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# Qualitative Assessment of Family Planning and Immunization Service Integration in Malawi

## Dowa and Ntchisi districts



MCSP is a global USAID initiative to introduce and support high-impact health interventions in 25 priority countries to help prevent child and maternal deaths. MCSP supports programming in maternal, newborn, and child health, immunization, family planning and reproductive health, nutrition, health systems strengthening, water/sanitation/hygiene, malaria, prevention of mother-to-child transmission of HIV, and pediatric HIV care and treatment. MCSP will tackle these issues through approaches that also focus on household and community mobilization, gender integration, and digital health, among others.

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# Abbreviations

DHO	District health office
EPI	Expanded Program on Immunization
FP	Family planning
FGD	Focus group discussion
HIP	High-impact practice
HSA	Health Surveillance Assistant
IDI	In-depth interview
IEC	Information, education & communication
MCSP	Maternal and Child Survival Program
RH	Reproductive health
USAID	United States Agency for International Development
UNFPA	United Nations Population Fund
WHO	World Health Organization

# Executive Summary

In Malawi, at the policy level, maternal and child health services are integrated as part of the Essential Health Package; however, in practice, this integration has not been fully realized. Family planning (FP) and immunization services have been provided largely in parallel, according to different schedules and by different providers. To optimize health contacts and reduce missed opportunities for care, the Maternal and Child Survival Program (MCSP) supported Malawi's government in testing how to systematically integrate FP and routine infant immunization services in all facilities (43) and associated outreach sites (373) in the Dowa and Ntchisi districts. Formative inquiry informed the implementation approach. The intervention took place between July 2016 and November 2017.

The overall study used a mixed-methods process evaluation approach. This report presents findings from the qualitative component of the study. Qualitative data collection took place during September 2017 to assess how integration of FP and immunization services affects service provision, utilization, and perceptions of quality at MCSP sites in the two districts.

The study included in-depth interviews with health workers and program managers and focus group discussions with mothers of children under 1 year of age who accepted FP and immunization referrals, as well as those who refused FP referrals. The findings of the study show that there are substantial perceived benefits associated with FP and immunization service integration, ranging from time-savings for both providers and clients to perceptions of overall improvement of health indicators among women and young children. Most clients reported that they could now access the two services in one day at the same place, unlike in the past—before the services were integrated—when they had to visit the health facility twice to receive the two services. In addition, some health care workers noted that integration has reduced their workload, as they now are able to provide both services at the same time.

Lack of adequate resources such as staff, commodities, and transportation are thought to pose difficulties in the effective implementation of the integrated approach. The program should consider addressing the cited challenges and barriers to effective continuation and scale-up of integrated services.

# Introduction

Family planning (FP) and routine infant immunization services are important components of primary health care. Most women in the extended postpartum period want to delay or avoid future pregnancies, but many are not using a modern contraceptive method. Closely spaced pregnancies can pose serious health risks to mothers and their children (World Health Organization [WHO] 2007). Malawi's overall modern contraceptive prevalence rate is 58% (Malawi's National Statistical Office [NSO] and ICF 2017); however, it is thought that contraceptive use among women in the extended postpartum period is substantially lower. Infant immunizations, on the other hand, are one of the most utilized health services globally. The immunization schedule for the first year of an infant's life calls for multiple health care contacts. Substantially higher than the country's modern contraceptive prevalence rate, Malawi's nationwide DPT3 vaccination coverage rate is 88% (NSO and ICF 2017). 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. FP and immunization service integration has been recognized by United States Agency on International Development (USAID), United Nations Population Fund (UNFPA), and other partners as a "promising" high-impact practice (HIP) for improving FP uptake.

In Malawi, at the policy level, maternal and child health services are integrated as part of the Essential Health Package; however, in practice, this integration has not been fully realized. FP and immunization services have been provided largely in parallel, according to different schedules and by different providers.

## Problem Statement + Intervention Description

Integration efforts in Malawi that are supported by the Maternal and Child Survival Program (MCSP) build on a successful pilot initiative implemented in Liberia by the Maternal and Child Health Integrated Program (MCHIP) in collaboration with the Liberia Ministry of Health. At 10 pilot sites in Liberia, vaccinators offered referrals for same-day FP services at the completion of each immunization visit, resulting in an increase in FP uptake with no negative effect on immunization doses administered. MCSP has since worked with the Ministry of Health to expand efforts around integration of FP and immunization services to new sites in Liberia.

As noted in the HIP brief (HIP 2013), more evidence is needed before the integration of FP and immunization services can be classified as a "proven practice." Specific areas that require further exploration include: how different integrated models impact both FP and immunization services and associated infant and child health outcomes; how integrated service delivery affects quality of both FP and immunization service provision; and how the success or failure of integrated FP and immunization service delivery is affected by contextual factors within the service setting and community. The present study was conducted to address aspects of these existing research gaps and contribute to global knowledge on FP and immunization integration, and to address the aforementioned gaps in service linkages and resulting missed opportunities for care in Malawi.

From July 2016 to November 2017, MCSP collaborated with the government of Malawi to implement the integrated approach which is the focus of this study. MCSP equipped 306 health surveillance assistants with FP knowledge and skills, including provision of pills and injectable contraceptives (plus referrals for other FP methods). MCSP also:

- Oriented facility staff on FP and immunization service integration, both at facility and outreach
- Introduced communication materials and referral tracking tools
- Introduced a referral booklet to assist providers to refer clients from one service to the other (FP to immunization, or vice versa)
- Engaged community leaders to address key barriers and promote use of family planning and immunization services, including involvement of the Area Development Committees (ADC)
- Coordinated stakeholder engagement
- Conducted quarterly integrated supervision visits to monitor and observe clinic organization, records review, availability of required supplies, personnel and HSA performance, and delivery of health education sessions

## Main Objective

This study aimed to assess the feasibility and outcomes associated with integrating FP and immunization services at MCSP-supported health facilities and outreach sites in the Dowa and Ntchisi districts in Malawi.

## Specific Study Objectives

Objectives of this study were to assess:

1. How integration affects both FP and immunization service provision and utilization in Dowa and Ntchisi districts;
2. How integrated service delivery affects perceptions of FP and immunization service quality; and
3. How integration is affected by contextual factors within the service setting and community.

## Methodology

### Study Design

The overall study used a mixed-methods process evaluation approach. This report presents findings from the qualitative component of the study. Quantitative results will be reported separately in complementary documentation materials.

The qualitative study was designed to explore key themes including general perceptions regarding the integration initiative, the most significant changes observed since integration of services, implementation challenges, and recommendations for future efforts.

### Study Sites

The qualitative study was conducted at health facilities where FP and immunization service integration activities were taking place, including three health centers and one hospital in each of the two districts, as well as at one outreach site under each of the health facilities. Facilities and their outreach sites/catchment areas were selected based on hospital recommendations and outreach schedules.

### Participants

Participants included the following: FP providers; vaccinators (health surveillance assistants [HSAs]); facility supervisors; district and national managers; mothers of children under 1 year of age who accessed FP or immunization services at study sites during the study period (both those who did and did not accept referrals for same-day FP and immunization services); and fathers of children under 1 year of age in the communities around the health facilities.

### Data Collection

Qualitative data collection took place during September 2017. Before data collection, research assistants were trained in qualitative interviewing, obtaining informed consent, and working in teams. We pre-tested data collection tools in two health facilities that were not part of the study but which were also implementing integrated services in Ntchisi district. Pre-testing informed revision of research tools and logistical processes for data collection. We audio-recorded the in-depth interviews (IDIs) and focus group discussion (FGDs), as well as took hard copy notes. We transcribed the IDIs and FGDs verbatim.

### Qualitative Data Analysis

We used an inductive approach to data analysis whereby the structure of the analysis was derived from the actual data. Using NVivo qualitative data analysis software, we identified themes and categories that emerged from the data by discovering themes/categories in the IDI and FGD transcripts; we then



attempted to verify, confirm, and qualify these themes/categories by repeating the process to identify additional themes/categories.

## Ethics

This study was reviewed and approved by the National Health Sciences Research committee in Malawi and the Johns Hopkins institutional review board in the United States of America. We notified all relevant authorities in the districts about the study. Written informed consent was sought from all participants. For those not able to read and write, a witness who was not associated with the study verified consent. FGDs were conducted in Chichewa, a local language used in the two districts.

## Results

### Study Participants

Participants participating in the study are detailed in **Table 1**.

**Table 1: Participant characteristics**

Data collection activity	Participant type	Number of participants: Dowa	Number of participants: Ntchisi	Number of participants: TOTAL (Dowa + Ntchisi)
FGD	Men with infants <1 year	7 (one FGD)	6 (one FGD)	13 (two FGDs)
	Women with infants <1 year who accept EPI referrals	36 (four FGDs)	23 (four FGDs)	59 (eight FGDs)
	Women with infants <1 year who accept FP referrals	48 (eight FGDs)	64 (eight FGDs)	112 (16 FGDs)
	Women with infants <1 year who refuse FP referrals	37 (eight FGDs)	20 (three FGDs)	57 (11 FGDs)
IDI	Women with infants <1 year who refuse FP referrals	0	3	3
	Community-based HSAs	2	2	4
	Facility-based HSAs	4	4	8
	FP providers (nurses)	4	4	8
	Facility supervisors	4	3	7
	Program managers: district	3	3	6
	Program managers: national	2		

In some of the health facilities, the number of women who refused referral for FP services was not adequate for an FGD. In these cases, IDIs were done with the few women who were available.

