Key Considerations for Monitoring and Evaluating Family Planning (FP) and Immunization Integration Activities

INTRODUCTION

A robust monitoring and evaluation (M&E) system is required to assess the effect of integrated service delivery on both family planning and immunization services. Appropriate indicators, data collection systems, and data analysis to support decision-making help guide successful implementation of integrated services and measures the effect on both service delivery and use of services. It is essential that integrated programs monitor key indicators for both immunization and family planning in a timely manner**.** The collection and monitoring of key immunization indicators is especially important to ensure that integrating family planning with existing immunization services does not have a negative impact on immunization service performance or use.

PRIORITY QUESTIONS

The following questions, identified by the FP/Immunization Integration Working Group, require further exploration in order to better understand outcomes and experiences with integrated service delivery:

1. How do different integrated models affect both family planning and immunization outcomes?
2. How does integrated service delivery affect quality of service provision?
3. Does integration enhance equity by enabling programs to reach new or underserved immunization clients and contraceptive users, such as adolescents?
4. Does integration lead to cost-savings or other efficiencies in terms of organization of care or deployment of staff resources?
5. How is the success or failure of integrated service delivery affected by contextual factors within the service setting and community?
6. What are key considerations for scaling up integration models beyond the pilot phase?
7. How do comprehensive primary health care programs compare to vertical "integrated" programs?

M&E FRAMEWORK

The World Health Organization's M&E of Health Systems Strengthening Framework (Fig 1) presents the indicator domains and considerations for data collection, synthesis and use along the pathway for achieving health impact at scale. For monitoring integrated family planning and immunization services, indicators should be tracked to assess processes and results associated with the various indicator domains. Monitoring these indicators provides information on the strengths and weaknesses of implementation, and can help to identify "red flags" where further investigation and adjustments may be needed. It should be noted that shifts in outcome and impact indicators may not be directly attributable to integrated service delivery efforts, as there are many other factors which influence these indicators. However, where possible, it can be useful to collect these data in order to understand the broader health context within a country, and the ways in which packages of interventions can lead to impact over time.

Table 1 provides specific indicators, data sources, and purpose of tracking each indicator. While this table includes a variety of quantitative indicators, it is also important to complement collection of these data with the use of qualitative techniques in order to better understand nuances of the integration processes and solicit feedback on the approach.

The indicators presented in table 1 provide are a mix of standard indicators for monitoring Immunization and family planning service delivery and some specific indicators for assessing the integration of services.

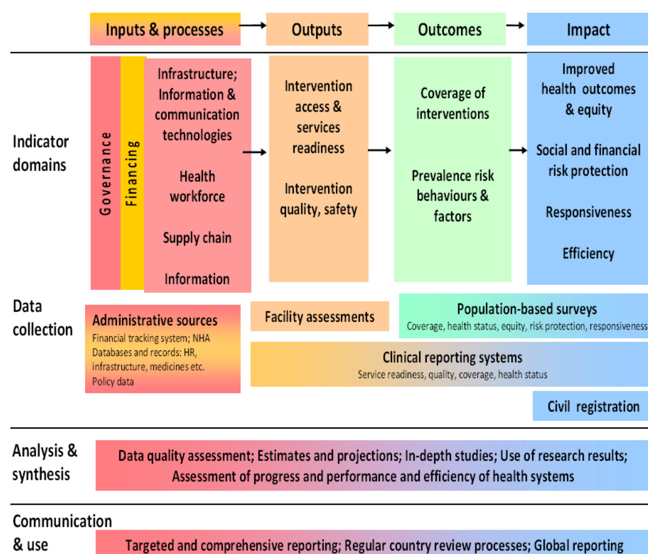

Figure 1: WHO Framework for Monitoring and Evaluation of Health Systems Reform/Strengthening

