Agir pour la Planification Familiale

PROJECT BRIEF NO. 6 · OCTOBER 2016

Using the Family Planning Special Days Approach to Expand Access to and Use of Contraception in Burkina Faso, Niger, and Togo

BACKGROUND

Family planning (FP) saves lives, allowing individuals and couples to decide if to have children, when to have them, and how many to have. Family planning offers demonstrable health benefits and is critical to economic and social well-being. However, services often fail to meet the need for FP, due to weak infrastructure and systems, insufficient involvement of civil society organizations, and a lack of human resources. Across West Africa, health care facilities are often run by only one or two staff, and the ratio of providers to population is well below the benchmarks established by the World Health Organization (WHO). Moreover, the policy environment is rarely supportive of FP. Ultimately, poor quality of and access to services, inequitable gender norms, and lack of social support all negatively affect demand for FP.

In 2011, when the Ouagadougou Partnership was launched in Ouagadougou, Burkina Faso, stakeholders across the West African region committed to reaching an additional 1 million FP users by 2015. At the 2012 London Summit on Family Planning, the global community vowed to reach an additional 120 million users in the world's 69 poorest countries. Much remains to be done to meet these ambitious commitments globally, and West African countries in particular have high fertility, low contraceptive use, and high unmet need for FP. Achieving the commitments of both FP2020 and the Ouagadougou Partnership may require new strategies to ensure that individuals across the region can share in the health and socioeconomic benefits of these increased investments.

In 2013, the U.S. Agency for International Development (USAID)/West Africa Regional Health Office awarded Agir pour la Planification Familiale (AgirPF), a five year-project, to EngenderHealth. AgirPF's goal is to enable individuals and couples to make, and voluntarily act on, informed decisions about FP, in selected urban and peri-urban areas of Burkina Faso, Côte d'Ivoire, Mauritania, Niger, and Togo.[1]

AgirPF aims to strengthen and expand the delivery of quality FP information, products, and services; select, adapt, and implement evidence-based service delivery approaches; and coordinate efforts to remove policy barriers and improve contraceptive commodity security. To achieve these results, AgirPF is implementing a number of High Impact Practices (HIPs),[2] including FP outreach services through FP special days.

[1] The selected areas in which AgirPF operates are Ouagadougou, Bobo-Dioulasso, and Koudougou in Burkina Faso; Lomé, Sokodé, and Kara in Togo; Niamey and Maradi in Niger; Abidjan in Côte d'Ivoire; and Nouakchott in Mauritania.

[2] High-impact practices (HIPs) are promising or best practices in FP that, when scaled up and institutionalized, will maximize investments in a comprehensive FP strategy. HIPs help FP programs focus their resources and efforts to ensure they have the broadest reach and greatest impact. For more information, see: www.k4health.org/topics/high-impact-practices-family-planning.

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THE FP SPECIAL DAYS INTERVENTION

AgirPF has implemented the "special days" approach to FP service delivery in 27 urban and peri-urban districts in Burkina Faso, Niger, and Togo, deploying providers from 253 project-supported sites to facilities not offering a full range of FP services on a regular basis. As such, FP special days are a type of mobile outreach service delivery that give clients access to FP services that would not otherwise be available to them. FP special days:

- Are a three-day event of free FP services
- Occur at a service delivery point (SDP) or another place chosen by the district health management team (DHMT) that does not usually offer a full range of FP services
- Are held in collaboration with the community, AgirPF, and the Ministry of Health
- Consist of an integrated package of promotional activities, preventive care, screening, treatment, and referrals

The FP special days approach is uniformly applied in the three selected AgirPF project intervention countries, with the only exception being that some countries have been able to integrate services besides FP into the free care that is offered. This approach covers the organization and management of FP special days events, geographic coverage, service frequency, human resources, procurement, supply management, transportation, reporting and information management, community engagement and mobilization, communication with clients, service delivery, quality of care, supervision, and funding.

