



Advancing Postpartum Family Planning Promotion and Service Delivery among Youth in Cameroon



hours after delivery. Service providers from the four hospitals were trained on insertion of implants and IUDs during the postpartum period before the guidelines were released, so that they could begin provision of these methods as soon as the new evidence became public.

“I used to insert IUDs and implants, but not immediately postpartum,” said Antoinette Gousse, a nurse at Central Hospital in Yaoundé. “The training improved my technical competency, as my counseling skills on all methods have improved and I am now counseling women during antenatal care and postnatal care.”

About E2A

The Evidence to Action for Strengthened Family Planning and Reproductive Health Services for Women and Girls Project (E2A) is USAID’s global flagship for strengthening family planning and reproductive health service delivery. The project aims to address the reproductive healthcare needs of girls, women, and underserved communities around the world by increasing support, building evidence, and facilitating the scale-up of best practices that improve family planning services. Awarded in September 2011, this project will continue for eight years, until September 2019. The project is led by Pathfinder International, in partnership with ExpandNet, IntraHealth International, Management Sciences for Health, and PATH.

Introduction

At four hospitals in Cameroon’s capital city of Yaoundé and ten rural health facilities in Cameroon’s Bafia and Mbalmayo districts, women are accessing affordable postpartum family planning services at four critical times: counseling during antenatal care (ANC), and postpartum counseling and contraceptives after delivery, during child immunizations, and in the family planning room. The services—introduced by the Evidence to Action (E2A) Project with support from USAID West Africa—offer women a range of contraceptive choices, including long-acting reversible contraceptive implants and intrauterine devices (IUDs), during the immediate and extended postpartum period.

Through this effort, Cameroon became one of the first countries to offer women immediate postpartum implants, directly following the release of new guidelines under the World Health Organization’s (WHO) 2015 revised Medical Eligibility Criteria (MEC). The guidelines provide solid evidence for the safe insertion of implants within 48

Providers from the ten rural health facilities were trained nine months later, offering some of the most underserved women in Cameroon’s Central Region a full range of contraceptive options. This program has resulted in significant uptake of contraceptive methods by women at the 14 facilities during the immediate and extended postpartum periods, contributing to Cameroon’s national effort to strengthen family planning services as a means to reducing its extremely high rate of maternal mortality.

Background

Only 16 percent of reproductive-age women and girls in Cameroon—and just 9 percent in rural areas—use a modern contraceptive method. Throughout the country, women rely on the least effective contraceptives: condoms (11 percent), followed by traditional methods (7 percent), and periodic abstinence (6 percent). Correspondingly, women have an average have 5 children in their lifetimes, and Cameroon has the fourth highest maternal mortality rate in

West Africa (782 deaths per 100,000 live births). Women ages 25-34 have a 50 percent chance of dying in childbirth, and maternal deaths represent 22 percent of all deaths among women aged 15-49.

Analysis of data from 27 countries show that more than 95 percent of women want to delay or avoid pregnancy during their first year postpartum, but less than 30 percent use contraception. Postpartum family planning represents a bright opportunity for addressing the unmet need for family planning, and it aligns with Cameroon's national and international health commitments and goals, including its commitments under FP2020, Every Woman, Every Child, and Ending Preventable Maternal and Child Deaths.

Overview of E2A Postpartum Family Planning Activities

E2A began working with four large maternity hospitals in Yaoundé (Yaoundé Gynecology, Obstetrics, and Pediatrics Hospital, Yaoundé Central Hospital, Cité Verte District Hospital, and Biyem Assi District Hospital) and launched activities in September 2014, at the request of the Ministry of Public Health made during a 2013 assessment visit. Adapting materials from WHO- and USAID-funded projects, E2A developed a strategy for providing immediate post-partum family planning and a clinical training curriculum for providers. Trainings focused on voluntary family planning counseling and provision of a range of methods with an emphasis on immediate and extended postpartum care. In early 2016, E2A expanded activities from Yaoundé to five health facilities in Bafia District and five health facilities in Mbalmayo District, two rural districts in the Central Region.

