The Family Planning and Immunization Integration Working Group held a meeting on December 14, 2016 at the Pathfinder Office in Washington, DC.

Meeting participants included:

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<tr>
<th>Name</th>
<th>Organization/Role</th>
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<tr>
<td>Adrienne Allison</td>
<td>World Vision</td>
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<tr>
<td>Elizabeth Futrell, K4Health</td>
<td>Devi Aachal, Johns Hopkins School of Public Health</td>
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<td>Tofigh Shadie, IMC</td>
<td>Shannon Pryor, Save the Children</td>
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<td>Kate Sheahan, UNC</td>
<td>Dora Curry, CARE</td>
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<td>Leah Elliott, MCSP</td>
<td>Kate Rademacher, FHI360</td>
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<td>Deborah Sitrin, MCSP</td>
<td>John Stanback, FHI360</td>
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<td>Rebecca Fields, MCSP</td>
<td>Markus Steiner, FHI 360</td>
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<td>Iqbal Hossain, MCSP</td>
<td>Erin Mielke, USAID</td>
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<td>Devon Mackenzie, MCSP</td>
<td>Kimberly Cole, USAID</td>
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<td>Neeta Bhatnagar, MCSP</td>
<td>Martyn Smith, FP2020</td>
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<td>Kate Onyejekwe, MCSP</td>
<td>Abby vanHorne-Brett, World Vision</td>
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<td>Chelsea Cooper, MCSP</td>
<td>Judith Moore, Abt Associates</td>
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<td>Kate Bagshaw, JSI</td>
<td>Fariyal Fikree, EZA</td>
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<td>Jacqueline Wille, MCSP</td>
<td>Asma Qureshi, URC-CHS</td>
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<td>Laurie Krieger, Manoff Group</td>
<td>Mercy Ahun, Independent Consultant*</td>
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<td>Mukherji Kallol, PSI</td>
<td>Eden Ahmed Mdluli, Africare*</td>
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<td>Jenny Sia, Pfizer</td>
<td>Bushra AlMakaleh, Field Medical Foundation (Yemen)*</td>
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<td>Ritu Shroff, Gates Foundation</td>
<td>Analee Etheredge, EngenderHealth*</td>
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<td>Leah Breen, Pathfinder</td>
<td>Maryjane Lacoste, Bill &amp; Melinda Gates Foundation*</td>
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<td>Kathryn Mimno, Pathfinder</td>
<td>Chris Morgan, Burnet Institute*</td>
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<td>Julio Pacca, Pathfinder</td>
<td>Ikechukwu Ogbanua, World Health Organization*</td>
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<td>Mengistu Asnake, Pathfinder</td>
<td>Boniface Sebikali, IntraHealth*</td>
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<td>Elizabeth Murphy, Jhpiego</td>
<td>Dasha Smith, JSI*</td>
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<td>Lindsay Breitaupt, Jhpiego</td>
<td>Aaron Wallace, CDC*</td>
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<td>Sara Malakoff, EngenderHealth</td>
<td>Emily Wootton, WHO*</td>
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<td>Kerry Anne Dobies, JSI</td>
<td>Margaret Watkins, CDC*</td>
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<td>Lisa Oot, JSI</td>
<td>Uzodinma Adirieje, Afrihealth Optonet Association*</td>
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<td>Kate Cho, MSH</td>
<td>Laura Conklin, CDC*</td>
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<td>Susan Otchere, World Vision</td>
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Remote attendees are indicated with an asterisk (*)
The objectives of the meeting were as follows:

1. Make progress toward identifying and measuring effective, sustainable models for integrating FP and immunization
2. Share emerging programmatic experience and research findings from country initiatives
3. Discuss donor perspectives and priorities for service integration
4. Identify what evidence is needed to advance this from a “promising” to “proven” practice

The meeting included: technical updates from both the family planning (FP) and immunization fields; a presentation on demand-side drivers of integration; a discussion on WHO’s new Global Vaccine Action Plan (GVAP) indicators and resource guide; an update on efforts to assess and reduce “missed opportunities for vaccination;” a presentation by the Pfizer Foundation on their priorities in this area; rapid updates on ongoing country initiatives (Kenya, Uganda, Ethiopia, Burundi, Tanzania, Malawi, Liberia); an update on the FP & Immunization Integration Toolkit and FP Voices; a discussion on evidence needed to move from a “promising” to “proven” practice; and subcommittee working time. The meeting agenda is included in the appendix.

Presentations and handouts are available on the FP-Immunization Integration Community of Practice (CoP) site in the Library section under the “December 14, 2016 Working Group Meeting” folder, here: https://knowledge-gateway.org/fpimmunization/library/z7qnmzgz?o=lc. Presentation and discussion highlights are described below:

**Introduction and Welcome: Kathryn Mimno (Pathfinder) and Chelsea Cooper (MCSP)**

*See COP for full presentation.*

The meeting began with an introduction by Kathryn Mimno (Pathfinder) and Chelsea Cooper (MCSP). The working group was launched in 2010 and currently has over 400 members. The purpose of the Working Group is to facilitate collaboration between implementers, donors, the public sector, and the private sector. The mission is to share lessons and guidance from field experiences and research initiatives on optimal ways to link or combine family planning & immunization services in facilities and communities, so that the reach and effectiveness of both interventions are enhanced. The vision is to identify and promote effective, sustainable models of family planning and immunization integration.

