



Thematic Review

CONTRACEPTIVE SECURITY IN BANGLADESH

UNFPA BANGLADESH
Dhaka, May 2004



TABLE OF CONTENTS

Tables and Figures

List of Abbreviation

Executive Summary

Map of Bangladesh

Chapter 1 : Introduction

- 1.1 Background
- 1.2 Current Scenario
- 1.3 Terms of reference

Chapter 2 : Overview

- 2.1 Objective
- 2.2 Context and Scope
- 2.3 Conceptual Framework
- 2.4 Methodology

Chapter 3 : Findings

- 3.1 Introduction
- 3.2 Literature Review
- 3.3 Synthesis
- 3.4 Field Visits
- 3.5 Stakeholders Technical Group assessment
- 3.6 Process
- 3.7 Outputs
- 3.8 Analysis
- 3.9 Procurement and Logistics management
- 3.10 Status of previous commitments

- 3.11 Access
- 3.12 Utilization
- 3.13 Supplies
- 3.14 Stock Outs
- 3.15 Condoms
- 3.16 Pills
- 3.17 IUD
- 3.18 Injectable
- 3.19 Drop Out Rates
- 3.20 Demand
 - 3.20.1 Current
 - 3.20.2 Potential

Chapter 4 : The Way Forward

Annex 1 : Technical Group Ratings Of Component Areas

Annex 2 : Gaps Identifies by Technical Group

Annex 3 : Group Recommendations

Annex 4 : Group Work guidelines

LIST OF ABBREVIATION

BCSP	Bangladesh Contraceptive Security Programme
BCLS	Bangladesh Contraceptive logistic system
BCCP	Behavior Change Communications Strategy
BDHS	Bangladesh Demographic Health Survey
CPR	Contraceptive Prevalence Rate
DRS	District Reserve Store
DHS	Demographic Health Survey
FP	Family Planning
FWV	Family Welfare Visitor
FPI	Family Planning Inspector
FWA	Family Welfare Assistant
GOB	Government of Bangladesh
HDO	Hierarchical Distribution Outlets
HPSP	Health and Population Sector Programme
ICPD	International conference on population and development
IUD	Intrauterine device
JSI	John snow inc.
MOHFW	Ministry of health &family welfare
MOMCH	Medical officer maternal and child health
MOFWC	Medical Officer Family Welfare Center
NGO	Non Government Organization
POA	Programme of Action
PHC	Primary Health Care
QOL	Quality of Life
QAM	Qualitative Assessment Matrix
RH	Reproductive Health
Sr FWV	Senior Family Welfare Visitor
SGO	Senior Government Official
TFR	Total Fertility Rate
UBCC	Unified Behavior Change Communication
WB	World Bank

Map of Bangladesh



1.0 INTRODUCTION:

Since the International Conference on Population and Development (ICPD) held in Cairo in 1994, attempts have been made by several countries to invigorate efforts towards supporting unintended pregnancies. In its programme of action (POA), the conference endorsed a new strategy emphasizing the integral link between population and development focusing on the importance to meet the needs of individual men and women as opposed to achieving demographic benchmarks. In this regard, the conference succeeded in recognizing that empowering women was a key element of improving the quality of life (QOL) for everybody. In its POA the conference further established as one of its primary goals making family planning (FP) universally available by 2015; part of a broader approach to reproductive health (RH) and rights. Control of HIV/AIDS was also included in these goals. More specifically, the conference stated: *Reproductive health care in the context of primary health care (PHC) should, inter alia, include FP counseling, information, education, communication and services; treatment of sexually transmitted diseases, including HIV/AIDS. FP services and STD/HIV/AIDS referrals should always be made available.* Respective governments were also urged to close the gap between current contraceptive use and unmet need. While governments were requested to reduce this gap with proposed benchmarks (50% by 2005, 75% by 2010 and 100% by 2050), they were encouraged to avoid imposing targets on FP providers for the recruitment of clients. Gains made by the different countries towards achieving these goals have been mixed. These have varied from substantial achievements by some Asian countries to insignificant results from some countries in the Africa region.

1.1 BACKGROUND:

The significant achievements of FP initiatives in Bangladesh span over a period of about four decades. Even before the mid seventies, the Government of Bangladesh (GOB) was already aware of the negative and unsustainable implications of rapid population growth. Government's recognition of the problem; interest in solving it and direct involvement in intervention initiatives have been remarkable. For example Contraceptive Prevalence rate (CPR), modern methods, in Bangladesh has experienced substantial gains starting with 7.7% in the mid-seventies to 43.3% in 2000; presented in the 1999-2000 Demographic Health Survey (DHS)¹. Current estimate of CPR is about 54 per cent. While the latest statistics remain relatively impressive, there is a strong likelihood that the gains may be losing momentum. As a result, government is relentlessly introducing new initiatives in an attempt to address this stagnation especially with regard to the Total Fertility Rate (TFR). An example of these initiatives is the introduction (currently in its pilot stage) of a new brand IUD with a twenty-year protection life.

1.2 CURRENT SCENARIO:

An analysis of the method mix presented in the DHS indicates a progressive increase of pill users (14%, 17%, 21% and 23% in 1991, 1993-1994, 1996-1997 and 1999-00 respectively). A similar but reduced trend can also be observed in 'injectable' users (ranging from 3% in 1991 to 7% in 2000). Permanent method users however present a reverse picture. For example, female sterilization users decreased from 9% in 1991 to 8% in 1993-1994 and 1996 – 1997 to 7% in 1999-2000. A further simultaneous analysis of the CPR and the total Fertility Rate (TFR) produces a dramatic variation. Between 1975 and 1991, the TFR dropped from 6.3 to 4.3 while the CPR rose from 7.7% to about 40%. This TFR and CPR respective drop and rise continued into 1993 when the TFR remained generally unchanged (average 3.33) for the next seven years (1993-2000). During the same period, the CPR increased from 39.9% to about 54%. The GOB is concerned about the ramifications of the current decline or stability (TFR) of some key indicators. And it is part of that concern that has led to the execution of this exercise; an attempt to review the current status of contraceptive security in Bangladesh with emphasis on existing gaps and corresponding recommendations. Anecdotal evidence reveals that some of the contributing factors may include limited demand of permanent methods (sterilization), reduced quality of service provision and related high drop out rates among FP clients. According to the BDHS '99-'00 report 22.1, 29.4 and 36.6% of respective pills, IUD and injectable clients discontinued during the first year because of side effects²; an alarming cause for concern that needs to be addressed immediately. Addressing this irregularity becomes especially more compelling because of the

¹ More current statistics will be available at the end of the ongoing DHS

² Corresponding discontinuation rates within the last 5 years are 35.3, 55.7, and 58.8%

high percentage of unmet needs (potential demand): 71.1% and 62% for women and men respectively. As an initial intervention, the GOB is increasing (through a World Bank (WB) loan) its financial contribution towards contraceptive procurement. In light of continuous reduction in donor financial assistance – a trend that is unlikely to improve within the foreseeable future, government needs to be more pro-active in its efforts to raise funds for contraceptive procurement. **[FINANCIAL ASST GRAPH ? [DAS]]**. According to reliable sources from the ministry of Health, the GOB has also launched a pilot phase³ of Intra Uterine Device (IUD) with a protection life span of twenty years. Initial feedback looks encouraging and efforts are being made by the government to make the exercise a success. Extensive training has been conducted with supportive supervisory and operational systems put in place. The challenges however remain daunting. For example current trends (based on un-official sources) indicate that the CPR has fallen from about 54 to 50% in recent years. Such a significant decline underscores the urgency to re-assess the current performance levels of service provision in addition to looking at causal associations between and among the different FP methods and TFR. While some work has already been done (as stated in Fertility Transition in Bangladesh: Evidence and Implication, monograph, 2004), specific recommendations with respect to potential effective programme interventions are still required especially from a policy perspective. This report recommends promotion of permanent methods without compromising informed choice options

1.3 TERMS OF REFERENCE

Background

To have a better understanding of the contraceptive security situation of the country UNFPA as a part of its mandate has decided to undertake a thematic review on contraceptive security. Contraceptive security refers to the assurance of availability and accessibility of appropriate contraceptives to enable couples exercising their choice of method. Contraceptive security will only exist when every person is able to choose, attain and use quality contraceptives along with the assurance of the service providers, ensuring clients to have long-term access to a range of high quality contraceptives and other essential health supplies across all sectors - public, private and government.

Contraceptive security will ultimately help remove all obstacles to women's activity in all spheres of public and private life giving them an equal share in economic, social, cultural and political decision making.

The expected outcomes of this review is to get a clear picture of the contraceptive

² Pilot details like of the location of the sites, number/category of providers trained and duration of pilot were not available during the compiling of the report.

situation of the country that will include identification of gaps in the quality of contraceptives, distribution and logistics management, storage facilities and funding requirement. It will also undertake the trend of users behavior that will help to develop a comprehensive long-term plan of requirements of the appropriate contraceptives for the country.

Purpose

Increasing demand of contraceptive requires not only the volume of contraceptives but also strong supply chain to deliver them and other key aspects of logistics management. As government and donor funding for contraceptives falls short of rising demand, an efficient supply chain stretches resources further. Consistent supply depends on both adequate funding and good logistic activities, including accurate estimates of supply needs, efficient procurement practices and reliable timely deliveries. The purpose of the review is to have a clear picture of the contraceptive situation of the country. Major gaps related to the quality of contraceptives, distribution and logistics management, storage facilities, required funding etc. will be identified. Trends of users behavior and dropouts will be examined as well. Norms and rules in Bangladesh have material consequences for issues of women and men's relative access to different kinds of contraceptives. This asymmetry and inequality symbolize acceptance of any contraceptive method unwillingly by a women. An effort must be made to create an environment, which will allow women equal opportunity to participate in decision-making on the appropriate contraceptive use. Such review will also help to monitor responses and result to greater accountability. It will also strengthen ways to program approach and logistic system. This will ultimately help the government as well as the donors to use their resources more strategically.

Scope of Work

- Through an in-depth analysis of the current requirement and use of contraceptives within the past five years and identify the accurate trend of user's choice and dropouts and reasons behind such. With the help of these data a long-term (10 years) comprehensive requirement plan may be prepared.
- Observe the service provider's knowledge and approach/reasoning toward the contraceptives that she is counseling for as the programmers do more to adopt client-centered approach.
- Identify, analyze the capacity and the quality of existing storage facilities of the country, identify the gaps between expected quality and existing standard and make recommendations to improve them to meet the current requirements and to face the challenge of future requirements. Storage must be secured, clean, organized and contain up-to-date logistic information (One or Two field visits are expected to be done to see the

existing storage facilities.)

- Collect available reports, complaints about the quality of the contraceptives which are being widely used in the country, may undertake an analysis with the help of WHO or any other relevant organization and make recommendations for the right contraceptives in the right time for the right group of people.
- Draw a clear picture of the current status of the logistics management and distribution channel of the country, find the gaps and make recommendations to improve the status as per the required level. With better information supply need can be estimated and reduce supply imbalances and cut waste and losses. Close cooperation and coordination will be required with the LMIS wing of the Directorate of Family Planning; for which several meetings may be needed to be organized with the relevant officials of the DFP.
- Contraceptive supply chain must involve all relevant organization, people and procedures that together must accurately forecast demand and then learn to order efficiently so that can deliver the right amount of contraceptive from one level to the next until reach family planning clients.
- List down the current donors who are providing funds for the contraceptives and identify potential donors to meet the funding requirements of the long-term comprehensive plan.
- Analyze the variation of lead-time of procurement of different organizations and identify the cause. Appropriate forecast help to ensure that programs order enough supplies and not too many so that their lies no scope for indifferences. Suggestions to be made to minimize the lead-time.
- If necessary recommend for training and supervision of relevant staff dealing with procurement of contraceptives in the country. Distribution activities will work out best if clear expectations and decent working condition for supply chain staff can be provided. There must be provision for improvement of their performance to help them to attain their focus on meeting the client's exact need and to forecast the quantity and type of contraceptive.

