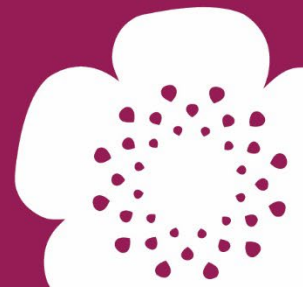


# Postpartum Family Planning (PPFP) Uptake in Ethiopia: Results from a Key Intervention to Increase Counseling, Quality of Care, and Uptake among PPFP Clients



## Background

Postpartum family planning (PPFP) is the prevention of unintended and closely spaced pregnancies during the first 12 months following childbirth (WHO 2013). The postpartum period is an important time for helping women understand and use family planning (FP). Women are more likely to engage with the healthcare system during pregnancy, childbirth, and the year thereafter. Each time a woman seeks care during these times is an opportunity for healthcare workers to integrate FP into their existing counseling and services to better meet the needs of these women.

In 2013, the World Health Organization (WHO) and its key partners published programmatic strategies for PPFP to support program managers in their efforts to integrate PPFP into national and local health strategies. These strategies highlighted convenient entry points for PPFP interventions, including antenatal care, labor and delivery services, postnatal care, immunization services, and child health services.

## Project Description

### Project Strategy

Despite Ethiopia's success in increasing contraceptive uptake from 27% in 2011 to 35% in 2015, (CSA and ICF 2016), the unmet need for PPFP remains high (Moore et al. 2015). To address this issue, EngenderHealth collaborated with the Ethiopian Federal Ministry of Health in 2014 to increase PPFP service provision by initiating a postpartum intrauterine device (PPIUD) initiative in 28 government health facilities across four regions (Addis Ababa, Amhara, Oromia, and SNNP [Southern Nations, Nationalities, and Peoples' Region]) as part of the Access to Better Reproductive Health Initiative (ABRI) project. Immediate PPIUD service delivery requires a trained provider to insert the IUD into the uterus within the period from delivery to 48 hours following delivery. We agreed to prioritize intrauterine device (IUD) services during this pilot period because IUDs offer long-acting protection, have few complications and side effects, and are reversible via removal.

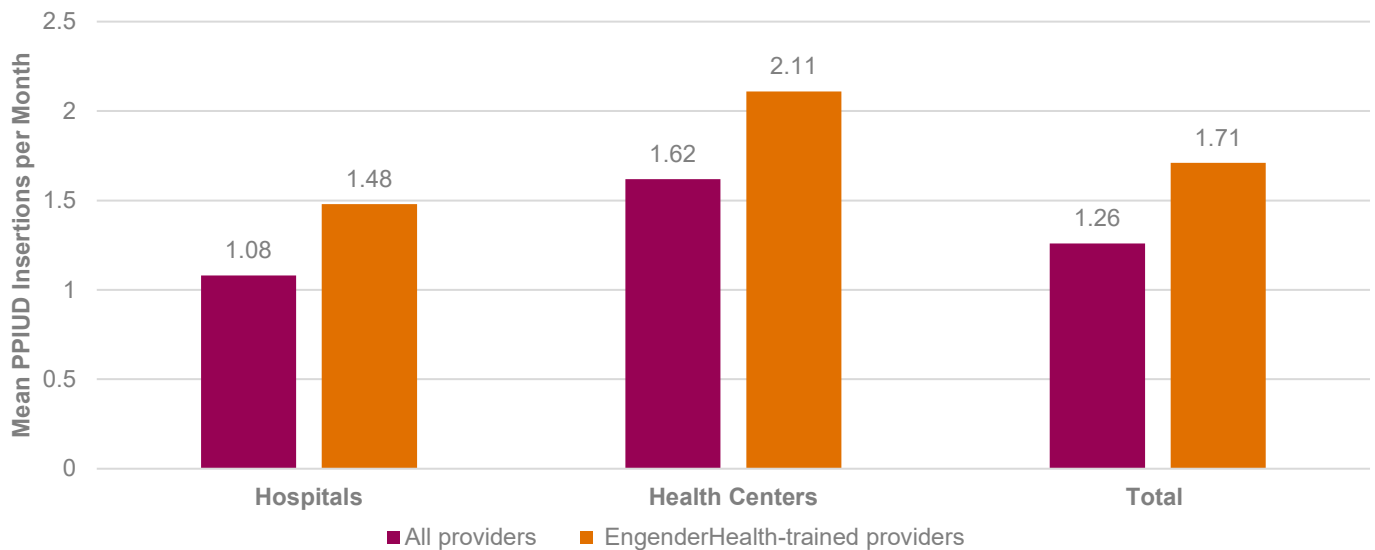
During the pilot phase (between May 2014 and September 2016), EngenderHealth facilitated PPFP counseling and PPIUD insertion training for 138 providers across 28 facilities. We also provided complementary assistance to the target facilities with the aim of mobilizing support and enhancing service linkages; this assistance included delivery of staff orientations on the availability of PPIUD services, provision of PPIUD insertion kits, introduction of and orientation on a service monitoring tool, delivery of training follow-up support, and provision of integrated supportive supervision.

