

TRAINING CONSIDERATIONS: FAMILY PLANNING IN CRISIS SETTINGS

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START CENTER

STRATEGIC ANALYSIS,
RESEARCH & TRAINING CENTER

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PROJECT OVERVIEW

OBJECTIVES:

- Explore current landscape of **trainings** for family planning (FP) in crisis settings
- Identify opportunities to leverage technology
- Develop research questions to advance trainings

DELIVERABLES

1. Brief Summary Report

2. Comprehensive Reference List

3. Exploratory Research Questions

4. Presentation to Family Planning and Emergency
Response Experts

PRESENTATION OVERVIEW

OBJECTIVE: HIGHLIGHT KEY FINDINGS AND LAY FOUNDATION FOR DISCUSSION ON FUTURE OPPORTUNITIES



METHODS: EXTENSIVE LANDSCAPE REVIEW

- Reviewed published and grey literature
- Interviewed 12 Subject Matter Experts
- Researched diverse fields (*examples*: reproductive health, crisis response, mHealth)

Development Organizations

- CARE
- Save the Children
- Jhpiego
- PATH
- Maternity Foundation

Advocacy Coalitions

- Inter-Agency Working Group on Reproductive Health in Humanitarian Crises (IAWG)
- Women's Refugee Commission (WRC)

US Government

- USAID
- CDC

Academia

- University of Washington
- IHME

Private Foundation

- Gates Foundation

A large refugee camp is situated on a hillside. Numerous tents, many of which are white and feature the UNHCR logo, are pitched across the slope. In the foreground, several people, including children and adults, are visible. Some are standing, while others are sitting or crouching. The background shows a hill with a few trees and a small building on top. The sky is clear and blue.

SETTING THE STAGE

SETTING

PROGRESS

PROVISION

CONSIDER FP ACROSS ALL CRISIS SETTINGS

Pre-Crisis

Acute

Protracted

EXAMPLES OF SITUATIONS

At-Risk



Kathmandu, Nepal

Natural Disasters



Cyclone Idai, Mozambique

Conflict



Zaatari Refugee Camp,
Jordan

SETTING

PROGRESS

PROVISION

FAMILY PLANNING IN CRISIS SETTINGS

INCREASED EMPHASIS POST FAMILY PLANNING (FP) 2020 LONDON SUMMIT

IMPERFECT STATE	IDEAL STATE
Delayed provision of family planning services after the onset of a crisis	Recognition of FP in crisis as a fundamental human right (package with early services)
High unmet need (30-40% want to avoid pregnancy in the next 2 years ¹)	Range of short- & long-term contraceptives available
Often limited choice and availability of contraceptives ²	Access to same type and quality of contraceptives post crisis

1. McGinn T, Austin J, Anfinson K, Amsalu R, Casey SE, Fadulalmula SI, et al. Family planning in conflict: results of cross-sectional baseline surveys in three African countries. Confl Health [Internet]. 2011 Dec 13 [cited 2019 May 7];5(1):11. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/21752241>
2. Casey SE, McNab SE, Tanton C, Odong J, Testa AC, Lee-Jones L. Availability of long-acting and permanent family-planning methods leads to increase in use in conflict-affected northern Uganda: evidence from cross-sectional baseline and endline cluster surveys. Glob Public Health [Internet]. 2013 [cited 2019 May 7];8(3):284–97. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/23305269>

SETTING

PROGRESS

PROVISION

UPDATE TO MINIMUM INITIAL SERVICE PACKAGE (MISP)³

“A SET OF PRIORITY ACTIVITIES TO BE IMPLEMENTED AT THE OUTSET OF A HUMANITARIAN CRISIS.”