Methodology:

1. Reviewing of available literature/research documents in this area.
2. Interviewing stakeholders, policy makers, FP workers and users
3. Field visits

Deliverables and Time Frame

- A Report
- An In-House Presentation of Findings
- Stakeholders Seminar
- Presentation to the GOB

Time frame: From 20 April to 19 May 2004

General Terms And Conditions

- i) It is expected that the consultants should have the ability to work independently with necessary equipments like, PC, Printer, etc. and s/he is well conversant on Contraceptive Security issues.
- ii) Secretarial support will not be provided by UNFPA. This remains the responsibility of the consultants.
- iii) Both National and International Consultants are to write the review report jointly.
- iv) The report prepared by the consultant cannot be shared or used by the consultant or any other organization(s) for any other purposes without prior approval from UNFPA.

Required Qualifications

- Relevant university degree (Social Science/Medical/Anthropology or relevant discipline)
- Fluent in spoken and written English
- At least 10 years experience in working on Population, Family Planning, gender and/or Human Rights issues,
- Computer skills: ability to use word processing, presentation software and e-mail and Internet
- Familiarity with the International Conference for Population and Development follow-up process and content
- **Proven research experience in Family Planning, Contraceptive Security and Reproductive Health.**

List of Documents:

- A Consensus of Success: The issue of Contraceptive Security in Bangladesh A discussion paper, Deliver/JSI, Dhaka 2001
- RH Commodity Security: Partnership for Change, The UNFPA Strategy, April 2001
- RH Commodity Security: Partnership for Change, A Global Call to Action, April 2001
- Meeting the RH Challenge, Securing Contraceptives and Condoms for HIV/AIDS Prevention, Istanbul, May 2001
- Projected Contraceptive Commodity requirement 2000 - 2015, JSI/Deliver and USAID, October 2001
- Health and Family Planning Product Availability Survey for Upazila Stores, The Deliver Project, JSI, Dhaka, January 2002
- Proceedings of the Launching of the Contraceptive Security Strategy in Bangladesh, June 2002, Dhaka
- RH Commodity Security Workshop, Working Paper, Beijing, China, October 2002
- Draft minutes on the Round Table on Contraceptive Security: Meeting the Country Needs in HNPSP, May 2003
- Bangladesh BCC Strategy for Contraceptive Security, Draft for discussion, JSI/Deliver, May 2003
- Procurement and Logistics Review for MHFW, Crown Agents, October 2003

Core Team

- ❖ Mr. Nurul Hossain, Deliver Bangladesh
- ❖ Mr. Alamgir Hossain Ukil, DFP
- ❖ Mr. Bongs Lianjo, CST Consultant
- ❖ Dr. Farah Mahjabeen, Local Consultant

Coordinator from UNFPA

- ❖ Mr. Quazi Johirul Islam

2.1 OBJECTIVE

To assess the current Bangladesh Contraceptive Security Programme (BCSP), identify existing gaps and develop relevant recommendations.

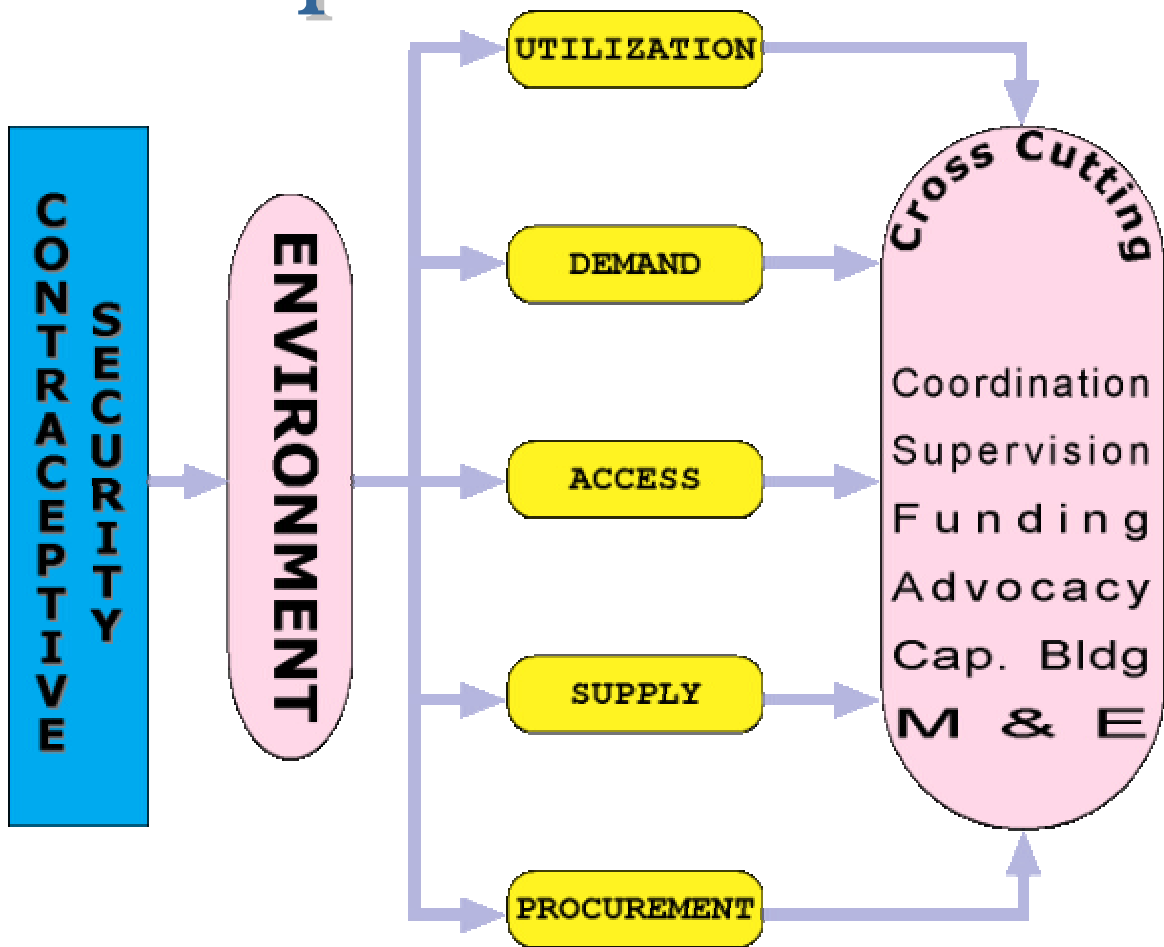
2.2 CONTEXTS AND SCOPE

In this report, Contraceptive Security is defined as the ability to continuously (enabling environment) provide **(Supply, Procure)** high quality commodities to the right group **(Use, Demand)** at the right time and place **(Access)**. In order for this to succeed, there is a strong need to involve all stakeholders; create an enabling environment like developing appropriate policies and laws, promoting political will and involving religious and community leaders, civil society, NGOs and vulnerable groups at all levels. UNFPA has generally taken a lead role promoting reproductive health commodity security (RHCS), (Rites) coordinating relevant processes, forecasting need, mobilizing support and building logistical capacity at the regional and country levels. While some progress has been made in this regard, there are still perennial challenges that need to be addressed. For example dwindling donor support remains a major challenge that requires continuous engagement of all the members of the donor community. There are also other deterrents at the country level like weak infrastructure and limited availability of trained personnel. These are further exacerbated by frequent high attrition rates among trained staff. An emerging issue that also needs to be looked into is the transfer of skills between retiring and continuing personnel.

2.3 CONCEPTUAL FRAMEWORK

In Figure 1 below, an attempt is made at presenting a system's generic view of a Contraceptive Security Programme. The different components are classified into two categories: direct programme-related and cross cutting components. The synergies that exist among these thematic areas are also high lighted in order to emphasize the linkages and interactions that make the framework holistic. From a causality perspective, all components (programme and cross cutting) depend on an enabling environment – political will, appropriate policies, ownership, involvement of political, religious and community leaders, civil society and vulnerable groups etc; demand depends on utilization rate; access depends on demand; supply depends on procurement levels. The cross cutting components (coordination, funding, supervision, advocacy, capacity building and monitoring and evaluation) collectively contribute in strengthening the synergies in a CS system.

Conceptual Framework



2.4 METHODOLOGY

The approach used in accomplishing the above objectives included:

- i. Literature Review: a process in which all (or most) CS related initiatives in Bangladesh were reviewed and summarized;
- ii. Technical Meetings: with Senior Government Officials (SGO) and stake holders; the latter group of experts participated in a one day workshop during which they assessed⁴ the different CSP components, identified existing gaps and developed recommendations some of which were used in developing the report;

⁴ Participants were briefed on guidelines that were used in conducting the assessment. They were then divided into groups where each group was given a set of programme components to evaluate using the guidelines. Group work was followed by a plenary session during which each group presented its findings and where required clarifications were made.

- iii. Field visits: were made to two districts. In one of the district Head quarters, discussions were held with the Deputy and Assistant Directors (Clinical Contraception). These discussions were followed by field visits to three Health Centres: one at the district level one at the Upazala level and the other at the Union level⁵.

[add more??]

⁵ Bangladesh has five Hierarchical Administrative levels: Central, Regional, District, Upazila/Thana, Union and Ward

3.0 FINDINGS

3.1 INTRODUCTION

As already presented elsewhere, findings were based on selection of sources including reports, meetings and field visits. These have been analytically presented in the report in order to establish a starting point that will facilitate development of the report. Efforts have also been made to verify the contents of some of the reports through individual meetings and group discussions. It is hoped that these processes will serve as a means of re-enforcing the contents of the report. The findings presented starting with a general literature review, followed by field visits, stakeholders technical meeting and specific (mainly BDHS) reports.

3.2 LITERATURE REVIEW

Demand and Utilization

The satisfaction of family planning acceptors depended upon the quality of services received at the time of acceptance and the follow-up care received by the clients. Several studies had revealed that access to family planning methods regarding informed choice was still a problem, though the government had already introduced the cafeteria choice system. Informed choice may increase demand of the users as well as increase technical competence of the service provider.

Result: Increase demand and decrease drop out rates.

Supply and Procurement

Improved planning mechanism at the local level will help to have a secure supply of contraceptive at all time. Expansion of Public Sector distribution channels through non-traditional outlets will enable public to have more supply of different choice of contraceptives and also practice contraceptives more. To have a secure supply establishment of procurement timeline based on short-term medium term and long term is a must.

Result :Increase demand as well as capacity building at different delivery points

Access

Users confidentiality and a better interpersonal relation between the client and the service provider will attract more clients. Public sector distribution channels need to be up scaled to increase availability of commodity. More distribution channels will also help user to have more access on different modes of contraception.

Result: Increase in access to hard to reach group.

Advocacy

Despite a manifold increase in the number of field workers during the past two decades, the coverage of the programme is still low and then again post acceptance follow-up is also poor .If advocacy is strengthened at through target intervention extensive reach may be possible. Inadequate communication contributes to poor mobility that detracts the FP programme.

