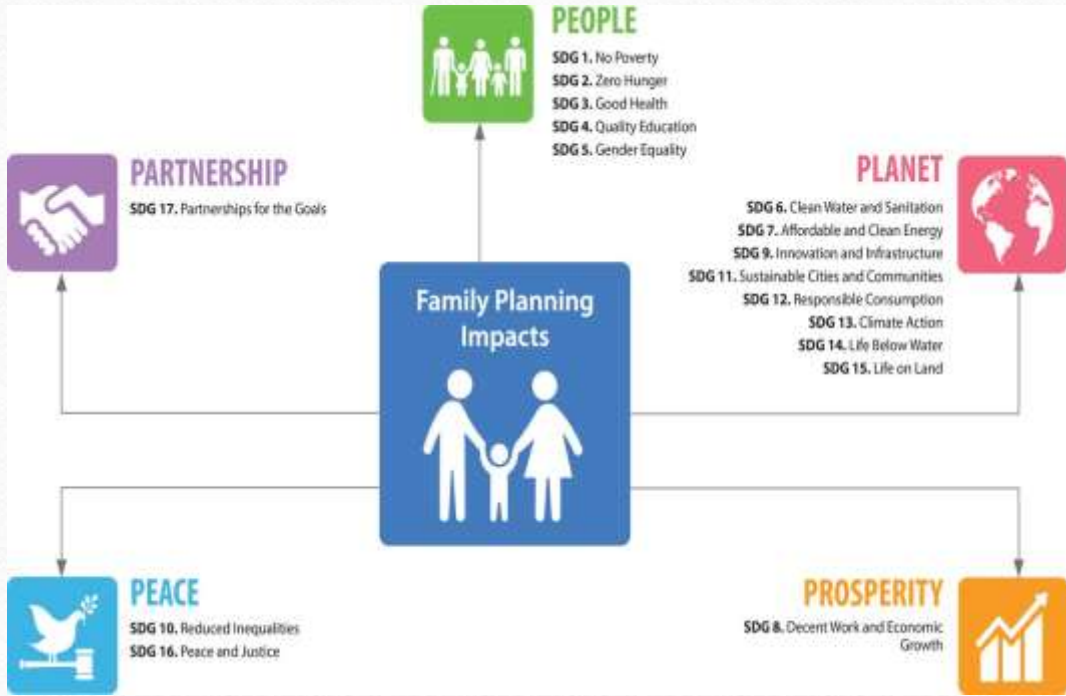
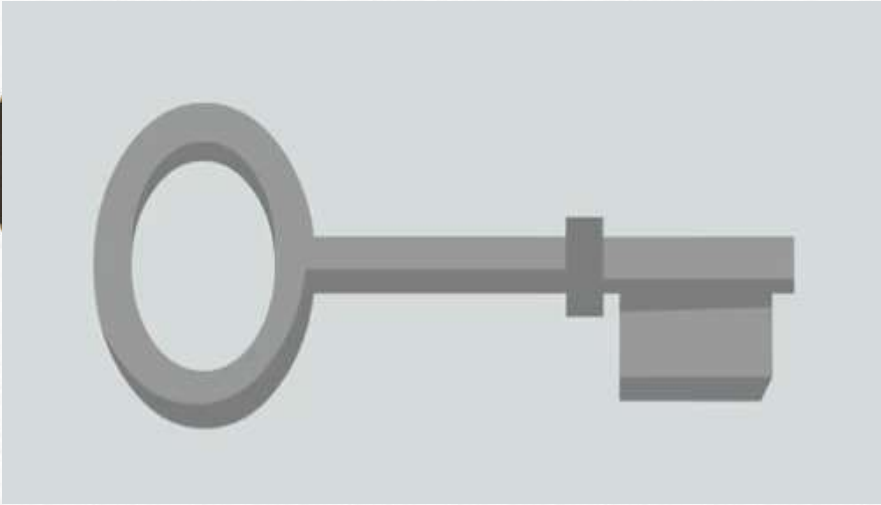
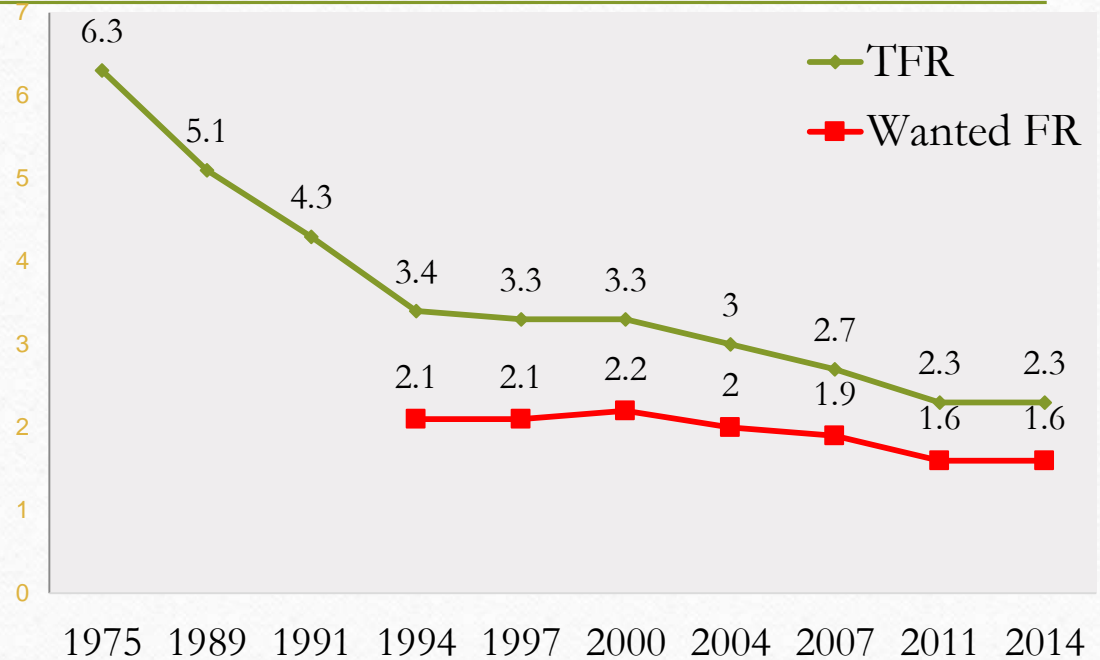
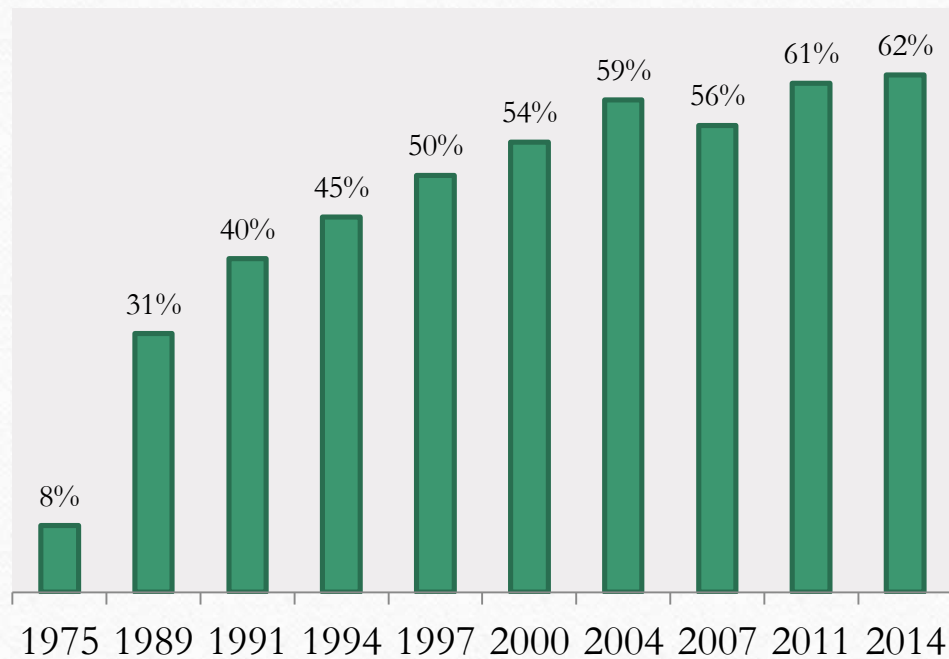


