

Government of the People's Republic of Bangladesh
Ministry of Health and Family Welfare
Medical Education and Family Welfare Division
Population-1 Section
www.mefwd.gov.bd

Memo No. 59.00.0000.114.24.008.18.225

Date: 06.11.2022

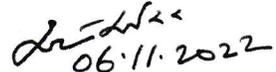
Subject: Bangladesh FP2030 Country Commitment

Ref : Letter of FP2030 Secretariat, Dated 30.06.2022

In response to the above mentioned subject and references, as directed, this is to inform you that the Medical Education and Family Welfare Division, Ministry of Health and Family Welfare, Government of Bangladesh is agreed to the invitation for making a rights based FP2030 family planning commitment. As directed, the document titled "Bangladesh FP2030 Country Commitment" is sent herewith (attached) for necessary actions.

Encl.: as stated

Kind regards,


06.11.2022
(S. M. Ahsanul Aziz)

Deputy Secretary

Phone: 55100791

E-mail: population1@mefwd.gov.bd

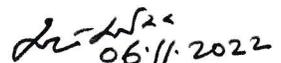
Dr. Samukeliso Dube
Executive Director
FP2030 Partnership
1750 Pennsylvania Ave NW, Suite 300
Washington, DC, 20006
United States of America

Memo No. 59.00.0000.114.24.008.18.225/1(6)

Date:06.11.2022

Copy for information:

1. Director General, Directorate General of Family Planning, 6, Karwan Bazar, Dhaka
2. PS to Secretary, Medical Education and Family Welfare Division, Ministry of Health and Family Welfare, Bangladesh Secretariat
3. PS to Minister, Ministry of Health and Family Welfare, Bangladesh Secretariat
4. Country Representative, UNFPA-Bangladesh, IDB Building, E/8, Begum Rokeya Sharani, Agargaon, Dhaka-1207
5. PO to Additional Secretary (Population, FW and Law), Medical Education and Family Welfare Division, Ministry of Health and Family Welfare, Bangladesh secretariat
6. PO to Joint Secretary (Population), Medical Education and Family Welfare Division, Ministry of Health and Family Welfare, Bangladesh secretariat


06.11.2022
(S. M. Ahsanul Aziz)
Deputy Secretary

Bangladesh

FP2030 Country Commitment

VISION STATEMENT

By the end of 2030, Bangladesh aspires to be a country where everyone particularly women and girls lead healthy lives with equitable and inclusive access to and utilization of rights-based family planning services towards attaining sustainable development goals.

COMMITMENT OBJECTIVES

Commitment Objective 1(key elements are underlined):

Update, adapt and implement policy framework, regulations, accountability and compliance to improve SRHR including FP through an integrated, multi-sectoral and human right-based approach targeting leaving no one behind (LNOB) across the development and humanitarian continuum.

Objective Statement: Commits to ensuring enabling policy environment and accountability to achieve the national FP goals for 2025 (8th five-year plan) and 2030.

Rationale:

Bangladesh has a conducive environment for policies and strategies. The government approved the first population policy and guidelines in 1976 considering both FP and non-FP measures which were updated in 2012. The National Population Council has been formed headed by the honorable Prime Minister and assigned MoHFW for implementation of recommendations and decisions. The country has also developed the National Adolescent Strategy for 2017-2030 and National Strategy for Maternal Health, 2019 - 2030.

The current 4th Health, Population and Nutrition sector programme prioritized family planning programmes and allocated resources accordingly and the current 8th Five Year plan has also reflected the priority of the family planning programme and ICPD Programme of Action and commitment with specific targets to achieve by 2025 and 2030. Despite having many supportive policies and regulations, the country should support strict implementation strategies with adequate resource allocation. There is also a need for developing a family planning strategy and implementation guidelines with a costed action plan.