## Benefits of Integrating FP and Immunization Services

### Benefits of Integrating FP and Immunization Services as Perceived by Service Providers

Health workers including FP and immunization providers were asked about benefits of integrating FP and immunization services. Most health workers expressed the opinion that service integration has changed the way services are being provided. Service providers mentioned that in the past, women would be given a different date for FP services if they came for immunization, but now that both services are provided at one time, women are able to get FP methods when they come for their child's vaccines.

*"Yes, it has changed; many children are now getting immunization as their mothers come for family planning."* – Facility-based HSA, Dowa

*"The changes are there, like the number has increased for those taking FP services; in the past we would have maybe two women the whole month that accessed FP services."* –Community-based HSA, Ntchisi

These positive changes have also been seen at outreach clinics where the main focus had been immunizations before introduction of integrated services, as shown below:

*"There is a change because previously they were just doing immunization at the outreach clinics, and some women would find it difficult to travel from their homes to here for family planning. Since this integration happened, some women are taking advantage of the village clinics so they can get family planning instead of just staying home without family planning methods."* –Nurse, Dowa

Some health workers felt that integration has helped address concerns and misconceptions surrounding the use of family planning among some women, as reflected in the quote below:

*"I can say it is different from the past. Previously, FP issues were a secret and people were not accepting that they can be taking FP methods, but now because of the messages that were given we see that there are differences because the number of people seeking the services is increasing as compared to the past ... now people have realized that family planning is important in their lives."* –Community-based HSA, Dowa

*"[The women] understand the advantages of family planning because as we are giving health talks on immunization, we also provide talks for family planning, so they understand the significance of family planning and they start accessing family planning."* –Nurse, Ntchisi

In addition, health workers observed that the integrated services have benefited immunization outcomes. One reason given was that children's immunization status (in their health passports) is being checked more frequently; another was that women are receiving more health talks on both family planning and immunization.

Health workers also noted that integration is a time saver. It has reduced their workload, as they are able to see a woman once, versus seeing her two separate times for FP and immunization services. This notion is reflected in the quote below:

*"Right now, I can say we are killing two birds with one stone; whenever [the women] are coming, they already know that they will get FP services and immunization."* –Community-based HSA, Ntchisi

Additionally, health workers suggested that the integrated approach has changed the immunization program at their facilities as it has boosted the number of children getting immunized, as stated by a facility-based HSA below:

*"Yab this [integration] has helped a lot to change especially that the immunization uptake will increase because women see the importance that [at the same] the time they have come for family planning services ... their children should get immunized, so it helps us to have rise in number of children immunized at this facility."* –Facility-based HSA, Ntchisi

Another provider highlighted that integrated services have reduced the daily workload, as fewer women come at the same time to access the integrated services, which are provided on a daily basis. In contrast, before integrated services, when FP or immunization services were typically available only on certain days during the week, many more women would come at once. This point is illustrated by the following quote:

*“The change that I can mention is that in the past we used to have a lot of people who were coming to get FP services at once, but now because we are doing this at a daily basis it seems the number of people who come to get family planning methods in a day is smaller, so the work is a bit lighter than the way it was in the beginning. Family planning back then was given only on Thursday and Friday, so we were assisting a lot of people during those days, but now women are being assisted any day they want. If they come on Monday for check-up, and she has a child who is six weeks old, that woman is supposed to start family planning, and when they choose a method we give [it to] them that day.”*—Nurse, Dowa

Health workers also recognized the benefits for clients in terms of convenience and easier access as a result of the service integration, demonstrated as follows:

*“The change is there, whereby instead of the woman traveling a number of times to come and access services, they can access a number of services [on the] same day; this has increased the number of people accessing services. The women know that if they have other things to do at some other time, they can still do [it] because when they go to the hospital they will be assisted at the same time on two fronts. They know that if they go to the hospital, they will be assisted and the child will also be assisted, before due to laziness the women would just be home and sit down; as a result they would end up having a pregnancy that they never prepared for because they were lazy to go to the hospital.”* -- Nurse, Dowa

*“The most benefit that I have seen [is that] we have reduced time (number of visits) that a woman travels to the clinic or to meet a HSA to receive this service, such as to receive immunization or to receive family planning, but now time has been reduced because they are going to receive both services at the same time.”* — Nurse, Ntchisi

*“There is a noticeable change because the number of people that’s now on family planning has increased as compared to the previous figures because nowadays when there is an outreach clinic, people can get both immunization and vaccination services at the same time. And the outreach clinic is meant to reduce the distance that the women travel to go to the clinics so they can just get everything there.”*—Facility-based HSA, Dowa

Additionally, health workers observed that the integrated services have saved on resources, such as fuel and personnel. This was mostly the case in outreach clinics, where providers from the district hospital or health center come to provide certain services, as highlighted in the quote from an FP provider in Dowa below:

*“[Integration] saves resources since we don’t need to send out some person some day [for immunization] and then send out someone else some other day [for FP], whilst now the same fuel and personnel, when they go out, they do the job.”* -Nurse, Dowa

However, one facility supervisor did not observe any substantial change in the provision of immunization services since the introduction of the integrated approach, as shown:

*“It has not changed. It is being done the way it has to be done only that they are both happening at once.”*—Facility supervisor, Dowa

## Reducing Missed Opportunities for Care

Service providers observed that integrated services have greatly changed the way services are provided in the health facilities in a positive way. Before the introduction of integrated FP and immunization services, providers for both services only concentrated on their field without paying attention to other services. However, since the integration, providers are now able to talk about both services to clients, as reported by the nurse quoted below:

*“I believe before there was no integration; everyone was just concentrating on what they are doing. If it’s about family planning, we would just assist the woman on family planning with no concern on the child; same way for those doing growth monitoring in the children, there would be no concern if she is doing family planning, but now they access all services so they save time and have no excuse.”* –Nurse, Dowa

A facility supervisor who is also an FP provider concurred:

*“That time we were only concentrating on FP services, we were not checking the children’s health passports, but now because of integration, we know that when a woman comes to the clinic, she is supposed to receive all the services at once, not that she should come again for another visit.”* – Facility Supervisor, Ntchisi

## Improvement in the Referral Process

Almost all health workers observed that the introduction of integrated FP and immunization services has greatly improved the referral of clients between the two services. Some facilities ensure that a woman is escorted by an HSA, for example, from the immunization clinic to the FP clinic; other facilities make sure that a woman is given a referral note when being referred from one clinic to the other, as shown in this quote:

*“At this facility we have HSAs, nurses, and a medical assistant. When a child comes with a sickness or if the mother of a child comes sick, we still ask the mother if the child received immunization. If the child has not been vaccinated, the mother is given a referral letter to take the child to the hospital. If a woman is receiving immunization, she is also checked if she also needs family planning; then the provider refers that woman with a letter to family planning. When she has been helped at family planning, they send back a letter to the immunization provider of how they have helped the woman, if she has received an injection if she needed one, or if there were challenges. If a woman has come to receive family planning, the FP provider checks a child’s health passport. If the woman is supposed to go for immunization, the provider gives her a letter to go to a health worker to be assisted, and that health worker checks if it’s time for her to receive immunization, and if it is time they give [it to] the baby; then they report how they have helped that woman.”* –Facility supervisor, Dowa

The integration of two services has also enhanced referral of clients from one service to the other by service providers, as reflected in the following quote:

*“When a woman comes with a child for immunization, if she is due for family planning, the HSAs refer her to the next room for [an] FP method. We also check the health passport book of the child if s/he is supposed to receive immunization. If she came for family planning, we also refer her to immunization.”* -- Nurse, Ntchisi

## Benefits of Integrating FP and Immunization Services as Perceived by Women

Women with children under 1 year of age (including those who accepted referral from immunization to FP services or from FP to immunization services, and those who refused FP referral) were asked about their perceptions regarding integration of FP and immunization services in terms of benefits.

