infrastructure, distance from towns, and lack of connectivity discourage health workers from staying in remote areas such as chars and haors. Consequently, these populations remain underserved.

Considering these circumstances, the Government has taken many initiatives related to reproductive health and family planning programs, however, the unmet need for family planning has declined from 12% in 2017–18 to 10% in 2022 among current women and the unmet need is higher among women in rural areas than among those in urban areas (11% versus 8%) and women in the age group between 15-19 have the highest unmet need at 13%[10]. These facts warrant special attention to enhance FP activities and extend services to underserved HTR and low-performing areas.

A cross-sectional study conducted in HTR areas aiming to assess health status found that 6 to 10 million people reside in flood-prone char regions, accounting for 4–8% of the population. These communities face increased health risks due to a lack of safe water, sanitation, education, healthcare services, and no access to health services-related information[11].

Apart from communication facilities, the extreme remoteness of char, haor and hilly areas has hampered all possible ways of development including education, socio-cultural advancement, and health. Transportation is limited to speedboats and traditional engine boats from these remote locations connecting mainland and Union Parishads (UPs). Some villages lack schools, health services, and recreational facilities. They also miss out on government safety-net services. Altogether, these communities face extremely poor living conditions and socio-cultural-religious backwardness.

Considering the above, it is essential to develop area-specific strategies and management structures that address the diverse contexts, facilities, and livelihood patterns of these populations.

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[7] Bangladesh Bureau of Statistics, Census 2022 and SVRS 2023
[8] Costed Implementation Plan of DGFP
[9] https://www.ngof.org/uploads/all_resources_image/Being_Beside_the_HTR162.pdf
[10] Bangladesh Demographic and Health Survey 2021-2022
[11] https://www.academia.edu/26623250/Health_Status_of_People_Residing_in_a_Hard_To_Reach_Area_in_Bangladesh

1.5 Rationale to develop a FP strategy for HTR and Low-performing areas

The Ministry of Health and Family Welfare implemented the 4th HPNSP from January 2017 to June 2024, with the goal: “to ensure that all citizens of Bangladesh enjoy health and well-being by expanding access to quality and equitable health care in a healthy and safe living environment.”

However, based on past experience and common contextual factors, a strategy has been developed to reach communities in HTR and low-performing areas in alignment with the 2030 Agenda for Sustainable Development and the SDGs' commitment to “Leave No One Behind (LNOB).” There is a growing perception that many health programs are not implemented equally in these areas due to geographical barriers, logistical constraints, resource scarcity, and other physical impediments.

The Programme of Action (PoA) of ICPD emphasized that SRHR is a human right, and the World Health Organization (WHO) recognizes SRHR as an essential component of Universal Health Coverage (UHC). A holistic approach to SRHR is necessary to provide an essential package of interventions. Therefore, it is imperative to mobilize communities, health sector stakeholders, and actors from beyond the sector to increase access to FP and SRH services—especially in HTR and low-performing areas.

These areas are predominantly home to impoverished populations, many of whom lack proper access to health and family planning services. To improve the Contraceptive Prevalence Rate (CPR), reduce the Maternal Mortality Ratio (MMR), and address unmet needs and other FP indicators, a fully inclusive approach must be adopted. Prioritizing these areas ensures that residents have the opportunity to access essential health, FP, and SRH services. Such an approach will contribute significantly to achieving national FP targets, particularly through increased access to SRH services. Alongside government-led programs, NGOs, INGOs, and private sector entities should join forces to deliver effective SRH services as a complementary effort.

Grounding on these realities, to meet the FP and SRH needs of populations in HTR and low-performing areas—and to achieve SDG Goal 3 by 2030—it is necessary to develop a targeted FP strategy. Since the nature of these areas varies significantly, the challenges faced in one area may not mirror those in another. Consequently, strategies must be tailored to the context and geographic realities of each HTR area.

As such this FP strategy (2025-2030) has been prepared in consultation and participation of the relevant stakeholders at local and national levels. It is expected to improve access to FP and SRH services across HTR areas, thereby enhancing performance not only in family planning but across the broader health sector.

1.6 Strategy Development Process

It is well recognized by family planning experts that to reduce the high dropout rate and meet the unmet need for family planning services, it is critical to develop a separate strategy that reflects the diverse needs of the population. In this regard, a workshop was held in 2019 with key stakeholders to explore the scope of work on this issue. The workshop was organized by Marie Stopes Bangladesh and was attended by representatives from DGFP, UNFPA, OGSB, IPAS, and other civil society organizations.

The workshop analyzed the context of hard-to-reach and Low-performing areas and developed an Action Plan for drafting the strategy. The CCSDP unit of DGFP took responsibility for further advancing the process and subsequently submitted a concept note to the Director General of DGFP. However, due to the COVID-19 pandemic, like many other initiatives, the strategy development process was disrupted.

Later, the team reconvened in early 2021. Following this meeting, DGFP approved the concept note and established a dedicated committee to develop the strategy. The committee, led by the CCSDP unit and coordinated by Marie Stopes Bangladesh.

The strategy development process was led by Qazi Mohiul Islam, former Director General of DGFP with the technical guidance provided by the department of Population, Family and Reproductive Health, Johns Hopkins University.

Through an intensive and participatory process, the outline of the strategy was developed. Once the outline was prepared, it was shared with relevant stakeholders. After receiving feedback, the outline was finalized and approved by DGFP. Subsequently, a series of consultation meetings was conducted with stakeholders, government officials, and community members in various locations across Bangladesh. In addition, one-on-one consultations were held with officials from hard-to-reach and low-performing areas. These efforts significantly enriched the strategy.

To facilitate the development of the strategy, the drafting committee organized a three-day workshop. A wide range of participants attended the workshop, including representatives from the government, NGOs, the private sector, civil society, media, and youth organizations. The strategy was shaped through group and individual consultations at the national and divisional levels, incorporating feedback from a cross-section of stakeholders and expert reviewers. Finally, the strategy was validated through a validation workshop, where Deputy Directors from all hard-to-reach and Low-performing areas provided valuable input to further enhance the strategy.

