

**Addressing Unmet Need for Family Planning
in Maternal, Neonatal and Child Health Programs**

ACCESS-FP

**Annual Report
1 October 2005 – September 30, 2006**

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Submitted by:

**JHPIEGO in collaboration with
Save the Children
Futures Group International
Academy for Educational Development (AED)
American College of Nurse-Midwives (ACNM)
Interchurch Medical Assistance (IMA)**

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ABBREVIATIONS AND ACRONYMS

ACNM	American College of Nurse-Midwives
AED	Academy for Educational Development
AFASS	Available, Feasible, Affordable, Safe and Sustainable
AMSTL	Active Management of the Third Stage of Labor
ANC	Antenatal Care
CP	Community of Practice
CPR	Contraceptive Prevalence Rate
CTO	Cognizant Technical Officer
DHS	Demographic and Health Survey
DOH	Department of Health
EBF	Exclusive Breastfeeding
ESD	Extending Service Delivery Project
FP	Family Planning
HTSP	Healthy Timing and Spacing of Pregnancies
IBP	Implementing Best Practices
IRH	Institute of Reproductive Health, Georgetown University
IMA	Interchurch Medical Assistance
IR	Intermediate Result
IUD	IntraUterine Device
JHU/SPH	Johns Hopkins University School of Public Health
LAM	Lactational Amenorrhea Method
LGA	Local Government Administration
LOP	Life of the Program
MNCH	Maternal, Newborn and Child Health
OHA	Office of HIV/AIDS
PMTCT	Prevention of Mother-to-Child Transmission
PNC	Postnatal Care
PPFP	Postpartum Family Planning
PPH	Postpartum Hemorrhage
PPIUD	Postpartum Intrauterine Device
SC	Save the Children
WHO	World Health Organization
WRA	White Ribbon Alliance

I. Introduction

This annual report summarizes key ACCESS-FP activities for the period of September 25, 2005 through September 30, 2006.

ACCESS-FP was awarded September 25, 2005 as an associate award to the ACCESS Leader Program. It is a five year award with a completion date of September 25, 2010. The goal of ACCESS-FP is to reduce unmet need for family planning among postpartum women by strengthening family planning in maternal, neonatal, and child health service delivery programs. Specifically, the program will:

1. Test alternative service delivery approaches to expand contraceptive options and increase the use of modern family planning methods among postpartum women;
2. Improve use of the lactational amenorrhea method (LAM) and the transition to longer-term modern contraceptive methods;
3. Educate and counsel on birth spacing; and
4. Identify targets of opportunity to strengthen family planning in maternal, neonatal, and child health programs.

In the work plan for this reporting year two major areas of activities were described. These were: 1) research- testing of models and messages for FP integration and 2) global leadership and technical assistance for the integration of FP into maternal, newborn and child health activities.

This report describes key activities during the period, challenges and constraints and priorities for the next year. The key activities are organized according to three activity clusters inclusive of the intermediate results. These are program start-up, and the two categories described in the work plan- research and global leadership and technical assistance for integration.

II. Key activities during the period

A. Program start up

Important activities during this first year include building program staffing, coordination with USAID/Washington, and coordination with ACCESS Leader.

Program staffing: Dr. Catharine McKaig, Project Director, began work November 1, 2005. The LAM/Behavior Change Advisor, Dr. Berengere de Negri, has supported ACCESS-FP activities since early December, but has not been available 50% of time due to a heavy travel schedule and the delay with regard to the initiation of field activities. In an effort to improve coordination and support, Dr. Robin Anthony Kouyate was hired at 40% time to support behavior change activities and began work in July 2006. Dr. de Negri will continue to provide support at 10% time.

There was also a staffing change with regard to the clinical technical advisor position. The new Clinical Technical Advisor, Ms. Holly Blanchard, began work on April 24, 2006. A Monitoring and Evaluation Specialist, Ms. Barbara Rawlins, is shared with ACCESS-Leader. Ms. Angela Nash-Mercado, Sr. Program Coordinator is also shared with ACCESS-Leader and provides management and administrative support to the program. Both Ms. Rawlins and Ms. Nash-Mercado have worked part-time with the program since start up in November 2005.

While global activities continued to move forward with the support of short term consultants, unfortunately the program was not able to benefit from continuity and institutional learning of staff during this period. However, both technical positions are now in place.

USAID/W coordination: During the first two months of the program, November and December 2005, initial administrative and coordination meetings were held. The ACCESS-FP work plan for year one was approved on February 23, 2006. The semi-annual report was submitted in April 2006. The work plan for the second year of ACCESS-FP was submitted and approved in July 2006.

Regular communications have been established with the Senior Technical Advisor and Cognizant Technical Officer. Weekly updates summarize key activities during the week and are provided as travel permits.

In addition, a mini-management review for the program was held June 20, 2006.

Coordination with ACCESS Leader: A primary area of activity has been coordination with ACCESS-Leader. The ACCESS-FP program director attends weekly ACCESS management meetings as well as periodic meetings with other ACCESS staff to coordinate activities. The program director has participates in the core management team quarterly meetings as well as those of the unified management team (UMT) for ACCESS Leader. ACCESS-FP has provided updates on program activities at the quarterly UMT meetings.

To date ACCESS-FP has benefited from the close association with ACCESS Leader. Networking within the MNH community has been greatly facilitated because of the connections established through ACCESS Leader. These benefits extend to information sharing. For example, the existing website and mechanisms of sharing greatly facilitated the dissemination of information regarding the program. The ACCESS M&E specialist is shared by ACCESS Leader and ACCESS-FP.