## Protecting Children from Diseases

Most women receiving FP methods were motivated to accept referral to immunization services for their children because of the value they attach to their children’s health. These women were convinced of the benefits of immunization such as a healthy growing child and protection of the child from diseases, as reported by immunization referral acceptors:

*“I’m encouraged because I want my child to grow healthier and wiser.”* ~ FGD participant, immunization referral acceptors, Dowa

This woman shared similar sentiments:

*“We move from FP services to child immunization so that the child should be protected from diseases such as measles, tetanus, and polio.”* ~ FGD participant, immunization referral acceptors, Ntchisi

## Counseling by Health Workers

Apart from realizing that immunization would directly contribute to positive health outcomes for their children, most women were motivated by the way health workers provided counseling on the subject, which emphasized the health benefits for children, as shown in the comments below:

*“What encourages us to go for immunization is the counsel that we receive. The children are protected from a lot of things.”* ~ FGD participant, immunization referral acceptors, Ntchisi

*“They just encouraged us to be taking the babies for immunizations because it protects from different diseases.”* ~ FGD participant, FP referral acceptors, Dowa

Another woman concurred and noted that a child who has been immunized does not get sick as often as one who has not been immunized, as shown in the quote below:

*“I consider it worthwhile, the counsel we received in the homes and also at the facility, which tells us that our children need immunization because it protects them from different diseases and they do not get sick often ... compared to a child who has not been immunized.”* ~ FGD participant, immunization referral acceptors, Ntchisi

## Motivating Factors for Women with Children under One to Access FP Services

### Children Growing in Good Health

Women with children under 1 year of age who accepted FP referral from immunization services were asked why they did so. Several reasons were given, with most suggesting that they were motivated by the fact that their children would grow in good health if the women themselves were using FP methods, as shown below:

*“We want that when we go for family planning, our baby should grow in good health and the mother should also be healthy.”* ~ FGD participant, FP referral acceptors, Dowa

### Other Women’s Experiences with Family Planning

Findings from this study indicate that women often learn from other women’s experiences. In this study, for example, some women reported using family planning because they had learned from the “mistakes” of other women made and wanted to avoid the consequences of not using FP methods, as reported below:

*“We see someone who did not practice child spacing and we opt for contraceptives in order not to be like them.”* ~ FGD participant, FP referral acceptors, Dowa

### Time-Savings and Convenience

Almost all the mothers who accepted referral to FP were motivated to access FP because they were able to receive the service when they went to get their children immunized. This was especially true if it meant they did not have to walk long distances to the clinics twice, as shown below:

*“[Integration] is really helping because long ago, we found it difficult to go for FP because from here to district hospital, it is a long distance. So many people were not going for FP, but nowadays many people are practicing FP.”* ~ FGD participant, FP referral acceptors, Dowa

## Benefits of Integrating FP and Immunization Services as Perceived by Fathers

### Time-Savings

The fathers of children under 1 year of age were also asked about the benefits of immunization. Most fathers shared sentiments similar to those of the mothers in that they also cited the high protective efficacy of immunizations against a number of diseases. In addition, they noted that integrated services required less time of clients and service providers, which allows fathers and mothers more time for other activities. This observation is reflected in the quotes below:

*“There are benefits for the baby to complete the immunizations in the proper order, because it helps so that the baby should not be attacked by any diseases that may come, and they grow up healthy; the baby does not fall sick often because they have received all the vaccinations at the right time.” ~ FGD participant, Fathers*

*“[Integration] is very good because it has reduced the time the mothers were wasting instead of doing household chores due to coming different days for immunization and FP services. This new program of [family planning and immunization] happening at one time and place has also helped the families so that it should not be a burden on the mothers that leave other duties and children at home; the health facility is also quite far in this area—about 6 kilometers—so this integration is helping so the mother does not have to walk this distance twice to access the care. The men also escort the women to the hospital for these services so the integration is also giving [men] time to do some businesses and going the field to farm.” ~ FGD participant, Fathers*

Another had this to say:

*“In short I can just say that [integration is] very good because the mother is able to do two things at one time; she has gone for immunization and has also accessed family planning services. This makes the whole endeavor easier and the doctors and HSAs can go do other work on the day that the same mother would have gone again.” ~ FGD participant, Fathers*

## Benefits of Integrating FP and Immunization Services as Perceived by Program Managers

Program managers were asked about their perceptions regarding the benefits of integrating FP and immunization services. All of the program managers interviewed, both at national and district levels, felt that integration of services had benefits for health service providers, service users, and the system as a whole. Some of the participants focused on the economic benefits of service integration, from the perspective of managing and running health services. For example, one of the district managers commented:

*“Yah, you understand in terms of resources; resource mobilization is the big issue. This time around we are surviving on meager resources. So there is no way we can be doing these [two services] as different entities all together. So, in one way or the other, since they are interrelated, we have to do them together. So it saves a lot on the economy as such.”—Program Manager/Supervisor*

Another participant welcomed this initiative of service integration as shown:

*“The approach is quite good and I like it because we are using the same HSA to provide several services... For example, the same HSA can do immunization and family planning, which is part of maternal neonatal health care service. So it is really important.” —Program Manager/Supervisor*

### Benefits for Women

In many cases, participants focused on the benefits for women who access the services. They explained that integration has reduced the number of visits women need to make to access services, thus saving time, as shown:



*"In the past [women] would go on different days, the first to vaccinate her baby and the second for family planning, but now both these services are being accessed in a single day."* –Program Manager/Supervisor

## Benefits for Service Providers

The benefits for service providers were discussed in terms of a reduction of workload and the expanded role of HSAs. Specifically, participants felt that involvement of HSAs in providing FP services has reduced the workload of nurses, who are usually engaged in providing multiple services, as shown:

*"[Integration has affected workload] in a positive way especially to providers because workload has been reduced ... they target the same people who want to use family planning service, but before integration, HSAs were not offering FP services so with the coming of integration, HSAs have started offering FP services hence reducing the workload."* –Program Manager/Supervisor

Similarly, another participant said:

*"HSAs did not offer DMPA [injectables] FP method, so those who used to offer this method, like nurses, now their workload has been reduced."* –Program Manager/Supervisor

## Challenges and Barriers to Accessing Integrated FP and Immunization Services

### Challenges and Barriers to Accessing Integrated FP and Immunization Services as Perceived by Health Workers

#### Lack of Male Involvement in Family Planning

When asked about challenges and barriers to family planning that remain, several health workers reported that men restrict their wives from accessing FP services because they are not involved, as indicated below:

*"In my view, I think the problems are coming due to lack of male involvement; there are some men that are restricting their wives from accessing FP services so women have devised to use two health passports where the other health passport is strictly for FP services; in that way the husband does not know that the wife is on family planning. And as providers we know that if women are still finding means to access FP services regardless of the husband's stand, then it means that the women have understood about family planning and have accepted it."* ~ Community-based HSA, Ntchisi

#### Misconceptions about Family Planning

The health workers in this study cited misconceptions, such as rumors and beliefs about family planning, as one of the barriers to accessing FP services by women. They proposed ensuring proper counseling as one of the solutions to this problem, as shown below:

*"If they hear rumors and have some fears about family planning, some women may not access the services. So there is need to counsel them properly to make them understand because the communities talk a lot of things about family planning. So if they have little information, there is need to help them understand how the drugs work; because for example people say that when you are taking FP methods, it means you will never have a child so there is need to dispel those rumors. If you counsel the person properly, she understands."* ~ FP Provider, Ntchisi

*"There are several reasons that may hinder women, for example beliefs. Beliefs have made some women not to access FP services based on how they have been brainwashed. In addition to that, the abuses that women face in the families prevent women from accessing the FP services. But mainly they are beliefs."* ~ Community-based HSA, Dowa

## Increased Workload

Most health workers who responded cited an increase in workload as a challenge that has come with integration of FP and immunization services. As a result of the increased workload, clients have to wait for a long time to be assisted, and this may be especially true in cases involving referral, as reflected in the quote below:

*“The workload increases; we are few health workers here. Another thing is the people are kept waiting for longer, if you are alone then you have to give family planning and then you should take them for immunization [referral], and search for someone who has to help them with that ... [and you may] find that there is no one [at the referral service point].”* ~ Facility Supervisor, Dowa

## Documentation Challenges

Participants observed that the increased workload often leads them to forget to document some of the required information.

