

TECHNICAL BRIEF | SEPTEMBER 2022

# Pioneering Community- Based Postpartum Family Planning



## Responding to Urgent Needs in Bangladesh

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**2.6 MILLION+** pregnancies were unintended in 2015–2019.<sup>1</sup>

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**50%** of births occur at home.<sup>2</sup>

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**93%** of mothers who give birth at home do not receive postnatal care from a skilled provider within two days of delivery.<sup>3</sup>

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**80%** of rural women who give birth at a health facility—and receive postnatal care while at the health facility—do not receive information on family planning methods.<sup>4</sup>

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**11%** of second and higher order births occur after an interval of less than 24 months,<sup>5</sup> which increases the risk of infant death.<sup>6</sup>

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**78%** of women who recently delivered want to wait at least three years before giving birth again.<sup>7</sup>



**In Bangladesh, where 50 percent of births occur at home,<sup>8</sup> accessing family planning within one year of delivery remains a significant challenge. To address this urgent unmet need, the USAID-funded Shukhi Jibon project is bringing quality postpartum family planning (PPFP) services to people’s doorsteps.**

Family planning remains a top priority for the government of Bangladesh (GOB), whose longstanding commitment to reaching households with lifesaving sexual and reproductive health care has driven historic progress. The contraceptive prevalence rate among married women ages 15–49 increased from eight percent in 1975 to 62 percent in 2017. Bangladesh’s total fertility rate declined from 6.7 in 1960 to 2.1 in 2017. Bangladesh’s surge in family planning use, which has contributed to significant reductions in the death of mothers and young children, has been made possible thanks to Bangladesh’s strong family planning service delivery networks, especially the public sector’s massive deployment of frontline service providers who deliver contraceptive information and services directly to women and families in their homes.

In the 1970s, Pathfinder International played a key role in supporting Bangladesh to launch its first National Family Planning 5-Year Plan as well as Bangladesh’s first-ever community-based distribution of contraceptive information and commodities. For nearly half a century, Pathfinder has remained committed to pioneering community-based programming in Bangladesh by partnering with the government and organizations to reach people with lifesaving sexual and reproductive health care and family planning choices.

Today, as Bangladesh strives to maintain and accelerate its progress—to reduce people’s unmet need for contraception and increase the country’s modern contraceptive prevalence rate—the USAID-funded, Pathfinder-led Accelerating Universal Access to Family Planning Project, known as Shukhi Jibon, is partnering with the GOB to enhance the effectiveness of community-based PPFP activities in Dhaka, Chattogram, Mymensingh, and Sylhet divisions.

**PPFP is critical for reducing maternal and infant deaths by preventing unplanned pregnancies and closely spaced pregnancies through the first 12 months after childbirth.<sup>9</sup> Community-based PPFP is an essential investment for achieving Bangladesh’s national family planning goals.**

1 Guttmacher Institute, Bangladesh country profile, 2022, [www.guttmacher.org/geography/asia/bangladesh](http://www.guttmacher.org/geography/asia/bangladesh).

2 Bangladesh Demographic and Health Survey (BDHS) 2017–18.” 2020. Dhaka, Bangladesh and Rockville, MD, US: NIPORT and ICF.

3 Aziz, S., Basit, A., Sultana, S. et al. "Inequalities in women’s utilization of postnatal care services in Bangladesh from 2004 to 2017." *Sci Rep* 12, 2747 (2022). <https://doi.org/10.1038/s41598-022-06672-z> BDHS 2017–2018.

4 BDHS 2017–2018.

5 BDHS 2017–2018.

6 National Institute of Population Research and Training [NIPORT] and ICF, 2020.

7 Ahmed, Salahuddin, et al. 2013. "Operations Research to Add Postpartum Family Planning to Maternal and Neonatal Health to Improve Birth Spacing in Sylhet District, Bangladesh." *Global Health: Science and Practice* 1 (2): 262–76. <https://doi.org/10.9745/GHSP-D-13-00002>.

8 BDHS 2017–2018.

9 "National Family Planning Manual." 2021. Dhaka, Bangladesh: Clinical Contraceptive Service Delivery Program, Directorate General of Family Planning, Ministry of Health and Family Welfare.



