

# BANGLADESH COMMITMENT SELF-REPORTING QUESTIONNAIRE 2018



This year we have modified the questionnaire to include 1) the 2017 commitment and elements of Bangladesh's original commitment that still stand, and 2) three standard questions we're requesting of all FP2020 commitment-making countries.

As you provide your updates below on each element of your commitment, kindly focus on progress made, any major challenges or barriers you faced, and share information on any key upcoming commitment-related milestones. **Please provide updates that reflect the July 2017- May 2018 period only.**

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## UPDATE QUESTIONNAIRE

### 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 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.

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*In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:*

The Directorate General of Family Planning (DGFP) has been implementing the National Postpartum Family Planning Action Plan, which includes post MR and PAC Family Planning, throughout the country. So far, the MOHFW has provided training to 360 Family Welfare Visitors (FWVs) and 138 Doctors from all over the country with support from USAID. In addition, 64 FWVs have been deployed to all District Hospitals in Bangladesh. Ten dedicated family planning counselors have been deployed to 5 District Hospitals and 5 Upazila Health Complexes with support from UNFPA. As the number of deliveries is high in District Hospitals, these initiatives will play a significant role to increase PFP in the country. Training guidelines and curriculum to identify the characteristics of facility readiness for PFP have been developed. Through DFID funding Bangladesh has been supporting 200 government and private facilities to expand the PFP services.

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

*In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:*

The DGFP is placing special emphasis in 3 divisions which are lagging behind compared to the other divisions. We took following steps to extend services to the hard-to-reach population.

Capacity Building:

1. Training on "Long acting reversible contraceptive and permanent methods (LARC & PM)" were provided to a total of 250 DGHS, DGFP and NGO doctors.
2. Training on Postpartum Family Planning was provided to 260 FWVs.

Demand Generation:

1. Recently, 544 additional paid peer volunteers were recruited to perform house-to-house visits. The 874 previously recruited volunteers are continuing their services. At present, the total number of paid peer volunteers is 1,418.
2. 26 orientation program on "Long acting reversible contraceptive and permanent method (LARC & PM)" were conducted.
3. 42 PFP orientation workshops were conducted.
4. For religious leaders, 12 LARC & PM workshops were conducted, using the booklet, "Family Planning in the Light of Islam."

NGO services:

5. At present, 18 BAVS clinics are providing LARC & PM services in urban areas.
6. To improve monitoring and supervision of family planning program, the Field Service Unit has recruited 10 family planning facilitators with financial assistance from the UNFPA.

- 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.

Midwives will be trained to provide the 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.

*In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:*

- Newly recruited 600 midwives will be deployed in Upazila Health Complexes soon and the recruitment for another 600 midwives is in process.
- 10 midwives were trained on clinical contraception, including postpartum family planning, among those who were recruited as FP counselors.
- 310 newly graduated midwives were trained in competency based training on comprehensive reproductive health, which includes FP, MR, PAC, STI and health sector response to GVB.
- DFID has been supporting national midwifery program in faculty development and clinical mentorship of newly graduated midwives.

- 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).

*In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:*

The total Annual Development Program (ADP) utilization for seven Operational Plans (OPs) in the 4th HPNSP for the first six months of FY 2017-19 and the fund release for July-December 2017.

**OP wise ADP utilization of 4th HPNSP for FY 2017-2018 (in crore Taka)**

Division	OP	ADP Allocation				Released Fund				Fund spent				% spent over total Release	% spent over total Allocation
		Total	GOB	PA		Total	GOB	PA		Total	GOB	PA			
				Total	RPA			Total	RPA			Total	RPA		
Medical education and Family Welfare Division	CCSDP	282.30	225.00	57.30	50.00	122.70	98.00	24.60	19.30	65.50	60.10	0.00	5.30	53%	23%
	FP-FSD	165.00	65.00	100.00	100.00	28.70	28.50	0.20	0.20	20.60	20.60	0.10	0.00	72%	13%
	IEC	58.00	28.00	30.00	28.00	14.30	7.00	7.30	7.00	5.10	3.40	1.30	0.30	35%	9%
	MCRAH	183.00	63.00	120.00	100.00	83.20	31.50	51.70	50.00	38.00	18.00	18.30	1.70	46%	21%
	MIS	18.00	10.00	8.00	8.00	6.40	4.60	1.80	1.80	0.60	0.60	0.00	0.00	10%	3%
	PME	2.90	0.90	2.00	2.00	1.40	0.40	1.00	1.00	1.20	0.20	1.00	0.00	82%	41%
	PSSM-FP	30.80	30.00	0.80	0.80	7.30	7.10	0.20	0.20	5.20	5.20	0.00	0.00	72%	17%
<b>Total</b>	<b>739.90</b>	<b>421.90</b>	<b>318.00</b>	<b>288.80</b>	<b>263.90</b>	<b>177.20</b>	<b>86.70</b>	<b>79.40</b>	<b>136.10</b>	<b>108.10</b>	<b>20.70</b>	<b>7.30</b>	<b>52%</b>	<b>18%</b>	

**Note:**

CCSDP = Clinical Contraception Services Delivery Programme

FP-FSD = Family Planning-Field Service delivery

IEC= Information, Education, Communication

MCRAH= Maternal, Child, Reproductive and Adolescent Health

MIS = Management Information Systems

PME= Planning ,Monitoring and Evaluation

PSSM-FP = Procurement, Storage and Supply Management-Family Planning

PA= Project Aid

RPA= Reimbursable Project Aid

GOB= Government of Bangladesh

Arranged workshop on financial management software in 12 districts and 78 MOHFW field level personnel attended the workshop. As a part of the health sector program, DFID will contribute USD 2.5 million in the national family planning program.

