WHO/IBP Implementation Stories
Asia
10 June 2021

Nandita Thatte, WHO/IBP Network, Moderator

Nandita leads the WHO/IBP Secretariat based in Geneva. Her current portfolio includes institutionalizing the role of WHO/IBP to support dissemination, implementation, and scale up of WHO guidelines and strengthening the linkages between IBP partners and WHO researchers to inform new areas for implementation research. Prior to joining WHO, Nandita was a Technical Advisor in the Office of Population and Reproductive Health at USAID where she supported programs in West Africa, Haiti and Mozambique. She has a DrPH in Prevention and Community Health from the George Washington University School of Public Health.
Before we Begin

Webinar will be recorded

Submit your questions anytime! Q&A after all presentation

Visit our website to read all the stories:
https://ibpnetwork.org/page/implementation-stories

Download the handouts
Reflections from WHO/IBP Network

Nandita Thatte
Ados May
Carolin Ekman

HIPs and WHO Guidelines in the Stories

• Most of the stories focused on service delivery interventions such as Mobile Outreach, Community Health Workers, Immediate Postpartum Family Planning Drug Shops & Pharmacies and FP Immunization Integration

• There were also several that highlighted Community Engagement, Supportive Policies, Domestic Financing, and Adolescent Contraceptive Services

• The WHO Medical Eligibility Criteria (MEC) Wheel, Family Planning Handbook, and Training Resource Package were the most used WHO Guidelines

• Other guidance such as that on Ensuring Human Rights in the Provision of Contraceptive Information and Services and WHO Guidelines for Adolescent Health were also referenced
Key Themes and Lessons Learned

1. High Impact Practices are not implemented in isolation
2. There are other “Best Practices” that are critical to successful program implementation
3. Linking WHO Guidelines and High Impact Practices can support quality programming
4. Family Planning Programming is Intersectoral
5. Funding and technical support offers capacity exchange in documenting field experiences

Capacity Strengthening

“It has been quite a learning experience to do this, so you can say that capacity building is an additional outcome of this support you have provided us”

- Documentation is challenging
- Creative Storytelling can invite diverse perspectives
- Provide structure and feedback but not prescription
- Keep the narrative (and photos!) authentic
- Learn and Build a Community
“Tell me the facts and I’ll learn. Tell me the truth and I’ll believe. But tell me a story and it will live in my heart forever.”

Native American Proverb
Grace Gayoso Pasion, Knowledge SUCCESS

Grace Gayoso Pasion is the Asia Regional Knowledge Management (KM) Officer of the Knowledge SUCCESS project at the Johns Hopkins Center for Communications Program. More known as Gayo, she is a development communication professional with nearly two decades of experience in public health communication, public speaking, behavior change communication, training and development, and knowledge management. Spending most of her career in non-profit, she worked teaching complex medical and health concepts to urban and rural poor in the Philippines, most of whom never finished primary or secondary school. Since then, she had been an advocate of using simplicity when speaking and writing. After completing her graduate degree in communications from Nanyang Technological University (NTU) in Singapore as an ASEAN scholar, she has been working in regional roles for international development organizations assisting various countries in Asia improve their health communication and KM skills and simplify their technical publications. She is based in the Philippines.
Select the file you want to convert to text.
Submission and Selection

- Solicited stories in early 2020
- 110 total submissions
- 15 winning stories selected
- Announced winners in June 2020

Selection criteria

- Diversity of partners
- Clear description of the problem, intervention, and challenges faced
- Availability of qualitative or quantitative evidence
- Lessons learned clearly articulated
- Unique experiences or use of the HIPs/WHO guidelines
Selected Stories Represent a Range of:

Topics/experiences
Geographies
Partners
HIPs/WHO guidelines

Winning Stories
<table>
<thead>
<tr>
<th>Title</th>
<th>Author</th>
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<tbody>
<tr>
<td>Empowering Rural Women in Vietnam Through Sexual and Reproductive</td>
<td>Giang Thi Huong Phan</td>
<td>Marie Stopes International</td>
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<td>Healthcare: A Model Where Access Meets Entrepreneurship</td>
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<tr>
<td>Fixed-Day Static Approach: Informed Choice and Family Planning for</td>
<td>Deepti Mathur, Mukesh Sharma,</td>
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<td>Urban Poor in India</td>
<td>Vivek Sharma</td>
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<tr>
<td>Why Men Should Be Included in Voluntary Family Planning: A Success</td>
<td>Shamiya Nazir</td>
<td>International Rescue Committee/Bangladesh</td>
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<tr>
<td>Story from Rohingya Refugee Camps, Cox’s Bazar, Bangladesh</td>
<td></td>
<td>Sheikh Mujib Medical University (BSMMU)</td>
<td>Bangladesh</td>
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Dissemination and Follow Up
Dissemination and Next Steps

