Family Planning and Immunization Integration

Formative Assessment Report

Liberia (Bong and Lofa Counties)

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I. Introduction

Background

The 2007 Demographic and Health Survey (DHS) in Liberia indicated that there is a substantial unmet need for family planning (FP) using modern contraceptive methods. Of particular concern is the fact that 17% of births occur less than 24 months after the previous pregnancy, putting both mothers and their children at elevated risk of mortality. Moreover, according to an analysis of the 2007 DHS data conducted by MCHIP, less than 10% of women 6-12 months postpartum use any type of modern contraception. While there is a strong need to increase the utilization of FP services, there is also reported to be some social stigma that mitigates FP use as, culturally, women are not expected to resume sexual relations until their infants are one year old. This norm is changing rapidly in Liberia, placing women at risk of unintended pregnancy.

This same time period of 6-12 months postpartum is also when routine immunization typically takes place. While Liberia’s national immunization schedule calls for children to be vaccinated at birth, 6, 10, and 14 weeks and 9 months of age, the actual ages at which these vaccination contacts take place is believed to be somewhat later. Therefore, some mothers may bring their children for routine immunization two or even three times during the 6-12 month post-partum period.

With the government’s commitment to reduce the high levels of unmet need for family planning, the concept of using vaccination contacts to increase access to FP and possibly immunization is logical and is supported by high levels within the Ministry of Health and Social Welfare (MOHSW). At the same time, the health system constraints, particularly the limits in human resources, need to be recognized.

For this reason, MCHIP has designed a pilot project integrating family planning and immunization services in the postpartum period. The approach will involve training vaccinators to provide a few short, targeted FP messages and FP referrals to mothers bringing their children for vaccination. This initiative will be piloted in 10 health facilities in Bong and Lofa counties, with one hospital outpatient department and four clinics in each county.

Assessment Purpose and Objectives

In order to inform the FP/immunization integration activity design, MCHIP conducted an assessment in 4 of the 10 focus health facilities. The assessment aimed to generate useful information on enablers, barriers, and perceived benefits of family planning and immunization services, health facility systems and structures, and ideas for how best the intervention might be structured. Findings from this assessment will generate insights which will be critical for informing the message and materials development process.

II. Methods

Design

The assessment relies on interviews and focus group discussions with health providers and clients, along with direct observation of service provision at health facilities. The assessment was conducted in four health facilities – one hospital and clinic in Bong and one hospital and clinic in Lofa. The facilities were Curran Hospital and Ganglota Clinic in Lofa County and Phebe Hospital and Salala Clinic in Bong County. All sites selected were among the 10 sites where the FP/immunization activity will be piloted. Sites were selected with guidance from the Ministry of Health and Social Welfare and county officials. It was
determined that the assessment team would visit one hospital and one health clinic in each county, in order to gain a better understanding of the unique circumstances in both types of settings in each county. The two hospital sites for the assessment were already pre-determined, since there was only one hospital in each county that had already been selected for this pilot activity. In each county, the assessment team selected one clinic from the four pre-selected pilot clinics. Since the assessment team had limited time, clinic sites were identified based on convenience along the road from Monrovia to Lofa.

**Sampling**

The assessment purposively sampled health providers and women with children less than one year who were already visiting selected health facilities for services. In each health facility, the assessment team conducted: at least one interview with a vaccinator, family planning provider, and officer in charge (OIC), and a focus group discussion with mothers with infants less than one year who were already at the facility for services. The women were identified with the assistance of the health facility staff (although the facility staff were not present in the room during the focus group discussions). It should be noted that all vaccinators interviewed happened to be male, and all family planning providers interviewed were female.

**Tools and Logistics**

Questionnaires were used to guide focus group discussions and in-depth interviews (see Appendix). These guides included questions about enablers, barriers, and perceived benefits of family planning and immunization services, and health facility systems and structures.

The focus group discussions and interviews lasted between 45 and 90 minutes, on average. At the end of each day, the assessment team reviewed the tools and data collected to improve question comprehension and identify gaps that needed to be filled by further probing in specific areas. Verbal informed consent was obtained from all individuals interviewed. Participants were assured that the assessment report would be anonymous, with no participant names appearing in the final report.

The assessment team was comprised of two MCHIP staff. During each focus group discussion and in-depth interview, each member of the assessment team was responsible for specific tasks: one for facilitation and translation, and one for transcription. Assessment questions were most frequently asked in Liberian English. At two sites, women in the focus group discussions did not understand Liberian English, so questions were asked in Liberian English and then translated into the local dialect by other focus group discussion participants. At the end of each day, the assessment team met as a group, discussed observations, reviewed notes and identified preliminary findings. Throughout the process, assessment instruments were reviewed and refined with the aim of eliciting only the most essential information and to eliminate potential areas of repetition.

