The Family Planning (FP) and Immunization Integration Working Group held a meeting on December 2, 2014 from 9am-3pm at the Maternal and Child Survival Program (MCSP) office. Meeting participants included:

<table>
<thead>
<tr>
<th>Carina Stover, E2A</th>
<th>Kate Rademacher, FHI 360</th>
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<tr>
<td>Elaine Charurat, Jhpiego</td>
<td>Kuhu Maitra, Abt Associates</td>
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<td>Nandita Thatte, USAID</td>
<td>Chelsea Cooper, MCSP / Jhpiego</td>
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<td>Ishita Chattopadhyay, Population Council</td>
<td>Anne Pfitzer, MCSP / Jhpiego</td>
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<td>Oscar Cordon, Chemonics</td>
<td>Elizabeth Sasser, MCSP / Jhpiego</td>
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<td>Maxine Eber, PSI</td>
<td>Sadie Healy, MCSP / Jhpiego</td>
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<td>Mike Favin, Manoff Group</td>
<td>Devon Mackenzie, MCSP / Jhpiego</td>
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<td>Kate Gilroy, IntraHealth</td>
<td>John Stanback, FHI 360</td>
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<td>Megan Greeley, ICM</td>
<td>Rebecca Fields, MCSP / JSI</td>
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<td>Candace Lew, Pathfinder</td>
<td>Kelli Cappelier, MCSP / JSI</td>
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<td>Christina Maly, Jhpiego</td>
<td>Sara Stratton, IntraHealth</td>
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<td>Hashem Darwish, MCHIP/Yemen</td>
<td>Ados May, IBP</td>
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<td>Mychelle Farmer, Jhpiego</td>
<td>Wrijoya Roy, MCSP</td>
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<td>Clifton Kenon, USAID</td>
<td>Charlotte Warren, Population Council</td>
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<td>Marion Subah, Jhpiego/Liberia</td>
<td>*Vikas Dwivedi, MCSP</td>
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<td>*Sara Malakoff, EngenderHealth</td>
<td>*Sara Zizzo, USAID</td>
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<td>*Marcie Rubardt, Care</td>
<td>*Liz Tully, K4Health</td>
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<td>*Maheen Malik, MSH</td>
<td>*Amy Metzger, CCIH</td>
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<td>*Maureen Dariang, NHSSP</td>
<td>*Rehema Kahando, EngenderHealth</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 findings
3) Review priority activities for the working group sub-groups and refine action plans
The meeting included updates and key considerations for both the FP and immunization fields; presentations on integration efforts in Mozambique and Senegal; a presentation on costing FP & immunization activities; an update on the High Impact Practices initiative; FP & Immunization Integration Toolkit usage statistics; an update to the FP/Immunization bibliography; and breakout discussions within sub-groups. 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 “December 2, 2014 Working Group Meeting” folder, here: https://knowledge-gateway.org/fpimmunization/library/sf8s20wh?o=lC.

Presentation and discussion highlights are described below:

Presentation 1. Welcome and Introductions
Presenter: Kate Rademacher, FHI 360 and Chelsea Cooper, MCSP. See CoP for full presentation.
Kate and Chelsea shared the Working Group’s mission and vision. They also gave an update on the strategic vision for the working group which was refined during the last meeting. Key priorities for the Working Group moving forward include: continuing to identify effective models, dissemination of resources, promoting learning exchange, engaging champions, shaping the research agenda and advocating for additional funding, among others. The presentation also highlighted several upcoming working group activities and gave a brief overview of the three sub-committees.

Presentation 2. Family Planning Global Update
Presenter: Anne Pfitzer, MCSP. See CoP for full presentation.
This presentation gave an overview of the new Maternal and Child Survival Program (MSCP), including the MCSP strategic approaches for FP, and how MCSP’s family planning team will continue work in the area of FP/Immunization integration. The presentation also included a continuum of care graphic highlighting opportunities for operationalizing PPFP.

Discussion after this presentation included the following comments and recommendations:
- Comment: the measles terminology listed on the continuum of care graphic should be revised, as the current framing may cause confusion. (see slide 13 in presentation)
- Comment: Private sector should also be represented in the graphic along each contact point in the continuum.
- Comment: Include on the graphic the number of PNC visits. This comment sparked a discussion on the new PNC guidelines for number of PNC visits.
- Comment: Include home-based contacts on the graphic.

