THE respond PROJECT

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PROJECT BRIEF
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Improving Clients' Access to Long-Acting Methods: Enhancing the Capacity of IPPF Member Associations in West Africa

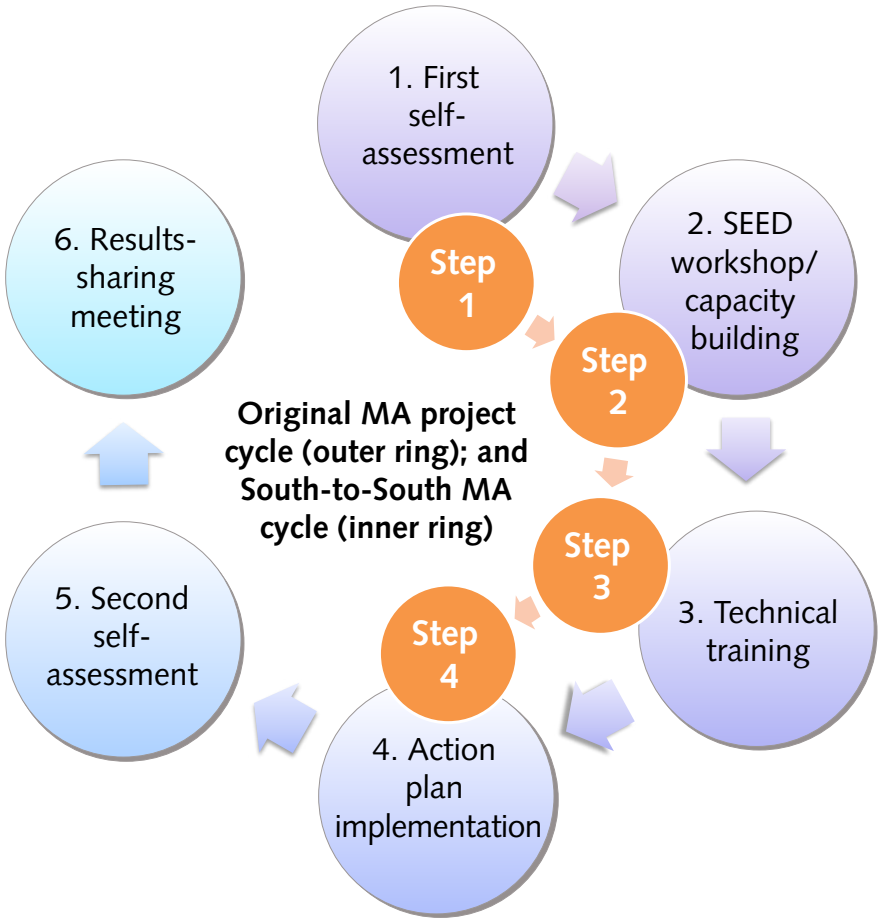
INTRODUCTION

The last five decades have seen a revolution in the availability and use of family planning (FP) worldwide. FP saves lives and is essential to social and economic development. However, in much of West Africa, use of modern contraceptives remains low, and unmet need for contraception is high. According to the most recent Demographic and Health Survey (DHS) data, the modern contraceptive prevalence rates (CPRs) among all women in such West African nations as Benin, Burkina Faso, Côte d'Ivoire, Niger, Senegal, and Togo lie between a low of 9% and a high of 14%, while unmet need for FP ranges from 16% to 35% in these countries.

The ***supply*** of FP services is not sufficient to meet current unmet need, primarily due to the paucity of adequately trained providers, weak infrastructure and management systems, the poor quality of services, provider biases, and erratic contraceptive supply. Choice of FP methods is severely limited, resulting in a method mix highly skewed toward short-acting methods. For example, only 0.4% of women in Niger use the intrauterine device (IUD) or hormonal implants (INS & ICF International, 2013), while in Côte d'Ivoire, the rate of IUD and implant use is only 0.2% (ICF International et al., 2013). The ***environment*** does not ***enable*** FP acceptance and is characterized by inhibiting policies, guidelines, practices, and gender-related barriers. ***Demand*** for FP suffers because of poor mass media and weak interpersonal communication about the importance of FP for health and development. The absence of clear and consistent messages about contraception causes confusion and a lack of social support, thereby preserving deeply rooted attitudes that lead many women with an unmet need for FP to report no intention to use it.

