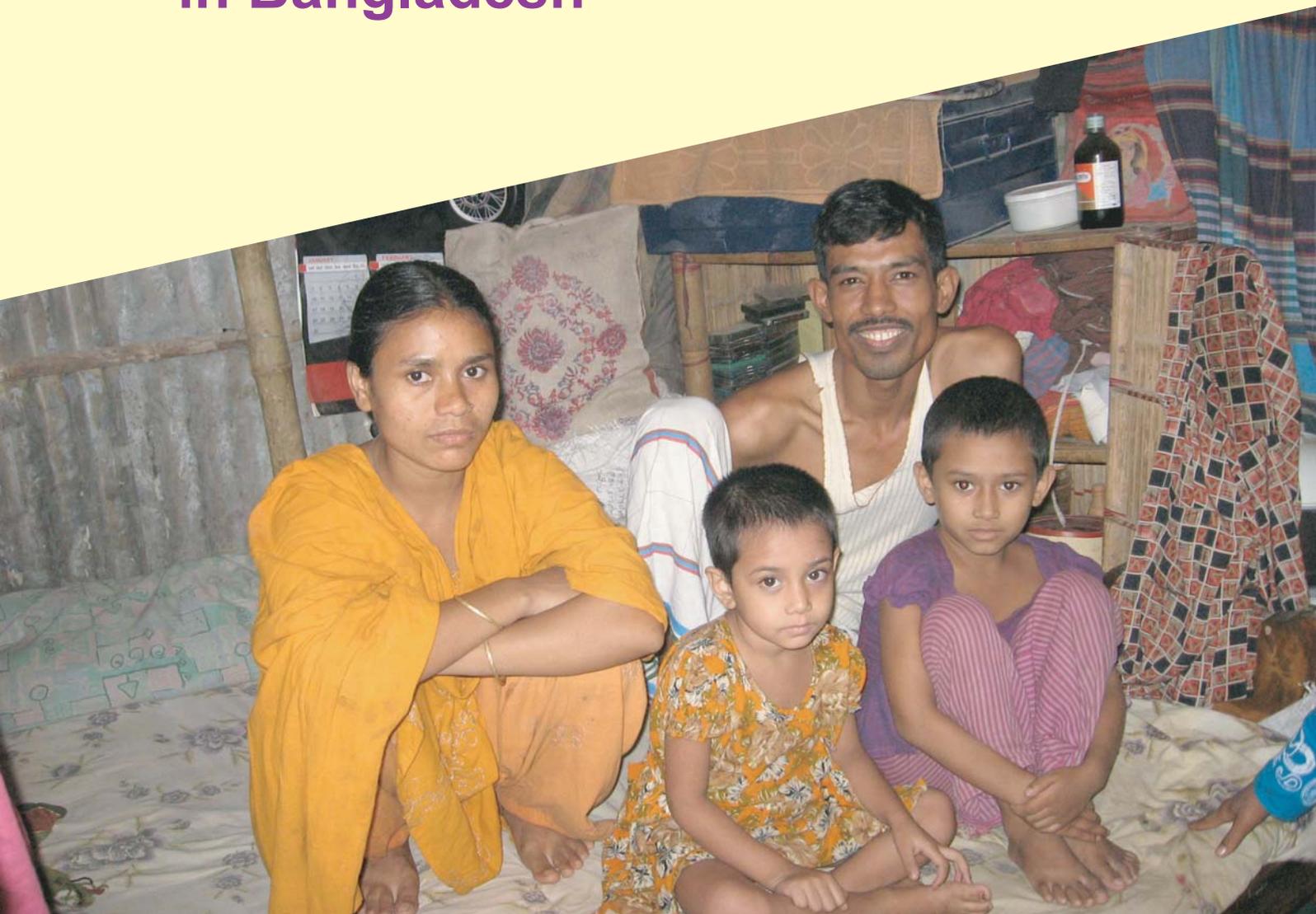


Human and Economic Impact of RH Supplies Shortage & Stock-outs in Bangladesh



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 **Human Development Research Centre**

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Acknowledgement

Reproductive Health is one of the crucial parts of the Health and Family Planning Sector of Bangladesh. Under the current Health, Nutrition and Population Sector Program (HNPS) of Bangladesh, health and population are managed separately. In HNPS, the services like Family Planning, MR, Emergency Obstetric Care (EOC) and supply of medicines of DDS kits (Kits for MCH services) are also included in RH services and managed through almost the same manpower and facilities of family planning. Although there has been a great achievement in family planning knowledge, attitude and practice— the current population is around 150 million with 56% contraceptive prevalence rate (CPR) and 2.7 TFR. Although CPR was always increasing, this is the first time when there is a decreasing trend in CPR. Incidence of stock-out/shortage/irregular supply, shortage of manpower at field level, irregularities in local level monitoring and reporting, shortage of trained procurement staff, and the World Bank’s procurement and supply process consuming 16-18 months and even more following 19 steps have been identified as major causes behind it. The World Bank consortium supports by providing fund for procurement of various RH commodities. The main problem about RH commodities management is that the procurement system is quite complex and time-consuming. For the last one and half years, condom, oral pill, injectables, implants and IUDs were short in supply for some times - both through the public, as well as private distribution channels. It has caused unintended pregnancy, preventable illness, unnecessary sufferings and death. The discontinuation in supply affecting the contraceptive prevalence rate (CPR), total fertility rate (TFR), increasing the maternal mortality and morbidity, and ultimately bearing on the quality of MCH-FP services in the country. There has been a substantial human impact, affecting national economy and poverty alleviation initiatives.

For this purpose, *Project Resource Mobilization and Awareness (PRMA)* had decided to conduct a study to ascertain the impact of shortage/stock-outs/irregular supply of RH supplies, especially- Contraceptives and DDS kits on human aspect as well as national economy. Another aspect of the study was to examine the sufficiency of allocation/release of funds *vis a vis* needs of RH supplies for ensuring adequate and need-based service delivery. Project Resource Mobilization and Awareness (PRMA), a project of Family Planning Association of Bangladesh (FPAB), the IPPF member association in Bangladesh is working to narrow the demand-supply gap in RH supplies. It will initiate advocacy program to the government policy level to ensure regular and adequate supply of RH supplies including contraceptives.

This study provides an overall scenario of the major contraceptive users (pill, injectables, and condom) and the sufferers of shortage/stock outs/irregular supply; and its impact and cost at personal level, at FWA level and finally at national level. The study also forwards relevant suggestions and

recommendations for improvement of the situation through different new activities at local and managerial level of government, regularization of monitoring, more involvement of NGOs, and simplification of the procurement mechanism.

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Abul Barkat, *Ph.D*
Team Leader

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Abbreviations

ADP	Annual Development Program
BDHS	Bangladesh Demographic and Health Survey
CIDA	Canadian International Development Assistance
CPR	Contraceptive Prevalence Rate
CWH	Central Warehouse
DDS	Drug Dietary Supplement
DGFP	Directorate General of Family Planning
ELCO	Eligible Couples
EOC	Emergency Obstetric Care
EPI	Expanded Programme on Immunization
FGD	Focus Group Discussion
FPAB	Family Planning Association of Bangladesh
FWA	Family Welfare Assistant
GD	Group Discussion
GDP	Gross Domestic Product
GOB	Government of Bangladesh
HDRC	Human Development Research Centre
HNPSP	Health, Nutrition and Population Sector Program
ICB	International Competitive Bidding
IDA	International Development Agency
IMR	Infant Mortality Rate
IUD	Intrauterine Contraceptive Device
KII	Key Informant Interview
MCH	Maternal Child Health
MCH-FP	Maternal Child Health-Family Planning
MCWC	Maternal Child Welfare Centre
MDG	Millennium Development Goal
MMR	Maternal Mortality Rate
MoH&FW	Ministry of Health and Family Welfare
MR	Menstrual Regulation
MTBF	Medium Term Budgetary Framework
MWRA	Married Women of Reproductive Age
NFR	Net Fertility Rate
NGO	Non-Government Organization
NMR	Neonatal Mortality Rate
PRMA	Project Resource Mobilization and Awareness
QCO	Quality Control Officer
RADP	Revised Annual Development Program
RH	Reproductive Health
SDP	Service Delivery Point
TFR	Total Fertility Rate
TQM	Total Quality Management
UFPO	Upazila Family Planning Officer
UFWC	Union Family Welfare Centre
UHC	Upazila Health Complex
UNFPA	United Nations Population Fund
WHO	World Health Organization

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EXECUTIVE SUMMARY

Background

Bangladesh with around 150 million population is one of the largest and most densely populated among the least developed countries. The population of Bangladesh is increasing at the rate of 1.43% (2 million) per year and Contraceptive Prevalence Rate (CPR) has reached 55.8% (BDHS, 2007). To achieve the Total Fertility Rate (TFR) of 2.2 by 2010, CPR should be increased to 72 % coupled with a progressive method mix supported by a robust BCC campaign.

In the Health, Nutrition and Population Sector Program (HNPS), the services like Family Planning, Menstrual Regulation (MR), Emergency Obstetric Care (EOC) and supply of medicines of DDS kits are included in RH services. Incidence of shortage/stock-out/irregular supply of short-term and some long-term FP methods has been noticed occurring at repeated intervals during the last few years. This is a challenge to the national health and population programme having implications for the national economy. Among the supplies, Bangladesh Family Planning Programme procures the contraceptives and other RH commodities with World Bank credit money which is adequately available, but procurement is both time-consuming (18-24 months) and cumbersome. In addition, a number of FWA units have been suffering from inadequate field level manpower.

FPAB is implementing **Project Resource Mobilization and Awareness (PRMA)** in Bangladesh as an important catalyst to increase the financial and political commitment to sustainable RH supplies. The accompanying study has been conducted to understand various human impact of shortage/stock-out/irregular supply of three major contraceptives at the level of household as well as on national economy, and to examine the sufficiency of allocation of funds vis a vis need of GoB financial mechanism for it.

Objectives of the Study

1. To assess human impact, i.e., how much will be an increase in population and sufferings of the affected people due to commodity shortage/ stock-outs/irregular supply.
2. To assess impact on national economy because of sufferings in the population due to commodity shortage/stock-outs/irregular supply.
3. To ascertain the trends, sufficiency and priority for allocation of fund for health, RH and commodity, and to assess the trends in utilization of the funds.

Methodology

The research design has two broad segments - quantitative and qualitative. The core research has been conducted with the contraceptive users (of oral pill, injectables, and condom) at 30 FWA units who have suffered at least once due to shortage/stock-out/irregular supply during one year period preceding the survey (i.e., during March 2008-February 2009). The following data/information collection instruments were administered:

- Individual Interviews with 2756 Users (Quantitative)
- Individual Interview with 205 Sufferers (Quantitative)
- Focus Group Discussion (FGDs) (Qualitative)
- Group Discussions (GDs) at District Level (Qualitative)
- Group Discussions (GDs) at DGFP level (Qualitative)
- Data/Information obtained through Formats (Quantitative)

The findings were analyzed to prepare the draft report for submission to PRMA, FPAB and SARO/IPPF for their comment. The key finding with associated implications has been presented at a national seminar. After receiving comments on those from the national seminar in presence of Honorable Minister, Ministry of Health and Family welfare, the report has been finalized by the Team Leader and Consultants.

Current System of Procurement, Supply, and Monitoring

System of Procurement

The current procurement activities from the beginning to end have 19 steps. If these steps are complied timely, 18 months are required for completion. Procurement of RH commodities, both off-shore and inland, is bound by rules. Consultation with and concurrence by Funding Partners (World Bank, and donors) are needed to finalize the deal. It is usually time-consuming, and the system allows dual control, delay and inefficiency. Knowledgeable field managers viewed the system of procurement as not free from blemish.

System of Supply and Distribution

Supply process is initiated from the Central Warehouse (CWH) of FP Directorate at Dhaka, and then to 21 regional warehouses located at District HQs, to all Upazila FP stores (482 upazilas) and from there to the Service Delivery Points (SDPs) consisting of FWCs, MCWCs, FWAs, and NGO clinics. And finally, RH-FP materials (contraceptives, kits, MSR items) are being distributed/administered by FWAs and FWVs and others concerned to clients/users. The clients/users receive the supplies at home, satellite clinics, FWCs, MCWCs, community clinics (where this clinic is functioning) and also at NGO clinics. The main source of supply of RH-FP commodities is FWAs. They are supposed to make home visit to MWRAs once in every two months. In focus group discussions (FGD) with the “Sufferers”, FWAs were also identified as source in nearly 80% supplies to the clients. In case of stock-out/shortages, some field managers address situations through revising their distribution plan for RH commodities to meet the priority needs of users on a selective basis. Switch-over of FP methods is also encouraged by them to meet the crisis.

Monitoring System

The national monitoring system is based on Form7 and Form7-B submitted to MIS by Warehouses and Upazila FP offices respectively. The Monthly Logistics Report is a monitoring tool which is providing useful “information on monthly distribution and stock balance of all major contraceptives and DDS kits of warehouses/upazila stores”. There is no forecasting mechanism to project commodity requirements for a growing population with diversified needs (of method-mix). The monitoring at the field level is also weak.

Status of Stock-out Situation

Regarding the status of stock-out/shortages of RH commodities during the last one year (November 07 to October 2008) the “Family Planning Monthly Logistics Report of DGFP” shows that stock-out was experienced by a large number of upazilas (44.58% highest, 24.16% lowest). Field Managers, in their interviews, admitted with hesitation that stock-out situation prevailed during the last one year in one FP method or the other.

Causes of Stock-out

The causes of stock-out as reported by the Field Managers and other concerned officials of the FP Department include irregular supply, bottlenecks in procurement process, dualism, lack of forecasting mechanism to assess/project needs, and overall management inefficiency.

Discrepancy in Number of Users: Official Data vs. Field Reality

The question of discrepancy, and finding out of real number of users and actual number of sufferers aroused when the data collected through a specific format from 437 FWAs didn't match with that of the data collected through Pre-test and small-scale field survey. As a result the study strategy was changed and data were collected through 2,756 household interviews with the users of 3 major FP methods (pill, injectables, and condom) in 30 FWA units. In this study, the statistical discrepancy found in number of users between FWA register and the actual users of FWA unit was 4.8%, where real users were 95.2% and 132 were non users (out of 2,756 household respondents interviewed) during any time in the last 365 days preceding the survey. Out of the 95.2% real users, 83.5% got regular supply and 11.8% did not receive regular supply. However, according to FWA reporting – stock-out or shortage or irregular supply of these 3 methods is 0.6% as against 11.8% found in the field survey.

Of this 11.8%, 7.4% (205 persons) are “sufferers” and 4.3% are “non-sufferers” (managed the method). Lack of effective supervision of field visit of the FWAs and lack of updating of the FWA register book are thought as contributors to this type of statistical discrepancy.

At the second stage, ***Individual level sufferer interview*** were conducted with 205 sufferers suffering from various problems due to shortage/stock-outs/irregular supply of oral pill, or injectables, or condom during last one year. The 7.4% sufferers (205 persons) include 3.7% sufferers of oral pill, 2.1% sufferers from injectables, and 1.6% sufferers of condom.

Demographic and Socio-economic Characteristics of Sufferers

The average age of the users in the sample is 32 years. A large part of the users in sample (27.7%) are in the age group of 26-30 yrs. The average household size of ‘suffering household’ is 4.5. More than 98% of the members fall into categories of married and unmarried. Primary level education dominates over other categories of education. About 39% of the members of ‘age 5 or above’ have primary education. About 76% are literate and 24% illiterate. Illiteracy is higher pronounced among female members (56.5%) than that among male members (43.5%). Majority of the members (29.9%) by occupation constitute the student group followed by housewives (23.5%). It was also found that 68.8% of the sample households have their own agricultural land and 99% have their own homestead. A 14.1% are living in the houses which are vulnerable. About 77% of households can meet their educational and 52% can meet their medical expenses. The yearly income per household is Tk. 66,826. For 50.2% of the suffering households the annual income is less than Tk.50,000.

Impact on individuals/households

Contraceptive practice of three major contraceptives

Among the number of actual sample users, majority (56.9%) use pill as their contraceptive method, followed by injectables (27.5%) and condom (15.6%).

Sufferer situation of shortage/stock-out/irregular supply

Of the users who were facing irregular supply, about 63% suffered from different dimensions of ailments and set-backs like physical, psychological, social, income generating, and household related activities.

Out of 205 sufferers, about 55% suffered physically. Among the physical sufferings, headache has been found as the prime cause of physical sufferings (18.9%), followed by general weakness (15.3%). Each physical sufferer suffered from more than one problem. About 79% suffered psychologically. Anxiety and fear of being pregnant had been found to be the two major causes of psychological sufferings. About 25% faced problems regarding income generating activities (IGA) and 33% suffered from household related activities, and 6% suffered from activities related to family care. In IGA, the most frequent loss happened from the absence to the non-agricultural sector. Each suffered from more than one problem regarding IGAs. On an average, each suffered from more than two problems regarding household related activities and family care. On an average, each social sufferer suffered from more than one problem. About 31% of the total sufferers incurred medical costs due to their physical or health related problems/sufferings. The average annual medical cost per suffering household stood at Tk. 1,286. Medicine was found as the major cost item which is slightly higher than that of the diagnostics costs. Among the total users in the sample, 0.8% suffered from unexpected pregnancy. More than one alternative sources of having FP methods were mentioned by each sufferer where pharmacy topped the list.

Income Loss to Sufferers

About 64% of the total sufferers lost some portion of their net income. The average net annual income loss per suffering household amounted to Tk. 1,026. Among the income losers, more than 80% lost their portion of net income which is below 2.5%, and 70% of the income losers lost income less than Tk. 1,000. The highest loss incurred is found for the stock-out of oral pill (48.4%), followed by injectables (36%), and condom (15.6%) respectively. As for the loss of hours, the annual mean hours lost per suffering for physical sufferers was 425 hours; 456 hours for psychological sufferers; 91 hours for IGAs; 1662 hours for disruption of household activities; and 21 hours for disruption of social activities. Each sufferer suffered from more than one type of sufferings.

Impact of Shortage/Stock-out/Irregular supply on National Economy

Estimates show that the annual total number of users suffering from problems due to stock-out/shortage/ irregular supply of three family planning commodities (oral pill, injectables and condom) is 1.54 million in Bangladesh. Nationally, estimates show that the total loss of time of the sufferers (during last year) would be about 4,275 million hours, money value of which amounted to Tk. 60,932 million. Loss of net income at the national level due to shortage/stock-out/ irregular supply amounted to Tk. 1,005 million. Medical cost, at the national level, incurred due to shortage/stock-out/ irregular supply amounted to Tk. 629 million. Loss of time from physical or health related problems was 1,131.4 million hours, money value of which amounted to Tk. 16,123 million for the sample period nationally. Loss of time of the sufferers who suffered psychologically stood at 1,145.3 hours which amounted to Tk. 16,326 million for the sample period nationally. Loss of time of the sufferers those suffered from disruption of income generating activities (IGAs) had been calculated at 46.53 million hours, and its value amounted to Tk. 662 million. Loss of time due to disruption of household related activities at the national level has been calculated at 1,949.7 million hours and amounted to loss of Tk. 27,784 million. Loss of time due to disruption of social activities at the national level due to shortage/stock-out/ irregular supply had been calculated at 2.5 million hours and its money value amounted to Tk. 37 million.

Adequacy of Financial Support and Priority of Health, Nutrition and Population Sector Programme

It is well-established that Health-Nutrition-Population Sector is priority one and to carry on a major thrust, the government has brought the Ministry of Health and Family Welfare under Medium Term Budgetary Framework (MTBF) from 2006-07. The government has also been increasing allocation (13-15%) in the ADP almost every year. But on close examination of R-ADP allocations and expenditures for last 3 years from FY 2005-06 to FY 2007-08 for the national FP Programme a quite different scenario had been captured. Allocation of fund was erratic with rise and fall – from Tk.9767.10 million in FY 2005-06 to Tk. 12153.94 million in FY 2006-07 (an increase of 24.44%) to Tk. 9,633.62 million in FY 2007-08 (a decline of 21.26%). Even the allocation of FY 2007-08 compared to allocation of FY 2005-06 decreased by 1.36%. Again, allocations/expenditures for contraceptive procurement under non-development budget was ‘Zero’. The pattern of financing for contraceptives procurement was one-sided and single dimensional (development budget only); for DDSkits, allocations under development budget (for last 3 years) fluctuated beyond a reasonable degree – from “0.0” (FY 2005-06) to Tk. 968.90 million (FY 2006-07), to Tk.134.21 million (FY 2007-08) showing dramatic rise and fall. Allocation for DDS Kits under non-development budget was ‘nil’ in FY 2007-08. The scenario in its totality gave an impression of infinite uncertainty in procurement planning. The result was shortage/stock-outs/irregular or delayed supply from time to time as it had been revealed in this study.

The government of Bangladesh spends not more than US \$ 5 per capita annually for HNPSF services which is meager to the ever growing needs of an expanding population. Although, the issue of how much money is needed for what purpose is debatable, the central point focused was absorption capacity and efficiency of spending the available resources. Pouring in more resources may not be much difficult for Health-Population sector-wide programme, but the real difficulty lies with management efficiency to get the investment hit at the bottom, where it is needed most, to ensure services to the rural poor deprived of most of the basic needs of subsistence living.

Key Findings

The key concluding findings of this study to ascertain the human impact of stock-out/shortage/irregular supply of three select family planning commodities (oral pill, injectables, and condom), and its impact on national economy during last one year are as follows.

- Total number of annual users faced stock-out shortage/irregular supply of three family planning commodities– oral pill, injectables and condom – is 2.43 million in Bangladesh.
- During the last year preceding the survey a 7.8% of the users (1.54 million) of oral pill, injectable, and condom faced shortage/stock-out/irregular supply and as a result suffered from various problems (Sufferers).
- Nationally, the estimates show that the total loss of time of the sufferers (during last year) would be about 4,275 million hours, money value of which amounted to Tk. 6,0932 million.
- Number of unexpected pregnancy due to shortage/stock-out/ irregular supply of these 3 methods have been calculated at 159,800, of which 90,240 (57%) went for MR and 22,560 for abortion. Thus, shortage/stock-out/ irregular supply of these 3 methods are responsible for 47,000 additional child birth due to unexpected pregnancy which had contributed to the incremental population during last year.

- There are 19 steps in the Procurement process which take 18 to 24 months and there is lack of proper forecasting mechanism for projection of procurement needs.
- There is acute shortage of field staff for motivation and service-delivery, and they lack in spirit, motivation and skill-based training.

The programme requires multiple inputs and safeguards from different authorities to reach a sustainable level.

Highlights of Some Field Problems

From field Investigators interaction with FP users and sufferers of stock-out/shortages of RH commodities, major problems that could be gleaned on the surface were inefficient management of FWA register, lack of clients care, negligence to ‘cafeteria’ approach to motivate clients, irregular household visits, and inadequate counseling of ELCOs by FWAs.

Recommendations

Sufferers Opinion about Shortage/Irregular Supply

Sufferers expressed that authorities should supply RH-FP commodities in sufficient quantity and on regular basis. FWAs and other field staff should not charge money for providing injectables, oral pill, and condom. Besides, home delivery, depot holder system (nearest to clients housing area) should be established to make RH commodities readily available in times of need. Supervision of field staff by responsible supervisors should be geared up.

Service Providers and Managers

Service Providers and Managers consider simplification of procurement procedure is critically important to avert stock-out situation. Besides, to appropriate forecasting of actual needs of RH-FP commodities, a mechanism must be evolved and set-up as safeguard against hazards from shortage or stock-out situation. The programme managers also viewed the logistic system as a part of the entire gamut of organization-management services system and suggested a holistic approach to sustainable improvement in the complex sector of Health-Nutrition-Population planning and development.

