

## Scaling up evidence-based interventions to strengthen postpartum family planning services in the DRC



Figure 1: Students of ISTM Mbuji-Mayi

### Summary

From 2015-2018, the Yam Daabo study successfully trialled a package of low-cost interventions aimed at increasing the uptake of postpartum family planning (PPFP) in Burkina Faso and the Democratic Republic of Congo (DRC). Following the success of this study, in 2019, the package of interventions was scaled up under the FP Accelerator project in three provinces of the Kasai region – Kasai, Kasai Central and Kasai Oriental in the DRC. Midwives in the three regions were trained in family planning and the use of a PPFP counselling tool. Results demonstrated an increase in the uptake of postpartum family planning in two of the three provinces in the region (Kasai, Kasai Central), although it declined in Kasai Oriental, confirming that it was possible to replicate the results of the Yam Daabo study.

### From research evidence to scale up

The DRC has one of the highest maternal, neonatal and infant mortality rates in the world. It has a high level of unmet need for family planning, particularly postpartum when women often wish to delay and space births. Increasing the uptake of postpartum contraception

could address this unmet need as well as reduce maternal, newborn and infant mortality and morbidity.

The Yam Daabo study (meaning “Your choice” in the Mooré dialect of Burkina Faso) conducted in Burkina Faso and the DRC from 2015-2018 tested a package of low-cost interventions aimed at strengthening primary health services and meeting the unmet need for postpartum family planning. The Yam Daboo study included family planning training and the use of a PPFP counselling tool among the interventions and led to an increase in the uptake of PPFP in the 12 months following the study.

Following this, the intervention package was scaled up in the Kasai region of the DRC, that incorporated family planning training into the midwifery curriculum and introduced the use of a PPFP tool.

### **Training midwives in family planning and use of postpartum contraceptive counselling booklet**

With support from the World Health Organization (WHO) and following consultations with the heads of provincial health divisions, the provincial reproductive health coordinators, the heads of the midwifery section of the Instituts Supérieurs des Techniques Médicales (ISTM) and supporting partners from Soins de **SAN**té Primaires en Milieu **R**ural (SANRU), the Programme National de Santé de la Reproduction (PNSR)/ National Reproductive Health program decided to scale up the interventions in the three provinces of the Kasai Region in the DRC – Kasai, Kasai Central and Kasai Oriental.



The scaling up process included four components: (i) training of trainer’s (ii) the adaptation of a PPFP counselling tool, (iii) pilot testing of pedagogical notes with final-year midwifery students and (iv) the introduction and use of the counselling tool by midwives.

In January 2020, the PPFP counselling tool was updated and contextualized for use in DRC. A series of training of trainer sessions on the PPFP counselling tool were organised by PNSR, with support from WHO, in March 2020. Additional training was provided on the use of the medical eligibility criteria for contraceptive use wheel and how to integrate family planning into the teaching curriculum. The training was conducted for experts of health provincial division, provincial reproductive health experts, RH coordinators, midwives and teachers from the ISTM in three provinces of Kasai region. In order to make this approach sustainable, it was decided to integrate the PPFP counselling tool into the basic curriculum of the midwives' training program in the ISTM in all three provinces.

Following the training, the FP course curriculum for undergraduate midwifery students was reviewed. The trained pool of teachers in each province developed a pedagogical note for the chapter on FP counselling. This pedagogical note was tested on 53 final-year midwifery students across the three provinces. Some corrections and additions were made to the content following the pilot test.

After the pedagogical notes were finalized, the family planning content of the first-year midwifery training/teaching modules was revised and strengthened, with particular attention given to understanding the role of counselling and MEC wheel.

### **Achieving an impact**

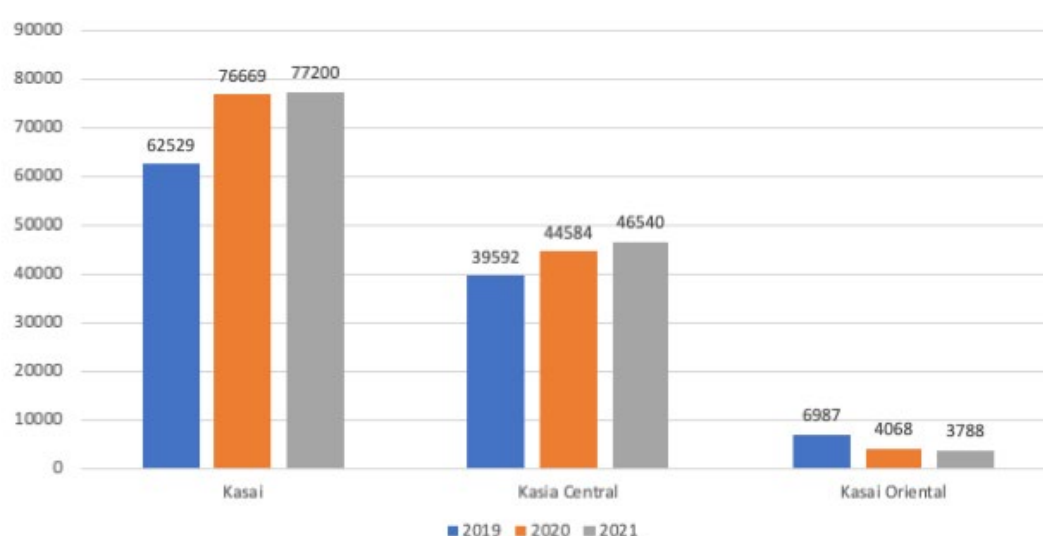
Three classes of midwifery students have received training to date. Training on the use of the PPFP counselling tool and FP training has been included in the midwifery curriculum. When trained, midwives return to their communities and are able to offer family planning counselling and services. In Kasai central, trained personnel are now scaling up the intervention through supportive supervision of family planning services in health facilities, focusing on nurse managers and maternity managers throughout the province.