It was found that most of these areas suffer from a lack of access to basic family planning services, shortages of human resources, inadequate or unavailable facilities, budget constraints, insufficient equipment and supplies, poor communication infrastructure, and the irregular organization of health camps. These insights and recommendations, identified by both local people and officials, were carefully considered and incorporated into the strategy.

Insights derived from the inclusive approach of consultation process:

Haor Areas

- Activating the existing UH&FWCs, establishing new UH&FWCs and ensuring required HR (Doctors, HAs, Midwives, Pharmacists, FWAs, Family Planning Facilitators etc.)
- Allocating the required budget.
- Organizing FP camps that will ensure the cafeteria of choice, i.e., short-term methods and LARC&PM
- Finding out the avenues for increasing public-private partnerships and partnerships with local NGOs, INGOs and private entities wherever possible.
- Developing a Union-based institutionalized setup wherever needed.
- Using the facilities of community clinics located in the area.
- Improving awareness building among the eligible couples and adolescents.
- Establishing billboards, and the number of health care centres.
- Establishing a one-stop service centre from where different types of services could be provided.
- Reducing the prevalence of child marriage through school programs, community awareness building etc.
- Improving contraceptive access among individuals who need it.

Coastal Areas:

- Increasing the number of staff and budget.
- Creating new HR posts.
- Arrange special incentives for staff so that staff dropout rates can be minimized.
- Ensuring transportation facilities (by providing vehicles/allowance) to the FP/ Health facilities according to demand.
- Organizing FP/satellite camps that will ensure the cafeteria of choice, i.e., short-term methods and LARC&PM
- Improving awareness building among the eligible couples and adolescents.
- Reducing the prevalence of child marriage.

Hilly Areas

- Allocating the required budget.
- Taking care of adolescents' issues and nutrition.
- Ensuring midwife support along with other manpower availability
- Increasing public-private partnerships and partnerships with local NGOs, INGOs and private entities wherever possible for the sustainability of FP service delivery.
- Organizing FP camps that will ensure the cafeteria of choice, i.e., short-term methods and LARC&PM
- Protecting the facilities e.g., to build the boundary walls of UH&FWCs.
- Ensure posting of the MOs and ensure required facilities.
- Reducing the prevalence of child marriage.
- Improving contraceptive access among individuals who need it.
- Improving awareness building among the eligible couples and adolescents.
- Establishing billboards, and the number of health care centers.

Char Areas:

- Make available required HR and build their capacity to provide quality services for pregnancy, delivery, post-delivery services, neonatal, and reproductive health-related services for children and adolescents.
- Building temporary/portable (with tin shed) infrastructure, where there is no UH&FWC, at a low cost for providing FP services.
- Engaging students/local volunteers to provide commodities and staff recruited on daily basis can go monthly or at regular interval.
- Ensuring local transport is available for clients.
- Organizing FP camps that will ensure the cafeteria of choice, i.e., short-term methods and LARC&PM
- Ensuring speed boat, and water boat for emergency clients.
- Improving awareness building among the eligible couples and adolescents.
- Reducing the prevalence of child marriage.

Common recommendations from all areas:

- Allocation of budget and effective utilization
- Use of digital technology such as client follow-up, demand creation, reporting etc.
- Facility readiness
- Fill up the gap of required skill human resource
- Engage volunteers to mitigate the challenge of scarce human resource scenario
- Awareness and demand creation
- Action to reduce child marriage
- Ensure transport facilities for clients that meet local context and demand
- Partnership and collaboration with NGOs, and private parties to reduce unmet need
- Strengthen monitoring and mentoring support

CHAPTER TWO

Commitments and Response to the FP Problem of HTR and Low-performing Areas

2.1 Bangladesh's International Commitments to FP and SRHR

The 1994 meeting in Cairo, where 179 governments adopted a revolutionary Programme of Action, marked a significant milestone by placing women's reproductive health and rights at the center of national and global development efforts[12]. Specifically, the Programme of Action called for universal access to comprehensive reproductive health care, including voluntary family planning, safe pregnancy and childbirth services, and the prevention and treatment of sexually transmitted infections. It also acknowledged that reproductive health and women's empowerment are inherently linked, and that both are essential for societal progress.

"ICPD" has come to represent the global consensus that reproductive health and rights are human rights, that these are a prerequisite for women's empowerment, and that gender equality is essential to ensuring the well-being and prosperity of all people. Since then, the global community has committed to achieving the Sustainable Development Goals (SDGs) by 2030, recognizing that the goals cannot be realized without implementing the ICPD Programme of Action. In alignment with this, the Government of Bangladesh has made strong commitments to ensuring SRHR, including family planning services,[13] for all citizens .

Since its independence, the government of Bangladesh has developed different strategies and policies to address population issues. Initially, the family planning program started with a population project approach. Later, with the link to the program of actions of ICPD and with other development goals, the Bangladesh Government shifted from a focus on family planning to a more broad-based reproductive health approach to respond to the national population issue holistically.Thereby, in 1998, the government introduced a sector-wide approach (SWAp) by adopting a series of multi-year strategies, programs and budgets for the management and development of the health nutrition and population (HNP) sector, with support from both domestic and international financing[14].To achieve the development goals, the government is implementing the Fourth Health, Population and Nutrition Sector Program, covering the years (between January 2017 and June 2022) with an estimated cost of US$14.8 billion. The Fourth Sector Program's overall objective is "to ensure that all citizens of Bangladesh enjoy health and well-being by expanding access to quality and equitable healthcare in a healthy and safe living environment." The Ministry of Health Family Welfare (MOHFW) considers the Fourth Sector Program as the first, foundational, program towards the achievement of the Sustainable Development Goals by 2030[15].

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[12] https://www.unfpa.org/sites/default/files/event-pdf/PoA_en.pdf

[13] https://kazakhstan.unfpa.org/en/news/explainer-what-icpd-and-why-does-it-matter-1

[14] Fifteen years of sector-wide approach (SWAp) in Bangladesh health sector: An assessment of progress, November 2015Health Policy and Planning 31(5), DOI:10.1093/heapol/czv108

[15] Health Sector Support Program (HSSP) Including Additional Financing, Updated environmental management framework, july, 2018, ministry of health and family welfare.