Summary of Recommendations

- **Streamline** procurement system and make the procedure simpler – reduce steps of bureaucratic bottlenecks, cumbersome and time-consuming formalities.
- **Effect** need-based, bottom-up procurement plan.
- Like the other issues, ‘**Population problem**’ should be focused as a major national issue.
- **Encourage, promote/patronize for local production** of quality FP-RH commodities, particularly contraceptives such as pill, condom, injectables etc. in public and private sectors to procure it locally.
- **Empower District FP Authorities** to make local procurement of available RH commodities to meet shortages in the supply line/stocks urgently.
- **Allocate fund from Revenue Budget** of the government for procurement/production of RH commodities to reduce donor-dependence with the objective of achieving self reliance and sustainability.
- **Establish a sound monitoring system**, a forecasting mechanism of procurement and supply.

- **Ensure training and re-training** of field functionaries to build up their work skill (motivation, service-delivery, record-keeping, reporting, monitoring etc.) and meet the discrepancy of the govt. report and the field reality.
- **Permanent contraceptive methods** should be encouraged.
- **Undertake basic studies** to develop suitable contraceptives suitable for use by the ever growing population of Bangladesh.
- **Undertake separate study** on ‘Reasons of irregular supply of FP items at the service delivery points’.
- **Expand and equip storage** facilities to have a capacity for at least 24 months stocks in stores at different levels (regional/local).
- **Increase manpower at the field level** to regularize home visit and to ensure proper service delivery near the door steps of clientele. **Alternatives/options to increase manpower** in the field should also be seriously examined, pilot tested and adopted, if found economically-socially suitable/viable.
- **Utilize the services of NGOs in service delivery and monitoring** where there is shortage in manpower to strengthen home visit and service delivery.
- **Strengthen FP programme by professional people** (population-FP) of the Department (cadre) to get the best out of present day bureaucracy, democratic culture and specialization.

In view of the findings of the study and recommendations by Programme Managers, Service Providers and Clients, the study team suggest to institute a full-fledged Project Resource Mobilization and Awareness (PRMA) Unit for effective monitoring of procurement and supply activities of RH-FP commodities. PRMA may also be given the responsibility of advocacy at various levels. The study team also suggests a time-bound implementation plan for implementation of all feasible recommendations for the greater interest of the nation.

CHAPTER I

BACKGROUND, OBJECTIVES AND METHODOLOGY

1.1. Introduction

Bangladesh with around 150 million populations is one of the largest and densely populated among the least developed countries. This population is already creating pressure on the resource of Bangladesh. According to Government of Bangladesh, currently the population of Bangladesh is increasing at the rate of 1.43 percent per year and Contraceptive Prevalence Rate (CPR) is 55.8 percent. If we want to achieve the replacement level fertility with Total Fertility Rate (TFR) of 2.2 by 2010, CPR should be increased to 72 percent. However, currently the TFR is 2.7 percent and CPR is 56 percent. With this current rate of TFR and CPR, the population will increase at the rate of 2 million per year. The targeted Net Fertility Rate (NFR) is 1 for 2010. According to a recent publication of GoB on World Population Day, the 2008 population will stabilize at 250 million in the year 2085.

In Bangladesh, the Health, Nutrition and Population Sector Program (HNPS) of 2003-2006 have been extended to 2010, where field activities in health and population are managed separately. In HNPS, the services like MR, Essential Obstetric Care (EOC) and supply of medicines of DDS kits (Kits for MCH services) are also included in RH services and managed using almost the same manpower and facilities.

Although use of contraceptives was increasing, for the first time during the last couple of years it is on decreasing trend (BDHS, 2007). Incidence of shortage/stock-out of short-term re-supply methods as well as some long-term methods has been noticed occurring in repeated intervals in the supply chain during the last few years. It is most likely that the same scenario will be observed certainly for MR kits, DDS kits and EOC drugs and supplies, if not taken care immediately.

This is a new challenge to the national health and population programme as well as national economy. While analyzing the causes, it was observed that the knowledge and attitude of various programme and its users were positive and always on increase, but the problem lies with the RH drug availability and accessibility scenario and its continuity of supply through different tiers/channels.

1.2. The RH Drug Availability Scenario in Bangladesh

Logistics and supply of RH commodities in Bangladesh is managed by the Ministry of Health and Family Welfare (MoH&FW) through two departments- (i) Central Medical Store department under Directorate of Health and (ii) Central Warehouse under Directorate of Family Planning. The World Bank consortium supports by providing fund for procurement of various contraceptives and RH commodities. UNFPA also directly procures contraceptives (also procures CIDA-funded contraceptives) and provides these to government. However, the main problem about contraceptives and RH commodities procurement system is that, it is quite complex and time-consuming. For the last one and half years, condom, oral pill, injectables, implants and IUDs are short in supply for some times - both through the public, as well as private distribution channels.

Among the supplies, Bangladesh Family Planning Program procures the contraceptives, and other RH commodities are imported (including MR kits) from off-shore sources with World Bank credit money which is adequately available but accessing the money has presented problems. It requires strict observation and compliance with the IDA procurement guidelines, and it is both time consuming (takes about 16-18 months) and cumbersome.

Shortage of trained procurement staff is also another problem that has resulted in delayed procurement of contraceptives and other supplies. The World Bank procurement and supply process usually need to follow around 19 steps and takes even more time although it has been normally prescribed as 16-18 months (see Figure 2.1, Procurement Spiral Diagram). Because of the long timeframe and delay in procurement and supply process, it causes shortage, stock-out and a crisis situation for the RH commodities. This is due to the fact that it is very tough for the Bangladesh Family Planning Program to assume how the use rate and method-mix of contraceptive will be after one and half years. These are causing shortage/stock-out in supply and increase in discontinuation rate of some of the short and long-term methods (Pill, Condom, Injectable, IUD, Implant, Emergency Contraception, Sterilization MSR), and DDS kits medicines. If these commodities are not supplied in time (before shortage/ stock-outs) these may cause unintended pregnancy, preventable illness, and unnecessary sufferings. These have a lot of human impact and will affect national economy as well.

In addition to this, a number of FWA units are suffering due to lack of field level manpower (FWAs). Since majority of the FWAs has been recruited by 1980, currently their work loads have been increased to more than double in some areas. According to DGFP officials, previously a FWA had to provide service to 500 MWRAs, which currently has increased to around 1200. In some FWA units, they can't bear this load due to their old age as well. According to some researchers, starting of Community Clinic system is also one of the major obstacles for the reduction in CPR. The CPR is also low in most of the *Haor, Hilly and Slum* areas, which are hard-to-reach and inaccessible.

Whatever the cause is, the discontinuation in supply disrupts the contraceptive use and lowers the contraceptive use rate (CPR), increases the total fertility rate (TFR), increases the maternal mortality and morbidity, and ultimately affects the population and MCH-FP services of the country.

Against the abovementioned facts and figures that reiterate the urgent need for interventions that would help narrow the demand-supply gap in RH supplies, FPAB is implementing **Project Resource Mobilization and Awareness (PRMA)** in Bangladesh as an important catalyst to increase the financial and political commitment to sustainable RH supplies. The Advocacy Team at SARO, comprising the Communication, Advocacy and Resource Mobilization specialists backstop the planning and implementation of PRMA, in Bangladesh. For innovative and effective implementation, SARO and FPAB have proposed to set up a full fledged and dedicated PRMA Unit for effective implementation of project activities. There are National Consultants (PRMA) for advocating with the government, and to reach out and convince the highest officials in the relevant ministries and other government agencies.

Project Resource Mobilization and Awareness (PRMA) undertaken by FPAB will initiate advocacy program to the government policy level to ensure regular and adequate supply of RH supplies including contraceptives. This project on cursory review has identified some gaps, especially shortage and stock-outs of contraceptives during the last couple of years. This project will function as an important catalyst to increasing commitment for sustainable RH supplies. The advocacy needs to be evidence based and supported by empirical findings.

For this purpose, HDRC has conducted the accompanying study entitled ‘Human and Economic Impact of RH Supplies Shortage/Stock-outs in Bangladesh’ to ascertain the impact of it, especially- Contraceptives (3 major items) on human aspect as well as on national economy. Another aspect of the study was to examine the sufficiency of allocation/release of funds vis a vis need of RH supplies in the GoB financial mechanism for ensuring proper and need based service delivery.

1.3. Objectives of the Study

The objectives of the study were as follows:

1. To assess human impact, i.e., how much will be increase in population and sufferings of the affected people due to RH commodity shortage/ stock-outs.
2. To assess impact on national economy because of RH commodity shortage/stock-outs and sufferings in the population.
3. To ascertain the trends, sufficiency and priority for allocation of fund for health, RH programme and its community through budget analysis of a couple of years and also to assess the trends in utilization of the funds.

Further, this study has examined how best we can simplify the fund release mechanism; how far we can meet growing demand for fund, and thus the discontinuation rate of RH supplies can be minimized to zero. All these issues have been examined, analyzed and solutions sought from the field. *This study will initiate the national level advocacy for the RH supply initiatives of Project Resource Mobilization Awareness (PRMA) as well.*

1.4. Methodology

1.4.1. The Study Design

The key purpose of this research was to determine the sufferings on population due to shortage of the contraceptives and other RH commodities, and finally the impact of the same on the National Economy as a whole. It also assessed the sufficiency of allocation/release of funds and suggested the need of a simplified financial mechanism for the same. For this purpose, the users, sufferers, suppliers, service providers, district and central level managers were interviewed and discussed in group; information obtained through data collection formats were analysed, and finally presented at ministry level for their input.

1.4.2. Methods of Data/Information Collection

The total research design has two broad segments namely, quantitative and qualitative research. Broadly, two groups of audiences has been targeted – (i) Contraceptive Users and Sufferer Population, and (ii) Key Stakeholders. This section delineates all pertinent methodological issues of the study. The data/information collection instruments along with the relevant respondents/participants are presented below.

On Contraceptive Users and Sufferer Population (Pill, Injectables and Condom) –

- Individual Interviews with Users
- Individual Interview with Sufferers
- Focus Group Discussion (FGDs)

On Key Stakeholders-

- Group Discussions (GDs) at District Level
- Group Discussion (GDs) at DGFP level
- Data/Information obtained through administering Formats.

And finally,

- Secondary Analysis of Data/Information
- Presentation at Ministry level.

Quantitative Survey

Primarily, ***Individual user level interviews*** were conducted at 30 FWA units on contraceptive user population for identification of the sufferer population. Through this user interview, the sufferers were identified. At the second stage, ***individual level sufferer interviews*** were conducted with the population who has suffered due to shortage/stock-outs/irregular supply of pill or injectables or condom during last one year (from March 2008 to February 2009).

<i>Box 1.1: Definition of a “Sufferer”</i>
‘Sufferer’ means a person – man or woman – who used either of the three family methods, namely oral pill or injectables or condom but experienced irregular supply or shortage or stock-out any time at least once during the last one year preceding the survey and had suffered from problems due to that.

In addition, Secondary Analysis of Data/Information obtained through Formats was conducted at Directorate level. For diagnosing the stock-out situation due to shortage of supplies through GoB channel, ***Secondary Analysis of Data/Information of Family Planning Monthly Logistics Report of Directorate General of Family Planning*** (from November 2007 to October, 2008) was also conducted.

Qualitative Study

FGDs were conducted with some of the sufferers (8 in 6 divisions) on the same population. FGDs were conducted for different methods on the affected population.

Group Discussions were also conducted at District level (6 in 6 divisions), and finally at Directorate level (DGFP) for collecting Information from key stakeholders. The managers concerned with finance, MIS, supply and service delivery were present in those meetings.

1.4.3. Sample Design

At first, a total of 2756 users of pill, injectables, condom (on average 90/FWA unit) were sampled from the FWA Register from 30 FWA units on random basis. However, ***Individual user level interview*** were conducted with 2624 user population (pill, injectables, condom) for identification of the sufferers.

Study Areas

The study has been conducted in all over Bangladesh in 30 FWAs distributed in 6 divisions. FWA units and its population, users and sufferers have been taken as the basic unit of the study.

Study Population, Sample Size and Methods of Data/Information Collection

The purpose of such selection was to address the issues in line with the objectives of the study. At first, some basic data with number of contraceptive users and sufferers has been sought from 384 FWAs distributed randomly and distributed more or less homogeneously all over Bangladesh (*see Special Note for 'Rationale of selecting 384 FWA units for Secondary Analysis of Data/Information Obtained through Formats' in next page*). It was presumed that suffering filled-in by the shortage/stock-out/irregular supply of contraceptive will come out from those formatted reports from FWAs. However, number of sufferers didn't come out through those reports from FWAs, and Pretest in 20 Upazilas contradicted some of the reports from FWAs. After this, the strategy was changed and through the meeting with FPAB and SARO/IPPF it was decided that sufferers will be identified through ***Individual Interview*** with contraceptive users of 3 major methods.

Group discussion were conducted at district level with Deputy Director of Family Planning and other officials and staff associated with collection, supply and providing service.

Individual User Interviews were conducted at 30 FWA units and identify sufferers to find-out human impact for shortage of contraceptive supplies (pill, injectables, and condom) in 17 districts of 6 divisions. In each FWA unit around 90 persons were interviewed primarily on contraceptive supplies to identify the persons suffering from irregular use of contraceptives.

Then, ***Individual Sufferer Interviews*** were conducted with the sufferers to find-out specific human impact, hours lost/sufferer for shortage/stock-out/ irregular supply of contraceptive supplies (pill, injectables, and condom) in those FWA units. Around 205 sufferers of shortage/stock-out/ irregular supply of contraceptive supplies (pill, injectables, and condom) were interviewed who reported suffering from problems due to irregular supply of contraceptives.

Focus Group Discussions (FGDs) were also conducted with some of the sufferer population from commodity shortage in these areas. In each district one FGD i.e., in total 6 FGD in 6 districts were conducted.

Secondary Analysis of Data/Information collected from FWA units, District level, Directorate level was done using special tabulation plan. Data was collected from 30 FWAs using specific formats. Data was collected from each of the 6 districts for the supply and stock-outs. All these selection were collaborative endeavor of FPAB, PRMA and study team. For this purpose, 6 districts were selected semi-purposively among the 6 divisions.

However this is to note that, for FWA units, data was collected from 384 FWA units through a format. For this purpose, special paper message with format were sent to 384 FWA units. However, this data were not used, as information related to stock-out/shortage and irregular supplies were not reported in those formats. Special collaboration of DGFP and FPAB was required for this purpose.

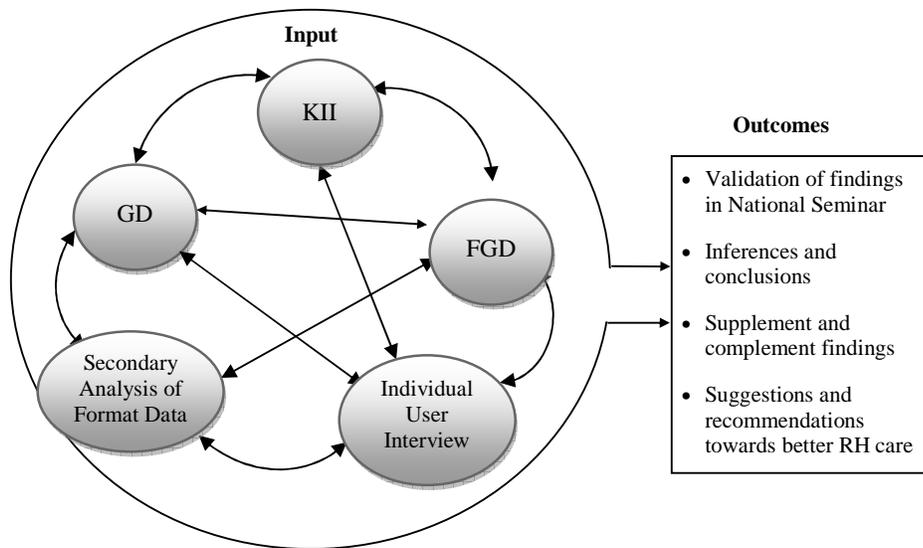
1.4.4. Analysis Plan: Descriptive and Inferential Analyses

Since the study was involved with multiple data collection instruments, development of an analysis plan required substantial time and efforts. Developing this analysis plan was a joint effort of the Team Leader and the Consultants. This was done simultaneously in the course

of preparation, guidelines and checklists. The findings were analyzed to prepare the draft report for submission to PRMA, FPAB and IPPF/SARO for finalization. On the other hand it the key finding with associated implications has been presented at a national seminar in presence of Honorable Minister, Ministry of Health and Family Welfare. After receiving comments on those from the national seminar the report has been finalized by the Team Leader and Consultants. Through this triangulation process with the users and district level managers the information collected in all the areas were validated in the process of analysis.

Broadly six methods of quantitative and qualitative research were implemented to collect all relevant information in line with the objectives of the study (delineated in Section 1.3.2). The analysis was conducted in specific areas by indicators using appropriate information compilation and analysis formats designed by the Team Leader and other core-team members competent in quantitative and qualitative research and subject specialists.

Figure 1.1: Triangulation of findings with the district level managers and others



All information collected and compiled was triangulated at district level in presence of local health and family planning managers to validate the findings. These activities were conducted by consultants and trained field-workers who were provided with a topic-guide in line with the thematic issues, variables and relevant indicators of the study. A total of 6 triangulations in 6 sample districts were conducted with district level managers and other persons involved with service delivery, distribution and supply. In each district, triangulation was conducted on requirement of – Contraceptives, DDS Kits, and other RH Supplies and their supply position.

1.4.5. Study Implementation

Fifteen field teams guided by a most competent team leader and a coordinator were deployed for data collection in 30 FWA units spread over 6 divisions. This section delineates the Study Areas, Study Population and Sample Size and Methods of Data/Information Collection. Finally, one of the crucial components in any research – the Triangulation Plan and its implementation has already been shown as part of Analysis Plan.

In order to address the research issues, the quantitative and qualitative methods were implemented in the following way.

A. Preparation, Pretest and Finalization of Instruments, Guides, and Checklists

Instruments, Guides and Checklists for all the above mentioned data collection methods were prepared first. These were then pre-tested in 20 upazilas to assess how relevant items are, how well the respondents understand it, and whether there are problems in administering the instruments. On the basis of the pre-test results, the Strategy of the study, Instruments, Guides and Checklists were modified and the revised ones were sent to PRMA, FPAB for their review and approval. After receiving comments from them, the guidelines and checklists were finalized. The final version was then re-translated in both Bangla and in English. The copies of Bangla version were reproduced for field. The pre-testing team included, among others, the Team Leader, the Team Consultants, and Members and Consultants from PRMA and FPAB.

B. Quantitative Interviews

An advance team was sent for this purpose. For each FWA unit around 90 persons were listed primarily for interview to identify the persons who have suffered due to irregular use of contraceptives during last year. Since FWA units are more or less homogenous in all over Bangladesh, user's interview was conducted in around 30 FWA units distributed randomly and distributed more all less homogeneously all over Bangladesh.

At first, 2756 users of pill, injectables, and condom were selected from FWA Register at 30 FWA units for *Individual User Interview*. However, due to irregularities in FWA Register, 132 users could not be identified as users (during any time in the last year), who have been denoted as non-users in our study. For this purpose, *Individual user level interview* were conducted with 2624 user population (oral pill, injectables, and condom) for identification of the sufferers. Through this user interview, 324 users were identified who didn't get their contraceptive supply regularly due to shortage/stock-out/irregular supply. Out of these 324 users, 205 sufferers were identified who suffered from various problems and illness due to shortage/stock-out/irregular supply of these 3 contraceptives.

Secondly, *Individual Sufferer Interviews* were conducted with these 205 sufferers of shortage/stock-out/irregular supply of contraceptive supplies (pill, injectables, and condom) to find-out specific human impact, hours lost/suffered due to this irregular use of contraceptives. In this process, data were collected on health perspective, psychological perspective as well as productivity losing perspective. Alternative source of supply (if any) was explored as well. Thus, quantitative analysis of health, psychological and economic impacts due to shortage/stock-out/irregular supply of contraceptives was ascertained.

C. Focus Group Discussion (FGD)

FGDs were conducted with 8 groups in 6 districts with sufferers of RH supplies, especially- Contraceptives (condom, oral pill, injectables). FGDs were conducted with users who suffered from shortage of supply of the abovementioned items. Both male and female in groups of discussants were conducted FGDs in groups of 7-9. FGDs were conducted with one group in each district i.e., a total of 6 FGDs in 6 districts. Separate groups by sufferer of contraceptive method user were organized. Individual group discussion by item and guide were organized. These FGDs were conducted by facilitator and documentation assistant (male or female, according to FGD participant's gender).

D. Group Discussion (GD)

Group discussions (GDs) and Key Informant Interviews (KIIs) were carried out with the administrators, store keepers and in-charge of the FP suppliers at Ministerial level of

MOHFW, Directorate General of Family Planning, and District Family Planning Office. These GDs & KIIs were moderated by Consultants with a topic guide emanating from the objectives of the study. Bearing in mind the objectives of the study, GDs & KIIs were carried out with the following groups of stakeholders.

At Directorate level

Director General, Directorate General of Family Planning; Director, Finance and Planning; Director, IEM; Additional Director, Clinical Contraception Service Delivery Program; Director General, FPAB, Md. Nur Hossain, Consultant, PRMA, FPAB; Md. Gias Uddin, Project Manager, PRMA, FPAB; and Dr. S.M.Nijamul Hoque, Senior Program Officer, EngenderHealth.

District level

Deputy Director, FP, District FP office; MO (Clinic), MCWC; AD (Clinical Contraception); UFPO, Supply Officer, and Store Keeper, RWH of District.

E. Quality Control

Production of high quality output in the research depends much on the quality assurance system followed in the endeavor. A system of TQM (Total Quality Management) was instituted which took care of all systematic arrangements and activities directed towards safeguarding, maintenance and promotion of quality throughout the research period. The TQM framework involved, among others, the following:

1. Ensuring full and effective coordination among the key personnel.
2. Instituting division of labor by assigning specific and time-bound job responsibility to each member of the key personnel.
3. Recruiting support staff having appropriate qualification, skill and motivation.
4. Working out well-defined job responsibilities for each member of the support team and implement those.
5. Imparting adequate appropriate training to the support staff.
6. Instituting timely reporting and efficient communication mechanism with FPAB
7. Deploying mechanisms for appropriate selection of study area.
8. Field checking to validate and monitor the process of collection of information
9. Quality control checking of information management
10. Devising all necessary management arrangements for timely coping with unforeseen situations.
11. Instituting time and cost optimization mechanisms in the study.

A sound quality control system was instituted to adequately monitor the quality of data collection. For this purpose, fifteen Quality Control Officers (QCOs) were deployed – one in each team. They constantly moved around the sample spots; and ensured quality through: (i) field checking, and (ii) monitoring.

Field checking was undertaken in both 'presence' and 'absence' of the field teams. 'Checking in presence' means verification of the work of a field team in a sample area during the time of information collection. 'Checking in absence' means verification of the work of a field team in a sample area after the team had left the site, after completing its assigned work in the area.

During their field checking, the Quality Control Officers performed checking the data accuracy. Some of the reported non-response items were also checked to ensure that they were all due to valid reasons. `Field checking in presence' was conducted for all field members, while `field checking in absence' were done over randomly selected sites.

The Quality Control Officers verified/cross-checked the papers/checklists were completed by them with the corresponding field team. Discrepancies, if any, were corrected, per instructions recorded in the field manual. Data monitoring was done by comparing results of some key variables in completed papers/checklists tabulating the variables by field teams, sample sites and enumerators. The comparisons showed, if any field team in filling in papers/checklists were re-interviewed.

