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 Mobarakaly, 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 Mobarakaly, 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

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.

HIP Categories

Enabling Environment
- Enabling Environment HIPs address systemic barriers that affect an individual’s ability to access family planning information and services.

Service Delivery
- Service Delivery HIPs improve the availability, accessibility, acceptability, and quality of family planning services.

Social and Behavior Change
- Social and Behavior Change HIPs influence knowledge, beliefs, behaviors, and social norms associated with family planning.
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

<table>
<thead>
<tr>
<th>Country</th>
<th>Contraceptive Use</th>
<th>Effect on Immunization Utilization</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ghana (N=2668)</td>
<td>NSCC</td>
<td>Not measured</td>
<td>Vance et al., 2013</td>
</tr>
<tr>
<td>Philippines (N=5767)</td>
<td>+</td>
<td>Analysis underway</td>
<td>Hermen et al., 2012</td>
</tr>
<tr>
<td>Malawi (N=1205)</td>
<td>+</td>
<td>NSCC</td>
<td>Phu, MQ, 2013</td>
</tr>
<tr>
<td>Togo (N=2161)</td>
<td>+</td>
<td>NSCC</td>
<td>Huntington &amp; Apelgren, 2004</td>
</tr>
<tr>
<td>Zambia (N=2289)</td>
<td>NSCC</td>
<td>Not measured</td>
<td>Vance et al., 2013</td>
</tr>
</tbody>
</table>

NSCC: No statistically significant change
* indicates statistically significant positive change at the .05 level or higher
New evidence of IMZ/FP effect on contraceptive use from HIP Brief 2017

<table>
<thead>
<tr>
<th>Full citation</th>
<th>Country</th>
<th>% of women leaving IMZ clinic with a modern method</th>
<th>change in IMZ services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full citation</td>
<td>Liberia</td>
<td>% (N=?)</td>
<td>No negative effects</td>
</tr>
<tr>
<td>Full citation</td>
<td>Rwanda</td>
<td>49% (N=403)</td>
<td>57% * (N=426)</td>
</tr>
<tr>
<td>Full citation</td>
<td>DRC (Zaire)</td>
<td>3% (N=?)</td>
<td>43% (N=?)</td>
</tr>
<tr>
<td>Full citation</td>
<td>Nepal</td>
<td>37% (N=2349)</td>
<td>No negative effects</td>
</tr>
<tr>
<td>Full citation</td>
<td>Nepal</td>
<td>NA</td>
<td>37% (N=2349)</td>
</tr>
</tbody>
</table>

* statistically significant difference between baseline and endline p=.05
^ statistically significant 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.
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?
How many can be reached with FP through immunization depends on how many are reached with immunization.

Lower coverage and stagnation in poorer countries.

Immunization, Vaccines and Biologicals (IVB), World Health Organization.
WHO Member States. Date of slide: 16 July 2016.

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

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

**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*

<table>
<thead>
<tr>
<th>Date</th>
<th>Country</th>
<th>Health intervention</th>
<th>Details of rumor</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>1950s</td>
<td>Rhodesia</td>
<td>Childhood vaccination</td>
<td>Causes sterility</td>
<td>Kaler 2004</td>
</tr>
<tr>
<td>1959</td>
<td>Congo</td>
<td>Polio vaccine</td>
<td>Makes children sterile</td>
<td>Hooper 2004</td>
</tr>
<tr>
<td>1960</td>
<td>Nyasaland</td>
<td>Smallpox vaccine</td>
<td>Causes sterility</td>
<td>Vaughan 1994</td>
</tr>
<tr>
<td>1983</td>
<td>Burundi</td>
<td>Childhood vaccination</td>
<td>Makes children sterile</td>
<td>Maliki 1995</td>
</tr>
<tr>
<td>1986</td>
<td>Kenya</td>
<td>Childhood vaccination</td>
<td>Contains contraceptives</td>
<td>Sheppard 1986</td>
</tr>
<tr>
<td>1990</td>
<td>Cameroon</td>
<td>Tetanus toxoid</td>
<td>Makes children sterile</td>
<td>Feldman-Saveslberg 2000</td>
</tr>
<tr>
<td>1994</td>
<td>Tanzania</td>
<td>Tetanus toxoid</td>
<td>Is &quot;anti-fertility&quot;</td>
<td>UNICEF 2002</td>
</tr>
<tr>
<td>1996</td>
<td>Malawi</td>
<td>Childhood vaccination</td>
<td>Makes children sterile</td>
<td>Mwanza 1996</td>
</tr>
<tr>
<td>1996</td>
<td>Uganda</td>
<td>Polio vaccine</td>
<td>Contains &quot;anti-fertility drugs&quot;</td>
<td>UNICEF 2002</td>
</tr>
<tr>
<td>1997</td>
<td>Kenya</td>
<td>Polio vaccine</td>
<td>Contains &quot;anti-fertility drugs&quot;</td>
<td>UNICEF 2002</td>
</tr>
<tr>
<td>1998</td>
<td>Angola</td>
<td>Childhood vaccination</td>
<td>Contains contraceptives</td>
<td>UNICEF 2004</td>
</tr>
<tr>
<td>1999</td>
<td>Mozambique</td>
<td>Childhood vaccination</td>
<td>Causes sterility</td>
<td>UNICEF 1999</td>
</tr>
<tr>
<td>2003</td>
<td>Niger</td>
<td>Childhood vaccination</td>
<td>Makes children sterile</td>
<td>Saje 2003</td>
</tr>
<tr>
<td>2003</td>
<td>Nigeria</td>
<td>Polio vaccine</td>
<td>Causes sterility</td>
<td>Yahya 2006</td>
</tr>
<tr>
<td>2004</td>
<td>Somalia</td>
<td>Polio vaccine</td>
<td>Makes children sterile</td>
<td>Chitnavis 2004</td>
</tr>
<tr>
<td>2005</td>
<td>Guinea</td>
<td>Childhood vaccination</td>
<td>Contains &quot;family planning&quot;</td>
<td>Millimouno 2006</td>
</tr>
<tr>
<td>2006</td>
<td>&quot;West Africa&quot;</td>
<td>Childhood vaccination</td>
<td>Causes sterility</td>
<td>Jegede 2007</td>
</tr>
<tr>
<td>2006</td>
<td>Djibouti</td>
<td>Polio vaccine</td>
<td>Makes children sterile</td>
<td>UN 2007</td>
</tr>
</tbody>
</table>


