

STRENGTHENING HEALTH RESILIENCE TO IMPROVE VOLUNTARY FAMILY PLANNING IN FRAGILE SETTINGS

MOMENTUM Integrated Health Resilience

WEBINAR 23 September 2021



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Webinar Agenda

- **General Overview:** Kate Onyejekwe
- *Learning from the Pandemic on Supply Chain Resilience to Better Respond to Shocks in Fragile Settings:* Nadia Olson
- *DMPA-SC Self-injectable Contraception: Putting Women in Charge of Their Fertility in Fragile Settings:* Dr. Gathari Ndirangu
- *Lessons from South Sudan: How Respectful Care Improves Health Resilience and Contraceptive Availability and Use:* Dr. Alexander Dimiti
- **Q and A:** Christopher Lindahl
- **Evaluation**

MOMENTUM

Welcome and MOMENTUM Overview

- A USAID-funded suite of six awards that seek to accelerate reductions in maternal newborn and child mortality and morbidity by increasing the capacity of host country and local organizations to introduce, deliver, scale up and sustain the use of evidence-based quality maternal, newborn and child health (MNCH) services, voluntary family planning (FP) and reproductive health (RH) care
- MOMENTUM has 3 unique focus areas:
 - Fragile Settings
 - Global Technical Leadership and Targeted Assistance
 - Entrenched Obstacles

Vision: a world where all mothers, children, families, and communities have equitable access to respectful quality maternal, newborn, and child health services, voluntary family planning, and reproductive health care.



www.USAIDmomentum.org

MOMENTUM: Moving Integrated, Quality Maternal, Newborn, and Child Health and Family Planning and Reproductive Health Services to Scale

MOMENTUM Integrated Health Resilience

MOMENTUM Integrated Health Resilience (MIHR) is one of the six awards and is designed to strengthen quality voluntary family planning and reproductive health, and maternal, newborn, and child health (FP/RH/MNCH) care in fragile settings.

MIHR:

- Supports layering, sequencing and integration of humanitarian and development programming to improve health outcomes
- Strengthens local and national capacities to build on health gains
- Strengthens health resilience and advances learning around it
- Focuses on fragile settings
- Currently in seven countries; others pending



Fragility

- Fragility is a condition of vulnerability to a range of poor outcomes....Fragility increases when stressors threaten to overwhelm capacity
- These include crises, such as violent conflict, political instability, pandemics, climatic disasters, and/or economic collapse, weak governance and institutions, population displacements
- Fragility can be at national or subnational level, so focus is on “settings”
- Increased illness and death result from disruptions to basic health services and systems, from voluntary family planning and immunization to safe deliveries and supply chains



Health Resilience

- Health resilience is ability of people, households, communities, systems, and countries to mitigate, adapt to, and recover from shocks and stresses, in a manner that reduces acute and chronic vulnerabilities, and facilitates equitable health outcomes.
- Health Resilience Capacities
 - **Absorptive capacity:** prevention and coping measures taken to avoid permanent, negative impacts from shocks and stresses and to maintain health system stability.
 - **Adaptive capacity:** making changes in response to longer-term change, and the capacity of the health system to implement adjustments while improving overall system performance.
 - **Transformative capacity:** the enabling environment for systemic change.

Resilient individuals and communities are better able to absorb, adapt, and transform in the face of recurrent shocks and stresses, and to recover more quickly to their prior state or better.

Health Resilience Approach

All the important details:

See our Program Brief on Health Resilience on the MOMENTUM website:

<https://usaidmomentum.org/resource/building-resilience-in-health-the-momentum-integrated-health-resilience-approach/>

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Integrated Health Resilience



Program Brief

BUILDING RESILIENCE IN HEALTH

The MOMENTUM Integrated Health Resilience Approach

RESILIENCE IS A POSITIVE ADAPTATION TO ADVERSITY. USAID defines health resilience as the “ability of people, households, communities, systems, & countries to mitigate, adapt to, & recover from shocks & stresses, in a manner that reduces acute and chronic vulnerabilities, and facilitates equitable health outcomes.” Resilient individuals and communities are better able to absorb, adapt, and transform in the face of recurrent shocks and stresses, and to recover more quickly to their prior state or better. This is especially important for mothers, newborns, and children. This brief reviews how MOMENTUM Integrated Health Resilience will approach, build, and strengthen health resilience to improve health outcomes for families, communities, and nation-states, particularly in fragile settings.

Housekeeping

Poll: Please tell us where you are!

