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Ministry of Health

Evaluation of the Implanon Scale-up Initiative in Ethiopia's Southern Nations, Nationalities, and People's Region

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EXECUTIVE SUMMARY

Introduction

Implanon, a three-year sub-dermal contraceptive implant, is a progesterone-only long-acting family planning (LAFP) method available at health posts, health centers, and hospitals in Ethiopia. In 2009, the Ethiopian Federal Ministry of Health (FMOH) launched the provision of Implanon at the community level through health extension workers (HEWs). A key step toward expanding voluntary access to LAFP methods, the initiative was part of the government's strategy to increase contraceptive prevalence and reduce unmet need for FP at the community level.

Through the initiative, the FMOH and development partners implemented several activities to increase awareness and uptake of Implanon. The Integrated Family Health Program (IFHP) and the FMOH, through the Ethiopia Public Health Association (EPHA), conducted Implanon insertion training for HEWs and health center providers and Implanon removal training for health center providers. The initiative was supported by the U.S. Agency for International Development (USAID) through the IFHP and through FHI 360's Program Research for Strengthening Services (PROGRESS) project, which built the FMOH's capacity for monitoring and evaluation (M&E) and conducted independent evaluations of the provider trainings on Implanon insertion.

Methods

At the request of the then Agrarian Health Promotion and Disease Prevention Directorates, now restructured, the FMOH in collaboration with FHI 360 conducted an evaluation to determine the outcome of the Implanon initiative in Southern Nations, Nationalities, and People's (SNNP) region. The SNNP region was chosen mainly because it had achieved virtually 100% coverage for the provider trainings, and because of the culturally, socially, and tribally diverse nature of the population of this region. The main objective of the evaluation was to determine how the Implanon scale-up initiative affected FP service provision, the skills and capacity of HEWs, and community attitudes about FP in the SNNP region. The evaluation was conducted using a population survey, provider interviews, facility inventories, and a review of service statistics.

Key Findings

Results among providers showed that 66% of the health center providers and 99% of the HEWs (the main target of the trainings) had received Implanon training. To graduate from Implanon insertion training, providers had to conduct at least five insertions during practical attachment. The majority of providers (70% of health center providers and 67% of HEWs) who were interviewed had achieved this training target. More than 85% of the providers felt ready to conduct Implanon insertions after their training, based on their own self-ratings. The level of interest from providers to deliver Implanon services was very high, which indicated a positive attitude toward the delivery of Implanon services. More than 90% of the providers had ever conducted an Implanon insertion, and more than 95% had performed an Implanon insertion in the past year. Health center providers reported a mean of 17 insertions in the past year, and HEWs reported a mean of 6.5.

Service statistics showed that Implanon was the third most commonly provided method, with 40% of clients being repeat/continuing users. Implanon was in stock in most of the facilities, and the evaluation also found that materials for Implanon insertion were mostly available. Concerning referrals from health posts, 92% of the health center providers reported attending to Implanon clients referred from the health posts, indicating that clients had access to referral services.

Training of HEWs on comprehensive LAFP methods appears to be a gap. Less than half of the HEWs reported attending a comprehensive LAFP method training in the past four years. Results also showed that a low percentage of providers had received refresher training on Implanon (19% of health center providers and 10% of HEWs). The findings further showed the need to improve Implanon counseling skills of the providers and indicated potential provider bias in Implanon provision, justifying the need for refresher training.

The evaluation also examined the extent to which clients with complications were seen by providers. Approximately 60% of the health center providers and 49% of the HEWs at health posts said they had attended to clients returning with complications. Most of the complications reported were related to side effects of Implanon, the main one reported being unexplained vaginal bleeding. However, 24.6% of the health center providers and 12.8% of the HEWs reported seeing clients with infection at the insertion site, suggesting a need to improve infection-control practices.

During the facility inventory, providers were asked what FP methods they provided at their facilities. At the health center, the main methods provided were injectables (100%), oral contraceptive pills (OCPs,98.3%), condoms (98.3%), Implanon (97.4%) and emergency contraception (76.9%). The methods authorized in the FP guidelines for provision by HEWs were the main methods provided at the health posts: injectables (98.4%), OCPs (96.8%), condoms (93.3%), and Implanon (95.3%).

In terms of stock availability at the time of the evaluation, injectables were available in 94.9% of health centers and 91.1% of health posts; OCPs were available in 83.8% of health centers and 84.1% of health posts; Implanon was available in 84.6% of health centers and 87.3% of health posts; and condoms were available in 78.6% of health centers and 81.5% of health posts.

Results showed that the availability of Implanon was comparable to the availability of OCPs, with slightly more health posts having Implanon in stock than OCPs. Although not common, stock-outs were identified at both health centers and health posts. However, stock-outs of Implanon in the past six months were twice as likely to be reported at the health posts (20.4%) than at the health centers (11.1%).

Implanon users, FP users who were using methods other than Implanon, and non-users of FP also provided important information about the outcomes of the Implanon initiative. The demographic profiles of FP users and non-users were similar in regard to marital status, religious affiliation, education, access to health facilities, and other characteristics. As expected, a higher percentage of non-users (21%) reported current pregnancy than did Implanon users (3%) and users of other FP methods (0.5%). Among the pregnant non-users, 25% indicated that their pregnancies were unintended. More women who had not given birth were non-users of FP

(19.9%) than were Implanon users (1.9%) or users of other FP methods (2.8%). The mean number of live births was highest among Implanon users (3.9). The mean age of the youngest child was 3.5 among Implanon users, 3.2 among users of other FP methods, and 2.8 among non-users, suggesting more recent births among the non-users than among the FP users.

Results showed that the HEWs have been the key source of FP information for both users and non-users of modern FP. Nearly 50% of the Implanon users had also obtained FP information from the Health Development Army (HDA). Overall, however, the HDA members were the second most common source of information about FP (37.5% among users of FP methods other than Implanon and 32.3% among non-users). The level of awareness about Implanon is commendable. Among the users of FP methods other than Implanon, 92.5% were aware of Implanon. Among the non-users, 83.5% were aware of Implanon. The main characteristic that the women had heard about Implanon was that it prevents pregnancy for a long time (79.9% among current Implanon users, 67% among users of other FP methods, and 62% among non-users).

Findings from Implanon users showed that 78.2% were still using Implanon at the time of the interviews but that 21.6% had already had it removed. The majority (66.8%) of those who had had Implanon removed reported that they had kept the device inserted for the full, recommended three years. Nearly 18% had kept it in for 1-2 years. For reasons that were not investigated, 3.6% said they had kept it in for more than three years before having it removed.

Implanon users reported that the most common site of insertion was a health post (59.1%), followed by a health center (39.7%). Hospitals were less often cited as a source of Implanon insertion (1%). Within the sites where the insertion was received, 51.8% of the women received their insertion from a HEW, 26.1% from a nurse, and 8.5% from a midwife.

During counseling and insertion, 42.8% of the Implanon users said their provider informed them about changes in bleeding patterns as a possible side effect of Implanon, which correlated with the reports from providers. Many Implanon users reported that they had been told about how long Implanon protects against pregnancy, the benefits of using Implanon, and how Implanon is inserted. However, less than half recalled being told other useful information about Implanon that should be part of the counseling process. The main reason clients chose Implanon was because of the length of time it prevents pregnancy (three years). This is indicative of convenience, considering that most of the women lived in rural areas.

ACRONYMS

EPHA	Ethiopia Public Health Association
FMOH	Federal Ministry of Health
FP	Family Planning
HC	Health Center
HDA	Health Development Army
HEW	Health Extension Worker
HP	Health Program
IEC	Information, Education, and Communication
IFHP	Integrated Family Health Project
IUCD	Intrauterine Contraceptive Device
LAFP	Long-Acting Family Planning
MSIE	Marie Stopes International Ethiopia
OCP	Oral Contraceptive Pill
PFSA	Pharmaceutical Fund and Supply Agency
PROGRESS	Program Research for Strengthening Services
RHB	Regional Health Bureau
SNNP	Southern Nations, Nationalities, and People's
SPSS	Statistical Package for Social Scientists
UNFPA	United Nations Population Fund
USAID	U.S. Agency for International Development
WorHO	Woreda Health Office
ZHB	Zonal Health Bureau

INTRODUCTION

In March 2009, the Ethiopian Federal Ministry of Health (FMOH) made a strategic decision to start providing Implanon at the community level through health extension workers (HEWs). Implanon, a three-year sub-dermal contraceptive implant, is a progesterone-only long-acting family planning (LAFP) method available at health posts, health centers, and hospitals in Ethiopia. Other implants, such as Jadelle and Sino-implant (II), are available only at hospitals and health centers.

A key step toward expanding voluntary access to long-acting family planning (LAFP) methods, the Implanon initiative was part of the government's strategy to increase contraceptive prevalence and reduce unmet need for FP at the community level.

The main partners supporting the FMOH to build capacity and implement the Implanon initiative were the Integrated Family Health Program (IFHP) and FHI 360's Program Research for Strengthening Services (PROGRESS) project, both funded by the U.S. Agency for International Development (USAID). IFHP undertook training of trainers, training HEWs to insert Implanon, and training health center providers on Implanon insertion and removal. PROGRESS provided technical assistance to monitor and evaluate the initiative.

The FMOH and development partners implemented several activities to increase awareness about Implanon. Broad FP messaging, including information on implants, started in 2010. The messaging strategies included radio spots implemented as panel discussions in between news and after newscasts about FP. The radio spots were broadcast over a six-month period and conducted 2-3 times a week in Oromifa, Tigrinya, and Amharic languages. Other messaging strategies included 1.5 million leaflets distributed to facilities and communities; community mobilization during trainings conducted at the communities; FP counseling and pregnancy testing; inclusion of FP (including Implanon) during health education outreach by HEWs; and health education to clients during service provision. HEWs and HDA 1 to 5 Network Leaders, who are community health volunteers, conducted community mobilization activities. Additionally, 1.5 million flipcharts on all FP methods were distributed for counseling nationwide (two per health post).

Along with community mobilization activities, IFHP and the FMOH, through the Ethiopia Public Health Association (EPHA), conducted Implanon insertion training for HEWs and health center providers and Implanon removal training for health center providers. Logistics and supplies for the Implanon initiative were provided by the FMOH through the Pharmaceutical Fund and Supply Agency (PFSA) and the United Nations Population Fund (UNFPA). IFHP procured supplied materials directly for the woredas (districts) they support and distributed supplies during training. Supportive supervision to the trained providers was also provided by the FMOH during training and within the primary health care unit structure.

The previous Agrarian Health Promotion and Disease Prevention Directorate, now restructured, requested an outcome assessment of the Implanon initiative in the Southern Nations, Nationalities, and People's (SNNP) region. SNNP was selected because of the extensive

coverage of training in the region (virtually 100%), but more importantly because the population in SNNP is multi-tribal and multi-cultural, with varying perspectives regarding FP. According to the 2011 Ethiopia Demographic and Health Survey, 24.7% of currently married women of reproductive age in the SNNP region are using a modern FP method, which is slightly below the national average of 27.3%.

This study allowed analysis of the results of the Implanon initiative, particularly the level of use of Implanon compared with other FP methods, the socio-demographic profiles of Implanon users, and the overall effect of Implanon scale-up on FP use in this diverse population. Additionally, the findings help establish best practices for FP service provision and communication, and suggest strategies for further improving, scaling up, and sustaining the initiative.

