



DEVELOPING COMPOSITE INDICATORS FOR INTEGRATED FAMILY PLANNING; MATERNAL, NEWBORN, AND CHILD HEALTH; AND NUTRITION SERVICES

DECEMBER 2020

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INTRODUCTION

The World Health Organization (WHO) has called for provision of people-centered, integrated primary health care as a cornerstone to achieving universal health coverage (UHC).¹ Delivering quality integrated services for family planning (FP); maternal, newborn, and child health (MNCH); and nutrition (N) is especially important in regions with a high burden of disease, many public health needs, and a limited health workforce to address these challenges. This situation is found widely in West Africa, where maternal and infant mortality rates are among the world's highest and rates of modern contraceptive

use among the world's lowest. A woman in West Africa faces a 1 in 34 lifetime risk of maternal death² and 34 of every 1,000 infants do not survive their first 28 days of life.³ Only 1 in 5 West African women is accessing modern contraception and 24% of West African women have an unmet need for FP.⁴ The complement of skilled health workers available to meet these challenges is insufficient for West African countries to achieve UHC and meet their Sustainable Development Goals (SDGs).⁵ These realities as well as the principle of "no missed opportunities" inform the rationale for integrating FP/MNCH/N service delivery to maximize the benefits of visits to health care facilities.

¹ World Health Organization. 2016. WHO Framework on integrated people-centred health services. <https://www.who.int/service-delivery/safety/areas/people-centred-care/en/> (accessed November 16, 2020).

² WHO, UNICEF, UNFPA, World Bank Group, United Nations. 2015. Trends in maternal mortality: 1990 to 2015. https://apps.who.int/iris/bitstream/handle/10665/194254/9789241565141_eng.pdf (accessed December 1, 2020).

³ Grady, Sue C. et al. 2017. "Neonatal mortality in East Africa and West Africa: A geographic analysis of district-level Demographic and Health Survey data." *Geospatial Health* 12:501.

⁴ Population Reference Bureau. 2019. 2019 Family Planning Data Sheet.

⁵ World Health Organization. 2016. Health workforce requirements for universal health coverage and the Sustainable Development Goals. Human Resources for Health Observer Series no. 17. <https://www.who.int/hrh/resources/health-observer17/en/> (accessed December 1, 2020).



THE INSPIRE MODEL OF FP/MNCH/N INTEGRATION

INSPIRE, IntraHealth International’s integrated family planning; maternal, newborn, and child health; and nutrition project, is funded by the Bill & Melinda Gates Foundation to catalyze a model of integrated service delivery—and associated performance indicators—into national policy and practice in francophone West Africa. INSPIRE developed its model of FP/MNCH/N integration in close collaboration with national program leaders, technical experts from Ouagadougou Partnership (OP) countries, and INSPIRE partners Helen Keller International and PATH. The project introduced the model at the policy level in mid-2018 in its three flagship countries—Burkina Faso, Côte d’Ivoire, and Niger—and it became operational in mid-2019 in one district in each of these countries, in a total of 11 facilities. The model was introduced in 2019-2020 in the other 6 OP countries (Benin, Guinea, Mali, Mauritania, Senegal, and Togo).

The INSPIRE model entails provision of a package of FP/MNCH/N services adapted to five entry points of the health system (Figure 1). Implementation of the model is intended to increase the number of women and children who receive quality services and the range of services they can access during each health care visit. Services provided in this manner are more convenient and client-centered, saving women time and money while also increasing program efficiency

and effectiveness. Sustainability, replication, and scale-up are essential elements of the model, rooted in local ownership and buy-in at all levels of the health system.

