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Maternal and Child Health
Integrated Program

Monitoring and Evaluation of Postpartum Family Planning Integration

Webinar and Online Discussion Forum

Summary Report

Postpartum Family Planning (PPFP)
Community of Practice
knowledge-gateway.org/ppfp

September 24 – October 31, 2013

Background

The Maternal and Child Health Integrated Program (MCHIP) hosted a five week online discussion forum on “Monitoring and Evaluation (M&E) of Postpartum Family Planning Integration” from September 24 to October 31, 2013. The forum was held through the Postpartum Family Planning Community of Practice (PPFP COP) on the Implementing Best Practices Knowledge Gateway. The PPFP COP was established in 2007 to encourage global dialogue and exchange of information around essential PPFP technical and programmatic issues.

The online discussion forum began with a webinar presenting an overview of key issues and examples of M&E of integrated PPFP programming. Written discussion postings from guest experts then explored ways to determine the benefits of integrated PPFP programming, evaluate the influence of integration, and interpret and report results.

Objectives

The objectives of the online forum were to:

1. Provide an overview of M&E of integrated PPFP programming.
2. Explore methods of assessing PPFP integration, including tracking service provision efficiencies and access to care.
3. Discuss how to interpret data and report results.
4. Obtain feedback from participants based on field implementation experience.

The forum aimed to share experiences around tracking, measuring, and evaluating PPFP programming across a variety of integration models.

Expert Facilitators

Guest experts representing a variety of organizations shared experiences, results, and insights on successes and lessons learned from their work.

Webinar:

- Jennifer Winestock Luna, Senior M&E Advisor, MCHIP/ICF International
- Rebecca Fields, Senior Technical Advisor for Immunization, MCHIP/JSI
- Leah Elliott, Family Planning and Reproductive Health Advisor, MCHIP/ICF International

Online Discussion:

- Reena Sethi, Monitoring and Evaluation Advisor, MCHIP/Jhpiego
- Ilene Speizer, Research Professor, and Chinelo Okigbo, Doctoral Student; Department of Maternal and Child Health, Gillings School of Global Public Health, University of North Carolina (UNC)
- Charlotte Warren, Associate, Population Council
- Jennifer Yourkavitch, MCHIP/ICF International

Participants

Discussion posts were circulated to approximately 1,270 PFP COP members located in 88 countries. Over 30 people attended the webinar on September 24th with six participants submitting questions during the presentation. During the online discussion, the forum moderator posted 15 contributions from participants who responded to discussion questions, shared experiences from the field, or sent questions for the guest experts. Active participants in the webinar and online discussion came from a range of organizations across 10 different countries, including NGOs, health care providers, academic and research institutions, and government and donor agencies.

Discussion Summary by Topic

The discussion was organized around topic areas led by each of the forum experts. Topics typically spanned one week to allow participants greater time to read and respond to posts. Members of the PFP COP contributed their experiences and insights to the dialogue. Abbreviated summaries of the webinar, discussion postings, and member contributions follow below.

The webinar recording and slides, full postings, and other resources shared over the course of the online forum can be accessed by visiting the PFP COP library at: <https://knowledge-gateway.org/ppfp/>.

Overview of M&E of PFP Integration

During the webinar that launched the forum, Jennifer Luna, Senior M&E Advisor at MCHIP/ICF International, gave an overview of key issues in M&E of PFP integration:

1. M&E of integration should provide information that lets us know if each technical area has benefited from integration and that no harm has been done.
2. In order to integrate M&E from different technical areas, we should first understand each other's approach to M&E.
3. M&E of integration should be adapted to context.
4. We should develop different M&E indicators and systems for routine programs and for special programs.

The webinar also provided several examples of M&E of integrated PFP programming. Rebecca Fields, Senior Technical Advisor for Immunization, MCHIP/JSI, presented [final assessment results](#) from a project on integration of immunization and family planning in Liberia, implemented in 10 health facilities in Bong and Lofa counties. From March to November 2012, Liberia's Ministry of Health and Social Welfare, with technical support from MCHIP, piloted a model where vaccinators referred mothers bringing their children for routine immunization for same day FP services. M&E efforts focused on assessing if the pilot activity was associated with changes in outcomes for FP and for routine immunization. Measures included service statistics on FP collected during monthly supervision visits to participating facilities and immunization data provided by the Ministry of Health and Social Welfare from these same facilities. Pilot facilities experienced an increase in the number of doses of Penta 1 and Penta 3 administered as well as large increases in the

numbers of new contraceptive users, suggesting that the integrated approach was a feasible model for increasing FP uptake among women in the extended postpartum period.

