MCSP Family Planning & Immunization Integration Brief

IN MALAWI

February 2018

BACKGROUND

USAID and UNFPA have recognized family planning (FP) and immunization integration as a "promising" high-impact practice. Increasing access to postpartum family planning (PPFP) and spaced pregnancies decreases risk of preterm birth, low birth weight, early neonatal and infant death, unintended pregnancies and adverse maternal health outcomes. The integration approach improves PPFP access by taking advantage of every contact with pregnant and postpartum women and ensuring that FP counseling and services are linked to routine infant vaccination contacts. By doing so, health providers can reach mothers with FP information and services at a critical time that is associated with a return to fecundity, especially if exclusive breastfeeding stops prematurely.

In Malawi, MCSP's support to the Ministry of Health (MOH) began in 2015 to strengthen and systematize FP and immunization service integration at all 43 health facilities and associated outreach sites in priority districts Ntchisi and Dowa. This represents full district saturation in the two districts.

PHOTO CREDIT:
Sarah Sakanda/MCSP

PROGRAM INTERVENTIONS

In Malawi, the Essential Health Package is designed to integrate services, but in practice integration is not easily achieved. Between July 2016 and November 2017, MCSP focused its technical assistance on helping to improve this gap. 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:

- Orientated 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

As a result of these interventions in the target districts:

- Outreach clinics now have at least four HSAs managing the services, an increase from two.
- The uptake of referral booklets following MCSP's introduction has been met with mixed reactions, with some HSAs and providers concerned it will add to their workload. Misunderstandings on how to use the referral slips remain, resulting in their low usage; providers prefer to refer clients verbally.
- ADC members are taking the lead to sensitize and remind people in their communities about accessing FP and immunization services at facilities, outreach sites and village clinics, and HSAs and community leaders have started working together in their communities to spread messages about FP/immunization integration services (some HSAs were previously reluctant to work with community leaders).
- Training of HSAs has increased the demand for FP services resulting in more frequent stockouts of FP commodities at community and facility level.

RESULTS

Figure 1. Number of total FP users in Dowa during intervention period
(Sites with >= 80% reporting)

