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

Roy Jacobstein, MD, MPH and Japheth Ominde, MBCHB, M.Med, EngenderHealth

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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

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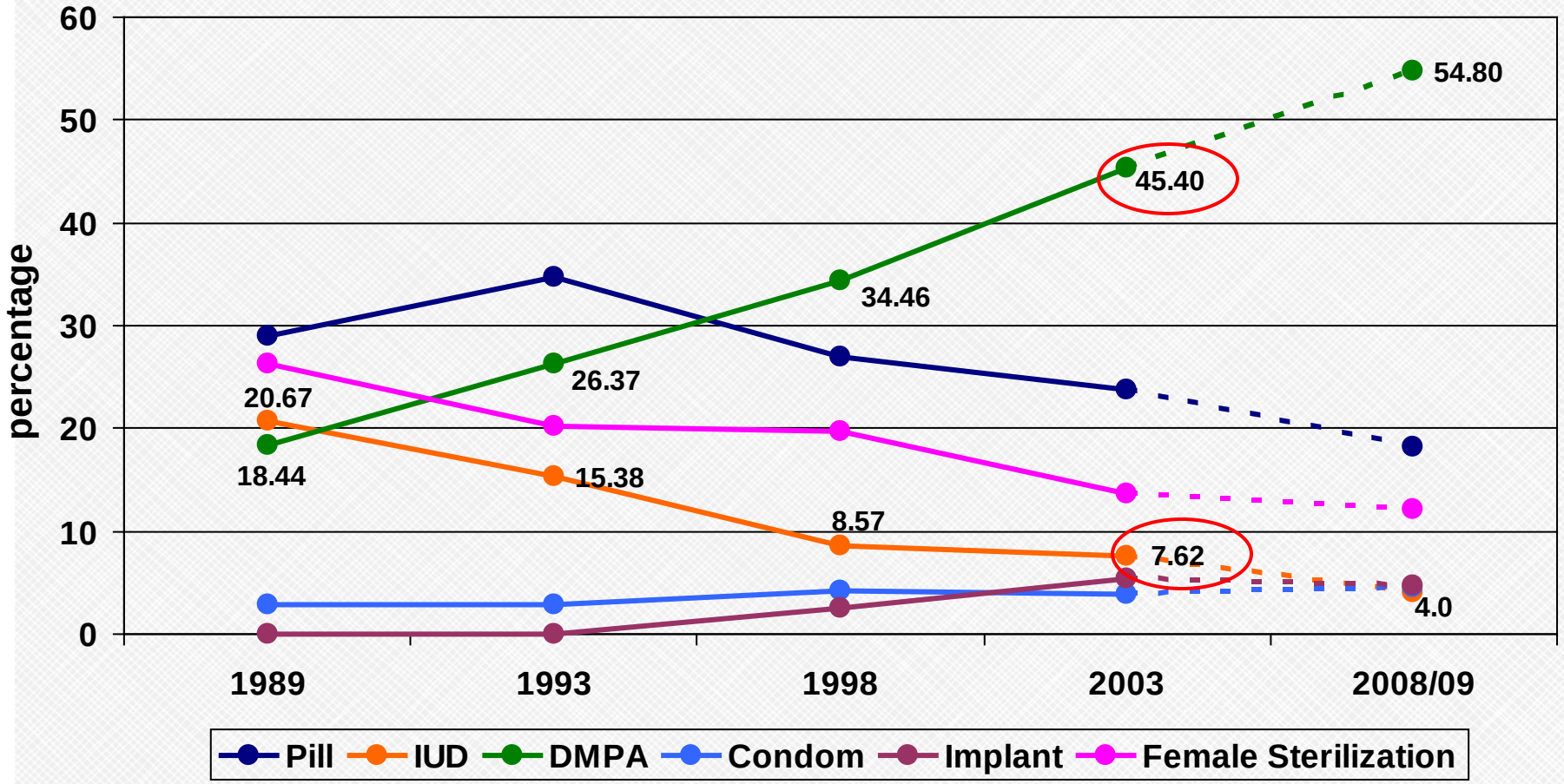
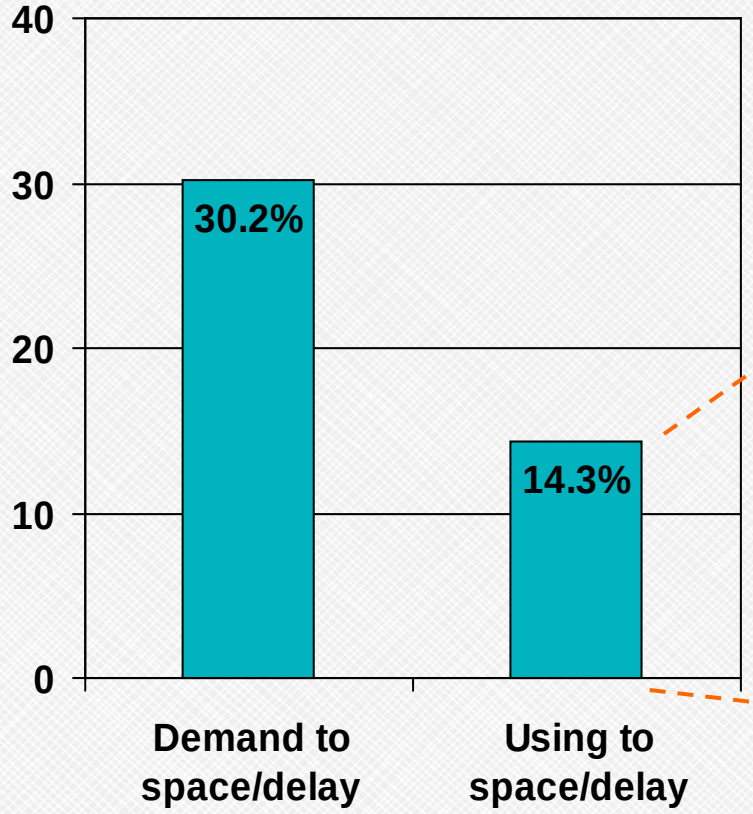
Trends in Method Mix in Kenya:
Steady decline in IUD's share of method mix (100%)