Result : Increase number of users

Structural Coordination

A more structured coordination mechanism with defining roles of donors, NGO, civil society along with specific policies and regulation will help to strengthen the family planning programme.

Result: There will be balance between supply and demand as well as there will be clear segmentation of role of each actor.

Supervision along with Monitoring and Evaluation:

If supervision is established through feedback mechanism and regular follow up; gaps in the service can be easily identified and corrective measures can be taken to strengthen the programme activities. Supervision helps to establish feedback and follow-up processes and systematize the performance review process. Supervisory guidance and support can help the service providers to do their job effectively.

Result: Effective programme

Capacity building:

Capacity building at different delivery points will increase the efficiency of the programme activities and

Result : Decrease donor dependency up to a certain level.

Funding:

Market segment analysis is essential to decrease the burden of financing of the government. People have been found to be generally willing to pay for services and introduction of pricing schemes and a formal system for charging fees for services have proven to be, by large, acceptable and feasible.

3.3 Field visits

Field visits served as an opportunity to complement knowledge that was acquired at the central level by team members. Field visits also gave the team an opportunity to share with clinicians the objectives of this assessment. Service providers were asked questions on current contraceptive outlook and some of the challenges they have to deal with. In every facility, there was recognition of the high 'drop outs' rates that were being experienced by Health facilities. At the thana level health facilities, the main constraints were inadequate equipments for screening clients. Service providers below thana level identified inadequate availability of funds for transportation to collect commodities as a problem. Money spent by staff to transport commodities was not regularly reimbursed. Service providers recognized the popularity of the oral method and attributed that to peer influence among clients; an observation that could potentially lead to inadequate counseling. For example, it was apparent in some Facilities that women who insisted on receiving specific methods received limited appropriate counseling. Service Providers knew how to deal with the side effect of contraceptive. This was confirmed by all of them. The referral chain was well established at all level. What could not be confirmed however was the effectiveness of the referral system. For example no feedback was ever received by the referring centre from the destination facility. On the other hand at the union level Health Facility visited, a mechanism had been put in place to address this problem. For example, through organizations of monthly meetings, SPs were able to identify discontinued clients. Field workers were then requested to follow up in the different villages. Subsequent meetings served as an opportunity to assess the degree of success made in getting these default clients back into the programme.

Through reviewing facility reports, the team found that effective supervision remained a major challenge as very limited structured supervisory visits were being conducted. For example, in one facility, over a two-year period there were two supervisory visits. No feedback was made and hence the effectiveness of these visits remains doubtful. The level of Monitoring was inadequate though substantial efforts were being made in meeting performance targets that were interestingly being set by the central level. While some service statistics were available in reports, there was no indication of how these were used for programme planning. All these observations notwithstanding, it needs to be pointed out here that the level of staff motivation was very high. For example, in one clinic some service targets had been exceeded by as many as three times the expected benchmark. Stock outs in the facilities visited were a thing of the

past as anecdotally, none of them had experienced any contraceptive shortages in the last year.

The team also had an opportunity to talk with clients. All (female and generally young) recognised the benefits of contraception. Most of them had a set target of having a maximum of two children with no preference as to boy or girl. They all confirmed that decisions to space or limit the number of children were made together by them and their husbands. They were asked why their spouses were not in the clinic with them. The general response was that their ' husbands had approved and were busy at work'.

While the consultation space was generally adequate, the degree of client/provider confidentiality was a major concern. For example, during consultation, the waiting clients and the client being counselled under consultation all sat in the same room. No dividing units or screens were available. This situation undoubtedly created a feeling of unease understandably among some clients. Relevant recommendations are presented elsewhere in the report.

3.5 STAKE HOLDER TECHNICAL GROUP ASSESSMENTS

A one-day technical meeting was organized among stakeholders. Participants included representatives from donor community, government, civil society and NGOs. As part of the meeting, participants were given guidelines on how to assess the different BCSP components (details in table 2). They were required to fill as an output, a qualitative assessment matrix (QAM). A process which involved evaluating each component looking at what the GOB had promised to do or was capable of doing. This was compared to the actual accomplishment and the difference represented the gap. This gap was then used to quantitatively score each of the components on a scale ranging from 1(low) to five (high); five indicating a perfect score and one representing very low achievement. The outcome is presented in figure 2 below.

3.6 PROCESS

The workshop was conducted in three phases: in phase one – plenary -, participants were provided with an evaluation guide (annex 4). The facilitator then explained to the group and made sure there was a common understanding of the expected outputs. Participants were then divided into three groups (see annex 5) based on their respective areas of expertise. In phase two, each group was required to follow the guide and in a participatory way compile findings (as suggested in the guide) that were presented during phase three (plenary) of the meeting. Tables in annex 1, 2 and 3 are outcomes of the group work.

3.7 OUTPUTS

The required group output was to complete and present a qualitative assessment Matrix (QAM)(See annex1,2,3). During the group work, members were required to qualitatively score – table 2- (Delphi method) using the different Programme Components (see conceptual Framework). This process involved analysing the level of achievement based on Government commitment or ability by looking at the gaps (see Table 3) between them and actual achievement. Scores were then assigned from 1 to 5 where 1 represented a low level and 5 a high level of achievement with provision for in-between levels of achievement (2,3,4). Finally, each team was required to compile a list of recommendations (see Table 4)

3.8 ANALYSES

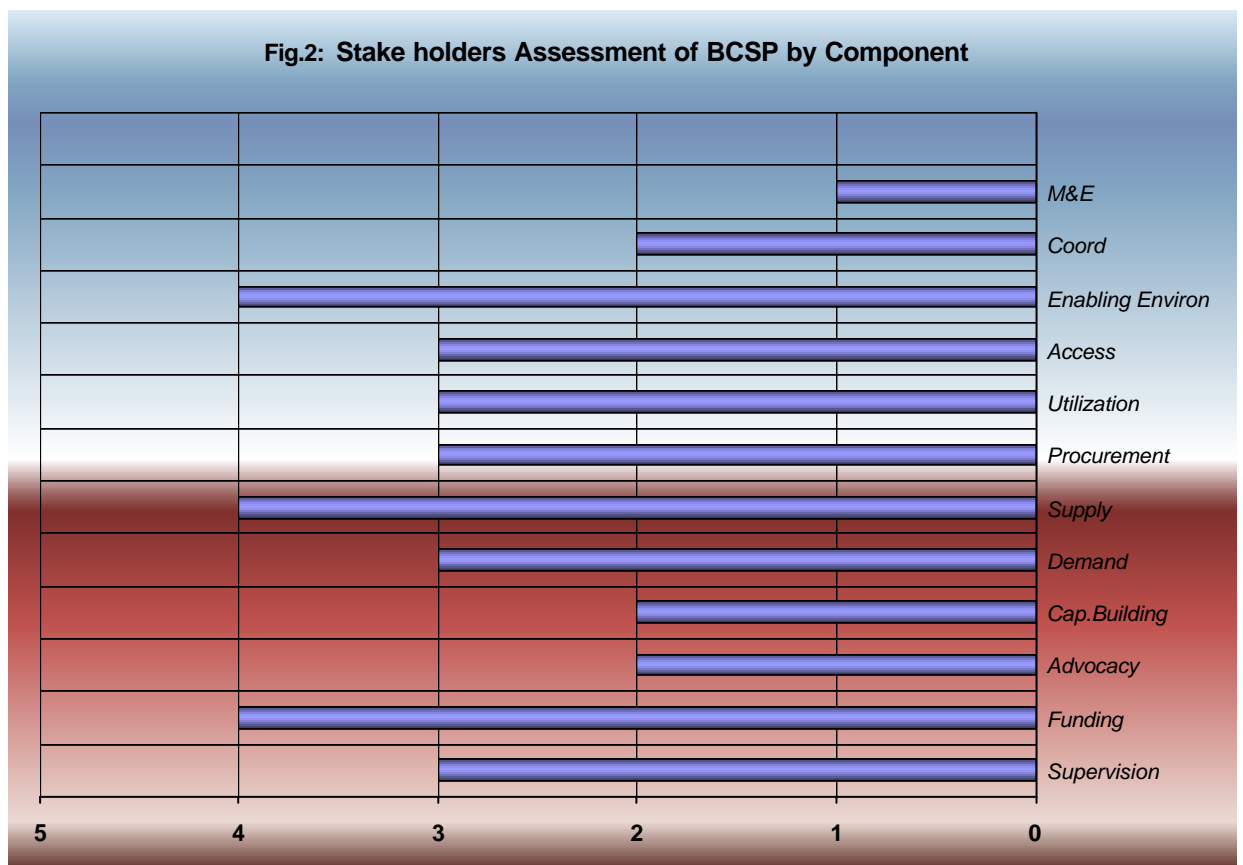
In general, based on the group assessment, the GOB efforts to improve BCSP yielded mixed reviews. Specifically, the following results were established:

- **Significant** levels of accomplishment were made in raising funds for commodity procurement, Logistics Management – transportation, distribution of contraceptives, providing storage facilities and managing levels of stock outs in many facilities. The number of hierarchical outlets in the pipeline has also been reduced; districts are no longer part of commodity distribution chain. Substantial achievements were also made by the GOB in creating an enabling environment – political will, involving religious and community leaders, civil society, NGO and relevant community groups - women of reproductive age (WRA) group and to a limited degree, men.
- **Moderate** rates of achievement were made in promoting supervisory activities (especially procurement and SP levels), generating more demand for FP methods, promoting utilization among user groups and making contraceptives (especially condoms) more accessible. Demand has been negatively affected by limited targeted BCC campaigns. Male involvement in contraceptive decision-making process has not been very successful. The current process of ad hoc procurement remains inadequate and ineffective.
- **Inadequate** achievements were made in:
 - Advocacy (ex promoting effective counseling at the service provider level, conducting targeted (YP, CSW, Hard to reach group, men) BCC/IEC campaigns; it could be noted that Target interventions are easy to implement, more effective, easy to demonstrate their results and more likely to be sustained.

- Strengthening appropriate skills in order to better manage and procure commodities including creating provision for skills transfer between retiring and continuing staff;
- Coordinating initiatives implemented at different levels by different stakeholders. For example developing guidelines on the roles of the different stakeholders: donors, NGOs, Social Marketing Organizations and civil society;
- Promoting the development of functional and dynamic Monitoring and Evaluation Frameworks.

3.9 PROCUREMENT AND LOGISTICS MANAGEMENT

During the review, an attempt was made to reconcile GOB commitment and willingness to implement recommendations made by different experts in the last seven years. They were all procurement and logistics management-related recommendations. Table 1 below represents the current implementation rates.



3.10 CURRENT STATUS OF PREVIOUS COMMITMENTS

Table 1 is a summary matrix of the status of recommendations made over the years (between 1997 and 2002) and presented to the GOB. These are primarily based on Procurement and logistics thematic areas.

Under the Health and population Sector Programme (HPSP), over half of the recommendations (57%) were accepted by the GOB. 50% of these have been currently implemented with the other half still pending. Two gaps presented in the table were identified.

With regard to recommendations on Consulting Services for operational support and procurement, the GOB accepted 43% and has already implemented 66% of these. This is the highest implementation rate among all the accepted recommendations. The only outstanding recommendation yet to be implemented is the development of an MIS for Medical equipment.

On Bangladesh contraceptive logistics system (BCLS), 62% of the recommendations made were accepted with an implementing rate of 60%. Two yet-to-be-implemented recommendations are presented in table 1.

Finally, on recommendations on conducting feasibility studies on the central distribution facility, about a third were accepted and all are yet to be implemented.

