Liberia Family Planning- EPI Integration
Training and Orientation Materials

This document includes resources for training service providers and orienting their supervisors on EPI and family planning integration. It is intended as a supplement to the “Family Planning and Immunization Integration Implementation Guide” (http://www.k4health.org/toolkits/family-planning-immunization-integration/training-materials-liberia), which outlines the rationale for integration, steps in the implementation process, considerations for integrated service delivery, and provides other tools to support integrated service delivery.

This content was developed by the Liberia Ministry of Health and Social Welfare (MOHSW) and the Maternal and Child Health Integrated Program (MCHIP) during the implementation of a pilot initiative to integrate these services. The content provided here may be adapted as these activities are expanded to additional sites within Liberia and elsewhere. In future adaptations of this resource, please acknowledge the MOHSW and MCHIP as the source of the original content.

This document is organized in three parts: 1) Supervisor Orientation Guide; 2) Service Provider Training Guide; 3) Reference Materials; and 4) Powerpoint Slides.

Part 1: Supervisor Orientation Guide

AGENDA
8:30-9:15: Welcome, introductions, review of agenda
9:15-10:00: Background/overview and rationale for integration
10:00-11:00: Overview of proposed activities for service providers
11:00-11:20: TEA BREAK
11:20-1:00: Orientation to key tools and materials + Role Play
1:00-2:00: LUNCH BREAK
2:00-3:00: Discussion of practical considerations
3:00-4:00: Action planning
4:00-4:30: Next steps and Closing
SESSION 1: BACKGROUND/ OVERVIEW AND RATIONALE FOR INTEGRATION

Time: 45 Minutes
Methodology: “Background/Overview and Rationale for Integration” powerpoint presentation, participatory discussion
Materials: Powerpoint presentation, projector
Objectives: By the end of this session, participants will be able to:
- Describe life-saving aspects of postpartum family planning and EPI
- Discuss Current status of FP and EPI programs in Liberia
- Discuss providers’ and community members’ perceptions on integrated service delivery
- Describe the mutual benefits of EPI and FP integrated service delivery

❖ Step 1 / Present “Background/ Overview and Rationale for Integration” powerpoint. Discussion questions are embedded for the facilitator below each slide.

❖ Step 2 / Answer participant questions as they arise.

SESSION 2: OVERVIEW OF PROPOSED ACTIVITIES FOR SERVICE PROVIDERS

Time: 1 hour
Methodology: Lecture, participatory discussion
Materials: “Overview of proposed activities for service providers” powerpoint, projector, flip chart, markers
Objectives: By the end of this session, participants will be able to:
- Explain the steps involved in the EPI-FP integrated service delivery model
- Demonstrate their role in the integrated approach

❖ Step 1 / Present “Overview of proposed activities for service providers” powerpoint. Discussion questions are embedded for the facilitator below each slide. When you get to the “Discussion Questions” slide, be sure to capture participant concerns on a flip chart to be sure that they are addressed by the end of the training.

❖ Step 2 / Answer participant questions as they arise.
SESSION 3: BREAKOUT AND ORIENTATION TO KEY TOOLS AND MATERIALS

**Time:** 1 hour, 30 minutes  
**Methodology:** Small group discussion, demonstration  
**Materials:** Job aids, chits, leaflets, posters, EPI register, FP register  
**Objectives:** By the end of the session, participants will be able to:
- Identify each of the EPI/FP materials  
- Explain how and when each material is used

- **Step 1 /** Give a brief overview of each of the key materials (job aid, poster, leaflet, chit)
- **Step 2 /** Split participants in 2 groups. One facilitator should be assigned to each of the two groups. Each group will review the leaflet, poster, referral card, and job aid.
- **Step 3 /** Each facilitator will do the following:
  1) Ask all participants to look over each material. Have participants read through the text and look at the images.
  2) Explain how & when each material will be used.
  3) Ask whether participants have any questions on how the materials will be used.
  4) If time allows, have participants role-play the use of the materials.

SESSION 4: DISCUSSION OF PRACTICAL CONSIDERATIONS

**Time:** 1 hour  
**Methodology:** Lecture, participatory discussion  
**Materials:** “Practical Considerations” powerpoint, projector  
**Objectives:** By the end of this session, participants will be able to explain practical considerations for EPI/FP integration related to:
- Supportive supervision  
- Monitoring and evaluation  
- FP commodity supply  
- Ongoing capacity building

- **Step 1 /** Present “Practical Considerations” powerpoint. Discussion questions are embedded for the facilitator below each slide.
SESSION 5: ACTION PLANNING
Time: 1 hour
Methodology: Small group work
Materials: Hard copies of “Action Plan Worksheet”
Objective: By the end of this session, groups from each facility will have developed an action plan for next steps related to EPI/FP integrated service delivery.

❖ **Step 1 /** Ask participants to break into small groups by facility.

❖ **Step 2 /** Distribute the "Action Plan Worksheet."

❖ **Step 3 /** Ask participants to discuss their activities as a team and fill out the worksheet.
Part 2: Service Provider Training Guide

This training guide is for training of service providers on integration of EPI and family planning services according to the model established by the Liberia Ministry of Health and Social Welfare (MOHSW) and the USAID-funded Maternal and Child Health Integrated Program (MCHIP).

The guide outlines a three-day training which includes sessions focused on the rationale for integration, overview of proposed activities for service providers, orientation to key tools and materials, practical review, and action planning. Day 3 of the training will take place on-site in a health facility, where participants will have an opportunity to practice their skills in a health facility setting.

