

# Family Planning & Immunization Integration Toolkit

Providing family planning information and services to postpartum women during their infants' immunization visits provides an opportunity to reach women with unmet need for family planning. While evidence of the effect of integration on immunization services is limited, it is possible that effective integration may result in strengthened health systems, more focus and attention brought to immunization services and outcomes, and more efficient use of staff time and resources.

To be successful, integrated immunization and family planning service provision requires actions that support family planning and immunization alike. Supportive policies, evidence-based service delivery guidelines, capable service providers and managers, strong logistics to ensure availability of supplies, and broad acceptance by both communities and health workers are essential.

**This toolkit, developed by the Family Planning and Immunization Integration Working Group, houses relevant resources developed by partner institutions. The objectives of the toolkit are:**

- To provide a repository of information on integrated family planning and immunization service delivery.
- To make evidence-based information and tools accessible for health professionals and others around the world.
- To identify gaps in existing resources and provide new resources and tools as needed to fill gaps.

This toolkit contains the following sections:

1. ***Essential Knowledge***: highlights the rationale for integration and presents key resources documenting the evidence around FP & immunization integration
2. ***Evidence-based Advocacy***: presents advocacy considerations, as well as briefs, reports, and presentations used to advocate for FP & immunization integration among key stakeholders
3. ***Implementation Tools***: includes field-tested tools used to guide implementation of integrated service delivery, such as tools for screening and referral, training, supervision, and cost assessment
4. ***Social & Behavior Change Communication***: provides a range of tools and materials for designing a strategic approach integrated service delivery, including tools for formative assessment, sample job aids and IEC materials, and guidance on SBCC strategy design

5. **M&E and Research Tools**: presents guidance documents and tools to guide monitoring and evaluation of integrated family planning and immunization service delivery, including recommended indicators and priority research questions
6. **Country Experiences**: offers examples of country experiences with integrating family planning and immunization services, and highlights various strategies used, challenges faced, and lessons learned
7. **The Working Group**: includes FP/Immunization Integration Working Group meeting reports and other documents.

**Family planning and immunization integration has been recognized by USAID as a ?Promising Practice? for family planning. USAID maintains a map and inventory list of countries implementing FP and immunization integration activities through their Family Planning High Impact Practices site.**

**We welcome additional resources for inclusion in the toolkit! Please email us at toolkits@k4health.org or fill out the feedback form if you have a relevant resource that you would like to share.**

**What are K4Health Toolkits?**

**What is the purpose of this toolkit?**

**Who developed this toolkit?**

**Who are the publishers of the resources?**

**What types of resources are included?**

**Who are the intended audiences?**

**How do I get started using this toolkit?**

**How can I suggest a resource to include in this toolkit?**

**How can I make a comment or give feedback?**

**What are K4Health Toolkits?**

K4Health Toolkits are electronic collections of carefully selected information resources on a particular topic for health policy makers, program managers, and service providers. They are based on a continuous publishing principle that allows them to evolve after publication to capture additional resources and to identify and fill remaining information gaps.

**What is the purpose of this toolkit?**

- To provide a repository of information on integrated family planning and immunization service delivery.
- To make evidence-based information and tools accessible to health professionals and others around the world.

### **Who developed this toolkit?**

The Family Planning & Immunization Integration Toolkit is a collaborative effort among members of the Family Planning & Immunization Integration Working Group, which is co-hosted by MCHIP and FHI 360.

### **Who are the publishers of the resources?**

The resources in this Toolkit were compiled by the Family Planning & Immunization Integration Working Group. Resources selected for inclusion in this Toolkit were published by institutions working throughout the world to promote evidence-based best practices and improve the delivery of family planning and immunization integration. These institutions include USAID, MCHIP, FHI 360, IntraHealth, RTI, Curamericas, JSI, MSH, and others.

### **What types of resources are included?**

This toolkit is not a comprehensive library of all existing materials on family planning and immunization integration but is rather a strategic package of resources to guide program managers at implementing organizations, advocates, and decision makers through the processes of piloting, implementing, and scaling up integrated programs and advocating for policy change. These resources include:

- ?Up-to-date global and country-specific background and reference materials to inform advocacy and assist with the design of evidence-based, state-of-the-art programs.
- ?Job aids, curricula, and other tools to increase the effectiveness and quality of program activities and services.
- ?Publications that detail key implementation processes and lessons learned.

### **Who are the intended audiences?**

The target audiences for the Toolkit are national family planning and immunization program managers and supervisors, technical advisors, national immunization policy makers, and development partners.

### **How do I get started using this toolkit?**

To browse the content of this Toolkit, use the navigation menu on the right side of the page to view resources related to key topics. Click on the title of the resource for more information about it, or click on the full-text link to get direct access to the full publication. If you decide to adapt any

of these resources, please remember to credit the source.

### **How can I suggest a resource to include in this toolkit?**

We invite you to contribute to evolving and enhancing this toolkit. If you have developed or use quality resources that you think should be included in this toolkit, please [email us](#) with your suggestions or fill out our [feedback form](#). The Toolkit collaborators will review and consider your suggestions.

### **How can I make a comment or give feedback?**

If you have comments about the Toolkit, please share them through the [feedback form](#). Your feedback will help to ensure the Toolkit remains up-to-date and is continually improved. For example, you can share ideas about how you have used the Toolkit in your work so that others can learn from and adapt your experiences.



**Related eLearning Courses:**  
[Immunization Essentials](#)

## **Essential Knowledge**

This section of the Toolkit provides key resources that lay out the rationale for integrating immunization and family planning services. Among these resources are the [High Impact Practices \(HIP\) Brief](#), which summarizes the global evidence and guidance for this practice. The family planning and immunization integration [Annotated Bibliography](#) presents more than 40 relevant articles and reports on this topic.



### Why integrate immunization and family planning services?

- Increasing access to postpartum family planning advances child health goals by reducing pre-term birth, infant death, and low birth weight.
- During the extended postpartum period, the majority of women wish to space or limit pregnancies but are not using a modern contraceptive method.
- Vaccination visits can provide timely opportunities to link new mothers with family planning information and services.
- Effective integration may result in strengthened health systems and fewer missed opportunities to provide needed services to both mothers and children.

Visit the [Conceptual Models](#) page to learn more about the two primary models for integrated service delivery.

While more research is needed to document the impact of integration on both family planning and immunization services, existing evidence indicates that integrated service delivery models can lead to increases in family planning uptake with no negative effect on the use of immunization services. Opportunities for strengthening use of immunization services through integrated service delivery are currently being explored.

To suggest an additional resource or share your perspective on integration of family planning and immunization services, please fill out our [feedback form](#).

### Resources:

- **Integration of Immunization and Family Planning Services: An Annotated Bibliography**

This recently updated bibliography of Family Planning and Immunization Integration literature summarizes relevant journal articles and program reports published through 2014. The literature review began with a search on Medline using the following keywords: family planning services, immunization services, integration, child health, birth spacing, EPI, integrated services.

## **Integrating Family Planning Messages into Immunization Services: A Cluster-Randomized Trial in Ghana and Zambia**

### **Abstract**

**OBJECTIVE** To determine whether integrating family planning (FP) messages and referrals into facility-based, child immunization services increase contraceptive uptake in the 9- to 12-month post-partum period. **METHODS** A cluster-randomized trial was used to test an intervention where vaccinators were trained to provide individualized FP messages and referrals to women presenting their child for immunization services. In each of 2 countries, Ghana and Zambia, 10 public sector health facilities were randomized to control or intervention groups. Shortly after the introduction of the intervention, exit interviews were conducted with women 9-12 months postpartum to assess contraceptive use and related factors before and after the introduction of the intervention. In total, there were 8892 participants (Control Group Ghana, 1634; Intervention Group Ghana, 1129; Control Group Zambia, 3751; Intervention Group Zambia, 2468). Intervention effects were evaluated using logistic mixed models that accounted for clustering in data. In addition, in-depth interviews were conducted with vaccinators, and a process assessment was completed mid-way through the implementation of the intervention. **RESULTS** In both countries, there was no significant effect on non-condom FP method use (Zambia,  $P = 0.56$  and Ghana,  $P = 0.86$ ). Reported referrals to FP services did not improve nor did women's knowledge of factors related to return of fecundity. Some providers reported having made modifications to the intervention; they generally provided FP information in group talks and not individually as they had been trained to do. **CONCLUSION** Rigorous evidence of the success of integrated immunization services in resource poor settings remains weak.

## **Rwanda: Research Findings: Integration of Postpartum Family Planning with Child Immunization Services in Rwanda (Report)**

The Rwanda Ministry of Health, with support from FHI 360, conducted a study evaluating the effectiveness of an intervention to reach postpartum women with family planning (FP) education, screening, and services through child immunization contacts. This brief highlights findings from the study.

### Key findings include:

? The intervention increased contraceptive use over time. At baseline, contraceptive prevalence in the intervention sites was 49% and in the follow-up survey increased to 57%. In the control sites, prevalence at baseline was 58% and declined to 51% at follow-up. The 15 percentage point difference between the groups from pre- to post-intervention was statistically significant.

