



HIFA Discussion on Family Planning #2 Empowering Health Workers for Better Family Planning

26 March - 22 April 2018

FULL TEXT (42pp)

With thanks to K4Health for financial support for this discussion, and to the members of the HIFA working group on Family Planning for their technical support.

<http://www.hifa.org/projects/family-planning>

Background to the discussion: <http://www.hifa.org/news/join-global-hifa-discussion-empowering-health-workers-better-family-planning>

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>

To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>

Subject: [hifa] HIFA & K4Health: Empowering Health Workers for Better Family Planning, 26 March to 22 April 2018

Dear HIFA colleagues,

On behalf of the HIFA working group on Family Planning, I am delighted to open our global HIFA discussion: Empowering Health Workers for Better Family Planning. This discussion is taking place here on HIFA. It starts Monday 26 March and will continue through to 22 April 2018. We invite everyone to share your experience and expertise.

Please forward this message to your contacts and networks and invite them to join us:

www.hifa.org/joinhifa

Here are some of the questions we'll discuss:

1. What do we know about those who provide FP advice and services (CHWs, midwives, nurses, doctors, etc.), including their knowledge, attitudes, and beliefs about FP?
2. What challenges are the providers facing?
3. What knowledge/training/support is needed by providers?
4. What can we do to better to support health workers who provide FP?

Further background here:

<http://www.hifa.org/news/join-global-hifa-discussion-empowering-health-workers-better-family-planning>

We are grateful to the Knowledge for Health (K4Health) project, Johns Hopkins Center for Communication Programs, for their sponsorship. This is the second of three planned discussion forums on family planning. Building on themes from the first HIFA discussion

held Sept-Oct 2017 (which focused largely on the FP information needs of women, men, youth and children), this new discussion will focus on the needs, challenges, new strategies and opportunities to help health workers improve family planning service provision. We will also highlight many useful resources, including the 2018 updated Global Family Planning Handbook.

The exchange is supported by experts in family planning at the World Health Organization (WHO), University of Oxford, the Guttmacher Institute, IntraHealth International, The Johns Hopkins Center for Communication Programs, and USAID.

Many thanks,
Neil

Joint Coordinator, HIFA Project on Family Planning
<http://www.hifa.org/projects/family-planning>

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HIFA profile: Neil Pakenham-Walsh is the coordinator of the HIFA campaign (Healthcare Information For All - www.hifa.org), a global health community with more than 17,000 members in 177 countries. He is also current chair of the Dgroups Foundation (www.dgroups.info), which supports 700 communities of practice for international development, social justice and global health. Twitter: @hifa_org FB: facebook.com/HIFAdotORG neil@hifa.org

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Family Planning (1) Q1. What do we know about those who provide FP advice and services?

Dear HIFA colleagues,

Welcome to the HIFA Thematic Discussion - Empowering Health Workers for Better Planning - supported by K4Health [www.k4health.org]. Over the coming 4 weeks we shall explore 4 questions relating to this theme. This week we invite you to consider Question 1:

Q1. What do we know about those who provide FP advice and services (CHWs, midwives, nurses, doctors, etc.), including their knowledge, attitudes, and beliefs about FP?

Who provides FP advice and services? We have listed CHWs, midwives, nurses, doctors, and other health workers. Who else? What do we know about their knowledge, attitudes and beliefs?

Knowledge, attitudes and beliefs around family planning are shaped by cultural, societal and other influences. Myths and misinformation around pregnancy and family planning are common among the general population [http://www.hifa.org/sites/default/files/publications_pdf/FP_Discussion%231_ShortEdit.pdf].

To what extent do these factors influence knowledge, attitudes and beliefs of health workers?
What is the quality and accuracy of FP advice given by different types of health worker?

Although our discussion is focused mainly on health workers, it is important to acknowledge that 'FP advice' is also provided by people who are not health workers (family, friends, religious leaders, school teachers...) and we welcome comments on these aspects also.

Are you, or have you worked with, an FP service provider? Can you share a personal experience or anecdote that relates to 'knowledge, attitudes, and beliefs about FP'? Your testimony is valuable to help us build a collective understanding.

Have you been involved in any research on this subject? Or would you like to recommend a relevant research paper or report?

Please send your messages to: hifa@dgroups.org

(The above question is a suggestion only - feel free to contribute on *any* aspect of FP at any time during the coming 4 weeks. Background and list of 4 questions is available here: <http://www.hifa.org/news/join-global-hifa-discussion-empowering-health-workers-better-family-planning>)

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Best wishes, Neil

Joint Coordinator, HIFA Project on Family Planning
<http://www.hifa.org/projects/family-planning>

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From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Family Planning (2) Q1. What do we know about those who provide FP advice and services? (2) Human rights versus social norms

(the message below is forwarded from our sister forum CHIFA: Child Health and Rights <http://www.hifa.org/join/join-chifa-child-health-and-rights>)

Dear all,

This topics is so complex and quite complicated depending on do many differens issues. Me coming from a quite liberal environment (Sweden) but working in a quite conservative

environment (Kenya) really makes me realise this complex it. That it many times has more to do with the societies views and and health care providers believes and needs that the actual woman needs and right to make decisions about her own body. Here is a new article just published on the topics:

"Human rights versus societal norms: a mixed methods study among healthcare providers on social stigma related to adolescent abortion and contraceptive use in Kisumu, Kenya"
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5841529/>

Best, Sara

CHIFA profile: Sara Tornquist is a Midwife at Karolinska University Hospital, Sweden. Professional interests: Breastfeeding, respectful maternity care, equality, equity, universal health care. Email address: saratornquist1 AT gmail.com

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From: "Andre Shongo Diamba, USA via Dgroups" <HIFA@dgroups.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Family Planning (3) Q1. What do we know about those who provide FP advice and services? (3)

Thank Dr Neil about this interesting discussion.

Yes, we certify from the ground that family planning providing services is the result of a channel of stakeholders belonging to health field and from outside.

The training on Family Planning and the services availability are the main elements of family planning program. There is three stages on which the training will focus; the sensitization, the distribution and social marketing of contraceptives, and contraceptive methods services providing.

Usually, CHWs, midwives, nurses, doctors are able to do the best work in two first stages.

However , whether the CHWs and midwives can also provide the community based distribution of non-clinic contraceptives methods in one side, only nurses and doctors are often authorized to provide clinic methods (implant insertion, surgical methods - vasectomy, tubal ligation).

Whether involved in family planning, the midwives play a role of convicting and leading women and mother to be enrolled in program. The CHWs very close to community contribute to demand creation, and know about contraceptive need and the unmet needs for family planning. In hospital, nurses are in contact with women, pregnant women, and mothers in the maternity, and play often the interface role from demand creation to services providing. The Doctors involvement can be direct during a medical consultation, by often, that is done when women/ couples in need are referred to them by nurses.

As we see, all providers need to be committed; usually they are committed to do that.

But, for one or another reason, whether someone among those providers undertakes a discouragement campaign by spreading the fake information's, the barrier will be hard to remove. The traditional or religious believes are among the main factors that push some providers to be counterproductive in Family planning field.

We saw some users deeply engaged in family planning for themselves but by driving their families' members, friends and other members of communities. What we know about them are some are experienced closest pregnancies challenges, other have losing their friends, sisters, other again know the benefit of space birth or limit it and its subsequent welfare advantages. These proximity sensitizer' clients exist in each community. Some among them able to act as midwives, CHWs then that other are practicing nurses and doctors. We can go ahead by providing to them the corresponded training.

Thank you

HIFA Profile: Andre Shongo Diamba is a medical doctor, currently in GLOBAL HEALTH SYSTEM AND DEVELOPMENT training, a master in public health program at Tulane University, school of health and tropical medicine, New Orleans, USA. Previously, Andre worked as coordinator at PISRF- Programme Integrale de sante reproduction et familial (Integrated program of reproductive health and Family), a DRC participative NGO of family planning and reproductive health who provide awareness and care in favor of women and children of low social area , and toward this group to whole community. PISRF undertake sociological, public health and biomedical research in the matter, it encourage the humanitarian and research project and open his availability to all. Andre has a tremendous experience in providing community reproductive health projects such information, communication education; provide care and leading the research. He has participated at many international conferences in the field of reproductive health and population, health, environment. Andre is interesting to provide the Millennium Development Goal (MDG) in the DRC and very engaging, He pleads for public private partnership and the improving of use of mobile phone as a network able to raise the awareness of reproductive health and support the country commitment to do progress in this matter. He received the HIFA Country Representatives certificate of achievement in 2013, and is writing two books as help memory to facilitate the one-to-one members contact.

<http://www.hifa.org/people/countryrepresentatives/map> Andre can be contacted at pisrfrdcATyahoo.fr

From: "Daniel Rivkin, USA" <rivkind@med.umich.edu>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Family Planning (3) Q1. What do we know about those who provide FP advice and services? (3) Human rights versus social norms (2)

Excellent article reference from Sara Tornquist!

["Human rights versus societal norms: a mixed methods study among healthcare providers on social stigma related to adolescent abortion and contraceptive use in Kisumu, Kenya"
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC5841529/>]

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From: "Daniel Rivkin, USA" <rivkind@med.umich.edu>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Family Planning (4) Introduction: David Rivkin, USA - Center for International Reproductive Health Training

Greetings!

Thank you for curating this excellent international exchange.

I am particularly interested in Family Planning and so want to introduce myself to the group.

I work at the Center for International Reproductive Health Training (CIRHT) at the University of Michigan. The Center is focused on academic partnerships with medical, nursing and midwifery schools in the developing world, to integrate pre-service training in contraception and safe abortion care into the curricula, and support faculty in their teaching and research capacities. With knowledge, those healthcare professionals are better positioned to help women decide for themselves what the best options are for managing their reproductive lives. With increased research capacity, evidence-based policy can evolve which will lead to better service and healthier outcomes for women and girls around the world.

CIRHT is currently working with 10 partner universities in Ethiopia, and the University of Rwanda has just launched a partnership (<http://cirht.med.umich.edu/2018/03/14/university-of-rwanda-launches-partnership-with-cirht-for-pre-service-education-training-in-family-planning/>).

