



# PULSE

UPDATING YOU ON HEALTH DEVELOPMENTS

## INTEGRATING FAMILY PLANNING SERVICES INTO THE NATIONAL IMMUNISATION PROGRAMME Findings from Operational Research In Kalikot, Nepal

### THE MAIN POINTS

The integration of family planning services into regular immunisation clinics in Kalikot district, western Nepal:

- increased the uptake of family planning and helped women reduce their vulnerability to unplanned pregnancies;
- was appreciated by women clients and was equally used by marginalised people (Dalits); and
- had no negative effects on the uptake of immunisation services at integrated clinics and saw no reduction in family planning provision by primary health care outreach clinics (PHC-ORCs), suggesting that new family planning clients were being reached.

*Concerned government agencies:* Family Health Division, Child Health Division, Mid-Western Regional Health Directorate, Kalikot District Health Office

*NHSSP support:* supported the carrying out of the research

*More information:* See full report at: [www.nhssp.org.np/ehcs/Integrated%20Family%20Planning.pdf](http://www.nhssp.org.np/ehcs/Integrated%20Family%20Planning.pdf)

- only 9% of women who had a live birth in the past five years recalled being counselled on family planning at their postpartum check-ups.

The integration of family planning services into immunisation clinics has improved the uptake of modern family planning methods in a number of developing countries. Such clinics provide a way of reaching women who have recently given birth at the same time as they get their babies immunised. In Nepal, almost all women visit Expanded Programme on Immunization (EPI) clinics one to five times during their children's first year.

In 2012, an initiative was launched to test if this approach could address the large unmet need for family planning information and services in Nepal. Following the training of service providers, in July 2012 family planning services were integrated into all EPI clinics of 30 VDCs in Kalikot district, western Nepal. This is one of Nepal's least developed districts with steep terrain, remote settlements and limited access to health services.

### EVALUATION FINDINGS

- An evaluation found that the model had successfully increased access to family planning during its 12 months of implementation:
  - The integrated clinics provided 1,539 clients with family planning services — 58% of them being new users in the previous 12 months.
  - Thirty-two percent of women who attended the clinics were using a family planning method, with 56% of them having received the method from an integrated clinic.



*A nurse counselling a mother about family planning at an integrated clinic.*

### INTEGRATED SERVICES PROVISION

The World Health Organisation recommends two year intervals between births and the next pregnancy to reduce adverse maternal and child health outcomes. However, the Nepal Demographic Health Survey (2011) found that:

- one-fifth of births had occurred *within* the two year period and 50% of pregnancies were happening within less than 23 months of the previous birth; and

2. Group information is critical to the success of the integrated model. More than a half of interviewed clients did not understand when their fertility returned after giving birth. Such women are unlikely to seek family planning services. Integrated clinics provide a good opportunity to provide family planning information to such women, who are vulnerable to unplanned and too early pregnancies. Two-thirds of the women attending the clinics received group education on healthy timing and spacing, and strongly appreciated it.
3. The integrated service did not affect:
  - ▶ the delivery of immunisation services in Kalikot as the number of immunisations was either the same as or exceeded the previous year; nor
  - ▶ family planning uptake at PHC-ORCs, which increased during the pilot initiative, suggesting no negative impact on uptake at PHC-ORCs.
4. EPI clinics were seen by women as convenient places to go for family planning services.
5. Underserved groups used the service, with 26% of family planning users at clinics being Dalits, a higher proportion than their proportion in the district's population.
6. Depo Provera was the family planning method chosen by most women at the clinics.
7. The better performing integrated clinics tended to be staffed by more than one health worker, by health workers trained on the integrated approach, and by at least one female health worker.

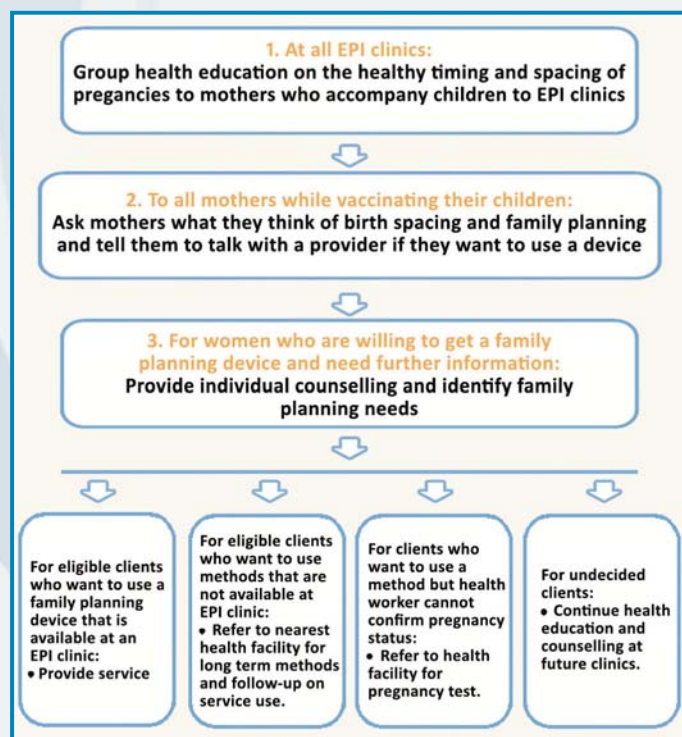


*Mothers at a group education session on family planning at an integrated clinic in Kalikot.*

## RECOMMENDATIONS FOR SCALING UP

The successful testing of this approach in Kalikot (where the integrated clinics are continuing) has led the government to plan to extend this initiative to four more districts in 2014. This should go ahead keeping in mind the following recommendations:

1. Focus on scaling up integrated EPI–family planning services in remote districts with low contraceptive prevalence rates.
2. Develop and test a model to integrate family planning services in EPI clinics in Tarai districts.
3. Mobilise and enable health workers to provide quality services by assessing the availability of necessary human resources prior to implementing integrated services, orientating staff on the approach and awarding multi-year contracts to locally contracted health workers.
4. Develop the skills of health workers to deliver group health education.
5. Review infrastructure requirements for integrated clinics and use community networks to improve accommodation for EPI and PHC-ORC clinics.
6. Ensure reliable and adequate contraceptive supplies for integrated clinics, and enable women who adopt Depo Provera to get future supplies. The latter method is not available from FCHVs.
7. Strengthen reporting and monitoring on the services provided at integrated clinics.
8. Establish a referral service from integrated clinics for pregnancy testing and for unavailable long-term family planning methods.
9. Market the services available at integrated clinics, to people from marginalised groups.



*Figure 1 The EPI–family planning integrated service delivery model*