

# POSTPARTUM FAMILY PLANNING GLOBAL MOVEMENT FOLLOW-UP WORKSHOP

MEETING REPORT  
JANUARY 25, 2016  
NUSA DUA, INDONESIA



IN TECHNICAL  
PARTNERSHIP  
WITH



#### PARTNERS

BILL & MELINDA  
GATES foundation



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Jhpiego is an international, nonprofit health organization affiliated with Johns Hopkins University. For more than 40 years, Jhpiego has empowered frontline health workers by designing and implementing effective, low-cost, hands-on solutions to strengthen the delivery of health care services for women and their families. By putting evidence-based health innovations into everyday practice, Jhpiego works to break down barriers to high-quality health care for the world's most vulnerable populations.

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## Acronym List

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BMGF	Bill & Melinda Gates Foundation
CIP	costed implementation plan
DFID	United Kingdom Department for International Development
FP	family planning
FP2020	Family Planning 2020
GFF	Global Financing Facility
HMIS	health management information system
ICFP	International Conference on Family Planning
MCSP	Maternal and Child Survival Program
<i>MEC</i>	<i>Medical Eligibility Criteria for Contraceptive Use, Fifth edition</i>
MNCH	Maternal, newborn, and child health
PPFP	postpartum family planning
PPFP Global Meeting	Accelerating Access to Postpartum Family Planning in Sub-Saharan Africa and Asia
PPIUD	postpartum intrauterine device
SMART	specific, measurable, attainable, relevant, time-bound
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WHO	World Health Organization



## Where Have We Been?—Background on the PPF Global Movement

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Postpartum family planning (PPFP)—when family planning (FP) is used in the first year after the birth of a child—saves the lives of women and their newborns by preventing unintended pregnancies and promoting healthy spacing between births. Though most women want to delay pregnancy for at least two years after giving birth, PPFP use is low. Increasing the use of PPFP has the potential to make a large contribution toward the goals of Family Planning 2020 (FP2020); yet, PPFP remains unavailable to millions of women and girls in low-income countries. PPFP is a service-delivery strategy that expands access to FP through its integration with the existing continuum of maternal, newborn, and child health (MNCH) services. When they are well-implemented, national PPFP programs that are integrated with MNCH services become essential platforms to reach global FP targets and save the lives of women and children.

In June 2015, in Chiang Mai, Thailand, a global, action-oriented meeting, titled Accelerating Access to Postpartum Family Planning in Sub-Saharan Africa and Asia (“PPFP Global Meeting”), was held with FP and MNCH representatives from 16 selected countries and key international stakeholders to accelerate access to PPFP. Designed to bring together the reproductive, maternal, newborn, child, and adolescent health communities to scale up the application of PPFP, this multilateral effort also aimed to fast track countries’ progress toward meeting international FP goals. The PPFP Global Meeting catalyzed learning into action, as countries developed specific action plans and returned home to build consensus with local partners and policymakers to implement these plans.

In January 2016, the International Conference on Family Planning (ICFP) in Nusa Dua, Indonesia, provided an opportune venue for country delegations to share their progress and discuss challenges in scaling up PPFP in the months between the PPFP Global Meeting and ICFP. Thus, the PPFP Global Movement Steering Committee, comprising representatives from FP2020, Bill & Melinda Gates Foundation (BMGF), United States Agency for International Development (USAID), United Nations Population Fund (UNFPA), World Health Organization (WHO), and USAID’s Maternal and Child Survival Program (MCSP), with Jhpiego as Secretariat, co-hosted the PPFP Global Meeting Follow-Up Workshop as an ICFP auxiliary event on January 25, 2016 (see Appendix 1). Over 130 people from 20 countries attended (see Appendix 2) to learn more about the progress made by countries since the 2015 PPFP Global Meeting, discuss challenges faced when implementing PPFP action plans, and continue the “rolling thunder” momentum to propel the PPFP global movement into the future.

