The Family Planning (FP) and Immunization Integration Working Group held a meeting on December 8, 2015 from 9am-3pm at the Results for Development Institute office. Meeting participants included:

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Endale Beyene, USAID</td>
<td></td>
</tr>
<tr>
<td>Karen Cavanaugh, USAID</td>
<td></td>
</tr>
<tr>
<td>Devina Shah, World Vision</td>
<td></td>
</tr>
<tr>
<td>Mohamed Elferali, consultant</td>
<td></td>
</tr>
<tr>
<td>Mike Favin, Manoff Group</td>
<td></td>
</tr>
<tr>
<td>Meghan Greeley, IMC</td>
<td></td>
</tr>
<tr>
<td>Laurie Krieger, Manoff Group</td>
<td></td>
</tr>
<tr>
<td>Alice Nader, J SI</td>
<td></td>
</tr>
<tr>
<td>Michelle Prosser, Save the Children</td>
<td></td>
</tr>
<tr>
<td>Heather Randall, MCSP/J SI</td>
<td></td>
</tr>
<tr>
<td>Elizabeth Sasser, MCSP</td>
<td></td>
</tr>
<tr>
<td>Heidi Schroffel, CARE</td>
<td></td>
</tr>
<tr>
<td>Chelsea Solmo, IRC</td>
<td></td>
</tr>
<tr>
<td>John Stanback, FHI 360</td>
<td></td>
</tr>
<tr>
<td>James White, Abt Associates</td>
<td></td>
</tr>
<tr>
<td>Devon Mackenzie, MCSP</td>
<td></td>
</tr>
<tr>
<td>Elaine Charurat, Jhpiego</td>
<td></td>
</tr>
<tr>
<td>Vikas Dwivedi, MCSP*</td>
<td></td>
</tr>
<tr>
<td>Maureen Dar Iang, NHSSP*</td>
<td></td>
</tr>
</tbody>
</table>

*Offsite Participation

The objectives of the meeting were as follows:

1) Make progress toward identifying effective, sustainable models for integrating FP and immunization
2) Share emerging programmatic experience and research findings including ways to advance a “no missed opportunities” framework
3) Identify new approaches for monitoring and evaluating integrated service delivery
4) Discuss the role of integrated service delivery within health systems strengthening efforts

This meeting focused on three key themes essential for successful integration of services: 1) advancing a “no missed opportunities” agenda; 2) monitoring and evaluation of integrated service delivery; and 3) addressing integration through health systems strengthening.

The agenda included presentations on: integration initiatives in Nepal and Malawi; learning on M&E of service integration from the Integra project; an analysis of DHS data for associations between immunization status and birth intervals; and rapid country updates on ongoing fieldwork. Karen
Cavanaugh, Director of the Office of Health Systems at USAID, presented USAID’s Vision for Health Systems Strengthening, highlighting the role of service integration. Subgroups then met to review action items for each group and to discuss the three key meeting themes mentioned above.

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 8, 2015 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

**Presenters: Kate Rademacher, FHI 360 and Chelsea Cooper, MCSP. See CoP for full presentation.**

Following introductions, Kate and Chelsea shared the Working Group’s mission, vision, accomplishments, future priorities, and planned activities. They also presented a review of integration models, resources, and programmatic recommendations to ensure common understanding among participants. Kate announced that she will be stepping back from her role as co-organizer of the working group. FHI360 will stay involved on the working group’s steering committee. If any organizations are interested in co-leading the working group along with MCSP, please contact Chelsea Cooper at Chelsea.Cooper@jhpiego.org.

### Presentation 2. Immunization General Updates

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

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. Rebecca discussed the targets and mid-point progress of the Global Vaccine Action Plan (GVAP). To date, five of the six targets are currently off track. The only target that is poised to meet its goal is the introduction of new and underutilized vaccines in low or middle income countries.

