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GO-NGO Partnership Challenges and Opportunities
in the New Millennium :
A Case Study of Reproductive Health Initiative in Bangladesh

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GO-NGO Partnership Challenges and Opportunities in the New Millennium : A Case Study of Reproductive Health Initiative in Bangladesh

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1 . Introduction

Approximately 40 per cent of global maternal mortality still occurs in countries of the South-east Asia Region, accounting for over 235,000 maternal deaths every year. Similarly, although family planning (FP) now has national program in all countries, contraceptive prevalence for the Asia Region as a whole is over 40 per cent. Anemia in pregnancy is a serious, yet preventable condition. The low status of women and discrimination against the girl-child, early marriage, leading to high-risk adolescent pregnancies, also contribute to reproductive health problems, particularly in countries of southern Asia (Suniti Acharya, 2001). In addition, there are also issues of violence against women, problems of the elderly and cancers of the breast and the uterus. Poverty and illiteracy are common. Keeping in view these scenarios, as it was not possible to address all these issues simultaneously.

In connection with international situations to attend ICPD agenda, there is a significant level of collaboration between NGO's and the Government in Bangladesh. Several activities within health and population sector program (HPSP) have been identified for NGO's. These include behavior change, communication training for service providers, and delivery of ESP, Operations research, Clinical contraception, Adolescent health and Family Planning etc. In the second half of 1996, a high-powered technical committee was formed by Ministry of Health (MOH & FW) to develop a national reproductive health strategy. The committee included high-level policy makers from both the Directorates of Family Planning and Health Services as well as representatives from UNICEF, UNFPA, WHO and the World Bank.

In Bangladesh the reproductive health strategy identified four priority areas for service provision, i.e. maternal health, family planning and menstrual regulation, care of post-abortion complications and the management of RTIS/STDS under a programmatic approach, and it conceptualized for the first time integrated services for women's health (Bangladesh RH Strategy 1997).

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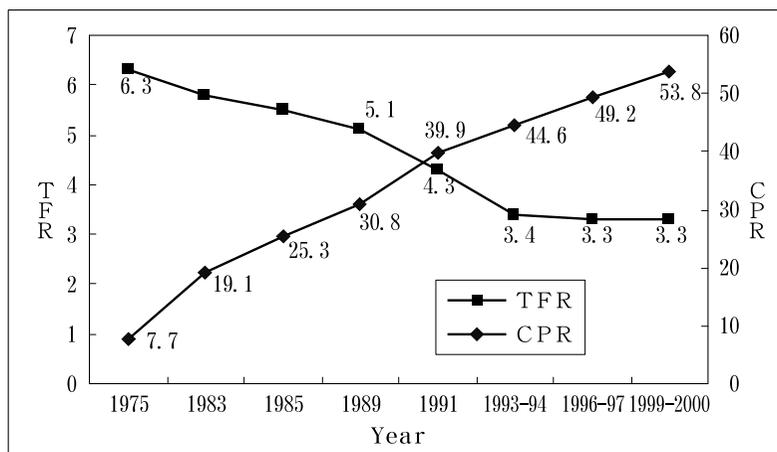


Figure 1: Trend of TFR and CPR in Bangladesh 1975 2000

Source : UNFPA Bangladesh Office 2001

It was realized that a program structure responsive to such integrated services provision Would have to be client-centered, which called for a massive re-orientation of the existing vertical program structure. In addition, the strategy envisaged a more prominent role for NGOs, the private sector, physicians and operations, and operations research organization (HPSP Document, MOH & FW 1998).

2 . Overview of RHI

The reproductive health initiative (RHI) country program in Bangladesh is part of the global EC/UNFPA Initiative for reproductive health (RH) in Asia that aims to address the RH issues including family planning (FP) and sexual health in partnership with non-profit organization (NGOs at the national and international levels) to help implementation and achieve the ICPD/POA goals.

Population	131 million
% Adolescent population	23
% Population below poverty	46
% Population access to basic health services	45
% Birth attended by trained health worker	14.6
% Of home deliver by untrained TBA	90
Contraceptive prevalence rate (CPR)	53.8
Total fertility rate (TFR)	3.2
Maternal mortality ratio (MMR)	4.2 / 1000 L.B

Figure 2: Socio-demographic Characteristics of Bangladesh

In Bangladesh socio-demographic characteristics shows its bulky size of population, annual growth rate, level of poverty, maternal mortality all together alarming in nature until today (BDHS 2001). Therefore, in view of the country context, the RHI country program focuses on the expansion of quality of reproductive health services, in order to make these more accessible to vulnerable groups of population in under privileged and under served urban and peri-urban areas (UNFPA/EC RHI project document 1999 2002).

