

BOLD DELIVERS



Research on Family Planning & Reproductive Health



BOLD THINKERS DRIVING
REAL-WORLD IMPACT

ABT ASSOCIATES has a strong legacy of incorporating rigorous research in our international health projects. We are one of the only organizations working in development that combines skills in in-depth research and program implementation – always striving to link the two for maximum impact. By regularly conducting research, our work is informed by data that helps us continually improve the life-saving programs for which we are responsible.

This report focuses specifically on evaluations and research studies done by Abt Associates' International Health Division in low- and middle-income countries that examined family planning and reproductive health (FP/ RH) services on both the *demand* side (consumers) and the *supply* side (providers).



Demand: Determining Factors

Multi-country analyses conducted under SHOPS showed that **age and wealth** are important factors in determining family planning method and source.



FACTORS: AGE + WEALTH



AGE: An analysis of Demographic and Health Survey (DHS) data for 43 countries in Sub-Saharan Africa, Asia and the Near East, and Latin America found that over half of women under 25 using modern methods in all three

OVER 50% OF
OBTAIN THEIR
METHODS THROUGH
THE PRIVATE SECTOR



**WOMEN
UNDER
25**

regions obtain their methods through the private sector.¹ Younger women are also more likely to obtain methods from “other” sources, such as shops, friends, or churches.

Young single women use the private sector more often than young married women in most countries analyzed. In addition, women who are more educated and have better knowledge of family planning are more likely to use private sector sources for modern methods. (*Okello & Ugaz, 2015*)

WEALTH: An analysis of DHS data from 14 low- and middle-income countries in Africa, Asia, and Latin America found that wealthier women are more likely than poorer women to use modern family planning methods.²

In most countries, with the exception of those in South Asia, wealthier women are also more likely to use long-acting or permanent family planning methods (LA/PMs) – which are more effective than shorter-acting methods – and to obtain them from the private commercial sector. Still, in some countries, a substantial proportion of women from low and middle wealth quintiles seek LA/PM from the commercial sector. For example, in Honduras and Kenya, 34 and 28 percent of LA/PM users in the poorest wealth quintile source their methods from the private commercial sector, respectively. (*SHOPS Project, 2013*)

1 The analysis draws on nationally representative and comparable data from 43 developing countries: Benin, Burkina Faso, Cote D'Ivoire, Democratic Republic of the Congo, Cameroon, Congo (Brazzaville), Ethiopia, Gabon, Ghana, Kenya, Liberia, Lesotho, Madagascar, Mali, Malawi, Mozambique, Namibia, Nigeria, Niger, Rwanda, Senegal, Sierra Leone, Sao Tome and Principe, Swaziland, Tanzania, Uganda, Zambia, and Zimbabwe in Africa; Bangladesh, Cambodia, Egypt, India, Indonesia, Jordan, Nepal, Pakistan, and the Philippines in Asia and the Near East; Bolivia, Colombia, the Dominican Republic, Haiti, Honduras, and Peru in Latin America. The data come from the most recent DHS for these countries, fielded between 2006 and 2013.

2 The analysis draws on nationally representative and comparable data from 14 developing countries: Egypt, Kenya, and Malawi in Africa; Bangladesh, India, Indonesia, Jordan, Nepal, Pakistan, and the Philippines in Asia; and Bolivia, Colombia, Honduras, and Peru in Latin America. The data come from the most recent DHS for these countries, all of which were fielded between 2006 and 2012.

Demand: Enhancing Consumer Knowledge, Access, and Use

Studies in Kenya and Jordan evaluated interventions aimed at increasing use of modern contraception through educating consumers about various methods and how to access them.



ON DEMAND MOBILE PHONE TEXT MESSAGES LEAD TO GREATER KNOWLEDGE:

In many countries, mobile phones are nearly ubiquitous and delivery of content over mobile phones is inexpensive. Mobile phone users may access content privately, interactively, and according to their own schedule.

In **Kenya**, M4RH delivered mobile phone text messages on family planning through consumer-initiated demand for information (on topics including methods' description, benefits, side effects, and efficacy, as well as information on local family planning providers).

A randomized controlled trial evaluated the intervention and found that m4RH consumers were, on average, young, highly educated, and highly likely to be current contraceptive users: the average age of users was 25; 90% had a secondary or higher degree; and 80% currently used contraception. Nearly a third of users were men.