Presentation 3. Immunization Global Update
Presenter: Rebecca Fields, MCSP. See CoP for full presentation.
Note: Co-presenter Chris Morgan of the Burnet Institute in Australia was unable to phone in but did share notes relevant to the integration of immunization with other services. Notes available on the CoP.
This presentation highlighted global and regional immunization coverage trends and disparities. Rebecca
described standard metrics for routine immunization and what these indicators tell us about service and use. She explained that immunization coverage is not enough, and that potency of vaccine, safety, efficiency, and timeliness are also important to monitor. She then discussed the concept of reducing “missed opportunities for immunization” (MOI). The group explored if/how this concept can be applied more broadly to ensure that mothers and children receive all necessary services, including family planning, when they receive care. Additionally, the presentation mentioned the recent violence and misconceptions surrounding immunization campaigns in Pakistan and Kenya linked to allegations that immunization campaigns are a veiled effort to sterilize women. She pointed out that such rumors tend to take root and quickly spread in connection with the high visibility of mass immunization campaigns, as opposed to routine immunization services.

**Discussion after this presentation included:**

- **Question:** Should the Global Technical Leadership (GTL) group focus on advocacy efforts geared towards global immunization partners (UNICEF, WHO etc) to reference FP/EPI integration specifically in international immunization guidance documents?
  - **Response:** The working group has reached out in the past to immunization staff at WHO and UNICEF and has encountered limited interest. They will need evidence of benefits that integrated FP/EPI service delivery can have for immunization. Gavi provides eligible countries with funds for health system strengthening which countries program according to their specific needs; country level buy-in is needed if that funding is to support FP/EPI integration efforts.

- **Question:** Has integration of FP services within routine immunization services impacted immunization service rates?
  - **Response:** With one exception from 1994, only very recently have integrated models started to simultaneously monitor service rates from both services. The data thus far
  - Rebecca and Chelsea mentioned that in Liberia, MCHIP carried out formative research with postpartum women and health care providers that revealed that there was a lot of sensitivity regarding privacy and confidentiality of counseling for PPFP among women with babies who were too young to walk. This finding, which was confirmed and emphasized during a mid-term assessment, influenced the FP/immunization integration model design so that it included the introduction of privacy screens at the vaccination stations. One participant mentioned that in Mali, some women preferred using FP services clandestinely with immunization as a cover. Another participant mentioned that this could be harmful to immunization if the cover is blown.

- **Comment:** It would be good if this group could also advocate domestically to dispel rumors about immunizations, given the rapid information exchange globally in this digital age (for example, the rumor that vaccines are linked to autism).

- **Amy Metzger of CCIH offered to share advocacy videos with religious leaders speaking to allay fears and counter misperceptions of vaccination. The videos can be found here:** [http://www.ccih.org/immunization.html](http://www.ccih.org/immunization.html)
COUNTRY-LEVEL INTEGRATION INITIATIVES

**Presentation 4. A Pilot Study: Postpartum Systematic Screening in Mozambique**  
*Presenter: Elaine Charurat, MCSP. See CoP for full presentation.*

This presentation described MCHIP Mozambique’s work to incorporate a postpartum systematic screening (PPSS) tool at immunization, well child, and PNC visits at three high-volume health centers in Maputo City. Using a simple wall chart logarithm, providers screened women for their contraceptive needs, and refer for services. A chit system was used to track referrals. Findings related to referral acceptance, follow-through, contraceptive uptake, and immunization rates were presented. Overall, the approach appears to have contributed to increased utilization of FP services without negatively affecting PNC or immunization services. Lessons learned and plans for the upcoming phase 2 of the pilot were also shared.

**Discussion after the presentation included:**

- **Question: How long do you provide training or supervision?**
  - **Response:** The training on the use of the PPSS tool itself takes a couple of hours, including orientation to the tool, role plays, and discussion of client flow procedures. Providers had already participated in a 3-day PPFP counseling training including contraceptive technology update. Supportive supervision was conducted every 2 weeks for the first month, then monthly after that. Providers were encouraged to call their point of contact in the MOH or MCHIP staff if questions arose between visits.

- **Question: How does this system help to reduce “missed opportunities” for women and children once they arrive at the health facility?**

- **Postpartum women don’t necessarily go to the facility for FP services; they are more likely to take their children to immunizations services which serve as an entry point for giving FP services (50% deliver at facility while 70% of children receive DTP3 before they turn one, per 2011 Mozambique DHS). Women bringing their infants for immunization services may or may not know they are at risk of getting pregnant and may need FP. Through this model, clients are able to receive two services in the same visit, and the chit allowed women seeking FP services a shorter wait time for FP. While we see a trend of increasing FP uptake from service statistics, client perspectives and their attitudes towards integration should be further examined through more in-depth client exit interviews or focus group discussions.

- **Question: During Phase 1, did workers complain about the workload?**
  - **Response:** Interviews with providers revealed a high satisfaction rate. We have not received any negative complaints. The providers are happy to be recognized as people who can give FP information and use a tool to help women get the services they need.

- **Question: Are FP providers okay with increased client flow?**
  - **Response:** There were no complaints from provider interviews. In general, the FP providers are not as busy as immunization staff. Implants have been quite popular.

