Family Planning and Immunization Integration Working Group
Notes from September 15, 2011 Meeting

The second meeting of the Family Planning (FP) and Immunization Integration Working Group was held on September 15, 2011 between 8:30am-2pm at the MCHIP office. Meeting participants included:

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
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<tbody>
<tr>
<td>Kelli Cappelier, JSI</td>
<td>Diaa Hammamy, USAID</td>
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<td>Tanvi Monga, Jhpiego</td>
<td>Nancy Harris, JSI</td>
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<td>Erin Mielke, USAID</td>
<td>Robbery Steinglass, MCHIP / JSI</td>
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<td>Matthew Phelps, USAID</td>
<td>Rebecca Fields, MCHIP / JSI</td>
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<td>Elaine Menotti, USAID</td>
<td>Kate Rademacher, FHI 360</td>
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<td>Shannon Young, USAID</td>
<td>Chelsea Cooper, MCHIP / Jhpiego</td>
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<td>Mackenzie Green, FHI 360</td>
<td>Catharine McKaig, MCHIP / Jhpiego</td>
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<td>Nancy Termini, Population Council</td>
<td>Holly Blanchard, MCHIP / Jhpiego</td>
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<td>John Stanback, FHI 360</td>
<td>Elizabeth Sasser, MCHIP / Jhpiego</td>
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<td>Defa Wane, Save the Children</td>
<td>Lora Shimp, MCHIP / JSI</td>
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<td>Erin Moore, George Washington University</td>
<td>Trish MacDonald, USAID</td>
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<tr>
<td>Barbara Jones, RESPOND</td>
<td>Annie Clark, URC</td>
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<td>Holly Connor, Engenderhealth</td>
<td>Kaitlyn Patierno, USAID</td>
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<td>Shawn Malarcher, USAID</td>
<td>Mary Harvey, USAID</td>
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<td>Genevieve Luippold, PSI</td>
<td>Jaime Mungia, MCHIP / Jhpiego</td>
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<td>Linda Banda, USAID</td>
<td>Tracey Goodman, WHO Geneva</td>
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<tr>
<td>Maura Gaughan, URC</td>
<td>Asnakew Tsega, MCHIP / JSI</td>
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<tr>
<td>Rose Amolo, CEDPA</td>
<td>May Post *</td>
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<tr>
<td>Elaine Charurat, MCHIP / Jhpiego *</td>
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*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 strategies for further engagement of the immunization community
The meeting agenda included presentations and discussions on leveraging USAID’s High Impact Practices (HIP) list to support FP/immunization integration, developing a strategy to further engage the immunization community, and identifying research gaps and monitoring and evaluation indicators. There was also a series of programmatic and research updates from FHI 360, CDC, MCHIP and JSI. The agenda is included in Appendix 1. All presentations and handouts are available on the FP/Immunization Integration Community of Practice site.

Presentation and discussion highlights are included below:

**Presentation 1. Overview/Rationale for Integrated Service Delivery**
*(Presenter: Catharine McKaig, MCHIP)*

Catharine McKaig reviewed the rationale, mission statement, and objectives of the working group with meeting participants.

- **Vision:** Investigate the health impact on both immunization and family planning services when the two health interventions are linked at facility and community based service delivery points and determine how successful linkages can be made.
- **Mission:** Share lessons and guidance from field experiences and research initiatives on the optimal ways to link or combine family planning & immunization services in facilities and communities, so that the reach and effectiveness of both interventions are enhanced.
- **Objectives:**
  - Engage key stakeholders from both the global immunization and family planning communities to move this initiative forward at a global level
  - Provide a forum to share findings from literature and program experiences regarding various intervention models
  - Identify models for sustainable integration
  - Identify additional research gaps

**Presentation 2. Summary of Online Forum and Discussion**
*(Presenter: Elizabeth Sasser, MCHIP)*

Elizabeth Sasser presented a summary of the online discussion forum on Integrated Service Delivery of Family Planning and Immunization which took place from July 6-15, 2011. The forum was co-hosted by MCHIP and the FP/Immunization Integration Working Group. The objectives of the forum were:

- To introduce and provide the rationale for integrated service delivery of immunization and family planning
- To promote an understanding of how integrated service delivery can be mutually beneficial to both the immunization and FP communities
- To explore how to implement an integrated service delivery approach to immunization and FP
- To obtain feedback from participants based on field implementation experience
Key “take home” messages from the forum discussion were presented, including:

- Need to seek support for integrated service delivery from key stakeholders
- Important to decide what activities are feasible and operationally practical given the local context
- Development of an evidence base of “what works” is key for scale-up
- Need to ensure that the intervention is not to the detriment of one or both technical areas
- Sufficient training and active supervision is key to continuity and quality of programming
- Quality communication between providers and clients is key (and communication skills of providers need to be considered, and often need to be strengthened)
- Ensure an adequate supply of commodities and equipment (do not stimulate demand for services when supply is not available to meet increased demand)
- Focus on integrated routine services at fixed sites rather than mass campaign activities
- More research is needed

A report is available on the FP/immunization Integration Community of Practice site which offers a more comprehensive summary of the forum discussion. (http://knowledge-gateway.org/ViewAnnouncement.aspx?c=76ff0944-51bd-4ecf-a6c3-b29eaa475a4a&i=e2cacf92-4ef9-40d5-a614-670f4c379ca0)

**Presentation 3. Leveraging the HIPs List to support integration of Family Planning and Immunization Services**

(Presenter: Shawn Malarcher, USAID)

During her presentation, Shawn Malarcher shared an update on the list of High Impact Practices (HIPs) for Family Planning. She mentioned that USAID is still in the process of continuing to refine the HIPs. Clarification may be needed on the wording related to the definition of postpartum in the current immunization-related HIP. The phrase “up to 12 months after birth” is confusing to some. Shawn asked the group to send suggestions for revised wording prior to the next TAG meeting on October 19. Shawn also mentioned that USAID is working to develop evidence briefs to support each of the HIPs. She would like to involve the working group in development of the evidence brief for the immunization-related HIP. Shawn will follow up with core working group members regarding next steps.

**Presentation 4. FP/Immunization Integration Map**

(Presenter: Kate Rademacher, FHI 360)

FHI 360 has collaborated with MCHIP and other partners to document recent programmatic and research experiences on integrating with family planning and immunization. This material is available in an online map and in a table format.
Kate gave a demonstration of the map for the group:
(http://www.fhi.org/en/Research/Projects/Progress/GTL/FP_Immunization.htm)

Action steps that are needed:
- Global dissemination of the map
- Feedback from CAs on how to strengthen the map
- Request partners to send additional information/examples

Kate explained that they will also begin collaboration with USAID and other CAs on creating similar maps for all the HIPs. The vision is that one combined map will be created for the HIPs and posted on K4Health. Maps are currently being developed for the following topics:
- FP-Immunization Integration
- Post abortion care
- Mobile services
- Provision of FP by community health workers (CHWs)

PANEL: PROGRAM AND RESEARCH EXPERIENCE

Linda Banda from USAID moderated a panel focused on sharing emerging research and programmatic experience on FP/immunization integration. The panel consisted of four presentations, from FHI 360, MCHIP, JSI, and CDC.

Presentation 4 (Panel). Challenges in Implementing Family Planning-Immunization Integration Research in Jharkhand, India
(Presenter: Mackenzie Green, FHI 360)

Mackenzie Green’s presentation focused on an assessment conducted by FHI 360 on FP/immunization integration in India. Assessment findings have not yet been shared with local stakeholders, so FHI 360 was unable to share the actual findings at this meeting; however, Mackenzie discussed the process and challenges of conducting the assessment.

