



EMPOWER HER, PROTECT THEM

EVALUATING THE INTEGRATION OF FAMILY PLANNING
AND IMMUNIZATION SERVICES



The Pfizer Foundation



Save the Children



OUR APPROACH TO ADVANCING INTEGRATED HEALTH SERVICES

Family planning services and childhood immunizations represent two foundational components of an effective, equitable healthcare ecosystem. Access to these primary care interventions helps support healthy, timely pregnancies and child spacing, as well as reduces maternal and childhood morbidity and mortality by protecting against infectious diseases.

While many African countries have achieved high childhood vaccination coverage through the World Health Organization's Expanded Program on Immunization (EPI), family planning needs in these countries remain largely unmet. An estimated 21 percent of women in sub-Saharan Africa have an unmet need for modern contraception, the highest of any region in the world.¹ The need for family planning services is especially great in communities where access to healthcare is impacted by socioeconomic and cultural barriers as well as distance to services.

In 2015, the Pfizer Foundation² launched a pilot program with four international nongovernmental organizations (INGOs) in five African countries (CARE, Benin; IRC, Ethiopia and Uganda; World Vision, Kenya; Save the Children, Malawi). The grant program, Healthy Families, Healthy Futures, provides family planning access and education at the same time children are routinely vaccinated.

Through the integration of these services, the Pfizer Foundation and its partners sought to improve access to both family planning and immunizations, with a focus on creating opportunities for women and men to access family planning information and services through increased touchpoints with the healthcare system. This practice has the potential to improve health outcomes for women and children, as well as increase the efficiency of overburdened healthcare systems.

Current evidence around integrated health delivery models indicates high-impact, positive outcomes for women and their families. To understand and explain what components of the program interventions were crucial in driving these results, and how these drivers were triggered by and dependent upon the context in which the interventions were implemented, researchers from the London School of Hygiene & Tropical Medicine, with support from the Pfizer Foundation, conducted a realist evaluation across the five country sites. The findings from this evaluation are based on the perceptions of those interviewed, which included family planning service users and providers, along with other key community members.

The insights from this study reinforce the success of integrated health services in increasing access to family planning in the studied regions and provide key insights to potentially inform and refine similar programs in the future.

1. Adding It Up: Investing in Contraception and Maternal and Newborn Health, 2017, Guttmacher Institute. Accessed May 17 from <https://www.guttmacher.org/fact-sheet/adding-it-up-contraception-mnh-2017>.

2. The Pfizer Foundation is a charitable organization established by Pfizer Inc. It is a separate legal entity from Pfizer Inc. with distinct legal restrictions.



CARE



Goal: To increase family planning uptake and immunization coverage for children under two while addressing reasons women avoid seeking contraception, such as being unmarried or concerns about impact on health, by improving service availability and quality through creation of a supportive and confidential environment where healthy behaviors are accepted and encouraged.

Barriers:
Cultural and religious beliefs
Healthcare provider turnover and understaffing
Healthcare provider strikes
Vaccine shortages

BENIN

INTERNATIONAL RESCUE COMMITTEE



Goal: To increase awareness, uptake and demand of both immunization and family planning services through an integrated service delivery model that includes simple tools, like calendars, to remind clients of the benefits of services and when their next appointment is.

Barriers:
Government issued immunization requirements
Vaccine shortages
Healthcare provider error (unfamiliarity with reporting/tracking methods)
Cultural and environmental issues (transient population, transportation challenges due to rainy season)

ETHIOPIA

INTERNATIONAL RESCUE COMMITTEE



Goal: To increase awareness, access and demand for family planning and immunization services by strengthening co-located services, community engagement and improving health facility capacity.

Barriers:
Cultural and religious beliefs
Vaccine shortages
Healthcare provider turnover and understaffing
Healthcare provider error (unfamiliarity with reporting/tracking methods)
Cultural religious and environmental issues (transient population, transportation challenges due to rainy season)

UGANDA

WORLD VISION



Goal: To increase the use of modern family planning methods through integration with local government immunization programs and capacity building among Community Health Volunteers as well as religious and community leaders to educate about Healthy Timing and Spacing of Pregnancy (HTSP).