In February 2006, information about ACCESS-FP was added to the ACCESS Leader website on the home page and in a separate section dedicated to the ACCESS-FP Program. Of particular note is the inclusion of PFP in the strategic approach section of the ACCESS program. This provides an important opportunity to highlight the role of family planning in addressing maternal and neonatal mortality.

Over the course of the past year, the following materials have been posted or linked to:

- [An Annotated Bibliography of Postpartum Family Planning Literature](#). ACCESS-FP Program. (July 2006)
- [Lactational Amenorrhea Method \(LAM\): Frequently Asked Questions](#). FAQ Sheet No. 3. Academy for Educational Development/LINKAGES Project. (Updated 2001) (also available in French and Spanish)
- [LAM \(Lactational Amenorrhea Method\): A Modern Postpartum Contraceptive Method for Women who Breastfeed: Training Module for Health and Family Planning Service Providers](#). Academy for Educational Development/LINKAGES Project. (Updated 2004) (also available in French and Spanish)
- [Promoting the Lactational Amenorrhea Method \(LAM\) in Jordan Increases Modern Contraception Use in the Extended Postpartum Period](#). Academy for Educational Development/LINKAGES Project. (2005)
- [Spotlight on LAM Users: Transition to Other Modern Methods of Contraception after Six Months Postpartum](#). Academy for Educational Development/LINKAGES Project. (2005)
- [The IUD: A Contraceptive Option for Postpartum and Postabortion Women](#). ACCESS-FP Program. Part of the [IUD Toolkit](#). (2006)

Information posted on the website provides an important opportunity to highlight the role of family planning in addressing maternal and neonatal mortality. Website statistics show an increasing amount of visitors each month. The Program will continue to post documents and tools to the website in the future. The site can be accessed at the following URL: <http://www.accesstohealth.org/toolres/pubs.htm>.

B. Research- testing of models and messages for FP integration

The majority of this section relates directly to first ACCESS-FP Intermediate Result. However, there is significant overlap with IRs 2-4, related to LAM, birth spacing and integration.

IR 1: Test alternative service delivery approaches to expand contraceptive options and increase use of modern family planning methods among postpartum women

Significant activities in this section include the field work in Kenya with FRONTIERS, planning for activities in Bangladesh with JHU/SPH, and planning for activities in Burkina Faso with IRH/Georgetown. Substantial work has also been done on a global level in terms of review of existing literature and specific DHS analyses for postpartum women.

Kenya: Joint FRONTIERS/ACCESS-FP Operations Research Study

The development of a postpartum approach, which emphasizes postpartum family planning, has been initiated for testing in Kenya. This activity was pursued in light of interest by both the Ministry of Health and USAID/Kenya. The postpartum care model, which includes PMTCT follow-up, will be tested in collaboration with FRONTIERS and the Kenyan Ministry of Health in one hospital and three health centers in Eastern District. Initial meetings have been held with the Division of Reproductive Health and provincial and district health management teams and a draft PFP orientation package has been prepared. The development of the postpartum orientation package is being done with an aim to influence the national delivery of postpartum services highlighting the role of family planning. See Appendix A for a summary of activities to date.

ACCESS-FP reviewed the proposed baseline tools in some detail. This review included eight tools summarized in the following table. Some highlights with regard to ACCESS-FP observations on the tools follow.

1. Provider Interview
2. Facility Assessment
3. Observation guide PP clients-Discharge
4. Observation guide PP clients -2 weeks
5. Observation guide PP clients-6 weeks
6. Observation guide PP clients-6 months
7. Client cohort interview -Cohort interview 1
8. Client cohort interview-Second cohort Interview 2

Breastfeeding status: Data collection instruments for use with postpartum clients are adapted from those for general use and not constructed in consideration of breastfeeding status for the different methods. It is our suggestion that breastfeeding status be a screening question which would allow focus on counseling of appropriate methods. We have also supported that LAM is a reliable effective alternative to PFP during the first 6 months. The initial surveys suggested that a ‘back-up’ method was necessary for women using LAM

Return to fertility: While challenging to construct, questions aimed at assessing knowledge related to return to fertility are important in understanding women’s perceptions of pregnancy risk.

Birth spacing: It is not surprising that there are some issues around the phrasing of knowledge questions to assessing understanding of healthy timing and spacing of pregnancies (HTSP). These are primarily related to the interval and how the interval is constructed. Added to that there is the complication of country-specific messages promoted by the Ministry of Health.

LAM and the transition to modern methods: LAM doesn't seem to be systematically constructed as a separate set of questions which ask about criteria. An additional set aimed at transition is required.

Available, Feasible, Affordable, Safe and Sustainable (AFASS): It is challenging to include all of these elements systematically in questionnaires. In terms of protocol for service provision, any woman choosing replacement feeding should receive special counseling about return to fertility and contraception. Non-breastfeeding, HIV positive women should be counseled about return to fertility within 45 days.

Bangladesh: Collaborative Activities with Johns Hopkins University School of Public Health

Initial discussions were held with JHU/SPH regarding activities in Sylhet District in Bangladesh. These activities would be aimed at integrating postpartum family planning in community-based newborn and maternal health activities. An initial proposal was developed for modest activities in a limited area in preparation for a larger research study should funding become available.

Burkina Faso: Collaborative Activities with the Institute of Reproductive Health

ACCESS-FP is collaborating with the Institute of Reproductive Health (IRH), Georgetown University, in an assessment of current LAM practices and other activities aimed at revitalizing LAM in Burkina Faso. IRH is providing the technical input for the assessment and training in LAM. ACCESS-FP will provide support for aspects related to the transition to modern methods. It is anticipated that this activity will serve as basis for future research regarding LAM and the transition to standard days method, as this method is fairly well established in Burkina through past collaborative activities between IRH and JHPIEGO. It is also anticipated that the assessment framework could be applied in other countries as a way of revitalizing LAM and support the transition to modern methods.

