The Family Planning (FP) and Immunization Integration Working Group held a meeting on April 8, 2014 from 9am-3pm at the MCHIP office. Meeting participants included:

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization/Lockup</th>
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<tr>
<td>Sara Zizzo, USAID</td>
<td>Kate Rademacher, FHI 360</td>
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<td>Kaitlyn Patierno, USAID</td>
<td>Leah Elliott, FHI 360</td>
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<td>Nandita Thatte, USAID</td>
<td>Chelsea Cooper, MCHIP/Jhpiego</td>
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<td>Ishita Chattopadhyay, Population Council</td>
<td>Anne Pfitzer, MCHIP/Jhpiego</td>
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<td>Fabio Castano, MSH</td>
<td>Elizabeth Sasser, MCHIP/Jhpiego</td>
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<td>James White, Abt Associates</td>
<td>Sadie Healy, MCHIP/Jhpiego</td>
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<td>James White,</td>
<td>Devon Mackenzie, MCHIP/Jhpiego</td>
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<td>Kate Hesel, IRC</td>
<td>Robert Steinglass, MCHIP/JSI</td>
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<td>Adrienne Allison, World Vision</td>
<td>Rebecca Fields, MCHIP/JSI</td>
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<td>Julie Karfakis, JSI</td>
<td>Kelli Cappelier, MCHIP/JSI</td>
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<td>Mike Favin, Manoff Group</td>
<td>Lora Shimp, MCHIP/JSI</td>
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<td>Janet Meyers, IMC</td>
<td>Anne Blauvelt, Jhpiego</td>
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<td>Aaron Wallace, CDC</td>
<td>Florence Nyangara, MCHIP/ICF</td>
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<td>Stacey Lissit, Plan International</td>
<td>Liz Tully, K4Health</td>
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<td>Maxine Eber, PSI</td>
<td>Mona Bormet, CCIH</td>
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<td>*Sara Malakoff, EngenderHealth</td>
<td>Jamee Kuznicki, Reproductive Health Supplies Coalition</td>
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<tr>
<td>*Carolyn Krug, CARE</td>
<td>*Abdoulaye Diallo, MCHIP/Jhpiego</td>
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<td>*Sophie Newland, PATH</td>
<td>*Christine Lasway, FHI 360</td>
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<tr>
<td>*Saki Onda, Harvard School of Public Health</td>
<td>*Ellen Weiss, Population Reference Bureau</td>
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<tr>
<td>*Taylor Hurst, Harvard School of Public Health</td>
<td>*Rose Amolo</td>
</tr>
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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 findings
3) Review the new FP & Immunization Integration “Toolkit” and identify next steps for toolkit updates and dissemination
4) Further develop a strategic vision for future working group activities
The meeting included updates and key considerations for both the FP and immunization fields; presentations on integration efforts in Guinea, Tanzania, and Liberia; an update on the High Impact Practices brief and map and next steps for both; a walk-through of the new FP & Immunization Integration Toolkit; and a discussion on the strategic vision for the working group. The meeting also enabled remote participation through Adobe Connect. The meeting 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 “April 8, 2014 Working Group Meeting” folder, here: https://knowledge-gateway.org/fpimmunization/library/sf8s20wh?o=lc.

Presentation and discussion highlights are included below:

**Presentation 1. Welcome and Introductions**

*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 and vision. They also gave an overview of key activities of the Working Group to date including: developing and disseminating an advocacy brief; developing a bibliography; launching an FP/Immunization Integration online map; co-hosting an online forum; providing leadership and technical guidance on a high impact practices (HIP) brief on this topic; developing an FP & Immunization Integration Toolkit; and presenting at meetings and international conferences. The presentation highlighted several upcoming activities as well as a few proposed thoughts regarding the future direction of the working group, for discussion during the afternoon session.

