Provider-Initiated Family Planning (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
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

<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>Permanent method (BTL, NSV)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical Doctor</strong></td>
<td>Info, counsel &amp; Provide</td>
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<td><strong>Nurse/Midwife</strong></td>
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<td>Info, counsel and refer</td>
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<tr>
<td><strong>Clinical Officer</strong></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 and refer</td>
</tr>
<tr>
<td><strong>Pharmacy Staff</strong></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 and refer</td>
</tr>
<tr>
<td><strong>Other clinical staff (nutritionists, PHTs)</strong></td>
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<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 and refer</td>
</tr>
<tr>
<td><strong>CHW</strong></td>
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<td>Info, counsel &amp; provide</td>
<td>Counsel, support, refer</td>
<td>Info, Counsel &amp; refer</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!