Webinar will be recorded

Webinar to be publicly disseminated along with PPT slides: please share

Place questions and comments in the chat



Learning from the Pandemic on Supply Chain Resilience to Better Respond to Shocks in Fragile Settings

Nadia Olson, Supply Chain Lead,
MOMENTUM Integrated Health Resilience

23 September 2021

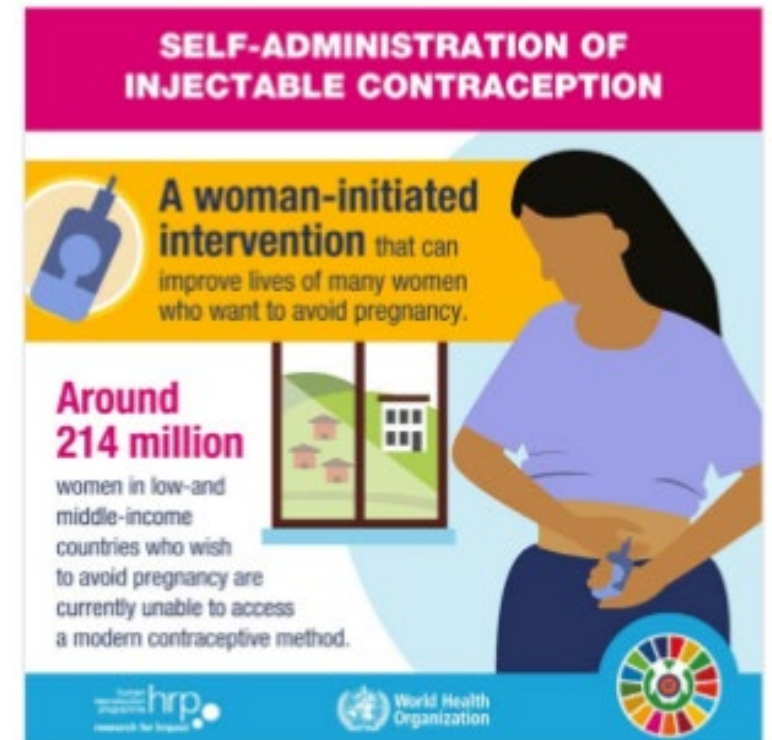


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Global Guidance and Efforts to Prioritize the Provision of Contraceptive Services

- Major global organizations advocate for the provision of contraceptives, information, counseling, and services (including emergency contraception) to save lives, particularly in fragile and humanitarian settings.
- WHO has issued additional guidance that contraceptive services should be available and accessible during the COVID-19 pandemic response, including guidance on self-care.
 - For example, WHO recommends that self-administered injectable contraception (Depot medroxyprogesterone acetate subcutaneous; DMPA-SC) should be made available, particularly in fragile settings and in the context of lockdowns during COVID-19.



Contraceptive Service Disruptions During COVID-19

- As a result of these disruptions, as many as **1.4 million unintended pregnancies** may have occurred before women were able to resume use of family planning services. This number could be as high as 2.7 million at the higher end of projections, or as low as 500,000 at the lower end of projections.

Disruption of access to modern contraceptives and subsequent unintended pregnancies in 115 low- and middle-income countries due to COVID-19 in 2020

Average severity of disruptions (projections)	Low	Medium	High	Average # months of disruption
Number of women who could not access modern contraceptives due to COVID-19 disruptions	4,100,000	12,000,000	23,000,000	3.6
Number of unintended pregnancies that occurred due to COVID-19 disruptions	500,000	1,400,000	2,700,000	3.6

Supply Chain Disruptions During COVID-19

- Health and contraceptive supply chains are global; even local products rely on materials from China and India. The geographic concentration of raw material and finished products is a risk to global supply chains when international travel is restricted.
- Freight will not return to pre-COVID levels anytime soon. It will be more expensive and offer fewer options for years to come.
- Higher inventory levels were in fact protective, compensating for weak systems, long procurement cycles, and data lags and gaps. Lean practices may increase risks.
- The sexual and reproductive health (SRH) community's commitment to choice requires understanding and responding to a variety of client needs, which can shift to different products or to any type of outlet
- The provision of PPE and COVID-19 vaccines is a high priority for countries and could threaten the relative priority attached to SRH products and services in the coming years.

Supply Chain Strategies to Improve Resilience

To promote resiliency, the SRH community needs to implement strategies that address:



HEALTHY MARKETS

Product-specific market weaknesses and limited supplier diversity in numbers, products offered, and locations endanger product availability and client choice.



