

FAMILY PLANNING AND IMMUNIZATION INTEGRATION: A CASE STUDY OF SHUNI DISPENSARY, DANGE SHUNI LGA, SOKOTO STATE, NIGERIA



Service provider Fatima Musa provides family counseling services to Zainab Bashir following an immunization session in PHC G/Igwai, another health facility with integrated family planning and immunization services in Sokoto state, Northern Nigeria
Photo credit: Kemi Abasiama-Anwan, TSHIP Central Project Office

Shuni Dispensary is a health facility located in Dange Shuni local government authority (LGA), Sokoto State. The health facility is manned by four community health extension workers (CHEWs) (1 male, 3 females) and 1 female midwife. The health facility provides different MNCH/FP/RH services to clients such as antenatal care (ANC), normal delivery, routine immunization (RI), family planning (FP), management of diarrhoea, uncomplicated malaria, acute respiratory tract infections and other minor ailments. One of the CHEWs is responsible for providing both immunization and family planning services. The services are provided on different session days. For example, on Monday the health facility provides ANC services, while on Tuesday immunization services are provided to under-fives and on Wednesday, the health facility provides family planning services. However, diarrhoeal, malaria management, and delivery services and treatment of minor ailments are provided on all work days. Clients remain accessible to all services on each of the specified days. A major limiting factor to not scheduling immunization all working days or most days of the week is due to the lack of refrigerators at the facilities to store vaccines. However, the service providers use vaccine carriers to make the antigens available on days when they are providing FP and ANC services.

The FP and immunization service integration being observed for Shuni dispensary provides a similar picture as in other TSHIP supported health delivery points where FP service delivery is being provided in addition to immunization services.

Overall, in Sokoto State, most dispensaries provide routine immunization services and this is used as entry point for introducing other services such as family planning. About 71% of all health facilities in Sokoto state provide both FP and RI.

Integrated services provided at Shuni dispensary include:

- Health education/health talk and counselling services on family planning, malaria (demonstration on use of LLIN), and home management of diarrhoea (demonstration on how to prepare and administer ORS/salt sugar solution). Furthermore, the importance of ANC and hospital delivery is discussed with groups of women and individuals at every opportunity on scheduled days for immunization, ANC, and post-natal visit.
- The immunization and FP services are provided by one service provider (a CHEW) who attends to all women and children for the two services. The CHEW uses the opportunity on each of the session days to counsel the women on FP and the importance of immunization. FP services are provided to women on immunization days and vice-versa, immunization services are also provided to children on FP session days. The service provider gets vaccines in carriers on the days for immunization while FP commodities are always available at the facilities.

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- The RI and FP service provider shares the same office space with the service provider providing service for management of diarrhoea using oral rehydration salt or salt sugar solution therefore making it easier for a mother that visits the facility for FP with her child that is due for immunization and having diarrhoeal disease to get all the services during a single visit. The staff also can easily send the client for malaria treatment within the same facility (i.e., room next to the FP room) where the consultation for other ailment (including malaria treatment) is provided by other service providers.

As stated above, immunization services are used as an entry point for provision of women and child health services. Community structures such as the ward development committees (WDCs) have adopted existing structures and good practices of immunization such as community dialogues, sensitization meetings, health education at worshipping areas, markets and social places and at household level to mobilize communities towards services. These events or approaches have been adopted for awareness creation, sensitization and community mobilization to increase access to family planning services. The community is also mobilized to access and utilize the services by service providers when clients are within the facility for other services.

Combining FP and immunization services within the health facility has been accepted by both service providers and community members without complaints. Integration of services has had positive effect on number of children immunized as it has reduced missed opportunities for children accompanying their mothers to the facility. The service providers have come to appreciate the value of integrating the services as they admit that it increases client flow and a feeling of contentment since their clients do not have to always go and come back on different days for different services.

The community members, through the WDC, are excited about the introduction and implementation of integration service as it reduces time and money spent by clients going to the health facility. In addition, the activation of the WDC by TSHIP has contributed to the acceptance of integrating FP and immunization services as members of the WDCs pass the message of integration to their communities thus making the community ask for services when they get to the facility. The support by the WDC further reinforces the importance of integrating FP and immunization services as explained by Maryam Umar, a service provider in Shuni Dispensary: *"I provide immunization and family planning services to the women when they bring their children for immunization, because of fear that the women will not come back if asked to do so on the FP session day. Some will even report us to the WDC, if we do not provide them with all necessary services"*.

Most of the commodities (contraceptive and vaccines) dispensed at the health facility are being supplied by the state government. In addition, the capacities of the service providers were built by TSHIP through training (classroom and onsite) on routine immunization using the reaching every ward (REW) approach, FP technology and management of diarrhoea using oral rehydration salt, and salt sugar solution. Malaria case management and prevention training, renovation and equipping the facility with basic equipments for ANC, delivery, FP services, management of diarrhoea and immunization are also part of the TSHIP intervention package.

The reporting system is through the National Health Management Information System (NHMIS) data capturing tools. The tools were reprinted and distributed by TSHIP for record keeping and reporting of all services provided. All this support empowers and encourages the service providers to give quality services to the community.

Dange-Shuni dispensary was renovated by USAID-funded TSHIP in 2011. Family planning and immunization services are integrated at the facility following TSHIP support. Photo credit: Kemi Abasiama-Anwan, TSHIP Central Project Office



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