



**Progress and Achievement
of Family Planning, Maternal,
Child and Adolescent-Reproductive
Health Services**

**ANNUAL
REPORT**

2021

Management Information System (MIS)



**Directorate General of Family Planning
Medical Education and Family Welfare Division
Ministry of Health and Family Welfare**



Mejba



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Medical Education and Family Welfare Division
Ministry of Health and Family Welfare
6, Kawran Bazar, Dhaka 1215



‘একটা কথা ভুলে গেলে চলবে না যে, প্রত্যেক বৎসর আমাদের ৩০ লক্ষ লোক বাড়ে। আমার জায়গা হল ৫৫ হাজার বর্গমাইল। যদি আমাদের প্রত্যেক বৎসর ৩০ লক্ষ লোক বাড়ে তাহলে ২৫/৩০ বৎসরে বাংলার কোনো জমি থাকবে না হালচাষ করার জন্য...। সে জন্য আমাদের পপুলেশন কন্ট্রোল, ফ্যামিলি প্ল্যানিং করতে হবে।’

জাতির পিতা বঙ্গবন্ধু শেখ মুজিবুর রহমান
(১৯৭৫ সালের ২৬ মার্চ প্রদত্ত ভাষণের অংশবিশেষ)

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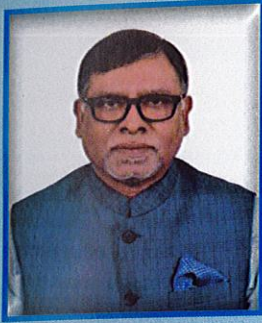
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MESSAGE

I am pleased to know that Annual Report 2021 of Directorate General of Family Planning is going to be published very soon. The report generally contains compiled and summarized comprehensive data on family planning, maternal, child health and adolescent reproductive health services from field level workers working under DGFP across the country.

On the auspicious occasion of our father of the nation, Greatest Bengali of all time ever, Bangabandhu Sheikh Mujibur Rahman's birth centennial, I can firmly assert that - despite the pandemic induced several challenges and limitations- we, as a nation as well as my ministry, has successfully weathered the storm of this pandemic under the robust leadership of Prime Minister Sheikh Hasina.

Our successful achievements of Millennium Development Goals (MDGs) and its smooth transition to Sustainable Development Goals (SDGs) are the key critical areas that will shape and guide us in the present decade. It's also heartening to know that MIS unit of DGFP - in accordance with Honorable Prime Ministers' 2008 vision Digital Bangladesh- has started its first steps to digitize reporting system across the country. It's no exaggeration that digitization of data collection and record-keeping system will have an enormous value to upgrading our existing traditional system.

Our Honorable Prime Minister has received numerous awards such as GAVI Award, South-South Award for making remarkable and ground-breaking improvement in our health care system.

The Ministry of Health and Family Welfare has already adopted realistic strategies for the successful implementation of Vision-2041 and UNs key agenda Sustainable Development Goals (SDGs). I firmly believe under the solid leadership of Prime Minister Sheikh Hasina, Bangladesh will achieve its all goals and become a developed country by 2041.

Finally, I thank all people involved in preparing and publishing this report and hope such effort will continue in the years to come.

Joy Bangla Joy Bangabandhu

Long live Bangladesh


Zahid Maleque, MP



Secretary

Medical Education and Family Welfare Division
Ministry of Health and Family Welfare

MESSAGE

I am sincerely appreciating that Directorate General of Family Planning is going to publish its Annual Report 2021. This annual report, contains data from 2020-2021 financial year, summarizes relevant information on family planning, maternal and child health and adolescent reproductive health services of DGFP across the country.

On the auspicious occasion of 'Mujibborsho Celebration' Medical Education & Family Welfare Division and its affiliated organization like Directorate of Family Planning has taken numerous initiatives and adopted several development activities. For COVID 19 infection prevention and mitigation, following Honorable Prime Minister's directives, DGFP has adopted several strategies/steps across central and field level to ensure its continued and smooth service delivery on family planning, maternal and child health as well as adolescent health in line with raising awareness among masses to practice health safety guidelines.

I also thank the personnel of MIS unit of DGFP who are involved in data collation, compilation, presentation and publication of this report. And I also thank the Director General of Family Planning Ms. Shahan Ara Banu, ndc for giving timely guidance and necessary supervision to make this report to see the light.

Finally, I hope this publication will be a benchmark dossier for relevant institutions to assess or evaluate comprehensive scenario of the DGFP thereby help other stakeholders for decision-making and refining it's program strategies.

Md. Saiful Hassan Badal



Director General (Grade 1)
Directorate General of Family Planning

FOREWORD

The Management Information System (MIS) unit of Directorate General of Family Planning (DGFP) is going to publish its regular annual report 2021. The MIS unit has been publishing annual report for the last five years. The report generally contains all the statistical information on the progress and achievements on family planning, maternal, child and adolescent reproductive health services operational under the umbrella of DGFP.

In line with the Fourth Health, Population and Nutrition Sector Program (HPNSP) 2017-2022, the MIS unit has modernized its approach to generate accurate and reliable information on a regular basis. In the previous years, the MIS annual report has been considered as an important document which displays all statistical information regarding family planning program in Bangladesh. The MIS unit also publishes monthly report on family planning, maternal and child health, and adolescent reproductive health services regularly. The information system encompasses different layers of hierarchy in collecting and compiling data. In this report, data is presented at national, division, district and upazila levels, which enables the policymakers and program personnel to practice evidence-based decision-making. The data revealed in this report can be used to redesign in future program plans.

I appreciate the effort of MIS unit and sincerely hope this report will be helpful for the program personnel to implement and develop family planning, maternal and child health and adolescent reproductive health program in the country.

Finally, compiling and publishing DGFPs all program performances in a single book is extremely useful and commendable task; hence, I am conveying my heartfelt congratulations and appreciation to the personnel involved in publishing the report. At the same time, I am requesting all the stakeholders to use the report for program planning purpose.

Shahan Ara Banu, *ndc*



Additional Secretary, ME&FWD
and
Director & Line Director (MIS)
Directorate General of Family Planning

PREFACE

The Management Information System (MIS) of Directorate General of Family Planning (DGFP) has been regularly publishing its 'Annual Report' as a routine activity for the last couple of years. Hence, in such continuation the annual report of 2021 has been finalized and going to be published. This annual report, contains data from 2020-2021 financial year, summarizes comprehensive and relevant information on family planning, maternal and child health and adolescent reproductive health services as received from field level workers and facilities working under DGFP across the country. The report also brought forward comparative data and time series analysis for the better understanding of FP-MCH performance and its trends and expected to provide comprehensive information for decision making in the Fourth Health, Population and Nutrition Sector Program (4th HPNSP) January 2017 to June 2022.

The MIS unit has already developed web-based software to collect and compile service statistics from field level since December 2011. Online reporting system has been established at upazila and district level and the ongoing scaling-up of e-MIS activities at field level is expected to produce quality, real time data for any level of hierarchy in the near future. I also convey my special thanks to USAID Sukhi Jibon, Path Finder International for shaping and refining this report in a more sophisticated form.

For the first time, a new chapter on 'Innovations in Family Planning' has been included in the annual report, which informs about the adoption of innovative approaches to address gaps in service delivery. Moreover, DGFP initiatives centering around 'Mujibborsho' has been especially highlighted and all activities regarding this has been included in this report to make this report more informative and relevant to our time.

Finally, I express my heartiest thanks to the team members of the MIS unit who have spared no pains to prepare this annual report within a very short time. I am also indebted to all the relevant Directors and Line Directors of DGFP for their valuable comments on the report. I cordially request the users of this Annual Report for providing necessary suggestions and feedbacks for further improvement in the subsequent editions/issues.

Khan Md Rezaul Karim.

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EXECUTIVE SUMMARY

The management information system (MIS) unit of Directorate General of Family Planning (DGFP) collects performance data on family planning (FP), maternal and child health (MCH), and adolescent reproductive health (ARH) services from outreach workers and service centers from all over the country, excluding City Corporations. It compiles both government and non-government performance data and publishes the national report. This is a combined annual report, which highlights last financial years' data reflecting program performance from financial year 2020-2021

Eligible Couples

According to the DGFP MIS, the total number eligible couple (ELCO) in the country was found to be 27.7 million in June, 2021 and the total number of acceptor of modern FP methods was 21.7 million in that year. Between 2019 and 2021, the number of ELCOs has increased by 466,000 and method acceptors increased by 200,175. A division-wise comparison shows the largest share of ELCO population in Dhaka and newly split Mymensingh divisions jointly comprised 28 percent of ELCOs. Eighteen percent of ELCOs comes from Chattogram division. Rajshahi, Rangpur and Khulna divisions—the western region of the country—represent 41 percent of ELCOs together. The concentration of ELCOs is lowest in Barishal and Sylhet, comprising about six percent each.

Performance of Short-acting Methods

Nationally, the couple year protection (CYP) achievement for three short acting methods against the projection increased from 2019 to 2020 and showed a decrease in 2021. Among short acting methods, pill performance is better than other two methods in terms of CYP achievement. However, there have been considerable fluctuations in the CYP achievement for all three short acting methods. At present, 2021 the CYP achievement for both pill and injectables is 48 percent. The CYP achievement rate for condoms is the lowest (36% only) in the year 2021 compared with previous years.

At the divisional level, Barishal earned top position in injectable performance (72%) in the year 2021 while Mymensingh was the highest performer in pill and Rajshahi division achieved 42% in condom which is highest performance compared with other divisions. At the district level, Injectable distribution was the highest in Bhola district (117%). Oral pill performance data reveals the top performing district in pill distribution is Sherpur (187%). It shows the best performance for the condom distribution in Sherpur (94%) as well in 2021.

Performance of Long acting and Permanent Methods

Nationally, implant performance against the projection is much higher compared to other long acting and permanent methods. However, in 2021—due to Covid—the performance of long acting and permanent methods dropped sharply. The performance of permanent method against the projection increased from 42 to 50 percent from 2019 to 2020 and fell to 33.4 percent. For IUD, the rate declined slightly from 63 to 62 percent during the 2019 to 2020 and fell sharply to 55.6%. Implant performance remained same around 83 percent in 2019 and 2020, but it dropped substantially to 67 percent in 2021.

At divisional level, Rangpur division was found to be the top performer in permanent method with the achievement rate of 59. The IUD performance was highest in Chattogram division (79%) while Implant distribution was highest in Mymensingh division 76 percent against the projection. At the district level, permanent method performance was highest in Joypurhat among all 64 districts—97% against its projection. The IUD performance in Dinajpur district 87% and this same district again reported 94% achievement in implant method.

Contraceptive Acceptance Rate (CAR)

The national CAR performance remains almost at the same level (78-79%) in the last four years; but there are small differences at the divisional level. During the 2021 period, the CAR performance was found to

be highest in Rajshahi division (81%), closely followed by Khulna and Rangpur divisions. Chattogram division was found to report the lowest CAR in the country (75%) during the same period. The CAR gap between top and bottom performing divisions lies between 5-6 percentage points. At the district level, Joypurhat earned the top position in CAR performance (84%) in 2021, while Brahmonbaria was found to be the lowest performing district (70%) during in 2021.

The contraceptive method-mix based on CAR remained the same for the period of 2018-21. Pill represents nearly half (48%) of all contraceptive acceptance, followed by injectable (19%). Another 13 percent share comes from permanent method. Of all method acceptance, the share of condom and implant is nine and almost seven percent respectively. The share of IUD is the lowest (3%).

Total Fertility Rate and Use of Contraception

There has been stagnation in total fertility rate (TFR) since 2011. According to the BDHS 2017, the current TFR is 2.3, the same as in the BDHS 2011. Still, fertility varies by regions. TFR is highest in Sylhet division (2.6) followed by Chattogram (2.5), both from the eastern region of the country. Since 2011, use of contraception among married women has remained at the same level of 62 percent. Use of contraception is lowest in the eastern region of the country (CPR in Sylhet: 55%, CPR in Chattogram: 54%).

Post-partum Family Planning

The percent distribution of women who adopted any modern FP method at post-partum in 2021 reveals that the majority adopted Oral Pill at post-partum, accounting for 49 percent of all PPF use. Another 21 percent of PPF acceptors adopted injectable, which emerges as the second most popular method among PPF clients. The condom acceptance was estimated to be 9 percent of all PPF acceptance. Among long acting and permanent methods, the share of implant is highest at nine percent of all PPF use.

Maternal and Child Health Services

The practice of receiving antenatal care (ANC) is more common than postnatal care (PNC). According to the DGFP MIS (Facility), the number of women who made ANC 1 visits at UHFWC in 2021 has increased from 734658 to 782480. However, in terms of ANC 4 the number slightly declined to 321888 to 311024 in 2021.

The institutional deliveries performed at UHFWCs in 2021 shows that Chattogram division performed the highest number of deliveries in 2020 and 2021 while Mymensingh division achieved lowest number of deliveries. Performances in rest of the divisions fluctuates slightly in the two years.

The number of maternal health services in MCWCs centres across the country shows that the number of NVDs slightly decreased from 39057 to 38180 respectively in the year between 2020 and 2021 while in the case of Ceasarean deliveries we also notice slightly downward performances from 2020 to 2021 (5430 and 4480).

Division-wise **delivery services in all facilities** across the country in 2021 varies significantly from region to region. It is seen that Chattogram division performed the highest number of normal deliveries (56,544) in 2021 followed by Rangpur division (27887), while Khulna division conducted lowest number of deliveries (7109). In terms of Ceasarean deliveries, Dhaka division conducted highest number of deliveries (1666) followed by Rajshahi division (1103) while in Sylhet division being the lowest number of C+ section (171) performed division.

Among **Child's deaths**, three quarters of deaths took place in the first 28 days of life after birth (i.e., neonatal death), whereas other one quarter took place in subsequent 11 months (post-neonatal death). It is found that Chattogram division had the highest number of neonatal deaths (628) followed by Rajshahi division (550). The lowest number of deaths among child age 1-5 years is 02 in Sylhet division while Chattogram division has higher share (41) than the other divisions. In terms of **Maternal deaths** varies from region to region. It can be seen from the chart Chattogram division had the highest number of deaths (137) followed by Sylhet division (128). The lowest number of maternal deaths occurred in Mymensingh division (71) compared with other divisions.

Challenges in FP program

In Bangladesh, family planning remains one of the top priorities in the fourth sector program 2017-2022, as a path toward achieving the Sustainable Development Goals. Several areas require further attention to ensure effective family planning in the future:

- a. **Regional variations in TFR and CPR.** TFR remains highest and CPR is lowest in the eastern region of the country.
- b. **Low use of long acting and permanent methods of contraception.** Only nine percent of all eligible couples use a long acting or a permanent method to limit fertility.
- c. **Low use of contraception among young married females.** Use of contraception among young married females age 15-19 is 49 percent which is lower than the national average of 62 percent.
- d. **Low male participation in contraception.** Male contribution in total method use is only eight percent (male sterilization 1%, condom 7%).
- e. **High unmet need.** Unmet need for family planning in Bangladesh is 12 percent, which remained at the same level since 2014.
- f. **High discontinuation of contraceptives.** About one-third users of contraceptive methods stop using the method within 12 months of starting. Discontinuation rates are much higher for temporary methods like condoms (44%), pills (41%), and injectables (34%) than for long-term methods like the implants (11%).
- g. **Early marriage and early childbearing:** Bangladesh still have some of the highest rates of child marriage and teenage pregnancy. Twenty eight percent of married girls age 15-19 have begun childbearing.
- h. **High maternal mortality.** By 2030, Bangladesh is committed to bring down the maternal mortality ratio from 170 to 70 per 100,000 live births. By 2030, the country needs to increase the rate of skilled delivery to 100 percent from 53 percent.
- i. **High child mortality.** By 2030, Bangladesh is committed to reduce under-five deaths to 25 per 1,000 live births from 45. The reduction in neonatal mortality remains a challenge, which accounts for two-thirds of all under-five deaths.
- j. **Data driven challenges:** A routine data quality auditing and sample survey can be adopted to improve the validity and reliability of field data. It is also important to consider demographic trends in projection setting exercise.
- k. **Challenges due to COVID 19:**

The disruption of family planning services is the major issue, during lockdown, in proper implementation of FP program. The policy of lock-down indirectly affects women's accessibility to reproductive health services and they could face unwanted pregnancies and its related complications. Moreover, safeties of field level workers (mainly FWAs & FWVs) as a front level worker pose them much more vulnerable to be get infected by COVID.

Currently, eMIS program is operational in 36 out of 64 districts in Bangladesh. However, thanks to Covid and its subsequent national shut down slows down e-MIS expansion for the time being.

Needless to say, hands on practice is more effective and sustainable for field staffs instead of virtual training.

- l. Exclusion of city corporation and urban areas :** DGFP's jurisdiction or catchment area mainly comprise district, upazila and union level. Large number of population living in city corporation and urban areas -mainly Dhaka & Chattogram are not with the purview of DGFP's working area.
- m. Inadequate service hard to reach areas :** Essential service in hard to reach areas are still inadequate.
- n. Climate change and natural disaster prone areas:** Coastal and climate disaster prone areas are ill-equipped in ensuring quality service.
- o. Vacant posts at root level :** Last but not least, large number of vacant posts at ward level mainly Family Welfare Assistant and Family Welfare Visitor are vacant thereby causing problem for ensuring comprehensive service at the grass root level

INTRODUCTION

Chapter One

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Bangladesh has a population of 164 million. The country's fertility rate is high, and this change leads to a population increase. (The 2011 population stabilization strategy)

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INTRODUCTION

Bangladesh is now Asia's fifth and the world's eighth most populous country with an estimated population of 164.6 million in 2018, according to SVRS 2018. Bangladesh has experienced a dramatic decline in fertility during last four decades, which can be attributed to its success in family planning program. The country has experienced a demographic transition, where the age structure has gone through profound changes. The annual population growth rate has declined from 2.32 percent in 1981 to 1.37 in 2017, which leads to a small increase in population in the coming decades. According to the World Population Prospects (The 2017 revision), the population of Bangladesh is expected to grow by another 40 million and will be stabilized at 202.9 million in 2057.

Bangladesh is one of the exceptional experiences in the world which demonstrated that fertility decline is possible, even in moderate economic development and social change. The comprehensive family planning program with massive and sustained efforts over time largely contributed to this achievement. The family planning program in Bangladesh was first introduced in the early 1950s through voluntary effort and the government program was introduced in 1965.

The Family Planning Program in Bangladesh has evolved through a series of developmental phases and undergone changes in strategy, structure, content, and goals. The government deployed Family Welfare Assistants (FWAs) at the community level, initiated Social Marketing Program to promote contraceptives and involved number of NGOs to provide client-centered reproductive and child health and family planning services.

The Bangladesh Population Policy 2012 has the vision to develop healthy, happy, and prosperous Bangladesh through planned development and control of population. The population policy aims to attain replacement level fertility by 2015 and emphasizes to ensure family planning (FP), adolescent reproductive health (ARH), safe motherhood and child health services. In line with the policies and the Fourth Health, Population and Nutrition Sector Program (HPNSP) 2017-2022, the Directorate General of Family Planning (DGFP) is promoting family planning, maternal and child health (MCH), and ARH services in order to reach Sustainable Development Goals (SDGs) as well as to increase the Contraceptive Prevalence Rate (CPR) to 75 percent, reduce the Total Fertility Rate (TFR) to 2.0, and reduce unmet need for family planning to 6 percent by 2022.

The Management Information System (MIS) is one of the major program management components of DGFP, which supports monitoring the progress of program implementation at various levels. The present system inherited the performance statistics review process of mid-seventies. The performance statistics were usually collected from the field functionaries and reported to the central office routinely. The system of data collection was considered as a normal routine work by the government offices. The information collected from the field was hardly used as the basis of planning and management of program operation in the field. A structured MIS replaced the conventional system and has become the strongest management tool of the program managers. Program data collected at different levels are processed into usable information through manual or electronic methods. The processed information are then analyzed and interpreted into actionable measures and sent down the line to the field managers and through them to the field functionaries and outreach service centers. This 'feedback' mechanism serves as a strong management tool for the local level managers as the different units and individuals are ranked and evaluated according to their status of performance. The feedback messages are communicated to the performers for taking corrective measures for better performance.

JUSTIFICATION OF THIS REPORT

The MIS unit of DGFP is responsible for the collection, compilation, processing and analysis of monthly FP, MCH and ARH related data as well as documenting yearly population and number of eligible couples all over the country excluding City Corporations. The MIS unit generally publishes an annual report through using its web-based software, which is used as a platform to collect and compile data from field level. In this regard, publishing any single year annual report with old data limits the significance for the program. Hence, it has been decided to publish last three years' data in a single report, reflecting program performance from 2017 to 2019. The three-year combined report will bring forward comparative data analysis and time series analysis for the policymakers and is expected to provide more comprehensive and broad information for decision making in the 4th sector program (HPNSP 2017-2022).

IMPLEMENTATION STRATEGY OF POPULATION AND FAMILY PLANNING

The HPNSP 2017-22 identifies several service delivery priorities, which focuses on the extension of family planning services, increased usage of family planning before and after the first birth, and the promotion and usage of long acting and permanent methods of contraception. Implementation of this strategic priority is under the responsibility of two Operational Plans (OPs) within the DGFP: i) Clinical Contraception Service Delivery (CCSD); and ii) Family Planning Field Service Delivery (FPFSD). The other OPs within the DGFP that provide support to those services are: Planning, Monitoring and Evaluation (PME), Management Information Systems (MIS), Information Education and Communication (IEC), Procurement, Storage and Supply Management (PSSM). In addition, DGFP receives support from NIPORT through its OP, Training Research and Development (TRD).

Population and Family Planning

Major Operational Plans (OPs) are Clinical Contraceptive Services Delivery (CCSD) , Family Planning Field Service Delivery (FP-FSD) and Maternal, Child and Adolescent Reproductive Health (MCRAH) with strong supportive functions from OPs, namely, PME-FP, MIS, IEC, PSSM-FP and NIPORT-TRD.

Priority Interventions

(a) Population and Family Planning Service

- Promoting delay in marriage and childbearing, delaying pregnancy among newlyweds, use of post-partum FP, post MR/PAC FP and FP for appropriate segments of the population.
- Strengthening FP awareness building efforts through mass communication and IEC activities and considering local specificities.
- Using different service delivery approaches for different geographical regions and segments of the population.
- Maintaining focus on commodity security and ensuring uninterrupted availability of quality FP services closer to the people (at the CC level).
- Registering eligible couples with emphasis on urban areas to establish effective communication and counseling.
- Compensating for lost wages (reimbursement for opportunity costs) for long acting and permanent method performance.
- Strengthening FP services especially post-partum and post MR/PAC FP and demand generation through effective coordination of services with DGHS utilizing appropriate opportunities, as well as urban FP services.

HPNSP priority indicators with benchmarks and targets

Indicator	BDHS 2014	BMMS 2010	BDHS 2017	WHO 2015	HPNSP June 2022
Under-5 Mortality Rate (per 1,000 live births)	46		45		34
Neonatal Mortality Rate (per 1,000 live births)	28		30		18
Maternal Mortality Ratio (per 100,000 live births)		194		169	121
Total Fertility Rate	2.3		2.3		2.0
Trends in maternal health a) ANC at least 4 visits	a) 31.2%		a) 47%		50%
Trends in maternal health b) Delivery attended by a medically trained provider	b) 42.1%		b) 52.7%		65%
Contraceptive Prevalence Rate	62.4%		61.9%		75%

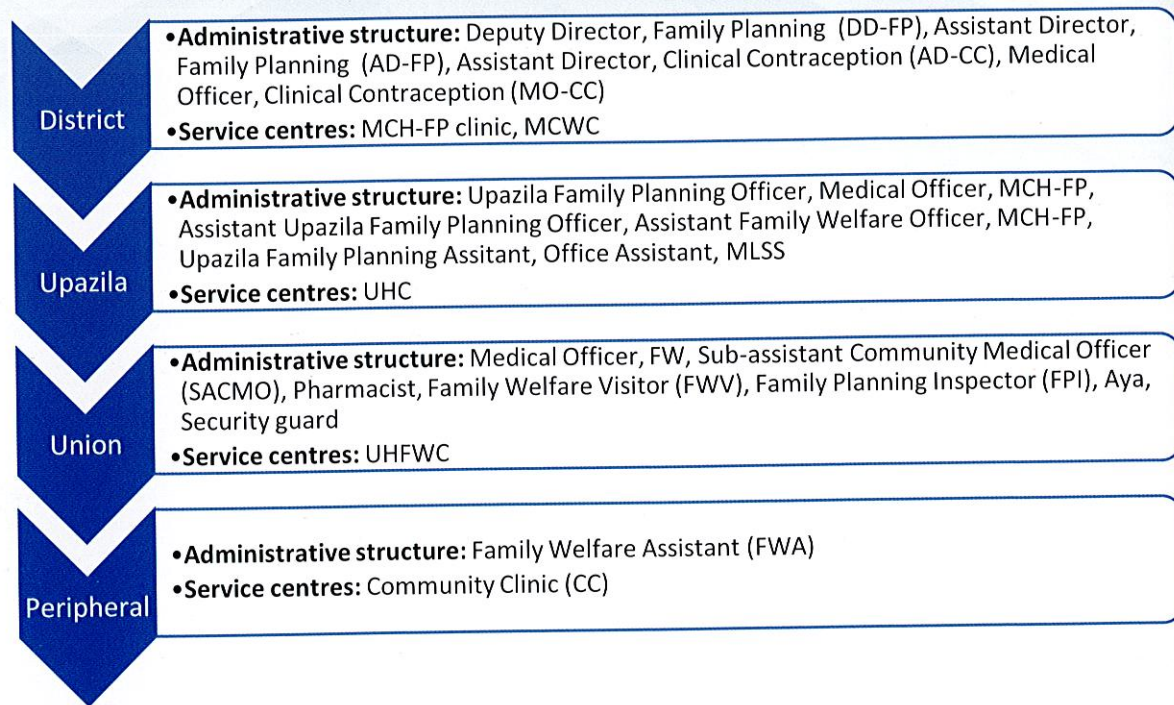
FAMILY PLANNING SERVICE APPROACHES

The FP service centers are present across the country in order to ensure quality FP services to the people. A wide range of service outlets have been established at several levels of hierarchy throughout the country.

A. National level institutions and service outlets

- Maternal and Child Health Training Institute (MCHTI), Azimpur, Dhaka
- Mohammadpur Fertility Service and Training Center (MFSTC), Mohammadpur, Dhaka
- Eight FP Model Clinics attached to Maternal and Child Health Training Institute (MCHTI)
 - i. Dhaka Medical College Hospital
 - ii. Sir Salimullah Medical College Hospital
 - iii. Mymensingh Medical College Hospital
 - iv. Chattogram Medical College Hospital
 - v. Rajshahi Medical College Hospital
 - vi. Rangpur Medical College Hospital
 - vii. Sylhet Medical College Hospital
 - viii. Barishal Medical College Hospital
- Maternal and Child Health Training Institute (MCHTI) Lalkuthi, Mirpur, Dhaka
- Family Welfare Visitors Training Institute (FWVTI), Dhaka
- Mohanagar Satalite Clinic, Bashabo, Dhaka
- NGO clinics affiliated with DGFP at national, district and upazila levels: 205

B. Field level service centers and personnel



INNOVATIONS IN FAMILY PLANNING

Recently, the government has taken several steps and created platforms for the promotion of 'Innovation' and 'Service Process Simplification' among government officials. In this regard, the Medical Education and Family Welfare Division under the Ministry of Health and Family Welfare (MOHFW) in collaboration with Cabinet Division and A2I Program jointly organized a workshop named as 'Innovation for Citizen Service' for evaluating, showcasing and sharing of innovative approaches in 2017. In the workshop, a number of DGFP personnel from field-level family planning offices presented innovative approaches in service delivery. After the event, the DGFP started to arrange 'Innovation Showcasing Program' every year.