2.2 Legal and Policy Responses

Bangladesh has achieved significant progress in numerous areas of the ICPD PoA, including reduction of maternal and child mortality, enhancement of girls' education, decreased fertility near to replacement level and improved universal access to reproductive health services. Furthermore, the PoA has greatly contributed to poverty reduction, gender equity and equality, socioeconomic development, and improving the life expectancy and overall health of the population. Theproportion of women aged 20–24 years who were married before 18 years declined from 69% in 1996 to 50% in 2022.

Bangladesh has adopted several laws and policies that support sexual and reproductive health and rights (SRHR), including the Child Marriage Restraint Act (2017) and the Women and Children Repression Prevention Act (2000). The country has also implemented several policies addressing adolescents' issues, including SRHR. These include the Bangladesh Population Policy (2012), National Health Policy (2011), Bangladesh National Children Policy (2011), Bangladesh Adolescent Reproductive Health (ARH) Strategy (2006), Education Policy (2010), and the National Nutrition Policy (2015).

Currently, the National Adolescents' Health Strategy (2017–2030) is in effect, which prioritizes sexual and reproductive health (SRH) and identifies it as one of the four thematic areas within the strategy. The Health, Population and Nutrition Sector Development Program (HPNSDP 2011–2016) introduced the concept of creating youth-friendly spaces where young people could comfortably share knowledge and concerns, support one another, and develop leadership skills. These youth spaces were designed to empower the next generation. Under this program, young people were actively involved in raising awareness about family planning and HIV; services were made accessible through digital platforms (e-health); and school health programs played a role in planning.

As a continuation of the 2011 – 2016 HPNSD program, Family planning remains a top priority in Bangladesh's health sector programs, The priority focus areas are postpartum family planning (FP), deploying midwives to sub-district hospitals, regional FP packages to decrease social and geographic disparities and addressing the unmet need of young people through the National Adolescent Health Strategy. The committed budget is a 67 per cent increase compared to the previous programme.

The Ministry of Health and Family Welfare has undertaken several initiatives aligned with its adopted policies, many of which have been detailed in various strategic documents. Notably, these initiatives place significant emphasis on addressing the challenges faced by hard-to-reach and low-performing areas and highlighted followingly.

2.3 Program Implementation Plan (PIP)

The 4th Sector Programme emphasized improving equitable access to, and utilization of, quality health, nutrition, and family planning (FP) services. It included innovative approaches to enhance service delivery and strengthen FP activities in hard-to-reach (HTR) and low-performing areas, particularly through the implementation of regional service packages in underserved divisions or pockets.

The Programme specifically acknowledged that people living in HTR, and low-performing areas had limited access to quality health, nutrition, and population (HNP) services, largely due to significant challenges faced by service providers. To address this, the 4th Health, Population and Nutrition Sector Programme (HPNSP) reinforced existing service delivery efforts in these areas, with a focus on vulnerable populations.

Diversified service delivery modalities—including partnerships and collaborations—were adopted to improve reach and effectiveness.

The Programme also prioritized targeted health support for the most socially and economically disadvantaged and vulnerable populations, including those affected by climate change and natural disasters.

CHAPTER THREE

Framework: Vision, Goal, Thematic areas, Objectives, Guiding principles

3.1 Vision

By 2030, rural people, especially the most vulnerable women, and girls in hard-to-reach and Low-performing areas of Bangladesh will have equal access to quality FP and SRHR services and be able to lead a healthy life.

3.2 Goal

Ensure universal access to a choice of voluntary quality family planning services for Hard-to-reach and Low-performing areas.

3.3 Focus/Thematic areas

1. Family Planning System Strengthening
2. Awareness and Demand Generation
3. Public-Private Partnership and Collaboration
4. Monitoring and Supervision

3.4 Time Frame

The strategy will span a period of six years (2025 to 2030) and will be periodically reviewed and assessed to ensure its continued relevance in a rapidly changing context.

3.5 Guiding Principles

The strategy for Hard-to-reach and Low-performing areas 2025-2030 is based on human rights principles, and highlights the right of all women and girls, those are in reproductive age, to attain the highest standard of health. Detailed below are principles that will guide the implementation of this strategy:

1. Equity and justice:

The right to health will be universal and inalienable for all women and girls of HTR and low-performing areas in Bangladesh. In the Constitution of Bangladesh, it is stated that "The State shall endeavour to ensure equality of opportunity to all citizens (article 19-1). Besides, under public health and morality, it is said "The State shall regard the raising of the level of nutrition and the improvement of public health as among its primary duties, and in particular shall adopt effective measures to prevent the consumption, except for medical purposes or for such other purposes as may be prescribed by law"[16]. All women and girls, adolescents, despite their heterogeneity, are equal as human beings and no one should suffer discrimination based on gender, age, class, civil status, ethnicity, geographic divide, (urban/rural), religion, region, disability, and sexual orientation and they will be entitled to access health-related information and services.

2. Quality of care/user-friendly services/client-centred services:

All HPN programs should provide quality and client-friendly services, respect the diverse needs of women and girls, and ensure there is no discrimination in access to essential quality HPN services.

3. Choice:

Women and girls will have a right to choose whether to reproduce, including the right to decide whether to carry or terminate an unwanted pregnancy and the right to choose their preferred method of family planning and contraception.

[16] The Constitution of the People's Republic of Bangladesh (Act no of 1972), Article 18 (1).

4. Reproductive rights:

All women and girls will have the legal right to contraception, abortion, fertility treatment, birth control, reproductive health, and access to high-quality reproductive healthcare, including information and services that support informed reproductive choices. This will safeguard individuals' freedom to make decisions about their bodily autonomy and ensure inclusive services for all.

