Long-Acting and Permanent Methods of Family Planning Service Uptake in Hospitals Using a Breakthrough Change Initiative: Experiences from Ethiopia

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SIGNIFICANCE

• While the modern contraceptive prevalence rate for family planning (FP) in Ethiopia has increased over the past decade, use of long-acting and permanent methods (LAPMs) has remained low, comprising less than 10% at the national level and approximately 7% in the region of Oromia.
• To increase LAPM uptake in Oromia, EngenderHealth introduced the results-oriented SHANGAR initiative to quickly mobilize change by ensuring clients rights and strengthening community referral systems.

METHODOLOGY

• The project operated simultaneously in 9 hospitals with very low adoption rates of select LAPMs and postabortion FP and with a similar capacity to deliver FP services.
• EngenderHealth worked with these facilities to:
  1) Identify gaps, prioritize changes needed, and establish a team to address these items
  2) Establish goals (using baseline information determined by reviewing service performance data from the previous quarter) and develop detailed action plans to achieve goals over a 100-day period
  3) Implement the action plans over the 100-day period—with a midpoint review on the 50th day to assess progress
  4) Review results to identify lessons learned and determine approaches for service sustainability and expansion

RESULTS

• Uptake of LAPMs—including particularly intrauterine devices (IUDs)—notably increased in the quarter following the intervention in comparison to the quarter preceding the intervention (see Figures 1 and 2).
• Each facility established an internal referral system, enhanced service integration, and developed a plan to expand services while sustaining the results achieved during the 100-day period.

Figure 1: LAPM Method Uptake

<table>
<thead>
<tr>
<th>Method</th>
<th>October-December 2016</th>
<th>October-December 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uptake of Long-Acting</td>
<td>500</td>
<td>2500</td>
</tr>
<tr>
<td>Uptake of Female Sterilization</td>
<td>1000</td>
<td>2000</td>
</tr>
</tbody>
</table>

Figure 2: IUD Uptake

<table>
<thead>
<tr>
<th>IUD Type</th>
<th>October-December 2016</th>
<th>October-December 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uptake of Interval IUD</td>
<td>200</td>
<td>800</td>
</tr>
<tr>
<td>Uptake of Postpartum IUD</td>
<td>200</td>
<td>800</td>
</tr>
</tbody>
</table>

IMPLICATIONS AND LESSONS LEARNED

• The SHANGAR approach demonstrated notable results in the public health system, suggesting scale-up in additional public facilities could be successful. Additional studies are needed to determine if this approach would be effective in the private sector.
• EngenderHealth recognized the decisive role of the health service management and leadership as an influential factor in the initiative’s success. The project also notes the importance of engaging stakeholders at all levels and conducting continuous monitoring as critical aspects of this approach.