

Integration of Family Planning and Immunization Services: Global Summary of Current Programmatic Experiences and Research Projects

In 2010, FHI in collaboration with the Maternal and Child Health Integrated Program (MCHIP) sought information from agencies around the world about programmatic efforts to integrate family planning and immunization services, and about research projects evaluating various approaches to linking these two services. The summaries of this effort are divided here into: a) programmatic experiences and b) research projects. Some programmatic experiences have a strong evaluation component; however, unless an initiative was designed and implemented exclusively for research purposes, the entry is categorized as a programmatic experience.

These listings are a first compilation. We hope the accompanying map, [available here](#), will spark additional input from projects around the world to help expand the information available on efforts to integrate family planning and immunization services. Please submit information about work being done, or your comments and questions, to progressinfo@fhi.org. For more information about the rationale and evidence regarding this approach to integration, please visit: http://fhi.org/en/Research/Projects/Progress/GTL/FP_Immunization.htm. This work is made possible by the U.S. Agency for International Development (USAID). The contents are the responsibility of FHI and MCHIP and do not necessarily reflect the views of USAID or the U.S. Government. The information was last updated November 2010.

A. Integration of Family Planning and Immunization Services: Programmatic Experiences

Country	Project	Description	Contact(s)
Burundi	Family Planning Integrated through Childhood Illness Program	In Burundi, family planning messages are delivered to mothers through integrated management of childhood illness (IMCI) programs, which include child immunization services at both the community and clinical levels. In addition, outreach activities to increase postnatal care include the promotion of immunization services. In health facilities, immunization providers refer clients to family planning services located in the same facility. At the community level, during maternal health outreach activities which include family planning provision, immunizations services are promoted and sometimes offered. An evaluation of Burundi's approach to integration is currently underway. www.esdproj.org/site/DocServer/ESD_Legacy_Burundi_Country_Brief_6_24_10.pdf?docID=3563	Tanou Diallo at TDiallo@esdproj.org

Indonesia	The Posyandu, An Integrated Health Approach	In recent years, the Indonesia Ministry of Health has begun to revitalize the integrated health post known as Posyandu. Originating in the 1980s, Posyandu is managed by volunteers who are married women and members of the Family Welfare Movement. Posyandu activities are organized around the country's five basic health services: nutrition, maternal and child health, family planning, immunization, and prevention of diarrhea. In the 1990s, research found that work done by health volunteers and an active women's organization at the village level helped lower fertility rates and improve child survival in Indonesia. The degree to which services are integrated (including family planning and child immunization) varies within the country.	
Kenya	Strengthening Family Planning as Part of Postnatal Services	From 2006 to 2008, ACCESS-FP and the Population Council developed and introduced a strengthened postnatal care package in one hospital and four health centers in one district in Eastern Province, Kenya. The package included relevant maternal and newborn health care services in the postnatal period (including immunization) with a specific focus on postpartum family planning. It encouraged women to make postpartum visits within 48 hours, 7-14 days, six weeks, and at 4-6 months. An evaluation found significantly more women accepted a family planning method during the six weeks visit, and more were likely to use family planning when they resumed sexual activity. Also, significantly fewer pregnancies were reported at six months postpartum. Women were willing to come for the increased number of postnatal checkups, to bring their infants, and were more likely to recommend the services to a friend. The MOH Division of Reproductive Health is currently reviewing the comprehensive package of postnatal care including postpartum family planning, and considering a nationwide scale-up of the services. For more information: www.popcouncil.org/pdfs/frontiers/FR_FinalReports/Kenya_PPFP.pdf	Charlotte Warren at cwarren@popcouncil.org or Holly Blanchard at hblanchard@jhpiego.net
Madagascar	Maternal Child Health Weeks Include Family Planning	Since 2002, the Madagascar Ministry of Health and Family Planning (MOHFP) and partners have sought to improve the integration of family planning with other health services, including maternal health and vaccination. A Maternal Health Card was developed and training curricula updated to include tetanus vaccination as well as postpartum messages on exclusive breastfeeding and family planning. Facilities were encouraged to offer family planning with other services like vaccination, and have such services available on the same day. Instructions were sent to immunization providers to provide messages and referrals on family planning to mothers during child vaccination sessions. Since 2006, Maternal Child Health Weeks (MCHW) have been conducted nationwide at fixed and outreach sites bi-annually (April and October). Services offered	Rabe Jaures at rabejaures@yahoo.fr or Lora Shimp at lora_shimp@jsi.com

