Improving Access to Quality Family Planning Counseling and Contraceptive Choice in Togo

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Background

• Introduction of **PAC at 5 pilot facilities** after FP Regional Meeting

• **Generating Evidence:**
  - PAC Assessment by E2A

• Second PAC-FP Regional Meeting:
  - Sharing of assessment findings, **best practices** and **technical updates**
  - Development of **country Road Maps**

• **Supporting application of evidence**
  - Dissemination of PAC assessment findings and Road Map
  - Site visits and **selection of 5 out of 9 facilities** (two from the assessment and three new).
Elements of Successful PAC-FP Service Delivery

Elements of a Successful PAC-FP Program

- Leadership and Management
  - Ownership, Advocacy, Policies/Guidance, Support Systems

- Health Workforce
  - Available, Competent, supported right attitude, team work

- Demand Generation
  - Awareness creation, Right and client tailored messages, IPC QI – provider perception of services

- Support Health Systems
  - QI, HIS, Logistics, Financing

- Service Delivery Practices
  - Timely, evidence based, rights based, removal of access barriers, integration

- Organized Services
  - Rights based, customer oriented, informed, partner involvement, method choice
Implementation Process

**PLANNING FOR STRENGTHENING PAC-FP**
- Dissemination of Assessment Findings, Road Map and Country FP Priorities
- Consensus on Action and fostering country ownership

**OPTIMIZING PERFORMANCE AND QUALITY**
- Establishment of National and Facility QI Teams
- Orientation on OPQ and development of action plans

**ADDRESSING PERFORMANCE GAPS**
- Fostering Team Work onsite and peer I support
- Provider Training
Baseline

- Policies and Guidelines on PAC available nationally
- Providers trained on either FP and PAC (MVA)
- Method Mix at facilities – Oral Pills, LARC, Barrier Methods and TLs at hospital level
- Supplies consistent
- Supervision system at regional and district levels in place
- In country capacity for PAC and FP training
Baseline (cont’d)

• PAC and FP being seen as separate services - PAC and FP providers

• FP counseling and methods offered only to clients with complications of self induced abortion

• Method choice limited to oral Pills and Condoms 20 to 30% FP method uptake
Baseline (cont’d)

• Services – PAC treatment in maternity, FP in FP unit – no formal referral linkage

• No formal PAC registers and data use – multiple data entry points poor data quality

• Supervision limited

• Cost of services – not standardized and a barrier
Goal and Objectives of the Intervention

• Improve access to quality PAC-FP, ultimately to increase contraceptive use and break cycle of repeat abortions.

• Foster team work and ownership
• Strengthen provider competency
• Improve service organization
• Improve counseling for FP and other RH services
• Remove medical barriers – increasing method choice
• Improving record keeping and data use
• Strengthen supervision
• Address policy level barriers to access
Provider Training
Results

• Increased number of providers – competent to provide services
• Improved Method choice – including LARCs
• All clients counseled – average 68% FP uptake of these 60% choosing LARCs
• Link between PP and PAC clients – PPFP being offered
• Improved training for PAC
• Equipment provided through Ipas
Results

Figure 1. Number of New Acceptors by Facility

<table>
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<tr>
<th>Period</th>
<th>Facility A</th>
<th>Facility B</th>
<th>Facility C</th>
<th>Facility D</th>
<th>Facility E</th>
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<tr>
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<td>6</td>
<td>7</td>
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<td>24</td>
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</tbody>
</table>
Results

Figure 2. Number of New FP Acceptors by Method
Results (cont’d)

• Services reorganized – separate service area for PAC in 2 of the facilities

• FP methods available at PAC treatment area or formal referral system between treatment and FP unit

• Free contraceptives – 4 of the facilities

• PAC – Register standardized and improved information system

• Providers creating awareness about abortions and importance of FP at ANC, PNC, CH clinics
Challenges

- Counseling – client focused
- Provider attitudes
- Data use at facility, district and national level limited
- Cost of services including FP contraceptive methods
- Infrastructure - limited space to separate PAC and maternity
- Limited supervision capacity
Actions to Address Challenges

- Focus on skills development – counseling and including values clarification and fostering empathy
- Peer feedback sessions
- Review and presentation to peers and national, regional and district managers by QI teams
- Updating facility plans
Lessons Learned

• Critical to orient and **build capacity of facility** and **district managers** to be part of the process

• Sustain on site **support**, team work – **recognize** progress and **encourage**

• Develop capacity and **provide support to strengthen** routine supervision

• Foster **ownership** and **sustainability**

• Phased **scale-up** aligned with **capacity** of the health systems
Next Steps

- Institutionalize OPQ into routing supervision system
- Sustain onsite support phase out gradually
- Training to focus on Youth Friendly FP/RH and PAC services
- Comprehensive review in preparation for scale-up
- Support development of scale-up strategy
Feedback

“For us in this facility PAC and Family Planning are integrated, we do not see them as separate services anymore and our clients accept methods”
Thank You!

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