



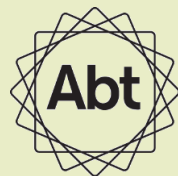
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# Enabling Private Facility Investment in LA/PM through an Integrated Model

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**March 4, 2014**



**SHOPS is funded by the U.S. Agency for International Development.**

**Abt Associates leads the project in collaboration with:**

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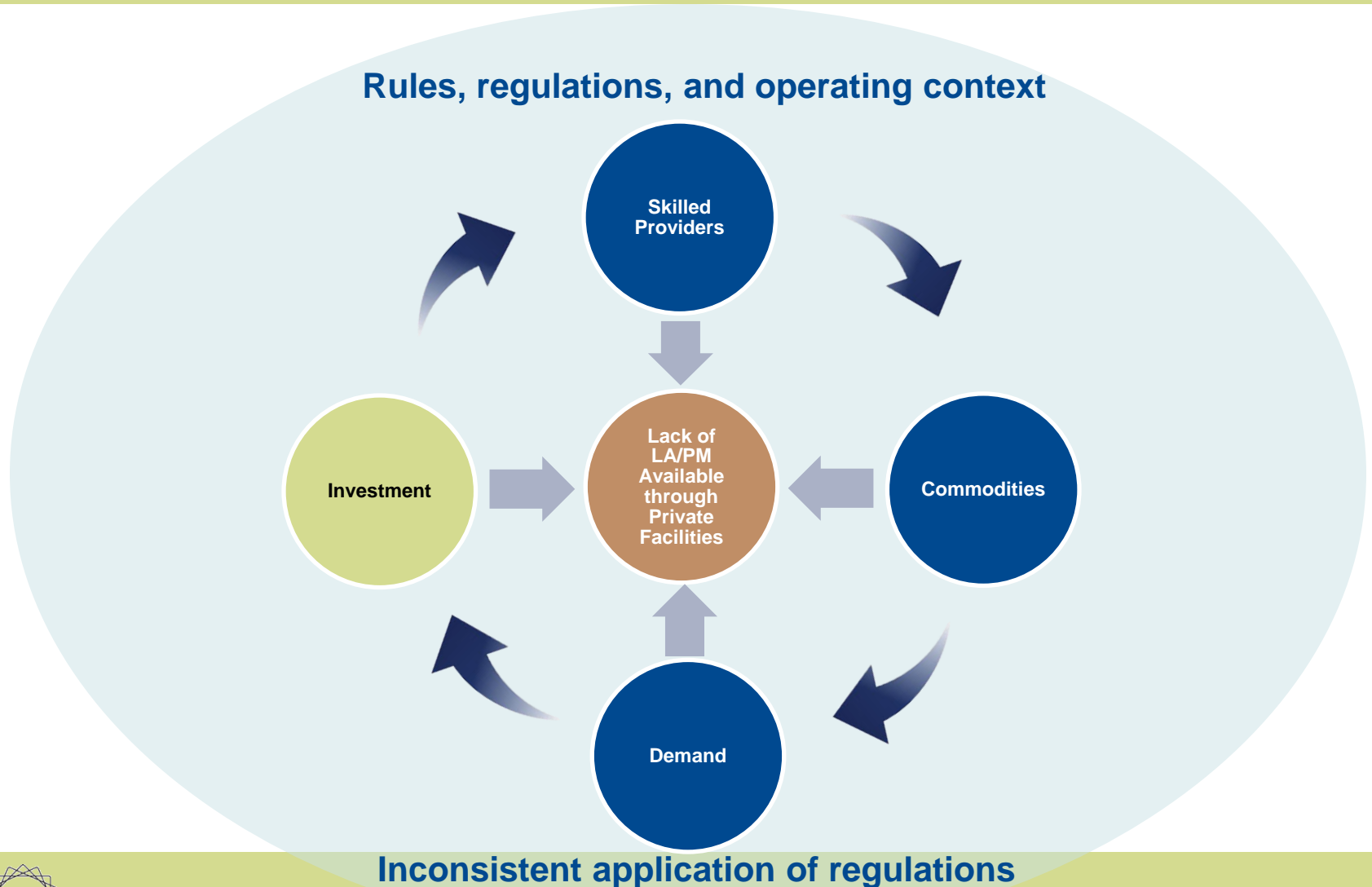
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# Barriers to LA/PM Provision in Private Facilities