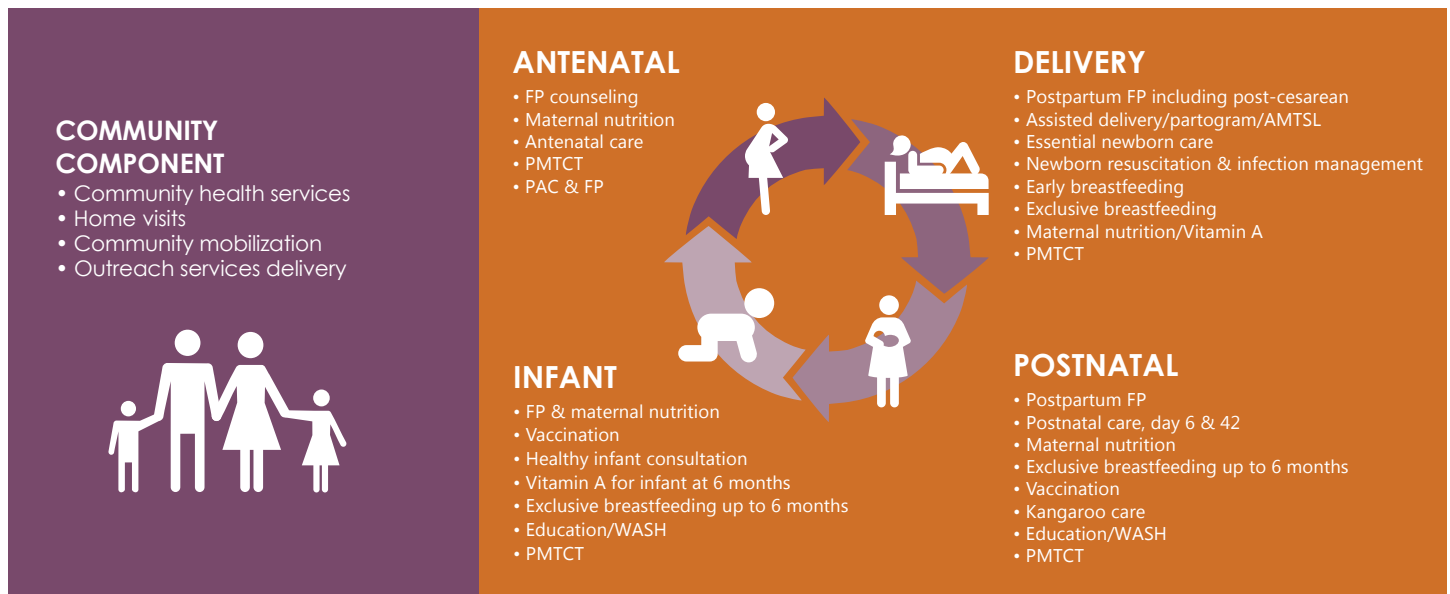


At Agnibilekro General Hospital in Côte d’Ivoire, midwives and district statistics officers examine registers during a data quality control visit. Photo by Amadou Domboue.

DEVELOPING COMPOSITE INDICATORS OF FP/MNCH/N INTEGRATION

Globally, there have not been widely agreed-upon composite indicators of integrated FP/MNCH/N service provision. To address this gap, the ministries of health of Burkina Faso, Côte d’Ivoire,

Figure 1. Integration of FP/MNCH/N at health facilities



and Niger, with INSPIRE's assistance, established technical working groups (TWGs) to develop a set of composite indicators of FP/MNCH/N service delivery performance. Each TWG is composed of national actors, representatives of decentralized Ministry of Health (MOH) units, technical and financial partners, PMA2020 (Performance Monitoring for Action) staff, and technical specialists from national health statistics departments. The TWGs first identified the FP/MNCH/N services to be integrated at facility and community levels in accordance with their countries' respective health system policies, standards, and protocols. Then, via an iterative, consensus-driven process of proposal, discussion, and validation, the TWGs developed and introduced the key composite indicators of FP/MNCH/N service delivery. To ensure that data on these indicators could be collected feasibly and routinely, each country team carried out tests in participating health facilities, adapting existing primary data collection tools to minimize the need for provider training on new tools.

THE FP/MNCH/N COMPOSITE INDICATORS

The composite indicators of integrated FP/MNCH/N service delivery performance combine several variables to measure provision of services at each mother-child contact point at facility or community level (Figure 2). Illustrative examples of composite indicators in the INSPIRE model include:

- % of antenatal care (ANC) visits during which postpartum family planning (PPFP) counseling and nutrition advice were provided.
- % of women who adopted a contraceptive method within 48 hours of giving birth with active management of third stage labor (AMTSL) whose newborn was breastfed within one hour of birth and received umbilical care with chlorhexidine gel.
- % of low birth weight infants who benefited from the kangaroo care method, whose mother adopted a modern contraceptive method and was counseled on exclusive breastfeeding.
- % of women seen for postnatal care who adopted a modern contraceptive method and whose infant aged 0-6 months is being exclusively breastfed.

