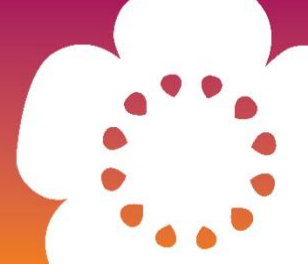


Integration of Family Planning within Ethiopian Primary Healthcare Settings: A Desk Review

Lessons Learned from EngenderHealth's FP Integration Project



Background

Approximately 55 million unintended pregnancies occur every year among women in developing countries who are not using a contraceptive method (Sedgh et al. 2007). Family planning (FP) is a human right and ensuring FP access is central to protecting the health and wellbeing of mothers and children (Federal Democratic Republic of Ethiopia 1995). Access to FP has increased considerably in Ethiopia and, as a result, the unmet need for FP has declined from 37% to 22% in the last two decades (CSA and ICF 2016). One study reported that approximately 42% of pregnancies in Ethiopia were unintended and approximately 382,500 induced abortions occurred during the same period, resulting in an annual rate of abortion of 23 per 1,000 women of reproductive age group (Singh et al. 2010). Additionally, 95% of unintended pregnancies in Ethiopia occur among women who do not use any form of contraception (Sundaram, Vlassof, and Bankole 2010). Timely FP counseling and services can prevent subsequent unplanned pregnancies (Wilcox, Dunson, and Baird 2000).

The government of Ethiopia considers access to FP to be a key reproductive right and a proven intervention for preventing unintended pregnancies and reducing maternal and child mortalities. FP remains a critical part of Ethiopia's essential health service package. The government's current Health Sector Transformation Plan aims to increase the modern contraceptive prevalence rate from 41% to 50% and decrease the teenage pregnancy rate from 12.5% to 7% by 2025 (MOH 2021b). Achieving these goals will require improvements in the quality of, access to, and uptake of FP services. More importantly, it will require the sustained integration of FP services into the primary healthcare system, which will minimize missed opportunities and allow healthcare workers to provide FP and reproductive, maternal, neonatal, child, and adolescent health and nutrition (RMNCAH-N) services simultaneously (Mutisya et al. 2019). Moreover, FP integration is a key cost-effective intervention to address unmet need for contraception as it allows for the most efficient utilization of health services during a single visit (Ringheim, Gribble, and Foreman 2011). However, except for a few initiatives to integrate FP into HIV and AIDS care and the country's health extension worker program, progress in fully integrating FP into other RMNCAH-N services at different levels of the primary healthcare system, particularly in pastoral regions, remains slow (MOH 2021a; MOH 2021b).

Project Summary

In 2021, EngenderHealth, with funding from the Bill & Melinda Gates Foundation, launched the Family Planning Integration in Ethiopia's Primary Healthcare System (FP Integration) project. This project informs how FP services can be integrated into RMNCAH-N services as part of the broader primary healthcare system in Ethiopia.

EngenderHealth is collaborating with the Ethiopian Ministry of Health and partnering with Addis Ababa University School of Public Health, Jigjiga University, and Wolayita Soddo University to improve and strengthen the integration of FP services across Ethiopia's primary healthcare service delivery system. Through this program, we are supporting the government's efforts by undertaking a comprehensive national FP integration assessment and conducting implementation research to generate learning on how to effectively integrate postpartum FP (PPFP) and postabortion FP (PAFP) into existing health services. Through this comprehensive national assessment, EngenderHealth is exploring the feasibility of FP integration within the current primary healthcare system, including into community health services.

FP Service Integration in Ethiopia

In 2021, Ethiopia's Ministry of Health developed a FP Service Integration National Guideline, which provides direction for initiating, supporting, and sustaining FP integration and demonstrates the government's commitment to scaling up high-impact practices, such as integrated FP services (MOH and FP2030 2021). Integration is characterized by the joint provision of essential and nonessential FP and RMNCAH-N services by providers at the same service delivery point (for instance, within a single public health facility), with adequate provision of FP counseling and information and a strong internal referral system (MOH 2021a). Integrated services can minimize missed opportunities for care and allow healthcare workers to provide FP and RMNCAH-N services simultaneously (Mutisya et al. 2019).

A systematic review of health service integration revealed that integration can increase access and efficiency of health services (Briggs and Garner 2006). Despite these benefits, the implementation of integrated care varies widely. For example, in Sub-Saharan Africa, the availability of integrated FP services with HIV care at health facilities ranges from 10% to 61% (Kanyangarara, Sakyi, and Laar 2019).

Study Purpose

EngenderHealth's FP Integration project implemented a desk review to organize and document the available evidence on FP integration with RMNCAH-N in Ethiopia. The review synthesized and extracted relevant lessons for successful integration of FP with RMNCAH-N services within the country's primary healthcare system. This brief presents findings from the desk review, with a focus on current FP service integration challenges, gaps, successes, and opportunities.

