

What Goes In, Must Come Out: Using Procurement Data to Inform Programming Needs in Implant Removal

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#RHSUPPLIES2016



Contraception Daily

*With your host,
Angela Mutunga*



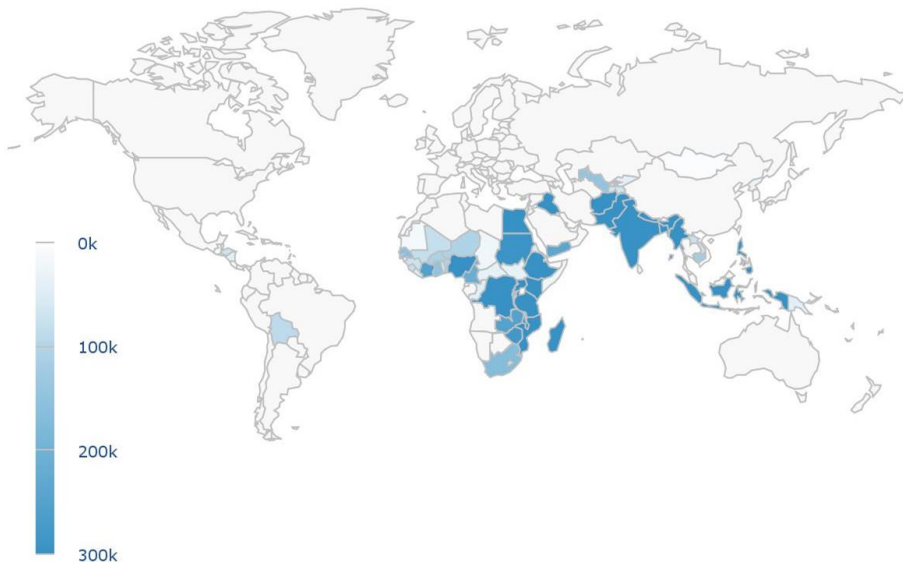
FP NETWORK

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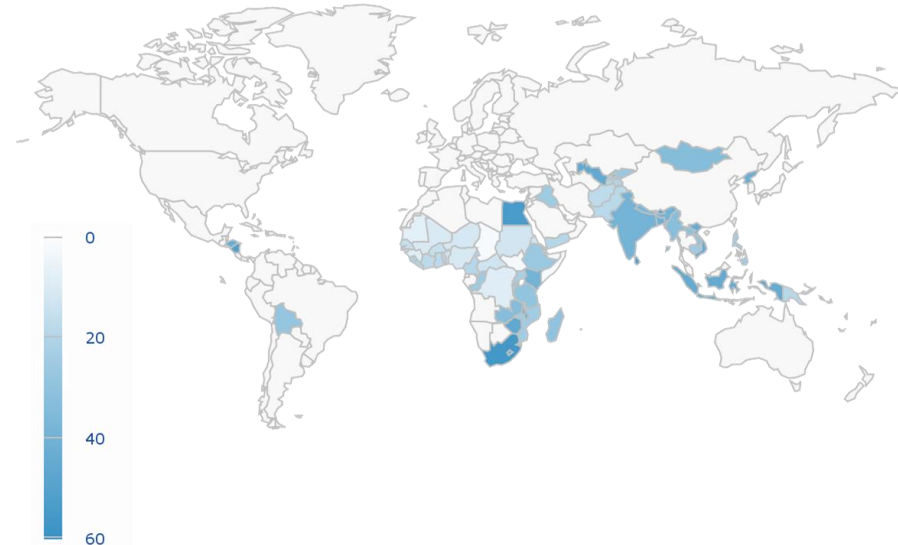
Use of modern contraceptives is increasing

- In July 2015 24.4 million more women and girls in the 69 FP2020 focus countries used a modern method of contraception than in July 2012

