

The Power of Integration: Making Family Planning Accessible across Multiple Health Services

Empowering Women to Make Lifesaving Choices

Every day, women who have access to family planning (FP) services are empowered to make lifesaving choices such as delaying motherhood, spacing their pregnancies, and avoiding unintended pregnancies and abortions. Each year, women who make these choices and plan their families prevent as many as one in every three maternal deaths and more than 2 million infant and child deaths.¹ Yet, many more lives could be saved. Despite the tremendous advances in effective and affordable FP technology, an estimated 200 million women and 120 million couples who need FP services still do not have access to them.²

What Jhpiego Is Doing

By integrating FP with a variety of reproductive health (RH) services, Jhpiego has been able to bring modern contraceptive methods closer to the women who need them. Women of reproductive age need information about contraceptive options, birth spacing/timing and FP services. Jhpiego takes every opportunity to create a supportive environment in the community and provide this essential information to all women who attend antenatal care (ANC), deliver in a facility, are referred for emergency care services, or access routine FP or postnatal services. At the facility level, we also work with providers and clinic managers to ensure that women have access to high-quality FP services that they are able to use effectively and safely. Often, this will entail strengthening counseling and client selection and expanding the range of contraceptive methods as well as the services to deliver them.



Photo by: Kate Holt

At a Tanzanian health center, a midwife discusses family planning with a young mother.

- **FP and postpartum care**—Postpartum women need to know the benefits of timing and spacing their next pregnancy for their own and their baby's health, and that it is possible to become pregnant before the return of menses. If they are not breastfeeding, their fertility may return as early as four weeks after childbirth. In Embu, Kenya, with the support of Jhpiego's ACCESS-FP Program,³ the government reinvigorated postpartum services by emphasizing FP. ACCESS-FP developed the first postpartum FP orientation package for Kenya. Operations research showed that significantly more women (an increase from 35% to 63%) chose a modern contraceptive method at six weeks postpartum after this package was introduced.⁴ After a successful demonstration, the package was later scaled up to other provinces. More recently, the Jhpiego-led Maternal and Child Health Integrated Program (MCHIP) successfully introduced the postpartum IUD to more than 400,000 women around the world, implementing successful programs in Benin, Burkina Faso, Chad, Côte d'Ivoire, Guinea, India, Kenya, Niger, Rwanda, Senegal and Zambia.
- **FP and postabortion care**—A woman's fertility can return within 11 days after an abortion or miscarriage; therefore, women who do not want another pregnancy must start an effective contraceptive method sooner rather than later. Women also need to know that waiting at least six months after abortion or miscarriage before attempting another pregnancy may improve their health and that of their babies. It is essential that women who receive postabortion care leave clinics with their FP method of choice or, at the very least, a referral where they can obtain FP. By offering clients FP counseling and their contraceptive method of choice before they leave the facility, providers can help women avoid the dangerous cycle of unwanted pregnancy and abortion. We have recently led national efforts to increase access to postabortion care and FP in countries such as Angola, Guinea, Haiti, Mozambique and Uganda, and Mali will be starting its program soon.

¹ Population Reference Bureau. 2009. *Family Planning Saves Lives*. 4th edition.

² Glaiser A et al. 2006. Sexual and reproductive health: A matter of life and death. *Lancet* 368(9547):1595–1607.

³ ACCESS-FP, a five-year, USAID-sponsored global program, was an associate award under the Jhpiego-led ACCESS Program. ACCESS-FP focused on meeting the family planning and reproductive health needs of women in the postpartum period.

⁴ Warren C et al. 2010. Safeguarding maternal and newborn health: Improving the quality of postnatal care in Kenya. *International Journal for Quality in Health Care* 22(1): 24–30.

