

IC Country File
Bangladesh
PN-AAZ-718

Briefing Paper:
on
USAID/Dhaka
Family Planning Services Project (FPSP)
388-0050

September 1986

I.. The Demographic Picture in Bangladesh

As enumerated in the 1981 Census, the population of Bangladesh was approximately 90 million. With an estimated growth rate of 2.7 percent per year, there are over 101 million people living in Bangladesh today in an area the size of Wisconsin. By the year 2000, the IBRD has estimated that the population will have grown to approximately 160 million. Bangladesh is a predominantly rural country with about 85 percent of its people living in rural areas. The pressure of rapid population growth is leading to fragmentation of land holdings in the rural areas and is increasing the rate of migration of rural residents to urban areas.

The components of population growth are the fertility rate, the mortality rate and the age-sex structure of the population. A fourth component, out-migration, is not of significance yet for Bangladesh. There is considerable debate about the precise fertility rate. However, it seems clear that the Crude Birth Rate (CBR) is over 40 per thousand and completed family size is almost six children. The Crude Death Rate (CDR) is between 15 and 20, and the Infant Mortality Rate is about 140.

Bangladesh has an age structure which indicates continued rapid population growth. Since half of the population is under 15 years of age, this large group of individuals will be moving into childbearing years during the next several decades. Consequently, an increase in availability of contraceptive services will be required simply to maintain the current contraceptive prevalence rate.

Basic Demographic Measures

<u>Total Population</u> Mid 1985 (estimate)	101,000,000
Rural population (85%)	
Urban population (15%)	

<u>Total Area of country</u> (including rivers) (sq. mile)	55,598
<u>Population Density</u> (sq. mile)	1,817

<u>Religious Composition</u> (81 Census)	<u>Percent</u>
Muslim	86.6
Hindu	12.1
Buddhist	0.6
Christian	0.3
Other	0.3

<u>Literacy Rates</u> (1981 census)	
Both Sexes	19.7 percent
Male	25.8 percent
Female	13.2 percent

Fertility Measures ("best estimates")

CBR (Crude Birth Rate) in 1985

41 per 1,000 population

TFR (Total Fertility Rate)

5.6 children

Mortality Measures ("best estimates")

CDR (Crude Death Rate) in 1985

17 per 1,000 population

IMR (Infant Mortality Rate)

140 per 1,000 live
births

II. Introduction: The Family Planning Services Project (FPSP)

Reduction of fertility is one of the primary goals of the Government of Bangladesh (GOB). USAID helps support this goal through a \$ 150 million "umbrella" project, entitled the "Family Planning Services Project" (FPSP), 1981-86, which is designed to help meet the current demand for family planning services. "Unmet demand" for modern contraception is estimated to be around 30 percent of all eligible couples. The objective of the FPSP is to increase the prevalence of modern methods of contraception to 28% by the end of 1987. Currently, modern method prevalence is estimated at 22.7 percent.

The FPSP has three major components: a grant to the GOB for clinical and community-based family planning activities offered by the Ministry of Health and Family Planning (MOHFP); a grant that supports the Family Planning Social Marketing Project (SMP); and grants to non-governmental organizations (NGOs) offering clinical and community-based family planning services. The project includes substantial assistance for two support activities: procurement of contraceptives for MOHFP, FPSMP and NGO services and technical assistance in commodities distribution and management; and research/evaluation studies which address quality of care and effectiveness of service issues in each of the three implementing agencies (the MOHFP, SMP, and NGOs).

In FY85 and 86, about \$ 9 million in child survival (CS) funding was approved for introduction of ORT through the SMP and for implementation of an Urban Volunteers Program in Dhaka offering a range of maternal and child health (MCH) services:

In the summer of 1986, USAID-Dhaka began to design a new Family Planning and Health Services Project (FPHSP) for FY 87-91. The new project will be based on experience gained from the FPSP and on the findings of major evaluations and several studies of the FPSP and its sub-components.

