

FP2020 Commitment Update Questionnaire 2018-2019 BANGLADESH



The FP2020 Secretariat surveys FP2020 commitment makers annually to track progress made, activities undertaken, and challenges faced toward fulfilling commitments. We kindly ask you to complete the FP2020 Commitment Update Questionnaire 2018-2019 for Bangladesh, by **5 July 2019**. Your responses support greater information and knowledge sharing, transparency, and accountability among the growing number of FP2020 commitment makers and the broader family planning community. As in previous years, we will share your responses on your country's dedicated country webpage—<http://www.familyplanning2020.org/bangladesh>—so in-country and global stakeholders alike can follow Bangladesh's progress in reaching the ambitious goals set on behalf of the women, girls, families, and communities in your country.

FP2020 commitments can be achieved with coordinated actions across multiple sectors and partners at various levels. We hope this will be an opportunity for you to engage with your country focal point team, including the newly appointed youth focal point, and family planning stakeholders in country to jointly review progress.

Please note that the self-reporting process complements the national family planning data consensus workshops that take place during the same time period. If the data consensus workshop for Bangladesh is scheduled after **5 July 2019**, please let us know so we can discuss how to align the commitment reporting deadline to ensure results from each process are compatible.

Please complete the attached Word document and submit to Martyn Smith (msmith@familyplanning2020.org) and Chonghee Hwang (chwang@familyplanning2020.org).

Should you have any questions or concerns, please contact Chonghee Hwang at chwang@familyplanning2020.org.

Additionally, the Core Conveners of FP2020 are currently gathering input to build a shared vision for family planning post-2020. We look forward to learning from your response and appreciate your partnership in delivering on the promise that is FP2020.

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Thank you for your time and effort to fill out this questionnaire and provide useful information for the broader partnership.

FP2020 Commitment

Update Questionnaire 2018-2019

BANGLADESH



The questionnaire includes 1) the 2017 revitalized commitment and elements of Bangladesh's original commitment that still stand, and 2) 7 standard questions to all FP2020 commitment-making countries.

As you provide your updates below on each element of your commitment, kindly focus on:

- **Progress made and key challenges or barriers** you faced, during the **July 2018 - June 2019 period**.
- Please also include information on **any key upcoming commitment-related milestones**.
- Lastly, we invite you to reflect on progress per commitment through a **self-assessment**.

SECTION I: QUESTIONNAIRE FOR COMMITMENT UPDATE

COMMITMENT OVERVIEW

Bangladesh is committed to achieving the Sustainable Development Goals" The recently approved 4th Health Sector Programme, 2017-2021, of the Ministry of Health and Family Welfare (MOHFW), 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 achieving its family planning objectives by implementing the National Postpartum Family Planning Action Plan, regional family planning package for the Sylhet and Chittagong Divisions which are lagging behind, and the National Adolescent Health Strategy, in a timely, 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 a 67% increase in allocation from that of the previous programme. It will help improve the quality of national family planning program 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

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will be strengthened by placing clinical teams in all districts; further work with the private sector will help address gaps in service provision, and a steady supply of commodities will be ensured.

1. **COMMITMENT:** 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.

a) Please provide an update below on achievements made in July 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

Check Points(extracted from 2017 revitalized commitment):

Anticipated Impact:

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

Proposed Actions:

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

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

Key results achieved:

1. The Directorate General of Family Planning (DGFP) already introduced implants as an immediate PFP method throughout the country through an approval of the National Technical Committee (NTC) of the Ministry of Health and Family Welfare (MOHFW).
2. Accordingly, medical and social eligibility criteria of FP methods during post-partum period has been updated based on the national context in Bangladesh National Family Planning Manual, Training Curricula and Medical Eligibility Criteria (MEC) wheel used by the service providers and FP Managers.
3. A circular already been issued throughout the country jointly signed by both the Director General of the DGFP and the Directorate General of Health Services (DGHS) instructing all level of field workers and service providers of the DGFP and DGHS to provide information on PFP methods to prospective mothers during antenatal care, postnatal care and immunization sessions. Implementations of this instruction throughout the country still a challenge and require more time.