Innovation showcasing and evaluation

Phase I

In the first phase of evaluating, showcasing of pilot projects, two innovative approaches were selected for replication at field level. The two approaches are:

1. Increasing institutional delivery and reducing drop-outs of oral pills at Kustia Sadar Upazila
2. Creating depo-corner and voice SMS through mobile for reducing drop-outs of FP methods and increasing ANC and PNC services

Phase II

Under the MOHFW, the Medical Education and Family Welfare Division in collaboration with Cabinet Division and A2I Program jointly organized an 'Innovation Showcasing' workshop on 15 May 2019. In the event, 15 DGFP personnel participated and presented their innovative approaches and from them, six innovative approaches were selected for replication at regional level and one for scaling-up to the entire country. Other remaining approaches were marked/shelved for further piloting.

a. Scaling-up of an innovative approach at national level

Serial No.	Innovative Activity	Implementation Agency/Officer
1.	e-MIS activities for providing family planning, maternal and child health service	MIS unit of DGFP in collaboration with development partner (USAID)

b. Approaches undertaken for replication at regional level: Six innovations

Serial No.	Innovative Activity	Implementation Agency/Officer
1	Monitoring software for ensuring safe motherhood and reducing maternal and child mortality	District Family Planning Office, Chandpur
2	Smart MCH service management software	Mohammed Abdur Rahim Upazila Family Planning Officer Kapasias, Gazipur
3	Family welfare mother's club	Iftakhar Ahmed Chowdhury, Upazila Family Planning Officer Sadar, Feni
4	Mother gathering	Bidhan Kanti Rudra Upazila Family Planning Officer Kutubdia, Cox'sBazar
5	Dissemination of knowledge on adolescent health at high schools (Grades 6 to 10)	Sabiha Kabir Upazila Family Planning Officer Sadar, Panchagarh
6	Providing gift box (equipped with FP methods and information) to newly married couple to delay pregnancy	Field Service Delivery Unit Directorate General of Family Planning

MANAGEMENT INFORMATION SYSTEM IN FAMILY PLANNING

The MIS unit of DGFP began functioning in mid-seventies. In 1979, the MIS unit was created from the Research, Evaluation, Statistics and Planning (RESP) activities under DGFP. Since then, there have been improvements in the functions in the unit to establish a regular system of data collection and reporting on national program performance of family planning. It is a system of collecting, recording, processing, analyzing and disseminating program-related information which helps to take informed decisions. In reality MIS is a performance monitoring system to maximize service delivery. The key objective of MIS is to improve and strengthen national capacity to plan, formulate, monitor and evaluate the progress of family planning, MCH and ARH services in a more systematic way through effective recording, reporting, data management and analysis.

Information regarding program performance on FP, MCH and ARH can be gathered from MIS. The MIS functions as the central data repository on national FP program performance in the entire country. It plays vital role in management and decision making. It also shares information at different levels of program management. The MIS unit introduced innovative approaches in the field to strengthen and institutionalize data collection, storage and transmission to the MIS headquarters for publication of analytical reports for dissemination to different national and international stakeholders. Notable among the steps to strengthen reliable data gathering are: (i) delegation of national FP-MCH projection to different upazilas, (ii) introduction of a longitudinal data collection mechanism through FWA register, (iii) a variety of modernized clinic registers and reporting formats, (iv) periodic couple registration, and (v) comprehensive monitoring by MIS personnel and performance checking in high and low performing areas.

The MIS unit collects performance data on FP, MCH and ARH from outreach workers and service centers from all over the country. It compiles both government and non-government performance data and publishes the national report. Service statistics are prepared on the distribution of FP methods, acceptance of FP methods, as well as information are collected on MCH and ARH services. The unit prepares the aggregate monthly report in terms of national, divisional, district and upazila performance.

Recent Developments in MIS Unit

Electronic Management Information System (eMIS)

The electronic Management Information System (eMIS) facilitates enterprise-wise automation. It seamlessly connects community workers and providers at first line facilities with their supervisors and managers through mobile applications in a cloud-based environment. Based on DGFP's population database, lists are generated for providing services to the clients (FP, MCH, general patients etc). Software tools are used to collect essential data and users are supported by in-app alerts and reminders. Web-based tools are available for month-end reporting and other management tasks. The e-MIS system was first piloted in two districts in 2015; then DGFP started scaling up in 2018 and currently eMIS is operational in 36 out of 64 districts in Bangladesh.

Key features of monitoring and administrative tools:

- Web-based mentoring tools are available for supervisors and managers at the district and upazila level as well as decision-makers at central level. It also attends to the need of system management functions.
- The tools produce real time data which the supervisors and managers can use to monitor the performance of the field-level workers.
- There are tools for monitoring population registration, registration of eligible couples, pregnant women with status of scheduled visits, ANC and PNC services, and attainment of tasks mentioned in the work plan.

DHIS2 for MIS of DGFP

DHIS2 is a software tool for collection, validation, analysis and presentation of aggregate and client-based statistical data, tailored (but not limited) to integrated health information management activities. It is a generic tool rather than a pre-figured database application, with an open meta-model and a flexible user interface that allows the user to design the content of a specific information system without the need for programming. The database allows entry of data at source and creation of dashboards, summary tables, charts and GIS locations instantly for any level of hierarchy. Several countries around the world have adopted DHIS2 as their nation-wide HIS software, including Bangladesh, Kenya, Ghana, Uganda, and Rwanda.

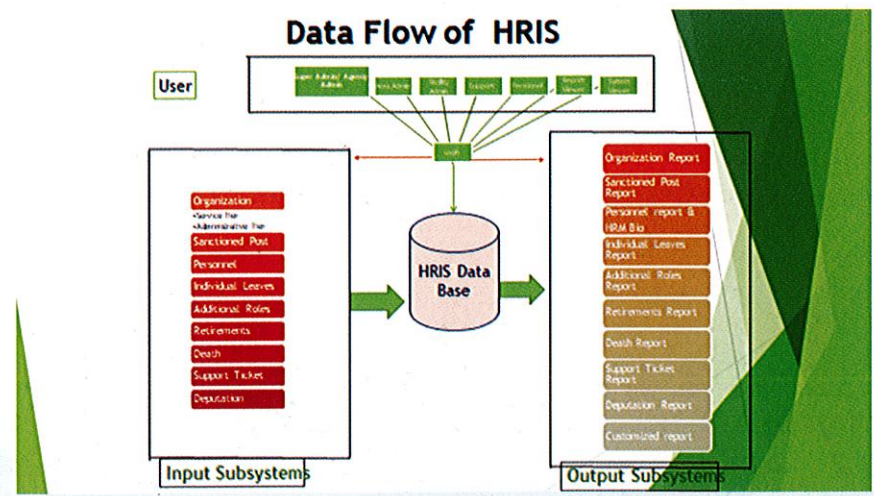
The purpose of DHIS2 can be summarized as follows:

- Offer customization and local adaptation through the user interface. No programming required to start using DHIS2 in a new setting (country, region, district etc)
- Provide data entry tools which can either be in the form of standard lists or tables or can be customized to replicate paper forms
- Provide a variety of customized tools for validation of data and improvement of data quality
- Provide easy to use one-click reports with charts and tables for selected indicators or summary reports. .

Human Resource Information System (HRIS), DGFP

Central (CHRIS) under Ministry of Health & Family Welfare (MOHFW) began in 2014-15 for a reliable health workforce information system applicable is all agencies under the ministry. CHRIS is the single software platform where all organizations or facilities under the ministry can manage their HR information in systematic, uniformed & consistent manner.

DGFP, under Medical Education & Family welfare division of MOHFW started the use of HRIS customizing the central system complying its different service delivery program, DGFP is a large health workforce deploying agency where there is about 53000 different level sanctioned post, working in about 29000 administrative tiers and 3500 service delivery tiers. DGFP completed physical training of headquarter & 28 districts before covid-19 pandemic. Other 36 districts training completed in virtual manner. Until December, 2021 there are 13458 Personnel & 13917 Organization data collected & compiled in the system. There is a target in MIS OP under 4th HPNSP to cover total personnel & organization entry of DGFP HRIS by June, 2023.



DGFP initiatives during COVID19 Pandemic

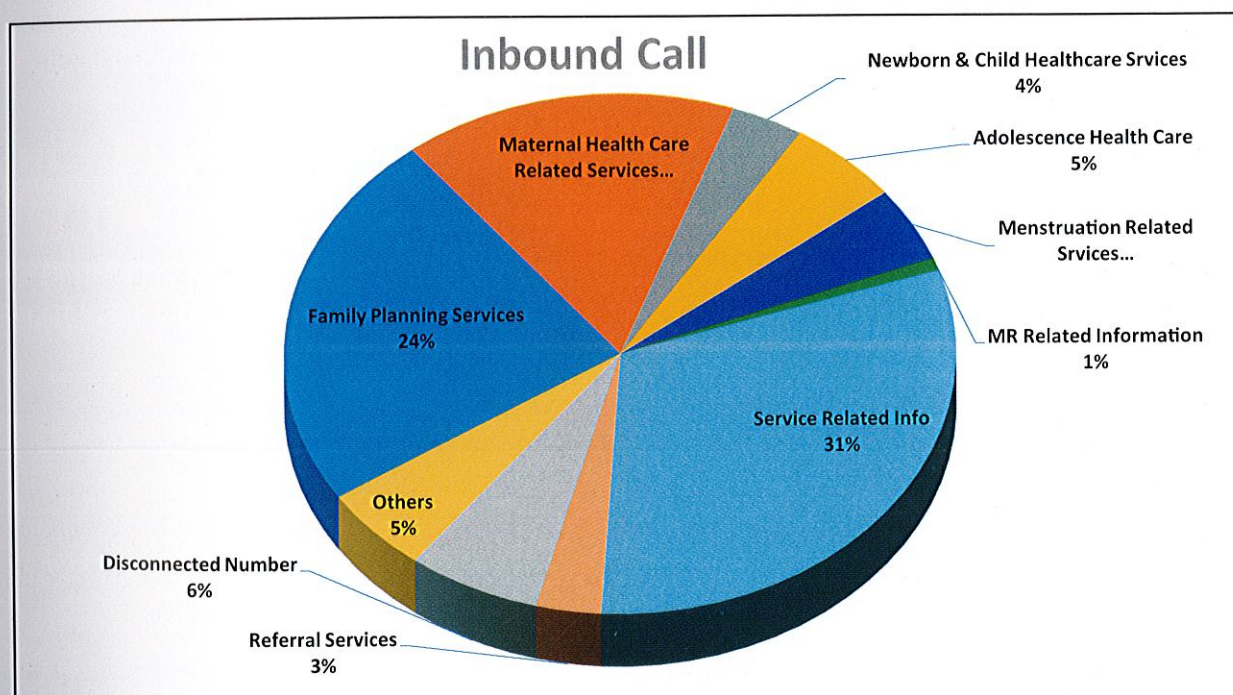
For COVID 19 infection prevention and mitigation, DGFP has adopted several strategies/steps across central and field level to ensure its continued and smooth service delivery on family planning, maternal and child health as well as adolescent health in line with raising awareness among masses to practice health safety guidelines. The following steps are taken mainly:

- Honorable PM's 31-point directives to be strictly followed at levels including officers-staffs across the country.
- During Covid19 prevention, service providers and service recipients have to continually render their routine services at all health centers following necessary health guidelines.
- During this pandemic, a committee has been formed by DGFP to monitor regular field activities and giving time to time directives to all level's offices under DGFP.
- During Government announced lockdowns and closure of offices, all FP center at field remained open and all government directives followed accordingly along with necessary coordination with local administration.
- During Covid19 period, several steps/strategies have been taken up by field level workers such as raising awareness among pregnant mothers on COVID, giving them necessary support service by mobile phones, family planning related counseling and other services in line with maintaining health guidelines properly.
- DGFP has formed a quick response team to collaborate with field level workers and staffs.
- Several seminars and meetings are being conducted virtually across the country.
- National level service institutions under DGFP (MCHTI, Ajimpur; MFSTC, Mohammadpur; Lal-kuthi, Mirpur) all MCWCs, Union level FWCs have been engaged fully to raise awareness among masses on practicing safe health guidelines, isolation, home quarantines etc.
- For the collection or procurement of necessary logistics concerning health safety equipment such as PPE/Gowns, Masks, Hand Gloves, Hand Sanitizers, a special fund amounting to 9 crore 11 lac taka has been allotted to field level MCWC and Union FWC.
- During pandemic, in order to maintain regular supply chain service, necessary interventions has been taken place to keep the system ongoing. Moreover, COVID related treatment and services are being provided at national level hospitals under DGFP.
- Besides through Print and Electronic media several awareness building activities have been taken place such as:
 - ▶ Advertisement on corona virus prevention-mitigation as well as maternal and child health have been published regularly on National daily and such activities are ongoing.
 - ▶ Information rich advertisements designed by specialists (COVID 19 risk awareness-mitigation, safety during pregnancy), building social awareness and family planning counseling during COVID 19 prevalence) have been published on national daily.
 - ▶ TV scrolls on family planning during COVID 19, maternal and child health have been aired in 5 different TV channels.
 - ▶ Public awareness building related advertisements (2-minute duration) have been aired 3000 thousand times at 16 TV channels.

- ▶ COVID 19 related 300000 leaflets, 50000 posters have been printed and distributed throughout the country.
- ▶ Popular TV program 'Connecting Bangladesh' on ATNnews aired several programs in different districts highlighting DGFP activities.

Sukhi Poribar Call Centre 16767 Service during Covid 19

Call centre service in DGFP is an unique platform which is capable of rendering 24/7 service on Family Planning, Maternal-child Health and Adolescent-reproductive related information and counseling services at any time. Such call service plays critical role in times of emergency mainly during Covid 19. Telephone based digital service platform has been able to keep its continual service on safe motherhood of pregnant mothers round the clock. This service received gradual popularity and acceptance among the masses irrespective of time. The following graph shows an overviews of inbound call that Sukhi Poribar Call Centre service received. (Source: Vendor Institute Synesis IT 2021 June Report)





**Family Planning, Maternal &
Child Health Program Performance
(2020 -2021)**

Chapter Two

Chapter Two

Family Planning, Maternal &
Child Health Program Perform
(2020 -2021)

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MIS Unit

FAMILY PLANNING PROGRAM PERFORMANCE (2020 -2021)

Performances included in this report has been taken from service statistics of MIS unit. In most of the cases the performance highlighted of last year (July 2020-June 2021). However, on the availability of the data some comparative analysis has been done in comparisons with previous years.

Eligible Couples (ELCO)

In 2020, Bangladesh had a population of 168 million (SVRS,2020). The country adds approximately 1.7 million people every year. According to the DGFP MIS, the total number eligible couple (ELCOs) in the country was found to be 27.7 million in 2021, which increased from 24.1 million in 2020. The increase in total number of eligible couples has not been consistent in the last three years.

In 2021, the total number acceptor of seven modern methods of contraception in the country was found to 21.7 million among 27.7 million ELCOs. The number of method acceptors increased in 2021 while it was slightly decreased in 2020. The increase in total number of method acceptors during the reference period is smaller in comparison to the corresponding increase in ELCOs.

Table 1: Total population, eligible couples and method acceptors, Bangladesh, 2018-2021

Indicator	2018	2019	2020
Total Population*	164.6 (Million)	166.50 (Million)	168.22 (Million)
	2019 (June)	2020 (June)	2021 (June)
Total Eligible Couples**	2,72,68,020	2,41,93,031	2,77,34,020**
Total Method of Acceptors**	2,15,88,306	2,13,41,064	2,17,88,481**

*BBS 2019 and DGFP, **MIS (Service Statistics)

Administratively, Bangladesh has recently been divided into eight divisions as Dhaka division was split into two divisions, namely, Dhaka and Mymensingh. Earlier, the country had seven administrative divisions. Rajshahi, Rangpur and Khulna divisions are located in the western region of the country while Chattogram and Sylhet constitute the eastern region of the country and the remaining divisions (Dhaka, Mymensingh and Barishal) lie in the middle region.

A division-wise comparison shows the largest share of ELCO population in Dhaka, containing 28 percent of ELCOs in 2020. In 2019, Dhaka and newly split Mymensingh jointly comprised 28 percent of ELCOs. Eighteen percent ELCOs comes from Chattogram division, which remains almost the same over the period. Rajshahi, Rangpur and Khulna divisions—the western region of the country— represent 41 percent of ELCOs together and their share remains the same over time. The concentration of ELCOs is lowest in Barishal and Sylhet, comprising about six percent each (Figure 1).

District-wise ELCO information is attached in Annexure

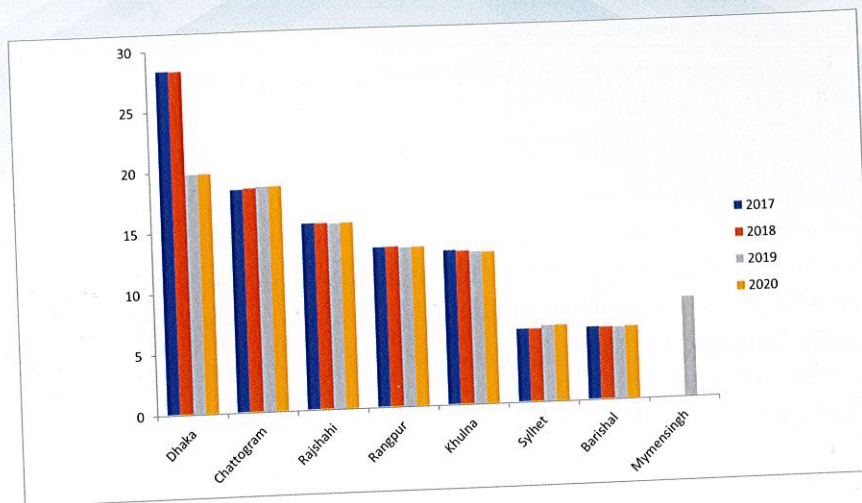


Figure 1: Percent distribution of eligible couples by divisions, Bangladesh, 2017-2020 (Descending order)

As expected, the highest number method acceptors come from Dhaka division (which contains largest number of ELOCs), with 4.19 million in 2020 and 4.24 million 2021. The total number method acceptors in Chattogram was found to be 3.84 million in 2020, which increased to 3.87 million in 2021. The concentration of method acceptors is lowest in Barishal closely followed by Sylhet, with 1.31 million and 1.35 million respectively in 2021 (Table 2).

Table 2: All contraceptive method acceptors by divisions, Bangladesh, 2019-2021 (Descending order)

Division	2019	Division	2020	Division	2021
Dhaka	41,34,402	Dhaka	41,97,245	Dhaka	42,44,903
Chattogram	38,15,554	Chattogram	38,49,407	Chattogram	38,78,464
Rajshahi	33,89,976	Rajshahi	33,89,976	Rajshahi	34,67,797
Rangpur	28,53,225	Rangpur	28,53,225	Rangpur	28,96,303
Khulna	27,42,906	Khulna	27,63,031	Khulna	27,96,876
Mymensingh	17,80,012	Mymensingh	18,06,990	Mymensingh	18,29,262
Sylhet	13,38,548	Barishal	13,46,074	Sylhet	13,57,306
Barishal	12,86,441	Sylhet	13,03,799	Barishal	13,17,570
National	21,341,064	National	1,97,81,884	National	2,17,88,481

Client Segmentations

The DGFP operates a nation-wide household data collection. It helps to estimate the projections, performances, and client segmentations. FWAs collect this information during January-February every year. FWAs take history from the married women of reproductive age from every household about the family planning methods the married couples used in the previous year. The data on method acceptors disaggregated by age group is presented in Tables 3.

- The use of FP methods varies by age. The use of methods is highly concentrated among those who are aged between 20 and 40. Overall, the married women aged 20 years or below are least likely to use any FP method compared with other age groups. Implant, injectable and oral pill users are mostly aged between 20 and 40. As expected, users in older groups (age 30-39 and 40 and older) are more likely to be sterilized than younger ones.

Table 3: Percent distribution of users of methods by age, Bangladesh 2021

Method	Age				Total
	<20	20-29	30-39	40 or older	
Permanent method	0.7	16.1	44.7	38.7	100.0
IUD	5.9	35.5	39.8	18.6	100.0
Implant	9.4	42.2	35.7	12.5	100.0
Injectable	8.1	39.1	37.2	15.5	100.0
Oral pill	9.6	39.8	35.2	15.1	100.0
Condom	16.6	38.9	30.8	13.7	100.0

- Implant was the most popular among users age 20-29 compared with other age groups. Among implant users, more than three quarters was concentrated among those who are aged between 20 and 40 during the reference period. The use of implant by age is consistent across the time, and it reaches a peak of 40-43 percent among women age 20-29, followed closely by women aged 30-39.
- Similarly, oral pill is the most widely used method among those who are aged between 20 and 40. The use of pill reaches a peak of 40-43 percent among women age 20-29, followed closely by women aged 30-39.
- Women under 20 are least likely to use condom. Interestingly, condom use was unusually higher (38%) among older age group in 2021. In contrast, condom use among young users was only 16.6% in that year.
- In 2021, injectable users were largely concentrated among 30-39-year-olds (37.2%) and less in above 40 or older group.
- Eligible couples who took permanent method were mostly between 30 and 39 years (45%) in contrast its users were lowest (0.7%) among below 20 age group.
- Among IUD users, three quarters are aged between 20 and 40 during the reference period.

The use of FP methods is greatest among the eligible couples who had two children, accounting for 37-38 percent of all users. The rate is slightly lower at 35-36 percent among the eligible couples who have three children. These two groups comprised three quarters of all users. Couples without children are least likely to use FP methods. Only 4 percent of couples without children so reported. Overall, the variance in the use of FP methods by children is consistent over time (Figure 2).

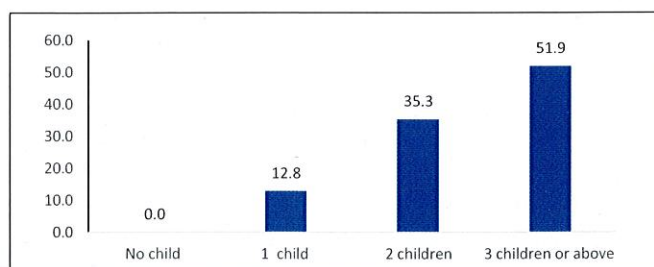


Figure 2: Percent distribution of FP users by number of children, Bangladesh, 2021

Performance of Short-acting Contraceptive Methods

National Performance

Nationally, the couple year protection (CYP) achievement for three short acting methods did not exceed 50 percent against the projection in the last three years. Among short acting methods, pill performance is generally better than other two methods in terms of CYP achievement. However, there has been considerable fluctuations in the CYP achievement in Condom. At present, in 2021 the CYP achievement for both Pill and Injectables is 48 percent. The CYP achievement rate for condoms is lowest (24% only) in the year 2019 compared with all three years.

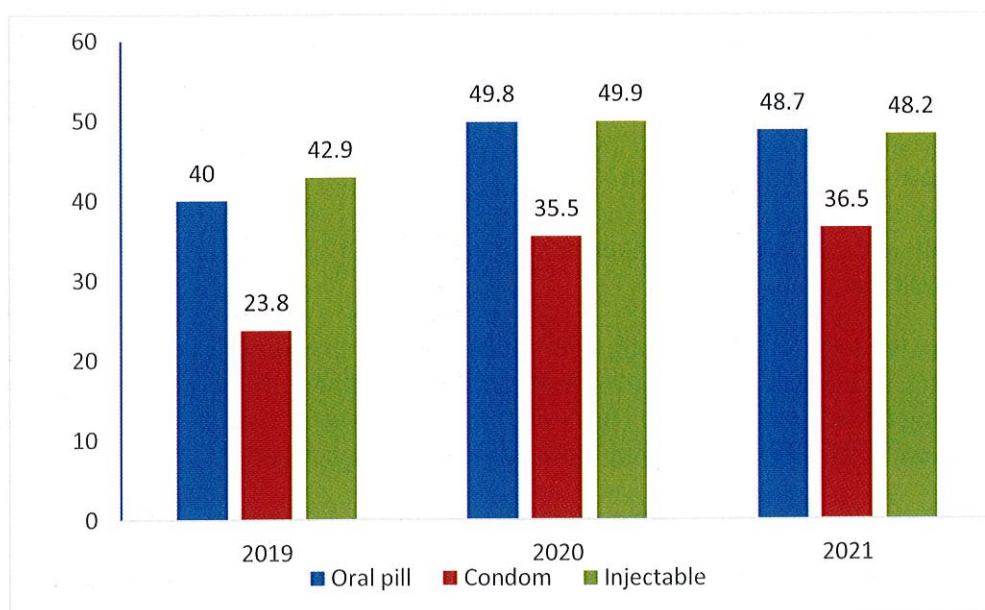


Figure 3: National performance against projection of short acting methods, Bangladesh, 2019, 2020, 2021

Divisional Performance

There is notable difference between highest and lowest CYP achievement rate for each method. The gap in injectable performance between top and bottom placed divisions (Barishal & Rajshahi) is almost 37 percentage points, while for Pill (Mymensingh & Chattogram) the gap is 23 percentage points and for Condom the gap is about 21 percentage points (Rajshahi & Rangpur).

Table 4: Division-wise achievement rate of Short-acting methods, Bangladesh, 2021 (Descending order)

Rank	Division	Injectable (in CYP) Achievement rate (%)	Division	Oral pill (in CYP) Achievement rate (%)	Division	Condom (in CYP) Achievement rate (%)
1	Barishal	72.3	Mymensingh	56.6	Rajshahi	42.1
2	Rangpur	55.9	Barishal	44.9	Dhaka	41.6
3	Dhaka	46.4	Dhaka	44.0	Khulna	39.2
4	Khulna	44.9	Khulna	40.9	Sylhet	35.0
5	Chattogram	44.8	Rangpur	40.8	Mymensingh	32.8

Rank	Division	Injectable (in CYP) Achievement rate (%)	Division	Oral pill (in CYP) Achievement rate (%)	Division	Condom (in CYP) Achievement rate (%)
6	Sylhet	42.3	Sylhet	39.9	Chattogram	24.3
7	Mymensin	39.8	Rajshahi	37.6	Barishal	24.0
8	Rajshahi	36.9	Chattogram	33.1	Rangpur	21.7
	National	48.2		48.7		36.5

District Performance

The figure 4 shows the top performing districts nationally in terms of distribution of specific short acting method against projection. Injectable distribution was the highest in Bhola district in 2021. Oral pill performance data reveals the top performing district in pill distribution is Sherpur. It shows Sherpur again achieve the best performance for the condom distribution as well in 2021.

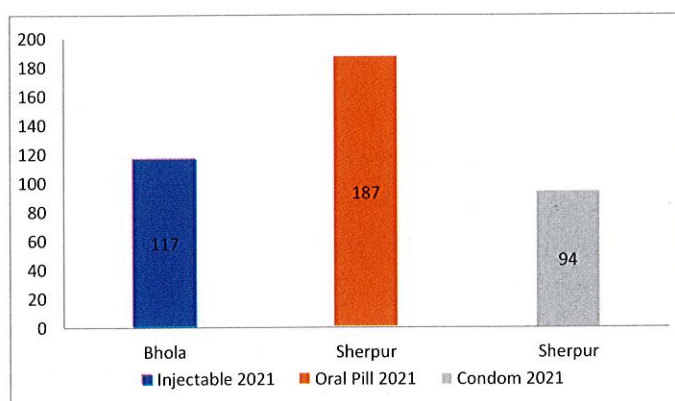


Figure 4: Top performance district of short-acting methods, 2021

More information on projection, performance, and achievement rate of short acting methods in 2021 are given in Annexure.

Performance of Long-acting Contraceptives and Permanent Methods

National Performance

Analysis of last years' performance of long acting and permanent methods of contraception show improvement, stagnation and plateaus (Figure 5). Among long-acting methods, implant performance against its projection is much higher than other two methods. The achievement rate for permanent method remained almost at the same level (41-44%) in the two-year period and sharply fell to only 33.4% in 2021. For IUD, the rate declined slightly from 63.7 percent in 2019 to 62.3 percent in 2020 and dropped to 55.6 in 2021. Implant performance rose from 83 percent in 2019 to 83.9 percent in 2020, but it decreased substantially to 66.9 percent in 2021.

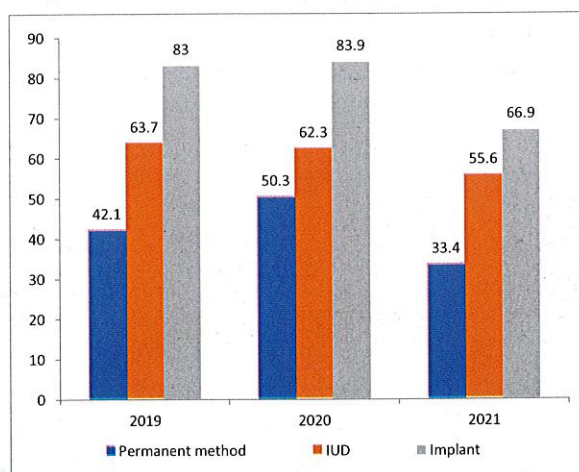


Figure 5: Performance of long acting and permanent methods

Divisional Performance

Annual achievement rates of divisions against the projection of permanent method, IUD and implant for the period of 2021 are shown in Tables 5.