**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.

*In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:*

5.1 MCH Services Unit of DGFP is implementing adolescent friendly health services (AFHS) through 64 Mother and Child Welfare Centers (MCWC) and 339 Union health and family welfare centers (UH&FWC) by providing training to service providers (Doctors, FWVs and SACMOs). DGFP is also strengthening those facilities with supply of necessary logistics and IEC materials ensuring AFHS as well as family planning information to all adolescents and family planning methods to married adolescents. DGFP is also collaborating with UNICEF through ADOHEARTS project to prevent child marriage. In Rangpur District, in collaboration with two local NGOs and the MOHFW, USAID is funding the Advancing Adolescent Health Project which has established AFHS in 73 MOHFW facilities and trained the staff in how to provide AFHS. From January to March 2018 alone, more than 8,000 adolescents were referred for services, with 82% actually receiving services. More than 100,000 girls and boys age 10-19 have completed or are completing a series of 4 to 8 life skills training sessions. More than 32,000 adolescent girls, boys, parents and community gate keepers have signed a pledge to delay marriage.

**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.

*In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:*

DGFP has already scale up Family Planning Clinical Supervision and Quality Improvement Team (FPCS-QIT) in all 64 districts of the country. In addition to previous 10 regional consultants 54 District consultants have recruited for clinical supervision and monitoring for quality improvement of LARC & PM and MCH services. 64 senior staff nurses were also recruited for QIT member.

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

*In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:*

With an aim to increase contraceptive users among the garment workers, the FPFSD Unit operational plan has trained family planning service providers of 108 readymade garments factories. The training is followed by free distribution of contraceptives to the respective garment clinics. 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.

**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

*In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:*

To digitalize the field level activities, DGFP will supply 5,868 tablets in 10 districts with fund from USAID. This is in progress now. Another purchase of 624 tablets is in the evaluation stage by the DGFP.

8.2. The IEM Unit has organized 'Poribar Sommelon' (Family Gathering) to advocate on FP and MCH and adolescents services at upazila level (66 programs). Satisfied clients of FP users were present at these programs to advocate the importance of family planning in maintaining a happy family

The IEM Unit has initiated work with marriage register to address newlywed couples to disseminate messages on FP-MCH. A handbook on premarital counseling has been developed to orient field workers to provide information to newlywed couples in collaboration with marriage registrars.

The FPFSD operational plan has implemented a pilot program in Brahmanbaria District to reduce adolescent pregnancy and to ensure delayed pregnancy among newlywed couples. In the piloting activity for marriage registrars, religious leaders and community level service providers were added to conduct awareness rising activities along with distributing gift boxes on the wedding day containing IEC materials and contraceptives.

8.3 A 2417 call center of the Directorate General of Family Planning is in progress under IEC operational plan in the year 2017-2018. All messages on FP-MCH will be provided through this call center. Besides this, FP-MCH information is also provided through the DGHS call center.

8.4 The IEM Unit continues to maintain an up-to-date digital archive of all MOHFW approved BCC materials.

**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

*In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:*

250 service providers has been trained on minimum initial service package for reproductive health. 120 midwives were trained on reproductive health as rapid response team member at facility level.

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*Please respond to all parts of the following 3 questions:*

**1. How has your Government engaged civil society organizations, young people, and marginalized women and girls in decision-making about national family planning programs and policies?**

**a. What challenges have you faced in working with these groups? (please give examples)**

Through GO-NGO collaboration meetings, the FSD Unit is trying to involve these groups in the national decision making process. Main challenges are to make them understand the importance of family planning program in empowering the women by ensuring reproductive rights.

**b. How has this engagement supported reaching your FP2020 commitment?**

As the marginalized women and adolescents are getting family planning message, it will raise the awareness level and contraceptive uptake.

**c. Please share successes and/or lessons learned from these engagements.**

We need to focus more on the adolescent girls as they are the most vulnerable group in terms of reproductive health rights, and young married couples, who can mostly contribute to decreasing the Total Fertility Rate (TFR).

**2. *How is the Government integrating family planning into universal health coverage (UHC)-oriented schemes and what is/are the mechanism(s) being used or considered?***

Universal health coverage schemes are just beginning in Bangladesh. Family planning has not been integrated into the universal health coverage schemes yet.

**3. *Did the FP2020 Focal Points participate in your country's 2018 data consensus meeting?***

**a. *If so, what insights were gained?***

N/A

**b. *Were domestic expenditures data reviewed as part of the data consensus meeting? If so, please share insights and challenges you had in reviewing and validating these data***

N/A

**4. *Did the FP2020 Focal Points participate in your country's 2018 data consensus meeting?***

YES

**a. *If so, what insights were gained?***

Mozambique is on track to achieve the targets set. However, the country needs to increase efforts in order to ensure that in 2020 we will reach the ultimate goals. Some new assumptions have been raised and additional effort is needed. Further data analysis needs to be conducted in order to identify successful interventions that were introduced in the last three years and replicate them to. Additionally, in the recent National Health Coordination Council Meeting, held from 23 to 25<sup>th</sup> May, in which the Provincial Directors of Health attended, specific recommendations were given to each province to intensify FP achievements, as a result of the country's 2018 data consensus meeting.

**b. *Were domestic expenditures data reviewed as part of the data consensus meeting? If so, please share insights and challenges you had in reviewing and validating these data.***

Yes. Although the Government contribution is below what was stipulated in the commitment, there has been a positive attitude to comply with at least 5 percent of the contraceptives total cost yearly even under the national financial crisis.

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