

REPORT

Client Exit Interview 2017

Submitted to:

Marie Stopes Bangladesh

House # 6/2, Kazi Nazrul Islam Road, Block-F,
Lalmatia Housing Estate, Dhaka-1207

Submitted by



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ABBREVIATIONS

BCC	Behavior Change Communication
CEI	Client Exit Interview
CPR	Contraceptive Prevalence Rate
DGFP	Directorate General of Family Planning
FP	Family Planning
FRM	Field Research Manager
GoB	Government of Bangladesh
H&FWC	Health and Family Welfare Centre
HDRC	Human Development Research Center
IUD	Intrauterine Device
LAPM	Long Acting and Permanent Method
MDG	Millennium Development Goal
MMR	Maternal Mortality Ratio
MoH&FW	Ministry of Health and Family Welfare
MR	Menstrual Regulation
MSB	Marie Stopes Bangladesh
MSI	Marie Stopes International
MWRA	Married Women of Reproductive Age
NGO	Non-Government Organization
PHC	Primary Health Care
RME	Research Monitoring and Evaluation
SDG	Sustainable Development Goal
SRH	Sexual Reproductive Health
TFR	Total Fertility Rate
UH&FWC	Union Health and Family Welfare Centre
UHC	Upazila Health Complex

11.0 Lessons Learned

Most of the clients were users of family planning methods. The users of the outreach clinic were more likely to use the clinic for LAPM. On the other hand the clients of static clinics were more likely to use the short term methods. More users of short term method have switched to LAPM after using MSB clinics.

Although most of the clients knew about alternative sources of family planning methods, they preferred MSB clinics for many different reasons. Preferred reasons are quite important, which are to be maintained and fine-tuned periodically. Overall satisfaction on services they received was good. The demand of clients for improving some physical facilities for instances, demand for more cleanliness and increasing the size of restroom can be considered.

Opportunities are still there for increasing the use of LAPMs and male methods by using community mobilizers. There are misconceptions about IUD and still remains a potential barrier and needs to be understood in greater detail so that prevalent misconceptions can be reduced.

The current strategy of attracting adolescent clients requires close examination. They can be approached by peers or e-health, because they are believed to be the greatest user of mobile phones in the community.

For increasing general awareness about long term method use, the potential of e-health for campaigning purpose should be explored. Male groups can be approached by organizing sessions at public places like- teastalls, local markets and cluster of households. The satisfied clients can be used in their campaign during 'courtyard meetings' to increase number of clients.

The functioning of services offered by MSB staff in the H&FWC and UHC referred as outreach clinic is slightly misleading. Because the clients of outreach clinic appreciated the proximity of MSB clinics, convenient location, familiarity with service providers, previous experience but similar reasons are commonly cited as barriers contributing to lower utilization of H&FWC and UHC. The role of GoB service providers on the day of holding outreach clinic in the H&FWC and UHC was not understood adequately. The sustainability aspect of functioning of the outreach clinic model should be examined in greater detail.