Overview Of Family Planning Program in Bangladesh

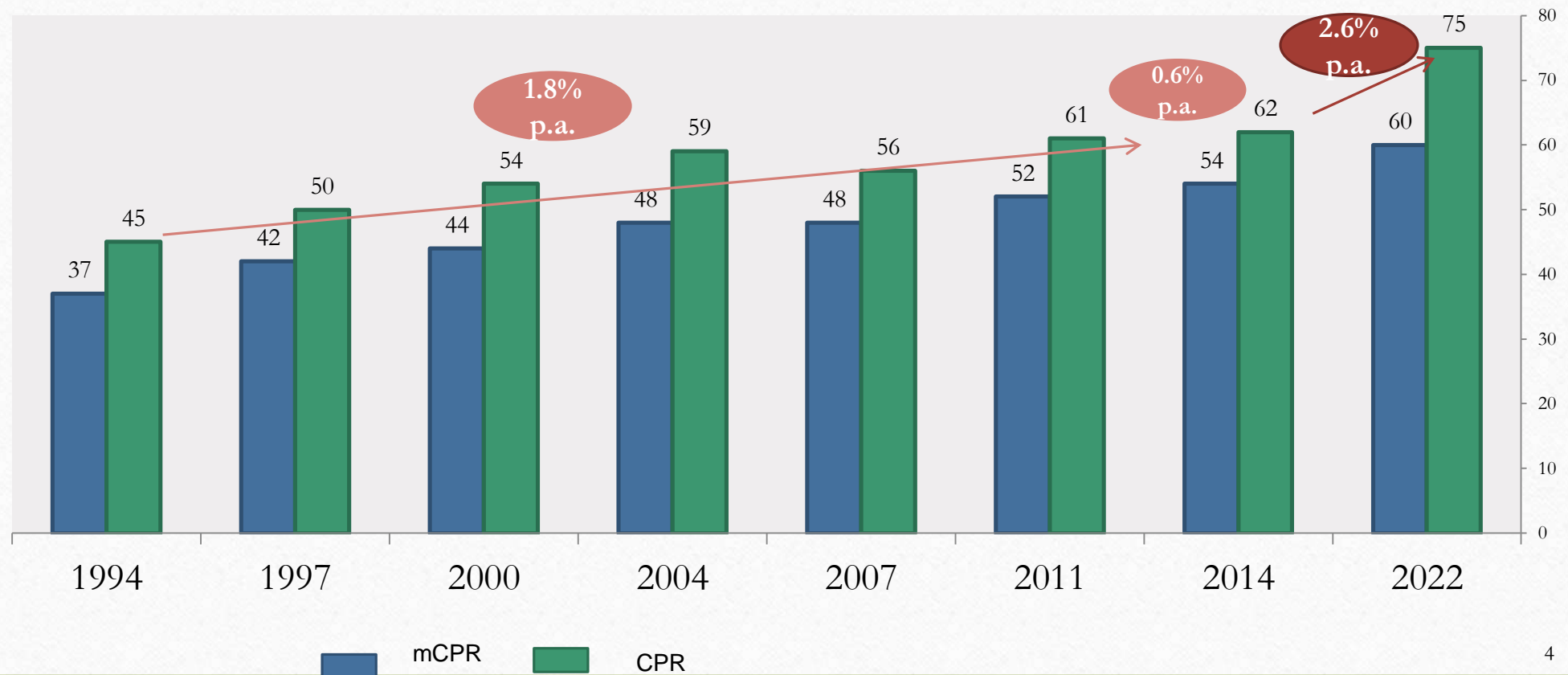
Family Planning and the Sustainable Development Goals (SDGs) ?



