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Guinea: Integrated training for CEmONC and LAPM of family planning

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PATH, JHU-IIP, Broad Branch,
PSI, Macro International

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Objectives

- To share an experience of integrating maternal and newborn and family planning training
- To discuss the challenges and lessons learned for PPFP programming

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Background

- Maternal mortality ratio in Guinea = 980 per 100,000 live births;
- Contraceptive prevalence for modern methods is 6% with less than 1% for long acting and permanent methods (LAPM) of FP;
- Since 2010 MCHIP has been assisting the ministry of health to reduce MMR and increase CPR through trainings, provision of supplies and equipment; supportive supervision and quality improvement;
- LAPM of FP and EmONC trainings were conducted separately.

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Intervention

The intervention took place in 5 hospitals (October 2012-March 2013)

- Needs assessment in all 5 hospitals;
- Revision / adaptation of EmONC and LAPM learning resources package;
- Identification of teams of providers from selected sites ;
- Training of providers in EmONC in two phases: phase one in BEmONC and the second phase in CEmONC, PPIUD and PP tubal ligation;

Intervention *continued*

- Strengthening of service delivery sites;
- Transfer of learning, monitoring and supportive supervision;
- Training of national trainers to develop local capacity to expand this integrated approach.

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Results

Types of services	March 2012-August 2012	October 2012-March 2013
Total # of deliveries	2352	4922
C-section rate	31.37	23.37
% of women receiving AMTSL	92	85
% of partograph completed	19	47
# of PP TL by mini lap	0	8
# of Interv TL by mini Lap	0	8
Total # of women receiving PPIUD	173	156
# of women receiving PPIUD during post placental period	75	55
# of women receiving PPIUD within 48 hours	72	64
# of women receiving PPIUD during C section	26	37
% of clients experiencing PPIUD expulsions	1	2
% of clients with missed strings	0	0
% of infection	5	0

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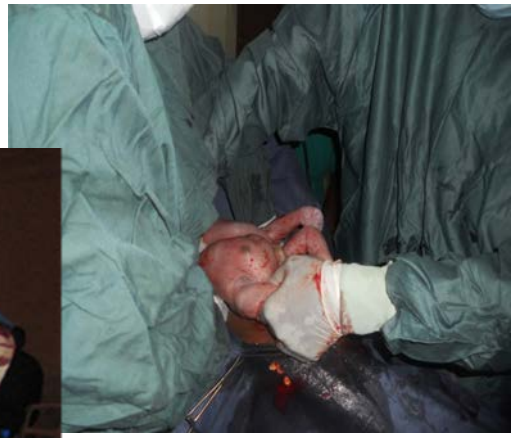
Tubal ligation PPIUCD C section



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Challenges and lessons learned

- Challenges: insufficient caseload to master all skills, frequent stock out of IUCD, weak records keeping
- Lessons learned (key for success)
  - Select adequate training sites
  - Identify a team of motivated providers (champions) to start the program ;
  - Ensure providers are competent in BEmONC before bringing surgical skills
  - Transfer of learning visit within 6 and 12 weeks

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Conclusion

- EmONC and LAPM of FP trainings can be integrated and save time and money
- However a rigorous evaluation is needed to assess the impact on services uptake and quality before scaling up

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