

# FAMILY PLANNING 2020 COMMITMENT

GOVT. OF BANGLADESH

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The Government of Bangladesh updated its Family Planning 2020 commitment at the [Family Planning Summit in London, UK](#) on July 11, 2017 and pledged to take the following actions:

## COMMITMENT OVERVIEW

Bangladesh is committed to achieving the Sustainable Development Goals. The recently approved the 4th Health Sector Programme, 2017-2021, of the health ministry, will put the country on track to attaining the targets by 2030. Family planning remains as one of the top priorities of the programme.

Bangladesh commits to achieve its family planning objectives by implementing the postpartum action plan, regional family planning package for the lagging behind Sylhet and Chittagong divisions, and the national adolescent health strategy, in a time bound efficient and effective manner. For this, the Government of Bangladesh will mobilize USD 615 million for the family planning programme, over 2017-2021, which is 67% increase in allocation from that in the previous programme. It will help improve quality of family planning services through a health systems approach. Access to trained service providers will be increased, including through deployment of midwives to all sub-district hospitals; supervision of family planning services will be strengthened by placing clinical teams in all districts; further work with the private sector will help address gaps in service provision and will ensure steady supply of commodities.

## ANTICIPATED IMPACT

- Unmet need for family planning will be reduced to 10% from the current baseline of 12%

**COMMITMENT 1:** Bangladesh will increase its commitment for postpartum family planning by fully implementing its National Postpartum Family Planning Action Plan by training doctors, midwives, nurses and, in part by placing Family Welfare Visitors in each of the 64 district hospitals.

### *Anticipated impact*

- 100% of women who deliver in district hospitals will receive counselling on postpartum family planning

### *Proposed actions*

- Introducing implants as an immediate PPF method
- Update its medical and social eligibility criteria accordingly
- Systematically including PPF discussion in routine antenatal, postnatal care and immunization services
- Develop a national behaviour change communication plan on family planning with a particular focus on PPF
- Increase capacity of service providers to be able to provide quality PPF services nationwide
- Improve logistics management and ensure zero stock out in facilities providing PPF services
- Improve the management information system to be able to better capture PPF related data

The Ministry of Health and Family Welfare will be responsible for the actions and all actions will be completed by 2021.

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**COMMITMENT 2:** Bangladesh will introduce a regional service package on family planning in Chittagong, Sylhet and Barisal divisions for hard to reach populations.

*Anticipated impact*

- At least 50% of health and family planning facilities in the two developmentally backward divisions (Sylhet and Chittagong) of the country will meet the readiness criteria for delivery of PFP services

*Proposed actions*

1. Developing an evidence based local level plan
2. Strengthening Service Delivery by
  - a. Creating pool of trained doctors at district to provide LAPM services
  - b. Partnering with NGOs and hiring private doctors to fill vacant positions
  - c. Organizing special LAPM service camps once in a month in every upazilla (sub-district)
  - d. Mobilizing reliable roving teams periodically for hard to reach areas based on local plans
  - e. Recruitment of volunteers against vacant field worker positions and promote task sharing
  - f. Engaging satisfied couples as peer volunteers for counselling, motivation and referral for LAPM services
3. Capacity building of a larger number of service providers
4. Ensuring uninterrupted logistics and commodities supply
5. Increasing demand with focused SBCC interventions
6. Strengthening supervision and monitoring

**COMMITMENT 3:** Bangladesh commits to deploy at least two qualified diploma midwives in each of the Upazila Health Complexes to provide midwife-led continuum of quality reproductive health care by 2021.

Midwives will be trained to provide widest range of family planning methods included in their agreed scope of practice in country. Midwives will be trained to provide greater attention to first time young mothers.

*Anticipated impact*

- 100% of Upazila Health Complexes in the country will have 2 qualified midwives who will provide widest range of family planning methods in line with their scope of practice

*Proposed actions*

1. Faculty development in midwifery will be continued and expanded to cover 38 all institutes offering midwifery education. Designated midwifery faculty will be deployed. Scope for higher education for midwives will be created and certified midwives will be encouraged for higher studies.
2. Resources in midwifery education institutes will be increased, including skill lab equipment and computer lab accessories. Classroom and accommodation facilities for midwives will be reviewed for their adequacy.
3. In-service training of deployed midwives will be continued. Training will focus on specialized areas, as well as on teaching methodology for the teaching faculty and senior nursing instructors.
4. Vacant midwives positions will be gradually filled-up with certified diploma midwives.
5. There will be strategic deployment of midwives to ensure comprehensive coverage of midwifery services in priority locations.
6. Mass awareness will be built on midwifery profession.
7. Community engagement of midwives under direct supervision from the Director of Nursing and Midwifery Services will be introduced

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**COMMITMENT 4:** Bangladesh commits to mobilize at least USD 615 million from its development budget for the family planning program implemented by the Directorate General of Family Planning as part of its 4th Health, Population and Nutrition Sector Programme (2017-2021). This is a 67% increase from the allocation in the 3rd Health, Population and Nutrition Sector Programme (2012-2016).

