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Maternal and Child Health  
Integrated Program

**K4Health**  
Knowledge for Health

**fhi360**  
THE SCIENCE OF IMPROVING LIVES

# Integration of Family Planning and Child Immunization Services:

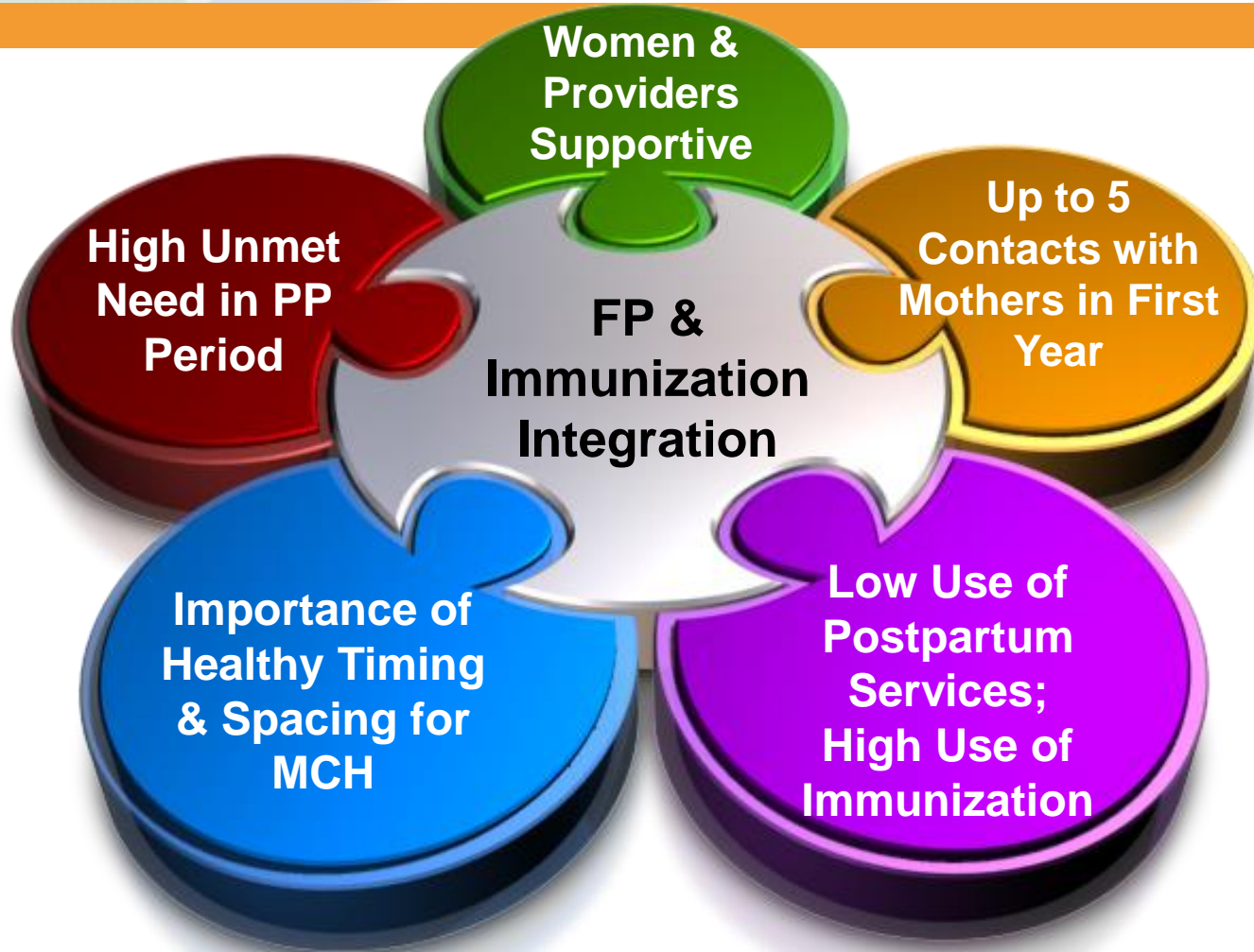
*Leveraging Private-Public Partnerships to  
Increase Impact*

**June 23, 2014**

# Presentation Outline

- 1) Background and Rationale for Integration
- 2) Existing Evidence and Key Lessons
- 3) Case Studies
  - PSI, Mali
  - MCHIP, Liberia
- 4) Considerations for PPPs & Discussion

# Why Integrate?



# What do we mean by “Integration”?

## FP & Immunization Integrated Service Delivery Models

### COMBINED SERVICE PROVISION

Deliberately linked immunization and FP services offered on the same-day, at the same location

*Service Delivery Sites\**



### SINGLE SERVICE PROVISION + REFERRAL

Either immunization or FP service provided, along with education, screening or referrals for the other service, requiring follow-up at a different place or time

*Service Delivery Sites\**



Services may be provided by multi-purpose or dedicated providers.