Key accomplishments of the working group include:

- Developed a Community of Practice for sharing FP-Immunization integration resources (now approximately 417 members)
- Developed FP-Immunization bibliography to highlight key FP-Immunization research and program experiences and updated on ongoing basis
- Provided leadership and technical guidance for development of the family planning High Impact Practices (HIP) brief on FP-Immunization integration. Finalized in 2013.
- Launched the FP-Immunization K4Health toolkit
- Launched subcommittees with the following goals:
  - The Country Engagement subcommittee documents experiences and shares learning across countries and identifies barriers/facilitators, lessons learned, and tools to facilitate service integration and advocacy at country level
The Global Technical Leadership subcommittee supports dissemination of global technical evidence/experience and engages key and new stakeholders in the working group. The group aims to foster discussion and sharing at all levels.

The Monitoring and Evaluation subcommittee tracks the research gaps in FP-Immunization integration in order to build an evidence base which will move existing FP-immunization integration from a promising to a proven practice by focusing on the question of how different integration models affect both FP and immunization outcomes.

What have we learned as a working group on FP-immunization integration?

- Integrate during routine immunization services, as opposed to mass vaccination campaigns
- Collect data on impact of integration on immunization services
- Use of dedicated providers can be effective
- Systematic screening can support integrated delivery
- Political & community support are critical
- Health system issues must be addressed
- Keep referral messages simple
- Ensure clear and effective referral systems

Immunization General Updates: Rebecca Fields (MCSP)

*See CoP for full presentation.*

Presentation highlights include:

- Globally, vaccine coverage has increased since 2000, as shown by WHO’s data on the percentage of children who have received their third and final dose of DTP3. As of 2015, this indicator stands at 86%, though progress has plateaued as DTP3 coverage only increased by 1% in the past five years. The poorest and most vulnerable children continue to be missed by vaccination.
- Based on DTP1 and DTP3 data, India, Nigeria, Pakistan, Indonesia, the Philippines, the Democratic Republic of the Congo (DRC), Iraq, Ethiopia, and Ukraine have the highest numbers of completely unvaccinated and under-vaccinated children (the “left-out” and “drop-out” children, respectively). With this information, planners can develop strategies for improving immunization coverage to address their country’s particular needs by expanding the delivery of immunization services to unreached children and/or improving the quality of services so that those with access to them complete the schedule. For example, although most of these ten countries have substantially higher percentages of unvaccinated children than under-vaccinated, the percentages in Indonesia, Ethiopia, and Ukraine are roughly equal. This suggests that initiatives to improve coverage in these countries would be more successful if based on an understanding of reasons for drop-out, rather than trying to simply or solely increase demand for immunization.
- Currently, the global immunization community is focused on the introduction of new vaccines and the development of disease-control initiatives, including polio eradication and measles-rubella elimination. The field is also focusing on expanding vaccination across the life course, improving equity and coverage, reducing missed opportunities for vaccination, and integrating immunization with other health interventions, including FP. The increasing complexity of immunization impacts the workload of vaccinators. The vaccination schedule as has not changed in order to keep it simple and relatively convenient for mothers and caregivers. However, this means that health care workers are required to provide more vaccines per visit, which, in turn, increases the complexity of their immunization duties at each contact for immunization. This may limit the amount of time available to
provide other services or counseling, including information on family planning and birth spacing.

**Demand-side Drivers of Integration in Rural PNG and Literature Review Findings: Chris Morgan (Burnet Institute)**

Presentation highlights include:

- The Burnet Institute is located in Melbourne, Australia and conducts activities in Papua New Guinea (PNG), Burma, and other countries in Asia, the Pacific, and eastern/southern Africa. It is the only Australian institution accredited as both an INGO and Medical Research Institute. The institute’s current research includes three studies on integrated services: a prospective observational cohort study in PNG, an assessment of cross-sectional health services in PNG, and a global systematic review of immunization integration. These studies are exploring ways to use a demand-side perspective when planning service integration; looking at the risks of integration to service quality, acceptability, and equity; and finding ways to engage policymakers and managers in order to use realist principles for implementation research.

- PNG has rugged geography and poor infrastructure which contribute to high maternal mortality rate, neonatal mortality, and fertility, especially in rural areas, where 80% of its 8 million citizens live. The Burnet Institute’s Healthy Mothers, Healthy Babies (HMHB) study is a collaborative effort with the national and provincial government agencies, the national Institute of Medical Research, and other academic partners. It aims to define the major causes of these poor health outcomes and identify new interventions or services. HMHB research includes a prospective observational cohort study which tracks 700 women and their babies from the first antenatal care (ANC) check-up to 12 months after childbirth or other pregnancy outcome. The goal of the study is to determine how women use services, what they think about them, what coexisting health needs they and their children have, and measure a range of biomarkers of infection, nutrition, and growth; assessing how all of these factors change over the course of the pregnancy and postpartum period. Preliminary findings revealed high levels of anemia in pregnancy most likely caused by nutritional factors, as well as high levels of infant illness experienced by 6 months of age. Interim findings regarding service utilization show that there is high ANC uptake, but few women received additional care for co-existing illnesses during their pregnancy. Additionally, most mothers and infants in the study did not have a postnatal care (PNC) visit within their first month of life, and many did not have a routine clinic visit at all by 6 months of age. There is evidence of a large, unmet need for FP services. At their first ANC visit, the vast majority of women said they planned to use FP after they gave birth. However, at six months postpartum, only just over half had actually done so. A related finding is a possible displacement of prioritization of FP when questioned during their ANC visits or straight after childbirth, many women suggested integrating FP with immunization services; but when the same women were questioned in the postpartum period they were more likely to suggest integrating child illness care or weight and development checks into their immunization visits.

