NATIONAL GUIDELINE

Family Planning Services in Private Health Facilities and GP Chambers in Bangladesh

Directorate General of Family Planning
Ministry of Health and Family Welfare

পরিবার পরিকল্পনা অধিদপ্তর

National Guideline on Family Planning Services In Private Health Facilities and GP Chambers in Bangladesh.

Technical Contribution

Members of Technical Working Group developed the national guideline on family planning services in private health facilities and GP Chambers in Bangladesh.

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The National Guideline on Family Planning in Bangladesh has been developed under the leadership CCSDP unit, DGFP with technical support from Ipas Bangladesh.

MESSAGE

Bangladesh has made remarkable strides in population management, demonstrated by reductions in the total fertility rate (TFR), population growth rate, and increases in contraceptive prevalence rate (CPR) and life expectancy. Despite these successes in family planning and maternal, neonatal, and child health services, challenges remain, particularly in postpartum family planning (PPFP) services and addressing the unmet need for family planning. Expanding multi-sectoral involvement, including private health facilities, is critical to overcoming these challenges and enhancing the coverage of quality family planning services nationwide.

The private health sector plays a significant and growing role in clinical health service delivery in Bangladesh. However, family planning services remain predominantly confined to the public sector, with limited involvement from NGOs and private facilities. There is an opportunity to integrate family planning services into private health facilities, such as private medical college hospitals, clinics, and practitioner chambers, particularly to make postpertum family planning methods more accessible to clients. In this context " The National Guideline for Family Planning Services in Private Health Facilities that includes Private Medical College Hospitals, Private Hospitals & Clinics, and General Practitioner Chambers in Bangladesh" has been collaboratively developed by the Directorate General of Family Planning (DGFP), Directorate General of Health Services (DGHS), Bangladesh Private Hospital, Clinic & Diagnostic Owner's Association (BPHCDOA), and Bangladesh Private Medical Practitioner Associations (BPMPA), with technical support from Ipas Bangladesh.

This guideline serves to support private health facilities—Private Medical College Hospitals, Private Hospitals, Clinics, Nursing Homes, and General Practitioners (GPs) and specialists, including Ob-Gyn specialists in private practice—to actively participate in delivering quality family planning services in alignment with government policies, rules, and regulations. It establishes minimum standards for women-centered and respectful family planning services, ensuring the availability of commodities, equipment, logistics, and data management systems for effective program implementation and monitoring.

I urge all private sector stakeholders to adopt and implement this guideline in collaboration with the government's family planning program, contributing proactively to our nation's progress and our collective efforts to achieve the Sustainable Development Goals (SDGs) by 2030. Finally, I extend my gratitude to all individuals and organizations whose efforts made the development of this guideline possible.

Dr. Ashrafi Ahmed, ndc
Director General
Directorate General of Family Planning

MESSAGE

According to the BDHS 2022, around 55% of women in Bangladesh use modern methods of contraception, with the private sector serving as the main source. The private sector's market share in providing modern contraceptives increased from 50% in 2017 to 60% in 2022. 50% of girls are married before the age of 18, and 23% of women aged 15–19 years have experienced pregnancy. Regarding childbirth, 45% of deliveries take place in private health facilities, followed by 18% in public health facilities, and 35% at home.

Given this context, now is a critical time to encourage the private sector to initiate and expand the provision of family planning (FP) services, especially through the increased availability of long-acting reversible contraception (LARC) such as IUDs and implants along with other short acting and permanent methods. Ensuring the supply of FP commodities will improve accessibility and availability, enabling eligible couples to obtain services from the open market based on their needs. This approach will help meet demand and significantly increase FP service coverage.

The Directorate General of Health Services (DGHS) and the Directorate General of Family Planning (DGFP), under the Ministry of Health and Family Welfare (MOHFW), have taken important steps to strengthen FP service delivery in the private sector across Bangladesh. The National Guideline for Family Planning Services in Private Health Facilities—covering private medical college hospitals, private hospitals and clinics, and general practitioner chambers—is a timely and essential resource. This guideline has been developed collaboratively with the Bangladesh Private Hospital, Clinic & Diagnostic Owners' Association (BPHCDOA) and the Bangladesh Private Medical Practitioners Association (BPMPA), with technical assistance from Ipas Bangladesh.

The guideline serves as an operational tool for implementing national FP programs in private health facilities. With a specific focus on interval FP, post-abortion family planning (PAFP) and postpartum family planning (PPFP), it is designed to equip service providers with clear guidance for delivering high-quality, client-centered, and respectful FP services. It also clarifies the roles and responsibilities of DGFP, DGHS, and private sector stakeholders.

We sincerely acknowledge the valuable contributions of the technical and review committee members, and express gratitude to our colleagues from DGHS, DGFP, OGSB, BPHCDOA, and BPMPA whose expertise and dedication shaped this guideline. Special thanks to Ipas Bangladesh for their ongoing technical support.

We are confident that the widespread adoption and implementation of this guideline will enable private health facilities to play a stronger role in delivering comprehensive and quality family planning services, ultimately contributing to improved reproductive health outcomes for the people of Bangladesh.

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Ipas Partners for Reproductive Justice
BANGLADESH

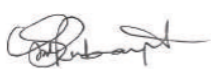
MESSAGE

Family planning is a cornerstone of public health and gender equity, directly influencing maternal and child health outcomes and contributing to national development. In Bangladesh, while significant progress has been made in increasing contraceptive use and reducing fertility rates, the role of the private sector remains underutilized in the provision of comprehensive, high-quality family planning services.

Recognizing the increasing reliance of the population on private health facilities, including private medical college hospitals, clinics, and general practitioner chambers—it is both timely and essential to integrate family planning into these service delivery points. This integration can ensure greater access, convenience, and continuity of care for clients, especially for post-partum and post-abortion family planning.