? Immunization services appeared not to have been affected by the intervention. Data on the use of the measles and other vaccines over a 16-month period indicated that immunization service visits did not decline in the intervention facilities once the intervention was

implemented, and showed no difference in vaccination rates between the intervention and control groups.

? The delivery of the intervention, particularly the use of the FP screening tool during one-on-one encounters with mothers, required reinforcement, and some messages were not delivered consistently in all settings.

- **Family Planning & Immunization Integration High Impact Practices Brief**

The HIP team at USAID has developed briefs that synthesize the evidence and provide recommendations for how to implement selected high impact practices for family planning. This brief focuses on the integration of family planning and immunization services, which has been recognized as a "promising practice" for family planning. The brief presents the rationale for integration, a synthesis of program findings, tips from implementation experience, and priority research questions. The [HIP Map](#), also available on the HIP website, displays the locations of USAID-funded efforts to integrate these services.

- **Programming Strategies for Postpartum Family Planning**

This resource provides a detailed reference for PPFPP program design for a variety of cultural contexts. It informs policy makers and program managers about the unique family planning needs of postpartum women, describes assessment methods to comprehensively identify PPFPP programming opportunities, and presents illustrative strategies, complete with activities and measurable indicators, to integrate PPFPP programs into multiple health system entry points.

The document is specifically geared toward supporting program managers' efforts to:

- Mitigate missed PPFPP opportunities across the continuum of care
- Organize health services to allow time for family planning counseling
- Maximize the availability of community-based care
- Expand the available range of family planning options and services

This document represents the culmination of a collaborative initiative among the World Health Organization (WHO), United Nations Population Fund (UNFPA), United States Agency for International Development (USAID), and their development partners.

- **Community and Health Worker Perceptions and Preferences Regarding Integration of Other Health Services with Routine Vaccinations: Four Case Studies**

**Background.** Integration of routine vaccination and other maternal and child health services is becoming more common and the services being integrated more diverse. Yet knowledge gaps remain regarding community members and health workers acceptance, priorities, and concerns related to integration.

**Methods.** Qualitative health worker interviews and community focus groups were conducted in 4 African countries (Kenya, Mali, Ethiopia, and Cameroon).

**Results.** Integration was generally well accepted by both community members and health workers. Most integrated services were perceived positively by the communities, although perceptions around socially sensitive services (eg, family planning and human immunodeficiency virus) differed by country. Integration benefits reported by both community members and health workers across countries included opportunity to receive multiple services at one visit, time and transportation cost savings, increased service utilization, maximized health worker efficiency, and reduced reporting requirements. Concerns related to integration included being labor intensive, inadequate staff to implement, inadequately trained staff, in addition to a number of more broad health system issues (eg, stockouts, wait times).

**Conclusions.** Communities generally supported integration, and integrated services may have the potential to increase service utilization and possibly even reduce the stigma of certain services. Some concerns expressed related to health system issues rather than integration, per se, and should be addressed as part of a wider approach to improve health services. Improved planning and patient flow and increasing the number and training of health staff may help to mitigate logistical challenges of integrating services.

- **Experiences Integrating Delivery of Maternal and Child Health Services with Childhood Immunization Programs: Systematic Review Update**

**Background.** The World Health Organization and the United Nations Children's Fund promote integration of maternal and child health (MCH) and immunization services as a strategy to strengthen immunization programs. We updated our previous review of integrated programs and reviewed reports of integration of MCH services with immunization programs at the service delivery level.

**Methods.** Published and unpublished reports of interventions integrating MCH and immunization service delivery were reviewed by searching journal databases and Web sites and by contacting organizations.

**Results.** Among 27 integrated activities, interventions included hearing screening, human immunodeficiency virus services, vitamin A supplementation, deworming tablet administration, malaria treatment, bednet distribution, family planning, growth monitoring, and health education. When reported, linked intervention coverage increased, though not to the level of the corresponding immunization coverage in all cases. Logistical difficulties, time-intensive interventions ill suited for campaign delivery, concern for harming existing services, inadequate overlap of target age groups, and low immunization coverage were identified as challenges.

**Conclusions.** Results of this review reinforce our 2005 review findings, including importance of intervention compatibility and focus on immunization program strength. Ensuring proper planning and awareness of compatibility of service delivery requirements were found to be important. The review revealed gaps in information about costs, comparison to vertical delivery, and impact on all integrated interventions that future studies should aim to address.

- **Mali: ProFam Urban Outreach -- A High Impact Model for Family Planning (Case Study)**

This case study describes PSI's efforts to increase Malian women's access to long acting reversible contraceptives (LARCs) by integrating family planning counseling and services with routine immunization services.

- **Integration of Family Planning with Immunization Services: A Promising Approach to Improving Maternal and Child Health**

This advocacy brief, developed in 2010 by MCHIP and FHI 360, highlights the rationale for integrating family planning and immunization services, implementation experiences to-date, and priority research questions in this area.

- **The Integration of Family Planning with Other Health Services: A Literature Review**

**CONTEXT:** Integrating family planning services with other health services may be an effective way to reduce unmet need. However, greater understanding of the evidence on integration is needed.

**METHODS:** Studies that evaluated the integration of family planning with any other type of health service were identified by searching five databases. To be included, studies had to have: been published in English between 1994 and 2009; used either a single-group pre- and posttest design or a two-group control or comparison design; and reported a family planning-related behavioral or reproductive health outcome.

**RESULTS:** Nine studies met the inclusion criteria. The integration interventions ranged from simple referrals between providers of existing services to fully integrated, community-based delivery of education and services. One evaluation used a quasi-experimental design; two used case-control comparison designs; two used combination designs; and the rest used either a single-group pre- and posttest design or a two-group cross-sectional design. Seven studies found improvements in family planning-related outcomes, although not all reported the significance of these changes; another reported mixed results and one found no effect. Of the studies that examined providers', clients' or community members' perspectives of integration, all reported overall satisfaction. No studies provided an economic analysis.

**CONCLUSIONS:** The evidence supporting the integration of family planning with other health services remains weak, and well-designed evaluation research is still needed. Future research should report outcomes for all health areas being integrated and should investigate in more detail the perspectives of providers, clients and community members and assess the cost-effectiveness of integration.

- **More juice from the squeeze: Linking immunization services with other health interventions**

This issue of SnapShots explores some aspects of integrating or "linking" vaccination

services with other health services and interventions: what criteria must be met to make this effective, what is practical for program managers to do, and why it is in their interest. Page 3 has a useful table that looks at considerations when packaging interventions with immunization.

- **Strategies for integrating primary health services in middle and low-income countries at the point of delivery**

**Summary:** Strategies to integrate primary health care aim to bring together inputs, organization, management and delivery of particular service functions to make them more efficient, and accessible to the service user. This study examined the effectiveness of integration strategies at the point of delivery with the objective, to assess the effects of strategies to integrate primary health care services on producing a more coherent product and improving health care delivery and health status. This review searched the Cochrane Effective Practice and Organization of Care Group specialized register, MEDLINE, EMBASE, Socio Files, Popline, HealthStar, Cinahl, Cab Health, International Bibliography of the Social Sciences, and reference lists of articles. As well as the Internet and World Health Organization (WHO) library database, hand searched relevant WHO publications and contacted experts in the field.

**Key Findings:** Three cluster randomized trials and two controlled before and after studies were included, with three types of comparison: integration by adding on an additional component to an existing service (family planning); integrated services versus single special services (for sex workers); integrated delivery systems versus a vertical service (for family planning); and packages of enhanced primary child care services (integrated management of childhood illnesses) vs. routine child care. Few studies of good quality, large and with rigorous study design have been carried out to investigate strategies to promote service integration in low and middle income countries. All describe the service supply side, and none examine or measure aspects of the demand side. Future studies must also assess the client's view, as this will influence uptake of integration strategies and their effectiveness on community health.

- **Contraceptive use, intention to use and unmet need during the extended postpartum period**

**Context:** The year after a woman gives birth presents a rising risk of an unwanted conception and an often frustrated desire for contraceptive protection. At present, contraceptive use levels during this period fall short, resulting in unplanned pregnancies and unwanted childbearing.

**Methods:** Data from 27 surveys conducted as part of the Demographic and Health Surveys series between 1993 and 1996 are analyzed to assess intentions to practice contraception and unmet need for it, both in the first year after birth. Unmet need is partly redefined here to focus on future wishes rather than on past pregnancies and births.

**Results:** Across the 27 countries, there is much unsatisfied interest in, and unmet need for, contraception. Unweighted country averages indicate that two-thirds of women who are within one year of their last birth have an unmet need for contraception, and nearly 40% say they plan to use a method in the next 12 months but are not currently doing so. Moreover, of all unmet need, on average nearly two-fifths falls among women who have given birth within the past year. Similarly, nearly two in five women intending to use a method are within a year of their last birth. The two groups—those with an unmet need and those intending to use a method—overlap; their common members include nearly all of those intending to use a method and about two-thirds of those with an unmet need (which is the larger group of the two). Only trivial proportions of both of these groups want another birth within two years. Between 50% and 60% of pregnant women make prenatal visits or have contact with health care providers at or soon after delivery, and additional contacts occur for infant care and other health services.

