Expanding contraceptive choice in Togo and Burkina Faso

End-of-project evaluation results

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Managing Partner: EngenderHealth; Associated Partners: FHI 360; Futures Institute; Johns Hopkins Bloomberg School of Public Health Center for Communication Programs; Meridian Group International, Inc.; Population Council
Overview of the presentation

- Context
- Introduction to the project
- Methodology of the evaluation
- Approaches and results
  - Supply
  - Demand
  - Enabling Environment
- Maps of changes in access
- Changes in contraceptive use
- Lessons learned
Context: Vast unmet need for FP

Met and unmet need for FP among women in union, 2010

- Togo: 37% total need, 13% unmet need for spacing, 15% unmet need for limiting, 15% unmet need for LA/PMs
- Burkina Faso: 24% total need, 15% unmet need for spacing, 15% unmet need for limiting, 15% unmet need for LA/PMs
Introduction to the project

- Partnership with the Ministries of Health of Togo and Burkina Faso
- $5.4 million from USAID/West Africa
  - Divided between the two countries
- Two years of implementation: January 2011 to February 2013
- Aimed to expand contraceptive choice to meet unmet need
Introduction: SEED Programming Model

Suppliers and demanders work together to meet clients’ reproductive intentions. The enabling environment supports this process through the strengthening of systems and the transformation of social norms.
Introduction: Intervention districts in Togo

- **Blitta**
  - Pop: 137,681
  - Supported 15 health centers

- **Haho**
  - Pop: 247,817
  - Supported 17 health centers

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[Map showing Blitta and Haho with their respective populations and health center support.]
Introduction: Intervention districts in Burkina Faso

Koudougou
Pop: 444,506
- Supported 66 health centers

Diapaga
Pop: 430,169
- Supported 28 health centers

Kongoussi
Pop: 334,582
- Supported 32 health centers
Methodology of the evaluation

- Audits of 49 facilities in Togo and 170 in Burkina Faso
  - Comparisons with baseline audits and 1 comparison district per country
- Key informant interviews

<table>
<thead>
<tr>
<th>Type of key informant</th>
<th>Togo</th>
<th>Burkina Faso</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providers</td>
<td>30</td>
<td>143</td>
</tr>
<tr>
<td>Clients</td>
<td>139</td>
<td>664</td>
</tr>
<tr>
<td>Champions</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>MOH managers</td>
<td>13</td>
<td>19</td>
</tr>
<tr>
<td>Community Health Workers</td>
<td>99</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>336</strong></td>
<td><strong>835</strong></td>
</tr>
</tbody>
</table>

- Data collected in December 2012
Approaches and results: Supply
Provider training

- Standardized national curricula for counseling and clinical FP, including long-acting methods
  - Introduced REDI approach to counseling

- Trained 20 national trainers in each country

- Cascade training of providers

<table>
<thead>
<tr>
<th>Type of training</th>
<th># trained, Togo</th>
<th># trained, Burkina Faso</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counseling</td>
<td>45</td>
<td>248</td>
</tr>
<tr>
<td>Infection prevention</td>
<td>80</td>
<td>58</td>
</tr>
<tr>
<td>Clinical FP</td>
<td>45</td>
<td>59</td>
</tr>
</tbody>
</table>
Results of provider training

- 99% of 173 providers said the quality of counseling improved
- 97% said the quality of service provision improved
- Post-training follow-up and supervision assured clinical quality

Percentage of providers performing up to standards during post-training supervision visits

- Counseling (n=141)
- Implant insertion (n=79)
- IUD insertion (n=48)

Togo
Burkina Faso

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Methods covered in counseling, according to clients
Provider training in female sterilization

- Female sterilization was not offered in the intervention districts at baseline
- 8 providers trained from two districts in Burkina Faso
  - 22 clients received female sterilization during training

Counseling on female sterilization
Equipping health centers

- The MOH in each country provided contraceptive products
- RESPOND provided equipment, materials, and supplies for:
  - IUD and implant insertion and removal (81 health centers)
  - Female sterilization (4 hospitals in Burkina Faso)
Three key materials for IP are bleach, a bucket, and a sterilizer.