In the year 2021, Rangpur division was found to be the top performer in permanent method closely followed by Khulna division with the achievement rate of 59 and 58.5 percent against its yearly projection respectively. The IUD performance was highest in Chattogram division (78%) closely followed by Khulna division (59%). Implant distribution was highest in Mymensingh division while Sylhet division earned the second position with the achievement rate of 76.4 and 76.1 percent respectively against the projection.

The gap between top and bottom performing divisions in the performance of long acting and permanent methods is large and it varies by methods. In 2021, the top-bottom gap was largest for implant at 70 percentage points, followed by permanent method at 58 percentage points and IUD at 42 percentage points (Table 5).

Table 5: Division-wise achievement rate of long acting and permanent methods, Bangladesh 2021 (Descending order)

Rank	Permanent method		IUD		Implant	
	Division	Achievement (%)	Division	Achievement (%)	Division	Achievement (%)
1	Rangpur Div.	59.0	Chattogram	78.8	Mymensingh Div.	76.4
2	Khulna Div.	58.5	Khulna Div.	59.2	Sylhet Div.	76.1
3	Rajshahi Div.	54.0	Dhaka Div.	56.5	Barishal Div.	75.5
4	Dhaka Div.	50.5	Rajshahi Div.	50.9	Chattogram Div.	75.0
5	Barishal Div.	37.6	Rangpur Div.	51.3	Rangpur Div.	71.1
6	Chattogram Div.	2.8	Barishal Div.	41.4	Dhaka Div.	73.7
7	Sylhet Div.	1.2	Sylhet Div.	41.4	Rajshahi Div.	71.0
8	Mymensingh Div.	3.6	Mymensingh Div.	36.1	Khulna Div.	4.2
	National.	34.4	National	55.6	National	66.9

District Performance

In Figure 6 shows the top performer among 64 districts in terms of performance of long-acting and permanent methods. According to national report 2021, Joypurhat achieved the highest performance in permanent methods among all 64 districts achieving 97% performance against its projection. IUD performance data reveals Dinajpur achieves 87% in 2021 and the same district also became the top performer in implant achieving 94% against projection.

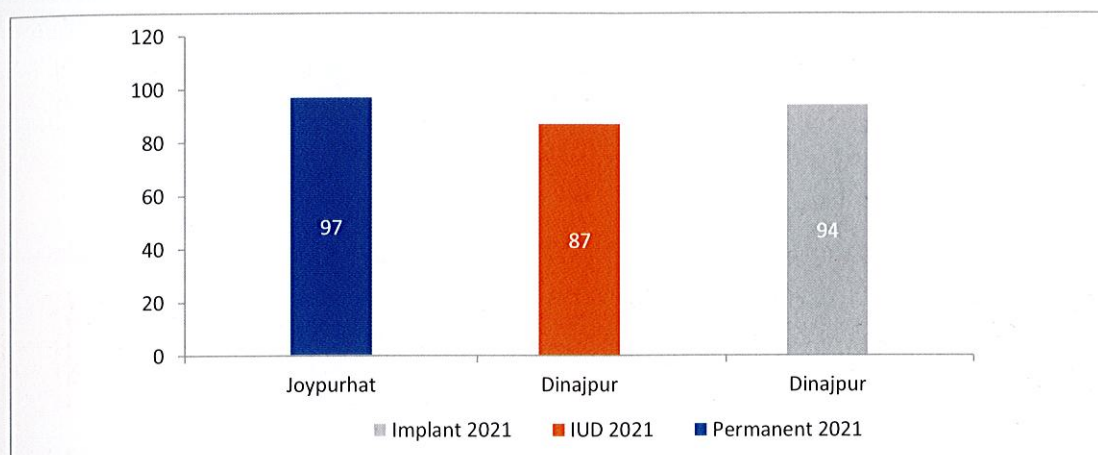


Figure 6: Top performing district of individual long acting & Permanent method, 2021

More information on projection, performance and achievement rate of long acting and permanent methods in last three years is shown by divisions in Annexure.

Contraceptive Acceptance Rate (CAR)

Contraceptive Acceptance Rate (CAR) is an ongoing up-to-date rate which is principally used to monitor field service performance of seven modern methods of contraception (pill, condom, injectable, IUD, implant, male sterilization, and female sterilization) provided under the national family planning program of Bangladesh. CAR estimate is prepared monthly on the basis of service statistics sent by field functionaries. The base information is gathered from married women of reproductive age in the Family Welfare Assistant (FWA) register during door-to-door visitation by the fieldworkers. CAR primarily compiles information from the eligible couples from rural areas. A small proportion of urban couples (from the catchment of NGO clinics) are included in CAR. The number of contraceptive acceptors is always cumulative. Every month's figure shows the total acceptors and acceptance rate up to next month. The DGFP MIS has a well-established system to generate contraceptive acceptance estimates at each level—from FP unit at the community level to the national level.

National CAR Performance

Figure 7 presents the CAR over the last 15 years to understand the acceptance rate of modern family planning methods among ELCOs in Bangladesh. It is important to note that regular data collection activity was hampered during the organizational change that took place under the Health and Population Sector Program (HPSP) 1998-2003.

The period from 2004 to 2021 witnessed a gradual increase in the acceptance rate of modern family planning methods, except the year 2007, 2013, 2016 and 2019. The CAR increased 11 percentage points in six years, from 63 percent in 2004 to 74 percent in 2010. The rate reached its peak at 79 percent in 2018. Between

2012 and 2021, the rate remained almost at the same level, at 78-79 percent. The national CAR declined slightly from 79 percent in 2018 to 78.4 percent in 2021

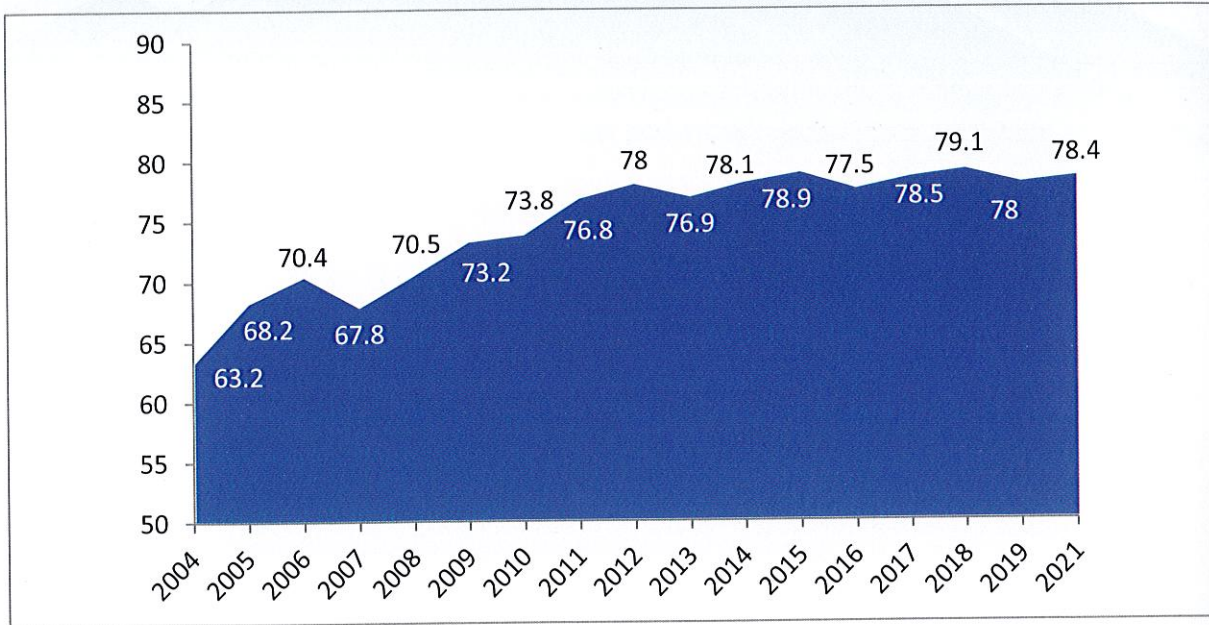


Figure 7: Contraceptive acceptance rate in Bangladesh, 2004 to 2021

Divisional CAR Performance

While the national CAR performance remains almost at the same level (78-80%) in last three years, the rate varies at the divisional level. Overall, the CAR differences across divisions are small. The CAR performance was found to be highest among the divisions from the western region of the country in 2021. The top three divisions are from the west. The highest CAR is observed in Rajshahi, followed by Rangpur and Khulna divisions. Chattogram division was found to report the lowest CAR (75.3) in the country and Dhaka was in the second lowest position. The CAR gap between top and bottom performing districts lies between 5-6 percentage points.

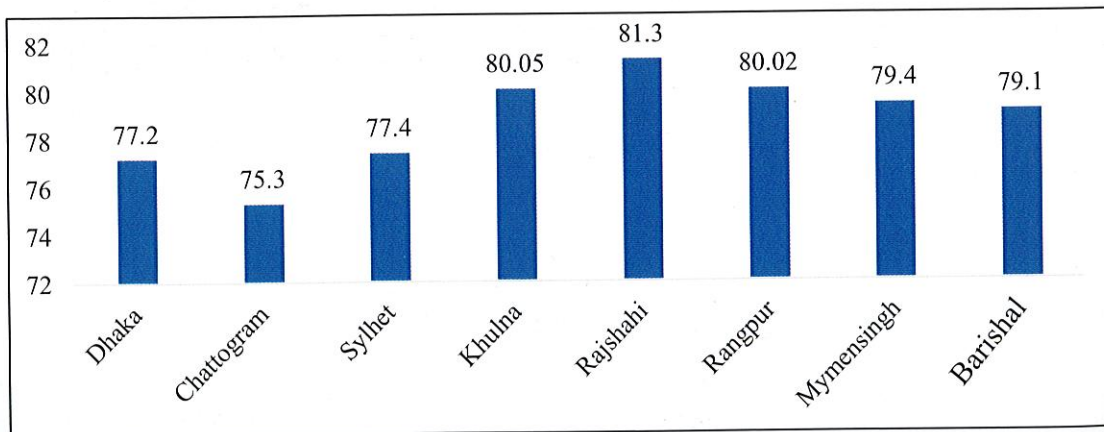


Figure 8: Contraceptive acceptance rate (CAR) by divisions, Bangladesh, 2021

Method-wise CAR at national and division levels is shown in Annexure.

District CAR Performance

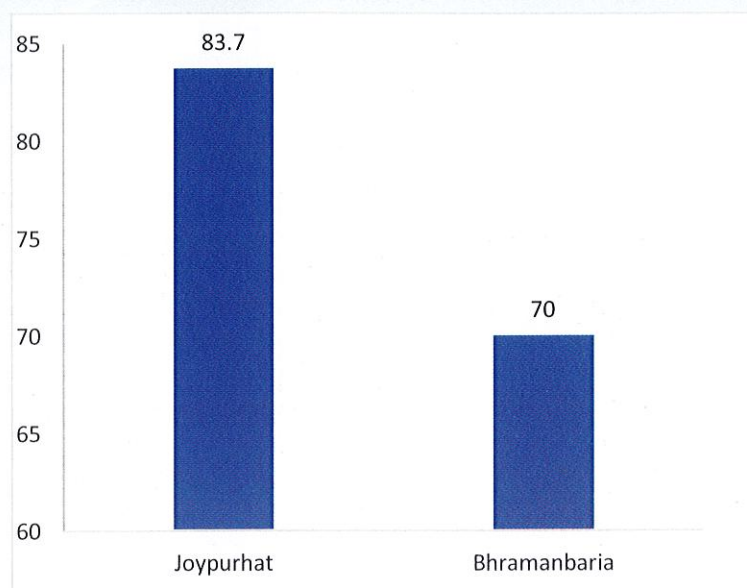


Figure 9: Highest and lowest performing district in terms of contraceptive acceptance rate (CAR), Bangladesh, 2021

The distribution of 10 high performing districts in terms of contraceptive acceptance rate reveals the supremacy of districts from the western region of the country. Most high performing districts are located in the western region of the country and shows consistency in their performance. These are: Joypurhat, Bogura, Natore and Rajshahi districts from Rajshahi division, Chuadanga districts from Khulna division, and Nilphamari, Panchgarh (a combination of 2 districts each year) from Rangpur division. Joypurhat achieved the highest performance in CAR in the country in three consecutive years. Information on CAR performance of districts is attached in Annexure.

Table 6: shows the highest performing district in terms of contraceptive acceptance

Rank	2021	
	District	CAR (%)
1	Joipurhat	83.82
2	Chuadanga	82.63
3	Sirajganj	82.48
4	Natore	82.27
5	Bogura	82.24
6	Dinajpur	82.04
7	Rangamati	81.73
8	Rajshahi	81.55
9	Nilphamari	81.4
10	Panchgarh	81.16

the figure 9 show. Joypurhat district has been consistent in earning the top position (about 84%) in CAR performance in three consecutive years while Bramhanbaria (70%) was found to be the lowest performing district during the same period. It is encouraging to note that the difference between the two extreme levels of acceptance is slowly narrowing over the years.

A CAR performance of 85 percent means that only 15 percent of eligible couples do not receive any FP methods from the service providers. A CAR of more than 80 percent is possible when all the eligible couples are reached routinely and they have the need for contraception, particularly in a very low fertility scenario. CAR for all 64 districts is shown in Annexure.

Total Fertility Rate

The total fertility rate (TFR) is the average number of children women will have by the end of their child-bearing years if they survive all years and subject to the fertility rates of a given period. It is expressed as children per woman.

National Fertility Rate

The TFR reported by eight Bangladesh Demographic and Health Surveys (BDHSs) since 1993-1994 and the three preceding surveys carried out since 1975 are presented in Figure 10. The data indicate that fertility in Bangladesh has been declining since the mid-1970s. The TFR declined sharply from 6.3 births per woman in 1975 to 4.3 births per woman in 1989, followed by another rapid decline in the next decade of 1.0 birth per woman to reach 3.3 births per woman in 1996-97.

Following a decade-long plateau in fertility at around 3.3 births per woman, the TFR declined further by one child to reach 2.3 births per woman in 2011. There has been no decline in the fertility rate since then. According to BDHS 2017, the current TFR is 2.3, the same as in the 2011 BDHS. The objective of the 4th HPNSP is to reach a TFR 2.0 per women by 2022.

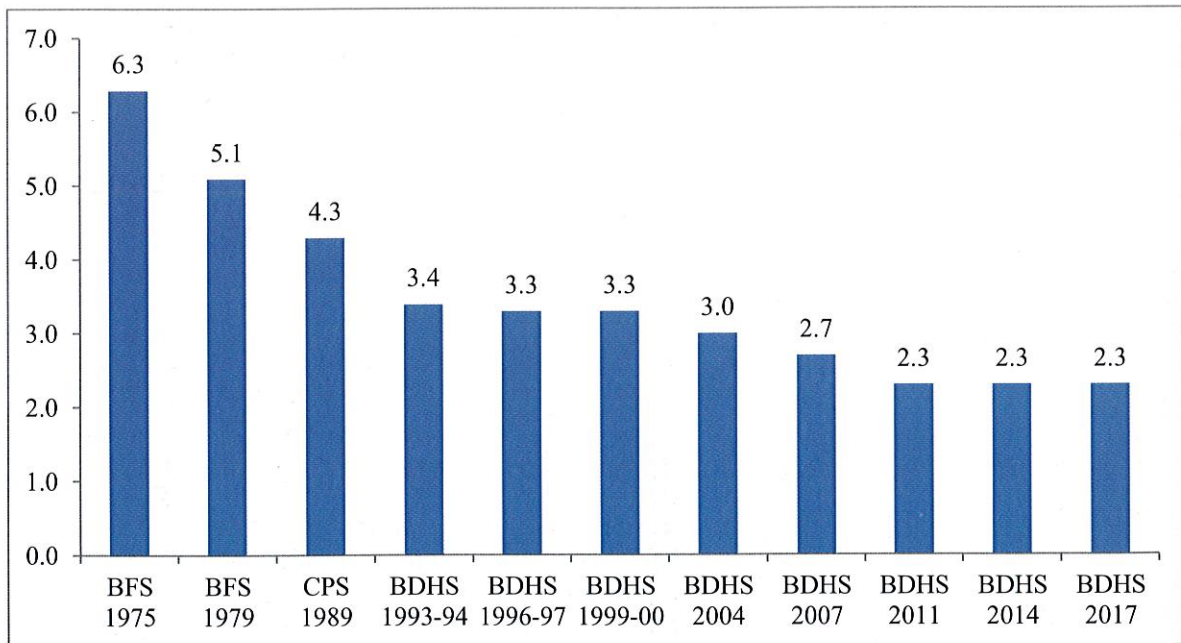


Figure 10: Total fertility rate in Bangladesh, 1975-2017

Divisional Fertility Rate

There is an east-west divide in terms of TFR. The TFR differences between divisions are more pronounced. According to the BDHS 2017, Khulna division has the lowest TFR (1.9 births per woman), and Sylhet division has the highest TFR (2.6 births per woman) followed by Chattogram (2.5 births per woman). Khulna division with 1.9 births per woman has achieved the fertility level target of 2.0 births per woman, while Rajshahi and Rangpur with 2.1 births per woman each are very proximate to achieving the target. In fine, the TFR in three of eight divisions of Bangladesh- Khulna, Rajshahi and Rangpur- is at or lower than replacement level fertility (TFR 2.1 or below).

Between 2011 and 2017 BDHS, fertility remained the same at the national level while some changes in TFR were observed at the divisional level. During this period, the fertility has slightly declined in two divisions (Chattogram and Sylhet), remained same in three divisions (Khulna, Rajshahi and Rangpur) and slightly increased in Dhaka and Barishal division (Figure 11). A notable decline in fertility was observed in Sylhet division, from 3.1 in 2011 to 2.6 in 2017. Since Dhaka is by far the largest division—comprising one-third of Bangladesh's population—the fertility rate of this division has a widening impact on the national fertility rate.

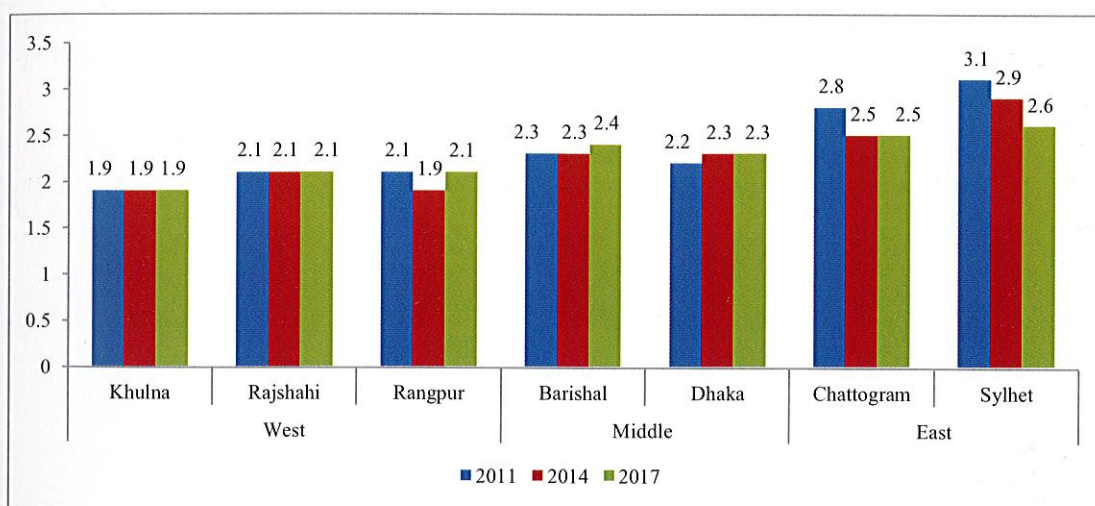


Figure 11: Total fertility rate by divisions, Bangladesh, 2011-2017-'18 (BDHS)

Contraceptive Prevalence Rate (CPR)

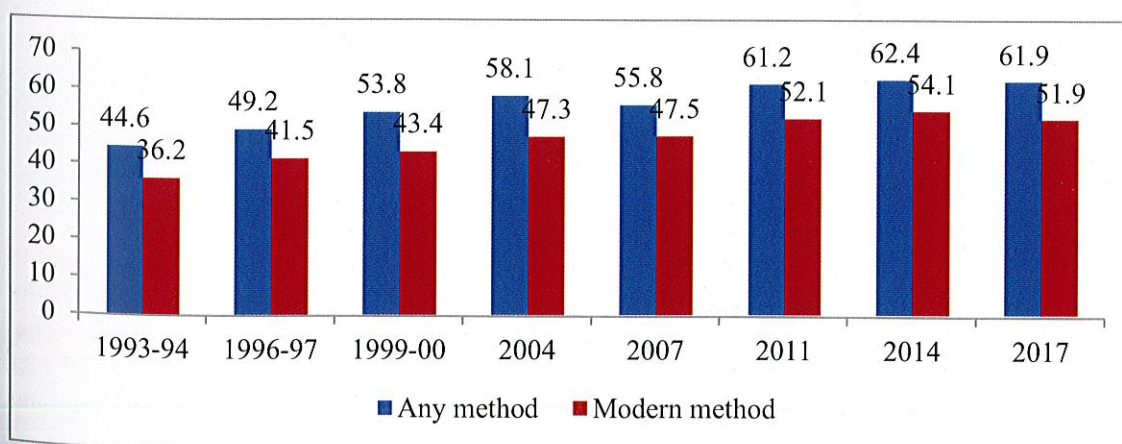


Figure 12: Use of family planning methods, Bangladesh, 1993-2017-'18 (BDHS)

Use of contraception among married women in Bangladesh has increased gradually, from 45 percent in 1993-94 to 62 percent in 2017, according to BDHS. Between 2004 and 2017, use of contraception increased by only 4 percentage points, from 58 to 62 percent. In contrast, the use increased 13 percentage points, from 45 in 1994 to 58 percent in 2004.

While 62 percent of married women use any FP methods, some 52 percent use a modern method. Between 2007 and 2017, contraceptive use has increased by 6 percentage points from 56 percent in 2007 to 62 percent in 2017, while use of modern contraceptive methods increased by 4 percentage points from 48 percent to 52 percent during the same period. Between 2014 and 2017, there has been no increase in contraceptive use while use of modern methods decreased by 2 percentage points (Figure 12).

Contraceptive Method-mix Based on CPR, 1993-2017

There has been no change in contraceptive method mix over the past two decades. But, this period has witnessed changes in method-wise performance. Overall, the users of modern FP methods increased to 52 percent from 36 percent during this period, and this increase was solely contributed by the increase in the use of short-acting methods. The short-acting method users increased by 18 percentage points, from 25 percent in 1993-94 to 43 percent in 2017. The permanent method users decreased by three percentage points, from nine percent in 1993-94 to six percent in 2017.

Table 7: Contraceptive method mix in Bangladesh, 1993-2017 (Source BDHS 2017)

FP Method	1993-94	1996-97	1999-00	2004	2007	2011	2014	2017
Any method	44.6	49.2	53.8	58.1	55.8	61.2	62.4	61.9
Modern method	36.2	41.5	43.4	47.3	47.5	52.1	54.1	51.9
Traditional method	8.4	7.7	10.3	10.8	8.3	9.2	8.4	10.0
Short acting method								
Oral pill	17.4	20.8	23.0	26.2	28.5	27.2	27.0	25.4
Condom	3.0	3.9	4.3	4.2	4.5	5.5	6.4	7.2
Injectable	4.5	6.2	7.2	9.7	7.0	11.2	12.4	10.7
LAPM Method								
IUD	2.2	1.8	1.2	0.6	0.9	0.7	0.6	0.6
Implant	-	0.1	0.5	0.8	0.7	1.1	1.7	2.1
Female sterilization	8.1	7.6	6.7	5.2	5.0	5.0	4.6	4.8
Male sterilization	1.1	1.1	0.5	0.6	0.7	1.2	1.2	1.1

The pill is by far the most widely used method (25%), followed by injectable (11%). Condom is the least popular among three short acting methods, accounting for only seven percent share of all use. The three short acting methods jointly represent 43 percent of currently married couples who use any FP methods. Nearly nine percent of currently married couples use a long-acting method, such as an IUD, implant, or a permanent method.

Contraceptive Method mix Based on CAR, 2021

The contraceptive method mix based on CAR for the period of 2018-20 is shown in Figure 13.

Pill constitutes nearly half of all contraceptive acceptance, followed by injectable accounting for almost 20 percent share of total acceptance. Another 13 percent acceptor comes from permanent method. The share of IUD among all method acceptors is lowest, representing only three percent of total acceptance. The rate of acceptance by methods remains the same over the last four years.

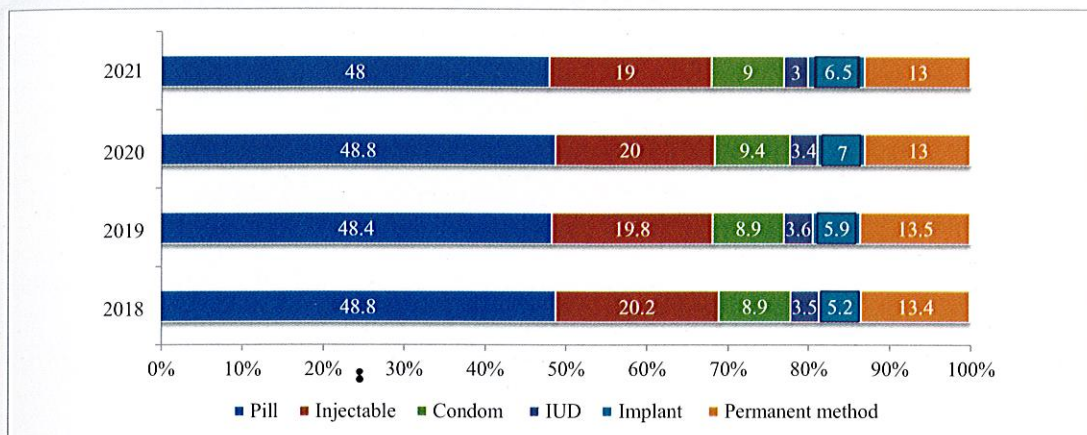


Figure 13: Contraceptive method mix based on CAR, 2018-2021

The method-mix situation among all divisions is shown in Annexure .

Post-Partum Family Planning (PPFP)

Figure 14 shows the percent distribution of Post-Partum Family Planning (PPFP) method acceptors for the period of July 2020-June 2021. The collection and compilation of PPFP performance for all modern family planning methods first started formally from January 2019.

The percent distribution of women who adopted any modern FP method at post-partum in 2021 reveals that the majority adopted pill at post-partum, accounting for 49 percent of all PPFP use. Another 22 percent of PPFP acceptors adopted injectable, which emerges as the second most popular method among PPFP clients. The condom acceptance was estimated to be 9 percent of all PPFP acceptance. Among long acting and permanent methods, the share of implant is highest at 9 percent of all PPFP use (Figure 14).

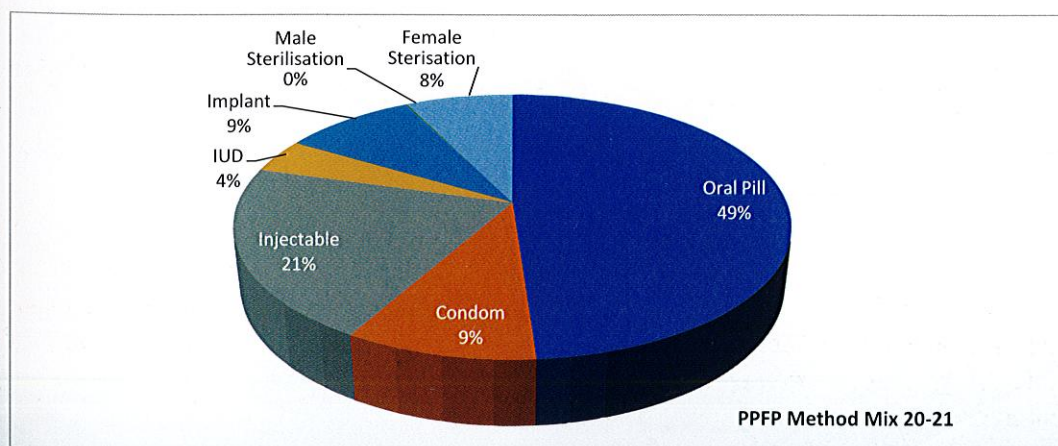


Figure 14: PPFP method mix, 2021

In the table 8 below The total number of PPF method acceptors in 2021 was 683152. Among method users, pill stands highest amounting to 333692 in 2021. A total of 145810 number of women adopted injectable at post-partum. The condom acceptance among PPF clients was estimated to be 64129. A total of PPF clients adopted permanent methods comes to 62,618 in 2021.

