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Maternal and Child Survival Program

Family Planning and Immunization Integration

Formative Report

Kagera Region, Tanzania

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Abbreviations

ANC	Antenatal Care
CCHP	Comprehensive Council Health Plan
CHW	Community Health Worker
DTP	Diphtheria-Tetanus-Pertussis
FGD	Focus Group Discussion
FP	Family Planning
IUD	Intrauterine Contraceptive Device
MCSP	Maternal and Child Survival Program
MoHCDGEC	Ministry of Health, Community Development, Gender, Elderly and Children
PMTCT	Prevention of Mother-to-Child Transmission
WHO	World Heath Organization

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Executive Summary

Although most women in the extended postpartum period want to delay or avoid future pregnancies, many are not using a modern contraceptive method. Data analysis from 21 countries revealed that 61% of all postpartum women have an unmet need for contraception (Moore et al. 2015). Pregnancies spaced less than 18 to 24 months apart have been associated with increased risks for the baby including preterm birth, low birthweight and fetal, early neonatal, or infant death, as well as adverse maternal health outcomes (Conde-Agudelo et al. 2012).

Tanzania has a modern contraceptive prevalence rate of 32%1 among married women. As of December 2015, in Kagera region in northwest Tanzania, the contraceptive prevalence rate among currently married women was 39% and unmet need for family planning (FP) was 22%. Immunization and FP services are important components of primary health care, and child immunizations are one of the most well-used health services globally. In Tanzania, the coverage rate for the third dose of the diphtheria-tetanus-pertussis (DTP3) vaccine is 98%2. In Kagera region, 88% of children 12-23 months had received all basic vaccinations. Ensuring that FP counseling and services are linked to infant vaccination contacts has the potential to reach mothers with FP information and services during the first year after childbirth.

The Maternal and Child Survival Program (MCSP) is working with the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) to design activities to support integrating FP with routine child immunization services in Kagera region of Tanzania. A formative research study was conducted to understand current service delivery practices, perceptions of FP and immunization services, and barriers and opportunities for service integration to inform the development of an integrated service delivery approach for FP and immunization.

Study Design and Methodology

This cross-sectional formative research study used qualitative methods, namely focus group discussions (FGDs) and in-depth interviews. The study was conducted in Kagera region in three districts (Muleba, Ngara and Kyerwa) that had been prioritized for the initial FP and immunization integration efforts. In each of the selected districts, two health facilities were purposively selected for the study, focusing on sites with multiple MCSP interventions including FP, immunization, and community interventions. FGD participants included: mothers of children under the age of one year, fathers of children under the age of one year, and village leaders. In-depth interviews were conducted with community health workers (CHWs), service providers who provide immunization and family planning services, and in-charges at health facilities. Fieldwork was conducted from 12 September to 6 October 2016. All interviews were conducted in Swahili.

[1] 2015-16 Tanzania Demographic and Health Survey.
[2] 2015 WHO-UNICEF estimates of DTP3 coverage (http://apps.who.int/immunization_monitoring/globalsummary/timeseries/tswucoveragedtp3.html).

Key Findings

Family planning service delivery practices at health facility

All facilities offered FP services, and the schedule of services depended on availability of service providers. In only one of the six health facilities visited, FP services were offered concurrently with immunization services in some cases. In this particular health facility, the number of service providers and having a separate room made it possible for them to offer FP and immunization services concurrently. Three main challenges in providing FP services included limited number of service providers, stock-out of FP methods and limited knowledge and understanding of FP use among communities.

Immunization service delivery practices at health facility

Immunization services were being offered in all of the health facilities visited. Services were generally offered daily from Monday to Friday (9:30 am to 3:30 pm), however in situations of vaccine shortages, a specific day was earmarked to provide services to minimize wastage. The main challenge in providing immunization services was stock-out of vaccines. During routine infant immunization services, service providers mentioned having brief discussions with mothers about FP and later verbally referring them for FP services.

Family planning and immunization service delivery practices at outreach sites

All facilities offered outreach services, and immunization services were the main services being offered. Only two facilities offered FP services at outreach. The main challenges were inadequate staffing, lack of reliable means of transport and lack of rooms/acceptable places to offer the services.

Awareness and perceptions of family planning

General awareness of FP was high among study respondents. In all FGDs, participants were positive about FP, mentioning a number of benefits as to why it was important for families to use an FP method. Despite high levels of awareness of the different FP methods, however, there was limited knowledge on postpartum return to fecundity and importance of timely postpartum contraceptive uptake.

Postpartum family planning practices

Postpartum FP use was reported to be very low. When mothers were asked if they would consider using FP immediately after giving birth, the majority declined because they believed they could not become pregnant because they were breastfeeding and their menses had not returned, and that FP methods could affect the supply of breast milk.

Reported challenges/obstacles in the use of family planning

A number of challenges were reported as to why women were not using FP services including distance to services, concerns about side effects, desire to have more children, lack of knowledge on postpartum FP, religious reasons, stock-out of FP methods and husband's refusal to use FP.

Awareness and perception of immunization services

Awareness of immunization services was high in the community. Overall, mothers and fathers in FGDs knew at a general level that immunization offered protection to children against diseases. There was limited knowledge in terms of understanding which particular vaccine prevented which disease.

Immunization practices

Immunization practices reported in FGDs were very positive. Parents made all efforts to ensure that their children received all vaccines required at the appropriate time. Lack of transport money, inaccessible roads, and vaccine stock-out were some of the reasons that delayed children from being vaccinated according to the schedule.

Health providers' perspectives on opportunities and challenges of integrating immunization and family planning services

Integrating FP and immunization services was discussed in two ways. The first way was having immunization and FP services offered at the same time in different rooms/sites (by different providers), and the second was offering one service after the other in the same room/setting by the same provider so that the woman received both services in the same sitting. Facility providers mentioned that providing both services at the same time in the same room was a challenge because it took much longer to attend to one client. The main challenge that health providers perceived when integrating FP and immunization services was limited human resources. Other challenges included lack of adequate rooms/space to provide FP and immunization services, stock-out of FP methods and limited resources to support health staff during outreach visits.

Community perspectives on opportunities and challenges of integrating immunization and FP services

Community members felt positively about integrating FP and immunization services. Mothers were open to receiving FP services when they came in for immunization services. For men and women, the main positive aspect of integrating FP and immunization services was easy access to both services. They expressed that health providers should have reliable transport to enable them to arrive early at the outreach sites and that the limited number of health workers needs to be addressed to ensure quality services will be offered.

Programming Opportunities and Recommendations

Findings from this study clearly reveal program opportunities for ensuring more systematic and proactive integration of immunization and FP services. Recommendations for future FP and immunization service integration programming are presented below.

Recommendation 1: At Community Level, Address Gaps in Understanding of Unique Family Planning Needs of Postpartum Women

Study findings showed a limited understanding among women and other community members of return to fecundity, importance of timely postpartum contraceptive uptake, lactational amenorrhea method, and that most contraceptives are safe for breastfeeding mothers. Hence, there is a critical need to address knowledge gaps at the community level by supporting communication interventions within and outside the health care setting. These efforts should address concerns about side effects, which were a major barrier to contraceptive uptake.

Recommendation 2: Build Capacity of Health Providers and CHWs to Provide Postpartum Family Planning Services

It is crucial for health providers to be more proactive in systematically counseling and offering FP services to women during health contacts in the first year postpartum. Gaps in understanding of key postpartum family planning concepts were evident not only among community members but also among some community health workers and service providers. The study found reports by women of being turned away from FP services because their menses had not resumed. Although providers indicated this was not their practice,

inconsistencies in their recommendations regarding timing of postpartum contraceptive uptake were noted. Health providers should be provided ongoing opportunities for learning and skills refreshment to ensure their knowledge of postpartum FP and their willingness to provide contraception to women even if a woman is not menstruating. Opportunities for values clarification should also be considered. Oversight and ongoing reinforcement of positive practices by facility in-charges and supervisors is needed. Because CHWs are crucial in disseminating knowledge of postpartum FP services at the community level, they should be equipped with proper knowledge and understanding of postpartum FP.

