An Innovative Approach to Increasing Uptake of Long-Term Family Planning Methods in Zambia

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Background

- High and rising fertility: TFR increased from 5.9 to 6.2
- Only 0.1% of married women currently use IUD (0.4% use implant)
- MCH services overwhelmingly delivered through the public sector
- 14% national HIV prevalence
Intervention Tested

Seconding highly-skilled, dedicated LTM providers to selected high-volume government facilities to improve access to and uptake of LTMs
Methodology

• Establish a team of competent, committed LTM providers
  – Recruitment
  – Ensuring competency (20 successful IUD insertions in a supervised, clinical setting)

• Identify high-volume government facilities not yet offering LTM services routinely
  – Involving provincial and district authorities
  – Clinic-level assessments
  – Negotiating for additional space, exam bed & supplies

• Second LTM providers
  – Report to selected facilities during regular working hours
  – Responsible for service delivery & demand creation
SFH Provider Rynn Ngoma conducts a “sensitization talk” with rural women in Eastern province using SFH’s LTM flipchart--developed based on in-depth interviews w/ satisfied LTM users
Methodology (cont.)

• Supplement equipment/supplies
  – Battery operated headlamps
  – Additional insertion sets (15 IUD/25 Implant)
  – Plastic water buckets w taps

• Develop job aides
  – Sensitization flipchart, MIS booklet, infection prevention wall chart, eligibility wheel, etc.

• Monitor & supervise
  – Provider assessments
  – In-depth interviews with clients
  – Review of daily MIS forms
Program Coverage*

20 providers seconded to:
-15 urban static sites
-8 rural outreach sites

Located in 4 out of 9 provinces

* as of November 2009
A client receives an implant in eastern prov.
Results

• In the first 12 months, the program served 26,562 women with a long-term method of their choice (35% chose the IUD)
• 809 clients served with other methods
• Lowest cost per CYP compared to 13 other PSI country programs
• 1 out of every 3 women who participate in a sensitization session become a satisfied LTM user
LTM Provision by SFH in Zambia

Number of Clients

Month

2008

2009
June: 1007, July: 2151, August: 2162, September: 2775, October: 2167

Implant | IUD
Results (cont.)

• Among the LTM clients served during the first year:
  – 51% aged 20-29
  – 35% have 0-2 children; 40% have 3-4
  – 55% have less than a primary education
  – 27% used for limiting; 73% for spacing

• High client satisfaction due to high quality counseling and follow-up
  – 2.7% of IUDs removed
  – 3.6% of implant removed
Advantages of the Seconded LTM Provider model

• Cost-effective way to serve large numbers of women with minimal costs (limited investment in infrastructure or demand creation required)

• Quality
  – Ability to control provider recruitment, skill development & consequences for non-compliance with service delivery standards
  – Likelihood that revisit clients are seen by the same providers who provided initial LTM services, minimizes discontinuation rates
Challenges

- HR & supply chain management
- Geographic coverage
- Motivating permanent staff at participating sites to assume greater responsibility for LTM services
Lessons

• Seconding additional, dedicated staff members to high-volume health facilities can increase LTM uptake

• In a low LTM use context, providers require significant supervised practical experience & support to move from “LTM trained” to “LTM competent”
Lessons (cont.)

• Using providers as demand creation agents can be a cost-effective strategy to generate informed demand for LTM services.