TRAINING HEALTH WORKERS IN SUCCESSFUL COMMUNITY-BASED FAMILY PLANNING
Lessons from integrating a HTSP/FP project with a Maternal and Child Health project

BACKGROUND
The Garba Tulla HTSP Project in NE Kenya has worked hand in hand with the Ministry of Health to introduce improved family planning services in four facilities and within four communities: Modagashe, Malkadaka, Sericho and Eresa Boru. This was a daunting challenge because the 43,118 inhabitants are primarily Muslim pastoralists who live in poverty, are generally illiterate, and endure high levels of malnutrition, communicable disease, and food insecurity. The source of livelihood for many is derived from their herds of goats and camels.

In this traditional society, it is the men who make family fertility decisions about whether and when to conceive. The contraceptive rate is just 10 percent and both men and women distrust family planning as being a foreign concept.

INTERVENTION
In the first nine months of the project (March – Dec 2014), the project trained 78 Community Health Volunteers (CHVs), four Community Health Extension Workers (CHEWs) and several facility-based MOH staff to provide friendly, positive counseling on Healthy Timing and Spacing of Pregnancy (HTSP) and the contraceptives that are available to help them meet their fertility intentions.

The project combined three strategies to gain acceptance within this very conservative region of Kenya. The first was to integrate HTSP/FP with World Vision’s ongoing privately funded maternal and child health program, named Starting Strong. The CHEWs and CHVs were trained to counsel on the health benefits of timing and spacing pregnancies to ensure healthiest outcomes for mothers and their infants. There were two entry points within
Starting Strong for HTSP/FP—counseling during ante-natal care visits and during immunization visits.

Husbands were encouraged to go with their wives for their ante-natal visits, and Community Units began to offer a sitting area with board games, newspapers and periodicals where men could wait for their wives and be counseled on HTSP/FP. The Standard Days Method (SDM) with CycleBeads was introduced to these fathers, and 56 men now identify SDM as their method of contraception.

Ante-natal care counseling included a strong focus on immediate and exclusive breastfeeding for six months. Extended breastfeeding was part of their nomadic culture, and women were taught to provide nothing but breast milk for the health of the child and protection from pregnancy for the mother. Women began to practice lactational amenorrhea method (LAM) within the first few months of project implementation.

The second innovation was training almost twice as many male CHVs as female volunteers. These men have made remarkable in-roads with chiefs, community elders and local imams who have, for the first time, learned about the health benefits of timing and spacing pregnancies. Chiefs and imams are becoming leading advocates for HTSP/FP to improve the health and well-being of their communities.

The third strategy focused on health system strengthening. World Vision brought its own privately funded resources to shore up the resource-poor Ministry of Health (MOH) in this remote rural community. In the four project sites, there is a seamless integration of MOH and WV staff. WV has contributed chairs, tables, reading materials and games to make father-friendly spaces in health facilities. WV’s approach is to complement the work of the MOH, rather than compete with the MOH.

OUTCOMES
The 71 male CHVs have successfully addressed the critical challenge of building support for HTSP/FP among men as men are the decision-makers about family planning use.

Of the 817 people counseled on HTSP/FP in the past six months, 42 percent were men, the majority of whom were older men (25 years old or more) who responded remarkably well to messages about spacing when linked to improving maternal and child health, improving family economic prospects, and enabling parents to devote more time and attention to the children they now have. Fathers now encourage other fathers to ask about how their children are doing, rather than how many children they have.
As a result, one third of all current family planning users are men (163 out of a total of 494 users), with 107 using condoms and 56 using SDM.

Among the 338 women using contraception, 42 percent were using LAM. This indicates that the project must now begin to focus on counseling mothers and fathers about transitioning from LAM to long-acting reversible contraception (LARC) and long-acting and permanent methods (LAPM) after the first six months. Another 22 percent of women were using SDM, again, an unusually high proportion. This implies that the MOH / KEMSA contraceptive delivery system for CycleBeads is functioning well. Contraceptive supplies, however, are often erratic. The number of current users (494) exceeded the project target of 400 by almost 25 percent.

**CONTRACEPTIVE USE**

In cultures with no tradition of contraceptive use, the initial step succeeds when it focuses on culturally compatible methods like LAM and SDM. LARC and LAPM uptake is much more difficult because of fears about hormonal methods. Living in precarious circumstances that may change suddenly inhibits mothers and fathers from considering permanent methods.

Access to LARC and LAPM is extremely difficult because most people live far from health facilities where these services are provided. Mobile teams that provide injectable contraceptives may be the next step to increasing contraceptive use. The MOH policies support providing injectable contraceptives, but staffing, training and procuring supplies present enormous challenges.

**LESSONS LEARNED**

**THE PIVOTAL IMPORTANCE OF MEN IN FP**

In traditional societies, where men are the gatekeepers who control all access to resources, the initial focus of family planning programs must be on men—chiefs, elders, imams and fathers. Fathers respond well to being invited to use father-friendly places while waiting for their wives during ante-natal care visits to health facilities. This also allows MOH staff to counsel fathers as well as mothers on LAM and transitioning to a follow-on method of contraception.