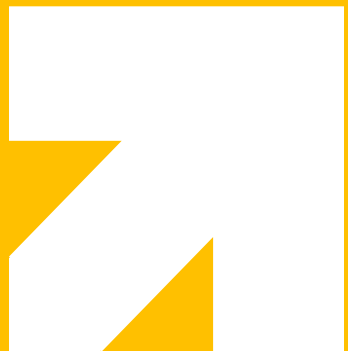


# Overcoming barriers to IUD use in the DRC: Lessons learned for improving informed choice

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

International Rescue Committee



# About the International Rescue Committee

## IRC Mission

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

## Sexual and reproductive health

*For women and girls in crises, we are committed to*



Increasing use of modern contraception to prevent unintended pregnancy

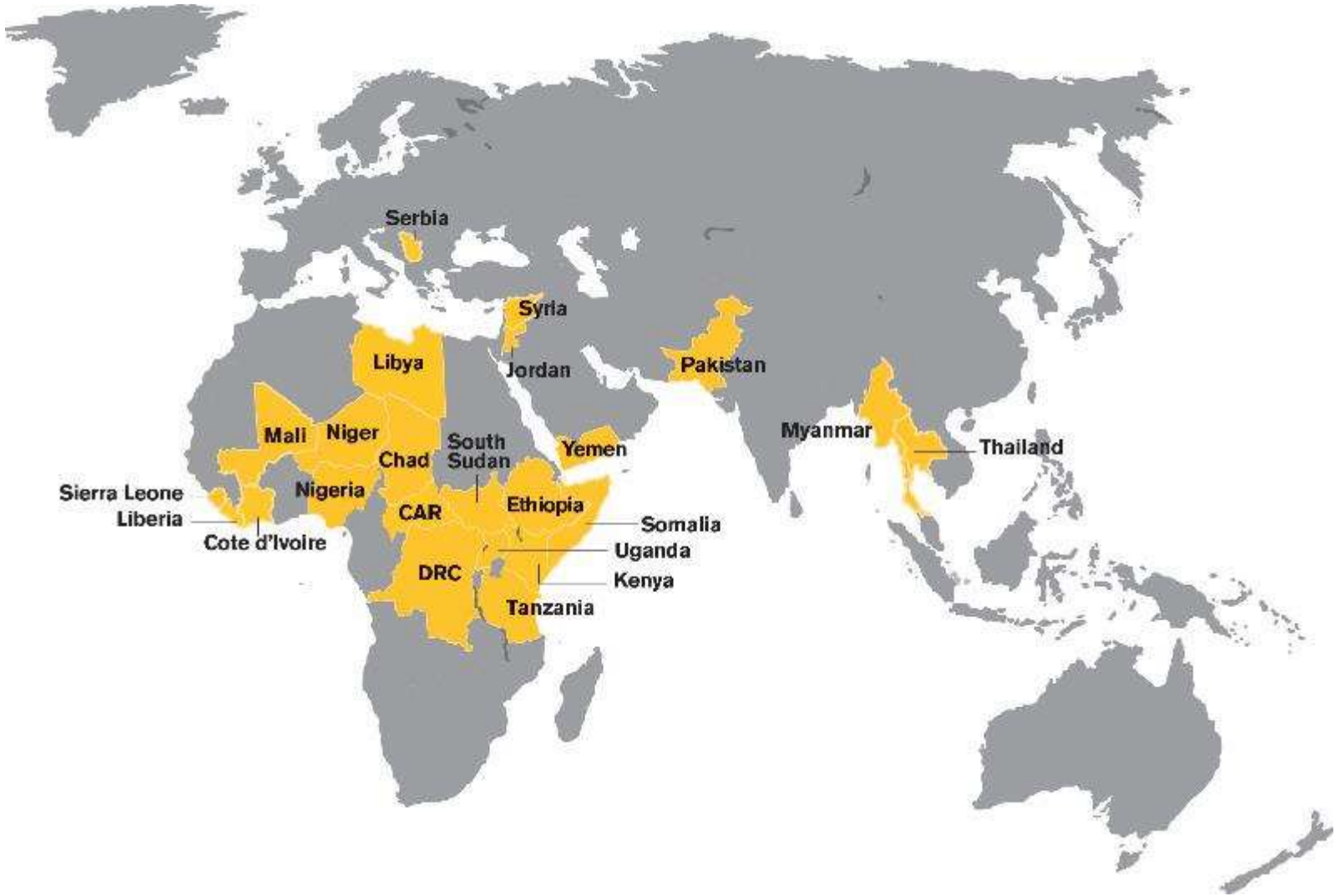


Making pregnancy and childbirth safer



Preventing and treating the consequences of gender-based violence

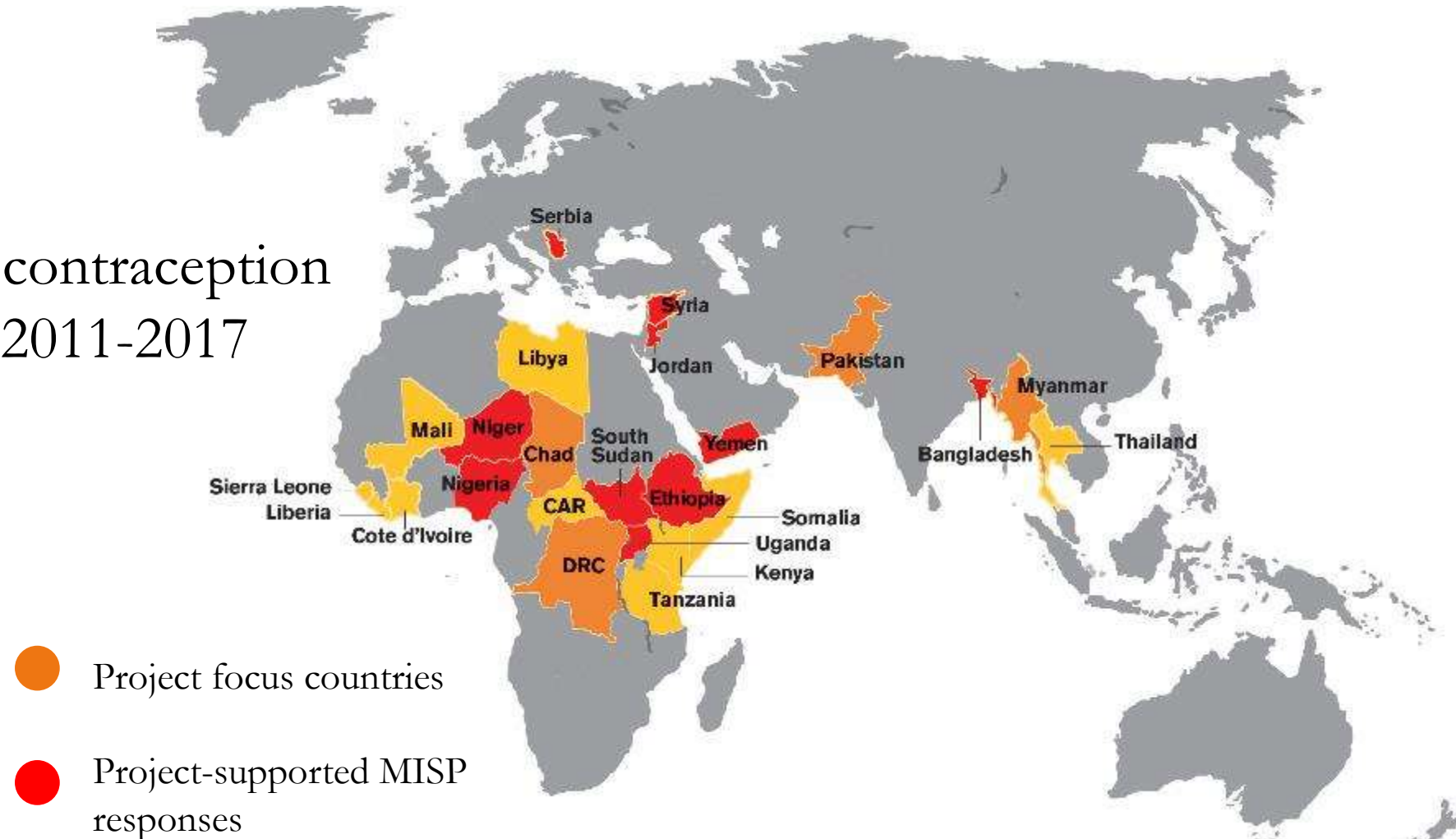
# The IRC supports SRH services in 23 crisis-affected countries



