



Overview of Female Sterilization Programming in Eastern Africa

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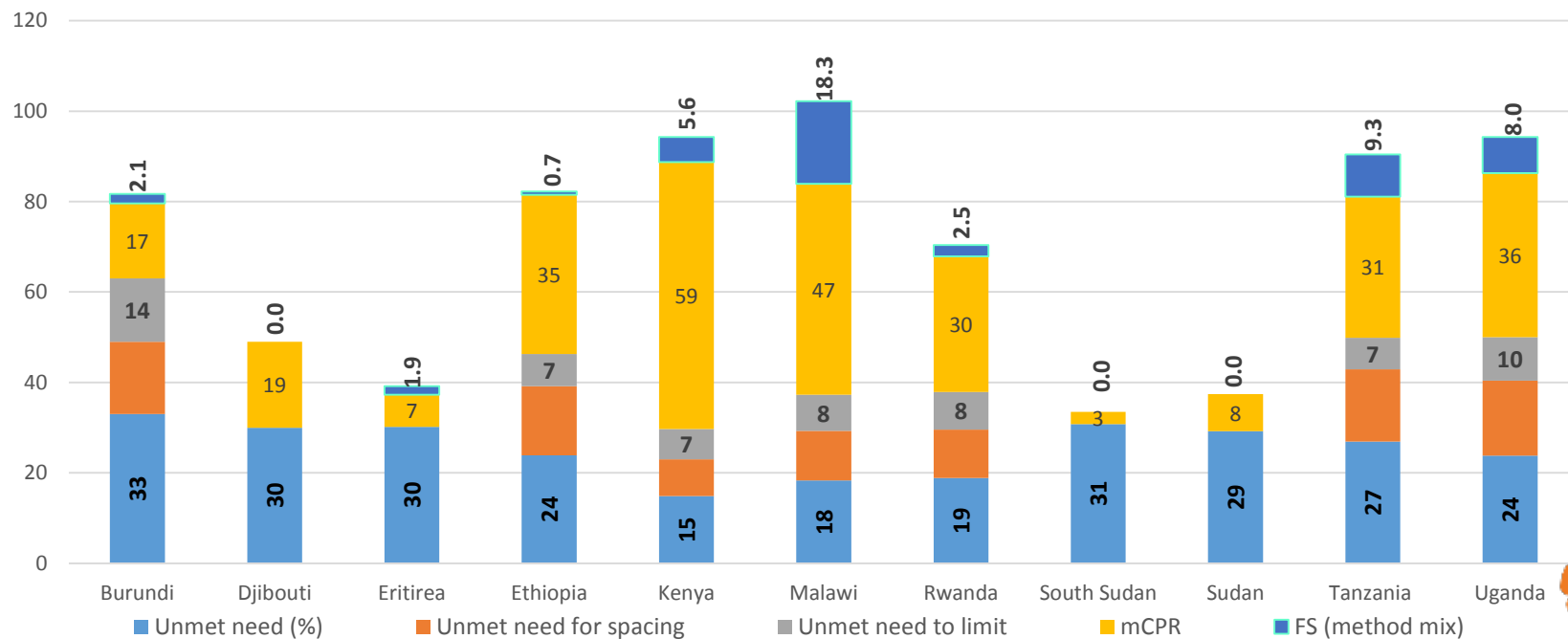
Presentation Outline

- Background
- Increasing awareness and demand
- Enabling environment
- Supply side
- Priorities from a regional meeting on PMs