In addition, the Team Leader, and other members of the core-team also maintained constant touch with the field operations. The core-team members undertook field trips as per the need of the study.

F. Secondary Analysis of Data/Information and Preparation of Draft Report

The study was conducted primarily on 437 FWA units (in place of 384 FWA units), 45 UFWCs, 14 MCWCs and 20 UFPO's office from 23,500 FWA units of Bangladesh, and then actual sufferer level data were collected from 30 FWAs. It is to be mentioned that, FWA units were selected as basic units for analysis of data for this study.

After data collection, development of an analysis plan required substantial time and efforts. It was a joint effort of Team Leader and the Consultants. After data collection, this was done in the course of the preparation of tables and report. The findings were analyzed to prepare the draft report for submission to PRMA, FPAB and SARO/IPPF for their comments and suggestions.

G. Presentation of Report at Ministry level

The Report has been presented at a national dissemination seminar by Prof. Abul Barkat, Team Leader of the study and Chief Adviser (Hon.), HDRC. The following high level officials were present in the dissemination seminar:

1. Prof. A.F.M. Ruhul Haque, Honorable Minister, Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh, as Chief Guest
2. Prof. Dr. M.S. Akbar, MP, FRCP, DCH, FIAP, Chairman, Bangladesh Red Crescent Society
3. Mr. Mohammad Abdul Qayyum, Director General, Directorate General of Family Planning
4. Ms. Anjali Sen, Regional Director, IPPF/SARO
5. Mr. Steve Kinzett, Senior Technical Officer, Reproductive Health Supplies Coalition
6. Ms. Sarah Shaw, Resource Mobilization and Awareness Officer, IPPF
7. Mr. Dhiraj Kumar Nath, Former Advisor to Non-Party Caretaker Government of the People's Republic of Bangladesh
8. Dr. Jahiruddin Ahmed, Director General (In-charge), FPAB
9. District level managers of Health and Family Planning of Government of Bangladesh.
10. Participants from FPAB, DGFP, SMC, USAID and other NGOs and media

Finally, the Chairperson of the dissemination seminar Mrs. Meher Afroze Chumki, MP and Chairman, Parliamentary Standing Committee, Ministry of Women and Children Affairs and President, FPAB delivered her concluding speech. Invaluable suggestions were forwarded by the participants.

CHAPTER II

CURRENT SYSTEM OF PROCUREMENT, SUPPLY AND MONITORING OF REPRODUCTIVE HEALTH COMMODITIES

2.1. Introduction

In almost all sectors of activities, one major component is procurement and supply of commodities, services, hardware and software etc. The procurement and supply management is contained in system called logistics system. In the social service sector, particularly in health-population sector, a sound logistics system is *sine qua non* for its successful operation.

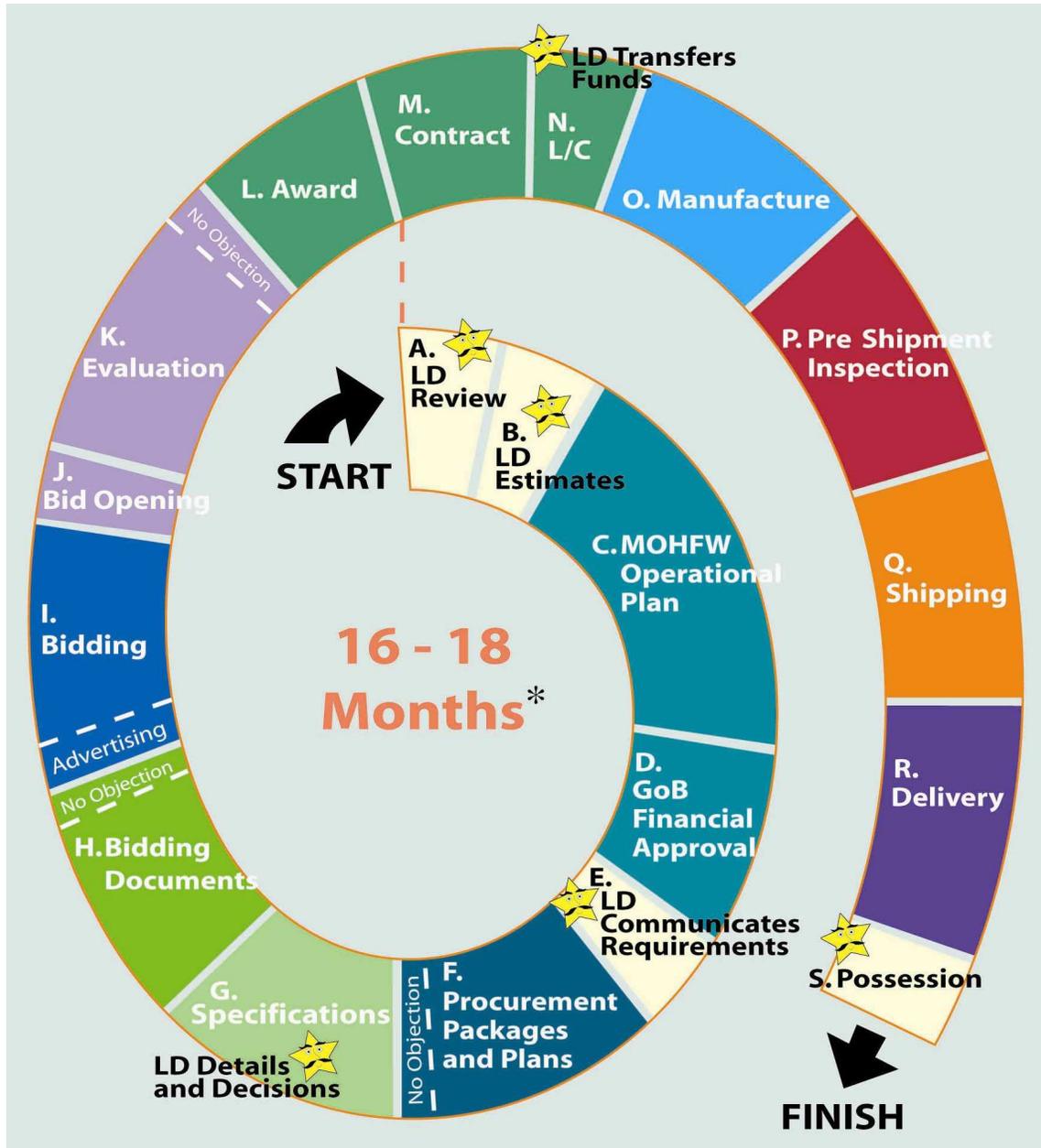
The Directorate of Family Planning has a Logistics Management System which has been strengthened over the years. The logistics system with well-established procurement procedure and nation-wide net work of supplies of RH-FP commodities, MSR, kits etc. providing service to the people and eligible couples, at large.

2.2. System of Procurement of RH Commodities

The present system of procurement is fastened by rules and formalities deemed to be necessary to ensure fair deal. In fulfilling the rules of procurement and necessary formalities it takes nearly 18 months if all activities are processed and completed on time; any exception to this due to avoidable/unavoidable reasons might prolong the procurement time, as evident from experiences, beyond 18 months by 6 to 8 months or even more.

The 'Procurement Spiral of Activities' from start to end entail 19 steps before having the possession of commodities (See Figure 2.1). It is assumed that there is a forward procurement plan, and a time-bound projected RH-FP commodity requirements in place, which is reviewed periodically to be compatible with present stock and emerging needs of future. The procurement spiral shows activities/steps taken to secure supplies at hand mainly from off-shore sources. The procurement is based on International Competitive Bidding (ICB). Again, in utilizing project aid (grant, loan etc) views/consent/approval of concerned agency, be it bank (World Bank/Asian Development Bank) or development partner/donor, is needed. Usually, in matters of procurement packages and plans – specification, bidding document, evaluation of bids, and the funding agency is consulted for their views and consent. In the procurement process the game is played by both government agencies as well as funding partner agency(ies). Knowledgeable Field Managers viewed the present procurement process subjected to dualism, delay and that often without good understanding between partners (GOB and donors/Bank), is also vulnerable to inefficiency. Although World Bank funded procurements follow World Bank Guidelines, some of the provisions of Public Procurement Act 2006 and Rules 2008 mentioned about procurement process that are also considered while executing procurement.

Figure 2.1: Procurement Spiral of Activities



*Assumes procurement activity, review and approvals are processed in a timely manner.

Source: Based on Procurement Premier for Health and Family Planning Programs in Bangladesh, DELIVER John Snow, Inc. USA (Page 12)

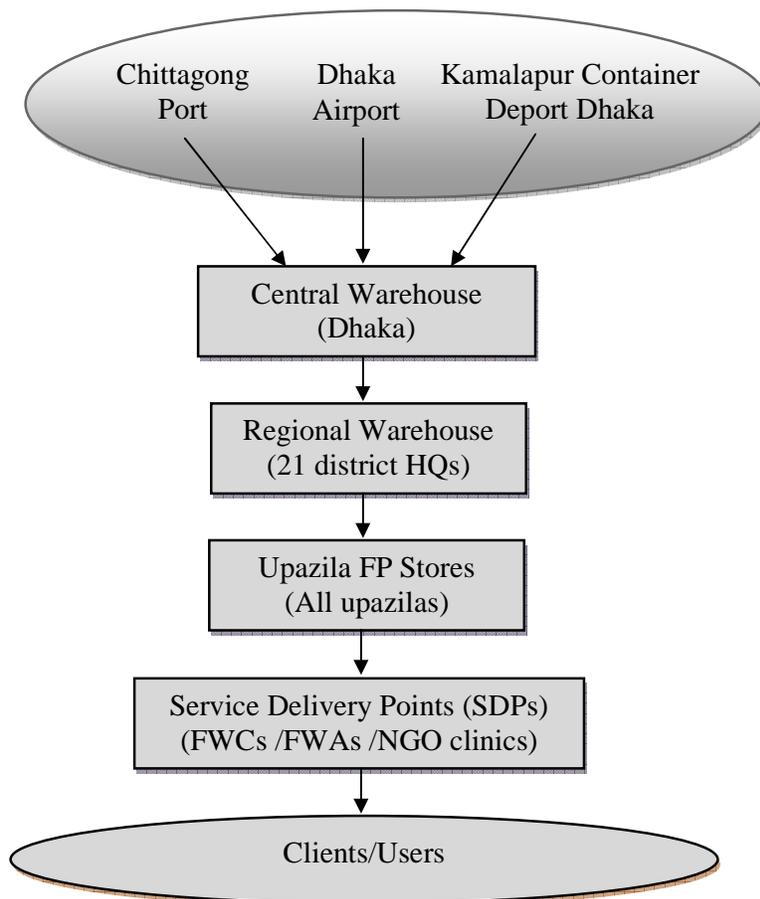
2.3 System of Supply and Distribution

The Directorate General of Family Planning under the Ministry of Health and Family Welfare (MOHFW) is the lead agency responsible for implementation of National Family Planning & MCH Programme and it has a vast network of supply and distribution system of RH-FP commodities all over the country.

With the procurement cycle (ref: Procurement Spiral) completed, supply process is initiated – the Central Warehouse (CWH) of FP Directorate at Dhaka which provides facilities for safe storage is also central to supply life line of RH-FP commodities. From central warehouse to 21 regional warehouses located at District HQs, to all upazilas (sub-district) FP stores (480 upazilas) and from there to about 30,000 Service Delivery Points (SDPs) consisting of FWCs, FWAs and NGO clinics. And finally, RH-FP materials (contraceptives, kits, MSR items) are distributed/administered by FWAs and FWVs and other concerned to the clients/users. The clients/users receive the needed supplies at home, satellite clinics, FWCs, MCWCs, community clinics (where this clinic is functioning) and also at NGO clinics. FWAs are supposed to make home visit of an eligible couple (ELCO) once in every two months. The main source of supply of RH-FP commodities is FWAs. In focus group discussions (FGD) with the “Sufferers”, FWAs were identified as source in nearly 80% supplies to the clients.

A Flow Chart (Figure 2.2) about channels of supply of RH-FP commodities is below.

Figure 2.2: Flow Chart of FP Contraceptives Commodities Supply



2.4. Alternative System of Collection of RH-FP Commodities in the event of Shortage of Supplies

The scope of an effective alternative system of collection by or delivery of RH commodities to FWAs/ SDPs is quite limited. There is no recognized source of supply as an alternative to the established network of supply has been stated earlier (Figure 2.2). The usual practice is temporary loan taken from neighboring upazila/SDPs where stocks are available beyond their own needs.

In addressing situations arising out of shortage/irregular supply, some Field Managers (District and Upazila level) chalked out a distribution plan of RH commodities with preference to users who need them most. Temporary rationing of commodities is also done to offset a crisis situation. In an emergency situation, MSR shortage is met by local purchase utilizing “Impressed Fund” at the disposal of Deputy Director, FP. Field managers also reported that switch-over of methods is encouraged to encounter shortages of one, or the other method of contraception.

2.5. Monitoring System and Forecasting of Stock-out/Shortages

The National Monitoring of Logistics for Bangladesh Family Planning Programme is largely dependent upon Form 7 filled up and submitted by warehouses and Form 7B submitted by Upazila Family Planning Offices to MIS unit of the Directorate General of Family Planning. In Family Planning Monthly Logistics Report, a monitoring tool of the Directorate, it is stated that – “It provides useful information on monthly distribution and stock balance of all the major contraceptives and DDS kits of warehouses/upazila stores”. (Ref: Family Planning Monthly Logistics Report, September 2008 of MIS, Directorate General of FP). In addition, at upazila and district levels monthly review meetings, telephonic report, indent for and appraisal of supply position to the higher authorities is regularly done for performance monitoring. Field managers in almost all group meetings opined that there is no forecasting mechanism to project commodity needs of ever increasing population/ELCOs of the country. Admittedly, expertise is lacking in this area of activity.

2.6. Status of Stock-out/Shortages of RH Commodities during the last one year according to Service Providers and Field Managers

During the course of literature review, Monthly Report titled “Family Planning Monthly Logistics Report” compiled and circulated by MIS unit of the Directorate General of Family Planning for the last one year from November 2007 to October 2008 (12 months) was sought for review and analysis. Reports for 4 months (November 2007 to February 2008) were not available. Remaining monthly reports for eight months from March 2008 to October 2008 were available and each one was examined. Table 2.1 provides the number of Upazilas and SDPs by month where there was stock-out of condoms, oral pill, and injectables during last 8 months.

Table 2.1: Month-wise number of Upazilas and Service Delivery Points (SDPs) experienced stock-out of condoms, oral pill and injectables: November 2007 to October 2008 (No monthly report was available for 4 months).

Months	Number of Upazilas* (SDPs) Experienced Stock-out all over the Country			
	Condom	Oral Pill (Sukhi)	Injectables (Depo Provera)	Total number of Upazila (SDPs)
March' 08	161 (5023)	24 (99)	29 (161)	214 (5283)
April' 08	160 (4071)	21 (96)	24 (77)	205 (4244)
May' 08	118 (1859)	25 (69)	26 (104)	169 (2032)
June' 08	88 (719)	26 (102)	24 (76)	138 (897)
July' 08	114 (912)	37 (89)	39 (70)	190 (1071)
August' 08	68 (437)	22 (55)	26 (167)	116 (659)
September' 08	65 (390)	26 (59)	27 (273)	118 (722)
October' 08	65 (263)	25 (69)	34 (297)	124 (629)

* Figures in Parenthesis stand for SDPs experienced stock-out

Source: Family Planning Monthly Logistics Report, March 2008 to October 2008 of the Directorate General of Family Planning, Govt. of Bangladesh, 6 Karwanbazar, Dhaka 1215

The data in Table 2.1 revealed that the first-half of the year 2008 the stock-out situation as experienced by a large number of Upazilas and Service Delivery Points was acute, critical and alarming, too. Overall, the highest with 44.58% and the lowest with 24.16% Upazilas (out of 480 Upazilas) experienced stock-out of 3 FP methods (condom, oral pill, injectables) during March-October 2008 period. Field Managers and Functionaries at District and Upazila levels in general, admitted stock-out situation in group discussions, but the tendency was, as it was noticed, defensive and to shy away from field reality.

2.7 Causes of Stock-out/Shortage of RH Commodities according to Service Providers and Field Managers

Before digging out the causes of stock-out/shortages, it will be useful to mention the system of supply of RH commodities to District/Regional warehouse/Upazila stores, FWAs, MCWC, SDPs and others. Supply and distribution guidelines of the Directorate General of FP provide the basis of supply to the field. In general, it is designed on “Push” methodology (applicable in over 90% cases); if supplies received are found short of needs, or validity date expired, ‘indent’ for specific items are given to the concerned authority. In fact, following 7B Form report, all supplies are received at Upazila level. Some field managers, however, reported that they give indent for ‘Implant’.

In all Group Discussions, and during ‘FGDs with sufferers’ it was mentioned that ‘irregular supply’ (not on time supply) of RH commodities was the major cause of shortage at the end point – the users. The users suffer because they do not get supplies as per their need, in time. On the other hand, as opined by the Field Managers, stock-out occurs because of weaknesses in procurement planning (through projecting the need after 18 months), bureaucratic bottlenecks – too much of formalities which is time consuming (16-18 months), and lack of a forecasting mechanism which could project the needs – **how much, what is needed, when, where and how to ensure delivery/supply of RH commodities in time**, for a growing population of eligible couples. It was also opined that management inefficiency was partly responsible for stock-out, delay, shortage and disruption of supplies to the users. Unless the users at the end of the channel (of supplies) get the needed RH commodities in time, there will be no light lit at the end of the tunnel.

CHAPTER III

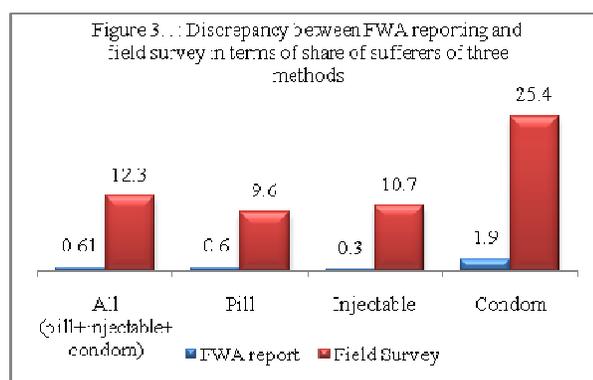
USERS AND SUFFERERS OF ORAL PILL, INJECTABLE AND CONDOM: OFFICIAL DATA VS FIELD REALITY

3.1. Discrepancy in Number of Users: Official Data Vs Field Reality

This section focuses on specific issue that has been found in the sampling selection from the FWA register book. Finding out of real number of users and real number of sufferers was a big challenge in this study. The question of discrepancy aroused when the primary data collected through a specific format from 437 FWAs didn't match with that of the data collected through small scale sample survey as well as through pre-test. FWAs were not able to provide the data of the sufferers who were suffering due to shortage/stock-out/irregular supply of pill, injectables and condom. For this reason, the total strategy of the study had to be changed and sampling was done from the FWA register book.

In order to identify the gaps between official data and real life situation, two-step procedure was followed. In step 1, data were collected from FWAs using a Format containing most up to date information about number of ELCOs, number of users of modern methods, number of users of oral pill, condom and injectables, number of suffers (due to stock-out/shortage/irregular supply) of these 3 FP methods during last one year, and number of users of those methods who switched to other method(s) during the reference period. Based on the initial field visits it was found that the above data supplied by FWAs are not free from discrepancy. For example, it was observed that the number of users and number of sufferers reported by FWAs do not comply with the real field situation; it was also observed that although FWA reported certain number of clients as 'sufferers' they were unable to provide names/addresses of those sufferers. Therefore, in step 2, an attempt has been made using a simple interview format to identify actual users of above 3 FP methods as well as to identify the sufferers. This exercise generated information which is adequate enough to show huge discrepancy between the reporting by FWAs and our actual field data collection result. It is worth here to mention two broad groups of discrepancies.

First, as shown in Table 3.1, only 6 out of 30 FWA units (i.e., 20%) reported irregular supply from oral pill, but from field survey the proportion of pill users irregular supply found 76.7% (in 23 out of 30 FWA units). Similarly, only 6 out of 30 FWA units (i.e., 20%) reported irregular supply of injectables, but from field survey the proportion of injectables irregular supply found 66.7% (in 20 out of 30 FWA units), and Only 4 out of 30 FWA units (i.e., 13.3%) reported sufferings from condom, but from field survey the proportion of condom users reported irregular supply found 83.3% (in 25 out of 30 FWA units). Second, while for the three FP methods (oral pill, injectables, and condom) estimation based on FWA reporting shows only 0.61% faced irregular supply, but in reality it is 12.3% (estimation based on information in Table 3.3). The method wise discrepancy between FWA reporting and actual field survey was as follows (shown in Figure 3.1).



- For oral pill, 0.6% (FWA reporting) Vs 9.6% (field survey)
- For injectables, 0.3% (FWA reporting) Vs 10.7% (field survey)
- For condom, 1.9% (FWA reporting) Vs 25.4% (field survey)

Table 3.1: Discrepancy in facing stock-out/shortage/irregular supply by methods: FWA record vs field reality

Method (s)	% FWA units reported “stock-out/shortage/irregular supply”	% FWA units in which “stock-out/ shortage/ irregular supply” found through field survey
Oral pill	20.0	76.7
Injectables	20.0	66.7
Condom	13.3	83.3

Source: Estimated by the authors based on data in Table 3.3

Data was collected through 2756 household interview of the users of 3 major FP methods (pill, injectables and condom) from FWA Registers in 30 FWA units. After this change in strategy, the next challenge was to find out the real number of users, real number of users faced irregular supply, and real number of sufferers out of it. The real number of users found was 2624 (95.2%) out of 2756 interviewees (who are shown as users in the FWA register) and the rest 132 (4.8%) were non-users. This gave rise to statistical discrepancy in number of users between FWA register and the actual users of FWA unit (95.2%), which we call “field reality”. Thus, the rate of statistical discrepancy was found 4.8% of the total sample users (Table 3.2).

Table 3.2: Percentage distribution of real users of 3 contraceptives (pill, injectables and condom) and non-users

Status of FP Commodities	Frequency	Percent
Users	2624	95.2
Non-users	132	4.8
Total Sample	2756	100

Lack of proper supervision of field visit of the FWAs and updating of the FWA Register are most likely factors contributed to this discrepancy. Discrepancy in number of users, FWA Register vs. Field reality has been presented in Table 3.3 where the discrepancy has been shown by FWA units.

3.2. Discrepancy in FWA Registers and Primary Interview Findings

Through the user interview of 2624 actual users, 324 users faced irregular supply was detected who didn't get timely supply of these 3 major contraceptives (pill, injectables and condom) due to stock-out/shortage/irregular supply. From these 324 persons getting irregular supply, 205 sufferers were identified. At the second stage *Individual level sufferer interview* were conducted with 205 sufferer populations due to shortage/stock-outs/irregular supply of pill, injectables, or condom who have suffered during last one year (Figure 3.2). It is evident from the field based findings pertaining to the user-sufferer of oral pill, injectables and condom that using FWA registers a total of 2756 users (of above three methods) have been sampled. Assuming this sample as 100%, the user-sufferer proportion would be as follows:

- 95.2% are actual users and 4.8% are non-users
- 83.5% got regular supply and 11.8% did not receive regular supply in the last year
- 7.4% are sufferers and 4.3% are non-sufferers (switched and/or managed the method)
- 3.7% suffered from oral pill, 2.1% suffered from injectables, and 1.6% suffered from condom.

