Family Planning and Immunization Integration Working Group

Notes from May 2, 2013 Meeting

The Family Planning (FP) and Immunization Integration Working Group held a meeting on May 2, 2013 from 8:30am-3pm at the MCHIP office. Meeting participants included:

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adrienne Allison, World Vision</td>
<td>Robert Steinglass, MCHIP / JSI</td>
</tr>
<tr>
<td>Anne Blauvelt, Jhpiego</td>
<td>Rebecca Fields, MCHIP / JSI</td>
</tr>
<tr>
<td>Cathy Fort, RTI</td>
<td>Michel Othepe, MCHIP / JSI</td>
</tr>
<tr>
<td>Rajeev Colaco, RTI</td>
<td>Nathalie Albrow, MCHIP / JSI</td>
</tr>
<tr>
<td>Laura Hurley, IntraHealth</td>
<td>Chelsea Cooper, MCHIP / Jhpiego</td>
</tr>
<tr>
<td>Maxine Eber, PSI</td>
<td>Anne Pfitzer, MCHIP / Jhpiego</td>
</tr>
<tr>
<td>Michelle Prosser, Save the Children</td>
<td>Elizabeth Sasser, MCHIP / Jhpiego</td>
</tr>
<tr>
<td>Linda Sussman, USAID</td>
<td>Leah Elliott, MCHIP / ICF Macro</td>
</tr>
<tr>
<td>Shawn Malarcher, USAID</td>
<td>Liz Futrell, K4Health</td>
</tr>
<tr>
<td>Angela Shen, USAID*</td>
<td>Kate Rademacher, FHI 360</td>
</tr>
<tr>
<td>Miriam Labbok, UNC*</td>
<td>Rose Amolo</td>
</tr>
</tbody>
</table>

*offsite participation

The objectives of the meeting were as follows:

1) Make progress toward identifying effective, sustainable models for integrating FP and immunization
2) Share emerging programmatic experience and research findings
3) Review and discuss content for a new Family Planning and Immunization Integration “Toolkit” and identify next steps for toolkit development and dissemination

The meeting included research and program updates for both the FP and immunization fields. Information was presented about experiences with Lactational Amenorrhea Method and EPI integration; findings from MCHIP’s EPI and FP integration activities in Liberia; findings from RTI’s FP/Immunization Integration project in the Philippines; updates from FHI 360’s research and research utilization activities in Rwanda and India; and updates about MCHIP’s application of postpartum systematic screening in India. The agenda also included updates from USAID regarding the High Impact Practices (HIP) brief and online map, as well as break-out discussions about a new FP/Immunization Integration "Toolkit" on the Knowledge4Health (K4Health) website. The agenda is included in Appendix 1.
All presentations and handouts are available on the Family Planning and Immunization Integration Community of Practice (CoP) site in the Library section under the “May 2, 2013 Working Group Meeting” folder: http://knowledge-gateway.org/fpimmunization/library.

Presentation and discussion highlights are included below:

**Welcome, Introductions, and Review of Working Group Activities**  
*(Presenters: Kate Rademacher, FHI 360 and Chelsea Cooper, MCHIP. See CoP for full presentation.)*

Kate and Chelsea shared the current version of the Working Group’s mission and vision. They then gave an overview of key activities of the Working Group to-date including: developing an online community of practice; developing and disseminating an advocacy brief; developing a bibliography; launching a new FP/Immunization Integration online map; co-hosting an online forum; providing leadership and technical guidance on a new HIP brief on this topic; hosting bi-annual working group meetings; and presenting at meetings and international conferences. Upcoming activities were also presented including: finalizing the HIP brief; conducting an inventory to identify countries with new/emerging FP/immunization activities and continuing to help expand the HIP map; continuing to update the FP/Immunization bibliography; developing and launching the FP/Immunization Integration Toolkit on K4H; and developing an M&E brief including suggested indicators.

**Updates from the Working Group Members**

Participants were invited to share any updates from their agencies regarding FP/immunization integration activities, general high level updates from the FP and/or immunization fields, and thoughts on priorities moving forward.