We publish a monthly News Review of the most important Family Planning stories affecting Africa and the world. (<http://cirht.med.umich.edu/news-review/>).

On a personal note, I have worked in many African countries on and off for the past 25 years, as a journalist for Reuters and as a strategic communications advisor and producer. I feel very fortunate to be able to do this work.

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From: "Peggy DAdamo, USA" <mdadamo@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Family Planning (5) Q1. What do we know about those who provide FP advice and services? (4) FP providers in drug shops and pharmacies

Dear Neil and HIFA colleagues,

In response to the question about what we know about those who provide FP advice and services (CHWs, midwives, nurses, doctors, etc.), I would like to alert members to a group of providers who are often at the front line of providing services in many countries --- people who work in drug shops and pharmacies. This is especially true in rural areas where there are not as many public or private clinics and for certain groups of people.

We should pay special attention to making sure that these providers are well trained and ready to provide clients who are seeking information or methods with correct information and good counseling. This is even more true when we consider critical health-worker shortages, poorly stocked clinics, and high unmet need for family planning in many countries. With the right training and support, pharmacy and drug-shop staff can facilitate the use of modern contraception, especially in urban slums and rural areas where the unmet need is high, access is poor, and health-worker shortages and other barriers prevent people from accessing family planning services.

I would like to recommend that HIFA members take a look at this Family Planning High Impact Practice brief. [<http://www.fphighimpactpractices.org/briefs/drug-shops-and-pharmacies/>] It argues that drug shop and pharmacy staff can provide a wide range of methods including:

- male and female condoms
- combined oral contraceptives
- injectable contraceptives (for example, pharmacies and drug shops can sell injectables and refer women elsewhere for the injection)
- emergency contraception

Drug shops are also convenient places for men, boys and young people in general to get information about contraception.

The brief also suggests two excellent resources for additional information which may be useful to HIFA members in their own work:

Youth-Friendly Pharmacy Program Implementation Kit [http://www.path.org/publications/files/RH_PPIK.pdf]: Guidelines and tools for implementing a youth-friendly reproductive health pharmacy program. The kit provides guidelines, ideas, and prototype materials for designing and implementing a pharmacy capacity-strengthening project. This kit is intended to guide program managers in the development of a pharmacy training initiative and can be adapted as needed to ensure suitability in a variety of environments. It includes a pharmacy personnel training curriculum and prototype materials. Developed by PATH.

Good Pharmacy Practice [<http://apps.who.int/medicinedocs/en/d/Js18676en/>]: Joint FIP/WHO guidelines on good pharmacy practice: standards for quality of pharmacy services. This guide from WHO and the International Pharmaceutical Federation was published in 2011 and is the best overall guide on good pharmacy practice.

Warm regards,
Peggy D'Adamo/USAID

Peggy D'Adamo - mdadamo@gmail.com

HIFA profile: Peggy D'Adamo works as Technical Advisor to the Policy, Evaluation and Communication Division of the Office of Population and Reproductive Health in USAID's Global Health Bureau. She works on knowledge sharing and ICTs. Peggy was previously Deputy Project Director of the INFO Project, based at the Johns Hopkins Bloomberg School of Public Health Center for Communication Programs, Baltimore, USA. She is a member of the HIFA working group on Family Planning.
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From: "Shabina Hussain, USA" <hussain.shabina@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Family Planning (6) Q1. What do we know about those who provide FP advice and services? (5) Human rights versus social norms (3)

Yes very much relevant! Similar situation and social attitudes against abortion are prevalent in other regions/countries of the developing world.

Reducing global maternal mortality to <70 by 2030 is a goal worth pursuing.

More research and social & political education to create and implement policies that improve women's reproductive/sexual health rights globally are needed.

Thanks for sharing the article.

Sincerely

Shabina Hussain, MBBS, DPH, MPH
Tumwater, WA 98512
Phone 360-481-4699

HIFA profile: Shabina Hussain is an independent global health consultant and is based in the USA. Professional interests: Maternal & Child Health, Family Planning, Reproductive & Sexual Health, women's rights, survival of girl child, poverty eradication, Prevention of Infectious diseases. hussain.shabina@gmail.com

From: "Susana Guijarro, Ecuador" <susanaguijarro@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Date: Mon, 26 Mar 2018 18:59:06 GMT
Subject: [hifa] Family Planning (6) Introduction: Susana Guijarro, Ecuador -
Pregnancy in adolescents

[*see note below]

Intereses profesionales: Soy médica salubrista y especialista en medicina de la adolescencia.

Yo dirigí en el Ministerio de Salud Pública del Ecuador el programa de adolescencia y de prevención del embarazo en la adolescencia. Ecuador es el país que tiene uno de los indicadores más altos de embarazo no intencional en los adolescentes, especialmente en los menores de 15 años de edad.

Actualmente trabajo en la maternidad más grande del país en la cual tenemos un servicio para atención integral de adolescentes embarazadas

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Susana Guijarro Paredes
cel. (593) 9760 5050
tel. (593) 2244 3914
Quito - Ecuador

HIFA profile: Susana Guijarro is a doctor at the Ministry of Public Health in Ecuador. Professional interests: Ecuador is the country that has one of the highest indicators of unintentional pregnancy in adolescents, especially in minors under 15 years old. susanaguijarro AT gmail.com

[*Note from HIFA moderator (Neil PW): Thank you Susana, and welcome to HIFA. For the benefit of those who do not speak Spanish, here is a translation: "Professional interests: I am a medical doctor and specialist in adolescent medicine.

I directed the adolescent and adolescent pregnancy prevention program in the Ministry of Public Health of Ecuador. Ecuador is the country that has one of the highest indicators of unintended pregnancy in adolescents, especially in those under 15 years of age.

Currently I work in the largest maternity in the country in which we have a service for comprehensive care of pregnant teenager"
HIFA is in collaboration with WHO, PAHO and the Andalucian School of Public Health to launch HIFA-Spanish within the next 2 months. Further information will be available soon here on HIFA English]

From: "Sarah Harlan, USA" <sarah.harlan@jhu.edu>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Family Planning (8) Q1. What do we know about those who provide FP advice and services? (6) Family Planning Voices

Hi all,

My name is Sarah Harlan, and I work for the Johns Hopkins Center for Communication Programs (CCP). I'm the Partnerships Director with the USAID-funded Knowledge for Health (K4Health) Project, and I'm also on the advisory group working to plan these HIFA Family Planning/Contraception forums. I'm excited for this second discussion forum!

When we think about those who provide family planning and contraceptive services, it is important to cast a wide net. Here in the United States, my friends and family members often think of 'family planning providers' very narrowly – doctors, nurse practitioners, etc. However, in most of the countries where we work, contraceptive services are provided by a range of providers at all levels. In Indonesia, for example, most family planning is provided by midwives, whether public or private. In other countries, it is most often provided by community health workers. Some methods can only be provided by medical doctors, others by a range of individuals. In other words, those who provide FP advice and services are a complex, diverse group.

Keeping all this in mind, I find it helpful to hear directly from those on the frontlines about what their challenges are – and how they're working to ensure quality care for their clients. Two years ago, K4Health and FP2020 launched Family Planning Voices (FP Voices) to document and share personal stories from people around the world who are passionate about family planning. Many of these individuals are providers of family planning. Reading their stories, you can get a sense of how broad their experiences and challenges are. I've pasted just a few here:

1. Dr. Fred Yao Gbagbo's provides clinical care in Ghana. Read (and listen to) the powerful story behind his decision to work in family planning and reproductive health: <http://fpvoices.tumblr.com/post/143001910260/dr-fred-yao-gbagbo-director-of-clinical>
2. Emma Maravilla is a community health worker in the Philippines. She talks about her experience using family planning and how that helps her provide care to her clients: <http://fpvoices.tumblr.com/post/168748824842/emma-p-maravilla-community-health-worker>
3. Robina Anene is a nurse manager in Kenya, who realized the myths and misconceptions that her clients bring with them when they visit her clinic: <http://fpvoices.tumblr.com/post/168007892672/robina-anene-nurse-manager-mukuru-health-centre>
4. Patricee Douglas is a medical intern in Guyana. Read about her interactions with patients and what makes her rejoice: <http://fpvoices.tumblr.com/post/157608216246/patricee-douglas-medical-intern-georgetown>

5. Iga Paul Jembelyambuži™s is a co community mobilizer in Uganda. Read about his work sharing information about vasectomy with his community:

<http://fpvoices.tumblr.com/post/153298674195/iga-paul-jembelyambuži-community-mobilizer>

I encourage you to keep these stories in mind through this discussion and to read more at www.fppvoices.org. You can even search for service provider (<http://fpvoices.tumblr.com/tagged/service-provider>) to read a range of stories from those providing essential FP services daily.

Best,
Sarah Harlan

HIFA profile: Sarah Harlan is the Director of Learning & Partnerships with the Knowledge for Health Project (K4Health) at Johns Hopkins Center for Communication Programs (CCP), US. Professional interests: Reproductive Health, Family Planning, HIV Prevention, Knowledge Management, Strategic Communication. She is a member of the HIFA working group on Family Planning.

<http://www.hifa.org/projects/family-planning>

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From: "Nandita Thatte, Switzerland" <thatten@who.int>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Family Planning (9) WHO Tool to Monitor Human Rights in Contraceptive Services and Programmes and a Checklist for Providers

Dear HIFA Colleagues,

It has been great following the discussion on Empowering Health Workers! The issue of ensuring Human Rights is important when providing all health services including Family Planning and is a hallmark of good quality services. WHO recently published a guide to help Monitor Human Rights in the Provision of Contraceptive Services as well as a Checklist for Health Providers to assess Quality of Care based on Human Rights standards.

This tool is intended for use by countries to assist them in strengthening their human rights efforts in contraceptive programming. The tool uses existing commonly-used indicators to highlight areas where human rights have been promoted, neglected or violated in contraceptive programming; gaps in programming and in data collection; and opportunities for action within the health sector and beyond, including opportunities for partnership initiatives.

