

POLICY BRIEF
**STRENGTHENING
BANGLADESH'S HEALTH
SYSTEM TO ADVANCE
POSTPARTUM AND
POSTABORTION CARE
FAMILY PLANNING**



Shukhi Jibon



PATHFINDER

To ensure the delivery of high-quality postpartum family planning (PPFP) and postabortion care family planning (PAC-FP) services in Bangladesh, health system strengthening is required at both the community and facility levels. Strategic policy actions are needed now to effectively engage communities, ensure an enabling environment for service provision, and advance PPFP and PAC-FP across Bangladesh's public and private sectors.

Background

For decades, Bangladesh has made progress advancing sexual health and rights (SRHR),¹ but significant challenges remain.

More than 2.6 million pregnancies were unintended in 2015–2019.² According to Bangladesh’s Demographic and Health Survey 2022, 10% of currently married women still have an unmet need for family planning. Despite Bangladesh’s goal of achieving a contraceptive prevalence rate (CPR) of 75% by 2023, the country’s current CPR is 64%, with only 55% of women using modern methods of contraception. Furthermore, Bangladesh’s total fertility rate—2.3 births per woman—has remained unchanged for 12 years.³

Today, as Bangladesh strives to maintain and accelerate its family planning progress, the Ministry of Health and Family Welfare (MOH&FW) must address several gaps to ensure access to high-quality PPF and PAC-FP for people who want to space or limit their pregnancies.

Accessing family planning within one year of giving birth remains a significant challenge in Bangladesh.

- 1 in 3 births occur at home.⁴
- 87% of mothers who give birth at home do not receive postnatal care from a skilled provider within two days of delivery.⁵
- 45% of mothers deliver at private facilities, where PPF services are often not available.⁶
- 18% of women want to delay next birth for two or more years.⁷
- Most women with two or more children do not want to have any more children.⁸
- 11% of second and higher order births occur after an interval of less than 24 months,⁹ which increases the risk of infant death.

PPF and PAC-FP are essential components of SRHR that have the potential to reduce maternal, newborn, and child death by enabling people to plan and space their pregnancies more than two years apart. Bangladesh has demonstrated its commitment to PPF—defined by the MOH&FW as the postpartum period spanning up to one year after delivery—through the government’s National Action Plan on PPF in 2015 and the inclusion of PPF activities in Bangladesh’s 4th Health, Population and Nutrition Sector Program (HPNSP) Implementation Plan. However, various national operational plans primarily focus on providing PPF information and services to women at health facilities, despite recommendations from the WHO to provide PPF services in facilities *and* communities, including PPF counseling during facility-based antenatal care (ANC) and postnatal care (PNC), and community-based pregnancy screening.

As Bangladesh prepares for its next HPNSP, strategic policy actions are needed now to address supply and demand challenges that will ensure the effective delivery of high-quality PPF and PAC-FP services when and where they are needed most.

1 The contraceptive prevalence rate among married women ages 15–49 increased from 8% in 1975 to 64% percent in 2022. Bangladesh’s total fertility rate declined from 6.7 in 1960 to 2.3 in 2022.

2 Guttmacher Institute, Bangladesh country profile, 2022, www.guttmacher.org/geography/asia/bangladesh.

3 National Institute of Population Research and Training (NIPORT) and ICF. Bangladesh Demographic and Health Survey 2022: Key Indicators Report (Dhaka, Bangladesh, and Rockville, Maryland, USA: NIPORT and ICF, 2023).

4–8 NIPORT and ICF, Bangladesh Demographic and Health Survey 2022.

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

Leveraging Shukhi Jibon's PFP and PAC-FP experience

The USAID-funded Accelerating Universal Access to Family Planning project, known as Shukhi Jibon in Bangladesh, provides adaptive, needs-driven technical assistance and systems strengthening at every level of Bangladesh's public health system across four divisions¹⁰ with lower modern contraceptive prevalence and some of the greatest barriers to family planning access.

Led by Pathfinder International, Shukhi Jibon partners with the MOH&FW to deliver an innovative, extensive package of activities that promote a continuum of care—from people's doorsteps to health facilities—to ensure equitable access to high-quality PFP and PAC-FP services. From 2019–2021, Shukhi Jibon implemented a Community-Based PFP and PAC-FP Learning Lab, based on USAID's Collaborating, Learning, and Adapting framework, in 21 Learning sites—government health facilities—and adjacent communities in 5 districts. The project's approach, now expanded beyond learning lab sites, supports the government of Bangladesh (GOB) to strengthen PFP and PAC-FP services for a population of 14.7 million eligible couples in Shukhi Jibon's project areas.