**Conclusions:** Women who have recently given birth need augmented attention from family planning and reproductive health programs if they are to reduce their numbers of unwanted births and abortions and to lengthen subsequent birth intervals. Prenatal visits, delivery services and subsequent health system contacts are promising avenues for reaching postpartum women with an unmet need for and a desire to use family planning services.

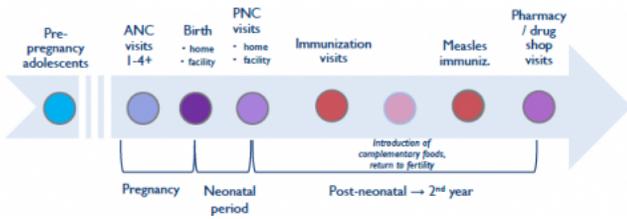
## • The integration of family planning and childhood immunization services in Togo

*Abstract:* Improvements in the constellation of services in the African context are largely addressed through attaining better measures of service integration, which can be achieved through improved referral across categories of health programs. The use of an unobtrusive referral message that linked family planning and the Expanded Program of Immunizations (EPI) services was tested in an operations research study in Togo. The introduction of the referral message was accompanied by an 18-percent increase in awareness of available family planning services and an increase in the average monthly number of new family planning clients of 54 percent. These positive results indicate that the use of referral can have a significant and dramatic impact on family planning services in a relatively short time. In Togo, no evidence existed of a negative impact on EPI services, and a majority of the EPI providers reported satisfaction with the effect of the referral message at the close of the study.

## Conceptual Models for Integration

Because of high unmet need for postpartum family planning and health risks associated with pregnancies spaced too closely together, programs must take advantage of every opportunity to reach mothers with postpartum family planning through antenatal, postnatal, and child health contacts.

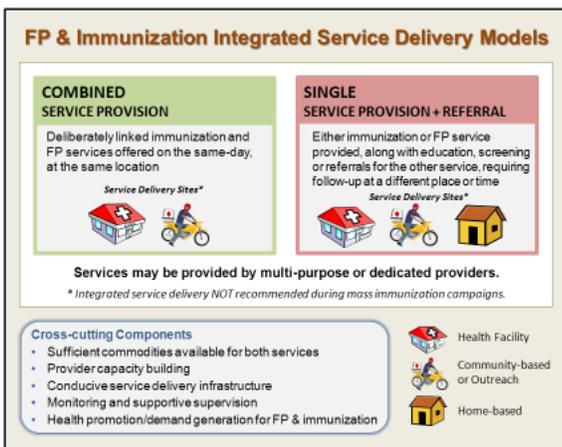
**CONTACT POINTS TO INTEGRATE FAMILY PLANNING:**



Two primary models are being used to integrate family planning and child immunization services:

1. **Combined service provision**, when both services are offered on the same day and at the same location
2. **Single service provision plus referral**, when either family planning or immunization services are provided along with education, screening and/or referrals for the other service, requiring follow-up at a different place or time

The figure below illustrates these two models:



Implementation of these models can vary based on a number of factors:

**Type of health provider:** Integrated services can be offered by a multi-purpose provider, a dedicated family planning provider or vaccinator, by a community health worker, or by a combination of these. In some settings, a community health worker provides group education or conducts one-on-one screening, and then a multi-purpose or dedicated provider delivers vaccination or contraceptive services.

**Location:** Integrated family planning and immunization services can be offered at fixed facilities or through community-based mobile or outreach programs. Routine immunizations are not typically offered through household visits because of cold chain requirements and limited human resources, but community-based programs that offer family planning door-to-door can integrate education and referrals for immunization services.

**Type of Referrals:** At the facility level, making referrals for off-site services or for services offered at the same location but on a different day can create barriers to access. However, in some settings, a referral model might be the only feasible service delivery option. Referrals are

often made without any active follow-up. In other cases, referrals might involve active support for follow-up (sometimes called "facilitated referrals") and/or monitoring of women's subsequent use of services. Facilitated referrals with follow-up are ideal when it is not possible to offer services during the same visit.

**Type of Client Education and Screening:** Client education and demand creation can occur in group settings or one-on-one. Simple screening questions about women's family planning needs should be included in routine child immunization visits. Likewise, when a postpartum woman accesses family planning services, a rapid screening should be conducted to ensure that her child is immunized. Systematic screening is an evidence-based approach to comprehensively capture clients' health needs.

Experts recommend that integration models should be designed to offer family planning services during **routine** immunization services offered at fixed facilities or through community outreach programs. **Service integration during mass immunization campaigns is not recommended.**

View a [technical brief](#) for more information about integration models, a summary of available evidence, and tips for implementation.

For examples of how services are being integrated in the field, please visit the [Country Experiences](#) section of the Toolkit.

To suggest an additional resource or share your perspective on integration of family planning and immunization services, please fill out our [feedback form](#).

#### Resources:

- **Conceptual Model for FP & Immunization Integrated Service Delivery**

The conceptual model for FP & immunization integration, developed by the working group for inclusion in the High Impact Practices brief, is available for in Powerpoint and PNG format for your use.

## Evidence-based Advocacy



This section of the Family Planning & Immunization Integration Toolkit provides briefs, reports, and presentations that have been used to advocate for the integration of family planning and immunization services. In addition, please visit the [Family Planning Advocacy Toolkit](#) to access a range of advocacy tools and evidence linking family planning with other development issues, including maternal and child health.

### **Advocacy is essential to secure support for integration of immunization and family planning services.**

The potential benefits of integration for family planning outcomes are readily apparent and supported by research. Documentation on the effect of integration on routine immunization is limited but indicates no negative consequences. There have been instances, however, usually in connection with highly visible mass vaccination campaigns, in which rumors that vaccination is a covert attempt to sterilize women and children have led to setbacks in immunization. For this reason, advocacy efforts must recognize the perspectives and priorities of both services and make a compelling case for benefits while also addressing any concerns about potential risks.

### **Advocates for integrated service delivery should:**

- Clearly communicate the rationale for integration and potential benefits for both technical areas to national and regional policymakers, development agencies, health facility staff, community leaders, and clients themselves.
- Craft advocacy messages about the benefits of integration that are evidence-based and recognize the country context.
- Appreciate the validity of concerns from immunization program personnel, and recognize that a strong immunization platform is vital to the success of integrated service delivery.
- Encourage implementers to identify and address any potential risks.
- Encourage implementers to monitor outcomes for both immunization and family planning.

### **Who benefits from integrated family planning and immunization services?**

- **Clients** benefit from easier and more convenient access to two lifesaving services.
- **Family planning providers** benefit from increased exposure to postpartum women in need of contraceptive information and services.
- **Vaccinators** benefit from adding value within the health system and from the added focus and attention given to immunization services.

- **Immunization stakeholders** benefit from establishing immunization as a central platform serving multiple health interventions.
- **The health system** benefits from strengthened primary health care linkages and efficient use of resources.

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#### Resources:

- **Video: Integration of Family Planning with Immunization and Other Health Services**

Dr. Mwai Makoka, Executive Director of the Christian Health Association of Malawi, and Dr. Tonny Tumwesigye, Executive Director of the Uganda Protestant Medical Bureau explain how their organizations increase uptake of family planning by integrating it with other health services.

- **Integrating immunization and other services for women and children**

The Expanded Program on Immunizations (EPI) has dramatically decreased childhood morbidity and mortality since its introduction in 1974, and now reaches over 85% of the world's children. Some countries and regions are still working to achieve high coverage, however, and many non-vaccine programs have not gained the same traction needed for maximum impact. Integrating service delivery, for example, health service providers could use the opportunity of immunizing a child to provide nutrition and family planning services for the parents, can provide a program foundation through which broad services can be equitably provided as well as give a beneficial boost to EPI coverage. While integration requires thoughtful and measured planning, the potential impact for families and communities is great. (abstract)

- **Rwanda: Research Findings: Integration of Postpartum Family Planning with Child Immunization Services in Rwanda (Report)**

The Rwanda Ministry of Health, with support from FHI 360, conducted a study evaluating the effectiveness of an intervention to reach postpartum women with family planning (FP) education, screening, and services through child immunization contacts. This brief highlights

findings from the study.

Key findings include:

? The intervention increased contraceptive use over time. At baseline, contraceptive prevalence in the intervention sites was 49% and in the follow-up survey increased to 57%. In the control sites, prevalence at baseline was 58% and declined to 51% at follow-up. The 15 percentage point difference between the groups from pre- to post-intervention was statistically significant.

? Immunization services appeared not to have been affected by the intervention. Data on the use of the measles and other vaccines over a 16-month period indicated that immunization service visits did not decline in the intervention facilities once the intervention was implemented, and showed no difference in vaccination rates between the intervention and control groups.

