

FAMILY PLANNING SERVICES: OPTIONS FOR AFRICA



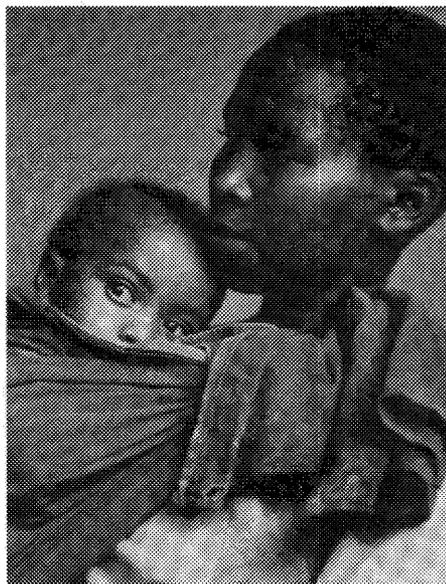
BEST AVAILABLE COPY

INTRODUCTION

There is an increasing commitment on the part of many African governments to provide family planning services. Concerned for the health of mothers and children, recognizing the right of couples to choose their family size and interested in achieving an appropriate balance between population and economic development, countries want to initiate or expand family planning programmes.

In other parts of the developing world, extensive family planning services have been provided by governments or the private sector for several decades. Many important lessons have been learned about how to design and manage family planning services. African countries, because most of their programmes are at early stages, have a unique opportunity to avoid mistakes that have sometimes slowed progress in other parts of the world.

One major lesson is that there are many effective ways to deliver family planning services. This booklet provides a brief summary of approaches that have been tested and used in developing countries. A second lesson is that no single approach is "the best." Family planning programmes will vary according to the characteristics and needs of the clients and the types of contraceptive methods offered. A comprehensive overall family planning strategy would include a wide variety of service delivery modes. No matter what approaches are used, a sound information, education and communication programme is essential to build trust among potential clients.



WORLD BANK

Although family planning services are relatively new in Africa, a variety of successful local projects have been in existence for some time and several national programmes are now expanding the availability of their services. Most of these projects integrate family planning services with health services. Couples wanting to practice family planning may find it convenient to obtain services at the same time they meet other health care needs.

FAMILY PLANNING SERVICES: DELIVERY MODES

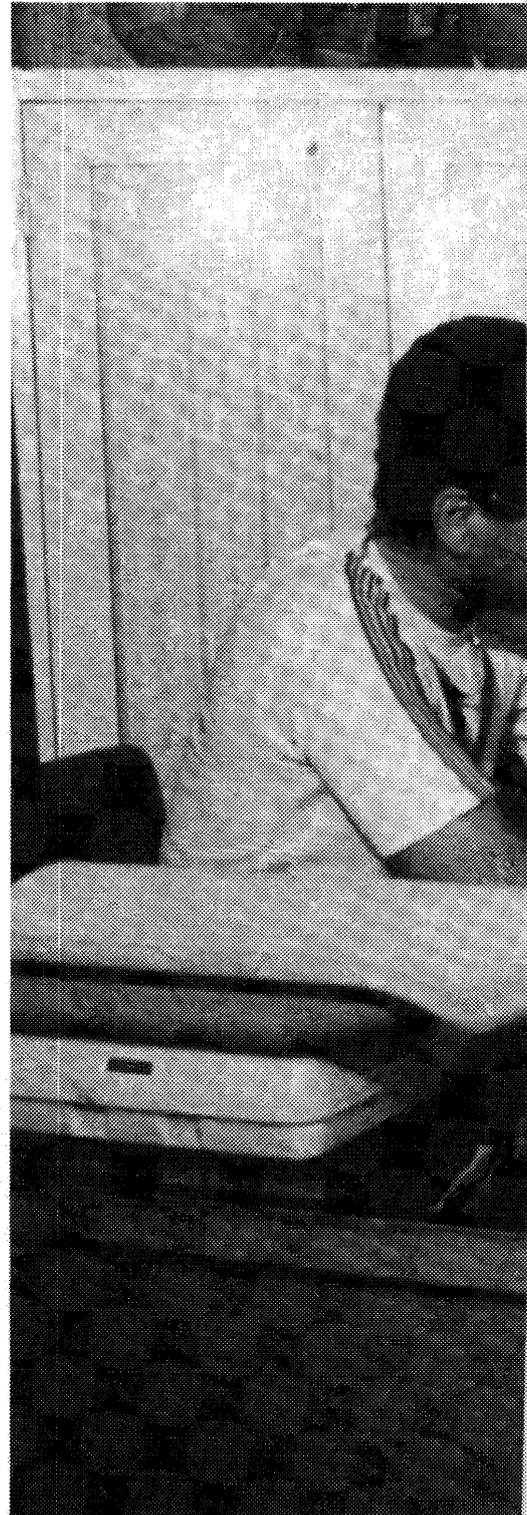
1. *Clinic-based family planning services*

