



Programming for Long-acting and Permanent Family Planning Methods in Community Settings: Overview

Roy Jacobstein, MD, MPH, Clinical Director, The RESPOND Project, EngenderHealth

First WHO Global Symposium on Health Systems Research, Montreux, Switzerland, November 17, 2010



Managing Partner: EngenderHealth; Associated Partners: FHI; Futures Institute; Johns Hopkins Bloomberg School of Public Health Center for Communication Programs; Meridian Group International, Inc.; Population Council





■ Long-Acting Reversible Methods

— IUDs:

- > *CuT380A, ML-375*
- > *LNG-IUS*

— Implants:

- > *Jadelle*
- > *Sino-implant II*
- > *Implanon*

■ Permanent Methods

- Female Sterilization
- Male Sterilization (Vasectomy)





- Suitable service **settings**
- Supportive **service subsystems**
 - Logistics; training; supervision; management & structure of work
- Knowledgeable, skilled, motivated, well-supervised **providers**
(& not overworked, unbiased toward LA/PMs, adequately-rewarded: “No provider, no program”)
- Empowered, knowledgeable **clients & communities**
- Contraceptives (**implant or IUD**)
- **Equipment, instruments**, expendable medical **supplies**, essential **drugs**
- Good **counseling**; free and **informed choice**; **privacy**
- **Infection prevention**, emergency preparedness
- **Follow-up** mechanisms & good **side effects management**



Barriers to effective family planning services



Outcomes when barriers are overcome:

- ➔ ↑ ↑ Access to services
- ➔ ↑ ↑ Quality of services
- ➔ ↑ ↑ Contraceptive choice
- ➔ ↑ ↑ FP use (including LA/PMs)



- Intrinsic (“objective”) characteristics of the LA/PM itself
- How these characteristics are **perceived** by system actors
 - Clients, potential clients, community leaders, other “influentials”
 - Providers, policymakers, decisionmakers, program leaders, donors
- Are the methods **beneficial**? In what way?
- Does the method represent a big **comparative advantage**—to them?
- Is it **compatible** (with “our world,” & “the way we do things”)?
- Is it “**simple**”? : easy to introduce, adopt, scale-up?
- Can I **try it** out?



- Who accepts: clients and potential clients, and communities
 - Reproductive intention?: Limiters / spacers / delayers
 - Do they have (accurate) knowledge of LA/PMs?
 - Other variables with programmatic & health system implications:
 - > Age and parity / Marital status / Urban – rural / Income level
- Who provides: level (cadre), gender, skills, motivation of providers
 - Need to factor in what makes providers behave in their given service setting and situation
- Who allows, facilitates, advocates, champions
 - Sociocultural and community factors
 - Site and program factors and dynamics
 - Focus on early LA/PM adopters



Clients outside clinic in Bangladesh



- Country: amplitude of health system resources; political will for FP
- Physical location (urban, periurban, rural)
- Level of facility
 - Clinical setting (hospital, referral center, primary care clinic)
 - Community setting
- Nature and dynamics of medical(ized) settings
- Policies, guidelines, standards, norms, rules
- Provider-level factors
 - Workforce (composition, adequacy, readiness)
 - Deployment / workload
 - Remuneration & “reward”



Clinic staff in Tanzania



■ LA/PM service modalities and approaches

- Provided onsite / referral
- Fixed sites, daily / fixed sites, special days
- Within stand-alone FP services, or integrated with other services (MCH, HIV)

■ Mobile services; “outreach”

- Several models
 - > *Transport providers to clients*
 - Lower-level facility
 - Community (“facility,” “van”)
 - > *Transport clients to providers*
- Context-dependent
- Can have sizeable service impact
- Requires community mobilization

& same Quality of Care



- Important to involve “influentials”:
 - Community & religious leaders
 - Women’s groups
 - Men (as partners, clients, change agents)
- Important to use multiple channels:
 - Mass media
 - > *Messaging*
 - > *Listener call-ins*
 - Community events
 - Print
 - Interpersonal
(community workers)



Systems thinking: The “How” of LA/PMs: Creating demand in the community

- Create a positive image / “normalize” method / dispel myths & misconceptions
- Provide information on where and when to get services
- Communicate messages relevant to clients’ and communities’ concerns

Je, ni nani anayesema kuwa **COIL** huzuia mapenzi kati yangu na mke wangu?

Coil ni njia ya kistarehe, hakuna anayeihisi!

COIL
Fahamu ukweli wa mambo

USAID KENYA
IACQUIRE

Zungumza na afisa wako wa afya kuhusu Coil na njia zingine za kupanga uzazi.

Je, ni nani anayesema kuwa **COIL** sio njia inayofaa na inayoaminika ya kupanga uzazi?