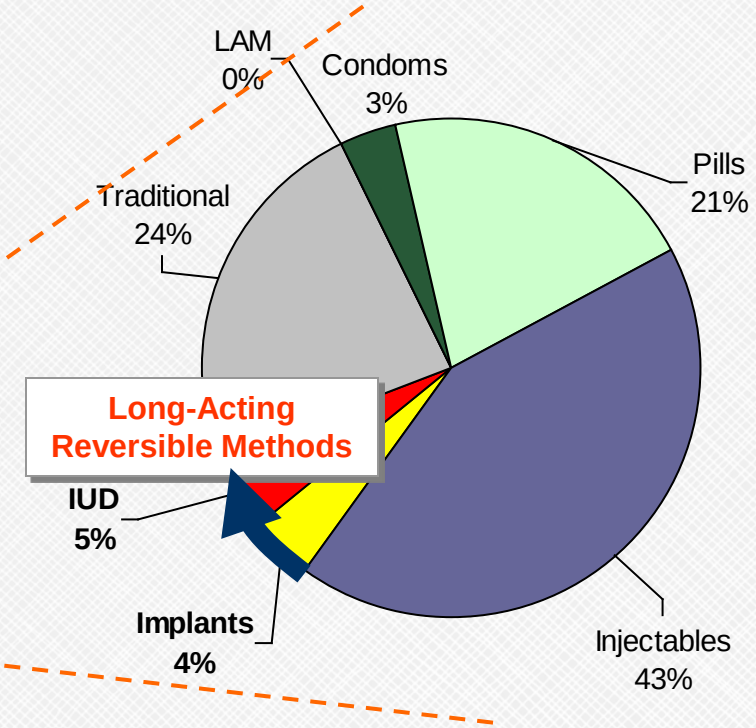
Source: Multiple DHS surveys, for married women of reproductive age (MWRA)

Reproductive intentions and method choice:
Spacers and delayers

Percent of married women (MWRA, 15-49 yr)