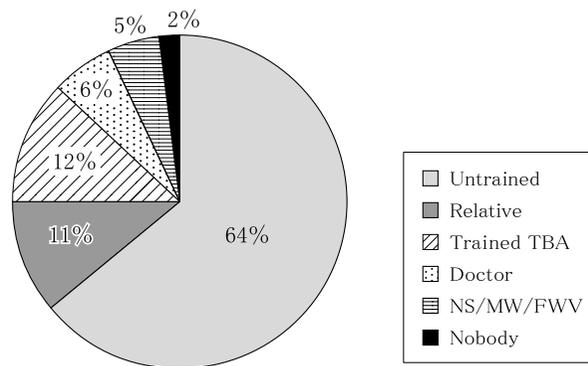


Figure 3: Birth Attendants

Source : Ministry of Health and Family Welfare 1998

The health and population sector program (HPSP) was launched (1998 2003) in Bangladesh to provide essential services package (ESP) services through community clinics in rural areas to make the delivery service mechanism easily accessible to the vulnerable hard-to-reach groups. UNFPA Bangladesh in its 5th country program (1998 2002) seeks to assist the Government of Bangladesh (GOB) in achieving its overall development strategies, particularly for HPSP to include and address vulnerable hard-to-reach groups with regard to their reproductive health, reproductive rights, and gender issues.

For overall health and population sector strategies of GOB and as well as UNFPA 5th country program consistent with the following elements for RHI in Bangladesh :

- a) Improvement in RH status through expansion of integrated quality services
- b) Focus on the vulnerable and hard-to-reach population
- c) Community-based approach and
- d) Partnership approach through NGOs to serve the RH needs of the community.

The goal of RHI initiative is to improve the reproductive health status of women, men and adolescents in the urban and peri-urban areas of Bangladesh (MOH & FW 1998).

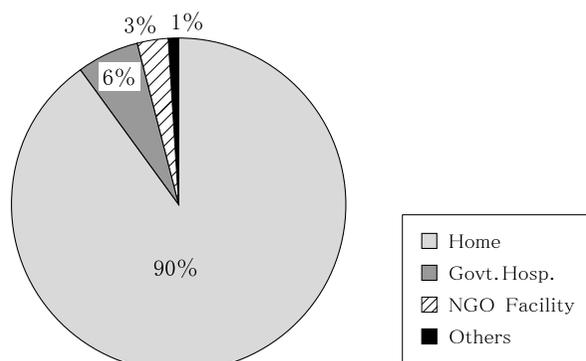


Figure 4: Delivery Place

Source : Ministry of Health and Family Welfare 1998

3 . Program of RHI (EC/UNFPA)

3.1 Model

In Bangladesh health and family planning have separate structural service unit from national level to rural community level. Within the family planning departmental structure directorate provide maternal and child health care, family planning including all events of reproductive health services under national five years plane of ministry of health and family welfare (MOH & FW). In current structure NGOs also supplements and complements government program. Under same operational plane NGOs are working with government specially rendering their services in rural community where government structural involvement not visualized and to increase coverage. The main principle is to avoid duplication of work by GO and NGO in same area. NGOs are working under same operational plan under Director (MCH-S) in the government system. Off course the financial and administrative matters can be decided by NGO itself on its project areas but the reporting, monitoring and evaluation done by the government.

The major strategies for achievement of the overall goal :

- a) Expansion and strengthening of quality of RH care for the disadvantage populations in rural areas and peri-urban settings with an emphasis on clinical contraception, adolescents and gender issues and male participation through the NGOs sector
- b) Capacity building of NGOs and non-profit private sector to carry out and support RH services with Government program and

- c) Establishment of inter-linkages and collaboration among the RH partners and potential NGOs in the area of RH information services and effective program implementation model –