IMPLEMENTING FP SPECIAL DAYS

Planning

FP special days require considerable advance preparation, both for the deployment of additional providers and for the mobilization of clients (Wickstrom et al., 2013). Prior to the event, a consultative meeting is organized with the DHMT and AgirPF to decide when and where to organize FP special days. This decision is made according to five main criteria: (i) insufficient FP demand observed,[3] (ii) unmet need for spacing and limiting births (based on Demographic and Health Survey data), (iii) low access to health services, (iv) hard-to-reach and very poor and crowded locations, and (v) suitability of the premises (e.g., adequate room for clients to rest after a clinical procedure, if need be).

Before conducting the FP special days event, the DHMT and AgirPF visit potential sites to determine if they meet the above criteria. This first meeting is followed by a meeting at the chosen health facility, where AgirPF officially informs the health facility providers about the FP special days event to be conducted at their facility.

The DHMT is expected to plan for the following for the FP special days event and ensure that during the event, providers use good counseling techniques, informed choice for all FP clients is achieved, and clients have privacy and confidentiality while being counseled on FP and receiving contraception. Clinical procedures are performed in a clean and aseptic environment, and infection prevention practices are properly applied. Clinicians' skills are refreshed so that they can fully provide postprocedure care and support and handle complications or refer such clients, manage side effects, and insert and remove intrauterine devices (IUDs) and hormonal implants.

AgirPF is expected to identify the site, in collaboration with the DHMT, coordinate with the DHMT the pre-event activities, ensure that local partners are included in the event, work to ensure that there will be sufficient demand during the event, ensure that the neighboring facilities whose providers are running the event have their workload and clinic duties covered, coordinate all necessary supplies, including FP supplies, medical supplies, equipment, infection prevention equipment, and medical waste disposal containers for the event, determine how clients will receive postoperative care and support (especially if the providers from neighboring facilities do not plan to return to the special days facility), and ensure that information, education, and communication materials on FP methods and on postprocedure follow-up are available for clients during the event.

Staffing

A team of three to six FP providers are needed to run FP special days. They are responsible for conducting group

[3] To determine if FP demand is high at a given service delivery point, providers have to pay attention to clients' FP intentions and register the numbers of clients seeking specific methods. In many cases, DHMTs expressed the need and an FP special days intervention was then organized. Sometimes, the AgirPF team also seeks to determine where contraceptive use or demand is very low and stimulates FP uptake by organizing FP special days for the service delivery point's catchment area population.

and individual counseling, as well as for providing FP methods. These staff must be competent to:

- Provide FP counseling that ensures full, free, and informed choice for all FP clients
- Provide privacy and confidentiality to clients, including during counseling sessions
- Perform safe, high-quality clinical procedures
- Implement infection prevention practices and ensure that sharps and medical waste are disposed of properly

Logistics

Once the dates are set for the event, the DHMT, in collaboration with AgirPF staff, are responsible for identifying and purchasing the needed materials. Essential equipment and supplies are brought from the neighboring health facility (e.g., sterilizers, implants and IUD insertion kits), although additional supplies may have to be procured, depending on expected demand. The AgirPF project buys the consumables (alcohol, iodine, gauze, antiseptics and disinfectants, and clean and sterile gloves), and FP commodities are provided free of charge by the health district and/or other partners, such as International Planned Parenthood Federation (IPPF) affiliates. Larger items, such as examination tables and instrument trolleys, are typically already on-site at the facility.

Demand Generation

The host health facility staff inform village leaders and community health workers (CHWs), so they can inform the population about the upcoming event. Two days before the event and during the first two days of the event, volunteers and/or public criers announce the event using diverse channels: door-to-door announcements, local radio, and other available community channels (e.g., megaphones and drums). FP awareness and information activities are also provided through group talks and sensitization meetings during the event.

Service Provision

During the FP special days events, an integrated package of promotional efforts, preventive care, screening, treatment, and referral is available for women of reproductive age, including adolescents and young people, at no cost.

