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Potential for Integrating Family Planning and Immunization in Nigeria

Scoping Observations and Recommendations

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Background

The United States Agency for International Development (USAID)-supported Maternal and Child Survival Program (MCSP) facilitates improved maternal, newborn, and child health outcomes by helping to build sustainable capacity and leadership at national, sub-national, and facility levels to improve the quality of care. MCSP is a global, \$560 million, five-year cooperative agreement funded by the United States Agency for International Development (USAID) to introduce and support scale-up of high-impact health interventions among USAID’s 25 maternal, newborn, and child health (MNCH) priority countries, as well as other countries. The MCSP program in Nigeria started as the Maternal and Newborn Health (MNH) program, focused on strengthening national MNH policy and improving quality and utilization of high-impact, facility-based maternal and neonatal health services in Kogi and Ebonyi States. In 2015, the MNH program incorporated postpartum family planning (PPFP), as a key element of integrated MNH/PPFP care, and MCSP started a separate child health program to increase access to quality treatment for childhood illness at both community and facility levels. In PY3, the MCSP MNH and child health activities were merged into a single maternal, newborn and child health (MNCH) program to leverage common platforms in the states. As part of a separate USAID-funded program, MCSP provided technical support to the Bauchi and Sokoto State Primary Health Care Development Agencies to strengthen their health systems’ ability to provide high-quality routine immunization services.

According to the 2013 NDHS, the modern contraceptive prevalence rate (mCPR) among married women was very low, at 5.6% and 8.5% for Ebonyi and Kogi states, respectively. Unmet need for family planning was 20.5% in Ebonyi and 20.9% in Kogi, respectively. Furthermore, a baseline assessment conducted by MCSP between June and July 2015 showed a lack of systematic PPFP counseling, service provision, and documented uptake in in the two project states. According to the 2013 NDHS, DPT3 vaccination coverage was 80.3% and 75.9% in Eboyi and Kogi states, respectively, which is higher than the national average of 38.2%. It is also noteworthy that DPT1 which is given at six weeks is also high at 88.7% and 87.1%, respectively. Although there was no overlap between the

Family Planning and Immunization Integration refers to “deliberate efforts to integrate the two services, rather than on services offered at the same location coincidentally without intentional efforts to connect them. Services are considered deliberately integrated if policy requires it or if programs explicitly promote linkages. Family planning and immunization integration can refer to either “combined service provision,” when both services are offered on the same day and at the same location, or “single service provision plus referral,” when either family planning or immunization services are provided along with education, screening, or referrals for the other service.”
– High Impact Practices brief

states where MCSP was asked to support FP (Ebonyi and Kogi) versus those where MCSP was asked to support routine immunization (Bauchi and Sokoto), MCSP conducted a scoping assessment to explore opportunities for integration of FP and immunization services as a promising approach for improving PPFU uptake and reducing missed opportunities for care within future work in Nigeria. FP and routine infant immunization service integration has been recognized as a “promising” high impact practice for family planning by USAID, UNFPA and others. MCSP has supported FP and immunization service integration efforts in Liberia and Malawi, among other countries, and co-chairs the global inter-agency Family Planning and Immunization Integration Working Group.

Why integrate family planning and immunization services?

- Increasing access to postpartum family planning advances child health goals by reducing pre-term birth, infant death, and low birth weight.
- During the extended postpartum period, the majority of women wish to space or limit pregnancies but do not use modern contraceptive methods.
- Vaccination visits can provide timely opportunities to link new mothers with FP information and services.
- Effective integration may result in strengthened health systems and fewer missed opportunities to provide needed services to both mothers and children.

Key global learning from prior efforts to integrate family planning and immunization services, including from MCSP’s work in Liberia and Malawi, include the following:

- Integrate during *routine* immunization services at both fixed and outreach sessions rather than campaigns, which are episodic and ad hoc in nature (hindering client privacy and choice) and is susceptible to the spread of rumors.
- Collect data on impact of integration on immunization services in addition to FP services, to ensure no negative effect on immunization outcomes.
- Formative research is critical for understanding contextual considerations and potential sensitivities that may hinder success or cause harm (e.g. history of local misconceptions around vaccines being sterilizing agents in disguise).
- Use of dedicated providers for family planning and/or systematic screening approaches to identify clients’ comprehensive reproductive, maternal newborn and child health (RMNCH) needs can be effective.
- Political and community support are critical, including buy-in from immunization and family planning stakeholders, community leaders and health teams, and local health facility staff.
- Health system issues must be addressed; for example, setup of services to allow for clear referral mechanisms between services, space to allow for client privacy when receiving FP services, availability of FP and immunization commodities, and trained staff.
- Ensure clear and effective intra-referral systems and keep referral messages simple.

Source: HIP brief

During April/May 2018, MCSP visited five health facilities in Kogi and five in Ebonyi, including a mix of primary health centers and hospitals. The purpose of the scoping visits was to observe current family planning and routine infant immunization service delivery practices, seek feedback from service providers, and generate recommendations for strengthening service linkages in order to identify opportunities to further strengthen the reach and uptake of postpartum family planning services and promote more holistic care.

