

# **Experience from Bangladesh in meeting unmet need for Family Planning and increasing CPR**

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1

## Introduction

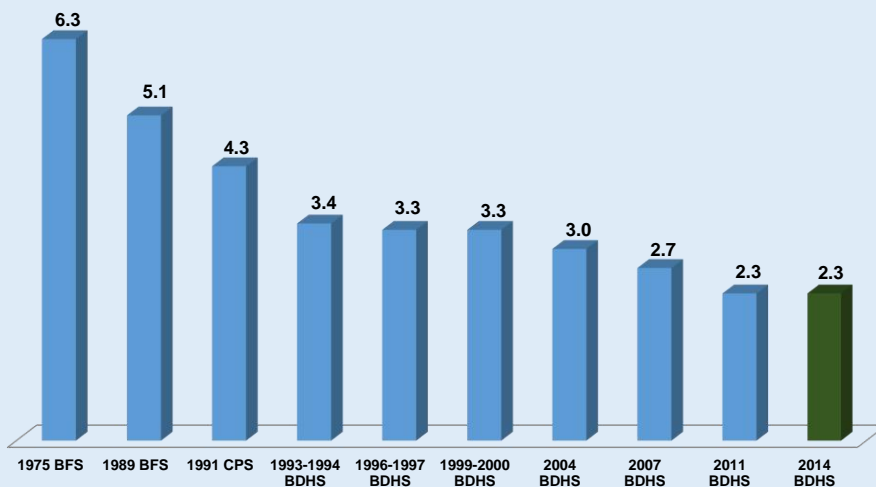
- Bangladesh is a densely populated country of the world.
- The total population is about 165 million with the area of 147547 sq. km.
- Av. Population density per Sq. Kilometer- approx.1,100
- The population growth rate was- 2.61% in 2007 ( Currently dropped to 1.31% );
- So, Family Planning is a must.

2

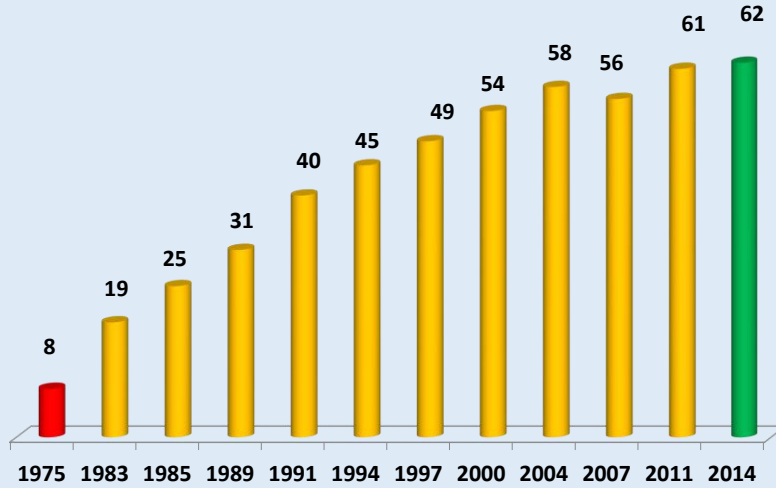
## Indicators of FP Services (Achievement and Projection)

Indicators	<b>Achievement</b> BDHS/11	<b>Achievement</b> BDHS/14	Projection June- 2022
<b>Total Fertility Rate (TFR)</b>	<b>2.3</b>	<b>2.3</b>	<b>2.0</b>
<b>Contraceptive Prevalence Rate(CPR)</b>	<b>61.2%</b>	<b>62.4%</b>	<b>75%</b>
<b>Unmet need</b>	<b>13.5%</b>	<b>12%</b>	<b>10%</b>

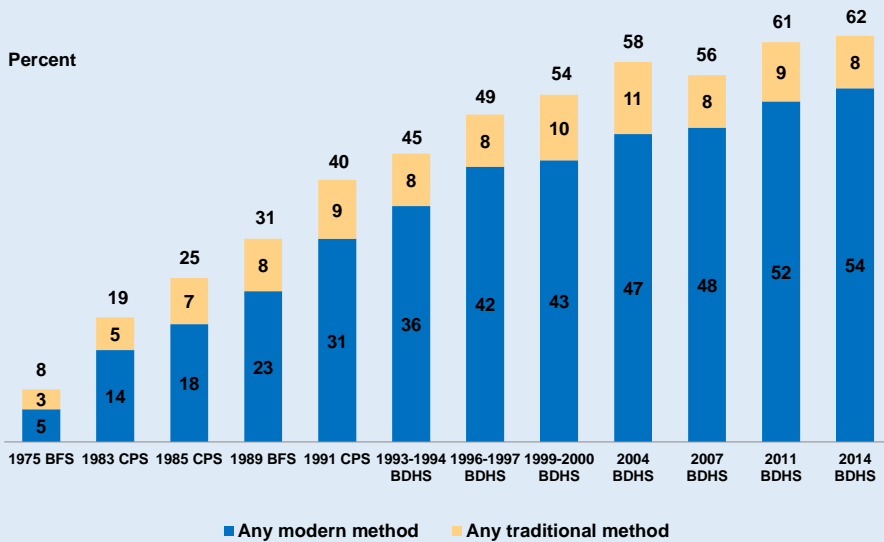
Trends in total fertility rates, 1975-2014



### Trends in contraceptive Prevalence Rate (CPR), 1975-2014



### Trend in contraceptive use among currently women, 1975-2014



## Unmet Need in Bangladesh

### Some Facts:

- 3,800,000 Women in reproductive age are not using any contraceptive in Bangladesh
- 2,700,000 Unintended pregnancies in each year
- 1,194,000 induced abortions were performed in Bangladesh in 2014
- 7% maternal death due to Abortion

7

## Unmet Need in Bangladesh (Continued)

According to the study findings, unmet needs are-

- higher among younger women age group 15-19 years and
  - lower among the older women i.e. from 40-49 years.
  - In each age group, the level of unmet need among rural women is higher than that of urban women .
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- There is significance difference in the unmet needs for FP between urban and rural areas, rural women are more likely to have unmet need than urban women.