		include immunization for eligible children, vitamin A distribution, presumptive parasite treatment, family planning, prenatal care, malaria prevention, and HIV counseling and testing. During these weeks, health staff is expected to provide counseling on family planning and available methods to women of reproductive age, including those women bringing their child for vaccination. Community mobilizers also provide messages on family planning. Not all facilities have been able to offer these services during the MCHW, however, and tracking systems need to be strengthened.	
Malawi	Health Surveillance Assistants Offer Integrated Services	Health Surveillance Assistants (HSAs), the lowest-level paid cadre in Malawi's public health system, provide primary health care services including immunizations. In some districts, HSAs also provide community-based family planning services; Management Sciences for Health (MSH) has provided training for over 1200 HSAs in administration of the popular injectable contraceptive, DMPA. HSAs work in all 28 districts in Malawi through mobile clinics or in other outreach settings, and have provided vaccinations to children and tetanus toxoid shots to pregnant women routinely since the 1980s. However, not all HSAs are able to administer injections properly and require further supervision and training until they are competent. In November 2009, HSAs began providing DMPA in nine pilot districts, following a feasibility study by the Health Policy Initiative.	Mexon Nyirongo at mnyirongo@mw.msh.org
Mali	IUDs and Implants Available During Immunization Clinic Event Days	Midwives from PSI/Mali are working with Ministry of Health public sector clinics and franchised private sector clinics to provide family planning information, counseling, screening, and long-acting reversible contraception during selected immunization event days. In group information sessions, midwives with assistance from clinic staff discuss a range of methods with clients, emphasizing IUDs and implants. Women can then receive individual counseling, and those who meet medical eligibility criteria can receive an IUD or implant at a subsidized price on the same day and at the same clinic. PSI has trained public sector midwives to ensure that women receive high-quality follow-up care and removal services. To meet demand for IUDs and implants, a dedicated long-acting method insertion midwife is needed; typically, public and private clinics do not have such staff available. In 2009, about one of every five women who received information about family planning during immunization visits chose to have an IUD or implant inserted that day. For more information, click on "Reaching Women in Need of Family Planning on Immunization Days" (04.01.10) at: www.psi.org/category/publication-types/case-study	Boureima Maiga at bmaiga@psimali.org or Maxine Eber at meber@psi.org

<p>Nigeria</p>	<p>Implementing Postpartum Systematic Screening</p>	<p>Systematic screening, a USAID best practice developed by Population Council, is a simple strategy that allows health care providers to address multiple needs of a client during a single visit. In this application, ACCESS-FP developed a systematic screening checklist with particular sensitivity to postpartum women; due to their status as amenorrheic and/or breastfeeding, they may not perceive themselves to be at risk for pregnancy and therefore may not identify themselves as needing family planning services.</p> <p>In Nigeria, the ACCESS program (now MCHIP) has worked in selected local government areas of Kano and Zamfara states since 2006 with the main objective of increasing use of emergency obstetric, postpartum, and newborn care services, including family planning. This program is based on the household-to-hospital continuum of care approach for pregnant women, mothers and newborns. As part of the effort to address unmet need for family planning, MCHIP/Nigeria and ACCESS-FP, in collaboration with Ministry of Health, piloted the postpartum systematic screening strategy in 2009.</p> <p>Following the implementation of postpartum systematic screening, clients attending immunization, newborn care and pediatric/sick baby services were more likely to be screened for family planning, postnatal care and immunization services. Also, the majority of trained providers knew at least three modern family planning methods which are suitable for postpartum women and all of them were providing family planning counseling to pregnant or postpartum women. However, while family planning referrals increased dramatically, few women said they would go for referrals on the same day. The results of this intervention demonstrated the feasibility and practicality of this integrated approach but more needs to be done to address referral and potential scale-up issues. For more information: http://www.k4health.org/sites/default/files/ACCESS-FP%20Nigeria%20PPSS%20Report.pdf</p>	<p>Elaine Charurat at echarurat@jhpiego.net</p>
<p>Pakistan</p>	<p>Lady Health Workers' Programme Provides Integrated Services</p>	<p>The National Programme for Family Planning & Primary Health Care program has 100,000 Lady Health Workers (LHW) working at the community level. Each LHW is responsible for 100 households and/or a population of 1,000 in her residential area. The LHW network is linked to the respective area health facility, and each LHW is directly supervised by a Lady Health Supervisor. LHWs provide contraceptives, as well as other supplies such as antibiotics and antimalarials. LHWs have been involved in polio, maternal and neonatal tetanus</p>	<p>Azhar Abid Raza at aaraza@unicef.org</p>