- **FP and cervical cancer screening**—Each year, about 493,000 new cases of cervical cancer occur and approximately 274,000 women die from the disease. However, unlike many cancers, cervical cancer can be prevented. Integrating screening and treatment services—using simple, low-cost technologies—with existing FP programs can have a major impact on women’s health. The single visit approach (SVA) is an example of this technology; it consists of visual inspection using dilute acetic acid (VIA) to detect cervical precancerous lesions, followed by an offer to treat, as needed, using a freezing technique (cryotherapy) during the same visit. In collaboration with stakeholders and partners, Jhpiego pioneered integration of SVA and FP services, further expanding women’s access to crucial RH services. In Mozambique, Jhpiego is supporting the Ministry of Health to successfully integrate the SVA as part of FP and sexual reproductive health services. And in countries such as Ghana, Guyana, Indonesia, Kenya, Malawi, Philippines and Tanzania, mid-level FP providers have been trained to perform cervical cancer screening.
- **FP and HIV/AIDS**—Jhpiego has implemented successful programs to integrate FP with services for HIV/AIDS. In Ethiopia, for example, after providers were trained in FP/voluntary counseling and testing (VCT), 851 VCT clients were offered FP. Nearly 300 of the clients accepted some form of FP method, and data showed that 3.3% were HIV-positive. In Tanzania, Jhpiego’s program for the prevention of mother-to-child transmission of HIV (PMTCT) established a model for provision of more comprehensive and integrated maternal, newborn and child health services for both HIV-positive and HIV-negative pregnant women and their infants. By utilizing the existing PMTCT platform, this program emphasizes systematic integration of ANC, labor and delivery, and postpartum care, including postpartum FP and child health services at facility and community levels.
- **FP and child health care**—Women who do not seek postnatal care for themselves can be reached during well-child visits (e.g., for infant immunization). By providing an integrated package of care during well-child visits—adding information for women about their FP options and breastfeeding and providing FP methods at child health service delivery outlets—we can reach women who might otherwise miss this opportunity to avoid unplanned pregnancies.
- **Task shifting**—For too long, hundreds of thousands of people living in rural and underserved areas have been without basic FP/RH services. By expanding the role and reach of frontline health workers, Jhpiego is making these essential, lifesaving services more accessible to people in all communities. For example, since the early 1990s, Jhpiego has empowered nurses in a number of countries to provide IUD and contraceptive implant services. And in Kenya, under new national guidelines approved through the intervention and assistance of Jhpiego and partners, community health workers can now distribute injectable contraceptives to women in need of FP services.
- **Scale-up of contraceptive implants**—Jhpiego is participating in a new, global initiative, the Implant Access Program, led by the Bill & Melinda Gates Foundation and partners. Through the Accelerating Scale-Up of Implants project, which is part of this initiative, Jhpiego is introducing and strengthening FP services by building the capacity of health care providers to provide implants and other long-acting and reversible contraceptives, and has published a global learning resource package, *Providing Contraceptive Implants*. This effort focuses on scale-up of implants in Kenya, Nigeria, Zambia and South Africa.
- **Focus on adolescents and youth**—Given that adolescent women aged 10–19 years represent about one-fifth of the world’s women of reproductive age, and more than 80% of them live in low- and middle-income countries, there is a clear need for a greater focus on young people. Jhpiego’s goal is to provide this underserved population with age-appropriate sexual and reproductive health counseling, education and services with strong input from community stakeholders. In Kenya, Jhpiego is partnering with Merck & Co. on a two-year project, Brighter Future, to address the unmet need for contraception among university-age women. The objective is to increase the number of women at targeted colleges who include FP as part of their plan for the future.
- **Focus on urban populations**—With support from the Gates Foundation, Jhpiego is leading the five-year Kenya Urban Reproductive Health Initiative (referred to as Tupange, which means “Let’s Plan” in Kiswahili). The initiative is developing cost-effective, integrated interventions to increase utilization of FP in selected urban centers, with a focus on Kenya’s urban poor. The project provides community- and clinic-based training, directs quality improvement and quality assurance efforts, fosters linkages between facilities and communities, promotes FP among the urban poor, coordinates innovative private sector approaches and conducts advocacy for FP at all levels.