- *Evidence-based information on sexual and reproductive health and rights and contraceptive prescriptions:* At the event, two teams are dedicated to FP service provision: Two skilled nurses provide FP information to attendees, including the importance of birth spacing, the advantages of FP, how to avoid unintended pregnancy, and the importance of attending antenatal care sessions; and a second team provides FP counseling and contraceptives. Both short-acting methods (oral contraceptives, injectables, and male and/or female condoms) and long-acting reversible contraceptives (LARCs) (implants and the IUD) are provided in FP rooms. Permanent methods are not offered.
- *Follow-up care:* Clients are given information on when they should return to the facility for resupply and follow-up visits, as well as a list of other facilities they could attend. Clients are also informed about signs of complications and negative side effects that they should watch for and are advised to return to the facility immediately if these occur.
- *Client referrals:* Clients preferring permanent methods are referred to hospitals with a referral note. Unfortunately, referred clients must pay for permanent method services. It is important to note that in AgirPF implementing zones and countries, doctors skilled at providing permanent methods are rare and are concentrated at hospitals.

Quality Assurance and Supervision

During FP special days, a supervisory team is present—including the district reproductive health (RH) focal point and an AgirPF program officer. Their responsibility is to oversee the activities, including ensuring that the waiting time is not too long and that supplies are available, as needed, for quality FP service provision.[4] At AgirPF sites, FP service providers are trained to perform simple procedures to minimize risk to themselves and clients and reduce the spread of infections and ensure high-quality services. Therefore, standard precautions are applied. At FP special days events, the supervisory team ensures that important infection prevention procedures are applied, including hand washing, use of gloves, instrument processing, and environmental cleanliness.

[4] This includes infection prevention materials—sterile kits for IUD and implant insertion and removal, drapes, gloves, gauze, iodine, disinfectant, xylocaine, etc.).

Supervisors also monitor clinical skills and quality of care, review record keeping and adherence to informed consent procedures, and coach inexperienced providers. Further, major complications are reported to the district and regional levels and follow-up actions are taken as appropriate.

EVALUATION

A total of 100 FP special days (81 in Burkina Faso, seven in Niger, and 12 in Togo) were conducted between May and July 2015 at 73 sites (56 in Burkina Faso, seven in Niger, and 10 in Togo).

AgirPF senior program officers and the Monitoring, Evaluation, and Research Team, working with Ministry of Health staff in charge of data collection at the district level, collected and analyzed service statistics from the FP special days events, including the SRH/FP awareness activities conducted (groups talks at facilities and home visits), FP services (counseling, service provision, and data on new users) provided.

FINDINGS

More New Clients Attracted during FP Special Days Than in Routine Services

Across the three countries, a total of 31,300 routine FP services were provided between May and July 2015 (Table 1), including 3,089 services provided to new users, who accounted for 9.9% of these services. At the same time, a total of 10,035 FP services were provided during FP special days, including 5,537 services provided to new users, accounting for 55.2% of services. The greater percentage of services provided to new users (defined as users who were new to FP ever) suggests that FP special days were an effective intervention for reaching new users and decreasing unmet need. Further research would be needed to draw conclusions for why new users might prefer FP special days, but possible reasons could be increased access to services, free services, perceived increased quality in services, community outreach and education, or other factors.

Table 1. Number of clients served during routine service provision and during FP special days events at facilities that conducted FP special days between May and July 2015, by type of FP service provided, according to type of user

	Burkina Faso		Niger		Togo		Total
	Continuing users	New users	Continuing users	New users	Continuing users	New users	
Routine service provision in facilities that host FP special days							
Oral contraceptives	5,973	1,045	4,387	153	4,203	329	16,090
Injectable	1,163	638	2,065	71	4,203	322	8,462
Implant	1,317	223	2,065	72	1,974	152	5,803
IUD	111	28	86	3	664	53	945
Total	**8,564**	**1,934**	**8,603**	**299**	**1,044**	**856**	**31,300**
Average of clients/ facility/day	**2**	**1**	**18**	**1**	**16**	**1**	
Service provision during FP special days events							
Oral contraceptives	1,290	1,505	151	176	112	34	3,268
Injectable	1,298	1,023	39	127	870	217	3,574
Implant	501	1,308	43	66	100	725	2,743
IUD	51	139	3	8	40	209	450
Total	**3,140**	**3,975**	**236**	**377**	**1,122**	**1,185**	**10,035**
Average of clients/ facility/day	**13**	**16**	**11**	**18**	**31**	**33**	

More Clients Served per Day during FP Special Days Than in Routine Services

Additionally, during the three-day events, facilities served a higher number of clients per day. In Burkina Faso, the mean number of continuing users per facility per day increased from two clients during routine service provision to 13 during FP special days, and the average number of new users rose from one to 16; thus, total facility volume increased from three clients per day during routine services to 29 clients during FP special days. In Togo, the number of continuing users served increased from 16 to 31, and the number of new users from one to 33, for a total jump in daily facility volume from 17 during routine services to 64 during FP special days.