Session Overview:

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<td>4:30-5:00</td>
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<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Activity</th>
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<tr>
<td>8:30-12:30</td>
<td>SESSION 1</td>
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<td>Next steps and closing</td>
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SESSION 1: PRE-TEST

Time: 30 Minutes
Methodology: Individual, non-collaborative test response
Materials: Hard copies of the pre-test form, pens, timer
Objectives: By the end of this session, participants will have completed the pre-test.

*Activity preparation: Write a number at the top of each pre-test form, so that each participant’s form has a different number on it.

- **Step 1** / Distribute the pre-test form to all participants. Explain that this is an opportunity to gather information on what participants already know, and that participants are not expected to know all of the answers to the questions on the pre-test. Explain that there will be a post-test at the end of the training to assess learning during the training.

- **Step 2** / Give participants 20 minutes to complete the pre-test.

- **Step 3** / Ask participants to make note of the number written on the top of their pre-test form. Then collect the completed pre-tests.

SESSION 2: WELCOME AND INTRODUCTIONS

Time: 1 hour
Methodology: Lecture, participatory discussion
Materials: Hard copies of the agenda, flip chart, markers

- **Step 1** / Welcome participants to the training.

- **Step 2** / Ask each participant to introduce himself, the facility where he or she works, and his or her role at the facility.

- **Step 3** / Explain the objectives of the training:
  - To introduce the EPI-FP integration activity, and the rationale for integration
  - To orient service providers on the integration model and use of IEC materials
To provide opportunities for practical application of skills in integrated service delivery
To plan for future incorporation of the new EPI-FP model within health facility operations

- **Step 4** / Review the agenda with participants. Ask if there are any comments or concerns regarding the time allocations.

- **Step 5** / Ask participants to suggest norms for the training. Write the norms on a flip chart and post it in a visible place in the training room.

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**SESSION 3: BACKGROUND/ OVERVIEW AND RATIONALE FOR INTEGRATION**

**Time:** 45 Minutes  
**Methodology:** “Background/Overview and Rationale for Integration” powerpoint presentation, participatory discussion  
**Materials:** Powerpoint presentation, projector  
**Objectives:** By the end of this session, participants will be able to:  
- Describe life-saving aspects of postpartum family planning and EPI  
- Discuss Current status of FP and EPI programs in Liberia  
- Discuss providers’ and community members’ perceptions on integrated service delivery  
- Describe the mutual benefits of EPI and FP integrated service delivery

- **Step 1** / Present “Background/ Overview and Rationale for Integration” powerpoint. Discussion questions are embedded for the facilitator below each slide.

- **Step 2** / Answer participant questions as they arise.

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**SESSION 4: VALUES CLARIFICATION EXERCISE**

**Time:** 45 minutes  
**Methodology:** Interactive exercise  
**Materials:** “Values Clarification” powerpoint, projector  
**Objectives:** By the end of this session, participants will be able to:  
- Identify personal values that may act as barriers to quality service provision  
- Recognize and accept differing opinions and attitudes regarding FP and EPI issues  
- Minimize the effect of personal values on service provision and counseling
Activity preparation: Prior to the workshop, put signs on the walls in different parts of the training room which say: ‘strongly agree’, ‘agree’, ‘neutral’, ‘disagree’, and ‘strongly disagree’

- **Step 1** / Present “Values Clarification” powerpoint. Discussion questions are embedded for the facilitator below each slide.

- **Step 2** / Answer participant questions as they arise.

### SESSION 5: BASICS OF EPI AND FP

**Time:** 1 hour, 30 minutes  
**Methodology:** Lecture, participatory discussion  
**Materials:** Projector (if needed); “Key Points about PPFP” presentation; “Key Points about EPI” presentation

**Objectives:** By the end of this session, participants will be able to:
- Describe basic facts about EPI services  
- Describe the tasks and responsibilities of vaccinators in the EPI/FP process  
- Describe basic facts about postpartum family planning  
- Describe the tasks and responsibilities of family planning providers in the EPI/FP process

- **Step 1** / Present “Key Points about PPFP” and “Key Points about EPI” presentations (30 minutes)

- **Step 2** / Ask vaccinators and FP providers to break into 2 groups.

- **Step 2** / Ask each group to discuss the following questions and develop a small presentation (30 minutes):
  1. How do you deliver EPI or FP services at your facility?  
  2. What are some challenges you face in providing EPI and FP services at your facility? What can you do to overcome the challenges?  
  3. What questions do you have about EPI or FP? (to ask the other group)

- **Step 3** / Ask each group to present (each presentation should take no more than 10 minutes)

- **Step 4** / Ask for any remaining questions from participants.

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1 Note: A “Key Points about PPFP” presentation has already been developed and is included in Part 4. It is recommended that a “Key Points about EPI” presentation also be developed with relevant stakeholders and presented during this session
SESSION 6: OVERVIEW OF PROPOSED ACTIVITIES FOR SERVICE PROVIDERS

Time: 1 hour
Methodology: Lecture, participatory discussion
Materials: “Overview of proposed activities for service providers” powerpoint, projector, flip chart, markers
Objectives: By the end of this session, participants will be able to:
   - Explain the steps involved in the EPI-FP integrated service delivery model
   - Demonstrate their role in the integrated approach

❖ Step 1 / Present “Overview of proposed activities for service providers” powerpoint. Discussion questions are embedded for the facilitator below each slide. When you get to the “Discussion Questions” slide, be sure to capture participant concerns on a flip chart to be sure that they are addressed by the end of the training.

❖ Step 2 / Answer participant questions as they arise.