Leah Elliott, FP/RH Advisor, MCHIP/ICF International, spoke about integration of PPF and maternal health, presenting the example of Jhpiego's work in India on introducing and scaling up postpartum intrauterine contraceptive devices (PPIUCDs) as part of PPF efforts in 19 states. Key indicators tracked by the program include client counseling data and facility service statistics. Between Feb. 2010 and Aug. 2013, data from PPIUCD monthly reports showed over 133,000 women adopted PPIUCDs. Follow-up findings of 51,546 clients around 6 weeks post-insertion found low rates of complications, with an expulsion rate of only 2.8%. This finding suggests that the competency-based training and post-training supportive supervision focusing on right timing of insertion and right technique of insertion for fundal placement of IUCD (with right instrument in the case of post placental and within 48 hours insertion) successfully resulted in keeping the rate of PPIUCD expulsion low. For more resources, Ms. Elliott directed participants to the [PPIUD section](#) of the PPF Toolkit.

Following the webinar, the discussion continued through the PPF COP. Member contributions focused on major issues and solutions devised around M&E of integrated PPF programming. Abdoulaye Diallo from MCHIP/Guinea noted the challenge of tracking information on clients across different service areas and integrating PPF information in the health management information system (HMIS) Expanded Program on Immunization (EPI) logbook. As discussed during the webinar, this latter issue underscores the need to carefully select indicators for routine integrated systems that are simple, fit well with the national HMIS procedures, and that will not overburden staff or the HMIS system. Vikas Dwivedi, MCHIP/JSI, also noted that routine health information systems are not typically designed to track integrated service delivery; for example, a health facility might have separate registers for labor and delivery versus PPF which are difficult to match. He suggested use of individual patient cards as a way to capture a continuum of services and outputs. Finally, Cornelia Wakhanu from Kenya discussed the effects of monitoring on service delivery, noting the importance of making sure monitoring tools and registers incorporate key actions staff should take (e.g. PPF counseling) to ensure performance can be tracked and improved if necessary.

Testing a Postpartum Systematic Screening Tool: Experiences from Nigeria, India and Mozambique

Presented by Reena Sethi, M&E Advisor at MCHIP/Jhpiego, this week of the online discussion focused on the effectiveness of postpartum systematic screening (PPSS) as a means to increase service use, particularly of PPF. Systematic screening, a family planning practice developed by Population Council with support from USAID, is a simple screening procedure allowing health care providers to address multiple health needs of a client during a single visit, with a focus on addressing needs for FP services. In Nigeria, ACCESS-FP conducted a study in two hospitals on an adaptation of systematic screening tailored for postpartum women. The pre- and post-intervention study involved provider interviews (post only), client exit interviews, and service statistics; results showed a positive effect in the overall quality of counseling with an increase in FP counseling and referrals.

In India, the PPSS tool was field-tested by MCHIP at Village Health and Nutrition Days, with providers in both an intervention and control groups receiving training on PFP counseling and services while providers in the intervention group were also trained to use the PPSS tool. While the final results are pending publication, service statistics collected at baseline and endline indicated there was an increase in the uptake of FP counseling as well as an increase in FP services/referrals between the control and intervention sites and also between the beginning and end of the study. Data collection under MCHIP in Mozambique is focusing on urban health facilities in and around Maputo; results of the pre- and post-facility-based study should be available by next year.