**Presentation 2. Immunization Global Update**

*Presenter: Rebecca Fields, MCHIP. See CoP for full presentation.*

This presentation highlighted global and regional immunization coverage trends and reasons why children are not vaccinated. We need to ask whether services are available, acceptable, affordable, and affable. Several global immunization-related initiatives were discussed including the Global Vaccine Action Plan and the Integrated Global Action Plan for Pneumonia and Diarrhoea (GAPPD).

*Discussion after this presentation included:*

- One participant raised the importance of building buy-in for integration among immunization program managers and district immunization officers in-country and ensuring supportive national policies for integration.
- Another participant raised a question about using campaigns as an opportunity for integration. Rebecca clarified that the working group’s efforts have focused on integration with routine immunization services rather than through campaigns. She discussed the concerns related to viewing campaigns as a platform for integration including the often chaotic nature of immunizations campaigns and the potential for misconceptions (e.g. vaccines being perceived as FP in disguise), giving examples from several country contexts.
**Presentation 3. Family Planning Global Update (Presenter: Anne Pfitzer, MCHIP. See CoP for full presentation.)**

This presentation described recent global developments relevant to family planning, including FP2020 and the Programming Strategies for Postpartum Family Planning. Anne also discussed the role of family planning within the Ending Preventable Child and Maternal Deaths (EPCMD) initiative.

**Discussion after this presentation included:**

- Participants discussed the concepts of accessibility, affordability, and availability of services, which were raised both by Anne and Rebecca. Robert inquired about concepts of acceptance and awareness and whether those are addressed within family planning. Anne explained that these concepts are incorporated within efforts to meet unmet need and promote acceptability/quality of services. Gaps in knowledge/awareness, especially around return to fertility and use of LAM + transition present a major unfinished agenda for future work.
- Differences in approaches and terminology between immunization and family planning, and importance of ensuring common understanding was also reinforced. For example, Rebecca mentioned that immunization efforts often work toward targets and assume that everyone needs the service, whereas family planning efforts emphasize voluntarism and choice.
- There was a discussion of FP indicators including contraceptive prevalence rate and unmet need for family planning. Challenges in measuring unmet need for FP were discussed.
- A question was also raised about how FP/immunization integration can advance FP 2020 goals. Anne mentioned the need for new strategies to reach postpartum women, and that integration can potentially reenergize FP programs, but that more evidence is needed. Robert also mentioned the generally high coverage of immunization and multiple contacts during the first year of life, which provides an opportunity to reach women during contacts with the health system.

**COUNTRY-LEVEL INTEGRATION INITIATIVES**

**Presentation 4. Guinea’s FP/Immunization Integration Activities (Presenter: Abdoulaye Diallo, MCHIP Guinea. See CoP for full presentation.)**

This presentation described MCHIP Guinea’s work to integrate EPI, nutrition, and postpartum family planning services within 7 health facilities in Guinea. Group educational sessions or individual counseling were provided to women attending both EPI and nutrition services and those who accepted to go for same-day FP services were given a referral card. Findings related to referral acceptance, follow-through, and contraceptive uptake were presented. Challenges and lessons learned were also shared.

**Discussion after the presentation included:**

- Is there a difference between new FP users and those who are switching methods? Are both included within “new users”? Anne mentioned that this has been a continuing issue, and that the FP community has been struggling with how to measure this. We want to be able to track both new users and those users who switch methods. For PPFP, women are often taking up a method for the first time after delivery, but may have used a method before pregnancy or may have used LAM and are transitioning to another modern method.
- One participant mentioned that the process findings were very instructive and that it was
impressive to see the high percentages of referral acceptance, although there was some drop-off among those who went for FP on the same day and actually accepted a method that day. It was noted that it would be interesting to explore further what caused that drop-off.

- Abdoulaye mentioned that they have noticed that some women who do not have children are coming for immunization services with the hope of receiving referrals for FP services.
- It would be interesting to explore further the entry points and client flow for use of FP, nutrition, and immunization services.