SESSION 7: BREAKOUT AND ORIENTATION TO KEY TOOLS AND MATERIALS

Time: 1 hour, 30 minutes
Methodology: Small group discussion, demonstration
Materials: Job aids, referral cards, leaflets, posters, EPI register, FP register
Objectives: By the end of the session, participants will be able to:
   - Identify each of the EPI/FP materials
   - Explain how and when each material is used

❖ Step 1 / Give a brief overview of each of the key materials (job aid, poster, leaflet, referral card)

❖ Step 2 / Split participants in 2 groups (1 for vaccinators and 1 for FP providers). One facilitator should be assigned to each of the two groups. The FP provider group will focus on reviewing the leaflet, poster, and the referral card, and the vaccinator group will focus on reviewing the job aid, leaflet, and referral card.

❖ Step 3 / A facilitator should be assigned to work with each of the two groups. The facilitators will do the following:
   5) Ask all participants to look over each material. Have participants read through the text and look at the images.
6) Explain how & when each material will be used.

7) Ask whether participants have any questions on how the materials will be used. Explain that participants will be doing role plays with the materials on the following day.

**SESSION 8: CLOSING**
Time: 15 minutes
Methodology: Participatory discussion
Materials: Flip chart, markers

- **Step 1 /** Ask participants to share key points discussed during the day. Fill in any important gaps as needed.
- **Step 2 /** Thank participants for their active participation and attention to the material.
- **Step 3 /** Review the agenda for the following day.
- **Step 4 /** Close the workshop for the day.

**DAY 2**

**SESSION 1: WELCOME & REVIEW OF PREVIOUS DAY**
Time: 45 minutes
Methodology: Participatory discussion
Materials: Flip chart, markers, hard copies of the agenda

- **Step 1 /** Welcome participants back to the workshop.
- **Step 2 /** Ask participants to share key points discussed during the previous day. Fill in any important gaps as needed.
- **Step 3 /** Review the agenda for the day.
SESSION 2: MODELING OF INTEGRATION PROCESS, Q&A

Time: 1 hour, 45 minutes

Methodology: Modeling, role play, small group discussion

Materials: Job aids, chits, leaflets, posters, EPI register, FP register, flip charts, markers

Objectives: By the end of this session, participants will be able to:

- Model the roles of vaccinators and family planning providers in implementing integrated EPI/FP service delivery
- Identify areas for improvement that can strengthen EPI/FP service delivery

❖ Step 1 / Review with the group the process and key roles of vaccinators and EPI providers in providing integrated service delivery. Work with another facilitator to conduct a demonstration, and ask one of the participants to be the client.

❖ Step 2 / Explain that this session will involve role play. Participants will split into two groups, and each group should include BOTH family planning providers and vaccinators.

❖ Step 3 / In each group, ask one vaccinator and one family planning provider to perform the role play. Assign one person in each group to act as a postpartum woman bringing her child for EPI services. The vaccinator and FP provider should demonstrate exactly how they would conduct their visits, using the EPI/FP tools (job aid, poster, leaflet, referral card) and their client registers. The woman should first start at EPI and then be referred to FP services.

❖ Step 4 / Ask participants who are not directly involved in the role play to pay close attention to the role play. Ask them to make note of:

- What did the EPI and FP providers do well?
- Were all of the materials used as directed?
- What are some areas for improvement?

❖ Step 5 / Be sure that everyone in each group has a chance to take part in a role play.
SESSION 3: SCENARIO CARDS ACTIVITY

Time: 1 hour
Methodology: Role play, small group discussion
Materials: Scenario cards, flip charts, markers
Objectives: By the end of this session, participants will be able to:
  ● Describe specific challenges they might face in the implementation of integrated service delivery
  ● Identify strategies for overcoming the specific challenges

*Activity preparation: Print out the “scenario cards” on small slips of paper. Also prepare several extra blank sheets of paper that participants can use to write additional “scenarios” on.

❖ Step 1 / Explain that this session will allow participants the opportunity to discuss how to handle challenging situations that they may face in providing these integrated services.

❖ Step 2 / Ask participants to break out into pairs (ideally each pair should be the same type of service provider—ie both vaccinators or both family planning providers). Give each pair one of the scenario cards.

❖ Step 3 / Ask each group to read their scenario card, and discuss with their partner how they would respond to the challenge written on their card.

❖ Step 4 / Ask each group to share their scenario and response, and role play with the larger group. After each group presents, ask other participants how they feel about the response, or whether they have any other suggestions for how they might respond to that particular scenario.

❖ Step 5 / After each group has presented, ask participants to suggest other challenges that might arise (that have not already been discussed). Have the group think through how they would respond to these challenges.
SESSION 4: DISCUSSION OF PRACTICAL CONSIDERATIONS

Time: 1 hour
Methodology: Lecture, participatory discussion
Materials: “Practical Considerations” powerpoint, projector
Objectives: By the end of this session, participants will be able to explain practical considerations for EPI/FP integration related to:
  • Supportive supervision
  • Monitoring and evaluation
  • FP commodity supply
  • Ongoing capacity building

❖ Step 1 / Present “Practical Considerations” powerpoint. Discussion questions are embedded for the facilitator below each slide.

❖ Step 2 / Answer participant questions as they arise.

SESSION 5: ACTION PLANNING

Time: 1 hour
Methodology: Small group work
Materials: Hard copies of “Action Plan Worksheet”
Objective: By the end of this session, groups from each facility will have developed an action plan for next steps related to EPI/FP integrated service delivery.

❖ Step 1 / Ask participants to break into small groups by facility.

❖ Step 2 / Distribute the “Action Plan Worksheet.”