FINANCING

Increased product and freight costs, coupled with growing demand for COVID-related products (PPE and vaccines), jeopardize sustained public sector funding for SRH products and potentially the viability of the private sector SRH market.



SUPPLY CHAIN STRATEGY

The logistics environment has changed. Supply chain gains will be threatened if they return to pre-COVID strategies without rethinking sourcing, inventory, freight, and distribution systems and channels for products.



STEWARDSHIP, POLICY AND COORDINATION

Pandemic-related disruptions have made supply chains top-of-mind for many. Now is the time for public and private sector partners to actively commit to coordinated efforts to broaden equitable and reliable access to SRH products.



BETTER QUALITY AND USE OF DATA

Data weaknesses persist, even amidst the growth in electronic systems. COVID-19 has highlighted the need for more robust data systems that allow for rapid, informed decision-making and collaboration along the supply chain.

Ensuring Contraceptives at the Last Mile During a Pandemic

- Continue to elevate SRH so that supply and supply chain are part of health policy design, strategy, and system decisions from the beginning.
- Integrate SRH products and services into global and national emergency response plans.
- Develop and expand multichannel access points to support client choice and evolving service provision




Ensuring Supply Chain Resilience and Commodity Security in Fragile Settings

Under MOMENTUM Integrated Health Resilience, we will have opportunities at both global and country levels to improve supply chain resilience in fragile settings:

- In South Sudan, there is currently a push system that often relies on kits that are not necessarily adequate to fulfill local needs. Next steps will require shifting from this system to a pull system over time that is better suited to local needs, and will help avoid over and under stocks of key products, including contraceptives.
- In Niger, there is a focus on continuing to strengthen and rollout a system, particularly a logistics management information system (LMIS) that will collect key logistics data that can be used for decision-making and ensuring stock availability and redistribution at the last mile.
- In Sudan, there are critical stockouts at various levels due to broader systemic issues, such as the currency crisis, even though a system has been rolled out. Additional resilience and redundancy, including preparedness measures, will need to be built into the system.

Supply chains must be prioritized and preparedness measures must be taken at all levels to ensure the availability of contraceptives at the last mile.



A woman and a man are looking at a laptop screen. The woman is in the foreground, wearing a patterned top. The man is behind her, looking at the screen. In the background, there are shelves with boxes, likely in a pharmacy or clinic. A red square is in the top left corner.

Supply chains must be prioritized,
including the development of
continuity of operations plans.

The pandemic has shown that service and supply delivery can adapt and change rapidly when needed. Demand for SRH services may continue to be affected or change permanently as the pandemic and other crises evolve; both programming and policy need to respond proactively to support continued access to contraceptive products.

THANK YOU

Please put any questions into the chat. We will address all questions during the discussion.



DMPA-SC Self-injectable Contraception

Putting Women in Charge of Their Fertility in Fragile Settings

Gathari Ndirangu | Deputy Technical Director and FP/RH Lead,
MOMENTUM Integrated Health Resilience

September 23, 2021



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Voluntary Family Planning in Fragile Settings

- Voluntary use of modern contraceptive methods can avert >44% of maternal deaths¹
- FP2020 efforts resulted in 60 million new users in the 69 lowest-income countries between 2012 and 2020²
- Estimated that 40% of women and girls in humanitarian crises want to avoid pregnancy but progress has been slow^{3,4}

Barriers to FP uptake in fragile settings

- Access to health facilities
 - Insecurity
 - Distance
 - Transport infrastructure
 - Cost of transport
- Social norms, stigma towards FP users
- Human Resources for Health shortage, behavior ecosystem, knowledge and skills
- Disease outbreaks
- Quality of care, including privacy, long wait times, counseling
- Commodities, equipment, and supplies