Table 1: INDICATORS FOR MONITORING FP/IMMUNIZATION INTEGRATION

Indicator	Data Source	Purpose
	INPUTS	
Vaccine stockouts in a single month (YES/NO , by type of vaccine)	HMIS, Service statistics	Monitor vaccine stock outs.
Contraceptive stockouts in a single month (YES/NO, by type of contraceptive)	HMIS, Service statistics	Monitor contraceptive stock outs.
# of service providers trained in provision of EPI/FP integrated services	Training records	Monitor reach of EPI/FP integration training as an input for effective integrated service delivery.
	OUTPUTS	
Number of service delivery points offering integrated FP and immunization services	Service statistics and Supervision	Coverage of integrated service delivery
Number of days per month when both immunization and family planning services are offered at the same site	Service Statistics and Supervision (Observation + Interviews)	Availability of co-located FP/immunization services
Number/percent of women attending routine child immunization services who received information on family planning from a vaccinator	Supplemental tracking column that can be added to existing immunization register *[Monitored for demonstration/ pilot programs only]*	Quality/continuity of implementation of integrated service delivery.
Number/percent of women (with children <12 months) going for family planning who receive information on immunization from the family planning provider	Supplemental tracking column added to FP Ledger *[Monitored for demonstration/ pilot programs only]*	Quality/continuity of implementation of integrated service delivery.
Number/percent of women attending routine child immunization services who accept a referral to family planning services	Supplemental tracking column added to Immunization Ledger *[Monitored for demonstration/ pilot programs only]*	Acceptance of FP referrals provided by the vaccinator.
Number /percent of women attending routine immunization services who follow through on a FP referral from a vaccinator	Comparison of supplemental tracking column added to immunization ledger, and supplemental tracking column added to FP ledger *[Monitored for demonstration/ pilot programs only]*	Follow through on FP referrals provided by the vaccinator.
Number / percent of women attending family planning services who follow through on referral to immunization services from a family planning provider	Comparison of supplemental tracking column added to FP ledger, and supplemental tracking column added to immunization ledger *[Monitored for demonstration/ pilot programs only]*	Follow through on immunization referrals provided by the family planning provider
	OUTCOMES	
Number of children receiving DTP 1, DTP 3, measles[1], and DPT 1-3 dropout	Immunization ledger / HMIS, and population-based survey data	Use of immunization services, dropout
Immunization coverage for DTP1, DTP3, and measles[1]	HMIS and population-based Survey Data	Percentage of children <12 months in a given population who have received DTP1 and DTP3

[1] In many countries measles coverage is higher than DTP3 coverage, even though measles is supposed to be given later. Analysis and interpretation of findings for measles coverage should be done within the context of individual country circumstances.

Indicator	Data Source	Purpose
Number of new family planning acceptors by method type and demographic/age group	Family Planning ledger / HMIS	Uptake of family planning services
Contraceptive prevalence rate	Population Survey Data	Contraceptive use within a given population
Total financial cost of inputs required to integrate FP and immunization services (per facility, per client exposed, per new FP acceptor)	Program data / Special costing studies	Cost of inputs required for integration. This may be helpful in planning for decisions related to sustainability and scale-up of integrated services.
IMPACT[2]		
Maternal, infant, and child mortality rates	Studies on maternal and infant mortality	Measure improvement in health status.

M&E CONSIDERATIONS FOR FP/IMMUNIZATION INTEGRATION

When monitoring and evaluating integrated FP/immunization activities, the following considerations should be taken into account:

1. In order to integrate M&E from separate technical areas, it is important to first understand each other's approach to M&E, priority indicators to measure across both areas and potential areas of concern for each technical area that should be monitored with heightened focus. For example, it is important for family planning representatives to understand that immunization, as an intervention that prevents the transmission of infectious disease, needs real-time data and uses monthly reports of administrative data to track progress and problem areas. During initial stakeholder meetings, ensure that national/regional/district-level immunization staff and national/regional/ district level reproductive health/family planning staff have an opportunity to discuss their M&E processes, priorities, and any concerns.

2. M&E of integrated service delivery provides information that reveals whether each technical area has benefitted from integration and that no harm has been done to either technical area. It is of special importance to the immunization community to ensure that integrating family planning with immunization does not have a detrimental effect on immunization.

3. Collect district-level information if the integrated intervention is applied to whole district; but if not, focus on facility level data (including community level outreach data, if the integrated intervention is being implemented during outreach).

4. Conduct a baseline formative assessment to understand local norms and customs, as well as knowledge, perceptions, and use of immunization and family planning services, barriers and facilitators to use of these services, and service provider interest and readiness to provide integrated services. Identify potential challenges which may hinder the success of integrated services.

5. Conduct process assessments to monitor whether FP/immunization integration activities are implemented as planned and to solicit feedback from key stakeholders. Assess client and community response to the integrated services. Identify implementation challenges faced, including any adverse unexpected events, and make adjustments to the approach as needed.

6. Consider attribution of shifts in EPI and FP service statistics to integration activities. Trends may be due to factors external to the integrated service delivery itself.