

TABLE 2. Interventions, designs and results of studies assessing the impact of integrating family planning services with other health services, 1994–2009

Study	Intervention	Study design, data collection and sample	Family planning and other outcomes
Adeokun et al., 2002 ¹⁷	<ul style="list-style-type: none"> Family planning providers were trained to counsel clients on dual protection and provided female condoms (initially free, then for \$0.10), as well as HIV/STI prevention counseling A management information system that included dual protection was developed and implemented Providers were supervised by and met monthly with the training organization 	<ul style="list-style-type: none"> Single pre- and posttest design using mixed methods; no comparison group At baseline, evaluators made structured observations of 325 provider-client interactions and conducted exit interviews with 175 clients; at follow-up, they observed 289 provider-client interactions, conducted exit interviews with 289 clients, interviewed 10 providers and conducted focus groups with providers, clients and male community representatives Service statistics were collected from all clinics Service providers interviewed 47 dual-protection acceptors at follow-up 	<ul style="list-style-type: none"> The proportion of visits at which condoms were distributed increased from 2% to 9% (p value not reported) The proportion of new clients aware of dual protection increased from 8% to 50% (p value not reported) The proportion of new client visits in which tailored dual protection counseling was provided increased from 28% to 67% (p<.05)
Alvarado et al., 1999 ¹⁵	<ul style="list-style-type: none"> Providers and community health workers in maternal and child health and reproductive health altered their procedures so that mothers and infants were seen during the same visit, shared a common clinical record and had the same number of postpartum follow-up visits Community health workers conducted individual and group counseling, including two prenatal home visits, a maternity ward visit and monthly postpartum group sessions 	<ul style="list-style-type: none"> Case-control design Clinical record review of 200 women living in intervention clinic neighborhood who had a pregnancy and 200 mothers and infants attending first postnatal follow-up visit at control clinic Investigators conducted in-depth interviews with 35 women attending intervention clinic and four providers at the clinic, as well as three focus groups with women attending the clinic 	<ul style="list-style-type: none"> Proportion of women who initiated contraception during the postpartum year was similar for intervention and control clinics (92% vs. 96%; p value not reported) Providers and clients at intervention clinic reported high levels of satisfaction with the program (those at control clinic were not surveyed) At six months postpartum, 74% of infants at intervention clinic and 10% of those at control clinic were exclusively breast-fed (p=.0001) Despite similar birth weights and lengths, infants at intervention clinic were heavier and longer than those at control clinic at six months (p=.03 and p<.001, respectively) and 12 months (p<.001 for both)
Amin et al., 2001 ¹³	<ul style="list-style-type: none"> Intervention integrated family planning with microcredit and childhood immunization programs In phase 1, door-to-door education campaigns delivered nonclinical family planning and child immunizations; group meetings were held among microcredit recipients Phase 2 added a package of clinic-based curative care and child and reproductive health services 	<ul style="list-style-type: none"> In phase 1, single pre- and posttests were done in experimental areas (656 and 2,105 women surveyed, respectively), and posttests were done in comparison areas (1,721 women) In phase 2, a posttest survey was conducted among 1,068 women in experimental areas and 700 women in comparison areas 	<ul style="list-style-type: none"> In phase 1, contraceptive prevalence increased from 28% to 53% among women in experimental areas and was higher in experimental than control areas (53% vs. 38%); p values were not reported. At end of phase 2, microcredit members were more likely than nonmembers to report current contraceptive use (odds ratio, 1.5; p<.01) and to use a static clinic for family planning (1.70; p<.05), after adjustment for background characteristics Diphtheria, pertussis and tetanus immunization coverage among children increased in experimental areas from 83% to 94%, but was similar at follow-up to coverage in control areas (96%). Similarly, coverage of tetanus immunization among women increased in experimental areas from 81% to 90%, but was similar at follow-up to coverage in control areas (86%); p values were not reported.
Bossyns et al., 2002 ¹⁶	<ul style="list-style-type: none"> Family planning services were integrated with curative services, postnatal care and consultations for children younger than 5 New operational instructions were created, including procedural changes (e.g., provision of six cycles of contraceptives), structural changes (e.g., elimination of dedicated family planning clinics) and attitudinal changes (e.g., offering family planning to all eligible women) Monthly supervisory visits to all health centers 	<ul style="list-style-type: none"> Multiple pre- and posttest design; no comparison group Data obtained from five years of district service utilization statistics (intervention was implemented at the end of the third year) and from direct observation in three health centers before (N=277) and after (N=403) implementation 	<ul style="list-style-type: none"> Annual no. of couple-years of contraceptive protection increased between the three years before the intervention (487–566) and the two years after (920–1109). The annual no. of new contraceptive users also increased, from 489–568 to 1,496–1,509. P values were not reported for either outcome Non-family planning outcomes not reported
Douthwaite and Ward, 2005 ²⁰	<ul style="list-style-type: none"> Lady Health Workers delivered maternal and child services in homes and were responsible for promoting use of family planning, providing pills and condoms, and making referrals for injections, IUDs and sterilization 	<ul style="list-style-type: none"> Posttest design in intervention and comparison areas Sample consisted of 3,346 married rural women aged 15–49 in intervention areas and 931 such women in control areas Additional comparisons made with national survey 	<ul style="list-style-type: none"> Proportion of women using modern contraceptives was higher in intervention areas (20%) than in control areas (14%) or in a national survey (15%; p values not reported) Women in intervention areas were more likely than those in control areas to report use of modern reversible contraceptives (adjusted odds ratio, 1.50; p=.03) Non-family planning outcomes not reported

