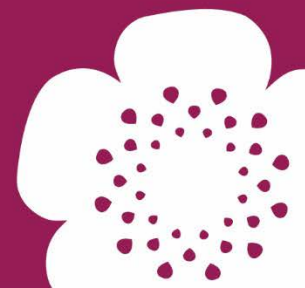


Service Integration: A Winning Strategy to Extend Family Planning Availability and Avoid Missed Opportunities

EngenderHealth's Access to Better Reproductive Health Initiative (ABRI)
Project Experience



Background

Integrating family planning (FP) with other health services is a proven strategy for increasing access to FP information and services, enhancing service delivery efficiencies, and reducing costs to clients and health systems (Ringheim, Gribble, and Foreman 2011). Reflecting our steadfast commitment to ensuring women and couples can readily access the high-quality services they need to realize their reproductive intentions, service integration has been an integral, crosscutting component of EngenderHealth's work for many years, as demonstrated in our five-step service integration approach¹ and holistic Supply, Enabling Environment, and Demand (SEED™) programming model (EngenderHealth 2011).

In Ethiopia, the maternal mortality ratio has fallen dramatically in recent years—from 676 per 100,000 live births in 2011 to 412 in the 2016—but still remains high (CSA and ICF 2016). Avoiding unintended pregnancy can reduce maternal mortality and morbidity (Ahmed et al. 2012; Tsui, McDonald-Mosley, and Burke 2010); yet, in 2014, 38% of pregnancies in Ethiopia were unintended (Ipas and Guttmacher Institute 2017). Further, the modern contraceptive prevalence rate among married Ethiopian women of reproductive age is 38% and the unmet need for FP is 20.6%, which includes a 13.2% demand for spacing and a 7.4% demand for limiting (Zimmerman et al. 2018). Findings from statistical modeling applied across 172 countries showed that nearly 26% of maternal deaths (more than 4,300) in Ethiopia could have been averted by contraceptive use in 2008 alone (Tsui, McDonald-Mosley, and Burke 2010).

Between 2008 and 2014, the number of abortions performed within health facilities, which is typically assumed to be the safest option, increased from 27% to 53% in Ethiopia. However, the number of clients seeking treatment for abortion-related complications also nearly doubled over the same period—including those who experienced abortions both *outside* of as well as *within* facilities—indicating a need for safe, quality abortion services and postabortion care (Gebrehiwot et al. 2016).

¹ EngenderHealth's five-step approach for service integration includes: (1) engaging stakeholders to define integrated services; (2) assessing core service capacity to integrate; (3) building or strengthening service systems to accommodate the selected level of integration; (4) identifying and strengthening additional supporting resources; and (5) monitoring service performance and assessing the potential for integrating additional features of care.



Access to Better Reproductive Health Initiative (ABRI)

EngenderHealth's Access to Better Reproductive Health Initiative (ABRI) project seeks to reduce maternal mortality and morbidity in Ethiopia by expanding access to and use of a full range of quality contraception and comprehensive abortion care (CAC) services. EngenderHealth has been implementing ABRI in Ethiopia in successive phases since 2008,² with the aim of reducing unmet need for FP, increasing the contraceptive prevalence rate, and improving the quality and availability of abortion services in more than 250 districts across six regions and two city administrations. With an emphasis on institutionalization and sustainability, ABRI strategically collaborates with local and international partners to address key supply, demand, and enabling environment issues in order to strengthen the health system. ABRI promotes service integration as part of its strategy for extending FP access to as many individuals as possible, including postpartum and postabortion clients. The project also aims to ensure that high-quality safe abortion services are available in line with national laws, standards, and guidelines.

FP Service Integration

EngenderHealth defines service integration as an approach in which healthcare providers leverage client visits as opportunities to address health and social needs that extend beyond those prompting the visit. For FP services, potential entry points through which healthcare providers may explore fertility intentions and goals include antenatal care, labor and delivery, and postnatal care, as well as CAC and HIV counseling, testing, care, and treatment. For example, because fertility returns quickly after an abortion (within as few as 10 days), lack of FP counseling and services can easily lead to postabortion clients experiencing additional unintended or poorly timed pregnancies. Therefore, providing “FP counseling and services at the same time and location where women receive services related to spontaneous or induced abortion” is one of the high-impact practices (HIP 2019) that EngenderHealth promotes, including through promoting CAC services, which include FP as a key component. Healthy timing and spacing of pregnancy is similarly an important issue for maternal and child health (MCH) (WHO 2006). EngenderHealth therefore strives to integrate FP into MCH services, as well.

