

# Family Planning and Immunization Integration: Reaching Postpartum women with family planning services

October 3, 2017



## Kathryn Mimno, FP Immunization Integration Working Group Facilitator

Kathryn Mimno co-chairs the Family Planning Immunization Working Group. She serves as a Sr Technical Advisor for Sexual and Reproductive Health and Rights at Pathfinder International. She provides technical assistance to a broad range of projects and Pathfinder country offices including integrated contraceptive service delivery. Prior to coming to Pathfinder, Dr. Mimno worked for an integrated health project in rural Mozambique and was a practicing family physician. She holds a MD from Tufts University School of Medicine and a Masters in Public Health from Harvard School of Public Health.



## FP-Immunization Integration Working Group

- Interagency group started in 2010 to identify and promote effective, sustainable models of family planning and immunization integration
- Facilitates community of practice for sharing resources
- Provided leadership, technical guidance, and dissemination for the HIP and other briefs (ex. advocacy, M&E, and SBCC)
- Developed bibliography to highlight and track research and program experience
- Launched the FP & Immunization Integration Toolkit in 2013

<https://www.k4health.org/toolkits/family-planning-immunization-integration>

## Get involved!

- Working group meets twice per year and has active subgroups working on:
  - Country Engagement
  - M&E and Research
  - Global Technical Leadership
- Collaboration with Maternal, Infant, and Young Child Nutrition & FP working group on reducing missed opportunities across the continuum
- Next meeting December 2017 in DC and online
- For more info on the working group and links to past presentations, notes and resources visit the page on K4 Health:

<https://www.k4health.org/toolkits/family-planning-immunization-integration/working-group>

- To join the working group sign up through the Community of Practice on the Knowledge Gateway :

<https://knowledge-gateway.org/fpimmunization>

## Agenda

- Welcome and Introduction
- HIP brief and Evidence Repository  
Shawn Malarcher, USAID
- Opportunities in integrating FP and immunization services  
Rebecca Fields, JSI
- Liberia FP-Immunization Integration Country Experience  
Nyapu Taylor, Jhpiego
- National Scale-up in process: Mozambique  
Riaz Mobaracaly, Pathfinder International - Mozambique
- Question and Answer



## FP and Immunization Integration Webinar

### Objectives:

- Participants have a better understanding of the FP Immunization Integration HIP
- Share new evidence repository on the practice
- Share implementation successes and challenges in FPII at the global and country levels

### Logistics:

#### • Questions

During presentations, please submit any questions using the question feature of the application. We have allotted time at the end of the webinar for Q&A

#### • Webinar presentation and recording

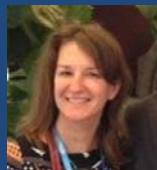
This webinar will be recorded and posted on the HIPs YouTube channel and the IBP channel. Links will be shared at the end of the webinar. The presentation will be shared with participants

#### • Handouts

There are handouts that you can download for your own viewing and reference



## Today's Panelists



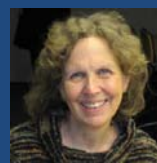
**Shawn Malarcher,  
USAID**



**Nyapu Taylor,  
Jhpiego - Liberia**



**Riaz Mobaracaly,  
Pathfinder Intl. -  
Mozambique**

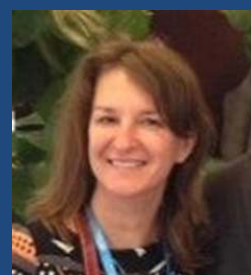


**Rebecca Fields,  
JSI**



### Shawn Malarcher, USAID

Shawn serves as the Senior Advisor on Utilization of Best Practices for USAID. She has more than 15 years of experience managing and supporting social science research in developing countries. Her work focuses on translating evidence into program and policy guidance. One of Ms. Malarcher primary functions is to provide leadership and coordination to the collaboration on High Impact Practices in Family Planning, a partnership involving over 25 donors and implementing partners in international family planning. Prior to her current position, Shawn served as a scientist with the WHO Department of Reproductive Health and Research.



## Integrating FP into Routine Immunization Services

**HIP** FAMILY PLANNING HIGH IMPACT PRACTICES

**Family Planning and Immunization Integration:**  
Reaching postpartum women with family planning services

**What is the promising high impact practice in family planning?**  
Offer family planning information and services proactively to women in the extended postpartum period during routine child immunization contacts. The extended postpartum period is defined as the 12 months following a birth (Dunne et al., 2012).

**Background**  
What women in the extended postpartum period want to do is not always known. A review of the literature (Dunne et al., 2012) found that women in the extended postpartum period want to do more than 17 activities. The most common activities were: (1) getting information about family planning, (2) getting a family planning method, (3) getting a family planning method refilled, (4) getting a family planning method removed, (5) getting a family planning method replaced, (6) getting a family planning method replaced, (7) getting a family planning method replaced, (8) getting a family planning method replaced, (9) getting a family planning method replaced, (10) getting a family planning method replaced, (11) getting a family planning method replaced, (12) getting a family planning method replaced, (13) getting a family planning method replaced, (14) getting a family planning method replaced, (15) getting a family planning method replaced, (16) getting a family planning method replaced, (17) getting a family planning method replaced.