KEY PROJECT STRATEGIES

- Strengthening the capacity of frontline and facility-based service providers by pioneering an integrated mentorship and supportive supervision (M&SS) approach that enhances providers' skills on a range of topics related to PFP and PAC-FP, including gender integration and SRHR for adolescents and youth.
- Improving pregnancy registration to monitor and follow up on new and expectant mothers to ensure they receive a full range of services, including PFP and PAC-FP.
- Increasing coordination at every level, especially between the Directorate General of Family Planning (DGFP) and Directorate General of Health Services (DGHS) through Fortnightly Meetings.¹¹
- Improving the quality of PFP and PAC-FP counseling in communities and facilities.
- Improving record-keeping, facility readiness, and commodity security.
- Raising awareness and generating demand in communities by engaging men, local leaders, and staff from DGHS.
- Integrating family planning into immunization outreach services.

RESULTS

An analysis comparing pre- and post-intervention training data, as well as performance and distribution data, reveals that project activities have contributed to:

- 23% increase in PFP counseling during ANC visits.
- Significant increase in uptake of four PFP methods: progestin-only pills (POPs) increased by 25%, contraceptive implants increased by 22%, no-scalpel vasectomies increased by 6%, and intrauterine devices (IUDs) increased by 4%.

Analysis performed on data generated from the project's M&SS checklists, in conjunction with feedback obtained from mentors, mentees, and supervisors supported by Shukhi Jibon shows the following results:

- 72% of mentees surveyed reported that their PFP counseling skills increased significantly because of the project's M&SS activities.
- 66% of mentees reported that their postpartum IUD insertion skills increased significantly because of Shukhi Jibon's M&SS activities.
- Through supervision visits, the availability of various job aids—including PFP job aids—increased from 77% at baseline to 88% at endline.

¹⁰ Chattogram, Dhaka, Mymensingh, and Sylhet.

¹¹ 1,051 Fortnightly Meetings were conducted with Shukhi Support between October 2019 and March 2022. Nearly 10,000 participants from DGFP and DGHS collaborated to identify opportunities to strengthen community-based PFP, ANC, facility delivery, and more.

Recommendations

Shukhi Jibon recommends¹² the following strategies to advance PPF and PAC-FP in Bangladesh:

Improve the registration and follow-up of all newly pregnant women.

- Enroll all pregnant women under a unified digital registration system and follow up with them throughout the course of pregnancy, delivery, and postpartum period.
- Ensure PPF and PAC-FP counseling for all pregnant women beginning at an early stage of their pregnancy.
- Follow up with any pregnant woman who has missed ANC or PNC visit by phone call or short message service (SMS).

Ensure a continuum of PPF and PAC-FP training for health care providers.

- Establish a system to ensure yearly core training and bi-yearly refresher training for PPF and PAC-FP providers.
- Integrate gender and adolescent-friendly health services in family planning trainings to improve the confidence level of providers and quality of their care.
- Conduct trainings for doctors on long-acting reversible contraceptives (LARCs) and permanent method (PMs) and ensure paramedics and midwives at DGHS facilities have the skills they need to assist these procures.
- Train nurses and midwives to provide implant insertion and removal services.
- Integrate values clarification and attitude transformation (VCAT) into all trainings to address various types of provider biases and behaviors that translate—advertently or inadvertently—into barriers for people, including young people, who want access to PPF and PAC-FP services.
- Orient drug sellers/pharmacists on proper counseling for PPF and PAC-FP when they sell family planning commodities.
- Introduce certified courses—in-person or virtual—on family methods from recognized institutions to help reduce DGFP's burden related to training activities.
- Strengthen the integration of family planning services, including PPF and PAC-FP, within the curriculum of medical education, nursing, and midwifery students.



Shompa Deb (27), a PPF user from Moulavibazar, poses with her newborn. Photo: K.M. Munmun Hafiz

Improve the quality of PPF and PAC-FP counseling at community and facility levels.

- Integrate PPF and PAC-FP counseling into ANC, delivery, PNC, newborn care, and immunization services.
- Ensure quality PAC-FP counseling for PAC clients at hospitals and clinics.
- Consider engaging men during counseling to increase the acceptance of LARCs and PMs, when and where possible.
- Include M&SS in DGFP's operation plans (OPs) to improve providers' technical skills and the quality of their PPF and PAC-FP counseling.
- Emphasize pre-marital PPF counseling within community engagement activities.
- Develop a strategic plan to address the current rising trend of short-acting method uptake.

12 These recommendations are based on a literature review of key documents focused on PPF and PAC-FP in Bangladesh and South Asian countries in the last 10 years, observation and lessons learned from Shukhi Jibon project sites, and consultation with key stakeholders, including program managers from DGFP, DGHS, and NIPORT; Obstetrical and Gynaecological Society of Bangladesh, and international and local implementers.

Strategically engage men and boys at all levels of service delivery and improve male participation in decision making to increase acceptance of PFP and PAC-FP.

- Implement motivational activities to inform and encourage young couples to use PFP and PAC-FP services.
- Encourage male participation at courtyard meetings to enhance LARC and PM uptake and reduce discontinuation rates.
- Encourage men to accompany their female partners to ANC visits at facilities for counseling to accept PFP immediately after delivery.