STRATEGIES:

- The Ministry of Health and Family Welfare (MoHFW) and its directorates particularly DGFP through participatory processes especially by engaging civil society organizations (CSOs), research organizations, academicians, professional societies and related stakeholders will review the existing relevant legal and policy framework, regulations, accountability mechanisms and will identify strategic areas for improving the access and use of SRH services particularly FP to achieve FP2030.
- Based on the review and analysis of existing policies and guidelines and by embracing the National Population and Health Policy, ICPD, SDG & UHC commitments of the country DGFP through an inclusive, and transparent process, will develop a human rights-based National Family Planning strategy with an Action Framework to achieve the country's FP2030 goal and commitments.
- The framework will be translated into implementation plan/s with budgetary provisions to support Line Directors and Programme Managers to allocate adequate resources in the respective operational plans of the sector-wide programme of MoHFW with special attention to the Hill Districts, urban and other underserved areas.



- DGFP will coordinate with DGHS, NIPORT, DGNM, DGME, CSOs and other ministries like MOE, MOWCA, MOSW and MRA to ensure the implementation of the strategic framework.
- Considering that 30% of the population lives in the urban areas to address the urban population, DGFP will facilitate MOHFW to coordinate with the Local Government (LG) Division of MOLGRD&C and along with CSOs will support them to set up very specific policies, strategy, and programme for urban areas for improved access to and utilization of quality, inclusive, equitable, gender and shock-responsive, universal, climate-resilient and human rights-based sexual and reproductive health information and services.
- An urban SRHR coordination body (Technical Committee/Task Force) will be formed jointly with LG Division, DGFP, DGHS and other stakeholders to monitor progress in the urban areas.
- Develop and implement a monitoring and evaluation strategic framework to strengthen routine monitoring systems with an eye toward making available adequate human resources.
- A small independent monitoring group (FP2030 Technical Team) involving key stakeholders will be formed to track the progress with existing and available secondary data from national population-based surveys, policy and programme documents and routine MIS data.

INDICATOR (S) TO REVIEW PROGRESS:

- Review, and update National Population Policy and Health Policy;
- A human rights-based National Family Planning Strategy with an Action Framework developed;
- A functional urban SRHR Coordination body/Technical Committee/Task Force formed and periodic meeting minutes recorded.

INDICATOR (S) with the frequency of reporting:

Work on setting up the indicator benchmarks will be completed as mentioned in the Table below to serve the purpose of finding out the achievement of Objective # 1. Then every three (03) years' will review the progress.

Sl. No.	Indicators	Timeline /Frequency of reporting	Means of verification	Responsibility
a.	Bangladesh Population Policy 2012 updated;	December 2023	Updated Population Policy	Additional Secretary (Population, family Welfare and law), Medical education and Family Welfare Division, Line Director- Planning, DGFP, UNFPA
b.	1b. A human rights-based National Family Planning Strategy, and guidelines with a costed action plan (CIP) developed; 2b. FP strategy implementation plan developed	1b. December 2023 2b. December 2023	Endorsed FP Strategy available	Line Director-CCSDP, UNFPA LD-CCSDP, UNFPA, and Pathfinder
c.	A functional urban SRHR Coordination committee formed	December 2022	Meeting minutes	LD-CCSDP LD-FSD Additional Secretary (Population, Family Welfare and law), Medical education and Family Welfare Division,

Commitment Objective 2 (key elements are underlined):

Improve availability, accessibility, and utilization of modern contraceptives with a special focus on adolescents, postpartum, and post MR/PAC users, to reduce high discontinuation rates and high unmet need for family planning both in public and private facilities and at communities.

Objective Statement: Firm commitment to achieve universal access to integrated, equitable, inclusive, and quality SRH and right-based FP services targeting high-risk and marginalized groups with available routine reporting systems.

Rationale:

Although Bangladesh has made remarkable progress toward universal access to SRH and FP services still some districts have been left behind in the country's development trajectory. The child marriage rates remained high and the increased CPR is largely dependent on short-acting methods and more than 90% method users are female. Compared to the national CPR of 62%, among young couples aged 19-24 is low at 48.9% and the adolescent birth rate is high at 74 births per 1,000 women aged 15-19 years. The unmet need for family planning is 12% and remained plateaued over the last 10 years.