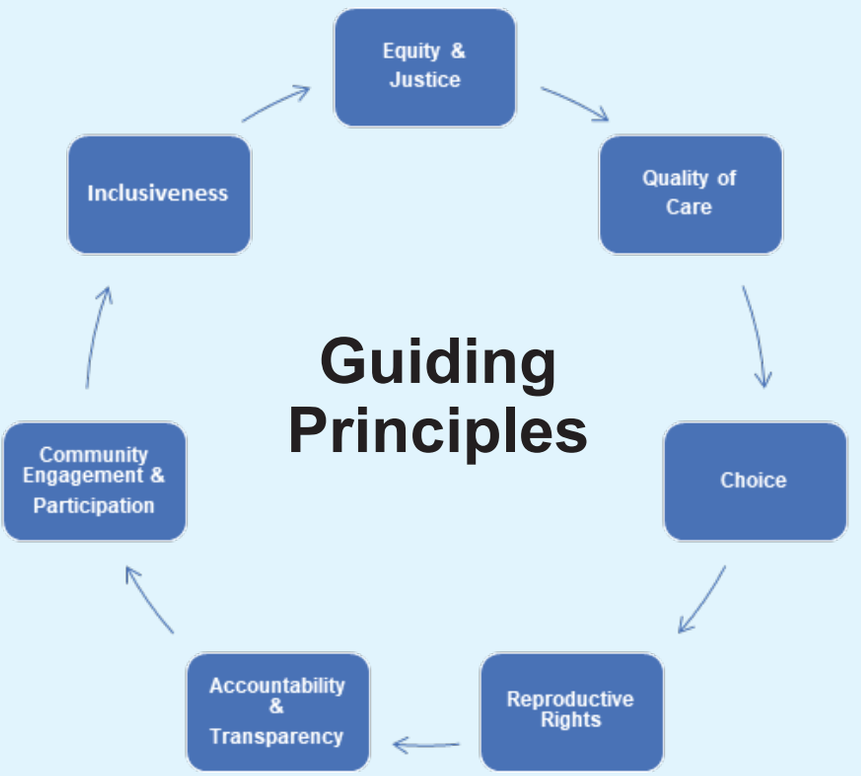
5. Accountability and transparency:

Individuals of HTR and low-performing areas can readily access meaningful information on the design, provision, implementation and evaluation of contraceptive services, programs, and policies, including government data. Individuals are entitled to seek remedies and redress at the individual and systems levels when duty-bearers must fulfil their obligations regarding contraceptive information, services, and supplies.

6. Community engagement and participation:

Community people will have the right to participate in program design, implementation, monitoring and evaluation, and access information and services, which will contribute to their health. Health services and programs will therefore be participatory, with increasing scope for active engagement of and expression by community people concerning decision-making. Health services and programs will also consider communities felt needs, issues and rights; help them to develop their self-esteem and take responsibility for their well-being and relationships.

Framework of Guiding Principles:



CHAPTER FOUR

Thematic Areas: Goal, Objectives and Activities

Theme 4.1: Family Planning service system strengthening.

Areas of service system strengthening include human resources, infrastructure development, awareness and field mobilization, uninterrupted supply of commodities, reporting and data management. Strong and resilient health service systems are essential to ensure universal access to quality healthcare. They also play a critical role in aligning resources to achieve sustainable improvements in health outcomes, including family planning, and in contributing to Bangladesh's broader economic growth. As highlighted in the first chapter, the majority of Bangladesh's poor population resides in rural villages across 50 hard-to-reach (HTR) districts, where health, population, and nutrition (HPN) services are inadequate and the service delivery systems are substandard. These communities often lack access to quality healthcare and family planning services.
Therefore, strengthening the family planning service system is imperative to ensure equitable access for all citizens, particularly the large population living in HTR and low-performing areas of Bangladesh.

Theme 4.1: Family Planning service system strengthening

Goal

Facilities will be ready to provide universal access to a choice of voluntary quality family planning services for Hard-to-reach and Low-performing areas by 2030.

Objective	Activities
4.1.1 To ensure that all necessary equipment, commodities, logistics, running water, suitable mode of transportation will be available at the facilities in the Hard-to-reach and Low-performing areas	• Mapping out the readiness of facilities in the HTRs and Low- performing areas • Preparation of a priority list • Procurement the necessary logistics • Provide uninterrupted electricity, clean water, and sanitation facilities (especially for adolescent-friendly services). • Improve physical infrastructure, including waiting areas, consultation rooms, and privacy for FP counselling. • Ensure availability of examination tables, ultrasound machines, contraceptive commodity storage, and emergency resuscitation tools
4.1.2 To revive FP Managers at different tiers of the various FP management committees	• Ensure the inclusion of FP Managers (DDFP, UFPO's, FWV's) in the governance structure of Family Planning (FP) Management Committees at all levels. • Establish clear roles, responsibilities, and reporting mechanisms for FP Managers to enhance accountability and service delivery. • Conduct tailored training programs for FP Managers on leadership and data-driven decision-making. • Provide specialized training on gender-sensitive and culturally appropriate FP service provision in Hard-to-reach and Low-performing areas. • Allocated dedicated budget for FP staff in HTR and Low performing areas to support their operational costs and mobility. • Ensure financial incentives and career development opportunities to retain skilled FP staff in remote regions.

