Increasing Postabortion Contraceptive Uptake among Clients in Ethiopia

ABRI: Access to Better Reproductive Health Initiative

International Conference on Family Planning: Research and Best Practices
November 29–December 2, 2011 • Dakar, Senegal

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Presentation Overview

• Context
• Overview of the project and approaches for increasing family planning (FP) uptake
• Project achievements and results
• Lessons learned and recommendations
Background: Ethiopia Context

- High maternal mortality ratio
- High unmet need for FP
- Opportunities and challenges exist for integration
ABRI: Project Overview

- **Phase I:** 3 years (2008–2011)
- **Objectives:** Strengthen availability and quality of FP and comprehensive abortion care (CAC) services in Ethiopia
- **Facilities:** 174 (149 health centers and 25 hospitals)
- **Geographic coverage:** 5 regions and 2 cities
- **Key project interventions include:**
  - Strengthening provider skills/competencies in FP and CAC
  - Supporting improved management and supervision systems
  - Improving facility readiness (infrastructure, logistics, etc.)
  - Strengthening referral systems and mechanisms
Increasing Postabortion FP: ABRI Approaches

- In-service training of service providers in FP (counseling and clinical skills), combined with on-the-job coaching/mentoring and follow-up
- Ensuring supply of required commodities, instruments, and essential infrastructure
- Introduction of job aids and provider reference tools to support and strengthen FP counseling and referrals
- Strengthening record-keeping systems and internal referral systems
- Developing facility-specific plans to address bottlenecks
- Regular monitoring and evaluation during supervision visits
- Strengthening of referrals to FP units (within and between facilities)
Postabortion FP Counseling and Uptake

- A total of 24,721 clients received CAC services:
  - Overall, 91% of clients received postabortion FP counseling
  - 60% received a FP method postabortion
- Percentage of clients adopting a postabortion FP method increased dramatically over time
Postabortion FP Use: Methods Chosen by CAC Clients

- Significant uptake of long-acting FP methods among CAC clients.
  - 30% adopted long-acting method (13% IUCD and 17% hormonal implant)

Postabortion FP use, by type of method, Sept. 2011

- Short-acting, 70%
- IUCD, 13%
- Implant, 17%
Lessons Learned and Recommendations

- Dramatic increases in method adoption and use can be achieved with sustained attention to the issue of contraceptive counseling and uptake among abortion clients.
- Strategic, effective integration of the two services requires:
  - Sustained attention and intensive coaching
  - Follow-up and monitoring
- Providing both services in the same unit improves uptake.
- Strengthening record-keeping systems is essential for monitoring postabortion FP uptake—and particularly LA/PMs, which in most cases are provided through internal referrals to family planning units, as opposed to CAC units.
Lessons Learned and Recommendations (2)

- Institutionalizing postabortion FP counseling and the provision of a full range of methods requires ownership and commitment of site-level managers and staff involved in providing both services.

- Site-level staff and managers should be directly involved in:
  - Identifying bottlenecks to service integration
  - Creating linkages between CAC and FP services
  - Identifying appropriate solutions that they can implement themselves to address these problems.

- Enhancing the integration of FP with CAC services requires tailored approaches and strategies based on service delivery.

- Adapting supervision tools for use by Ministry of Health partners helps ensure sustainability.
Thank You