- In the Health Services Assessment, the Burnet Institute is studying the delivery of well-child services in PNG through a cross-sectional assessment which includes observational components, audits, record reviews, and interviews. The study’s research objectives are to determine the current integration of immunization with other services for pregnancy, postnatal, and infancy care. It also aims to identify health worker knowledge, attitudes, practices, and characteristics in the service delivery context, as
well as health managers’ and providers’ plans and opinions on potential opportunities for and barriers to integration, with a special focus on the potential for integrating FP with immunization visits. Data collection is scheduled to be completed in December 2016.

- The Systematic Literature Review of Integration of Immunization and Other Services looks at the integration of immunization and any other health care service. The study objectives are to identify the range of interventions and service delivery arrangements used in service integration initiatives; quantify the change in coverage in the linked services and immunization; describe reported advantages and disadvantages to service integration; determine how service types and implementation arrangements vary; and ascertain the barriers to and enablers of service delivery changes. Some of the services most commonly integrated with immunization include HIV diagnosis and/or treatment, FP counselling and/or services, malaria prevention, and case management of childhood illnesses.

Presentation discussion summary:

- It is essential to look at the mother/baby pair as a whole in the postnatal period from a demand side. In the case of integrated health services, it’s important to know what other services women want or need, and how this can change over the course of her pregnancy and postnatal period.
- Some in the audience noted the linkage to other work integrating HIV and broader maternal and reproductive health (such as the INTEGRA initiative in Africa) and to long-standing concepts embedded in comprehensive primary health care.

GVAP Integration Indicator and Resource Guide: Emily Wootton (WHO/EPI/Geneva) and Margie Watkins (CDC)

See CoP for full presentation

Presentation highlights include:

- WHO is currently developing a Resource Guide on integrating health services with immunization for program managers and policymakers. The development of the Resource Guide came out of WHO’s workshop for Eastern and Southern Africa (ESA) in January 2016. Prior to the workshop, a literature review was conducted by WHO with support from CDC, UNICEF, John Snow International (JSI), and the Burnet Institute. The group of partners identified about 250 documents from a wide variety of sources, including presentations, WHO publications, academic literature, etc. A summary presentation of the literature review was made during the ESA workshop in January, and its findings are now being translated into the Resource Guide.
  - The intended audiences of the Resource Guide include national program managers from immunization and other related programs – such as maternal and child health – as well as global, regional, and country level policymakers. The guide is intended to bring together a range of relevant resources; summarize current knowledge; and provide guidance on the integration of immunization with other health interventions, health policies, or activities to strengthen health systems. It will provide an overview of the global policies and integration strategies in order to contribute to the effective design, implementation, and M&E of new initiatives. The guide has also been designed to stimulate program managers to consider opportunities for integration of immunization with other services and highlight current knowledge gaps with regards to integration.
  - The first draft of the guide is expected to be completed in early 2017, and will then undergo
internal review, external review, editing, and formatting, before being published in mid-2017.
WHO requests that the FP-immunization working group members share any recent relevant
publications, case studies, or photos relevant to integrating services with immunization, and
to provide feedback on the FP sections of the guide.

- Global Vaccine Action Plan (GVAP) is used globally in immunization work to track progress towards
achievements in vaccination provision. Since 2013, GVAP has searched for indicators that use existing
data to measure integration of other health services with immunization. However, there wasn’t
sufficient available data, so they were asked to come up with their own indicator. In 2016, five
indicators were considered:

1. Vitamin A provision with routine/supplementary immunization
2. Comparative coverage of services
3. Proportion of countdown countries which have introduced the hepatitis B birth dose
4. Proportion of countries with routine vaccination in school
5. Modification of the existing Composite Coverage Index (CCI) - a stratified weighted
   average of coverage of eight preventive and curative interventions

   The eight interventions included in the existing CCI are:
   1. FP needs satisfied
   2. Deliveries conducted by skilled birth attendants (SBA)
   3. ANC provided by a skilled health care worker (ANC)
   4. DPT3 coverage (DPT3)
   5. Measles vaccine coverage (MSL)
   6. Bacillius Calmette-Guerin vaccine coverage (BCG)
   7. Oral rehydration therapy used for diarrhea (ORT)
   8. Care-seeking for pneumonia (CPNM)

   In the end, CCI was chosen because the other four indicators were considered to be too
limited in scope. CCI, however, was simplified for use by GVAP by breaking the interventions
down into four components:
   1. FP needs satisfied
   2. The three immunization components (DPT3, MSL, and BCG)
   3. Management of sick children (ORT and CPNM)
   4. Maternal and newborn care (SBA and ANC)

   Modification of the CCI for GVAP has created an indicator which provides a comprehensive
index of interventions along the continuum of care, allows for cross-country comparison with
a single measure, uses existing data, and correlates with child mortality. By using CCI as an
indicator, it is possible to see that countries with weak health systems (defined as having a
CCI<60) often have low FP coverage (one of the weakest intervention areas) but high
immunization coverage (one of the strongest intervention areas).