The aims of the assessment were to assess how immunization and FP services are currently provided, and to develop recommendations for improving the quality of integrated services, looking at current policy, facility infrastructure, provider capacity & willingness, and acceptability among community postpartum women. The assessment was a cross-sectional descriptive assessment conducted at 17 service delivery points in one district of Jharkhand.

Challenges and lessons learned from the research process were shared and included: a lack of clarity and consensus about what integration means, the lack of a comprehensive policy on FP-IZ integration, IRB challenges, weak service delivery record keeping, and political instability in Jharkhand.
Findings will be available to the Working Group through the CoP after they are disseminated locally.

**Presentation 5 (panel).** FP-Immunization integration activities in Liberia  
(Presenter: Chelsea Cooper, MCHIP)

Chelsea Cooper presented on integration of family planning and immunization in Liberia, implemented by MCHIP in coordination with the Ministry of Health and Social Welfare. The approach will use routine immunization contacts at fixed facilities for vaccinators to provide one-on-one family planning messages and referrals to postpartum women. It will be piloted at total of 10 health facilities in Bong and Lofa counties (one hospital outpatient department and four clinics in each county). All women who bring infants for vaccination will receive messages and referrals for FP. Vaccinators will share FP messages at end of immunization visit, using a job aid to guide counseling. Posters will also be located throughout the clinic reinforce FP messages shared by the vaccinator. Clients offered a leaflet to take home which describes benefits of family planning for the mother, father, and infant. Chelsea also presented on key findings from a formative assessment that was conducted, and how the findings were used to inform development of messages and materials development. The team has completed the message and materials development phase, and implementation is scheduled to begin in Fall 2011.

**Presentation 6 (Panel).** Community and Health Worker Perceptions of Integrating FP with Routine Immunization: Mali  
(Presenter: Kelli Cappelier, JSI)

Kelli Cappelier presented findings from her graduate dissertation (conducted with CDC support). The objective of the assessment was to build upon the success of Routine Immunizations (RI) in Mali and to develop recommendations for services to integrate with RI. Integration strategies would be adapted based on community and health worker perceptions and country-specific needs. The assessment involved a cross sectional qualitative study, in-depth interviews and focus group discussions. The research revealed that at the community level, there was a preference to separate FP services from immunizations, but keep educational discussions. Health workers were generally supportive of integration with FP, but identified significant cultural challenges. Integration challenges cited by respondents included: access, stock outs, wait time, human resource capacity, and quality of service delivery.

**Presentation 7. (Panel) TSHIP Project in Sokoto, Northern Nigeria**  
(Presenter: Nancy Harris, JSI)

Nancy Harris presented a case study on integration of FP and routine immunization (RI) services in Shuni Dispensary in Sokoto State, Nigeria. Nancy explained that most health facilities in Sokoto State (71%) provide integrated FP and RI services. Shuni dispensary is one such example of a facility providing integrated services; it also provides other IMCI and maternal services. Both service providers and clients
in Shuni support the provision of integrated FP and RI services, and community structures such as Ward Development Committees support and promote provision of integrated FP and RI services. At Shuni Dispensary, the community health extension worker (CHEW) attends to both mother and child health needs in one visit. One CHEW is responsible for providing both FP and RI services. Nancy noted that FP and RI services have different session days (RI on Tuesday and FP on Wednesday), but FP services are also provided on RI days and vice versa. Immunization not scheduled all working days because of lack of refrigerator to store vaccines.

**Discussion of Panel Presentations (Presentation 4-7):**

Key discussion points raised by participants include the following:

- **What about male/partner engagement? How is this being addressed?** The Mali case study conducted focused group discussions with fathers. They were generally supportive towards FP. The Liberia activities include a leaflet with messages targeted towards fathers/partners.

- **Does having dedicated providers in the Nigeria TSHIP program affect client load?** The presenter responded that it does affect lines since there are so many women crowded outside the room. Having the vaccinator give adequate counseling creates a backlog. A solution is to have a CHW give group talks while women are waiting in line.