Discussion included:

- How/what can be done to reach the remaining 15% of children not receiving vaccines? Is it a matter of supply, demand, or a combination of the two? It’s a combination of factors which include not getting services out to people and not knowing enough about what specific needs are in some areas. There’s also an issue of financial support to cover the operational costs incurred in getting these services out to those who need it - that is, costs for vaccine distribution, fuel for transport, expenses for outreach services - especially in remote and hard to reach areas. Particularly in low resource settings where mothers are familiar with the diseases prevented by immunization, data show that there is not widespread resistance to the concepts of vaccines and immunization. However, drop-out is a big problem. If initial contact with vaccinators and immunization services is unfavorable, then we see higher drop-out rates.
- The question was raised as to what is meant by the GVAP target being on track for new vaccine introduction. It was explained that there is global commitment to reduce the gap between the
types of vaccines available to children in high income countries as opposed to those in poorer countries so that all people can benefit from the protection they provide. Over the past several years, vaccines that protect against some forms of pneumonia and diarrheal disease have been widely introduced into low and middle income countries.

**Presentation 3. Family Planning General Updates**

*Presenter: Kate Rademacher, FHI 360*

Kate updated the group on what’s new globally in family planning. WHO released the newly updated Medical Eligibility Criteria (MEC) for Contraceptive Use to now include progestin only pills and implants as a category 2 method for breastfeeding women less than six weeks postpartum. Merck has announced that they will extend the price reduction for the Implanon/Nexplanon contraceptive implant through 2023. The Sayana Press has been approved for self-injection in the UK and the International Conference on Family Planning, originally scheduled for November 2015 has been postponed until January 2016 due to volcanic activity.

**Presentation 4. FP/Immunization Integration in Nepal**

*Presenter: Maureen Dar Iang, NHSSP on behalf of Bhogendra Raj Dotel (Nepal MOH). See CoP for full presentation.*

Maureen presented the integration model and operational research undertaken in Nepal from July 2012 through July 2013. At each EPI clinics, staff provided group health education on healthy timing and spacing pregnancy. During the vaccination of the baby, mothers were asked about their FP intentions. If she wants more information or FP methods, she is asked to wait or counselled by another HW. She is then screened for her fertility return status. If she is at risk but has not yet started her period then she is given 14 days condoms and refer for pregnancy test which is available at the rural health facilities. (but not at outreach clinics). Findings from the research indicate that the model increased access to family planning: 58% of FP users during intervention period were new users, 56% reported obtaining a method from integrated clinics. Women reported that they liked the integrated services and findings show that EPI services remained constant or improved during the intervention period.

Discussion included:

- What’s next for this work? Additional health worker capacity building, and a future study on availability of long acting family planning methods. The pilot phase was interrupted by the earthquake, but plans to continue this work have been built into the costed FP implementation plan. There are plans to scale up to a few districts each year. A report on the Nepal work will be shared with the working group.
Presentation 5. FP/Immunization Integration through an Outreach Platform in Malawi

**Presenters: Michelle Prosser, Save the Children. See CoP for full presentation.**

Michelle presented on Save the Children’s Family Planning & Immunization Project in Malawi, which is funded by the Pfizer Foundation. The project is focused in Blantyre, Thyolo, and Mwanza districts during January 2015-June 2016. The program approach involves developing integrated training manuals and tools for health surveillance assistants (HSAs) and offering training, supervision and mentorship to reinforce an integrated approach to service provision. Service providers were appreciative of new skills gained (especially in FP) and they noticed reduced wait time at the clinic as a result of well-defined client flow. Clients indicated they were able to access services within a walkable distance and that the integrated services offered at the same time provided an opportunity to save time for other activities. Several challenges were identified including inadequate contraceptive supply, inadequate supervision and mentorship of HSAs, concerns about privacy, and cancellation of outreach clinics for various reasons including transportation constraints.