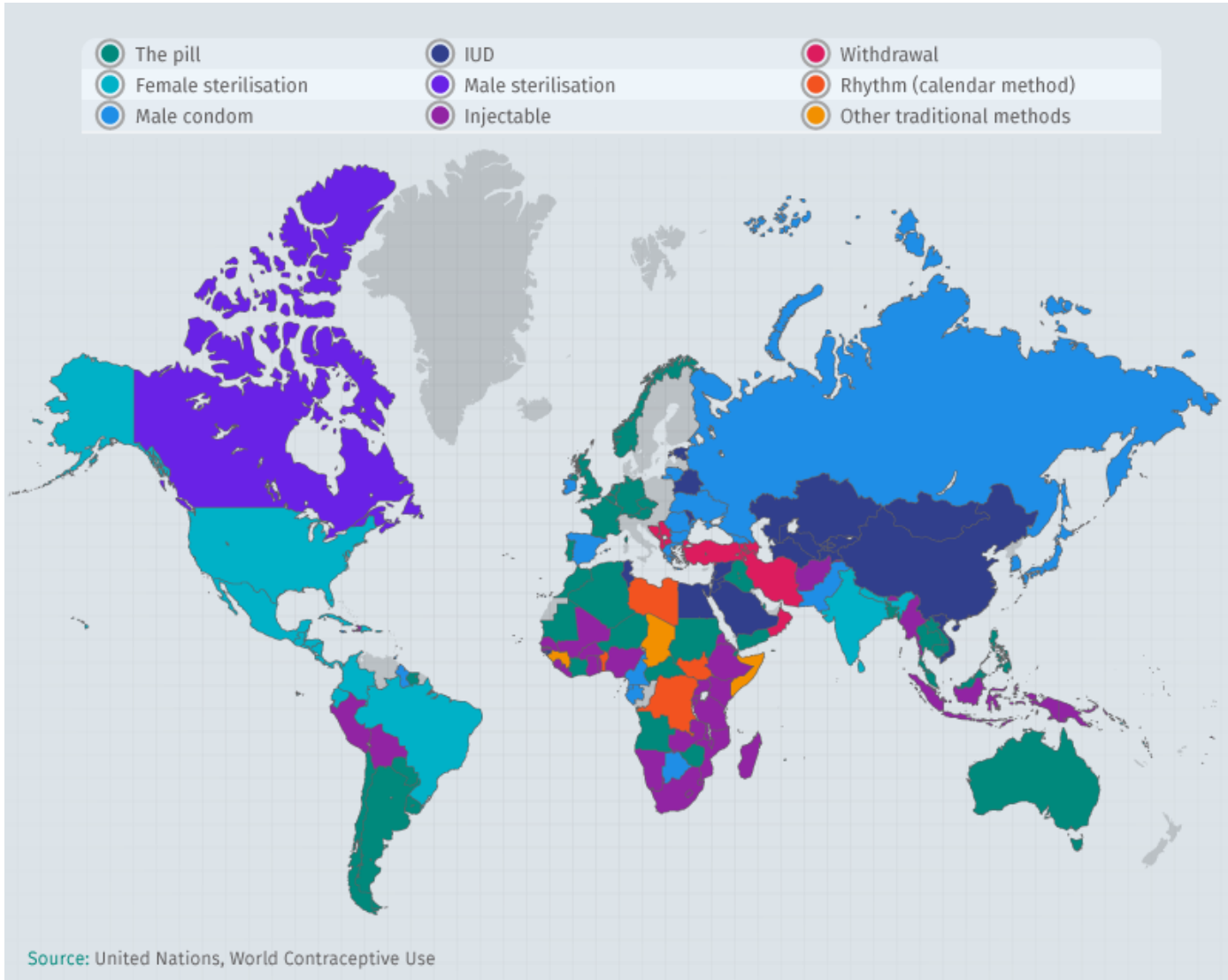
Revised in 2018 to
include family
planning

Ensures access to a
range of long acting
AND short acting
contraceptives

Key considerations
include counseling,
privacy, and
community
engagement

3. Foster AM, Evans DP, Garcia M, Knaster S, Krause S, McGinn T, et al. The 2018 Inter-agency field manual on reproductive health in humanitarian settings : revising the global standards. Reprod Health Matters [Internet]. 2017 Nov 30 [cited 2019 May 7];25(51):18–24. Available from: <https://www.tandfonline.com/doi/full/10.1080/09688080.2017.1403277>

PROVISION INFLUENCED BY HETEROGENEITY



TAKEAWAYS

- Heterogeneity of methods (e.g IUDs in Syria, Injectable in Mozambique)
- Heterogeneity of culture, religion, health system, etc.
- Critical for planning at all stages



TRAINING FOR & IN CRISIS

WHEN

WHAT

WHO

WHERE

HOW

FAMILY PLANNING TRAINING IN THE CRISIS LIFECYCLE



Preparedness

- Most crisis training is “pre-service”
- Implemented by organizations already active in the area