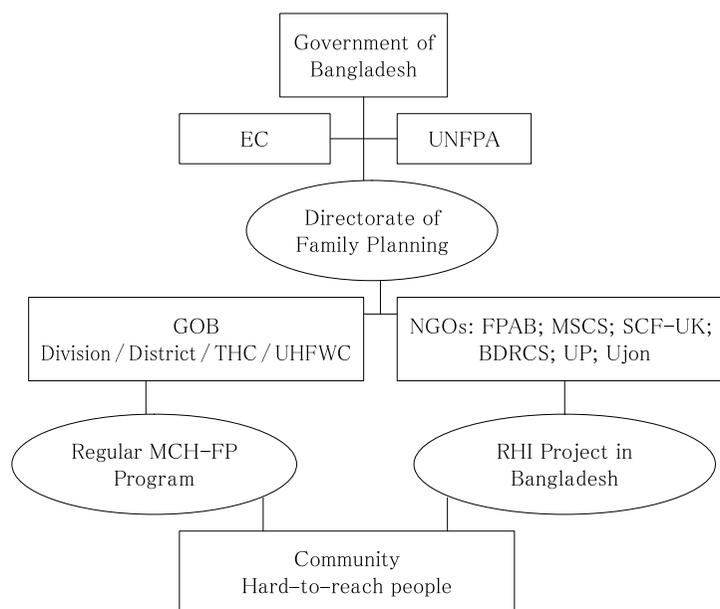


Figure 5: RHI Program Implementation Model

3.2 Activities in Brief

Although RHI project has been conceptualized following ICPD principles using new concept such as 'RH', 'reproductive rights', and 'choice', 'quality of care', 'clients' and empowerment. After careful analysis of project content it required understanding and conceptual clarity of what project entail related to social and cultural context of peoples' live. The primary activities of the initiatives center on :

- a) Increase clinical contraception
- b) Improving STD/RTI service provision and ensuring adolescent health
- c) Improving safe motherhood and infertility care
- d) Increase male participation in Reproductive Health (RH) services
- e) Development of information, education, communication (IEC) material and information dissemination
- f) Advocacy on RH and clinical Family Planning (FP) methods and
- g) Attending program sustainability

All of the partner NGOs activities targeted initially focused on infrastructure

development followed by client care with standard quality and program sustainability. On the other hand role of NGOs for national capacity building was crucial. The NGO partners are being strengthened through the process of need-based training; furthermore, orientation courses and workshop for the project staff and volunteers have also taken place.

4 . Discussion

4 .1 Achievement

The EC/UNFPA Initiative was officially established on 30th January 1997, the management unit and technical co-ordination unit became operational on April 1st 1997. The EC/UNFPA Initiative provides financial support over a period of 4 years to reproductive health (RH) activities and services in Asia, as a result of the 1994 International Conference on Population and Development (ICPD) held in Cairo. What makes the Initiative stand out from other projects and program is its main strategy to involve international, regional and local non-profit organizations in its implementation and have these partners work together towards a common goal. With this approach the Initiative hopes to bring RH services within reach of populations in South and South-East Asia that are so far not or under-served. In the context of the EC collaboration with UNFPA, this Initiative represents the largest sum that the EC has yet committed to population programs.

The major reason for the creation of the initiative was for the European Commission (EC) and UNFPA to set a precedent in terms of international population assistance. It should not only demonstrate mutual commitment to the goals and principles of the ICPD, but also enhance and accelerate the implementation of the ICPD Program of Action (POA) in South and South-East Asia. Another important consideration was the need to meet the unmet demand of disadvantaged populations for RH services- a priority for both agencies, requiring major investments and innovative approaches. This may possibly be realised through greater popular involvement, as promoted by the initiative.

In total, 42 projects were operational, 39 at the country-level and 3 at the regional level. UNFPA field offices continue to play a pivotal role in facilitating the programming and implementation of this innovative type of program in which many partners are involved. Seven Umbrella and 3 Regional Dimension Projects have been designed to ensure synergy effects and promote gender awareness and facilitate inter-country connections between program activities. Project activities are reviewed and monitored at

the country level by a local Advisory Group composed of local government, EC and UNFPA Representatives. Funding is channeled via UNFPA. The initiative is supervised by the management unit and a technical co-ordination unit.

The Initiative was expected to complement and promote the development of sustainable alternatives to current systems, contributing to a decline in fertility rates and to the decrease of mother and child morbidity and mortality. The different projects were leading to the establishment of exchange mechanisms between several organizations, facilitating a synergy of actions. This strategic approach was expected to have a multiplying effect on sustainable RH initiatives. In Bangladesh selected projects are expected to contribute to the-1) development of local and private capacities for improved management of RH, integrated within primary health care services and a better quality of services 2) promotion of community participation and local activities 3) promotion of gender equity and equality, development of actions targeted at vulnerable groups and most deprived populations 4) coherency of national policies and strategies.

The Initiative was mainly concerned with vulnerable groups and deprived populations at grass root level. It aims at creating sustainable mechanisms through which the unmet demands in RH of these populations can be met. Strengthening the capacities of national non-profit organizations to cater for the needs of these populations is part and parcel of the Initiative's approach.

