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# The Impact of the Ebola Virus Disease Epidemic on Family Planning Services in Guinea

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**INTERNATIONAL CONFERENCE ON  
FAMILY PLANNING**

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# Background

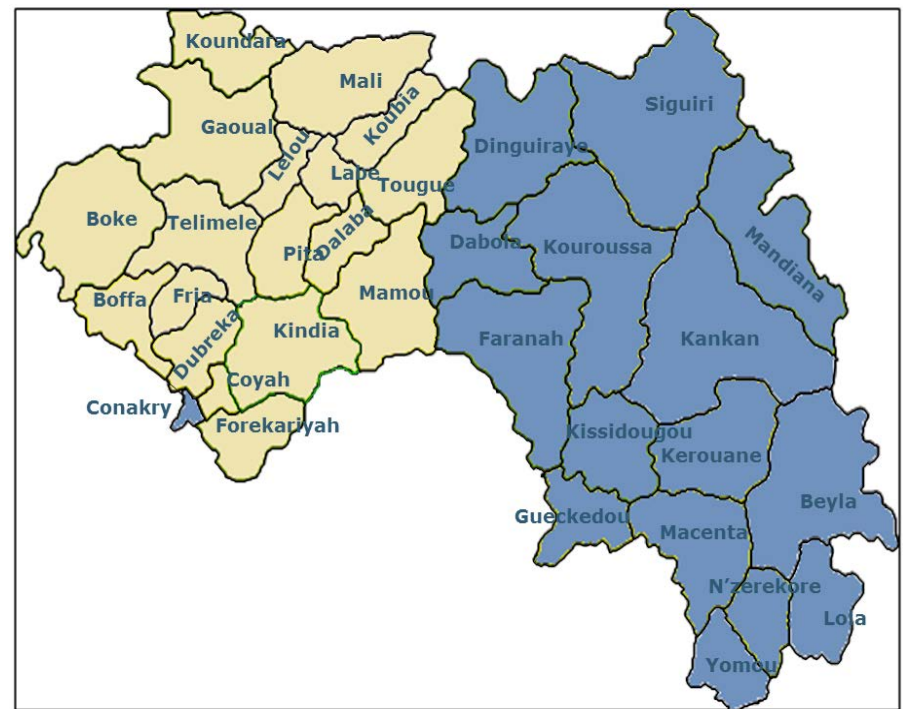
- **Population:** 10,628,972
- **Total fertility rate:** 5.1
- **Fertility:** Early and high
- **Contraceptive prevalence rate:** 7% (<1% for long-acting, reversible contraception-permanent methods [LARC-PM])
- **Maternal mortality ratio:** 724/100,000 live births
- **Infant mortality rate:** 67/1,000



# Background, cont.

- The Maternal and Child Health Integrated Program (MCHIP) supported the Ministry of Health from 2010–2014, implementing key strategies to strengthen maternal and newborn health (MNH) services, including family planning (FP), in three regions and Conakry (four out of eight regions)
- 234 health facilities (hospitals, urban and rural health centers)
- 1,700 villages

## Geographic Scope of Program



# Background, cont.

Advocacy with stakeholders to implement evidence-based practices in MNH and FP



Revision/adaptation of policies and training kits for LARC-PM and postpartum family planning (PPFP)/postpartum intrauterine contraceptive device (PPIUD)

Training of providers in MNH, contraceptive technology with emphasis on PPFP, insertion techniques for LARC-PM/PPIUD



