Salud Mesoamerica Initiative
Family Planning Interventions and Progress

April 2018

Family Planning Facts:

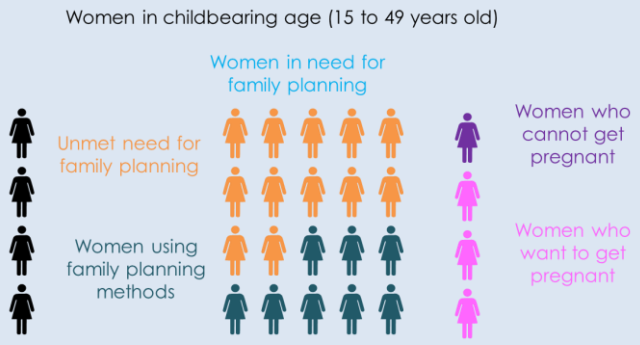
- Family planning is the single most effective intervention to reduce neonatal and maternal mortality.[1,2]
- In addition to reducing the crude number of pregnancies, contraceptive use decreases unwanted pregnancies, which results in fewer abortions and high-risk pregnancies.
- Contraceptive use has the greatest effect in reducing high-parity births.[3]
- In 2008, maternal deaths would have been 1.8 times higher were it not for contraceptive use.[4]
- Introduction of oral contraceptives increased female labor participation, female human capital investment in college education, female expectations on college returns, the age of first birth and the age of first marriage[5,6]

Unmet need for family planning:

- One in four sexually active women who want to avoid pregnancies in developing countries have unmet need for contraception.[7]
- About 212 million women in the developing world have unmet need for contraception.[7]
- Latin America is the region with the highest contraceptive use by married women (63%), above Asia (48%) and Africa (18%).[8]
- Unmet need in Central America is estimated below the regional average, at 13%.[9]
- There are huge inequalities between the richest 20% and the poorest 20% in each country (on average 15 percentage points in Mexico and Central America).

Definition of Unmet Need

Women who have unmet need are defined as those who want to delay or stop childbearing but are not using contraception. In other words, they are potential users of contraception.

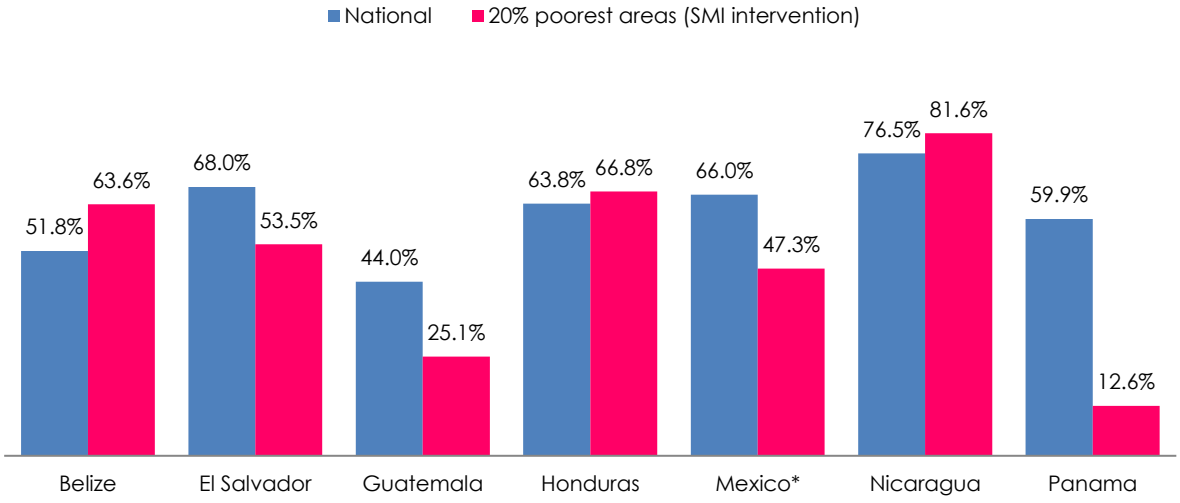


Note: This is a simplified definition of unmet need. For instance, pregnant women, who did not want to get pregnant (at that time or ever), are usually counted as unmet need. Most of the time, this indicator is reported for women who are married or have a partner.

