

# WEBINAR **SERIES**



**Promoting  
health throughout  
the life-course  
during the  
COVID-19  
pandemic**

**WEBINAR-5:  
TASK-SHARING TO MAINTAIN SEXUAL  
AND REPRODUCTIVE HEALTH SERVICES  
DURING COVID-19**

**Experience of Task-sharing in  
family planning**



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## **Presented by**

**Dr. Nurun Nahar Begum Rosy**

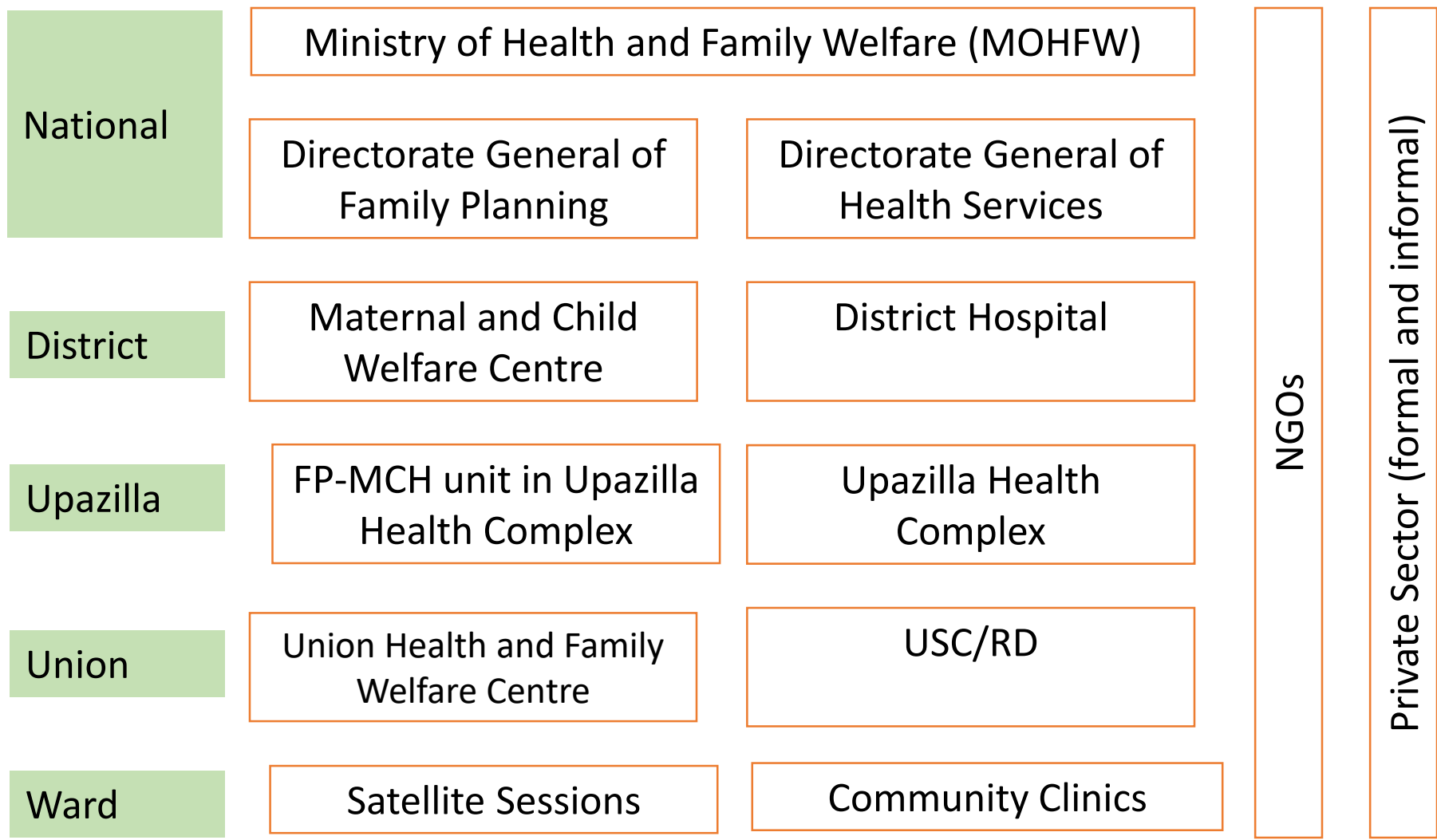
**Deputy Director & Program Manager (Quality Assurance)**  
Clinical Contraceptives Services Delivery Program (CCSDP)  
Directorate General of Family Planning, Bangladesh