❖ Step 3 / Ask participants to discuss their activities as a team and fill out the worksheet.
SESSION 6: OVERVIEW OF PRACTICAL ACTIVITIES FOR DAY 3 AND FINAL ROLE PLAY
Time: 1 hour, 15 minutes
Methodology: Lecture, participatory discussion, role play
Materials: Job aids, chits, leaflets, posters, EPI register, FP register, flip charts, markers
Objectives: By the end of this session, participants will be able to:
- Describe the activity scheduled for Day 3
- Conduct an EPI/FP role play with confidence

❖ Step 1 / Give an overview of the practical exercise scheduled for Day 3. Explain that participants will have an opportunity for hands on practice at a health facility. Discuss any questions or concerns that participants have about the practical exercise.

❖ Step 2 / Ask participants to breakout into their groups from the morning role play.

❖ Step 3 / Ask participants to do a final practice with the role plays.

❖ Step 4 / Facilitators should monitor the group role plays and provide feedback as needed.

SESSION 7: CLOSING
Time: 30 minutes
Methodology: Participatory discussion
Materials: Flip chart, markers

❖ Step 1 / Ask participants to share key points discussed during the day. Fill in any important gaps as needed.

❖ Step 2 / Thank participants for their active participation and attention to the material.

❖ Step 3 / Review the agenda for the next day.

❖ Step 4 / Close the workshop for the day.
SESSON 1: SUPERVISED PRACTICE IN HEALTH FACILITY
Time: 3 hours
Methodology: Practical exercise
Materials: Job aids, referral cards, leaflets, posters, EPI register, FP register
Objective: By the end of this session, participants will be able to demonstrate the practical implementation of integrated EPI/FP service delivery within a health facility context

[This session will involve a site visit to a local health facility for supervised practice of the integrated service delivery model with actual clients].

SESSON 2: REFLECTION AND DISCUSSION
Time: 1 hour
Methodology: Participatory discussion
Materials: Flip charts, markers
Objectives: By the end of this session, participants will be able to:
- Discuss their experience with practical implementation of EPI/FP integrated service delivery in a health facility context
- Identify challenges faced in practical application of integrated service delivery
- Identify solutions to identified practical implementation challenges

❖ Step 1 / Ask participants to consider the following, and discuss as a group:

  o How did you find the process?
  o What challenges did you face?
  o In the future, what steps can be taken to deal with these challenges?
  o Does this process seem feasible to implement on an ongoing basis? Why or why not?
  o What other observations or comments do you have about this new process?
SESSION 3: POST-TEST
Time: 30 minutes
Methodology: Individual, non-collaborative test response
Materials: Hard copies of the post-test form, pens, timer
Objectives: By the end of this session, participants will have completed the post-test.

❖ Step 1 / Distribute the post-test form to all participants. Explain that this is an opportunity to gather information on what participants have learned during the training. Ask participants to write their # (from the pre-test on Day 1) on the top of the sheet.

❖ Step 2 / Give participants 20 minutes to complete the post-test.

❖ Step 3 / Collect the post-test forms.

SESSION 4: NEXT STEPS AND CLOSING
Time: 1 hour
Methodology: Lecture, participatory discussion
Materials: Hard copies of “Training Feedback Form”
Objectives: By the end of this session, participants will:
• Be able to identify the next steps for the EPI/FP activity
• Demonstrate confidence in delivering integrated services

❖ Step 1 / Review key next steps for the group, and expectations in terms of provision of integrated service delivery, data collection, and supervision.

❖ Step 2 / Ask participants whether they have any other comments or thoughts they would like to share.

❖ Step 3 / Thank participants for their active participation during the workshop.

❖ Step 4 / Distribute “Training Feedback Form” and ask participants to fill it out before they leave.
PART 3: Reference Materials

A) Pre-/Post-test for Service Provider Training

Please indicate your position (Vaccinator or FP provider/CM): ____________________________

Please circle the correct response. Only circle one response per question. You will have 20 minutes to complete the questions.

1) What is one of the potentially good things about integrating FP and EPI services for mothers?
   a) Service providers can force women to use all services that they are eligible for.
   b) It allows women to access multiple services during one visit.
   c) It can take more time.

2) What is a potentially good thing about integrating FP and EPI Services for service providers?
   a) Improved communication and flow of information across different service areas.
   b) There will be fewer clients at the facility.
   c) Women will feel discouraged to come to the facility for services.

3) How long after a live birth should a woman wait before attempting another pregnancy?
   a) at least 5 months
   b) at least 1 year
   c) at least 2 years

4) Which group below should not receive family planning services?
   a) Women with infants under 1 year
   b) Women whose monthly period has not returned after a delivery
   c) Women who are breastfeeding
   d) All of the groups described above are eligible for family planning services.

5) The lactational amenorrhea method (LAM) criteria include which of the following (circle all that apply)?
   a) Mother feeds the baby ONLY breastmilk
   b) Mother feeds the baby breastmilk, along with other foods and liquids
   c) Baby is less than 6 months old
   d) Mother’s menstruation has not returned after delivery

6) TRUE OR FALSE: A woman who is breastfeeding can safely use family planning.
   a) True
   b) False

7) TRUE OR FALSE: After giving birth, a woman can get pregnant before her monthly period returns.
   a) True
   b) False
8) The national immunization schedule calls for children to be vaccinated according to the following schedule:
   a) at birth and at 14 weeks
   b) at 6 weeks, 15 weeks, and 11 months
   c) at birth, 6 weeks, 10 weeks, 14 weeks and 9 months
   d) at birth, 6 weeks, 9 weeks, and 11 months

9) If a child is brought in a few weeks late for their penta3 vaccination, you should:
   a) Punish the mother for being late
   b) Give the penta3 vaccination to the child and record it according to standard practice
   c) Start the pentavalent vaccine series over again
   d) All of the above

