



**Maternal and Child Health Integrated Program
Bangladesh
Healthy Fertility Study
Annual Report: October 1, 2010 – September 30, 2011**



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1. Introduction

MCHIP, the Bangladesh Ministry of Health and Family Welfare, Shimantik, and Center for Data Processing and Analysis (CDPA) are collaborating on an operations research activity, entitled “The Healthy Fertility Study (HFS),” to address unmet need for contraception in the postpartum period in Sylhet District, Bangladesh. The study was designed to contribute to local and global learning about effective family planning (FP) programming, particularly in the postpartum period, in an integrated context. This study provides an opportunity to integrate postpartum family planning (PPFP) activities in community-based newborn care program, which has been demonstrated to be effective in reducing newborn mortality. The HFS commenced in 2007 and was previously supported by ACCESS-FP. In December 2010, HFS transitioned from ACCESS-FP to MCHIP for technical oversight and program support.

2. HFS Objectives

The objectives of the study are four -fold:

- To develop and test an integrated FP/MNH service delivery approach;
- To assess the strengths and limitations of integrating family planning into an ongoing community-based MNH care program;
- To assess the impact of the intervention package on exposure to key intervention related messages, knowledge of contraceptive methods and the benefits of healthy fertility practices, and contraceptive prevalence and method mix at different points during the extended postpartum period; and
- To assess the impact of the intervention on pregnancy spacing and its outcomes.

The end of study result will be significant, robust learning about effective integrated FP/MNH service delivery strategies and the impact of the intervention on pregnancy spacing outcomes. Key expected results for this program year are as follows:

- Results for 6 months postpartum collected, analyzed, and disseminated
- Results for 12 months postpartum collected, analyzed, and disseminated
- Results for 18 months postpartum collected and analyzed
- Results for integrated service delivery quality collected, analyzed, and disseminated

3. Results for the FY2011

a. Summary of Major Accomplishments

Intervention implementation

- Achieved high coverage of study household counseling visits by community health workers (CHWs) in pregnancy, 29-35 days postpartum, 2-3 months postpartum, and 4-5 months postpartum periods to deliver the intervention package.
- Distributed oral contraceptives to 388 women, condoms to 170 women and follow up doses of injectables to 233 women in the intervention area as of August 2011.

- Conducted 6,026 community mobilization meetings for 15,724 pregnant and postpartum women, mothers-in-laws, and female family members and 11,616 husbands, fathers-in-laws, and male family members. One hundred ninety eight ward level advocacy meetings were held with influential community and religious leaders to garner support and educate on key study messages.

Data collection

- Interviewed 1744 study participants successfully at 18 months postpartum; 3139 at 24 months postpartum; 2303 at 30 months postpartum; and 989 at 36 months postpartum. Postpartum 12 and 18 month follow up data collection was completed from the study cohort in this year.

Results interpretation and dissemination

- Collected, analyzed and disseminated 12 months postpartum report
- Collected and completed preliminary analysis of 18 months postpartum data
- Completed preliminary analysis of data for sub-study on integrated service delivery quality

b. Activity Narrative

Intervention Implementation

CHWs achieved high coverage of one-to-one household counseling visits in both intervention and comparison areas. In the intervention area, CHWs reached 2331 eligible women (83.1% coverage) in the pregnancy visit, 2410 women (82.1% coverage) in 29-35 days postpartum, 2980 women (87.5% coverage) at 2-3 months postpartum, and 2987 women (87.4% coverage) 4-5 months postpartum. Similar rates were achieved in the comparison area: CHWs reached 1940 eligible women (81.6% coverage) in the pregnancy visit and 2150 women (91.3% coverage) at 29-35 days postpartum.



Since July 2009, 27 CHWs in the intervention area have dispensed oral contraceptives and condoms to enrolled women. Beginning March 2011,



CHWs also dispensed follow-up doses of injectables, following a training conducted by HFS using GOB training materials. As August 31, 2011, 388 women received oral contraceptives (17.01% of eligible women), 170 received condoms (7.45% of eligible women) and 233 women received Injectables method (10.21%). In the 29-35 day postpartum visit, 2-3 month postpartum visit, and 4-5 month postpartum visit, CHWs referred 519 women (21.5% of eligible women), 536 women (18.0%), and 813

women (27.2%) for FP services, respectively. As of August 31, 2011, 69 women received female sterilization (3.02%) and 50 husband of enrolled women received male sterilization (2.19%).