**Limited Evidence
for Training**

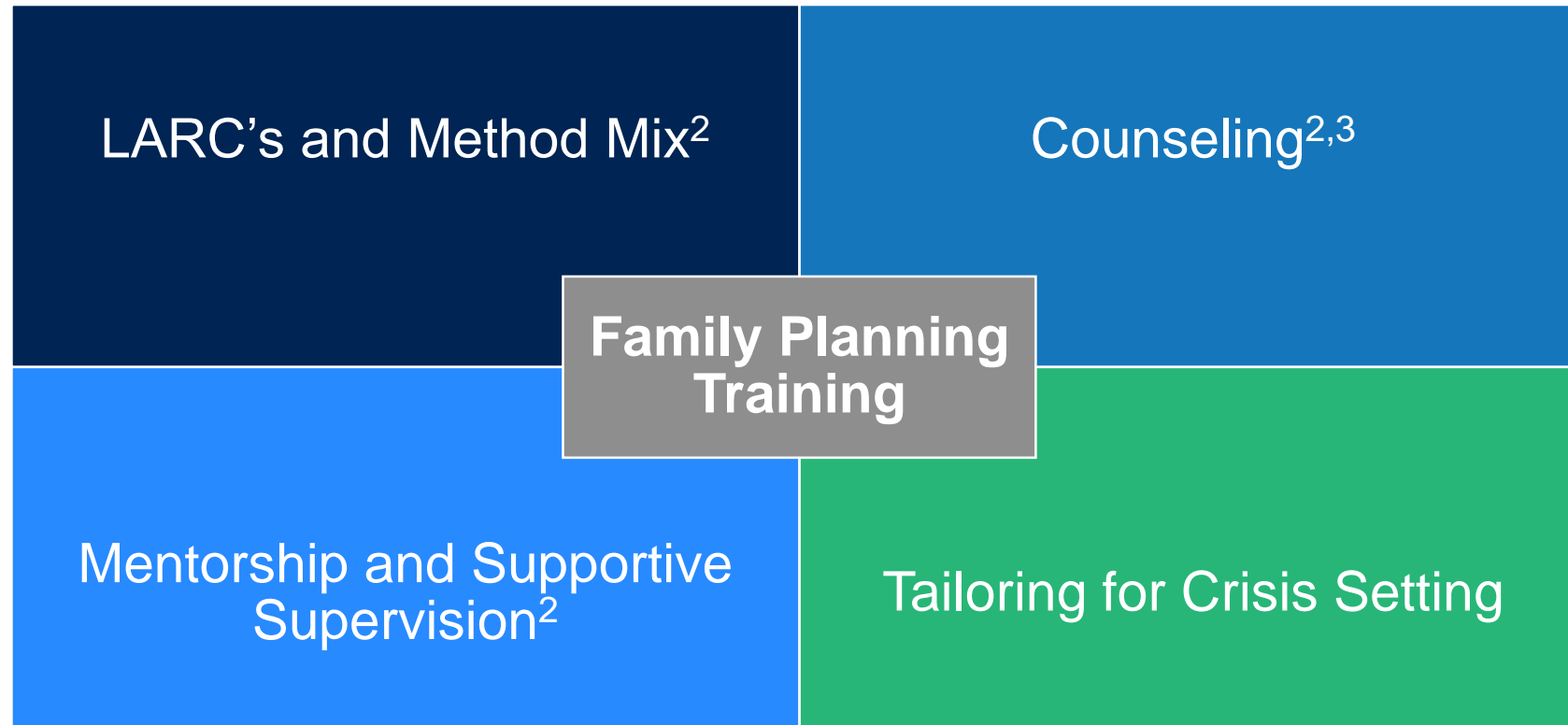
Post-Disaster

- Often months after crisis
- Implementers a mix of local and response organizations
- Community engagement critical



KEY ELEMENTS OF FAMILY PLANNING TRAINING

AS IDENTIFIED BY LITERATURE AND SUBJECT MATTER EXPERTS



2. Casey SE, McNab SE, Tanton C, Odong J, Testa AC, Lee-Jones L. Availability of long-acting and permanent family-planning methods leads to increase in use in conflict-affected northern Uganda: evidence from cross-sectional baseline and endline cluster surveys. Glob Public Health [Internet]. 2013 [cited 2019 May 7];8(3):284–97. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/23305269>

3. Foster AM, Evans DP, Garcia M, Knaster S, Krause S, McGinn T, et al. The 2018 Inter-agency field manual on reproductive health in humanitarian settings : revising the global standards. Reprod Health Matters [Internet]. 2017 Nov 30 [cited 2019 May 7];25(51):18–24. Available from: <https://www.tandfonline.com/doi/full/10.1080/09688080.2017.1403277>