Ipas Bangladesh is honored to provide technical support to the Directorate General of Family Planning (DGFP) in the development of this 'National Guideline for Family Planning Services in Private Health Facilities and GP Chambers in Bangladesh'. This guideline reflects a collaborative, multisectoral effort involving government institutions, private sector associations, and experts. It is grounded in evidence, responsive to the realities of Bangladesh's health system, and aligned with national policies and l best practices.

Our shared goal is to ensure that every woman and couple in Bangladesh has access to respectful, client-centered, and high-quality family planning services. By standardizing service delivery protocols, ensuring readiness of commodities and systems, and building the capacity of private sector providers, this guideline serves as a practical tool to strengthen and expand the family planning program nationwide.
We extend our sincere appreciation to the DGFP, DGHS, BPHCDOA, BPMPA, OGSB, and all contributors whose vision and dedication made this initiative possible. We look forward to continued partnership to ensure its successful implementation and ultimately, to advance reproductive health and rights for all.



Dr. Sayed Rubayet
Country Director
Ipas Bangladesh

ACKNOWLEDGEMENT

The National Guideline for Family Planning Services in Private Health Facilities (Private Medical College Hospitals, Private Hospitals & Clinics, and General Practitioner Chambers) in Bangladesh has been jointly developed by the Directorate General of Family Planning (DGFP) and the Directorate General of Health Services (DGHS), in collaboration with the Bangladesh Private Hospital, Clinic & Diagnostic Owner's Association (BPHCDOA) and the Bangladesh Private Medical Practitioners Association (BPMPA), with technical assistance from Ipas Bangladesh.

This guideline serves as and operational directive for implementing the national family planning program in private health facilities, particularly focusing on postpartum family planning (PPFP) services. This document is designed to offer a clear understanding and practical guidance for delivering quality family planning services. It delineates the roles and responsibilities of DGFP, DGHS, and private health facilities, enabling the provision of effective and efficient FP services through private medical institutions. The guideline is intended for use by Private Medical College Hospitals, Private Hospitals & Clinics, and General Practitioner Chambers in adherence to the Family Planning Manual of DGFP.

I extend my heartfelt thanks to all members of the technical and review committees for their invaluable contributions and dedication in developing and finalizing this vital resource. My sincere gratitude also goes to the officials from DGFP and DGHS, as well as representatives from BPHCDOA and BPMPA, for their active participation and collaborative efforts. I would like to particularly acknowledge Ipas Bangladesh for their technical support.

We are confident that the effective use of this guideline by relevant stakeholders, especially in private health facilities, will significantly extend the coverage and accessibility of quality family planning services across Bangladesh.

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Acronyms and abbreviations:

ANC	Ante-Natal Care
BDHS	Bangladesh Demographic and Health Survey
BPMCA	Bangladesh Private Medical College Association
BPDOA	Bangladesh Private Clinics and Diagnostics Owners' Association
BPMPA	Bangladesh Private Medical Practitioners Association
CWH	Central Warehouse
CMSD	Central Medical Stores Depot
CCSDP	Clinical Contraception Services Delivery Program
CPR	Contraceptive Prevalence Rate
DDO	Draw and Disbursing Officer
DGFP	Directorate General of Family Planning
DGHS	Directorate General of Health Services
DGNM	Directorate General of Nursing and Midwifery
DHIS	District Health Information Systems
ECP	Emergency Contraceptive Pill
ESP	Essential Service Package
FP	Family Planning
IPC	Infection Prevention and Control
IUD	Intra-Uterine Contraceptive Devices
FP-FSD	Family Planning-Field Services Delivery Program
GP	General Practitioner
HMIS	Health Management Information System
LAM	Lactational amenorrhea method
LAPM	Long Acting and Permanent Methods
LARC	Long-Acting and Reversible Contraceptives
LMIS	Logistics Management Information Systems
MLD	Mid-Level Providers
MOHFW	Ministry of Health and Family Welfare
MFSTC	Mohammadpur Fertility Services & Training Center
MCHTI	Maternal and Child Health Training Institute
MCWC	Mother & Child Welfare Center
MSRs	Medical and Surgical Requisites
MIS	Management Information Systems.
NGO	Non-Government Organization
PPFP	Post-partum Family Planning
PAFP	Post-abortion Family Planning
PNC	Post-Natal Care
POP	Progesterone Only Pill
QA	Quality Assurance
QoC	Quality of Care
SBBC	Social Behavioral Change Communication
SRHR	Sexual and Reproductive Health and Rights
SCMP	Supply Chain Management Portal
SMC	Social Marketing Company
SDP	Service Delivery Point
SDG	Sustainable Development Goal
TFR	Total Fertility Rate
UHFWC	Union Health & Family Welfare Center
UIMS	Upazila Inventory Management Systems
WIMS	Ware-house Inventory Management Systems

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1. INTRODUCTION

1.1. Family Planning Services in Private Health Facilities

The *National Guideline for Family Planning Services in Private Health Facilities* (Private Medical College Hospitals, Private Hospitals & Clinics, and General Practitioner Chambers) in Bangladesh provides comprehensive guidance for delivering quality family planning information and services to eligible acceptors. This guideline outlines the roles and responsibilities of the Directorate General of Family Planning (DGFP), the Directorate General of Health Services (DGHS), and private health facilities in facilitating the delivery of quality family planning services through private health sectors.

The document serves as a directive for private medical college hospitals, private hospitals and clinics, and general practitioner chambers to adhere to national protocols while providing family planning services. It establishes minimum standards for delivering women-centered, respectful, and quality family planning services. Key areas addressed include capacity development of service providers, ensuring a supportive physical environment, maintaining adequate supply and management of equipment and commodities, continuous supervision and monitoring, data management, and raising awareness among target communities about family planning information and services.