# Closing Critical Gaps to Reach Postpartum Women with Family Planning Options

**To advance Universal Health Coverage and Bangladesh's national family planning goals and commitments, the GOB has prioritized PPFP as an area of urgent need. Shukhi Jibon's community-based approach accelerates PPFP progress.**

Bangladesh has affirmed its commitment to PPFP—defined by the Ministry of Health and Family Welfare (MOHFW) as the postpartum period spanning up to one year after delivery—through its inclusion of PPFP activities in Bangladesh's 4th Health, Population, and Nutrition Sector Program Implementation Plan. However, various national operational plans primarily focus on providing PPFP information and services to women at health facilities, despite recommendations from the World Health Organization to provide PPFP services

in facilities *and* communities, including PPFP counseling during facility-based antenatal care (ANC) and postnatal care (PNC), and community-based pregnancy screening.

To close this gap, Shukhi Jibon is supporting the GOB to deliver an innovative, extensive intervention package where people need it most. The project promotes a continuum of care—from people's doorsteps to health facilities—to ensure equitable access to PPFP.



## Program Spotlight: PPFP Learning Lab

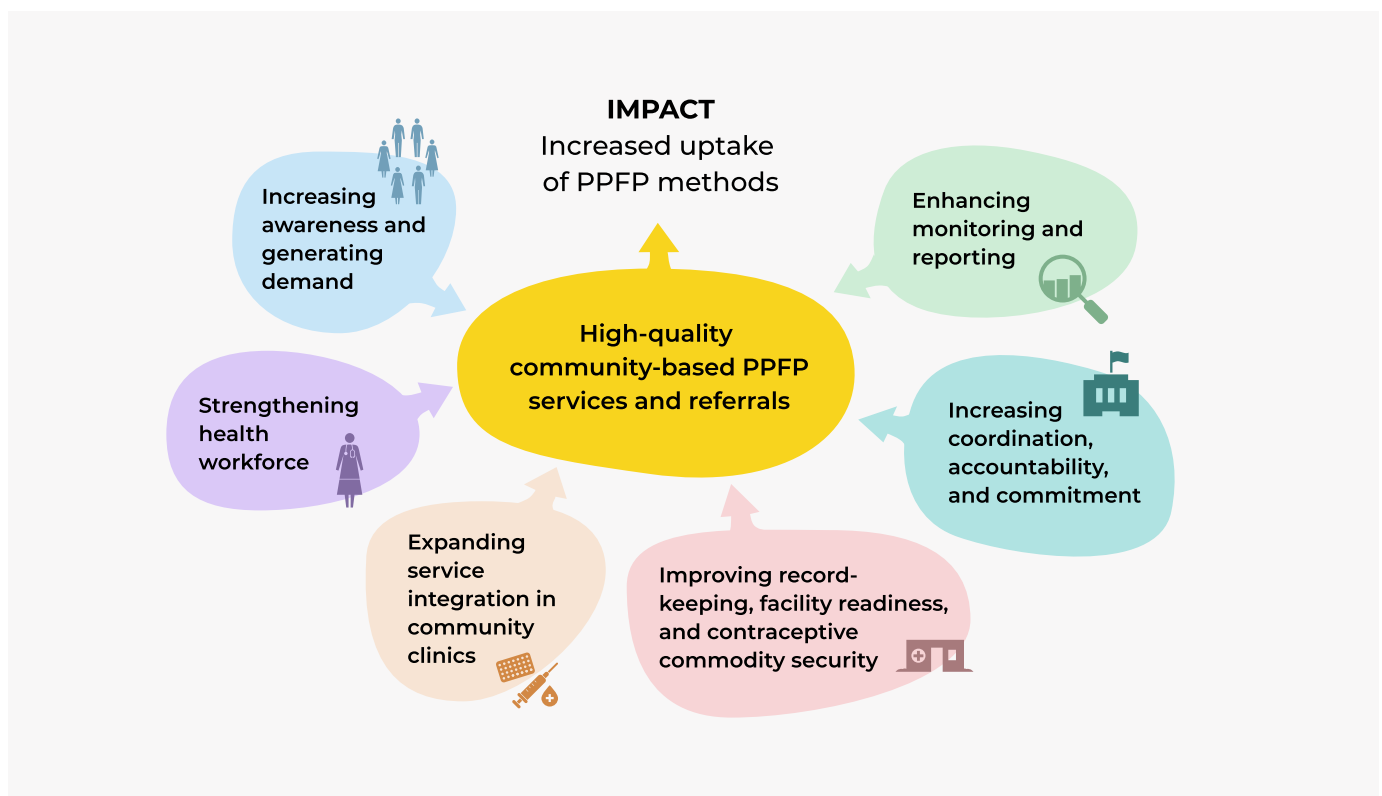
From 2019 to 2021, with strong commitments from the GOB and USAID, Shukhi Jibon implemented its community-based PPFP intervention in 21 Learning Lab sites—government health facilities and adjacent communities—in five divisions (Dhaka, Faridpur, Mymensingh, Chattogram, and Sylhet). Learn more about the project's robust Learning Lab experience and findings, which demonstrate Shukhi Jibon's progress in rapidly testing, refining, and documenting innovations during a pilot phase before effectively scaling them to achieve greater impact.