The new project proposal, scheduled for submission to AID/Washington in January 1987, will have both population and health objectives. Three key interventions will be proposed for support: child spacing and sterilization services (family planning); immunization; and oral rehydration therapy (ORT).

The FPHSP will emphasize, as did the FPSP, improving the quality and safety of family planning services as well as expanding access to them. The FPHSP will include innovative support to Upazila Parishads and Upazila Chairmen in the implementation of decentralized FP/MCH programs.

III. FPSP: USAID Assistance to the Ministry of Health and Family Planning (MOHFP)

The FY86 grant to the MOHFP has two major components, activities related to the provision of clinical family planning services and the provision of contraceptives. Smaller amounts are budgeted for contraceptive prevalence surveys (to measure project progress), training, research and technical assistance, printing of FP/MCH materials and construction of Upazila storerooms for contraceptives.

The grant provides reimbursements to the MOHFP for costs experienced by acceptors, helpers and providers of vasectomy and tubectomy. Clients are reimbursed Tk. 175 (US \$ 5.80) for lost wages, travel, and food, and are provided sarees or lungis as surgical garments. Helpers, who accompany clients to clinics and assist with personal needs and child care, receive Tk. 45 (US \$1.50) to compensate them for transportation costs, food and wages lost. Service providers are compensated for those surgical and aftercare services which are in addition to their normal duties, and for working after hours (Tk.20-US\$0.66 for physicians and Tk.15-US\$0.50 for assistants). Additionally, the grant reimburses IUD acceptor (Tk.15-US \$ 0.50) and service provider costs (Tk.5/\$ 0.17 for insertion and Tk.15/\$0.50 for helper's travel costs). These costs are computed as average costs.

USAID closely monitors both the VS and IUD programs and has funded or otherwise supported a number of evaluations and studies.

The project has provided funding for significant quantities of oral contraceptives, condoms, IUDs, foam and surgical commodities.

Major Government Contacts: Manzoor-ul-Karim, Secretary
Aminul Islam, Addl. Secretary
Azizul Karim, Deputy Chief,
Planning Cell
Col. A.L. Mallik, Director General
Implementation

IV. FPSP: USAID Assistance to The Social Marketing Project (SMP)

Social Marketing is based on the principle that social benefits can be provided more efficiently and effectively by using the existing, private-sector marketplace as a disseminator of contraceptive information and services. All of the principles of modern marketing are employed, but there is no profit sought. Rather, the product price is subsidized so that it is affordable to the general public. The wholesalers and retailers do make a profit on their sales, providing an incentive to distribution. In Bangladesh, commercial-style market research, advertising, packaging, pricing and product mix are used to sell condoms (3 brands), oral contraceptives (2 brands) and foaming tablets (one brand). Oral rehydration salts were added to the product line in late 1985. The addition of safe delivery kits is currently being tested.

The SMP sells to about 100,000 retail outlets, including large stockists, pharmacies, general merchandise shops, tea stalls and "pan-wallah" shops. Utilizing these private-sector sales outlets, SMP has contributed significantly to the widespread availability of family planning products throughout Bangladesh.

Project Personnel: - Mr. Phil Hughes; Population Services
International (PSI)
Country
Representative

- Mr. S. Anwar Ali; SMP Executive Director ..

V. FPSP: USAID-ASSISTANCE TO NON-GOVERNMENTAL ORGANIZATIONS (NGOs)

USAID, through the FPSP, supports seven major NGOs active in family planning: The Family Planning Association of Bangladesh (FPAB), The Pathfinder Fund (TPF), The Asia Foundation (TAF), Family Planning International Assistance (FPIA), the Family Planning Services and Training Center (FPSTC); The Association for Voluntary Surgical Contraception (AVSC)-local affiliate: The Bangladesh Association for Voluntary Sterilization (BAVS); and The Bangladesh Fertility Research Program (BFRP).

These NGOs in turn support smaller indigenous NGOs involved in community-based distribution (CBD) activities and in clinical projects specializing in the provision of high-quality VS and IUD services.

