



## 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.








# Today's Agenda

<b>Opening &amp; welcome</b>	Nandita Thatte
<b>World Health Organization Remarks</b>	Nandita Thatte
<b>Knowledge SUCCESS Remarks</b>	Grace Gayoso Pasion
<b>Implementation Stories</b>	
Bangladesh	Shamiya Nazir
India	Deepti Mathur & Team
Vietnam	Giang Thi Hong Phan
<b>Questions</b>	Nandita Thatte
<b>Closing</b>	Grace Gayoso & Nandita Thatte



# 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  
Carolyn Ekman




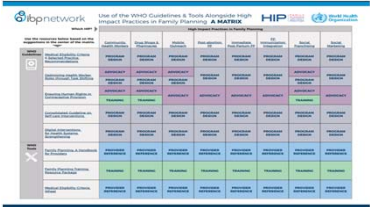
## HIPs and WHO Guidelines in the Stories

- 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

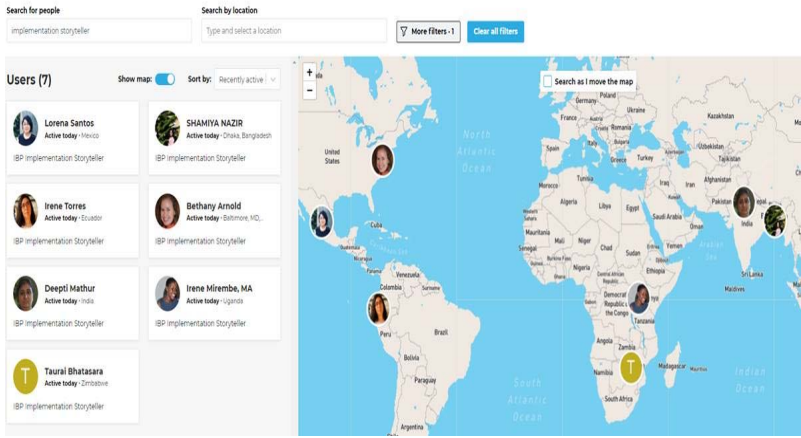
1. High Impact Practices are not implemented in isolation
2. There are other “Best Practices” that are critical to successful program implementation
3. Linking WHO Guidelines and High Impact Practices can support quality programming
4. Family Planning Programming is Intersectoral
5. Funding and technical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





ibpnetwork		World Health Organization
Author(s)	Organization	Country
Taurai Bhatasara, Brian Nachipo	PSI/MoH	Zimbabwe
Giang Thi Huong Phan	Marie Stopes International	Vietnam
Irene Mirembe, Sam Cherop, Carol Karutu	Intrahealth International	Uganda
Olufunke Fasawe, Farahat Bello, David Adeyemi, Nneka Onwuasor, Owens Wiwa	Clinton Health Access Initiative	Nigeria
Anna Temba, John Gamaliel, Marina Njelekela, Ramadhan Mlange, Emeka Okechukwu, Prudence Masako, Carlton Jones	EngenderHealth	Tanzania
Deepti Mathur, Mukesh Sharma, Vivek Sharma	Population Services International	India
Dra. Andrea del Rosario Garcia, Dr. Kirsten Austad	Wuqu' Kawoq   Maya Health Alliance	Guatemala
Bethany Arnold, Yacouba Ouedraogo, Cheick Ouedraogo	Jhpiego	Burkina Faso
Irene Torres, Bernardo Cañizares	Fundación Octaedro	Ecuador
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Cyprien Ephrem Zinsou, Ando Tiana Raobelison, Beth Brogaard	Association Béninoise de Marketing Social (ABMS)	Benin



# END



### 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.

# IBP Implementation Stories

Process, Story Creation, & Dissemination

10 June 2021 | Presentation by Grace Gayoso Pasion  
Knowledge SUCCESS



**USAID**  
FROM THE AMERICAN PEOPLE



JOHNS HOPKINS  
Center for Communication  
Programs



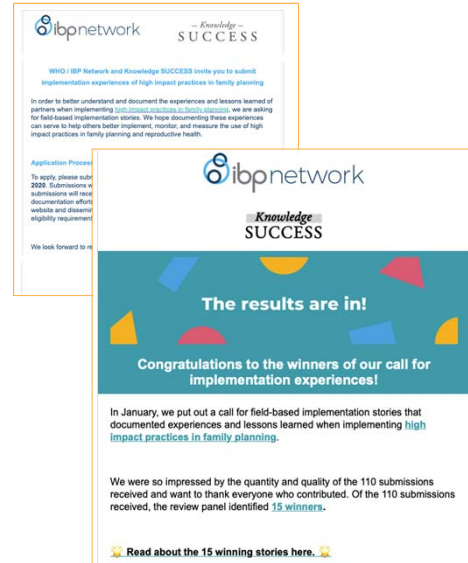
# Selection Process

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## 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



Partners



Geographies



HIPs/WHO guidelines

# Winning Stories

Title	Author	Organization	Country
Empowering Rural Women in Vietnam Through Sexual and Reproductive Healthcare: A Model Where Access Meets Entrepreneurship	Giang Thi Huong Phan	Marie Stopes International	Vietnam
Fixed-Day Static Approach: Informed Choice and Family Planning for Urban Poor in India	Deepti Mathur, Mukesh Sharma, Vivek Sharma	Population Services International	India
Why Men Should Be Included in Voluntary Family Planning: A Success Story from Rohingya Refugee Camps, Cox's Bazar, Bangladesh	Shamiya Nazir	International Rescue Committee/Bangladesh Sheikh Mujib Medical University (BSMMU)	Bangladesh

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# Dissemination and Follow Up

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## 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

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## 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!

