

Increasing Voluntary Uptake of Family Planning (FP) at Kenani Refugee Camp in Nchelenge District of Luapula Province, Zambia

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Background

- UNHCR estimates that there are 65.6 million forcibly displaced people worldwide with 22.5 million living as refugees.
- One-fourth of all refugees, displaced persons, and disaster victims are women and girls of reproductive age (Schlachter 2017) who need more than just access to basic services like food and shelter.
- Access to family planning (FP) in refugee settings can be rare and unintended pregnancy only adds burden to an already challenging situation.
 - It's also highly dangerous: the rate of women who die or suffer injury while giving birth in crisis settings is almost double the world average (Schlachter 2017).
- Scaling up access to FP can help reduce unintended pregnancies, unsafe abortions and result in a decrease of maternal death and disability.
- Kenani refugee camp in Zambia opened in January 2017 and has registered 14,771 Congolese refugees as of February 2018.
 - 52% of these are women and 43% percent (3,311) are of childbearing age (15-49 years).

Program Intervention

Beginning in October 2017, The Maternal & Child Survival Program (MCSP), in collaboration with Nchelenge District Health Office, began providing Technical Assistance (TA) to frontline health workers in Kenani Refugee Camp and to health care staff at Kashikishi Health Center (which serves the refugee population).

TA includes:

- Support to community-based volunteers to carry out community engagement activities, including provision of FP messages in order to help create awareness of and demand for FP.
- Human capacity development through on-the-job mentoring to enable health care workers to provide comprehensive FP services, including long-acting and reversible contraceptives (LARCs), in the camp.
- Technical support for data capture and data use.

Lessons Learned

MCSP's TA has been a catalyst for and expanding the range of FP methods used by refugees living in Kenani Refugee Camp. This has resulted in a rapid increase in voluntary uptake of FP, most significantly in LARCs. Improved FP at the health center serves this refugee population as well as the local Zambian population, thereby benefitting both populations.