Research Questions

- What is the extent of FP integration within RMNCAH-N services in Ethiopia?
- What factors affect FP integration within the primary healthcare system in Ethiopia?
- What lessons learned from other countries about successful integration of FP into RMNCAH-N services can be adapted to the Ethiopian context?

Methodology

Data Source and Search Strategy

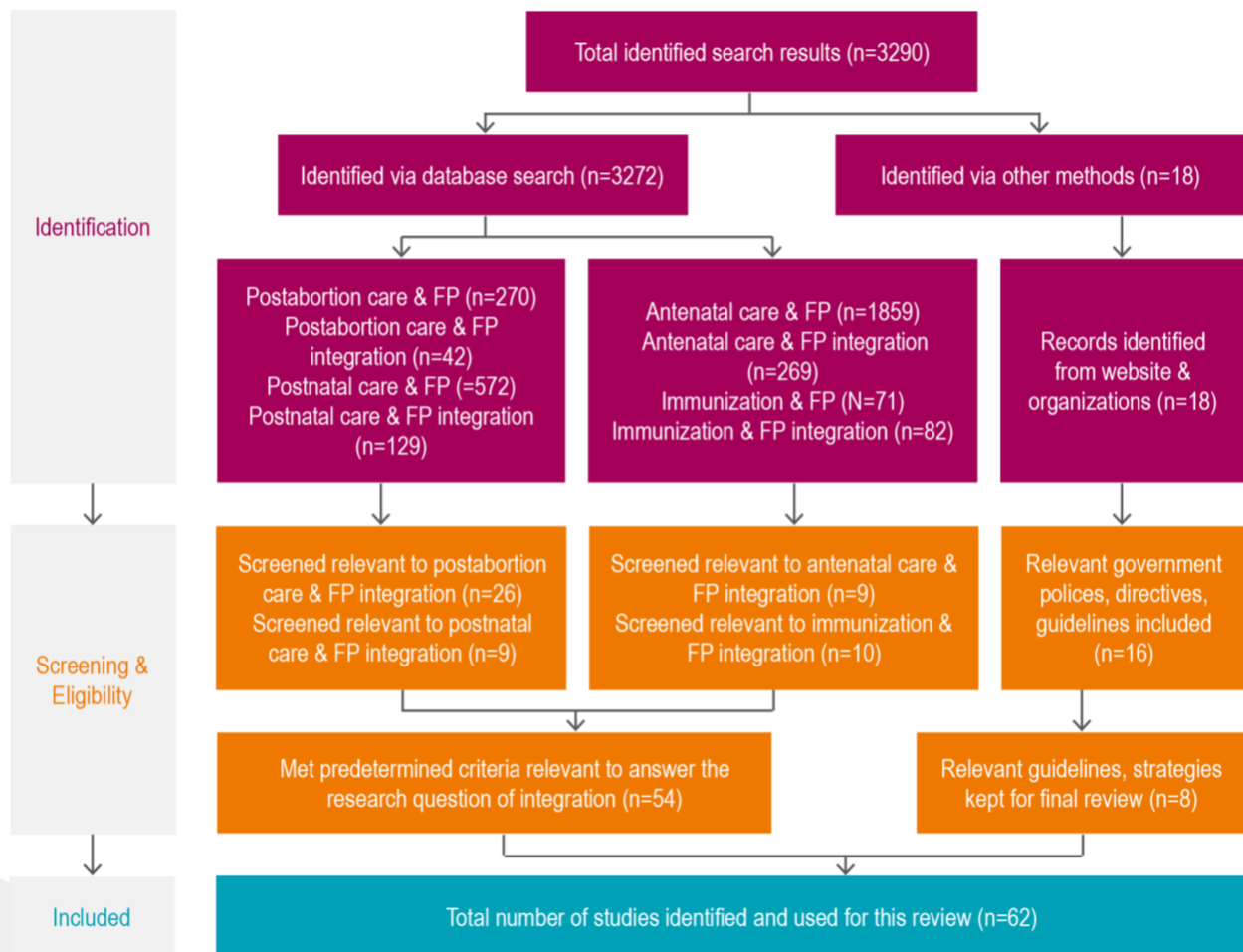
The study team conducted a desk review from May to August 2022. The review included local grey and published literature as well as evidence from settings with similar sociodemographic settings. It included studies from other countries that showcase successful FP integration strategies relevant to the Ethiopian context. Using key words, the study team conducted a search to identify relevant literature. The team then screened identified publications and performed eligibility checks. The study team implemented the search using multiple databases, including Google Scholar, PubMed, Web of Science, and the World Health Organization website. The study team also included government documents, such as Ministry of Health directives, guidelines, and policy briefs and documents. The scope is limited to the integration of FP with delivery, postpartum, postabortion, antenatal care, and child-immunization services. Key words included:

“FP integration postpartum,” “FP integration postpartum Ethiopia,” “FP integration immediate postpartum Ethiopia,” “FP integration childbirth Ethiopia,” “FP integration childbirth,” “FP integration service delivery Ethiopia,” and “FP integration immunization.” The study team found a total of 3,290 publications and documents.