To date, in response to MOHFP policy guidelines, most NGO activities have been concentrated in urban areas; rural areas were allocated to the Government to cover. Recently, this policy has been changed and NGOs are no longer restricted to urban areas. Rural programs are supported and coordinated with the MOHFP service delivery system. NGO clinical programs are all urban (city and town) based.

Pilot NGO projects are testing ways to strengthen coordination between MOHFP and NGO family planning programs. NGO CBD programs clearly demonstrate the demand for quality family planning services. In most CBD project areas, 30-35 percent of all eligible couples are using modern contraception, significantly higher than the national figure. Some factors contributing to this success are a relatively low ratio of eligible couples to individual field workers, emphasis on training and supervision; and primarily female staff.

The seventh NGO, BFRP, conducts clinical and service-related research.

NGO Personnel: Mr. Mozammel Hoque, Executive Director,
Family Planning Association of Bangladesh
(FPAB)

Dr. Alauddin, Country Representative,
The Pathfinder Fund (TPF)

Mr. Geoff Taylor, The Asia Foundation (TAF)

Mr. Dallas Voran, Acting Director, Association
for Voluntary Surgical Contraception (AVSC)

Dr. Azizur Rahman, Bangladesh Association
for Voluntary Sterilization (BAVS)

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Mr. Abul Hashem, Associate Regional Director,
Family Planning International Assistance (FPIA)

Mr. Abdur Rouf, Chief Executive,
Family Planning Services & Training Centre
(FPSTC)

Dr. Halida Akhtar, Executive Director,
Bangladesh Fertility Research Program (BFRP)

VI. FPSP: USAID Assistance for Commodities and Logistics

QUANTITIES AND APPROXIMATE \$ VALUE OF COMMODITIES PROCURED BY
USAID/AID FOR POPULATION PROGRAM UNDER THE FPSP:

1.	Condoms	330,302,000 pieces	\$ value = 15.35 M
2.	EMKO foam	190,000 vials	\$ value = .248 M
3.	Copper Ts (IUDs)	2,100,000 pieces	\$ value = 2.08 M
4.	Catgut	1,969,472 pieces	\$ value = .514 M
5.	Vensection Kits	1,300 pieces	\$ value = .362 M
6.	Emergency Medicines	1,094,000 doses	\$ value = .822 M
7.	Surgical Supplies	12,500 pieces	\$ value = .085 M
		GRAND TOTAL:	\$ 19.46 M

USAID has engaged a Personal Services Contractor (PSC), J.Brandt, who provides technical assistance to the Logistics Unit of the MOHFP in commodity management accountability, distribution data flow and training. The PSC, two USAID FSN staff and several locally-recruited contractors have: (1) conducted USAID-funded national physical inventories of commodities; (2) revised the official MOHFP Supply Manual; (3) computerized commodity distribution data; (4) developed commodity distribution and management tools; and (5) organized a major training effort for 1100 logistics personnel.

Since early 1985, major donors to the population program have used a concerted approach to achieve reforms which they have identified as desirable and necessary. There is a monthly Donors Logistics Coordinating Meeting usually held in the office of the UNFPA's Senior Advisor on Population. These efforts have resulted in a dialogue with the MOHFP in which donors describe their interpretations of specific issues and suggest actions which could be taken to improve the logistics system. The MOHFP has responded positively to this approach, holding a series of meetings in which specific issues are discussed and some resolutions achieved.

VII. FPSP: Research and Evaluation

General

Under the FPSP, USAID has funded a large number of research and evaluation activities which address access, quality of care and effectiveness issues in each of the project's three implementing agencies, the MOHFP, SMP, and NGOs.

To evaluate the overall sterilization and IUD programs, a national-level survey of sterilization services is done on a quarterly basis; and of IUD services on an annual basis; and focus group discussions involving sterilization and IUD acceptors are undertaken annually. National contraceptive prevalence surveys (CPSs) are conducted on a biennial basis. Physical inventories of contraceptive stocks are carried out annually.