? The delivery of the intervention, particularly the use of the FP screening tool during one-on-one encounters with mothers, required reinforcement, and some messages were not delivered consistently in all settings.

- **Family Planning & Immunization Integration High Impact Practices Brief**

The HIP team at USAID has developed briefs that synthesize the evidence and provide recommendations for how to implement selected high impact practices for family planning. This brief focuses on the integration of family planning and immunization services, which has been recognized as a "promising practice" for family planning. The brief presents the rationale for integration, a synthesis of program findings, tips from implementation experience, and priority research questions. The [HIP Map](#), also available on the HIP website, displays the locations of USAID-funded efforts to integrate these services.

- **Programming Strategies for Postpartum Family Planning**

This resource provides a detailed reference for PFP program design for a variety of cultural contexts. It informs policy makers and program managers about the unique family planning needs of postpartum women, describes assessment methods to comprehensively identify PFP programming opportunities, and presents illustrative strategies, complete with activities and measurable indicators, to integrate PFP programs into multiple health system entry points.

The document is specifically geared toward supporting program managers' efforts to:

- Mitigate missed PFP opportunities across the continuum of care
- Organize health services to allow time for family planning counseling
- Maximize the availability of community-based care
- Expand the available range of family planning options and services

This document represents the culmination of a collaborative initiative among the World Health Organization (WHO), United Nations Population Fund (UNFPA), United States Agency for International Development (USAID), and their development partners.

## • **Family Planning Advocacy Toolkit**

The Family Planning Advocacy Toolkit provides advocates at all levels, from international and national leaders to community mobilizers, the resources and tools they need to advocate for improved access to family planning and increased demand for services. This dual approach will help meet the needs of an estimated 222 million women who want to avoid pregnancy but lack access to family planning information, contraceptive supplies and services.

This Family Planning Advocacy Toolkit contains a carefully selected collection of state-of-the-art information and tools for effective family planning advocacy at all levels. The Toolkit is organized into six sections:

1. Guidance for creating a plan and designing an advocacy strategy
2. Family planning policy-related actions and examples of population policies
3. Information on effectively communicating population and family planning messages
4. Indicators and tools for monitoring and evaluating advocacy actions
5. Data and evidence that support the use of family planning
6. Information on the links between family planning and other development issues

- **Liberia: Family Planning Needs During the First Two Years Postpartum (Briefer)**

This 4-page brief makes the case for integrating family planning services with immunization services in Liberia by examining data on birth spacing, unmet need for spacing and limiting among postpartum women, and contraceptive use by infant vaccination status.

- **Integrating Family Planning and Immunization for High Impact**

This web-based brief describes integration of FP and Immunization services in Senegal through IntraHealth's Health Services Improvement Program.

- **It's Got Promise! Integration of Family Planning and Immunization Services**

This presentation, given at the 2012 USAID Mini University, describes the rationale for integration and shares both the FP and Immunization perspective on integration. The presentation also showcases several integration models and opportunities and shares case studies from Rwanda and Liberia.

- **Immunisation for All: No child left behind**

One child in five misses out on basic vaccinations. This report identifies country-level strategies to reach the unreached. Pages 16-20 focus on integration. The report then identifies factors at the global level that will help to create a more conducive environment for countries to achieve and sustain universal immunisation coverage.

Finally, the report makes a series of recommendations to governments, development partners, the private sector and civil society. It urges all actors to seize the opportunity we have this decade to achieve universal access to immunisation.

- **Integration of Family Planning with Immunization**

## **Services: A Promising Approach to Improving Maternal and Child Health**

This advocacy brief, developed in 2010 by MCHIP and FHI 360, highlights the rationale for integrating family planning and immunization services, implementation experiences to-date, and priority research questions in this area.

- **More juice from the squeeze: Linking immunization services with other health interventions**

This issue of SnapShots explores some aspects of integrating or "linking" vaccination services with other health services and interventions: what criteria must be met to make this effective, what is practical for program managers to do, and why it is in their interest. Page 3 has a useful table that looks at considerations when packaging interventions with immunization.

- **Statement for Collective Action for Postpartum Family Planning**

This statement for collective action is for all programs that reach postpartum women during the first year following a birth to integrate PFP counseling and services into their programs.

## **Service Delivery Implementation Tools**



The Service Delivery Implementation Tools section of this Toolkit provides resources to guide implementation of integrated service delivery, such as tools for screening and referral, training, supervision, and cost assessment.

These resources can help to support and enhance integrated service delivery. Routine supportive supervision, clear referral pathways, and quality training and skills refreshment opportunities are critical to the success of integrated services.

To access a variety of health communication materials, please visit the [Social and Behavior Change Communication](#) section of the Toolkit.

To suggest an additional resource or share your perspective on advocating for integration of family planning and immunization services, please fill out our [feedback form](#).

#### Resources:

- **Liberia: FP & Immunization Integration Training Materials**

This document includes resources for training service providers and orienting their supervisors on EPI and family planning integration. It is intended as a supplement to the Family Planning and Immunization Integration Implementation Guide, which outlines the rationale for integration, steps in the implementation process, considerations for integrated service delivery, and provides other tools to support integrated service delivery. The content was developed by the Liberia Ministry of Health and Social Welfare (MOHSW) and the Maternal and Child Health Integrated Program (MCHIP) during the implementation of a pilot initiative to integrate these services. This document is organized in three parts: 1) Supervisor Orientation Guide; 2) Service Provider Training Guide; 3) Reference Materials; and 4) Powerpoint Slides.

Please contact Chelsea Cooper ([chelsea.cooper@jhpiego.org](mailto:chelsea.cooper@jhpiego.org)) for the raw versions of the powerpoint files which are presented in the PDF below.

## **Liberia: FP & Immunization Integration Implementation Guide**

This guide highlights key implementation considerations, tools and resources, and program learning from the implementation of an approach to integrate Expanded Program on Immunization (EPI) and FP services in two counties of Liberia. The guide is intended for use by county teams and other institutions looking to replicate the approach. The integration model and tools included in the guide were developed by Liberia's Ministry of Health and Social Welfare (MOHSW) in collaboration with MCHIP, funded by the United States Agency for International Development (USAID).

## **Standard Operating Procedures for Integrated Family Planning-Immunization Services (Jarkhand, India)**

The government of Jharkhand, India in partnership with FHI 360 developed new standard operating procedures to offer three cadres of health care providers – medical officers, auxiliary nurse midwives and sahiyyas – formal guidance on how to link family planning and immunization services effectively and efficiently. The standard operating procedures is being incorporated into the NRHM's regular training curricula for all three frontline providers in Jharkhand.

## **Liberia: Job Aid for Vaccinators**

This strategically designed job aid for vaccinators highlights key immunization and family planning messages for vaccinators to share one-on-one with clients during each routine infant immunization contact at the health facility.

The approach employed by MCHIP and the Liberia MOHSW involved vaccinators providing a few short, targeted family planning and immunization messages and same-day family planning referrals to mothers bringing their infants to the health facility for routine immunization. The emphasis of the approach was *co-located provision of same-day services*, with the vaccinators serving as the critical referral link between points of service delivery. This model involves the following components:

- During routine infant immunization sessions, at the completion of each immunization visit, vaccinators use a simple job aid to share brief, targeted FP and immunization messages

one-on-one (not through group health talks) with mothers and refer them to the co-located FP room for more in-depth FP counseling and services. The job aid includes messages about healthy timing and spacing of pregnancy, benefits of FP for women with infants less than one year of age, and a reminder about the return date for the child's next EPI visit.

- Women who are interested in seeking FP services on the same day are given a referral card, their names are recorded in a supplemental ledger, and they are directed to the FP room by the vaccinator.
- Women who are not interested in seeking FP on the same day are given a leaflet with information about the benefits of FP for the health of the mother, father, and infant, and are encouraged to discuss FP with their partners, other family members, and/or friends and return to the facility soon for FP.
- FP providers collect referral card from those women referred from immunization services and document the referrals in their FP ledgers.
- Posters emphasizing the message that "family planning is good for baby ma" are placed throughout the clinic, including at the immunization station and FP room. As part of the steps listed on the job aid, the vaccinator points out the poster to mothers. Posters also help to guide referred clients from the vaccination station to the FP room.
- Immunization services at fixed facilities (as opposed to outreach services) were identified as the primary integration platform, given that in Liberia, fixed facility services cover a greater proportion of infants and service provision tends to be more stable and consistent. Fixed facilities also permit a greater degree of privacy—which stakeholders viewed as a particularly sensitive point with regard to contraceptive use by mothers of young infants.

*[See also the [Liberia Final Assessment Report](#) for findings from this initiative. Page 2 of the report highlights the key steps involved in the process.]*

## • **EPI/FP Referral Card (Liberia)**

This is a referral card provided to clients accept referrals for family planning services from the vaccinator.

