Family Planning and Immunization Integration Working Group

Notes from May 4, 2015 Meeting

The Family Planning (FP) and Immunization Integration Working Group held a meeting on May 4, 2015 from 9am-3pm at the Maternal and Child Survival Program (MCSP) office. Meeting participants included:

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<tr>
<th>Name</th>
<th>Organization</th>
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<tr>
<td>Lindsay Breithaupt</td>
<td>Jhpiego</td>
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<tr>
<td>Grant Butler</td>
<td>Peace Corps</td>
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<td>Sophie Dila</td>
<td>MCSP/JSI</td>
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<td>Dasha Smith</td>
<td>MCSP/JSI</td>
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<td>Asnakew Tsega</td>
<td>MCSP</td>
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<td>Jennifer Winestock Luna</td>
<td>MCSP/ICF</td>
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<td>Michael Favin</td>
<td>MCSP/Manoff</td>
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<td>Rae Galloway</td>
<td>MCSP/Path</td>
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<td>Lora Shimp</td>
<td>MCSP/JSI</td>
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<td>Chelsea Cooper</td>
<td>MCSP/Jhpiego</td>
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<td>Sadie Healy</td>
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<td>Elizabeth Sasser</td>
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<td>Anne Pfizer</td>
<td>MCSP/Jhpiego</td>
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<td>Rebecca Fields</td>
<td>MCSP/JSI</td>
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<td>Kate Rademacher</td>
<td>FHI 360</td>
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<td>John Stanback</td>
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<td>Leah Elliott</td>
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<td>Geeta Nanda</td>
<td>FHI 360</td>
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<tr>
<td>Kameko Nichols</td>
<td>Riders for Health</td>
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<td>May Post</td>
<td>Abt Associates</td>
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<td>Michelle Prosser</td>
<td>Save the Children</td>
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<td>Azhar Raza</td>
<td>UNICEF</td>
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<td>Anushka Kalyanpur</td>
<td>International Medical Corps</td>
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<td>Kelsey Wright</td>
<td>Evidence Project / Population Council</td>
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<td>Jennifer Wesson</td>
<td>IntraHealth</td>
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<td>Emily Hillman</td>
<td>USAID</td>
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<td>Angela Shen</td>
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<td>Caitlin Thistle</td>
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<td>Sara Zizzo</td>
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<td>Linda Sussman</td>
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<td>Ambaw Yirga</td>
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<td>Liz Futrell</td>
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<td>Kate Onyesekwe</td>
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<td>Walter Proper</td>
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<td>Adrienne Allison</td>
<td>World Vision</td>
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<td>Stembile Mugore</td>
<td>E2A / Intrahealth</td>
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<td>Pauline Lee</td>
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<td>*Alisa Wong</td>
<td>FP2020</td>
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<td>*Ike Ogbuanu</td>
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<td>*Kriss Barker</td>
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<td>*Maxine Eber</td>
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<td>*Milenka Jean-Baptiste</td>
<td>Partners in Health</td>
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<td>*Shipra Sriri</td>
<td>Futures Institute</td>
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<td>*Stephanie Shendale</td>
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<td>*Maddie Orange</td>
<td>CCIIH</td>
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<td>*Margie Watkins</td>
<td>CDC</td>
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<td>*Sara Causevic</td>
<td>UNFPA</td>
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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) Identify opportunities to operationalize a “Reducing Missed Opportunities” approach within FP/Immunization integration efforts
The theme of the meeting was “Reducing Missed Opportunities” within FP/Immunization integration efforts. The agenda included: presentations on the conceptualization of “Reducing Missed Opportunities” from family planning and immunization perspectives; presentations on a behavioral economics approach to integration in Senegal by IntraHealth and an FHI 360 Saving Lives at Birth grant focused on synchronizing immunization and family planning schedules in the first year postpartum; brainstorming around activities that the working group can take on to advance a “reducing missed opportunities” agenda; and subcommittee discussion and action planning. EngenderHealth Ethiopia was also on the agenda, however they were unable to present due to remote connectivity challenges.

