

# 2016 FP2020 ANNUAL COMMITMENT UPDATE QUESTIONNAIRE RESPONSE



## BANGLADESH

[HTTP://WWW.FAMILYPLANNING2020.ORG/BANGLADESH](http://www.familyplanning2020.org/bangladesh)

*In July 2016, the government of Bangladesh shared an update on progress in achieving its Family Planning 2020 commitment in the 2015-2016 timeframe (commitment included for reference below).*

### **POLICY & POLITICAL UPDATES**

To minimize geographic disparity and inequity, the government has implemented the below:

- Directorate General of Family Planning (DGFP) has recruited and deployed a complementary family planning workforce of 115 community health volunteers in 10 hard-to-reach districts for distribution of temporary contraceptive methods at the doorsteps and for referral of long acting/permanent methods to the nearest facilities.
- The modus operandi of 150 satellite clinics was revised in hard-to-reach districts as supplies, equipment, and other contingencies were permitted to be stored in selected houses for sustained use during satellite clinics. This has minimized the travel hardships and costs for health workers having to carry supplies and logistics during every visit of theirs.
- DGFP has successfully implemented evening clinics for working women in three city corporation slums and this is to be scaled up in other big city corporations.
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### **FINANCIAL UPDATES**

- The total allocated budget and expenditure from development and revenue for family planning program is US \$269 million. The estimated expenditure is US \$249 million (about 93%). For 2016-17, provisional allocation stands at 376 million USD.

### **PROGRAM & SERVICE DELIVERY UPDATES**

- The 66<sup>th</sup> meeting of the National (family planning) Technical Committee (NTC) held on 3 February 2016 approved the Implant and Progesterone-only pills (POP) as an immediate post-partum family planning (PPFP) method and as such Implants and POPs can be provided to clients immediately after delivery irrespective of parity. This is a major policy shift based on sustained advocacy from FP2020 partners, which would expand the method mix for post-partum women nationwide.
- Other key policy level changes that have happened in the reporting period.
  - Relaxation in the required age of the last child to one year for two child couples who want sterilization;
  - Allowing trained and skilled staff nurses to insert IUDs;
  - Allowing trained and skilled Female Sub-Assistant Community Medical Officers (SACMOs) to insert IUDs
    - A joint circular was issued by both DGFP and Directorate General of Health Services (DGHS) informing program managers and service providers on: 1) counseling pregnant women about family planning in all ANC; 2) providing FP counseling and services including pills, condoms, injectables, and implants in all PNC and immunization visits; and 3) providing PPFP methods for women undergoing home delivery which included: LAM (Lactational Amenorrhea Methods), Condoms, ECPs and Progestin-only Pill (POPs).
  - Relevant section of the National Family Planning Manual is being revised as per latest WHO MEC for contraceptive use.

- A key strategy that the Government developed to address discontinuation was to decentralize service provision by further capacitating domiciliary workers (the family welfare assistants or FWAs) to both initiate and provide follow up family planning services to clients
  - 34 district and Upazila level trainers (ToT) of Brahmanbaria were trained in August 2015 to conduct cascade training to lower cadres. Local level trainers further trained 147 FWAs for providing 1<sup>st</sup> and subsequent doses of injectable, previously allowed to only provide the 2<sup>nd</sup> and subsequent doses. 258 FWAs who had received an earlier round of training and 84 Family Welfare Visitors (FWVs) of the same district received refresher training. By June 2016, two other districts, Cox's Bazar and Dhaka have completed training of FWAs including required refreshers.
  - Immediately after the training FWAs of all three districts have started providing the 1<sup>st</sup> dose of injectables in the community. These efforts have helped the clients to save travel time and costs which may lead to increased acceptance and reduced discontinuation rates with regard to injectables.
  - To complement the above initiative, DGFP has also completed training to community health care providers (CHCPs) for provision of the second and subsequent doses of injectable contraceptives at the Community Clinics in the same districts; a cadre which was previously not allowed to provide injectables. Based on positive feedback from the field, DGFP has started implementing the activity in another three districts (Laxmipur, Noakhali and Chandpur) and subsequently plan to scale up to all 64 districts.
  - The USAID-funded Mayer Hashi Project has worked with the DGFP and the Bangladesh Garments Manufacturer and Export Association (BGMEA) to train health providers in family planning and to ensure a supply of contraceptives in BGMEA clinics and has already ensured availability of temporary contraceptives in 10 BGMEA clinics. Clinical providers of the BGMEA clinics have been trained on Implant and Injectable. Approximately an additional 40 garment factory clinics are providing condoms, orals and referrals for long acting and permanent methods. Workplace FP services efforts will help to decrease discontinuation rates of temporary contraceptives by the garments workers.