Barriers:
Range and availability of contraceptive options
Healthcare provider turnover and understaffing
Healthcare provider strikes
Cultural, religious and environmental issues (gender inequality, transient population, tribal conflict)

KENYA

SAVE THE CHILDREN



Goal: To increase access to and availability of family planning services and childhood immunizations by integrating family planning services into outreach clinics, strengthening the caliber of services at integrated outreach clinics and through advocacy meetings with community leaders.

Barriers:
Healthcare provider turnover and understaffing
Healthcare provider not residing in catchment area
Contraceptive supply shortages
Topography of catchment area

MALAWI

COUNTRY CASE STUDIES

The unique context of each country influences how integrated family planning and immunization services are delivered successfully. In total, more than 124,287 women have been reached. These are the key themes that emerged from the evaluation of each country.¹



CARE - BENIN

Study participants reported that many men in the Adjohoun-Bonou-Dangbo health zone felt family planning could erode a woman's respect for her husband and enable her to become a prostitute by protecting against unplanned pregnancies while engaging in sexual relationships with other men. These beliefs in turn stigmatized women seen adopting family planning. Additionally, misconceptions about side effects of modern contraception methods along with a shortage in skilled family planning providers were important barriers to family planning uptake.

The deployment of community catalyzers, selected by the program for being trusted members of the community, helped increase awareness about the benefits of family planning. Through regular community-based events, catalyzers created judgement-free spaces for dialogue and debate, which was said to help normalize family planning. At times, catalyzers also counseled individuals directly, especially if there was a disagreement regarding contraceptive use between a woman and her husband. Women who received the catalyzers' priming reportedly better understood the benefits of family planning and felt empowered to accept a method – even without their husband's support.

"It is often said that you learn by repetition, if a woman comes today and we talk and she does not accept it, that is not to say that she will not accept tomorrow, we will be repeating until we reach the peak."

– Midwife

Regular feedback between catalyzers and healthcare workers drove the delivery of quality family planning services in facilities by enabling healthcare workers to better understand how the community perceived family planning and the provision of these services. Healthcare workers, such as midwives and nurses, reportedly trusted the catalyzers and felt confident that consultations with women who had been initially primed by catalyzers would result in the woman's uptake of family planning. Furthermore, training midwives in the insertion of contraceptive methods was seen as critical to expanding access to family planning methods, as previously only physicians and nurses could administer insertions. Health workers reported feeling confident in their abilities as a result of the training provided by the program, and were motivated to deliver quality family planning services.

Drawbacks of service integration included the increased workload for nurses, as well as the increased stigma associated with the visibility of taking up family planning. Initially, women at facilities received referral cards to move from immunizations to family planning services, which resulted in their stigmatization. In response, referral cards were later eliminated from the program.

Overall, catalyzers and health services adapted to meet women's needs were crucial in creating a supportive environment in which women could take up family planning without fear of stigmatization.



Key Program Statistics*

- 34,370+ women served across 30 health facilities
- 8,333 new family planning users
- 56.2% of new users chose implants, followed by injectables (20.5%)

*Between January 2016 and March 2018

¹The realist evaluation covered program implementation from September 2015 to May 2018, depending upon the country.

IRC - ETHIOPIA

In the studied communities of Assosa and Bambasi, one of the most significant challenges was the widely-held belief that family planning was “haram” or in direct opposition to religious principles. Additionally, most of the population were served by Health Extension Workers (HEWs) who at times lacked the training and supervision needed to confidently deliver family planning services and counseling.

Women’s confidence to accept and use family planning methods was found to be driven by the wider acceptance of family planning within their community, particularly amongst their male partners and religious leaders. Furthermore, improvements in the uptake of family planning were perceived to be driven by equipping HEWs with the necessary skills to provide quality family planning services and address long-held religious and socio-cultural views.