Recommendation 3: Incorporate Family Planning in Outreach Services

Addressing women's limited access to FP services in remote areas will mean making services available in close proximity to their residential areas. Immunization services provide multiple opportunities to reach postpartum women when they want to avoid another pregnancy for their own health and that of their child. Many women do not access facility-based immunization services, and their contact with the health facility is limited due to distance and transportation challenges. The outreach platform provides an opportunity to offer short acting methods (condoms, pills, injectables, LAM) and refer for long acting and permanent methods. Not offering FP services during outreach is a missed opportunity to address access challenges and meet women's FP needs in the first year after childbirth. Within the outreach setting, measures should be taken to promote client privacy and confidentiality during FP service provision.

Recommendation 4: Strengthen Family Planning Referrals

Although health providers reported discussing FP with mothers when accessing immunization services and referring them for FP, there was a lack of consistency in communicating the FP information and a weak referral system to reinforce links between the services. Women faced several challenges in following through on referrals because of challenges in accessing services (distance and waiting time). There was no mechanism in place to ensure that the providers could track whether the woman took up the referral. Referrals were more complicated in the outreach sites given the challenges of accessing services, which required visiting the health facility on a different day. Referral pathways should be made clear, and there should be a mechanism in place that ensures that women are not discouraged in taking up the referrals. This can be achieved by increasing the number of service providers to enable immunization and FP services to be offered concurrently to enable women to complete their referrals on the same day if possible.

Recommendation 5: Address Health System Constraints

The success of the integration model for immunization and FP services will likely depend on a number of factors, including availability of health workers, health worker payments (especially at outreach), transportation, and commodity supply. Providing FP during outreach and more systematically (and efficiently) at the health facility will require problem-solving at regional, district, and facility levels to address the aforementioned health systems constraints. Identify opportunities for task sharing or shifting during outreach, such that CHWs, village health workers or other community volunteers are engaged to support with health communication, client flow and tracking as appropriate.

Services should be efficiently organized to ensure adequate resource allocation to immunization and FP services, including all necessary equipment, contraceptive methods and reliable transport. Health facilities are serving a significant number of mothers through their outreach services, and it is important that the structures in place can adequately accommodate that. Currently, only immunization service providers are paid extra duty allowance for each outreach visit they make. To accommodate additional service providers would mean liaising with the council health management teams to provide for additional budgeting to accommodate all the staff that are required to enable immunization and FP services to be offered without jeopardizing quality of services offered and willingness of mothers to uptake the services.

Chapter 1: Background and Rationale for the Study

Most women in the extended postpartum period want to delay or avoid future pregnancies but many are not using a modern contraceptive method. Analysis of data from 21 countries revealed that 61% of all postpartum women have an unmet need for contraception (Moore et al. 2015). Pregnancies spaced less than 18 to 24 months apart have been associated with an increased adverse risks to the newborn including preterm birth, low birthweight and fetal, early neonatal, and infant death, as well as adverse maternal health outcomes (Conde-Agudelo et al. 2012). It is important to take advantage of every contact with pregnant and postpartum women to offer them FP counseling and services. Providing FP information and services to postpartum women during infant immunization visits presents an opportunity to reach women who have an unmet need for FP. In fact, "Offering FP information and services proactively to women in the extended postpartum period during routine child immunization contacts" has been recognized as a "promising" high impact practice for FP.3 More research is needed to fill evidence gaps, including around the impact of integration on immunization outcomes and quality of services, and the effect of contextual factors on the success or failure of service integration.

Tanzania has a modern contraceptive prevalence rate of 32%4 among married women, and coverage of the third dose of the diphtheria-tetanus-pertussis (DTP3) is 98%.5 As of December 2015, in Kagera region, the contraceptive prevalence rate among currently married women was 39%, unmet need for FP was 22%, and 88% of children 12–23 months had received all basic vaccinations. The Maternal and Child Survival Program (MCSP) is working with the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) to design and evaluate activities to support integrating FP with routine facility-based child immunization services in Kagera region of northwest Tanzania.

A formative research study was conducted to understand current service delivery practices, perceptions of FP and immunization services, and barriers and opportunities for service integration to inform the design of activities to support systematic integration of FP with routine child immunization services in Kagera region in Tanzania.

[3] High-Impact Practices in Family Planning (HIP). 2013. Family Planning and Immunization Integration: Reaching postpartum women with family planning services. Washington, DC: USAID.
[4] 2015-16 Tanzania Demographic and Health Survey.
[5] 2015 WHO-UNICEF estimates of DTP3 coverage (http://apps.who.int/immunization_monitoring/globalsummary/timeseries/tswucoveragedtp3.html).

Chapter 2: Study Design and Methodology

Study Design

This cross-sectional formative research study used qualitative methods to collect information to inform the design of program activities to advance integration of FP with routine facility-based immunization services and immunization outreach services. The assessment included in-depth interviews with FP service providers and vaccinators, officers-in-charge of health facilities and community health workers (CHWs) and focus group discussions (FGDs) with postpartum women, fathers of children under the age of one year and village leaders. Key themes explored included barriers and motivators for postpartum contraceptive uptake and immunization schedule completion, perceptions regarding integration of services including anticipated benefits/challenges and recommendations, client flow, service provider roles and responsibilities, and availability of FP and immunization commodities. Institutional Review Board approval was obtained from National Institute of Medical Research in Tanzania and the study was deemed exempt by the Johns Hopkins Bloomberg School of Public Health.

Study Site

The study was conducted in three districts of Kagera region—Ngara, Muleba and Kyerwa—that were initially proposed for the demonstration phase of the FP and immunization integration efforts. MCSP is working in eight councils of Kagera region and supporting approximately 60% of the facilities in the region (14 hospitals, 25 health centers and 76 dispensaries selected in consultation with regional and district health management teams). Districts were selected to capture maximum variation in cultural practices and geographical context where MCSP operates. In each district, two health facilities with multiple MCSP interventions within the reproductive, maternal, newborn and child health services continuum, namely FP, immunization and community interventions, were purposively selected for the study. At the time this study was conducted, study sites had received MCSP support for immunization activities through data review meetings, supportive supervision, and training on the Reaching Every Child and Immunization in Practice approaches. Sites had received initial training on postpartum long acting reversible contraception service provision and family planning / postpartum family planning counseling. We are unable to confirm whether the specific providers interviewed in this study had taken part in these activities.

Table 1. Research study sites

District	Health Facility	Category of facility
Kyerwa	Nkwenda	Government-Health Center
	Murongo	Government-Health Center
Muleba	Kimeya	Government-Health Center
	Kaigara	Government-Health Center
Ngara	Bukiriro	Government-Health Center
	Murusagamba	Government-Health Center

Study Participants

Study participants included mothers (15-45 years old, with a child under the age of one year residing in the study community); fathers (15-49 years old, with a child under the age of one year residing in the study community); health providers (service providers working in MCSP-supported facilities who provide immunization and/or FP services); facility in-charges; CHWs (providing community-based services in the study sites) and community leaders (in the respective communities).

Sample Size and Justification

The sample size and composition of the study was designed to capture a range of beliefs and perspectives of different influencers of FP and immunization practices. The intent of the study was not to collect data from a representative sample, but rather to capture qualitative descriptive information, hence, a purposive sampling approach was used to select informants using information gathered from the village leaders, CHWs and facility health staff. Table 2 summarizes the respondent groups, sample size selected and sampling approach.

Table 2. Summary of sample size selected and sampling approach

Category of respondents and inclusion criteria	Number of respondents	Sampling approach
Mothers of children<1 year *(Inclusion criteria: ages 15–45, residing in Kagera study site areas with child<1 year)* *(Exclusion criteria:<15 years old, residing outside MCSP-supported communities in selected districts, youngest child>1 year)*	1 FGD per facility catchment area = 6 FGDs = 57 women total	Purposive sampling
Fathers of children<1 year (to be included in FGDs) *(Inclusion criteria: ages 15–49, residing in Kagera study site with child<1 year)* *(Exclusion criteria: men<15 years old, who reside outside MCSP supported communities, whose youngest child>1 year)*	1 FGD per facility catchment area = 6 FGDs = 54 men total	Purposive sampling
FGDs with community leaders *(Inclusion criteria = ages 25-85, residing in Kagera study sites, must have prominent stature in community)* *(Exclusion criteria = leaders who reside outside the MCSP supported communities)*	1 per district = 3 FGDs = 28 community leaders total	Purposive sampling
Facility-based vaccinators and FP providers *(Inclusion criteria = working in MCSP-supported facilities, must be vaccinator providers or FP providers)* *(Exclusion criteria = do not work in MCSP- supported facilities, who provide services other than immunization and FP)*	2 providers per facility = 12 providers total	Purposive sampling
In-charge of health facilities *(Inclusion criteria = in-charge of MSCP-supported facilities)* *(Exclusion criteria = work outside MSCP-supported facilities)*	1 per facility = 6 facility in-charges	Purposive sampling
CHWs *(Inclusion criteria: Providing community-based services in Kagera study sites)* *(Exclusion criteria: Do not work in MCSP-supported communities in respective districts)*	1 per facility catchment area = 6 CHWs total	Purposive sampling

Data Transcription and Analysis

During all interviews and FGDs, field assistants took notes that were later expanded at the end of each interview/FGD. The expanded interviews/FGDs were further analyzed to identify dominant themes emerging from the interviews and FGDs. Key analysis themes identified were framed around immunization and FP service provision, perceptions and practices, and opportunities and challenges for integrating immunization and FP services.