## Where Are We Going?—Inspirational Words from PFPF Leadership

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The workshop opened with remarks from leaders in global health on the importance of the PFPF global movement. Ellen Starbird, Director of USAID's Office of Population and Reproductive Health, provided the opening remarks, noting that 62 million births take place each year in countries represented at the meeting. This number alone represents an enormous opportunity to incorporate FP into existing health care services and make an impact on closing PFPF gaps. She noted that the WHO's *Medical Eligibility Criteria for Contraceptive Use, Fifth edition (MEC)*, released just before the June 2015 PFPF Global Meeting, is a resource for donors and implementers to apply as they move forward and show leadership and support for PFPF across the health sector. She encouraged everyone to continue to keep learning about PFPF and work together on this "rolling thunder" of a movement that serves to advance global goals like FP2020 and the new Sustainable Development Goals.

Baroness Verma, Parliamentary Under-Secretary of State at the United Kingdom Department for International Development (DFID), spoke about the opportunity the FP community now has, thanks to the availability of many more PFPF options than ever before, but cautioned that there is still a lot of work to be done. She noted that the immediate postpartum period is one point of contact to discuss FP with a woman, the early postnatal care period is another, and that there are other points of contact during the extended postpartum period, such as immunization visits. There are a range of opportunities for reaching out to women to help them plan their families, and she appealed to the group to address them all.

Lester Coutinho, Deputy Director of the Family Planning Program for BMGF, said that with the launch of FP2020, BMGF has partnered with other donors on one of the biggest efforts in FP to date. He noted also the critical role FP and PFPF services can play in achieving other development goals, pointing out that so many maternal and newborn health goals can be achieved through better access to FP: "If we miss the FP2020 goal, we'll miss so many others too—those on reductions in maternal and infant mortality, child health, and more." He advocated for the FP community to institute these services more boldly in MNCH and reproductive health arenas—not only because this is strategic, but because it also helps the health systems allocate resources more efficiently.

Leopold Ouedraogo, Regional Advisor of the Family Planning and Reproductive Health Unit for WHO/Regional Office for Africa, implored the community to remember the unfinished agenda of the Millennium Development Goals and the estimated 225 million women whose needs for modern contraception are still unmet. He commented about places in the world with immense challenges due to their low contraceptive prevalence rates, poor quality of FP services, and various financial and social barriers faced by women who live there. PFPF has the potential to address these challenges through the scale-up of best practices and use of tools that are being tried and are found effective. Investing in FP interventions makes economic sense, in addition to offering health benefits. When countries invest in access to FP, household incomes rise, disease burden decreases, child survival improves, education opportunities become available, and economies thrive.

Monica Kerrigan, then Senior Advisor for FP2020, offered a special acknowledgment to the Indonesian delegation for their immense efforts to plan, organize, and host ICFP. She noted that FP2020 was launched on the premise that all women and girls deserve access to sexual and reproductive health services and rights, and the FP2020 partnership is delivering on that promise. Those present at the June 2015 PPF Global Meeting and those attending the follow-up meeting are “positive disrupters” because they are looking at new ways to reach women. Kerrigan noted that in addition to the main actions taking place within countries, progress since the PPF Global Meeting includes global sharing of country action plans and hosting webinars with countries to learn about challenges and opportunities for PPF.

She described the status of discussions with donors and new funders on the cost effectiveness of investing in PPF. Countries that need technical assistance to support changes in national standards and guidelines on PPF are being identified, and advocacy and technical support are being provided to Ministries of Health interested in offering PPF services to their constituents. Great gains have been made since the 2012 London Summit; at the time of this summit’s three-year anniversary in July 2015, an additional 24.4 million women and youth were using modern methods of contraception. While we have made significant progress, we are still not reaching critical populations of postpartum women, women seeking postabortion care, and youth. She called on the PPF community not to accept the status quo but to move forward urgently on actions that focus on quality, access, choice, and voluntarism, so all women can receive the information and services to decide whether, when, and how many children they want to have to plan their futures.



