EECO Project Results Reporting: Oct 2020 – Sept 2021

**Project Name:** Expanding Effective Contraceptive Options (EECO)

**Cooperating Agency/Contractor:** WCG Cares

**Project Number:** AID-OAA-A-13-00088

**Project Duration (Start and End Dates):** October 2013 – September 2023

**A/COR/TA:** Tabitha Sripipatana

**Project Goal:** To support the introduction of new technologies for voluntary family planning to meet the needs of women and girls throughout their reproductive health life cycles.

**Accomplishments by PRH IRs and Cross-Cutting Area: Research**

**IR 1.0:** Global leadership demonstrated in FP/RH policy, advocacy, and services

**AND**

**IR 2.0:** Knowledge generated, organized, and disseminated in response to program needs

1. **Disseminated evidence on the hormonal intrauterine device (IUD), contributing to global and national decisions to widen access (1.3, 2.2, S, RES, LOCAL, PSE)**

EECO disseminated the results of the project’s hormonal IUD pilot introductions and prospective longitudinal research in Madagascar and Zambia. As a member of the Hormonal IUD Access Group, EECO coordinated with multiple projects and conducted this research to address priority questions in a shared global learning agenda.

EECO’s hormonal IUD studies provided evidence on the profiles of clients who choose this method in low-and middle-income countries, their reasons for choosing the method, and their continuation and satisfaction with the method after 12 months of use. EECO found that the profiles of users varied based on programmatic context, suggesting that the method can appeal to women regardless of their age, marital status, and parity. The hormonal IUD appeared to expand the range of contraceptive options in a meaningful way by offering attributes, such as its side effect profile and bleeding profile, that users did not see in other FP methods.

To disseminate the study results, EECO and the Support for International Family Planning Organizations 2 (SIFPO2) project submitted a manuscript for publication in the peer-reviewed literature and presented the findings to national-level stakeholders and global family planning actors. After seeing the results of research by EECO and other members of the Hormonal IUD Access Group, USAID and UNFPA added the hormonal IUD to their product catalogs for the first time in 2021. In addition, several donors have begun funding work to expand access to the hormonal IUD through the newly
established Catalytic Opportunity Fund. The findings from EECO also contributed to decisions by the governments of Madagascar and Zambia to scale up the hormonal IUD nationally.

**IR 2.0: Knowledge generated, organized, and disseminated in response to program needs**

2. Completed a literature review on barriers and enablers influencing women’s adoption and continuation of vaginally-inserted contraceptive methods (2.3, D, RES)

To better understand the potential for current and future vaginally-inserted methods to play a role in the method mix, the Expanding Effective Contraceptive Options (EECO) project conducted a literature review exploring enablers and barriers to women’s adoption and continuation of these methods in low- and middle-income countries (LMICs).

In LMICs, the reasons women most commonly cite for not using contraception are side effects, health risks, and infrequent sex. Vaginally-inserted methods of contraception (e.g., vaginal rings, intrauterine devices, female condoms, diaphragms) are designed to address such concerns: some have no side effects, release hormones locally and steadily, are non-hormonal, and/or can be used on demand. However, most vaginally-inserted methods have limited availability and use.

EECO’s initial search of the literature yielded 13,848 articles, with 182 ultimately included in the analysis. Across methods, the project found common enablers for method adoption, including quality contraceptive counseling as well as alignment between a woman’s preferences and a method’s duration of use and side effect profile. Common barriers included a lack of familiarity with the methods and product cost. Notably, vaginal insertion was not a major barrier to adoption in the literature reviewed.

EECO will submit the literature review manuscript to a journal for peer review. The project will disseminate the results widely in 2022.

**IR 2.0: Knowledge generated, organized, and disseminated in response to program needs**

AND

**IR 3.0: Support provided to the field to implement effective and sustainable FP/RH programs**

3. Led the first pilot introduction in sub-Saharan Africa of a novel, single-size contraceptive diaphragm (2.2, 3.1, S, RES, LOCAL, COVID)
The Expanding Effective Contraceptive Options (EECO) project completed a pilot introduction of the single-size Caya™ Diaphragm in Niger, the first country in sub-Saharan Africa to expand method choice with this contraceptive product. The pilot in Niger was the culmination of decades of effort that began with USAID funding CONRAD and PATH to develop the new diaphragm starting in 1994. As COVID-19 continues to disrupt access to healthcare and strain health systems around the world, it is as important as ever to offer a wide range of voluntary family planning (FP) options including self-care methods like the Caya Diaphragm that a user can start, stop, and fully control herself.

In Niamey, Niger, EECO added the single-size diaphragm to the range of FP methods available within the context of informed choice. The project registered the Caya Diaphragm and accompanying Caya Gel in Niger and procured multiple shipments of both products. At the request of the Ministry of Health, EECO expanded the provision of the method from two health districts in 2019 to all five health districts of Niamey in 2020. From June 2019 through September 2021, 1,596 women in Niger accessed kits that included the diaphragm and gel through 16 public health centers, 6 private clinics, and 8 community health workers.

In 2020, EECO completed mixed methods research to inform decisions about whether and how to scale up access to the method in Niger and other countries. Six months after adopting the Caya Diaphragm, 150 users participated in a survey that examined method continuation. In addition, 25 Caya users, 15 Caya providers, and 15 men participated in in-depth interviews. Women, men, and providers reported that they appreciate that the Caya Diaphragm is a user-controlled and non-hormonal FP method that causes no side effects and can be used on demand.

In 2021, EECO completed its pilot introduction in Niger, disseminated results to national stakeholders, submitted a manuscript to a peer-reviewed journal to publish the results of the study, and prepared to disseminate results globally. Additionally, the results of EECO’s study in Niger informed the analysis done by FHI 360, Avenir, and USAID in 2021 to update the Couple-Year of Protection for diaphragms.

Implementation Issues/Constraints:

The COVID-19 pandemic continued to disrupt health programs across the world this year. As a result of the pandemic, EECO postponed all international travel, delivered remote technical assistance, adjusted promotional activities by using online and socially distanced communication approaches, and paid higher-than-usual shipping costs to procure the Caya Diaphragm and Caya Gel for the pilot in Benin. COVID-19 also led to significant delays in the shipment of the Dual Prevention Pill study product. In the coming year, EECO will continue to take measures to mitigate COVID-19 and reassess, as
needed, how to achieve our project objectives in the face of ongoing challenges presented by the pandemic.

**Concerns for coming reporting period/proposed next steps:**

None