

EVALUATION OF EMERGENCY CONTRACEPTION PROGRAMME

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The current population size of Bangladesh is over 150 million of which around 25 percent are women of reproductive age (15-49 years). Although knowledge of family planning methods among almost universal in married women of reproductive age and contraceptives are widely available, 56 percent of the married couples use some contraceptive method. Unmet need for family planning is high at 17 percent. Total fertility rate is 2.7 and 14 percent of pregnancies are unwanted due to method failure or unprotected sex. Therefore, about one-third of all births are unplanned. These women with unplanned pregnancies go for abortion and are aborted or done MR mostly by either untrained providers or by the women themselves under unhygienic conditions. These are risky and in many cases results in maternal morbidities and/or deaths.

Considering the situation of unwanted pregnancies, the Government of Bangladesh has introduced an Emergency Contraception Programme (EC programme) Bangladesh. The DGFP is implementing the EC programme through technical assistance by FRONTIERS (with USAID support) and financial support from UNFPA. In the Phase I (2003-2004), Emergency Contraceptive Pill (ECP) was introduced in Dhaka division, and in Phase II, it was introduced in the other five divisions of the country. Since 2006, the programme is being implemented nation wide. Since May 2009, around 1.6 million ECP were distributed. In addition, private sector directly procures ECP after approval from drug administration and sells it in the pharmacies.

After implementation of the EC programme, the effectiveness and efficiency of the programme was not known in respect of its rational distribution and use, in prevention of accidental/unwanted pregnancy, and in lowering abortion rate. The role of service providers in providing the correct information to the target population for use of ECP, its availability and distribution was also unknown. In this situation UNFPA decided to conduct 'Evaluation of the EC programme'.

Human Development Research Centre (HDRC) extends its gratitude to UNFPA for selecting them for conduction of the evaluation study through competitive bidding process. The accompanying 'Evaluation of the Emergency Contraception Programme' report has successfully been completed. We are highly indebted to UNFPA for supporting us throughout the whole process of evaluation.

The accompanying evaluation study report is the outcome of many challenging collective performances at different tiers in the Study Team. The appropriate designing and successful administration of the evaluation study would not have been possible without the commitment and dedication of all those who were involved in this process.

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Prof. Abul Barkat, Ph.D.
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&
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ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
BCC	Behavioral Change Communication
DCI	Data Collection Instrument
DGFP	Directorate General of Family Planning
EC	Emergency Contraception
ECP	Emergency Contraceptive Pill
FGD	Focus Group Discussion
FP	Family Planning
FPAB	Family Planning Association of Bangladesh
FS	Field Supervisor
FWA	Family Welfare Assistant
FWC	Family Welfare Center
FWV	Family Welfare Visitor
HDRC	Human Development Research Centre
HIV	Human Immunodeficiency Virus
IUD	Intrauterine Device
KII	Key Informant Interview
MCWC	Maternal and Child Welfare Centre
MWRA	Married Women of Reproductive Age
NGO	Non-Government Organization
PSU	Primary Sampling Unit
QCO	Quality Control Officer
TQM	Total Quality Management
UHC	Upazila Health Complex
UHFPO	Upazila Health Family Planning Officer
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UPHCP	Urban Primary Health Care Project

EXECUTIVE SUMMARY

Purpose

This evaluation study attempts to examine the effectiveness and efficiency of Emergency Contraception Programme in Bangladesh. This includes the rational use of Emergency Contraception Pill (ECP), strengths and weaknesses of the programme, and to forward recommendations to have a policy direction towards a sustainable Emergency Contraception Programme in future. It has also aimed to examine the knowledge and awareness of the MWRAs, ECP clients, and the ECP users about ECP and their access to it. This study has also aimed to analyze the current promotion and distribution mechanism of ECP, as well as client's profile and their attitudes and perception towards ECP.

Objectives and Brief Description of Intervention

Government of Bangladesh has introduced Emergency Contraception Programme in December, 2001. The Directorate General of Family Planning (DGFP) is implementing the EC programme through financial support from UNFPA. Since 2006, the programme is being implemented nationwide. In addition, private sector directly procures ECP after approval from drug administration and sells it in the pharmacies. The *objectives* of the evaluation are-

- To assess the knowledge, attitudes and practices/perception of the target population (ages 15-49) about ECP;
- To determine to what extent field-level health workers are capable of explaining the purpose of ECP use to the target population;
- To assess the rational use of ECP by the target population;
- To examine the perception of 'ECP clients' regarding relation between use of EC pill and the contraceptive methods;
- To analyze the performances of the field level health workers in promoting and distributing ECP;
- To assess the strengths and weaknesses of Emergency Contraception Programme; and
- To formulate recommendations on improving performance efficiencies/effectiveness of ECP.

