

## I. Long-Acting and permanent methods

## II. Integrating LAPM into community level programming

## III. Requirements

Family planning is the conscious effort of women and couples to regulate when they want to begin childbearing and the number and spacing of births throughout their lifetime. This is accomplished with the use of temporary, long-acting and permanent methods of contraception. It includes educational, medical and social activities that enable individuals to freely determine the number and spacing of their children and to select the means by which this may be achieved.

Programs should strive to provide as many family planning methods as possible in an effort to meet the diverse needs of those wishing to use family planning throughout the various stages of their reproductive lives. To expand access to the range of methods available, programs should work to make methods available through direct provision or through referrals to facilities providing these methods, facility outreach, or mobile services. .

### I. LONG-ACTING AND PERMANENT METHODS

Four contraceptive methods are categorized as long acting or permanent methods (LAPM): intrauterine devices (IUDs), implants, vasectomy and female sterilization.

IUDs and implants are long-acting temporary methods, and when removed, return to fertility is prompt. Implants, depending

on the type, may last for up to three to seven years.

Vasectomies and Female Sterilization are permanent methods and attempts at reversal are generally not successful.

### IUDs

Copper-containing IUDs (TCu-380A), the ones generally available in Ministry of Health (MOH) family planning programs, are effective for at least 12 years, even though they are labeled for 10 years.

The *IUD Toolkit*<sup>i</sup>, created by the Maximizing Access and Quality Initiative, provides comprehensive, standardized, scientifically accurate, and evidence-based information on the IUD. It also provides guidance on best practices as well as tools to help improve access to and quality of IUD services.

The *IUD Checklist*<sup>ii</sup>, developed by Family Health International (FHI) and the U.S. Agency for International Development (USAID), is a simple checklist to help health care providers screen clients who were counseled about contraceptive options and made an informed decision to use an IUD. The checklist is based on the guidance included in the *Medical Eligibility Criteria for Contraceptive Use* (WHO, 2004).

## Implants

Progestin-only Implants<sup>iii</sup> is a two-page fact sheet, produced by FHI, which provides an overview of implants, including their effectiveness, mechanisms of action, characteristics, side effects, contraindications, use by HIV positive women, myths, and follow-up and counseling.

## Vasectomy

Vasectomy: Questions and Answers<sup>iv</sup> is a brief summary on vasectomy, produced by EngenderHealth, which also explains what it is, what the procedure entails, what happens after the operation, and how to decide if the procedure is the right choice for the client.

'Get a Permanent Smile': Increasing Awareness of, Access to, and Utilization of Vasectomy Services in Ghana<sup>v</sup> is a case study, conducted by the Acquire Project and EngenderHealth, which summarizes a pilot program in Accra and Kumasi metropolitan areas to explore whether vasectomy is a viable contraceptive choice when site interventions that focus on issues of quality and access are coupled with effective and strategic interventions aimed at public awareness.

## Female Sterilization

Female Sterilization: Questions and Answers<sup>vi</sup> produced by EngenderHealth, explains the procedure, how it works, what happens after the procedure, and how a client can make an

informed decision regarding female sterilization.

## Making an Informed Decision

As with any contraceptive method, temporary or permanent, it is essential to provide correct information to your client before they make an informed decision as to which method is right for them. The Decision Making Tool for Family Planning Clients and Providers<sup>vii</sup> helps clients choose and use the method of family planning that suits them best.

## II. INTEGRATING LAMP INTO COMMUNITY LEVEL PROGRAMMING

There are four main strategies for increasing the use of LAMP at the community level: Referrals to facilities, Mobile Clinics, Facility-Based Outreach and Satellite Clinics.

### Referrals to Facilities

To increase the use of LAMP, programs can establish partnerships with health facilities and other projects offering these methods. The training of Community Based Distributors or Community Health Workers should include information on all family planning methods offered in the project area, knowledge of referral sites and how to access them and information on how to collect data to monitor the referral system and overall family planning service delivery.

In Bangladesh with funding from the Flexible Fund, the Fair Foundation is working in three districts to increase knowledge and access to family planning services including LAMP. The project is using education materials developed by EngenderHealth to educate clients and refer them to private and public health facilities where the services are offered. The Couple Years of Protection index for the project area increased from 49,341 to 53,099 in one year.