OBJECTIVES

The main objective of this evaluation was to study the results of the Implanon scale-up initiative with respect to the enhancement of the skills and capacity of HEWs and other health providers to deliver FP services, and to assess community attitudes about FP in the SNNP region. The specific objectives were to:

1. Assess the level of awareness and attitudes about FP in general, and Implanon in particular, which may have resulted from the messaging strategies.
2. Measure the extent of Implanon insertions conducted by trained HEWs, access to removals, and timeframes for removal from the date of insertion.
3. Assess the effect of Implanon insertion training on the overall FP service delivery skills of providers and on contraceptive availability.
4. Investigate community perspectives about Implanon.
5. Explore the experiences of Implanon users with the product, including their perception of the positive aspects of Implanon, concerns, and challenges.
6. Assess the effectiveness of the systems put in place to support Implanon service delivery, such as logistics, supportive supervision, and linkages between health posts and health centers (e.g., for removals).

METHODS

EVALUATION DESIGN

This evaluation used a cross-sectional design in which a combination of qualitative and quantitative methods were used. The specific methods are detailed below.

Target population

The target population for this evaluation was composed of:

1. Health center staff who provide implant services and provide supervision and logistical support to health posts for Implanon insertion.
2. HEWs who provide Implanon at health posts under the catchment areas of the health centers.
3. Key community members.
4. Women of reproductive age who currently had Implanon inserted or had used Implanon in the past.
5. Women of reproductive age who used FP methods other than Implanon.
6. Women of reproductive age women who did not currently use any FP method.

Sampling

This evaluation was conducted in the SNNP region within a sample of woredas where the HEWs had been trained on Implanon insertion. There are a total of 131 rural woredas and 21 urban woredas, 438 functional health centers, and 3,707 health posts in the region. Due to the varying composition of the population and socio-cultural groupings of the SNNP region, the sample woredas were determined in consultation with the FMOH and the SNNP regional health bureau (RHB). This was in response to the interest of the FMOH to ensure that the data collected reflected the diverse population in the SNNP region. Considering the timeline, available funding, and the need to select a manageable sample size that would allow for completion of data collection within the allotted timeframe, 40 woredas were purposively selected out of the 131. Because the selection of the sites for this evaluation was non-random, the findings may not be generalizable to the region or the country.

PROVIDER INTERVIEWS, FACILITY INVENTORIES, AND DATA EXTRACTION FROM FACILITY REGISTERS

To ensure representation of the different geographic locations within the SNNP region, and prior to the selection of woredas, the region was mapped into four blocks. Within the four blocks, 10 woredas were purposively selected in consultation with the RHB staff. The guiding principle for the selection of the 10 woredas was to ensure representation of the different socio-economic and

cultural groupings in each block. Similarly, once the woredas had been selected, the health facilities were also selected purposively with the aim to ensure representation of the population variations within the catchment areas served by the selected health center.

In the selected woredas, 2-3 health centers and 2-3 corresponding health posts (kebeles) per health center were selected purposively into the sample, for a total of up to 117 health centers and 314 health posts. It was not possible to reach the proposal targets of 120 health centers and 360 health posts, as some of the sampled sites were not reachable due to poor road conditions worsened by rain during the study period. Up to a maximum of three providers at each health center, and all HEWs (two per health post) were targeted. Within the selected health centers and health posts, interviews were conducted with 227 health professionals at the health centers and 405 HEWs at the health posts. This represents a mean of 1.9 providers per health center, and 1.3 HEWs per health post.

A facility inventory was conducted at each health facility visited. The inventory tool included interview questions for the facility managers (e.g., on the number of trained staff, frequency of supervision), observational checklist questions (e.g., on available communication materials, available basic amenities, commodities and FP products in stock, storage conditions) and questions that entailed extraction of data from the facility inventory (e.g., logistics and supplies records). Data were extracted from the facility records for the 12 months prior to data collection. During the data extraction, data collectors obtained anonymous method-specific data from client registers on the number of FP clients served on a monthly basis in the past 12 months.

INTERVIEWS WITH IMPLANON USERS

Implanon client interviews were conducted with users from the catchment areas of the health centers that were sampled, including the associated health posts. The sample included adult women aged 15-49. To sample Implanon users, we constructed a sampling frame of all eligible Implanon clients served over the past three years. Three years reflected the time since the launch of the Implanon initiative and completion of the training activities. The sampling frame was constructed from service delivery registers obtained from the health centers and health posts. A sample of 5-10 clients who lived within the catchment areas of each sampled health center and networked health post were selected for interviews using randomly generated numbers from SPSS (version 18.0).

We aimed to interview a minimum of 500 Implanon clients. However, we achieved a much higher response rate (1,036 users). This sample was large enough to estimate indicators of interest (e.g, satisfaction with the Implanon services) with a 5% precision and a 95% confidence interval assuming a base estimate of 50% to be conservative. Given the sampling design, the minimum target sample calculation had also assumed some clustering effects with an intra-class correlation of up to 5%.

INTERVIEWS WITH COMMUNITY MEMBERS

Semi-structured interviews were conducted with community members/residents from within the catchment areas of the health centers and health posts in the sample. We planned to interview 480 community members but achieved 415 interviews.

INTERVIEWS WITH USERS OF OTHER FP METHODS AND WITH FP NON-USERS

Women of reproductive age who were current users of FP methods other than Implanon, and non-users of FP were also interviewed using a semi-structured interview guide. These interviews were also conducted with women living within the catchment areas of the sampled health centers and health posts. We targeted a total of 360 interviews with users of methods other than Implanon but achieved 415. We also targeted to interview 360 non-users of FP but achieved 425 interviews.

DATA COLLECTION METHODS

The main methods used to collect data during the initiative are described below:

1. Provider interviews: Interviews were conducted with health center providers and HEWs. The provider interviews investigated:

- a. Provider perceptions about the training they received and their counseling and insertion skills.
- b. Number of insertions and removals conducted.
- c. Referrals for removal and handling of complications.
- d. Availability and use of service delivery aids.
- e. Support and supervision.
- f. Successes and challenges.
- g. Other FP methods provided.
- h. Routine reports.

2. Facility inventories: Inventories were conducted in the sampled health posts and health centers. Data for the facility inventories were collected through interviews with the facility managers, observation, and extraction from facility records. The inventories were used collect data on:

- a. Availability of Implanon and other FP methods.
- b. Availability of consumables and service delivery equipment.
- c. Quantities of each method in stock.
- d. Frequency of replenishing FP methods.
- e. Logistics support/supply from health center—how is it working?

3. Review and extraction of data from service delivery registers: This was undertaken to determine trends in service delivery. Data were extracted for a period of one year preceding the evaluation.

4. Implanon user interview: These interviews were used to collect data on:

- a. Acceptability and satisfaction with method.
- b. Access and timing of removal.
- c. Experience with the method.
- d. Access to support services.

- e. Reasons for use.

5. **Community members interviews:** Community members were asked about:

- a. Roles played in expanding access to Implanon.
- b. Coordination with HEWs.
- c. Community perspectives.
- d. Success stories.
- e. Challenges.
- f. Areas for improvement.

6. **Interviews with women of reproductive age who do not use Implanon but use other FP methods:** The main themes that were investigated were:

- a. Community perspectives on attitudes toward Implanon and other implants and ideas on how to expand use.
- b. Exposure to and reaction to information, education, and communication (IEC) materials about Implanon.
- c. Reasons for non-use of Implanon.
- d. Factors influencing FP use.

7. **Interviews with women of reproductive age who do not use FP methods:** The main themes that were investigated were:

- a. Community perspectives on attitudes toward Implanon and ideas for expanding use.
- b. Exposure to and reaction to IEC materials about Implanon.
- c. Reasons for non-use of FP and factors influencing non-use.

DATA ANALYSIS

Data analysis was conducted by FHI 360 in consultation with the FMOH. SPSS (version 18.0) was used in the analysis. The analysis used descriptive statistics (i.e., cross-tabulations, frequencies, and measures of central tendency). The interpretations, including generalizability, of the findings is limited due to the non-random nature of the sampling of woredas and other sampling units within woredas. Potential biases should be considered. These limitations in addition to the lack of proper control groups should be considered when using these data for evaluation purposes. However, this study provided valuable data for determining areas of improvement, operation issues, and overall results of the scale-up program. Furthermore, despite the purposive selection of different sampling units, we had great coverage (i.e., a high sampling fraction) for some of the different target populations within the selected woredas, which enhanced the “representativeness” of the selected samples.

ETHICAL CONSIDERATIONS

This evaluation was conducted in accordance with recommended ethical procedures. Ethical approval was obtained from FHI 360’s Protection of Human Subjects Committee. Ethical approval was also obtained from the internal review board of the SNNP RHB.

All women ages 15-49 were eligible to participate in interviews. The Ethiopian service delivery guidelines for FP state: “Any reproductive-age person — male or female, regardless of marital status — is eligible for FP services, including information, education, and counseling.” Also, marriages among individuals younger than 18 are common in Ethiopia. During data collection, verbal informed consent was obtained from each individual sampled to participate in the evaluation.

RESULTS

FINDINGS FROM THE PROVIDER SURVEY

GEOGRAPHICAL DISTRIBUTION OF PROVIDERS

Table 1 shows the distribution of providers, and therefore of health centers and health posts, by zone and type of area. Most of the providers, at both health centers and health posts, worked in Gamo Gofa zone (18.1% and 18.3%, respectively). These zones had a higher distribution of health centers, resulting in a higher sample. The providers predominantly worked in agrarian locations, where the facilities were located.

Table 1: Percent distribution of providers by zone and type of area

Background characteristics	Health Center		Health Post	
	Number	Percent	Number	Percent
Zone name				
Sheka	10	4.4	11	2.7
Kafa	16	7.0	24	5.9
Bench Maji	17	7.5	34	8.4
Konta	4	1.8	7	1.7
Wolaita	18	7.9	33	8.1
Dawro	13	5.7	17	4.2
Gedeo	14	6.2	25	6.2
Sidama	33	14.5	56	13.8
Gurage	13	5.7	22	5.4
Silte	6	2.6	11	2.7
Halaba	5	2.2	9	2.2
Gamo Gofa	41	18.1	74	18.3
Segen Area	9	4.0	21	5.2
Debub Omo	7	3.1	18	4.4
Kembata Tembaro	10	4.4	21	5.2
Hadiya	11	4.8	22	5.4
Type of area of residence				
Agrarian	187	82.4	386	95.3
Pastoral	5	2.2	9	2.2
Mixed (agrarian/ pastoral)	6	2.6	10	2.5
Urban	29	12.8	0	0
Total	227	100	405	100

DEMOGRAPHIC CHARACTERISTICS OF PROVIDERS

Table 2 shows the distribution of providers by type of area their facility was located in, sex, age group, professional designation, and years of service at the facility. The majority of providers were serving in facilities located in agrarian areas, which is also characteristic of the main socio-economic activity of most of the SNNP region's population. Virtually all providers in the health posts were female, which was expected since women are targeted for health extension work, and 69% of health center providers were female. The providers were mostly young (i.e., between 20-29 years). At the health centers, most providers were diploma-holding clinical nurses or

midwives, had served in the facility for more than five years, and had provided FP services for more than five years.

Table 2: Percent distribution of providers by demographic characteristics

Characteristic	Health Center		Health Post	
	Number	Percent	Number	Percent
Sex				
Male	70	30.8	3	0.7
Female	157	69.2	402	99.3
Age group				
Undisclosed	3	1.3	0	0
Under 20	0	0	8	2
20-24	110	48.5	164	40.5
25-29	88	38.8	195	48.1
30-34	16	7.0	28	6.9
35+	10	4.4	10	2.5
Professional designation				
Clinical nurse/Diploma	111	48.9	0	0
Clinical Nurse/Bsc.	5	2.2	0	0
Midwife/Diploma	92	40.5	0	0
Midwife/Bsc.	5	2.2	0	0
Health Officer	14	6.2	0	0
Health Extension Worker	0	0.0	405	100
Year the provider started working at the facility (Ethiopian calendar years)¹				
<2002	31	13.7	300	74.1
2002	38	16.7	17	4.2
2003	55	24.2	35	8.6
2004	56	24.7	27	6.7
2005	47	20.7	26	6.4
Year the provider started offering FP services(using Ethiopian calendar years)				
<2002	48	21.1	331	81.7
2002	63	27.8	18	4.4
2003	47	20.7	32	7.9
2004	38	16.7	22	5.4
2005	31	13.7	2	0.5
Total	227	100	405	100

INSERTION TRAINING AND KNOWLEDGE OF SERVICE DELIVERY SKILLS

Some of the main topics covered in this section are provider attendance at trainings, Implanon insertions during practical attachment training, provider impressions about the right clients for Implanon, and general knowledge of skills for delivering Implanon services.

ATTENDANCE AT IMPLANON TRAINING

As part of the evaluation of the Implanon provider training, we investigated the availability of providers trained on Implant services, their knowledge/recall of training components, extent of

¹ The Ethiopian calendar is 7 to 8 years behind the Gregorian calendar.

insertions during practical attachment, self-perception of competency after completion of training, and additional topics related to the training. Table 3 presents the findings.

Overall, 66% of the health center providers and 99% of the HEWs had received implant insertion training. Implanon was the main method that the providers had been trained on. Of the 150 health center providers and 401 HEWs who had been trained on insertion of any implant, 73.3% and 45.1% had also received training on comprehensive LAFP methods in the past four years. Further, among those who had received training on Implanon insertion, virtually all were aware of the three main components of the training (i.e., theoretical, practical insertion with the arm model, and practical attachment with Implanon clients). However, only a small percentage of providers had ever received refresher training on Implanon insertion following their initial training (19% among health center providers and 10.3% among HEWs).

Table 3: Percent of providers by Implant training characteristics

Characteristics	Health Center		Health Post	
	Number	Percent	Number	Percent
Have ever received training on any contraceptive implant (HC: n=227; HP: n=405)	150	66.1	401	99
Have received training in comprehensive LAFP past 4 years (among those trained in implants: HC: n=150; HP: n=401)	110	73.3	181	45.1
Have received training in Implanon insertion within the past 4 years (among those who have ever received training on Implants: HC: n=150; HP: n=401)	137	91.3	398	98.3
Training methods providers recalled (among those who had received Implanon training within the past 4 years HC: n=137; HP: n=398)				
Theoretical classroom session on FP	137	100	397	99.7
Practical insertions using the arm model	136	99.3	398	100
Practical insertions with real clients	137	100	398	100
Have ever taken a refresher training on Implanon insertion (among those who had received Implanon training within the past 4 years: HC: n=137; HP: n=398)	26	19.0	41	10.3

IMPLANON INSERTIONS DURING TRAINING AND SELF-PERCEPTION OF READINESS TO CONDUCT INSERTIONS AFTER TRAINING

The Implanon training curriculum requires trainees to accomplish at least five insertions with clients during practical attachment before they are certified to conduct insertions on their own at their health facilities. Although the majority of providers reported more than five insertions during their attachment, 28.5% of the health center providers and 31.4% of the HEWs reported less than five insertions during their practical attachment training (Table 4). The number of insertions conducted during practical attachment training is usually affected by the extent of mobilization of prospective clients. The practical attachment is usually conducted over a period of two days. Despite the shortfall in the number of insertions during practical attachment among some providers, 94.2% of the health center providers and 89% of the HEWs felt that they were fully ready to conduct insertions after completion of their training. Except for one health center provider, all providers felt that they were fully or somewhat ready to conduct insertions after completion of their training.

Most of the health center providers had been trained by Ipas (23.4%), IFHP (18.2%), or Engender Health (18.2%); however, 23.3% did not know the organization that had supported their training. Among the HEWs, the majority reported having been trained by IFHP, followed by EPHA. However, just like the health center providers, 23.3% of the HEWs did not know the organization that had supported their training.

Table 4: Percent distribution of providers by number of Implanon insertions conducted during practical attachment, perception of the level of readiness to insert Implanon after training, and training organization

Characteristic	Health Center		Health Post	
	Number	Percent	Number	Percent
Number of insertions conducted during practical attachment (among those trained in Implanon training within the past 4 years)				
None	1	0.7	0	0.0
Less than five clients	39	28.5	125	31.4
5-9 clients	65	47.4	233	58.5
10 or more clients	31	22.6	35	8.8
Cannot remember	1	0.7	5	1.3
Total (n and %)	137	100	398	100
Self-reported level of readiness to insert Implanon after training				
Fully ready	129	94.2	354	88.9
Somewhat ready	7	5.1	44	11.1
Not at all ready	1	0.7	0	0.0
Total	137	100	398	100
Partner organization that conducted the training				
IFHP	25	18.2	114	28.6
EPHA and FMOH	5	3.6	77	19.3
Engender Health	25	18.2	37	9.3
Marie Stopes International	4	2.9	32	8.0
Ipas	32	23.4	2	0.5
FMOH/RHB/ZHB/WorHO	6	4.4	35	8.8
Other	8	5.8	8	2.0
Don't know	32	23.3	93	23.4
Total	137	100	398	100

PROVIDER PERSPECTIVES ABOUT CLIENTS FOR WHOM IMPLANON IS APPROPRIATE

The results presented in Table 5 describe the opinions of the providers about the kind of women for whom they would recommend Implanon. Most providers recognized Implanon as a good contraceptive choice for a variety of women. Of the health center providers, the majority would recommend Implanon to women who want to wait three years before getting pregnant (95.2%), women who are breastfeeding (82.9%), women who do not want to have any more children (69%), women who have infrequent sex (72.9%), women living with HIV (67.1%) and women ages 15-24 years (67.6%). Similarly, among the HEWs, the majority would recommend Implanon to women who want to wait three years before getting pregnant (92.2%), women who are breastfeeding (78.6%), women who do not want to have any more children (76.2%), and women who have infrequent sex (65.1%).

The main difference between the top recommendations for Implanon among health center providers and HEWs concerned women who had never been pregnant and women who had HIV.

In both cases, more providers from the health centers than from the health posts would recommend Implanon. Because of an error in the variable for unmarried women in HEW interviews, those data are not reported here.

Table 5: Percent of providers who have ever inserted Implanon by type of women for whom they would recommend Implanon

Characteristics	Health center (n=210)		Health post (n=370)	
	Number	Percent	Number	Percent
Categories of women for whom providers would recommend Implanon				
Women 15-20 years of age	142	67.6	207	55.9
Women who are unmarried	133	63.3		
Women who have never been pregnant	128	61.0	141	38.1
Women who are breastfeeding	174	82.9	291	78.6
Women who want to wait 3 years before having another child	200	95.2	341	92.2
Women who do not want any more children	145	69.0	282	76.2
Women who have infrequent sex	153	72.9	241	65.1
Women who have irregular menstrual cycles	95	45.2	183	49.5
Women who have HIV/AIDs	141	67.1	157	42.4

KNOWLEDGE ABOUT WHAT ITEMS TO CHECK WITH CLIENTS BEFORE IMPLANON INSERTION

Providers were asked to spontaneously state what items they would check with clients about prior to Implanon insertion. Results showed that in addition to the standard checklist of items included in the training package, other items were checked by providers (Table 6). However, generally, with the exception of pregnancy, only a small percentage of providers mentioned the important screening items recommended in the guidelines prior to Implanon insertion.

Table 6: Percent of providers who have inserted Implanon within the past year by the main items checked with the client before insertion

Characteristic	Health center (n=210)		Health post (n=370)	
	Number	Percent	Number	Percent
Knowledge of the main items checked for with a client before providing Implanon				
Pregnancy	187	88.6	287	77.6
Breastfeeding	38	18	54	14.6
Cirrhosis of liver, liver infection, liver tumor	38	18	139	37.6
Blood clot in legs or lungs	43	20.4	65	17.6
Unusual vaginal bleeding	56	26.5	97	26.2
History of seizures	20	9.5	92	24.9
Medication for tuberculosis	33	15.6	104	28.1
History of breast cancer	33	15.6	69	18.6
Other checks stated by providers				
Hypertension	47	22.4	80	21.6
Goiter	9	4.3	27	7.3
Diabetes	6	3.9	7	1.9
Others	10	4.8	63	17.0

SIDE EFFECTS THAT PROVIDERS DISCUSSED WITH IMPLANON

The Implanon side effects discussed by the providers with Implanon clients were mostly limited to changes in bleeding patterns (95.7% among health center providers and 95.4% among the HEWs) and headache (53.3% of health center providers and 68.4% of HEWs). Table 7 shows a list of all the side effects discussed.

Table 7: Percent of providers who have inserted an Implanon within the past year by the main Implanon side effect they reported discussing with the client before the insertion

	Health center (n=210)		Health post (n=370)	
	Number	Percent	Number	Percent
Side effects that providers reported discussing with clients during counseling				
Changes in bleeding patterns	201	95.7	353	95.4
Headaches	112	53.3	253	68.4
Abdominal pain	22	10.6	34	9.2
Breast tenderness	6	2.9	19	5.1
Weight change	51	24.5	87	23.5
Dizziness	61	29.3	33	8.9
Mood changes	10	4.8	35	9.5
Nausea	24	11.4	67	18.1
Other	2	1.0	2	0.5

KNOWLEDGE OF IMPLANON INSERTION PROCEDURES

To measure knowledge of the Implanon insertion delivery procedures, providers were asked to explain the steps they would follow during the insertion procedure. Among the health center providers and HEWs, the least stated item was the location of the Implanon insertion site in the “groove between the biceps and triceps.” Draping the insertion site was also cited by less than half of the health center providers.

In the initial procedures, the top three steps stated by health center providers and HEWs were 1) having the client lie on her back or sit in a comfortable position (90.5% and 87.3%, respectively), 2) anaesthetizing the insertion site (90% and 92.4%, respectively), and 3) cleaning the insertion site (89.1% and 87%, respectively). Under the steps for actual insertion, health center providers were more likely to mention inserting the tip of the cannula slightly angled (80.6%); gently advancing the applicator, while lifting skin, until the full length of the cannula is inserted (80.1%); and stretching the skin around the insertion site (72%). HEWs’ top three knowledge items on the actual insertion procedure differed from those of the health center providers except for one item — the process for insertion of the cannula (79.7%). For example, 81.8% of the HEWs mentioned lifting the skin with the tip of the needle, compared with 62.1% of the health center providers. Other results are presented in Table 8.