The private health sector in Bangladesh plays a significant role in clinical health service delivery, and its reach is ever-expanding. However, family planning services are still predominantly provided by the public sector, with limited involvement from non- governmental organizations (NGOs) and private entities. This gap presents a critical opportunity to integrate family planning services into private health facilities, such as private medical colleges, hospitals, clinics, and general practitioner chambers. This integration will enable family planning users, particularly those seeking postpartum methods, to access these services, addressing unmet needs and reducing discontinuation rates.

The national guideline aims to empower family planning users, particularly urban and peri- urban residents, to access contraceptive information and services through private health facilities.

The following entities are advised to follow the guideline to ensure quality family planning services:

- Private Medical College Hospitals
- Private Hospitals
- Private Clinics and Nursing Homes
- General practitioners and specialists, including obstetricians, gynecologists, and MBBS doctors practicing in private chambers

Specialists such as obstetricians and gynecologists will provide the full range of family planning services. Mid-level providers, including midwives, nurses, medical assistants, family welfare visitors, and paramedics, working In private facilities will deliver services per the national guideline.

1.2. Background

Access to family planning and reproductive health services is essential for the health and well-being of women and children worldwide. Enhancing access to these services reduces maternal mortality and unwanted pregnancies. Target 3.7 of Sustainable Development Goal (SDG) 3, which focuses on ensuring healthy lives and promoting well-being, emphasizes the need for universal access to sexual and reproductive health care, including family planning, by 2030.

Reproductive and sexual health rights include the freedom to decide the number, spacing, and timing of children, along with access to information and resources to achieve these goals. These decisions must be free from discrimination, coercion, and violence, while services must be affordable, accessible, acceptable, and of high quality.

Bangladesh has made notable progress in population management, with significant achievements in lowering the total fertility rate (TFR), reducing population growth, increasing life expectancy, and improving gender parity in education. Despite advancements in maternal, neonatal, child health (MNCH), and family planning (FP) services, gaps and unmet needs persist. Key areas requiring attention include skilled birth attendants, antenatal and postnatal care, and family planning services, all of which significantly impact fertility rates and maternal health.

Achieving universal health coverage (UHC) necessitates integrating family planning services with financial protections to ensure accessibility and affordability. Investments in family planning yield substantial returns; for example, every dollar invested generates $8.40 in economic gains. However, ensuring equitable access remains a challenge, particularly for underserved populations.

Bangladesh, the 8th most populous country globally, adds an average of 2 million people annually to its population. Despite progress, unmet needs for family planning remain high, with regional and demographic variations highlighting the need for targeted interventions. For instance, modern contraceptive usage remains at 55%, with significant reliance on short-term methods and limited adoption of long-term or permanent methods.

The private sector has become the dominant source for contraceptive services, with 57% of modern contraceptive users obtaining their methods from private facilities, pharmacies, or clinics. Social marketing programs play a vital role in distributing family planning products, but gaps in awareness and access to methods like emergency contraceptives persist, particularly among rural and low-income populations.

In addition, high rates of adolescent pregnancy and early marriage in Bangladesh contribute to poor maternal and newborn health outcomes. Adolescents account for a significant portion of the country's fertility rate, with 25% of total births attributed to this demographic. Addressing adolescent sexual and reproductive health needs is critical to achieving long-term health and development goals.

By leveraging private health facilities to expand family planning services, Bangladesh can better address the unmet needs of its population, ensuring that family planning services are accessible, affordable, and inclusive for all.

1.3. Expanding Family Planning Service in Private Healthcare Facilities

There is a growing recognition that privately provided healthcare services play a significant role in reaching the general population. This presents an opportune moment to incorporate family planning services within private medical college hospitals, private hospitals, clinics, and general practitioners' chambers to enhance coverage and accessibility. Organizations such as the

Bangladesh Private Hospital, Clinic & Diagnostic Owner's Association (BPHCDOA), Bangladesh Private Medical College Association (BPMCA), and Bangladesh Private Medical Practitioners Associations (BPMPA) have the potential to significantly contribute to increasing access to family planning (FP) services, particularly for postpartum women in private hospitals and clinics.

Currently, there are no clear guidelines to initiate and manage family planning services within private sector health facilities, including private medical college hospitals, private hospitals, clinics, and general practitioners' chambers. Addressing this gap, the Directorate General of Family Planning (DGFP), in collaboration with the Directorate General of Health Services (DGHS), has recently undertaken an initiative to strengthen public-private partnerships. This initiative involves the active participation of BPMCA, BPHCDOA, and BPMPA to expand the provision of family planning services within the private sector.

A memorandum (Annex A, C), jointly signed by the Director General of DGFP and the Director General of DGHS, has been issued to introduce family planning service provisions in private clinics and hospitals. This collaborative effort aims to ensure systematic integration and standardized delivery of family planning services across private health facilities.

In light of this initiative, the *National Guideline for Family Planning Services in Private Health Facilities* (Private Medical College Hospitals, Private Hospitals, Clinics, and General Practitioner Chambers) in Bangladesh has been developed. This guideline serves as a resource for family planning service providers, supervisors, and managers in private healthcare facilities. It offers clear guidance and a structured approach to delivering quality family planning services, ensuring that the needs of the population are met effectively and consistently.