- Final stories are available now as PDFs
- Please help us share these stories with your networks
- Looking into additional ways to tell these stories—and more stories like these

Knowledge SUCCESS Activities in Asia

- **Engaging with FP/RH organizations** and supporting their Knowledge Management (KM) needs.
- **Looking for KM champions** for FP/RH in the Asia region – who can share with their networks once new FP/RH resources, tools and stories are published or when KM training invitations come out.
- **Looking for content partners** who are willing to share their project stories to a global audience. It’s time for Asia to be heard!
Thank you!

Special thanks to all the authors, partners, and organizations who worked on the stories.

Knowledge SUCCESS and IBP would love to hear from you, if you have additional ideas for stories or ways to disseminate this information!

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info@knowledgesuccess.org

Today’s Presenters

Shamiya Nazir
Bangladesh

Deepti Mathur
India

Giang Thi Hounge Phan
Vietnam
Shamiya Nazir, International Rescue Committee - Bangladesh

Shamiya Nazir is a medical professional with sexual and reproductive health (SRH) expertise in the humanitarian sector. She worked as an SRH manager for International Rescue Committee in Rohingya response over a year. Shamiya is one of the WHO/IBP success story winners and has highlighted the impact of male engagement in family planning in a complex social context. Presently, she is pursuing her second masters at Manchester Metropolitan University and will soon start working as a BAME engagement officer for a local charity organization in Manchester, UK.

WHY MEN SHOULD BE INCLUDED IN VOLUNTARY FAMILY PLANNING: A SUCCESS STORY FROM ROHINGYA REFUGEE CAMPS, COX’S BAZAR, BANGLADESH

IMPLEMENTING ORGANIZATION: IRC, BANGLADESH
DONOR ORGANIZATION: UNFPA
PARTNER ORGANIZATION: MUKTI COX’S BAZAR

PRESENTER: SHAMIYA NAZIR
DATE: 10TH JUNE 2021
BACKGROUND

- Sudden Influx of Rohingya Displaced Population in 2017
- High birth rate
- Lower contraceptive prevalence
- Economic burden for Bangladesh

*** FAMILY PLANNING IS A MANDATE ***

INITIAL FAMILY PLANNING AWARENESS ACTIVITIES

- Women’s session
- Adolescent's session
- Outreach activities lead by midwife and supported by case workers
- 1:1 counselling

Target Outcome: increased family planning uptake (both short-term and long-term reversible contraceptives)

Result: Unforeseen
EXPERIMENTAL INTERVENTION

Male Engagement Session (A promising high-impact family planning practice under community engagement)

Rationale:
- Males are the primary decision makers of the households
- To educate men about family planning and its benefit for the family
- To value men’s opinion in child birth
- To avoid domestic violence

Photo Credit: Tanzila Zisa, IRC

IMPLEMENTATION PROCEDURE

- Target population: Male community leaders, religious leaders and male community representatives
- Duration: February to December 2019
- Location: Camp in Charge Office (CIC) in 19 designated camps
- Session type: Group session with an average 40 participants
- Session Facilitators: SRH manager and midwives
- Supporting staff: Male staff from Referral Hub team

Why We include Male staff from a different program??
- Participants at times felt uncomfortable
- Lack of acceptancy of women’s leadership in the community
### IMPACT

#### Before
- Low family planning uptake
  - E.g.: in December 2018, the total number of new contraceptive users was only 381 clients.
- High stigma related family planning.
- Low acceptancy of midwives.

#### After
- Increased family planning uptake
  - E.g. in January 2020, the total number of new contraceptive users was 2,292 clients.
- Reduced stigma related family planning
- Increased acceptancy of midwives.

### LESSON LEARNED

- Client focused approach is useful.
- Importance of a safe discussion place to ensure staff safety.
- Attitudes within a society cannot change in a short time frame.
- Men are more comfortable sharing their thoughts with and receiving guidance from other men.
- Educating men regarding family planning is as important as women.
- Being respectful to the social and cultural norms.
RECOMMENDATIONS

- Conduct a survey to understand the community’s needs before launching a new intervention.
- Recruit male staff.
- Hold awareness sessions in religious institutes, such as mosques.
- Use mass media. Posters, music, and drama are all valuable tools to communicate about the benefits of voluntary family planning.
- Hold leadership training for service providers.
- When working with refugees, coordinate between the home country and the country where they currently reside.