The discontinuation rate has also increased to 37% (BDHS, 2017) which was 30% in the previous survey (BDHS, 2014). Expanding strategies are required to increase geographical coverage including urban areas and coverage for the targeted populations and equitable access to quality right-based family planning services. Moreover, the inclusion of indicators in DGFP and DGHS DHIS-2 to monitor the progress is required.

STRATEGIES:

- DGFP and stakeholders will work with DGHS for institutionalizing FP services in DGHS facilities through systematic approaches with a particular focus on postpartum, and post MR/PAC FP and also by engaging DGME and DGNM.
- Expand provision of FP services in urban slums and private health sectors including factory clinics through a public-private partnership including supply of commodities wherever necessary.
- A comprehensive urban FP/SRHR implementation strategy including tools and matrixes will be developed to ensure the quality and coverage of inclusive, equitable, and nonjudgmental FP services.
- Expand FP information/SBCC and service provision for potential male clients by engaging other health service providers, including general surgeons, urologists, venereologist for clinical contraception services and pharmacists'/drug sellers, alternative medicine providers, and LG representatives, community-level providers, and 1st line supervisors for counseling and referral for FP services.
- DGFP in collaboration with other directorates (DGHS, DGNM, etc.) and partners will ensure FP services during any pandemic (COVID-19, new emerging diseases, etc.) or emergency situation that arises. The necessary preparedness and response plan will also be developed as required.
- Introduction and scaling up new evidence-based contraceptives and technologies in the national FP program.
- Improve availability of contraceptives in the open market, especially IUDs and Implants.
- Initiatives will be taken to improve/strengthen monitoring, mentoring, and on job support for quality improvement through developing and implementing a strategy for functioning QI initiatives in a sustainable approach. The district quality improvement team will be capacitated with the required knowledge, skill, logistics support, and standard tools and matrix to conduct monitoring and provide mentoring support to DGFP, DGHS, and private FP facilities and their providers.

INDICATOR (S) TO REVIEW PROGRESS:

- a. Post-partum, post-MR, and PAC contraceptive service statistics are available in DHIS2 and reviewed periodically.
- b. Percentage of district and sub district health facilities providing human rights-based post-partum and post-abortion care family planning services
- c. Modern contraceptive prevalence rate (mCPR) among adolescent clients (15-19 years) increased from 47% in 2018 to 57% in 2030.
- d. The unmet need for family planning among adolescent clients reduced from 15% in 2018 to 10% in 2030.

INDICATOR (S) with the frequency of reporting: DGFP and DGHS MIS (DHIS2) can provide disaggregated data regarding contraceptive use among adolescents, and postpartum women, and Post MR/PAC users both from the public and private sectors. Contraceptive use among adolescents can also be obtained from national population-based surveys.

Disaggregated data collection system will be set up to track the progress of Objective # 2 as mentioned in the table below. Progress will be reviewed every year till 2030.

Sl. No.	Indicator	Timeline /Frequency of reporting	Means of verification	Responsibility
1	Post-partum, post-MR, and PAC contraceptive service statistics are available in DHIS2	December 2022	DHIS2 and DGFP MIS	LD-MIS
2	Percentage of district and sub district health facilities providing human rights-based post-partum and post-abortion care family planning services	Starting in the last quarter of 2022 and then every quarter	DHIS2 and DGFP MIS	LD-MNCAH LD-CCSDP LD-FSD LD-MIS (DGHS and DGFP)
3	Modern contraceptive prevalence rate (mCPR) among adolescent clients (15-19 years) increased from 47% in 2018 to 57% in 2030	Every 3 years	BDHS	LD-CCSDP LD-FSD LD-MCRAH
4	Unmet need for family planning among adolescent clients reduced 15% in 2018 to 10% in 2030	2030	SVRS + BDHS	LD-CCSDP LD-FSD LD-MCRAH LD-IEC

Commitment Objective 3: (key elements are underlined):

Thrives for distinct information, education, and communication interventions to increase demand for equitable, gender-responsive, climate-resilient, respectful, and quality FP information and services with special attention to adolescents, young population, the male, disadvantaged population including people living with disabilities

Objective Statement: Determined to increase demand for SRH and family planning services to achieve the targets of key FP indicators by 2030.