Screening

The study team screened the titles and abstracts of papers to determine whether the paper could address the question: Does this paper have information or data that can be used to answer any of the three review questions? This question guided investigators to decide to either proceed with full article download or exclude the document. The study team included all studies and documents published in English. The study team included these documents regardless of the study’s design, population, intervention, comparison, or year of publication. The study team selected a total of 62 reviewed articles and documents through this review process (Figure 1).

Figure 1: Review Process



Results

Global Evidence on FP Integration

The prevalence of FP integration with RMNCAH-N services is varied in Ethiopia and globally. For example, PAFP utilization is approximately 64% in Eastern Africa (Wake, Fitie, and Tizazu 2022) and 68% in Ethiopia (Bizuneh and Azeze 2021). PAFP adoption rates in Ethiopia are lower than those reported from Peru (97%), India (81%), Asia and Sub-Saharan Africa regionally (77%), and Turkey (73%) (Bizuneh and Azeze 2021; Benson and Huapaya 2002; Senlet et al. 2001). Other studies showed FP uptake increased when integrated with maternal, newborn, and child health (MNCH) services (Birdthistle et al. 2014; Church and Mayhew 2009).

Evidence suggests that a FP integration model is widely acceptable to clients and service providers and does not negatively impact the delivery of other services, such as immunization services. For instance, a study in Malawi found substantial perceived benefits associated with FP and immunization service integration among providers and clients—such as time saving for both groups and perceptions of improved health among women and young children. The study also found that most clients reported that an integrated approach allowed them to access two services in one day at the same place, unlike the in the past. Also, some providers stated that integration improved the referral of clients between the two services (Cooper et al. 2020). Similarly, a study in Liberia found high acceptability of FP and immunization integration when offered in clinics and no negative influence on utilization of immunization services (Nelson et al. 2019). Studies from Ghana (Rowan et al. 2019; Stanback et al. 2013), Malawi (Cooper et al. 2020), Liberia (Nelson et al. 2019), and Zambia (Stanback et al. 2013) on the integration of FP with immunization services all found positive outcomes. For example, a cluster-randomized controlled trial in Rwanda concluded that integrating FP with infant immunization was acceptable and feasible and without a negative impact on immunization services (Dulli et al. 2013). In this study, the integration of FP services with child immunization increased women’s exposure to correct information about the use of modern FP to space or limit births. Furthermore, the study concluded that institutional childbirth and child immunization were the most consistent health sector services associated with modern PAFP adoption (Hounton et al. 2015). Another qualitative study on integrated FP and childhood immunization services in five African countries, including Ethiopia, reported that immunization services provide an opportunity to increase women’s understanding of various FP methods (Hoyt et al. 2021).

PAFP is one of several high-impact practices in FP (Church and Mayhew 2009). Observing data related to postabortion care, global evidence indicates that postabortion clients accept FP methods at a higher rate when FP services are offered at the same time and location as the abortion or postabortion services and prior to discharge from the facility (HIPs 2017). In Peru and Turkey, studies show that strong political leadership at the facility level and as part of the political environment are key to the sustainability of PAFP service delivery and uptake. Other key factors include ensuring different cadres of providers receive training to offer counseling and contraceptive methods as part of postabortion curricula and institutionalizing training of trainers (Benson and Huapaya 2002; Senlet et al. 2001). Another assessment from Senegal and Tanzania found increased informed and voluntary use of PAFP when FP was integrated with postabortion care; this study also documented success factors for integration, including supportive supervision, training, and data quality improvement to facilitate additional services (Kyomo et al. 2020). A study in Kenya similarly showed that integration of FP with postabortion care was feasible and acceptable to providers and patients (Solo et al. 1999).

A study in Nepal showed that provision of quality FP counseling during antenatal care visits was an important factor of PPFPP acceptance; further, the findings implied that improving PPFPP uptake requires improvements in health system infrastructure and readiness (including provider availability, provider knowledge, and provider behavior with clients) to allow for FP counseling during antenatal care visits (Puri et al. 2020). Studies also showed that offering FP as part of delivery care increases PPFPP use and reduces unintended pregnancies and too closely spaced pregnancies (CSA and ICF 2016; Kozuki et al. 2013).

Evidence from Ethiopia, Malawi, and Nigeria indicated equity issues in the use of modern FP by education level, place of residence, and wealth quintile; this is especially prominent in Ethiopia, where there are considerable gaps between groups (Vernon 2009). Integration is generally assumed to reduce costs, especially when it involves service coordination and/or cross-training. Yet, there is a glaring lack of data on the efficiency and costs of integration. Whereas one study suggested a need to know whether integration makes economic sense and whether certain integration strategies are more cost-effective than others (Kuhlmann, Gavin, and Galavotti 2010), another study concluded that integration is cost-effective, can save the health system money, and can respond to the multiple demands on women's time that often leads them to neglect their health (PRB 2011). A study in Ghana suggested that plans for integrating FP into the primary healthcare system must consider the cost and reimbursement structures of service outlets; further, a key informant noted that FP is a tricky area when it comes to national health insurance coverage because there are issues associated with who pays for the additional time required by providers, in addition to the costs of the commodities (Rowan et al. 2019).

