GOVERNMENT IMPLEMENTATION AND INSTITUTIONALIZATION OF THE UNIVERSAL REFERRAL APPROACH FOR FAMILY PLANNING IN FRANCOPHONE WEST AFRICA

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INTRODUCTION

West Africa has one of the highest fertility rates in the world at 5.5 children per woman (Ouagadougou Partnership 2011). The region also has one of the lowest contraceptive prevalence rates (19.1%) and one of the highest rates of unmet need for contraception (27.2%) in the world (Ouagadougou Partnership 2011). The resulting large number of unplanned or unwanted pregnancies can pose serious health risks for mothers and infants (World Health Organization 2019), making access to family planning (FP) essential for improving maternal and infant health.

To improve modern contraceptive use and reduce unmet need, The Challenge Initiative (TCI) francophone West Africa (FWA) Hub supported municipalities and health systems in nine cities to adopt evidence-based practices like universal referral. Universal referral integrates the provision of FP through other health services or entry points (e.g., prenatal consultations, postnatal consultations, immunizations, monitoring and promotion of child growth, screenings and treatment for sexually transmitted infections, and primary care consultations) offered at the health facility to minimize missed opportunities to support women

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with FP counseling and service uptake. Providers, through universal referral, counsel, then refer or offer a method to all women of reproductive age (WRA) who enter a facility—regardless of the initial reason for their visit. After acknowledging the reason the woman came to the facility, the provider asks the client's permission to spend a few minutes talking about her FP needs. Clients may consent to or refuse counseling and care. If the provider obtains the client's consent, the provider uses a job aid to ask three questions:

Do you know about family planning?

Are you using contraception?

Would you like to use a contraceptive method?

METHODS

The TCI team conducted a descriptive analysis to evaluate the results of universal referral implementation. The team reviewed the FWA Hub's activity reports, project data, Health Management Information System (HMIS) data, and a questionnaire completed by district-level health providers to gather their views on universal referral use and results. The team collected and analyzed data from 381 health facilities across nine TCI cities implementing universal referral from January to December 2019. Using a structured questionnaire, the TCI team conducted provider interviews in 2019 at 10% of high-volume facilities with multiple entry points. HMIS data from January to December 2019 in each of the cities were reviewed to determine universal referral use and results. Facilities with incomplete universal referral data or facilities that were not using the approach were not included in the analysis. Providers who had not received training on universal referral or who refused to answer the questionnaire were not included.

RESULTS

Impact of the universal referral approach promoting FP

In 2019, 381 health facilities across the nine TCI cities offered universal referral. In Kolda, Niamey, Nioro, Ouagadougou, and UCOZ, at least 80% of health facilities were implementing universal referral. The city with the lowest proportion of facilities implementing universal referral was Abomey-Calavi in Benin with only 20%. In the provider survey, most respondents were midwives (46.5%) and nurses (38.6%). The antenatal care unit had a 43.3% response rate, and the general consultation unit had a 25.2% response rate. Almost half (48.4%) of surveyed providers reported using universal referral all the time, with providers in Benin and Côte d'Ivoire reporting significantly higher use of universal referral (Figure 1).

