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Assessment of health facilities for PPFP/PPIUCD services

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Introduction:

The International Conference on Population and Development held in Cairo in 1994 underscored the need for a comprehensive approach to reproductive health. Unfortunately, in many countries, postpartum family planning services have not been well integrated into existing health services. The provision of quality family planning services in the postpartum period can contribute significantly to reducing the risk of poorly timed or unwanted pregnancies. Closely spaced pregnancies pose greater health risks for mothers and their infants, while unwanted pregnancies often result in unsafe abortions. Studies show that a large proportion of women interviewed in the postpartum period wish to regulate their fertility, either by spacing or preventing future pregnancies. However, in many settings, new mothers often do not have access to contraception'. Many women who deliver in health facilities do not receive contraceptive counseling while they are there. Women typically do not return to the hospital for postnatal checkups unless they are feeling ill or have complications. This suggests that family planning counseling during prenatal visits is an important opportunity to encourage more extensive postnatal follow-up care. The 1990 International Conference on Postpartum Contraception in Mexico and the 1993 International Workshop on Postpartum and Post abortion Family Planning in Ecuador listed numerous recommendations for improving FP options following delivery, including the need to integrate reproductive health services. Other recommendations called for evaluating contraceptive methods used in the postpartum and post abortion period; giving more attention to clients' perspectives, expectations, and needs; and extending postpartum services to non-hospital and nonurban settings. Improving the choice of methods available; evaluating the effectiveness of postpartum and post abortion counseling and family planning services; and identifying barriers, both medical and non-medical, to postpartum family planning were other important recommendations from these conferences.

Post-partum family planning services provision is very poor in Ethiopia like in many developing countries. Recognizing this deficit in the country, MCHIP plans to implement post-partum family planning program in hospitals and health centers. The program is going to be implemented integrated with ANC, delivery as well as PNC services. Accordingly, site

assessments were done in selected hospitals and health centers which are found in the four regions namely; Oromia, Amhara, SNNPR and Tigray regions and Addis Ababa city administration

Objectives of the assessment

- To select 5 hospitals and 11 health centers for post-partum counseling service provision.
- To select eight health facilities (5 hospitals & 3 health centers) for PPIUCD insertion services provision.
- To identify participants for post-partum family planning counseling & post-partum IUCD insertion trainings
- To determine sites for PPFPP counseling & PPIUCD insertion trainings

Facilities assessed: A total of 22 health facilities (7 hospitals & 15 health centers) were assessed in four regions and one city administration as depicted below:

Oromia region: Shashemene referral hospital, Abosto health center, Bulchana health center, Adama hospital & medical college, Adama health center and Geda health center.

Amhara region: Desse referral hospital, Desse health center, Buanbua health center, Felege Hiwot referral hospital, Bahir Dar health center and Hann health center.

SNNPR: Arbaminch hospital, Arbaminch health center and Shecha health center.

Addis Ababa: St. Paul's hospital & Millennium medical college, Gulele Health center, Bole Health center & Woreda 23 Health Center.

Tigray: Mekele Hospital, Mekele Health Center and Semen Health Center.

Methods used for the assessment:

A standardized assessment checklist was developed which was reviewed and approved by the MCHIP program manager to be used for information collection. After prior arrangements were made in discussion with facility managers, the assessment was started in Desse on 22 December, 2011.

The MNCH units/departments in the hospitals & health centers were the focus for the assessment and interviews and observations were ways for data collection. The interviews were held mainly with facility managers, service providers working in the ANC clinic, FP clinic, labor & delivery

ward as well as the PNC clinic. All of the aforementioned sections of the health facilities were also visited.

Major findings of the assessment:

Human resource:

All of the facilities do have at least one nurse/midwife responsible to run each section of the MNCH department (ANC clinic, FP clinic and labor & delivery units). The PNC services are primarily rendered by those health care providers working in labor & delivery wards. With regards to the profession of the service providers, clinical nurses constitute higher proportion in the MNCH departments of the health facilities. (Annex 1).