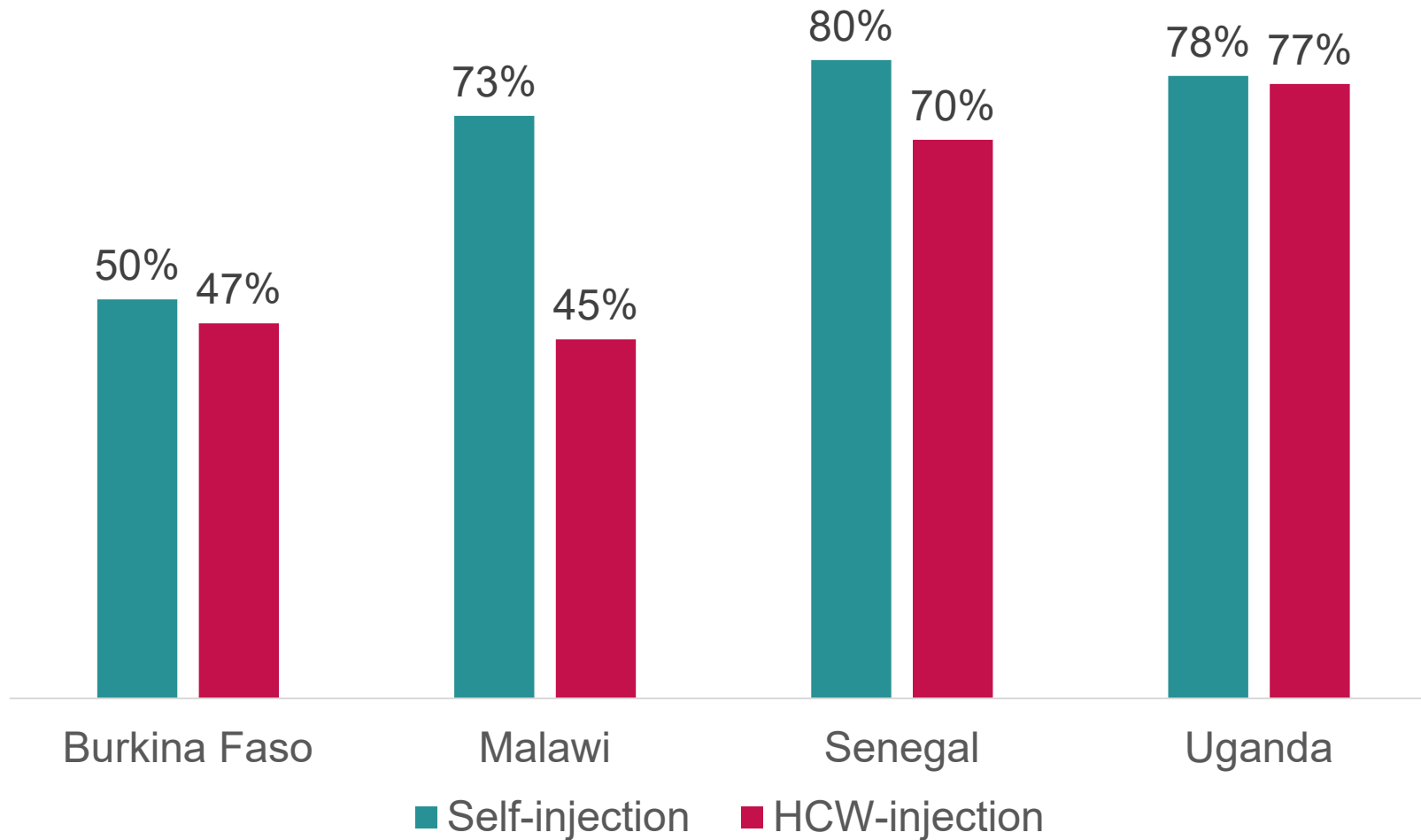
DMPA-SC in Fragile Settings

- DMPA is a widely used modern contraceptive method in low- and middle-income countries (LMICs),⁵ including fragile settings
- DMPA-SC may facilitate self-administration and expand contraceptive access
- Removes barriers to continuation
- Self-injection of DMPA is comparable to provider-administration in continuation rates, safety concerns, and pregnancy rates^{6,7}

Administration by community health workers (CHWs) in DRC

- Almost all users (96%) felt very comfortable with a CHW administering the injection instead of a health care worker (HCW) (physician/nurse)
 - 98% perceived CHW to be very comfortable giving the injection
- Most expressed satisfaction with the method despite side effects;
 - **98%** were satisfied with info provided by CHWs
 - **94%** were satisfied with the overall service
 - **96%** would choose to continue receiving DMPA-SC from CHW instead of health clinic
 - **95%** would recommend to friends, DMPA-SC by CHW

Self-Injection Resulted in Comparable or Higher 12-Month Continuation Rates



- Primary reasons for discontinuation:
 - Forgetting to reinject (printed calendars can be good reminders)
 - Side effects
 - Refusal by partner