M4RH CONSUMERS:

90% SECONDARY OR HIGHER DEGREE

80% CURRENTLY USED CONTRACEPTION



1/3 OF USERS WERE MEN

CONSUMERS ON AVERAGE:

- YOUNG
- EDUCATED
- CONTRACEPTIVE USERS
- 25 YEARS OLD

A user typically submitted requests for several different types of methods. The program led to better knowledge of family planning methods (an increase in the number of family planning knowledge questions users were able to answer by approximately 13 percent). The study, however, did not detect an impact on self-reported use of modern family planning methods. (*Johnson et al., 2015*)

HOME-BASED COUNSELING INCREASES USE OF MODERN METHODS AND DECREASES CONCERNS ABOUT SIDE EFFECTS:



A randomized controlled trial in **Jordan** evaluated the impact of family planning counseling on family planning outcomes. This evaluation compared three groups: one treatment group was offered women-only counseling, a second treatment group was offered couples' counseling (for husbands and wives together), and a third group, the control, was not offered any counseling.

Community health workers conducted counseling during home visits over a five month period, asking about a woman or couple's plans for spacing or limiting pregnancies, offering information about modern methods, and answering questions.

Modern method uptake increased by 48 percent among those offered women-only counseling and by 59 percent among those offered couples' counseling. This difference was not statistically significant, suggesting no differential impact between the two counseling interventions. Women who participated in any type of counseling also had fewer concerns about modern methods' side effects than women who did not receive any counseling. (*El-Khoury et al., forthcoming 2015*)

Supply: Addressing Challenges to Increase Availability

SHOPS studies have shown that the private sector plays an important role in family planning provision in developing countries. Private providers, however, have substantial gaps in family planning counseling skills and knowledge about family planning methods, stemming from lack of formal training on certain methods and their side effects.

Between 1992 and 2012, the private sector has played an important role in providing modern family planning methods and increasing the modern contraceptive prevalence rate (CPR) in low income countries around the world. According to an analysis of DHS data in 36 low-income countries in Sub-Saharan Africa, Asia, and Latin America, a large proportion of modern method users obtained methods from private sector sources in Asia (40 percent) and Latin America (49 percent).¹ In Sub-Saharan Africa, a lower

¹ The analysis draws on nationally representative and comparable data from 36 developing countries: Benin, Burkina Faso, Cameroon, Ethiopia, Ghana, Kenya, Madagascar, Malawi, Mali, Namibia, Nigeria, Niger, Rwanda, Senegal, Tanzania, Uganda, Zambia, Zimbabwe in Africa; Bangladesh, Cambodia, Egypt, India, Indonesia, Jordan, Nepal, and the Philippines in Asia and the Near East; Bolivia, Colombia, the Dominican Republic, Haiti, Peru, El Salvador, Guatemala, Honduras, Nicaragua, and Paraguay in Latin America and the Caribbean. The data come from the most recent DHS for these countries, fielded between 1992 and 2012.

proportion (30 percent) obtained their modern methods from the private sector.

While the modern CPR has risen in these three regions over the last 20 years, both sources of modern contraception (public versus private) and method mix (short-acting methods, or SAM, versus LA/PM) have remained constant. In Asia and Latin America, the proportions of use of SAM and LA/PM remained fairly constant. However, in Sub-Saharan Africa, the rate of LA/PM use was low, approximately 20 percent throughout the study period. The increase in modern CPR in all three regions was driven mainly by increases in use of SAM from both public and private sources. (*Ugaz et al., 2015*)



Studies conducted by SHOPS have found that a lack of formal training on certain methods and on side effects has led to substantial gaps in counseling and services:



POOR KNOWLEDGE IMPACTS PROVISION:

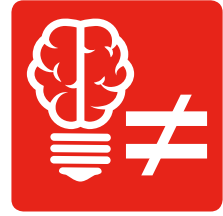
A survey of obstetricians/gynecologists and general practitioners (GPs) in **Bangladesh** found poor knowledge of the side effects of implants, injectables, and female sterilization: 45 percent or more gave one or more incorrect side effect for each method. This lack of knowledge likely explains providers' negative perceptions of family planning methods: a third or more of them felt that intrauterine devices (IUDs), implants, or female sterilization have “too many or too adverse side effects.” Many providers also felt LA/PMs were less convenient for clients to use than short-term methods like oral contraceptives (OCs) and condoms.

More than a third of nurses and obstetricians/gynecologists did not know which cadres were allowed to provide IUDs. At the same time, provider confidence in their skills to provide family planning methods was high, even among those who were not trained to provide them. Of those who had never been trained 55 percent of GPs felt competent to insert an implant, 37 percent felt competent to insert an IUD, and 30 percent felt competent to perform a female sterilization.

