



USAID
FROM THE AMERICAN PEOPLE



Maternal and Child Health Integrated Program

Bangladesh

Healthy Fertility Study

Annual Performance Report:

October 01, 2012– September 30, 2013

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 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. The design of HFS was a collaborative effort between JHBSPH, ACCESS-FP, USAID/Washington, and USAID/Bangladesh to respond to the poor family planning (FP) indicators in Sylhet division and the need for improved integration of FP and maternal and newborn health (MNH) services.

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.

3. Results for October 1, 2012 - September 30, 2013

a. Summary of Major Accomplishments

- 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 1755 community mobilization meetings with 3,876 pregnant and postpartum women, mothers-in-laws, and female family members and 3,449 husbands, fathers-in-laws, and male family members. Sixty two ward level advocacy meetings were held with

influential community and religious leaders to garner support and educate on key study messages

- The couple-years protection (CYP) of this reporting period, October' 2012- September' 2013, was 503.39
- Provided training on USAID family planning policy to project field staff and GOB staff in the study intervention unions
- Completed data collection for sub study of cost effectiveness analysis
- Oriented DGFP about HFS best practices to scale up

Publications and results dissemination

- Shared postpartum 30 months follow up survey reports with USAID's Dhaka Mission office. Key findings of postpartum 30 months survey report were: HFS activities were associated with a 26% increase in contraceptive uptake in the intervention arm from baseline (18%) to 30-months postpartum (43.9%); in comparison area it was 16% increase from baseline (21.1%) to 30-months postpartum (37.2%). Husband abroad is the main reason for not using any method in intervention arm (43%) and husband disapproval is the main reason in control area (39%). The probability of becoming pregnant by 30 months was significantly low in intervention arm compared to control arm (36.5% in the intervention arm vs. 44.8% in the control arm; $p < 0.001$).
- Delivered presentations on HFS learning at: 140th annual meeting of APHA in San Francisco, CA, USA, held October 27-31, 2012.
- Submitted one manuscript to peer-reviewed journals: - to The Global Health: Science and Practice.

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

The study evaluation data collection was ended on March 2013; but the study team decided to continue to implement intervention and expand the intervention package to comparison unions to reduce unmet need for FP in this area. Community health workers (CHWs) achieved high coverage of one-to-one household counseling visits in both intervention and comparison areas. In the intervention area, CHW reached 2379 eligible women (86.01% coverage) in the pregnancy visit, 2136 women (93.68% coverage) in the 29-35 days postpartum visit, 2185 women (95.92% coverage) in the 2-3 months postpartum visit, and 1879 women (94.04% coverage) in the 4-5 months postpartum visit. Similar rates were achieved in the comparison area: CHWs reached 2046 women (89.74% coverage) in the pregnancy visit and 1728 women (95.15% coverage) in the 29-35 days postpartum visit. A total of 748 women (97.65% coverage) were visited by CHW in the 2-3 months postpartum visit and 549 women (97.5% coverage) in the 4-5 months postpartum visit.



Photo: The Community Health Worker of HFS is providing contraceptive method to a postpartum woman.

Photo Credit: Nargis Akter, Field Coordinator

Since July 2009, CHWs in the intervention area have dispensed oral contraceptive pills and condoms to enrolled women. Beginning March 2011, CHWs also dispensed follow-up doses of injectables method following a training conducted by HFS using GOB training materials. During this period of October 1, 2012 to September 30, 2013, 1479 women received oral contraceptives (64.78% of eligible women), 933 received condoms (40.86% of eligible women) and 506 women received injectables (22.16% of eligible women) from HFS CHWs. During the 29-35 day postpartum visit, 2-3 month postpartum visit, and 4-5 month postpartum visit, CHWs referred 91 women (3.98% of eligible women), 201 women (8.8%), and 377 women (16.51%) for FP services from facility,

respectively.

Data Collection

Data collection for this study was completed and final analysis is ongoing.

A team of data collectors, independent of the CHWs and community mobilizers, conduct a maximum of eight data collection visits for each study participants. These include one visit during the pregnancy and seven follow up visits during the postpartum period: 3, 6, 12, 18, 24, 30 and 36 months.

Integrated FP/MNCH training to comparison area's field staff

Two trainings in Kanaighat and Zakiganj sub-districts were conducted on integrated FP/MNCH to comparison area's CHWs and their supervisors on January 2013; as the follow up of the HFS cohort was completed so the study team decided integrated FP/MNCH counseling will be provided to comparison area also.

Data analysis workshop at Johns Hopkins Bloomberg School of Public Health

A data analysis workshop was held at JHSPH on February 11-20, 2013 with the objective of (a) linkage and cleaning the longitudinal data sets (b) review draft manuscripts and finalize (c) Outline and conduct preliminary analyses related to year 2 manuscripts.

Dissemination meeting

A dissemination meeting of the Healthy Fertility Study took place on September 26, 2013 at the Lakeshore Hotel on Gulshan - 2, Dhaka. The objective of the meeting was to share findings from the study with a wider audience. The event was chaired by Mr. A. K. M. Amir Hossain, 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, chief of party, access FP project, MCHIP, Jhpiego; Prof. Abdullah Baqui, Director of Johns Hopkins University's International Center for Maternal and Newborn Health in USA, Dr. Koki Agarwal, Director, MCHIP; Dr. Ahmed Al Kabir, Associate, Johns Hopkins Bloomberg School of Public Health And President, (RTM) International, Additional Secretary, MOHFW, attended the event along with other representatives of USAID and development partners.



Photo: Designated participants from USAID, JHSPH, MCHIP, MOHFW and Shimantik are being shared with the study findings disseminated on September 26, 2013.