At baseline, 12% of facilities in the intervention districts had all three.
At endline, 49% had all three.
73% of 173 providers said the quality of IP practices improved as a result of the project, especially:

- Handwashing with soap
- Wearing gloves
- Disinfection of equipment
  > Use of bleach, sterilizers
- Management of medical waste
  > Use of covered trash cans, disposal boxes for sharps

"Before we knew nothing about IP. Now we take all precautions so as not to contaminate ourselves or others."

- A nurse in Togo
Facilitative supervision

- Existed in Togo in theory but not in practice
- New to Burkina Faso
- Trained 12 supervisors in Togo and 9 in Burkina Faso
  - 80 of 81 of health centers received a facilitative supervision visit by endline
- Highly appreciated by providers and supervisors alike

“Supervision is no longer stressful, commando, police-like, but reassuring, participatory, and cooperative in the resolution of challenges faced… It’s the ideal.”

- A supervisor in Burkina Faso
COPE to improve FP service quality

- Led COPE in 2 health centers in Togo and 7 in Burkina Faso
- Barriers identified and action plans developed by 106 participants:
  - All staff
  - Supervisors
  - Community Management Committees (COGES)
- Actions taken included improvements including:
  - Confidentiality practices
  - Infection prevention, running water, cleanliness
  - Expanded range of FP methods offered, dedicated FP providers
- Two follow up visits per site in Togo
  - Helped to ensure implementation of action plans
3223 clients received FP during 75 special service days
- 880 clients were in underserved areas near Lomé, Togo

Couple-Years of Protection: 12,188

Méthodes choisies

- 86%
- 11%
- 3%
Community Health Workers (CHWs)
- Distribution of the injectable, pill, and condoms
- Integrated Management of Neonatal and Childhood Illness
- Awareness-raising activities

RESPOND support began in June 2012 when AWARE-II ended

Managed by local NGOs
- ADESCO and ATBEF

Supervised by Head Nurses
Community-based distribution of FP (Togo)

Cumulative number of new FP clients served by CHWs

June 2012: Beginning of RESPOND support of CHWs

1096

11007

20473
Supervision of 99 CHWs (Togo)

Performance of CHWs (December 2012)

% of CHWs performing up to standards

- Counseling
- Eligibility checklist
- Injectable
- Condom
- Data forms
- C-IMNCI

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Approaches and results: Demand
Formative research

Formative study on factors underlying non-use of LA/PMs (June 2011)
- In-depth interviews with 32 providers and 28 clients
- 20 observations of counseling sessions

Findings included
- **Attitudes** more favorable towards the implant than other LA/PMs
- Opposition of **husbands**
- **Rumors** about health effects
- **Costs** of LA/PMs considered high
- Providers not up to date on **medical eligibility criteria** for LA/PMs
- **Insufficient information** conveyed during counseling
- Lack of respect of clients’ **right to decide when to remove** LA methods
IEC/BCC materials

- **Message development workshops**
- **Target audiences**
  - Men
  - Religious leaders
  - Health providers and CHWs
- **Produced and distributed to health centers, MOH, and partners**
  - 755 counseling guides
  - 6,828 posters
  - 72,725 pamphlets

FP pamphlet developed in Burkina Faso
Je soutiens ma femme dans le choix d'une méthode contraceptive pour assurer l'avenir de notre famille.

Rendez-vous au centre de santé!
Ce qui vous affecte chers fidèles m’interpelle, voilà pourquoi, je discute avec vous des avantages de la planification familiale.

Conseillons les Familles à Pratiquer la PF !
Clients and providers described the materials as helpful and effective

- 38% of providers said they had no counseling job aid before
- Others noted that it was more comprehensive than other guides

“[The guide] helps us to lead good counseling and not choose a method in the place of the client.”