4. The PPFP has been incorporated in the comprehensive national social and behavior change communication plan of the MOHFW. A PPFP compendium has been developed, printed and distributed to all the service providers throughout the country. PPFP related job-aids, posters, brochures and leaflets has been developed, printed and distributed throughout the country.
5. A total number of 550 physicians and paramedics/FWVs have been trained on PPFP to increase the capacity of the service providers to provide quality PPFP services nationwide.
6. To improve logistics management and ensure zero stock out in the facilities providing PPFP services, the DGFP is conducting e-LMIS. Besides, with UNFPA support, a box containing contraceptives are kept in the labor room of the DGHS and DGFP facilities.
7. To better capture the PPFP related data, the MIS forms of the DGFP has been revised and through these forms PPFP performance information are regularly gathered on line in the DGFP MIS system. Similarly, a DHIS 2 platform for PPFP for the DGHS health facilities is in the process of development.
8. To increase the availability and performance of PPFP services in the DGHS health facilities (Medical College Hospitals, District Sadar Hospitals and Specialized Hospitals), the MOHFW has provided approval to allocate "Imprest fund" to the respective head of the facilities to deal with the spot payment (travel cost, food cost and compensation of wage lost for LARC and PM services recipients) for PPFP services. In this regard, the CCSDP unit of the DGFP started orienting /training to concerned officials of the DGHS facilities. In this connection, a circular has been issued nationwide jointly signed by both the Director General of the DGFP and DGHS instructing how to implement the PPFP services in the DGHS facilities. Similarly, a circular has been issued nationwide jointly signed by both the Director General of the DGFP and DGHS instructing how to provide PPFP services in the private medical college hospitals, NGO clinics, private clinics and hospitals.
9. Twelve Family Planning Counselors have been working in 6 District Sadar Hospitals and 6 Upazila Health Complex under DGHS with support from UNFPA to improve the PPFP performance in these facilities. During January/19 to May/19, these counselors counseled 13,351 pregnant and non-pregnant women and among them 871 clients adopted LARC and PM methods, 2479 clients adopted Progestin only pill (POP), 1521 clients adopted injectable contraceptives and 2815 clients adopted oral contraceptive pills (OCP).

b) Please mark X below how you assess progress toward elements of your commitment:

Achieved OR On-Track (X) / In-Progress OR Off-Track ()

c) If you marked "In-Progress" OR "Off-Track" in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?

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

a) *Please provide an update below on achievements made in July 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:*

Check Points(extracted from 2017 revitalized commitment):

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:

- *Developing an evidence based local level plan*
- *Strengthening Service Delivery by:*
 - a) Creating pool of trained doctors at district to provide LAMP services*
 - b) Partnering with NGOs and hiring private doctors to fill vacant positions*
 - c) Organizing special LAMP 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 LAMP services*
- *Capacity building of a larger number of service providers*
- *Ensuring uninterrupted logistics and commodities supply*
- *Increasing demand with focused SBCC interventions*
- *Strengthening supervision and monitoring*

Key achievements:

1. The DGFP introduced bottom-up contraceptive projection planning where the field workers (Family Welfare Assistants) of the DGFP develop their own yearly projection on different FP methods through segmenting the eligible couples (ELCO) according to the number of children. These projections were compiled at Upazila, and District and then at national HQ of the DGFP which ultimately become the national yearly projection of FP methods.
2. To strengthen the service delivery on LARC & PM, the following steps were taken:-
 - A. A pool of trained and skilled physicians created at district level to provide LARC & PM services. These physicians develop a monthly plan to provide LARC and PM services in different service delivery facilities of the district. If in an upazila, the post of the physician is vacant or there is no skilled and trained physician, the skilled physician at the district or other upazilas will provide the services according to the monthly developed plan.
 - B. The CCSDP unit of the DGFP partnered with the Marie Stopes Bangladesh to utilize their roving team to provide LARC & PM services in the facilities of the upazilas where the post of the physician is vacant or not skilled in providing the services and in hard to reach upazilas.