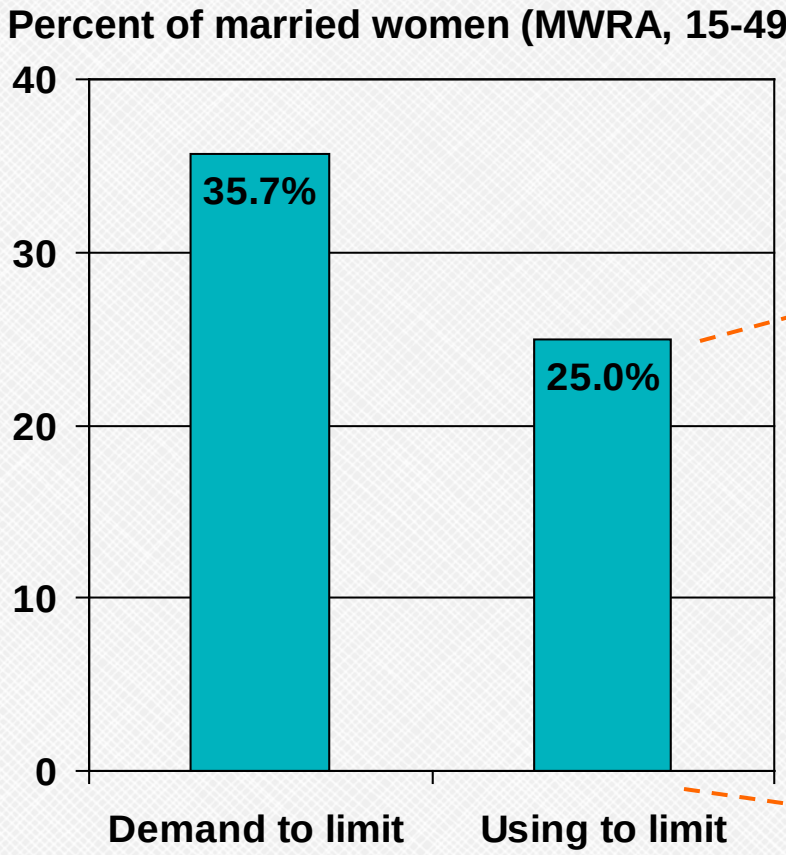
Method mix among married spacers & delayers who are using FP

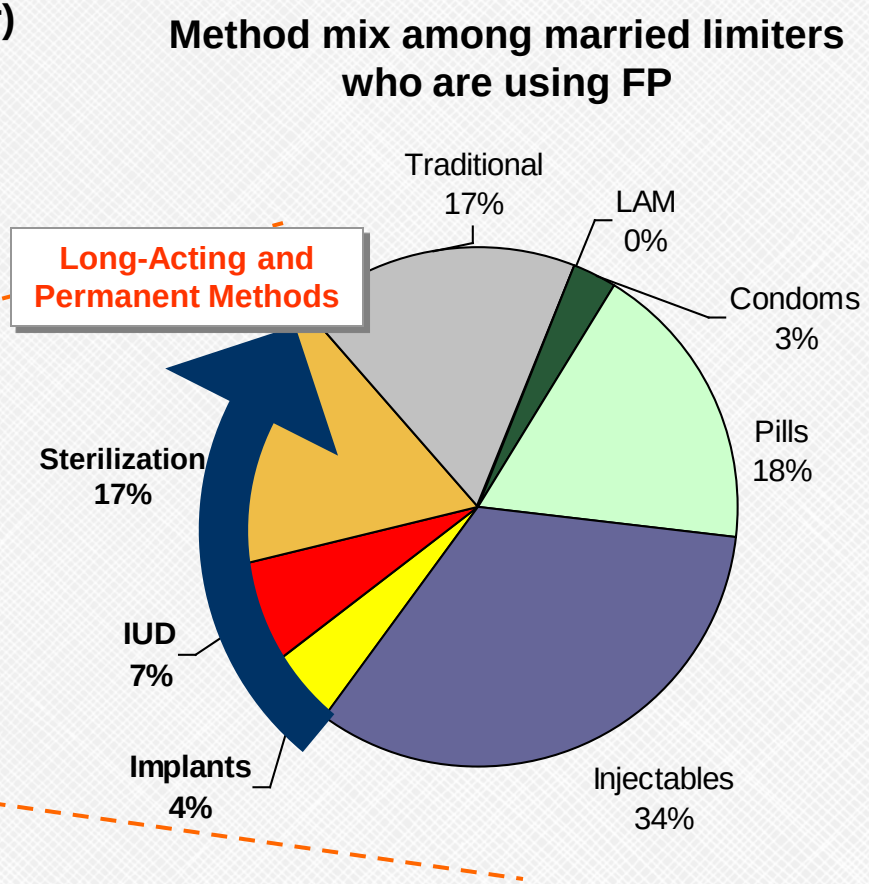


Source: MEASURE/DHS, Kenya DHS Survey, 2003.

