Meeting the Challenge of Postpartum Tubal Occlusion Services in Ghana

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Dr. Nicholas Kanlisi, Project Director, R3M, EngenderHealth, Ghana

International Conference on Family Planning, Dakar, Senegal • November 29–December 2, 2011
Family Planning Program in Ghana

- The family planning (FP) program in Ghana has achieved considerable success.
- Knowledge of FP is universal and almost all women and men know at least one contraceptive method.
- Modern CPR has increased from 5% among MWRA in 1988 to 19% in 2003 (with a decrease to 17% in 2008)
- Total fertility rate (TFR) has declined from 6.4 in 1988 to 4.0 in 2008
Increase in contraceptive prevalence uneven

Trends in contraceptive method use

- **Pill**
- **IUD**
- **Injectables**
- **M. condom**
- **F. sterilization**
- **Implants**

Unmet Need for FP: Acute for Postpartum Women

• Unmet need for FP among postpartum women in Ghana is particularly high—nearly 60%.

• Conversely, use of modern methods is low among postpartum women.

• There is a need for effective postpartum FP counseling:
  – Counseling of postnatal women should start during the antenatal period, to ensure that they have information in advance, and should be coupled with adequate and quality postpartum FP services.
PP Tubal Occlusion: a valuable option

• A variety of postpartum FP options exist, including bilateral tubal occlusion

• PP tubal occlusion usually follows a vaginal delivery, via minilaparotomy with local anesthesia (ML/LA)

• Advantages:
  – Access to the tubes is technically easier than in interval cases
  – Convenient for client
  – Extremely effective method of contraception (99.3% per US CREST study)
  – Cost-effective

• In the US about half of all tubal occlusions are immediately postpartum

• After 4 weeks post delivery, the suprapubic interval surgical approach for tubal occlusion is required
Challenges for Female Sterilization Services in Ghana

• Lack of trained and motivated providers
• Lack of adequate caseload for training
• High cost—fees for service
• Limited geographic accessibility of services (distance to clinics)
Additional Challenges for Postpartum Female Sterilization...

- Integration of postpartum FP services in current reproductive health service delivery is difficult
  - FP services are not seen as being part of maternal health service delivery
- Poor provider attitudes toward postpartum female sterilization
- Clients lack needed information and counseling at appropriate times
How to Address the Challenges?

• Supporting 17 sites in two regions where tubal occlusion is provided

• Building capacity
  – Training of doctor-nurse teams linked with demand generation
  – Counseling training
  – Equipment, instruments, and supplies
  – Demand generation/FP awareness weeks
  – Training follow-up, clinical monitoring, and supervision
  – Cost reduction

• Advocating to get the National Health Insurance Scheme (NHIS) to cover the cost of contraceptive services, including tubal occlusion
What Has Been the Outcome?

• Increased availability of services has led to increased uptake.

• 2,193 clients had tubal occlusion in 2010–2011 at 17 project-supported sites.
  – 28% immediate postpartum (within 48 hrs)
    • 5% tubal occlusions were done at Caesarean section
What Have Been the Lessons Learned?

• Making available trained and motivated providers
• Integrating postpartum FP information into service provision at the various units
• Reducing the cost of services
• Using community-based advocates, such as satisfied clients
• Ensuring effective counseling and communication
Integrating Family Planning in Community-based Maternal and Newborn Care in Bangladesh

Ishtiaq Mannan-Save the Children, Winifred Mwebesa-Save the Children, Nazmul Kabir-Save the Children

December 01, 2011
MaMoni: Integrated Safe Motherhood, Newborn Care and Family Planning Project

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<td>NMR</td>
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Supplementation

IFASupplementation

Management of newborn complications

Clean delivery and immediate newborn care

Misoprostol

Essential newborn care/KMC

PP maternal care, Vit A and management of complications

Immunization

Postnatal session promoting LAM, spacing, PoP, FP, transition

Supply of PoP, transition to modern method, Supply of FP methods

Exclusive breastfeeding and promotion of LAM/PPFP

Integrated maternal, newborn care, child health and family planning package
Maternal Health

Neonatal Health

Family Planning/PPFP

Integration!
Area of integration: Capacity Building

- Capacity building
  - Govt staff
    - Health staff (HA)
  - NGO staff (CHW)
    - FP staff (FWA)