- C. The CCSDP unit of the DGFP has been organizing 'Client Fair' which is a kind of special LARC & PM service camps in the facilities of all upazilas in different Districts. During July/18 to June/19 "Client Fair" were organized in 22 Districts. In these "Client Fair" 2192 clients adopted permanent methods 6117 clients adopted IUD and 13,335 clients adopted Implant FP methods.
- D. Periodically roving teams of Marie Stopes Bangladesh were utilized in hard to reach upazilas of the District to provide LARC and PM services based on the local needs and plans.
- E. Additional 1301 paid peer volunteers were recruited to perform house to house visits. At present 2971 paid peer volunteers are working in 50 hard to reach upazilas. Among these paid peer volunteers, 783 received 6-days basic training on LARC and PM, 917 received 2-days refresher training on LARC and PM.
- F. Satisfied NSV acceptors and satisfied IUD acceptors are engaged in several upazilas of different districts as peer volunteers for counseling, motivation and referral for LARC and PM services.
3. To increase the capacity of the service providers to provide LARC and PM services 12-days basic training on LARC and PM were provided to 400 Senior Staff Nurse, SACMOs and FWVs and refresher training on LARC and PM were provided to 76 same categories of participants, 550 Senior Staff Nurse, SACMOs and FWVs received PPFp training.
4. Necessary initiatives have been taken to ensure uninterrupted supply of logistics and commodities for LARC and PM services.
5. To strengthen the monitoring supervision of Family Planning Clinical Supervision and Quality Improvement Teams (FPCS-QIT) under the CCSDP unit a National Consultant-Quality Improvement has been recruited with financial assistant from UNFPA. To improve monitoring and supervision of family planning program, the Field Services Delivery unit of the DGFP has recruited additional 8 family planning facilitators and one National Coordinator with financial assistant from UNFPA. At present 18 family planning facilitators and one National Coordinator is working in family planning program.
6. With support from World Bank, Disbursement Linked Indicators-9 (DLI-9) is introduced for improvement of post-partum family planning services in Chattagram and Sylhet Divisions. This DLI-9 has four Disbursement Linked Results (DLR). These are DLR- 9.1, DLR-9.2, DLR-9.3 and DLR-9.4. DLR-9.1 is facility readiness criteria and assessment instrument for PPFp services are approved. DLR-9.2 is reporting and training guidelines for PPFp services are approved. DLR-9.3 is assessment and action plan are completed for expansion of PPFp services in targeted health facilities at Chattagram and Sylhet divisions. These targeted health facilities are 477 under DGFP (MCWC-16 and Union Health and Family Welfare Centers-466) and 125 under DGHS (District Sadar Hospitals-15 and Upazila Health Complexes-110) Total targeted facilities are 602. DLR-9.4 is percentage of targeted public health facilities meeting readiness criteria for delivery of PPFp services in Chattagram and Sylhet divisions. DLR-9.1 and DLR-9.2 already achieved. The CCSDP unit is working for DLR-9.3 and DLR-9.4.
7. At present 18 BAVS clinics are providing LARC and PM services in urban areas.



b) Please mark X below how you assess progress toward elements of your commitment:

Achieved OR On-Track (X) / In-Progress OR Off-Track ()

c) If you marked "In-Progress" OR "Off-Track" in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?



