

BRIEF 6

IMPREST FUND TO ENHANCE ACCESS TO POSTPARTUM FAMILY PLANNING IN DIRECTORATE GENERAL OF HEALTH SERVICES FACILITIES IN BANGLADESH



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INTRODUCTION Bangladesh’s family planning program has stagnated in recent years; there has been little change in the contraceptive prevalence rate since 2011 and the uptake of long-acting reversible contraceptives (LARCs) and permanent methods (PMs) has plateaued. To help improve contraceptive uptake, EngenderHealth, through the Mayer Hashi II (MH-II) project, which was funded by the United States Agency for International Development (USAID), identified and addressed

significant barriers, including particularly those related to access to LARCs and PMs. One key barrier that MH-II identified was related to non-availability of the imprest fund in Directorate General of Health Services (DGHS) facilities. The imprest fund would offer an advance of money to health facilities and organizations providing LARCs and PMs, including postpartum family planning (PPFP) methods. Imprest funds can be used to reimburse LARC and PM clients for travel and food costs and wage losses; to reimburse referrers for their transportation costs to the facility; to pay service provider fees; and to cover costs related to the management of side-effects and complications.

In Bangladesh, the Directorate General of Family Planning (DGFP) within the Ministry of Health and Family Welfare (MOHFW)¹ is responsible for family planning services. However, most institutional deliveries in public facilities—approximately 360,216 annually—take place in facilities operated by the DGHS,² offering an excellent opportunity for reaching women with PPFP services (DGFP facilities, in contrast, account for only 33,103 institutional deliveries).³ The imprest fund, which is managed by the DGFP, was not available at DGHS hospitals or at private facilities—even though DGHS hospitals serve as a key entry point for offering LARC and PM services to women during delivery or postpartum. Considering the volume of deliveries at the DGHS hospitals, EngenderHealth, through the preceding USAID-funded Mayer Hashi (MH-I) project, began advocating with the DGFP to establish an imprest fund to support LARCs and PMs, including PPFP services and to ensure the supply of family planning commodities at DGHS hospitals. MH-II then conducted intra- and inter-ministerial policy advocacy efforts to introduce and operationalize the imprest fund at the DGHS hospitals.

¹ In Bangladesh, the MOHFW has a bifurcated administration with two departments having independent service delivery systems, namely the DGHS and the DGFP.

² DGHS. 2017. “Emergency Obstetric Care (EmOC) Performance Report 2016.” Dhaka: Management Information System, DGHS.

³ DGHS. 2017. “Emergency Obstetric Care (EmOC) Performance Report 2016.” Dhaka: Management Information System, DGHS.

ADVOCACY FOR INTRODUCING AN IMPREST FUND AT DGHS HOSPITALS

EngenderHealth, through the USAID-funded ACQUIRE project, began this advocacy work in 2005 and enhanced the effort in 2009 at the start of MH-I when the project began integrating PFPF in DGHS facilities. Between June 2009 and September 2013, a total 111 facilities (including 31 DGHS facilities) introduced PFPF services. To facilitate service delivery in DGHS facilities, MH-I initially focused on ensuring that the DGFP could channel imprest funds and family planning commodities to the DGHS hospitals. As a result of MH-I's advocacy work, the DGHS issued two circulars in favor of receiving imprest money from the DGFP. In the first circular, the DGHS approved the provision of comprehensive family planning services and training for all its hospitals. In the second circular, the DGHS and DGFP jointly described the necessary steps for making imprest funds and family planning commodities available to enable provision of LARC and PM services within DGHS facilities. MH-I provided extensive service provider training and implemented behavior change activities to promote PFPF to support the DGHS in these efforts. Yet, despite these policy and programmatic measures, many DGHS facilities were unable to offer the PFPF services due to imprest fund problems and PFPF uptake was not as substantial as expected.