Acceptance Levels and Gaps of earlier recommendations by thematic area

Table 1

Theme (Dates)/Gaps	Accepted	Rejected	Acceptance Rate (%)	Implementation Rate (%)
Health & Population Sector Programme (HPSP) (1998-2003)/ GAPS: 1.An assessment of needs for augmented storage facility; 2.Conduct continuous physical inventory for selected high value items and commodity audit	8	6	57	50
Consulting Services for Operational Support & Procurement (2002)/	3	4	43	66

GAP: 1. Develop MIS including Database for medical equipment				
Bangladesh Contraceptive Logistics System (1999): A review of accomplishments and Lessons Learned/ GAPS: 1. Raise levels of monitoring and inventory control at SDP level; 2. Directorate of Family Planning to return the Min-Max levels for Depo Provera and Shukhi to two and three months respectively to avoid stock outs situation.	5	3	62	60
Feasibility Study: Central Distribution Facility (1997)/ GAP: 1. The CMSD should upgrade through appropriate MHE investment and usage and training in warehouse management techniques	2	4	33	0
Strategic Approach Rationalization of Distribution Tiers under Integrated population/Health Programme (1997)/ GAPS: 1. Establish appropriate inventory Policies	3	6	33	33

Source: Crown Agents Report...Oct., 2003

[Donor Support Timeliness.....DAS]

3.11 ACCESS

Figure 2 below clearly confirms the important role played by the public sector in the provision of Family Planning (FP) services. With the exception of condoms and Pills, over eighty percent of clients received contraceptives from Government outlets. Condoms however remain dismal and efforts need to be made in promoting them in government facilities. Over half (54 per cent) of the condoms-

clients receive their commodities from Pharmacies; with about one in five getting them from shops. With the current excess of condoms supplies in the country, distribution efforts are required by government to avoid expirations of large quantities in the near future. There is definitely a need to investigate the reasons for the limited access to this commodity through public outlets. The large volumes distributed by Pharmacies and shops are an indication of how successful their marketing strategies have been. Close collaboration with these outlets including NGOs and Civil Society could have a positive impact on making condoms available at the Government Facilities. With only 56 per cent of pill users receiving their supplies from public outlets, concerted efforts are required to attract more pill users to public facilities.

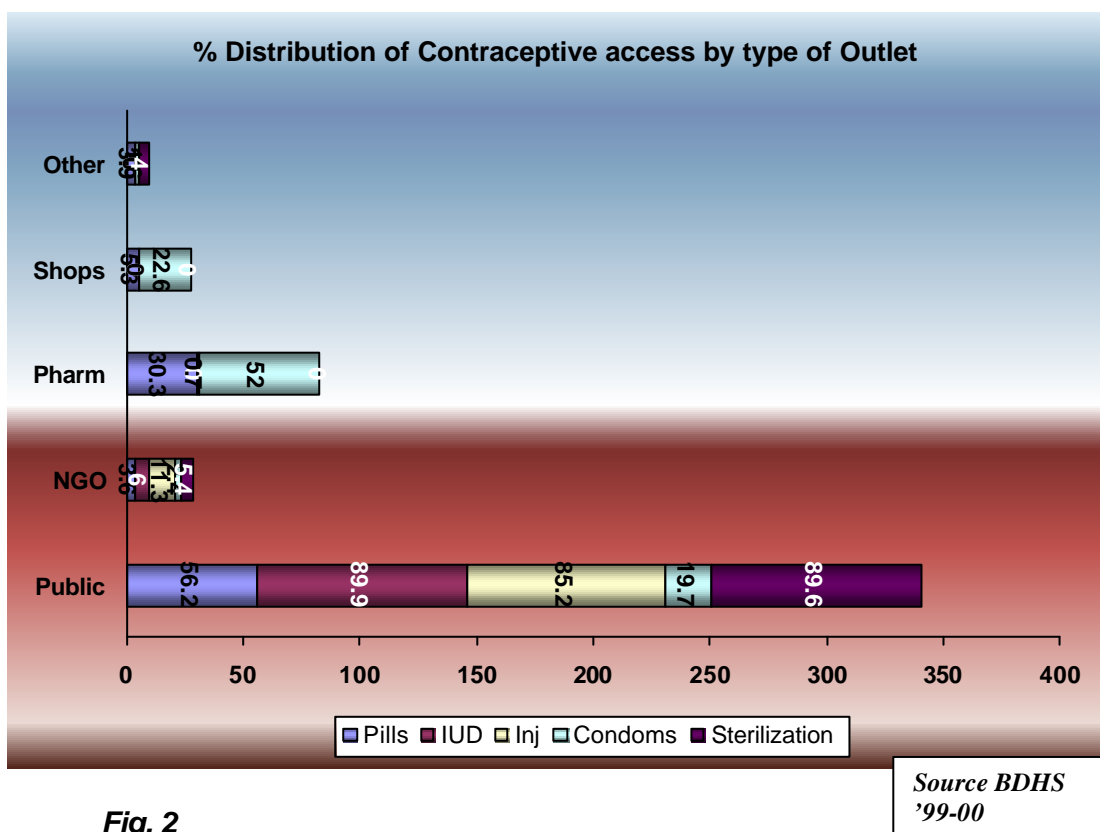


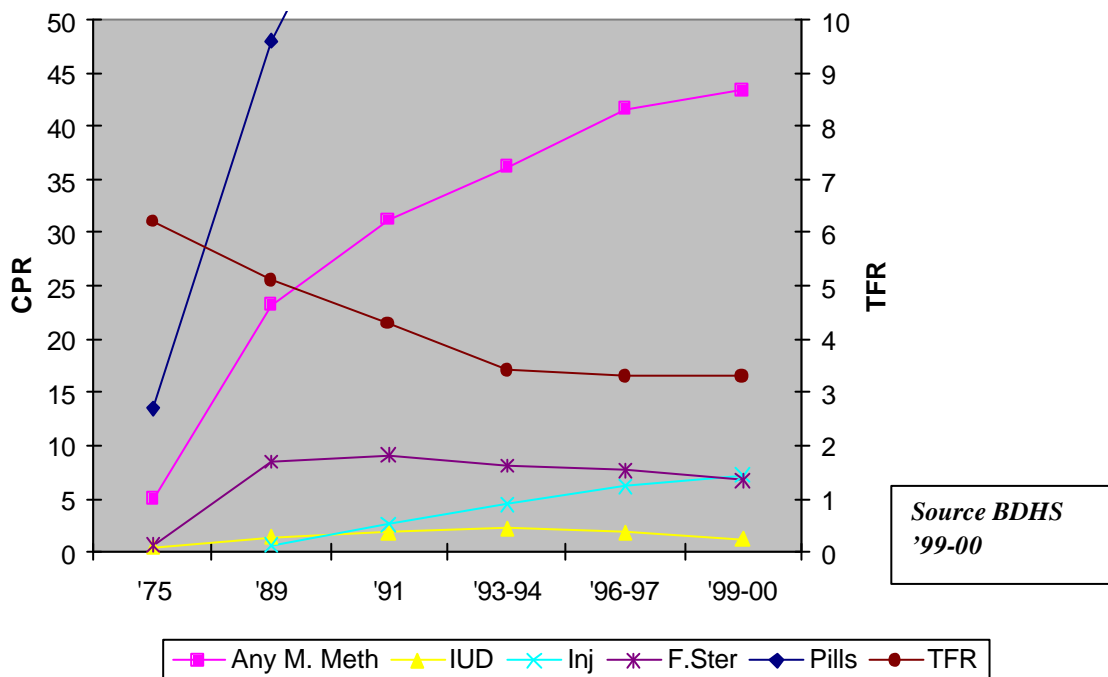
Fig. 2

3.12 UTILIZATION:

The current utilization rate as confirmed by the last CPR remains quite promising. While the non-clinical methods have enjoyed rapid gains, the same cannot be said about clinical and permanent methods. For example figure 3 clearly shows that sterilization CPR has remained constant since 1991. A similar observation can easily be made about the TFR; it has also remained unchanged over the last ten years. This positive correlation

between these indicators needs to be highlighted. While the CPR may not exhaustively explain the stagnation in the TFR, there is reason to believe that the former does contribute significantly to reducing the later. Permanent methods do have an impact on TFR and hence the current government initiative to promote IUDs should be encouraged and supported. IUD CPR peaked in 1993-94 and started a gradual decline that continued to 2000. Additional efforts also need to be put into place (including appropriate strategies) to promote permanent methods without compromising efforts to give clients 'an informed choice' option. The current situation definitely represents a major gap that needs to be addressed sooner than later.

Fig 3: Distribution of TFR trend and Modern Methods



3.13 SUPPLIES:

A successful programme is only as effective as there is a continuous availability of commodities. The lack or limited availability of contraceptives creates doubts in the minds of clients and reflects negatively on the quality of care (QOC) of service provided. Above all, stock outs create vulnerability and panic in the client community and exacerbates chances of having unintended pregnancies: a key objective of our FP programmes.

The importance of continuous availability of good quality supplies cannot be adequately emphasized.

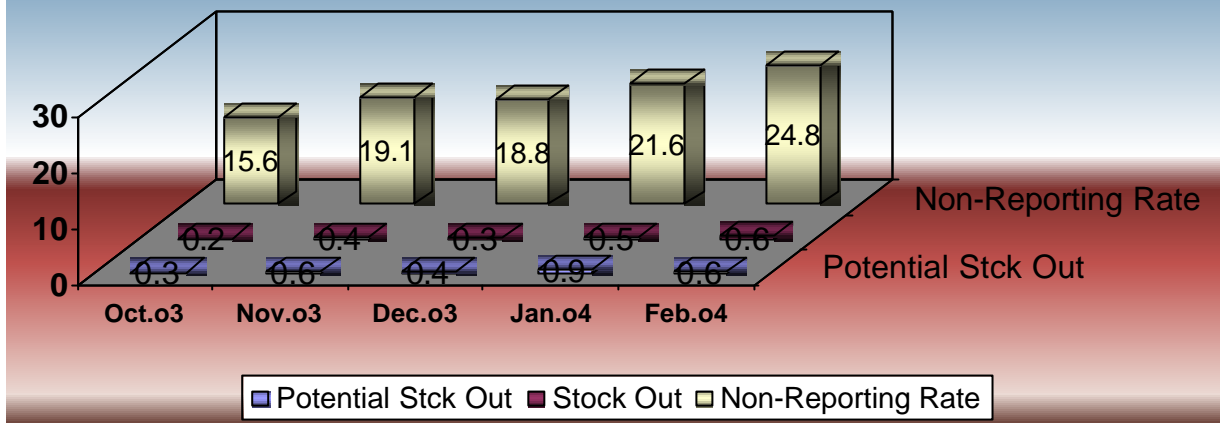
In figures 4, 5 and 6 below some irregularities with respect to stock disruptions are presented. An analysis of stock outs of injectables, pills and condoms shows that some problems still exist in at least some Upazila/Thanas. For example in October, November, December 2003 and January, February 2004 Depo Provera was not available in 11, 17, 13, 23 and 27 Upazila's respectively. As illustrated in the figure 4, the number of stock outs peaked in February 2004 with 27 outlets reporting no stocks of Injectables. While a similar and more dismal observation applies to condoms, pills stock levels did not suffer as much though similar concerns of depriving clients of these commodities still exist. Closely related to stock outs are 'red flags' represented by 'potential stock out'. These are outlets where if nothing is done soon will be vulnerable to stock outs. The numbers remain high especially with injectables and condoms. With injectables, number of potential stock outs outlets range from 13 in October 2003 to 43 in January 2004.