To date, special strategies have been formulated for all participating countries, with a varying focus i.e. improved quality of RH care in Bangladesh. In principle the design of the component projects works towards fulfill a common goal, project specific purpose and outputs. Component projects and their contribution towards achievement of the common goals are as follows :

- a) To strengthening NGOs capacity especially in human resource capacity and linkage to improve reproductive services and information. Projects partner as a means of support and coordination from RHI- NGO partners, enabling them to strengthen the RH service delivery to poor, vulnerable and under-served groups particularly, men, women and adolescents.
- b) To expanding access of low-income women and men to reproductive health services in under-served urban/peri-urban areas of Bangladesh. It is envisaged that through this project availability of quality RH services for men and women will be increased and also that there will be increased male participation in the RH program.
- c) To strengthening access to improved reproductive health services through NGO.

The focus of this component project is expansion of sustainable quality RH and FP services for safe motherhood and clinical contraception.

- d) To expanding access to quality reproductive health services in under-served outlying districts of Bangladesh. The main focus of this project is to expand RH and ESP services to poor and vulnerable marginalized groups through capacity building of the NGO and community based organizations (CBO) and networking other NGOs.
- e) To attain reproductive health through community involvement with special attention to adolescent and clinical contraception. The principal interest is to reach to the hard-to-reach adolescent population for creating awareness and accessing RH services.

4.2 Problem and Constraints

In Bangladesh poor community people were hesitate to visit clean and well decorated clinics, assuming that the services were not meant for them or would be too expensive. The RHI program tried to change this by training the service providers on how to behave towards the communities and clients. In addition government and NGO developed standard protocols and guideline for clinical services approaches to family planning and RH. To reduce client drop out behavioral change considered as an important issues which required time, effort and motivation. NGOs are working hard to overcome this situation by providing refresher training of service providers to sustain quality care. As a result, total client flow increase between 19% and 48% within one year. Within one year practice some NGOs achieved 47% to 55% cost recovery by their own client derived from user fees.

4.3 Future challenges on GO-NGO partnership

In this review paper, the researcher reviews the project achievement, problems or constraints and challenges. It also looks into the linkages, and opportunities between different projects partners and complementarity's with other RH efforts in Government (GO) and non-government organizations (NGOs) in Bangladesh.

Partnership approach to implementation of RHI program shows it should be strengthened by each partner to ensuring technical skills in multidisciplinary background in capacity building and gender for its sustainability. Appropriate and timely monitoring, and evaluation skills with a practical approach is important among partners. Qualitative indicators might be developed in addition to the quantitative. RHI Projects need to focus

their distinctive features and innovative components. Strong linkage and partnership must be strengthened between partner NGOs and their international counterparts, particularly in capacity building, and promotion of gender issues in RHI programs and developing innovative approaches to special needs of different project target groups.

Priority might be given to bring about a common understanding about clarity of concepts and terms used in the program among partner NGOs. Emphasis also should be given to link the activities with the outputs for realization of qualitative aspect of the output and gender concern must be addressed to real gender equity and equality concern. Expanding reproductive health services to low income women and men is crucial through effective partnership among GO-NGO in Bangladesh.

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Bangladesh has a high level of unmet demand for quality reproductive health (RH) services including family planning (FP), a high level of the yearly contribution to world population growth rate, high total fertility rate (TFR) and insufficient services addressing the needs of special group i.e. adolescent and men. All of which are compounded by of the yearly high–level contribution to world population growth rate.

To strengthen reproductive health activities in the South and South East Asia and to push forward the International Conference on Population and Development (ICPD)/ Program of Action (POA) agenda, Bangladesh is one of the seven countries selected under the EC/UNFPA Reproductive Health Initiatives (RHI) for Asia.

In Bangladesh EC/UNFPA RHI program become operationalized in 1999 with the aims at expanding RH services, capacity of the non–government and non–profit sector to deliver quality of care for RH services and program.

Under the coordination of Umbrella Project (UP) Projects partners were–The Bangladesh Red Crescent Society (BDRCS), The Family Planning Association of Bangladesh (FPAB), The Save the Children Fund–UK (SCF–UK), The Mari Stops Clinic Society (MSCS), Ujon Khulna, Bangladesh.

In this review paper, the researcher reviews the project achievement, problems or constraints and challenges. It also looks into the linkages, and opportunities between different projects partners and complementarity's with other RH efforts in Government (GO) and non–government organizations (NGOs) in Bangladesh.