Haiti field activities: The program director visited Haiti from March 19-24 2006 and discussed with the USAID/Haiti and other partners repositioning family planning activities to include the revitalization of long term methods in public facilities and the incorporation of postpartum family planning. The situational analysis to be conducted by FRONTIERS has been delayed. ACCESS-FP reviewed and provided feedback to the data collection instruments for the FRONTIERS study. The assessment was designed to assess needs and services for postpartum and postabortion clients in selected facilities. USAID/Haiti has decided to coordinate family planning efforts through their bi-lateral led by MSH.

State of the Art Technical Review: Global technical documents developed

An Annotated Bibliography of Postpartum Family Planning Literature

This initial collection of the published literature includes sixty articles published since 1993. These are both descriptive and evaluative studies. It is organized according to key

categories: 1) descriptive studies, 2) community inclusive intervention studies, 3) facility-based intervention studies, 4) lactational amenorrhea, 5) birth spacing, and 6) HIV and family planning. Of note were the very few published studies related to postpartum family planning provided at the community level. The bibliography is available on the ACCESS to Health (www.accesstohealth.org) website.

LAM Global Technical Brief: A draft technical brief on lactational amenorrhea method and transitioning to modern methods submitted: A draft of a global technical brief “*The Lactational Amenorrhea Method: A First-Line Postpartum Contraceptive Choice*” was submitted for review. The global technical brief covers the four criteria of LAM, the advantages of LAM, programmatic considerations for promoting LAM, a summary of the research on the efficacy and effectiveness of LAM as a family planning method.

The IUD: A Contraceptive Option for Postpartum and Postabortion Women. A piece for the IUD toolkit on the postpartum IUD was completed. Entitled, “*The IUD: A Contraceptive Option for Postpartum and Postabortion Women*”, the two-page brief describes postpartum IUDs and programmatic considerations.

ACCESS-FP has also collaborated with AQUIRE regarding the updating of the EngenderHealth Postpartum IUD training manual. The following recommendations were agreed upon:

- Update the manual to accurately reflect the 2004 World Health Organization Medical Eligibility Criteria on IUD’s and minimal risk for pelvic inflammatory disease;
- Recognize that Active Management of the Third Stage of Labor (AMSTL) is the current standard for postpartum care in the developing world. Previous studies have not looked at all three criteria for AMSTL. Some have included cord traction and administration of oxytocin, but not uterine massage;
- Develop questionnaire for experienced providers in PPIUD their experience in uterine massage and PPIUD to formulate current best practice of PPIUD insertion after AMSTL,
- Importance of including support staff on benefits of PPIUD during training to get buy-in. Previous PPIUD researchers have reported that support staff were not supportive of PPIUD’s; and
- Update family planning methods that are appropriate for postpartum use for women that are breastfeeding.

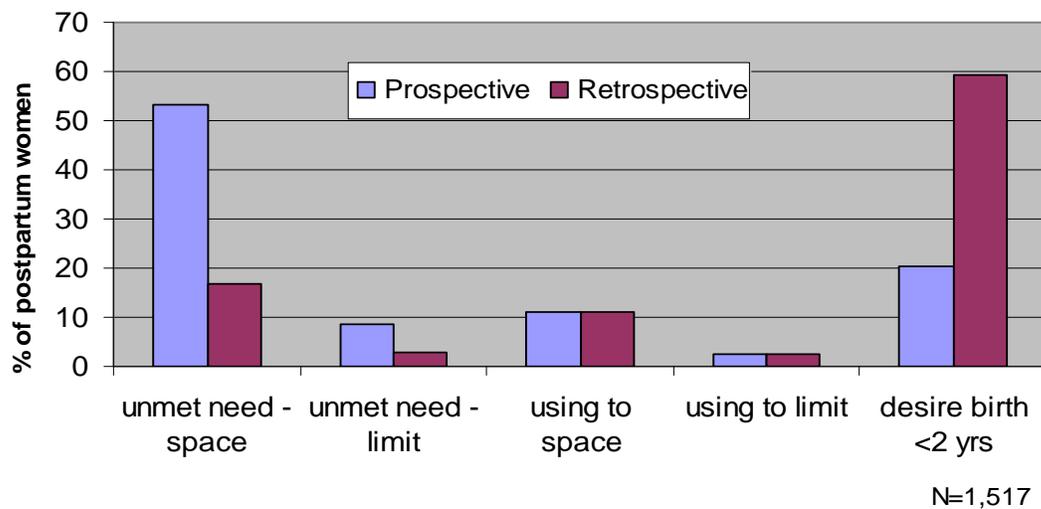
Programmatic Framework for Postpartum Family Planning in an Integrated Service Context: An initial programmatic framework has been developed which graphically portrays services and timing during the extended postpartum period. The framework includes traditional family planning postpartum services as well as maternal, neonatal and child health services. The framework will be further modified over time but it facilitates a synthesis of the differing priorities and activities taking place during the extended postpartum period. The initial framework has been provided as Appendix B.

Country specific analysis of Demographic and Health Survey (DHS) data for postpartum women

Descriptive Analyses of Women in the First Year Postpartum for Kenya and Nigeria

ACCESS-FP also produced descriptive analyses from recent DHS data for women in their first year postpartum for Kenya and Nigeria. These analyses made use of existing DHS data for postpartum women which is not routinely analyzed separately. The full analyses compare all women to postpartum women for basic socio-demographic indicators and family planning use. Of note is the analysis of unmet need which compares the results of the standard DHS definition to that of a prospective approach for postpartum women. In order to calculate unmet need the DHS uses information from the last pregnancy regarding wantedness status. This definition was compared to an alternative which used the question related to the next pregnancy¹. The results are presented in Graph 1 following.