Rationale:

In 1975 under the Directorate General of Family Planning the Information, Education and Motivation (IEM) unit was established with key objectives to promote the concept of small family size and to generate demand for family planning and maternal and child health services. The IEM unit is responsible for the design, development, distribution, and dissemination of SBCC materials including audio-visual aids. In 1993, the MoHFW developed the first-ever National FP-MCH IEC strategy (1993-2000), and in 2008 the National Communication strategy for FP and reproductive health. Despite recent development in communication and access to information, women and adolescents especially from poor and marginalized segments are left out who have poor access to required information and knowledge. Moreover, male engagement remained absent in their role and engagement in the FP. Innovative, evidence-based, and targeted approaches will be required to reach high-risk groups like adolescents, young people, and male and disadvantaged populations. A review and update of the current IEC strategy will be required to achieve the commitment.

STRATEGIES:

- Review and update Social and Behavior Change Communication (SBCC) strategy with the inclusion of new evidence-based approach and innovation, particularly using **social media (FB, Twitter, YouTube, etc.)**. The SBCC strategy will focus on developing standard messages, and defining modes of communication to improve knowledge, attitude toward SRH behavior, and care-seeking. Message and communication modes will be customized based on different groups, including adolescents, the young population, males, the disadvantaged population such as people living with disability, and others. High Impact Practices (HIP) in SBCC will be integrated into the strategy.
- Develop and implement a strategy for knowledge upgrading and attitude transformation of all levels of providers to provide respectful and non-judgmental FP information and services
- Collaboration mechanism with different Directorates (DGHS, DGNM, DGME, NIPOPT) and ministries, including the Ministry of Youth and Sports, MOLGRD, MOWCA, Information Ministry and Education Ministries will be established with DGFP to ensure the promotion of standard SRHR messages and to promote Comprehensive Sexuality Education (CSE) for adolescents through life-skills education and using school health program.
- Activities will be implemented to increase access to SRHR information for adolescents and young populations irrespective of their marital status through comprehensive sexuality education, premarital and preconception counseling.
- SBCC activities will be targeted towards reaching working women such as garment workers, slum dwellers, and floating population through satellite sessions.
- Available indicators to assess SRH knowledge at the population level collected through different national surveys, including DHS, and MICS will be reviewed and necessary formative and validation study will be conducted to identify standard indicators for the evaluation of SBCC strategy.
- Collaborate with the Ministry of Religious Affairs to improve SRHR and FP knowledge among religious leaders, imams, and marriage registrars.
- Premarital and preconception counseling intervention packages will be strengthened and expanded to reach adolescents and youths.
- Utilize professional bodies working in health and other sectors to reach people with the SBCC messages.
- Strengthen community support systems to ensure men and boys' engagement and participation in the FP activities at the community level.

INDICATOR (S) TO REVIEW PROGRESS:

- a. SRH knowledge at the population level is collected through SVRS and BDHS, reviewed, and analyzed, as and when available.
- b. A number of CSE modules are incorporated into the national school curriculum.
- c. A number of religious leaders are oriented toward updated SRHR information.
- d. Number/Proportion of male clients counselled on modern contraceptives
- e. Proportion of pregnant women counselled on PFP during ANC visits

INDICATOR (S) with the frequency of reporting:

IEC/SBCC materials, and demand creation activities of DGFP are ongoing. New approaches (like reaching people through community radio, digital messages through mobile phone, local TV channels/YouTube and social media, etc. shall have to be introduced. Appropriate indicators included in MICS, BDHS and SVRS, and DGFP MIS by September 2022. Progress will be reviewed every year.

