

## Family Planning Field Services Delivery Operational Plan Summary

**OP Management:** Line Director- Director (Finance), DGFP; Program Manager; Deputy Program Manager

**Implementation Period:** January 2017 to June 2022

**Overall Objectives:** Contribute to achieve Total Fertility Rate (TFR) 2 by 2022 by improving family planning services delivery

### Specific Objectives:

- Achieve CPR 75% by 2022 and unmet need of contraceptives 6% by 2022
- Reduce discontinuation rate to 20% by 2022
- Provide FP services with focus on hard-to-reach & low performing areas, urban slums & adolescents
- Improve quality of care
- Strengthen GO-NGO/ private sector collaboration

### Total Estimated Cost of OP (Taka in lac)

	Total (BDT)	GOB (BDT)	Project Aid (RPA) (BDT)	Source of Project Aid
Estimated Cost of OP	144938 (\$181.2m)	35346 (\$44.2m)	109592 (109242) \$137m (\$136.5m)	Credits from IDA and JICA; Grants from DFID, GAC, USAID, SIDA, EKN, WHO, UNICEF, GFATM, GAVI-HSS, WB, UNFPA

### Background Information

This Operation Plan (OP) 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 Five Year Plan and government's commitment for SDGs and FP2020.

### Relevant Strategies in the Project Implementation Plan

Strategic Objective 6.3: Health and FP Research and Training

Strategic Objective 7: To improve equitable access to and utilization of quality health, nutrition and family planning services

### Major Program Components and Key Activities

#### 1. Ensuring availability of contraceptives and other supplies

- Procurement of contraceptives, MSR, equipment and other supplies.
- Procurement of training materials

## 2. Strengthening field services

### **Domiciliary Service**

- Capacity development of FWAs, FWVs, FPIs and SACMOs, HAs, AHIs, HIs, CHCPs
- Orientation of CG, C-STGs members on family planning field service delivery
- Orientation program for traditional healers (village doctors, medicine shop keepers)

### **Satellite Clinics**

- Supply of commodities, logistics and organize quality satellite clinics weekly;
- Orientation program for the service providers on strengthening of SC

### **Addressing unmet need and drop-outs**

- Orientation program for the FWAs, FPIs, FWVs, HAs, CHCPs and SACMOs
- Refresher courses on counseling for the field workers

### **Services to newly-wed couples**

- Orientation program for the marriage registers, FPIs and FWAs, newlywed couples

### **Post-partum FP services**

- Orientation of the DGHS and DGFP service providers on post-partum family planning
- Awareness raising activities for the pregnant women on post-partum family planning

### **GO-NGO including private sector coordination**

- Support existing GO-NGO platforms to improve coordination and collaboration;
- Special satellite clinic for garments workers to address their immediate FPRH-MCH needs;
- Orientation program for the supervisors/Managers, Paramedics/Nurses of garments factories;
- Advocacy with garment owners and other management to promote FPRH-MCH services.

### **Functionally integrated services**

- Support joint field visit plan, meeting with DGHS service providers at local level
- Ensure FP field workers' participation in CC management and providing FP services

## 3. Family planning services in hard-to-reach areas

### **Regional service package:**

- Recruitment of seven family planning facilitators in least performed districts
- Additional logistics support to strengthen satellite clinics in the hard-to-reach and low performing areas.
- Monitoring and periodic performance review

### **Multi-sectoral approach**

- Advocacy meetings with the ministry and directorate level officials of concern ministries
- Orientation program for the Sub Assistant Agriculture officers, Ansar VDP members,

## 4. Family Planning Services in urban slums

- Outsourcing to NGOs for FP program in the urban areas.
- Support couple registration, counselling and motivational activities for FP services in urban areas.
- Establish referrals between urban slums and FP service centers in City Corps and Pourashavas.
- Coordination with the MoLGRD at different levels

## 5. Community Participation

- Workshops in 7 divisions to promote community engagement in planning and implementation;
- Orientation programs for local government reps, religious leaders, and other influential members;
- Local level meetings to promote prevention of child marriage, teenage pregnancy, benefits of small family, use of MCH-FP services, birth spacing and limiting, girls education etc;

- Orient community groups (CCM, CSG, youth/adolescents, Ansar-VDP, BRDB women groups);

## 6. Quality of Care

- Orientation program for the field level managers on TQM approach
- Train district and Upazilla managers on demographic analysis, monitoring and supervision.
- Strengthen monitoring and supportive supervision; develop Mobile-based monitoring system
- Training on counseling for all service providers; operations research

## Performance Management

Relevant RFW Indicators	Baseline	Project Target (Middle & Project End)	
		By June 2020	By June 2022
Total Fertility Rate	2.3 (BDHS 2014)		2
% of women aged 15-19 who have begun child bearing	30.8% (BDHS 2014)		25%
Contraceptive Prevalence Rate	62.4% (BDHS 2014)		75%
CPR (modern methods) in lagging regions	Syl 40.9%; Ctg 47.2% (BDHS, UESD)		60%
<b>OP Level Indicators</b>			
Proportion of women of reproductive age (age 15-49) who have their need for FP satisfied with modern methods	12% (BDHS 2014)	8	6
Adolescent birth rate (Age 10-14 and 15-19 years) per 1,000 women in that age group	83 (WB 2015)	60	55
CPR (modern methods) in lagging regions	Syl 40.9%; Ctg 47.2% (BDHS, UESD)	55%	60%
Number of Upazillas covered for DGHS service providers on FP-MCH issues	N/A	250	488