Graph 1: Comparison of prospective and retrospective unmet need in Nigeria among women in the first year postpartum (n=1,517)



Of note is the dramatic difference in unmet need using the two definitions; using the standard DHS definition it is 20 % while using the prospective definition it is 62% for Nigeria. Similarly for Kenya, the standard definition estimates unmet need at 34% compared to 68% for the prospective definition. In order to focus attention on postpartum family planning, it is important that the true unmet need be estimated and it appears that the prospective definition does that more accurately.

Short four-page briefs for the two countries have been developed which highlight findings relative to program and policy planning. For each country these briefs highlight unmet need among women in the first year postpartum, short birth intervals, the timing of key factors related to return to fertility, the relation of family planning use and maternal health care and method mix. These briefs were shared with the USAID missions and

¹ DHS Retrospective: “At the time of your pregnancy did you want to get pregnant then, did you want to wait until later or did not want more children at all?”

Prospective: Among women who are not using contraception, “Would you like your next child within the next two years or would you like to wait two years or have no more children at all?”

local partners as supporting documentation for addressing postpartum family planning systematically. The briefs for the two countries have been included as Appendix C.

An abstract for a presentation at the 2007 Global Health Council meeting based on the analyses from the two countries has been submitted for consideration.

C. Global leadership and technical assistance for integration of family planning to maternal, newborn and child health activities

The intermediate results related to LAM, birth spacing and integration are described in this section.

IR 2: Improve use of the lactational amenorrhea method and the transition to longer-term modern contraceptive methods;

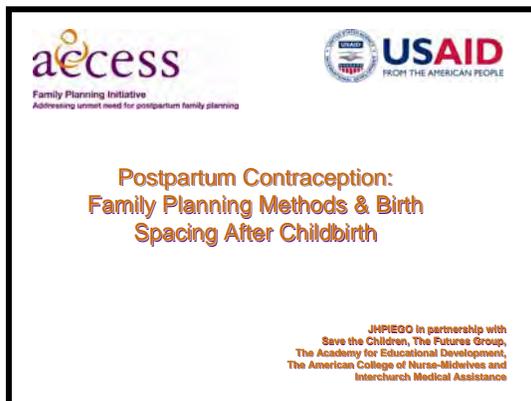
IR 3: Educate and counsel on birth spacing

IR 4: Identify targets of opportunity to strengthen family planning in maternal, neonatal, and child health programs.

Key activities described here include the incorporation of FP into essential MNCH packages, networking with MNCH agencies, technical support for ACCESS countries, establishing a community of practice for PFP, and country specific technical support for integrating PFP in Nigeria.

Incorporation of FP into Essential MNCH Packages

Postpartum Contraception: Family Planning Methods & Birth Spacing After Childbirth



A key product during this period has been the development of a module on postpartum family planning which will be incorporated into the revised Maternal and Newborn Basic Care Manual for providers. As part of the ACCESS-supported Africa Regional Midwifery Pre-service Education Initiative, the module was pre-tested in Ghana with 19 providers from five countries (Nigeria, Ghana, Malawi, Ethiopia and Tanzania).

The key objectives of the module include:

- 1) Define postpartum contraception
- 2) Present the benefits of healthy timing and spacing (HTSP),
- 3) For both breastfeeding and non-breastfeeding women, discuss:
 - Postpartum return of fertility
 - Timing and initiation of contraceptive method types

- Use of key contraceptive methods

4) Provide an overview of *WHO Medical Eligibility Criteria for Contraceptive Use*

In the final course evaluation, all 19 participants rated the inclusion of postpartum family planning as part of the maternal-newborn technical update important (16 participants rated it as very important). The information on the WHO Medical Eligibility Criteria and the postpartum IUD were cited as topics of particular interest. Several participants, all of whom were either midwifery instructors or preceptors, said that they had not had any contraceptive technology updates for many years. A quote from one of the participants follows, *“Family planning is very vital in reduction of maternal mortality rate so this session is very important because when we offer FP services to our women we can prevent too frequent and unplanned pregnancies which could lead to unwanted pregnancy and unsafe abortion.”*

Also of particular note was the recognition on the part of the ACCESS trainers of the relevance of including this module on postpartum family planning. The lead trainer said, *“Initially I didn’t think it would be so important, but the reaction of the participants and the gaps in their knowledge convinced me that it needs to be included in the basic MNH training.”* Postpartum family planning information was also integrated into modules on antenatal care and general postpartum care in the manual.

Technical support for the integration of PFP

ACCESS-FP is fully engaged in partnership with ACCESS Leader. There are multiple examples of postpartum family planning being incorporated into the work of ACCESS Leader including both global level and supporting field level activities.

In addition to the Maternal and Newborn Basic Care Manual, ACCESS-FP has reviewed global guidelines and documents produced by ACCESS for opportunities to better incorporate postpartum family planning including healthy timing and spacing. Results include an additional emphasis on the lactational amenorrhea method, HTSP and family planning for the Kangaroo Mother Care manual, the newborn and postpartum e-learning courses.

Field-level training materials and curricula developed by ACCESS have also been reviewed to better incorporate postpartum family planning. ACCESS-FP has contributed content on postpartum family planning which has been incorporated into the Tanzania focused antenatal care training course, the Performance and Quality Improvement Standards for family planning and birth spacing, and the Nepal skilled birth attendant learning resource package.

In Nigeria, a discussion regarding postpartum family planning with the USAID mission, resulted in it being incorporated into the ACCESS Leader program focused on essential maternal and newborn care.

