

BANGLADESH POSTPARTUM FAMILY PLANNING (PPFP) NATIONAL ACTION PLAN

Postpartum Family Planning: Definition and Rationale

Postpartum family planning (PPFP) is “the prevention of unintended pregnancy and closely spaced pregnancies through the first 12 months following childbirth”. PPFP programs should also undertake strategies for continuing contraception, or effective switching, during the second and subsequent years after birth, depending on woman’s desire to space or limit future pregnancies (WHO 2012).

Globally, FP is recognized as a key life-saving intervention for mothers and their children (WHO 2012). PPFP has an important role to play in strategies to reduce the unmet need for FP. Postpartum women are among those with the greatest unmet need for FP. Yet they often do not receive the services they need to support longer birth intervals or reduce unintended pregnancy and its consequences. PPFP addresses the needs of those who wish to have children in the future (referred to as ‘spacers’), as well as those who have reached their desired family size and wish to avoid future pregnancies (referred to as ‘limiters’). FP can prevent more than 30% of maternal deaths and 10% of child mortality if couples space their pregnancies more than 2 years apart (Cleland et al. 2006). More recent research has shown that spacing of at least three years between the beginning of one pregnancy and a subsequent pregnancy has optimal health benefits for the mother and newborn.

Background

In 2002 a special program was taken to start immediate PP tubectomy with C/section and normal vaginal delivery at 16 Ministry of Health and Family Welfare (MoHFW) facilities of 8 districts of the Directorate General of Health Services (DGHS) and the Directorate General of Family Planning (DGFP). EngenderHealth Bangladesh (EHB), with funding from USAID. Obstetrical and Gynecological Society of Bangladesh (OGSB) provided technical assistance. But, this initiative was not scaled-up due to lack of initiatives from the stakeholders, and conflicting priorities, and the problematic flow of funds and logistics between DGFP and DGHS. Coordination of efforts was a challenge.

In December 2008 EngenderHealth Bangladesh with funding from USAID organized a training of trainers (TOT) on postpartum IUD and tubectomy for the providers of Ad-Din Hospitals and EngenderHealth program staff. This was the first systematic effort to initiate immediate postpartum IUD services. Key stakeholders for this initiative were DGHS, DGFP, private sector, EngenderHealth and USAID. This initiative was scaled-up with the interest of both wings of the Ministry of Health and Family Welfare (MOHFW) and USAID funding. By April 2009, the PPFP program had been scaled-up in three private sector and four public sector District Hospitals. Increasing interest was shown by MOHFW and other stakeholders to scale-up the PPFP program.

During the period of May 2009 to September 2013, the PPFP program including IUD and tubectomy was scaled-up in 104 public, private and NGO facilities with of key stakeholder interest and USAID funding. Key stakeholders involved were DGHS, DGFP, private sector, EngenderHealth, USAID, OGSB, as well as other partners. In July 2009, the **DGFP** agreed to initiate immediate PPFP (IUD and Tubectomy) in 40 additional Government facilities with TA from Mayer Hashi Project implemented by EHB and funded by

USAID. Later on, the DGHS also agreed to integrate PPF in all of its XX maternity service centers and in February 2010 issued a circular to do so. By 2013, PPF had been scaled-up in 5 Medical College Hospitals, 24 District Hospitals, 24 Maternal and Child Welfare Centers (MCWC), 7 Sub-district level facilities for a total of 60 public facilities, and 53 private hospitals and clinics, for a total of 113 facilities, exceeding the goal of 104. PPF was included in their annual Operation Plans of the DGHS and DGFP. But, challenges with coordinating efforts remained.

In 2013, UNFPA joined with the DGHS, DGFP and EngenderHealth to scale-up PPF in the XXX public and XX private facilities in Maternal and Neonatal Health Initiative (MNHI) Project districts. To date, PPF has been scaled-up in XX facilities and by the end of 2015 will have developed plans to scale-up in all XXX facilities in the UNFPA supported 13 MNHI districts. Stakeholders involved in this initiative are DGHS, DGFP, private sector, UNFPA and EngenderHealth.