In the intervention area, multiple cluster-level group meetings were conducted to mobilize social support for exclusive breastfeeding, pregnancy spacing, and use of postpartum services and family planning. Female community mobilizers led 3,215 community meetings for a total of 15,724 participants that included pregnant and postpartum women, their mother-in-laws and senior female family members. Male CMs conducted a total of 2,811 group meetings for a total of 11,616 participants that included husbands, fathers-in-law, and senior male family members of pregnant and postpartum women during the reporting period. Moreover, 96 ward-level male and 102 female advocacy meetings were completed with community leaders, religious leaders, teachers, and other influential persons to sensitize the community about key HFS messages. Lastly, 144 cluster-level ceremonies were conducted to designate 144 women as LAM Ambassadors.

Data Collection

A team of data collectors, independent of the CHWs and community mobilizers, conduct a maximum of eight data collection visits for each study participant. These include one visit during pregnancy and seven follow up visits during the postpartum period: 3, 6, 12, 18, 24, 30 and 36 months. Data collection for 3 and 6 months were completed in the previous year. Annex A summarizes data collection progress during this reporting year. Follow up visits at 12 and 18 months postpartum data collection were completed in this reporting year.

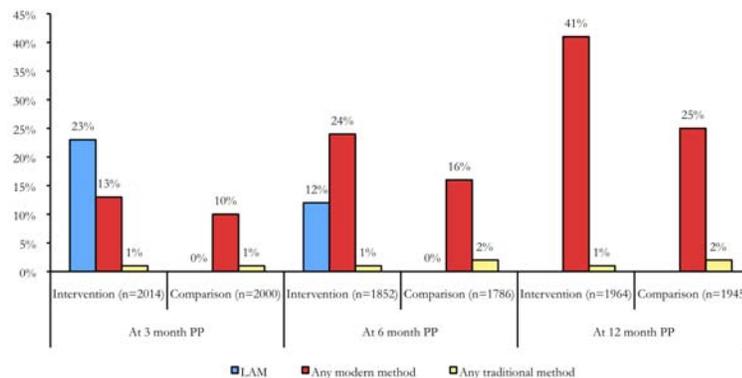
Results Interpretation and Dissemination

12 Month Postpartum Survey

In March 2011, a workshop was conducted in Baltimore, Maryland for the study team to analyze data from the 12 month postpartum survey. On March 25, 2011, several representatives from USAID – Maureen Norton, Gregory Adams, and Thibaut Williams- attended the workshop to participate in a discussion on preliminary findings and lessons learned. The workshop culminated with the completion of a draft 12 month postpartum survey report and several manuscript drafts for journal submission, including an HFS protocol paper and a LAM Transition Barrier Analysis paper. The LAM Transition Barrier Analysis paper was submitted to a peer-reviewed journal and the protocol paper will be submitted in early FY12.

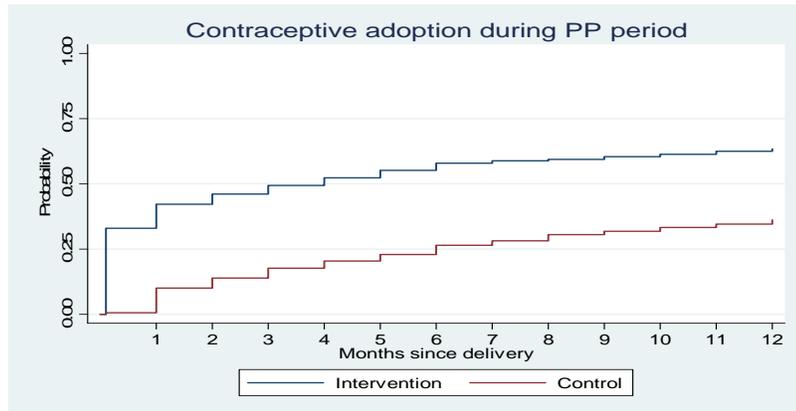
Select preliminary findings from the draft 12 month postpartum survey include:

- In the intervention arm, any modern method use of contraception increased from 13% at 3 months, to 24% at 6 months, to 42% at 12 months postpartum. In the comparison arm, any method use increased from slightly more than 10% at 3 months, to 16% at 6



months, to 25% at 12 months postpartum.