- A nurse in Togo
Community radio

- Produced and broadcast radio spots and talk shows that engaged real clients and providers in discussions about FP
  - Aired spots 3,290 times in five languages
  - Aired shows 90 times
  - Aired advertisements for special service days 442 times (Burkina Faso)

- Providers were among the target audiences

<table>
<thead>
<tr>
<th>Activity</th>
<th>% who heard and correctly recalled messages (n=173)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spots</td>
<td>50%</td>
</tr>
<tr>
<td>Shows</td>
<td>33%</td>
</tr>
</tbody>
</table>
Deep appreciation of the radio activities by clients and providers

“Those approaches and messages changed the mind of my husband to accept this method.”
- An implant client in Togo

“For us women, they are messages of liberation from the miserable conditions we live in after closely spaced births.”
- An implant client in Togo

“Many learn information from the shows and come for more information on family planning from us. Thus, these shows are very important.”
- A nurse in Burkina Faso
Couple communication films

- 4 films showing real couples in Burkina Faso who adopted LA/PMs
- 2 showings per month at two hospitals in Togo
- 16 showings near health centers in Burkina Faso
  - Reached 2,263 people
- Distributed to partners
- 16 showings on national TV in Burkina Faso
- Not as widely shown as hoped
  - Lack of electricity
  - Lack of AV equipment

Lack of electricity
Lack of AV equipment
Recruited and trained 32 satisfied LA/PM users as champions
- Equal numbers of men and women
- Trained 24 CHWs in Burkina Faso as well

Champions, CHWs, and providers:
- Led 688 health talks in Burkina Faso
  > In health centers and public spaces
- Reached 24,180 women and 7,530 men
- Plan to continue their activities

“In one talk, 18 women asked for the implant on the spot.”
- A champion in Burkina Faso

In Togo, no funding to support champions
75 community theater performances in Burkina Faso
- Reached 14,665 women and 34,355 men
- Some participants may have attended more than one performance
- Strong male participation (77%)

"Men accept that women use family planning now. They give us the money and even accompany us to the health center."
- An implant client in Burkina Faso
Sources of information about FP

In the past year, have you heard FP messages through...?

- Posters
- Pamphlets
- Radio shows
- Radio spots
- Films
- Champions
- CHWs

Togo (n=96)  Burkina Faso (n=476)
Approaches and results: Enabling Environment
Advocacy with local leaders (Burkina Faso)

- 9 advocacy meetings held with 338 local leaders
- 14 of 16 MOH officials said the project contributed to advocacy for FP
- In all 3 districts, certain administrative authorities (mayors, high commissioners) decided to include FP in their action plans

“The COGES understood the benefits of family planning for the woman and child and contributed to the purchase of supplies for Jadelle [implants.] Administrative and customary authorities involve themselves in the mobilization of women for special days.”

- A district medical officer in Burkina Faso
Advocacy at the national level

- National Working Group for Repositioning FP
- Participation in national-level RH/FP meetings
- TA for revising national curricula for provider training in FP
  - Adoption of EngenderHealth’s FP counseling curriculum by both MOHs
  - Adoption of key elements of the IP and clinical FP curricula by both MOHs
  - Scale up of training underway
- Advocacy for task-shifting (Burkina Faso)
- Printing and distribution of 400 copies of updated PNP (Togo)
  - Held workshops to orient 80 providers to the changes in the PNP
Advocacy at the national level

- Introduced SEED Model for FP Programming to MOH and partners
  - Both MOHs used SEED to frame their National Plans for Relaunching FP following the Ouagadougou FP Conference
  - Used to frame a health district workplan (Burkina Faso)
  - Used for PMTCT planning (Burkina Faso)
Reality ✓ tool for FP planning and advocacy

- Trained MOH data managers, policymakers, and partners
  - 15 participants in Togo
  - 14 participants in Burkina Faso

  - Estimated what they would need to meet their FP goal
  - Estimated the potential health impacts of reaching their goal
Advocacy for reducing and standardizing the client fees for long-acting methods
- MOH did so in April 2011

11% of providers named the cost reduction as one of the major successes of the project
Improving FP data quality

- Workshop to standardize forms used for collecting and reporting data

- Revised register and intake form adopted by MOH in Burkina Faso
  - Distributed new registers to 126 health facilities

- Oriented providers on how to fill out the forms
  - 8 data managers in Togo
  - 45 providers in Togo
  - 61 providers in Burkina Faso

- 80% of providers said reporting of FP use improved

- Scale up underway (Burkina)

“Before, I had no experience with filling out a family planning register. I just followed what my predecessor had done. But at the training, I learned how to fill it out – for example, distinguishing clients from one month to the next.”

