USAID COMMUNITY CAPACITY FOR HEALTH PROGRAM

Family Planning and Community Health Volunteers: Reducing Early and Unwanted Pregnancies at the Community Level

PROGRAM SUMMARY

The USAID Community Capacity for Health Program—known in Madagascar as Mahefa Miaraka—is a five-year (2016–2021) community-based integrated health program funded by the United States Agency for International Development (USAID). The Program is a collaborative effort among the Ministry of Public Health (MOPH), USAID, and JSI Research & Training Institute, Inc. (JSI). Mahefa Miaraka provides tools and capacity-building training to approximately 10,000 community health volunteers (CHVs) who provide basic maternal health, child health, and family planning services to their local communities. The Program also works with national and local government stakeholders to strengthen the health sector and health policies.

MAHEFA MIARAKA

- OPERATES IN **7** REGIONS OF MADAGASCAR
- COVERING A TOTAL OF **4,708** VILLAGES
- WITH A TOTAL POPULATION OF **6.6** MILLION PEOPLE
- OR **28** PERCENT OF THE COUNTRY'S TOTAL POPULATION

OVERVIEW

Access to contraception, reproductive health information, and family planning (FP) services remains a significant global challenge. In low- and middle-income countries, an estimated 270 million women of reproductive age have an unmet need for contraception,[1] primarily because they lack access to information, education, and contraceptive services.[2] This need is highest in sub-Saharan Africa, where just 55 percent of the need for FP is met with modern methods.[3,4] The reproductive health needs of adolescents and youth, in particular, remain consistently high because many young people are prevented from accessing and using modern forms of contraception due to discrimination, stigma, and the lack of information.[5]

The government of Madagascar (GOM) has adopted FP as an important strategy to reduce maternal mortality and improve adolescent and youth health. The National Reproductive Health and Family Planning Law (2018) and the National Strategic Plan for Adolescent and Youth Reproductive Health (2017) address reproductive choice and the negative consequences of early childbearing, as do Madagascar's Sustainable Development Goal targets under Goals 3 and 5.[6] Mahefa Miaraka's support to the country's FP efforts involved both demand and supply side interventions to improve access to and uptake of reproductive health and FP services, including a strong adolescent and youth focus to prevent early or unwanted pregnancies and to engage boys and young men in health activities. Through its mutually reinforcing community interventions, Mahefa Miaraka aimed to contribute to the GOM's Family Planning 2020 goals, which included (1) increasing the contraceptive prevalence rate from 33 percent in 2013 to 50 percent in 2020; and (2) reducing the rate of unmet need for FP from 18 percent in 2013 to 9 percent in 2020.

APPROACH

Mahefa Miaraka worked to increase access to basic FP services and referral to reproductive health and long-term FP services through its nearly 10,000 CHVs, along with ongoing efforts to ensure that the approaches met the needs of adolescents and youth. The Program also developed a comprehensive social and behavior change (SBC) approach to improve the health of families and youth, and empower them to make responsible life, sexual, and reproductive health choices.

The Program designed and used streamlined communication materials to promote healthy behaviors and the use of FP services. These materials included the women's health card; Model and Mentor Family checklists built on the messages in the women's health card; FP Invitation Cards; and radio spots and dramas broadcast on local radio stations.

The following mutually reinforcing components anchored the Program's integrated approach to FP in communities:

1. **Training and support** for CHVs to provide high-quality FP counseling and basic services, make referrals to health centers, and introduce novel approaches.
2. **Distribution of community-level tools** to promote essential FP practices and invite potential and interested new users to access services.
3. **Multi-channel communication** on the benefits of FP via CHVs, community leaders, and radio broadcasts.

1 Women of reproductive age (15-49) who want to stop or delay childbearing but are not using any method of contraception are defined as having an "unmet need."
2 World Health Organization. (2020, June 22). Family planning/ contraception methods. Retrieved from https://www.who.int/news-room/fact-sheets/detail/family-planning-contraception.
3 Modern methods include male and female condoms; hormonal contraceptives that include oral pills, injectables, and implants; and intrauterine devices (IUD), among others.
4 United Nations. (2019). Family planning and the 2030 agenda for sustainable development: Data booklet. Retrieved from https://www.un.org/en/development/desa/population/publications/pdf/family/familyPlanning_DataBooklet_2019.pdf.
5 FP2020. (2020). Adolescents, youth & family planning. Retrieved from https://www.familyplanning2020.org/ayfp.
6 United Nations. (n.d.) Sustainable Development Goals. Goal 3 is "Ensure healthy lives and promote well-being for all at all ages" and Goal 5 is "Achieve gender equality and empower all women and girls."

KEY ACTIVITIES

Training and support for community-level FP services. The Program supported health center staff to provide initial and refresher training on FP to CHVs, while also providing clinical skills strengthening during monthly meetings at the health center. In collaboration with health center staff, the Program trained and equipped nearly 10,000 CHVs, and provided them with technical supervision on FP counseling, compliance, and the provision of short-term contraceptive methods, including the lactational amenorrheal method, oral contraceptives, injectables, condoms, and cycle beads. The Program also strengthened CHV capacities in commodities management to ensure a continuous sufficient stock from local resupply points that were often located at a distance from the CHV. To help meet the needs of women seeking long-acting reversible contraception (LARC) options (IUDs, implants), CHVs were trained to provide counseling for these women and refer them to health centers.