Table 8: Provider knowledge of the steps followed during Implanon insertion

Characteristic	Health center (n=210)		Health post (n=370)	
	Number	Percent	Number	Percent
Initial procedures				
Have the client lie on her back or sit in a comfortable position	191	90.5	323	87.3
Arm bent at elbow	161	73.3	283	76.6
Mark the insertion site	172	81.5	284	76.8
Clean the insertion site	188	89.1	322	87.0
Drape insertion site	94	44.5	245	66.2
Anaesthetize skin at the insertion site	190	90.0	342	92.4
Location on the arm where the Implanon is inserted				
Inner side of arm	151	71.6	282	76.2
6-8 cm above elbow crease	147	69.7	231	62.3
Groove between bicep and triceps	43	20.4	93	25.1
Steps for opening the Implanon package and preparing the applicator				
Remove applicator from packaging	201	95.3	345	93.2
Do not touch the cannula	130	61.6	188	50.8
Remove the needle shield	148	70.1	244	65.9
Hold the applicator upward/cannula pointed upward	128	60.7	208	56.2
Visually verify the implant inside the cannula	143	67.8	250	67.6
Steps for actual insertion of Implanon into the client's arm				
Stretch the skin around the insertion site	152	72.0	215	58.3
Insert the tip of the cannula, slightly angled	170	80.6	294	79.7
Release skin and lower applicator to horizontal	149	70.6	236	64.0
Lift skin with tip of the needle	131	62.1	302	81.8
Gently advance, while lifting skin, until inserting full length of cannula	169	80.1	210	56.9
Break seal of applicator	148	70.1	176	47.7
Turn obturator 90 degrees	118	55.9	230	62.3
Fix obturator with one hand and with other slowly pull cannula out of arm	161	76.3	280	75.9
How to ensure that Implanon has been inserted				
Palpate the arm	193	91.5	368	99.5
Check inside the cannula	114	54.0	135	36.5
What to do with the cannula after insertion				
Percent that stated they would dispose of cannula in safety/sharps box	210	100	351	94.9

PROVIDERS' KNOWLEDGE OF POST-INSERTION PROCEDURES

Compared with the provider's ability to correctly state Implanon insertion procedures, findings show that more providers were less likely to state the post-Implanon insertion instructions. With the exception of reminding the client to keep the arm dry and to return in three years, all other post-insertion parameters were stated by fewer than half of the providers.

Table 9: Percent of providers by knowledge of post-Implanon insertion instructions for clients

Characteristic	Health center (n=210)		Health post (n=370)	
	Number	Percent	Number	Percent
Post-insertion instructions providers should give to clients				
Remind client to keep arm dry	140	66.4	262	70.8
Inform client to expect soreness and bruising	84	39.8	134	36.2
Remind client to return in 3 years	113	53.6	209	56.5
Discuss how to remember the date to return	85	40.3	106	28.6
Remind client Implanon is effectively immediately; no need for backup method	38	18	63	17
Remind clients of condom use for STI protection	27	12.8	41	11.1
Remind client Implanon can be removed whenever the client wants, but needs to be done by a provider	61	28.9	119	32.2
Inform the client where to go if she has problems or questions	148	70.1	227	61.6
Ask client if she has any questions	30	14.2	78	21.1
No heavy work/lifting heavy objects for a few days (3-8 days)	50	23.8	100	27
Other	57	27	40	9.9
<i>Inform the client to return for initial checkup within one year</i>	87	41.4	145	39.2

REFERRAL PRACTICES OF THE HEALTH EXTENSION WORKERS

During training, HEWs were advised to ask Implanon clients to undertake an initial checkup post-insertion. When asked where they refer their clients, 95.1% of the HEWs said they asked their clients to return to the same health post for the initial checkup, but 5.7% referred them to a health center. Various referral practices were used by HEWs for removal of Implanon, the main ones being verbal or referral with a slip. Some of the HEWs reported accompanying their clients to the health centers for Implanon removal (Table 10).

Table 10: Advice for initial checkup and referral practices for Implanon removal

Characteristic	Health post (n=370)	
	Number	Percent
Where HEWs refer clients for initial checkup		
This health post	352	95.1
Health center	21	5.7
Hospital	0	0
Referral practices of HEWs for Implanon removal		
Tell them where to go or who to talk to	249	67.3
Give a referral slip or form	256	69.2
Give other written instructions	129	34.9
Accompany them to the health center	92	24.9
Send them with another HEW or volunteer	88	23.8
Other	16	4.3

PROVIDERS KNOWLEDGE OF POTENTIAL COMPLICATIONS RESULTING FROM IMPLANON USE

Table 11 shows the extent to which providers knew some of the main complications that clients using Implanon could experience. Knowledge of the potential complications was not extensive. The only symptoms that were mentioned by more than half of the providers were unexplained vaginal bleeding (83.3% among health center providers and 77.6% among HEWs) and infection in the insertion site (67.1% among health center providers and 56.5% among HEWs). All the other complications were less frequently cited.

Table 11: Percent of providers who had ever received training on contraceptive implants by their knowledge of complications for which to refer clients

Characteristic	Health center (n=150)		Health post (n=401)	
	Number	Percent	Number	Percent
Complications				
Infection at the insertion site (redness, heat, pain, pus)	141	67.1	209	56.5
Abscess (pocket of pus under skin)	74	35.2	103	27.8
Expulsion of implant	30	14.3	50	13.5
Severe abdominal pain	39	18.6	77	20.8
Suspected pregnancy	35	16.7	43	11.6
Unexplained vaginal bleeding	125	83.3	311	77.6
Headache/dizziness	23	15.5	63	17
Weight loss/gain	5	3.3	20	5
Other	6	4	20	5

IMPLANON REMOVAL

Implanon removal is only authorized for health professionals working at health centers. Less than half of the health center providers had received training in Implanon removal. Among those who had been trained, recall of the training components was very high. The mean number of practical removals during training was 3.9 per provider, which is less than the recommended standard of five removals per provider. Three providers did not practice removals with a client, and the majority had 1-4 client removals during practical attachment training.

Ipas, IFHP, and EPHA/FMOH were again cited as the primary organizations that delivered the training. Other results related to Implanon removal training can be seen in Table 12.

Table 12: Percent of health center providers by key components of Implanon removal training

Characteristic	Health Center	
	Number	Percent
Health professionals who have been trained on Implanon removal past four years (n=227)	110	48.5
Components of the removal training (n=110)		
Theoretical session	109	99.1
Model practice	108	90.1
Practical removals with real Implanon clients	99	90.0
Total	NA	NA
Number of Implanon removals with real clients during practical attachment		
<i>Mean number of removals per provider</i>	3.9	
<i>Minimum</i>	0	
<i>Maximum</i>	18	
None	3	2.7
1-4	64	58.2
5-9	21	19.1
10+	10	9.1
Cannot remember	12	10.9
Total	110	100
Organization that conducted the removals training		
IFHP	25	22.7
EPHA & FMOH	5	4.5
EngenderHealth	25	22.7
Marie Stopes International	4	3.6
Ipas	32	29.1
FMOH & RHB	6	5.5
Other	8	7.3
Don't know	5	4.5
Total	110	100.0

PROVIDER KNOWLEDGE OF IMPLANON REMOVAL PROCEDURES

Implanon service delivery guidelines approve removals only by health center providers. For this reason, the evaluation only investigated removals among health center providers. Results showed that the providers were generally more knowledgeable about client preparatory steps for Implanon removal, and about the steps followed in the actual removal of Implanon. In the steps for preparing the client, with the exception of draping the insertion site (40%), between 71.6% to 92.6% of the providers were able to state all other steps. Knowledge of the steps followed in the actual removal of Implanon ranged from 78.9% to 93.1%.

As with the post-insertion instructions, provider's reports of the range of post-removal instructions to the client was low. Most of the providers recalled counseling the client about other FP methods if pregnancy was not desired (82.6%) and reminding the client that fertility would return quickly (66.2%). They were especially less likely to state that asking the client if she had any questions (14.2%) was part of the post-insertion instructions. Results, however, showed that referrals from the health posts were taking place. About 92% of the health center providers reported attending to clients referred from a health post for Implanon removal (Table 13).

Table 13: Percent of providers who had ever removed Implanon by knowledge of Implanon removal procedures and by whether they have ever attended to clients referred by HEWs

Characteristic	Health center (n=204)	
	Number	Percent
Knowledge of the steps in preparing the client for Implanon removal		
Have the client lie on her back with her arm bent at elbow	175	85.8
Locate implant	171	83.8
Mark distal end of implant	146	71.6
Clean the site	186	91.2
Drape insertion site	82	40.2
Anaesthetize skin at the insertion site	189	92.6
Provider knowledge of actual removal steps of Implanon from the arm		
Push down tip of the implant	161	78.9
Make an incision at the distal end of the implant	190	93.1
Gently push implant toward incision until tip is visible	162	79.4
Grasp implant with forceps and remove it	184	90.2
Provider knowledge of post-Implanon removal instruction to clients		
Remind client to keep arm dry	103	50.5
Inform client to expect soreness and bruising	67	32.8
Remind client her fertility will return quickly and she can become pregnant	135	66.2
If pregnancy is not desired, counsel client on contraceptive methods	169	82.6
Inform the client where to go if she has problems or questions	72	35.3
Ask client if she has any questions	29	14.2
Other	6	2.9
Percentage of health center providers who attended to Implanon clients referred for removal by HEWs	187	91.7

IMPLANON INSERTION

All providers were asked if they had ever performed an Implanon insertion regardless of whether they had been trained in Implanon insertion or not. Results showed that 94.3% of the health center providers and 96% of the HEWs had ever performed an Implanon insertion. This result suggested that some providers at the health centers who had not been trained in Implanon insertion were actually conducting insertions considering that the earlier results on Implanon insertion training that showed that 66% of health center providers had received training on contraceptive implants.

Among those who had ever conducted Implanon insertion, 98.1% at the health centers and 95.1% from the health posts reported that they had conducted Implanon insertions in the past year. Providers reported mean Implanon insertions of approximately 17 among health center providers and 6.5 among HEWs in the past three months. The majority at both types of facilities, however, reported 1-5 insertions.

Table 14: Percentage of providers who have ever performed an Implanon insertion or who have performed an insertion in the past year; and the estimated number of insertions conducted in the past three months

Characteristic	Health center		Health post	
	Number	Percent	Number	Percent
Percent who have ever personally performed an Implanon insertion (all providers: HC n=227; HP n=405)	214	94.3	389	96
Percent who have performed an Implanon insertion in the past year (all providers who had ever performed an Implanon insertion: HC n=214; HP n=389)	210	98.1	370	95.1
Self-estimated number of Implanon insertions conducted by the provider in the past 3 months (all providers who had performed an Implanon insertion past 3 months: HC n=210; HP n=370)				
Mean (HC n=210; HP n=370)	16.95		6.5	
None	23	11.0	79	21.4
1-5	63	30.0	162	43.8
6-10	45	21.4	68	18.4
11-15	18	8.6	21	5.7
16-20	20	9.5	10	2.7
21-25	8	3.8	4	1.1
26+	29	13.8	17	4.6
Don't know	4	1.9	9	2.4
Total	210	100.0	370	100.0

AVAILABILITY OF IMPLANON COUNSELING MATERIALS AT HEALTH FACILITIES

Findings indicated a less than desirable availability of counseling materials, as 18.1% of the health center providers and 25.4% of the HEWs did not have any Implanon counseling materials at their facilities. At the health centers, the main counseling material available was posters (66.2%) and flipbooks (38.6%). Similarly, flipbooks were available in 48.1% of the health posts, and about the same percentage had posters. Screening tools were only found in 7.6% of the health centers and 10.8% of the health posts. Other results on availability of counseling materials are shown in Table 15.

