It's Got Promise!
Integration of Family Planning and Immunization Services

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Presentation Outline

1) Background and Rationale for Integration
2) FP Perspectives on Integration
3) Immunization Perspectives on Integration
4) Integration Models & Opportunities
5) Case Studies
   ▪ FHI 360 Rwanda
   ▪ MCHIP Liberia
6) Breakout Discussions in Small Groups
7) Concluding Remarks
Background and Rationale for Integration
The Postpartum Period

High levels of unmet need for family planning among women in the first year postpartum

Increased risks for mother and child

– Induced Abortion
– Maternal Death
– Miscarriage
– Preterm Birth
– Still Birth
– Low Birth Weight
– Newborn Death

Photo: Society for Family Health, Zambia
Why Integrate?

- Broad reach of immunization services
- Multiple and timely chances to reach PP women
- Acceptable to women and providers
- Potential for overall increased health impact

<table>
<thead>
<tr>
<th>Country</th>
<th>% women 0-12 months postpartum using Modern FP</th>
<th>% children receiving 3rd dose of DTP containing vaccine by 12 months of age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cambodia (2010)</td>
<td>84%</td>
<td>21%</td>
</tr>
<tr>
<td>Haiti (2005/2006)</td>
<td>48%</td>
<td>19%</td>
</tr>
<tr>
<td>Senegal (2010/2011)</td>
<td>10%</td>
<td>19%</td>
</tr>
<tr>
<td>Rwanda (2010)</td>
<td>96%</td>
<td>30%</td>
</tr>
<tr>
<td>Tanzania (2010)</td>
<td>86%</td>
<td>19%</td>
</tr>
</tbody>
</table>
Integration Opportunities & Models
Integration Opportunities: When and Where?

Opportunities for Integration During Routine Immunization Contacts:
- Routine EPI visits at a fixed health facility
- Mobile services?

Integration NOT recommended during Immunization Campaigns

Potential Opportunities for Integration During FP Contacts:
- FP visits at the health facility
- Mobile services
- Community-based FP visits (CHW/CBD)
FP & Immunization Integrated Service Delivery Models

**COMBINED SERVICE PROVISION**
Deliberately linked immunization and FP services offered on the same-day, at the same location

**SINGLE SERVICE PROVISION + REFERRAL**
Either immunization or FP service provided, along with education, screening or referrals for the other service, requiring follow-up at a different place or time

*Integrated service delivery NOT recommended during mass immunization campaigns.*

**Services may be provided by multi-purpose or dedicated providers.**

**Cross-cutting Components**
- Sufficient commodities available for both services
- Provider capacity building
- Conducive service delivery infrastructure
- Monitoring and supportive supervision
- Health promotion/demand generation for FP & immunization

*Service Delivery Sites*
Family Planning Perspectives on FP/Immunization Integration
HIPs for FP

- FP/Immunization integration identified as a **promising practice** on USAID’s High Impact Practices for FP list

- HIP brief is currently under development
HIP Map

High-Impact Practices (HIPs), when scaled up and institutionalized, will maximize investments in a comprehensive family planning strategy.

Use this interactive map to connect with other programs implementing HIPs and to learn from each other’s successes and challenges. Developed with support from the U.S. Agency for International Development (USAID) and the Knowledge for Health (K4Health) Project, the map includes any relevant family planning program, whether funded by USAID or other donors or governments.

