Family Planning and Immunization Integration Working Group

Notes from November 29, 2012 Meeting

The Family Planning (FP) and Immunization Integration Working Group held a meeting on November 29, 2012 from 8:30am-3pm at the MCHIP office. Meeting participants included:

<table>
<thead>
<tr>
<th>Trish MacDonald, USAID</th>
<th>Robert Steinglass, MCHIP / JSI</th>
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<tbody>
<tr>
<td>Murray Trostle, USAID</td>
<td>Rebecca Fields, MCHIP / JSI</td>
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<td>Endale Beyene, USAID</td>
<td>Kelli Cappelier, MCHIP / JSI</td>
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<td>Rose Amolo, PLAN</td>
<td>Michel Othepe, MCHIP / JSI</td>
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<td>Fabio Castano, MSH</td>
<td>Chelsea Cooper, MCHIP / Jhpiego</td>
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<td>Rajeev Colaco, RTI</td>
<td>Anne Pfitzer, MCHIP / Jhpiego</td>
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<td>Vikas Dwivedi, MCHIP/JSI</td>
<td>Elizabeth Sasser, MCHIP / Jhpiego</td>
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<td>Nene Fofana, PSI</td>
<td>Leah Elliott, MCHIP / ICF Macro</td>
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<tr>
<td>Nancy Harris, JSI</td>
<td>Elaine Charurat, MCHIP / Jhpiego</td>
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<td>Kate Hesel, IRC</td>
<td>Liz Futrell, JHU/K4Health</td>
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<td>Laura Hurley, IntraHealth</td>
<td>Kate Rademacher, FHI 360</td>
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<td>Adrienne Allison, World Vision</td>
<td>John Stanback, FHI 360</td>
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<td>Mike Favin, Manoff Group</td>
<td>Marga Eichleay, FHI 360</td>
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<td>Laurie Krieger, Manoff Group</td>
<td>Youssef Tawfik, URC</td>
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<td>Rownak Khan, UNICEF</td>
<td>Kamlesh Giri, CARE</td>
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<td>Janet Meyers, IMC</td>
<td>Murtala Mai, E2A/Pathfinder</td>
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<tr>
<td>Sadia Parveen, URC</td>
<td>Leah McManus, Curamericas*</td>
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<tr>
<td>Aaron Wallace, CDC</td>
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</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
3) Identify way forward for sub-working groups, strategy for development of an FP/Immunization integration toolkit, and priorities for other areas for collaboration
The meeting agenda included updates and key considerations for both the FP and immunization fields; an update on the FP/Immunization Integration High Impact Practices (HIP) brief and online map with program experiences; results from evaluations of various integration models presented by CDC and FHI 360; a series of programmatic updates from Curamericas, MCHIP, and STRIDES/MSH; and break-out discussions about creating 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 FP/Immunization Integration Community of Practice (CoP) site in the Library section under the “November 29, 2012 Working Group Meeting” folder: http://knowledge-gateway.org/fpimmunization/library.

Presentation and discussion highlights are included below:

**Presentation 1. Welcome, Introductions, and Review of Working Group Activities**  
* (Presenter: 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, vision, and objectives. They 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 high impact practices (HIP) brief on this topic; hosting five working group meetings; and presenting at meetings and international conferences.

Discussion:
- Q: How are countries represented within this group? For example, how do we engage Ministries of Health (MOHs)?
  - A: Working Group members work with MOHs on a project-by-project basis, but we have not done any joint advocacy activities as a larger Working Group
- The materials that have been developed are great advocacy tools. Ministries respond to evidence-based resources and global thinking on this approach. Important to have champions at national and regional levels.
- Additional information is needed regarding cost of integrating services.

**Presentation 2. Family Planning and Immunization Technical Updates**  
* (Presenter: Trish MacDonald, USAID and Rebecca Fields, MCHIP. See CoP for full presentation)

- **FP Update:** The World Health Organization (WHO) hosted a technical consultation in September 2012 to gather input for the new Programmatic Strategies for Postpartum Family Planning document that is being developed.
- **Immunization Update:** Rebecca provided a brief overview and update about the Global Vaccine Action Plan and a recent meeting of the WHO Immunization Implementation Research Working Group. Out of 92 research questions that the WHO Working Group proposed, only one related to integration.
**Presentation 3. Rwanda FP and Immunization Integration Results**
(Presenter: Marga Eichley, FHI 360. See CoP for full presentation.)