Typically, family planning services have been provided to clients who come voluntarily to clinics for counseling, medical examinations and contraceptives. Clinics are usually staffed with highly trained practitioners — nurses, midwives or physicians — and often provide a full range of family health services.

A family planning clinic may devote all of its resources to family planning. This is sometimes called a “vertical” programme. Or family planning services may be integrated into a health clinic — usually a maternal and child health clinic. Such a health clinic may offer family planning services on certain days of the week or as a regular part of day-to-day clinic operations.

Clinic-based services are a necessary part of any overall family planning strategy. They provide the medical personnel needed to deliver certain kinds of contraceptives, such as intra-uterine devices (IUDs), and to deal with any medical complications. Clinics can also encourage clients who come in for other services to adopt family planning.

Because clinics essentially wait for clients to come to them, a programme that relies only on clinics may not see a rapid increase in the number of contraceptive users. Family planning may be a new idea in the region and may therefore require special outreach efforts to potential clients. In addition, clinic-based systems are relatively expensive because the staff, equipment and building costs can be high.



NEEDHAM PORTER NOVELLI



BEST AVAILABLE COPY



JEAN VAN DER TAK

2. *Community-Based Distribution*

Family planning services offered through community-based distribution (CBD) programmes expand the reach of clinic-based services. While clinic-based services rely on the client's coming to the clinic, community-based programmes bring services to people where they live — sometimes directly to their homes. Community-based distribution programmes distribute contraceptives at convenient locations in the community through local agents such as health workers, village leaders, women's clubs, traditional midwives or other locally respected people. Workers for community-based programmes distribute a variety of

contraceptive methods including condoms, spermicides and sometimes oral contraceptives. They refer clients to clinics for IUD insertions.

Most community-based distribution programmes are more than just contraceptive depots. Workers make house-to-house rounds to educate and motivate clients and to distribute contraceptives. The local people recruited to work in community-based programmes usually are not health professionals, although they are taught to follow simple medical protocols to match clients and contraceptive methods, including birth control pills.

The local workers, often illiterate, receive several weeks of specialized training in how to motivate family planning clients, screen for medical indications against certain methods, recognize any complications and calculate the needs for future contraceptive supplies. Research in Asia has shown that clients who receive contraceptives, including oral contraceptives, from local workers in community-based programmes

experience no greater health risks than clients who receive contraceptives from health professionals.

Research worldwide has also shown that community-based distribution can be a very successful way to increase contraceptive prevalence — the percent of women using modern contraception. Involvement of the local community and its leaders in the introduction of new ideas and technologies is very important, especially in rural areas where the availability of all services is unsure. However, the programme depends on a good system of supervision to guarantee that the local workers follow the necessary procedures and maintain the house-to-house rounds. An effective logistics system is also essential so that clients who adopt family planning can get supplies whenever they need them.

Community-based distribution programmes usually are less expensive than clinic-based programmes. Training costs and workers' salaries are lower and little equipment is needed. Many community-based programmes charge small fees for contraceptives, which can be used to purchase future supplies.

In some countries, community-based family planning programmes have been effectively integrated with community-based health programmes so that the same local distributors also dispense aspirin, malaria medicine, oral rehydration salts or other simple health treatments. While an integrated health and family planning programme has many good points, some analysts believe a programme in which only contraceptives are distributed is preferable because it is less complicated to administer.

COMMUNITY-BASED DISTRIBUTION IN ZAIRE

Since late 1980, the Baptist Community of West Zaire has operated a community-based distribution project called Le Programme d'Education Familiale (Family Education Programme) in Bas. The project has both an urban and a rural component. The urban programme distributes only contraceptives while the rural programme focuses on house-to-house distribution of oral rehydration salts and drugs to combat intestinal parasites and malaria as well as contraceptives. In the urban project area, 43 percent of married women were visited in the first round of household visits; 37 percent accepted a free supply of contraceptives, mainly foaming tablets and oral contraceptives. Among rural women, 56 percent of the eligible women were visited and 25 percent accepted contraceptives — contraceptive foam, condoms and oral contraceptives. The number of both urban and rural acceptors increased during subsequent rounds. Analysis of the Bas Zaire project has found that 1) "where there is a scarcity of trained health personnel, use of paraprofessionals to distribute contraceptives is acceptable to community officials and the general public;" 2) "promotion of family planning services is facilitated if they are integrated with child services, but this does not seem to be essential in urban areas;" and 3) "household distribution of contraceptives achieves levels of awareness and initiation of use that would take much longer to achieve if the methods were simply made available in service outlets."

Source: Jane T. Bertrand, Nlandu Mangani and Matondo Mansilu, "The Acceptability of Household Distribution of Contraceptives in Zaire," International Family Planning Perspectives, March 1984.

SOCIAL MARKETING IN EGYPT

The Family of the Future Project sells condoms, oral contraceptives, foaming tablets and IUDs through pharmacies, at subsidized prices, in rural and urban Egypt. A major feature of the project is extensive use of the media including television advertising, billboards, signs on buses and colorful displays in shops. Family of the Future, which was initiated in 1979, generated 1.8 million couple-years of protection in its first five years of operation, demonstrating that commercial distribution of contraceptives offers an effective avenue for reaching Egyptian couples.

Source: Karen Fox, et. al., Family of the Future Contraceptive Social Marketing, AID Draft report, March, 1986.

3. *Contraceptive Social Marketing*

Contraceptive Social Marketing (CSM) programmes are designed to promote, distribute and sell contraceptive products through existing sales outlets at relatively low, subsidized prices. To be successful, social marketing programmes must be perceived as beneficial by both the retailer and the consumer. The retailer, provided with good products and the means to promote them, hopes to make additional profit for his or her business — usually a pharmacy although it may be another kind of shop or stall. The consumer has ready access to high quality but inexpensive products in an atmosphere of relative anonymity and without having to wait for scheduled clinic hours or home visits.

Clients who might not be reached by other programmes may take advantage of contraceptive social marketing programmes — in particular young men and women or villagers who live far from clinics. Inexpensive, “non-medical” contraceptives — condoms and spermicides — are appropriate choices for social marketing programmes. However, in countries where oral contraceptives are distributed by paramedical personnel, pills may be included in the contraceptive marketing network.

The success of contraceptive social marketing programmes depends on sound marketing principles: advertising, packaging, market identification and logistics. In countries without existing commercial distribution systems for other basic pharmaceuticals, introduction of contraceptive marketing may be premature. In some countries, public advertising of contraceptive products may violate ethical norms. However, where they are appropriate, contraceptive social marketing programmes may be effective,

inexpensive supplements to clinic and community-based distribution components of existing family planning strategies.

4. *Specialized Services*

Family planning strategies often include several other specialized services which differ from those described above only because they focus on particular providers or clients. These programmes can play a major role in increasing the number of contraceptive users. They include:

- Training traditional midwives to include family planning among the services they provide. Traditional midwives deliver most of the babies born in the developing world. Therefore, they have direct and often influential contact with village women. Midwives also have a strong incentive to offer services that will enhance the health of their clients and the babies they deliver. Projects in Asia and Latin America have been successful in encouraging traditional midwives to include family planning among their activities by training midwives in ways that respect their traditional skills. The potential for midwife programmes in Africa is great because most Africans live in rural areas and rely on traditional health practitioners.