Accelerating Access to PPF in Sub-Saharan Africa and Asia: a Global FP2020 Meeting held at Chiang Mai, Thailand

During June 7-11, 2015, FP2020 and Jhpiego convened the Global Postpartum FP meeting at Chiang Mai, Thailand, attended by 172 participants from 16 countries. The title of the meeting was “Accelerating Access to Postpartum Family Planning (PPF) in Sub-Saharan Africa and Asia”. One of the objectives of this workshop was to develop a PPF National Action Plan for scaling-up postpartum family planning services in the participating countries. Following are the names of the nine-member team from Bangladesh who attended the meeting:

1. Dr. Nasreen Zaman, Deputy Program Manager (DPM), CCSDP, Directorate General of Family Planning (DGFP)
2. Dr. Lutful Kabir, Assistant Director, Clinical Contraception (ADCC), DGFP, Dhaka
3. Dr. Azizul Alim, DPM, Directorate General of Health Services (DGHS) (he could not ultimately attend the meeting)
4. Dr. Samina Choudhury, Project Management Specialist, OPHNE, USAID Bangladesh
5. Dr. Abu Sayed Mohammad Hasan, Technical Officer-Family Planning, UNFPA Bangladesh
6. Dr. Abu Jamil Faisal, Country Representative, EngenderHealth Bangladesh
7. Dr. Reena Yeasmin, Senior Director, Marie Stopes Clinic Society, Bangladesh
8. Dr. Nahid Chowdhury, Adolescent Sexual and Reproductive Health/Family Planning (ASRH/FP) Advisor, NGO Health Services Delivery Project (NHSDP), Pathfinder
9. Dr. Youssef Tawfik, Senior. Advisor, MaMoni Health Systems Strengthening Project, Jhpiego

Based on the objective of the meeting a Draft National PPF Plan was developed by the Bangladesh team members who attended the Chiang Mai Global PPF meeting.

Draft National PFPF Action Plan

The Draft Action Plan was developed based on the template provided at the Global PFPF meeting.

Activity/Tasks	Primary person responsible	Secondary person responsible	Deadline	What problem do you anticipate? What will you do when you encounter any problem?
A. PFPF NATIONAL ACTION PLAN DEVELOPMENT:				
1. Convene preparatory meetings with DGFP and DGHS	Bangladesh PFPF Team	Bangladesh PFPF Team members	30 June 2015	DG of DGFP needs to be briefed and get official circular to form PFPF Team
2. Ask DG of DGFP to constitute a PFPF Working Group to develop National PFPF Action Plan	Chair and Co-Chair of the PFPF Working Group	Bangladesh PFPF Working Group members	15 July 2015	DG of DGFP needs to be briefed and get official circular to form PFPF group
3. Develop Draft National PFPF Action Plan	Chair and Co-Chair of the PFPF Working Group	Bangladesh PFPF Working Group members	30 July 2015	Conflicting work obligations of the PFPF team members
4. Circulate the Draft National PFPF Action Plan to different stakeholders to obtain feedback	Chair and Co-Chair of the PFPF Working Group	Bangladesh PFPF Working Group members	30 July 2015	Obtaining feedback does not happen on time. As such discussion meeting is one of the ways of getting feedback.
5. Present the draft plan in front of DG of DGFP, DG of DGHS, various DGFP and DGHS Directors, and other stakeholders	Chair and Co-Chair of the PFPF Working Group	Bangladesh PFPF Working Group members	30 Aug 2015	Conflicting priorities of the DG of DGFP, DG of DGHS, and other stakeholders
6. Get the Draft National PFPF Action Plan approved by the MOHFW	Chair and Co-Chair of the PFPF Working Group	Bangladesh PFPF Working Group members	30 Aug 2015	Conflicting priorities of the MOHFW

