



Holistic Programming Leads to Sustained Increases in IUD Use in Kenya

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Women Deliver Conference

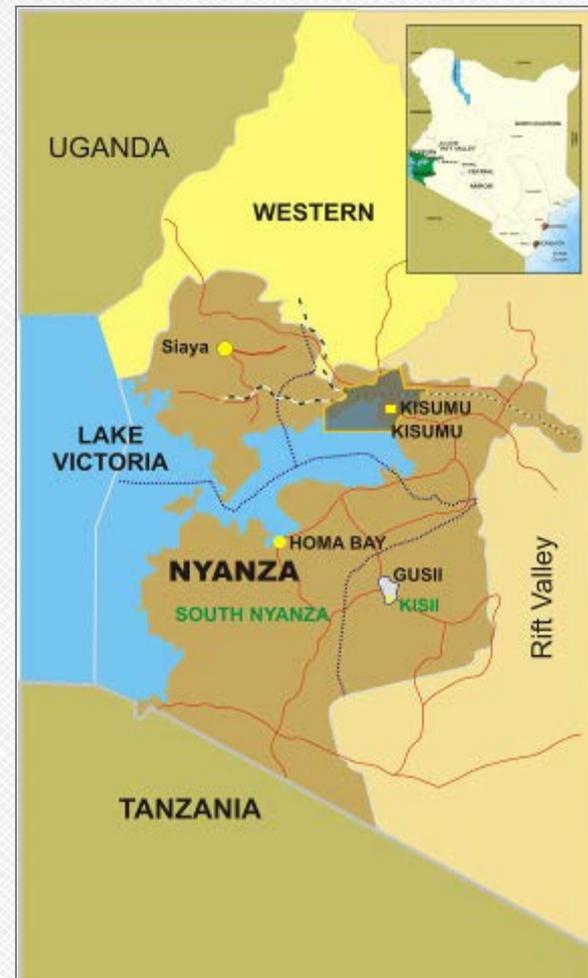
Washington D.C., June 8, 2010



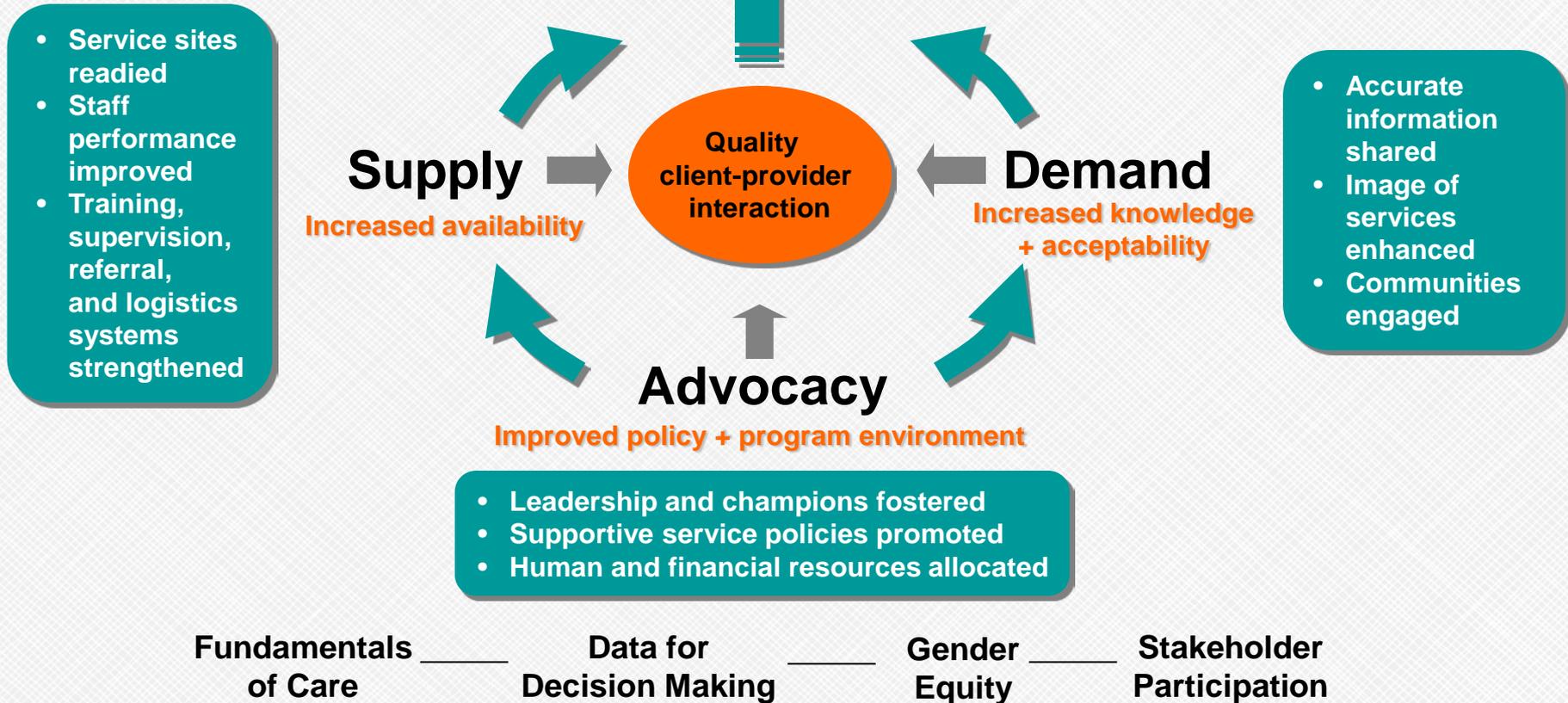