87 percent of FP users reported being satisfied with CHV services.

The Program also worked with the GOM to introduce novel reproductive health approaches at the community level. In 2017, Mahefa Miaraka, in collaboration with the MOPH and Access Collaborative, piloted the use of DMPA-SC (Sayana Press) by CHVs in communities in Menabe region. After its successful introduction and use by CHVs, the Program scaled up the intervention to its remaining regions. In addition, in 2019 in Menabe and Sofia regions, the Program introduced pregnancy tests for community-level distribution by CHVs and scaled up to all Program-supported regions in 2020.

Distribution of community-level FP tools. Using MOPH communication materials, counseling aids, and client register tools as a guide, Mahefa Miaraka helped distribute these tools and adapted new tools for use at the community level to promote FP practices and invite potential users. The Program distributed the MOPH's women's health card to women in its regions. These cards contain messages about FP and other women's health considerations. They are intended for women to have a health tool to refer to at home.

The Program also distributed FP invitation cards to increase the number of FP users by making potential interested users aware of FP messages and services. FP invitation cards are designed for satisfied FP users to invite their friends and peers to discuss FP and encourage them to seek information and services from their CHV. The invitation card depicts various scenarios of men inviting men and women inviting women to seek FP information and services (or referral to services) from their CHV and to make a free and informed choice about the use of FP methods for themselves. Program-supported CHVs distributed invitation cards to new and regular FP users, many of whom were young people under the age of 25, to be shared with their peers. Youth Peer Educators (YPE) also received training on the distribution of FP invitation cards and the importance of encouraging their peers to seek access to additional health information and services from their CHV or at their basic health center.

In addition, as part of its support to FP services, the Program equipped CHVs with client's rights posters, FP eligibility checklists, FP methods displays, community registers, individual client records, stock records, and reporting formats to effectively inform and counsel clients, provide the contraceptive method of choice or referral for LARC, and monitor clients.

Multi-channel communication and events with FP messages. CHVs, community leaders, and local radio broadcasts played essential roles in promoting the benefits of FP for birth spacing and the prevention of early and unwanted pregnancy. CHVs promoted these health messages through home visits and group education sessions, and both CHVs and community leaders organized community events around these same themes.

The Program contracted with local and regional radio stations to broadcast radio spots and dramas on themes of key health messages about FP, adolescent and youth reproductive health, and gender themes, including the prevention of early and unwanted pregnancy. Mahefa Miaraka also provided support to national health day celebrations, such as World Contraception Day and International Youth Day, as additional avenues to communicate about and create demand for FP.

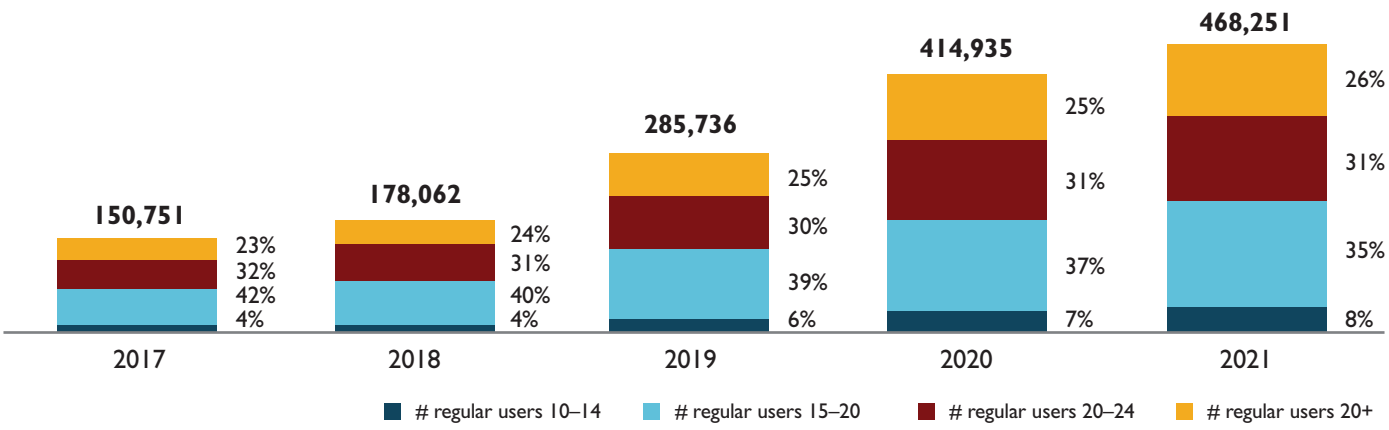
RESULTS

- From the inception of the Program, the number of regular FP users seeking services from CHVs increased three-fold, from approximately 150,000 to more than 460,000 (Figure 1), with nearly 36,000 women referred for LARC by CHVs.
- CHVs provided FP services to 545,504 new FP users over the five years of Program implementation.
- Through Program support, FP services provided by CHVs contributed 693,121 couple years of protection (CYP), increasing from 76,398 in 2017 to 228,896 in 2020, the last full year of the Program. Injectable methods, which are the methods preferred by women in Program-supported regions, represented more than 85 percent of CYP attained throughout the life of the Program, followed by oral contraceptives and cycle beads.