The next critical situation that also needs to be addressed is the rates of non-reporting. This applies equally to the methods presented. February 2003 is the month with the highest non-reporting rate of 24.8%. October 2003 had the least 15.6% non-reporting rate. Reporting rates are very critical in analysing service reports because they give an indication of the completeness of field activities. Under reporting or no reporting at all raise programme-related that need to be addresses in order to maintain stable and continuous availability of commodities. Reasons for non-compilation and reporting can range from excess workload by defaulting outlets, to sloppy job performance. Efforts therefore need to be made in addressing these irregularities. Interventions could either be done through specific visits to the sites or through other means of communication ex phones and/or memos.

One other key area of concern is the unavailability of pills in one District Reserve Store (DRS) in the month of December 2003 and one potential stock out in another DRS in January of 2004.

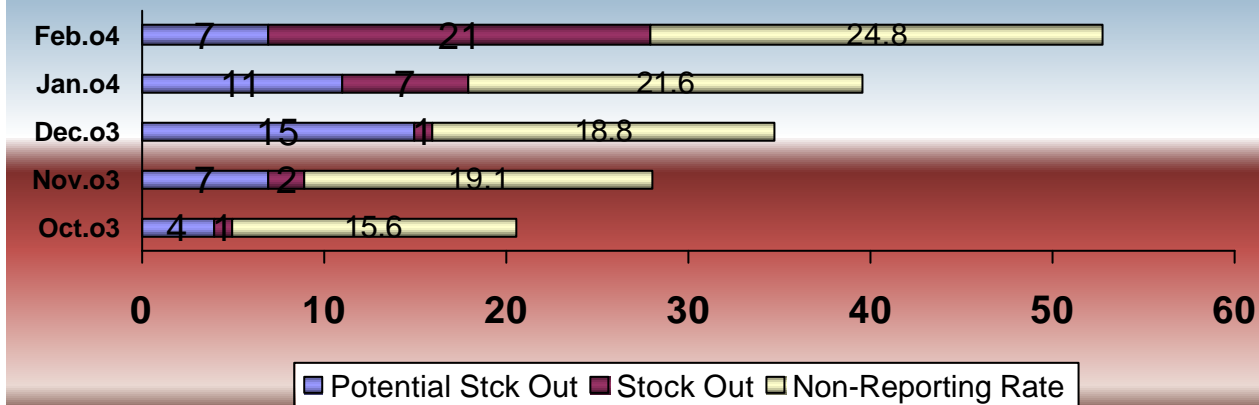
With respect to injectables, two stock outs were experienced by two DRSs in January and February 2004.

Fig 4: Per cent of Potential, Actual Stock Out and non Reporting Rate for Injectables at the Upazila Outlet (N=467)



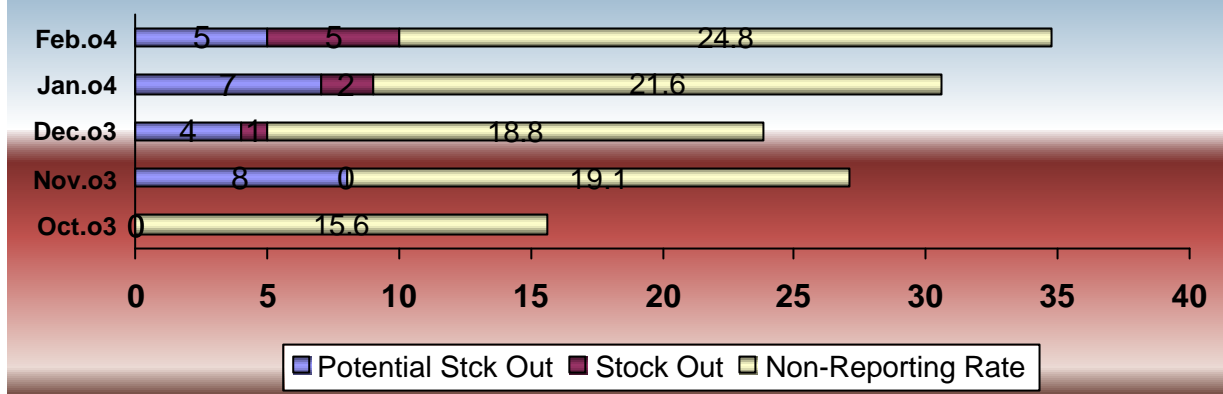
Source: LMIS

Fig 5: Distribution of Potential, Actual Stock Out and non Reporting Rate for Condoms at the Upazila Level (N=467)



Source: LMIS

Fig 6: Number of Potential, Actual Stock Out and % non Reporting Rate for Orals at the Upazila Outlet (N=467)



Source: LMIS

3.14 STOCKS OUTS: UPAZILA LEVEL

In logistics Management, stock disruptions remain one of the unacceptable realities that frequently need to be addressed by programme managers and service providers. While substantial progress has been made in addressing this problem at most hierarchical distribution outlets (HDO) in Bangladesh, leakages still exist and more needs to be done to minimize this perennial challenge. One can only speculate that causes for these shortages range from inadequate supplies to access to remote and hard to reach sites. Below is a stock out method-by-method analysis based on DELIVER 2002-2003 annual report (source data was not available). The period reviewed is between October 2002 and September 2003.

3.14.1 CONDOMS

Condom stock disruptions ranged from none in October of 2002 to about 16 per cent in March of 2003. Given the threat posed by the spread of STI/HIV/AIDS, such a high level of stock outs (16%) can easily facilitate a further escalation of new infections. The rising trend started in the month of December 2002 and peaked in March 2003. There seems to have been some constructive intervention as confirmed by the sudden drop between March 2003 and April of the same year. This trend continued through May of the same year after which stock outs

were reduced to zero. While reasons for the sudden surge are not available, the fact that this problem was recognized and addressed needs to be applauded.

3.14.2 PILLS

Stock outs of oral contraceptives during this period under review were not as dramatic when compared with the condoms supplies presented earlier. Pill stock outs were generally under one per cent. The levels ranged from none in November 2003 to about .3 % in December 2003 and January 2003. There none were recorded between February 2003 and May of the same year. The level increased to .2% in June and remained at zero between July and September 2003. Pills contribute the highest percent of method mix and this relatively low level of stock outs suggests that significant efforts are being made to keep stock disruptions of this commodity to a strict minimum.

3.14.3 IUD

IUD stock out levels ranged from below one percent in October 2002 to over 3% in May 2003. During the period under review, disruptions continued to be a problem as there is no single month during which IUDs were always available. Again as indicated earlier reasons for these shortages could range from inadequate availability of stocks to access to remote locations.

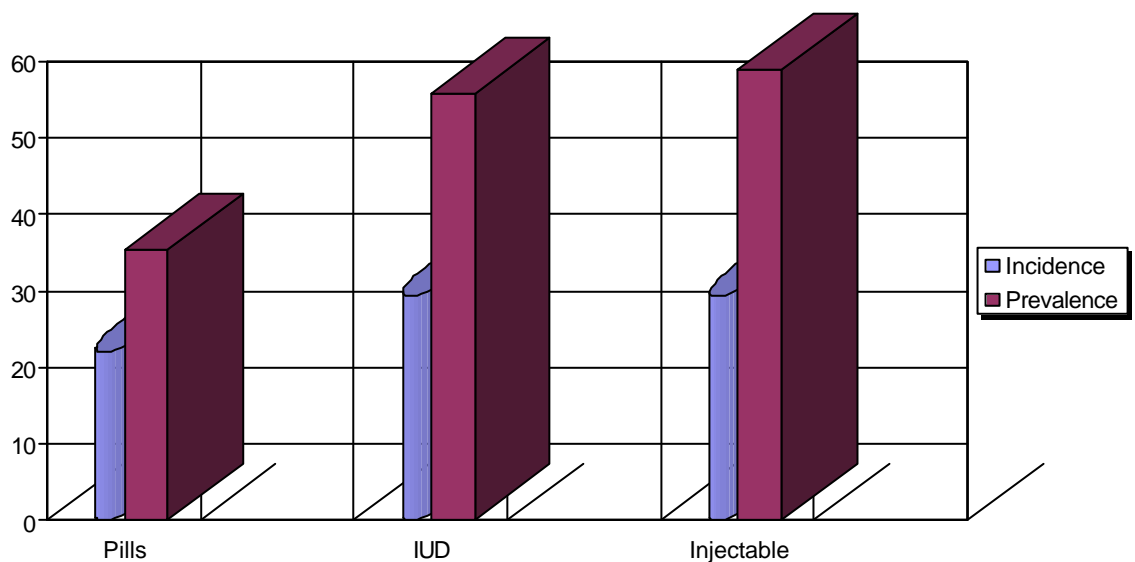
3.14.4 INJECTABLE

Availability of depo provera had a level of disruptions similar (though higher) to the IUDs. Injectable stock out varied from under two percent in July of 2003 to 5% in February of the same year. As with IUDs there were no Upazilas reporting continuous availability of this commodity during the period under review. The importance of having depo available cannot be sufficiently emphasized. Clients interviewed during this assignment continuously told the team that they used depo because it was easy (once in three months) and that the likely hood of forgetting was not as high as with the pill that had to be taken daily. This suggests that the trend towards depo use can only increase as more clients indicate their interest and willingness to use it. Demand will ultimately show a dramatic increase.

3.15 DROP OUT RATES

An illustration of the discontinuation rates is presented in figure 7. The figure shows that a significant number of users does not return for supplies after one year. A method-by-method analysis indicates that about one in five pill-users defaults, with about one in three for IUD and injectables clients dropping out after one year. These figures correspondingly continue to increase over a five-year period. This situation needs to be investigated and addressed immediately in order to maintain the substantial gains made over the years. Indications as explained earlier are that negative effects of these drop outs on the CPR can be significant.

Fig.7: Side Effects Discontinuation Incidence (annual) and Prevalence (Five Years) Rates



3.16 DEMAND

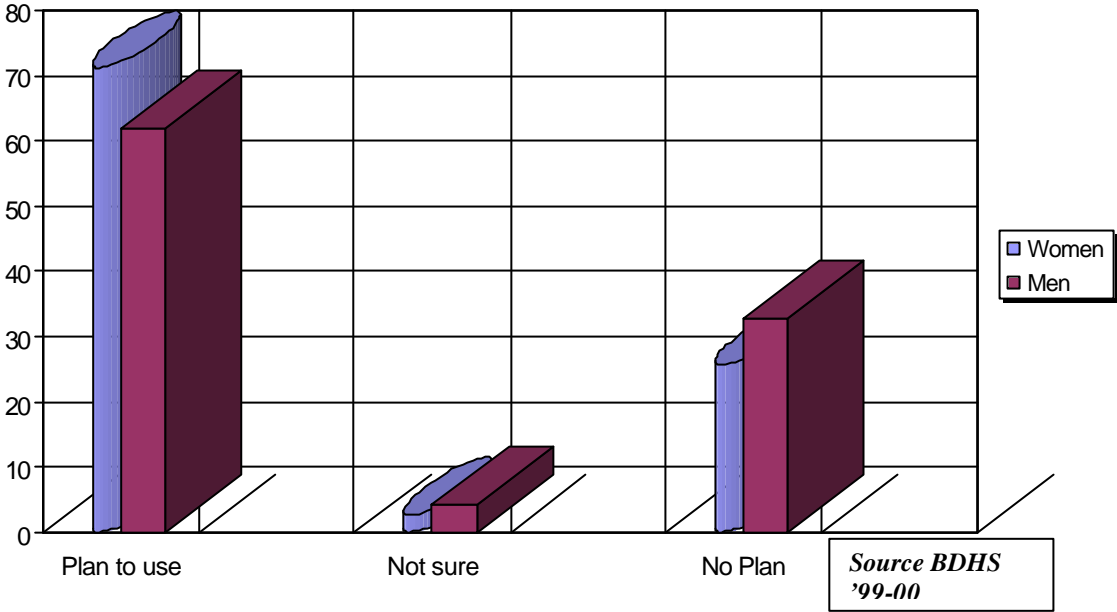
3.16.1 Current Demand:

The latest announcement that the CPR has fallen to 50% as presented elsewhere is a cause for serious concern. Linkages between CPR and contraceptive demand are obvious. And that is why it is critical to identify the root cause of this drop in order to establish an appropriate contraceptive demand intervention strategy. For example, a drop in the number of FP users directly affects the quantities of contraceptives required by the programme. An inadequate assessment of national needs could lead to surplus quantities being procured; a scenario that will create storage and expiry date problems.