The following updates were raised:

- At the last meeting the group was briefed on key immunization updates including the launch of the Global Vaccine Action Plan (GVAP). The plan does highlight the importance of linking immunization with other services in general terms (it does not specifically mention integration with FP).

- Rebecca Fields shared that in some settings, immunization services have historically been misconstrued as sterilization in disguise (e.g. Philippines, Cameroon, Madagascar). Recently, in Pakistan, targeted attacks and killings of vaccinators have taken place. Vaccination services are weak there due in part to dissolution of the MOH. We need to be mindful of these incidences when we think about future programming and advocacy regarding integration. It was recommended that the group document/share/discuss these concerning cases, and address the issue within the K4H toolkit.

- It is important for the Working Group to provide guidance on the “how to” of integration for those who are starting up new programs. This is addressed in the HIP brief; additional resources are needed.
There was a suggestion for the Working Group to look more closely at routine community-based health programs which include both immunization and FP services, and assess how effective health workers are at offering both services.

Presentation 1: Lactational Amenorrhea Method (LAM) and EPI Integration
(Presenter: Miriam Labbok, University of North Carolina. See CoP for full presentation.)
Miriam’s presentation highlighted opportunities for promoting LAM as an effective FP method for postpartum women within FP/Immunization integrated service delivery efforts. Due to time constraints, she was unable to stay for Q&A, but participants raised several areas for discussion after the presentation.

Discussion:
• Is group counseling more effective than individual counseling when FP (including LAM) messages are integrated into immunization service provision? Social dynamics and norms can be addressed with group counseling. Promoting breastfeeding in group settings has demonstrated positive results in the HIV community. However, group members noted that in some settings group counseling may not be appropriate, as privacy and stigma around postpartum family planning use may be a concern (such as in Liberia).

• Using LAM as a screening tool for PPFP need (instead of treating it as one PPFP method that is an option for women) may be too complicated for both vaccinator and client to communicate and understand during brief vaccination encounters.

• Need to address concerns about hormonal methods affecting breastmilk during the early postpartum period, and ensure that breastfeeding-friendly methods are available at service delivery sites.

Presentation 2. Liberia FP/Immunization Integration Findings
(Presenters: Chelsea Cooper and Rebecca Fields, MCHIP. See CoP for full presentation.)
Chelsea and Rebecca presented findings from MCHIP’s pilot initiative in Liberia, which used a facility-based, co-located service provision model. Both immunization and family planning findings were highlighted, along with factors that enabled and hindered the success of integrated service delivery efforts.

Discussion:
Key discussion points included the following:
• Q: The issue of stock outs was mentioned -- was it of PENTA vaccine? How were stock out issues addressed? A: Yes, stock-outs included PENTA vaccines as well as measles vaccines. MCHIP staff raised and discussed concerns about stockouts with the Ministry and partner organizations, and saw some improvements through the life of the project.
• Q: How do you account for the drop-out rates in immunization? A: We saw increases in the number of doses of both PENTA 1 and PENTA 3 administered in the pilot facilities compared to all other facilities. But the increases in PENTA 1 were larger than the increases in PENTA 3 at the pilot facilities. In the district where the pilot facilities were located—but not elsewhere in the county—earlier and later doses of vaccines were given in different places by different personnel. First doses were given at the clinics while later doses were given by a traveling outreach team from a private hospital. This affected the recording and flow of information and may account for some of the apparent drop out.

• Q: How was the job aid developed? How long did it take for vaccinators to administer? A: The messages on the job aid were informed by formative assessment. Job aids were field tested with vaccinators and adjustments were made prior to program rollout. The job aids took about 1-2 minutes for the vaccinators to administer. As the implementation period progressed, vaccinators became more efficient and confident in using the job aid.

• Q: Did vaccinators feel burdened by the added work? A: MCHIP found during the mid-term and final assessments that vaccinators wanted the integration process to continue, and they felt proud of their role in helping to improve the health of women and children in their communities. It gave them a sense of added value. MCHIP found in visiting six of the pilot facilities three months after the pilot phase had ended that health workers had continued, on their own, to continue the integration process.