Evaluating the Influence of Integrated Services on Postpartum Family Planning Use

Ilene Speizer, Research Professor at the Gillings School of Global Public Health, University of North Carolina, and Chinelo Okigbo, a physician and doctoral student, provided an overview of and discussed recent findings of an assessment of PFP integration. Results from recent studies in several African countries demonstrate the benefits of integrating FP into MCH services as a relevant strategy for improving postpartum FP use. Studies from Senegal (Speizer et al., 2013)¹, Kenya and Zambia (Do & Hotchkiss, 2013)², and Rwanda (FHI360, 2013)³ demonstrate the importance of offering FP counseling and services at prenatal care services (Kenya and Zambia), before/during delivery (Senegal), and at child immunization visits (Rwanda) on postpartum FP use. A summary of findings from multiple studies of FP integration at immunization visits also demonstrates widespread success.⁴ The Senegal study, undertaken in six urban sites as part of the Measurement, Learning & Evaluation (MLE) of the Urban Reproductive Health Initiative project, examined two potential points of FP service integration for increasing postpartum FP use: before/during delivery and at the time of a child immunization visit.

The discussion posting identified methodological considerations worth discussing when undertaking evaluations of integrated programs to increase postpartum FP use. These include: a) the feasibility of identifying a comparison group; b) who to study (providers, clients, program staff); c) the generalizability of findings from rural to urban areas and vice-versa; d) selection bias of those who use prenatal, delivery, postnatal, and immunization services; e) the feasibility and acceptability of integrating through various sites (e.g., immunization visits, postnatal care visits, and child growth monitoring visits); and f) a lack of cost data to measure cost-effectiveness.

In response to the discussion, Jane Otai from Jhpiego in Kenya discussed barriers to integrating FP and MCH services, including service provider perception that it would increase their workload. She offered examples of several strategies to raise attention to

¹ Speizer, I. S., Fotso, J. C., Okigbo, C., Faye, C. M., & Seck, C. (2013). Influence of integrated services on postpartum family planning use: a cross-sectional survey from urban Senegal. *BMC public health*, 13, 752.
<http://www.biomedcentral.com/1471-2458/13/752/>

² Do, M., & Hotchkiss, D. (2013). Relationships between antenatal and postnatal care and post-partum modern contraceptive use: evidence from population surveys in Kenya and Zambia. *BMC health services research*, 13(1), 6.
<http://www.biomedcentral.com/1472-6963/13/6>

³ FHI360. (2013). Research findings: Integration of postpartum family planning with child immunization services in Rwanda. Available online at URL: <http://www.fhi360.org/sites/default/files/media/documents/postpartum-family-planning-immunization-integration-rwanda-2013.pdf>

⁴ High-Impact Practices in Family Planning (HIP). Family Planning and Immunization Integration: Reaching postpartum women with family planning services. Washington, DC: USAID; 2013 Jul. Available from: www.fphighimpactpractices.org/

PPFP service integration, including having community health workers (CHWs) speak with pregnant and postpartum mothers in the community about family planning and developing a PPFP training package for service providers at the facility level. Manjuh Florence in Cameroon and Neelofar Sami of the Willows Foundation in Pakistan echoed the need for provider training. In Zambia, Martha Ndhlovu, MCHIP/Jhpiego, described how the project has trained providers from six high volume centers and engaged Safe Motherhood Action Groups to empower members of the community with messages on long-term family planning and PPIUD. To ensure data is captured, the delivery books at health centers contain a column for PPIUD insertion; to facilitate client tracking, safe motherhood numbers given to clients by the action group are recorded in the group's books as well as in a book at the center. Finally, Miriam Labbok, UNC, raised the point that the Lactational Amenorrhea Method (LAM) is another effective method available to postpartum women and can be used to help mothers know when to introduce another modern FP method.

The Integra Initiative - Studying the Efficiencies of Integrated Postnatal Care

Charlotte Warren from the Population Council presented research from the Integra Initiative, a five year research project evaluating the benefits and costs of different models of integrated HIV and reproductive health (RH) services. The Integra Initiative is conducted by the International Planned Parenthood Federation (IPPF) in partnership with the London School of Hygiene & Tropical Medicine (LSHTM) and the Population Council, with support from the Bill & Melinda Gates Foundation. Research was conducted in both high (Swaziland) and moderate (Kenya) HIV prevalence settings. One objective was to assess the efficiency of different models of integrated service delivery in terms of cost, human resources, and use of existing infrastructure. For one model, integrated HIV and postnatal care (PNC), the intervention included the introduction of an improved postnatal package providing key components of maternal, newborn, and HIV care, as well as counseling and provision of PPFP in each consultation.