A master training took place before the training of service providers, where master trainers utilized their newly acquired skills. The master training (ToT) was offered by two internationally recognized expert trainers, based in the US and in Benin: Dr. Boniface Sebikale from IntraHealth International and Professor Sosthène Adisso, University of Benin. Fifteen master trainers from universities and the medical and NGO sector were trained to offer subsequent trainings and to certify newly trained providers as achieving clinical competence in service provision of all methods, including immediate postpartum IUDs and implants.

All trainers and providers participated in clinical, competency-based trainings of all family planning methods, with an emphasis on immediate postpartum IUD, interval IUD, and implant insertion techniques. Trainings were held over a period of six days, and training materials (guidelines and tools) were developed according to WHO's MEC guidelines and international service protocols. The training materials were adapted using Cameroonian national guidelines and prepared in French. The clinical training was carried out according to international and national guidelines for competency, quality of services, and compliance with US Government family planning regulations.

Results¹

Clinical training: In total, 66 service providers in ANC, maternity, child immunization, and family planning (FP) services have been trained on FP counseling and 70 providers in maternity and FP services have been trained on insertion and removal of IUDs and implants.

Community outreach: 12,598 women received FP information and counseling, and 5,326 received referrals to facilities through peer outreach for postpartum family planning (PPFP). Through a system of tracking referrals, 402 women sought services in E2A-supported facilities and accepted an FP method.

Contraceptive uptake: 6,350 women accepted a contraceptive during interventions supported by the program, including 367 adolescents (15-19 years) and 1,294 young women (20-24 years). Fifty-four percent (3,443) of all FP acceptors received an implant or IUD.

Family planning counseling: 15,358 women participated in FP counseling, 5,337 (35%) of whom were aged 15-24 years.

Immediate and extended postpartum period: Of the 6,305 FP acceptors, 64%, or 4,027 women, accepted a contraceptive during the immediate or extended postpartum period. Approximately 633 women who gave birth at the 14 participating facilities received an immediate implant or IUD inserted prior to hospital discharge. Of those 4,237 women who accepted a contraceptive during the immediate or extended postpartum period (up to 12 months postpartum), 360 were adolescents (15-19 years) and 918 were young women (20-24).

Management training and quality improvement: Working together with their colleagues, the two teams from the two hospitals where the LDP+ was implemented were able to increase the percentage of women delivering in the hospital who received counseling from 67% to 82% in one hospital, and from 47% to 66% in the other. The percentage of women counseled that adopted a method also increased from 17% to 22% and from 28% to 43%. Teams cited increased cooperation, engagement of upper management, a change in the way they approached problems and additional resources (infrastructure improvements, commodities) as contributing to the increased performance.²

¹Results as of August 2016

²Baba Djara, M., Morgan, G., Cho, K., Conlin, M., & Trasi, R. (2015). Implementation Report: The Added-Value of a Leadership Development Program on Postpartum Family Planning Service, (December), 1-46.



Training on postpartum IUD insertion

E2A developed a basic checklist of needed and available supplies and equipment in both the maternity and the family planning units and conducted an assessment of all four facilities. The assessment focused on the essential needs for infection prevention for maternity services, contraceptives, and equipment for long acting methods provision (immediate and interval postpartum IUD insertion kits, implants insertion and removal kits, etc.). The purpose of the assessment was to ensure that each maternity had three sets of the essential instruments and an introductory supply of consumable commodities needed to provide long-acting and permanent methods of contraceptives, as well as an adequate supply of commodities, training models, and other equipment necessary to conduct both the master trainer and clinical provider trainings.

To facilitate practicums within the clinical training, E2A procured all required equipment and supplies (insertion kits, consumables, etc.) for each of the four hospitals to offer immediate post-partum IUDs and implants. A three months' supply of essential consumables was purchased locally and donated to the hospitals, including postpartum IUD, interval IUD, implants insertion and removal kits, and 400 free IUDs to be used during the clinical training. Training models for postpartum IUDs, interval IUDs, and implants were also procured and utilized for the clinical training. ACMS/PSI also assisted with a supply of donated commodities, including 500 IUDs and implants as well as over 1,000 male and female condoms.

In addition, family planning services strengthening has taken place in all sites. When the program started in September 2014, none of the hospitals offered immediate postpartum family planning services or family planning counseling in ANC, delivery, or child immunization services. In the largest reference hospital in Cameroon, for example, no dedicated family planning room existed, no providers were offering services, and no commodities were routinely procured nor provided by the hospital for any client. Today in this facility, family planning commodities are part of the computerized procurement system, and they are being procured and offered in a newly created family planning room by trained, youth-friendly providers.