*\* Integrated service delivery NOT recommended during mass immunization campaigns.*

### Cross-cutting Components

- Sufficient commodities available for both services
- Provider capacity building
- Conducive service delivery infrastructure
- Monitoring and supportive supervision
- Health promotion/demand generation for FP & immunization



Health Facility



Community-based or Outreach



Home-based

# High Impact Practices (HIP): FP & Immunization Integration in “Promising” Category



**Endorsed by over 20 organizations including USAID and UNFPA!**

## Interagency Working Group: What Have We Learned?

- Integrate during *routine* immunization services
- Collect data on impact of integration on immunization services
- Use of dedicated providers can be effective
- Systematic screening can support integrated delivery
- Political & community support are critical
- Health system issues must be addressed
- Keep referral messages simple
- Ensure clear and effective referral systems

**The FP & Immunization Integration Toolkit houses relevant resources**



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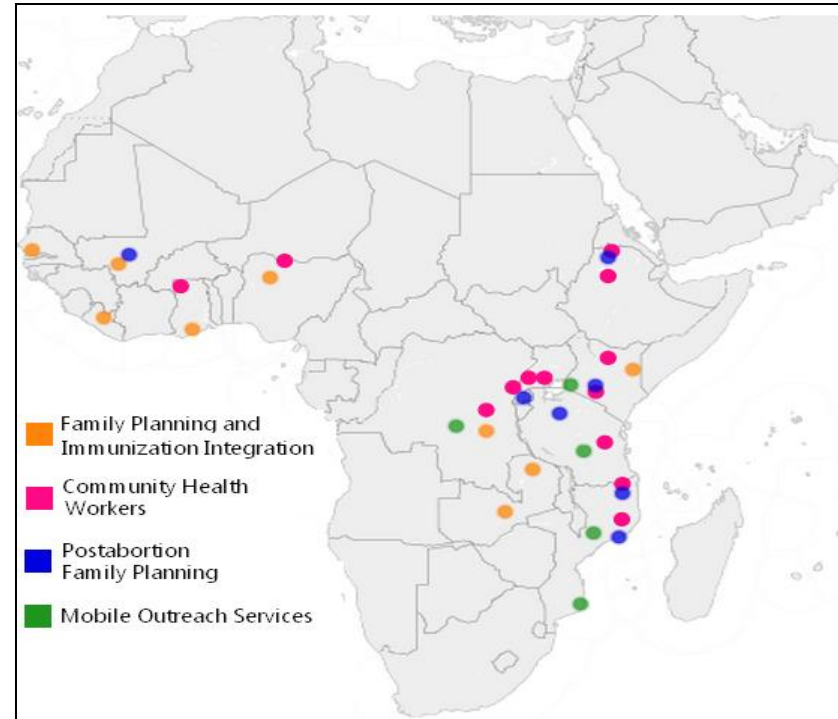
**K4Health**

Knowledge for Health



# Experiences to date

- Togo (1990s)
- FHI 360: Ghana, Zambia, Rwanda
- RTI: Philippines
- MCHIP: Liberia
- IRC: Liberia
- IntraHealth: Senegal
- PSI: Mali, Zambia



*“Crowd sourced” interactive map on HIP implementation on K4Health website*

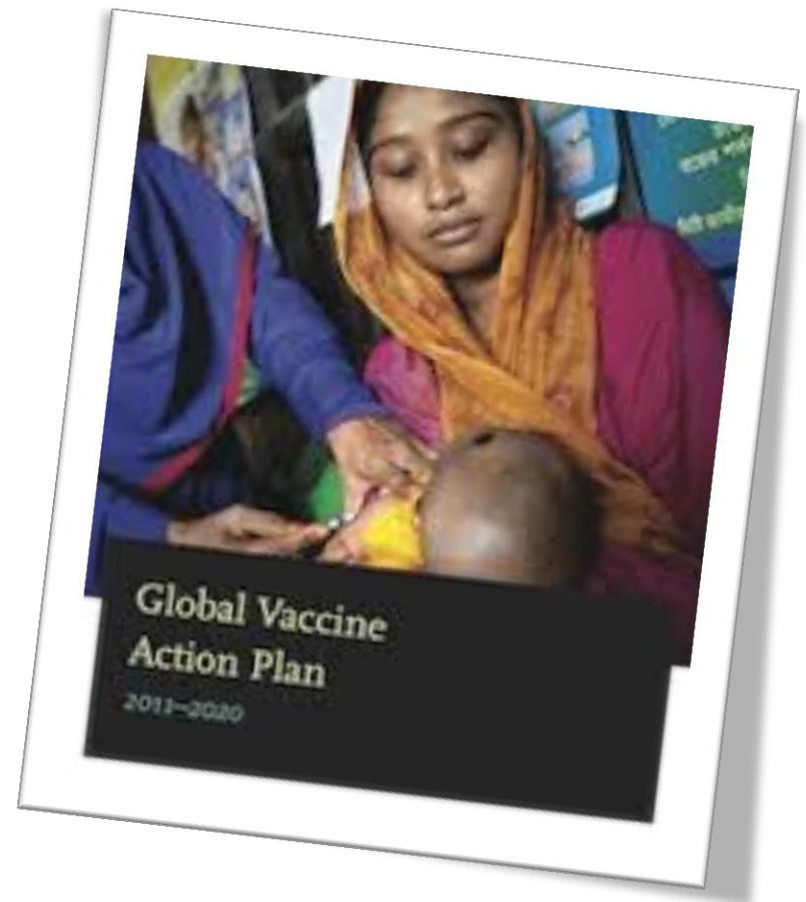
# Perspectives on Immunization



# Integration: A guiding principle in the Global Vaccine Action Plan for the Decade of Vaccines—2010-2020

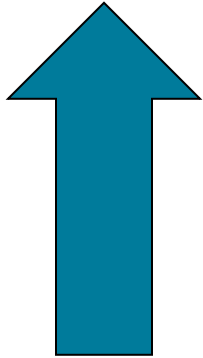
On integration, GVAP says:

*“Strong immunization systems, as part of health systems and closely coordinated with other primary health care delivery programmes, are essential for achieving immunization goals.”*



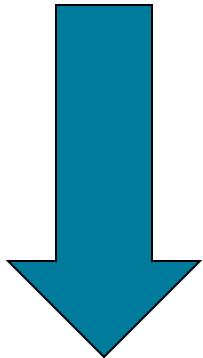


# Possible effects on immunization of integrating services with family planning



## ***Positive:***

- Secure support for EPI by using it as platform to serve another program
- By increasing convenience to caregivers through “one stop shopping” increase utilization of services and vaccination coverage



## ***Negative:***

- Deter mothers who accept EPI but not FP
- Create confusion that EPI is really FP and a masked attempt to sterilize women or children

# Precedent: experiences with negative consequences

- **Cameroon** (early 1990s) – death threats to vaccinators; halted immunization efforts for 2-3 years
- **Philippines** (early 1990s) – halt in immunization services, lingering damage; efforts to engage Church did not succeed
- **Madagascar** (2004/05) – MCH Weeks with FP and tetanus toxoid for women → confusion, distrust, ineffective campaign
- **Northern Nigeria** (2004-2006) – allegations that polio vaccine is sterilizing agent → the failure of polio campaigns led to re-introduction of polio virus to countries as distant as Indonesia; massive, multi-country setback to Polio Eradication Initiative that lasted years
- **Pakistan** (2012-present) – targeted murders of >75 vaccinators and escorts for polio campaigns due to allegations that campaigns sterilize children and are related to spying

# Possible strategies for engaging the immunization community

## Reduce risks

- Design approaches that minimize hazards. ***DO NOT INTEGRATE FP and EPI DURING IMMUNIZATION MASS CAMPAIGNS.***
- Design win/win approaches intended to benefit EPI and FP


## Show benefits

- Actively measure effects on EPI using MOH EPI data
- Share data that demonstrate gains, if documented

## Share experience

- Engage country level immunization staff in both designing and sharing FP/Imm experiences
- Disseminate the how-to approach so it can be replicated

# Case Studies: Mali & Liberia

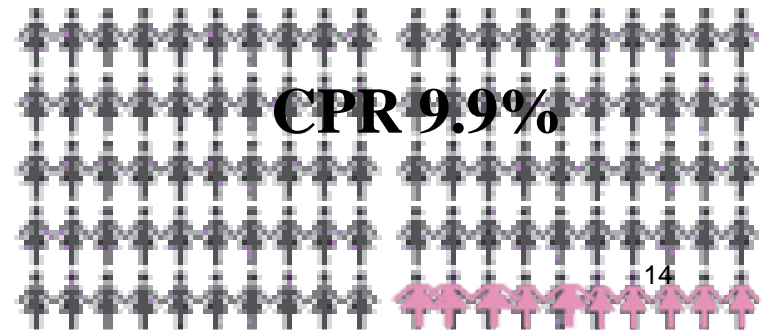
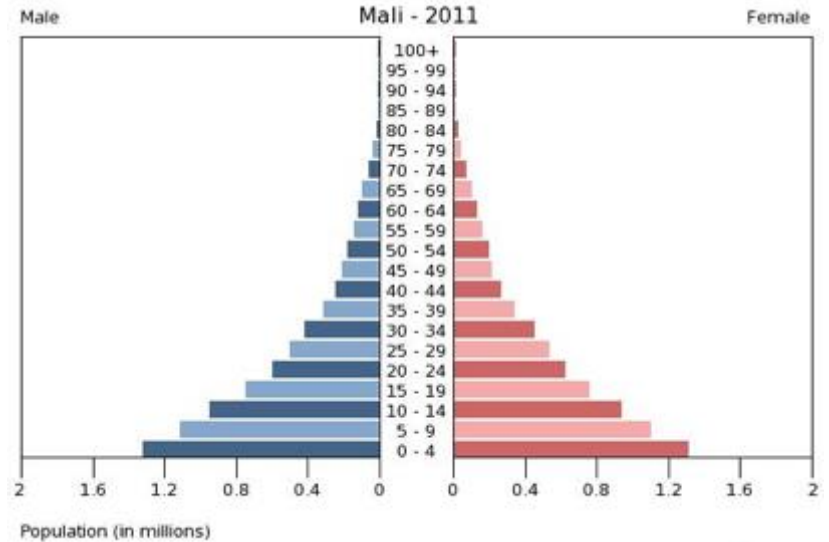