Observations from Site Visits

Key observations from the site visits included the following:

- Staffing and service setup varies greatly across facilities. The number of staff and human resource constraints generally do not pose a major barrier to FP and EPI service provision.
- Health providers offering maternal and child health (MCH) services generally serve multipurpose roles, including providing immunization, antenatal care, post-natal care, labor and delivery (if available), and FP services (usually a subset of the MCH staff have been trained in FP).
- EPI services at fixed sites are offered on specific days, ranging from twice per week to twice per month across facilities.
- FP services are usually offered every day, although some facilities have special family planning days where they encourage women to come for that service (but teams at all facilities said that if someone comes for FP any day of the week, they will be able to access the service).
- Links between FP and EPI services are not proactive or systematic. The main link that currently exists is that on EPI days, facility staff generally provide a group talk prior to the administration of vaccines, and this health talk usually includes information about family planning. Staff generally indicate during these group talks that FP services are available at the health facility, and if people are interested, they should let the nurse know. However, women are not proactively asked one on one about whether they would like FP counseling or a method on that day while they are at the facility and mothers who come for FP are not routinely screened for immunization status of their child.
- Routine immunization is generally provided in the same area of the health facility as FP, with more in-depth FP counseling and service provision occurring in a collocated room, although organization of services varies across sites. For clients who do receive both FP and routine infant immunization services during the same visit, in some sites the services are offered by different providers in separate rooms, some by different providers in the same room, and others by the same provider.
- One on one communication during the immunization days is very limited. Even information about the vaccines themselves is generally given in groups and not one on one. Health providers indicated this is due to the large number of clients and limited time available to provide the service.
- There are no formal intra-facility referral systems between FP and immunization services. Most facility staff said that on busy immunization days, only a couple of women make use of FP services that same day due to concerns about the waiting time.

- Facility staff generally felt that it would be feasible to adjust roles such that there would be a more dedicated focus on FP service provision for women bringing their infants for EPI. Suggestions raised included offering FP services to all women bringing infants for EPI at the initial point of registration at the health facility, proactively offering FP to EPI clients one on one at the completion of the immunization visit, offering FP counseling to men/couples if men bring their infant or if couples come together, and promotion of FP services and the opportunity to use both services at the same visit during immunization outreach.
- Health providers raised concerns around the need for more community engagement for PPF, including identifying opportunities for more male/partner engagement and engagement of religious leaders, as social norms and partner opposition pose a substantial barrier to PPF use.



FP-Immunization Integration Opportunities Scoping Visit
(Photo cred: Chelsea Cooper, MCSP)

Stakeholder Perspectives

Following the scoping visits, MCSP convened a stakeholder meeting with state government representatives focused on family planning and immunization from Kogi and Ebonyi to review global evidence and program experiences with FP and immunization integrated service delivery, and to explore opportunities for strengthening service linkages in the two states. MCSP presented the rationale for integration, service integration models, evidence from a variety of countries including [Liberia](#) and Nigeria, lessons learned, and program recommendations. Participants were asked to consider benefits, challenges, opportunities, and resources/support needed to advance service integration in the two states. By the end of the meeting, participants reached a consensus regarding the need for and interest in pursuing strategies to strengthen these service linkages. Several stakeholders reinforced the need to pair facility interventions with community engagement opportunities to address social norms and misconceptions regarding FP.

Program and Policy Implications

Results from the scoping visits and stakeholder meeting reveal that opportunities exist to strengthen linkages between family planning and immunization services. There is interest among government stakeholders in Kogi and Ebonyi to advance approaches for integrating these services. We hope that these observations will be incorporated in future efforts by the government and partners in the two states. Light touch observational inquiry like this scoping assessment can serve as a catalyst for further discussions and additional formative inquiry in these states.

Recommendations for future programming include:

- Conduct more in-depth formative inquiry involving clients, providers, supervisors, and managers to enrich understanding around barriers to uptake of both services, current service delivery practices, and variations in cultural factors and service setups that may influence the design of appropriate service integration interventions that will work in the two states

- Explore integration approaches that can be adapted based on context, as health facilities have varying staffing levels and service setups.
- Start implementing on a limited scale to demonstrate feasibility, acceptability, and effect on service outcomes before scaling up.
- Ensure a clear mechanism for monitoring family planning, immunization, and referral outcomes (at least during a pilot phase) is in place.
- Ensure that the service integration does no harm to immunization platform/services. This is especially important in Nigeria where rumors of vaccines as a means of controlling fertility have been rife, mostly in the northern part of the country and have resulted in cessation of the polio program; wild polio virus resurgence, and spread to neighboring countries.

Future investments in linking immunization and FP services can improve the reach of more holistic services for women and children during the critical first year after delivery, and offer an opportunity to improve the reach of family planning services in states where family planning indicators are lagging and short interpregnancy intervals are common.

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