Broader Self-Care for Contraception

“The ability of individuals, families and communities to promote health, prevent disease, maintain health, and to cope with illness and disability with or without the support of a healthcare provider”
- World Health Organization (WHO)

- Lactational amenorrhea method (LAM)
- Fertility awareness-based methods
 - Standard Days Method®
 - TwoDay Method®
 - Smartphone apps- period and fertility trackers
- Barrier methods
 - Condom (male/female)
 - Flexible diaphragm (Caya®)
- Hormonal contraception
 - Combined oral contraceptive pills and progestin-only pills
 - Dedicated emergency contraceptive pills
 - (Others- combined patch, combined or progesterone-releasing vaginal rings)
- Others

MOMENTUM Integrated Health Resilience Approach

Safe

Feasible

Acceptable

- Build on previous work and partner with others to increase access to DMPA-SC as part of a broad and client responsive contraceptive method mix
- Expand voluntary access to a broad range of methods
- Client-centered care
- Social and behavior change (SBC)
 - Messaging that responds to the context, e.g., HTSP
- Safeguarding and wellbeing of clients
- Adapt guidance
- Multi-month supply of commodities
- Support for clients on long-acting contraceptives, including self-care and linkages with health facilities
- Work within government policies, collaborate with other partners
- Seize/create opportunities for advocacy
- Health facility and community levels
- Public and private health sectors, including pharmacies
- Quality of care
- Infection prevention and control, including safe waste disposal
- Reporting
- Share lessons learned

Key Takeaways

- Self-care and health resilience in fragile settings
 - Women can safely and effectively use DMPA-SC and other short-acting contraceptive methods
 - Self-care tools for clients on long-acting contraceptive methods
 - Is convenient, places the woman in charge of her fertility, and saves time and money
 - Relieves pressure on the health system
- Important to avail a wide range of modern methods for women to choose from:
 - No single method is a one-size-fits-all
 - A woman may need different methods at different points in her life
 - Self-care with DMPA-SC alone will not fully address the unmet need or discontinuation, but provides an additional approach to expand access
 - Some women who use DMPA will not self-inject; some will discontinue due to difficulties with self-injection and other reasons
- Need to continue generating evidence, especially in fragile settings



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Slide Title: “Voluntary Family Planning in Fragile Settings”

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Slide/Chart Title: “Self-injection led to comparable or higher continuation rates after 12 months”

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THANK YOU

Please put any questions into the chat. We will address all questions during the discussion.



Lessons from South Sudan

How Respectful Care Improves Health Resilience and
Contraceptive Availability and Use

Dr. Alexander Dimiti, Deputy Chief of Party, South Sudan,
MOMENTUM Integrated Health Resilience

23 September 2021



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Fragility and Health in South Sudan

Since gaining independence in 2011, the country has gone through a series of government transitions, civil-political conflict and unrest, and other shocks and stresses.

