The Long and Short of It:
Long-acting and Permanent
Family Planning Methods
in the Private Sector

e-Conference
May 8-10, 2012

Online Chat May 8, 2012: "*Challenges and Opportunities in LA/PM*" with **James Harcourt** and **Elaine Menotti**

(1) Assistant Moderator: Welcome everyone to today's SHOPS LA/PM e-conference chat with James Harcourt, Elaine Menotti, and Gael O'Sullivan. The chat is text-based, so there is no audio. The chat is moderated, which means that once you post a question, it will go into a queue. It may take several minutes for your question to be posted to the main chat window, so don't worry if you don't see it immediately.

(2) Assistant Moderator: Today's chat focuses generally on opportunities and challenges in LA/PM service provision, but our chat experts today have a range of experiences including LA/PM program implementation from both the donor and implementer perspective, BCC, and private sector partnerships, including with pharmaceutical companies.

(3) JAMES HARCOURT*: (3) Hi - this is James Harcourt from MSI. Looking forward to the discussion!

(4) Susan Mitchell: Hi everyone, can you introduce yourselves....look forward to chatting with you!

(5) Elaine MENOTTI*: Hello to all! Looking forward to your questions

(6) MICHAEL NJUMA: hi this is Michael Njuma from Marie Stopes Kenya

(7) Helen Li: James, MSI has been a leader in provision of LAPMs, is there a magic bullet other than having enough donor funding?
Seriously James, if you could impart three key lessons on LAPM in the private sector, what might they be?

(8) Susan Mitchell: Michael, Folake, Luis, Kate, Soraya, thanks for joining! Any questions for our moderators James or Elaine?

(9) JAMES HARCOURT*: Re (7): No there is no magic bullet I'm afraid! Most of MSI's LAPM services are delivered in underserved areas through mobile outreach teams filling a gap in provision through other facilities.......

(10) JAMES HARCOURT*: Re (7) There are some key elements that make this style of service delivery effective: identifying areas of real unmet need - appropriate locations; mapping of geographical areas covered by the site; sustained awareness raising activities to maintain effective delivery of services at the site; and rigorous clinical protocols....

(11) Gael O'Sullivan: Hi this is Gael O'Sullivan, Senior Marketing Advisor to the SHOPS Project. I would like to hear others' experience with generating demand for LAPM products and services.

(12) Helen Li: Elaine, how do you see the public sector experiences with LA/PM programs that have been happening over the years translating to potential engagement of the private sector?

(13) JAMES HARCOURT*: Re (7): and dedicated, motivated team members that can work at a distance*

(14) Susan Mitchell: Hi I'm Susan Mitchell Project Director SHOPS. Welcome everyone!

(15) Susan Mitchell: Folake, I see you are with USAID Nigeria. What do you see as the major challenges to increasing use of LAPMs in Nigeria? I see you work in MCH> Have there been efforts to integrate LAPMs with maternal health services?

(16) JAMES HARCOURT*: Re (7) - the role of community health workers is also key in MSI's outreach service delivery.

(17) Lou Mortillaro: Hi, this is Lou Mortillaro, with Philliber Research Associates in New York.

(18) Assistant Moderator: For those of you who just arrived, please take a moment to introduce yourself. Also, a reminder that today's chat is moderated, so don't worry if you don't immediately see your question. Be assured that we are working on your answers.

(19) Elaine MENOTTI*: Re (12) There is great potential for public private partnerships to improve the reach of resource strapped public sector facilities, potentially through "contracting in" of dedicated private providers for LA/PMs to serve in clinics or "contracting out" mobile outreach services for remote populations, and potentially for including any or all of these services as a part of national insurance, even services offered through social franchises. We hope to document more of these experiences to learn more about these possible areas*

(20) Dawn Chin-Quee: Hi,

This is Dawn Chin-Quee from FHI 360. I am looking forward to learning about LAPM in the private sector. I am familiar only with short-acting methods like pills, condoms, and injectables in the private sector.

