



# FAMILY PLANNING AND REPRODUCTIVE HEALTH

## CAPACITY STATEMENT



*Working Together to Build Healthy Communities and End Poverty*

[imaworldhealth.org](http://imaworldhealth.org)

IMA World Health invests in access to and knowledge of family planning (FP) and reproductive health (RH) services for women, men, and couples as a critical factor in improving maternal and child health (MCH) and helping individuals, families, communities, and societies thrive. As a faith-based organization, one of IMA's core values is serving vulnerable populations; in service to this value, IMA supports women and couples experiencing vulnerability to make informed decisions about where and when to expand their families using voluntary FP methods that align with their own values and beliefs. Ensuring access to an availability of high-quality FP/RH services allows women and couples to safely space pregnancies and provide for their families, enabling healthier individuals, households, and communities. This work further strengthens a country's social and economic development, with effects seen across development areas including economic growth and employment, food security, and education, in addition to health.

IMA has deep technical expertise in public sector health systems strengthening, capacity building of sub-national health departments, community-based distribution of family planning commodities, and social and behavior change communication (SBCC). IMA assists governments to:

- Implement national FP/RH **policies** at national, sub-national, and local levels,
- Strengthen **service readiness** for quality service delivery,
- **Train** community and facility health care workers to provide FP/RH services for women and couples, and
- Help health systems **forecast** and **meet FP commodity needs**, ensuring a consistent supply throughout the health care system.

## About IMA World Health

IMA World Health (IMA), an international faith-based non-governmental organization, currently manages a \$120 million+ annual portfolio of health programs throughout Sub-Saharan Africa, Southeast Asia, and the Caribbean. We currently implement programs in Kenya, Tanzania, South Sudan, the Democratic Republic of Congo, and Haiti, and participate on flagship USAID global health opportunities including USAID's HIV prevention-focused *AIDSFree* and the neglected tropical disease (NTD)-focused *ENVISION* and *Act to End NTDs | East*. IMA also manages integrated health, population, and nutrition programs for DFID, the U.S. Office of Foreign Disaster Assistance, Global Fund, and UN agencies.

## SELECT APPROACHES

### Building Public Sector Capacity and Leveraging Community Resources to Deliver Comprehensive FP Services

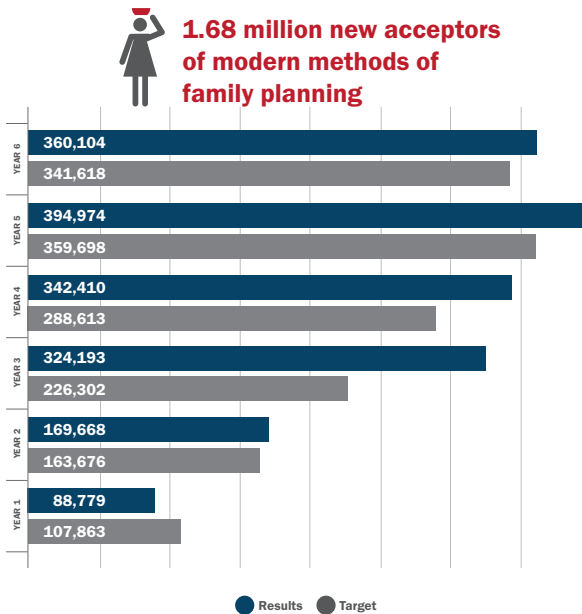
In **Kenya**, the USAID Kenya and East Africa-funded *Afya Jijini* project (\$48 million, 2015-2020) provides technical assistance to 509 urban and peri-urban facilities and supports informal settlement areas via 2,000 community-based distributors (CBD) to increase access to and uptake of FP services. The project uses a combination of **training, mentorship, and joint supportive supervision** with sub-county health staff to reinforce the importance of voluntarism in FP/RH service provision; maintain provider skills for clinical FP services such as IUD and implant insertion and removals; scale up counseling and provision of postpartum family planning (PPFP); and ensure supply of FP commodities in facilities and for the CBDs. *Afya Jijini's* "Maternal and Child Health 7/7" initiative launched weekend and evening services, enabling an additional 2,762 women to access implants and 774 women to receive IUDs. Finally, the project emphasizes integrated FP/HIV services onsite, during post-abortion care (PAC), and as part of routine PPFP services.