3. **COMMITMENT:** 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.

a) *Please provide an update below on achievements made in July 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:*

Check Points(extracted from 2017 revitalized commitment):

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:

- *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.*
- *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.*
- *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.*
- *Vacant midwives' positions will be gradually filled-up with certified diploma midwives.*
- *There will be strategic deployment of midwives to ensure comprehensive coverage of midwifery services in priority locations.*
- *Mass awareness will be built on midwifery profession.*
- *Community engagement of midwives under direct supervision from the Director of Nursing and Midwifery*
- *Services will be introduced*

Results Achieved:

The overarching accomplishment for midwifery in 2018 was the deployment of 1148 diploma midwives to government rural health facilities. The deployment of the midwives was the fruition of over 10 years of UNFPA and other development partner's support to the government which included regulation, pre-service education, and preparing enabling environments. With the midwives' deployment further refinement to ensure quality in all areas is needed. Key achievements for 2018 are described as below:

Dalarna University-Sweden has continued supporting pre-service midwifery education through strengthening faculty. This strengthening has included master's preparation in sexual and reproductive health (SRH), and a complementary online/onsite mentorship for classroom and simulation teaching.

To strengthen the competency of the new graduate midwives and improve pre-service education both faculty and graduate midwives received a 28-day SRH competency based trainings focused on

menstrual regulation and post abortion care (MR/PAC), family planning, and health response to gender-based violence (GBV).

Four midwifery faculty received ethical clearance on their PhD proposals. The proposal topics are relevant to strengthening midwifery education and improving the quality of SRH in Bangladesh. It is expected that the doctoral program will enhance critical thinking and research skills of midwifery faculty, which will be transmitted through their teachings to midwifery students in the country.

Clinical sites for midwifery students have expanded and facility mentorship is ongoing with focus on ensuring quality comprehensive SRH services. Accreditation of midwifery educational programs has been initiated. Data collection for an initial quality assessment was completed and a report was provided to each educational program. The accreditation tool was then revised and the new version is with the Ministry of Health and Family Welfare (MOHFW) for final approval.

Capacitating the Bangladesh Midwifery Society (BMS) is continuing through the twinning project with the Royal College of Midwives (RCM). A landmark online election for the BMS board was held in 2018! The new board is made up of largely diploma midwives. A young leadership program for 14 diploma midwives including all the new board members is ongoing through trainings and mentorship. The BMS has launched an online learning course which will be the beginning of standardized in-service education for midwives.

Mass awareness on midwifery profession are ongoing which includes advocacy programme among the managers (doctors, nurses, parliamentarians etc.), social media campaign through BBC media, observing national midwifery day, midwives' participation in international and national workshop, seminars.



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4. **COMMITMENT:** Bangladesh commits to mobilize at least USD 615 million from its development budget for the family planning programme 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).

a) *Please provide an update below on achievements made in July 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:*

Check Points(extracted from 2017 revitalized commitment):

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.

The total Annual Development Program (ADP) allocation in financial year 2018-19 for seven operational plans under the 4th HPNSP are given in below table. Since the financial year has closed on 30 June, expenditure reports are not available yet. The total allocation for seven FP Operational Plans (OPs) in the 4th HPNSP for the FY 2017-18 was USD 325.35 million and utilization rate was 89%.

Division	OP	ADP Allocation USD			
		Total	GoB	PA	
				Total	RPA
Medical Education and Family Welfare Division	CCSDP	40,095,677	26,132,766	13,962,910	11,094,968
	FP-FSD	33,918,025	6,874,557	27,043,468	26,807,229
	IEC	8,066,383	3,547,130	4,519,253	4,046,775

	MCRAH	24,332,625	7,559,650	16,772,974	15,119,301
	MIS	5905,977	885897	5020080	5020080
	PME	679187	135837	543350	543350
	PSSM-FP	3685330	3517600	167730	167730
	Total	116683203	48653437	68029766	62799433

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5. **COMMITMENT:** 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.
- 5.1 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 centres.

a) Please provide an update below on achievements made in July 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

Check Points(extracted from 2017 revitalized commitment):

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.

According to the Bangladesh Demographic Health Survey 2017-18, Unmet need for family planning among women age 15–19 in Bangladesh has decreased from 17 percent in 2014 to 15.5 percent in 2018.

