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RESEARCH INSIGHTS

Encouraging Private Sector Provision of Long-acting Reversible Contraceptives and Permanent Methods in Urban Bangladesh

This study evaluates the implementation of a SHOPS program that worked with private hospitals to integrate long-acting reversible contraceptives and permanent methods into their existing maternal and child health services. Findings suggest that private sector facilities are eager to provide these methods when they receive support for training, commodity access, and demand generation.

The government of Bangladesh recognizes that long-acting reversible contraceptives (LARCs) and permanent methods (PMs) are important in meeting consumer demand. However, these methods account for only 15 percent of modern contraceptive use in Bangladesh.

One strategy for increasing access to LARCs and PMs is to integrate them into a facility's MCH offerings. For-profit facilities are increasingly popular destinations for MCH services, especially antenatal care (43 percent of patients) and facility-based deliveries (52 percent). However, few private facilities offer LARCs and PMs.

From 2012 to 2014, SHOPS piloted a program model to facilitate family planning and MCH integration in large, private hospitals. The program aimed to address barriers thought to inhibit LARC and PM provision: lack of training, commodity supply, and marketing. At the conclusion, SHOPS evaluated the model's implementation, exploring factors that could affect ongoing LARC and PM provision.

Methods

The evaluation focused on five case studies of Dhaka-based facilities, selected from 37 private facilities that fully participated in the program. SHOPS used service statistics and monitoring data to ensure that the case studies appropriately reflected the participating facilities as a whole. The project also conducted in-depth interviews with 31 individuals representing the five facilities' staff and stakeholders. SHOPS used information from interviews and quantitative and qualitative monitoring data collected throughout the implementation period from all participating facilities. Data analysis focused on factors (Figure 1, following page) that were hypothesized to play an important role in LARC and PM "normalization," the process of introducing, delivering, and sustaining services.

A.B.M. Zuanaed

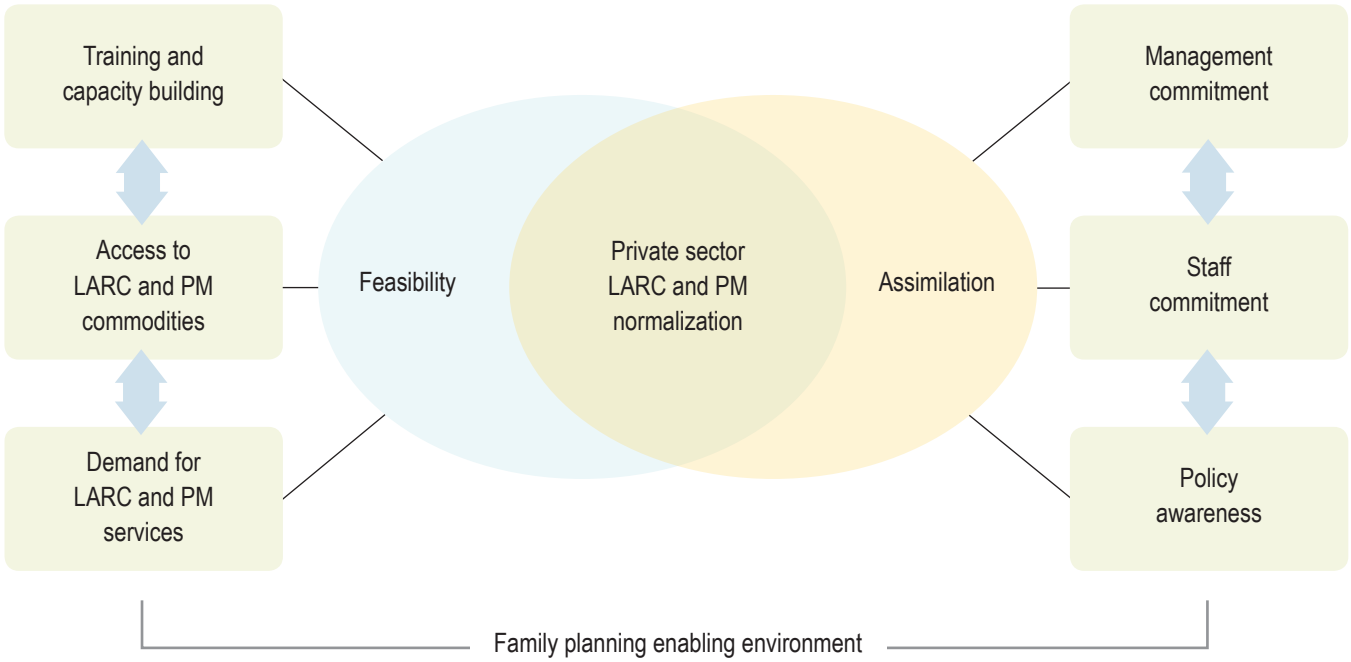
With SHOPS support, facilities established a place for family planning counseling near client waiting areas.

