

Postpartum Family Planning in Bangladesh: Achievement of Mayer Hashi II

Authors: Shahana Rahman, Bushra Abbasi, Rajatangshu Saha, and Md Mahabub Ul Anwar

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



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RESULTS

Direct Results (Actual) – 2014-2017



879 healthcare providers received PPFP clinical training
7,022 healthcare providers received PPFP counseling orientation



370 health facilities strengthened to offer PPFP services
of facilities providing PPFP increased from 111 to 370



65,722 women received PPFP methods
PPFP acceptors increased from 3,208 to 37,409

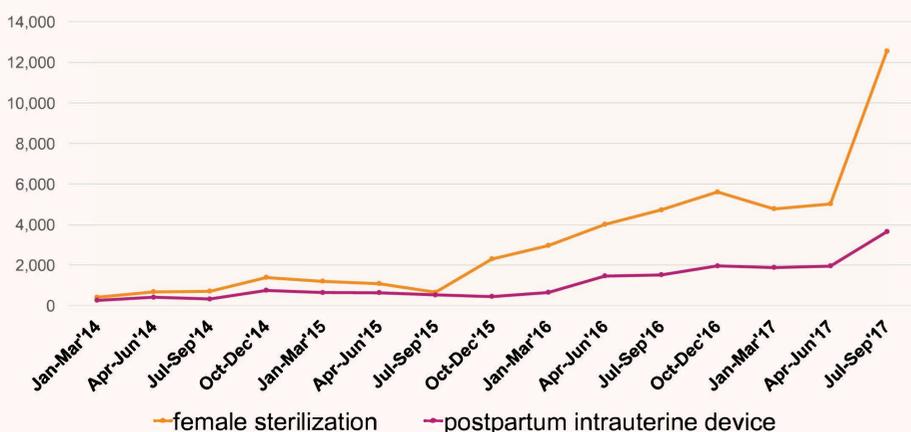


2 PPFP polices approved:
(1) Use of implants and progestin-only pills for immediate PPFP
(2) Provision FP counseling during all antenatal, postnatal, and immunization sessions



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

Postpartum FP Method Uptake



Indirect Results (Estimated) – 2014-2017



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

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.



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