Health Systems Strengthening on Family Planning Uptake in Bondo District, Kenya

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Map of Kenya: Bondo District
## Background (1)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>National¹</th>
<th>Bondo District¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal mortality ratio</td>
<td>488/100,000</td>
<td>620/100,000</td>
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<tr>
<td>Under 5 mortality ratio</td>
<td>77/1,000</td>
<td>208/1,000</td>
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<tr>
<td>Contraceptive prevalence rate</td>
<td>46.6%</td>
<td>37%</td>
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<tr>
<td>Total fertility rate</td>
<td>4.6%</td>
<td>5.4%</td>
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<tr>
<td>Average birth to pregnancy interval</td>
<td>22.6 months</td>
<td>27 months</td>
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</tbody>
</table>

¹Source: KHDS 2008/09
Background (2)

- In 2010, a needs assessment conducted in Bondo district, showed low utilization of family planning services:
  - Service providers lacked capacity to offer a “supermarket” family planning approach
  - FP service provision
    - 62% of clients preferred the Injectable [Depo Provera]
    - 26% of clients preferred condoms
    - 10% of clients preferred pills
    - Less than 2% of clients preferred IUCD, Implants, BTL
  - 21% of facilities had complete FP demonstration trays
  - 50% of health facilities had adequate family planning rooms
  - Less than 5% of health facilities had capacity to offer long-acting and permanent methods (LAPM) services: Implants, IUCD, Bilateral Tubal Ligation (BTL) and Vasectomy
Challenges

Facility Level
- Inadequate FP room offering privacy and confidentiality for client and service provider
- Service provider attitude and influence on FP method chosen
- Inadequate FP equipment
- Stock outs of FP commodities
- Acute shortage of IEC materials that focus on FP
- Service providers lack of skills in providing LAPMs

Community Level
- Socio-cultural barriers
- Low male involvement
- Myths and misconceptions about FP methods especially IUCD
- Lack of CHWs reporting tool on FP commodities
Facility Level: Interventions from 2010 up-to date

- Advocacy for family planning uptake through health education
- Capacity building of service providers through mentorship-competency [knowledge and skills] to offer FP services and data recording
- Dissemination of IEC materials with FP messages at facility
- Procurement of FP equipment [insertion kits, delivery sets]
- FP/MIYCN Integration
- Health facility to Community linkages for follow-up and referrals
- Family health days targeting FP and CECAP
- Standard Based Management Recognition [SBM-R] for FP
- Commemorating World Contraception Day by having integrated outreaches and providing FP services
Community Level: Interventions from 2010 up-to date

- Capacity building of community health workers – training on FP to gain knowledge and acquire counselling skills
- Household visits and discussions during chiefs barazas [chief’s meetings]
- Community dialogue days
- FP messages through radio
- Dissemination of IEC materials with FP messages at community levels
- Integrated community outreaches for hard to reach communities
- FP/MIYCN integration
- Community to health facility linkages
- Referrals to health facility for FP methods
- Community Based Distribution [CBD] program
- Introduction of CHW daily activity register
Results after interventions

- Improved data management of FP services provided by health facilities [86.8% of health facilities reporting]
- Improved FP commodity management at the district level
- Collaboration and partnerships on family planning methods service delivery
- Increased FP uptake at the facility and in the community
- Service providers knowledgeable on all FP methods and counselling skills enhanced
- Provision of a variety of FP methods as opposed to the days when there was very poor method mix
- 55% of health facilities have complete FP demonstration trays
- 65% of health facilities have adequate FP rooms
- More health facilities have the capacity to provide Implants and IUCDs
FP Commodity Trend 2011-2012

- Pills Microlut
- Pills Microgynon
- FP Injections
- IUCD insertion
- Implants insertion
- Sterilization BTL
- Sterilization Vasectomy
- Client receiving condoms
- Natural Family Planning
- All others FP

Comparison between 2011 and 2012
Lessons Learnt

- Planning and coordination by PHMT, DHMT and partners is key for meeting project objectives
- Mentorship and continuous engagement of health workers improves retention of knowledge and skills of service providers
- In spite of staff shortages, teamwork guarantees the success of FP programs
- Starting a skills lab is the surest way to sustain the skills that service providers attain during training
- Involvement of the community is key for FP uptake
  - Community education and demand creation significantly contributes to increased uptake of FP services and commodities
Ministry of Health
Department of Family Health
Nyanza Provincial Health Management Team
Bondo District Health and Hospital Management Teams
Service providers in Bondo District
Community in Bondo District
USAID – MCHIP project
USAID – ACCESS Uzima project
Family Health Options of Kenya
GIZ