[www.pathfinder.org/BD-LearningLab-PPFP](http://www.pathfinder.org/BD-LearningLab-PPFP)

# Shukhi Jibon's Approach to Community-Based PPFP

To inform the design of its community-based PPFP intervention, Shukhi Jibon considered information from published reports and recommendations from project staff and consultants, conducted an [Assessment of Family Planning Service Delivery at Selected Public Health Facilities in Bangladesh](#), and held a series of consultative meetings with Bangladesh's Directorate General of Family Planning (DGFP) and national experts. The project tested and refined its approach at [21 Learning Lab sites](#) using a model based on [USAID's Collaborating, Learning, and Adapting framework](#).

**Figure 1: Shukhi Jibon's Community-Based PPFP Approach**



Shukhi Jibon's approach aligns with the priorities of the GOB's PPFP National Action Plan and directly addresses numerous challenges Bangladesh faces to successfully strengthen the full PPFP ecosystem, including:

**Responding to a shortage of human resources** through the active involvement, task sharing, mentorship, and capacity strengthening of members of the MOHFW's field-level workforce.

**Driving more effective collaboration** across Bangladesh's bifurcated health delivery system, particularly between the DGFP and the Directorate General of Health Services (DGHS). (See page 6)

**Improving record keeping, facility readiness, and commodity security** to remove barriers and ensure more people can exercise their right to family planning after pregnancy.

**Generating demand** for PPFP by meaningfully engaging local public representatives and community members.

**Seizing opportunities to integrate** the provision of PPFP information into community-based ANC, delivery services, PNC, and immunization services.

**Connecting stakeholders through virtual platforms** that alleviate challenges, such as movement restrictions during the outbreak of COVID-19.





Helen Bala, a Family Welfare Volunteer from Moulvibazar, counsels a client her PFP options, including a copper intrauterine device (IUD). | Photo: K.M. Munmun Hafiz

## Enhancing Coordination Within Bangladesh's Bifurcated Health Delivery System

**“Effective collaboration between DGFP and DGHS is vital for a successful implementation of [Bangladesh's] family planning program, and this effective collaboration is even more important for PFP.”**

—Bangladesh's [Costed Implementation Plan for the National Family Planning Program \(2020–2022\)](#)

The above statement, which is echoed in Bangladesh's [Prioritized Actions for achieving its Family Planning 2030 Commitments](#), highlights a significant obstacle to achieving Bangladesh's PFP goals, namely the bifurcation of the MOHFW's health service delivery system into two directorates:

- DGFP provides district- and community-level family planning, maternal health, child health, and nutrition services.
- DGHS provides district- and community-level curative and preventive services through higher-level health facilities.

Traditionally, DGFP and DGHS staff work independently at health care facilities and in communities. A lack of strong coordination between these two directorates and their workforces makes it challenging for the MOHFW to deliver the continuum of high-quality, integrated family planning services people need. Shukhi Jibon's community-based PFP approach enhances coordination between these two directorates. Better coordination leads to more reliable, effective, and continuous care for pregnant and postpartum women.

# Activities

Shukhi Jibon's intervention begins at the community level, where frontline service providers register newly pregnant women using a DGFP-approved form to ensure these clients receive care throughout their pregnancies. The intervention also reaches women who give birth outside of health facilities with PPFP messages before and after delivery. Frontline service providers visit clients in their home to discuss PPFP, provide short-acting contraceptive methods, and refer clients for long-acting and permanent methods. More specifically, to strengthen the delivery of high-quality, community-based PPFP, Shukhi Jibon partners with the GOB to implement the following activities:

STRATEGY	ACTIVITY
Strengthening the health workforce	Strengthening the capacity of frontline service providers <b>CORE ACTIVITY</b>
	Enhancing mentorship and supportive supervision of facility- and community-based providers
Enhancing monitoring and reporting	Enhancing pregnancy registration <b>CORE ACTIVITY</b>
	Providing technical support to advance monitoring systems
Increasing coordination, accountability, and commitment	Supporting Fortnightly Meetings <b>CORE ACTIVITY</b>
	Enhancing coordination through meetings with upazila, district, and NGO stakeholders
	Orienting community-based skilled birth attendants
Increasing awareness and generating demand	Conducting courtyard meetings
	Distributing information, education, and communication (IEC) materials
Expanding service integration in community clinics	Strengthening satellite clinics
	Supporting the GOB to integrate family planning and immunization outreach sessions
Improving record-keeping, facility readiness, and contraceptive commodity security	Assessing family planning facility readiness
	Creating action plans for improvement

# Core Activities

## 1 Strengthening the Capacity of Frontline Service Providers

Shukhi Jibon conducts trainings of trainers (TOTs) for service providers and regional managers—authorities from the DGFP and DGHS—on the provision of community-based PPFP services, including screening pregnant women, counseling clients, distributing short-acting methods, making referrals for long-acting methods, and engaging husbands and in-laws to build support for PPFP.

Leveraging adult learning methodologies and techniques, TOTs strengthen trainers’ facilitation skills and, ultimately, ensure a smooth cascade training process for frontline service providers, including health assistants (HAs), family welfare assistants (FWAs), family welfare visitors (FWVs), health inspectors (HIs), assistant health inspectors (AHIs), community health care providers (CHCPs), family planning inspectors (FPIs), sub assistant community medical officers (SAMOs), and midwives. The delivery of integrated training—bringing together frontline service providers from both DGFP and DGHS at the same training events—fosters a common understanding among participants from the two agencies that is conducive to teamwork and clarifies their respective roles.

Informed by learnings and adaptations from Shukhi Jibon’s rollout of TOTs and cascade trainings, and based on Bangladesh’s national curriculum and guidelines, the project developed a handbook for providers of community-based PPFP and postabortion family planning (PAC-FP).

**169 DGFP and DGHS authorities were trained as trainers on community-based PPFP from July 2019 to May 2022**

**4,763 frontline service providers completed cascade trainings from October 2019 to May 2022**

## 2 Enhancing Pregnancy Registration

With support from Shukhi Jibon, DGFP’s field-level workforce is more effectively registering new pregnancies in project areas. Creating an accurate accounting of all newly pregnant women is a critical first step to advance numerous lifesaving interventions—connecting women to the health system; increasing use of ANC, PNC, institutional delivery, PAC-FP, and PPFP services; and leveraging data to more effectively plan and implement high-quality family planning programs.

In 2020, Shukhi Jibon supported the DGFP to adapt its pregnancy registration tool, thereby enabling frontline service providers to track PPFP services for the first time. In addition to training members of the MOHFW’s workforce to enhance the accuracy of pregnancy registration, Shukhi Jibon creates opportunities for frontline service providers, managers, and supervisors to track, cross-check, and follow up on their pregnancy lists—to ensure no clients fall through the cracks.

**“I am grateful to receive this training and learned many things regarding the timing of PPFP methods ... which would help us to work at the community.”**

—Roushan Ara Begum, Family Welfare Assistant, Gouripur, Mymensingh



Participants of TOTs include managers from both DGFP and DGHS. Selecting local authorities to serve as trainers has cultivated local ownership and collaboration among MOHFW staff. | Photo: Aranyak Biswas



### 3

## Supporting Fortnightly Meetings

Shukhi Jibon encourages key stakeholders from the DGFP, the DGHS, and local communities to come together for union-level Fortnightly Meetings (held biweekly). Considered the nucleus of Shukhi Jibon's community-based PPFP intervention process, these regular gatherings enhance coordination and joint problem-solving among frontline service providers, facility-level providers, managers, supervisors, and community leaders. In a festive atmosphere, participants meet at a nearby union health and family welfare center (UH&FWC), where Shukhi Jibon provides a shared lunch and targeted support to participants, who closely monitor and strengthen the continuum of care they provide to new and expectant mothers, including pregnancy registration; home visits; ANC visits; counseling for facility delivery, PPFP, and PAC-FP; PNC visits; referrals; and PPFP commodity distribution.