Objective	Activities
	• Strengthen coordination between FP officials, local government bodies (Union Parishad, Upazila Parishad), and community health workers. • Involve FP staff in community dialogues, ensuring they understand and address local FP needs and challenges. • Establish feedback mechanisms where FP Managers regularly engage with local communities and service users for continuous improvement.
4.1.3 To ensure the active involvement of local government and the allocation of their earmarked budgets to Union Health and Family Welfare Centers (UH&FWCs) for the provision of quality family planning (FP) services	• Engage the local government Ministry to integrate FP services into local government development plans. • Include FP budget lines in the Annual Development Plan (ADP) of Union Parishads (UPs) and Upazila Parishads. • Conduct training sessions for local government officials on fund utilization and transparent financial management for FP services. • Train UH&FWC staff and Family Welfare Assistants (FWAs) on financial planning, resource mobilization, and service quality enhancement. • Strengthen the coordination between UPs, Upazila Health Complexes, and UH&FWCs to ensure smooth fund flow and service delivery. • Establish a monitoring system to track fund allocation and utilization for FP services at the local level.
4.1.4 To ensure the regular and accurate recording of all family planning service data in DGFP's routine Management Information System (MIS).	• Integrating Alternative Data Collection Methods like mobile-based surveys or call centers to capture FP service data from providers in ultra-remote areas. • Implement GIS-based tracking to map service delivery points and population coverage, ensuring no areas are left unreported. • Conduct periodic data audits and validation visits to UH&FWCs and Hard-to-reach and Low-performing areas field sites to ensure reporting accuracy. • Implement a digital tracking system where Upazila and District FP Officers can monitor real-time data submissions from hard-to-reach and Low-performing areas. • Conduct regular training sessions for FP service providers, FWAs, and FP Managers on accurate data entry, reporting, and verification. • Develop user-friendly training manuals and video tutorials in the local language to support continuous learning.
4.1.5 To ensure regular monitoring and supportive supervision continuously	• Develop a standardized monitoring framework with clear indicators for FP service quality, availability, and reporting. • Ensure the roles and responsibilities of Upazila and District FP Officers, supervisors, and facility managers for regular field visits. • Set up a supervision calendar to ensure periodic visits to all facilities, especially in hard-to-reach and Low-performing areas

Objective	Activities
4.1.5 To ensure regular monitoring and supportive supervision continuously	• Ensure Routine Field Supervision Visits • Train service providers on quality improvement, stock management, and client-centered care during supervision visits. • strengthen Community Engagement in Monitoring • and establish community health monitoring groups to provide feedback on FP service quality and provider performance. • Link supervision outcomes to facility performance evaluations, ensuring follow-up actions are taken based on findings. • Reward high-performing facilities and providers to encourage continuous improvement in service delivery. • MIS portal will have a mechanism to extrapolate specific HTR and Low-performing areas data and that will be utilized by the regional and central level committees for decision making and provide recommendations.
4.1.6 To ensure that all the facilities meet the standards by the FPCS-QIT of DGFP for providing quality services and reporting regularly	• Assess existing service delivery points in HTR and low-performing areas against FPCS-QIT standards. • Develop Facility Improvement Plans • Capacity Building of Service Providers • Organize regular training and refresher courses on FPCS-QIT guidelines and quality assurance. • Include modules on documentation, data management, and client-centered service delivery. • Ensure Availability of Logistics and Equipment • Collaborate with the logistics and supply chain unit to ensure the regular supply of essential FP commodities and equipment. • Address maintenance needs for critical equipment. • Institutionalize Quality Improvement (QI) Teams at Facility Level • Form QI teams at the facility level to monitor service quality and client satisfaction. • Encourage regular QI meetings to review data, identify issues, and take corrective actions. • Digitalize Reporting and Monitoring Systems • Community Feedback Mechanism • Introduce community-based feedback systems (suggestion boxes, exit interviews, etc.) to gather user input on quality of services. • Use this feedback to inform quality improvement initiatives. • Incentivize High-performing Facilities • Develop a recognition and reward mechanism for facilities that consistently meet or exceed FPCS-QIT standards. • Formation of central and HTR-specific regional committees • Formation of Central Committee and Divisional Committee • Supervise and monitor of the implementation of the strategy (Ministry, DGFP, DGHS, Local government, NGO etc.). • Ensure coordination with the Ministry. DGFP and other related stakeholders

Theme 4.2: Awareness and Demand Generation

Awareness raising and demand generation are critical for increasing clients' willingness to use family planning services. These efforts aim to influence attitudes and perceptions about family planning, enhance knowledge of available methods, and shift social and cultural norms to promote positive behavior change at the individual level.

Theme 4.2: Awareness and Demand Generation
Goal

All the 'High Impact Clients' of HTR and Low Performing areas will be brought under FP awareness and user coverage by 2030

Objective	Activities
4.2.1 To expand FP awareness activities in hard-to-reach and Low-performing areas with a particular focus on high-impact client groups—such as the poor, adolescents, youth, and adaptors—by the relevant DGFP units (IEM, CCSDP, FSD, MCH, MIS) through the creation of specific budget line items and allocations.	• Conduct a study to capture the current FP awareness gaps in hard-to-reach and low-performing areas, with disaggregated data on poor, adolescents, youth, and adaptors. Also, to set the context-based massages. • Hold inter-unit coordination meetings (IEM, CCSDP, FSD, MCH, MIS) to align on FP awareness priorities and define roles in reaching target groups. • Develop tailored FP awareness strategies for each high-impact client group (e.g., school-based campaigns for adolescents, digital outreach for youth, mobile counselling units for remote poor communities). • Create specific budget line items within each relevant unit's plan for FP awareness activities targeting hard-to-reach and Low – performing areas • Integrate FP messages in multi-sectoral platforms (education, youth, and social protection programs) to maximize reach and reinforce messages. • Develop and disseminate culturally appropriate IEC/BCC materials in local languages and dialects, focusing on addressing misconceptions and promoting informed choices. • Train frontline providers and community agents on inclusive, youth-friendly, and gender-sensitive FP communication methods. • Introduce innovative outreach models (e.g., roving teams, digital/mobile health platforms, peer educators) specifically for hard-to-reach and Low-performing areas. • Establish a robust monitoring and evaluation framework using MIS to track budget utilization, outreach progress, and impact on targeted client groups.
4.2.2 To develop partnerships with different stakeholders (DGHS, development partners, and communication action plan to collaborate with various stakeholders to increase demand for FP in HTR and Low Performing areas.	• Establish a joint working group between DGFP and DGHS to align family planning (FP) services with primary healthcare interventions in hard-to-reach and Low-performing areas. • Develop integrated service delivery models, ensuring FP services are included in essential healthcare packages.