Table 8 : Division-wise PPF of all methods in 2020- 21

Month	Oral Pill	Condom	Inject-able	IUD	Im-plant	Male steril-ization	Female steril-ization	Total PPF accep-tors
Barishal	31787	5170	13353	1253	4313	34	2846	58756
Chattogram	82532	11501	42437	11302	16265	103	6720	170860
Dhaka	73205	22650	34661	4883	10766	144	13382	159691
Khulna	26319	4965	7537	2341	4874	28	7280	53344
Mymensingh	22524	3907	7015	1021	3927	11	3260	41665
Rajshahi	27085	6215	7359	2187	8090	62	6317	57315
Rangpur	31577	5568	14204	2746	8896	114	8013	71118
Sylhet	38663	4153	17244	2419	4890	101	2933	70403
National Total	333692	64129	143810	28152	62021	597	50751	683152

**MATERNAL AND CHILD
HEALTH SERVICES**

Chapter Three

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**MATERNAL AND CHILD
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(MCH data taken mainly from facility dashboard)

Antenatal Care Services

In the Figure 15 presents information on the number of all 4 ANC services at UNFWC centres across the country in the financial year of 2019-20 and 2020-2021. In 2021 we notice a slight increase in ANC 1 from 734658 to 782480. ANC 2 and ANC 3 service number in the year 2021 and 2020 are almost same. However, we also notice a slight decrease in terms of ANC 4. Detailed Division-wise information are given in Annexure.

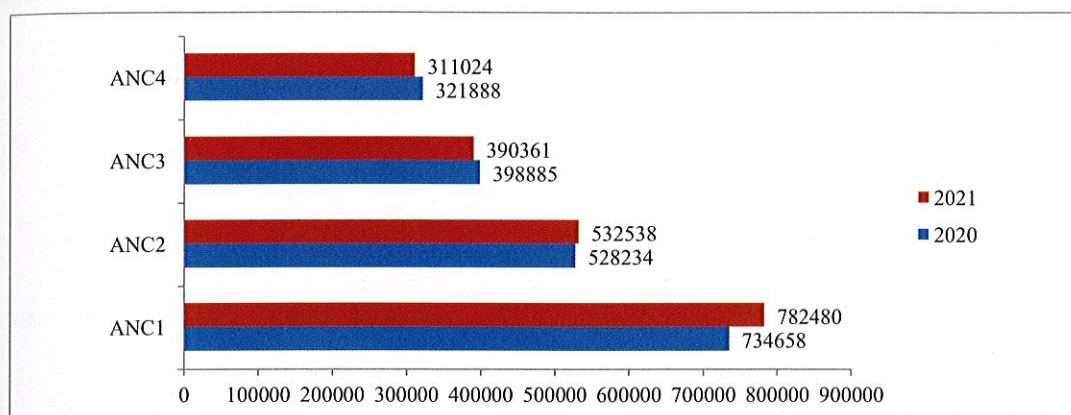


Figure 15: All four ANC Services at UHFWC in 2020 and 2021

Institutional Delivery Services in UH&FWC

In the Figure 16 presents number of division-wise delivery services in FWC centers across the country in 2020 & 2021. At these mainly rural based facilities, the number of women who gave birth vaginal deliveries across the country varies significantly from region to region. It is seen that Chattogram division performed the highest number of deliveries in 2020 & 2021 respectively while Mymensinga division achieved lowest number of deliveries. Performances in rest of the divisions fluctuates slightly in the two years.

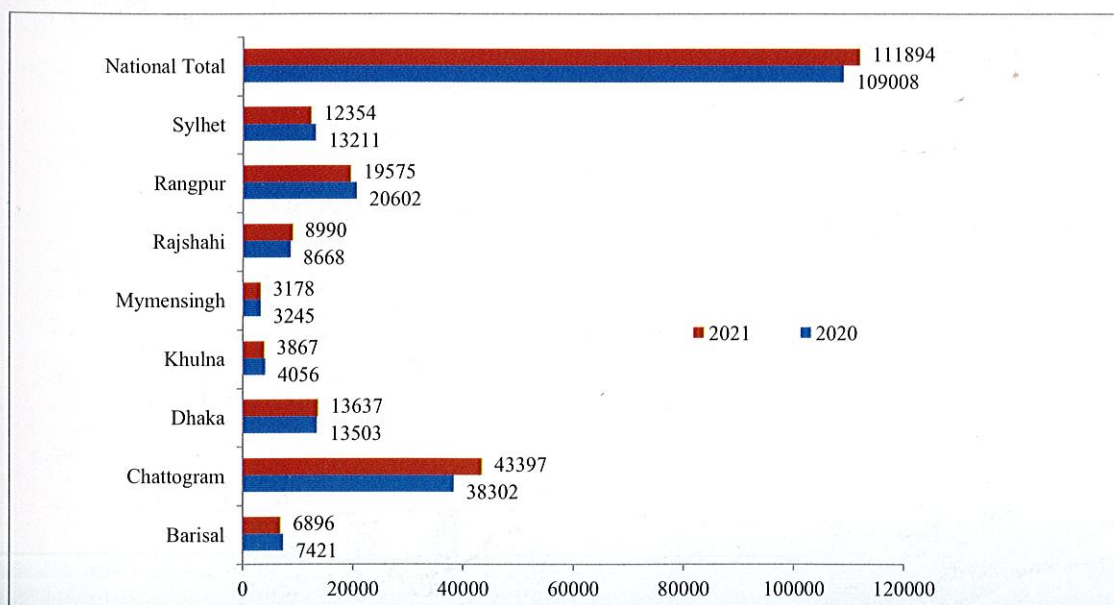


Figure 16: Division-wise normal delivery at UH & FWC in 2020 and 2021

Performances of MCWCs

In the Figure 17 presents the number of maternal health services MCWCs centers across the country in the year 2020 & 2021. At these mainly district based facilities, the number of women who gave birth vaginal as well as C+ section deliveries across the country varies significantly from region to region. It is seen that the number of NVDs slightly decreased from 39057 to 38180 respectively in the year between 2020 and 2021 while in the case of Caesarean deliveries we also notice slightly downward performances from 2020 to 2021(5430 and 4480). Detailed Division-wise information are given in Annexure

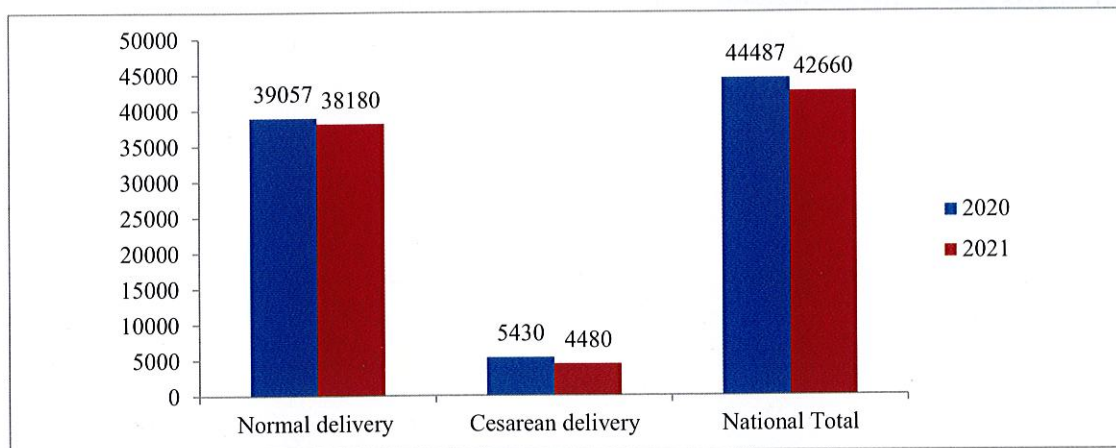


Figure 17: Delivery in MCWCs in 2020 and 2021

Antenatal and Postnatal Care Services in MCWCs

In the Figure 18 presents the number of all 4 ANC and PNC services separately for the most recent live births at MCWCs centers across the country in the year 2020 and 2021. It is important to note that Health check-ups of both post-partum mother and newborns were calculated as PNC services.

In 2021 we noticed a slight increase in ANC-1 from 143227 to 152616 in the years between 2020 and 2021. However, in terms of ANC 2 ANC 3 ANC 4 services, we noticed slightly downward trend in the years between 2020 and 2021.

In terms of PNC, we notice a slight decrease in PNC 1 PNC 2 PNC 3 in the years between 2020 and 2021. However, in terms ANC 4 services, we notice slightly upward trend in the years between 2020 and 2021. Detailed Division-wise information are given in Annexure.

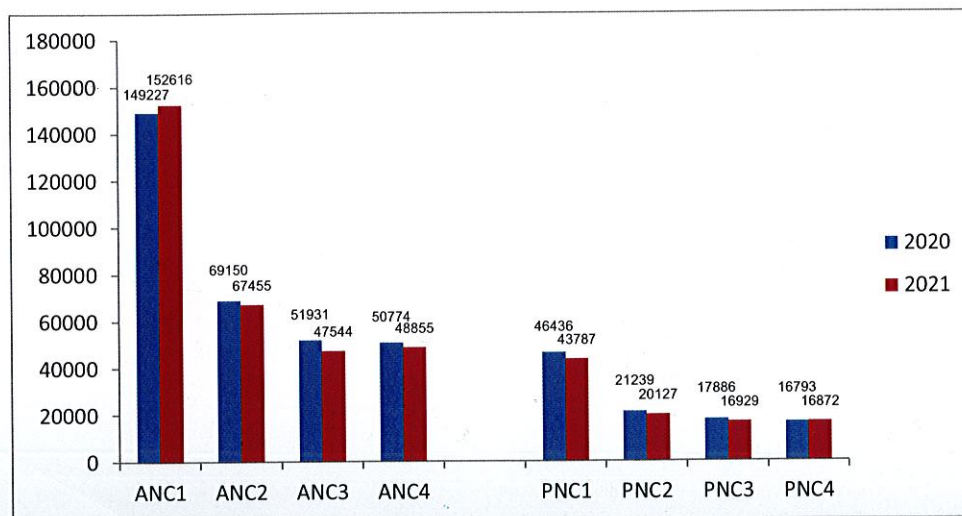


Figure 18: ANC and PNC Services in MCWCs in 2020 and 2021

All Facility-based Delivery Services

In the Figure 19 presents number of division-wise delivery services in all facilities across the country in 2021. Mainly these mixed type facilities run both district and sub-district level and naturally performances varies significantly from region to region. It is seen that Chattogram division performed the highest number of normal deliveries (56,544) in 2021 followed by Rangpur division (27,887), while Khulna division conducted lowest number of deliveries (7,109).

In terms of Caesarean deliveries, Dhaka division conducted highest number of deliveries (1,666) followed by Rajshahi division (1,103) while in Sylhet division being the lowest number of C+ section (171) performed division.

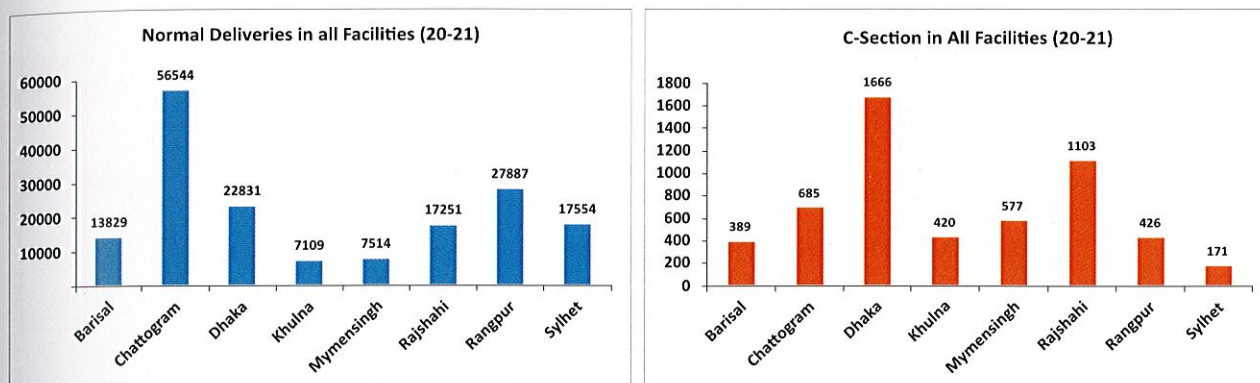


Figure 19: Delivery Services in all facilities 2021

Comparison of Services between UHFWCs and MCWCs

The following chart 20 draws a comparison in normal deliveries between two key facility services-UHFWCs and MCWCs-of DGFP. UHFWCs are rural based facilities while MCWCs are mainly urban or district-based facilities. It is seen that performance difference is most noticeable in Chattogram division where the number of UHFWC and MCWC deliveries are 43,397 and 8,859 respectively. In Rangpur division we notice second highest that performance difference where the number of UHFWC and MCWC deliveries are 19,575 and 5,607 respectively. It is important to note that there is virtual little difference in performance in Mymensingh division between the two facilities- Paradoxically in this division the number of MCWC performance is higher (3,542/3,138) than all UH&FWC facilities.

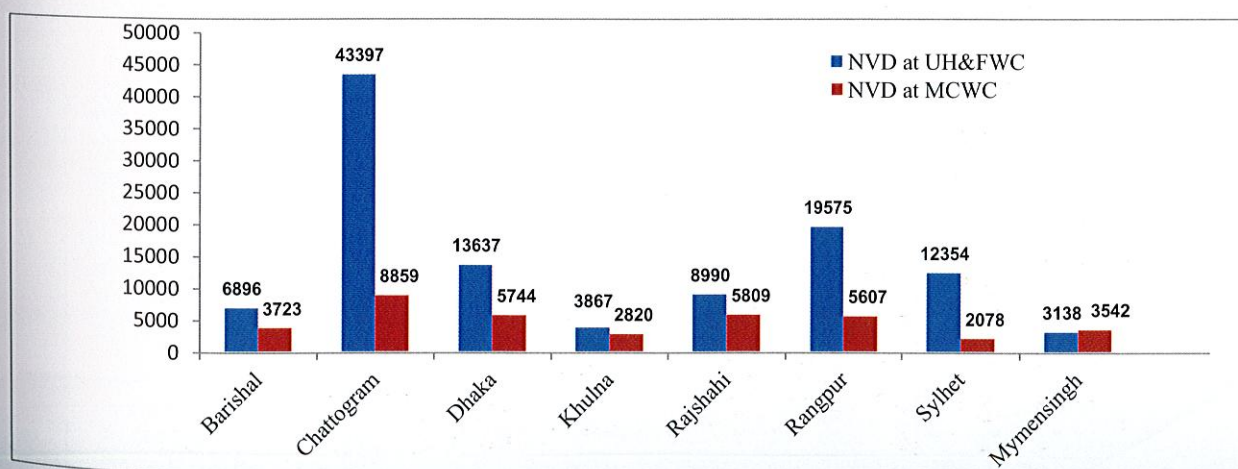


Figure 20: Division wise normal deliveries in UHFWC and MCWCs 2021

Specialized Hospital Services

Three specialized hospitals- Azimpur MCHTI, Mohammadpur MFSTC and Lalkuthi Hospital in Mirpur- in Dhaka city operate under DGFP. Their overall performances are shown in the chart.

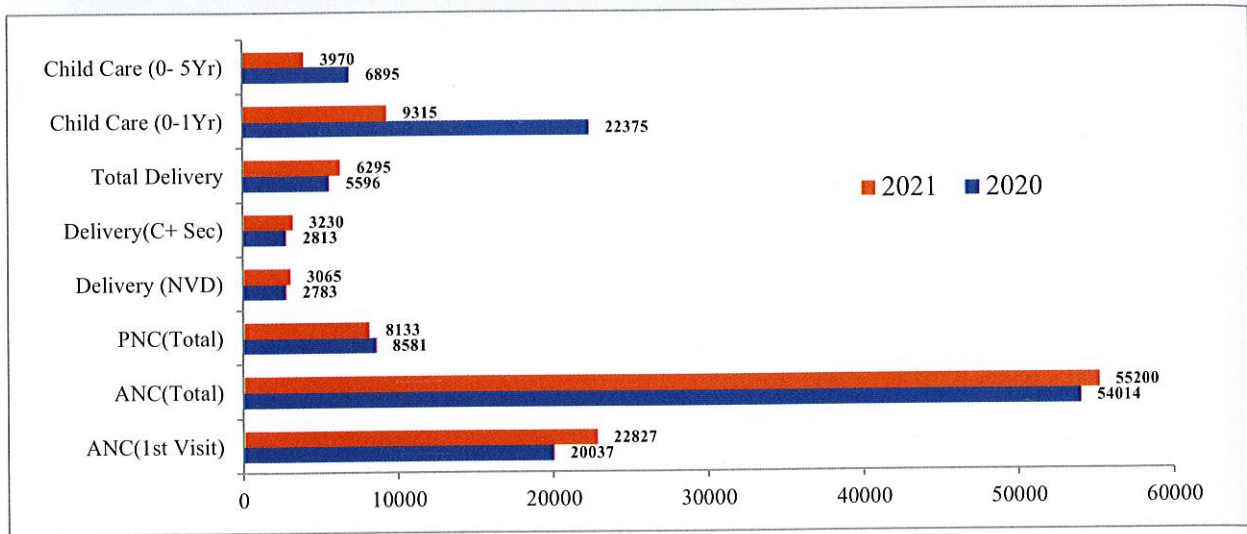


Figure 21: Reproductive and EOC services in Mohammadpur MFSTC in 2020 and 2021

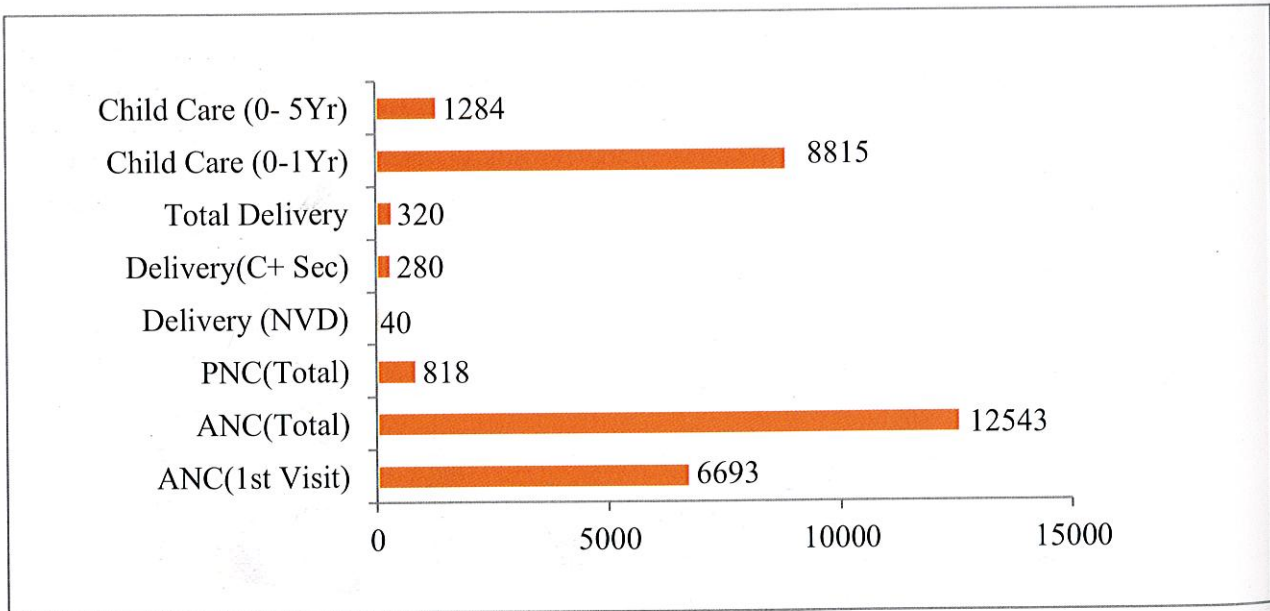


Figure 22 : Lalkuthi Mirpur in 2021

Other Key MCH Services

- Use of 7.1 Chlorhexidine
- New born received KMC

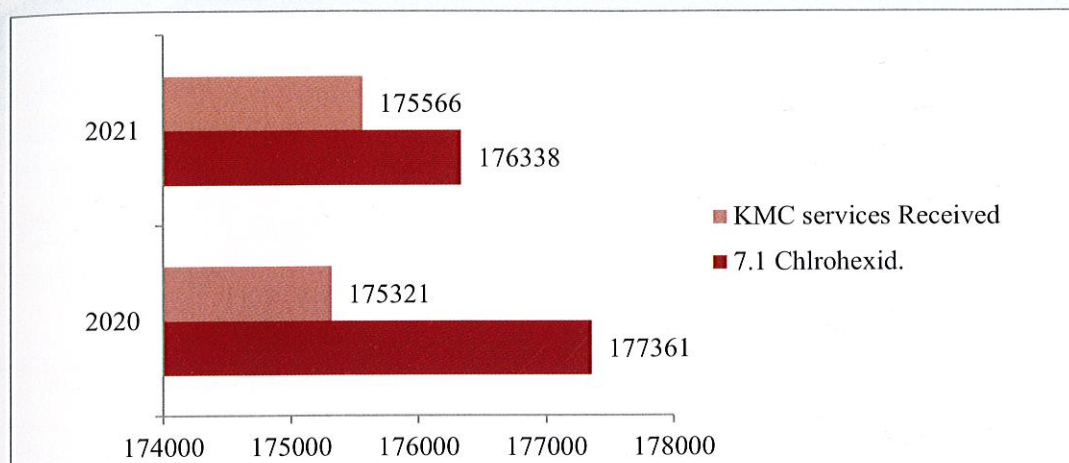


Figure 23: KMC and 7.1 Chlorohex in 2020 and 2021

The figure 23 shows total number of two vital child services such as uses of 7.1 chlorhexidine on Newborn and KMC service that are performed on UH&FWCs in the year 2020 and 2021. In 2020 the total number of KMC was 175566 which was slightly decreased to 175321 in 2021. On the other hand, the total number of 7.1 Chlorohexidine use was 176338 which was slightly increased to 177361 in 2021. Detailed division-wise information are given in Annexure.

Child Deaths Reported by FP Workers

The figure 24 shows Division-wise total number of child deaths as reported by FP workers in the financial year of 2020-21. Such deaths vary from region to region. Three quarters of deaths took place in the first 28 days of life after birth (i.e., neonatal death), whereas other one quarter took place in subsequent 11 months (post-neonatal death). It can be seen from the chart Chattogram division had the highest number of neonatal deaths (628) followed by Rajshahi division (550). The lowest number of deaths among child age 1-5 years is 02 in Sylhet division while Chattogram division has higher share (41) than the other divisions.

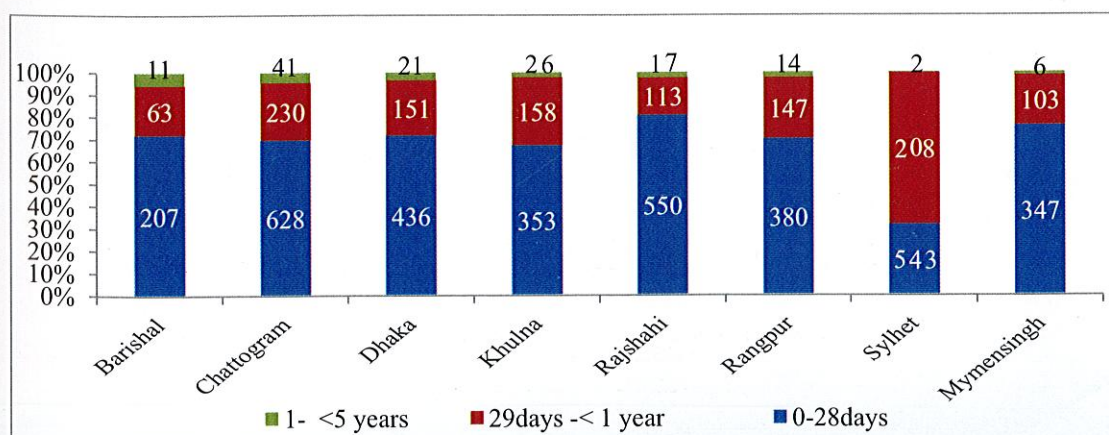


Figure 24: Division-wise Children's death reported by FP workers in June 2020 to July 2021

Maternal Deaths Reported by FP Workers

The figure 25 shows Division-wise total number of child deaths as reported by FP workers in the financial year of 2020-21. Such deaths vary from region to region. It can be seen from the chart Chattogram division had the highest number of neonatal deaths (137) followed by Sylhet division (128). The lowest number of maternal deaths occurred in Mymensingh division (71) compared with other divisions.

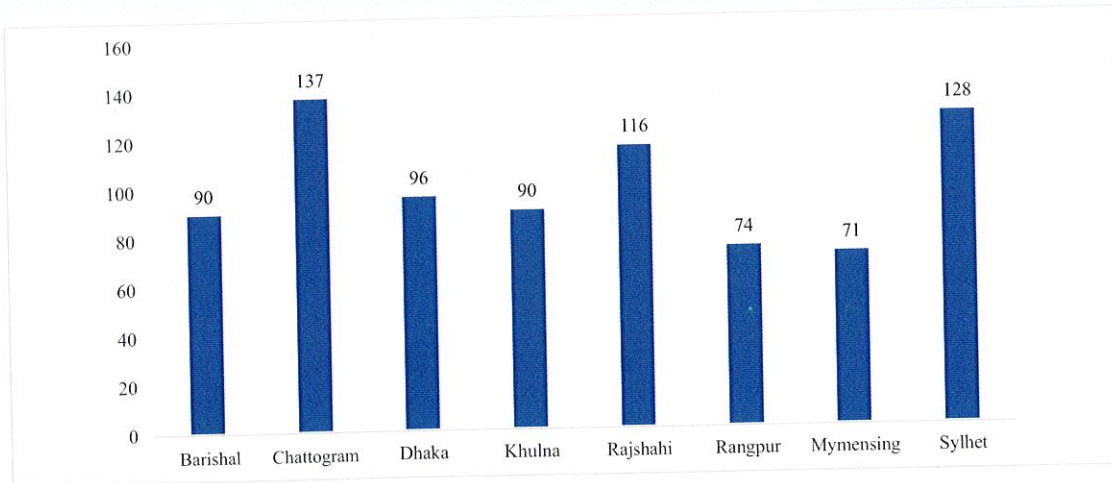


Figure 25: Division-wise Maternal death reported by FP workers in June 2020 to July 2021

Adolescent Services

- a) Tab Folic Acid
- b) Sanitary Napkin
- c) RTI/STI Counselling

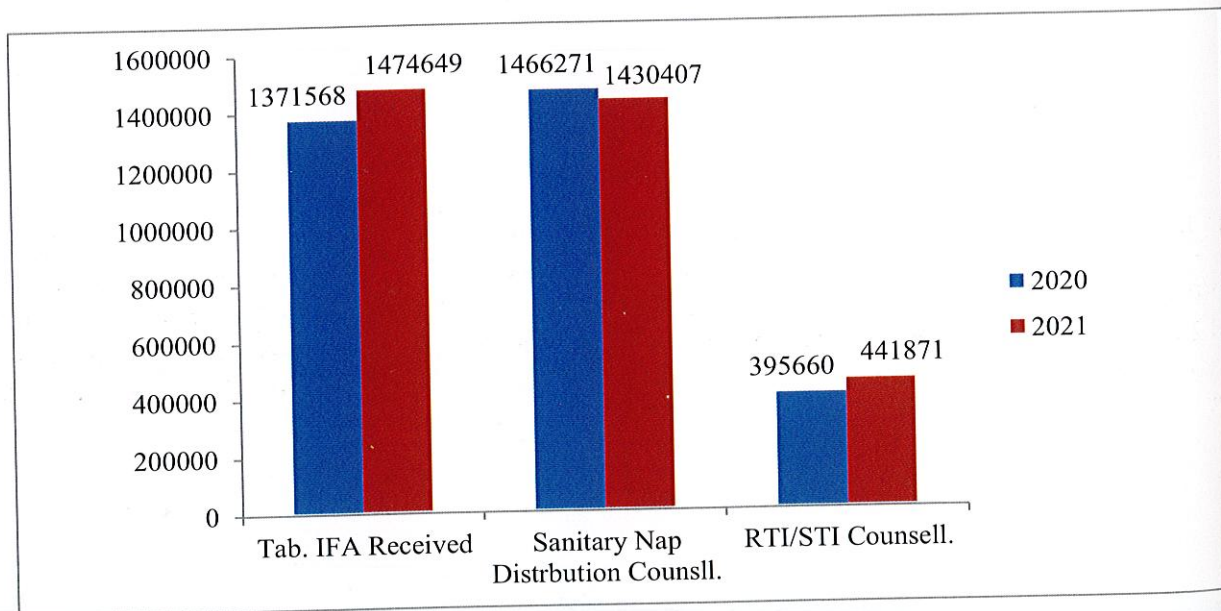


Figure 26: Total number adolescent services 2020 and 2021

The figure 26 shows total number of several adolescent health services such as uses tab Folic Acid counselling on the use of Sanitary Napkin and RTI/STI Counselling in the year of 2020 and 2021. It is seen that the number of IFA received has increased in 2021 from 2020. However the number of counselling on Sanitary napkin slightly decreased in 2021. RTI/STI counselling has increased to the number of 441871 in the year 2021. Detailed division-wise information is given in Annexure.