The approach employed by MCHIP and the Liberia MOHSW involved vaccinators providing a few short, targeted family planning and immunization messages and same-day

family planning referrals to mothers bringing their infants to the health facility for routine immunization. The emphasis of the approach was *co-located provision of same-day*

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- FP providers collect referral card from those women referred from immunization services and document the referrals in their FP ledgers.
- Posters emphasizing the message that "family planning is good for baby ma" are placed throughout the clinic, including at the immunization station and FP room. As part of the steps listed on the job aid, the vaccinator points out the poster to mothers. Posters also help to guide referred clients from the vaccination station to the FP room.
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[See also the [Liberia Final Assessment Report](#) for findings from this initiative. Page 2 of the report highlights the key steps involved in the process.]

## • **Postpartum Systematic Screening Tool (Nigeria)**

Systematic screening, a USAID best practice developed by Population Council, is a simple procedure allowing health care providers to address multiple needs of a client during a single visit. A modified systematic checklist, sensitive to the unique needs of postpartum women, was developed by ACCESS-FP and applied in northern Nigeria. The approach involved facility-level health care providers using a standardized checklist to first identify each client's needs and desires for services (postnatal care, antenatal care, family planning, immunization and other relevant services), and then provide these services either during the same visit or through referrals as needed.

The approach increased screening and referrals for family planning; however, few women reported that they would go for same-day services. Based on service statistics, there appeared to be a slight increase in couple-years of protection (CYP) during the intervention period. However, stock outs of family planning commodities were an issue at the focus facilities. The full report is also available [here](#).

## • **Postpartum Systematic Screening Tool (India)**

Systematic screening, a USAID best practice developed by Population Council, is a simple procedure allowing health care providers to address multiple needs of a client during a single visit. MCHIP conducted an evaluation of the use of a modified *postpartum* systematic screening tool among women attending community-based child immunization and nutrition days in Jharkhand, India. Village health and nutrition days occur monthly at village level.

## • Ghana, Zambia, Rwanda: Job Aid for Vaccinators

This job aid was used in two studies led by FHI 360: one conducted in Ghana and Zambia in 2009-2010 and one conducted in Rwanda in 2010-2012. The job aid instructs immunization providers to screen mothers for risk of an unplanned pregnancy, using criteria based on the Lactational Amenorrhea Method (LAM), and to give a brief counseling message depending upon a mother's risk classification. In Rwanda, an intervention was tested which included one-on-one screening using the job aid, information about postpartum family planning delivered during group education sessions, distribution of educational brochures, and supportive supervision. In Rwanda, a statistically significant increase in FP use in intervention sites was observed. A similar but less intensive intervention model was tested in Ghana and Zambia; this model included use of the job aid by vaccinators for one-on-one screening but not the other elements of the intervention tested in Rwanda. Results of the study in Ghana and Zambia found no effect on contraceptive use in the 9-12 month postpartum period. These findings suggest that use of a job aid for one-on-one screening may be most effective when combined with group education, distribution of effective IEC materials, and ongoing supervision of providers.

## Social & Behavior Change Communication



Social and behavior change communication (SBCC) is a research-based, consultative process that uses communication strategies to facilitate change with the aim of improving health outcomes. SBCC is guided by a comprehensive ecological theory that incorporates both

individual level change and change at broader environmental and structural levels. Within family planning and immunization integration efforts, SBCC serves a critical role for building buy-in and generating demand for both services, promoting high quality provider/client interactions, and ensuring that information shared by vaccinators and family planning providers is strategic (informed by findings from formative research; complemented by reliable, convenient services) and clearly relayed to clients.

SBCC for integrated service delivery addresses attitudes and behaviors at multiple levels:

- **Healthcare Workers** - Community- and facility-level health workers provide clear and appropriate information and referrals according to protocols for integrated service delivery, use job aids consistently, and motivate clients to accept and follow-through on referrals (without pressuring them)
- **Mothers bringing infants for vaccination** ? Woman listens carefully to information, asks any questions, follows through on immunization referral, follows through on family planning referral if desired, uses contraception prior to fertility return, and returns on time for the child?s next vaccination(s).
- **Family** ? Husband, mother in law, and other family members support the woman to use the desired method of contraception, enable travel for consultations and/or contraceptives, encourage the woman to bring the child on time for the child?s next vaccination(s), and provide needed support or take the child if the mother cannot.
- **Community** ? Local leaders, village health committees, and religious leaders advocate for women to use integrated services, endorse the importance of both immunization and family planning services, and promote the benefits (including convenience) of integrated services for community members.
- **Policymakers** ? Encourage and support integrated service delivery at the national and regional levels, ensure that supportive policies are in place to encourage integration, and provide any needed additional resources.

Formative research is critical to the design of an integrated service delivery approach. Factors such as health worker and client knowledge, perceptions of postpartum family planning and immunization, what motivates and hinders use of these services, and current service delivery systems and practices should be explored.

The [High Impact Practices Brief](#) on family planning & Immunization integration also recommends that if vaccinators are tasked with providing family planning education, screening, or referrals during immunization contacts, the program should reinforce provider communication skills to provide clear, simple information in a friendly, supportive manner, as immunization contacts are often very brief and vaccinators might lack effective communication skills. Consider investments to improve the environment for communication at the time of consultations (more time, privacy), strengthen vaccinators' communication skills, and develop and test simple, user friendly tools and job aids to ensure consistent relay of key messages. Unless they are multi-purpose workers trained in family planning counseling, vaccinators should only be asked to give brief family planning messages and referrals, not to provide in-depth family planning counseling.

This SBCC section of this Toolkit provides a range of tools and materials for designing a strategic approach to promoting key family planning and immunization practices and related social change. Resources included in this section include:

- Formative assessment tools
- Guidance on SBCC strategy & activity design
- Resources to guide messages and materials development
- Sample job aids & IEC materials that have been used in countries

Also included in this section of the Toolkit is a [table](#) highlighting key family planning and immunization integration behaviors, developed by members of the Family Planning & Immunization Integration Working Group.

To suggest an additional resource or share your perspective on advocating for integration of family planning and immunization services, please fill out our [feedback form](#).

#### Resources:

- **Key Family Planning and Immunization Integration Behaviors**

This table highlights practices that are central to the integration of family planning and immunization services. The table provides an illustrative behavioral analysis for each of the priority practices, using the *Designing for Behavior Change* (DBC) framework, which was developed by the CORE Group in 2008 based largely on the BEHAVE framework initially developed by AED. This table presents ILLUSTRATIVE behavioral determinants, key factors, and activities based on findings from several field programs. For actual program planning, an implementing agency should adapt this table to reflect context-specific influencing groups, determinants, key factors, and activities informed by findings from formative assessments.

- **The "What" and "How" of Communication for Immunization**

This two-part blog series discusses the important topic of communication for immunization. Part I focuses on what can be done to improve communication for immunization, and Part II focuses on how communication for immunization is being done.

- **Liberia: Formative Assessment: Family Planning and Immunization Integration (Report)**

This report shares findings from a formative assessment conducted in Liberia to gather information on enablers, barriers, and perceived benefits of family planning and immunization services. The assessment also examined health facility systems and structures and gather ideas for how to most effectively integrate family planning and immunization services.

- **Rwanda: Integrating IEC Messages on Vaccination, Birth Spacing, and HIV in Rwanda (Report)**

This paper details the testing of information, education, and communication messages at vaccination delivery points in Rwanda, and the subsequent development of a job aid for health professionals to use at these venues when speaking to caretakers. As noted in the report, attendance at vaccination encounters in Rwanda is quite high, but under-five mortality remains a significant problem. The vaccination sites thus provide a key opportunity to reach large numbers of caretakers and provide urgent counseling on other topics impacting child survival, including birth spacing and HIV.

- **Communicating with parents and involving communities -- Immunization in Practice**

This module is part of the World Health Organization's *Immunization in Practice - Learning Activities Manual*.

This module focuses on communication between parents (or clients) and health workers and offers suggestions for involving communities in immunization programs.

- **Ghana, Zambia, Rwanda: Job Aid for Vaccinators**

This job aid was used in two studies led by FHI 360: one conducted in Ghana and Zambia in 2009-2010 and one conducted in Rwanda in 2010-2012. The job aid instructs immunization providers to screen mothers for risk of an unplanned pregnancy, using criteria based on the Lactational Amenorrhea Method (LAM), and to give a brief counseling message depending upon a mother's risk classification. In Rwanda, an intervention was tested which included one-on-one screening using the job aid, information about postpartum family planning delivered during group education sessions, distribution of educational brochures, and supportive supervision. In Rwanda, a statistically significant increase in FP use in intervention sites was observed. A similar but less intensive intervention model was tested in Ghana and Zambia; this model included use of the job aid by vaccinators for one-on-one screening but not the other elements of the intervention tested in Rwanda. Results of the study in Ghana and Zambia found no effect on contraceptive use in the 9-12 month postpartum period. These findings suggest that use of a job aid for one-on-one screening may be most effective when combined with group education, distribution of effective IEC materials, and ongoing supervision of providers.

- **Jarkhand, India: Pocket Diary for Service Providers**

This easy-to-carry resource for auxiliary nurse midwives summarizes key family planning and immunization information and messages tailored for each scheduled health visit.