**III. Findings**

Assessment findings are grouped by category: Family planning, immunization, and EPI-FP referral. In each category, summary findings related to current practices, barriers, perceived benefits, and enablers are detailed.

The assessment team interviewed 4 vaccinators, 5 family planning providers, 4 officers in charge, and conducted focus group discussions with a total of 37 mothers. The following table provides a summary of the interviews and focus groups conducted in each site:
### Assessment findings in the key areas of focus are as follows:

#### A) Family Planning

**Current practices:**

- **Personnel:** In the health facilities, family planning providers had a variety of responsibilities beyond family planning service provision, including ANC, health education, PMTCT, and labor and delivery. At the smaller health clinics, family planning providers said they spent between 15 and 80% of their time devoted to provision of family planning services. In the hospitals, there were usually several people tasked with providing family planning services, and each person was rotated across the various MCH responsibilities. At the hospitals, family planning providers tended to have higher percentages of their time devoted specifically to family planning service provision.

- **FP Service provision:** Family planning providers reported that their individual counseling sessions usually last between 10-20 minutes each. Most facilities also reported including family planning messages in daily group talk sessions. Providers reported that there was usually not a line for family planning or the wait time was between 5-10 minutes (unless women come in groups with friends or relatives, which happens on occasion). The family planning providers had numerous job aids that they reported as being helpful in guiding their counseling sessions, but none reported distributing any take-home leaflets to clients.

- **Client load:** At one of the two hospitals, it was reported that there was an average of 2-6 family planning clients per day, and the other hospital reported between 10-15 per day (verified through review of the leger). At one of the two health clinics, based on the register, it appeared that there were 2-5 family clients per day, and at the other health clinic there were 5-10 per day.

**Perceived Benefits:**

All respondents were asked what they thought were the advantages of spacing their births and using contraception. Mothers most often cited the health of the mother and baby, economic stability, and the ability to stay in school as benefits of using family planning. One woman mentioned that family planning can make you “well in body” and another said that family planning can “make your dreams come true.” None of the women who participated in any of the focus group discussions said that they wanted to become pregnant again in the next year.

One officer in charge mentioned, “Children who are spaced have good nutrition status and immune system is strong.”
When vaccinators were asked how they felt about the ability for women who bring their child for immunization to also be able to access family planning (given the options of whether it was very important, important, neutral, or not important), all vaccinators interviewed mentioned that they felt it was either “important” (1) or “very important” (4) for women to be able to access family planning when they bring their child for immunization. Benefits of family planning cited by the vaccinators include:

- “It helps you decide your own time for when to bear children.”
- “It allows the mother time to recover and will make you better able to feed the child.”
- “Spacing helps the mother to grown strong, and helps the child to be healthy.”

**Barriers:**

All respondents were also asked about barriers that postpartum women may face in using contraception and spacing their births. The most common barriers mentioned by the mothers was related to the pervasive belief that women should not have sex with their partners for the first year after giving birth, or until the baby walks. Many women with children less than one year reported that they will not use family planning until the baby walks. They reported feeling a sense of shame in using family planning before the first year postpartum. One mother said, “I am a baby’s ma so I can’t take it [family planning].” Other barriers commonly cited by the women included male opposition to family planning and side effects. One mother mentioned, “Men give us a hard time, so we sometimes have to hide the family planning.” Another said, “Family planning can make you to not have children.” Women also mentioned that mothers in law, religious leaders, and grandmothers are often not encouraging of family planning use.

Stock-outs were commonly mentioned by the providers as a barrier for family planning provision and use. One OIC mentioned “There are often stock-outs. We have to tell them to come back another day if we don’t have the method they want.” Many women and providers reported that the facilities only have pills, injectables, and condoms in stock (and some reported stock-outs of injectables). Stock outs of injectables and other methods seemed to be a particular concern at Curran Hospital.

The most common barrier to FP uptake mentioned by vaccinators was partner opposition.

**Enablers:**

When asked what could help make it easier for postpartum women to use family planning, mothers most commonly mentioned availability of their desired family planning method at the health center, having family planning more available at community level, and support from their partners. One woman mentioned, “My man gave me encouragement to use family planning.”

A family planning provider mentioned, “People like privacy when they go for family planning” and “Some women use family planning without husband’s knowledge.” Another mentioned, “In the villages, some want family planning but don’t know how to get to use it.” One provider mentioned she has found that one-to-one counseling can help to reduce stigma and misconceptions related to family planning.