Methodology

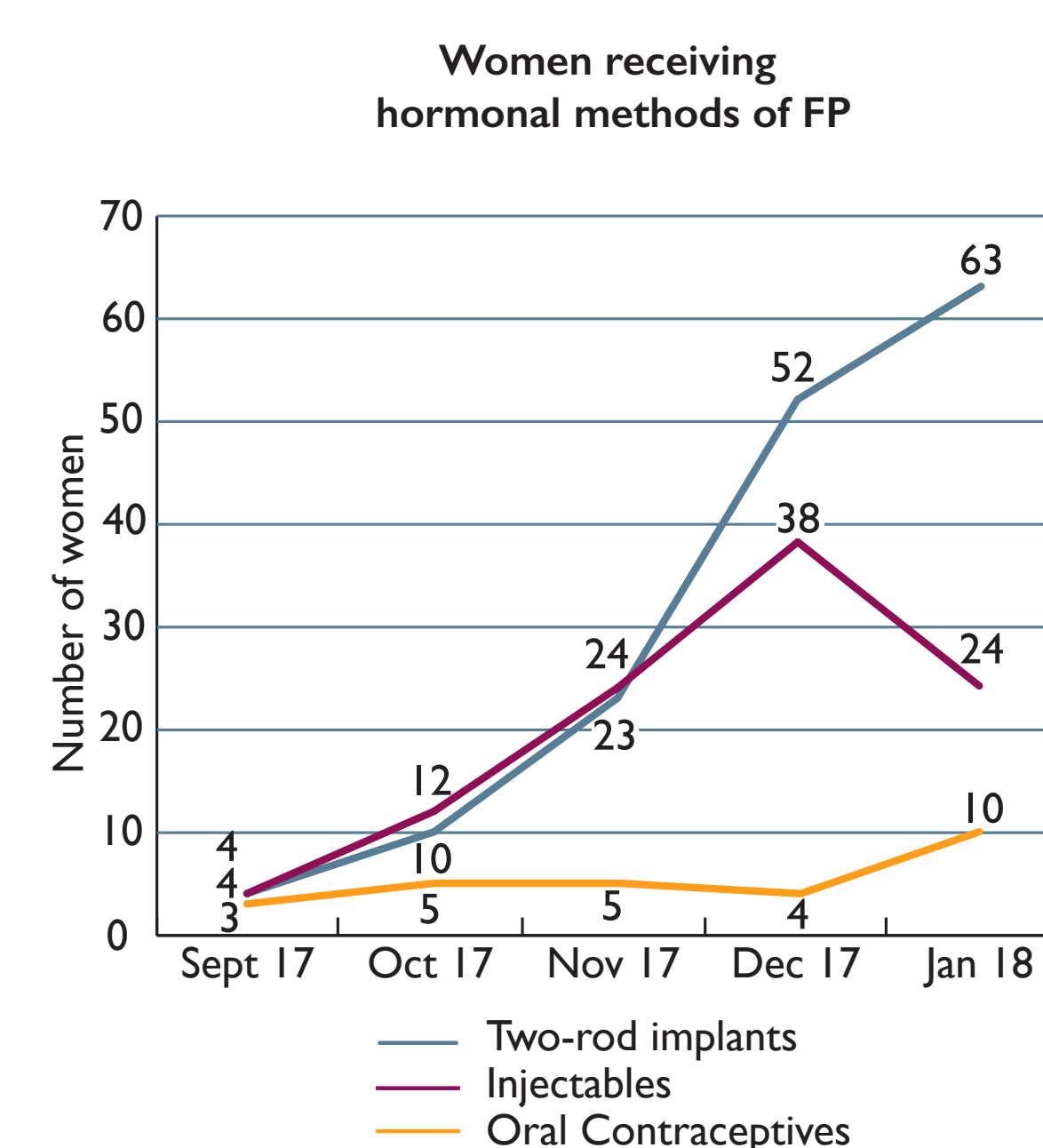
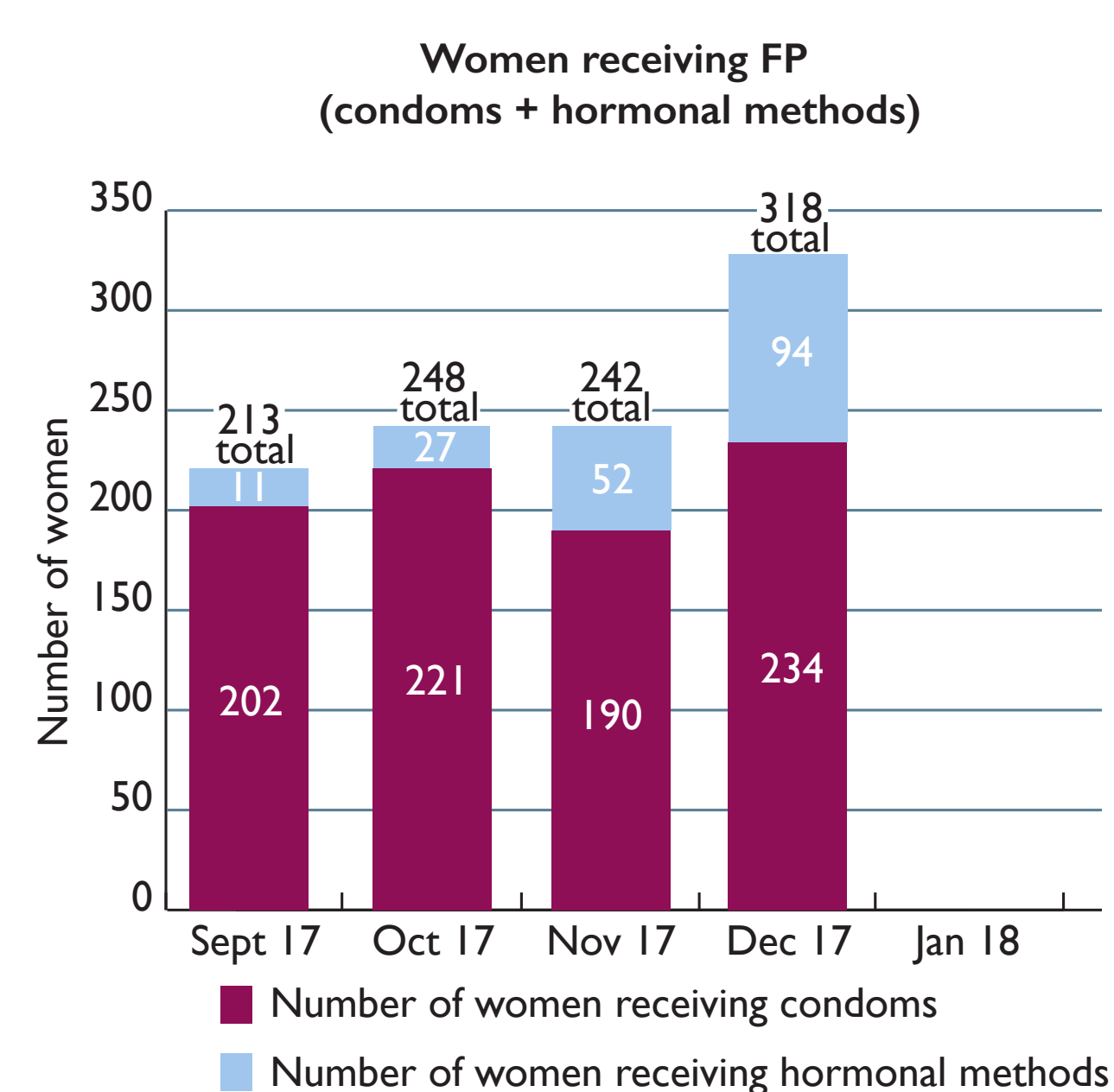
A secondary review of routine service delivery indicators from Kashikishi Health Center was undertaken from September 2017 to December 2017 was undertaken.

Note: Refugee records were not recorded in a separate register before September 2017, so the data presented here reflects all clients at Kashikishi Health Center.

Key Findings

There has been a steady increase in the number of women voluntarily receiving FP since the program intervention began.

- FP uptake increased from 213 users (6.4% CPR) in September 2017 to 328 users (10% CPR) in December 2017.
- There was also a marked increase in voluntary uptake of hormonal methods, especially the two-rod contraceptive implant, which increased from 2% in September 2017 to 16% in December 2017.



It is imperative that we continue to provide FP counseling and a range of contraceptive methods for all women, regardless of where they live, including those who are displaced from their homes. Ensuring that women have access to FP not only meets their basic human rights, it also remains a low-cost way of reducing pregnancy-related deaths. Unfortunately, conflict-affected settings receive 50% less funding for reproductive health than stable settings (Berryman 2017) making it nearly impossible to ensure women receive the essential care they need and want.