Sl. No.	Indicator	Timeline /Frequency of reporting	Means of verification	Responsibility
1	SRHR knowledge at the population level available in national surveys	Every Fourth quarter of fiscal year	Data collected through SVRS of BBS and future BDHS	DGFP and partners
2	Number of CSE modules incorporated in the national school curriculum. Target: 6 among 8 by 2026	June 2024	Revised national curricula	DGHS, DGFP, DISHI
3	Number of religious leaders oriented on updated SRHR information.	June 2024	Annual report	LD-IEC
4	Number/Proportion of male clients counselled on modern contraceptives	Periodic/ every six months	DHIS2 and DGFP MIS	LD-IEC
5	Proportion of pregnant women counselled on PPF during ANC visits	Periodic/ Every six months	DHIS2 and DGFP MIS	LD-IEC

Commitment Objective 4 (key elements are underlined):

Improve evidence-based programming, budgeting, resource allocation, and data management systems for decision-making and knowledge management in the area of the Family Planning Program.

Objective Statement:

Advocacy to allocate adequate budgetary allocation and efficient use for FP programmes and sustained during the period of commitment.

RATIONALE:

The 4th Health, Population, and Nutrition sector program (2017-2022) contains 30 operational plans of which 7 are for DGFP. The total budget for these 7 OPs is 4923.48 crore BDT. Share for the DGFP is 11% of the total HPNSP budget. In the 3rd Health, Population, Nutrition sector Development program (2011-2016) the allocation for DGFP was 413,4.59 crore BDT. So the budget in the current sector program for DGFP has increased by 19 percent.

A Costed Implementation Plan for National Family Planning Program in Bangladesh (2020-2022) was developed in March 2020. All strategies along with their activities and sub-activities were identified and costed. The full cost covers the cost of contraceptive commodities, filling up the vacant post, and other relevant costs. The cost for three years (2020-22) is 6100 crore BDT. Adjusting for the costs already included in the OPs, the additional cost required to carry out all the strategies is USD 530.34 million.

DGFP has a robust electronic logistics management system to monitor the supply chain of all commodities. The LMIS data needs to be reviewed on a quarterly basis to find out any problems in the supply chain system. DGFP has also been transforming open access FP MIS into DHIS2. The FP DHIS2 should expand in all 64 districts with improved data quality.

STRATEGIES:

- Each year an operation research or implementation research will be commissioned to expand contraceptive method mixes and evaluate the effectiveness of FP programs.
- Budgeting and need-based resource allocation will be ensured through periodic program reviews and revising respective operational plans as per requirements.
- Strengthening the DGFP Data management system and ensuring standard FP data from DGHS and private facilities by strengthening DHIS2 of DGHS and establishing a data-sharing mechanism between DGHS and DGFP MIS.
- Expand FP-DHIS2 in all districts for improving data quality and its utilization for program planning and monitoring. Monitoring contraceptive availability and FP performance at district and sub-district levels would be strengthened.
- Introduce Data Quality Assurance (DQA) systems to improve the quality of data for appropriate program planning and budgeting.

INDICATOR (S) TO REVIEW PROGRESS:

- a. Conduct need-based operation or implementation research
- b. At least 85% of the allocated budget of 07 FP operational plans is utilized every year.
- c. FP data collection system introduced into DHIS2 of DGHS. The FP data of DHIS2 will be connected with DGFP MIS and attempts will be made to look at the aggregate situation of the contraceptive use in the country every year.
- d. Contraceptive sales data from SMC and other major private sector entities will be collected every six months, reviewed, and analyzed.

INDICATOR (S) with the frequency of reporting:

Every year till 2030 the achievement of the indicators set up for the achievement of this objective will be reviewed.

Sl. No.	Indicator	Timeline /frequency	Means of verification	Responsibility
1	At least 85% of the allocated budget of 07 FP operational plans utilized in every year	July 2023	Annual Progress Review report	All LDs of DGFP
2	FP data available in DHIS2 of DGHS	End of 2022.	DHIS2	LD-MIS of DGHS and DGFP

COMMITMENT CONSULTATION PROCESS

In Bangladesh the consultative process used to develop this commitment is described below.