Key Findings

- The SHOPS model eased market entry.
- Private facilities built their providers' capacity and confidence to deliver LARCs and PMs.
- An affordable and accessible commodity supply was critical for participating facilities.
- Increased urban LARC and PM service delivery points expanded access to a wider array of family planning options.
- The LARC and PM service delivery rate was low.
- Many facilities were not willing or able to obtain refresher training.

SHOPS
Strengthening Health Outcomes *through* the Private Sector

Figure 1. Factors that influence private sector LARC and PM normalization



PM = permanent method

Several factors influence how LARC and PM provision becomes feasible and is assimilated as a component of a facility's MCH offerings.

The boxes on the left represent factors that the SHOPS model was designed to influence. The boxes to the right represent stakeholder-level factors that were more difficult for the program to address directly.

Findings

The SHOPS model eased market entry.
SHOPS dramatically lowered the hurdles for facilities to offer LARC and PM services as an integrated part of their MCH service offerings. Case study respondents reported that implementing the integrated model had required minimal capital investment and diversion of staff time, which reduced the risks of participation. Because the model was designed to be adapted, SHOPS ensured that any training or technical assistance activities would be responsive to each participating facility's capacity and needs.

Private facilities built their providers' capacity and confidence to provide LARCs and PMs.
Prior to SHOPS, the national LARC and PM training curriculum required 21 days of uninterrupted lecture-based training in all methods. Since most for-profit facilities needed their staff to be continuously present to see patients and generate revenue, few were able to participate in training structured this way. SHOPS worked with the government of Bangladesh to modify the curriculum so that the project could offer flexible trainings in which facilities could opt in or out for certain LARC or PM methods, designate specific staff to be trained, and provide input on the best times and places to schedule training sessions. SHOPS emphasized a balanced approach to training that blended lecture and practical elements. Since most providers have little practical exposure to LARC and PM in their standard medical training, providers were especially appreciative of the opportunity that the practical elements gave them to build confidence and skill.

An affordable and accessible commodity supply was critical for participating facilities.
One of the most important successes of the SHOPS model was the establishment of reliable private sector access to LARC commodities. Private facilities previously lacked commodity access—a gap cited as a primary reason for facilities' inability to offer LARC services. Many respondents expressed confidence that, as long as their supply arrangement remained unchanged, their facilities would continue to provide the

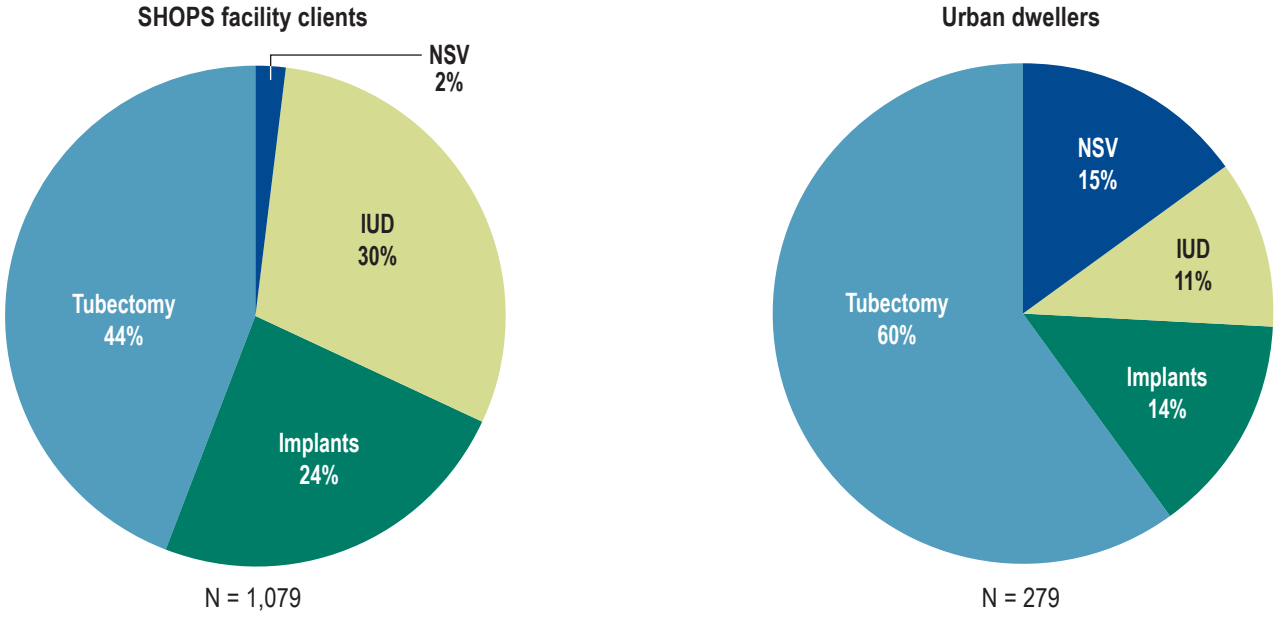
newly introduced services. Since commodities could be ordered in small quantities and on short notice, facilities had the flexibility to purchase them according to the scale of their demand and their capacity to provide.