# **Program Example #1: PSI Mali**

**Nene Fofana  
Sexual and Reproductive Health Technical Advisor  
PSI/Mali**

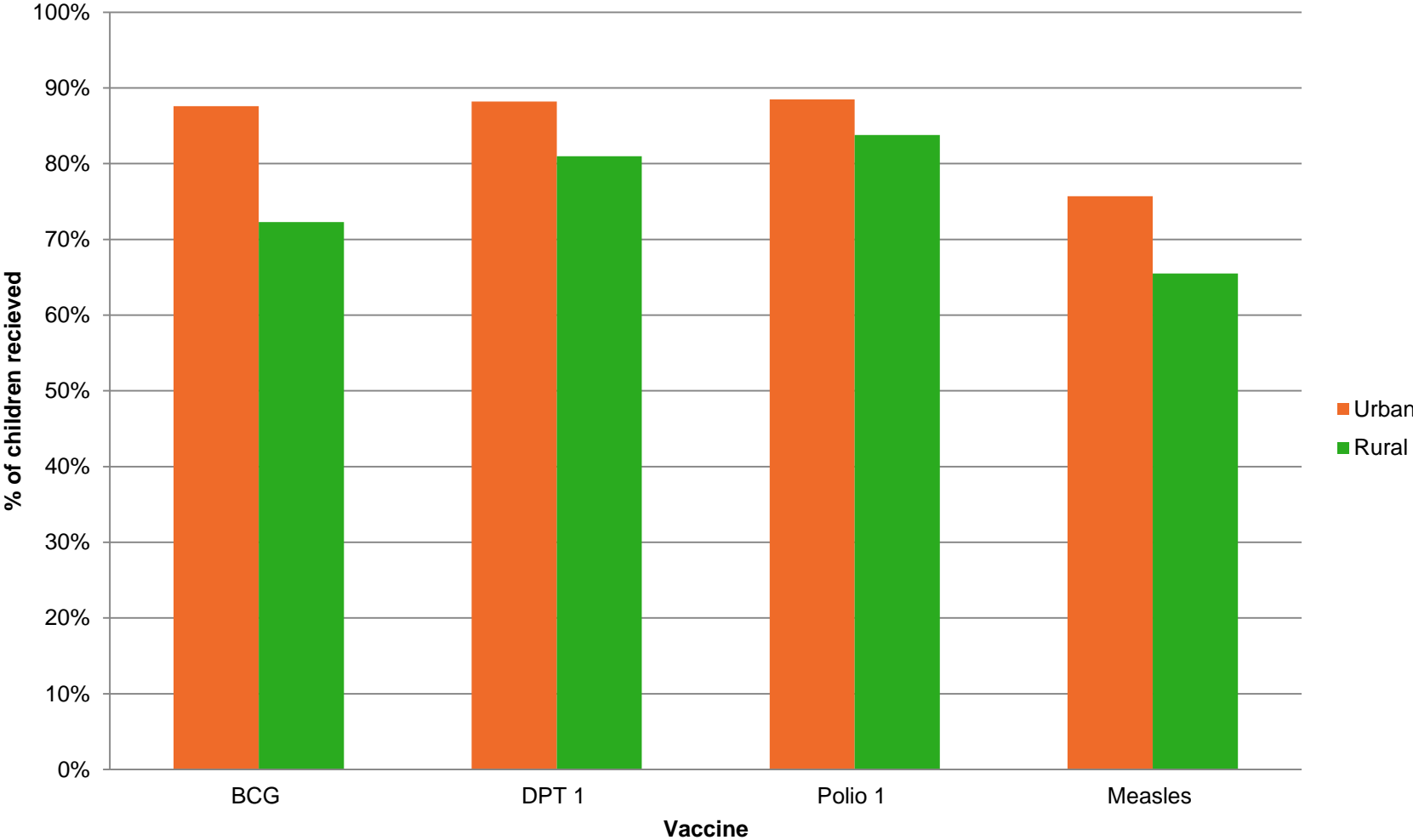


# FP in the land of Timbuktu





# Child Vaccinations in Mali (DHS 2012 Preliminary)



# Public Private Partnership Actors

Private Not for Profit	Public
Population Services International (PSI NGO)	Ministry of Health (MOH) national level
Community Health Association Board (ASACO)	District and Regional MOH



CASE STUDY

# MALI


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**ProFam Urban Outreach**  
*A High Impact Model for Family Planning*



# FP/Immunization Integration Approach

Initially piloted in the private sector then adapted and scaled up in the public sector



*Mme Kouma, PSI midwife providing an implant during immunization day*

Combined Routine immunization+ FP counseling/service provision

Interactive 20-30 minutes group sensitization

Subsequent private/personal counseling for interested individuals

Once choice is made, the women receive her method on the spot



# Strong Public-Private Partnership

PSI assisted the MOH in

- Adapting the private sector model to the public sector
- Expanding the FP portfolio offered by community health centers

MOH created the enabling environment to

- Ensure service continuity through support supervision, QA and data collection
- Achieve equity by reducing methods price