FP Integration in Ethiopia

National Policies and Strategies

Ethiopia's constitution, health policies, and strategies are comprehensive and offer all necessary provisions, creating an enabling environment for high-quality FP service delivery (including free service provision) as well as integration with other MNCH services (MOH 2016; Transitional Government 1993). Ethiopia's national health policy highlights the importance of access to and utilization of quality FP services as a component of MNCH services and the National Reproductive Health Strategy states that the goal of FP is to reduce unintended pregnancies and enable individuals to achieve their desired family sizes (MOH 2016). To achieve this, the strategy includes four action points, including delegating services to the lowest service delivery level possible to provide all FP methods, increasing access to and utilization of quality FP with other services, and creating acceptance of and demand for FP. Furthermore, the Ministry of Health is implementing an adolescent and youth health strategy to create access to high-quality, youth-friendly services. This strategy aims to increase contraceptive prevalence and reduce unmet need for modern contraception among adolescents and youth. The Family Planning Service Integration National Implementation Guideline in Ethiopia also states that PAFP services should be provided to abortion and postabortion care clients before discharge (MOH 2021a).

Evidence of Integrated FP Service Delivery and Uptake

A systematic review of 18 studies found the prevalence of postpartum modern contraceptive use in Ethiopia to be 45.4%; at subnational levels, prevalence was lowest in the Debat district of the Amhara region (10.3%) and highest in Addis Ababa (92.8%). Conversely, a study among public hospitals in North Showa found only 21.3% of women adopted FP in the immediate postpartum period (within 48 hours of delivery); while a larger study found a 39% uptake of FP in this period.

Studies in Ethiopia found overall positive evidence for FP integration in the context of antenatal and postnatal care. A longitudinal study found that women who received integrated FP counseling during antenatal and/or postnatal care accepted a FP method at significantly higher rates than those who did not receive counseling (Zimmerman 2016). This study also found integration of PPFPP counseling with MNCH services to be low. In another study, women who received FP counseling during antenatal care services were more likely to adopt a PPFPP method (Tafere, Afework, and Yalew 2018). However, in cases where FP services are available within postpartum units, FP counseling may be rare. A national survey found that despite 94% of facilities offering immediate PPFPP services, only 27% of postpartum clients received PPFPP counseling (Mickler et al. 2021).

Previous studies conducted in Ethiopia found that adoption of FP among postabortion clients is inconsistent across different areas of the country and by facility type (health center and hospital) (Kokeb et al. 2015; Beyene et al. 2021). The national estimate of PAFP utilization was 74.6%, with the highest utilization rate in Addis Ababa (79.8%) and the lowest in the Tigray region (66.4%) (Beyene et al. 2021; Wake, Fitie, and Tizazu 2022; Bizuneh and Azeze 2021).

In Ethiopia, a comprehensive strategy to improve PAFP services has increased uptake of PAFP. For example, between July 2009 and June 2014, uptake of PAFP among abortion care clients in 101 public health facilities in Ethiopia progressively increased, from 58% in 2010 to 83% in 2014, as a result of increased availability of FP services within the abortion care unit (Kuhlmann, Gavin, and Galavotti 2010).

EngenderHealth's Access to Better Reproductive Health Initiative project promoted integrated services as a means to reach as many clients as possible with high-quality, comprehensive FP through abortion care units and other related units. By providing FP services to abortion and postabortion clients, EngenderHealth helped significantly reduce unmet FP need among these clients, thereby mitigating the risk of subsequent unintended pregnancies. In the first year of the project, in 2010, 11,733 abortion and postabortion clients accessed services at 1 of the 100 project-supported facilities; of these clients, 60% adopted PAFP (Chifra et al. 2020). In 2019, 63,657 abortion and postabortion clients accessed services from 1 of 614 project-supported sites; 82% of these clients adopted PAFP (Chifra et al. 2020). The increase in PAFP uptake was partly due to the increased availability of providers trained to offer integrated services.

Ethiopia's Family Planning Service Integration National Implementation Guideline states that child health and immunization services serve as prime opportunities for the provision of FP information and counseling (MOH 2020). However, the quality and coverage of FP within antenatal care is low. One study that assessed coverage of FP and antenatal care services in Ethiopia found that while all FP clients received a method, they ranked the quality of the visit as low, at 33.6% (Puri et al. 2020). Another study contributed to the evidence base for FP and immunization integration by exploring integrated FP and immunization service delivery in the Benishangul-Gumuz region (Krishnaratne 2021). Another assessment, completed by EngenderHealth's Access to Better Reproductive Health Initiative project, explored integration of FP counseling and services into non-FP departments and units, including MNCH units, HIV units, outpatient departments, and select others. When comparing units, the largest portion of FP adopters came from child immunization units (48%) followed by gynecology, labor and delivery, and postnatal care units (30%).

