INTEGRATION OF FAMILY PLANNING SERVICES WITH IYCF-E MOTHER-BABY AREAS IN THE ROHINGYA CAMPS IN COX’S BAZAR, BANGLADESH

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BACKGROUND

• Approximately 909,919 Rohingya refugees in Bangladesh including 304,388 women of reproductive age (WRA) (24.5% of total population), among 4.9% who are currently pregnant and 7% who are breastfeeding infants.

• Despite a large public health response from the Government of Bangladesh and international actors, including services targeted at WRA, the needs of this population are massive and coverage remains low. Only 22% of pregnant women deliver in facilities and women face immense physical and socio-cultural barriers to accessing reproductive health care they deserve.
Background of the intervention: integration FP & IYCF

• In January 2017, Rohingya Response nutrition team opened mother-baby areas at each health post for infant and young child feeding (IYCF) support, targeting pregnant women, and women with children 0 to 23 months to protect, promote and support recommended IYCF practices.

• The RH and IYCF teams realized they were targeting the same population of postpartum women and could benefit from an integrated counselling and referral system.
The Problem we wanted to address

• Previously, both nutrition and RH teams missed beneficiaries (some going to RH but not the MBA and vice versa) due to unawareness, weak referral and poor integration system

• While both teams began integrating awareness sessions into trainings for midwives, lactation counsellors, and community health workers, more could be done.
The Problem we wanted to address

• Although integration of MNCH services to promote uptake of family planning services has a strong evidence base, much less is known about opportunities for integration of FP with nutrition programs like IYCF in emergencies.

• In order to evaluate the potential benefits of integrating breastfeeding services with family planning services, a robust monitoring system was put in place to track referrals of clients between the mother-baby areas and the family planning counselling room.
The process:

- An external consultant undertook a desk review, semi-structured interviews, and a group discussion to identify barriers and facilitating factors for the integration of IYCF and reproductive health services.

- The analysis surfaced that integration of IYCF and health programming specifically for the emergency response came out as one of the important recommendations.
The integration process:

• A column has been added to both the IYCF register and the FP register, asking the provider (either a midwife or lactation counsellor) if the client was counselled on family planning or breastfeeding.
The integration process:

- Referral slips were given to women interested in an FP method, and clients were escorted to the FP provision area at the same site. Referral slips were collected from the FP corners and cross checked with nutrition output tracker as a means of data verification.
The integration process

• Both teams began providing awareness sessions during trainings for midwives and IYCF counsellors, including family planning, breastfeeding issues, and integration protocols.

• All field level colleagues (i.e. nutrition supervisors, health medical officer, clinical supervisor) were informed about the integration process and urged to support.

• Colleagues based in CXB (i.e. RH manager, nutrition manager, health advisor) were updated during monthly meeting on how the integration successfully benefited both teams.
The initial result(s)

• The MBA / FP integration was implemented from April 2018 to June 2019.

• There was >20% increase in new contraception acceptors
The initial result (s)

- IYCF is indeed being delivered through RH services, and midwives had a good working relationship with the IYCF team.
- Group discussions with the midwives revealed that midwives provide basic breastfeeding messages (focusing on recommending early initiation of exclusive breastfeeding), carry out a breast examination as part of ANC and PNC and observe a breastfeed when relevant.
- IYCF counsellors started discussing FP options with women seeking IYCF services, something that was never done before
The initial result (s)

- Training of midwives and IYCF counsellors enhanced the quality of both of these counselling sessions.
- IYCF staff felt confident discussing FP messages and encouraged referrals to the midwives for contraceptive services.
- Beneficiary mothers found them to be friendly services, helping to avoid loss to follow up.
From Jun-Sep 2018, Mother-Baby Area (MBA) staff refer 250–350 new FP acceptors each month, accounting for over 20% of new FP acceptors at those health posts.
From Nov 2018- Feb 2019 Mother-Baby Area (MBA) staff refer up to 350 new FP acceptors each month, accounting for over 20% of new FP acceptors at those health posts.

Figure: Number of new FP Clients at each Health Post since MBA Integration
Referrals between MBA and FP plotted with New Contraception Acceptors
10 Save the Children Health Posts in Rohingya Camps

Initial Workshop
Refresher Workshop

Referral: IYCF-E to FP Client
Referral: Family Planning to IYCF Client
New Contraception Acceptors


4061  5672  6923  7713  8145  8559

0 1000 2000 3000 4000 5000 6000 7000 8000 9000

Tech RRT: Family Planning and IYCF-E Integration in Rohingya Response
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Initial IYCF improvements in the MBA

- From July 2018 - June 2019 Family planning staff referred up to 311 new MBA mothers each month.
Lessons learned

• Integration of FP and IYCF services is possible, even in the early stages of a large-scale emergency response.

• The evaluation found that integration of FP services with MNCH and IYCF services was possible in the early phase of the response due to an integrated strategy that set up cross-sectoral operational platforms and proposal development.
Lessons learned

• Collaboration between health and nutrition teams allowed for shared trainings to sensitize staff on integrated health services. It makes sense to design health and nutrition programs in an integrated way so that comprehensive care can be received at a single delivery spot.
Lessons learned

• Additionally, programs targeting the same demographic of women can benefit through connected referral systems.

• Reproductive health services like family planning, which might be perceived as more challenging to discuss openly in community settings, can benefit greatly by being integrated into other more accepted health and nutrition services.