

# ACQUIRING KNOWLEDGE

Applying Lessons Learned to Strengthen FP/RH Services

2006, No. 2

## Revitalizing the IUD in Kenya

### Background

Kenya has been a leader in family planning (FP) in Africa. It was the first Sub-Saharan African country to adopt a national FP program. From the mid-1970s to 1998, Kenya's total fertility rate fell from 8.1 to 4.7 lifetime births per woman—a decrease of 42% in 20 years (CBS, 2004). Between 1978 and 2003, the use of modern FP rose from 4% to 31% among married women (CBS, 1980; CBS et al., 2004).

Yet, there is still a large unmet need for FP in Kenya, and long-acting and permanent methods like the IUD are underutilized. While the percentage of Kenyan women using any modern method has more than tripled in the past 20 years, the IUD has virtually disappeared from the mix of modern FP methods. In 1984, nearly one in three Kenyan women using contraception were using the IUD, but by 2004, this figure had dropped to fewer than one in 10 (CBS, 1986; CBS et al., 2004).

Kenya's MOH has implemented an initiative to increase access to and utilization of IUDs. Following an Implementing Best Practices regional conference in June 2004 in Uganda, Kenya's MOH-led IUD Task Force launched an initiative in six districts in Kenya. In December 2004, the MOH designated Kisii as a seventh district in which to expand access to and use of the IUD and requested the ACQUIRE Project's assistance in establishing sustainable systems and services for IUD provision. ACQUIRE received funding from the U.S. Agency for International Development (USAID) in 2005 for a two-year project to support the MOH's IUD revitalization activities in Kisii. DHS data from 2003 indicate that IUD prevalence in Nyanza Province—where Kisii is located—was only one-fifth the national figure. ACQUIRE's IUD initiative applies and builds on the lessons learned and best practices from the AMKENI Project, the USAID-funded integrated health project in Kenya led by EngenderHealth.

There are several reasons for “revitalizing” the IUD in Kenya. The method is highly safe and effective for



**Concepter Osinde—IUD client, Kisii District Hospital**

Concepter Osinde is both an IUD client and a provider at Kisii District Hospital. She had used the method before for birth spacing, between her 4-year-old and her baby, who is 6 weeks old. Now she has decided to use the IUD again, having found that other methods have more side effects. “The [IUD] is the best method,” she says.

Concepter is one of a number of clients who are receiving IUD services at 13 ACQUIRE-supported sites as part of an initiative to “revitalize” the IUD. ACQUIRE is supporting Kenya's Ministry of Health (MOH) in raising awareness of the benefits of the IUD and in improving the provision of IUD services.

women of all ages and parities. It can be used for clients seeking medium- or long-term contraception and is reversible. The IUD has very few contraindications and is an option for many women, including HIV-positive women and those for whom hormonal methods are not recommended. For women/couples wanting to limit their family size, the IUD is effective for 12 years and can be replaced if needed to see a woman through the end of her childbearing years (as an alternative to sterilization).

The IUD is also a convenient and low-cost method for women and for the health care system. An IUD costs less than one year's supply of oral contraceptives or a year of injectables. While IUD clients may pay a higher “start-up” cost, over a period of two or more years, the IUD is far more economical for clients than the pill or injectables, which require many more return visits

and frequent resupply. When all program costs are considered (including staff time for visits and commodities, as well as the time each method will protect a woman from pregnancy), the IUD is the least expensive reversible contraceptive that the health care system can provide.

## Approach and Strategies

Kenya's MOH leads the IUD revitalization effort and ACQUIRE assists, complementing the national initiative with its comprehensive programming model. At the foundation of the ACQUIRE Project's programming are the fundamentals of care: informed and voluntary choice; safety for both clients and providers during clinical techniques and procedures; and quality assurance and management. As with the overall IUD revitalization effort in Kenya, ACQUIRE-supported activities take a holistic systems approach, addressing both supply (e.g., equipment and supplies, trained providers) and demand (e.g., communication strategy for behavior change and community mobilization).