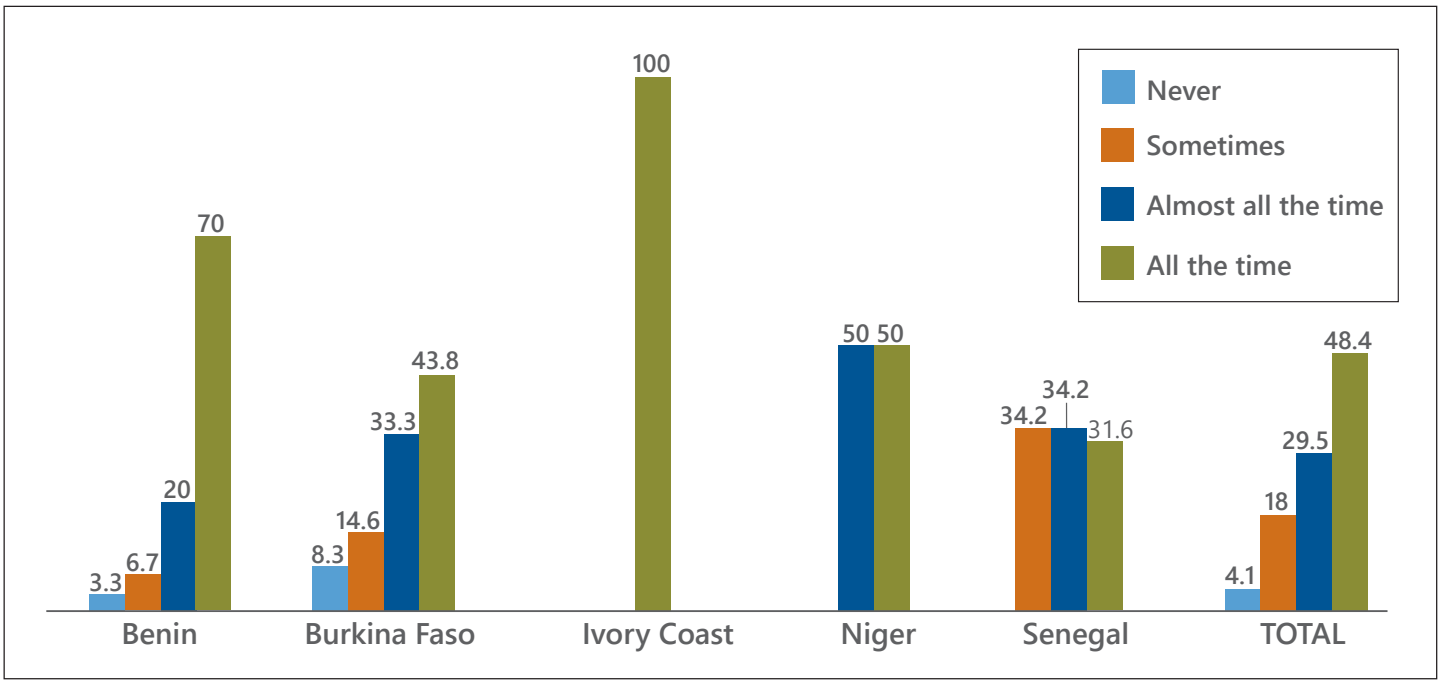

Figure 1: Provider reported use of the universal referral approach with WRA receiving care in the unit.

In 2019, universal referral reached 1,674,340 WRA with FP messages across all TCI cities. The general consultation entry point had the highest number of universal referral consultations with 382,831, followed by the child consultations and the prenatal consultation, with 329,504 and 327,895 consultations, respectively (Table 1).

Universal referral entry points	Number of exposures to FP messages for WRA	%
General consultations	382,831	23
Child consultations	329,504	20
Prenatal consultations	327,895	20
Immunizations	309,519	18
Delivery	111,854	6.5
Postnatal consultations	108,884	6
Prevention of mother-to-child transmission of HIV/AIDS services	77,343	5
Other	19,723	1
Postabortion care	6,787	.05

Table 1: Distribution of number of exposures to FP messages for WRA by entry point.

In 2019, 104,603 WRA adopted an FP method from universal referral, 66,675 (64%) of whom were new users. The entry points that recruited the most FP users were immunizations (23%), followed by postnatal consultations (20%), and general consultations (19%). This result shows that WRA are more likely to adopt a contraceptive method in the postpartum period when bringing their children for immunizations or postnatal care. This trend is particularly true for adolescents and youth (Table 2).

The contraceptive methods most used by universal referral beneficiaries were injectables (32.1%), implants (32%), and pills (24%) (Figure 2). Adolescents and youth ages 15–24 account for 51% of FP users recruited through universal referral. The most used contraceptive methods by adolescents and youth were implants (31%), followed by injectables (30%), and pills (27%) (Figure 2).

Entry points	15–19 years	20–24 years	25–49 years	15–49 years	%
Immunizations	4,402	7,886	12,037	24,325	23
Postnatal consultations	4,102	6,689	10,542	21,333	20
General consultations	4,375	6,200	8,942	19,517	19
Delivery	2,693	6,332	9,101	18,126	17
Child consultations	1,829	3,441	4,612	9,882	9
Other	851	1,577	3,680	6,108	6
Postabortion care	487	1,109	1,345	2,941	3
Prevention of mother-to-child transmission of HIV/AIDS services	670	706	995	2,371	2
TOTAL	**19,409**	**34,022**	**51,254**	**104,603**	**100%**

Table 2: Total users recruited through universal referral by entry point and age group.

Cost

In 2019, the overall cost for all cities to introduce and operationalize universal referral was estimated at 106,138,550 FCFA (USD 194,750). Expenditure items included training, printing, implementation of management tools, and data collection. The largest

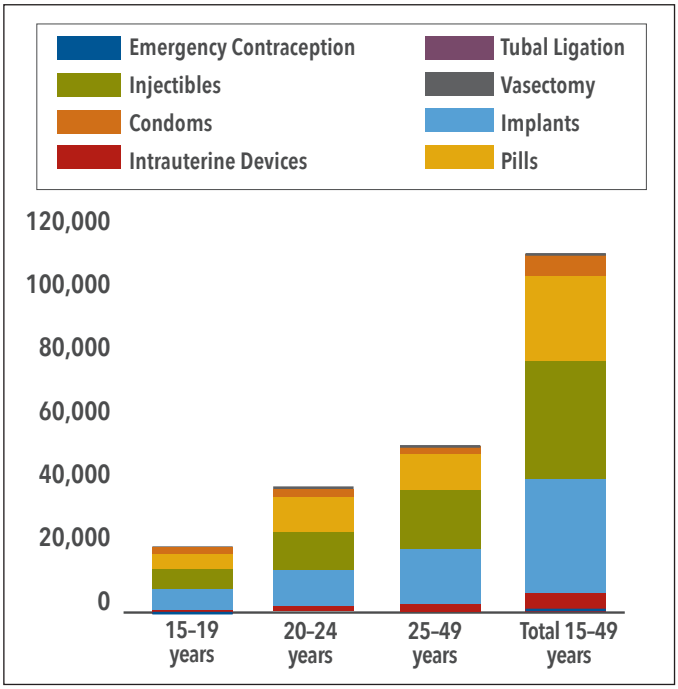

Figure 2: Number of users recruited through universal referral by contraceptive method and age group.