² ABRI Phase I: April 2008–May 2011, ABRI Phase II: June 2011–May 2013, ABRI Phase III: June 2013–September 2016, and ABRI Phase IV: October 2016–September 2019

Strengthening and Integrating FP Services

EngenderHealth initiated service integration activities during the second phase of ABRI (June 2011–May 2013) by capitalizing on existing healthcare opportunities for reaching potential FP clients. The project also sought to strengthen FP services by ensuring respectful, rights-based, client-oriented care—including long-acting reversible contraceptives and permanent methods (LARCs/PMs)—and by promoting informed and voluntary decision-making. ABRI implements a blend of complementary interventions at national, facility, and community levels in order to strengthen FP services and operationalize integrated service delivery.

At the **national level**, EngenderHealth collaborates with the Federal Ministry of Health (FMOH). As a member of the national clinical technical working group, ABRI has supported development of key training and strategy documents that aim to enhance the quality of FP and CAC programming and to institutionalize comprehensive integrated services. For example, ABRI worked with the FMOH and other nongovernmental organizations to update the National Reproductive Health Strategy to include integration of reproductive, maternal, newborn, and child health services. EngenderHealth also helped develop a postpartum FP training package, trained trainers and resource persons,

and supported various national initiatives. For example, to counter the country's traditional reliance on injectables (CSA and ICF 2016) and in support of the FMOH's scale-up of intrauterine devices (IUDs) and PMs, EngenderHealth facilitated availability of a broad method mix at ABRI-supported sites.

At the **facility level**, EngenderHealth increases availability of comprehensive, integrated services by expanding FP counseling and method provision across different units at ABRI-supported health facilities. To achieve this objective EngenderHealth: (1) trains and mentors healthcare providers to improve competencies; (2) equips facilities with the supplies, instruments, equipment, and commodities needed to deliver integrated services; (3) renovates facilities to ensure client privacy and safety for FP and CAC services; (4) conducts whole-site orientations to sensitize facility staff; and (5) strengthens internal referral mechanisms. For example, EngenderHealth has crated cadres of providers trained on comprehensive contraception and abortion care in order to increase availability of FP and CAC, especially during night and weekend hours. ABRI exceeded project targets by trainings more providers than originally planned on key topics, such as medical abortion and manual vacuum aspiration standardization, via structured on-the-job trainings.

At the **community level**, partnerships are critical to generating awareness and acceptance

of health services, including through addressing socio-cultural barriers and debunking myths and misconceptions that hinder access to critical care, including LARCs/PMs and CAC. For example, EngenderHealth engaged key community actors, such as Ethiopia's Health Development Army network, to support ABRI's work by generating awareness of and demand for institutional deliveries, where postpartum FP counseling and services (as well as other critical services) are available.

ABRI Project Results

EngenderHealth has achieved impressive results in terms of expanding access to high-quality, integrated FP and CAC through the various phases of ABRI. Over the course of implementation, EngenderHealth tested and scaled up numerous strategies and innovations to expand the range and enhance the quality of FP and CAC services using a phased approach that resulted in improved availability and access to comprehensive, integrated services. Through this approach, EngenderHealth dramatically increased coverage, from initially supporting 21 sites at its launch in April 2008 to supporting 614 sites in 2019. These 614 sites span 250 districts across six regions (Afar, Amhara, Benishangul-Gumuz Harari, Oromia, and Southern Nations, Nationalities, and Peoples' Region [SNNPR]) and two city administrations (Addis Ababa and Dire Dawa).

