

Linkages Between Family Planning Programs and Other Sectors

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Rationale

Establishment of linkages between family planning (FP) programs and other sectors is important to optimize the synergistic effect of the two on fertility.

- Total fertility rate (TFR) is made up of wanted and unwanted fertility.
- Family planning programs have been shown to play an important role in meeting the unmet need for contraception and in reducing unwanted fertility.
- Wanted fertility in almost all countries in SSA is high and a substantial reduction in TFR in these countries would require family planning services and other interventions to reduce wanted fertility.

Conditions Conducive to Fertility Decline

- ▶ **A family planning program that offers information and services of good quality; and**
- ▶ **Good Social Setting that includes:**
 - **Low infant and child mortality; and**
 - **High female education, at least through the primary school level.**

TFR* in SSA Countries with recent DHS by Female Education and Infant Mortality

Female education (% females 15-19 years of age with at least primary level education)	Infant mortality rate per 1000 live births		
	HIGH 80+	MEDIUM 60-79	LOW <60
Low <50	Niger (6.8) Mali (6.6) Chad (6.3) Burkina (5.9) Guinea (5.7)		
Medium 50-79	Nigeria (5.7) Mozambique (5.5)	Benin (5.7) Tanzania (5.7) Ethiopia (5.4) Senegal (5.3)	Madagascar (5.2)
High 80+	Congo Democratic Republic (6.3) Rwanda (6.1) Swaziland (3.9) Lesotho (3.5)	Uganda (6.7) Zambia (6.2) Malawi (6.0) Liberia (5.2) Cameroon (5.0) Kenya (4.9) Congo 'Brazzaville' (4.8) Ghana (4.4)	Zimbabwe (3.8) Namibia (3.6)

*TFRs are shown in parenthesis.

Types of Alliances and Linkages

- ▶ Establish alliances with human development efforts
 - Through advocacy to improve female education, reduce infant mortality, and improve access to good quality FP services
- ▶ Establish alliances with infrastructure improvement efforts
 - Through ensuring access to good quality FP services for population living in geographic areas selected for improving transportation, water, and sanitation
- ▶ Establish linkages with other health services
 - To meet clients' multiple RH needs
 - To increase programmatic efficiency of services

Client-centered Approach

Ensure that clients get appropriate information and services to meet their multiple reproductive health needs whenever they come in to contact with health services visits to facilities or outreach contacts.

Clients Have Multiple RH Needs

- ▶ How to prevent unwanted childbearing?
- ▶ How to manage an unwanted pregnancy safely?
- ▶ How to have a wanted child?
- ▶ How to manage a wanted pregnancy safely?
- ▶ How to reduce the chances of acquiring STIs?
- ▶ How to reduce the chances of acquiring HIV?
- ▶ How to manage STIs or HIV?
- ▶ How to improve the health of infants and children?

Clients Contacts with Health Services

- ▶ Family planning
- ▶ Antenatal care
- ▶ Child delivery
- ▶ Postpartum care
- ▶ Abortion
- ▶ Post-abortion care
- ▶ PMTCT
- ▶ VCT