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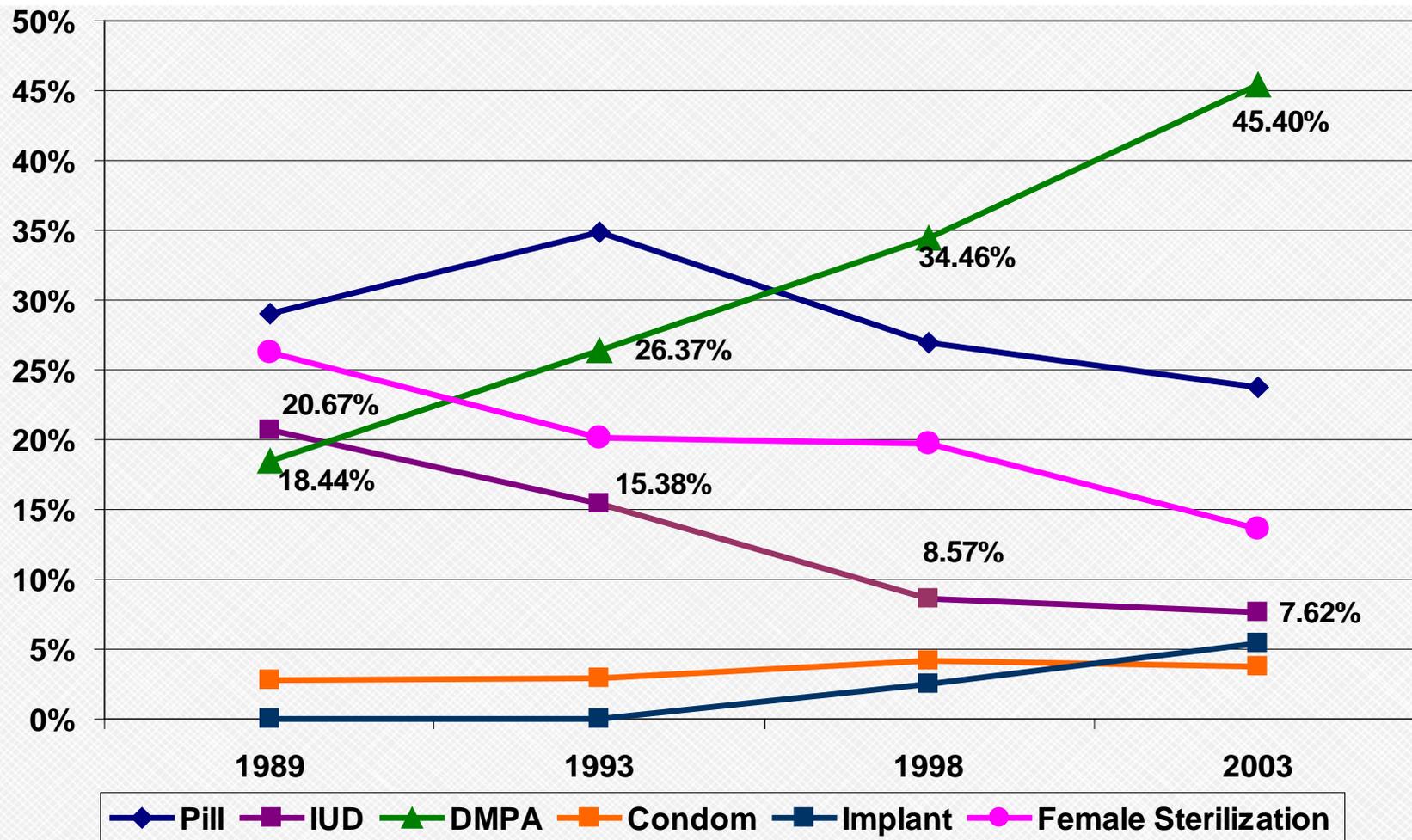
- National effort to revitalize IUD
 - ↓ IUD **prevalence**: 2.4% in 2004, down from 4.2% in 1993
 - IUD share of modern method use ↓ from 33% in 1984 to 8% in 2003
- Kisii District, Nyanza Province, Western Kenya:
 - IUD use in Nyanza lower (0.5%)
 - Unmet need higher (35% vs. 25%)
- Can holistic & coordinated supply, demand and policy-advocacy interventions lead to sustained increases in IUD use?