To build on these efforts, HEWs and district administrators championed a broad awareness campaign, encouraging community members to share messages by word-of-mouth, through information sessions and via influential community groups such as Harsha groups, which used traditional music and drama to deliver key messages. Among the most influential messages were those focused on aligning Islamic texts with the principles of family planning – helping to mitigate concerns from religious leaders and motivating them to promote family planning to their congregations.

“Some women used to previously access family planning without the knowledge of their husbands but since the religious leaders have now accepted it as a good thing we have now seen the effects trickle down to the husbands...They are now happy as far as I am aware. But they were previously against family planning.”

– District administrator

As much of the population resided in rural areas, HEWs perceived their 45-day post-birth integrated immunization and family planning household visits to be both necessary and effective. They also perceived this level of service integration as beneficial, both in decreasing their workload and improving the cooperation between themselves and facility nurses. Furthermore, the training and mentorship provided by the program helped HEWs gain the confidence needed to deliver quality integrated services, which included the insertion of implants. A continuing challenge, however, is that due to current policies and safety concerns, HEWs are restricted from administering implant removals, requiring women to travel long distances to facilities where these procedures are available.

Overall, the heightened widespread community acceptance, combined with the integration of family planning and immunization services, often provided by skilled and confident HEWs at home, helped women feel supported and empowered to use family planning services.



Key Program Statistics*

- 34,900+ women served across 114 health posts
- 7,945 new family planning users
- 45% of new users chose implants, followed by injectables (41%)

*Between January 2017 and May 2018

IRC - UGANDA

Modern family planning methods were not widely accepted in the studied communities of Moroto due to the perception that it contradicted religious and cultural beliefs. This was compounded by traditions of having large families, the practice of polygamy, myths surrounding the side effects of modern methods and a strong existing belief in the effectiveness of natural methods. Food insecurity also heavily influenced the health of families and the selection of health facility, as most families in the district favored facilities offering food distribution.

The delivery of family planning messages by trusted sources, such as village health teams (VHTs) and family planning users called “expert clients,” drove the uptake of modern family planning methods. In particular, VHTs, who were known to community members and understood local cultural sensitivities, played a crucial role in dispelling myths and in increasing acceptance of modern family planning methods. VHTs were trained to promote messages that focused on healthy birth spacing, rather than smaller family sizes. They also helped communities understand the link between childhood malnutrition, food insecurity and child spacing. Similarly, community groups and radio programs exposed men to the benefits of family planning, who otherwise had little contact with health services and were rarely reached by family planning messages.

VHTs also served as a vital link between the communities and health facilities, providing referral cards to women who then took them to midwives in the health facilities. The midwives reported interpreting the referral card as a signal that a woman had been primed by the VHT and was likely to take up a family planning method, and in turn were more willing to provide quality counseling in the expectation of a positive outcome. This referral system, combined with the balanced counseling training they received through the program, helped midwives feel more confident in their counseling and support of women adopting contraception, which included providing explanations of potential side effects and managing these when needed.

“...they have the VHT referral form, so [the VHT] will write her name there and then she will give the client the card, and the client will come to me. So, there I will know that this client is willing to know more about family planning. So, I will go on counseling her more on family planning.”

– Midwife

Overall, repeated exposure to messages from trusted sources that focused on dispelling rumors, the importance of child spacing and addressing common side effects helped normalize previously unfamiliar family planning practices and encouraged women to pursue the options available to them.



Key Program Statistics

- 1,780+ women served across 12 health facilities*
- 1,372 new acceptors of family planning**
- 48.5% of new users chose implants, followed by injectables (37.4%)**

*Between July 2016 and August 2017

**Between February 2016 and August 2017



SAVE THE CHILDREN - MALAWI

While misconceptions about family planning and religious barriers were found to influence the use of family planning in the communities of rural Thyolo and Blantyre districts, they were far less important barriers than in other program sites within the study. In these communities, physical access to services posed a much greater challenge, with long distances to health facilities prohibiting women living in hard-to-reach communities from receiving family planning services.