More than half (57 percent) of all FP users in Program-supported regions received services from a CHV.

FP discontinuation rates decreased from a high of 12 percent in January 2017 to 1 percent in March 2021.

FIGURE 1. NUMBER OF WOMEN USING THE FP SERVICES OF CHVS IN THE PROGRAM, BY AGE GROUP, PER YEAR



The proportion of new FP users under the age of 25 increased from 70 percent in 2017 to 74 percent in 2021.

- Relatively low stockout rates for injectable and oral contraceptives for most of the life of the Program underpinned the consistent rise in new and regular FP users in Program-supported communities. The average reported rate of stockouts for injectable contraceptives remained at or less than 20 percent; oral contraceptives from 15 to 31 percent; condoms from 40 to 47 percent; and cycle beads from 37 to 61 percent. Women did not prefer to use cycle beads or condoms; therefore, CHVs had a lesser incentive to keep these products stocked.

- Since the start of the Program, CHVs distributed more than 216,000 women's health cards to women in Mahefa Miaraka areas. CHVs also distributed 878,636 FP invitation cards to regular FP users for further distribution to interested and potential new FP users.

- Messages promoting the benefits of FP through local radio broadcasts, CHV activities, and national health day events reached 3.5 million people. The messages addressed the benefits of birth spacing, adolescent and youth reproductive health—including the prevention of early and unwanted pregnancy—and where FP methods could be obtained.

CHALLENGES

Stockouts of DMPA-SC shortly after its introduction. In 2019, CHVs reported widespread stockouts of DMPA-SC due to shortages in the national supply. The stockout of a new product, coming so soon after its introduction, negatively affected the CHVs' ability to consistently deliver this product to new and regular FP users, and to generate interest and demand among users. Once made available again, the uptake of DMPA-SC was slow to recover due to its long absence from the community: Program areas saw a decrease from more than 50,000 users in 2019 to 25,000 users in 2020. Renewing interest in DMPA-SC will take time, especially communicating its availability, to increase awareness and demand among women.

Limited availability and use of pregnancy test kits. Per national guidelines, the pregnancy test is an important tool to determine FP use eligibility and should be done systematically for new users and discontinued regular users to determine that they are not pregnant and, therefore, eligible to use contraceptives. The unavailability of kits delayed the scale-up of training on community-level use of pregnancy tests in the Program's seven regions. Moreover, it took time for the CHVs to systematically use pregnancy test kits with new users or with regular users who had a gap in the use of contraception.

Low demand for condoms and cycle beads. Low demand for condoms and cycle beads led to little incentive to stock them, resulting in consistently high stockouts of condoms and cycle beads throughout the life of the Program. Nevertheless, CHVs should maintain an available stock of these FP methods at the community health post to be able to offer them as options, even if less popular.

RECOMMENDATIONS

Continue to support community-level FP services as a supplement to health center services. Mahefa Miaraka's experience demonstrates that providing FP services at the community level can effectively meet the needs of more women by increasing their knowledge and by helping them access services closer to where they live. In Program areas, women, and especially young women and adolescent girls, demonstrated a preference for receiving FP services from CHVs compared with from health centers. Engaging community actors, such as CHVs, community leaders, and YPEs, to deliver messages expands the options available for women, men, and adolescents to receive health knowledge and access care.

Increase the opportunity for CHVs to provide universal FP services. With their integrated package of women and children's services, CHVs can take advantage of using all opportunities to increase access to FP information and services, such as during child case management, growth monitoring, outreach for vaccination, and home visits.

Continue to implement the comprehensive SBC strategy to saturate communities with key messages on FP (and the availability of DMPA-SC) through multiple, mutually reinforcing approaches to accelerate the adoption of healthy behaviors and increase demand for maternal health services at the community level. A multi-pronged approach that includes CHV training on FP, FP educational tool distribution, public FP learning events, and mass communications, contributes to the adoption of healthy behaviors through various points of contact, leading to an increase in the number of clients using FP services.

Continue support for monthly CHV meetings at the health center to maintain competencies in FP counseling, services, and referral at the community level. Maintaining CHV skills is an essential component for expanding and sustaining access to essential services in remote and rural communities.

Continue and expand the focus of FP interventions to include special populations. Mahefa Miaraka maintained a consistent focus on adolescent and youth populations when designing and implementing its reproductive health and FP interventions. This focus resulted in large numbers of adolescents and youth adopting FP methods, which has a current and future impact as these clients grow older. The activities for adolescents and youth have also included and should continue to include boys and young men, another group that needs information on and plays a key role in preventing early marriage, early/unwanted pregnancy, and promoting healthy birth spacing.

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