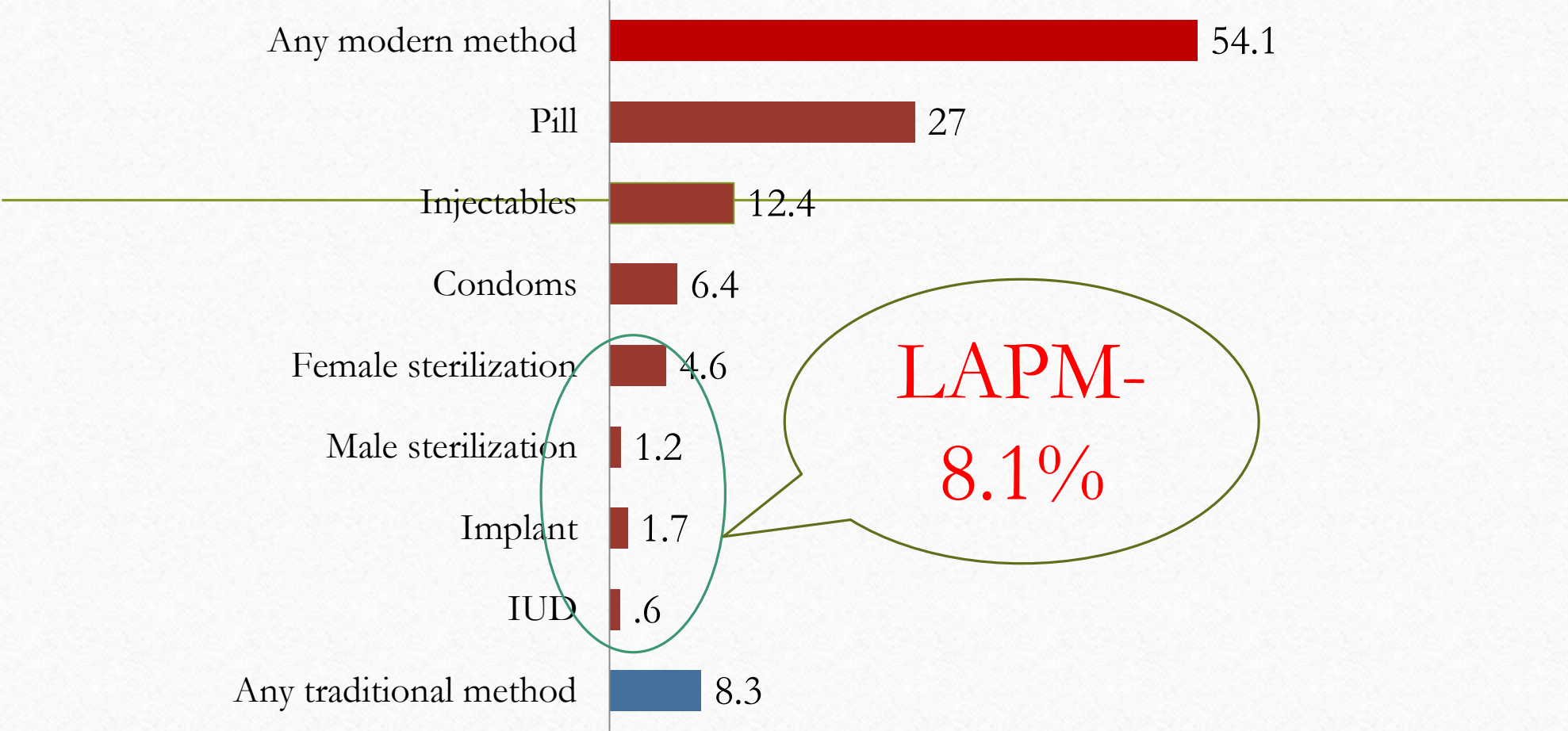
The success of Family Planning Programme in Bangladesh



However, CPR is stalling and will need to significantly increase to reach national target

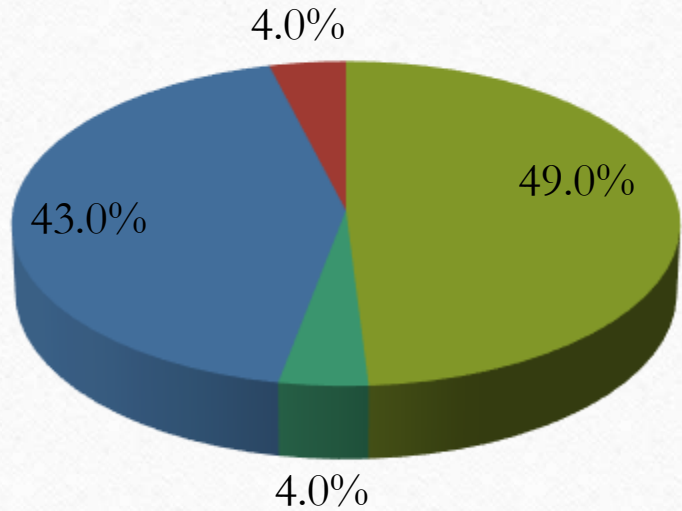


Current User of Family Planning



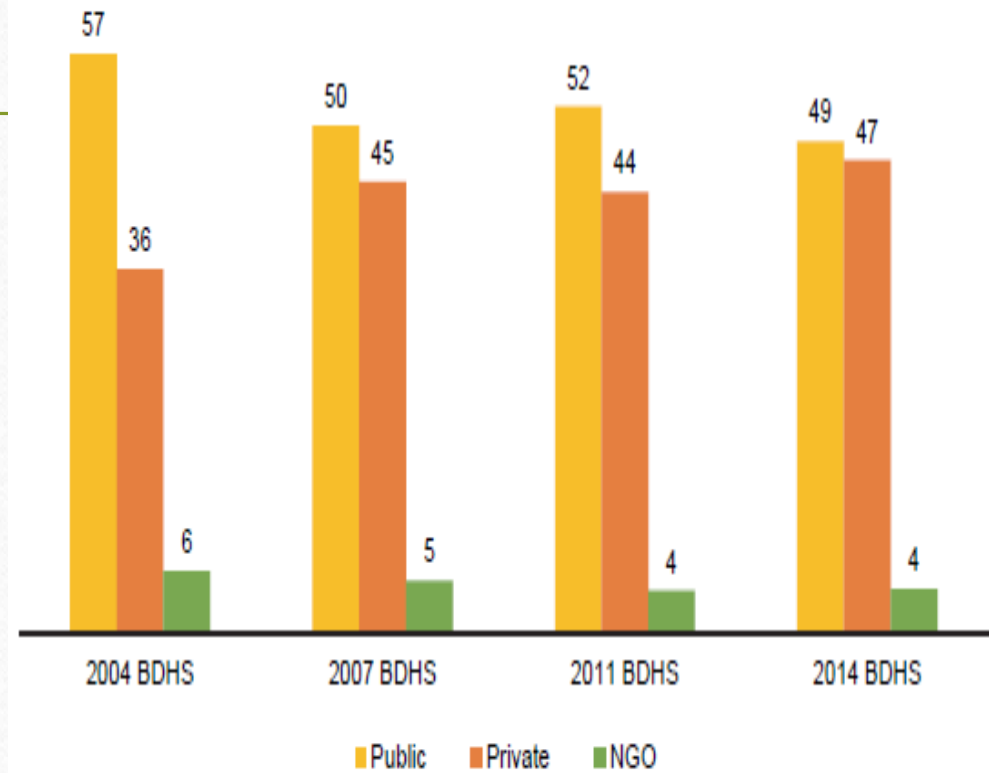
Percent of currently married women 15-49