Factors Affecting FP Integration within the Primary Healthcare System

Several factors hinder the integration of FP with other RMNCAH-N services in Ethiopia. A few of the supply-side barriers are lack of (1) information, education, and communication materials for client education; (2) a sufficient number of trained providers on different methods of FP; (3) supportive

supervision to improve the quality of FP integration, (4) availability of integrated services at health centers and other lower-level facilities, (5) written guidelines for FP services in hospitals, and (6) sufficient financing for FP services. Additional barriers include provider biases and competing demands on health workers; lack of available, comprehensive FP methods; and poor monitoring and referral systems (Cooper et al. 2020; Vernon 2009; Puri et al. 2018).

Demand-related barriers also hinder FP service uptake in Ethiopia. Many of these barriers are sociocultural, including social norms associated with age and gender; other barriers include poor acceptance of FP by key community influencers and gate keepers (primarily religious leaders), fears of side effects, lack of awareness and knowledge of FP methods, waiting for the return of menses during the postpartum period, and partner disapproval of contraceptive use (Curtis, Huber, and Moss-Knight 2010; Dingeta et al. 2021; Jones and Pincock 2020). A nationally representative assessment found that primiparous women, women who deliver vaginally, and women who do not receive delivery care from a doctor or health officer were less likely to receive PPFPP counseling. Conversely, those who use maternity waiting homes, have their partner's support, have positive attitudes about FP, and who are satisfied with delivery care were more likely to access PPFPP services (Converse et al. 2013; Silesh et al. 2022).

Summary

Ethiopia's Ministry of Health has supportive policies and guidelines to expand FP integration. Lessons from limited local initiatives and from other countries demonstrate the effectiveness and opportunities for FP integration with RMNCAH-N services. Further initiatives—in addition to promoting PPFPP and FP integration within nonroutine service outlets (including via mobile outreach)—need to be piloted and documented to identify effective approaches for integrating FP services across the RMNCAH-N continuum that can inform scale-up activities in different local contexts. Scaling up FP integration will also require a costed implementation plan that considers cost effectiveness.

Acknowledgements

EngenderHealth is grateful to the Ethiopian Ministry of Health, particularly the Maternal and Child Health Directorate, for their collaboration and support of this project. We also are appreciative of our partner, Addis Ababa University School of Public Health, for conducting the literature review and preparing the preliminary report. EngenderHealth also acknowledges the generous support of the Bill & Melinda Gates Foundation for funding this important work.

This brief was written by Addisalem Titiyos, Kathryn A. O'Connell, Yohannes Adinew, Amy Agarwal Jemal Kassaw, and several Addis Ababa University School of Public Health research team members. We are also thankful for the insightful review provided by Japheth Ominde.

Suggested Citation

Titiyos, A., O'Connell, K., Yohannes, A., Agarwal, A., Kassaw, J., Seifu, A., Firdu, N., Shikur, B., Seid, S., and Assegid, M. 2023. *Integration of Family Planning within Ethiopia's Primary Healthcare Settings: A Desk Review from EngenderHealth's Family Planning Integration Project*. Washington, DC and Addis Ababa: EngenderHealth.