Building upon initial success, EngenderHealth worked closely with the Federal Ministry of Health to adapt a national training manual for PPFP and to provide additional training in order to create a pool of trained providers available to offer services 24 hours a day, seven days a week. This included site-level PPFP counseling training for providers working in antenatal care, labor and delivery, and postnatal care units.

## Pilot Project Service Data

During the pilot period, 3,809 clients received PPIUDs at the target health facilities. The majority (80%) of clients received their IUDs within 10 minutes of delivery, while 18% received IUDs between 10 minutes and 48 hours following delivery, and 1% received intra-caesarean IUD insertions. Further analysis of the service data revealed that providers inserted an average of 1.26 PPIUDs per month. Providers at health centers reported inserting more PPIUDs (2.11 clients per month) than their counterparts at hospitals (1.48 clients per month). The mean PPIUD insertion rate was higher for EngenderHealth-trained providers (1.71 clients per month) than the average rate (see Figure 1).

**Figure 1. Average Number of PPIUD Insertions, by Facility Type**



## Pilot Assessment Findings

In 2016, EngenderHealth completed a facility assessment of 16 of the 28 pilot facilities and conducted qualitative provider interviews to evaluate facility readiness for PPIUD service delivery and to understand providers' perceptions of barriers to PPIUD service delivery. The facility assessment found widespread availability of PPIUD counseling at different service delivery points, including in labor wards (at 94% of facilities), antenatal care units (at 88% of facilities), and postnatal care units (at 75% of facilities). The assessment also found that facilities offered a wide range of PPIUD methods, including most commonly IUDs, which were available in 94% of facilities. Injectables, oral contraceptives, female condoms, emergency contraceptives were also all available at 87.5% of facilities. The assessment found less availability of implants (75%), male sterilization (69%), female sterilization (25%), and male condoms (13%).

