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**Maternal and Child Health Integrated Program**  
**Bangladesh**  
**Healthy Fertility Study**  
**Annual Performance Report:**  
**October 1, 2011 - September 30, 2012**

## **1. Introduction**

MCHIP, the Bangladesh Ministry of Health and Family Welfare, Johns Hopkins Bloomberg School of Public Health, Shimantik, and Center for Data Processing and Analysis (CDPA) are collaborating on an operations research activity, entitled “The Healthy Fertility Study (HFS)” to develop an integrated FP/MNCH program 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 management.

## **2. HFS Objectives**

The objectives of the study are four -fold:

- To develop and test an integrated FP/maternal and newborn health (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.

## **3. Results for the FY2012**

### **a. Summary of Major Accomplishments**

#### ***Intervention implementation and data collection***

- Achieved high coverage of study household counseling visits by community health workers (CHWs) during pregnancy, 29-35 days postpartum, 2-3 months postpartum, and 4-5 months postpartum periods to deliver the intervention package.
- Conducted 7,059 community mobilization meetings with 16,354 pregnant and postpartum women, mothers-in-laws, and female family members and 13,795 husbands, fathers-in-laws, and male family members. Two hundred ward level advocacy meetings were held with influential community and religious leaders to garner support and educate on key

study messages.

- Completed data collection for the 24 and 30 month postpartum follow up surveys from the study cohort, and interviewed 790 study participants successfully at 36 months postpartum follow up survey.
- The couple-years protection (CYP) of this reporting period, October, 2011-September 2012, was 623.36
- Completed qualitative data collection for the sub-study to assess use, clarity, and perceptions of effectiveness of the return to fertility leaflet.

### ***Publications and results dissemination***

- Shared postpartum 18 months and 24 months follow up survey reports with USAID's Dhaka Mission office. Key findings of postpartum 24 months survey report were: HFS activities were associated with a 28% increase in contraceptive uptake in the intervention arm from baseline (18%) to 24-months postpartum (46.1%); in comparison area it was 14% increase from baseline (21.1%) to 24-months postpartum (34.9%). The hazards of all method adoption was 2.5 times higher in the intervention arm compared to the control arm at 24 months post-partum follow-up (unadjusted hazards ratio [HR]=2.30; 95% confidence interval[CI]: 2.06-2.57, and adjusted HR=2.49; 95% CI: 2.27-2.74). Sterilization acceptance was significantly higher in intervention arm compared to control arm during 24 months postpartum period (3.4% in intervention vs. 2.2% in comparison;  $p < 0.05$ ). Husband abroad is the main reason for not using any method in intervention arm (45% in intervention vs. 13% in comparison). The risk of pregnancy by 24 months postpartum was almost 20% lower in the intervention arm compared to the control arm.
- Delivered presentations on HFS learning at: International Conference on family planning in Dakar, Senegal held November 29 to December 3, 2011; and the MCHIP-Asia Regional meeting on Interventions for Impact in Essential Obstetric and Newborn Care held May 4 to 6, 2012 in Dhaka Bangladesh.
- Submitted two manuscripts to peer-reviewed journals: - one to The European Journal of Contraception and Reproductive Health Care and another to the Lancet.
- Held a meeting with DGFP and study Principal Investigator at DGFP office on September 26, 2012 to discuss improving FP services in Sylhet division through adaptation of best practices and lessons learned from the HFS. In this meeting, Director MCH, Director Clinical Contraception and Director of Family Planning in Sylhet Division were present and were keen to scale up best practices of the HFS in Sylhet division, considering that this division is the lowest performing among the seven divisions of Bangladesh in all health and FP indicators.
- Lessons learned from HFS about Healthy Timing and Spacing of Pregnancy were shared in the online global forum of the PFP community of practice on January 18, 2012; and

perceptions around fertility return and programmatic implications in Bangladesh were shared on September 26, 2012 in the same online global forum.