Increased Access, Quality and Use



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





- 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

- “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



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

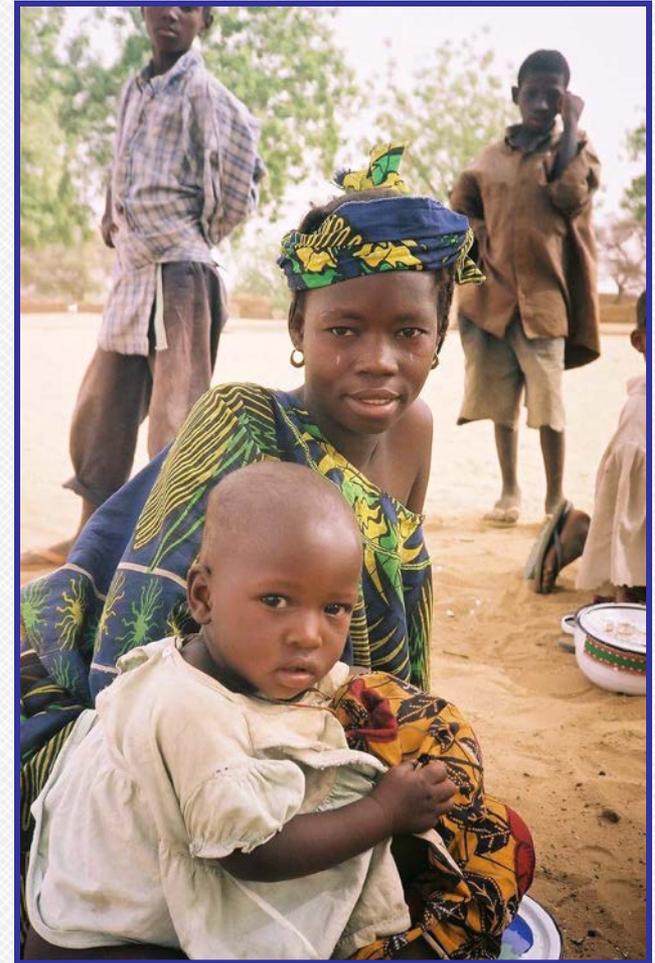
Demand

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

Advocacy

- Guidelines revised
- Services expanded to health centers and dispensaries

- 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





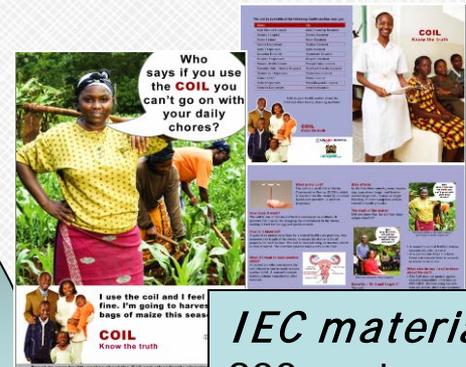
**Mass Media
Radio spots &
interviews**

National and local radio station spots over 5 months



**Primary:
Women
25-45**

**Secondary:
Their partners**



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



Fahamu ukweli wa mambo
“Now you know the truth”

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
LACQURE

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:

- Inaifa ifi uliweka usajihiad.
- Inaweza kutamika kwa muda wa miaka yeyote ilo - kati ya mwaka moja, miaka miwili, mitano hadi kumi na miwili kutangana na utimizi yako.
- Unaweza kurudia hali yako ya uzazi wa kawaida unapotaka kupata mstozi mwingine. Unachohitaji ni kumuona mtolamu ambaye ataitoa.
- Ni mwalika.

COIL
Fahamu ukweli wa mambo

USAID | KENYA
LACQURE

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?

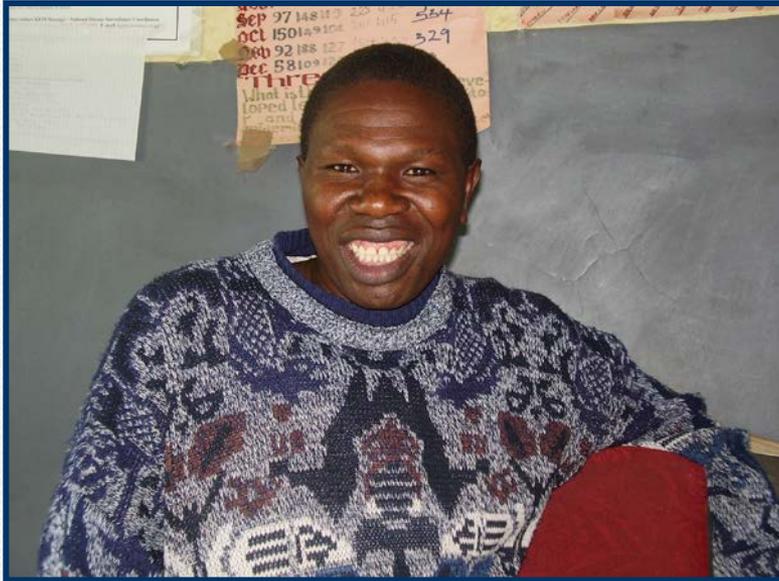
Mimi hutumia Coil na niko mzima. Nitavuna gunia nyingi za mahindi musimu huu!