WHEN

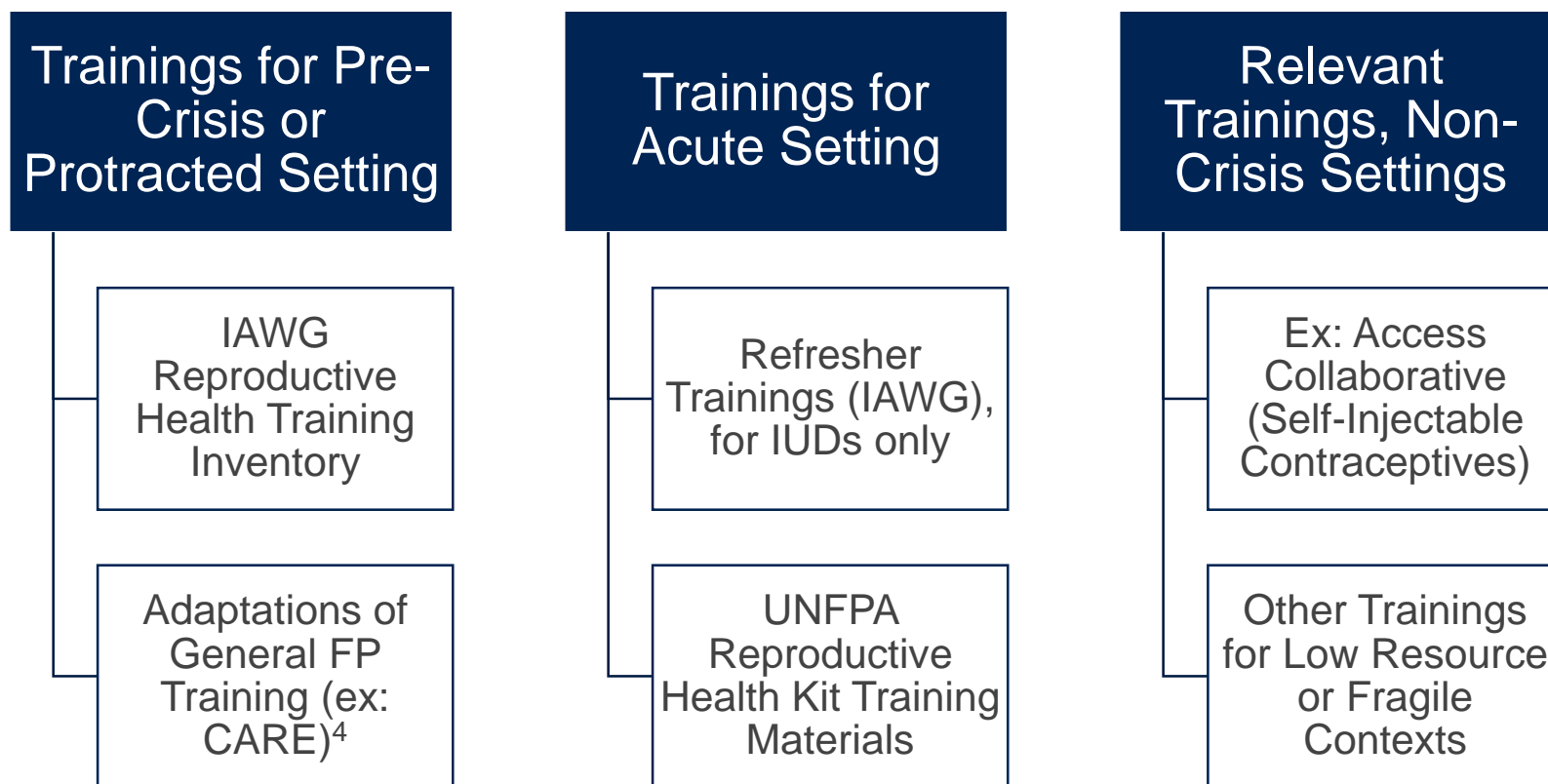
WHAT

WHO

WHERE

HOW

CURRENT TRAINING CONTENT



Largely Low-Tech

GAPS

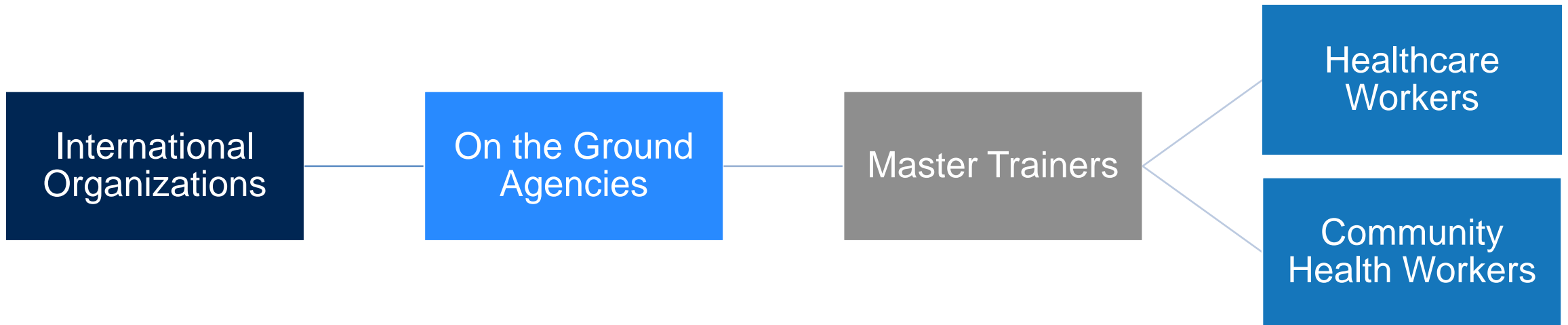
- Family Planning Trainings specifically designed for post-crisis settings
- Rapid Trainings
- Trainings for CHW's