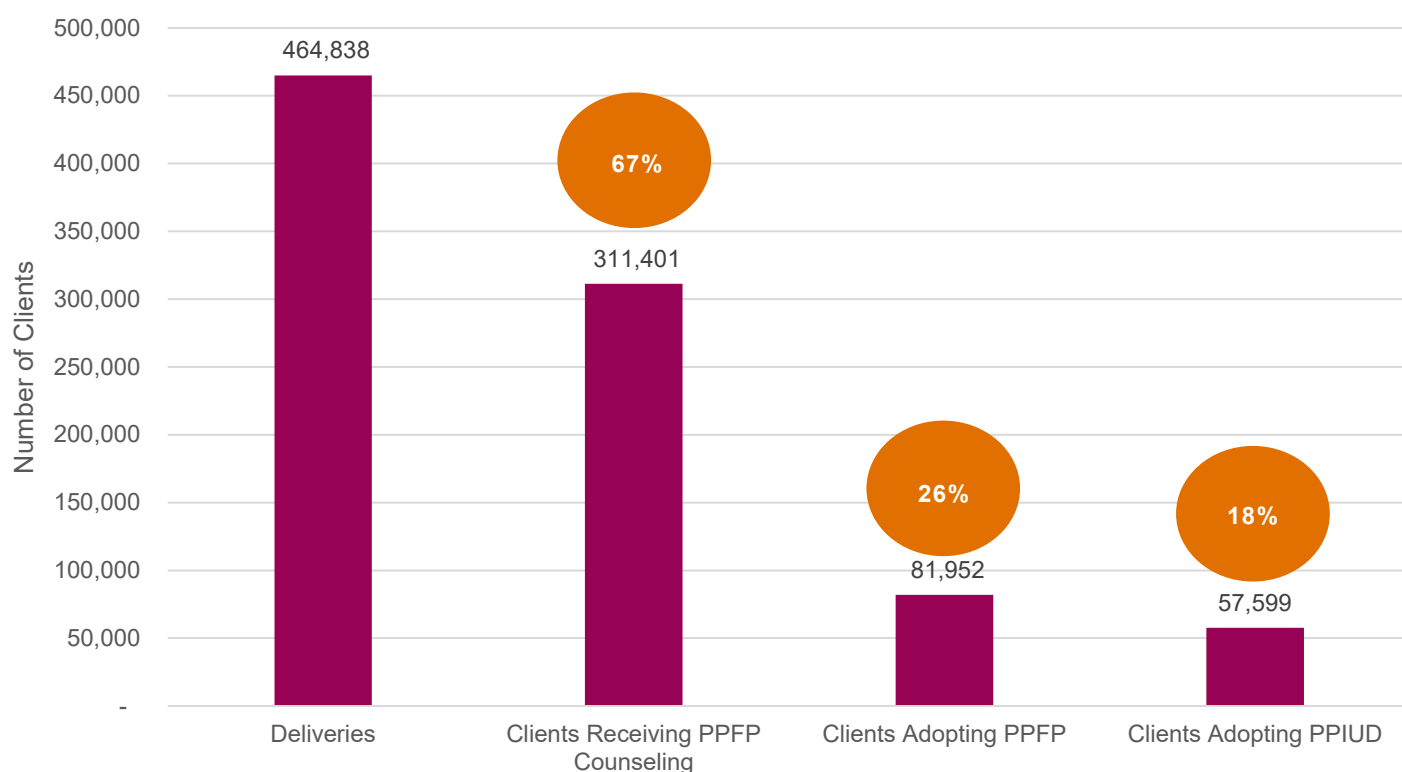
Qualitative data from the study revealed that providers largely agreed that PPIUDs were safe and effective. However, while providers also agreed that they would provide a PPIUD to an unmarried woman (unless there was a medical contradiction), some believed that partner approval was required prior to insertion. Further, many providers noted that partner approval (or fear of partner disapproval) was an obstacle to PPIUD uptake. The qualitative study also identified several successful strategies from the pilot phase. Key success highlighted include provider trainings, posttraining assessments, follow-up support, and improved

service integration—all of which supported increased uptake of PPFp services. Providers also shared that the equipment and supplies provided by the project filled critical gaps, not only for PPIUD insertions but also in other areas of the facility.

### Project Scale-Up

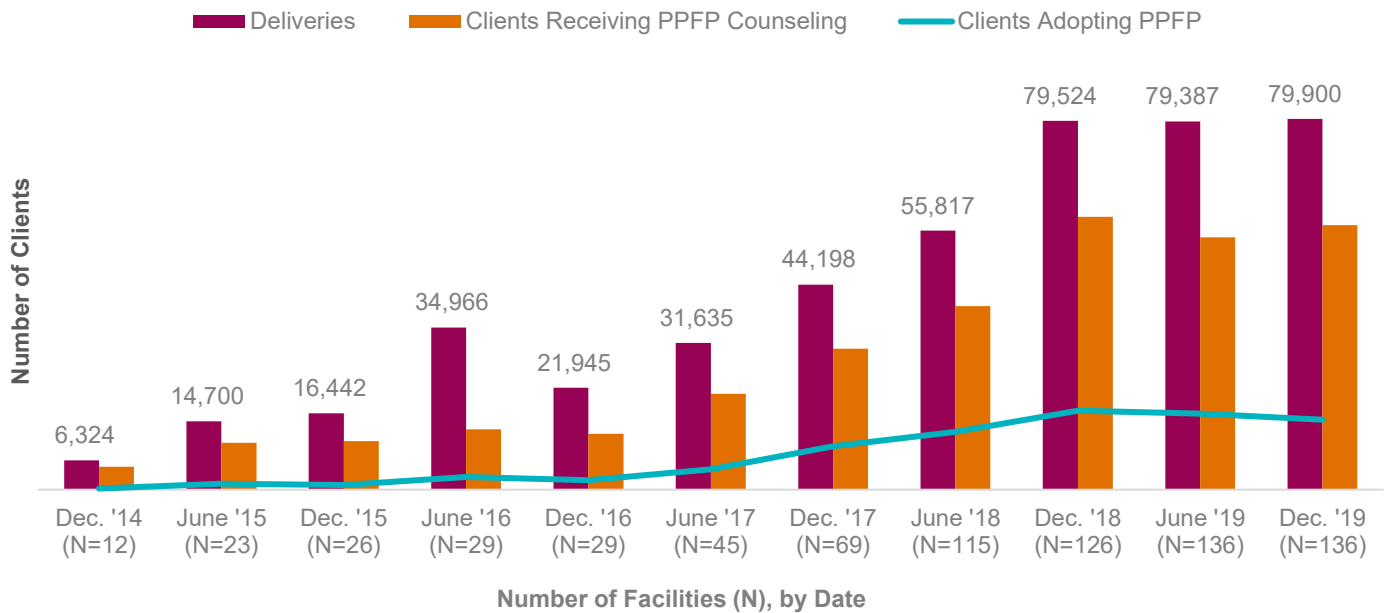
Data from the assessment helped to inform subsequent project scale-up. Further, in alignment with the WHO’s endorsement of other PPFp methods (in addition to PPIUD), ABRI supported the Federal Ministry of Health in expanding PPFp method availability. In April 2018, EngenderHealth shifted from prioritizing PPIUD service delivery to supporting comprehensive PPFp, while simultaneously expanding services to 136 facilities. Between 2014 and 2019, 464,838 mothers delivered at EngenderHealth-supported sites; 67% (311,065) of these clients received PPFp counseling and 26% (81,952) of those clients counseled adopted a PPFp method; 18% (57,599) of those PPFp clients opted for PPIUD (see Figure 2).