Provision of equipment, job aids  
Data collection tools for MNH and FP services



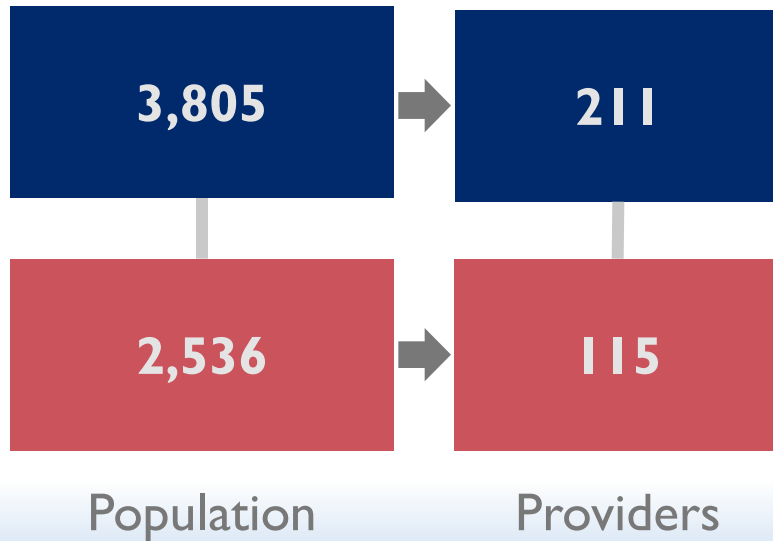
Transfer of learning and supportive supervision  
Collection of data and troubleshooting of issues raised

Introduction of FP performance standards, including for PPFP/PPIUD

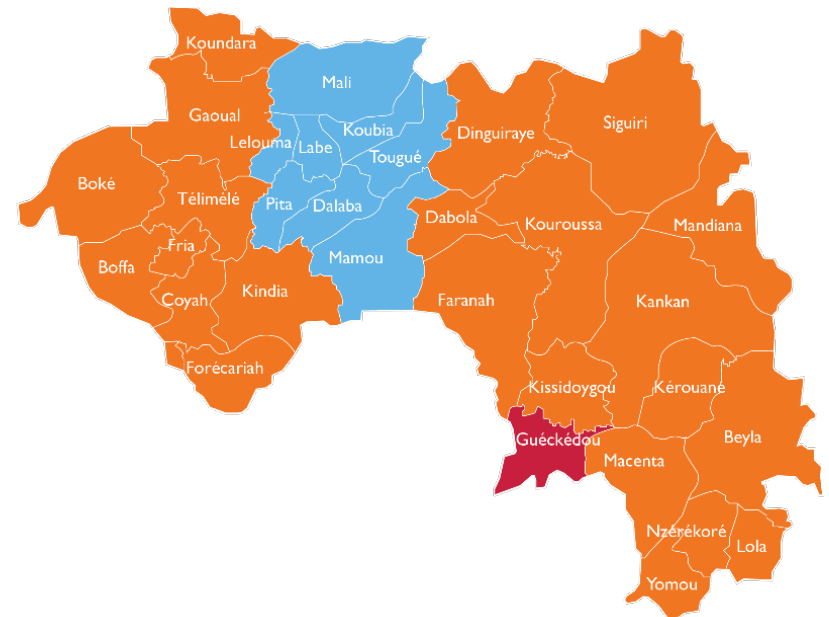
Development of trainers to support expansion of efforts to strengthen MNH and FP services

# Ebola Outbreak in Guinea

Numbers of confirmed  
Ebola Virus Disease (EVD)  
cases and deaths  
(12/30/2013– 12/30/2015)