Only 9% of spacers/delayers use an IUD or implant

Reproductive intentions and method choice: Limiters





Source: MEASURE/DHS, Kenya 2003 DHS Survey.

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

Yet many service delivery challenges

- 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)

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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

- Accurate information shared
- Image of services enhanced
- Communities engaged

- Leadership and champions fostered
- Supportive service policies promoted
- Human and financial resources allocated

Fundamentals of Care _____ Data for Decision Making _____ Gender Equity _____ Stakeholder Participation

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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

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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

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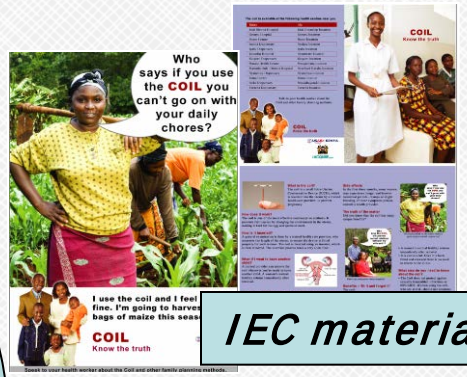
Demand-side interventions

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

Primary: Women 25-45

Secondary: Their partners



IEC materials

Community Outreach

Experiential
Ladies Clubs, Men's barazas

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“Now You Know the Truth”; “Stand Up”

Fahamu ukweli wa mambo
“Now you know the truth”

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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

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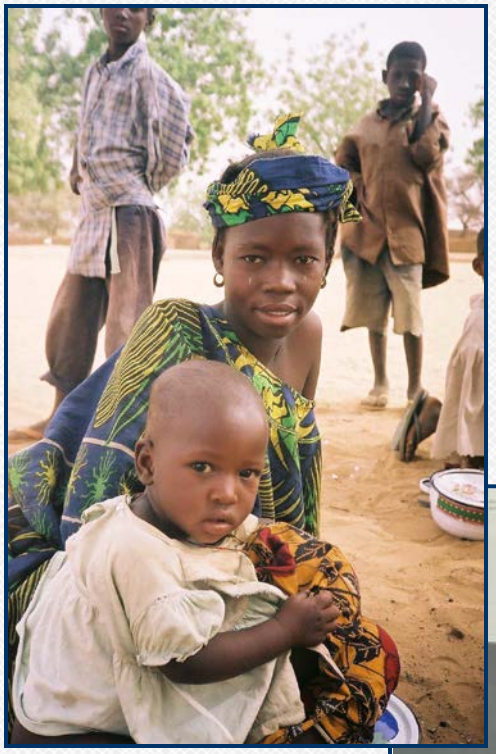
Demand: Engaging men in FP made a difference



