

EngenderHealth ICFP 2022 Abstract

Primary author

Addisalem Titiyos

Additional authors

Jemal Kassaw

Mehiret Habte

Kathryn A. O'Connell

Abstract title

Effect of Cluster-Based Clinical Mentorship and Supportive Supervision in Enhancing Access to Family Planning and Abortion Services in Ethiopia

Significance/background

A full range of family planning (FP) services and comprehensive abortion care (CAC) are not readily available in Ethiopia due to shortages of skilled providers. Improving health worker competency is critical to enhancing access to quality FP services and CAC. Clinical mentorship is one mechanism that can help sustain high-quality clinical competencies in resource-constrained settings. In 2014, the Federal Ministry of Health of Ethiopia initiated a catchment-based clinical mentorship (CBCM) program in reproductive, maternal, newborn, and child health. In 2019, the ministry provided national guidelines for CBCM in reproductive, maternal, newborn, and child health programming, with the aim of advancing provider competencies in the delivery of high-quality maternal and child health services. EngenderHealth supported the ministry to scale up the national plan through the provision of CBCM and supportive supervision (SS) for FP and CAC. EngenderHealth designed a CBCM-SS model in alignment with Ethiopia's three-tier health service delivery system and prioritized university teaching hospitals to serve as centers of excellence. These centers collaborated with regional health bureaus and general hospitals to serve as quality assurance hubs. These hubs are responsible for providing high-quality FP services and CAC and for cascading in-service trainings, clinical mentorships, and audits to primary healthcare units.

Main question/hypothesis

Our study aimed to assess the extent to which CBCM-SS activities improved FP and CAC uptake. Specifically, we investigated how CBCM-SS activities addressed skills gaps among providers and positively influenced provider perspectives.

Methodology (location, study design, data source, time frame, sample size, analysis approach)

From April to May 2021, EngenderHealth conducted a mixed-methods assessment on our experience implementing the CBCM-SS initiative. The qualitative portion of the assessment included key informant interviews and focus group discussions, for which we used a purposeful sampling approach to identify respondents. We engaged 14 representatives from the Federal Ministry of Health and EngenderHealth who were engaged in the initiative through centers of excellence, quality assurance hubs, regional health bureaus, and *woreda* (district) health offices to serve as key informants. The study team implemented a thematic analysis of the qualitative findings.

The study team administered FP and CAC competency surveys to gather quantitative data on 166 FP mentees' perceptions of their competencies in FP service provision after participating in the CBCM-SS initiative. The study team compared mentees' competency scores as assessed by their mentors before their participation in the CBCM-SS and after at least two mentorship visits. The study team analyzed the quantitative data using descriptive statistics in SPSS.

Further, we conducted a desk review of existing guidelines, standards of practice, and the government's health information system to analyze service data from health facilities supported by the CBCM-SS and non-intervention health facilities sites to enrich and validate desk review findings.

Results/key findings

Our analysis from the mentee assessment (65.1% female; 78.3% midwives) found that 94% of respondents agreed that the CBCM-SS improved their skills in providing contraceptive care. The percentage of respondents that reported being able to insert intrauterine devices (IUDs) and implants without supervision increased by 20% after the CBCM-SS. The average competency score before the mentorship was 64.4/100 and the average score after the mentorship was 86.5/100, with few differences by gender or profession. Informants also reiterated that the CBCM-SS improved mentee competence, confidence, and motivation. Key informants cited that knowing that they would receive skills and logistics support through the CBCM-SS made them more enthusiastic to serve clients.

Informants from the quality assurance hubs indicated that CAC initiation at the facility level had resulted in a reduction of unnecessary referrals, mainly for incomplete abortion care, compared with before the CBCM-SS. The CBCM-SS supported the introduction of long-acting contraceptive methods, such as IUDs, as well as CAC in certain regions. Project-supported facilities (N=482) served more clients per month on average than non-intervention facilities (N=482). On average, per month, facilities with CBCM-SS support provided 185 more clients with implants, six more with IUDs, and 358 more with short-acting methods

compared to facilities who did not receive CBCM-SS support.

Our results also highlighted several challenges. For example, according to informants, some of the clinical mentorship guidelines lacked sufficient clarity and detail. Similarly, while national guidelines indicate the necessary professional characteristics of mentees, specific details related to the inclusion criteria are lacking.

Knowledge contribution

The CBCM-SS model implemented from 2019 to 2021 in Ethiopia demonstrated success in several areas. Our results show that through the mentee perception surveys, competency scores, key informant interviews, and program reviews that the CBCM-SS initiative improved providers' abilities to deliver high-quality FP services and CAC. The approach strengthened providers' clinical knowledge, skills, and attitudes. In addition, the CBCM-SS support increased the availability of FP services and CAC by supporting newly skilled providers to initiate delivery of these services in facilities where such services were not previously available. An analysis of project-supported mentees' competency scores, as assessed by their respective mentors prior to and after the mentorship program, showed an overall increase in competencies over time, with few differences by gender or profession.

Based on our findings, we note that national guidelines for the mentorship program require additional detail to ensure effective implementation and we suggest that future CBCM-SS initiatives address integrated reproductive, maternal, newborn, and child health services.

Additional research is required to further evaluate the impact of the CBCM-SS initiative and to understand sustainability of the intervention beyond the life of the project. Further investigation could also explore participant experiences and a deeper understanding of gender power dynamics to strengthen the clinical mentorship approach for all.