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 “May 4, 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. Participants were then invited to share updates regarding their institution’s work in this area. Updates included:

- Kameko Nichols from Riders for Health mentioned that they are looking at ways to optimize use of transport vehicles for both family planning and immunization services.
- Michelle Prosser from Save the Children indicated that they have received Pfizer funding and are working with national immunization and FP counterparts to explore integration of services within the health surveillance assistant (HSA) platform in Malawi.
- Chelsea Cooper from MCSP mentioned that an article on the MCHIP Liberia integration efforts was published in Global Health: Science and Practice (available here).
- Chris Morgan from the Burnet Institute and Chair of the WHO Immunization Practices Advisory Committee is proposing the development of a systematic literature review update on integration of other services with immunization. He was unable to attend the working group meeting but prepared a concept note which will be shared with working group members for feedback.

### Presentation 2. Reducing Missed Opportunities: Background

**Presenters: Anne Pfitzer and Rebecca Fields, MCSP. See CoP for full presentation.**

To introduce the theme of “Reducing Missed Opportunities,” Anne and Rebecca presented on how this concept has been understood and applied by the family planning and immunization communities. Anne’s presentation explored the evolution of the concept of no missed opportunities for family
planning, ACCESS-FP’s role in advancing “no missed opportunities” for postpartum women and integration with other services, and the role of “no missed opportunities” within the statement for collective action for PPFP. Anne’s presentation also included a continuum of FP integration opportunities, a review of findings from a recent MCHIP analysis of PPFP which employed the concept of “missed opportunities” concept, and reflections including the challenge of tracking referrals across services given the complexity of multiple contact points. Rebecca’s presentation included a review of the WHO definition of “missed opportunity for immunization” (MOI). There are two broad categories of MOI which include immunization-specific (child doesn’t receive all vaccines for which she is eligible) and health service wide (child has presented at health services for other reasons and was eligible for vaccinations but did not receive them). Rebecca’s presentation also described a 2014 updated review of MOI by the WHO Strategic Advisory Group of experts (SAGE), main reasons for MOI in children and mothers, revised PAHO methodology for missed opportunities for vaccination (MOV), and considerations for reducing missed opportunities.

Discussion included:

- It is important to keep discussions around organization of services front and center when thinking about MOI.
- We should be thinking of missed opportunities not only at health facility level, but also through community-level contacts.
- Health workers are often concerned about the perception that sick children become sicker after immunizations, which creates the misconception that immunization causes illness and can create community opposition to vaccines.
- Q: Has there been any work done on combining vaccines in a single Uniject™? A: There is work being done to look at viable sizes, but it doesn’t have to be delivered through Uniject™, per se. The JSI immunization team is looking into the issue of optimal number of doses per vial and how it affects wastage rates and service delivery.
- HPV vaccination contacts could be a useful platform to reach adolescent girls with FP information and services.

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Presentation 3. Behavioral Economics and FP/Immunization Integration in Senegal

Presenter: Jennifer Wesson, IntraHealth. [Note: This presentation is not currently available for distribution]

Jennifer presented on IntraHealth’s work with ideas42 (www.ideas42.org) to incorporate a behavioral economics (BE) approach for FP/immunization integration in Senegal. BE uses insights from psychology and neuroscience to provide a deeper understanding of decision-making and actions than standard economic reasoning and looks for ways to improve outcomes by focusing on important but overlooked contextual features that affect people’s decisions and actions. ideas42 helps to design and test small “nudges” or tweaks to existing programs to help them work better to improve program outcomes. Jennifer reviewed the steps in the quality improvement process and emerging findings. On the client side, clients were often distracted and not fully attentive to information shared and there was no “moment of choice” for clients to seek out FP services. On the provider side, it was found that service providers tunnel on assigned responsibilities and “status quo bias” inhibits behavior change. It is anticipated that more in-depth findings will be available to share at the next working group meeting.
Discussion included:

- Q: What are the specific nudges that will be introduced? A: IntraHealth and ideas42 are still in the process of designing the approach based on feedback from the diagnosis phase.
- These findings are consistent with experiences in other countries. In Liberia, health facility supervisors were included in FP/immunization trainings to build buy-in and encourage accountability. Vaccinators were expected to collaborate with family planning providers and came to see service integration as part of their job responsibilities. After providing immunization services, vaccinators offered women FP referrals. To address stigma around postpartum return to sexual activity and postpartum contraceptive use, privacy screens were introduced at the vaccination station to enhance women’s comfort in accepting FP referrals.
- In relation to the status quo bias, it would be interesting to look more closely at the determinants of provider behavior.