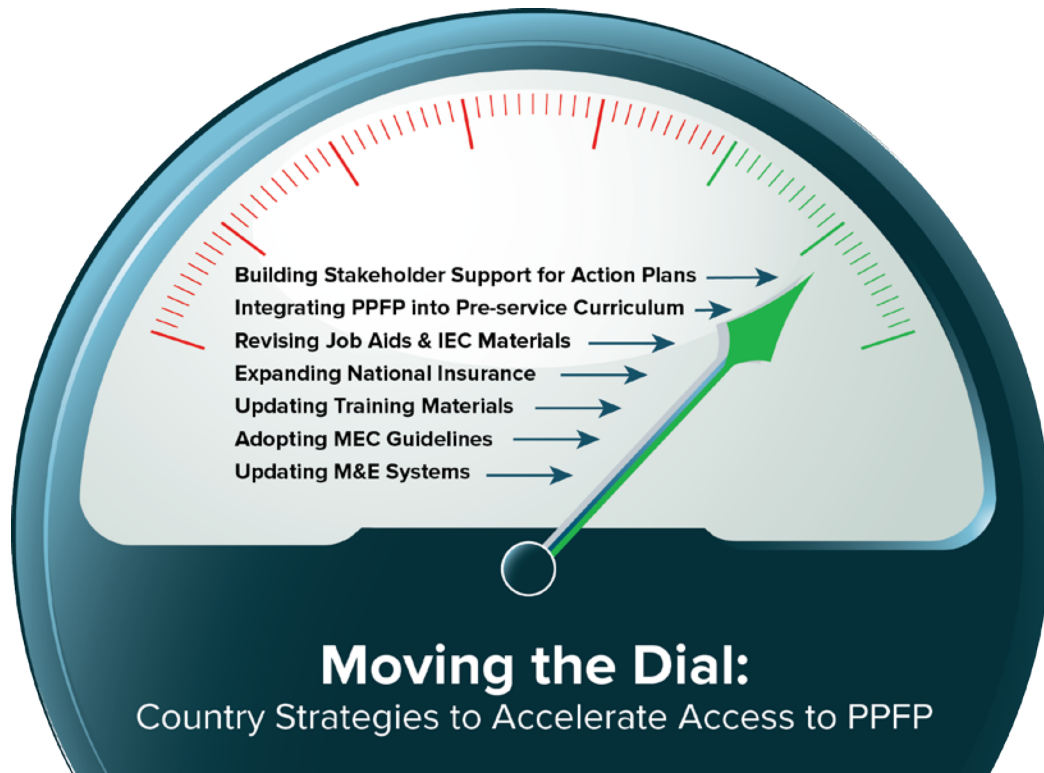
Monica Kerrigan, FP2020, calls for participants to continue the “rolling thunder” of PPF progress during opening remarks.

## PPFP Country Progress Pageant



Representatives from each country delegation report back on their impressive achievements in the PPFP Country Progress Pageant.

Figure 1. Moving the Dial: Country Strategies to Accelerate Access to PPFP





Representatives of the delegations from 16 countries that attended the June 2015 PPFP Global Meeting participated in a pageant-style presentation to celebrate accomplishments made at the country level. A variety of strategies were used to “move the dial” to enable women to access PPFP services, including incorporating the *MEC* guideline into national policy, expanding national insurance schemes to include postpartum methods, integrating PPFP into pre-service curricula and training materials, and many more (see Figure 1). Highlights from the country progress pageant are outlined in the table below.