Figure 3.2: User-Sufferer Tree (oral pill, injectable, condom)

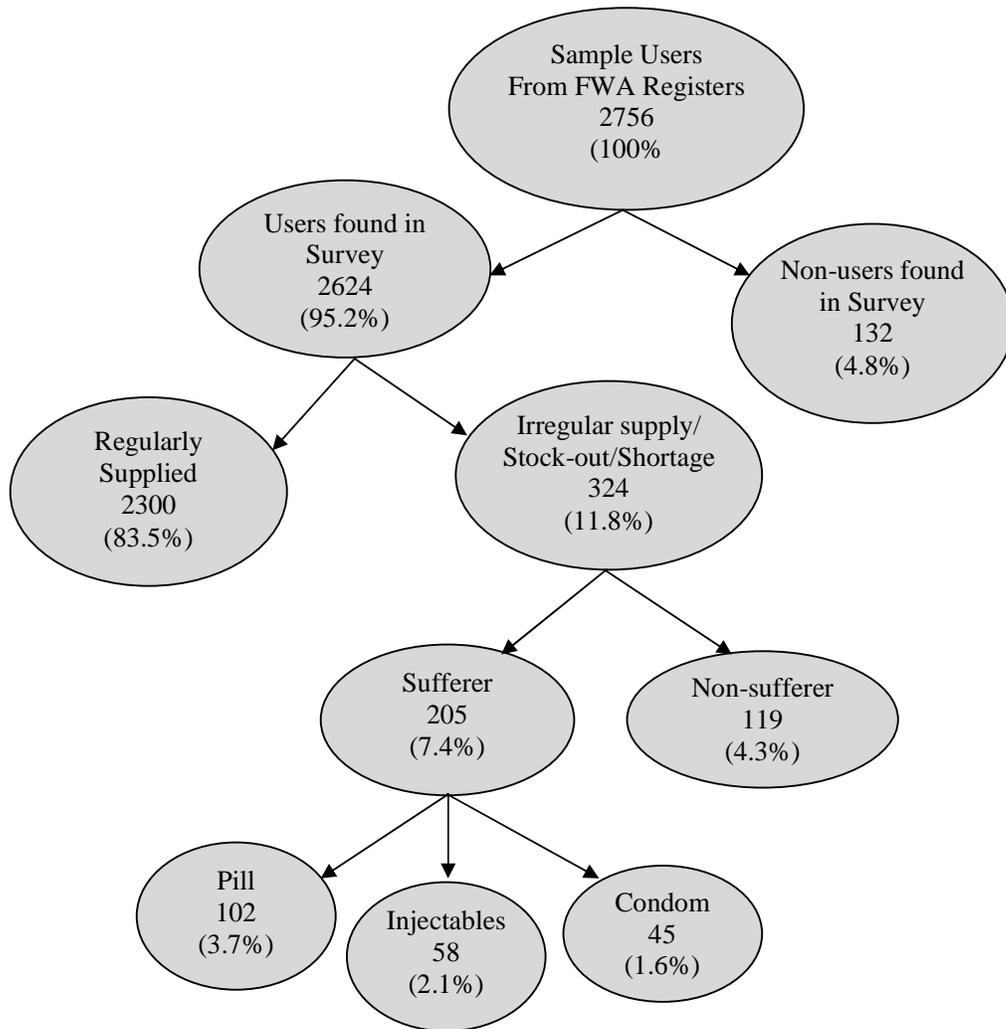


Table 3.3: Discrepancy in number of users (oral pill, injectable, condom): FWA Register (reporting) vs Field Reality

Sl. #	Unit address (FWA Unit)	FWA register		Pill					Injectable					Condom					All (pill + injectable+ condom)				
		# ELCO/MWRA	# Users: modern method	FWA register (reporting)		Field survey			FWA register (reporting)		Field survey			FWA register (reporting)		Field survey			FWA register (reporting)		Field survey		
				# users	# faced irregular supply/stock-out/shortage	# users visited	# faced irregular supply/stock-out/shortage	# switched to other method	# users	# faced irregular supply/stock-out/shortage	# users visited	# faced irregular supply/stock-out/shortage	# switched to other method	# users	# faced irregular supply/stock-out/shortage	# users visited	# faced irregular supply/stock-out/shortage	# switched to other method	# users	# faced irregular supply/stock-out/shortage	# users visited	# faced irregular supply/stock-out/shortage	# switched to other method
1	FWA Unit # : 1Ka Union: Charghat Upazila: Charghat District: Rajshahi	1089	875	510	4	56	1	-	149	-	19	2	2	112	3	12	3	-	771	7	87	6	2
2	FWA Unit # : 3 Ka Union: Charghat Upazila: Charghat District: Rajshahi	1551	1343	811	16	52	2	1	214	2	19	-	-	133	6	8	-	-	1158	24	79	2	1
3	FWA Unit # :3 Ka Union: Mirzapur Upazila: Sherpur District:Bogra	1873	1302	800	-	47	6	-	250	-	24	1	-	143	-	17	7	-	1193	-	88	14	-
4	FWA Unit # : 2 Ka Union: Sughat Upazila: Sherpur District:Bogra	1157	825	485	-	53	2	1	161	-	23	1	-	17	1	15	2	-	663	1	91	5	1
5	FWA Unit # : 1 Ka Union: Garidha Upazila: Sherpur District:Bogra	3398	2545	433	-	57	41	1	369	-	34	15	1	35	-	13	8	2	837	-	104	64	4
6	FWA Unit # : 1 Ka Union: Kushumbi Upazila: Shaerpur District:Bogra	1139	827	262	-	55	2	1	94	-	30	1	-	11	-	11	2	2	367	-	96	5	3
7	FWA Unit # : 2 Ka Union: Saikola Upazila: Chatmohar District:Pabna	1577	1276	484	-	60	4	3	41	-	25	3	2	20	-	10	3	-	545	-	95	10	5

Human and Economic Impact of RH Commodity Shortage/Stock-outs in Bangladesh

Sl. #	Unit address (FWA Unit)	FWA register		Pill					Injectable					Condom					All (pill + injectable+ condom)				
		# ELCO/MWRA	# Users: modern method	FWA register (reporting)		Field survey			FWA register (reporting)		Field survey			FWA register (reporting)		Field survey			FWA register (reporting)		Field survey		
				# users	# faced irregular supply/stock-out/shortage	# users visited	# faced irregular supply/stock-out/shortage	# switched to other method	# users	# faced irregular supply/stock-out/shortage	# users visited	# faced irregular supply/stock-out/shortage	# switched to other method	# users	# faced irregular supply/stock-out/shortage	# users visited	# faced irregular supply/stock-out/shortage	# switched to other method	# users	# faced irregular supply/stock-out/shortage	# users visited	# faced irregular supply/stock-out/shortage	# switched to other method
8	FWA Unit # : 1 Kha Union: Janipur Upazila: Khoksha District:Kushtia	952	686	275	-	62	4	-	66	-	16	3	-	193	-	30	3	-	534	-	108	10	-
9	FWA Unit # : 2 Ka Union: Kolora Upazila: Narail Sadar District: Narail	690	544	346	-	35	2	-	56	2	21	-	-	65	-	21	6	1	467	2	77	8	1
10	FWA Unit # : 2 Kha Union: Kolora Upazila: Narail Sadar District: Narail	839	618	382	4	50	2	1	86	1	10	-	-	29	-	13	8	4	497	5	73	10	5
11	FWA Unit # :2 Kha Union: Navaron Upazila: Jhikargacha District: Jessore	1076	855	440	-	58	2	1	139	-	21	-	-	72	-	17	15	4	651	-	96	17	5
12	FWA Unit # : 3 Ka Union: Magura Upazila: Jhikargacha District: Jessore	1086	772	311	-	56	-	-	220	-	20	1	2	102	-	15	10	1	633	-	91	11	3
13	FWA Unit # : 1Kha Union: Zahapur Upazila:Murad-nagar District: Comilla	693	458	108	-	25	3	3	85	-	17	6	6	13	-	12	2	1	206	-	54	11	10
14	FWA Unit # : 2 Kha Union: Jattrapur Upazila:Muradnagar District:Comilla	770	576	289	-	45	4	4	139	3	30	6	6	28	3	15	5	2	456	6	90	15	12

Human and Economic Impact of RH Commodity Shortage/Stock-outs in Bangladesh

Sl. #	Unit address (FWA Unit)	FWA register		Pill					Injectable					Condom					All (pill + injectable+ condom)				
		# ELCO/MWRA	# Users: modern method	FWA register (reporting)		Field survey			FWA register (reporting)		Field survey			FWA register (reporting)		Field survey			FWA register (reporting)		Field survey		
				# users	# faced irregular supply/stock-out/shortage	# users visited	# faced irregular supply/stock-out/shortage	# switched to other method	# users	# faced irregular supply/stock-out/shortage	# users visited	# faced irregular supply/stock-out/shortage	# switched to other method	# users	# faced irregular supply/stock-out/shortage	# users visited	# faced irregular supply/stock-out/shortage	# switched to other method	# users	# faced irregular supply/stock-out/shortage	# users visited	# faced irregular supply/stock-out/shortage	# switched to other method
15	FWA Unit # : 2 Ga Union: Hathazari Upazila:Hathazari District:Chittagong	949	592	389	-	65	6	2	20	-	19	3	2	27	-	7	-	-	679	-	91	9	4
16	FWA Unit # :3 Ka Union: Kaptai Upazila: Kaptai District:Rangamati	273	173	86	-	35	-	-	42	-	16	3	2	67	-	24	5	1	502	-	75	8	3
17	FWA Unit # : 2 Union: Pashim Birgaon Upazila: Sadar District:Sunamgonj	609	373	145	-	44	-	-	105	-	48	-	-	32	-	15	4	1	282	-	107	4	1
18	FWA Unit # : 1 Kha Union: 3 no Dakkhin Purba Baniachong Upazila:Baniachong District: Hobigonj	770	485	224	-	33	-	-	125	-	25	5	4	60	-	22	-	-	409	-	80	5	-4
19	FWA Unit # : 2 Kha Union: Taral Upazila:Derai District:Sunamganj	543	326	137	-	57	7	3	41	-	22	2	-	11	-	10	3	1	189	-	89	12	4
20	FWA Unit # : 2 Ka Union: Taral Upazila:Derai District:Sumanganj	495	273	144	-	66	2	-	105	-	23	-	-	32	3	8	-	-	181	3	97	2	-
21	FWA Unit # : 3 Ka Union: Madhabpasha Upazila:Babuganj District: Barisal	1185	724	257	-	64	2	2	103	-	29	2	3	63	-	14	5	5	381	-	107	9	10
22	FWA Unit # :2 Kha Union: Kalaskathi Upazila:Bakerganj District: Barisal	843	533	316	-	57	2	-	77	-	27	1	-	20	-	8	2	-	413	-	92	5	-

Human and Economic Impact of RH Commodity Shortage/Stock-outs in Bangladesh

Sl. #	Unit address (FWA Unit)	FWA register		Pill					Injectable					Condom					All (pill + injectable+ condom)				
		# ELCO/MWRA	# Users: modern method	FWA register (reporting)		Field survey			FWA register (reporting)		Field survey			FWA register (reporting)		Field survey			FWA register (reporting)		Field survey		
				# users	# faced irregular supply/stock-out/shortage	# users visited	# faced irregular supply/stock-out/shortage	# switched to other method	# users	# faced irregular supply/stock-out/shortage	# users visited	# faced irregular supply/stock-out/shortage	# switched to other method	# users	# faced irregular supply/stock-out/shortage	# users visited	# faced irregular supply/stock-out/shortage	# switched to other method	# users	# faced irregular supply/stock-out/shortage	# users visited	# faced irregular supply/stock-out/shortage	# switched to other method
23	FWA Unit # : 2 Kha Union: Chandpasha Upazila: Babuganj District:Barisal	523	353	212	-	40	1	-	168	-	34	2	1	30	-	12	2	2	510	-	86	5	3
24	FWA Unit # : 3Ka Union: Madobpara Upazila: Babuganj District: Barisal	977	694	246	-	30	2	-	228	-	28	-	-	22	-	10	2	-	496	-	68	4	-
25	FWA Unit # : 3Ka Union: Ghatail Upazila: Ghatail District: Tangail	1092	723	222	9	42	-	-	64	2	31	-	-	120	7	8	2	-	406	-	81	2	-
26	FWA Unit #: 2 Kha Union: Ghatail Upazila: Ghatail District: Tangail	1633	1025	348	16	41	-	-	42	1	20	-	-	47	8	14	-	-	437	18	75	-	-
27	FWA Unit # : 3 Kha Union: Kamrabad Upazila:Sharisha-bari District: Jamalpur	984	662	319	-	62	18	1	100	-	20	7	2	34	-	13	1	-	453	25	95	28	3
28	FWA Unit # : 2 Ka Union: Motbari Upazila: Trishal District: Mymensingh	1189	966	620	-	57	22	1	102	-	20	11	-	55	-	13	1	-	77	-	90	34	1
29	FWA Unit # : 3 ka Union: Shakua Upazila: Trishal District:Mymensingh	959	600	516	4	47	-	-	138	-	21	-	-	10	-	10	2	-	664	-	78	2	-
30	FWA Unit # : 3 Ka Union: Horiampur Upazila: Trishal District:Mymensingh	1152	766	509	-	42	6	1	46	-	29	2	-	15	-	13	1	-	570	4	84	9	1
All		32066	22770	10626	53	1493	143	26	3647	11	721	77	33	1618	31	410	104	27	15627	95	2624	324	86

*Faced stockout or shortage or irregular supply of the method means those who did not had the supply in time at the time of his/her usual use during last one year preceding the survey

CHAPTER IV

DEMOGRAPHIC AND SOCIO-ECONOMIC CHARACTERISTICS OF USERS AND SUFFERERS OF CONTRACEPTIVES

4.1. Introduction

This chapter focuses on demographic and socio-economic characteristics of the sample users and the sufferers of oral pill, injectable, and condom contraceptive methods. Overall 7.4% of the sample users suffered due to irregular supply/service for the above mentioned methods. As the sufferings could vary by the demographic and socio-economic characteristics, so this could be the rationale for this chapter.

4.2. Age Distribution of Sample Users and Members of Suffering Households

While the sample users were distributed in broad age group, it has been observed that, the largest part of the sample users, i.e., 27.7% were in the age group of 26-30 followed by 24.5%, 18.3% and 16% in age groups of 31-35 yrs., 36-40 yrs., and 21-25 yrs. respectively. Only 2.9% of the users were in the range of 15-20 yrs (Table 4.1).

Table 4.1: Percentage distribution of the sample users by age

Age group	Percentage
15-20	2.9
21-25	16.0
26-30	27.7
31-35	24.5
36-40	18.3
41-45	7.2
46-50	2.4
51-55	0.8
56-60	0.3
61-65	0.1
Total	100

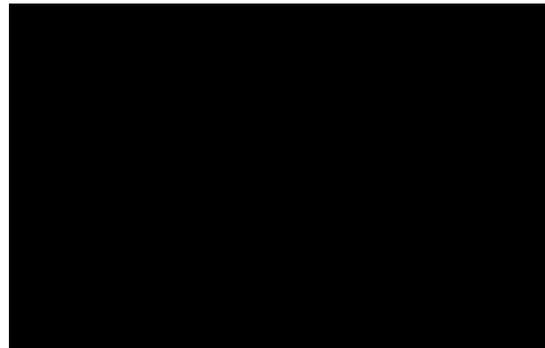
The average household size is 4.5. Table 4.2 shows the distribution of the household members who belongs to the households suffered from the usage of contraceptive methods. By the age group category, majority of the members of sufferings households, i.e., 31.4% are in the age group of 0-10 followed by 20%, 19.4% and 15.8% in the age groups of 11-20, 31-40 and 21-30 respectively.

Table 4.2: Percentage distribution of the household members of sample users by age

Age in years	Percentage
0-10	31.4
11-20	20.0
21-30	15.8
31-40	19.4
41-50	9.2
51-60	2.0
61-90	2.1
Total	100

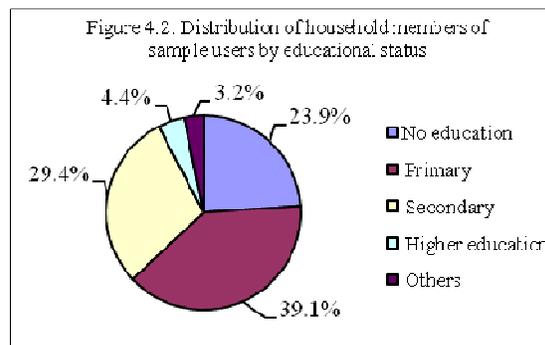
4.2.1 Distribution of the members of the suffering households

Distribution of the members of the suffering households shows that 48.1% of the members fall into categories of married and 50.6% belongs to unmarried category. Only a small fraction either falls into category of widowed or divorced/separated (Figure 4.1).



4.3. Educational Status of Members of Suffering Households

Findings about education status implies that 39.1% of the members who age 5 or above have the primary education, followed by 29.4% with secondary education, and 23.9% with no education. Other type of education include Madrasah, old age education etc. Figure 4.2 give the clear picture about the educational status of the members of suffering households. About 76% were literate and 24% illiterate (Figure 4.3).



Education by sex indicates a much higher illiteracy among the female members (56.5%) as compared to that among the male members (43.5%). A reverse situation is found for the secondary education where higher percentage of female students has the secondary education. This is most likely due to the existence of governments countrywide Female Secondary School Stipend Programme. On the whole, a trivial fractional gap exists between the male and female education. Among the male students a high proportion (41.5%) and among female students a lower proportion (36.5) have completed the primary education (Table 4.3).

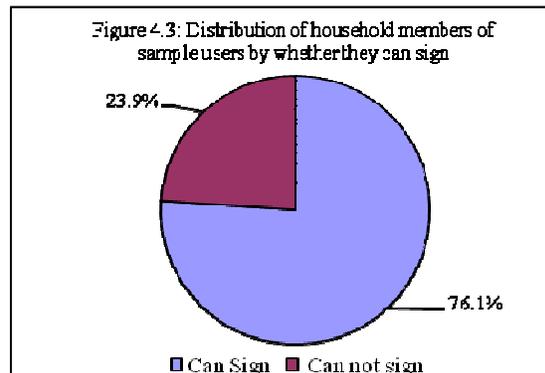


Table 4.3: Percentage distribution of the household members of sample users by education and sex

Sex	Education					Total
	No education	Primary	Secondary	Higher education	Others	
Male	20.4	41.5	28.2	6.8	3.2	50.9
Female	27.5	36.5	30.7	2.0	3.3	49.1
Total	23.9	39.1	29.4	4.4	3.2	100

4.4. Occupational Status of the Members of Suffering Households

In terms of occupation, a large part of the household members (29.9%) belong to “student” group followed by 23.5% housewives. The occupational distribution of the rest of the members are child less than 6 years (15.3%), household help (1.1%), farmer (8.5%), petty

trader (3.5%), salaried (3%), agricultural labor (2.6%), and non-agricultural labor (2.8%). Main occupations of the suffering households are summarized in table 4.4.

Table 4.4: Distribution of the occupational status of the members of suffering households

Main occupation	Frequency	Percent
Farmer	80	8.5
Housewife	220	23.5
Agricultural labor	24	2.6
Non-agricultural labor	26	2.8
Salaried	28	3.0
Mason	4	0.4
Carpenter	4	0.4
Auto rickshaw/Van driver	13	1.4
Fisherman	2	0.2
Boatman	1	0.1
Shopkeeper	8	0.9
Petty trader	33	3.5
Business	13	1.4
Tailor	2	0.2
Driver	2	0.2
Cottage	4	0.4
Village doctor /Quack	1	0.1
Mechanics	2	0.2
Teaching	1	0.1
Imam/moajjin/priest	8	0.9
Retired service holder/aged	13	1.4
Student	280	29.9
Unemployed	14	1.5
Child less than 6 years	143	15.3
Household help	10	1.1
Total	936	100.0

4.5. Economic Conditions of the Suffering Households

Table 4.5 depicts economic conditions of the suffering households in terms of owning agricultural land, homestead, housing condition, food security and the ability of the household to meet educational and medical expenses. About 69% of the households have their own agricultural land and 99% have their own homestead. 14.1% are living in the houses which are vulnerable. Findings also indicate that 76.6% of the households are economically able to send their children to school, which is 52.2% when it course to the question of ability to meet necessary health expenses (Table 4.5).

Table 4.5: Status of suffering households by socio-economic condition

Status	Number of households	Percentage
Having agricultural land	141	68.8
Having homestead	203	99.0
Vulnerable housing condition	29	14.1
Safe food consumption	162	79.0
Economically able to send their children to school	157	76.6
Able to meet health expenditure	107	52.2
N	205	-

4.6. Income

Data on income has been collected on yearly basis. The yearly income per sample household is Tk. 66,826. The majority of the suffering households (50.2%) fall in the range of up to Tk.50,000, followed by 38% and 7.8% in the income ranges of Tk. 50,001-100,000 and Tk. 100,001-150,000 respectively. The rest constitute the upper ranges which covers only 4% of the suffering households (Table 4.6).

Table 4.6: Percentage distribution of the household members of sample users from FWA register by income categorization

Income (in Tk.)	Frequency	Percent
Up to Tk. 50,000	103	50.2
50,001-100,000	78	38.0
100,001-150,000	16	7.8
150,001-200,000	2	1.0
200,001-250,000	2	1.0
250,001-350,000	2	1.0
350,001-400,000	1	0.5
400,001 and above	1	0.5
Total	205	100

CHAPTER V

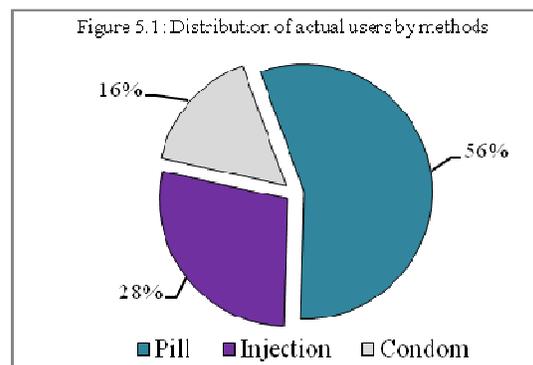
IMPACT ON INDIVIDUALS/HOUSEHOLDS DUE TO SHORTAGE/ STOCK-OUT/ IRREGULAR SUPPLY OF CONTRACEPTIVES

5.1. Introduction

One of the key objectives of the study was to assess human impact of population and sufferings of the affected people due to shortage/ stock-outs/irregular supply of RH commodities. “Human impact” in this study means impact on individual as well as on household. Since a lot of commodities are there in the list of RH commodities, it was impossible to find out the affected people or population suffered due to shortage/stock-outs of RH commodities, for this purpose sufferer of three major contraceptives–pills, injectables and condom – has been selected for individual household interview and FGD. The primary work was Individual user level interview at 30 FWA units on 2756 contraceptive users (of above 3 FP methods) population listed from the FWA Registers. However, in the real field situation we got 2624 users and the rest 4.8% were non-users. Then the next level was identification of the users who didn’t get timely service i.e., the population from where sufferers were identified for in-depth interview. After this identification, interview was conducted with sufferers to assess the impact of population and sufferings of the affected people due to shortage/ stock-outs/irregular supply of the 3 commodities. During FGD with the sufferers and GD with program managers and service providers, impact of shortage/stock-outs/irregular supply of other RH commodities were also discussed. The findings have been presented below.

