FP/ANC-EPI Integration Strategy

Supplemental Guide for Recording, Reporting and Utilizing Data

DOH

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Regional Level

Dhick Talion, Regional FP Coordinator, DOH Regional Office (DOHRO) lll
Ma. Gracelyn Delim, MD, Development Management Officer (DMO) V, DOHRO lll
Rodney Ramirez, DMO IV, DOHRO lll

Provincial Level

Jeanette A. Lazatin, MD, Provincial Health Officer 1, Tarlac Provincial Health Office (PHO)
Norine G. Dacula, Technical Services Head, Oriental Mindoro PHO
Emerita Talang, Provincial FP Coordinator, Cagayan PHO
Fleur Rossellini Fernando, Provincial FP Coordinator, Tarlac PHO

City Level

Maria Carmela Go, MD, City Health Officer II, Tarlac City
Silahis Jabson, FP Nurse Coordinator, Pasig City Health Office (CHO)
Eloisa Arriola, EPI Coordinator, Pasig CHO
Norena R. Osano, MD, MNCHN Medical Coordinator, Taguig CHO
Ma. Criselda V. Flores, MD, FP Medical Coordinator, Taguig CHO
Virginia G. Dagucon, Midwife V, Caloocan CHO
Leonisa L. Pantaleon, Nurse V, Caloocan CHO
Yolanda B. Fernando, Midwife IV, Caloocan CHO

Municipal Level

Graciela Ramirez, MD, Municipal Health Officer, Sual, Pangasinan
Evelyn Gamata, MD, Municipal Health Officer, Baggao, Cagayan
Myla Mamador, Nurse II, Bansud RHU, Oriental Mindoro
Cherry Ann Natividad, Midwife, Baggao RHU, Cagayan
Jocelyn Cabalza, Midwife, Solana RHU, Cagayan

Acronyms and Abbreviations

ANC	Antenatal Care
BHW	Barangay Health Workers
BTL	Bilateral Tubal Ligation
CHO	City Health Office
CHU	City Health Unit
DMPA	Depot Medroxyprogesterone Acetate
DOH	Department of Health
EPI	Expanded Program on Immunization
FHSIS	Field Health Services Information System
FHS	Family Health Survey
FIC	Fully Immunized Child
FP	Family Planning
FPCBT 1	Family Planning Competency-Based Training Level 1
HealthGov	Strengthening Local Governance for Health Project
HSP	Health Service Provider
IUD	Intrauterine Device
LAM	Lactational Amenorrhea Method
LAPM	Long-Acting Permanent Method
LARC	Long-Acting Reversible Contraceptives
LuzonHealth	Integrated Maternal, Neonatal, Child Health and Nutrition/Family Planning Regional Project in Luzon
MHO	Municipal Health Officer
MNCHN	Maternal, Neonatal, Child Health and Nutrition
NA	New Acceptor
NCR	National Capital Region
NDHS	National Demographic and Health Survey
OA	Other Acceptor
OCP	Oral Contraceptive Pill
PHN	Public Health Nurse
RHM	Rural Health Midwife
RHU	Rural Health Unit
RO	Regional Office
TCL	Target Client List
USAID	United States Agency for International Development

About This Guide

This supplemental guide is an enhancement of the section on recording, reporting, and utilization of data of the *Guide in Integrating Family Planning and Antenatal Care in the Expanded Program on Immunization Services* which was endorsed by the Department of Health (DOH) in 2012.

The integration of FP during immunization is not new. This has been implemented in other countries and showed that a simple family planning referral message delivered during immunization services increased the number of family planning clients by over 50 percent. (Huntington and Aplogan, *Studies in Family Planning*, 25 (3):176-183, May-June 1994). Locally, the previous project of the United States Agency for International Development (USAID), Strengthening Local Governance for Health Project (HealthGov), completed pilot studies of FP integration into the Expanded Program of Immunization (EPI) in Polomolok, South Cotabato and Misamis Occidental, where results showed an increase by 6-11 percentage points in contraceptive prevalence rate (CPR) in facilities implementing the integration strategy. Currently, LuzonHealth and its LGU partners are implementing this integration strategy in 87 facilities.

