

Increasing LARC Uptake in Kenya through Improved Demand Creation Strategies and Provider Support

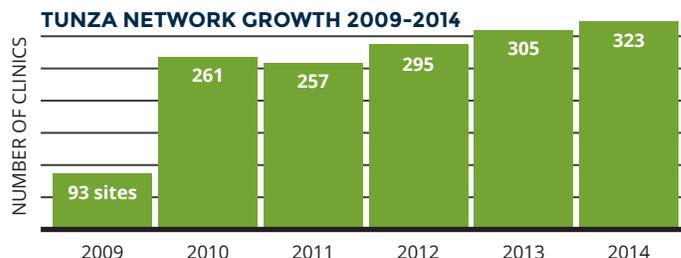
Best Practices from the Women's Health Project 2009-2014



The Tunza network of private clinics was launched in 2008 with a focus on FP services provision, in particular to increase access to long acting reversible contraceptives (LARC), specifically the IUD and implant. By 2014, the network included 308 clinics supported by community mobilizers delivering interpersonal communication (IPC) messages, and providers LARC training.

PROGRAM OVERVIEW

The main objective of the family planning project is to increase women's use of long acting reversible contraceptives, especially the IUD. Providers recruited included nurses, midwives, and doctors. They were trained in IUD and implant insertion and removal, and followed up with support supervision. Demand generation activities were also conducted by IPC agents to inform the community of the services.



KEY CHALLENGES AMONG TUNZA PROVIDERS

By 2011, several challenges were identified that were resulting in lower performance by network providers. These included:

- **Inefficient IPC strategy**
- **Lack of provider motivation and confidence** linked to low profit and gaps in technical competence

NEW STRATEGIES

DEMAND CREATION

The **IPC strategy** was modified to give more focus to family planning, including:

- **70:30 rule** with the allocation of 70% of the IPC session time to FP methods, and 30% to other products
- Preference (70%) was given to **one-on-one versus group sessions**
- Revision of **FP session flow** to start with LARCS
- **Increase of IUD voucher subsidy**
- Bi-monthly **supportive supervision** of the Tunza mobilizers focusing on **productivity**



PROVIDER SUPPORT

The provider behavior change strategy was strengthened to increase provider technical competence and motivation, by addressing:

- **The skills gap:** through **refresher training** and **outreach interventions** where providers practice their skills with guidance and supervision
- **Earnings:** by assisting providers to conduct a **cost/time analysis** to show how a quality service results into client satisfaction and yields customer loyalty and future revenue
 - And by **increasing the cost reimbursement** to providers by 50% to 67%



A **provider performance tracking strategy** was introduced through a **tracking matrix** to give more visibility to providers over their performance compared to aggregated data and performance for the region.

LESSONS LEARNED

DEMAND CREATION

Demand creation activities should be specific to FP and LARC: IPC interventions should be **dedicated to FP with a clear emphasis on LARC**. Individual IPC is more effective than group sessions. **Increasing the voucher subsidy** while providing community mobilizers with positive reinforcement will lead to **increased productivity**, i.e. more IUD referrals.

PROVIDER SUPPORT

On-going technical support and creating additional opportunities for providers to **regularly practice** their IUD insertion skills increases their ability and confidence. Helping providers see the added value and **income generating potential** of IUD service provision, e.g. through a cost/time analysis and higher product subsidy, is key to their motivation

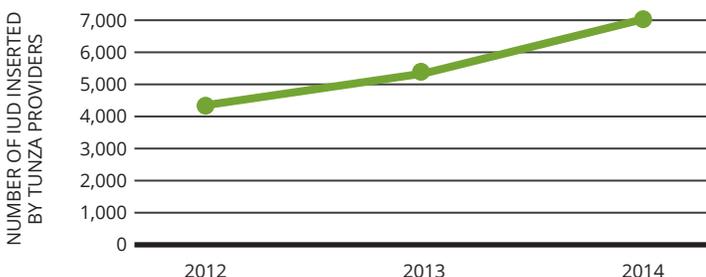
TRACKING PROVIDER PERFORMANCE

Actively **tracking provider performance** plays a key role in increasing IUD uptake. It serves as a **dependable source of information** and **continuing visibility** on individual performance and allows providers to gauge how they are doing **relative to their region**.

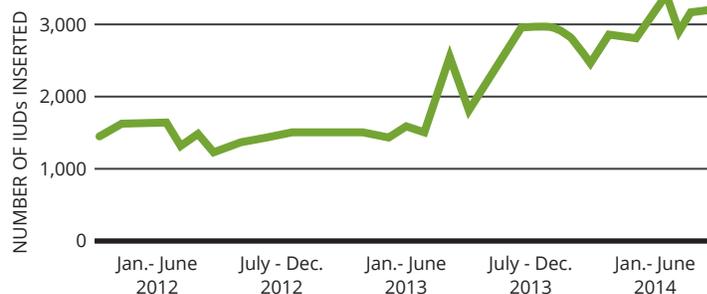


KEY RESULTS

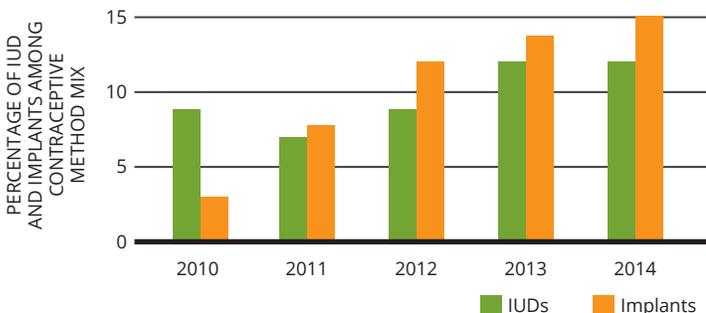
INCREASED AVERAGE LARC REFERRALS RESULTING IN IUD INSERTION, AS A RESULT OF INCREASED IPC AGENT PRODUCTIVITY



GROWTH OF IUD INSERTION AT TUNZA CLINICS



STEADY INCREASE OF LARC UPTAKE AT TUNZA CLINICS



BEST PRACTICES

1. Address low LARC uptake through aligned and complementary demand generation and provider support strategies
2. Implement a dedicated FP IPC strategy with a strong emphasis on LARC; give preference to one on one IPC sessions
3. Invest time and provide extra support to IPC mobilizers to increase their productivity
4. Focus on provider BCC, strengthening their technical skills by offering on-the-job training and additional opportunities to practice their IUD insertion skills, and assisting them to conduct a cost/time analysis to recognize the earning potential of LARC service provision



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