Number of new users



Modern contraceptive prevalence rate

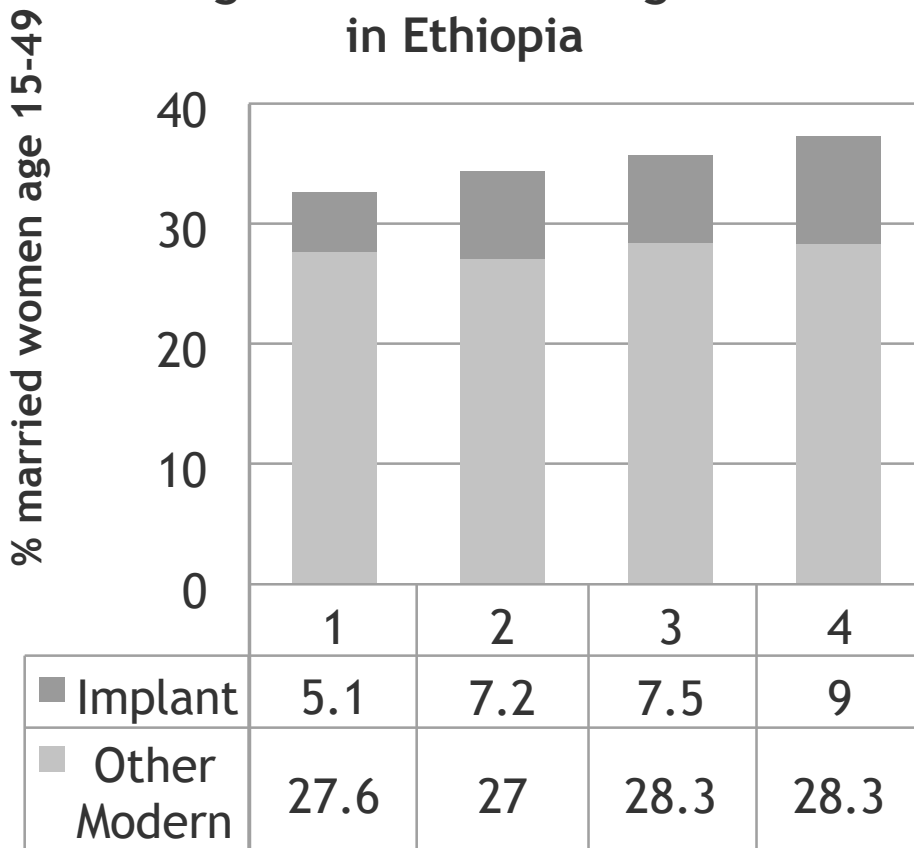


Ethiopia

Round 1 - March 2014

Round 4 - April 2016

Modern contraceptive method use among married women age 15-49 in Ethiopia



- Overall mCPR in Ethiopia among married women has increased from 32.7% to 37.3% in 2 years
- Implant use has increased from 5.1% among married women to 9.0%
- This represents a shift in the modern method mix from 15.6% to 24.2%

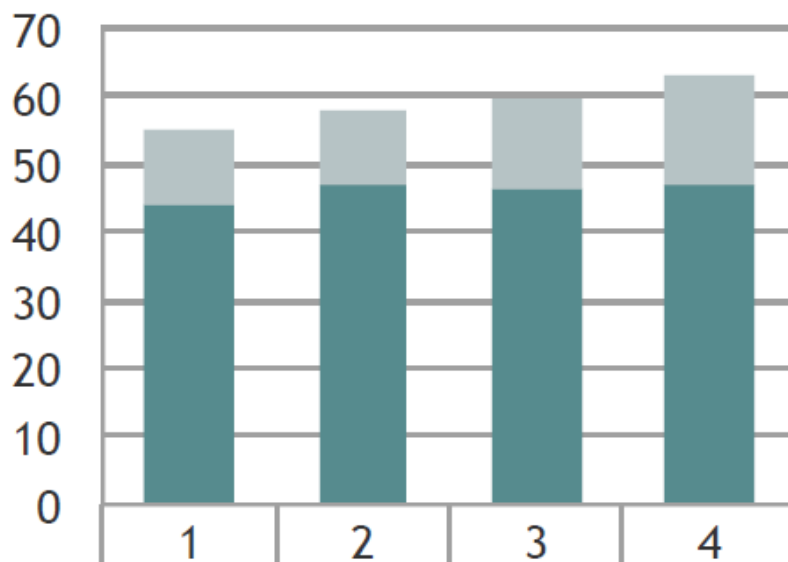
Kenya

Round 1 - June 2014

Round 4 - Dec 2015

Modern contraceptive method use among married women age 15-49 in Kenya

% married women age 15-49



Implant	10.9	10.8	13.7	16.1
Other Modern	44.4	46.9	46.2	47

- Overall mCPR in Kenya among married women has increased from 55.3% to 63.1% in 1.5 years
- Implant use has increased from 10.9% among married women to 16.1%
- This represents a shift in the modern method mix from 19.7% to 25.5%

