

Reaching women and their partners with family planning information and services during the postpartum period: Innovation and scale-up in India and Egypt

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Postpartum Family Planning Technical Meeting
Women Deliver
Monday, 27 May 2013



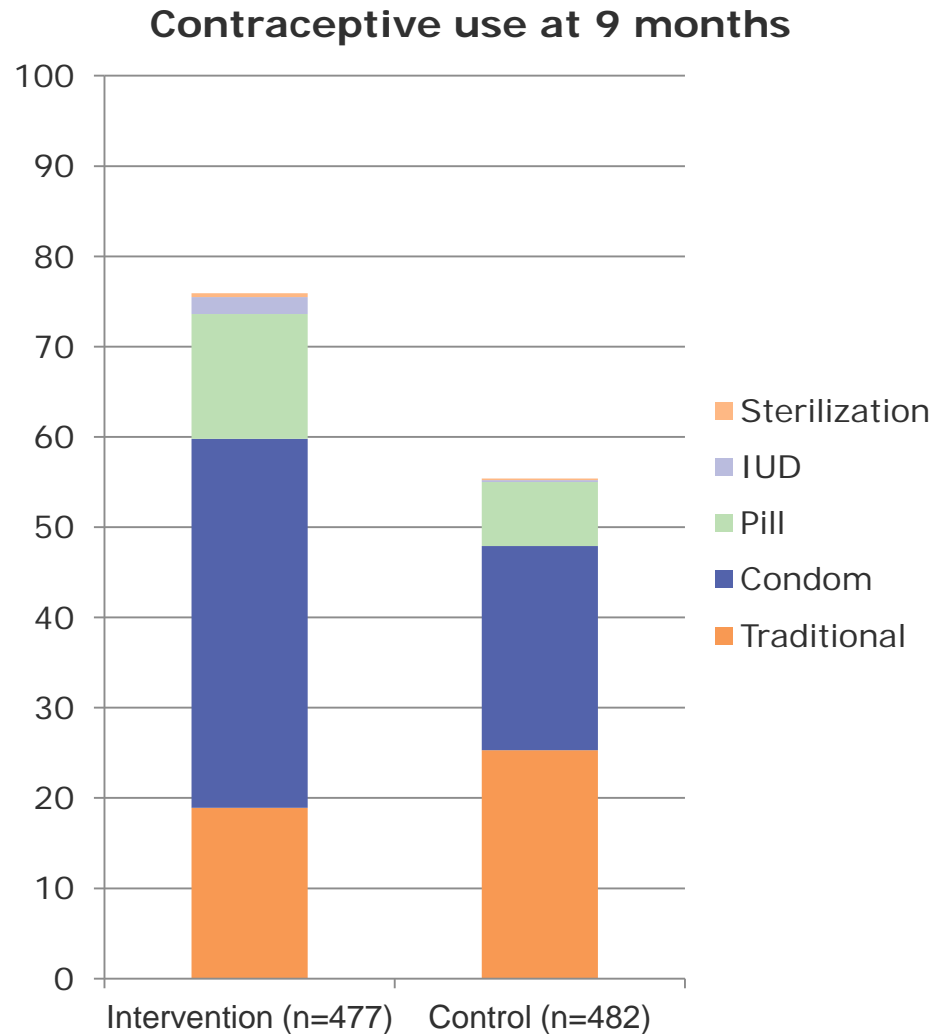
India: Meerut District, Uttar Pradesh

Phase I: OR study, 2006-8

- Collaboration between Departments of Health and Family Welfare and Women and Child Development
- CHWs trained: ANMs, ASHAs and Anganwadi workers
- Specially-developed and tested IEC materials
- CHWs undertake community-level activities to communicate messages on HTSP, LAM and PFP
 - Systematic work plans to reach all pregnant women
 - Counsel all pregnant and newly-delivered women and their mother-in-law during home visits
 - Focused efforts to reach husbands and male opinion leaders

OR study design and findings

- Randomized experimental pre- and posttest design
- 2 blocks assigned to each group (24 villages)
- Women younger than 25, one or no child, 4–7 months pregnant
- 480 interviewed 3 times: recruitment; 4 mos; 9 mos postpartum



India: Two-phased scale-up

II: Creating conditions for scale-up 2008-9

- Continuation of community-level activities
- Expansion to cover larger population (400,000)
- Strengthening ANC and PNC care
- Accrediting private providers for DMPA planned but not possible
- Build capacity of state institutions to integrate intervention SOPs into health systems
- Evaluate effect on women's knowledge and behaviors

III: Expansion 2010-11

- Activities introduced into all remaining blocks in Meerut
- TA for joint training of 1,772 CHWs by two departments
- TA for monitoring and checking service statistics
- Supporting activities to become routine procedures
- Engage state managers to interest them in replication

