PROMOTING LONG-ACTING FAMILY PLANNING IN ETHIOPIA

While nearly 75 percent of currently married women of reproductive age in Ethiopia report a desire to delay childbirth for at least two years or to stop bearing children altogether, only 28 percent are currently using a modern contraceptive method. Prior to 2009, contraceptive use in Ethiopia was restricted to short-acting methods, such as pills and injectables, due to limited access to long-acting family planning (LAFP) services, commodity shortages, and lack of skilled health care providers. Barriers to government support for LAFP programming include up-front costs and the need for more highly trained health care providers, more advanced facilities, and specialized medical equipment.

In 2009, to address these and other barriers to LAFP uptake, the Ethiopian Federal Ministry of Health (FMOH) developed a plan to expand access to Implanon®, a single-rod progestin contraceptive implant that remains effective for up to three years. Implanon is effective, long acting, reversible, and suitable for nearly all women who wish to delay, space, or limit births.

To achieve its goal, the government invited the USAID-funded Integrated Family Health Program (IFHP) to scale up provision of Implanon at community level. To this end, IFHP has focused on building the capacity of health extension workers (HEWs), who are salaried providers who deliver a spectrum of health services, including long-acting methods, at community health posts.

EXPANDING ACCESS TO QUALITY REMOVAL SERVICES

Implants are rising in popularity in sub-Saharan African countries, led by Ethiopia, which has one of the largest implant programs in the region. As more women opt for implants, there is a corresponding need to provide removal services, both for women whose implants have reached the end of their effective lifespan and for those who elect to discontinue use before this point. IFHP is committed to increasing access to implants, as well as to other contraceptive methods, and to building the capacity for removal services in intervention areas. IFHP shares critical lessons learned with the FMOH and other partners, which the government can use to develop a strategy to standardize services for removal, and scale them up in other parts of the country.
To date, 85 percent of IFHP-supported health centers have staff trained to provide implant removal services. The program has trained a total of 4,698 clinical care providers and government supervisory personnel to provide implant removal services.

STRENGTHENING COMMUNITY AND HEALTH SYSTEMS

IFHP strengthens health and community systems, so they are able to provide and access comprehensive LAFP services on a sustainable basis. The project has made implant removal services available through: training clinical providers; supporting health centers; establishing a backup support system for community-based services; and enabling woredas (districts) in and outside the project areas to request support.

Building the Capacity of Clinical Service Providers

IFHP builds the capacity of public sector providers using a multi-dimensional training model aimed at providing long-term and sustainable support.

1. Comprehensive LAFP In-Service Training: A two-week theoretical and practical competency-based training on insertion and removal of Implanon, Jadelle™ (a two-rod implant effective for up to five years), and the intrauterine device (IUD).

2. Refresher Training: A six-day competency-based clinical training to build skills of practicing providers who have not undergone the comprehensive training. Refresher trainings enhance provider capacity while also reducing gaps in service delivery due to high staff turnover. To date, newly hired, replacement staff have accounted for 50 percent of all refresher training participants.

3. Training of Trainers (TOT): IFHP works with the FMOH to ensure all provider TOTs on contraception now include implant and IUD insertion and removal skills.

From July 2009 to December 2012, through comprehensive LAFP trainings, the program strengthened the skills of over 1,500 clinical service providers selected from the health centers and hospitals in the program area. During each training session, at least four clinical service providers trained in all contraceptive methods were on hand, so clients served during these sessions had the opportunity to receive their contraceptive method of choice (including LAFP methods), as well as removal services, if needed. During refresher trainings, over 700 additional clinical service providers also gained implant removal skills.

IFHP’s strategic approach has enabled nearly 45,000 women to access implant removal services.
Through all the trainings, more than 95,000 clients were served with the full spectrum of contraceptive methods and services. Of these, 13,529 clients (15 percent) received implant removals services.

**Supporting Health Centers to Provide Removals**

To ensure health facilities can initiate removal services immediately after trainings, the program provides them with implant removal kits, which include straight and curved mosquito forceps. As a result, between September 2011 and December 2012, trained clinical providers working in program-supported health centers delivered implant removal services to approximately 15,498 clients.

**Establishing a Backup Support System for Community Services**

Clients often prefer to access services at their village health post, rather than make the time-consuming journey to a distant health facility. To ensure health posts can meet clients’ needs, IFHP has developed a backup support system to provide quality implant removal services.

Under the backup support system, when an HEW identifies clients in need of implant removal during routine contraceptive service delivery, she requests support from her supervising health center. The health center then responds by organizing a visit by a team of skilled clinical service providers who travel from the health center to the health post to offer technical support, mentor and supervise HEWs, and deliver a range of services. These services include insertion and removal of implants and IUDs, support for immunization, and provision of voluntary counseling and testing to complement prevention of mother-to-child transmission of HIV and other HIV prevention activities.

Currently, 139 health centers in four regions are providing backup support for LAFP services, reaching nearly 700 health posts in their catchment areas. Between September 2011 and December 2012 alone, this coordinated system supported over 48,000 clients with a range of contraceptive methods and services, including 6,939 who accessed implant removal services.

**Enabling Woredas to Request Removal Support**

Lastly, IFHP builds the capacity of woreda administrators in and outside program areas to better understand the importance of access to implant removal, enabling them to plan and call for support. Upon request, the program provides these woredas with equipment, consumables, and technical expertise to provide backup support services. Woredas from any region can draw on this support program to help meet the need for implant removal. From July 2009 to December 2012, woredas in four major regions made more than 300 requests to IFHP for support, and more than 8,900 clients were served with implant removal services as a result.
The Integrated Family Health Program (IFHP) is a five-year, USAID-funded program to promote an integrated model for strengthening family planning; reproductive health; and maternal, newborn, and child health services for rural and underserved populations in Ethiopia. IFHP is implemented by Pathfinder International and John Snow, Inc., in partnership with local implementing partner organizations.

“I was worried when my time for removal was approaching. But I heard the news that removal was right here within my reach. I was happy and relieved.”

Melashu Haftu, a 22-year-old mother and Implanon user

“An implant is not a method to be used forever. When a woman makes an informed choice to use an implant, she knows it will eventually be removed. There are plenty of reasons—she may want to have a baby, or maybe she is experiencing side effects. Perhaps it is just time; implants only remain effective against pregnancy for a limited time. Whatever her reason, it is her choice. IFHP is strengthening the health systems she relies on, so they better support her.”

Dr. Yewondwossen Tilahun, MD Gyn. and Obst., Reproductive Health/Family Planning Senior Advisor, Pathfinder International

1. Ethiopia Demographic and Health Survey 2011