Chapter 3: Family Planning and Immunization Delivery Practices

This chapter present findings on the structure and process of FP and immunization service provision at the health facility and outreach sites. Table 3 provides an overview of FP and immunization service provision at the study sites at health facilities and through outreach.

Family Planning Service Delivery Practices at the Health Facility

All facilities visited offered FP services, both short- and long-acting methods. Services were offered throughout the week from Monday to Friday. In all health facilities, the timing of when the services were offered depended on service provider availability. This was mainly because the facilities did not have specialized staff or staff assigned to provide FP services but rather had "multipurpose" providers who did several tasks, including providing antenatal care (ANC), prevention of mother-to-child transmission (PMTCT) services, immunization, and offering FP services. FP services were offered in most cases in the late afternoon or as soon as the provision of immunization, PMTCT and ANC services had been completed. Depending on the number of providers available on a particular day, PMTCT and ANC services were offered concurrently with immunization services or after.

In only one of the six health facilities visited, FP services were offered concurrently with immunization services in some cases. In this particular health facility, the number of service providers and having a separate room made it possible for them to offer FP and immunization services concurrently. However, when providers were doing outreach, attending a workshop/training or were out on leave, it was difficult to offer the services concurrently. Offering both services concurrently meant that a mother coming in for immunization services had the possibility of also receiving FP services immediately after the child was vaccinated or a mother coming in for FP services could access the service without having to wait for the service providers to finish offering other services. Even in facilities where they had a separate room for offering FP services, it was not possible to offer immunization and FP services at the same time because of the limited number of service providers.

In the other five facilities, FP and immunization services were being offered in a sequential manner. Service provision was organized such that service providers would first provide immunization services and once all children had received their required vaccines, the service providers would then provide FP services. In most cases, these services were offered after mid-day. Mothers were required to wait for FP services for a long time—one of the complaints that women voiced in the FGDs. Mothers who came in only for FP also had to wait for providers to finish offering immunization services before they could receive services. It was reported that if mothers who came in only for FP arrived very early before the providers had started offering immunization services, then they were served and left early. Mothers who sought FP services also came in later in the afternoon to avoid having to wait for a long time.

"When it comes to family planning, women who bring their children for immunization also come for family planning so we start by offering immunization services then once we have finished that is when we start offering family planning services...we finish around 1 pm that is when we start offering family planning services…there are also times when we finish offering immunization services at 4 pm." (Health service provider, Ngara District)

"It is important that they have separate days for family planning and immunization, this is because we shall have enough time to receive information on family planning. There are some mothers who after having spent time waiting for immunization services they decide not to go for family planning because the waiting time is too much." (FGD, Mothers, Kyerwa District)

FP counseling/information provision was reported to take place in a range of settings. It was reported that during the periods of contact with mothers such as ANC services, labor and delivery (pre-discharge) and during infant care services, health providers gave mothers information on FP. Service providers emphasized that FP discussions with mothers should start when attending ANC services to allow the mother enough time to decide what she wanted, although in some cases providers indicated that mothers would select a method to use after giving birth but not stick to their decisions, often because of concerns about effects on breast milk production or partner opposition.

"We counsel women on family planning during ANC visits and the method she decides she wants is written on the clinic card so that immediately after giving birth she would start using the method…some of them after delivery would refuse and say that their husbands have refused…out of 10 only four women would agree…the problem is that women believe that they should start using family planning after they have stopped breastfeeding." (Health Provider, Muleba District)

The type of counseling given to mothers seeking FP services depended largely on the number of clients waiting for the services. In cases where many women were waiting to be served, group counseling was the most preferred method. Women were initially counseled in a group, and later in the provider's room, they chose the method they wanted and received additional information especially for first time users. When women came individually for FP services, they were provided with individual counseling. In all the facilities visited, posters of FP methods and information were present on the walls. Some of the facilities also had fliers that they shared with mothers to read at home, although it was reported that the fliers were in short supply and what was available was mostly used at the facility for counseling purposes.

The three main challenges identified in the provision of FP services were the limited number of service providers, stock-out of FP methods (progesterone only pills, intrauterine contraceptive devices [IUDs], injectables and implants) and limited knowledge and understanding of FP use among communities, especially in relation to misconceptions surrounding the use of FP. In four of the six health facilities visited, stock-out of different FP methods was reported to have happened during the past six months. In some cases this was attributed to a district-level contraceptive stockout crisis.

Current Immunization Service Delivery Practices at the Health Facility Level

Immunization services were being offered in all of the health facilities visited. Services were generally offered daily from Monday to Friday (9:30 am to 3:30 pm), however in situations of vaccine shortages, a specific day was earmarked to provide services to minimize wastage. Immunization services were also offered on weekends in cases where mothers had delivered in the health facility and required a vaccine before going home.

"When we have adequate supply of vaccines then the services are offered on a daily basis, but in situations where there is a stock-out we are forced to offer services on particular days so that you have enough children together." (Health Provider, Kyerwa District)

In all the health facilities, health providers rotated in offering services in different departments so none of them were specifically dedicated to the immunization section. In three of the six facilities, immunization and FP services were offered in the same room but at different times. Mothers arrived early at the facility and before receiving services, they first received a group education session and later were sorted depending on the services into groups based on the vaccine that the child was to receive on that particular day. During routine infant immunization services, service providers talked of having a brief one-on-one discussion with mothers on FP and later verbally referring them for FP services. Unfortunately, none of the referrals were followed up.

In the health facilities, posters on immunization were visible on the walls outside the waiting space and inside the vaccination rooms. Fliers were not commonly used because of the large number of clients and limited stock of fliers.

"We normally give them advice emphasizing on the importance of immunization. We use IEC materials but we do not have fliers, in most of the cases we use posters that we have glued on the walls." (Health provider, Muleba District)

The main challenge in providing immunization services was district-level stock-outs of vaccines that forced providers to send mothers away without providing them with any services. Stock-out of vaccines was one of the reasons likely to delay a mother from finishing the vaccinations as per schedule.

"It depends if we have enough vaccines in stock once a mother gives birth the child will be vaccinated, but if we have a limited supply of BCG, then the child will only receive the polio vaccine and the mother will have to come back on the days we provide vaccination services (provided twice a week)." (Health provider, Kyperwa District)

"We had stock-out of polio vaccine and TB vaccine for two weeks and measles vaccine for three weeks." (Health provider Muleba District)

Generally, providers reported good immunization coverage and that many parents brought their children for immunization services. In some cases, mothers brought in their children late but would rarely fail to complete the required vaccines.

Current Family Planning & Immunization Service Delivery Practices at Outreach Sites

Outreach services were offered in all facilities visited. Because of the limited number of health facilities, outreach was one way of getting services closer to the communities. The average number of days of outreach services per facility per month was reported to be five days. In all outreach sites, immunization services were the main services being offered because the immunization department is largely responsible for coordinating the outreach. Other services also offered during outreach were ANC, PMTCT and FP. Only two of the six health facilities offered FP services during their outreach visits. These two facilities did not differ from the other facilities in terms of staffing but rather it was a management decision made to ensure that women in distant areas had access to FP services. The methods offered during the outreach visits were limited to short-acting methods, namely, condoms, depo and pills. Women wanting long-acting methods such as implants and IUDs were referred to the health facility.