MNCH services:

All of the 22 facilities assessed are providing ANC, labor & delivery, FP, PNC and EPI services though the services utilization status varies across the facilities. Average no. of mothers delivering in the health facilities in one month ranges from 3 to 400, the lowest being in Shecha health center and the highest being in Adama hospital. Average no. of ANC clients in one month ranges from 46 to 600 of whom more than 75% are first visit clients for ANC in all of the assessed facilities. The average PNC clients in one month ranges from 5 to 470 and almost all PNC clients are those delivered in the facilities and get the first PNC care within the first 6 hours after delivery before discharge, only few return for the 2nd and 3rd PNC visits and those who return are due to illnesses and complications who are referred to hospitals from health centers, otherwise mothers return after 45 days for immunization of their infants. Family planning services are given in all health facilities even though there is disparity in method availability. Few health centers provide long term FP methods mainly implants, IUCD use is very low and in 3 health centers & 1 hospital, IUCD is not currently provided as method of contraception. Permanent methods don't exist in all health centers and even those hospitals which are doing tubaligation do the procedure only during C/S and we couldn't find the data for the no. of tubaligation done. Generally, average no. of FP clients for short acting hormonal methods in one month ranges from 45 to 412 (more than 90% use injectable). No facility has more than 35 IUCD and 100 implant users in one month. There is no data for post-partum family planning service provision in all facilities, however there are some mothers who use FP 45 days after they give

birth and almost all mothers use injectable as a FP method. Immediate post-partum family planning service doesn't exist in the health facilities. (Annex 2).

Infrastructure:

Majority of the health facilities do have separate rooms for ANC, FP, delivery and PNC services provision. Only two health centers provide EPI and FP together and one health center provide PNC and ANC services in one room. Only one health center has a separate waiting area for ANC and FP clients. Essential equipment such as beds/coaches, screens, weighing scales as well as tables and chairs are available in the FP, ANC, PNC & labor & delivery units. One health center doesn't have kits for IUCD insertion and removal. Guidelines, books and printed IEC materials on FP are not present in all ANC, labor, delivery and PNC units; some have FP posters posted on walls of the FP rooms.

Collaboration with other NGOs and community based structures on FP:

Majority of the facilities are supported by NGOs for their FP program. Engender health, IFHP and Ipas are among the cited NGOs supporting the FP programs of the facilities, however, one hospital has no any support from NGOs. The support mainly focuses on training of providers & provision of FP supplies focusing on long term methods. There is no facility supported by an NGO for post-partum family planning. All health centers use HEWs to educate, counsel and refer FP clients. No hospital has community based intervention for FP demand generation/service provision.

Availability of contraceptives

No shortage is evident in the supply of CuT380A IUCD, implanon/jadelle, COCs and injectable; however, all facilities have only one type of COCs, either microgynon or lofeminal. All health facilities have only one type of injectable contraception, DMPA which protects pregnancy for three months and has got preference for use by most Ethiopian women. PoPs and ECPs weren't available in all health facilities but in St. Paul's hospital at the time of the assessment.

Opinions of service providers & facility managers about post-partum family planning:

The assessment tried to have insights on opinions and/or attitudes on the post-partum family planning program which is going to be implemented in their facilities. Accordingly, there are open ended questions in the assessment checklist in order to get opinions from service providers & facility managers on the importance of the program, anticipated challenges that may hinder the effectiveness of the program, possible measures/actions to facilitate the implementation of the

program as well as what kind of support they are going to lend for the success of the program. All interviewed believe that the program is important as it averts unwanted pregnancies newly delivered mothers are experiencing and some expressed their own experiences that women come for abortion services after they had unwanted pregnancy. Among the fears cited by the interviewees which may hinder progress of the program: poor male involvement in MNCH services, shortage of manpower, workload to counsel ANC and laboring mothers on FP, motivation & commitment of service providers and managers were prominent. Quality training Supportive supervision and follow up, orientation & knowledge transfer to wider staff including management staff, review meetings and experience sharing visits to share best practices were cited as actions/measures to be taken for the achievement of program goals. All interviewees pledged to render their support in every aspect necessary to achieve the objectives of the program.

