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

- **Uganda:**
  - Safe Mama Kits – CBD and IPC
  - Information dissemination and referral for PPFP services and products

- **Madagascar:**
  - Launch of Micropil targeted for postpartum women
  - Social marketing of IUDs to OB/GYNs

Family Planning Flipchart, Uganda
PPIUD: Provider Training

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

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.
PPIUD: Service Delivery

• **Nigeria:**
  – University of Maiduguri Teaching hospital (public) - 54 insertions
  – Tochinos 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
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 PPFP
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 PPFP?
  – Client centered approach
  – Value added service with little additional resources and time required
  – Limited potential to reach large volumes of underserved women
Thank You!