10) TRUE OR FALSE: During the first year after giving birth, or the extended postpartum period, most women want to delay or avoid future pregnancies but many are not using a modern FP method.
    a) TRUE
    b) FALSE

11) If demand for FP services at the facility increases, what must also increase?
    a) The number of minutes spent counseling each client
    b) The number of supervision visits
    c) The supply of FP commodities

12) If a vaccinator shares brief family planning messages with the caregiver of a baby brought for immunization, and the woman accepts to go for family planning on the same day, what should the vaccinator give to her?
    a) Referral card
    b) Coupon
    c) Poster
    d) Nothing

13) If a vaccinator shares brief family planning messages with the caregiver of a baby brought for immunization, and the woman does NOT accept to go for family planning on the same day, what should the vaccinator give her?
    a) Referral card
    b) Leaflet
    c) Poster
    d) Nothing

14) If the caregiver of the baby brought for immunization agrees to go for family planning, where should the vaccinator record the referral?
    a) In the EPI register
    b) In the supplemental EPI/FP register
    c) On a piece of paper
    d) Nowhere
15) If a caregiver of a baby brought for immunization is referred from the vaccinator to FP, and the woman is counseled and receives an FP method, what should the FP provider write in the FP register?
   a) A star in the comments section  
   b) A check in the comments section  
   c) A star next to the woman’s name

16) If a woman comes in only for FP services, without being referred from EPI, what should the family planning provider write in the register?
   a) A star in the comments section  
   b) A “#1” in the comments section  
   c) No symbol should be written in the comments section

B) Checklist: Steps for Vaccinators

<table>
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<th>CHECKLIST</th>
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<tbody>
<tr>
<td>o Did the vaccinator remind the mother when to return for the child’s next EPI visit?</td>
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<tr>
<td>o Did the vaccinator fill out the register appropriately?</td>
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<tr>
<td>o Did the vaccinator use the job aid appropriately?</td>
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<tr>
<td>o Did the vaccinator communicate effectively?</td>
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<tr>
<td>o Did the vaccinator demonstrate respect and sensitivity?</td>
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<tr>
<td>o If the woman was interested in going for family planning, did the vaccinator give the caregiver a referral card and show her how to find the family planning room?</td>
</tr>
<tr>
<td>o If the woman was not interested in going for family planning services on the same day, did the vaccinator give her a leaflet to take home?</td>
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C) Checklist: Steps for FP Providers

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<thead>
<tr>
<th>CHECKLIST</th>
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<tbody>
<tr>
<td>o Did the family planning provider collect the referral card from clients referred from immunization services?</td>
</tr>
<tr>
<td>o Did the family planning provider provide quality counseling and services to those women who were referred?</td>
</tr>
<tr>
<td>➢ Did the provider establish rapport with the client?</td>
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<tr>
<td>➢ Did the provider explain exclusive breastfeeding?</td>
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<tr>
<td>➢ Did the provider ask about reproductive intentions?</td>
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<tr>
<td>➢ Did the provider explain the criteria for LAM as an FP method?</td>
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<tr>
<td>➢ Did the provider explain healthy timing and spacing of pregnancies?</td>
</tr>
<tr>
<td>➢ Did the provider discuss return to sexual activity?</td>
</tr>
<tr>
<td>➢ Did the provider explain contraceptive options for the breastfeeding mother?</td>
</tr>
<tr>
<td>➢ Did the provider review options for non-breastfeeding women (if appropriate)?</td>
</tr>
<tr>
<td>➢ Did the provider use FP job aids appropriately?</td>
</tr>
<tr>
<td>o Did the family planning provider demonstrate respect and sensitivity to the client?</td>
</tr>
<tr>
<td>o Did the family planning provider provide clear and accurate information?</td>
</tr>
<tr>
<td>o Did the FP provider determine the client’s comprehension, ask the client to repeat key points, and clarify information as needed?</td>
</tr>
<tr>
<td>o Did the family planning provider record the visit appropriately in the register?</td>
</tr>
<tr>
<td>o Did the family planning provider remind the client when to return for the child’s next vaccine (if appropriate)?</td>
</tr>
<tr>
<td>o Did the family planning provider return the referral cards to the vaccinator at the end of the day?</td>
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</table>
D) Scenario Cards

SCENARIO #1: VACCINATORS

It is a busy day at the clinic, and there is a very long line at the vaccination station. You (the vaccinator) are feeling the need to move more quickly through the line of clients. Sharing the FP messages has resulted in each visit lasting longer than they did in the past. You think that if you skip the FP messages for women, it will make the line move faster. What do you do?

SCENARIO #2: VACCINATORS

You (the vaccinator) begin sharing the family planning messages with the EPI client, and she becomes upset. She asks, “Why are you talking to me about family planning? I came here for EPI only.” What do you say or do?

SCENARIO #3: VACCINATORS

You (the vaccinator) share the family planning messages to an EPI client. When you ask whether she is interested in going for family planning, she says that family planning is not good for women with small babies. How do you respond?

SCENARIO #4: FP PROVIDERS

The new referral system results in more clients coming for FP. You (the FP provider) are already feeling very busy at the clinic with other responsibilities. What do you do to help manage the increase in FP client load?

SCENARIO #5: FP PROVIDERS

The new referral system results in more clients coming for FP. You (the FP provider) are noticing that there is not enough stock of FP methods to meet the increased demand. You begin to see stock-outs of certain methods. What do you do?

SCENARIO #6: FP PROVIDERS

A client referred from the vaccinator comes to see you (the FP provider) for services. During the FP visit, the client says that she is not sure she wants to use family planning because it is not good for women with small babies. How do you respond?