Opportunities in the assessed facilities to start PP-FP program:

- Facility managers and service providers acknowledge the importance of the program in preventing unintended pregnancy in post-partum women and are willing to start implementation of the program.
- The facilities have adequate number of service providers in their MNCH units.
- In most of assessed facilities, MNCH units have enough space (rooms) to provide ANC and labor & delivery services.
- Long term contraceptive supplies including IUCD are available in most of the assessed facilities.

Limitations/threats for PP-FP program success:

- Poor delivery service utilization. Only three hospital provide delivery service to more than 200 mothers in a month (Desse hospital=275, Felege Hiwot hospital=280 and Adama hospital=400), two hospitals provide delivery service to 75-115 mothers in a month (St. Paul's hospital & Shashemene hospital), only 40 mothers in a month deliver at Arbaminch hospital which is equal to Arbaminch health center and less than Adama and Abosto health centers which provide delivery services for 48 & 60 mothers in a month respectively , Shecha health center has the lowest delivery service utilization at 3 mothers in a month.

- Poor antenatal care services utilization particularly the flow of ANC clients for 2nd & more visits is very low. St. Paul's hospital has the highest no. of ANC clients with 700 (200 new and 500 revisit clients) pregnant mothers coming for ANC in one month, Desse, Shashemene & Adama hospitals serve 100- 240 pregnant mothers in a month, other hospitals provide ANC service for less than 100 mothers in a month. One health center (Abosto) has 600 ANC clients in a month, three health centers (Arbaminch, Bulchana & Adama health centers) serve >200 ANC clients in a month, the remaining health centers have less than 100 ANC clients in a month. The no. of ANC clients coming for 2nd and above ANC visits is very insignificant and constitutes about 10% of all ANC clients; St. Paul's hospital has better performance with this regard.
- PNC service is very low in almost all facilities and only mothers delivered at the facilities are getting the PNC services 6 hours after delivery, the other PNC services at later period aren't being given in the facilities.
- Motivation of providers; in two health centers, motivation of providers was cited by the heads as the main challenge for program implementation.
- Poor IUCD service uptake; IUCD isn't popular in all of the facilities assessed, no facility has greater than 12 IUCD insertions in one month
- Shortage of contraceptive options for post-partum family planning. Only St. Paul's hospital has injectable, PoPs, IUCD and implants for PP-FP for breast feeding mothers, the other facilities don't have PoPs.
- Periodic rotation of service providers from department to department; trained providers shift from the MNCH units to other units every six months/1 year.
- Referral of post-partum mothers from health centers to hospitals for PP-IUCD. Some health centers expressed their discontent in the program that requires referring post-partum mothers for PP-IUCD to hospitals and they request for the PP-IUCD training in order to render the service at the spot without referring post-partum mothers to hospitals for PP-IUCD.

Major criteria to select facilities for PFP counseling & PPIUCD implementation:

- No. of deliveries
- No. of ANC attendees
- No. of PNC clients

- Staff and facilities managers willingness to start PFP/PPIUCD service provision
- Interval IUCD service utilization

Based on the above criteria; St. Paul's hospital, Gulele health center, Bole health center, Nefas Silik Lafto no. 2 health center, Adama hospital, Geda health center, Adama health center, Shashemene hospital, Abosto health center, Bulchana health center, Desse hospital, Desse health center, Buanbua health center, Mekele hospital, Mekele health center and Semen health center. Of these 16 facilities 8 were selected for PPIUCD insertion services provision based primarily on the no. of delivery service provision, these PPIUCD insertion facilities are St. Paul's hospital, Gulele health center, Bole health center, Woreda 23 health center, Adama hospital, Shashemene hospital, Mekele hospital and Desse hospital.