Medical officers (MOs), upazila family planning officers (UFPOs), assistant UFPOs, FPIs, FWAs, FWVs, sub-assistant community medical officers (SACMOs), HAs, AHIs, and women union parishad members attend Fortnightly Meetings like this one in Jalalabad, Sylhet. Photo: Ridwanul Mosrur

**1,051 Fortnightly Meetings were conducted between October 2019 and March 2022**

**9,087 participants from DGFP and DGHS collaborated to identify opportunities to strengthen community-based PPFP, ANC, facility delivery, and more**

**“I have never attended a Fortnightly Meeting before, but after the training [on community-based PPFP services], I got the chance to attend. This meeting is very useful, as we discussed updates [to the registration list] of pregnant women with FWAs, ensuring PPFP. And, after my training, I am also referring mother accordingly.”**

—Nilufa Akter, Health Assistant, Sonaichari, Sitakunda

**Fortnightly Meetings are crucial in promoting task sharing—collaboration between the DGFP and DGHS to enhance data sharing and use, client follow-up, internal coordination among facility- and community-based staff, and more.**

## Support Activities

**In addition to three core activities, Shukhi Jibon's approach advances the following support activities to close gaps between communities and facilities and ensure women can exercise their right to high-quality PPFP services.**

**Enhancing mentorship and supportive supervision** of facility- and community-based providers who deliver PPFP services, including on-the-job orientations to clinical service providers in 328 facilities, and through dedicated supervisory visits.

**Motivating buy-in and enthusiasm for community-based PPFP services** among influential stakeholders and partners—including upazila and district authorities, nongovernmental organizations, and community-based skilled birth attendants—through regular coordination and orientation meetings.

**Providing technical support to strengthen the monitoring skills** of health workers—frontline service providers, managers, and clinical service providers—and by assisting in the development of a monitoring system that tracks the adoption of postpartum long-acting reversible contraceptives (LARCs) and permanent methods at DGHS facilities.

**Improving facility readiness, commodity security, and record keeping** to enhance the delivery of comprehensive, high-quality PPFP services by conducting assessments in partnership with GOB officers at 1,162 facilities, sharing identified gaps with facility team members and managers, and developing clear action plans for improvement.

**Raising awareness and generating demand for PPFP** among pregnant and postpartum women, as well as their influential family members, through courtyard sessions held by frontline service providers, and through the distribution of DGFP-approved IEC materials.

**Enhancing the field-level operations and quality of services offered at DGFP's monthly satellite clinics**—a critical service delivery point within communities—including through the merging of satellite clinics with Bangladesh's Expanded Program on Immunization (EPI) sessions.

A courtyard session, like this one held in Narsingdi, is a small gathering conducted jointly by an HA and an FWA with support from Shukhi Jibon. Here, community members, especially rural women, gain important information about PPFP. | Photo: Pathfinder Bangladesh

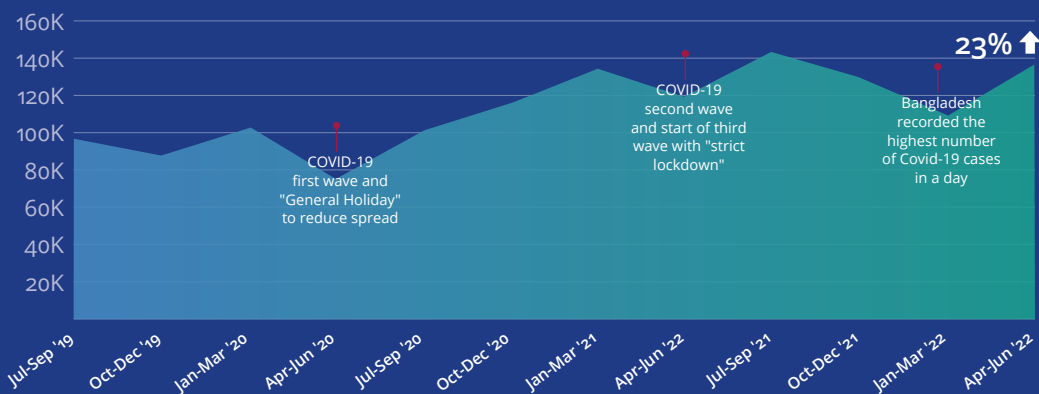


# Delivering Results

Shukhi Jibon's community-based PFP intervention shows that by leveraging existing public-sector resources and enhancing coordination among implementers, the GOB has the power to drive significant progress on PFP. An analysis comparing pre- and post-intervention training data, as well as performance and distribution data,<sup>10</sup> revealed the following results:

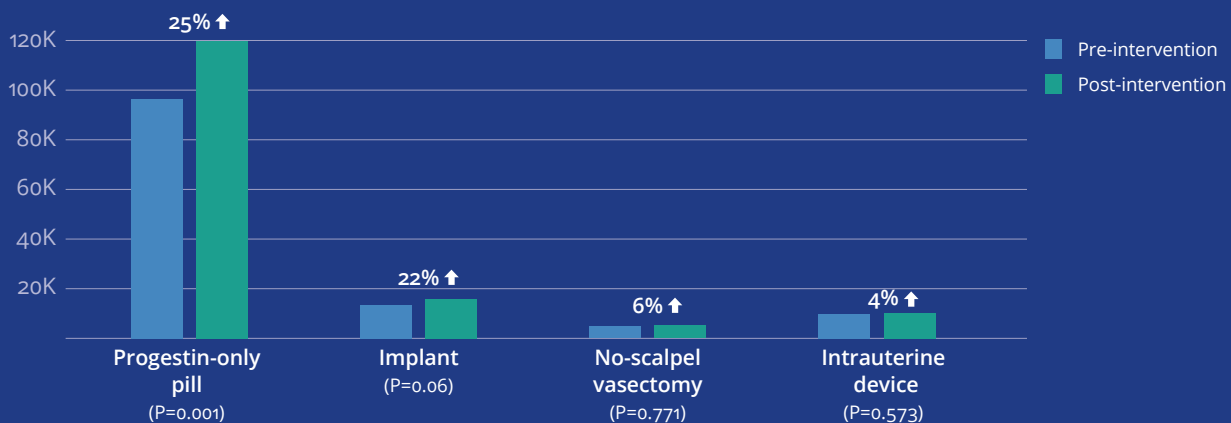
Project activities, such as strengthening stakeholders' thorough review of pregnancy registries—to cross-check lists and ensure no woman is left behind—have contributed to a boost in PFP counseling during ANC visits.

## Increase in PFP counseling during ANC visits



Note: Activities were significantly impacted by the COVID-19 outbreak; across the upazilas, the intervention period encompassed multiple government-enforced lockdowns to prevent the rapid spread of infection. Despite these challenges, pre- and post-intervention data show an upward trend—the number of ANC visits that included counseling on PFP grew by 23 percent.

## Increase in uptake of four PFP methods



Shukhi Jibon built the capacity of FWAs to enhance their counseling on PFP and their provision of short-acting contraceptive methods suitable for the postpartum period, including the progestin-only pill (POP), known locally as APON, to clients who delivered at home. This contributed to an increase in POP user share within the method mix in nearly all—94.1 percent—of upazilas supported by Shukhi Jibon.

<sup>10</sup> Shukhi Jibon's Monitoring, Evaluation, and Learning team analyzed family planning and maternal and newborn health service statistics at the facility and community level, compiled from Shukhi Jibon's DHIS2 system (a data collection and management platform) as well as the DGFP's health management information system (HMIS). The team analyzed data from each upazila during the three-month pre-intervention period and post-intervention (three months following the 12-month implementation period). As all 40 upazilas did not start the intervention at the same time; performance data was analyzed for each upazila based on the time period corresponding the appropriate pre- and post-intervention demarcation. The team completed a paired sample t-test to measure the level of significance of the performance change.



Innovation is needed to increase access to PPF, reduce unmet need for contraception, and increase the modern contraceptive prevalence rate in Bangladesh. Through the dedication and enhanced collaboration of GOB partners, Shukhi Jibon's community-based postpartum family planning approach is closing a critical gap to provide pregnant women—whether they deliver at home or in a health facility—with a continuum of sexual and reproductive health care. To save the lives of mothers and infants, achieve Bangladesh's national family planning goals, and ensure everyone who wants to space or limit their pregnancies can access and use family planning, it is time to reach pregnant and postpartum women where they are.

**“USAID Shukhi Jibon has a certain impact. We are seeing the changes.”**

—Md. Abdur Razzak, Deputy Director - Family Planning, District Family Planning Office, Moulavibazar, Sylhet

COVER: PPF users, Devashish and Krishna Rani Dev, pose for a photo with their newborn and elder son | Photo: K.M. Munmun Hafiz

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