The supplemental guide in implementing the FP/ANC-EPI integration strategy includes the following: (1) brief description of the strategy; (2) revised training design from a one-day provincial-level orientation to a one-day orientation for health service providers and a one-day didactic and practicum during actual immunization day for *barangay* health workers (BHWs) at the facility level; (3) updated recording and reporting/discussion forms for BHWs and midwives; and (4) linkage of the FP/ANC-EPI integration strategy to *Usapan*. The *Usapan* is a discussion session usually set up by the midwife among mothers/women in the community. The list of women with FP unmet need generated during the integration strategy is discussed by the BHWs and midwives and utilized as source of potential clients for the FP *Usapan* sessions.

The updated recording and reporting tools for the conduct of FP/ANC-EPI integration strategy at the community level are for the use of municipal health officers (MHOs), public health nurses (PHNs), rural health midwives (RHMs), and BHWs when they record and follow-up the women with unmet need seen and interviewed during the regular immunization schedule. These tools help the frontline health workers surface the need for family planning and maternal care among women who bring their children for immunization.

I. Rationale

Data from the National Demographic and Health Survey (NDHS) of 2003, 2008 and 2013 on contact communication between non-users of FP and health workers/health service providers showed that less than 15 percent reported that: (1) a field health worker discussed family planning with them during the field-worker's visit; or (2) a health service provider discussed family planning with them during the visit to a health facility for any reason in the past 12 months. NDHS 2013 showed that most women (81%) either want to delay or prevent childbearing. However, 18 percent of these women are not using any contraceptive method – 11 percent constituting FP unmet need for limiting, and 7 percent is FP unmet need for spacing.

To help reduce FP unmet need, postpartum women should be given access to family planning information and services. Most postpartum women seek routine health services for their infants, including for immunizations. Given the appropriateness of the timing, infant immunization services provide an important opportunity to reach postpartum women repeatedly throughout their postpartum period and until the child is 12 months old.

The Expanded Program on Immunization is a well-utilized service of the health facilities. The fully immunized child (FIC) coverage rate in the Philippines is high at around 90 percent (Family Health Survey 2011); regional rates vary from 85-95 percent. Most likely, a large number of mothers come to health facilities for the EPI. Mothers of babies this age are more likely to be receptive to the idea of delaying the next pregnancy.

The approach of integrating family planning referral messages during immunization day is being implemented in other areas. Studies have shown that the provision of FP referral messages during EPI increased awareness on available FP services by 18 percent and increased the average monthly number of new FP acceptors by 54 percent (Huntington and Aplogan, 1994).

In 2016, the LGUs, in collaboration with USAID's LuzonHealth Project, scaled up the implementation of FP/ANC-EPI integration strategy. The strategy was scaled up in 87 health facilities which have HSPs trained in FPCBT 1; have FIC coverage of at least 70 percent; have available FP commodities, such as oral contraceptive pills (OCP), depot medroxyprogesterone acetate (DMPA), and intrauterine device (IUD); and have an existing referral mechanism. These health facilities are located in the Provinces of Pangasinan, Isabela, Tarlac, Nueva Ecija, Oriental Mindoro and Batangas, and the City of Caloocan. The strategy contributed in facilitating the process of actively identifying clients with FP/MNHCN unmet need, which resulted in increased number of FP new acceptors in most, if not all, facilities implementing the FP/ANC-EPI integration strategy.

Ms. Nelly Lusterio, a midwife from Bansud, Oriental Mindoro shared, *"The strategy has been very helpful to the barangay I'm assigned in where 35 BHWs are currently assisting me. On the first day of its implementation, I was able to counsel 20 mothers with unmet need for FP. They were given information on the FP services that are appropriate to their needs. Our FP Coordinator saw that FP/ANC-EPI integration is really effective. The forms are also a big help; they are easy to understand and you can easily identify those who are not using an FP method and can, thus, be easily followed up for counseling. This is why we're happy with the results. Now, the entire Municipality of Bansud is implementing the strategy and using the forms."*

II. The FP/ANC-EPI Integration Strategy

The integration of family planning (FP) and antenatal care (ANC) into the Expanded Program on Immunization (EPI) or the FP/ANC-EPI integration is a strategy for providing FP or ANC referral messages to mothers who visit the health facility for the immunization of their children. The FP referral messages are given to those who are not pregnant and who were identified as having unmet need for modern family planning, while the ANC referral messages are given to mothers who are already pregnant during these visits. A key feature of the EPI as a venue to provide FP or ANC referral messages is it allows for multiple contacts with mothers (at least four) in the course of completing the vaccines for the complete immunization of the child.