		elimination (MNTe), and measles campaigns after training for provision of intramuscular injection. Since 2009, LHWs have begun formal training for Expanded Program on Immunization (EPI) service delivery. LHWs will be responsible for routine vaccinations for their catchment population. As of early 2010, 30,000 LHWs had completed training and begun EPI service delivery.	
Philippines	Integration of Family Planning with Expanded Program on Immunization	In 2009, the HealthGov project in the Philippines integrated family planning referrals into the country's Expanded Program on Immunization (EPI) on a pilot basis. HealthGov is a five-year USAID-funded project (2006-2011) designed to empower local government units in the country to strengthen health systems management, financing, and service delivery, including family planning. In sites where the intervention has been implemented, mothers received a simple referral message in an effort to help them learn more about family planning methods. They were also encouraged to seek same-day family planning services. An evaluation of the pilot implementation of the intervention is underway.	Alex Herrin at anherrin@ph-healthgov.rti.org or Presha Rajbhandari at prajbhandari@jhpiego.net
Rwanda	Integrating Messages on Vaccination and Birth Spacing	In 2007, USAID/BASICS and the Rwandan Ministry of Health developed and pre-tested job aids for service providers that were designed to improve communication with mothers during vaccination encounters. The messages included in the job aids promoted improved awareness of birth spacing and increased uptake of family planning services, from 21% to 36% according to a small pre/post survey. The project also increased awareness about the importance of preventing mother-to-child transmission (PMTCT) of HIV. This model is being incorporated into other Management Sciences for Health (MSH) projects in Africa; MSH was a partner in the BASICS project, which ended in 2009. More information: www.basics.org/documents/pdf/RwandaECMessageTesting.pdf	
Uganda	Integration of Primary Health Care through Village Health Workers	In Uganda, the Ministry of Health (MOH) and the USAID/Uganda-funded STRIDES project (2009-2014) are working to provide integrated services in primary health care, including service provision by village health workers. STRIDES, a project of Management Sciences for Health, works with the MOH, local districts and communities, local private organizations, and individual private providers in approximately 15 districts to increase contraceptive use, promote healthy timing and spacing of pregnancies, decrease maternal and child morbidity and mortality, and create scalable nationwide interventions. The MOH and STRIDES activities vary by district, but some include integrating information and referrals for family planning with early child immunization services. For example, many of the districts conduct what are called "Child Days	Henry Kakande at hkakande@strides.ug

		Plus,” which focus on providing outreach and integrated services. These include immunizations, Vitamin A supplementation, de-worming, family planning and antenatal care. More information on the STRIDES project can be found at: http://www.msh.org/global-presence/sub-saharan-africa/uganda.cfm	
Zambia	Expanding Access to IUDs and Implants through MCH Services	Society for Family Health, the PSI Affiliate in Zambia, implements a program to expand access to IUDs and implants. This effort focuses on demand creation and service provision activities at selected high-volume government clinics. Providers give sensitization talks with women waiting for a variety of health services including immunizations for their children. During these sessions, providers use an educational flipchart which was developed based on feedback from Zambian clients who had used IUDs and implants. Women can then receive individual counseling, and those who meet medical eligibility criteria can receive an IUD or implant at a subsidized price on the same day at the same clinic. Assessments showed that about one of every three women who was reached with these services became a satisfied user. More than half of those served by the program were not previously using any family planning method. More information at: www.psi.org/zambia	Josselyn Neukom at josselyn@sfh.org.zm