Objective	Activities
	• Organize periodic coordination meetings with development partners to leverage technical expertise, financial resources, and best practices for increasing FP demand. • Advocate for pooled funding mechanisms to support innovative FP programs in HTR and Low-performing areas. • Design and implement a multi-channel communication strategy (radio, community theatre, social media, interpersonal communication) to address myths and misconceptions about FP. • Engage local influencers, religious leaders, and frontline healthcare providers to promote FP acceptance in culturally sensitive ways.
4.2.3 To develop capacities for all existing and recruits of the demand generation work-force placed in HTR and Low Performing areas	• DGFP Develop and implement training programs for FP service providers and community volunteers on effective FP counselling and demand-generation strategies. • Strengthen referral linkages between community-based health workers and facility-based FP services.
4.2.4 To ensures placement of FP counsellors at UH&F-WCs in HTR and Low Perform-ing areas	• Conduct a needs assessment to identify priority UH&FWCs in HTR and low-performing areas that require FP counselors. • DGFP will address service gaps through a collaborative partnership approach, leveraging the expertise of NGOs and the private sector. • Develop / review and implement a standardized training curriculum for FP counselors on counseling techniques, contraceptive options, and addressing socio-cultural barriers. • Provide refresher training and continuous professional development opportunities through e-learning modules and workshops. • Train FP counselors/ service providers on gender-sensitive counseling approaches, including engaging men and adolescents in FP decision-making. • Arrange dissemination meetings/fairs/mela for the stakeholders in the community.

Theme 4.3: Partnership and Collaboration

The government alone cannot bear the full financial and operational burden of developing infrastructure and ensuring the delivery of efficient, high-quality healthcare and family planning services across the country. To enhance access and availability of family planning services, particularly in hard-to-reach areas, the government will strengthen collaboration with NGOs, private sector actors, and investors.
Community Clinics exemplify a successful model of government-community partnership. Public-private partnerships (PPPs) can serve as an effective mechanism to deliver services that are efficient, cost-effective, measurable, and sustainable.

Theme 4.3: Partnership and Collaboration

Goal

Strengthening and sustaining Public-Private partnership (PPP) collaboration by 2030.

Objective	Activities
4.3.1 Establish an institutional framework to institutionalize and regulate Public-Private Partnership / collaboration models for sustainable family planning (FP) and healthcare service delivery	• Arrange consultation/meetings to identify activities/services for partnership and collaboration govt. officials, NGOs, CSOs and private companies/hospitals and prepare an action plan • Develop modalities for collaborating with the NGOs and CSOs • Relevant Units of DGFP would take the initiative to develop modalities for collaborating with the NGOs and CSOs to foster FP services and replicate successful innovations and best practices. • The CCSDP unit of DGFP will develop a guideline and get approval from the Secretary of Medical Education & Family Welfare Division (MEFWD) of MoHFW to accelerate the initiatives. • The CCSDP unit of DGFP will develop and establish a collaboration mechanism among the relevant partners (civil society organization, private clinic association, Private hospital association, pharmacy owner association) through MoU (or an appropriate agreement) by June 2026 • Will allocate budget for partnership /collaboration and outsourcing
4.3.2 Strengthen and expand family planning (FP) service delivery through Public-Private Partnerships (PPP) to improve accessibility, quality, and coverage, particularly in hard-to-reach and Low-performing areas	• **Mapping the Potential actors** Conduct a mapping exercise to identify existing private sector, NGO, and community-based FP service providers operating in HTR and low-performing areas. • **Develop modalities for collaborating with the NGOs and CSOs** Relevant Units of DGFP would take the initiative to develop modalities for collaborating with the NGOs and CSOs to foster FP services and replicate successful innovations. • **Engage and Formalize Partnerships** Sign MoUs or contracts with private sector actors, including NGOs, clinics, and pharmacies, to expand FP services. Include clear targets, quality standards, and reporting requirements in agreements.

Objective	Activities
4.3.2 Strengthen and expand family planning (FP) service delivery through Public-Private Partnerships (PPP) to improve accessibility, quality, and coverage, particularly in hard-to-reach and Low-performing areas	• **Ensure Capacity Building of Partners** Provide technical training, FP commodity management, and counselling skills to private providers. Include quality assurance and FPCS-QIT compliance training. • **Integrate FP contribution through partnership/ collaborations into the National Reporting System** Link private providers to the national MIS/DHIS2 or eMIS to ensure data sharing and accountability. Provide digital tools and training to facilitate real-time reporting. • **Facilitate Joint Supervision and Monitoring** Develop joint supervision teams comprising DGFP and NGO/private sector representatives. Conduct regular field visits to assess service quality, adherence to standards, and client satisfaction. • **Expand Service Packages through Outreach and Mobile Clinics** Support PPP partners to conduct outreach services in remote areas using mobile clinics or satellite centers. Include long-acting and permanent methods (LAPM) in the service package. • **Mobilize Resources and Financing for Collaboration and Partnership** Advocate for dedicated government budget lines and donor support for scaling up PPP initiatives. Explore innovative financing models such as vouchers, social franchising, and performance-based financing. • **Strengthen Community Engagement and Referral Linkages** Partner with local NGOs and private actors to establish referral systems from communities to FP service points. Use community health volunteers or digital apps for demand generation and follow-up. • **Document and Scale Best Practices** Capture lessons learned and success stories from existing best practices. Disseminate findings and replicate effective models across other HTR and low-performing regions.

Objective	Activities
Ensure sustainable financing and resource mobilization for Public-Private Partnership/ Collaboration initiatives by leveraging innovative funding mechanisms	• DGFP will allocate more budget in their existing projects/ program for strengthening and expanding existing activities and inclusion of new activities (Laparoscopy tubal ligation, Tubal ligation by using Tubal hook, USG guided IUD) under CCSDP • Develop a plan for upgrading the SDPs • Develop a plan/mechanism for upgrading the SDPs with the support from the community, and NGOs experienced in serving in the HTRs and Low -performing areas through innovative approach like use digital apps for information, expert mobile team for FP service delivery.