Nutritional Services

Maternal Health Nutrition

- a) Tab iron folic acid
- b) Tab Cal.
- c) PPFPP Counselling
- d) Misoprostol received

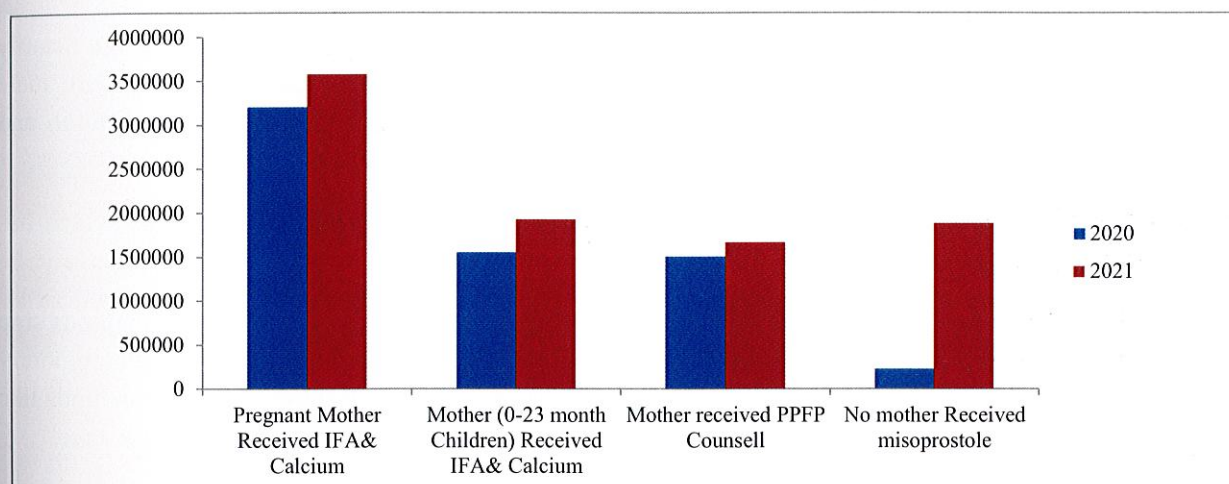


Figure 27: Mother Health Nutrition in 2020 and 2021

The DGFP provides maternal and young child nutrition services. The figure 27 shows total number of several maternal health nutrition related services such as uses tab Folic Acid & calcium, counselling on PPFPP and total number of mothers mothers received mesoprostol . RTI/STI Counselling in the year of 2020 and 2021. It is seen that the number of IFA received has increased in 2021 from 2020. However the number of counselling on Sanitary napkin slightly decreased in 2021. RTI/STI counselling has increased to the number of 441871 in the year 2021.

CHALLENGES OF FAMILY PLANNING PROGRAM

In Bangladesh, family planning remains one of the top priorities in the Fourth Health Sector Program 2017-2022, as a path toward achieving the SDGs. Several areas require further attention to ensure effective family planning in the future:

- a. **Low use of long acting and permanent methods of contraception :** Only nine percent of currently married women use a long acting or a permanent method to limit fertility. It is a cause for concern in the context of greater demand for limiting fertility as two-thirds of currently married women of reproductive age do not want an additional child. To increase the use of long acting and permanent methods, it is of high importance to intensify program efforts to reach the women who have two children or more and are using short acting methods.
- b. **Low use of contraception among young married females :** Use of contraception among young married females age 15-19 is 49 percent which is lower than the national average of 62 percent. Moreover, women age 15-19 have the highest unmet need at 17 percent compared with overall 12 percent unmet need for family planning.
- c. **Low participation of male in contraception :** Male participation in contraception is significantly low compared to female participation in contraception. According to BDHS 2017 report, male share in total method use is only eight percent, which is contributed by male sterilization and condom with 1.1 percent and 7.2 percent respectively.
- d. **High unmet need :** Unmet need for family planning in Bangladesh is 12 percent, which has remained at the same level in the last couple of years.
- e. **High discontinuation of contraceptives :** About one-third users of contraceptive methods stop using the method within 12 months of starting. Discontinuation rates are much higher for temporary methods like condoms (44%), pills (41%), and injectables (34%) than for long-term methods like the implants (11%).
- f. **Early marriage and early childbearing :** Bangladesh still has some of the highest rates of child marriage and teenage pregnancy. Twenty eight percent of married girls age 15-19 have begun childbearing. Twenty-two percent of the teenagers had given birth and another 6 percent are pregnant with their first child.
- g. **High maternal mortality :** By 2030, Bangladesh is committed to bring down the maternal mortality ratio to 70 per 100,000 live births from the current level of 170 per 100,000 live births. The country needs to increase the rate of skilled delivery to 100 percent by 2030. According to BDHS 2017, medically trained personnel attended 53 percent of deliveries. By 2022, the 4th sector plan objective is for 65 percent of deliveries to be attended by medically trained personnel.
- h. **High child mortality :** Bangladesh is committed to reduce under-five deaths to 25 per 1,000 child births by 2030. Despite great strides in achieving the target of Millennium Development Goal in reducing under-five mortality, the reduction in neonatal mortality remains a challenge. Currently, the neonatal mortality rate is 30 deaths per 1,000 live births, accounting for 67 percent of all under-five deaths.

- i. Regional variations in TFR and CPR :** In Bangladesh, regional variation in fertility is marked by an east-west divide. TFR is highest in the eastern region of the country. Sylhet division has the highest TFR (2.6 births per woman) followed by Chattogram (2.5 births per woman) while Khulna has the lowest TFR (1.9 births per woman) closely followed by Rajshahi and Rangpur divisions. Use of contraception is lowest in the eastern region of the country. Sylhet and Chattogram division were found to be the lowest performer in terms of CPR. Such regional variations continue to dampen the overall program effectiveness. Moreover, Dhaka is by far the largest division, comprising one-third of country's population, and the fertility rate of this division has large impact on the national fertility rate.
- j. Asymmetric fieldworker and couple ratio :** In the early 1980s, the DGFP assigned each FWA to visit a family planning unit of approximately 600 households every two months. With the increase in women of reproductive age in the last four decades, the number of households requiring support from each FWA more than doubled. Currently, FWA and couple ratio stands to 1: 1200-1500 which poses serious challenge to cover all the eligible couples under family planning service. Moreover, accuracy and validity in couple registration are seriously compromised due to the shortage of FWAs.
- k. Data driven challenges :** The validity and reliability of field data remain a critical challenge for MIS unit. A routine data quality auditing system to detect reporting errors and to instantly identify weaknesses in the data management system is found useful for estimating CAR more accurately. In addition, sample survey can be adopted to compare the validity of CAR and other relevant data. Besides, the projection setting procedure should consider demographic facts and trends.
- l. Exclusion of city corporation and urban areas :** Structurally, DGFP's jurisdiction or catchment area is excluded in direct implementation of family services in city corporations' slum and urban areas. In addition, urban areas mainly Dhaka, Chattogram are not are not with the purview of DGFP's working area, thereby preventing its full-fledged service to the people living in the above mentioned areas.
- m. Vacant posts at root level :** The common yet thorny issue is the relatively large vacancy at root level workers mainly Family Welfare Visitor (FWVs) and Family Welfare Assistant (FWAs). Filling up the vacant posts of service providers will surely enhance and facilitate the much needed service in those areas.
- n. Inadequate service in hard-to-reach areas:** Physical infrastructures in remote, hard-to-reach area are very poor thereby the service as well. Special initiatives for special areas like hard to reach areas need to be taken.
- o. Climate change and natural disaster prone areas :** Several coastal areas in the southern region of the country bear the brunt of natural disasters thereby affecting essential FP-MCH services. Moreover, service providers are generally reluctant to stay there and provide continual service hence creating a dearth of service.
- p. Contraceptive discontinuation rate over the period :** It is interesting to note that in previous BDHSs report the overall contraceptive rate of discontinuation was decreasing, however, in 2014 and 2017 BDHSs report such discontinuation rate has increased from 32% to 37 % . Such trends needs an in-depth analysis by the relevant authorities.
- q. Emerging challenges during COVID 19 :** The disruption of family planning services is the major issue, during lockdown, in proper implementation of FP program. The policy of lock-down



indirectly affects women's accessibility to reproductive health services and they could face unwanted pregnancies and its related complications. Moreover, safeties of field level workers (mainly FWAs & FWVs) as a front level worker poses them much more vulnerable to be get infected by COVID. Currently eMIS program is operational in 37 out of 64 districts in Bangladesh. However, thanks to Covid and its subsequent national shut down slows down e-MIS expansion for the time being. Needless to say, hands on practice is more effective and sustainable for field staffs instead of virtual training.

Detail Performance Data Tables

Annexure-1

Annexure-1

Detail Performance Data Tables

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Patua
Piroj
Bari
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Brah
Chan
Chat
Cox's
Cum
Feni
Khag
Laks
Noak
Rang
Chat
Divis
Dhak
Farid
Gazi
Gopa
Kish
Mada
Mani
Mun
Nara
Nars
Rajb
Shari
Tang
Dhak
Tota
Bage

Annexure

Table 1 (a) : District wise Population and other related information in Dec'2019*
(Collected by FWAs)

*Excluding City Corporation and major urban areas.

Name of District	Number of Union	Number of Unit	Number of Village	Number of House Hold	Eligible Couple	Population		
						Male	Female	Total
Barguna		218	600	0	196770	497759	485207	982966
Barishal		521	1155	0	420215	1294920	1223067	2517987
Bhola		318	371	0	364898	969894	923434	1893328
Jhalakati		172	439	0	114930	334080	323862	657942
Patuakhali		343	1028	52115	336441	914479	880349	1794828
Pirojpur		272	631	0	202000	623368	599236	1222604
Barishal Division		1844	4224	52115	1635254	4634500	4435155	9069655
Bandarban		103	1605	2403	72434	211647	204672	416319
Brahmanbaria		500	1428	0	538809	1685566	1614688	3300254
Chandpur		513	1329	0	468854	1386859	1298453	2685312
Chattogram		1042	2060	0	1038992	3159688	3036876	6196564
Cox's Bazar		342	2051	0	416519	1321277	1277592	2598869
Cumilla		1046	3571	0	1115359	3236978	3054440	6291418
Feni		248	583	0	276335	839496	812623	1652119
Khagrachhari		121	1590	0	112767	313795	304954	618749
Lakshmipur		290	592	0	332086	996822	946068	1942890
Noakhali		519	1082	0	581206	1828105	1739076	3567181
Rangamati		153	1530	7526	100744	277729	267264	544993
Chattogram Division Total		4877	17421	9929	5054105	15257962	14556706	29814668
Dhaka		570	2055	0	723962	1963083	1870497	3833580
Faridpur		451	1884	0	392575	1076515	1029557	2106072
Gazipur		338	1158	0	417606	1128086	1099030	2227116
Gopalganj		299	922	0	218363	652615	617903	1270518
Kishoreganj		581	1904	0	556852	1652673	1616266	3268939
Madaripur		295	982	0	232683	681637	643848	1325485
Manikganj		330	1563	0	302539	794451	763587	1558038
Munshiganj		327	1009	0	299097	825714	787847	1613561
Narayanganj		347	1510	0	529216	1398508	1347246	2745754
Narshingdi		383	1131	0	416183	1204225	1167053	2371278
Rajbari		215	971	0	231046	619148	588538	1207686
Shariatpur		261	1081	0	213225	629618	605380	1234998
Tangail		631	2457	13165	844375	2056119	1970730	4026849
Dhaka Division Total		5028	18627	13165	5377722	14682392	14107482	28789874
Bagerhat		395	1146	0	305593	791255	759201	1550456

Name of District	Number of Union	Number of Unit	Number of Village	Number of House Hold	Eligible Couple	Population		
						Male	Female	Total
Chuadanga		212	633	0	254830	610410	588239	1198649
Jashore		496	1433	15135	609340	1517424	1458295	2975719
Jhenaidaha		341	1279	5438	389247	950099	919555	1869654
Khulna		413	1366	0	494841	1295392	1255560	2550952
Kustia		352	965	0	454741	1078276	1044091	2122367
Magura		181	709	0	191837	526287	505916	1032203
Meherpur		116	250	0	161342	372692	358551	731243
Narail		192	688	0	152393	402328	388400	790728
Satkhira		414	1433	0	433593	1138050	1095239	2233289
Khulna Division Total		3112	9902	20573	3447757	8682213	8373047	17055260
Jamalpur		467	1534	0	483445	1253869	1229469	2483338
Mymensingh		881	2781	0	1041188	2824407	2745291	5569698
Netrokona		453	2362	0	415293	1215411	1173320	2388731
Sherpur		281	937	0	317494	836937	808431	1645368
Mymensing Division Total		2082	7614	0	2257420	6130624	5956511	12087135
Bogura		614	2575	0	765748	1888959	1826496	3715455
Joipurhat		186	879	59984	210100	498647	483264	981911
Naogaon		503	2545	0	583564	1432699	1392090	2824789
Natore		332	1433	46914	408232	959570	937468	1897038
Nawabganj		268	1341	0	372251	905389	873100	1778489
Pabna		438	1693	0	583307	1428977	1362255	2791232
Rajshahi		453	2029	0	608228	1446116	1407145	2853261
Sirajganj		506	1894	0	645250	1681373	1602697	3284070
Rajshahi Division Total		3300	14389	106898	4176680	10241730	9884515	20126245
Dinajpur		531	2473	13807	656750	1638625	1570217	3208842
Gaibandha		538	1277	0	544917	1320628	1290691	2611319
Kurigram		428	1634	0	534203	1323376	1272537	2595913
Lalmonirhat		228	516	0	277996	758013	728029	1486042
Nilphamari		323	535	0	409892	1068947	1034995	2103942
Panchgarh		199	1518	0	231304	565907	550334	1116241
Rangpur		492	1509	0	639674	1566033	1515863	3081896
Thakurgaon		278	736	0	300514	761713	716218	1477931
Rangpur Division Total		3017	10198	13807	3595250	9003242	8678884	17682126
Habiganj		399	2255	0	393111	1177858	1160797	2338655
Moulavi Bazar		343	2144	0	334146	1081039	1039082	2120121
Sunamganj		420	2782	0	399475	1304551	1275590	2580141
Sylhet		498	3783	0	597100	1887534	1886417	3773951
Sylhet Division Total		1660	10964	0	1723832	5450982	5361886	10812868
National Total		24920	93339	216487	27268020	74083645	71354186	145437831

*Excluding City Corporation and major urban area.

Table 1(b) : District wise Population and other related information in Dec'2018 (Collected by FWAs)

Name of District	Number of Union	Number of Unit	Number of Village	Number of House Hold	Eligible Couple	Population		
						Male	Female	Total
Barguna	38	218	603	197727	196337	496666	485349	982015
Barishal	85	521	1153	446192	419741	1275648	1213070	2488718
Bhola	62	318	371	355144	362500	964767	918652	1883419
Jhalakati	34	174	437	131013	113964	333734	321319	655053
Patuakhali	75	343	1024	339039	339499	903685	873746	1777431
Pirojpur	52	272	625	251750	199761	616405	593113	1209518
Barishal Division	346	1846	4213	1720865	1631802	4590905	4405249	8996154
Bandarban	30	103	1537	77873	69610	210559	202846	413405
Brahmanbaria	101	500	1428	483321	526258	1682321	1584889	3267210
Chandpur	91	511	1331	481230	468908	1378601	1292069	2670670
Chattogram	213	1037	1908	971659	1042234	3127252	3012654	6139906
Cox's Bazar	74	333	2061	412637	406730	1285881	1251416	2537297
Cumilla	186	1034	3602	1025529	1110464	3233578	3053106	6286684
Feni	46	248	577	255543	273616	833850	802208	1636058
Khagrachhari	35	121	1550	119349	110818	312894	303328	616222
Lakshmipur	56	292	598	325386	333597	995385	947823	1943208
Noakhali	92	519	1080	539955	576557	1789614	1718166	3507780
Rangamati	49	153	1530	105095	100015	277901	266210	544111
Chattogram Division Total	973	4851	17202	4797577	5018807	15127836	14434715	29562551
Dhaka	87	570	1995	718751	775153	2081585	1994289	4075874
Faridpur	81	437	1842	379712	391684	1062204	1020821	2083025
Gazipur	46	322	1163	422236	437770	1162117	1122732	2284849
Gopalganj	70	298	940	239127	229575	652968	620579	1273547
Kishoreganj	113	585	1904	615015	542986	1636381	1583183	3219564
Madaripur	60	295	982	234111	230982	674799	635383	1310182
Manikganj	66	330	1569	302487	307971	784370	755181	1539551
Munshiganj	67	327	1008	299177	296051	830183	788504	1618687
Narayanganj	59	347	1490	504413	522576	1384306	1329807	2714113
Narshingdi	71	381	1139	408838	424668	1185688	1144587	2330275
Rajbari	44	222	964	204799	231055	593641	562790	1156431
Shariatpur	68	262	1128	222681	217315	637734	612214	1249948
Tangail	105	630	2452	816879	838569	2040023	1950605	3990628
Dhaka Division Total	937	5006	18576	5368226	5446355	14725999	14120675	28846674
Bagerhat	78	395	1145	353813	306053	788491	760946	1549437
Chuadanga	35	211	640	275524	256967	608623	584555	1193178
Jashore	91	496	1415	585237	610424	1509687	1452842	2962529
Jhenaidaha	73	341	1282	379109	387912	949807	920153	1869960
Khulna	82	413	1366	529348	494078	1290295	1247103	2537398

Name of District	Number of Union	Number of Unit	Number of Village	Number of House Hold	Eligible Couple	Population		
						Male	Female	Total
Kustia	65	359	1025	442897	461001	1079119	1046640	2125759
Magura	37	181	735	198872	190945	519978	499827	1019805
Meherpur	19	116	281	154231	161631	368657	357090	725747
Narail	40	189	674	157946	154492	396238	383225	779463
Satkhira	79	393	1429	432281	433724	1126767	1088383	2215150
Khulna Division Total	599	3094	9992	3509258	3457227	8637662	8340764	16978426
Jamalpur	65	424	1504	523346	480681	1223195	1229275	2452470
Mymensingh	148	882	2770	1077418	1035163	2813018	2720155	5533173
Netrokona	88	450	2341	462796	417889	1224094	1179970	2404064
Sherpur	52	266	928	349674	313535	825582	801259	1626841
Mymensing Division Total	353	2022	7543	2413234	2247268	6085889	5930659	12016548
Bogura	111	602	2558	805631	766677	1874714	1812148	3686862
Joipurhat	32	186	877	220834	209902	495913	481204	977117
Naogaon	100	503	2541	594666	588480	1429428	1388391	2817819
Natore	54	332	1433	426135	408177	961327	934798	1896125
Nawabganj	51	268	1339	305963	368747	898584	871711	1770295
Pabna	76	402	1655	541736	583340	1475042	1422749	2897791
Rajshahi	72	438	2023	609449	609076	1437845	1398768	2836613
Sirajganj	84	487	1906	624616	636650	1667578	1574520	3242098
Rajshahi Division Total	580	3218	14332	4129030	4171049	10240431	9884289	20124720
Dinajpur	106	529	2453	665991	656348	1627762	1555784	3183546
Gaibandha	83	490	1276	553637	545039	1301780	1269718	2571498
Kurigram	76	387	1598	499989	527172	1286732	1238836	2525568
Lalmonirhat	45	228	463	273835	279155	734841	706773	1441614
Nilphamari	63	323	532	386693	412172	1057101	1030116	2087217
Panchgarh	45	199	1482	235029	228948	560754	543098	1103852
Rangpur	84	541	1510	655062	640639	1556194	1506711	3062905
Thakurgaon	53	278	736	304621	303653	757849	711940	1469789
Rangpur Division Total	555	2975	10050	3574857	3593126	8883013	8562976	17445989
Habiganj	78	399	2572	385929	390934	1181808	1161191	2342999
Moulavi Bazar	69	343	2123	342723	333590	1070132	1028496	2098628
Sunamganj	88	417	2812	394397	396116	1305299	1275560	2580859
Sylhet	99	502	3541	512312	522834	1707536	1693892	3401428
Sylhet Division Total	334	1661	11048	1635361	1643474	5264775	5159139	10423914
National Total	4343	23012	81908	25513047	25565634	68291735	65679327	133971062

Table 2 (a) : District-wise Total population, eligible couples and method acceptors, Bangladesh, 2021

Name of District	Total E. Couple	Total Acceptors	CAR (%)
Barguna	198875	156793	78.8
Barishal	427878	329204	76.9
Bhola	373217	301891	80.9
Jhalakati	115828	90251	77.9
Patuakhali	341944	272255	79.6
Pirojpur	206445	164274	79.6
Barisal Division	1664187	1314668	79.0
Name of District	Total E. Couple	Total Acceptors	CAR (%)
Brahmmonbaria	538307	376300	70%
Chandpur	477081	365299	76.6
Chattogram	1069704	795330	74.4
Cox's Bazar	431122	346291	80.3
Cumilla	1129786	858681	76.0
Feni	284913	206752	72.6
Khagrachhari	114945	89131	77.5
Lakshmipur	330577	239674	72.5
Noakhali	593181	447054	75.4
Rangamati	101068	82562	81.7
Chattogram Division	4606396	3866431	75.2
Name of District	Total E. Couple	Total Acceptors	CAR (%)
Dhaka	741398	561291	75.7
Faridpur	398628	315995	79.3
Gazipur	428266	325237	75.9
Gopalganj	222554	177309	79.7
Kishoreganj	569777	453895	79.7
Madaripur	235347	183784	78.1
Manikganj	309044	238928	77.3
Munshiganj	303702	226928	74.7
Narayanganj	539724	407270	75.5
Narshingdi	441288	326956	74.1
Rajbari	236227	185223	78.4
Shariatpur	216861	165369	76.3
Tangail	850869	660034	77.6
Dhaka Division	5493685	4228219	77.0
Name of District	Total E. Couple	Total Acceptors	CAR (%)
Bagerhat	304369	246542	81.0

Chuadanga	260769	214737	82.3
Jashore	618584	496392	80.2
Jhenaidaha	394931	309653	78.4
Khulna	500743	403146	80.5
Kustia	462527	365316	79.0
Magura	193697	152358	78.7
Meherpur	162749	128514	79.0
Narail	155192	120856	77.9
Satkhira	440317	352428	80.0
Khulna Division	3493878	2789942	79.8
Name of District	Total E. Couple	Total Acceptors	CAR (%)
Bogura	776430	637418	82.1
Chapai Nawabganj	380846	304411	79.9
Joipurhat	214533	179465	83.7
Naogaon	594578	473966	79.7
Natore	415567	341380	82.1
Pabna	593282	468658	79.0
Rajshahi	621471	505163	81.3
Sirajganj	665848	545105	81.9
Rajshahi Division	4262555	3455566	81.1
Name of District	Total E. Couple	Total Acceptors	CAR (%)
Dinajpur	668633	546649	81.8
Gaibandha	556367	450091	80.9
Kurigram	540862	415921	76.9
Lalmonirhat	282355	227116	80.4
Nilphamari	415664	337523	81.2
Panchgarh	237421	192120	80.9
Rangpur	612152	505212	82.5
Thakurgaon	306147	241899	79.0
Rangpur Division	3619601	2916531	80.6
Name of District	Total E. Couple	Total Acceptors	CAR (%)
Jamalpur	491654	392444	79.8
Mymensingh	1062863	842759	79.3
Netrokona	423506	332963	78.6
Sherpur	323934	253324	78.2
Mymensingh Division	2301957	1821490	79.1

Table 2(b) District-wise Contraceptive Acceptance Rate in 2019- 2020

Name of District	Total E. Couple	Total Acceptors	CAR (%)
Dinajpur	661911	542020	81.8
Gaibandha	551927	447428	81.0
Kurigram	536981	413277	76.9
Lalmonirhat	280534	225577	80.4
Nilphamari	412784	336179	81.4
Panchgarh	234949	190464	81.0
Rangpur	642813	502157	78.1
Thakurgaon	303525	239849	79.0
Rangpur Division	3625424	2853225	79.9
Bogura	771665	635013	82.2
Joipurhat	212653	178122	83.7
Naogaon	589453	470465	79.8
ChapaiNawabganj	376931	301325	79.9
Rajshahi	616065	501332	81.3
Natore	412314	339106	82.2
Pabna	588341	464830	79.1
Sirajganj	656558	535111	81.5
Rajshahi Division	4223980	3389976	81.0
Kustia	458609	360115	78.5
Meherpur	162068	127595	78.7
Chuadanga	257448	211374	82.1
Jhenaidaha	393917	308017	78.1
Magura	184049	144464	78.4
Narail	154300	121681	78.8
Jashore	614423	493603	80.3
Khulna Division	497694	401296	80.6
Bagerhat	303133	245068	80.8
Satkhira	436801	349818	80.0
Khulna Division	3462442	2763031	79.8
Barguna	197859	155997	78.2
Patuakhali	339551	270232	79.0
Barishal	424429	326262	76.5
Jhalakati	114644	89860	79.3
Bhola	370653	299099	80.0
Pirojpur	204524	162349	78.6
Barishal Division	1651660	1303799	78.9
Jamalpur	487702	390162	80.0
Sherpur	320811	253122	78.9
Mymensingh	1052337	834127	79.2
Netrokona	418943	329579	78.6
Mymensingh Div	2279793	1806990	79.2

Name of District	Total E. Couple	Total Acceptors	CAR (%)
Gopalganj	220831	175968	79.6
Madaripur	233524	182436	78.1
Shariatpur	215242	163973	76.1
Faridpur	394257	314370	79.7
Rajbari	233365	183439	78.6
Dhaka	734578	552173	75.1
Gazipur	424580	322071	75.8
Munshiganj	301135	223708	74.2
Narayanganj	535278	402147	75.1
Narshingdi	439143	332798	75.7
Manikganj	306899	234841	76.5
Tangail	849186	658673	77.5
Kishoreganj	565734	450648	79.6
Dhaka Division	5453752	4197245	76.9
Brahmanbaria	530970	371653	70.0
Cumilla	1122977	857208	76.3
Chandpur	473269	362755	76.6
Feni	281173	204050	72.5
Noakhali	587762	444956	75.7
Lakshmipur	335925	243267	72.4
Chattogram	1064435	791638	74.3
Cox's Bazar	425935	342513	80.4
Rangamati	101232	82878	81.8
Khagrachhari	114361	89233	78.0
Bandarban	73449	59256	80.6
Chattogram Division	5111488	3849407	75.3
Sylhet	600692	466965	77.7
Habiganj	394264	303468	76.9
Moulavi Bazar	338425	261322	77.2
Sunamganj	402380	314319	78.1
Sylhet Division	1735761	1346074	77.5
National	27544300	21588801	78.3

Table 2 (c) National Contraceptive Acceptors and Acceptance Rate (CAR) from June 2004 to June 2021.

