Panel Overview (400 word limit)

- **Panel Objectives:** Present cross-national family planning research and program strategies to design, implement and evaluate the four Urban Reproductive Health Initiative (URHI) projects in India (Uttar Pradesh), Kenya, Nigeria and Senegal.
- **Panel Description:** Urban areas are rapidly growing, and soon half of the developing-world population will live in urban areas. Health programs and services that offer family planning to diverse urban populations have thus become increasingly important. In this session, participants will learn about URHI innovations to bring implementation and measurement together in major urban areas of the initiative’s four countries to achieve the shared objectives of: improved quality of family planning services; increased role of the private sector; integration of family planning into other maternal and child health and HIV services; increased demand for family planning; and advocacy to increase political and financial support for family planning programs in urban areas. The session will focus on the critical role of formative studies in informing country-specific program design; findings from midterm studies in three of the four countries on the impact of facility-based activities to improve quality of care and of health communication activities to generate demand for family planning; and novel sampling strategies for identifying and tracking urban poor populations for the longitudinal evaluation design.
- **Panel’s Research/Program/Policy Implications:** Using information from the four URHI country programs, the panel presenters provide implications for family planning programming in diverse urban settings. This includes discussion of programs that target the urban poor through outreach including multi-channel health communication activities and improved access to services (e.g., through use of a systematic screening tool), as well as strategies to increase the use of long-acting and permanent methods in settings where short-term method use is common. The URHI programs also demonstrate the importance of formative research to identify
context-specific program strategies and demonstrate novel strategies for sampling and tracking urban poor populations for a longitudinal evaluation design.

Presentation 1 (400 word limit)

- **Title**: Using data to design the four Urban Reproductive Health Initiative programs
- **Authors and Affiliations**: Gita Pillai, Urban Health Initiative (UHI)/FHI 360, India
- **Background**: The Bill & Melinda Gates Foundation has supported a four-country initiative since 2009 to increase modern contraceptive use in urban areas of India (Uttar Pradesh), Kenya, Nigeria and Senegal. All four country projects have the same key objectives, but the implementing partners in each country are undertaking different strategies and project activities to meet country-specific needs identified through formative research.
- **Methods**: In each country, quantitative data were collected prior to program initiation from a representative sample of households with women and men (ages and marital status varied among countries). Structured questionnaires included information about demographic characteristics, experience with family planning (FP) methods, awareness of FP messages, fertility desires and current health care experiences. Qualitative data were also collected through focus groups and in-depth interviews in some of the settings.
- **Results**: In India, baseline data demonstrated a higher unmet need for limiting (ranging from 8% to 15%) than for spacing (about 5%) in the project cities. Moreover, qualitative data collection illustrated lack of postpartum FP use and gaps in services to provide postpartum FP in target, high-volume facilities. Based on these findings, the UHI program designed activities to increase use of long-acting and permanent methods through supply and demand-side activities, such as fixed service days at facilities, capacity building of providers, and postpartum FP through counseling and with media messages. In addition, the program engaged community health workers across target cities to inform women (particularly women in slums) about FP and support them to adopt and continue FP use. Baseline data from Nigeria demonstrated large differences in FP use between the north (as low as 7%) and the south (ranging from 28% to 39%), indicating the need for different types of strategies in these two regions with more focus on demand creation in the north. Baseline data from Kenya indicated that the coastal city of Mombasa had lower FP acceptance and more spousal/family/religious barriers to FP use than the other project cities. Interventions in Mombasa therefore were refined to reflect these differences.
- **Conclusions**: While health programs in different settings can share similar objectives, one solution will rarely suit all needs. Formative research helps define context-specific strategies and activities tailored to the needs of individual settings.

Presentation 2 (400 word limit) –

- **Title**: Facility-based activities to improve quality of and access to family planning services
- **Authors and Affiliations**: Cheikh Seck, Initiative Sénégalaise de Santé Urbaine (ISSU), IntraHealth, Senegal; and Nelson Keyonzo, Tupange, Jhpiego, Kenya
- **Background**: Increasing contraceptive use in target cities requires undertaking two main types of activities: creating demand for family planning (FP) services, and ensuring access to and quality of FP services. In urban settings with complex health systems, programs need to target facilities where women visit for FP and other maternal and child health services. This presentation provides information on the use of baseline data to design facility-based programs and then
provides some midterm data to demonstrate changes in facility access and quality after two years of FP programming in one city of Kenya.

- **Methods**: Baseline qualitative and quantitative data from both health facility and household baseline surveys were used to identify gaps in FP services in all countries; here we highlight the use of data to design the program in Senegal. In Kenya, midterm data were collected from a longitudinal sample of women 21-24 months after baseline data were collected. And, in Kisumu, Kenya, we also collected facility data at baseline and midterm and briefly present findings which show increased quality by midterm.