# Project to increase access to contraception, abortion care implemented since 2011

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

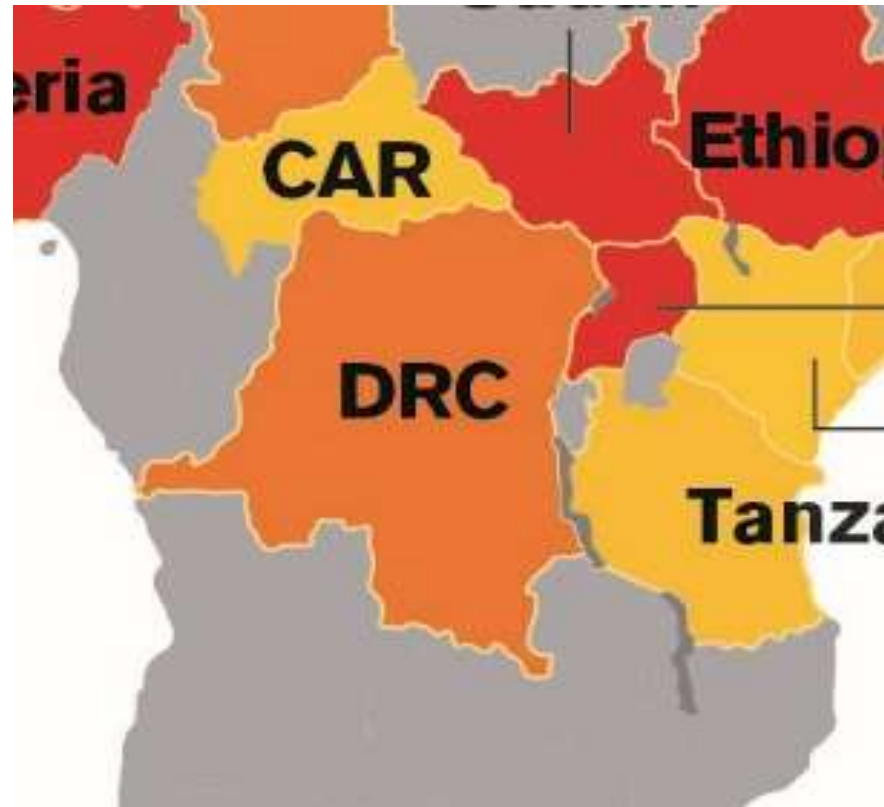
57% adopted LARCs



# 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 LARCs

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

CHECKLIST FOR IUD COUNSELING AND CLINICAL SKILLS (REGULAR Multiload CU375 )	
STEP/ TASK	Results ("✓" / "X" / "N/O")
<b>METHOD-SPECIFIC COUNSELING</b>	
1. Greet 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.	
<b>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.</b>	
3. Describe the medical assessment required before IUD insertion, as well as the procedures for IUD insertion and removal.	
4. Encourage her to ask questions. Provide additional information and reassurance as needed.	
<b>IUD INSERTION</b>	
Client Assessment (Use "method not advised if you" notes from BCS+ method brochure to confirm that the woman is eligible for IUD use.)	
<b>1. Review the client's medical and reproductive history.</b>	
2. Ensure that equipment and supplies are available and ready to use.	