B. Integration of Family Planning and Immunization Services: Research Projects

Country	Project	Description	Contact(s)
Ghana	Immunization Providers Deliver Message about Family Planning	In a recent operations research project conducted by the Ghanaian Ministry of Health and FHI, providers at immunization clinics in 5 districts in Ghana’s Central Region used a simple job aid to advise postpartum mothers on when their fertility was likely to return; to educate them on the benefits of healthy timing and spacing of pregnancy (HTSP); and to refer them to family planning services if they wanted to avoid pregnancy. Findings indicated that the intervention did not lead to an increase in family planning method use among the mothers at 9 to 12 months postpartum at the intervention sites compared to control sites. Similar results were observed in Zambia. At a post-study dissemination meeting, stakeholders indicated continued interest in the approach. More information: http://fhi.org/en/Research/Projects/Progress/GTL/FP_Immunization.htm	Gwyneth Vance at gvance@fhi.org or Kate Rademacher at krademacher@fhi.org

India	Assessment of the Feasibility of Integration	<p>In 2010, FHI/PROGRESS began an assessment in collaboration with CARE/India of the feasibility of integrating family planning services into the childhood immunization program of the National Rural Health Mission in India. The study seeks to: assess how women attending immunization services evaluate their pregnancy risk, determine what family planning messages would be appropriate for these women, identify opportunities to best integrate family planning services at each service delivery level, and describe the steps needed to obtain immunization provider and manager support for integrated services. Results are expected in 2011. More information: http://fhi.org/en/Research/Projects/Progress/GTL/FP_Immunization.htm</p>	<p>Mackenzie Green at mgreen@fhi.org or Abhijit Prabhughate at aprabhughate@fhiindia.org</p>
Rwanda	Generating Demand for Family Planning	<p>In 2010, the Rwandan Ministry of Health, working with FHI, launched a research project to evaluate the effectiveness of integrating family planning messages into immunization services, coupled with same-day delivery of family planning services. Providers at immunization clinics use a screening tool to advise postpartum mothers on when their fertility is likely to return; to educate them on the benefits of healthy timing and spacing of pregnancy (HTSP); and to refer them to family planning services if they wanted to avoid pregnancy. Women are also provided information on family planning during group education sessions while they are waiting for services, and they receive brochures to take home with them. The key outcome of interest is the prevalence family planning method use among the mothers at six to 12 months postpartum at the intervention sites compared to control sites. Results will be available in 2011.</p>	<p>Lisa Dulli at ldulli@fhi.org or progressinfo@fhi.org</p>
Zambia	Immunization Providers Delivery Message about Family Planning	<p>In a recent operations research project conducted by the Zambian Ministry of Health and FHI, providers at immunization clinics in Kabwe and Chibombo districts in Central Province used a simple job aid to advise postpartum mothers on when their fertility was likely to return; to educate them on the benefits of healthy timing and spacing of pregnancy (HTSP); and to refer them to family planning services if they wanted to avoid pregnancy. Although a small increase in family planning method use among the mothers at 9 to 12 months postpartum was observed at the intervention sites compared to control sites, these results were not statistically significant. Similar results were observed in Ghana. At a post-study dissemination meeting, stakeholders indicated continued interest in the approach and identified a need to refine the way the job aid and other aspects of the approach are designed and implemented. More information: http://fhi.org/en/Research/Projects/Progress/GTL/FP_Immunization.htm</p>	<p>Gwyneth Vance at gvance@fhi.org or Kate Rademacher at krademacher@fhi.org</p>