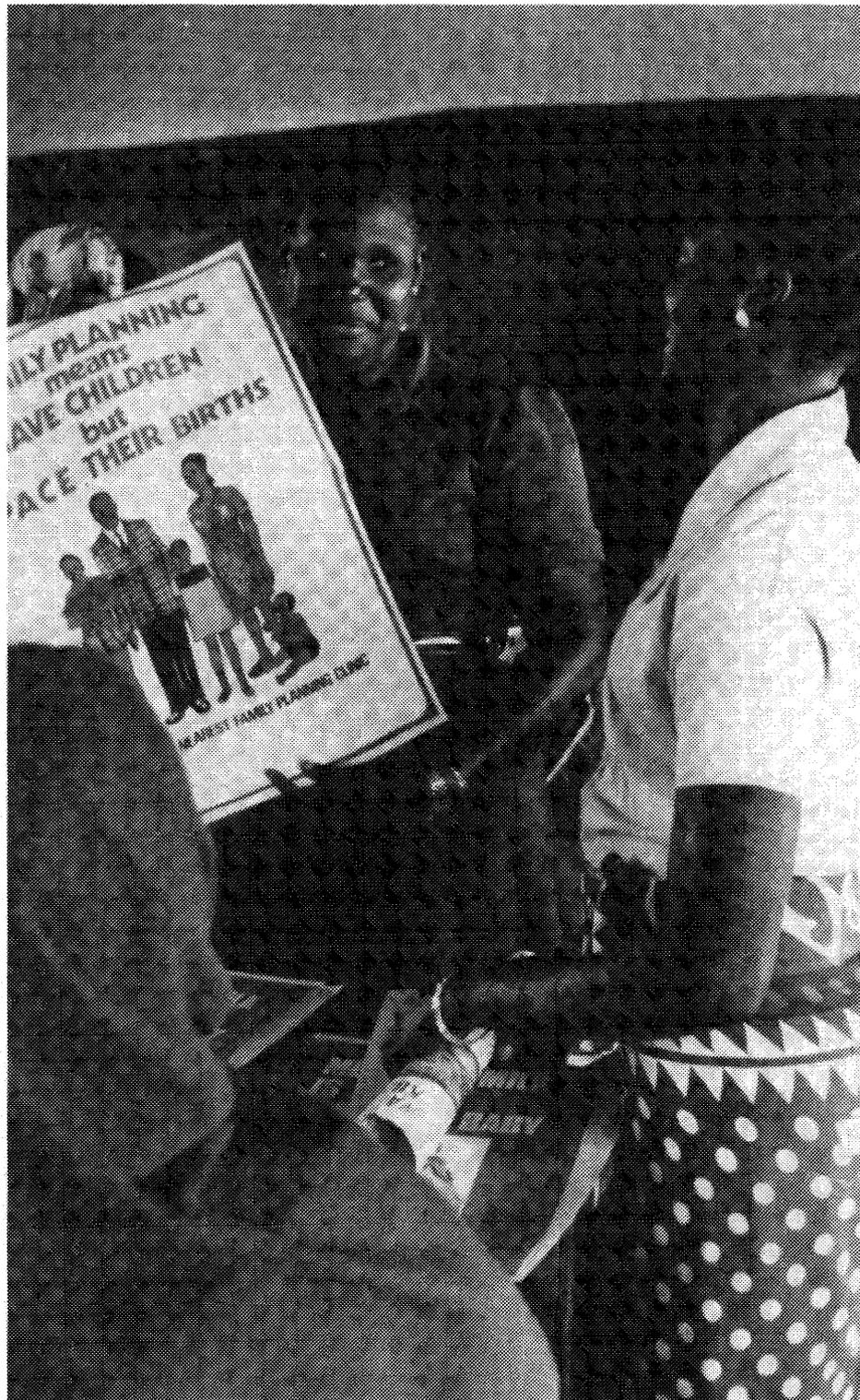
TRADITIONAL MIDWIFE PROGRAMMES IN SUDAN

Starting in 1980 as part of a programme to improve the availability of family planning and maternal and child health services, 103 village midwives from rural areas near Khartoum were selected for two-week training courses in the introduction of three simple health interventions: oral rehydration therapy, family planning and nutrition education. Despite the traditional values of the villagers, family planning proved to be acceptable. Contraceptive prevalence increased from 10.6 percent to 13.9 percent during the first year of the project and preliminary evidence from a more recent survey indicates contraceptive prevalence has continued to increase.

Source: John Ross, Pilot Projects in Africa: Review and Synthesis, prepared for the World Bank, October 1984.



NEEDHAM PORTER NOVELLI



WORLD BANK

■ Family planning services offered by workers' unions and employers — manufacturing firms, service industries, parastatal organizations and plantations. Services may be offered to workers either in clinics at the workplace or through health care provided elsewhere. While this type of program is not yet widespread in Africa, such private sector initiatives do account for much of the contraceptive distribution in other parts of the developing world, especially in Asia. The potential for rapid expansion of family planning services through private initiatives is great in African countries where the private sector is beginning to provide a variety of health services for its workers.

■ Post-partum programmes, based in hospitals or maternity clinics, which provide family planning counseling and contraceptives to women who have just delivered a child. Such programs stress the health benefits of family planning by encouraging women who want more children in the future to wait two to three years before becoming pregnant again. Post-partum programs also teach couples who feel they have had enough children which contraceptive methods are most appropriate for them.

A TRADE UNION-SUPPORTED CLINIC IN TANZANIA

The Jumiyā ya Wafanyakazi wa Tanzania (JUWATA) trade union of Tanzania has over 305,000 members. In 1983, with the assistance of Family Planning International Assistance, JUWATA set up a family planning clinic in Dar es Salaam to provide contraceptives and promote family planning through newspapers and health education materials for workers. During 1983 the clinic served more than 3500 clients. Source: John Ross, Pilot Projects in Africa: Review and Synthesis, prepared for the World Bank, October 1984.