Presentation 3. Philippines FP/Immunization Integration Findings
(Presenter: Cathy Fort, RTI. See CoP for full presentation.)
Cathy presented findings from RTI’s FP/Immunization integration study in Misamis Occidental province in the Philippines. This study used a more rigorous evaluation approach than the study previously conducted in Polomolok, and aimed to examine whether the findings were consistent with those in the previous study. Results indicated a statistically significant increase in use of a modern family planning method with a net 8% difference observed between the intervention and control groups from pre- to post-test.

Discussion:
Key discussion points included the following:

• Q: Were there any findings on the effect of integration on immunization outcomes? A: The government tracks that data, but preliminary results indicate no impact on immunization services (no increase or decrease).
• Q: Was any formative research conducted? A: No, because the timeframe for implementation was so limited. RTI mainly wanted to confirm the results seen in Polomolok.
• Q: Three new USAID-funded projects have been launched. Is research a focus for the new projects? A: There is no consistent effort across all three projects because each project has a different lead agency. They all share the same results framework and M&E plans.

FIELD EXPERIENCE UPDATES
MCHIP and FHI 360 shared brief updates on their work in India and Rwanda. The presentations can be found on the CoP site.

Presentation 4 (Panel). Postpartum Systematic Screening in Jharkhand, India
(Presenter: Anne Blauvelt, Jhpiego)
This presentation summarized findings from MCHIP’s application of postpartum systematic (PPSS) screening in Jharkhand, India during community-based child immunization and nutrition days.

Presentation 5 (Panel). Updates from PROGRESS Project: Rwanda and India
(Presenter: Kate Rademacher, FHI 360)
This presentation highlighted results from a costing assessment that was part of an FP/Immunization integration study in Rwanda, as well as an update on the development of Standard Operating Procedures (SOPs) and IEC/IPC Materials in Jharkhand, India.

Discussion:
• Q: In the PPSS presentation, MCHIP reported data on referrals and services combined. Could you tease those apart so we know when women got them the same day and when they were referred? A: Yes, MCHIP can provide that analysis.
• Q: Rwanda is a high performing country and may not be able to be comparable to other settings. Would it be possible to look at cost per CYP in order to compare programs? A: Analyzing the cost per CYP is a good idea. The benefit of the costing information is both to compare value for money between programs and to help inform national scale up of the intervention.
• Q: For the FHI 360 India activities, how are the fathers brought into the process? A: Messages for men are incorporated within the SOPs and IEC/IPC materials.

Presentation 9. Update on the FP/immunization HIP Brief and Discussion
(Presenter: Shawn Malarcher, USAID. See CoP for full presentation.)
During this presentation, Shawn updated the group on the status of the HIP brief and the HIP map. The HIP brief will go to the TAG for review in June. Shawn then presented the updated figure that was included in the brief which includes a depiction of the two integration models. A discussion ensued about how FP/immunization integration fits within a broader primary health care (PHC) framework. Participants generally felt that integrated service delivery should be framed within a broader PHC framework, and that integrated service delivery simply places added emphasis to ensure that women and children are receiving both FP and immunization services. Shawn then presented the HIP map, and encouraged participants to submit new and ongoing program experiences for inclusion.
Presentation 11. K4Health Toolkits
(Presenter: Liz Futrell, K4Health. See CoP for full presentation.)
During this session, Liz reviewed the toolkit objectives and content areas, progress to date, and then presented a mock-up of the toolkit.

BREAK-OUT SESSION
Participants broke into small groups to review preliminary content for each section of the Toolkit. During the sub-group meetings, each group was asked to determine whether the section still fits well within the toolkit, refine titles of the sections as needed, review landing page text, and review resources identified for inclusion in each section. During the small group work, participants decided to slightly re-structure the toolkit and several sections were merged. Below is an updated list of toolkit sections. A proposed timeline for next steps on the toolkit was prepared after the meeting and shared with group leaders (See Appendix 2).