TCI cost to introducing and getting universal referral operational was data collection, which should be integrated into the countries' information systems once the approach is institutionalized. Once the approach is introduced, costs will go down, as certain costs associated with the intervention are not recurring.

Adherence to approach

Less than 50% of the providers interviewed used the job aid all the time, although almost all 92% (n=102) found it easy to use. More than half of the providers (64%) found the job aid excellent; however, 14.4% of the providers surveyed suggested adding pictures so they could better present the products and help clients understand them. Almost all of the providers surveyed (89%) found the universal referral form easy to fill out. The difficulties identified in filling out the universal referral forms were: lack of referral forms (44%) and the large number of items to be filled out (12.5%). Over three fourths of providers (87.5%) were able to add FP counseling to their client consultations without additional burden or the need to add more staff. New client information was correctly entered in registers in 73.5% of cases.

Approximately 87% of the health providers thought that universal referral significantly increased the use of FP services by WRA. Of these, 89.3% considered TCI-University useful in implementing universal referral and 11% considered it somewhat useful. The main difficulties encountered in the implementation of universal referral that the providers mentioned were workload (20%) and WRA refusing to talk about FP (20%). The main suggestions made by the providers to improve the implementation of universal referral were: training health providers (31.1%), making management tools available (20.3%), and involving all health facility staff (12.5%). All providers indicated their desire to continue using universal referral. Reasons for wanting to continue with this approach were the improvement of FP indicators (67%), the provision of information on FP and different contraceptive methods (15%), and the fact that it promotes client-provider contact (7.4%).

CHALLENGES

One of the challenges facing universal referral implementation was getting the providers, particularly those in nonreproductive health service units, to see the value of the approach. Standardizing the tools to make them easy to use and having district management teams closely monitor the approach's implementation, with technical assistance from TCI, made universal referral a routine practice in various entry points within health facilities. Also, some cities in Niger and Côte d'Ivoire noted stockouts of management tools, which impacted the implementation of universal referral. Alternative solutions were found by photocopying the tools locally and by conducting a survey to identify management tool needs across all implementing cities, which allowed the Hub to reproduce all required tools. The other challenge facing implementation of universal referral in cities was in the reporting and availability of data. Data reporting at the beginning of implementation was difficult because it increased the workload for many providers, and there was poor understanding of the data collection methodology. TCI's monitoring and evaluation team provided close coaching to the district teams, who in turn trained providers on the universal referral data collection methodology. To ensure the timely availability of data, universal referral management tools were integrated into the health information systems of the different countries.

> **"Women are afraid to introduce new drugs into their bodies before the seventh day of delivery because they think they will not have sex until the naming ceremony. Personally, I think that the family planning counseling provided to women at the postpartum consultation using the ISBC/FP approach has helped recruit more new contraceptive users, right after the taboo period."**
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> –Hadjia Narba, midwife and head of the postnatal consultation unit in the Maternity Unit in Yantala, Niamey, Niger

RECOMMENDATIONS

Outcomes from the implementation of universal referral in FWA are very encouraging. The following recommendations would further strengthening the intervention:

- Train more providers, organize refresher sessions for providers who have already been trained, and conduct targeted technical coaching of providers
- Include universal referral job aids in provider trainings on antenatal care, postnatal care, and immunization

- Adopt incentives to motivate providers, such as the nomination of FP champions who can ensure the strong coordination and internal organization of services at the facility and identify all WRA who visit it
- Conduct communication campaigns encouraging WRA to use reproductive health and immunization services
- Make the job aid and other universal referral management tools available within all health facilities
- Include photos of contraceptive methods on job aids to facilitate better patient understanding
- Set up an effective mechanism to monitor follow-up appointments, referrals, and counter-referrals
- Integrate routine data collection, reporting, and supportive supervision of universal referral within health system structures
- Disseminate universal referral results and increase funding for universal referral to encourage countries to institutionalize it and scale it up.

CONCLUSION

The TCI platform in FWA supported health systems in partner cities to integrate high-impact practices, including universal referral, to identify unmet FP needs and provide WRA with the opportunity to receive client-centered care. Universal referral is a low-cost approach that is easy to scale and can be applied in public, private, and community settings. Scaling up the universal referral approach is possible through the development of standard tools, cascade training of health providers, and ongoing coaching on the implementation of the approach. The approach exposes WRA to FP messages within the health facility, reduces unmet need, increases the use of modern contraceptive methods, and diversifies the types and numbers of providers involved in promoting FP. The involvement of nonreproductive health entry points in universal referral implementation in health facilities has increased exposure to FP messages and increased contraceptive uptake. These results demonstrate the need to strengthen this innovative intervention, particularly in terms of promoting provider training, communication, the availability of contraceptive products, and management tools in implementing cities. It remains important to work on the sustainability of this approach and support its adoption in other localities.

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