

Feasibility of Providing Family Planning Services through an Agricultural Cooperative Field Day: Lessons from Rural Kenya

Objective

To determine the feasibility of providing family planning and other health services during recurring field days supported by established dairy cooperatives in Kenya.

Methods

Seven dairy cooperatives, supported by the U.S. Agency for International Development (USAID)/Kenya Dairy Sector Competiveness Project (KDSCP) and implemented by Land O'Lakes International Development, each held a health camp during an established field day. Held between August and December 2010, the camps included a package of free family planning and other health services. Women ages 18 to 49 years who received services were invited to participate in a survey. Through the survey and additional sources, data were collected on attendance, unmet need for contraception, services received, and the costs of providing the services.

Findings

- Utilization of health camps was high. More than 80% of the 2,344 attendees at the seven field days received health consultations; 73% of them were women, and notably 27% men. Fifty-eight percent of all consultations were provided to people who were affiliated with a cooperative.
- Of the 319 agreeing to participate in the survey, contraceptive need was established for a subset of 206 women identified as married and non-pregnant. Among these 206, 87% said they discussed family planning with a provider during the health camp.
- Of the 206 women, about four of five (81%) were already using a modern contraceptive method; another 4% had no need for contraception (e.g., were intending to get pregnant); 15% had unmet need for contraception.
- Of the 166 women already using a modern contraceptive method, 42 of them (25%) received additional supplies of a modern method.
- Of the 32 women with an unmet need, none of them initiated a modern method of contraception at the health camp.

- Of all women surveyed, 83% reported that they preferred receiving health services at a field day rather than at their customary health facilities.
- While women received free services at the field day, women surveyed paid US\$3.76 for their last family planning (FP) services when visiting a health-care provider.

Conclusion

The health camps provided a convenient and free channel for current contraceptive users to resupply their methods. About one of five women in the study subset received additional supplies of a modern method. Of the 32 women with an unmet need, none of them initiated a modern method of contraception at the health camp. The field days appear to be most effective in supporting contraceptive continuation, rather than uptake among those not using contraception. The Ministry of Health plans to work with Land O'Lakes to offer outreach services at upcoming field days, and several options are being explored to sustain and expand the field day health camp model.

Background

Access to family planning (FP) and other reproductive health services continues to be a problem in much of rural sub-Saharan Africa, where in 2008 approximately 25% of married women wanted to avoid pregnancy but were not using effective contraception.¹ Factors that impede acceptance and continued use of FP include long distances to health facilities, shortages of health care workers, and stock-outs of methods. Low access to dependable FP services makes it difficult for couples to achieve optimal birth-spacing, which can increase the risks of maternal and child morbidity and mortality.² Although some African governments are prioritizing efforts to reach rural populations with improved health services (for example, through the Kenya Essential Package for Health),³ FP services are not always included.

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One way to improve access to FP is to identify existing non-health institutions that provide development assistance in underserved areas, such as microfinance programs, environmental groups, and agricultural cooperatives. Like FP advocates, these organizations support values of self-reliance and empowerment. They are also well positioned to reinforce the message that managing births can be an effective approach for increasing household wealth.

Land O'Lakes International Development is a division of Land O'Lakes, Inc., the second-largest member-owned agricultural cooperative based in the United States. The company is most well known as a leading marketer of dairy-based food products in the United States. For the past 30 years, the International Development division has implemented more than 260 programs funded by USAID and the U.S. Department of Agriculture in more than 76 developing countries; the programs strengthen cooperatives, food security, and agricultural development. In Kenya,

through KDSCP, Land O'Lakes-supported cooperatives sponsor quarterly field days at locations convenient to dairy farmers. Members of the cooperatives and other community residents attend the field days to learn about the dairy industry and make contacts with suppliers and potential customers.

The Land O'Lakes field days provide an opportunity for potentially underserved women to receive FP and other health services through a "health camp" model. Health camps are offered at sites where demand for FP services is thought to be high but access to such services may be limited because of geographic and economic constraints.⁴ These camps typically consist of a temporary clinic located in a non-medical facility such as a school, church, or community hall. Providers offer services and medicines tailored to the needs of the community, usually free of charge.

Although variants of the health camp model have been used to provide FP services in a few countries,⁵ little is known about providing FP outside of the health sector, such as during community gatherings for non-health purposes. The U.S. Agency for International Development funded FHI 360 through the PROGRESS project to work with Land O'Lakes and the Ministry of Health to determine the feasibility of a health camp model for providing FP services during field days supported by mature and well-managed dairy cooperatives in two provinces in Kenya.

Study Population

The research took place in rural areas of Central and Rift Valley Provinces in Kenya. The most recent Demographic and Health Survey (DHS) from these areas suggests that 50% of women aged 18–49 who work in the agricultural sector or have a husband who works in the agricultural sector are currently using contraceptive methods.⁶ Of these women, approximately one-third obtain their methods from the public sector, and the rest use private-sector sources. Among all the women working in agriculture in these two provinces, 12% reported they did not know where to obtain FP services.