**Presentation 5. Tanzania FP/Immunization Integration Rapid Assessment**

**Christine Lasway, FHI 360. See CoP for full presentation.**

Christine’s presentation discussed Tanzania’s “enabling environment” for integration of family planning and immunization services. The presentation described FHI 360’s efforts to build support for integration among EPI stakeholders, conduct a rapid assessment, and share those findings through a stakeholder consultation. Assessment findings revealed opportunities related to physical infrastructure, provider capacity, supervision/logistics, and education/counseling. Challenges included a lack of proactive screening for pregnancy risk among PP women, systematic referrals, and record keeping, as well as client myths/misconceptions.

**Discussion after the presentation included:**

- One participant asked about involvement of Christian groups, and whether any resistance has been observed.
- Another participant asked about location of the assessment. Christine responded that the assessment was conducted in Dar es Salaam and in the Coast region.
- A question was asked about whether the new integrated MTUHA registers include indicators that were identified as missing from previous registers – Christine indicated that according to her understanding, they do not.
- It was also mentioned that the challenges identified by the rapid assessment seemed to be mostly oriented to family planning services – what were the challenges for immunization? In terms of what challenges of integrating FP into IZ to immunization services, i.e. quality etc. - this wasn’t looked at during the rapid assessment; challenges of integrating FP in the EPI clinic, include lack of adequate providers as communicated by EPI providers.
- Noting the challenge around lack of FP providers, is there any recommendation for how to address this? Any discussion about shifting resources? Christine indicated that there was no specific discussion about adding additional staff or how exactly the services would be structured. Maxine volunteered to share additional information on their dedicated provider model.

**Presentation 6. IRC Liberia EPI/FP Integration Update + Q&A**

**Kate Hesel, IRC. See CoP for full presentation.**

Kate’s presentation described IRC’s efforts to integrate EPI and FP services in Lofa County of Liberia, using a modified version of the MCHIP Liberia model. Preliminary results were shared, including referral from EPI to FP and FP to EPI, contraceptive uptake, and DPT 1 and 3 coverage. Observations from supervision visits, challenges, and lessons learned were also discussed.
Discussion after the presentation included:
  o There was a conversation about the promising findings related to cross-referrals from FP to immunization services. This was a modification from the original MCHIP model. Participants pointed out that it is important to continue to consider how to bolster immunization outcomes through integrated service delivery.
  o Rebecca mentioned that MCHIP had recommended an adjustment to their approach after their pilot implementation to ensure that FP providers remind EPI-referred women when to come back for the next vaccine at the end of the FP visit, to ensure that this message is reinforced before they leave the health facility.

Presentation 7. HIP Brief Dissemination and Next Steps
Presenter: Nandita Thatte, USAID. See CoP for full presentation.
Nandita’s presentation began with a background on the High Impact Practices for Family Planning initiative. She then described opportunities for dissemination and facilitating use of the HIPs, including through IBP, FP 2020, and the HIP map. Findings from a survey conducted to assess dissemination and use of the HIPs were also shared.

Presentation 8. FP/Immunization Integration Indicator Review
Presenter: Chelsea Cooper, MCHIP. See CoP for full presentation.
Chelsea gave a very brief update on the “Key Considerations for Monitoring and Evaluating Family Planning and Immunization Integration Activities” brief. The document was developed by the M&E subgroup and includes priority research questions, suggested indicators, and M&E considerations related to the integration of these services. After the meeting, there will be an opportunity for the larger working group to provide feedback on the brief, with a special focus on ensuring that the suggested indicators are in fact reflective of priorities for each technical area, that they will help to build the knowledge base on integration, and that they include indicators that are being tracked within current country-level integration efforts.