3.16.2 Potential Demand:

In figure 8, among respondents in union on no contraception, 70% of women and 62% of men intend to plan their families sometime in the future. About 3 and 4 % of women and men respectively are not sure with about one in four women and one in three men having no plans of planning their families. The first two categories of those planning to use and those not sure suggest a potential explosion in demand with significant substantial programme implications. For example if these potential users were to start using FP methods, the impact on maternal mortality will be obvious. Strategies therefore need to be put in place in preparation for a potential exponential rise in contraceptive demand.

Fig8: % Distribution of Potential contraceptive use by married respondents



4.0 WAY FORWARD BY COMPONENT AREA

The table 3 below is a set of recommendations grouped by thematic area. Most of them need to be implemented as soon as possible under the leadership of the GOB.

COMPONENT	RECOMMENDATIONS
Supply	<ul style="list-style-type: none"> • Improve Quality of Care (QOC) through counseling with special emphasis on 'informed choice'. This will provide the client with adequate amount of information that will facilitate and enhance the decision making process. • Enhance service provider (SP)/User confidentiality by creating screens between waiting clients and attending client.
Advocacy	<ul style="list-style-type: none"> • Strengthen advocacy and BCC/IEC activities through target intervention (young people, Commercial sex worker, Men, Hard to reach groups) • Promote permanent methods without compromising quality of 'informed choice' messages.
Supervision	<ul style="list-style-type: none"> • Strengthen supervision through established feedback and follow-up mechanisms. This will help improve the performance. Supervisory guidance and support can help the service providers to do their job effectively.
M and E	<ul style="list-style-type: none"> • Institutionalize Monitoring and Evaluation at all outlets. This will improve the quality and reliability of the reporting system in addition to enhancing provider confidence in assessing performance and improving planning at their respective levels.

COMPONENT	RECOMMENDATIONS
Procurement	<ul style="list-style-type: none"> • Establish effective procurement timelines based on short, medium and long term needs. • Mechanisms will be required to continuously evaluate procurement performance.
Enabling Environment	<ul style="list-style-type: none"> • There is need to make routine Logistic Management Information System (LMIS) Source data sets available (as frequently as they are collected) to ALL stakeholders. This will enable interested parties to conduct their own analysis based on their individual needs and areas of support. • Assist GOB in finalizing current IUD pilot phase and potential up scaling.
Access	<ul style="list-style-type: none"> • Public Sector condom distribution channels need to be up scaled through introduction of non-traditional outlets to increase availability of the commodity and ultimately contribute in improving prevention of STD/HIV/AIDS.
Utilization	<ul style="list-style-type: none"> • More efforts are required in Introducing female and promoting of male condoms among vulnerable groups. • Dual protection also needs to be promoted as this serves as another opportunity to enhance women empowerment. • Strategies need to be established to facilitate the promotion of permanent methods without compromising availability of 'informed choice' .

COMPONENT	RECOMMENDATIONS
Coordination and dissemination	<ul style="list-style-type: none"> • Establish an effective BCSP committee with alternating chairs. The primary role of this group will be strengthen and facilitate contraceptive security processes. • Develop and establish a structured BCSP coordination mechanism. This mechanism will enable the GOB to identify specific roles to be played by all stakeholders i.e. NGOs, Civil Society and Donors etc. • Implementing an earlier recommendation to establish a virtual BCSP working group will facilitate the process of sharing information on developments in CS in the region and globally.
Demand	<ul style="list-style-type: none"> • Address the escalating potential need with emphasis on 'unmet needs'. • Develop strategies to address and reduce alarming dropout rates.

ANNEX 1

Table 2: Group Ratings of Component Areas

Programme Components	Level of Achievement (low 1- 5 high)	Observations
Supervision	3	Partial supervision is done at certain levels. Lack of Supervision of procurement activities. Programme monitoring is not done regularly
Funding	4	Sporadic funding & Conditional funding often lead to constraints to poor planning. Lack of funding forum lead to misappropriation of fund
Advocacy	2	Limited advocacy & counseling at the service provider level and media involvement
Capacity Building	2	Frequent turn over of skilled personnel
Demand	3	Inadequate Target Group BCC Campaigns
Supply	4	Limited private Sector participation
Procurement	3	Adhoc procurement not effective
Utilization	3	Though cafeteria approach is offered, information regarding all methods provided, Pill is promoted more; Sterilization stagnant
Access	3	Clients do not have informed choice, there are enough stock at thana level; inadequate male participation contraceptive selection
Enabling Environment	4	Cultural beliefs are deterrents to contraception
Coordination& Dissemination	2	National Coordination committee not active. No balance between supply and demand. There is no clear segmentation between SMC and commercial supplies, there are no policies or regulation on the

		role of the commercial sector
Mon &Evaluation	1	Big gaps lie in quality service monitoring; at field level there are lots of evaluations based on inadequate Monitoring Frameworks.

Annex 2

Table 3: Gaps Identified during group work

Programme Components	Existing Gaps	Observations
Supervision	Inadequate Procurement, and funding guidelines; limited storage facilities, Ineffective Programme monitoring	Partial supervision is done only done at certain levels. Lack of Supervision at procurement level. Programme monitoring is irregularly done.
Funding	No needs assessment conducted, no funding Forum in place, conditional funding mechanisms ineffective	Sporadic funding & Conditional funding often lead to poor performance. Lack of funding oversight leads to misappropriation of funds
Advocacy	No visible interpersonal effort, Lack of coordinated efforts; weak selection process of target groups	Lacking of advocacy & counseling at the service provider level media plays very little role
Capacity Building	Lack of relevant skills, frequent turn over of skilled person, improper staffing & limited equipment supply	High attrition rates of skilled staff
Demand	Choice of method is not supplied, Significant levels of unmet needs; limited male participation, Limited demand creation amongst adolescent; safe sex concept not yet created	Limited BCC Campaigns

Programme Components	Existing Gaps	Observations
Supply	Interrupted supply are a deterrent, shortage of proper storage facility, limited private sector participation	Insignificant private sector participation
Procurement	Donor dependant, absence of professional procurement team, mismatching of procurement & forecast	Procurement plan developed late
Utilization	Poor service delivery, domination of hormonal methods, lack of FP knowledge on Condom use	Though cafeteria approach is offered, information regarding all method is not given, Pill is promoted more frequently
Access	Lack of informed choice, quality, less male participation	See earlier comments
Enabling Environment	Lack of cultural sensitivity, conditional funding, complicated proc procedure	Inadequate advocacy
Coordination & Dissemination	No coordination, Bureaucracy/process driven	Ineffective Coordination & Dissemination
Mon & Evaluation	Ineffective evaluation system, underutilization of MIS/LMIS	Inadequate M & E Frameworks

Annex 3

Table 4: Recommendations developed during group work

Programme Components	Relevant Recommendations	Observations
Supervision	Strengthen coordination & LMIS, Follow IDA guidelines and CPTU	Partial supervision performed
Funding	Form Funding Forum, Un conditional funding, need assessment of user	Sporadic funding & Conditional funding lead to inability to plan
Advocacy	Multi-sectorial approach needs to be promoted	Lacking
Capacity Building	Retain skill person and allocate trained staff to corresponding jobs	Lacking
Demand	Strengthen BCC, Improve SD, programme for hard to reach group	Insufficient BCC campaigns and activities
Supply	Increase private sector participation;, establish effective & supportive supervision, construct more stores	Limited private sector involvement
Procurement	Build up sustainable programmes; improve forecasting skills; e establish a procurement unit in GOB	See comments above
Utilization	Strengthen SP counseling skills with emphasis on PLTM	Though cafeteria approach is offered, information regarding all method is not given, Pill is promoted more frequently

Programme Components	Relevant Recommendations	Observations
Access	Strengthen BCC, male focused BCC/IEC activities	Clients do not have the informed choice especially in the private outlets.
Enabling Environment	Strengthen advocacy, increase GOB/Local Fund, simplify ICB procedures	Inadequate advocacy
Coordination & Dissemination	Strengthen Coordination & Dissemination activities, deal issues as per urgency	Ineffective Coordination & Dissemination initiatives
Mon & Evaluation	Make MIS effective in support of LMIS Proper use of systematic evaluation at all level	Inadequate M & E Frameworks

Annex 4

Table 4: Group work guide

Contraceptive Security (CS) Group Work Guide

Bangladesh, May 10,2004

Objective: To assess the current CS programme, identify existing gaps and develop relevant recommendations.

Output: Assessment Matrix completed and presented.

Contraceptive Security: The ability to continuously provide (**Supply, Procure**) high quality commodities to the right group (**Use, Demand**) at the right time and place (**Access**).

QUALITATIVE ASSESSMENT MATRIX (QAM)

Programme Components	Achievement Level Low1..5 High	Gaps	Recommendations	Remarks/ Observations
1. Demand				
2. Supply				
3. Procurement				
4. Utilization				
5. Access				
Cross Cutting	Components			

Programme Components	Achievement Level Low1..5 High	Gaps	Recommendations	Remarks/ Observations
6. Enabling Environment				
7. Coordination & Dissemination				
8. Supervision				
9. Funding				
10. Advocacy				
11. Capacity Building				
12. M and E				
Other (specify)				

Annex: 5

Literature Review / Evidence based
(Proramme Areas related to Procurement,Supply,Access,Demand, Utilization)

Reference	Author	Theme	Scope	Prog. Area	Objective	Target	Output	Recommendations	Status	Responsibility	Observation
BDHS 1999-2000	Mitra Asso May 2001	Trend of use of oral pill as a major Modern Method	Cross Cutting	National	To evaluate the real demand of pill consumption	All women of reproductive age	Strengthening Sustainable contraceptive services to the target group	Store must have a stock supply to meet the demand	Stock is well maintained	District Reserve Store	District Reserve Store & Supply Officer are well aware of their responsibility
BDHS 1999-2000	Mitra Asso May 2001	Decline in proportion of users obtaining method from field workers, but procuring from commercial sources	Cross Cutting	National	To find out the real cause for such situation	Once registered users	Improved availability & access	N.A.	Situation remain unchanged	MOH&FW	Inadequate access and availability at govt facility
BDHS 1999-2000	Mitra Asso May 2001	Dis-continuation of Contraceptives for side effect	Cross Cutting	National	To find out the real cause for discontinuation	Drop Out Client of pill users	Effective counseling of the appropriate method	Availability of Quality Product of choice	Situation remain unchanged	Service Provider	Inadequate Screening & Counseling
BCCS for C.S	Christopher Wright May 2002	BCCS's effect on Contraceptive	Cross Cutting	National	To see what communicating activities help to attain C.S	Service Provider	Motivation & Awareness toward the concept of Contraception	Policy changes & structural adjustments	BCC activities are starting	Policy makers	BCC activities is yet to function properly
BCCS for C.S	Christopher Wright May	Coordination among various sector	Cross Cutting	National	To study the chain of coordination	Public, GO, Social	Strengthen coordination	Advocacy for	All concerned are trying to build up	Public, GO, Social	Weak coordination exist