For more information and to download the guide, visit:

<http://www.who.int/reproductivehealth/publications/contraceptive-services-monitoring-hr/en/>

To download the Checklist for Health Providers, visit:

<http://www.who.int/reproductivehealth/publications/qoc-contraceptive-services/en/>

Please note that these documents builds on previous work by WHO and UNFPA including an Implementation Guide to ensure Human Rights in Service Delivery:

http://www.who.int/reproductivehealth/publications/family_planning/hr-contraceptive-service-delivery/en/

Looking forward to following the discussion and hearing how these tools might be used in the field!

Best, Nandita
IBP Secretariat

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IBP 2017 Annual Report

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To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Family Planning (10) Women's groups

Below are extracts from an article from PSI Impact (global health news commentary). Full text here:
<http://psiimpact.com/2018/03/contraception-game-changers/>

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In Kenya, more than half of women who want contraception have access to it. But in places like Kilifi on the eastern coast, 'Mwenye Syndrome'— the belief that a husband 'owns' his wife — keeps many women from accessing the family planning they desire.

But across the country, it's women volunteers, community health workers, doctors and researchers who are changing the game. Many women are becoming experts at spreading the 'gospel' of family planning.

The women below are speaking up in support of contraception as part of a new pilot project implemented by PSI and its local network member, PS Kenya. With a seed investment from Maverick Collective, the project aims to improve access to contraception for women in underserved areas of Kenya like Kilifi...

'There are so many myths and misconceptions. I give women the truth about family planning so they have all the information they need to choose.'

Lydia Indetie puts on her red apron filled with various contraceptive samples, grabs her colorful book of infographics and gets ready for another presentation. More than a dozen women crowd under a

makeshift tin porch along a dusty Nairobi street, many holding babies in their laps. They are here this afternoon to learn about family planning methods, either for themselves or for their daughters.

Lydia has been working as a health educator in the low-income neighborhood of Dandora for 15 years, first as a community health volunteer and now as a 'mobilizer' for the local Tunza health clinic. So she is not surprised when one woman asks if a contraceptive implant in the arm can travel through the body to the heart. Or when another woman says she's heard that all contraceptive methods cause cancer...

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Best wishes, Neil

Joint Coordinator, HIFA Project on Family Planning

<http://www.hifa.org/projects/family-planning>

Let's build a future where people are no longer dying for lack of healthcare information - Join HIFA: www.hifa.org

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To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>

Subject: [hifa] Family Planning (11) Engaging girls in adolescent programming

Dear HIFA and CHIFA colleagues,

(with thanks to Dieter Neuvians and HESP News)

She knows best: Engaging girls in adolescent programming

by Rita Nehme and Nathaly Spilotros

International Rescue Committee (IRC), 2018

<https://www.rescue.org/sites/default/files/document/2595/packardasrh20180321.pdf>

'Young people, particularly girls, encounter significant barriers to accessing quality health care, including provider bias, age restrictions or stigmatization when seeking services, and concerns about confidentiality. Unprotected and early sex, early pregnancies, and STIs increase and childbearing risks are compounded. The IRC's multi-pronged approach aims to address foundational facility and community-level barriers that prevent adolescents from accessing, using and receiving quality sexual and reproductive health (SRH) care. It also introduces a participatory framework to meaningfully integrate their participation in all aspects of the program cycle.'

'A total of 40 in and out of school adolescent girls and health providers across all three pilot sites participated in the activities.'

SELECTED EXTRACTS

'A strong theme that was prevalent throughout the activities was the emphasis on attitudes and stigma surrounding adolescent sexual and reproductive health, which was consistent with the findings from the baseline facility assessment and health provider questionnaires. All of the groups mentioned aspects of poor attitudes, whether specifically by citing 'staff attitudes' as a barrier, commenting on the poor reception that adolescents receive when trying to access services at the health center, or stating that parents may not encourage their daughters to access services.'

'Another significant finding was the emphasis on lack of information that teenage girls have surrounding their sexual and reproductive health and the services available to them. While they could name much of the anatomy of the reproductive system, they were not always clear on what purpose each part served. This was also evident during the discussion on prevention of pregnancy, methods of modern contraception and the positive and negative side effects. All groups continually brought up the theme of lack of information or knowledge for adolescents and emphasized this as a priority in trying to increase adolescent access to sexual and reproductive health care.'

--

Best wishes, Neil

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HIFA profile: Neil Pakenham-Walsh is the coordinator of the HIFA campaign (Healthcare Information For All - www.hifa.org), a global health community with more than 17,000 members in 177 countries. He is also current chair of the Dgroups Foundation (www.dgroups.info), which supports 700 communities of practice for international development, social justice and global health. Twitter: @hifa_org FB: facebook.com/HIFAdotORG neil@hifa.org

From: "Amy Oggel, USA" <aoggel@intrahealth.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Family Planning (12) Q1. What do we know about those who provide FP advice and services? (7) Knowledge, attitudes, and beliefs of FP service providers

Dear Neil and HIFA colleagues,

I am intrigued by Neil's question about health workers' knowledge, attitudes, and beliefs around family planning, and how those might impact service delivery. I was interested in what research has been done on attitudes of health workers and how those attitudes impact the delivery of family planning. One literature review on providers in Sub-Saharan Africa found that, 'Negative behaviors and attitudes of healthcare workers, as well as other personal determinants, such as poor knowledge and skills of SRH services, ... are associated with provision of inadequate SRH services. Some healthcare workers still have negative attitudes towards young people using contraceptives and are more likely to limit access to and utilization of SRH by adolescents especially. Knowledge of and implementation of specific SRH components are below optimum levels according to the WHO recommended guidelines.'• <https://www.poline.org/node/663269>

Best,
Amy

HIFA profile: Amy Oggel is a Program Officer at IntraHealth International, USA. Email address: aoggel AT intrahealth.org

From: "Amy Oggel, USA" <aoggel@intrahealth.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Family Planning (13) Introduction: Susana Guijarro, Ecuador -
Pregnancy in adolescents (2)

[English below]

Queridos Susana y colegas de HIFA,

El comentario de Susana sobre la prevención de embarazo en adolescentes me interesó sobre todo en cuanto a las dificultades que los adolescentes muchas veces enfrentan para poder obtener servicios de planificación familiar. En los EEUU, puede ser difícil que las adolescentes obtengan anticonceptivos reversibles de larga duración (ARLD/LARC), y las creencias de los proveedores es una de las barreras. Tres artículos sobre el asunto en POPLINE:

<https://www.popline.org/node/567078>, <https://www.popline.org/node/652877>,
<https://www.popline.org/node/644053>.

Saludos,
Amy

Dear Susana and HIFA colleagues,

Susana's comment about the prevention of pregnancy in adolescents caught my attention because of the difficulties that adolescents often face in obtaining family planning services. In the US, it can be difficult for female adolescents to obtain long-acting reversible contraception (LARC), and provider beliefs is one of the barriers. Three articles on this topic in POPLINE:

<https://www.popline.org/node/567078>, <https://www.popline.org/node/652877>,
<https://www.popline.org/node/644053>.

Best,
Amy

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Family Planning (14) Adolescent sexual and reproductive
health in Pakistan

A paper in Global Health: Science and Practice introduces work on SRH in Pakistan: 'Pakistan has long been a challenging setting for the promotion of adolescent sexual and reproductive health (SRH). As in many other countries worldwide, there is little acknowledgment that adolescents have sex, whether consensual or coerced, before marriage and many believe that exposure to sexuality education will incite unwanted behavior. Furthermore, despite the fact that many adolescent girls marry early, there is also little acknowledgment that married adolescents need to be proactively prepared to meet their SRH needs and promote their well-being.'

CITATION: Building Support for Adolescent Sexuality and Reproductive Health Education and Responding to Resistance in Conservative Contexts: Cases From Pakistan
Venkatraman Chandra-Mouli, Marina Plesons, Sheena Hadi, Qadeer Baig, Iliana Lang
Global Health: Science and Practice March 2018, 6(1):128-136; <https://doi.org/10.9745/GHSP-D-17-00285>

'... This article reviews the work of 2 organizations—Aahung and Rutgers Pakistan—that are successfully implementing large-scale sexuality education programs in Pakistan, collectively reaching more than 500,000 students. This review aims to answer the following questions: (1) How did Aahung and Rutgers Pakistan work to understand Pakistani society and culture and shape their programs to build community support? (2) How did Aahung and Rutgers Pakistan overcome resistance to their efforts? Results: The success of Aahung and Rutgers Pakistan was grounded in their readiness to understand the nuanced context within the communities, collaborate with groups of stakeholders — including parents, school officials, religious leaders, media personnel, and adolescents themselves — to ensure support, and stand up to forces of resistance to pursue their goals... We call on other programs to continue sharing challenges, specifically related to resistance, with sexuality education programs in order to develop a toolbox of additional strategies for community uptake.'

I have invited the authors to join us to look further at these issues.

Best wishes, Neil

Joint Coordinator, HIFA Project on Family Planning

<http://www.hifa.org/projects/family-planning>

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Subject: [hifa] Family Planning (15) Q1. What do we know about those who provide FP advice and services? (8) Family Planning Voices (2)

Reply-To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>

Dear Sarah (Harlan),

Many thanks for sharing these interesting stories. I was particularly interested to read this one:

Luncho Bedaso, Model Woman, Volunteer and Member of Village Health Committee, SHARE-BER Project

Wesha Kebele, West Arsi Zone, Oromia Region, Ethiopia

<http://fpvoices.tumblr.com/post/170263476566/luncho-bedaso-model-woman-volunteer-and-member>

'One of the criteria to be a 'model woman' is to be a family planning user. I myself had started to use family planning the long-acting one, which was implanted under my arm. So being a 'model woman,' I have to share my experience and the benefits that I get. I just gather the women, and in front of them, I'll show them my arm, and I tell them that there is a small piece of implant in my arm. It is nothing. There are no difficulties that I'm facing. The only thing that it means is that for one or two days, we may not do heavy work with our hands... But [the implant is hidden] and cannot be exposed to others easily. No one knows we are using it, but we benefit from it. Previously, most of the women in the community explained that the religious leaders opposed [family planning] that religion

forbids use of family planning. They talked as if it is a sin. But after the religious leaders were engaged with us, after they got a workshop and we organized together as a village health committee, things got simpler and simpler. This is what we did...'