# Impact Overview

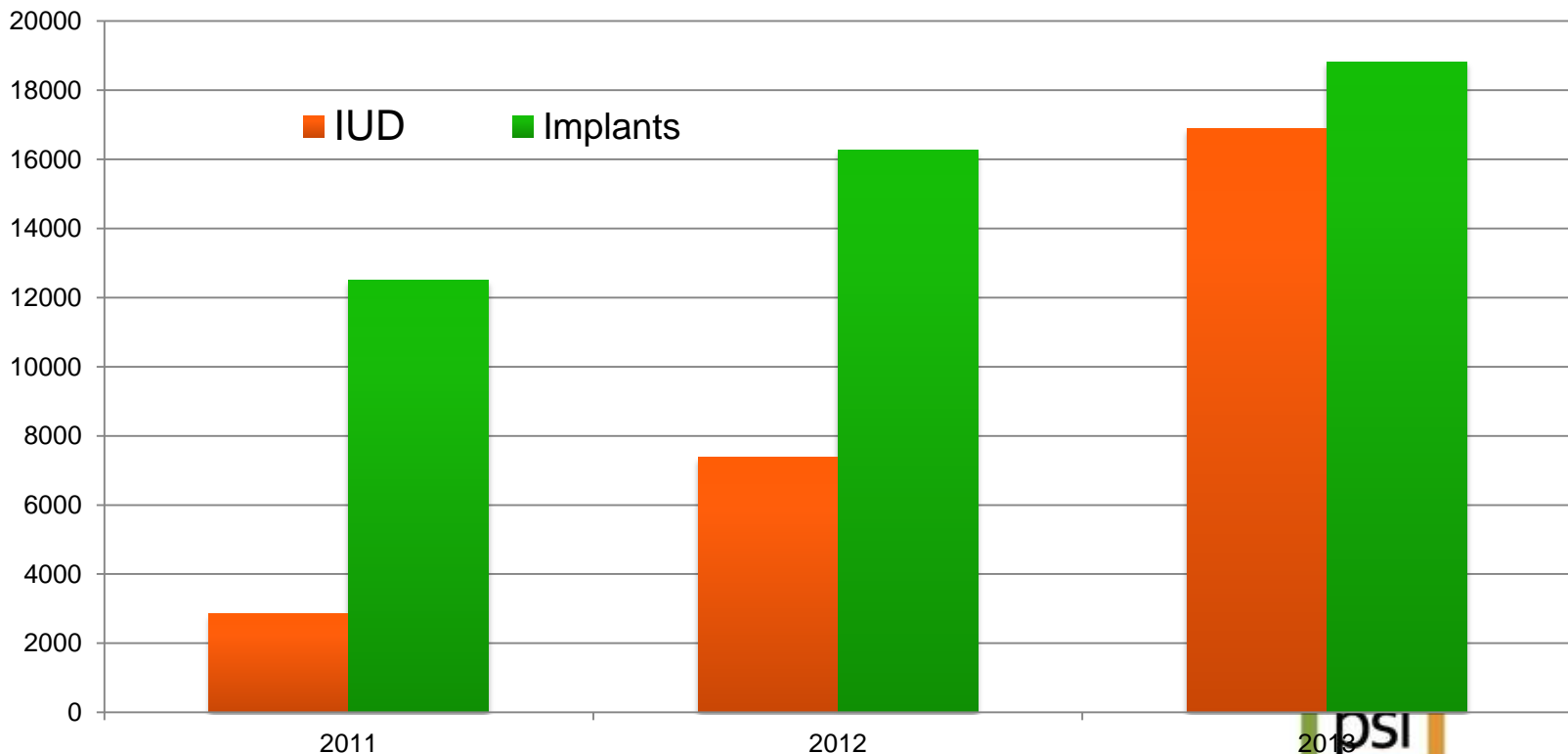
In 2013 alone

Generated 529,932 CYPs

Prevented 201,749 Unintended pregnancies

Prevented 567 maternal deaths

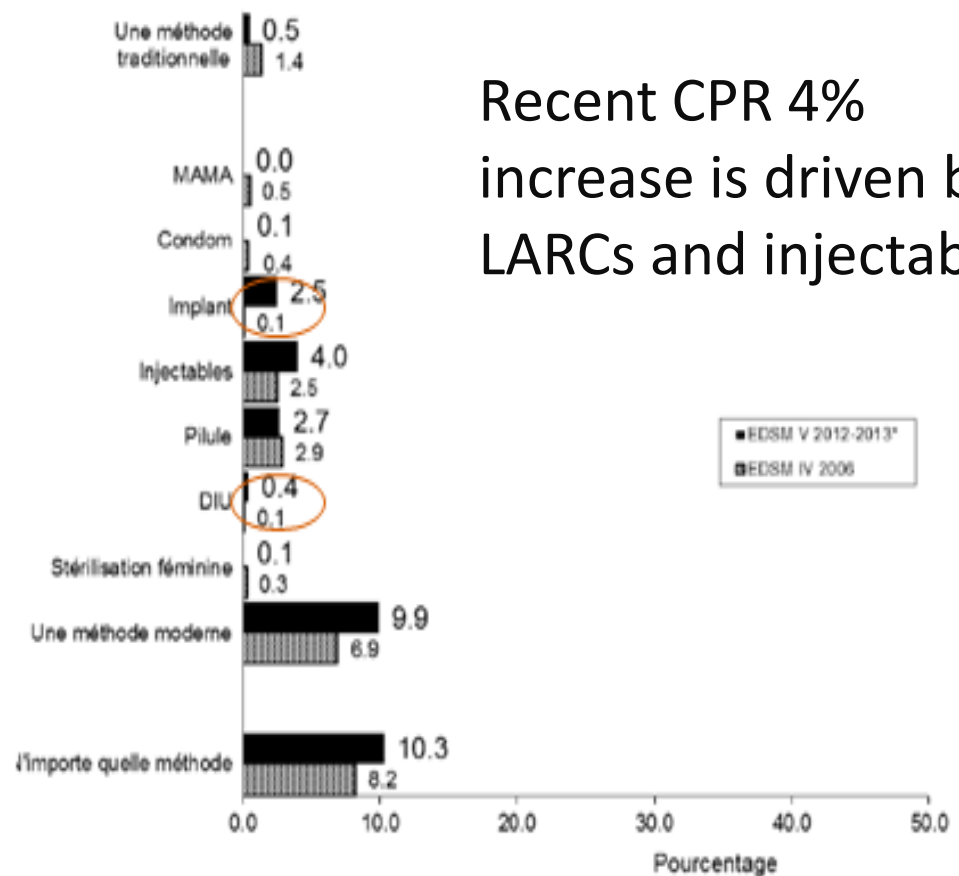
Over years, it helped reach more than 500,000 women with information on family planning options and services