1.4.Purpose of the Guidelines

The *National Guideline for Family Planning Services in Private Health Facilities* (Private Medical College Hospitals, Private Hospitals, Clinics, and General Practitioner Chambers) in Bangladesh is intended to serve as a roadmap for implementing family planning programs in the private health sector. The key objectives include:

1. Providing comprehensive guidelines for delivering family planning (FP) services in private health facilities by doctors and trained service providers.
2. Guiding family planning service providers, supervisors, and managers in delivering effective, efficient, and quality FP services.
3. Outlining the roles and responsibilities of key stakeholders, including DGFP, DGHS, and private health facilities, to ensure the provision of quality FP services.
4. Providing tools for FP client management, maintaining quality care standards, and establishing effective referral linkages.
5. Guiding training management, monitoring, and evaluation for developing human resource capacity.
6. Assisting stakeholders in logistics and commodities management, supervision, recording, and reporting for efficient data management through collaboration and coordination.

2. ROLES AND RESPONSIBILITIES

2.1. Roles and Responsibilities of the Directorate General of Family Planning (DGFP)

To fulfill commitments under FP2030, the National Population Policy, the Fourth Health Population Nutrition Sector Program, and the Eighth Five-Year Plan (8th FYP), the DGFP will play a stewardship role in expanding quality family planning (FP) services across private health facilities in Bangladesh. Key responsibilities include:

2.1.1. Assessment and Scope Identification

a) Local-level DGFP officials (Upazila/Thana and district) will assess interested and potential private health facilities, such as private medical college hospitals, private hospitals, clinics, nursing homes, and general practitioner (GP) chambers.

b) They will identify opportunities and gaps, providing recommendations for necessary improvements and permission to initiate and sustain FP services.

2.1.2. Guidance and Technical Support for Service Provision

a) Facilitate sensitization, involvement, and organization of private sector entities investing in FP services.

b) Support these entities in contributing to the national FP program.

2.1.3. Readiness of Private Health Facilities

a) Provide leadership and support to ensure facilities meet readiness standards, including:
- Cleanliness and infection prevention Control.
- Audio-visual privacy and confidentiality.
- Adequate infrastructure for managing complications and establishing referral linkages when needed.

b) Ensure Health facilities and GP chambers meet the following standards:
- Provide private spaces for FP services and deploy trained service providers as per protocol.
- Maintain IEC materials, job aids, and FP guidelines.
- Offer a wide range of FP methods for informed client choice.
- Establish referral mechanisms for permanent methods, removal of LARCs, and complication management.
- Ensure the availability of essential FP commodities and logistics, and functional LMIS, HMIS, and QA systems.

2.1.4. Human Resource Capacity and Competency Development

a) Develop training protocols and organize quality training sessions to build the capacity and competency of service providers and supporting personnel in private facilities.

2.1.5. Logistics and Commodities Supply Management

a) Establish a well-coordinated supply system to ensure the availability of a wide range of FP methods in private facilities.

b) Expand service delivery points (SDPs) and ensure a consistent supply of commodities.

2.1.6. Social and Behavioral Change Communication (SBCC)

a) Through the IEM Unit, DGFP will independently and jointly implement SBCC initiatives with private sector entities.

b) These initiatives aim to raise public awareness about FP information and services, encouraging access to private health facilities.

2.1.7. Coordination and Collaboration

a) Maintain collaboration with key stakeholders, including DGHS, DGNM, local government bodies, and private health facility associations.

b) Conduct meetings, workshops, and joint visits to improve facility readiness and capacity building.

2.1.8. Supervision and Monitoring

a) Form and organize supervision and monitoring teams comprising government and private sector representatives.

b) Conduct joint visits to private facilities using prescribed checklists to ensure the quality and sustainability of FP services.

2.1.9. Recording and Reporting

a) Establish functional recording and reporting systems by providing tools, formats, and guidelines.

b) Support private health facilities in maintaining accurate records and submitting timely reports to DGFP MIS.

c) Provide periodic reviews and feedback to improve data quality and utility.

2.1.10. Updating Technical Documents

a) Periodically update private health facilities on changes to national FP programs, guidelines, protocols, training curricula, and technical materials.

2.1.11. MoU Signing and Liaison

a) District and upazila managers of DGFP will Lead and manage memorandums of understanding (MoUs) with Private Facilities of their areas after getting approval of their corresponding committees to implement the family planning services as per National Family Planning Program guidelines.

2.2. Roles and Responsibilities of the Directorate General of Health Services (DGHS)

The DGHS will support DGFP in integrating FP services into private health facilities as part of the essential service package (ESP). Responsibilities include:

2.2.1. **Develop and Disseminate Guidelines:** Collaborate on the endorsement and dissemination of national FP guidelines.

2.2.2. **Collaboration and Support:** Work with DGFP on facility readiness, capacity building, and joint monitoring.

2.2.3. **Directives for Facilities:** Ensure private hospitals, clinics, and general practitioners adhere to guidelines on workforce training, FP method provision, and logistics.

2.2.4. **Supervision and Monitoring:** Engage in joint evaluation teams to ensure service quality.

2.2.5. **Data Management:** Support accurate recording and reporting of FP services.

2.3. Roles and Responsibilities of Associations of Private Health Facilities and Doctors

- Disseminate and distribute the national guidelines to relevant personnels and hospitals.
- Collaborate with DGFP to support implementation and adherence to FP services.

2.4. Roles and Responsibilities of Private Health Facilities

2.4.1. Private Medical College Hospitals, Private Hospitals, and Clinics

2.4.1.1. Infrastructure and Facility Readiness:

a) Allocate separate rooms or spaces for FP counseling and services at service delivery points.

b) Ensure facility readiness with DGFP's guidance and support.

2.4.1.2. Service Delivery and Counseling:

a) Provide comprehensive FP counseling to inpatients and outpatients to encourage the uptake of FP services.

b) Conduct FP educational and promotional activities at waiting areas, antenatal/postnatal care (ANC/PNC) units, and labor rooms under the gynecology ward.

c) Provide quality family planning services that offer a wide range of contraceptive methods, ensuring clients are fully informed and able to make choices that best suit their needs.