4. Curry DW, Rattan J, Nzau JJ, Giri K. Delivering high-quality family planning services in crisis-affected settings I: program implementation. Glob Heal Sci Pract [Internet]. 2015 Feb 4 [cited 2019 May 7];3(1):14–24. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/25745117>

CASCADE OF TRAINING IN CRISES

Training Development

Training Implementation



TRAININGS FOCUSED IN PRIMARY CARE, FOR CLINIC SETTINGS



Tertiary Level

- Complications



Secondary Level

- Complex Cases



Primary Level

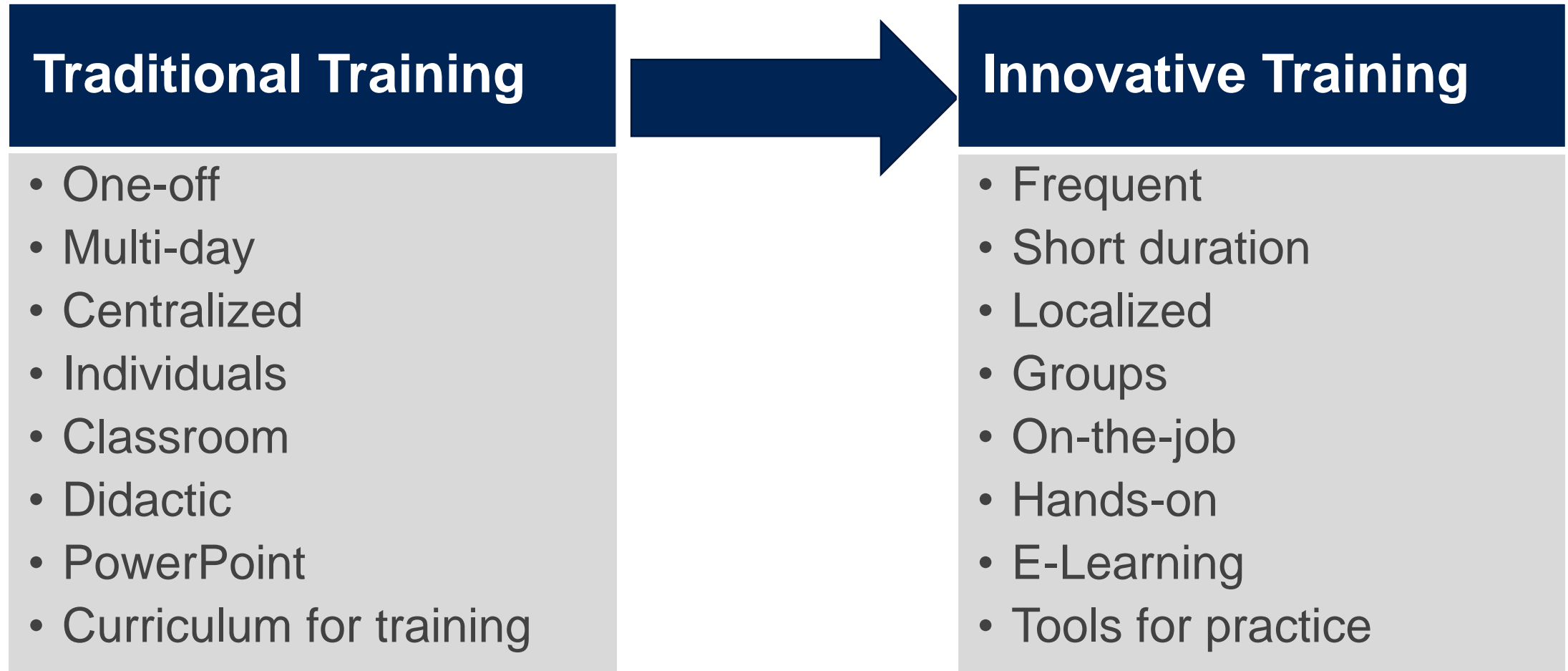
- Primary Care, Outpatient

CONSIDERATIONS

- Trainings focused on primary care setting, with gaps at higher levels
- Primarily in centralized location
- Primarily for clinical setting