Type of implants and counseling received

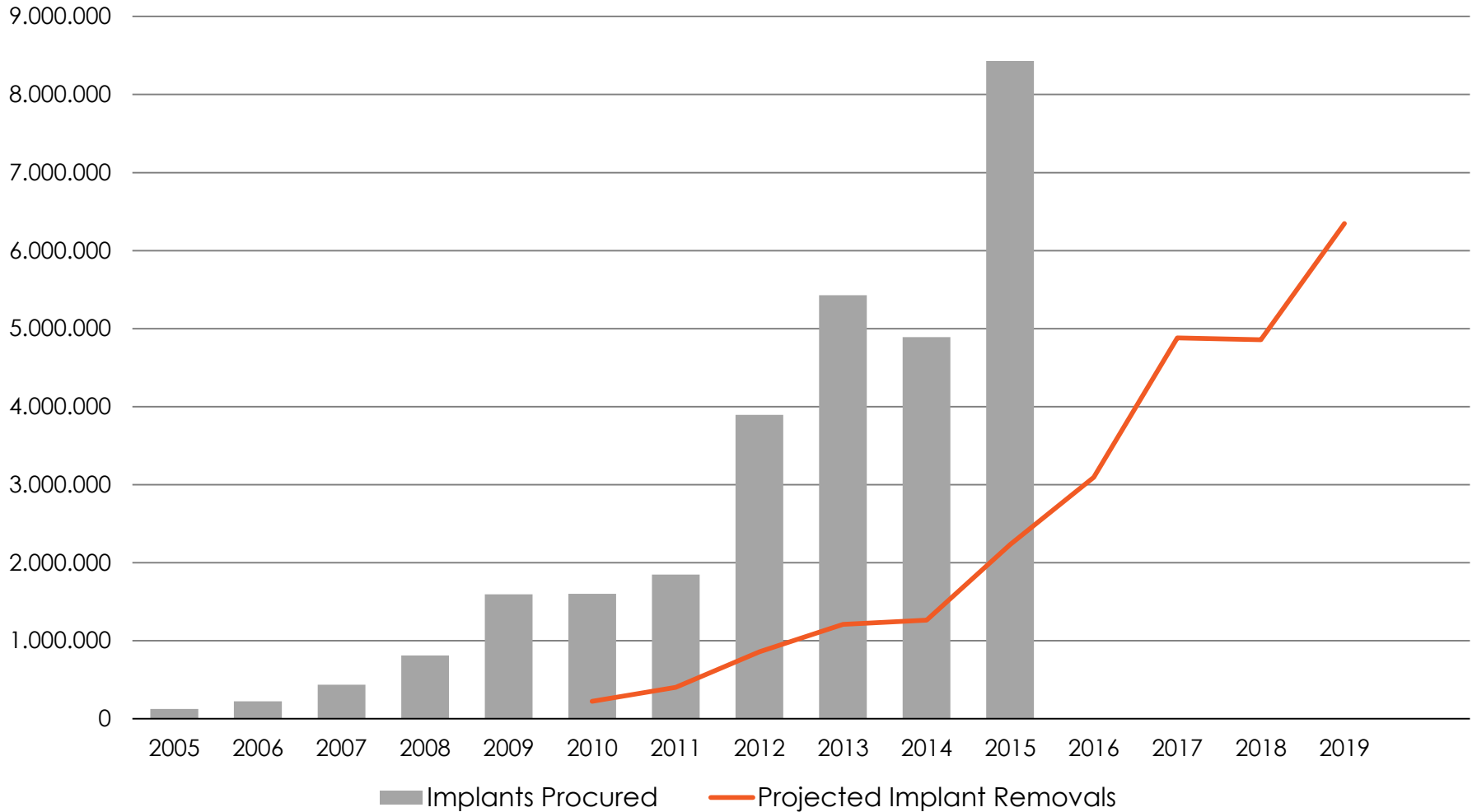
Ethiopia

All implant users	
	Total (%)
N	462
Type of implant	
One rod	71.8
Two rod	20.8
Six rods	1.0
Do not know	6.4
Told about the duration of protection	98.7
Correctly reported the duration of protection	78.8
Told where to go to have implant removed	84.0