View all programs on:

Community Health Workers | Family Planning and Immunization Integration | Mobile Outreach Services | Postabortion Family Planning
Immunization Perspectives on FP/Immunization Integration

Photo: Kelley Sams
Decade of Vaccines goals, 2011-2020

...as captured in Global Vaccine Action Plan endorsed by World Health Assembly, May 2012:

- Achieve a world free of poliomyelitis
- Meet global and regional elimination targets
- Meet vaccination coverage targets in every region, country and community
- Develop and introduce new and improved vaccines and technologies
- Exceed the Millennium Development Goal 4 target for reducing child mortality
Integration in Global Immunization Strategies

- One of 4 main aims
- “to integrate other critical health interventions with immunization”

- Global Vaccine Action Plan (2012-2020)
- One of 6 guiding principles
- “Integration: strong immunization systems, as part of broader health systems and closely coordinated with other primary health care delivery programmes, are essential for achieving immunization goals.”
Possible effects on immunization of integrating services with family planning

**Positive:**
- Secure support for EPI by using it as platform to serve another program
- By increasing convenience to caregivers through “one stop shopping” increase utilization of services and vaccination coverage

**Negative:**
- Deter mothers who accept EPI but not FP
- Create confusion that EPI is really FP and a masked attempt to sterilize women or children
Precedent: Experiences with Prolonged Negative Consequences

- **Cameroon** (early 1990s) – death threats to vaccinators; halted EPI 2-3 years
- **Philippines** (early 1990s) – Church involvement; halt in program, lingering effects
- **Madagascar** (2004/05) – MCH Weeks with FP and tetanus toxoid for women
- **Northern Nigeria** (2004-2006) – allegations that polio vaccine is sterilizing agent → massive, multi-country setback to Global Polio Eradication Initiative lasting for years; re-introduction of polio virus to countries as distant as Indonesia
Possible strategies for engaging immunization community

Reduce risks
- Design approaches that address hazards
- Actively measure effects on EPI

Show benefits
- Design approaches with win/win appeal
- Share data that demonstrate gains

Share experience
- Disseminate experience to date
- Engage country level immunization staff in both designing and sharing FP/Imm experiences
Case Studies:
Liberia & Rwanda
Case studies in Rwanda and Liberia: Background data on EPI and FP

<table>
<thead>
<tr>
<th>Country</th>
<th>Immunization DTP3 coverage (WHO/UNICEF estimates)</th>
<th>Family Planning (most recent DHS)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2010</td>
<td>2009</td>
</tr>
<tr>
<td>Liberia</td>
<td>47%</td>
<td>64%</td>
</tr>
<tr>
<td>Rwanda</td>
<td>97%</td>
<td>97%</td>
</tr>
</tbody>
</table>
Study Findings from Rwanda

Lisa Dulli¹, Fidèle Ngabo², Margaret Eichleay¹, Mark Weaver³, Steve Sortijas¹, and Théophile Nsengiyumva¹

In collaboration with the Rwanda Ministry of Health

1. FHI 360
2. Rwanda Ministry of Health
3. University of North Carolina
Study Objectives

1. To evaluate the effectiveness of the intervention
2. To examine the relationships between Health Belief Model perceptions and contraceptive use
3. To assess the feasibility and acceptability
4. To estimate costs to inform scale-up

Key Intervention Messages:

- Healthy timing and spacing of pregnancy
- Lactational amenorrhea method (LAM)
- Safe and effective FP methods for postpartum women
- Return to fertility during the postpartum period
Conceptual Model of the Intervention

**Intervention**
- Group education
- Brochure
- Pregnancy risk screening
- Referral to same-day FP services
- Quarterly supportive supervision

**Health Belief Model Concepts**
- ↑ Perceived susceptibility to an unplanned pregnancy
- ↑ Perceived severity of an unplanned pregnancy
- ↑ Perceived benefits of FP
- ↓ Perceived barriers to FP

**Modifying Factors**
- Age
- Education
- Relationship status
- Parity
- Partner approval of FP

**Contraceptive Use**
Job Aid for Vaccinators

Determine A Mother’s Need for Family Planning

- Have your menses returned?
  - Yes: You are at risk for pregnancy now, even if you are fully breastfeeding.
  - No: Are you feeding your baby any other foods or liquids besides breastmilk?
    - Yes: You are at risk for pregnancy now, even though your menses have not returned.
    - No: Is your baby more than 6 months old?
      - Yes: You are at risk for pregnancy now even if you are fully breastfeeding and your menses have not returned.
      - No: Your risk of pregnancy now is low—because you are naturally protected from pregnancy by a process known as the lactational amenorrhea method (LAM).
- Your risk for pregnancy will increase soon. See reverse.