Activity/Tasks	Primary person responsible	Secondary person responsible	Deadline	What problem do you anticipate? What will you do when you encounter any problem?
7. Circulars issued by DGFP and DGHS to all relevant providers to start implementing the Action Plan.	Chair and Co-Chair of the PFPF Working Group	Bangladesh PFPF Working Group members	30 Sep. 2015	Conflicting priorities of the two Directorates
B. DISCUSSION AND APPROVAL OF NATIONAL POLICY, GUIDELINES, AND ADVOCACY:				
8. Write a letter to the DG of DGFP, DG of DGHS and the Chairman of the NTC requesting a NTC meeting be called to discuss and approve two policy issues: 1) approval of Implant as an immediate PFPF method and 2) integrating PFPF discussion in all ANC, PNC and immunization services	Chair and Co-Chair of the PFPF Working Group	Bangladesh PFPF Working Group members particularly EHB	30 June 2015	Conflicting priorities of the PFPF team members
9. Convene a meeting of the NTC to approve policy use Implant as immediate PFPF method (as per latest WHO MEC).	Director MCH/DGFP, Member Secretary of NTC	Bangladesh PFPF Working Group members particularly EHB	31 Junly-15	Conflicting priorities of the NTC chairman, the DG of DGFP Need to ensure availability of DGHS representative at the NTC meeting.
10. Once NTC approval use of Implant as an immediate PFPF method is granted:	Director MCH, Member Secretary of NTC	Bangladesh PFPF Working Group members	31 July-15	Conflicting priorities of the NTC chairman, the DG of DGFP
a) Minutes of the NTC meeting circulated indicating approval of use of Implant as immediate PFPF method	Director MCH, Member Secretary of NTC	Bangladesh PFPF Working Group members	15 August-15	Conflicting priorities of the Director MCH-S

Activity/Tasks	Primary person responsible	Secondary person responsible	Deadline	What problem do you anticipate? What will you do when you encounter any problem?
b) Translate the NTC minutes from English to Bangla and circulate	Chair and Co-Chair of the PFPF Working Group	Bangladesh PFPF Working Group members	31 August-15	
11. Update the Medical and Social Eligibility Criteria (M&SEC) in the National Family Planning Manual (as per latest WHO MEC)	Director MCH-S and Line Director, CCSDP, DGFP	FP Manual Review Committee, OGSB	July 2016	Delay in organizing meetings of the National FP Manual Review Committee.
a) Circular signed by the DG of DGFP with the changes in the M&SEC of the National FP Manual issued and sent to all concerned working at DGFP and DGHS sites.	Line Director, CCSDP, DGFP	Bangladesh PFPF Working Group members	August 2016	Conflicting priorities of the Line Director, CCSDP
12. Advocate for implementation of the updated policy and guidelines	Director (MCH-S), LD, CCSDP of DGFP; Director Hospitals, and Director PHC of DGHS Bangladesh PFPF team coordinator	UNFPA, USAID, EngenderHealth Bangladesh, Ma Moni HSS Project, Marie Stopes, NHSDP and OGSB	August-15 to Jul-16	Conflicting priorities of the Director (MCH-S)/Line Director, CCSDP
C. GENERATE USER DEMAND FOR PFPF SERVICES INCLUDING BCC:				
13. Advocate to avail every opportunity for PFPF counseling is pursued (newlyweds before 1 st pregnancy, every ANC visit, early labor, PP services, PNC, post-PAC, post-MR, Immunization services, child health services)	Chair and Co-Chair of the PFPF Working Group	Bangladesh PFPF Working Group members	Ongoing within current programs	

Activity/Tasks	Primary person responsible	Secondary person responsible	Deadline	What problem do you anticipate? What will you do when you encounter any problem?
14. Develop a National PFP BCC Plan	BCC Working Group	DGFP (IEM), DGHS (BHE), NGOs, and development partners	Sep-Dec, 2015	Conflicting priorities of different partners involved
a) National PFP BCC Plan developed and approved	BCC Working Group	DGFP (IEM), DGHS (BHE), NGOs, and development partners	Sep-Dec, 2015	Conflicting priorities of different partners involved
b) Implement National PFP BCC Plan	BCC Working Group	DGFP (IEM), DGHS (BHE), NGOs, and development partners	Sep-Dec, 2015	Conflicting priorities of different partners involved
15. Develop and disseminate PFP IEC materials and Job Aids	BCC Working Group	DGFP (IEM), DGHS (BHE), NGOs, and development partners	Jan-March-2016	Conflicting priorities of different partners involved
a) PFP IEC materials developed, added to e-Tool Kit, disseminated and in use	BCC Working Group	DGFP (IEM), DGHS (BHE), NGOs, and development partners	Jan-March-2016	Conflicting priorities of different partners involved, and/ Availability of funds
b) Organize refresher training/orientation program for field workers in use of the PFP IEC materials added on to the e-tool kit.	BCC Working Group	DGFP (IEM), DGHS (BHE), NGOs, and development partners	Jan-March-2016	Conflicting priorities of different partners involved, and/ Availability of funds
16. Demand generation and community engagement	IEM and BHE units of DGFP and DGHS	DGFP, DGHS, NGOs and development partners	Ongoing within current program	Conflicting priorities of different partners involved, and/ Availability of funds
a) Community awareness meeting on PFP services for home-based and facility-based deliveries	Local level UFPOs and UHFPOs	DGFP, DGHS, NGOs and development partners	Ongoing within current program	Conflicting priorities of different partners involved, and/ Availability of funds