The strategy uses a data collection tool to record the basic information of the mother, such as name, age, address, number of living children, pregnancy status, reproductive intention, status on the use of family planning method, and date of visit committed by the mother. With the information from the BHWs, the midwife or PHN can follow up and provide information, counseling, and services to clients identified to have FP/MNCHN unmet need. Or mothers can be grouped together to participate in a *Usapan* Session with service delivery (if there is a trained staff on *Usapan)*. Or a similar activity may be conducted through which clients can be informed about the broad range of FP services, and provided counseling and FP services, including those who opted to use his/her chosen FP method. Pregnant mothers identified during FP/ANC-EPI integration are also referred for prenatal checkup and recorded in the midwife's Field Health Services Information System (FHSIS) Target Client List (TCL) if not in the list yet.

The strategy utilizes a monitoring tool that the *barangay* health worker/midwife/nurse can use to aggregate monthly information on number of women interviewed, number of women with unmet need for modern family planning, and number of women referred for service provision to the midwife/nurse and provided with FP services as reported in the FHSIS TCL. The number of pregnant women who were provided with service is also determined using the monitoring tool.

Two additional forms, namely, Form 2: FP/ANC-EPI BHW Monthly Reporting Form and Form 3: FP/ANC-EPI RHM Monthly Reporting and Monitoring Form were included in this supplemental guide to capture primarily the number of women identified with unmet need for FP and women needing follow-up which are seen as important by the health managers for FP program action planning and implementation.

The LGU health facilities that can successfully implement the FP/ANC-EPI strategy are those with FIC coverage of more than 70 percent, with trained HSPs in FPCBT1, with available FP commodities, and with an existing referral facility for long-acting reversible methods (LARC) or long-acting permanent methods (LAPM).

Steps in FP/ANC-EPI Integration

STEP 1. The FP/ANC-EPI integration interview and referral

During immunization day

- BHW waits for the mother to finish EPI registration.
- While waiting for the child's turn to be vaccinated, the BHW interviews the mother using FP/ANC-EPI Integration BHW Form 1 for approximately 2 minutes only.
- The BHW provides brief referral messages to the client based on the information gathered.

The referral messages given by the BHW to the client/mother:

Message 1: ANC referral messages *para sa mga buntis*

1. *Nagbibigay ng serbisyong* prenatal *ang* health center *na ito na mangangalaga sa iyo at sa iyong baby habang ikaw ay buntis*.
2. *Gusto mo bang bumisita dito sa* center *upang malaman ang mga serbisyong ito*?
3. (*Kung Oo*): *Mag* schedule *po tayo ng iyong pagbisita dito sa* center.

Message 2: FP referral message *para sa mga gumagamit ng* modern FP

1. *Huwag mong kalimutan na pumunta sa inyong* health provider *para sa* checkup (IUD, DMPA) *at* resupply (pills, condom).

Message 3: FP referral messages *para sa mga hindi gumagamit ng* FP *o gumagamit lamang ng tradisyonal na pamamaraan*

1. *Nagbibigay ng serbisyo tungkol sa* family planning *ang* health center *na ito*. Step 3: BHW's discussion with Midwife/Nurse.
2. *Gusto mo bang bumisita dito sa* center *upang malaman ang mga serbisyong ito o gusto mo bang kausapin ka ng* midwife/nurse *pa tungkol sa* FP *pagkatapos mabakunahan ang anak mo*?
3. (*Kung Oo sa pagbisita*): *Mag* schedule *po tayo ng inyong pagbisita dito sa* center *para sa karagdagang impormasyon o para sumali sa Usapan tungkol sa tamang pagpaplano ng pamilya*.

STEP 2. If client desires to talk with HSP right after the immunization, the client is given a one-on-one information and counseling and FP service provision accordingly. If client opts to return on another date, she is given an appointment date with the midwife or a schedule for an *Usapan* session.

- If the mother wants to talk to the FP service provider right away, the BHW refers the mother to the available FP service provider who can provide FP information, counseling and possible FP method of choice, or appropriate referral of client to IUD/ BTL-MLLA provider.
- If the mother agrees to schedule a visit, the BHW will record the date of the visit or schedule of the *Usapan* session she can attend.

