Task Shifting in the Delivery of Long-Acting Family Planning (LAFP) Services at Community Level in Ethiopia

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Presented by: Dessie Ayalew
Presentation Outline

• Background

• Program implementation

• Assessment methodology

• Results/findings

• Challenges and lessons learned

• The way forward
Background

• Limited access to basic health services in most rural areas of Ethiopia before 2005

• The Ethiopian government launched the Health Extension Program (HEP) in 2005 as part of its Health Sector Development Program (HSDP)

• In mid-2009 the Implanon® scale-up initiative was introduced by the Ethiopian Federal Ministry of Health (FMOH) to increase access to LAFP method at the community level

• USAID/IFHP/Pathfinder are supporting this initiative
Task Shifting

- LAFP/Implanon was provided only in higher level institutions (health centers and hospitals) before 2009 in Ethiopia

- Under the new initiative, HEWs will provide the services after completing quality, skills-based Implanon insertion training

- Profile of HEWs:
  - Completed 12 years of schooling with an additional 1-year training on HEP
  - Salaried and deployed by the government

- Two female HEWs are assigned in each kebele/village to execute sixteen packages of PHC in the community
Program Implementation

8 woredas/districts of the 4 main regions of Ethiopia

150 woreda/districts

HEW supervisors & clinical providers

**Initial Learning Phase Training**

- **Endorsement from MOH of scale-up**
- **Implanon scale-up trainings**
- **Training of trainers (TOTs)**
- **Roll-out trainings to HEWs**

<table>
<thead>
<tr>
<th>Jul 2009</th>
<th>Nov 2009</th>
<th>Dec 2009</th>
</tr>
</thead>
</table>

- HEWs were trained on counseling, skills-based Implanon insertion, and how to refer for other LAFP methods
- IFHP supported the provision of contraceptive commodities and consumables required for both the TOT and roll-out trainings
- IFHP also provided HEWs with supplies to initiate Implanon services at the health post level after trainings
Assessment Methodology

- Review of training documents
- Post-training follow-up and review meetings
- Program assessment through client service characteristics assessment
- Key informant interviews conducted with HEWs, trainers, and clients
- Documentation of preparatory process, the actual training, and post-training follow-up
Results/Findings

• 154 woredas covered by September 2011; 54% are IFHP operation woredas.

• 611 HEW supervisors and 572 clinical care providers completed a 1-week TOT on Implanon insertion.

• Nearly 4,000 HEWs have successfully completed the roll out Implanon insertion.

• 40,877 clients were provided with family planning services during trainings (75% were eligible for and chose Implanon).

• Approximately 109,338 clients have been provided with Implanon insertion service by HEWs at the community level post training.
Family Planning Service during TOT and Roll-out Trainings, July 2009-Sept. 2011, by Region

<table>
<thead>
<tr>
<th>Type of Training</th>
<th>Oromia</th>
<th>Amhara</th>
<th>SNNPR</th>
<th>Tigray</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>TOT training</td>
<td>1,989</td>
<td>3,405</td>
<td>2,979</td>
<td>2,186</td>
<td>10,559</td>
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<tr>
<td>Roll-out training</td>
<td>8,013</td>
<td>10,608</td>
<td>6,545</td>
<td>5,152</td>
<td>30,318</td>
</tr>
<tr>
<td>Total</td>
<td>10,002</td>
<td>14,013</td>
<td>9,524</td>
<td>7,338</td>
<td>40,877</td>
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</tbody>
</table>
## Family Planning Service by methods during TOT and Roll-out Trainings, July 2009-Sept. 2011

<table>
<thead>
<tr>
<th>Training</th>
<th>Number of clients receiving services, by FP type</th>
<th></th>
<th></th>
<th>I</th>
<th>R</th>
<th>I</th>
<th>R</th>
<th>I</th>
<th>R</th>
<th>I</th>
<th>R</th>
<th>Pills</th>
<th>Depo</th>
<th>Total</th>
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<tbody>
<tr>
<td></td>
<td>Implanon</td>
<td></td>
<td></td>
<td>I</td>
<td>R</td>
<td>I</td>
<td>R</td>
<td>I</td>
<td>R</td>
<td>I</td>
<td>R</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOT</td>
<td>9,398*</td>
<td>1</td>
<td>791</td>
<td>15</td>
<td>0</td>
<td>47</td>
<td>6</td>
<td>0</td>
<td>72</td>
<td>229</td>
<td></td>
<td></td>
<td>10,559</td>
<td></td>
</tr>
<tr>
<td>Roll out</td>
<td>27,866**</td>
<td>3</td>
<td>1766</td>
<td>59</td>
<td>0</td>
<td>187</td>
<td>2</td>
<td>0</td>
<td>91</td>
<td>344</td>
<td></td>
<td></td>
<td>30,318</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>37,264</td>
<td>4</td>
<td>2557</td>
<td>74</td>
<td>0</td>
<td>234</td>
<td>8</td>
<td>0</td>
<td>163</td>
<td>573</td>
<td></td>
<td></td>
<td>40,877</td>
<td></td>
</tr>
</tbody>
</table>

* Each trainee served an average of 10 clients

** Each HEW served an average of 7 clients
Task is shifted (shared) to...

LAFP services provided at high-level health institutions are shifted (shared) to community-based LAFP services at health post level in Ethiopia.
**Key Informant Interviews: Health Posts**

**HEW, Liwoye Health Post**

- She was not trained on Implanon insertion services prior to IFHP training
- As of August 2011, she had provided 135 clients with Implanon insertion services
- She has adequate time to implement the other 15 Family Health Packages
- Clients are satisfied with the availability of an additional contraceptive method
Key Informant Interviews, continued

Trainers/Supervisors:

• Contributed to the increase in FP coverage nationwide [CPR: 13.9% in 2005 increased to 27.3% in 2011]

• Increased implant use from 0.2% in 2005 to 3.4% in 2011

• Quality remains high in the woreda (e.g. no reported complications)

• Improved access to LAFP at grassroots level
Key Informant Interviews, continued

Clients:

• Almost all clients reported that they were happy to have the service in their village
  
• Better family relations
  
• Adequate time for productive work
  
• Minimized costs (e.g. transportation and opportunity costs)
Challenges

• We will encourage continuous program monitoring and follow-up by the public sector.

• Shortage for continuous re-supply of consumables, supplies, and medical equipment

• Limited number of service providers trained on Implant removal
Lessons Learned

• With proper training, follow-up, and technical support, low-level providers like HEWs are technically capable of managing Implanon insertion.

• Provision of services at health post level by HEWs will increase the number of users and address unmet need.

• Existence of significant demand for LAFP services at community level.

• Continuous supportive supervision and an uninterrupted commodity supply are needed to sustain LAFP service.
The Way Forward

• Regular procurement and provision of consumables and commodities

• Program monitoring and evaluation through follow-up visits and supportive supervision

• Strengthen the referral linkage between health post and nearby health center for Implanon removal and other LAFP services not provided at the health post level.

• Blanket coverage for Implanon Insertion training in the IFHP operation woredas
Documentation and operational research


2. Addressing Unmet Need for Long-Acting Family Planning in Ethiopia: *Uptake of Implanon and Characteristics of Users (will be presented at this conference)*. Mengistu Asnake, Yewondwossen Tilahun, Elizabeth Henry, Elizabeth Oliveras

3. Exploring the Reach of the Nationwide Scale-up of Implanon: Discontinuation rates in Ethiopia (ongoing). Mengistu Asnake, Yewondwossen Tilahun, Elizabeth Henry, Elizabeth Oliveras
THANK YOU

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