Making Progress with Family Planning & Immunization Integration: Results from the 5-Year PROGRESS Project

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Why Integrate?

- **FP & Immunization Integration**
- **Women & Providers Supportive**
- **Up to 5 contacts with Mothers in First Year**
- **High Unmet Need in PP Period**
- **Importance of Healthy Timing & Spacing for MCH**
- **Low Use of Postpartum Services; High Use of Immunization**
Snapshot: FP & Immunization Integration Portfolio under 5-Year PROGRESS Project

- New Interagency Working Group; Co-coordinated with MCHIP
- Two Cluster Randomized Trials: Ghana/Zambia & Rwanda
- Assessment in Jharkhand, India and Development of Service Delivery Resources
- Mapping FP & Immunization Experiences Globally
- Co-authored HIP Brief with MCHIP

Photo: FHI 360, Zambia
Cluster randomized, two-group, separate sample, pre/post-test designs

**Intervention in both studies:** Job aid for individual risk/need assessment based on LAM criteria for use at each immunization contact; Same-day FP services at same location

**Intervention in Rwanda:** Group talks, brochure, supportive supervision
Results: Use of Any Family Planning Method—Ghana & Zambia

Ghana

- Control: 30, 32
- Intervention: 29, 32

Zambia

- Control: 50, 52
- Intervention: 57, 65

Legend: pre (yellow), post (purple)
Results: Use of Any Family Planning Method—Rwanda

- Control: Baseline 58%, Follow-up 51%
- Intervention: Baseline 49%, Follow-up 49%

N=403

**Model accounts for clustering by facility and facility*time, age, parity, education, religion and partner approval of FP**

*statistically significant at p=0.1

+8% Intervention

-7% Control

15% point difference *
Results from Rwanda continued: Immunization Rates Not Affected by Intervention

Average number of Measles immunizations, by month

# Immunizations

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<th>Month - Year</th>
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All dates are post-intervention
Lessons Learned

- Individual consultations with women didn’t always happen as planned
  - In Ghana/Zambia, job aid frequently used as part of group health talks
  - In Rwanda, provider attrition was issue; refresher training required
- In Rwanda, engaging MOH personnel in supportive supervision was important to successful implementation
- Messages given to women should be further tested and refined
  - Messages should target persistent misperception that women need to wait for return of menses after giving birth to initiate an FP method
- Collecting immunization and cost data critical to support scale-up
Challenges to Integration: Lessons from Assessment in Lohardaga District, Jharkhand, India—2010-2011

- Descriptive assessment included interviews with mothers, providers and managers

**Health system:**
- Inadequate infrastructure
- Supply-chain problems for family planning
- Weak record keeping and reporting for both services

**Human resources:**
- No specific policy
- Insufficient training on integration
- Provider myths & misperceptions
- Gaps in staffing
- Insufficient management of frontline staff
- Lack of IEC materials

**Community-level:**
- Misperceptions among women, husbands, & mothers-in-law
- Inadequate mechanisms to involve husbands
- Limited knowledge on community resources
Development of Standard Operating Procedures and IEC/IPC Materials for Providers
Interagency Working Group with MCHIP & Partners: What Have We Learned?

Lessons: FP & Immunization Integration

- Integrate During Routine IZ Services
- Collect Data on Impact of Integration on Immunization Services
- Health System Issues Must be Addressed
- Political and Community Support are Critical
- More Evidence Needed...

- Effective Messages
- Dedicated Providers
- Cost-effectiveness
- Scaling up...Etc.
High Impact Practices (HIP): FP & Immunization Integration in “Promising” Category

“Crowd sourced” interactive map on HIP implementation on K4Health website
Thank you!


- HIP Map: http://www.k4health.org/topics/high-impact-practices-family-planning

- Working Group: krademacher@fhi360.org or ccooper@jhpiego.net