8

## Reasons for Unmet Need in Bangladesh

### Main Reasons:

- Concerns about the side effects of the contraceptive methods
- Married adolescent are less interested to use contraceptives.
- Couple do not intend to use contraceptive due to perform infrequent sex.
- Women think that there is no chance of pregnancies due to postpartum amenorrhea or breast feeding.
- Inadequate availability of contraceptives or distant communication system
- Religious misbelief/misconception and cultural value

9

## Activities that Contributes to Meeting Unmet Needs in Bangladesh

1. Continuous strong political commitment/will from governments for the national Family Planning programme
2. Domiciliary /Home Visit/Door to Door Services :
  - Domiciliary services are being carried out using Demand & supply model of domiciliary service through Family Welfare Assistant, a female dedicated to community based FP information dissemination and doorstep services.
  - The Underlying premises of the model are:
    - Confidentiality
    - Demand generation
    - One to one communication (IPC)/ Counseling
    - Upholding the cultural & social values
    - Special care for the marginalized people
    - Female to female

10

## Activities that Contributes to Meeting Unmet Needs in Bangladesh(Continued)

### Services provided by FWA through home visit:

- Couple registration,
- Counseling and motivation for small family,
- Contraceptive distribution (Oral Pill & Condom),
- Counseling (pregnant mothers, adolescents),
- Referring for long acting (IUD and implant) and permanent methods (tubectomy and vasectomy).
- Home delivery by CSBA ( FWA with midwifery training)
- Apart from these services they also organize: Satellite Clinics (SCs) and EPI (Extended Program on Immunization) at community level.
- Provide counseling and advisory services to the couples to take MCH-FP services from the nearest service outlets (CC, SC, FWC and UHC & MCWC),

11

## Activities that Contributes to Meeting Unmet Needs in Bangladesh(Continued)

- Provide counseling about sanitation, hygiene, safe drinking water, food and nutrition and education of children
- Birth & Death registration
- In addition to their assigned tasks FWAs also provide all kinds of services for the welfare of the families as and when asked by their clients.

3. Continuous awareness programme through different IEC materials production and dissemination

### 4. Services from Union Health and Family Welfare Centres (UH&FWC):

This centre an institution/facility for 30, 000 – 45, 000 population having female friendly service provider (Family Welfare Visitor, a paramedic).

This facility has an extension with an outpost called Community Clinics (CC) for every 6, 000 population.

12

## Activities that Contributes to Meeting Unmet Needs in Bangladesh(Continued)

5. Wide range of method choice

6. Contraceptive Security: Availability of contraceptives at all levels and strong established MIS including use of FWA register which is currently being digitalized.

7. Community engagement: Involvement of religious leaders like Imams, elected community leaders, civil society organizations etc.

8. Removing religion and cultural barriers:

13

## Challenges for Providing Family Planning Services

- Low contraceptive use among young married couple
- Shortage of Manpower
- Low Field worker performance
- Declining share of LAPM
- High Discontinuation rate
- High Unmet need
- Lack of adopt a client segmentation approach in program
- Lack of Quality care in Family Planning program
- Lack of adequate support in BCC
- Lack of program Efficiency

**Factors :** Low staff morality, absence carrier planning, staff vacancy, poor monitoring and supervision, inadequate training, staff overburden, lack of leadership and Management.

## Priority Issues in Population & Health Sector

- Increasing access to family planning services in low performing and hard-to-reach areas
- Reducing adolescent fertility
- Increasing the use of long-acting and permanent methods
- Providing family planning services for urban slum populations
- Increasing access to maternal and child health services
- Reducing unwanted and unintended pregnancy

## Way Forward

### Major Activities in the Action Plan

- Strengthen domiciliary visits and center based services
- Intensification of Satellite clinic service
- Recruitment of volunteers to increase service coverage at Hard to Reach and low performing areas
- FP services in selected urban slums
- Family Planning services to the RMG workers
- Quality LARC services, including Post Partum Family Planning (PPFP), PAC & Post MR FP Services.



## Way Forward

### ➤ Major Activities (continued)

- Re-vitalization of Model FP clinic at Medical College Hospital.
- LARC & PM client fair activities in hard to reach and low performing areas.
- Create demand for FP-MNCH information and services through massive SBCC activities using different innovative channels
- Introduce e-FWA register, e-facility register

17

## Way Forward

### Major Activities(continued)

- Providing 24/7 delivery services at facility level
- Ensuring adolescent health care services
- Implementation of comprehensive New born care packages
- Regional service packageScale up e-FWA register & e-monitoring to Strengthening field level activities.
- Co-ordination between DGHS & DGFP.

18

## Way Forward

### Major Activities(continued)

- 24/7 Call center
- Mobile based Digital Monitoring and supervision at the field level
- Family Planning Clinical Services – Quality Improvement Team at the district level
- Recruitment of Family Planning Facilitators and Counsellors

## Conclusion

- Investing in Family Planning is a development “BEST BUY”.
- For every \$1 spent on FP, \$14 is saved, prevent 30% Maternal Death, avert 20% Newborns Death, reduce >66% unintended pregnancies, reduce unsafe abortion by 40% , promote gender equality and enable adolescents to finish their schooling.
- We all should come forward to give more emphasize on family planning activities in order to achieve the FP indicators, including unmet need with special focus on SDG targets.

Thank You