The number of health providers available influenced the organization of services during the outreach visits. Because of the limited number of providers, immunization, ANC and PMTCT services were offered first and FP services were offered later. To be able to offer all services at the same time, it was recommended to have an increased number of staff per outreach visit. Outreach visits generally only had an average of two providers due to a shortage of health staff, which made it difficult to handle all services and limited providers' ability to offer FP alongside the other services. When providing FP services, health providers carried job aids, and, where available, took along fliers to hand out to mothers. Privacy in offering FP services was an obstacle especially because there were no permanent structures where services could be offered, and in some cases, services were offered in an open space.

"Before I arrived at this health facility they used to provide all family planning services during outreach, but the challenge was lack of a private place to provide mothers with family planning services…currently we are not offering family planning services during outreach." (Health provider, Muleba District)

Although combining FP and immunization services was meant to bring FP services closer to the people, the way the services were provided was not optimal and at times resulted in women leaving without accessing

services. One service provider acknowledged that when women were asked to wait for FP services after receiving immunization services, women tended to leave without accessing services because of the long waiting time.

"It depends on the staff that are available, if we have an adequate number of staff then some of them will provide immunization services and others will provide family planning, but if we have a few staff then clients wanting family planning services will have to wait until we finish offering immunization services." *(Health provider, Kyerwa District)*

"In other sites where we offer outreach services we are only given one room so it is not possible to offer immunization and family planning services at the same time so we start offering immunization and later family planning. This has led to mothers at times deciding to leave after waiting for a long time to get family planning services." *(Health provider, Kyerwa District)*

However, despite these challenges, providing both FP and immunization services at some outreach sites is seen to have had a positive impact especially in increasing the number of women accessing FP services. A health provider in Kyerwa district reported that providing both services at outreach had helped to increase the number of women using FP, reducing barriers to access especially for those living far from the health facility. Women living in sites where outreach services did not include FP explained the challenges they faced in accessing FP which impacted their use of FP services.

"They should improve the services so that we can get family planning services when they come for outreach because the health facility is far from here…this would help women especially those who sneak away from their husbands to go for family planning services…if the services are nearby it is then possible for them to come for services without their husbands suspecting anything." *(FGD, Mothers, Kyerwa District)*

The main challenges discussed by providers in offering services in outreach sites were inadequate staffing, lack of reliable means of transport and lack of rooms or acceptable places to offer the services. The number of staff allocated to provide outreach services was noted to be inadequate. Another issue was limitations regarding the number of providers who can be paid allowances during the outreach visits. Current policy dictated that only two immunization providers were eligible to be paid allowances during outreach (as determined at the district level), meaning that any additional staff going out for outreach had to be paid by the health facility, which proved to be difficult.

"The challenge we are facing is on payment of allowances for staff during outreach visits, as of now only two staff are paid, those providing immunization services, so if someone else joins the team to provide family planning services that person is not included for payment." *(Health provider, Kyerwa District)*

"We are not providing family planning services during outreach because the place where we provide services from is not conducive, some women want family planning while their husbands do not want so we need a place that can offer privacy…the number of staff that go to provide outreach are only two, we are too few to be able to provide family planning services." *(Health provider, Muleba District)*

Reliable means of transport was another challenge that impacted negatively on the provision of outreach services especially during the rainy seasons. Facilities did not have their own cars and had to depend on transport organized by the district, which, at times, was not available, so facilities were forced to hire cars or motorbikes, resulting in delays in arriving at the outreach sites.

Table 3. Provision of FP and immunization services at health facility and outreach across study sites[6]

	Health Facility Provision of FP and Immunization Services (Concurrent, Staggered, Same room, Different room?)	**Outreach Provision of FP and Immunization Services** (Both FP and immunization services provided? Links between the services?)
Site A	FP and immunization services being offered concurrently; have separate rooms for FP and immunization	Provides immunization only
Site B	FP and immunization services offered in the same room; immunization clients are attended first then later FP clients	Provides immunization and FP services (short acting methods); immunization services are offered first; mothers have to wait for FP services that are offered later in the day, mostly in the afternoon or late afternoon
Site C	FP and immunization services offered in the same room; immunization clients are attended first then later FP clients	Provides immunization services only
Site D	FP and immunization services offered in the same room; immunization clients are attended first then later FP clients	Provides immunization services only
Site E	FP and immunization services offered in the same room; immunization clients are attended first then later FP clients	Provides immunization and FP services (short acting methods); immunization services are offered first; mothers have to wait for FP services that are offered later in the day
Site F	FP and immunization services offered in the same room; immunization clients are attended first then later FP clients	Provides immunization services only

[6] Site names have been anonymized for confidentiality purposes.

Chapter 4: Family Planning Practices and Perspectives

Awareness and Perceptions of Family Planning

General awareness of FP was high among study respondents. In FGDs, men and women mentioned different FP methods, namely pills, depo, implants, IUDs, condoms. There were no substantial differences between the responses from FGDs with men and women in general knowledge of FP. In all FGDs, participants were positive about FP, mentioning a number of benefits as to why it was important for families to opt for FP. The benefits mentioned included benefits for the health of both the child and the mother, improved family financial status, and providing adequate time and resources to care for the family.

"The use of family planning helps the family to be able to provide the children with their basic needs, when you have planned it is easier to take care of them…mothers also get time to rest and recovery her health….the children will be healthy because the mother has enough time to take care of them and breastfeed them." (FGD-Mothers-Kyerwa District)

"Benefits of family planning is that your children will be healthy…if you don't plan the children will not be properly feed…increase the income of the family since you have enough time to do other things." (FGD-Fathers-Kyerwa District)

Knowledge about when a mother should start using FP after birth varied among participants, with some of them reporting as early as one month and others up to two years when a mother stops breastfeeding. The main cue women used to assess when to start FP was return to menses, whereas for men it was more the child's age or that the decision should be based on the advice received from the health provider.

"We are advised (by the health provider) we should wait for three months that is when we should start using family planning…if a mother gives birth today the health provider can initiate the use of family planning…I would like her to start using family planning the very same day she gives birth." (FGD-Fathers-Muleba District)

"It depends what the husband and wife agree upon…for me immediately after my wife gave birth I asked the nurse to give her family planning…" (FGD-Fathers-Muleba District)

"We are not very sure because when they come to the clinic they are told to start when they resume menses…I think it should be before resuming sex…two weeks before they start having sex again." (FGD-Fathers-Kyerwa District)

"It depends on when you resume your periods, for some it can be five months, others it can be even a year." (FGD-Mothers-Kyerwa District)

Family Planning Use and Practices

Postpartum Family Planning Practices

In all the FGDs, participants unanimously agreed that the use of FP in the early months after childbirth was very low in their respective communities. According to the health providers, in most cases, women started using FP services six months after they gave birth and very few came in before six months. Health providers explained how they counseled women on FP during ANC visits, and often mothers agreed to use FP, but immediately after giving birth, they changed their mind and opted not to use any FP method.

"Postpartum family planning use is still a challenge, many women start using family planning six months after giving birth…there are times we try to advise mothers to start immediately after giving birth but many of them do not heed to the advice." (Health Provider- Kyerwa District)

"For many of the women they are not willing to start using family planning before they resume menses." (Health Provider, Muleba District)

When mothers were asked if they would consider using FP immediately after giving birth, the majority declined, largely because they felt they could not become pregnant because they were breastfeeding and had not resumed their menses. They also expressed a concern that FP methods could affect the supply of breast milk.

"Are you ready to use family planning immediately after giving birth? …no…they say if you use implant or IUD it affects you and you bleed too much….if you trust that you can stay even for a year without resuming menses there is no need to use family planning….when I suspect that I am almost starting my periods that is when I go for family planning services." (FGD-Mothers-Kyerwa District)

"A lot of us wait until we resume menses that is when we think about using family planning."(FGD-Mothers-Muleba District)

"If you use family planning methods it affects the supply of your breastmilk…if you start using family immediately after giving birth people will start talking about it saying your child is still small or you only have one child." (FGD-Mothers-Muleba District)

"If you are confident that after giving birth you can stay for a year without resuming your periods why do you need to go for family planning?" (FGD, Mothers-Kyerwa District)

Timing of when to start using FP methods after childbirth was influenced by the advice received from the service providers. Women reported instances when they had gone to the health facility for FP services before they had resumed menses only to be denied services. For some service providers, return to menses seemed to be important when they determined whether mothers should be offered FP services. According to providers, however, they saw menses as a cue for offering FP, but they said they did not send mothers away because they had not resumed menses.