Kenya

All implant users	
	Total (%)
N	490
Type of implant	
One rod	37.2
Two rod	56.2
Six rods	2.3
Do not know	4.3
Told about the duration of protection	99.0
Correctly reported the duration of protection	86.6
Told where to go to have implant removed	88.6

Implants Procured by Year in FP2020 Focus Countries, 2005-2015, and Projected Removals, 2010-2019



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Implant versus non-implant users

Implant users in both countries are more likely to be poor, rural, to have received their method from a public provider, and less likely to have paid fees for family planning than non-implant users

Ethiopia	Implant	Non-implant
Below median wealth score	39.7%	36.5%
Rural	77.5%	71.4%
Public provider	96.8%	79.2%

Kenya	Implant	Non-implant
Below median wealth score	44.2%	39.2%
Rural	45.6%	35.7%
Public provider	80.7%	56.9%

Type of implants and counseling received

Ethiopia

All implant users	
	Total (%)
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One rod	71.8
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Implant services

Ethiopia

All Health Facilities that offer family planning			
	Total (%)	Public (%)	Private (%)
N	444	388	56
Offer implant:			
Yes and in-stock	81.3	90.7	16.1
Yes, but not in stock	2.9	3.1	1.8
Have staff trained to remove implants*	80.5	80.2	90.0

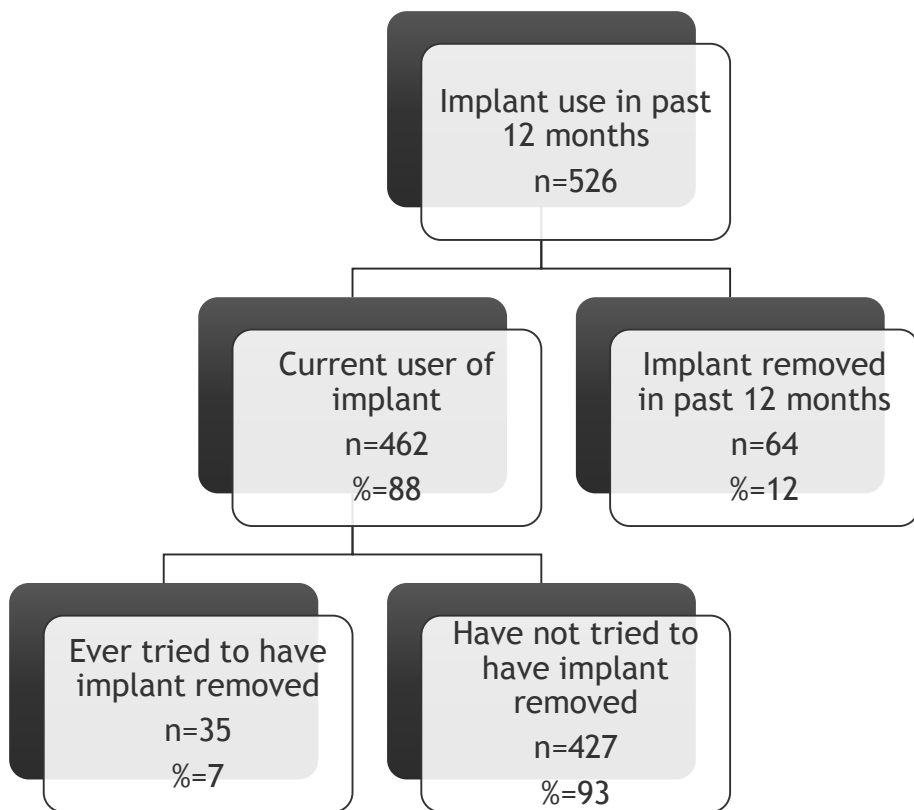
Kenya

All Health Facilities that offer family planning			
	Total (%)	Public (%)	Private (%)
N	331	269	62
Offer implant:			
Yes and in-stock	80.0	92.9	24.2
Yes, but not in stock	3.0	3.3	1.6
Have staff trained to remove implants*	99.0	98.8	100.0

