M&E of Postpartum Family Planning Integration:
Overview, Key Issues, and Program Examples

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Agenda

- Introduction to key issues in M&E of PPFP integration

- Examples of M&E of integrated work:
  - Immunization & FP
  - PPFP & Maternal Health (PPIUCD)

- Q&A discussion session
  - Slides will be posted to: https://knowledge-gateway.org/ppfp/
Purpose of Webinar

To stimulate dialogue by sharing experiences around measuring & evaluating the effectiveness of postpartum family planning (PPFP) programming

Specifically:

- Share key issues for integrated M&E
- Describe M&E tools and indicators developed for integrated PPFP programs
- Discuss presentation and interpretation of results
  → Taking into consideration practical experiences
Key Issues

1. M&E of integration should provide information that lets us know if each technical area has benefitted 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.
1. Has Each Area Benefitted; Has No Harm Been Done?

- Integration seen as efficient at reaching beneficiaries with services, but requires effort

- Important to find out if coverage of all areas increases

- Important to monitor any negative effect on one area
  - i.e. Have immunization rates decreased because there is distrust of FP?
2. Understand Each Other’s Approach to M&E

- Specific indicators used by each area
  - How are indicators constructed
  - Is there a denominator; what is the denominator

- How often is information collected

- Source of information:
  - Surveys, service statistics
  - Quality of information
**Immunization**
## Services Tracking Form for CHW Program

FP/RH Services Provided by CHWs – Month/Year

<table>
<thead>
<tr>
<th>CHW Name</th>
<th>Date</th>
<th>Pills</th>
<th>CycleBeads</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>New</td>
<td>Cont</td>
<td>New</td>
</tr>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totals:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3. M&E of Integration should be Adapted to Context

- Integration model
  - Immunization is a platform for other interventions (Imm+)
  - FP integrated into other service platforms, PPIUCD (+FP)

- Routine information systems different in each country

- Country specific sensitivities (cultural, political)
4. M&E for Routine Programs
Different than for Special Programs

In pilot programs, can:
- Invest in collection & analysis of more information
- Spend more time on ensuring quality
- Avoid complexity of national reporting

M&E for routine integrated programs must:
- Fit into national system
- Not overburden the system
- Simple
Immunization and Family Planning
“IMMUNIZATION Plus” …Plus WHAT?

- Plus other services
- Plus messages about other services
- Plus access to other commodities
- Plus integrated tools to manage services

- e.g., vitamin A
- e.g., birth spacing
- e.g., vouchers for ITNs
- e.g., integrated health cards
Liberia

FP and immunization integration pilot project: Vaccinators refer mothers for same day FP services
Liberia Pilot Project

- Pilot: 10 facilities in 2 counties (Bong, Lofa)
- March – November 2012

Broad M&E questions:
- How has it affected FP?
- How has it affected immunization?
Integrated EPI FP Service Delivery: Possible Effects on Immunization

**Positive**
- Secure support for EPI by using it as platform to serve another program
- Increase utilization of services and vaccination coverage by increasing convenience to caregivers through “one stop shopping”

**Negative**
- Deter mothers who accept EPI but not FP
- Create confusion that EPI is really FP and a masked attempt to sterilize women or children
- Documented examples over past 20 years
New Contraceptive Users Increased in Participating Facilities (Mar-Nov 2011 to 2012)

Source: MOHSW/CHT/MCHIP Supervision Data
<table>
<thead>
<tr>
<th></th>
<th>Total # of mothers accepting FP referrals</th>
<th># (%) of mothers accepting FP referrals who went to FP provider that day</th>
<th># (%) of mothers accepting FP referrals who went to FP provider and accepted an FP method that day</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOFA COUNTY</td>
<td>426</td>
<td>357 (84%)</td>
<td>332 (93%)</td>
</tr>
<tr>
<td>BONG COUNTY</td>
<td>1064</td>
<td>934 (88%)</td>
<td>892 (96%)</td>
</tr>
</tbody>
</table>

Source: Supervision Visits to Pilot Sites by MOHSW, MCHIP, County Health Teams
## LOFA: Penta 1 and Penta 3 Doses Administered

(Mar-Nov 2011 and 2012)

<table>
<thead>
<tr>
<th>Immunization performance</th>
<th>% change from 2011 to 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pilot facilities (N=5)</td>
</tr>
<tr>
<td>Penta 1 doses</td>
<td>35% increase</td>
</tr>
<tr>
<td>Penta 3 doses</td>
<td>21% increase</td>
</tr>
<tr>
<td>Penta 1-3 Drop out rates</td>
<td>Increase from 14 to 25%</td>
</tr>
</tbody>
</table>