EVD epidemic evolution



# Objectives

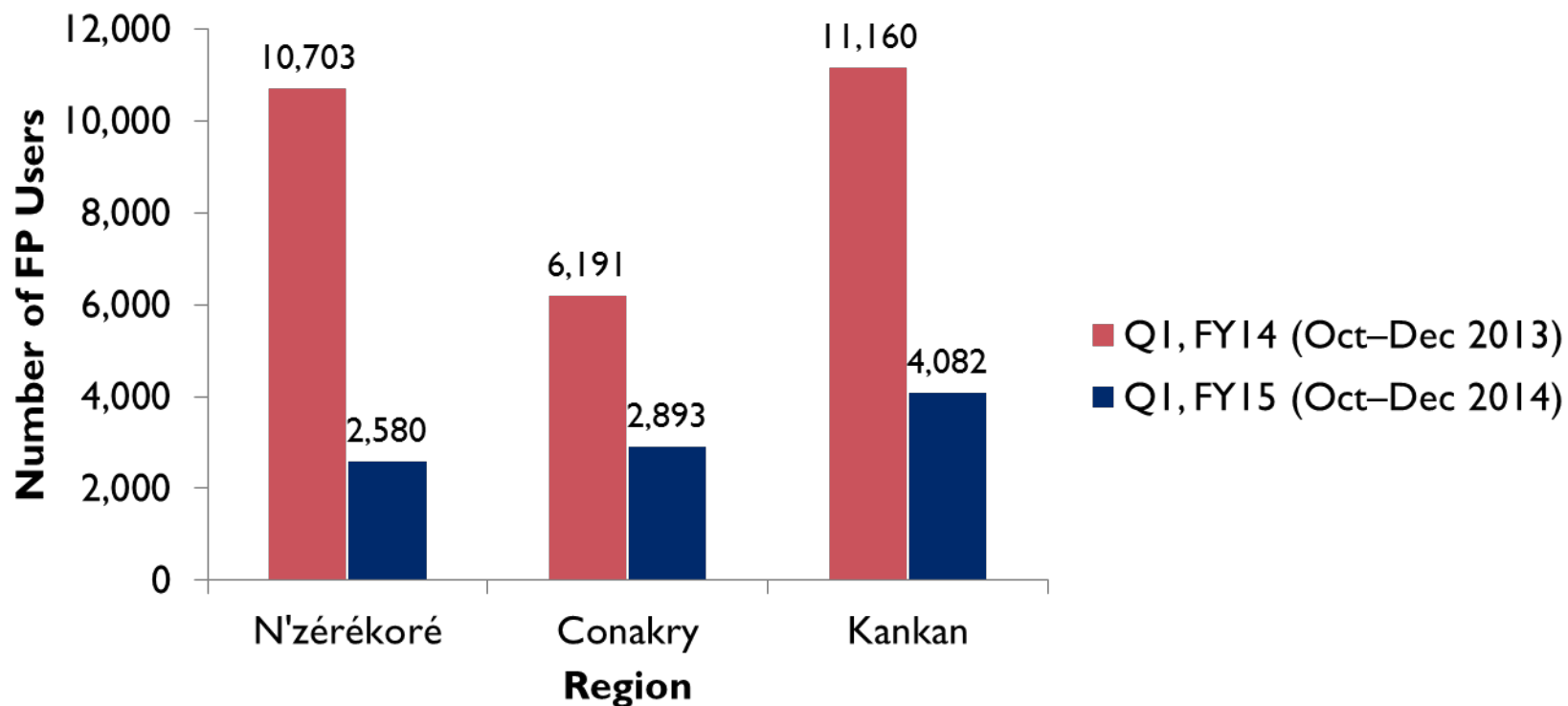
- Assess the impact of the Ebola virus epidemic on utilization of reproductive health/family planning services in Guinea
- Inform planning and strategies for restoring and strengthening health services as the epidemic comes under control

# Methodology

- Collect services delivery data from the monthly routine data collection system from the 234 facilities supported by the project (copies of the facilities' monthly reports)
- Review and discuss the data collected with local and regional health authorities
- Compare quarterly data from Quarter I, Fiscal Year 2014, to Quarter I, Fiscal Year 2015 (in project zone and in each region)