This emphasises the importance of engaging religious leaders in family planning and establishing official support from village health committees.

I look forward to hearing other testimonies from frontline providers of FP advice and services.

Best wishes, Neil

Joint Coordinator, HIFA Project on Family Planning

<http://www.hifa.org/projects/family-planning>

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From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>

To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>

Subject: [hifa] Family Planning (16) Highlights of Week 1

Dear HIFA colleagues,

A big thank you to all who shared their experience during our first week of discussion on Empowering Health Workers for Better Family Planning.

We have looked particularly at Question 1:

Q1. What do we know about those who provide FP advice and services (CHWs, midwives, nurses, doctors, etc.), including their knowledge, attitudes, and beliefs about FP?

Here are a few selected highlights:

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Sarah Harlan, USA: "In most of the countries where we work, contraceptive services are provided by a range of providers at all levels. In Indonesia, for example, most family planning is provided by midwives, whether public or private. In other countries, it is most often provided by community health workers. Some methods can only be provided by medical doctors, others by a range of individuals. In other words, those who provide FP advice and services are a complex, diverse group..."

Sarah Harlan, USA: "Two years ago, K4Health and FP2020 launched Family Planning Voices (FP Voices) to document and share personal stories from people around the world who are passionate about family planning. Many of these individuals are providers of family planning."

Peggy D'Adamo, USA: "I would like to alert members to a group of providers who are often at the front line of providing services in many countries --- people who work in drug shops and pharmacies... With the right training and support, pharmacy and drug-shop staff can facilitate the use of modern contraception, especially in urban slums and rural areas where the unmet need is high, access is poor, and health-worker shortages and other barriers prevent people from accessing family planning services... take a look at this Family Planning High Impact Practice brief:

<http://www.fphighimpactpractices.org/briefs/drug-shops-and-pharmacies/> "

Daniel Rivkin, USA: "We publish a monthly News Review of the most important Family Planning stories affecting Africa and the world. <http://cirht.med.umich.edu/news-review/> "

Nandita Thatte, Switzerland: "The issue of ensuring Human Rights is important when providing all health services including Family Planning and is a hallmark of good quality services. WHO recently published a guide to help Monitor Human Rights in the Provision of Contraceptive Services as well as a Checklist for Health Providers to assess Quality of Care based on Human Rights standards...

<http://www.who.int/reproductivehealth/publications/contraceptive-services-monitoring-hr/en/>

<http://www.who.int/reproductivehealth/publications/qoc-contraceptive-services/en/>

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Comment (Neil PW): It's notable that almost all the contributions so far have been from the USA (indeed, most have been from members of the HIFA Family Planning working group!). We would love to hear more from frontline health workers, policymakers, researchers, information professionals and patients in low- and middle-income countries. If you have been a provider or user of family planning services in LMICs, and have experience to share, please email hifa@dgroups.org

Many thanks, Neil

Joint Coordinator, HIFA Project on Family Planning

<http://www.hifa.org/projects/family-planning>

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From: "Gwewasang Martin, Cameroon via Dgroups" <HIFA@dgroups.org>

To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>

Subject: [hifa] Family Planning (17) Q1. What do we know about those who provide FP advice and services? (9)

Hey every!

Gwewasang Martin just joining the discussion group from Cameroon. It is often said that it is better to be late than never.

I have been working of Family Planning (FP) programs since September 1995, when there were no training schools for FP in Cameroon. The ground experience I have for the past 22 years working in

these programmes in both rural and urban areas is that everybody (trained or not trained) provide FP services, but not advice. The reason is simple. Government has been battling it out with the population on illegal sales of generics including FP piles and even injectables by vendors to no avail.

In the 90s, midwives and a few Medical Doctors (Gynecologist) were responsible for providing FP advice and services, but only few clients were getting these services. But unfortunately, the training of midwives was suspended several years back and was re-launched in 2011. This caused a lot of frustration within the field. The few midwives, who did the training many years back (out of the country) were retired, some died, some left the field, and majority of them left for greener pastures. The work was then left in the hands of the Doctors. Because only the public hospitals (central, regional and district hospitals) were permitted to provide FP, and most of the Doctors were civil services, they also monopolized the provision of FP. Another problem was that there is poor collaboration between government doctors and private doctors. They treat private doctors with a lot of disrespect. The programs also come with incentives (per-diem) and so they wouldn't allow the private providers (no matter how experience there are) to get involved.

I think with the introduction of the training of midwives again by the ministry in 2011, will allow many more qualified midwives and nurses including CHWs to be trained to provide effective FP advice and services. Reproductive health/FP programmes have been recognized by the government in 2011 and are now also authorizing new schools, projects and non-profits organisations to train FP providers to work in communities where the government can't reach.

I recommend that drug vendors should be trained to provide FP methods with correct information and good counseling, instead of allowing them to work illegally. After all, there are the first points of contact with the clients. This will help to reduce corruption and encourage good accountability within the system. Finally, there is a growing shortage of trained providers, inadequate and poor clinics and stock-out for the various methods.

HIFA profile: Gwewasang C Martin is a Clinician, Researcher and Sexual & Reproductive Health Consultant. He is the Founder & CEO of Adele Reproductive Health Foundation, the project of the Clinical Training Center for Family Planning and Co-founder of the Youth Policy Group for Reproductive Health (YPG). He is also HIFA Country Representative in Cameroon. Professional interest, Family health, community & School health, Maternal & Child Health and Alternative & Complementary Medicine. Gwewasang is a HIFA Country Representative for Cameroon.

<http://www.hifa.org/people/country-representatives>

<http://www.hifa.org/support/members/gwewasang>

adele_healthcentre AT yahoo.fr

From: "Olajumoke Onaolapo, Netherlands" <eniolami13@gmail.com>

To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>

Subject: [hifa] Family Planning (18) Q1. What do we know about those who provide FP advice and services? (10) Knowledge, attitudes, and beliefs of FP service providers (2)

Dear Neil, Amy and other HIFA Colleagues,

In addition to Amy's contribution, I am a family planning service provider and also train both skilled and unskilled service providers in Nigeria before my masters. These are picked from my MPH thesis findings:

Sometimes provider bias emanates from a "protective behaviour". SPs [service providers] limit access based on their own values, norms, and culture and decides who should or not use a method

considering the client's age, parity, and marital status. Unmarried clients can access less effective male condoms and emergency contraceptive pills (ECPs) but most providers will not want to give more effective or LARC such as IUDs, implants or injectable thus forcing them to use less effective methods which might not be the client's choice (Schwandt et al, 2017)

Young people had negative experiences and were judged as being promiscuous. Providers gave religious advice instead of contraceptive services. This prevents young and unmarried to access sexual reproductive health services when needed subsequently (Hebert et al, 2013)

Provider's attitude is driven by various reasons as reported in different studies. It is sometimes related to the gender of those accessing the method and the method of choice. As revealed in a study, male condom doubles as the most widely used and with the least provider bias. This is said to be associated with the fact that the society is less restricting with unmarried young men without children when it comes to sexual behavior and use of contraception than the women in the same group (Schwandt et al, 2017).

Another study revealed some providers are biased because the providers are not well informed about certain health conditions and a method, such as concerns about IUDs and increase risk of infections. FP guidelines might be outdated, not available or the providers might not adhere to the instructions in the guidelines. They might also lack training/mentoring to equip them with updated skills, knowledge and attitude which would have limited or prevented bias (Calhoun et al, 2013).

Regards,
Olajumoke Onaolapo (Jummie)

HIFA profile: Olajumoke Onaolapo recently completed MPH at the Royal Tropical Institute (KIT) in the Netherlands. Professional interests: Sexual Reproductive Health, Adolescents, Quality Improvement and Systems Strengthening. eniolami13 AT gmail.com

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Family Planning (19) Q2. What challenges are FP service providers facing?

Dear HIFA colleagues,

Welcome to Week 2 of our 4-week global discussion on Empowering Health Workers for Better Family Planning!

This week we invite you to explore Question 2:
Q2. What challenges are FP service providers facing?

Are you (or have you worked with) an FP service provider? We would love to hear what have been the major challenges to providing high-quality services. Such challenges may be to do with inadequate support - in previous discussions we have used the acronym SEISMIC to describe some of the fundamental needs to empower any health worker: Skills, Equipment, Information, Systems support, Medicines, Incentives (including a decent salary), and Communication facilities. For FP service providers, there are doubtless other challenges, including social, cultural and religious.

We look forward to your contributions: Email: hifa@dgroups.org

Further background here:

<http://www.hifa.org/news/join-global-hifa-discussion-empowering-health-workers-better-family-planning>

Many thanks,
Neil

Joint Coordinator, HIFA Project on Family Planning
<http://www.hifa.org/projects/family-planning>

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From: "Shabina Hussain, USA" <hussain.shabina@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Family Planning (20) Q2. What challenges are FP service providers facing? (2) Human rights versus social norms (4)

Answering this question as someone who has extensively worked as a FP service provider and also worked with FP service providers in LMIC. I have felt social-cultural norms play a huge role at the point of care.

I have observed my colleagues asking for parental consent in case of adolescent girls needing FP services (contraception or abortion) and also insisting on spousal consent for female patients needing abortion or D&C for incomplete abortions.

While helping develop a training manual for FP service providers (I was coordinating a consortium of academic medical educators and service providers in 2001), I stressed the need of providing services to a female patient without creating social difficulties for her by compromising on her privacy and insisting on unnecessary consent from the family members. Often it is a life and death situation for female patients who need the services due to incomplete unsafe abortions, just because they couldn't access the services without compromising their privacy.