- % of infants aged 0-6 months who are up to date on vaccinations and whose mother has adopted a modern contraceptive method and is exclusively breastfeeding.
- Number of home visits by community-based health workers that covered family planning, nutrition, and vaccination.

Figure 2. Composite indicators of integration

| | |
|-----------------------------------|---|
| ANC | <ul style="list-style-type: none"> • PPFP counseling + • Nutritional counseling |
| Delivery | <ul style="list-style-type: none"> • AMTSL + • Adopt FP within 48 hours + • Immediate breastfeeding • Umbilical care with chlorhexidine gel |
| Postnatal | <ul style="list-style-type: none"> • Vaccination + • FP adoption + • Exclusive breastfeeding |
| Well-baby/ Vaccination | <ul style="list-style-type: none"> • Vaccination + • FP adoption + • Exclusive breastfeeding |
| Community | <ul style="list-style-type: none"> • FP counseling + • Nutrition counseling & care + • Newborn care |

RESULTS

The participatory manner of developing the composite indicators and their inclusion in health management systems and data collection tools helped enhance service provider understanding and adherence and health facility performance. The revised primary data collection tools not only measure FP/MNCH/N integration but have also come to act as job aids that help to guide service providers, who may previously have had a more "vertical" focus on only one aspect of FP, MNCH, or nutrition. The offering and provision of integrated FP/MNCH/N services rapidly became a routine practice and norm. The composite indicators have been included in the district health information system (DHIS2) in Burkina Faso and the national indicator dictionaries in Côte d'Ivoire and Niger. Strengthening the system of data collection, processing, and analysis, and reporting

on improvements in service delivery was also a key step in providing evidence policymakers and program leaders needed to further justify and support FP/MNCH/N service integration. Systematic delivery of the INSPiRE integrated service model, including referrals among services at each entry point and daily availability of all FP/MNCH/N services, has led to increased use of individual services and improved client satisfaction.

“You couldn’t beat the Directorate of Informatics and Health Information to lead the process of developing indicators for the integration of PFP/MNCH/Nutrition services in Côte d’Ivoire. This strategy effectively guarantees the success of the process in our country.”

—Koffi Ouffoue, Coordinating Directorate of the National Mother and Child Health Program

Noteworthy achievements during the project’s first year include:

- Around 9 of every 10 women seeking ANC were **systematically offered INSPiRE’s integrated FP/MNCH/N services package** at the 11 facilities in Burkina Faso, Côte d’Ivoire, and Niger; 5,206 women received ANC between June and December 2019.
- **ANC visits increased 188%** in sites in Niger and 41% in sites in Burkina Faso.
- 69% of women who gave birth **immediately adopted a FP method** of their choice (within 48 hours of delivery) in Burkina Faso and Niger.
- **Immediate PFP increased 96%** at model sites compared to a 17% decrease at control sites in Burkina Faso and Niger.
- 55% of women with an infant 0-6 months of age adopted a FP method at vaccination visits in Burkina Faso and Niger. **Visits for healthy infant/growth monitoring increased 300%** at sites in Burkina Faso, Côte d’Ivoire, and Niger.

CONCLUSION

Development and introduction of these composite indicators of FP/MNCH/N integration represents a global and regional first and reflects MOH leadership and reinforced ownership. In the next phase of INSPiRE (2020-2023), the TWGs’ advocacy, leadership, and technical assistance for use of the indicators and greater integrated FP/MNCH/N service provision will continue. Drawing on lessons learned from indicator introduction, INSPiRE will collaborate with TWGs to organize participatory, country-led stakeholder meetings to further refine the indicators, including adding disaggregated components and more clearly separating measurements of provider behavior from client behavior. Plans include introduction and/or scaling-up use of the integrated indicators in all 9 of the OP countries as well as other countries in West Africa.

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