In February 2011, at the Francophone West Africa Regional Conference on Population, Development, and Family Planning in Burkina Faso, a coalition of donors launched the Ouagadougou Partnership. The Partnership agreed to support nine participating francophone West African countries to: 1) accelerate the achievement of the countries' national goals for modern CPR; and 2) reach at least 1 million additional women by 2015. Within this changing context, the RESPOND Project, implemented by EngenderHealth, launched an initiative to revitalize FP, in collaboration with International Planned Parenthood Federation (IPPF) member associations (MAs) in six West African countries: Benin, Burkina Faso, Côte d'Ivoire, Niger, Senegal, and Togo.

FIGURE 1. ORIGINAL MA PROJECT CYCLE AND NEW MA SOUTH-TO-SOUTH REPLICATION CYCLE



PROJECT GOAL

With funding from the U.S. Agency for International Development (USAID)/Washington, RESPOND and IPPF's Africa Regional Office (IPPF/ARO) launched a capacity-building initiative with the six West African MAs. The goal was to enhance clients' rights to FP and expand access to and use of a wide range of FP methods, especially long-acting reversible contraceptives (LARCs), by addressing needs and gaps among health care providers and organizational systems. The initiative used holistic programming approaches,[1] state-of-the-art training in counseling and clinical skills, and participatory feedback techniques for monitoring and evaluation. It was implemented in two phases, with three MAs participating in each phase. The first phase was conducted with MAs in Benin (the Association Beninoise pour la Promotion de la Famille [ABPF]), Burkina Faso (the Association Burkinabé pour le Bien-Etre Familial [ABBEF]), and Togo (the Association Togolaise pour le Bien-Etre Familial [ATBEF]).

As described in Figure 1, six activities were implemented with ABPF, ABBEF, and ATBEF. Following the successful conclusion of the activities and documentation of the results, RESPOND and IPPF/ARO agreed to replicate the program with three additional MAs in Côte d'Ivoire (the Association Ivo-

[1] Holistic programming means that all programming elements receive attention (i.e., supply, enabling environment, and demand) because each element is interconnected, relies on each other, and is equally important in making programs successful. All too often, programs rely on one element at the expense of the others. RESPOND's global project worked to assess the importance of holistic programming in improving access to and use of FP in the private and public sectors, using EngenderHealth's Supply–Enabling Environment–Demand (SEED)™ Programming Model (EngenderHealth, 2011).

irienne pour le Bien-Etre Familial [AIBEF]), Niger (the Association Nigérienne pour le Bien-Etre Familial [ANBEF]), and Senegal (the Association Sénégalaise pour le Bien-Etre Familial [ASBEF]). This phase also aimed to build the original MAs' capacity to conduct the assessments and trainings themselves and to advocate with IPPF/ARO to scale up the project's tools and approaches in their network of African MAs.

CAPACITY BUILDING WITH ORIGINAL MEMBER ASSOCIATIONS

RESPOND implemented a six-step process to build the capacity of the original three MAs to increase access to and use of a wide range of FP methods, especially LARCs (Figure 1).

Step 1: The MAs assessed their capacity for FP programming. The first step in the project cycle was a participatory self-assessment of each MA's organizational capacity to address FP programming in general, and the delivery of LARCs in particular. The MAs used RESPOND's Organizational Capacity Assessment Tool (OCAT) to quickly appraise their capacity and identify areas for improvement (RESPOND Project, 2012). The self-assessment tool was based on EngenderHealth's tested SEED™ Programming Model (EngenderHealth, 2011).

RESPOND involved each MA's management team to increase organizational commitment to making changes and to build each MA's capacity to independently assess its strengths and weaknesses in the future. Nine or 10 managers and FP providers from each MA individually completed a questionnaire rating their organization's capacity across 20 objectives. The questionnaire focused on systems and functions at the organizational level, rather than at the clinic or provider levels. The 20 objectives in OCAT cover the three elements of SEED, as well as a fourth category—programmatic leadership and management. Following self-reflection and discussion, each MA team came to a consensus on their organization's score for each objective and identified their current capacities and needs.