2.4.1.3. Training and Capacity Building:

a) Coordinate with DGFP and other organizations including NGOs for ensuring training of the providers on family planning as per DGFP training protocol and curriculum

b) Ensure trained personals are assigned properly to ensure their engagement for family planning service provision

c) Organize in-house skills transfer and retention sessions in collaboration with DGFP to enhance service providers' capacity.

2.4.1.4. Assigned Personnel:

a) Appoint the Head of the Obstetrics and Gynecology Department as the technical lead to oversee the coordination and delivery of FP services.

b) Designate a focal person, ideally a nurse, midwife, or storekeeper, to manage FP commodities, including receiving, storing, record-keeping, and reporting to DGFP.

c) Appoint a monitoring and supervision officer, preferably a medical doctor from the Obstetrics and Gynecology Department, to ensure quality care.

2.4.1.5. Reporting:

a) Submit timely reports of service and logistics to DGFP through their MIS system including reporting formats to ensure transparency, effective monitoring and data driven program and logistics planning.

2.4.2. General Practitioners (GPs)

2.4.2.1. Awareness and Promotion:

a) Conduct FP awareness, educational, and promotional activities using IEC materials.

2.4.2.2. Service Delivery and Counseling:

a) Provide comprehensive FP counseling to inpatients and outpatients to encourage the uptake of FP services.

b) Conduct FP educational and promotional activities at waiting areas, antenatal/postnatal care (ANC/PNC) units, and labor rooms under the gynecology ward.

c) Provide quality family planning services that offer a wide range of contraceptive methods, ensuring clients are fully informed and able to make choices that best suit their needs.

2.4.2.3. Recording and Reporting:

a) Maintain proper records of FP services and submit timely reports to assigned DGFP personnel or through online reporting mechanism as per the DGFP's MIS matrix and system.

2.5. Service Charges and Commodities Management

a) Private health facilities and GPs may charge reasonable and cost-effective service fees for FP services. These fees should reflect the government's prioritization of FP activities and ensure affordability.

b) FP commodities and logistics supplied by the government are provided free of charge. If shortages occur, private facilities may procure additional supplies from the market and charge clients accordingly.

3. MINIMUM STANDARDS FOR FAMILY PLANNING SERVICES

To ensure the consistent delivery of high-quality family planning (FP) services, private hospitals, clinics, and general practitioners' (GPs) chambers must adhere to the following minimum standards.

3.1. For Private Hospitals and Clinics

3.1.1. Dedicated Space:

Deliver respectful, client-centered, and women-friendly FP services in a private, comfortable setting that ensures both auditory and visual privacy, fostering client satisfaction and trust.

3.1.2. Trained Health Workforce:

Employ skilled service providers who are well-trained in FP service delivery as per DGFP approved training protocol.

3.1.3. IEC Materials and Job Aids:

Ensure the availability of information, education, and communication (IEC) materials, as well as job aids, FP guidelines, and protocols to support effective counseling, motivation, and unbiased advice on FP methods.

3.1.4. Essential Documentation Tools:

Provide necessary forms and formats, including informed choice and consent forms, screening forms, recipient record cards, registers, and reporting formats.

3.1.5. Infection Prevention and Control (IPC):

Maintain robust IPC measures to ensure the safety of clients providers and Community.

Established systems should be in place for waste management particularly sharp waste management.

3.1.6. Wide Range of FP Methods:

Offer diverse FP methods to empower clients to make informed choices.

3.1.7. Functional Logistics Management System (LMIS):

Implement an effective system to manage FP commodities and supplies in collaboration with DGFP local manager.

3.1.8. Functional Health Management Information System (HMIS):

Utilize DGFP approved HMIS matrix for accurate service data and its timely reporting to DGFP MIS.

3.1.9. Monitoring and Quality Assurance (QA):

Establish mechanisms to regularly monitor service quality and ensure adherence to standards.

3.2. For General Practitioners' Chambers

3.2.1. Dedicated Space:

Allocate a private, respectful, and client-friendly area for FP counseling and services.

3.2.2. Trained General Physician:

The GP must be well-trained in FP service delivery as per DGFP approved training protocol.

3.2.3. IEC Materials and Job Aids:

Ensure the availability of information, education, and communication (IEC) materials, as well as job aids, FP guidelines, and protocols to support effective counseling, motivation, and unbiased advice on FP methods.

3.2.4. Essential Documentation Tools:

Provide necessary forms and formats, including informed choice and consent forms, screening forms, recipient record cards, registers, and reporting formats.

3.2.5. Infection Prevention and Control (IPC):

Maintain robust IPC measures to ensure the safety of clients providers and Community.

Established systems should be in place for waste management particularly sharp waste management.

3.2.6. Informed Choice from Wide Range of FP Methods Options :

Offer diverse FP methods to empower clients to make informed choices.

3.2.7. Functional Logistics Management System (LMIS):

Implement an effective system to manage FP commodities and supplies in collaboration with local DGFP manager.

3.2.8. Functional Health Management Information System (HMIS):

Utilize DGFP approved HMIS matrix for accurate service data and its timely reporting to DGFP MIS.

3.2.9. Monitoring and QA Mechanism:

Conduct routine monitoring and quality assurance to maintain service standards.

3.2.10. Referral Mechanisms:

Establish referral systems for permanent methods, removal of long- acting reversible contraceptives (LARCs), and management of complications.

3.3. Service Delivery Approach

- Comprehensive Counseling: Service providers from all facilities and GPs must deliver FP services with thorough client assessments and detailed counseling to support informed decision-making.
- Client-Centered Care: FP services should be tailored to address the unique needs of women and young people, ensuring care is free from bias or coercion.
- Privacy and Data Protection: Ensure auditory and visual privacy for clients during service delivery. Protect client data, sharing it only with the appropriate authority in accordance with the national protocol.

