



Provider-Initiated Family Planning (PIFP)



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



Benefits of PIFP

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)



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



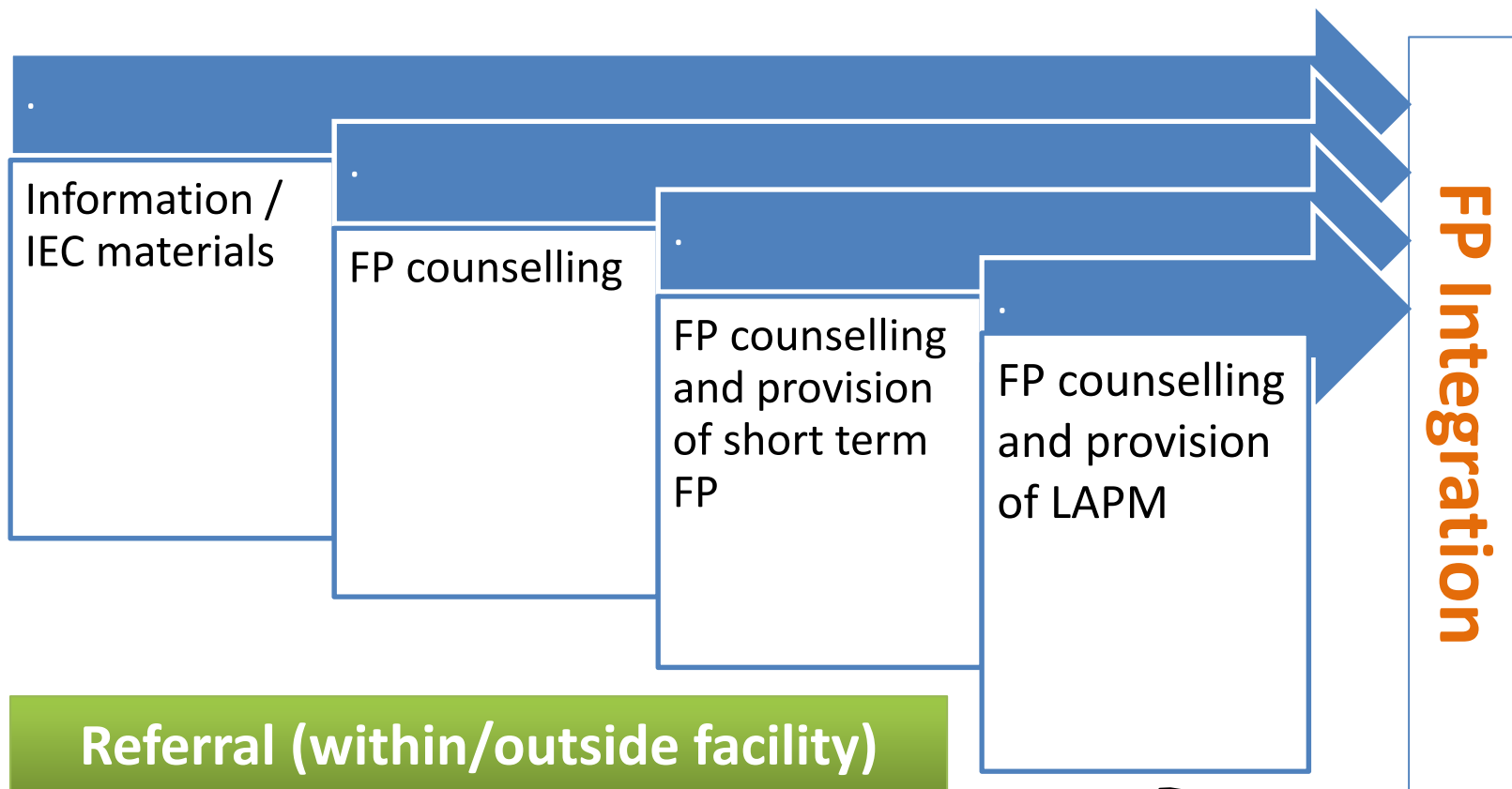
Who can Provide PIFP

Provider/ Method	Male/Female Condom	Pills (COCs, POPs, ECs)	LAM	Injectable	SDM	IUCD/Implants	Permanent method (BTL, NSV)
Medical Doctor	Info, counsel & Provide	Info, counsel & Provide	Info, counsel & Provide	Info, counsel & Provide	Info, counsel & Provide	Info, counsel & Provide	Info, counsel & Provide
Nurse/Midwife	Info, counsel & Provide	Info, counsel & Provide	Info, counsel & Provide	Info, counsel & Provide	Info, counsel & Provide	Info, counsel & Provide	Info, counsel and refer
Clinical Officer	Info, counsel & Provide	Info, counsel & Provide	Info, counsel & Provide	Info, counsel & Provide	Info, counsel & Provide	Info, counsel & Provide	Info, counsel and refer
Pharmacy Staff	Info, counsel & Provide	Info, counsel & provide	Info, counsel & Provide	Info, counsel, sell refer for injection	Info, counsel & Provide, refer	Info, counsel, sell, refer	Info, counsel and refer
Other clinical staff (nutritionists, PHTs)	Info, counsel & Provide	Info, counsel & Provide	Info, counsel & Provide	Info, counsel & Provide	Info, counsel & Provide	Info, counsel & refer	Info, counsel and refer
CHW	Info, counsel & Provide	Info, counsel & provide	Counsel, support, refer	Info, Counsel & refer	Info, counsel, provide, refer	Info, Counsel & refer	Refer



Adapted from Kenya National FP Guidelines, 2010

Continuum of FP Integration



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 !

