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Strengthening Health Outcomes
through the Private Sector

Integrating post-partum family planning services in the private facilities of Bangladesh

Dr. A.S.A. Masud
Country Representative, SHOPS Bangladesh
asa_masud@shopsproject.com

www.shopsproject.org

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Banyan Global
Jhpiego
Marie Stopes International
Monitor Group
O'Hanlon Health Consulting

Life Cycle Approach: Addressing PFP

“We are in a time of revitalization of family planning...the time is right to look at important high impact practices in the postpartum area.”

Scott Radloff,
Director, USAID Office of
Population and Reproductive Health

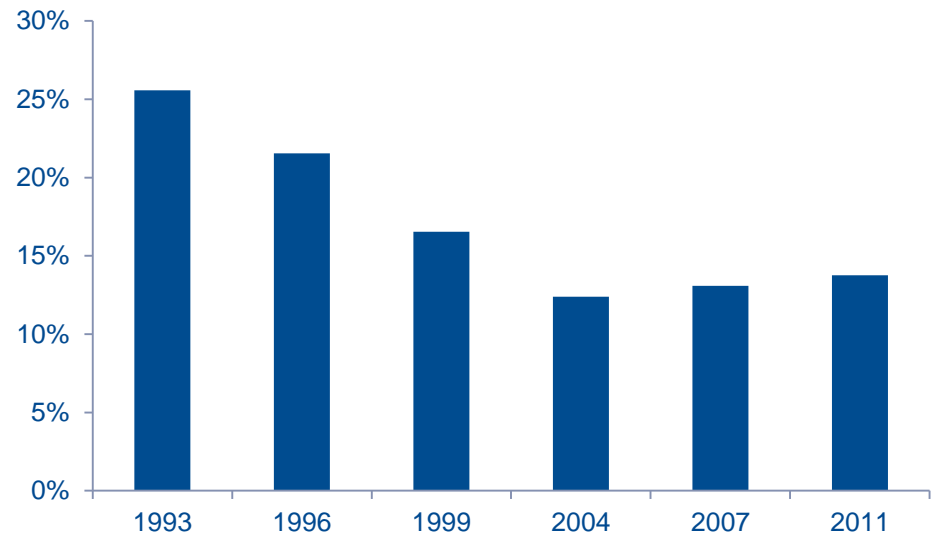


FP Counseling and screening during an ANC visit to a private teaching hospital in Dhaka, Bangladesh

Rationale for PFP in Bangladesh

Contraceptive prevalence is 61%, 52% for modern methods; but LA/PM use has been in steep decline for 20 years

Percentage of all married couples using any method who are currently using an LAPM

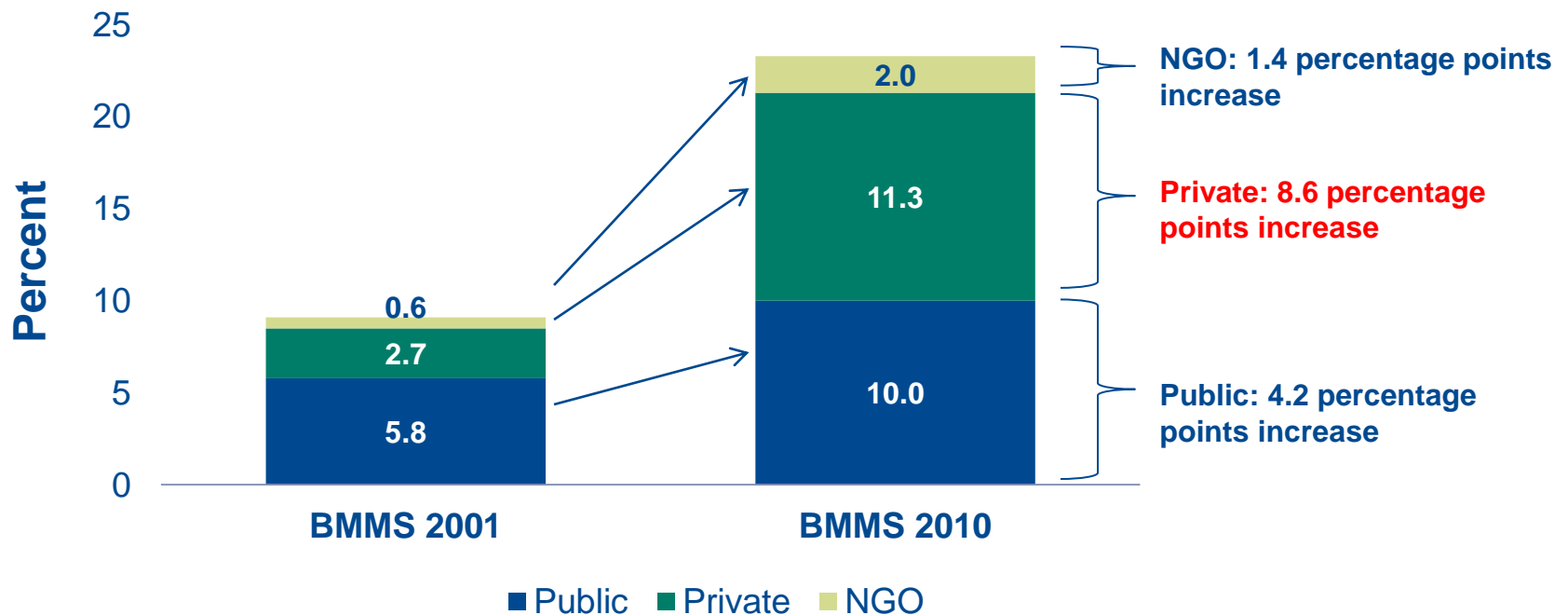


Rationale for PFP in Bangladesh

- 44% have an unmet need for PP family planning
- 32% of all pregnancies occur within 24 months of a previous birth.
- Closely spaced pregnancies within the first year postpartum are the riskiest for mother and baby
- Postpartum women may not realize they are at risk of pregnancy even if they are breastfeeding