**Discussion:**

- Are HSAs part of the Ministry? The ministry identifies and pays HSAs.
- Organizations like PSI and MSI are also doing outreach (tubal ligations and vasectomies), is there a collaboration with those organizations and Save the Children? Yes, there is collaboration among implementing partners. Representatives are invited to our stakeholder meetings and USAID also links partners working in Malawi. Examples of collaboration include Save the Children sharing training materials with MCSP/Malawi and adding the manuals to the toolkit.
- They are looking at opportunities to expand the program, especially around male engagement.
- How is the project motivating volunteers and can you address sustainability challenges? The project itself is not incentivizing the volunteers, the community leaders are doing that. In terms of sustainability, the project needs to purchase fuel for outreach. This is not sustainable, but the project will bring these issues back to the MoH to address.

Presentation 6. Rapid Country Updates (See CoP for presentations)

This session included rapid 5-10 minute updates from ongoing country initiatives. Please see presentations on the CoP for detailed information:

- **MCHIP / Mozambique (Gilda Sitefane)**
  - Presented a study on a postpartum systematic screening tool for family planning and immunization integration. The aim of the study was to determine if PPSS led to increased utilization of FP services by women in the extended postpartum period.
  - Results show that 41% of new users were referred using the PPSS tool (phase 1) and 43% referred during phase 2.
- **Pathfinder / Mozambique (Julio Paca)**
  - Presented Pathfinder’s experience integrating FP and immunization through three different entry points: Immunization days, mobile brigades, and routine FP and immunization services at health facilities
- **EngenderHealth / Bangladesh and Tanzania (Sara Malakoff)**
  - Presented the Mayer Hashi I program results and the ongoing Mayer Hashi II program
  - Presented updates from the RESPOND project in Tanzania where FP is integrated into a range of services: L&D, under 5, immunization, postnatal clinic
- FHI 360 / Kenya and APC / Benin (John Stanback)
  - Presented the results of a stakeholders meeting held in Kenya to discuss aligning postpartum and immunization visits as part of the Saving Lives at Birth initiative
  - A tentative agreement was reached by a variety of MOH units and international organizations to conduct a small pilot to assess feasibility, accessibility, and preliminary measures of impact
- CARE / Benin (Heidi Schroffel)
  - This project pilots the integration approach in seven health facilities in the health area of Adjohoun-Bonou-Dangbo, with emphasis on both counseling and on delivering FP services (specifically LARCs) in connection with immunization sessions.
  - Currently developing and testing communication materials as well as integration and monitoring tools.
- MCSP / Multi-Country (Chelsea Cooper)
  - MCSP is conducting a multi-country study on FP/immunization integration, which includes Malawi, Tanzania, and Liberia. Findings will be used to inform program planning and global learning around effective programmatic approaches for integrating FP and immunization services.

Discussion:
- Observation for presenters: It is evident that there are different experiences regarding the issue of privacy. It will be important to discuss this issue further as a working group and ensure that program planning engages communities to address privacy concerns.
- Question to the panel: At the field level, is it easy or hard to make connections with other projects working on a broader health system project to achieve harmonization between projects and avoid duplicating efforts? A: Benin- APC staff on the ground work and communicate with CARE staff to avoid duplication. Save- collaboration with MCSP in Malawi- centrally organized so the MOH office make projects aware of others in the same regions.

Presentation 7. The Integra Index and Functional Integration

**Presenter: Charlotte Warren, Population Council**

Charlotte presented on monitoring and evaluating service integration, drawing on learning from Integra. The Integra Index is an independent measure to account for the actual degree of integration at each facility over time. The index consists of several dimensions of integration, including physical integration, temporal integration, provider integration, and functional integration. Index measurements were used by the project as the exposure measure for degree of integration. Where functional integration was found, there were also better HIV testing outcomes, more consistent reported condom use, and improved technical quality of care for FP services and some components of postnatal services. Achieving functional integration requires nurturing and supporting “agency” of staff and building mechanisms to enhance motivation, communication and team-work of health workers.

Discussion:
Question: Was change of quality services captured in the analysis? Yes, there is a whole analysis on QoC. There are papers available on FP and PNC specifically in terms of quality. The analysis shows that quality did improve by having services provided at one or two points of care.
Comment: Appreciate the use of quasi experimental research and evaluation for the intervention. Integration sometimes affects health workers more than mothers -- it’s good that you looked at these factors.