Results from a research on integration of post-partum family planning (FP) in to community-based maternal and newborn health services, known as Healthy Fertility Study that has examined the impact on contraceptive use, pregnancy risks, pregnancy spacing and newborn outcomes was released on that dissemination meeting in Dhaka, Bangladesh.

In 2007 when the Healthy Fertility Study was launched, the Bangladesh Demographic Health Survey estimated a significant unmet need for FP (26%) and a low proportion of ever-married women using a modern method (24.7%) in Sylhet Division. Further, the proportion of birth-to-birth intervals less than 24 months was 26.1%.

In response to these challenging reproductive health indicators, Jhpiego and Johns Hopkins University of the Maternal and Child Health Integrated Program (MCHIP) and Shimantik, in collaboration with the Government of Bangladesh's Ministry of Health and Family Welfare, designed and tested an integrated community-based postpartum family planning and maternal and newborn health (MNH) program in Sylhet District. The USAID-sponsored "Healthy Fertility Study" examined the strengths and limitations of FP integration and assessed the impact of the intervention package on contraceptive utilization, exclusive breastfeeding, and other MNH and FP health indicators.

According to Abdullah Baqui, a public health physician of Bangladesh origin, the Principal Investigator of the study, a professor of the Johns Hopkins University in USA and Director of Johns Hopkins University's International Center for Maternal and Newborn Health: Integration of health services delivery allows clients receive a continuum of preventive and curative services from one location and according to their needs over time and across different levels of the health system. It is intuitively beneficial to clients and efficient for the health system. However, the evidence base about integration is limited and there are concerns about unintended consequences. The Projhanmo study group in Bangladesh has provided compelling evidence about the feasibility and effectiveness of integrating MNH and post-partum family planning services. The results will have far reaching positive influences on policies and programs in Bangladesh and around the world.

Other Activities

Meeting with DGFP for scaling up

On October 14, 2012, Director General, Directorate of family planning, along with other designated personnel from Government of Bangladesh, visited HFS activities. After they met with HFS program manager, they discussed on scaling up the best practices of HFS in Sylhet division through GOB program.

Meeting with DGFP and NGOs for "the strengthening Post-partum Family Planning"

On 27 August 2013 at 2.00 PM, a meeting was held at the office of Director General, Family Planning to discuss on "the strengthening Post-partum Family Planning" under operational plan of CCSDP of DGFP. Mr. A. K. M. Amir Hossain, Director General, Family Planning Directorate

presided over the meeting. The officials from different government and non-government organizations were present in the meeting.

The concerned officials of CCSDP will organize a meeting with Director General, Family Planning Directorate, UNFPA representative and JHSPH immediately to have decisions for implementing the proposed activities for strengthening postpartum family planning in Sylhet division under CCSDP operational plan was decided on that meeting.

Providing Refresher Training to Govt. Staff about USAID FP policy and requirement

Healthy Fertility Study team organized two trainings, in Kanaighat and Zakiganj sub-districts respectively on October 31 and November 6, 2012, on USAID family planning policy and requirements for the concerned government field level staffs like Family Welfare Assistants (FWAs) Family Welfare Visitors (FWVs), Family planning Inspector (FPI) and Sub Assistant Community Medical Officer (SACMO) and for the project staff. In these two training sessions, a brief orientation has been provided about the basic concepts of Informed Consent, Voluntary Participation, Tiaht Amendment, and Policy Determination-3 (PD-3).

Attending APHA Annual Meeting in San Francisco, CA, USA

Dr. Salahuddin Ahmed, Program Manager and Local PI of Healthy Fertility Study, attended the 140th annual meeting of American Public Health Association on Oct 27 - 31, 2012 in San Francisco, CA, USA. There was two presentations from HFS entitled “Integrated family-planning, maternal, newborn and child health services in a low-resource area of rural Bangladesh” and “Impact of promotion of Lactational Amenorrhea Method within a community based maternal, neonatal and child health program in rural Bangladesh “ were delivered on Oct 29 and 30, 2012 respectively.

The Way Forward:

The main activities planned for the upcoming End line survey round # 9 and conducting training for new study. To find out the outcome of listed enrolled mother and index child with their subsequent children.

Annex B: Postpartum data collection status by study arm, October 2012 to September 2013

Postpartum Follow up	Intervention	Comparison	Total	Status
3 Months				Completed
6 Months				Completed
12 Months				Completed
18 Months				Completed
24 Months				Completed
30 Months				Completed
36 Months				Completed

Annex B: Operational Plan Indicators, October 2012 to September 2013

Indicator	FY13 Target	Achieved per quarter			
		Oct - Dec 2012	Jan - Mar 2013	Apr - Jun 2013	July - Sep 2013
Couple years of protection in USG-supported programs	150	151	132	111	109.39
Number of counseling visits for FP/RH as a result of USG assistance	--	3752	3064	3134	4729
Number of people trained in FP/RH with USG funds		Male:7 Female: 58	Male: 2 Female: 40		
Report/ dissemination/ manuscript	Report: 4 (PP 36 month survey, final project report, cost effectiveness analysis, return to fertility leaflet assessment report) Dissemination: 4 (Two dissemination meeting at Dhaka and Sylhet, two conference presentations) Manuscripts: 5	Report: 1 (PP 30 month survey report) Dissemination: 1 (140 th Annual meeting of APHA at San Francisco) Manuscript: 1 (re-submission of protocol paper)		One individual abstract and one in a panel were accepted in FP conference in Addis, Ethiopia for oral presentation. Final version of protocol paper was submitted.	Dissemination:1 Manuscript: “Local Understandings and Current Barriers to Optimal Birth Intervals Among Recently Delivered Women in Sylhet District, Bangladesh”