Go for Family Planning when any ONE of these things occur:

1. Your menstrual bleeding returns.
2. You feed your baby other liquids or foods besides breastmilk.
3. Your baby is 6 months old.

Why do you need another method?
When one of these conditions occurs, it is a sign that your fertility has returned. The LAM method will no longer be working. To prevent having another baby too soon, you should use another family planning method.

Why is birth spacing important?
It is Healthy! Women who delay another pregnancy for at least 2 years after giving birth are healthier and have healthier babies.

Women who delay another pregnancy for at least 2 years after giving birth are healthier and have healthier babies.
Methods

• Design
  – Cluster randomized, 2-group, separate sample, pre/post test design

• Sample
  – 14 Health facilities randomly selected
    • Baseline sample: 806 clients, 63 providers
    • Mid-course: 100 clients
    • Outcome: 848 clients, 55 providers

• Data Collection: 3 waves
  – Baseline: April to June 2010
  – Mid-course process: November to December 2010
  – Outcome: December 2011 to February 2012
Sample Characteristics at Follow-up

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Intervention (n=426)</th>
<th>Control (n=422)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean age (years)</td>
<td>28.5</td>
<td>27.4</td>
</tr>
<tr>
<td>Mean # of months postpartum</td>
<td>9.4</td>
<td>9.4</td>
</tr>
<tr>
<td>Mean # of children</td>
<td>2.7</td>
<td>2.4</td>
</tr>
<tr>
<td>Married/partnered, living together (%)</td>
<td>93.4</td>
<td>93.8</td>
</tr>
<tr>
<td>Partner approves of family planning (%)</td>
<td>89.1</td>
<td>89.7</td>
</tr>
<tr>
<td>Highest level schooling attended (%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>14.8</td>
<td>18.5</td>
</tr>
<tr>
<td>Primary</td>
<td>73.7</td>
<td>67.5</td>
</tr>
<tr>
<td>Secondary or higher</td>
<td>11.5</td>
<td>14.0</td>
</tr>
<tr>
<td>Religion (%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Catholic</td>
<td>46.9</td>
<td>36.0</td>
</tr>
<tr>
<td>Protestant</td>
<td>48.3</td>
<td>57.8</td>
</tr>
<tr>
<td>Other</td>
<td>4.7</td>
<td>6.2</td>
</tr>
</tbody>
</table>
Current Contraceptive Use, by group and time

- **Control**: Baseline 58, Follow-up 51
- **Intervention**: Baseline 49, Follow-up 57

**Difference**
- +8% Intervention
- -7% Control

15% Difference *

*p<0.05. Model adjusts for age, parity, education, religion and partner approval of FP and accounts for clustering by facility and facility*time
Measles Immunizations Not Affected by Intervention

Total number of measles immunizations, by month

# Immunizations

Month-Year

Intervention  Control
### Health Beliefs Associated with Method Use

<table>
<thead>
<tr>
<th>Health Belief Model Concept</th>
<th>Regression Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perceived susceptibility to unplanned pregnancy</td>
<td>0.24*</td>
</tr>
<tr>
<td>Perceived severity of unplanned pregnancy</td>
<td>0.04*</td>
</tr>
<tr>
<td>Perceived benefits of FP</td>
<td>0.06*</td>
</tr>
<tr>
<td>Perceived barriers to receiving FP service</td>
<td>-0.14</td>
</tr>
</tbody>
</table>

*statistically significant at p=0.05
n=1626 using both baseline and follow-up. Each variable assessed in a separate model. Accounts for clustering by facility and facility*time.
Change in Health Beliefs Over Time, by Group

<table>
<thead>
<tr>
<th>Susceptibility</th>
<th>Average Score</th>
<th>Baseline</th>
<th>Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>C</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>I</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Statistically significant difference of differences at p=0.05.