   There are some limitations to use of the CCI, however. First, it is not an indicator for the
extent to which services are integrated and it does not reflect the fact that the risks and
benefits of service integration are country context-specific. There are also missing countries
which do not measure CCI.

Reducing Missed Opportunities for Vaccination Update: Ike Ogbuanu (WHO/EPI/Geneva)

See CoP for full presentation

Presentation highlights include:
• Missed Opportunities for Vaccination (MOV) include any visit to a health facility by a child or adult who is eligible for vaccination which does not result in the person receiving all of the vaccine doses which he or she requires. It is estimated that globally, 37-47% of all eligible visits result in a missed opportunity for vaccination.

• There are many reasons adults and children are missed for vaccination, but some patterns are emerging from the data. An estimated 27% of MOV are due to caregiver issues, such as a guardian failing to bring a child’s health card to the facility for an unrelated visit. Another 10% are explained by health services issues, such as limited service hours or stock-outs. However, the remaining 63% of MOV can be traced back to health worker issues, including failure to screen for vaccine eligibility and falsely believing the client has a contraindication for a vaccination.

• Reducing missed opportunities can contribute to the achievement of the GVAP goals. While some of the unvaccinated children reside in “hard-to-reach” locations, some – even in low coverage settings – do make contact with health services. By taking advantage of these health contacts, it should be possible to reduce the number of unvaccinated and under vaccinated children within the population. However, before this can be done, we need to know how often opportunities are being missed, why they happen, and what can be done differently to make sure children have no MOV.

• WHO has identified a number of effective strategies to measure and address MOV in low- and middle-income countries. The first of these is participating in or leading field work, particularly as an advocacy tool to drive change. Other strategies include supporting the synergistic integration of MOV activities with ongoing interventions and providing funding for field work and interventions. To do this effectively however, it is important to start by focusing on feasible actions at the local level; investing in sustainable monitoring and supervision of activities; and encouraging firm commitments from other national partners.

• As a nation’s health system’s ability to address MOV is improved, there is the potential for FP to be integrated by gauging missed opportunities for FP during MOV assessments, conducting joint trainings for health facility staff which set new norms for integration, and cross-referring to services.

**Pfizer Foundation’s Perspective on Integration, Jenny Sia (Pfizer Foundation)**

*See CoP for full presentation*

Presentation highlights include:

• Pfizer Foundation’s Global Health Portfolio has three key areas of focus: Health Delivery and Social Innovation; Women and Children’s Health; and Noncommunicable Disease Care. Activities included in the Global Health Portfolio are well-spread through sub-Saharan Africa, Asia, and Latin America.

• Within the Global Health Portfolio, the Women and Children’s Health portfolio’s aim is to reduce key barriers in health care delivery for women and children, with a focus on access to immunization and FP products and services. The portfolio has operated since August 2015 in partnership with eight other organizations in 13 countries, and has reached over 1.5 million patients.
  o Projects within this portfolio include FP-immunization integration programs in Benin, Ethiopia, Kenya, Malawi, and Uganda which endeavor to improve access to FP and immunization services through an integrated service delivery model. To do this, programs in each country are developing new materials on FP-immunization integration and mobilizing local faith and community leaders to educate men on the importance of FP and birth spacing. The projects are also strengthening health systems through Community Health Worker (CHW)
outreach, education, monitoring, and training in immunization defaulter tracing and FP counseling. The goal is that through these activities, the programs will improve service delivery and create a supportive environment for FP and immunization service uptake.

Rapid Country Updates

See CoP for full presentations

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

Five Key Strategies for Immunization/FP Integration in Kenya: Adrienne Alison (World Vision)

World Vision’s FP-immunization project was fully implemented in June 2016 in two counties in Kenya, in Isiolo County (largely Muslim) and West Pokot Country (predominantly Christian).

1. In both counties, it has been essential for project teams to build collaborative relationships with local Ministries of Health, supporting system strengthening by training staff to counsel on Healthy Timing and Spacing of Pregnancies (HTSP), with Balanced Counseling strategies. World Vision has also strengthened MOH outreach to remote areas by equipping mobile clinics to provide immunizations and family planning services.

2. Project teams have adjusted messages to respect local beliefs and values. Because, “family planning” is seen as a government effort to limit family size, “timing and spacing” is recognized as improving maternal and child health, reducing mortality, and enabling Muslim mothers in particular to breast feed for a full two years as encouraged in the Qur’an.

3. Because both counties are sparsely populated with very few MOH facilities, providers now offer immunization and contraceptive services on the same day. “One stop shopping”, especially if provided on market days, has made it more convenient for mothers to access services and immunization coverage and contraceptive use is now increasing.

4. Service delivery schedules may be disrupted forces beyond project control, including disruptive strikes by MOH staff, inter-tribal rivalry that blocks access to facilities, and communication - internet breakdowns.

5. In traditional societies generally, men are gatekeepers to their communities, and new concepts about healthy timing and spacing must be introduced first to faith leaders, who are generally men, and then to community leaders. Once their consent and support has been assured, women can be introduced to these new concepts. In addition, Barrier Analyses has found that women with children under two years of age, list primary barriers as women’s perceptions that their husbands are opposed to family planning, followed by perceptions that their religious beliefs to do not support family planning. Men, however, say that they want to learn more, especially through male Community Health Workers who provide facility-based counseling during hours designated as being for men only.