Month/ Year	Total Eligible Couple	Oral Pill	Condom	Injectable	IUD	Implant	Permanent Method			Total Acceptors	CAR (%)
							Male	Female	Total		
Jun'04	22210254	7967427	1034882	445804	2653315	193045	241536	1511123	1752659	14047132	63.2
Jun'05	23011307	8657133	1161488	553538	3146630	274140	296813	1603684	1900497	15693426	68.2
Jun'06	23333127	8891196	1195194	648643	3381122	315175	332430	1674104	2006534	16437864	70.4
Jun'07	23995493	9927113	1249190	599983	2237355	255134	370650	1630536	2001186	16269961	67.8
Jun'08	24506859	9893863	1230130	2996830	637318	356844	425555	1726335	2151890	17266875	70.5
Jun'09	24965994	9978312	1338955	725563	3526320	387701	483269	1825129	2308398	18265249	73.2
Jun'10	25264388	10177786	1492109	652104	3665705	324884	540323	1790400	2330723	18643311	73.8
Jun'11	25630674	10365100	1617914	3960688	718437	493080	625637	1912686	2538323	19693542	76.8
Jun'12	26003460	10399477	1658996	4091697	753428	613852	722855	2029525	2752380	20269830	78.0
Jun'13	26220187	10226716	1713590	4066210	722025	693658	736768	1994367	2731135	20153334	76.9
Jun'14	26598869	10334503	1776802	4233839	758288	794138	789512	2087021	2876533	20774103	78.1
Jun'15	26984930	10420823	1821188	4337036	792770	921206	826660	2169504	2996164	21289187	78.9
Jun'16	26685961	10208730	1838390	4210772	712439	954790	759354	1983847	2743201	20668322	77.5
Jun'17	26964711	10335440	1887374	4266263	746599	1097968	783090	2048234	2831324	21164968	78.5
Jun'18	27288541	10438279	1913279	4280964	780283	1263149	803606	2108756	2912362	21588316	79.1
Jun'19	27357033	10410221	2005405	4188067	723707	1250224	746122	2017318	2763440	21341064	78.0
Jun'20	27544300	10472473	2025113	4195692	734581	1355839	745292	2057122	28024142	21588874	78.4
June'21	27734020	10553096	2025113	4195692	734581	1355839	87016	2004594	2091610	21747002	78.4

Table 3(a) : List of highest 10 districts based on Contraceptive Acceptance Rate (CAR) up to the end of June '17, June '18, June '19, June '20 and June '21 (Descending order)

Sl. No.	Up to the end of June 2017		Up to the end of June 2018		Up to the end of June 2019		Up to the end of June 2020		Up to the end of June 2021	
	District	CAR (%)	District	CAR (%)	District	CAR (%)	District	CAR (%)	District	CAR (%)
1	Joipurhat	84.2	Joipurhat	84.6	Joipurhat	83.7	Joipurhat	83.8	Joipurhat	83.8
2	Rangamati	83.6	Chuadanga	83.9	Bogura	82.8	Bogura	82.3	Chuadanga	82.6
3	Chuadanga	83.4	Rangamati	83.6	Bandarban	82.6	Natore	82.2	Sirajganj	82.5
4	Bogura	83.0	Bogura	83.4	Natore	82.2	Chuadanga	82.1	Natore	82.3
5	Natore	82.8	Natore	82.8	Rangamati	82.0	Dinajpur	81.9	Bogura	82.2
6	Rajshahi	82.4	Rajshahi	82.6	Dinajpur	81.7	Rangamati	81.9	Dinajpur	82.0
7	Nilphamari	81.6	Bagerhat	82.3	Chuadanga	81.4	Sirajganj	81.5	Rangamati	81.7
8	Bagerhat	81.5	Panchgarh	82.1	Rajshahi	81.4	Nilphamari	81.4	Rajshahi	81.6
9	Bhola	81.4	Bhola	82.1	Bagerhat	81.0	Rajshahi	81.4	Nilphamari	81.4
10	Panchgarh	81.2	Dinajpur	81.7	Nilphamari	81.0	Gaibandha	81.1	Panchgarh	81.2

Table 3 (b) Status of Contraceptive Method-Mix based on CAR in June'20.

Division	Total Number of Acceptors						Total
	Permanent Method	IUD	Implant	Injectable	Oral Pill	Condom	
Barishal	10.47	3.86	7.62	26.14	45.69	6.22	100.0
Chattogram	10.99	4.68	6.84	21.03	47.61	8.85	100.0
Dhaka	12.59	3.71	5.93	16.44	49.59	11.74	100.0
Khulna	14.83	2.79	5.46	20.32	45.35	11.25	100.0
Mymensing	10.61	2.88	6.6	17.74	55.66	6.51	100.0
Rajshahi	13.84	2.85	5.49	17.74	48.52	11.56	100.0
Rangpur	15.04	2.34	6.33	21.53	49.07	5.69	100.0
National	13	3	7	20	48	9	100

Table 3 (c) : Status of Contraceptive Method-Mix based on CAR at the end of June'21.

Division	Total Number of Acceptors						Total
	Permanent Method	IUD	Implant	Injectable	Oral Pill	Condom	
Barishal	10.44	3.80	7.86	26.08	45.54	6.28	100.0
Chattogram	10.94	4.68	7.17	20.66	47.73	8.83	100.0
Dhaka	12.66	3.67	6.13	16.57	49.31	11.66	100.0
Khulna	14.83	2.85	5.58	19.99	45.58	11.18	100.0
Mymensingh	10.55	2.82	6.76	17.83	55.42	6.63	100.0
Rajshahi	13.82	2.81	5.49	17.82	48.31	11.75	100.0
Rangpur	15.05	2.28	6.40	21.47	49.10	5.70	100.0
Sylhet	15.09	3.74	7.45	18.35	45.88	9.50	100.0
National	13	3	6.5	19	48	9	100.0

Table 3 (d) : Division wise Contraceptive Acceptors (by methods) and Acceptance Rate (CAR) up to the end of June 2021 (Descending order)

Division	Total Eligible Couple	Total Number of Acceptors							CAR (%)
		Permanent Method	IUD	Implant	Injectable	Oral Pill	Condom	Total	
Rajshahi	4262555	479078	97528	190217	618110	1675240	407624	3467797	81.35
Rangpur	3619601	435899	65993	185327	621821	1422210	165053	2896303	80.02
Khulna	3493878	414673	79598	156089	559042	1274876	312598	2796876	80.05
Barishal	1664187	137607	50101	103587	343561	600022	82692	1317570	79.17
Sylhet	1753454	204791	50737	101102	249053	622733	128890	1357306	77.41
Dhaka	5493685	537482	155737	260005	703345	2093232	495102	4244903	77.27
Chittagong	5144703	424157	181511	278012	801380	1851082	342322	3878464	75.39
National	27734020	2826661	732706	1397944	4222488	10553096	2055586	21788481	78.56

Table 3(e) : List of highest 10 districts based on Contraceptive Acceptance Rate (CAR) from July 2020 to June 2021 (Descending order)

Sl. No.	Up to the end of June 2020		Up to the end of June 2021	
	District	CAR (%)	District	CAR (%)
1	Joipurhat	83.8	Joipurhat	83.8
2	Bogura	82.3	Chuadanga	82.6
3	Natore	82.2	Sirajganj	82.5
4	Chuadanga	82.1	Natore	82.3
5	Dinajpur	81.9	Bogura	82.2
6	Rangamati	81.9	Dinajpur	82.0
7	Sirajganj	81.5	Rangamati	81.7
8	Nilphamari	81.4	Rajshahi	81.6
9	Rajshahi	81.4	Nilphamari	81.4
10	Gaibandha	81.1	Panchgarh	81.2

Table 4 (a): Division wise Projection, Performance and Achievement Rate of Short Acting Methods in 2020-2021 (Descending order)

Sl No	Division	Injectable (in CYP)			Division	Oral Pill (in CYP)			Division	Condom (in CYP)		
		Projec.	Perform.	Achi. Rate (%)		Projec.	Perform.	Achi. Rate (%)		Projec.	Perform.	Achi. Rate (%)
1	Barishal Div.	316196	225310	71.3	Mymensingh Div.	897763	498937	55.6	Dhaka Div.	359973	157555	43.8
2	Rangpur division	687724	381756	55.5	Dhaka Div.	2005566	929429	46.3	Rajshahi Division	298379	123287	41.3
3	Dhaka Div.	977070	477200	48.8	Barishal Div.	649033	287378	44.3	Khulna Div.	244571	94793	38.8
4	Khulna Div.	663837	294483	44.4	Rangpur division	1411644	571971	40.5	Sylhet Div.	122742	42209	34.4
5	Chattogram Div.	977494	432969	44.3	Khulna Div.	1362612	550278	40.4	Mymensingh Div.	161137	51809	32.2
6	Sylhet Div.	333156	138407	41.5	Sylhet Div.	683847	268280	39.2	Chattogram Div.	360129	86510	24.0
7	Mymensingh Div.	437372	170887	39.1	Rajshahi Division	1662396	614753	37.0	Barishal Div.	116493	27540	23.6
8	Rajshahi Division	809885	293702	36.3	Chattogram Div.	2006434	657312	32.8	Rangpur division	253372	54505	21.5
	National	5202734	2414714	46.4	National	10679296	4378338	41.0	National	1916796	638208	33.3

Table 4 (b): District wise Projection, Performance and Achievement Rate of Short Acting Methods for the year 2020-2021

District	Injectable (in CYP)			District	Oral Pill (in CYP)			District	Condom (in CYP)		
	Projec.	Perfor. m.	Ach. i. Rate (%)		Projec.	Perfor. m.	Ach. i. Rate (%)		Projec.	Perfor. m.	Ach. Rate (%)
Bhola	70911	81579	115.0	Pirojpur	80514	52275	64.9	Pirojpur	14451	5806	40.2
Patuakhali	64969	42663	65.7	Patuakhali	133358	71002	53.2	Barishal	29951	8789	29.3
Barishal	81297	48188	59.3	Barguna	77561	37672	48.6	Jhalakati	8108	1920	23.7
Barguna	37786	21714	57.5	Barishal	166872	71260	42.7	Patuakhali	23936	4733	19.8
Pirojpur	39225	21390	54.5	Jhalakati	45173	16813	37.2	Barguna	13921	2690	19.3
Jhalakati	22007	9776	44.4	Bhola	145555	38356	26.4	Bhola	26125	3602	13.8
Barishal Div.	316196	225310	71.3	Barishal Div.	649033	287378	44.3	Barishal Div.	116493	27540	23.6
Cox's Bazar	81913	60045	73.3	Rangamati	39417	28407	72.1	Bandarban	5181	2585	49.9
Laxmipur	62810	43755	69.7	Khagrachhari	44829	29562	65.9	Rangamati	7075	3385	47.8
Bandarban	14064	7773	55.3	Bandarban	28867	17360	60.1	Khagrachhari	8046	2474	30.7
Feni	54133	25553	47.2	Cox's Bazar	168138	64869	38.6	Feni	19944	5986	30.0
Khagrachhari	21840	10170	46.6	B. Baria	209940	68148	32.5	B. Baria	37681	10365	27.5
Chandpur	90645	40933	45.2	Cumilla	440617	138651	31.5	Chattogram	74879	19469	26.0
Rangamati	19203	8366	43.6	Chattogram	417185	130521	31.3	Cumilla	79085	18872	23.9
Cumilla	214659	92531	43.1	Chandpur	186062	56774	30.5	Cox's Bazar	30179	7062	23.4
Noakhali	112704	43398	38.5	Feni	111116	33696	30.3	Noakhali	41523	8692	20.9
B. Baria	102278	34556	33.8	Noakhali	231341	60110	26.0	Chandpur	33396	5116	15.3
Chattogram	203244	65889	32.4	Laxmipur	128925	29214	22.7	Laxmipur	23140	2504	10.8
Chattogram Div.	977494	432969	44.3	Chattogram Div.	2006434	657312	32.8	Chattogram Div.	360129	86510	24.0
Dhaka	44883	95898	213.7	Dhaka	92129	165295	179.4	Dhaka	16536	38955	
Narayanganj	57703	97047	168.2	Narayanganj	118444	104713	88.4	Faridpur	15180	12353	
Tangail	58718	58412	99.5	Tangail	120527	100644	83.5	Tangail	21633	17559	
Faridpur	41204	24192	58.7	Faridpur	84576	63690	75.3	Narayanganj	21259	14335	
Madaripur	42285	21396	50.6	Gopalganj	85242	47468	55.7	Gopalganj	15300	6379	
Narshingdi	102548	44274	43.2	Madaripur	86796	38855	44.8	Madaripur	15579	4700	

Gopalganj	41528	13903	33.5	Narshingdi	210492	78368	37.2	Narshingdi	37781	10675	
Shariatpur	44716	12753	28.5	Shariatpur	91785	28567	31.1	Rajbari	27904	7860	
Rajbari	75739	19927	26.3	Munshiganj	167024	48789	29.2	Manikganj	30890	8130	
Kishoreganj	16166 5	41022	25.4	Kishoreganj	331839	95726	28.8	Gazipur	51898	12850	
Manikganj	83845	14715	17.6	Gazipur	289145	78852	27.3	Shariatpur	16474	4012	
Munshiganj	81371	12920	15.9	Manikganj	172102	43487	25.3	Munshiganj	29979	6686	
Gazipur	14086 6	20741	14.7	Rajbari	155465	34975	22.5	Kishoreganj	59561	13061	
Dhaka Div.	97707 0	47720 0	48.8	Dhaka Div.	200556 6	92942 9	46.3	Dhaka Div.	35997 3	15755 5	
Meherpur	30922	22951	74.2	Bagerhat	118704	62692	52.8	Khulna	35052	18641	
Jashore	11753 1	65954	56.1	Khulna	195290	10104 7	51.7	Narail	10863	4533	
Chuadanga	49546	27101	54.7	Satkhira	171724	84616	49.3	Jashore	43301	17581	
Khulna	95141	43941	46.2	Magura	75542	33161	43.9	Bagerhat	21306	8572	
Kushtia	87880	36406	41.4	Narail	60525	23035	38.1	Satkhira	30822	12207	
Bagerhat	57830	21562	37.3	Kushtia	180386	66565	36.9	Kushtia	32377	12717	
Magura	36802	13707	37.2	Jashore	241248	82955	34.4	Meherpur	11392	4332	
Satkhira	83660	30654	36.6	Jhenaidaha	154023	50511	32.8	Magura	13559	4044	
Narail	29486	10492	35.6	Chuadanga	101700	30679	30.2	Chuadanga	18254	5103	
Jhenaidaha	75037	21715	28.9	Meherpur	63472	15017	23.7	Jhenaidaha	27645	7063	
Khulna Div.	66383 7	29448 3	44.4	Khulna Div.	136261 2	55027 8	40.4	Khulna Div.	24457 1	94793	
Sherpur	61547	68283	110. 9	Sherpur	126334	23184 7	183. 5	Sherpur	22675	20848	
Netrokona	80466	39377	48.9	Netrokona	165167	10137 8	61.4	Netrokona	29645	10046	
Jamalpur	93414	27121	29.0	Jamalpur	191745	57761	30.1	Jamalpur	34416	7059	
Mymensingh	20194 4	36106	17.9	Mymensingh	414517	10795 1	26.0	Mymensingh	74400	13856	
Mymensingh Div.	43737 2	17088 7	39.1	Mymensingh Div.	897763	49893 7	55.6	Mymensingh Div.	16113 7	51809	
Sherpur	61547	68283	110. 9	Sherpur	126334	23184 7	183. 5	Sherpur	22675	20848	
Netrokona	80466	39377	48.9	Netrokona	165167	10137 8	61.4	Netrokona	29645	10046	
Jamalpur	93414	27121	29.0	Jamalpur	191745	57761	30.1	Jamalpur	34416	7059	
Mymensingh	20194 4	36106	17.9	Mymensingh	414517	10795 1	26.0	Mymensingh	74400	13856	
Sirajganj	12651 1	69121	54.6	Pabna	231380	11088 4	47.9	Rajshahi	43503	24346	
Pabna	11272 4	51603	45.8	Sirajganj	259681	12379 0	47.7	Sirajganj	46609	21758	
Rajshahi	11807 9	45746	38.7	Noagaon	231885	10125 5	43.7	Bogura	54350	24111	
Bogura	14752 2	47597	32.3	Bogura	302808	11351 5	37.5	Natore	29090	12001	
Natore	78958	23021	29.2	Natore	162071	53039	32.7	Nawabganj	26659	10918	
Nawabganj	72361	20173	27.9	Joipurhat	83668	26278	31.4	Pabna	41530	15035	
Noagaon	11297 0	28845	25.5	Rajshahi	242374	61809	25.5	Noagaon	41620	11460	

Joipurhat	40761	7596	18.6	Nawabganj	148530	24183	16.3	Joipurhat	15017	3658	
Rajshahi Division	809885	293702	36.3	Rajshahi Division	1662396	614753	37.0	Rajshahi Division	298379	123287	
Gaibandha	105710	79982	75.7	Panchgarh	92594	48785	52.7	Gaibandha	38946	12425	
Kurigram	102764	65922	64.1	Kurigram	210936	100438	47.6	Kurigram	37860	9731	
Lalmonirhat	53647	34140	63.6	Gaibandha	216983	96424	44.4	Rangpur	42851	9995	
Panchgarh	45110	27230	60.4	Dinajpur	260767	105047	40.3	Dinajpur	46804	8969	
Rangpur	116309	66264	57.0	Rangpur	238739	86388	36.2	Lalmonirhat	19765	3520	
Sylhet	114882	72042	62.7	Sunamganj	159127	74500	46.8	Sylhet	42325	20247	
Sunamganj	77523	28397	36.6	Habiganj	155470	66836	43.0	Sunamganj	28561	11164	
Moulavibazar	65009	20741	31.9	Moulavibazar	133440	46377	34.8	Moulavibazar	23951	5434	
Habiganj	75742	17227	22.7	Sylhet	235810	80567	34.2	Habiganj	27905	5364	
Sylhet Div.	333156	138407	41.5	Sylhet Div.	683847	268280	39.2	Sylhet Div.	122742	42209	
National	5197836	2503284	48.2	National	10669243	5191332	48.7	National	1914992	699092	36.5

Table 4 (c) : Division wise Projection, Performance and Achievement Rate of Long Acting and permanent Methods for the year 2020-2021 (Descending order)

Sl No.	Division	Permanent Method			Division	IUD			Division	Implant		
		Projec.	Perform.	Achi. Rate (%)		Projec.	Perform.	Achi. Rate (%)		Projec.	Perform.	Achi. Rate (%)
1	Rangpur Div.	21836	12893	59.0	Chattogram Div.	49702	39152	78.8	Mymensingh Div.	38122	29122	76.4
2	Khulna Div.	18401	10765	58.5	Khulna Div.	18928	11202	59.2	Sylhet Div.	30496	23196	76.1
3	Rajshahi Div.	22552	12180	54.0	Dhaka Div.	58112	32839	56.5	Barishal Div.	31775	23994	75.5
4	Dhaka Div.	56528	28521	50.5	Rangpur Div.	34481	17678	51.3	Chattogram Div.	85432	64245	75.2
5	Barishal Div.	13432	5050	37.6	Rajshahi Div.	32865	16742	50.9	Dhaka Div.	88517	65262	73.7
6	Mymensingh Div.	13790	503	3.6	Sylhet Div.	16118	6671	41.4	Rangpur Div.	70256	49937	71.1
7	Chattogram Div.	35641	997	2.8	Barishal Div.	19061	7882	41.4	Rajshahi Div.	64710	45924	71.0
8	Sylhet Div.	18415	227	1.2	Mymensingh Div.	24147	8713	36.1	Khulna Div.	44140	1869	4.2
	National	200595	5974	3.0	National	253414	140879	55.6	National	453448	303549	66.9

Table 4 (d) : District wise Projection, Performance and Achievement Rate of Long Acting Methods for the year 2020-2021

District	Permanent Method (Cases)			District	IUD (Cases)			District	Implant (Cases)		
	Projec.	Perf orm.	Achi. Rate (%)		Projec.	Perfor m.	Achi. Rate (%)		Projec.	Perfor m.	Achi. Rate (%)
Barishal	2307	1337	58.0	Barishal	3355	2021	60.2	Jhalakati	2329	2398	103.0
Barguna	1672	930	55.6	Patuakhali	4037	2200	54.5	Patuakhali	7056	6637	94.1
Patuakhali	2441	1108	45.4	Pirojpur	2939	1368	46.5	Pirojpur	3187	2988	93.8
Pirojpur	2172	657	30.2	Barguna	2340	704	30.1	Barishal	5968	4657	78.0
Bhola	2818	615	21.8	Jhalakati	1175	342	29.1	Barguna	5717	4354	76.2
Jhalakati	2022	403	19.9	Bhola	5215	1247	23.9	Bhola	7518	2960	39.4
Barishal Div.	13432	5050	37.6	Barishal Div.	19061	7882	41.4	Barishal Div.	31775	23994	75.5
Noakhali	2568	162	6.3	Khagrachhari	1140	1252	109.8	Cumilla	11247	10164	90.4
Chattogram	4983	251	5.0	Noakhali	3260	3296	101.1	Chandpur	7374	6417	87.0
Chandpur	3228	143	4.4	Chattogram	9482	9275	97.8	Chattogram	15487	13366	86.3
Cumilla	5969	243	4.1	Cox's Bazar	4311	4190	97.2	B. Baria	8529	6733	78.9
Feni	2520	64	2.5	Feni	2987	2775	92.9	Noakhali	9864	7774	78.8
Laxmipur	4427	58	1.3	Chandpur	4268	3946	92.5	Rangamati	2989	2159	72.2
Cox's Bazar	4192	54	1.3	Cumilla	9394	7987	85.0	Bandarban	2581	1839	71.3
Rangamati	1454	12	0.8	Rangamati	1114	933	83.8	Feni	4679	3315	70.8
Bandarban	886	2	0.2	Bandarban	1818	1300	71.5	Cox's Bazar	10746	7315	68.1
B. Baria	3018	5	0.2	B. Baria	4889	2378	48.6	Khagrachhari	3315	2108	63.6
Khagrachhari	2396	3	0.1	Laxmipur	7039	1820	25.9	Laxmipur	8621	3055	35.4
Chattogram Div.	35641	997	2.8	Chattogram Div.	49702	39152	78.8	Chattogram Div.	85432	64245	75.2
Dhaka	12800	9429	73.7	Rajbari	1010	1634	161.8	Faridpur	6103	8377	137.3
Narshingdi	4516	3238	71.7	Faridpur	2212	2753	124.5	Rajbari	3520	3933	111.7
Faridpur	3237	2247	69.4	Dhaka	10729	12018	112.0	Dhaka	12795	13165	102.9
Rajbari	1020	708	69.4	Madaripur	1618	1398	86.4	Tangail	10073	8806	87.4
Narayanganj	3193	2032	63.6	Gopalganj	1163	821	70.6	Manikganj	5027	4297	85.5
Manikganj	5162	3146	60.9	Narshingdi	3681	2363	64.2	Gopalganj	4190	2887	68.9
Gopalganj	2099	1240	59.1	Shariatpur	2660	1394	52.4	Shariatpur	3621	2389	66.0
Madaripur	1218	670	55.0	Tangail	6979	3367	48.2	Kishoreganj	9456	5811	61.5
Tangail	6903	2578	37.3	Munshiganj	3163	1114	35.2	Narshingdi	6081	3386	55.7
Munshiganj	3604	882	24.5	Kishoreganj	4815	1650	34.3	Madaripur	5057	2662	52.6
Shariatpur	2470	562	22.8	Gazipur	6135	1708	27.8	Munshiganj	4829	2157	44.7

Kishoreganj	5326	1107	20.8	Manikganj	3373	840	24.9	Gazipur	7522	3173	42.2
Gazipur	4980	682	13.7	Narayanganj	10574	1779	16.8	Narayanganj	10243	4219	41.2
Dhaka Div.	56528	28521	50.5	Dhaka Div.	58112	32839	56.5	Dhaka Div.	88517	65262	73.7
Jhenaidaha	1977	1661	84.0	Khulna	3097	3106	100.3	Jashore	3620	357	9.9
Kushtia	1989	1598	80.3	Jhenaidaha	1701	1249	73.4	Khulna	8067	442	5.5
Chuadanga	1657	1311	79.1	Bagerhat	2199	1564	71.1	Chuadanga	3757	181	4.8
Meherpur	907	637	70.2	Magura	1461	870	59.5	Bagerhat	4399	192	4.4
Khulna	2704	1723	63.7	Chuadanga	1205	650	53.9	Meherpur	1706	74	4.3
Jashore	2496	1125	45.1	Meherpur	542	275	50.7	Magura	3672	146	4.0
Satkhira	2208	945	42.8	Satkhira	1980	976	49.3	Jhenaidaha	4717	177	3.8
Magura	1604	683	42.6	Jashore	3461	1405	40.6	Narail	2700	76	2.8
Narail	1000	420	42.0	Kushtia	2207	782	35.4	Kushtia	7075	151	2.1
Bagerhat	1859	662	35.6	Narail	1075	325	30.2	Satkhira	4427	73	1.6
Khulna Div.	18401	10765	58.5	Khulna Div.	18928	11202	59.2	Khulna Div.	44140	1869	4.2
Jamalpur	2402	110	4.6	Sherpur	1957	3953	202.0	Sherpur	5832	9602	164.6
Mymensingh	7475	277	3.7	Netrokona	2481	767	30.9	Netrokona	9006	6370	70.7
Netrokona	1855	64	3.5	Mymensingh	15271	3360	22.0	Mymensingh	15025	9029	60.1
Sherpur	2058	52	2.5	Jamalpur	4438	633	14.3	Jamalpur	8259	4121	49.9
Mymensingh Div.	13790	503	3.6	Mymensingh Div.	24147	8713	36.1	Mymensingh Div.	38122	29122	76.4
Jamalpur	2402	110	4.6	Sherpur	1957	3953	202.0	Sherpur	5832	9602	164.6
Mymensingh	7475	277	3.7	Netrokona	2481	767	30.9	Netrokona	9006	6370	70.7
Netrokona	1855	64	3.5	Mymensingh	15271	3360	22.0	Mymensingh	15025	9029	60.1
Sherpur	2058	52	2.5	Jamalpur	4438	633	14.3	Jamalpur	8259	4121	49.9
Joipurhat	1021	992	97.2	Naogaon	2031	1615	79.5	Joipurhat	4803	5036	104.9
Natore	3137	2106	67.1	Sirajganj	8071	5375	66.6	Bogura	15083	12624	83.7
Chapai Nawabganj	2856	1797	62.9	Joipurhat	1317	876	66.5	Pabna	5618	3874	69.0
Naogaon	2078	1285	61.8	Pabna	4706	2907	61.8	Natore	7313	5012	68.5
Rajshahi	4543	2578	56.7	Bogura	5145	2496	48.5	Naogaon	9455	6235	65.9
Bogura	3973	1982	49.9	Natore	2856	1187	41.6	Rajshahi	9978	6088	61.0
Sirajganj	3100	1047	33.8	Chapai Nawabganj	2689	999	37.2	Sirajganj	8940	5416	60.6
Pabna	1844	393	21.3	Rajshahi	6050	1287	21.3	Chapai Nawabganj	3520	1639	46.6
Rajshahi Div.	22552	12180	54.0	Rajshahi Div.	32865	16742	50.9	Rajshahi Div.	64710	45924	71.0
Dinajpur	3851	3483	90.4	Dinajpur	3257	2835	87.0	Dinajpur	15257	14335	94.0
Thakurgaon	1910	1328	69.5	Nilphamari	2813	2259	80.3	Thakurgaon	5612	4673	83.3
Rangpur	3621	2512	69.4	Rangpur	5609	3020	53.8	Rangpur	10276	8492	82.6
Nilphamari	2197	1376	62.6	Panchgarh	1593	778	48.8	Nilphamari	5950	4721	79.3
Panchgarh	1127	703	62.4	Thakurgaon	1843	863	46.8	Gaibandha	10230	6714	65.6

Sylhet	3750	105	2.8	Sylhet	2200	1898	86.3	Sunamganj	8453	8589	101.6
Sunamganj	5182	58	1.1	Moulavibazar	3326	1780	53.5	Moulavibazar	6066	4259	70.2
Moulavibazar	3099	24	0.8	Habiganj	3811	1678	44.0	Habiganj	6977	4699	67.3
Habiganj	6384	40	0.6	Sunamganj	6781	1315	19.4	Sylhet	9000	5649	62.8
Sylhet Div.	18415	227	1.2	Sylhet Div.	16118	6671	41.4	Sylhet Div.	30496	23196	76.1
National	200595	5974	3.0	National	253414	140879	55.6	National	453448	303549	66.9

Table 5 : Division wise Mother Care Services for the period of July, 2020-June, 2021

Division	Antenatal Care				Delivery Hospital/Clinic	
	1st Inspection	2nd Inspection	3rd Inspection	4th & more Inspection	Normal	Caesarian
Barishal	94846	68328	53760	46414	32094	21277
Chattogram	399857	276601	211957	202984	149839	75041
Dhaka	466857	363718	312254	253664	97421	129344
Khulna	209527	154359	122289	96182	40095	85548
Mymensingh	120377	86813	72132	59535	31376	25998
Rajshahi	262459	197837	158156	127490	60317	77818
Rangpur	239663	169190	128501	111298	74815	49254
Sylhet	117538	82199	66227	62820	49542	19778
National	1911124	1399045	1125276	960387	535499	484058