The Government of Bangladesh/MOHFW committed to increasing the availability and accessibility of Long Acting and Reversible Contraceptives (LARCs – IUD and Implant) and Permanent Methods (PMs – Tubectomy and Vasectomy) in order to help shift their share of the method mix from 8% to 20% by 2021, the revised target. Following activities are ongoing to achieve this goal:

- **Increasing availability of FWVs:** The MOHFW has recruited 1,320 FWVs, of which 805 have already been trained to provide IUDs and assigned to vacant positions and the remaining 415 are in training. The MOHFW is recruiting an additional 638 FWVs.
- **Increase availability of family planning medical officers:** The DGFP received MOHFW approval to recruit of 535 Medical Officers (MCH-FP) which is in process. Once recruited and trained, these physicians will be assigned to vacant positions, enabling increased NSV, Tubectomy and Implant service provision.
- **Private-sector partnership:** The DGFP has allowed the local Social Marketing Company (SMC) to market over-branded IUDs and Implants. Approximately 400 trained physicians have been trained with USAID support to provide the over-branded IUDs and Implants in private chambers, clinics and hospitals. The DGFP initiated a Technical Committee to support the Private Sector Initiative on LARCs and PMs under the leadership of the Line Director, Clinical Contraceptive Services Delivery Program (CCSDP), DGFP.
- **Creation of mobile service delivery care teams:** Two NGOs funded by USAID as well as Marie Stopes Bangladesh are supporting DGFP through roving teams to provide LARC/PMs during Special Service Delivery Days, especially in government Union Health & Family Welfare Centers (UHFWCs) and NGO facilities.
- **Creating an enabling environment:** Certain policies have been changed as indicated above, including:
  - Relaxation in the required age of the last child to one year for two child couples who want sterilization;
  - Allowing nulliparous married women to accept Implant;
  - Allowing trained and skilled Staff Nurses to insert IUDs;
  - Allowing trained and skilled Female Sub Assistant Community Medical Officers (SACMOs) to insert IUDs;
- **Demand creation and community mobilization:** The IEM Unit of DGFP has initiated several BCC activities with support from UNFPA and USAID's funded Bangladesh Knowledge Management Initiative (BKMI) Project including

direct distribution of BCC/counseling materials and orientation of the providers on use of those materials in 38 out of 64 districts.

- **Motivation of prospective clients:** As a part of this intervention, orientation sessions of satisfied NSV acceptors with support from USAID-funded Mayer Hashi Project been carried out in more than 350 upazilas and in 40 upazilas with satisfied IUD acceptors.
- **Mobilizing religious leaders as prompters of LARC/PM in Bangladesh:** A book published by DGFP in Bangla titled, 'Family Planning in the Eyes of Islam', is used widely to orient Islamic religious leaders in training funded by USAID through the Mayer Hashi Project. This booklet is accompanied by a smaller FAQ booklet.

The Government of Bangladesh committed to increasing training and workforce development by engaging in the following activities:

**Recruitment:**

- In 2015: 382 Medical Officers, 530 FWVs and 72 SACMO recruitment is completed.
- In 2016; 153 Medical Officers, 108 FWVs and 68 SACMO recruitment process is ongoing. These technical cadres provide family planning and MCH services under the DGFP/MOHFW.

**Training:**

- In 2015-2016: 70 Medical Officers and 632 Paramedics were trained on Postpartum Family Planning (PPFP), much of it funded by USAID through the Mayer Hashi Project.
- In 2015-2016; 120 Paramedics received basic training on LAPMs.
- 761 participants (Deputy Director, Assistant Director, Medical Officer – Clinic, Upazilla Family Planning Officer and Medical Officer-MCH-FP) were trained on Progesterone-only Pill (POP).
- 1770 Field Staff (FWA, FWV, FPI and SACMO) received refresher training on Progesterone-only Pill.
- Government & NGO coordination workshops were held in all districts to increase demand for FP services.
- 929 service providers received training on injectable. Service providers targeted include FWV, FWA, CHCP in Noakhali, Laxmipur and Chandpur districts.
- 30,000 service providers such as FWA, FPI, SACMO and FWV attended trainings on newly revised FWA register (8<sup>th</sup> edition) and reporting forms.
- 800 managers received training on LAPM users track and bottom-up projection related software.