Source of Modern Contraceptives Supply



- Public
- NGO
- Private Medical
- Other Private

Trends in Source of Modern Contraceptives



Strengths of Bangladesh's FP programme

1. FWA: Family Welfare Assistant, a female dedicated to community based FP information dissemination and doorstep services.

2. UH&FWC: Union Health and Family Welfare Center which is an institution for 30, 000 – 45, 000 population having female friendly service provider (FWV). This facility has an extension with an outpost called Community Clinics (CC) for every 6, 000 population.

3. PPP: Public Private Partnership where there is coordinated working relationship between public sector, NGOs and civil societies.

4. Contraceptive Security: Availability of contraceptives at all levels and strong established MIS including use of FWA register which is currently being digitalized.

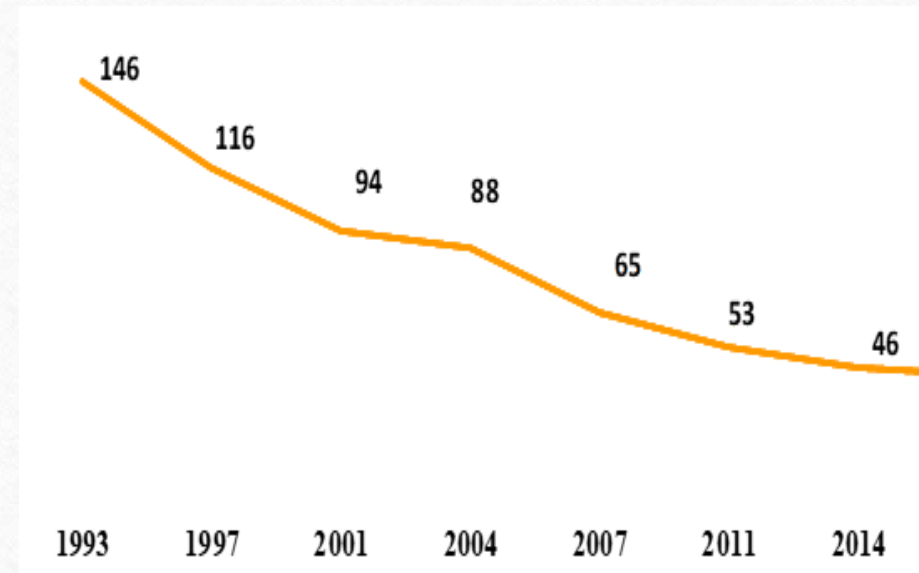
5. Community engagement: Involvement of religious leaders like Imams, elected community leaders, civil society organizations etc.

6. Targeted SBCC (AV van, Street drama, local folk song, drama serial etc.)

Other Contributing Factors

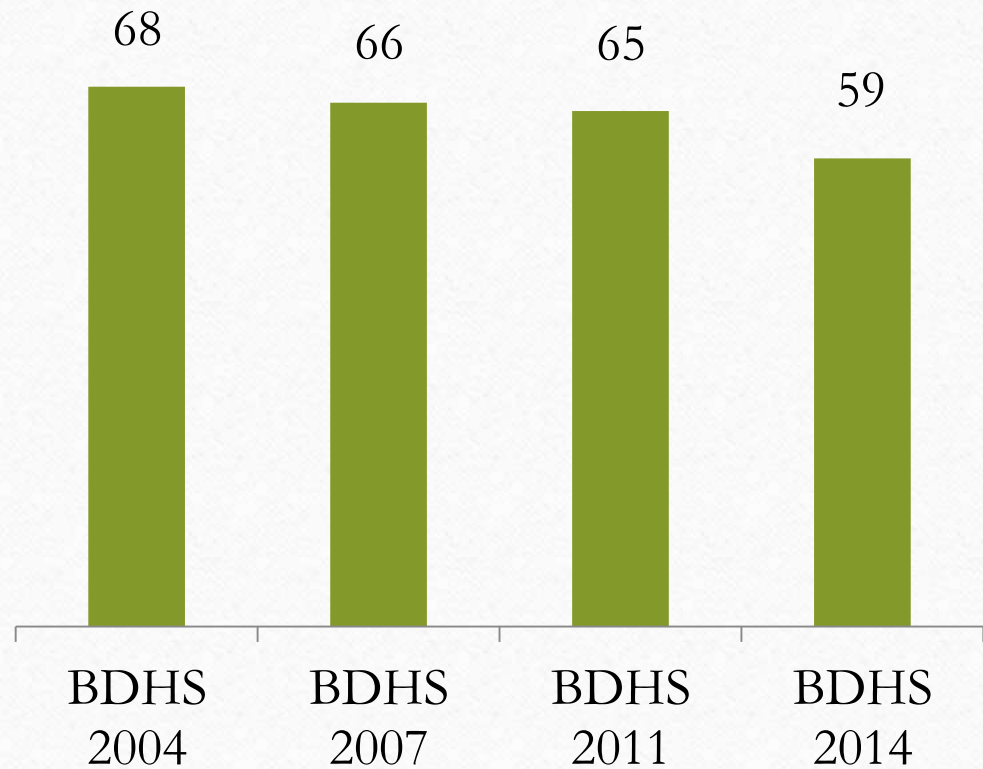
- Continuous political commitment for the national Family Planning programme
- Reduced child mortality
- Increasing trends of female education
- Women empowerment