Presentation 9. FP & Immunization Integration Toolkit Demonstration & Analytics
After lunch, Liz provided an overview of the FP & Immunization Toolkit, including a history of how the toolkit was developed and launched by the working group last year. She gave a demonstration of the toolkit, including sharing various sections of the toolkit sections and included resources. The presentation included a presentation of analytics including numbers of visitors to the toolkit since its launch, traffic sources, locations of visitors, and most frequently visited sections and resources. Liz also encouraged the group to brainstorm opportunities for disseminating the toolkit to new audiences.

Plenary Discussion: Strategic Vision for the Future of the Working Group
Facilitator: Kate Rademacher, FHI 360 and Chelsea Cooper, MCHIP
During this session, the facilitators reviewed the working group’s key achievements, and suggested that this meeting would be an important opportunity to discuss the strategic vision of the working group and what new activities the working group would like to take on in order to advance the vision. Kate
presented a draft logic model for the working group (See Appendix 2) and solicited feedback from participants on the outputs, outcomes, and impact. Suggestions included:

- Under Impact, need to clarify mechanisms for “maternal and child health improved.” Specifically, is this as a result of benefits of FP use and HTSP or from improved immunization coverage?
- Advocacy by champions and building buy-in among stakeholders may be two slightly distinct outputs.
- For “Supportive Policies” consider at what level – local, district, national, global, etc. Consider including a point about policies under Outcomes.
- Under “effective integration models identified,” add a point about identifying operational considerations and referral processes
- Consider adding a point about documenting cost effectiveness of integration under Outputs

Meeting participants were then each asked to write on post-it notes suggestions for new activities that the working group might pursue. It was then proposed that the working group develop three subcommittees in order to carry activities forward: 1) Global Technical Leadership; 2) Country Engagement; and 3) Research and M& E. Participants agreed with this proposal. The post-it notes for suggested activities were then read aloud and categorized within each of these groups (note: there was also another category titled “Other” although no post-notes were included in this category). The list of suggested activities is included in Appendix 3.

**BREAK-OUT SESSION: Small Group Discussions: Strategic Visioning and Toolkit Review + Report-back**

**Facilitator: Elizabeth Sasser, MCHIP**

After the strategic visioning exercise, participants were asked to each join one of the three subcommittees for small group discussion. The groups were each tasked with honing in on committee objectives and activities, and reviewing assigned sections of the toolkit to determine any necessary revisions or updates. Due to time limitations, the groups focused primarily on the strategic visioning and less on the toolkit review, however each group was encouraged to identify a group lead who would organize a conversation after the meeting to follow up on the discussion. Each group presented key points from their discussion and the next steps that they had identified to the broader group.

**CLOSING**

**Facilitator: Robert Steinglass, MCHIP**

Robert Steinglass, MCHIP’s Immunization Team Leader, summarized key discussion topics from the day. Next steps for the group include circulating a message to the community of practice to solicit volunteers to join the three subcommittees. The M&E brief will also be circulated for input through the community of practice.
APPENDIX 1: Meeting Agenda

AGENDA
Family Planning and Immunization Integration Working Group Meeting
Tuesday, April 8, 2014; 9:00 AM-3:00 PM
MCHIP (1776 Massachusetts Avenue Suite 300 Washington, DC 20036)

MEETING OBJECTIVES:
1) Make progress toward identifying effective, sustainable models for integrating FP and immunization
2) Share emerging programmatic experience and research findings
3) Review the new FP & Immunization Integration “Toolkit” and identify next steps for toolkit updates and dissemination
4) Further develop a strategic vision for future working group activities