**Table 1. Country Progress Pageant Highlights**

Country	Highlight
Afghanistan	<ul style="list-style-type: none"> <li>• Trained 12 FP trainers in PPFP and inserting postpartum intrauterine device (PPIUD), and developed plans to train 115 health care providers, from 23 provinces in four regions, in PPFP and PPIUD from December 2015 to February 2016</li> <li>• Established a subtechnical committee to work on the revision of community-based PPFP information, education, and communication (IEC) materials and the development of reporting, monitoring, and quality improvement tools</li> <li>• Conducted a Strengths-Weaknesses-Opportunities-Threats analysis of FP and PPFP, based on WHO’s health system building blocks</li> </ul>
Bangladesh	<ul style="list-style-type: none"> <li>• Gained support of the Ministry of Health and Family Welfare to give PPFP the highest priority in the next health sector 5-year program</li> </ul>
Burkina Faso	<ul style="list-style-type: none"> <li>• Integrated PPFP into pre-service education for nurses and midwives and into obstetrics and gynecology residency training</li> </ul>
Democratic Republic of Congo	<ul style="list-style-type: none"> <li>• Revised the national action plan to further integrate PPFP into the FP platform</li> <li>• Commented that they are currently conducting operations research on PPFP integration with WHO support</li> </ul>
Ethiopia	<ul style="list-style-type: none"> <li>• Revised IEC materials and job aids for health extension workers for community education</li> <li>• Conducted national training of trainers to introduce Implanon NXT through health extension workers</li> </ul>
India	<ul style="list-style-type: none"> <li>• Inserted over 600,000 PPIUDs last year</li> <li>• Drafted action plan and technical manual for postabortion FP to be implemented at all levels, including primary health centers</li> </ul>
Indonesia	<ul style="list-style-type: none"> <li>• Incorporated <i>MEC</i> recommendations into national FP guidelines and drafted provincial action plans for PPFP</li> <li>• Commented that they were currently revising the national health insurance scheme to include PPFP, vasectomy, and strengthen the referral system</li> </ul>
Kenya	<ul style="list-style-type: none"> <li>• Included PPFP in the national FP guidelines for service providers</li> <li>• Included both immediate and extended PPFP into the health insurance plan, as part of the free maternity services package</li> <li>• Started an FP/immunization integration pilot in two counties</li> </ul>
Madagascar	<ul style="list-style-type: none"> <li>• Signed on as an FP2020 commitment country</li> <li>• Commented that they are currently planning a scientific conference on innovations in FP, PPFP, postabortion care, and adolescent and community approaches</li> </ul>
Nigeria	<ul style="list-style-type: none"> <li>• Updated the standards of practice and training manuals for FP with PPFP recommendations</li> </ul>

Country	Highlight
Pakistan	<ul style="list-style-type: none"> <li>Established provincial task forces to ensure implementation of <i>MEC</i> recommendations</li> <li>Established basic health units open 24 hours a day, 7 days a week, to provide access to ANC, maternity, and PFP services</li> </ul>
Philippines	<ul style="list-style-type: none"> <li>Included PFP and PPIUD in the national insurance scheme's coverage</li> <li>Commented they were currently working to include the implant as a covered service for postpartum women in the national insurance scheme</li> </ul>
Rwanda	<ul style="list-style-type: none"> <li>Adopted a work plan to implement PFP in health facilities</li> </ul>
Tanzania	<ul style="list-style-type: none"> <li>Integrated PFP counseling with that for preventing mother-to-child transmission of HIV</li> <li>Revised general PFP training to include PPIUD</li> </ul>
Uganda	<ul style="list-style-type: none"> <li>Updated pre-service education and in-service training curricula to include PFP for basic FP services</li> </ul>
Zambia	<ul style="list-style-type: none"> <li>Conducted assessment of PFP data availability and received consensus to update the HMIS</li> </ul>

Following the pageant, participants engaged in a lively discussion, sharing context-specific strategies and enthusiastic ideas for future actions.

## Roundtable Discussions

Participants were able to visit two roundtable topic discussion tables during the workshop. Discussion topics were selected based on participant survey results that identified current challenges and specified what additional information was needed (see Figure 2).