Networking with MNCH Agencies

ACCESS-FP presentations: A variety of presentations regarding postpartum family planning (PPFP) and the ACCESS-FP program were carried out in various settings. These are briefly described here.

- Service Delivery Cooperating Agencies Meeting, January 11, 2006. A brief presentation on ACCESS-FP was made.
- ACCESS Field Staff Retreat, March 6, 2006. The ACCESS-FP program was presented to ACCESS Baltimore, partners and field staff. In addition, individual meetings with ACCESS field staff from Kenya, Indonesia, Tanzania and West Africa.
- JHPIEGO Africa Technical Update, April 1, 2006. This update was held in Uganda just prior to the postpartum hemorrhage (PPH) conference. A presentation on PPFP and ACCESS-FP was made to JHPIEGO staff from eight countries.
- Preventing Mortality from Postpartum Hemorrhage in Africa meeting from 4-7 April 2006 in Entebbe, Uganda. A presentation focusing on PPFP opportunities was made at the conference attended by over 200 participants from 20 African countries.
- Gates Institute for Population and Reproductive Health- Academic Partners Meeting, April 18, 2006. A presentation on PPFP and ACCESS FP was made to public health leaders from six countries focusing on repositioning family planning.
- CORE Spring Meeting 2006, April 26, 2006. A presentation of PPFP and ACCESS-FP was made to CORE members.
- EngenderHealth, a brownbag on postpartum family planning and ACCESS-FP was presented for staff in June 2006.
- Gates Institute, Summer Leadership Program, June 19, 2006. Participants included 19 professionals working in developing countries in the fields of population, reproductive health and development. The presentation included data on postpartum women from Nigeria.
- Community Connections Program, July 28. Participants included six JHPIEGO staff plus eight physicians from Uzbekistan, including practicing obstetricians, pediatricians, medical institution faculty and researchers. The program is managed by the World Trade Center Institute of Baltimore.

MotherNewborNet meeting: The project director attended the MotherNewborNet meeting held in New Delhi, India, July 9-11, 2006. The key technical areas addressed were: 1) prevention and management of postpartum hemorrhage, 2) prevention and management of maternal and newborn infections, 3) management of low birth weight, 4) birth spacing to reduce maternal and newborn morbidity and mortality and 5) minimum package of interventions and common indicators for MNH. A key objective of participation in the meeting was to identify potential areas of programmatic opportunity for postpartum family planning, including healthy timing and spacing of pregnancy among these themes. In addition to integration in ANC, the immediate postpartum period, the six week visits and child immunization, possible contacts with IMCI consultations were also suggested. The project director participated in the small group work on birth spacing and had follow-up meetings with USAID representatives and

colleagues regarding ACCESS-FP activities in Afghanistan and Bangladesh. Follow-up discussions with both of these countries were pursued.

As a follow-up to a question posed about the coordination of LAM and Child Survival messages at the MotherNewBorNet Meeting, ACCESS-FP contacted AED LINKAGES staff. ACCESS-FP was referred to a report produced during a LAM consensus meeting in 2000 aimed at addressing the content of LAM training. The report provides insights on the coordination of exclusive breastfeeding (EBF) and LAM messages, including: LAM training can be adapted to conform to country-specific messages about EBF. While the theory (nearly fully or fully breastfeeding) is given to providers, EBF is the message promoted for LAM use. The report was shared with the BASICS Project to facilitate the coordination of EBF and LAM messages and a reply was also sent to MotherNewBorNet.

This visit included a field trip to SEARCH in Gadchiroli, Maharashtra State in India to visit their community based neonatal care program. Maureen Norton also participated in the field trip. Of note were the multiple opportunities for integrating HTSP and postpartum family planning in the neonatal care program. However, FP activities had not been included in the neonatal program design as SEARCH felt the government services were adequate in this respect. Although the staff said that LAM was included in the counseling information provided to mothers, there was no evidence of it in the IEC materials or counseling guides used by program staff.

Other organizations: Initial attempts have been made to meet with other, not traditional family planning, organizations to explore opportunities for collaboration. ACCESS-FP, with ACCESS Leader, met with Saving Newborn Lives to give an overview of ACCESS-FP activities and identify potential areas for collaboration.

ACCESS-FP held initial discussions with staff from the BASICS Immunization Project. As a first step, ACCESS-FP and BASICS-Immunization are reviewing research and reports from past efforts at integrating family planning into immunizations activities. The review includes reports from past experiences in Togo, Bangladesh and Burundi. In addition, ACCESS-FP contacted Dale Huntington, a leader in research of the efforts to integrate family into immunization programs. Lessons learned will be synthesized in this area, in particular what worked, what did not and issues related to scale up.

Establishing a postpartum family planning community of practice

In April, the ACCESS-FP Program initiated a community of practice (CP) dedicated to postpartum family planning. It's open to all interested in postpartum family planning, to include reproductive health professionals, clinicians, researchers, health educators, etc. The purpose of the CP is to serve as a global exchange for reproductive health professionals interested in learning about and exchanging information, tools and resources related to postpartum family planning. The objectives are to:

- Increase awareness of postpartum family planning
- Share state-of-the-art resources related to postpartum family planning
- Serve as a forum to generate discussion around issues related to postpartum family planning

The CP can be accessed on the Implementing Best Practices website at:
<http://www.hopkinsmedicine.org/ccp/ibp/home.htm>.

Additional discussions were held with IBP staff. Maggie Usher-Patel, WHO, met with ACCESS-FP staff to discuss opportunities for collaboration with WHO and IBP. The ACCESS-FP director attended the steering committee meeting and the general IBP meeting in June 2006.