In June 2013, the MOHFW formed the PFPF Committee, which comprised national-level program managers from the DGHS and the DGFP as well as MH-II representatives. The key mandate of the PFPF Committee was to improve supply of family planning commodities and transfer funds to support PFPF services at DGHS facilities. However, the good intentions and commitment of the two directorates were not enough to ensure the



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consistent channeling of funds from the DGFP to the DGHS for PFPF services. The MOHFW had to obtain approval from the Ministry of Finance (MOF) to transfer funds from the DGFP to the DGHS. MH-II advocated for over four years to secure approval of the imprest fund for the DGHS hospitals in order to ensure availability of LARC and PM services, including PFPF services, in those facilities. Key advocacy outcomes include:

Outcome 1: PFPF Committee decision to create cost centers at DGHS hospitals

The PFPF Committee promoted the creation of cost centers in all government medical college hospitals, district hospitals, and specialized hospitals under the DGHS. The committee also recommended to establish DGHS focal points to manage the imprest fund and the supply of family planning commodities (e.g., intrauterine devices and implants) and medical and surgical requisites related to



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providing PFP services. The committee also instructed the DGFP to allocate the imprest fund to the focal points of DGHS facilities.

Outcome 2. MOHFW approval of imprest fund disbursement process

In October 2014, the DGFP sought MOHFW approval for the transfer of the imprest fund to the DGHS hospitals. MH-II assisted the DGFP in working with the MOHFW on the approval of funds transfer process, including the establishment of the cost centers at DGHS hospitals. After more than three years of intense negotiations, the MOHFW approved the process.

Outcome 3. MOF approval to open the imprest fund at DGHS hospitals

In February 2018, the MOHFW requested MOF approval for the transfer of the imprest fund to the DGHS hospitals. In April 2018, following a complex policy discourse between MH-II, the DGFP, the DGHS, the MOHFW, and the MOF, the MOF instructed the MOHFW to issue a circular in favor of allocating imprest funds directly to 92 DGHS hospitals (24 medical college hospitals, 56 district hospitals, 3 combined military hospitals, 2 border guard hospitals, 3 specialized hospitals, and 4 general hospitals), in order to expand access to LARC and PM services, including PFP services, at those facilities.

Following the MOF's approval, the DGHS began the process of establishing cost centers to receive the imprest fund as well as family planning commodities at its 92 facilities, in accordance with the DGFP's procedures. The DGFP is currently working to obtain codes from the MOF for the DGHS facilities in order to transfer funds. Since the fund was approved and established in the final year of the project, MH-II did not have time to help institutionalize the imprest fund in the DGHS system.

NEXT STEPS

The MOHFW, in June 2018, circulated specific instructions for the DGFP to allocate the imprest fund and family planning commodities and associated medical and surgical requisites to the 92 DGHS facilities and for the DGHS to assign a disbursement officer at each of its 92 facilities. The DGFP is actively working with the DGHS to operationalize the fund within these DGHS facilities.

The policy changes have been pivotal in helping ensure women who deliver in DGHS facilities are able to access PFP services onsite, without the need for a referral to a DGFP facility. To maximize the benefits from this policy change, the following measures are critical to institutionalizing the imprest fund at the DGHS facilities:

- DGHS program managers and service providers at different levels need to

complete an orientation on the imprest fund in order to understand how to obtain and use funds. Local-level DGFP and DGHS managers will need to carefully coordinate activities in order to harmonize the fund implementation processes.

- DGHS hospitals need to establish a system to make contraceptives, informed consent forms, and other forms and registers necessary for delivering family planning services readily available at the delivery wards. This system will also need to support record keeping activities that can assist with tracking services and supplies.
- The DGHS should include family planning performance indicators in its reporting system and should orient relevant staff on data collection, processing, and reporting. They will need to follow the reporting mechanism that the DGFP uses.



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Mayer Hashi-II project at EngenderHealth Bangladesh. Concord Royal Court (5th Floor), House-40, Road-16 (New), Dhanmondi R/A, Dhaka-1209, Bangladesh. <http://www.engenderhealth.org>



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505 Ninth Street NW, Suite 601, Washington, DC 20004
+1 (202) 902 2000 · engenderhealth.org