Step 3: BHW's discussion with midwife/nurse

- After the immunization for the day, the BHW reviews the FP/ANC-EPI BHW Form 1 and discusses with the midwife the list of clients interviewed with unmet need for FP or ANC services.
- The BHW and RHM review and discuss together the FP/ANC-EPI BHW Form 1, gather the names of clients willing to attend *Usapan*, who wanted to visit the health facility, who chose an FP method right away after counseling, or who were referred for IUD or BTL-MLLA.
- The RHM reports monthly to the PHN the information generated during the FP/ANC-EPI integration using Form 3.
- The PHN shall review the midwives' report and analyze the data generated to determine the FP needs of the clients coming for immunization, and plan for appropriate FP service provision.

Link of FP/ANC-EPI with *Usapan* Series

Usapan sessions are facility-based or outreach group discussions that end with counseling and service provision. These sessions include: *Usapang Pwede Pa; Usapang Kuntento Na; Usapang Buntis*; and *Usapang Bagong Maginoo*. An *Usapan* session lasts for only about 30 minutes and is focused on helping participants choose FP methods that fit their fertility intentions. Participant selection is kept purposive by encouraging service providers to draw the participants from the list of couples with unmet need.

The list generated by the BHWs during the FP/ANC-EPI integration implementation serves as the basis for the clients/couples to be invited to a specific *Usapan* session.

III. The FP/ANC-EPI Integration Strategy Recording and Reporting Tools

A. BHW Recording and Monitoring Forms

1. *Form 1: FP/ANC-EPI BHW Recording Form.* This form will be used by the designated BHW to interview mothers who come to the facility for the immunization of their children. The information gathered from the interview will be discussed with the midwife after the immunization. This form also serves as the basis for inviting women with FP unmet need to the *Usapan* sessions.

2. *Form2*: *FP/ANC-EPI BHW Monthly Reporting Form. T*he BHW will submit this monthly report to the midwife. This provides consolidated information as to the number of clients /women interviewed during immunization and women with FP/ANC unmet need on a monthly basis.

B. RHM Reporting and Monitoring Forms

1. *Form 3: FP/ANC-EPI RHM Monthly Reporting and Monitoring Form*. The RHM will consolidate the BHWs' Form 3 reports to collate the information gathered from facilities implementing FP/ANC-EPI integration in her catchment area.

   Together, the PHN and RHM will review the report and analyze the data generated to determine the FP needs of the clients coming for immunization, and accordingly plan for appropriate FP service provision or schedule *Usapan* sessions to purposively invite the clients listed as with FP unmet need.

FP/ANC-EPI Integration Strategy
Form 1: Recording Form for *Barangay* Health Workers

Name of BHW: _____ **Health Facility:** _____
Municipality: _____
Date (Month/Day/Year): _____

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	
1. *Pangalan ng babae* 10-49 years old	2.*Edad*	3.*Tirahan/* cellphone number	4.*Bilang ng buhay na anak*	5. *Kasalukuyang buntis ka ba?* *Oo o Hindi* (*Ibigay ang* ANC Message *1 kung buntis*)	6. *May ginagamit ka bang* FP method?	7. *Gusto mo pa bang magkaanak*?	8. *Gusto mo bang gumamit ng* FP method?	9. *Gusto mong bumisita sa center o sumali sa Usapan, o makiki-pag-usap na sa midwife/nurse tungkol sa* FP?	10. *Petsa sa pagpunta sa* center *o pagdalo sa Usapan*	11. *Sasagutin ng BHW pagkatapos ng interview o sa mga sumunod na araw*	
										A. Referred/ for follow-up	B. - FP Acceptor - NA/OA - FP method

Instructions on how to fill out the Recording Form for *Barangay* Health Workers

Column 1: *Isulat ang pangalan ng babae* 10-49 years old *na gumagamit at hindi gumagamit ng* modern family planning method *sa kasalukuyan*. *Kasama dito ang mga dating gumagamit na tumigil na*. *Isulat ang apelyido, pangalan, gitnang pangalan*.

Column 2: *Isulat ang edad*.

Column 3: *Isulat ang tirahan at* cellphone number.

Column 4: *Isulat and bilang ng buhay na anak*.

Column 5: *Itanong kung kasalukuyang buntis*. *Kung Oo, ibigay ang* "ANC message *kung buntis*" Message 1 *at huwag nang itanong ang mga kasunod na mga katanungan* (Nos. 6-8). *Kung hindi buntis, ituloy ang tanong* Nos. 6-10.

