

IS YOUR COUNTRY READY TO OFFER IMMEDIATE POSTPARTUM FAMILY PLANNING (IPFP) SERVICES IN FACILITIES?*



*Promote advance provision of Combined Oral Contraceptives while women are in the facility with counseling to begin after 21 days.

High Impact Practice (HIP): Offering Family Planning Counseling and Services at the Same Time and Location as Facility-Based Childbirth Care**

**Assumption: There are high levels of facility-based births among the target population

QUESTIONS	YES	PARTIAL	NO	DON'T KNOW	COMMENTS
LEGAL/POLICY ENVIRONMENT					
1. Have the national service delivery guidelines been updated to include all methods per WHO's 2015 Medical Eligibility Criteria for Contraceptive Use (5th edition), including policies on PFP? (See box)					
2. Have the guidelines been distributed? Is there dedicated funding to implement the guidelines? Is there dedicated training?					
3. Do job descriptions for service providers clearly articulate that all antenatal and maternity care providers have a role in PFP, and that it is not just the responsibility of a few trained provider(s)?					
4. Is there strong support among policymakers, MOH leadership, and hospital management for IPFP as well as among line service providers?					
FACILITY-LEVEL PREPAREDNESS					
5. Have facilities made a commitment to IPFP? Are staff trained and are supportive supervision mechanisms in place?					
6. Are a range of contraceptives, equipment and supplies available most of the time/all of the time?					
7. Are registers in place, people trained to use them and analyze data?					
8. Is there enough privacy on the maternity wards for counseling (auditory and visual) or are modifications (e.g., construction) needed?					
9. Are partners permitted to be part of counseling sessions if the woman so chooses?					

The High Impact Practices (HIPs) are a set of evidence-based family planning practices vetted by global experts against evidence of replicability, scalability, sustainability, and cost-effectiveness. HIP Core Conveners are USAID, UNFPA, WHO/IBP, IPFP, and FP2020. The three HIPs addressed in this workshop session do not represent an exhaustive set of best practice interventions for PFP and PAFP, but are meant as a useful starting point for priority setting and exchange.

QUESTIONS	YES	PARTIAL	NO	DON'T KNOW	COMMENTS
COMMUNITY LEVEL					
10. Is there a high unmet demand for FP overall?					
11. Are there community programs that can be strengthened to address clients' concerns and limited knowledge about methods?					
12. Are there existing social and behavior change programs such as community group engagement or mass media that can be leveraged to address sociocultural and gender norms and attitudes?					
13. Are Community Health Workers (CHWs), their supervisors and community health care personnel informed about IPPFP? Is it part of their training or in-service training curricula? Are there champions? Referral mechanisms?					
MONITORING & EVALUATION					
Suggested indicators: 1) Percent of women who deliver in a facility and initiate or leave with a modern contraceptive method prior to discharge; 2) Percent of women who delivered in a facility and received counseling on FP prior to discharge					
14. Do you have this data? Do you collect it to be analyzed? Do you use it for tracking and implementation?					
Summary: What is the greatest challenge to providing immediate postpartum family planning in your country?					
COMMENTS:					

Box: Contraceptive Options During the Immediate Postpartum Period

For breastfeeding women:

Female sterilization
Male sterilization
Intrauterine device (IUD)
Implants
Progestogen-only pills
Lactational amenorrhea method (LAM)
Condoms

For non-breastfeeding women:

Female sterilization
Male sterilization
Intrauterine device (IUD)
Implants
Injectables
Combined oral contraceptives
Condoms
Emergency contraception

Source: WHO Medical Eligibility Criteria for Contraceptive Use. 2015