FP-Immunization Integration in Ethiopia & Uganda: Nathaly Spilotros (IRC)

- International Rescue Committee (IRC) has been implementing FP-Immunization integration projects since January 2016 with support from the Pfizer Foundation in Ethiopia and Uganda.
- In Ethiopia, IRC is working in two woredas of the Benishangul-Gumuz Region – for a total of 114 health posts – to leverage a wide network of Health Extension Workers (HEWs) and Health
Development Army Volunteers (HDAVs). To date, the HEWs and HDAVs have received training on: FP counseling and administration; interpersonal health communication skills; and integrating services and referrals from the home and health post levels. Other program activities include: joint supervision visits conducted by IRC and woreda health officials, monthly dialogues with male discussion groups, and trainings for religious and community leaders. IRC is also piloting the use of a color-coded calendar to help families determine which health visits are needed and when. Some challenges identified in this project thus far include integrating across multiple levels of the health system, and the unavailability of implant removal and IUD services below the health center level.

- In Uganda, IRC is working in the Karamoja region, where the modern contraceptive prevalence rate (mCPR) is only 7.8% and there is a 21% unmet need for FP, which is even higher in the postpartum period. The organization is training and mentoring providers on FP-immunization integration, ensuring FP and immunization supplies are kept in stock, conducting radio programs, and engaging communities in Participatory Action Research (PAR). PAR is a cyclical process which helps groups prioritize and solve their own problems by moving through multiple stages: listening to local experience, identifying problems, identifying actions, acting, and learning. The three main objectives of this project are to:
  1. Build facilitator skills for and use of PAR approaches within the four community groups: health providers, community leaders, postpartum women, and adult men
  2. Strengthen communication and collaboration between the health workers and the rest of the community
  3. Improve integration, continuation, uptake, and coverage of FP and immunization

**Trends in FP and Immunization Integration: Findings from the Integrated Family Health Program (IFHP) in Ethiopia: Mengistu Asnake (Pathfinder)**

- The Integrated Family Health Program (IFHP) is a USAID funded FP/MNCH program implemented by Pathfinder International in partnership with JSI, and other stakeholders. Currently, it reaches about 37 million people in six regions – or about 40% of the country’s population. The program aims to address Ethiopia’s siloed health service system with three major strategic areas to increase community awareness and demand creation; improve quality of services at the facility and community level; strengthen the health system; and improve program learning to inform policy.

- Integration Principles have been included in the program implementation, and an Integrated Refresher Training curriculum has been developed by MOH and used in all community level provider trainings. The program is also endeavoring to make combined service provision available at all MCH outlets, such as integrating FP counselling and services with child health clinics. To monitor this, service integration indicators are being tracked through an integrated checklist which is used during supervision visits. Through this M&E, the program has seen an increasing trend in DPT3 coverage, mCPR, and uptake of long-acting reversible contraceptives since 2011. However, challenges exist, including the perception by health care works that integrating services puts additional work on them.

**MCSP’s Multi-country Study on FP-Immunization Integration in Liberia, Tanzania, and Malawi: Chelsea Cooper (MCSP)**

- The aim of the study is to assess how integration affects service provision, utilization, and quality in a range of settings.
- In Liberia, MCSP is scaling up an adapted version of MCHIP’s integration strategy, though with more focus on immunization by including bi-directional referrals between services. The first round of monitoring data will be available in Jan 2017.
In Malawi, MCSP has built on Save the Children’s experience with service integration through an outreach platform, while also including a facility level integration component. Implementation is currently underway in two districts, where the project is tracking referral from outreach to the facility, and within the facilities themselves.

In Tanzania, the program has just finished a formative assessment on FP-immunization integration, with key finding centered on human resources, outreach opportunities, the lack of a systematic referral/follow-up process, and gaps in FP/PPFP knowledge. The intervention design is currently underway.

The Integrated Health Project in Burundi and Synchronized Scheduling: a New Way to Think About Integrating Immunization and Family Planning in Kenya: John Stanback (FHI360)

In Burundi, Pathfinder and FHI 360 have developed a five-year project to integrate MNCH, FP, and malaria services. Work in two provinces is specifically focusing on FP-immunization integration. The objective of these two projects is to provide quality counseling and contraceptive methods to women who bring children for immunization services. Thus far, this project has seen an increase in the number of FP acceptors, including clients who selected pills, Depo-Provera (DMPA), and implants.

In Kenya FHI360 is conducting a pilot to assess synchronizing the timing of FP and Immunization service delivery, for DMPA users. The six week visit is the most popular time to start postpartum FP. However, if the woman chooses DMPA (as most do) they do not get overlapping visits between her own needs and her child’s vaccination schedule. This may contribute to a large drop-out rate for DMPA: about 50% in the first year. The aim of this project is to find ways to better synchronize these two schedules.

- FHI360 hypothesizes that the 10 week visit may be a better time to start DMPA because this reduces the total number of visits for mothers, while increasing dual-purpose visits. Having multiple reasons for a given visit (DMPA re-supply and vaccination) may increase vaccination coverage and FP continuation. The pilot project will soon start at urban and rural clinics to test acceptability of this new schedule for providers and mothers, and to determine the effect on FP continuation and immunization coverage.