*“It’s as I said that people make mistakes because of too much workload and because you are doing different services at once so it can be confusing.”* ~ Nurse, Dowa

## Inadequate Supply of FP Methods

Most participants mentioned inadequate FP method availability as one of the challenges with integrated FP and immunization services, as shown in the quote below:

*“Some FP methods are insufficient [in supply] and sometimes not present such that we have to [send the women back home].”* ~ Nurse, Dowa

## Challenges and Barriers to Use of Integrated Services as Perceived by Women

### Personal Reasons

In terms of barriers to adherence to immunization schedules, most women cited personal reasons such as attending community activities, lack of knowledge, and others, as expressed below:

*“Problems like there is a funeral in our community, you can’t go to hospital to get the immunization.”* ~ FGD participant, immunization referral acceptors, Dowa

*“Not taking doctor’s advice seriously.”* ~ FGD participant, immunization referral acceptors, Dowa

*“Poor time keeping.”* ~ FGD participant, immunization referral acceptors, Dowa

*“It is just their lack of knowledge because the child is young and the mother has to be determined in ensuring that the child gets all the appropriate immunizations at the right time.”* ~ FGD participant, immunization referral acceptors, Ntchisi

*“There are different reasons. Sometimes it is the failure of the mother, but sometimes, maybe the child is sick.”* ~ FGD participant, immunization referral acceptors, Ntchisi

*“Some can forget the day they are supposed to come with their child.”* ~ FGD participant, immunization referral acceptors, Ntchisi

## Time Constraints

Women in this study provided a number of reasons for not accessing integrated services in some of the health facilities in Dowa and Ntchisi districts. The most commonly cited reason was the time required: women either had to wait for a long time to get assisted or were sent back home for not arriving on time, as expressed in the quotes below:



*"If we delay just by a little time, we are told to go back home and come the next month."* ~FGD participant, FP referral acceptors, Dowa

*"Ab, no. Maybe waiting time because it happens that weight has been checked, so we wait for the immunization provider to come and provide immunization service."* ~ IDI participant, FP referral refuser, Ntchisi

*"There are a lot of people and for us to get immunization it is very late."* ~ FGD participant, FP referral refusers, Dowa

*"Immunization comes from very far, from [the health center], so comes here late so we end up leaving this place very late. Our friends who are not immunizing their babies that day are long gone while we are still busy with immunization."* ~ FGD participant, FP referral refusers, Ntchisi

## **Inadequate Supply of Vaccines and Contraceptives**

In addition to time issues, a number of women said they were not able to access services because there was an inadequate supply of vaccines or contraceptives and they were sent back home, as shown below:

*"Sometimes when we come for immunization at times they don't have enough and they tell us to come the next month."* ~ FGD participant, FP referral acceptors, Dowa

*"Sometimes the vaccine is not available so the children do not get immunized."* ~ FGD participant, FP referral acceptors, Ntchisi

When asked about their thoughts on the FP and immunization services provided at the facility, some participants mentioned the staff's negative attitude towards provision of services.

Although the majority of the women in this study said there were not many challenges regarding referral from immunization to FP services, a few cited unavailability of the service (immunization or family planning) at the time they needed it as one of the challenges. This point is illustrated in the following quote:

*"In my case, I started last month to try to access FP services, but what has happened is that they did not come here on those specified dates."* ~ FGD participant, FP referral refusers, Ntchisi

## **Challenges and Barriers to Integrating FP and Immunization Services as Perceived by Fathers**

### **Traditional Beliefs**

Fathers of children under 1 year of age felt that women with very small babies (especially a first child) usually do not use FP methods because of beliefs that family planning interferes with fertility, as shown in the quotes below:

*"The first reason that a woman with a small baby does not use [an] FP method is that there are some beliefs from the parents; for example, if this is the first child, they say the mother is not supposed to be on any FP method because ... if the woman is fertile that she can continue to conceive, so these are the reasons that a mother can choose not to be on family planning when they have a small baby."* ~ FGD participant, Fathers

*"I want to add that there are others that think that being on family planning while you have a small baby—like my friend said, for instance, [about] the first child—this can lead to infertility, so they choose to wait till the second child is born and then they start family planning, not starting after the first child."* ~ FGD participant, Fathers

### **Side Effects of Immunizations**

Some fathers in this study reported that the side effects women report regarding immunizations in children—such as dizziness and loss of consciousness—were a great concern among them, as expressed below:

*“Concerns in this area are there concerning the immunizations like we have already said; like with the family planning methods, some immunization raises concerns among some women because they say that sometimes the children can feel dizzy [and] some can also collapse because of the immunization; [these are the] concerns that are there.” ~ FGD participant, Fathers*

*“Sometimes when the child has received the vaccination, there can be an injection site swelling, like for example when I was young and I received an injection, my thigh was swollen, so some people say that they can also have complications, so that is a concern.” ~ FGD participant, Fathers*

Another father added:

*“I just want to add to what my friends have already said; we as the men of this area feel that the immunizations sometimes bring problems to the babies and expectant mothers, especially to the children. You find that maybe the doctor didn’t inject the baby properly and has hit the bone—this can cause complications to the child maybe even disability; some children now walk with a limp because of the immunization. So to the parents, when we see that the child has such a problem, they end up stopping the mothers from taking the child for immunizations and [resort to] using herbs.” ~ FGD participant, Fathers*

## Religious Beliefs

The fathers interviewed in this study had somewhat varying views on why some families do not vaccinate their children. The majority of fathers, however, cited the fear of having something bad happen because of a vaccination, which is mainly influenced by religious affiliations or family beliefs.

*“Sometime it’s the religious beliefs; some religions restrict the mothers from giving birth at the hospital or even getting vaccinations.” ~ FGD participant, Fathers*

*“The other reason is the parents’ beliefs that make the family not to be interested in their children getting immunizations as [they] should be.” ~ FGD participant, Fathers*

*“Sometimes it’s because the mother gave birth [with] the traditional birth attendant so they don’t have much knowledge about the immunizations, so that’s another challenge.” ~ FGD participant, Fathers*

*“Some [mothers] have fear because if they hear about other children’s experiences, like collapsing because of the immunizations, they think that when they go with their child, they will also go through the same things.” ~ FGD participant, Fathers*

## Challenges and Barriers to Integrating FP and Immunization Services as Perceived by Program Managers

### Increased Workload for HSAs

While involvement of HSAs in provision of FP services was perceived as beneficial in reducing the workload of nurses, others felt that integration has actually increased the workload, particularly for HSAs. These participants felt that the job of HSAs has increased because they are required to offer several services at once, unlike in the past—before integration—when the services were offered at different times. This notion is illustrated by the following quote:

*“Of course, at first we had a challenge that now this is going to be an extra job to the HSAs. Yes, as much as it was their job description, it was happening at different times. Now that the services are happening at once, it was like more job to be taken at one time; of course it has benefits to the mothers.” —Program Manager/Supervisor*

### Lack of Training for Some HSAs

Many participants cited lack of training for HSAs as a major setback to the effective implementation of service integration. Participants acknowledged that some of the HSAs have been trained, but there are others who have not received any training. They expressed the view that lack of knowledge, skill, and appropriate attitudes is a major threat to the program, as shown:

*“The challenge is that we still have some HSAs who are not trained; so those ones who are not trained are pulling us back, but we need at least each HSA to be able to implement [integrated services]; [this person] should have the expertise, knowledge, or skill on how to provide the services. So we really need some to be refreshed, while some must be trained for example in FP compliance. Not all HSAs are conversant with the compliance thing.... It affects the implementation because it is like some people are exposed to that knowledge and skill, while others are not exposed. So you can judge from there; some are able to implement and some won't implement as desired.”*—Program Manager/Supervisor

The lack of trained personnel was a prominent theme in certain areas, as reported by one of the supervisors:

*“In those areas which we visited, some HSAs are not well conversant with maternal and neonatal health issues, for example, community-based maternal and neonatal health care services, because family planning is another aspect and immunization is also another aspect and community-based maternal and neonatal health care is another aspect, and the HSAs are supposed to be trained on what they should do ... it has to be part of integration.”*—Program Manager/Supervisor

Lack of trained HSAs in some areas resulted in delayed implementation of service integration, as reflected in the quote below:

*“The most difficult part may be, I will say, some of the HSAs are not trained and are making the program to delay a bit.”*—Program Manager/Supervisor

## Lack of Transport

Lack of transport was cited as another challenge. Participants explained that hard-to-reach areas are not benefiting as much, as shown in the quotes below.

*“As you know the facilities are very hard to reach; the roads are difficult to reach and some HSAs do not have bicycles for them to be able to visit the homes in their catchment areas, so those are some of the challenges.”*—Program Manager/Supervisor

*“Another challenge we had of course ... is transport especially [for] the HSAs to the outreach clinics.”*—Program Manager/Supervisor

One of the participants suggested that the two health services, family planning and immunization, are not equally benefiting from the integration, as shown below.

*“You find that family planning is the one which benefits more rather than the EPI program in terms of coverage. The reason can be because coverage is already high. For immunization, it is already high. Family planning is lower. Yes ... So because immunization is high, you cannot see any difference.”*—Program Manager/Supervisor

## Implementation of Integrated FP and Immunization Services

### Implementation of FP and Immunization Services as Perceived by Health Service Providers

#### Issues Related to Different Levels of Care

At the health facility level, health service providers seem to take every opportunity when in contact with women who have young children to explain about other available services. For example, when women come to the health facility with a sick child, service providers also ask about their use of family planning and check the child's health passport for immunization status. This notion is reflected in the following quote by a facility supervisor:

*“At this facility we have HSAs, nurses, and a medical assistant. When a child comes with a sickness or if the mother of a child comes sick, we still ask the mother if the child received immunization. If the child has not been vaccinated, the mother is given a referral letter to take the child to the hospital. If a woman is receiving immunization, she is also checked if she also needs family planning, then the provider refers that woman with a*

*letter to family planning. When she has been helped at family planning, they send back a letter to the immunization provider of how they have helped the woman, if she has received an injection if she needed one or if there were challenges. If a woman has come to receive family planning, the FP provider checks a child's health passport; if the woman is supposed to go for immunization the provider gives her a letter to go to a health worker to be assisted, and that health worker checks if it's time for her to receive immunization, and if it is time they give the baby, then they report how they have helped that woman."* – Facility supervisor, Dowa