Currently, MCH Services Unit of DGFP is implementing adolescent-friendly health services (AFHS) through 2 national level service centres (MCHTI & MFSTC), 62 Mother and Child Welfare Centres (MCWC) at district level and 403 Union health and family welfare centres (UH&FWC) at the community level by trained service providers (Doctors, FWVs and SACMOs). The DGFP has disbursed funds for readiness of AFHS in another 203 UH&FWCs. Every sub-district (upazila) of the country have already prepped by at least 1 adolescent-friendly health centre in the meantime. At least one service provider from each facility have trained from 16 districts to provide adolescent friendly health services including nutrition and family planning supports. Adolescent Health National Action



Plan and a framework for implementing the strategy has been developed and endorsed by the ministry in January 2019. Moreover, 8 divisional workshops on life skill education and adolescent sexual and reproductive health have commenced to sensitize multi-stakeholders and gate keepers. According to MIS data, about 503,965 adolescents had treated for reproductive or sexual tract infection and 973,175 adolescents had taken iron-folic acid supplements from the month of July to December 2018 from different health centers.

In addition, Adolescent and School Health Programme under the Directorate General of Health Services (DGHS) has taken several initiatives to ensure AFHS in 10 districts and to expand subsequently at all Upazila Health Complexes (DGHS Bulletin 2018).



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c) If you marked "In-Progress" OR "Off-Track" in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?

6. **COMMITMENT:** 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.

a) Please provide an update below on achievements made in July 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

Check Points(extracted from 2017 revitalized commitment):

Anticipated Impact:

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

Proposed Actions:

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



- *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).*
- *Develop and implement a Plan of Action for QIT.*
- *Develop capacity of the QIT through different technical training as well on TQM approaches.*
- *Provide orientation/ training to field workers and managers about supervision and monitoring.*
- *Develop and implement a Plan of Action to strengthen FP information and services for postpartum, PAC and post-MR clients*
- *Provide orientation/ training on Informed Choice and Voluntarism (ICV) to strengthen and monitor ICV in FP program*
- *Training on management and follow-up of side effects/ complications of LARC & PM*
- *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*
- *Capacity development on counseling and management of Reproductive Health issues (STI/RTIs, HIV/AIDS) in relation to LARC & PM.*
- *Regular reporting and performance review of the QIT.*

Key achievements:

1. For quality FP service delivery and to strengthen monitoring and clinical supervision in all the service delivery facilities throughout the country, the CCSDP unit of the DGFP already established 10 Regional Family Planning Clinical Supervision-Quality Improvement Teams (FPCS-QIT) headed by a Regional Consultant and 54 District FPCS-QIT headed by a District Consultant. In each of the team in addition to the consultant, one Senior Staff Nurse, one Electro-medical technician, one Office assistant cum computer operator and one driver is working. These teams will conduct supervisory and monitoring visits to District Sadar Hospital, Medical College Hospitals, MCWCs, UHCs, UH&FWCs, community clinics and satellite clinics and private hospitals and clinics to improve the quality of MCH-based FP services.
2. A plan of action for each of the FPCS-QIT has been developed. As per the plan each of the team will conduct at least 12 facility visits (MCWC, UHC, UH&FWC and Community Clinics) in each month. In one day only one facility should be visited and the team should stay whole working time in the facility to observe different component of the service delivery, collect service statistics and observe critical steps of the service delivery and provide hands-on coaching if any gaps identified for improvement. A set of quality improvement checklists have been developed and finalized which will be used by the FPCS-QIT during clinical supervision and monitoring visits to the facilities.
3. To develop the capacity of the FPCS-QIT members' different types of technical training on PFPF, LARC & PM, Infection Prevention, counseling including total quality management (TQM) have been provided.
4. Provided orientation and training to field workers and managers about supervision and monitoring.

