



BANGLADESH NATIONAL ACTION PLAN

for POST-PARTUM, POST-MENSTRUAL
REGULATION and POST-ABORTION CARE
FAMILY PLANNING



Clinical Contraception Services Delivery Program
Directorate General of Family Planning

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



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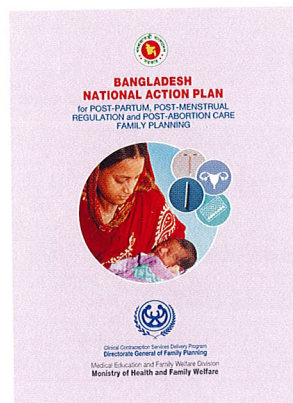
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BANGLADESH NATIONAL ACTION PLAN

for POST-PARTUM,
POST-MENSTRUAL REGULATION
and POST-ABORTION CARE
FAMILY PLANNING

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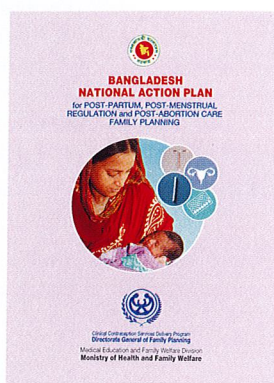
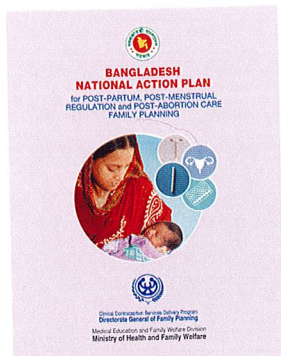


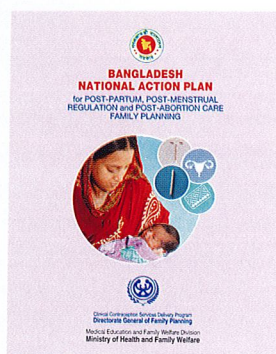
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Abbreviation and Acronyms

ANC	Antenatal Care
BCC	Behavior change communication
BDHS	Bangladesh Demographic Health Survey
BHE	Bureau of Health Education
CBHC	Community Based Health Care
CCSDP	Clinical Contraception Services Delivery Program
CG	Community Group
CSG	Community Support Group
CS	Civil Surgeon
DDFP	Deputy Director of Family Planning
DDO	Drawing and Disbursement Officer
DG	Director General
DGFP	Directorate General of Family Planning
DGHS	Directorate General of Health Services
ECP	Emergency contraceptive pill
EHB	EngenderHealth Bangladesh
FP	Family planning
FPCS-QIT	Family Planning Clinical Supervision and Quality Improvement Team
FP/RH	Family planning/reproductive health
FWA	Family Welfare Assistant
FW V	Family Welfare Visitor
GO	Government order
GOB	Government of Bangladesh
HA	Health Assistant
HSS	Health System Strengthening
IEC	Information Education and Communication
IEM	Information Education and motivation
IUD	Intrauterine device
LAM	Lactational Amenorrhea Method
LD-CCSDP	Line Director, Clinical Contraception Services Delivery Program
LD-IEC	Line Director, Information, Education & Communication
L&S	Logistics and Supply
MCH	Maternal and child health



Abbreviation and Acronyms

MCH-S	Maternal and child health services
MCRAH	Maternal, child, reproductive and adolescent health
MEC	Medical Eligibility Criteria
MIS	Management information system
MH	Maternal health
MNC&AH	Maternal, Neonatal, Child and Adolescent Health
MO	Medical Officer
MO (MCH-FP)	Medical Officer, Maternal Child Health and Family Planning
MR	Menstrual Regulation
NGO	Nongovernmental organization
NHSDP	NGO Health Service Delivery Project
NTC	National Technical Committee
OGSB	Obstetrical and Gynecological Society of Bangladesh
PAC	Post-Abortion Care
PHC	Primary Health Care
PM	Permanent method
PNC	Postnatal Care
POP	Progesterone only pill
PP	Post-Partum
PPFP	Post-Partum Family Planning
PPP	Public Private Partnership
QI	Quality Improvement
RH	Reproductive health
SIAPS	System for Improved Access to Pharmaceutical Services
SMC	Social Marketing Company
UFPO	Upazila Family Planning Officer
UHC	Upazila Health Complex
UH&FPO	Upazila Health and Family Planning Officer
UH&FWC	Union Health and Family Welfare Center
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WHO	World Health Organization