The ACQUIRE Project's approach is based on effective partnership and relies on stakeholder involvement, participatory processes, and a customer orientation. ACQUIRE's activities support the Kenyan MOH's efforts to achieve a balanced FP mix and increased choice for clients in the country, and revitalizing IUD use is an important initiative undertaken to reach this goal. Four key issues have been identified as necessary to the revitalization process: advocacy and sensitization; capacity building and service delivery; demand creation; and monitoring/evaluation and operations research. These key areas are being addressed through ACQUIRE's program strategies.

ACQUIRE's work in Kisii embodies the Project's five-step model for introducing and scaling up proven practices:

1. Involve stakeholders in identifying needs and interventions and in developing action plans
2. Create a supportive environment for desired changes
3. Develop capacity in new services or practices
4. Scale up what works
5. Incorporate the desired change into ongoing systems for sustainability

The model marries the adoption of technical best practices with proven practices for fostering sustained change.



Mary provides FP counseling and services at Kisii District Hospital

## In Action

In May 2005, ACQUIRE and the Kisii District Health Team conducted a performance needs assessment (PNA) at 12 health sites in Kisii. Consumer research was also undertaken with women and men living in the communities in Kisii served by these health sites. The PNA found that the IUD was provided primarily at the hospital level and identified significant barriers from both the provider and the client perspective.

While providers generally had favorable attitudes toward the IUD, many had inaccurate or outdated knowledge and were uncomfortable with providing IUD services, because they had not had sufficient or recent training/practice or needed updated counseling skills. Also, the extra time needed for counseling and insertion can be a significant disincentive for providers. Poor infection prevention practices were also noted. The facilities were missing some of the necessary instruments, equipment, and supplies for providing long-acting and permanent contraception.

Additionally, the PNA found that high-quality provider performance was not promoted. Supervision visits were not geared toward improving performance, as supervisors did not regularly observe providers during the provision of FP services and did not provide feedback on how they could improve.

On the client side, focus groups revealed that many potential clients were not accurately informed about the method and where to access services. While many people in Kisii had heard of the IUD, myths and misconceptions about the method had a strong hold on the public consciousness. For example, many feared that the IUD would migrate to other parts of the body, would harm a fetus if an IUD user became pregnant,

### ACQUIRE's strategies for revitalizing the IUD:

Use data for decision making and participatory programming, to foster ownership and sustainability. For example:

- Engage stakeholders in conducting a performance needs assessment
- Identify, adapt, and use proven or “best” practices to address performance gaps
- Identify champions to lead the change process.

Take a holistic, systems approach that pays attention to both “supply side” and “demand side” interventions. For example:

- Increase clinical and counseling capacity by updating service guidelines and conducting training
- Ensure availability of essential equipment and supplies for continuous service access
- Effect sustained program improvement through facilitative supervision
- Develop compelling communications campaigns based on consumer research
- Combine marketing communications with community outreach and mobilization to address barriers to method use and foster program ownership and sustainability

and would cause overall discomfort and interfere with normal sexual activity. The research also showed that while IUD users were very satisfied, they were few and usually did not talk about their method choice. Nonusers were highly negative about the method. Most of the clients interviewed said that although they approved of couples' using the IUD, they personally “would not consider the method.”

#### *Improving Supply*

To increase providers' ability to provide quality services, ACQUIRE is supporting the district health team in several activities. In August 2005, ACQUIRE conducted a contraceptive technology update, including basic FP counseling and facilitative supervision training, for staff from the 13 ACQUIRE-supported sites, as well as from 13 other sites in the district. To create sustainable service-delivery capacity, two district staff were trained as trainers in IUD insertion and removal skills. A clinical training specifically focused on IUD insertion and removal was conducted in November 2005. An additional FP counseling training was held in February 2006.

The FP counseling training was designed to enhance counseling about all available FP options and included approaches to counseling different types of FP clients (new clients who know what method they want, new clients who need help in choosing a method, returning clients who are satisfied, and returning clients who have problems, concerns, or changed needs). The trainings have resulted in improved counseling. As Margaret Lelmett, a provider at Kisii District Hospital, noted, “It's high time we counsel clients—now clients sit, get counseling on all methods. Even if they're coming for a Depo [Provera] shot, the provider says, ‘Let us have a chat. Let us sit and talk.’”