## **Discussion points**

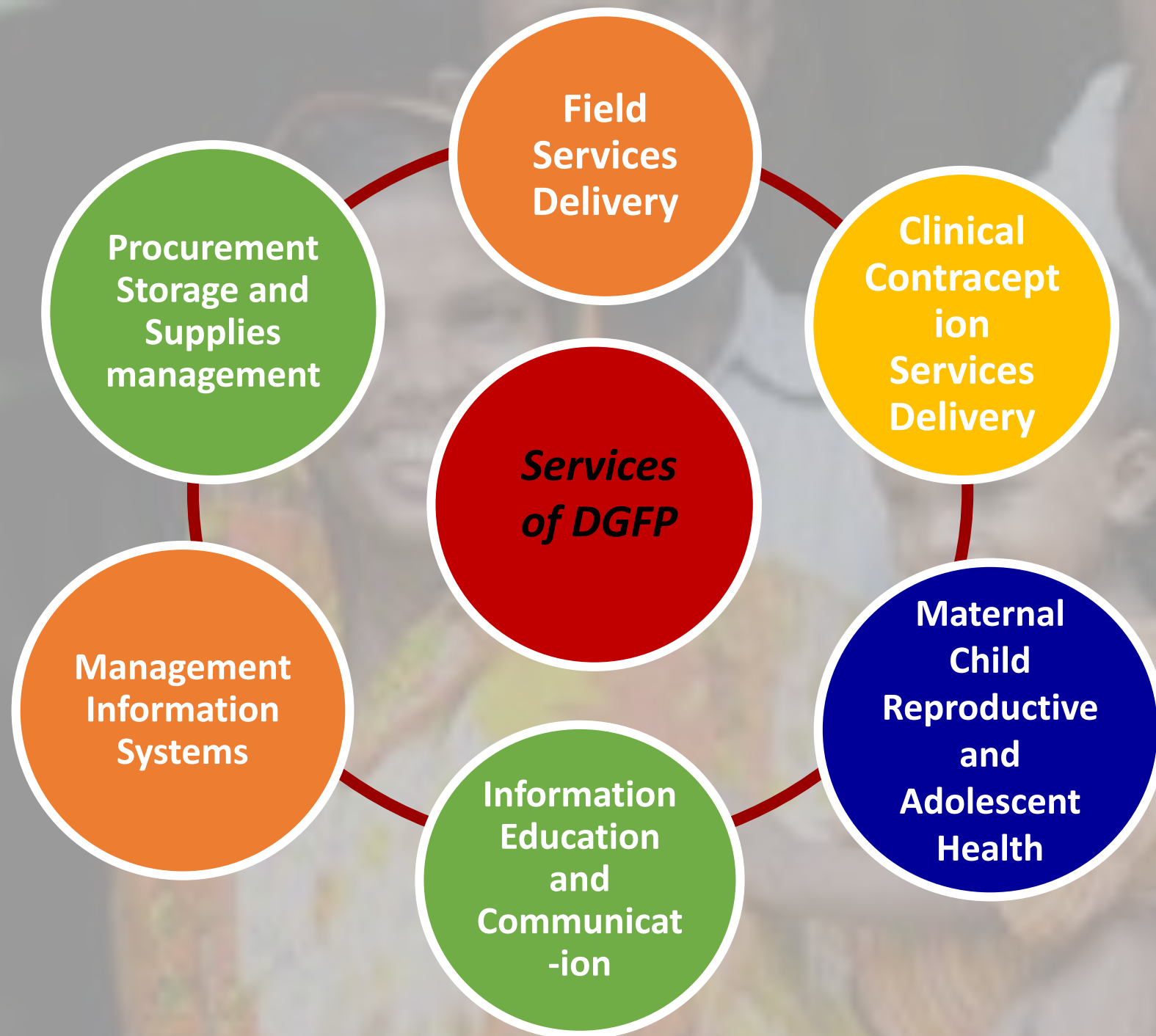
- **Overview of service delivery and background of task sharing**
- **Current country context**
- **Learning**
- **Way forward**



# Bangladesh Health Services Delivery System









# *Why Task sharing in FP?*

To reach this goal, FP service objective is to meet the clients' demand by:

**Current context:** re emphasize the need of task sharing

- COVID 19 crisis
- Persons with disability

demand for  
contraception  
by 2030



# Where and when *Task sharing initiated?*

1. **Within health facility:** an expansion of the levels of health providers who can appropriately deliver health services (**Doctor, nurses, midwives, CHCP**)
2. **With supply outlet:** sharing with CHW or other providers platforms (CSBA, CHCP, FWA, private (BSP)/ NGO/ different pharmaceutical companies etc.