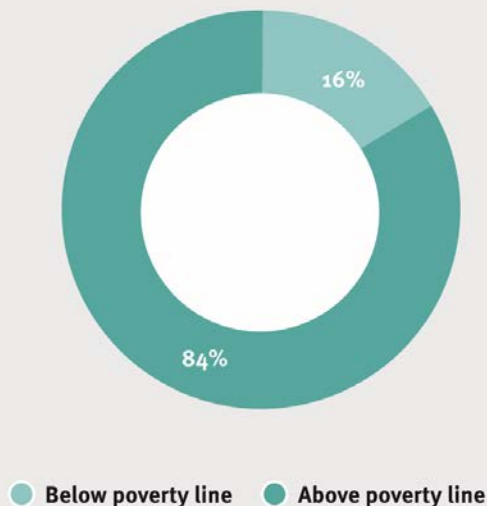
Background

Percentage of unmet need, mCPR, and %FS for 11 Eastern African countries



Characteristic of FP clients

FIGURE 3.6. PERCENTAGE OF USERS OF CONTRACEPTION ABOVE AND BELOW POVERTY LINE | 69 FP2020 COUNTRIES, 2017



Source: RH supplies Coalition 2018

Characteristics of clients using FS

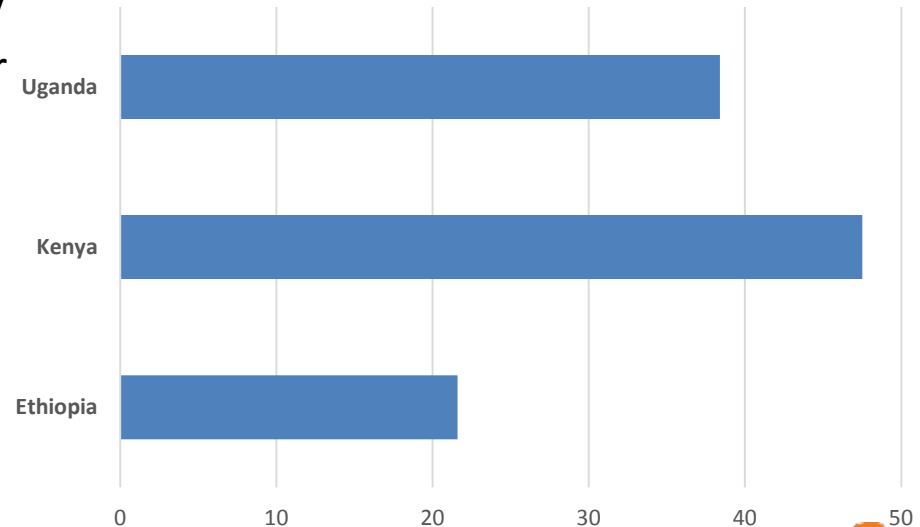
- Majority are women >35yrs
- Number of living children 3+
- Urban (range 0.4% -10.2%) & Rural (range 0.4% to 11%)
- Level of education
- Wealth quintile

Source: DHS data

Increasing awareness and demand (1)

- Kenya RH communication strategy
 - National community health strategy
- Malawi request for SBCC Strategy for PMs and male engagement
- Affordable FP services
- Cost of FS services
 - Client payments for FS services as much as 100\$ in public facilities
 - Not covered by most insurance schemes
 - RH voucher schemes

Percentage of current FP users who paid for FP at last visit for all women



Increasing awareness and demand (2)

- Addressing myths and misconceptions
- Young couples/individuals (want to limit early)
- Hard to reach popn., People with disabilities
- Use of champions – satisfied clients
- Community health workers /mobilizers
- Mass media
- Posters, fliers announcements at community gatherings/market places
- Use of social media



Positive social and gender norms

- Gender key factor influencing access and acceptance of FS (and MS)
- Gender norms e.g. cultural expectations influence extent women can access voluntary FS
- Ensuring programming is at minimal gender sensitive and accommodating
- Adoption of protocols for couple counseling
- Spousal consent not requirement



Enabling Environment

- Government leadership in most countries critical
- Legal environment
 - Allowed only for therapeutic reasons (Sudan)
- PM strategy – Ethiopia in process of developing one
- Costed implementation plans
- National guidelines and standards, procedure manuals
 - Global consensus on PM and FS technique
- FS Champions at all levels
- Partner coordination



Supply Side

- > FS services in public/private/FBO outlets
- > Service Delivery Modalities
 - Routine services (static facilities)
 - Mobile outreach (public or PPP)
- > Infrastructure – minimum standards for procedure area - renovations