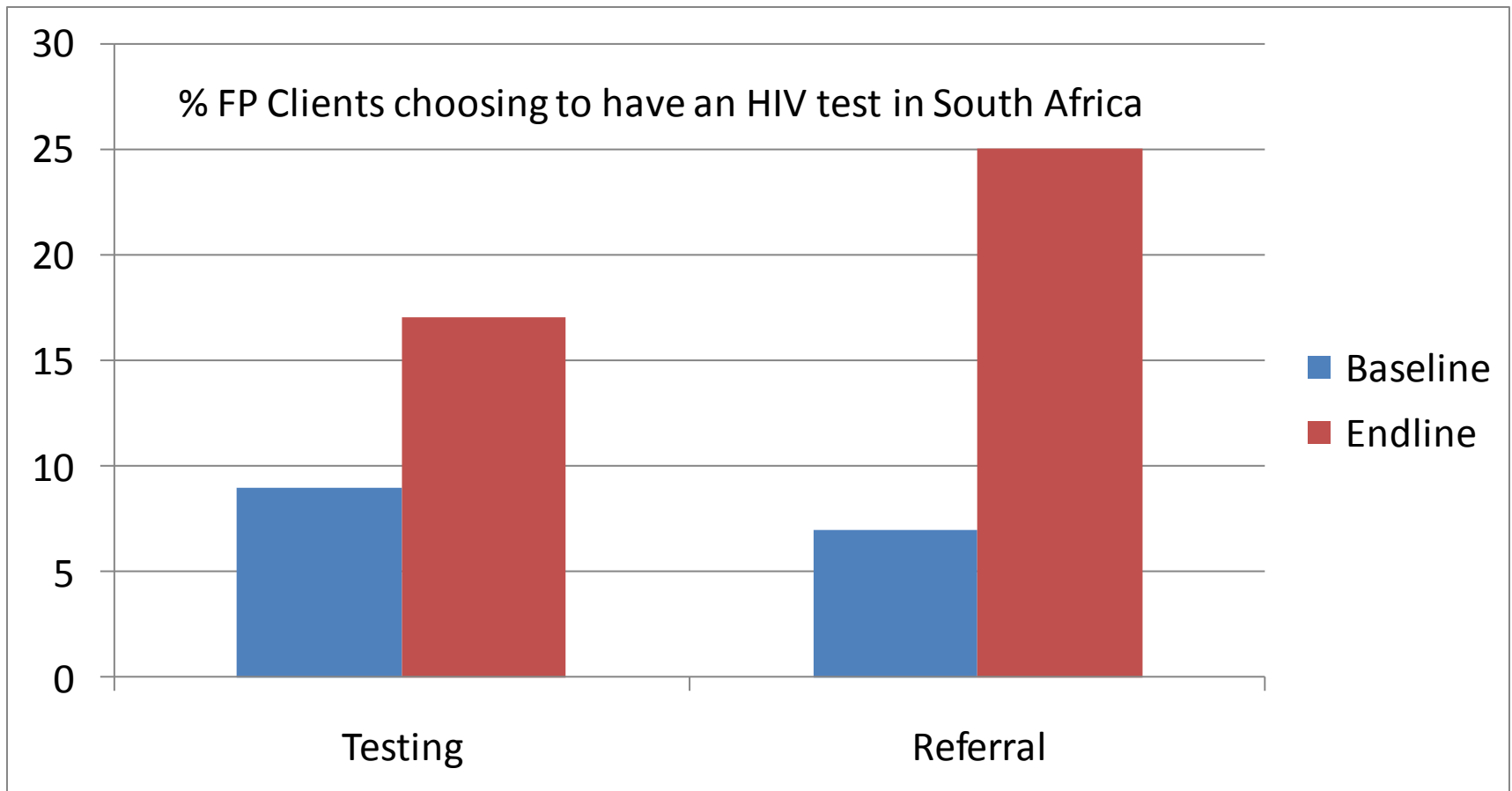
Clients and Services Differ by Facilities

- ▶ Profile of clients differ:
 - Non-pregnant women visit FP facility
 - Sexually active men and women visit VCT
- ▶ Availability of information and services differ:
 - Information and technology to prevent unwanted childbearing largely available at FP facility
 - Counseling and testing for HIV largely available at VCT
- ▶ All services not needed at all facilities:
 - Contraceptive services not needed at ANC
 - Services for men not needed at abortion facilities

Linkages can be Established in Various Ways

- ▶ Follow the client
 - Identify pregnant women and follow them over time and offer various services and information according to needs from ANC to delivery, post-partum care, immunization, contraceptives, information on prevention of STIs and HIV
- ▶ Identify multiple needs at the time of contact with services
 - Train same provider to deliver multiple services
 - Refer clients to different facilities for different needs
 - FP clients to VCT facility
 - VCT clients to FP facility

Integrating HIV Prevention with FP Services is Feasible and Increases use of HIV Testing



Integrating FP Counseling and Services into MCH Services Increases Use of Postpartum FP

Contraceptive Use Status (%) at 9 months postpartum in Uttar Pradesh, India

	Intervention (n=570)	Control (n=560)
Currently using FP	63***	32
Condom	44	23
Pills	15	7
IUD	2	0.2
Sterilization	1	1
Traditional	1	1
Currently Not Using	27	52
Currently Pregnant	10**	16
Total	100	100

p≤0.01; *p≤0.001

Conclusion

Establishing linkages between FP programs and other health programs and establishing alliances with other development sectors are important, feasible, and effective