Scenario 7: Vaccinators

You have run out of leaflets at your facility. What do you do?
E) Action Plan

EPI-FP INTEGRATION ACTION PLAN

Action Plan Goal: 

Facility: 

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>WHO DOES IT?</th>
<th>RESOURCES NEEDED</th>
<th>DATE/ FREQUENCY NEEDED</th>
<th>HOW TO MONITOR THE ACTIVITY</th>
<th>RESULT AND HOW TO MEASURE</th>
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</table>
F) Training Evaluation Form

EPI-FP Integration Training for Service Providers

WORKSHOP EVALUATION

Please take a moment to answer the following questions. Your comments are an important contribution to our designing future trainings.

a. What do you feel were the strengths of this training?

b. What do you feel were the weaknesses of this training?

c. How can we improve trainings like this one to better support your needs?
d. Is there anything that you will do differently in your practice/service setting as a result of this training?

e. Are there any additional topics/activities that you think should have been included in the training?

f. What comments would you give on the venue/accommodation?

g. What comments would you give on workshop facilitation?

h. Any other Comments?
PART 4: Powerpoint Slides*

*Please note: these slides are also available in Powerpoint files here: 
http://www.k4health.org/toolkits/family-planning-immunization-integration/training-materials-liberia

Objectives

- By the end of this session, participants will be able to:
  - Understand life-saving aspects of postpartum family planning and EPI
  - Discuss current status of FP and EPI programs in Liberia
  - Discuss providers’ and community members’ perceptions on integrated service delivery
  - Understand the mutual benefits of EPI and FP integrated service delivery

Integrating EPI and Family Planning Service Delivery

Background, Overview, Rationale

THE NATIONAL CONTEXT

Liberia Context: Immunization

- National immunization schedule calls for children to be vaccinated at birth, 6, 10, and 14 weeks and 9 months of age

Liberia Context: Family Planning

- National contraceptive prevalence currently 11%
- 41% of women space birth to next pregnancy too soon!

41% of birth-to-pregnancy intervals in Liberia are too close for healthy outcomes

Source: MCH Reanalyses of DCP 2 (2015)
WHAT DOES IT MEAN TO “INTEGRATE” SERVICES?

- Providing FP information and services to postpartum women during EPI visits may be an effective way to:
  - Reach women who have young babies
  - Increase the chances that these women will achieve healthy spacing of future pregnancies

Why are FP Services for Postpartum Women a High Priority?

- During the first year after birth, or the extended postpartum period, most women want to delay or avoid future pregnancies but many are not using a modern FP method
- Pregnancies spaced too closely can lead to health risks for the mother and child. Increasing access to postpartum family planning prevents newborn and infant deaths.

EPI provides multiple opportunities to reach postpartum women during an important period.

- Through child immunizations, mothers have multiple contacts with health providers in the year after birth
- During the 12 months following birth, women may be very open to hearing messages about FP

What integrated service delivery means for you

- During routine infant immunization visits, vaccinators will share brief family planning messages with mothers and refer them to an onsite family planning provider for FP services
- FP providers will provide FP services to clients referred from immunization room

Benefits for Service Providers

- Increased efficiency, improved client flow
- Saves time by maximizing opportunities to provide multiple services on same day (rather than having a client return multiple times on different days)
- Increased communication, flow of information across service areas
Program Considerations

- Availability of family planning services and commodities at lower level service delivery sites
- Political and community support for both services
- Training for service providers
- Program leadership for integration
- Systems - M&E, supervision, etc.

MOHSW/MCHIP EPI/FP Pilot Initiative

Summary of Findings

The Integrated Service Delivery Model

- Combined Service Provision Model: Uses routine immunization contacts utilizing facilities for vaccinators to provide one-on-one immunization and FP messages and referrals for 6-month FP services.
- Piloted at 10 health facilities in Bung and Lofa counties; in each county, one hospital outpatient department and 4 clinics.
- Collaboration between MOHSW + MCHIP
- Pilot phase ran from March-November 2012

The Approach (Continued...)

- All women who bring infants for vaccination receive messages and referrals to FP
- Help to gate vaccine communication
- Key messages designed strategically to address barriers and enablers identified through formative assessment
- Posters located throughout clinics reinforce FP messages shared by the vaccinator
- Clients offered a leaflet to take home which describes benefits of FP

FAMILY PLANNING FINDINGS
Family Planning Data Source

- Source of FP data: MCHIP supportive supervision data collected on a monthly basis from FP registers at pilot sites

LOFA: New Contraceptive Users
March-Nov 2011 v. 2012 (Participating Facilities)

BONG: New Contraceptive Users
March-Nov 2011 v. 2012 (Participating Facilities)

New Contraceptive Users

Comparing March-Nov 2011 versus March-Nov 2012, the # of new contraceptive users at participating facilities increased.

- 90% in Lofa County (517 to 983)
- 73% in Bong County (1182 to 2036)
- Total # new users in participating facilities =1323

Across participating facilities, % increase ranged from:
- 25-388% in Bong and 15-197% in Lofa

New Contraceptive users during March-Nov 2011 & 2012 in Participating Facilities

IMMUNIZATION FINDINGS
**Immunization data source and issues**
- Provisional data provided by MOHSW in late February 2012 used for all analyses
- Includes all doses, as reported by facilities
- Liberian EPI has noted issues with data quality, e.g., Penta 3 = Penta 2
- EPI asking all counties to clean and resubmit data over next few months