Enablers mentioned by OICs included having family planning available at community level and providing good, clear counseling to help encourage women to use family planning.
B) Immunization

Current Practices:

*Visit schedules:* Vaccinators mentioned that mothers often bring their infants for vaccination late, after their scheduled appointment date. It was mentioned that for the 9 month visit, some mothers will come several months after their scheduled date. “*For the 9 months vaccine, most come at 1 year,*” one vaccinator mentioned. Another vaccinator said, “The majority of the mothers are illiterate and do not understand the date to come.”

*Client load:* The facilities had variable client loads for infant immunization services. Facilities generally reported that they have one or two days during the week that are “busy days” (usually market days or designated vaccination days), and the rest of the week the number of clients drops substantially.

The hospitals visited handled a higher load of immunization patients than did smaller clinics. At Phebe Hospital, it was reported that on an average day, 15-20 people come for infant immunization, and on busier days (“immunization days” and market days) there may be closer to 50-60 clients. At Curran Hospital, vaccinators and the OIC reported that they generally see 30-50 people each day for infant vaccinations. At Ganglotta Clinic, the registers showed 8-9 clients having visited on the day preceding the interview. At Salala Clinic, registers showed approximately 7 clients per day on most days, and over 30 on busier days (market day).

*Messages & Use of Job Aids:* None of the vaccinators interviewed reported using job aids to help guide their EPI practices. None reported having any sort of leaflets or educational materials for distribution (aside from the visit schedule card). All said that they would appreciate having job aids and other resources to help provide more guidance.

*Use of other services:* Respondents were asked whether women who bring their infants for immunization usually also go for other services during the same visit. Vaccinators mentioned that most times, women just bring the infant for the immunization, but sometimes they will also come for curative services either for themselves or their infant. They mentioned that very few women who come for immunization also go for family planning during the same visit.

*Perceived benefits:* When asked about what they see as the benefits of immunization services, mothers reported that they brought their infants for vaccination for the health of the child and to prevent the baby from becoming sick. One mother mentioned, “I bring my child for vaccination so he keeps from getting fever.” Several mothers had earned *Outstanding Parent* certificates for completing the immunization schedules for their child, and showed this to the assessment team as one of the benefits they saw for of completing the full vaccination schedule.

*Barriers:* Respondents were asked about key barriers that prevent women with infants from having their children fully immunized, on schedule. Many mothers mentioned that most women do bring their infants to the clinic for vaccination on schedule. One mother mentioned, “Some don’t think they need to [bring their infant for vaccination] because the child isn’t sick” and “Some don’t believe in it.” Another said, “Baby mothers say vaccine makes the baby’s skin hot. They are scared.” It was also mentioned that sometimes the mothers forget the date by which they were supposed to return for the next vaccine. Distance was also cited as a barrier, as some villages are located far from the nearest health facility.
Barriers mentioned by the vaccinators included distance from the health facility, low literacy and inability to keep track of return dates, and fears over pain and the vaccination causing the baby’s skin to become hot. When asked about common myths or perceptions about immunizations, three of the four vaccinators interviewed mentioned that some women think that TT injections can cause pregnancy.

C) EPI-FP Referral

Current practices:

In all of the facilities visited, women are not routinely referred from immunization services to family planning services. Women who bring their infants for vaccination usually do not visit the family planning provider during the same visit to the facility. Some vaccinators did mention that they sometimes discuss family planning with women during their group talks.

Internal referrals within the health facility (from one room to another) are not tracked in the ledgers.

All informants were asked to give their thoughts about the idea of vaccinators providing brief family planning messages and referrals to women who bring their infant for immunization. They were asked whether they had any suggestions for how the arrangement could be most successful in motivating women to follow through on the referrals.

Perceived benefits of linking FP and immunization:

Respondents generally seemed quite positive about the idea of linking family planning and EPI at the health facility. Women mentioned, “It would help us to know how to get family planning” and “It would be fine. I want to protect myself.” FP providers mentioned, “It will help to spread the message about family planning” and “It is good to be sure the woman knows about new things. Men will only know she is here for vaccine” and “It’s good because they will already be at the facility and can get both services.”

Immunization providers mentioned they thought the linkage would be beneficial because “information will flow better. We can all work together.” Another provider mentioned, “This is a good opportunity to reach them when they are already at the facility.” OICs mentioned, “Almost every mother brings her child for immunization. We can use this as an avenue for FP” and “It is good to find opportunities to remind women about FP. If they keep hearing the message, maybe they will decide to go.”

Barriers:

There were a number of barriers mentioned by respondents which could prevent clients from following through on referrals from immunization to family planning. Women mentioned that waiting in several lines could be a barrier for some women. FP providers mentioned that staff shortages might make referral difficult (especially if there is increased demand for services sparked by the new referral system). One vaccinator mentioned “They might wonder why I am asking them about family planning when they are here for EPI.” Another vaccinator mentioned, “Time for the vaccination is short. And sometimes there is a long time waiting,” thus making it difficult to add in additional family planning messages to the existing schedule.