4 .TECHNICAL INITIATIVES FOR INCORPORATING FAMILY PLANNING (FP) IN PRIVATE HEALTH FACILITIES

The following initiatives are designed to integrate FP services effectively into private health facilities such as hospitals, clinics, and general practitioners' (GPs) chambers in alignment with government plans and strategies:

4.1. Key Initiatives

- Expand FP services in private health facilities particularly in urban areas.
- Ensure access to wide range of contraceptive methods including long-acting reversible contraceptives and permanent FP methods.
- Develop capacity and infrastructure with DGFP support.
- Monitor and evaluate FP service delivery.
- Conduct SBCC activities to increase demand and service utilization.

4.2. Approval and Renewal Process

Local level managers of DGFP will oversee the approval and renewal process for private health facilities and GPs to provide FP services. This process will involve adherence to minimum standards for FP services and the formation of district and Upazila committees.

4.3. Committee Structure:

4.3.1 District Committee:

Members: Deputy Director Family Planning, Representative from Civil Surgeon, Assistant Director (Clinical Contraception), and private facilities representatives.

Chair: Deputy Director Family Planning

Role: Assess Medical College Hospitals and tertiary private health facilities; approval and renewal of those facilities to provide FP services.

4.3.2 Upazila Committee:

Members: Medical Officer (MO-MCH-FP), Upazila Family Planning Officer (UFPO), Representatives from Upazila Health and Family Planning Officer (UH&FPO), and private facilities representatives.

Chair: Medical Officer (MO-MCH-FP)

Role: Enlist and assess other private health facilities, and GPs to ensure compliance with minimum standards, and recommend approvals to the DDFP.

4.3.3 Approval and Renewal Process:

The Upazila committee will evaluate facilities based on predefined minimum standards and submit proposals for approval to DDFP.

The district committee will finalize the approval and renewal of private medical college hospitals and tertiary level private hospitals for providing FP services.

4.3.4 Development and Use of Facility Checklist for Selecting Private Facilities for Family Planning (FP) Services

To ensure the effective selection, monitoring, and quality assurance of private health facilities for FP services, a facility checklist will be developed and implemented by the CCSDP unit of the Directorate General of Family Planning (DGFP).

5. QUALITY OF CARE (QOC) FOR FAMILY PLANNING SERVICES

Quality of care is a continuous and essential process in the implementation of family planning (FP) services. Ensuring quality requires trained service providers and facilitative supervision. Supervisors play a key role in identifying problems, implementing solutions, and improving service quality while respecting the rights of both clients and providers.

5.1. Quality of Care (QoC) Interventions

Quality of care is a continuous process essential for the successful implementation of family planning (FP) services. Key elements include the deployment of trained service providers and facilitative supervision to identify and address issues while safeguarding the rights of clients and providers. Quality is defined by adherence to agreed protocols and standards, effectively meeting client needs with minimal effort and waste.

- **Client-Centered, Respectful Care:** Ensure services are tailored to individual client needs, respecting their informed choices and resulting in a positive experience. Maintain auditory and visual privacy and protect client data.
- **Safety:** Avoid harm to clients, providers, and the environment during the provision of care.
- **Effectiveness:** Deliver services that align with national protocols and guidelines to achieve desired outcomes.
- **Efficiency:** Optimize the use of human resources, time, logistics, and supplies to avoid waste.

5.2. Inputs for Ensuring Clinical Quality in Private Health Facilities

5.2.1. Clinical Guidelines and Standards:

- Provide nationally approved FP guidelines and regularly update service providers on new protocols.

5.2.2. Availability of Trained Clinical Staff:

- Ensure adequate numbers of skilled, competent, and caring providers.
- Support capacity building with job aids, training materials, and a supportive environment.
- Conduct post-training follow-ups and regular monitoring.

5.2.3. Products and Supplies:

- Maintain a consistent supply of contraceptives, essential commodities, and equipment to support a wide range of FP methods.

5.2.4. Internal Review and Mentoring:

- Conduct clinical quality review periodically using standardized checklists.
- Analyze findings and develop action plans to address gaps.
- Follow up quarterly or semi-annually to ensure implementation of improvements.

5.2.5. Facility Readiness:

- Meet minimum physical and environmental standards, including cleanliness, privacy, infection prevention, and complication management.

- Ensure availability of adequate and essential arrangements, equipment and commodities for comfortable, quality and uninterrupted services
- Availability of at least one trained, skilled, competent, and caring providers
- Establish referral systems for managing complications that cannot be addressed on-site.

5.3. Systems and Processes for QoC

5.3.1. Complication Management:

- Handle complications promptly on-site or refer clients to appropriate facilities with proper follow-up.

5.3.2. Record Keeping:

- Maintain accurate and complete records, including client cards, and review them during internal audits.

5.3.3. Client Satisfaction:

- Implement systems to gather client feedback through user-friendly forms.
- Share findings periodically and develop action plans to address areas of concern.

5.4. Infection Prevention and Control (IPC)

Effective IPC practices are critical to reducing infection risks for clients, providers, and the community. Core principles include:

a) Maintaining public confidence by ensuring safe, high-quality services.
b) Protecting clients, team members, and the community from infections.
c) Ensuring all team members are knowledgeable about and adhere to IPC measures.

5.4.1.IPC Standards:

a) Hand hygiene.
b) Respiratory hygiene.
c) Appropriate use of personal protective equipment (PPE).
d) Safe handling of sharps.
e) Proper processing of instruments and equipment.
f) Safe Handling of Linen .
g) Environmental cleaning and waste management practices.

5.5. Training and Capacity Development

Building the capacity of service providers is essential for ensuring facility readiness and high-quality FP services.

5.5.1. Comprehensive Training:

- Use nationally approved curricula to deliver competency-based training on FP methods, infection prevention, logistics management, and health information systems.