**Service Delivery HIP**

**FP & Immunization**

**Promising Practice**

### What is the promising high-impact practice?

Offer family planning information and services proactively to women in the extended postpartum period during routine child immunization contacts.

Presentation originally developed by John Stanback



## HIP Categories

Enabling Environment	Service Delivery	Social and Behavior Change
Enabling Environment HIPs address systemic barriers that affect an individual's ability to access family planning information and services.	Service Delivery HIPs improve the availability, accessibility, and quality of family planning services.	Social and Behavior Change HIPs influence knowledge, beliefs, behaviors and social norms associated with family planning.



**Service Delivery and Social and Behavior Change HIPs are further categorized according to the strength of the evidence base for each practice – proven, promising, and emerging. The darker the color used in the HIP brief, the stronger the evidence base for the practice.**

<b>Proven</b>	Sufficient evidence exists to recommend widespread implementation, provided that there is careful monitoring of coverage, quality, and cost.
<b>Promising</b>	Good evidence exists that these interventions can lead to impact; more research is needed to fully document implementation experience and impact. These interventions should be implemented widely, provided they are carried out in a research context and evaluated for both impact and process.






## Evidence of IMZ/FP effect on contraceptive use from HIP Brief July 2013

Table 1. Selected findings from studies on integration of family planning with routine childhood immunization services

Country (total sample size)	Contraceptive Use	Effect on Immunization Utilization	Reference
Ghana (N=2763)	NSSC	Not measured	(Vance et al., 2013)
Philippines (N=3767)	+	Analysis underway	(Herrin et al., 2012)
Rwanda (N=1654)	+	NSSC	(FHI 360, 2012b)
Togo (N=2161)	+	NSSC	(Huntington & Aplogan, 1994)
Zambia (N=6219)	NSSC	Not measured	(Vance et al., 2013)

NSSC: No statistically significant change

+ indicates statistically significant positive change at the .01 level or higher

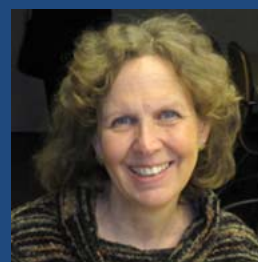
## New evidence of IMZ/FP effect on contraceptive use from HIP Brief 2017

Full citation	Country		% of women leaving IMZ clinic with a modern method		change in IMZ services
			baseline	endline	
Cooper CM, Fields R, Mazzeo CI, Taylor N, Pfitzer A. Successful proof of concept of family planning and immunization integration in Liberia. <i>Global Health: Science and Practice</i> . 2015 Mar 1;3(1):73-84.	Liberia		TBD	TBD	TBD
Dulli LS, Eichleay M, Rademacher K, Sortijas S, Nsongiyurua T. Meeting postpartum women's family planning needs through integrated family planning and immunization services: results of a cluster-randomized controlled trial in Rwanda. <i>Global Health: Science and Practice</i> . 2016 Mar 1;4(1):73-86.	Rwanda	Intervention	49% (N=403)	57%*^ (N=426)	No negative effects
		Control	58% (N=403)	51% (N=422)	
Population Council. 1993. The Impact of Integrating Family Planning with the Zaire Program of Immunization and Growth Monitoring. Zaire. Project 1001. Service des Naissances Desirables. ZAI-15.	Rwanda	Intervention	43% (N=7)	43% (N=7)	Not reported
Rwamucyo E, Habimana G, Sebikali B, Askew I, and Sanogo D. 15th Annual Meeting of the Rwanda Office National de La Population. Contract No. C191-79A.v. 33p.	Rwanda	Intervention (IEC only)			63/TBD
		Control			41
Phillipson, Rachel. Nepal Health Sector Support Programme (NHSSP). Integrating Family Planning Services into the National Immunization Programme, Findings from Operational Research in Kailash, Nepal. April 2014	Nepal		NA	37% (N=2349)	No negative effects
* statistically sign difference baseline and endline p<.05					
^ statistically sign between groups p<.05					



### Rebecca Fields, John Snow Inc. - JSI

Rebecca has over 30 years of experience supporting immunization system strengthening and injection safety in Africa and Asia, plus advocacy and behavior change communication for new vaccines, injection safety, and integrated disease surveillance. She serves as a senior technical advisor for immunization with JSI. Rebecca contributed to the K4H toolkit on FP/immunization integration and the HIP Brief on FP/immunization integration and helped design and evaluate an integrated FP/immunization service delivery strategy in Liberia. She is a co-author of Immunization Essentials: A Practical Field Guide, and USAID's e-learning course on immunization.





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## **Do no harm: Opportunities in integrating family planning and immunization services**

Rebecca Fields, Senior Technical Advisor for Immunization  
USAID's Maternal and Child Survival Program/JSI  
Family Planning High Impact Practices:  
Family Planning and Immunization Integration Webinar  
October 3, 2017

## **What is the opportunity?**

- Use the platform of child immunization contacts to refer mothers/post-partum women for family planning services
- Key considerations in using the child immunization platform:
  - **HOW MANY** can be reached
  - **WHO** can be reached
  - **WHEN** can they be reached
  - **HOW** can they be reached in a way that is good for FP and does no harm to immunization?