OICs mentioned that sometimes the mother or baby is sick, which could prevent them from following through on the referral. The OIC also mentioned that sometimes the woman is embarrassed to be seen at family planning, and that it might also be difficult for a male vaccinator to share family planning messages with women.
**Enablers:**

When asked what might make it easier for women to follow through on a referral from immunization to FP, respondents most frequently suggested having the vaccinator escort the woman to the FP site, having the vaccinator remind the woman that the FP services are free of charge, and/or having someone hold the place in the FP line for a woman while she takes her infant for the vaccination.

FP providers suggested the vaccinator should share the benefits of FP for the woman’s health, that the vaccinators will need job aids, and that it could be helpful to have two FP lines (one for EPI referred and one for regular clients) and then take clients one by one from each line.

Immunization providers suggested that they need training and resources to help them share family planning messages. A vaccinator at one of the hospitals also suggested that the vaccinators could help escort the woman to the referral site and tell the midwife to follow up. OICs suggested that the messages should be short and clear and screening for family planning should take place at initial registration.

**Fast track:**

Respondents were asked their opinion about the idea of “fast tracking” women for family planning if they are referred by the vaccinator, meaning that they would be given some special priority in the family planning line. Mothers who participated in the focus group discussions seemed quite opposed to the idea of having women who are referred be able to skip ahead in the family planning line. “Those already in line will feel bad,” one mother said. Another said, “We would feel bad, to see a woman just pass. We sitting there would feel bad.” And a vaccinator said, “We don’t have lines for family planning here” and “They will be upset with and say ‘you pick and choose.’” Providers mention that there is already in place a priority system where women referred from communities far from the health facility are able to be seen first.

**IV. Conclusions and Recommendations**

This assessment gleaned information related to service delivery structures, attitudes and practices of service providers and clients at two health facilities in Bong County, and two health facilities in Lofa County. Information related to barriers, enablers, and perceived benefits of immunization and family planning will be critical in informing the design of a strategy to promote integration of family planning and immunization services in Liberia. Key themes that emerged frequently and which will be critical for the FP/immunization integration message and materials development process include the following:

- **Norms around postpartum abstinence:** In the sites visited, respondents often cited the commonly held view that women should not return to sexual activity until the baby walks or until the infant reaches one year of age. There appears to be high levels of stigma surrounding having sex before the baby walks, which can prevent women from using family planning during the first year postpartum. *Implication: 1) Reinforcement that it is “normal”/common for women to have sex and to use family planning before the first year postpartum, 2) ensuring that postpartum women are able to seek family planning confidentially*
• **Benefits of family planning:** Benefits of family planning most frequently cited by mothers included: health of the mother and baby, economic stability, and the ability to stay in school. Additionally, none of the women interviewed desired to become pregnant again in the next year.  
  *Implications: 1) Incorporation of frequently cited benefits in referral messages and IEC materials. 2) Highlight fertility return and importance of using family planning to prevent another pregnancy too soon.*

• **Partner opposition:** Partner opposition was frequently mentioned by women and service providers as a barrier to family planning use. Several providers also mentioned that women seek family planning services covertly, without their partners’ knowledge.  
  *Implications: 1) Importance of promoting partner communication (where possible), and ensuring that partners and family members are aware of the benefits of family planning. 2) Potential development of a leaflet for women who do not choose to use family planning services on same day as immunization visit to take home to share with partners and families. 3) Development of community outreach strategy to dispel myths and misconceptions and highlight benefits of FP.*

• **Role of the vaccinator:** This assessment revealed that vaccinators in the focus sites are only accustomed to providing very short messages to women during each immunization visit. They also do not generally use job aids to guide their activities.  
  *Implications: 1) Ensure that messages and job aids are simple and concise, and properly field tested with vaccinators; 2) Thorough training and practice on use of the job aid will be critical, as will monitoring and ongoing supervision to ensure consistent use of the job aid and provision of counseling messages.*

Additionally, this assessment revealed some health systems-level challenges that can inhibit women from accessing and receiving services, namely: family planning commodity stock-outs and supply chain issues, shortages of health workers, and lack of community outreach and distribution of family planning at the community level. These systemic barriers may present a challenge to implementation of the activity. Strategies to address these challenges within the context of this FP/immunization integration activity must be considered.
Appendix A: Assessment Instruments

Focus Group Discussion Guide: CLIENTS

- When was the last time you went to the health facility for services for yourself or your child? Which services did you use? (probe for family planning, immunization, growth monitoring, treatment for illness)

- If you have used immunization services for your youngest child, what motivated you to use the services? What might make it difficult for some women to complete EPI schedules?