Similarly, service provision for family planning and immunization was reported to be integrated at community level, as explained by the community-based HSA quoted below:

*"My duties are making sure that children are getting proper under-five clinic services, like immunization, and also we provide FP services like Depo-Provera, pills, condoms, and if there are some [women] that have chosen long-term family planning methods, we refer them to the health centers or district hospital."* – Community-based HSA, Ntchisi

Other service providers had this to say on how the provision of family planning and immunization have changed since the introduction of integrated services:

*"Before the integration started, HSAs were giving injections to women at outreach clinics; people were just coming here for immunization, but now the women are able to receive both here."* – Facility supervisor, Dowa

*"Previously before this approach, each clinic was conducted separately. Family planning could be conducted on a Wednesday, immunization on a Tuesday ... Each service was provided individually, but now we are able to integrate the services."* – Facility supervisor, Ntchisi

Findings from this study show that integration is implemented in different ways in different health facilities (**Table 2**). For example, a nurse provider for FP methods at one health facility mentioned that she was only involved in providing FP services, while immunizations were provided by HSAs, as shown below:

*"My responsibility is to provide FP services to women, for example: Depo-Provera, Norplant, Implanon, condoms, and pills ... My responsibility is to refer women ... to access immunization services; once a child is born, he/she is given BCG to protect from polio, so I ask the mothers to bring the child after 6 weeks to receive another shot of immunization."* – Nurse, Ntchisi

Another nurse had this to say when asked about who provides immunization:

*"[Immunization] is provided by the HSAs."* – Nurse, Ntchisi

Nurses who provide FP services in this study noted a great change in the way services have been implemented since the introduction of integrated services. For example, they are now tracking children to ensure that they complete their immunizations. This was not happening before integration, as reflected in the quote below from an FP provider:

*"In the past there was no tracking for the children who were receiving immunization, but now there are procedures that we are following—for example, we track the children until they finish their immunization; chiefs also take part in tracking. At the under-five clinic, they also have information for every child which they use for tracking."* – Nurse, Ntchisi

## Observations Related to Referral

Another nurse observed that there has also been improvement in terms of referrals from FP to immunization services since the introduction of integrated services, as shown below:

*"I see a change because previously it was the woman who was voluntarily opting for FP services, but nowadays we check the woman's health passport to see if she needs FP methods or just to remind her the appointment date to refill."* – Nurse, Ntchisi

In terms of documentation of referral, one nurse, an FP provider, highlighted the use of an escort who, apart from accompanying the client to the clinic, also delivers information on services the client has already received and the reason for referral. This point is reflected in the quote below:

*“The person who escorts the client to the other provider is the one that explains what services the client has already received, and she keeps track of whatever the client receives and they record that in all registers.”* -- Nurse, Ntchisi

Escorting a client from one clinic to the other was mentioned as one of the procedures newly introduced since the introduction of integrated services, as stated below:

*“A client from under five-clinic is escorted by the HSA to the FP section, so that she should not be on the queue again, or sometimes if she comes for other services she is escorted by a clinic attendant to receive FP or immunization services.”* -- Nurse, Ntchisi

However, in some facilities, a client was given a referral note to present to the provider, as shown below:

*“When a woman chooses to receive family planning, she is given a note to take with her to where she can get [this service].”* -- Facility-based HSA, Dowa

This nurse provided the following reason for why they escort women from one clinic to the other:

*“If we send her without being escorted, the other clients she finds on the queue tend to complain that she will delay them, so there is need for someone to escort her and explain to the other clients on the queue.”* -- Nurse, Ntchisi

### Other Service Delivery-Related Issues

At the district hospital level, FP and immunization services are provided in two different places and by different providers. Family planning is largely provided by nurses, while immunizations are largely provided by HSAs. These two places are sometimes located a few meters from each other and sometimes right next to each other, as reflected in the following comment about service locations in relation to each other:

*“[The two services are located] maybe a quarter kilometer [apart] because immunization is provided over there.”* -- Nurse, Ntchisi

Health service providers noted that integration of FP and immunization services has enabled them to provide both services on the same day, unlike before, when the two services were not integrated. This notion is reflected in the quote below:

*“In the past when a woman came for immunization of her baby, she would go somewhere else to be given family planning, but now we mix both services. The baby receives immunity and the mother gets family planning.”* --Facility-based HSA, Dowa

In terms of frequency of service provision, a facility-based HSA had this to say:

*“We administer every day and when there is a woman who wants to get her baby immunized, she is also given that at the same place because there is also a hospital register present. So any day of the week, a woman can access these services excluding Saturday and Sunday.”* --Facility-based HSA, Dowa

In outreach clinics, immunization and FP services are provided on specific dates. Health service providers announce the dates through chiefs and other media, as highlighted in **Table 2**.

**Table 2: Provision of integrated FP and immunization services by level of facility**

	District hospital	Health center	Outreach clinic
<b>When services are provided</b>	<ul style="list-style-type: none"> <li>Both services provided from Monday to Friday.</li> </ul>	<ul style="list-style-type: none"> <li>Both services are generally provided from Monday to Friday; however, some health centers have specific days for providing the services.</li> </ul>	<ul style="list-style-type: none"> <li>Services are provided on specific dates. Awareness of dates is raised through chiefs and other village fora. Both FP and immunization services are to be provided at the time of outreach.</li> </ul>
<b>Where services are provided</b>	<ul style="list-style-type: none"> <li>Services are provided either in one place or different places, depending on the way the facility is structured.</li> </ul>	<ul style="list-style-type: none"> <li>Services are provided either in one place or different places, depending on the way the facility is structured.</li> </ul>	<ul style="list-style-type: none"> <li>Services are mostly provided in one place.</li> </ul>
<b>Who provides services</b>	<ul style="list-style-type: none"> <li>Family planning is largely provided by nurses.</li> <li>Immunizations are largely provided by HSAs.</li> </ul>	<ul style="list-style-type: none"> <li>Family planning is largely provided by nurses.</li> <li>Immunizations are largely provided by HSAs.</li> </ul>	<ul style="list-style-type: none"> <li>Services are largely provided by HSAs.</li> </ul>
<b>Referrals</b>	<ul style="list-style-type: none"> <li>Referred women are given a same-day intrafacility referral from one service to the other.</li> </ul>	<ul style="list-style-type: none"> <li>Referred women are given a same-day intrafacility referral from one service to the other.</li> </ul>	<ul style="list-style-type: none"> <li>Women who opt for a long-acting FP method are referred to the health facility.</li> </ul>



# Implementation of FP and Immunization Services as Perceived by Women with Children under One

## Location(s) of Services

In terms of implementation of integrated FP and immunization services, a few women in this study observed that the services are not necessarily provided at the same time or in the same place; rather, they are provided in different places but on the same day,

*“Those that came for immunization have their own side where they do their things and those doing family planning have theirs.”* – IDI participant, FP referral refuser, Ntchisi

In addition, some are not told by service providers to go to either of the places to access the service, but rather they go on their own if they want to have the service, as expressed in the statement by an FP referral refuser shown below:

*“They don’t necessarily send that person to the family planning clinic. The person goes by herself and they do it every Thursday.”* – IDI participant, FP referral refuser, Ntchisi

One FP referral refuser noted that it was difficult to bring a child on a day that is not scheduled for the service, as shown:

*“The other information that makes me wonder is that they say we should bring our babies on either Thursday or on Monday.”* -- FGD participant, FP referral refusers, Ntchisi

## Counseling Received

When asked about the information they received regarding immunization, the majority of women could not recall messages given by health workers during immunization of their children. Most observed that they were only told about the number of vaccines remaining, while a few said that the health workers told them the advantages of the vaccine their child was receiving. Some FP referral refusers noted the following:

*“They said that the vaccination on the leg helps that the baby should not get polio, and they said the other one protects against cough like TB.”* -- FGD participant, FP referral refusers, Ntchisi

*“They said it protects the babies from diseases and the one that’s just a droplet is so that the baby does not get sick, so the vaccinations are so that the baby doesn’t get sick or disabled.”* -- FGD participant, FP referral refusers, Ntchisi

*“They say they had given the vaccination on the leg because they wanted to prevent polio, and the one on the hand was to prevent measles.”* -- FGD participant, FP referral refusers, Ntchisi

When asked about whether service providers talk about child immunization when women come for family planning, some women indicated they had never been told. Some women felt that there was no difference in the information they received from service providers and thought that the only change was the addition of other vaccines. Varying perspectives of those who believe there was no change and those who had observed a change are elaborated in **Table 3**.