- Developed a HFS Behavior Change Communication and Community Mobilization Briefer and a Program Managers' Guide to Community-based FP/MNH Integration.

### *Utilization of HFS lessons learned by other projects*

- In Bangladesh: MaMoni adopted HFS best practices of postpartum family planning services, including promotion of LAM, within MNCH program in Habiganj district. Mayer Hashi also promoted comprehensive PFP services including LAM, and utilized HFS lessons learned. The Extended Service Delivery (ESD) program scaled up the HFS model in a city corporation area of Sylhet through Urban Primary Health Care Program, which was implemented by Shimantik between 2009 and 2011. Lastly, the government FP program was revitalized to promote PFP including LAM, which was influenced by HFS advocacy.
- Globally: Jhpiego used HFS training curriculum and IEC materials in Afghanistan and Nigeria; in Afghanistan, the community-based PFP program was scaled-up nationwide. A team from Health Science Academy of Pakistan visited HFS site and collected training and IEC materials to scale up similar program in Pakistan. A team from Jhpiego/India also visited HFS activities to adopt best practices of HFS.

## **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 2203 eligible women (84.2% coverage) for the pregnancy visit, 2112 women (86.3% coverage) for 29-35 days postpartum, 2333 women (89.7% coverage) at 2-3 months postpartum, and 2095 women (83.3% coverage) at 4-5 months postpartum. Similar rates were achieved in the comparison area: CHWs reached 2004 eligible women (88.1% coverage) in the pregnancy visit and 1705 women (93.1% 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 contraceptive, following a training conducted by HFS using the Government of Bangladesh training manuals and protocols. As of August 31, 2012, 389 women received oral contraceptives (17.04% of eligible women),



174 received condoms (7.62% of eligible women) and 246 women received injectables method (10.78%). During the 29-35 day postpartum visit, 2-3 month postpartum visit, and 4-5 month postpartum visit, CHWs referred 181 women (8.57% of eligible women), 365 women (15.65%), and 577 women (27.54%) for FP services from facility, respectively. As of August 31, 2012, 71 women received female sterilization (3.11%) and 62 husbands of enrolled women received male sterilization (2.72%).

In the intervention area, multiple cluster-level group meetings were conducted to mobilize social support for exclusive breastfeeding, optimum pregnancy spacing, and use of postpartum services and family planning. Female community mobilizers led 3,615 community meetings for a total of 16,354 participants that included pregnant and postpartum women, their mother-in-laws and senior female family members. Male CMs conducted a total of 3,444 group meetings for a total of 13,795 participants that included husbands, fathers-in-law, and senior male family members of pregnant and postpartum women during the reporting period. Moreover, 99 ward-level male and 101 female advocacy meetings were completed with community leaders, religious leaders, teachers, and other influential persons to sensitize the community about key HFS messages. Lastly, 45 cluster-level ceremonies were conducted to designate 335 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. Follow up visits at 24 and 30 months postpartum data collection were completed in this reporting period. Annex A summarizes data collection progress.

#### ***Sub-Study to assess the return to fertility leaflet***

A Return to Fertility Assessment was conducted in July-September with an aimed to examine views of women, husbands, and mothers/ mothers-in-law in the HFS study sites regarding postpartum return to fertility within the study sites. For this purpose, data was collected using qualitative methods that included in-depth interviews with 40 women who had delivered in the past year, four focus group discussions (FGDs) with mothers and mothers-in-law, four FGDs with partners, four FGDs with female CHWs and community mobilizers, and one FGD with male community mobilizers and project officers. The final report of this study will be finalized in the next program year.