Monthly community-based immunization outreach clinics were supported by the program to integrate family planning. The outreach clinics brought services closer to where women lived and increased access to family planning services. Women from underserved communities were motivated to attend the clinics due to the relatively short travel distances from their homes.

“Now that both services are here, our problems have been reduced. The time we could be waiting to go to [far away] clinics, we could find ourselves pregnant so we are seeing that we have been assisted.”

– Woman family planning user

Furthermore, the co-location of family planning, child immunization and growth monitoring services in the clinics allowed women who reported otherwise lacking support from their partner to feel confident they could access family planning services without their partner knowing. In these cases, women chose to hide their family planning documentation and opted for non-visible methods, such as injectables.

Family planning uptake was also driven by the confidence women felt when their partner supported their use of family planning. Although further awareness campaigns targeting men are needed, those that focused on messages about the economic benefits of birth spacing were reported by women to have resonated with men.

Clinics were run by multiple Health Surveillance Assistants (HSAs), the government cadre of community health workers in Malawi. To assist in their work, HSAs were trained in how to administer family planning injections, which empowered them to offer these services to women in addition to pills and condoms. HSAs were also taught to organize outreach clinics using a simple client flow model developed by the program, leading them to efficiently deliver integrated services in collaboration with community volunteers.

“...it has also helped in bringing coordination and teamwork among HSAs. At first we weren’t doing things in order, anyone who wanted to go for outreach would go, who doesn’t want, wouldn’t go. As of now, we work as a team and in great coordination. When the day for outreach comes, it’s always successful.”

– HSA

Overall, HSAs reported feeling motivated to provide quality services because they were confident that they were providing services women and children needed and that their work was valued by the communities they served.



Key Program Statistics

- 23,173+ women served across 91 outreach clinics*
- 97.2% of women counseled accepted family planning method*
- 94.6% of new users chose injectables**

*Between September 2015 and December 2018

**Between January 2016 and April 2018



WORLD VISION - KENYA

In the studied communities of West Pokot and Isiolo, Islamic, Christian and traditional African religious beliefs were key barriers to voluntary family planning acceptability and uptake.† Similarly, the high value placed in these communities on large families, due to the high risk of child deaths from disease and warfare, was reported to negatively influence family planning uptake.

The program worked with faith leaders and community volunteers to break religious and socio-cultural barriers that hindered acceptance of family planning. In particular the use of targeted messages on the benefits of birth spacing instead of smaller family sizes, as well as the historical, cultural use of birth spacing and the economic challenges faced by families with children close in age, were perceived to improve acceptability among men. One way this was achieved was via male champions, who were selected to serve as role models to other men. Those with large families who could speak to the associated financial hardships were often the most successful.

“We say it [birth spacing] is good because it bring ease in issues like school fees for when a child is in form three the other one is still in primary school and so on they move forward.”

– Male partner

Additionally, the reconciliation of religious texts and traditional beliefs with family planning principles, as well as peer-to-peer learning, were key drivers in gaining support from men and religious leaders. Acceptance among religious leaders was driven by the alignment of religious texts with the benefits of healthy spacing of pregnancies, and by the open support of national-level religious leaders. Once birth spacing was perceived as fitting with established religious beliefs, faith leaders became advocates for family planning use and promoted its benefits at community meetings and to their congregations.

Further, community health volunteers (CHVs) were influential in dispelling misconceptions about family planning methods. As trusted individuals, CHVs bridged communities and health facilities by counseling women in their homes and giving them referrals for their preferred contraceptive method and for additional counseling. The priming provided by CHVs helped reduce wait times and the demand on the healthcare providers in health facilities. However, in clinics staffed by a single provider, the success of the CHVs’ role resulted in long wait times, with healthcare workers prioritizing immunizations and palpations, and consequently resulting in women needing to return on a different day.