Background

Globally, Family Planning (FP) is recognized as a key life-saving intervention for mothers and their children (WHO 2012). If couples use FP and space their pregnancies more than two years apart, more than 30% of maternal deaths and 10% of child mortality can be prevented (Cleland et al. 2006). Research shows that spacing of at least three years between the beginning of one pregnancy and a subsequent pregnancy has optimal health benefits for the mother and newborn.^{1,2,3}

Post-Partum Family Planning (PPFP) aims to prevent the high risk of unintended and closely spaced pregnancies during the first year following childbirth. It is one of the highest impact interventions to avoid increased risk of premature birth, low birth weight, fetal and neonatal death, and adverse maternal health outcomes. The unmet demand for PPFP services remain high in many countries, resulting in a failure to achieve Healthy Timing and Spacing of Pregnancies (HTSP) and indirectly contributing to high rates of maternal and child mortality.

Therefore, PPFP has an important role to play when developing and implementing strategies to reduce the unmet need for FP. Post-partum girls and women are among those with the greatest unmet need for FP. Yet they often do not receive the services they need to support longer birth intervals or reduce unintended pregnancy and its consequences.

PPFP can address the needs of those who wish to have children in the future (referred to as 'spacers'), as well as those who have reached their desired family size and wish to avoid future pregnancies (referred to as 'limiters').



Family Planning (FP)
is **recognized** as
key life-saving
intervention
for **mothers** and
their **children**

¹ "Healthy Timing and Spacing of Pregnancy: A Trainer's Reference Guide", 2008. USAID and ESD Project

² "Healthy Timing and Spacing of Pregnancies: A Pocket Guide for Health Practitioners, Program Managers, and Community Leaders", 2006. USAID and ESD Project

³ WHO. 2005. Report of a WHO technical Consultation on Birth spacing. Geneva: Switzerland

Justification for a Bangladesh National Post-Partum, Post-Menstrual Regulation and Post-Abortion Care Family Planning information and services

In Bangladesh, slightly over three million births take place every year, and approximately 1.1 million take place at the facility level; 400,000 in the public sector and the remaining in private health centers. In addition, approximately 1.3 million illegal abortions and legal Menstrual Regulation (MR) procedures are performed annually (Singh et al 2011). Therefore, approximately 4.3 million girls and women are in need of Post-Partum, Post-Menstrual Regulation (MR) and Post Abortion Care (PAC) Family Planning information, counseling and services each and every year. In Bangladesh, the current national unmet need for FP is 12% (BDHS 2014), with a higher unmet need during the Post-Partum, Post-MR and PAC periods.

Hence, service providers should be capacitated to provide FP methods (especially long acting and permanent) during the Post-Partum, Post-MR and PAC periods.

Development of the Bangladesh National Post-Partum, Post-Menstrual Regulation and Post-Abortion Care Family Planning Action Plan

The National PP, Post-MR and PAC Family Planning Action Plan was developed by the steps described below.

1 Workshop

In June 2015, FP2020 and JHPIEGO convened the global workshop, “Accelerating Access to Post-Partum Family Planning (PPFP) in Sub-Saharan Africa and Asia”, in Chiang Mai, Thailand. It was attended by 172 participants from 16 countries, including a team of nine from the Bangladesh MOH&FW, NGOs, Implementing Partners, UNFPA and USAID. One of the key objectives of this workshop was for each country team to develop a PPFP National Action Plan for scaling-up Post-Partum Family Planning services in its country.



4.3 million
girls and women
are in need of
PPFP Services
each & every
year

2 Director General of DGFP formed PPFPP Working Group

Upon returning from the workshop, based on the recommendation of the Bangladesh PPFPP Team, the Director General of the Directorate General of Family Planning formed a 15-member working group named the 'PPFPP Working Group'. It was comprised of Government, NGOs, Implementing Partners and Development Partners to finalize the National PPFPP Action Plan and to begin the scale-up nationwide. At that time, it was also recognized that Bangladesh also needed to address the need for family planning among Post-MR and PAC girls and women, and National PPFPP Action Plan was expanded to include these groups. The goal of the National PP, Post-MR and PAC Family Planning Action Plan is to fulfill the needs of all girls and women for Family Planning during the Post-Partum, Post-Menstrual Regulation and Post-Abortion Care periods.

3 Draft National PP, Post-MR and PAC Family Planning Action Plan

The PPFPP Working Group expanded the draft prepared during the June workshop in Chiang Mai and circulated it for widespread review and comments.