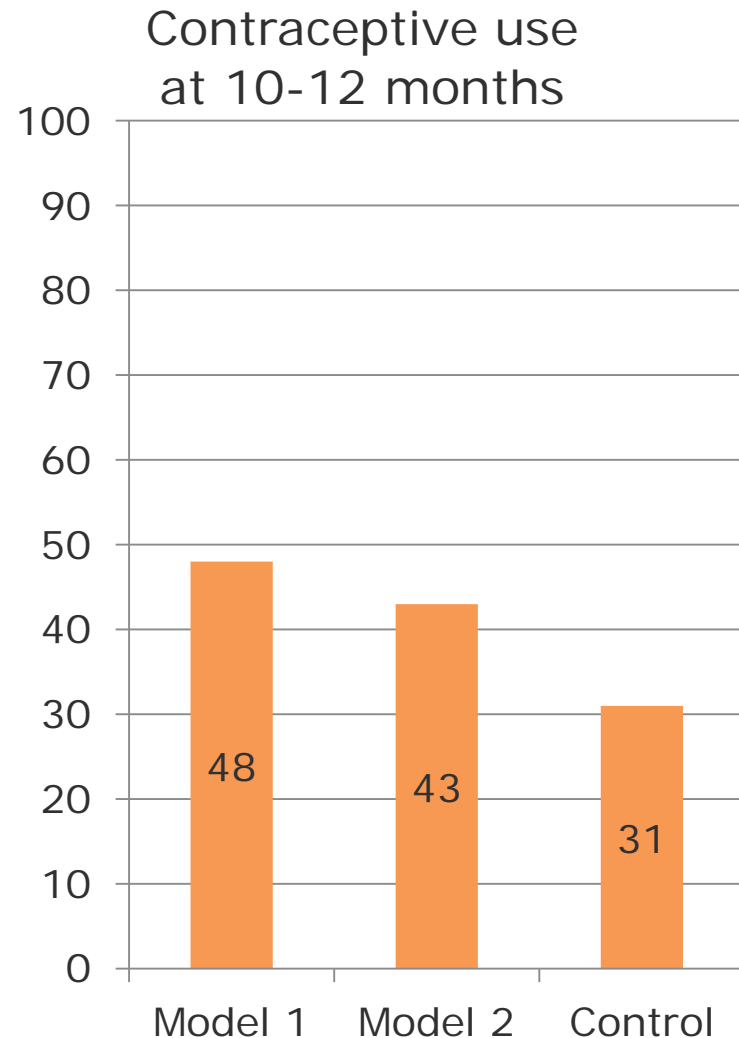
Egypt: Assiut & Sohag governorates

Phase I, OR study

- Collaboration with Egyptian Ministry of Health and Population (MOHP) and the NGO *Social Planning, Analysis and Administration Consultants*
- Model 1:
 - Birth spacing messages during prenatal services
 - Home visits on days 2, 4, 7, 21 and day 30-35
 - Day 40 comprehensive MCH & FP services
 - Quarterly home visits through month 12
- Model 2: same, plus
 - Awareness-raising for men through training community influentials to hold group and one-on-one meetings
- Training for governorate and district managers, and for and health facility staff

OR study design and findings

- Randomized experimental post-test design
- 1 district / 5 communities in each governorate randomly assigned to model 1, 2 or control
- Cohorts of 3rd trimester women with 0-1 parity recruited during ANC visits
- 470 interviewed 3 times: recruitment; 4 mos; 9 mos postpartum



Egypt: Two-phased scale-up

II: Creating conditions for scale-up 2009-10

- ✓ Scaling up implemented in two phases in 8 and 16 districts (543 villages)
- ✓ TOT of 190 district level managers
- ✓ On the job training of 4,121 clinic staff
- ✓ Monitoring & supervision by MOHP
- ✓ Buy-in of senior MOHP officials
 - Intervention presented as a Best Practice
 - MOHP requested funds from GOE and WHO/EMRO to scale up in four additional governorates

III: Expansion 2010-11

- Birth spacing messages integrated into Integrated Standards of Practice
- PP home visits reduced to days 2, 4, 7 and 21
- *RR* visit added to the PP home visits schedule
- First PP visit to clinic moved to Day 30 (instead of Day 40)
- Messages given by *RR* during day 7 and 21 visits incorporated into MOHP manual for *RRs*

Key points

- ✓ OR study provided credible evidence
 - Effectiveness of intervention(s)
 - Process of implementation
 - Modifications needed to existing systems
- ✓ Sufficient funding available to support TA for scale-up phased over three years
- ✓ Buy-in from government to fund systems scale-up supported by external TA for systems strengthening
- ✓ Careful M&E plan used to monitor scale up