Access to family planning (FP) commodities saves the lives of women and their children by allowing women to delay, limit, and time and space pregnancies in a healthy manner. Recognizing this, the Government of Bangladesh (GoB) has made significant progress in increasing access to family planning methods over the past decade. From 2001 to 2011, the total fertility rate decreased by 23%, from 3.0 to 2.3 births per woman and the percentage of married women with an unmet need for FP decreased from 17% to 14%. Similarly, the maternal mortality ratio decreased by 40% from 322 to 194 maternal deaths per 100,000 live births during the same time period.

To continue this progress, GoB, as part of the Family Planning 2020 global partnership, has further committed to increasing adolescent-friendly sexual reproductive health and family planning services, providing them at one-third of maternal, newborn, and child health centers and reducing the total fertility rate to 2.0 by 2016 and 1.7 by 2021. However, to meet these targets, ensuring access to family planning commodities to women and their partners is essential.

In 2013, the GoB, through support from donors including the US Agency for International Development (USAID), invested over 35 million US dollars (USD) on family planning commodities.

### SIAPS Works to Improve Access to Contraceptives

Ensuring access to life-saving family planning methods requires strengthening the national supply chain system so that quality products are available when and where they are needed. Since 2011, the USAID-funded Systems for Improved Access to Pharmaceuticals and Services (SIAPS) Program has been employing a systems approach to pharmaceutical supply chain management that includes:

- Strengthening governance of supply chain functions within the Directorate General of Family Planning (DGFP)
- Reforming procurement systems and streamlining procurement processes
- Building the capacity of supply chain managers and storekeepers
- Increasing the availability of data for decision making

This investment led to more than USD 28 million in savings in direct health care spending by preventing:

- 760,016 unintended pregnancies
- 498,996 live births
- 948 maternal deaths
- 6,565 deaths among children under 5 years of age attributable to sub-optimal birth spacing

Why Invest in Systems Strengthening Approaches to Supply Chain Management?

A recent analysis of the LMIS data showed a reduction of stock-outs of IUDs and implants as well as a continuous supply of condoms, oral pills, and injectables at DGFP warehouses from 2011 to 2013. Similarly, stock-outs of family planning commodities at upazila stores have been reduced by 85% since 2009.

Increasing availability of family planning commodities requires a systems approach that generates an efficient and responsive supply chain. This begins with evidence-based forecasting and supply planning of essential commodities, efficient and timely procurement processes, and effective logistic management information systems that make data accessible to decision makers so that medicines are available where and when they are needed.

Table 1. Health Impacts of Investing in Family Planning Commodities

<table>
<thead>
<tr>
<th>Total FP commodities distributed to service delivery points</th>
<th>Condoms</th>
<th>Oral pills</th>
<th>Injectables</th>
<th>IUDs</th>
<th>Implants</th>
<th>Population growth rate for women (age 15-49)</th>
<th>Unintended pregnancies averted</th>
<th>Unintended live births averted</th>
<th>Maternal deaths averted</th>
<th>Child (under 5) deaths averted due to birth spacing</th>
<th>Direct healthcare costs savings (USD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>126,750,000</td>
<td>109,690,000</td>
<td>13,750,000</td>
<td>274,346</td>
<td>257,973</td>
<td>1.8%</td>
<td>1,014,601</td>
<td>666,147</td>
<td>1266</td>
<td>8,764</td>
<td>$38,400,000</td>
</tr>
<tr>
<td>2012</td>
<td>135,540,000</td>
<td>109,210,000</td>
<td>13,790,000</td>
<td>285,547</td>
<td>254,388</td>
<td>1.7%</td>
<td>895,774</td>
<td>588,129</td>
<td>1117</td>
<td>7,737</td>
<td>$33,900,000</td>
</tr>
<tr>
<td>2013</td>
<td>144,030,000</td>
<td>106,130,000</td>
<td>13,660,000</td>
<td>263,020</td>
<td>274,192</td>
<td>1.6%</td>
<td>760,016</td>
<td>498,996</td>
<td>948</td>
<td>6,565</td>
<td>$28,700,000</td>
</tr>
</tbody>
</table>