



Fostering Change: Strengthening IUD Services in Kisii, Kenya The ACQUIRE Project Experience

Introduction and Background

Despite its proven safety, effectiveness, acceptability, and low cost, the IUD has virtually disappeared from the national mix of modern family planning (FP) methods in Kenya over the past 20 years. While the percentage of Kenyan women using any modern contraceptive has more than tripled since 1984, the proportion of contraceptive users choosing the IUD decreased from 31% to 8% between 1984 and 2003. Despite the increased use of contraceptive methods (as more Kenyans enter reproductive age), unmet need continues to grow. Limited donor resources and a skewed method mix toward short-term (and more costly) methods compound this unmet need. Numerous assessments have identified several factors behind declining utilization of the IUD in Kenya.

Concerned about this trend, in 2001 the Kenya Ministry of Health (MOH) and partners embarked on an initiative to revitalize the provision and use of the IUD in Kenya. The MOH undertook several activities to cultivate ownership and consensus among various stakeholders (service providers, trainers, program managers, professional associations, and funding agencies). Global and local research on IUDs was disseminated and discussed during a series of panels and stakeholder meetings. In 2002, an MOH IUD Task Force was established to develop a strategy for the IUD's reintroduction.¹

Following the June 2004 Implementing Best Practices Conference in Uganda, the IUD Task Force launched an initiative in six districts by focusing on three main interventions: advocacy, training, and logistics management.² In December 2004, the MOH Division of Reproductive Health designated Kisii as a seventh district to expand access to and use of the IUD, and requested the ACQUIRE Project to assist the Kisii district MOH in establishing sustainable systems and services for IUD provision. While data on the prevalence of the IUD in Kisii district are not available, results from the 2003 DHS data indicate that IUD prevalence in Nyanza Province (where Kisii is located) is only one-fifth the national figure. Unmet need for FP is also significantly higher in Nyanza Province than in Kenya overall. One out of three married women of reproductive age in Nyanza (35%) have an unmet need for FP, as compared with one out of four married women of reproductive age in Kenya (25%).

ACQUIRE's response to the request for assistance was an integrated approach based on the following essential programmatic principles:

- Identification, adaptation, and use of proven and promising practices
- Application of principles of change management to effect sustained program improvement
- Use of data for decision making (especially locally generated data)
- Stakeholder involvement and participation in programming to foster ownership and sustainability

¹ Task force members include the AMKENI Project; United Kingdom Department for International Development (DFID), Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ); GmbH/MOH; Family Planning Association (FPAK); JHPIEGO; Division of Reproductive Health, Kenya MOH; the Population Council; PRIME/IntraHealth International, Inc.; and the U.S. Agency for International Development (USAID).

² The six IBP districts are Bungoma, Malindi, Nyeri, Homabay, Meru South, and Nakuru.

- A commitment to the fundamentals of care (informed and voluntary decision making, clinical safety, and quality assurance and management)
- The strengthening of both supply and demand by taking a holistic, coordinated systems approach

It should be noted that although this project is designed to address the specific gaps related to the provision and use of the IUD, all work is being conducted in the context of expanding FP method choice.

Process and Experience

Forming the change coordination team

Bringing together the key stakeholders to discuss the state of long-acting and permanent methods and the IUD within the FP program in Kenya was a crucial first step toward improving program performance. For IUD revitalization to succeed, stakeholders had to agree on the need for change and on the importance of improving the FP method mix. Moreover, they needed to make a commitment to implementing changes within the system and at individual facilities. Therefore, ACQUIRE planned and facilitated a consultative meeting. Participants, representing the public sector, nongovernmental organizations (NGOs), and private providers, were identified and invited by the local MOH.

A core team was set up, including the District Public Health Nurse (DPHN) and the Continuing Medical Education Coordinator from the Kisii MOH. Oversight and support is provided from the national level by the Deputy Head, Division of Reproductive Health, as well as by the National IEC Working Group. This national-level engagement legitimizes the activities in Kisii and demonstrates ownership of the project by the MOH. ACQUIRE/Kenya staff liaise with their MOH counterparts on a regular basis, facilitating the implementation of an action plan and helping to resolve problems encountered.

Defining the need for change

To gauge the current status of the program and existing needs for improvement, a performance needs assessment (PNA) was conducted. The PNA involves stakeholders in gathering data about program strengths and challenges, identifying “root causes,” and developing an action plan. The PNA included both supply and demand components, examining all of the elements in the system that needed to be addressed.