TPF, FPSTC and TAF have all completed mini-CPSs in their respective program areas. Voluntarism and the factors influencing the sterilization decision-making process have been the focus of surveys and studies conducted by various NGOs, most notably AVSC and BAVS.

Other studies have been concerned with marketing, distribution/sales and use of contraceptives under the SMP; the use-effectiveness of pills and condoms distributed under NGO projects; clinical quality of care investigations on sterilization mortality and morbidity; and studies on the safety and acceptability of contraceptive technologies, including the new generation of Copper T IUDs.

Two Personal Services Contractors, G. Newton and A. Kantner, have been engaged by USAID to help design, monitor and analyze USAID-supported research and evaluations.

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ICDDR,B: The Matlab Project and the MCH-FP Extension Project

Since 1977, the International Center for Diarrhoeal Disease Research, Bangladesh (ICDDR,B), with financial support from USAID and other donors, has been conducting a research project in Matlab Thana, in rural Bangladesh, designed to evaluate the demographic and health effects of family planning (FP) services and to identify conditions associated with program success. A summary of findings from Matlab follows:

Demand for FP services existed prior to their introduction in Matlab. When demand was met by a high-quality FP program, contraceptive prevalence increased and fertility and mortality declined substantially. These declines were achieved in the absence of significant economic development in Matlab; to the contrary, the economic situation likely deteriorated during the period under study. The FP program itself was, it appears, mainly responsible for fertility and mortality declines. The following key features of the program were associated with its success:

- o There were enough trained female field-workers to permit sufficiently frequent visits (bi-weekly) to women's homes, to effectively meet women's needs for FP counselling, re-supply, follow-up and ancillary MCH care.
- o Female field-workers were able to provide, either in homes or by referral to clinics, a broad range of modern contraceptive methods from which clients could choose.
- o Female field-workers received adequate support for their work from female paramedics and physicians, male supervisors, and an MIS system designed with their needs in mind.
- o Workers were not given tasks inappropriate to their gender and were not overwhelmed with new tasks --- rather additional gender-appropriate FP and MCH tasks were phased-in gradually after careful planning, training, and evaluation.

The Matlab project's success was, however, achieved in a "laboratory" setting, with an "enriched" program atypical of the standard MOHFP service program, most importantly, in terms of its more favorable field worker-to-population ratio. Therefore, ICDDR,B's "Extension Project", supported by USAID, was launched in 1982 to test the transferrability of key components of the successful Matlab work system to the MOHFP program. Two Upazilas were selected Aboynagar and Sirajgonj.

A summary of the key Extension Project findings follows:

- o Contraceptive prevalence has increased dramatically in the upazilas: from 21.3% (1983) to 42% (mid-1986) in Aboynagar and from 7.4% (1983) to 28% (mid-1986) in Sirajgonj (all methods-modern and traditional).

- o The female field worker-to-population ratio, and the average travel time from workers to clients' homes, are both significantly related to contraceptive prevalence. In other words, an increase in the number of female field workers should lead to more frequent contact with clients at their homes, thereby increasing the use of family planning. This finding led to a GOB decision to hire 10,000 additional female field-workers (FWAs) by 1990. The field workers, once deployed, should increase the frequency of FWA/client contact from once every three to once every two months. However, even this may not be enough to achieve further increases in prevalence given the Matlab experience where a worker to client ratio permitting home-visits once every two weeks appeared to be of central importance in attaining modern method prevalence rates up to 45%.
- o Improvements in the field management system (e.g. field staff meetings, better record-keeping system, supervisory support) can improve field coverage and consequently contraceptive prevalence.

Comparative contraceptive prevalence rates by method for Matlab, the Extension Project upazilas and the nation at large are presented in Attachment D.

ICDDR,B Senior Staff:

Dr. Badru-Doza, Associate Director,
Matlab and Extension Projects.