C=control group; I=intervention group
Lessons Learned from Supervisions

• Engaging both central-level and district-level MOH personnel and the FP technical working group were important to successful implementation

• Provider attrition was a factor in some facilities

• Intervention delivery required reinforcement
  – Content of messages needed to be reinforced in some facilities
  – Not all messages always delivered
  – Individual consultations with woman didn’t always happen as planned
  – Untrained providers didn’t deliver messages correctly
Conclusions

• Intervention successfully increased FP use among PP women
• Immunization service attendance was unaffected by the introduction of FP services during immunization service
• Health Belief Model perceptions associated with FP use, but intervention only led to increase in perceived susceptibility
• Meeting report available [here](#)
MCHIP Experience in Liberia

Source: MCHIP
MCHIP FP/Immunization Integration Activities in Liberia

The approach:

- A “Linked Referral” Model: Use of routine immunization contacts at fixed facilities for vaccinators to provide one-on-one immunization and FP messages and referrals for same-day FP services
- Piloted at 10 health facilities in Bong and Lofa counties -- in each county, one hospital outpatient department and four clinics
- Collaboration between MoHSW + MCHIP
The Approach (Continued…)

- ALL women who bring infants for vaccination receive messages and referrals for FP
- Job aid to guide vaccinator communication
- Key messages designed strategically to address barriers and enablers identified through formative assessment
- Posters located throughout clinics reinforce FP messages shared by the vaccinator
- Clients offered a leaflet to take home which describes benefits of FP

Source: MCHIP
Status of Activities

Advocacy & Stakeholder Meetings → Formative Assessment → Message Development & Materials Design → Field Testing of Materials

Conduct Mid-term Process Assessment → Implementation + Ongoing Monitoring and Supportive Supervision → Train Providers → Finalize and Print Materials

Assessment of findings, reflection on process with stakeholders → Adaptation & Scale-up

Source: MCHIP
Preliminary findings from first round of supportive supervision: *Lofa & Bong Counties (March-June 2012)*

<table>
<thead>
<tr>
<th>County</th>
<th># of mothers who accepted referral to FP provider on same day</th>
<th># of mothers who went to FP provider from EPI</th>
<th># of referred mothers who accepted FP method on the same day (including LAM)</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Lofa County</em></td>
<td>168</td>
<td>138</td>
<td>136</td>
</tr>
<tr>
<td><em>Bong County</em></td>
<td>375</td>
<td>315</td>
<td>287</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>543</strong></td>
<td><strong>483</strong></td>
<td><strong>423</strong></td>
</tr>
</tbody>
</table>
Key Challenges Identified & Lessons Learned To-Date

- Client privacy
- Provider workload & wait time for clients
- Commodity stock-outs
- Social norms around family planning use during the postpartum period
Next Steps

- Continue monthly supportive supervision and routine data collection
- Pilot phase to continue through November 2012
- Endline assessment in Nov/Dec 2012
- Final review of data and end-of-pilot stakeholders meeting
- Work with MoHSW to make necessary adjustments and potentially plan for scale-up
Small Group Discussion
Small Group Discussion Questions

1) What is currently happening in the countries where you work in terms of FP & Immunization integration? How are services linked?

2) What factors need to be in place for integration to be successful for both services? What contextual factors can promote and inhibit success?

3) What mechanisms can be put in place to promote sustainability of integrated approaches?
Concluding Remarks and Lessons Learned

1) Contextual issues are key to understanding experiences with integrated service delivery

2) Integrate family planning services into routine immunization services rather than mass campaigns

3) Keep messages simple and reinforce provider communication

4) Ensure that voluntary and informed choice is respected

5) Ensure sufficient political and community support

6) Ensure that monitoring of immunization outcomes is built into the program from the start!
Thank You!

Photo: MCHIP