# Key Family Planning and Immunization Integration Behaviors

[Developed by the Family Planning and Immunization Integration Working Group]

This table highlights practices that are central to the integration of family planning and immunization services. The table provides an illustrative behavioral analysis for each of the priority practices, using the *Designing for Behavior Change* (DBC) framework, which was developed by the CORE Group in 2008 based largely on the BEHAVE framework initially developed by AED. This table presents ILLUSTRATIVE behavioral determinants, key factors, and activities based on findings from several field programs. For actual program planning, an implementing agency should adapt this table to reflect context-specific influencing groups, determinants, key factors, and activities informed by findings from formative assessments.

The table below includes two categories of behaviors – one for individual and family level behaviors, and another for health worker and policymaker behaviors.

The column headings can be defined as follows:

- **Priority Group**: the group of people who will perform the positive behavior
- **Influencing Group**: the group of people who can either support or prevent the priority group from adopting positive behaviors (e.g. fathers, older women, traditional healers, community and religious leaders)
- **Determinants of Behavior**: factors shown to motivate or determine a behavior for a given group of people
- **Key Factor**: a specific motivator that influences a given group of people to take a certain behavior

**OBJECTIVE**: To Improve maternal and child health through maximizing contacts with the health system to meet both women’s family planning and children’s routine immunization needs.

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Priority or Influencing Group</th>
<th>Illustrative Determinants (barriers and enablers)</th>
<th>Illustrative Key Factors (that may need to be addressed)</th>
<th>Illustrative Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key Individual/Family Level Behaviors</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 1. At FP or immunization consultation, listen carefully to the provider and ask questions as needed | Priority group: mothers of infants <1 brought for vaccination<sup>2</sup> Influencing groups: health workers | Perceived self-efficacy related to asking questions | -Improving privacy and availability of quiet areas where client can listen and freely ask questions  
-Increasing clients’ level of trust in provider  
-Improving access to simple and user friendly job aids and pictorial or low literacy/native language IEC materials | -Use various communication channels and materials (e.g., counseling card or posters) to encourage dialogue and questions  
-Ensure client privacy, smooth client flow  
-Facilitate small group education sessions on FP which encourage dialogue |

