Family Planning Systems Strengthening: Expanding Access in Recently Post-conflict Settings in the Great Lakes Region of Africa

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Challenges Facing Health Systems in Conflict and Post Conflict-affected Settings

- Infrastructure
- Lack of equity in the provision of health services
- Lack of appropriate policy environment
- Limited management capacity
- Weak availability and distribution of commodities
- Difficulties in financing health programs and reallocation of funds
- Overall insecurity
Family Planning - an Overlooked Priority

- Resources allocated to urgent priorities
  - Security
  - Reconstruction
  - Water/sanitation
  - General health
  - Shelter

- Focus is on **saving lives** with limited resources given to FP services and products

- Resulting insecurity in FP personnel, goods, and services
Importance of FP in Conflict-affected Environments

• Offering family planning **saves** lives

• Women can gain **autonomy** in the context of disrupted lives

• Introduction/scaling up of family planning provides an opportunity for **systems strengthening** during transitions from emergency to more stable conditions
Gaps in Family Planning Services

Results from IAWG global evaluation of RH services in conflict/post-conflict settings (2004)

• FP *methods* were available - Nearly all visited sites reported offering at least one FP method, most common were OCs, condoms, injectables

• But notable FP *service and program* gaps —
  • Transition planning from emergency to comprehensive FP services
  • Limited efforts to improve access to and quality of FP services

2011 priority research agenda for FP calls for a *systems-strengthening* focus
FP for Transitional Service Settings

- Since 2002, Standard Days Method (SDM) has been integrated into programs in more than 30 countries, including 2 recently post-conflict countries in Africa.

- **For recovering health systems**: Easily expands modern FP options. Effective. Low skilled providers can offer. Easy to access. Inexpensive. One-time-distribution commodity.

- **For women**: No resupply. No provider absence & stock-out worries. Limits health center visits during insecure periods.

Source: RHInterchange
Introducing a New FP Method
Strengthens Recovering Health Systems

- Systems strengthening
  (focus on building blocks)
- Moving from FP methods to FP programs
- Adding a new & different method option
Introducing and Scaling up FAM in Recently Post-conflict Environments

Case studies of Burundi and the DRC
Case Study Burundi – 2009/2010

Introducing a new FP method, building evidence, and positioning for expansion

• Context: Peace accords in 2001. MOH starting to focus more on FP, eg, norms being updated.

• SDM pilot with MOH and FHI360 – 6 months delivery in 4 sites - indicated significant interest: 3.3% contribution to new-user method mix

• Clients and providers liked the new method
  - 96.4% of interviewed users were happy with SDM
  - Easy to use/ Does not demand multiple center visits / No secondary effects / Learn about how body/cycle works / Increases couple understanding / Couple manages fertile days as they wish

• Currently expanding SDM district-wide
### How Introduction Process Strengthens Health System - Burundi

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<th>Quality services</th>
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<td>Performing workforce</td>
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<td>Functioning FP / HIS</td>
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<td>Equitable method access</td>
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<td>Adequate health financing</td>
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#### Training district trainers and center providers in offering and integrating SDM into FP services

**FP counseling skills refresher/ reminder**

**Allow mixed MOH and FBO services to offer FP services**

**Strong stakeholder participation from the beginning**

At end of pilot period, systems-oriented reflection on expansion – planning integration into HIS, training curriculum, procurement and supply chain
Case Study DR Congo 2006/2011
Accompanying MOH and partners to take FP/SDM services to scale

- Opportunity: Strong GoDRC support for FP for national development, post 2003 Peace Accords
  - MOH re-establishing FP services as Health Zones are being rebuilt (255 of 315 HZ by 2012)
- Strong political support for scale up
- In absence of centralized FP data, evidence from project surveys:
  - 2007 GTZ/MOH CBD pilot evaluation in Bandundu Province showed SDM contributing 33% to new-user method mix.
  - ASD/MOH/IRH multi-site study showed SDM contributed 1,772 CYPs followed by Implants (1,512 CYPs) and Depo (1,314 CYPs) and was offered with quality
How Scale up Process Strengthens Health Systems - DRC

**Quality services**

- Performing work force
- Functioning FP / HIS
- Equitable method access
- Adequate health financing
- Strong leadership & governance

**As one set of partners builds training and service capacity, move to a new set for quality service expansion**

**Resource realities:** Project-by-project TA

**Donor / resource equity over time**

**Systematically coordinating with MOH**

- Strong stakeholder engagement in FP/SDM introduction
- In-country IRH staff advocates and provides support to MOH which guides expansion
  - TA to FP partners during expansion,
  - Revising HMIS / FP province by province,
  - Supporting pre-service FP nursing curricula revision,
  - TA for procurement planning and ordering
Need for Innovation in Systems Strengthening

Respond to post-conflict challenges through the introduction of an easy-to-use & easy-to-offer FP method

Introducing a new method with health systems strengthening in mind addresses gaps in transition from emergency to stable system contexts

Experience with SDM suggests it is appropriate for recently post-conflict settings, offers some unique advantages, and – when introduced strategically – can contribute to strengthening health systems in transition.