

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

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Background & Main Question / Hypothesis

- The full range of family planning and comprehensive abortion care services **are not readily available** in Ethiopia due to shortages of skilled providers.
- The Federal Ministry of Health of Ethiopia initiated a **catchment-based clinical mentorship (CBCM)** program in reproductive, maternal, newborn, and child health and developed national guidelines for CBCM in related health areas **to enhance provider skills.**
- EngenderHealth designed a CBCM and supportive supervision (CBCM-SS) model **to support the ministry.**
- Our study investigated how CBCM-SS activities addressed **skills gaps among providers** and positively influenced provider perspectives.



Methodology

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- Conducted **key informant interviews** and **focus group discussions** using a purposeful sampling approach to identify respondents
- Administered **competency surveys** to gather quantitative data around providers' perceptions of their competencies after participating in the CBCM-SS initiative
- **Compared providers' competency scores** as assessed by mentors before participation in the CBCM-SS and after at least two mentorship visits
- Analyzed the quantitative data using **descriptive statistics** in SPSS and implemented a **thematic analysis** of the qualitative findings
- Conducted a **desk review** of existing guidelines, standards of practice, and service data from the government's health information system



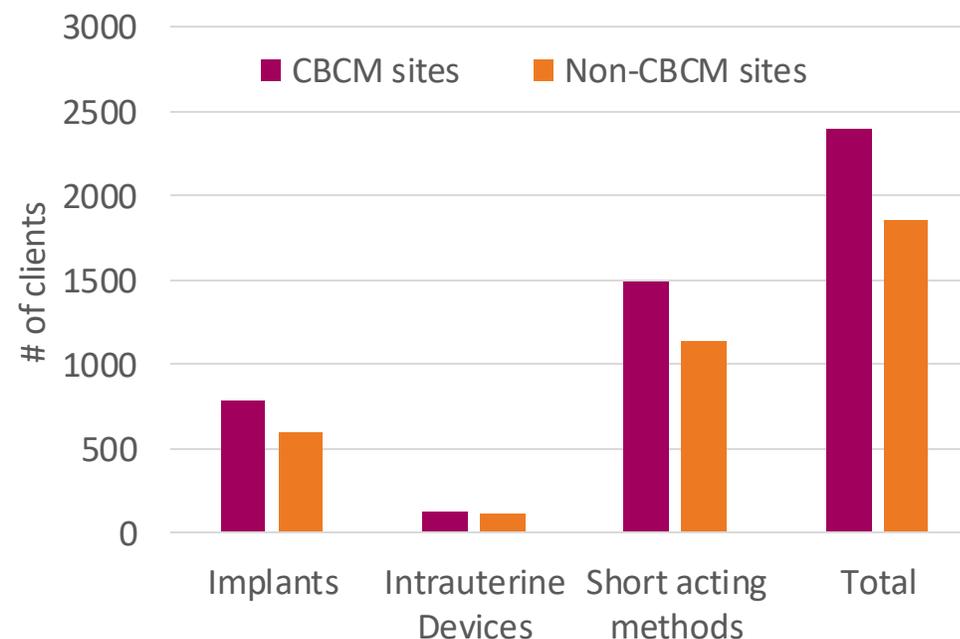
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Results / Key Findings

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- Informants from quality assurance hubs indicated that **comprehensive abortion care initiation at the facility level reduced unnecessary referrals**, mainly for incomplete abortion care.
- Project-supported facilities (N=482) **served more clients** than non-intervention facilities (N=482).
- The percentage of respondents who could insert intrauterine devices (IUDs) and implants without supervision **increased by 20% after the CBCM-SS**.

Family planning service uptake in CBCM (n=482) and non-CBCM (n=482) sites, July 2019-April 2021



“More health professionals developed skills for provision of long-acting reversible contraception and abortion care. Family planning counseling has improved much in the region because of the mentoring. Referrals for these services, mainly comprehensive abortion care, have significantly dropped. Women presenting with incomplete abortion declined.”

Maternal and Child Health Head, Regional Health Bureau



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Knowledge Contribution

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- Our **CBCM-SS model demonstrated success** in several areas: improved provider capabilities and clinical knowledge, skills, and attitudes; increased availability of family planning and abortion services; and increased overall provider competencies, with few differences by gender or profession.
- National **mentorship program guidelines require additional details**, and we suggest future CBCM-SS initiatives address integrated reproductive, maternal, newborn, and child health services.
- **Additional research is required** to evaluate the full impact and sustainability of the initiative and to explore participant experiences and the impact of gender power dynamics.



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