



FAMILY PLANNING

IntraHealth supports the fundamental human right of all people to plan the number, timing, and spacing of their children. We help countries provide high-quality family planning (FP) and reproductive health services by building the capacity of the health workforce and local leaders, strengthening health systems, and increasing demand for and access to services.

Our approaches include:

- Integrating FP with other services to increase access and improve health system efficiency
- Catalyzing local leadership, organizations, and resources for sustainable FP programming that adapts high-impact practices to local contexts
- Mobilizing partnerships, coalitions, and political will to advance and coordinate FP services
- Addressing sociocultural and gender barriers to FP through social influencers and behavioral science
- Engaging and reaching youth and other underserved populations
- Improving clinical training, gender equity, and work environments to build a diverse, skilled FP workforce that provides respectful care.

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A family planning session in Benin. Photo by Trevor Snapp for IntraHealth International.

OUR APPROACHES IN ACTION

Integrating FP with other services for health system efficiency

In West Africa, our **INSPIRE project** is integrating postpartum FP; maternal, newborn, and child health; and nutrition services into a package delivered during the same client visit through one of four critical entry points: antenatal care, delivery, postpartum care, and essential newborn care. Between 2019 and 2023, the project saw a 275% increase in postpartum FP use in supported health facilities along with a 380% increase in well-baby visits for growth monitoring. INSPIRE's integration model is now being implemented in 607 facilities in Burkina Faso, Côte d'Ivoire, Guinea, Mali, Mauritania, Niger, Senegal, and Togo.

Catalyzing local leadership for sustainable FP programming

Through our role leading the accelerator hub for **the Challenge Initiative (TCI)** in francophone West Africa, IntraHealth has helped cities in Benin, Burkina Faso, Côte d'Ivoire, Niger, Senegal, and Togo galvanize the political will, investment, and resources needed to add over 380,000 FP users (increasing total FP users by 4.2%) and 128,000 additional FP clients in the past five years by scaling-up FP high-impact practices. Through a demand-driven model of donor-municipality partnership that also facilitates collaboration between city governments and health systems, cities self-select to participate in the program, are chosen competitively, and are required to contribute their own resources to implement activities. Supported cities have mobilized almost \$830,000 for FP. TCI's high-impact interventions include providing postpartum FP, establishing FP-focused special days, community-based action for FP, and universal referral in which all women visiting a health facility are counseled and offered FP services.

Through a "whole of district" mindset, our **USAID Regional Health Integration to Enhance Services in Eastern Uganda Activity** strengthened the capacity of district leaders, local partners, health workers, and community groups to expand access to high-quality integrated services in 30 districts, home to over 7 million Ugandans. Between 2017 and 2023, the project achieved a 79% increase in new users of FP, from

249,351 to 447,169; and expanded users of long-acting and reversible contraception by 575%, from 47,059 to 317,726. FP services were fully transitioned to the districts by the end of the project.

Mobilizing partnerships to advance FP in West Africa

After the pivotal FP conference in Ouagadougou, Burkina Faso, in 2011, multiple donors joined nine country governments to initiate the Ouagadougou Partnership (OP), committed to elevate FP in the region. From 2012 to 2022, IntraHealth managed the **Ouagadougou Partnership Coordination Unit (OPCU)**, which raised the partnership's visibility and helped member countries develop and implement costed implementation plans for FP. Between 2012 and 2015, the partnership was responsible for 1.18 million new users of modern FP, a 40% regional increase. Building on this success, the nine governments embarked on an acceleration phase and had reached 7.1 million users by 2022. In line with our commitment to locally led development, IntraHealth transferred the OPCU to Dakar-based Speak Up Africa in 2021.

Addressing sociocultural and gender barriers to FP

IntraHealth works with community partners—including civil society organizations, young people, religious leaders, and local officials—to address sociocultural norms and gender barriers that restrict access to FP. In eastern Uganda, IntraHealth partnered with ideas42 to use a behavioral science intervention to increase male involvement in FP and improve postpartum contraceptive uptake. From 2018-22, the **SupCap program**:

- Engaged over 20,500 male partners of postpartum women, village health teams, and health workers through an educational game and child-spacing planning cards, which taught players about the benefits of FP.
- Contributed to 61.5% of total postpartum FP uptake in the six project districts.
- Tracked individuals who brought a child spacing planning card to the health facility: 100% received FP counseling and 95% chose a method.

Engaging and reaching youth and other underserved populations

We work together with adolescents and young adults to collaboratively design solutions to improve the ability of youth to make informed decisions and better access respectful, quality FP services. Our **Civil Society for Family Planning (CS4FP) project** (2011-2020) helped establish and support national civil society coalitions for FP in the nine OP countries to raise a collective voice in planning

with governments to meet FP commitments and hold governments accountable. CS4FP partnered with 364 FP youth ambassadors and youth leaders from five countries by training them to serve as conversation starters and FP advocates, including through social media, to their peers and policymakers. The youth ambassadors' efforts reached more than 100,000 adolescents through youth-led sexual and RH campaigns.

Through TCI, youth leaders reached 276,561 youth with FP messages through digital media campaigns in 2022-23. Additionally, more than 1,400 health providers participated in Bias Reduction Training to promote adolescent-responsive services in TCI participating cities. In Benin, these trainings resulted in a 19% increase in health facilities considered to be adolescent-centered.

Building the capacity of the health workforce for FP

IntraHealth's goal is to help countries support a skilled, motivated health workforce that provides client-friendly FP services equipped to expand method choice at all levels of the health system. Through our **USAID Ingobyi Activity** in Rwanda, IntraHealth implemented a multidisciplinary cascade mentorship program on FP competencies for community health workers (CHWs) in 20 districts. The project mentored almost 15,000 CHWs as part of the Community-Based Program on FP, contributing to a 64% increase in new FP users in the supported districts, from 247,799 to 406,642 between 2018 and 2022. Postpartum FP uptake in those districts increased from 28% to 74%.

Our role on the **Shukhi Jibon (Happy Life) project** in Bangladesh focused on providing support to FP training institutes to deliver competency-based training, improve their planning and management practices, and operationalize a digital training management information system. Overall, the project—designed to reach those most in need of FP services and information with people-centered services—resulted in over 32 million individuals making visits for FP services and 1.3 million married adolescents receiving FP information and services between 2018-2023.

As a core member of the **USAID MOMENTUM Safe Surgery in Family Planning and Obstetrics** consortium, IntraHealth leads work in Rwanda, Senegal, and Mali that addresses key skills gaps for providing long-acting reversible contraception and permanent methods. This helps overcome barriers to offering a full method-mix to clients, not only for insertion but also routine and difficult removals for implants and intrauterine devices (IUD). Access to FP removal services is a core component to ensure voluntarism, choice, and client autonomy.

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