

EMPOWER HER, PROTECT THEM

EVALUATING THE
INTEGRATION OF
FAMILY PLANNING AND
IMMUNIZATION SERVICES



The Pfizer Foundation

LONDON
SCHOOL of
HYGIENE
& TROPICAL
MEDICINE



World Vision



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 (Benin, Ethiopia, Kenya, Malawi and Uganda). The grant program, Healthy Families, Healthy Futures, provides family planning access and education at the same time children are routinely vaccinated.

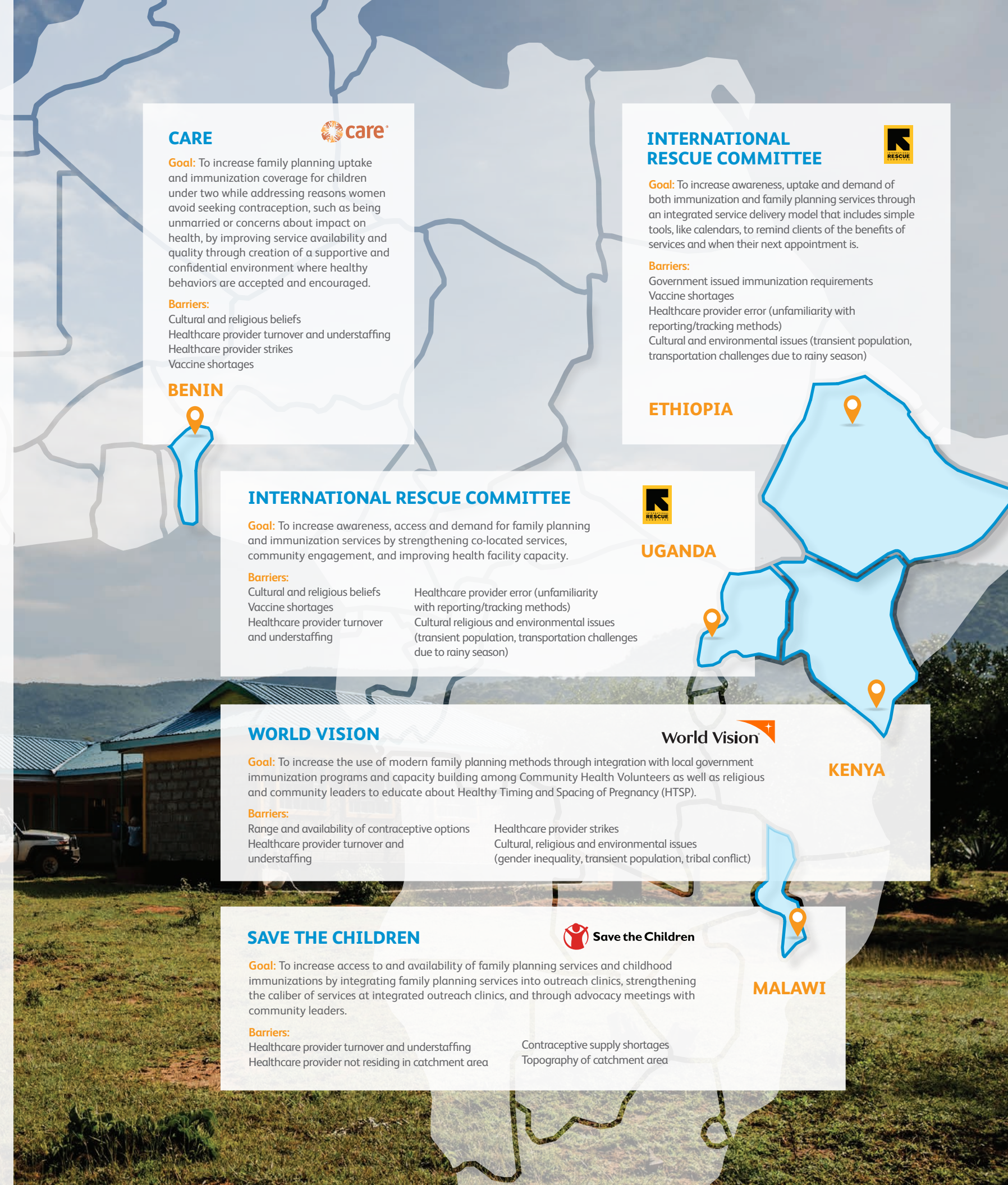
Through the integration of these services, the Pfizer Foundation and its partners sought to improve access to both family planning and immunizations, with a focus on creating opportunities for women and men to access family planning information and services through increased touch points with the healthcare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

Current evidence around an integrated health services model such as this indicates high-impact, positive outcomes for women and their families. To better understand what factors are driving these results, and deepen the existing knowledge base, researchers from the London School of Hygiene & Tropical Medicine, with support from the Pfizer Foundation, conducted a realist evaluation at each of the four partner INGOs (CARE, International Rescue Committee, Save the Children and World Vision).