- Intervention activities were significantly associated with a greater than 20% increase in the probability of adopting contraception in the 12 months following delivery. The probability of



contraceptive use was ~10% higher amongst those individuals not using LAM in both study arms ($P < .001$).

- Among women practicing LAM in the intervention area, the duration of amenorrhea was significantly higher than that reported by women in both study arms not practicing LAM.
- At 12 months postpartum, HFS CHWs were the primary source of pills (77%) and condoms (89%) in the intervention area, whereas pharmacies and/or shops were the primary source for pills (59%) and condoms (89%) followed by government health facilities. Injectables were received predominately from a government facility (52%), NGO (39%) or pharmacy shop (6.5%) in the intervention arm. In the comparison arm, injectables were received overwhelmingly from government health facilities (78%). The difference in rates of care-seeking from government health facilities between study arms may be attributable to the higher functionality of government health facilities in the comparison area. However, the recent introduction of community-based provision of injectables through CHWs in March 2011 may change the pattern.

Key lessons learned from the 12 month postpartum survey report include:

- HFS demonstrates the feasibility of integration of FP within a community-based MNH program
- HFS demonstrates no notable negative effects on the delivery of MNH services
- The promotion of LAM had a positive effect on the duration of exclusive breastfeeding

Preliminary analysis has been completed for the 18 month postpartum survey and the report will be completed in the early part of FY12.

Sub-Study to Assess the Quality of Counseling Provided by CHWs

Preliminary analysis has been completed and revealed the following:

- The tools that were developed in this study to evaluate the quality of counseling provided by CHWs were able to measure both the content of messages provided by health workers and their communication technique in this integrated program. The tools showed good initial reliability and good initial validity.
- There was no significant difference in the quality of the communication technique of CHWs during counseling in the integrated arm versus the control arms.
- There was no significant difference in the levels of knowledge on maternal and neonatal health between mothers who received integrated counseling on maternal and neonatal health and PFP versus mothers who only received maternal and neonatal counseling from CHWs.

This sub-study shows that CHWs are able to provide relevant counseling related to maternal and neonatal care and also provide additional counseling on PPF, during the same household visits, thereby maximizing the amount of health information that is provided to the mother and her family. In addition, mothers were able to remember key messages on maternal and neonatal health even after receiving additional messages on PPF during counseling in the integrated arm.

Mid-term Dissemination Meeting

With funding under ACCESS-FP, a Mid-Term Dissemination Meeting was held on 21 October, 2010 in Dhaka. The purpose of the meeting was to share findings and lessons learned from the baseline, three- and six-month postpartum surveys. More than 80 experts, leaders, partners, and government officials in maternal and newborn health and family planning were present. Key program materials were distributed to all participants, including HFS Behavior Change Communication leaflets, Lactational Amenorrhea Method (LAM) Barrier Analysis Report, and Project Brief. Participants included the Honorable Advisor to the Honorable Prime Minister of the People’s Republic of Bangladesh Prof (Dr.) Syed Modasser Ali, Additional Secretary of the Ministry of Health and Family Welfare, Deputy Mission Director of USAID/Bangladesh, and Director General of Family Planning. A follow-on national meeting is scheduled for 26 October 2011 under MCHIP to disseminate findings through 18 months postpartum.

Other Activities

International Women’s Day

The theme of International Women’s Day in 2011 was “*Equal access to education, training, science and technology: Pathway to decent work for women*”. To celebrate this event, HFS organized a rally in Kaligonj, Zakiganj which was led by the General Secretary of Shimantik Executive Committee. Women and men from around the sub-district participated in the rally to show their support.



The event was launched with an inaugural session attended by Md. Malek Ahmed, General Secretary of Shimantik Executive Committee, along with other staff members of HFS, Shimantik, Government of Bangladesh representatives, nongovernmental organization staff, teachers, religious leaders, and local influential persons including *Union Parishad* female and male members. Government representatives included Family Welfare Visitors and Family Welfare Assistants within study unions. In his statement, the General Secretary urged working men and women to unite to protect women’s rights at all levels. He added that public sexual harassment, known as “eve teasing,” has become one of the most highlighted issues in Bangladesh in recent years. School and college gates or the street are the main target of the wayward young men to disturb girls and women. The Ministry of Education in Bangladesh has designated 13 June 2010 as Eve Teasing Protection Day. It is our moral duty, social obligation, and legal

right to fight against eve teasing, and it must be eliminated at any cost. He emphasized that male support is important to improve women health as well as family planning services.