Acknowledgement:

- Manish Kumar Argrawal (IRC country director, Bangladesh)
- Dr Nasrin Akter Romi (SRH Senior Manager)

For further information please contact shamia.nazir23@gmail.com
Or
NasrinAkter.Romi@rescue.org

Photo credit: Maruf Hasan, IRC

THANK YOU

Acknowledgement:

- Manish Kumar Argrawal (IRC country director, Bangladesh)
- Dr Nasrin Akter Romi (SRH Senior Manager)

For further information please contact shamia.nazir23@gmail.com
Or
NasrinAkter.Romi@rescue.org

Photo credit: Maruf Hasan, IRC
Deepti Mathur, PSI India

Deepti is a result-oriented professional with around 18 years of experience in designing, planning and executing projects around issues that include family planning, reproductive health, paediatric and corneal blindness, eye banking, HIV/AIDS, disability and education. She is proficient in program management, content management, monitoring & evaluation, and knowledge management. She has worked with organizations of repute such as Gates supported Technical Support Group - Truckers, NACO; ORBIS International and Pratham. In her role of Lead-Knowledge Management for PSI, she stewards the Knowledge Management unit and drives critical components of Most-Significant Change Story, Pause & Reflect & Act apart from taking new initiatives such as Urban tales, Photo Quest etc. Deepti holds a Master’s of Science degree in Community Resource Management & Extension and left her MBA mid-way to pursue her passion to work for the less-privileged section of the society.

Fixed-Day Static Approach
Deepti Mathur I Sr. Specialist – KM
June 10th, 2021
Annual FP clients in 20 TCIHC cities of UP:
Tier 2 – UPHC level

Annual FP clients in 20 TCIHC cities of UP:
Tier 3 – City level

How FDS made a difference to the Urban Poor!

- Expanded Choices of Family Planning
- Quality Services
- Freedom from Unwanted Pregnancy
- Less Waiting & Travel Time
- Easy Follow Ups by Frontline Workers
- Saves Resources
How we did it!

CMO

Ready-to-Start Urban PHCs

Fixed Calendar

City Governance

Facility Preparation

Medical Officers

ASHA / ANM

Community Mobilization

Coaching on Creating ‘FP-Due list’ can Elevate FP among ASHAs’ competing priorities

Results

Annualized Increase in Client Volume in TCIHC, India Sep 2017- Feb 2020 UPHCs

99% UPHCs now conduct FDS every week
Lessons Learnt!

1. Demonstration is key to influence growth mindset and scale up
2. FDS assures high quality long-acting FP methods on a fixed day
3. FDS strengthens overall service delivery and quality
4. FDS should be one of the agenda items in review meetings
5. FDS data should be captured in HMIS and referred for decision making
6. Creating ‘FP-Due list’ can help Frontline workers prioritize FP

- FDS approach is endorsed by the three state governments in India
- FDS is codified - https://tciurbanhealth.org/courses/india-services-supply/lessons/fixed-day-static-approach/
- Most significant change stories on FDS available at - https://tciurbanhealth.org/topics/india/
- Spurred Scale up in the form of Antral Diwas in UP.

Thank You!
Giang Thi Houng Phan, MSI Reproductive Choices – Vietnam

Giang Thi Huong Phan is Programme Development Manager of Marie Stopes Vietnam. Giang has more than 15 years of experience in developing sexual reproductive healthcare (SRH) programme, external relations, communications and advocacy, research and matrix and project management. In her role, she is responsible for managing relationships with donors, government authorities and development partners in Vietnam and internationally; strategic communications planning to raise awareness on reproductive healthcare among women at reproductive ages and clinical brand recognition; monitoring and quality assurance for several research on need assessment, market assessment, client satisfaction survey, mystery client survey, client exit interview, cost effectiveness study, and program’s achievement against designed indicators. Her technical expertise involves working with public and private sector, social franchising in SRH service provision, healthcare for corporate sector and corporate social responsibility. Before joining MSI, she worked at private sector with international experience. She has a master’s degree in Business Administration from University of Surrey, United Kingdom.
EMPOWERING RURAL WOMEN IN VIETNAM THROUGH SEXUAL AND REPRODUCTIVE HEALTHCARE