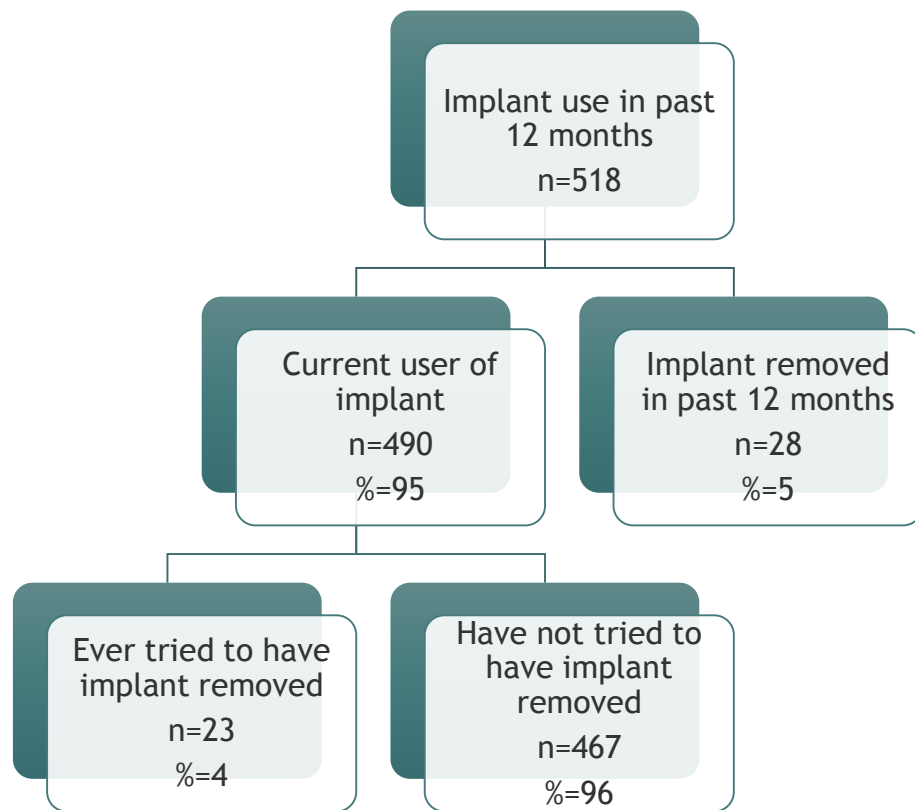
*among facilities that offer implants

Implant removal

Ethiopia



Kenya



Failure to have implant removed

Ethiopia

Among implant users who were unable to have implant removed

	Total
Total	35
Other reason/don't know	15
Counseled against removal	13
Told to return another day	3
Provider attempted but could not remove the implant	2
Provider refused	1
Travel/ cost	1

Kenya

Among implant users who were unable to have implant removed

	Total
Total	23
Counseled against removal	6
Trained provider unavailable	4
Travel/cost	5
Provider refused	3
Told to return another day	1
Facility not open	1
Other/ Don't Know	3

Provider Capacity: Kenya and Uganda

Data from formative assessment in early 2016 (*n=57 providers in Kenya, n=20 providers in Uganda*)

- In both countries, 100% of implant providers who'd been trained in insertion were also trained in removal
- During training events, 31% of implant providers in Kenya, and 50% of implant providers in Uganda did not have actual removal clients
- 93% of implant providers in Kenya and 60% in Uganda reported ever having challenges removing an implant

Availability of Supplies: Kenya

Data from formative assessment in early 2016 (*n=57 facilities in Kenya*)

Among facilities actively providing implant removal services, overall only 42% (50% of public sector sites, 29% of private sector sites) in Kenya had all the equipment necessary. Most commonly out of stock supplies were:

- Towel
- Sterile closure (elastoplast/band-aid)
- Mosquito forceps (curved)
- Mosquito forceps (straight)

Availability of Supplies: Uganda

Data from baseline assessment in August 2016 (*n=46 facilities in Southwestern Uganda*)

Supplies Availability at Facilities Self-Reporting Providing Implant Removal Services