Trends in U5 Mortality



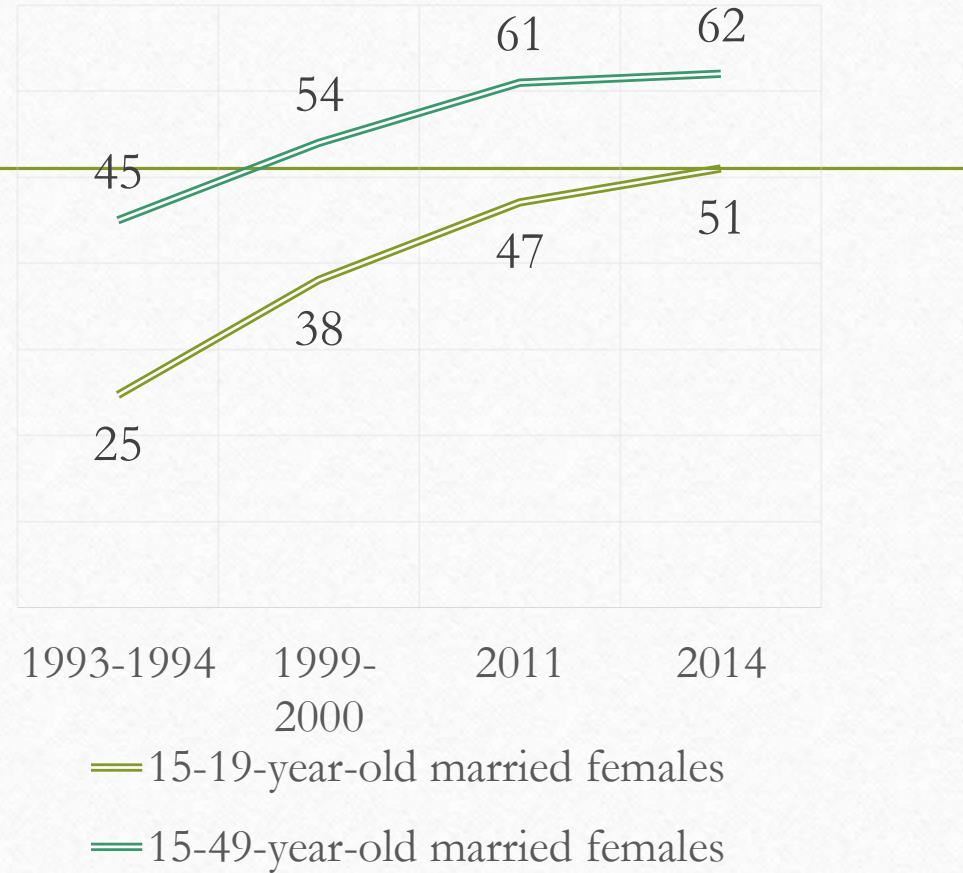
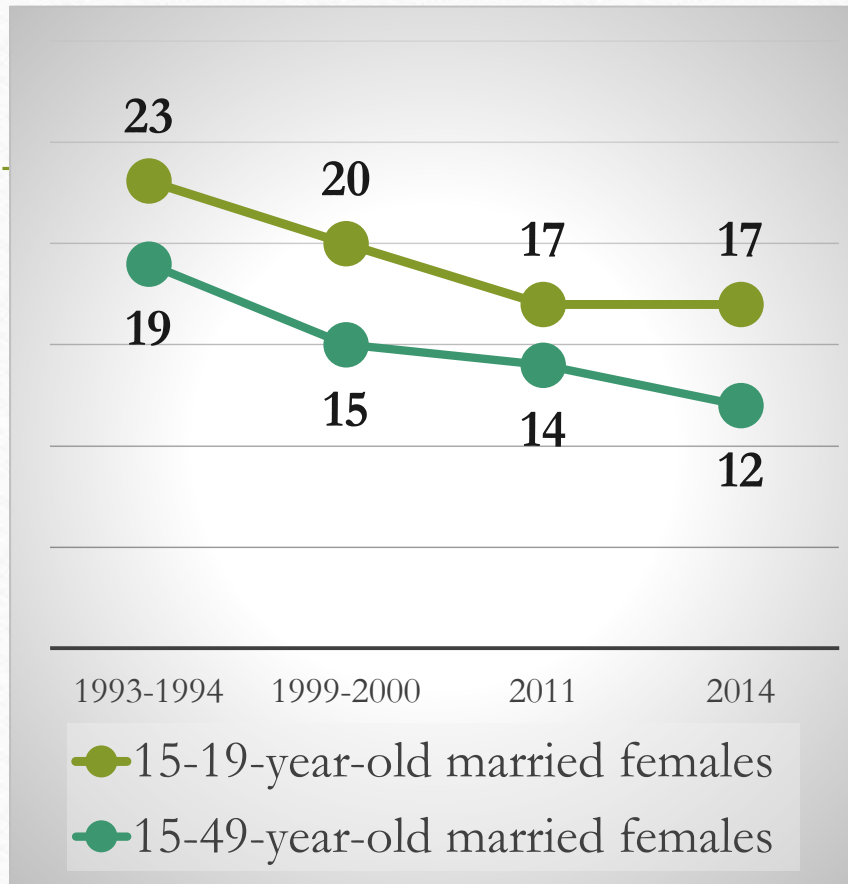
Key Challenges for Family Planning Program

