Overcoming barriers to IUD use in the DRC: Lessons learned for improving informed choice

Jessica Kakesa, MD, Technical Advisor, Reproductive Health
Erin Wheeler, MPH, Contraception & Abortion Care Advisor

International Rescue Committee
The IRC helps people whose lives and livelihoods are shattered by conflict and disaster to survive, recover and gain control of their future.

For women and girls in crises, we are committed to

- Increasing use of modern contraception to prevent unintended pregnancy
- Making pregnancy and childbirth safer
- Preventing and treating the consequences of gender-based violence
The IRC supports SRH services in 23 crisis-affected countries.
Project to increase access to contraception, abortion care implemented since 2011

240,724 clients adopted contraception in focus countries from 2011-2017

57% adopted LARCs
Contraception uptake in the DRC was low, particularly for IUDs, from 2011-2013

Average of 14 contraception adopters, per facility, per month

Half chose implants, only 2% chose IUDs
Formative assessment in South Kivu revealed gaps in program quality

Providers lacked skills in contraceptive counseling, provision of LARC

Providers held negative attitudes and misconceptions about the IUD

Women and their partners lacked information about contraceptive methods, feared side effects and held false beliefs about contraception, particularly the IUD
Revised strategy adopted to address key program gaps

Supply-side program changes

• **Systematic clinical coaching**
• Values clarification activities
• Peer supervision among providers
• Data analysis and use meetings
• Pop Council’s Balanced Counseling Strategy
• **Post-partum IUDs & LNG IUS**

Demand-side program changes

• Large BCC campaigns
• **Community mobilization by satisfied users**
• Engagement of male partners
• Radios spots to dispel misconceptions
Improving clinical coaching for providers was critical to overcoming LARC quality gaps

Adapted from CARE

<table>
<thead>
<tr>
<th>STEP/TASK</th>
<th>METHOD-SPECIFIC COUNSELING</th>
<th>RESULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Great the client and establish a warm and cordial relationship. Ensure client has had a chance to discuss about other FP methods with a provider. Checks personal and basic medical history have been taken and documented, reproductive goals discussed and methods of choice explored in more detail</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Ensure that she knows that menstrual changes are a common side effect among IUD users, and that the IUD does not protect against STIs.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Describe the medical assessment required before IUD insertion, as well as the procedures for IUD insertion and removal.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Encourage her to ask questions. Provide additional information and reassurance as needed.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**IUD INSERTION**

**Client Assessment** (Use "method not advised if you" notes from BCS+ method brochure to confirm that the woman is eligible for IUD use.)

1. Review the client’s medical and reproductive history.                                                                       | |
2. Ensure that equipment and supplies are available and ready to use.                                                         | |
Engaging satisfied users as community mobilizers helped overcome myths and misconceptions.
Introducing postpartum and LNG IUDs gave clients more options
No. of clients adopting modern contraception increased after program changes were introduced.
More clients chose the IUD and implant adoption continued to rise

Contraceptive method mix among clients adopting contraception,
Two health zones, South Kivu, 2012-2017, n=61,134

- OCP
- Injectable
- Implant
- IUD
- TL
- Vas
Conclusions

Women and girls in conflict-affected areas use contraception, including LARCs, when services are accessible and of good quality.

Method mix is determined as much by the quality of services (including the competency and attitudes of providers) as by the preferences of clients.

Focused strategies are needed to overcome barriers to new methods and offer truly informed choice to women and girls.
Thank you!