"When you go for family planning services they would ask you (the health provider) if you have resumed menses, if you say yes they will give you a piece of cotton wool so that you can prove that you have resumed menses and if you tell them not yet they will send you home with services telling you to come back once you have resumed your menses." (FGD-Mothers-Muleba District)

"If you go for family planning services before you resume your menses they refuse to give you services (health providers) they ask you when was the last time you had your menses." (FGD-Mothers-Muleba District)

"When a mother comes in for family planning we ask them questions to make sure she is not pregnant…we ask her if she has returned to menses…we ask her if she has resumed sex." (Health Provider, Kyerwa District)

It was noted that return to sexual activity happens soon after childbirth, sometimes as early as two weeks, putting women at risk of another closely spaced pregnancy if they are not using a FP method.

Decision-making on family planning use

How women decided whether to use FP varied. Some women discussed FP use with their husbands, some made the decision on their own and some resorted to using FP without their husbands' knowledge.

"We discuss with our husbands…some go secretly because their husbands do not want them using family planning…once I discuss with the health provider then I decide on my own." (FGD-Mothers-Kyerwa District)

"Some of the families discuss and other families do not discuss [family planning use]*…many of the families discuss." (FGD-Fathers-Kyerwa District)*

"Some families like discussing about family planning and others do not…if your husband sees you giving birth every year they will tell you to start using family planning." (FGD-Mothers-Muleba District)

"If you want to have peace in your house it is better that your husband is the one who makes the decision with regards to the use of family planning." (FGD-Mothers-Muleba District)

Reported Challenges in the Use of Family Planning

A number of challenges were reported as to why women were not using FP services. The discussions were not limited to postpartum FP but were of FP use at a more general level. Challenges mentioned included distance to services, side effects from the methods, desire to have more children, lack of knowledge on FP, religious reasons, stock-out of FP methods and husband's refusal to use FP.

Distance to family planning services

Distance to services, especially where outreach services did not include FP services, was the main challenge cited in accessing FP services. It was reported that women were forced to travel long distances if they wanted to use FP services and, as a result, women were discouraged from doing that. The situation was reported to be more complicated in situations where men refused to let their wives use FP and at the same time women had to ask for transport money from their husbands and would be missing from home for a long time.

"Family planning services are a challenge, women have to walk for an average of one and a half, up to two hours, to the health facility since not all husbands will give their wives transport money…at times when they get to the facility they are told to come back another day." (FGD-men-Kyerwa District)

"You cannot go to [the health facility] *without your husband knowing about it. Where will you get the Tshs 6000 for transport money?…It is also about time, where will you tell him you are going for the whole day you will be missing from home, that is why some have decided not to use family planning…if the services were near it would have been possible to go and come back without being noticed." (FGD-Mothers-Muleba District)*

Perceived side effects of family planning methods

Women also cited concerns about side effects associated with using FP as a reason for nonuse. FP methods (writ large, not just specific methods) were considered by many to not be safe for use. Some of the side effects mentioned were heavy bleeding, bleeding for an extended duration, back pains, weakness, inability to conceive again and inability to work. There were also some who believed that the use of FP would affect the unborn child. The use of FP was also reported to cause a woman to become dry and interfere with her ability to enjoy sex. It was also noted that women often develop concerns about side effects after learning about other women's experiences, without going to the health facility for more information or to have their concerns addressed.

"Family planning methods interfere with the supply of breast milk, your breast milk will dry out or the supply will be reduced…heavy bleeding…loss of appetite…loss of sexual desire…dizziness." (FGD-Mothers-Kyerwa District)

"Some mothers know that if they use family planning it will interfere with their ability to produce breast milk for their children." (CHW, Kyerwa District)

"There are problems resulting from the use of family planning such as prolonged menstruation, back pains, becoming weak…some believe that you will destroy all the children she has in her womb." (FGD-Fathers-Kyerwa District)

"We are afraid of using family planning before resuming menstruation because we are afraid that not seeing you periods might be because you are pregnant then when you start using family planning you might affect the child." (FGD-Mothers-Muleba District)

"Family planning methods make a woman dry so people say they do not enjoy sex …they also cause you to bleed for a very long time, you can bleed for a week or even a month." (FGD-Mothers-Kyerwa District)

"There are testimonies from women who have experienced side effects as a result of using family planning so other women are also afraid of using family planning…other women would stay a long time after discontinuing family planning without being able to conceive so women believe that it will be difficult for them to conceive again and hence opt not to use family planning." (FGD-Mothers-Ngara District)

Stock-out of family planning methods

Stock-out of FP methods was one of the challenges women faced when deciding to use FP methods. Women reported situations in which they were forced not to use FP as a result of stock-outs. Most of the health facilities included in the study had experienced stock-outs of one or two FP methods during the previous six months. Women's decisions on the method to use was largely influenced by other women's experiences, and they tended to desire to stick to their intended method rather than choose another method if their desired method was not available. The situation was more complicated especially in situations where the services were far and women had to go back and forth several times without being able to get any services.

"There is a problem with the availability of family planning methods, for example I was counseled during ANC and decided I will use pills, but the pills are not available they told me to come back again and when I went the pills were still out of stock…they told me I should not use depo because it will dry out my breast milk." (FGD-Mothers-Muleba District)

"At times services are not available, they are told to come back another day. For example my wife went to the health facility for family planning services and she was advised that since this was her first child it is better that she uses depo but she wanted implants for three years but they were not available what was available was the five-year implant which the provider told her was not good." (FGD-Father-Kyerwa District)

Desire for more children

The desire to have more children and concern that FP would limit their ability to conceive in the future also prevented some women from using an FP method.

"Some mothers want to have many children…if you use family planning methods your womb might close up and make it difficult for you to have more children." (FGD-Mothers-Kyerwa District)

"Men are not willing to let their wives use family planning, they say that they want to have as many children as possible." (CHW, Kyerwa District)

Lack of knowledge

Lack of proper knowledge about FP methods was also mentioned in FGDs as a reason women were not willing to use FP. It was reported that communities had limited understanding of FP and as a result were prone to rumors about FP.

"Some people are not using family planning because they just don't understand about family planning methods…not knowing if you want to be able to carry out your other responsibilities with minimal hassles you should opt to use family planning." (FGD-Mothers-Kyerwa District)

"The main issue at hand is knowledge, for many of the people family planning is still a new concept that is why not many of them opt to use family planning, women would wait until they see their periods, but if they have proper understanding of family planning they will change." (Health Provider, Kyerwa District)

Religion

Religion was also mentioned as a factor affecting family planning uptake.

"Some of us our husbands refuse that we should not use family planning because of religious reasons and as a result of that they will not give you transport money to go to [the health facility] for family planning services…you have to look for your own money and go secretly." (FGD-Mothers-Muleba District)

"There are some religions that refuse women from using family planning that has contributed to the few number of women coming in for family planning services." (Health Provider, Kyerwa District)

"Religion is also a challenge when it comes to family planning use, women believe that for religious reasons they are not supposed to use family planning instead they should continue giving birth." (CHW-Kyerwa District)

Husband's refusal

Husbands' opposition was also identified as an obstacle for their wives using FP. Some women reported being denied permission by their husbands to use FP. Women indicated that their husbands were especially concerned and more likely to refuse if they had experienced any side effects in the past that may have been associated with using a FP method. However, men did not openly express having denied their spouses permission to use FP.

Sources of Information about Family Planning

CHWs were identified as an important source of FP information. Men and women mentioned CHWs visiting them in their households and providing them with FP information. CHWs also reported referring women for FP services.

"The CHW visit our households and teach us teach us about family planning services." (FGD, Men, Kyerwa District).

"I visit households and talk to them about family planning, I talk to them about the benefits of using family planning and discuss about the different family planning methods available." (CHW, Kyerwa District)

Health providers at the health facility were also identified as an important source of FP information. Additionally, the church was mentioned as another source of FP information. In FGDs with men, they mentioned that the pastors preached about the benefits of using FP services during sermons in church. Village meetings were also sources of FP information where village leaders sometimes incorporated discussion of FP-related matters.

Suggestions on Ways to Improve Family Planning Services

Suggestions of how best to improve FP services were discussed in two broad categories: community interventions and improvement of health services. Providing education through community engagement was mentioned as one of the ways that FP use could be improved, as discussed in FGDs with men, women, community leaders, CHWs and health providers. The main argument put forth was that many people were not well informed about FP methods and when couples should use FP, and also that there were a lot of negative things that people heard about FP.