Table 15: Percent of providers who had inserted Implanon within the past year and had counseling aids

Characteristic	Health center (n=210)		Health post (n=370)	
	Number	Percent	Number	Percent
Implanon counseling materials				
None	38	18.1	94	25.4
Flipbook	81	38.6	178	48.1
Brochures; leaflets	44	21.0	102	27.6
Posters	139	66.2	177	47.8
Job aids	47	22.4	72	19.5
Screening tools	16	7.6	40	10.8
Handbook; guidelines	31	14.8	72	19.5
Models	85	40.5	82	22.2
Other	4	1.9	4	1.1

AVAILABILITY OF IMPLANON, SERVICE DELIVERY EQUIPMENT, AND CONSUMABLES

Results related to availability of Implanon insertion materials are presented in Table 16. Most of the materials needed for Implanon insertion were available at the facilities. Implanon insertion kits and lidocaine were available in over 90% of the facilities. However, the examination tables were available in about half of the health centers and in 57.6% of the health posts, and surgical drapes were available in 51.4% of the health centers and in 48.6% of the health posts.

Table 16: Facilities where a provider has conducted Implanon insertion in the past year only

Characteristic	Health center (n=210)		Health post (n=370)	
	Number	Percent	Number	Percent
Examination table	104	49.5	213	57.6
Implanon package	200	95.2	335	90.5
Iodine, disinfectant, antiseptic solution	191	91.0	295	79.7
Gloves	183	87.1	311	84.1
Surgical drapes	108	51.4	180	48.6
Local anesthesia (1% lidocaine)	203	96.7	358	96.8
Syringe with needle	184	87.6	314	84.9
Gauze	168	80.0	304	82.2
Skin closure, plaster	174	82.9	280	75.7

COMPLICATIONS THAT PROVIDERS REPORTED SEEING AMONG IMPLANON CLIENTS

When asked whether they had seen clients coming to the facility with complications as a result of Implanon insertion, 59.5% of the health center providers and 48.6% of the HEWs were affirmative (Table 17). The main complication reported by 77.8% of the providers at the health centers and 82.6% of the HEWs was unexplained vaginal bleeding. Additionally, 24.6% of the health center providers and 12.8% of the HEWs reported seeing clients with infection at the insertion site. More HEWs (19.4%) than the health center providers (6.7%) reported seeing clients with headache/ dizziness. Although small, 6.7% of the health center providers and 5.1% of the HEWs also said they saw Implanon clients with suspected pregnancy. A limitation of the suspected pregnancy findings is that we did not determine whether the suspicion was confirmed by the provider as a true pregnancy.

The two main health center provider interventions to address the complications presented by Implanon clients were treatment (75.6%) and counseling (68.1%). Unfortunately, our study did not investigate the kind of treatment provided to the clients.

Table 17: Percentage of providers who had ever seen clients with Implanon complications among those who had ever provided Implanon, the type of complications seen, and the type of care provided by health center staff to referred clients

Characteristic	Health center		Health post	
	Number	Percent	Number	Percent
Percentage of providers who report seeing clients who came back to the facility with Implanon insertion complications (<i>Total number: HC n=150; HP: n=401</i>)	135	59.5	195	48.6
Complications seen by providers(<i>Total number: HC: n=135; HP: n=195</i>)				
Infection at the insertion site (redness, heat, pain, pus)	33	24.6	25	12.8
Abscess (pocket of pus under skin)	11	8.2	9	4.6
Expulsion of implant	7	5.2	7	3.6
Severe abdominal pain	4	3	9	4.6
Suspected pregnancy	9	6.7	10	5.1
Unexplained vaginal bleeding	105	77.8	161	82.6
Headache/dizziness	9	6.7	38	19.4
Burning pain at the insertion site	3	2.2	5	2.6
Weight loss	5	3.7	11	5.6
Other	6	4.4	21	10.7
Approaches used by the HC to address Implanon-related complications presented by clients (<i>Total number: n=135</i>)				
Provide treatment for complication	102	75.6		
Counsel clients on side effects of Implanon	92	68.1		
Remove Implanon	75	55.6		
Help clients start a new contraceptive method	48	35.6		
Other	1	0.7		

ACCESS OF CLIENTS TO IMPLANON REMOVALS

Removal of implants is only authorized at health centers and hospitals. Among all health center providers, 88.5% had ever performed an Implanon removal, and 87.2% had performed a removal in the past year (Table 18). The mean number of removals estimated by the providers to have been performed in the past three months was 12, with a median of five removals. More than half of the providers (53.9%) reported conducting 1-5 removals within the past year.

The top three reasons cited by health center providers for women requesting removals include side effects (83.3%), the desire to conceive (56.4%) and fear of complications. Worth noting is the finding that 26.1% of the providers mentioned that women had completed the full three years of the product life, and husband disapproval was mentioned by only 10.3% of the providers.

Table 18: Percentage of all health center providers by whether they have ever performed an Implanon removal; and the estimated number of removals conducted within the past 3 months

Characteristic	Health center (n=227)	
	Number	Percent
Percent of HC providers who have ever performed Implanon removal (Total n=227)	207	88.5
Percent of HC providers who have ever performed Implanon removal in the past year	204	87.2
Estimated number of removals conducted by the HC provider in the past 3 months (Total n=204)		
<i>Mean</i>	204	12
<i>Median</i>	204	5
1-5	110	53.9
6-10	34	16.7
11-15	17	8.3
16-20	21	10.3
21+	20	9.8
Don't know	2	1.0
Total	204	100.0
Main reasons presented by clients for removal		
Want pregnancy	115	56.4
Side effects	170	83.3
Expulsion; partial expulsion	7	3.4
Fear of complications	64	31.4
Completed 3 years term	44	21.6
Husband disapproved	22	10.8
Pregnancy occurred while on Implanon	4	2
Wanted to switch methods	3	1.5
Other	4	2

SUPPORTIVE SUPERVISION

Health posts were more likely to report having received a supportive supervision visit in the past year than the health centers (85.2% compared with 74%). Virtually all providers reported having held review meetings in the past year. However, providers who had been trained in Implanon insertion were less likely to report having received follow-up support and guidance after their training (35.3% among health center providers and 33.9% among HEWs). Detailed results are shown in Table 19.

Table 19: Percent of providers who received a supervisory visit; who have held a review meeting in the past year; and of providers trained in Implanon insertion who received follow-up support or guidance after training

Characteristic	Health center		Health post	
	Number	Percent	Number	Percent
Percent of providers who have received a supportive supervision visit at least once within the past year (Total: HC n=227; HP n=405)	168	74.0	345	85.2
Percent of providers who have held review meetings in the past year (Total: HC n=227; HP n=405)	209	97.0	353	87.2
Percent of providers trained in Implanon insertion who have received follow-up support or guidance after the training (Total number: HC n=150; HP 401)	53	35.3	136	33.9

FINDINGS FROM FACILITY INVENTORIES

Data on the facility inventories were collected from 117 health centers and 314 health posts. The facility inventories investigated FP methods provided and available at the facilities, and stock-outs.

FP METHODS PROVIDED AT THE FACILITY

During the facility inventories, providers were asked what FP methods they provided at their facilities. The main methods provided at the health posts were injectables (98.4%), OCPs (96.8%), condoms (93.3%), and Implanon (95.3%). Only 20.7% of the health posts provided emergency contraception. At the health centers, the main methods provided were injectables (100%), OCPs (98.3%), condoms (98.3%), Implanon (97.4%), and emergency contraception (76.9%). Permanent methods, even if authorized to be provided at health centers, were less likely to be cited.

Throughout the inventory exercise, the data collectors did a physical check of the methods available in stock. Results showed that injectables were available in 94.9% of health centers and 91.1% of health posts; OCPs were available in 83.8% of health centers and 84.1% of health posts; Implanon was available in 84.6% of health centers and 87.3% of health posts; and condoms were available in 78.6% of health centers and 81.5% of health posts. Results on Implanon availability were comparable to those of OCP availability, with slightly more health posts having Implanon in stock than OCPs.

Although fewer, evidence of stock-outs was determined both at the health centers and health posts. About 29% of the health posts and health centers had experienced a stock out of the injectables within the past six month. Stock outs of Implanon were less likely to be reported by the providers at the health centers (11.1%) compared with the health posts (20.4%). See Table 20 for other results.

Table 20: Percentage of facilities providing each method, have the method in stock and that have experienced stock out in the past 6 months

Characteristics	Health Center (n=117)		Health Post (n=314)	
	Number	Percent	Number	Percent
Family Planning Methods Provided in the facility				
OCP	115	98.3	304	96.8
Injectables	117	100.0	309	98.4
Implanon	114	97.4	299	95.2
Jadelle	79	67.5	N/A	N/A
Trust Implants	47	40.2	N/A	N/A
IUCD	78	66.7	N/A	N/A
Condoms	115	98.3	293	93.3
Emergency Contraceptive	90	76.9	65	20.7
Vasectomy	7	6.0	N/A	N/A
Tubal Ligation	6	5.1	N/A	N/A
Other	1	.9	N/A	N/A
FP methods available at time of visit				
OCP	98	83.8	264	84.1
Injectables	111	94.9	286	91.1
Implanon	99	84.6	274	87.3
Jadelle	47	40.2	N/A	N/A
Trust Implants	42	35.9	N/A	N/A
IUCD	60	51.3	N/A	N/A
Condom	92	78.6	256	81.5
Emergency Contraceptive	57	48.7	0	0.0
Experienced stock-out in the past 6 months				
OCP	34	29.1	90	28.7
Injectables	30	25.6	85	27.1
Implanon	13	11.1	64	20.4
Jadelle	35	29.9	N/A	N/A
Trust Implants	27	23.1	N/A	N/A
IUCD	21	17.9	N/A	N/A
Condom	16	13.7	59	18.8
Emergency Contraceptive	33	28.2	0	0.0

FAMILY PLANNING SERVICE UPTAKE STATISTICS

The results presented in Table 21 are based on FP service delivery statistics and were extracted from the FP registers. The injectable contraceptive had the highest uptake during the prior 12 months. The level of uptake of the injectables was similar between the health centers (60,159 total clients) and health posts (58,494 total clients). The injectables also had the highest percentage of return clients (66% at the health centers and 69.8% at health posts). The second most dispensed method, particularly at the health posts, was the OCP (12,360 total clients at the health posts compared with 6,659 at the health centers). Similarly, OCP client retention was high as seen in the percentage of repeat clients. Although only recently launched, Implanon has quickly taken up the third place in client uptake. A total of 6,372 women received Implanon at the health center, and another 5,595 received Implanon at the health posts in the past 12 months.

Implanon client retention at the health centers was much higher than at the health posts (40.2% of the clients served in the past year were repeat or continuing users compared with 12.9% at the health posts). The intrauterine contraceptive device (IUCD) is also performing well. In the past year, a total of 3,859 clients had received the IUCD at the health centers, of which 38.4% were repeat or continuing users. Results for other methods can be seen in Table 21.

Table 21: Number and percent of new and repeat FP clients served in the past 12 months

Characteristics	Health Center (n=117)					Health Post (n=314)				
	New (N)	Repeat/ continuing (N)	Total (N)	New (%)	Repeat/ continuing (%)	New (N)	Repeat/ continuing (N)	Total (N)	New (%)	Repeat/ continuing (%)
Methods provided past 12 months										
OCP	3507	3152	6659	52.7	47.3	4663	7697	12360	37.7	62.3
Injectables	20475	39,684	60159	34.0	66.0	17645	40849	58494	30.2	69.8
IUCD	2377	1482	3859	61.6	38.4	NA	NA	NA	NA	NA
Implanon	3810	2562	6372	59.8	40.2	4876	719	5595	87.1	12.9
Jadelle	827	614	1441	57.4	42.6	NA	NA	NA	NA	NA
Implants Unspecified	40	55	95	42.1	57.9	NA	NA	NA	NA	NA
Trust Implants	961	456	1417	67.8	32.2	NA	NA	NA	NA	NA
Female Sterilization	1	18	19	5.3	94.7	NA	NA	NA	NA	NA
Male Sterilization	0	6	6	0.0	100.0	NA	NA	NA	NA	NA
Emergency Contraceptive	59	27	86	68.6	31.4	44	8	52	84.6	15.4

IMPLANT AND IUCD REMOVALS

Results from the FP registers show that Implanon removals are being accessed. A total of 2,072 removals of Implanon were recorded at the health centers in the past 12 months. Six removals of Implanon took place at the health posts. While HEWs are not authorized to remove any implant, these removals at the health posts may have been conducted either through outreach or during supervision by trained personnel from the health centers. During the past 12 months, there were also 58 IUCD removals at the surveyed health centers and three at the health posts and 328 removals of Jadelle at the health centers and two at the health posts. The total removals for all LAFP methods in the past 12 months were 2,522.