Presentation 4. Synchronizing Immunization and Family Planning Schedules in the First Year Postpartum
Presenter: John Stanback, FHI 360. See CoP for full presentation.
John’s presentation described preliminary work funded by a Saving Lives at Birth seed grant to explore opportunities to synchronize immunization and family planning schedules during the first year postpartum. The concept of synchronized scheduling may help to improve patient-centeredness of care, improve immunization coverage, and address challenges with FP discontinuation. One approach currently being discussed entails 5 clinic visits – at 6 weeks, 10 weeks, 17 weeks, 28 weeks, and 39 weeks (measles and family planning). He posited that a synchronized approach could present a win/win for immunization and family planning outcomes in terms of fewer clinic visits, better pentavalent and polio coverage, higher measles coverage, better FP continuation, and more logical growth monitoring. Modeling work will be conducted and there may be opportunities to pilot this approach in Kenya.

Discussion included:

- A few countries are considering introducing an 18-week vaccination contact, which would link nicely with well child visits. There may be ways to improve links with FP to feed into this contact.
- Group members expressed that there has been a great deal of effort invested in establishing the current immunization schedule and that it continues to undergo scrutiny based on the efficacy and effectiveness of immunization at different ages and intervals. A three-year review of data just completed in April by WHO’s policy advisory body for immunization recommended retaining the existing schedule. There are biologic/immunologic reasons behind the structure of the current schedule. Adjusting the schedule could cause harm to immunization programs and outcomes.
- Participants from the immunization community pointed out that the vaccination schedule represents an ideal. It is a common problem that vaccination is obtained late, thereby prolonging exposure of infants to vaccine-preventable diseases and the immunization community faces the common challenge of improving the timeliness of vaccination.
- However, consideration should be given to the potential benefits for health outcomes through reaching more women with FP services. Part of the concern is that the shift is uni-directional in
terms of addressing FP priorities. It is important to consider the immunology and demonstrate an understanding for the reasoning behind both schedules.

- Q: Is this proposed schedule just for women using injectables? A: No, the schedule would be relevant for women using other methods as well (e.g. COCs).
- Q: Instead of adjusting the immunization schedule, would it be possible to consider use of other services, like well-baby visits? A: We hope to take advantage of that platform, but these contacts are often theoretical and attendance is often very low.
- Maternal vaccination is missing from the schedule. Women of childbearing age receive a tetanus vaccination after childbirth if not completed during pregnancy.

Presentation 5. FP/Immunization Integration Newsletter + K4Health Update

Presenters: Liz Futrell (K4Health), Sadie Healy (MCSP), Leah Elliott (FHI 360). See CoP for full presentation.

Liz presented a K4Health update including a review of toolkit usage statistics. Top referral traffic to the toolkit came from the MCHIP, Global Health eLearning, HiPs, and POPLINE websites. Working group members should consider adding the link to the toolkit to their websites. Spikes in usage correlate with social media posts (Facebook and Twitter). More regular social media promotion could increase toolkit visits and use. Liz also mentioned that K4Health plans to spotlight MNCH and FP integration through a blog series that will run between Mother’s Day and Father’s Day. Liz solicited feedback on an infographic on “FP & MNCH Integration Opportunities Throughout the Life Cycle” developed by K4Health. Sadie then presented on plans to launch an FP and Immunization integration newsletter that will be circulated through the community of practice on a quarterly basis. The newsletter, compiled by the Global Technical Leadership subcommittee, will include updates on emerging FP/immunization integration activities, tools and resources, and upcoming relevant events.

Discussion:

- USAID developed a hashtag for the HiPs— #hipsforFP. Working group members should consider including this in future social media posts.
- K4Health has developed white board videos on different topics and would be able to work with the working group to develop a video specifically focused on FP/immunization integration.
- Q: How do we ensure that K4Health resources reach those with connectivity challenges? A: K4Health toolkits are available on CD.
- The infographic seems skewed toward a family planning perspective. Need to clarify audience/objective of the graphic.