The National PP, Post-MR and PAC Family Planning Action Plan includes activities and strategies to

- Advocate with the National Technical Committee (NTC) for approval of new policies which will make Family Planning more widely available during the PP, Post-MR and PAC periods;
- Implement strategies to generate demand for PPFPP, Post-MR FP and PAC FP services by using Social and Behaviour Change Communication (SBCC) methods;
- Implement policies, strategies and guidelines to integrate PPFPP information and counseling into all safe motherhood, ANC, PNC, immunization, and nutrition services;
- Make all appropriate PPFPP methods available for all married women and women undergoing home and facility-based delivery as per WHO Medical Eligibility Criteria;
- Make all appropriate FP methods available for all married women and women during Post-Menstrual Regulation (MR) and PAC as per WHO Medical Eligibility Criteria;
- Update knowledge and skills of providers through capacity building and development;
- Ensure coordinated program interventions among stakeholders especially the DGHS and DGFP;
- Improve logistic supply chain management with the availability of contraceptives and the availability of Imprest Funds especially to the DGHS facilities
- Ensure quality of services and
- Monitor, evaluate and report of PPFPP, Post-MR and PAC FP services.

Ensure
quality of
services and
Monitoring

4 Next Steps

- a. National PP, Post-MR and PAC Family Planning Action Plan approved by the National Technical Committee (NTC)
- b. Jointly DGFP and DGHS Circular Issued to all Relevant Providers

The implementation of these activities in the National PP, Post-MR and PAC Family Planning Action Plan needs the active participation of the Ministry of Health and Family Welfare (MOH&FW), Medical Education and Family Welfare Division, DGFP, Directorate General of Health Services (DGHS), NGOs, Private sector, Professional bodies and Development Partners (DPs).

Goals, Outcomes, Outputs and Major Activities of the National PP, Post-MR and PAC Family Planning Action Plan

Goal

All married women and women in Bangladesh will be able to reduce the unmet need for Post-Partum Family Planning (PPFP), Post-Menstrual Regulation (Post-MR) and Post-Abortion Care Family Planning (PAC FP).



Outcome 1

Increased demand for Post-Partum, Post-Menstrual Regulation and Post-Abortion Care Family Planning information and services



Output 1.1

Increased community awareness on PPFP, Post-MR and PAC Family Planning method choices and availability of PPFP, Post-MR and PAC FP services



Major Activities

- Raise awareness among all eligible couples on the range and use of PPFP counseling and make services available [newlyweds before 1st pregnancy and during every ante natal care (ANC) visit, early labor and Post-Partum (PP) services, post-natal care (PNC), immunization services, child health services and nutrition services
- Update, develop and disseminate PPFP, Post-MR and PAC FP SBCC materials, job-aids and the e-Toolkits are available to all health providers
- Conduct basic & refresher training/orientation programs for field workers on use of the PPFP, Post-MR and PAC FP SBCC materials included in the e-Toolkits.

Increased
Demand
for Post-Partum,
Post-MR & PAC
Family Planning
Information and
Services

- Plan and implement of PPF, Post-MR and PAC FP campaign involving relevant stakeholders and community members
- Ensure the inclusion of PPF, Post-MR and PAC FP as an agenda item in the District and Upazila Monthly Coordination Meetings
- Develop and strengthen Public Private Partnership (PPP) to further implement PPF, Post-MR and PAC FP services in private facilities.

Output 1.2

Increased engagement of Community Clinic based Community Group (CG), Community Support Groups (CSG) and gatekeepers to motivate community people to seek PPF services

Major Activities

- Inclusion of family planning as a regular agenda in the monthly CG, CSG meetings
- Integrate information on PPF services at ongoing community awareness meetings for home-based and facility-based deliveries



Outcome 2

Increased access to quality PP, Post-MR and PAC Family Planning information and services



Output 2.1

FP policies reviewed and revised to meet the needs of PPF, Post-MR and PAC Family Planning



Major Activities

- Conduct meetings with NTC to obtain approval for the following and other policies, strategies and guidelines:
 - i. Integrating PPF information and counseling in all ANC, PNC, immunization and nutrition services;
 - ii. Providing short-term FP information and services (pills, condoms and injectables) in all PNC, immunization and nutrition visits or referral for LARC and PM services; and,
 - iii. Revising Medical Eligibility Criteria (MEC) for contraceptive use in the National FP Manual in line with the 5th version of the WHO MEC for Contraceptive Use.

