

## Clinical Contraception Services Delivery Program (CCSDP) Operational Plan Summary

**OP Management:** Line Director/Director/Program Manager (Clinical Services), DGFP

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

**General Objective:** Reduce Total fertility Rate (TFR) from 2.3 to 2.0 by 2022; increase CPR from 62.4 to 75% with 20% share of LARC & PM and thereby reducing Maternal Mortality Rate (MMR) by 2022.

**Specific Objectives:** Provide quality LARC & PM, PFP and Post MR/MRM/PAC FP services with focus in hard-to-reach and low performing areas including urban slums; improve coordination with DGHS for PFP services; build service providers' skill on LARC & PM services; ensure procurement and supply of LARC & PM commodities; strengthen partnerships with GO-NGOs & private sector for expansion of LARC & PM services.

### Total Estimated Cost (Taka in lac)

	Total (BDT)	GOB (BDT)	Project Aid (RPA) (BDT)	Source of Project Aid
Estimated Cost of OP	149,841.80 (\$187.3 m)	107,073.97 (\$133.8 m)	42,767.83 (\$ 53.5 m) (40,264.85)	IDA Pooled fund, UNFPA, USAID, KtW, UK AIDS, WHO, other DPs grant

### Background Information

During last four decades the Contraceptive Prevalence Rate (CPR) has increased eightfold from 8% in 1975 to 62% in 2014. During 2004-2014, all-method contraceptive use increased from 58% to 62% with regional variations persists as Sylhet being the lowest (48%), Chittagong is the 2nd lowest (55%) and Dhaka being the largest division having CPR of 63%. The use of Long Acting Reversible Contraceptive and Permanent Method (LARC&PM) remained stagnant at 8% since the period of 2011.

The clinical FP services particularly the LARC & PM are being provided mainly through Clinical Contraception Services Delivery Program (CCSDP) Operational Plan (OP) of DGFP. Services are provided through tertiary centers like Medical Colleges Hospitals, Specialized hospitals, DHs, MCWCs, UHCs, UH&FWCs, CCs, Satellite clinics and household level. The CCSDP Operational Plan (OP) has been developed to address the unfinished tasks and challenges aligned with the strategic objectives of the Health, Nutrition and Population (HNP) Strategic Investment Plan (SIP) 2016-2021.

### Relevant Strategies in the Project Implementation Plan

1. Strategic objective 2: To undertake institutional development for improved performance at all levels of the system
2. Strategic objective 5: To establish a high quality health workforce available to all through public and private health service providers
3. 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. Strengthening LARC & PM Services**

- Strengthen facilities with equipment and supplies for LARC & PM services.
- Ensure availability of PFP services through public, private and NGO facilities.
- Reinvigorate domiciliary visit in hard-to-reach, urban slum by FWAs, paid volunteers.
- Target Young Married Couple (YMC) through counseling, motivation and group discussion for FP.
- Promote male participation especially for NSV through SBCC and using satisfied NSV clients.
- Involve satisfied clients for referral of the LARC & PM clients.
- Community mobilization against adolescent marriage and for delaying first pregnancy.
- Use religious leaders as advocates to increase uptake of LARC & PM.
- Strengthen Model FP Clinic with LARC & PM services in all Medical College Hospitals
- Introduce E-toolkit & e-learning course for service providers on LARC & PM services.
- Organizing special LARC & PM service camp in remote areas.

### **2. Ensuring availability of LARC & PM (Planning, Monitoring & Contraceptives and MSR)**

- Develop contraceptive procurement plan including Regional Service Packages
- Procurement and distribution of contraceptives and other essential commodities.

### **3. Strengthening LARC & PM Services Program Manager in hard-to-reach, low performing and urban areas through Regional Service Package (RSP)**

- Develop a comprehensive costed Regional Service Package (RSP)
- Develop partnership with NGOs and outsource services
- Deploy LARC & PM Roving Team (NGOs)
- Support facility readiness for PFP services in Sylhet and Chittagong division.
- Capacity building through basic and refresher training on LARC&PM
- Undertake awareness building through SBCC activities.
- Strengthen service facility in urban area.
- Strengthening Clinical Supervision through expansion of Quality Improvement Team (QIT).

### **4. Quality of care of family planning- LARC & PM services**

- Activate QIT to strengthen monitoring and supervision at all public/private/NGO service centers.
- Develop capacity of the QIT through different technical training as well on TQM approaches.
- Training of field workers and managers about supervision and monitoring.
- Provide training on Informed Choice and Voluntarism, side effects management of LARC & PM.
- Train staff on counseling and management of STI/RTIs, HIV/AIDS in relation to LARC & PM.

### **5. Capacity building of the service providers and research activities**

- Conduct training needs assessment and follow up
- Develop capacity of service providers; orientation of multi-sectoral GO-NGO field workers on selection, motivation and referral of clients for LAPM
- Research on LAPM

### **6. Co-ordination and Collaboration with NGOs and private sector**

- Provide training on LARC&PM and PFP for the doctors, nurses and field workers from DGHS.
- Strengthen LARC&PM referral through greater collaboration

- Work jointly with DGHS and MOLGRD in planning and organizing awareness raising campaigns.
- Revitalize Union and Upazila Family Planning Committees.

#### 7. *Intra and Inter-sectoral Coordination and Collaboration*

- Deploy LARC & PM Roving Team from partner NGOs especially in H-to-R areas for LARC & PM.
- Engage NGO volunteers for FP demand creation and referral for LARC & PM client.
- Strengthen LARC & PM activities in private sectors through NGO support.
- Capacity building of service providers with TA from UNFPA, USAID, and others.
- Improve quality of clinical services with TA from UNFPA, WHO, USAID and other partners.
- Develop strategies, guideline, training resources package, decision making tools, MEC, PFP compendiums with TA UNFPA, WHO, USAID and other partners.
- Organize sensitization events on LARC & PM with TA from USAID, UNFPA, and other partners.

### Performance Management

Results Framework Level Indicators	Baseline	Project Target (Middle and End of Project)	
		By June 2020	By June 2022
Total Fertility Rate	2.3		2.0
Contraceptive Prevalence Rate	62.4%		75%
Contraceptive Prevalence Rate (in lagging regions)	Sylhet-40.9%; Chittagong-47.2%		60%
<b>OP Level Indicators</b>			
% of targeted public health facilities meeting readiness criteria for delivery of PFP services in Sylhet & Chittagong divisions	0	20%	50%
Number of BL TL & NSV performed	163,031 (April 2016)	700,000 (cumulative)	1,100,000 (cumulative)
Number of IUDs insertion	233,557 (April 2016)	875,000 (cumulative)	1,450,000 (cumulative)
Number of Implants insertion	353,239 (April 2016)	1,400,000 (cumulative)	2,400,000 (cumulative)
% of health facilities visited quarterly by Quality Improvement Team (QIT) for Quality LARC & PM Services and MCH services.	5%	15%	30%