POLICY BRIEF

MARCH 2020

COSTED IMPLEMENTATION PLAN FOR NATIONAL FAMILY PLANNING PROGRAM IN BANGLADESH

Bangladesh has achieved remarkable progress in reducing Total Fertility Rate (TFR), even with its limited resources. However, during the last decade, the TFR has not witnessed much decline. In fact, in 2017, TFR and Contraceptive Prevalence Rate (CPR) remain constant compared to 2014. In addition, there is widespread unmet need and discontinuation of methods among eligible couples. Reducing unmet need and discontinuation of FP methods can increase CPR. This calls for identifying bottlenecks and developing new strategies so that the FP indicators can be improved towards achieving the national level targets - i.e., the FP 2020 commitments and the targets stated in the Health, Population and Nutrition Sector Program (HPNSP) Plan. The Family Planning (FP) Costed Implementation Plan (CIP) is a critical tool that

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helps transform FP goals into concrete programs and policies. The FP CIP process was designed under the FP 2020 initiative to help countries prioritize appropriate interventions, allocate limited resources, unify stakeholders around one plan, and build the base for increased support.

Realizing its importance, a CIP was developed in 2015 with support from UNFPA. Its main purpose was to inform the development of the 4th HPNSP plan. The plan was shared with the Program Management and Monitoring Unit (PMMU), MOHFW and the Directorate General of Family Planning (DGFP). The 4th HPNSP was initiated in 2017 and includes a provision for a midterm review which is to start in early 2020 and provides an opportunity to update the strategies to strengthen FP program. Given this context, it was imperative to undertake another CIP to reassess resource requirements and advocate for change in strategies and activities. The areas of focus in the revised CIP include overall/cross-cutting strategies; addressing low use of long-acting reversible contraception and permanent methods (LARC&PMs) - including PPFP and targeting adolescents and newlyweds; addressing gaps in short-acting methods; and addressing underserved and hard-to-reach areas, urban areas. Specific objectives include:

- Determining the strategies required to achieve both FP2020 and national level goals
- Estimating the budget required to implement the newly defined and high impact strategies
- Estimating the resource-gap, especially additional resources required to implement the newly defined and high impact strategies.

The methodology included a desk review of international and national evidence (through studies), literature review of high-impact practices, and daily-star roundtables were considered. It also included, consultation with stakeholders, review of CIPs of other developing countries, and consultation with international CIP experts.

Improving storage facilities can be imperative for quality family planning services

MAJOR CHALLENGES AND ISSUES OF FAMILY PLANNING PROGRAM

The trends of family planning indicators are clearly lackluster. In the recent decades FP has lost its momentum, in fact, in many cases indicators have exhibited reverse trends. While some overarching and cross-cutting issues are prevalent, some specific challenges deserve immediate attention.

- There are no signs of declining of child marriage, and teen pregnancy is still a challenge. The higher prevalence of unmet need among adolescents compared to adults exacerbates the situation. Moreover, there is a persistent lack of a clear and effective strategy for FP messaging to male participants who have a strong voice in decision making in the context of gender norms of Bangladesh.
- Although there is some increasing trend in the use of LARC&PM, especially in use of implants, the contribution of these methods to the method mix, however, remains very low. In addition, the uptake of IUDs is declining.
- Urban areas, especially city slums, are under-served. However, there are some promising pilot initiatives - for example, the DGFP program for Sylhet city slum population as well as programs with the garment sector – but the magnitude of these services is far less than what is needed to meet the ever-growing urban population.
- Closer collaboration between DGFP and DGHS is needed for a successful implementation of FP programs; and the necessity of this collaboration is imperative for effective postpartum family planning. Unless availability of FP services is strengthened in DGHS facilities, it will be challenging to improve the overall FP service coverage and thus to reduce unmet need.
- The human resource crisis--partly resulting from the retirement of a large number of field level staff and lengthy recruitment processes--is inhibiting continued and regular FP services in most places. Currently, about 29% of field level positions are vacant throughout the country; among which, about 35% are FWAs and 28.50% are SACMOs. Further, vacancies are higher in the hard-to reach-areas, severely impeding services among the most in need. The crises will be more acute in the coming years when a large pool of FWAs and FWVs will retire – mostly those who were recruited in 1980s.
- Quality of services is important for both LARC&PM and short-acting methods. Lack of proper attention to the side effect management is constricting the