MCH/FP Extension
Project Personnel:

Dr. Michael Koenig, Project Director,
Dr. Zahidul Huq, Medical Officer,
ICDDR,B, MCH/FP, Extension Projects.

VIII. Family Planning (FP) Program Outputs

Contraceptive Prevalence Surveys (CPSs) are the main tool by which USAID measures FP program outputs. The CPS provides an independent estimate of levels and trends of FP performance. CPSs were conducted in 1979, 1981, 1983 and 1985, all with support from USAID.

CPSs show a steady and substantial increase in contraceptive prevalence from 1975 (the year of the Bangladesh Fertility Survey) to 1985, particularly in the use of modern methods. Of special interest is the acceleration in the annual pace of increase for modern methods between 1983-1985, nearly doubling over previous years (approx. 2.5 percentage points per year versus 1.1 - 1.3 per year in previous years). Sterilization accounted for over 80% of the total increase in modern method prevalence between 1979 - 1983. Preliminary findings from the 1985 CPS, however, suggest sterilization's share of the overall increase in modern method use fell to 40% between 1983 and 1985. Thus, increases in temporary methods are contributing considerably more to the rising CPR than in the past but sterilization continues to play a significant role.

After adjusting for suspected underreporting by women of use of male methods of contraception, preliminary 1985 CPS findings suggest that overall prevalence (modern and traditional) may be as high as 29.6% in 1985, up from 21.6% in 1983. Modern method usage is estimated at 22.7%, up from 16.2% in 1983.

While the overall trend of increasing contraceptive prevalence between 1975-1985 is heartening, there is serious concern the trend may not be sustained. With the exception of injectables, performance of other modern methods declined in 1985/86. The decline in sterilization has been particularly acute. Total procedures performed in FY85-86 were 267,406, a 45% decrease from the 489,650 sterilizations performed in FY84-85. The main reason for the performance slump may be the effect of functional integration of family planning and health on the morale of family planning staff, especially the UFPOs*, whose status and independence have suffered most from integration. UFPOs lost their place on the Upazila Parishad to UHFPOs as a result of integration. Moreover, half of all UFPOs are not yet encadred in the Bangladesh Civil Service and feel strongly that they should be. The reasons for the decline in performance are being studied. Continued USAID assistance at both the policy and program level at what appears to be a critical juncture in the program's evolution, is clearly needed.

* UFPO - Upazila Family Planning Officer, a non-physician; an employee of the FP Directorate of the MOHFP.

UHFPO - Upazila Health and Family Planning Officer, a physician; an employee of the Health Directorate of the MOHFP.

IX. USAID Assistance for Child Survival (CS) Projects

Since FP has major child survival (CS) impact, USAID has long been an actor in attempts to improve CS in Bangladesh. In addition to FP assistance, USAID obligated \$ 5 million in FY85 for the introduction of ORS into SMP's nationwide retail sales program. An additional \$ 4 million has been obligated in FY 86 to support the Urban Volunteer Project (UVP), which will deliver a package of basic CS interventions in the major urban slum areas of the country, and measure effectiveness and impact. AID/W has also funded CS projects in Bangladesh through Helen Keller International, Save the Children Federation, and the Salvation Army World Service Organization. With these projects and excluding FP projects, USAID's CS portfolio will soon exceed \$ 10 million.