**BONG: Penta 1 and Penta 3 doses administered March-November 2011 and 2012**

<table>
<thead>
<tr>
<th>Immunization performance</th>
<th>% change from 2011 to 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pilot facilities (N=5)</td>
</tr>
<tr>
<td>Penta 1 doses</td>
<td>9% increase</td>
</tr>
<tr>
<td>Penta 3 doses</td>
<td>5% increase</td>
</tr>
<tr>
<td>Penta 1-3 Drop out rates</td>
<td>Increased from 8% to 6%</td>
</tr>
</tbody>
</table>

**LOFA: Penta 1 and Penta 3 doses administered March-November 2011 and 2012**

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<tr>
<td>Penta 1 doses</td>
<td>55% increase</td>
</tr>
<tr>
<td>Penta 3 doses</td>
<td>21% increase</td>
</tr>
<tr>
<td>Penta 1-3 Drop out rates</td>
<td>Increase from 14 to 35%</td>
</tr>
</tbody>
</table>

**Findings on Immunization: Bong**
- Integrated EPI/FP at pilot sites associated with slight increase in number of Penta 1 and Penta 3 doses given:
  - from 2011 to 2012
  - in comparison to other facilities
- Slight increase in dropout rate — still below 10%
- Disproportionate contribution from one facility

**Findings on Immunization: Lofa**
- Integrated EPI/FP at pilot sites associated with a notable increase in Penta 1 and Penta 3 doses administered compared with a decrease in Penta 1 and Penta 3 doses administered in all other facilities
- Dropout rate increased, although these facilities had high background of dropout rate in previous year

**OTHER FINDINGS FROM ASSESSMENTS AND SUPERVISION VISITS**
Key Findings

- All respondents (service providers, supervisors, clients, partner organizations) interviewed during endline assessment wanted the integrated approach to continue.
- Strong enthusiasm among providers for an integrated approach
- No clients said they felt forced or pressured to go for FP

Other Findings, Continued

- No clients (either acceptors or non-acceptors of FP) said they felt discouraged to return for next EPI visit because of FP messages
- Increased awareness among clients and service providers that baby ma can safely use FP
- Positive client feedback on privacy screens
- Positive client feedback on EPI/FP IEC materials - many reported sharing these and discussing FP with their friends

Other Findings, Continued

- Increased reach of FP messages through clients discussing with friends
- Increased # new contraceptive users expanded beyond same-day referrals
- Advocacy efforts may have resulted in incremental improvement in commodity supply

Barriers to Successful Integration

- Turnover of staff without a plan for orienting new staff
- Unreliable supplies of key commodities (contraceptives and vaccines)
- Awkward physical layouts/pathways from the EPI to the FP areas, especially in hospitals
- Lack of PPFP counseling skills among CMs

Aspects that Can Make Integration Successful

- Availability of both vaccinators and CMs on the same day
- Proximity of family planning and immunization services to each other
- Frequent communication between vaccinators and CMs
- Job aids or reminder materials to reinforce referral procedures and steps for recording data
- Regular supportive supervision
- On the job training for new staff
- Privacy at immunization station
Key Points about Postpartum Family Planning

EPI/FP Integration Training

What is postpartum family planning?
- PPFP refers to the start and use of family planning within the first year after giving birth

Benefits of Postpartum Family Planning
- PPFP can help reduce the number of deaths in mothers and children.
- PPFP can improve health outcomes for children. When couples wait at least 2 years after a birth before another pregnancy, they lower the chances of babies born too soon or too small, and children under five being undernourished.
- During their first year postpartum, most women want to delay the next pregnancy for at least 2 years, or not get pregnant at all.

Healthy Spacing of Pregnancy
Postpartum women should wait at least 2 years after a live birth before the next pregnancy, for the health of the mother and the baby.

FP Methods
- There are short-term, long-acting and permanent methods that women and partners can use.
- There are options that can be used for spacing or limiting.

FP and breastfeeding
- There are many family planning methods that are safe for breastfeeding women.
- Breastfeeding women can safely use family planning, even before the baby walks.
- There are methods women can use that will not reduce their milk supply, nor harm a breastfeeding infant.
LAM

- The Lactational Amenorrhea Method is a modern, short-term family planning method for women who breastfeed.

- For LAM to be effective, ALL of these three criteria must be met:
  - Baby is feeding only on breast milk (no foods, water, other liquids)
  - Baby is under six months old.
  - Woman's menstruation has not resumed.

**Before any one of these criteria is no longer met, switch to another modern FP method.**

Return to Fertility

- There is no set time for the "return to fertility" (when a woman can become pregnant again after giving birth).

- When a woman can become pregnant again depends on breastfeeding practices, menstruation, return, sexual activity and use of family planning.

Timing of FP Use

To prevent another pregnancy too soon:

Use a modern method of family planning by 4-6 weeks after a live birth.

By 10 days after abortion or miscarriage, you may be at risk of pregnancy if you are not using a family planning method.

Women should start using FP even if their monthly period has not returned. **Postpartum women CAN get pregnant before their monthly period returns.**

Questions?

Thank you!

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Follow us on:
Values Clarification

EPI/FP Integration Training

Statement 1
- EPI visits are a good opportunity to reach women with family planning messages.

Session Objectives
- By the end of this session, participants will be able to:
  - Identify personal values that may act as barriers to quality service provision
  - Recognize and accept differing opinions and attitudes regarding FP and EPI issues
  - Minimize the effect of personal values on service provision and counseling

Statement 2
- It is not good for baby ma to use family planning.

Activity
- On the walls are statements ‘strongly agree’, ‘agree’, ‘neutral’, ‘disagree’, and ‘strongly disagree’
- We will read out statements about EPI and FP and the participants are to stand at the sign that describes their opinions about the statement
- We will ask each group to state why they feel the way they do about this statement
- Repeat the exercise using different statements

Statement 3
- Women who only have one child don’t need information about postpartum family planning
Statement 4
- Even if a woman has a small baby under 6 months old, she is still eligible to use a family planning method.

