In Bangladesh, Dhaka South and TCI Begin a City-Led Family Planning Partnership Rooted in Evidence and Ownership

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The workshop included DSCC leadership, representatives from the SAJIDA Foundation and TCI, and other workshop participants.

The week of June 30 marked a milestone for Bangladesh's family planning effort with a three-day Program Design Workshop and Master Training of Trainers (MTOT) in Gazipur, Bangladesh, led by The Challenge Initiative (TCI) in partnership with Dhaka South City Corporation (DSCC) and SAJIDA Foundation. Government medical practitioners, service providers, and technical experts came together to begin designing a city-owned pathway for strengthening voluntary family planning services across Dhaka South's urban population, with plans to expand to additional cities soon.

Rather than introducing a parallel program, the workshop focused on something more sustainable: strengthening existing government systems so cities themselves lead planning, implementation, and long-term ownership.

TCI launched its program in Bangladesh in March 2026 and this workshop drew on cross-country learning from TCI hubs in Pakistan and the Philippines. For Bangladesh, it's the start of a long-term journey toward locally owned, sustainable urban family planning

programming.

Completing a course on TCI University.

The Urban Reality: Why This Matters Now

Bangladesh is now more than 41% urban, with its urban population growing 3% annually. National health averages look reassuring, but they mask deep inequalities in urban slums, where access to quality family planning services remains uneven.

Baseline data presented during the workshop made the challenge concrete:

- **The LARC discrepancy**: Of nearly 48,000 service contacts, 97% default to short-acting methods, while long-acting reversible contraceptives (LARCs) account for just 2%.
- **The privacy barrier**: 42% of assessed clinics lack private counseling rooms, deterring youth and the urban poor, who often report feeling unwelcome due to unapproachable provider attitudes.
- **The capacity deficit**: Only about 30% of frontline clinic staff have received recent training in family planning counseling.

These numbers reflect the daily reality of urban residents seeking essential health services, and they set the foundation for the workshop's work.

From Evidence to Action

Alongside the MTOT, participants ran a program design exercise that included a collaborative root-cause analysis using local data to identify service gaps and practical solutions. Using an “Evidence-to-Action” approach, working groups built “fishbone” diagrams to trace problems to their causes, then moved from diagnosis to solution mapping.

One standout moment: Faria Foez, TCI’s Focal Person at DSCC’s City Health Department, pointed to a gap in adolescent and youth sexual and reproductive health (AYSRH) education:

> If the teacher himself excludes the chapter on puberty, how will we reach the students?

Without early education, she noted, adolescents are left vulnerable to misinformation, unfiltered internet content, and social taboos. Dr. Nishat, Deputy Chief Health Officer, added that urban primary health centers are seeing an alarming number of teenage and unintended pregnancies.

Insights like these surface when city stakeholders are given space to examine their own systems honestly – and they ensure that future interventions respond to Dhaka South’s actual priorities, not externally defined projects.

Government Ownership at the Center

DSCC leadership demonstrated clear ownership of the family planning agenda, a hallmark of TCI’s approach for strengthening individual capacity and health systems. TCI’s Bangladesh hub offered support in advocating to policymakers on key issues affecting service delivery.

Anthony Faraon (left) and Ghazunfer Abbas (center) provided lessons learned from TCI implementation in the Philippines and Pakistan.

The workshop's central message: sustainable change depends on government leadership. Rather than implementing activities on cities' behalf, TCI helps local governments identify their own priorities, design their own solutions, mobilize local resources, strengthen existing systems, and sustain improvements after external support ends.

Anthony Faraon (TCI Philippines) and Ghazunfer Abbas (TCI Pakistan) shared that the goal is for the City Corporation to lead a "One Umbrella" approach that consolidates all urban health partners under a single framework. When participants flagged religious misconceptions as a recurring barrier, Abbas provided an example from Pakistan where TCI worked with Imams and religious leaders to address similar concerns.

The Master Trainer Orientation introduced participants to the principles behind TCI's coaching approach, covering adult learning, facilitation, systems thinking, city ownership, high-impact interventions, and collaborative planning. Multidisciplinary working groups sparked cross-department dialogue and relationships that will continue well beyond the workshop – one of TCI's greatest strengths is a global community that helps cities learn from each other.

Voices from the City

Workshop discussions were marked by unusual candor about the human side of systemic challenges. Dr. Sadia Afroz noted data quality concerns related to workload and data integrity:

> Why do we have poor data quality? Because we have a very high workload in the field. We don't just work in one sector; one person handles many responsibilities… so data is not being fully plotted.

Dr. Abu Sadat Mohammed Saleh, Assistant Health Officer at the DSCC, commented on local leadership and ownership.

> Regarding leadership, the issue is that I am not 'owning' it. If every sector individually accepted their responsibility at every level, there would be no queries regarding leadership.

Dr. Abu Sadat Mohammed Saleh.

The Roadmap Ahead

The workshop closed with a validated, city-led Implementation Roadmap addressing the challenges identified through the fishbone diagnostics. Over the next six months, TCI Bangladesh will focus on:

- **Integrated counseling:** Embedding FP messaging into every child vaccination (EPI) visit.
- **Evening clinics:** Fixed Day Services to reach garment workers and the urban working poor who can't visit during standard hours.
- **Unified data dashboards:** Aggregating fragmented data into a single system for DSCC management.
- **Male-friendly spaces:** Dedicated service points to reduce stigma around male engagement in reproductive health.
- **Lead-Assist-Observe-Monitor coaching:** Moving from one-off trainings to continuous coaching, with experienced city staff mentoring peers.

Dr. Jahane Ferdous Binte Rahman, Chief Health Officer of DSCC closed the training, reinforcing the commitment of DSCC and appreciating the proposed six month plan. DSCC and SAJIDA Foundation will continue working together to strengthen city governance, prioritize high-impact interventions, embed data-driven decision-making, build local coaching capacity, and support implementation through existing government systems.

Dr. Jahane Ferdous Binte Rahman.