adoption of LARC&PM. Inadequate services and lack of proper counseling and screening can lead to a disruption in adopting contraceptive use and an increase the discontinuation rate. Moreover, since availability of clinical providers are required for provision of LARC&PMs, the human resource crisis of this segment may severely affect the performance for LARC&PMs.

- Reaching male clients remains a significant challenge in the FP sector as it is women centric by design. In addition, gender norms and the socio-cultural situation also hinder engaging male clients in both rural and urban areas.
- Currently, only 26% facilities have LARC&PM services, and more than one third of the district hospitals do not provide LARC&PM services; the accessibility is even worse when it comes to private facilities. Two thirds of facility deliveries are in private hospitals; but due to poor regulatory mechanisms and strategies by the MOHFW, FP services are not readily available there. Therefore, facility readiness is one of bottlenecks to enhancing service coverage.
- Effective supportive supervision and mentorship are regarded as one of the key challenges in service provision. Moreover, the human resource crisis further aggravates the problem.

In summary, the challenges can be classified as follows:

Key Areas	Key issues
Commodity security	o Private sector data is not properly included in the forecasting and supply planning processes o Dependence on development budgets for many FP commodities even though commodities are recurring and essential part of family planning services.
Financing	o Need to increase overall budgetary allocation o Private sector role in FP service delivery and financing not clearly defined
Stewardship, Governance and Partnerships	o Limited of political goodwill is observed, which is substantiated by lower political attention to national population and other related days o Weak supportive supervision mechanisms and structures. including poor accountability o Inadequacy of FP coordination and governance mechanisms o Lengthy and complicated bureaucratic process in filling vacant posts within minimum time possible
Research, Monitoring and Evaluation	o Need for more research on FP practices o Weak M&E system. Limited systematic use of data in formulation and implementation of national FP program as well as availability and quality of necessary data.
Demand Creation	o Weak FP services seeking behavior among adolescents o Lack of accurate and consistence information among adolescents o Myths and misconceptions on side effects
Service Delivery	o Increasing motivation is challenging due to inadequate number of health care workers which compromises access to and quality of FP services provided by the existing personnel o Quality services are not available in many facilities o Lack of services in hard-to-reach areas especially in monsoon season o Insufficient strategies for provision of high-quality youth friendly services o Cultural factors inhibit family planning uptake o Men are not targeted since FP is women-centric by design

PRIORITY STRATEGIES AREAS

The CIP identifies key strategies and activities that are required for achieving the GOB goals. These are costed for the coming three years (i.e., the remaining three years, 2020-2022, of current 4th HPNSP). It is worth noting that the sub-activities are the inputs used to cost the activities. Some sub-activities do not require to be costed since they are already budgeted. The following eight key strategies are included:

- Strengthening service delivery provision in existing facilities (service coverage, current and new FP commodities, and human resources)
- Increasing acceptability of LARC&PMs through skilled human resources and male engagement
- Promoting interval and post-partum contraception
- Intra- and inter-sectoral collaboration and coordination including NGOs
- Special focus on hard to reach and urban areas, and other low performing areas
- Monitoring, Evaluation and Research
- Targeting adolescents and youth
- Targeting adolescent with special focus on males

COSTING OF STRATEGIES BY STRATEGIES AND ACTIVITIES

Costing of strategies by activity and sub-activity were calculated for this CIP period (2020-2022). The following table shows costing by each strategy. Total additional cost of the strategies is USD 405.79 million over the three years. Only those activities and sub-activities which require additional cost in the existing setting are presented here. The unit cost of each input is taken from the Family Planning Spending Assessment (FPSA) 2018-2019 and for some inputs, practicing rate and researchers' experience is used.

