Private Sector Franchising for Long Term Methods in Kenya

By Veronica Musembi and Jennifer Kariuki
Overview of presentation

• Background
• PSI’s intervention
• Results
• Successes
• Challenges
Background

- Use of Long term methods remains low relative to other methods - IUD used by 1.6%, Implants 1.9% among currently married women (preliminary KDHS 2008/9)

- Low knowledge of FP methods esp. IUDs with no national FP communication

- The private sector acts as a source of family planning to 41% of users

- 51% of IUD and 39% of Implant users were supplied from private sector sources (2003 KDHS).

- Private sector critical in increasing access but lack the necessary skills
CPR and Unmet Need

<table>
<thead>
<tr>
<th>Year</th>
<th>CPR</th>
<th>Unmet Need</th>
</tr>
</thead>
<tbody>
<tr>
<td>1989</td>
<td>27</td>
<td>60</td>
</tr>
<tr>
<td>1993</td>
<td>33</td>
<td>36</td>
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<td>1998</td>
<td>39</td>
<td>24</td>
</tr>
<tr>
<td>2003</td>
<td>41</td>
<td>25</td>
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<tr>
<td>2008/9</td>
<td>46</td>
<td>25</td>
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</tbody>
</table>
Trends in Use of Specific Methods, Kenya 1993 – 2008/9 (excluding northern districts)

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<tr>
<th></th>
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<tbody>
<tr>
<td>Pill</td>
<td>10</td>
<td>9</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>IUD</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Injectables</td>
<td>7</td>
<td>12</td>
<td>15</td>
<td>22</td>
</tr>
<tr>
<td>Condoms</td>
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<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Female Sterilization</td>
<td>6</td>
<td>6</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Periodic Abstinence</td>
<td>4</td>
<td>6</td>
<td>7</td>
<td>5</td>
</tr>
</tbody>
</table>

Percentage

Pill | IUD | Injectables | Condoms | Female Sterilization | Periodic Abstinence
--- | --- | --- | --- | --- | ---
10% | 4% | 7% | 1% | 6% | 4%
9% | 3% | 12% | 1% | 6% | 6%
8% | 3% | 15% | 1% | 5% | 7%
7% | 2% | 22% | 2% | 5% | 5%

FP issues and challenges in Kenya

- Wide regional/socio-economic disparities in CPR
- Contraceptive commodities insecurity
- Lack of sustained demand creation for FP
- Low community/private sector participation in FP service provision
- Low male involvement
- Method mix does not allow for wide method choice and cost-effectiveness

Source: National RH Policy – Pg 13
FP issues and challenges in Kenya (Cont’d)

- Inadequate FP training and supervision for service providers
- Inadequate capacity of facilities to provide quality FP services – *infrastructure, equipment, adequately trained personnel*
- Low level of integration of FP and HIV&AIDS services
- Inadequate services targeting youth
- HIV&AIDS epidemic

Source: National RH Policy – Pg 13
PSI Strategy

- Develop a private sector network of private providers identified with a common logo
- Providers selected based on a minimum standards criteria
- Network promotes long term methods of FP especially IUDs and Implants and quality FP service provision
- Network is composed of nurses and clinical officers who offer services to low income populations
- Providers sign agreement with PSI to adhere to quality service provision protocols & attend training
Tunza Family Health Network

- In December 2008, PSI mapped private facilities in 7 regions of Kenya
- Selected 113 for the network.
- Clinics signed MoU with PSI and paid small annual joining fee
- PSI provided Contraceptive Update Training with Kenya Department of Reproductive Health
- Training includes 3 days theory and 2 days practicum in a clinical setting
What Tunza Clinics Receive

- Training (initial certification and on-going updates)
- Supportive supervision visits by PSI medical staff
- Job Aids (e.g. Medical Eligibility Wheel, Global handbook for FP providers, check lists)
- Publicity of Tunza clinics through Tunza events
- Branding of the health facility with Tunza logo
- Consistent supply of subsidized products (currently family planning products, but to include other health areas)
- Initial set of IUD & Implant insertion equipment and supplies
- Cost sharing subsidy to help clients pay for IUDs
- Quarterly newsletter with contraceptive updates
What Tunza Members Agree To

- Provide family planning services, especially long-term methods
- Submit data to PSI either through paper or SMS
- Adhere to Quality Assurance Guidelines
  1. Technical Competence
  2. Safety
  3. Informed Choice
  4. Privacy and Confidentiality
  5. Continuity of Care
  6. Quality/Consistency of Data
Major Demand Creation Activities

• Group communication sessions
  – Through a trained PSI communications team

• Tunza Days
  – Designated event days at Tunza Clinics where the community knows it will receive counseling on all methods and services

• Public Sector Outreach Days
  – Designated days at government facilities where counseling and services are provided free

• Tunza Mobilizers
  – Community members (often local CHW) trained and paid to organize education groups and refer women to clinics

• Mass Media
  – Mainly radio to commence in quarter 1, 2010
Results to Date

• Trained 113 Private Practitioners (CTU)
• Conducted 2-day refresher course for 95 providers
• Commenced branding of Network clinics
• Total of 12,519 IUDs inserted to date
• Total of 1,167 Implants inserted to date
IUD insertions by different strategies, life of project

- Tunza event: 48%
- Mobilizer referrals: 26%
- Provider initiated: 12%
- Outreach: 14%
Implant insertions by different strategies, life of project

- Provider 75%
- Tunza event 20%
- Outreach 5%
Successes of Model

• Event Days
  – Opportunity for trained providers to use their skills
  – Awareness of Tunza Network at community level

• Tunza Mobilizers
  – Generating FP referrals including long term methods
  – Bringing together WRA as a group for educational sessions with PSI staff

• Branded Network
  – Client now has relationship with this provider/clinic and can return for follow-up and other services
Challenges

• Buy-In/Engagement of Providers

• Adequate supplies and infrastructure

• Myths and misconceptions especially about IUDs

• Record Keeping among providers
Acknowledgements