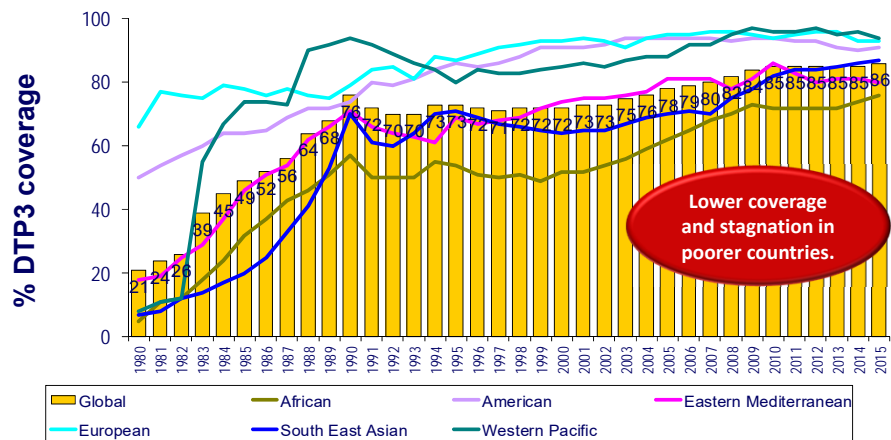


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**How many** can be reached with FP **through** immunization depends on how many are reached **with** immunization

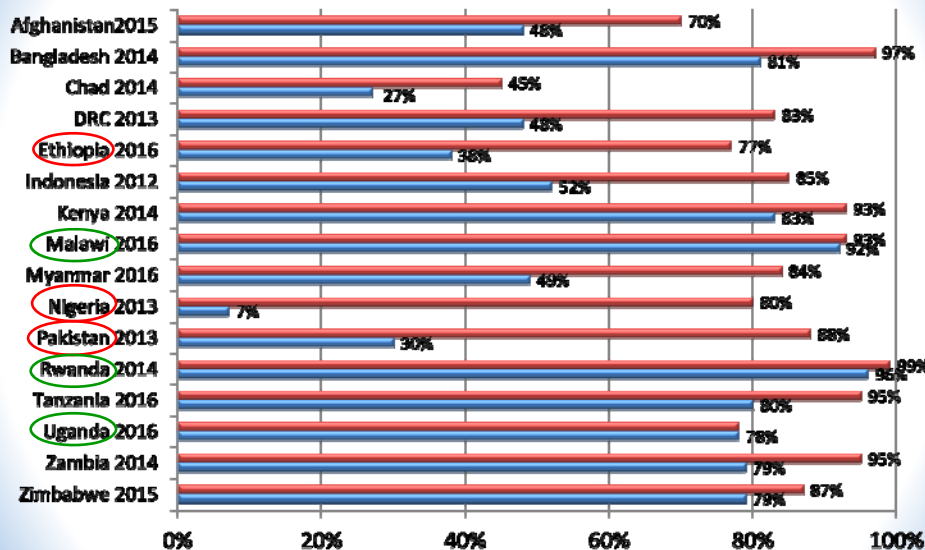


Source: WHO/UNICEF coverage estimates 2015 revision, July 2016  
Immunization Vaccines and Biologicals, (IVB), World Health Organization.  
194 WHO Member States. Date of slide: 16 July 2016.

unicef World Health Organization

### WHO can be reached through immunization? DTP3 coverage is lower in poorest wealth quintiles

Source: Demographic and Health Surveys in 16 countries 2012-2016



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■ highest ■ lowest

**WHEN** can women be reached for FP through immunization?  
**Depends on the routine immunization schedule.**

In most low-resource countries:

- Birth
- 6 weeks
- 10 weeks
- 14 weeks
- 9 months
- 15-18 months

Actual time of vaccination is often later but timely vaccination is critical to avoid prolonged exposure to disease



A. Diallo, MCSP



**USAID**



**HOW** can women be reached through immunization?  
**Recognize positive and negative effects for immunization**



**Positive:**

- Secure support for immunization by using it as platform to serve another program
- By increasing convenience to caregivers through "one stop shopping" increase utilization of services and vaccination coverage



**Negative:**

- Deter mothers who accept EPI but not FP
- Create confusion that EPI is really FP and a masked attempt to sterilize women or children

### Extensive documentation of rumors in Africa that vaccines cause sterility, 1950s-2006\*

Date	Country	Health intervention	Details of rumor	Source
1950s	Rhodesia	Childhood vaccination	Causes sterility	Kaler 2004
1959	Congo	Polio vaccine	Makes children sterile	Hooper 2004
1960	Nyasaland	Smallpox vaccine	Causes sterility	Vaughan 1994
1980	Uganda	Polio vaccination	Makes children sterile	Epstein 2007
1983	Burundi	Childhood vaccination	Makes children sterile	Malkki 1995
1986	Kenya	Childhood vaccination	Contains contraceptives	Sheppard 1986
1990	Cameroon	Tetanus toxoid	Makes children sterile	Feldman-Savelsberg 2000
1992	Nigeria	Childhood vaccination	Makes children sterile	Renne 1996
1994	Tanzania	Tetanus toxoid	Is "anti-fertility"	UNICEF 2002
1996	Kenya	Childhood vaccination	Makes children sterile	Weeks 1996
1996	Malawi	Childhood vaccination	Makes children sterile	Mwanza 1996
1996	Uganda	Polio vaccine	Contains "anti-fertility drugs"	UNICEF 2002
1997	Kenya	Polio vaccine	Contains "anti-fertility drugs"	UNICEF 2002
1998	Angola	Childhood vaccination	Contains contraceptives	UNICEF 2004
1999	Mozambique	Childhood vaccination	Causes sterility	UNICEF 1999
2003	Niger	Childhood vaccination	Makes children sterile	Gage 2003
2003	Nigeria	Polio vaccine	Causes sterility	Yahya 2006
2003	Zambia	Measles vaccine	Makes children sterile	Kokic 2003
2004	Somalia	Polio vaccine	Makes children sterile	Chitnavis 2004
2005	Guinea	Childhood vaccination	Contains "family planning"	Millimouno 2006
2006	"West Africa"	Childhood vaccination	Causes sterility	Jegade 2007
2006	Djibouti	Polio vaccine	Makes children sterile	IRIN 2007