USAID Partners meeting at Sylhet

Last USAID partners meeting was held in Sylhet on April 26-28, 2011. A team from USAID/Bangladesh office and implementing partners (MSH, URC, EngenderHealth, Deliver) visited HFS study area on April 27, 2011.

4. The Way Forward

The main activities planned for the upcoming year (October 2011 - September 2012) are the continuation of intervention implementation, continuation of data collection, finalization of the 18 month and 24 month postpartum survey report, and organization of a national level dissemination meeting at Dhaka, Bangladesh.

Challenges and potential solutions

- Family Welfare Visitors (FWVs) are the primary providers for FP methods at the union level. Consequently, HFS selected the eight unions for the study where FWVs were posted. In Kajalshar union the FWV has been absent since May 3, 2009, in Manikpur union the FWV has been absent since June 11, 2009, and in Jhingabari union the FWV has been absent since June 04, 2010. As these three unions are intervention areas, this presents a challenge for the HFS when the CHW refers an enrolled woman to the Family Welfare Center (FWC) for FP methods. HFS discussed this issue with Deputy Director of FP and strongly advocated for posting FWVs in the relevant FWCs to promote availability of facility-based FP services.

SUCCESS STORY #1

Charigram, Bangladesh- Laily Begum is a 24 year old mother of two daughters, ages three and two. After the birth of her first baby, Begum became pregnant before her menses returned. She did not know when her fertility would return and was surprised when, at three months' gestation, she learned that she was pregnant again. The pregnancy was unplanned, and she knew little at the time about family planning methods, where to access them, and healthy spacing of pregnancies.

Sylhet District, where Begum and her family live, has among the worst health indicators for women and



children in the country. The maternal mortality ration is highest in Sylhet (471 per 100,000 live births, compared to the national average of 322) and the infant mortality rate is twice what it is elsewhere in the country, according to country health data. Women in Sylhet District have about four children, compared to an average of about three in the five other divisions of the country. Only 31% of currently married women of reproductive age use any method of contraception, compared to 56% for the country as a whole. And, about 26% of women in Sylhet give birth to their children with less than two years

between them, and unhealthy interval that leads to increased risk of poor health outcomes for them and their babies.

The Healthy Fertility Study is a collaboration of the Bangladesh Ministry of Health and Family Welfare, MCHIP, and two local nongovernmental organizations- Shimantik and Center for Data Processing and Analysis. The study, underway since 2007, tests a package of maternal and newborn health including postpartum family planning through female community health workers. By including simple counseling messages on pregnancy risks during the first year postpartum, the importance of exclusive breastfeeding and the benefits of healthy pregnancy spacing, together with the provision of pills, condoms, and injectables, these community health workers are making a difference in the lives of many women in the program area in avoiding closely spaced pregnancies.

One year results from the study demonstrated a 20% increase in contraceptive use in the intervention area compared to the control area. In addition, through the promotion of effective use of the lactational amenorrhea method (LAM) the study showed an additional increase of 10% in the practice and duration of exclusive breastfeeding.

After a home visit by Mousumi Apa, a community mobilizer with the Healthy Fertility Study, Begum and her 26 year-old husband have decided to practice family planning after the birth of her second child. Mousumi met with Begum, her mother-in-law and sisters-in-laws and counseled them on the return to fertility, family planning methods, where to access the methods, and the advantages of wide birth intervals. Begum practiced LAM for 40 days after the delivery of her daughter and transitioned to using an injectable, which she obtained from the local health clinic. Follow up doses of the injection Begum has received conveniently through the community health worker, Sajed Apa, during home visits.