Theme 4.4: Monitoring and Supervision

Monitoring and supportive supervision are integral parts of ensuring the quality of services especially in the HPN sector. To assess the status of HTR in terms of HPN, a rapid assessment is needed. Built-in Monitoring and supportive supervision and ongoing mechanisms of the Directorate General of Family Welfare need to be modified/revised suitable to HTR and Low-performing areas activities. Monitoring could assess implementation against the work plan could provide feedback to managers so that they can take necessary corrective actions. On the other hand, supportive supervision could guide, help, train, and encourage staff to improve their performance to provide a high choice of voluntary quality family planning services.

Theme 4.4: Monitoring and Supervision

Goal

To strengthen the monitoring and supervision system to provide quality FP services in Hard-to-reach and Low-performing areas of Bangladesh by 2030

Objective	Activities
4.4.1 To update and strengthen DGFP's MIS software by including required indicators for hard-to-reach and Low-performing areas to monitor and to make it more user-friendly for relevant officials	• Update and upgrade the existing Management Information System (MIS). • Prepare a list of indicators for HTR and low -performing areas related activities. • Prepare a checklist for monitoring and supportive supervision activities for HTR and low performing areas • Ensure progress report to be discussed and minutes in monthly meetings at upazilas and district levels.
4.4.2 To ensure the required budget for monitoring and supervision of HTR-related activities.	• Ensure appropriate budget allocation for the MIS Unit for monitoring and supportive supervision activities.

Objective	Activities
4.4.3 To ensure the availability of skilled and motivated Human Resources to HTR and low -performing areas and train them on effective monitoring and supervision systems regularly.	• Deploy required skilled human resources in the MIS unit and impart training for their capacity building and innovation for monitoring in the HTR and low-performing areas. • Identify the lead OP/unit for monitoring and coordination in DGFP. • Assign specific official for HTR in the lead unit/OP • Discuss the progress of HTR-related activities in the monthly ADP review meeting at DGFP. • Coordinate with DGHS, relevant Ministries/Divisions, NGOs, and civil society. • Programme and budget tracking • Monitoring staff will regularly monitor the field activities as well as track the budget expenses.
4.4.4 To form and revitalize local committees to strengthen community participation and make provision of the required budget.	• Mapping and Assessment of Existing Committees • Reform or Reconstitute Committees Where Needed • Define Clear Roles and Responsibilities • Capacity Building and Orientation • Integrate Committees into Local Health Planning Processes • Ensure Budget Allocation for Committee Activities • Promote Community Engagement and Ownership • Establish Monitoring and Accountability Mechanisms • Recognize and Motivate Active Committees
4.4.5 To engage local government institutions, elites, gatekeepers, imams, teachers etc	• Identify key local influencers including elected representatives, religious leaders (imams), teachers, community elders, youth leaders, and other gatekeepers in each target area. • Prioritize stakeholders with strong community trust and influence. • Conduct Sensitization and Orientation Sessions • Develop Customized Communication Materials • Involve Stakeholders in FP Advocacy and Outreach • Facilitate Dialogue Platforms • Establish Local FP Champions • Integrate FP into Local Development Agendas • Ensure Continuous Engagement and Follow-up • Document and Share Success Stories
4.4.6 To ensure good governance and appropriate utilization of the available budget	• Assign specific official for HTR in the lead unit/OP • Discuss the progress of HTR-related activities in the monthly ADP review meeting at DGFP. • Coordinate with DGHS, relevant Ministries/Divisions, NGOs, and civil society. • Programme and budget tracking • Monitoring staff will regularly monitor the field activities as well as track the budget expenses.

CHAPTER FIVE

Implementation of the Strategy

To implement the strategy for the HTR, the relevant ministries/directorates/organizations must make an all-out effort. Consequently, the concerned Ministries, Development Partners, NGOs, CSOs, and other key stakeholders must work together in coordination with DGFP to accelerate the DGFP's ongoing and new programs about HTR and Low-Performing areas.

The DGFP, in consultation with the MOHFW, is to ensure the successful implementation of the strategy through the formation of an “Implementation and Coordination committee”, or similar committee consisting of the members from most important organizations as far as practicable.

The people who are living in the HTR and low-performing areas have almost deprived of many facilities of the government for a long time and their sufferings have been cumulated for many years. To achieve the national and international targets, it is imperative to take an inclusive approach. As such, for improvement of the FP situation of the HTR people, it is required to effectively engage different sectors and organizations towards implementation of the HTR strategy.

5.1 Leadership & Coordination

5.1.1 The Role of DGFP

The DGFP has a pivotal role in ensuring the family planning services for the people of Bangladesh including the people living in the HTR and low-performing areas. To ensure the desired service to the HTR and Low – performing areas, there is an obvious need for additional funds and manpower which cannot be fulfilled within the existing framework. To help this situation, the DGFP is required to develop an independent program/project for HTR and Low Performing areas to ensure required funds and human resources needed for the implementation of this strategy.

Particularly IEM unit will develop context-based IEC materials for the community of HTR and Low-performing areas to convey the message simple and catchy to the community. In addition, the Field Service Delivery Unit can play an important role in reducing child marriage and creating awareness among the students on SRHR issues through the ongoing school health program by engaging partners and youth.

5.1.2 The Role of MOHFW

The Ministry of Health and Family Welfare (MOHFW), along with other relevant ministries and organizations, serves as a principal partner in the implementation of this strategy. Effective coordination among these entities is crucial for the successful execution of the strategy.

As the lead ministry, MOHFW must adopt an inclusive, collaborative approach and actively engage with all relevant ministries. Such coordination is essential for making timely and appropriate inter-ministerial decisions, particularly given the cross-cutting nature of family planning and related services in hard-to-reach (HTR) areas.

5.1.3 The Role of Other Ministries

Several key ministries are relevant to the implementation of this strategy, including the Ministry of Women and Children Affairs, the Ministry of Social Welfare, the Ministry of Primary and Mass Education,

the Ministry of Education, and the Ministry of Local Government, Rural Development and Cooperatives (LGRD). These ministries have the potential to bring significant positive changes to the lives of people in hard-to-reach (HTR) and low-performing areas by strengthening and initiating appropriate programs. These efforts should align with the Family Planning (FP) strategy and be carried out in collaboration with the Ministry of Health and Family Welfare (MOHFW) and the Directorate General of Family Planning (DGFP).