Rapid Country Update Discussion Summary:

- Comment for John, regarding Kenya: It may be risky to counsel women who want to receive DMPA at their six-week visit to wait and receive it at 10-weeks. Some women may never follow-up.
  - The project will be tracking the women who are counselled to wait in order to see if they do come back and receive DMPA at 10 weeks. This will be used as a measure of the project’s success.

K4Health Toolkit and FPVoices Update: Elizabeth Futrell (K4Helath)

See CoP for full presentation

Presentation highlights include:

- In the last year, traffic on the FP-immunization toolkit on K4Health has declined. This may be because no updates have been made since April 2016 and there has not been a lot of external promotion.
  - Visitors to the site are most often from the US, followed by Kenya and India, and they most often visit
the home page, the Social and Behavior Change Communication page, the Service Delivery Implantation Tools, and the M&E and Research Tools. The most frequently downloaded resources include the High Impact Practice (HIP) Brief, the HIP Map, and the M&E of PPFP Integration PowerPoint.

- FP Voices is a global storytelling initiative for the FP community which started in 2015 and aspires to put human faces and personal stories to FP statistics. It is intended to strengthen stakeholder capacity to tell their own stories in order to drive global momentum for FP and help build a stronger sense of community among clients, advocates, policymakers, providers, and others who work in the FP field. Other preliminary results have shown that most people who saw FP Voices stories say it provided them with a new way of thinking about FP (85%). Many viewers also reported that it encouraged them to start a new FP activity (65%) or incorporate new FP knowledge in their work (71%), and that it encouraged them to collaborate with FP professionals outside of their own organization (74%).

**Family Planning Updates: Martyn Smith (FP2020)**

**Presentation highlights include:**

- FP2020’s goal is that 120 million additional women and girls will be using modern family planning methods by July 2020, compared to July 2012. At the midpoint, more than 300 million women and girls are using a modern FP method in the poorest 69 countries, including 30.2 million additional women and girls compared to 2012. As a result of modern contraceptive use between July 2015 and July 2016, we estimate that 82 million unintended pregnancies were prevented, 25 million unsafe abortions were averted, and 124,000 maternal deaths were avoided.

- To be fully on trajectory to 120 million additional users, FP2020 would need to have reached 49 million additional users by the midpoint. While several countries are achieving great progress towards their goals, others are not yet on a trajectory to attain these goals by 2020. This also has implications for countries’ ability to reach 2030 SDGs.

- In 2015, donor governments provided 1.34 billion USD in bilateral funding, compared to 1.43 billion USD in 2014. When the effects of the exchange rate fluctuations are removed, 2015 funding essentially matches 2014 levels. Of the 8 donor governments profiled in the 2016 FP2020 Annual Progress Report (Momentum at the Midpoint) that made commitments at the 2012 London Summit, 7 are still on track to meet those commitments. (See [http://progress.familyplanning2020.org/](http://progress.familyplanning2020.org/).) In 2015 the FP2020 Secretariat concentrated its focus on four cross-cutting initiatives. These include: driving country-level support for FP; promoting data use by tracking 17 core indicators of FP across the 69 countries included in the initiative; increasing focus on advocacy, rights, and youth at both global and country level; and facilitating dissemination of knowledge and evidence.

- Some common priorities have surfaced across countries and regions, such as building high-level political support for FP in-country and increasing private sector involvement. Programs are also expanding data use; mapping resource mobilization; scaling up LARCs as part of an improved method mix; improving supply chain and delivery systems; and investing in demand-side efforts and social and behavior change communication. In addition, FP2020 is working to expand planning for PPFP with the Costed Implementation Plans of 27 of the 38 commitment-making countries.

- In order to ensure that high Impact Practices are clearly communicated and understood a HIPs Advisor will join FP2020 in early 2017.
Tracking Existing Evidence and Progress toward “Proven Practice”: Erin Mielke (USAID) and Chelsea Cooper (MCSP)

See CoP for full presentation.

Presentation highlights include:

- USAID, UNFPA, the International Planned Parenthood Federation (IPPF), and the Implementing Best Practices Initiative (IBP) are collaborating to synthesize the evidence for FP strategies and provide recommendations on the implementation of High-Impact Practices (HIPs) through the creation and promotion of HIP briefs. Each of these documents concisely defines a practice, describes its theory of change, and identifies challenges the practice can address. The briefs also summarize the evidence of impact and its magnitude, offer implementation tips, and prioritize research questions.

- The prioritized research questions are particularly important for bumping up promising practices to proven practices. The criteria for inclusion in the HIP list as a “proven” practice are demonstration of an impact on contraceptive use and maintenance, as well as evidence for the practice’s replicability, scalability, cost-effectiveness, and sustainability.

- In order to qualify as a “proven” practice there should also be:
  - Sufficient evidence to recommend widespread implementation, provided there is careful monitoring of coverage, quality and cost, and implementation research to help improve implementation
  - Breadth and quality of evidence
  - Demonstration and magnitude of impact on contraceptive use and continuation. Potential public health impact.
  - Consistency of result

- There are currently six different types of HIP briefs which cover different types of practices and the amount of evidence available to support their impact. The first group include practices which build an enabling environment for FP, such as supply chain management and educating girls. These briefs, which are color coded with pink, are based on expert opinion and must demonstrate a correlation with improved health behaviors and/or outcomes such as unintended pregnancy or fertility. This category is separate from the other briefs and not placed on the emerging-promising-proven scale because it is hard to directly attribute improvements in FP indicators to policy changes.