**Discussion:**

- Q: Did the results lead to the MOH adopting this policy at a larger scale?
  - A: A national dissemination meeting is planned for early 2013.
- There continues to be questions across multiple projects regarding how to conduct counseling on FP in an immunization service delivery context. For example, there are pros and cons when considering group education vs. one-on-one screening. Both were used in the FHI 360 intervention that was evaluated. A remaining question is whether the job aid used for one-on-one screening in the FHI 360 study may be overly complex.
- One participant pointed out that because immunization rates in Rwanda are consistently high (around 90%), there is not much room for growth; therefore, it would probably be unrealistic to expect that the intervention would lead to an increase in immunization use based on the intervention. It is promising that no negative impact on immunization rates was observed in the intervention sites.

**Presentation 4. CDC: Experiences Assessing Integration of Immunization Services With Additional Health Interventions**
(Presenter: Aaron Wallace, CDC. See CoP for full presentation.)

Beginning in 2004 the Global Immunization Division of the CDC began conducting integration research. After a landscape analysis and subsequent literature review, the gaps in research and knowledge led to several demonstration projects. Aaron Wallace from the CDC presented the demonstration projects and results. (Please visit the community of practice for the full description of each demonstration project and results). Lessons learned from FP and Immunization integration activities are:

- **Management:**
  - Need MoH support and buy-in from leadership of the services to be integrated
  - Clearly-defined roles, responsibilities, and priorities
- **Many highlighted integration challenges are systematic issues:**
  - Commodity supply chains; HRH availability; HRH skill; existing stigma of certain health conditions
- **Evaluation:**
  - Comprehensive monitoring/reporting systems for both research studies and programmatic activities are needed
  - Monitor & report performance of all linked interventions
  - May be important to monitor integration impact over long term as short-term impact may differ from long-term impact
- **Community Satisfaction:**
  - Patient flow critical for speed and confidentiality as integrated packages scale up
  - Community concerns vary by location and will affect success
**PANEL: FIELD EXPERIENCE UPDATE**

The panel consisted of three presentations from Curamericas, MCHIP, and MSH/STRIDES project. *All presentations can be found on the CoP site.*

**Presentation 5 (Panel). FP/Immunization Integration at Community Level in Liberia**  
(Presenter: Leah McManus, Curamericas)

**Presentation 6 (Panel). FP/Immunization Integration at Facility Level in Liberia**  
(Presenter: Chelsea Cooper, MCHIP)

**Presentation 7 (Panel). FP/Immunization Integration in Uganda through STRIDES**  
(Presenter: Fabio Castano, MSH)

**Question & Answer from presentations:**

- **Q:** In Liberia, do women shy away from seeking services from male vaccinators?  
  **A:** Leah: We have not encountered this as a problem. Chelsea: This was a question asked during formative assessment; most vaccinators are men. This doesn't seem to be a problem. Privacy issues affecting confidentiality are more pressing.

- **Q:** Is the work in Uganda throughout entire district? Or in just some facilities in the district?  
  **A:** Working with district management team with all facilities in district. Sometimes work with faith-based organizations and INGOs.

- **Q:** For Uganda, where does the national level DPT3 data come from?  
  **A:** From MOH data.

- **Additional information on research projects in other parts of the world is needed, especially Asia.**
  - The next Working Group meeting will likely highlight experiences from the Philippines and India.

- **How is male involvement addressed in these models, particularly related to FP uptake?**
  - One participant suggested that the Health Images of Manhood (HIM) is a model that the Working Group could look at more closely.
  - For the MCHIP project, a leaflet was distributed to female clients at the health facility which outlined the benefits of family planning for the woman, her husband, and the child. Vaccinators also encouraged the female clients to discuss FP with their partners and family members.

**Presentation 8. FP/Immunization Bibliography Update**  
(Presenter: Elizabeth Sasser, MCHIP. See CoP for full presentation)

Elizabeth provided an overview of selected recent publications on FP/immunization integration. A full updated version of the bibliography will be posted on the CoP in the coming months.
Please send additional resources (including articles or reports) for the bibliography to Elizabeth Sasser at esasser@jhpiego.net

Presentation 9. Update on the FP/immunization HIP Brief and Discussion
(Presenter: Trish MacDonald, USAID and Kate Rademacher, FHI 360. See CoP for full presentation.)