Adapted from CARE

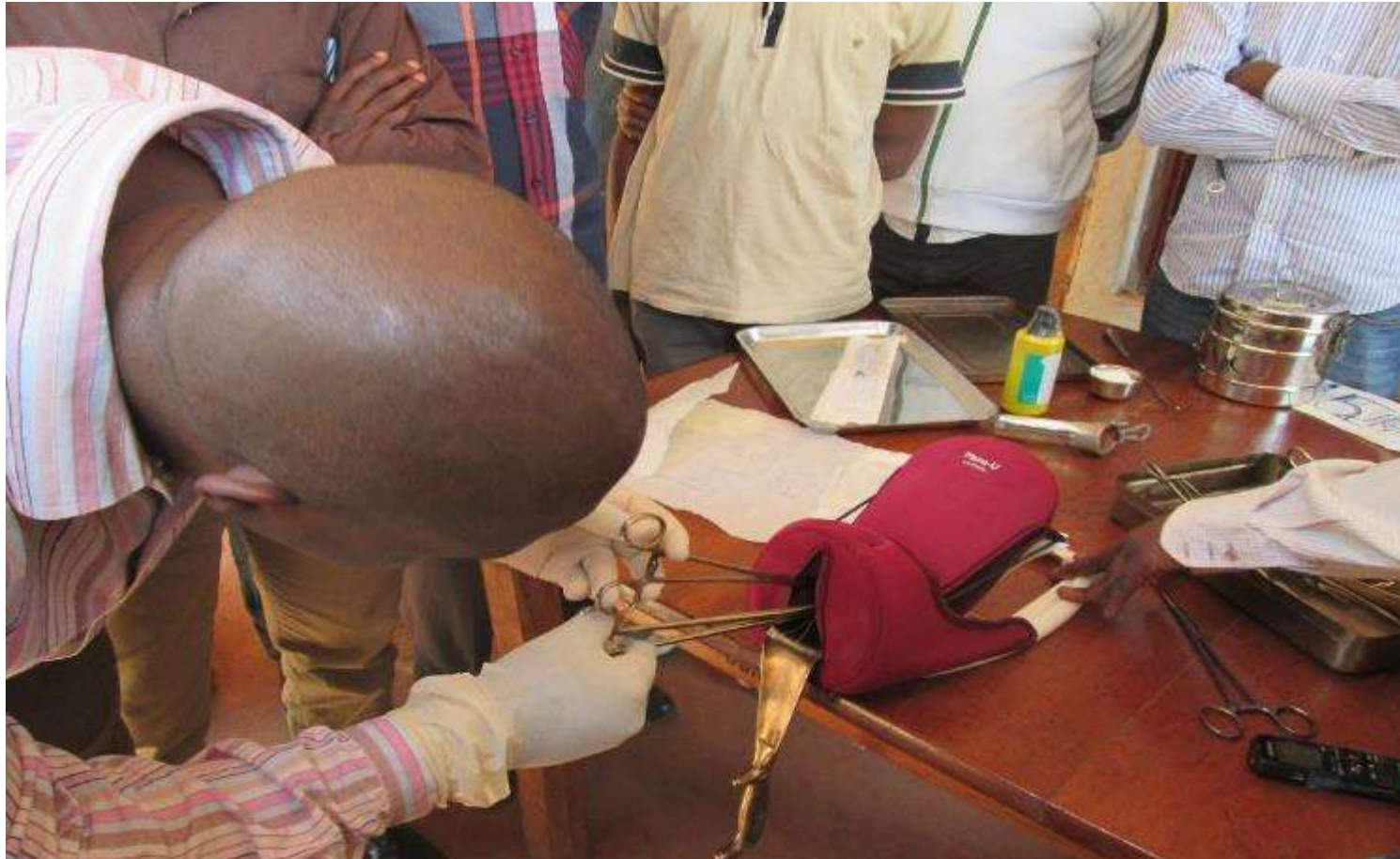




# Engaging satisfied users as community mobilizers helped overcome myths and misconceptions

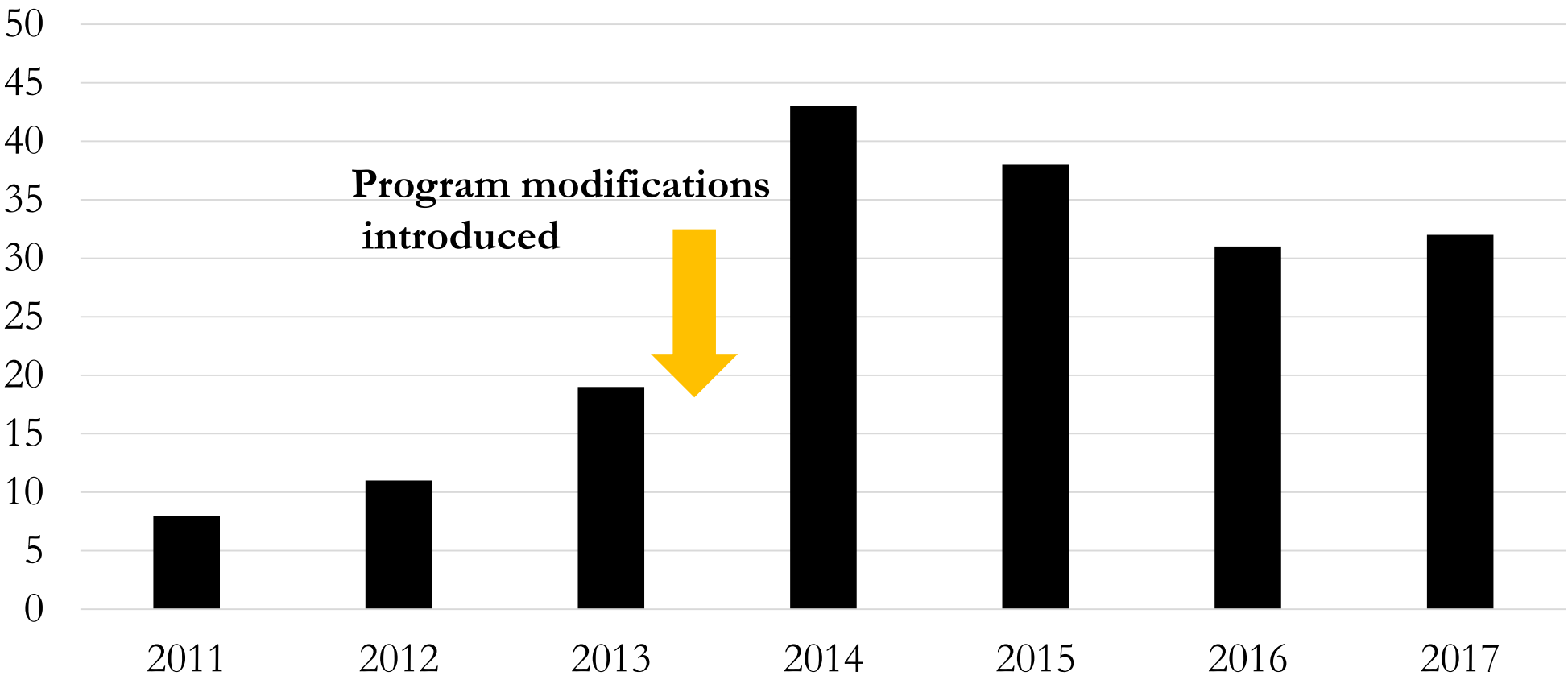