Annexes:

Annex 1. Human resource profile of the assessed facilities in their MNCH units

Name of facilities	# of people attending labor & delivery by profession		# of people providing PNC by profession		# of people providing ANC services by profession		# of people providing FP services by profession		Comment
	CN	MN	CN	MN	CN	MN	CN	MN	
Desse hospital		13		13	2		1		
Buanbua HC		2		2		1	2		
Desse HC		2		2	1		1		
Felege-Hiwot hospital		15	4	4	2		4		
Bahir Dar HC	1	1	1	1	1	1	2		
Hann HC	1	2	1	2		2	3		
Arbaminch hospital		14?		14?	1		3	1	
Arbaminch HC	NA	NA	NA	NA	NA	NA	NA	NA	
Shecha HC	2			2	1		1		
Shashemene hospital	5	5	5	5	2			1	

Bulchana HC	2	1	2	1	3		3		
Abosto HC	2	1	2	1		1	1		
Adama hospital	6	6		8		2	1		
Adama HC	1	1	1	1	2		1		
Geda HC		1		1	1		2		
St. Paul's hospital	9	4	9	4	3		1	1	
Bole health center		6		6	2		2		
Gulele Health center		5		5	2		2		
Wereda 23 Health center		6		6	2		2		
Mekele Hospital		13		13	3		3		
Mekele Health Center		4		4		4	2		
Semen Health Center		3		3	2		2		

Keys: CN=Clinical Nurses, MN= Midwife nurses and NA=Not Available

Annex 2. MNCH services delivery status of the assessed facilities

Name of facility	Average # of delivery in a month	Average # of ANC clients in a month	Average # of PNC clients in a month	Average no. of short acting FP users in a month	Average # of IUCD users in a month	Average # of implants users in a month	Average # of PP-FP clients in a month	comment
Desse hospital	275	100	275	80	2	4	No data	The PNC is only for those delivered; it is within the first 6 hrs. after delivery
Buanbua HC	15	50	15	412	4	15	10	The PP-FP is estimation and refers to those getting FP after 45 days of delivery.
Desse HC	25	85	35	115	2	80	12	The PP-FP is estimation and refers to those getting FP after 45 days of delivery
Felege-Hiwot hospital	280	89	150	172	1	18	No data	
Bahir Dar HC	29	92	57	389	12	67	No data	
Hann HC	28	92	21	45	2	110	No data	
Arbaminch	40	No data	40	40	12?	24?	No data	

hospital									
Arbaminch HC	40	220	40	164	37	28	20		
Shecha HC	3	46	5	145	0	11	No data		
Shashemene hospital	115	150	115	220	0	5	No data		
Bulchana HC	10	200	10	240	0	1	16		
Abosto HC	60	600	60	170	0	4	100		
Adama hospital	400	240	470	100	8	8	40		
Adama HC	48	320	120	108 (only new clients)	4	40	No data		
Geda HC	30	60	30	48	4	7	No data		
St. Paul's hospital	75	700 (200 new and 500 repeat)	60	13	5	8	No data	The PNC refers to those who had C/S and got follow up care. It doesn't include those 75 who had SVD.	
Bole health center	150	210 (80 are for 2 nd and more ANC visits)	150	80	40	60	No data	The PNC indicates only those who got the 1 st care 6 hours after delivery.	
Gulele health center	100	160 (60 come for 2 nd more)	100	120	15	25	No data	The PNC indicates only those who got the 1 st care 6 hours after delivery.	

		visits)						
Wereda 23 Health center	120	200 (60 come for repeat ANC visits)	120	140	20	30	No data	The PNC indicates only those who got the 1 st care 6 hours after delivery.
Mekele Hospital	260	288 (88 come for 2 nd and more ANC visits)	360	500	8	16	No data	The PNC includes those 260 who delivered in the hospital who got the 1 st PNC service 6 hours after delivery
Mekele Health Center	50	300 (100 come for 2 nd or more ANC visit)	50	360		8	No data	The PNC indicates only those who got the 1 st care 6 hours after delivery
Semen Health Center	20	200 (80 come for 2 nd or above ANC visits)	100	480	8	20		The PNC includes those who deliver in the HC and get PNC 6 hours after delivery.