Policy Brief

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BY **KARIN RINGHEIM, JAMES GRIBBLE,** AND **MIA FOREMAN**

INTEGRATING FAMILY PLANNING AND MATERNAL AND CHILD HEALTH CARE: SAVING LIVES, MONEY, AND TIME

Globally, 215 million women do not want to become pregnant but are not using a family planning method.

35%

of recent mothers in developing countries become pregnant again within 15 months—most unintentionally.

Children born three to five years apart have much better chances of surviving and growing up healthy.

As countries strive to reduce poverty and reach the Millennium Development Goals, they are also focusing on how population growth affects health and development. Rapid increases in population make even modest gains in health, education, and employment difficult to achieve.[1] These increases also put pressure on land, water, forests, and other natural resources. An important way to confront population growth and spur economic development is by investing in family planning.[2] Most countries that have achieved rapid economic growth have also had strong family planning programs that help women avoid unplanned pregnancies and have the smaller families they actually prefer.[3] Like girls' education, family planning is a "best buy" for development.[4]

Some countries have found that the path to economic growth and development is enhanced by providing family planning (FP) together with maternal and child health (MCH) care—the health services women seek for themselves before, during, and after pregnancy, and for their children's health. Offering these services together is a cost-effective way to prevent unintended pregnancies among a large number of women, and contributes to a healthier population. The net savings and benefits realized by health systems outweigh the initial costs of integrating FP and MCH services.[5] And, when family planning services are easy to obtain, more women choose and are able to have fewer children.[6] Integrated services save women time, enabling them to be more active in the labor force, improve household income, and invest more in their own—as well as their children's—health, education, and well-being.[7]

Providing FP and MCH services together drives benefits for other sectors of the economy. When more couples avoid unplanned pregnancies, populations grow more slowly, which stimulates economic growth and poverty reduction.[8] As families have fewer children, governments save on expenditures for health, education, water and sanitation, transportation, housing, and job development. Slower population growth means less strain on the environment, and countries with a lower proportion of young people are less likely to face high rates of unemployment and civil unrest.[9]

This brief outlines the benefits of integrating FP and MCH services as a way to better meet women's need for contraception, and examines some of the challenges that must be met in doing so. It highlights examples of countries that have successfully integrated FP and MCH services and offers recommendations for policymakers.

Advantages of Providing FP/MCH Together

Integrating FP and MCH services typically means offering women a broad set of family planning and maternal and child health services during the same appointment, at the same service delivery site, and from the same provider. The World Health Organiza-

In Mexico: From 6 Children to 2 in Just 4 Decades

Mexico exemplifies how joining family planning and MCH services contributed to greater prosperity. Since 1974, family planning has been a constitutional right for all Mexicans. Health care visits before and during pregnancy, and after delivery, provide repeat opportunities to counsel women about family planning and to meet their contraceptive needs. Today, more than two-thirds of all married women in Mexico use a modern family planning method and the average number of births per woman has fallen from more than six in the 1970s to just over two in 2010. Between 1980 and 2008, infant deaths fell by two-thirds and maternal deaths also declined, by nearly 60 percent. Mexico's population almost quadrupled between 1950 and 2000, but with the rate of population growth now cut in half, the government has been able to lift more people out of poverty.

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Providing Family Planning During Infant Immunization Days in Mali

In Mali, only 7 percent of married women use family planning, and 79 percent of women who have recently given birth do not want to become pregnant again soon, but are not using effective contraception. To address this urgent situation, midwives trained to provide family planning visit a number of public and private clinics in Bamako on the clinic's busiest days: when women bring their infants to be immunized. The program ensures that on immunization days, the clinics have trained staff, adequate space for FP counseling and services, and a full range of contraceptives. Improved access to long-acting methods, otherwise available only by seeing another health provider, led a significant number of women to choose such methods between 2008 and 2010.

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tion (WHO) focuses on integrated health services as a way for people to "get the care they need, when they need it, in ways that are user-friendly, achieve the desired results, and provide value for money."[10] By obtaining FP and MCH services together, women are able to use their time efficiently and productively.

Saving lives, money, and time. Globally, 215 million women do not want to become pregnant and are not using an effective method of family planning.[11] Of these, the most vulnerable are the 86 million women who have given birth within the past year. Most would prefer to wait two to three years before conceiving again, but in developing countries, two-thirds of recent mothers are not using contraception, and one in three will be pregnant again within 15 months.[12] If all women—but especially new mothers—receive FP counseling and services in the course of MCH care, many of the 62 million unplanned or mistimed pregnancies that occur each year could be avoided. Providing FP and MCH services together saves lives, money, and time by:

- Lengthening the interval between pregnancies. One rigorous study, based on over 1 million births, found that if all women waited 36 months after a live birth before becoming pregnant again, the deaths of an estimated 1.8 million children under 5 years of age would be prevented annually. [13]
- Reducing the number of high-risk pregnancies. Helping women avoid pregnancies that occur too frequently, or too early or late in life, reduces deaths and disabilities among women and children, and saves health care and social service expenditures.[14]
- Ensuring health services are offered in an efficient and cost-effective way. Numerous costing studies demonstrate that a single, multipurpose FP/MCH visit can save the health system money by using common space, reducing staff costs, and lowering overhead. Broadening skills of personnel helps ease the shortage of health workers.[15]
- Improving women's lives and satisfaction with services. When women obtain different types of care in one visit, they reduce the travel time and expense of multiple visits and have more time to be productive.