- **Comment:** On the immunization slide, there appears to have been no DTP1-DTP3 drop-out during the period of the intervention, which is extraordinary. As we start with monitoring these types of activities, we will want to avoid months that may skew data. For example, during
immunization campaigns.

- Question: How will this work with less staffing in phase 2?
  - Response: In Nigeria, the less busy sites have better results. We will have to assess on a case by case basis and work with each facility based on their setting, existing infrastructure and service schedule. For example, some facilities in Nampula Province (Phase 2) offer FP and immunization services in the same room which may make the process easier but some only offer FP services in the afternoons.

### Presentation 5. Senegal: Integrating FP and Immunization Services

**Sara Stratton, IntraHealth. See CoP for full presentation.**

- This presentation discussed two different FP/Immunization integration initiatives conducted by IntraHealth in Senegal. The Health Services Improvement (HSI) project had a dedicated midwife available to provide family planning at health centers during immunization days. The Initiative Sénégalaise de Santé Urbaine (ISSU) model incorporated a screening tool for vaccinators (and other service providers) to use during immunization visits. The HSI model resulted in promising FP outcomes, whereas the ISSU screening approach proved challenging given environmental and systemic constraints. Sara recognized the importance of more strategic documentation of immunization outcomes within future integration efforts. Findings, challenges and lessons learned were shared.

**Discussion after the presentation included:**

- Question: If a child is late for immunization, does this system complicate this?
  - Response: We haven’t looked at how the element of delay for immunization might affect the integration of services. FP is offered to anyone attending immunization services regardless of whether there is a delay. There has been a lot of political will for advancing FP, but we need to look more closely at immunization outcomes.

- Question: For the HSI model, were you using dedicated providers at the health centers?
  - Response: The midwives rotated between facilities during immunization days. Midwives are not always present at the health post.

- Question: How do you define new FP users?
  - Response: Sara indicated that she thought new users reflected uptake after childbirth (rather than ever use). A discussion followed about how there is lack of consensus on the definition of this term for PPFP.

- Question: Did you seek input from providers on how to solve workload problem due to checklist?
  - Response: Working on it, trying to cover the whole facility instead of certain services within the facility.

- Comment: Rebecca indicated that if there is a way to help out with analysis of immunization data that she or the working group would be happy to assist.

- Question: For the ISSU model, if the woman is LAM eligible does she still get referred for FP services?
  - Response: Yes, if she expresses any interest in FP then she gets the counseling. More data analysis needs to be done.
• Comment: Charlotte Warren shared the history of the systematic screening tool which was invented in 1994 for use in Togo. Charlotte indicated that through the Integra initiative, they have noted provider concerns that workload will increase. They also have some economic analysis of efficiency of resources (which will be available to share with the group in the future)
www.Integrainitiative.org

Presentation 6. Costing
Kate Rademacher, FHI 360. See CoP for full presentation.
Kate’s presentation described FHI 360’s approach to costing pilot interventions with their Rwanda FP/Immunization integration initiative used as a case study. She discussed total vs incremental costs, pilot vs. scale-up costs, estimating cost per client served, and assessing value for money.

Discussion after the presentation included:
• Question: Does this costing include HQ costs? Support from HQ is often essential to success of a pilot.
  o Response: No these costs do not include HQ costs, but this is important to consider.
• Comment: For the past several years, immunization programs that are eligible to receive support from Gavi have been required to prepare and periodically update costed, comprehensive multi-year plans (cMYPs) for immunization. The country programs use standard plug figures for recurrent operational costs such as supervision, training, transport, etc. As some of these figures may be useful to FP programs in developing their costed implementation plans, FP personnel may want to check with immunization staff in their countries so that similar figures are used. The most recent cMYPs are posted at:
• Comment: It would be worthwhile to discuss further how the sub-groups can further explore costing of FP/Immunization initiatives.

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 described opportunities for dissemination and facilitating use of the HIPs, including through IBP, FP 2020, and the HIP map. She shared initial findings from a case study on HIPs in Tanzania and informed the group that case studies of Guatemala and Mozambique are in the pipeline. The HIP Task Force is also organizing HIP webinars, including one on FP/Immunization integration.

Discussion after the presentation included:
• Comment: UNFPA has been very interested in the case studies (TZ) and documenting the experience.
• Question: How much have the MOH’s been involved?
  o The assessments have been conducted primarily through partners who work closely with the Ministries. Draft reports will be shared with Ministries particularly those
working on revising costed implementation plans or country strategies.

- Comment: It would be interesting to learn more about how HIPs are prioritized at the country level, and what criteria are considered.
  - This is an important issue that has also been explored by FP2020. For example, many countries have FP costed implementation plans however these plans are not always fully funded. Thus, it is important to explore different ways to prioritize (either via practices, regions, populations) depending on realistic funding levels.