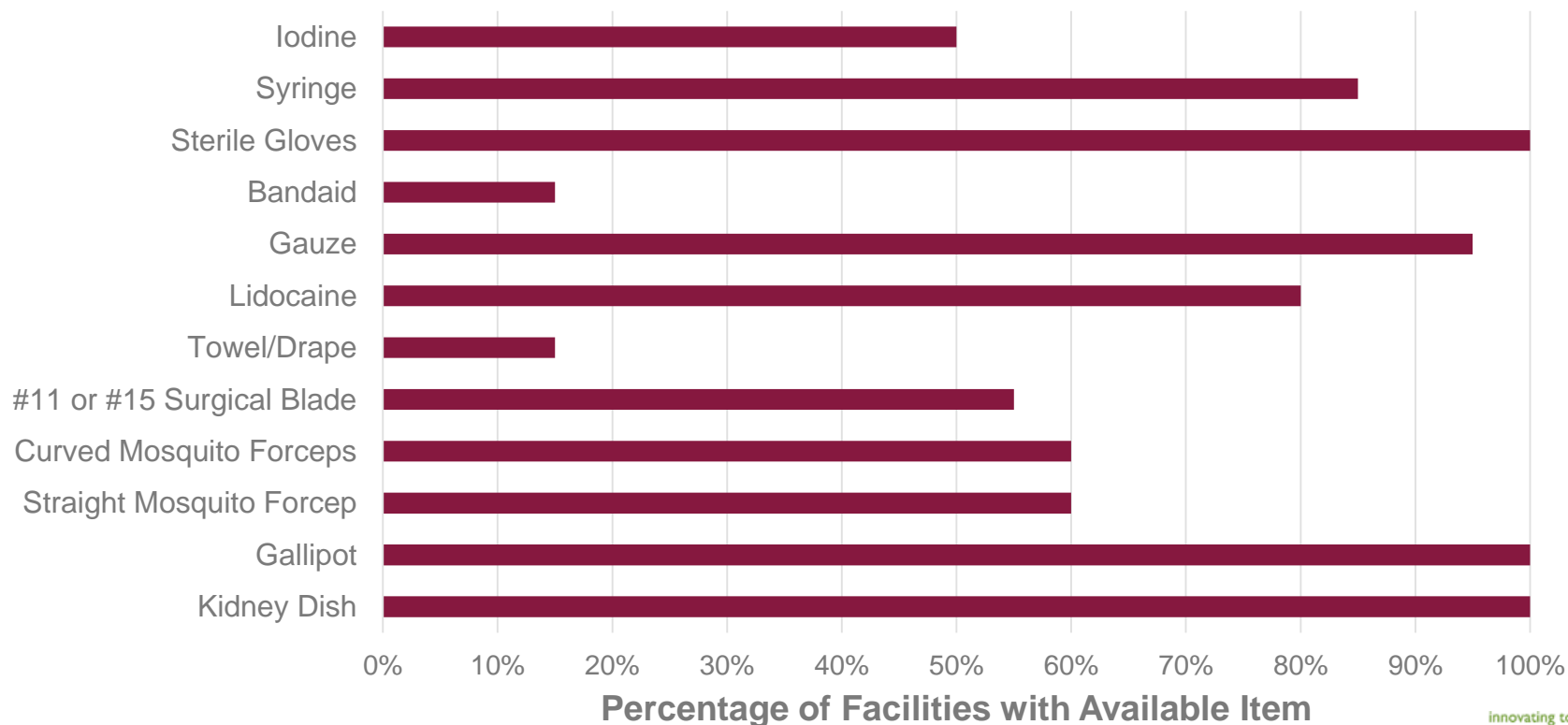


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Availability of Supplies: Uganda

Data from baseline assessment in August 2016 (n=20 facilities in Southwestern Uganda)

Supplies Availability at Facilities Providing Implant Removal Services in Previous 3 Months, verified by Service Statistics



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Suggestions from Providers and In-Charges

- Provide necessary equipment and supplies
- Secure adequate staffing
- Empower staff with knowledge and skills, including supportive supervision visits for those trained
- Subsidize removal costs in private facilities so that clients can seek the service from competent practitioners
- Organize in-reach and/or outreach camps during trainings so that service providers can get removal clients with ease
- Client mobilization and counselling on removal
- Create awareness in the community on the removal services in the facilities to correctly redirect clients who might have received the insertion service at an outreach.

Implant Removals Task Force Core Members

BILL & MELINDA
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GLOBAL IMPACT ADVISORS



Implant Removals Task Force

Sub-Groups

- Data & Monitoring
- Training & Capacity Building
- Research
- Difficult Removals

Implant Removal Client-Centered Standards of Care



RESOURCES & CONTACTS

PMA2020 Reports: www.pma2020.org

Blog from FHI360 and Jhpiego “*What Goes In, Must Come Out*”:
<https://www.k4health.org/blog/post/what-goes-must-come-out>

GHSP Commentary “*Accessible Contraceptive Implant Removal Services: An Essential Component of Quality Service Delivery and Scale-Up*”:

<http://www.ghspjournal.org/content/4/3/366.full.pdf+html>

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