Working Session: Reducing Missed Opportunities

Facilitators: Kate Rademacher, FHI 360 and Chelsea Cooper, MCSP

This session was designed to solicit feedback from participants regarding whether and how to advance a “Reducing missed opportunities” agenda within the working group. After recapping key points from
Anne’s and Rebecca’s presentation regarding immunization and family planning perspectives on missed opportunities, the group discussed whether to use “reducing missed opportunities” as a platform for the Working Group moving forward. For example, future efforts could relate to setting a research agenda, identifying/disseminating effective ways to operationalize integration at field level, or shaping advocacy agenda/approach. Kate also asked participants to consider the benefits and challenges of connecting this agenda with other health areas (e.g. nutrition).

Specific missed opportunities for FP/Immunization integration mentioned by participants included: messaging/communication; services; monitoring; reaching out to PNC/nutrition; incentivizing health workers to promote both services; training on both services; engaging the private sector; scaling up what works. It was suggested that the working group link with the MIYCN-FP working group and explore the recently completed FANTA review, as findings could apply to FP/immunization integration. The group also discussed the importance of further exploration of referral processes, tracking uptake of both services, and how to evaluate different models of integrated service delivery. There is a need to standardize definitions and measurements. There is also need to look more broadly at reducing missed opportunities under the primary healthcare umbrella. Opportunities to address missed opportunities for immunization include strengthening interpersonal communication around vaccination schedules, and inquiring about the mom’s health and what other services she and her child may need. Participants were overall supportive of taking on “reducing missed opportunities” as a platform for future work.

After initial discussion, participants were asked to each write down three ideas of specific activities/action steps that Working Group members could take to advance a “reducing missed opportunities” approach. They were then asked to place each of their sticky notes on one of four flip charts corresponding with the three working group subcommittees (global technical leadership, monitoring and evaluation and research, and country engagement), as well as an “other” category. Suggested activities are presented in Appendix 2. Participants were then asked to vote for their top three choices for activities that the working group should pursue.

Subcommittee Breakout Session
Following the plenary session, subcommittees met to discuss suggested activities and whether/how these activities could be incorporated within subcommittee workplans. After the subcommittee discussions, each group presented key points in plenary. Notes from each of the subcommittee discussions are included in Appendix 3. Subcommittee facilitators will schedule follow-up calls to further discuss and flesh out action plans for these activities.
APPENDIX 1: Meeting Agenda

AGENDA
Family Planning and Immunization Integration Working Group Meeting
Monday, May 4, 2015; 9:00 AM-3:00 PM
MCSP (1776 Massachusetts Avenue Suite 300 Washington, DC 20036)

MEETING OBJECTIVES:
4) Make progress toward identifying effective, sustainable models for integrating FP and immunization
5) Share emerging programmatic experience and research findings
6) Identify opportunities to operationalize a “Reducing Missed Opportunities” approach within FP/Immunization integration efforts

8:30-9:00 Breakfast
9:00-9:35 Welcome and Introductions: Chelsea Cooper (MCSP) & Kate Rademacher (FHI 360)
9:35-9:55 Reducing Missed Opportunities: Background: Anne Pfitzer & Rebecca Fields (MCSP)
9:55-11:30 Country-level Integration Initiatives
   9:55-10:15 FP/Immunization Integration in Ethiopia: Meskerem Demessie (EngenderHealth)*
   10:15-10:35 Behavioral Economics and FP/Immunization Integration in Senegal: Jennifer Wesson (IntraHealth)
   10:35-10:45 Break
   10:45-11:05 Synchronizing Immunization and Family Planning Schedules in the First Year Postpartum: John Stanback (FHI 360)
   11:05-11:30 Q&A and Discussion
11:30-12:00 FP/Immunization Integration Newsletter + K4Health Update: Leah Elliott (FHI 360), Sadie Healy (MCSP), Liz Futrell (K4Health)
12:00-12:30 Lunch
12:30-1:30 Reducing Missed Opportunities Working Session: Kate Rademacher (FHI 360) & Chelsea Cooper (MCSP)
1:30-2:30 Sub-Group Breakout
2:30-2:50 Brief Sub-Group Report Back
2:50-3:00 Closing