In the 36 months after the project began, the number of new PPFP acceptors increased from 62,529 in 2019 to 77,200 in 2021 in Kasai and from 44,584 to 46,540 in Kasai Central (Figure 1). Feedback from districts suggests that an improvement in the ability of midwives to

communicate with clients about their contraceptive options is a key contributing factor in the increase in the uptake of PPFP.

The number of new acceptors of PPFP in Kasai Oriental, however, dropped from 6,987 in 2019 to 3,788 in 2021 (Figure 1). The reason for this is not currently understood and will be the subject of further study. It is possible, however, that the midwives who were trained in this province do not continue to work in the province.

**Figure 1. New acceptors of postpartum family planning 2019–2021**



### Lessons learnt and next steps

Inclusion of family planning training in the midwifery curriculum, as well as training on the use of a postpartum counselling tool, can improve the uptake of PPFP. This project suggests that this approach is replicable and suitable for scaling up in different settings and geographical locations. Consideration should be given to extending similar training to nursing staff who frequently provide midwifery services in communities where there is a lack of trained midwives.

The sustainability of the approach will need to be monitored. Scaling up the approach to include more training centres for midwives, nurses and doctors should bring further improvements in meeting the unmet need for family planning in the DRC. A full assessment of the intervention is planned at the end of 2022 and will include an assessment of the intervention in Kasai Oriental, where the number of new PPFP acceptors showed a decline.

## Links

World Health Organization. *Medical eligibility criteria wheel for contraceptive use*. Geneva 2015. <https://www.who.int/publications/i/item/9789241549257>

Tran, NT. *et al*. Effectiveness of a package of postpartum family planning interventions on the uptake of contraceptive methods until twelve months postpartum in Burkina Faso and the Democratic Republic of Congo: the YAM DAABO study protocol. *BMC Health Serv Res* **18**, 439 (2018). <https://doi.org/10.1186/s12913-018-3199-2>

Tran NT *et al*. Participatory action research to identify a package of interventions to promote postpartum family planning in Burkina Faso and the Democratic Republic of Congo. *BMC Womens Health*. 2018;18(1):122. <https://doi.org/10.1186/s12905-018-0573-5>

Tran NT *et al*. Post-partum family planning in Burkina Faso (Yam Daabo): a two group, multi-intervention, single-blinded, cluster-randomised controlled trial. *Lancet Glob Health* 2019; 7: e1109–17 [https://doi.org/10.1016/S2214-109X\(19\)30202-5](https://doi.org/10.1016/S2214-109X(19)30202-5) .

More on WHO's work on contraception <https://www.who.int/health-topics/contraception>

## Contact details

For further information about this study, please contact the WHO Office in the Democratic Republic of the Congo: [afwcocod@who.int](mailto:afwcocod@who.int)

**Dr Brigitte Nsiku Kini** [kininsikub@who.int](mailto:kininsikub@who.int)

**Dr Robert Kanke Mulunda** [mulundakanker@who.int](mailto:mulundakanker@who.int)

Contact person at WHO Headquarter

**Dr Rita Kabra** [kabrar@who.int](mailto:kabrar@who.int)

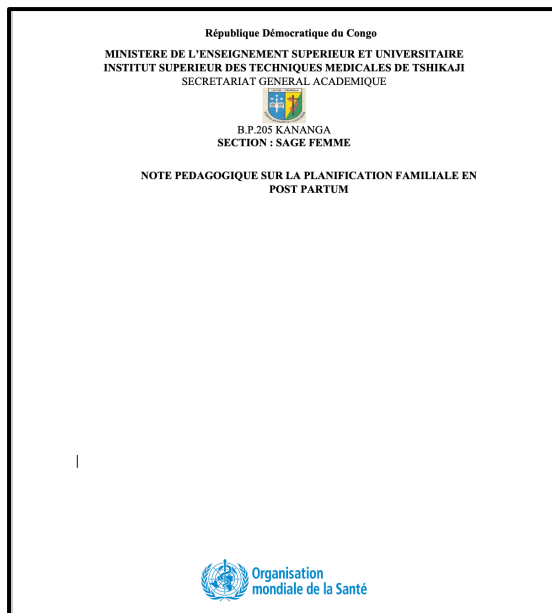


Figure 2: Pedagogical notes on FP