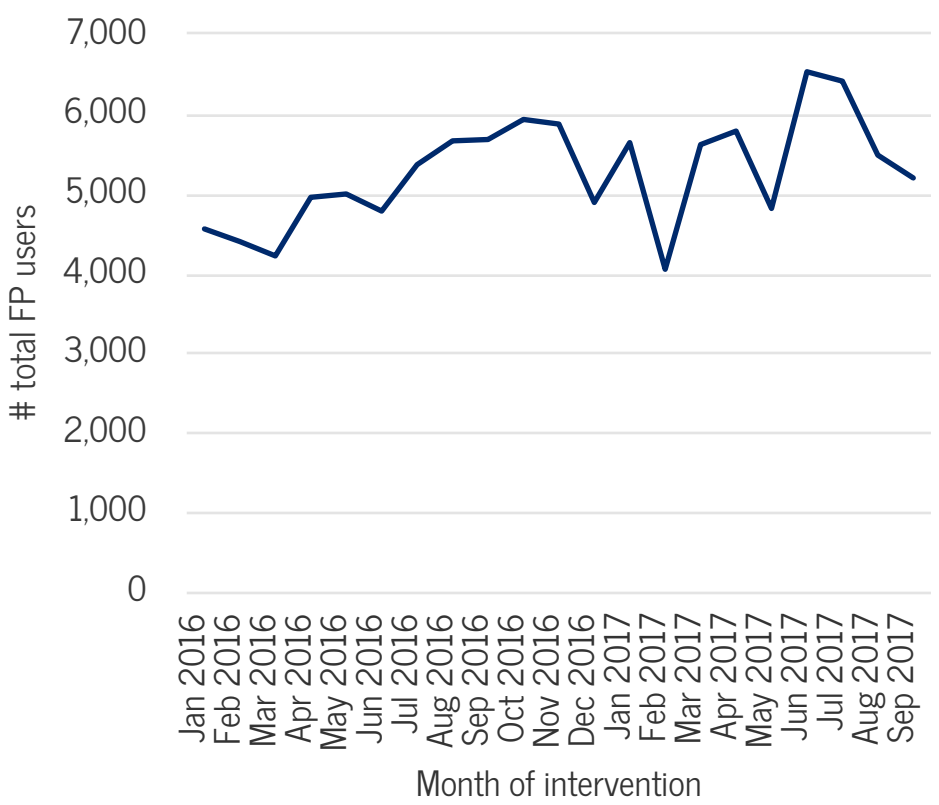


Figure 3. Diphtheria-pertussis-tetanus vaccine dose 1 to 3 drop-out rate

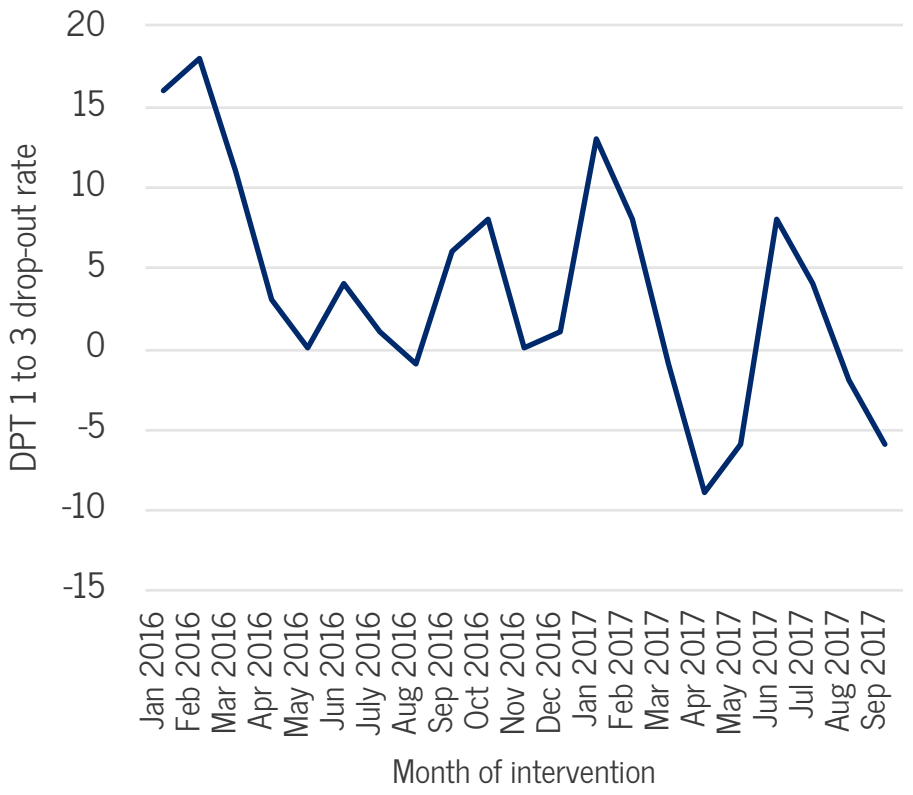


Figure 2. Percent of total FP users who received community-based FP services during intervention period
(Sites with >= 80% reporting)