### Mobile Clinics

When facility-based health centers are located far from communities or if the referral system is weak, mobile clinics can provide LAMP in the community without the need for clients to travel. Mobile clinics arrive in the community from the central or district level in either a medical van or other form of mobile unit transportation, bringing supplies and equipment necessary to perform LAMP insertions or surgeries.

Mobile Clinic Brings Family Planning to Nepal<sup>viii</sup> is a case study written by Population Services International highlighting a mobile clinic that serves communities in the Kathmandu Valley in Nepal. The mobile clinic provides condoms and oral contraceptives; long-acting methods, including IUDs, and permanent methods such as vasectomies.



*Mobile Reproductive Health Clinics Make Motherhood Safer in Remote Lao Villages*<sup>ix</sup>

highlights the success of a mobile clinic in the Saravan Province in Lao. The United Nations Population Fund documented this case study to demonstrate the challenges in accessing remote communities as well as the need for mobile clinics to provide family planning services to those who are unable to visit a facility-based center.

*Mobile Clinics Make the Rounds in Rural Bolivia*<sup>x</sup> is a case study produced by the International Planned Parenthood Federation that highlights the success of two mobile medical units reaching rural communities in the Chuquisaca region of Bolivia. The two units make monthly rounds and reach 12,000 women of reproductive age, providing a range of reproductive health services including LAPM services.

Mobile clinics are also part of a Flex Fund program being implemented by Save the Children in Guatemala. Save the Children has initiated mobile clinics providing LAPM in four project areas. The Guatemalan government is providing the vehicles through tax money.

In the Flex Fund supported program implemented by Save the Children Uganda, the local staff has coordinated with a team of providers from the Mulago teaching hospital to

provide vasectomy services on a monthly basis to men in the project areas. The schedule will be adapted to meet the demand.

### Facility-based Outreach

Another strategy for providing LAPM at the community level is through outreach services.

Outreach services are provided by trained staff from the local clinic who visits certain communities during a specific time. Usually, the clinic staff will provide the services in a location in the community not usually used for medical purposes, such as schools, churches, or other buildings. Some may even provide services in a location which may not be a building but perhaps under a tree or in the center of the community.

### Satellite Clinics

Besides outreach services, satellite clinics are an option as well for providing LAPM at the community level. A satellite clinic consists of a healthcare provider, usually from a nearby community, visiting certain areas on certain days. The provider sets up a clinic in a designated structure, usually a building only used for medical purposes, to provide LAPM.

## III. REQUIREMENTS

1) Ensure that LAPM methods offered are consistently available.

*Managing Drugs and Supplies*<sup>xi</sup>, created by Management

Sciences for Health, provides an online tool for program managers and providers to manage commodities and supplies. The manual is divided into six topic areas: assessment, selection, procurement, distribution, use, and management support.

*The Logistics Handbook: A Practical Guide for Supply Chain Managers in Family Planning and Health Programs*<sup>xii</sup>, produced by JSI/Deliver Project, explains the major aspects of logistics management with an emphasis on contraceptive supplies. It is intended to help managers who work with supplies every day, as well as managers who assess and design logistics systems for entire programs

2) Ensure providers are trained to perform IUD and Implant Insertions and Female and Male Sterilization.

*New Attention to the IUD*<sup>xiii</sup> recommends training a core group of providers for IUD insertions. Providers should also be trained to use the *FHI IUD checklist*<sup>ii</sup>.

*Expanding Access to Family Planning in Tanzania: Training Health Center Providers in IUD Services*<sup>xiv</sup> provides a brief summary of the Acquire Project's work in Tanzania. After conducting training in IUD insertions for providers and increasing access to LAPM in the Shiynanga region, overall contraceptive prevalence increased and more women were using LAPM.



3) Communication strategies that address social behavior norms and change are necessary to promote a positive image of LAMP users and dispel the myths and misconceptions regarding LAMP. Well-trained community-based distributors and volunteers can significantly reduce individual and community fears regarding LAMP and build positive acceptance of LAMP.

*Marketing and Communication Strategies for "Revitalizing" the IUD*<sup>xv</sup> summarizes some of the key consumer issues regarding the IUD and programs designed to address those issues.

*Acquiring Knowledge: Applying Lessons learned to Strengthen RH/FP Services*<sup>xvi</sup> (No. 4, 2006) documents the success of the AMKENI Model. This model was created through a partnership between FHI, EngenderHealth, Intrahealth, and PATH with funding from USAID. From 2001 to 2006, this project worked with the Kenyan MOH to increase family planning use, including LAMP. The AMKENI project strengthened the capacity of health facilities to provide LAMP, resulting in a 30 percent increase in the number of facilities providing IUD insertions. IUD insertions rose from 510 in 2001 to 1,169 in 2005.