(21) Benoit Mukendi: I am Benoit, I work with Femmes Artisannes de la Paix (women peace maker) our goals is to empower women and children, it is great to learn and hear about these wonderful resources and thoughts

(22) Richard Killian: Hello colleagues, I am with EngenderHealth in Tanzania where we provide technical and other support to the Ministry of Health and Social Welfare for the delivery of both outreach and routine facility-based LAPM services

(23) Susan Mitchell: In organizing this conference we worked to pull together experience from a range of players from both the non-profit and for-profit sectors. You might want to start by listening to James Shelton's introduction and move on from there.

(24) Elaine MENOTTI*: Richard--what do you see as the challenges of engaging private sector in Tanzania in LA/PM services?

(25) MICHAEL NJUMA: Hi Gael, generating demand for LAPMs requires innovative ways more so here in sub-Saharan Africa where the unmet need is high yet barriers are also high. Addressing these barriers such as myths and misconceptions can be approached through the following ways. Training and capacity building community health workers with information on various LAMP methods to pass on at the household level is one such approach. Similarly, youth groups can be empowered to pass the message to their fellow youths in an easy to understand way. Also advocacy work amongst the opinion leaders can help in shaping community response to LAPMs. In the Tupange program targeting the urban poor here in Kenya, we also use approaches such as providing knowledge and information on LAPMs through mobile sms system, mass media campaigns on radio and television.

(26) Richard Killian: The private sector (e.g., partners like MSI and PSI) are active in providing LAPM services in Tanzania and we (EngenderHealth and the MOHSW [public sector]) are increasingly working in collaboration with them on coordinated outreach, either through multi-partner outreach teams, or through improved coordination and planning at the district level to reduce duplication and enhance coverage.

(27) LG Gardezi: Hi, Dr.laila Gardezi working for Population Services International (PSI) for Society for Family Health (SFH) Nigeria. How can the private providers be made more interested in FP services, which they perceive as non-profitable service while the community perceives it as expensive in private sector?

(28) Gael O'Sullivan: (25) Thanks Michael. Interesting point re: adolescents. What LAPMs are appropriate for this group? I usually think of young people as preferring short-acting methods. What other country experiences and lessons can people share re: effective strategies for generating LAPM demand?

(29) Soonie Choi: Hi Elaine and James, what do you see as the main differences of engaging the public vs. private sector?

(30) Benoit Mukendi: I have heard Dr James presentation is so great! We need to implement these methodes in the eastern part of Congo DRC, where our organistion is based, we are looking for potential partnership

(31) Lys **I**: Hi everyone! My name is Lys and I am currently writing my thesis on contraceptive security and I see that LAPMs are a very big topic. Does anyone have any thoughts on what is happening on the ground, specifically in Africa? I don't have a public health background, but this is a fascinating topic and I would love to be able to find more qualitative research on this issue.

(32) Susan Mitchell: One way that is being tried to make it profitable for individual for-profit providers to offer LAPMs is to integrate with other services they are already offering such as deliveries. Generating sufficient demand is also critical.

(33) Elaine MENOTTI*: re (29), thanks Soonie. One of the issues, which Maggie Farrell notes in her introductory remarks, is that it may be best to harness the potential of private providers by creating networks of them so that quality can be maintained and overseen, either as social franchises or through other looser networks.

(34) Benoit Mukendi: I agree with you Susan but something has to be done

(35) JAMES **HARCOURT***: Re (27): MSI franchises private providers into franchised networks. Often these are providers offering limited FP services (if at all). Whilst FP service delivery may not seem profitable comparative to other health services, integration of other health services is seen as a positive. By bringing providers into a marketed franchise, which can aid with supplies and equipment, client numbers can increase, along with quality, and surpluses can be generated by the private provider.

(36) Assistant Moderator: Re (31): Hi Lys, we can put together some resources/links for you and message them to you.

(37) Susan Mitchell: Benoit, we can look for other organizations working in DRC and make the linkage for you if you don't meet the partners you are looking for through this e-conference.

(38) Susan Mitchell: It's great to have so many participants on this chat based in Africa. What do you see as your main challenges, particularly on the demand side?