Among all providers, 55 percent claimed they provided these methods but had never been trained and demonstrated poor knowledge of side effects. Providers also felt they should have a strong role in the family planning decision their client makes, which is counter to the client-centered approach to method choice that is an important aspect of quality of care. Focus group discussions with women in the study areas confirmed this: women indicated that they do not have detailed conversations with their providers when selecting a method. (*Ugaz et al., 2012*)

KNOWLEDGE DOES NOT ALWAYS LEAD TO ADEQUATE COUNSELING:

A mystery client survey of family planning counseling among private providers in Lagos state in **Nigeria** found that providers were responsive to patient's needs, gave information on long-acting family planning methods (IUDs, injectables, and implants) more than other methods; and, for the most part, gave information on effectiveness and side effects of any family planning methods they mentioned. However, providers often failed to ask key questions necessary to gauge patient preferences, rule out pregnancy, and check for contraindications to specific methods. (*Johnson et al., 2013*)



EVEN WHEN EVIDENCE-BASED PROGRAMS ARE IN PLACE, PROVIDER MISPERCEPTIONS ABOUT METHODS REMAIN:

A program in **Jordan**, centered on evidence-based medicine (EBM), aimed to improve family planning providers' knowledge, attitudes, and reported clinical practices. EBM encourages providers to reference updated medical evidence, along with their clinical expertise and patient values, to deliver high quality health services. Using facilitated roundtable discussions and detailing visits to clinics, the program sought to reduce misconceptions and improve knowledge of methods by providing science-based information on side effects.



Providers who attended roundtables on oral contraceptives demonstrated an increased ability to correctly identify specific risks and benefits of combined oral contraceptives (COCs), an increase in the reported discussion of family planning with clients, and increased willingness to prescribe COCs to women who have not yet had a child. However, fewer providers participated in similar roundtable discussions on injectable contraceptives, an unpopular method in Jordan due to concerns about side effects. As a result, the evaluation found no impact on providers' knowledge of injectables and their side effects, or their practices related to prescribing injectables.

The evaluation results indicated that an EBM program, as a standalone intervention, might not be effective when there are strong provider and consumer misperceptions about a method. Faced with low demand and negative consumer attitudes towards injectables, Jordanian providers may be resistant to changing their own attitudes and clinical practice toward the method, despite the availability of research evidence refuting biases and misconceptions. (*El-Khoury et al., 2013*)

Supply: Exploring Interventions to Address Barriers

SHOPS conducted studies in Uganda, Madagascar, Bangladesh, Peru, Nigeria, and the Philippines to explore factors and interventions related to expanding family planning provision and quality improvement among private providers.

Several interventions can be used to address barriers in the provision of family planning, but their effectiveness is often limited by contextual factors, as summarized below.

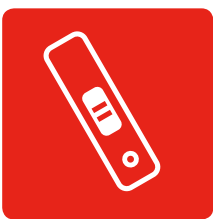


DAILY TEXT MESSAGES CONTRIBUTE TO IMPROVEMENTS IN SELF-REPORTED PROVIDER KNOWLEDGE AND PRACTICES:

Health workers in developing countries receive limited opportunities for refresher trainings to update their skills. Given the rapid growth in mobile phone ownership, even in remote areas, mobile technology provides a complementary channel for education, support, and encouragement.

A qualitative evaluation of a pilot in **Uganda** conducted in four sites revealed that family planning providers who received daily text messages reported that they were motivated by reminders to adhere to hand washing rules, referred to training manuals when receiving a text-message quiz question about treatment protocols, re-learned steps in instrument sterilization they had forgotten, and used the text-message tips about pain management to more closely attend to clients.

These positive user experiences indicate that text messages provide a novel and cost-efficient way to raise awareness, promote behavior change, address common myths and performance gaps, incentivize new practices, and refresh skills. *(Riley & BonTempo, 2011)*



OFFERING FREE PREGNANCY TEST KITS INCREASES CONTRACEPTIVE DEMAND:

One challenge faced by Community Health Workers (CHWs) when they provide hormonal contraceptives to new clients is ruling out pregnancy. In **Madagascar**, CHWs use a pregnancy checklist before providing oral or injectable contraceptives. Yet many CHWs do not trust the checklist and do not provide contraceptives to non-menstruating women. Also, many women categorized by the checklist as “could be pregnant” are not pregnant, which leads to missed opportunities to meet the needs of women who want to use hormonal contraceptives.