Strategy	Total Cost	
	USD in million	BDT in million
1. Strengthening service delivery provision in existing facilities (service coverage, current and new FP commodities, HR)	203.6	17281.45
2. Increasing acceptability of LARC&PM through skilled HR and engaging male	72.7	6174.77
3. Promoting interval and post-partum contraception (up to 1 year)	6.02	511.32
4. Intra and inter sectoral collaboration and co-ordination including NGOs	39.03	3313.91
5. Special focus on hard to reach & urban areas and other low performing areas	71.75	6091.57
6. Monitoring & Evaluation (M&E) and Research	0.28	24.10
7. Targeting adolescent and youth	3.57	303.42
8. Targeting adolescent with special focus on male	8.85	751.31
Strategies Total	405.79	34451.86

Budget allocation for adolescents can be more helpful for their participation in FP programs

POSSIBLE IMPLEMENTATION CHALLENGES

Although the current CIP exercise has identified interventions to achieve FP2020 and HNPSP 2017-2022 goals, some challenges remain which may impede or slow the implementation.

1. Even though both DGHS and DGFP are committed to achieving the SDG and HNPSP 2017-2022 goals, the bifurcated service system—both at central and field level—pose a serious threat to the implementation. There is an evident and stark lack of coordination between these two divisions of MOHFW which may limit the possibility of increased service coverage and quality service provision. For instance, improving PPFP services and increasing service coverage in DGHS facilities require coordinated efforts.

2. A significant number of field level staff will retire soon which will exacerbate the human resource crisis since hiring new staff involves lengthy bureaucratic procedures. Alternative suggestions--hiring paid volunteers, hiring retirees on a contract basis, and outsourcing services to NGOs--will require some changes in policy for which inter-ministerial coordination will be immensely important, and a lack of effective collaboration can pose a threat.

3. Policy changes will also be needed for establishing counselling sessions with marriage registration, providing training to traditional providers and pharmacy shop-keepers, and increasing the FP content in the medical curriculum. All of these actions require a common understanding on the importance of FP for achieving overall health sector goals which might be challenging.

4. Lack of motivation among FP service providers, managers and field level staff is pervasive. Achieving the expected goals requires not only an effective participation and strong strides in the activities suggested but also strong motivation to do so. The current promotional structure — where it is difficult to motivate the staff—may prove to be a barrier in improving service.

5. Carrying out all suggested activities will require readiness of both DGFP and DGHS facilities. Timely facility readiness has proven challenging within the complex public sector system.

6. Currently, DGFP cannot fully utilize its allocated development budget which will make it challenging to convince the finance division to allocate additional funds.

Human Resource constraints could be even more acute in coming days

LIMITATIONS OF THE PLAN

The CIP has some limitations. First, despite the private sector contribution being taken into consideration for product or commodity projections and costing, the costing for other activities is not included. Secondly, since the plan focuses on policymaker buy-in, it is presented in such as a way to be meaningful to policymakers - so this CIP may have some differences compared to CIPs of other countries. Thirdly, although an attempt has been made to take the costs of activities already included in OPs and adjust in cost calculation, due to lack of detailed breakdown of the costs in OPs, this estimation can be less precise.

Male engagement is important for achieving FP 2020 targets

Accelerating Universal Access to Family Planning Project (AUAFP)

Accelerating Universal Access to Family Planning (AUAFP), also known as Shukhi Jibon, is a United States Agency for International Development (USAID)-funded project in Bangladesh, implemented by Pathfinder International in partnership with IntraHealth International, with strategic support from the Obstetrical and Gynecological Society of Bangladesh, the World Health Organization, and the University of Dhaka. The main objectives of this project are to increase the qualified family planning (FP) workforce to expand access to quality FP services through a collaborative health system capacity-building partnership with the Government of Bangladesh.

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