Coil ni njia busara ya kupanga uzazi. Kwa uhakika, Coil:

- Inafaa ili uliwaka utatahizi.
- Inaweza kutumika kwa muda wa miaka yeyote ile - kati ya mwaka moja, miaka miwili, mtaro hadi kumi na miwili kulingana na uamuzi yako.
- Unaweza kurudia hali yako ya uzazi wa kawaida unapotea kupata msto mwingine. Unachohitaji ni kumuona mwalimu ambaye ataitoa.
- Ni mwalika.

COIL
Fahamu ukweli wa mambo

USAID KENYA
IACQUIRE

Zungumza na afisa wako wa afya kuhusu Coil na njia zingine za kupanga uzazi.

Je, ni nani anayesema kuwa ukitumia **COIL** huwezi kuendelea na kazi zako za kila siku?

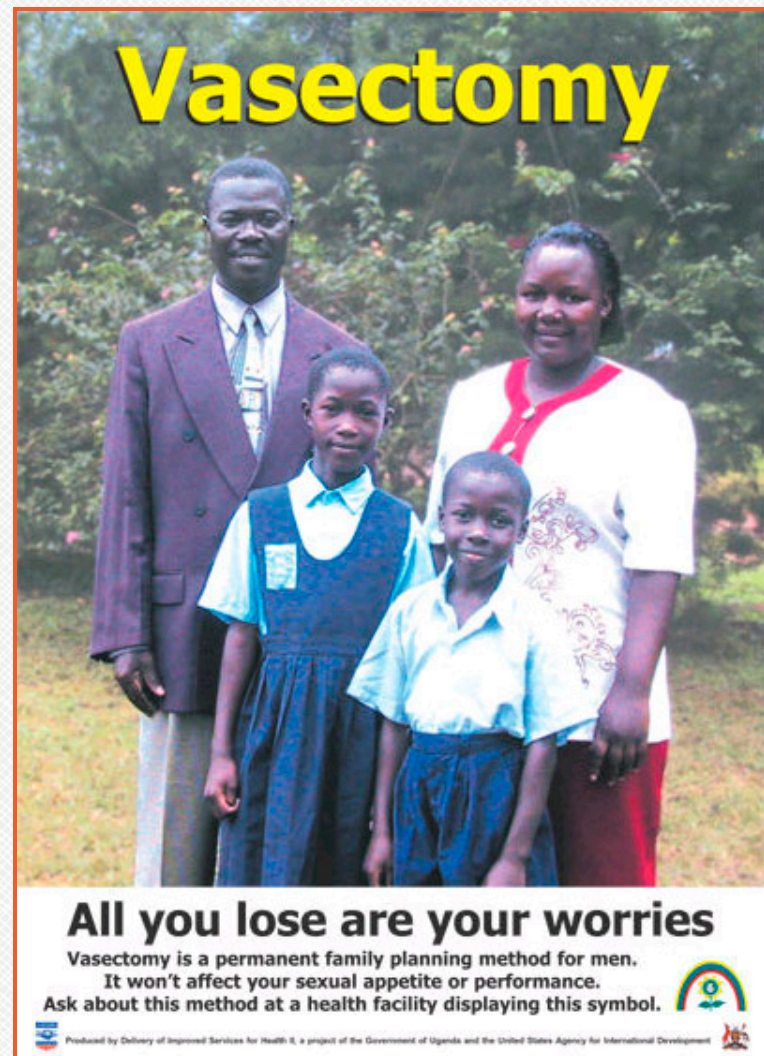
Mimi hutumia Coil na niko mzima. Nitavuna gunia nyingi za mahindi musimu huu!

COIL
Fahamu ukweli wa mambo

USAID KENYA
IACQUIRE

Zungumza na afisa wako wa afya kuhusu Coil na njia zingine za kupanga uzazi.

Messages need to be relevant to the concerns of communities and clients (address their “truths”)





- Task-shifting / task-sharing
- Costs and financing of LA/PM services
 - Public sector / private sector
 - Social marketing
 - Franchising
 - Vouchers
 - Insurance modalities
- Timing of LA/PM service delivery
 - “When”:
 - Related to pregnancy:
 - > *postpartum / postabortion / interval*
 - Nulliparous women: don’t forget about them! (for implants and IUDs)
 - Seasonality of demand for services



CBD agents, Kisii, Kenya

Community-level champions are essential



USAID
FROM THE AMERICAN PEOPLE

Why is this man smiling?



Vasectomy
Give yourself a permanent smile

A cup of tea was being prepared for my wife as I went in to have a Vasectomy. When I came out in twenty minutes, she asked, still holding her cup of tea: "How long will it take?" "Oh I'm finished." I replied. I'd never seen my wife so thrilled at good news till then. It's now our little joke but that's how fast and simple Vasectomy is.

For more information, call the Vasectomy hotline 021 - 76 56 86



Repetition is the key to LA/PM program success







Managing Partner: **EngenderHealth**; Associated Partners: FHI; Futures Institute; Johns Hopkins Bloomberg School of Public Health Center for Communication Programs; Meridian Group International, Inc.; Population Council



www.respond-project.org



EngenderHealth
for a better life