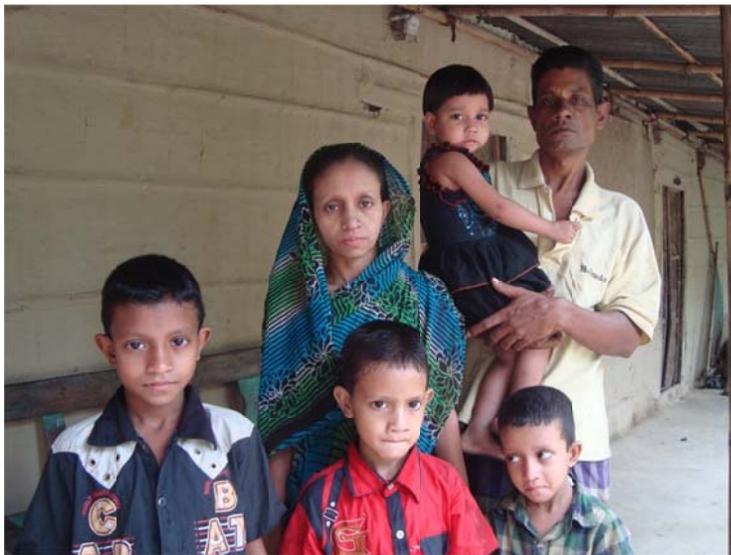
“I am also very happy as now I know that, after giving birth to a child there should be at least three years gap to give birth to another child for better health outcome of the baby and the mother. There is only 13

months space between my two girls. That's why none of the two children get proper breast feeding. Even I could not take care of them properly.”

SUCCESS STORY #2

Topkhana, Bangladesh- Rayhana Ferdous is a 31 year old mother of six children, ages 14, 12, 9, 7, 5, and 3. Ferdous desired a small family, however, because her husband's family wanted a girl, she and her husband continued having children until they had a daughter, who is now 3 years old. Ferdous felt that her pregnancies should have been spaced with wider intervals, but she knew little about family planning; she had heard of oral contraceptives but did not know where they could be accessed or what other methods were available.

Sylhet District, where Ferdous and her family live, has among the worst health indicators for women and children in the country. The maternal mortality ration is highest in Sylhet (471 per 100,000 live births, compared to the national average of 322) and the infant mortality rate is twice what it is elsewhere in the country, according to country health data. Women in Sylhet District have about four children, compared to an average of about three in the five other divisions of the country. Only 31% of currently married women of reproductive age use any method of contraception, compared to 56% for the country as a whole. And, about 26% of women in Sylhet give birth to their children with less than two years between them, and unhealthy interval that leads to increased risk of poor health outcomes for them and their babies.



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Under the Healthy Fertility Study, community health worker Anjana Apa and community health mobilizer Rina Apa, visited Ferdous in her home. They counseled her about family planning methods, where the methods could be accessed, and the advantages and disadvantages of each. Ferdous elected to use LAM after the delivery of her youngest child. She was counseled on the three criteria of LAM and the importance of transitioning to another modern method when she was no longer eligible to continue using LAM. As such, Ferdous transitioned to using oral contraceptives when LAM ended, which she received from the Healthy Fertility Study community health worker. When her youngest child was three years old, Ferdous and her husband decided that they did not want more children and her husband obtained a vasectomy from the Zakiganj Health Complex.

Ferdous shares, “This year I have been elected as a woman member in the Union Parishad Election. Now I am a representative of the people of this locality. I feel proud that I can share my experiences with the people of this area.”

Annex A: Postpartum data collection status by study arm, October 2010 to September, 2011

	Intervention	Comparison	Total	Status
Follow-up Period				
3 Months				Completed
6 Months				Completed
12 Months				Completed
18 Months				Completed
Successfully interviewed	915 (93.4%)	829 (93.0%)	1744(93.2%)	
Non success	65 (6.6%)	62 (7.0%)	127 (6.8%)	
Total	980	891	1871	
24 Months				Ongoing
Successfully interviewed	1656 (94.4%)	1483 (93.2%)	3139 (93.8%)	
Non success	99 (5.6%)	109 (6.8%)	208 (6.2%)	
Total	1755	1592	3347	
30 Months				Ongoing
Successfully interviewed	1136 (94.0%)	1167 (90.3%)	2303 (92.0%)	
Non success	73 (6.0%)	126 (9.7%)	199 (8.0%)	
Total	1209	1293	2502	
36 Months				Ongoing
Successfully interviewed	450 (93.4%)	539 (94.4%)	989 (93.9%)	
Non success	32 (6.2%)	32 (5.6%)	64 (6.1%)	
Total	482	571	1053	