Increased
Access to
quality
Post-MR and
PAC family
planning
information
and **services**

- Issue a joint circular signed by both Director Generals of Family Planning and Health Services informing program managers and service providers about new policies and the directive to begin implementation, such as
 - i. counseling pregnant women on FP in all ANC and PNC visits and during all immunization and nutrition services and,
 - ii. providing PPFp services in all PNC and immunization visits (pills, condoms and injectable) and making referrals for LARCs and PMs.
- Issue a joint circular signed by both Director Generals of Family Planning and Health Services informing program managers and service providers to provide Implant and POPs as an immediate PPFp method.
- Issue a joint circular signed by both Director Generals of Family Planning and Health Services informing program managers & service providers about new policies and the directive to begin implementation, such as:
 - i. counseling all married women and women on FP during the Post-MR & PAC periods and
 - ii. providing all appropriate FP methods and services for all Post-MR & PAC married women and women who want these.
- Revise relevant sections of the National Family Planning Manual as per latest WHO MEC for contraceptive use in line with the recent policy changes allowing the use of POPs and Implants as immediate PPFp methods, and to reflect future policy changes by the NTC.



Output 2.2

Improved capacity of service providers on skills and rights-based counseling on informed choice of FP methods, side effects, follow up and referral for pregnant married women and women, and Post-Partum, Post-MR and PAC married women and women.



Major Activities

- Conduct advocacy and orientation events at different levels to promote PP, Post-MR and PAC FP to DGHS and DGFP staff
- Orient managers PMs, DPMs, DDFP, CS, UH&FPO, UFPO, MO (MCH-FP) at different levels on the updated PP, Post-MR and PAC FP guidelines
- Train service providers of public, NGOs and private sector (Ob/Gyn, MO, FWV, Nurses) on the updated PP, Post-MR and PAC FP guidelines and conduct follow up with trainees
- Train field workers (FWA, HA) on the updated guidelines of PP, Post-MR and PAC Family Planning services through their existing training programs.

Improved
capacity
of service providers
on **skills** and
rights-based
counseling



Output 2.3

Improved availability of modern contraceptives as per WHO Medical Eligibility Criteria and quality services in the community and in health facilities that comply with guidelines and adhere to standards

a. PPFM methods for married women & women undergoing facility-based delivery

- At ANC visits, provide all pregnant married women and women with information and counseling on all PPFM methods and options
- At delivery, provide all pregnant married women and women with her chosen FP method (POPs, IUD, Implant or Tubectomy for herself or vasectomy for her husband) immediately after delivery.
- At delivery, for all mothers who have decided not to accept a LARC or PM provide information, counseling and supplies as needed on temporary method options, including:
 - Lactational Amenorrhea Method (LAM)
 - Condoms
 - ECPs
 - Progestin only pill (POPs)
- However, advise these mothers of the methods that are available at later dates subsequent to delivery, including;
 - Combined oral contraceptives at 6 months after delivery
 - Injectables 6 weeks after delivery
 - IUD 4 weeks after delivery
 - Implant any time after delivery
 - Female sterilization 6 weeks after delivery
 - Male sterilization any time after delivery

b. At all PNC visits for mother and child and at all immunization and nutrition visits, provide all mothers with FP information, counseling and temporary methods services (injectables, after 6 weeks oral pill, condoms and ECPs) and referrals for LARCs and PMs.

c. During Post-MR and Post-Abortion Care (PAC) services

- Advocate with DGHS and DGFP to include Family Planning services with Post-MR services and Post-Abortion Care (PAC)
- DG of DGFP and DG of DGHS issue a jointly signed circular with requiring appropriate FP information, counseling and methods for all Post-MR and PAC married women
- Inform managers (PMs, DDFP, CS, UH&FPO, UFPO, MO (MCH-FP) at different levels on the updated Post-MR and PAC FP services in the circular
- Train service providers of public, NGOs and private sectors (Ob/Gyn, MO, FWV, Nurses) on the updated Post-MR FP and PAC services guidelines and field workers (FWA/HA) about the importance of Post-MR and PAC FP services.