- 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

Photos by Staff / EngenderHealth

Policy/advocacy interventions: Improving the policy and program environment

National Launch 2003

Advocacy Materials
4000 kits produced and disseminated

Update of National Guidelines

National Policy Makers
District Policy Makers
Providers
Communities

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

Expansion to health centres + dispensaries— Engaging community leaders

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

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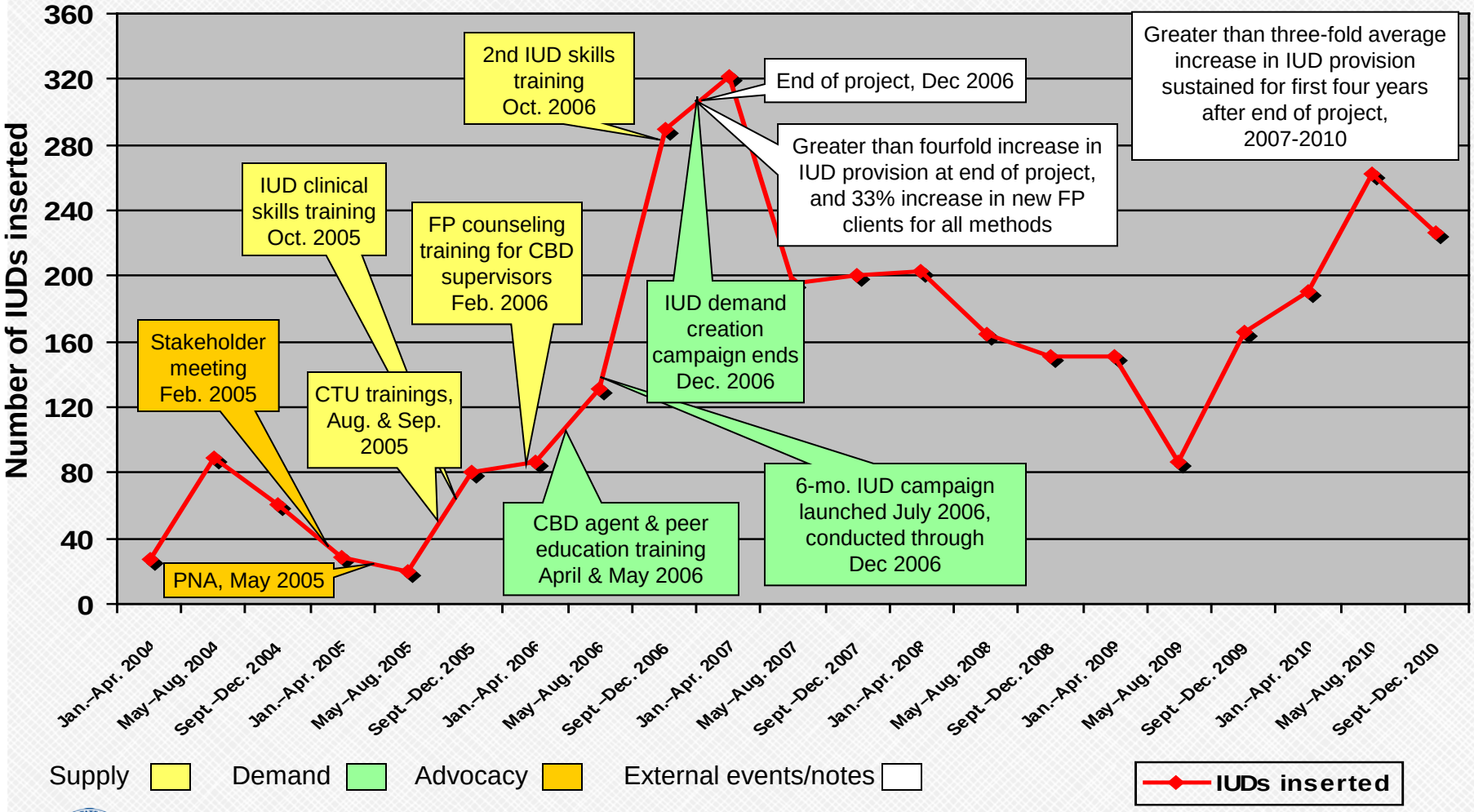
IUDs inserted at project-supported sites in Kisii District

(baseline, 2004; project years, 2005-2006, follow-up, 2007-2010)



