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

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The Kisii IUD (IUCD) Initiative

- Context: National effort to “revitalize” family planning (FP) and IUD as an “underutilized” method
  - IUD prevalence↓: (3.7% in 1989; 2.4% in 2004); ↓ 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 FP methods)

Trends in Method Mix in Kenya: Steady decline in IUD’s share

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 yrs.)

<table>
<thead>
<tr>
<th>Method</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>Pills</td>
<td>21%</td>
</tr>
<tr>
<td>LAM</td>
<td>0%</td>
</tr>
<tr>
<td>Condoms</td>
<td>3%</td>
</tr>
<tr>
<td>Traditional</td>
<td>24%</td>
</tr>
<tr>
<td>Long-Acting</td>
<td>14.3%</td>
</tr>
<tr>
<td>Reversible</td>
<td></td>
</tr>
<tr>
<td>Injectables</td>
<td>43%</td>
</tr>
<tr>
<td>IUD</td>
<td>5%</td>
</tr>
<tr>
<td>Implants</td>
<td>4%</td>
</tr>
</tbody>
</table>

**Method mix among married spacers and delayers who are using FP**

- **Long-Acting Reversible Methods**: 14.3%
- **Injectables**: 43%
- **Pills**: 21%
- **IUD**: 5%
- **Condoms**: 3%
- **Traditional**: 24%
- **LAM**: 0%


Only 9% of spacers/delayers use an IUD or implant
Reproductive intentions and method choice: Limiters

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 & more supportive guidelines from World Health Organization
- Convenient (1 act can confer at least 12 years of contraceptive protection)
- Liked by women who use 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)
- **Many client misconceptions / myths**
- **Exaggerated provider fears re IUD’s possible association with:**
  - Pelvic inflammatory disease (but only small ↑risk, limited to first 6 wks)
  - Infertility (any↑risk is so small as to be “immeasurable”)
  - HIV (no increased risk of acquisition, transmission, or worsening of condition)
- **Thus widespread provider bias against IUD**
- **IUD is “Provider-dependent”: “No provider, no program”**
  - Depends on availability of trained, enabled, motivated provider
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

Supply

- Increased availability

Quality

- Client-provider interaction

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

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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
- Services expanded to health centres and dispensaries

**Demand**
- Media campaign
- Community outreach / participation
- Focus also on males / engagement

**Advocacy**
- Use of revised guidelines
- Identifying and nurturing champions
Policy/Advocacy Interventions:
Improving the policy and program environment

National Policy Makers
District Policy Makers
Providers
Communities

National launch 2003
Advocacy materials
Update of national guidelines

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

National and regional meetings
Presentations made at professional meetings; Workshops at training institutions

Expansion to health centres and dispensaries—Engaging community leaders
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
Demand-side Interventions

**Primary:**
- Women
- Age 25-45
- IEC materials
- Mass Media Radio spots & interviews
- National, regional, and local radio

**Secondary:**
- Their partners
- Community Outreach
- Experiential
  - Ladies Clubs, Men’s barazas

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Fahamu ukweli wa mambo
“Now you know the truth”

COIL
Fahamu ukweli wa mambo

COIL
Fahamu ukweli wa mambo

COIL
Fahamu ukweli wa mambo

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 COIL ukitumia COIL huwezi kuendelea na kazi zako za kila siku?

Zingiria na ana wako wa aya komu tani na njia zingine za kupanga uzazi.

Kwa ahali, COIL:
- Indaji iliachukupatikana na watu wanao shughuli ya faragha ya kazi mari, nazo ya mwezi, nazo ya mwanafu na kazi ya kazi ya kazi ya afya ya mwezi.
- Tutumia kipanga za umeme za kupunguza vyombo vya ufya vya mwezi, vya uharibuni, na vya umeme "COIL" kwa kupunguza vyombo vya afya vya mwezi.
- Tuweza kusaidia watu wasitaswa kwa kazi zao zingine za kupanga uzazi.
Demand-side results: Reached the community; ↑ knowledge and acceptability

- 250,000 exposures to IUD-related messages to Kisii District
- 45% in District reported hearing or seeing an IUD-related message
- 50,000 people were 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 between communities and MOH facilities
Demand: Engaging Men 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
IUD Provision at Project Sites in Kisii District
(baseline, 2004; project years, 2005-2006; follow-up, 2007-2010)

Greater than three-fold average increase in IUD provision sustained for first four years after end of project, 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 -- and demand is critical
- Holistic programming is helpful: service systems are only as strong …
EngenderHealth’s SEED Model for SRH Programming, and SEED Assessment Guide

**Supply**
Staff supported in delivering quality services that are accessible, acceptable, and accountable to clients and communities served

**Demand**
Individuals, families, and communities have knowledge and capacity to ensure SRH and seek care

**Enabling Environment**
Policy, program, and community environment, coupled with social and gender norms, support functioning health systems and facilitate healthy behaviors

**Improved Sexual and Reproductive Health**
Quality Client-Provider Interaction

**Systems Strengthening**
Transformation of Social Norms
Asante sana!