5.5.2. Refresher Courses:

- Organize refresher training sessions to update and enhance provider skills as needed.

5.5.3. Coordination and Support:

- DGFP, in collaboration with NGOs and private sector entities, will facilitate high-quality training for private sector providers and GPs.

5.6. Training Monitoring and Periodic Assessment

5.6.1. Evaluation During Training:

- Use pre-tests and post-tests to assess knowledge.
- Conduct practical sessions using dummy models.
- Evaluate clinical skills periodically using national evaluation standards.

5.6.2. Monitoring Training Impact:

- Representatives from clinical bodies and government departments will monitor service quality during and after training.
- On-site technical support will be provided to address identified gaps.
- Assess the impact of training on skill transfer and service quality at intervention sites.

5.6.3. CCSDP and other relevant DGFP officials Responsibility:

- The CCSDP unit and other relevant DGFP officials will oversee monitoring and periodic assessments of training quality for service providers at private health facilities and GPs' chambers.

6. TRAINING AND CAPACITY DEVELOPMENT

6.1. Training Requirements

Comprehensive, competency-based training on FP services is crucial. Training should align with nationally approved curricula and include infection prevention, logistics management (LMIS), and management information systems (MIS).

Key Points:

- Based on training needs for the facilities and providers.
- Training quality should be monitored by representatives from clinical professional bodies and relevant government departments.
- Providers who have already received training from authorized facilities can provide FP services. Refresher courses may be necessary for updates.

6.2. Monitoring and Assessment of Training Quality

Training outcomes must be evaluated through:

a) Pre- and post-tests.
b) Practical sessions with simulated cases.
c) Clinical practice under the guidance of trained personals.
d) Periodic assessments during and after training to ensure knowledge transfer and quality improvement.

7. SUPPLIES AND LOGISTICS MANAGEMENT FOR FAMILY PLANNING SERVICES

To ensure the delivery of high-quality family planning (FP) services nationwide, private health facilities and general practitioner chambers must maintain an adequate supply of logistics and FP commodities. Facilities are required to register and obtain certification for providing FP services in accordance with government policies. Supplies and logistics management may be arranged through government channels or self-procurement by private facilities.

7.1. Supplies and Logistics Management

7.1.1. Procurement and Distribution Process:

- DGFP procures FP logistics and commodities based on government procurement plans and policies.
- Commodities are stored initially in the Central Warehouse in Dhaka, distributed to Regional Warehouses, and subsequently to Upazila family planning stores.
- Service Delivery Points (SDPs) receive commodities via Push or Pull supply systems according to logistics management guidelines. Service providers then distribute the commodities to clients.

7.1.2. Orientation and Training:

- Personnel at private health facilities and GPs' chambers must be trained in logistics and supply chain management to ensure proper utilization and availability.

7.1.3. Roles of Facility Managers and Supervisors:

- Collect FP logistics and commodities from Upazila family planning stores.
- Follow logistics management guidelines for collection, storage, distribution, and reporting to the Upazila/Thana family planning office.

7.1.4. Steps for Logistics Management and Supply:

- Identify and List Facilities: Appoint focal personnel of each private facility and from GP's chamber for logistics management at SDPs.
- Training and Capacity Building: Train providers and relevant personnel (e.g., doctors, GPs, and mid-level service providers) on Logistics Management Information Systems (LMIS).
- Commodity Supply: Ensure the availability of key FP commodities (e.g., pills, condoms, injectables, IUDs, implants) and Medical Surgical Requisites (MSRs) for long-acting and permanent methods.
- Refresher Training: Arrange need-based refresher training for service providers.
- Monitoring and Supervision: Conduct supervision to improve skills, ensure competency, and maintain the quality of FP logistics and supply management.
- Data Management: Capture FP services data in MIS-3 and eLMIS (where applicable) and ensure timely reporting to DGFP and DHIS2 systems.
- Coordination: Maintain strong coordination among DGFP, DGHS, private hospitals, clinics, and GPs to ensure uninterrupted supplies.

7.1.5. Supply Policies:

- Push Supply System: Commodities (e.g., oral pills, condoms, injectables, IUDs) are supplied based on the facilities' MIS-3 reports.
- Pull Supply System: Facilities submit requisitions for specific commodities (e.g., implants, Progesterone-Only Pills) to the Upazila Family Planning Officer for approval.

7.1.6. Private Sector's Supplies and Logistics Management

- Supply **from DGFP:** DGFP will include the facilities as SDP in their Supply Chain Management Portal (SCMP) and will provide FP commodities through Upazila/Thana Family Planning Office.
- **Self-Procurement:** Private health facilities may procure FP commodities from DGFP stores or purchase them from the market based on demand and availability.
- **Storage and Distribution:** Commodities must be stored properly as per DGFP's protocol to maintain efficacy and safety that include keeping items in a well-ventilated, cool space away from direct sunlight or water.
- **Pricing and Service Charges:** Facilities may charge clients for FP services in alignment with government guidelines or their own pricing policies. Commodities provided by DGFP must be distributed free of charge, and facilities must provide accurate performance and distribution reports to the DGFP as per their systems.

7.1.7. Monitoring of Supplies and Logistics:

Commodities received by private facilities and GPs from DGFP will be monitored by DGFP appointed officials.

7.1.8. Decision on Imprest Fund

The CCSDP unit of DGFP will make decisions on government imprest fund allocation and its management for private health facilities and GPs.