**Presentation 8. High Impact Practices Update**
**Presenter: Shawn Malarcher, USAID**
Shawn spoke about the need to update the HIP brief with new evidence in the hope of moving FP/Immunization Integration from a promising practice to a proven practice. She asked the group if enough evidence has been generated and documented to make this possible. Shawn urged all members to document and publish results on their FP/Immunization integration programs in order to advance the evidence base for this practice. Shawn mentioned a tool under development with the Gates Foundation and Avenir Health which will allow countries to assess which HIP(s) will have the most impact.

**Presentation 9. Analysis of DHS Data Linking Immunization and Birth Intervals/PPFP**
**Presenter: Shipra Srihari, Avenir Health**
Shipra presented an analysis of DHS data to explore if DPT3 coverage is associated with longer birth intervals, postpartum family planning and parity controlling for background characteristics that influence a woman’s ability to access health services, like education, wealth, residence and age. Logistic regression with DPT3 coverage (assessed either by card + report or card only) as outcome, to look at its association with: a succeeding birth interval of greater than 18 months; PPFP use; and parity greater than 5. Results varied over the 6 countries presented. For example, there was a statistically significant association between DPT3 and longer birth intervals in Liberia. In Niger there was a statistically significant association between DPT3 and longer birth intervals and PPFP use.

**Presentation 10. USAID’s Vision for Health Systems Strengthening: The Role of Service Integration**
**Presenter: Karen Cavanaugh, USAID**
Karen presented an overview of USAID’s Vision for Health Systems Strengthening as it relates to integration of health services. She discussed the four strategic outcomes for HSS as well as the primary geographic focus of the HSS vision (24 priority EPCMD countries as well as the 32 AIDS-Free Generation priority countries). The vision includes two different types of integration; health sector integration and cross-sectoral programming. She also discussed a new USAID report, *Impact of Health Systems Strengthening on Health*, which found that HSS interventions produce substantial positive effects on health status and health system outcomes and service integration was found to positively: (1) increase service utilization, (2) increase uptake of healthy behaviors, and (3) reduce morbidity and mortality.
Subcommittee Breakout Session
Subcommittees met to discuss the three main themes from the meeting: no missed opportunities approach to integration; monitoring and evaluation to strengthen the evidence base for integration; and how can FP/immunization integration contribute to health systems strengthening (HSS)?
Subcommittees were asked to identify how these themes could be addressed within their action plans. After the subcommittee discussions, each group presented a summary of key discussion points in plenary. Notes from each of the subcommittee discussions are included in Appendix 2. Subcommittee facilitators will schedule follow-up calls to further discuss and flesh out action plans for these activities.
APPENDIX 1: Meeting Agenda

MEETING OBJECTIVES:
5) Make progress toward identifying effective, sustainable models for integrating FP and immunization
6) Share emerging programmatic experience and research findings including ways to advance a “no missed opportunities” framework
7) Identify new approaches for monitoring and evaluating integrated service delivery
8) Discuss the role of integrated service delivery within health systems strengthening efforts

8:30-9:00 Breakfast
9:00-9:20 Welcome and Introductions: Chelsea Cooper (MCSP) & Kate Rademacher (FHI 360)
9:20-9:30 Immunization General Updates: Rebecca Fields (MCSP)
9:30-9:35 Family Planning General Updates: Kate Rademacher (FHI 360)
9:35-11:40 Country-level Integration Initiatives
  9:55-10:25 FP/Immunization Integration through an Outreach Platform in Malawi: Michelle Prosser (Save the Children)
10:25-10:35 Break
10:35-11:25 Other Rapid Country Updates
  • MCHIP / Mozambique (Gilda Sitefane)
  • Pathfinder / Mozambique (Julio Paca)
  • EngenderHealth / Bangladesh and Tanzania (Sara Malakoff)
  • FHI 360 / Kenya and APC / Benin (John Stanback)
  • CARE / Benin (Heidi Schroffel)
  • MCSP / Multi-Country (Chelsea Cooper)
11:25-11:40 Discussion
11:40-1:10 M&E of FP/Immunization Integration
  12:10-12:30 Lunch (working lunch continues into next presentation)
  12:30-12:40 High Impact Practices Update: Shawn Malarcher (USAID)
  12:40-1:10 Analysis of DHS Data Linking Immunization and Birth Intervals/PPFP: Shipra Srihari (Avenir Health)
1:10-1:35 USAID’s Vision for Health Systems Strengthening: The Role of Service Integration: Karen Cavanaugh (USAID)
1:35-2:35 Sub-Group Breakout
2:35-2:55 Brief Sub-Group Report Back
2:55-3:00 Closing
Appendix 2: Subcommittee Breakout Session Notes (Action Items)