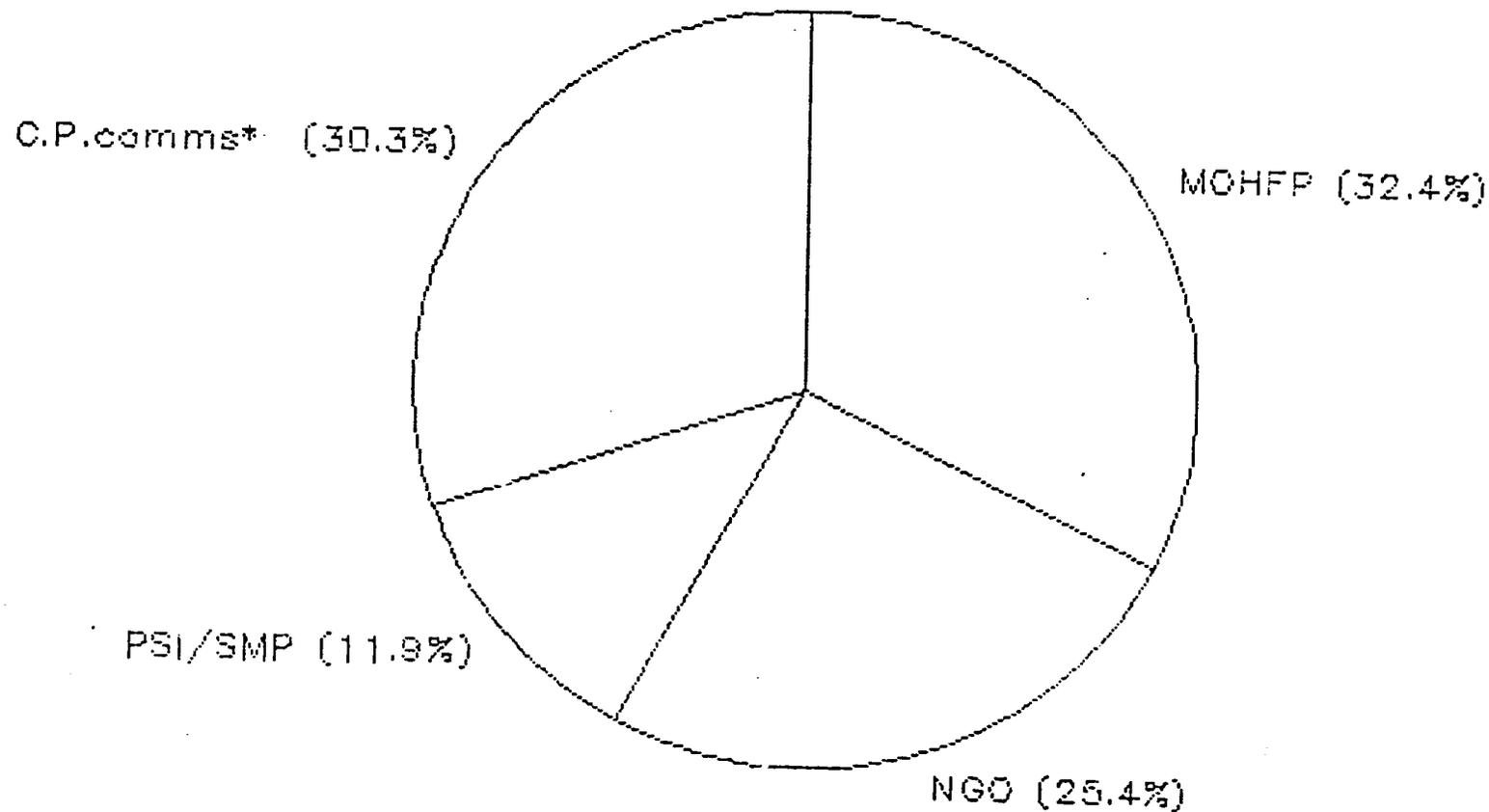
In the Mission's long-term CS strategy developed in mid-1986, child spacing is seen to have the greatest potential impact on CS in Bangladesh. The new FPHSP will continue the FPSP's emphasis on provision of temporary as well as permanent methods of family planning. All child spacing efforts will be funded from the Agency's Population Account. For other CS interventions, including immunization and oral rehydration therapy, USAID will attempt to complement ongoing or planned CS efforts of other donors in Bangladesh utilizing Health Account and CS Account funding. USAID involvement will try to fill the gaps left by these other programs to meet the country's needs and reduce mortality. Two major new USAID sub-projects are presently under development: a Municipal Immunization Program, which will assist the GOB to accelerate its expanded immunization program in major urban centers, probably beginning with Dhaka and Chittagong, and a possible project with the Ministry of Social Welfare, Directorate of Women's Affairs, to develop a depot-holder/income-generation project for village women who would sell ORS, safe delivery kits and selected contraceptives at a small profit from their homes. The SMP will also investigate the feasibility of establishing village-level distributorships of village women, who would educate on the use of, and sell, SMP products. These projects will be folded into the new FPHSP to be funded by USAID in FY87.

