

Integrating SRHR and the MDGs: GO-NGO Collaboration - The Case of Bangladesh

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The Link Established...

- **Goal 3: Promote gender equality and empower women**
- **Goal 5: Improve maternal health**

Target 5A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio

- Maternal mortality ratio
- Proportion of births attended by skilled health personnel

Target 5B: Achieve, by 2015, universal access to reproductive health

- Contraceptive prevalence rate
- Adolescent birth rate
- Antenatal care coverage (at least one visit and at least four visits)
- Unmet need for family planning

- **Goal 6: Combat HIV/AIDS, malaria, and other diseases**

Target 6A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS

- *HIV prevalence among population aged 15–24 years*
- *Condom use at last high-risk sex*
- *Proportion of population aged 15–24 years with comprehensive correct knowledge of HIV/AIDS*

- **Goal 8: Develop a global partnership for development**

Target 8A: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system

Target 8B: Address the Special Needs of the Least Developed Countries (LDC)

Context of GO-NGO Collaboration

- (1) Poor awareness of Bangladeshi women about their sexual and reproductive health and rights (SRHR) aggravate the condition of sexual and reproductive ill health.
- (2) The service providers at different levels of health service delivery facilities have traditional perception about SRHR and are not sensitive to the rights of women. Only recently, GoB has undertaken countrywide orientation programme to sensitize to health service personnel about women's SRHR in a very limited scale.
- (3) Every year millions of Bangladeshi women experience extreme life threatening risks related pregnancy, chronic and other serious reproductive health problems.
- (4) Young people are also under the risk threats.

Successful Case of Collaboration:

Bangladesh has made significant progress in reducing maternal mortality, although the maternal mortality ratio was 320 in 2004, with newborn deaths accounting for 66% of infant deaths (i.e. deaths under 1 year). However, both skilled birth attendance at 14% and institutional deliveries at 8% are very low. **Halving of the fertility rate over two decades and reduction in deaths from unsafe abortion has contributed to the reduction in maternal deaths.**

Non-health sector improvements –

income poverty;
improved education levels (particularly of girls);
rural electrification and the efforts of a vibrant NGO sector

Among the few specialised non-government organisations that are devotedly promoting safe MR, **RHSTEP** (Reproductive Health Services Training and Education Programme) began the Menstrual Regulation Training and Services Programme (MRTSP) in October 1983. It was a special project of Ministry of Health and Family Welfare of Bangladesh (MoHFW). This is indeed a unique example of GO-NGO collaboration since centres are located in GOB hospitals where GOB officials act as Project and Technical advisors. They also act as resource person in the training programmes. Training are provided to both GO and NGO service providers and GoB is providing reproductive health kits and FP commodities; supervising quality of training and services and ensuring gender friendly environment within the organisations.

The consortium of three organisations RHSTEP, BWHC and BAPSA (Prevention of Septic Abortion) has started new project titled Comprehensive Reproductive and Sexual Health Programme including MR Services, Training and BCC (Comprehensive RSH programme) since July 2007 and will end in June 2010. The Consortium will create a broad community supported network for better dissemination of SRHR and strong referral system for meeting the emergency need of the population and providing services with utmost care.

NGOs: *Family Planning Association of Bangladesh, RHSTEP, Naripakkha, ASK*

Government Agencies: *Ministry of Women and Children Affairs, Ministry of Sports and Youth Affairs (Youth Division), Ministry of Health and Family Welfare*

International Development Partners: UNFPA, DFID, SIDA, Government of The Netherlands etc



- **Areas of Cooperation:**

- Service Provision
- Capacity Development & Training
- Awareness

- **Risks:** Risks are manifold.....

- Lack of resources within the government,
- Lack of proper governance mechanism,
- Traditionalism in cultural infrastructure

- **Strength:**

- Good numbers of civil society organisations are emerging.
- State government has been accepting the interventions of public-private partnership.
- Presence of international donors is creating hopes for MDG implementation.

Recommendation:

A. **Parliamentary Standing Committee** for the Population and Development to develop policies on SRHR and enabled the Parliamentary Delegation to investigate the impact of population and SRHR Policies to achieve MDG.

B. **Non-governmental organizations** are important voices of the people, and their associations and networks provide an effective and efficient means of better focusing local and national initiatives and addressing pressing population, environmental, migration and economic and social development concerns.

C. A strong **youth constituency** is required to work together for monitoring the implementation of the SRHR related MDGs. To strengthen more inclusive efforts in campaigning and mobilisation towards universal access including youth-specific modes of intervention!

D. **Three track approaches** might be significant.

Direct support to the Government to improve systems and access to services;

Collaborated support for 'hard to reach' MDGs (maternal and newborn health and HIV prevention) with a GO-NGO collaboration mode;

Locate the further needs of the targeted extreme poor.