In Niger, while total facility volume increased from 19 clients per day during routine services to 29 clients per day during special days, the mean number of continuing users served fell (from 18 to 11), while the number of new clients per day rose from one during routine services to 18 during FP special days. Further research is needed to understand this pattern in Niger.

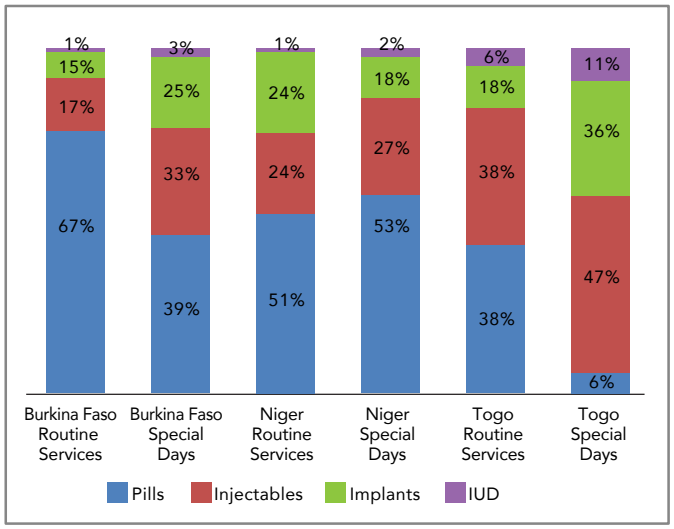
Shift in Method Mix, with Increased Share for LARCs in Burkina and Togo

Overall, there was also a difference between the two service approaches in mix of methods provided. Across the three countries, short-acting methods (the pill and injectables) represented 78% of the method mix during routine services and 68% during FP special days. LARCs were 22% of the method mix during routine services, but 32% of the method mix during FP special days.

For all FP users, there was a shift in demand from short-acting methods to LARCs between routine services and FP special days in Burkina Faso and Togo (Figure 2). In Burkina Faso, short-acting methods went from 84% of services provided during routine service delivery to 72% during FP special days, while LARCs went from 16% to 28%. This change appears due to a change in the demand for the pill, which represented 67% of routine FP services but just 39% of services provided during FP special days. Injectables, implants, and IUDs all were provided more often during FP special days than during routine services, with injectable acceptance increasing from 17% to 33%, implants from 15% to 25%, and the IUD from 1% to 3%.

The same shift from short-acting methods to LARCs occurred in Togo. There, short-acting methods represented 76% of FP services provided during routine services to 53% during FP special days, while provision of LARCs changed from 24% during routine services to 47% during FP special days. Again, this change was related to a difference in the provision of oral contraceptives—38% during routine services, but just 6% during FP special days. As in Burkina Faso, in Togo adoption of injectables, implants, and the IUD was greater at FP special days than during routine services. Further research is necessary to understand why pill adoption was lower during FP special days in both countries, while the demand for injectables, implants, and IUD was elevated; possible reasons include increased stocks, trust in provider skills and facility environment, reduced cost during special days, or differences in FP counseling.

Figure 2: Percentage distribution of FP method acceptors, by type of method, according to country and service delivery approach, 2015