Training on integrated MNH-FP package including injectable contraceptive administration
Area of integration: Service Delivery

- Service delivery
  - Household level
    - customized MNH-FP counseling during bi-monthly visits by Govt and NGO workers
    - Short term method distribution
    - Injectable administering
  - Facility level
    - Community Clinic- Health staff (HA) preserve FP commodities of FP staff (FWA) and distribute to the clients.
    - EPI session- HA promote EBF/LAM
    - Sub District and District health complex- Health staff also provide FP services

Administering of injectable Contraceptive by MaMoni CHW
Area of integration: Community Mobilization

- Community Action Groups (CAGs) formed: 3850

- Issue identification and set priorities
  - Organize community for action
  - Plan together
- Evaluate together
- Act together

Legend:
- MNH: Maternal and Newborn Health
- FP: Family Planning
Reinforced key behavior change issues at community level through community action groups...
Micro-planning meeting at unit level:

- Update info
- Status check 100%
- Reach vulnerables
- Action planning

System Strengthening

Govt staff + NGO staff = Joint visit

Out put:
- ✓ Increase coverage
- ✓ Ensure quality
Progress measure ...

CPR in Sylhet - Modern Method

Source: BDHS, 2007
Baseline survey, Sep’10
Progress Assessment’ April’11
Percentage of pregnancy status at Sylhet

- Percentage of pregnant women during baseline survey Sep'10: 11.5%
- Percentage of pregnant women after 7 months of baseline: 9.4%

Source: Baseline survey, Sep’10
Progress Assessment’ April’11
Progress measure

Trend of LAPM Performances

MaMoni (Before 8 months)
CYP=30785, Average= 450

MaMoni (After 8 months)
CYP=57875, Average= 1000

Source: GoB District report, MIS-5, Sylhet
Issues and Challenges:

• In practice limiting emphasized rather spacing
• Male involvement is minimum
• Record keeping and MIS system
• PoP is not in Govt supply channel
Adopting PPFP

- Adapted early HFS experiences of PPFP
- EBF, LAM incorporated in MNH-FP package
- Added IYCF-Peer approach
- Promoting HTSP through community action groups

Picture card on birth spacing
Thank You
Community Based Postpartum Family Planning (PPFP) in Afghanistan

29 November 2011
M.Muneer Sarwari MD
Family Planning Training Officer
Presentation Outline

• Afghanistan background
• Rationale for postpartum family planning
• Intervention delivery strategy
• Results
• Conclusions and the way forward
Afghanistan Background

- Total Fertility Rate: 6.6% (2008, SOWC)
- Contraceptive Prevalence Rate: 15.4% (2006, AHS)
- Maternal Mortality Ratio: 1,600/100,000 (2005, Bartlett et al.)
- Under five child mortality rate: 191/1,000 (2006, AHS)
- The lifetime risk of maternal death in Afghanistan is 1 in 6 and 1 in 9, which translates into an estimated 26,000 women dying every year from pregnancy-related causes (2005, Bartlett et al.)
Rationale for Introducing Community-Based Postpartum Family Planning Services (PPFP)

• PPFP is offering FP to couples during the first year after birth of baby.

• PPFP can be integrated into CHW home visits
  – Unique link to promote exclusive breastfeeding and LAM
  – Healthy spacing of pregnancy to promote maternal/child survival

• Need for bringing PPFP services closer to the community to expand accessibility.

• Opportunity to reach new family planning users.
Intervention Delivery Strategy

- **Advocacy and Mobilization**: Conduct PPFP meetings and orientation workshops at national, provincial, district and community levels with stakeholders to educate on PPFP messages.

- **In-service Training**: Build the capacity of community health worker trainers, community based health care officers, community health workers, and community health supervisors.

- **Supervision**: Conduct joint PPFP supportive supervision at the community and facility level.

- **Policy**: Support Ministry of Public Health to include PPFP services in the National Reproductive Health Strategy and the Basic Package of Health Services.
Role of Community Health Workers

- Identify pregnant and postpartum women (delivered within the last 12 months) in their catchment area.
- Conduct five household visits:
  - 8th month of pregnancy
  - 24-48 hours postpartum
  - 1st week postpartum
  - 6 weeks postpartum
  - 3-4 months postpartum
- Provide counseling to women on PPFP.
- Distribute condoms, pills, and DMPA and refer to the facility for other methods.