Shabina Hussain

HIFA profile: Shabina Hussain is an independent global health consultant and is based in the USA. Professional interests: Maternal & Child Health, Family Planning, Reproductive & Sexual Health, women's rights, survival of girl child, poverty eradication, Prevention of Infectious diseases. hussain.shabina@gmail.com

From: "Amy Oggel, USA" <aoggel@intrahealth.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Family Planning (21) Q2. What challenges are FP service providers facing? (3) Availability of FP methods

Dear HIFA colleagues,

I have worked with small, nonprofit, reproductive health and family planning clinics in Latin America. Regarding FP, the principal challenge they face is being able to obtain and stock a sufficient quantity and variety of methods.

The value add of these nonprofit clinics is the quality of care that is administered in terms of customer service and methods availability and mix, as compared to the public health centers operated by the Ministry of Health, which frequently experience stock-outs of methods.

Since the nonprofit clinics are small, their buying power is reduced, which means they don't get the price breaks given to larger purchasers. Because of this, it's a challenge to provide the methods at a low/competitive price and still earn money from them.

In addition, it can sometimes be difficult to find all the methods the clinics would like to stock. Jadelle and female condoms, as well as a variety of male condoms and oral contraceptive pills (typically just one male condom and one - or maximum two - types of OCPs are stocked), are usually the methods most difficult to find, and then purchase at a reasonable price.

Being able to stock a sufficient quantity and variety of FP methods ensures that these clinics maintain their competitive edge and are able to give clients their choice of FP method.

Best,
Amy

HIFA profile: Amy Oggel is a Program Officer at IntraHealth International, USA. Email address: aoggel AT intrahealth.org

From: "Marg Docking, Uganda" <marg@wisechoicesforlife.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Family Planning (22) Q2. What challenges are FP service providers facing? (4) Engaging religious leaders

Our greatest challenge to increase uptake of family planning is to actively encourage religious male leaders to work on our behalf.

Wise Choices For Life has reached hundreds of leaders who have shifted the way they think about FP and family size.

Visit our website and view some short films for more information.

www.wisechoicesforlife.org

HIFA profile: Marg Docking is founder and director of Wise Choices for Life, which empowers vulnerable men and women in the child bearing age group in Uganda with reproductive health knowledge and skills to break the poverty cycle. marg AT wisechoicesforlife.org

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Family Planning (23) Q2. What challenges are FP service providers facing? (5) Human rights versus social norms (5)

Hi HIFA Members,

I really appreciate Shabina Hussain's comment that socio-cultural norms are a particular and challenging barrier for FP service providers, and I agree. This includes norms related to gender, age, sexuality, ethnicity, early marriage, and so many other specific cultural factors. In my work providing technical support to training programs for health workers, I have always advocated for including

sensitization, values clarification, and awareness-raising activities for these areas as important groundwork before or during a training of health workers on family planning methods. My experience as a trainer in these situations is watching participants through the course of a training with many 'light bulb' moments of revelation as they consider how their ethical responsibilities as a health care provider should reinforce human-rights approaches. However, it's time consuming —” and costly — to ensure this type of sensitization is available to FP providers, especially for community health workers who may be working in remote areas.

What have others done to mitigate the role of harmful socio-cultural norms by family planning providers?

The Knowledge for Health toolkits [<https://www.k4health.org/toolkits/all>] on family planning are great places to start in becoming more acquainted with training resources and FP program models. In particular, the toolkit on Meeting the Sexual and Reproductive Health Needs of Young Married Women and First-time Parents [<https://www.k4health.org/toolkits/meeting-ftp-needs>] has some excellent training resources.

Cheers,
Karah

HIFA profile: Karah Pedersen is a Technical Advisor at IntraHealth in the United States. Professional interests: adolescent and youth; gender equality; contraception and reproductive health; cervical cancer; SDGs; information sharing and knowledge management. She is joint coordinator of the HIFA Project on Family Planning. www.hifa.org/projects/family-planning www.hifa.org/support/members/karah
kpedersen AT intrahealth.org

From: "Ede Michael, Nigeria via Dgroups" <HIFA@dgroups.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Family Planning (24) Q2. What challenges are FP service providers facing? (6) Human rights versus social norms (6)

Dear all,

I agreed with Karah Pedersen totally however I will like to stress some factor based on my experience in Nigeria, working with Adolescent and young people especially those living with HIV and AIDS in Nigeria, on several occasions our Adolescents complain of the attitude of Health workers when it comes to request for contraceptives Items, the health workers will be embarrassing them because of their age not minding some of them are sexually active. I have hard conversation with some of the guys who told me they are using Condom on their sexual partners, one because they don't want to infect other people and they are not ready to be a father.

Another setback for Adolescents and Young people living with HIV/AIDS is lack of disclosure, some of this people in their 18 years yet they don't know the reason why they are on treatment because their parent never allowed them to go to clinic and get their peels all in the name of protecting family image from discrimination they will keep deceiving this young Adult to take their drugs for other reasons than HIV and hinder them from going to clinic where they can access FP information in HIV/FP integrated facilities.

Thanks for good information and I pray we will address they one by one to ensure we have a fruitful intervention in our various regions.

HIFA profile: Ede Michael is Home base Care Officer at Network of People Living with HIV/AIDS

in Nigeria. Professional interests: Public Health, Sexual Reproductive Health and Right, Positive Health Dignity and Prevention for PLHIV, Monitoring and Evaluation. edmikey4real AT yahoo.com

From: "Shabina Hussain, USA" <hussain.shabina@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Family Planning (25) Q2. What challenges are FP service providers facing? (7) Human rights versus social norms (7)

Thanks Karah for appreciating my earlier comments. I can imagine the 'light-bulb' moments during the training of the health providers.

I feel the human rights approach is the best approach in providing health care services that must include FP/RH/SH services for adolescents & vulnerable girls.

Shabina Hussain

HIFA profile: Shabina Hussain is an independent global health consultant and is based in the USA. Professional interests: Maternal & Child Health, Family Planning, Reproductive & Sexual Health, women's rights, survival of girl child, poverty eradication, Prevention of Infectious diseases. hussain.shabina AT gmail.com

From: "Karah Pedersen, USA" <kpedersen@intrahealth.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Family Planning (27) Q2. What challenges are FP service providers facing? (8) Human rights versus social norms (8)

Dear Ede,

While I am not surprised by the additional barriers many adolescents and young people have in accessing strong FP and sexual and reproductive health (SRH) services, your story of families not disclosing a young person's HIV status to them are very troubling. My own family did not tell me that my uncle had died of AIDS-related complications until I was 14 years old and I remember vividly being angry that I was not told sooner. They did this to protect me, but instead it did the opposite and made me question if I could trust what they said. Parents and caregivers have a very special role to play in balancing how to protect young people and to support their agency (and capability of consenting) to health services they seek voluntarily.

As I think about how this relates to our conversation on the role of the health worker, I think about how important it is for health workers to be trained and sensitized to supporting young people who are capable of consenting to family planning services to receive those high-quality FP services. One approach that is used to mitigate the stigma that may impact a young person's ability to get FP and SRH care is the integration of adolescent-friendly services into existing family planning services and existing SRH services to respond to the specific needs of adolescents, which includes how to best interpret and address country-specific medical guidelines and policies related to consent to services and confidentiality.

Incorporating adolescent-friendly service delivery elements includes, for example, creating more privacy for adolescents in the health facility and ensuring health workers are trained and sensitized to providing services to adolescents, is considered a High Impact Practice (<https://fphighimpactpractices.org/briefs/adolescent-friendly-contraceptive-services/>) for Family Planning.

More High Impact Practices in Family Planning can be found in this excellent web site:
<https://fphighimpactpractices.org/>.

Thanks for the conversation! What are others' experiences with supporting health workers to provide stigma-free FP services?

Cheers,
Karah

Karah Pedersen | Senior Technical Manager

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From: "Marthe Zeldenrust, Netherlands/South Africa" <marthezeldenrust@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Family Planning (28) Q2. What challenges are FP service providers facing? (9) Human rights versus social norms (9)

Dear all,

Thank you for the interesting messages and sharing of experience so far. I would briefly like to touch on the experience I had when working as a doctor in reproductive health in a hospital in rural South Africa in 2013-2015, in an area with high numbers of unplanned and teenage pregnancies and with a high unmet need for family planning. Although on paper, there are good guidelines for reproductive health and family planning in South Africa, in real life there is still a big discrepancy. When I first started working in the obstetric department, it surprised me that the 'family planning' box was ticked in the file of every postnatal woman, but I never heard any health care provider discuss family planning with a patient. An injection of depo-provera without counseling was regarded as enough to tick the box. Later on, the implant was introduced as an additional method, but counseling and informed consent remained an issue.

During the antenatal visits, many women who came to me indicated a fulfilled child wish and requested, often begged, for a permanent FP method. Although we had the skills to help them with this, each and every time, it was such a struggle to make this possible for them. Multiple reasons added to this challenge:

- overcrowding at the postnatal ward, making the head nurse to refuse patients who would need another day of admission after delivery
- this was linked with the strong religious beliefs of the head nurse of the postnatal ward
- lack of prioritization in the operating room, as other (emergency) procedures were prioritized and took longer than expected

- (religious) beliefs of others including fellow doctors who were hesitant to performing these procedures.

Coming to work in the hospital with a clinical task description, as a foreign medical doctor in South Africa and with a high clinical workload, it was difficult to make a big impact in all these elements, but I was happy each time that I was able to support a woman in her reproductive rights and wishes. I would be interested to hear from other medical doctors or other providers who had similar experiences how they dealt with this.

I think sensitizing health care personnel on reproductive human rights is a great way of improving access and quality to family planning.

HIFA profile: Marthe Zeldenrust is an MD working in sexual health at the local public health department and sexual health clinic in Alkmaar, The Netherlands, and a volunteer in an SRH project for undocumented migrants at Medecins Du Monde the Netherlands. She has previously worked clinically in hospitals in South Africa, Somaliland, Mexico and Zambia. Personal interests: access to healthcare, reproductive health, family planning, global health, human rights, infectious disease control. marthezeldenrust AT gmail.com

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Family Planning (29) Highlights of Week 2

Dear HIFA colleagues,

On behalf of the HIFA Family Planning Project, thank you to everyone who has shared their experience and expertise during our second week of discussion on Empowering Health Workers for Better Family Planning.