Increased Gestation  
for Nurse and FMV  
62 NTC meeting in

List of members/observers present in the meeting is en

1) MR services can be provided by trained FY LMP and trained Doctors can perform MR

**Inclusion of MR,  
service in the  
2014**

সূত্রঃ ডিএনএস/শা-৩/৪টি-২৯/২০১২/১৮৯২, তারিখ ০৬-০৩-২০১২

উপর্যুক্ত বিষয়ে সূত্রে বর্ণিত স্মারকের পরিশ্রেষ্ঠিতে জানা  
নার্সকে Menstrual Regulation (MR), Post Abort  
শীর্ষক প্রশিক্ষণ প্রদান করা হয়েছে, শুধুমাত্র প্রশিক্ষণপ্রাপ্ত সে সকল  
আইনের অধীনে MR, PAC এবং FP Services প্রদান করা  
প্রদান করা হলে।

১৪-১৫ মতিঝিল বানিজ্যিক এলাকা, ঢাকা।

১। অতিরিক্ত মহাপরিচালক, স্বাস্থ্য অধিদপ্তর, ম  
২। পরিচালক, প্রশাসন/প্রাথমিক স্বাস্থ্য পরিচর্যা/

**Go from DGFP to introduce PPFP**

- প্রথম পর্যায়ে পরিবার পরিকল্পনা (PPFP) সেবা কাছাকাছি টিউবওয়েল, আইইডিটি, ইমপ্ল্যান্ট/ইমপ্লানন এনক্রোটি ও ডিসক্রেট কন্ডোমের মাধ্যমে করা যাবে।
- দ্বিতীয় পর্যায়ের পরিবার পরিকল্পনা (PPFP) সেবার আয়তনের স্থান নির্ধারণ করা হবে এবং প্রতি বছর ১ বৎসর পর্যন্ত।

১০. প্রশাসনিক পরিচালনা (PPPF) সেবা কার্যক্রমে ডিউবেটমী, ডাউইউটি, ইমপ্যুট (ইমপ্যান/ইমপ্যানন এনক্রোটি ও  
 ১১. প্রশাসনিক পরিচালনা (PPPF) সেবার সময়সীমা হল: গার্লস ওয়েলথার প্রকল্পে ১ বছরের পর্যন্ত।  
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পদ্ধতি সমূহের নাম	পদ্ধতি প্রদানের সময়কাল
মহিলার জন্য প্রযোজ্য	
আইসিআই (কোম্পানি টি.এস.সি.)	সময়কাল: ১৯৮০-১৯৮১



