Postpartum Family Planning in Bangladesh: Achievement of Mayer Hashi II

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**SIGNIFICANCE**

- While the Government of Bangladesh has been working to reduce unmet need for family planning (FP) for decades, there has been little emphasis on postpartum interventions. With more than a third of deliveries in Bangladesh performed in health facilities, postpartum family planning (PPFP) represents an important opportunity for reducing unmet FP need.
- EngenderHealth recognized and built upon this opportunity through the USAID-funded Mayer Hashi-II project by working in collaboration with the central government to introduce critical PPFP policies and with public and private health facilities to build the capacity of local providers to provide quality PPFP services.

**METHODOLOGY**

EngenderHealth’s Mayer Hashi II project works at the national level and at the sub-national level in 41 of 65 districts in Bangladesh. Specifically, EngenderHealth:

- Leads policy advocacy efforts for key PPFP issues
- Provides PPFP clinical training for intrauterine device insertion and removal and female sterilization
- Develops and orients healthcare providers to job aids to improve PPFP counseling
- Supports posttraining follow-up and quality assurance visits to reinforce learning, provide additional coaching, monitor clinical performance, and ensure informed consent and voluntarism

**RESULTS**

**Direct Results (Actual) – 2014-2017**

- 879 healthcare providers received PPFP clinical training
- 370 health facilities strengthened to offer PPFP services
- 65,722 women received PPFP methods
- # of facilities providing PPFP increased from 111 to 370
- 2 PPFP policies approved:
  1. Use of implants and progestin-only pills for immediate PPFP
  2. Provision FP counseling during all antenatal, postnatal, and immunization sessions
- 98,734 unintended births averted
- 210,413 abortions averted
- 157 maternal deaths averted
- 1,299 child deaths averted
- 686,382 couple years protection
- 119,062 disability-adjusted life years averted
- $14.8 million of direct health costs saved

**Indirect Results (Estimated) – 2014-2017**

- 2 PPFP policies approved:
  1. Use of implants and progestin-only pills for immediate PPFP
  2. Provision FP counseling during all antenatal, postnatal, and immunization sessions
- PPFP integrated into the Ministry of Health and Family Welfare’s central planning
- PPFP included in the public sector program (2017-2022)
- National PPFP Action Plan developed

**IMPLICATIONS AND LESSONS LEARNED**

- The project demonstrated success in building clinical and counseling capacities of public sector health providers in order to expand access to PPFP services and contributed to a notable increase in PPFP uptake. This approach could be replicated in other public sector facilities to further expand access and increase FP uptake in additional districts.
- Recognizing the prevalence of deliveries in private sector facilities (37%), targeted efforts with the private sector are also critical for expanding PPFP access.
- The training offered limited opportunities for clinical practice, which impacted provider capacity and confidence levels. Posttraining follow-up support is critical to improving quality PPFP service delivery.
- Further efforts to improve counseling quality at various points of service—including antenatal care, delivery, postnatal care, and childhood immunization visits—are necessary to amplify results achieved through Mayer Hashi II.