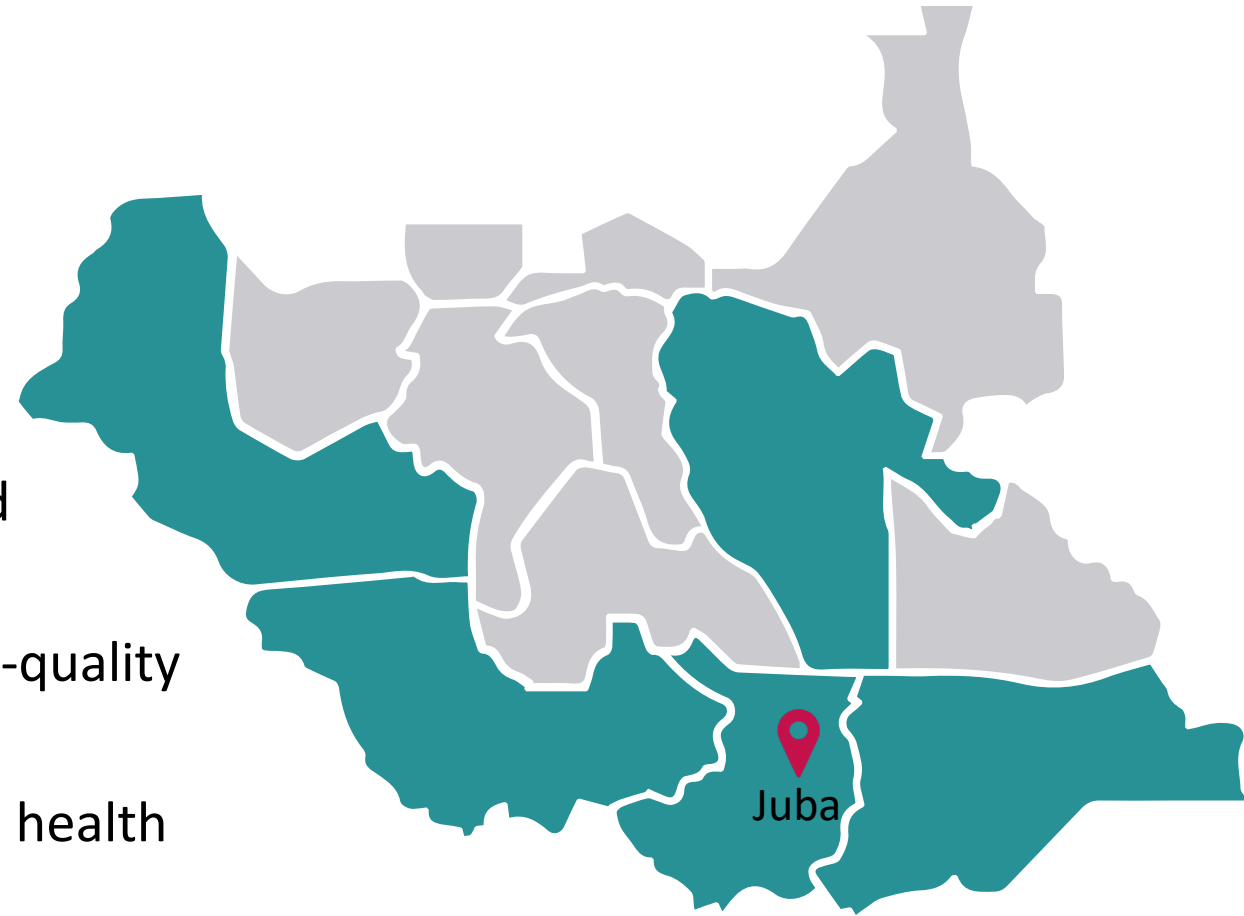
- 7.5 million people (~60% of population) in need of humanitarian assistance
- 1.5 million internally displaced persons
- Maternal mortality rate of 1,150 per 100,000 live births
- Modern contraceptive prevalence rate (all women): 3.2%
- Ranks 186 out of 189 on UN Gender Development Index

MOMENTUM Integrated Health Resilience in South Sudan

FP service delivery started in January 2021, in four former Evidence to Action (E2A)-supported health facilities, expanding to 12 health facilities by June 2021

Objectives

1. Increase access to and quality of integrated FP/RH/MNCH care and services
2. Increase demand for and utilization of high-quality FP/RH/MNCH interventions and care
3. Enhance resilience and inclusiveness of the health system in South Sudan
4. Increased capacity to provide high quality, integrated, client-centered care and services



FP Service Delivery Model

- Facility-based: integrating FP into RMNCH services, with dedicated providers 8 hrs./day, 5 days/week
- Community based:
 1. Boma health workers (BHWs)
 2. Provision of short-acting methods, including condoms, pills, emergency contraception, and DMPA-SC self-injection
 3. Outreach
- Task shifting/sharing through onsite mentorship and coaching