- Blue HIP briefs describe proven practices for service delivery, such social marketing and community health workers. These are practices which have sufficient evidence of an impact on FP indicators to be recommended for widespread implementation. Similarly, promising practices for service delivery are coded with light blue and describe those interventions which have good evidence of impact, but need more information to fully document implementation experience and impact. These practices include FP-Immunization and engaging drug shops/pharmacies. The other types of HIP briefs consist of the yellow-coded promising practices for social and behavior change, white-coded emerging practices, and green HIP Enhancement Briefs on groups of practices – such as mHealth or adolescent sexual and reproductive health – which are meant to augment the impact of other HIPs.

- New guidance to clarify how evidence is judged in the HIP process is under development. However, it is clear that quantitative data should be the basis of the evidence, while qualitative data can support these findings. It is also recommended to use systematic reviews when possible when gathering evidence.

- There are a number of priority research questions highlighted in the FP-immunization HIP brief:
  - How do different integration models impact FP, immunization, and associated infant and child health outcomes?
How does integrated service delivery affect the quality of service provision?

Does integration enhance equity by enabling programs to reach new or underserved immunization clients and contraceptive users, including among different age groups?

Does integration lead to cost-savings or other efficiencies in terms of organization of care or deployment of staff resources?

How is the success or failure of integration affected by contextual factors within the service setting and community?

Participants were asked to identify on flipcharts whether their institutions were collecting information within FP-immunization integration activities that addresses the priority research questions as well as around cost-effectiveness and scale. Notes from the flipcharts are included in Appendix II.
Appendix I

Agenda

8:30-9:00  Breakfast
9:00-9:20  Welcome and Introductions: Kathryn Mimno (Pathfinder) & Chelsea Cooper (MCSP)
9:20-9:30  Immunization General Updates: Rebecca Fields (MCSP)
9:30-9:55  Demand-side drivers of integration in rural PNG + literature review findings: Chris Morgan (Burnet Institute)
9:55-10:10  GVAP Integration Indicator + Resource Guide: Emily Wootton (WHO/EPI/Geneva) and Margie Watkins (CDC)
10:10-10:20  Reducing Missed Opportunities Update Ike Ogbuano (WHO/EPI/Geneva)
10:20-10:35  Open Discussion Time: Part 1
10:35-10:45  Break
10:45-11:00  Pfizer Foundation’s Perspective on Integration: (Jenny Sia, Pfizer Foundation)
11:00-11:35  Rapid Country Updates
  • Kenya (Adrienne Alison, World Vision)
  • Ethiopia, Uganda (Nathaly Spilotros, IRC)
  • Ethiopia (Mengistu Asnake, Pathfinder)
  • Multi-Country Update (Chelsea Cooper, MCSP)
  • Burundi and Kenya (John Stanback, FHI 360)
11:35-11:55  Open Discussion Time: Part 2
11:55-12:05  Toolkit + FP Voices Update: Elizabeth Futrell (K4Health)
12:05-12:30  Lunch
12:30-1:00  Tracking Existing Evidence and Progress toward “Proven Practice” (Erin Mielke, USAID)
1:00-1:10  Family Planning Updates – FP2020: Martyn Smith (Family Planning 2020)
1:10-1:30  Subcommittee Objectives + Updates since last meeting
1:30-1:40  Introduction of Group Work
1:40-2:35  Subcommittee Breakouts
2:35-2:55  Subcommittee Report Back & Discussion
2:55-3:00  Closing
Appendix II

**Promising to Proven Flipchart Notes**

**Participant responses re: which organizations’ integration work is responding to the following evidence areas:**

**How do different integrated models impact both FP and immunization and associated infant and child health outcomes?**
- Care-Benin
- PSI-Pakistan & Mali
- World Vision / Pfizer Kenya
- MCSP Liberia, Malawi, Tanzania
- Pathfinder Mozambique, Tanzania Burkina, Ethiopia, Burundi, Nigeria
- IRC Uganda and Ethiopia
- FHI 360 “Synchrony”

**How does integrated service delivery affect quality of service provision?**
- IRC Uganda, Ethiopia
- MSH DRC
- Pathfinder Tanzania and Mozambique
- MCSP Liberia, Tanzania, Malawi,
- CARE Benin
- Kate Sheehan doctoral research – UNC
- The Manoff Group looks at quality from the perspectives of community members and implementers

**How is the success or failure of integrated service delivery affected by contextual factors within the service setting and community?**
- IRC Uganda
- MCSP Liberia, Tanzania, Malawi
- FHI360 Burundi (quality environment)
- Pathfinder (Mozambique, but at initial stage)

**Does integration lead to cost-savings or other efficiencies in terms of organization of care or deployment of staff resources?**
- URC CHS
- EngenderHealth (w/Abt and PopCouncil and RTP [Tanzania])
- Pathfinder (Mozambique, but at initial stage)

**Does integration enhance equity by enabling programs to reach new or underserved immunization clients and contraceptive users, including different age groups?**
- EngenderHealth – ExpandFP DRC
- Save the Children Malawi
- MSH DRC
- World Vision (Kenya)
- Pathfinder (Mozambique, Bangladesh)

**Scalability of integrated services**
- None listed

**Sustainability of integrated services**
- None listed
Subcommittee Breakout Session

Country Engagement Subcommittee

Goal: The goal of the country engagement group is to: document existing FP-Immunization integration experiences; share learning across countries and programs; and identify barriers/facilitators, lessons learned, and tools to facilitate integration and advocacy at country level.