A community health worker provides counseling on LAM to a mother
CHW Training Package

- Healthy timing and spacing
- Exclusive breastfeeding practices
- LAM and the transition to other modern methods
- Return to fertility
- Modern methods that are compatible with breastfeeding and a contraceptive timeline for breastfeeding practices
- Myths and realities about family planning
- Infection prevention
- How to initiate DMPA
- Communication skills
- Islam and family planning
- Referrals to the health facilities for other methods, such as long acting.
Refresher and PPFP Training for Community Health Workers

CHW refresher training course in Bamyan province

PPFP training for Male CHWs in Jawzjan province
Quality Assurance Checklist For PPFP Supervision

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<tr>
<th>PERFORMANCE STANDARDS</th>
<th>SCORE</th>
<th>VERIFICATION CRITERIA</th>
<th>Yes</th>
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<th>Y/N</th>
<th>COMMENTS</th>
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<tr>
<td>7. CHW provides information about techniques of breast feeding</td>
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<td>Observe during practical work if CHW demonstrates the standardized technique of breast feeding</td>
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<td>• Whole body of baby is fully supported</td>
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<td>8. The CHW provide information about UAM</td>
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<td>Observe during counseling if CHW describes the three criteria of UAM</td>
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<td>• Baby must be less than six months</td>
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<td>• Menstrual has not returned</td>
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<td>• Fully breastfeeding</td>
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<td>9. CHW provides information about fourth element of UAM</td>
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<td>Observe during counseling if CHW describes the fourth element of UAM if one mother needs to have transition to another form of contraception when one of the 3 criteria is no longer valid, criteria is failed or mother want to use another method</td>
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<td>• She can use DMPA, IUDs, or condom and continue to breastfeed up to 2 years</td>
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<td>10. CHW adequately counsels about CDC</td>
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<td>Observe during counseling if CHW talks about</td>
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<td><strong>Advantages</strong></td>
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<td>• Prevent from pregnancy</td>
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<td><strong>Disadvantages</strong></td>
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<td>• Does not protect against STIs, including HIV/AIDS</td>
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<td>• Need to be taken regularly everyday at the same time</td>
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<td>• Cannot be used by breastfeeding women before infant is 6 months</td>
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Information Education Communication Materials

Postpartum Family Planning Methods

DMPA (Depot Medroxyprogesterone Acetate)
Advocacy for PPFP

Advocacy Meeting with Baghlan Governor
Timeline and Coverage Demonstration to Scale

- 2007 to 2009: PPFP initiative was implemented in 13 provinces.
- 2009 to 2010: PPFP expanded to another 11 provinces.
- 2010 – 2011: PPFP expanded to remaining 10 provinces.
Quarterly HMIS Data for FP Services in Health Posts

- Data available from USAID supported provinces (13)
- An increase in FP clients is noted in all four quarters from 2006 to 2011
HMIS Data for FP Services in Health Posts

- Data available for USAID supported provinces (13)
- Oral contraceptives (1,800,403), condoms (1,888,709) condoms, and injectables (709,442) distributed from 2006 to 2010
- Couple years of protection = 201954.5
Household Survey in 13 USAID supported provinces, 2007-2009

- CPR increased from 35.7% to 42.5%.
- Knowledge on the number of modern contraceptive methods increased from 63.2 % to 71.4 %.

Comparison of Reproductive Health Indictors in 13 USAID Supported provinces (2007-2009)
Conclusions

- Community members in a conservative setting more readily accepted family planning due to Koranic teachings of prolonged breastfeeding and healthy spacing of pregnancies.
- Trained CHWs can effectively provide quality PPFP services.
- Women have increased access to family planning methods through community-based distribution by community health workers, who are frequently respected members in their communities.
- Including PPFP in national policies has positioned and reinforced the importance of PPFP in the health system.
The Way Forward

• Explore integration of PPFP into MCH and EPI contacts to ensure that no opportunities are missed to provide life-saving family planning services to the mother.
• Integrate PPFP services within the national community health worker package and refresher training.
• Expand infant and young child nutrition integration with PPFP:
  – Exclusive breastfeeding and LAM
  – Complementary feeding and transition to other FP methods that will prevent another pregnancy and allow mother to continue breastfeeding.
Thank You
Questions?
Integrating Family Planning & immunization Services: the Polomolok Experience in the Philippines