Results showed that integrating HIV services into FP and PNC improved uptake of HIV counselling and testing at these facilities; however, service integration had a limited effect on reducing unintended pregnancies. Integrating HIV services into FP and PNC services was not found to decrease service quality. Economics research showed that there is potential for integrated delivery of services to improve efficiencies, though this is often unrealised at facility level. The Integra research developed an innovative measurement tool, a multidimensional 'Index', to account for the actual degree of integration at each facility over time. The Integra Index was able to show that structural integration (i.e. the preparedness of a facility to provide integrated services such as having sufficient infrastructure, equipment, supplies, and human resource in place) does not necessarily lead to integrated delivery of care (whether the provider actually offers more than one service during the consultation). Future assessments must always include measures of whether clients actually receive integrated care.

In response to the discussion questions on how to measure clients' receipt of services, Minal Mehta of EngenderHealth in India suggested client exit interviews as clients can be the best advocates of integration. Charlotte Warren noted that the Integra Initiative had also developed a 'client flow' tool to assess how many clients received integrated services. Susannah Mayhew from LSHTM responded to questions from Heidi Reynolds of MEASURE Evaluation on the reliability, validity, and score interpretation of the Integra 'Index'; a full paper detailing methods used to measure integration will be available soon.

Using Time-Motion Charts to Identify Programmatic Synergies and Monitor Outcomes of Integrated Interventions

In the final week of the online discussion forum, Jennifer Yourkavitch explored using Google time-motion charts to monitor and evaluate the outcomes of integration efforts. Time-motion charts can help to visually track changes in key outcome indicators (such as exclusive breastfeeding or child spacing). By comparing project results to national trends, time motion charts can suggest if an approach is working by showing whether outcomes in the project area are increasing at a greater rate than outcomes in the rest of the country.

Handouts provided with the discussion posting explain: 1) How to set up a chart examining two interventions to compare two related outcome indicators over time, 2) How time-motion charts can be used to report project results in a single graphic to visually compare data from two or more projects, and 3) How to set up charts to monitor three or more indicators. Similar charts could be part of any project's final evaluation indicating the results of integration over different time points.

Key Themes

Several themes emerged during the discussion forum:

- **It is important to monitor the effect of integration on all areas being integrated.** M&E examples shared during the forum reflected efforts to collect information to see if each technical area has benefited from integration and determine if any harm was done.
- **Tailor M&E systems to the context of service delivery and examine the context to better interpret results.** The postpartum systematic screening studies highlighted how different settings and models of integration required adaptation of the protocol and tools to fit each context. In the Nigeria PPSS study, FP counseling and referrals increased with use of the PPSS tool, but FP service use did not change, possibly because clients who received FP referrals when bringing their children for vaccination at the health facility could not receive FP services on the same day. In the FP-immunization example in Liberia, pilot facilities in one county experienced higher immunization dropout rates; however, comparison of cumulative dropout rates during the intervention to the same time period the year before showed there was a higher background dropout rate at those facilities compared to others.
- **Existing information systems pose challenges for tracking integrated service delivery; various strategies are needed to track a continuum of service outputs.** Facilities typically have separate registers for different service areas (and issues of confidentiality may arise if trying to monitor sensitive health information across different points at the client level). The discussion touched on several M&E tools used to capture client flow data, such as referral cards, individual patient cards, or the client flow tool developed by the Integra Initiative. In addition, supplemental registers can help capture non-routine data on key information on the integration process. However, when scaling up interventions, care must be taken that recommended changes to routine systems are simple and do not overload staff.

- **Integration efforts as well as M&E systems should consider provider workload.** Several participants mentioned that health workers are often overburdened. Service providers may oppose integrated service delivery due to perception that it will increase their workload. Readiness assessments and task-shifting of activities to lower-level health providers may help plan for and address workload issues. Simplicity is important for routine data collection to ensure that it will not overwhelm staff with additional reporting.
- **Measuring integration itself is complex and must take into account both ‘structural’ and ‘functional’ integration.** Structural integration reflects integration of trained staff and infrastructure; however, having the structure in place does not ensure that it is functioning to deliver integrated services to clients. Assessments should examine whether clients actually received integrated care.