Improving FP services was discussed in the context of improving the availability of FP services, increasing the number of service providers and the availability of space to provide the service, and improving access to FP services. Mothers talked of having to walk a long distance to the health facility just to be told to come back another day and even after going there several times, they were not able to get any services. It was recommended that outreach services should also provide FP services to allow easy access for more women.

It was suggested that to enable mothers to access services early and be able to return home to carry out their daily activities, the number of health providers should be increased. This would mean that mothers would not have to wait for providers to finish with the immunization and other sessions before receiving FP services. In communities where immunization services were mostly offered through outreach and FP was not part of the package it was recommended that CHWs should be provided with at least some basic methods that they could offer, for example, pills and condoms, rather than having mothers travel long distances to the health facility.

Chapter 5: Immunization Practices and Perspectives

Awareness and Perception of Immunization Services

Community awareness of immunization services was high. Both mothers and fathers were well-informed about where and when they could access immunization services. All mothers and fathers participating in the FGDs explained that they could access immunization services either at the health facility or outreach post. They also knew when (day or date) immunization services were being offered.

"Immunization services are provided on the first Friday of the month." (FGD-Fathers-Kyerwa District)

"Immunization services are offered on Thursday and Monday…immunization services are offered twice a week." (FGD-Mothers-Ngara District)

Overall, mothers and fathers in FGDs knew at a general level that immunization offered protection to children against diseases. The most common diseases mentioned to be protected against were measles, polio, TB and tetanus. Mothers and fathers were positive about immunization and believed that it was important that the child get immunized for health benefits. In none of the FGDs did respondents mention negative perceptions about immunization.

"Vaccination help children from getting childhood disease like measles which now is something of the past." (FGD, Men, Kyerwa District)

"We are motivated to bring our children for immunization so as to protect them against different diseases like measles, polio, TB… if you do not take your child for immunization the child will suffer from diseases." (FGD-Mothers-Ngara District)

"We are trained that when a child is born it is important that she gets vaccinated to protect her from diseases such as polio, paralysis, tetanus." (FGD-Mothers-Kyerwa District)

Although men and women in FGDs reported knowing that immunization prevented certain diseases, they had limited understanding of which vaccine prevented which disease. Mothers mentioned that drops protected against polio and the vaccine that children get at nine months was against measles. Mothers and some of the men stated that immunization should be completed when a child was nine months old.

Immunization Practices

Immunization practices reported in FGDs with women, men and community leaders were very positive. In all the FGDs, it was reported that parents made all efforts to ensure that their children received all vaccines required at the appropriate time, despite the varied challenges to access immunization services that some mothers reported. FGD participants insisted that it was very rare to find a family that had a child that had not received any vaccine. This finding was also supported by health providers in all the health facilities visited.

"All families take their children for immunization services…there is no family that does not take their children for immunization services." (FGD-Mothers-Ngara District)

"A lot of families bring their children for immunization services because they know the benefits and shortfalls of not getting their children vaccinated." (Health Provider-Muleba District)

"Yes a lot of families take their children for immunization." *(CHW-Kyerwa District)*

"As of now all families take their children for immunization because they are knowledgeable about the importance of having their children vaccinated so for all women giving birth they will make sure they bring their children for immunization and they make sure they finish all the vaccines." *(CHW-Ngara District)*

In an effort to ensure that their children were vaccinated even in distant places with no outreach services, women were reported to walk long distances if they did not have money for transport. Men in an FGD in Muleba District reported that women walked an average of one to two hours to the facility for vaccination if they had no money for transport, which was reported to be Tshs. 3000/= for the round trip as reported in the quote below.

"Women are very keen to make sure their children are vaccinated, even when they do not have money for transport they will work." *(FGD, Men, Muleba District)*

"The main challenge that we face is when we have to go to the health facility for services because it is far and it can take you 2 to 3 hours walking not everybody can afford the transport costs so you just have to walk." *(FGD-Mothers-Kyerwa District)*

It was reported that there were instances where families would delay taking their children for immunization, but the delays did not result in missing the required vaccine altogether. Lack of transport money, inaccessible roads, mother being sick and stock-out of vaccines were some of the reasons that delayed children from being vaccinated according to the schedule.

"We have been having problems with the measles vaccine it is out of stock for a very long time or they come with very few doses that it is not enough for all the children…instead of getting the measles vaccine at age of nine months a child can even be one year before receiving the vaccine." *(FGD-Mothers-Muleba District)*

"During the rainy season the roads get destroyed and hence it is difficult for women to get to the health facility." *(Health Provider, Kyerwa District)*

"They are times when we are not able to get immunization services…when you go to the outreach post the health providers do not show up so if you do not have money to hire a motorcycle to go to the health facility then you just go home without getting any service." *(FGD-Mothers-Muleba District)*

"There are times when you are told the vaccine is out of stock, when you go back the next time the health providers will start scolding you or will even send you away forgetting that they are the ones who sent you back without getting any services…they do not write anywhere on the card that you came but the vaccine was out of stock…they only know to abuse you for not coming for immunization…" *(FGD-Mothers-Muleba District)*

"My child was not vaccinated the first month, I went again to the health facility after one month and was told the same thing … it is far have to walk and it is very hot…the third month when I went only six children were vaccinated and I was not among them so I am still following up." *(FGD-Mothers-Muleba District)*

Delays of health providers coming to the outreach sites were mentioned in one of the FGDs as a reason some mothers remained at home, especially if they had pressing obligations that required their presence.

"If you have a patient at home it is better you remain at home (don't go for immunization services) taking care of the patient because you will never make it home early …you will come back home late just to find that your patient has suffered quite a lot." *(FGD-Mothers- Kyerwa District)*

CHWs were noted to play an important role in following up with parents to make sure that all children completed the immunization schedule. It was reported that once the CHW noted that a parent did not bring their child for vaccination, they followed up with the parent to ensure that the child was vaccinated.

At the family level, the responsibility of ensuring that the child was vaccinated was mainly left to the mother. The father's role was limited to facilitation, for example, providing money for transport and, in some cases, reminding mothers to take the child for vaccination.

"When the mother is sick the father will not take the child for immunization, it is uncommon for men to take their children to the health facility." (FGD-Mothers-Kyerwa District)

"If you are sick and unable to take the child for immunization you will have to wait for the next round [of outreach] *to take your child for vaccination." (FGD-Mothers-Kyerwa District)*

Suggestions for Improving Immunization Services

A number of suggestions were made on how best to improve immunization services in the health facilities and outreach sites. In the outreach sites, it was recommended that providers performing outreach services should be given reliable transport that would enable them to arrive at the outreach points early. These transport challenges affected mothers because they were forced to stay for many hours at the outreach points waiting for providers to come and, in some cases, providers never arrived.

Another suggestion to improve the provision of immunization services, especially in the outreach sites, was to increase the number of health providers to enable them to provide services to many clients and decrease the amount of time women had to wait to receive services. Places to offer immunization services during outreach were also mentioned as an area that needs improvement. There were no permanent structures where outreach services were being offered (rather, services were often offered under a tree, private house, or village office)[7].

Improving the availability of vaccines was also mentioned as an area for improvement area, both for the outreach and health facilities.

[7] It was noted by program staff that shelters are now provided in most areas in Kagera after advocacy with the DHMT and village governments.

Chapter 6: Integrating Family Planning and Immunization Services: Opportunities and Challenges

This chapter presents feedback from service providers and community members on the opportunities and challenges of integrating FP and immunization services.

Health Providers' Perspectives on Integrating Immunization and Family Planning Services

Health providers were open to integrating immunization and FP services. Providers reported that they were open to providing mothers with FP services when they came in for immunization services and, in some cases, reported already doing that. As discussed in chapter 3, in some of the health facilities, there was already some kind of integration of immunization and FP services happening during outreach services. The experience shared by the health facilities that were offering FP during outreach was positive especially in easing access to FP services for mothers.

"Combining family planning services and immunization service during outreach has helped in increasing the number of women accessing family planning services since the service is much closer to them rather than having them walk 14 kms to access family planning services." (Health Provider, Kyerwa District)

The integration of FP and immunization services was discussed in two main ways. The first way was having immunization and FP services offered at the same time in different rooms/sites (by different providers), and the second was offering one service after the other in the same room/setting by the same provider so that the woman received both services in the same sitting. Facility providers mentioned that providing both services at the same time in the same room was a challenge because it took much longer to attend to one client. They also mentioned that immunization services, which were provided in groups, might not provide the appropriate atmosphere to offer confidentiality and privacy for mothers opting for FP services.

