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JOHNS HOPKINS
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JOHNS HOPKINS BLOOMBERG SCHOOL of PUBLIC HEALTH

PFHS 380.665 FAMILY PLANNING POLICIES AND PROGRAMS

Integration of Family Planning with Health Services

W. Henry Mosley

A. Definitions

1. **Integration** - brings previously separated and independent functions or organizations into a **unitary structure**, with loss of previous identities.

2. **Coordination** - alters and smoothes **relationships** of continuing **independent** organizations/staffs/resources.

B. Examples

1. Mergers of pre-existing family planning agencies and health programs
   a. Administrative integration - at the top (planning)
   b. Service integration - at the bottom (physical and/or functional)

2. Add selected health services to a family planning program

3. Fully combine the delivery of health, MCH and FP services

C. Rationales

1. For integration
   a. Political
   b. Economic
      - for health programs
      - for family planning programs
   c. Health benefits
      - direct
      - synergistic
      - resource savings
   d. Family planning benefits

2. Against integration
   a. Loss of "visibility" of family planning
   b. Service tasks are more complex
   c. Management/training more complex
   d. Work overload diffuses impact (competing priorities)
   e. Results difficult to monitor
   f. Family planning resources dissipated

D. Case Studies

1. Effective integration -- congruence and efficiencies
   a. **Global** - adding family planning to maternity/postpartum care (Castadot, *et al*.)

b. **Thailand** -- add family planning to midwifery programs (demedicalization of contraception) (Rosenfield)
c. **Indonesia** -- add child survival interventions to a family planning program (Sumbung)
d. **Bangladesh** (Matlab) -- add maternal and child health to family planning program (DeGraff, *et al*.; Phillips, *et al*.)
e. **Chile** -- introduce family planning in health care systems to reduce abortion mortality (Armijo and Monreal)
f. **Mexico** -- add family planning to health systems as a cost-effective intervention (Nortman, *et al*.)
g. **Malaysia** -- integration of MCH (MOH) and NFP Board)
h. **Togo** - add family planning to an immunization program (Huntington)

2. Ineffective integration -- competition and rivalries
   a. **India** -- the multipurpose worker (MPW) scheme
      -- the community health worker (CHW) scheme(Simmons and Phillips)
   b. **Bangladesh** -- the integration of the national family planning program into the Ministry of Health (Feldman)

E. Issues regarding integration of STI and HIV Services with Family Planning

1. An entire issue of *International Family Planning Perspectives* (Vol. 28, no. 2, June 2002) deals with these issues. (See http://www.guttmacher.org/journals/toc/ifpp2802toc.html)

2. Some concerns are:
   a. In many settings FP clients are not at highest risk for STDs, HIV
   b. FP clinics do not effectively reach at risk groups such as males, unmarried sexually active persons, adolescents, etc.
   c. Most females with STIs are asymptomatic and practical diagnostic tests are not available
   d. FP services are mostly not set up for diagnosis, treatment and follow up of STI and HIV cases, including partner follow up.
   e. Providing such services may be far beyond the qualifications of staff and budget of the FP service delivery unit

3. Major recommendation – integrate with FP services into HIV and STI service delivery programs

F. Costs and Benefits of Integration

1. Basic issues: effectiveness - efficiency - equity

2. Questions to consider
   a. **Who** are the clients?
   b. **What** services are being provided (for what conditions)?

c. **Where** are the services being delivered?
   - clinics
   - community/not-for-profit sector
   - commercial/for-profit sector

d. **How** are the services being managed?
e. **How** will services be financed?
f. **How** will performance be monitored?

Required Readings:

Dehne KL, Snow R, O'Reilly KR. Integration of prevention and care of sexually transmitted infections with family planning services: what is the evidence for public health benefits? *Bulletin of the World health Organization* 78(5): 628-639, 2000

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Recommended:

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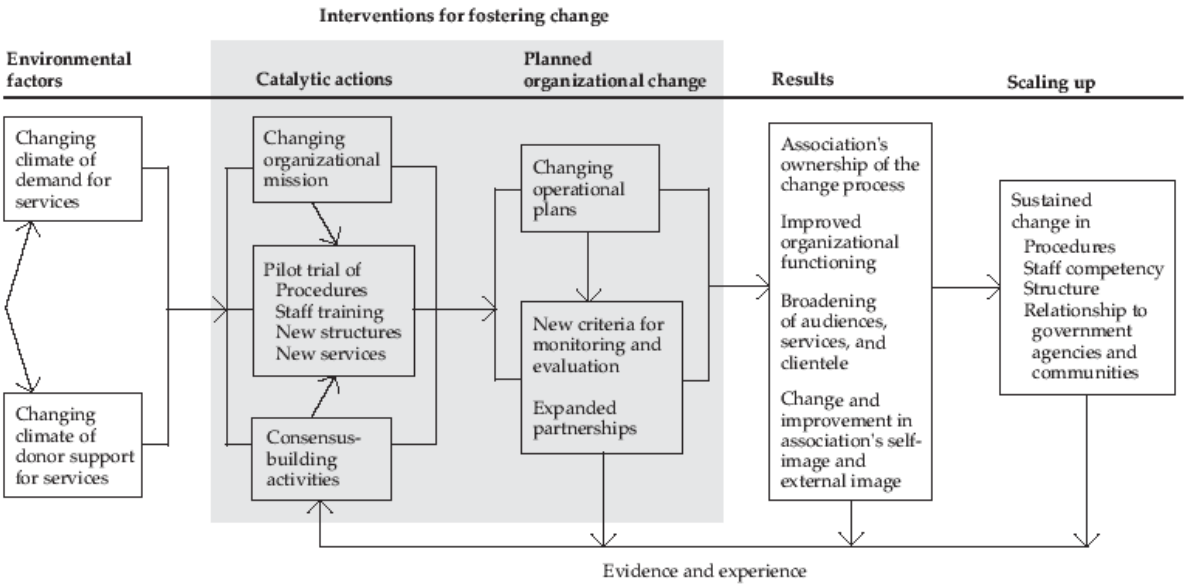
Integrating New Elements into Family Planning Programs

Figure 1 The process of organizational development for implementing the ICPD agenda



(Source: Helzner, 2002)