The Government of Bangladesh committed to increasing adolescent-friendly sexual and reproductive health and family planning services and to providing adolescent sexual and reproductive health services at one-third of maternal, newborn, and child health centers.

- The MCH Services Unit of the Directorate General of Family Planning has started implementing Adolescent Friendly Health Services (AFHS) in 128 service centers (13 MCWCs & 115 UH&FWCs) in 13 districts. To increase demand of seeking care from these centers, DGFP recently conducted 5 advocacy meetings at the union level with the participation of adolescents, Community Health Care Provider, local leaders (Chairman of Union Parisad with 2 women members) and members of UH&FWC management committees.
- Three batches of three days-long training of the supervisors, service providers have been conducted and establishment of the AFH Corners are now going on. Soon these centers are expected to function fully. The MCH Services Unit of the DGFP is developing IEC materials (for display and for take away) for these AFH Corners. Messages for IEC materials have already been developed through 4 days-long workshop, technically supported by BCCP and attended by the expertise from different UN organizations, Government and NGOs.
- The Adolescent Sexual and Reproductive Networking Forum developed in 2015 and convened its' regular meetings to discuss approaches to scaling up ASRH programmes in the country. A review of 32 Adolescent Health Programs of different NGOs has been completed by Population Council with USAID funding in partnership with DGFP and was shared with different stakeholders at the divisional level through consultative meetings to share knowledge. An Adolescent Health Newsletter providing programmatic and policy updates has been developed by DGFP with partners and will be regularly published on a quarterly basis.

- One of the milestones of Adolescent Health Activities of MCH Services Unit of the Directorate General of Family Planning is the creation of a website for adolescents with the support of UNFPA. The website will build awareness among adolescents by providing accurate and relevant information on their health related issues. This website has a mobile friendly version also as most of the adolescents use internet on their mobile phone.

The Government of Bangladesh committed to monitoring to ensure that quality of care is strengthened, including informed consent and choice.

- DGFP has extended the FP quality improvement teams from 8 to 10 and is planning to increase more teams to cover all districts in the next sector program period which will start in 2017. FP QI teams are working closely with national QI secretariat to ensure clients rights (availability, affordability, privacy, confidentiality etc.) at different level of facilities. FPQI teams are accountable to ensure rights based volunteer family planning services through their physical monitoring and exit interview of clients. DGFP is following up feedback from FPQI teams and addresses them accordingly. USAID-funded Mayer Hashi Project provides technical assistance to the DGFP on FP quality and compliance with informed choice requirements and provides a FP QI and Compliance Team for each of the seven, soon to be eight, Divisions. DGFP conducted two days training on total quality improvement for Family Planning Clinical Supervisor Team/Quality Assurance Team (FPCST/QAT) in November 2015. As part of the training teams had to visit a model clinic (Narshindi) for “5S” intervention for hands on training. 5S concept was introduced in another two DGFP clinics to improve quality of FP-MCH services to learn implementation challenges and for scale up. Biannual meeting were also organized at national level to review the FP performance in terms of quality of services.

The Government of Bangladesh committed to working with leaders and communities to delay early marriage and childbirth. Please kindly provide an update on this commitment here.

- The IEM Unit of the DGFP has already implemented different innovative approaches to engage community leaders, gate keepers, local elites, religious leaders, school teachers, adolescent groups under the last sector program HPNSDP. These are as follows.
  - Conducted 670 workshops on adolescent reproductive health, discourage child marriage, improve adolescent nutrition, and hygiene in all the upazilas of Sylhet and Chittagong Divisions with the students of Class VII to Class X, teachers and parents/guardians.
  - Conducted workshops on the importance of population dynamics, importance of small family norms, ANC, PNC, institutional delivery, and neonatal care with the print and electronic media journalists in all 64 districts of the country.
  - Organized workshops to advocate family planning methods in the light of Islam, discourage early marriage, importance of ANC, PNC and institutional delivery with local public representatives, religious leaders including Imams, Madrasa teachers and marriage registrars at 326 upazilas.
  - Conducted 350 workshops with low parity couples, newly wed couples, young married couples to delay space and limit family size.
  - Conducted training on interpersonal communication for the newly recruited field workers i.e. FWA, FWV, SACMO to motivate clients.

The following innovative service delivery activities were carried out by the DGFP:

- A digital archive for all FP SBCC materials was developed with the technical support of USAID-funded BKMI Project. Regular updating and uploading of the produced materials is ongoing.
- An e-Toolkit for frontline health workers and program managers was developed and is available in an Android version both in online and offline for fieldworkers, with the support of BKMI. It is in the digital archive and updated annually. This e-Toolkit is now in use on pilot basis in Comilla and Tangail district’s front line workers through electronic tablets.
- An e-learning course on SBCC for frontline workers, program managers and planners were developed with support from BKMI. Program Managers and Planners are now using this e-learning course to improving their knowledge on SBCC regularly.