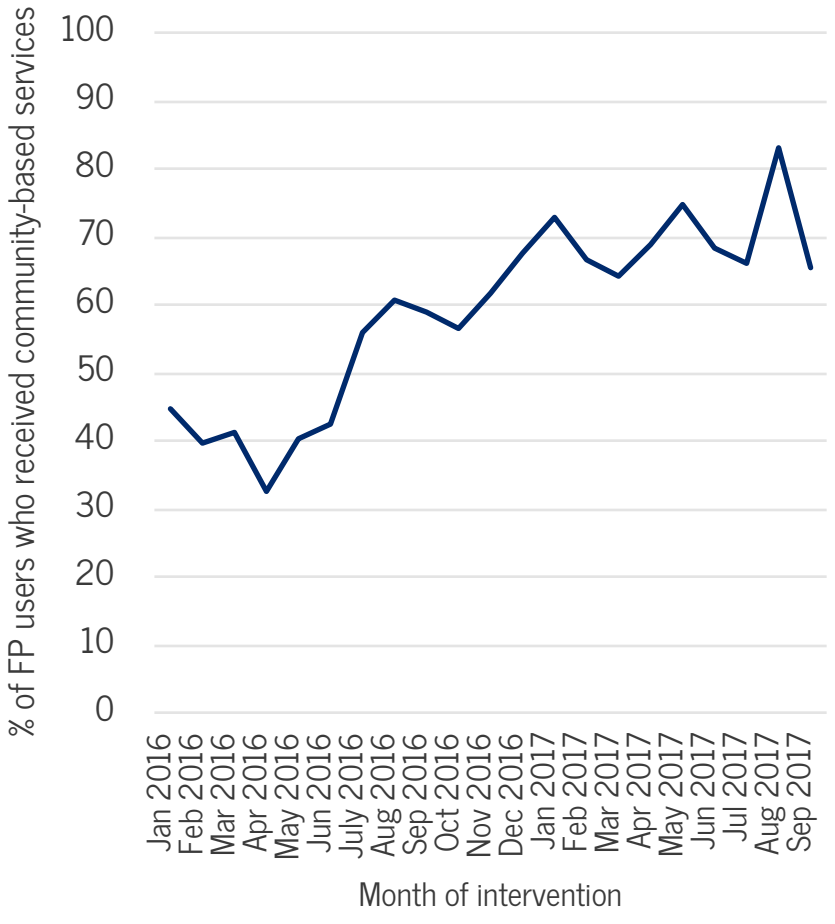
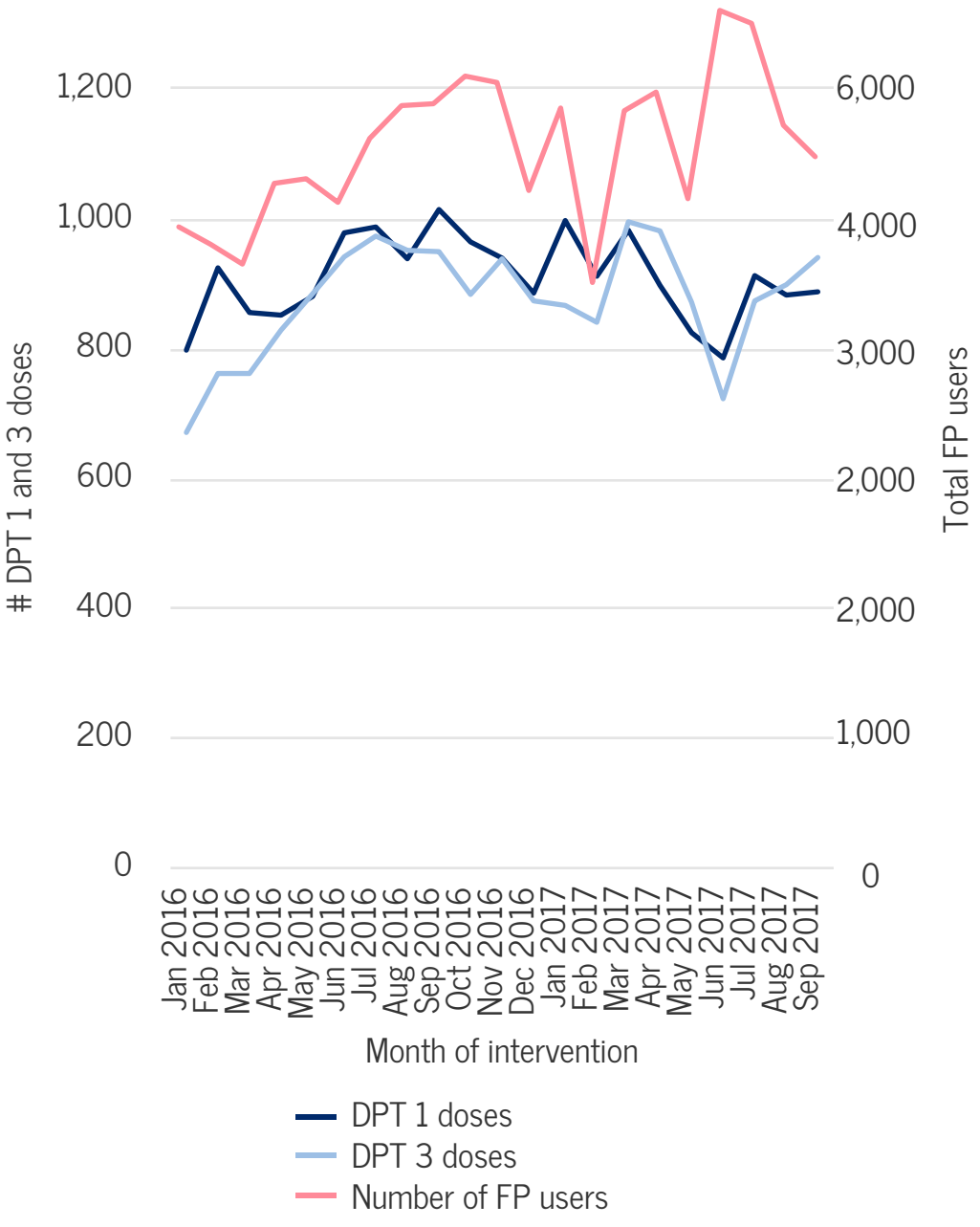


