

INTEGRATING HEALTH CARE SERVICES IN NIGERIA

A feasibility pilot to increase access to voluntary family planning services

Target a Priority Outcome The U.S. Agency for International Development (USAID) advances and supports voluntary family planning (FP) and reproductive health around the globe, particularly in priority countries, such as Nigeria.¹ Healthy timing and spacing of pregnancies helps women bear children at times in their lives when mothers and infants are more likely to survive and stay healthy. USAID has found that limited access to family planning prevents women from safely spacing their pregnancies and puts the health of women and children at risk.² In Nigeria, a USAID analysis found that if all birth-to-pregnancy intervals were increased to 3 years, 1.6 million under-5 deaths could be prevented annually.³

Translate Evidence-Based Insights Short birth intervals contribute to greater risk of adverse birth outcomes, preterm birth and neonatal morbidity.⁴ However, while postpartum family planning is an important consideration, delaying future pregnancy may not be at the top of mind for mothers who are focused on the many demands of caring for a newborn. In Nigeria, a variety of additional barriers limit access to family planning among those who seek services, including social norms limiting women's ability to travel and living

far away from the nearest health facility.⁵

To address these barriers, women were offered voluntary FP counseling during one of their health clinics visits for recommended child immunizations, an opportunity to reduce logistical and convenience barriers. In addition, in half the clinics in the sample the intervention included a script for health facility staff to help women to think through their preferences. An appointment card was offered to women to who were not able to access same day services (in order to record their stated preferences). The pilot was designed to explore the feasibility of offering FP counseling (including the script and appointment card) during child immunization visits and to pilot data collection strategies on these important health behaviors.

Embed Tests The integration of FP counseling with child immunization visits was examined via a pre-post design and the script and appointment cards were tested via a quasi-experimental difference in difference design. The pilot took place in four clinics in Niger and Ogun states, Nigeria, between September 2017 and December 2017, including 677 women attending immunization clinics during that period. All four clinics in the sample piloted offered FP services during child immunizations. Two of these clinics, matched on key characteristics using administrative data, tested the additional provider script for health facility staff and the appointment cards. The outcome of interest was FP take up rates, which were compared before and after the start of the intervention period by clinic.

¹ USAID advances and supports voluntary family planning and reproductive health programs in nearly 40 countries across the globe. Retrieved from:

<https://www.usaid.gov/what-we-do/global-health/family-planning>

² USAID, Ensuring Access to Family Planning in Nigeria." (2015). <https://2012-2017.usaid.gov/results-data/success-stories/ensuring-sustainable-access-family-planning-cross-river-state-nigeria>

³ USAID, "Healthy Timing and Spacing of Pregnancies: A Family Planning Investment Strategy for Accelerating the Pace of Improvements in Child Survival." (2012), https://www.usaid.gov/sites/default/files/documents/1864/call_toaction.pdf

⁴ Conde-Agudelo, A., A. Rosas-Bermudez, and A.C. Kafury-Goeta, "Birth spacing and risk of adverse perinatal outcomes: a meta-analysis." *Jama*, 2006. **295**(15): p. 1809-23.

⁵ Adedini, et al. "Barriers to accessing health care in Nigeria: implications for child survival." *Glob Health Action*. (2014): 7: 10.3402



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Analyze Using Existing Data Data collection strategies included baseline surveys conducted with mothers of children under the age of two attending immunization clinics, exit interviews with individuals attending family planning clinics and the collection of administrative data from immunization and family planning registries. Multiple data collection activities aimed to gather information on the effectiveness and accuracy of measures for key health outcomes.

Results The pilot results show that new mothers welcomed the convenience of accessing family planning services during their immunization visits. There is suggestive evidence that integrating family planning in immunization clinics increased attendance in family planning clinics around the time of the study. However, many mothers reported needing more time to consider options and deliberate with their spouse. Among participants who report an interest in taking up FP, many respondents leave the clinic without a method, often citing time constraints as a reason for not receiving a method.

Lessons on the effect of the script and appointment card are limited, as implementation of the script may have varied across clinics.

Response rates to baseline surveys and exit interviews were low in Niger state with many women reporting not wanting to be interviewed on FP matters. This suggests that survey methods may not be appropriate for tracking the take-up of family planning methods in some contexts.

Build Evidence Both mothers and providers report an interest in integrating child immunization and FP services. However, further research is needed on how to deliver postpartum care in a way that effectively responds to mothers' preferences for privacy around FP and their time constraints.

Investment in robust data systems is needed in order to track users of the health system across a diverse array of services and to more accurately measure and record postpartum family planning rates. For example, if mothers were given a unique ID after birth by public health facilities, that ID number could be used to track women's use of services across the postnatal service spectrum, from postnatal check-ups to child immunizations to family planning services.

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