Data source: MOH service statistics, Kisii District

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

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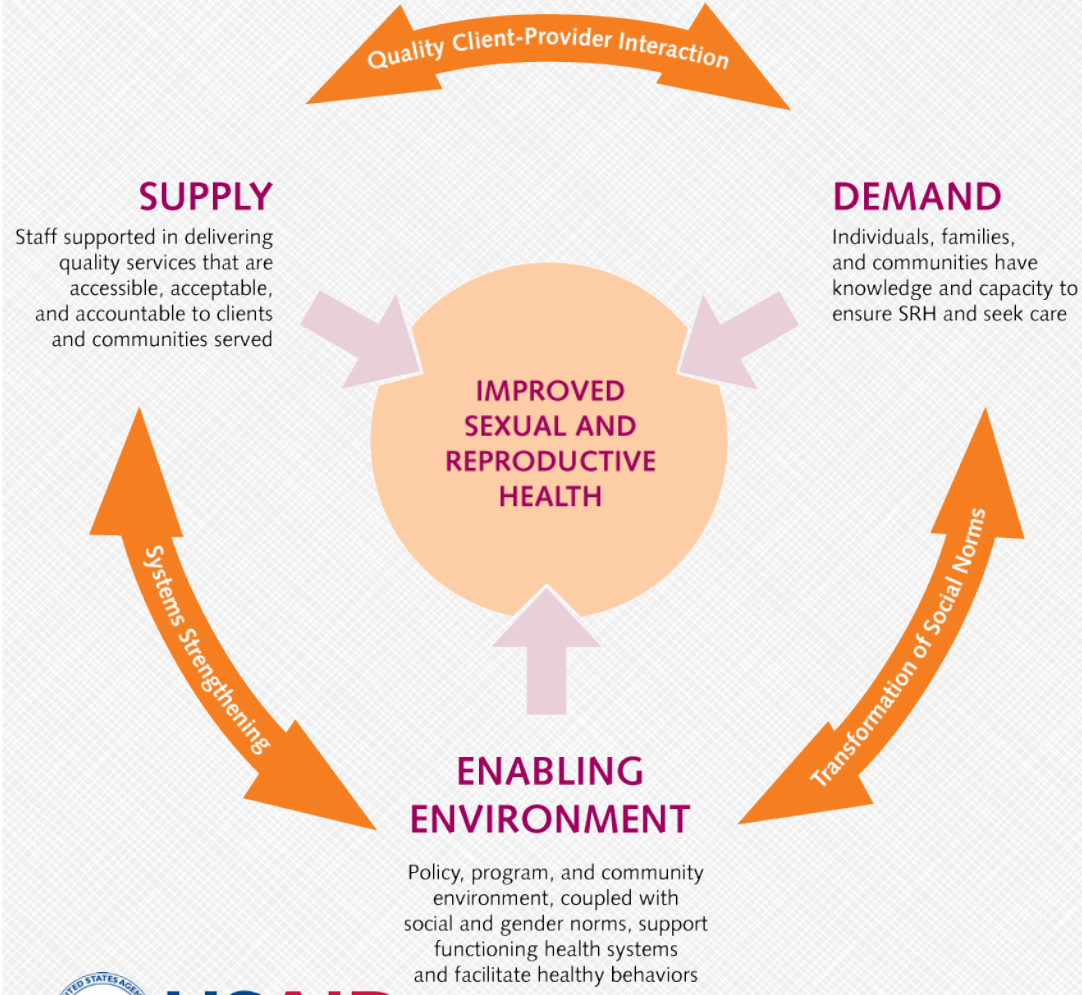
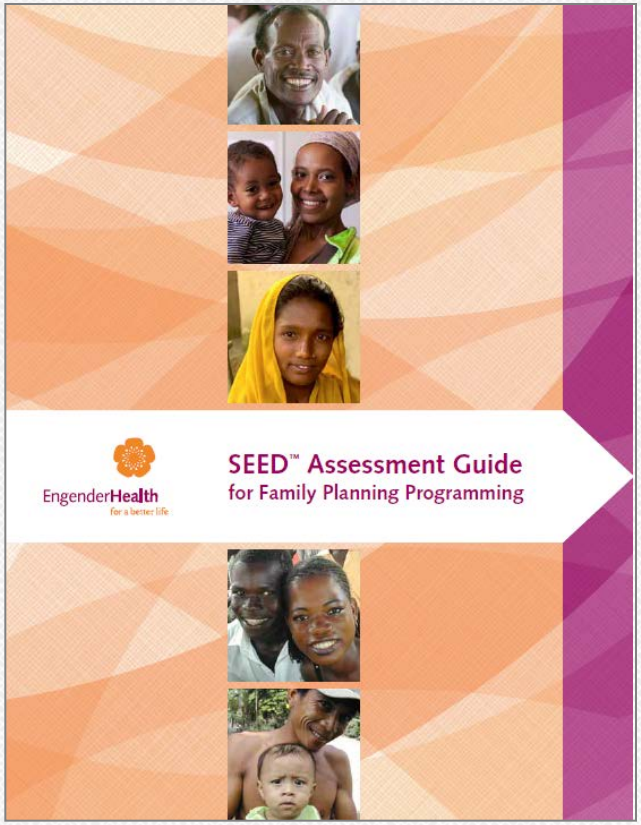
EngenderHealth's SEED Model for SRH Programming and SEED Assessment Guide





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