# FP services and methods offered by different cadres of providers

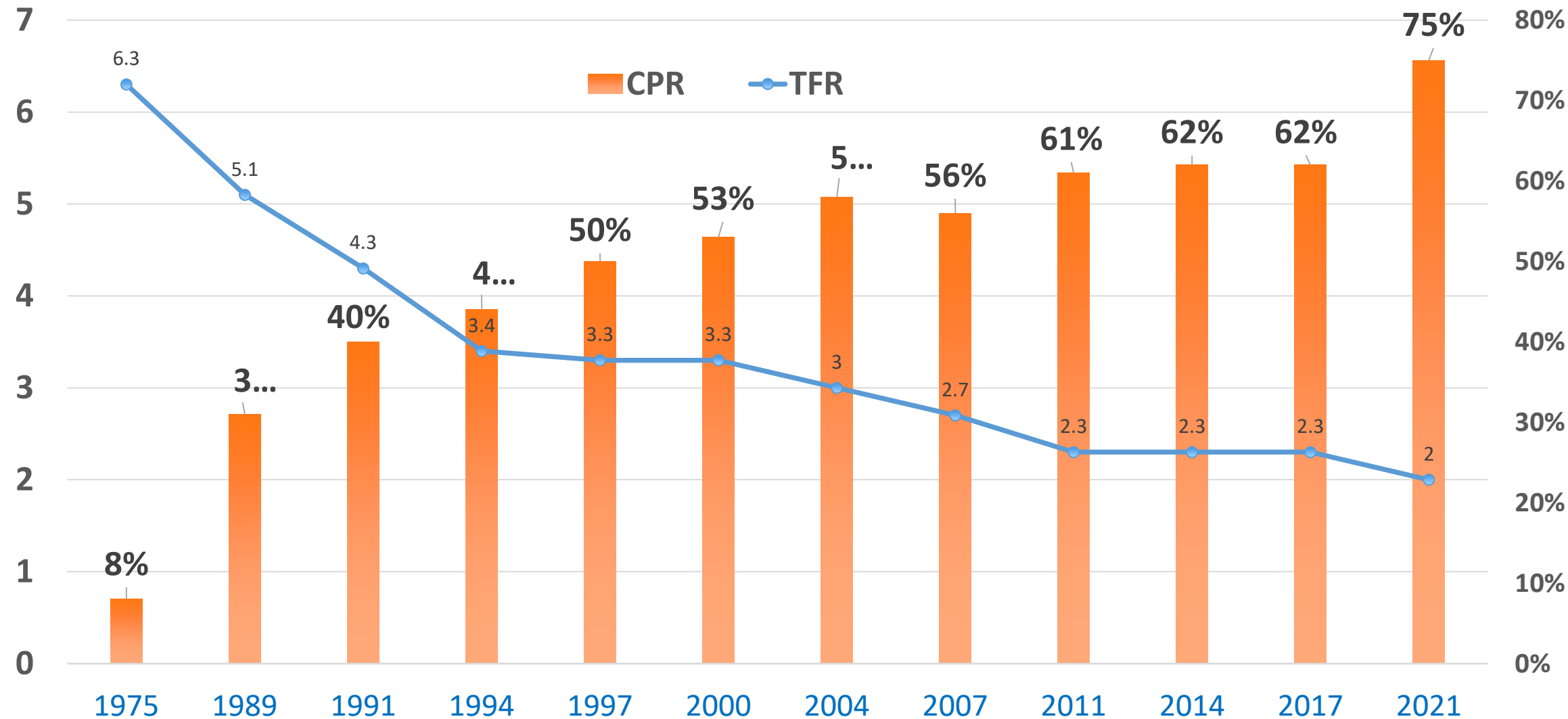
Contraceptive Services	Gynecologist/Obstetrician	General Practitioners – Specially female doctor(GO, NGO, Private)	Paramedics (SACMO), midwives, nurses, FWVs	FWA, CHCP, CSBA, community volunteers, drug sellers
Informed choice, counselling	√	√	√	√
COP, POP, ECP, Injectables	√	√	√	√
Implant	√	√	×	×
IUD	√	√	√	×
Male sterilization	√	√	×	×
Male sterilization	√	√	×	×