# Lessons Learned

- Public-Private partnership can contribute to health system strengthening by supporting country ownership
- MOH engagement is key for scale up and to build in sustainability from the start
- Private sector actors need to embrace their coaching role and responsibilities

Graphique 3 Prévalence contraceptive (femmes en union), EDM IV 2006 et EDM V 2012-2013\*



Recent CPR 4% increase is driven by LARCs and injectable

\* Sans les 3 régions du Nord, Gao, Tombouctou et Kidal qui n'ont pas été enquêtées.



# Program Example #2:

## MCHIP Liberia

# The Integration Approach

- **MOHSW + MCHIP Collaboration**  
(NGO-public sector partnership)
- **Combined Service Provision Model:** Use of routine immunization contacts at fixed facilities; vaccinators provided **one-on-one** immunization and FP messages and referrals for **same-day** FP services
- Piloted at 10 public, NGO-supported health facilities in Bong and Lofa counties from March-Nov 2012
- Supported by high levels in MOHSW; drive to reduce maternal mortality in the country



# The Service Delivery Process

- ALL women who bring infants for vaccination received messages and referrals for FP
- Job aid to guide vaccinator communication
- Key messages designed strategically to address barriers and enablers identified through formative assessment
  - Stigma and sensitivity regarding contraceptive use by mothers of babies who are not yet walking
- Clients offered a leaflet to take home which describes benefits of FP



Source: MCHIP

# Roles

## MCHIP

- Advocacy
- TA for M&E
- TA for strategy/ materials development
- TA for service provider training and orientations
- Funding (through USAID)
- Supportive supervision

## MOHSW

- Input from Health Promotion Division for materials development
- EPI & FHD teams participated in training, supervision, and assessment
- Plan for scale-up
- Built buy-in at county/district levels
- Shared data

## County & District

- Participated in orientation
- Built buy-in among facilities/service providers
- Ongoing supervision

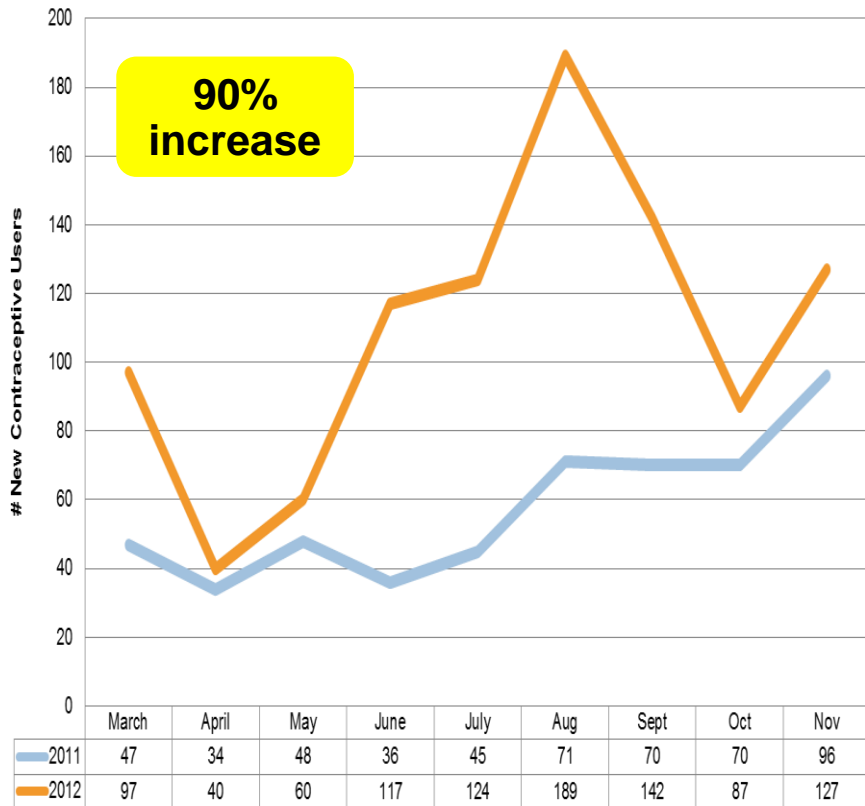
## OICs & Providers

- Participated in training and ongoing supervision visits
- Direct implementation and oversight of the integrated approach
- Shared data