#### ***Mid-term dissemination meeting:***

A dissemination meeting of the Healthy Fertility Study took place on October 26, 2011 at the Westin Hotel on Gulshan Avenue, Dhaka. The objective of the meeting was to share findings from the study with a wider audience. The event was chaired by Mr. M. M. Neazuddin, Director General of Family Planning (DGFP) and the Chief Guest was honorable State Minister, Dr. Capt (Retd.) Mozibur Rahman Fakir, MP, MOHFW. Other guests included Dr. Catharine McKaig, FP Team Leader, MCHIP, Jhpiego; Dr. Koki Agarwal, Director, MCHIP; Dr. Maureen Norton,

Senior Technical Advisor, RH & FP, USAID Washington; Mr. Dennis Sharma, Deputy Mission Director, USAID Bangladesh; Prof. Dr. Khondhaker Md. Shefayetullah, Director General of Health Services (DGHS) and Mr. A.K. M. Amir Hossain, Additional Secretary, MOHFW. Dr. Ishtiaq Mannan from MCHIP attended the event along with other representatives of USAID and development partners.



*Photo: Designated participants from MCHIP, USAID, MOHFW and Shimantik are being shared with the study findings disseminated on October 26, 2011.*

### ***Other Activities***

#### ***Participation in the International Conference on Family Planning in Dakar, Senegal***

Dr. Salahuddin Ahmed, Project Manager and Local Principal Investigator of Healthy Fertility Study, attended the International Conference on Family Planning in Dakar, Senegal from November 29 to December 3, 2011. He delivered two oral presentations – one on Impact of Integrating Family Planning within a Community-Based Maternal and Neonatal Health Program in Rural Bangladesh and another on Impact of Promotion of Lactational Amenorrhea Method within a Community Based Maternal, Neonatal and Child Health Program in rural Bangladesh. He also demonstrated intervention package of HFS in an MCHIP workshop on November 29, 2011. He met with Dr. Maureen Norton, Senior Technical Advisor, USAID; Dr. Catharine McKaig, FP Team leader, MCHIP; Dr. Saifuddin Ahmed, Associate Prof. JHSPH and Co Investigator of HFS to discuss about study update and future plans.

#### ***Attending Asia Regional Meeting in Dhaka***

Dr. Salahuddin Ahmed, Program Manager of Healthy Fertility Study, attended the MCHIP-Asia regional Meeting on Interventions for impact in Essential Obstetric and Newborn Care held on May 4-6, 2012 in Dhaka Bangladesh. There was a presentation from HFS entitled “Integrating family planning within a community-based maternal and neonatal health program in Sylhet, Bangladesh” was delivered. Participants discussed about the presentations that integrating family planning services with MNH care is feasible in the community.

## ***Workshop on Scaling Up of Best Practices of Healthy Fertility Study and MaMoni, to Improve Family Planning Services in Sylhet***

A workshop on scaling up of best practices of Healthy Fertility Study (HFS) jointly with MaMoni took place on December 8, 2011 at the Family Planning Divisional office at Alampur in Sylhet. All UFPOs and DDFPs from Sylhet, Habiganj, Sunamganj and Moulavibazar District participated in the workshop. Special Guests at the event were Dr. Abdullah Baqui, Professor, John Hopkins Bloomberg School of Public Health, Dr. M A Munim Choudhury, Director of Health Services, Sylhet Division and Dr. Sharmina Sultana, Project Management Specialist, OPHNE, USAID Bangladesh. Mr. M M Neazuddin, Director General, Directorate General of Family Planning was the honorable Chief Guest on the occasion. Mr. Ziaul Alam, Divisional Commissioner of Sylhet Division was the respected Chair and Dr. Ahmed Al Kabir, Chief Patron of Shimantik gave the welcome remarks at the workshop. Staffs from HFS, MaMoni and implementing partners Shimantik and FIVDB were present in the workshop and played an important role in organizing and conducting the meeting.



Mr. M.M Neazuddin, Director General, DGFP delivering his speech as Chief Guest on December 8, 2011

A video documentary on HFS illustrated program interventions and activities while a power point presentation on MaMoni focused on ongoing GOB FP activities and the significant improvement in CPR, CYP and LAPM performance was shared. One couple from HFS and another from MaMoni working area also shared their experiences on accepting LAPM of family planning and how health workers from the two initiatives motivated them through their counseling. Chief Guest M M Neazuddin, DGFP in his speech expressed that instead of identifying the gaps and lacks, it is better to ensure best utilization of existing manpower and resources. He expects the involvement of public representatives, to foster FP activities in Sylhet Division. He also requested USAID to continue support as usual. Dr. Sharmina from USAID mentioned that USAID is committed to make positive changes in Sylhet MNH-FP scenario.