Global Health Council Meeting 2007: A preformed panel has been proposed for the Global Health Council meeting in 2007. Entitled, “Maximizing Opportunities: Partnerships and Priorities in the Postpartum/Postnatal Period”, the panel will present an overview of successes and challenges in the rapidly developing area of postpartum/postnatal care. As technical learning increases, maternal and newborn health programs must adjust and expand concepts of best practice as well as learn to work in diverse partnerships. Each of the presentations will highlight state-of-the-art technical areas and strategies for incorporation through partnership into the service and/or community context(s). They are:

Maximizing Partnering Opportunities to Revitalize Postpartum Care in Kenya
Nancy Koskei, ACCESS/Kenya

Home and Community Partnerships to Support Postnatal Care
Dr. Uzma Syed, Saving Newborn Lives

Partnering with Religious Leaders to Promote Birth Spacing
Dr. Taroub Harb Faramand, Project Director, Extending Service Delivery Project

Promoting Lactational Amenorrhea Method and Breastfeeding in Madagascar
Dr. Agnes Guyon, MD, MPH, Academy for Educational Development

Mini-University Session: After the Fact: Family Planning in the Postpartum Period
An abstract was prepared and accepted for a MAQ Mini-University on postpartum family planning. The session will present the rationale for a postpartum family planning approach, the integration of healthy timing and spacing with maternal and neonatal health priorities and a comprehensive programming approach for postpartum family planning. The ACCESS-FP program director will be joined by Barbara Deller from the ACCESS Leader program in making the presentation.

Meetings with Cooperating Agencies: Over the past year, ACCESS-FP has held meetings with a variety of other cooperating agencies and programs. These have included: Extending Service Delivery, The Institute for Reproductive Health, EngenderHealth, Africa 2010, FRONTIERS, Family Health International, The Policy Project and the Health Communication Partnership.

Transition of LAM materials and research between LINKAGES and ACCESS-FP:
As the Academy of Educational Development (AED) LINKAGES Project is coming to a

close, ACCESS-FP met with Linkages program staff and discussed publications and materials related to LAM from LINKAGES and Georgetown that ACCESS-FP may house as resource documents. In addition, several links to LINKAGES Project LAM resources were added. These include the most recent LAM training module, the report from the Jordan study and the 2005 Spotlight brief on LAM users and transition. These links can be viewed at www.accesstohealth.org/toolres/pubs.htm-- under the postpartum family planning section.

ACCESS-FP also initiated discussions with AQUIRE and provided a review of the EngenderHealth postpartum IUD training guidelines for providers as part of an effort to update the guidelines. We anticipate that the updated guidelines will be field-tested in Kenya as part of the postpartum work there

Preparation for Technical Consultation on Postpartum Family Planning

Significant staff time has gone into the preparation for the technical consultation meeting on postpartum family planning. Over forty professionals with experience and expertise in areas related to family planning and maternal and neonatal care have been invited. Key literature has been identified for each of four small groups to review and a framework has been developed for synthesis of lessons learned. It is anticipated that this meeting will provide the basis for advancing postpartum family planning service delivery.

Technical support for ACCESS countries for FP integration: Nigeria

The project director and clinical advisor for ACCESS-FP visited Nigeria from June 26-July 7, 2006. Technical support was provided to ACCESS/Nigeria to incorporate a postpartum family planning approach complementary to essential maternal and newborn care (EMNC). To date this is an unexploited opportunity for linking family planning during the antenatal and immediate postpartum period. The FP activities in Nigeria are designed to build on the platform created by the EMNC activities. In the coming year, 20 rural facilities in two districts in Northern Nigeria will be revitalizing their family planning services with a particular emphasis on postpartum FP and a complementary behavior change strategy to support initiation and use will be developed.



**Women's Group at
Dawakin Tofu Community
Center, Kano State, Nigeria**

June 30, 2006

Specifically, ACCESS-FP:

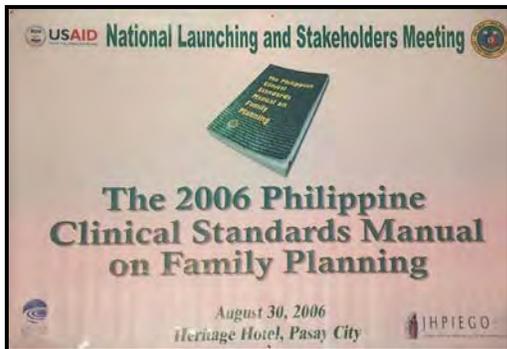
- Provided technical support for adding postpartum family planning as an opt-out standard of care for women who come to facilities to deliver in the process of expanding the quality of emergency obstetrical care.
- Met with two local government administrative staff (LGA) in Kano state and facility staff both at the hospital and health center level to discuss postpartum family planning as a vehicle to promote maternal and infant well being through healthy timing and spacing of pregnancies
- Assessed the state of postpartum family planning, as it currently exists in Nigeria in the two LGA's where ACCESS-Nigeria is working in Kano State. Minimal postpartum care is being done.
- Incorporated postpartum family planning, HTSP and LAM questions in the baseline facility, household and focus-group discussion tools.
- Met with Mrs. Lahore, co-chairwomen of the Nigerian Nurse and Midwifery Association to promote contraceptive update in pre-service and in-service training. The Nigerian Nurse and Midwifery Association is responsible for developing national nursing and midwifery training standards and certification criteria. Mrs. Lahore was favorable to in-service and pre-service postpartum family planning.
- Met with USAID Mission staff regarding the potential for ACCESS-FP in Nigeria.
- Reviewed and updated COMPASS IEC pamphlets on family planning that are currently used in Nigeria. Suggestions have been forward to COMPASS Nigeria.