Trends in proportion of women age 20-24 who were first married by age 18

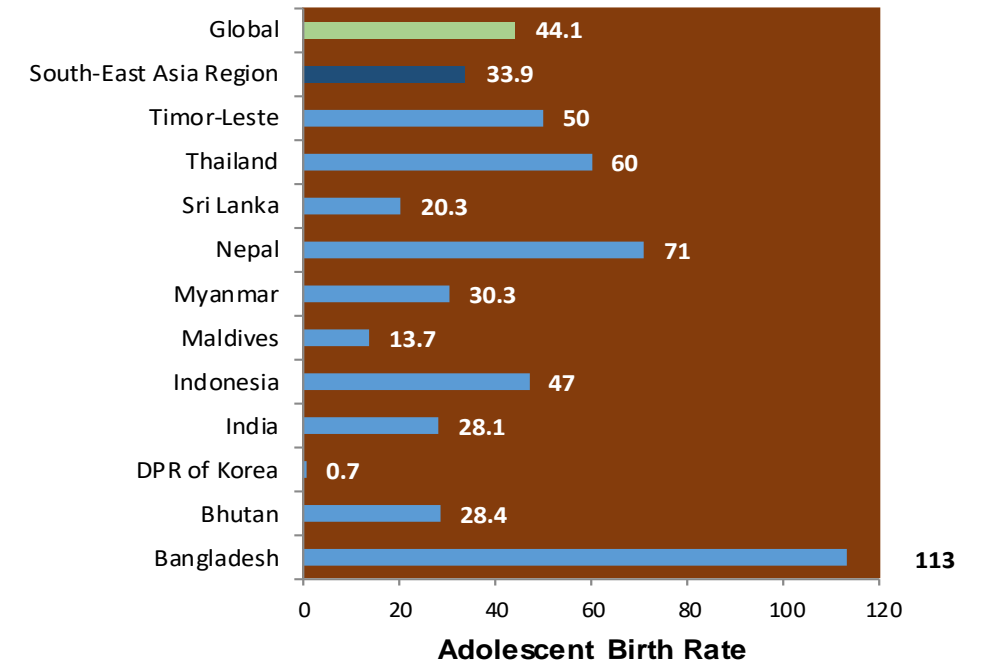
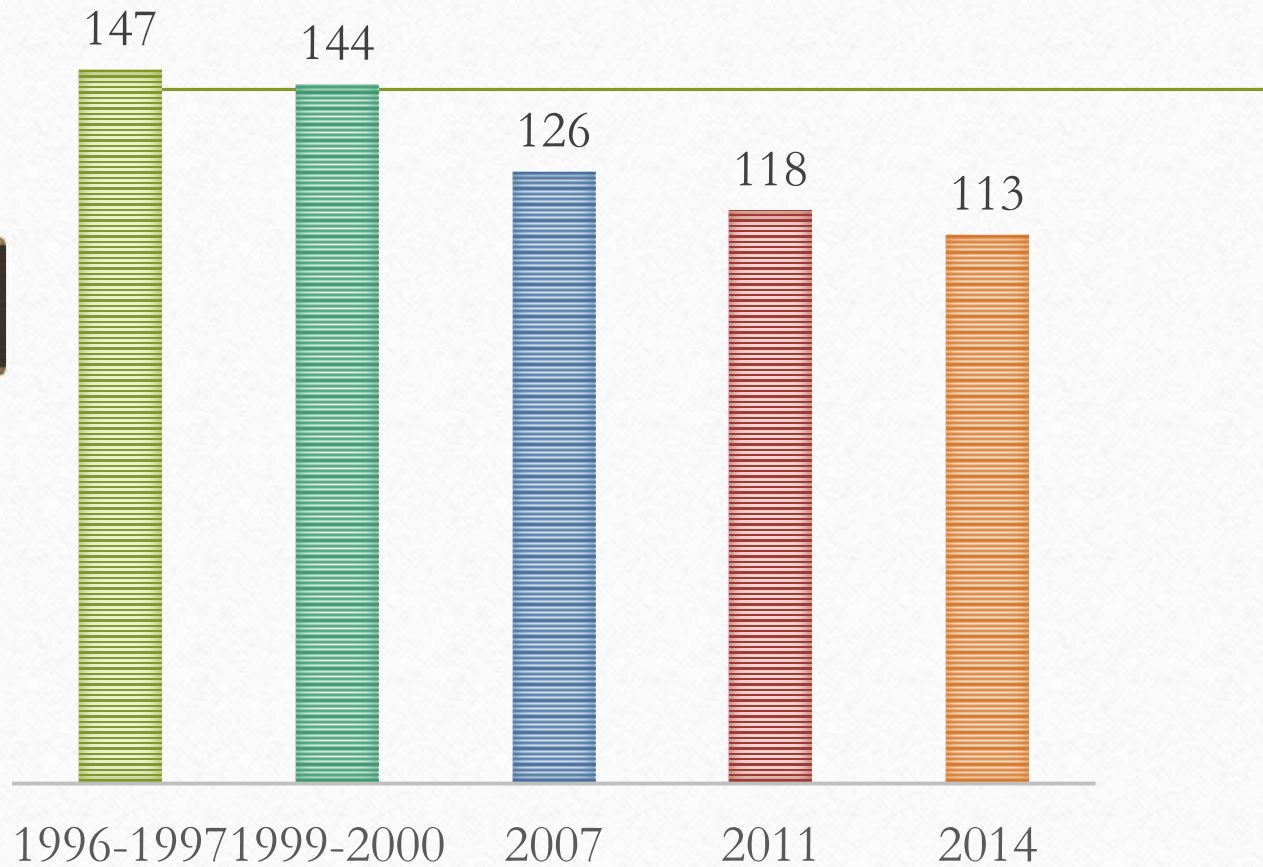


31% of adolescents age 15-19 are already mothers or pregnant with their first child (BDHS 2014)

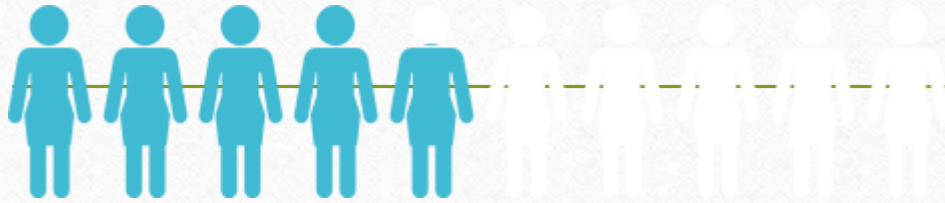
Young married females remain underserved