Kate provided a brief progress update on the status of the FP/immunization Integration HIP brief. The draft brief was reviewed at a meeting convened by USAID and UNFPA in New York this past summer. Comments from this discussion and additional technical reviewers are being incorporated. One issue that was raised during the New York meeting was a concern that “integrated health promotion” (i.e. education and demand generation for both FP and immunization but without service provision) should not be treated as a stand-alone integration model. Kate shared an updated draft table outlining various program models for integrated service delivery, and solicited feedback about the possibility of deleting health promotion as a stand-alone model. Feedback from participants included:

- The group was supportive of removing health promotion as a stand-alone model. However, they recommended that it be treated as a cross-cutting element that is essential to any integration project.
- Assuming health promotion is removed, a recommendation was to change the title to clarify that it focuses on service delivery models.
- A question was raised of how emergency settings or transitional situations could be addressed.
- Members of the group agreed that cost-effectiveness analysis is needed to support claims about the amount of resources that are required for different models. One suggestion was to change the term “resources” to “effort” and also to consider organizational change.

Kate also provided a brief update regarding a meeting of the Program Models & Engagement/Advocacy sub-Working Group which occurred in August (via phone). Notes from the call are available on the CoP.

Presentation 10: Report Back from Research/M&E Sub-Group
(Presenter: Kelli Cappelier, MCHIP. See CoP for full presentation)

Kelli provided a brief report regarding the outcomes of a meeting of the Research/M&E sub-Working Group in November. Note: Moving forward, both sub-Working Groups will be reconfigured to incorporate work on a new K4Health Toolkit (see below).

Presentation 11. K4Health Toolkits
(Presenter: Liz Futrell, K4Health. See CoP for full presentation.)

Liz gave a presentation which included information on:

- An overview of what K4Health Toolkits are and what makes them useful
- An overview of how Toolkits are developed
- Examples of existing Toolkits
Subsequently, Chelsea led a discussion about the idea of creating a new K4Health Toolkit on the topic of FP and Immunization Integration. In general, the group was supportive about moving forward. One question was raised about whether we have sufficient evidence to move forward. The group felt that the Toolkit would be a place to compile resources that are in the field, and identify gaps in knowledge and materials.

**BREAK-OUT SESSION**
The Working Group broke into small groups to determine how different sections (or "tabs") of the Toolkit should be defined (including the names of the "tabs" and what information each would include).

<table>
<thead>
<tr>
<th><strong>Group 1: Evidence-Based Advocacy</strong></th>
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<tbody>
<tr>
<td>Participants: Leah Elliott, Mike Favin, Chelsea Cooper, Rebecca Fields, Liz Futrell, Elizabeth Sasser, Adrienne Allison, Endale Beyene</td>
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<tr>
<td><strong>Co-Captains: Liz Futrell and Rebecca Fields</strong></td>
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Advocacy messages that are based on evidence are the most effective. With this in mind, the advocacy tab will not only provide tools to engage stakeholders, but will also provide evidence in the form of research syntheses and literature reviews. Below is a brief list of the types of documents this tab will include:

- Processes for engaging stakeholders
- Tools for stakeholder meetings (Powerpoints)
- Rationale for integration (Powerpoints and briefs)
- Research briefs
- Literature reviews
- Data on efficacy of integration (Additional resources are needed here)
- Key considerations for advocacy (supply chain, commodities etc.) (Additional resources are needed here)
- HIP Brief

Some key considerations include: ensuring use of accurate and consistent vocabulary so both technical areas are on the same page and development of process indicators for advocacy.

During a later discussion with the large group, it was recommended that a separate section on "Essential Knowledge" (similar to what is used in other Toolkits) also be developed to house literature reviews and syntheses of evidence.

<table>
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<th><strong>Group 2: Program Considerations</strong></th>
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<tr>
<td>Participants: Anne Pfitzer, Kate Rademacher, Sadia Parveen, Kate Hesel, Janet Meyers, Rownak Khan, Nancy Harris, Michel Othepa, Yousef Tawfik, Kamlesh Giri, Rose Amolo</td>
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Due to the large breadth of this topic, the group recommends that it be broken down into two
overarching sections: 1) Program Models and 2) Program Considerations.