Salud Mesoamerica Baseline Findings:

- Women living in the poorest areas are considerably less likely to use modern contraception than the national average.[10]
- Indigenous ethnicity, extreme poverty, low education and living far from health facilities were associated with decreased contraceptive use.[10]

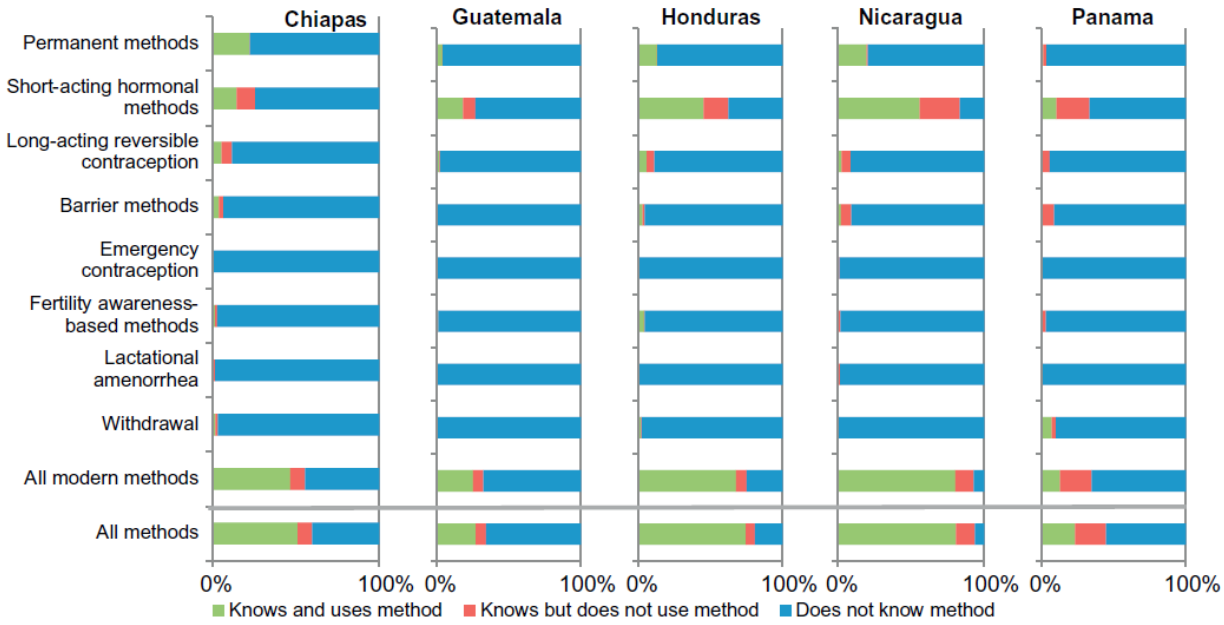
Contraceptive Prevalence Salud Mesoamerica Baseline Findings compared to National Average



** 20% poorest areas in the State of Chiapas.*
Sources: National Prevalence: World Bank Indicators for Belize (2011), Guatemala(2009), Honduras (2012), Nicaragua (2012), and Panama (2013); Population Reference Bureau for Mexico (2006), and El Salvador (2014). 20% poorest areas: Contraceptive prevalence for women in need, SMI Baseline Data Quality Reports by IHME.

- Adolescents were less likely to use contraception.[10]
- Over 30% all of women in the poorest areas did not know any contraceptive method.[10]
- In most countries, short-acting hormonal methods (in particular injectable contraceptives) were the preferred method.[10]
- The main reason for contraceptive nonuse was health concerns (side-effects, feeling uncomfortable) in all countries except for Panama, where the main reason for nonuse was being opposed to birth control.[10]
- Opportunity to increase the use of long-acting reversible contraception; intra-uterine devices are not often offered, and implants may have better reception, although more needs to be known about their acceptability and continued use in poor populations. [10]

Knowledge about and use of contraceptive methods among women in the poorest areas in Mesoamerica (2012-2013)



Survey-weighted knowledge and use of contraceptives among partnered women in need from the poorest areas. Modern methods include: permanent methods (male and female sterilization), short-acting hormonal methods (pill, injectables and vaginal ring), long-acting reversible contraception (implants and IUDs), barrier methods (male and female condoms, diaphragm, sponge), and emergency contraception. Traditional methods include: fertility awareness-based methods (rhythm) lactational amenorrhea, and withdrawal.
Source: Rios-Zertuche et al 2017.