The DHS also showed a 30% unmet need for FP among rural married women living in the study areas. However, current levels of FP use and unmet need were unknown among households affiliated with Land O'Lakes-supported cooperatives, most of which are located on small farms far from public- or private-sector health facilities.

Field Day Health Camps

Field day health camps were organized and implemented at three sites in Central Province and four sites in Rift Valley Province. The health camps took place during scheduled field days between August and December 2010, and each one ran approximately from 9 AM until 6 PM. Participating cooperatives posted announcements about the health camps one week before the field days, inviting not just cooperative members but the entire community to attend. Steps required to organize and implement the camps are summarized below.

Approval from local health authorities. The Division of Reproductive Health within the Ministry of Health (MOH) provided a letter of introduction to inform provincial and district health officials about the study. FHI 360 staff then held informational meetings with local health authorities to gain their approval. Stakeholder meetings were also held to inform cooperative leaders about the field day health camp service model, solicit opinions about elements of the proposed package of services, and gauge the interest of cooperative leadership in sustaining this model financially, if successful. Stakeholders suggested the package include various health services, not just family planning.

Site selection and approval by cooperative management. Land O'Lakes field coordinators identified upcoming field days that would be supported by mature and well-managed cooperatives. FHI 360 staff visited each site to discuss study plans with cooperative management and to attain site approval for the study. Initial concerns that the health camps would divert farmers' attention from dairy-related activities were allayed after the first successful field day showed these concerns to be unfounded.

Selection of health providers. FHI 360 staff visited each site at least two weeks before the field day to identify health providers to deliver services during the health camps. District health officials provided lists of public- and private-sector providers with recent training in FP and HIV counseling and testing. Both private and public health providers were selected based on their availability to work at the field days and on their interest in following up with clients who required additional services that were not available at the health camps. To address low drug stocks among private providers, pharmacists were made available at the camps to dispense drugs based on a clinician's prescription.

Table 1: Family Planning Services Received by a Subset of Married, Non-Pregnant Women, Sorted by Contraceptive Need

	Unmet Need (n=32, 15%)		Currently Using a Modern Method (n=166, 81%)		No Need (n=8, 4%)		Total* (n=206)	
	#	%	#	%	#	%	#	%
Discussed family planning	26	81	148	89	5	63	179	87
Received a modern method	0	0	42	25	0	0	42	20
Received a non-modern method	1	3	0	0	1**	13	2	1

* All women for whom contraceptive need could be established. Of the 319 women who were surveyed, 113 were excluded from this group for one of the following reasons: unmarried, pregnant, infertile, or contraceptive use could not be determined.

** One woman who wanted to have a child in the next year, and thus was considered to have no need for contraception, received a non-modern method.

Service provision. Three health service providers were available at each health camp (all trained clinicians from the public and private health sector). Although both men and women could consult the providers, the service package they offered focused on women's health. The FP services offered consisted of information and counseling; provision of oral contraceptives, injectables, and condoms; and referrals for long-acting methods. Standard Kenya MOH job aids and checklists were used to help interested clients choose an appropriate FP method. The package also included child immunizations, antenatal care, screening and treatment for sexually transmitted infection, HIV counseling and testing, treatment of minor illnesses, and referrals. All services were provided free of charge, but attendees were responsible for the costs of follow-up care and referrals. In Kenya, women pay a nominal fee at a public clinic and various levels at private providers.

Data Collection

This descriptive study measured current levels of contraceptive use, unmet need for FP, and demand for various health services at the cooperative-sponsored field days. The different types of services provided and the costs of the service model were also tracked. Data were collected using four different instruments: a survey for female clients, a provider service checklist, a field day registration sheet, and an expenditure spreadsheet.

All women 18 to 49 years old who received any health services from an on-site clinician were invited to participate in a survey that included questions about their contraceptive history, the field day health camp model, and the package of services offered at the camps. Each on-

site provider also completed a checklist at the end of each client session to indicate which services he or she provided from the package. The purpose of the checklist was to understand the services most requested by the men and women visiting the health camps. It was also used to determine whether the services requested by community residents differed from the services requested by affiliates of the cooperatives.

At the end of each field day, study staff collected attendance statistics from standard cooperative registers. In addition, cost information of the major components of the event was collected in order to estimate the cost of scaling up the model in other cooperatives within Kenya. This included the costs of organizing stakeholder meetings, identifying providers, advertising and implementing the health camps, and other logistics.

Use of Health Services

Use of health services at the seven field days was high. More than 80% of the 2,344 attendees received health consultations, and 73% of them were women. Among all attendees, the most frequently received services were general physical examinations (66%), FP services (18%), and HIV counseling and testing (14%). Services received by men and women differed slightly. A greater proportion of men (20%) than women (11%) received HIV services, but no men received FP services.

