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

Ian Askew, M.E. Khan, Nahla Tawab, Mary Sebastian and Sally Saher

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Women Deliver
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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 PPFP
  - 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

Contraceptive use at 9 months

- Sterilization
- IUD
- Pill
- Condom
- Traditional
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 & Sohaf 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 influencers to hold group and one-on-one meetings

- Training for governorate and district managers, and for 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

![Graph showing contraceptive use at 10-12 months]

- Model 1: 48
- Model 2: 43
- Control: 31
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