- **Jarkhand, India: Desk Calendar**

This tabletop calendar reminds medical officers to offer integrated services during various health care contacts.

- **Jarkhand, India: Family Planning and Immunization Client Flyer**

This resource for community members in Jarkhand, India, was designed to promote communication among women, husbands, mothers-in-law and other decision-makers about locally available integrated services.

- **Rwanda: Postpartum Family Planning (Brochure)**

This brochure is used for FP/Immunization Integration and PPIUD activities implemented by FHI 360 in Rwanda. It is written in Kinyarwanda.

## • **Liberia: Family Planning is Good for the Family! (Brochure)**

This brochure, designed for a demonstration project in Bong and Lofa Counties in Liberia, explains how family planning benefits fathers, mothers, and babies. The brochure is designed to complement family planning messages shared by vaccinators during routine immunization contacts at health facilities.

The approach employed by MCHIP and the Liberian MOHSW involved vaccinators providing a few short, targeted family planning and immunization messages and same-

day family planning referrals to mothers bringing their infants to the health facility for routine immunization. The emphasis of the approach was *co-located provision of same-day*

*services, with the vaccinators serving as the critical referral link between points of service delivery. This model involves the following components:*

- During routine infant immunization sessions, at the completion of each immunization visit, vaccinators use a simple job aid to share brief, targeted FP and immunization messages one-on-one (not through group health talks) with mothers and refer them to the co-located FP room for more in-depth FP counseling and services. The job aid includes messages about healthy timing and spacing of pregnancy, benefits of FP for women with infants less than one year of age, and a reminder about the return date for the child's next EPI visit.
- Women who are interested in seeking FP services on the same day are given a referral card, their names are recorded in a supplemental ledger, and they are directed to the FP room by the vaccinator.
- Women who are not interested in seeking FP on the same day are given a leaflet with information about the benefits of FP for the health of the mother, father, and infant, and are encouraged to discuss FP with their partners, other family members, and/or friends and return to the facility soon for FP.
- FP providers collect referral card from those women referred from immunization services and document the referrals in their FP ledgers.
- Posters emphasizing the message that "family planning is good for baby ma" are placed throughout the clinic, including at the immunization station and FP room. As part of the steps listed on the job aid, the vaccinator points out the poster to mothers. Posters also help to guide referred clients from the vaccination station to the FP room.
- Immunization services at fixed facilities (as opposed to outreach services) were identified as the primary integration platform, given that in Liberia, fixed facility services cover a greater proportion of infants and service provision tends to be more stable and consistent. Fixed facilities also permit a greater degree of privacy, which stakeholders viewed as a particularly sensitive point with regard to contraceptive use by mothers of young infants.

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*[See also the [Liberia Final Assessment Report](#) for findings from this initiative. Page 2 of the report highlights the key steps involved in the process.]*

## • **Liberia: Family Planning is Good for Baby Ma! (Poster)**

This poster depicts a mother receiving family planning counseling and services and

encourages interested clients to visit a family planning provider today. The poster is strategically placed near the immunization station (the vaccinator makes reference to the poster during all routine infant immunization contacts at the health facility) and posters are also used to mark the route from the immunization station to the family planning room.

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family planning referrals to mothers bringing their infants to the health facility for routine immunization. The emphasis of the approach was *co-located provision of same-day*

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## M&E and Research Tools



A robust monitoring and evaluation system is required to

assess the effect of integrated service delivery on both family planning and immunization services. Appropriate indicators, data collection systems, and data analysis to support decision-making help guide successful implementation of integrated services and measure the effect on both service delivery and use of services.

It is essential that integrated programs monitor key indicators for both immunization and family planning in a timely manner. The collection and monitoring of key immunization indicators is especially important to ensure that integrating family planning with existing immunization services does not have a negative impact on immunization service performance or use.

This section of the toolkit includes guidance documents and tools to guide monitoring and evaluation of integrated family planning and immunization service delivery. The document "Key Considerations for Monitoring and Evaluating Family Planning and Immunization Integration Activities," developed by the Family Planning and Immunization Integration Working Group, highlights recommended indicators, priority research questions, and key considerations for monitoring and evaluating family planning and immunization integration activities.

To suggest an additional resource or share your perspective on advocating for integration of family planning and immunization services, please fill out our feedback form.

#### Resources:

- **M&E of Postpartum Family Planning Integration**

This presentation highlights special considerations for monitoring and evaluating PFP integration with other health services, and provides several case examples

- **Key Considerations for Monitoring and Evaluating Family Planning and Immunization Integration Activities**

This brief, developed by the FP/Immunization Integration Working Group, highlights suggested indicators, priority questions for further exploration, and key considerations for monitoring and evaluating FP/immunization integrated service delivery.

## Country Experiences



This section of the Toolkit offers examples of country

experiences with integrating family planning and immunization services, and highlights the various strategies used, challenges faced, and lessons learned.

**USAID also maintains a map and inventory list of countries implementing FP and immunization integration activities through their Family Planning High Impact Practices site.**

Perhaps the most frequently cited country experience with family planning and immunization integration is a study which took place in Togo in the early nineties. The **Togo** study used a "combined service provision" model, whereby immunization providers delivered simple messages to mothers of children being immunized, encouraging them to take advantage of same-day family planning services available in the clinic. Findings from this study, which include reported effects of integration on both family planning and immunization indicators, were documented in an article by Dale Huntington and Aristide Aplogan. A similar approach was also used in a demonstration project in **Liberia**.

Country experiences in Ghana, Zambia, Rwanda, and Nigeria also applied a combined service provision model, but with the specific use of a screening tool to refer for same day, co-located family planning services. In **Ghana, Zambia, and Rwanda**, vaccinators used a job aid to screen women for pregnancy risk, and provide FP referrals. In **Nigeria**, a postpartum systematic

screening tool was used by multipurpose service providers to offer information and referrals for family planning, immunization, and other relevant services to postpartum women.

In **Mali**, dedicated family planning providers offered same-day family planning services during a weekly immunization event at urban health centers.

A "single service provision plus referral" model was applied in the **Philippines**. Family planning information was offered to women awaiting immunization services and those who accepted received an appointment to return for a family planning consultation on a different day.

In some countries, integration of family planning and immunization is built into a package of services delivered through a health system platform. A strong and efficient health system sustains services over time, is dynamic and adjusts to the changing needs of the population it serves. An example of integration built into the health system is through the Village Health and Nutrition days of the National Rural Health Mission in India. A cross-sectional descriptive study of family planning and immunization as part of health center and village outreach days in Jharkhand is reported **here**. This approach is similar to an NGO-implemented model in **Liberia**, whereby a provider/CHW team offers both the immunization and family planning services. In Senegal and Nigeria, a similar integration effort is taking place during immunization days at the health post (**Senegal**) or dispensary (**Nigeria**) level. A bilateral program in **Uganda** has also carried out activities to strengthen integration within health systems.

The country experiences show that:

- Child immunization services offer a promising opportunity to offer family planning information and services.
- The impact of integration on both services should be monitored to measure its effect on service delivery and health outcomes.
- Functioning health systems are needed to support integrated service delivery.
- Clear and effective referral systems should be in place.
- Political and community buy-in are critical to building a supportive environment for integration.
- If vaccinators provide family planning education, screening, or referrals during immunization contacts, keep messages simple and reinforce provider communication skills.
- Context is important and must figure prominently in designing an integration model that is likely to be effective. Existing service delivery strategies, health infrastructure, health worker capacity, availability of vaccines and contraceptives, community acceptance of family planning and immunization, and high level support for integrated service delivery must all be taken into account.

We hope this small repository of country experiences provides useful insights into implementation challenges and lessons learned. As more partners and programs are engaging in this area, we encourage any organization that has developed materials, including provider job aids, tools, and briefs, on integration of family planning with EPI to contribute to the Toolkit.

To suggest an additional resource or share your perspective on advocating for integration of family planning and immunization services, please fill out our [feedback form](#)

## Resources:

# Liberia: EPI/FP Final Assessment Report

## Executive Summary

From March to November 2012, Liberia's Ministry of Health and Social Welfare (MOHSW), with technical support from the Maternal Child Health Integrated Program (MCHIP), supported by the U.S. Agency for International Development (USAID), piloted a model for integrating the service delivery of immunization and family planning (FP) in 10 health facilities in Bong and Lofa counties. The approach involved vaccinators providing a few short, targeted FP and immunization messages and same-day FP referrals to mothers bringing their infants to the health facility for routine immunization. Both the MOHSW's Expanded Program on Immunization (EPI) and the Family Health Division provided input on the design of the model and selection of facilities for the pilot. Immunization services at fixed facilities (as opposed to outreach services) were identified as the primary integration platform, given that in Liberia fixed facility services cover a greater proportion of infants and service provision in fixed facilities tends to be more stable and consistent. Fixed facilities also permit a greater degree of privacy—which stakeholders viewed as a particularly sensitive point with regard to contraceptive use by mothers of young infants.