Skilled Providers

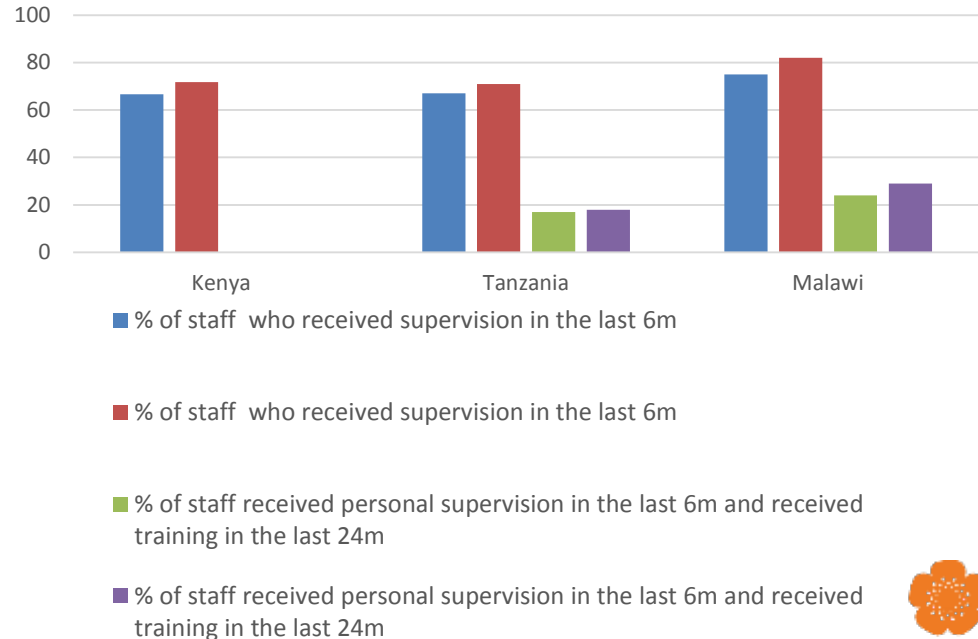
- A team effort (3-4 staff minimum)
- Lack of skilled providers most common barrier to access
 - Task sharing (mid-level providers – Malawi, Mozambique, Ethiopia, Tanzania, Kenya & Uganda)
- Provider bias
- Two weeks skills training (centralized/OJT/mentorship)
 - Mostly in-service training
 - Not harmonized in most countries
 - Centers of Excellence (Ethiopia)
- Skills to provide PMs no longer a requirement for registration after internship- doctors



Supervision, Management and QA

- Monitoring & mentoring/coaching visits
- Reporting & use of data
- Counseling & provider skills
- Job aids/guidelines
- Infection prevention
- Staff motivation
- Supplies and commodities
- Quality of services

% of FP staff reporting having received supervision visit and training/updates

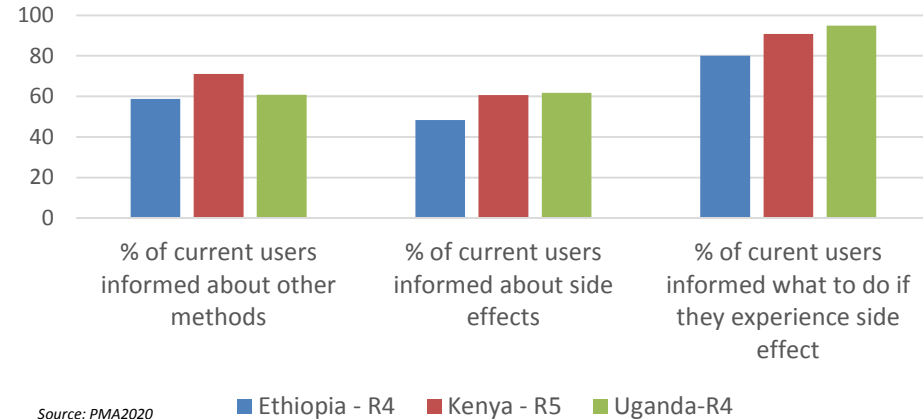


Source: Service provision assessments Tanzania 2014/5 and Malawi 2015/6, NCPD Kenya Health Facility Assessment, 2015

Quality counseling

- Voluntarism, written informed consent
- Regret
 - After procedure
 - Regret among clients who did not receive FS – not addressed
- Counseling approaches
 - REDI/Balanced counseling/GATHER
- Task shift counseling to non medical providers & verified by surgeon
- Choice, side effects, after-care
- Post abortion clients

Quality of Counseling: (Method Information Index)



Method Mix

- Increases client satisfaction
- FS important ingredient of the method mix
- National govts. commitment to expand method mix and increasing choices
- Skewed method mix common across and within countries
- Hard to reach populations
- Stock-out of commodities and supplies



Priorities from the East African regional meeting (Aug/Sept 2016)

- Ethiopia, Kenya Malawi, Mozambique, Tanzania, Uganda & DRC (MOH, Partners – USAID missions, CAs, Marie Stopes, IPPF Affiliates)
- Priorities from meeting
 - Harmonization of training approaches
 - Provider BCC approaches package
 - Guidelines on minimum infrastructure/ procedure area requirements
 - Reporting systems(feeds into HMIS)
 - Best practices for engaging CHWs
 - How to work with religious leaders
 - Country specific action plans



Thank you!

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