---

<sup>1</sup> From the *Designing for Behavior Change Training Manual*, 2008

<sup>2</sup> Individual countries, based on their vaccination schedule and/or coverage of infants, may want to expand their priority group to children <2 years old, especially in settings where many children are not fully immunized by age one.
<table>
<thead>
<tr>
<th>Behavior</th>
<th>Priority or Influencing Group</th>
<th>Illustrative Determinants (barriers and enablers)</th>
<th>Illustrative Key Factors (that may need to be addressed)</th>
<th>Illustrative Activities</th>
</tr>
</thead>
</table>
| 2. While attending routine child immunization services, request information and/or referrals for family planning services | **Priority group:** mothers of infants **Influencing groups:** health workers, husbands, mothers in law | **Cue to action/reminders**  
- Perceived positive benefits for mother and/or child  
- Perceived susceptibility to pregnancy during the postpartum period  
- Mother’s self-efficacy  
- Social Norms | - Improving availability of both services on the same day at the same location  
- Improving clients’ awareness of when and where services are available  
- Improving the time and logistics required for clients to register for both services  
- Reducing sensitivities around use of FP services | - Provide both services on the same day. Ensure that FP services are available (and adequate staffing & commodities exist) during days when immunization sessions are held at the health facility  
- Raise awareness about integrated FP/immunization services  
- Ensure that vaccinators routinely and proactively offer FP referrals during routine infant immunization contacts |
| 3A. [Applicable for combined service provision integration models] Use both child immunization and postpartum family planning services during the same contact with the health facility or multipurpose provider OR | **Priority group:** mothers of infants **Influencing groups:** health workers, husbands, mothers in law | **Cue to action/reminders**  
- Perceived positive benefits for mother and/or child  
- Perceived susceptibility to pregnancy during the extended postpartum period  
- Mother’s self-efficacy | - Improving availability of both services on the same day at the same location  
- Improving clients’ understanding of when and where services are available  
- Improving the time and logistics required for clients to register for both services  
- Improving systems and pathways for linking one service delivery site with the other  
- Reducing sensitivities around use of FP services | - Provide both services on the same day. Ensure that FP services are available (and adequate staffing & commodities exist) during days when immunization sessions are held at the health facility  
- Ensure that clear pathways, patient flow, and streamlined registration processes exist  
- Provide information to motivate client (e.g. using a job aid and IEC materials) so that client sees the benefits of following through on referral |
<table>
<thead>
<tr>
<th>Behavior</th>
<th>Priority or Influencing Group</th>
<th>Illustrative Determinants (barriers and enablers)</th>
<th>Illustrative Key Factors (that may need to be addressed)</th>
<th>Illustrative Activities</th>
</tr>
</thead>
</table>
| **3B. [Applicable for single service provision + referral integration models]** | **Follow through on FP and/or immunization referrals**                                             | **Priority group:** mothers / caregivers           | **Influencing groups:** health workers, husbands, mothers-in-law                                                                 | **-Improving caregivers’ ability to remember to follow through on referral**
**-Increasing availability of convenient, reliable, affordable and user-friendly services**
**-Increasing clients’ understanding of when and where services are available**
**-Improving accessibility of services**                                                                 | **-Provide motivating information (supported by a job aid and IEC materials) so that client sees the benefits of following through on referral**
**-Offer follow-up via home visits, text messaging, calls or in-person referrals (such as through a community health worker)**
**- Provide convenient and reliable family planning and immunization services** |
| **4. Adhere to the infant immunization schedule**                       | **Priority group:** mothers of infants                                                            | **Influencing groups:** health workers, husbands, mothers-in-law, religious and community leaders, mothers groups, social and economic women's groups | **Cue to action/reminders for mothers to return on time for the next vaccination**
**Perceived benefits/negative consequences of not having the child immunized**
**Convenience, perceived quality, and ease of accessing services** | **-Increasing availability of immunization services at convenient times and locations**
**-Increasing availability of vaccination appointments for high-risk populations**
**-Ensure that vaccinators communicate the return visit date clearly, both orally and in writing**
**-Remind vaccinators of importance of reinforcing return date and explaining side effects at every immunization contact**
**-Family planning providers involved in integrated service delivery activities remind client when next vaccination(s) is due**
**-Reminders from health workers or community members/groups or through visits, text messaging, in person, or phone call**                                                                 | **-Ensure sufficient staffing and regular availability of vaccinators and vaccines at the health facility**
**-Provide same-day services under the same roof**
**-Introduce or extend mobile services for hard-to-reach areas** |
| **5. Voluntarily select an appropriate FP method suitable to breastfeeding status and timing postpartum before becoming at risk for unintended pregnancy** | **Priority group:** mothers of infants                                                            | **Influencing groups:** health workers, husbands, mothers-in-law, religious and community leaders, mothers groups, social and economic women's groups | **Perceived self-efficacy / skills**
**Perceived susceptibility to pregnancy during the extended postpartum period**
**Access to contraceptive choice** | **--Increasing knowledge among health providers about return to fertility and pregnancy risk after delivery, healthy pregnancy spacing, and methods suitable to breastfeeding status and timing postpartum, including lactational amenorrhea method (LAM) + transition**
**-Increasing availability of counseling and take-home materials with information on postpartum family** | **-Provide comprehensive family planning services to clients on an ongoing basis**
**-Train, supervise, and support FP providers to give high quality postpartum family planning counseling and support maintenance of exclusive breastfeeding**
**-FP pamphlets and other IEC materials displayed or distributed to clients**
**-Review stock management procedures to ensure availability of all FP commodities**
**-Hold frequent talks on the health benefits of**

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Priority or Influencing Group</th>
<th>Illustrative Determinants (barriers and enablers)</th>
<th>Illustrative Key Factors (that may need to be addressed)</th>
<th>Illustrative Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Discuss benefits of postpartum family planning and immunization services with spouses/friends/family/community members</td>
<td>Priority group: mothers/caregivers Influencing groups: health workers; mothers in law, grandmothers</td>
<td>Perceived positive benefits, Social norms, Cues to action</td>
<td>Increasing knowledge of the benefits of postpartum family planning for health of mother and baby, Increasing willingness/motivation to discuss FP with others, Increasing availability of CHWs and champions in community to give mothers reminders or initiate family/community discussions</td>
<td>-Health workers encourage mothers to spread the word about the benefits of FP with others, -Provide mothers with IEC materials to share with others, -Identify and support postpartum family planning champions within the community</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Perceived action efficacy</td>
<td>Increasing mothers’ ability to remember to follow-through on FP referrals, Increasing availability of FP methods, Increasing caregiver’s motivation to delay next pregnancy, Increasing understanding of the LAM criteria and cues to transition; desire and intention to use LAM, Improving support provided in case of questions or problems</td>
<td>Delaying pregnancy to mother, child and family by both health workers and community champions (e.g. religious leaders, male motivators, mothers’ support groups), Support community health workers to discuss postpartum family planning with women during home visits</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Perceived social norms</td>
<td>Improving community/religious support for family planning, Improving capability of program to recruit and train champions</td>
<td>Engage respected community members, including religious leaders, as champions for FP, specifically to promote the benefits of FP for family well-being, Appoint and train champions within women's social, religious and economic groups to promote FP, Form/facilitate mother’s support group clubs or meetings to discuss postpartum family planning/exclusive breastfeeding/LAM</td>
</tr>
</tbody>
</table>
### Key Health Care Worker & Policymaker Behaviors

