Provider-Initiated Family Planning (PIFP)

PIFP

Ask me about FP
What is PIFP?

- Refers to family planning provision which is recommended by health care workers to women and men of reproductive age attending health care facilities as part of routine medical care.
- The main purpose is to ensure no missed opportunity to offer FP.
- It is a new strategy to improving integration of FP services in clinical settings.
Rationale for PIFP

• Assists to identify clients’ unmet need for Family Planning and make client aware of FP
• Facilitates integration of FP and other clinical services
• Is a cost effective approach for clients
• Serves as an entry point to other RH services
To Clients
• Client is able to determine his/her need for FP
• Is cost effective as client is able to get multiple services during the same visit
• Reduces risk of unwanted pregnancies

To service providers
• Assists to comprehensively meet client FP needs
• Helps offer better quality service

To health facility
• Leads to increased FP uptake in all service areas
The PIFP Process

Determine client’s FP needs
- Use the 4 screening questions

Provision of FP service
- FP service includes
  1. FP information and counselling
  2. FP method provision
  3. Linked referral (within/outside facility)

Documentation
- In appropriate tools (FP register, Mother Child Booklet)

PIF P
Ask me about FP
Screening Questions for FP need

• These set of guided questions help service provider quickly identify who needs FP information, counselling, service and/or referral

• Q1 Do you have children ?
• Q2 Would you like to have a child soon ?
• Q3 Are you using any FP method?
• Q4 Do you want to use an FP method?

(See screening job aid for details)
Implementation of PIFP

1. Conduct whole-site orientation of health facility staff (clinical and non-clinical) on family planning
2. Identify service areas within the facility where PIFP can be implemented
3. Orient service providers in these areas on PIFP approach including orientation on job-aids, data tools and referral tools
4. Provide supporting IEC materials, job aids, badges (“ask me about FP”)
5. Identify a PIFP champion in the department /facility to fast-track implementation
6. Conduct periodic trainee follow-up and mentorship visits to address service provider challenges
7. Conduct supportive supervision for quality assurance
8. Review records and track referrals to evaluate FP uptake
### Who can Provide PIFP

<table>
<thead>
<tr>
<th>Provider/Method</th>
<th>Male/Female Condom</th>
<th>Pills (COCs, POPs, ECs)</th>
<th>LAM</th>
<th>Injectable</th>
<th>SDM</th>
<th>IUCD/Implants</th>
<th>Permanente Method (BTL, NSV)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Doctor</td>
<td>Info, counsel &amp; Provide</td>
<td>Info, counsel &amp; Provide</td>
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<td>Info, counsel &amp; Provide</td>
<td>Info, counsel &amp; Provide</td>
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<tr>
<td>Nurse/Midwife</td>
<td>Info, counsel &amp; Provide</td>
<td>Info, counsel &amp; Provide</td>
<td>Info, counsel &amp; Provide</td>
<td>Info, counsel &amp; Provide</td>
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<td>Info, counsel &amp; Provide</td>
<td>Info, counsel &amp; Provide and refer</td>
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<tr>
<td>Clinical Officer</td>
<td>Info, counsel &amp; Provide</td>
<td>Info, counsel &amp; Provide</td>
<td>Info, counsel &amp; Provide</td>
<td>Info, counsel &amp; Provide</td>
<td>Info, counsel &amp; Provide</td>
<td>Info, counsel &amp; Provide</td>
<td>Info, counsel &amp; Provide and refer</td>
</tr>
<tr>
<td>Pharmacy Staff</td>
<td>Info, counsel &amp; Provide</td>
<td>Info, counsel &amp; provide</td>
<td>Info, counsel &amp; Provide</td>
<td>Info, counsel, sell refer for injection</td>
<td>Info, counsel &amp; Provide, refer</td>
<td>Info, counsel, sell, refer</td>
<td>Info, counsel &amp; Provide and refer</td>
</tr>
<tr>
<td>Other clinical staff</td>
<td>Info, counsel &amp; Provide</td>
<td>Info, counsel &amp; Provide</td>
<td>Info, counsel &amp; Provide</td>
<td>Info, counsel &amp; Provide</td>
<td>Info, counsel &amp; Provide</td>
<td>Info, counsel &amp; refer</td>
<td>Info, counsel &amp; Provide and refer</td>
</tr>
<tr>
<td>(nutritionists, PHTs)</td>
<td></td>
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<tr>
<td>CHW</td>
<td>Info, counsel &amp; Provide</td>
<td>Info, counsel &amp; provide</td>
<td>Counsel, support</td>
<td>Info, Counsel &amp; Provide</td>
<td>Info, counsel, provide, refer</td>
<td>Info, Counsel &amp; refer</td>
<td>Refer</td>
</tr>
</tbody>
</table>

*Adapted from Kenya National FP Guidelines, 2010*
Continuum of FP Integration

- Information / IEC materials
- FP counselling
- FP counselling and provision of short term FP
- FP counselling and provision of LAPM

Referral (within/outside facility)

What are you able to do??
Possible Integration Areas

• Each health facility will decide the level of integration
• Possible integration sites:
  • MCH,
  • HIV Counseling and Testing
  • CCC,
  • Out Patient Department,
  • PAC,
  • Maternity,
  • TB clinic,
  • ANC
Potential Challenges

• Increased workload for service providers - *Increased uptake of FP will eventually reduce client load*

• Untrained service providers in FP provision - *Routine CMEs will update all service providers in FP*

• Increased time taken with one patient - *will eventually reduce client load*

• Data collection - *Tupange to provide tools for data collection and orientation on the same*

• Commodities ??
Monitoring and data collection

- Number of clients receiving FP at various service points
- Number of patients being referred for FP from specific service points (within and outside the facility)
No missed opportunity for family planning