Maximizing opportunities. Most women in developing countries do not receive all the health care that is recommended before birth or for their newborns.[16] However, 75 percent of women do see a health provider at least once during their pregnancies, presenting a key opportunity to talk with them about the benefits of family planning, their reproductive intentions, and the range of available contraceptives.[17] Once women have children, they are more likely to use scarce health care dollars for their children rather than for themselves. If family planning is offered together with immunizations and other child health care visits, women can make better choices about when—or if—to have another child. Integrating FP with these services helps ensure that women's varying needs and preferences are met and that they receive information and services at each and every point of contact with the health system.

Examples of Success

There are many ways to increase access to FP services through integration. The following two examples illustrate successful approaches of integrating family planning in reaching women in rural areas, involving the private sector, and financing new approaches to provide health services to the poor.

- **In India, "timed and targeted" FP/MCH messages give women the information they need, when they need it.** In Uttar Pradesh, a resource-poor state of India, nearly 3,000 community volunteers in three districts were trained by the Pragati project to provide FP, MCH, and nutritional counseling in an integrated approach that is timed according to a woman's stage of pregnancy and the age of her infant, and targeted according to her needs and desires to prevent or delay another pregnancy. Volunteers provide condoms and pills and refer clients to health facilities for other methods, using standardized job aids to ensure consistent messages. Between 2003 and 2007, contraceptive use and proper child feeding practices more than doubled, while immunization coverage rose by more than 60 percent.[18] The government subsequently adopted this successful approach throughout Uttar Pradesh.
- **In Kenya, providing incentives and engaging the private sector increased demand for integrated services and reduced cost for poor women.** To increase women's access to maternity care and family planning services, the Kenyan health ministry sold vouchers to women so that they could obtain good quality services at affordable prices from an accredited public- or private-sector provider of their choice. A voucher for family planning was available for US$1.35, and a "safe motherhood" voucher for care before, during, and

after delivery cost US$2.70. The voucher system led to an increased demand for family planning and reduced economic barriers for poor women who previously had not delivered at a health facility. Between 2006 and 2010, vouchers enabled 82,500 women to have a safe delivery and 12,600 women to receive a long-acting method of family planning.[19]

Challenges to FP/MCH Integration

While integrating FP and MCH services affords many benefits to health systems, women, and families, it also poses challenges:

Family planning and maternal and child health programs are often administered separately. While pulling these two sectors together may require additional training of health care personnel and revisions in clinic procedures and guidelines, the end result will be improvements in both sectors and in the quality of the entire health system.[20]

An initial investment may be needed. Policymakers should be encouraged by evidence that an initial investment in integration results in net savings as well as stronger training, management, and supervision of health care personnel.

Not all women use clinic-based services. More than half of women in sub-Saharan Africa deliver at home or without a skilled attendant.[21] Reaching women who are poor and live in remote areas requires outreach by health personnel and community volunteers trained to provide integrated FP and MCH services.

Working across sectors can be a new experience. Donors and program managers with differing priorities may need to overcome concerns that integration will dilute attention and funding from the issue that matters most to them.

Recommended Policy Actions

Policymakers can advance support for FP/MCH integration in the following critical ways:

Champion funding for the FP/MCH transition. In the long run, offering FP and MCH services together can save money and better serve the public's health needs. During transition, however, policymakers need to support additional training for workers and volunteers, modify health facilities to include private space for family planning counseling, and ensure that all providers have a range of contraceptives on hand.

Assess current systems and requirements for scale-up. Transitioning to integrated programs requires careful planning and assessment of the costs and other resources needed to make the shift, including changes in policies, training, supervision, management, logistics, and health management information systems. Taking stock of existing systems and needs for scale-up will ultimately save time and resources.[22]

Engage the private sector in providing services. It is often useful to work with private providers to expand access to health services. At times, nongovernmental organizations can serve women more easily than the public sector can, or women may prefer these services. Policymakers can also encourage corporate social responsibility programs to integrate FP and MCH services.

Prioritize the poor. All women can benefit from FP/MCH integrated services, but the evidence is strong that poor women have both greater need for these services and less access to them. Integrated programs should be designed to address time and cost barriers that prevent the most economically disadvantaged women from accessing FP and MCH services.[23]

Find common ground within and across sectors to support integration and ensure quality of services and access. To successfully plan for, budget, and roll out new services, government officials responsible for MCH or FP services must coordinate with each other, as well as with other key stakeholders such as the Ministry of Finance and the Ministry of Education. The evidence is clear that educated women are more likely to use family planning, to have healthier children, and to contribute to the economy.[24] Working across sectors to achieve mutually reinforcing objectives such as universal secondary education for girls and integrated FP/MCH services will build consensus for reform.

Conclusion

Family planning is an underutilized, but powerful, tool for helping countries make progress toward the Millennium Development Goals. Providing FP together with MCH services is a more effective way than separate services to reach women who need FP. Through increased uptake of family planning, more families are lifted out of poverty, fewer mothers and children die unnecessarily, and more women reach their full potential for contributing to society and the economy. With fewer children, parents can invest more resources in each child, and improve the health, nutrition, education levels, and living standards of their families.[25] And when populations grow at a slower pace, governments can invest more in their most valuable resource: their citizens.

Breastfeeding as Family Planning

Many women who have just given birth underestimate their need for family planning because they think that breastfeeding will keep them from becoming pregnant. This is true for the first six months if a woman is exclusively breastfeeding and her period has not returned. Exclusive breastfeeding is very effective for six months, but after that, women need another method of contraception to prevent pregnancy.

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1875 Connecticut Ave., NW
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