Toolkit Sections

<table>
<thead>
<tr>
<th>Group</th>
<th>Captains</th>
<th>Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Essential Knowledge</td>
<td>Elizabeth Sasser &amp; Kate Rademacher</td>
<td>Chelsea, Maxine Eber, Nancy Harris, Zaeem Ul Haq</td>
</tr>
<tr>
<td>(Program Models has been merged with this section)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evidence-based Advocacy</td>
<td>Rebecca Fields &amp; Liz Futrell</td>
<td>Alison Root, Adrienne Allison, Endale Beyene, Lara Brearly, Kirsten Mathieson</td>
</tr>
<tr>
<td>M&amp;E and Research Tools</td>
<td>John Stanback &amp; Kelli Cappelier</td>
<td>Elaine Charurat, Aaron Wallace, Vikas Dwivedi, Daren Trudeau, Laura Hurley</td>
</tr>
<tr>
<td>Country Experiences</td>
<td>Anne Pfitzer &amp; Merce Gasco</td>
<td>Leah McManus, Kate Hessel, Nathaly Spilotros, Gulshun Rehman, Zaeem Ul Haq, Minal Mehta, Leah Elliott</td>
</tr>
<tr>
<td>(Scale-up has been subsumed within this section)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implementation Resources/Tools (title still to be finalized, formerly titled “Health Systems”)</td>
<td>Kamlesh Giri &amp; Michel Othepa</td>
<td>Kaitlyn Patierno, Annie Clark</td>
</tr>
<tr>
<td>Social &amp; Behavior Change Communication</td>
<td>Rose Amolo &amp; Chelsea Cooper</td>
<td>Mike Favin, Gulshun Rehman</td>
</tr>
</tbody>
</table>
Presentation 12. Discussion of Next Steps  
(Facilitator: Robert Steinglass, MCHIP)

Robert Steinglass summarized the key discussion topics from the day. He noted the progress that has been made on the toolkit, and that the toolkit may help to generate more interest and enthusiasm for FP/immunization integration. It will be important to continue to reach out to bolster participation in the Working Group from new agencies and individuals.

The next working group meeting is tentatively planned for late fall/early winter 2013.
APPENDIX 1: Meeting Agenda

AGENDA

MEETING OBJECTIVES:

4) Make progress toward identifying effective, sustainable models for integrating FP and immunization
5) Share emerging programmatic experience and research findings
6) Review and discuss content for a new FP/Immunization Integration “Toolkit” and identify next steps for toolkit development and dissemination

8:30-9:00  Light Breakfast & Networking
9:00-9:30  Welcome, Introductions, and Global Events Updates: Kate Rademacher, FHI 360 & Chelsea Cooper, MCHIP
9:30-9:45  Lactational Amenorrhea Method (LAM) and EPI Integration: Miriam Labbok, University of North Carolina
9:45-10:15 Liberia FP/Immunization Integration Findings and Q&A: Chelsea Cooper and Rebecca Fields, MCHIP
10:15-10:40 Philippines FP/Immunization Integration Findings and Q&A: Catherine Fort, RTI
10:40-10:50 Break
10:50-11:30 Field Experience Updates
--Postpartum Systematic Screening in Jharkhand, India: Anne Blauvelt, Jhpiego
--Updates from PROGRESS Project: Rwanda and India: Kate Rademacher, FHI 360
11:30-12:00 HIP Brief and HIP Map Updates, Shawn Malarcher, USAID
12:00-12:45 Update on K4H Toolkit Progress & Discussion of Format/Layout: Liz Futrell, K4H
12:45-1:15 Lunch
1:15-2:15 Small Group Work on Toolkit
2:15-2:40 Report-backs from Small Groups
2:40-3:00 Way forward, Closing: Robert Steinglass, MCHIP
APPENDIX 2: Proposed Toolkit Timeline

- **Friday, June 28:** Final version of landing page text for each section, final list of resources for each section, and any new resources being drafted for the Toolkit are due from Tab Captains.

- **Friday, July 5:** K4Health to complete all updates to the Toolkit.

- **Mid/Late July:** Internal review of the Toolkit by WG members.

- **Early-Mid August:** External review of Toolkit by colleagues both in the US and in the field.

- **September:** Launch of Toolkit

- **Fall and beyond:** Various promotion and dissemination activities