Health providers reported opportunities for offering women FP services during immunization visits. They indicated that women who come for immunization often ask about FP services, and that the providers do attempt to discuss FP proactively with women coming for immunization.

"There is a relationship between immunization and family planning, mothers who come in for immunization services also ask for family planning services…it is normal for women to come in for both services, she will come in for immunization, then would go for family planning, then any other health services she will need for herself or her child." (Health Provider, Kyerwa District)

"When a mother comes to the facility she can get both services at the same time…we provide family planning counseling to all mothers coming for services…many of the mothers when they come in for immunization they also get family planning services." (Health Provider, Kyerwa District)

"We only have only one sitting area where all women will sit there irrespective of the services they are coming in for…we provide them with information on different topics like breastfeeding, family planning then later they would go to their respective rooms for immunization services or family planning services." (Health Provider, Muleba District)

"Yes they talk to us about family planning when we take our children for vaccination...when you go to the area where they are providing immunization services they would ask you if you also want family planning services, if you want they instruct you to visit the health facility." (FGD-Mothers, Kyerwa District)

As previously noted, being able to offer integrated FP and immunization services simultaneously was reported to rely heavily on having an adequate number of providers at the facility at the same time on the same day.

Community Perspectives on Integrating Immunization and Family Planning Services

Community members were positive about integrating FP and immunization services. Mothers were open to receiving FP services when they came in for immunization services. Women talked about how it would be easier for them to access FP services without having to walk long distances. Men in FGDs stated that the integration would lessen the burden for them because of less transport costs. For men and women, the main positive aspect of integrating FP and immunization services was easy access to both services.

"It will help us access both service with ease…will bring family services closer to us." (FGD-Mothers-Kyerwa District)

"One of the benefits of integrating the services is that now women do not have to walk long distances, the services are available close by and it is easy for women to access services." (FGD-Fathers-Kyerwa District)

"It will reduce the need for mothers having to come to the health facility frequently especially taking into account the distance that they have to travel…it will also help women who are using family planning secretly without their husband's knowledge, it will be possible to come and get services without the husband suspecting." (FGD-Mothers-Kyerwa District)

"If my husband does not want me to use family planning it will be easy for me to tell him that I am taking for the child for immunization then while I am there I can access family planning services…" (FGD-Mothers-Muleba District)

Perceived Challenges of Integrating Immunization and Family Planning Services: The Health Providers' Perspective

Health providers stated that the main challenge in integrating FP and immunization services was the limited human resources, especially at the outreach sites because of the large number of clients. Integrating immunization and FP services would mean the providers spend more time with the mothers, which would limit their ability to serve all clients.

"The main challenge that I see is that we shall be overworking ourselves. We are very few health providers…when providing immunization services only it is a challenge so what will happen if the services are combined." (Health Provider, Ngara District)

"The challenge that might arise is that by combining the services it will mean that the number of clients will increase, however if the number of health providers does not change women will have to wait for a long time before receiving services and at the end of the day they will give up and decide to leave." (Health Provider, Ngara District)

Lack of adequate rooms or space to provide FP and immunization services was also identified as a challenge, mainly during outreach. In most of the outreach sites, services were offered in a public/open space with no privacy and confidentiality. If FP services were provided in the same setting, lack of privacy and confidentiality could pose a barrier especially when there are negative perceptions around FP use during the first year postpartum because of women's belief that it interferes with the ability to produce breast milk.

Stock-out of FP methods were also perceived to affect efforts to integrate FP and immunization services.

"If family planning methods are always out of stock it will discourage women, so it will not matter if the services are integrated or not." (Health Provider, Ngara District)

Health providers stated that the way immunization and FP services were structured and coordinated posed another challenge. Only providers offering immunization services were paid or given overtime allowance. The health facility had to cover the costs of any additional provider, which was not easy given the limited amount of resources. Therefore, some of the facilities did not offer FP services during outreach sessions.

Perceived Challenges of Integrating Immunization and Family Planning Services: The Community Perspective

Experiences shared by communities where FP services were offered during immunization outreach sessions showed concerns that for the integration to work effectively a number of things needed to be addressed. One of the issues raised in the discussions was that health providers should have reliable transport that would enable them to arrive early at the outreach sites so that mothers wanting family services would not have to wait the whole day before they could access services. Another point mentioned was that the limited number of health providers would make it difficult to have a well-functioning integration because the workload would be too much for the current providers to handle.

"The main challenge is that women will be arriving here say at 8 in the morning and might end up leaving at 7.30 in the evening…" (FGD-Fathers- Kyerwa District)

"If there is only one health provider who will be providing immunization services first and at time they finish at 2pm, now if you are suggesting that she also provides family planning services women will end up leaving the outreach points at 6pm…it will be difficult to manage providing both services together." (FGD-Fathers-Muleba District)

There was a minority view raised in two of six FGDs with fathers that there could be a possibility that mothers who are opposed to FP may decide to stay away from immunization services once the services are integrated. However, this concern was not raised in any of the FGDs with mothers or among any other respondent groups.

Respondents did not cite any concerns that integration would lead to a misconception that vaccines are contraceptive agents in disguise.

Chapter 7: Programming Opportunities and Recommendations

Findings from this study clearly reveal program opportunities for ensuring more systematic and proactive integration of immunization and FP services. Recommendations for future FP and immunization service integration programming are presented below.

Recommendation 1: At Community Level, Address Gaps in Understanding of Unique Family Planning Needs of Postpartum Women

Study findings showed a limited understanding among women and other community members of return to fecundity, importance of timely postpartum contraceptive uptake, lactational amenorrhea method, and that most contraceptives are safe for breastfeeding mothers. Hence, there is a critical need to address knowledge gaps at the community level by supporting communication interventions within and outside the health care setting. These efforts should address concerns about side effects, which were a major barrier to contraceptive uptake.

Recommendation 2: Build Capacity of Health Providers and CHWs to Provide Postpartum Family Planning Services

It is crucial for health providers to be more proactive in systematically counseling and offering FP services to women during health contacts in the first year postpartum. Gaps in understanding of key postpartum family planning concepts were evident not only among community members but also among some community health workers and service providers. The study found reports by women of being turned away from FP services because their menses had not resumed. Although providers indicated this was not their practice, inconsistencies in their recommendations regarding timing of postpartum contraceptive uptake were noted. Health providers should be provided ongoing opportunities for learning and skills refreshment to ensure their knowledge of postpartum FP and their willingness to provide contraception to women even if a woman is not menstruating. Opportunities for values clarification should also be considered. Oversight and ongoing reinforcement of positive practices by facility in-charges and supervisors is needed. Because CHWs are crucial in disseminating knowledge of postpartum FP services at the community level, they should be equipped with proper knowledge and understanding of postpartum FP.

Recommendation 3: Incorporate Family Planning in Outreach Services

Addressing women's limited access to FP services in remote areas will mean making services available in close proximity to their residential areas. Immunization services provide multiple opportunities to reach postpartum women when they want to avoid another pregnancy for their own health and that of their child. Many women do not access facility-based immunization services, and their contact with the health facility is limited due to distance and transportation challenges. The outreach platform provides an opportunity to offer short acting methods (condoms, pills, injectables, LAM) and refer for long acting and permanent methods. Not offering FP services during outreach is a missed opportunity to address access challenges and meet women's family planning needs in the first year after childbirth. Within the outreach setting, measures should be taken to promote client privacy and confidentiality during FP service provision.

Recommendation 4: Strengthen Family Planning Referrals

Although health providers reported discussing FP with mothers when accessing immunization services and referring them for FP, there was a lack of consistency in communicating the FP information and a weak referral system to reinforce links between the services. Women faced several challenges in following through oreferrals because of challenges in accessing services (distance and waiting time). There was no mechanism in place to ensure that the providers could track whether the woman took up the referral. Referrals were more complicated in the outreach sites given the challenges of accessing services, which required visiting the health facility on a different day. Referral pathways should be made clear, and there should be a mechanism in place that ensures that women are not discouraged in taking up the referrals. This can be achieved by increasing the number of service providers to enable immunization and FP services to be offered concurrently to enable women to complete their referrals on the same day if possible.