- **A mutual accountability approach** where Bangladesh Government (DGFP), in collaboration with key stakeholders, have obligated to deliver on the commitments they have made, and civil society is galvanized to support the implementation of action plans and engaged to monitor progress toward achieving the commitments along with the government. For developing the Bangladesh FP 2030 Government Commitment a multi-member Technical Working Group comprising representatives from MOHFW, development partners, CSOs, and academicians with the leadership of DGFP has been constituted. The technical group has been met several times to draft the government commitments and had consultations with greater stakeholders including the private sector and senior government officials to vet the commitments.
- **Accountability structures** and processes will span the full cycle of the commitment, meaning assessing the previous commitments, developing new commitments, implementing commitments, and tracking progress. Progress will be tracked using DGFP MIS and any other data collected through special efforts. In the Bangladesh accountability structure, we will try to obtain service data from the private sector on a sample basis and analyze it accordingly. Every quarter special online meeting with the Divisional officials of DGFP will be held where achievements on the commitments will be discussed and implementation hurdles will be identified.



COMMITMENT ACCOUNTABILITY APPROACH

A **Mutual accountability** approach has been set up where the government (DGFP and MOHFW) are obligated to deliver on the commitments they have made, and civil society partners are engaged to support the government to deliver on the commitments and monitor progress. The accountability steps are as follows:

- The FP 2030 Technical Working Group/Support Network (former FP 2020 Country Engagement Working Group) will work with the Bangladesh Government to ensure that commitments are anchored in evidence and rights-based approaches, and will share information on the country's progress through annual reports and country updates.
- International/national nongovernmental organizations (I/NGOs), Development Partners and other organizations will support the commitments by implementing programs consistent with national commitments and priorities.
- Donors will support commitments through financial and technical assistance.
- Civil societies will drive accountability at the national level by working in collaboration with other stakeholders to monitor progress and advocate for action.

Bottom-up accountability approach that elevates the role of civil society and youth partners: In this regard, every quarter special online meeting with the District officials of one Division of DGFP will be held where achievements on the commitments will be discussed and implementation hurdles will be identified. Progress will be tracked using DGFP MIS and any other data collected through special efforts. In Bangladesh, accountability structure systems will be set up to obtain service data from the private sector on a sample basis and analyze it accordingly.

Meaningful participation of traditionally underserved and overlooked groups through existing and new *inclusive* platforms, in implementation and monitoring of progress. In this regard, specific data will be obtained from the use of the Adolescent Friendly Health Service Centers and that will be reviewed periodically. Information/data will also be obtained from nationally recognized youth-led organizations and analyzed to decide on future action steps. All of these will ensure a process of participation of the largest underserved and overlooked group, the youths, and adolescents.

Visibility and transparency in sharing information on the country's progress towards meeting the commitments will be ensured. In this connection, field-level information will be shared with MOHFW and the IMED of the Planning Commission. Data from other sources such as BDHS of NIPORT, MICS, and SVRS of BBS relevant to DGFP MIS will be reviewed periodically on progress and shared that data/information with partners and MOHFW.

The DGFP MIS data reflecting the work being carried out in regard to achieving FP2030 objectives will be aligned **with other national processes** for monitoring other commitments such as EWEC, ICPD+25, SDG, etc.

Remedial actions will be taken at the country level if there is a lack of progress or if there are outright violations of sexual and reproductive health and rights in the country. The actions will be jointly decided at the DGFP headquarters in consultation with the MOHFW and FP 2030 Technical Committee. The actions will be implemented in a facilitative manner.

The above-mentioned **accountability approach will be funded** in majority by the Directorate General of Family Planning and supplemented in specific areas by UNFPA and other Development Partners (DPs) such as USAID, FCDO, GAC, Sida and World Bank,

The technical assistance (TA) needed to fully implement the above accountability approach will be planned by UNFPA and other DPs in consultation with DGFP. The TA actions will be lined up with the DGFP activities as laid out in their different Operational Plans.

COMMITMENT LAUNCHING

The Bangladesh FP 2030 Commitment will be presented to the MOHFW senior officials for their review and validation. It would be launched by the Minister of MoHFW by first week of September 2022 while uploading it to MoHFW website and other relevant websites.

