Family Planning as a Basic Life Saving Skill: Lessons from Africare’s program in rural Liberia

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International Conference on Family Planning: Research and Best Practices
Kampala, Uganda
16 November 2009

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Reproductive health in Liberia

- 3.5 million population*
- 51% of population under 21 years old*
- Life expectancy: 41(m)/43(f)*
- Maternal mortality rate: 994/100,000*
- Child mortality rate: 110/1,000*
- TFR: 5.2*
- Teenage pregnancy rate: 68% (CDC UNFPA)

*Source: Liberia DHS 2007
Human resource crisis in health

- 325 Certified Midwives in country (~1:10,000 population) (NHC 2008)
- 87 national doctors in country (1:40,000 population) (MOHSW 2007)
- Training overload keeps clinicians out of the health facilities
- Need for task-shifting and multi-purpose training
Basic-Life Saving Skills (BLSS) Training

- Designed by American College of Nurse-Midwives and implemented as part of Africare/Liberia’s Improved Community Health Project (ICHP)
- Targeted at CMs, RNs, and PAs to provide basic emergency obstetric care at the primary health care level
- Interactive 12-day practical training
- Now adopted as the national maternal and newborn health in-service training module
Family planning in Liberia

- CPR: 11% (LDHS 2007)
- Unmet need for family planning: 36% (LDHS 2007)
- Most popular methods are hormonal pills (28%), condoms (33%), and injections (39%) (Africare clinic data)
- Long-acting methods are largely not available at the PHC level
  - Lack of supplies (only IUDs and sterilization available in-country)
  - Lack of knowledge
  - Lack of provider skills
Family planning as part of the BLSS training

- Needs assessment conducted in 2006
- Theoretical IUD insertion and informed choice counseling training incorporated into the training (2006)
- Training hospital OPD used as a practical IUD insertion training site for participants (2007)
- UNFPA provided IUDs and insertion kits to trained providers
- Training conducted in 10 counties for 107 CMs, PAs, RNs, and LPNs over the life of the ICHP
Design

- Data collected for 10 PHC health facilities in Bong county
- All 20 professional staff (PAs, CMs, RNs, and LPNs) in the health facilities trained
- Period of data collection: October 2004-August 2009 (course of ICHP)
Results

- Increase in total CYP, especially after practical training
- Increase in IUD insertion immediately post-practical training (2007)
- Decrease of both IUD insertion and total CYP after initial spike, in spite of continued theoretical training
- IUDs still make up a very small percent of the CYP provided by these clinics
Total CYP

Practical training conducted
IUD insertions in Bong County, October 2004 - August 2009

Practical training conducted
CYP from IUDs as compared to other methods

- IUD
- Pills
- Injection
- Condoms

Time period:
- Oct 2004-Sept 2005
- Oct 2005-Sept 2006
- Oct 2007-Sept 2008
- Oct 2008-Aug 2009
Anecdotal evidence: IUD insertion

- “Women don’t really like IUDs. We have a hard time getting women to accept them.”  
  -- PHC provider trained in IUD insertion and informed choice

- “I was trained in how to insert an IUD, but I don’t really feel comfortable doing it on my own.”  
  -- PHC provider trained only in theoretical IUD insertion

- “People think that IUDs will give them cancer or will go up into them.”  
  -- PHC provider trained in IUD insertion and informed choice
Discussion

- Practical training is necessary for confidence and implementation of both informed choice counseling and IUD insertion
- Theoretical training affects informed choice counseling more than IUD insertion
- Longevity of training knowledge decreases after the training
- Other components of training may be necessary to increase longevity of training
Recommendations

- Ensure that all training includes practical training, especially for more complicated skills
- Incorporate other elements into training, such as supportive supervision, follow-up, and behavior change communication
- Supplement with community mobilization, especially to increase demand of long-acting contraception
Acknowledgements

Africare/Liberia
American College of Nurse-Midwives
Bong County Health Team
Johns Hopkins University Center for Communication and Population
Liberia Prevention of Maternal Mortality
Ministry of Health and Social Welfare of Liberia
Phebe Hospital
Redemption Hospital
USAID
Thank you!

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