Table 22: Number of Implant and IUCD removals in the past 12 months

Characteristic	Health center (n=117)	Health post (n=314)	Total (n=431)
LAFP method			
IUCD	58	3	61
Implanon	2072	6	2078
Jadelle	328	2	230
Implant Unspecified	6	0	6
Norplant	18	0	18
Trust Implant	26	3	29
Total (all Implants and IUCD)	2,508	14	2,522

AVAILABILITY OF IEC MATERIALS

The level of availability of IEC materials is presented in Table 23. Flipcharts and posters were the most available materials.

Table 23: Percentage of facilities with specific IEC materials

Characteristics	Health Center n=117		Health Post n=314	
	Number.	Percent	Number	Percent
Flip Chart	81	69.2	168	53.5
Brochure	44	37.6	100	31.8
Poster	90	76.9	190	60.5
Leaflet	44	37.6	93	29.6

AVAILABILITY OF BASIC INFRASTRUCTURE FOR FP SERVICE DELIVERY

Among the elements of basic infrastructure, water seems to be less available at the facilities, followed by electricity and washing bowls at the health posts. The facilities performed better on the examination area parameters as seen in Table 24.

Table 24: Percentage of facilities with basic infrastructure

Characteristics	Health Center (n=117)		Health Post (n=314)	
	Number	Percent	Number	Percent
Infrastructure items				
Piped running water	54	46.2	46	39.3
Electricity	81	69.2	40	12.7
Sufficient seats in the waiting area	95	81.2	198	63.1
Protected seats from rain and sun	103	88.0	222	70.7
Washing Bowl	67	57.3	98	31.2
Facilities in Examination Area				
Auditory Privacy	107	91.5	251	79.9
Visual Privacy	107	91.5	263	83.8
Cleanliness	102	87.2	198	63.1
Adequate light	106	90.6	195	62.1
Adequate water	46	39.3	30	9.6

FINDINGS FROM IMPLANON USERS, USERS OF OTHER FP METHODS, AND NON-USERS OF FP

DEMOGRAPHIC CHARACTERISTICS

The characteristics of Implanon users (current or ever), users of other FP methods, and non-users of FP are presented in Table 25. The Implanon and non-Implant FP users were sampled from facility registers, and the non-users were sampled from the communities.

The majority of the respondents lived in agrarian locations. Nearly 80% of Implanon users were aged 20-34: 25-29 (38.7%), 30-34 (20.4%) and 20-24 (19.6%). A similar age breakdown was evident for users of other FP methods—also nearly 80%. Comparatively, the majority of non-users were also in the age group 25-29, which was also the age group with the largest FP use (31.6% of the non-users were aged 25-29).

FP users were mostly married, and the results were similar between the Implanon and non-Implanon FP users (91.2% and 91.1% respectively). However, results show evidence of FP use among single women, even if the percentages are very low. The non-users of FP who were interviewed were also mostly married (80.9%), while 15.6% were single.

In terms of other demographic characteristics, the majority lived with their husband and children. More than half (58%) of the Implanon users either had never attended school or only had 1-4th grade schooling, compared with 49.4% of the users of other FP methods and 55.2% of the non-users. From the perspective of religious affiliation, 63.1% of the Implanon users, 65.3% of the other FP method users, and 63.4% of the non-users were Protestant. The religious distribution may, however, have been affected by the predominant religious affiliation in the communities surveyed. Other detailed results on the demographic characteristics of the respondents are presented in Tables 25 and 26.

Table 25: Percent distribution of respondents by demographic characteristics

Characteristics	Current Implanon users		Non-Implanon but use other FP method		Non-FP Users	
	Number	Percent	Number	Percent	Number	Percent
Respondent location						
Agrarian	933	90.1	388	90.9	380	89.6
Pastoral	22	2.1	12	2.8	13	3.1
Agro-pastoral	24	2.3	12	2.8	14	3.3
Urban	57	5.5	15	3.5	17	4
Total	1036	100	427	100	424	100
Respondent sample source						
Health center register	292	28.2	94	22.0	NA	NA
Health post register	522	50.4	237	55.5	NA	NA
Community	222	21.4	96	22.5	NA	NA
Total	1036	100	427	100	424	100
Age groups						
15-19	45	4.3	25	5.9	62	14.6
20-24	203	19.6	92	21.5	82	19.3
25-29	401	38.7	160	37.5	134	31.6
30-34	211	20.4	85	19.9	71	16.7
35-39	123	11.9	50	11.7	51	12
40-44	26	2.5	8	1.9	14	3.3
45-49	9	0.9	0	0	6	1.4
Don't know	18	1.7	7	1.6	4	0.9
Total	1036	100	427	100	424	100
Marital status						
Single	72	6.9	36	8.4	66	15.6
Married	945	91.2	389	91.1	343	80.9
Cohabiting	1	0.1	0	0	0	0
Divorced	8	0.8	1	0.2	5	1.2
Separated	3	0.3	1	0.2	1	0.2
Widowed	7	0.7	0	0	9	2.1
Total	1036	100	427	100	424	100

Table 26: Percent distribution of respondents by other demographic characteristics

Characteristics	Current Implanon users		Non-Implanon but use other FP method		Non-FP Users	
	Number	Percent	Number	Percent	Number	Percent
Currently living with:						
Husband and children	800	77.2	336	78.7	276	65.1
Husband, children and other	174	16.8	76	17.8	54	12.7
Other family member(s) and children	10	1	1	0.2	8	1.9
Own children only	19	1.8	1	0.2	16	3.8
Husband only	21	2	3	0.7	22	5.2
Other family member(s) only	8	0.8	8	1.9	39	9.2
Alone	4	0.4	2	0.5	9	2.1
Total	1036	100	427	100	424	100
Educational status						
Never attended school	388	37.5	137	32.1	140	33.0
Adult education	41	4	8	1.9	13	3.1
Primary education(1-4 grades)	212	20.5	74	17.3	94	22.2
Primary education(5-8 grades)	280	27	141	33.0	107	25.2
Secondary education(9-10 grades)	80	7.7	45	10.5	51	12.0
Preparatory(11-12 grades)	15	1.4	9	2.1	6	1.4
Technical/vocational certificate	13	1.3	9	2.1	7	1.7
University degree/college diploma	7	0.7	4	0.9	6	1.4
Total	1036	100	427	100	424	100
Religion						
Orthodox	259	25.0	89	20.8	92	21.7
Muslim	90	8.7	46	10.8	40	9.4
Protestant	653	63.1	279	65.3	269	63.4
Catholic	15	1.4	4	0.9	12	2.8
Traditional	13	1.3	4	0.9	6	1.4
No religion	5	0.5	5	1.2	5	1.2
Total	1035	100	427	100	424	100
Husband/partner knows that you use Implanon (Implanon users only)						
No	90	8.7	N/A	N/A	N/A	N/A
Yes	929	89.8	N/A	N/A	N/A	N/A
No husband/partner	16	1.5	N/A	N/A	N/A	N/A
Total	1036	100.0	N/A	N/A	N/A	N/A

ACCESS TO HEALTH FACILITIES

Table 27 describes the access of the respondents to a health facility. The nearest health facility for all respondent types was the health post. On average, about half of the respondents were within 10 minutes travel to the closest health facility, and nearly all were within walking distance to their nearest health facility.

Table 27: Percent distribution of respondents by health facility access factors

Characteristics	Current Implanon users		Non-Implanon but use other FP method		Non-users of FP	
	Number	Percent	Number	Percent	Number	Percent
Type of the nearest health facility						
Gov't HP/HEW	735	70.9	330	77.3	319	75.2
Gov't HC	300	29	96	22.5	103	24.3
Pharmacy	1	0.1	0	0	0	0
Gov't Hospital	0	0	0	0	1	0.2
Private clinic	0	0	1	0.2	1	0.2
Total	1036	100	427	100	424	100
Time to travel to nearest health facility						
Less than 5 minutes	296	28.6	120	28.1	103	24.3
6 to 10 minutes	226	21.8	99	23.2	98	23.1
11 to 30 minutes	398	38.4	156	36.5	164	38.7
31 to 60 minutes	100	9.7	43	10.1	47	11.1
Greater than 60 minutes	13	1.3	9	2.1	9	2.1
Don't know	3	0.3	0	0	3	0.7
Total	1036	100	427	100	424	100
Normal means of travel to the nearest health facility						
Foot	1022	98.6	420	98.4	416	98.1
Bicycle	0	0	1	0.2	0	0
Mule/Horse	0	0	0	0	2	0.5
Motorbike/bajaj	9	0.9	2	0.5	2	0.5
Car	2	0.2	2	0.5	3	0.7
Other	3	0.3	2	0.5	1	0.2
Total	1036	100	427	100	424	100

OTHER IMPLANON USER PROFILE DATA

Table 28 shows additional profiling information for the Implanon users, FP users who did not use Implanon, and the non-users of FP. The results highlight some key differences in the profiles of each category. Comparatively, more women who had not given birth were non-users, 19.9%, compared with 1.9% among Implanon users and 2.8% among users of other FP methods). The mean number of live births was higher among Implanon users (3.94). The mean age of the youngest child was 3.49 among Implanon users, 3.18 among users of other FP methods, and 2.85 among non-users of FP. This result suggested more recent births among the non-users than among the FP users.

Another important difference between these three groups of women was related to their current pregnancy status. More non-users of FP reported currently being pregnant (21%) than did Implanon users (3%) or users of other FP methods (0.5%). We did not investigate whether the Implanon users that reported a pregnancy became pregnant while using Implanon. However, we know from the data that 28 out of the 31 women who were pregnant had wanted to get pregnant, indicating they may have had Implanon removed already. In terms of desire for more children, 52.1% of the Implanon users, 50.4% of the users of other FP methods, and 59.4% of the non-

users wanted to have more children. More Implanon users and users of other methods wanted to have their next child more than four years from the time of the survey when compared with the non-users (33.9%, 44.1% and 27.4%, respectively). Additionally, 22% of the non-users of FP stated that the period for their next child depended on God, which was much higher than the proportion of FP users who said the same.