5.1.4 The Role of Development Partners/NGOs/CSOs

The Ministry of Health and Family Welfare (MOHFW) has extensive experience collaborating with Development Partners (DPs), Non-Governmental Organizations (NGOs), and Civil Society Organizations (CSOs). These stakeholders have played an instrumental role in supporting the government's efforts to improve family planning (FP) services, particularly in hard-to-reach (HTR) and low-performing areas.

Development Partners and NGOs can provide critical technical expertise, logistical support, human resources, and capacity-building initiatives. Their continued engagement is essential to strengthen service delivery, address gaps in supply chains and infrastructure, promote community awareness, and ensure the effective implementation of the HTR strategy. Sustained partnerships with these actors will be key to reaching underserved populations and achieving national reproductive health goals.

5.1.5 The Role of community and youth:

The role of youth and the community in promoting family planning (FP) services in rural Bangladesh is vital for improving reproductive health outcomes and ensuring access to accurate information and quality services. Their active engagement can help dismantle cultural barriers, raise awareness, and increase the acceptance and utilization of FP services.

Recognizing this, the strategy recommends meaningful inclusion and participation of youth and community members in the design and implementation of family planning programs at both local and national levels.

5.2 Resource Mobilization

With Bangladesh’s upcoming graduation from the Least Developed Country (LDC) category to developing country status in 2026, Development Partners (DPs) are expected to gradually reduce financial support for development activities. This poses a significant challenge in sustaining various programmes, including family planning (FP), through domestic funding alone.

In light of this transition, Bangladesh must proactively mobilize domestic resources to ensure the continuation and strengthening of FP initiatives. Robust advocacy efforts will be essential to raise awareness among policymakers and secure necessary financial commitments—such as establishing a dedicated budget for hard-to-reach (HTR) and low-performing areas, as recommended in this strategy.

The funding landscape should draw on a combination of domestic allocations and potential bilateral grants from Development Partners, including agencies like UNFPA, bilateral donors, and NGOs. All FP interventions in HTR and low-performing areas—whether implemented by the government, NGOs, or other stakeholders—must align with the framework of this strategy to uphold national and international commitments and ensure inclusivity in service delivery.

5.3 Emergency Plan

Reproductive health is a human right. Sexual and reproductive health (SRH) is a significant public health issue, including in emergencies. A range of adverse outcomes can be prevented by timely provision of healthcare services before and after emergencies[17].

Emergency situations

- Cyclone/Storm/Tornado/Earthquake
- Flood/Flash flood/River erosion/Fire
- Landslide
- Pandemic/Epidemic
- Any kind of displacement

Consequences

- Poor personal and Menstrual hygiene
- Unsafe sex
- Physical and sexual abuse
- Un-safe abortion
- Gender-Based Violence
- Un-wanted pregnancies
- Safe delivery issues
- Pregnancy-related complications e.g., eclampsia, pre-eclampsia
- FP supply disruption
- Inadequate availability of service providers
- Poor Maternal Nutrition

[17] https://www.who.int/publications/i/item/disaster-risk-management-for-health-sexual-and-reproductive-health

5.4 Action Points

1. DGFP will form a coordination committee in case of emergencies like disasters which will comprise of members from NGOs, DPs, and other relevant agencies. They will work in close coordination with the National Disaster Management Advisory Committee (NDMAC) to accelerate the intervention program. They will also ensure the supply of contraceptives in emergencies by incorporating FP commodities into the emergency kit boxes.
2. There should be a contingency stock and supply management of drugs, FP and MR commodities, MSR, sanitary pads etc.
3. A disaster kit box should be contained with FP commodities and the FP service provider must be included in the disaster risk mitigation team
4. Guideline for safe delivery management and management of pregnancy-related complications at emergencies
5. Apply technologies, e.g., Telemedicine, tele-counseling.
6. Engagement of media
7. Integrating FP with broader health and nutrition programs, recognizing its role in reducing maternal and child mortality, improving economic opportunities, and breaking cycles of poverty.

Abbreviations

BBS	Bangladesh Bureau of Statistics
BCC	Behaviour Change Communication
BDHS	Bangladesh Demographic and Health Survey
CCSDP	Clinical Contraception Services Delivery Programs of DGFP
CPR	Contraceptive Prevalence Rate
CSO	Civil Society Organizations
DDFP	Deputy Director of Family Planning
DGFP	Directorate General of Family Planning
FP	Family Planning
FWA	Family Welfare Assistant
FWC	Family Welfare Centre
GOB	Government of Bangladesh
HPNSP	Health Nutrition and Population Sector Program
HPN	Home Parental Nutrition
HSD	Health Services Division
HR	Human Resource
HTR	Hard-to-reach and Low-performing areas
ICPD	International Conference on Population and Development
IEM	Information Education and Motivation Unit of DGFP
INGO	International Non-governmental Organization
IT	Information Technology
IUD	Intrauterine device
LAPM	Long-acting and Permanent Method
MCH	Maternal Child Health Services Unit of DGFP
MEFWD	Medical Education and Family Welfare Division
MIS	Management Information System
MMR	Maternal Mortality Rate
MNCH	Maternal Neonatal Child Health and Family Planning
MOHFW	Ministry of Health and Family Welfare
MOCHTA	Ministry of Chittagong Hill Tracts Affairs
MOLGRDC	Ministry of Local Government, Rural Development and Co-operatives
MO	Medical Officer
MSB	Marie Stopes Bangladesh
NGO	Non-government Organization
OP	Operation Plan
PIP	Programme Implementation Plan
PHC	Primary Health Centre
PoA	The Program of Action
PPP	Public Private Partnership
SBCC	Social and Behavior Change Communication
SDGs	Sustainable Development Goals
SDP	Skills Development Programme
SRH	Sexual and Reproductive Rights
SRHR	Sexual and Reproductive Health Rights
RSP	Regional Service Package
TFR	Total Fertility Rate
UH&FWC	Union Health and Family Welfare Centre
UNFPA	United Nations Population Fund
UN	United Nations
USG	Ultrasonography