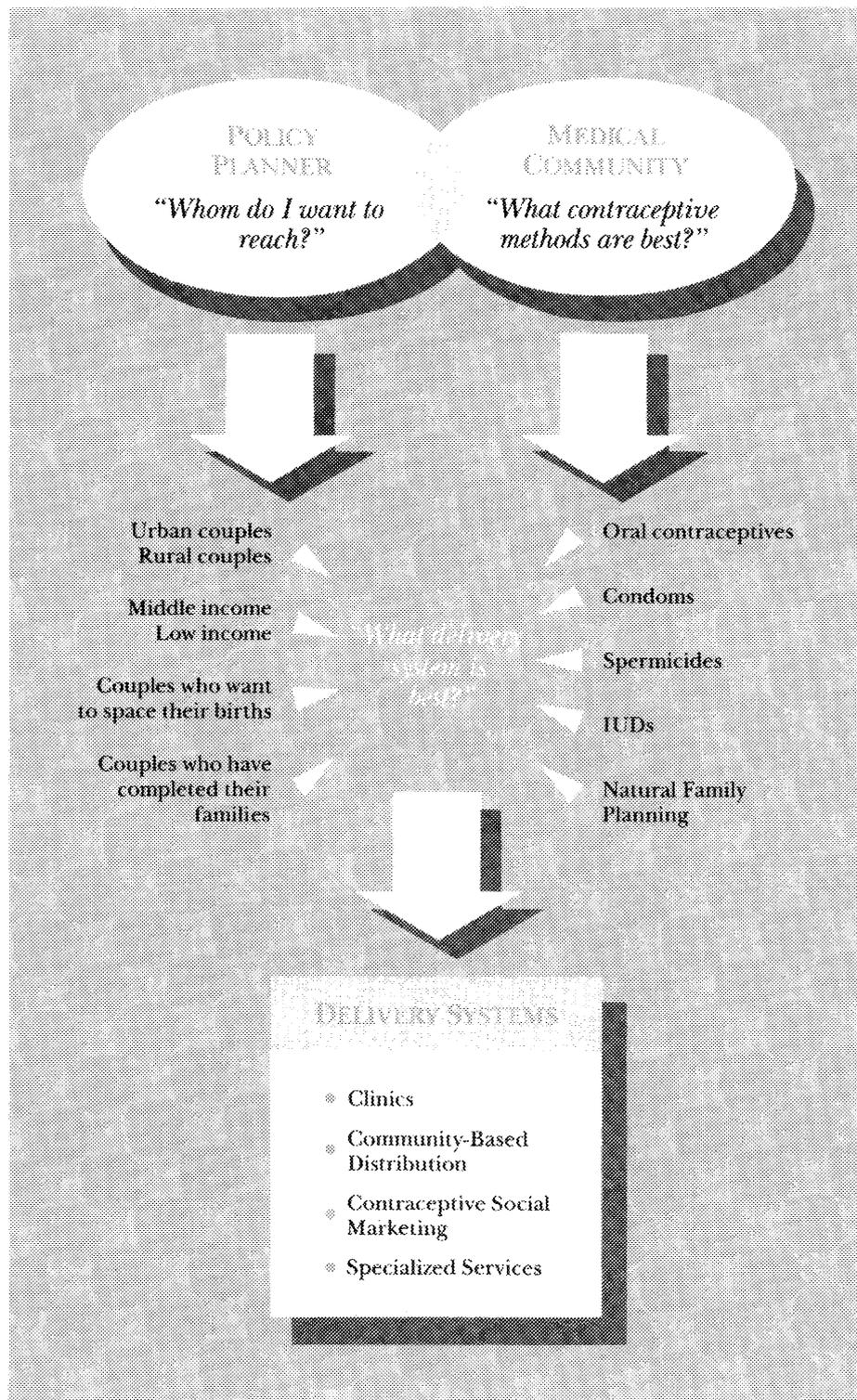
A POSTPARTUM PROGRAMME IN GHANA

From 1969 to 1973, three urban hospitals in Ghana participated in an international postpartum family planning experiment. The three hospitals served 93,000 women in their maternity wards during that period and provided family planning services to 20,000 women. However, more than half the family planning clients were "indirect acceptors" — women who came to the hospitals because they had heard about family planning, rather than to deliver their babies. The rate of acceptance increased dramatically from 1969 to 1973, from 5 percent of maternity clients who accepted family planning in 1969 to 23 percent in 1973. The cost per family planning acceptor in the postpartum programme was less than one sixth the cost per acceptor in the small national programme.

Source: John Ross, Pilot Projects in Africa: Review and Synthesis, prepared for the World Bank, October 1984.

Figure 1.

STRATEGY FOR DESIGNING A FAMILY PLANNING PROGRAMME



PLANNING A FAMILY PLANNING STRATEGY

Every country must decide which contraceptive methods are appropriate for its population, depending on a technical assessment by its medical community and the adequacy of the existing service delivery networks as well as the social and cultural environment. Some contraceptive methods are more appropriate than others for certain kinds of clients. In addition, as discussed above, certain delivery systems are more appropriate for certain contraceptive methods. Decision-makers should take these differences into account when designing an overall family planning strategy. A well-designed family planning strategy will begin by identifying certain kinds of clients; it will then choose the most appropriate methods for those clients and finally will develop the delivery systems most suited to those methods.

delivery of family planning services, the involvement of multiple organizations, including those from the private sector, increases the effectiveness of family planning programmes." Countries can go a long way toward achieving their family planning goals by taking advantage of the variety of contraceptive methods and delivery systems which have been tested and proved effective.

CONCLUSION

According to a recent assessment of the effectiveness of family planning programmes:* "There is no best organizational structure for implementing family planning programmes. Consistency between programme structure and the environment and among the elements of a programme is associated with effectiveness." Further: "In the

**The National Academy of Science's Committee on Population, Washington, D.C., March, 1986.*