Country's experience

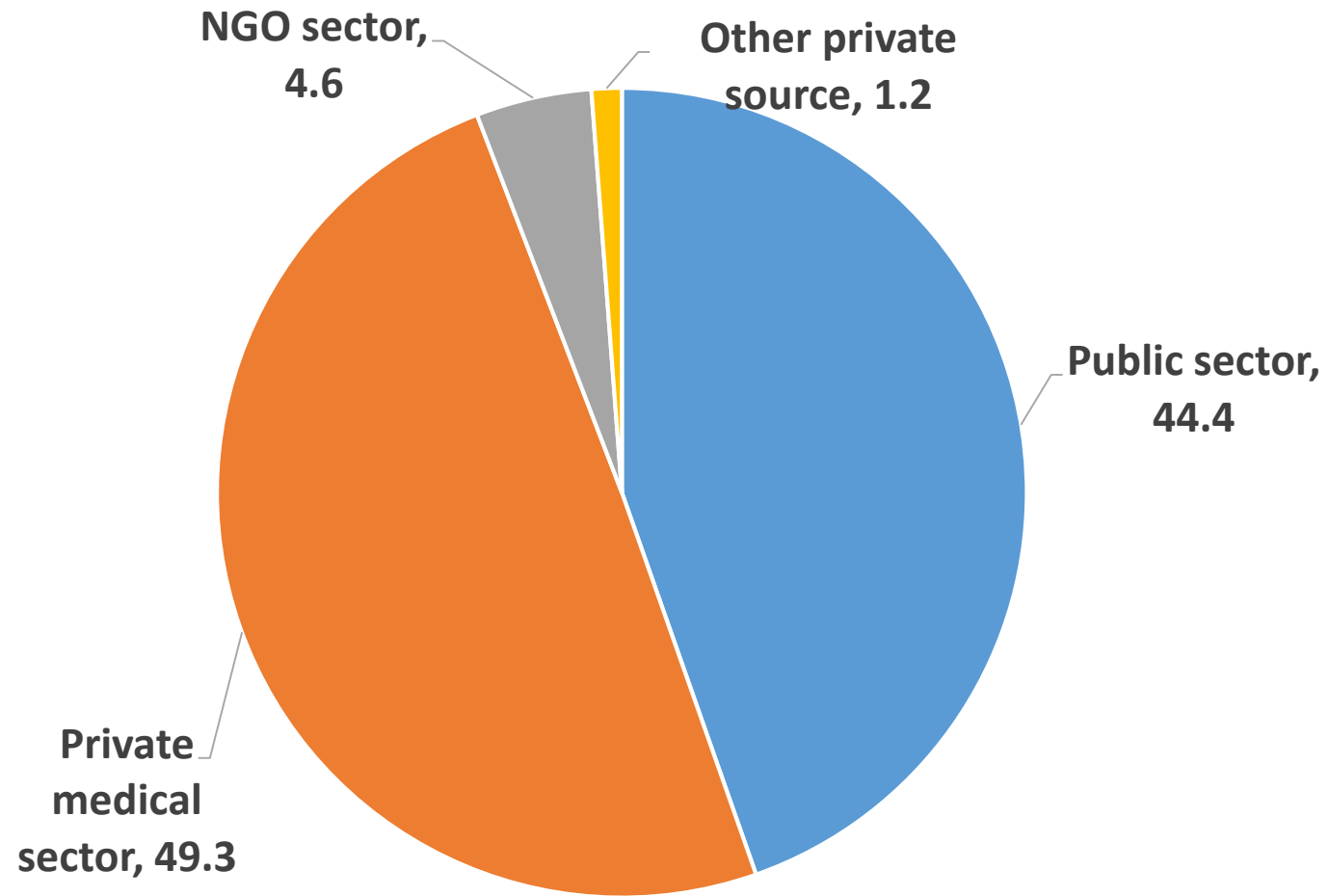
Success of Family Planning Programme in Bangladesh

Increasing CPR and Decreasing TFR





## Distribution of modern methods by source of supply



- Among private medical sector, pharmacy/drug stores serving 44.5% of users
- 75% of private facilities are not providing family planning services



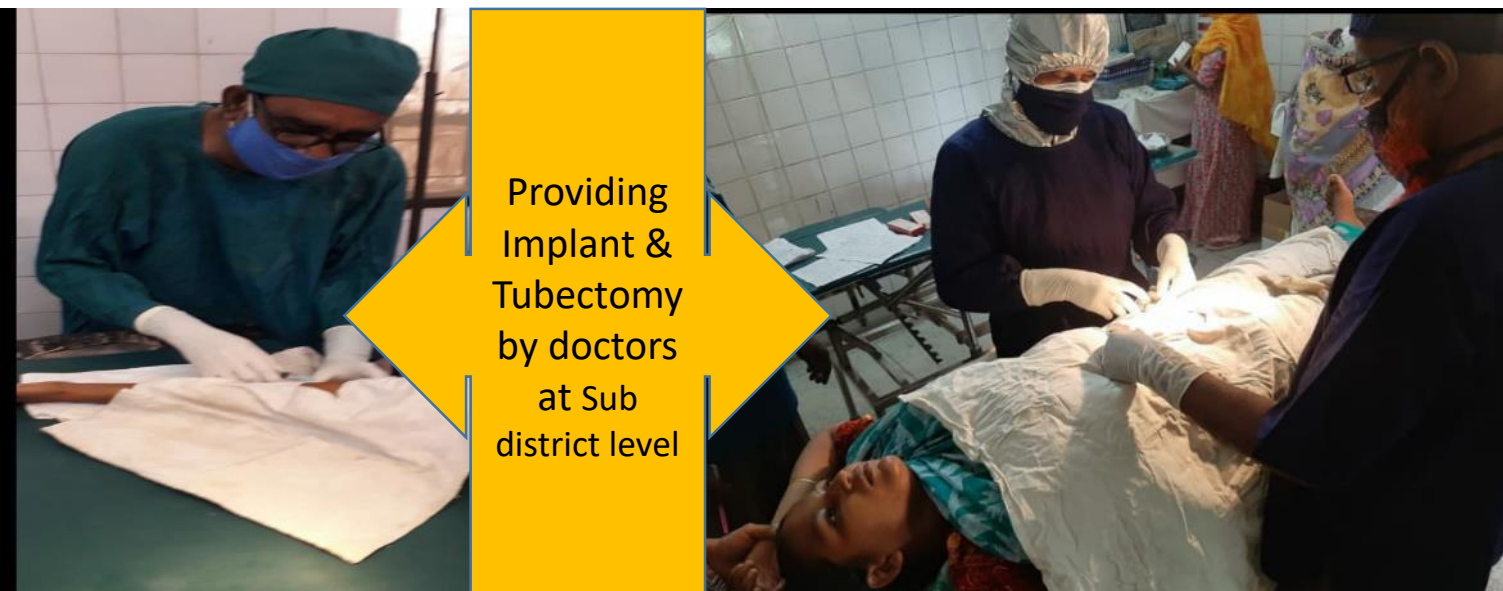
# Public Private Partnership (PPP) for Family Planning in Bangladesh