---

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Country</th>
<th>Health intervention</th>
<th>Details of rumor</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>1950s</td>
<td>Rhodesia</td>
<td>Childhood vaccination</td>
<td>Causes sterility</td>
<td>Kaler 2004</td>
</tr>
<tr>
<td>1959</td>
<td>Congo</td>
<td>Polio vaccine</td>
<td>Makes children sterile</td>
<td>Hooper 2004</td>
</tr>
<tr>
<td>1960</td>
<td>Nyasaland</td>
<td>Smallpox vaccine</td>
<td>Causes sterility</td>
<td>Vaughan 1994</td>
</tr>
<tr>
<td>1983</td>
<td>Burundi</td>
<td>Childhood vaccination</td>
<td>Makes children sterile</td>
<td>Maliki 1995</td>
</tr>
<tr>
<td>1986</td>
<td>Kenya</td>
<td>Childhood vaccination</td>
<td>Contains contraceptives</td>
<td>Sheppard 1986</td>
</tr>
<tr>
<td>1990</td>
<td>Cameroon</td>
<td>Tetanus toxoid</td>
<td>Makes children sterile</td>
<td>Feldman-Saveslberg 2000</td>
</tr>
<tr>
<td>1994</td>
<td>Tanzania</td>
<td>Tetanus toxoid</td>
<td>Is &quot;anti-fertility&quot;</td>
<td>UNICEF 2002</td>
</tr>
<tr>
<td>1996</td>
<td>Malawi</td>
<td>Childhood vaccination</td>
<td>Makes children sterile</td>
<td>Mwanza 1996</td>
</tr>
<tr>
<td>1996</td>
<td>Uganda</td>
<td>Polio vaccine</td>
<td>Contains &quot;anti-fertility drugs&quot;</td>
<td>UNICEF 2002</td>
</tr>
<tr>
<td>1997</td>
<td>Kenya</td>
<td>Polio vaccine</td>
<td>Contains &quot;anti-fertility drugs&quot;</td>
<td>UNICEF 2002</td>
</tr>
<tr>
<td>1998</td>
<td>Angola</td>
<td>Childhood vaccination</td>
<td>Contains contraceptives</td>
<td>UNICEF 2004</td>
</tr>
<tr>
<td>1999</td>
<td>Mozambique</td>
<td>Childhood vaccination</td>
<td>Causes sterility</td>
<td>UNICEF 1999</td>
</tr>
<tr>
<td>2003</td>
<td>Nigeria</td>
<td>Polio vaccine</td>
<td>Causes sterility</td>
<td>Yahya 2006</td>
</tr>
<tr>
<td>2005</td>
<td>Guinea</td>
<td>Childhood vaccination</td>
<td>Contains contraceptives</td>
<td>UNICEF 2004</td>
</tr>
<tr>
<td>2006</td>
<td>&quot;West Africa&quot;</td>
<td>Childhood vaccination</td>
<td>Causes sterility</td>
<td>Jegede 2007</td>
</tr>
<tr>
<td>2006</td>
<td>Djibouti</td>
<td>Polio vaccine</td>
<td>Makes children sterile</td>
<td>UN 2007</td>
</tr>
</tbody>
</table>


---


**Often associated with mass vaccination campaigns**
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

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.”

