

Integrating Family Planning into the Expanded Programme on Immunisation (EPI) Services

July 2012—August 2013



Operational Research on integrating family planning into EPI services

Project Objectives:

The overarching aim of this operational research was to increase the uptake of family planning among women during the extended post-partum period (up to one year after child birth) through developing and implementing an integrated model of EPI/family planning service provision in Kalikot district, western Nepal.

Project Summary

This operational research responds directly to the huge unmet need and demand in Nepal for family planning information and services by integrating family planning services into Expanded Programme on Immunization (EPI) clinics in one district. It investigates whether the integrated service can increase uptake of family planning services among women in the district, particularly among new users, without negatively impacting on the delivery of the (highly successful) core EPI service. The Family Health Division (FHD) led the operational research in coordination with Child Health Division (CHD). The research was designed and implemented with technical support from the Nepal Health Sector Support Programme (NHSSP) with monitoring support from HERD.

Methods: The evaluation for this operational research was based upon:

- On-going monitoring of selected EPI/family planning integration sites; and
- Rapid process evaluation (at nine months of implementation/evaluation).

3 field monitors did the process monitoring of 20 sites by observing EPI clinics on scheduled clinic days. They also conducted key informant interviews and collected routine service delivery statistics. Rapid Process Evaluation was conducted in 3 of the 11 Ilakas using quantitative survey among 120 women and 7 FGDs.

Key Findings:

- The model successfully increased access to family planning
- Group information is critical to the success of the inte-

grated model especially as many women who access EPI services are unaware that they are at risk of getting pregnant

- The integrated service did not affect the uptake of EPI
- The integrated service did not affect family planning performance at Primary Health Care Outreach Services (PHC/ORCs)
- Women liked accessing family planning at the EPI clinics
- Depo Provera was a particularly popular choice for the women who attended the integrated FP/EPI clinics
- Underserved groups are using the service

Recommendations

1. Scale up the provision of integrated EPI/family planning services in remote mountain and hill districts where the contraceptive prevalence rate (CPR) is low.
2. Develop and test a model to integrate family planning services in EPI clinics in Terai districts.
3. Develop the skills of health personnel to strengthen the group health education component of the integrated EPI/family planning model.
4. Review infrastructure requirements for the integrated EPI/family planning service and use community networks to improve accommodation for outreach services.
5. Establish a strong referral service at the integrated clinics for required family planning services.
6. Undertake overall and targeted marketing of the integrated service to increase access for marginalised groups.
7. Strengthen PHC-ORCs to provide women who have adopted Depo at integrated clinics with a convenient means of getting subsequent supplies of this means of contraception.

Team Members:

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Intervention through Theory of Change Model