Statement 7
- Family planning and child spacing helps the mother to grow strong, and helps the child to be healthy.

Statement 5
- If the baby must use family planning while they are breastfeeding, it will spoil the breast milk.

Statement 8
- After delivery, women cannot get pregnant again until their monthly period returns.

Statement 6
- It is important to wait until the baby walks before resuming sexual activity.

Statement 9
- Vaccinators should always remind mothers when to return for the child’s next vaccine.
Key Points

- Every individual has his/her own values based on his/her socio-cultural background.
- Individual values may have positive or negative impacts on FFP and EPI service provision.
- All service providers should do their best to keep their personal values separate from their professional activities in all circumstances.
- All service providers should be open to different opinions and attitudes from their clients and colleagues.

Thank you!

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Follow us on:
Overview of Proposed Activities

*EPI/FP Integration Training*

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**Session Objective**

By the end of this session, participants will be able to:

- Explain the steps involved in the EPI-FP integrated service delivery model
- Demonstrate their role in the integrated approach

---

**Role of Vaccinators**

**THE PROCESS**

During EVERY routine child immunization contact (including for BCGs), vaccinators will:

1. Remind the mother when to bring their child back for the next vaccination
2. Use a simple aid to share brief, targeted FP messages with caregivers
3. Ask mothers whether they are interested in going for family planning services that day

---

**Role of Vaccinators**

For caregivers who are interested in seeking family planning on the same day:

- Vaccinator gives her referral card
- Vaccinator directs client to the FP room
- Vaccinator indicates a STAR under the “FP Referral Accepted?” column on the EPI register or supplemental ledger (to be determined by MOHSW)

---

**Role of Vaccinators**

For caregivers who are NOT interested in going for FP on the same day:

- Vaccinators give them the leaflet about the benefits of FP
- Vaccinators encourage them to discuss FP with their partner and family members
- Vaccinators encourage them to return to the facility for FP
- Vaccinator marks a CHECK under the “FP Referral Accepted?” column on the EPI register or supplemental ledger (to be determined by MOHSW)
**Vaccinators: Please Remember!**

- Remind EVERY mother who comes through EPI when to return for their child's next vaccine

**Role of Family Planning Providers**

- Collect the referral card from the clients who were referred from immunization services.
- Provide FP counseling and services to those women who were referred.
- Record in their logs (in the comments section) that the woman was referred from the immunization services, and whether she selected an FP method (star = referred, counseled and chose a method, check mark = referred, counseled and did not choose a method).
- Remind the clients of when to bring their child back for the next vaccination.
- Return referral cards at the end of the day to the vaccinators' office, discuss referrals for the day.

**Role of OICs**

- Assist with layout and determining the pathway from EPI to FP.
- Clarify to staff the registration and patient flow procedures.
- Anticipate and address issues of staff turnover; be sure new staff are trained on the EPI/FP referral process.
- In hospitals with nursing students, if students are doing the vaccination, be sure they are also trained on EPI/FP.

**Role of OICs (Continued)**

- Work with vaccinator to ensure privacy for clients at EPI station.
- Supervise staff to ensure protocols are followed.
- Provide mentorship and problem solving as needed.
- Work with staff to identify strategies for preventing and addressing stock-outs -- ensure vaccine and contraceptive stock-out issues are addressed immediately.

**Role of County Health Teams and Partners**

- Train vaccinators and FP providers in EPI-FP integrated service delivery.
- Provide refresher training to facility staff on a regular basis.
- Ensure consistent supply of EPI-FP materials (leaflets, referral cards, posters, job aids) to health facilities.

**Role of County Health Teams and Partners (Continued)**

- Provide regular supportive supervision to monitor the EPI/FP process; work with facility teams to identify and address any issues.
- Ensure sufficient vaccine and contraceptive supply at health facilities.
- Collect and monitor EPI/FP referral data.
Questions?

Discussion Questions
- Are the steps clear? Are there any areas where clarification is needed?
- How do you feel about incorporating these activities into your existing service provision?
- Do you have any concerns about the proposed activities?

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Follow us on:
Overview of Practical Considerations

Integrated EPI/FP Service Delivery Training

Session Objective

By the end of this session, participants will be able to explain practical considerations for EPI/FP integration related to:
- Supportive supervision
- Monitoring and evaluation
- FP commodity supply
- Ongoing capacity building

Supportive supervision

- Supervisors from County Health Teams and partner organizations will be monitoring EPI/FP integrated service delivery during supervision visits.

Monitoring and Evaluation

- The success of the approach will be monitored through:
  - EPI and FP service statistics
  - Discussions with facility staff during supervision visits
  - Exit interviews with clients (routine during supportive supervision), if feasible

OICs

OICs are responsible for:
- providing ongoing supportive supervision
- ensuring that providers are doing proper recording
- orienting new service providers if there is staff turnover
- ensuring clear patient flow and that the pathway for going from EPI to FP is clear to clients
- ensuring that posters and job aids are available at the places where they are needed

FP commodity supply

- This integrated approach of proactive referrals from EPI aims to increase demand for FP services.
- It is very important to have enough supply of a variety of FP methods to meet increased demand. Please forecast accordingly and follow-up with counties if commodity supply requests are not adequately fulfilled.
- It is not good to stimulate demand if there aren’t the supplies available to meet the demand.
Ongoing capacity building

- As you begin your action planning, consider strategies for ongoing capacity building.
- How will you transfer your skills to other EPI and FP providers at your facility?
- What can you do within the facility to help keep your skills fresh?

Questions?

Thank you!

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