Implementation research on strengthening service provision of reproductive services by close to community providers: essons from REACHOUT Bangladesh

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• REACHOUT is a 5 year (2013-2018) implementation research project which aims to understand and strengthen the role of close-to-community (CTC)

 Poor women in rural areas and urban slums remain vulnerable to making uninformed choices, due to multitude of public, informal, private and





health workers, including formal and informal providers.

• The Bangladesh team is led by James. P. Grant School of Public Health (JPGSPH), BRAC University, focusing on termination of pregnancy services menstrual regulation (MR) in the country.

#### clandestine providers who operate unregulated.

 This implementation research is being conducted with two organisations (Marie Stopes Bangladesh and Reproductive Health Services Training and Education Program) who are providing legal MR services.

# **OBJECTIVE**

 To conduct implementation research and strengthen the role of CTC health workers, focusing on menstrual regulation MR.

## METHOD

- Based on the findings from a context analysis, interventions on facilitative referral and supportive supervision were designed.
- Training to CTC providers, and to the supervisors of the CTCs were conducted.
- A standard training manual was adapted for supportive supervision and developed for facilitative referral trainings.
- Combination of quantitative and qualitative methods was used and ongoing process documentation was conducted.





### RESULTS

- Perceived benefits of implementation research were recognised by CTC providers and women.
- After facilitative referral trainings, CTC providers are more confident about their work and responsibilities, can share comprehensive information on MR to empower poor women to make informed choices and decisions regarding MR.
- CTC providers can identify referral gaps, deliver the right information to the referrer and to the client, are more aware about follow up, and track referred clients and save the patients from brokers.

- Continual meetings were conducted with organisational heads. Observations also took place in terms of trainings and supervision.
- A new referral card for MR clients to identify and track MR clients by the CTC providers through the two implementing partner organizations.

PHASES OF REACH		H	
CONTEXT ANALYSIS	<b>GUALITY IMPROVEMENT</b>	<b>GUALITY</b> <b>IMPROVEMENT</b>	
(Feb 2013 - Jun 2014)	CYCLE ONE (QIC1, Nov 2014 - Jan 2016)	CYCLE TWO (QIC2, April 2016 - May 2017)	

MARIE STOPES	<b>Referral ca</b>	
MEALTHCARE BANGLADESH	HEALTHCARE BANGLADESH Client section	
Referral card	Filled up by the referrer Refer ID no: Date of referral:	
Refer ID no: Date of referral: Client name: Client mobile no: Referrer name: Referrer mobile no:	Client name: Referrer name: Referrer mobile no: Please visit clinic withindays Filled up by the clinic service provider Date of clinic visit: Service provided Service not provided	
Courtesy: Reachout	Clinic service provider will keep this slip	
MARIE STOPES CLINIC House No-58, Road No-22 Rupnagar Abasik Mor, Shialbari, Mirpur. Mobile: 01712637122, 01756965154 Time: 10 am to 4.30 pm Friday off MARIE STOPES BANGLADESH Our services: • Family planning • Personal health services for women • STI/RTI test • Safe MR • ANC/PNC • EPI vaccination (every Monday) • Child health care • Vaccination (child & adult) • Limited pathological test	<b>MARIE STOPES</b> BARIE STOPES CLINIC   House No-58, Road No-22   Rupnagar Abasik Mor, Shialbari, Mirpur.   Mobile: 01712637122, 01756965154   Time: 10 am to 4.30 pm   Friday off	

- A series of supervision trainings enhanced the relationship between CTC providers and their supervisors in terms of positive rather than disciplinary approaches.
- Trained CTC provider supervisors share updated information with colleagues and also cope better in field visits and convince clients.
- Both implementing organisations were supportive of carrying out the implementation research.
- Regular meetings and dialogues was critical to avoid implementation disruption due to the turnover of senior management in the implementation organisations.
- To promote ownership the joint development of training manuals and involving trainers from organisations facilitated the implementation of new components.





• Implementation research is a continuous process and should be developed and adapted according to context specific needs.

 Innovations added to existing structures and interventions were seen as feasible and acceptable by implementing organizations as well as the CTCs.

 Strengthening monitoring process, accountability and recognition of hard work by the CTCs is critical.

 Interventions targeting the multiple layers of supervisors is necessary for sustainability.

• Hashemi, Anuradha, Rashid, Sabina, Rashid Mashida, 'Where do poor women do? Understanding Post Abortion Complications.' UNFPA, unpublished report, 2011. Dhaka, Bangladesh.

 Vlassoff, Michael, et al. 'Menstrual' regulation and postabortion care in Bangladesh: factors associated with access to and quality of services'. New York: Guttmacher Institute (2012).

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**REACHOUT** is an international research project to understand and develop the role of close-to-community providers of health care in preventing, diagnosing, and treating major illnesses in Africa and Asia

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