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 strikes
Healthcare provider turnover and understaffing
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

KEY INSIGHTS BY COUNTRY

The unique context of each country influences how integrated family planning and immunization services are delivered successfully. In total, more than 121,400 people have been reached. These are some of the key themes that have emerged from the evaluation of each country.¹



IRC - ETHIOPIA

Key drivers of contraceptive uptake included acceptance of family planning among religious and community leaders, and adherence to training and family planning delivery guidelines among health workers.

“People used to say family planning was Haram, but we found the Sharia manual that says if the child is under 5 years old, and/or the mother’s health is at risk, then family planning is allowed. We have been using this to convince the community that family planning is OK.”

– Health Extension Worker

34,900+ women served



IRC - UGANDA

Repeated exposure to family planning messaging and education about services delivered by community health workers led to post-partum women being receptive to the idea of contraceptive uptake.

“Village Health Teams are the ones deep down in the communities and they are the ones staying with the women. That makes it simpler because when women come to our health facility here, we are able to sit with the mother and give detailed information. And the mothers are able to pick up these messages directly.”

– Head Midwife

1,780+ women served



SAVE THE CHILDREN - MALAWI

An outreach clinic model with adequate shelter for delivery of services and transportation for health workers was vital to ensure that women living in dispersed and hard-to-reach communities were able to access family planning services.

“When we go for supervision I like asking the women if the program is helping them. They say ‘yes.’ It has really helped them access the services. Previously, they needed to cross rivers and climb mountains to reach a facility.”

– Program Coordinator

20,360+ women served



CARE - BENIN

Community catalyzers are influential and trusted members of the community. They have played an important role in increasing awareness about family planning, particularly among men, through the provision of messaging about family planning and by encouraging dialogue.

“The catalyzers help us to meet with people. For instance, maybe there’s a woman who wants to meet, but the husband doesn’t want to. The catalyzers really help us to talk, to increase the husband’s awareness, and he agrees.”

– Nurse

34,370+ women served



WORLD VISION - KENYA

Education about family planning, delivered by religious leaders, led to greater uptake of contraception in Kenya. The integration of services led to reduced stigma related to family planning among religious leaders, and further acceptance among this group was driven by project implementers reconciling religious texts and teachings with the idea and benefits of family planning.

“Barriers used to be there, but with this project we are able to overcome them because people are being trained about it. On religious issues, they have managed to get the religious leaders on board and, in so doing, people are now believing them.”

– Female Sheik

30,060+ women served

1. The realist evaluation covered Phase I program implementation, from July 2016 to February 2017.

OVERARCHING THEMES

The following themes were identified across all countries as possible barriers or facilitators to family planning uptake and acceptance.



Socio-Cultural Context

Socio-cultural factors such as religion, food security, and societal structures play a large role in the way the integrated services work. Misconceptions about family planning (e.g., it's hazardous to health, leads to prostitution, stifles sex drive, causes infertility), religious barriers and cultural beliefs (e.g., the desire to have large numbers of children) all exert an influence on the acceptance and uptake of contraception.

Delivering health services at the same point of care is an important driver of family planning uptake. Colocation of services means that family planning messages are delivered regardless of explicit requests for them. Where immunization coverage is high, many women receive these messages at a critical time for the uptake of family planning services, and child health provides a good platform from which to discuss family planning.



Colocation of Services



Community Engagement

Community engagement through health workers, health volunteers, influential community members, expert clients and religious leaders helps to break down barriers and provide education about family planning, and therefore reduces misconceptions. These factors provide a vital link between communities and health facilities.



Individual Decision-Making

Uptake of family planning is about a woman's decision-making regarding her health and the health of her family; however, fear of side effects continues to potentially influence this choice. Still, women who have either experienced the challenges of back-to-back births, or have seen the benefits of allowing enough space between children, may be more likely to consider family planning options in the future.

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.



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