Key activities for this semester:

- Advance the Google Doc developed to capture FP-Immunization integration efforts by refining existing entries and soliciting new entries through the CoP. Entries from the Google Doc may also be used to develop a Global Health Service Provision Commentary and develop a briefer with summary points for distribution at meetings/conferences
- Continue to advance the advocacy table through consultation with advocacy experts and updating it to include the purpose and an explanation on how it will be used
- Develop a calendar of regional/national level meetings/conferences relevant to FP or immunization and explore opportunities to involve country champions in coordination with the Global Technical Leadership Subcommittee

Session Participants: Chelsea Cooper, Elizabeth Murphy, Iqbal Hossain, Kate Cho, Kimberly Cole, Nathaly Spilotros, Sara Malakoff, Shannon Pryor

Subcommittee Chair: Anne Pfitzer

Global Technical Leadership Subcommittee

Goal: The GTL subcommittee aims to support dissemination of global technical evidence/experience and engage key and new stakeholders in the working group. The group also aims to foster discussion and sharing at all levels.

Key activities for this semester:

- Promote FP Voices stories related to FP-Immunization integration – possibly by curating a series, disseminate K4Health materials to key contacts, and consider adapting the question guide to a list of targeted questions
- Develop a calendar of regional/national level meetings/conferences relevant to FP or immunization and explore opportunities to involve country champions in coordination with the Country Engagement Subcommittee
- Pilot a quarterly “mash-up email” to the CoP as an alternative to a newsletter. This would highlight 3-5 key articles, projects, news items, etc. and include a request for material to add to the Toolkit
- Reach out to the MIYCN-FP Technical Working Group to gauge interest in conducting a joint meeting

Session Participants: Liz Futrell, Kate Rademacher, Kathryn Mimno
Subcommittee Chairs: Leah Elliot and Kathryn Mimno

Monitoring and Evaluation Subcommittee

Goal: The goal of the M&E and Research group is to: move existing FP-Immunization integration from a promising to a proven practice by focusing on the question of how different integration models affect both FP and immunization outcomes.

Key activities for this semester:

- Capture documentation on results and impact of FP Immunization by updating the bibliography, particularly with grey literature that may not be captured in Chris’ review and entries in the Country Engagement Subcommittee’s Google Doc
- Update the FP-Immunization integration M&E Briefer to revisit the priority research questions, incorporate a more detailed conceptual framework/theory of change from the HIP Brief, and map out the existing evidence to items on the conceptual framework
- Coordinate with the Global Technical Leadership Subcommittee to explore barriers and facilitators to integration from an advocacy perspective

Session Participants: Aachal Devi, Adrienne Allison, Devon Mackenzie, Dora Ward Curry, Fariyal Fikree, Kate Sheahan, Leslie Oot, Lindsay Breitaupt, Rebecca Fields

Subcommittee Chairs: Devon Mackenzie and Elizabeth Sasser
Working Group Mission, Vision, and Key Accomplishments

**Mission**
To share lessons and guidance from field experiences and research initiatives on optimal ways to link or combine family planning & immunization services in facilities and communities, so that the reach and effectiveness of both interventions are enhanced.

**Vision**
The working group will identify and promote effective, sustainable models of family planning and immunization integration.

**Key Accomplishments**
- Developed a Community of Practice for sharing FP-Immunization integration resources (now approximately 417 members from 25 countries)
- Developed and disseminated an initial advocacy brief on FP-Immunization integration
- Developed FP-Immunization bibliography to highlight key FP-Immunization research and program experiences
- Provided leadership and technical guidance for development of new online map documenting FP-Immunization field experiences; worked with USAID to transition to new K4H HIP platform
- Co-hosted online forum on FP-Immunization integration
- Provided leadership and technical guidance for development of the family planning High Impact Practices (HIP) brief on FP-Immunization integration. Finalized in 2013.
- Hosted biannual working group meetings
- Formulated sub-groups (M&E and Research, Country Engagement, Global Technical Leadership)
- Presented at conferences and meetings (e.g. Global Health Conference, USG-sponsored MNCH-FP-Nutrition Integration Consultation, and Global Health Mini-Universities)
- Launched the FP-Immunization Integration Toolkit in 2013 (including briefs on M&E and SBCC developed by the WG)
Photos from the Technical Working Group Meeting

Uganda Project Approach

- Train, mentor and coach health providers at project facilities on FP and immunization integration
- Ensure supply of all FP and immunization supplies
- Multi-pronged community engagement approach involving VHTs, religious and community leaders, women and male groups
- Conduct radio programs, community dialogues and use of satisfied clients

[Image 1: Photos from the Technical Working Group Meeting]
[Image 2: Slide from a presentation on Uganda Project Approach]
[Image 3: Room filled with participants at the meeting]