Ensure sustainable coordination between DGHS and DGFP for uninterrupted PFP and PAC-FP services.

- Ensure the functionality of service delivery points at district hospitals and medical college hospitals to properly supply family planning commodities both indoors and outdoors.
- Support the uninterrupted provision of PFP and PAC-FP services at all times by securing a buffer stock of family planning commodities at gynecology wards of various facilities, including upazila health complexes, district hospitals, and medical college hospitals.
- Strengthen coordination among managers of DGHS and DGFP at the field level to ensure effective PFP and PAC-FP services in facilities and communities.
- Strengthen inter-departmental coordination—for example, between clinical service, administration, and procurement departments—of district hospitals and medical college hospitals to support uninterrupted PFP and PAC-FP service delivery.
- Engage health assistants at community level to counsel new mothers on PFP during immunization sessions and refer them to nearest family welfare assistants to receive their method of choice.
- Enhance the functionality of existing “model family planning clinics” at medical college hospitals by strengthening linkages between the model clinic and the obstetrics and gynecology department.

Strengthen behavior change communication (BCC) activities to increase awareness and generate demand for PFP and PAC-FP.

- Engage community leaders—including political and religious leaders, as well as female union parishad members—to reduce social and religious stigma and motivate people to use PFP and PAC-FP services.
- Increase the budgetary allowance for refreshments at courtyard meetings from 100 BDT to 300 BDT per meeting to improve the satisfaction of organizers and participants.
- Develop information-communication-technology (ICT)-based BCC and information, education, and communication (IEC) materials on PFP and PAC-FP and ensure materials are displayed in waiting areas of facilities and other relevant public places, such as offices of the upazila nirbahi officer, district commissioner, and court.
- Increase promotional activities on PFP and PAC-FP through electronic media (for example, on the radio, TV, and YouTube) in easy-to-understand language.
- Periodically disseminate SMS on PFP and PAC-FP through mobile phones to target populations—men and women in reproductive age—to increase knowledge and awareness.
- Strengthen and widely promote the activities of “Sukhi Paribar call center (16767)” for maximum utilization of this platform.
- Within menstrual regulation with medication (MRM) kits, which are available over the counter at pharmacies for self-use, include a leaflet explaining the need for an immediate PAC-FP method to avoid a future unintended or unwanted pregnancy.

“We could not provide PFP before [due to a lack of contraceptives]. Now we can provide PFP [because contraceptives are available].”

—Midwife, Upazila Health Complex,
Mymensingh district,
Mentee

Improve infrastructure, address human resources needs, and ensure logistics and uninterrupted supply of contraceptives at public facilities.

- Create new positions to post certified counselors at each medical college hospital, district hospital, and mother and child welfare center to increase the availability and quality of PPF and PAC-FP counseling.
- Enhance coordination between the health and family planning units of upazila health complexes to grant access to and use of the health unit's operation theatre in the absence of functional operational theatre for family planning.
- Develop a system to ensure uninterrupted supplies of family planning commodities and logistics—such as IUDs, gloves, masks, and syringes, etc.—based on each facility's service utilization data.

Improve monitoring, supervision, and record-keeping systems for PPF and PAC-FP.

- For postpartum women who choose POPs as their PPF method, follow up to provide counseling on the benefits of switching to a LARC.
- Highlight the importance of PPF in the extended postpartum period to reduce people's risk of unintended pregnancy.
- Update the current ANC/PNC card of DGFP and DGHS to include information on PPF method acceptance
- Update existing delivery and family planning registers, as well as the management information system (MIS), to record and compile all data on PPF and PAC-FP.

Strengthen PPF and PAC-FP services in urban areas by engaging nongovernmental organizations (NGOs) and the private sector.

- Develop IEC materials for providers in urban areas to raise their awareness of PPF and PAC-FP.
- Train providers in private clinics and hospitals on PPF and PAC-FP.
- DGFP should make family planning services available, affordable, and accessible for the private sector.
- The GOB should support NGOs by providing funds from operational plans to continue delivering family planning services even when donor-funded projects end.
- Establish a referral system from each NGO and private hospital to high-level public facilities, such as maternal and child welfare centers, for complicated PPF and PAC-FP cases.
- Establish a forum, under the leadership of DGFP, to engage private-sector stakeholders and improve coordination between the GOB and private sectors for effective family planning services, including PPF and PAC-FP.
- Create a policy to ensure family planning services, including PPF and PAC-FP, in health clinics of ready-made garment (RMG) and other industries.
- Make all LARC methods, including implants and IUDs, available in the open market under government regulation.



Eti Chakraborti, a Sub Assistant Community Medical Officer (SACMO) and trained PPF service provider from Moulavibazar, counsels a client on PPF. Photo: K.M. Munmun Hafiz

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To improve the health and wellbeing of women and girls, uphold reproductive rights, and accelerate progress to achieving Bangladesh's national family planning goals, it is time to strengthen Bangladesh's health system to effectively deliver high-quality postpartum family planning and postabortion care services.



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