A Shot In The Arm?
Integration of Family Planning and Immunization Services

Mini U
8 October 2010
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## Jeopardy!

<table>
<thead>
<tr>
<th></th>
<th>Family Planning</th>
<th>Immunization</th>
<th>Family Planning &amp; Immunization Integration</th>
<th>Celebrities and Public Health</th>
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Agenda

• Overview of Family Planning and Immunization Integration
  – Rationale
  – Programmatic Approaches
  – Existing Evidence
  – Activity

• FHI’s Research Results

• PSI’s Dedicated Provider Program
A Special Group: Postpartum women

Unmet need for family planning concentrated among postpartum women

Photo: USAID
What’s Healthy Timing and Spacing Got to Do with It?

Serious health consequences for poor pregnancy spacing!

Increased risk for:

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

Photo: Society for Family Health, Zambia
So How Do We Reach Postpartum Women with Family Planning?
Postpartum Family Planning in an Integrated Context

**FAMILY PLANNING**
- Antenatal FP messages
- Immediate Post Partum Family Planning 0-48 hours
- Postpartum FP 6 wk visit
- Extended postpartum FP 6 weeks to 12 months

**MATERNAL HEALTH**
- Birth Preparedness
- ANC
- Delivery care
- Immediate postpartum 6-12 hrs
- Immediate postpartum 3-6 days
- 6 weeks postpartum

**NEONATAL & INFANT HEALTH**
- TT Immunization Immediate Neonatal care 6-12 hrs
- Later postnatal 3-6 days
- Immunization EBF 6wks
- Immunization EBF 10 wks
- Immunization EBF 14 wks
- Infant feeding 6 mo
- Immunization-Measles 9 mo

**HIV**
- PMTCT

**Opportunity:** Reach women during child immunization contacts

Source: AccessFP, 2008
What’s the Rationale?

Why Integrate?

• Broad reach of immunization Services
• Multiple and timely opportunities to reach postpartum women
• Increased overall health impact

Photo: FHI, Zambia
Mutual Benefit:
Global Immunization Vision and Strategy (GIVS)


- to immunize more people against more diseases;
- to introduce a range of newly available vaccines and technologies;
- to integrate other critical health interventions with immunization;
- And to manage vaccination programmes within the context of global interdependence.  (WHO, 2009)
How Might Integration Work?
Models for Integration: Type of Service Provided

Increasing Payoff

Light Input
- Information
- Referral

Moderate
- Risk Assessment + Referral
- Counseling + Referral

Heavy Input
- Counseling + provision 1-2 methods
- Counseling + method provision

Decreasing difficulty of integrated / linked effort
Models for Integration: When and Where to do it?

Categories of Immunization Strategies

Routine

- Fixed & outreach, EPI only
- Mobile clinics

Campaign

- Supplementary Immunization Activities + other interventions
- Periodic campaigns to boost routine coverage
- Single antigen campaigns

Source: IMMUNIZATIONbasics and WHO, 2009
What Research Exists to Support Integration?
Limited Evidence Supports Integration

- **Togo study:** Adding FP message during immunization visits associated with a 54% increase in the average number of new family planning acceptors per month (Huntington & Aplogan, 1994)

- **Cochrane Review:** “Few studies of good quality, large and with rigorous study design have been carried out to investigate strategies to promote service integration in low and middle income countries.” (Briggs & Garner, 2008)
Group Activity

Pros and Cons of Integration

Get into groups of four:

**Two members argue:** Why might integration of FP and Immunization a good idea? How might it work best?

**Two members argue:** Why might integration be a bad idea? What are the biggest barriers?
FHI’s Research Results
Models for Integration: Type of Service Provided

Increasing Payoff

Light Input
- FHI research
  - Information
  - Referral
  - Risk Assessment + Referral

Moderate
- Counseling + provision
  - Counseling + Referral
  - Counseling + Referral

Heavy input
- PSI Programs
  - Counseling + provision 1-2 methods
  - Counseling + method provision

Decreasing difficulty of integrated / linked effort
Why is unmet need high among postpartum women?

1) Confusion about return to fertility following delivery.

‘.. because there are some who do not have information on when to start FP, so I feel we should help such people to have these services.’

*Immunization provider in Central Province, Zambia*

2) May not fully understand health consequences of births spaced too closely together.
Linking with immunization

• Fixed health facilities with both an immunization and FP clinic.

• Immunization providers assess a mother’s risk of pregnancy at birth, 6, 10, and 14 weeks based on LAM criteria.