Global review of maternal and newborn care materials

ACCESS-FP conducted a review of selected in-service training materials used globally in safe motherhood programs. The review found that for the most part manuals do not incorporate a strong family planning component and several referred the trainee to a family planning module in the sections on antenatal care and family planning counseling. A number of programs do not discuss methods directly, including LAM. The review underscored the importance of identifying missed opportunities for strengthening family planning within MCH.

In addition, ACCESS-FP has also provided technical review for materials from other agencies. ACCESS-FP performed a review of the ORC MACRO Family Planning 101 course curriculum and provided substantial feedback to the authors particularly about the unit on integration of family planning. ACCESS-FP also reviewed the Maternal and Newborn Health chapter that will be included in the upcoming Global Family Planning Handbook. This was done with the INFO project who is working with the Department of Reproductive Health and Research at the World Health Organization to publish the fourth WHO family planning cornerstone

Global Leadership Priorities Funding: Maximizing Access and Quality



In the Philippines, JHPIEGO received funding through ACCESS-FP to assist the Philippines Department of Health (PDOH) in revising its national resource document for family planning, the *Clinical Standards Manual on Family Planning*. JHPIEGO worked with the PDOH to effectively support the update and operationalization of the guidelines (last updated in 1997). A team of leading Filipino authorities on FP, together with Drs. Ricky Lu and Caesar Maglaya from JHPIEGO, reviewed

the technical content of the manual to ensure contents were evidence-based and adhered to WHO Medical Eligibility Criteria. The manual received full support and endorsement by the Philippine Secretary of Health. Key results of the process included:

- National Launch and Stakeholders' Meeting attended by nearly 100 stakeholders from various groups.
- Development and production of the manual including a facilitator's guide.
- Inclusion in manual, an emphasis on the importance of compliance with voluntary and informed choice
- Training of almost 300 regional and provincial trainers in the manual and its application.
- Action plans produced by regional and provincial teams for training more than 3,000 service providers.

This collaborative effort allowed the DOH to reach all of the 13 regions and the vast majority of the 80 provinces in the Philippines. Details are included in Appendix E.

ACCESS-FP YEAR ONE ACCOMPLISHMENTS SUMMARY TABLE

YEAR ONE	Planned Activities	Progress and Accomplishments
1. Research- testing of models and messages for FP integration		
1.1. Kenya	Increase accessibility, use and continuation of FP by PP/PMTCT women in Kenya in collaboration with FRONTIERS and ACCESS Leader. Frontiers will conduct a situation analysis of selected services and ACCESS-FP will design, implement, monitor and adapt service delivery approaches to better reach these vulnerable groups	Program director visited Kenya 4/06 Study proposal developed with FRONTIERS and approved 7/06 Operational timeline agreed on with FRONTIERS 8/06 Request for PEPFAR support 8/06 Baseline instruments reviewed 8/06 Initial training materials and job aides developed 9/06
1.2 Haiti	Increase accessibility, use and continuation of FP by PMTCT women in Haiti in collaboration with FRONTIERS and ACCESS Leader. Frontiers will conduct a situation analysis of selected services and ACCESS-FP will design, implement, monitor and adapt service delivery approaches to better reach PMTCT clients	Program director visited Haiti 3/06 Provided input on study design and data collection instruments for FRONTIERS study 2/06 USAID mission's reorientation in terms of repositioning family planning through the bi-lateral has affected planned activities
1.3 Bangladesh	Support the development and testing of birth spacing messages in collaboration with JHU in Bangladesh. Using results from formative research conducted by JHU, ACCESS-FP will review birth spacing evidence and tools, develop and test birth spacing messages, support FP services that will be integrated into the PP package and conduct initial training of providers	Initial discussion held and study proposal developed 5/06 Adjustments have been made to reduce the scale of the study into a smaller intervention design with the objective of developing a working model for integrating FP into newborn and maternal care community programs.
1.4 State of the Art Technical Review	Conduct State of the Art review for postpartum family planning program experience key elements using both published and gray literature in collaboration with FRONTIERS, ESD and other CAs	Initial literature review completed and annotated bibliography 4/06 Postabortion and Postpartum IUD Summary finalized 8/06 LAM Technical Brief – draft produced 9/06 Paper in process with Patricia Stephenson, Patricia

YEAR ONE	Planned Activities	Progress and Accomplishments
1.5 DHS Analysis	Conduct DHS country-specific analysis for postpartum women in Haiti, Kenya and Bangladesh to inform program development and policies	Macdonald DHS Analyses for Postpartum women developed for Nigeria 3/06 and Nigeria 6/06 Analyses disseminated to USAID missions and partners- ongoing.
2. Global leadership and technical assistance for integration of family planning to maternal, newborn and child health activities		
2.1 Incorporation of FP into essential packages	Conduct global review of maternal and newborn care materials and the development of a module for PPF for incorporation into ACCESS midwife training in four Anglophone African countries.	Initial review of maternal health training materials completed 4/06 Incorporation into Basic MNH training through development of PPF module 5/06 Incorporated into Kangaroo Mother Care Manual 9/06
2.2 Networking with MNCH Agencies	Network with PNMCH, SNL, WRA, Professional associations, Mother NewborNet, Africa Roadmap, UN agencies and CAs to better incorporate PPF activities and participate in working groups.	Meeting with WRA 3/06 Presentation on PPF at International PPH Conference in Uganda 4/06 Project director attended MotherNewborNet meeting and provided follow-up 7/06 Meeting with SNL 6/06 Meetings with CAs have included: FRONTIERS, FHI, ESD, ACQUIRE, HCP, IRH/Georgetown, Africa 2010, BASICS Immunization, Health Policy Initiative Project, and the CORE Group. ACCESS-FP staff participated in PAC and FP/HIV integration working groups.
2.3 Technical support for ACCESS countries	Provide technical support for the incorporation of FP into essential packages including postpartum and newborn care, but also policy level work with ACCESS Leader and other CAs	Family planning for birth spacing Performance and Quality Improvement Standards for Afghanistan reviewed and recommendations made to strengthen HTSP/PPF Reviewed and recommendations for PPF in skilled birth attendant curriculum 3/06