Table 6: MCH Services Reporting period: July 19 to June 20 (Facility Dashboard)

Division	ANC					Delivery Services					Postnatal Care			
	1st Visit	2nd visit	3rd Visit	4th Visit	Total ANC	Normal	C-Section	Total	1st Visit	2nd visit	3rd Visit	4th Visit	Total PNC	
Barishal	94250	68127	54203	46874	263454	33646	21993	55639	28405	25114	28038	35992	117549	
Chattogram	393142	288165	236706	211277	1129290	146977	75819	222796	124530	108373	107817	114355	435075	
Dhaka	451576	362392	316264	246959	1377191	101418	134699	236117	114550	103798	109419	134682	462449	
Khulna	242262	176722	138037	118598	675619	44752	87627	132379	51170	52319	66182	73644	243315	
Mymensingh	130050	100805	86811	71543	389209	33641	26644	60285	25041	23921	27922	33191	110075	
Rajshahi	282390	222028	183660	154177	842255	69178	83894	153072	59927	48469	51773	69301	229470	
Rangpur	227346	177277	146895	124983	676501	81698	52280	133978	63767	47274	51714	61818	224573	
Sylhet	133432	95963	82517	74456	386368	52781	19267	72048	41149	36034	39430	43358	159971	
Total	1954448	1491479	1245093	1048867	5739887	564091	502223	1066314	508539	445302	482295	566341	2002477	

Table 7 :Division wise proportion of still birth and live birth for the period of 2020-21

Division	Birth			
	No. of Still Birth	No. of live birth		
		At Home (By trained person)	At Home (By Non- trained person)	Total
Barishal	153	35628	8516	44144
Chattagram	562	79098	42481	121579
Dhaka	353	60492	13910	74402
Khulna	268	29661	8493	38154
Mymensingh	180	52712	13592	66304
Rajshahi	194	44846	16814	61660
Rangpur	131	55002	7505	62507
Sylhet	748	43189	25553	68742
Total	2589	400628	136864	537492

Table 8 : Division wise Number of Deaths Data Obtained by FP Workers for the period of 2020-21

Division	Death						
	Number of Death						
	No. of Child <1 year			No. of Child 1-<5 years	Number of Maternal death	Other Death	Total Death
	0-28 days	29days -<1 year	Total				
Barishal	207	63	270	11	90	21423	21794
Chittagong	628	230	858	41	137	62698	63734
Dhaka	436	151	587	21	96	58110	58814
Khulna	353	158	511	26	90	39994	40621
Rajshahi	550	113	663	17	116	46655	47451
Rangpur	380	147	527	14	74	32388	33003
Mymensing	347	103	450	6	71	25298	25825
Sylhet	543	218	761	2	128	20091	20982
Total	3444	1183	4627	138	802	306657	312224

Table 9 : Detailed division- wise Adolescents (10-19 years) Health care Services in 2020-2021

	Counseling on Adolescence change	Counseling on avoiding Child marriage	No. of adolescent girl counseled on IFA	No. of adolescent girl received IFA
Barishal	195696	196284	110786	125125
Dhaka	641835	598400	310242	460465
Chattogram	526587	503848	271152	374951
Khulna	347756	329092	165981	226582
Mymensingh	169643	164832	77482	111176
Rajshahi	387021	361105	192892	219789
Rangpur	352716	303066	159051	248492
Sylhet	157755	151415	87062	96376
National	2779009	2608042	1374648	1862956

Client Segmentation Reporting Year 2021

Age Group	No. of Child		Oral Pill		Condom		Injectable		IUD		Implant		NSV		Tubectomy		Total	Non Acceptors	Pregnant Woman	No. of Live Birth	Husband Abroad
	0	1	Normal	Post Partum	Normal	Post Partum	Normal	Post Partum	Normal	Post Partum	Normal	Post Partum	Normal	Post Partum	Normal	Post Partum					
<20	0	1	214115	2492	115000	1331	2751	55	175	4	3984	105	37	0	214	1	340264	383049	132245	7263	61992
	1	368253	63113	19797	140243	14815	14022	1446	375	1	598	6764	375	1	598	33	784154	266280	57552	1102762	62063
	2	171412	23003	47227	8237	95588	8923	14935	1329	35489	3581	2793	37	4698	293	417545	106758	18743	995322	27819	
	3+	60447	4538	14936	1536	34080	2112	5934	459	11588	789	2632	65	4859	298	144273	41091	6395	501024	10463	
Total	814227	93146	280282	30901	272662	25905	35066	3238	102636	11239	5837	103	10369	625	1686236	797178	214935	2606371	162337		
20-29	0	171853	2822	84841	1373	5490	248	328	16	3477	115	160	2	216	10	270951	392072	108876	14657	65381	
	1	1336406	94034	256575	27967	448127	25964	56334	3305	151747	11523	2936	17	4005	314	2419254	589731	140253	3123934	169914	
	2	1364859	92873	224659	25754	589055	31125	96588	5614	208820	15665	49022	429	124814	8111	2837388	440533	80667	6425052	156052	
	3+	646722	39103	98070	9047	316033	14050	62291	3198	111712	6738	51216	585	154367	11796	1524928	236134	30874	5535159	84218	
Total	3519840	228832	664145	64141	1358705	71387	215541	12133	475756	34041	103334	1033	283402	20231	7052521	1658470	360670	15098802	475765		
30-39	0	35365	873	16666	417	2934	190	312	16	994	53	416	0	352	6	58594	147403	23285	15542	19088	
	1	510190	34226	117539	9736	201262	9885	33770	1412	63874	3548	4941	13	8657	373	999426	336747	53388	1409482	79420	
	2	1381480	56499	240842	16556	562930	20278	108712	4291	178347	9428	113772	530	290121	11551	2995337	405139	55142	6640719	146353	
	3+	1257847	41947	162355	9389	548568	14890	103182	3681	169077	7044	167138	1352	522696	23189	3032355	333475	31558	10676271	130867	
Total	3184882	133545	537402	36098	1315694	45243	245976	9400	412292	20073	286267	1895	821826	35119	7085712	1222764	163373	18742014	375728		
40-49	1	10347	576	4275	622	1524	133	228	30	424	16	275	0	439	1	18890	66383	4569	11844	7257	
	2	147700	7034	33252	2538	60637	2695	9604	477	14987	810	3491	20	8346	533	292144	150320	8828	491919	25025	
	3	538151	14189	102414	4168	212230	5581	45901	1320	58601	2349	80963	644	217362	4808	1288681	254673	10219	3010779	61455	
	3+	697375	12675	102011	3984	275161	5570	60474	1512	72193	2569	166738	988	478002	10074	1889326	298903	9300	7178233	71132	
Total	1393573	34474	241952	11312	549552	13979	116207	3339	146205	5744	251467	1652	704149	15436	3489041	770279	32916	10692775	164869		
Total	0	431680	6763	220782	3743	12699	626	1043	66	8879	289	888	2	1221	18	688699	988907	268975	49306	153918	
	1	2362549	198407	510485	60038	850269	53359	113750	6640	282183	22645	11743	51	21606	1273	4494978	1343078	260021	6128097	336422	
	2	3455902	186564	615142	54715	1459803	65907	266136	12554	481257	31023	246550	1640	636995	24763	7538951	1207103	164771	17071872	391679	
	3+	2662391	98263	377372	23956	1173842	36622	231881	8850	364570	17140	387724	2990	1159924	45357	6590882	909603	78127	23890687	296680	
Total	1178699	1178699	1178699	1178699	1178699	1178699	1178699	1178699	1178699	1178699	1178699	1178699	1178699	1178699	1178699	1178699	1178699	1178699	1178699	1178699	

Special Activities of DGFP

- Planning Unit
- IEM Unit
- CCSDP Unit
- FP-FSD Unit
- MCH Sevices Unit
- Logistics and Supply Unit
- MIS Unit

Annexure-11

আবিসংসদ

আবিসংসদ

Annexure-11



Special Activities of DGFP

- Planning Unit
- IEM Unit
- CCSDP Unit
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- MIS Unit



PLANNING UNIT**PLANNING, MONITORING & EVALUATION (PME) OPERATIONAL PLAN By PLANNING UNIT, DG-FP**

- To assist in formulation and implementation of different OPs of DGFP through effective coordination, monitoring, evaluation of field programme performance (FPP) To facilitate effective planning process/ and develop Plans and programs in co-ordination with the different OPs;
- To strengthen internal review and co-ordination among different OPs to monitor field level Program Performance;
- To provide timely information required by MOH&FW, Planning Commission, IMED, ERD and other related ministries/agencies for multi-sectoral FP-MCRAH activities;
- To ensure effective evaluation of the family planning program;
- To build capacity of the personnel of the Planning Unit, facilitate better performance and enhance efficiency;
- To strengthen collaboration with the GO-NGO.

COMPONENTS:**(a) Coordination and preparation of Operational Plans for the population sub-sector**

- i. Coordinate with LDs to develop the OPs as per the guideline and budget preparation following the MTBF guideline.
- ii. Organize review and experience sharing meetings with the LDs to finalize the OPs.
- iii. Coordinate with Planning Wing/Planning Branch (PB)/PMMU of MOHFW in preparation of PIP/RPIP, OPs/ROPs;
- iv. Maintaining liaison on behalf with the Planning Wing/Planning Branch, MOH&FW, Planning Commission, IMED, ERD and Development Partners.

(b) Program Monitoring of OPs including Annual Program Review (APR) & Mid Term Review (MTR)

- i. Assist LDs in preparation of Annual Program Review (APR) and Mid Term Review (MTR) for the sub-sector
- ii. Review the progress of the different OPs against the set targets
- iii. Assist LDs in reviewing progress of the OP level indicators including DLIs.

(c) Field Program Performance Monitoring

- i. Organize meetings/workshops to review/share field level performances at the Central Level
- ii. Organize Divisional/District level experience sharing workshops involving Managers, Supervisors and Field Workers at the Divisional & District Level.
- iii. Assist Field Level Managers to develop different monitoring tools and plan of action for strengthening FP-MCRAH services.
- iv. Provide feedback (Monitoring Report) to LDs for effective decision making.
- v. Documentation and shared with relevant authorities & stakeholder of findings of Central, Divisional and District Workshop.
- vi. Division level workshop will be organized to orient the SDGs related indicators among the division and district level managers.

(d) GO-NGO Collaboration:

- i. Maintain regular liaison with the partners NGOs through structured meetings; mainly local level.
- ii. Monitor Partner NGOs field level activities ;
- iii. Organize performance sharing Workshops at the Central and Divisional level.
- iv. Explore developing new partnership opportunities with the NGOs particularly in the urban areas.

(e): Capacity Building

- i. Local training for different training courses likes on Planning and Development, Demography, PPP, Management, Computer Training etc for Planning personnel of DGFP.
- ii. Relevant overseas training for short-term courses like on Planning, Monitoring & evaluation, Planning and Development, Demography etc for Planning personnel of DGFP.
- iii. After completion the training, the learning's and knowledge of the training would be implemented.

Out of OP Activities: Co-ordination of Field level Construction of DGFP :

- i. DGFP has been monitoring Union level Central level Services Centres throughout the country along with Upazila to Central level office (Head office). There are UH&FWC's; MCWC's, Upazila FP Office cum Store's, District Office's, Division Office's, MCH hospital at Capital city of Dhaka. All these above facilities of the DGFP has been maintaining leason with its related Engineering Department (Health Engineering Department) (HED). It for repair maintenance of existing above infrastructure and Construction and of DGFP above Service Centres and Offices i.e District, Divisions & Upazila FP office cum Store.
- ii. Coordination for repair and maintenance constructive, Reconstructive of DGFP infrastructure with HE. Next three (3) MCH Hospitals in Capital city, Dhaka.



Monitoring workshop on Family planning maternal child health and nutrition at Munshiganj



GO-NGO Collaboration workshop organized by Planning Unit DGFP



Monitoring workshop on Family Planning Maternal Child health and Nutrition at Mymensingh

IEM Unit, DGFP

Special Activities in 2020-2021

- a. **Observing World Population Day:** As a regular yearly activity, IEM unit of DGFP observes world population day under its IEC operational plan across the country. Multiple activities are taken including:
 - ii. In presence of Hon'able health and family welfare minister a press-briefing and discussion program is arranged centrally and all divisions, districts and upazilas also held discussion program.
 - iii. For proper celebration of this special day other special activities are taken such as publishing leaflets, banners, festoons, talk-show in national and private channels, special page in national dailies, airing theme song and achievements of DGFP are scrolled through-out the day. A special TV/Media award is presented to best journalists and family planning's best workers are prized for his contribution.
- d. Arrangement of Special Service Week 2020:
- e. Last year from 6-8 december, 2020 a special service and dissemination week is observed nationally maining all health guidelines. A special program was arrange at lalkuthi hospital mirpur in presence of Hon'able minister Zahid Maleque. Several special service delivery related activities and discussion program are held across the country.
- f. Call Centre: 'Sukhi Poribar 16767' is speacilised branding arrangement by DGFP for the dissemination of family planning maternal and child health related counseling and information.
- g. Radio and TV program: Bangladesh television and Bangladesh Radio arranges special as well as regular program on dissemination of family planning maternal and child health issue related program.



Family Welfare Service & Campaign Week 2020 evaluation meeting and Award giving Ceremony at DGFP



Mr. Zahid Maleque, MP, Honorable Minister, Ministry of Health & Family Welfare is in inauguration ceremony of Family Welfare Service & Campaign Week 2020.



Inauguration of Family Welfare Service & Campaign Week 2020

Clinical Contraception Services Delivery Program, DGFP**Special Activities in 2020-2021****a. Study on Causes and Consequences of Low Uptake of IUD Dissemination Workshop**

Under the initiatives of CCSDP of DGFP and assistance from Intrgrated Solutions(ISL) a workshop was arranged at IEM conference centre in 6th October 2021 in DGFP named as Dissemination Workshop on Study on Causes and Consequences of Low Uptake of IUD. Respected Director General (Grade-1). Directorate General of Family Planning Mrs Shahan Ara Banu graced the program as a chief guest. Line Director Dr Nurun Nahar Begum, CCSDP acted as a chairperson in the program. Other special guests include:

- i. Mr Hemayet Hussien, Additional Secretary and Director (admin) DGFP
- ii. Khan MD Rezaul Karim Additional Secretary and Director (MIS) DGFP
- iii. Mr Abdus Salam Khan, Joint Secretary(Planning), MEFWD, MOHFWD
- iv. Dr Mohammed Sharif, Director(MCH-service) & Line Director.

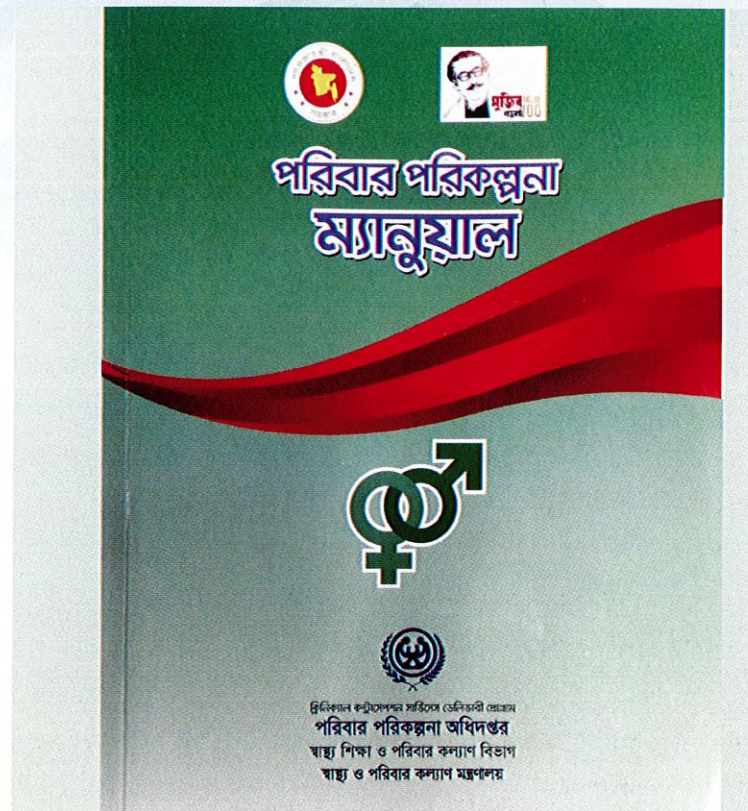
.After the formal presentation, a live discussion was held where several participants expressed their valuable comments to enrich the program.

b. Family Planning Handbook for Medical Students and Physicians

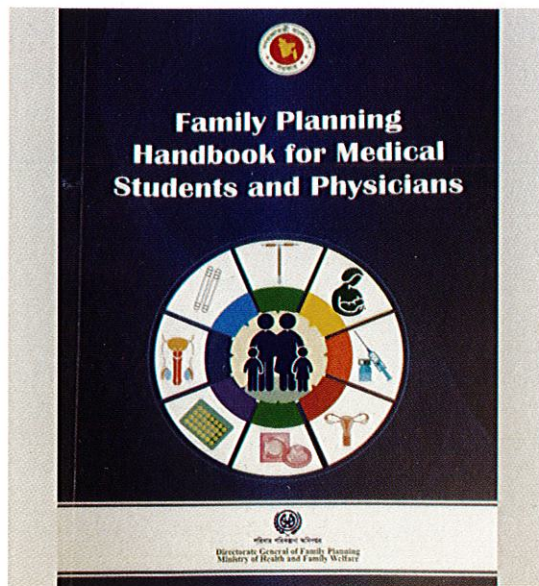
Under the initiatives of of CCSDP of DGFP and Technical assistance from UNFP with the active participation of respected professor's of OGSB and Center for Medical Education, Directorate General of Medical Education a Handbook was Family Planning Handbook for Medical Students and Physicians was prepared. For this, a special program arranged at IEM conference centre in 27-28 September 2021 in DGFP. Hon'able Secretary of Medical Education & Family Welfare Division Mr Ali Nur graced the program as a chief guest. Respected Director General (Grade-1). Directorate General of Family Planning Mrs Shahan Ara acted as a chairperson in the program. Other special guests include:

- v. Mr Pof. A.H.M. Enayet Hossain, Director General. DGMED.
- vi. Md. Shahjahan, Director General, NIPORT.
- vii. Prof Dr. ABM Maksudul Alam, Vice president, BMDC
- viii. Dr Vivhavendra Ragubanshi, Chief of Health, UNFPA.

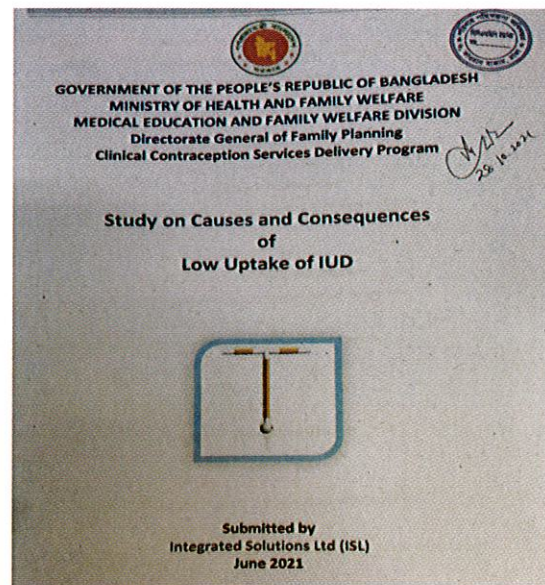
.After the formal presentation, a live discussion was held where several participants expressed their valuable comments to enrich the program.



Family Planning Manual



Family Planning handbook for Medical Students and Physicians



Study Report on Causes & Consequences of Low Uptake of IUD

Family Planning-Field Services Delivery (FP-FSD), DGFP**Special Activities in 2020-21****FP-FSD, DGFP is ensuring FP-MCH Services at Ready Made Garments (RMGs) through GO-NGO synchronization**

Bangladesh has achieved admirable development in FP and SRHR services. FP program has been successful in terms of reduced Total Fertility Rate (TFR) at 2.3 and increased Contraceptive Prevalence Rate (CPR) at 62% (BDHS 2017-18) from the level of 6.3 and 8 in 1975 respectively. Moreover, the contribution of FP in reduction of MMR is 1.59 (per thousand). Therefore, the target is revised and projected to be achieved by 2022.

At RMGs, around 5.4 million population works where 70% of them are women and they usually are of reproductive age and a good number of them are married and young couple. A study revealed that the average age of marriage for the female and male workers is 17 and 24 years respectively and they are still so far of information and availability of FP services. Moreover, SRHR of those women have to be ensured through proper FP intervention. Considering the above situation and essentiality FP-FSD, DGFP has taken different initiatives for RMGs:

- i. Providing FP training to service providers (Managements, Doctors, Nurses and Paramedics) of RMGs;
- ii. On that basis in the 4th sector program (2017-2022)- FP-FSD, DGFP providing training to Doctors, Paramedics and Nurses in 500 garments. During 2017-2021 FP-FSD, has already provided training to 400 RMGs on FP-MCH & SRHR in Dhaka, Narayanganj, Gazipur and Chattoagram districts;
- iii. Established "SRH Forum for RMGs" with NGOs who are working together;
- iv. Signed agreement with BGMEA and BKMEA with coordination of NGOs and development partners;
- v. Strengthening supply side of FP commodities at RMGs who has received training from FP-FSD, DGFP;
- vi. Monitoring the activities and developed a SRHR training manual recently.



6th SRH Forum Meeting for RMGs” and RMG Training at Gazipur

However, it is now essential to make the initiative participatory by including more factories to provide training and for supply chain development. Need to work with a common objective to improve the SRHR situation of female workers and advocate for the improvement and work in broader aspect with coordination. It is also essential for changing ideas and best practices of compliance factories. Needed to follow up the services and supply chain mechanism with support of FP-FSD, BKMEA, BGMEA and respective NGOs. FP-FSD will also promote the services in the factory through different activities



6th SRH Forum Meeting for RMGs” and RMG Training at Gazipur

Volunteers are playing a vital role at grassroots level to ensure FP-MCH services

The Operation Plan (OP) has been developed based on the strategic directions as mentioned in Health, Nutrition and Population (HNP) Strategic Investment Plan (SIP) 2016-2021, which aims to ensure that equitable and quality HNP services are provided for the people across the country in an efficient manner. Addressing challenges related to population growth and to attain replacement levels of fertility through an integrated family planning program has been given highest priority and the outcome level targets on FP for next five years have been set in alignment with the 7th Five Year Plan and government’s commitment for SDGs and FP2020.

Based on the positive lessons learned in terms of increased contraceptive coverage in number of hard to reach upazilas where volunteers hired against vacant positions of FWAs during the last sector program. So, as per OP FP-FSD has recruited volunteers for selected hard to reach and low performing upazilas of the country.



Volunteers training at Bhola

- FP-FSD has recruited more than 600 Volunteers in the selected hard to reach upazilas of the country and trained them on basic knowledge on FP-MCH in hard to reach and low performing areas where we had limited number of FWA positions and less Contraceptive Acceptance Rate (CAR);
- After this initiative, FP-FSD has also provided logistic support to the volunteers and monitoring the intervention areas to increase CAR which will also contribute to increase CPR (62% to 75% as per projection of 2022);
- The volunteers are not only supporting for FP-MCH services in parallel they are also raising awareness and increasing community participation in their catchment areas.

However, refresher training to the recruited volunteers and proper monitoring of their activities will support to strengthen and implement this initiative properly. As it is a successful intervention of FP-FSD at grassroots level so more demand increased to implement this initiative in other similar types of challenging areas/upazilas all over the country.

Family Planning Facilitators are playing the role as catalyst to improve the quality of care and strengthening FP-MCH Services

Project Implementation Plan (PIP) stated Health and Family Planning research as an integral part of program implementation while ensuring evidence-based practice in achieving demographic goals in the 4th sector program. Family Planning-Field Services Delivery (FP-FSD) is one of the seven operational plans of Directorate General of Family Planning (DGFP) with diversified activities aiming to strengthen family planning field services delivery including supply of short-term contraceptives.

FP-FSD has identified different interventions to ensure evidence-based practices. Key challenges identified in the areas of readiness of FP service facilities, shortage of human resources, low LARCPM users, less engagement of GO-NGO-Local Govt, fragmented MIS & LMIS, postpartum family planning (PPFP), menstrual regulation (MR), post abortion care (PAC) services, less facility delivery and lack of knowledge & counselling on FP-MCH services. To address those challenges key activities are strengthening of FP services, intensify demand generation of FP services, improving the quality of FP counseling and service delivery and regional service package for low performing districts.

So, considering the above issues FP-FSD, DGFP has hired 18 Family Planning Facilitators and one National Coordinator to cover 25 districts (Noakhali, Bandarban, Cox's Bazar, Sunamganj, Dhaka, Gazipur, Munshiganj, Narayanganj, Bagherhat, Pirojpur, Barguna, Patuakhali, Bhola, Kishoreganj, Netrokona, Kurigram, Gaibandha, Bogura, Sirajganj, Jamalpur, Sherpur, Sylhet, Moulvibazar, Rangamati and Khagrachari) from 2017-2019.



The National level performance review meeting in 2021.

FP Facilitators were deployed to these low-performing and some hard to reach districts to provide technical guidance to local managers and service providers in strengthening routine monitoring of FP-MCH services and uninterrupted supply of contraceptives. DGFP has emphasized to strengthen routine and supervision systems for contraceptive availability and FP performance at district and sub-district levels with the technical support from UNFPA Bangladesh. To achieve the national and FP-2020 targets “Family Planning Facilitator” was recruited at the district level for low performing districts to boost up the FP-MCH and quality of services program in the assigned areas.

The FP Facilitators are visiting the facilities, providing oversight and guidance for reporting, checking registers and providing on-the-job training. DGFP has also developed a mobile application to track their location and activities to increase accountability. In the reporting period, they have visited many facilities including UH&FWCs, satellite clinics to oversee the physical infrastructure of the facilities, supporting to ensure availability of commodities and supplies, supporting for quality of services and record keepings. They are also performing as catalyst to strengthen coordination and communication among GO-NGO-Local Govt-Private Sector and Community peoples.

As FP Facilitators are playing an important role for strengthening FP-MCH system and supporting to ensure quality of care along with DGFP and other stakeholders. So, still it is essential to continue this team for future way forward.

**MCH Unit , DGFP****Special Activities in 2020-21****Establishing Breast Feeding Corner**

Breast Feeding Corner arranged by MCH unit

Breast milk provides the ideal nutrition for infants. It has a nearly perfect mix of vitamins, protein, and fat -- everything your baby needs to grow. And it's all provided in a form more easily digested than infant formula. Breast milk contains antibodies that help your baby fight off viruses and bacteria. Breastfeeding lowers your baby's risk of having asthma or allergies. Plus, babies who are breastfed exclusively for the first 6 months, without any formula, have fewer ear infections, respiratory illnesses, and bouts of diarrhea. They also have fewer hospitalizations and trips to the doctor.

Breastfeeding has been linked to higher IQ scores in later childhood in some studies. What's more, the physical closeness, skin-to-skin touching, and eye contact all help your baby bond with you and feel secure. Breastfed infants are more likely to gain the right amount of weight as they grow rather than become overweight children. The AAP says breastfeeding also plays a role in the prevention of SIDS (sudden infant death syndrome). It's been thought to lower the risk of diabetes, obesity, and certain cancers as well, but more research is needed. DGFP has set up breast feeding corner in its three specialized hospitals in dhaka as well its

Adolescent Friendly Health Corner and Counselling

DGFP has set up Adolescent Friendly corner in 100 facilities across the country as well as Published Adolescent news letter.



Adolescent girl receiving counselling arranged by MCH unit



Adolescent Friendly Health corner and counseling Centre



Mr. Zahid Maleque, MP, Honorable Minister, Ministry of Health & Family Welfare is in inauguration ceremony at MCHTI Lalkuthi Mipur.

Logistics and Monitoring Unit

Special activities in 2020-21

a) Introducing of e-GP in procurement process

Logistics monitoring unit began its formal journey in introducing/assimilating e-GP in its procurement process in 2015 thereby ensuring transparency and accountability. 4th HPNSP sector program activities collaborated with world bank by signing and complying Disbursement Link Indicator(DLI) and Disbursement Link Result (DLR) which are the salient features of e-GP. The following table shows e-GP based packages and its achievement.