- A nurse in Togo
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- Maps of changes in access
- Changes in contraceptive use
- Lessons learned
In Blitta district at baseline (July 2011):

- 2 sites offered the implant
Access to the implant at endline (Blitta district, Togo)

In Blitta district at endline (December 2012):

15 sites offered the implant
Access to the IUD at baseline (Blitta district, Togo)

In Blitta district at baseline (July 2011):

01 site offered the IUD
In Blitta district at endline (December 2012):

- **14** sites offered the IUD
- **1** site was otherwise prepared to offer the IUD but had a stockout
Changes in implant use, Burkina Faso

Diapaga district had major stockouts of implants from December 2011 to April 2012

* Diapaga district had major stockouts of implants from December 2011 to April 2012
Changes in IUD use, Burkina Faso

IUD insertions by district, January 2011 to November 2012

- Distribution of equipment
- Start of demand-side activities

IUD insertions per month

- Training
- Special FP day

Diapaga
Kongoussi
Koudougou
Zorgho (contrôle)
Diapaga district had major stockouts of implants from December 2011 to April 2012. The last column is incomplete because the data for December 2012 were not yet available.

* Diapaga district had major stockouts of implants from December 2011 to April 2012

** The last column is incomplete because the data for December 2012 were not yet available
**CYP and Clients – Kongoussi district, Burkina Faso**

The last column is incomplete because the data for December 2012 were not yet available.

* Jan. 2012: Start of activities at the district level

* The last column is incomplete because the data for December 2012 were not yet available.
CYP and Clients – Koudougou district, Burkina Faso

Jan. 2012: Start of activities at the district level

* The last column is incomplete because the data for December 2012 were not yet available.
CYP by method and semester, Zorgho (comparison district)

* The last column is incomplete because the data for December 2012 were not yet available.
Changes in IUD use, Togo

IUD insertions by district, January 2011 to November 2012

- Distribution of equipment
- Start of demand-side activities

Training in clinical FP

Blitta
Haho
Wawa (contrôle)

Special day - MOH/UNFPA
Special day - MOH/RESPOND
CYP and Clients – Blitta district, Togo

* The last column is incomplete because the data for December 2012 were not yet available
CYP and Clients – Haho district, Togo

Dec. 2011: Start of activities at the district level

* The last column is incomplete because the data for December 2012 were not yet available.
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Lessons learned: Supply

- The project allowed the MOH and providers to see:
  - the vast unmet need for FP, including long-acting (LA) methods
  - that lower-level health centers can offer LA methods
  - how LA methods can quickly increase CYP

- Training and a job aid for counseling promoted clients’ rights
Lessons learned: Supply

- Infection prevention had been neglected prior to the project
  - 62% of MOH officials in Togo named IP as a best practice introduced by RESPOND

- Special days can greatly contribute to CYP through LA methods
  - Often 12 times more clients for LA methods on special service days
  - Many advantages of involving providers from sites in the health district

- Reassignment of providers undermines efforts to increase access
  - Leads to a mismatch between trained providers, equipment, and products
Lessons learned: Demand

- Involving providers in community mobilization was key
  - When champions in Burkina Faso were asked what factors contributed to their success, 44% named the accompaniment of providers.

  "Whatever the will of the government or any project, if health workers are not at the center of awareness-raising, all efforts are doomed to failure."
  - A nurse in Burkina Faso

- Choosing men and religious leaders as target audiences was key
Lessons learned: Enabling Environment

- The reduction of LA method costs needs to be enforced
  - Only 81% of sites respect the directive on user fees

- Contraceptive security remains a challenge, especially in Burkina Faso
  - 1 in 20 clients did not receive the method they chose due to a stockout

- The brief project duration was challenging, but much was achieved

“It has really changed my life. I have more time to cultivate vegetables, I take better care of my child…”

- A 32-year-old mother of 7 in Burkina Faso who chose the implant as her first modern method of FP
Managing Partner: EngenderHealth; Associated Partners: FHI 360; Futures Institute; Johns Hopkins Bloomberg School of Public Health Center for Communication Programs; Meridian Group International, Inc.; Population Council

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