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Maternal and Child
Survival Program

Technical Brief

Increasing Family Planning Uptake Among Postpartum Women in Nigeria

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Goal

MCSP is a global program for introducing and supporting high-impact health interventions in 25 priority countries, including Nigeria, with the ultimate aim of ending preventable maternal and child deaths.

The Family Planning (FP) component of MCSP in Nigeria is focused on integrating PPFP with a range of interventions spanned across policy development, capacity building and quality improvement with the aim of increasing **voluntary FP uptake among postpartum women delivering in health facilities in Kogi and Ebonyi states**. This focus is hinged on the results of a baseline assessment conducted by MCSP between June and July 2015, which showed zero uptake of immediate PPFP in the two project states of Ebonyi and Kogi, due largely to lack of trained PPFP providers.



A trained provider inserts implant for a woman in Kogi State.
Photo credit: Hannatu Abdullabi/MCSP

Program Approaches and Strategies

The strategies and interventions adopted by MCSP for increasing FP uptake among postpartum women in Kogi and Ebonyi states included policy development, capacity building in PPFP, increasing contraceptive options for postpartum women, and securing FP commodities and supplies for health facilities in both Ebonyi and Kogi states.

- **Establishment of the national FP/PPFP agenda for Nigeria.** In 2015, MCSP supported Nigeria to develop a PPFP implementation plan, which was adapted by the country as the national strategy for implementing PPFP at scale, and as a contributory factor for achieving the national target of a modern contraceptives prevalence rate (mCPR) of 27% among all women by 2020. To facilitate the implementation of the national strategy, MCSP collaborated with the World Health Organization (WHO) Nigeria to align the national FP training materials with the WHO 2015 Medical Eligibility Criteria (MEC). Between 2015 and 2018, MCSP also developed FP job aids, posters, and counseling cards to enhance the delivery of quality family planning counseling, with emphasis on well-informed and voluntary choices.
- **Capacity building for healthcare workers and initiation of quality Long Acting Reversible Contraceptives (PPFP/LARC) services.** In December 2015, MCSP trained 16 FP state-level trainers on PPFP/LARCs counselling and service provision and provided these master trainers with technical and financial support to cascade the training to 637 health care workers across 233 public and private health facilities between 2015 and 2018. The health care workers were empowered with adequate counseling skills and client-oriented attitudes, with an emphasis on informed choice to provide quality postpartum family planning counseling during ANC, immediate postpartum and PNC visits. MCSP

promoted the balanced counseling strategy Plus approach, which tailors counseling to a woman's current life stage, fertility aspirations and preferences.

MCSP provided the newly trained providers with the necessary equipment and supplies including appropriate job aids while the State Ministry of Health (SMOH) provided the commodities so that providers could immediately initiate voluntary PPFP at their respective facilities. Also, in collaboration with both Ebonyi and Kogi SMOH, MCSP's team of service improvement coordinators coordinated the conduct of post training follow up, continuous supportive supervision and mentorship for all trained providers after the training. Providing mentorship on site involving all staff should enhance sustainability of acquired skills, competencies and improve performance. This competency-based approach of capacity building helped to improve significantly human resources for health development in the two states. It also provides a sustainable method for teaching healthcare workers.

- **Increasing contraceptive options for postpartum women.** MCSP supported Ebonyi and Kogi states to introduce in both states the Mini-Laparotomy under Local Anesthesia (MLLA) in both early postpartum (within seven days of delivery) and interval periods, thereby increasing contraceptive options and methods for women who desired to limit their family size. The mini-laparotomy is a simple, safe, modern and affordable permanent FP method. MCSP was therefore instrumental in building the capacity of an initial team of 20 health care workers (doctors and nurse attendants) across both states to perform the procedure for interested women and couples, thus contributing to access and sustainability of the service.
- **Securing FP commodities and supplies for health facilities.** MCSP advocated to the two States Commodity Logistics Management Systems in Ebonyi and Kogi SMOH for constant availability of FP commodities and supplies in health facilities in the states. Thus, the FP Coordinators in each state hold a FP Commodity Review and Supply Meeting once in two months to assess the commodity stock position at family planning service delivery points. During the meetings, the FP coordinators re-supply service delivery points with commodities as needed, enabling regular re-supply of commodities in the facilities, including all MCSP-supported facilities.

Key Results

- **PPFP services initiated in 233 health facilities and over 630 health care workers empowered to provide PPFP services**

Over the past three years, MCSP trained and empowered **637** health care workers in **233** MCSP-supported facilities in both Ebonyi and Kogi states with adequate knowledge and skills to provide quality postpartum LARC service provision. This support has significantly increased the pool of competent service providers administering PPFP-LARC in both states. The trained health care workers include those from ANC, labor, delivery and postpartum units, making it possible for PPFP to be available at every stage of the continuum of care, which was not the case before MCSP interventions.

