One Stop Shop, or Service Silos? A Cross-Sectional Analysis of Postpartum Family Planning (PPFP) Integration with Maternal, Newborn, and Child Health Services Using a Client Flow Assessment Tool

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Background

- About 30% of maternal deaths in developing countries could be averted by meeting women's needs for family planning (FP); if all pregnancies were spaced 2 years apart, infant deaths would decrease by 10% and child deaths by 21% (Cleland et al., 2012).
- Antenatal care (ANC), labor and delivery, postnatal care (PNC), and child health services offer valuable points of contact for postpartum family planning (PPFP) integration to improve spacing of pregnancies.
- This descriptive evaluation examined implementation models used to integrate FP into maternal, newborn, and child health (MNCH) services in Kenya and India.

Main Questions

1. To what extent did clients accessing MNCH services at study facilities also receive integrated FP counseling or services?
2. Which client characteristics predict receipt of integrated MNCH-FP services? Is integration associated with differences in service delivery?

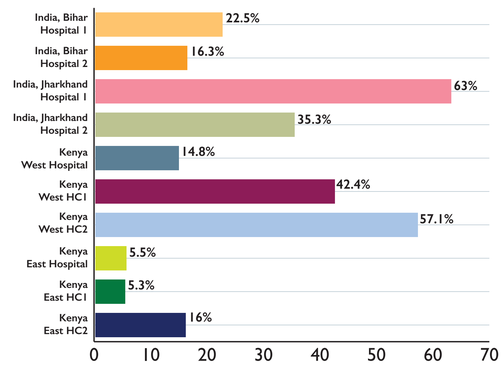
Methodology

- Cross-sectional analysis of client flow data collected May/June 2014 from 6 hospitals and 4 health centers (HCs) in Kenya and India.
- Program implementation models
  - PPFP/PPIUD (postpartum intrauterine device): Bihar, India; Jharkhand, India; eastern Kenya
  - Maternal, infant, and young child nutrition (MIYCN) and FP: Western Kenya
- Inclusion criteria: All women age 18 or over accessing services who were pregnant and/or had a child under 2 years old.
- Only ANC, PNC, and child health clients included; laboring women were excluded.
- Provider(s) seen checked off care they provided to the client on a checklist.
- Main outcome: Receipt of integrated MNCH-FP services.

Results

- 2,158 client visits tracked: 1,294 in India and 864 in Kenya.
- Large variation in levels of MNCH-FP integration across facilities.

Percentage of client visits with integrated MNCH and FP services received (out of MNCH visits)



- Large differences in proportion of clients receiving MNCH-FP integrated services by service area accessed within facilities.
- Higher levels of FP integration in ANC in sites with PPIUD interventions emphasizing PPFP counseling during ANC (India, eastern Kenya); higher levels of FP integration in PNC and child health in the MIYCN-FP intervention sites (western Kenya).

Results, cont.

Percentage of integrated MNCH and FP visits by MNCH service area and facility

- Significant relationship between travel time and integration, with clients who lived furthest from facilities least likely to receive integrated services:
  - Likelihood of integration is roughly half for clients who travel 30–59 minutes versus those who travel less than 15 minutes (odds ratio 0.472, confidence interval [CI] 0.30, 0.75)
  - Likelihood of integration is 0.36 times less for clients traveling more than an hour compared to clients traveling less than 15 minutes to the facility (CI 0.23, 0.58)
- MNCH-FP integration as predictor of differences in service delivery:
  - Risk ratio of number of providers seen increases by 1.34 (CI 1.220, 1.472) for patients with MNCH-FP integration versus patients accessing MNCH services only ($p < 0.001$)
  - Time spent at the facility increases by an average of 10 minutes (CI 1.264, 22.348) for clients accessing integrated MNCH-FP services vs. those accessing MNCH services without FP services, but association not statistically significant

Implications

- Findings suggest the importance of providing specific programmatic support for integration, which was most prominent in the MNCH service areas that received support for FP integration and did not organically shift into other facility service areas at the same levels.
- Clients who accessed integrated MNCH-FP services (compared to those who accessed MNCH services alone) tended to see a larger number of providers. Nonetheless, the amount of time they spent at the facility did not significantly increase, suggesting that integration may not impose an undue burden.
- From the client perspective, attention should be given to the needs of clients who live furthest from facilities, as they are least likely to receive integrated services.

Reference

Cleland J, Conde-Agudelo A, Peterson H, Ross J, Tsui A. 2012. Contraception and health. *Lancet.* 380(9837): 149–156. doi: 10.1016/S0140-6736(12)60609-6.

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