5. Provided training / orientation on informed choice and voluntarism (ICV) to service providers and FP managers nationwide to strengthen and monitor ICV in FP program through EngenderHealth's Mayer Hashi family planning project in Bangladesh supported by USAID
6. Training on management and follow-up of side effects / complications of LARC and PM were provided to physicians and FWVs/ paramedics as part of 12 days LARC & PM training.
7. The activity of FPCS-QIT are regularly monitored through supervisory visits by National Consultant-Quality Improvement and Senior Officials of the CCSDP unit of the DGFP. Half yearly performance review meeting of the FPCS-QIT also organized and conducted.



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c) If you marked "In-Progress" OR "Off-Track" in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?

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

a) Please provide an update below on achievements made in July 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

Check Points(extracted from 2017 revitalized commitment):

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

Key achievements:

In the readymade garment (RMGs) sector, around 5.4 million population works where 70% of them are women and they usually are of reproductive age and a good number of them are married and young couple. A study revealed that the average age of marriage for the female and male workers is 17 and 24 years respectively and they are very vulnerable to bear unwanted pregnancy and unsafe MR (Menstrual Regurgitation) caused by lack of information and availability of family planning services.

Given the above context and essentiality, Family Planning-Field Services Delivery (FP-FSD), DGFP has developed an effective coordination with readymade garments (RMGs), NGOs and private clinics and hospitals to ensure Family Planning Services.

1. With an aim to increase contraceptive users among the garment workers, FP-FSD, DGFP operational plan has trained on family planning to the service providers (Doctors, Nurses and Paramedics) and management representatives of 94 readymade garments factories (from July 2018-June 2019).
2. FP-FSD, DGFP is already providing contraceptives by free of cost to 254 readymade garments (from 2017-2019).
3. DGFP is already providing contraceptives to NGOs free of cost. A total 229 local and national NGOs are providing FP-MCRAH services in urban and rural areas.



4. DGFP has also issued a circular on 20 March 2019 to provide Family Planning support and providing contraceptives to NGOs free of cost to the Govt registered private clinics and private medical college hospitals. This new initiative has been started to implement in the country.

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c) If you marked "In-Progress" OR "Off-Track" in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?

8. **COMMITMENT:** Bangladesh will use technology and programme delivery innovations in family planning
- 8.1. 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.
 - 8.2. 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.
 - 8.3. Family planning messages, counselling and advice will also be provided through the national 24/7 call center of the Director General of Health Services

a) Please provide an update below on achievements made in July 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

Check Points(extracted from 2017 revitalized commitment):

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*
- *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*

Key achievements:

Considering the high unmet need among adolescent couples and high adolescent fertility rates in Bangladesh, UNFPA has supported DGFP to implement a pilot study on delaying early pregnancy of newly married couples in Brahmanbaria district. Purpose of the pilot study was to design an intervention package for delaying early pregnancy among newlywed couples by engaging marriage registrars and family planning service providers and testing the feasibility of implementation of this intervention nation-wide subsequently. The actual Intervention package includes: providing a gift box to the newly-wed couples at the marriage ceremony (this gift box contains IEC materials and FP methods such as pills and condoms) through the marriage registrars and imams/purohits; counselling the newly married couples at home immediately after marriage by the FWAs and motivating mothers-in-law/mothers to support the married couples for preventing early pregnancy. So far, 156 gift boxes have been provided to newly-wed couples in the project district in 5 months. It is expected that these gift boxes will encourage couples in adopting FP and will help them delay the first pregnancy, reduce adolescent fertility, mortality and morbidity. Recently, a follow up study has completed to see the



impact of this intervention; study report is due in August 2019. DGFP has agreed to scale up this intervention throughout the country successively with their domestic resources.

A handbook on premarital counselling is finalized and approved by technical committee. This handbook has developed to orient facility based and frontline service providers to offer effective counselling to the newlywed couples. Provided training on premarital counselling to the field workers and marriage register in Mymensingh Division. Total 2,350 persons received training in 55 batches. It will play a pivotal impact to newlywed couples regarding family planning information and knowledge.