IMA also works with Ministries of Health (MOH) to expand access to FP/RH services in the **DRC** and **South Sudan** through large-scale integrated primary health care projects. In the World Bank-supported *Rapid Results Health Program (RRHP)* (\$72 million, 2013-2018), IMA worked with the state-level MOH to increase access to **comprehensive FP/RH services** including long-acting and short-acting contraceptive methods, post-abortion care, gender-based violence (GBV) response services, and HIV testing at 182 public primary health facilities in 22 counties in Jonglei and Upper Nile States.

Under the DFID-funded *Access to Primary Health Care Project (ASSP)* (£183M, 2012-2019) and its follow-on project *Rural Health Systems Strengthening Project (ASSR)* (2019-2020), IMA works with the MOH in 56 health zones in the **DRC**. From 2012-2019 **the modern contraceptive prevalence rate (mCPR) rate in IMA-supported health zones increased from five to 22 percent, more than double the project performance goal**. Targeted interventions focus on increasing access to and use of a full range of FP/RH services for women through 1.) ensuring supply of a full range of FP methods; 2.) training of clinical providers to provide high quality services; 3.) increasing accessibility to FP methods at the community level through CBD; and 4.) increasing awareness of the myriad benefits of FP through SBCC. To ensure sustainability, ASSP/ASSR integrates and reinforces FP/RH within health services provided by the public, faith-based, and private sectors and ensures access to contraceptive commodities through proper forecasting and distribution.

Despite an outbreak of violence in 2016 that displaced roughly one-third of the project's target population, **ASSP met and exceeded many of its MCH goals, including those for family planning**. For example, ASSP supported recruitment of 394,974 new acceptors of modern methods of family planning in project year 5, achieving 110 percent of the annual target. It also supported 283,966 couple years of protection (CYPs) in year 5, achieving 145 percent of the target

Figure 1: NEW ACCEPTORS of MODERN FAMILY PLANNING METHODS in ASSP (By Project Year)



## Generating Demand

IMA uses multiple channels to generate FP demand in the **DRC**, including deploying the following bi-directional facility-community approaches:

1. **Training** health care providers to be FP promoters at every client interaction,
2. **Training community volunteers** to promote the benefits of FP through community meetings, household visits, and one-on-one discussions with community members,
3. **Sensitizing religious and traditional leaders** and developing tailored **sermon guides** for them to promote accurate and appropriate FP messaging,
4. **Using mass and local media** (e.g. local radio, informational brochures for low literacy audiences) to complement household-level and community promotion, and
5. Ensuring the provision of **quality and client-friendly services** at the facility level through training and supportive supervision that monitors FP service delivery satisfaction and quality assurance.

## ENGAGING FAITH LEADERS

IMA partners with faith leaders as key influencers for improving health service demand. IMA's Christian and Muslim sermon guides reference theological documents and doctrines to create messaging that appeals to the faiths and values of local 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 sensitive issues around FP, HIV, and GBV. Under USAID's **AIDSFree** project, IMA has worked globally, supporting faith-based partners in **Lesotho, Kenya, and Malawi**. Through ASSP, *Afya Jijini*, the DFID-funded **ASTUTE** project (\$31.5M, 2015-2020), and **RRHP**, IMA has informed and supported the faith sector's response to promote FP/RH and health-seeking behaviors in the **DRC, Kenya, Tanzania, and South Sudan** respectively.