* Meskerem Demessie was unable to present due to remote connectivity challenges.
APPENDIX 2: Post-its

Global Technical Leadership

- Collaboration with Gates Foundation on social media campaign – “how are you reducing missed opportunities?”
- A deeper look at country examples of mother/baby cards, including what works, how to promote better use and better messaging, learning from multiple countries
- Include the topic of reducing missed opportunities in regional and global EPI and FP meetings
- Share FP/immunization integration best practices between global/national/local partners
- Blog article on addressing missed opportunities with K4Health
- Video on reducing missed opportunities with K4Health
- Engaging private sector/foundations that prioritize child/adolescent health to bridge efforts and make the case for investing in both FP & immunization
- Treat adolescents as the beginning of the continuum of care – capture them early and treat them as lifelong clients
- Brown bags with private sector companies – increase and continue discussion on synergy/ties between public and private sectors. What partnerships exist, what are the challenges, etc.? 
- Determine what recommendations should go to WHO for their endorsement and “publication”
- Collect and package information on experiences that succeeded in reducing missed opportunities
- What countries and standard community based package of care include FP? Do the same countries do any immunization status follow-up via their CHW cadre?
- Identify opportunities for family planning to promote and contribute to immunization
- Focus on innovative ideas, incorporating technical groups/organizations working in FP/immunization, interactive demos
- Address the concerns that have been brought up (e.g., overburdened workforce, reluctance to change immunization schedules, etc. via an advocacy piece – briefs, video, graphic, etc.

Country Engagement

- Clearly outline what an integrated program at the community level with paid and unpaid workers would entail
- Work with the MOH to win approval for integration, develop integration policies and amend service delivery practices
- We need to look at integration in terms of demand creation and ask women what they want, where they want it
- Training in all areas (immunization, FP, child nutrition) should always include a “no missed opportunities” module
- Infographic and advocacy materials for bidirectional “no missed opportunities”
- Where “community health volunteers cadres are being developed, update/revise key messages to include FP and immunization schedule messages
• Advocate among immunization technical staff for more participation in WG. It seems FP-heavy currently
• Develop and test training and supervision tools to reduce missed opportunities
• Provide guidance for country level documentation and dissemination so information is shared from their experiences
• Brainstorm incentives for health workers to offer integrated services and maybe even for mothers to make decisions or take action onsite rather than leaving without referral services
• Provide guidance on the how to, eg service delivery approaches, monitoring, health systems, maximizing available health workforce/target training
• Hold regional meetings or working groups to share experience and evidence
• Look at behavioral economics of why a provider would prefer to offer immunizations over FP services at initiation of recruitment
• Define package of services to be offered at each entry point
• Do policies need to be changed at national, district, community, and facility level to allow for integration of services?
• Identify key issues hindering delivery of FP/immunization services at community, facility, health systems levels and develop strategies/tools to overcome these problems
• FP message inclusion in immunization IPC package
• Factor in cultural issues, myths
• Get more data on the benefits and challenges of integration to build support of the MOH at policy level
• Apply the total market approach lens to improve and strengthen FP/immunization integration
• Scale up successful public-private partnership models in FP-immunization integration

Monitoring, Evaluation, and Research

• Develop and test operational definitions of missed opportunities
• Create and test compendium of integration indicators
• Provide specific guidance on what exact types of information projects should document re: integration (maybe already in M&E briefer but could be improved) – need more evidence on what works
• Align or adjust FP schedule and infant vaccination if positive for both interventions
• Come up with a strong proposal for an RCT to demonstrate effectiveness of FP/immunization integration
• Documentation and dissemination of data on why missed opportunities exist at health facility level
• Develop operational definition of “missed opportunity” with all supply/demand systems issues in mind
• Further refine draft definition for “missed opportunity” for FP & immunization specifically
• Increase or create incentives for CHW for completing a checklist for immunization and FP that will also act as a registrar
• At the health facility level, rearranging the patient flow can reduce missed opportunities for both services
• Countries are looking at new, more longitudinal HMIS systems eg India with maternal and child (integrated) tracking system and Rwanda using ANC ID #s to track ANC visits across time. We should ask for a deeper look at immunization tools to improve measurement of FP to see if there are new ideas to track mother-baby pairs over time
• Recognition that a few pieces of evidence isn’t enough to produce global shift, define what is the body of evidence / policy / practice / training actions that need to happen for no missed opportunities to be a reality
• In countries where maternal health cards are in use, analyze their completeness for FP & tetanus (and make recommendations for improvements)
• Conduct secondary analysis of DHS to identify regions / states / provinces where TT2 is low and where FP is low for targeting integrated IPC
• Joint reporting tools
APPENDIX 3: SUB-COMMITTEE NOTES/ACTION PLANS