\*from Kaler, *Soc. Sci. Med* 68 (2009): 1171-1719

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Plus Philippines (1990s),  
Madagascar (2007),  
Pakistan (2013 onward),  
Kenya (2015-2017)

Often associated with  
mass vaccination  
campaigns

\*from Kaler, *Soc. Sci. Med* 68 (2009): 1171-1719

**NEWS**

**Pakistan polio: Seven killed in anti-vaccination attack** 20 April 2016

*"...Islamist militants oppose vaccination, saying it is a Western conspiracy to sterilise Pakistani children..."*

**5th deadly attack on polio vaccinators in 3-1/2 years**

**theguardian**

**Polio workers in Nigeria shot dead**  
8 February 2013

*"...Some clerics have claimed the vaccines are part of a western plot to sterilise young girls and eliminate the Muslim population."*

**DAILY NATION**

**Kenya: Odinga Joins Catholic Church in Opposing Tetanus Vaccine**  
11 September 2017

*"...Mr Odinga claimed that the government deliberately sterilised thousands of women and girls in the guise of tetanus vaccination..."*

## Do No Harm: Mitigate the risks

Reduce risks

Measure effects

Share experience

- Design approaches with win/win appeal that recognize and address risks – not immunization mass campaigns
- Involve immunization staff at multiple levels

- Actively monitor effects of integration on **immunization**
- Share data that demonstrate gains; address areas needing improvement

- Engage country level immunization staff in sharing experiences with integration
- Disseminate findings and implementation experience to both FP and immunization audiences

## Conclusions

- Routine immunization contacts are opportunities for FP referral but their limits must be recognized
- Win-win models for FP/immunization integration should be designed with input from FP and immunization staff and monitored for effects on both services
- Maintaining a strong platform of immunization is vital to both and programs - and to the health of women and children



Jos Vandelaer, WHO



For more information, please visit  
[www.mcsprogram.org](http://www.mcsprogram.org)

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### Nyapu Taylor, Jhpiego - Liberia

Nyapu is a Technical Advisor for Jhpiego in Liberia. Mrs. Taylor was involved in the pilot study for EPI-FP Integration in Liberia that was conducted under the MCHIP program and is currently providing technical guidance and oversight for expansion of EPI-FP integration to additional sites under MCSP, among other responsibilities. Mrs. Taylor worked with the Liberia MOHSW for many years in various positions including as Acting Director and Director of the Family Health Division. She also previously served as a supervisor and trainer in RH/FP for mid-level health workers and community health workers.



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## Liberia FP-Immunization Integration Country Experience

## The MCHIP-MOH Approach

- Combined Service Provision Model: Use of routine immunization contacts at fixed facilities for vaccinators to provide **one-on-one** immunization and FP messages and referrals for **same-day** FP services
- Piloted at 10 health facilities in Bong and Lofa counties -- in each county, one hospital and four clinics
- Collaboration between MoH + MCHIP
- Designed as a pilot program (not research study) using a scalable model per MOH guidance
- Pilot phase ran from March-November 2012



## The Approach (Continued...)

- ALL women who bring infants for vaccination receive messages and referrals for FP
- Job aid to guide vaccinator communication
- Key messages designed strategically to address barriers and enablers identified through formative assessment
  - Stigma and sensitivity regarding contraceptive use by mothers of babies who are not yet walking
- Posters located throughout clinics reinforce FP messages shared by the vaccinator
- Clients offered a leaflet to take home which describes benefits of FP

