Holistic Programming Leads to Sustained Increases in IUD Use in Kenya

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Women Deliver Conference
Washington D.C., June 8, 2010
The Kisii IUD initiative

- National effort to revitalize IUD
  - ↓IUD prevalence: 2.4% in 2004, down from 4.2% in 1993
  - IUD share of modern method use ↓ from 33% in 1984 to 8% in 2003

- Kisii District, Nyanza Province, Western Kenya:
  - IUD use in Nyanza lower (0.5%)
  - Unmet need higher (35% vs. 25%)

- Can holistic & coordinated supply, demand and policy-advocacy interventions lead to sustained increases in IUD use?
The S-D-A model of holistic service delivery

**Increased Access, Quality and Use**

- Service sites readied
- Staff performance improved
- Training, supervision, referral, and logistics systems strengthened
- Leadership and champions fostered
- Supportive service policies promoted
- Human and financial resources allocated

**Supply**
- Increased availability

**Demand**
- Increased knowledge + acceptability

**Advocacy**
- Improved policy + program environment

- Leadership and champions fostered
- Supportive service policies promoted
- Human and financial resources allocated
- Accurate information shared
- Image of services enhanced
- Communities engaged

**Fundamentals of Care**

**Data for Decision Making**

**Gender Equity**

**Stakeholder Participation**
Declines in IUD use in Kenya (in both absolute and relative terms)

Source: DHS
Why the IUD?: Excellent method characteristics …

- Highly effective
- Good for both “spacers” and “limiters”
- Safe for almost all women, including PP, PAC, young, nulliparous, breastfeeding, and HIV+ women
- New WHO guidelines (re “Big 3”: PID, infertility, HIV)
- GOK and donor interest in revitalization of FP and IUD
- Most cost-effective method
- Women who use the IUD like it (high continuation)
- Greater availability = greater choice
Yet many service delivery challenges to IUD provision

- "Provider-dependent": Thus dependent on provider motivation
- IUD counseling & insertion = more time & work than resupply methods
- Supplies/equipment: have costs; often limited availability (or stock-out)
- Widespread misconceptions & myths (at both provider and client level)
- Exaggerated provider fears about IUDs:
  - High prevalence of STIs (much lower than they typically think)
  - High risk of IUD-associated PID (very small) & infertility (tiny; immeasurable)
  - Concern about risk of getting infection from client (e.g., HIV)
  - "IUD not good for HIV+ women": incorrect/wrong
  - "IUD not suitable for African women": wrong!
- All in all: Widespread provider bias against IUD
Situation in Kisii and ACQUIRE 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 readiness of sites to provide services
- Clinical/counseling/supervisory training

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

**Advocacy**
- Guidelines revised
- Services expanded to health centers and dispensaries
Supply interventions and results

- Service sites readied
- Sites Upgraded (equipment): 13
- Providers trained
  - 557 persons trained at 34 events, including:
    > CTU/Basic FP counseling/IP: 51
    > IUD insertion & removal: 28
    > CBD agents and supervisors: 388
    > Peer educators: 72 trained
    > Comprehensive FP counseling: 18
- Supervision, referral and logistics systems strengthened
- Staff performance improved
Demand interventions and results:
Increased knowledge & acceptability; reaching the community

Primary:
Women
25-45

Secondary:
Their partners

Mass Media
Radio spots & interviews
National and local radio station spots over 5 months

IEC materials
900 posters
6000 brochures
10,000 leaflets

Community Outreach
72 Peer Educators
375 CBD Agents

Experiential
4 Roadshows – 11,000 people
Ladies Clubs, Men’s barazas

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

I see the COIL and I feel fine, I’m going to have lots of women who use COIL know the facts.
Fahamu ukweli wa mambo
“Now you know the truth”

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 ukitumia COIL huwezi kuendelea na kazi zako za kila siku?
Demand: Engaging men in FP made a difference

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

National Policy Makers
District Policy Makers
Providers
Communities

National Launch 2003

CME/CPD Workshops
600+ Public and Private sector providers reached

Update of National Guidelines

National and Regional Meetings
Presentations made at professional meetings; Workshops at training institutions

Advocacy Materials
4000 kits produced and disseminated

Expansion to health centres + dispensaries—engage Community leaders
Number of IUDs inserted at ACQUIRE-supported sites, by time, key program inputs, and external events, Kisii, Kenya, January 2005–August 2009

- **CTU trainings**, Aug. & Sep. 2005
- **Stakeholder meeting**, Feb. 2005
- **IUD clinical skills training**, Oct. 2005
- **IUD campaign launch**, Jul. 2006
- **FP counseling training for CBD supervisors**, Feb. 2006
- **CBD agent & peer education training**, April & May 2006
- **PNA**, May 2005
- **2nd IUD skills training**, Oct. 2006
- **District restructuring, staff transfers**, May–Jul. 2007
- **Increased IUD use is sustained; 417% of baseline through 15 mos. after EOP (Jan. 2007–Mar. 2008)**
- **End of project (EOP). IUD provision is at 507% of baseline, Jan. 2007**

**Supply**
- **Demand**
- **Advocacy**
- **External events/notes**

- Dec. is typically a slow month for FP because IUD-trained providers are on holiday.
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What was achieved: IUD service utilization and other sustained changes

- Modestly-funded pilot project ($630,000 for 2 years)
- > 300% increase in annual number of IUD insertions
- Increase sustained > 2.5 years following end of project
- 93% of women had knowledge of IUD (vs. 68% nationally)
- Positive changes beyond IUD:
  - 33% ↑total FP clients in District
  - ↑ in overall LAPM uptake
  - ↑ male engagement in FP
  - Champions created, supported
Lessons learned: Overall

- **Meaningful increases** in a **hard-to-provide method** can be fostered in the **public sector** – and **sustained** after project assistance ends!

- **Holistic programming is helpful**: A service system is like a chain, with interlocking/interacting parts and only as strong as its weakest link.

- **Links between communities and facilities** can create synergy, leading to ownership, demand generation, and service sustainability.

- **Sustained programmatic change takes time** and **repetition** of effort, message, and/or intervention.

- **Even modestly resourced interventions** can generate noteworthy improvements in service delivery that last beyond a project’s life.