A randomized controlled trial in three regions of Madagascar found that giving CHWs pregnancy tests to distribute for free increases by nearly a quarter the monthly number of new hormonal contraceptive clients that they supply (during the first four months of the intervention). In addition, this study found that CHWs likely used the pregnancy tests as substitutes for the checklist. (*Comfort et al., 2014*)

PRIVATE PROVIDERS ARE WILLING TO PROVIDE CERTAIN METHODS BUT MARKETING AT SCALE REMAINS A CHALLENGE:



SHOPS trained private for-profit facilities in Dhaka and Chittagong, the two largest cities in **Bangladesh**, on long-acting and permanent family planning methods (LA/PM) provision, marketing and demand generation, and managing commodity supplies. A qualitative evaluation of the intervention found that providers became willing and able to offer LA/PM services after training. However, they were not in a position to market these services with the intensity needed to significantly increase demand for these methods. (*Rosapep, 2014*)

PRIVATE PROVIDERS FAVOR AND ARE WILLING TO PAY FOR QUALITY IMPROVEMENT:



While pay-for-performance incentives are frequently used in human resource management programs, there is less knowledge of, and experience with, alternative incentives for recognizing provider achievements in improving quality—especially in the private health sector. A survey of general practitioners, obstetricians/gynecologists, and midwives in the private sector in three locations in **Peru** found a nearly universal interest in a quality improvement (QI) program with a recognition component.

Providers valued continuing education in quality care, both as a means of self-improvement and way to improve patient care. Most of the providers interested in participating in such a QI program were willing to pay a monthly membership fee. About half noted that they would most prefer to receive professional development opportunities as their recognition mechanism or reward upon completion of the QI program.

The second and third most popular recognition mechanisms selected by providers were a diploma or certificate and office or medical equipment. Professional associations, followed by international organizations and universities, were the most preferred organizations to deliver such QI programs. (*James & Benavides, 2012*)



TRAINING AND SUPPORTIVE SUPERVISION PACKAGE FOR PRIVATE PROVIDERS IMPROVES SERVICES AND RECORD KEEPING:

A randomized controlled trial in Lagos State, **Nigeria**, evaluated an intervention offering private providers a set of trainings including counseling skills, contraceptive technology updates, clinical skills, and business practices. A treatment group was offered the complete set of trainings while a control group was offered no training. The evaluation measured the impact of offering these trainings on outcomes including range of family planning methods offered, provider knowledge, quality of family planning counseling, record keeping, access to credit, and revenues.

RANGE OF FAMILY PLANNING METHODS OFFERED INCREASED BY 11% This study found that the range of family planning methods

offered increased by 11 percent. Trainings also led to positive changes in quality of counseling services, especially the range of methods providers discussed with clients, provider overall knowledge, and interpersonal skills. For business-related outcomes, treatment group facilities improved record keeping, and were also more likely to apply for and receive loans. There was no detectable difference in provider revenue generation. (*Ugaz et al., 2015*)



IUD ACCESS INCREASES THROUGH PRIVATE MIDWIFERY FRANCHISES :

A case study in the **Philippines** of two private midwifery franchises, BlueStar and Well-Family Midwife Clinics, investigated factors that influenced midwives' provision of IUDs. The Philippines has relatively high use of LA/PMS (8 percent) and a substantial private sector which provides 17 percent of IUDs and 27 percent of female sterilizations.

This case study found that midwives, who provide IUDs, among other family planning and maternal care services, are able to run viable businesses, meaning that they earn enough through their clinics to pay clinic costs and living expenses.

Researchers found that BlueStar midwives provided more IUDs, most likely because BlueStar strongly supported IUDs and provided more IUD training. The study results suggest that IUD training should include a high number of IUD insertions so that midwives can be confident in the procedure; BlueStar's training included about 50 insertions for each midwife.