**Presentation 8. FP & Immunization Integration Toolkit Demonstration & Analytics**

*Presenter: Liz Tully, K4H. See CoP for full presentation.*

Liz provided an overview of the FP & Immunization Integration Toolkit, including a history of the development and launching of the toolkit by the working group last year. The presentation included a variety of analytics including numbers of visitors to the toolkit since its launch, traffic sources, locations of visitors, and most frequently visited sections and resources. The most downloaded resources include, the HIP Brief, Key Considerations for M&E, and may country specific resources. Liz also encouraged the group to brainstorm opportunities for disseminating the toolkit to new audiences. Postcards advertising the toolkit were made available at the meeting for participants to disseminate.

**Presentation 9. FP/immunization Integration Bibliography Update**

*Presenter: Sadie Healy, MCSP. See CoP for full presentation.*

Sadie presented several new additions to the FP/Immunization Integration annotated bibliography. The presentation and updated bibliography are available on the COP. In addition to peer reviewed articles, Sadie is looking for gray literature on this topic. Please send any literature suggestions to Sadie.healy@jhpiego.org.

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

*Facilitator: Elizabeth Sasser, MCSP*

Before breaking into small groups, the leaders of each sub-committee gave an update to the group of the activities completed and underway since the last working group meeting. Participants were then asked to each join one of the three sub-committees for small group discussion. The groups were each tasked with updating committee objectives and activities. Each group presented key points from their discussion and the next steps that they had identified to the broader group. (Listed under Appendix 2)
APPENDIX 1: Meeting Agenda

AGENDA
Family Planning and Immunization Integration Working Group Meeting
Tuesday, December 2, 2014; 9:00 AM-3:00 PM
MCSP (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 priority activities for the working group sub-groups and refine action plans

8:30-9:00  Breakfast
9:00-9:30  Welcome and Introductions: Chelsea Cooper, MCSP & Kate Rademacher, FHI 360
9:30-9:45  FP Global Update: Anne Pfitzer, MCSP
9:45-10:10 Immunization Global Update & Key Topics: Rebecca Fields, MCSP & Chris Morgan, Burnet Institute
10:10-11:10 Country-level Integration Initiatives
    10:10 -10:30 Postpartum Systematic Screening in Mozambique: Elaine Charurat, MCSP
    10:30-10:50 FP/Immunization Integration in Senegal: Sara Stratton, IntraHealth
    10:50-11:10 Q&A and Discussion
11:10-11:25 Break
11:25-11:40 Costing FP & Immunization Integration Interventions: Kate Rademacher, FHI 360
11:40 -11:55 HIP Task Force Update: Nandita Thatte, USAID
11:55-12:10 Bibliography Revisions: Sadie Healy, MCSP
12:10-12:25 FP & Immunization Integration Toolkit Analytics: Elizabeth Tully, K4H
12:25-12:55 Lunch
12:55-1:10 Overview of Sub-groups: Elizabeth Sasser, MCSP
1:10-2:30 Sub-Group Breakout Discussions
2:30-3:00 Sub-Group Action Plan Coordination Discussion: Elizabeth Sasser, MCSP
APPENDIX 2: 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:
  - Develop a new e-newsletter for Working Group with information about upcoming events and conferences, news in both the FP and immunization fields, etc.
  - Identify and engage champions (e.g. at the Gates Foundation, among faith-based organizations, at WHO, etc)
  - Work with the other sub-committees on a “no missed opportunities” campaign that includes FP
  - Consider hosting another webinar (successful webinar was held in summer 2014)
  - Develop stronger linkages with Implementing Best Practices (IBP) (e.g. present at their meeting in Kenya in June)
- Participants: Kate Rademacher, Mike Favin, Sadie Healey, Charlotte Warren, Mychelle Farmer, John Stanback, Meghan Greeley

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:
  - Continue to refine the FP2020 country matrix as new costed plans or national strategies become available
  - Link the Advocacy toolkit and the FP-Immunization toolkit
  - Continue the development of resources for the Advocacy and Stakeholder Engagement Resource Package
  - Continue efforts to solicit tools, resources, and documentation from country programs. Add to the toolkit. Populate the HIP Map.
- Participants: Anne Pfitzer, Sara Stratton, Chelsea Cooper, Ishita Chattopadhyay, Kuhu Maitra

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 Brief
  o Solidify and prioritize research questions with USAID Research Technology Utilization input
  o Create table of top indicators and what they mean from each technical area
  o Begin to think through M&E systems from both immunization and family planning to see if there are ways to reduce facility wide missed opportunities.

Participants: Elaine Charurat, Rebecca Fields, Clifton Kenon, Christina Maly, Devon McKenzie, Elizabeth Sasser