Reference	Author	Theme	Scope	Prog. Area	Objective	Target	Output	Recommendations	Status	Responsibility	Observation
	2002	sector			coordination	Marketing, Private and Commercial Sector	Among various sectors	coordination	coordination	Marketing, Private and Commercial Sector	
A study on Reliability of data on use of Contraceptives dispensed to clients	M.Nawab Ali JSI, DELIVER	Documentation of method use	utilization	National	To see the if field workers sustain their motivation for continuity	Service provider	Accountability of the Service provider	Follow up of Service provider	Current status of use of methods are not properly documented	Programme manager	In adequate follow-up of Service provider
A study on Reliability of data on use of Contraceptives dispensed to clients	M.Nawab Ali JSI, DELIVER	Documentation of switching over	utilization	National	To see the if field workers record switching over	Service provider	Accountability of the Service provider	Follow up of Service provider	switching over of use of methods are not properly documented	Programme manager	In adequate follow-up of Service provider
Strengthen Support from the private sector providers	NIPHP Annual work Plan FY 2004	SMC	Cross Cutting	National	To see if private sector can supplement/complement the GOB activities	To review activities /action Plan of SMC	private sector supplement/complement the GOB activities	In process	Government is exploring The need	Policy Makers	Inadequate role of Private sectors
Role of private sector in	P. M. Jesse Brandt	Involvement of Private Sector	supply	National	To measure the quantitative &	Evaluation of the role of private sector	Pr sector to produce and distribute	Promote role of private sector as a popular source of	N.A.	Policy Makers	High quality and affordable contraceptive is yet to

Reference	Author	Theme	Scope	Prog. Area	Objective	Target	Output	Recommendations	Status	Responsibility	Observation
supplying Contra and Contracep services	Brandt				qualitative aspects of the private sector's contribution	private sector	commodity at affordable cost	contraceptive.			be promoted by private sector
Country Perspective on Future Contra Supplies	JSI,PATH April 2001	Contraceptive Supplies	supply	National	To highlight in country perspective on current & future contraceptive supply	F.P programme	Find ways to fill this gap between need and supply	Practical forecasting	N.A.	Donors ,Policy Makers	Inadequate training on transfer of skills in procurement
Country Perspective on Future Contra Supplies	JSI,PATH April 2001	Contraceptive procurement	supply procurement	National	To overview the perspective of procurement & MIS	procurement and MIS unit	Strengthening capacity in areas of procurement and MIS	Receive T.A. for procurement	Situation has improved	Donors	Increase institutional capacity within the country
Proceedings of the launching of The C.S. Strategy in Bangladesh	MOH&FW June 2002	Strategies regarding to C.S.	Cross Cutting	National	To identify a list of steps for developing a work plan	Mass media	To educate public about the desirability and importance of long term methods	Strengthen information in support of educating the public on the desirability of long term method	Specific & strategic IEC need to be designed	Policy makers	Lack of qualified personnel in field position has led to lack of access to clinical services.
A consequence of success: Issue of C.S in Bangladesh	Deliver ,JSI Nov 2001	Distribution System facility	supply	National	The ability To Ensure reliable delivery &availability of contraceptives to the end customer	Warehouse	To ensure a long term availability of supply	All concerned must have a common vision on availability of contraceptives	Efficiency of the system needs to be improved	All concerned	Commitment to secured long term is lacking

Reference	Author	Theme	Scope	Prog. Area	Objective	Target	Output	Recommendations	Status	Responsibility	Observation
Proceedings of the launching of The C.S .Strategy in Bangladesh	MOH&FW June 2002	Market segment analysis that covers the public, NGO, Social and Commercial Sector	Cross Cutting	National	To reduce financial burden and reduce donor dependency	Consumer	Determination of feasible targets for adjusting the burden of financing	Government fund will only be allocated for the poorest and the neediest	N.A.	Policy makers	Very nominal pricing has been set for condom the revenues collected is not significant to impart any new policy
A consequence of success: Issue of C.S in Bgd	Deliver ,JSI Nov 2001	Distribution System facility	Supply	National	To oversee the distribution facility	Transport system	Improvement in logistics' mgt	Improve the efficiency of the Govt –owned system	Commercial carriers is being piloted	GOB	Inefficient transportation beyond Thaana level
Contraceptive projection and the donor gap	Meeting the Challenge PATH,JSI , Population Action Int April 2001	The substantial gap between the projected future need and expected donor Contribution	Cross cutting	National	Analysis of current and future demand	Contingency plan	To get alert about the potential shortfall	Explore additional ways to strengthen C.S.	Growing demand of contraceptives	GOB & Donor	Projection of commodities must done by keeping in mind as per increased demand
Contraceptive projection and the donor gap	Meeting the Challenge PATH,JSI , Population Action	Method Mix	Cross cutting	National	Analysis of current trend of contraceptive use	Consumers	Rising of CPR	Total CPR tends to increase faster when varied methods offered	Growing demand of re supply methods	Service providers	Insufficient stock of resupply method as pr demand

Reference	Author	Theme	Scope	Prog. Area	Objective	Target	Output	Recommendations	Status	Responsibility	Observation
	Int April 2001										
A consequence of success: Issue of C.S in Bangladesh	Deliver ,JSI Nov 2001	procurement	procurement	National	To look at the technical resource to procure contraceptives	Procurement wing of GOB	Procure on a timely basis	Additional effort is needed to develop GOB capacity to assure efficient, timely and transparent procurement	With T.A Gob had made considerable progress	GOB Donor	GOB's efficiency is yet to be assured
C.S Toward a framework for a global assessment	Meeting the Challenge PATH,JSI Population Action Int April 2001	HIV/AIDS and its impact on C.S.	Supply	National	To see the level of C.S.	HIV/AIDS group	Weak levels of C.S.	Vast number of Condoms must be made available	Overwhelm the supply system and lengthen the time frame for donor Assistance	Donors and GOB	Vast number of Condoms May exhaust the need of C.S.
Country Technical Service team for South and west Asia	Philip M Brant Mission Report March 2002	Procurement & Logistic	Cross cutting	National	Set Indicator to improve the present logistic System	Logistic Dept	Trained staff to gain maximum output	Training Logistic staff	Deliver is giving T.A.	Donors and GOB	Inadequate trained Logistic staff

Reference	Author	Theme	Scope	Prog. Area	Objective	Target	Output	Recommendations	Status	Responsibility	Observation
Strengthening the supply chain	Population Report V-XXX, no 1 Winter 2002 Series J, No 51	LMIS	Cross cutting	National	Improved LMIS system	LMIS	estimate supply needs, account for product in the supply chain, reduce supply imbalance, cut waste & loss	Strengthen LMIS	Deliver is giving T.A.	Donors and GOB	Effective strengthening of MIS is yet not attained
Issue Profiles: Lessons Learned from Five Countries	Meeting the Challenge PATH, JSI, Population Action Int April 2001	Quality Services	Cross cutting	National	To study the perception of product quality in relation to the programme	clients	Poor perception of quality detract successful F.P. program	Good storage, good manufacturer and good environmental condition must exist for quality product	Drop outs	Donors and GOB and the Manufacturer	Insufficient facilities for testing efficacy
Health and Family Planning Product Availability Survey for Upazilla Stores	Deliver, JSI Jan 2002	Product availability at Storage & service delivery points	Cross cutting	National	To see the national logistic plan of action	Review logistics of contraceptive supply	To see the desired stock level at a national level	Emergency procurement	Stiff resistance still continuing from Govt in handling over responsibility to private sector	GOB	GOB is yet to decide on transferring responsibility to the private sector
Mission RH- Procurement	P.M. Jesse Brandt	Capacity building in procurement by the GOB	Procurement	National	Capacity building for GOB staff	To decrease dependency on donors	Less lead time taken for	Develop a technical assistance project proposal	T.A. is offered by Deliver	GOB & Donor	Insufficient collaboration between developmental

Reference	Author	Theme	Scope	Prog. Area	Objective	Target	Output	Recommendations	Status	Responsibility	Observation
nt & Logistic Report	Brandt April 2001	the GOB			GOB staff	on donors	procurement	proposal	Deliver		partners and GOB
Health and Family Planning Product Availability Survey for Upazilla Stores Survey for Upazilla Stores	Deliver ,JSI Jan 2002	Stock out rates for indicator products	Cross cutting	National	To measure stock out rates for indicator products	Upazilla Stores	Product availability indicators	Complete and well organized stock records must be available	well organized stock records were available	Service providers of that level	Inadequate supervision to find out gap in stock records
Mission Report- Partners Commodity Security Meeting	CST team for South and West Asia ,Nepal 2001Jjne	R.H commodity Security	Local Production Of Contraceptives	National	To secure supply	Establish local production	Ensure supply security	Technology transfer	N.A.	Govt	Private Sector is yet share expand such setup
Mission Report- Partners Commodity Security Meeting	CST team for South and West Asia ,Nepal 2001Jjne	R.H commodity Security	Cross cutting	National	To maintain C.S.	Service providers at all level	Strengthening National Capacity building over the long term	S.P should have the capacity to forecast, finance, procure and deliver good quality and reliable supplies and services over the long term	N.A	Coordinating effort from all	Coordinating effort needs to be strengthened
Contraceptive Log	Sandhya Rao	Contraceptive Logistic System	Cross cutting	National	Find gaps in the Logistic	Maintain vertical	Strengthening	Monitoring	N.A	N.A	Such experience can be replicated in Bgd

Reference	Author	Theme	Scope	Prog. Area	Objective	Target	Output	Recommendations	Status	Responsibility	Observation
System Review of accomplishments and Lessons Learned (Jordan)	Rao Aug 2001	Logistic System	cutting		System	logistic system where appropriate and feasible	Logistic System	T.A. in the preparation of contraceptives tables and pipeline software projection			be replicated in Bgd
FPL Report	GOB DELIVER Jan 2004	Monthly logistic report	Cross cutting	National	To view stock balance and Store wise distribution	To be informed up to date	To get the potential stock out	To take appropriate steps to improve performance for the specific DRS	N.A	GOB	Inadequate supervision and Monitoring
Health Population & Development in Asia and the Pacific	Asian Development bank Manila, 1991	Cost Recovery	Cross cutting	National	Maintenance of Sustainable fund for commodities	Policy makers	Self reliance	Minimum affordable user fees may be charged	Only pricing for condom has been established	Policy makers	Free supply is causing wastage
Projected Contraceptive Commodity Requirements	JSI/DELIVER/ USAID Oct 2001	Discontinuity In Method mix	Cross cutting	National	To identify the main cause of discontinuity	Users	Decrease in shift in the acceptor method mix	Informed choice to be made available to all	Clients don't have access to informed choice of meth	Service provider	Inadequate information exist about inf choice
Projected Contraceptive Commodity Requirements	JSI/DELIVER/ USAID Oct 2001	Discontinuity In Method mix	Cross cutting	National	To identify the cause for the difference between the acceptor and user m. mix	Users	Reduce drop out rates	Availability of the remedial services	Discontinuation rate still tends to be high	Service provider	Inadequate action taken to improve the status