TABLE 2. continued

Study	Intervention	Study design, data collection and sample	Family planning and other outcomes
Fullerton et al., 2003 ¹⁹	<ul style="list-style-type: none"> Family planning providers in eastern Ghana were trained to integrate STI and postabortion care into service delivery Training targeted providers in selected districts in region 	<ul style="list-style-type: none"> Case-control design; conducted in 1996–1998 Data obtained from observations in 24 intervention and 19 comparison facilities, clinical record reviews in all facilities, and interviews with 48 providers or clinic managers and 37 clients 	<ul style="list-style-type: none"> Annual no. of family planning clients increased in case facilities (from 2,300 to 3,000) but showed little change in comparison facilities (from 2,600 to 2,700); p values not reported No. of continuing family planning clients seen per month increased in case facilities (from 113 to 164; p=.02) but not in comparison facilities; however, the no. of new or continuing clients did not differ between case and control facilities No. of case facilities providing STI services increased from 6–7 to 10–11, and annual no. of STI clients at these facilities increased from 50 to 340; only two comparison facilities provided STI services Intervention facilities provided postabortion care to 136–426 clients per year; no comparison facilities reported providing such services
Huntington and Alogan, 1994 ¹⁸	<ul style="list-style-type: none"> Before administering vaccines as part of the Expanded Programme on Immunizations (EPI), providers made three simple statements referring mothers to family planning services available at the same visit and facility (but from different providers) 	<ul style="list-style-type: none"> Two-group, quasi-experimental design Stratified sample of 16 urban and rural clinics, which were randomly assigned to be test or control clinics (randomization procedures not described) Pre- and posttest exit interviews were conducted with 1,000 randomly selected mothers whose children had been vaccinated (randomization procedures not described) Posttest, self-administered questionnaires were completed by all EPI providers in test clinics Service utilization data obtained from all clinics 	<ul style="list-style-type: none"> Proportion of women who reported that family planning was mentioned during EPI services increased from 9% to 21% in test clinics but was stable (about 9%) in control clinics (p value not reported) Mean no. of new family planning acceptors per month increased in test clinics (from 200 to 307; p<.001) but not in control clinics Mean no. of family planning clients per month increased in test clinics (from 1,035 to 1,311; p<.0001) but not in control clinics Mean no. of vaccine doses administered per month increased in both test and control clinics Ninety percent of EPI providers felt referrals affected EPI consultations; of these, 96% thought the effect was positive
Lundgren et al., 2005 ¹⁴	<ul style="list-style-type: none"> Integration incorporated family planning services (provision of information, condoms, CycleBeads and referrals) with existing water and sanitation projects in rural villages Community members were educated through group talks by NGO staff and volunteers, and home visits by trained volunteers 	<ul style="list-style-type: none"> Single pre- and posttest in intervention area, plus posttest with comparison group Independent samples of households were surveyed at baseline (N=341) and follow-up (N=364) 	<ul style="list-style-type: none"> Prevalence of contraceptive use in intervention area increased from 44% to 63% (p<.001) among men but did not increase among women At follow-up, contraceptive use among those exposed to the intervention was similar to that among those not exposed for both women (57% vs. 48%) and men (65% vs. 62%) Non-family planning outcomes were not reported
Paxman et al., 2005 ²¹	<ul style="list-style-type: none"> Family planning integrated with child health services through India's Local Initiatives Program Program partnered community teams with government health staff, development workers and local leaders; community members were involved in planning, implementation and resource mobilization Women received information, clinic referral and resupplies of pills and condoms 	<ul style="list-style-type: none"> Single pre- and posttest design Three NGOs working in different project areas each conducted baseline and follow-up surveys and had leeway to implement their own approach and instrument; two used the World Health Organization and 30-household-cluster survey approach, and the other used a baseline sample of 7,400 men and women Other details about survey design, sample size and sample characteristics not provided Additional comparisons made to a national survey conducted around baseline 	<ul style="list-style-type: none"> Contraceptive prevalence increased by 10–39 percentage points in the three project areas (p values not reported) The proportion of pregnant women who received complete antenatal care services increased by 22–49 percentage points in the three areas (p values not reported) The proportion of children fully immunized increased by 27–42 percentage points in the three areas (p values not reported)