# Results

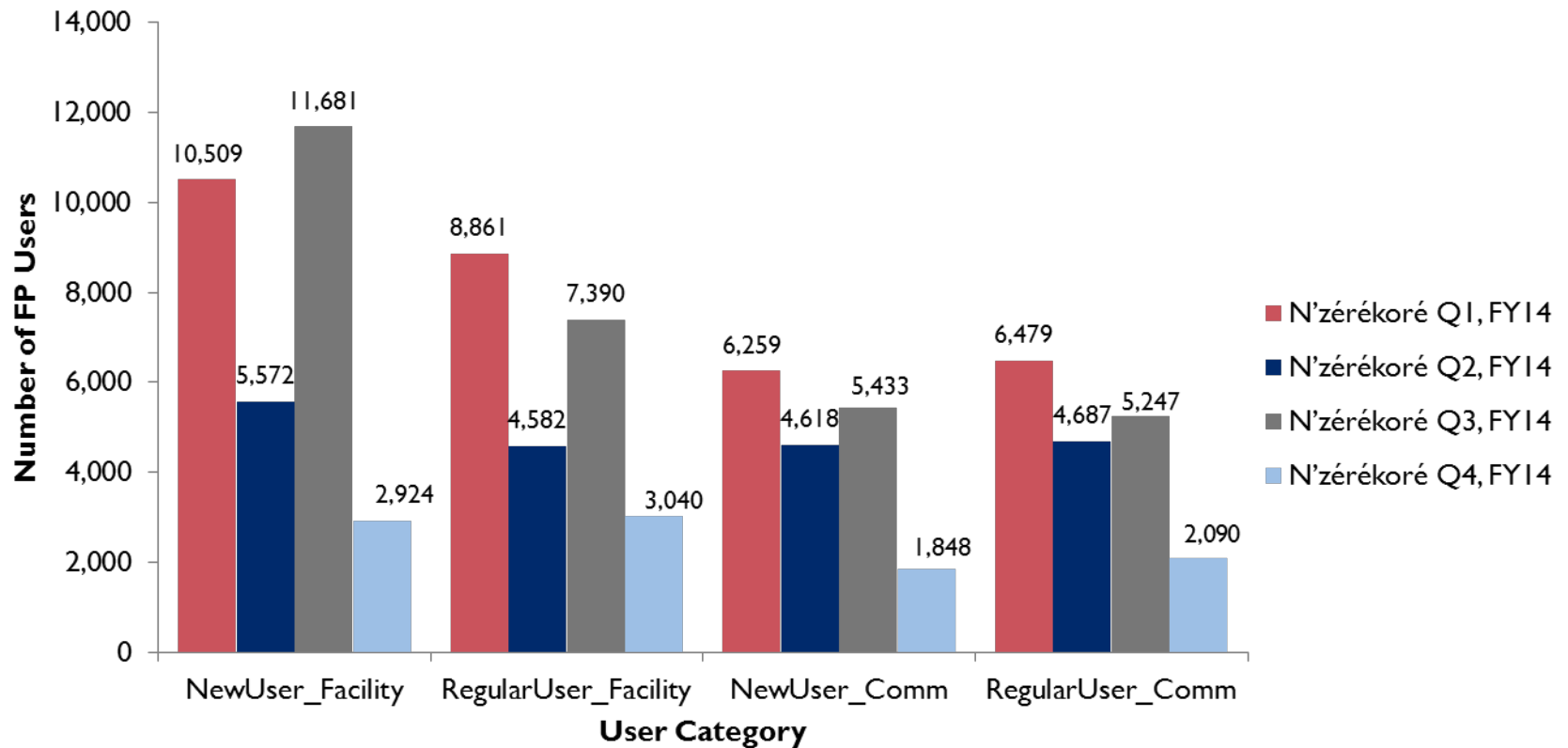
**Evolution of number of FP users in 234 health facilities**