<sup>i</sup> IUD Toolkit

<http://www.maqweb.org/iudtoolkit>

<sup>ii</sup> IUD Checklist

<http://www.fhi.org/NR/rdonlyres/ecvtj4vkunlqahcublwy2mwvoaakqnoqgn6ksve6qh5ijiwjpuap6grv6ldknrj7tknkbuipb4k73j/IUDchecklistenrh1.pdf>

<sup>iii</sup> Progestin-Only Implants

[http://www.fhi.org/training/en/module\\_s/ARV/resources/Implants.pdf](http://www.fhi.org/training/en/module_s/ARV/resources/Implants.pdf)

<sup>iv</sup> Vasectomy: Questions and Answers

<http://www.engenderhealth.org/wh/fp/cvas2.html>

<sup>v</sup> Get a Permanent Smile

[http://67.96.133.10/fileadmin/user\\_upload/ACQUIRE/Publications/ACQUIRE\\_Knowledge\\_Ghana\\_final.pdf](http://67.96.133.10/fileadmin/user_upload/ACQUIRE/Publications/ACQUIRE_Knowledge_Ghana_final.pdf)

<sup>vi</sup> Female Sterilization:.

<http://www.engenderhealth.org/wh/fp/cfem2.html>

<sup>vii</sup> The Decision Making Tool .

[http://www.who.int/reproductive-health/family\\_planning/counselling.htm](http://www.who.int/reproductive-health/family_planning/counselling.htm)

<sup>viii</sup> Nepal case study.

<http://www.psi.org/news/0404b.html>

<sup>ix</sup> Lao case study.

<http://www.unfpa.org/news/news.cfm?ID=595>

<sup>x</sup> Bolivia case study.

[http://www.ippfwhr.org/publications/serial\\_article\\_e.asp?SerialIssuesID=111&ArticleID=277](http://www.ippfwhr.org/publications/serial_article_e.asp?SerialIssuesID=111&ArticleID=277)

<sup>xi</sup> Management Sciences for Health.

<http://erc.msh.org/mainpage.cfm?file=1.0.htm&module=drugs&language=English>

<sup>xiii</sup> The Logistics Handbook:

[http://portalprd1.jsi.com/portal/page/portal/DEL\\_CONTENT\\_PGG/DEL\\_PUBLICATION\\_PG1/DEL\\_GUIDE\\_HANDBK\\_PG1/LOGISTICSHANDBOOK.pdf](http://portalprd1.jsi.com/portal/page/portal/DEL_CONTENT_PGG/DEL_PUBLICATION_PG1/DEL_GUIDE_HANDBK_PG1/LOGISTICSHANDBOOK.pdf)

<sup>xiii</sup> New Attention to the IUD.

<http://www.infoforhealth.net/pr/b7/published/b7eng.pdf>

<sup>xiv</sup> Expanding Access to Family Planning in Tanzania: Training Health Center Providers in IUD Services.

[http://www.acquireproject.org/fileadmin/user\\_upload/ACQUIRE/Tanzania-IUD-training-final.pdf](http://www.acquireproject.org/fileadmin/user_upload/ACQUIRE/Tanzania-IUD-training-final.pdf)

<sup>xv</sup> Marketing and Communication.

[http://www.maqweb.org/iudtoolkit/marketing\\_comm/overviewiudmarketing.pdf](http://www.maqweb.org/iudtoolkit/marketing_comm/overviewiudmarketing.pdf)

<sup>xvi</sup> Acquiring Knowledge.

[http://www.acquireproject.org/fileadmin/user\\_upload/ACQUIRE/Publication\\_s/ACQUIRE\\_Knowledge\\_AMKENI\\_final.pdf](http://www.acquireproject.org/fileadmin/user_upload/ACQUIRE/Publication_s/ACQUIRE_Knowledge_AMKENI_final.pdf)

#### References:

1. World Health Organization. 2004. *Medical Eligibility Criteria for Contraceptive Use 3<sup>rd</sup> ed.* Geneva. WHO Publications.

*If you wish to receive the monthly Community Based Family Planning Technical Updates, please join the Community Based Family Planning listserv by contacting Mia Foreman at [Mia.Foreman@orcmacro.com](mailto:Mia.Foreman@orcmacro.com)*