- When you went to the facility for immunization for your child, what happened during the visit? What information did the vaccinator share?

- If you have used FP services since you had your last child, what motivated you to use family planning? What might make it difficult for some women to use family planning?

- During past visits at the health facility, what are some messages you heard from the providers about family planning?

- When you have gone for family planning or EPI services, have the providers ever given you information sheets to take home? If so, were these useful? Why or why not?

- When you went to the clinic for services for your child, did anyone mention or refer you to receive family planning services?
  a. When you last went for immunization services, did the vaccinator mention anything about family planning?

- When women are referred to specific services at the clinic, do they usually follow through on the referral? What are some things that make it hard to follow through? What are some things that can make it easier?

- In your opinion, what are some of the advantages of family planning? For the infant? For the mother? What are some of the disadvantages, in your opinion?

- In your opinion, what are some of the advantages of EPI? What are some of the disadvantages?

- What are some of the attitudes and perceptions in your community about family planning? How do the following groups generally feel about exclusive breastfeeding:
  - husbands/partners:
  - mothers-in-law:
  - religious leaders:

- Are family planning methods available at the community level (through CBD or CHW)? Explain.
  - Do CHWs encourage parents to take their children for immunization?
• Do you plan to become pregnant in the next year?

• How soon after giving birth are women able to become pregnant again?

• What do you see as the benefits of waiting some time before having another baby? What are the challenges women face that prevent them from waiting to have another baby?

• What do you think is the ideal amount of time between delivering a baby and getting pregnant again?

• What are some common perceptions or beliefs related to using family planning while breastfeeding in your community?

• Have you visited the family planning provider at the health center since you had your child?
  ▪ If yes, did the family planning provider mention anything about immunization?

• How would you feel about being able to receive both family planning and child immunization services during the same visit at the facility?

• How would you feel if brief family planning messages were incorporated into immunization visits?

• Tell us how you think about this idea: If women take their children for EPI, the vaccinator provides several short family planning messages and then refers the woman directly for family planning services. Women referred by the vaccinator would get special priority for family planning services, and would not have to wait in the regular line for family planning.

  ▪ How do you feel about this idea? Do you think it would work? Why or why not?
  ▪ Have you used this type of referral system before, for other services? If yes, please explain.
  ▪ Do you have any ideas for how this system could work best?

• How do you feel about the family planning services available at the health facility? Do you have any suggestions for how the services could be improved?

• How do you feel about the immunization services? Do you have any suggestions for how the services could be improved?

• Do you have any other ideas for how we can reduce missed opportunities for promoting maternal and infant/young child health among women in the community?

**Interview Guide: OFFICER IN CHARGE**

• What maternal and child health services are available at this facility? List one by one:

• How many immunization clients are seen at this facility each day? ___

• How many family planning clients are seen at this facility each day? ___
• When a client comes for MCH activities, is there any sort of screening process that happens upon arrival? Please describe.

• How do clients learn about the immunization services available at this facility?

• What are some of the challenges to family planning uptake in this community?

• How do clients learn about the family planning services available at this facility?

• What are some of the challenges that prevent children from completing the full schedule of immunization on time?

• Are MCH providers using job aids to guide their services? Describe.

• Are MCH providers distributing any IEC materials to clients? Describe.

• If women deliver at the facility, what sorts of counseling messages do they receive after delivery? Are there any messages on immunization? FP?

• When women with young child come for vaccinations, do they usually come for other services either for themselves or their babies? If yes, what other services do they most commonly come for?
  - Is it common for clients who come with their young child for vaccination to also go for family planning during the same clinic visit? Why or why not?

• What experiences have you had with integration of MCH services? In your opinion, what are some challenges to linking services? What are some things that can help make linked services successful?

• At this facility, when women are referred for services, do they usually return for the service? What strategies have you found most successful in motivating women to follow through on referrals?

• Tell us how you think about this idea: If women take their children for EPI, the vaccinator provides several short family planning messages and then refers the woman directly for family planning services. Women referred by the vaccinator would get special priority for family planning services, and would not have to wait in the regular line for family planning.
  - How do you feel about this idea? Do you think it would work? Why or why not? (probe for any concerns about staff time, vaccinator counseling capabilities, rumors & confusions around FP/EPI)
  - Have you used this type of referral system before, for other services? If yes, please explain.
  - Do you have any ideas for how this system could work best?

• In your opinion, how important is it for all women who visit the clinic to be able to access family planning (Very important, somewhat important, not at all)? Explain.

• What do you think might be the advantages of integrating family planning and immunization services in this facility?