Step 2: MAs participated in an organizational capacity building and design workshop. An organizational capacity-building and design workshop was held in Accra, Ghana, in September 2011 for five or six staff from each MA. The workshop participants received a contraceptive technology update; learned about the SEED Model; analyzed barriers to contraceptive choice; and discussed their self-assessment results. Each MA developed a one-year action plan to address programmatic barriers to expanding access to FP, including LARCs. Following the workshop, each MA received a small grant from RESPOND to support the implementation of the 12-month action plan, beginning in early 2012.

Step 3: Providers and supervisors from the MAs received training to improve FP services. RESPOND clinical and program staff provided on-site training in each country. The training covered FP counseling (39 participants), a contraceptive technology update on all methods (39 participants), clinical training in providing LARCs (39 participants), and facilitative supervision (19 participants).

Step 4: The MAs implemented their holistic action plans with small-grant funding. As noted above, each MA developed a holistic action plan to address gaps identified by the OCAT self-assessment. The small grants allowed each MA to fund activities to increase demand and improve the enabling environment for FP, while RESPOND's technical assistance supported supply-side improvements.

Step 5: The MAs conducted a second self-assessment of their capacity to deliver FP services. The MAs conducted another self-assessment in early 2013 to identify changes and ongoing needs. The MAs reported improvements in a number of areas, notably: providing IUDs and implants at affordable prices; conducting behavior change communication (BCC) activities for FP in general (e.g., building champions, working with religious leaders, reaching men and women's groups); and conducting specific BCC related to IUDs and implants.

Step 6: The MAs shared their experiences at a South-to-South consultative meeting. In April 2013, four key staff from each MA met for two days in Cotonou, Benin, to reflect on and share experiences. The event provided an opportunity for the

MAs to learn about each other's approaches and results, discuss challenges, and plan for scaling up successes in their organizations and the larger IPPF network in Africa.

Original MA Results

The data collected from the MAs in 2011, 2012, and 2013 show that FP use increased significantly, primarily due to increases in the provision of implants and injectables and, to a lesser extent, to a rise in the provision of IUDs. Service statistics measuring contraceptive use were converted to couple-years of protection (CYPs) and compared across the years (Figure 2).

Table 1 presents the percentage changes in CYPs for IUDs, implants, and injectables in each MA over the three years. The significant increases in the use of implants in each country are noteworthy. The use of IUDs also rose, although CYPs for this method declined for one year in both Benin and Togo. When MA staff were asked about the extreme negative and positive shifts among these methods, including injectables, they responded that use of any one method seemed to be tied to its availability. Further investigation of these shifts would be useful to program managers in the future.

Although changes in the use of FP methods cannot be directly correlated to the RESPOND-IPPF MA activity, MA participants and IPPF/ARO staff noted that improvements were due to the attention given to all elements of the SEED Programming Model and to RESPOND's technical assistance.

In addition to reviewing service statistics, providers from the three MAs were interviewed. Respondents (N=30) reported that the training increased the MAs' capacity to deliver quality FP counseling and services, to reach the community, and to ensure an environment conducive to accessing an increased variety of methods. All MAs embraced the concept of holistic planning based on SEED; each MA reported using it as their programmatic organizing framework. For example, IPPF's Monitoring and Evaluation Officer in Benin said, "Now we see the system that influences family planning use. It is really important to structure programs around this [SEED] framework."