Increased urban LARC and PM service delivery points expanded access to a wider array of family planning options.
Since it is common for Bangladeshi providers to work across multiple facilities and to operate private practices, SHOPS-trained providers brought their newly acquired skills and confidence to the 37 facilities targeted by the model, as well as other urban facilities. Clients who visited these facilities appeared to access a relatively even mix of LARC and PM methods. Figure 2 compares the mix of methods provided by SHOPS facilities with the national urban LARC and PM method-mix profile, demonstrating that these facilities had particular success in delivering what have been nationally underused LARC methods.

The LARC and PM service delivery rate was low.
In spite of intensive facility-level demand generation support, the number of LARC and PM services delivered each month at participating facilities was low compared to the facilities' estimated MCH service totals overall. Although SHOPS facilities delivered an average of just three LARC and PM services at each facility per month, these modest service trends were similar to LARC and PM provision trends for comparable urban public facilities with comprehensive contraceptive offerings. In 2013, public facilities provided an average of four IUDs, tubectomies, or implants per month. In addition to low demand for LARCs and PMs in general, another contributing factor that may have restricted provision was that program implementation coincided with an extended period of sometimes violent political demonstrations and strikes in which clients avoided nonessential travel.

Many facilities were not willing or able to obtain refresher training.
Staff turnover is common in Bangladesh's private health facilities. Many participating facilities encountered skill retention barriers over the medium-to-long term because of relatively low rates of LARC and PM service delivery, which reduced opportunities for providers to regularly apply their newly acquired skills. Additionally, LARCs and PMs had not yet demonstrated sufficient return to entice facilities to take their own initiative to invest in training and skill retention.

Figure 2. LARC and PM method mix: SHOPS facility clients vs. urban dwellers



NSV = No-scalpel vasectomy

Source for urban dwellers: 2011 Bangladesh Demographic and Health Survey

Policy Implications

The SHOPS model demonstrates that, with reduced barriers to entry, private facilities are willing to introduce and integrate LARCs and PMs into their MCH service offerings.

Although facilities acknowledged a lag in service delivery rates, most expressed strong interest in continuing to deliver LARC and PM services because they provided an opportunity to more fully meet clients' needs and contributed to the national population program. In this context, viable service integration may not require dramatic revenue margins, but merely sustainable returns.

Delivery of LARC and PM services seemed likely to continue at many of the facilities that implemented the SHOPS model. However, the potential for continued staff reduction implies that some facilities could struggle to sustain provision. Measures needed to generate widespread LARC and PM demand may be currently beyond the capacity of individual facilities and will require a robust system-wide effort. Outside support—particularly in the form of additional skills training and marketing activities—may be needed to maintain the viability of LARC and PM services in some for-profit facilities.

Ongoing support could be sourced from SHOPS collaborators who are still actively working in Bangladesh. USAID-funded initiatives like the Mayer Hashi project have engaged in behavior change communication and marketing efforts to promote LARCs and PMs as family planning options. The Obstetrics and Gynecological Society of Bangladesh has expressed interest in adopting aspects of the SHOPS training model to help it offer LARC and PM training that is accessible to both public and private sector providers.

Stephen Rahaim

Providers learn how to insert an implant by watching the procedure.

Full Report

Rosapep, Lauren. 2015. *Encouraging Private Sector Provision of Long-Acting and Permanent Family Planning Methods in Bangladesh: An Implementation Evaluation*. Bethesda, MD: Strengthening Health Outcomes through the Private Sector Project, Abt Associates Inc.

Download this report at www.shopsproject.org.

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For more information about the SHOPS project, visit: www.shopsproject.org

Abt Associates Inc.
4550 Montgomery Avenue, Suite 800 North
Bethesda, MD 20814 USA
Telephone: 301.347.5000 • Fax: 301.913.6019
www.abtassociates.com