Increase in deliveries at private sector facilities

Deliveries in Public, Private, and NGO Facilities, 2001 and 2010



Total deliveries at facilities = 23%

SHOPS Model: Increasing access to PFP

- Engages private sector – where women are increasing delivering – to extend access to important family planning services through a sustainable, integrated service delivery model.
- Designed to address barriers to private sector provision of LA/PMs identified through SHOPS assessment, 2011 :
 - Training
 - Product supply
 - Demand for services in private sector
 - Regulations and policies
 - Provider biases/perception

SHOPS Model: Joint Initiative of Partners

Working with strategic partners:

- Social Marketing Company – Supply of products
- Engender Health Mayer Hashi project – training of private hospitals
- AITAM – local NGO – training of private medical schools
- OGSB -- Ob-Gyn Society of Bangladesh – support to Quality Assurance
- USAID and Government – support to relationship building and trouble shooting

SHOPS Model: Careful selection of partners based on important criteria

Facilities providing 100 or deliveries per month

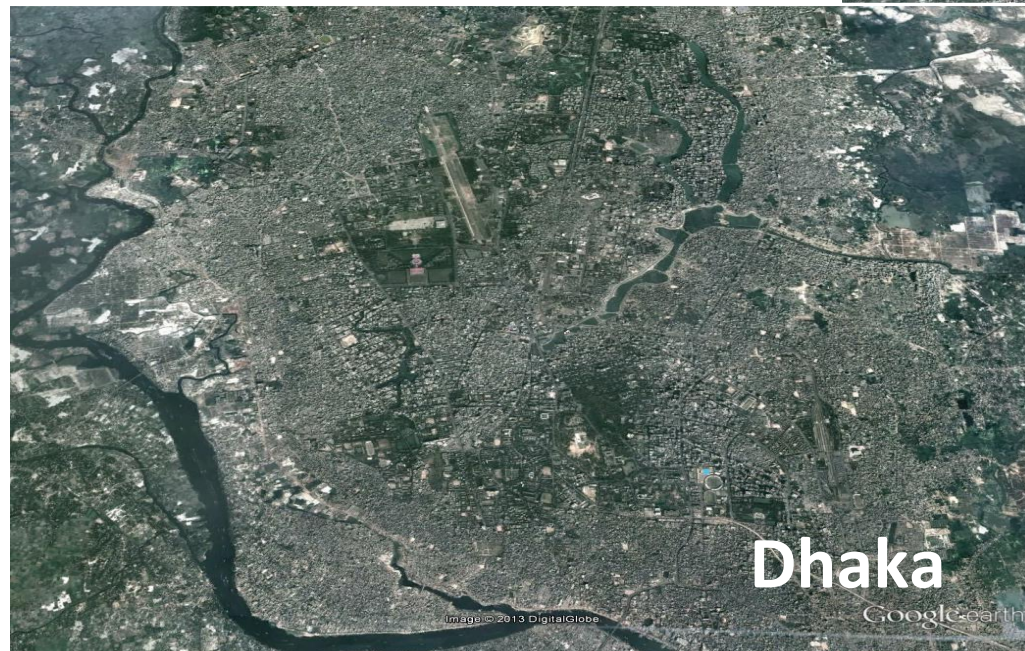
Meet requirements for providing each method

Willing to invest in delivery of PFP services



30 private independent hospitals

20 Large teaching hospitals (500+ beds)



SHOPS Model: Customized Support to Partner Hospitals

- Negotiate and sign MoUs with all facilities detailing specific needs of each
- The training is customized & focused on skills transfer
- TOTs of provider/teachers at medical colleges
- Integrated MCH-FP health counseling
- Quality assurance system is integrated



Maternity ward of a private hospital in Dhaka

SHOPS Model: Customized Support to Partner Hospitals

- Product supply based on client flow
- Support to business planning and management
- Facilitate performance reporting
- Integrated marketing support to increase demand for LA/PMs from private providers:
 - Marketing and Community Mobilization Officer embedded in each facility for additional counseling capacity, and building referral networks
 - Creation of private FP information centers
 - Method specific printed promotional materials



Marketing and Community Mobilization Officer in front of method specific posters at a hospital she supports

Lessons learned: Private Independent Hospitals

- Ongoing dialogue required for effective relationships and commitment from owners
- Close contact and monitoring in every step starting from engagement to service delivery
- Ob/Gyns recognizes the importance of these services but have limited time
- Junior graduate doctors have time, but don't recognize the importance
- Biases towards LA/PM methods among providers must be addressed carefully



ObGyns from a private hospital trained in and providing LA/PMs through the SHOPS model

Lessons Learned: Private Medical College Hospitals

- Created practicum opportunities for student and interns
- Skill transfer process among providers initiated
- Performances depends on owners and ob-gyns attitude towards program
- Government prompting is needed to introduce FP services in the private medical colleges



Graduate nurse training in LA/PM methods in private medical college

Challenges of PFP

- Integrated counseling services for reproductive health during ANC/PNC
- Creating an able and willing health workforce
- Raising community awareness and demand for services
- Addressing FP at all client contacts during maternal and child care

Sustainability

- Integrated services within the Ob-Gyn department
- Integrated counseling, marketing, supply, Q-A, reports
- Availability of training for private providers
- Continuing back stopping by OGSB for Q-A
- Functioning private source of supply for FP



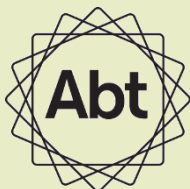
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