**Figure 2. Roundtable discussion highlights**

<p><b>PPFP Advocacy Approaches</b></p> <ul style="list-style-type: none"> <li>• SMART advocacy approaches are effective</li> <li>• Areas needing advocacy include adopting MEC guidelines and expanding coverage of multiple contraceptive methods in national insurance schemes</li> </ul>	<p><b>Community-Based Strategies</b></p> <ul style="list-style-type: none"> <li>• Potential strategies include working with women's and religious groups, community health workers, and peer educators to address access to PPFP and beliefs about postpartum sexual activity and associated stigma</li> <li>• Challenges include tailoring programs to the cultural context, addressing myths and misconceptions, engaging existing networks to increase demand, and providing incentives to community volunteers</li> </ul>	<p><b>Quality Counseling and Services</b></p> <ul style="list-style-type: none"> <li>• Ensuring quality and privacy are critical concerns but can be challenging, for example, in routine immunization or ANC service settings</li> <li>• Ensuring that staff with appropriate FP counseling skills attend ANC or postnatal care clinics is a challenge</li> <li>• Dedicated counselors have immense potential</li> </ul>	<p><b>Health Care Provider Concerns: Biases, Counseling, and Retention</b></p> <ul style="list-style-type: none"> <li>• Provider confidence and competency demands attention to increasing access to PPFP</li> <li>• Lactational amenorrhea method is an effective modern method</li> <li>• Just assuming women are abstinent during the postpartum period is not the type of quality care women deserve</li> <li>• Providers feel there is not enough time to counsel and provide FP</li> </ul>
<p><b>Measurement: Registers, HMIS, and Indicators</b></p> <ul style="list-style-type: none"> <li>• Most PPFP programs do not have measurement tools</li> <li>• Countries are unclear on how to organize PPFP metrics</li> <li>• Structured measurement tools with desired performance indicators would be helpful</li> </ul>	<p><b>Engagement of Private Sector</b></p> <ul style="list-style-type: none"> <li>• Quality of care provided at formal and informal private sector facilities needs attention</li> <li>• Guidelines can be better disseminated to private practices</li> <li>• Data, cost analyses, and marketing strategies are important incentive tools</li> </ul>	<p><b>Ouagadougou Partnership Updates and Opportunities</b></p> <ul style="list-style-type: none"> <li>• Government, partners, and donors are engaged to help advance countries' action plans</li> <li>• Balancing demand-creation and supply remain a concern</li> </ul>	<p><b>PPFP Scale-up</b></p> <ul style="list-style-type: none"> <li>• Planning for scale-up is necessary, including having scale-up monitoring plans</li> <li>• Most policies and procedures are in place for sustainability but funding may not be</li> <li>• Need to ensure that models are tested in a real-life setting</li> <li>• Flexibility is key when scaling up</li> <li>• Champions are critical to ensure sustained PPFP service delivery</li> </ul>
	<p><b>Finding Alternative Funding Solutions</b></p> <ul style="list-style-type: none"> <li>• Countries need to assess where gaps are and effectively communicate those gaps to donors—many are eager to support PPFP</li> <li>• Ensure CIPs include PPFP</li> <li>• GFF is a new World Bank-managed pooled funding mechanism and FP2020 is advocating that gaps in CIPs be funded through this new funding mechanism</li> </ul>	<p><b>MEC Guideline</b></p> <ul style="list-style-type: none"> <li>• The MEC Guideline has been updated, so that more women (and adolescents) can use contraceptives than previously recommended</li> <li>• The MEC wheel is a useful tool for FP providers to use to make decisions when counseling women about their FP choices</li> <li>• The MEC Executive Summary is available in French, and other materials will be translated in the coming months</li> </ul>	

Notes: costed implementation plan (CIP); Global Financing Facility (GFF); health management information system (HMIS); *Medical Eligibility Criteria for Contraceptive Use (MEC)*; postpartum family planning (PPFP); specific, measurable, attainable, relevant, time-bound (SMART)

## What's Next for the Postpartum Family Planning Global Movement?—Continuing the Rolling Thunder

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Leslie Mancuso, President and Chief Executive Officer of Jhpiego, thanked participants for the energy, passion, and commitment to accelerate access to PPF in communities, countries, and the world. She acknowledged the extraordinary efforts of country teams; recognized co-hosts FP2020, BMGF, USAID, WHO, UNFPA, and MCSP; and welcomed new Steering Committee member DFID and country teams, including Haiti, Togo, Guinea, and Mali. Much of the meeting's discussion was about addressing challenges faced in implementing PPF country action plans. Mancuso described the discussions as eye-opening and energizing and noted the importance of exchanging knowledge as a critical component in achieving the success of this global movement.



