

# IS YOUR COUNTRY READY TO OFFER INTEGRATED FAMILY PLANNING AND IMMUNIZATION SERVICES?



*High Impact Practice (HIP): Offer family planning information and services proactively to women in the extended postpartum period during routine child immunization contacts. (The extended postpartum period is defined as the 12 months following a birth.)*

**Purpose of this Checklist Exercise:** Review the program and health system elements necessary to implement this HIP, determine which elements are already set up in your country and which might need more attention, and identify next steps for implementation where relevant.

QUESTIONS	YES	PARTIAL	NO	DON'T KNOW	COMMENTS
<b>Legal/policy environment</b>					
1. Is routine immunization a priority for decisionmakers?					
2. Is FP a priority for decisionmakers?					
3. Do strategies and policies include integration of FP with immunization? i.e. Child Survival strategy includes FP as an intervention that improves child survival outcomes; FP strategy recognizes immunization visits as a key opportunity for reaching postpartum women					
4. Are routine immunization services free or subsidized?					
5. Are FP services free or subsidized?					
<b>Immunization</b>					
6. Does your country have a robust routine immunization program? (E.g. consider staff training and supervision, cold chain and vaccine management, monitoring and evaluation)					
7. Do you supplement your routine immunization program with periodic campaigns and how does this affect routine immunization? (Remember that it's not recommended to integrate FP into mass immunization campaigns)					
8. Does the immunization program follow the WHO-recommended Expanded Programme on Immunization (EPI) schedule (birth, 6 weeks, 10 weeks, 14 weeks, 9 months)?					
9. Is there reliable data on immunization coverage? (% of children having received their 3rd Diphtheria, Pertussis, and Tetanus Pentavalent vaccine is usually considered a proxy for being fully vaccinated).					

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, IPPF, 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
<b>Family Planning</b>					
10. Does your country have a robust FP program? (E.g., consider staff training and supervision, monitoring and evaluation, short and long-acting methods)					
11. Is there reliable data on family planning uptake? By women within one year postpartum?					
12. Are family planning commodities in stock, including as full a range of modern contraceptives as possible, including LARCS?					
<b>Integration at the facility and community levels</b>					
13. Is integration of FP and immunization services acceptable to women? To the wider community?					
14. Does the Health Information System support ease of record keeping for integrated services? Is there a way to measure the effect that integration is having on service delivery and health outcomes of immunization and FP programs?					
15. Is there a multipurpose provider who offers both FP (including LARCs) and immunization? Or is there an immunization provider who refers the client to a dedicated FP provider for counseling and services on the same day at the same location? (One of these is needed for a combined service provision model.)					
16. Is there a functioning referral system in place? (This is needed for single service provision plus referral.) How about bidirectional referrals?					

**Summary:** What is the greatest challenge to integrating FP and immunization services in your country?

Comments:

