Addressing Bangladesh’s Demographic Challenges

The challenge

In 2012, approximately 30% of Bangladesh’s total population of 160 million lived in one of the rapidly expanding cities and towns. This urban population was expected to increase at an annual rate of 6% as millions of people left rural areas in search of work. By the end of 2014, approx. 55 million people would live in cities and towns and thus increase their demands for urban public health services.

In Bangladesh, the delivery of public health services is the responsibility of two ministries. The Ministry of Local Government Rural Development and Cooperatives (MoLGRD&C) is predominantly responsible for Primary Health Care in urban settings, whereas the Ministry of Health and Family Welfare (MoHFW) ensures Primary Health Care in rural areas, health service provision through hospital care, and is also in charge of health educational institutions.

As is the case in other City Corporations, the administrative and technical boundaries between the City Corporations of Sylhet (SCC), Rajshahi (RCC) and Narayanganj (NCC) Health Departments under MoLGRD&C and various health authorities under MoHFW and other stakeholders are not clearly defined. This has led to fragmentation, duplication, and inefficiency in Sylhet’s, Rajshahi’s and Narayanganj’s health systems. Hence, mechanisms need to be in place to coordinate the activities amongst all involved.

Although significant progress has been made in the Bangladeshi health sector during recent years, substantial shortfalls, and other inequities still exist in the area of sexual and reproductive health (SRH) services. Acknowledging the success of an overall reduction of the total fertility rate (TFR) from 3.4 in 1993 to 2.2 in 2011 the rate of modern contraceptive use remains low, and discontinuation rates are high. Only one-third of all births are attended by skilled professionals, delivery complications occur frequently, and staff are often not prepared and/or equipped to provide professional care.
These problems are particularly acute in urban centres in the eastern regions of Bangladesh where access to and the availability of SRH services is limited as reflected by poor indicators relative to other regions of Bangladesh. It is particularly acute in

- Sylhet Division, where the contraceptive prevalence rate is only 45% compared to 61% nationwide (Bangladesh Demographic Health Survey, BDHS 2011), only 24% of deliveries are attended by skilled birth attendants compared to 31% nationwide (BDHS 2011); and

In addition, qualified midwives are considered a new health profession in Bangladesh. Recently a 3-year diploma programme in midwifery education has been accredited and was launched in a number of nursing colleges and institutes countrywide, including the ones in Sylhet and Rajshahi.

Our approach

In this context, the Federal Ministry for Economic Cooperation and Development (BMZ) is supporting the relevant health authorities and ministries operating in Sylhet City, Rajshahi City and Narayanganj City through both financial and technical cooperation. Technical cooperation, implemented by Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH focuses on the improvement of SRH services in an urban setting.

The GIZ supported project “Addressing Bangladesh’s Demographic Challenges” (ABDC) deals with institutional and organizational development of the health system in the following areas:

- Governance with special focus on quality management and inter-ministerial coordination,
- Health information systems,
- Service delivery, ranging from the improvement of obstetrics emergency care and the referral system to health promotion especially addressing adolescents and consumer rights,
- Human resources for health

The overall objective of the project is to identify the gaps in health service provision in the urban setting and strengthen SCC’s, RCC’s, NCC’s and MoHFW’s capacity in health systems governance in order to close these gaps to improve service delivery, especially for the neglected population living in urban slums.

GIZ is cooperating with KFW Development Bank which is giving financial cooperation in the area of family planning.
Success factors

In order to address the fragmentation of responsibilities in the health sector, GIZ supports partners at the national, divisional and municipal level to coordinate activities more efficiently, both within their own institutions as well as among local stakeholders and between national and international organisations. The intended outcome is a more harmonized governance of the health system where resources are invested in a more coordinated and rational manner.

Governance in health

Under the framework of strengthening governance, quality management is identified as a crucial area that requires improvement. In order to provide a reliable standard of healthcare services, GIZ supports the respective health departments to adopt a uniform quality management (QM) system for improving their health services by different service providers within the city. This includes capacity building to use and promote the use of QM standards, assessment tools, which were developed under the previous phase of GIZ support to the SCC health system as well as existing Standard Operating Procedures (SOPs) and guidelines.

Health Information Systems

Primary Health Care in Sylhet, Rajshahi and Narayanganj is provided by a range of public and private providers that have no common set of standards for reporting of health services provided (data variables, reporting formats, definitions, etc.). This makes it difficult for the city corporation to get a clear overview of the health sector. GIZ provides technical cooperation to strengthen the health information system by developing standard variables and reporting formats, strengthening existing legal framework to make routine reporting mandatory and also supporting the customization and implementation of a free and open source health management information system. This comprehensive system serves as a cost effective platform for collecting routine health information from the various public and private service providers in the city, and assists to devise, execute and measure appropriate health interventions.
**Service delivery**

Various service providers in Sylhet, Rajshahi and Narayanganj i.e. public, and both private for profit and not for profit, funded by the government and different development partners, are providing different services to different target groups under different financing mechanisms. Therefore ABDC is supporting SCC, RCC and NCC to conduct a comprehensive mapping of the health sector combined with health seeking behaviour surveys. This allows the city corporations to have a complete overview of the current situation and to plan for improvements more comprehensively. Based on the findings of these two analyses, ABDC is assisting SCC, RCC and NCC in areas such as strengthening the referral system, improving emergency obstetric care and health promotion of the population, especially adolescents. In this context, GIZ works together with the respective health departments to empower their citizens by making updated information regularly and easily available through various communication channels. By doing so, citizens know their rights and options when seeking health services.

**Human resources for health**

A major area of cooperation is the support to the implementation of a new 3-year direct entry midwifery diploma education programme. This is considered a contribution to build up the first ever skilled midwifery workforce in Bangladesh and to overcome the lack of qualified staff during deliveries.

Based on the findings of the mapping exercise that includes the identification of training needs, a specific in-service training programme will be offered. In addition to medical trainings in Emergency Obstetric and neonatal Care (EmONC) and QM, a major focus will be on public health related managerial knowledge and skills.