Methodology

The target population of this study is Married Women of Reproductive Age (MWRAs), ECP clients, ECP users, Service providers, Community members, Pharmacists, and Unmarried girls. A representative sample size of respondents has been considered. Both quantitative and qualitative approaches have been adopted in the evaluation. Quantitative data have been collected through structured interview of MWRAs, ECP clients, and ECP users. For obtaining this, a two-stage stratified random sampling strategy has been used. Rural and Urban areas have been the two strata for this sample design. At the first stage, Primary Sampling Units (PSUs) have been chosen. For rural areas, *Upazila*, and for urban areas, *Ward* has been considered as the PSUs. Six districts have been chosen for data collection from 6 divisions. The final sample size has been estimated at 948 for the target group of *MWRAs* among whom 944 have provided full response. Among the 944 MWRAs, 156 ever heard of

ECP have been termed as *ECP clients*. In addition to the core sample of 948 MWRAs, a separate sub-sample of 65 ECP users has been drawn from 30 PSUs. The total number of *ECP users* interviewed was 157 with 92 from core sample (of 948 MWRAs) and 65 from special sub-sample. Qualitative data have been collected through Focus group discussions (FGD) with MWRAs and Unmarried girls, and Key informant interview (KII) with ECP Service providers, Community members, and Sells persons in Pharmacies (selling ECPs). A total of 52 Field staff including Field Enumerators, Field Supervisors, Quality Control Officers, FGD Moderators and Note-takers has been deployed for 14 days for this purpose.

Main Conclusions

Emergency Contraception Pill is still unknown to a predominant majority of the MWRAs who may need it anytime. Among the MWRAs, only 16% have ever heard of ECP (now onward termed as ECP clients), and 10% have ever used ECP. About 60% of the ECP clients and 78% of the users could correctly answer the appropriate time interval between unprotected sex and taking of ECP. Majority of them have first heard about it from Family Welfare Assistants (FWAs). Around 82% of ECP users have reported of using *Postinor-2*. Regarding source of supply, 50% of the ECP users reported of FWAs, and rest of them Family Welfare Visitors (FWVs), Pharmacy, and NGO health workers. However, 20% of ECP users are dissatisfied with its availability. One-fourth of ECP users reported of pregnancy even after taking ECP in proper doses during last one year. While asked for last 3 years, around 60% of the ECP users reported of unwanted pregnancy. Among those became pregnant, around 69% reported of spontaneous abortion, and 16% induced abortion and menstrual regulation (MR). There might be a high over-reporting of spontaneous abortion and under-reporting of induced abortion by the respondents here because of the fact that, induced abortion is still a hidden subject in the current socio-cultural context of Bangladesh. The service providers, on an average, have more than 3 years of working experience in providing ECP services. Two-thirds of them have special training on ECP. On average, Upazila Health Complexes (UHCs) supply ECP to 6, Maternal and Child Welfare Centers (MCWC) to 15, FWAs to 2, and non-government organization (NGO) providers to 12 clients per month. The service providers were found aware of timing and dose of ECP. Around two-thirds of the service providers reported that they charge Tk. 8 (eight) for 2 ECP that is supposed to be supplied free of cost. Regarding wide availability of ECP in all the pharmacies their attitude was very much positive. One-fourth of the service providers reported that their performance is monitored. Half of the community members informed of taking ECP for prevention of unwanted pregnancy. Most of them do not support that ECP may promote promiscuity among the young generation. Among the salespersons of pharmacies selling ECP only 1 in 6 has any special training on ECP. They sell one *Postinor-2* tablet at Tk. 47, *Emcon* at Tk.26, and *i-pill* at Tk. 48. No agency is monitoring their performance of ECP. Most of the unmarried girls are unaware of ECP. However, after hearing of it during FGD they asserted to suggest it to their friends and neighbors.

Recommendations

The evaluation team makes the following recommendations in order to mitigate the obstacles and make the programme a success.

1. EC programme should put more thrust on BCC on ECP without any further delay. MWRAs below 24 yrs., housewives and those of low educational status should be targeted.
2. Government facilities should supply ECP regularly.
3. All the service providers should be trained on dose, timing, and other issues of ECP.
4. Any price charged for on ECP by the GOB service providers should be strictly monitored.
5. Radio, television, courtyard meetings, satellite clinics and posters should be used for dissemination of message on ECP.
6. Client-oriented materials and guidelines for service providers on ECP should be developed and distributed.
7. Pharmacies at grass root level should be encouraged to sell ECP for wide availability of it.
8. Pharmacies should keep ECP uninterruptedly to meet demand of the users.
9. All the Salespersons of Pharmacies selling ECPs should be trained to provide proper information on ECP.
10. Pricing of ECP supplied through government channels should be followed by studies on demand for ECP and ability of the ECP users to pay for it.
11. The same brand of ECP distributed through government facilities/ providers should not be allowed to sell in pharmacies.
12. ECP distribution, selling and its rational use should be monitored regularly by central and district authorities.
13. The pharmacies selling ECPs should be brought under monitoring control of EC programme.
14. Husbands of MWRAs should be informed and motivated to use ECP for their wives in case of need.
15. Unmarried girls should be informed of ECP where ever possible.