ROOM FOR IMPROVEMENT IN CURRENT TRAINING

AGENCIES RECOGNIZE AND IDENTIFY OPPORTUNITIES FOR IMPROVEMENT AND INNOVATION



WHEN

WHAT

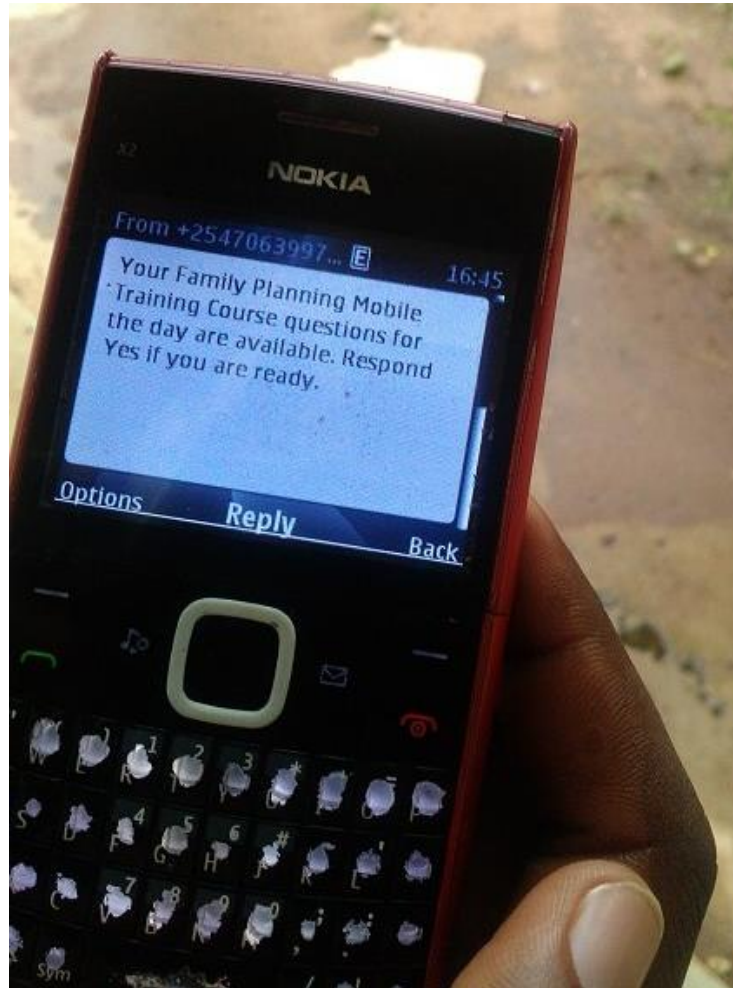
WHO

WHERE

HOW

CASE STUDY: TECH FOR LOCALIZED LEARNING

INTRAHEALTH: INTERACTIVE VOICE RESPONSE



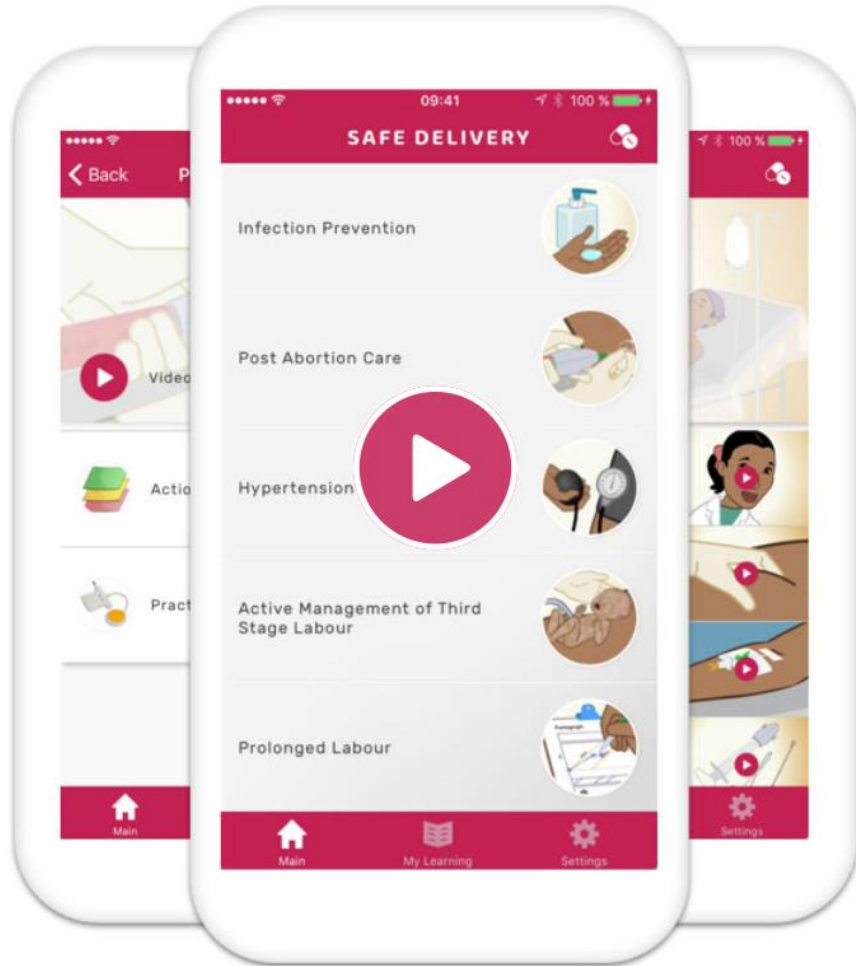
Goal: Remote delivery of a family planning refresher course using SMS and audio recording