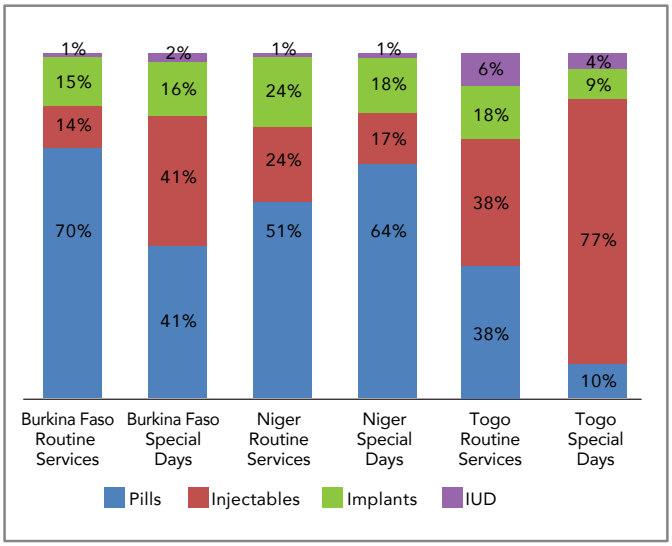


In Niger, the patterns were slightly different: Short-acting methods were slightly more likely to be provided during FP special days than in routine services (80% vs. 75%). Demand for implants was actually higher during routine services than at FP special days (24% vs. 18%), while adoption of the pill, injectables, and the IUD all were slightly greater. Further research is needed to understand these findings for Niger and whether it is related to the execution of FP special days, the clients who choose to receive services at special days, or a reason unique to the broader culture or community in Niger.

Differences in the Shift in Method Mix between Continuing and New Users

In Burkina Faso, the difference in FP uptake among continuing users between routine services and FP special days was very slight, with short-acting methods representing 84% of the method mix during routine services and 82% of the method mix during FP special days (Figure 3). Of note, there was a sizable difference in pill usage, which was 70% in routine services but just 41% at FP special days; uptake of injectables was comparatively less in routine services (14%) than during FP special days (41%).

Figure 3: Percentage distribution of continuing FP users, by type of method, according to country and service delivery approach, 2015



In contrast, among new FP users, the difference in service type by use of short-acting methods and LARCs was more pronounced: Short-acting methods represented 87% of the method mix during routine services, compared with 64% of the method mix during FP special days (Figure 4). Thus, LARCs had a much larger share of new users at FP special days (36%) than during routine services (13%). Adoption of the pill and injectables were both notably lower among new users at FP special days, while adoption of implants was greater at FP special days.

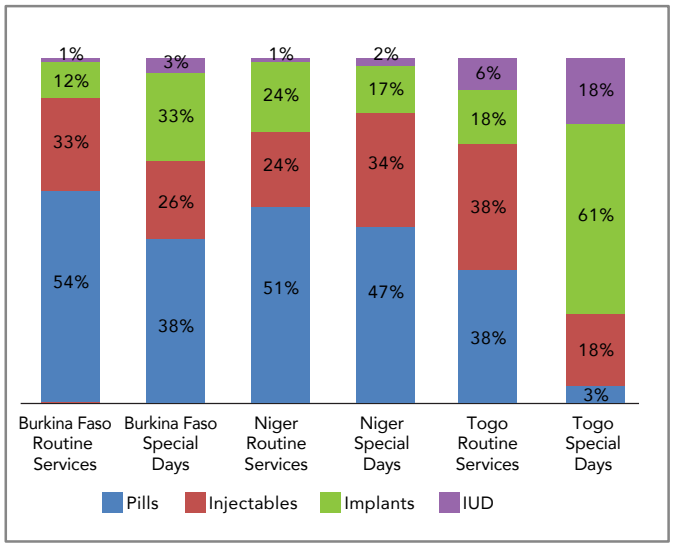
In Togo, among continuing FP users, adoption of short-acting methods was actually greater during FP special days (87%) than in routine services (76%), but the method mix differed, with the pill more commonly prescribed in routine services and injectables adopted more commonly at FP special days events (Figure 3). As a result, LARCs were a smaller portion of the method mix among clients at FP special days than in routine services.

The pattern among new users in Togo was different, however, with short-acting methods representing 76% of method adoption during routine services but only 21% during FP special days (Figure 4). LARCs were thus much more adopted by new users during FP special days. Adoption of both the pill and injectables was much lower during FP special days, while adoption of implants and IUDs was much greater.

Further research is needed to understand why the method mix among continuing users in both Burkina Faso and Togo did not change drastically between the two modes of service delivery, while it did among new users. Another important issue is to understand why new users appeared much more likely to adopt LARCs than were continuing users; possible reasons to explore would be resistance to method switching for those already using a method, differences between new users attending routine services and those at FP special days, differences in counseling, and varying perceptions of provider quality and facility environment between routine services and FP special days events.