Overall, gaining the support of religious leaders and the community through the work of male champions and CHVs was critical in improving family planning acceptability and service delivery.

† World Vision promotes voluntary family planning counseling and services for women and their families to make informed choices to determine whether to use family planning or not, as well as the number, timing and spacing of their children. World Vision facilitates Healthy Timing and Spacing of Pregnancy information and counseling, and referral for voluntary access and choice of an array of contraceptive options as well as further counseling and information.



Key Program Statistics

- 30,064 women served across 24 health facilities*
- 23.3% of women accepted family planning method same day**
- 31.6% of new users chose injectables, followed by implants (23.6%)**

*Between March 2016 and February 2018

**Between June 2016 and December 2017

KEY FINDINGS

While the acceptability and uptake of family planning were influenced by factors unique to each country, the contexts in which the interventions were implemented shared important commonalities across the five program sites – both at the community and service delivery levels.

Community Level Findings

Women are confident to take up family planning when community engagement focuses on gaining support from influential community members and when services are easy to access.

For the communities accessing services, the evaluation found that family planning acceptability was influenced by a multitude of factors, including stigma, misconceptions about the purpose and side effects of family planning, cultural traditions, religious opposition and health system barriers to access. Uptake of modern contraceptive methods was found to be driven by:

- Women’s empowerment to accept a family planning method, achieved by raising awareness about the benefits of birth spacing, dispelling misconceptions about contraceptive side effects and addressing women’s unquestioning trust in natural methods of birth spacing;
- Women’s confidence in the support of their community, accomplished by normalizing the use of family planning and thereby reducing its stigma;
- Women’s confidence in the acceptance and support of their male partner, or in the availability of concealable methods;
- Religious leaders’ support of family planning use, reached through the recognized alignment of religious texts with family planning principles; and
- Women’s motivation to attend family planning service delivery sites, which was galvanized through the delivery of multiple health services at a single point of care.

Service Delivery Level Findings

The quality of integrated family planning services is improved when providers are confident in their abilities.

In terms of the delivery of integrated services, the evaluation revealed key commonalities across the five program sites, including an overall shortage of healthcare workers and a need to further train available healthcare workers to deliver family planning services. The delivery of quality family planning services was found to be driven by healthcare workers’ confidence in their ability to provide effective family planning counseling, administer modern contraceptive methods and inform women about potential contraceptive side effects. These factors were partly addressed through comprehensive training and the perceived reduced workload enabled through service integration.

Tensions in the relationship between women and family planning providers and the value of community health workers or volunteers in linking communities and health facilities/ outreach clinics were also consistently found across countries. Uptake of family planning was therefore equally driven by:

- Healthcare providers’ positive attitudes towards the integration of family planning and immunization services due to the training they received as part of the program and the time saved by streamlining the provision of services; and
- Healthcare providers’ belief that service integration allowed them to provide crucial services to women through teamwork with community health volunteers.

Best Practices

1

Integrate family planning services with established immunization programs to improve healthcare worker efficiencies and increase women’s access to family planning

2

Develop healthcare workers’ clinical competencies, including in-depth counseling skills and administration of different contraceptives, to build confidence in providing quality family planning services

3

Build support for family planning among communities and male partners by enlisting and training volunteers from the local community who are trusted and influential members of society

4

If facing religious opposition to family planning, involve religious leaders and work to find alignment between religious texts and family planning principles

Insights from this evaluation will be used to refine the programs implemented in each country. We hope further evaluation of family planning programs such as these, combined with the collection of best practices in integrated maternal and child health delivery, will facilitate the creation of foundational guidelines and frameworks for NGOs, multilateral organizations, service providers and policymakers.



The Pfizer Foundation

LONDON
SCHOOL of
HYGIENE
& TROPICAL
MEDICINE