ACQUIRE is advocating within the MOH for the importance of provider supervision and the need to make supervision a priority. To address the need for IUD insertion equipment and sterilization supplies, ACQUIRE is providing facilities with permanent IUD kits and sterilization equipment, with the MOH providing commodities and expendable supplies.

#### *Increasing Demand*

As the PNA found, despite almost universal awareness of the IUD in Kenya, myths, rumors, and negative information presented a formidable barrier to interest in the method. Working with a local advertising agency as well as with national and local stakeholders, ACQUIRE designed a communications campaign to challenge these myths head-on, countering the most entrenched rumors about the IUD and positioning it as a safe, effective, and flexible method with many unique benefits. The campaign provides correct information and informs clients on where they can access the method. The target audience consists of potential IUD clients of public-sector sites and the key groups that influence their decisions (spouses, religious and community leaders, and providers).

The campaign carries the slogan “Fahamu ukweli wa mambo” (“Know the truth about the IUD”) and features women and couples who are satisfied users, as well as providers who are “standing up” to challenge the myths and negative perceptions held by their peers. The choice of campaign messengers was based on the research finding that women and men said that providers are their most trusted source of information, but that they also needed to hear about the IUD from satisfied users to see that the method is safe and that others are happy using it.



The campaign was launched in July 2006 and includes three components: media; public relations; and community outreach. Radio is the main medium being used, supported by information, education, and communication (IEC) materials, community events, and education. All of the campaign materials feature the names of facilities providing IUDs. In many of the public relations and community events, satisfied clients are involved in promoting the IUD.

To complement its marketing and communications efforts, ACQUIRE supports community outreach and mobilization. Ladies' clubs, men's community "barazas" or meetings, and several road shows will be held to support FP and IUD education during the campaign. ACQUIRE worked with the local MOH to train 74 female and male volunteers from women's groups, youth groups, and religious groups to work as community peer educators. ACQUIRE also supported a training of trainers (led by Deutsche Gesellschaft für Technische Zusammenarbeit [GTZ] and the MOH) for community-based distribution (CBD) agents, resulting in a newly trained workforce of 372 CBD agents. Together with the peer educators, these community volunteers will serve as an information source in their communities and as a link between women and newly strengthened FP services in Kisii.

Community linkages meetings were held at all 13 sites in July just prior to the campaign launch, to bring together CBD agents, peer educators, and medical providers to harmonize messages from the campaign, support provider counseling, and facilitate referrals to the project facilities.

### The Way Forward

Results to date are encouraging. IUD use increased dramatically, from 149 IUDs inserted in January-August 2005 to 433 in January-August 2006. In the month following the IUD campaign launch, IUD uptake increased by 43%. This rise is expected to continue as the project does and as the impact of the communications campaign is felt.

IUD revitalization activities will be expanded to two additional districts in Nyanza Province, and the IUD communications materials used in Kisii will be incorporated into USAID-supported reproductive health programs in Western, Rift Valley, Coastal, Eastern, North East, and Central Provinces.

The goal is to make the IUD a routine FP option that is widely available and accepted, so that it no longer requires focused program attention. To this end, ACQUIRE has encouraged stakeholders to buy into IUD provision and become involved at multiple levels, to create an environment for sustainable change. It has also mobilized IUD "champions" at the national, district, local, and site levels to help trigger behavior change. These champions will serve as trainers, mentors, and role models.

The MOH has ownership of the IUD initiative, and sustained success will depend upon continued support from policymakers, as well as from service providers and their supervisors. For this program to make a lasting impact will require ongoing efforts by local counterparts to correct misinformation and change attitudes and behavior among providers and potential clients alike. With greater availability and an improved image, the IUD can become an acceptable, more widely used option that offers women living in Kenya a broader choice of methods.

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