High Fertility Rate Among Adolescent



Missed opportunities for Postpartum Family Planning



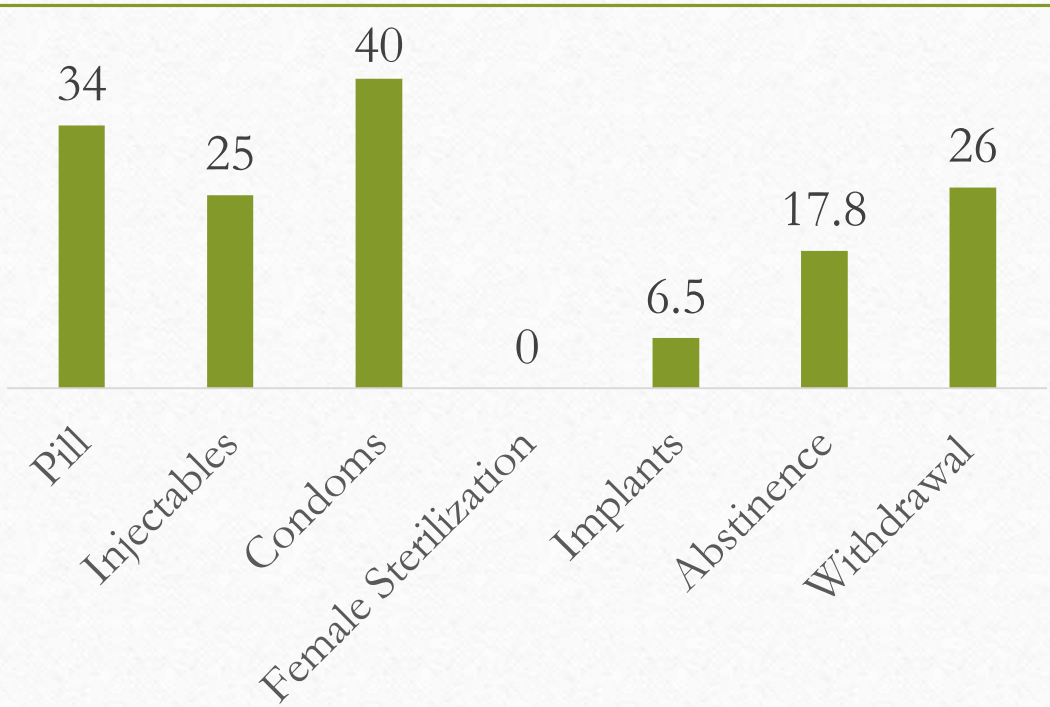
48% of recently postpartum women (<12 month) are don't want to have any more children.

And 47% of recently postpartum women are not using any family planning method.



But 92% want to wait at least 2 years before having another child.

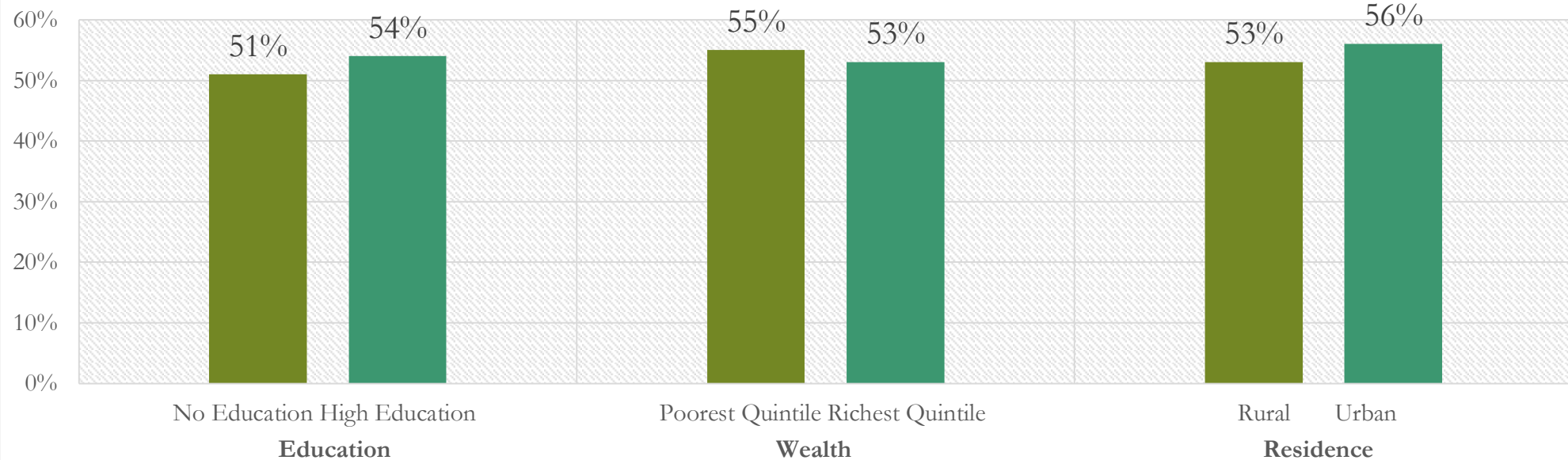
High Discontinuation Rate (30%)



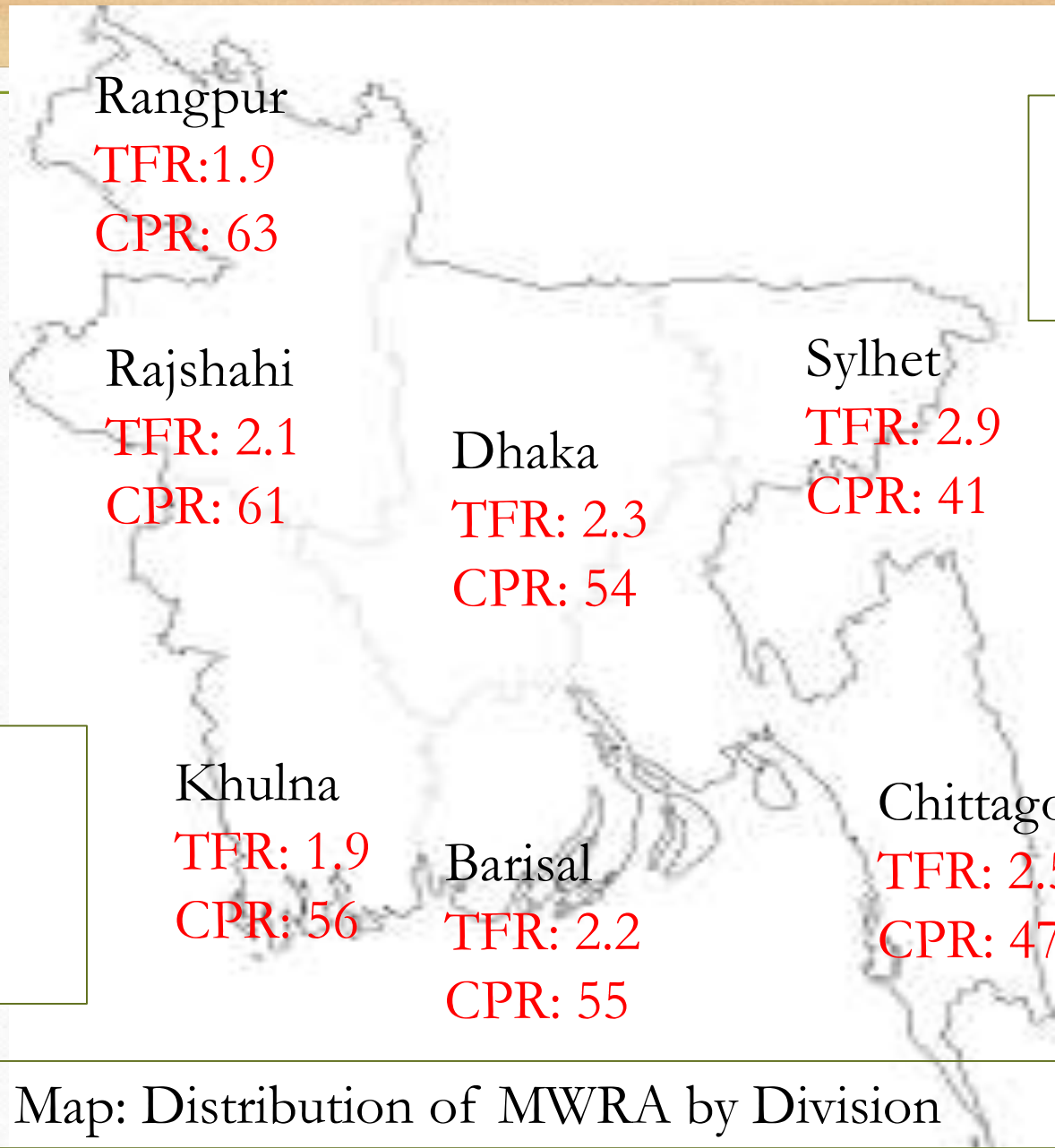
Effective counselling can reduce discontinuation due to side effects and method failure