A final assessment was conducted in December 2012 to assess the outcomes of integrated service delivery. The assessment relied on the following sources of data: service statistics (both EPI and FP) collected during the MCHIP/MOHSW monthly supervision visits to each participating facility; observations during supportive supervision visits and training activities; MOHSW EPI data for pilot facilities and all other facilities in Bong and Lofa counties for 2011 and 2012; and interviews and focus group discussions (FGDs) with clients, service providers, program managers, and partner agency representatives. Key findings include the following:

### ***Family Planning***

- **Both counties experienced large increases in the numbers of new contraceptive users.** Comparing the intervention period (March–November of 2012) with the same period of 2011, the number of new contraceptive users at participating facilities increased by 90% in Lofa County (517 to 983) and 73% in Bong County (1,182 to 2,039) for a total increase of 1,323 new contraceptive users above the same period of the previous year. For March–November 2012, the number of new contraceptive users in the pilot sites included women who had actively committed to use the lactational amenorrhea method (LAM). LAM was not routinely tracked in FP registers in 2011, but routine counseling on LAM by FP providers and active utilization of LAM were suspected to be very low prior to the intervention. No concurrent major efforts to improve the provision or utilization of FP had been introduced at these sites between 2011 and 2012.
- **FP users who were referred from EPI and accepted a method on the same day accounted for a large proportion of the total number of new contraceptive users in participating facilities.**

During the pilot period, 44% and 34% of all new contraceptive users in participating facilities in Bong and Lofa (respectively) were same-day EPI-referral acceptors.

### ***Immunization***

- **Pilot facilities experienced an increase in the number of doses of Penta 1 and Penta 3 administered.** In Lofa, the number of Penta 1 and 3 doses administered at facilities participating in the EPI/FP pilot increased substantially in March?November 2012 compared to the same period of the previous year whereas the number of Penta 1 and 3 doses decreased across all other non-participating facilities in the county. In Bong County, Penta 1 and 3 doses experienced a modest increase, both at participating and non-participating facilities. In both counties, the increase in Penta 1 doses administered outpaced that of Penta 3 doses, resulting in a net increase in the dropout rate. An examination of possible explanations showed that the pilot facilities had a higher than average background rate of dropout prior to participating in the pilot and that, in Bong, the findings were affected disproportionately by one large facility that experienced a drop in immunization due to human resource constraints in 2012. Together, these findings suggest that the changes in immunization were more likely due to broad external factors rather than the integrated EPI/FP service delivery itself. However, future integration efforts should continue to seek ways to minimize dropout rates?a problem that has been noted to challenge immunization services nationwide.
- **Activities increased vaccinators? sense of confidence and value within the health system and community.** Vaccinators reported that the integrated service delivery pilot initiative contributed to their sense of confidence and perceived value within the community, and may have helped to improve their communication with clients and attention to immunization recordkeeping.
- **Integrated service delivery continued at pilot sites by its own accord even after the pilot phase was completed.** Follow-up visits to several facilities in each county conducted three months after the completion of pilot program activities indicated that service providers were continuing to implement the integrated approach in spite of the completion of the pilot program. Vaccinators, FP providers, and supervisors noted the value of the approach for improving uptake of services and increasing communication and collaboration across service delivery areas.

In conclusion, it appears that the key features of the approach were workable, and contributed to strong increases in FP uptake among women in the extended postpartum period. The model can be improved by strengthening the emphasis on immunization communication, thereby assuring a strong platform for referral to FP services. Together, these combined services can contribute to longer birth intervals and improved health outcomes for children, mothers, and families. Modest resources are needed to implement this model, which makes only minor changes in existing health worker practices, adding about two to three minutes per vaccination contact. Resources are needed for training, some changes in supervision, support materials and, in some places, privacy screens. It is hoped that findings from this pilot study will help to inform future efforts to integrate EPI and FP services in Liberia and in other countries.

- **Liberia: FP & Immunization Integration Implementation Guide**

This guide highlights key implementation considerations, tools and resources, and program learning from the implementation of an approach to integrate Expanded Program on Immunization (EPI) and FP services in two counties of Liberia. The guide is intended for use by county teams and other institutions looking to replicate the approach. The integration model and tools included in the guide were developed by Liberia's Ministry of Health and Social Welfare (MOHSW) in collaboration with MCHIP, funded by the United States Agency for International Development (USAID).

- **Liberia: Family Planning & Expanded Program on Immunization Integration in Nimba County (Report)**

This report details findings from a community-based approach implemented by Curamericas in Nimba County, Liberia. Findings from the period of September 2012 to April 2013 are detailed. The report provides a review of the integration process used, results, and challenges faced.

- **Senegal: Family Planning and Immunization Integration (Presentation)**

This presentation, given at the 2012 Postpartum Family Planning Technical Consultation at Women Deliver, shares the experience and results of integrating FP and immunization

services in Senegal.

Additional information about Intrahealth International's work in this area is available [here](#).

- **Ghana & Zambia: Integrating family planning messages into immunization services: a cluster-randomized trial in Ghana and Zambia (Article)**

**Objective** To determine whether integrating family planning (FP) messages and referrals into facility-based, child immunization services increase contraceptive uptake in the 9- to 12-month post-partum period.

**Methods** A cluster-randomized trial was used to test an intervention where vaccinators were trained to provide individualized FP messages and referrals to women presenting their child for immunization services. In each of 2 countries, Ghana and Zambia, 10 public sector health facilities were randomized to control or intervention groups. Shortly after the introduction of the intervention, exit interviews were conducted with women 9-12 months postpartum to assess contraceptive use and related factors before and after the introduction of the intervention. In total, there were 8892 participants (Control Group Ghana, 1634; Intervention Group Ghana, 1129; Control Group Zambia, 3751; Intervention Group Zambia, 2468). Intervention effects were evaluated using logistic mixed models that accounted for clustering in data. In addition, in-depth interviews were conducted with vaccinators, and a process assessment was completed mid-way through the implementation of the intervention.

**Results** In both countries, there was no significant effect on non-condom FP method use (Zambia,  $P = 0.56$  and Ghana,  $P = 0.86$ ). Reported referrals to FP services did not improve nor did women's knowledge of factors related to return of fecundity. Some providers reported having made modifications to the intervention; they generally provided FP information in group talks and not individually as they had been trained to do.

**Conclusion** Rigorous evidence of the success of integrated immunization services in resource poor settings remains weak.

- **Philippines: Integration of Family Planning Referral Messages into the Expanded Program on Immunization Services (Report)**

This report summarizes findings from a study conducted by RTI in Misamis Occidental

province in the Philippines from 2011-2012. Through RTI's approach, women waiting for immunization services at health stations were screened for family planning need and offered referrals for family planning at the same facilities. Women were invited to make an appointment for family planning services to return on another day.

- **Rwanda: Research Findings: Integration of Postpartum Family Planning with Child Immunization Services in Rwanda (Report)**

The Rwanda Ministry of Health, with support from FHI 360, conducted a study evaluating the effectiveness of an intervention to reach postpartum women with family planning (FP) education, screening, and services through child immunization contacts. This brief highlights findings from the study.

Key findings include:

? The intervention increased contraceptive use over time. At baseline, contraceptive prevalence in the intervention sites was 49% and in the follow-up survey increased to 57%. In the control sites, prevalence at baseline was 58% and declined to 51% at follow-up. The 15 percentage point difference between the groups from pre- to post-intervention was statistically significant.

? Immunization services appeared not to have been affected by the intervention. Data on the use of the measles and other vaccines over a 16-month period indicated that immunization service visits did not decline in the intervention facilities once the intervention was implemented, and showed no difference in vaccination rates between the intervention and control groups.

? The delivery of the intervention, particularly the use of the FP screening tool during one-on-one encounters with mothers, required reinforcement, and some messages were not delivered consistently in all settings.

- **Liberia: Immunization & Family Planning Integration Process Assessment Report**

This report describes findings from a mid-term assessment of an EPI/FP integration demonstration project in Liberia. The report summarizes successes and challenges; data and findings from site visits, interviews, and service statistics; and recommendations for programmatic adjustments and next steps.

- **India: Integrating Family Planning into Immunization Services in India -- Assessment Provides Recommendations for Addressing Unmet Needs of Postpartum Women (Brief)**

This brief shares the findings of a study conducted to assess the quality of integrated services under the National Rural Health Mission (NRHM) in Jharkhand, India. The NRHM is mandated by the Indian Ministry of Health and Family Welfare to integrate family planning into immunization services.

- **Mali: ProFam Urban Outreach -- A High Impact Model for Family Planning (Case Study)**

This case study describes PSI's efforts to increase Malian women's access to long acting reversible contraceptives (LARCs) by integrating family planning counseling and services with routine immunization services.

- **Liberia: Family Planning Needs During the First Two Years Postpartum (Brief)**

This 4-page brief makes the case for integrating family planning services with immunization services in Liberia by examining data on birth spacing, unmet need for spacing and limiting among postpartum women, and contraceptive use by infant vaccination status.