Leslie Mancuso, Jhpiego, provides stirring closing remarks to encourage continued engagement in the PPF Global Movement.

Though significant progress has been made since June 2015, the work toward expanding access to PPF is not over. The International Steering Committee is committed to continued engagement with countries and will use the meeting discussion to inform future actions. With continued support from the global to local levels, Mancuso emphasized that the group's effort and ambition will carry the PPF global movement forward to ensure a healthier future for women and families around the world.



“First the bad news: FP is in turmoil in India. The good news is this turmoil is all positive disruption!”  
—Dr. S.K. Sikdar, Ministry of Health of India



“One thing that we are proud of following the Chiang Mai meeting is integration.”  
—Dr. Maurice Hiza, Ministry of Health of Tanzania



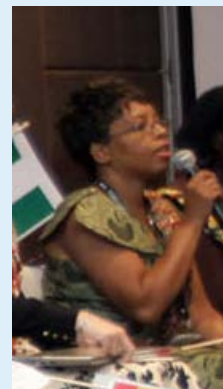
“We cannot only focus on the supply side. I believe that the demand side also needs to be well implemented.”  
—Dr. Irma Ardiana, BKKBN Indonesia



“In Uganda, the method mix is our priority. The MOH promotes that we provide all methods and that we provide choice. It’s a rights-based approach that we always apply. We bring on board all the methods. We are also glad that for PFP, there is choice all through, from the implants to the IUD.”  
—Lucy Asaba, EngenderHealth



“We have inculcated private partnership also. There is a synergy or a mechanism of involving the private sector. Because in our country, a lot is taken up by the private sector. So they are our key stakeholders, and government is encouraging them for all this.”  
—Dr. Pervaiz Imtiaz, Ministry of Health, Punjab



“We realized after a long time that we didn’t have collecting tools for FP2020. We went into our registers and realized that we can’t actually tell when after delivery [women] first had family planning.”  
—Dr. Mary Nambao, Ministry of Health of Zambia

## Appendix 1. Agenda

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WITH



### **Accelerating Access to Postpartum Family Planning Global Meeting Follow-up Workshop International Conference on Family Planning Auxiliary Event**

**Date:** Monday, January 25, 2016

**Time:** 8:30 AM–2 PM

**Location:** Nusantara Room 3, Westin Resort, Nusa Dua, Indonesia

**Objectives:** The main purposes are to keep up the “rolling thunder” of the energy and enthusiasm generated for accelerating scale up of PPFPP, make countries accountable to the commitment they made, as well as generate interests and support from new countries, advocates, and stakeholders. This workshop will:

- Highlight progress made at country level and relevant global movement since Chiang Mai;
- Encourage country participants to discuss and exchange lessons learned at policy, programmatic and technical levels; and
- Follow up on ideas generated during Reimagining PPFPP and look ahead.

Time	Session	Presenter(s) or Facilitator
8:15–8:30	Welcome	Elaine Charurat, Jhpiego
8:30–9:00	Opening Remarks	Ellen Starbird, USAID Baroness Verma, DFID Lester Coutinho, BMGF Leopold Ouedraogo, WHO Monica Kerrigan, FP2020
9:00–10:40	PPFP Pageant: Country Action Plan Highlights	Isaac Malonza and Megan Christofield, Jhpiego
10:40–11:00	Break	
11:00–12:15	Cross-Country Experience Sharing	Assigned facilitators
12:15–12:30	Roundtable Report Out	Saswati Das, Jhpiego India
12:30–1:00	Closing Remarks	Leslie Mancuso, Jhpiego
1:00–2:00	Lunch	