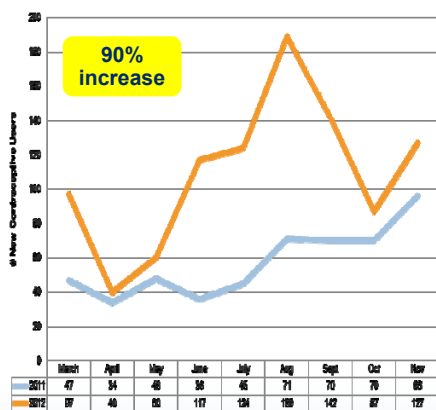


Source: MCHIP

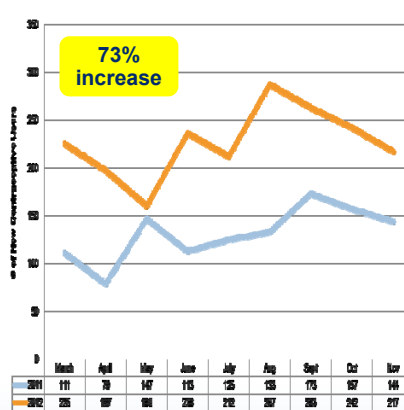
## Participating Facilities

New Contraceptive Users  
March-Nov 2011 v. 2012

### LOFA

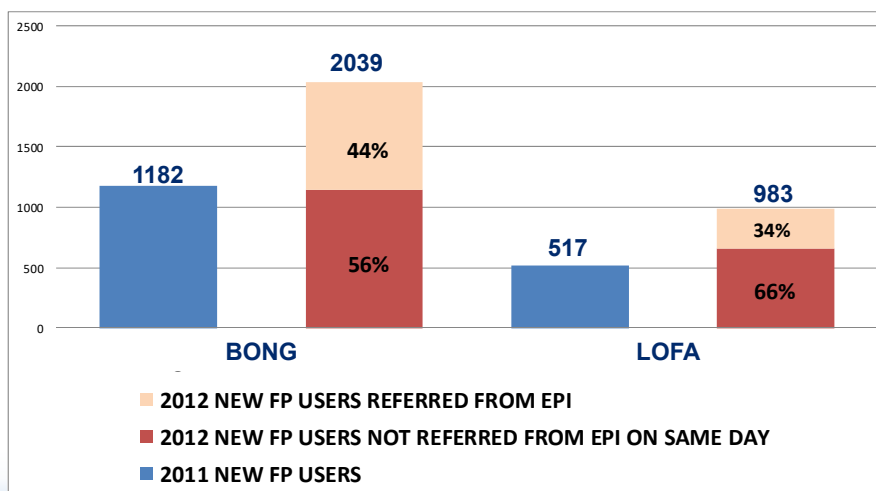


### BONG



31

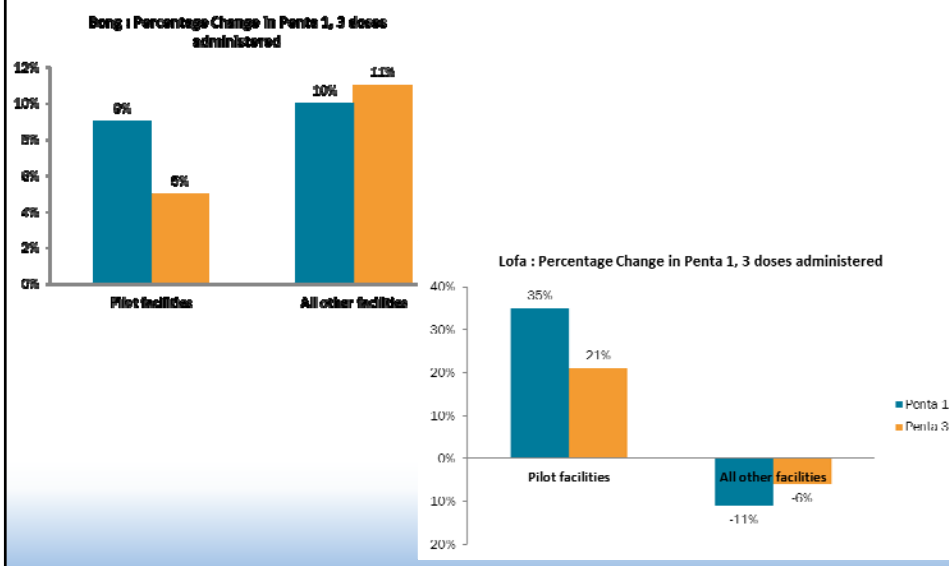
## New Contraceptive users during March-Nov 2011 and 2012 in Participating Facilities



Source: MOH/CHT/MCHIP  
Supervision Data



## Immunization Findings: March-Nov 2011 vs. March-Nov 2012



## Post-MCHIP-MOH Experience

- Approach endorsed for limited scale-up with some modifications
- MCSP now supporting scale-up of adapted approach to new sites in 3 counties
  - Bi-directional referrals
  - Adjustments to referral tracking process
  - Less intensive program support to allow for a more scalable model

### MCSP Implementation Findings:

- Clients and providers appreciate benefits of integrated services
- Referral process (expedited versus non-expedited) varies across sites
- FP providers do check immunization records, provide reminder about when to return; actual same day referral from FP to immunization is rare
- Privacy at the vaccination station is an important factor influencing referral acceptance/non-acceptance
- HR considerations due to increased client load + frequent turnover
- Persisting social norms against PPFP use require additional community engagement interventions

### Next Steps

- Quantitative analysis of service statistics currently underway
- More in-depth qualitative analysis in progress
- Recommendations for next steps, including further adjustments and/or expansion of the approach to be generated in consultation with MOH
- More comprehensive findings to be shared at the next FP-immunization WG meeting

### Riaz Mobaracaly, Pathfinder International, Mozambique

Riaz is the Country Director for Pathfinder International-Mozambique where he leads a broad portfolio including integrated family planning projects. Dr. Mobaracaly is the co-chair of the National FP Technical Working Group where he helped to develop the national family planning integration guidelines. Prior to joining Pathfinder, Dr. Mobaracaly worked extensively with the Mozambican Ministry of Health at levels including roles as district and provincial health director. Dr. Mobaracaly holds a BS in Medicine from Eduardo Mondlane University and a certificate in epidemiology from Johns Hopkins University.