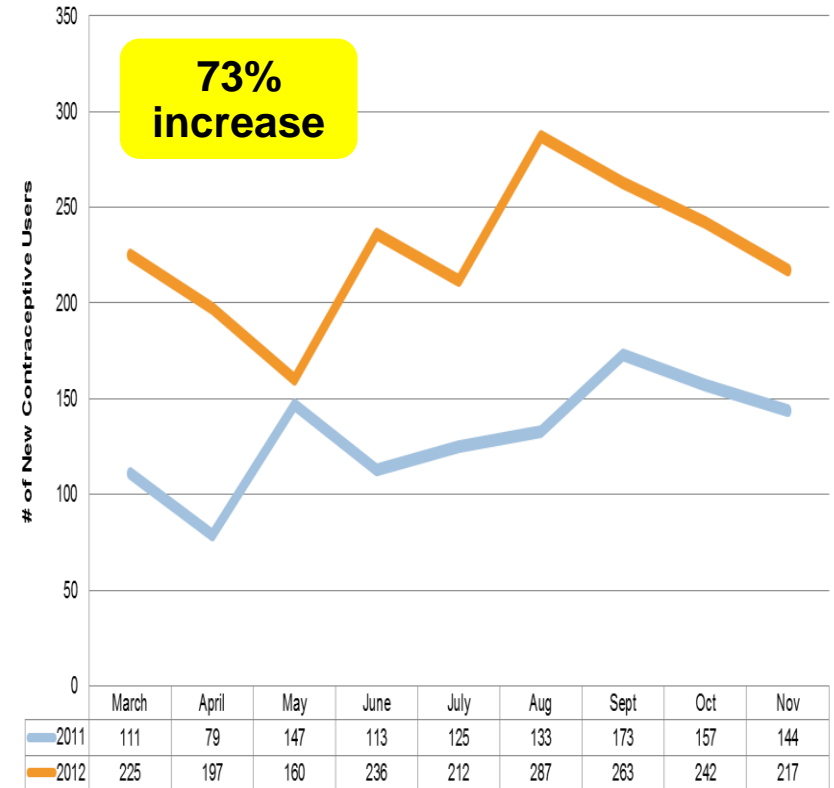
# Participating Facilities

## New Contraceptive Users March-Nov 2011 v. 2012

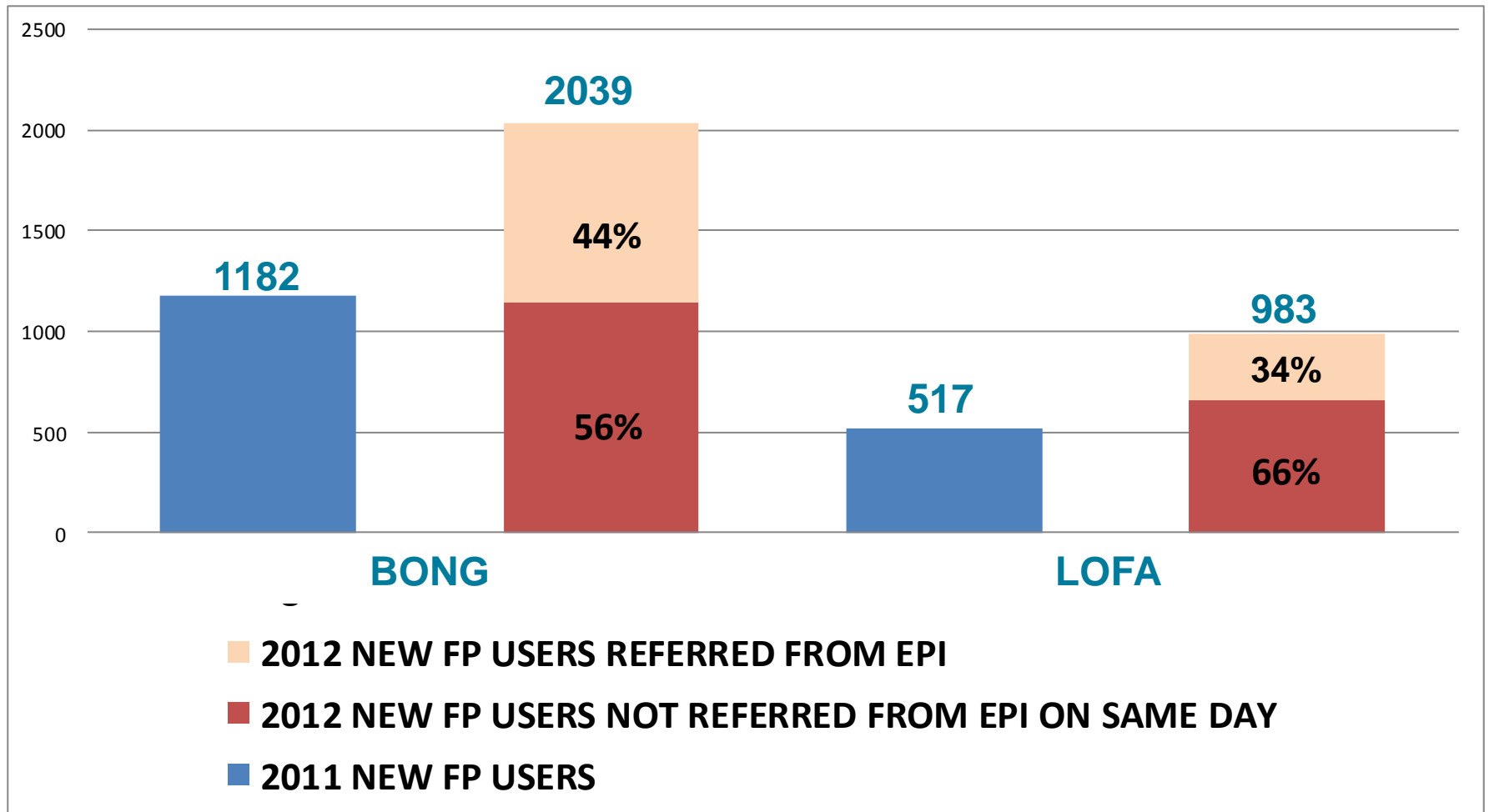
### LOFA



### BONG



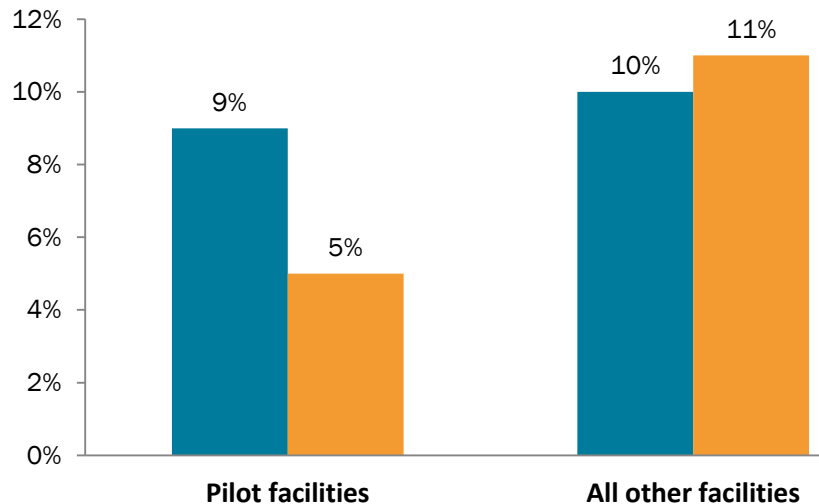
# New Contraceptive users during March-Nov 2011 and 2012 in Participating Facilities



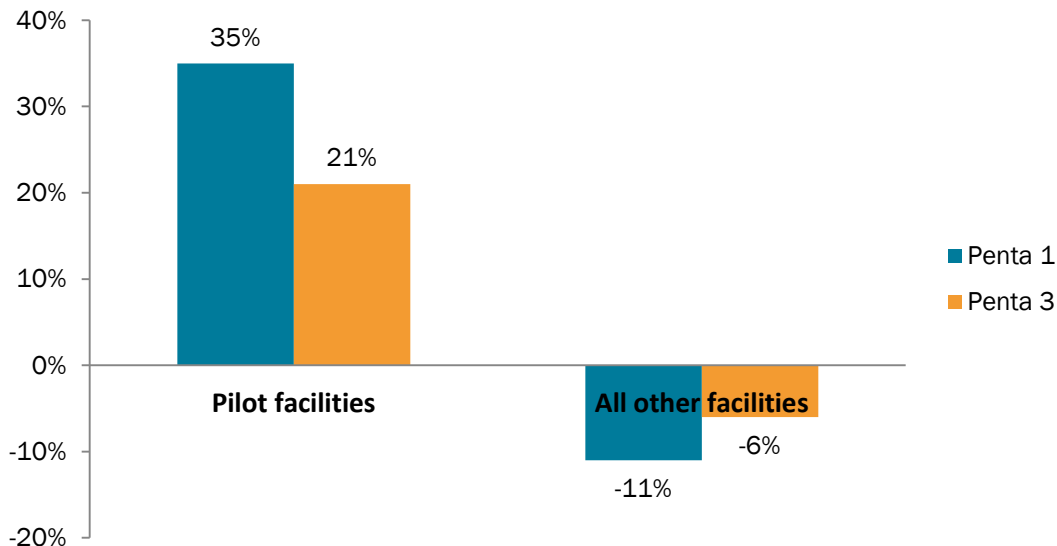


# Immunization Findings: March-Nov 2011 vs. March-Nov 2012

**Bong : Percentage Change in Penta 1, 3 doses administered**



**Lofa : Percentage Change in Penta 1, 3 doses administered**



# Lessons learned

- Partnership strengthened public sector capacity to provide integrated services; activities continued after pilot with minimal MCHIP support
- Partnership offered an opportunity to leverage expertise and resources
- MOHSW and district/county-level buy-in and ongoing participation facilitated eventual scale-up of the approach

# Considerations for Private-Public Partnerships (PPPs)

# Potential advantages of PPPs for FP/Immunization Integration

- Leverage technical skills  
(e.g. for program design, training, supervision, evaluation)
- Address resource constraints  
(e.g. HR, commodities, space)
- Address research gaps  
(e.g. impact of integration on immunization outcomes)
- Increase ownership & improve sustainability
- Address financing issues
- Maximize impact

# Discussion questions

- From your perspective, what are the advantages and disadvantages of integration?
- What role can and should the private sector play in integrating FP and immunization services?
- How can PPPs best support the FP/immunization integration agenda?



Private doctor and clinic owner in Lagos, Nigeria  
(from [SHOPS website](#))

# Thank You!

FP/Immunization Integration Toolkit:

<http://www.k4health.org/toolkits/family-planning-immunization-integration>

High Impact Practices (HIP) Brief:

<https://www.fphighimpactpractices.org/resources>

HIP Map:

<http://www.k4health.org/topics/high-impact-practices-family-planning>

Working Group: [chelsea.cooper@jhpiego.org](mailto:chelsea.cooper@jhpiego.org)

or [krademacher@fhi360.org](mailto:krademacher@fhi360.org)

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