FIGURE 2. CYPS PROVIDED, BY METHOD, BENIN, BURKINA FASO, AND TOGO, 2011–2013

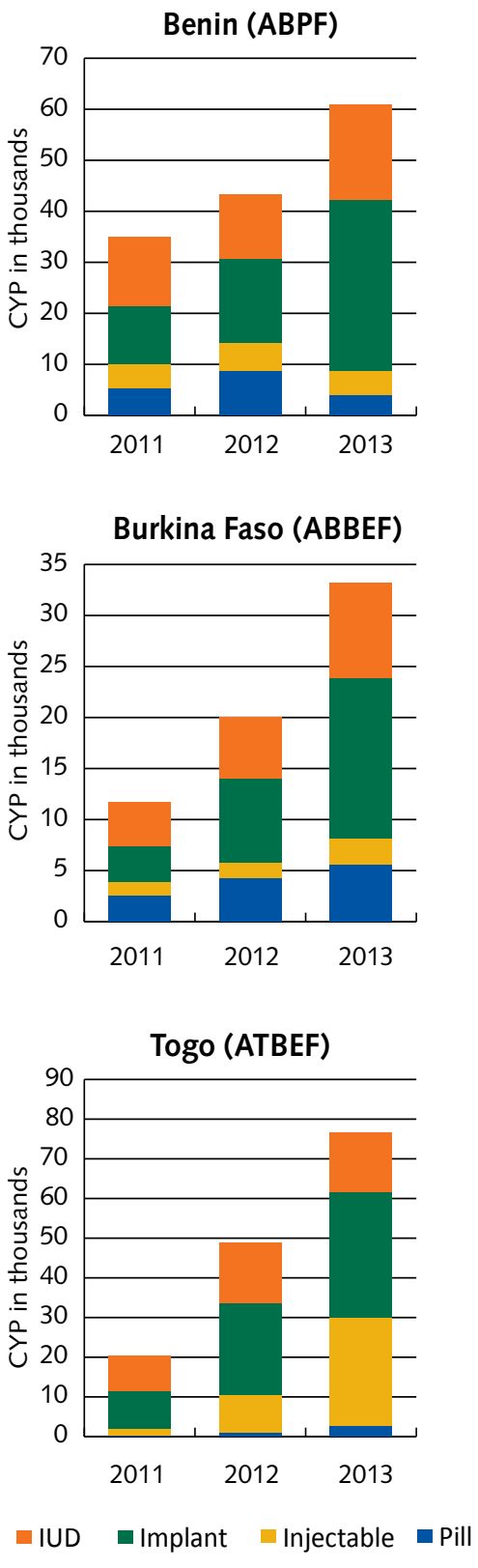


TABLE 1. PERCENTAGE CHANGES IN CYPS FOR INJECTABLES, IMPLANTS, AND IUDS IN THE THREE ORIGINAL MAS		
Country and method	% change in CYPs	
	2011–2012	2012–2013
Benin		
Injectable	20	–13
Implant	43	104
IUD	–7	48
Burkina Faso		
Injectable	17	72
Implant	137	90
IUD	39	55
Togo		
Injectable	418	185
Implant	149	38
IUD	68	–3

BUILDING SUSTAINABILITY: REPLICATION THROUGH SOUTH-TO-SOUTH MA SUPPORT

Based on the documented successes with the original MAs, and in consultation with IPPF/ARO, RESPOND replicated the project with three more MAs: Côte d'Ivoire (AIBEF), Niger (ANBEF), and Senegal (ASBEF). (ASBEF was so interested in the activity that it financed its participation entirely from its own funds, since RESPOND had funding to involve only two additional MAs.)

The central goal of the replication activity was to build the capacity of the original MA staff to deliver the project's technical assistance package to the new MAs, consisting of: SEED holistic programming; OCAT; FP clinical skills; counseling based on the REDI framework[2]; community events and engagement; mobile outreach services; development of champions; and efforts to address the FP needs of youth. As a first step, RESPOND trained staff from the original three MAs to cofacilitate key project activities for the new MAs. The MA trainers, along with RESPOND cotrainers, trained a total of 141 service providers and supervisors in FP counseling (49), clinical methods (22), facilitative supervision (45), and youth-friendly services (25). Due to time constraints, only the first four steps of the project cycle were implemented with the new MAs (Figure 1); a second self-assessment and the South-to-South exchange among the MAs could not be conducted before the end of the project period. Moreover, there was not sufficient time to measure any changes in FP services. However, IPPF/ARO will follow up on the new MAs' results during their routine monitoring.