IEM unit of DGFP has organized PoribarSommelon (Family Gathering) to highlight FP, MCH and adolescent services like earlier year. In this period 80 programs have been conducted.

In July 2018, honorable minister of Health and Family Welfare has inaugurated 24/7 call center named "SukhiParibar". From July'18 to May'19 total 21,169 calls recorded and 20,083 (95%) calls have responded. Majority questions are related to Family planning and ANC/PNC & delivery care. IEM unit of DGFP has provided training for call center agents and related doctors regarding FP & MCH information. Mass media campaign has done to publicize call center activities, such as- TV scroll, advertisement in newspaper, TVC, RDC etc. A mass road show has performed to advertise call center in 8 divisions. Facebook and YouTube campaigns were also organized.

At the field level IEM unit regularly organized AV van show and demonstrate audio visual show. Now they have developed a mobile application to monitor AV van show.

b) Please mark X below how you assess progress toward elements of your commitment:

Achieved OR On-Track (X) / In-Progress OR Off-Track ()

c) If you marked "In-Progress" OR "Off-Track" in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?

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9. **COMMITMENT:** 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.

a) Please provide an update below on achievements made in July 2018 - June 2019 in support of these elements of your commitment, including any key upcoming commitment-related milestones:

Check Points(extracted from 2017 revitalized commitment):

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

In July 2018 to date, 42 midwives have been trained on minimum initial service package for reproductive health.

The Directorate General of Health Services (DGHS), UNFPA and CARE Bangladesh implementing a project which aims to strengthen SRH- humanitarian preparedness and response throughout the country. In this project, one of the main activities is to provide a modified MISP training, both for health care managers and for health service providers, such as midwives, nurses and doctors. Furthermore, the project will also roll out training of trainers (TOT's) for the MISP on district level. The project is focusing on the most disaster prone areas which has been identified in consultation with multi-stakeholders.

UNFPA is currently in the process of exploring the possibility of using the governments warehouse in Dhaka for the prepositioned kits during emergencies. This solution would not only be very cost effective, but also strengthen the relationship and collaboration with the government in disaster preparedness and response. Additionally, DGHS and UNFPA have recently started the process of trying to customize reproductive health kits, tailored for the Bangladeshi context in order to maximize usage and minimize wastage.



The SRH- working group are having quarterly meetings with stakeholders active within the field of SRH and humanitarian. To optimize the potential of this group, relationship with the department of Non Communicable Disease Control (NCDC) has strengthen, who now also will be representing the government in the SRH- working group meetings. Furthermore, SRH working group have strongly and successfully advocated to including SRH in the national contingency plan at the Department of Disaster Management (DDM).

b) Please mark X below how you assess progress toward elements of your commitment:

Achieved OR On-Track (X) / In-Progress OR Off-Track ()

c) If you marked "In-Progress" OR "Off-Track" in the above question, what are the key challenges or barriers you face in achieving these elements of your commitment?



SECTION II: STANDARD QUESTIONNAIRE

Please respond to all parts of the following 7 questions:

1. **How has your country integrated adolescents and youth representatives, and/or representatives from marginalized groups** (e.g. lowest-income, people with disabilities, out of school, minority groups, remote or displaced populations, etc.) **into the FP2020 Focal Point team and/or country's FP technical working group or country engagement working group?**

- a. If yes, how has this engagement influenced achieving your FP2020 commitment?
Please also share successes and/or lessons learned from these engagements.

The Country Coordinator of International Youth Alliance for FP (IYAFFP) has been nominated as youth representative of FP2020 focal point. She along with other youths attend family planning technical forum meetings and share their views on national FP program. Youth-led organizations also conduct workshops and meetings with stakeholders including government senior officials to discuss adolescent and youth's participation in planning and implementation of programs.

