

CURRENT POPULATION COUNCIL PROJECTS ON EMERGENCY CONTRACEPTION, 2009

Emergency contraceptive pills are contraceptives taken after unprotected intercourse or contraceptive failure (such as condom breakage) to prevent unplanned pregnancy.

With the support of The William and Flora Hewlett Foundation, the Population Council/*ECafrique* collaborates with private health networks, NGOs, and governments in East and West Africa to deliver evidence-based information to policymakers and extend the influence of programs to improve access to emergency contraception (EC). The Council provides technical support to *ECafrique* grantees in East and West Africa through widespread training and sensitization of health providers and users. All of the projects described here took place between 2007 and 2009. The Council has developed IEC tools, designed and implemented monitoring and evaluation activities, and has raised awareness about EC among communities and policymakers throughout Africa.

Burkina Faso

The Population Council and *ECafrique* funded a project entitled “Prevention of unwanted pregnancies among women living with HIV in the health districts of Baskuy and Boulmiougou.” Project interventions included sensitization campaigns directed at HIV-positive women, radio announcements, formation of committees for promoting and supporting EC, and dual protection training for health providers and community volunteers. At the completion of the project, women living with HIV demonstrated an increased knowledge of EC from 16 percent to 88 percent; their ability to negotiate use of dual methods with sexual partners also increased. Use of contraceptive methods increased from 32 percent to 52 percent among HIV-positive women served during the intervention, and health providers’ knowledge of EC also improved.

Cameroon

The Information and Counseling Centre on Adolescent Reproductive Health Issues/Association for the Struggle against Violence Against Women (CESRAF/ALVF) aims to improve the quality of services available to survivors of sexual violence, including the training of health providers. A baseline evaluation of providers highlighted their lack of understanding about EC as well as the fact that only a few providers offered EC services. In response to these findings, 42 community volunteers, two youth association leaders, nine pharmacists, and 41 providers were trained on EC provision, and EC kits (which included EC, IUDs, and female and male condoms) were distributed to interested health providers. In addition, EC prescription guidelines, posters, and brochures were developed with technical assistance from the Population Council and *ECafrique*. EC-sensitization meetings were held to address concerns and answer questions among 2,700 adolescents and adults. Currently, EC is available at all targeted health facilities.

Côte d’Ivoire

Five educational institutions within Côte d’Ivoire’s social marketing agency, AIMAS, have implemented programs promoting further awareness of EC among youth between ages 15 and 24 within two towns, Abidjan and Agboville. Through February 2009 advocacy tools and documents were developed for use by students, parents, teachers, and school administrators. In addition, peer educators and communication officers were trained to increase awareness and encourage the acceptability of EC through “community animations.” From March to May 2009, the messages and activities were implemented along with active promotion from educators and communication officers within selected schools. The campaign reached nearly 17,000 youth, and there was general consensus to renew and replicate the project in other educational institutions.

Kenya

“Mainstreaming Emergency Contraception in Kenya,” funded by the Hewlett Foundation, was initiated in 2006 and concluded in August 2009. The project aimed to increase EC knowledge and awareness among providers and the community as well as use of EC among women aged 18–30 years. The program was also committed to strengthening EC provision in both the private and public health sectors. Mainstreaming EC program activities included mass-media campaigns and parallel outreach activities such as the development of EC-specific job aides; capacity building among providers, health centers, and outreach centers; and collaboration with *ECafrique* and the local ministry to coordinate, promote, and expand ongoing EC efforts.

Findings demonstrate an increase in private-sector EC sales by more than three-fold as well as significant improvements in public-sector utilization. Provider knowledge of EC as well as attitudes and practices toward EC have improved. Results demonstrate the importance of pharmacies as the main point of access to EC in Kenya; the initial lack of knowledge among pharmacists; and the success of one strategy to increase their knowledge, attitudes, and provision of EC to those in need. As a result of this program, national nurse training curriculums have incorporated EC, and the Ministry of Health currently is revising the national guidelines to include considerations from this program’s experiences and findings. With financial support from the Hewlett Foundation, additional resources have been leveraged from the government, other development partners, and NGOs to support EC activities at the national, provincial, and district levels.

Senegal

With funding from the Population Council, the Centre de Formation et de Recherche en Santé de la Reproduction (CEFOREP), a non-profit Senegalese training organization, has introduced a program to reduce young people’s risky sexual behaviors and build EC awareness as a contraceptive option for sexually active youth. Students, teachers, and school supervisors helped develop this program, which informed service providers and pharmacists about adolescent reproductive health issues (such as peer pressure and limited RH knowledge) and created a link between the school community and the health system.

An evaluation of the EC knowledge, attitudes, and practices (KAP) of health providers at completion of the program demonstrated an improvement in perception and knowledge of EC, as well as more positive attitudes in regard to EC’s contribution to prevention of unwanted pregnancy among youth, particularly those affected by sexual violence. EC was acknowledged as an effective means of bridging sexually active youth to the use of other contraceptive methods. Future EC activities will include: improving EC access, increasing awareness and training about EC among providers, and sensitizing youth. Improvements in data collection and monitoring will also be important efforts to gain a comprehensive understanding of EC use in Senegal.

For more information about these projects, contact Katherine Williams at kwilliams@popcouncil.org.

**FOR MORE INFORMATION ABOUT THE POPULATION COUNCIL’S
WORK ON EMERGENCY CONTRACEPTION,
PLEASE VISIT WWW.POPCOUNCIL.ORG/RH/EC.HTML**