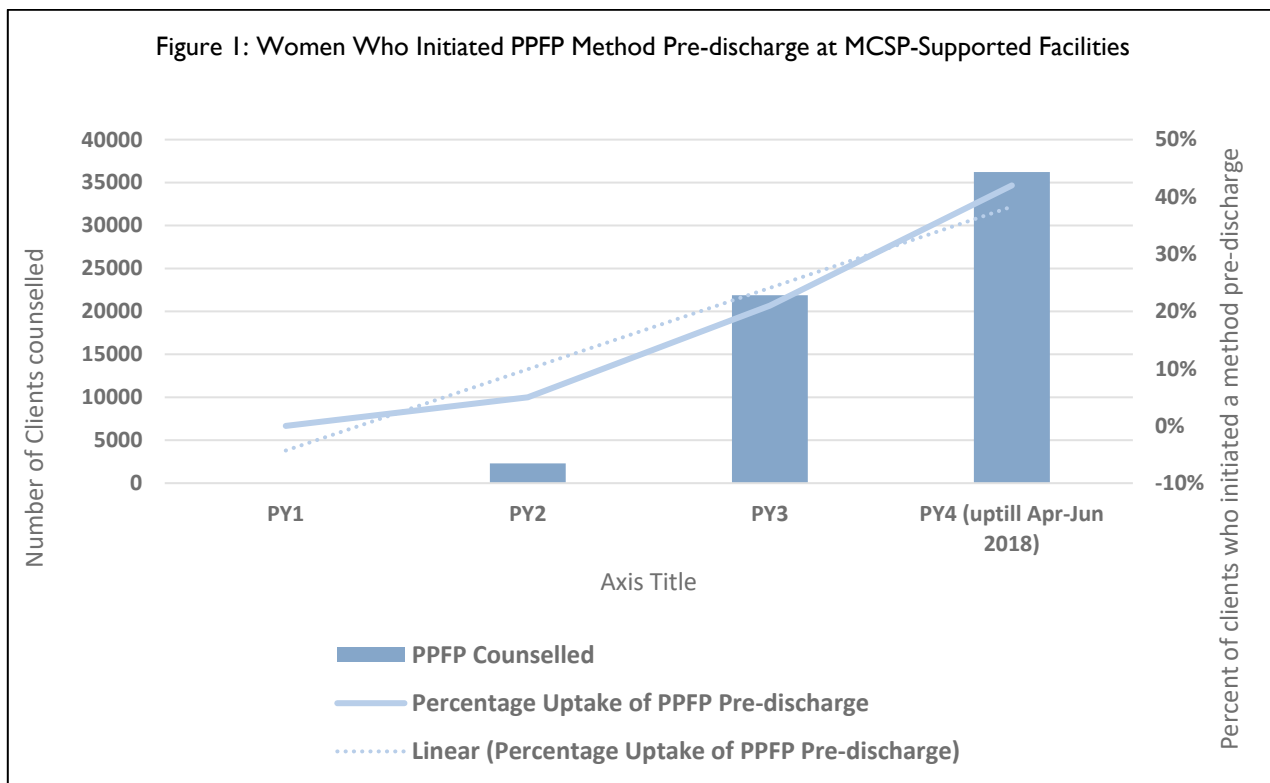
Among the 233 facilities now providing improved PPFP are some faith-based hospitals, including Catholic-owned facilities, which hitherto were not providing family planning services. MCSP intervened by advocating to the hospital management and training the staff, leading to the facilities now offering limited PPFP including counselling and referral.



One of the trained counselors providing counseling during ANC. Photo credit: Hannatu Abdullahi/MCSP

- **Increased contraceptives access for up to 50,000 postpartum women**

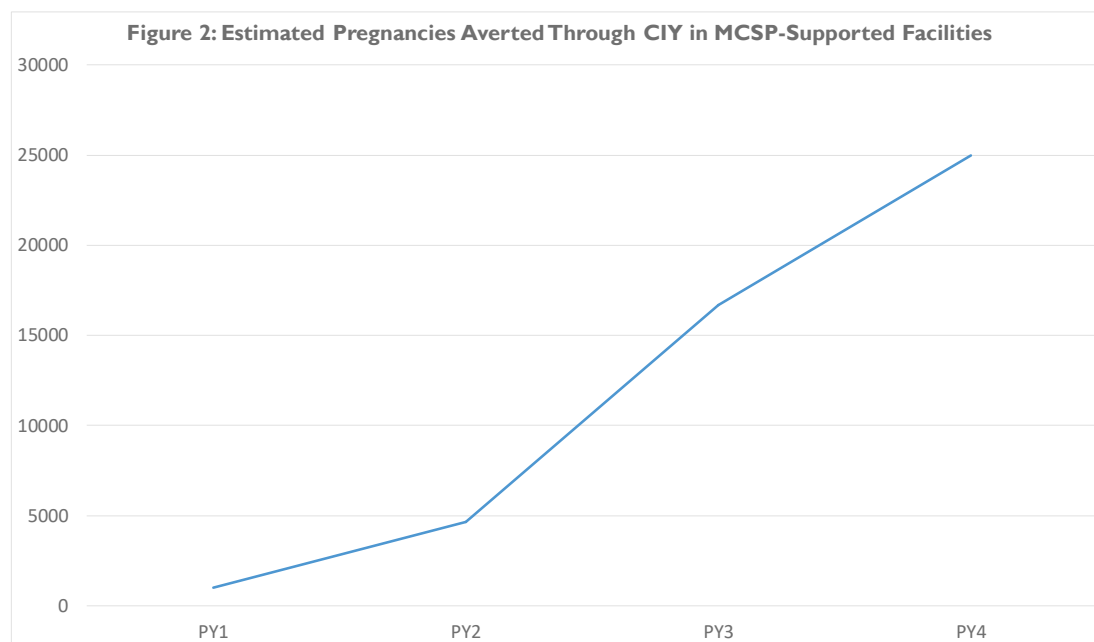
The introduction and expansion of contraceptives services for postpartum women in 233 health facilities in Ebonyi and Kogi states resulted in trained health care workers providing counseling services to 60,804 women between January 2016 and June 2018. About 41% of women who delivered in these facilities had contraceptives methods of their choice before leaving the facility after delivery.