YEAR ONE	Planned Activities	Progress and Accomplishments
		Incorporated PPF into FANC standards that are being scaled up nationally in Tanzania 9/06
2.4 Nigeria	Provide technical support for ACCESS countries for FP integration (Nigeria, Afghanistan)	<p>NIGERIA: Program director and service delivery technical advisor visited Nigeria 7/06 Work plan developed and submitted 7/06 Baseline instruments developed 8/06</p> <p>AFGHANISTAN: Midwifery curriculum reviewed for postpartum family planning content and recommendations made. 9/06 These were the family planning for birth spacing Performance and Quality Improvement Standards per request of JHPIEGO staff in Afghanistan</p>
2.5 IBP	Establish a Community of Practice for PPF as a forum for defining research gaps and collaborating on research interventions	<p>Considerable preparation for the technical consultation meeting on postpartum family planning on 14/11/06 has been carried out. Over 50 health experts from agencies working in postpartum care have been invited to participate.</p> <p>Project director actively participated in IBP meeting, June 2006.</p>
MAQ: Global Leadership Priority	JHPIEGO to work with the WHO Department of Reproductive Health and Research Secretariat of the IBP Initiative to effectively support the Department of Health update and operationalize the Philippines National RH/FP Guidelines. The result will be a set of updated national FP/RH guidelines that are evidence-based and adhere to the latest WHO Medical Eligibility Criteria.	<p>A team of leading Filipino authorities on FP, together with Drs. Ricky Lu and Caesar Maglaya from JHPIEGO, reviewed the technical content of the manual. The manual received full support and endorsement by the Philippine Secretary of Health. Key results of the process included:</p> <ul style="list-style-type: none"> • National Launch and Stakeholders' Meeting attended by nearly 100 stakeholders from various groups. • Development and production of the manual

YEAR ONE	Planned Activities	Progress and Accomplishments
		<p>including a facilitator's guide.</p> <ul style="list-style-type: none"> • Inclusion in manual, an emphasis on the importance of compliance with voluntary and informed choice • Training of almost 300 regional and provincial trainers in the manual and its application. • Action plans produced by regional and provincial teams for training more than 3,000 service providers. <p>This collaborative effort allowed the DOH to reach all of the 13 regions and the vast majority of the 80 provinces in the Philippines.</p>

III. Challenges and opportunities

Program staffing: During this initial start-up period, ACCESS-FP has faced particular challenges in staffing. While short term consultant support was used for key activities, unfortunately the program was not able to benefit from continuity and institutional learning of activities conducted by staff. The program was only fully staffed at the end of July.

Funding and USAID/mission interest: A major challenge in the area of collaboration has been the lack of funding and initial interest from USAID missions. Although there are certainly many reasons for this, the integration of PFP into MNCH care is a relatively complex undertaking and not as straightforward as more vertical FP programming. While both programs are ready to collaborate and recognize the importance and opportunities, to date the lack of mission support and funding has limited activities to a fairly narrow range of technical assistance.

What has become clear over the past year is that while FP is often included in the lists of services and counseling to be provided in MNCH programs, to do this in a meaningful way for postpartum women requires additional focus and resources.

Complexity of program activities: While all programs have a certain degree of complexity, the level of multiple partner involvement with regard to ACCESS-FP activities makes implementation particularly challenging. This is due to two primary reasons, the nature of the associate award status and the limited amount of funding available for ACCESS-FP specific field activities. Field activities are implemented in partnership with local partners, and either with ACCESS and/or a variety of other partners such as FRONTIERS, JHU/SPH, and IRH/Georgetown.

Enthusiasm for postpartum family planning: A very positive note has been the enthusiastic response from agencies including CAs, UN agencies and Ministries of Health in identifying strategies and programs to better meet the needs of women during the extended postpartum period. Through this initial base of contacts, it is anticipated that progress will be made in building consensus and learning about effective approaches to meet the postpartum family planning needs of women.

IV. Priorities for the coming year

Of primary importance is the expansion of field activities. While plans are moving forward in Kenya in partnership with FRONTIERS and in Burkina Faso with IRH/Georgetown, work in Bangladesh with SPH/JHU has yet to be initiated.

Another priority is the establishment of a community of practice for postpartum family planning. With the planned technical consultation day on November 14th, considerable follow-up will be needed to keep the community participants engaged and to facilitate cross-learning. Activities will also be explored with WHO, particularly incorporating PFP as an focus area around Implementing Best Practices.

ACCESS-FP will also be exploring particular areas of interest for postpartum family planning such as coordination with Child Survival agencies. This will be a key area of focus in the coming year and we will pursue opportunities for the integration of LAM and PFP messages and services into child health and immunization services.

Another area for learning is the incorporation of PFP in PMTCT activities. ACCESS-FP will continue to explore opportunities in the coming year for strengthening this area of programming.

APPENDICES:

Appendix A: Kenya

Appendix B: Program Framework

Appendix C: DHS Analyses for Kenya and Nigeria

Appendix D: Nigeria

Appendix E: Philippines

Appendix F: Program Monitoring Plan