In Kisii the PNA process included three main steps:

- (1) An initial stakeholder meeting introduced the PNA process and resulted in consensus on the importance of improving FP in general and revitalizing the IUD to improve method mix and to provide clients with long-term options. At this meeting, the core group defined desired performance.
- (2) Data collection on actual performance at 12 selected health facilities in Kisii (four hospitals, four health centers, and four dispensaries) was carried out by a team including representatives from the national and district MOH levels, facility managers, and the ACQUIRE team. Focus groups with IUD users, nonusers, and husbands of IUD nonusers were designed to assess any issues on the consumer side that needed to be addressed.
- (3) Results were presented at a second stakeholder meeting. Based on the actual performance data, stakeholders identified and prioritized performance gaps. They analyzed the gaps to determine their root causes, in order to identify the most appropriate interventions for improving performance.

Preliminary action plans were subsequently developed, and the desired change was expressed, discussed, and agreed to in the action plan.

The IBP Task Force was consulted during the project planning phase, to review interventions used previously and identify proven practices that ACQUIRE might be able to adapt. For example, the IUD

advocacy tool/folder developed by the IUD Task Force in Kisii was used for advocacy and sensitization purposes.

Figure 1

Best/Effective Practices That Were Applied

- **Getting Commitment of Political Stakeholders:** Political commitment among high-level national and local decision-makers helped ensure availability of resources for IUD services.
- **Involving the Community:** The program features a strong community component: trained and mobilized community-based distribution (CBD) agents, a corps of peer educators from local community organizations trained to do outreach, talks with women's groups, and community-level promotional events are expected to contribute to program ownership, buy-in, success, and, ultimately, sustainability.
- **Getting Input from Individual Stakeholders:** Clients' and providers' beliefs affect service use and/or availability. Qualitative investigations among clients, providers, and communities provided information on what motivates each of these groups and their circles of influence. Each of these groups reviewed the program design and communications materials.
- **Integrating Supply and Demand:** Supply and demand components of service programs should be considered and developed in tandem. For example, provider champions are often instrumental in recruiting clients; their buy-in and acceptance of the communications campaign is important, to ensure that they give information consistent with the messages clients are hearing on the radio and in the community. All ACQUIRE promotional messages channeled clients to sites where services are being strengthened, to ensure demand could be met with high quality services.

Planning for demonstration and scale-up

Champions were identified and appointed by local partners. The main point person, the DPHN referred to above, was deemed to be both interested in the topic, to be competent, and to have the time to address this in her work.

Planning for scale-up was done from the onset. Action plans were defined by stakeholders. In addition, a concept paper allowed ACQUIRE and other stakeholders to assess lessons learned and best practices.

We agreed with the MOH, at the national and district levels, that while we were asked to develop a communications campaign for use in Kisii, the campaign materials should be adaptable for use in any part of the country. Listings of facilities offering IUDs were printed separately, so that they could be changed and adapted for use in other districts.

Supporting the demonstration

The Kenya IUD initiative has champions at all levels—national, district, site, and local levels. We will be supporting champions by showcasing them in our media and public relations activities, highlighting the successful change achieved by certain providers, facility teams, CBD agents, community peer educators, and satisfied clients.

Supervision and support systems have been built into the project, including bimonthly facility visits by the local DPHN/project manager and by a behavior-change communications consultant, who will check in with providers at sites on equipment availability, inquire about any problems and needs, replenish information,

education, and communications materials as needed, observe community-level activities, and collect records of community-level outreach. These supervisory visits will identify any problems, support areas of need, and reward champions and others with thanks for a job well done. Refresher training will be conducted as needed.

Going to scale with successful change efforts

An expansion project has been proposed that would adapt the model piloted in Kisii to five additional districts, as well as support scale-up of project activities in Kisii. If funded, the work will be planned closely with regional, national, and district-level MOH management systems to integrate and build local resources for the institutionalization and sustainability of these activities.

The scale-up project would begin with a meeting of local and national stakeholders to analyze the results of work conducted to date, identify the most successful tools and project components, and share lessons learned. Findings will be pulled from work done to address barriers to IUD access and use by partners in AMKENI, the ACQUIRE Project, and the National IUD Task Force/IBP initiative, and the process will benefit from the bird's-eye view of the Kenya MOH, Division of Reproductive Health, donors, and other stakeholders.

Measuring and communicating the results will happen in a future phase. ACQUIRE will complete a case study toward the end of the Kisii project that will evaluate the initiative, exploring best practices and lessons learned that can inform scale-up decisions.