References

- Benson, J. and Huapaya, V. 2002. *Sustainability of Postabortion Care in Peru*. Washington, DC: Population Council. doi: 10.31899/rh4.1197.
- Beyene, F.Y., Tesfu, A.A., Wudineh, K.G., Sendeku, F.W., and Ayenew, A.A. 2021. "Utilization and Its Factors of Post Abortion Modern Contraceptive in Ethiopia: A Systematic Review and Meta-Analysis." *Reproductive Health* 18, no. 143 (July).
- Birdthistle, I.J., Mayhew, S.H., Kikuvu, J., Zhou, W., Church, K., Warren, C.E., Nkambule, R., Fenty, J., and Initiative, I. 2014. "Integration of HIV and Maternal Healthcare in a High HIV-Prevalence Setting: Analysis of Client Flow Data Over Time in Swaziland." *BMJ Open* 4, no. 3 (March): e003715. doi: 10.1136/bmjopen-2013-003715.
- Bizuneh, A.D. and Azeze, G.G. 2021. "Post-Abortion Family Planning Use, Method Preference, and Its Determinant Factors in Eastern Africa: A Systematic Review and Meta-Analysis." *Systematic Reviews* 10, no. 172 (June). doi: 10.1186/s13643-021-01731-4.
- Briggs, C.J. and Garner, P. 2006. "Strategies for Integrating Primary Health Services in Middle- and Low-Income Countries at the Point of Delivery." *Cochrane Database of Systematic Reviews* no. 2 (April). doi: 10.1002/14651858.CD003318.pub2.
- Central Statistical Authority (CSA) of Ethiopia and ICF. 2016. *Ethiopia Demographic and Health Survey 2016*. Addis Ababa: CSA and Rockville, MD: ICF.
- Chifra, W., Garedew, T., Lingerih, W., and Malakoff, S. 2020. *Service Integration: A Winning Strategy to Extend Family Planning Availability and Avoid Missed Opportunities— EngenderHealth's Access to Better Reproductive Health Initiative (ABRI) Project Experience*. Edited by A. Agarwal. Addis Ababa and Washington, DC: EngenderHealth.
- Church, K. and Mayhew, S.H. 2009. "Integration of STI and HIV Prevention, Care, and Treatment into Family Planning Services: A Review of the Literature." *Studies in Family Planning* 40, no. 3 (September): 171-186. doi: 10.1111/j.1728-4465.2009.00201.x.
- Converse, P.J., Mariam, D.H., Mulatu, M., Mekonnen, W., and Kloos, H. 2013. "Bibliography on HIV/AIDS in Ethiopia and Ethiopians in the Diaspora: The 2012 Update." *Ethiopian Journal of Health Development* 27, no. 2.
- Cooper, C.M., Wille, J., Shire, S., Makoko, S., Tsega, A., Schuster, A., Hausi, H., Gibson, H., and Tappis, H. 2020. "Integrated Family Planning and Immunization Service Delivery at Health Facility and Community Sites in Dowa and Ntchisi Districts of Malawi: A Mixed Methods Process Evaluation." *International Journal of Environmental Research and Public Health* 17, no. 12 (June). doi: 10.3390/ijerph17124530.
- Curtis, C., Huber, D., and Moss-Knight, T. 2010. "Postabortion Family Planning: Addressing the Cycle of Repeat Unintended Pregnancy and Abortion." *International Perspectives on Sexual and Reproductive Health* 36, no. 1 (March): 44.
- Dingeta, T., Oljira, L., Worku, A., and Berhane, Y. 2021. "Low Contraceptive Utilization among Young Married Women is Associated with Perceived Social Norms and Belief in Contraceptive Myths in Rural Ethiopia." *PLoS One* 16, no. 2 (February): e0247484. doi: 10.1371/journal.pone.0247484.
- Dulli, L.S., Eichleay, M., Rademacher, K., Sortijas, S., and Nsengiyumva, T. 2016. "Meeting Postpartum Women's Family Planning Needs through Integrated Family Planning and Immunization Services: Results of a Cluster-Randomized Controlled Trial in Rwanda." *Global Health: Science and Practice* 4, no. 1 (March): 73-86. doi: 10.9745/GHSP-D-15-00291.
- Federal Democratic Republic of Ethiopia. 1995. "Constitution of the Federal Democratic Republic of Ethiopia Proclamation No. 1/1995." *Federal Negarit Gazeta*. Addis Ababa: Federal Democratic Republic of Ethiopia.
- Federal Democratic Republic of Ethiopia, Ministry of Health (MOH). 2016. *National Reproductive Health Strategy: 2016-2020*. Addis Ababa: MOH. <https://www.prb.org/wp-content/uploads/2020/06/Ethiopia-National-Reproductive-Health-Strategy-2016-2020.pdf>.
- High Impact Practices in Family Planning (HIPs). 2017. *Immediate Postpartum Family Planning: A Key Component of Childbirth Care*. Washington, DC: United States Agency for International Development. <https://www.fphighimpactpractices.org/briefs/immediate-postpartum-family-planning/>.