5.2. Contraceptive Practice of Three Major Contraceptives during Last One Year

Among the sample users (according to FWA register), 95.2% was found as actual users and 4.8% was found as non-users. The concept of non-users could be contributed to the fact of non availability of the user or not continuing the methods or migration, or lack of up-to-date data in the FWA register etc. Among the actual sample users majority 56% use pill as their contraceptive method followed by 28% and 16% for injection and condom respectively (Figure 5.1).



5.3. Sufferer Situation of Shortage/Stock-out/Irregular Supply

5.3.1. Percentage of users who didn’t get timely service due to shortage/stock-outs/irregular supply

Among the total interviewees 11.8% reported that they did not get timely service/supply of the 3 contraceptives due to shortage/stock-outs/irregular supply, this 12.3% of the 2624 users. Distribution of the users by status of getting contraceptive supply/service has been shown in Table 5.1.

Table 5.1: Distribution of users by status of getting contraceptive supply/service

Status	Frequency	Percent
Got regular supply/service	2300	87.7
Irregular supply/ shortage/ stock-outs	324	12.3
Total	2624	100

The highest percentage of users faced irregular supply of pill (44%), followed by condom (32%) (Table 5.2).

Table 5.2: Distribution of users by methods who did not had the supply/service in time

Methods	Irregular supply/ shortage/ stock-outs	
	Frequency	Percent
Pill	143	44.1
Injection	77	23.8
Condom	104	32.1
Total	324	100

5.3.2. Number of times suffered from shortage/stock-out/irregular supply

The following table shows to what extent the users faced difficulties for not having the service timely. Average number of times suffered due to shortage/stock-out/irregular supply during one year preceding survey is 2.01. In this case it is found that two times facing difficulties is the major findings. So what this finding implies is that if a user face difficulty once, then the users try for this once again. If users face the same difficulties at the second time, the user may feel bored. So, it is observed that at the third stage, it starts declining (Table 5.3).

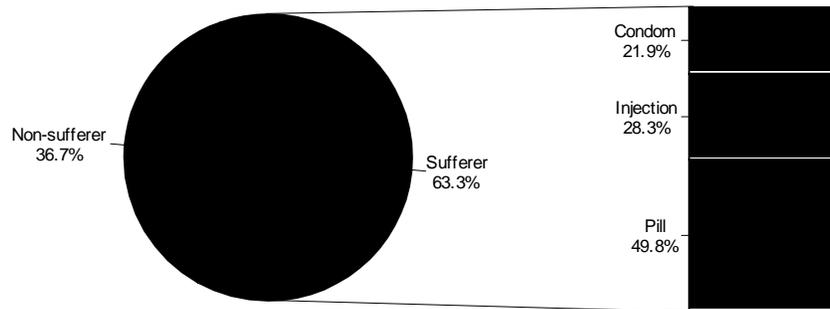
Table 5.3: Distribution of the sufferers by numbers times suffered due to shortage/stock-out/irregular supply

Times service not found	Frequency	Percent
Once	98	30.2
Twice	126	38.9
Thrice	100	30.9
Total	324	100

5.3.3. Percentages of users who had problems/sufferings due to shortage/stock-out/irregular supply and Sufferers by methods

It is to note that, this is not necessarily true that all those faced shortage/stock-out/irregular supply suffered due to that. Though 11.8% of the total sample faced shortage/stock-out/irregular supply, 7.4% suffered from problems (Sufferers) due to that. Of the users who were confronted with the shortage/stock-out/irregular supply, about 63% (205 out of 324 cases) suffered from different ailments like physical, psychological, social, and a fall in income generating, and household related activities (Figure 5.2). Among the sufferers, majorities suffered from the stock-out/irregular supply of pill (49.8%) and this was followed by 28.3% and 21.9% for injection and condom respectively.

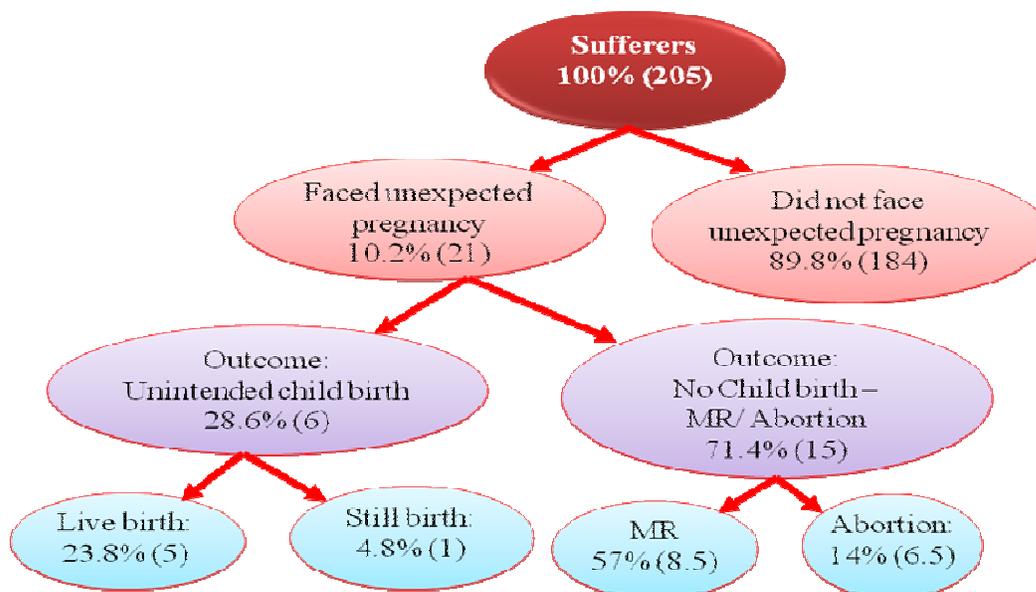
Figure 5.2: Status of sufferings and distribution of sufferers by methods



5.3.4. Pregnancy and related problems (Delivery, Abortion, MR) due to shortage/ stock-out/ irregular supply

Among the total sample users, 0.8% (21 out of 205) suffered from unexpected pregnancy. Though at a first glance, this rate seems to be negligible, it would turn to an alarmingly high figure if the data are extrapolated to the national level. This rate would be significantly higher if the sufferers of other different methods are included. Figure 5.3 below shows that, 10.2% of the sufferers suffered from unexpected pregnancy. Among the sufferers of unexpected pregnancy, 28.6% gave birth and the remaining did not give birth. Live birth was found for 23.8% of the unexpected pregnancy cases. Out of the sufferers of unexpected pregnancy 71.4% did not want to give birth and went to undertake different strategies: MR was done by 57% and the remaining 14% went for abortion (Figure 5.3).

Figure 5.3: Unexpected pregnancy and related outcomes of the sufferers



5.3.5. Method changed and number of times changed due to the problem of shortage/stock-out/irregular supply

Among the sufferers due to shortage/stock-out/irregular supply, 39% had changed the methods, which is 3.1% of the total sample users (Figure 5.4). The following table 5.4 has been constructed on the basis of idea that changing method could have a relation with scarcity. The table shows the distribution of those who had changed the methods as a percentage of total sufferers by methods. The findings indicate that, 24.5% of pill sufferers, 53.4% of the injection sufferers, and 53.3% of condom sufferers changed their methods.

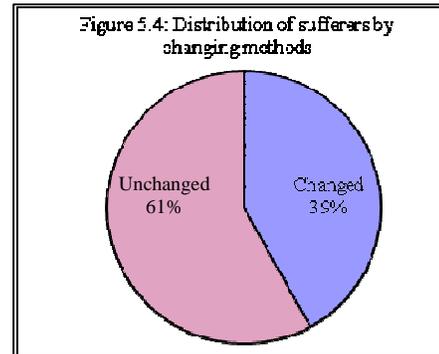


Table 5.4: Percentage distribution of sufferers by method change/switch

Methods	Sufferers	Methods changed	Methods change as a % of sufferers
Pill	102	25	24.5
Injection	58	31	53.4
Condom	45	24	53.3
Total	205	80	39.0

The table 5.5 below shows the method switch matrix from which we can have the ideas about the pattern of switching. The matrix implies that 92% of the pill method changers switched to injection, rest of them switched to traditional method (8%). For the injection methods, it was found that almost all the method changers were switched to pill. However, those switched from condom were using either pill (41.7%) or switched to traditional method (58.3%), which is very serious as this could lead to the unexpected pregnancy, MR, or abortion.

Table 5.5: Method switch matrix associated with shortage/stock-out/irregular supply

Methods switched from (used preceding the survey)	Methods switched to			
	Pill	Injection	Condom	Traditional
Pill		23(92.0%)	-	2(8.0%)
Injection	30 (96.8%)		-	1 (3.2%)
Condom	10 (41.7%)	-		14 (58.3%)

Number of Switching by Methods

A total of 25 pill users changed their methods and switched to other methods. Among them, majority (88%) changed their method once (Table 5.6).

Table 5.6: Distribution of sufferers by number of times changed method from pill

No. of times changed by pill users	Frequency	Percent
One time	22	88.0
Two times	3	12.0
Total	25	100

A total of 31 injection users changed their methods and switched to other methods. Among them, majority (87%) changed the method just for one time (Table 5.7).

Table 5.7: Distribution of sufferers by number of times changed method from injection

No. of times changed by injection users	Frequency	Percent
One time	27	87.1
Two times	4	12.9
Total	31	100

A total 24 of the condom users changed their methods and switched to other methods. Among them, majority (45.8%) changed the method once (Table 5.8).

Table 5.8: Distribution of sufferers by number of times changed method from condom

Times service not found	Frequency	Percent
Once	11	45.8
Two	2	8.3
Thrice	4	16.7
Four	4	16.7
Five	1	4.2
Ten times above	2	8.3
Total	24	100

Overall, in all three cases, we see that the majority of the switchers changed their methods for once.

5.4. Sources of Supply of Contraceptives for Sufferers

The sufferers were interviewed regarding source of supply of the three contraceptives (pill, injectables, and condom). It was revealed that, 86% of them receive their supply/service from the FWAs. The next was UHFWC (7.3%), followed by Satellite Clinic (3.4%). Only 2% received their supply/service from UHCs (Table 5.9).

Table 5.9: Distribution of sufferers by use of health care facilities

Health care received from	Frequency	Percent
FWA	177	86.3
UHFWC	15	7.3
UHC	4	2.0
MCWC	2	1.0
Satellite Clinic	7	3.4
Total	205	100

5.5. Distance of Contraceptive Supply Source, Time and Cost of Transportation

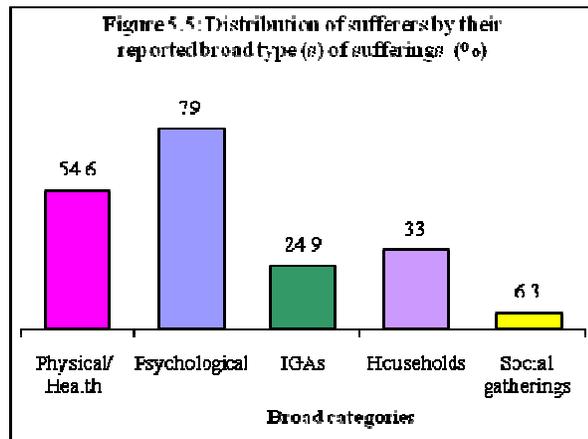
The average distance of all health care facilities reported in this study is slightly higher than 2 km. The average time spent on both way (go and back) is about 35 minutes and average cost incurred was approximately Tk.18. The following table shows that MCWC is far away from the household as compared to other health care facilities (Table 5.10).

Table 5.10: Percentage distribution of sufferers by use of health care facilities and distance, time spent and transportation cost

Health care received from	Distance (in km.)	Time spent both way (in minutes)	Transportation costs (in Tk.)
FWA	2.05	35.19	17.73
UHFWC	2.13	35.93	23.33
UHC	1.25	37.50	22.50
MCWC	3.50	33.00	13.00
Satellite Clinic	1.14	22.71	8.57
Total	2.02	34.84	17.87

5.6 Various Problems/Sufferings and Loss of Time due to Shortage/Stock-out/Irregular Supply

The sufferers were interviewed regarding various problems/sufferings and loss of time due to shortage/stock-out/irregular supply. Their responses were categorized in 5 broad groups/ dimensions, namely, (1) Physical/health related sufferings/problems; (2) Psychological sufferings/problems; (3) Income generating activities related problems; (4) Problems related to household works; and (5) Problems related to social works/gatherings. An overall pattern of sufferings by five broad groups is shown in figure 5.5. The figure is drawn for individual categories as the



same sufferer suffered from more than one category. The prevalence of psychological sufferings was found as extreme, followed by physical/health related sufferings.

5.6.1. Physical /health sufferings and problems

The irregular users of the 3 methods (pill, injectables and condom) were interviewed regarding their physical sufferings and problems. All physical sufferings and related problems reported by the sufferers can be seen in Box 5.1. About 55% of the sufferers (112 out of 205) reported physical/health related sufferings due to shortage/stock-out/irregular supply. It was found that dizziness and vertigo was the most common physical suffering and was reported by 19% of them. It was followed by general weakness (15.3%), vomiting and nausea (15%), anorexia (11%), burning sensation of the body (7.8%). Around 4.5% of the sufferers reported of unexpected pregnancy. (See, Table 5.11 for details).

Box 5.1: Reported physical sufferings and problem
<ul style="list-style-type: none"> • Vomiting/Nausea • Dizziness/Vertigo • Only few drops of blood during menstruation/ Bleeding in between two periods • Menorrhagia • Lower abdominal pain in between two periods • Dysmenorrhea • Hypertension • Mastalgia/ Feeling heaviness of breasts • Unexpected pregnancy • Burning sensation of the body • Amenorrhea for 3 months • Unexpected weight gain/loss • Anorexia • Facial pigmentation • Acne • Lower abdominal pain/uterine pain • General weakness • Waist pain and others

Table 5.11: Pattern of physical/health sufferings/problems

Physical/health sufferings/ problems	Number of responses	Percentage of responses
Vomiting/Nausea	53	15.0
Dizziness/Vertigo	67	18.9
Only few drops of blood during menstruation/ Bleeding in between two periods	12	3.4
Menorrhagia	12	3.4
Lower abdominal pain in between two periods	12	3.4
Dysmenorrhea	10	2.8
Hypertension	5	1.4
Mastalgia/feeling heaviness of breasts	10	2.8
Unexpected pregnancy	16	4.5
Burning sensation of the body	26	7.3
Amenorrhea for 3 months	12	3.4
Unexpected weight gain/loss	5	1.4
Anorexia	39	11.0
Facial pigmentation	1	0.3
Acne	3	0.8
Lower abdominal pain/uterine pain	14	4.0
General weakness	54	15.3
Waist pain and others	3	0.9
Total	354	100

5.6.2. Physical/health sufferings and problems by methods

Sufferings that arose from the shortage/stock-out/irregular supply of pill, injection and condom are summarized in Tables 5.12, 5.13 and 5.14 respectively. From the findings, it is clear that the greater extent of sufferings arose from the shortage/stock-out/irregular supply of injection. Dizziness/vertigo was found as the major physical/health related sufferings arising from the shortage/stock-out/irregular supply of pill (17.3%), which was followed by general weaknesses (16.5%), and vomiting/nausea (10.8%) (Table 5.12).

Table 5.12: Pattern of physical/health sufferings/problems related to shortage/stock-out/irregular supply of pill

Physical/health sufferings/ problems	Number of responses	Percentage of responses
Vomiting/Nausea	15	10.8
Dizziness/Vertigo	24	17.3
Blood during menstruation	8	5.8
Menorrhagia	7	5.0
Lower abdominal pain between two periods	3	2.2
Dysmenorrheal	6	4.3
Hypertension	1	0.7
Mastalgia/feeling heaviness of breast	5	3.6
Unexpected pregnancy	7	5.0
Burning sensation of the body	7	5.0
Amenorrhea for 3 month	8	5.8
Unexpected weight gain/loss	1	0.7
Anorexia	11	7.9
Facial pigmentation	1	0.7
Acne	2	1.4
Lower abdominal pain/uterine pain	7	5.0
General weakness	23	16.5
Waist pain and others	3	2.2
Total	139	100

Dizziness/vertigo was found as the major physical/health related sufferings arising from the shortage/stock-out/irregular supply of injection (18.6), which was followed by vomiting/nausea (17.4%) and general weaknesses (16.2%) (Table 5.13).

Table 5.13: Pattern of physical/health sufferings/problems due to shortage/stock-out/irregular supply of injection

Physical/health sufferings/ problems	Number of responses	Percentage of responses
Vomiting/Nausea	29	17.4
Dizziness/Vertigo	31	18.6
Blood during menstruation	4	2.4
Menorrhagia	5	3.0
Lower abdominal pain between two periods	7	4.2
Dysmenorrheal	4	2.4
Hypertension	2	1.2
Mastalgia/feeling heaviness of breast	5	3.0
Unexpected pregnancy	7	4.2
Burning sensation of the body	13	7.8
Amenorrhea for 3 month	4	2.4
Unexpected weight gain/loss	2	1.2
Anorexia	19	11.4
Acne	1	0.6
Lower abdominal pain/uterine pain	7	4.2
General weakness	27	16.2
Total	167	100

Dizziness/vertigo was found as the major physical/health related sufferings arising from the shortage/stock-out/irregular supply of condom (25%), which was followed by Vomiting/Nausea (18.8 %), and Anorexia (18.8%) (Table 5.14).

Table 5.14: Pattern of physical/health sufferings/problems due to shortage/stock-out/irregular supply of condom

Physical/health sufferings/ problems	Number of responses	Percentage of responses
Vomiting/Nausea	9	18.8
Dizziness/Vertigo	12	25.0
Lower abdominal pain between two periods	2	4.2
Hypertension	2	4.2
Unexpected pregnancy	2	4.2
Burning sensation of the body	6	12.5
Unexpected weight gain/loss	2	4.2
Anorexia	9	18.8
General weakness	4	8.3
Total	48	100

The findings related to physical/health related sufferings/problems were also supported by FGDs and case studies.

Case Studies

Case Study on Coercive Motivation

Arifa-18 years, from Village- Chandreshar, Union – Kusmbi, FWA unit-1 ka reported that she has a child aged one and half years. She has been inserted Copper T on 27th January, 2009 through aggressive motivation. She was using pill which was not supplied to her regularly before inserting Copper T. Now, the Copper T is not suiting her, and she is suffering from vertigo, nausea, anorexia, general weakness and menorrhagia (excessive bleeding). Her husband is also objecting to it, and she has not yet been provided any follow-up care/support. She is unable to work with full strength.

Another woman of this unit was using pill, which not supplied to her on regular basis. Due to this, she becomes pregnant and has given birth to third child which was an unwanted pregnancy.

Case Study on Unwanted Pregnancy

Mr. Nazir Ahmed from Barisal reported that, due to irregular supply of condom her wife became pregnant which was unwanted. His wife had to do MR for this unintended pregnancy. For this they had to suffer a lot both physically and psychologically. He had to spend a lot visiting doctor, buying medicines, and pathological check-ups.

Case Study on Welcoming the MR clients and Misbehave with others

In Jamalpur, the sufferers reported in FGD that the FWA doesn't want to supply Injectables to them and inform them that it is out of stock now in govt. sources. She coercively asks them to go for tubectomy, vasectomy and copper T. She doesn't behave properly with the injectables users. She welcomes the MR clients.

5.6.3. Psychological sufferings and problems

The irregular users of the 3 methods (pill, injectables and condom) were interviewed regarding their psychological sufferings and problems. It was reported by more than one-third (35.6%) that they suffer from 'anxiety/ suspense'. It was followed by 'fear of being pregnant' (29.6%). The rest one-third suffered from despondency, insomnia, lassitude, etc. They also fear of 'Socially being embarrassed due to pregnancy', especially those who are elderly.

- Box: 5.2: Psychological sufferings and problems**
- Anxiety/Suspense
 - Lassitude
 - Fear of being pregnant
 - Socially embarrassed due to pregnancy
 - Insomnia
 - Despondency

Table 5.15: Pattern of psychological sufferings/problems

Psychological sufferings /problems	Number of responses	Percent of responses
Anxiety/Suspense	119	35.6
Lassitude	33	9.9
Fear of being pregnant	99	29.6
Socially embarrassed due to pregnancy	8	2.4
Insomnia	35	10.5
Despondency	40	12.0
Total	334	100

During FGDs, the sufferer of injectables reported that they have suffered from stock-out (as reported by FWAs) 1 to 3 times during last year and each time they suffered for 1 to 2 months.

5.6.4. Psychological sufferings/ problems by methods

The findings about psychological sufferings/problems by methods imply that the greater extent of sufferings arose from the shortage/stock-out/irregular supply of injection.

Anxiety/suspense was found as the major psychological sufferings/problems arising from the shortage/stock-out/irregular supply of pill (35.5%), which was followed by fear of being pregnant (34.2%), and despondency (11.6%) (Table 5.16).

Table 5.16: Pattern of psychological sufferings/problems due to shortage/stock-out/irregular supply of pill

Psychological sufferings /problems	Number of responses	Percent of responses
Anxiety/Suspense	55	35.5
Lassitude	13	8.4
Fear of being pregnant	53	34.2
Social embarrassment due to pregnancy	3	1.9
Insomnia	13	8.4
Despondency	18	11.6
Total	155	100

Anxiety/suspense was also found as the major psychological suffering/problem arising from the shortage/stock-out/irregular supply of injection (33.0%), which was followed by fear of being pregnant (25.8%), insomnia (16.5%) and despondency (13.4%) (Table 5.17).

Table 5.17: Pattern of psychological sufferings/problems related to injection shortage/stock-out/irregular supply

Psychological sufferings /problems	Number of responses	Percent of responses
Anxiety/Suspense	32	33.0
Lassitude	7	7.2
Fear of being pregnant	25	25.8
Social embarrassment due to pregnancy	4	4.1
Insomnia	16	16.5
Despondency	13	13.4
Total	97	100

Anxiety/suspense was also found here as the major psychological suffering/problem arising from the shortage/stock-out/irregular supply of condom (39.0%), which was followed by fear of being pregnant (25.6%), lassitude (15.9%), despondency (11.0%) (Table 5.18).

Table 5.18: Pattern of psychological sufferings/problems related to condom shortage/stock-out/irregular supply

Psychological sufferings /problems	Number of responses	Percent of responses
Anxiety/Suspense	32	39.0
Lassitude	13	15.9
Fear of being pregnant	21	25.6
Social embarrassment due to pregnancy	1	1.2
Insomnia	6	7.3
Despondency	9	11.0
Total	82	100

5.6.5 Sufferings and problems in income generating activities (IGAs)

Out of 205 sufferers, about 25% faced sufferings/problems regarding their income generating activities (IGAs). On an average, each sufferer suffered from more than one problem (Table 5.19).

Box: 5.3: Sufferings and problems in income generating activities
<ul style="list-style-type: none"> • Preparing crop land • Plantation • Nursing • Cutting/boiling • Vegetables garden • Poultry rearing • Cow/goat rearing • Buying & Selling goods to the market • Agricultural labor • Labor to non-agricultural sector

Table 5.19: Pattern of sufferings/problems related to income generating activities

Problems related to income generating activities	Number of responses	Percent of responses
Preparing crop land	2	2.9
Plantation	1	1.5
Nursing	3	4.4
Cutting/boiling	4	5.9
Vegetables garden	1	1.5
Poultry rearing	18	26.5
Cow/goat rearing	8	11.8
Buying & Selling goods to the market	2	2.9
Agricultural labor	7	10.3
Labor to non-agricultural sector	22	32.4
Total	68	100

5.6.6 Sufferings/problems in income generating activities by methods

The findings about sufferings/problems regarding IGAs imply that the greater extent of sufferings arose from the shortage/stock-out/irregular supply of condom. ‘Problem regarding labor to non-agricultural sector’ was found as the major sufferings/problems arising from the shortage/stock-out/irregular supply of pill (28.6%), which was followed by ‘poultry rearing’ (23.8%), and ‘labor to agricultural sector’ (19%) (Table 5.20).