1) Program Models

A) Definition of integration and description of models (Captain: Kate Rademacher)
B) Country Experiences (Captain: Anne Pfitzer)

2) Program Considerations

A) Health Systems (Captains: Kamlesh Giri & Michel Othepa)
   - Capacity building
   - Human resources & supervision
   - Supply chain, commodities, logistics
   - Service provision, client flow, organization of services, quality of care, record keeping
   - Financing
B) Social & Behavior Change Communication (Captains: Rose Amolo & Chelsea Cooper)
   - IEC materials
   - Community participation or mobilization
C) Scale-up (Captain TBD)
   - Scaling up/ expansion from initiation
   - Starting at scale
D) Gender (Captain: Youssef Tawfik)

Group 3: Monitoring, Evaluation and Research
Participants: Aaron Wallace, Elaine Charurat, Laura Hurley, Kelli Cappelier, Laurie Krieger, Vikas Dwivedi, Marga Eichleay, John Stanback

The group discussed developing a primary tab, titled “Monitoring, Evaluation, and Research (MER),” with two sub-tabs.

1) “Monitoring, Evaluation, and Research (MER)” (Captains: John Stanback & Kelli Cappelier)

A) Monitoring & Evaluation
   - Routine M&E
   - List of indicators (both for routine data collection and for research studies)
   - Country Resources/Integrated Monitoring tools

B) Research (priorities and ongoing)
   - Research questions
   - Summaries of ongoing research with contacts for more information (once the research is complete, findings would then be included in the Evidence” tab)
   - Process framework

The group also had some follow-up discussion about routine indicators, including regarding what
information is important for FP and immunization programs to measure (e.g., immunization programs focus on drop-out and coverage over time; FP programs focus on new users, continued users, method switch).

**Presentation 12. Discussion of Next Steps**  
(Facilitator: Robert Steinglass, MCHIP)

Robert Steinglass gave an overview of some of the key discussion topics of the day. Next steps for the Working Group include reviewing the FP/Immunization Integration Toolkit concept note. Captains for each “tab” of the Toolkit will meet with their groups to discuss content.

The next working group meeting will be planned for Spring of 2013 (dates TBD).
### APPENDIX 1: Meeting Agenda

#### AGENDA

**MEETING OBJECTIVES:**
1. Make progress toward identifying effective, sustainable models for integrating FP and immunization
2. Share emerging programmatic experience and research
3. Identify way forward for sub-working groups, strategy for development of an FP/Immunization integration toolkit, and priorities for other areas for collaboration

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Presenter(s)</th>
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<tbody>
<tr>
<td>8:30-9:00</td>
<td>Light Breakfast &amp; Networking</td>
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<tr>
<td>9:00-9:20</td>
<td>Welcome &amp; Introductions: Kate Rademacher, FHI 360 &amp; Chelsea Cooper, MCHIP</td>
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<td>9:20-9:35</td>
<td>Family Planning (FP) and Immunization Technical Updates: Holly Blanchard, MCHIP &amp; Rebecca Fields, MCHIP</td>
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<td>9:35-10:10</td>
<td>Rwanda FP and Immunization Integration Results and Q&amp;A: Marga Eichley, FHI 360</td>
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<td>10:10-10:20</td>
<td>Break</td>
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<td>10:20-10:50</td>
<td>CDC FP and Immunization Integration Presentation and Q&amp;A: Aaron Wallace, CDC</td>
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<td><strong>Field Experience Updates</strong></td>
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<td>10:50-11:05</td>
<td>FP/Immunization Integration in Liberia: Leah McManus, Curamericas</td>
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<td>11:05-11:15</td>
<td>FP/Immunization Integration in Liberia: Chelsea Cooper, MCHIP</td>
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<td>11:15-11:30</td>
<td>FP/Immunization Integration in Uganda through STRIDES: Fabio Castano, MSH</td>
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<tr>
<td>11:30-11:50</td>
<td>Q&amp;A</td>
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<td>11:50-12:20</td>
<td>Lunch</td>
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<tr>
<td>12:20-12:30</td>
<td>FP/Immunization Bibliography: Elizabeth Sasser, MCHIP</td>
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<td>12:30-1:00</td>
<td>Update on the FP/Immunization HIP Brief and Map, and Discussion: Trish MacDonald, USAID &amp; Kate Rademacher, FHI 360</td>
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<td>1:00-1:15</td>
<td>Report-back from Sub-Working Groups: Kelli Cappelier, MCHIP</td>
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<td>1:15-1:35</td>
<td>FP and Immunization Integration Knowledge4 Health Toolkit Introduction: Elizabeth Futrell, K4H and Chelsea Cooper, MCHIP</td>
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<td>1:35-2:20</td>
<td>Small Group Breakout Discussions</td>
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<td>2:20-2:45</td>
<td>Report-back</td>
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<td>2:45-3:00</td>
<td>Way forward, closing: Robert Steinglass, MCHIP</td>
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