During this past week we looked particularly at Question 2:

Q2. What challenges are FP service providers facing?

Here are eight selected highlights:

1. Amy Oggel, USA: I have worked with small, nonprofit, reproductive health and family planning clinics in Latin America. Regarding FP, the principal challenge they face is being able to obtain and stock a sufficient quantity and variety of methods.
2. Olajumoke Onaolapo, Netherlands: Some providers are biased because the providers are not well informed about certain health conditions and a method, such as concerns about IUDs and increase risk of infections. FP guidelines might be outdated, not available or the providers might not adhere to the instructions in the guidelines. They might also lack training/mentoring to equip them with updated skills, knowledge and attitude which would have limited or prevented bias.
3. Shabina Hussain, USA: Answering this question as someone who has extensively worked as a FP service provider and also worked with FP service providers in LMIC. I have felt social-cultural norms play a huge role at the point of care.
4. Ede Michael, Nigeria: On several occasions our Adolescents complain of the attitude of Health workers when it comes to request for contraceptives Items... Another setback for Adolescents and Young people living with HIV/AIDS is lack of disclosure, some of this people in their 18 years yet

they don't know the reason why they are on treatment because their parent never allowed them to go to clinic and get their peels all in the name of protecting family image from discrimination

5. Marthe Zeldenrust, Netherlands: During the antenatal visits, many women who came to me indicated a fulfilled child wish and requested, often begged, for a permanent FP method. Although we had the skills to help them with this, each and every time, it was such a struggle to make this possible for them. Multiple reasons added to this challenge:

- overcrowding at the postnatal ward, making the head nurse to refuse patients who would need another day of admission after delivery
- this was linked with the strong religious beliefs of the head nurse of the postnatal ward
- lack of prioritization in the operating room, as other (emergency) procedures were prioritized and took longer than expected
- (religious) beliefs of others including fellow doctors who were hesitant to performing these procedures.

6. Olajumoke Onaolapo, Netherlands: Young people had negative experiences and were judged as being promiscuous. Providers gave religious advice instead of contraceptive services.

7. Karah Pedersen, USA: My experience as a trainer... is watching participants through the course of a training with many 'light bulb' moments of revelation as they consider how their ethical responsibilities as a health care provider should reinforce human-rights approaches.

8. Marg Docking, Uganda: Our greatest challenge to increase uptake of family planning is to actively encourage religious male leaders to work on our behalf.

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Comment (Neil PW): FP service providers face the same SEISMIC challenges as other frontline health workers (Skills, Equipment, Information, Systems support, Medicines, Incentives, Communication facilities: <http://www.hifa.org/about-hifa/hifa-universal-health-coverage-and-human-rights>). In addition, they - perhaps more than any other group of health service providers - are constrained (willingly or otherwise) by their own norms and values and by the norms and values of the institution in which they work and the society within which they live. In family planning, religious norms and values are particularly important. The result is a denial of basic human rights, especially for women, and especially for younger, unmarried women and girls. We look forward to explore these issues further over the coming weeks.

Many thanks, Neil

Joint Coordinator, HIFA Project on Family Planning
<http://www.hifa.org/projects/family-planning>

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HIFA profile: Neil Pakenham-Walsh is the coordinator of the HIFA campaign (Healthcare Information For All - www.hifa.org), a global health community with more than 17,000 members in 177 countries. He is also current chair of the Dgroups Foundation (www.dgroups.info), which supports 700 communities of practice for international development, social justice and global health. Twitter: @hifa_org FB: facebook.com/HIFAdotORG neil@hifa.org

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>

To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Family Planning (30) Q3. 3. What knowledge/training/support is needed by FP service providers?

Dear HIFA colleagues,

Welcome to Week 3 of our 4-week global discussion on Empowering Health Workers for Better Family Planning.

This week we invite you to look at Question 3:

Q3. What knowledge/training/support is needed by FP service providers?

From the discussions we have had so far, there is a need for technical knowledge, information and training to empower providers to offer competently a comprehensive range of FP services.

We have also heard how FP service providers are a hugely diverse group, ranging from those with minimal training (or no training at all) to those with advanced, specialist FP training. What are the information and training needs of those who work in drug shops and pharmacies? community health workers? generalist nurses and midwives? family physicians? specialist FP providers?

In the past 2 weeks we have seen how social norms and values are such a huge barrier to FP services. What knowledge/training/support is needed to promote a person-centred, human rights-based approach rather than a judgemental, values-laden approach?

We heard about the WHO guide to help Monitor Human Rights in the Provision of Contraceptive Services as well as a Checklist for Health Providers to assess Quality of Care based on Human Rights standards. Have you used these in your practice?

<http://www.who.int/reproductivehealth/publications/contraceptive-services-monitoring-hr/en/>

<http://www.who.int/reproductivehealth/publications/qoc-contraceptive-services/en/>

My co-coordinator Karah Pedersen has introduced The Knowledge for Health toolkits [<https://www.k4health.org/toolkits/all>] and, in particular, the toolkit on Meeting the Sexual and Reproductive Health Needs of Young Married Women and First-time Parents [<https://www.k4health.org/toolkits/meeting-ftp-needs>]

What information resources have you found especially useful?

We look forward to your contributions: Email: hifa@dgroups.org

Further background here:

<http://www.hifa.org/news/join-global-hifa-discussion-empowering-health-workers-better-family-planning>

Many thanks,
Neil

Joint Coordinator, HIFA Project on Family Planning
<http://www.hifa.org/projects/family-planning>

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From: "Shabina Hussain, USA" <hussain.shabina@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Family Planning (31) Q3. What knowledge/training/support is needed? (2) Human rights versus social norms (10)

Neil, as you mentioned the fact that family planning providers are diverse in their education and skill-sets, they may have wide ranging needs of training to effectively provide the services. I am wondering if we have data on the "knowledge, aptitude and attitude" of different levels of family planning providers working in different settings. This can be an interesting topic for the future research.

As to training needs of the health providers for human rights approach, it is essential to sensitize providers about their role as "healthy society preservers/creators" rather than the upholders of the morality prevalent in their culture or society. Let's face it there are enough religious and other faith based institutions as well as social and cultural norms that lay out distinct rules of social and personal behaviors. Some of these rules impede dissemination of health education material and limit access to contraception and protection (condoms). Health providers must be trained to see the bigger picture. A community stays healthy when all have access to basic preventive care and emergency care without any bias of age, gender, marital status or economic status. It is this bias that prevents a HIV positive adolescent from not knowing their status. Or a young, 11 year old rape victim carry the pregnancy to term. Protecting the privacy of the client and providing them the tools to stay healthy is the only morality health providers must follow in their practice.

Thank You,
Sincerely,

Shabina Hussain MBBS, DPH, MPH
Tumwater, WA 98512

HIFA profile: Shabina Hussain is an independent global health consultant and is based in the USA. Professional interests: Maternal & Child Health, Family Planning, Reproductive & Sexual Health, women's rights, survival of girl child, poverty eradication, Prevention of Infectious diseases. hussain.shabina AT gmail.com

From: "Amy Oggel, USA" <aoggel@intrahealth.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Family Planning (32) Q3. What knowledge/training/support is needed? (3) K4Health

Dear Neil and HIFA colleagues,

In addition to the Knowledge for Health (K4Health) toolkits that Karah Pedersen introduced and that Neil mentions in his post, the K4Health web site also hosts the Global Health Learning Center (<https://www.k4health.org/products-page> and <https://www.globalhealthlearning.org/courses>). There are several e-learning courses on Family Planning, including the following:

* FP and HIV Service Integration

- * FP Counseling
- * Healthy Timing and Spacing of Pregnancy
- * IUD
- * Postpartum FP
- * Long-Acting/Permanent Methods of FP
- * Hormonal Methods of Contraception

While on-the-job training should come from the Ministry of Health so that the information is in line with the methods available in-country, e-learning platforms like the one on K4Health are a great way for health care providers to incorporate new information and/or get a refresher.

Kind regards,
Amy

HIFA profile: Amy Oggel is a Program Officer at IntraHealth International, USA. Email address: aoggel AT intrahealth.org

From: "Andre Shongo, DR Congo via Dgroups" <HIFA@dgroups.org>

To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>

Subject: [hifa] Family Planning (33) Q3. What knowledge/training/support is needed? (4) Basic and appropriate vocabulary

Dear Neil and HIFA colleagues,

Although late to intervene, my contribution in this stage would like to say that the training contents will be focused in basic and appropriate vocabularies and lessons;

- Female cycle (Fertile days versus no fertile days, conception versus contraception), contraceptives methods (natural versus modern, mechanism of action, indications and contraindications, managements of side effects)

- Contraception / family planning and human right

- Social norms / culture / religious believes versus contraception/ family planning / reproductive in country policy

- Communication strategies in Family Planning; counseling, interpersonal and crowded communication

From this initial stage, the training content will be tailored to each specific groups, Community based Distributors, pharmacists, midwives, nurses, Doctors, The aim will be to make available a network of those having a comprehensive knowledge in modern contraceptives methods managements.

andre shongo

HIFA profile: Andre Shongo Diamba is a medical doctor, he got a Master of Public Health international health degree from school of health and tropical medicine, Tulane University, USA in 2016 and is flexible to job opportunities. Previously, Andre worked as coordinator at PISRF- Programme Intégrée de santé de reproduction et familial (Integrated program of reproductive health and Family), a Democratic Republic of Congo (DRC) participative NGO of Family Planning and Reproductive Health, committed in awareness and care providing in favor of women and children of low social area , and toward this group to whole community. PISRF undertakes sociological, public

health and biomedical researches in the family planning and reproductive health (education, sexuality without risk, safe motherhood, HIV/AIDS prevention), it encourages the humanitarian and research projects and ensures results dissemination to all. Andre has a long experience in providing community reproductive health projects such information, communication - education; care services and research leading. He has participated at numerous international conferences in the field of reproductive health and population, health, environment. Andre is interested to promote the Social Development Goal (SDGs) in the DRC and very engaged, He pledges for public private partnership and the improving of use of mobile phone as a network able to raise the awareness of reproductive health and support the country commitment to do progress in this field. He received the HIFA Country Representatives certificate of achievement in 2013.