Table 5.20: Pattern of sufferings/problems related to IGAs due to shortage/stock-out/irregular supply of pill

Problems related to income generating activities	Number of responses	Percent of responses
Preparing crop land	1	4.8
Nursing	1	4.8
Poultry rearing	5	23.8
Cow/goat rearing	3	14.3
Buying & Selling goods to the market	1	4.8
Agricultural labor	4	19.0
Labor to non-agricultural sector	6	28.6
Total	21	100

‘Problem regarding poultry rearing’ was found as the major sufferings/problems arising from the shortage/stock-out/irregular supply of injection (52.6%), which was followed by ‘labor to non-agricultural sector’ (15.8%), ‘cow/goat rearing’ (15.8%) (Table 5.21).

Table 5.21: Pattern of sufferings/problems related to IGAs due to shortage/stock out/irregular supply of injection

Problems related to income generating activities	Number of responses	Percent of responses
Cutting/boiling	1	5.3
Vegetables garden	1	5.3
Poultry rearing	10	52.6
Cow/goat rearing	3	15.8
Buying & Selling goods to the market	1	5.3
Labor to non-agricultural sector	3	15.8
Total	19	100

Here labor to non-agricultural sector was also found as the major sufferings/problems arising from the shortage/stock-out/irregular supply of condom (46.4%), which was followed by agricultural labour (10.7%), poultry rearing (10.7%) and cutting/boiling (10.7) (Table 5.22).

Table 5.22: Pattern of sufferings/problems related to IGAs due to shortage/stock-out/irregular supply of condom

Problems related to income generating activities	Number of responses	Percent of responses
Preparing crop land	1	3.6
Plantation	1	3.6
Nursing	2	7.1
Cutting/boiling	3	10.7
Poultry rearing	3	10.7
Cow/goat rearing	2	7.1
Agricultural labor	3	10.7
Labor to non-agricultural sector	13	46.4
Total	28	100

5.6.7 Sufferings and problems of household works and family care

Out of 205 sufferers, about 31% suffered from household related activities and family care (Box 5.4). On an average each sufferer suffered from more than two problems (Table 5.23).

Box: 5.4: Sufferings and problems of household works and family care

- Cleaning houses
- Cleaning utensils
- Cooking
- Hosting guests
- Collecting firewood
- Nursing child

Table 5.23: Pattern of sufferings/problems in household activities

Household activities	Number of responses	% of responses
Cleaning houses	49	31.4
Cleaning utensils	37	23.7
Cooking	41	26.3
Hosting guests	5	3.2
Collecting firewood	9	5.8
Nursing child	15	9.6
Total	156	100

5.6.8 Sufferings/problems in household activities by methods

The findings about sufferings/problems related to household activities by methods imply that the greater extent of sufferings arose from the shortage/stock-out/irregular supply of injection.

‘Problems in cleaning houses and cooking’ was found as the major sufferings/problems arising from the shortage/stock-out/irregular supply of pill (30.2%), which was followed by ‘cleaning utensils’ (28.3%) (Table 5.24).

Table 5.24: Pattern of sufferings/problems related to household activities due to shortage/stock-out/irregular supply of pill

Household activities	Number of responses	% of responses
Cleaning houses	16	30.2
Cleaning utensils	12	22.6
Cooking	15	28.3
Hosting guests	2	3.8
Collecting firewood	4	7.5
Nursing child	4	7.5
Total	53	100

Again ‘Problem regarding cleaning houses’ was found as the major suffering/problem arising from the shortage/stock-out/irregular supply of injection (32.1%), which was followed by ‘cooking’ (25.6%) and ‘cleaning utensils’ (23.1%). For clarity, you are referred to Table 5.25.

Table 5.25: Pattern of sufferings/problems related to household activities due to shortage/stock out/irregular supply of injection

Household activities	Number of responses	% of responses
Cleaning houses	25	32.1
Cleaning utensils	18	23.1
Cooking	20	25.6
Hosting guest	2	2.6
Collecting firewood	5	6.4
Nursing child	8	10.3
Total	78	100

‘Problem regarding cleaning houses’ was also found as the major suffering/problem arising from the shortage/stock-out/irregular supply of injection (32%). This was followed by ‘cleaning utensils’ (28%) and ‘cooking’ (24%) (see Table 5.26).

Table 5.26: Pattern of sufferings/problems related to household activities due to shortage/stock-out/irregular supply of condom

Household activities	Number of responses	% of responses
Cleaning houses	8	32.0
Cleaning utensils	7	28.0
Cooking	6	24.0
Hosting guest	1	4.0
Nursing child	3	12.0
Total	25	100

5.6.9 Sufferings and problems in social work

Out of 205 sufferers, about 6% suffered from activities related to performing and participating in social work. Three-fourths of them suffered from ‘Attending different social clubs/gatherings’ and one-fourth suffered from problem like ‘Participation in *salish*’ (Table 5.27).

Box: 5.5: Sufferings and problems in social work

- Attending different social clubs/gatherings
- Participation in *salish*

Table 5.27: Pattern of sufferings/problems regarding social activities

Social problems and sufferings	No. of responses	% of responses
Attending different social clubs/gatherings	12	75.0
Participation in <i>salish</i>	4	25
Total	16	100

5.6.10 Sufferings/problems in social activities by methods

The findings about sufferings/problems related to social activities by methods imply that the greater extent of sufferings arose from the shortage/stock-out/irregular supply of condom.

Problem regarding attending different social clubs/gathering was found as the major sufferings/problems arising from the shortage/stock-out/irregular supply of pill (100%).

Table 5.28: Pattern of sufferings/problems related to social activities due to shortage/stock-out/irregular supply of pill

Social problems and sufferings	No of responses	% of responses
Attending different social clubs/gatherings	2	100.0

Problem regarding attending different social clubs/gathering was found as the major suffering/problem arising from the shortage/stock-out/irregular supply of injection (60%), which was followed by participation in *salish* (40%). For clarity, you are referred to Table 5.29.

Table 5.29: Pattern of sufferings/problems related to social activities due to shortage/stock-out/irregular supply of injection

Social problems and sufferings	No of responses	% of responses
Attending different social clubs/gatherings	3	60.0
Participation in <i>salish</i>	2	40.0
Total	5	100.0

Problem regarding attending different social clubs/gathering was found as the major suffering/problem arising from the shortage/stock-out/irregular supply of condom (77.8%), which was followed by participation in *salish* (22.2%). For clarity, you are referred to Table 5.30.

Table 5.30: Pattern of sufferings/problems related to social activities due to shortage/stock-out/irregular supply of condom

Social problems and sufferings	No of responses	% of responses
Attending different social clubs/gatherings	7	77.8
Participation in <i>salish</i>	2	22.2
Total	9	100.0

5.6.11. Alternative practices in users in case of problem in supply

On an average, more than one alternative sources of having FP methods were found for each sufferer. This is summarized in the table below. Majority goes to pharmacy for purchasing the required FP product. Second most important alternative followed was switching to other methods (Table 5.31). However, due to non-availability of methods about 14% reported that they have stopped using any method (5.31).

Table 5.31: Alternative ways followed to avoid problems in supply

Alternative ways	No. of responses	Percent of responses
Pharmacy	141	61.6
NGOs	6	2.6
Other methods	48	21.0
No methods	28	12.2
No financial ability to take measure	6	2.6
Total	229	100

5.7. Average Hours Lost due to Shortage/Stock-out/Irregular Supply

As 55% of the total sufferers suffered physically, so on an average each sufferer suffered from more than three cases. Thus the following table calculates the hours lost per suffering. It has been found that the highest hours lost per suffering have occurred for Amenorrhea (Table 5.32).

Table 5.32: Pattern of physical sufferings and problems by hours lost per suffering

Physical/health problems	Number of responses	Hours lost per case
Vomiting	53	320
Headache	67	399
Bleeding during menstruation	12	871
Menorrhagia	12	695
Pain in abdomen during menstruation	12	204
Pain during menstruation	10	75
High blood pressure	5	107
Mastalgia/Feeling heaviness of breast	10	516
Unexpected pregnancy	16	640
Burning sensation of the body	26	260
Amenorrhea for 3 months	12	1427
Unexpected weight gain/loss	5	862
Anorexia	39	223
Facial pigmentation	1	1
Acne	3	9
Lower abdominal pain/uterine pain	14	282
General weakness	54	485
Waist pain	3	594
Total	354	425

Out of total sufferers, about 79% suffered psychologically. On an average each psychological sufferer suffered from more than two problems (Table 5.33).

Table 5.33: Pattern of psychological sufferings and hours lost per suffering

Psychological problems/sufferings	No of responses	Hours lost per case
Anxiety/ Suspense	119	360
Lassitude	33	352
Fear of being pregnant	99	319
Socially embarrassed due to pregnancy	8	365
Insomnia	35	1220
Despondency	40	516
Total	334	456

Out of 205 sufferers, about 25% faced problems regarding income generating activities (IGAs). On an average, each sufferer suffered from more than one problem. The most frequent loss happens from the absent to the non-agricultural sector. However, the highest average loss in hours per case is found for cow/goat rearing. The lowest hours lost was found for vegetable gardening (Table 5.34).

Table 5.34: Pattern of sufferings related to IGAs and hours lost per response

Problems related to income generating activities	No of responses	Hours lost per case
Preparing crop land	2	15
Plantation	1	24
Nursing	3	9
Cutting/boiling	4	21
Vegetables gardening	1	1
Poultry rearing	18	155
Cow/goat rearing	8	257
Buying & Selling goods to the market	2	24
Agricultural labor	7	49
Labor to non-agricultural sector	22	36
Total	68	91

Out of the 205 sufferers, about 31% suffered from household related activities and family care. On an average each sufferer suffered from more than two problems. In terms of hours lost per case highest loss occurred for ‘hosting guest’ and the lowest for ‘nursing child’(Table 5.35).

Table 5.35: Pattern of sufferings related to household activities and hours lost per response

Household activities	No of responses	Hours lost per case
Cleaning houses	49	1436
Cleaning utensils	37	1463
Cooking	41	1682
Hosting guests	5	6208
Collecting firewood	9	1711
Nursing child	15	1292
Total	156	1662

Out of all sufferers, about 6% suffered from household related activities and family care. On an average each sufferer sufferings from problems related to social activities suffered from more than one problem. The following table shows that the highest loss per case of suffering for this is found on account of ‘not attending different social clubs/gatherings’ (Table 5.36).

Table 5.36: Pattern of sufferings related to social activities and hours lost per response

Social problems	No of responses	Hours lost per case
Attending different social clubs/gatherings	12	21
Participation in <i>salish</i>	4	23
Total	16	21

5.8. Average income lost due to shortage/stock-out/irregular supply

This sub-section focuses on the income loss due to the stock-out, shortage or irregular supply of the three major family planning methods. Average income per household per year was calculated to Tk. 66,826. About 64% of the households reported that they have lost some portion of their income. Among the income losers, more than 80% lost their portion of net income which ranging between Tk.1 and Tk. 2.5 (Table 5.37).

Table 5.37: Percentage distribution of sufferers by average loss of income due to problem of shortage/stock-out/irregular supply of FP methods

Loss interval (in Tk.)	Frequency	Percent
<2.50	108	82.4
2.51-5.00	13	9.9
5.01-7.50	6	4.6
7.51-10.00	2	1.5
10.01-12.50	2	1.5
Total	131	100

In terms of the range of loss of their income in absolute value, it is observed from the following table that about 70% of the income losers lost income in absolute value ranging between Tk. 2 and Tk. 1000 (Table 5.38).

Table 5.38: Percentage distribution of sufferers by loss of their income in absolute value due to problem of shortage/stock-out/irregular supply of FP methods

Loss amount range (in Tk.)	Frequency	Valid Percent
< 1000	91.0	69.5
1001-2000	14.0	10.7
2001-3000	13.0	9.9
3001-4000	5.0	3.8
4001-5000	3.0	2.3
5001-6000	5.0	3.8
Total	131	100

In terms of method wise income loss, the Table indicates the income losers are symmetrically distributed. However, it was found that the income loss of injection sufferers are the highest at Tk.1,050 per sufferer and for condom sufferers it is the lowest at Tk. 774 (Tables 5.39 and Table 5.40).

Table 5.39: Percentage distribution of income losers by methods suffering due to problem of shortage/stock-out/irregular supply of FP methods

Methods	Income losers	%
Pill	66	50.4
Injection	41	31.3
Condom	24	18.3
Total	131	100

Table 5.40: Average loss in income by methods due to problem of shortage/stock-out/irregular supply of FP methods

Methods	Average loss in income (in Tk.)
Income loss of Pill sufferers	874
Income loss of Injection sufferers	1050
Income loss of Condom sufferers	774

IMPACT ON NATIONAL ECONOMY DUE TO SHORTAGE, STOCK-OUT AND IRREGULAR SUPPLY

6.1. Introduction

This chapter will focus on the impact on the national economy in terms of income loss, medical costs incurred, and costs of time loss from sufferings due to stock-out/shortage/irregular supply of oral pill, injectables, and condom to the users. It will also focus on the methodology on which these parameters have been estimated. Besides, time lost due to sufferings has been converted to money value taking into account the opportunity cost of the sufferers. For this purpose, total lost of time from the sufferings are assumed to be productive time lost. Cost of sufferings of both male and female has been taken into account.

6.2 Impact on National Economy due to Shortage/Stock-Out/ Irregular Supply of Oral pill, Injectables, and Condom

6.2.1 Estimation methodology

For the purpose of the estimation of income loss and the total medical cost due to shortage/stock-out/ irregular supply, 30 out of 23,500 FWA units were selected which comprises approximately 0.13% of the total. The total number of oral pill, injectables, and condom users in FWA registers of these 30 units was 26,445. Total sample of this study was 2,756, which is 9.6 times less than the total number of users of three methods in the sample area. This could be treated as highly representative sample. So, for the estimation purpose at the national level, the findings from the sample were extrapolated at the national level. First of all, income loss and medical costs incurred due to the shortage/stock-out/ irregular supply were calculated per FWA unit basis and this was taken as the cost/ FWA unit and income loss/FWA unit. These findings were counted only for the sample. As the sample was 9.6 times less than the relevant population of the sample area, so those figures were multiplied by 9.6 in order to have the findings for the population of that sample area. Dividing that figure by 30, we estimated the medical cost and income loss per FWA unit. Multiplying that figure by 23,500 FWA units, total medical costs and income loss was estimated to represent the national level. Besides the loss of net income and the medical costs incurred, many types of sufferings borne by the sufferers have been estimated which included physical sufferings/loss, psychological sufferings/loss, loss from income generating activities, loss from households activities, and loss from social activities. For those causes, sufferers lost their time and it is well-known that time is money. So, all the times lost by the sufferers were counted as loss of productive time. The same process was applied for counting the cost from loss of their time at the national level.

<p>Estimation Formula: National Counts = (Events within sample * Multiplier)/Sample FWA units * Total FWA units in Bangladesh</p>
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6.2.2 Direct Loss of Income at the National Level

About 64% of the total sufferers lost some portion of their net income. The estimated annual (for the last one year preceding the survey) average net income loss per suffering household amounted to Tk. 912. Of the methods considered in this study, pill sufferers reported the highest net income loss (434.25 million Tk.). This was followed by injection (323.82 million Tk.). Condom sufferers contributed to the least income loss which is Tk. 139.86 million. By

using the methodology to estimate the income loss by methods, it was found that the national annual loss of income amounts to Tk. 897.93 million. This was the direct loss of their income due to shortage/stock-out/irregular supply of three FP methods: Oral pill, Injectables, and Condom. Now, we will focus on the distribution of the net income loss of the sufferers by methods. The highest loss incurred is found for the stock-out of pill (48.4%), followed by injection (36.1%) and condom (15.6%) respectively (Table 6.1 and Figure 6.1).

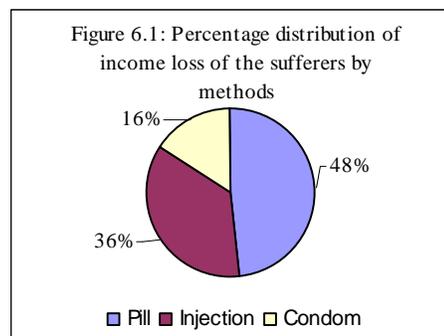


Table 6.1: Percentage distribution of the net income loss of the sufferers by methods

Methods	Taka (in million)	Share of Income Loss (%)
Pill	434.25	48.4
Injection	323.82	36.1
Condom	139.86	15.6
Total	897.93	100

6.2.3 Medical Cost of suffering at the National Level

About 31% of the total sufferers incurred medical costs due to their physical or health related problems/sufferings. The medical costs comprised of fees, medicine, diagnostics, transportation, and food related costs. By using the methodology to estimate the income loss by methods, it was found that the medical costs nationally amount to Tk. 629 million due to the stock-out/irregular supply of the considered methods in this study. This was the direct medical cost incurred for the households suffered physically.

The table and the graph shows the distribution of the total medical costs incurred due to the stock-out/shortage/irregular supply of pill, injection and condom. Medicine was found as the major cost item which is slightly higher than that of the transportation costs. It was also observed from the findings that the least cost incurred for diagnostics as few of the sufferers went for diagnostics (Table 6.2 and Figure 6.2).

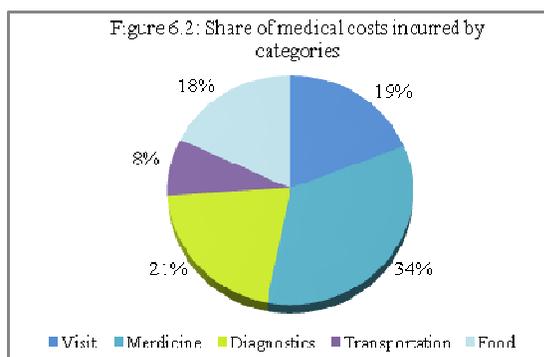


Table 6.2: Pattern of medical costs incurred by items

Cost Items	Cost (in million Tk.)	Share of Total Cost (%)
Visit	122.6	19.5
Medicine	214.4	34.1
Diagnostics	129.1	20.5
Transportation	51.3	8.2
Food	112.4	17.8
Total	629	100

6.2.4 Estimation of loss from physical or health related problems at the national level

About 55% of the total sufferers suffered physically. From each sufferer, we had more than 3 responses. In this section, time lost was calculated due to physical sufferings. The total loss of those suffered physically in terms of time stood at 150,450 hours. This was multiplied by 9.6, which gave us the figure for the total population in 30 FWA units. This amount rose to 1.44 million hours. So, per FWA unit, this gave us the amount of 48,144 hours. For the national level, this figure stood at 1,131.3 million hours. Average wage rate per hour was calculated at Tk. 14.25. Assuming that all the time lost for these sufferings was productive, the estimated loss from sufferings/problems at the national level in terms of money value due to shortage/stock-out/ irregular supply amounts to Tk. 16,122 million. This was the indirect loss of income at the national level that arose from physical or health related sufferings/problems.

The distribution of loss from physical suffering arising from the stock-out is summarized in the following table. The highest cost is found for “headache” response as this was the most frequent response. The second major category is “general weaknesses” (Table 6.3).

Table 6.3: Pattern of loss from physical or health related sufferings/problems

Physical/health problems	Loss (in million Tk.)	Share of loss (%)
Vomiting	1817	11.3
Headache	2865	17.8
Bleeding during menstruation	1119	6.9
Menorrhagia	894	5.5
Pain in abdomen during menstruation	261	1.6
Pain during menstruation	78	0.5
High blood pressure	57	0.4
Mastalgia/Feeling heaviness of breast	553	3.4
Unexpected pregnancy	1097	6.8
Burning sensation of the body	724	4.5
Amenorrhea for 3 months	1834	11.4
Unexpected weight gain/loss	462	2.9
Anorexia	932	5.8
Facial pigmentation	0.1	0.0
Acne	3	0.0
Lower abdominal pain/uterine pain	423	2.6
General weakness	2807	17.4
Waist pain	191	1.2
Total	16122	100.0

6.2.5 Loss from psychological health problems at the national level

In this section, time lost was calculated for psychological sufferings. The prevalence of psychological sufferings was higher than that of other types of sufferings. About 79% of the total sufferers suffered psychologically. From each psychological sufferer, we had more than 3 responses. Here per FWA unit, the amount of time lost is 48,737.5 hours. For the national level, this figure stood at 1,145.3 million hours. Average wage rate per hour was calculated at Tk. 14.25. Assuming that all the time lost for these sufferings was productive, the estimation of loss from psychological problems at the national level in terms of money value due to shortage/stock-out/ irregular supply amounts Tk. 16,321 million. This was the indirect loss of income that arose from psychological problems at the national level.

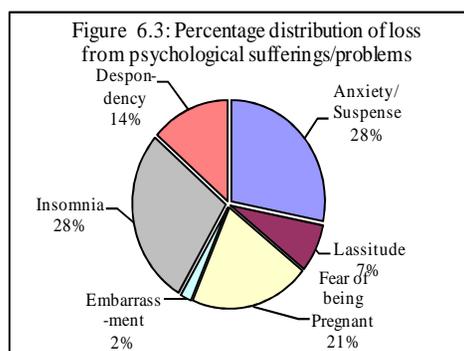
Anxiety and insomnia have been found as the two major cost components from psychological sufferings. The following table and the graph will provide the clear conception of the disaggregated data. The graph is used to know about the proportional distribution of loss by components (Table 6.4 and Figure 6.3).

Table 6.4: Pattern of loss from psychological sufferings/problems

Psychological problems	Loss (in million Tk.)	Share (%)
Anxiety/Suspense	4591	28.1
Lassitude	1245	7.6
Fear of being Pregnant	3384	20.7
Embarrassment	313	1.9
Insomnia	4576	28.0
Despondency	2212	13.6
Total	16321	100.0

6.2.6. Loss from income generating activities at the national level

About 25% of the total sufferers suffered from time loss related to income generating activities. From each sufferer, we had more than 3 responses. In this section, time lost from income generating activities was calculated. The total time loss from income generating activities stood to 6,187.5 hours. This loss multiplied by 9.6, gives the figure for the total population for 30 FWA units, 59,472 hours. So, per FWA unit, this gave us the amount of 1980 hours. For the national level, this figure stood at 46.53 million hours. Average wage rate per hour was calculated at Tk. 14.25. Assuming that all the time lost for these sufferings was productive, the estimation of loss from disruption of incoming generating activities at the national level due to shortage/stock-out/ irregular supply amounts Tk. 663.1 million. This was the indirect loss of income that arose from the disruption of income generating activities at the national level.



The distribution of loss from income generating activities at the disaggregated level is shown in the following table. The table indicates that poultry rearing sector has the largest share of the total loss incurred from the time loss from their income generating activities (Table 6.5).

Table 6.5: Pattern of loss from sufferings/problems related to income generating activities

Problems related to income generating activities	Loss (in million Tk.)	Share of Loss (%)
Preparing crop land	3.2	0.5
Plantation	2.6	0.4
Nursing	2.9	0.4
Cutting/boiling	9.0	1.4
Vegetables garden	0.1	0.0
Poultry rearing	299.0	45.1
Cow/goat rearing	220.3	33.2
Buying and selling goods to the market	5.1	0.7
Agricultural labor	36.8	5.5
Labor to non-agricultural sector	84.9	12.8
Total	663.1	100.0

6.2.7 Loss from household activities at the national level

About 31% of the total sufferers suffered from time loss related to household activities. From each sufferer, we had more than 3 responses. In this section, time lost from household related activities has been calculated. The total time loss attributed to household activities stood at 259,275.8 hours. If this is multiplied by 9.6, this would give us the figure of 2.48 million hours for the total population in 30 FWA units. So, per FWA unit, this gave us a figure of 82,968.2 hours. For the national level, this figure stood at 1949.7 million hours. Assuming that all the time lost for these sufferings was productive and the average wage rate per hour is Tk. 14.25, the estimated loss attributed to household activities at the national level due to shortage/stock-out/irregular supply amounts to Tk. 27784 million. This was the indirect loss of income that arose from the disruption of household related activities at the national level. The share and the amount of loss by the components are shown in the following table and the pie chart (Table 6.6 and Figure 6.4).