COIL
Fahamu ukweli wa mambo

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

Demand: Engaging men in FP made a difference

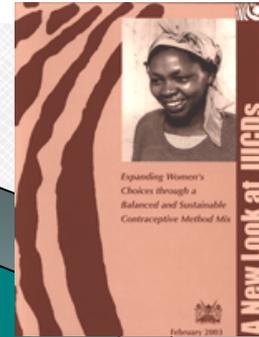


- Over 21,000 men reached in the community by peer educators
- Male champions emerged
- Men called into radio program
- Men began talking about FP in public and with providers





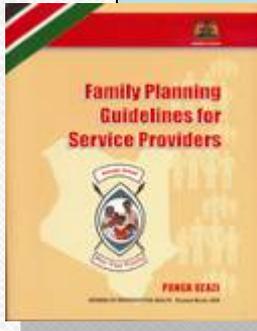
National Launch 2003



Advocacy Materials
4000 kits produced and disseminated

**National Policy Makers
District Policy Makers
Providers
Communities**

Update of National Guidelines

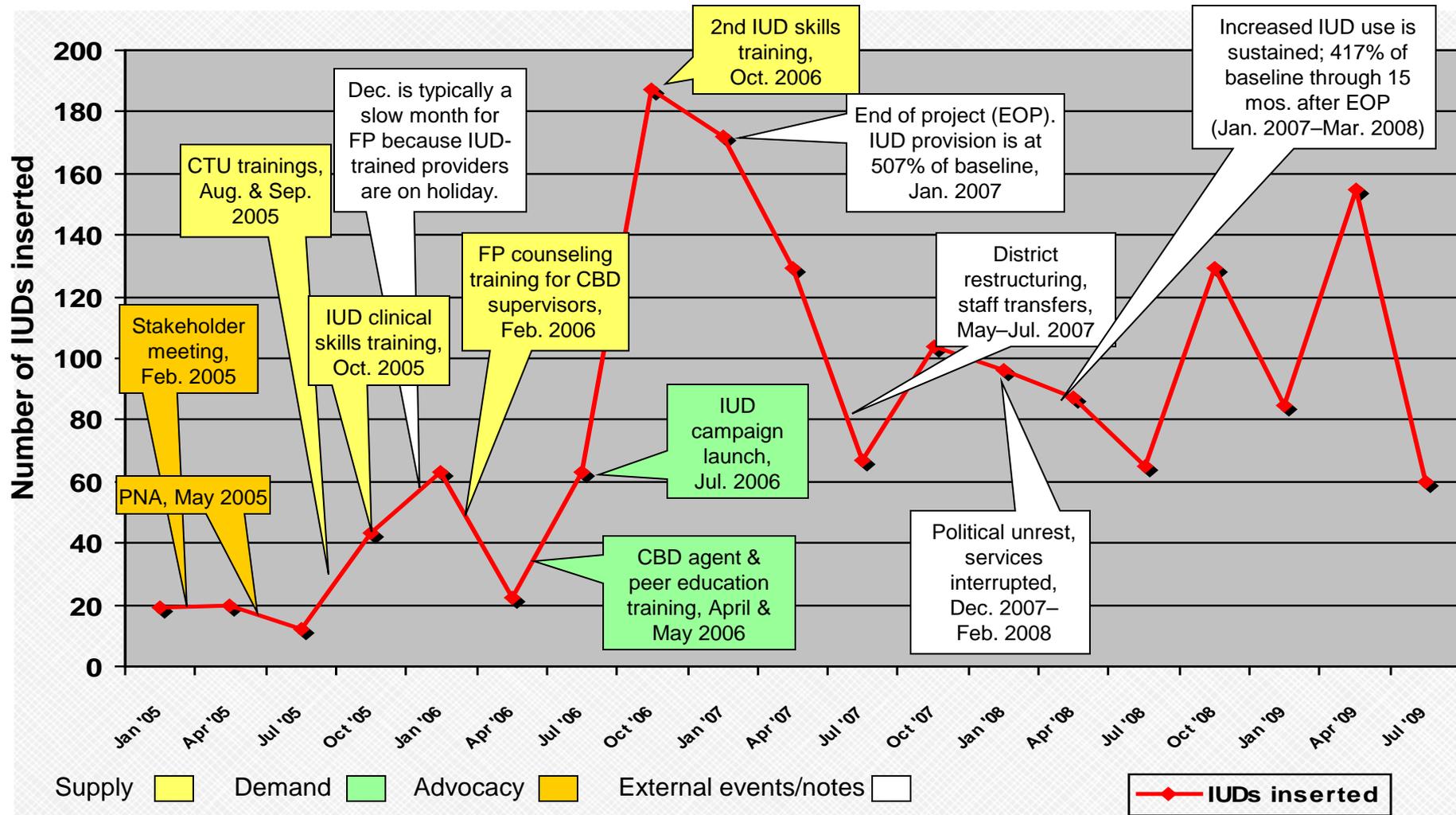


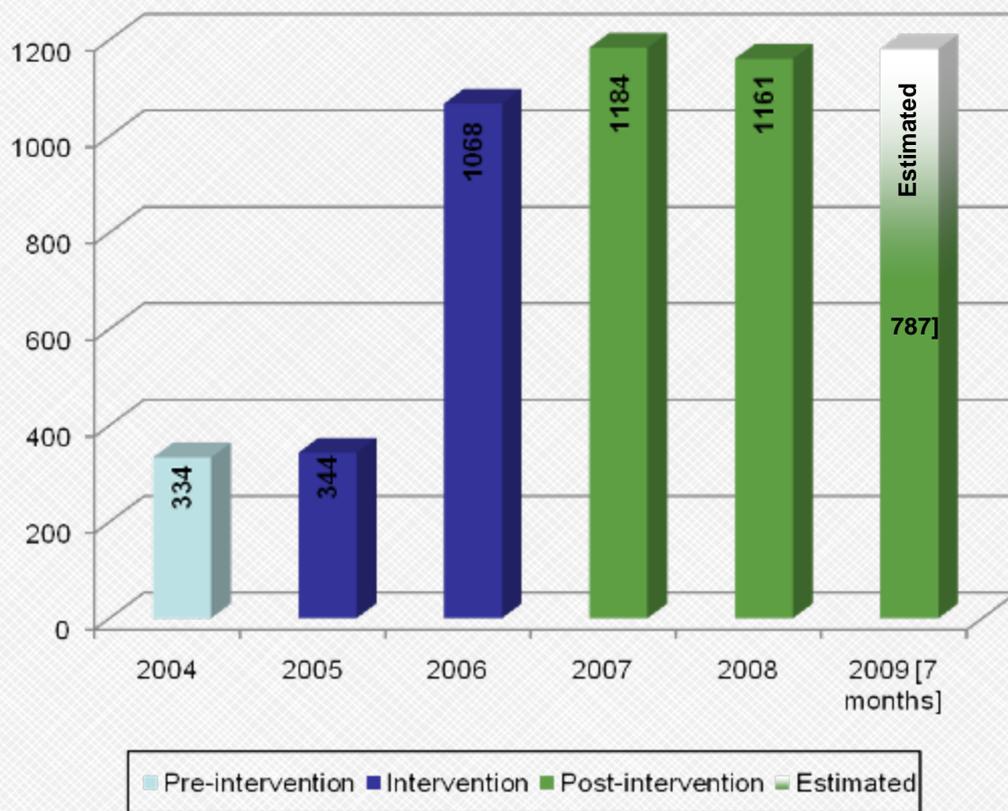
National and Regional Meetings
Presentations made at professional meetings; Workshops at training institutions

Expansion to health centres + dispensaries—engage Community leaders

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

Number of IUDs inserted at ACQUIRE-supported sites, by time, key program inputs, and external events, Kisii, Kenya, January 2005–August 2009





- 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



- **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



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www.respond-project.org



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