The three new MAs completed the OCAT self-assessment in August 2013. An original MA trainer and a RESPOND staff member participated to share their experiences with OCAT and the overall process. RESPOND convened a workshop in Abidjan, Côte d'Ivoire, in December 2013 for 29 participants, including 3–5 staff from each new MA's leadership team, plus one representative from each of the original MAs and IPPF/ARO. Participants discussed their self-assessment results, participated in a contraceptive technology update, learned about the SEED model, analyzed barriers to contraceptive choice, and developed action plans to address programmatic gaps in the delivery of FP, especially LARCs. Funding was secured for all aspects of SEED, either from RESPOND or from each MA's organizational funds. The MAs and RESPOND agreed that cost sharing was important for programmatic and institutional sustainability of the approaches and tools. This motivated staff to consider the work as an important investment.

New MA Results

The new MAs' experiences were assessed using a variety of means, including roundtable discussions with new MA participants, reports by RESPOND staff on cotrainer performance, and interviews with cotrainers from the original MAs. The objective was to gauge the new MAs' experience with the approaches, tools, and training overall; assess the participants' experience with the South-to-South training experience; and gather reflections from both RESPOND staff and the MA cotrainers on the capacity of the original MA trainers as future trainers.

[2] The REDI framework (rapport building, exploration, decision making, and implementing) encourages open communication and less rigid counseling (ACQUIRE Project, 2008).

New MAs' Experiences

At the end of the clinical training, new MA staff, MA cotrainers, and RESPOND technical staff from Niger and Senegal participated in a roundtable discussion about the project and their experiences with the South-to-South approach. (Due to time constraints, it was not possible to hold a roundtable discussion in Côte d'Ivoire.) New MA participants reported that the OCAT process was both helpful and necessary. They identified modules, such as facilitative supervision, that were particularly beneficial.

> *"[This OCAT process] allows us to know our strengths and also know where we need training."* —ASBEF participant

When asked if they would like to use OCAT in the future, one respondent from ASBEF expressed a newfound imperative for the process: "It's not a question of wanting. We must do it… because we have seen the benefit."

New MA participants reported that the training was useful and that they will apply the knowledge in their daily work. They feel more confident, having received up-to-date information on contraceptive method provision. The REDI counseling approach improved their understanding of the complexities of client care and increased their problem-solving capabilities.

> *"Today, when I receive adolescents, I no longer put myself in the role of a mother, but rather in that of a provider who is there to help them resolve their reproductive health issues and not to make judgments."* —AIBEF participant

> *"[The RESPOND Project] has increased awareness of working techniques and the most effective way to provide family planning services, by supporting existing capacities with a comprehensive approach that puts clients' needs at the forefront."* —AIBEF participant

Respondents valued the exchange of regional expertise among sister MAs and noted the utility in scaling up capacity in the region, thereby benefitting IPPF as a whole. For example, as one ATBEF participant noted: "We live the same realities, we are from the same place, it facilitates collaboration and good work."

Workshop participants advised that they would share their learning. They specifically mentioned the OCAT process as one tool that they will continue to use with colleagues at their home clinics.

RESPOND Staff Observations

RESPOND staff remarked that developing regional capacity in SEED programming, counseling, clinical skills, infection prevention, and facilitative supervision, among other areas, will exponentially expand improvements in access to and use of FP and LARCs in the IPPF networks of West Africa. They expressed satisfaction with training the original MA staff in these technical areas, although some follow-up and support of the trainers will be needed, as with all such training interventions.

Following each training session, RESPOND staff completed an assessment of the cotrainers and their potential for growth and ownership of the capacity-building process. RESPOND staff reported an improvement in the cotrainers' confidence and ability to communicate, in one case stating that "[the cotrainer] was quiet and shy at first, but very relaxed by the end [of training]." They also noted the benefit of using local providers as trainers, citing commonalities in their experiences with the trainees and their understanding of specific regional needs, both of which were judged by participants to be particularly critical to the success of the training. Finally, RESPOND staff noted that with additional technical support in conducting training in each of the subject matter areas covered by the project, the cotrainers could contribute more and could become excellent trainers.