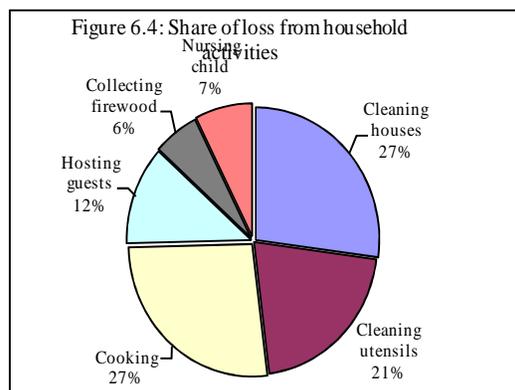


Table 6.6: Loss by components of household activities

Household activities	Loss (in million Tk.)	Share of Loss (%)
Cleaning houses	7540	27.1
Cleaning utensils	5801	20.9
Cooking	7390	26.6
Hosting guests	3326	12.0
Collecting firewood	1649	5.9
Nursing child	2077	7.5
Total	27784	100.0

6.2.8 Loss from social activities at the national level

About 6% of the total sufferers suffered from time loss related to social activities. This was the lowest prevalence rate among the activities considered in this study. From each sufferer, we had more than 3 responses. For this section, time lost from social activities was calculated. The total time loss from social activities stood at 345.2 hours. This multiplied by 9.6 gives us the figure for the total population. So, per FWA unit, this gave us the figure of 110.4 hours. For the national level, this figure stood at 2.6 million hours. Assuming that all the time lost for these sufferings was productive and the average wage rate per hour is Tk. 14.25, the estimated loss attributed to social activities at the national level due to shortage/stock-out/irregular supply amounts to Tk. 37 million. This was the indirect loss that arose from the disruption of social activities at the national level. The loss categories and the amount of loss and their share are shown in the following table (Table 6.7).

Table 6.7: Loss from social activities

Social problems	Loss (in million Tk.)	Share of Loss (%)
Attending different social clubs	27	73
Participation in <i>salish</i>	10	27
Total	37	100

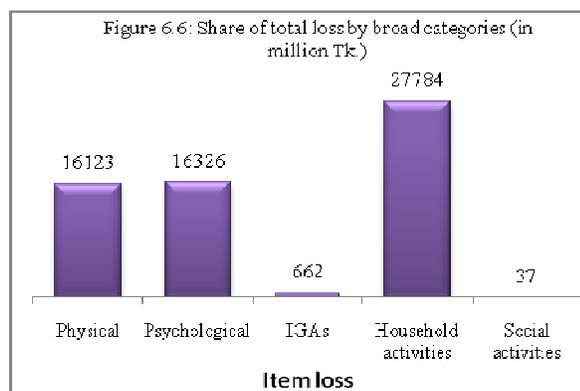
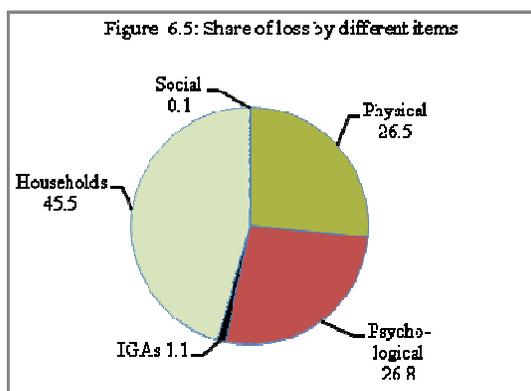
6.2.9 Total national loss by broad components

The following table is the summary table that shows the distribution of the losses which were incurred from sufferings attributable to different activities. As the total time was lost from the household activities, so the highest bar in the following diagram (Figure 6.6.) shows the total loss from the loss of household activities in terms of money cost. The second highest cost was incurred for psychological cause.

The following table and the graph summarize the total amount of loss by different categories. It is found that households has the largest share of the cost (45.3%) followed by psychological (26.8%) and health related problems (26.3%) respectively (Table 6.8, Figure 6.5 and Figure 6.6).

Table 6.8: Pattern and share of loss by different items

Loss Items	Amount (in million Tk.)	Share
Physical	16123	26.5
Psychological	16326	26.8
IGAs	662	1.1
Household Activities	27784	45.6
Social Activities	37	0.1
Total	60932	100.0



6.2.10 Unexpected pregnancy, MR and abortion at the national level due to shortage/stock-outs/irregular supply

About 10.2% of the total sufferers reported unexpected/ unwanted pregnancy. Total unexpected pregnancy for the population was calculated based on the sample. The number stood at 202 for 30 FWA units. So, unexpected pregnancy per FWA unit was 6.8. The national estimated figure is 159,800. Of the unexpected pregnant mothers, 57% went for MR. So, the MR per FWA unit was 3.84 and the national figure stood at 90,240. The national figure for abortion was 22,560. Unexpected/unintended pregnancy as a result of shortage/stock-out/ irregular supply stands at 159,800 which are terminated by 90,240 MR cases and 22,560 abortions. The net addition to the growing population is 47000 babies born per year. This unintended/unexpected number of birth will impact on national economy. Unexpected pregnancy and additional child birth could be considered as the ‘additional child birth due to unexpected pregnancy’ which contributed to higher rate of population growth. MR and abortion could contribute to the extra burden on their family budget and sometimes it also contributed to maternal mortality and morbidity.

CHAPTER VII

ADEQUACY OF FINANCIAL SUPPORT FOR AND PRIORITY OF NATIONAL HEALTH NUTRITION AND POPULATION SECTOR

7.1 Health Nutrition Population Sector Programme

The National Health Nutrition Population Sector Programme (HNPSP) was designed at an estimated cost of Tk. 324,503 million for a period from July 2003 to June 2011. The implementation status – both physical and financial – is reviewed annually, jointly by Development Partners (bank and other donors) and the Government of Bangladesh.

The Health Nutrition Population Sector Programme is one of the priority sectors for both development and alleviation of poverty. The HNPSP aims at reducing:

- NMR per 1000 live birth from 32 to 21.
- IMR per 1000 live birth from 48 to 37.
- MMR per 1000 live birth from 2.75 to 2.40 by 2015.
- Total Fertility Rate (TFR) from 2.8% to 2.2%.
- Increase CPR from 58% to 72%.
- Malnutrition of under-five children from 42% to 30%.
- Anemia of pregnant women from 45% to 30%.
- Increase vaccination coverage with full series of routine EPI vaccine to 90% by 2010.

In order to give a major thrust to HNPSP, the government has brought the Ministry of Health and Family Welfare under Medium Term Budgetary Framework (MTBF) from 2006-07.

7.2 Trend Analysis of Allocation and Utilization of Fund

An analysis of last 3 years ADP allocations of 2005-06, 2006-07, 2007-08 for HNPSP revealed an **increasing trend**. Table 7.1 below shows the trend in allocation in ADP for HNPSP.

Table 7.1: Trend in general in ADP allocation for HNPSP

ADP financial year (FY)	Total allocation in million taka	Increment
2005-06 (year 1)	22693.50	Base year
2006-07 (year 2)	24241.60	6.82 %
2007-08 (year 3)	27287.50	20.24 %

As compared to the base year (FY 2005-06), there has been an increase of Tk. 1548.10 million in year 2006-07 which was about 7% higher, and in FY 2007-08 the increment was Tk. 4594.0 million which was more than 20% (over the base year 2005-06). Regarding rising trend, the government document – **Annual Development Programme FY 2007-2008** – stated that, “*Considering health sector as the priority one, adequate allocation has been given in ADP 2007-08 for successful implementation of programmes related to Health, Nutrition and Family Welfare*” (see page 281 of ADP 2007-08). The ADP 2007-08 allocated Tk. 27287.5 million, and “in comparison with the allocation of RADP 2006-07, the ADP allocation of 2007-08 increased by Tk. 3045.9 million (GOB Tk. 1903.3 million and Project aid Tk. 1142.6 million) which was 13% higher” (page 282 of ADP 2007-08).

The overall utilization status of ADP allocations for HNPSP, on average, was between 79% and 86% annually. It was neither dismal, nor promising. Despite availability of funds, utilization could not reach the expected level. The plausible reasons as reported by knowledgeable persons include political instability, bureaucratic bottlenecks, indecision, and inefficiency. The general scenario is that the government of Bangladesh spends an estimated “US \$ 5 per capita on HNPSP services, private out of pocket expenditure is about US \$ 7 per capita. This level of spending falls far short of the level required for providing a basic service package. According to WHO, the optimum suggested expenditure for the least developed countries is US\$ 34 per capita per year”. (Ref: Unlocking the potential – National Strategy for Accelerated Poverty Reduction, Page 142, Planning Commission, October-2005).

There is no study conducted so far, about the entire Health Nutrition and Population Programme (a sector-wide programme for the entire country) specific to ascertaining trends, sufficiency/adequacy of allocation of fund (need-based), utilization, capturing priority and capacity of absorption. There are various other facets of such a study requiring an in-depth examination of financing, resource management system, and disbursement mechanism. The present study can not/did not address all these issues. The issues are broad, complex, interwoven, overlapping, cross-cutting, and multi-dimensional. The ‘objective-3’ of the present study has been addressed within a limited scope, time and cost. To address pertinent issues fully – an independent study with more time and resource would be a bare necessity.

7.3 Trends in Allocation, Expenditure on Contraceptives and DDS kits: FP sub-sector under HNPSP

Within the limited scope/objective of the present study (titled: Human and Economic Impact of RH supplies shortage and stock-outs in Bangladesh), it was possible to dig out some facts and figures about the trends in allocation, utilization/expenditure of fund for RH supplies particularly contraceptives and DDS kits. An analysis of development as well as non-development/revenue budget allocation **revealed an erratic pattern in allocation with fluctuating expenditure for last 3 (three) financial years.** Table 7.2 below shows the trend.

Table 7.2: Trends in Allocation and Expenditure for National FP Programme (in million taka)

Financial years (FY)	Total Allocation for FP Programme			Total Expenditure FP Programme and % of allocation		
	Development	Non-development	Total	Development	Non-development	Total Expenditure (% of allocation)
2005-06	4510.10	5257.0	9767.1	2971.55	4635.55	7607.10 (77.88%)
2006-07	5648.73	6505.21	12153.94	4763.65	5733.02	10496.67 (86.36%)
2007-08	3300.89	6332.73	9633.62	2716.46	5524.94	8241.40 (85.55%)
3 years	13459.72	18095.03	31554.67	10451.66	15893.51	26345.17 (83.49%)

In FP sub-sector of HNPSP, for FY 2005-06, the total allocation was Tk. 9767.10 million and expenditure was Tk. 7607.10 million which was 77.88% of allocation; in FY 2006-07, total allocation was Tk. 12153.94 million and total expenditure being Tk. 10496.67 million, percentage was 86.36. In terms of total allocation in FY 2006-07, it was 24.43% rise over FY 2005-06, and as regards expenditure it was 37.98% rise. Allocation in non-development vs

development budget, if compared between 2005-06 and 2006-07, had also registered a rise of 23.74%, and in expenditure (non-development) there was 23.67% rise. **This shows a rising trend both in allocation and expenditure during FY 2005-06 and FY 2006-07.**

During FY 2007-08, an amount of Tk. 9633.62 million was allocated to FP Programme and Tk. 8241.40 was expended which was 85.55% of total allocation. Compared to FY 2006-07, the total allocation of FY 2007-08 declined by Tk. 2520.32 million **which recorded 20.74% decline** and in **expenditure almost same scenario of decline** – 21.49% was observed. Evidently, **position in FY 2006-07** in allocation/expenditure was **higher than in FY 2005-06** and FY 2007-08. Apparently, a bulk of allocation/expenditure for contraceptives and DDS kits took place in the FY 2006-07 causing a bump up of about 21.49% over FY 2007-08. **Rise of allocation in FY 2006-07 was phenomenal.** But between FY 2005-06 and FY 2007-08 the difference was marginal in allocation (Tk. 133.49 million less in FY 2007-08), but in expenditure it was more by Tk. 634.30 million (8.33%) in FY 2007-08. The comparison between FY 2005-06 and FY 2007-08 with a gap of one year in-between might give a signal of weak resource-planning, utilization of resources, and poor management capacity.

Regarding *allocation of fund for contraceptives procurement and expenditure* during last 3 years from 2005-06 to 2007-08, table 7.3 below speaks for itself.

Table 7.3: Trends in allocation and expenditure on contraceptives for national FP programme
(in million taka)

Financial years (FY)	Allocation for contraceptives			Expenditure for contraceptives & % of allocation		
	Development	Non-development	Total	Development	Non-development	Total (% of allocation)
2005-06	951.54	0.0	951.54	281.53	0.0	281.53 (29.59%)
2006-07	3406.45	0.0	3406.45	2964.37	0.0	2964.37 (87.02%)
2007-08	1470.20	0.0	1470.20	1360.20	0.0	1360.20 (92.52%)
3 years	5828.19	0.0	5828.19	4606.10	0.0	4606.10 (79.03%)

Among the last 3 years period (FY 2005-06 to FY 2007-08), both allocation and expenditure for contraceptives was highest in FY 2006-07 (Tk. 3406.45 million Vs Tk. 2964.37 million). Lowest allocation and expenditure was during FY 2005-06, when expenditure was only Tk. 281.53 million against an allocation of Tk. 951.54 million, which meant that 29.58% of fund was expended. Again, in FY 2007-08 allocations for contraceptives was Tk. 1470.20 million and expenditure was Tk. 1360.20 million, the percentage of utilization was Tk. 92.52%. Overall (for 3 years), 79.03% of allocated fund (Tk. 5828.19 million) could be expended (Tk. 4606.10 million) **entirely from development budget, and no allocation/expenditure was made from non-development/revenue budget** of the government. This is symptomatic of a disappointing trend.

Compared to the total expenditure for RH-FP Programme the procurement cost (expenditure) of contraceptives was 3.70% in FY 2005-06, 24.24% in FY 2006-07, and 16.50% in FY 2007-08. **Overall, for the last 3 years the percentage of contraceptives procurement costs/ expenditure was 17.48% of total expenditure for RH-FP Programme.**

*According to some programme-managers and warehouse managers, 20-22% of total allocation of fund for FP programme, or Tk. 1660-1760 million would be barely necessary for contraceptives procurement annually, and **local procurement of quality contraceptives** should be encouraged by the government to avert shortage/stock-out/delayed supply etc. with a strong system of procurement-supply-distribution monitoring.*

Trends in allocation and expenditure on DDS kits

The DDS kit is indeed an essential service sub-component for the well-being, particularly of the deprived mothers and children. It also provides coverage to all needing medical care and support at the level of FWC, MCWC, Upazila Health Complex, Satellite Clinic, etc. Allocation of fund for DDS kits is of high importance. Table 7.4 below shows allocation and expenditure trend for procurement of DDS kits.

Table 7.4: Trend in Allocation and Expenditure on DDS kits for last 3 years FY 2005-06 to 2007-08

(in million taka)

Financial years (FY)	Allocation for DDS kits			Expenditure for DDS kits & % of allocation		
	Development	Non-development	Total	Development	Non-development	Total (% of allocation)
2005-06	0.0	150.0	150.0	0.0	150.0	150.00 (100%)
2006-07	968.90	116.23	1085.13	868.90	67.10	936.00 (86.26%)
2007-08	134.21	0.0	134.21	134.21	0.0	134.21 (100%)
3 years	1103.11	266.23	1369.34	1003.11	217.10	1220.21 (89.11%)

Sources: ADP/R-ADP, Planning Commission M/O Planning, Govt. of Bangladesh: for Development budget allocation,
 • M/O Finance, Govt. of Bangladesh, Annual Budget: Non-development Budget Allocations.
 • Director Finance, DGFP and Director MFSTC: Non-development budget Expenditure.
 • Line Directors DGFP: Development Budget Expenditure

DDS kits procurement was made by Tk. 150 million from non-development/revenue budget allocation of FY 2005-06, there being no allocation from development budget and reasons for this could not be figured out. In FY 2006-07, development budget allocation for DDS kits was Tk. 968.90 million and revenue budget provided Tk. 116.23 million, highest allocation, with expenditure incurred to the extent of Tk. 936.00 million (86.26% of allocation). Again in FY 2007-08, there was no allocation for DDS kits from the revenue budget. As it appeared from table above, ***the trend in the allocation of fund from both development and non-development/revenue, for DDS kits had been oscillating for reasons not known.*** No specific justification was available.

The question of sufficiency – whether the allocation from both development and non-development budgets was/is sufficient, when addressed to programme-managers, field staff and other respondents, the answer was indirect, and they reported that there was/is huge demand for DDS kits and an increased number of kits should be procured preferably from local market to sustain uninterrupted service delivery. This has given an impression that more funds (higher allocation) would be necessary to meet the ever growing need of the vast number of clientele.

7.4 Adequacy of Fund for National RH-FP Programme: FP sub-sector

Although, the objectivity of the ‘*Study Objective 3*’ about ‘sufficiency of fund’ – an issue of highest consideration – is indeed dubious and complicated, yet the following questions must be investigated in order to assess/ascertain ‘sufficiency’ criterion. Sufficiency is a relative term and the *questions are*:

- How much is – (a) sufficient, (b) more than sufficient, and (c) less than sufficient?
- How much (money) is needed to accomplish a purpose: how to assess actual needs, how to ascertain desired need (wish list etc.)?
- How much (money) is allocated/received on time/timely, how much is available beyond the expected time?
- How much is expended/utilized – and the capacity to absorb resources – to meet specific purpose for which allocation was/is given; or otherwise, how much was/is spent for fulfilling desired need/wish list items to show bulk of expenditure?

While investigating some of the questions as noted above it was found that, without carrying out a well-designed need-assessment study/exercise well ahead of time, need-based allocation of fund to any programme(s) is not feasible. Those who ask for allocation and those who provide allocation of fund, both do hardly care for need-assessment. Allocations are asked for and provided on the basis of availability of resources and discretion of the concerned individuals. However, pruning exercises during the middle of the financial year were always done through discussions with concerned persons. Again, a need-based allocation would call for bottom-up planning exercises.

It was found that, with the question of allocation of fund, its justification has always been *linked to actual utilization status and capacity for absorption of fund fruitfully*, in other words, responsibly to derive the expected benefit or outcome. The study team (HDRC) has not done in-depth study of these interlinked issues. *Even then, based on –*

- Trends in allocation of funds (FY-2005-06 to 2007-08) as in ADPs.
- Trends in utilization of allocated funds by the Directorate General, FP (DGFP)/ Directors, Finance/MFSTC/Logistics and other professionals;
- Discussions with informed/knowledgeable persons and Field Programme-Managers (Deputy Directors, Upazila FP Officers, Medical Officers, Warehouse Managers and others), the study team addressed the issue of ‘sufficiency’ to fulfill ‘*Study Objective 3*’ to the extent possible.

In general, the allocations for HNPSP or particularly for FP sub-sector/RH-FP commodities were viewed as "not sufficient"; and that allocations have to be raised to improve services both quantitatively and qualitatively to reach the poor and poorest of the poor/hardcore poor. Most of the respondents also opined that, an *essential condition is the necessity for changing attitude of service providers who must have commitment to the clientele*. This was lacking in their opinion. Regarding the capacity for utilization of fund, they reported that delayed release of fund, delay in administrative approval, and delay in financial sanction-orders, and overall, the cumbersome procurement process are the debilitating factors for paralyzing the ability of the Programme/Project Directors in utilizing funds fully.

7.5. Findings and Lessons Learnt

Findings

- In financing the future Bangladesh must go ahead with huge investment in human resource development and prioritize health, nutrition, and population sector for resource allocation. Currently, Government's allocation to health, nutrition and population sector in terms of percentage of GDP is 1% or a little more, against WHO estimation of 5% of GDP. *This is not at all sufficient.*
- It is well-established that Health-RH is a factor in 'investing in people'. Timely need-assessment, resource mobilization, management, and utilization/absorption capacity of the organization (Health, Nutrition and FW) for implementing a robust Health and Family Planning Programme is absolutely necessary.
- Evidently, Government's allocation and public spending is low and barely adequate to meet the demands of an ever expanding health sector programme. But, the real problem is rooted in the inability/inefficiency of the functionaries, and in the system involved in the process of spending public money efficiently. Absorption of allocated fund for specific purpose is an acute problem. This problem is diluted with the blame-game played by key-players in the system of spending public money.
- Field managers and knowledgeable persons hardly think that shortage of money is a problem for the sector-wide programme, rather they think that spending money is the problem. Side-by-side, the organizational/structural capacity with available human resources of government, the system of spending money (allocation) within a time-bound planning framework in the backdrop of MDG and HNPS objectives calls for a serious review/evaluation. This is a challenging task ahead for the nation.

Lessons learnt

Precisely –

- Need-based allocation and auto-release of fund for 3 quarters of the financial year for essential programme components, such as RH commodity procurement must be considered.
- At the same time, a hassle-free procurement procedure should be developed ensuring due accountability and transparency.
- Gradual absorption of essential RH-commodity costs in the revenue budget, reducing dependency on loan/grant money (of donors) with sting attached, should be planned and acted upon.

CHAPTER VIII

CONCLUSIONS AND RECOMMENDATIONS

8.1 Conclusions

In spite of all the problems and bottlenecks Bangladesh Family Planning Programme has been proceeding well and contributing to the decline in fertility and population growth rate. However, this is the first time when CPR has fallen from 58% to 56% during last 3 years (BDHS, 2007). Some of the major concluding findings of this study to ascertain the human impact of stock-out, shortage and irregular supply of three selected family planning commodities (oral pill, injectables, and condom), and its impact on national economy during last one year are as follows.

- There is a discrepancy between the FWA registers and the actual number of users (4.8%).
- There is a huge gap between official reporting and that of the actual stock-out, shortage and irregular supply (official reporting 0.6% and HDRC findings 12%)
- Total number of users suffering from stock-out, shortage and irregular supply of family planning commodities (oral pill, injectables and condom) was 1.54 in Bangladesh during last one year (sample period).
- During the last year preceding the survey, a 7.4% of the users of oral pill, injectable, and condom faced shortage/stock-out/irregular supply and thereby suffered from multidimensional problems including those related to physical and health, psychological, income generating activities, household activities, and social activities. Nationally, estimates show that the total loss of the sufferers (during last year) would be about 4,275 million hours, and money value of that amounts to Tk. 60,932 million.
- Loss (annual) of net income at the national level due to shortage/stock-out/ irregular supply amounted to Tk. 1,005million.
- Medical cost (annual) at the national level incurred due to shortage/stock-out/irregular supply amounted to Tk. 629 million.
- Loss of time due to physical or health related problems was 1,131.4 million hours which amounted to Tk. 16,123 million for the sample period, nationally.
- Loss of time of the sufferers those suffered psychologically stood at 1,145.3 million hours which amounted to Tk. 16,326 million for the sample period, nationally.
- Loss of time of the sufferers those suffered from income generating activities has been calculated at 46.53 million hours, which in terms of money value amounted to Tk. 662 million.
- Loss of time due to disruption of household related activities at the national level has been calculated at 1,949.7 million hours and amounted to Tk. 27,784 million, nationally.
- Loss of time due to disruption of social activities at the national level due to shortage/stock-out/irregular supply has been calculated at 2.5 million hours and the cost amounted to Tk. 37 million.
- In addition, nationally the unexpected pregnancy due to shortage/stock-out/irregular supply of these 3 methods have been calculated to 159,800, out of which 90,240

(57%) had gone for MR and 22,560 for abortion. Thus, shortage/stock-out/ irregular supply of these 3 methods are responsible for a total of 47,000 additional child birth due to unexpected pregnancy, which has contributed to unintended increment in population during last year.