<http://www.hifa.org/people/country-representatives>

<http://www.hifa.org/support/members/andre>

drashongo AT yahoo.fr

From: "Daniel Rivkin, USA" <rivkind@med.umich.edu>

To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>

Subject: [hifa] Family Planning (34) CIRHT newsletter - Education and male involvement in family planning

Greetings.

I am enjoying the on-going discussion about the aspects of promoting FP in many local contexts. We produce a monthly news review, with this month looks at articles about education and male involvement in FP, as well as the legal and economic dynamics of contraception and abortion care. I think the group may be interested but don't want to be too much of a promoter. Please let me know what you think.

<http://myemail.constantcontact.com/CIRHT-News-Review-for-March-2018.html?soid=1129474327058&aid=bMv3Zb2i5uw>

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From: "Shabina Hussain, USA" <hussain.shabina@gmail.com>

To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>

Subject: [hifa] Family Planning (35) CIRHT newsletter - Education and male involvement in family planning (2)

This is very interesting material, thanks for sharing!

It's sad that pregnant teens are penalized in certain parts of the world, even today. No, girl becomes pregnant by herself. Had she not been exploited or had access to right education and contraception she wouldn't be in that situation anyway.

It's encouraging, to note that work on male contraception is showing signs of development.

Sincerely,
Shabina Hussain

HIFA profile: Shabina Hussain is an independent global health consultant and is based in the USA. Professional interests: Maternal & Child Health, Family Planning, Reproductive & Sexual Health, women's rights, survival of girl child, poverty eradication, Prevention of Infectious diseases. hussain.shabina AT gmail.com

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Family Planning (36) Community health workers: a paramount force on the path to universal health coverage

I recommend this blog by Sarita Panday (Communications Coordinator) and HIFA member David Musoke (Co-Chair) of the HSG Thematic Working Group on Supporting and Strengthening the Role of Community Health Workers in Health Systems Development. They celebrate the effectiveness of volunteer CHWs in Nepal and Uganda. (It's interesting to hear about the success of volunteer programmes at a time when there is overwhelming pressure to shift from volunteer to paid CHWs.)

Full text:

<http://www.healthsystemsglobal.org/blog/277/Community-health-workers-a-paramount-force-on-the-path-to-universal-health-coverage-.html>

Sarita Panday mentions the role of CHWs in family planning in Nepal: 'Another main role of CHWs is to provide temporary means of family planning, such as pills and condoms. In some places, they reported that they counsel women on the availability of safe abortion services and provide emergency contraception. Such services are important especially given that abortion is a socially tabooed issue despite being one of the major causes of deaths among women of reproductive age. In situations, when women are often hesitant to talk about such an issue in public, having a female CHW from the same village is far more helpful for the services users, as she understands the issue and provides confidential services.'

We look forward to learn more about the role of CHWs in family planning in Nepal, Uganda and worldwide. How can they be better supported to provide high-quality services?

Best wishes, Neil

Joint Coordinator, HIFA Project on Family Planning
<http://www.hifa.org/projects/family-planning>

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HIFA profile: Neil Pakenham-Walsh is the coordinator of the HIFA campaign (Healthcare Information For All - www.hifa.org), a global health community with more than 17,000 members in 177 countries. He is also current chair of the Dgroups Foundation (www.dgroups.info), which supports 700 communities of practice for international development, social justice and global health. Twitter: @hifa_org FB: facebook.com/HIFAdotORG neil@hifa.org

From: "Chia Benard Ful, Cameroon via Dgroups" <HIFA@dgroups.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Family Planning (37) Community Health Workers (2)

Many thanks for the question empowering health workers for better family planning. BARUDEV-Cameroon has not been empowering health workers but rather empowering village health workers to provide better family planning services to rural communities. This has been through seminars and workshops where they have learned all the various methods of family planning. The essentials of contraceptive technology from John Hopkins bloomemberg school of public health has been our technical guide. We are looking for partners to join us especially at this time that we are having internally displaced people in anglophone Cameroon. Condoms have been distributed and village health workers have been taught how to use them. Many thanks for bringing up this topic.

HIFA profile: Chiabi Bernard Ful is Director of Boyo Association for Rural Development (BARUDEV--Cameroon). This is a local NGO found in Boyo district of North Western Cameroon. Our activities are to empower women, protect the sexual and reproductive health for women and girls, and protect the rights of children. We have been training community health workers to follow up patients, pregnant women, sick children and refer them to the hospital. barudev AT yahoo.co.uk

From: "Paula Baraitser, UK" <paula_baraitser@me.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Family Planning (39) Open access online course on contraceptive counselling

Dear Hifa

Would it be possible to post the following message to the group.

I have been following the recent discussions on family planning with interest as I have a particular interest in contraceptive counselling.

Contraceptive counselling is essential for contraceptive decision-making but remains challenging to deliver. Despite evidence that method satisfaction and consistent and correct use increases with effective counselling women report limited information and support for contraceptive decision making in clinical contexts (Jain, 2016).

There are many reasons for this. Contraceptive discussions require a personal and social approach to health care that may not fit well with traditional clinical consultations structured to provide a biomedical response to illness (French et al, 2014). Contraceptive discussions require the transfer of significant amounts of complex information, opportunities for consideration of the pros and cons of each method and time to make an informed decision. It remains challenging to deliver this within the short time frames of clinical consultations.

The UK Faculty of Sexual and Reproductive Health has developed a free, open access online course on contraceptive counselling. We are currently piloting it and would be really pleased if interested health professionals would take the course and provide us with feedback.

The course supports the development of:

Key concepts in contraceptive counselling
Key skills for effective contraceptive counselling
Understanding good and bad consultations
Action planning to improve your contraceptive consultations

You can find the learning via the link below and simply self-register to access the course (instructions on how to register are provided). The course will take up to 2 hours to complete.

<https://fsrh.learningpool.com> but can be done in your own time and in stages. You can go back to it whenever you wish.

We are very keen to get your feedback as to whether you feel it would work in your country and whether it would be useful.

Those who complete the module and evaluation will receive a certificate of completion from the FSRH.

If you have problems accessing or using the module, then please contact +44(0)845 074 4114 or support@learningpool.com for help.

Many thanks

Paula Baraitser
Chair of the International Affairs Committee of the UK Faculty of Sexual and Reproductive Health Care

HIFA profile: Paula Baraitser is a Consultant in Sexual Health at the Kings College Hospital NHS Foundation Trust and Honorary Senior Lecturer in the Global Health Unit, Kings Health Partners, London, UK. She is interested in 'health links' between global north and south to share learning. [paula_baraitser AT mac.com](mailto:paula_baraitser@mac.com)

From: "Daniel Rivkin, USA" <rivkind@med.umich.edu>
To: "HIFA - Healthcare Information For All" <HIFA@dggroups.org>
Subject: [hifa] Family Planning (40) Open access online course on contraceptive counselling (2)

Thanks for that excellent resource.

Please have a look at our counselling lecture materials, which were developed with our colleagues in Ethiopia as a curriculum enhancement.

<https://sites.google.com/view/cirht-learning/topic-presentations/counseling?authuser=0>

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From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Family Planning (41) Highlights of Week 3: What HIFA members say

Dear HIFA colleagues,

On behalf of the HIFA Family Planning Project, thank you to everyone who has shared their experience and expertise during our third week of discussion on Empowering Health Workers for Better Family Planning.

During this past week we looked particularly at Question 3:

Q3. What knowledge/training/support is needed by providers?

Here are three selected highlights:

1. Olajumoke Onaolapo, Netherlands: Some providers are biased because the providers are not well informed about certain health conditions and a method, such as concerns about IUDs and increase risk of infections. FP guidelines might be outdated, not available or the providers might not adhere to the instructions in the guidelines. They might also lack training/mentoring to equip them with updated skills, knowledge and attitude which would have limited or prevented bias.
2. Andre Shongo, DR Congo: Although late to intervene, my contribution in this stage would like to say that the training contents will be focused in basic and appropriate vocabularies and lessons... From this initial stage, the training content will be tailored to each specific groups, Community based Distributors, pharmacists, midwives, nurses, Doctors...
3. Paula Baraitser, UK: Contraceptive counselling is essential for contraceptive decision-making but remains challenging to deliver. Despite evidence that method satisfaction and consistent and correct use increases with effective counselling women report limited information and support for contraceptive decision making in clinical contexts (Jain, 2016).

Many thanks, Neil

Joint Coordinator, HIFA Project on Family Planning
<http://www.hifa.org/projects/family-planning>

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From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Family Planning (42) Highlights of Week 3: FP resources

Dear HIFA colleagues,

I would like to note five FP resources that have been highlighted by HIFA members over the past week, as we continue to explore how to support health workers to deliver high-quality family planning services:

1. WHO guide to help Monitor Human Rights in the Provision of Contraceptive Services as well as a Checklist for Health Providers to assess Quality of Care based on Human Rights standards. Have you used these in your practice?

<http://www.who.int/reproductivehealth/publications/contraceptive-services-monitoring-hr/en/>
<http://www.who.int/reproductivehealth/publications/qoc-contraceptive-services/en/>

2. The Knowledge for Health toolkits [<https://www.k4health.org/toolkits/all>] and, in particular, the toolkit on Meeting the Sexual and Reproductive Health Needs of Young Married Women and First-time Parents [<https://www.k4health.org/toolkits/meeting-ftp-needs>]

3. The K4Health web site also hosts the Global Health Learning Center (<https://www.k4health.org/products-page> and <https://www.globalhealthlearning.org/courses>). There are several e-learning courses on Family Planning

4. CIRHT monthly news review: <http://myemail.constantcontact.com/CIRHT-News-Review-for-March-2018.html?soid=1129474327058&aid=bMv3Zb2i5uw>

5. The UK Faculty of Sexual and Reproductive Health has developed a free, open access online course on contraceptive counselling <https://fsrh.learningpool.com>

6. Counselling lecture materials, developed with colleagues in Ethiopia as a curriculum enhancement. <https://sites.google.com/view/cirht-learning/topic-presentations/counseling?authuser=0>

What information resources have *you* found especially useful?