(39) Benoit Mukendi: that will be so great and appreciated Susan

(40) Assistant Moderator: Welcome to those who have just joined. Do you have any questions for Elaine or James?

(41) Elaine MENOTTI*: re (27) we do see private providers serving the poor with LA/PMs through social franchisees, for example, in the slums of Nairobi (PSI's Tunza franchise), including through a subsidized voucher scheme to offset the costs. These providers also offer other services such as maternity, immunization (in partnership with public sector), TB services, and so forth, and even diapers, soap and other items that can help generate additional income.*

(42) Gael O'Sullivan: For service providers such as MSI - how do you ensure provider quality, especially if there is low demand for methods such as the IUD? I'm wondering how providers can keep their skills up over time.

(43) MICHAEL NJUMA: hi Dr Gardezi, interesting question. It is true that the private sector here in SSA view FP services as non-essential. As James has highlighted, through social franchised systems, these private providers as helped to make FP a core service for them to offer and make returns thereof. For example, by linking these providers to free FP commodities

from the government stores, they can in turn offer the same at a small fee and subsequently benefit from economies of scale. Innovative approaches such as linking these private providers to a donor funded OBA (output based approach) voucher system can provide more financial incentive to offer these LAPMs on a routine basis.

(44) JAMES HARCOURT*: Re (42): Hi Gael, ensuring quality is crucially important. MSI undertakes quality checks of all service points at regular intervals, reviewing quality and ensuring a follow-up plan is in place for any action required. You are right, where demand for services is low, quality is more difficult to ensure. In these cases trainings are arranged etc. If numbers drop too low at a service point, MSI would want to ensure specific trainings tore-ensure quality of provision. Demand generation is key to ensuring numbers are reasonable to ensure quality.

(45) Gael O'Sullivan: Speaking of vouchers (43) - I have seen these work well for safe motherhood services, but am not familiar with successful voucher programs promoting LAPMs. Can anyone share examples?

(46) JAMES HARCOURT*: Re (29): Hi Soonie - great question!! I think one of the differences is the ability of the private sector to look into the possibility of task-sharing service provision to a greater extent than the private sector. In a number of countries, MSI programmes have task shifted the provision of tubal ligations from Dr to Clinical Officer lever, for example, to increase access and coverage. The public sectors in these countries are more rigid. MSI sees task sharing as critical in increasing access to LAPM*

(47) LG Gardezi: Thanks for good ideas about social franchise , OBA and integrated services...these are being tried but it's still a tall order. Continuous demand creation is also facilitative, and the more people start accessing services on their own, the economy of scale will be noticeable to providers, making it economically attractive also. A definite focus on continuous building of skills for greater confidence and self-starting by providers.....missed opportunities like PPIUD also get clients to access an IUD, and the cost cart of the delivery services.

(48) JAMES HARCOURT*: re (45): Hi Gael, MSI has a number of voucher programmes operational that include LAPM methods. I will look to post some information on these.

(49) Assistant Moderator: Hi everyone - the time now 10:20 EST. We have 10 more minutes so please ask your questions if you have them.

(50) Elaine MENOTTI*: Re (45) we are seeing many voucher schemes being rolled out for FP in the field, largely to offset the costs to the user in cases where a Long Acting or Permanent Method may be more costly than a short acting method. In some countries, short acting methods are readily available in the public sector or through community based distributors for free or private commercial outlets for a very low cost....

(51) Elaine MENOTTI*: We generally want to use a voucher for specific methods to address a particular challenge, such as lack of or limited availability of these methods in the public sector or elsewhere, or extremely high cost of these methods limits access of these methods for the poor. One of the things we discuss here at USAID is how do we promote a voucher for a select group of methods in the context of ensuring choice and access to a range of methods. MSI is implementing many of these voucher schemes (Madagascar, Cambodia, Pakistan), and as I referenced above, PSI's Tunza franchise offers a voucher for FP in Kenya.*

(52) MICHAEL NJUMA: Hi Gael, the OBA voucher scheme has been in operation here in Kenya for some time now targeting provision of LAPM methods in high demand, low supply areas. kFW has been rolling out such a scheme for private providers especially those located in urban poor areas. The response has been tremendous especially for the LAMs where nurses and clinical officers have skills to provide the same. However, for PMs, there are still gaps in qualified staff to offer these services where most needed.