Equity

mCPR (MW) comparison across key domains



Source: 2014 BDHS



BGD Population
160M
MWRA 31.6M

CPR (MN 62.4%):
19.7M
mCPR (54.1%): 17M
UMN (12%): 3.8M

Map: Distribution of MWRA by Division

Quest for
Inclusive Transformation of Bangladesh
WHO NOT TO BE LEFT BEHIND

EXECUTIVE SUMMARY

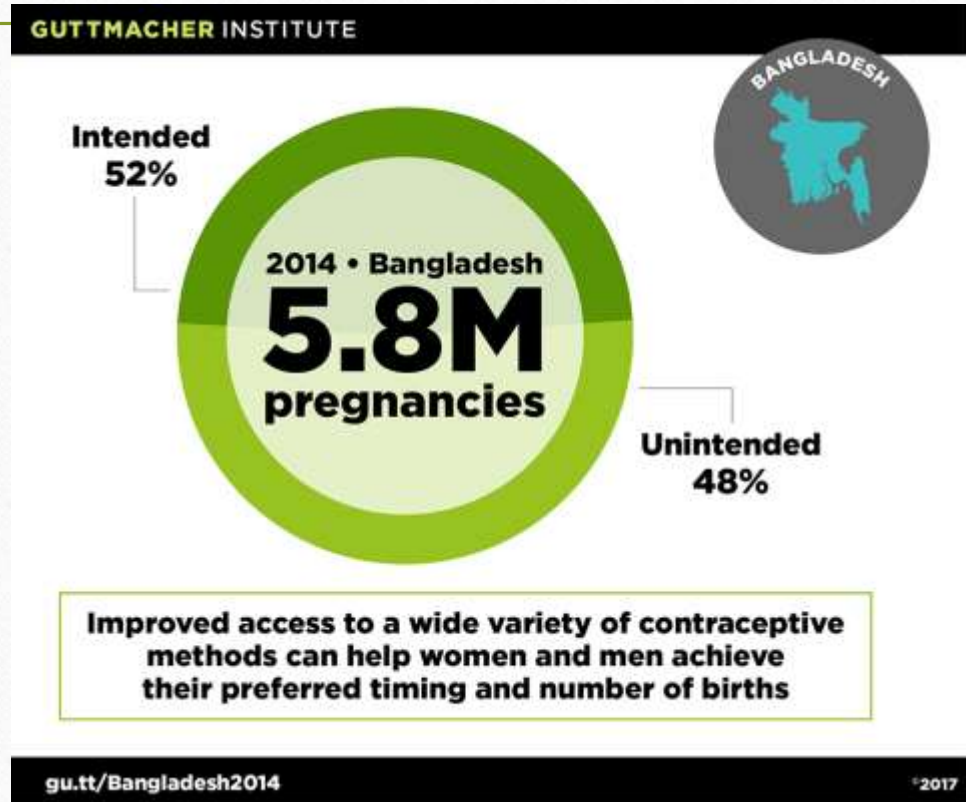


Citizen's Platform for SDGs, Bangladesh
এসডিজি বাস্তবায়নে নাগরিক প্রাটিকর্ষ, বাংলাদেশ

- Income
 - Gender
 - Geographic location
 - Education and skills
-
- Lifecycle
 - Civil identity
 - Disability
 - Occupation
 - Religion and ethnicity
 - Sexual orientation and
 - Shock-induced vulnerability.

Some Facts

- **3,800,000** Women in reproductive age are not using any contraceptive in Bangladesh
- **>2,700,000** Unintended pregnancies in each year
- **1,194,000** induced abortions were performed in Bangladesh in 2014



Critical Areas to Address



Common Bottlenecks	
Leadership/ Governance	Policy or strategy implementation (population policy) Political support and coordination
Health Financing	Funding or budget allocation for contraceptives Coverage of financing schemes
Health Workforce	Lack of motivation of staff due to absence of career growth Maldistribution between urban and rural Lack of competency-based training including preservice and in-service
Essential Medical Products and Technologies	Uninterrupted supply of all contraceptives Contraceptive forecasting, procurement and tracking systems
Service Deliveries	Urban, adolescent & youth Local level planning for hard to reach Week supervisory, mentoring and monitoring Quality of services
Information System	Introduce FP data into DHIS-2 platform Data from private sector not routinely collected and reported Data management and use (interpretation, analysis and planning?)
Community Ownership and Partnership	Lack of male involvement in FP issues Insufficient community-based advocacy efforts on benefits of FP

FAMILY PLANNING IS A HUMAN RIGHT

1968 Tehran Proclamation: “..... a basic human right to determine freely and responsibly the number and the spacing of their children.”