# Barriers to Private Facility Investment in LA/PM

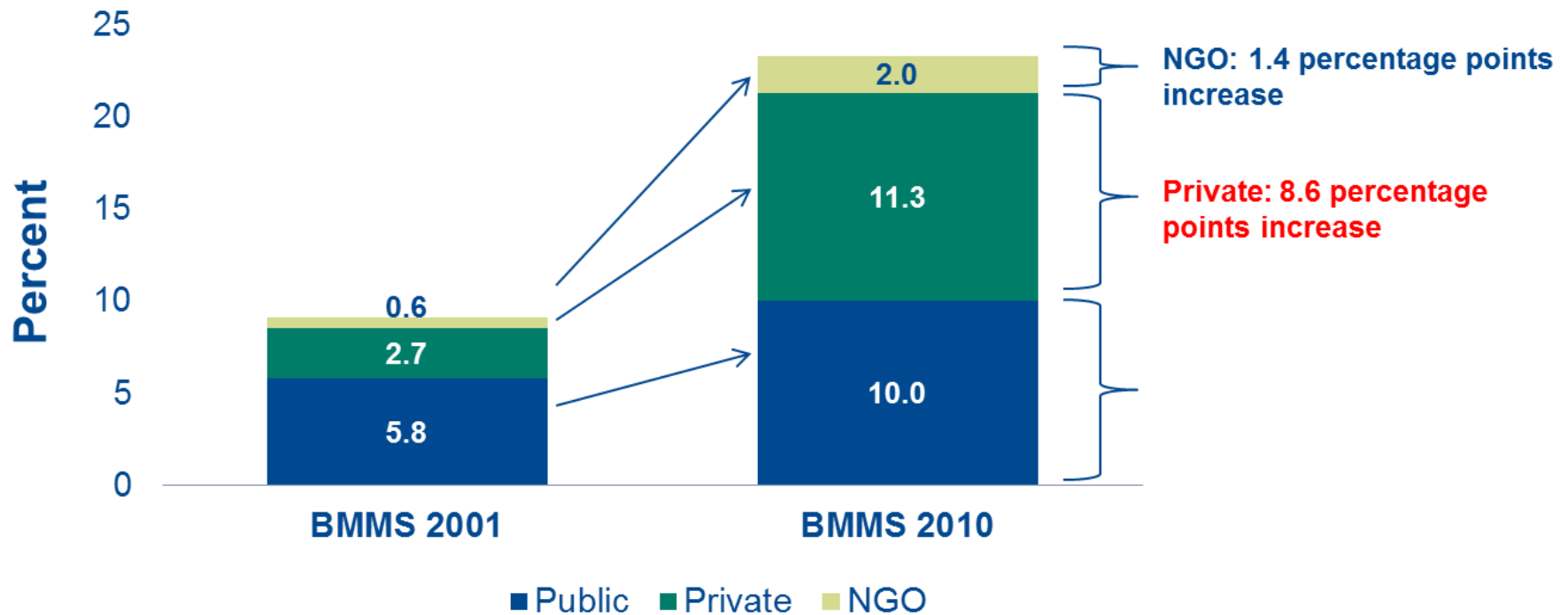
- Lack of understanding of required investments
  - Human resources
  - Clinic space
  - Government interaction
- Marketing and demand to support investments
- Decision making can be complex in private facilities

# The Case for an Integrated Model

- 52% modern CPR rate, 61 total
- 13% of total CPR is LA/PM, down from 30% in 1991
- Ante and post natal care offer a good opportunity for FP integration
- Ante and post natal care are increasing, private sector provides more than half of all ANC visits

# The case for an Integrated Model

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



# Approach: Design an Integrated Service Delivery Model that Lowers the Start-up Investments Required



# Integrated Service Delivery Model

- Private for-profit hospitals and medical college affiliated hospitals
- Providing 100+ deliveries per month
- Previously provided very few LA/PMs but experienced with short-acting methods
- Assessed: 80+, 50 MOUs, 37 engaged in the integrated model and providing services
- Working with owners/chairs, senior administrators, department heads, senior ob/gyns, nurses and marketing staff

# Integrated Service Delivery Model

## Adapted training for provider skills

- ObGyns, Graduate Docs and Nurses: method modules, infection prevention, balanced counseling

## Marketing

- Embedded agents and communication materials





# Integrated Service Delivery Model

## Supply

- Ensured through interim social marketing source

## Quality assurance

- Focal point, integrated to facility's existing systems

## Reporting

- Simplified reporting system to feed MOH/DGFP MIS

## Business and management planning

- To operationalize the model



# Approach: Treat Each Facility as a Unique Health Business with Its Own Needs and Issues



# Approach: Operationalize the Model at All Levels



# Experience and Lessons

- As of September 2013, 37 facilities are providing IUDs, implants, and tubectomies
- All facilities have made the necessary investments
- Range of experience depending on time they've spent with the model

# Experience and Lessons

- Lack of investment due to context and perceptions issues
- Flexibility in the design of the model essential
- Working through a customized approach is time consuming

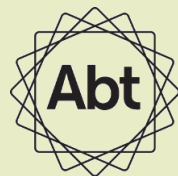


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# Thank You

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