(53) Susan Mitchell: Do you know if any of these LAPM voucher schemes are being evaluated?

(54) Elaine MENOTTI*: re (47) Very true. We often say that one of the best bets for sustainability is moving toward a widespread behavioral norm of contraception, perhaps first through ensuring access to FP through a range of outlets at free/low/subsidized prices, where women and men will then eventually demand and expect ready access to FP and the market will adjust to ensure availability for all.

(55) MICHAEL NJUMA: Hi James, what is the future hold for task sharing? Here in Kenya, I only know of 2 clinical officers who can perform PMs!! Should we concentrate on the other LAMs where we can achieve more?

(56) Susan Mitchell: Michael, can you clarify what the main issue is in Kenya? Is it training opportunities, regulatory barriers?

(57) Gael O'Sullivan: Chers collegues francophones,
Demain matin de 8:30 a 9:30am (heure locale a Washington DC) on vous offre en francais un chat en direct. Veuillez nous y rejoindre!

(58) MICHAEL NJUMA: hi Elaine, what is your opinion regarding OBA voucher schemes for LAPMs viz a viz client choice? Considering there is no similar scheme for SAMs.Is it worthwhile?

(59) victor rwengabo: It's high time we pressed the countries to enact policies allowing task sharing to enable many of the rural communities access LAPMs. some districts in Uganda don't have a single doctor!

(60) Elaine MENOTTI*: RE (53) Gates is currently conducting an impact evaluation with Pop Council. Awaiting the results! http://www.rhvouchers.org/

(61) JAMES HARCOURT*: Re (55): Hi Michael - MSI is extremely keen to promote task-sharing. We see this as essential in promoting access to LAPM (not just tubal ligations, but also the provision of implants etc.). On Alex le May's presentation (on this site) he outlines MSI's thoughts on task sharing of specific services. MSI is currently undertaking studies on a range of task sharing, looking at acceptability of service provision through 'lower-level' cadres of providers*

(62) Susan Mitchell: Couldn't agree more Victor. I think it will be important to hear from those that have succeeded in addressing the policy barriers to task shifting during this conference.

(63) Assistant Moderator: Please refer to the top right hand corner of your screen to link to the website Re (60).
Attached: Reproductive Health Vouchers Site

(64) JAMES HARCOURT*: Re (59): Absolutely Victor! One of the acceptability studies I referenced above is being carried out in Uganda (task sharing of tubal ligations) and so I hope this will be a building block to enact the policies you mention.

(65) Susan Mitchell: Kristen thanks for joining. The chat is closing shortly but we'd love to hear your experiences from Latin America. If you don't have time to post today hope you can join the chat tomorrow at 10:00!

(66) Elaine MENOTTI*: Re (58) I think many are split on this issue. On the one hand, why not offer a voucher for FP and ensure access to any and all of the methods? On the other hand, the reality is that at the time of "initiation" Long Acting and Permanent Methods are more expensive, so the costs to provider (in case of private sector) and user are more, so there is space to ensure these methods are equally accessible. Provision of long acting methods should also include removal, so vouchers must consider this additional service. However, short acting methods, since they are 'short acting' require multiple courses, so one could argue that over a period of time, the costs to client could be significant, assuming they are paying for these.*

(67) MICHAEL NJUMA: thanks Elaine.

(68) Elaine MENOTTI*: Signing off! Thanks for the great discussion. Good luck to all in working through these challenges to improve access.*

(69) JAMES HARCOURT*: Many thanks for all your comments and questions - very thought provoking around some key issues!

(70) Susan Mitchell: Thank you for joining today's chat. This chat is continuing in the discussion forums and the transcript will be posted. Hope to see you at tomorrow's chat. There will be one in English at 10:00 EST and one in French at 8:30 EST.