Figure 4. Total DPT 1, DPT 3, and FP service provision in Dowa



Unlike FP service provision, the proportion of immunization clients accessing community-based services did not change over the intervention period. Our analysis reveals that the intervention did not negatively affect use of immunization services.

LEARNING & FINDINGS

At the end of program implementation, MCSP conducted a mixed methods study including qualitative methods and secondary analysis of HMIS data in collaboration with district health offices and the MOH to assess how integration of FP and immunization services affects service provision, utilization and perceptions of quality at MCSP sites in Dowa and Ntchisi districts. Due to limitations in FP data availability, the study set a cutoff of 80% completeness of data to be included in the analysis. Fourteen health facilities in Dowa district met this cutoff and were included in the analysis.

In summary, findings of the study show:

39.5% of total FP clients and 32.6% of new FP clients accessed community-based FP services before the intervention.

This increased to 68.2% of total FP clients and 55.8% of new FP clients in the intervention period.

Slight increase in total contraceptive users in Dowa (a substantial increase in contraceptive users would not be anticipated given the already relatively high use of FP)

Notable increase in total community-based family planning use; trends show shifts in use of FP from facility to community

No effect on immunization doses administered or dropout, or on use of facility-based versus outreach immunization services

Caregivers noted benefits in terms of time savings, convenience, access, and improved knowledge/understanding of the other service

Contextual factors affecting provision and use of integrated services are: human resources, FP commodity cvailability, community linkages, data collection procedures, FP social barriers, setup of health facility, outreach services and days available, and supervision and commitment of HSAs and facility staff.

RECOMMENDATIONS

In order to strengthen the approach and assure its continuation, sustained resources to support increased staffing for both facility- and outreach-based services are needed. Also recommended is a review of roles and responsibilities between nurses and HSAs to prevent duplication and maximize human resources. Ensuring uninterrupted commodities for FP and immunizations, and a wider availability of educational information for caregivers, are needed. The outreach services present an opportunity to link with wider community engagement efforts that could incorporate information to address FP norms. A greater emphasis should be placed at the district and national levels on the timely and consistent reporting of FP data to improve FP data reporting. Opportunities to measure PPFP use in the HMIS would support targeted interventions for women at this critical time. A review of facility-based FP services and uptake, incorporating user perspectives, could be helpful to inform strategic decisions on sustaining facility-based FP services as they are currently being run.

PHOTO CREDIT: Sarah Sakanda/MCSP

This brief is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under the terms of the Cooperative Agreement AID-OAA-A-14-00028. The contents are the responsibility of the Maternal and Child Survival Program and do not necessarily reflect the views of USAID or the United States Government.