18 (Mar - Nov 2011 and 2012)
Lofa County: Percent Change in Penta 1 and Penta 3 Doses (Mar-Nov 2011 to 2012)
Lofa Pentavalent 1 to Pentavalent 3: Cumulative Dropout Rates, 2012

Source: MOHSW Data
Lofa Pentavalent 1 to Pentavalent 3: Cumulative Dropout Rates, 2011

Source: MOHSW Data
Take Away Messages

- Need to monitor effect on both interventions being integrated

- To interpret results, need to know details of context and all possible explanations

- Use the data to improve design and implementation
  - In this case, the model was revised slightly to improve communication to reduce immunization drop out rates
PPFP & Maternal Health: Postpartum Intrauterine Contraceptive Devices (PPIUCD)
Quick Facts about PPIUCD

- **Insertion timing:**
  - **Post placental:** 10 minutes after delivery of placenta
  - **Immediate postpartum:** within 48 hours after delivery
  - **Intracesarean:** During cesarean section
  - **Interval / Delayed postpartum:** 4+ weeks after delivery

- PPIUCD is the only **long-acting, reversible** method that does not interfere with **breastfeeding** that can be provided before the woman leaves the birthing facility

- Requires no transition (from LAM or to hormonals)
India

Postpartum IUCD as part of PPFP options introduced and being scaled up in 19 states
Context in India

- **Huge unmet need:** 65% women in 1st year of postpartum period have unmet need for FP, but only 26% are using any contraceptive
  
  Source: USAID/ACCESS, India, 2009

- **For ensuring healthy spacing:** 61% births with average birth-to-birth interval of less than 36 months
  
  Source: NFHS 3, 2005-06

- **Resurgence of interest in IUCD:** Globally; Government of India’s initiative to revitalize IUCD

- **Increased institutional deliveries:** Government’s monetary incentive scheme (JSY); mothers are in contact with providers at the facilities

- **Postpartum IUCD insertion is convenient**
India: PPFP/PPIUCD Services Model

**Demand for PPIUCD Services**
- Facility-based PPFP/PPIUCD BCC
- Community-based PPFP/PPIUCD BCC
- Promotion of services by satisfied clients

**Availability of Quality PPIUCD Services**
- PPFP/PPIUCD Counseling
- Clinical Guidelines and Protocols
- PPIUCD Training for Service Providers
- Integration into Existing Services
- Equipment and Supplies (Forceps)
- Client Follow-up
- Job Aids
- Performance Standards (SBM-R)

Promotion of services by satisfied clients

India: PPFP/PPIUCD Services Model

Facility-based PPFP/PPIUCD BCC

Community-based PPFP/PPIUCD BCC

Promotion of services by satisfied clients

PPFP/PPIUCD Counseling

Clinical Guidelines and Protocols

PPIUCD Training for Service Providers

Integration into Existing Services

Equipment and Supplies (Forceps)

Client Follow-up

Job Aids

Performance Standards (SBM-R)
At Client Level

- Counseling begins at ANC
- ANC card captures women’s decision-making
- PPIUCD follow-up during postpartum period
### At Facility Level

- PPIUCD register placed in labor & delivery unit
- Client follow-up system introduced by government
Reported PPIUCD Insertions in India

(Feb. 2010 to Aug. 2013 data)  

N = 133,046

Intra-cesarean 33%
Post-placental (within 10 min) 45%
Post-partum (within 48 hrs) 22%

Source: PPIUCD Monthly Reports
Data as on Sept. 18, 2013
Proportion of PPIUCD Acceptors Among Institutional Deliveries

(Jan. 2011 to Aug. 2013 data)

Total Deliveries = 18,848,043    Total PPIUCD Insertion = 122,586

Source: PPIUCD Monthly Reports
Data as on Sept. 18, 2013
Follow-up Findings of PPIUCD Clients Around 6 Weeks Post-insertion

(Jan. 2011 to Aug. 2013 data)  N = 51,546

- Expulsion: 2.8%
- Infection: 1.5%
- Removal: 4.4%

Source: PPIUCD Monthly Reports
Data as on Sept. 18, 2013
Summary*

- M&E of integration should provide information that lets us know if **each** technical area has **benefitted** from integration => and that **no harm** has been done.
- In order to integrate M&E from different technical areas, we should first **understand** each other’s approach to M&E.
- M&E of integration should be adapted to **context**.
- **Routine** programs will not will not always have the capacity to collect integrated information needed by special programs.

*Adapted from key issues related to USAID’s Global Health Initiative’s Integration Principle*
Questions & Discussion