### FP Integration

National Scale-up in  
process: Mozambique



Dr. Mahomed Riaz Mobaracaly  
October, 3th

## OUTLINE

- Brief overview of the National FP Integration Guidelines
- Sharing Pathfinder's experience in the National roll-out and scale-up
- Challenges & Lessons learned



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## MOZAMBIQUE FP INTEGRATION GUIDELINES

Work of multiple projects and organizations which provided body of evidence to MoH and created an enabling environment by highlighting opportunities.

### **MCHIP (JHPIEGO & JSI): Post-partum systematic screening tools 2013-14**

- Facility-based systematic screening tool studied
- Increased uptake of FP method by mothers coming to facility with child for immunization and post-natal care
- Introducing postpartum FP services did not have negative effects on the uptake of immunization or postnatal care services

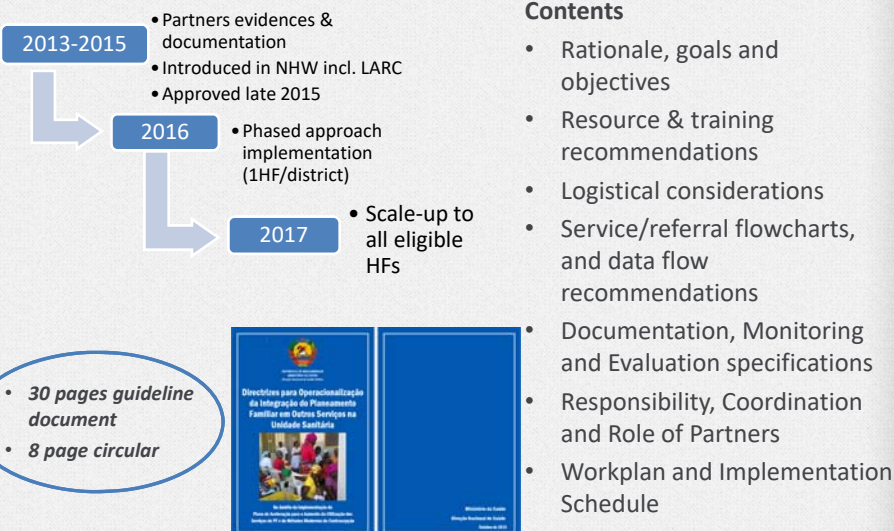
### **SCIP & EDS/FPI (Pathfinder): Integrated service delivery**

- Community-based outreach services
- Supported integrated service delivery of FP and Immunization in the community during national health weeks and routine mobile brigades
- Facilitated and tested FP Integration within the HIV-C&T consultations (Gaza, Nampula, Inhambane, Cabo Delgado)



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## MOZAMBIQUE FP INTEGRATION GUIDELINES



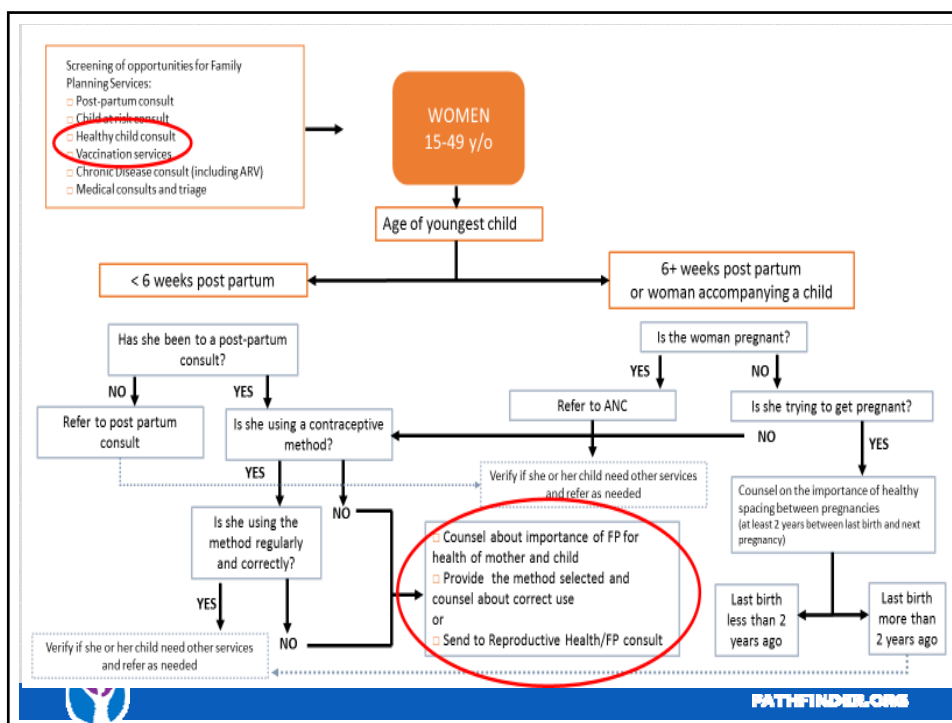
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### GUIÃO PARA INICIAR MÉTODO DE PLANEAMENTO FAMILIAR NA BRIGADA MÓVEL:

Aspectos a serem verificados para todos os métodos			
<ul style="list-style-type: none"> <li>Identificar uma casa/sala/espço/tenda com confidencialidade garantida para avaliação das utentes sempre que necessário</li> <li>Aconselhamento sobre a importância do espaçamento saudável de gravidezes (grupo e/ou individual)</li> <li>Certificar que não está grávida: <ul style="list-style-type: none"> <li>Data da última menstruação (há 7 dias)</li> <li>Teve parto nas últimas 4 semanas</li> <li>Abstinência sexual desde último parto ou última menstruação,</li> <li>Bebé com menos de 6 meses, em Aleitamento Materno Exclusivo (AME) e não tiver iniciado com a menstruação</li> </ul> </li> </ul>			
Contra-indicação			
Para Todos Métodos			
<ul style="list-style-type: none"> <li>Sangramento inexplicável nos últimos 3 meses</li> </ul>			
Pílulas	Injectável	Implantes	DIU
<ul style="list-style-type: none"> <li>Idade &gt; 40 anos</li> <li>História de TA alta</li> <li>Estar a amamentar (Mycroginon)</li> <li>Cancro/massas na mama</li> <li>Icterícia (Pele/mucosas amareladas)</li> <li>Em tratamento para Tuberculose</li> <li>Enxaqueca</li> </ul>	<ul style="list-style-type: none"> <li>História de TA alta</li> <li>Cancro/massas na mama</li> <li>Icterícia (Pele/mucosas amareladas)</li> <li>Estados depressivos</li> </ul>	<ul style="list-style-type: none"> <li>História de TA alta</li> <li>Cancro/massas na mama</li> <li>Enxaqueca</li> <li>Estados depressivos</li> <li>Em tratamento para Tuberculose</li> </ul>	<ul style="list-style-type: none"> <li>Corrimento vaginal ou outras lesões (primeiro deve-se tratar).</li> <li>Se tem alta probabilidade de contrair ITS's</li> </ul>
Recomendações			
<ul style="list-style-type: none"> <li>Dar informação sobre efeitos secundários</li> <li>Disponibilizar 1 ciclo para nova utente e 3 ciclos para seguintes</li> <li>Marcar controle na US antes de terminar as pílulas</li> </ul>	<ul style="list-style-type: none"> <li>Dar informação sobre efeitos secundários</li> <li>Aplicar a DEPO</li> <li>Marcar próxima consulta na US depois de 3 meses</li> </ul>	<ul style="list-style-type: none"> <li>Dar informação sobre efeitos secundários</li> <li>Inserir o implante</li> <li>Informar sobre a duração do implante (5 anos) e o período para remoção</li> <li>Marcar a consulta de seguimento na US próxima depois de 48H</li> </ul>	<ul style="list-style-type: none"> <li>Dar informação sobre efeitos secundários</li> <li>Informar sobre a duração do DIU (T-Cobre – até 10 ou 12 anos);</li> </ul>
Oferecer 20 ou mais preservativos a cada uma das MIF e/ou Adolescente/Jovem/Homem acompanhante sexualmente activos			



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## Recommendations for types of FP service offered by location for the health facility

Anexo 1: RESUMO: Tipos de Serviços de PF a serem oferecidos por local na Unidade Sanitária

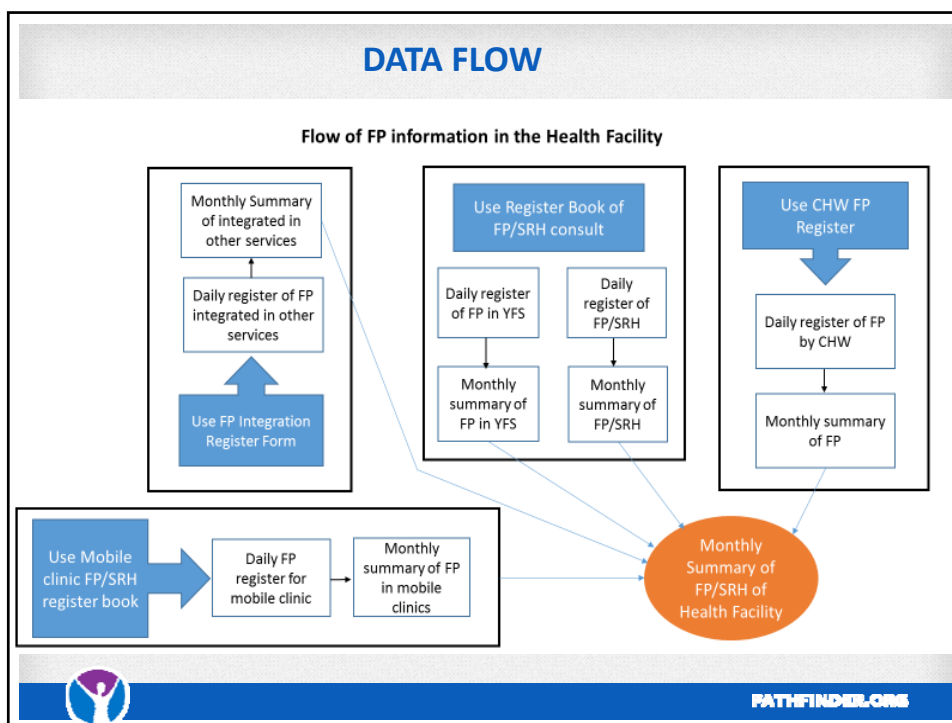
Serviço	IEC com Material de IEC disponível	Aconselhamento	Pílulas	DEPO	DIU	Implante	Preservativo	Referência para os Serviços de PF	Formação dos Provedores em aconselhamento e oferta de métodos de PF
Maternidade	S	S	S	S	S	S	S	S	S
Consultório Pós-Parto, Serviços Especializados	S	S	S	S	S	S	S	S	S
Unidade de Saúde	S	S	S/A	S/A	S/A	S/A	S	S	S
Consultório de Criança em Risco	S	S	S	S	S/A	S	S	S	S
Unidade de Criança	S	S	S	S	N	S/A	S	S	S
Serviço de Triage	S	S	S	S	S/A	S/A	S	S	S
UATS - APS	S	S	N	N	N	N	S	S	S
Circuncisão Masculina	S	S	N	N	N	N	S	S	S
CPM	S	S	N	N	N	N	S	S	S
Triage Adulto/Consulta Médica	S	S	S	S	S/A	S/A	S	S	S