• Do you have any concerns or suggestions for how family planning and immunization services can be better linked?
Interview Guide: FAMILY PLANNING PROVIDERS

- What are your main responsibilities at the health facility? List responsibility one by one:
  a) __________________% time allocated: ______
  b) __________________% time allocated: ______
  c) __________________% time allocated: ______
  d) __________________% time allocated: ______
  e) __________________% time allocated: ______

- How many family planning clients do you see each day? ___

- How long does each of your family planning counseling sessions usually last?

- How often are group education sessions on FP held? What topics are covered? Who generally attends?

- What type of training did you receive on family planning?
  a) Have you received any training on immunization?

- Are there any job aids that you use to guide your counseling? If so, which job aids?

- If women deliver at the facility, what sorts of counseling messages do they receive after delivery? Are there any messages on FP? immunization?

- In your opinion, what are the key barriers that prevent women with small children from using family planning methods? List barriers one by one:
  a) __________________________
  b) __________________________
  c) __________________________
  d) __________________________
  e) __________________________

- Are there any common myths, perceptions or beliefs around FP that may affect whether women in this community use family planning methods?

- Who of the following are generally supportive of using family planning (circle all that apply):
  - Mother in Law
  - Woman’s Mother
  - Woman’s Grandmother
  - Husband
  - Religious Leader
  - Grandmother
  - Partners
  - CHWs
  - Health workers at the facility
  - Others: ___________

- Which groups are not as supportive (circle all that apply):
• Mother in Law
• Woman’s Mother
• Woman’s Grandmother
• Husband
• Religious Leader
• Grandmother
• Partners
• CHWs
• Health workers at the facility
• Others: ___________

• In your experience, what strategies have been successful in motivating women with children under 2 years to adopt family planning methods in this community? How do women find out about the services that are available?

• When women with young child come for family planning services, do they usually come for other services either for themselves or their babies? If yes, what other services do they most commonly come for?
  ▪ Is it common for women who come for family planning to also have their child vaccinated during the same clinic visit? Why or why not?

• At this facility, when women are referred for services, do they usually return for the service? What strategies have you found most successful in motivating women to follow through on referrals?

• Who provides immunization services at this facility?

• What are the key family planning messages you share during your FP counseling sessions?

• What messages (if any) do you share with women about the benefits of immunization for their children?

• What do you think are the benefits of child immunization?

• What are some barriers/challenges (in community or facility) that prevent women from having their children immunized?

• Do you know whether vaccinators at this facility generally share any family planning messages with clients?
• Tell us how you think about this idea: If women take their children for EPI, the vaccinator provides several short family planning messages and then refers the woman directly for family planning services. Women referred by the vaccinator would get special priority for family planning services, and would not have to wait in the regular line for family planning.
  ▪ How do you feel about this idea? Do you think it would work? Why or why not?
  ▪ Have you used this type of referral system before, for other services? If yes, please explain.
  ▪ Do you have any ideas for how this system could work best?

• In your opinion, what are the MOST important brief FP messages that the vaccinators should
share with their clients?

- What do you think might be the advantages of integrating family planning and immunization services in this facility?

- Do you have any concerns or suggestions for how family planning and immunization services can be better linked?

**Interview Guide: VACCINATORS**

- What are your main responsibilities at the health facility? List responsibility one by one:
  
  a) ___________________ % time allocated: _____
  b) ___________________ % time allocated: _____
  c) ___________________ % time allocated: _____
  d) ___________________ % time allocated: _____
  e) ___________________ % time allocated: _____

- How many immunization clients do you see each day? ____

- How long does each of your immunization sessions usually last?

- Describe what happens during a typical immunization visit. Is counseling included? What messages do you share?

- How do clients learn about the immunization services available at this facility?

- What type of training did you receive on immunization?
  b) Have you received any training on family planning?

- Are there any job aids that you use to guide your immunization sessions? If so, which job aids?

- At what ages are young children requested to come for immunization? At what ages do they actually come?

- If women deliver at the facility, what sorts of counseling messages do they receive after delivery? Are there any messages on immunization? FP?

- In your opinion, what are the key barriers that prevent women with small children from having their children fully immunized? List barriers one by one:
  
  f) _______________________
  g) _______________________
  h) _______________________
  i) _______________________
  j) _______________________

- Are there any common myths, perceptions or beliefs around immunization that may affect whether women in this community use immunization services?
• When women with young child come for vaccinations, do they usually come for other services either for themselves or their babies? If yes, what other services do they most commonly come for?
  ▪ Is it common for clients who come with their young child for vaccination to also go for family planning during the same clinic visit? Why or why not?

• At this facility, when women are referred for services, do they usually return for the service? What strategies have you found most successful in motivating women to follow through on referrals?

• Who provides family planning services at this facility?

• What messages (if any) do you share with women about the benefits of using family planning?