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

- 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

For more information, please visit www.mcsprogram.org

This presentation was made possible by the generous support of the American people through the United States Agency for International Development (USAID), under the terms of the Cooperative Agreement AID-OAA-A-14-00028. The contents are the responsibility of the authors and do not necessarily reflect the views of USAID or the United States Government.
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.

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

LOFA

BONG

90% increase

73% increase

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

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)
MOZAMBIQUE FP INTEGRATION GUIDELINES

2013-2015

• Partners evidences & documentation
• Introduced in NHW incl. LARC
• Approved late 2015

2016

• Phased approach implementation (1HF/district)

2017

• Scale-up to all eligible HFs

30 pages guideline document
8 page circular

Contents
• Rationale, goals and objectives
• Resource & training recommendations
• Logistical considerations
• Service/referral flowcharts, and data flow recommendations
• Documentation, Monitoring and Evaluation specifications
• Responsibility, Coordination and Role of Partners
• Workplan and Implementation Schedule

GUÍA PARA INICIAR MÉTODO DE PLANEAMENTO FAMILIAR NA BRIGADA MÓVEL

Aspectos a serem verificados para todos os métodos
• Identificando uma casa/sala/espaço, tendo comconfidencialidade garantida para avaliação de usuários sempre que necessário
• Aconselhamento sobre a importância do espaçamento saudável de gravidez (grupo e/ou individual)
• Certificar que não está gravida:
  o Data da última menstruação [6 a 7 dias]
  o Tese parto nas últimas 4 semanas
  o Abstinência sexual desde último parto ou última menstruação,
  o Bebê com menos de 6 meses, em Ablação Materno Exclusivo (AME) e não viver iniciada com a menstruação

Contra-indicação
Para Todos Métodos
• Sangramento inexplícito nos últimos 3 meses

<table>
<thead>
<tr>
<th>Pílulas</th>
<th>Injectable</th>
<th>Implants</th>
<th>DIU</th>
</tr>
</thead>
<tbody>
<tr>
<td>Idade &gt; 40 anos</td>
<td>História de TA alta</td>
<td>História de TA alta</td>
<td>História de TA alta</td>
</tr>
<tr>
<td>Estar a amamentar (Mycoplasma)</td>
<td>Castração/mastia na mama</td>
<td>Castração/mastia na mama</td>
<td>Castração/mastia na mama</td>
</tr>
<tr>
<td>Câncer (Féz/interurbanas amarelas)</td>
<td>Interrupção (Féz/mucosas amarelas)</td>
<td>Interrupção (Féz/mucosas amarelas)</td>
<td>Interrupção (Féz/mucosas amarelas)</td>
</tr>
<tr>
<td>Em tratamento para Tuberculose</td>
<td>Ensaioepa</td>
<td>Ensaioepa</td>
<td>Ensaioepa</td>
</tr>
</tbody>
</table>

Recomendações
<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Dar informação sobre efeitos secundários</td>
<td>Dar informação sobre efeitos secundários</td>
<td>Dar informação sobre efeitos secundários</td>
<td>Dar informação sobre efeitos secundários</td>
</tr>
<tr>
<td>Disponibilizar 1 ciclo para novo uso</td>
<td>Aplicar a DEPO</td>
<td>Inserir o implante</td>
<td>Informar sobre a duração do uso do DIU</td>
</tr>
<tr>
<td>Marcar controle na 3º antes de terminar as pílulas</td>
<td>Marcando próxima consulta</td>
<td>Marcando próxima consulta</td>
<td>Marcando próxima consulta</td>
</tr>
</tbody>
</table>
| Oferecer 20 ou mais preservativos a cada uma das MIP e/ou Adolescente/Jovem/Homen acompanhante sexualmente ativo.
Recommendations for types of FP service offered by location for the health facility

<table>
<thead>
<tr>
<th>Service</th>
<th>Systematic screening of opportunities (evaluate client needs)</th>
<th>Offer information, education, and specific counseling</th>
<th>Availability of modern contraceptive method</th>
<th>Offer condoms to reinforce dual protection</th>
<th>Referral for FP services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Well child clinic</td>
<td>Y</td>
<td>Y</td>
<td>Y/A</td>
<td>Y/A</td>
<td>Y</td>
</tr>
<tr>
<td>Child at risk clinic</td>
<td>Y</td>
<td>Y</td>
<td>Y/A</td>
<td>Y/A</td>
<td>Y</td>
</tr>
<tr>
<td>Pediatric triage</td>
<td>Y</td>
<td>Y</td>
<td>Y/A</td>
<td>Y/A</td>
<td>Y</td>
</tr>
</tbody>
</table>

Pathfinder.org
**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
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
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=PLmc4ZL8DMckoSaVUuSDyaaYMCGJvuG-sI

&

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

www.ibpinitiative.org

www.familyplanning2020.org

THANK YOU