Activity/Tasks	Primary person responsible	Secondary person responsible	Deadline	What problem do you anticipate? What will you do when you encounter any problem?
17. Advocacy and enabling environment creation	DG of DGFP and DGHS	DGFP, DGHS, NGOs and development partners	Ongoing within current program	Conflicting priorities of different partners involved, and/ Availability of funds
a) DGPF and DGHS issue a joint circular to use all available opportunity for PFPF counseling as noted.	Director (MCH-S), LD,CCSDP	DGFP, DGHS, Private Sector, NGOs and development partners	Ongoing within current program	Other priorities of the service providers/lack of motivation of the service providers
b) A DO letter from DG of DGFP and DGHS goes to Ministry of Public Administration to instruct the DCs to include PFPF activity review in the agenda of the monthly coordination meetings.	DG of DGHS and DGFP	DGFP, DGHS, NGOs and development partners	Ongoing within current program	Conflicting priorities of different partners involved, and/ Availability of funds
c) Activities implemented in the field are reviewed in the monthly coordination meeting at each District led by DC	Deputy Commissioner of respective Districts	DGFP, DGHS, NGOs and development partners	Ongoing within current program	Conflicting priorities of different partners involved, and/ Availability of funds
d) Activities implemented in the field are reviewed at the Upazilla level monthly meetings held by UFPOs and UHFPOs.	UFPOs and UHPOs of respective Upazillas	DGFP, DGHS, NGOs and development partners	Ongoing within current program	Conflicting priorities of different partners involved, and/ Availability of funds
18. Develop/strengthen Public Private Partnership (PPP) to further strengthen PFPF services	Chair and Co-Chair of the PFPF Working Group	DGFP, DGHS, Private Sector, SMC,NGOs and development partners	Ongoing within current program	Conflicting priorities of different partners involved

Activity/Tasks	Primary person responsible	Secondary person responsible	Deadline	What problem do you anticipate? What will you do when you encounter any problem?
D. PACKAGE OF PFP METHODS FOR WOMEN UNDERGOING HOME DELIVERY:				
19. DG of DGFP and DG of DGHS send a joint circular to introduce package of Immediate PFP methods and Later PFP methods for women undergoing home delivery. This will include: <ul style="list-style-type: none"> a) LAM, b) Condoms c) ECPs, d) Progestin-only pill (POPs), e) Women delivering at home would have to go to UHC and obtain PP Implant and IUD? And sterilization/ 	Director, MCH-Services, DGFP	Bangladesh PFP team members	July 2015 – June 2016	DG of DGFP needs to be briefed and get an official circular issued
20. Postpartum mothers would go to H&FWCs or satellite clinics within 10 weeks of delivery to initiate Injectable	Director, MCH-Services, DGFP	Bangladesh PFP team members	July 2015 – June 2016	Director, MCH-Services, DGFP needs to issue a circular in this regard
E. CAPACITY BUILDING for HOME-BASED AND HEALTH FACILITY-BASED DELIVERIES:				
21. Advocacy and orientation at different levels to promote PFP to DGHS and DGFP staff (1 national and 7 divisional meetings)	Director (MCH-S), LD,CCSDP and Bangladesh PFP team coordinator	Mayer Hashi-II Project, MaMoni HSS project, Marie Stopes, UNFPA	August-15 to Jul-16	Conflicting priorities of the Director (MCH-S)/Line Director, CCSDP
a) Hold a national meeting to promote PFP	Director (MCH-S), LD,CCSDP and Bangladesh PFP team coordinator	EngenderHealth, Ma Moni HSS project, Marie Stopes, UNFPA	August-15 to Jul-16	Conflicting priorities of the Director (MCH-S)/Line Director, CCSDP