- DGFP has signed MOU with private medical college hospitals to ensure contraceptive supply and FP services
- DGFP also signed MOU with Bangladesh Garment Manufacturers and Exporters Association (BGMEA) and Bangladesh Knitwear Manufacturers and Exporters Association (BKMEA) to ensure FP services from factory clinics
- Social Marketing Company offer several forms of contraceptive services (including LARC services) through a network of private graduate doctors
- Production by PPP model: Currently private sector provides 51.3 % of contraceptives and 48.7% comes from the public sector.





**Nurses** participated in the PPIUD training



Providing Implant & Tubectomy by doctors at Sub district level

## Glimpse of intervention



### Blue star providers:

- Received orientation
- Provides Injectable,
- LAPM client referral, FP commodities sale



# Initiatives taken during COVID 19 addressing task sharing



**Taskforce formation** at MoHFW level and different committees formed at divisional, district, sub district level to continue the field level implementation



**National guideline:** developed IPC guideline, virtual orientation to the service providers  
Introduce **digital supportive supervision**



**Webinar by OGSB** – to update service providers knowledge on COVID 19 on MCRAH  
**OBGYN Circulate their cell number** to provide for tele consultancy on ANC, PMC, FP service help to continue LARC&PM services during COVID 19 and ensure referral

**Tele counseling** ( Hot line 16767-'SHUKHI PORIBAR' by IEM, DGFP) support 24/7 counselling services on FP& MCRAH, referral



**Increased distribution** of pills and condoms to the users for an extended duration (2 to 4 months)  
Regular LARC&PM services with proper precaution

**Initiated Depo-holders system at the community level for expand the access**

**Allow CHCP for contraceptive distributions**

**Accessibility of short acting method** to near catchment area by private pharmacies

**Utilize workforce** for MR and PAC service



# Challenges

- **Commitment at policy level:** strong commitment needed for task sharing despite the high number of vacancies
- **Strategy:** Absence of task sharing/ task shifting strategy
- **Capacity development** of other cadres
- **Lack of data** for evidence based advocacy
- **Confidence:** lack of continuous mentoring and post training follow up
- **Coordination:** Inadequate coordination between DGHS, DGFP, DGNM
- **Monitoring and supervision:** Inadequate joint monitoring
- **Appreciation and encouragement:** lack of appreciation for best practice
- **New normal life-** adaptation after post COVID 19 situation



# Way forward

To achieve national and global target need to increase LARC&PMs uptake by

- ✓ utilize the service providers
  - Engaging more OBG-YN for LARC&PMs
  - Engage more midwives for PPFP
  - Utilize more the front liners (HA, CHCP, FWA) for injectable
  - Utilize more the NGO providers for IUD / injectable
- ✓ Strengthen partnership NGO/private sector (profit/ non profit) to increase share by
  - Increase investment for commodities production (LAPM) supply, sell in open market
  - Marketing to increase demand and to decrease stigma
  - Engage NGO network to increase access at health facility level after COVID 19
  - Encourage PPP model to ensure contraceptive security





# Thank you

