From Common Sense to Common Ground: Integration of Family Planning and Immunization

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Overview

1. Rationale for integration
2. Global map of efforts to integrate FP & Immunization
3. Assessment in India and lessons learned
Why Integrate FP and Immunization?

The Rationale:

- High unmet need among postpartum women
- Broad reach of child immunization services
- Multiple and timely opportunities to have contact with mothers
- Increased overall health impact

Photo: Society for Family Health/PSI, Zambia
But Where is FP-Immunization Integration Occurring?

Objectives of Mapping Project:

- Identify efforts to integrate FP and Immunization around the world
- Present examples in an interactive online map in order to:
  - Increase knowledge and awareness
  - Promote dialogue within and between countries
  - Provide lessons and resources that will inform service delivery and help set research agenda

Methods:

- Solicited feedback from >70 program managers, technical experts, donors, and researchers from FP and immunization communities through an online survey
- Follow-up interviews were conducted by phone or by e-mail
- Map is a “living” resource with ongoing contributions
Results: Experiences with FP-Immunization Integration

Experiences highlighted in a new online map:

N=21:
- Bangladesh
- Burundi
- Ethiopia
- Ghana
- India
- Indonesia
- Kenya
- Liberia
- Madagascar
- Malawi
- Mali
- Nigeria
- Pakistan
- Philippines
- Rwanda
- Uganda
- Zambia

To view, go to www.fhi360.org/progress
What’s Next?

- Collaboration with USAID and CAs to create similar maps for all the High Impact Practices (HIPs).
- Goal is to promote networking and south-to-south collaboration.
- One combined map will be created and posted on K4Health.
- Maps are currently being developed for the following topics:
  - FP-Immunization Integration
  - Post abortion care
  - Mobile services
  - Provision of FP by community health workers (CHWs)

Please take the survey: http://www.k4health.org/hips/map-survey
Snapshot: FHI 360 Assessment in India

Assessment of quality of integration of family planning services into immunization programs in India
Assessment Background

- Cross-sectional & descriptive
- Lohardaga district, Jharkhand
  - 3 blocks, 17 Immunization sites
- Semi-structured interviews
  - 125 mothers seeking immunization services for their babies age 0-12m
  - 30 immunization service providers
  - 17 immunization service managers
  - 7 block- & district-level health service managers
- Service Delivery Point (SDP) assessment
Current Integration of FP services into Immunization: Providers’ Perspective

- Immuz and FP services offered on the same day
- Immuz providers are trained on FP and responsible for community-level FP services
- 93% ever discuss PP pregnancy risk
- 97% ever discuss family planning
- Discussions are both one-on-one and in groups
  - Predominantly group discussions
- Half of providers discuss topics either before or after the baby has been immunized
  - 17% during actual immunization
FP Counseling and Messages During Immunization Services: Providers’ Perspective

Messages:

- If the baby is > 6 months, mother can get pregnant
- A mother cannot get pregnant while breastfeeding
- Recommend gap of 3 years between children
- Methods discussed reflect available method mix in rural Jharkhand
- Providers recommend methods based on number of children a woman has already
Provision of FP methods: Providers & SDP Assessment

* IUDs only include providers eligible to insert IUDS (n=17)
Current integration of FP services into Immunization: Mothers’ Perspectives

- Discussed how soon after delivery a woman can get pregnant
- Discussed importance of spacing pregnancies
- Discussed FP methods
- Discussed LAM as a FP method
- Offered/given a FP method
- Told where to get FP methods

Percent of mothers at Immunization services
Challenges to Integration: Lessons from Jharkhand

Health system:
- Inadequate infrastructure
- Supply-chain problems for FP
- Weak record keeping and reporting for both services

Human resources:
- No specific policy
- Insufficient training on integration
- Provider myths & misperceptions
- Gaps in staffing
- Insufficient management of frontline staff
- Lack of IEC materials

Community-level:
- Misunderstandings of pregnancy risk
- Misperceptions among women, husbands, & mothers-in-law
- Inadequate mechanisms to involve husbands
- Limited knowledge on community resources
THANK YOU!

Please send information for the map: krademacher@fhi360.org
and/or complete the survey at: http://www.k4health.org/hips/map-survey

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