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Priority or Influencing Group</th>
<th>Illustrative Determinants (barriers and enablers)</th>
<th>Illustrative Key Factors (that may need to be addressed)</th>
<th>Illustrative Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. [Applicable for integration models which use a vaccinator to provide information and referrals to an FP provider] Ask each mother bringing a child for routine immunization about her interest in FP and refer her for FP services. May also provide her with brief motivational information on health benefits of FP.</td>
<td><strong>Priority group:</strong> vaccinator, multipurpose health care workers- (doctors, nurses, midwives) <strong>Influencing groups:</strong> supervisors/managers</td>
<td>Knowledge, perceived self-efficacy/skills Perceived positive benefits of integration</td>
<td>- Improving capacity of care providers/vaccinators and other health educators to communicate effectively -Increasing health workers’ knowledge of postpartum family planning and its benefits -Addressing workload of health workers and motivation to provide integrated services - Increasing availability of physical environments that enable one-on-one communication between vaccinator and mother and provide confidentiality</td>
<td>-Provide training on the importance and benefits of postpartum family planning and effective communication; establish a protocol with a checklist for supervisor -Ensure that during immunization contacts, caregivers receive appropriate information and referral for FP -Prepare and pre-test simple, user friendly job aid; train and supervise providers in its effective use</td>
</tr>
<tr>
<td>2. For mothers who come for family planning services and have a young child with them, check the child’s immunization record (if available) and urge mother to take child for any vaccinations for which s/he is eligible</td>
<td><strong>Priority group:</strong> family planning providers, health care workers (doctors, nurses, midwives, community health workers) <strong>Influencing groups:</strong> supervisors/managers</td>
<td>Knowledge, perceived self-efficacy/skills Perceived positive benefits</td>
<td>-Increase capacity of providers and other health educators to communicate effectively -Increase health workers’ knowledge of immunization schedule, contraindications, and policies</td>
<td>-Provide training on immunization and effective communication -Prepare reference materials for FP providers outlining key immunization messages, including reminding the client about returning on time for the child’s next vaccine -Establish a protocol with a checklists for supervisors -Prepare and pre-test simple, user friendly job aid; train and supervise providers in its effective use</td>
</tr>
<tr>
<td>3. Provide clear and appropriate postpartum family counseling and services to women referred from immunization services</td>
<td><strong>Priority group:</strong> family planning providers <strong>Influencing group:</strong> supervisors/managers</td>
<td>Knowledge Perceived self-efficacy/skills</td>
<td>-Improve capacity of family planning providers to provide postpartum family planning counseling and services -Increase availability of counseling tools to support postpartum family planning counseling -Increase availability of contraceptives -Improve supervision systems</td>
<td>-Ensure that FP providers are trained on postpartum family planning -Establish a protocol with a checklist for supervisors -Prepare reference materials for FP providers outlining the key postpartum family planning counseling messages (including LAM criteria + cues to transition) -Ensure availability of family planning commodities</td>
</tr>
<tr>
<td>Behavior</td>
<td>Priority or Influencing Group</td>
<td>Illustrative Determinants (barriers and enablers)</td>
<td>Illustrative Key Factors (that may need to be addressed)</td>
<td>Illustrative Activities</td>
</tr>
<tr>
<td>----------</td>
<td>-------------------------------</td>
<td>-----------------------------------------------</td>
<td>-------------------------------------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>4. FP providers and vaccinators follow established protocols and use job aids and checklists appropriately while providing integrated FP and immunization services, in order to ensure appropriate decision-making and provision of quality information</td>
<td><strong>Priority groups:</strong> vaccinators, family planning providers, multipurpose health workers  <strong>Influencing group:</strong> supervisors/managers</td>
<td>Perceived self-efficacy/skills  Perceived risks/benefits  Policy</td>
<td>-Increase knowledge of and willingness to follow recommended practices  -Improve supervision systems  -Increase availability of counseling tools and IEC materials</td>
<td>-Provide ongoing training opportunities  -Conduct supportive supervision including direct observation  -Prepare job aids highlighting key tasks/messages</td>
</tr>
<tr>
<td>5. Build and maintain stakeholder support for integration and implement strategies to avoid or quickly address risks.³</td>
<td><strong>Priority group:</strong> policy makers, program planners or supervisors, community leaders  <strong>Influencing groups:</strong> supervisors/managers, political leaders, government bureaucrats</td>
<td>Policies  Perceived positive benefits of integrated services</td>
<td>-Increase communication among local or state government about integrated services  -Improve policies to support FP/immunization integration  -Increase availability of resources  -Increase knowledge among influential individuals about the integrated services and benefits of integration</td>
<td>-Engage stakeholders at multiple levels (community leaders, health providers, state/regional/national FP and immunization representatives) in formative assessments, program planning, implementation, and monitoring  -Advocate for institution of a policy on FP/immunization integration, and once the policy is in place, advocate for adequate resources to support smooth operation of integrated services  -Prepare a risk mitigation strategy, and advocate for implementation of the strategy  -Publicize integration activities and benefits/results through appropriate channels</td>
</tr>
</tbody>
</table>

³ In some settings, negative rumors about connections between vaccines and contraceptives have threatened or halted immunization programs. Government, donors, and service delivery groups should work together to mitigate such risks. It should be noted that in some settings with a history of negative rumors or high potential for risk, integration may not be feasible.