- A dissemination and distribution guideline of IEC/BCC materials was developed. Through the USAID-funded SIAPS, Mayer Hashi and BKMI Projects, the DGFP system to order and distribute SBCC materials is being strengthened, including integrating IEC/BCC materials into the DGFP's eLMIS dashboard.

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*The following text reflects the commitment made by then-Minister of Health and Family Welfare Dr. Ruhul Haque on behalf of the Government of Bangladesh at the London Summit on Family Planning on July 11, 2012 as well as an update made by the government in 2015. To review the commitment online, please visit:*

<http://www.familyplanning2020.org/entities/70>.

## OBJECTIVES

Bangladesh will increase access and use for poor people in urban and rural areas, improving choice and availability of Long Acting and Permanent Methods (LAPMs), including for men, and post-partum and post-abortion services. The government will work with the private sector and non-governmental organizations (NGOs) to: address the needs of young people, especially young couples; reduce regional disparities, working with leaders and communities to delay early marriage and child birth; and increase male involvement. One-third of Maternal Newborn and Child Health (MNCH) centers will provide adolescent Sexual and Reproductive Health and Rights (SRHR) services. Monitoring to ensure quality of care will be strengthened, including informed consent and choice, and to support women to continue use of family planning.

### **\*Government of Bangladesh revised Sept. 21, 2015 based on 2014 Bangladesh Demographic and Health Survey**

In 2012 at the London Summit on Family Planning, Bangladesh made commitments to achieve targets on five key family planning indicators by 2020 based on the Bangladesh Demographic and Health Surveys (BDHS) 2011 data. As per the results of the BDHS 2014 data, the Bangladesh Country Engagement Working Group (BCEWG) met on 10 May 2015 at Directorate General of Family Planning and formed a subcommittee to revise the FP2020 targets. The sub-committee members critically analyzed the recent BDHS and Multiple Indicator Cluster Survey (MICS) surveys; MIS service data from the MOHFW, future projections, and developed revised targets grounded in stronger data. It is noteworthy that the TFR and CPR are also aligned with next 7th Five Year Plan and Sector Wide Program 2017-2021.

Revised objectives include:

1. Reduce Total Fertility Rate (TFR) from 2.3 to 2.0
2. Increase Contraceptive Prevalence Rate (CPR) from 62% to 75%
3. Increase share of LAPM from 8.1% to 20%
4. Reduce unmet need from 12% to 10%
5. Reduce discontinuation rate of FP method from 30% to 20%

Original objectives (Jul. 2012):

1. Reduce TFR to 2.0 by 2016 and 1.7 by 2021
2. Increase CPR to 80% by 2021 (currently 61%)
3. Increase CPR to 60% in two low-performing geographical areas and urban slums by 2021
4. Reduce unmet need to 7% by 2021 (currently 12%) Reduce the discontinuation rate to 20% by 2021 (currently 36%)
6. Increase use of LAPMs to 30% by 2021 (currently 12%)

## **POLICY & POLITICAL COMMITMENTS**

Bangladesh aims to adopt the policy of provision of clinical contraceptive methods by trained/ skilled nurses, midwives and paramedics by 2016. It has also pledged to promote policies to eliminate geographical disparity, inequity between urban and rural, rich and poor, ensuring rights and addressing the high rate of adolescent pregnancies.

## **FINANCIAL COMMITMENTS**

The government of Bangladesh commits US\$400 million to cover 39.4 million eligible couples by 2021. In an effort to minimize the resource gap for family planning services by 50 percent from the current level by 2021, the government pledges US\$40 million per year or \$380 million total by 2021.

## **PROGRAM & SERVICE DELIVERY COMMITMENTS**

The government of Bangladesh commits to increasing adolescent-friendly SRH and FP services, providing adolescent SRH services at one-third of maternal newborn and child health centers. Bangladesh will monitor to ensure quality of care is strengthened, including informed consent and choice, and to support women to continue use of FP. The country will work with leaders and communities to delay early marriage and childbirth and increase training and workforce development. Bangladesh commits to adopting innovative service delivery approaches, like behavior change and Information Communication Technology (ICT). Improve choice and availability of long-acting and permanent methods, including for men, and post-partum and post-abortion services.