To increase demand for family planning services, the project worked with a variety of communication and demand generation practitioners and one existing local network to train community outreach workers. These community outreach workers have provided information and referral for family planning and other reproductive health services. They focused on young women ages 15-24 who are generally less likely to use family planning due limited decision-making power, young age, and other inequalities. In Yaoundé, the outreach work was conducted through an existing network of youth associations, Réseau National des Associations des Tantines (RENATA), which mobilized 20 outreach workers to work extensively in Yaoundé neighborhoods. In Bafia and Mbalmayo, E2A recruited a consultant who trained and supervised 53 community health volunteers for outreach over a four month period in early 2016.

The trainings for these outreach workers included information and messages on postpartum family planning and its different components, healthy timing and spacing of pregnancies, youth sexual and reproductive health and rights, and HIV/AIDS. During the training, participants carried out role plays of conducting interpersonal communication and educative talks in communities.

Outreach workers provided information and referrals for family planning services in a number of ways. They reached women in group talks at health facilities, in community settings, and through home visits. RENATA also conducted nationally-broadcasted media campaigns on local TV and radio about the benefits of family planning.

Finally, E2A partnered with another USAID centrally funded project, MSH's Leadership, Management and Governance Project, to offer a standard package of leadership and management training called the Leadership Development Program Plus (LDP+) for hospital managers and administrators in two of the four Yaoundé facilities (Yaoundé Gynecology, Obstetrics, and Pediatrics Hospital and Cité Verte District Hospital). Working in their real work teams, two hospital management teams participated in the LDP+ training and learned leading, managing, and governing practices that enabled them to the face challenges hindering postpartum family planning service delivery and achieve measurable improvements in the quality and quantity of care offered to patients. During the training, an LDP+ facilitator and coaches provided feedback and support throughout the six to seven months of the process. A quasi-experimental study including the two intervention facilities and two control facilities was conducted in order to demonstrate the effectiveness of this intervention.

Outlook and Future Sustainability

An important component of the postpartum family planning technical strategy is the emphasis on increasing the potential scalability of the intervention. E2A applied the WHO/ExpandNet methodology of "Beginning with the End in Mind" to design the activity systematically

from the beginning to ensure that the program, if successful, could be scaled up. The main partner for this activity was the Cameroon Ministry of Public Health's Family Health Division (DSF), which is responsible for overseeing public family planning clinical services and the maternity wards where the services were introduced.

E2A worked closely with district and regional level management teams, UNFPA, and with the national Family Planning Technical Working Group and its partners on policies and standards for good clinical practice of family planning service provision. For example, E2A's postpartum family planning strategy was piloted, revised, and then validated for inclusion in Cameroon's national family planning strategy. Additionally, E2A helped to include a module on postpartum family planning, for the first time, in the Cameroon's draft service delivery guidelines for family planning.

Partners have galvanized around the issue of postpartum family planning, including UNFPA, and E2A has provided direct technical assistance to family planning partners in Cameroon to scale up postpartum family planning services, including ACMS (affiliate of Population Services International), AMREF and the HRH2030 Project, CAMNAFAW (IPPF affiliate), and UNFPA. Training materials, including training models and equipment, were also donated to Department of Family Health to support sustainability, scale-up, and institutionalization of postpartum family planning by the Department of Family Health and other partners. The initial fifteen master trainers from universities and the medical and NGO sector trained by the project continue to provide subsequent training in country as requested. Monitoring and supportive supervision tools have been disseminated for adoption and use. During the last quarter of the project, E2A supported a national validation meeting for the national postpartum family planning training curriculum and supervision.

The foundation for sustainability of postpartum family planning services in Cameroon's Central Region has been built. Sufficient evidence and political will has been generated to begin planning for thoughtful and systematic introduction of postpartum family planning services at other facilities throughout Cameroon. However, expansion of the services to other regions and longevity of quality family services during four critical service-delivery points—antenatal care, after delivery, during immunizations, and in the family planning unit—is needed to ensure that family planning is institutionalized in services during pregnancy, childbirth, and during the extended postpartum period.



EXPANDNET



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