Global Technical Leadership Subgroup:
Participants: Liz Futrell, Meghan Greeley, Leah Elliott, Mike Favin, Craig Burgess, Kate Rademacher
- Continue e-newsletter dissemination
  - Send out next edition to coincide with ICFP
- Update FP/Immunization Integration Bibliography
- Cultivate a group of FP/Immunization Champions
  - Envision this being very top down- would like donors, or leaders within countries to advocate for FP/Immunization integration
- Advocacy:
  - Through social media (Facebook and tweet chats), blog posts, and whiteboard animation

Country Engagement Subgroup:
Participants: Michelle Prosser, Chelsea Cooper, Julio Pacca, Sara Malakoff, Mohamed Elferaly
- FP/Immunization integration is viewed as a health systems intervention- the application of integration strengthens capacity of health workers
  - Given the differences in outcomes at sub-national level, need to create capacity at the local level- need to advocate for lower level provision of services
  - From an equity standpoint, integration seems to happen primarily at health facilities, but those individuals who live far from facilities or if there is a HC with a large catchment area- people will not access health services. Need to see CHWs as a health provider and advocate for lower cadres to be able to provide immunizations and FP.
- Human resource constraints exist- staff transfers, workload to sustain integration, inadequate staff could translate to incredibly long wait times for women if seeking same day service/referral, this leads to perceived quality of care issues.
- Action items for the country engagement subgroup:
  - Document positive case scenarios from different levels of service provision
  - Advocate for lower level provision of services

Monitoring, Evaluation, and Research Subgroup:
Participants: Chelsea Solmo, Rebecca Fields, Shipra Srihari, Devina Shah, Asnakew Tsesa, Laurie Krieger, Heather Randall, Heidi Schroffel, Lindsey Breithaupt, Elaine Charurat, Elizabeth Sasser
- Prior to the meeting the subgroup had a phone call with members to review the definition of “no missed opportunities” within the context of FP/Immunization. The group is still in the process of wordsmithing the definition into something actionable.
- The group identified several ways to expand the evidence base:
  - Need to identify potential pilots to field test indicators
  - Small study sites are able to track referrals
  - Group suggests looking more broadly at factors that facilitate integration not just indicators- need more process documentation
- At the health system level:
  - HMIS data does not capture the necessary data needed to expand the body of evidence
  - Update the HMIS systems? Is this even feasible?
  - Need to look at the country context: what health systems are in place, governance- this has indications for HIPs
• At the health facility level, integration is happening—however, the tools that are introduced during pilots to measure integration are burdensome. These tools are often time driven and tailored to capture results and not the process. These tools aren’t feasible beyond small scale studies.
  
• The group discussed the presentation made by Shipra of Avenir Health:
  o Would like this analysis to be used for advocacy purposes geared towards the EPI community.
    ▪ Without causality it will be hard for the EPI community to fully endorse and embrace integrated service delivery.
  o Would additional analysis be more convincing?
    ▪ The analysis doesn’t quite get to the issue of integration of the two services.

• Action Items for the M&E Subgroup:
  o Finalize M&E program brief.
  o Identify upcoming pilot studies to test FP/Immunization integration indicators.
  o Give feedback on additional analysis conducted by Avenir Health.