SEARC-Bangladesh a youth-led organization with support from UNFPA has organized Bangladesh 3rd National Youth Conference on Family Planning 2018 to focus on meaningful participation of young people, showcasing programs on family planning and well-being of young people reproductive health in the country. The conference brought together 300 young leaders, health professionals, advocates, and experts on health rights, sexual and reproductive health of youth and adolescents, government, policy and decision makers from across the country.

In opening plenary session, Mr. GM Saleh Uddin mentioned youth as a machine, strength for the development of the country. He also added that family planning must be considered not only as a family related matter but also a community, society or a national matter. The secretary committed to take all necessary actions to ensure youth friendly reproductive health services for all spheres of youth in the country.

- b. If not, what challenges have you faced in working with these groups? (Please give examples)



2. **How is your Government integrating family planning into universal health coverage (UHC)-oriented schemes and what is/are the mechanism(s) being used or considered? What specific actions were taken in the past year surrounding integration?**

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Universal health coverage schemes are just beginning Bangladesh. Family planning has partially been integrated into the UHC schemes as part of primary health care frameworks. FP has included in the Essential Service Package (ESP) free at all MOH&FW facilities which contributed to UHC.

3. **Has your Government organized the 2019 data consensus workshop?**

No, But Bangladesh arranged several FP2020 country engagement working group meeting.

The Directorate General of FP has planned to organize data consensus meeting on 28 June, 2018. Invitation letter was issued from DGFP, but at the last moment Avenir Health regret to attend the meeting due to some logistic issues. So the meeting was postponed; new date will be set soon.

- a. If yes, did the FP2020 Focal Points participate in your country's 2019 data consensus workshop? If so, what insights were gained?
- b. Were domestic expenditure data reviewed as part of the data consensus meeting? If so, please share insights and challenges you had in reviewing and validating these data.

4. In the past year, were any efforts made to improve resilience and/or emergency preparedness of family planning systems in country?

Bangladesh is facing influx of Rohingya refugees for last 2 years. Directorate General of Family Planning (DGFP) has undertaken plenty of programs for their improvement of sexual and reproductive health services including family planning. DGFP provided both direct services and information regarding SRHR issues.

Besides that, rapid response team (RRT) is formed at different levels to mitigate aftermath of any crises or natural disaster.

5. Has your country allocated GFF resources to your FP program? If so, how has this benefitted your work?

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National family planning program has allocated 4.5 million US dollars out of 32.75 million. These resources are being utilized for facility readiness in strengthen postpartum family planning services through trained human resources, equipment and contraceptives and supplies, quality improvement, SBCC and updated MIS.

6. Have you worked to improve quality of care/rights based family planning in your programs? Yes

- a. Do your family planning programs provide a broad range of contraceptive methods (long-term, permanent, or short acting)? Do you provide comprehensive information and counseling on all available methods, including information on any risks or side effects?

National family Planning program of Bangladesh has wide range of contraceptive methods available. It includes, Permanent methods (NSV and tubectomy), Long acting (Implant & IUD) and short acting (Pill, Condoms and injectables) methods. Counselling is a vital part of method choice. All the information of family planning method which is applicable to the client was informed to the client including advantages and possible side effects. After getting all information clients take the decisions. Service providers usually use flip chart and counselling kit and family planning manual during counselling and offering contraceptives.

- b. To ensure auser-centered approach, do clients get a chance to provide feedback after clinic visits either through questionnaires, surveys, or suggestion boxes?

There is a suggestion / complaint box in Upazila health Complex and client can put anything on that. Client can also call in call center.

- c. Are your clinics open to improve accessibility and availability of services?




All Upazila Health complex and many Union Health & family Welfare Centers are open 24/7 and providing comprehensive SRH services.

7. **FP2020 and partners are currently gathering input to build a shared vision for family planning post-2020, in consultation with stakeholders at the country and global level. Have you had an opportunity to participate in any way in this consultation process (e.g. online survey, consultative calls, etc.)?**

No, I didn't participate any of those meeting yet.

Please provide the following information for the Government's point of contact for this update

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