9:00-9:35 Welcome and Introductions: Chelsea Cooper, MCHIP & Kate Rademacher, FHI 360
9:55-10:15 FP Global Update: Anne Pfitzer, MCHIP
10:15-11:20 Country-level Integration Initiatives
   10:15-10:40 Guinea’s FP/Immunization Integration Activities + Q&A: Abdoulaye Diallo, MCHIP Guinea
   10:40-11:00 Tanzania FP/Immunization Integration Rapid Assessment + Q&A: Christine Lasway, FHI 360
   11:00-11:20 IRC Liberia EPI/FP Integration Update + Q&A: Kate Hesel, IRC Liberia
11:20-11:40 HIP Brief Dissemination and Next Steps: Nandita Thatte, USAID
11:40-12:00 FP/Immunization Integration Indicator Review: Elaine Charurat, MCHIP
12:00-12:20 Lunch
12:20-12:50 FP & Immunization Integration Toolkit Demonstration & Analytics: Elizabeth Tully, K4H
12:50-1:30 Discussion on Strategic Vision for the Future of the Working Group: Kate Rademacher, FHI 360 & Chelsea Cooper, MCHIP
1:30-2:30 Small Group Discussions: Strategic Visioning and Toolkit Review
2:30-2:50 Report-back from Small Group Discussion: Elizabeth Sasser, MCHIP
2:50-3:00 Closing: Robert Steinglass, MCHIP
### APPENDIX 2: Logic Model for the FP/Immunization Integration Working Group

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<th>Activities</th>
<th>Outputs</th>
<th>Outcomes</th>
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<tr>
<td>• Continue to expand Toolkit with new resources</td>
<td>• Effective integration models are identified</td>
<td>• Service delivery organizations implement evidence-based FP-immunization integration strategies</td>
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<tr>
<td>• Disseminate HIP brief and Toolkit at country level</td>
<td>• Learning exchanges occur</td>
<td>• Uptake of FP in the PP period increases</td>
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<tr>
<td>• Identify programs and expand map</td>
<td>• Use of evidence-based resources increased</td>
<td>• Immunization rates increase or, at minimum, are not negatively impacted</td>
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**Impact***
- HTSP increased
- Maternal and child health improved

*Achieved as part of larger effort/context

### APPENDIX 3: Potential Activities for Sub-groups (from Post-it notes)

#### Global Technical Leadership

- Translate K4H toolkit and key resources and publicize translations
- Synthesize the latest research results
- Develop really *brief* brief on what you need to know about immunization (for FP folks) and what you need to know about FP (for immunization folks) – include a definition of integration
- Monitor funding opportunities (listserv?) so no missed opportunities (i.e. APC)
- Develop and maintain shared calendar of important dates/meetings/conferences on FP/IZ
- Increase visibility of FP-EPI integration beyond working group – systematic presentations at immunization conferences
- Identify what learning exchanges have occurred in country
- Provide assistance to organizations who want to develop briefs – guidance on key messaging, indicators to highlight, etc. and develop guidance document
- Develop key joint messages to be cross-posted on FP/Immunization networks for promotion around key dates (ex. World Immunization Week)
- Develop Prezi or other creative advocacy/communication tools
- Synthesize some of the identified challenges from FP/immunization integration into a 1-2 page document which provides best practice examples of solutions (i.e. overcoming lack of privacy, cross referrals, etc.)
- Engage Bill & Melinda Gates Foundation
- Engage faith community
• Advocate with donors for integration-specific earmarked funding
• Arrange high-level meeting between USAID champion and other development and multi-sectoral agencies (take the show on the road)
• More participation from immunization practitioners in WG

Country Engagement

• Articulate specific components of an “effective integration model” in order to achieve the first output (how to identify an effective integration model)
• Engage with faith-based community
• Leverage facility-level clinical coordination mechanisms (ie developmental meetings, DMO office, etc.)
• Develop resources for advocacy training/workshops
• Consider innovative finance models such as voucher systems for integrated service delivery
• Consider capacity building for mid-level providers such as nurses and midwives
• Consider opportunities to engage private providers and non-traditional outlets. Can we bundle services across the wide spectrum of private providers?
• Develop a “How to talk to MOH officials on Integration” Brief
• Collect and share project reports, papers, presentations
• Develop mechanisms for providing technical review and input on new FP/immunization pilots to ensure linkages, implementation of best practices, and shared learning
• Inform FP2020 country plans
• Identify opportunities in FP 2020/UN Commission country work plans for integration activities
• Mapping of country-specific champions
• Identify/recruit champions at country level