• Providers are given a job aid to guide their risk assessment, referrals, and related messages.

• Pregnancy Checklists in FP clinics.
Considerations developing the job aid

- Limited time of provider.
- Did not want our referral message to conflict with any LAM.
- Wanted to specifically address some of the misconceptions we thought were driving high unmet need.
- Wanted the referral to be individualized.

Photo: FHI, Zambia
Determine A Mother’s Need for Family Planning

Start here!

<table>
<thead>
<tr>
<th>Have your menses returned?</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Are you feeding your baby any other foods or liquids besides breastmilk?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Is your baby more than 6 months old?</td>
<td>Yes</td>
<td>No</td>
</tr>
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</table>

- 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

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

To space pregnancies you need to use a FP method. Refer mother to FP clinic

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.
Ghana

10 facilities

Control
5 facilities

Intervention
5 facilities

Zambia

10 facilities

Control
5 facilities

Intervention
5 facilities

randomized
• Interviewed women 9-12 months postpartum child welfare clinics on immunization days.
• Completed data collection at pre and post-test—approximately one year interval.
• Assessed
  - Changes in knowledge related to LAM
  - Changes in referrals made by providers
  - Changes in FP method use among women 9-12 months pp
  - Changes in non-condom, modern method use
Results: No Change in Knowledge

There were 4 indicators of knowledge assessed

1. Knows woman can get pregnant while breastfeeding
2. Knows woman can get pregnant before return of menses
3. Knows 3 LAM criteria
4. Knows 2 LAM criteria

No indication that knowledge improved on any of the 4 indicators.
Results: No Change in Referrals

Ghana

- Control: 35
- Intervention: 34

Zambia

- Control: 32
- Intervention: 26

Groups: pre (yellow), post (green)
Results: Use of Any FP

Ghana

<table>
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<th>control</th>
<th>intervention</th>
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<td>n=833</td>
<td>n=797</td>
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<tr>
<td>30</td>
<td>29</td>
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Zambia

<table>
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<tr>
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<tr>
<td>n=2659</td>
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</tr>
<tr>
<td>50</td>
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<td>n=1506</td>
<td>n=962</td>
</tr>
<tr>
<td>57</td>
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Results: Use of Non-Condum, Modern FP

Ghana

Zambia

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<tr>
<td>Pre</td>
<td>21</td>
<td>22</td>
<td>32</td>
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<tr>
<td>Post</td>
<td>22</td>
<td>24</td>
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n=833  n=797  n=646  n=486  n=2659  n=1092  n=1506  n=962
Qualitative Findings

- All providers indicated using the tool, and they used the tool with most of their clients.
- Providers in Zambia reported using the job aid in group talks.
- Most providers liked the tool, but some recommended making it poster size.
- In Zambia, the tool conflicted with current training.

Photo: FHI, Zambia
Qualitative Results

Providers overwhelming reported being motivated to use the job-aid and felt providing this kind of information was a part of their job.

“Because here in this town, they give birth to plenty of children, but they are not able to look after them and the children lack education and other things. So, when I see the women like that, I educate them and urge them to go for FP and get what is best for them. When I get the opportunity to talk to such clients, I’m very happy.”

Immunization Provider in Ghana
Recommendations from Dissemination Meetings

Recommendations from dissemination meetings:

- A standard 6-week referral message should be given instead of using LAM criteria to make referrals (Zambia specific);
- Demand creation activities should be given in group-settings (Zambia specific);
- The job aid should be modified and made into posters;
- A question should be added to the Under-5 intake card regarding whether a referral was made.
- Referrals to FP should be documented.
Conclusion: Integration Isn’t Easy!

• Providers did use the job aid, but were inconsistent in their usage of the tool, especially when clinic days were busy.

• When they did use it consistently, they used as part of group health talks.

• To get consistent use of the tool will likely require embedding this process deeper into the management structure of child welfare/health clinics.

• The messages given to women should be further tested and refined.
PSI’s Dedicated Provider Program
Programmatic Experiences

Online Map

Live soon! www.fhi.org/progress

Send your examples to us!

Send to: krademacher@fhi.org
With a new hungry mouth to feed,
Many postpartum women have an unmet need
For family planning—And it seems likely true
That integration with immunization is good to pursue.
Because when moms bring their kids in for shots
We can reach them right on the spot
With information, referrals and services too
But more evidence is needed on the what, the when and the who!