Column 6: *Itanong kung may ginagamit na* FP method. *Kung Oo, itanong kung anong* FP method *ang ginagamit. Ibigay ang* FP Message 2 *at huwag nang itanong ang* Nos. 7-8. *Kung walang ginagamit, ituloy ang tanong* Nos. 7-10.

Column 7*: Itanong kung gusto pang magkaanak. Kung Oo agad na, huwag nang itanong ang kasunod na mga katanungan Nos. 8-10. Kung Oo pero may agwat at kung Hindi na at Tama na, ituloy ang tanong* Nos. 8-10. *Ibigay ang* FP Message 3*.*

Column 8*: Itanong kung gusto gumamit ng* FP method. *Isulat ang sagot kung Oo o Hindi*.

Column 9: *Itanong kung gustong bumisita sa* center *para sa karagdagang impormasyon o sumali sa Usapan sa tamang pagpaplano ng pamilya, o kung gusto na makipag-usap sa* midwife/nurse *tungkol sa* FP (*kung may ibang* midwife/nurse *na maaaring magbigay ng impormasyon o* counseling *pagkatapos ng bakuna*). *Isulat ang sagot: Oo, bumisita sa* center; Oo, makikipagusap na; *Oo, sasali sa Usapan*; *Ayaw bumisita sa* center *o sumali sa Usapan. Kung Ayaw, itigil ang pagtatanong ng* No. 10.

Column 10: *Isulat ang petsa sa pagpunta sa* center *o pagdalo sa Usapan*.

Column 11: *Ang* column *na ito ay sasagutin ng* BHW *pagkatapos ng* interview.

Column 11A: *Isulat ang Oo kung na*-refer *sa* RHM *para makausap tungkol sa* FP, *o Hindi pero* for follow-up *ng* BHW.

Column 11B: *Pagkalipas ng ilang araw, Itanong sa* midwife *kung sino sa mga na*-refer *ang naging* FP acceptor. *Isulat kung* New Acceptor (NA) *o* Other Acceptor (OA) *at ano ang tinanggap na* FP method.

FP/ANC-EPI Integration Strategy
Form 2: Monthly Monitoring Form for the *Barangay* Health Worker

Province/City: _____
Municipality: _____
Health Facility: _____
Date of Reporting (Month/Year): _____
Name of BHW: _____

BHW Report	Age	Number	Remarks
Bilang ng babae na nabigyan ng prenatal referral message (M1)	10-14		
	15-19		
	20-24		
	25-29		
	30-49		
Bilang ng babae na gumagamit ng FP method *at nabigyan ng* FP referral message (M2)	10-14		
	15-19		
	20-24		
	25-29		
	30-49		
Bilang ng babae na walang ginagamit na FP method *at nabigyan ng* FP referral message (M3)	10-14		
	15-19		
	20-24		
	25-29		
	30-49		
Bilang ng babae for follow-up (*nagbigay ng* schedule)	10-14		
	15-19		
	20-24		
	25-29		
	30-49		
Bilang ng babae for follow-up (*walang* schedule)	10-14		
	15-19		
	20-24		
	25-29		
	30-49		

FP/ANC-EPI Integration Strategy

Form 3: Monthly Consolidation and Monitoring Form for the Rural Health Midwife

Province/City: _____ **Municipality:** _____

Health Facility: _____ **Date of Reporting (Month/Year):** _____ **Name of RHM:** _____

	Age	BHW 1	BHW 2	BHW 3	BHW 4	BHW 5	Total
Bilang ng babae na nabigyan ng prenatal referral message (M1)	10-14						
	15-19						
	20-24						
	25-29						
	30-49						
Bilang ng babae na gumagamit ng FP method *at nabigyan ng* FP referral message (M2)	10-14						
	15-19						
	20-24						
	25-29						
	30-49						
Bilang ng babae na walang ginagamit na FP method *at nabigyan ng* FP referral message (M3)	10-14						
	15-19						
	20-24						
	25-29						
	30-49						
Bilang ng babae for follow-up (*nagbigay ng* schedule)	10-14						
	15-19						
	20-24						
	25-29						
	30-49						
Bilang ng babae for follow-up (*walang* schedule)	10-14						
	15-19						
	20-24						
	25-29						
	30-49						
Bilang ng babae na naging FP "New Acceptor (NA)"	10-14						
	15-19						
Pakilagay ang method *at ilan ang bilang*	20-24						
	25-29						
	30-49						
Bilang ng babae na naging FP "Other Acceptors (OA)"	10-14						
	15-19						
Pakilagay ang method *at ilan ang bilang.*	20-24						
	25-29						
	30-49						

