

GEN Report: A Virtual Forum
“Effective Models for Delivering Family Planning to Groups with Limited Access”

February 2009

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GLOBAL EXCHANGE NETWORK FOR REPRODUCTIVE HEALTH

A Virtual Forum “Effective Models for Delivering Family Planning to Groups with Limited Access”

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BACKGROUND

The Global Exchange Network for Reproductive Health (GEN) is a virtual network of the USAID-funded Leadership, Management and Sustainability Program, implemented by Management Sciences for Health. Its goal is to contribute to improving the capacity and effectiveness of family planning and reproductive health programs and organizations by supporting the exchange of information about the management, leadership and organizational processes necessary to improve organizational sustainability and service quality. GEN has held a variety of virtual events such as conferences and forums to promote knowledge exchange between reproductive health practitioners and advocates.

I. INTRODUCTION

The Global Exchange Network (GEN) for Reproductive Health hosted a virtual seminar entitled **“Effective Models for Delivering Family Planning to Groups with Limited Access”** February 16-20, 2009. Funded by the United States Agency for International Development (USAID), the forum was facilitated by MSH’s Hector Colindres, Principal Program Associate, and Meghann Lindholm, Senior Program Officer. The forum was the third in a series of forums held during FY09 to address the following topics:

1. Segmentation strategy and its contribution to your organization’s missions
2. Strategies to Reposition and Strengthen the Demand for Reproductive Health Services
3. Effective Models for Delivering Family Planning to Groups with Limited Access

During the Forum, participants were encouraged to read USAID’s Contraceptive Security Ready Lesson II, #9, “Reaching the Underserved” in order to review factors that may limit access to family planning and contraceptive security for vulnerable groups. The Ready Lesson also provides tools to identify groups with limited access and strategies for reaching vulnerable groups with the benefits of Reproductive Health (RH) and Family Planning (FP) services. The following case studies were presented as effective models to increase RH and FP access:

- *Healthy Images of Masculinity: Application at Unilever Tea Tanzania* from the Extending Service Delivery (ESD) project in Tanzania,
- *Lessons Learned in Programming and Implementing the Religious Leaders RH/FP Program: A Case for Dadaab Refugee Camp* from the Extending Service Delivery (ESD) project in Kenya,
- *Evaluation Report on the Expanding Contraceptive Use project in Afghanistan*, funded by the William and Flora Hewitt Foundation
- *Expanding Coverage of Family Planning Services in Kigoma, Tanzania*, from the Leadership, Management and Sustainability program in Tanzania, and
- *Case Study 12: Reducing Fertility in Bangladesh* by Ruth Levine and the What Works Working Group with Molly Kinder and the Center for Global Development.

All materials were available in English, Spanish and French.

II. FORUM PARTICIPATION AND EVALUATION

More than 2,000 GEN members from NGOs, health ministries, universities, and other organizations, such as the United Nations, the Pan American Health Organization and USAID, were invited to participate in the forum. A total of **227 people** from **53 different countries** visited the GEN site and **62** people posted **156** comments to the discussion during this forum.

Participating Countries:

Afghanistan	Ghana	Nepal
Australia	Guatemala	Nicaragua
Bangladesh	Guinea	Niger
Bolivia	Guyana	Nigeria
Burkina Faso	Haiti	Pakistan
Burundi	Honduras	Paraguay
China	India	Peru
Congo	Indonesia	Philippines
Côte D'Ivoire (Ivory Coast)	Islamic Republic Of Iran	Senegal
Democratic Republic of Congo	Kenya	South Africa
Dominican Republic	Kiribati	Swaziland
East Timor	Liberia	Switzerland
Ecuador	Madagascar	Tanzania
Egypt	Malawi	Uganda
El Salvador	Mali	United Kingdom(Great Britain)
Ethiopia	Mexico	United States Of America
France	Morocco	Yemen

Thirty-eight (38) participants completed the forum evaluation and 37 indicated that they had gained skills and/or knowledge from the forum that they would use in their work. Of the participants who completed the evaluation form,

- 27 found the discussions in the forum **very useful** for their work; and
- 10 found the discussions **somewhat useful**.

- 27 participants found the documents presented in the forum **very useful** for their work;
- 1 found them **useful**; and
- 9 participants found them **somewhat useful**.

To the question “Did you acquire skills or knowledge that you can apply in your work?”,

- 36 participants answered “**yes**”;
- 1 participants answered “**I don’t know**”

III. FORUM DISCUSSION THREADS

Days 1 and 2 of the forum focused on **factors that contributed to success** in the cases presented and **practical approaches** participants could use to **expand Reproductive Health (RH) and Family Planning (FP) service coverage**. The discussion concluded that support from political, traditional and religious leaders, community participation, alignment with religious and family values, motivation of health workers and strong links between communities and service providers **are critical factors for success**. Government collaboration with NGOs to support community based distribution and even doorstep distribution were shared as practical approaches. The discussion highlighted the importance of having both men and women participate in outreach programs, particularly with regard to more conservative groups.

On Days 3 and 4 participants discussed **obstacles and strategies for overcoming them**. Delivering Family Planning to groups with limited access is a great challenge. According to Mariela Medina from Honduras “There are many activities and projects that we can undertake to try to expand coverage and maximize access to FP services; however, this is neither an easy task nor a short one.” Obstacles to expanding services include:

- Lack of funding, weak health infrastructure, lack of resources for transportation and logistics, insufficient medicines, lack of trained personnel, particularly in rural areas, and limited understanding of RH and FP.
- Intercultural barriers, misperception of FP, continuous flow of refugees and remoteness of certain communities.
- Lack of financial commitment on the part of government and frequent policy changes.

According to Leonie Bongo Bola from the Democratic Republic of Congo despite obstacles and “even with limited means, we can be successful in promoting family planning in rural areas”. Participants agreed that information, education and communications outreach which expands on the traditional medical model is a **key strategy to overcome obstacles and expand coverage**; examples included peer to peer outreach targeting both men and women and highlighting the practical benefits of family planning, mainstreaming reproductive health messages into formal education as well as entertaining dramatizations and integrating reproductive health programs with income generation programs. Involving women from the target communities in the design of the program and communication schemes can help to expand RH and FP services by empowering women to determine which services they need and where to obtain them.

Reflecting on effective models for **Delivering Family Planning to Groups with Limited Access** participants concluded that successful interventions include:

- Joint participation of men and women, peer counseling and reproductive health workers.
- Participation of community, religious and political leaders, respecting local culture and traditional values.
- Counseling provided by women inside their own communities. The focus should be on information about non-harmful side effects, creating new paradigms of risks versus benefits, and integration of religious values into FP methods.
- In-depth needs assessments and determination of social, cultural and economic characteristics of target populations to focus on the causes rather than the symptoms.

- Partnerships with the public sector-NGO coalition, using existing humanitarian and community-based structures, particularly social leaders.

On the final day of the forum Chinedo Oraka from Nigeria said: “I really think we should all put our heads together in the future, more like this, and not go to sleep on all the conclusions drawn.” GEN forums offer unique opportunities for professionals around the world to reflect on best practices, share lessons learned, challenges and solutions. Reaching underserved populations is perhaps the greatest challenge of expanding FP and RH services; therefore this topic should be repeated annually to continue to build on the momentum and progress achieved in this forum.

IV. UPCOMING FORUM

The next GEN forum will be held April 27- May 1, 2009, and will focus on results-based planning.

Participants suggested more time to read and reflect on case studies. If possible, for future forums case studies should be attached to E-mail invitations.