INCREASING ACCESS TO LONG-ACTING REVERSIBLE CONTRACEPTIVES AND PERMANENT FP METHODS THROUGH MOBILE OUTREACH SERVICE: A PUBLIC-TO-PUBLIC MENTORING MODEL IN ETHIOPIA

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INTRODUCTION

Operational Definitions
- Mobile outreach services are the delivery of long-acting reversible contraceptives (LARCs) and permanent methods (PMs) of family planning (FP) services at peripheral health facilities by a mobile outreach team from another health host facility.
- A host facility/site is the public health facility where the mobile outreach team is based and from which they travel to provide outreach services.
- The mobile outreach facility/site is a peripheral mid- or lower-level health facility where services are provided by the host team on a regular or scheduled basis.
- Public-to-public mentoring is a “twinning” approach that pairs experienced providers or provider teams with lower-level sites to transfer skills and capacity for service provision.

Background
- There are huge urban-rural and wealth disparities in FP use, especially in rural areas.
- Unmet need for FP remains high, at 24.4% of married women.
- Ethiopia achieved dramatic increases in modern contraceptive prevalence rates, from 27.8% in 2010 to 40.4% in 2014.
- The number of LARC clients served increased more than 10-fold:
  - A total of 31,489 LARC/PM clients were served—92% with a LARC, 2% with a PM, and 6% with removal of an IUD or implant at endline, the 59 sites served an average of eight IUD clients and 2 implant clients per month.

PROGRAM INTERVENTION

Activities included:
- A baseline facility assessment of facility readiness and of the process of care for FP service delivery
- Training of LARC/PM service providers, outreach site staff, and community health workers
- Provision of essential FP instruments and supplies
- Support for mobile outreach service provision, with regular facilitative supervision and clinical monitoring
- Facilitation of on-the-job skill transfer and coaching
- Semiannual reviews, alignment and harmonization of plan review and analysis of service delivery and facility capacity

Review and analysis of clinical monitoring data from visits to 39 of 59 mobile outreach sites

PROGRAM IMPLICATIONS

- The mobile outreach services can contribute to increased uptake of LARCs/PMs
- In contrast, during the last six months of the project, the same 59 sites served a total of 1,652 IUD clients and 4,045 implant clients—an average of 275 and 674 IUD and implant clients, respectively, per month.
- At baseline, only one outreach site offered the intrauterine device (IUD) and seven provided implants, while at endline 100% of sites provided both methods.

Figure 2: No. of clients served with LARCs/PMs at mobile outreach sites, by year

CONCLUSION

- The intervention created sustainable capacity to provide LARCs.
- There was increased demand for LARCs/PMs.
- Health care providers’ commitment to and satisfaction with FP service provision increased.
- The mobile outreach services can contribute to increased uptake of LARCs/PMs.
- Mobile outreach services can contribute to increased uptake of LARCs/PMs at supported sites.
- Mobile outreach services using the public-to-public mentoring model can strengthen the capacity of peripheral health facilities to provide LARCs on their own by creating interest among and supporting skills transfer to providers at outreach sites.

Figure 3: FP services delivered at mobile outreach sites, by region

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