Table 28: Other Implanon user profile characteristics

Characteristics	Current/ever Implanon users		Non-implant FP user		Non-FP user	
	Number	Percent	Number	Percent	Number	Percent
Gave birth						
No	20	1.9	12	2.8	76	17.9
Yes	1015	98.1	415	97.2	348	82.1
Total	1035	100	427	100	424	100
Number of live births						
<i>Number of live births(Mean)</i>	1015	3.94	415	3.71	348	3.75
<i>Number of live births (Grouped)</i>						
1-3	478	47.1	212	51.1	172	49.4
4- 6	406	40.0	160	38.6	137	39.4
7+	131	12.9	43	10.4	39	11.2
Total	1015	100	415	100	348	100.0
Age of the youngest child in years						
<i>Age of youngest child (Mean)</i>	1015	3.49	415	3.18	344	2.85
<i>Age of youngest (Grouped)</i>						
< 2 years	259	25.5	132	31.8	153	44.0
2 to 5 years	568	56.0	209	50.4	135	38.8
6+ years	185	18.2	74	17.8	56	16.1
Don't know/missing	3	0.3	0	0.0	4	1.1
Total	1015	100	415	100	348	100
Current pregnancy						
No	1001	96.7	423	99.1	328	77.4
Yes	31	3.0	2	0.5	89	21.0
Don't know	3	0.3	2	0.5	7	1.7
Total	1035	100	427	100	424	100
Current pregnancy wanted						
No	8	25.8	0	0.0	22	24.7
Yes	23	74.2	(2)	(100)	67	75.3
Total	31	100	2	(100)	89	100
Want to have more children						
No	448	43.3	189	44.3	154	36.3
Yes	539	52.1	215	50.4	252	59.4
Don't know/undecided	48	4.6	23	5.3	18	4.2
Total	1035	100	427	100	424	100
Time to have more children						
Within two years	95	16.2	28	11.8	48	17.8
Two to four years	134	22.8	43	18.1	50	18.5
More than four years	199	33.9	105	44.1	74	27.4
Undecided	86	14.7	31	13.0	38	14.1
Depends on God	73	12.4	31	13.0	60	22.2
Total	587	100	238	100.0	270	100.0

EXPOSURE TO FP COMMUNICATION MESSAGES FROM COMMUNITY MEMBERS AND ABOUT IMPLANON

We investigated exposure of the respondents to information about family planning from the community sources. Results show that the HEWs have been the key source of FP information, both to users and non-users of modern FP (Table 29). Nearly 50% of the Implanon users had also obtained FP information from the HDA. Overall, however, the HDA members were the second most cited source of information about FP (37.5% among non-Implanon FP users and 32.3% among the non-users of FP).

Table 29: Community-level sources of information about family planning

Characteristics	Current/ever Implanon users (n=1035)		Non-implant FP user (n=427)		Non-FP user (n=424)	
	Number	Percent	Number	Percent	Number	Percent
Community members who have discussed FP with the respondents						
Health development army member	508	49.0	160	37.5	137	32.3
Health extension worker	941	90.8	337	78.9	311	73.3
Other health provider	499	48.2	-	-	-	-
Husband	145	14.0	61	14.3	26	7.4
Mother	35	3.4	9	2.1	7	1.7
Husband/partner's mother or father	17	1.6	7	1.6	3	0.7
Other female family member	63	6.1	16	3.7	13	3.1
Religious leader	44	4.2	10	2.3	9	2.1
Female friend	375	36.2	127	29.7	101	23.8
Male friend	16	1.5	4	0.9	0	0.0
Other community member/community discussion	274	26.4	73	17.1	61	14.4
Other	38	3.7	41	9.6	50	11.8

AWARENESS OF IMPLANON AMONG NON-USERS

The level of awareness about Implanon is commendable. Among the non-Implanon FP users, 92.5% were aware of Implanon. Among the non-FP users, 83.5% were also aware of Implanon. The HEWs have done a creditable job in communicating about Implanon to women in their communities. Nearly 80% of the women in both categories had heard of Implanon from a HEW. The second source of information about Implanon to about one quarter of respondents was a female friend. Even though only recently launched, 21.5% of the non-FP users and 17.2% of the non-Implanon FP users cited the HDA member as a source of information about Implanon. Overall, print and audio media were less cited as a source of information about Implanon.

Table 30: Awareness of Implanon among users of other FP methods and non-FP users

Characteristics	Non-implant FP user		Non-FP user	
	Number	Percent	Number	Percent
Percent of non-Implanon users who have heard about Implanon				
No	32	7.5	354	10.6
Yes	395	92.5	45	83.5
Missing	0	0.0	25	5.9
Total	427	100	424	100
Source of information about Implanon (Total: non-Implanon users n=395; Non-FP users n=354)				
Health development army member	68	17.2	76	21.5
Health extension worker	314	79.5	280	79.1
Other health provider	99	25.1	70	19.8
Husband	15	3.5	9	2.1
Mother	5	1.2	6	1.7
Husband/partner's mother or father	0	0.0	0	0.0
Other female family member	8	2.0	10	2.8
Religious leader	5	1.3	1	0.3
Female friend	109	25.5	97	27.4
Male friend	1	0.3	1	0.3
Other community member/community discussion	41	10.4	52	14.7
Radio	20	4.7	16	3.8
TV	5	1.3	10	2.8
Print material	4	1.0	1	0.3
Other	29	6.8	31	8.8

INFORMATION THAT WOMEN HAVE HEARD ABOUT IMPLANON

Among all respondents interviewed, both FP users and non-users, the main thing that the women have heard about Implanon is that it prevents pregnancy for a long time (79.9% among current Implanon users, 67% among non-Implanon FP users and 62% among non-FP users). Between 29.2% and 39.7% had also heard that Implanon is highly effective. Related to the negative things heard about Implanon by the women interviewed, information collected qualitatively indicates:

- Prolonged bleeding
- Weight gain or loss
- Burning sensation, and also the fear that it will burn the uterus
- Eats the bone
- Causes body weakness
- Implanon can move from its location within the body
- Can cause mental disorder
- Causes high appetite

Table 31: Positive and negative things women have heard about Implanon

Characteristics	Implanon user (n=1035)		Non-Implanon FP user (n=427)		Non-FP user (n=424)	
	Number	Percent	Number	Percent	Number	Percent
Positive things heard						
Highly effective	411	39.7	147	34.4	124	29.2
Prevents pregnancy for a long time	828	79.9	286	67.0	263	62.0
Easy to use	220	22	67	15.7	57	13.4
Don't have to remember to take pill or get injection	361	34.8	99	23.2		
Can be used without others' knowledge	34	3.3	12	2.8	6	1.4
Does not interfere with sex	24	2.3	9	2.1	4	.9
Once removed, quick return to fertility	107	10.3	46	10.8	34	8.0
Others	88	8.5	37	8.7	88	22.9
Heard nothing positive	49	4.7	55	12.9	43	10.1
Negative things heard about Implanon						
Increases risk of infertility	55	5.3	26	6.1	-	-
Increases risk of infection	28	2.7	13	3.0	-	-
Might come out of arm	24	2.3	13	3.0	-	-
Painful to insert (fear of insertion)	34	3.3	21	4.9	-	-
Painful to remove (fear of removal)	29	2.8	15	3.5	-	-
Implant will feel uncomfortable	97	9.4	48	11.2	-	-
Implant will move around in arm/body	54	5.2	18	4.2	-	-
Need a provider to remove	19	1.8	10	2.3	-	-
Weight loss/gain	-	-	36	8.4	-	-
Increases bleeding	-	-	32	7.5	-	-
Causes body weakness	-	-	21	4.9	-	-
Other	-	-	65	15.7	-	-
Nothing negative heard	561	54.1	178	45.1	-	-

FP METHODS EVER USED

Results showed evidence of method switching, particularly between injectables, OCPs, and implants. The majority of Implanon users had previously used injectables (76.2%) or OCPs (37.2%). Among FP users who were not currently using Implanon, 25% had previously used OCPs, 13.6% had used injectables, and 9.8% had used implants. About 37% of the non-users of FP reported ever using injectables, and 13.2% had ever used OCPs. However, more than half had never used a modern FP method. Additionally, nearly 6% of the non-users of FP had previously used Implanon (Table 32).

Table 32: Percent of respondents by FP methods previously used/discontinued

Characteristics	Implanon user (n=1035)		Non-Implanon FP user (n=427)		Non-FP user (n=424)	
	Number	Percent	Number	Percent	Number	Percent
FP method ever discontinued						
None/no previous method	0	0.0	231	54.1	238	56.1
Implant	NA	NA	42	9.8	24	5.7
Injectables	789	76.2	58	13.6	156	36.8
Oral contraceptive pill	385	37.2	107	25.1	56	13.2
IUCD	8	0.8	3	0.7	2	0.5
Condoms	14	1.4	2	0.5	4	0.9
Emergency contraceptives	7	0.7	0	0.0	1	0.2
Other (Norplant, Jadelle, Implanon, sterilization, calendar, natural)	16	1.5	0	0.0	6	1.4

CURRENT FP METHODS USED BY NON-IMPLANON FP USERS

The injectable contraceptive (92.5%) was by far the method of choice for the women who were not using Implanon. The IUCD was reportedly used by 4.2% of the non-Implanon users, and OCPs used by 2.6% (Table 33).

Table 33: Percent of non-Implanon FP users by method currently used

Characteristics	Non-Implanon FP user (n=427)	
	Number	Percent
FP method		
Injectable	395	92.5
OCP	11	2.6
IUCD	18	4.2
Condoms	0	0.0
Emergency contraception	0	0.0
Female sterilization	4	0.9
Male sterilization	0	0.0
Other	0	0.0

PROPORTION OF IMPLANON USERS WHO STILL HAD IT INSERTED AND THE LENGTH OF TIME WITH IMPLANON

Among the Implanon users who were interviewed, 78.2% still had the Implanon at the time of interview, but 21.6% had already removed the Implanon (Table 34). When those who had removed the Implanon were asked the duration they had kept it prior to the removal, the majority (66.8%) had kept the Implanon for the full recommended 3 year period. Nearly 18% had kept the Implanon for 1-2 years. For unknown reasons, 3.6% of the Implanon users who had removed it said they had kept the Implanon over 3 years before having it removed.

Findings also show that among the women who still had the Implanon inserted, the majority had received the insertion between 1-2 years ago. Indicating evidence of continuing uptake of Implanon, 19.8% of the current users had received their insertion less than 6 months ago, and 22.6% had received it within the past 6-12 months. As in the women who had already received Implanon removal, a small percentage (2.5%) of current Implanon users had exceeded the three year recommended period but had not sought a removal.

Table 34: Percent of Implanon users who still had the Implanon inserted; and length of time prior to removal among those who had removed

Characteristics	Non-Implanon FP user	
	Number	Percent
Whether Implanon user still had it inserted at the time of the survey		
No	224	21.6
Yes	810	78.2
Missing	2	0.2
Total	1036	100
Among those who had Implanon removed, the period they kept the Implanon		
< 6 months	14	6.3
6-11 months	12	5.4
1-2 years	40	17.9
3 years	149	66.8
> 3 years	8	3.6
Total	223	100.0
Among those who still had Implanon Period since Implanon Insertion		
Less than 6 months ago	160	19.8
6-12 months ago	183	22.6
Over 1 year-2 years ago	279	34.4
Over 2 years-3 years ago	168	20.7
More than 3 years ago	20	2.5
Total	810	100.0

PRIOR USE OF OTHER IMPLANTS AMONG ALL IMPLANON USERS

For the majority of the women (92.2%), Implanon was the first implant ever. For those who had used an implant before (7.8%), still the previous implant for the majority (56.8%) was Implanon, suggesting a high level of repeat use. Striking enough is also the finding that 23.2% of the Implanon users were first time FP users. Other results can be seen in Table 35.