• What do you think are the benefits of family planning?

• In your opinion, what are some barriers/challenges (in community or facility) that prevent women from using family planning services?

• In your opinion, how important is it for all women who visit the clinic to be able to access family planning (Very important, somewhat important, not at all)? Explain.

• Tell us how you think about this idea: If women take their children for EPI, the vaccinator provides several short family planning messages and then refers the woman directly for family planning services. Women referred by the vaccinator would get special priority for family planning services, and would not have to wait in the regular line for family planning.
  ▪ How do you feel about this idea? Do you think it would work? Why or why not?
  ▪ Have you used this type of referral system before, for other services? If yes, please explain.
  ▪ Do you have any ideas for how this system could work best?

• What do you think might be the advantages of linking family planning and immunization services in this facility?

• Do you have any concerns or suggestions for how family planning and immunization services can be better linked?
Appendix B: Response Tables

KEY BEHAVIOR #1: Women with children under 1 year start using a family planning method.

**Primary Audience:** Mothers with children under 1 year  
**Secondary Audience(s):** Partners, families  
**Current behaviors:** Many women with children less than one year report that they will not use family planning until the baby walks. There is a prevailing attitude among many that women should wait until the baby walks to resume sexual activity. Many women feel shamed by using family planning before the first year postpartum.

<table>
<thead>
<tr>
<th>PERCEIVED BENEFITS OF FP USE</th>
<th>BARRIERS TO FP USE</th>
<th>ENABLERS FOR FP USE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CLIENTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Helps you to plan out your family, “make your dreams come true”</td>
<td>• Not having sex with partner yet after birth of baby, so thinks she doesn’t need it</td>
<td>• “My man gave me encouragement to use FP.”</td>
</tr>
<tr>
<td>• Can make you “well in body” and healthy.</td>
<td>• Partner is away, so don’t need FP</td>
<td>• Talking to men</td>
</tr>
<tr>
<td>• To not have children, makes you healthy.</td>
<td>• Some don’t trust FP tablets, think it’s not reliable</td>
<td>• FP commodities in stock</td>
</tr>
<tr>
<td>• To not bore quickly.</td>
<td>• Pressure to wait until baby walks to resume sex (and feeling that it is improper to start FP use before this time)</td>
<td>• Having FP available at community level</td>
</tr>
<tr>
<td>• To attend school.</td>
<td>• Some think if they take FP it can make them bleed too much, some don’t remember to take pills, some think FP can make you to not have children</td>
<td></td>
</tr>
<tr>
<td>• To take years for baby to grow.</td>
<td>• Some can’t access the clinic, and FP methods are not available in the community</td>
<td></td>
</tr>
<tr>
<td>• To be economically stable</td>
<td>• “I am a baby’s mom so I can’t take it”</td>
<td></td>
</tr>
<tr>
<td>• For the child to be healthy</td>
<td>• Men give a hard time, so we have to hide FP. Many men want more children.</td>
<td></td>
</tr>
<tr>
<td>MOST COMMON RESPONSES: health of mother and baby, economic stability, staying in school</td>
<td>• Stock problems. Sometimes FP is only available on specific days.</td>
<td></td>
</tr>
<tr>
<td><strong>FP PROVIDERS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• If using FP, can feel more comfortable about having sex and won’t have to worry about the man looking elsewhere</td>
<td>• People like privacy when they go for FP</td>
<td>• Ability to get FP methods privately</td>
</tr>
<tr>
<td>• Improved living conditions</td>
<td>• Husbands/partners can be barriers (some women use FP without husband’s knowledge)</td>
<td>• Need to get partners more involved</td>
</tr>
<tr>
<td>• Health of the mother (organs not matured enough for another fetus)</td>
<td>• Some say when taking FP, it can hurt their stomach</td>
<td>• Mothers are often supportive</td>
</tr>
<tr>
<td>• Economic stability</td>
<td>• In the villages, some want FP but don’t know how to get to use it</td>
<td>• One to one counseling to reduce stigma</td>
</tr>
<tr>
<td>• Women are realizing now that if you give in to a man and don’t use FP, it can cost you your life.</td>
<td>• Some think FP will stop you from ever having children</td>
<td>• Sharing benefits of FP for the woman’s health</td>
</tr>
<tr>
<td>• Allows time for bonding between child and parents</td>
<td>• MILs, Grandmothers, Religious leaders often are not supportive of FP use</td>
<td></td>
</tr>
<tr>
<td>MOST COMMON RESPONSES: Health of mother and baby, economic stability</td>
<td>• People don’t want to hear about Limiting, only want to hear about SPACING</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Workload of FP staff can make it difficult for services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>MOST COMMON RESPONSES: Side effects, stock out, partners</td>
<td></td>
</tr>
<tr>
<td>IMMUNIZATION PROVIDERS</td>
<td>OICs</td>
<td></td>
</tr>
<tr>
<td>------------------------</td>
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</tr>
</tbody>
</table>
| • Helps to space children, helps you decide your own time for when to bore children  
• Having an interval can allow mother time to recover, and will make you better able to feed them  
• Spacing helps the mother to grow strong, and helps child to be healthy  
• “Population control is everyone’s concern”  
MOST COMMON: Health of mother and baby, Economic stability | • Afraid of husband being upset if FP is discussed  
• Husband can be upset  
• Lack of knowledge of FP services  
MOST COMMON: Partner Opposition | • Carry the patient directly to the referral site (tell them you will follow up with provider to ensure that they have been seen)  
• Many come for services because of health talks  
• Partner involvement |
| | • Spacing gives the mother time to recover and helps the child grow healthy.  
• If they have a number of children closely spaced, won’t be able to care for them well  
• Child spacing will reduce child death.  
• “Children who are spaced have good nutrition status and immune system is strong.”  
MOST COMMON: Health of mother and baby, economic stability | • There are often stock outs. We have to tell them to come back another day if we don’t have the method they want.  
• Men want to keep having children.  
• Stock outs for FP have been a problem. Depo is often not available.  
• Embarrassment about being seen at FP station  
• No community distribution of FP. In the interior, far from us, we are not reaching. We need to be doing more outreach outside our facility. We need to build capacity of GCHVs to do FP.  
• Some think if you go for FP you won’t be able to have children  
• Lack of knowledge of FP methods  
MOST COMMON: Stock outs, Male opposition, lack of knowledge of FP | • If we have supplies, they will come  
• Good counseling  
• FP methods are free of charge  
• FP available at community level |
**KEY BEHAVIOR #2:** Women who are referred from the vaccinator go to the family planning room for counseling.