- There are 19 steps in the Procurement process which takes 18 to 24 months or even more.
- There is lack of proper Forecasting mechanism for Projection of procurement needs.
- There is lack of coordination among the departments and also with the donor agencies.

In terms of economic loss, the estimated total loss in taka arising from loss of time due to sufferings was Tk. 60,932 million during last one year. It is both unacceptable and alarming for RH sector. The programme requires multiple inputs and safeguards from different authorities to reach a sustainable level. The following sections provide some recommendations regarding effective implementation of procurement, supply and distribution of commodities, which deserve merit towards bringing some positive changes in the national FP Programme.

8.2 Highlights of Some Field Problems Observed During Field Investigation

HDRC field investigators in post-field discussions found out numerous problems during their stay in the areas under study. These are:

- Household visits and counseling of ELCOs by FWAs are not regular and the frequency of visits by them is also very low.
- In a good number of cases, couples on record in the FWA Register were not found in the given address. FWA Register entry was questionable.
- In some places, against the spirit of “cafeteria approach”, coercive motivation by field staff for using some specific contraceptives by couples was found.
- Married women of reproductive age-bracket crossing the menopause age was found in the FWA Register, and more than one Register was found; the Register was not updated, had no serial number for the registered users.
- Method switch-over by users was not recorded in the Register.
- FWAs were found lacking in knowledge and motivation for better service delivery and record-keeping.

8.3 Recommendations

8.3.1 Sufferer’s opinion about shortage/stock-out/irregular supply for improving the present situation

Focus Group Discussions (FGD) were held at FWA unit level, in a good number of places. Some FP users who had experienced stock-out/shortage/irregular supply of RH commodities at least once during last one year and reported their sufferings at the time of interview, participated in Focus Group Discussion and offered their views on a number of issues. Their views were consolidated and are mentioned below:

- Supply FP-RH commodities in sufficient quantities to meet users needs for at least every 3 months at a time, in a continuous process.
- FWAs should make home-visits regularly; and for ensuring regular visits (at home) their (FWAs) number may be increased; users prefer home delivery of contraceptives.
- FWAs and other staff should behave well with the clients (users of RH methods)
- FWAs and other field staff/clinic staff should not charge money for providing injectables, oral pill and condom (for example, per case of injection Tk. 10-30 is charged).
- Follow up service by field staff/FWAs/FWVs should be strengthened so that side-effects of FP methods can be tackled with confidence.
- Service centre/depot-holder nearest to client’s household can also be established to ensure needed supply in the event of supply by FWA disrupted, for reasons beyond her (FWA’s) control.
- Training to the field workers should be regularly imparted to ensure their skills and commitment to the clientele.
- Supervision of field worker’s performance should be done by responsible supervisors so that negligence and inefficiency of these field staff do not kill the desire of the users (clients) for Planned Parenthood, pushing them to unwanted poverty, suffering, and misery.
- Low dose oral pill should be made available in greater quantity. For example – Pill users said that they preferred “ Femicon,” against “ Shuki Pill”, since it adjust well with their body chemistry.

8.3.2 Suggestions and Recommendations of the Service Providers and Managers for Improving the Present Situation

Six group discussions were held with district and upazila level officials of FP-MCH programme at district HQs. The participants viewed that problems and issues are linked with one-another, and opined that because of inter linkages, a holistic approach to present-day problems should be adopted. Most of them do not think stock-out/shortages/irregular supply as an isolated issue. Procurement-supply-distribution, follow-up, and monitoring are integrated as a system, the success of which depends on – planning, financial, managerial, professional-technical knowledge, skill, and efficiency. They need to grow as a professional cadre and should be given due opportunity, support and guidance in the interest of public service.

Summary of recommendations scanned from Interviews, FGDs, Group Discussions, and participants of National Dissemination Seminar are as follows:

- **Streamline** procurement system and make the procedure simpler – reduce steps of bureaucratic bottlenecks, cumbersome and time-consuming formalities.
- **Effect** need-based, bottom-up procurement plan.
- Like the other issues, **‘Population problem’** should be focused as a major national issue.
- **Encourage, promote/patronize for local production** of quality FP-RH commodities, particularly contraceptives such as pill, condom, injectables etc. in public and private sectors to procure it locally.

- **Empower District FP Authorities** to make local procurement of available RH commodities to meet shortages in the supply line/stocks urgently.
- **Allocate fund from Revenue Budget** of the government for procurement/production of RH commodities to reduce donor-dependence with the objective of achieving self reliance and sustainability.
- **Establish a sound monitoring system**, a forecasting mechanism of procurement and supply.
- **Ensure training and re-training** of field functionaries to build up their work skill (motivation, service-delivery, record-keeping, reporting, monitoring etc.) and meet the discrepancy of the govt. report and the field reality.
- **Permanent contraceptives methods** should be encouraged to get rid of irregular supply system.
- **Undertake basic studies** to develop contraceptives suitable for use by the ever growing population of Bangladesh.
- **Carry out separate study** on ‘Reasons of irregular supply of FP items at the service delivery points’.
- **Expand and equip storage** facilities to have a capacity for at least 24 months stocks in stores at different levels (regional/local).
- **Increase manpower at the field level** to regularize home visit and proper service delivery near the door steps of clientele.
- **Alternatives/options to increase manpower** in the field should be seriously examined, pilot tested and adopted, if found economically-socially suitable/viable.
- **Utilize the services of NGOs in service delivery and monitoring** where there is shortage in manpower to strengthen home visit and service delivery.
- **Strengthen FP programme by professional people** (population-FP) of the Department (cadre) to get the best out of present day bureaucracy, democratic culture and specialization.

In view of the findings of the study and recommendations by Programme Managers, Service Providers and Clients, the study team suggest to institute a full-fledged Project Resource Mobilization and Awareness (PRMA) Unit for effective monitoring of procurement and supply activities of RH-FP commodities. PRMA may also be given the responsibility of advocacy at various levels. The study team also suggests a time-bound implementation plan for implementation of all feasible recommendations for the greater interest of the nation.

Annex 1:

Data Collection Instruments

DCI - 1A

Sample ID No.

Dis
Upa
Un
FWA
Method

Study on Human and National Impact of RH Commodity Shortage/ Stock-outs in Bangladesh

Short Profile of User of Contraceptives

Directives to the interviewer: Tell the objectives of interview to the respondent /interviewee. Tell him/her that, the main subject of the study is to know about the problems faced due to non-availability of the family planning supplies. Tell him/her about the other issues that could come and the time needed for this. Assure him/her that their name and address will not be disclosed. Tell him/her that, all information provided will be kept confidential, and shall not be used for any purpose other than this research study.

1. Name of user
2. Age
3. Mobile number
4. Name of Husband/Father/Wife
5. Address of user

FWA Unit No.:	<input type="text"/> <input type="text"/>
Ward No. :	<input type="text"/> <input type="text"/>
Village :	
Union :	<input type="text"/> <input type="text"/>
Upazilla :	<input type="text"/> <input type="text"/>
District:	<input type="text"/> <input type="text"/>

- 6 Are you using contraceptive for last one year ? Yes = 1, No = 2
[Answer is no Finish interview Thanks]
- 7 If yes, what is the name of contraceptive Pill =1, Injection =2, Condom =3
- 8 Have you received the contraceptive in proper time regularly? Yes = 1, No = 2
[Answer is Yes Finish interview Thanks]

- 9 If not received regularly for how many times ? 1 time=1, 2 time =2, 3 time =3
- 10 Have you suffered from any problem due to this irregularity in receiving contraceptive? Yes = 1, No = 2
- 11 Had you any pregnancy due to this irregularity in receiving contraceptive ? Yes = 1, No = 2
- 12 Have you changed method due this problem Yes = 1, No = 2
- 13 If you have changed method, what is the method you are using now ?
 Pill =1, Injection =2, Condom =3, Copper T= 4, Implant=5, Vasectomy= 6,
 Tubectomy =7, Withdrawal=8, Kabiraji=9, Safe Period Method=10

Name of the Interview:		Date /03/ 2009
------------------------	--	----------------------

DCI - 1B

Sample ID No.:

Dist
Upa
Un
FWA
Method

Study on Human and National Impact of RH Commodity Shortage/ Stock-outs in Bangladesh

Interview with Sufferer of Contraceptive Shortage

Directives to the interviewers: Tell the objectives of interview to the respondent/ interviewee. Tell him/her that, the main subject of the study is to know about the problems faced due to non-availability of the family planning supplies. Tell him/her about the other issues that could come and the time needed for this. Assure him/her that their name and address will not be disclosed. Tell him/her that, all information provided will be kept confidential and shall not be used for any purpose other than this research study.

Sufferer of Contraceptive Shortage:	Pill= 1	Injection= 2	Condom= 3
-------------------------------------	---------	--------------	-----------

Personal Information of Interviewee	
Name of user	
Age	
Mobile number	
Name of Husband/Father/Wife	
Address of user	
FWA Unit No.:	
Ward No.:	
Village :	
Union :	
Upazilla:	
District:	
Division:	

Study Conducted for IPPF/FPAB

Study Conducted by:

Human Development Research Centre (HDRC)

Dhaka: March 2009

Section 2: Various problems regarding untimely supply of RH commodity			
201	Where do you get your RH commodity that you currently use?		
	FWA = 1, UHFWC = 2, UHC = 3, MCWC = 4, Satellite Clinic = 5		
202	How far is the RH supply center from your home, how long will it take?		
	1. How far the RH supply center from home? (km)	.....
	2. How long will it take? (Total trip) (Minute)	.....
	3. Transportation cost (up and down) (Tk.)	.....
203	How many times did you not get your RH commodity in time last year?		
	1. How many times did you not get your RH commodity in time last year?	.....
	2. No. of visits (more than 1) for getting the RH commodity.	.....
204	Did you change your current RH commodity due to untimely supply of RH commodity?		Yes = 1, No = 2
	1. Name of the changed method		
	Pill =1, Injection =2, Condom =3, Copper T= 4, Implant=5, Vasectomy= 6, Tubectomy =7, Withdrawal=8, Kabiraji=9, Safe Period Method=10		
	2. How many times did you change your RH commodity during the last 1 year?	.....
205	Due to non-availability/stock-out of the Family Planning method which problems/loss did you face, and which works couldn't you do/faced problem in work. And for this purpose how many hours did you loss and how many times suffered due to this physical/health/psychological/social/economic sufferings?		
	Problem/Loss/Sufferings	Whether suffered? Yes =1, No =2	How many hours suffered each time?
		How many times suffered	
A	Physical/health problems/loss		
1	Vomiting/Nausea	1 2	
2	Dizziness/Vertigo	1 2	
3	Only few drops of blood during menstruation/ Bleeding in between two periods	1 2	
4	Menorrhagia	1 2	
5	Lower abdominal pain in between two periods	1 2	
6	Dysmenorrhea	1 2	

7	Hypertension	1	2		
8	Mastalgia/ Feeling heaviness of breasts	1	2		
9	Cancer/Tumor in ovary	1	2		
10	Cancer/Tumor in uterus				
11	Unexpected pregnancy	1	2		
12	Burning sensation of the body	1	2		
13	Amenorrhea for 3 months	1	2		
14	Unexpected weight gain/loss	1	2		
15	Anorexia	1	2		
16	Facial pigmentation	1	2		
17	Acne	1	2		
18	Lower abdominal pain/uterine pain	1	2		
19	General weakness	1	2		
B	Psychological sufferings /problems/loss				
1	Anxiety/ Suspense	1	2		
2	Lassitude	1	2		
3	Fear of being pregnant	1	2		
4	Socially embarrassed due to pregnancy	1	2		
5	Insomnia	1	2		
6	Despondency	1	2		
		1	2		
		1	2		
C	Problems related to income generating activities				
1	Preparing crop field	1	2		
2	Preparing seed bed	1	2		
3	Taking care of crop	1	2		
4	Crop harvesting and processing	1	2		
5	Vegetables garden	1	2		
6	Raising poultry	1	2		
7	Raising livestock	1	2		
8	Selling goods in the market	1	2		
9	Working in the farm	1	2		
10	Non-farm activities (Rickshaw, shop, employment, Handicrafts)	1	2		
		1	2		
		1	2		
		1	2		
		1	2		

d.	Problems/loss in taking care of family members				
1	Cleaning home/surroundings/bed	1	2		
2	Washing dishes/clothes/invoking cloths	1	2		
3	Cooking	1	2		
4	Serving food/Entertaining guest	1	2		
6	Fetching water/collecting wood/fuel/ cleaning lamp	1	2		
7	Taking care of children (bathing/wearing clothes	1	2		
8	Treat the ill person	1	2		
		1	2		
		1	2		
e.	Social problem/Loss				
1	Participate in social activities/Club/ Seminar/Samity/participate in organization	1	2		
2	Take party in social justice	1	2		
		1	2		
		1	2		
		1	2		

**Note: * Handicrafts: Bamboo/Cain work/weaving/making net/reticulate bag/rope/
making/repairing items of clothing/embroidery**

206	Pregnancy due to unavailability of RH commodity? (If not pregnant skip to Q. 210)	Yes= 1, No= 2
207	Giving birth to child due to pregnancy from unavailability of RH commodity?	Yes= 1, No= 2
208	Giving birth to dead baby due to pregnancy from unavailability of RH commodity?	Alive=1, Dead =2
209	Abortion/MR?	Yes= 1, No= 2
210	Did you consult with any doctor when you faced health related problems?	Yes= 1, No= 2
211	Total cost on treatment	Taka
1	Doctor's Fee	
2	Medicine	
3	Diagnostic test	
4	Transportation cost	
5	Food	
212	What is the annual average (net) income of your household?	.....
213	Did you face any income loss due to untimely supply of RH commodity?	Yes= 1, No= 2
214	If yes, what is percentage of the loss of total income?	(...../.....)%

215	What are alternative measures when there is no supply of RH commodity? (multiple responses) (Don't prompt)	Code	
	Buy it from pharmacy	1	
	Buy it from another NGO	2	
	Switch to other RH commodity	3	
	Take no steps	4	
	I have no financial ability to take measures	5	
Recommendations		Yes= 1,	No= 2
216	Recommendations about resolving RH commodity problem (Do not prompt)		
1	Regular visit of FWA	1	2
2	Supply adequate RH commodity	1	2
3	Assign depot holder to store condom and pill	1	2
4	Train the employee	1	2
5	Organize regular BCC session	1	2
6	Increase the no. of field workers	1	2
7	Free distribution of RH commodity	1	2
8	Increase pill supply	1	2
9	Make some availability of injection	1	2
10	Provide injection without purchasing change	1	2
11	Supply pill checking expiry date	1	2
12	Supply condom checking expiry date	1	2
13	Make sure timely supply	1	2
14	Make sure whether FWA supplying the RH commodity correctly	1	2
15	Punish those who sell the RH commodity in outside market	1	2
16	Encourage taking permanent RH commodity	1	2
17	..... Others	1	2
		1	2
		1	2
		1	2
		1	2

Name of the Interview

Date: /03/ 2009

(Thank you)

DCI - 2

Study on Human and National Impact of RH Commodity Shortage/ Stock-outs in Bangladesh

FGD with Sufferers of Contraceptive (Pill/Injection/Condom) Shortage

FGD for Contraceptive Shortage : Pill Injection Condom

District.....
Upazilla.....

FWA Unit.....
Village.....

Name of Attendants:

Sl.No.	Name	Sufferer of Shortage
1		
2		
3		
4		
5		
6		
7		

Study Conducted for IPPF/FPAB

Study Conducted by:

Human Development Research Centre (HDRC)

Dhaka: March 2009

1. During the last one year, how many times did you not get your RH commodity in time (how many days did you suffer during each suffering)?
2. Where did you get your RH commodity (Pill/Injection/Condom)?
3. Please explain the problem that you have faced because of the stock-out of RH commodity. (Mention the number of hours lost during each stock-out)?
4. Please explain the physical suffering that you have faced because of the stock-out of RH commodity. (Pill/Injection/Condom)?
5. Please explain the mental suffering that you have faced because of the stock-out of RH commodity. (Pill/Injection/Condom)?
6. Please explain the social problems that you have faced because of the stock-out of RH commodity. (Pill/Injection/Condom)?
7. Do you have enough money to face the problem due to the unavailability/stock-out of the RH commodity?
8. Please tell your recommendations regarding the problem associated with the supply of RH commodity?

**Study on Human and National Impact of RH Commodity
Shortage/ Stock-outs in Bangladesh**

Discussion Meeting at DGFP Office

Name and Designation of Participants:

Sl. No.	Name of Officer	Designation of the Officer	Signature
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			

Study Conducted for IPPF/FPAB

**Study Conducted by:
Human Development Research Centre (HDRC)**

Dhaka: April 2009

Agenda of the Discussion Meeting

<ul style="list-style-type: none">• Identify major causes of stock-out/short-fall/inadequate supply and delayed supply of RH & FP methods/materials.
<ul style="list-style-type: none">• Identify nature of sufferings, duration and extent of damage/loss caused to individual users for – non-availability of RH/FP supplies on time.
<ul style="list-style-type: none">• Identify practical and sustainable measures to ensure uninterrupted supply of, availability and access to users – both continued and new/up-coming users.
<ul style="list-style-type: none">• Suggest a mechanism(s) for coordination and monitoring for procurement of RH & FP materials/requisites including forecasting of needs/demands and supply situation nation-wide.
<ul style="list-style-type: none">• Comment on the sufficiency of available funds from Development and Revenue budget for procurement of RH commodities, like Contraceptives, DDS kits, etc. and project your annual needs for the same.

Agenda # 1: Procurement by indent and without indent

1. Which RH- commodities and kits are procured on the basis of indent ?
2. Which commodities (RH-FP) are supplied without indent ?
3. Whether indent/demand note is required for procurement of MSR for vasectomy /NSV ?
4. In case, indent/demand note is not required for supply of MSR for vasectomy /NSV, Tubectomy, Copper-T, as a matter of routine, at what interval – days, months, supplies of MSR are received and then what is basis of supply in terms of quantity ?

Agenda # 2 : Anomaly in the supply and distribution line

5. In case of anomaly in getting timely supply of RH-FP commodities with indent, or without, for example – (a) if partial supplies are received, or (b) for Nil supply, what arrangements/steps are taken to tackle the situation?
6. If partial supplies are received, what are the problems you face?

Agenda # 3 : Sufferings for irregular supply

7. What are the inconveniences (sufferings) do the eligible couples (ELCOs)/ users face?
8. For reasons of stock-out/shortage/shortfall/delayed or irregular supplies of RH-FP commodities, if more birth take place, how would it affect the national economy ?

Agenda # 4: Monitoring System

9. In order to avert RH-FP commodity stock-out/shortage, do you have, in place, a Monitoring/Forecasting system or a Committee, and if so please say briefly about the same.
10. Through this system (monitoring/forecasting) how do you keep abreast national level managers/authorities to solve the problems ?

Agenda # 5: Commodities reported to be short of supply

11. Please mention number of times at least one of the commodity/commodities in question found short of supplies ? Mention its name ?
12. How did the programme suffer for shortage/stock-out of at least one method during the last year?
13. Can you please name other RH commodities which had shortage/stock-out (if any), during the last one year?
14. In case of stock-out, or shortage of RH commodity, during the last one year, please mention which item(s), how many times and at what quantity these were found short?

Name of Kits (DDS / EOC / STD/STI)	Name of Item	Stock out/ Shortage Times	Stock out/ Shortage Quantity
		.....to.....	.....to.....

15. Can the stock out or shortage be hampered due to delay in Procurement ?
16. Can the RH-Commodity Procurement delayed due insufficiency or delay in financing ?
17. Could the allocation in Revenue Budget make the procurement of RH Commodity & Contraceptives ?
18. What can be done to stop the Stock out/Shortage ?

Thank You

Study on Human and National Impact of RH Commodity Shortage/ Stock-outs in Bangladesh

CTO Be Filled up by Team Leader

Wage Rate Schedule

Village: -----

--	--

Union: -----

--	--

Upazilla: -----

--	--

District: -----

--	--

Sex ↓	Agriculture				Non-Agriculture			
	Peak Season		Off Peak Season		Peak Season		Off Peak Season	
	Daily Wage Rate (Taka)	Number of Months	Daily Wage Rate (Taka)	Number of Months	Daily Wage Rate (Taka)	Number of Months	Daily Wage Rate (Taka)	Number of Months
Male								
Female								

Study Conducted for IPPF/FPAB

Study Conducted by:

Human Development Research Centre (HDRC)

Dhaka: March 2009

Format for Collection of Data from FWA units

Name of the District: _____ Upazila/Thana: _____

Union: _____ Name of the FWA unit: _____

Subject: Data on the Number of Eligible Couple and FP Users (Average Yearly Figures has to be mentioned where the Reference Period is November 2007 to October 2008)

Number of Eligible Couple	
Number of FP Users	
Number of Modern Method Users	

Format

FP Method	No. of users during October 31, 2008	Whether Faced any Stock Out during the Reference Period Yes=1 No=2	Number of Times FWA faced Stock Out during the Reference Period	Approximate Number of People Affected due to the Stock Out
1	2	3	4	5
Pill				
Condom				
Injectables				
Copper-T				
Implant				
NSV				
Tubectomy				

Date of providing information:

Annex 2:

Members of the Study Team

Members of the Study Team

Consultants

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Administrative Support

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Field Team Leader

Md Nazrul Islam
Md. Ahsan Kabir
Md Masudul Hoque
Md. Robiul Islam
GBM Shaikhul Abedin
Md. Mizanur Rahman 2
Mizanur Rahman
Md. Mominul Hoque

Faijul Islam
Md. Selimuzzaman
Ashik Rahman
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A.N.M. Latif Ullah
Md. Kamal Uddin
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Quality Control Officer

Syed Zafor Sadek
Md, Mahfizul Izaz Mian

Sobur Khan
Md. Rowshan Ali

FGD Case Study, KII, Process Documentation, GD

Faruk Uddin
Md. Masum Uddin
Most Shirina Khatun
Susama Halder
Shrin Sultana

Ms. Farhana Rahman
Abdul Karim
Morzina Khatun
Nurun Naher
Parvin Akter

User Interview

Popy Khatun	Farzana Akter
Shafia Zerine	Ummekulsum (Shipo)
Tauhida Nasrin	Firoza Yeasmin
Mst. Shamima Yeasmin	Mst. Marzina Khatun 2
Kazi Aysa Siddika (Hasu)	Nusrat Sharmin
Lina Siddiquea	Liza Sultana
Suriya Ferdous	Sharmina Parvin
Shamim Ara	Momota Parvin Belly
Forsheda Begum Akanda	Ferdous Ara
Papia Sultana	Suma Akther
Masuda Begum	Doulot Ara (Munni)
Nasrin Akter (Poly)	Sayed Sultana Asa
Konak Lata Sarker	Afroza Begum Nilu
Ms. Rebeka Sultana	Tahmina Sultana

Data Entry Operator

Md. Nurul Islam	Md. Abdul Hamid
Junnun Hasan	Md. Abdur Rahim