Improving Access to FP in ECSA Region: Addressing Policy and Financing concerns to achieve MDG 5b

Report of Findings from a Regional Assessment

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Dr. Odongo Odiyo

East Central and Southern Africa- Health Community
Acknowledgement

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- WHO
- UNFPA
- UNICEF
Introduction & Background

- Expanding access to FP at the community level - priority strategy for accelerating progress towards achieving MDGs: (5b emphasizes the universal access to RH, including FP services).
- The strategy resonates with a number of ECSA’s resolutions, other regional, and international commitments, and recommendations.
- Challenges in achieving universal access to FP and RH services include: High populations in rural areas in SSA; Poor infrastructure; Inadequate workforce; High poverty levels; & Inadequate financing
Introduction & Background cont.

- ECSA worked directly with MOH in 5 MS (Kenya, Lesotho, Malawi, Uganda, and Zimbabwe) through the assessment to respond to its resolutions, other regional and international concerns and recommendations.
- **Assessed** : Current policies, guidelines, training materials, and implementation of CBFP
- Other 4 MS (Mauritius, Swaziland, Tanzania, & Zambia) shared their status on the same issues, during the dissemination workshop.
- Results disseminated and validated by all 9 MS, & consensus built.
Study Objectives

- Describe national level policy and service delivery guidelines/standards that facilitate delivery of quality FP at community level.

- Define challenges and opportunities in current community-level FP service delivery systems in addressing FP needs of underserved populations.

- Synthesize of commonalities for improved approaches to expand FP services, so as to inform country and regional priorities for improved service delivery of FP services.
Methodology

- Desk review of related literature, including DHS data, policy documents, national guidelines, research studies, and program reports; and

- Qualitative input from key informant interviews and focus group discussions.

- Report synthesized & prepared from findings of the desk review and qualitative assessment.
Unmet needs for FP and difficult terrain can result in multiple problems.
ASSESSMENT:

DESK REVIEW FINDINGS
Trends in Unmet Need

- Kenya
- Malawi
- Lesotho
- Uganda
- Zimbabwe

Legend:
- Rural
- Urban
- Total
Total Fertility Rate

<table>
<thead>
<tr>
<th>Country</th>
<th>Wanted TFR</th>
<th>Actual TFR</th>
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<tbody>
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<td>3.5</td>
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<tr>
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</tr>
<tr>
<td>Lesotho</td>
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<tr>
<td>Uganda</td>
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<td>3.0</td>
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<tr>
<td>Zimbabwe</td>
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ASSESSMENT:
INTERVIEW
FINDINGS
Policies, Guidelines and Strategies

- Some RH policies recognize CHWs as key providers at the community linking the community with the health facility but do not spell out what type of services they are allowed to offer.

- Some countries have essential health packages to be provided by CHWs, but FP and MNCH is usually not priority services.

- Each country has guidelines and strategies to support the delivery of FP and MNCH services.

- CHW cadres vary extensively, including length of training, remuneration, and types of services.
Financing

- Financial constraints contribute to challenges in increasing coverage of community services.
- Most of the ECSA countries are dependent on donor funds to provide FP services, especially those at the community level.
- Some countries fund FP as a lower priority than emergency health services.
- Most of the MS have not reached the Abuja commitment.
- Only 3 MS have conducted NHA-RH sub-accounts.
- Only 2 countries have prepared CIP.
Operational Issues

- National guidelines on training, remuneration, & types of service *vary* for each cadre of staff that provide services at the community level.
- Guidelines for *supervision* of CHWs vary extensively
- Information and services from CHWs are often not *linked* well with facilities.
- CHWs reported *poor motivation* and *high turnover*
- Regular *supplies of commodities* are a problem in most countries
- Men & negative cultural values are barriers to FP & MNCH services at the community.
Operational Issues

“We understand the need for the HSAs. We don’t have the numbers of nurses/midwives to reach out to the remote areas. We support them but want them to be trained properly. We need a regulatory framework.”

Registrar, Nurses and Midwives Council of Malawi
WHO recommendation of 2.5 Health Workers to 1000 population is far from being met by all our MS except, one.
Opportunities for Expanding Access to Community FP and MNCH Services

- Community participation
- Train CHWs not providing FP e.g., VHWs in Zimbabwe
- Support CHW retention, motivation and sustainability
- MNCH & HIV programs support FP integration
- Some VHWs already providing immunization services at the community level
- Engaging youth and males
- Many stakeholders, including donors already support these services
- Use of new technologies
RECOMMENDATIONS
Policies, Guidelines & Strategies

- In countries with essential health package, include CHW provision of FP explicitly
- Develop a regional CHW service delivery package
- Identify discrete activities to be provided by the 2 main cadres (volunteers & paid)
- Review country policies and existing global evidence on delivery of certain services e.g. injectable contraceptives by CHWs
- Need to address concerns raised by regulatory authorities and professional associations
Operational Issues

- Identify minimum training requirements regionally
- Clarify and strengthen training and supervision
- Develop supervision guidelines and generic tools that can be adapted by member states
- Address issues related to sustainability and motivation
- Strengthen linkages and referrals with health facilities
- Ensure continued supply of commodities
- Engage the youth and men in FP services, at the community level.
Operational Issues cont.

Involve regulatory authorities and professional associations in training, deployment and supervision of CHWs

- Provide guidance on monitoring and evaluation of providers of FP services at community level- Include dropout rates of lower level and unpaid CHWs, work load pressures of CHWs, and new research on motivation of CHWs.

- Provide regional guidance on community mobilization approaches such as community gatherings, contests, and other events.
Financing

- Generate country specific evidence on financing of RH/FP with focus on community services
- Identify underfunded and inadequate aspects of health delivery systems at community level
- Adopt specific funding mechanism for FP at community level in the national budget (e.g. budget line item)
- MOHs should recognize the importance of sustainable community based FP and fund it
- Need to strive to achieve or review Abuja commitment
- Each MS needs to conduct its NHA, esp. RH sub-account.
Conclusions

The assessments show that community-based approaches to FP services have clear benefits in improving access to information and services.

This approach is a powerful tool for social transformation towards improved quality of life at the community level, with resulting impact on achieving MDGs 5b.

While promising practices and models are emerging, much remains to be done.
Thank you
Merci
Asante sana