Fifty-eight percent of all consultations were provided to people who were affiliated with a cooperative. In general, the services received by people affiliated with a cooperative versus those not affiliated with a cooperative were the

same. However, HIV services were received slightly more frequently by cooperative affiliates (15%) than non-affiliates (11%), as was FP counseling (21% of affiliates compared with 13% of non-affiliates).

Surveys were conducted with 319 women. The mean age of the women was 33 years. The majority were married (76%) and poor (80% in the lowest two wealth quintiles), and about half had no more than a primary education. Only 40% were affiliated with a dairy cooperative, either by blood, marriage, or employment. The services they most frequently reported receiving at the field days were general physical examinations (96%), FP information (60%), FP methods (16%), and HIV counseling and testing (14%).

Of the 319 women who were surveyed, 113 were excluded from this group for one of the following reasons: unmarried, pregnant, infertile, or contraceptive use could not be determined. Among the remaining subset of 206 women (all married and non-pregnant), about four of five (81%) were currently using a modern contraceptive method. The most popular methods being used were injectables (38%) and pills (17%), followed by the intrauterine device (9%). Injectables and pills were the most popular methods in both provinces. However, the third most popular method was the intrauterine device in Central Province (13%) and the implant in Rift Valley Province (8%). Of the current contraceptive users, 25% reported receiving additional supplies of condoms, pills, or injectables at the field days.

Fifteen percent of the 206 women had an unmet need for contraception. A woman was classified as having an unmet need if she was married, not pregnant, did not want a child in the next year, and was not

currently using a modern method of contraception. Unmet need varied by province (9% in Central Province and 21% in Rift Valley Province), but not by age (16% among women under 25 and 16% among women 25 or older).

Among the 32 women with an unmet need, 22 of them did not want a contraceptive method. Four others wanted a method that was not available at the field days and so were referred to additional health facilities (data not shown in table). The other six women did not discuss FP with a provider. Thus, none of the women grouped according to having an unmet need initiated a modern method of contraception during a field day health camp.

Among the 206 women, 87% discussed FP with a provider, and 20% received a modern method. A greater proportion of women received methods in Rift Valley Province (28%) than in Central Province (14%).

Attitudes toward Field Days

Two-thirds of the women in the overall survey reported knowing about the field day health camp prior to arriving at the event. Of these women, nearly all (96%) desired to get a general physical health examination. The second most desired services were FP and HIV counseling and testing (12% each). Very little demand was reported for immunization or antenatal care services (3% and 1%, respectively). The women learned about the health camps from a broad set of sources. The most common was a representative of the cooperative (46%), followed by a cooperative committee member (25%) and a neighbor (17%).

Eighty-three percent of those surveyed reported that they preferred receiving services at the field day rather than at their customary health facility. Sixty-eight percent said they would have attended the field day even if health services were not offered.

Conclusions and Next Steps

The results of this study suggest that the health camp model is a feasible way to offer health services, including FP services, through cooperative-supported field days in rural Kenya. The mean cost of implementing a health camp was US\$1,445 (US\$5.87 per consultation or US\$4.04 per cooperative member). This information can be helpful in planning resource requirements for eventual scale-up of the model in other locations.

Fees for service were not charged at the health camps. In contrast, women who were surveyed reported paying a mean cost of US\$1.85 for services at their last antenatal care visit and US\$3.76 for their last FP services when visiting a health-care provider. The field day health camps were highly acceptable, as they offered convenient access to services that women wanted, and the camps effectively targeted the poor (80% of those surveyed in the lowest two wealth quintiles).

In addition to providing general health services, the health camps provided integrated FP and reproductive health services and offered many current contraceptive users a convenient opportunity to resupply their FP methods. The fact that none of the women classified as having an unmet need for contraception chose to initiate modern FP at the health camp reflects what might occur in a traditional health facility, where providers often see many returning FP clients but few new contraceptive users.

Results also suggest that including health camps in field day activities may increase attendance at the field days, as more than a quarter of the women surveyed said they might not have attended without the promise of receiving health care.

As a result of linkages facilitated by the health camps, the MOH has identified field days as an important opportunity for providing outreach services through public sector providers. The MOH and other partners are planning to work with the cooperatives at the seven study sites to offer a range of health services including FP during upcoming field days.

Some cooperatives are also considering encouraging their members to pay directly for health services at field days. Others are exploring the possibility of creating a health scheme in which every member of the cooperative contributes money toward their health needs. Following the field day health camp, one cooperative implemented a credit arrangement with a health facility that allows farmers to pay for health care through their milk deductions, and other cooperatives are considering a similar approach.

The sustainability of the field day health camp model will depend on how cooperatives and other stakeholders such as the MOH work together to coordinate roles and local resources to organize the camps. If successful, this work will show how increasing linkages can lead to locally generated solutions to improving rural access to FP and other health services, especially in rural areas among poor women.

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