Data Source: HMIS, MCSP pre discharge register

- Thousands of pregnancies averted**

Figure 2 shows the estimated number of pregnancies that MCSP intervention was able to avert over the period of intervention. Pregnancy averted was calculated using the total CYP generated from FP methods dispensed over the reporting period after considering the failure rates for each of the methods.



- **Expanded FP method mix including for First Time Young Parents (FTYP)**

Six months after MCSP trained 20 health care workers and supported them with essential equipment to initiate MLLA services, 15 postpartum women who voluntarily chose to limit their birth had the procedure done for them by some of the trained providers. This resulted in increase in contraceptive option and methods mix for women who do not want to have more children. Having been assessed and certified as competent, the 20 trained health workers stepped down the training to 18 other doctors and nurses from other facilities in the states, thereby increasing the number of potential providers of the MLLA. MCSP also expanded PPFP to cover first-time young parents in four health facilities in the two states resulting in 5,938 young mothers (below 25 years of age) voluntarily receiving FP methods of choice.

- **Improved strategic planning for family planning**

MCSP's support at the national level led to the development of the National PPFP implementation plan during the FP2020 global meeting in Chiang-Mai. Also, the program's collaboration with WHO Nigeria resulted into the review and inclusion of PPFP in the national family planning training manual in line with the new WHO 2015 Medical Eligibility Criteria. Similarly, the collaboration with other partners resulted in the review and development of the national LARC training manual for doctors, nurses and CHEWs in Nigeria. And towards the close of the program, MCSP's support contributed significantly to the development and printing of Kogi State FP Costed Implementation Plan, which if effectively implemented, will meet the state's ambition of attaining mCPR of 20% by 2021 through increased availability and accessibility of FP information and services in the state.

Lessons learned

- Availability of competent providers, especially in the labor, delivery and postpartum units, including the availability of essential family planning equipment, commodity and supplies, post training follow up, regular supervision and mentorship of health providers are key to the success of PPFP program.
- When PPFP counseling is offered and services are available, women will opt for a PPFP method, even in states like Kogi and Ebonyi that have very low contraceptive prevalence.

Recommendations

- To increase uptake and reduce high unmet need for FP among postpartum women, stakeholders must focus on increasing contraceptive information and options through effective, unbiased counseling of women and adolescent. The use of counselling approaches such as the Balanced Counseling Strategy can help providers see the benefits of counseling.
- To expand contraceptives access for postpartum women, there is need for PPFP integration with other maternal, newborn and child health services, including ANC and for women who bring their babies for other maternal, newborn and services and immunization clinics.
- Competency-based training with more practice on anatomic models and supervised clinical practice coupled with ongoing supportive supervision and monitoring should be maintained to strengthen and sustain knowledge and counseling skills of providers and improve quality of service provision.
- For future family planning programs, community interventions should be an important component in addition to facility-based interventions in order to generate demand for services.

Conclusion

All 233 MCSP-supported health facilities in Kogi and Ebonyi states are fully equipped with essential equipment, family planning commodities and items for service provision to provide immediate postpartum family planning services, including postpartum long acting reversible contraception. Each facility has at least one or more providers competent to provide immediate postpartum family planning/postpartum long acting reversible contraceptives services, thereby making postpartum family planning services accessible to women immediately after delivery. As a result, trends in voluntary uptake of postpartum family planning rose steadily over time in Kogi and Ebonyi states, demonstrating that a

focus on PPFPP will not only encourage healthier timing and spacing of women in their reproductive years, but also improve overall contraceptive use.



With the support of her husband, Chinyere Francis had PPIUD insertion immediately after her delivery. Families like the Francis benefit from the training of more than 630 health care providers in delivering safe, effective family planning services.
Photo credit: Tolase Olatinwo/MCSP

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