**Figure 2. Number of Clients Delivering, Receiving PPFp Counseling, and Adopting PPFp Methods (including PPIUD) (October 2014–December 2019)**



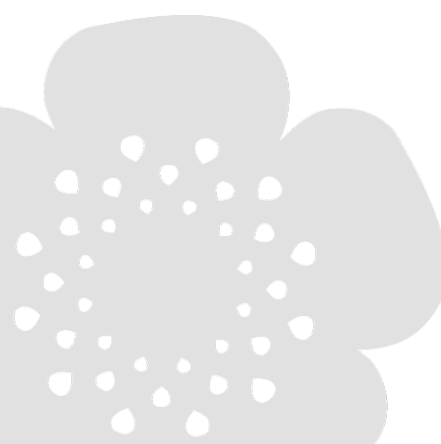
Furthermore, service data tracking the number of clients who delivered at EngenderHealth-supported facilities, who received PPFp counseling, and who adopted a method every six months between 2014 and 2019 revealed a nearly continuous increase over this period (see Figure 3). By December 2019, of the 79,000 clients who delivered at one of 136 EngenderHealth-supported facilities, 57,032 received PPFp counseling; and of those clients, 15,084 adopted a PPFp method.

**Figure 3. Trends in Deliveries, PPFP Counseling, and PPFP Uptake (October 2014–December 2019)**



## Summary

Using a comprehensive PPFP scale-up strategy with tailored support to providers, EngenderHealth, in collaboration with the Federal Ministry of Health, successfully contributed to a progressive increase in uptake of PPFP over the course of the ABRI project. More specifically, our findings suggest that the ABRI project was successful in increasing PPFP uptake, including particularly uptake of long-acting and reversible methods, through a combination of service expansion efforts, including training, clinical mentorship, and technical assistance and resource support. The project's achievements and lessons learned can and should inform future programs aimed at further increasing uptake of PPFP services.



## Acknowledgements

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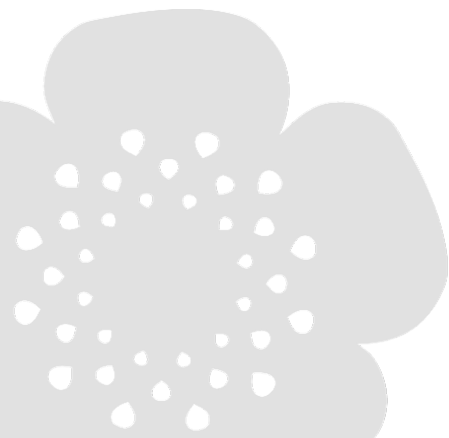
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