### ***Meeting with DGFP about improving FP services in Sylhet division:***

DGFP invited study team on September 26, 2012 to discuss to improve family planning services in Sylhet division through adaptation of best practices and lessons learnt of HFS. Mr. A.K.M. Amir Hossain, Director General, Directorate of Family Planning; Dr. Mohammed Sharif, Director (MCH Services) & Line Director (MC&RH); Dr. A. K. M. Mahbubur Rahman, Directorate of Family Director (Administration) & Line Director, Clinical Contraception Services; Md. Kutob Uddin, Director, Family Planning, Sylhet Division; Prof. Abdullah Baqui, Principal Investigator, HFS; Dr. Ahmed Al Kabir, Advisor, HFS; Mr. Kazi Moksedur Rahman, Executive Director, Shimantik and Dr. Salahuddin Ahmed, Program Manager, HFS discussed

about study findings to date and opportunities to scale up through Government program. DGFP urged that we support the MOHFW to scale up the HFS best practices and expressed his interest to visit the study in next month.

***Participation in online global forums:***

On January 18, 2012 we have participated in the online global forum on Healthy Timing and Spacing of Pregnancy. Here, an article on HTSP from HFS was submitted to the forum and afterward questions from other global experts were answered followed by a detail online discussion on the topic. Similarly, participation was taken place on September 26, 2012 about return to fertility issues. Here global experts were shared with the topic of “Perceptions around fertility return and programmatic implications in Bangladesh”, on the basis of learning from HFS.

***Participation in American Week:***

HFS participated at American week which was held between January 30- February 1, 2012 at the MA Aziz stadium with a slogan “Moving forward together” drawing thousands of people irrespective of age and sex. Chittagong City Corporation (CCC) Mayor M. Manjur Alam and the US Ambassador to Bangladesh Mr. Dan W. Mozena inaugurated the event. Dan Mozena at a press conference prior to the inaugural ceremony termed theme of this year’s American Week as the guiding principle of America’s partnership with Bangladesh. “This partnership is strong and getting stronger”, he said. HFS Team made a presentation at the allocated time about the project activities at the indoor stadium. Besides, from the MCHIP booth HFS team distributed leaflets, brochures, project brief and video documentation of project activities among visitors and partners. From January 30 to February 1, 2012 the booth remained open from 10 a.m. to 5 p.m.

***Visitors to HFS***

Professor Dr. Robert Black, Chairman of the department of International Health in JHBSPH, along with Professor Dr. Abdullah H. Baqui, Principal Investigator of HFS visited the study on March 17-25 and discussed about HFS activities and scaling up opportunities of HFS. Drs. Bulbul Sood, Somesh Kumar, Hendricus M. Vemer, Ann Mead, Chelsea Cooper, Jaime Mungia from Jhpiego/India & Jhpiego/Baltimore visited the HFS sites on May07-09, 2012. They visited kaliganj field site. Jaime Mungia visited till May 16, 2012 to develop a guideline for project managers to scale up HFS and Chelsea Cooper visited till May 20, 2012 to finalize tools and methods to conduct a qualitative study to understand clarity and perceptions of effectiveness of the return to fertility leaflet.

Beside this, a team from Health Science Academy of Pakistan visited the HFS from May 30 to June 01 2012, for learning lessons from HFS and to replicate the model in Pakistan.