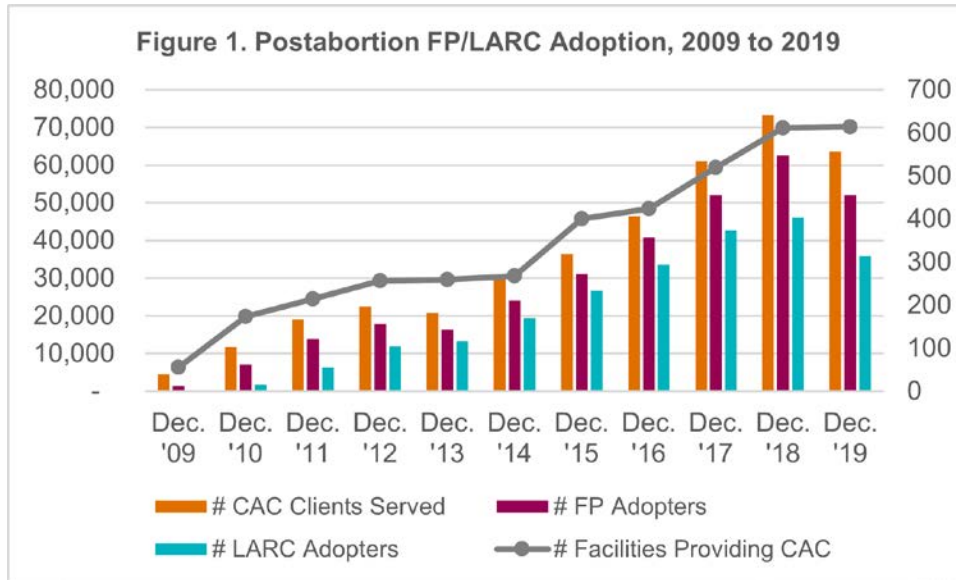
CAC and FP Integration

By providing FP services to CAC clients, ABRI significantly reduced unmet need among these clients and mitigated the risk of subsequent unintended pregnancies, including closely spaced pregnancies that pose additional health dangers. During the first full year of project implementation (2010), 11,733 CAC clients accessed services at one of the 100 ABRI-supported facilities; of these clients, 7,078 (60%) adopted postabortion FP, including 1,667 (14%) who adopted a LARC. In 2019, 63,657 CAC clients accessed services from one of 614 project-supported sites; 51,952 (82%) of these clients adopted postabortion FP, including 35,848 (56%) who adopted a LARC. This demonstrates upward trends both in clients accessing CAC and receiving postabortion FP services, including LARCs (see Figure 1).

The increase in postabortion FP uptake is partly due to the increased access to providers trained to offer integrated services. By the end of ABRI's second phase, all project-supported facilities employed at least one CAC provider trained to offer comprehensive contraception; by the end of the third phase, all supported facilities employed at least two (and in some cases three) CAC providers trained to provide comprehensive FP.

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Other FP Integration

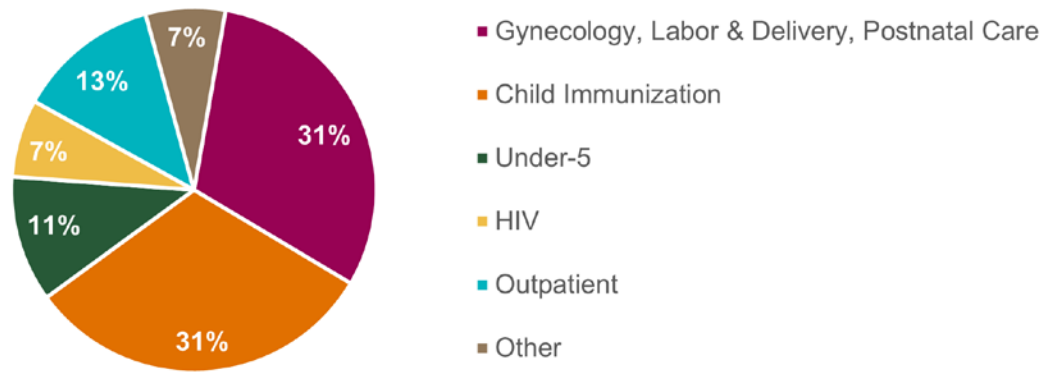
In April 2012, ABRI began integrating FP counseling and services into non-FP departments and units at 41 facilities. Targeted non-FP departments and units included MCH units (i.e., gynecology, labor and delivery, postnatal care, child immunization, and under-five services), HIV units, outpatient departments, and select others (e.g., emergency and triage, antenatal care and prevention of mother-to-child transmission, and tuberculosis service units). By June 2019, EngenderHealth had successfully integrated FP into these units in 242 project-supported facilities. Between April 2012 and December 2019, 303,557 clients received FP counseling from these units. Of these clients, 156,942 (52%) adopted a FP

method, including 95,641 (32%) who adopted a LARC (see Table 1).

Table 1. FP Services Delivered through Non-FP Departments/Units (April 2012–December 2019)

Department / Unit	# Clients Counseled	# Who Adopted FP	# Who Adopted a LARC
Gynecology, Labor & Delivery, Postnatal Care	98,056	39,557	29,432
Child Immunization	62,794	45,675	30,042
Under-5	28,954	14,113	10,709
HIV	35,789	20,747	6,605
Outpatient	40,898	19,141	12,097
Other	37,066	17,709	6,756
Total	303,557	156,942	95,641

Figure 2. Postabortion LARC Adoption, % by Department / Unit



These data show that the initiative has helped reach tens of thousands of clients who might otherwise have represented missed opportunities for FP—demonstrating the effectiveness and value of integrating FP counseling and services into other service units in Ethiopia. When comparing units, the largest portion of FP and LARC adopters came from child immunization units (48%) followed by gynecology, labor and delivery, and postnatal care units (30%) (see Figure 2). These data can inform future plans for strengthening and integration FP.