Key Elements

- Does not require a smartphone, internet connectivity
- Requires only limited literacy
- Greater quality and quantity of communication than SMS
- Interactive
- Options for adaptation to provide support and knowledge

CASE STUDY: TECH FOR TRAINING AND PRACTICE

MATERNITY FOUNDATION: SAFE DELIVERY APP



Goal: Skilled birth attendants have access to life-saving information at their finger-tips

Key Elements

- Useful for training and in practice
- Purposefully narrow topic
- Usable off-line
- Enables easy communication with supervisors
- Discrete to use

CASE STUDY: TECH FOR HANDS-ON LEARNING

INNOVATING EDUCATION IN REPRODUCTIVE HEALTH, UCSF



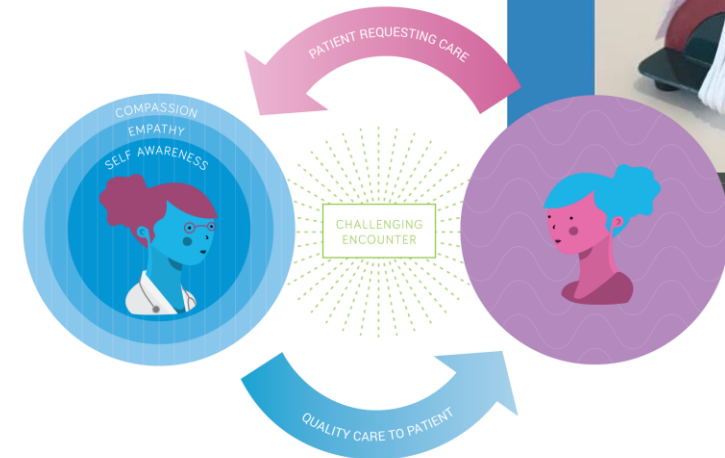
Difficult Implant Removal: Dry Model



Goal: Using technology and medical simulation tools to enhance reproductive health worker education.

Key Elements

- Hub for “cutting edge curricula”
- Over 50 trainings on contraception
- Interactive e-Learning platforms
- Creative resourcing for medical simulations



WHEN

WHAT

WHO

WHERE

HOW

CASE STUDY: LOW-TECH TOOLS TO SUPPORT PERFORMANCE

SCREENING CHECKLISTS FOR FAMILY PLANNING SERVICES

Checklist for Screening Clients Who Want to Initiate Contraceptive Implants

To determine if the client is medically eligible to use implants, ask questions 1–5. As soon as the client answers **YES** to **any question**, stop, and follow the instructions after question 5.

NO	1. Have you ever been told you have breast cancer?	YES
NO	2. Do you currently have a blood clot in your legs or lungs?	YES
NO	3. Do you have a serious liver disease or jaundice (yellow skin or eyes)?	YES
NO	4. Have you ever been told that you have a rheumatic disease, such as lupus?	YES
NO	5. Do you have bleeding between menstrual periods, which is unusual for you, or bleeding after intercourse (sex)?	YES

If the client answered **NO** to **all of questions 1–5**, she can use implants. Proceed to questions 6–11.

If the client answered **YES** to **question 1**, she is not a good candidate for implants. Counsel about other available methods or refer.

If the client answered **YES** to **any of questions 2–5**, implants cannot be initiated without further evaluation. Evaluate or refer as appropriate, and give condoms to use in the meantime. See explanations for more instructions.

Ask questions 6–11 to be reasonably sure that the client is not pregnant. As soon as the client answers **YES** to **any question**, stop, and follow the instructions after question 11.