8. SOCIAL AND BEHAVIORAL CHANGE COMMUNICATION (SBCC) FOR FP DEMAND CREATION IN PRIVATE HEALTH FACILITIES

The Directorate General of Family Planning (DGFP), through its Information, Education, and Motivation (IEM) Unit and other relevant units, will lead SBCC initiatives to create demand for FP services in private health facilities. The involvement of private hospitals, clinics, and general practitioners (GPs) is essential for effective demand generation. Key initiatives include:

8.1. Provision of SBCC Materials:

DGFP will supply SBCC materials to private hospitals, clinics, and GPs to disseminate FP-related information and engage eligible couples with the national FP program.

8.2. Behavior Change for Providers:

Initiatives will focus on changing provider perceptions of long-acting reversible contraceptives and permanent methods (LARC-PMs) by addressing biases and outdated information.

8.3. Demand Creation:

Targeted promotion will expand demand for all Family Planning methods particularly LARC-PMs among clients and providers. The service sites should be identified by visible signage outside and inside facility.

8.4. Strategic Communication Activities:

Efforts will reposition LARC-PMs in the minds of potential clients through effective communication strategies.

8.5. Research:

Research will help to understand client perceptions, preferences, and provider behaviors to take future initiatives.

9. SUPERVISION, MONITORING, AND EVALUATION

Effective supervision, monitoring, and evaluation (SME) are critical for ensuring the availability, accessibility, and quality of FP services. The SME process supports systematic tracking of progress, identifies barriers, and implements corrective measures.

9.1. Steps in Quality Monitoring

1. Planning: Develop a systematic plan for monitoring activities.
2. Information Collection: Gather data using prescribed tools and checklists.
3. Analysis: Evaluate collected data to identify gaps and challenges.
4. Implementation: Develop and execute action plans based on findings.

9.2. Roles and Responsibilities

Representatives from DGFP, and DGHS may conduct joint monitoring and evaluation visits to private facilities. Supervisors will:

- Mentor FP service providers during visits.
- Identify gaps in capacity, logistics, and documentation.
- Recommend and implement solutions to address challenges.

10. RECORD KEEPING AND REPORTING

10.1. Record Keeping and Reporting

A robust record-keeping and reporting mechanism is essential for effective management and accountability in family planning (FP) services. The following outlines the key components and protocols:

10.2. Record Keeping and Reporting Mechanism

10.2.1. Data Collection:

- Capture FP service data using prescribed Family Planning Registered forms supplied by DGFP. Electronic version of the register can be used instead of paper based registers.

10.2.2. Staff Assignment:

- Private hospitals and clinics must assign a staff member to manage the stock register.
- Imprest fund management for LARC & PM methods.
- Preparation and submission of monthly performance reports to the appropriate authority.

10.2.3. Monthly Reporting:

- Facilities and GPs must complete the MIS-3 reporting form and submit it to the respective Upazila/Thana Family Planning Officer by the first working day of the following month.

10.3. Protocol for Record Keeping and Reporting of FP Commodities

10.3.1. Commodities Receiving:

- Receive commodities from the corresponding Upazila/Thana FP store.
- Record the received quantities immediately in the designated Inventory Control Register (stock register) supplied by DGFP.

10.3.2. Commodities Storage:

- Store commodities in a well-lit, ventilated, and cool environment away from direct sunlight, water, and artificial heat.
- Keep commodities off the floor using shelves or pallets and ensure they are organized by category.
- Utilize BIN cards/stock cards where applicable and ensure they are updated and signed by the keeper and supervisor periodically.

10.3.3. Record Keeping:

- Maintain a separate stock register for FP commodities.
- Record every transaction (incoming or outgoing) immediately after it occurs.
- Ensure that all entries are duly updated and signed by the keeper and periodically verified by the supervisor(s).
- Strictly follow the principle: "No supplies are stored or distributed without proper record-keeping."

10.3.4. Inventory Reconciliation:

- Conduct physical inventory checks at regular intervals (preferably monthly).
- Compare physical inventory with recorded data to identify and resolve discrepancies.
- Discrepancies must be reported immediately to the supervisor for reconciliation or adjustment, following the standard protocols outlined in the family planning supply manual.
- Update all inventory tools (BIN cards, stock registers, MIS-3) to reflect reconciliation outcomes, including adjustments for expired, lost, or damaged commodities.

10.3.5. Reporting:

- Prepare and submit accurate and complete FP reports (MIS-3) by the first working day of the following month.
- Verify the accuracy of data by cross-checking:
- Current month's report against the previous month's closing balance.
- Reported closing balance against the stock register's closing balance.
- Ensure the MIS-3 report aligns with facility-specific demand planning for the next month's supply.
- Submit reports within the stipulated timeline to avoid delays in supply and decision-making processes.

11. REFERRAL SYSTEM

11.1. Referral Services in Family Planning

Referrals are critical for ensuring comprehensive FP services and addressing method failures, complications, or client needs. Key aspects include:

1. Complication Management: Refer clients experiencing complications or method failure to appropriate facilities for clinical support.
2. Recanalization and Method Removal: Support clients seeking recanalization or the removal of LARC methods through referral linkages.
3. Infertility Services: Provide referrals to facilities offering infertility treatments and counseling as needed.

11.2. Support Mechanisms

- DGFP ensures clinical support for LAPM service complications through referral linkages.
- Facilities must coordinate with DGFP to facilitate referrals and provide timely follow- ups to ensure client satisfaction and sustained FP program outcomes.

12. CONCLUSION

Implementing these guidelines ensures quality family planning services in private health facilities and general practitioner chambers. Through standardized training, effective logistics management, and consistent supervision, these measures aim to expand FP services and improve accessibility, ensuring client-centered, high-quality care across Bangladesh.

13. REFERENCE

- National Family Planning Manual, 2022
- WHO Family Planning - A global handbook for providers, 2022
- WHO Quality toolkit 2022
- Strategic Investment Plan 5th HPNSP 2024 -2029
- Bangladesh FP 2030 country commitment
- Bangladesh Demographic and Health Survey, 2022 BDHS

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