- **Results**: Baseline findings in Senegal demonstrated a lack of integrated services. The Senegal team adopted the systematic screening tool to improve integration; providers at target facilities were trained to use the tool. Use of the systematic screening tool began in 2012 to ensure no missed opportunities for FP adoption and continuation. As of mid-2012, all facilities participating in the program had an increased number of family planning clients putting the program on target to reach its intended number of users. Midterm health facility data from Kisumu, Kenya demonstrate that intervention activities in Kenya to train providers and increase availability of long-acting and permanent methods (LAPM) have led to improvements in method choice (i.e., increased number of facilities providing LAPM and reductions in stock-outs); information provided to clients on side effects; and technical competence of providers. In addition, midterm household survey results from Kisumu indicate an impressive increase of 11.1 percentage points in modern contraceptive use (44.4% to 55.5%) during the 21-month follow-up period.

- **Conclusions**: Targeted program activities in urban areas can lead to increased quality of FP services as well as increased FP use. These findings have implications for future program planning in urban sites.

**Presentation 3 (400 word limit)**

- **Title**: Innovative health communication programs to generate demand for family planning
- **Authors and Affiliations**: Moji Odeku, Nigerian Urban Reproductive Health Initiative (NURHI), JHU-CCP, Nigeria

- **Background**: The Urban Reproductive Health Initiative (URHI) aims to increase modern contraceptive use significantly in urban areas of four countries. In Nigeria, the initiative (called NURHI) is working in six urban cities: Abuja (FCT), Benin City, Ibadan, Ilorin, Kaduna and Zaria. NURHI places a strong emphasis on demand generation as a key driver of family planning (FP) use. All NURHI programming is developed with a client focus, and communication infuses all program components. The demand-generation component includes entertainment education, social mobilization, advertising, and branding, all linked by a theme of celebrating life events and making FP a social norm.

- **Methods**: In Nigeria, a baseline household survey among women and men was conducted in 2010/2011 in six cities to collect data on key reproductive health indicators. The midterm survey was conducted in 2012 in four cities to provide information on the status of NURHI program indicators, with a focus on ideational factors influenced by communication to reflect the importance of demand generation in the NURHI design.

- **Results**: Midterm findings showed substantial increases in contraceptive use among women in union (the target audience) compared to baseline in all four intervention cities. The majority of the increases were among women in the lower wealth quintiles, indicating that a program with a robust media program can reach even the very poor. Exposure to at least one NURHI communication activity (TV, radio, print or community) was associated with positive changes in
contraceptive use, increasing by approximately 8 to 10 percentage points in each city, and other positive changes in ideational factors such as reduction in belief in FP myths. Similar positive increases in FP use were observed in Kenya where demand-generation activities used mass media, mid-media and interpersonal communication.

- **Conclusions:** A multi-channel, large-scale demand-generation program is associated with significant changes in FP ideation and use in an urban setting, even among very poor populations. These findings have implications for future program planning in urban sites.

**Presentation 4 (400 word limit)**

- **Title:** Novel strategies for sampling complex urban populations for a longitudinal evaluation design
- **Authors and Affiliations:** Ilene Speizer, University of North Carolina at Chapel Hill
- **Background:** Little previous work was available to inform the study design and strategies used for baseline and midterm data collection in the longitudinal evaluation study for the Urban Reproductive Health Initiative. This presentation provides a summary of strategies used for sampling and tracking urban poor populations to ensure high-quality data in urban settings where data collection can be more challenging.
- **Methods:** We present a summary of sampling and tracking methods used across countries and demonstrate how lessons learned from one country were applied to subsequent data collection efforts in other countries.
- **Results:** In India, we used slum mapping to permit an over-sampling of the urban poor. While this novel strategy was effective in identifying the urban poor, it took a long period of time at the development stage and was not deemed feasible for subsequent countries. Instead, in Kenya, we used information from the national census, which coded primary sampling units as formal (non-slum) or informal (slum), to define our urban poor sample. In Senegal, we convened key stakeholders to determine whether specific neighborhoods in their jurisdiction were considered poor based on five indices used by UN Habitat. Tracking of households and women for the midterm survey was easiest in India where the sample included married women and more difficult in the African countries where the sample included women in union as well as women not in union. At the time of tracking, the project teams were required to undertake numerous visits to the field to identify women who were surveyed at baseline. Because of time limitations, we attained a midterm sample of 56% of women surveyed at baseline in Kenya and 65% in Nigeria; additional efforts are being made post-midterm survey to track women not found for the midterm.
- **Conclusions:** Longitudinal data are rich as they permit using each woman as her own control in settings where it is not possible to randomly assign women or communities to intervention and non-intervention areas. However, collecting longitudinal data is complex, particularly in major urban areas, requiring sufficient time and resources to ensure that the sample remains representative of the base sample of interest.