- **Are clandestine FP users accessing FP through these integrated FP/immunization programs?** PSI has a dedicated provider project; FP is provided on the spot. Even zero parity women are going for the child immunization services in order to clandestinely obtain FP.

- One participant mentioned that social stigma associated with family planning must be considered when integrating services. In many countries it is taboo to resume sexual activity during the postpartum period.

- One participant mentioned that it could be useful to consider integrated service delivery through mobile FP outreach.

- One participant mentioned that for FP-Immunization integration programs, we need to standardize the way information is collected and reported with an emphasis on ensuring anonymity. We need to be gathering data to show the impact of integrated service delivery on outcomes for both services.

**Presentation 8. Developing a strategy to further engage the immunization community in FP-Immunization integration activities**  
(Presenter: Rebecca Fields, MCHIP)

Rebecca Fields presented on engaging the immunization community in FP/immunization integration activities. She highlighted the global immunization priorities, including reduction of morbidity and mortality from vaccine-preventable diseases, with a focus on:

- Eradicating poliomyelitis
- Eliminating measles
Introducing new and underutilized vaccines (against pneumonia, diarrheal disease, HPV, others)
Achieving 90% DTP3 coverage nationally and at least 80% DTP3 coverage in every district

Rebecca also highlighted the aims of the WHO/UNICEF Global Immunization Vision and Strategy, along with the priorities of key immunization players. She mentioned the importance of considering the possible effects (both positive and negative) on immunization of integrating services with family planning. She discussed previous experiences where rumors and misconceptions led to prolonged negative consequences for the immunization programs in Cameroon, Philippines, Madagascar, and Northern Nigeria. Rebecca then presented possible strategies for engaging the immunization, around the idea of reducing risks, showing benefits and sharing experience. Strategies mentioned include:

- Design approaches that address hazards
- Actively measure effects on EPI
- Design approaches with win/win appeal
- Share data that demonstrates gains
- Disseminate experience to date
- Engage country level immunization staff in both designing and sharing FP/immunization integration experiences

**BREAK-OUT SESSION**

Participants split into 3 breakout groups during a working lunch session. Each group addressed the following topics in small groups: 1) Recommendations regarding effective programmatic approach/models; 2) Research gaps/priorities and indicators; 3) Strategies for engaging the immunization community.

Key discussion points included the following:

**Recommendations regarding effective programmatic approach/models:**

- Consider providing a dedicated provider to deliver FP services (and add additional human resources/dedicated providers as needed)
  - Although some participants said that the idea is good in theory, implementation is potentially difficult because of skills, motivation, resource allocation, potential tension with other providers
- Least ideal time for integration is during a mass campaign, as the scene is often chaotic and there is little opportunity for quality communication in service delivery or follow/up.
- More attention to communication, and communication strategies is needed. Strategies should be informed by an understanding of local needs, expectations, attitudes, and beliefs.
  - Male involvement needs to be addressed.
  - Messaging around “good healthy parenting” and “healthy timing and spacing” may be
most motivational
  o In terms of messages, distill what are the core things that will register with people that can be captured during that brief visit (and reinforced messages through other strategies)
  
- There needs to be a stronger link between facility-based providers and the community.
- There should be multiple points of counseling and education, and opportunities to reinforce key messages.
- More focus should be placed on education, discussion, and community level activities.
- There needs to be a more standardized language around integrated FP/immunization service delivery (Immunization and FP terminology is sometimes not aligned)
- There is no “one size fits all” model (although it is important to identify components that can make programs more effective)
- Use of child health card/maternal health card for relaying health messages (ensure they are simple and contain most strategic messages). This could be an area of overlap/mutual interest between the FP and immunization communities.
- One idea is to look at how to use FP as an opportunity to promote DPT3 and 9 month measles visit, since there is often drop-off at 9 months

Research gaps/priorities and indicators:
  