With expected additional CS projects over the next few years, including possible new centrally-funded projects, USAID expects that total AID funding for CS in Bangladesh (excluding FP) will build to obligations of over \$ 20 million during the next few years.

Family Planning Services Project

Attachment A

Five-year total, 1981-86, \$ 150 million



* Centrally procured commodities.

Attachment B

Yearwise Performance of Different Contraceptive Methods, 1980-86
Based on Distribution Statistics

<u>Period</u>	<u>Sterilization (in cases)</u>	<u>IUD (in cases)</u>	<u>Oral pill (in cycles)</u>	<u>Condom (in pieces)</u>	<u>Injection (in doses)</u>	<u>EMKO (in vials)</u>	<u>Foam Tablets (in pieces)</u>
1980-81	258,793	41,601	8,237,774	87,111,780	112,010	59,804	5,001,943
1981-82	302,908	83,668	7,751,352	93,230,417	81,065	64,226	4,106,370
1982-83	363,157	117,743	8,257,995	116,821,484	72,697	69,634	5,404,417
1983-84	552,051	303,338	9,725,834	131,096,735	122,503	64,249	4,384,707
1984-85	491,599	432,465	11,552,863	151,939,740	165,933	71,795	3,222,201
1985-86	267,406	367,068	12,187,008	135,983,037	220,323	47,175	3,125,328

SOURCE: MIS Unit, Population Control Directorate.

ATTACHMENT - C

USAID-Funded Family Planning Non-Governmental
Organizations (NGOs) by Number of Projects
and Number of Sites

USAID, through the Family Planning Services Project, supports 6 Non-Governmental Organizations (NGOs) providing community-based and clinical FP services: Bangladesh Family Planning Association (BFPA), The Pathfinder Fund, The Asia Foundation (TAF), the Bangladesh Association for Voluntary Sterilization (BAVS) through the Association for Voluntary Surgical Contraception (AVSC), Family Planning International Assistance (FPIA), and the Family Planning Services and Training Center (FPSTC). The total number of NGO projects and project sites are shown in the table below:

Summary of AID-Funded NGOs: Number of Projects and Project Sites

<u>Name of NGOs</u>	<u>No. of Projects</u>	<u>No. of Project Sites</u>
Pathfinder	29	34
BFPA	2	40
AVSC/BAVS	1	33
TAF	26	73
FPIA *	7	107
FPSTC, USAID-Funded	26	26
Total:	91	313

* Includes 26 projects sites of FPSTC.

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CONTRACEPTIVE PREVALENCE RATE BY METHOD IN BANGLADESH

<u>M E T H O D</u>	<u>NATIONAL</u> ¹	<u>MATLAB</u> ²	<u>ABHOYNAGAR</u> ³
Oral pill	5.1	8.2	0
Condom	1.8	1.3	6
Vaginal method	0.2	0.4	
Injection	0.5	16.7	8
I.U.D.	1.4	6.4	5.5
Tubectomy	7.8	9.9	13.0
Vasectomy	1.5	0.4	3.2
Total Modern method	18.3	43.3	38.1
Total Traditional method	6.9	1.6	4.2
All methods	25.2	44.9	42.3

- 1 = CPS survey 1985 (unpublished data)
2 = Matlab RKB system, June 1986
3 = Abhoynagar RKB system, June 1986

Note: When figures are adjusted for underreporting of male methods by women, these rates are somewhat higher, e.g. the national CPR (1985) is 29.6%.