Strengthening Governance for Health Project (HealthGov)

Dr. Consuelo Aranas, Jhpiego. Rosario Benabaye, Jhpiego. Dr. Alex Herrin, RTI.
Catherine Forte, RTI
November 2011
Facilitating factors For Integration

• Challenge
  – High unmet need for FP (90%)

• Opportunities
  – High access and awareness of immunization services
  – Multiple contacts with mothers
  – Same providers for Immunization and FP

Philippines
Pop. 100 million
Catholic
CPR 50%
FIC 85%
Polomolok Municipality (2008)
- Pop. 137,000
- Urban
- Catholic
- FIC 96%
- CPR 49%

Polomolok Municipality, Province of South Cotabato (Mindanao)
Implementation

• 10 month pilot test
• 1 Rural Health Unit & 28 Barangay Health Stations involved
• Trained rural health midwives, and barangay health workers FP messages
• Barangay Health workers—administered survey, registered child for immunization
• Rural Health midwives – administered immunization & delivered FP messages
FP messages

• Pre-tested 3 verbal messages (translated in local dialect) in two locales.

• Messages: (Huntington, D., Aplogan, A., Togo study, 1994)
  – “Your child is young & you should be concerned about having another pregnancy”
  – “Your health facility provides FP services that can help you”
  – “You should visit our FP services after your immunization today for more information”

• “Innovation” in one barangay Health station
  – Distributed 3 FP messages in written format (found mothers to be distracted during verbal delivery) & posted messages in entry way
Data Collection

- Pilot did not collect special immunization data but data available from routine reporting to government FHSIS.
- Baseline & end-line survey questionnaire developed to measure client changes in knowledge, attitudes & practices (KAP).
  - KAP survey administered in 28 BHS – randomly selected mothers of reproductive age (MRA) bringing children in for immunizations were surveyed (baseline: n=269; end-line: n=183).
- Data collected on new FP acceptors, method mix & CPR (from same monthly period during 2008 and 2009).
Key Findings

Increase in New FP acceptors

(March-December, 2008 vs. 2009)

- A combined increase of 38% over 10 months.
- Source: BHS registers
Increase in CPR

Contraceptive Prevalence Rate, Municipality of Polomolok, South Cotabato

- CPR increase by 6% for Polomolok
- Source: Routine Surveillance data for Polomolok
Shift in Method Preference

Higher preference for modern methods, lower preference for traditional methods after six months (June 2009 vs. Dec. 2009, Polomolok)

![Bar chart showing the shift in method preference between June 2009 and December 2009. The chart compares different contraceptive methods including pills, DMPA, IUD, BTL, LAM, condom, calendar, and withdrawal. The chart shows a higher preference for modern methods (e.g., pills, DMPA) and a lower preference for traditional methods (e.g., withdrawal) in December 2009 compared to June 2009.]
Health centers as primary source of FP information increased from 47% to 87% (among FP users) (June 2009 vs. December 2009, Polomolok)
126% increase in new FP acceptors over 4 months in one Barangay Health station
(written FP messages & posters provided in addition to oral messages)

(March-June, 2008 vs 2009)

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<th>YEAR</th>
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<td>185.7</td>
<td>16.7</td>
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Immunization Data
(Polomolok Municipality—source: FHSIS)

• Does not appear to be negative
• Fully Immunized Child (FIC) coverage rates
  – 2008: 96%
  – 2009: 99%
Current Gaps and Priority Next Steps

• limitations:
  – Results from only 1 municipality – do not yet know if these can be replicated elsewhere
  – This study included monitoring component, but program impact was not measured (no control group)

• Implementing quasi-experimental program impact study in 2 provinces (with intervention & control groups)
Potential Best Practices & Processes Needed for Effective Integration

• Local ownership and support (from local government and health officials)
• Client follow-up to prevent FP drop outs
• Assuring the availability of FP commodities to meet increased demand
• Ongoing performance monitoring
• Overcoming social norms that pose barriers in some communities to accessing services (e.g. Muslim populations)