- In-depth case studies could be useful for capturing and documenting lessons learned.
- Need to identify considerations for scale up
- Look at cost-- can we show an advantage for integration?
- Identify what are the successful elements of FP/immunization integrated service delivery
- Document what is happening to immunization services (and FP services), eg. coverage.
- Consider integrated data management

Potential indicators include:
  
- Proportion of women who are seeking a contraceptive method, but don’t get it. Measure missed opportunities for FP
- Track FP referrals
- Immunization: Need to look at immunization dropout rate (DPT 1, DPT 3 and difference between the two)
- Family Planning: Need to look at new FP users and continuing users or follow-up users
- Map trends for both FP and immunization and assess impact over time
- Need to track how many people received the counseling / how many were referred / how many were referred AND used the FP services / how many were referred AND used the FP services AND accepted a method
- Can also incorporate questions in larger surveys about how many received FP messages from
Strategies for Engagement

- Engage EPI representatives at the district level in decision making around integration
- Build political will and support at all levels of health system
- Reporting on integrated services should be conducted at all levels to identify weaknesses
- Build a stronger evidence base for integrated service delivery

Presentation 9, Discussion of Next Steps
(Facilitator: Robert Steinglass, MCHIP)

Robert facilitated a discussion around next steps and potential future activities for the working group. Next steps that were identified included the following:

- Contribute to development of evidence brief on FP/immunization integration to accompany the HIP list that USAID will send to Missions
- Provide input to support the online FP-Immunization integration map (eg send contact info for the survey)
- Developing standardized language to describe activity / program experiences
- Identify standard indicators
- Study what works (including positive deviants)
- Operations considerations (supervision, QoC, sustainability)
- Identify programmatic guidelines including what does NOT work.
# APPENDIX 1: Meeting Agenda

**Family Planning and Immunization Integration Working Group Meeting**  
Thursday, September 15, 2011; 8:30 AM-2:00 PM  
MCHIP (1776 Massachusetts Avenue **Suite 300** Washington, DC 20036)

### MEETING OBJECTIVES:
- Make progress toward identifying effective, sustainable models for integrating FP and immunization
- Share emerging programmatic experience and research
- Identify strategies for further engagement of the immunization community

### Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tr>
<td>8:30-9:00</td>
<td>Light Breakfast &amp; Networking</td>
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<tr>
<td>9:00-9:15</td>
<td>Welcome &amp; Introductions: Catharine McKaig, MCHIP</td>
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<td>9:15-9:30</td>
<td>Overview/Rationale for integrated service delivery of family planning and immunization &amp; Objectives of the Working Group: Catharine McKaig, MCHIP</td>
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<td>9:30-9:50</td>
<td>Summary of online forum and discussion: Elizabeth Sasser, MCHIP</td>
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<td>9:50-10:15</td>
<td>Leveraging the High Impact Practices (HIPs) List to support integration of FP and immunization services—Discussion: Shawn Malarcher, USAID</td>
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<td>10:15-10:25</td>
<td>FP-Immunization Integration Map: Kate Rademacher, FHI 360</td>
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<td>10:25-10:35</td>
<td>Break</td>
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<td>10:35-11:20</td>
<td>Panel: Program and Research Updates: Linda Banda, USAID</td>
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<td>11:20-11:35</td>
<td>Q &amp; A and Discussion about Program and Research Updates: Linda Banda, USAID</td>
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<td>11:35-11:50</td>
<td>Developing a strategy to further engage the immunization community in FP-Immunization integration activities: Rebecca Fields, MCHIP</td>
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<td>11:50-12:00</td>
<td>Introduction to breakout sessions</td>
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12:00-1:00  Small group breakout sessions (working lunch)
    --Each group will address the following topics in the small groups:
        - Recommendations regarding effective programmatic approach/models
        - Research gaps/priorities and indicators
        - Strategies for engagement

1:00-1:30  Report back and recommendations

1:30-2:00  Discussion of next steps, closing: Robert Steinglass, MCHIP