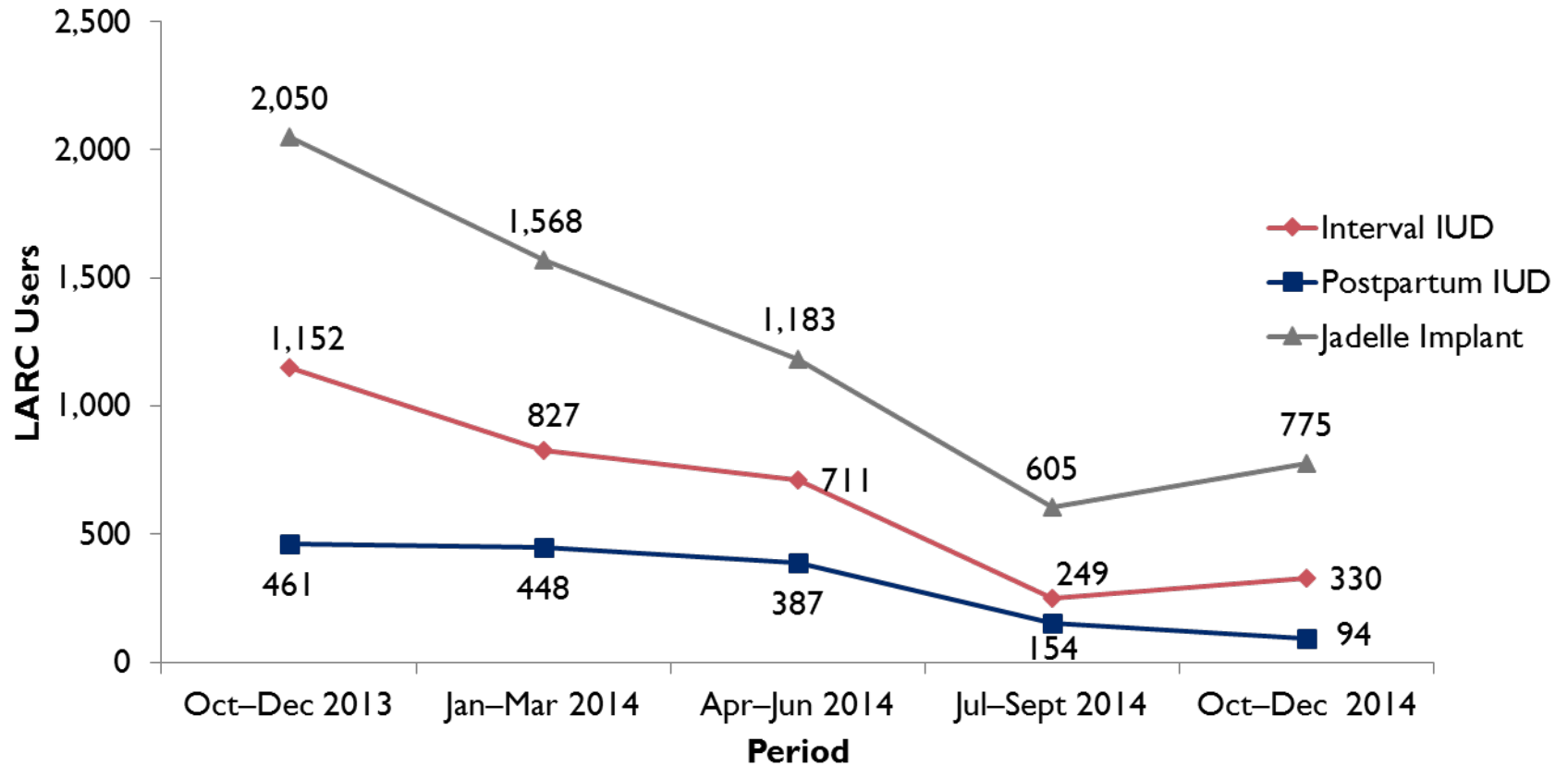
# Results, cont.

**Evolution of the FP users (new and regular) at facility and community levels during FY14, N'zérékoré region**



# Results, cont.

## Evolution of LARC methods in the 4 regions



# Program Implication/Lessons

- The outbreak of EVD in Guinea is severely affecting the use of FP and maternal and newborn health services, and efforts to reduce preventable mortality, and will continue to do so for a long time to come.
- The goal of restoring health services should be to make health facilities a safer place for providers, patients and communities.



# Program Implication/Lessons, cont.

Key elements of restoring health services should include:

Establishing screening, triage and isolation for EVD at the health facility and community

Strengthening infection prevention and control (IPC) practices in facilities by training health care providers and making essential IPC supplies available

Restoring community confidence in health services through effective communication campaigns

# Program Implication/Lessons, cont.

Continued efforts to strengthen access to LARC-PM and integration of PFP/PPIUD are needed

Guinea will need to recruit and deploy new graduates to facilities with high attrition to address the issues related to human resources

Additional training in LARC and PFP will be urgently needed to get services back to where they were

# Take-Home Message

- Routine health services are the first to be compromised during outbreaks of severe infectious diseases like EVD and other natural disasters.
- It takes extra efforts and a systems approach to strengthen health facilities after outbreaks of severe infectious disease like EVD.
- Building community and health worker confidence by making health facilities a safer place is key to restoring routine services.



Thank You  
Merci