Research and M&E

• Conduct research or analysis of FP-immunization integration at community level
• Pilot additional models using operational/research/monitoring & evaluation and feed into larger “best practices”
• Research on increased CYP among postpartum mothers
• Operations research on co-location and referral for LARC versus FP free-standing program (compare CYP-PPFP)
• Discuss how to put in place a strategy to track information related to clients that have received FP messages at EPI unit but do not accept to go for FP at the same day and come later to the FP service
• Develop “estimates” of impact on health worker workload
• Identify and summarize assessments of integrated programs – information on impact, costs, implementation problems encountered and solutions tried
• Clarify and strategically disseminate metrics for measuring effect of FP/immunization integration on both services
• Conduct proactive landscaping to inform expanded HIP map [could be housed within another sub-working group]
Facilitate documentation of integrated activities which do not currently have an M&E component
Build capacity at district level to use data for decision-making on FP/immunization/advocacy to facility policy change
Provide guidance on study design that can most accurately answer key FP/immunization questions
Pilot test M&E framework in different programs from working group members
Develop cost estimates and cost-effectiveness data for implementing FP/immunization integration

APPENDIX 4: Notes from Sub-committee Discussions

Group 1: Global Technical Leadership

- Main objectives: 1) Synthesize evidence; 2) Global Advocacy
- Activities the group will pursue over the next 3-6 months:
  - A ‘brief’ technical brief with focus on immunization perspective – rationale/“what’s in it for us”?
  - Shared group calendar with FP & immunization dates/events
  - Communication guidelines to help groups develop briefs, blog, tweets, etc (including tools targeted toward the immunization community)
  - Annual update of bibliography
  - Engage champions/meetings/partnerships (including Bill & Melinda Gates Foundation and faith community)
  - Develop an advocacy PowerPoint slide deck or Prezi that could be used with various audiences
  - Explore how to prove cost-effectiveness – collect costing data from programs
- Participants: Kate Rademacher, Kate Hesel, Sara, Mike Favin, Sadie Healy

Group 2: Country Engagement

- Main Objectives: Promote sharing of resources, tools, successes and lessons on FP/immunization integration across countries; develop tools to facilitate integration efforts in new countries/contexts
- Activities the group will pursue over the next 3-6 months:
  - Reach out to UNFPA re: FP/immunization integration
  - Populate HIP maps
  - Share HIP maps and toolkits with working group member organizations/field teams
  - Develop/tailor advocacy materials to be used at country-level, including powerpoint on rationale for integration
  - Develop matrix of costed FP 2020 plans, look at where there are opportunities to give TA for FP/immunization integration; reach out to FP 2020 focal point/org in specific countries
  - Reach out to new communities of practice
  - Engage champions – take the Liberia experience on the road
Participants: Anne Pfitzer, Robert Steinglass, James White, Ishita Chattopadhyay, Jaimee Kuznicki

Group 3: Research and M&E

Main Objectives: To provide guidance for M&E of integrated programs to working group members and other organizations that reach out for assistance. To provide technical review/quality assurance to new projects on their M&E frameworks.

Activities the group will pursue over the next 3-6 months:
  o Finalize the M&E for FP/Immunization integration brief
    ▪ Update/expand the list of priority research questions (especially in terms of what the immunization community needs to see to be on board)
  o Adapt WHO M&E framework to reflect FP/Immunization Integrated services
  o Identify and approach existing projects that could be sources to document program learning/priority research questions
  o List names of WG members will to provide technical review and quality assurance for M&E for new projects

Participants: Aaron Wallace, Rebecca Fields, Leah Elliott, Anne Blauvelt, Elizabeth Sasser