Financial year	No. of e-GP based Packages	Package implementation success of national competitive tender (NCT) % in e-GP
2018-19	35	50%
2019-20	25	80%
2020-21	35	71%
2021-22	31	83%

According to Disbursement Link Indicator (DLI) all government procurement process will follow 100% percent e-GP within 2022.

b) Supply Chain Management Portal(SCMP) , Upazila Inventory Management System(UIMS), Warehouse Inventory Management System(WIMS)

Logistics monitoring unit has fully digitized its stock preservation, distribution and reporting system in 2010. To effectively track its stock and supply chain system in its several layers, a fully web based portal named as Supply Chain Management Portal(SCMP) has been launched which won 1st prize in Hon'able prime ministers Digital Innovation Fair. The portal -from national to grass-root level – developed 30,000 'Service Delivery Point'(SDP) to track its stock as well as supply chain in all tiers thereby ensuring the security of contraceptives. Now, such software are being used to prevent any types of stock-out of contraceptives and ensure constant supply of family planning and maternal health materials. From central ware house to root-level measures like SDPs contraceptive demand sorting, supply chain related information has been digitized by using Upazila Inventory Management System software and effective coordination with central and local level wares are done by Warehouse Inventory Management System(WIMS).



Honorable Former Secretary Mr Ali Noor delivering speech at a program



Participants making valuable comments at the program arranged by L&S Unit

Electronic Management System (e-MIS) Overview

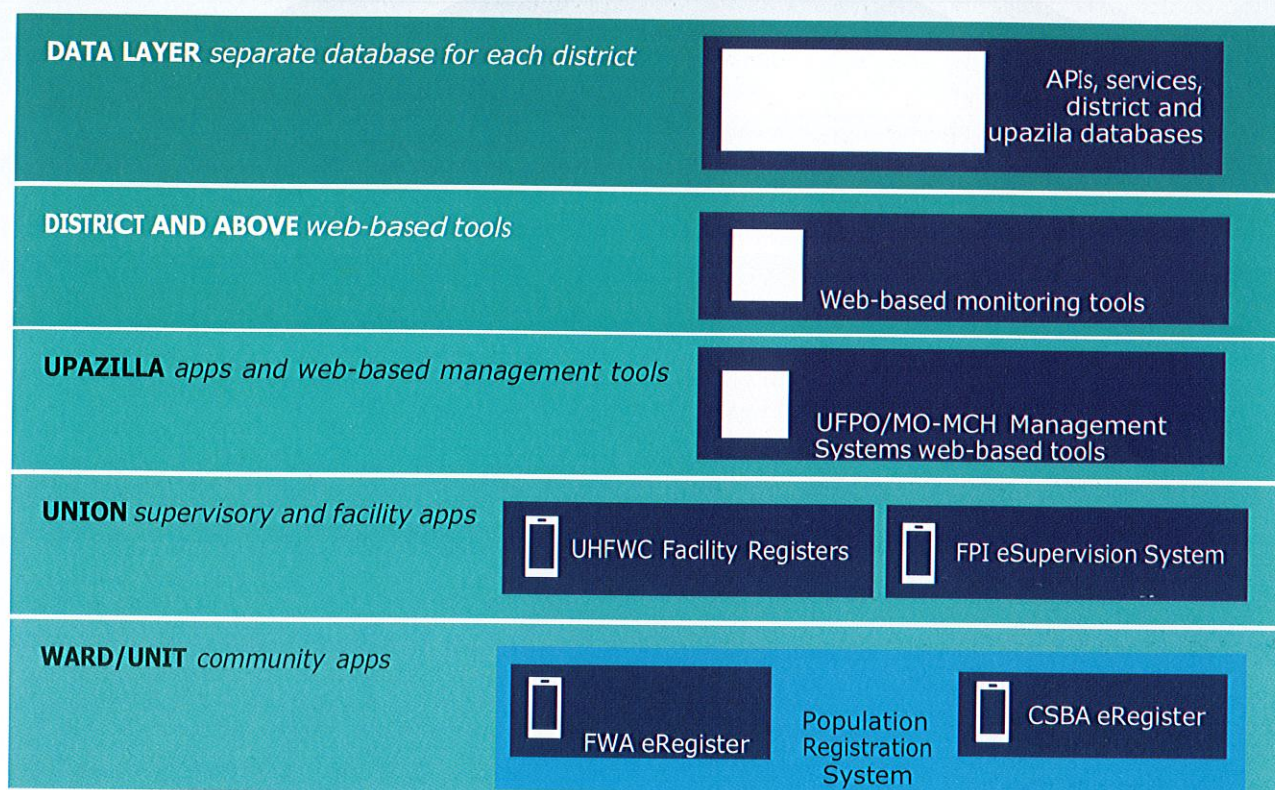
- According to 4th HPNSP sector program MIS unit of DGFP - in accordance with Hon'able Prime ministers' 2008 vision Digital Bangladesh- has started its first steps to digitize reporting system across the country. In the existing traditional manual reporting system paper based registers and forms are used to collect, summarize and compile family planning and maternal health information. It is no exaggeration that manual system is lengthy, laborious and time-consuming. Moreover, if any upazila or union fail to send information timely that causes several difficulties in local as central level reporting system. Such delays affect timely compilation monthly and annual reporting system. To overcome such barriers, electronic based reporting system has been launched in two districts-Tangail and Habiganj- as a pilot project in 2015. After that gradually e-MIS system is being scaled up from 2018 across the country with the technical support and sponsor of USAID, icddr, Save the Children, Measure Evaluation, Mamoni MNCSP.

EMIS TOOLS AND THEIR IMPLEMENTATION

- The eMIS initiatives aimed to automate the business processes of community-level family planning workers under the DGFP using ICT. As a result, comprehensive and interlinked electronic tools were developed for FWAs, FPIs (i.e., the supervisors of the FWAs working at the community level), and FWVs and SACMOs working in the union-level facilities called Union Health and Family Welfare Centers (UHFWCs). The digitization efforts were based on the tools of their trade, such as paper registers, official documents, and instructions.
 - The eMIS tools are available on mobile devices or tablet personal computers and fit the category of mobile health (mHealth) applications. Mobile devices are portable and cheaper than laptops, have a longer battery life, and can easily be connected to the Internet. In order to address the unpredictability of the Internet connections, the apps were designed to work both offline and online. eMIS data are immediately stored on the device and subsequently uploaded to a central server whenever an Internet connection is established. The central database allows data to be viewed or downloaded by supervisors and managers, as needed for decision making, through web applications.
 - Architecture of eMIS
 - The eMIS tools are organized in three layers
- **Population Registration**
- Community and facility modules or apps for services and service data which cover the domiciliary and facility levels
- Supervisory, monitoring, and management tools (for supervisors, upazila/district-level managers, and decision makers), as described below:
- **Population Registration System (PRS).** The PRS is foundational to the eMIS. The FWAs start their work by collecting the particulars of all individuals and the socioeconomic status of the households in their catchment area through the PRS. The individuals are assigned a unique HID upon registration, and they then become entitled to HID cards. The unique HID is generated by SHR (Directorate General of Health Services, 2019), a system developed by the DGHS. Such registration allows for the tracking of individuals who have received any services.

- **Community and Facility Modules.** These apps were developed for use in community settings (such as homes) or in the rural facility setting by community health workers and providers working in first-line facilities (UHFWC). These apps are categorized as community- and facility-based systems:
 - **Community Apps.** The FWA eRegister is based on the FWA Register and is used by FWAs. There is also a community skilled birth attendant (CSBA) eRegister, which is based on the Maternal and Newborn Care (MNC) eRegister, a part of the Facility eRegister. The CSBAs are FWAs who have received training to perform as CSBAs. The data entry forms and reports within these applications are exact replicas of the paper-based registers, forms, and instructions. The FWAs collect data on different services during household visits, which are recorded in eRegisters.
 - **Facility Apps:** The DGFP maintains first-line facilities called UHFWCs to provide maternal and child care, family planning, and general patient services. The Facility eRegister is meant for use by FWVs and SACMOs at UHFWCs. There are three parts in this eRegister: the MNC eRegister, the family planning eRegister, and the general patient eRegister. The facility apps are also used to conduct partial PRS for anyone who has not been registered and who is visiting facilities for services—identified as NRCs. The apps capture transactional data on services provided to individuals.
 - All the apps generate the requisite reports for compilation at the upazila level and submission to national headquarters.
- **Supervisory, Monitoring, and Management Tools.** These are apps on tablets as well as web-based tools for monitoring the activities of the workers. They are used to perform supervisory and administrative tasks. System maintenance tools are used by developers or technical people.
 - Supervisory app for FPIs (FPI eSupervision System) and management tool for UFPOs (UFPO eManagement System).
 - Monitoring tools are used by supervisors and managers, as well as decision makers at the central level. Month-end reports are viewed/generated using these tools. The tools help the users to monitor the activities or performance of individual workers, such as the status of population registration, the number of ELCOs on different methods, and distribution of reproductive health commodities. These could be used to view indicators and statistics at UHFWCs and satellite clinics, and to review advance work plans.
 - System maintenance tools are used at the central level by developers, administrators, and other authorized users. These can be used to assign access to users, prepare reports, assign work areas, and manage providers.

The following figure shows a snapshot of the architecture of the eMIS in simplified form.



The eMIS tools replicate the content of existing paper registers, instructions, and guidelines of the DGFP. Central to eMIS architecture is the use of mobile technology in a cloud-based environment. Regular syncing between handheld devices and the cloud database ensures availability of data to all the users, whether working at the community level, at facilities, or as managers, while safeguarding a copy of the data.

eMIS scale up: Current Status(Nov 2021)

Division	Number of District Covered	Number of Upazila Covered	Community Module (Upazilas Covered)	Facility Module (Upazilas Covered)	Remarks
Barishal Div.	03	20	10	10	
Chattogram Div.	11	102	79	23	
Dhaka Div.	06	44	15	31	
Khulna Div.	03	15	6	9	
Mymensingh Div.	-	-	-	-	
Rajshahi Div.	02	16	9	7	
Rangpur Div.	08	58	23	35	
Sylhet Div.	04	38	19	19	
Total	37	293	232	134	



Picture

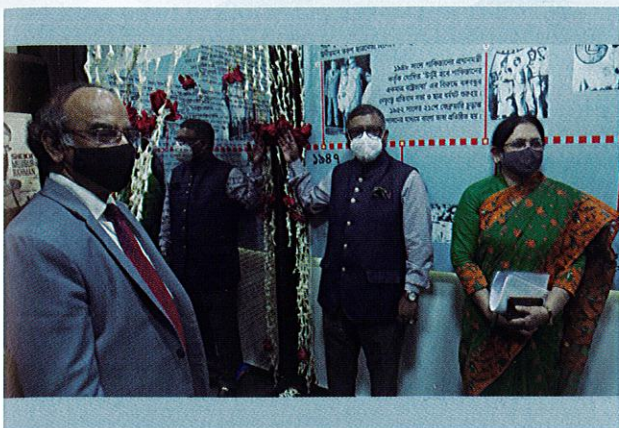
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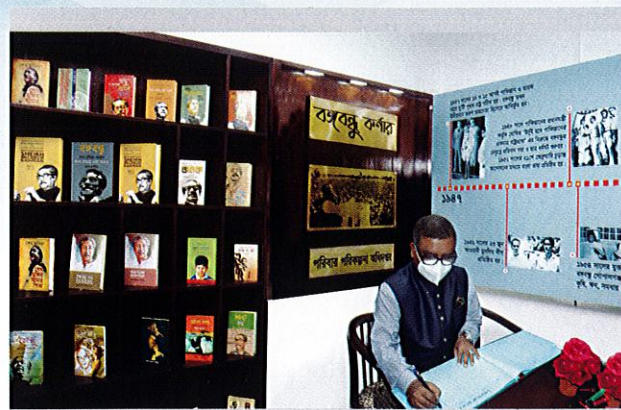


Mrs
Call

MIS



Mr. Zahid Maleque, MP Honorable Minister, Ministry of Health & Family Welfare visiting 'Mujib Corner' at DGFP.



Mr. Zahid Maleque, MP Honorable Minister, Ministry of Health & Family Welfare giving observation in the book of 'Mujib Corner' at DGFP.



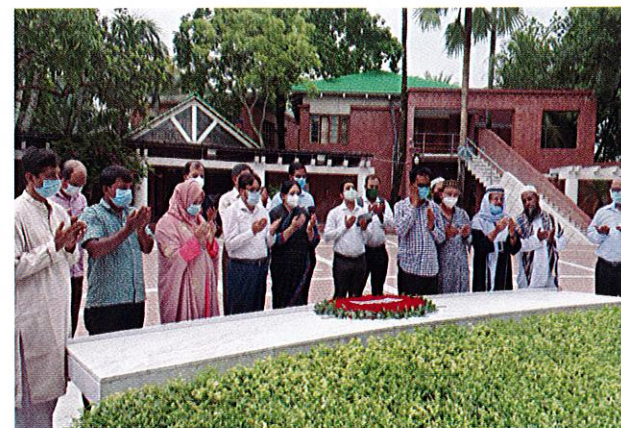
Mr Abdur Rahim, Upazila Family Planning Officer, Kapasia Gazipur receiving Public Service Award, (PSA), 2020 under the gracious presence of Honorable Prime Minister Sheikh Hasina.



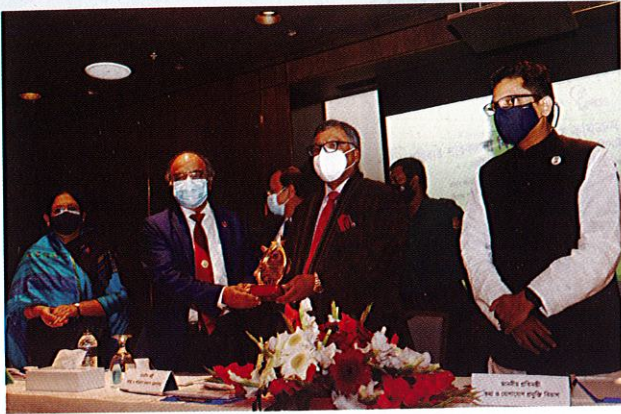
Distinguished officials who received public service award 2020 are at the photo session under the gracious presence of Honourable Prime Minister Sheikh Hasina.



Mrs Shanan Ara Banu, ndc , Director General of DGFP visiting Call Centre arranged by IEM Unit, DGFP.



Mrs Shanan Ara Banu, ndc , Director General of DGFP visting and offering prayers at Bangabandhu Sheikh Mujibur Rahmans' graveyard at Tungipara, Gopalganj on 31.08.2020.



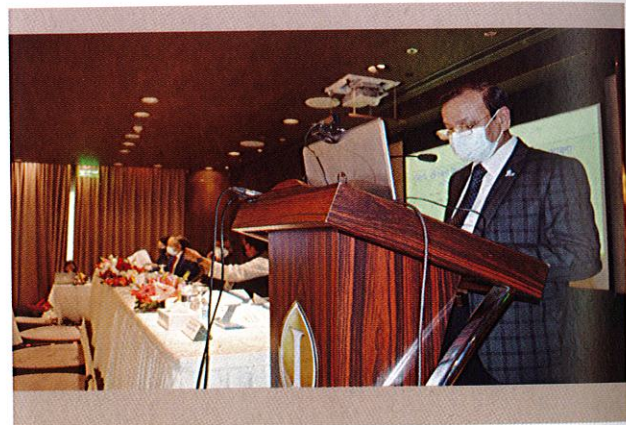
Mr. Zahid Maleque, MP, Honorable Minister, Ministry of Health & Family Welfare and Mr. Zunaid Ahmed Palak, MP, Honorable State Minister of ICT are at Paperless inauguration ceremony of four districts.



Mr. Zahid Maleque, MP, Honorable Minister, Ministry of Health & Family Welfare is with other high officials of Ministry and DGFP on e-MIS Tab distribution.



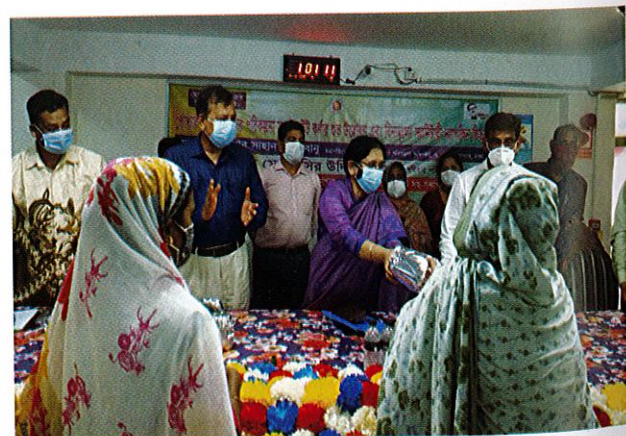
Mr. Zunaid Ahmed Palak, Honorable State Minister of ICT is speaking at paperless inauguration ceremony of four districts.



Mr Khan Md Rezaul Karim, Director (MIS) Speaking at paperless ceremony of four districts.



Mrs Shahan Ara Banu, ndc, Director General of DGFP speaking at Trouble-shooting Training on eMIS at DGFP.



Mrs Shahan Ara Banu, ndc, Director General of DGFP is distributing sanitary pads to garments workers at Narayangonj.



Mr. Zahid Maleque, MP, Honorable Minister, is inaugurating Service and Campaign Week, 2020.



All UH&FWCs received refrigerator from the support of local administration at Brahmonbaria Sadar Upazila.



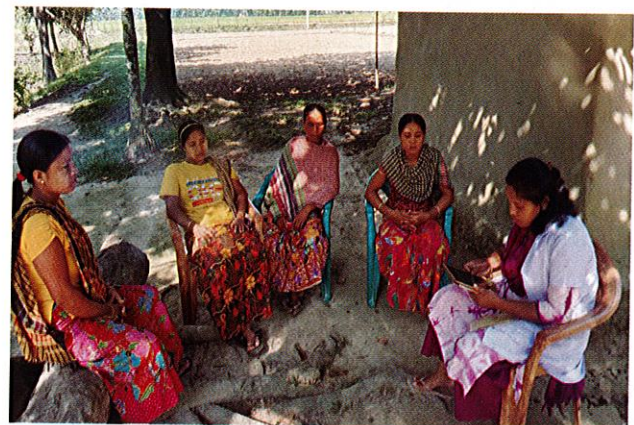
Director (MIS) Mr Khan Muhammad Rezaul Karim at e-register Training at Bandarban.



Newly recruited 38th BCS (Family Planning) cader officials at DGFP.



Population Registration and Data Entry in Tabs. at Bandarban.



Population Registration and Data Entry in Tabs. at Bandarban.



Documentary program on Adolescent Health in a School at Bogura district arranged by IEM unit, DGFP.



Adolescent Friendly Health corner and Counseling Centre.



Call Centre Service in IEM Unit, DGFP.



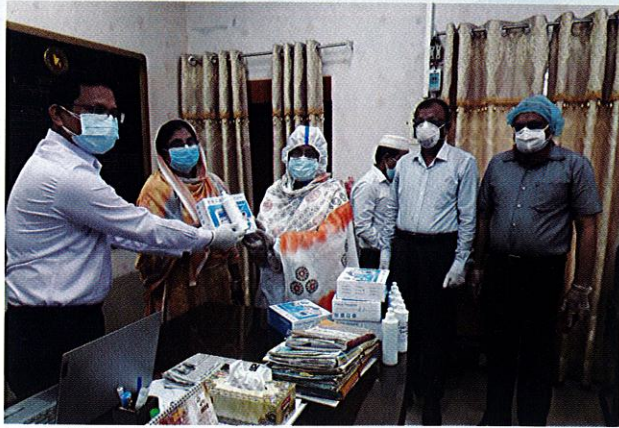
Field level staffs are busy in compiling and preparing report using Tabs.



Population Registration and Data Entry in Tabs. at Manikganj.



Population Registration and Data Entry in Tabs. at Bandorban.



UH&FWC centers at Brahmonbaria Sadar Upazila received Fetal Doppler Machine for Maternal Health Check-up from the support of local administration.



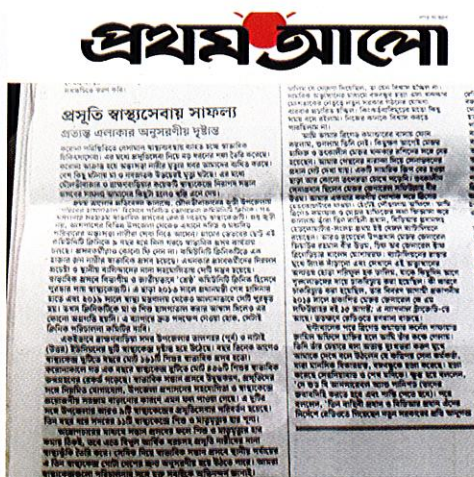
Mrs. Shanan Ara Banu, ndc, Director General of DGFP is visiting a Brahmonbaria UH&FWC centre.



Population Registration and Data Entry in Tabs. at Manikgong.

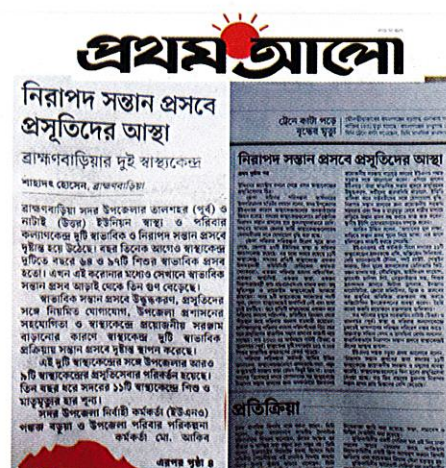


Population Registration and Data Entry in Tabs. at Manikganj.



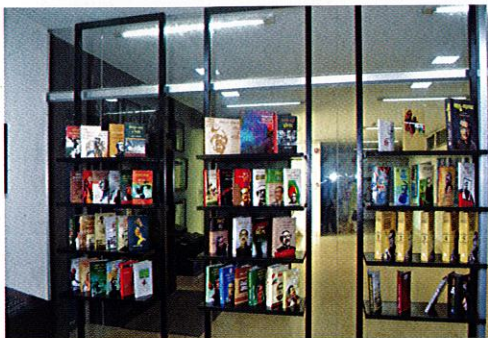
Prothom Alo Newspaper gave rave reviews of the service given in Brahmonbaria Sadar Upazila in 15.08.2021

Leading newspaper Prothom Alo giving rave reviews of the service given at Brahmonbaria Sadar Upazila at 15.9.2021.



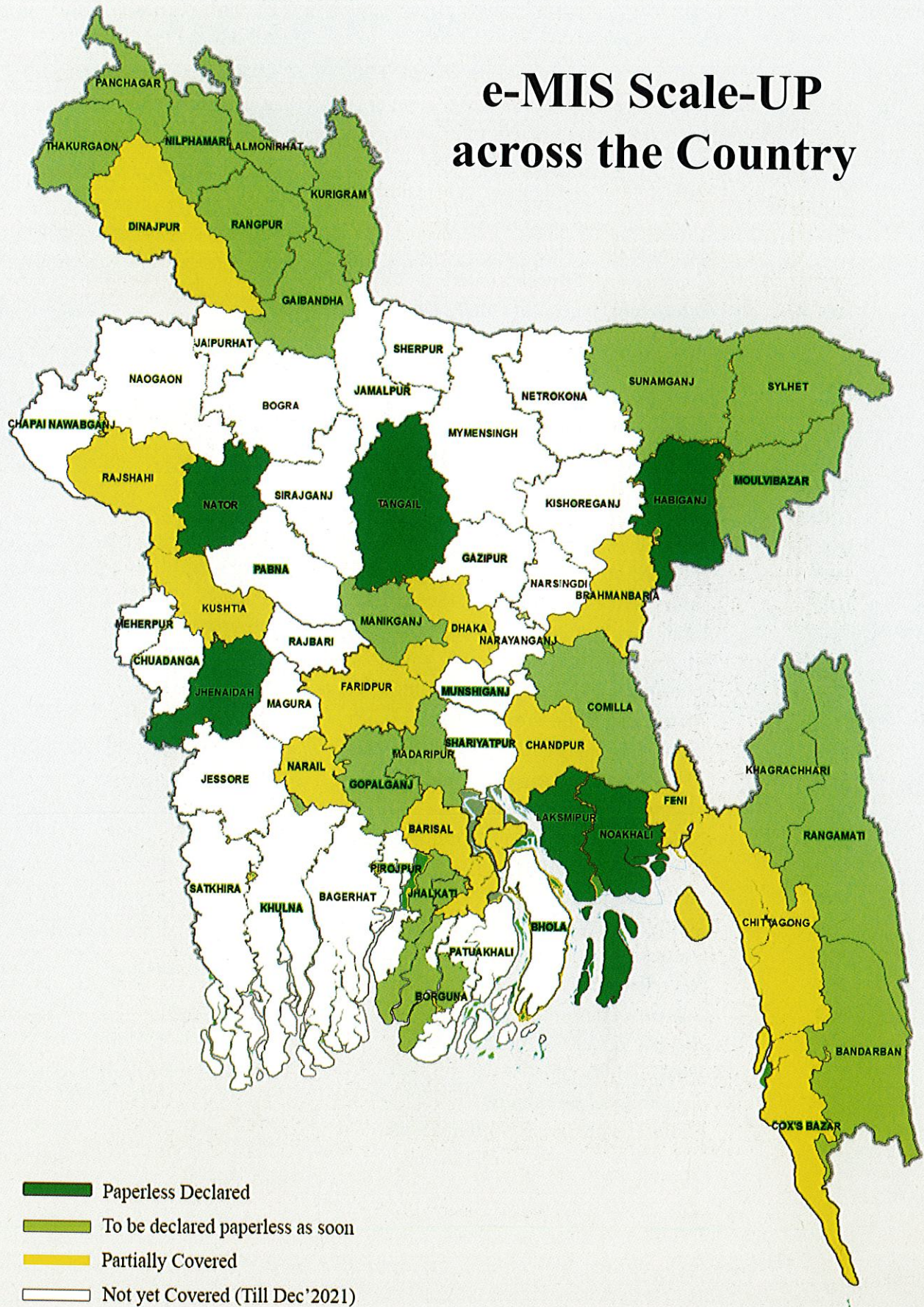
Prothom Alo Newspaper published special report highlighting the service given in Brahmonbaria Sadar Upazila in 13/08/2021

Leading newspaper Prothom Alo published a leading report highlighting the service given at Brahmonbaria Sadar Upazila at 13.9.2021.



Bangabandhu Corner at DGFP.

e-MIS Scale-UP across the Country



- Paperless Declared
- To be declared paperless as soon
- Partially Covered
- Not yet Covered (Till Dec '2021)



ACRONYMS

ANC	Antenatal Care
ARH	Adolescent Reproductive Health
BDHS	Bangladesh Demographic and Health Survey
CAR	Contraceptive Acceptance Rate
CC	Community Clinic
CPR	Contraceptive Prevalence Rate
DGFP	Directorate General of Family Planning
ELCO	Eligible Couple
FPI	Family Planning Inspector
FWA	Family Welfare Assistant
FWV	Family Welfare Visitor
FWVTI	Family Welfare Visitor Training Institute
HPSP	Health and Population Sector Program
HPNSP	Health, Population and Nutrition Sector Program
IFA	Iron and Folic Acid
IMR	Infant Mortality Rate
IUD	Intra Uterine Device
IYCF	Infant and Young Child Feeding
MCH	Mother and Child Health
MCHTI	Maternal and Child Health Training Institute
MCWC	Mother and Child Welfare Center
MFSTC	Mohammadpur Fertility Services & Training Center
MIS	Management Information System
MMR	Maternal Mortality Ratio
NGO	Non Government Organization
NMR	Neonatal Mortality Rate
NRR	Net Reproduction Rate
NSV	Non Scalpel Vasectomy
PNC	Postnatal Care
RTI	Reproductive Tract Infection
STI	Sexually Transmitted Infection
SVRS	Sample Vital Registration System
TFR	Total Fertility Rate
UHC	Upazila Health Complex
UHFWC	Union Health Family Welfare Center



MIS is the store of Information of DGFP. In 1979 the MIS unit was created from the then Research Evaluation Statistics and Planning (RESP) under the Directorate General of Family Planning. Prior to the creation of the MIS unit there was no regular system of reporting on the progress of National Family Planning Program performance. Since its inception the MIS has endeavored towards establishing a regular system of data collection and reporting on National Program Performances of Family Planning, RH & MCH Services.

**Management Information System (MIS)
Directorate General of Family Planning
Medical Education and Family Welfare Division
Ministry of Health and Family Welfare
6, Kawran Bazar, Dhaka 1215**

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