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## 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](mailto:info@knowledgesuccess.org)



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## Today's Presenters



**Shamiya Nazir**  
Bangladesh



**Deepti Mathur**  
India



**Giang Thi Hong 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: 10<sup>TH</sup> JUNE 2021**



Photo credit: Maruf Hasan, IRC

## 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



This Photo by Unknown Author is licensed under CC BY-SA

## 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.



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  
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Or  
[NasrinAkter.Romi@rescue.org](mailto:NasrinAkter.Romi@rescue.org)





### 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

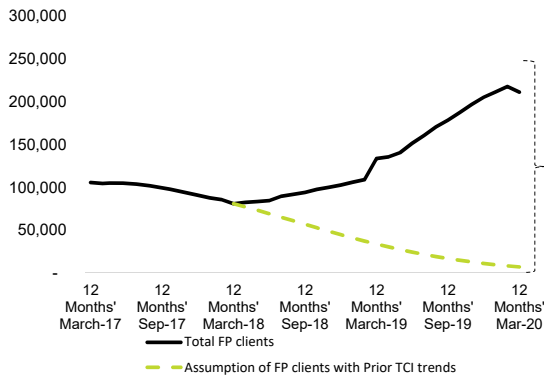
Deepti Mathur | Sr. Specialist – KM

June 10<sup>th</sup>, 2021

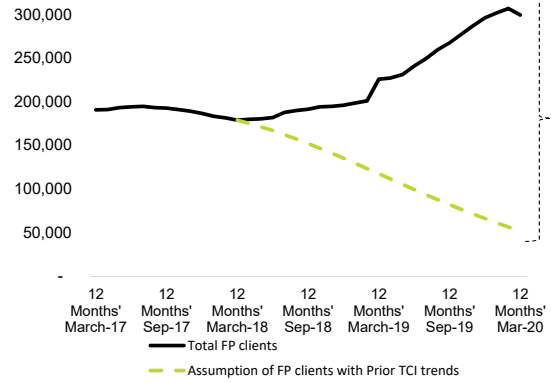


# Problem!

**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**

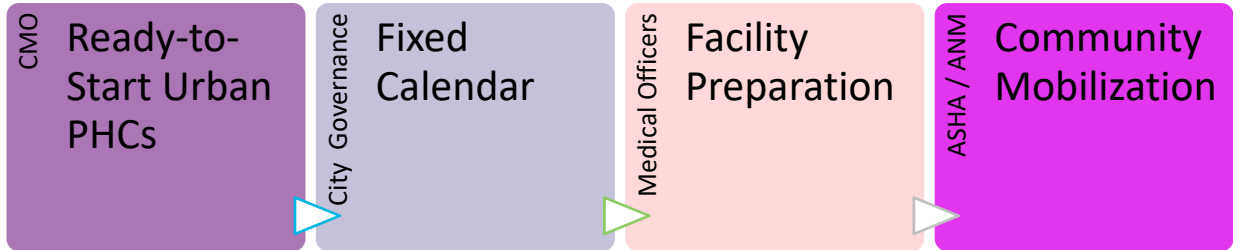
**Less Waiting & Travel Time**

**Easy Follow Ups by Frontline Workers**

**Saves Resources**



## How we did it!

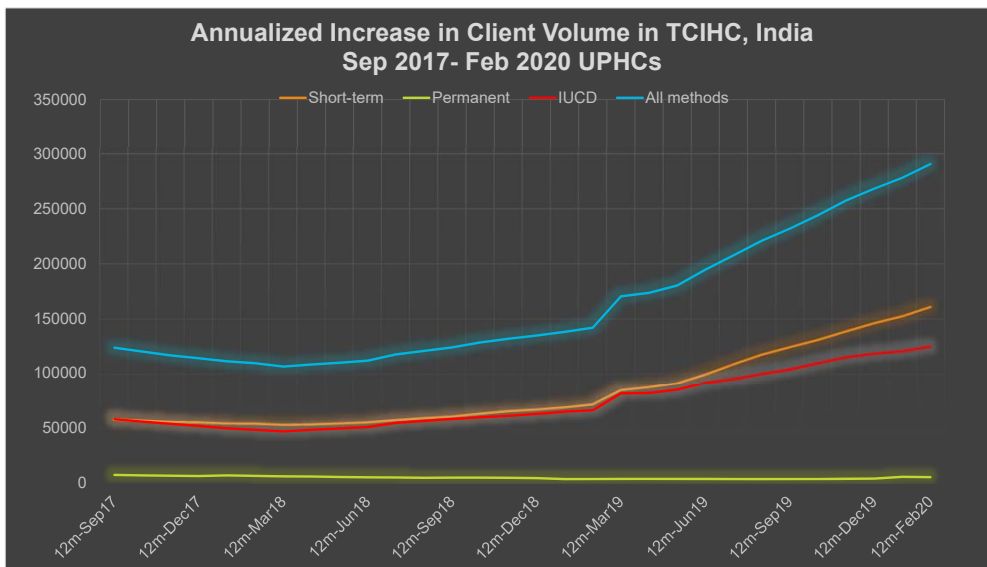


Coaching on Creating 'FP-Due list' can Elevate FP among ASHAs' competing priorities