> *"There are advantages of using a trainer from one MA to train a provider from another (MA).… The MAs have common goals and objectives, and therefore the same expected results. The training also shares experiences that strengthen institutional capacity (including provider skills)."* —RESPOND staff member

Original MAs' Experiences as Cotrainers

Trainers from the original MAs shared their perspectives with RESPOND staff on the regional replication and ownership of the process, through both roundtable discussions and follow-up discussions via telephone and e-mail. The MA trainers viewed the South-to-South training as providing helpful opportunities for "bottom-up" problem solving in the region and forging important connections among colleagues in the field:

> *"The [OCAT] is very good because it is the same [MA provider] that makes a self-evaluation who can identify all the individual needs [in their clinic]. This is a good way to identify the needs, it is a bottom-up approach and has a very positive impact on development of an action plan.... Everyone recognizes these weaknesses and at the same time identifies solutions that are translated by the action plan."* —ABPF trainer

> *"We live with the same realities, we share the same foundation, and that facilitates collaboration and good work."*
>
> —ATBEF trainer

The South-to-South training also provided a means of operationalizing and strengthening the technical assistance already provided by IPPF. MA staff reported that generally IPPF technical assistance focuses on programmatic design and work planning, with less opportunity for in-depth technical training and South-to-South exchanges.

> *"We had the opportunity to get out there in the field, which is very important. It is important to share good practices and the good stories of the project."*
>
> —ABBEF trainer

Being a trainer also increased the original MA providers' skills and confidence to institutionalize future capacity-building interventions in the region. MA trainers saw the results of their training in the improved skills of their MA colleagues. Seeing positive results during the training gave them confidence in their ability to replicate the training process on their own.

> *"In the beginning, it was difficult for [new MA participants] to understand the [OCAT] approach, but after I shared my organization's experience [with the tool], it was much easier."* —ATBEF trainer

One MA trainer shared that his organization had already used the SEED framework in the successful pursuit of additional funding, signaling institutionalization of the framework.

> *"ABPF continues to use the SEED model to apply for funding!"*
>
> —Trainer interviewed in May 2014

BUILDING OWNERSHIP AND FUTURE USE

From the beginning, RESPOND had a goal of transferring the capacity-building methods and tools to the MAs and to IPPF/ARO, thereby encouraging institutionalization of approaches to increasing FP method use throughout the Sub-Saharan Africa region. In June 2014, RESPOND staff met with IPPF technical and managerial directors in Nairobi. It was agreed that IPPF/ARO will cobrand, endorse, distribute, and use RESPOND materials in the future. A plan for cobranding the French and English versions of OCAT was established, which will include a preface from the ARO regional director endorsing the tool. The materials will be disseminated throughout the IPPF network in September 2014. RESPOND and IPPF agreed to look for opportunities to continue the South-to-South capacity building and dissemination of tools and approaches introduced through this collaboration. One such opportunity may be through EngenderHealth's West Africa Regional Project, Agir-PF.

OVERALL PROJECT RESULTS

Technical Capacity Increased

Technical capacity for expanding access to and use of FP, and especially LARCs, was enhanced in a relatively short period of time. Positive results from the approaches and tools that were transferred to the MAs included:

- Five MA trainers from Burkina Faso and Togo became national resources, as they conducted counseling and clinical FP training for personnel from their ministries of health (2013).

- The original three MAs leveraged funding from UNFPA and European donors to continue to offer mobile outreach services.
- All six MAs increased their knowledge and ability to manage and report on small grant funding, based on USAID rules and regulations.
- MAs reported that their use of the OCAT provided them with solid "data for decision making" to improve their FP programming.

Funding Available to MAs Increased

Financial benefits of the project included:

- Three MAs were awarded $2.2 million in new funding from UNFPA and European donors after using the SEED model as the organizing framework for their bids. The Benin MA was awarded a four-year grant from the Dutch in the amount of 1.5 million euros. The Dutch Embassy stated that they "appreciated" the SEED structure. In addition, three MAs were awarded SEED-based projects from UNFPA: $30,000 (Benin); $100,000 (Burkina Faso); and $125,000 (Togo).

Lessons Learned

- The SEED Model and OCAT helped to improve programming for better service quality, expand access to FP, and serve more clients with a range of FP methods.
- REDI counseling and working with religious leaders were seen as valuable innovations for MAs, as both focus on clients' needs and lifestyles.
- Targeted training and technical assistance from "sister" MAs inspired the new MAs to adapt the SEED model, tools, and approaches to their work.

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THE respond PROJECT

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