I would also draw attention to the point made by Shabina Hussain, USA: "I am wondering if we have data on the "knowledge, aptitude and attitude" of different levels of family planning providers working in different settings. This can be an interesting topic for the future research."

Can anyone help with this?

Many thanks, Neil

Joint Coordinator, HIFA Project on Family Planning

<http://www.hifa.org/projects/family-planning>

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HIFA profile: Neil Pakenham-Walsh is the coordinator of the HIFA campaign (Healthcare Information For All - www.hifa.org), a global health community with more than 17,000 members in 177 countries. He is also current chair of the Dgroups Foundation (www.dgroups.info), which supports 700 communities of practice for international development, social justice and global health. Twitter: @hifa_org FB: facebook.com/HIFAdotORG neil@hifa.org

From: "Neil Pakenham-Walsh" <neil.pakenham-walsh@ghi-net.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Family Planning (43) Q4. What can we do to better to support health workers who provide FP?

Dear HIFA colleagues,

We now enter our fourth and final week in our exploration of how to empower health workers to deliver high-quality family planning services. We have looked at how FP service providers comprise a very wide range of health workers (and others); about how they not only need technical skills, but also are vulnerable to social norms and personal beliefs that may not always align with individual women's right to

health. In this final week I would like to invite you to describe current approaches and practical ways forward around question 4:

Q4. What can we do to better to support health workers who provide FP?

As always, this question is intended only as a guide - please feel free to comment on issues raised in previous messages, or indeed on any aspect of family planning.

Many thanks, Neil

Joint Coordinator, HIFA Project on Family Planning

<http://www.hifa.org/projects/family-planning>

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HIFA profile: Neil Pakenham-Walsh is the coordinator of the HIFA campaign (Healthcare Information For All - www.hifa.org), a global health community with more than 17,000 members in 177 countries. He is also current chair of the Dgroups Foundation (www.dgroups.info), which supports 700 communities of practice for international development, social justice and global health. Twitter: @hifa_org FB: facebook.com/HIFAdotORG neil@hifa.org

From: "Shabina Hussain, USA" <hussain.shabina@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Family Planning (44) Knowledge, aptitude and attitude of FP

providers

Thanks Neil for sharing so many resources, and also including my question towards the end. [*see note below]

I will be happy to get directly involved if fellow researchers, academicians & clinicians decide to follow up on this proposal. I am very interested in advancing, work related to family planning and maternal & child health.

Thank You,
Sincerely,

Shabina Hussain, MBBS, DPH, MPH
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HIFA profile: Shabina Hussain is an independent global health consultant and is based in the USA. Professional interests: Maternal & Child Health, Family Planning, Reproductive & Sexual Health, women's rights, survival of girl child, poverty eradication, Prevention of Infectious diseases. hussain.shabina AT gmail.com

[*Note from HIFA moderator (Neil PW): Shabina Hussain, USA: "I am wondering if we have data on the "knowledge, aptitude and attitude" of different levels of family planning providers working in different settings. This can be an interesting topic for the future research."]

From: "Debrah Dickson, USA" <Debra.Dickson@jhu.edu>
To: "HIFA - Healthcare Information For All" <HIFA@dggroups.org>
Subject: [hifa] Family Planning (45) NEW High Impact Practices in FP Product:
Social & Behavior Change Overview

We are pleased to announce the latest Family Planning High Impact Practices product.

Social and Behavior Change: A critical part of effective family planning programs.

This new High Impact Practices in Family Planning (HIPs) document provides a general overview of high impact practices pertaining to social and behavior change (SBC), including guiding principles for designing and implementing effective SBC programs. In this collection of HIPs, the term social and behavior change (SBC) refers to activities or interventions that seek to understand and facilitate change in behaviors and the social norms and environmental determinants that drive them.

The overview includes tips for SBC implementation and tools and resources to consider when designing family planning program activities. Download the SBC Overview from https://www.fphighimpactpractices.org/wp-content/uploads/2018/04/SBC_Overview.pdf

On behalf of the HIPs Production & Dissemination Team,

Debra L. Dickson | POPLINE Manager | Knowledge for Health (K4Health)
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From: "Amy Oggel, USA" <aoggel@intrahealth.org>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Family Planning (46) Knowledge, aptitude and attitude of FP providers (2)

Dear Shabina,

Perhaps this does not get to your inquiry, but have you searched POPLINE to see what literature has been published on knowledge, aptitude, and attitude of different levels of FP providers working in different settings? (<https://www.popline.org/>) There is a post on this forum referencing a literature review on the topic of healthcare workers' behaviors and personal determinants associated with providing adequate sexual and reproductive healthcare services in sub-Saharan Africa (<https://www.popline.org/node/663269>). In my search of POPLINE, I found several articles on the topic of health worker knowledge, aptitude, and attitude of FP providers, but most are specific to a country or method, or provider level. Are you looking for global information or information specific to a country or region?

Best,
Amy

HIFA profile: Amy Oggel is a Program Officer at IntraHealth International, USA. Email address: aoggel AT intrahealth.org

From: "Shabina Hussain, USA" <hussain.shabina@gmail.com>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Family Planning (47) Knowledge, aptitude and attitude of FP providers (3)

Thanks Amy, I was looking for both. I will search POPLINE

My interest is in regions or countries that may have higher needs of improving workers training to improve FP programs implementation.

Thank You,
Shabina

HIFA profile: Shabina Hussain is an independent global health consultant and is based in the USA. Professional interests: Maternal & Child Health, Family Planning, Reproductive & Sexual Health, women's rights, survival of girl child, poverty eradication, Prevention of Infectious diseases. hussain.shabina AT gmail.com

From: "Sarah Harlan, USA" <sarah.harlan@jhu.edu>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Family Planning (48) Knowledge, aptitude and attitude of FP providers (4)

Dear HIFA colleagues,

Thanks so much for this fruitful discussion on family planning service providers. You have offered some helpful evidence and anecdotes over the last several weeks. You've also posed some interesting research questions for us to explore!

I wanted to respond to the excellent question from Shabina Hussain, USA: "I am wondering if we have data on the ~knowledge, aptitude and attitude~ of different levels of family planning providers working in different settings. This can be an interesting topic for the future research."•

I agree that this would be a fascinating topic for future research! We do have some information about this - and some of our previous work at the Center for Communication Programs offers insights into knowledge (and knowledge needs) of health workers at different levels. For example, I worked on a project in Indonesia called Improving Contraceptive Method Mix, which started off by exploring knowledge needs and attitudes among midwives in Indonesia regarding provision of long-acting and permanent methods of contraception. Here is a link to one of the papers we wrote from baseline research from that project: <https://www.ncbi.nlm.nih.gov/pubmed/28763720>. We found some interesting biases for/against certain methods of contraception (for example, beliefs that IUDs and implants would limit clients' ability to work physically demanding jobs), but also some facilitators that could strengthen family planning provision (for example, midwives often accompanied clients to clinics when they referred them for LAPM services). This assessment helped us implement tailored advocacy activities, since we knew the specifics of the providers' knowledge, beliefs, and attitudes regarding family planning.

While we have some limited information on this topic in different settings, it is important that needs assessments and situation analyses are done before any work in a new setting, as the needs can be drastically different from country to country (and even from district to district!). Also, sometimes we go into settings making assumptions (for example, thinking that young professionals need digital solutions) and are surprised by what we find.

So in summary, yes, we do know bits and pieces about this topic from different settings, but we should always be asking ourselves, 'What do health workers know? What they want to know? And what information would empower them to serve their clients more effectively?'•

Best,
Sarah Harlan

Sarah V. Harlan, MPH
Learning & Partnerships Director, Knowledge for Health (K4Health)

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<http://www.hifa.org/projects/family-planning>

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From: "Sarah Harlan, USA" <sarah.harlan@jhu.edu>
To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Family Planning (49) Q4. What can we do to better to support health workers who provide FP? (2) Family Planning: A Global Handbook for Providers

Dear HIFA colleagues,

I wanted to provide a short response to the question that Neil posed at the beginning of this week: "What can we do to better to support health workers who provide FP?"

Working on the Knowledge for Health (K4Health) Project, I spend my time thinking of ways to ensure that health workers have the knowledge they need to provide high-quality family planning services. We have heard time and time again (from the health workers themselves) that they need synthesized evidence in a format that is digestible and easy to implement.

In collaboration with the WHO, we recently updated one of our key resources, Family Planning: A Global Handbook for Providers (<https://www.fphandbook.org/>). This handbook offers family planning providers the latest clinical guidelines and information in plain language, with graphics, charts, and job aids that assist with provision of a range of contraceptive methods. We have distributed over half a million copies of this guide in its previous formats, and we're currently distributing the new version. We are also working on translating the new handbook into additional languages (the previous 2011 version is available in more than 12 languages). Copies of the handbook can be ordered from the site I listed above (at no cost for those in low- and middle- income countries). Please spread the word about this valuable resource!

Best,
Sarah Harlan

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To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Family Planning (50) Knowledge, aptitude and attitude of FP providers (5)

Thanks Sarah for responding to my question.

That is precisely why I raised this question. Needs assessment for training needs of health care providers can help in developing curriculum that focuses on gaps in essential skills to provide family planning services.

Sincerely,
Shabina Hussain

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To: "HIFA - Healthcare Information For All" <HIFA@dgroups.org>
Subject: [hifa] Family Planning (51) Knowledge, aptitude and attitude of FP providers (6)

Dear All,

This is such an important discussion, thank you for starting it. We finally have quite a number of widely used family planning metrics involving KAP for users (e.g. unmet need is arguably a reflection of client AP), but so little on providers. Yet there are some settings where method choice is decided by health service provider, or even at higher level as operational policy.

Will take a look at some of the studies cited.

Siri

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