Contribution of Long-Acting, Reversible Contraceptives and Permanent Methods to Couple Years of Protection in Guinea

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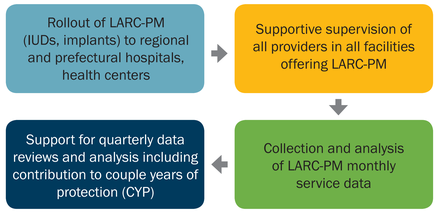
Significance/Background

- Guinea's maternal mortality ratio is very high, at 980/100,000 (DHS 2005) and 724/100,000 (DHS 2012) live births.
- Contraceptive prevalence for modern methods is 6%, with long-acting reversible contraceptives and permanent methods (LARC-PM) contributing less than 1%, and 0.2% specifically for the intrauterine device (IUD) (DHS 2012).
- In 2008, the Guinea Ministry of Health (MOH) put in place a strategy to improve the uptake of LARC-PM such as IUDs and implants, and postpartum family planning (PPFP), as a priority.
- From 2010 to 2014, MCHIP supported the MOH to implement key strategies:
  - Building facility and health care provider capacity
  - Improving quality of care and monitoring
  - Providing materials/equipment for family planning (FP) services (PPFP, postabortion care [PAC] and LARC-PM)

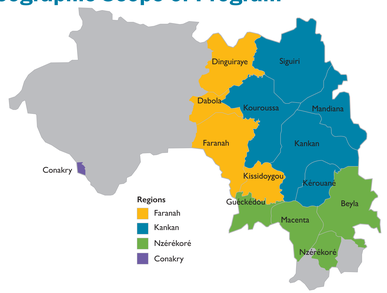
Program Intervention

- Facility needs assessment
- Adaptation/update of training kits
- Competency-based training of providers
- Provision of instruments/materials, job aids and data collection tools
- Transfer of learning
- Supportive supervision/data collection
- Introduction of FP/postpartum IUD (PPIUD) performance standards
- Training of national trainers
- Progressive expansion of LARC-PM to 177 facilities

Methodology



Geographic Scope of Program



- Population: 6,365,120
- 3 regions and the capital of Conakry
- 20 prefectures/communes
- 234 facilities
- 1,700 villages

Starting first with introduction of LARC-PM in seven sites in the capital of Conakry

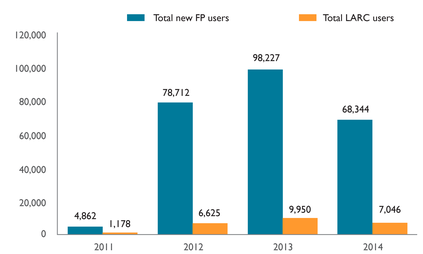
Program Implications/Lessons

- Selection of appropriate sites (caseload, method mix) and strengthening of sites prior to initiating training contributed to the success of the program.
- The integration of FP, and LARC-PM specifically, with maternal health services, including PAC and PPIUD, increases the method mix and choices available to women, as well as the use of long-term contraception.
- Transfer-of-learning visits and regular follow-up of newly trained providers are also critical to reinforcing the quality of counseling.
- Improving availability and use of LARC-PM has a sizable impact on CYP and ultimately contraceptive prevalence.
- Frequent stock-outs of FP commodities at all levels indicate weaknesses in contraceptive logistic systems.
- Record keeping is often weak and health care providers do not understand or undervalue the information they can provide.
- A strong focus on high-quality service delivery and uptake of LARC could be a driver of increased use of FP.

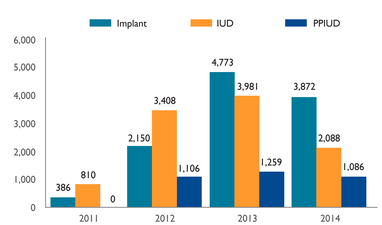
Results

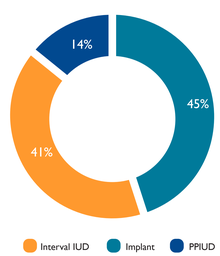
- 502 health care providers trained in LARC-PM:
  - 213 on implants
  - 124 on interval IUD
  - 93 on PPIUD
  - 72 on tubal ligation
- 332 new providers were trained in counseling on PPFP/PAC-FP

Number of LARC FP Users and Total Number of New FP Users

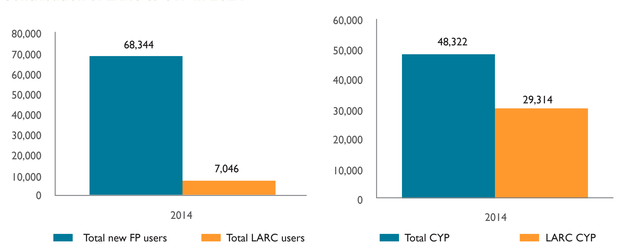


LARC Uptake From 2011–2014 (N=24,799)





Contribution of LARC to CYP in 2014



The number of LARC users increased six-fold, from 1,178 to 7,046 out of a total of 24,799 new users, thus increasing to 28% of new users. Due to the Ebola epidemic in 2014, FP utilization dropped precipitously (from 98,227 during calendar year 2013 to 68,344 in 2014), but the proportion of LARC users has remained the same (10%).

While users of LARC represent 10% (7,046/68,344) of new users in the focus areas, they contribute 60% of CYP (N=29,314 of 48,322 total CYP) due to the high efficacy of these methods.

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