A model where access meets entrepreneurship

Author: Giang Thi Huong Phan
Email: pdm.msivn@mariestopes.org.vn

Vietnam country context

- Vietnam national poverty rate is 9.8%, but rises to 58% among ethnic minorities (World Bank, 2018)
- SRH and FP information and service provision are aimed at married couples
- Unmet need for contraception is significantly higher for ethnic minorities (8.4%) than the country average (6.1%) (GSO, 2014)
- The maternal mortality rate is four times higher in minority ethnic communities than the national average (GSO, 2014).
- Lào Cai and Sơn La are two northern mountainous provinces of Vietnam:
  - Poverty is high, 65% of the provinces’ people live in rural and remote areas, where access to essential services is limited.
  - In Sơn La province, only an estimated 37.5% of the population have access to SRH services (Son La DOH, 2018).
  - Lào Cai has seen a decrease in access to long-term FP methods in recent years
Baseline survey

- Women in Lao Cai and Son La provinces are able and willing to pay out-of-pocket for SRH/FP services
- The healthcare system is struggling to meet the demand for SRH/FP: transition from free services to fee for services
- In Lao Cai and Son La, the ethnic minority groups account for 63% and 82% of the populations, who tend to avoid people from outside their community.
- Language is also a barrier, significant time is required for providers to build trust to the community
- The innovative and scalable MS Ladies model is designed to overcome these challenges, while providing an entrepreneurial opportunity for female healthcare workers.

High impact practice

What is MS Ladies

- Trained midwives (community health workers), branded MS Ladies, to provide advice and affordable SRH/FP products and services to women in rural communities

Why MS Ladies:

- Works alongside the existing public health system in mountainous and remote areas.
- A critical link between these communities and the local health system, as most MS Ladies also work at local CHSs.
- Have an in-depth understanding of the social and cultural needs affecting women in their community, which enables them build trust among clients and reduce social barriers in accessing SRH/FP.
- Work within their communities, geographical barriers are also reduced.
## Mutual benefits

<table>
<thead>
<tr>
<th>BENEFITS TO CLIENTS</th>
<th>BENEFITS TO MS LADIES</th>
<th>BENEFITS TO HEALTH SYSTEM</th>
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<tbody>
<tr>
<td>• Reliable and quality supply of contraceptive products and services available in community</td>
<td>• Increased income and financial independence, skills development through additional training, personal development through the growth of their business, improved confidence and communication skills</td>
<td>• CHSs’s midwife providers improved clinical and client care skills</td>
</tr>
<tr>
<td>• Consultation and non-clinical SRH products to be provided at women’s home</td>
<td></td>
<td>• The MS Ladies model has the potential to being further integrated and adopted into the public health system in the future</td>
</tr>
<tr>
<td>• Female and male clients can make informed choices together</td>
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<tr>
<td>• Being referred to clinical SRH/FP services at qualified CHSs as needed</td>
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<tr>
<td>• Improving access and affordability for those who live far away from healthcare facilities or face financial barriers in accessing SRH/FP</td>
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## Implementation (1)

- **Target population:** women of reproductive age, ethnic minorities, women living in rural areas, and people with disability
- **Criteria for recruitment:**
  - Qualified SRH/FP service providers (midwives, nurses) working at CHSs
  - Highly trusted in their communities
  - Their responsibility, enthusiasm, and willingness to participate the program

These providers are paid by the government for their work at CHS, making an additional income for being branded as MS Ladies.
The entrepreneurial model

- MS Ladies deliver SRH/FP services and products in their communities, charging affordable fees.
- Promote healthy SRH/FP behaviors and increased access to services by engaging women and men at community social events, local and social media channels.
- The quality of service provision is ensured through regular monitoring and on-the-job training provided by the MSV Program medical team.
Lessons Learned

- Partnering with provincial Departments of Health is critical to gain policy support for program implementation, transition from a free service model to fee-for-service model.
- The DOH sets up legal mechanism to allow MS ladies to socially market products and provide services within communities at affordable prices.
- Having an agreement with a private pharmaceutical company for the provision of low-cost SRH/FP products.
- Local women have been satisfied that MS Ladies offer better services than pharmacies, as they offer comprehensive counselling on all FP methods, as well as the management of side effects.
Recommendations

- Work closely with the community to identify their needs
- Create opportunities for MS Ladies to share experiences and ideas with other regions
- Develop product information and instructions in local languages
- Refresh and update training regularly
- Take into account the distances travelled
- May be necessary to provide equipment and medication
- Carefully consider criteria for selecting potential MS Ladies or community health workers

Questions?
Now it’s time for a poll!

Questions & Answers
Closing remarks by Grace Gayoso & Nandita Thatte

Before we close
Webinar Recording:
https://ibpnetwork.org/page/webinars
http://www.fphighimpactpractices.org

Websites:
www.who.int/reproductivehealth
www.fphighimpactpractices.org

Read the stories here:
https://ibpnetwork.org/page/implementation-stories
Thank you for your participation today!