**Table 3: Views of women on the information received from service providers**

Felt there was no change	Felt there was change
<i>“From last year, there is no difference in what they are telling us. The immunization they talk about is what is administered to our children. The only difference is that they have added immunization for when the child is a year old because of diseases that are still affecting children.”</i>	<i>“It is happening because when the child is born, we are supposed to wait for 6 months before we take the child to the health facility. They tell that we can start using contraceptives at this same time.”</i>  <i>“It is happening because when we go for child immunization, it is possible for us to get contraceptives.”</i>

Felt there was no change	Felt there was change
<i>“Just as my friend has said, they have added the types of immunization being administered to children so that they are protected from the new diseases.”</i>	<i>“It is true because they tell you to come after 6 weeks, and when we come they say they should be immunized. They also counsel you about family planning so you can get both services, immunization of the child and also contraceptives.”</i>

## Service Delivery Concerns

A few women in one district revealed that in order for them to receive a service they wanted, they were asked to partake in some activities at the facility such as cleaning and drawing water. This issue is reflected in the quote below by one FP referral refuser:

*“Yes there are other things that surprise us when we go for services at a facility, like they tell us that we are not going to get services if we don’t clean the facility, until we sweep and draw water. That’s when the HSA starts assisting and sometimes he doesn’t start until it’s late...”* -- FGD participant, FP referral refusers, Ntchisi

Another FP referral refuser shared the following:

*“They say that if you are not a member of Mai Khanda, then you should not vaccinate your child here or bring him for under-five clinic.”* --- FGD participant, FP referral refusers, Ntchisi

## Referral Procedures

Regarding interfacility referral procedures, women in this study noted that they were not given any referral card as most information was relayed verbally, as shown in the quotes from FP referral acceptors below:

*“They don’t give us anything; they just tell us verbally.”* --- FGD participant, FP referral acceptors, Dowa

*“No, they don’t give [a referral card].”* --- FGD participant, FP referral acceptors, Ntchisi

Although providers mentioned that there is an escort for women referred to either FP or immunization services, women had different views on referral procedures. As mentioned previously, some said they are usually not escorted and sometimes information is not recorded.

## Privacy and Confidentiality Issues

Findings from this study show that women who accepted either FP or immunization referrals felt that they were not forced by service providers to do so. Instead, they viewed it as their right to use the services, as expressed in a number of quotes below:

*“I wanted to go; I was not forced.”* ~ FGD participant, family planning referral acceptors, Dowa

*“Everyone has a choice; no one can force them to go for family planning or not.”* ~ FGD participant, family planning referral acceptors, Dowa

*“It’s your right to be on family planning because anything that happens at your household is your own problem, because it happens that the baby is one-year-old and you become pregnant, so you have the right to go access family planning so that the other child grows up in good health.”* ~ FGD participant, family planning referral acceptors, Dowa

*“It is an individual choice; it is not possible for you to know that the child needs immunization and then you don’t go. You have to go for the child to be protected from a lot of things.”* ~ FGD participant, immunization referral acceptors, Ntchisi



## Observed Changes in Immunization Provision and Use

Women participating in this study were asked about changes they observed in immunization provision since introduction of the integrated approach. The women gave different views, with some recognizing changes, while others did not, as shown:

*“From last year, there is no difference in what they are telling us. The immunization they talk about is what is administered to our children. The only difference is that they have added immunization for when the child is a year old because of diseases that are still affecting children.” ~ FGD participant, immunization referral acceptors, Ntchisi*

However, the majority of women have observed that since integration of services started, they are able to get other services such as family planning when they came for immunization. For example, some immunization referral acceptors noted the following:

*“It’s happening because when you come for immunization, we are able to get family planning on the same day.” ~ FGD participant, immunization referral acceptors, Dowa*

*“There is some benefits because the baby gets immunized at the right time, and I would also get my family planning at a good time, making me a happy and proud mum that my baby is growing healthy and I will be able to do other house chores.” ~ FGD participant, immunization referral acceptors, Dowa*

## Effect of Service Integration on Family Planning as Perceived by Program Managers

Program managers were asked a series of questions to assess their perceptions of the barriers and motivators for FP-immunization referral completion, as well as of the benefits of service integration on family planning and uptake of postpartum FP services. Perceptions about women’s views on these same issues were also sought from the program managers and coordinators. Narratives from the participants revealed some inconsistencies regarding their perceptions of the impact of integration on uptake of family planning.

Lack of reports from the implementing districts to the national level was cited as one of the challenges that had an impact on participants' ability to competently comment on the success of the program. This point is reflected in the following quote:

*“I have not yet received the report to say how or what are the benefits of that, but looking at what was happening on the other part.” –Program Manager/Supervisor*

The short implementation period was also perceived as a challenge to effectively evaluating the success of the program, as shown:

*“Within a short period of time, some of the challenges we may not see ... because the program just started.” –Program Manager/Supervisor*

Although lack of reports for the integration initiative were perceived as challenges to being able to evaluate the performance of the program, some participants were able to comment based on their observations, as shown:

*“In a positive way, though I do not have the report ... the FP utilization has increased. ... FP is difficult really because you do not expect 100 percent of FP because there is no way; the whole population will go down.” –Program Manager/Supervisor*

Some participants assessed the success of the program by examining the effect it may have at various levels of service delivery. For many, the program’s impact was felt less at the secondary level (district hospital) than at the primary level (health centers and outreach clinics), as reflected in the quote below:

*“The issue is that we at the district, we do provide our services on daily basis; this room, family planning, the other room, immunization services, whereby when people come they know that these services are provided on daily basis because the integration was there before. It is unlike the outreach clinic that is run by HSAs where they provide immunizations only. It is where we can say now people are accessing both family planning and immunization services.”*—Program Manager/Supervisor

## Effect of Service Integration on Postpartum Family Planning Uptake as Perceived by Women

When asked about the relationship between family planning and breastfeeding, women with under-one children seemed to have a high level of knowledge. The majority of women said they had been told by service providers that exclusive breastfeeding prevents pregnancy, as shown in the quotes below by women participating in FGDs:

*“They explain that from the day the baby is born until they are 6 months old, if you are breastfeeding exclusively, you cannot get pregnant fast.”* ~ FGD participant, FP referral acceptors, Dowa

*“They tell us that when we frequently breastfeed our babies, it acts [as] a way of family planning.”* ~ FGD participant, FP referral acceptors, Dowa

However, there were a few women who had never heard that exclusive breastfeeding could prevent pregnancy, but were told only that it could help the child to grow in good health, as shown:

*“They explain that the baby should be breastfed exclusively; we don’t know what they mean.”* ~ FGD participant, FP referral acceptors, Dowa

Even though most women were aware of the role of breastfeeding in either contributing to the health of the child or preventing pregnancy, there were some women who said they had never heard anything regarding breastfeeding and family planning. This point is reflected in the following quotes by women:

*“I have never heard that breastfeeding is a family planning method.”* ~ FGD participant, FP referral refusers, Ntchisi

*“No, nothing has ever been explained to us.”* ~ FGD participant, FP referral refusers, Ntchisi

## Effect of Service Integration on Postpartum Family Planning as Perceived by Program Managers

Program managers were asked their opinion on whether the service integration had an effect on postpartum family planning. All participants who responded suggested that the integration has done very little or nothing to improve access to postpartum family planning, as shown:

*“There is that little ... a slight change that we cannot define.”*—Program Manager/Supervisor

Further probing on the matter with a different participant revealed the following:

*“Not much because the integration we are talking about, it is the provision of Depo-Provera, maybe pills, condoms ... that doesn’t take a person who has just given birth to take that service yab ... That is why I am saying that not much has changed for these women.”*—Program Manager/Supervisor

Similarly, another participant commented as such:

*“Not that much because integration we are talking about is much more about short-term family planning methods like Depo-Provera, condoms, and pills, which do not necessarily need to be used soon after giving birth.”*—Program Manager/Supervisor

Others commented on provision of family planning in general, as shown:

*"It has increased because even if we look at our indicators, much that I do not have the figures, there is an increase of uptake of FP services ... The effect is that there is more demand for the products; the Depo, you know mothers like Depo. Much we advocate also for other contraceptives, there is much demand on Depo-Provera products."*—Program Manager/Supervisor

## Availability and Storage of Commodities

Availability of commodities for family planning and immunization seemed not to be a big concern for the program managers and coordinators interviewed. However, participants observed that sometimes they do face stock-outs, which might present a challenge for scale-up of integrated services. This notion is reflected in the quote below:

*"The challenge sometimes is that the service is out of stock, for example, the contraceptives ... sometimes are out of stock so they have no choice. But in actual sense, when the commodities are always available, it is really a good thing."*—Program Manager/Supervisor

Some participants anticipated that their facilities may experience stock-outs in the near future, as shown:

*"In fact looking at the way resources come, you might not right out say that we might not have faced this challenge because although we are surviving on the meager resources that we have currently, but we still have to live by the means. So there might be those challenges to come, but we will see how we can confront them head on; there are so many other services as well."*—Program Manager/Supervisor

Participants revealed that immunization services faced major challenges with maintenance of cold chain at the point-of-service delivery because of malfunctioning refrigerators, as shown:

*"About commodity supplies as vaccination, as DHO we order from [Community Health Sciences Unit] so we organize logistics to bring our supplies here, but the big problem is storage of vaccines—for example, vaccination needs to be stored in the cold chain system like fridges. So we have some malfunctioning fridges whereby in other areas they end up saying as a facility we have run out of vaccination or because the fridge has malfunctioned so we need to improve storage system as well."*—Program Manager/Supervisor

## Implementation Adjustments and Actions Taken during Supportive Supervision

All program managers interviewed reported that they have been involved in supervising service providers at work. Many of them also participated in training/orientation of HSAs on service integration. When asked what they do during the supervision visits, some indicated that they use a checklist to assess health service providers' adherence to procedures. Others indicated that they ask questions and record the responses, as shown in the quote below:

*"We do have monthly and quarterly supervision in EPI, so we do integrate with [reproductive health (RH) services]. So there is a duty rota which is produced. So we do move from one facility to the other; we ask questions to the HSAs at the facility, so they respond and we record ... the involvement was in that way."*—Program Manager/Supervisor

When asked to comment on their observations during the supervisory visit, many participants indicated that health service providers were happy with the introduction of integrated services. They also noted that the number of women using the services has increased, as shown:

*"We have actually seen an increase in some of our performance indicators; yes, like coverage in terms of family planning and EPI. Yes, they have really gone up."*—Program Manager/Supervisor

There were no reports of specific adjustments or improvements made during supportive supervision. However, participants made reference to adjustments made at the beginning of the program. For example, community leaders were involved in raising awareness about the introduction of integrated services, as shown:

*"To increase community sensitization to take a leading role ... we already started meeting with [group village headmen/women] to help us with sensitizing the community, so that there should be uptake of services [and]*

*so that the community should know that when they go for vaccination service they can also receive FP services.”* –Program Manager/Supervisor

## Views on Continuation of Integrated FP and Immunization Services

### Women’s Perceptions about Scale-up of Integrated Services

#### Promotion of Knowledge of Other Services

When asked whether the integration should continue, all women who responded said that it should because when people go for one service, they get to know about the other service. This point is illustrated by some of the women who accepted FP referral, as shown:

*“Yes, they should continue because some get to know about family planning when they go for immunization so they can then decide about it then.”* ~ FGD participant, FP referral acceptors, Dowa

*“They should continue because some women, if they came for family planning, they run away and not get their children immunized. After checking the child’s health passport and they identify that the child has not been immunized, they send you at the same time for immunization.”* ~ FGD participant, FP referral acceptors, Dowa

#### Time-Savings

Although some women mentioned closeness of the clinics to their homes as reasons for continuing integrated services, others said that integration saves time, as they are able to receive two services in one trip to a health facility, as shown:

*“It’s important because we do both things at once, in one trip.”* ~ FGD participant, immunization referral acceptors, Dowa

*“The good thing is that you get two services when you had initially planned for one.”* ~ FGD participant, FP referral acceptors, Dowa

### Program Managers’ Perceptions about Scale-up of Integrated Services

All program managers felt that the integrated approach should be scaled up to other districts, as demonstrated in the following quotes:

*“Yes, if it will be scaled up to other districts at least each and every area where there is an HSA because HSAs are in all the districts in Malawi and they must be conversant with provision of FP, EPI issues, and [community-based maternal and neonatal health care] should be added. It will make it a more comprehensive package.”* –Program Manager/Supervisor

*“Yes, it is worth scaling up to other sites.”* –Program Manager/Supervisor

Participants felt that benefits of the integrated approach were substantial, including ultimately, from their perspective, reducing the poor maternal indicators, preventing unwanted pregnancies, and saving time for maternal and child health care service seekers for other activities, as explained below:

*“We are here to provide maternal and child health services, whereby a caregiver can come here with a single complaint but she can benefit from many services.”* –Program Manager/Supervisor

*“It is very paramount that we integrate these services so that we can avoid unwanted pregnancies and at the same time giving the mother time to do other activities since she will have more time rather than having to come again to the facility to look for services.”* –Program Manager/Supervisor

# Suggestions for Improving or Scaling up Integrated FP and Immunization Services

## Improvements to be Made as Suggested by Health Service Providers

### Presentation of Information on Job Aids

Commenting on job aids for family planning, one FP service provider in Dowa noted that there is need to make some improvements on the presentation of information so that everything appears on one page, as shown:

*“Of course I really can’t say much since most tools are in Chichewa; perhaps one concern should be that information should be provided on one page.”* –Nurse, Dowa

### Community Involvement

Another provider had this to say regarding the need for community involvement in the implementation of an integrated program:

*“If they want to start this program, they need to involve the community as we did with the [area development committees] so that they help in disseminating the messages in the communities, and there should be good coordination between HSAs and nurses and the community. There should be a good link. It means the process will move on well.”* –Nurse, Ntchisi

### Availability of Resources

Some service providers felt it was important to have an adequate supply of resources such as drugs/contraceptives to respond to the increased demand the program would create, as alluded to in the quote below:

*“When the program starts, there is need for availability of resources. There is need to source drugs. Like I said, in July and August, there was a short supply of [Depo-Provera]. This happened because the HSAs were trained and people in the communities get the services from their communities, so there is need for adequate supply of drugs all the time, like pills, condoms, or [Depo-Provera]; they have to be available all the time so that people should not fail to access the services.”* –Nurse, Ntchisi

## Improvements to Be Made as Suggested by Clients

### Suggestions from Mothers

Women with children under 1 year of age were asked about the improvements to be made in the provision of integrated FP and immunization services. Most participants wanted to see strengthened supervision, availability of commodities, and management of time to avoid long waiting times, as reflected in **Table 4**. It should be noted that none of the women who accepted either FP or immunization referral and responded to this question gave suggestions for improvement; the suggestions were mainly provided by FP referral refusers.

**Table 4: Women's suggestions for improvements to integrated FP and immunization services**

1. "[HSAs] should come closer ... they should not be commuting."
2. "Maybe if [health workers] talk about the benefits of family planning, the people would want to access the service because people say so much that scares us; they say you feel pain and it's many injections. That's why people don't want to come for FP services."
3. "I believe for there to be an improvement in service delivery at this facility, there should be no corruption amongst the staff."
4. "There is a need for health inspectors to come often and ensure that things are going on well, because the staff members at this facility are very neglectful. They do not take care of us the way we are supposed to be taken care of."
5. "We are satisfied with service delivery, but [the providers] start work late and we are a lot of people. Instead of them to start work at 7:30, they can start at 8:00 and they just move about. We come to get free services and when they ask us to buy, that is not good."
6. "For those that want FP implants, they tell us to go and buy it. That should be improved."
7. "[There should be] door-to-door talks about family planning."
8. "The problems that the HSAs face are numerous. They don't have houses and you find that where we do the clinic is not a stable place, and we have to continuously ask for a place to be doing the clinic."
9. "We don't have a stable place where we can be doing the clinic. We are here at a church, which has an owner, so it would have been better if they found us a space where we could be doing the clinic."
10. "There is nothing health care providers can do to change things because FP resources [have come a long] way, so it is our responsibility to follow what we are told."
11. "They should have easy transportation of vaccines. They can also try to find a way of keeping immunization right here in our community so that it can be transferred here prior to EPI day."
12. "There should also be encouragement from the decision-makers; make sure that they come here in time. Because even if there might be transportation availability, they may not come early if not supervised and encouraged."
13. "I agree with my fellow women because we wait for a long time that we end up giving up, but they tell us to keep waiting; sometimes they arrive here around past twelve o'clock in the afternoon."

### Suggestions from Fathers

Fathers with children under 1 year of age noted that sometimes women spend more time at the outreach clinic while waiting to be assisted due to the large population that needs to be served. Increasing human resources was cited as a suggestion for moving forward, as currently service providers are usually few in number. As noted by a father in Ntchisi:

*"Just to add [to] what my friends have said, this is good; however, I can still see there being a problem that needs to be addressed. When the clinic is at [the outreach site], there are usually not enough health workers because these villages are very big so it takes long for the women to be assisted. For example, at times there are just two health workers and you have so many people going to this clinic, so I still feel that maybe they should add volunteers to be assisting at this outreach clinic so that there should be less work for the health workers."* - FGD participant, Fathers

### Improvements to be made as Suggested by Program Managers

#### Requirement for Program Success

During the interviews, ensuring the availability of resources was identified as a major requirement for program success. This included increasing the number of staff; maintaining adequate supplies of commodities such as the contraceptives; ensuring adequate storage facilities for immunizations; and having information, education & communication (IEC) materials available. Other necessary resources identified included financial resources, as shown:



*“The recruitment of HSAs also requires a lot of resources, money to recruit the HSAs, so it’s a financial issue and has to be available.” –Program Manager/Supervisor*

Participants felt that there was also a need to widen the scope of involvement of the various stakeholders. They acknowledged that the program was doing well in involving community leaders, but there was still more to be done, as reflected in the quote below:

*“Although we have already said that integrating these services with the community structures, I think apart from the [area development committees] alone; since this time we are talking of the devolution, it’s important that the councilors, even everybody involved at the council level, should take a part so that when we talk of a community structure, we are talking the same language.” –Program Manager/Supervisor*

