



PPFP: Promising Interventions for the Private Sector

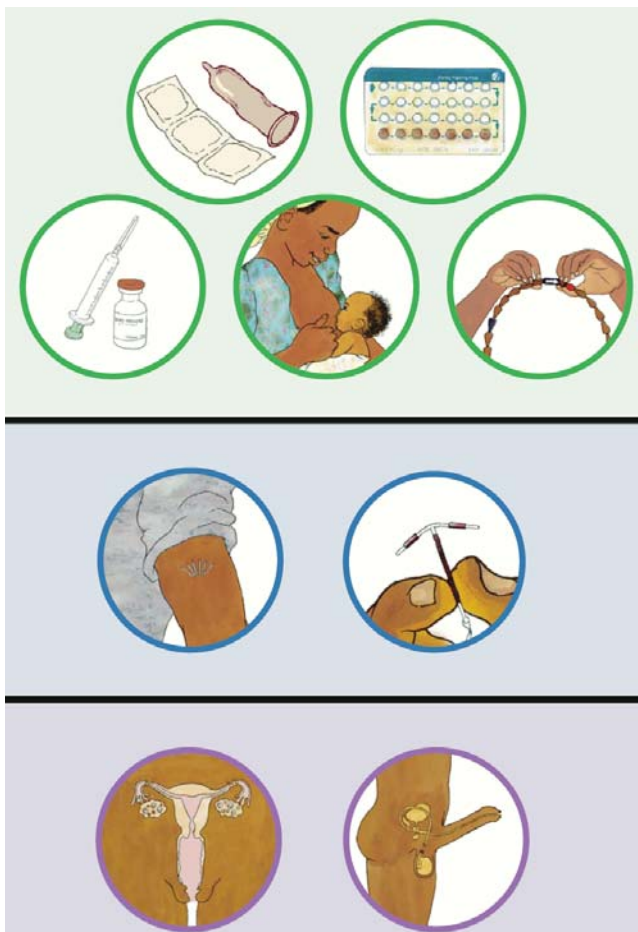
PSI Experiences from the Field



Presentation Objectives

- Examine different postpartum family planning interventions:
 - *Behavior change communication,*
 - *PPIUD provider training and service delivery,*
 - *Demand creation and integrated FP/MCH service delivery*
- Relate the challenges and lessons learned
- Discuss the potential of these models for the private sector

Behavior Change Communication



Family Planning Flipchart, Uganda

- **Uganda:**
 - Safe Mama Kits – CBD and IPC
 - Information dissemination and referral for PFP services and products
- **Madagascar:**
 - Launch of Micropil targeted for postpartum women
 - Social marketing of IUDs to OB/GYNs

PPIUD: Provider Training



Zambia

- In February 2009, 11 providers received competency-based training
- 9 additional providers trained in June 2009
- Post-training on-site supervision in clinical settings is provided on a regular basis

Nigeria

In October 2009, 13 providers were trained, 9 from public and 4 from private facilities



PPIUD: Service Delivery

- **Nigeria:**
 - University of Maiduguri Teaching hospital (public) - 54 insertions
 - Tochin's Maternity home (private) - 25 insertions
 - ECWA evangelical hospital (FBO) - 7 insertions
- **Zambia:**
 - Partnership with high volume maternity clinics
 - Seconded SFH providers to public sector
 - Between Feb 09 and March 10; 1,240 PPIUDs inserted
- **El Salvador:**
 - 580 PPIUD insertions, 15% of all IUD insertions in 2009
 - All insertions delivered in the public sector



A SFH trained nurse/midwife inserting an IUD in Zambia

Linking Demand and Supply at Immunization Days in Mali



Midwives and Long-Acting Methods at Clinic Immunization Days: Mali

- Training on long-acting methods is given to clinics with interested providers
- PSI midwife coordinates with public and private sector clinics offering immunization days
- 30-45 minute presentation given by the PSI midwife on family planning including the full method mix to women waiting to have their children immunized
- Women are informed they can receive an IUD or implant immediately with service delivery from the PSI midwife (over 8,000 contraceptive implants delivered to date)



Performance-Based Payment: A Public-Private Approach for the Distribution of MNCH Vouchers in Rural Pakistan



- Payment for: ANC, PNC, FP, Safe delivery, C-sections
- Provider training: Family Planning, Emergency Obstetric Care, A/PNC
- Voucher sold to poor women at a price of \$1.25 for a package of services worth \$50

Challenges and Lessons Learned

- Provider bias and low awareness of postpartum family planning such as PPIUD
 - Necessary to have a dedicated provider available to offer long-acting methods
- Majority of family planning and obstetric services delivered in the public sector
 - Advocacy with government officials and health providers
 - Train clinic staff so that follow-up visits and adverse events/complications are managed
 - Post-training support to ensure trained providers sustain competency
- Targeted demand creation efforts among ante and postnatal clients—to emphasize the distinct advantages of PPF

Potential for the Private Sector?

- All interventions are currently being implemented to a limited degree in the private sector

=> What are the advantages and disadvantages of private sector delivery of PFP?

- Client centered approach
- Value added service with little additional resources and time required
- Limited potential to reach large volumes of underserved women



Thank You!