ASHAs' competing priorities



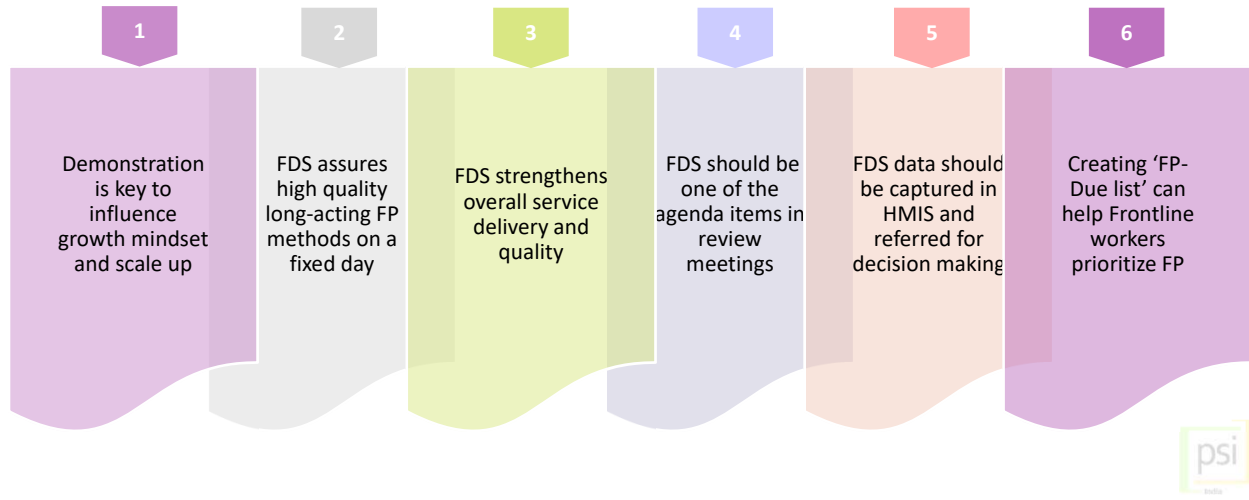
## Results



99% UPHCs now conduct FDS every week



## Lessons Learnt!



- 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 Hong Phan, MSI Reproductive Choices – Vietnam

Giang Thi Hong Phan is Programme Development Manager of Marie Stopes Vietnam. Giang has more than 15 year 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 relationship 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 exist 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 master's degree in Business Administration from University of Surrey, United Kingdom.





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## 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

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Marie Stopes Vietnam

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## 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 (Sơn La DOH, 2018).
  - ✓ Lào Cai has seen a decrease in access to long-term FP methods in recent years

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Marie Stopes Vietnam

## 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.



Marie Stopes Vietnam

## 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.

Marie Stopes International

## Mutual benefits

### BENEFITS TO CLIENTS

- Reliable and quality supply of contraceptive products and services available in community
- Consultation and non-clinical SRH products to be provided at women's home
- Female and male clients can make informed choices together
- Being referred to clinical SRH/FP services at qualified CHSs as needed
- Improving access and affordability for those who live far away from healthcare facilities or face financial barriers in accessing SRH/FP

### BENEFITS TO MS LADIES

- Increased income and financial independence, skills development through additional training, personal development through the growth of their business, improved confidence and communication skills

### BENEFITS TO HEALTH SYSTEM

- CHSs's midwife providers improved clinical and client care skills
- The MS Ladies model has the potential to being further integrated and adopted into the public health system in the future

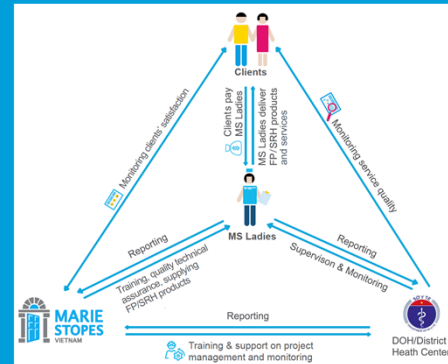
## Implementation (1)

- 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.



Marie Stopes International

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## 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

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## Questions?



Marie Stopes International

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](http://www.who.int/reproductivehealth)

[www.fphighimpactpractices.org](http://www.fphighimpactpractices.org)

**Read the stories here:**

<https://ibpnetwork.org/page/implementation-stories>





**Thank you for your participation today!**