***Celebrating International Women’s Day-2012:***

The theme of the United Nations for International Women’s Day 2012 is “*Empower Rural Women – End Hunger and Poverty – that actually*” highlights the vast number of women and girls living in rural areas who have low socio-economic and political status. HFS, which designs and tests an integrated community-based model of maternal and newborn health (MNH) care with family planning (FP), embodies a women-centered approach that recognizes the central role that women play in the health of families and communities. Given HFS’s contribution in providing



Rally and Discussions organized by HFS team to celebrate International Women's Day

equitable community-based health services, an event to celebrate International Women's Day with community members was organized by the study on March 8, 2012.

To celebrate this occasion, a rally was held at the Shimantik office at Kaliganj, Zakiganjupazila, Sylhet. More than 200 women and men from Zakiganj and Kanaighat sub-districts in Sylhet participated in the rally to show their support. To conclude the event a discussion was held among project staff & others from the community in the office on women's rights and the importance of providing opportunities for empowerment.

#### ***4. The Way Forward***

The main activities planned for the upcoming year (October 2012 - September 2013) are: the continuation of intervention implementation through December 2012 until the time when the 36-month postpartum survey data collection is completed; completion of the 36 months postpartum follow up survey data collection; finalization of the survey reports; and organization of a national level dissemination meeting at Dhaka, Bangladesh and another meeting at Sylhet, Bangladesh. At least five manuscripts will be submitted in the next program year as part of the study's deliverables.

#### ***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, in Jhingabari union the FWV has been absent since June 04, 2010, and in Daxmin Banigram Union the FWV is absent since 20 July, 2012. As all these four 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.

**Annex A: Postpartum data collection status by study arm, October 2011 to September 2012**

<b>Postpartum follow-up survey</b>	<b>Intervention N (%)</b>	<b>Comparison N (%)</b>	<b>Total N (%)</b>	<b>Status</b>
<b>3 months</b>				<b>Completed</b>
<b>6months</b>				<b>Completed</b>
<b>12 months</b>				<b>Completed</b>
<b>18 months</b>				<b>Completed</b>
<b>24months</b>				<b>Completed</b>
<b>30 months</b>				<b>Completed</b>
<b>36 months</b>				<b>Ongoing</b>
Successfully Interviewed	<b>414 (92.83%)</b>	<b>376 (94.24%)</b>	<b>790 (93.49%)</b>	
Non-Success	<b>32 (7.17%)</b>	<b>23 (5.76%)</b>	<b>55 (6.51%)</b>	
Total	<b>446</b>	<b>399</b>	<b>845</b>	

**Annex B: Operational Plan Indicators, October 2011 to September 2012**

Indicator	FY12 Target	FY12 Achieved	Achieved per quarter			
			Oct-Dec 2011	Jan- Mar 2012	Apr- Jun 2012	Jul-Sept 2012
Couple years of protection in USG-supported programs	679.91	623.36	165	160.74	145.97	151.15
Number of counseling visits for FP/RH as a result of USG assistance	--	12452	3065	3251	2975	3161
Number of people trained in FP/RH with USG funds	Female: 36 Male: 2	Female: 43 Male: 7	0	Female: 11	Female: 19 Male: 3	Female: 13 Male: 4
Report/dissemination/manuscript	7: <ul style="list-style-type: none"> <li>• Presentation at international conference: 3</li> <li>• Report: 3</li> <li>• Manuscript : 1</li> </ul>	7: <ul style="list-style-type: none"> <li>• Presentation at international conference: 3</li> <li>• Report: 2</li> <li>• Manuscript : 2</li> </ul>	3: <ul style="list-style-type: none"> <li>• Two presentations were made in International conference on Family Planning in Dakar, Senegal</li> <li>• Postpartum 18 month follow up survey report</li> </ul>	1: <ul style="list-style-type: none"> <li>• Protocol paper was submitted</li> </ul>	2: <ul style="list-style-type: none"> <li>• One Presentation was made in Asia Regional Meeting in Dhaka</li> <li>• Postpartum 24 month survey report</li> </ul>	1: <ul style="list-style-type: none"> <li>• One paper was submitted to the Lancet</li> </ul>