Improved
availability of modern
contraceptives
and quality
services in the
community

d. Logistic supply chain management and Imprest Funds

- Ensure the availability of PPF, Post-MR and PAC contraceptives and supplies by coordinating with the logistics and supplies (L&S) units of DGFP, DDFP and UFPOs and DGHS
- Functionalize the cost centers created at the District Hospitals and the public sector Medical College Hospitals to enable access to Imprest Funds
- Functionalize and monitor the flow of Imprest Funds and supplies to the District Hospitals and the public sector Medical College Hospitals.

e. Quality Improvement of PPF, Post-MR and PAC Family Planning services

- Support and advocate for the consistent and quality implementation of updated policies and guidelines.
- Apply effective approaches to improve PPF, Post-MR and PAC services by utilizing dedicated counsellors to provide FP information and services in the District Hospitals and Medical College Hospitals.
- Monitor quality of PPF, Post-MR and PAC services to ensure meeting Quality Improvement (QI) indicators related to : counseling, privacy and confidentiality during counseling and service provision, infection control, and waste management
- Strengthen FP quality assurance compliance at field level on the basis of approved policy and strategic changes through structured monitoring and supervision by different level managers and Quality Improvement Teams



Output 2.4

Effective use of eLMIS and FPMIS for monitoring PPF, Post-MR and PAC contraceptive availability and performance at district and sub district levels



Major Activities

- Measure and review the coverage and quality of PPF, Post-MR and PAC services for home and facility-based deliveries through the MIS of DGFP and DGHS
- Harmonize the MIS of DGFP and DGHS to report FP, PPF, post-MR and PAC family planning performances in a unified national FP MIS

Following the approval of the Bangladesh National PP, Post-MR and PAC and Family Planning Action Plan, implementation will begin immediately. To support longer-term planning, a costing exercise will be conducted.

Effective use of eLMIS and FPMIS for **monitoring** PPF, Post-MR and PAC contraceptive availability

Annex-I : Tentative work plan frame work

Goal All girls and women in Bangladesh will be able to reduce the unmet need for Post-Partum Family Planning (PPFP), Post-Menstrual Regulation (Post-MR) and Post-Abortion Care Family Planning (PAC FP).



Outcome 1 Increased demand for Post-Partum, Post-Menstrual Regulation and Post-Abortion Care Family Planning information and services



Output 1.1 Increased community awareness on PPFP, post-MR and PAC family planning method choices and availability of PPFP, post-MR and PAC FP services

Outputs	Activities	Means of verification	Responsibility	Time line	Important Risks & Assumptions
<p>Note: PPFP demand generation has to be increased through a concerted effort from all stakeholders mainly the IEM Unit of DGFP, Bureau of Health Education (BHE) Unit of DGHS, BKMI, NGOs, and development partners.</p>	Raise awareness among all eligible couples on the range and use of PPFP counseling and services available [among newlyweds before 1st pregnancy during every ante natal care (ANC) visit, early labor and post-partum (PP) services, post-natal care (PNC), immunization services, child health services and nutrition services]		Line Director-IEC, DGFP	Ongoing within current programs	
	Update, develop and disseminate PPFP, Post-MR and PAC FP SBCC materials and job aids and ensure they are in the e-Toolkits, and available to other health providers	Printed IEC material	Line Director-IEC, DGFP Line Director-BHE, DGHS	January 2016 onward	Conflicting priorities of different partners involved, and/availability of funds
	Conduct refresher training/ orientation programs for field workers on use of the PPFP, Post-MR and PAC FP SBCC materials included in the e-Tool Kit				

Outputs	Activities	Means of verification	Responsibility	Time line	Important Risks & Assumptions
	Plan and implement a PPF, Post-MR and PAC FP campaign involving relevant stakeholders and community members	Campaign report	LD-IEC LD-CCSDP	Ongoing within current program	Conflicting priorities of different partners involved, and/ Availability of funds Social Marketing Company (SMC) will participate in the PPF campaign including promotion of its products (Implant, IUD, POP)
	Ensure the inclusion of PPF, Post-MR and PAC FP as an agenda item in the District and Upazila Monthly Coordination Meetings	Meeting minutes	Director-Administration, DGFP Divisional Director, DGFP & DGHS	Ongoing within current program	Advocacy with the Deputy Commissioner to include discussion on PPF in the meeting agenda
	Develop and strengthen Public Private Partnership (PPP) to further implement PPF, Post-MR and PAC FP services in private facilities.	Monthly MIS	DGFP, DGHS, Private Sector, SMC, NGOs and development partners	Ongoing within current program	Conflicting priorities of different partners involved



Output 1.2

Increased engagement of Community Clinic based Community Support Groups (CSG) and gatekeepers to motivate community members to seek PPF services