### **Interprogram collaboration:**

One participant commented on the need to strengthen the collaboration between RH and EPI programs, as shown:

*“I think it is a matter of teamwork and collaboration between these two departments or programs, the EPI as well as the FP-RH program. If there is that teamwork, I think there will be not any challenge. That teamwork should even start at the national level; the EPI unit as well as RH unit also there working together, as well as the district level.” –Program Manager/Supervisor*

Another manager commented as follows:

*“I think it is a matter of teamwork and collaboration between these two departments or programs, the EPI as well as the FP-RH program. If there is that teamwork, I think there will be not any challenge.” –Program Manager/Supervisor*

### **Improved reporting:**

The current reporting mechanisms were perceived to be weak and in need of some improvement. Some participants observed that HSAs only report on the commodities and do not include participant statistics as part of their reporting system, as shown:

*“Mainly what should change is the reporting system on how [to send] reports on this integration... Depo-Provera is found on the C stock that the HSAs send through [the] phone, but they are not able to send [the number of clients they have seen]. So what can change, maybe part of the phone reporting, if they can be sending the [number of] clients. Maybe if we can find a way that when sending the products, they should also send the [number of] clients whom they have contacted so that we should have the data.” –Program Manager/Supervisor*

### **Strengthened referral systems:**

In addition, the referral system between FP and immunization services was also perceived to be weak. Participants reported that not all service providers refer clients for other services, as reflected below:

*“What is needed is that we should find a means to enhance the referral system within the integration. If we find that means, it will be easy; everyone will be able to refer because we see that some refer, some do not refer, but we cannot tell as of today why some refer and some don’t refer ... but if we can sit down, learning from those who don’t refer, we should know their problems. When they say their problems, we can learn from them.” –Facility Supervisor, Dowa*

Some participants observed that although referral slips were introduced, some of the service providers did not know how to use of them, as shown:

*“My perception is that we see people coming from immunization room to FP room with a referral slip but from family planning to immunization room... because these FP providers, they are not oriented on why we are using the referral slip. So what has changed is that yes, we see people sometimes; not every child but we see people coming with their referral slips from the immunization room, but for us it’s less because most of us, we*

*don't know where this started from; what is it that we are supposed to do? Yah.*” –Program Manager/Supervisor

### **More training:**

Training of service providers was another area that participants felt requires improvement, as shown:

*“HSAs attending a single training cannot be assumed as ... being competent enough to offer these services, so we need to have refreshers as part of their motivation to maintain this program. That is another change that can be done for things to progress because they are real HSAs, so they need to be mentored from time to time.”* –Program Manager/Supervisor

Several interviewees further suggested adjustments in logistics, as reflected in the quote below:

*“I think they should be adequate transport especially to the HSAs, either motorbikes or push-bikes. The motorbike can be given to at least one to every facility and other HSAs can be provided with a push-bike.”* –Program Manager/Supervisor

### **Other areas in need of improvement:**

In addition, one of the participants suggested that strong leadership is important to make sure that all facilities are covered with personnel who are able to provide integrated services to the community. This participant felt that adherence to recruitment policy was key to reducing the disparity in staffing levels existing between areas that are hard to reach and those that are close to towns.

*“Human resource just needs our government to be pro-active and train more HSAs and deploy them in the most especially hard-to-reach areas, and I again sometimes we have the HSAs but they opt to stay in towns. So as managers, we really need to be strong enough and abide by the deployment policies and maybe there should be some laws attached; the HSAs should be in a position to abide by the staffing and deployment norms. If they say, ‘Go to Kasonga,’ he or she should be able to go to Kasonga and not saying ‘[I] am not going to Kasonga’ simply because of this and that. This is so because when one is applying for a job, is ready to be deployed wherever. But now after being deployed, HSAs are given a chance to choose. That is why some areas do not have full-time HSAs. So at least those deployment issues must be abided by. Managers must be strong enough.”* –Program Manager/Supervisor

In addition, some participants felt that there is need to provide more IEC materials to HSAs to aid them in the delivery of IEC to women accessing FP services, especially those who are doing it for the first time, as shown:

*“Those charts [IEC materials]. For example, I’m an initial client and I have come for the first time to access the services, I’m really supposed to be educated and told what is that method and how does it work and its advantages and disadvantages and the contraindications, what I’m supposed to do. All that information is included in the charts and, unfortunately, some HSAs have no chance. So this should be added on the challenges: IEC materials.”* –Program Manager/Supervisor

The same participant continued as follows:

*“Resources should be available, for example, the charts used during family planning because during supervision, I have remembered that some HSAs had no tools.”* –Program Manager/Supervisor



# Summary of Findings and Discussion

The findings of this study show that integration of FP and immunization services is being implemented in Dowa and Ntchisi districts. Participants noted the benefits of the integrated approach, including improvements in the way FP and immunization services are being provided; more women accessing family planning and more children completing their immunization schedules; more information on the benefits of both services being provided to women; reduction in poor maternal indicators as reported by some participants; prevention of unwanted pregnancies; and saving time, which can be used for other activities on both the client and provider sides.

However, the definition, understanding, and implementation of integrated services seem to differ between some health workers and clients, as well as between levels of facilities (district hospital vs. health center vs. outreach clinic). For clients who are women with children under one, integration seems to mean being able to access both services in one day, while for health service providers (mostly community HSAs), integration seems to refer to having one person provide both services or sometimes having both services provided at one place.

Such variations in the meaning of integration were also evident at the level of service delivery. Lack of clarity and consistency regarding implementation approaches were more apparent within health facilities as compared to outreach clinics. This could be attributed to the fact that there is no single model of FP and immunization integration being practiced in the two districts, especially across health centers. For example, although some health workers in health centers mentioned that the two services are both provided on a daily basis, others mentioned that some women were sent back home because they reported on a day when a given service was not provided.

There were also differing views between providers and clients on how referral of clients from one service to the other was being done. Service providers reported that a client is escorted and referral information is either delivered verbally, by the one escorting the client, or written on a referral note carried by the clients; whereas clients (women) reported that they go to the referral facility on their own and sometimes without a referral note.

Several benefits of the integrated approach have been highlighted by all participants. The most commonly mentioned benefit is time-savings. The majority of participants felt that integration of the two services saves time: women no longer go to the health facilities twice to seek both of the services, and providers no longer have to attend to the same client on two different days to provide the two services.

On the other hand, time was also mentioned as a barrier to accessing these services by a few women; they felt that they waited too long to get a service after being referred to either FP or immunization services. Shortage of staff, inadequate supplies of contraceptives and vaccines, and lack of supervision were some of the other challenges participants cited as affecting implementation of the integrated approach.

Integrated services seem to have more effect on the uptake of FP than immunization services, as the approach has increased the demand for FP services. However, participants felt it was challenging to meet this increased demand as facilities run out of commodities. Other challenges revealed through this study included lack of facilities for maintaining the cold chain for proper vaccine storage, as most fridges are not functional.

# Conclusion and Proposed Programmatic Recommendations

As the integrated provision of FP and immunization services seems to have so many benefits, the national FP and EPI program of Malawi's Ministry of Health should consider focusing on the reported barriers and challenges for effective continuation and scale-up. Based on the present study, specific programmatic recommendations that may facilitate scale-up are presented below:

1. Integration is being implemented in the two districts, but there is clear evidence that providers are not consistent in the way they implement the approach, as some facilities seem to be implementing it and others not. There are also some inconsistencies regarding perceptions of the impact of integration of FP and EPI services. There is need for close monitoring on how these services are implemented.
2. Both providers and clients would like to see the approach continue and scaled up. If this is to happen, programs should aim to standardize the integration model. This will not only lead to consistent implementation but also help in effective evaluation of the approach
3. Documentation of referrals seemed not to be well-defined. This could be due to the lack of a standard integration model that is being implemented. Supervision needs to emphasize proper documentation of referrals.
4. Although the majority of both providers and clients felt that integration has helped to reduce the time required for providing and accessing the two services respectively, some clients complained of having to wait a long time to receive a service. Ways to reduce waiting time include prioritizing clients who have come for both services, as well as improving staffing levels to respond to the increased demand created by the program.
5. Some women mentioned being required to clean and draw water at the health facility in order to receive services. Although this situation occurred only once, there is a need to follow up and address this issue.
6. Integration of the two services seemed to be well-received by both providers and clients. As this approach is being considered for scale-up, the program should consider including more services in the approach. One example is community-based maternal and neonatal health care, which is currently not part of the package.
7. In order to strengthen the approach, there is a need for adequate resources. This includes increasing the number of staff and ensuring adequate supplies of commodities and vaccines, adequate storage facilities, appropriate IEC materials, and sufficient financial resources. For successful program implementation, stock-outs of any of the needed commodities and supplies should be addressed.
8. At the national level, there is a need to strengthen the collaboration between the RH department and the EPI, including conducting joint review meetings and supportive supervision.
9. The program should consider training additional HSAs in the integrated approach.

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