









# REPRODUCTIVE HEALTH INNOVATION EXCHANGE

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## Integrating Family Planning and Immunization Services

Innovation presented by: ideas42, IntraHealth International, Senegal Ministry of Health and Social Action, and William and Flora Hewlett Foundation

Problem statement		
Many postpartum women want to stop or delay childbearing but are not currently using a contraceptive method.		
Circle of Care stage		
<b>Before:</b>  Generates Demand  Creates Enabling Environment	<b>During:</b>  Improves Provider Behavior  Empowers Clients	<b>After:</b>  Reinforces Linkages  Enhances Follow Up
Audience(s)		
Postpartum women, health providers		
Country of implementation or design		
Senegal		
Outcome(s) of interest		
<ul style="list-style-type: none"> <li>Prompt health workers to discuss family planning (as well as other family health topics) with postpartum mothers during immunization days</li> <li>Encourage postpartum women to attend family planning services</li> </ul>		
The innovation		
<p>Our innovation has three components:</p> <ul style="list-style-type: none"> <li>A series of three referral cards that prompts health workers and clients to discuss health behaviors such as family planning, breastfeeding or complementary feeding, and immunization during child immunization days.</li> <li>A mobile phone health drama that dispels myths about family planning and gives clients timely information about other important health topics from zero to 15 months after childbirth over the course of eleven interactive voice response (IVR) messages.</li> <li>An interactive mobile training course for health workers delivered via IVR that follows a curriculum which covers birth spacing, immunization, and breastfeeding and builds and tests their competency.</li> </ul>		



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## Why you should consider adapting and scaling this innovation

In 2019, we conducted two pilot tests and obtained encouraging evidence that our solutions were feasible, acceptable, and effective in increasing conversations in birth spacing during immunization days, while not taking attention away from Senegal's already high immunization rates. During the implementation period we found that:

- Health workers integrated messaging on birth spacing using referral cards with 96% of clients attending immunization services.
- Of clients receiving referral cards, 90% elected to discuss birth spacing with a qualified health worker the same day.
- Facility records for family planning consultations indicated that 52% of clients who adopted a new family planning method had been referred through integrated services.
- 70% of clients interviewed who had heard a focused IVR message stated that they had learned something new about family planning or key maternal and child health topics.

## Resources needed to adapt or scale this innovation

Our solution contains both simple components (such as the referral cards) and more complex components (such as the mobile drama and IVR). Available budget and resources might dictate which components of the innovation implementers can move forward with.

- In-color printing on thick card-stock paper is recommended for the referral cards.
- A vendor that can provide one-way communication of voice messages to a client's mobile phone is required to implement the mobile drama. The voice messages should be pre-recorded using voice actors.
- The IVR messages require working directly with vendors that have the capacity to manage two-way communication.

## Implementation recommendations

Our solution will work well in contexts where mobile phone penetration is high and health workers and clients have the following circumstances:

- Health workers have a narrow view of the purpose of "immunization days," prioritizing immunization over integrated postpartum services. They do not receive cues to help them remember to discuss postpartum family planning during immunization visits.
- Postpartum female clients have not yet considered a need for family planning or think that family planning is only for women who have finished having children.

While the referral cards are simple and cost-effective to adapt, the other components of the solution-set might be simpler to implement if teams can leverage existing vendors. Other opportunities for adaptation include the use of WhatsApp voice memos instead of IVR vendors.

## Have more questions? Contact the following people

- Finou Mendy ([tmendy@ideas42.org](mailto:tmendy@ideas42.org))
- Jana Smith ([Jana@ideas42.org](mailto:Jana@ideas42.org))
- Katelyn Bryant-Comstock ([kbryant-comstock@intrahealth.org](mailto:kbryant-comstock@intrahealth.org))

## Relevant links

<https://www.ideas42.org/project/integrating-family-planning-and-immunization-services/>

<https://www.ideas42.org/resource-index-family-planning-in-senegal/>

<https://www.intrahealth.org/vital/failing-forward-innovative-approaches-improve-reproductive-health-senegal>

<https://www.intrahealth.org/vital/5-behavioral-science-tips-integrating-health-services-so-people-actually-use-them>

<https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-020-09131-4>