



Meeting Report

Learning Site Visits:

Expanding Contraceptive Method Choice

Exploring the Potential Role of the Levonorgestrel-releasing Intrauterine System (IUS) in the Method Mix

October 8-9, 2019

Kisumu County



Experiential Learning Site Visit in Kisumu County: Meeting Report

Dates: October 8-9, 2019

Background:

The levonorgestrel-releasing intrauterine system (IUS) – also known as hormonal IUS or hormonal IUCD – is one of the most effective forms of reversible contraception with important non-contraceptive health benefits. However, it has not been widely available in Kenya to date. There is growing interest in increasing contraceptive method choice including potentially expanding access to the LNG-IUS. As such, a 2-day experiential learning site visit was organized to Kisumu county to learn more about recent experiences with LNG-IUS provision in public sector settings.

Meeting Goal:

Provide an opportunity for the national Ministry of Health, county governments and implementing partners to learn from field experiences and have an open exchange of ideas, knowledge, and implementation strategies for comprehensive FP/LARC services, including the LNG-IUS.

Objectives:

- To discuss what it takes to operationalize an environment where all individuals are able to freely choose contraceptive methods that best meet their reproductive desires and lifestyle.
- To develop an understanding of what the current efforts to integrate the LNG-IUS within the existing method mix can tell us about method choice in Kenya.
- To determine appropriate approaches for integrating the LNG-IUS into existing FP programming at the county level.

Deliberations and Outputs:

This was a two-day experiential learning forum that brought together 47 participants drawn from the national level MOH (Division of Reproductive and Maternal Health, DRMH), county governments (Kisumu, Migori, Baringo, Kakamega and Nakuru) and implementing partners (Jhpiego and FHI 360) to learn from one another and share knowledge on how to expand access to LNG-IUS through the public health sector and ultimately to facilitate LARC method choice for clients in Kenya.



Day 1: National and County Family Planning Status

The following updates were provided:

- **The national family planning priorities** are aligned to strengthen stewardship and coordination, capacity building of the counties and incorporating policy and research for to improve the quality of FP services.
- **Baringo County** is at the lower end of national FP S-curve due to multiple factors that include limited skills of health care workers, an expansive geography, HRH shortages, sociocultural practices with men as the key decision-makers, among others. The county has initiated efforts to promote FP to improve health and socioeconomic wellbeing of its people.
- **Kakamega County** has enacted the Maternal Child Health and Family Planning Act of 2017 that provides for increased access and utilization of FP and MNCH services, resulting in increased resource allocation for FP services.
- **Nakuru County** is also at the lower end of national FP S-curve due to factors that are similar to those in Baringo. The county has adopted an approach that focuses on health systems strengthening towards increased access to LARC.
- **Kisumu County** has successfully expanded the LARC method mix including by availing of LNG-IUS in 26 public health facilities. The expansion has been led by a team of 16 qualified mentors who have cascaded the skills to 126 healthcare workers across the county. However, the big challenge for the county has been the repeated healthcare worker strikes that interrupt service delivery through the public health sector.
- **Migori County** has supported availability of LNG-IUS through the public health sector with a team of 18 qualified mentors who cascaded the skills to 74 health care workers in 41 public health facilities.

Implementing partners (Jhpiego and FHI 360) then provided an overview of the LNG-IUS (mechanisms of action, benefits, insertion technique, non-contraceptive attributes, etc.). The group discussed how expanding the method mix and strengthening supply chain are critical ingredients to ensure contraceptive choice for clients.

Day 2: Experiences from the Learning Site Visits

During the second day of the experiential learning, the team visited four health facilities that offer the LNG-IUS as part of the available LARC methods. Participants heard and witnessed experiences from HCWs and clients in Jaramogi Oginga Odinga Teaching and Referral Hospital (JOOTRH), and at Lumumba, Rabuor and Masogo sub-county hospitals.

Currently, all LNG-IUS commodities used in Kisumu County are donated from the International Contraceptive Access (ICA) Foundation, a public-private partnership between

Bayer HealthCare and the Population Council. The ICA Foundation provides modest amounts of donated commodities by application. (See: <http://www.ica-foundation.org/>)

Jaramogi Oginga Odinga Teaching and Referral Hospital (JOOTRH)

The key findings at the hospital included excellent FP services integration with immunization, TB screening and care, cervical cancer screening and treatment, ANC and maternity unit, accompanied by well-organized patient flow. There was a robust mentorship program where mentors have been cascading skills to other HCWs. More than 85 clients have received LNG-IUS since it became available in 2017.