Table 35: Percent of current Implanon users by period since insertion, previous Implants ever used and whether a first time FP use

Characteristics	Current Implanon Users	
	Number	Percent
Whether this is the first implant insertion		
No	81	7.8
Yes	954	92.2
Total	1035	100
Prior implant used		
Implanon	46	56.8
Jadelle	10	12.3
Trust Implant	2	2.5
Norplant	12	14.8
Unspecified	7	8.6
Don't know/remember	8	9.9
Total	81	NA
First time ever use of FP method		
No	795	76.8
Yes	240	23.2
Total	1035	100

PROVIDER AND CLIENT INTERACTION DURING IMPLANON SERVICES

We investigated the interactions between the provider and Implanon clients to determine where the Implanon users obtained their insertions, which type of provider conducted the insertions, and what information the providers discussed with them during Implanon insertion.

The highest amount of Implanon insertions occurred at the health post (59.1%), followed by the health center (39.7%). Hospitals are clearly not a key source for Implanon, with only 1% of the Implanon users stating they obtained their Implanon at a hospital. Correlated with this finding is the fact that more than half of the Implanon users had received the insertion from a HEW (51.8%), a reflection of the success in HEWs training. Another 26.1% had received their Implanon insertion from a nurse, and 8.5% received the insertion from a midwife.

During the counseling and insertion process, 42.8% of the Implanon users said their provider informed them about changes in bleeding patterns as a possible side effect of Implanon use. The overall observation, however, was that providers did not comprehensively discuss the possible side effects of Implanon with their clients.

With the exception of how long Implanon protects against pregnancy, the benefits of using Implanon, and how Implanon is inserted, less than half of the Implanon users recalled being told other useful information about Implanon that should be part of the counseling process. Other results can be seen in Table 36.

Table 36: Results from provider-client interaction based on client recall

Characteristics	Current Implanon Users (n=1035)	
	Number	Percent
Where the Implanon implant was obtained		
Health post	611	59.1
Health center	411	39.7
Hospital	10	1.0
Other	2	0.2
Total	1034	100
Qualifications of the provider who performed the insertion		
HEW	536	51.8
Nurse	270	26.1
Midwife	88	8.5
Health officer	22	2.1
Medical doctor	4	0.4
Woreda officer	3	0.3
Other (visiting health professional, campaign, trainees, MSIE health professional, during outreach)	31	3.0
Don't know	80	7.7
Total	1034	100.0
Side effects discussed by the provider during insertion		
Changes in bleeding patterns	443	42.8
Headache	268	25.9
Abdominal pain	50	4.8
Breast tenderness	12	1.2
Weight change	90	8.7
Dizziness	150	14.5
Mood changes	22	2.1
Nausea	51	4.9
Other	55	5.3
Other information given by the provider during insertion		
How Implanon prevents pregnancy	569	45.4
How long Implanon protects against pregnancy	927	89.7
How Implanon is inserted	536	51.8
How Implanon is removed	511	49.4
Possible health effects of Implanon	465	45.0
Possible risks or complications	293	28.3
Benefits of using Implanon	628	60.7
Common misconceptions about Implanon	229	22.1

REASONS FOR CLIENTS' PREFERENCE FOR IMPLANON

The main reason cited by clients for their choice of Implanon related to the duration of its effectiveness, which was indicative of convenience (Table 37). Overall, 75.6% of the Implanon users chose it because it prevents pregnancy for a long time. Confirming the convenience factor, 36.5% said they would not have to take the pill or the injection. Effectiveness and ease of use were also key factors in more than one-quarter of the respondents.

Table 37: Reasons for choosing Implanon

Characteristics	Current Implanon Users (n=1035)	
	Number	Percent
Reasons		
Highly effective	296	28.6
Prevents pregnancy for a long time	783	75.6
Easy to use	295	28.5
Don't have to take pill or injection	378	36.5
Don't require frequent visit of HF	170	16.4
Can be used without others knowledge	26	2.5
Friend/Family recommended	46	4.4
HEW recommended	173	16.7
HDA member recommend	35	3.4
Health provider recommend	76	7.3
Other	74	12.7
Don't know	5	0.5

ATTITUDES TOWARD FP AMONG NON-IMPLANON FP USERS AND NON-USERS

Information regarding attitudes toward FP was collected from women who were currently using FP but not Implanon and non-users only. This was a limitation resulting from the design of data collection tools, however, we believe that the attitudes from non-Implanon FP users and non-FP users provide general impressions of women about FP. The results showed a very positive attitude of women toward FP. However, despite this very positive attitude towards FP, 21.5% of the non-users and 16.9% of the FP users who were not currently using Implanon agreed that longer use of FP methods could lead to various diseases, including death (Table 38).

Perceptions of women about factors that prohibit women from using FP were similar between the two groups. Negative rumors about FP was the main factor cited by 42.4% of the non-Implanon FP users and by 40.3% of the non-users of FP. Nearly 30% of the women in both groups also cited lack of support for FP use by husbands as a key factor preventing women from using FP. The third key factor stated by 25.2% of the non-users and by 18.5% of the non-Implanon FP users was myths about FP. Access to FP and stock-outs did not seem to be prohibitive factors for FP use, as seen in the low percentages of women who cited these factors.

Table 38: Attitudes of non-Implanon FP users and non-FP users

Characteristics	Non-Implanon FP user (n=427)		Non-FP user (n=424)	
	Number	Percent	Number	Percent
Using a FP method is good for my health				
Disagree	2	0.5	410	3.3
Agree	425	99.5	14	96.7
Total	427	100.0	424	100.0
Couples who jointly decide to use FP methods have healthier children				
Disagree	2	.5	410	3.3
Agree	425	99.5	14	96.7
Total	427	100.0	424	100.0
More couples should use FP methods				
Disagree	5	1.2	399	5.9
Agree	422	98.8	25	94.1
Total	427	100.0	424	100.0
Using FP methods will benefit your family financially				
Disagree	18	4.2	374	11.2
Agree	409	95.8	47	88.8
Total	427	100.0	421	100.0
A woman who uses FP will be promiscuous				
Disagree	381	89.2	385	90.8
Agree	46	10.8	39	9.2
Total	427	100.0	424	100.0
Using FP methods is beneficial to a women's health				
Disagree	11	2.6	27	6.4
Agree	416	97.4	397	93.6
Total	427	100.0	424	100.0
Longer use of FP methods could lead to various diseases, including death				
Disagree	355	16.9	91	21.5
Agree	72	83.1	333	78.5
Total	427	100.0	424	100.0
Perception of things that prohibit women from using FP (n=424)				
Rumors about FP	181	42.4	171	40.3
Myths around FP	79	18.5	107	25.2
Limited access to FP	43	10.1	37	8.7
Stock outs of FP methods	32	7.5	38	9.0
Doctor doesn't prescribe FP	19	4.4	23	5.4
Husband doesn't support FP	127	29.7	122	28.8
Other (need a/more child(ren), religion, lack of awareness, side effects)	47	11	27	6.4

DISCUSSION AND CONCLUSIONS

The findings from this evaluation highlight several successes in the Implanon insertion training in the SNNP region, but also identify some areas for improvement. The following discussion and conclusions are presented based on the targets of the evaluation.

Providers of Implanon Services

Findings show that two-thirds of the health center providers and nearly all HEWs (99%) had received training in Implanon insertion. The level of interest in providing Implanon among the providers was very high. Based on the high level of providers who indicated readiness to conduct Implanon insertion immediately after the training, it can be concluded that their satisfaction and acquisition of skills during the training was very good, which speaks to the quality of the training. On the other hand, although a high proportion of health center providers had received training on comprehensive LAFP methods within the past four years, only 45% the HEWs had received training in comprehensive LAFP methods within the same period. It is necessary to determine if more HEWs should be trained on comprehensive FP methods.

Refresher training on Implanon should be considered, as only 19% of the health center providers and 10.3% of the HEWs reported ever receiving refresher training. The refresher training and supportive supervision should emphasize adequate FP counseling, and for clients who opt for Implanon, providers should ensure that all necessary information related to Implanon is shared with the clients. The results related to adequacy of Implanon counseling and provider adherence to the comprehensive procedures for Implanon service delivery justify the need for refresher training.

Future training also needs to ensure adequate understanding of possible contraindications the clients should be screened for prior to conducting Implanon insertion. With the exception of pregnancy verification, few providers cited other elements to check for, such as the breastfeeding status of the client, unusual vaginal bleeding, and blood clots in the legs. Additionally, future training should emphasize the need to exhaustively explain the possible side effects of Implanon to the clients. What was notable from this evaluation is the finding that among those trained in Implanon insertion; the HEWs were as good as or sometimes better than the HC providers in recalling the list of factors to review with the client prior to Implanon insertion.

Results showed a difference between the top recommendations for Implanon among health center providers and HEWs concerned women who had never been pregnant and women who had HIV. More providers from the health centers than from the health posts would recommend Implanon for women who were never pregnant and those with HIV. These findings imply that some providers would not recommend Implanon for women who had never given birth and those with HIV, when in fact these are not conditions that contraindicate this method.

Regarding evidence of complications from Implanon insertion, the evaluation determined that most of the complications reported were known side effects of Implanon, which justifies the need for adequate counseling of clients. The main complication reported was unexplained vaginal bleeding. However, 24.6% of the health center providers and 12.8% of the HEWs reported seeing clients with infection at the insertion site, suggesting a need to improve on infection control practices.

The findings also justify the need to increase availability of Implanon counseling materials at the health facilities. Some facilities did not have any Implanon counseling materials, and those that had some reported mostly posters and flipcharts. Of concern though is the finding that despite the fact that 1.5 million flipbooks had been distributed during the initiative, their availability at the facility level was low. Overall, although most facilities had at least one IEC material, there is an urgent need to increase the availability and variety of Implanon counseling aids.

Facility inventories

With the exception of examination tables, most providers had the necessary equipment and supplies for Implanon service delivery. Considering that Implanon was only launched four years ago and its availability is similar to other established FP methods such as injectables and OCPs, it can be concluded that the mechanisms for its distribution have been very effective. Implanon has quickly become the third main method of preference with a high percentage of repeat use based on service statistics, justifying acceptability of the method among women. The high level of repeat users suggests satisfaction with the method.

Female Users and Non-Users of FP

From the client perspective, results showed a very high level of awareness about Implanon, highlighting success in the promotion strategies. The most important source of information about Implanon was the HEWs. Overall, the HEWs played the most significant role in creating awareness about Implanon at the community level. The majority of the women were within 30 minutes of access to a health provider. More than 85% of all women interviewed during this evaluation were within 30 minutes of a health facility; virtually all walked to the health facility, which was most often a health post. The majority of Implanon users had a child, but the results also showed a small percentage (1.9%) of women without children used Implanon. Strategies to expand use across all profiles, while adhering to FP service delivery ethics, could result in further expansion of Implanon use, especially considering the very positive attitudes of women toward the method.

Among non-users of FP, 44% had ever used a modern FP method, but 56% had never used any method. Although the injectable contraceptive is a popular method for most women, dropout rates are also highest among injectables users. A study that investigates reasons for discontinuation of FP use is necessary. The study could profile women who are most likely to discontinue a method and the reasons. Based on the evidence from this evaluation, the desire to conceive is a key reason for discontinuing FP use. However, there could be other important

reasons that could be addressed through client education, such as improving understanding of the benefits of FP, adequately educating clients about side effects, and dispelling myths.

Implanon clients are mostly satisfied with their method. However, results showed a strong need to improve client counseling. Strategies to increase provider's compliance with comprehensive FP counseling should be determined. Most of the negative information women had heard about Implanon was related to side effects, which to some extent suggests inadequate counseling. Even though the majority of women had not heard anything negative about Implanon, the findings identified some myths that should be addressed to mitigate future spread of such information. Myths such as Implanon eats the bones, burns the uterus, and could cause mental illness should be addressed during counseling and also through IEC interventions.