	Inclusion of Family Planning as a regular agenda in the monthly CG, CSG meetings	Monthly meeting minutes	Line Director-Community Clinic (DGHS) Line Director-CCSDP (DGFP)	October 2016 onward	Conflicting priorities of different programs
	Integrate information on PPF services at ongoing community awareness meetings for home-based and facility-based deliveries	Meeting minutes	DGFP, DGHS, Private Sector, SMC, NGOs and development partners	Ongoing within current program	



Outcome 2 Increased access to quality PP, Post-MR and PAC Family Planning information and services



Output 2.1 FP policies reviewed and revised to meet the needs of PFPF, Post-MR and PAC Family Planning

Outputs	Activities	Means of verification	Responsibility	Time line	Important Risks & Assumptions
FP policies reviewed and revised to meet the needs of PFPF, Post-MR and PAC Family Planning	<p>Conduct meetings with NTC to obtain approval for the following and other policies, strategies and guidelines:</p> <ul style="list-style-type: none"> i) Integrating PFPF information and counseling in all ANC, PNC, immunization and nutrition services; ii) Providing short-term FP information and services (pills, condoms and injectables) in all PNC, immunization and nutrition visits or referral for LARC and PM services; and, iv) Revising Medical Eligibility Criteria (MEC) for contraceptive use in the National FP Manual in line with the 5th version of the WHO MEC for Contraceptive Use. 	GO on policy changes	<p>Director-MCRAH, DGFP</p> <p>Director-MNC&AH, DGHS</p> <p>LD-CCSDP DGFP</p>	31 July 2015	<p>The 65th meeting of the NTC held on 06 August 2015 has approved for issuance of a joint circular signed by the DGs of DGHS and DGFP to</p> <ol style="list-style-type: none"> 1) integrate PFPF information with all ANC, PNC and immunization visits 2) ensure availability of pills, condoms and injectable at immunization sites, 3) the revision of use of contraceptives in the National FP Manual with recent policy changes, and Medical Eligibility Criteria (MEC) for contraceptive in line
	<p>Issue a joint circular signed by both Director Generals of Family Planning and Health Services informing program managers and service providers about new policies and the directive to begin implementation, such as:</p> <ul style="list-style-type: none"> i) counseling pregnant women on FP in all ANC and PNC visits and during all immunization and nutrition services; and, ii) providing PFPF services in all PNC and immunization visits (pills, condoms and injectable) and making referrals for LARCs and PMs. 	<p>Director (MCH-S), LD, CCSDP of DGFP; Director Hospitals, and Director PHC of DGHS; Bangladesh PFPF team coordinator</p>	<p>Bangladesh PFPF Working Group members</p>	<p>Circular issued on 16 March 2016</p>	<p>Conflicting priorities of the Director MCH-S and Director (PHC) Policy Advocacy Team of EngenderHealth Bangladesh will assist in drafting, signing and distribution of the circular related to changed PFPF policy and implementation of the policy.</p>

Outputs	Activities	Means of verification	Responsibility	Time line	Important Risks & Assumptions
	Issue a joint circular signed by both Director Generals of Family Planning and Health Services informing program managers and service providers to provide Implant and POP as an immediate PPFPP method.	Director (MCH-S), LD, CCSDP of DGFP; Bangladesh PPFPP team coordinator	Bangladesh PPFPP Working Group members	Circular issues on 17 April 2016	Conflicting priorities of the Director MCH-S and Director (PHC) Policy Advocacy Team of EngenderHealth Bangladesh will assist in drafting, signing and distribution of the circular related to the changed PPFPP policy and implementation of the policy.
	Issue a joint circular signed by both Director Generals of Family Planning and Health Services informing program managers and service providers about new policies and the directive to begin implementation, such as: i) counseling all married women and women on FP during the Post-MR and PAC periods; and, ii) providing all appropriate FP methods and services for all Post-MR and PAC married women & women who want these.	Monitoring check list	Director-MCRAH, DGFP Director-MNC&AH, DGHS LD-CCSDP	Continuous	Conflicting priorities of program managers/supervisors. QA & FP Compliance Officers of MH-II/Engender Health will work jointly with the consultants FPCS-QIT and other DGHS and DGFP supervisors.
	Revise relevant sections of the National Family Planning Manual as per latest WHO MEC for contraceptive use in line with the recent policy changes allowing the use of POPs and Implants as immediate PPFPP methods, and to reflect future policy changes by the NTC.	Updated National FP Manual	Line Director-CCSDP, DGFP and Director MCH-S	30 June 2016	Delay in organizing meetings of the National FP Manual Review Committee. Strong advocacy needed for the timely completion of the revision of the FP manual.



