

Family planning



IMA World Health



Comprehensive Family Planning Services

Indonesia. Gloria Nantulya/IMA World Health photo

Investing in women’s access to and knowledge of family planning and reproductive health (FP/RH) services reduces maternal and child deaths. By helping women make informed decisions about where and when to expand their family, FP/RH services create healthier households. This work further strengthens a country’s social and economic development, impacting cross-cutting development areas including overall economic growth and employment, food security, education, health and other critical areas. Despite the benefits, fewer than 20 percent of women in Sub-Saharan Africa access and use modern contraceptives.

FP/RH is a critical underpinning to strengthening the overall health of a population. Its programs strengthen access to and quality of family planning/reproductive health (FP/RH) services for women within primary health care programs. IMA assists governments in implementing up-to-date national FP/RH at the decentralized level in health facilities, strengthening infrastructure for quality service delivery, and training community- and facility-health care workers to provide FP/RH services. IMA also helps health systems forecast and meet family planning commodity needs, connecting women to a variety of contraceptive methods.

Founded in 1960 as Interchurch Medical Assistance, IMA World Health works in some of the world’s most vulnerable communities where family planning and other public health

approaches are critical to stability. IMA provides technical assistance (TA) on a variety of evidence-driven facility- and community-based FP/RH service delivery approaches.

Kenya

In Kenya, Afya Jijini provides technical assistance to Nairobi City County’s health facilities (including government and private sector clinics) and targeted informal settlement catchment areas via 2,000 newly-trained Community Based Distributors (CBD) to increase access to and uptake of FP. The project uses a combination of training, mentorship, and joint supportive supervision with sub-counties to increase access and quality of FP services. Training focuses on reinforcing skills provision (such as IUCD implant insertion and removals), FP compliance, and on the provision of post-partum FP (PPFP) through on-site mentorship. Afya Jijini supports the county in redistributing FP commodities from stocked facilities to those without them during support supervision visits. Afya Jijini’s innovative “Maternal and Child Health (MCH) 7/7” initiative launched the provision of weekend and evening services, enabling 2,762 women to access implants and 774 women to receive IUCDs. Finally, the project emphasizes integrated FP/HIV services both on-site, during post-abortion care (PAC) and as part of routine PPFP services.

Democratic Republic of Congo

In the DFID-funded ASSP project, IMA works in 56 health zones to increase access and use of modern FP methods, increasing the overall contraceptive prevalence rate from five to at least 10 percent. ASSP's FP interventions focus on promoting birth spacing and avoiding unwanted pregnancies to improve maternal health and child well-being. Targeted interventions focus on service delivery for women (provision of a full complement of FP methods, training of clinical providers, and increasing accessibility at the community level) as well as helping communities understand the value of FP and its contribution to good health. To ensure sustainability of RH/FP service delivery, ASSP integrates and reinforces FP services within health services provided by the public, faith-based and private sectors and ensures access to contraceptive commodities through proper forecasting and distribution.

South Sudan

IMA also works with Ministries of Health (MOH) to expand access to FP in DRC and South Sudan through large-scale integrated primary healthcare projects. In the World Bank-supported Rapid Results for Health Program (RRHP), IMA works with the State-level MOH to help thousands of women access comprehensive FP services – including long and short term contraceptive services PAC, GBV response services, and HIV testing - at 182 primary health facilities in 22 counties in Jonglei and Upper Nile States in South Sudan.

Select approaches

Generating demand for services

In DRC, IMA's ASSP project uses three main techniques to generate FP demand. First, it trains health care providers to be FP promoters at each and every client interaction. At the community level, volunteers also promote the benefits of FP through community meetings, household visits, and one-on-one discussions with community members. The project specifically targets religious and traditional leaders for sensitization and develops tailored sermon guides for religious leaders to promote accurate messaging and appropriate FP promotion. ASSP also uses mass and local media (e.g., local radio, informational brochures for low literacy audiences) to complement household-level and community promotion. Finally, at the facility level, ASSP



Members of the community group or "Noyaux Communautaire" in the village of Nzenga, North Kivu province, DRC. Photo by Chris Glass/IMA World Health.

ensures the provision of quality and client-friendly services through training and supportive supervision that monitors FP service delivery satisfaction and quality assurance.

IMA partners with faith leaders in its health programs as a key strategy for improving health service demand. IMA's Sermon Guides (for both Christian and Muslim faiths), used in multiple programs, use analysis of theological documents and doctrines to create messaging that appeals to the faith and values of faith communities. The sample sermons help leaders incorporate health and SBCC messages into their sermons/religious discussions, as well as offer guiding questions and techniques on how to hold discussions on often tricky issues around FP, HIV, and GBV.

Engaging male partners for FP success

Within its Kenya PEPFAR-funded DREAMS program, IMA implements targeted youth-led social norms campaigns that engage men and boys as leaders, hosting community conversations about HIV and violence-related issues (such as gender norms, sexuality, relationships, joint decision-making, and alcohol use). This results in increased uptake of HIV and health services by both girls and boys. IMA also piloted and scaled up "We Men Care," a male partner HIV and maternal, neonatal, and child health, and FP engagement strategy that includes counseling and services at 17 high-volume HIV sites. Men who accompany their pregnant and breastfeeding partners to MCH visits have

continued

the opportunity to meet with a Mentor Father who informs them on relevant health topics, such as the danger signs of pregnancy and childbirth, the importance of a birth plan, PPF, etc. The men concurrently receive other health services, such as getting their blood pressure, weight and body mass index checked, and HIV testing services. Through Afya Jijini's "We Men Care", 6,108 men accompanied their partners to the MCH clinic in Year 1. Couples HTS increased from 36% to 64% during the past several quarters at sites, and 25% and 64% of men joined their partners at ANC and child wellness clinics, respectively (up from single digits).

Strengthening supply chains

IMA currently provides customized supply chain TA based upon needs and best practices within multiple programs in Tanzania, DRC, South Sudan, Kenya, and Haiti. In Kenya, for example, IMA works at the health facility and sub-county level to improve the tracking and forecasting of essential commodities to improve the timeliness of delivery and distribution. The USAID Afya Jijini project (\$48 million, 2015-2020), for example, established baseline family FP commodities reporting trends for the county based on DHIS2. As a result of on-site TA addressing reporting flow and roles in uploading data, FP commodity on-time reporting rates increased from 42% in April 2016 to 69% by the end of September 2017.



IMA World Health is a faith-based nonprofit that helps vulnerable communities to overcome their public health challenges.

Headquarters

1730 M Street, NW, Suite 1100
Washington, DC 20036
+1.202.888.6200

www.imaworldhealth.org



Kenya. Craig Thompson/IMA World Health photo
Cover: South Sudan. Allison Shelley/IMA World Health photo.