## STRENGTHENING YOUTH ACCESS TO QUALITY, YOUTH-FRIENDLY SERVICES

Increasing access to and uptake of sexual and reproductive health (SRH) services among adolescents and youth starts with developing evidence-driven, community-led SBCC approaches and messages that dispel common myths as well as connect clients to SRH services. In urban **Kenya**, under *Afya Jijini*, IMA conducted a **Youth-Friendly Services (YFS) Assessment** of 30+ Nairobi health facilities to understand how young women are treated and how they access reproductive health services, post-rape care, and post-exposure prophylaxis (PEP). Based on the findings, *Afya Jijini* developed YFS reporting tools for sites and is working closely with the county and other stakeholders to scale up youth-friendly adolescent and youth sexual and reproductive health (AYSRH) services. IMA also supports a peer-to-peer engagement model to identify adolescents and young people in Nairobi's informal settlements, counsel them, and deliver AYSRH services, including condom promotion and distribution. Under its PEPFAR-funded **DREAMS** activities, IMA works with Mukuru Health Center to provide FP services using two trained AYSRH Nurse Champions, who offer express services to over 5,000 adolescent girls and young women (AGYW). Additionally, mentors are paired with CBDs who provide health talks and commodities to AGYW. The project also mapped and created risk profiles for AGYW's sexual partners to help guide sexual risk reduction interventions and partner outreach and improve youth-friendliness of FP provision.

In the **DRC**, ASSP **assesses health facilities for their youth-friendliness and develops improvement plans** to better address youth needs. Actions include better integrating AYSRH services into other adolescent health services, improved confidentiality and privacy, and 'secret shopper' exercises. Under the global USAID **AIDSFree** project in **Lesotho**, IMA promoted HIV prevention and uptake of FP while working to mitigate GBV by providing **comprehensive, life skills-based sexual education** in schools and working to change norms and behaviors at the community level.

## ENGAGING MALE PARTNERS FOR FP SUCCESS

Through **DREAMS**, IMA implements targeted youth-led social norms campaigns in **Kenya** 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, family planning, and alcohol use.

1. Determined, Resilient, Empowered, AIDS-Free, Mentored, and Safe (DREAMS): A \$385 million PEPFAR-supported partnership to reduce HIV infections among adolescent girls and young women (AGYW) in 10 sub-Saharan African countries.

## STRENGTHENING SUPPLY CHAINS

IMA was founded 60 years ago as a procurement and distribution agent for essential health commodities, and supply chain strengthening remains a core expertise of IMA today. In **Kenya**, IMA supports the MOH at the health facility and sub-county levels to improve the tracking and forecasting of essential health and FP commodities to reduce stock-outs. With technical assistance from IMA to streamline reporting of stock utilization and reorder requests, on-time reporting rates **increased from 42 percent in April 2016 to 69 percent** by the end of September 2017. In **DRC**, IMA has supported the MOH to procure and distribute £110 million worth of essential medicines and FP commodities.

## MITIGATING GBV AND ENSURING COMPREHENSIVE SUPPORT TO SURVIVORS

Under the USAID-funded **Ushindi** project in **DRC** (\$20.4M, 2010-2017) and the follow-on project, the *Counter Gender-Based Violence Program*, known locally as **Tushinde** (\$15.3M, 2017-2022), IMA works with communities to prevent GBV and provide comprehensive psychosocial and health support to survivors. IMA works with local leaders to establish youth clubs to educate children and adolescents (aged 10-19) on gender equity, positive masculinity, children's rights, sexual and reproductive health, and ways to report suspected abuse. IMA works with community leaders, including traditional and religious leaders, teachers, and other influential community leaders, to create and sustain a zero-tolerance attitude towards abuse. We also provide **PEP and emergency contraception** to survivors and link them to broader FP/RH services, including fistula repair, contraception and PAC.



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*IMA World Health partners with faith leaders as key influencers for improving demand for family planning and other health services. (Photo by Craig Thompson)*