Output 2.2

Improved capacity of service providers on skills and rights-based counselling (on informed choice of FP methods, side effects, follow up and referral for pregnant married women and women, and Post-Partum, Post-MR and PAC married women and women).

Outputs	Activities	Means of verification	Responsibility	Time line	Important Risks & Assumptions
<p>Note: Bangladesh, many managers and providers are not well informed about PPF services; as when to provide and which method to provide. Therefore, capacity building of providers is an essential element. Field workers need information and orientation on PPF and clinical providers need hands on training, especially to provide IUDs during the immediate post-partum period.</p>	Conduct advocacy and orientation events at different levels to promote PPF to DGHS and DGFP staff (1 national and 7 divisional level meetings)	Program reports	Director (MCH-S), LD-CCSDP, NGOs and DPs	August- 15 to Jul-16	Conflicting priorities of the Director (MCH-S)/Line Director, CCSDP
	Orient managers (PMs, DPMs DDFP, CS, UH&FPO, UFPO, MO (MCH-FP) at different levels on the updated PPF guidelines	Training reports	Director (MCH-S), LD-CCSDP	Ongoing within current program	Conflicting priorities of different partners involved
	Train service providers of public, NGO and private sector (Ob/Gyn., MO, FWV, Nurses) on the updated PPF guidelines and conduct follow up with trainees	Training reports	DGFP, DGHS, NGOs, OGSB, and development partners	Ongoing within current program	Conflicting priorities of different partners involved
	Train field workers (FWA, HA) on the updated guidelines of PP, Post-MR and Post-Abortion Care Family Planning services through their existing training programs	Training reports	Director (MCH-S), LD,CCSDP and Bangladesh PPF team coordinator	August-15 to December-16	Conflicting priorities of the Director (MCH-S)/Line Director, CCSDP



Output 2.3

Improved availability of modern contraceptives as per WHO Medical Eligibility Criteria and quality services in the community and in health facilities that comply with guidelines and adhere to standards

Outputs	Activities	Means of verification	Responsibility	Time line	Important Risks & Assumptions
a. PPFM methods for married women and women undergoing facility-based delivery	Provide pregnant mothers with information and counseling on PPFM methods and options during all antenatal, delivery, post-partum care and child immunization visits	ANC register	Director-MCH-S Director-PHC Director-Hospital Services	Ongoing within current program	No risks and assumptions
	Provide the pregnant mothers with the chosen method of FP (Condom, POPs, IUD, Implant or Tubectomy for herself or vasectomy for her husband) immediately after delivery	MIS	Director-MCH-S Director-PHC Director-Hospital Services	Ongoing within current program	No risks and assumptions
	Provide counselling to married women and women who deliver at facilities, but have not decided to accept Long Acting Reversible Contraceptives (LARC) or Permanent Methods (PM), on the temporary method options available to mothers delivering at home. These will include: - Lactational Amenorrhea Methods (LAM) - Condoms - ECPs - Progestin only pill (POPs)	MIS	LD, CCSDP Director-MCH-S Director-PHC Director-Hospital	Ongoing within current program	No risks and assumptions
b. Package of PPFM methods for women undergoing home delivery	The DG of DGFP and the DG of DGHS to issue a joint circular to introduce the package of immediate PPFM methods and subsequent PPFM methods for girls and women undergoing home delivery. These will include: - LAM, - Condoms, - ECPs and - Progestin only pill (POPs)		Line Director-Field Services Director, MCH-Services, DGFP Director PHC Director, Hospital, DGHS	Ongoing within current program	DG of DGFP needs to be briefed and get an official circular issued