*Anticipated impact*

- Zero stock outs of family planning commodities achieved in all district hospitals and in Upazila Health Complexes

*Proposed actions*

- The Government of Bangladesh will allocate financial resources in its health budget every year, commensurate with the requirements of the sector programme.
- The funds will be released in a timely manner and will specifically address needs of vulnerable groups including adolescents and first time young mothers.
- More stringent monitoring of use of funds will be carried out to ensure allocative and implementation efficiency.

**COMMITMENT 5:** Bangladesh will fully operationalize its new National Adolescent Health Strategy with special focus of addressing the family planning needs and promoting rights of all adolescents. Adolescents in Bangladesh will have access to widest range of family planning methods possible and special efforts will be made to track adolescent health data. Bangladesh reiterates its commitment to end child marriage.

*Anticipated impact*

- Unmet need among married adolescents brought down from 17% to 15% by 2021

*Proposed actions*

The National Adolescent Health Strategy has been developed for a period of 15 years – from 2016 to 2030 – to be in line with the Sustainable Development Goals. The Strategy envisions that by 2030, all adolescents in Bangladesh will be able to enjoy a healthy life and has the goal of all adolescents attaining a healthy and productive life in a socially secure and supportive environment. This strategy is guided by human rights principles and clearly states that all adolescents, irrespective of their gender, age, class, caste, ethnicity, religion, disability, civil status, sexual orientation, geographic divide or HIV status, have the right to attain the highest standard of health.

The Ministry of Health and Family Welfare is committed to ensuring the effective implementation of this strategy, which will contribute to the overall wellbeing and health of all adolescent boys and girls of Bangladesh.

**COMMITMENT 6:** Bangladesh will scale up quality improvement measures in family planning programs by establishing Family Planning Clinical Supervision Teams (FPCST) in each of the 64 districts

*Anticipated impact*

- Family planning dropout rate reduced to 20% from the current baseline of 30%

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### *Proposed actions*

The commitments outlined below would be implemented over a period of 5 years:

1. Activate Quality Improvement Teams (QITs) at regional and district levels to strengthen monitoring and clinical supervision covering all service centres both for public and private sector (District Hospital, UHCs, MCWC at District/Upazilla/Union level, UH&FWC, Community Clinics and approved Private Hospitals/ clinics).
2. Develop and implement a Plan of Action for QIT.
3. Develop capacity of the QIT through different technical training as well on TQM approaches.
4. Provide orientation/ training to field workers and managers about supervision and monitoring.
5. Develop and implement a Plan of Action to strengthen FP information and services for postpartum, PAC and post-MR clients
6. Provide orientation/ training on Informed Choice and Voluntarism (ICV) to strengthen and monitor ICV in FP program
7. Training on management and follow-up of side effects/ complications of LARC & PM
8. Expansion of Quality Improvement Team (QIT) to strengthen robust monitoring in Region/Division (City Corporation) & District level with special emphasis in hard to reach and low performing districts and urban areas
9. Capacity development on counseling and management of Reproductive Health issues (STI/RTIs, HIV/AIDS) in relation to LARC & PM.
10. Regular reporting and performance review of the QIT.

**COMMITMENT 7:** Bangladesh commits to providing free and adequate contraceptives to NGOs, private clinics and hospitals and garment factory clinics with trained FP personnel

### *Anticipated impact*

- 3 million girls and women working in garment industries of Bangladesh have access to quality family planning information and services

### *Proposed actions*

- The Government of Bangladesh will increase its procurement to be able to accommodate the needs of the private sector as outlined in the commitment. This commitment is expected to be fully realized within the next 5 years

**COMMITMENT 8:** Bangladesh will use technology and programme delivery innovations in family planning

- a) In capacity development by providing tablets to field workers including an e-Toolkit and develop eLearning courses and empower them with ICT knowledge and skills
- b) In programme delivery by working with marriage registrars to reach newlywed couples with family planning messages and organizing family planning client fairs in hard-to-reach areas.
- c) Family planning messages, counselling and advice will also be provided through the national 24/7 call center of the Director General of Health Services

### *Anticipated impact*

- At least 1 million first time young mothers will have access to family planning counselling

### *Proposed actions*

- Developing a conceptual approach
- Piloting as an implementation research

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- Evidence generation on the impact of the innovations
- Feedback from stakeholders on the roll out of the approach obtained
- The innovation delivery would be refined and adapted for scale up
- Intervention scaled up nation-wide

**COMMITMENT 9:** Bangladesh will include a service provider with reproductive health skills within its rapid response teams and mainstream the minimum initial service package (MISP) for reproductive health in crisis into its emergency response

#### *Anticipated impact*

- 100% of women and girls of reproductive age group affected by emergencies have access to MISP in Bangladesh

#### *Proposed actions*

The Government of Bangladesh and Development Partners will be responsible for these actions. They will be introduced in 2017/18 and gradually scaled up over the next 5 years. These actions will be implemented by:

- Identifying first responders with SRHR skills and include them in the rapid response teams
- Providing skill based MISP training to the service providers and managers
- Stockpiling customized emergency reproductive health kits for use during disasters
- Working closely with the humanitarian sector and strengthen contingency planning, emergency preparedness and build community resilience to prevent and respond to emergencies.
- Making available widest method mix possible even in emergency situations

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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.*

#### **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

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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%)
5. 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.