- Hounton, S., Winfrey, W., Barros, A.J., and Askew, I. 2015. "Patterns and Trends of Postpartum Family Planning in Ethiopia, Malawi, and Nigeria: Evidence of Missed Opportunities for Integration." *Global Health Action* 8, no. 1 (November): 29738. doi: 10.3402/gha.v8.29738.
- Hoyt, J., Krishnaratne, S., Hamon, J.K., Boudarene, L., Chantler, T., Demissie, S.D., Landegger, J., Moset, E., Marcus, S., Misozi, K., Pryor, S., Spilotros, N., Gnintoungbe, M., Curry, D., and Webster, J. 2021. "As a Woman Who Watches How My Family Is... I Take the Difficult Decisions": A Qualitative Study on Integrated Family Planning and Childhood Immunisation Services in Five African Countries." *Reproductive Health* 18, no. 41 (February). doi: 10.1186/s12978-021-01091-1.
- Jones, N. and Pincock, K. 2020. "Social Norms Stop Ethiopian Girls from Making Safe Choices about Pregnancy." *The Conversation*. <https://theconversation.com/social-norms-stop-ethiopian-girls-from-making-safe-choices-about-pregnancy-131491>.
- Kanyangarara, M., Sakyi, K., and Laar, A. 2019. "Availability of Integrated Family Planning Services in HIV Care and Support Sites in Sub-Saharan Africa: A Secondary Analysis of National Health Facility Surveys." *Reproductive Health* 16, no. 60 (May): 2-9. doi: 10.1186/s12978-019-0713-x.
- Kokeb, L., Admassu, E., Kassa, H., and Seyoum, T. 2015. "Utilization of Post Abortion Contraceptive and Associated Factors among Women who Came for Abortion Service: A Hospital Based Cross Sectional Study." *Journal of Family Medicine and Disease Prevention* 1, no. 4 (December). doi: 10.23937/2469-5793/1510022.
- Kozuki, N., Lee, A.C.C., Silveira, M.F., Sania, A., Vogel, J.P., Adair, L., Barros, F., Caulfield, L.E., Christian, P., Fawzi, W., Humphrey, J., Huybregts, L., Mongkolchat, A., Ntozini, R., Osrin, D., Roberfroid, D., Tielsch, J., Vaidya, A., Black, R.E., Katz, J., and Child Health Epidemiology Reference Group Small-for-Gestational-Age-Preterm Birth Working Group. 2013. "The Associations of Parity and Maternal Age with Small-for-Gestational-Age, Preterm, and Neonatal and Infant Mortality: A Meta-Analysis." *BMC Public Health* 13, supplement no. 3 (September). doi: 10.1186/1471-2458-13-S3-S2.
- Krishnaratne, S., Hamon, J.K., Hoyt, J., Chantler, T., Landegger, J., Spilotros, N., Demissie, S.D., Mohammed, S., and Webster, J. 2021. "What Mechanisms Drive Uptake of Family Planning When Integrated with Childhood Immunisation in Ethiopia? A Realist Evaluation." *BMC Open Access* 21, no. 99 (January). doi: 10.1186/s12889-020-10114-8.
- Kuhlmann, A.S., Gavin, L., and Galavotti, C. 2010. "The Integration of Family Planning with Other Health Services." *International Perspectives on Sexual and Reproductive Health* 36, no. 4 (December): 189.
- Kyomo, S., Ngoye, E., Kahando, R., Agarwal, A., and O'Connell, K.A. 2020. *Increasing Informed, Voluntary Use of Postabortion Family Planning*. Edited by M. Platz. Washington, DC: EngenderHealth/Postabortion Care Family Planning (PAC-FP).
- Mickler, A.K., Karp, C., Ahmed, S., Yihdego, M., Seme, A., Shiferaw, S., and Zimmerman, L. 2021. "Individual and Facility-Level Factors Associated with Women's Receipt of Immediate Postpartum Family Planning Counseling in Ethiopia: Results from National Surveys of Women and Health Facilities." *BMC Pregnancy and Childbirth* no. 21 (December): 809. doi: 10.1186/s12884-021-04278-3.
- MOH. 2021a. *Family Planning Service Integration National Implementation Guideline*. Addis Ababa: MOH.
- MOH. 2021b. *Health Sector Transformation Plan II*. Addis Ababa: MOH.
- MOH and FP2030. 2021. *FP2030 Ethiopia Government Commitment*. Addis Ababa: MOH. <https://fp2030.org/sites/default/files/Ethiopia-FP2030-commitment-v2%5B1%5D.pdf>.
- Mutisya, R., Wambua, J., Nyachae, P., Kamau, M., Karnad, S.R., and Kabue, M. 2019. "Strengthening Integration of Family Planning with HIV/AIDS and Other Services: Experience from Three Kenyan Cities." *Reproductive Health* 16, supplement no. 1 (May): 62. doi: 10.1186/s12978-019-0715-8.
- Nelson, A.R., Cooper, C.M., Kamara, S., Taylor, N.D., Zikeh, T., Kanneh-Kesselly, C., Fields, R., Hossain, I., Oseni, L., Getahun, B.S., Fiedler, A., Schustre, A., and Tappis, H. 2019. "Operationalizing Integrated Immunization and Family Planning Services in Rural Liberia: Lessons Learned from Evaluating Service Quality and Utilization." *Global Health: Science and Practice* 7, no. 3 (September): 418-434. doi: 10.9745/GHSP-D-19-00012.
- Population Reference Bureau (PRB). 2011. *The Challenges of Integrating Family Planning and Maternal/Child Health Services*. Washington, D.C: PRB. <https://www.prb.org/resources/the-challenges-of-integrating-family-planning-and-maternal-child-health-services/>.