BANGLADESH NATIONAL ACTION PLAN for
 POST-PARTUM, POST-MENSTRUAL REGULATION and POST-ABORTION CARE FAMILY PLANNING

Outputs	Activities	Means of verification	Responsibility	Time line	Important Risks & Assumptions
	Encourage married women and women of delivering at home to go to UHCs, Hospitals and obtain Post-Partum Implant, IUD or sterilization		Line Director-Field Services Director, MCH-Services, DGFP Director PHC Director, Hospital, DGHS	Ongoing within current program	Director, MCH-Services, DGFP needs to issue a circular in this regard
	Motivate Post-Partum mothers to go to UH&FWCs or Satellite Clinics within 10 weeks of delivery to initiate Injectable	ANC register	LD, CCSDP Director-Field Services Director, MCH-Services, DGFP Director PHC Director, Hospital,	Ongoing within current program	Director, MCH-Services, DGFP needs to issue a circular in this regard
c. Family Planning Services during Post-MR and Post-Abortion Care (PAC)	Advocate with DGHS and DGFP to include Family Planning services with Post-MR and Post-Abortion Care (PAC) services.	National guidelines	Director (MCH-S), LD- CCSDP and Director PHC, DGHS NGOs	Ongoing within current program	Conflicting priorities of different partners involved
	DG of DGHS and DG of DGFP issue a jointly signed circular with requiring appropriate FP information, counseling and methods for all Post-MR and PAC women	Signed letter	Director (MCH-S), LD- CCSDP and Director PHC, DGHS NGOs	October 2016	
	Orient managers (PMs, DDFP, CS, UH&FPO, UFPO, MO (MCH-FP) at different levels on the updated Post-MR and PAC FP services	Orientation reports (MCH-FP)	Line Director-Field Services Director, MCH-Services, DGFP Director PHC Director, Hospital, DGHS LD, CCSDP	Ongoing within current program	Conflicting priorities of different partners involved

Outputs	Activities	Means of verification	Responsibility	Time line	Important Risks & Assumptions
	Train service providers of public, NGOs and Private Sector (Ob/Gyn, MO, FWV, Nurses) on the updated Post-MR and PAC FP services guidelines and field workers (FWA/HA) about the importance of Post-MR and PAC FP services.	Training reports	Director-Field Services Director-MCH-Services, DGFP NGOs LD, CCSDP	Ongoing within current program	Conflicting priorities of different partners involved
d. Logistic supply chain management Note: The imprest fund for family planning services is directly sent from the Line Director, CCSDP, DGFP to the respective Drawing and Disbursing Officers (DDOs) of each of the cost centers (usually the Medical Officer MCH-FP) of the respective Upazila. However, all FP commodities and supplies flow through the L&S Unit of DGFP through the Central and Regional Warehouses to the Upazila Family Planning Stores headed by the Upazilas Family Planning Officer (UFPO). NGOs having FP Registration receives the FP Commodities and supplies from the respective Upazila Family Planning Store. SIAPS support DGFP in mapping out the availability of FP Commodities and supplies. Since the large number of facilities under the Directorate General of Health Services (DGHS) and in the private sector have a much higher number of deliveries compared to DGFP facilities, these service facilities need to have PFPF logistics available in their facilities.	Ensure the availability of PFPF logistics by coordinating with the logistics and supplies (L&S) units of DGFP, DDFP and UFPOs	Training reports	DGFP (L&S), DGHS, SIAPS, development partners, and international partners	Ongoing within current program	Conflicting priorities of different partners involved
	Functionalize the cost centers created at the District Hospitals and the public sector Medical College Hospitals	ANC register	DGFP (L&S), DGHS, SIAPS, development partners, and international partners	Ongoing within current program	Conflicting priorities of different partners involved
	Functionalize and monitor the flow of imprest funds and supplies to the District Hospitals and the public sector Medical College Hospitals		DGFP (L&S), DGHS, SIAPS, development partners, and international partners	Ongoing within current program	Conflicting priorities of different partners involved



Output 2.4

Effective use of eLMIS and FPMIS for monitoring PPF, PAC and post-MR contraceptive availability and performance at district and sub district levels

Outputs	Activities	Means of verification	Responsibility	Time line	Important Risks & Assumptions
Effective use of eLMIS and FPMIS for monitoring PPF, post-MR and PAC contraceptive availability and performance at district and sub district levels	Measure and review the coverage and quality of PPF, Post-MR and PAC FP services for home and facility-based deliveries through the MIS of DGFP and DGHS	Online MIS	MIS unit of DGHS and DGFP, Private sector, NGOs and development partners	Ongoing within current program	Conflicting priorities of different partners involved
	Harmonize the MIS of DGFP and DGHS to report FP, PPF, Post-MR and PAC Family Planning performances in a unified national FP MIS.	Online MIS	MIS unit of DGHS and DGFP, Private sector, NGOs and development partners	Ongoing within current program	Conflicting priorities of different partners involved

Annex-2 : PFP National Action Plan Working Group

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