Salud Mesoamerica Interventions:

- Salud Mesoamerica is supporting countries increase access for family planning methods and improved counseling to support women make informed decisions regarding their use choice and method of preference.
- Interventions supported by the Initiative include:
    - Developing and strengthening community platforms to facilitate access to contraceptive methods by community health workers (task-shifting) and identify and refer women for counseling
    - Improving counseling strategies and implementing behavior change communication strategies at the primary level, including messages targeted at adolescents.
    - Strengthening service delivery processes to provide life-cycle oriented services and reduce missed opportunities for family planning.
    - Implementation of a new Screening Tool to identify pregnant women early and those in need for contraception to address their healthcare needs.

- Strengthening service delivery processes and counseling strategies in hospitals to offer contraception post-obstetric event for women who no longer want to become pregnant
- Strengthening the supply chain for family planning –including demand estimation, information management, procurement practices, and storage and transportation procedures at all levels– to make sure quality contraceptives are available where and when they are needed.
- Strengthening information systems to improve indicator formulas, data collection systems, and, particularly, facilitating report generation for decision-making through an online dashboard.

Investments in Family Planning Methods, Materials and Technical Assistance

	1st Operation		Technical Assistance		2nd Operation		
Country	Family Planning Methods	Counseling and Behavior Change Materials	MCH Norms and National Strategies	Supply Chain Improvement	Family Planning Methods	Counseling and Behavior Change Materials	Total
Belize		52,500		30,000	20,000	52,500	155,000
Costa Rica	241,772		219,283		600,000	82,300	1,143,355
El Salvador	343,947		341,079	154,144	360,083	50,000	1,249,253
Guatemala			113,326	239,119	364,230	92,659	809,334
Honduras			165,735	158,170	-	-	323,904
Chiapas		134,500	937,055	187,447	320,000	12,900	1,591,902
Nicaragua				241,097	470000	8,500	719,597
Panama	109,000	83,000	630,486	217,616	100,000	27,000	1,167,103
All Countries	**694,719**	**270,000**	**2,406,964**	**1,227,593**	**2,234,313**	**325,859**	**7,159,448**

Note: Technical assistance products are not exclusive for family planning.

Consolidated Procurement through COMISCA

- Since 2012, Salud Mesoamerica is providing technical and financial support for jointed procurement of medicines and contraceptives by member countries of COMISCA (Central America, Panama and Dominican Republic)
- Contraceptive prices negotiated in COMISCA are valid for a period of three years, enabling countries to directly purchase products at lower costs without the need to spend time evaluating offers.
- For example, El Salvador would save more than US$200,000 to purchase 66,752 injectable contraceptives needed for project areas through this mechanism.

Innovative Tools:
Screening Tool for women of childbearing age

- The screening tool, known as "Hoja Filtro", was developed by Salud Mesoamerica to help community health workers and health providers identify pregnant women and women in need for contraception.
- On a regular basis, the provider completes a short questionnaire for women in childbearing age to identify their healthcare needs.
- The questionnaire investigates the woman's reproductive preferences, probability of pregnancy, and access to other screening and vaccination services.

Hoja Filtro para Mujeres en Edad Fértil

Lugar de aplicación: Comunidad ☐ Visita domiciliar ☐ UCSF ☐
Fecha: | N. de expediente:
Nombre: | Responsable de llenado:
Edad | Edad de inicio relaciones sexuales:
Tiene vida sexual activa | FUR:
Usa algún método de PF: | Tipo de método de PF:
Fecha de última Citología | Le han realizado examen de mama en el UCSF en el último año:

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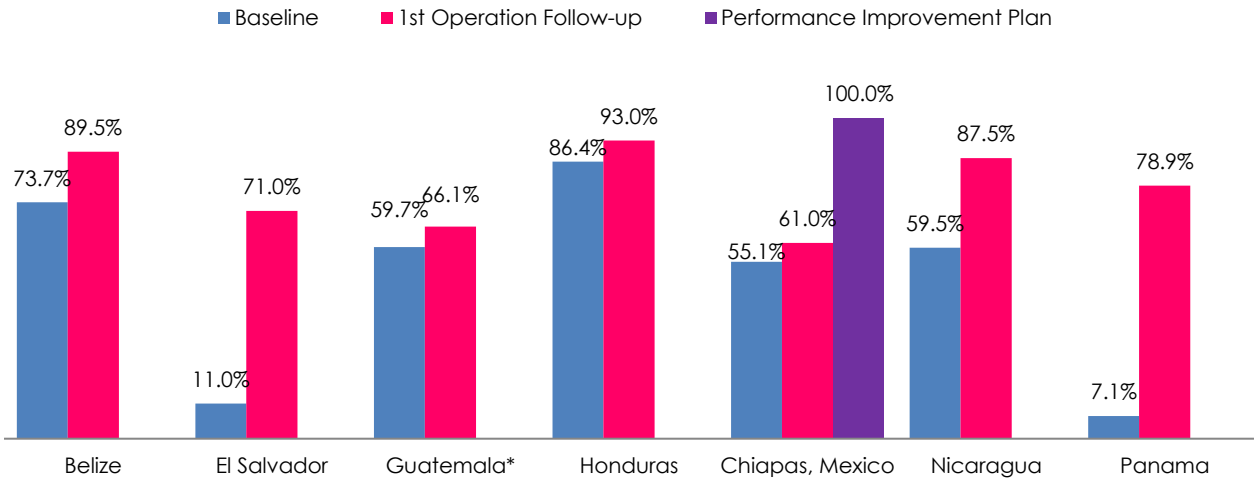
Left: Nurse in Honduras interviewing a woman using the Hoja Filtro.
Right: Hoja Filtro from El Salvador.

First Operation Results: Increasing Availability of Family Planning Methods

- In the first operation, most countries were able to improve the availability of modern family planning methods in health facilities.
- In Panama, for example, less than 1 of every 10 health facilities had condoms, injectable, oral contraceptives and IUDs available on the baseline measurement; for the follow-up almost 8 of every 10 had all these methods.
- In Chiapas, Mexico, on the baseline almost half of all health facilities did not have all basic family planning methods, which improved 6 percentage points on the follow-up; nevertheless, after implementing a Performance Improvement Plan, the new external measurement found availability of every method in all the 300+ health facilities in the State.

- Availability of family planning methods in Nicaragua increased by more than 25 percentage points in the first operation; improving from close to 60% to 87%.

Baseline and Follow-up Availability of Family Planning Methods in Health Facilities



* Performance indicator measures the opposite indicator, percentage of health facilities without methods.
Source: SMI Baseline and Follow-up data, calculation by IHME.

Second and Third Operation: Family Planning Targets

- In every country there is at least one target for the 2nd or 3rd Operation related to family planning and contraception.

Second and Third Operation Indicators and Targets

	Baseline	2nd Operation Target	3rd Operation Target	Verification Source
Prevalence of modern family planning methods				
El Salvador	53.5	60.5		Household Surveys
Honduras	66.8		76.8	
Nicaragua	81.6		89.1	
Unmet need for contraception				
Belize	47.4		42.4	LQAS
Mexico	52.7	45.7	42.7	Household Surveys
Panama	90.3	84.3		
Guatemala	74.9		67.9	
Post-Partum Contraception				
Belize	7	17		Health Facility Surveys
Nicaragua	43.5	57		
Women who received family planning counseling				
Guatemala	17.4	32.4		Household Surveys
Adolescents who requested and received contraceptive methods				
Costa Rica	75	90		School KAP Surveys

Source: SMI 2nd and 3rd Operation Performance Frameworks.

Second Operation Results on Family Planning

- The second operation for Belize, El Salvador, Honduras and Nicaragua ended in 2017, and the Institute for Health Metrics and Evaluation collected data from household and health facility surveys to verify compliance with targets.
- In El Salvador, in 6 years between the Baseline Measurements and the Second Operation Follow-up Measurements, contraceptive prevalence increased 21 percentage points, an annual average increase of 3.5 percentage points — which is 5 times more than the 0.7 percentage points yearly increase estimated improvements for the 90th percentile at the global level
- In Belize and Nicaragua postpartum contraception more than 4 in every 5 women received contraceptive methods postpartum after the second operation
- Data collection in Chiapas, Mexico, is ongoing, and will begin in the second trimester of 2018 in Guatemala, Costa Rica and Panama.

Second and Third Operation Indicators and Targets

Country	Indicator	Baseline	2nd Operation Result	Target
El Salvador	Prevalence of modern family planning methods among women in need	54% (51-57)	75.0% (70-79)	60.5%
Nicaragua	Postpartum Contraception	43.5% (29-59)	85.6% (78-91)	57%
Belize	Postpartum Contraception	4.8% (0-24)	90.3% (83-95)	17%

Source: Institute for Health Metrics and Evaluation. 2018. Results Memo for Belize, El Salvador and Nicaragua.

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