Global Technical Leadership

Language: “Reduced missed opportunities” is realistic for measurement, etc. However, for advocacy, “No Missed Opportunities” is best/most compelling language.

Activities:

1. Collaboration w/ Gates Foundation on social media campaign: “how are you reducing missed opportunities?” (5 votes)
   - Gates staff seemed to resonate with “no missed opportunity” concept
   - Benefits of this approach include both opportunity advocacy and would generate ideas of what has worked in field
2. Deeper look at mother/baby cards—how to achieve better use, better messaging? (4 votes)
   - Analysis recently been done on this
   - Action: follow up with Lora Shimp to get David Brown article
3. Include the topic of reducing of “reducing missed opportunities” into regional/global EPI and FP meetings (2 votes)
   - Need to have evidence—are we there yet?
4. Share FP/Immunization integration best practices between global/national/local partners (2 votes)
   - HIP brief is good but need more country examples
   - Brand as HIP resource—the “how to guide” to supplement HIP brief; collaborate with IBP to make branding consistent
   - General comment: Intrahealth presentation shows value of high level buy-in/political leadership
5. Blog focused on ‘no missed opportunities’ (2 votes)
   - Could be more than one blog—different regions, urban vs. rural, etc.
   - IBP suggests addressing “wicked questions” – ie. identyning and responding to really challenging, thought-provoking issues. People want the harder stuff addressed.
6. White-board animation program—2-3 min videos; break it down
   - Work in a small group on script; once we have a script, can be a quick process

Immunization week is in October—that is biggest forum to disseminate our message

7. FP/Immunization e-newsletter
   - Sadie will work to finalize—circulate to sub-committee
   - Can get good analytics from email program (Mail Chimp)

Country Engagement

Participants: Asnakew, Angela, Anne, Yirga, Walter, Chelsea, Tembi

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<th>Activity / Deliverable</th>
<th>Timeline</th>
<th>Person(s) Responsible</th>
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11
Look more at FP/immunization integration within outreach activities: what are the models, what can we say about what’s working, not working, what are the indicators that are being used: VHND, Malawi HSAs, joint outreach in Liberia, explore role of CBD for follow up / encouragement of immunization [Focus on Malawi and India]

Continue with MOH advocacy through development of country engagement stakeholder resource package

Notes:

- It would be interesting to explore further what are we asking CHW cadres to do related to immunization and family planning, looking both at paid and unpaid models. What is the role of CBDs in providing immunization information/services?
- What is the role of outreach workers in FP/immunization integration? This is an under-explored area? Joint outreach is built into Liberia national plans.
- Would like to know more about referrals from immunization to FP services and how that worked. Reach out to IRC for more information/discussion.
- Explore opportunities to engage through regional platforms, e.g. WAHO, where country-level stakeholders develop action plans
- LMIS and HMIS are going on separate from programmatic integration

**M&E and Research**

Participants: Elizabeth Sasser, Lindsay Breithaupt, Kelsey Wright, Mae Post, Jennifer Wesson, Pauline, Rebecca

Activities:

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<td>Develop/refine operational definition of missed opportunities</td>
<td>2-3 discussions to define</td>
<td>Lindsay, Devon, Rebecca</td>
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<td>Process documentation</td>
<td>Review Liberia case study – what documentation is important?</td>
<td>Social media – what have you done to reduce missed opportunities</td>
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**Notes:**

- A lot of discussion on what we mean by “missed opportunities”. Agree that we should come up with a broad definition and then explain how it translates in the case of FP/Immunization integration
- Selected indicators for process documentation should be highlighted in the M&E Brief