	Roundtable Topic	Facilitator
1	Community-Based Strategies	Chelsea Cooper, Jhpiego
2	PPFP Advocacy Approaches	Angela Mutunga, Jhpiego Kenya
3	Engagement of Private Sector in PPFP	Maryjane Lacoste, BMGF
4	Measurement: Registers, HMIS and Indicators	Elaine Charurat, Jhpiego
5	Quality PPFP Counseling and Services	Ricky Lu, Jhpiego
6	Finding Alternative Funding Solutions	Monica Kerrigan, FP2020
7	Health Care Provider Concerns: Biases, Counseling, and Retention	Holly Blanchard, Jhpiego Indonesia
8	<i>MEC Guidelines</i> Session 1: English / Session 2: French	Mary Lyn Gaffield, WHO
9	PPFP Scale-up Session 1: French / Session 2: English	Suzanne Reier, WHO
10	<i>FRENCH:</i> Session 1: Health Care Provider Concerns: Biases, Counselling, and Retention Session 2: Ouagadougou Partnership Updates and Opportunities	(1) Tsigue Pleah, Jhpiego (2) Devon Mackenzie, MCSP

**PARTNERS**



## Appendix 2. Participant List

Last Name	First Name	Affiliation	Country
Abdullahi	Hannatu	Jhpiego	Nigeria
Abooki Asaba	Lucy	EngenderHealth	Uganda
Affandi	Biran	University of Indonesia	Indonesia
Afolabi	Kayode	Federal Ministry Of Health	Nigeria
Ahmed	Mohammad Moinuddin	Directorate General of Family Planning (DGFP), MOH&FW	Bangladesh
Ainslie	Robert	Johns Hopkins Center for Communication Programs	Indonesia
Alabi	Grace	Kogi State Ministry of Health	Nigeria
Ambachew	Michael		Ethiopia
Anwari	Zelaikha	Ministry of Public Health	Afghanistan
Ardianaq	Irma	National Population and FP Board	Indonesia
Ashema Yodi	Rachel	Programme National Santé de la Reproduction PNSR	Democratic Republic of Congo
Assad	Fauzia	Jhpiego	Pakistan
Assefa	Berhane	Ministry of Health	Ethiopia
Atiqzai	Faridullah	Jhpiego	Afghanistan
Austin	Suzanne	MCSP, Jhpiego	Guinea
Aziz	Zahra	FP2020	United States
Baynes	Colin	EngenderHealth	United States
Bhatt	Nindhi	Jhpiego	India
Bicaba	Isabelle	Ministry of Health	Burkina Faso
Blanchard	Holly	Jhpiego	Indonesia
Breithaupt	Lindsay	Jhpiego	United States
Charurat	Elaine	Jhpiego	United States
Chilambwe	Jully	Jhpiego	Zambia
Christofield	Megan	Jhpiego	United States
Conombo Kafando	Sibdou Ghislaine	WHO	Gabon
Cooper	Chelsea	Jhpiego, MCSP	United States
Curtis	Carolyn	USAID	United States
Coutinho	Lester	BMGF	United States
Damiba	Alain	Johns Hopkins	United States
Das	Saswati	Jhpiego	India
Day-Stirk	Frances	International Confederation of Midwives	The Netherlands
Doe	Brenda	USAID	Bangladesh
Engida	Mulu	JSI Research & Training Institute, Inc. L10K Project	Ethiopia
Exassu	Nibret		Ethiopia