YES	6. Did your last menstrual period start within the past 7 days?	NO
YES	7. Have you abstained from sexual intercourse since your last menstrual period or delivery?	NO
YES	8. Have you been using a reliable contraceptive method consistently and correctly since your last menstrual period or delivery?	NO
YES	9. Have you had a baby in the last 4 weeks?	NO
YES	10. Have you been fully breastfeeding your baby fully?	NO
YES	11. Have you had a miscarriage or abortion in the last 7 days?	NO

Goal: Enable health providers and lay workers to deliver more appropriate contraceptives to women

Key Elements

- Job aid
- Easy guidance
- Enables task shifting
- Available via app or paper

Example: Implant Checklist





TRAINING IMPLEMENTATION: Key Take-Aways

- Significant innovation possible
- Tech solutions offer opportunities to:
 - Bring training to healthcare workers
 - Increase hands-on practice
 - Train more people
 - Support continuous learning
- Technology exists in crisis environments

A photograph of a coastal area devastated by a disaster, likely a typhoon or hurricane. The foreground is filled with a large pile of debris, including wooden planks, metal sheets, and other wreckage, partially submerged in shallow water. In the background, several houses are visible, some with significant structural damage and missing roofs. Tall palm trees stand scattered across the landscape, some appearing to be stripped of leaves. The sky is blue with scattered white clouds. The overall scene conveys a sense of destruction and the aftermath of a major natural event.

CHALLENGES & OPPORTUNITIES

THEMATIC AREAS

1

Crisis Environment

2

Training Logistics

3

Health System Structure

4

Strategic Direction



1

CRISIS ENVIRONMENT

	Challenges	Opportunities
High mobility post-disaster	<ul style="list-style-type: none">• Difficult to track FP services• Provider availability unreliable	<ul style="list-style-type: none">• Train workforce pre- and post-disaster• Train more people than needed (5:1 ratio)• Utilize real-time training apps
Interruptions to operations	<ul style="list-style-type: none">• Limited power, network in acute phase• Reduced access to health system	<ul style="list-style-type: none">• Ensure tech tools are usable off-line• Train community volunteers to deliver services
Interruptions to supply chain	<ul style="list-style-type: none">• Increased chance of stock-outs• Training futile if contraceptives unavailable	<ul style="list-style-type: none">• Consider prioritization of LARCs• Integrate supply chain management into training



2

TRAINING LOGISTICS

	Challenges	Opportunities
Curriculum adaptations	<ul style="list-style-type: none"> • Heterogeneity of FP methods by location • Differing culture and laws 	<ul style="list-style-type: none"> • Use existing networks and partnerships • Use FP experience from fragile states
Cost of trainings	<ul style="list-style-type: none"> • High opportunity cost for healthcare worker participation • High monetary cost for lodging, per diem, transport 	<ul style="list-style-type: none"> • Conduct trainings more frequently for shorter durations • Bring trainings to health care workers using e-Learning
Opportunities for hands-on practice	<ul style="list-style-type: none"> • Limited patients available for insertion/removal of LARCs • Long period between training and application of skill 	<ul style="list-style-type: none"> • Adapt medical-training technology for FP • Provide interactive job aids and resources



3

HEALTH SYSTEM STRUCTURE

	Challenges	Opportunities
National policy	<ul style="list-style-type: none">• Policy dictates roles and responsibilities for healthcare workers• Task-shifting limited by existing policies	<ul style="list-style-type: none">• Engage Ministry of Health to ensure policies reflect availability of FP providers
Skilled workforce	<ul style="list-style-type: none">• Current training focuses only on front-line healthcare workers• Specialized care may be needed to manage adverse events or remove LARCs	<ul style="list-style-type: none">• Develop tiered trainings that target all levels of healthcare system• Incorporate supportive supervision into all trainings

4

STRATEGIC DIRECTION

	Challenges	Opportunities
Prioritization of FP	<ul style="list-style-type: none"> • Survival needs are priority over FP • Limited recognition of need for FP 	<ul style="list-style-type: none"> • Integrate FP with existing trainings and health system strengthening efforts
Quick vs. long-term solutions	<ul style="list-style-type: none"> • Short-acting contraceptives most available • LARCs could be better fit in crisis settings 	<ul style="list-style-type: none"> • Train on use of decision tools • Train on supply chain management
Women's Agency	<ul style="list-style-type: none"> • People are more vulnerable during crisis • Women could be pushed into contraception against their wishes 	<ul style="list-style-type: none"> • Integrate counseling into all trainings • Make human rights the cornerstone



MOVING FORWARD

Opportunity

- New global focus on FP in crisis
- Minimal FP trainings tailored for crisis setting

Innovation

- Technology available to improve training curriculum
- Trainings siloed, but could be integrated

System Strengthening

- Training without supply chain is futile
- National policy necessary for task shifting
- Capacity building needed at all levels
- Mentorship critical to long-term success



THANK YOU!

QUESTIONS AND DISCUSSION



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