- Puri, M.C., Maharjan, M., Pearson, E., Pradhan, E., Dhungel, Y., Khadka, A., and Shah, I.H. 2018. "Delivering Postpartum Family Planning Services in Nepal: Are Providers Supportive?" *BMC Health Services Research* 18, no. 1 (December): 948. doi: 10.1186/s12913-018-3777-3.
- Puri, M.C., Moroni, M., Pearson, E., Pradhan, E., and Shah, I. 2020. "Investigating the Quality of Family Planning Counselling as Part of Routine Antenatal Care and Its Effect on Intended Postpartum Contraceptive Method Choice Among Women in Nepal." *BMC Women's Health* 20, no. 29 (February): 1-11. doi: 10.1186/s12905-020-00904-y.
- Ringheim, K., Gribble, J., and Foreman, M. 2011. *Integrating Family Planning and Maternal and Child Healthcare: Saving Lives, Money, and Time*. Washington, DC: Population Reference Bureau. <https://www.prb.org/wp-content/uploads/2013/11/familyplanning-maternal-child-health.pdf>.
- Rowan, A., Gesuale, S., Husband, R., and Longfield, K. 2019. *Integrating Family Planning into Primary Health Care in Ghana: A Case Study*. Washington, DC: Results for Development. https://www.r4d.org/wp-content/uploads/Integrating-Family-Planning-into-PHC-in-Ghana_FINAL.pdf.
- Sedgh, G., Hussain, R., Bankole, A., and Singh, S. 2007. *Women with an Unmet Need for Contraception in Developing Countries and Their Reasons for Not Using a Method: Occasional Report No. 3*. New York: Guttmacher Institute.
- Senlet, P., Cagatay, L., Ergin, J., and Mathis, J. 2001. "Bridging the Gap: Integrating Family Planning with Abortion Services in Turkey." *International Perspectives on Sexual and Reproductive Health* 27, no. 2 (June): 90-95.
- Silesh, M., Lemma, T., Abdu, S., Fenta, B., Tadese, M., and Taye, B.T. 2022. "Utilisation of Immediate Postpartum Family Planning among Postpartum Women at Public Hospitals of North Shoa Zone, Ethiopia: A Cross-Sectional Study." *BMJ Open* 12, no. e051152. doi: 10.1136/bmjopen-2021-051152.
- Singh, S., Fetters, T., Gebreselassie, H., Abdella, A., Gebrehiwot, Y., Kumbi, S., and Audam, S. 2010. "The Estimated Incidence of Induced Abortion in Ethiopia, 2008." *International Perspectives on Sexual and Reproductive Health* 36, no. 1 (March): 16-25.
- Solo, J. Billings, D.L., Aloo-Obunga, C., Ominde, A. and Makumi, M. 1999. "Creating Linkages Between, Incomplete Abortion Treatment and Family Planning Services in Kenya." *Studies in Family Planning* 30, no. 1(March): 17-27. doi: 10.1111/j.1728-4465.1999.00017.x.
- Stanback, J., Vance, G., Asare, G., Kasonde, P., Kafulubiti, B., Chen, M., and Janowitz, B. 2013. "Does Free Pregnancy Testing Reduce Service Denial in Family Planning Clinics? A Cluster-Randomized Experiment in Zambia and Ghana." *Global Health: Science and Practice* 1, no. 3 (November): 382-388. doi: 10.9745/GHSP-D-13-00011.
- Sundaram, A., Vlassoff, M., and Bankole, A. 2010. "Benefits of Meeting the Contraceptive Needs of Ethiopian Women." *In Brief* no. 1. New York: Guttmacher Institute.
- Tafere, T.E., Afework, M.F., and Yalew, A.W. 2018. "Counseling on Family Planning during ANC Service Increases the Likelihood of Postpartum Family Planning Use in Bahir Dar City Administration, Northwest Ethiopia: A Prospective Follow Up Study." *Contraception and Reproductive Medicine* 3, no. 28 (December). doi: 10.1186/s40834-018-0081-x.
- Transitional Government of Ethiopia (Transitional Government). 1993. *Health Policy of the Transitional Government of Ethiopia*. Addis Ababa: Transitional Government.
- Vernon, R. 2009. "Meeting the Family Planning Needs of Postpartum Women." *Studies in Family Planning* 40, no. 3 (September): 235-245. doi: 10.1111/j.1728-4465.2009.00206.x.
- Wake, G.E., Fitie, G.W., and Tizazu, M.A. 2022. "A Systematic Review and Meta-Analysis on Post-Abortion Contraceptive Utilization and Associated Factors in Ethiopia." *Frontiers in Public Health* no. 10 (May). doi: 10.3389/fpubh.2022.883710.
- Wilcox, A.J., Dunson, D., and Baird, D.D. 2000. "The Timing of the 'Fertile Window' in the Menstrual Cycle: Day Specific Estimates from a Prospective Study." *BMJ* 18, no. 321 (7271): 1259-1262. doi: 10.1136/bmj.321.7271.1259.
- https://www.cmpethiopia.org/media/health_policy_of_ethiopia_1993.
- Zimmerman, L.A., Yi, Y., Yihdego, M., Abrha, S., Shiferaw, S., Seme, A., and Ahmed, S. 2019. "Effect of Integrating Maternal Health Services and Family Planning Services on Postpartum Family Planning Behavior in Ethiopia: Results from a Longitudinal Survey." *BMC Public Health* 19, no. 1 (November). doi: 10.1186/s12889-019-7703-3.