Survey Results

At the conclusion of the online discussion forum, the moderator asked participants to complete a brief online survey. The purpose of the survey was to obtain feedback on the forum, including content and format, and to solicit suggestions for future discussions and topic areas of interest. Of the PFP COP members who received the survey invitation email, about 4.5% (43) completed the survey.

Respondents were based in 23 different countries, with the highest number of responses from Kenya, the US, and India. The majority of respondents (54%) indicated they worked for a nonprofit or NGO, with 14% representing an academic or research institution, 9.3% from a government agency or ministry, and the remainder indicating they were with an organization in the private sector, a medical or health care provider, a religious or faith-based organization, or other group.

About two thirds of respondents who rated statements about the forum agreed and one third strongly agreed that the forum met its goal of generating meaningful, relevant, and timely conversation around M&E of PFP integration and that they were satisfied with the content of the discussion. All indicated that the information shared during the forum was useful to them (one half indicated they agreed and the other half strongly agreed). The majority of respondents who answered questions on the length and amount of discussion generated during the forum were satisfied with these aspects. About three quarters felt the five week forum was the right length of time, while about a quarter felt it was too long. Similarly, about three quarters were satisfied with the amount of discussion while almost a quarter thought there was not enough discussion.

Of the 32 respondents who marked various ways in which they participated in the forum:

- 90% read forum postings or digest emails
- 53% downloaded or read materials recommended during the forum
- 38% forwarded forum postings to other people
- 34% attended or viewed the webinar
- 22% used resources or practices discussed in the forum in their work
- 19% sent messages or comments to the forum

The main issue that respondents stated affected their participation in the forum was being too busy to read forum messages. In addition, several mentioned having difficulty with following the discussion and/or posting comments due to poor internet connectivity. Suggestions included compiling the material together to share with forum participants.

Respondents appreciated the diversity of topics, sharing of up-to-date information for free via email, and the provision of links to additional resources and reports. In addition, they indicated that they liked having access to a community of experts and experienced practitioners -- as one respondent put it, the best part of the forum was “learning without having to spend any personal money from experts whom I could only dream meeting.” Finally, respondents noted that they enjoyed reading about the experiences of other participants and seeing practical examples from the field.

Suggestions for future forum topics centered on examining PPFp as it related to several general categories:

- Types of methods – long-acting and permanent methods, creating demand for PPIUD, or new technologies in PPFp
- People – PPFp for mothers living with HIV or for women with substance use issues
- Settings and delivery mechanisms – PPFp in religiously/culturally conservative settings, PPFp service delivery through the private sector / social franchising, community-based PPFp (in areas where facility delivery is low)
- Integration area – Integration with Emergency Obstetric and Neonatal Care (EmONC), FP and nutrition integration
- Cross-cutting area – Male involvement in PPFp

Next Steps

The discussion presented methods for assessing PPFp integration and strategies used to monitor and evaluate PPFp programming across different integration models. Further studies are needed to continue to explore strategies to increase integrated PPFp services and evaluate the effectiveness of integration on health behaviors and outcomes. During the forum, Nisreen Bitar announced that the USAID Health Systems Strengthening II project, implemented by Abt Associates in Jordan, is evaluating the effectiveness of integration of family planning services within the postpartum care provided at public hospitals. Several other studies mentioned in the discussion are currently in progress or working on additional publications to share research and evaluation findings, including the postpartum systematic screening studies in India and Mozambique, the Healthy Fertility Study in Bangladesh (examining integration of FP into a community-based maternal and newborn health intervention), and the Integra Initiative. PPFp COP members are encouraged to share M&E and research findings on PPFp integration with the community of practice.

For additional information on Postpartum Family Planning, including M&E and Program Learning, visit the PPFp Toolkit at <http://www.k4health.org/toolkits/ppfp/>.

To join the PPFp Community of Practice or review archives of this discussion forum, sign up at <https://knowledge-gateway.org/ppfp/>.