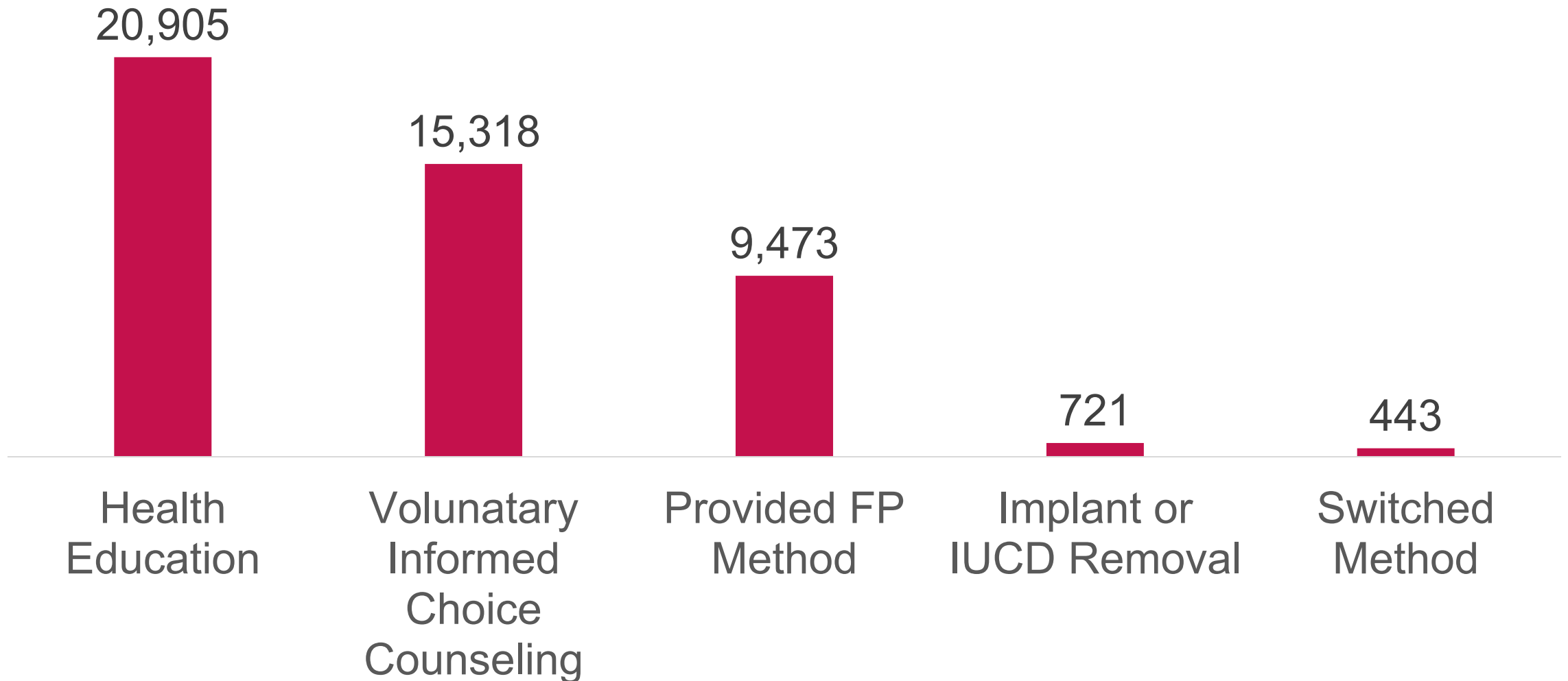


FP Approaches and Services

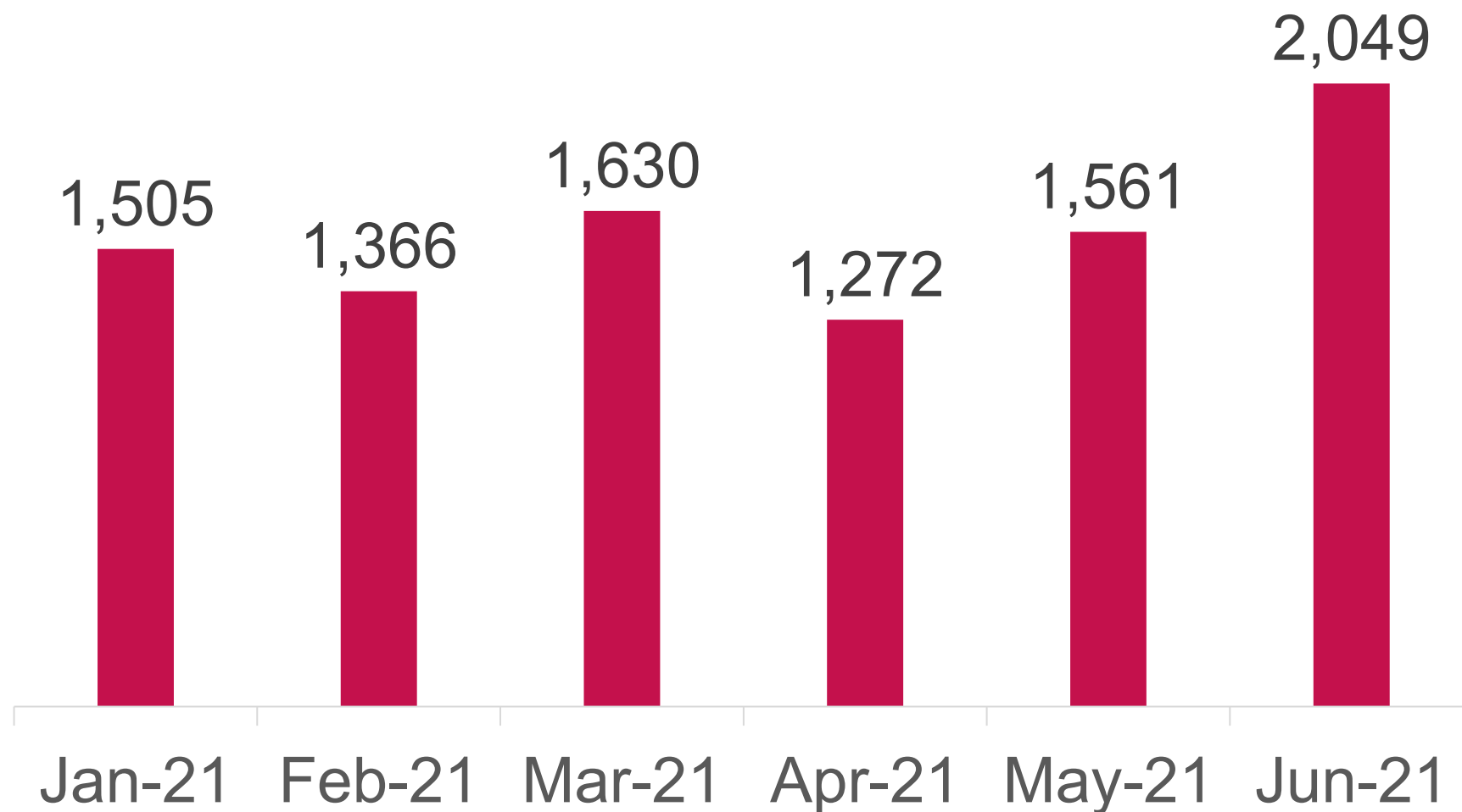
- Demand creation through health education
- One-on-one voluntary informed choice counseling
- Provision of short- and long-acting FP methods
- Removal of implants and IUCD
- Continuous mentoring on service