**Primary Audience:** Mothers with children under 1 year who visit the vaccinator for EPI

**Current behaviors:**
- Women are not routinely referred from EPI to family planning.

<table>
<thead>
<tr>
<th>Perceived Benefits of Referral Follow Up</th>
<th>Barriers to Referral Follow Up</th>
<th>Enablers for Referral Follow Up</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clients</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| • “The vaccine prevents sickness, and FP also helps me not to get pregnant”  
  • It’s good.  
  • It would help us to know how to get FP.  
  • It would be fine. I want to protect myself.  | • Sometimes FP is only available on certain days  
• Time waiting in line, going from one line to the next | • Could have someone hold your place in the FP line.  
• Vaccinator should carry the person to the FP room.  
• Mention that the FP services are free. |
| **FP Providers**                        |                               |                                 |
| • “It’s a good idea. It will help to spread the message about family planning.”  
  • It is good to be sure the woman knows about new things. Men will only know she is here for vaccine.  
  • It’s good because they will already be at the facility and can get both services.  | • Staff shortages  | • One to one counseling to reduce stigma  
• Sharing benefits of FP for the woman’s health  
• The vaccinators will need job aids  
• Share message that FP gives a family a happy family, and prevents the man from going out  
• Information and resources need to be prepared for Vaccinators  
• Having two FP lines – one for EPI referred and one for regular clients |
| **Immunization Providers**              |                               |                                 |
| • “Information will flow better. We can all work together.”  
• It is good “you can take one stone and kill more birds.”  
• This is a good opportunity when they are already at the facility.  | • People might wonder why I am asking them about FP when they are at EPI  
• The facility is understaffed. (and some vaccinators are tasked with doing other activities)  
• Time for the vaccination is short. And sometimes there is a long line waiting.  | • EPI providers need training and resources to enable them to share FP messages  
• Give FP information, just don’t ask straight out whether they will use FP  
• If I referred them, they wouldn’t have to wait in line  
• “If I have the messages, it will be good for me” |
| OICs | • “Almost every mother brings her child for immunization. We can use this as an avenue for FP.”  
• It is good to find opportunities to remind women about FP. If they keep hearing the message, maybe they will decide to go.  
• Offers opportunities for women to be served with FP. | • Sometimes the mother or baby is sick and will not go  
• Sometimes embarrassed to be seen at family planning  
• It might be hard for a male vaccinator to share FP messages with mothers. | • Ensure that messages are short and clear, and in local dialect  
• Clear communication with the client  
• Keep reminding the woman about FP.  
• Follow woman to referral site, tell midwife to follow up.  
• Screening for FP at initial registration  
• People will usually go if they are referred. They just need encouragement.  
• Keep the message short and to the point. Use pictures.  
• Some patients don’t like their time wasted, so you have to do things in the shortest time possible.  
• “Keep telling the same message.” |