Recommendation 5: Address Health System Constraints

The success of the integration model for immunization and FP services will likely depend on a number of factors, including availability of health workers, health worker payments (especially at outreach), transportation, and commodity supply. Providing FP during outreach and more systematically (and efficiently) at the health facility will require problem-solving at regional, district, and facility levels to address the aforementioned health systems constraints. Identify opportunities for task sharing or shifting during outreach, such that CHWs, village health workers or other community volunteers are engaged to support with health communication, client flow and tracking as appropriate.

Services should be efficiently organized to ensure adequate resource allocation to immunization and FP services, including all necessary equipment, contraceptive methods and reliable transport. Health facilities are serving a significant number of mothers through their outreach services, and it is important that the structures in place can adequately accommodate that. Currently, only immunization service providers are paid extra duty allowance for each outreach visit they make. To accommodate additional service providers would mean liaising with the council health management teams, including facilitating microplanning to feed into comprehensive council health plan (CCHP) annual planning, to provide for additional budgeting to accommodate all the staff that are required to enable immunization and FP services to be offered without jeopardizing quality of services offered and willingness of mothers to uptake the services.

Appendix 1 is a proposed concept note to guide the development of an implementation approach in Mara and Kagera regions.

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Appendix 1: Concept Note for Implementation Approach

Background

FP and immunization integration has been recognized by the United States Agency for International Development (USAID), United Nations Population Fund (UNFPA) and others as a "promising" high impact practice for FP. Increasing access to postpartum FP contributes to achievement of maternal and child health goals. Closely spaced pregnancies increase risk of preterm birth, low birthweight, fetal, early neonatal and infant death, and adverse maternal health outcomes. From a public health perspective, it is crucial to take advantage of every contact with pregnant and postpartum women to offer them FP counseling and services. According to the Tanzania DHS 2015/2016, Tanzania has a contraceptive prevalence rate of 32%8. The 2015 WHO-UNICEF estimates estimate a nationwide coverage rate for the third dose of the diphtheria, tetanus pertussis (DTP3) vaccine of 98%9. In Kagera region, 88% of children 12-23 months had received all basic vaccinations, but the contraceptive prevalence rate was 39% and unmet need for FP was 22% (TDHS 2015/2016).

Ensuring that FP counseling and services are linked to infant vaccination contacts through well-managed primary health care services has the potential to reach mothers with FP information and services at a critical time—the six months following birth. To be successful, integrated immunization and FP service provision requires actions that support FP and immunization alike as well as integrates key indicators for both immunization and FP in a timely manner. Additionally, FP clients are most often women with small children and may have immunization needs for themselves or their children. If carefully planned and supported, the visit to obtain FP services could provide an opportunity for screening immunization status and providing immunization services as needed.

The proposed integration approach is informed by findings from a formative assessment conducted in September-October 2016. The assessment revealed that while links between FP and immunization services exist at some sites, integration of services is not consistent and systematic, resulting in missed opportunities for provision of both services. Specific findings included:

- In all facilities visited, providers were doing multiple tasks, including providing antenatal care (ANC), which includes HIV counseling and testing and special care for pregnant women living with HIV (i.e., prevention of mother-to-child transmission [PMTCT]), immunization services and offering FP services. FP services were generally offered in the late afternoon or as soon as the provision of immunization, PMTCT and ANC services was completed, because the number of mothers coming in for immunization services was large and providers' wanted to attend to them and allowed them to complete their visit as soon as possible. In only one of the six health facilities visited, it was reported that FP services were offered concurrently with immunization services. In this particular health facility the number of service providers and existence of a separate room made it possible for them to offer FP and immunization services concurrently.
- Immunization services were being offered in all of the health facilities visited. Although in some of the facilities, immunization services were scheduled to be offered throughout the week, in situations where there were shortages of vaccines, a specific day was earmarked to provide services to minimize wastage. In all the health facilities, providers rotated to offer services in different departments so none of them

[8] 2015 World Population Data Sheet.
[9] 2015 WHO-UNICEF estimates of DTP3 coverage (http://apps.who.int/immunization_monitoring/globalsummary/timeseries/tswucoveragedtp3.html).

was specifically allocated to the immunization section. In three of the six facilities visited, immunization and FP services were offered in the same room. Community health workers were noted to play an important role in following up on parents to ensure that all children completed their vaccination schedules. The main challenge mentioned in the provision of immunization services was stock-out of vaccines.

- Outreach services were being offered from all of the facilities visited, reportedly an average of five days per month per facility. Approximately 100-200 clients were reported to attend each outreach session. In all outreach sites, immunization was the main service being offered. Other services offered included ANC, PMTCT and FP. Of the six health facilities visited, only two facilities were offering FP services (condoms, depo, pills) during outreach. The number of health providers available influenced the organization of services. Because of the limited number of providers, immunization, ANC and PMTCT services were offered first. FP services were offered later during the day. The manner in which the services were provided was suboptimal and at times women left without accessing services. The main challenges discussed by providers in offering services in outreach sites were inadequate staffing, lack of reliable transport, and lack of rooms or acceptable places to offer the services (causing privacy concerns).
- Postpartum FP use was reported to be very low. According to the health providers in most cases women started using FP services six months or more after they had given birth and very few came in before six months. When mothers were asked if they considered using FP immediately after giving birth, the majority declined. Women commonly cited a belief that they could not become pregnant during this period because they were breastfeeding (although this breastfeeding was often not exclusive) and had not resumed their menses and also the fact that FP methods could affect the supply of breast milk. The main challenges for FP use mentioned include distance to services, side effects, desire to have more children, lack of FP knowledge, religious reasons, contraceptive stock-outs and partner opposition.
- Community members were positive about the integrating FP and immunization services. Mothers were open to being offered FP services when they came for immunization services. However misconceptions around postpartum pregnancy risk (as mentioned in the previous paragraph) still needed to be addressed to maximize women's use of FP during these contact points. The main positive aspect of integrating FP and immunization services cited was easy access to both services. Concerns were expressed about reliability of transport for health providers (for timely arrival at sites) and human resources/workload involved in providing both services.

Proposed Integration Approach

The proposed approach includes activities at the health facility, outreach and community levels at sites in **Karagwe, Kyerwa,** and **Muleba** districts of Kagera region. The proposed approach includes the following components:

1. Conduct advocacy meetings with key stakeholders in each district to discuss overarching barriers to integration and identify opportunities to make integration more systematic. During these meetings, work with district teams to identify opportunities for task sharing during outreach, such that community health workers, village health workers or other community volunteers are engaged to support with health communication, client flow and tracking as appropriate. Facilitate discssion on opportunities for microplanning to feed into CCHP annual plans.
2. Facilitate systematic provision of integrated immunization and FP counseling and services at health centers, dispensaries and through outreach.
    - **Develop tools to facilitate integration:** This includes developing job aids/ social and behavior change communication materials, referral cards and tracking tools to facilitate bi-directional integration of services.

- **Convene problem-solving meetings on how to integrate and apply new tools for improving service to postpartum women:** These meetings provide an opportunity for teams to discuss site-specific barriers to integration at health facilities and outreach and develop plans of action for addressing these barriers, with the aim of facilitating same-day provision of both services, ideally offered concurrently (and every day at health facilities). Critical issues that need to be addressed include commodity stock-outs, transportation to outreach, client privacy, human resource constraints and wait time. At outreach, it is important to ensure that women are referred to the health facility for FP methods not available through the outreach platform. Orient providers on the use of tools to facilitate and track integration of services. These meetings should include a refresher on postpartum FP counseling including values clarification and strategies for addressing specific concerns noted during the assessment.

- **Provide supportive supervision and monitoring of integrated services:** Support regional and district teams to monitor integration of services at health facilities and outreach during regular supervision visits, and to facilitate discussions on ongoing achievements and challenges faced.

3. Support CHWs and other community groups to continue promoting FP and immunization services, addressing concerns about postpartum FP and providing referrals as part of their health communication and referral activities.

    - Support district teams to conduct refresher orientations on PPFP and immunization for CHWs during existing supervision meetings.

Monitoring and Evaluation Approach

This approach should be implemented on a demonstration basis to generate evidence on feasibility and outcomes associated with the approach to inform decisions regarding future scale-up to additional sites. During the demonstration period, actively track both immunization and family planning indicators, including the number of doses of PENTA 1 and 3 administered, immunization dropout, total new contraceptive users by method, referrals accepted and completed from immunization to FP and FP to immunization and number of clients receiving each service through outreach.