Postpartum FP

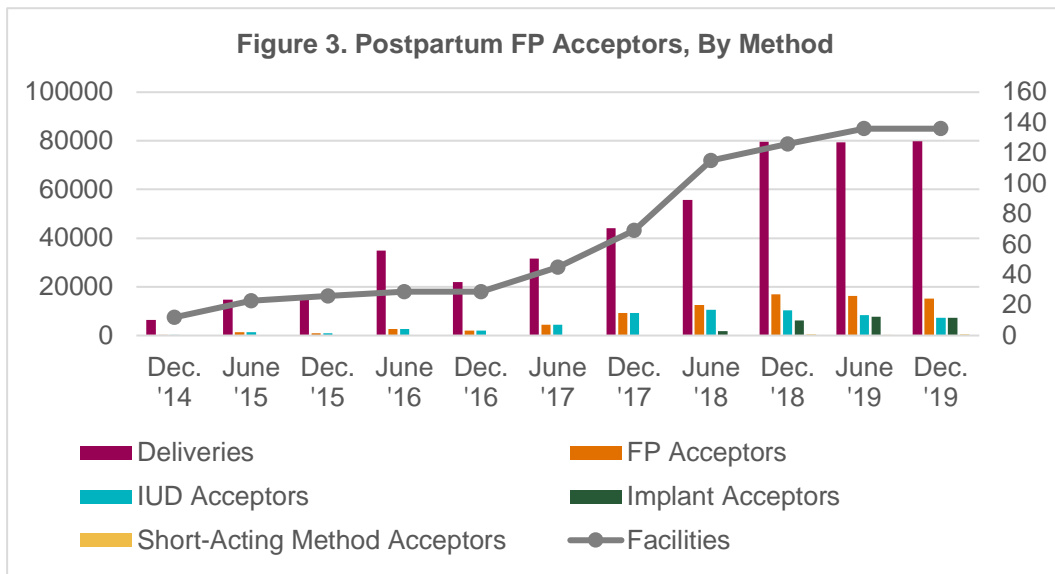
The project began piloting postpartum IUD (PPIUD) services at six sites in 2014. EngenderHealth conducted PPIUD trainings,

distributed essential instruments, and developed and introduced a record-keeping template to document service provision within labor and delivery units. The project also helped sites design plans for introducing postpartum FP and integrating PPIUD counseling and services into existing MCH services. By the end of 2019, PPIUD services were available at 136 sites across four regions and two city administrations.

As a result, by December 2019, 7,318 of postpartum clients in project-supported facilities adopted an IUD. This reflects a more than doubling in uptake of PPIUD, from approximately 4% to nearly 9% (see Figure 3). In addition to demonstrating the success of ABRI's intervention, this also reflects a

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receptivity to FP among postpartum clients accessing facility-based care in Ethiopia. Recognizing ABRI's achievements, the FMOH identified EngenderHealth as a key partner for national PPIUD expansion, including for delivery of training-of-trainers, clinical mentorships, and technical assistance to the government and other partners.

Conclusions

Through ABRI, EngenderHealth promoted integrated services as a means to reach as many clients as possible with high-quality comprehensive contraception through CAC and other health service units, in order to contribute to its goal of reducing maternal mortality and morbidity in Ethiopia. EngenderHealth attributes project success to “holistic, multi-dimensional, and inter-related

interventions.” EngenderHealth designed ABRI's mutually reinforcing strategies, such as service integration, to increase FP access particularly for underserved groups—such as postpartum and postabortion clients as well as people living with HIV—by leveraging entry points across various service units.

Over the course of project implementation, FP service utilization in ABRI-supported sites dramatically increased. Enhanced services included additional LARC options for clients, and increased FP service availability—both through increasing the number of health units offering FP services and facilitating extended operating hours. EngenderHealth helped establish strong provider networks across various units within ABRI-supported facilities to improve efficiencies in care, with a one-stop-

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shop model that saves clients and providers time and money.

Sustainability has been a key consideration throughout project implementation. EngenderHealth employed complementary strategies to strengthen systems at the facility, woreda, regional, and national levels in order to ensure institutionalization and continuity of initiatives and successes. ABRI is transitioning mature sites—those that have attained the capacity to sustain routine integrated services—from project support to operate independently. These are sites that (1) employ a sufficient number of personnel trained to deliver a wide range of contraceptive options (particularly LARCs and PMs), (2) are able serve clients additional days and hours (i.e., evenings and weekends), (3) consistently have the requisite commodities available, (4) offer the necessary infrastructure to properly serve CAC and FP clients, and (5) adhere to proper infection prevention practices.

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Acknowledgments and Citation

This brief was written by Wondimu Chirfa, Tesfaye Garede, Wassie Lingerih, and Sara Malakoff, with contributions from Mehret Habte, Jemal Kassaw, Addisalem Kebede, and Kate O'Connell. The brief was edited by Amy Agarwal. This publication was made possible by the generous support of a large anonymous donor under grant ID-3648.02.

Suggested citation: Chifra, W., Garede, 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.