Clients Provided with Various FP Services (Jan-Jun 2021)



of Family Planning Clients Leaving with a Method, by Month (Jan-Jun 2021)



30% of
clients
were
new
users

Challenges

- Negative community social/cultures norms towards FP services
- Lack of male involvement in FP services (including some husbands intimidating FP clients)
- Lack of FP support from leaders/authorities
- Lack of policy statement supporting FP services
- Impassable roads; hard-to-reach communities

How has respectful care improved health resilience and family planning service availability and use?

- Integration of FP into RMNCH services is best approach for demand creation and services uptake and utilization
- Use of CHWs for social mobilization, demand creation, and provision of community-based FP services increased access to FP services.
- The use of local FM radio for interactive talk shows clears people's doubts and myths, and increases demand for health services
- Positive collaboration and coordination with BHCs, community leaders, CHDs, and other partners created enabling environment for FP services delivery
- Initiation of DMPA-SC self-injection reduced several visits to the HF and increased FP services uptake

Way Forward

- Scale up the current services delivery approaches to more sites
- Support training of more dedicated FP providers on updated contraceptive technology (UCT) at facility level (WHO/USAID Training Resource Package for FP)
- Build capacity of dedicated providers/mentors and onsite mentors (this will become a cadre of well trained FP practitioners over time)
- Continue with mentorship program for dedicated providers, boma health workers, and other providers
- Male- and couple-focused engagement through dialogue
- Traditional/civil authorities, and religious leaders dialogue
- Scale up DMPA-SC self-injection
- Advocate for policy statement to support FP services

THANK YOU

Please put any questions into the chat. We will address all questions during the discussion, which follows this presentation.



Questions & Answers

Christopher Lindahl, MOMENTUM Integrated Health Resilience

Knowledge Management Lead

Please enter your questions and comments into the chat.





Evaluation

Please take a moment to complete a brief evaluation.

THANK YOU

MOMENTUM Integrated Health Resilience is funded by the U.S. Agency for International Development (USAID) as part of the MOMENTUM suite of awards and implemented by IMA World Health, with partners JSI Research & Training Institute, Inc.; Pathfinder International; CARE; GOAL USA Fund; and the Africa Christian Health Associations Platform (ACHAP) under USAID cooperative agreement # 7200AA20CA00005. For more information about MOMENTUM, visit USAIDMomentum.org. The contents of this PowerPoint presentation are the sole responsibility of IMA World Health and do not necessarily reflect the views of USAID or the United States Government.



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