Last Name	First Name	Affiliation	Country
Faisel	Abu	EngenderHealth	Bangladesh
Feroz	Aeroj	Ministry of Health	Afghanistan
Floranita	Rustini	WHO	Indonesia
Gaffield	Mary Lyn	WHO	Switzerland
Galloway	Rae	Independent	United States
Gilbertson	Jennifer	Laerdal Global Health	Norway
Gomez	Patricia	Integrated Midwives Association of the Philippines	Philippines
Gubin	Rehana	Jhpiego	United States
Harimalala Razafindravony	Bakolisoa	MCSP, Jhpiego	Madagascar
Hasan	Sanjida	EngenderHealth	Bangladesh
Hiza	Maurice	Ministry of Health	Tanzania
Hyjazi	Yolande	Jhpiego	Guinea
Ishaku	Salisu	Population Council	Nigeria
Kabra	Rita	WHO	Switzerland
Kagwe	Peter	Jhpiego	Kenya
Kanyuuru	Lynn	Jhpiego Corporation Kenya	Kenya
Karim	Ali	JSI Research & Training Institute, Inc.	United States
Katarikawe	Emily	Jhpiego	Uganda
Kerrigan	Monica	FP2020	United States
Khan	Pervaiz Imtiaz	Policy & Strategic Planning Unit, Health Department	Pakistan
Khan	Nadeem		India
Koathick	Morchen		
Lacoste	Maryjane	BMGF	United States
Lambe	Fransisca	Jhpiego	Indonesia
Lavussa	Joyce	WHO	Kenya
Mackenzie	Devon	Jhpiego	United States
Magarick	Ron	Jhpiego	United States
Mahar	Meeta	International Planned Parenthood Federation	India
Mancuso	Leslie	Jhpiego	United States
Marinduque	Bernabe	MindanaoHealth, Jhpiego	Philippines
Maya	Gita	Ministry of Health	Indonesia
Merkel	Stuart	Jhpiego	United States
Mihayo	Placid	Ministry of Health	Uganda
Monganza	Claudine	EngenderHealth	Democratic Republic of Congo
Moonesinghe	Loshan	UNFPA	Bangladesh
Mukaba	Thibaut	USAID	Democratic Republic of Congo

Last Name	First Name	Affiliation	Country
Munthali	Loyce	USAID	Zambia
Mutunga	Angela	Jhpiego	Kenya
Nakato	Agnes	Ministry of Health	Kenya
Nambao	Mary	Ministry of Health	Zambia
Nash-Mercado	Angela	Jhpiego	United States
Nyachae	Paul	Jhpiego	Kenya
Osmani	Kamran	Jhpiego	Afghanistan
Ouedraogo	Cheick Oumar	Jhpiego	Burkina Faso
Ouedraogo	Yacouba	Jhpiego	Burkina Faso
Ouedraogo	Leopold	WHO	Congo
Oyelade	Taiwo	WHO	Nigeria
Pandey	Renu		
Plok	Estaban		Philippines
Pleah	Tsigue	Jhpiego	United States
Prawirodihardjo	Leo	HOGSI	Indonesia
Pusnega	Ardiana		
Rajaonarison Razakariasy	Marc Eric	MCSP, Jhpiego	Madagascar
Ramadugu	Sruti	MCSP, Jhpiego	United States
Ramanan	Haingo	Ministère de la Santé Publique	Madagascar
Raney	Laura	Jhpiego	United States
Razafindravony	Bakolisoa	MCSP, Jhpiego	Madagascar
Reier	Suzanne	WHO/IBP	Switzerland
Riswan	Irfan	Jhpiego	Indonesia
Sahin Hodoglugil	Nuriye	Jhpiego	United States
Sayinzoga	Felix	Ministry of Health	Rwanda
Schmitt	Meg	EngenderHealth	United States
Scott	Beth	DFID	UK
Shanawar	Zakia	Ministry of Health	Pakistan
Shannon	Caitlin	EngenderHealth	United States
Sikdar	SK	Ministry of Health	India
Singh	Pragati	Jhpiego	India
Smith	Jeffrey	Jhpiego	United States
Sood	Bulbul	Jhpiego	India
Starbird	Ellen	USAID	USA
Szybist	Patricia	Jhpiego	United States
T. Komlan Kassouta	N'tapi	Ministère de la Santé	Togo
Tenaye	Kebede		Ethiopia
Twagiramungu	Alfred	Jhpiego-MCSP/Rwanda	Rwanda

Last Name	First Name	Affiliation	Country
Uy	Ruvelinda Grace	Jhpiego	Philippines
Verma	Baroness	UK Government	UK
Wulete	Betermanian		Ethiopia
Yadav	Vivek	Jhpiego	India
Yihun	Bantalem	JSI Research and Training Institute Inc., L10K-2020 Project, Ethiopia	Ethiopia
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