S – Sim, N – Não, S/A – Se aplicável

Service	Systematic screening of opportunities (evaluate client needs)	Offer information, education, and specific counseling	Availability of modern contraceptive method				Offer condoms to reinforce dual protection condoms	Referral for FP services
			Pills	Injectable	IUD	Implant		
Well child clinic	Y	Y	I/A	I/A	I/A	I/A	Y	Y
Child at risk clinic	Y	Y	Y	Y	I/A	Y	Y	Y
Pediatric triage	Y	Y	Y	Y	N	I/A	Y	Y

**PATHFINDER-ONE**





## PATHFINDER ROLE & EXPERIENCE

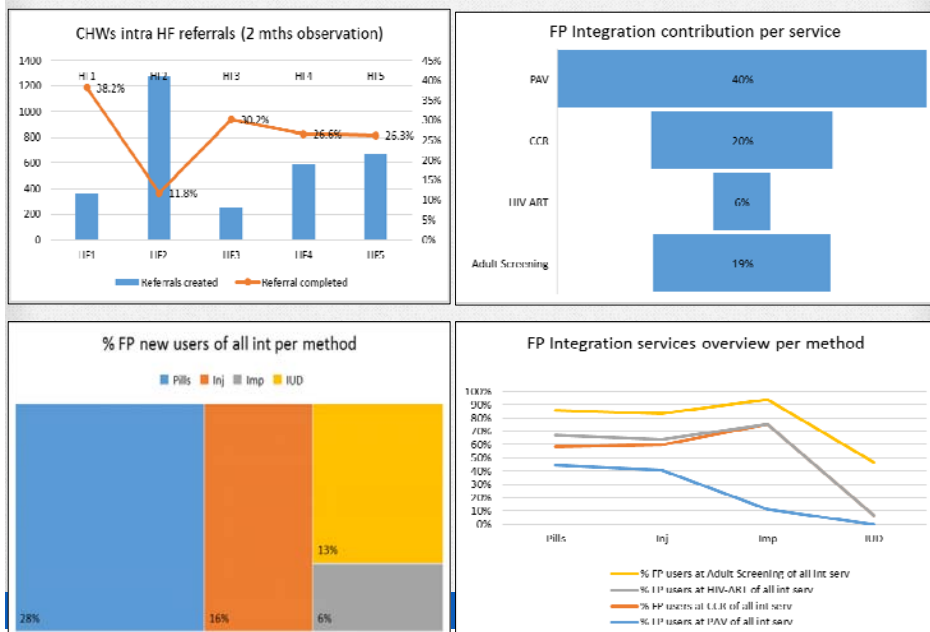
Support the National scale-up in urban & rural areas of 4 provinces reaching

- Technical updates & review meetings
- Commodities assurance
- Train & mentorship for HF staff/CHW
- Demand generation through community activities
- Collaborate w/other partners
- Two approaches for integrating at busy and high volume sites, mostly immunization room
  - ✓ health provider trained, providing FP services
  - ✓ CHW trained, providing proper counseling and referrals



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## SOME RESULTS (MAY – JUNE 2017)



## CHALLENGES & LESSONS LEARNED

- Non-MCH Nurse health **provider engagement**;
- **Leadership** engagement and **Ownership**;
- Availability of **commodities** (co-location);
- **Data** collection and Report



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**Thank you**



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## Family Planning and Immunization Integration: Reaching Postpartum women with family planning services

Q & A

October 3, 2017



**Recording and presentation available at:**

<https://www.youtube.com/playlist?list=PLmc4ZL8DMckoSaVUuSDyaaYMCBJvuG-sl>

**&**

<https://channel.webinar.com/channel/965084607443925509>



**To join the working group sign up through the Community of Practice on the Knowledge Gateway :**

<https://knowledge-gateway.org/fpimmunization>

**For more information, please visit:**

[www.fphighimpactpractices.org](http://www.fphighimpactpractices.org)

[www.ibpinitiative.org](http://www.ibpinitiative.org)

[www.familyplanning2020.org](http://www.familyplanning2020.org)

**THANK YOU**