IV. Training Program

A. Training of PHNs/RHMS in FP/ANC-EPI Integration Strategy

Day/Time	Activity	Objective	Methodology	Materials Needed	Persons Responsible
9:00-10:00 AM	Arrival and Registration				
10:00-10:30	Opening Program • Invocation & National Anthem • Introduction of Participants				PHO
10:30- 11:00	Session 1: Rationale and Background of FP/ANC-EPI Integration	At the end of the sessions, the participants are able to: 1. Define the rationale and meaning of FP/ANC-EPI integration strategy. 2. Describe how FP/ANC-EPI integration is done. 3. Discuss the recording and reporting mechanism and tools used in FP/ANC-EPI Integration strategy. 4. Demonstrate how to implement the FP/ANC-EPI integration strategy (from interview to recording and reporting).	Plenary presentation and discussion	PowerPoint presentation on FP/ANC-EPI Integration Strategy BHW recording form RHM and PHN recording and reporting and monitoring forms	
11:00-12:00	Session 2: The FP/ANC-EPI Integration Strategy: Implementation Mechanism				
Lunch Break					
1:00- 2:00 PM	Session 3: The FP/ANC-EPI Integration Strategy: Administering the Tool		Plenary presentation, group exercise processing	Case study, FP/ANC-EPI recording and reporting forms	
2:00-3:00	Planning for the Training of BHWs	To identify barangay health workers for training and practicum site	Small group discussion		RHM/PHN
Closing					

B. Training of BHWs in FP/ANC-EPI Integration Strategy

Day/Time	Activity	Objective	Methodology	Materials Needed	Persons Responsible
Day1					
9:00-10:00 AM	Arrival and Registration				
10:00-10:30	Opening Program • Invocation & National Anthem • Introduction of Participants				PHN/RHM
10:30- 11:00	Session 1: Rationale and Background of FP/ANC-EPI Integration	At the end of the sessions, the participants are able to: 1. Define the rationale and meaning of FP/ANC-EPI integration strategy. 2. Describe how FP/ANC-EPI integration is done. 3. Discuss the recording and reporting mechanism and tools used in FP/ANC-EPI Integration strategy. 4. Demonstrate how to implement the FP/ANC-EPI integration strategy (from interview to recording and reporting).	Plenary presentation and discussion	PowerPoint presentation on FP/ANC-EPI Integration Strategy BHW recording form RHM and PHN recording and reporting and monitoring forms	PHN/RHM
11:00-12:00	Session 2: The FP/ANC-EPI Integration Strategy: Implementation Mechanism				
Lunch Break					
1:00- 2:00 PM	Session 3: The FP/ANC-EPI Integration Strategy: Administering the Tool		Plenary presentation, group exercise processing	Case study, FP/ANC-EPI recording and reporting forms	PHN/RHM
2:00-2:30	Planning for the Practicum	To plan for the practicum after the didactic training	Small group discussion		RHM/PHN
End of Day 1					
Day 2	**(Wednesday - Actual EPI Day)**				
8:00-12:00 AM	Practicum (FP/ANC-EPI Integration Implementation) • Midwife to set up routine EPI arrangement. • Designated BHWs to interview and record mothers	To practice the implementation of the FP/ANC-EPI Integration	Practicum during the regular EPI day at the health center	1. FP/ANC-EPI BHW Recording Form 1 2. FP/ANC-EPI BHW Monthly Reporting Form	

Day/Time	Activity	Objective	Methodology	Materials Needed	Persons Responsible
	identified with FP/ANC unmet need.				
1:00-1:30 PM	Debriefing/Feed backing Session • Sharing of experiences • Processing of results				RHM/PHN
1:30-2:15	Interface of Midwife/PHN and BHWs • Actual recording/meeting to discuss results from interviews conducted during immunization day and next steps (i.e.,. follow-up, consolidation of dates for *Usapan* session)			1. FP/ANC- EPI RHM Monthly Consolidation and Reporting Form/Monitoring Tool	RHM/PHN
2:15-2:30	Next Steps/Follow-up Meeting				RHM/PHN

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