Reference	Author	Theme	Scope	Prog. Area	Objective	Target	Output	Recommendations	Status	Responsibility	Observation
Improving quality Of Care In India's Family Welfare Prog	Koenig, Khan Population Council 1999	Quality Of Care	Cross cutting	National	Improve Quality Of Care	Service Provider	Technical Competence of the service provider	SP need to be aware about the	Quality Of Care needs to be Strengthened further	Service provider, Policy maker	Inadequate QOC
Condom Programming for HIV Prevention : A south Asia Regional Review	Technical Report UNFPA, 13 th May 2004	Condom Utilization	Cross cutting	National	Increase the number of users	Sexually active group	Reduction of the risk for HIV and intended pregnancy	Promote availability of condoms through nontraditional outlets.	Less number of distribution channels of condoms	Policy maker	Inadequate promotion and availability of condoms
Condom Programming for HIV Prevention : A south Asia Regional Review	Technical Report UNFPA, 13 th May 2004	Condom Use and knowledge	Cross cutting	National	To asses the Condom Use and knowledge in the general population	Vulnerable population group	Greater protection against HIV	Grow awareness for condom use	Only 50% men and 31% women have knowledge about condom use	Policy maker	More Awareness must be created
Condom Programming for HIV Prevention : A south Asia Regional Review	Technical Report UNFPA, 13 th May 2004	Condom Use	Cross cutting	National	To see the socio cultural factors influencing condom	Young people, CSW unmarried, Men	Buyers must have the liberty to procure condom	Increase the number of sale outlet, along with advocacy and BCC activities	Existence of he fear of tarnishing social reputation	Policy Maker	Local policies and attitudes need to be reformed
Condom Programming for HIV Prevention : A south Asia	Technical Report UNFPA, 13 th May 2004	Generating demand	Cross cutting	National	Efforts to create demand	Community	More users	Effective Counseling under the backdrop of socio cultural environment	Existence of moral, ethical ,religious inhibition towards propagating		Enhance enabling environment for condom use

Reference	Author	Theme	Scope	Prog. Area	Objective	Target	Output	Recommendations	Status	Responsibility	Observation
Regional Review									the use of condoms amongst sexually active people		
Improving quality Of Care In India's Family Welfare Programme	Koenig, Khan Population Council 1999	Training	Cross cutting	National	To determine the proficiency and technical competence of the SP	Service provider	Increased number of user	Enhance Quality of services	SP needs To be adequately trained	Policy maker	Type of training reflects the quality of service delivered
Improving Quality Of Care In India's Family Welfare Programme	Koenig, Khan Population Council 1999	Supervision	Cross cutting	National	To understand the type of support and guidance received by the supervisors	Service provider	Quality service delivery	Supervisory effort must be effective	Lack of technical competence and proper guidance from supervisor	Policy maker	Type of support and guidance shows the quantity and quality of service delivered
Donor funding for reproductive health Supplies: A crisis in the making	IWG(JSI, PATH PAI) April 2001	Capacity building	Cross cutting	National	To determine whether the programme has the capacity to forecast procure and deliver to the places at the times when needed	Programme personnel	Self reliance	T.A from donor need s to be continued	Self reliance is yet to be achieved	Policy maker	Transfer of skills is yet to be achieved
Donor funding for	IWG(JSI, PATH	Capacity building	Cross cutting	National	To see if Contraceptive	GOB/Private sector	Local manufacture	Local manufacture will reduce donor dependency and	Very negligible amount is	Policy maker	Very little promotion of private sector

Reference	Author	Theme	Scope	Prog. Area	Objective	Target	Output	Recommendations	Status	Responsibility	Observation
for reproductive health Supplies: A crisis in the making	PAI) April 2001				supplies can be met locally			dependency and less pricing	amount is manufactured locally and that is exported		
Donor funding for rep health Supplies: A crisis in the making	IWG(JSI, PATH PAI) April 2001	Satisfying the existing demand	Cross cutting	National	To see the cause for increased demand	Unmet need group	Unmet need must be transformed to unmet demand	Increased Availability of services	Access is important to fulfill fertility preferences	Policy maker And Service provider	Access to a secure supply of contraceptive is yet to be achieved
Condom programming for HIV prevention , Draft for review,	May 22, 2004, UNFPA	Condom Use	Cross cutting	National	Increase use of condom	Vulnerable group	Increase no of users	Promote condom use through Target campaigns	Condom use had dropped	Service provider	inadequate distribution channels
HIV in Bangladesh. Is time running out? National AIDS/STD programme.	DGHS, MOHFW June 2003	Access to condom use	Cross cutting	National	To make condom access to all	Vulnerable group	All must have access to outlets regarding condom	Increase access to outlets	Still few people have access	Programme manager	Still outlets needs to be made accessible

Reference	Author	Theme	Scope	Prog. Area	Objective	Target	Output	Recommendations	Status	Responsibility	Observation
Condom programming for HIV prevention , Draft for review,	May 22,2004, UNFPA	Increase Condom Use	Cross cutting	National	Prevention of HIV/AIDS	Vulnerable group	More aware of HIV/AIDS	to educate men on modes of STD/ HIV/AIDS transmission and means of prevention.	Vulnerable group is still not aware	Policy maker	Inadequate promotion of awareness programme
Fertility transition in Bangladesh-evidence and implication	2004,UN FPA	Discontinuation rate	Cross cutting	National	To find the cause for discontinuation	users	Less discontinuity	Increase Access to informed choice	Less access tom informed choice	Service provider and Policy maker	Clients have very little Access to informed choice
Fertility transition in Bangladesh-evidence and implication	2004,UN FPA	Failure rate	Cross cutting	National	To find the cause for failure	users	Less failure rate	Improve Quality of Care;	Inadequate Quality of Care;	Policy maker	enhance Quality of Care;
Condom programming for HIV prevention , Draft for review,	May 22,2004, UNFPA	Quality testing for Condom	Cross cutting	National	Explore facilities for quality testing	Supplying agency	Quality product	In country laboratory facilities must be available	No In country laboratory facilities	Policy maker	Gob must explore such possibility
Improving Quality of Care in India's FW programme	Koenig & Khan Population Council; 1999	Quality of Care	Cross cutting	National	To assess the quality of Care	Service provider	Increase demand for commodity	Technical competence of the service provider	Poor quality of service	Programme manager	No index of service quality has been developed
Improving Quality of Care in	Koenig & Khan	Service provider relationship with the client	Cross cutting	National	To asses the existing relationship	Service provider	Increased interaction between the	Nominal fulfillment of quantative target	Poor service quality and inadequacies	Programme manager	Insufficient emphasis on the relationship

Reference	Author	Theme	Scope	Prog. Area	Objective	Target	Output	Recommendations	Status	Responsibility	Observation
Care in India's FW programme	Population Council; 1999	the client			relationship between the SP and User		between the SP and user	target	inadequacies in the array of service		
Improving the Bangladesh Health and Family Planning Programme	Khuda, Kane, Phillips ICDDR, 1997	FWA contact & contraceptive use	Cross cutting	National	To assess the role of FWA in Acceptance and continuation of methods	FWA and Client	Increased quality of contact	Substantially lower Frequency of contact between the two	App intervention to design	Programme manager	Inadequate interaction between the two
Improving the Bangladesh Health and Family Planning Programme	Khuda, Kane, Phillips ICDDR, 1997	Doorstep delivery of contraceptives.	Cross-cutting	national	To assess if doorstep delivery has relation with CPR	users	Increased CPR	Emphasis on doorstep delivery	DSD plays an important role in raising CPR	Policy maker	Less emphasis on DSD
Improving the Bangladesh Health and Family Planning Programme	Khuda, Kane, Phillips ICDDR, 1997	Differentials of contraceptive use	Cross-cutting	national	Use of contraceptive in relation to age	Women of reproductive age	No age barrier of Contraceptive use	All women should be considered as potential use3rs	Only young women are targeted	Policy maker	All age group is not considered
Improving the Bangladesh Health and Family Planning Programme	Khuda, Kane, Phillips ICDDR, 1997	Differentials of contraceptive use	Cross-cutting	national	Contraceptive Adoption and religion, education	Women of reproductive age	No barrier to Contraceptive use	Target women with unmet need	Only unmet demand is considered	Policy maker	Less emphasis has been given on unmet need

Reference	Author	Theme	Scope	Prog. Area	Objective	Target	Output	Recommendations	Status	Responsibility	Observation
Improving the Bangladesh Health and Family Planning Programme	Khuda, Kane, Phillips ICDDR, 1997	Differentials of contraceptive use	Cross-cutting	national	Contraceptive Adoption and gender preference	Women of reproductive age	No barrier to Contraceptive use	Target women who don't have a balanced gender composition of children	Contraceptive use is lower in couples with more daughters	Policy maker	Less emphasis has been given on this respect
Improving the Bangladesh Health and Family Planning Programme	Khuda, Kane, Phillips ICDDR, 1997	Differentials of contraceptive use	Cross-cutting	national	To see the influence of Approval on contraceptive use	Couples of reproductive age	Common consensus on contraceptive use	Wife's approval should be considered also	Men's preference to choose contraceptive is seen more	Programme managers	Less importance is given on women's choice

Reference	Author	Theme	Prog area	Scope	Objective	Target	Output	Recommendations	Status	Responsible	Observation
Bangladesh maternal Health Services and Mat mortality survey 2001	NIPORT ICDDR, John Hopkins December 2003	Association between Use of FP method and no of living children	Cross-cutting	national	To find out the Association between Use of FP method and no of living children	User	Irrespective of any barrier FP method should be adopted	Clients must be made aware about the good effects of FP method	Very little IEC /BCC activities	Programme managers	Inadequate BCC & IEC activities
Health Population and development	Asian Development Bank, 1991	Cost recovery	Cross-cutting	national	To see the effects of pricing on contraceptives	User	Accountability of the SP	Introduce pricing of contraceptives	Nominal pricing for condom has been	Policy maker	May be instituted as a means to a steady

development In Asia and the Pacific	1991								introduced		supply
Health Population and development In Asia and the Pacific	Asian Developme nt Bank, 1991	Follow up	Cross- cutting	national	Follow up and sustainability	Service provide r	No drop outs	Follow-up offered by provider will help to sustain more user	Continued follow up is not maintained	Programme managers	Strengthen Follow up system
Health Population and development In Asia and the Pacific	Asian Developme nt Bank, 1991	Accessibility	Cross- cutting	national	To assess the accessibility of FP services	Service Provide r	Access to arrange of methods and services	Improve Access to arrange of methods and services	Families are not able to select the method best suited to their needs	Programme managers	Authorities should seek to provide a wide range of method
Issue profiles: Lessons learned from five countries	IWG(JSI,PA TH PAI) April 2001	Sustainable Supply	Supply	national	To see alternative funding strategies	Prog manage r	Sustainable supply	Alternative funding sources like, market segmentation and cost recovery	Programme is still dependant on donor funding	Programme managers	Alternative funding sources is still to be considered
Management strategies to address Unmet need for FP services	G.Giridhar	Counseling	demand	national	To focus more on counseling	Service provide r	Emphasis more on counseling than methods	SP to be trained on counseling	Tr prog focuses more on methods than on counseling	Programme managers	Less emphasis is given on counseling
Management strategies to address Unmet need for FP services	G.Giridhar	IEC	demand	national	To focus more on IEC in the rural areas	Prog manage r	Client will be able to exercise their choice of method	Emphasis IEC more on rural areas	Emphasis IEC more on urban areas	Programme managers	Less emphasis is given on rural areas