The experience in Niger differed from what was seen in Burkina Faso and Togo. There, among both continuing users and new users, short-acting methods were a greater part of the method mix in both routine services and FP special days. As a result, among continuing

Figure 4: Percentage distribution of new FP users, by type of method, according to country and service delivery approach, 2015



users, adopters of LARCs represented 25% of clients of routine services and 19% of clients at special FP days, and among new users, LARCs represented 25% of the routine services method mix and 19% of the FP special days method mix.

While further research is needed to understand why Niger differs from the other two countries, the AgirPF baseline study (2015) found that Nigerien women of reproductive age desired substantially more children (8.6) than did women in Burkina Faso (4.3) and Togo (3.8). This could explain Nigerien women's preferring short-acting methods to LARCs and thus seeing less of a difference in demand between continuing users and new users or between routine services and FP special days. Nonetheless, it is possible that other factors are at play, related to FP special days implementation or the broader Nigerien culture or community.

DISCUSSION AND RECOMMENDATIONS

Analysis of service delivery data in AgirPF intervention countries, as well as conclusions from other studies (Wickstrom et al., 2013; Bakamjian, 2008; EngenderHealth, 2015), demonstrates that FP special days can successfully increase contraceptive use, particularly in peri-urban areas where contraceptive prevalence is low, unmet need for FP is high and where geographic, economic, or social barriers limit service uptake. When FP special days events are well-designed, they help programs broaden the contraceptive method mix available to clients, including increasing access to LARCs. Like many FP programs, AgirPF focuses on increasing the supply of services, in part to meet the high unmet demand and in part to demonstrate the effectiveness of HIPs such as mobile outreach practices and FP special days.

Three main challenges exist for FP special days events.

1. It is costly to bring providers from neighboring facilities to cover provider shortages for the special days event, so organizers must budget for this.
2. FP commodities are not always easily available for FP special days, because some countries use the cost recovery approach for health systems management and thus are not willing to give contraceptives for free. In these countries, free FP methods must be provided by an IPPF affiliate or by the United Nations Population Fund.
3. Infection prevention compliance remains a common challenge. At most of the service delivery points, there was a shortage of basic infection prevention items.[5] In such case, AgirPF sought for the missing materials from neighboring sites and get them presterilized. After the event, AgirPF supplied sites with basic medico-technical materials. Where inappropriate medical waste processing systems exists, AgirPF took advantage of the FP special days event to advocate for with district and facility management teams to provide health facilities with (at minimum) a pit for deep waste burial.

RECOMMENDATIONS

The experiences described here provide valuable guidance on future programmatic outputs of FP special days programs:

- Specific days should be dedicated at the facility level for the provision of free FP services, as this is an effective approach for increasing access to and use of FP services in urban and peri-urban areas.
- To optimize client turnout during FP special days, improved coordination and communication between local health facilities, the DHMTs, and service providers will improve site selection, demand generation, client registration, and community mobilization.
- CHWs should be integrated into the preparation and implementation of FP special days events, because CHWs serve as trusted intermediaries between community members and health centers.
- Highlighting the importance of data captured during FP special day can contribute to the creation of a culture of data management at a health facility and can improve the routine systems that comprehensively capture programmatic inputs and outputs.

[5] Basic IP items include running water, disinfectants, sterilizers, medical waste management system (pit at minimum).

CONCLUSIONS

The FP special days approach aims at reducing inequities in access to FP services and commodities and helps women and men meet their reproductive health needs. It allows for flexible and strategic deployment of material resources, FP commodities, supplies, and health care providers.

The public-to-public mentorship model that was used by AgirPF with national public partners appears to have contributed to a large increase in LARC service provision at supported sites, especially among new providers, and has substantially strengthened their capacity for sustained service delivery. It also offers a promising way to meet unmet need for FP in underserved communities. The model is an important health systems strengthening approach that can be scaled up in areas with limited service accessibility, particularly in hard-to-reach communities.

Lastly, FP special days activities encourage teamwork by bringing together several partners for collaboration, including the Ministry of Health, the DHMT, and service providers from diverse health facilities.

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