Introducing postpartum and LNG IUDs gave clients more options



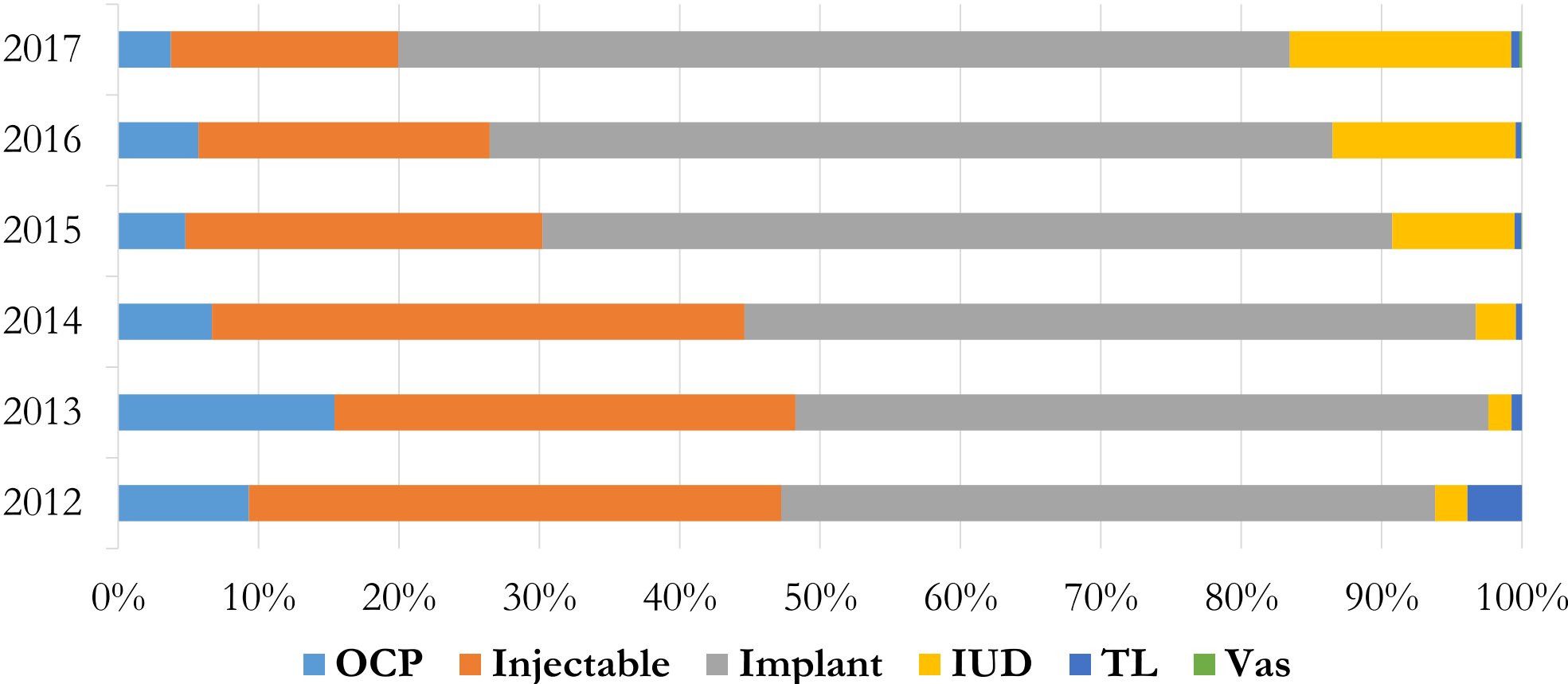
# No. of clients adopting modern contraception increased after program changes were introduced

Mean no. of clients adopting contraception, per facility, per month  
Two health zones in South Kivu, 2011-2017



# 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



# 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!