Activity/Tasks	Primary person responsible	Secondary person responsible	Deadline	What problem do you anticipate? What will you do when you encounter any problem?
22. Orient managers (PMs, DDFP, CS, UH&FPO, UFPO, MO (MCH-FP) at different levels on updated PFPF guidelines	Director (MCH-S), LD,CCSDP	Director (MCH-S), LD,CCSDP	Ongoing within current program	Conflicting priorities of different partners involved
a) Coordinate different PFPF orientation activities	Line Director, CCSDP	DGFP, DGHS, NGOs, OGSB, and development partners	Ongoing within current program	Conflicting priorities of different partners involved
b) Managers oriented on PFPF and supporting PFPF services	Line Director, CCSDP	DGFP, DGHS, NGOs, OGSB, and development partners	Ongoing within current program	Conflicting priorities of different partners involved
23. Train service providers of public, NGO and private sector (Ob/Gyn, MO, FWV, Nurses) on updated PFPF guidelines	Line Director, CCSDP	DGFP, DGHS, NGOs, OGSB, and development partners	Ongoing within current program	Conflicting priorities of different partners involved
a) Coordinate different training activities	Line Director, CCSDP	DGFP, DGHS, NGOs, OGSB, and development partners	Ongoing within current program	Conflicting priorities of different partners involved
b) Providers trained and providing PFPF services	Line Director, CCSDP	DGFP, DGHS, NGOs, OGSB, and development partners	Ongoing within current program	Conflicting priorities of different partners involved
24. Train counselors and field workers (FWA, HA) about the importance of PFPF for home-based and facility-based deliveries and the updated guidelines on PFPF through their existing training programs	Director (MCH-S), LD,CCSDP and Bangladesh PFPF team coordinator	EngenderHealth, Ma Moni HSS project, Marie Stopes, UNFPA	August-15 to Jul-16	Conflicting priorities of the Director (MCH-S)/Line Director, CCSDP

Activity/Tasks	Primary person responsible	Secondary person responsible	Deadline	What problem do you anticipate? What will you do when you encounter any problem?
F. LOGISTIC SUPPLY CHAIN MANAGEMENT:				
25. Coordinate with the L&S Units of DGFP, DDFP and the UFPOs and SIAPS to ensure availability of PFPF logistics	LD,CCSDP	DGFP (L&S), DGHS, SIAPS, development partners, and international partners	Ongoing within current program	Conflicting priorities of different partners involved
a) Functionalize the cost centers created at the District Hospitals and the public sector Medical Colleges	LD,CCSDP	DGFP (L&S), DGHS, SIAPS, development partners, and international partners	Ongoing within current program	Conflicting priorities of different partners involved
b) Monitor the flow of imprest money and supplies to the	LD,CCSDP	DGFP (L&S), DGHS, SIAPS, development partners, and international partners	Ongoing within current program	Conflicting priorities of different partners involved
G. QUALITY IMPROVEMENT:				
26. Apply effective approaches to improve PFPF services such as having dedicated counselors for doing counseling in the large Hospitals.	Supervisory staff of DGHS, DGFP and NGOs	DGFP, DGHS, NGOs, development partners, and international partners	Ongoing within current program	Lack of availability of skilled supervisory staff and their conflicting priorities with other programs
27. Monitor quality of PFPF services to measure its QI (good counseling, privacy and confidentiality during service provision, infection control and waste management) indicators	Supervisory staff of DGHS, DGFP and NGOs	DGFP, DGHS, NGOs, development partners, and international partners	Ongoing within current program	Conflicting priorities of the supervisors, and availability of quality supervisory staff

Activity/Tasks	Primary person responsible	Secondary person responsible	Deadline	What problem do you anticipate? What will you do when you encounter any problem?
H. MONITORING AND EVALUATION /MIS:				
28. Measure and review coverage and quality of PFP services for home and facility deliveries (MIS)	MIS Units of DGHS and DGFP	DGFP, DGHS, Private Sector, NGOs and development partners	Ongoing within current program	Conflicting priorities of different partners involved
a) Develop mechanism to report FP/PPFP performances in a unified national MIS	MIS Units of DGHS and DGFP	DGFP, DGHS, Private Sector, NGOs and development partners	Ongoing within current program	Conflicting priorities of different partners involved