There is need to strengthen immediate PFFP in maternity by targeting the midwives for capacity building separately as opposed to integrating them with MCH nurses. Availability of the National FP Guidelines, IUD and PPIUD insertion and removal kits have been important enablers for provision of LNG-IUS.

Due to the ongoing health care worker strike, clients seeking services were not interviewed. Two clients who had previously used LNG-IUS shared their experiences:

Client 1

Client 1 was 40 years old with seven living children. She has used LNG-IUS for the past 18 months after switching from the two-rod (LNG) contraceptive implant that she had used for 4 years. The implant had been giving her irregular menstrual bleeding, and she had opted not to use the Cu-T IUD. Although she did not initially understand the difference between the two types of IUDs (LNG-IUS and Cu-T), during counseling this became clear and she chose the LNG-IUS due to its preferable method profile. She reported being satisfied with the method, especially the reduced side effects, including absence of menstrual bleeding. The LNG-IUS induced amenorrhea has led her to recommend the method to her friends with four already having taken it up and another two planning to do so in the near future. She pointed out that the reduced bleeding would assist women who work for long hours without the opportunity to take time off during heavy menstruation.

Client 2

Client 2 was 27 years old with one child and had experienced unpleasant side effects of headache, mood swings and painful menstrual periods while using the single-rod (ETG) contraceptive implant. She had begun using the LNG-IUS three months prior and was satisfied due to its minimal side effects that include reduced menstrual cramping. In her words, *“it is better to have a longer-term method. I don’t have to go to the clinic so often and this one (LNG-IUS) does not have side effects.”* While she had heard that while using the IUD (LNG-IUS or Cu-T), her husband could feel the threads during sex, her husband does not feel them (except the first

time after insertion of the LNG-IUS). She had also heard that the IUD could fall out while walking and had questions about that.

Lumumba Sub-County Hospital

Since the LNG-IUS became available in 2017, more than 100 clients have taken up the method at the hospital. Availability of IUD and PPIUD insertion and removal kits, and a robust mentorship program have been important enablers for expanded method mix at the hospital. It has systems for ordering the commodity before it runs out. There is a need to disseminate the current edition of the National FP Guidelines. At the time of the visit, six clients who received interval LNG-IUS were interviewed and a counseling session conducted for a client who opted for the method.



Rabuor Sub-County Hospital

The hospital has 8 HCWs who have been trained on LARCs, 5 of whom have been trained on providing LNG-IUS. The IUD and PPIUD insertion kits are available. Together with the current edition of the National FP Guidelines, these are key enablers for the provision of LNG-IUS. The facility has a clear supply chain management system for ordering LNG-IUS commodities. Since 2017, more than 50 clients have received the LNG-IUS at the hospital. During the visit, the team interviewed client who had chosen interval LNG-IUS.

Masogo Sub-County Hospital

A total of 33 clients have received LNG-IUS at Masogo since the method became available in 2017. The hospital has an elaborate system for ordering and tracking the commodity. Enablers for expanded method mix include availability of IUD and PPIUD insertion and removal kits, the current edition of the National FP Guidelines and a robust mentorship program. Participants that visited the health facility interviewed three clients who were using LNG-IUS. One had taken it up in the immediate postpartum period, the second one who took it up as a result of partner support and the third one had previously used it but had it removed to get pregnant and resumed its use after pregnancy.

Reflections from the Baringo, Kakamega and Nakuru Counties after Visiting the Health Facilities

The three counties expressed their interest in taking up LNG-IUS to expand method mix:

- **Baringo County** identified mentorship, improving access, phased scale up, meaningful male engagement, training/mentorship and commodity security as key components of successful scale up.
- **Kakamega County** pointed out that communication, advocacy and social mobilization are key ingredients to successful expansion of the method in that county.
- **Nakuru County** identified training and mentorship as the key to successful roll-out of the method.

Recommendations and Way Forward

- There is need to incorporate LNG-IUS into the national FP commodity supply chain management.
- Counties should consider adopting the revised LARC training curriculum that has new areas of focus, including addressing reproductive coercion and intimate partner violence.
- Counties should implement the revised infection prevention and control guidelines rather than using the older edition.
- There is need to scale up capacity building of HCWs in LNG-IUS provision and removal.
- The national level MOH, working with county governments and implementing partners, could lead similar experiential learning visits for additional counties at an agreed upon time.

Appendix: Attendance List

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