The study also recommended providing midwives with training in marketing their businesses to attract new clients and in offering flexible payment terms to allow more clients to afford their services. In addition, investment in strong local commodity markets is important to ensure midwives have access to affordable IUDs and other family planning methods. The BlueStar network buys commodities in bulk for its midwives, which helps smaller providers to take advantage of bulk purchase discounts. (*SHOPS Project, 2014*)

References

- Comfort, Alison, Slavea Chankova, Randall Juras, C. Natasha Hsi, Lauren Peterson, and Payal Hathi. 2015. Providing free pregnancy test kits to community health workers increases distribution of contraceptives: Results from an impact evaluation in Madagascar. *Contraception* (in press).
- El-Khoury, Marianne, Rebecca Thornton, Minki Chatterji, Sarah Kamhawi, Phoebe Sloane, and Mays Halassa. Forthcoming 2015. Does Counseling Women and Couples Increase Family Planning Uptake? A Randomized Experiment in Jordan.
- El-Khoury, Marianne, Rebecca Thornton, Minki Chatterji, and Soonie Choi. 2013. The Impact of Evidence-Based Medicine on Family Planning Providers' Knowledge, Attitudes, and Practices: A Randomized Experiment in Jordan. Bethesda, MD: Strengthening Health Outcomes through the Private Sector Project, Abt Associates Inc.
- James, Erica, and Bruno Benavides. 2012. Performance Improvement Recognition: Private Providers of Reproductive Health Services in Peru. Bethesda, MD: Strengthening Health Outcomes through the Private Sector Project, Abt Associates Inc.
- Johnson, Douglas, Randall Juras, Minki Chatterji, Pamela Riley, Phoebe Sloane, and Soonie Choi. 2015. Impact Evaluation of a Family Planning mHealth Service in Kenya. Bethesda, MD: Strengthening Health Outcomes through the Private Sector Project, Abt Associates Inc.
- Johnson, Douglas, Ben Woodman, Sikiru Baruwa, Modupe Toriola, Minki Chatterji, Cynthia Kinnan, Jonathan Jackson, and Andrew Carmona. 2013. A Census of Private Health Facilities in Six States of Nigeria. Bethesda, MD: Strengthening Health Outcomes through the Private Sector Project, Abt Associates Inc.
- Okello, Francis Ogojo, and Jorge Ugaz. 2015. Use of Modern Contraception among Young Women and the Role of the Private Sector. Bethesda, MD: Strengthening Health Outcomes through the Private Sector Project, Abt Associates Inc.
- Riley, Pamela and James BonTempo. 2011. Mobiles for Quality Improvement Pilot in Uganda. Bethesda, MD: SHOPS Project, Abt Associates Inc.
- Rosapep, Lauren. 2014. Creating a Private Sector Market for Long-Acting and Permanent Family Planning Methods in Bangladesh: Evaluating Viability. Bethesda, MD: Strengthening Health Outcomes through the Private Sector Project, Abt Associates Inc.
- SHOPS Project. 2014. Private Midwife Provision of IUDs: Lessons from the Philippines. Brief. Bethesda, MD: Strengthening Health Outcomes through the Private Sector Project, Abt Associates Inc.

References cont'd

SHOPS Project. 2013. Understanding the Association between Wealth, Long-Acting Contraception, and the Commercial Sector. Bethesda, MD: Strengthening Health Outcomes through the Private Sector Project, Abt Associates Inc.

Ugaz, Jorge, Anthony Leegwater, Douglas Johnson, Sikiru Baruwa, Modupe Toriola, Cynthia Kinnan. 2015. Impact of Family Planning and Business Trainings on Private Sector Health Providers: Evidence from a Randomized Experiment in Nigeria. Bethesda, MD: Strengthening Health Outcomes through the Private Sector Project, Abt Associates Inc.

Ugaz, Jorge, Minki Chatterji, James Gribble, and Susan Mitchell. 2015. Regional Trends in the Use of Short-Acting and Long-Acting Contraception Accessed through the Private and Public Sectors. International Journal of Gynecology and Obstetrics, 130(Suppl 3), E3-E7.

Ugaz, Jorge, Stephen Rahaim, Kathryn Banke, Julie Williams, and Wahiduzzaman Chowdhury. 2012. Assessment of Private Providers' Knowledge, Attitudes, and Practices Related to Long-Acting and Permanent Methods of Contraception in Bangladesh. Bethesda, MD: Strengthening Health Outcomes through the Private Sector Project, Abt Associates Inc.

Authors: Slavea Chankova and Phoebe Sloane

Thank you to Thierry van Bastelaer and Kathryn Banke for their invaluable guidance and feedback on this synthesis. Thank you to Sarah Armstrong for excellent editing and formatting of this brochure.

For questions, please contact us at BDU@abtassoc.com.

Photo Credits

Page 1: Jessica Scranton/Malawi Family; Page 4: A.B.M. Zuanaed /Family Planning Counseling Corner.



**BOLD
THINKERS
DRIVING
REAL-WORLD
IMPACT**

abtassociates.com



September 2018