- **Uganda: The Experience of the MSH STRIDES for Family Health Project (Presentation)**

This presentation provides an overview of the STRIDES for Family Health project in Uganda

and shares results and lessons learned.

- **Nigeria: Family Planning and Immunization Integration: A Case Study of Shuni Dispensary, Dange Shuni LGA, Sokoto State, Nigeria**

This case study describes the integration of FP and immunization services at Shuni Dispensary. The dispensary provides routine immunization services and serves as an entry point for introduction of other services, such as family planning.

- **Liberia: Formative Assessment: Family Planning and Immunization Integration (Report)**

This report shares findings from a formative assessment conducted in Liberia to gather information on enablers, barriers, and perceived benefits of family planning and immunization services. The assessment also examined health facility systems and structures and gather ideas for how to most effectively integrate family planning and immunization services.

- **Ghana & Zambia: Family Planning Information and Referrals at Child Immunization Clinics: Study in Ghana and Zambia Highlights Implementation Challenges (Brief)**

This brief shares findings and lessons learned from pilot studies in Ghana and Zambia conducted to determine whether integration of family planning messages and referrals into immunization visits could increase contraceptive use among postpartum women.

- **Nigeria: Postpartum Systematic Screening in Northern Nigeria: A Practical Application of Family Planning and Maternal Newborn and Child Health Integration (Report)**

Systematic screening, a USAID best practice developed by Population Council, is a simple procedure allowing health care providers to address multiple needs of a client during a single visit. A modified systematic checklist with particular sensitivity to postpartum women is

necessary as they may be amenorrheic, breastfeeding and not perceive themselves to be at risk of pregnancy. In 2009, postpartum systematic screening covering postnatal care, antenatal care, family planning (including counseling on postpartum family planning), immunization and other relevant services was piloted in Northern Nigeria and an evaluation was conducted. The objectives of the evaluation were to determine the effectiveness of postpartum systematic screening as a means to increase service use, particularly postpartum family planning. The evaluation used pre- and post- intervention approaches and sources of data included: observations of provider-client interactions; provider interviews; client exit interviews; and service statistics.

With this postpartum systematic screening checklist, clients attending immunization, newborn care and pediatric/sick baby services were more likely to be screened for FP, postnatal care and immunization services (17% vs. 68%, 13% vs. 57% and 47% and 89%, respectively). In response to high unmet need for FP (88%), the majority (73%) of trained providers knew at least three family planning methods that are suitable for postpartum women, and all of them were providing family planning counseling to pregnant or postpartum women. While family planning referral increased dramatically, few women (15%) said they would go for referrals on the same day.

In addition to the evaluation, this report also presents recommendations for future implementation and scale-up possibilities.

- **Rwanda: Integrating IEC Messages on Vaccination, Birth Spacing, and HIV in Rwanda (Report)**

This paper details the testing of information, education, and communication messages at vaccination delivery points in Rwanda, and the subsequent development of a job aid for health professionals to use at these venues when speaking to caretakers. As noted in the report, attendance at vaccination encounters in Rwanda is quite high, but under-five mortality remains a significant problem. The vaccination sites thus provide a key opportunity to reach large numbers of caretakers and provide urgent counseling on other topics impacting child survival, including birth spacing and HIV.

- **Kenya: Strengthening Postnatal Care Services Including Early Postpartum Family Planning in Kenya (Report)**

FRONTIERS worked with Kenya's Division of Reproductive Health and ACCESS-FP/JHPIEGO to develop and introduce a strengthened postnatal care package for Kenyan women in selected facilities with maternity units. The package included four postnatal consultations (within 48 hours and at two weeks, six weeks, and six months). Feasibility and quality of care of the strengthened postnatal care package, its acceptability to providers and

clients, and the estimated costs for sustaining and scaling up the package of services were documented. ACCESS-FP/JHPIEGO provided ongoing support supervision. Messages on healthy timing and spacing of pregnancies have been incorporated into training and job aids.

- **Togo: The Integration of Family Planning and Childhood Immunization Services in Togo (Article)**

Abstract: Improvements in the constellation of services in the African context are largely addressed through attaining better measures of service integration, which can be achieved through improved referral across categories of health programs. The use of an unobtrusive referral message that linked family planning and the Expanded Program of Immunizations (EPI) services was tested in an operations research study in Togo. The introduction of the referral message was accompanied by an 18 percent increase in awareness of available family planning services and an increase in the average monthly number of new family planning clients of 54 percent. These positive results indicate that the use of referral can have a significant and dramatic impact on family planning services in a relatively short time. In Togo, no evidence existed of a negative impact on EPI services, and a majority of the EPI providers reported satisfaction with the effect of the referral message at the close of the study.

- **Liberia: FP/Immunization Integration Background, Rationale, Integration Model (Presentation)**

This presentation from the Liberia endline stakeholder meeting makes the case for integrating family planning and immunization services and shares the integration model that was used in Liberia.

- **Liberia: Family Planning Integration into EPI Services, Nimba County (Fact Sheet)**

This one-page fact sheet describes the process of integrating FP into EPI services in Liberia, detailing training, service provision, and monitoring and evaluation.

## **The Working Group**

The **Family Planning and Immunization Integration Working Group**, initiated in 2010, is co-

hosted by MCSP and Pathfinder. Working Group members include representatives from a variety of institutions and countries. To join the Working Group, please sign up through the [Family Planning and Immunization Integration Community of Practice](#) site on Knowledge Gateway, or email Chelsea Cooper ([chelsea.cooper@jhpiego.org](mailto:chelsea.cooper@jhpiego.org)) or Kathryn Mimno ([KMimno@pathfinder.org](mailto:KMimno@pathfinder.org)).

The Working Group's 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 Working Group holds semi-annual meetings in Washington DC to share program learning and collaborate on working group deliverables.

Key Working Group accomplishments to-date include:

- Developed a Community of Practice for sharing FP/Immunization integration resources
- Developed and disseminated an 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 (summer 2011)
- Provided leadership and technical guidance for development of family planning High Impact Practices (HIP) brief on FP/Immunization integration
- Formulated sub-groups
- Presented at conferences and meetings (e.g. Global Health Conference, USG-sponsored MNCH-FP-Nutrition Integration Consultation, and Global Health Mini-Universities)
- Initiated development of this FP & Immunization Integration Toolkit

What is the Working Group moving toward?

- Continuing to identify effective models for sustainable integration
- Improving accessibility to, and dissemination of, key resources and program learning
- Supporting more proactive efforts to link organizations working on FP/immunization activities and connect field staff
- Promoting engagement and learning exchange at national and regional levels
- Identifying and engaging champions at national/regional/global levels
- Advocating for documentation of effect of integration on immunization outcomes
- Helping to shape research agenda
- Advocating for additional funding in this area
- Encouraging active, ongoing involvement of WG members, including additional immunization colleagues

This section of the toolkit includes Working Group meeting reports and other documents.

## **Resources:**

- **2016 / December 14 Meeting Report**

This report summarizes presentations and discussion from the December 14, 2016 Working Group Meeting in Washington, DC.

- **2016 / June 8 Working Group Meeting Report**

This report summarizes presentations and discussion from the June 8, 2016 Working Group Meeting in Washington, DC.

- **2015 / May 4 Working Group Meeting Report**

This report summarizes presentations and discussion from the May 4, 2015 Working Group Meeting in Washington, DC.

- **2015 / December 8 Meeting Report**

This report summarizes presentations and discussion from the December 8, 2015 Working Group Meeting in Washington, DC.

- **2014 / April 8 Working Group Meeting Report**

This report summarizes presentations and discussion from the April 8, 2014 Working Group Meeting in Washington, DC.

- **2014 / December 2 Working Group Meeting Report**

This report summarizes presentations and discussion from the December 2, 2014 Working Group Meeting in Washington, DC.

- **2013 / May 2 Working Group Meeting Report**

This report summarizes presentations and discussion from the May 2, 2013 Working Group Meeting in Washington, DC.

- **2012 / November 29 Working Group Meeting Report**

This report summarizes presentations and discussion from the November 29, 2012 Working Group Meeting in Washington, DC.

- **2012 / May 24 Working Group Meeting Report**

This report summarizes presentations and discussion from the May 24, 2012 Working Group Meeting in Washington, DC.

- **2011 / September 15 Working Group Meeting Report**

This report summarizes presentations and discussion from the September 15, 2011 Working Group Meeting in Washington, DC.

- **FP/Immunization Integration Online Discussion Forum Report**

During July 6-15, 2011, the "Family Planning and Immunization Integration Online Discussion Forum" was convened to highlight opportunities for integrated programming, recent developments in immunization/FP integration, and how to make integrated service delivery a win/win for both immunization and family planning services. The forum aimed to provide a platform to underscore the rationale, strategic alignment and potential for maximizing opportunities between the two technical areas.

This report includes a synthesis of the forum discussion, including top take home messages gleaned from facilitators and discussion feedback, and a summary of the discussion by topical area can be found below.

- **2010 / December 14 Working Group Meeting Report**

This report summarizes presentations and discussion from the December 14, 2010 Working Group Meeting in Washington, DC.

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