Strong As Its Weakest Link: Holistic Programming in Action to Increase FP Service Delivery

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The Kisii IUD (IUCD) initiative

- Context: National effort to “revitalize” FP and IUD as an “underutilized” method
  - IUD prevalence ↓: (2.4% in 2004, 3.7% in 1989); ↓ share of modern method use
- Nyanza Province, Western Kenya:
  - IUD use even lower (0.5% in 2004)
  - Unmet need higher (35% vs. 25%)
- Holistic, coordinated supply, demand and policy-advocacy interventions could lead to sustained increases in IUD use (in context of full choice of methods)
- Baseline: 2004; Project: 2005-06
  Follow-up: 2007-2010
Trends in Method Mix in Kenya: Steady decline in IUD’s share of method mix (100%)

Source: Multiple DHS surveys, for married women of reproductive age (MWRA)
Only 9% of spacers/delayers use an IUD or implant.

Reproductive intentions and method choice: Limiters

Only 29% of limiters use *any* of the LA/PMs

Why pay renewed attention to the IUD?:
Excellent method characteristics …

- Highly effective (<1% failure in 1st year)
- Safe for almost all women, including postpartum, postabortion, young, nulliparous, breastfeeding, HIV+
- New and more supportive WHO guidelines
- Convenient (1 act can confer at least 12 years of contraceptive protection)
- Women who use the IUD like it
- Greater availability = greater client choice
- Good choice to meet reproductive intentions of “spacers” and “limiters”
- Most cost-effective modern FP method
Supplies and equipment (costs; limited availability / stock-out)

Widespread client misconceptions and myths

Exaggerated provider fears re IUD’s possible association with:

- Pelvic inflammatory disease (but only small ↑risk, limited to 1st 6 wks)
- Infertility (any increased risk is “immeasurable”)
- HIV (no increased risk of acquisition, transmission, or worsening of condition)

Widespread provider bias against IUD

IUD is “Provider-dependent”: “No provider, no program”

- Depends on availability of trained, enabled provider
- Depends on “motivation”
  (IUD provision = more time and work, often no more remuneration)
Increased Access, Quality and Use

Supply
- Service sites readied
- Staff performance improved
- Training, supervision, referral, and logistics systems strengthened
- Increased availability

Demand
- Accurate information shared
- Image of services enhanced
- Communities engaged
- Increased knowledge + acceptability

Advocacy
- Leadership and champions fostered
- Supportive service policies promoted
- Human and financial resources allocated
- Improved policy + program environment

Quality client-provider interaction

Fundamentals of Care
- Data for Decision Making
- Gender Equity
- Stakeholder Participation
Situation in Kisii and project interventions

**Gaps**

**Supply**
- IUD less available
- Many providers not comfortable providing IUDs

**Demand**
- Low knowledge
- Misinformation

**Advocacy**
- Eligibility
- Where is IUD provided

**Interventions**

**Supply**
- Ensuring site readiness to provide services
- Clinical / counseling/supervision training

**Demand**
- Media campaign
- Community outreach/participation
- Focus also on males & champions

**Advocacy**
- Guidelines revised
- Services expanded to health centers and dispensaries
Supply-side interventions and results:
Increased system capacity to provide IUD and other methods

- 13 Service sites upgraded
  (equipment, supplies)
- Providers trained
  - 557 persons trained at 34 events:
    - CTU / FP counseling / IP: 51
    - IUD insertion and removal: 28
    - CBD agents and supervisors: 388
    - Peer educators: 72 trained
    - Comprehensive FP counseling: 18
- Supervision, referral and logistics systems strengthened

Photos by Staff / EngenderHealth
Demand-side interventions

Primary: Women 25-45

Secondary: Their partners

Mass Media
Radio spots & interviews
National, regional and local radio

IEC materials

Community Outreach

Experiential
Ladies Clubs, Men’s barazas

Who says if you use COIL you can’t go on with your daily chores?

COIL: Know the truth

USAID
FROM THE AMERICAN PEOPLE
Fahamu ukweli wa mambo
“Now you know the truth”

"Now You Know the Truth"; “Stand Up”

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

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

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

Coil ni njia ya kistarehe, hakuna anayeihis!

Coil ni njia busara ya kupanga uzazi. Kwa uhalika, Coil:
- Inationale, Coil:
- Inatazama kuwa mimi ni mizingine moja.
- Mimi inayeja, inaweza kuwa ni mazingine moja.

COIL
Fahamu ukweli wa mambo

COIL
Fahamu ukweli wa mambo

COIL
Fahamu ukweli wa mambo

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

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

Mimi hutumia Coil na niko mzunguni. Nitavuna gunia nyingi za mahindi muhimu huu!

USAID KENYA
FROM THE AMERICAN PEOPLE
Demand-side results: Reaching the community increased knowledge & acceptability

- 250,000 exposures to IUD-related messages to Kisii District
- 45% of District reported hearing or seeing an IUD-related message
- 50,000 people informed about the IUD by peer educators at 2,700 community events
- One in five residents reported having attended a community session

Knowledge and positive attitudes increased:
- 93% of women reported IUD knowledge (versus 68% nationally)
- 1 of 3 exposed to IUD communications would consider its use in future

Closer relationship forged between communities and MOH facilities
Demand: Engaging men in FP made a difference

- Over 21,000 men in the community reached by peer educators
- Male champions emerged
- Men called into radio program
- Men began talking about FP in public and with providers
Policy/advocacy interventions:
Improving the policy and program environment

- National Launch 2003
- Advocacy Materials: 4000 kits produced and disseminated
- Update of National Guidelines
- CME/CPD Workshops: 600+ Public and private sector providers reached
- National and Regional Meetings: Presentations made at professional meetings; Workshops at training institutions
- Expansion to health centres + dispensaries—Engaging community leaders
IUDs inserted at project-supported sites in Kisii District (baseline, 2004; project years, 2005-2006, follow-up, 2007-2010)

- Stakeholder meeting: Feb. 2005
- CTU trainings: Aug. & Sep. 2005
- PNA: May 2005
- CBD agent & peer education training: April & May 2006
- IUD clinical skills training: Oct. 2005
- FP counseling training for CBD supervisors: Feb. 2006
- IUD demand creation campaign ends: Dec. 2006
- 2nd IUD skills training: Oct. 2006
- 6-mo. IUD campaign launched July 2006, conducted through Dec 2006

Data source: MOH service statistics, Kisii District

Greater than three-fold average increase in IUD provision sustained for first four years after end of project, 2007-2010

Greater than fourfold increase in IUD provision at end of project, and 33% increase in new FP clients for all methods.
Lessons learned or reinforced

- Increases in a hard-to-provide clinical method can be fostered in the public sector – and sustained after project assistance ends.
- For clinical FP methods, “No provider, no program”
- Links between communities and facilities are important for generating sustained demand for FP services.
- Holistic programming is helpful: service systems are only as strong as their weakest link.
EngenderHealth’s SEED Model for SRH Programming and SEED Assessment Guide

**SUPPLY**
Staff supported in delivering quality services that are accessible, acceptable, and accountable to clients and communities served

**IMPROVED SEXUAL AND REPRODUCTIVE HEALTH**

**DEMAND**
Individuals, families, and communities have knowledge and capacity to ensure SRH and seek care

**ENABLING ENVIRONMENT**
Policy, program, and community environment, coupled with social and gender norms, support functioning health systems and facilitate healthy behaviors

**Systems-Strengthening**

**Transformation of Social Norms**

Quality Client-Provider Interaction
Asante sana!