

Integrating Family Planning with Other Health Services

Fact Sheet



MSH is helping countries get “back to basics.”

The recent focus on HIV & AIDS, tuberculosis, and other killers has drawn funding and attention away from family planning and reproductive health.

MSH repositions family planning as a core health intervention and integrates service delivery with other health services.

MSH maximizes impact through a holistic approach to care and prevention.

Repositioning and Integrating Family Planning: Back to Basics

MSH applies its 38 years of experience in health systems strengthening to help bring family planning and reproductive health back to the forefront in Africa. We have worked with 46 African health ministers to develop a policy framework and action plan. Along with local partners, MSH supports the repositioning of family planning as a core activity on the global health agenda. Here’s how—

We Advocate for Family Planning and Reproductive Health Programs—Working with decision-makers at all levels, we raise awareness about the health and socioeconomic benefits of family planning and reproductive health, especially healthy timing and spacing of pregnancies. We encourage governments and nongovernmental organizations to reshape their priorities and policies and allocate resources to support family planning and reproductive health programs and their integration with other health services.

We Strengthen Service Delivery—Through rapid assessment processes and tools, we identify gaps and weaknesses that undermine effective delivery of family planning and reproductive health services. MSH collaborates with governments, local organizations, and international agencies to prioritize investments and implement solutions to strengthen and scale up health services. Our approaches motivate progress and promote innovation.

We Build Institutional Capacity—In the past decade, family planning and reproductive health professionals have migrated to other well-funded areas. To counter this trend, MSH helps governments and nongovernmental organization partners rebuild a cadre of motivated leaders, managers, and providers to deliver quality family planning and reproductive health services. We offer state-of-the-art approaches to empower managers and their teams, creating a work climate that supports staff retention and motivation and improves health outcomes.

We Improve Supply Chain Management—MSH helps develop the capacity of both the public and private sectors to select, procure, and distribute quality medicines, laboratory supplies, and health commodities. We make sure not only that supplies reach those in need but also that the supplies are used properly.

We Engage the Community to Create Demand—We rebuild trust in family planning and reproductive health services and facilities, and by engaging community health workers, volunteers, local media, and other community-based channels, we encourage the active use of those services.

Maximizing Impact through a Holistic Approach to Care

Integration helps organizations maximize the impact of their health investments while allowing people, information, and funding to flow more easily among collaborating groups. Equally important, integration enables providers to treat the health needs of individuals and families more efficiently—regardless of the initial reason a person seeks care. MSH aims to integrate family planning and reproductive health services with other essential health services, such as primary care, child survival, and HIV & AIDS services. MSH carries out integration through worldwide programs and national initiatives—such as those in Afghanistan, Haiti, Malawi, Mali, and the Philippines.

In Guinea, postabortion care clients are counseled on family planning. The program, initiated in 2009, has already resulted in 92 percent of urban hospital clients accepting a family planning method.

In Zimbabwe, the integration of family planning with HIV voluntary counseling and testing motivated 35 percent of HIV-positive clients to become new family-planning users and 27 percent to use dual contraceptive methods to protect their partners.

In the Democratic Republic of Congo, integration of family planning and reproductive health into primary health care, coupled with a focus on healthy timing and spacing of pregnancies, dramatically increased contraceptive use. In less than two years, 14 percent of eligible women became new users of family planning.

Expanding Access to Integrated, Community- Based Family Planning and HIV Services

In Malawi, where a woman can expect to have six children and has a 1 in 18 chance of dying in childbirth, MSH is working to meet the needs of the 84 percent of the population who live in rural areas and cannot easily access health facilities.

In partnership with the Ministry of Health, MSH promotes high-quality services to clients in eight districts by revitalizing a network of community-based distribution agents trained in family planning and HIV integration. These agents—men, women, and youth—provide clients with a range of contraceptive methods, link them to facilities, and offer them information and education through community events.

Since 2007, 600 community-based distribution agents have begun dispensing oral contraceptives and condoms and making referrals for long-term methods. More than 100,000 people have received family planning and HIV messages, and 99,000 new and returning contraceptive users have been reached with door-to-door services. In addition, 20,000 people were mobilized during Open Days, community events that bring family planning and HIV issues to life with traditional dances, songs, and drama.



Highlights

South Africa—The Integrated Primary Health Care Project (IPHC) managed by MSH reached 15,400 young people with HIV testing, 183,000 with family planning information, and more than 56,000 with family planning methods in 2008.

Rwanda—The average number of contraceptive users tripled in 23 of 30 districts, and the number of childbirths attended by trained personnel in health facilities rose from 21 to 38 per month on average between July 2006 and June 2009.

Afghanistan—The Rural Expansion of Afghanistan's Community-based Healthcare (REACH) Program helped increase skilled attendance at delivery from 12 to 23 percent and contraceptive use from 16 to 26 percent.

Zimbabwe—The Community-based Distribution and HIV Prevention Program was selected by the Cochrane Collaboration as one of six promising evidence-based interventions linking reproductive health and HIV. This model of integrated services is being replicated in Malawi.

For additional information, go to www.msh.org, or contact Halida Akhter, Global Technical Lead FP/IRP, Center for Health Services, at +1.703.310.3596, or at hakhter@msh.org.