

**NUMBER 4, JANUARY 2008**

**SERVICE DELIVERY-BASED TRAINING FOR LONG-ACTING FAMILY PLANNING  
METHODS: CLIENT/PROVIDER SATISFACTION ASSESSMENT**

Pathfinder International/Ethiopia

❖ **BACKGROUND**

Unlike many African countries, Ethiopia has a high demand for contraception -- half of women of childbearing age wish to cease childbearing or wait for at least two years to have another child. While demand for spacing and limiting births is growing, new availability of long-acting family planning (LAFP) methods enables women and their partners to meet that demand.

With the generous support of USAID, Pathfinder International/Ethiopia (PI/E) has developed a community-based approach since 1995, which is designed to create demand for reproductive health and family planning (RH/FP). Since October 2002, PI/E has implemented the RH/FP Project among a population of 32 million, (43 percent of the nation's population), creating remarkable demand for and use of contraception, improving awareness against harmful traditional practices (HTPs) and gender-based violence (GBV), and raising consciousness of HIV/AIDS prevention. Nearly 10,000 trained community-based reproductive health agents (CBRHAs) promote demand for RH/FP services. They improve health behavior at the household level, provide condoms and contraceptive pills, and refer clients for clinical FP services and for RH and maternal and child health services to over 2,200 health facilities.

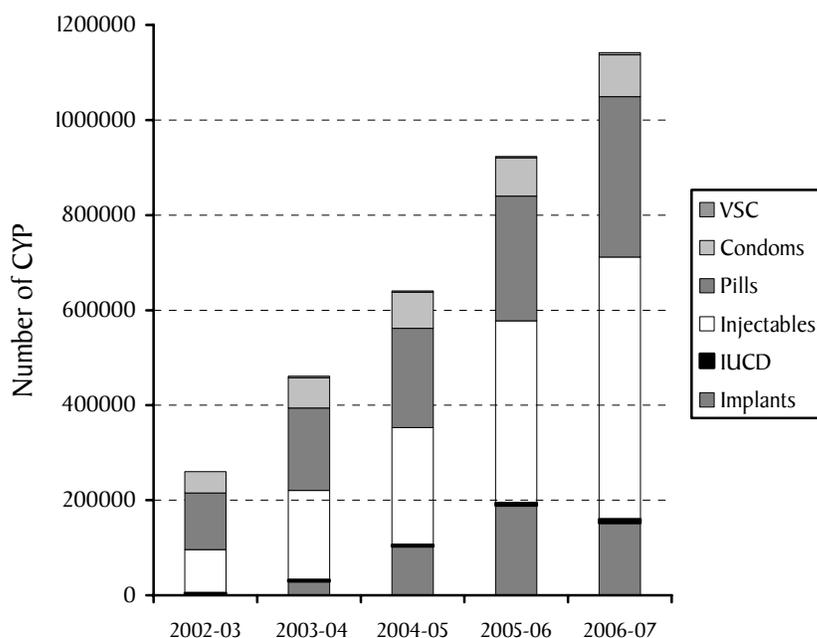
The RH/FP Project supports more than 1,700 of these health facilities with equipment and contraceptive supplies. More than 150 government facilities have been upgraded for LAFP services, and about 150 private clinics are supplied with contraceptives. In addition, the project has reached out through 532 marketplace and 63 workplace service centers, 130 depot holders, 31 youth centers, and 319 youth clubs. Training on post-abortion care (PAC) and adolescent sexual and reproductive health (ASRH), as well as awareness education on HTPs and GBV, was given to about 1,700 clinical providers in health facilities. An extensive service-based training program has taught more than 1,100 clinical providers to insert implants and intrauterine contraceptive devices (IUCDs), while providing the methods to thousands of women.<sup>1</sup> This ongoing effort is substantially increasing coverage of these methods, representing a milestone in the national family planning program. The project also refurbishes clinics and provides equipment to government facilities and institutions.

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<sup>1</sup> Ambaw D., Mengistu A., and Wilder J. *Service Delivery-Based Training for Long-Acting Family Planning Methods: Pathfinder International in Ethiopia*. Watertown: Pathfinder International, 2007.

Contraceptive use has been increasing in Ethiopia in general and in the Pathfinder-supported RH/FP project areas in particular. Rapid increase in Couples Years of Protection (CYP) in project areas is shown in Figure 1. An increase in implants is most notable, from fewer than 5,000 CYPs attributed to LAFP methods during 2002-03, to about 30,000 in 2003-04, and to about 200,000 in 2005-06.

**Figure 1: Couples years of protection (CYP), by method and project year in RH/FP Project areas<sup>2</sup>**



Acceptance of LAFPs has increased dramatically over the project years, but the increase in implant use has been remarkable. Clients accepting implants increased from fewer than 1,000 in 2002-03 to almost 55,000 in 2005-06 in the project areas (Table 1). In contrast, voluntary surgical contraception (VSC) represented only 1 percent, IUCDs about 5 percent, and implants 94 percent.

**Table 1: Number of clients served with LAFPM, by fiscal year<sup>3</sup>**

Method	2002-03	2003-04	2004-05	2005-06	2006-07
VSC	50	411	299	259	560
IUCD	302	934	1,126	1,523	2,335
Implant	963	8,600	29,726	54,738	44,085

<sup>2</sup> Pathfinder International/Ethiopia Management Information System (PIE MIS) Database. Addis Ababa: Pathfinder International. 2007.

<sup>3</sup> Ambaw, et al. See footnote 1.

## ❖ **A SURVEY OF METHOD USERS, DISCONTINUERS, AND SERVICE PROVIDERS**

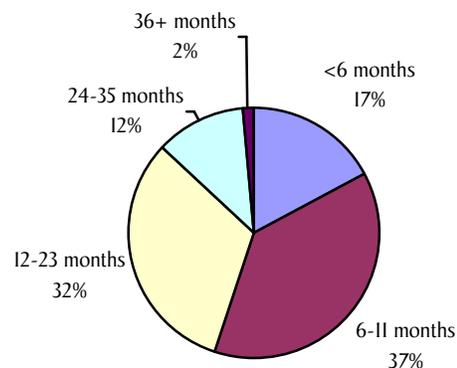
In 2007, the RH/FP Project surveyed current LAFP users, LAFP discontinuers, CBRHAs who refer potential clients, health care providers who deliver LAFPs, and managers of those facilities where such services are provided. The survey sought to understand the quality of care issues surrounding the use and delivery of LAFP. A total of 806 current users, (795 implant and 11 IUCD), were selected from the regions of Oromiya, Amhara, Tigray, and SNNP, following a multi-stage sampling procedure.<sup>4</sup> Twenty-nine former users of implants were interviewed, as were 42 CBRHAs, 19 providers (nurses and midwives) trained by the program, and 21 health facility managers. The findings are being used to design activities to improve the training and quality of care of LAFP.

## ❖ **FINDINGS**

### *Clients*

Among the 806 current users, slightly more than one percent received an IUCD and the rest received an implant. CBRHAs were the dominant source of client knowledge about both methods. About 85 percent of method adopters reported learning about methods from CBRHAs, compared to only 21 percent having learned of them from health workers. Because implants have only recently been introduced, more than 50 percent of the users had been using the methods for less than a year, 32 percent for less than two years, and 14 percent for more than two years. Most LAFP users switched from short-acting methods: 45 percent switched from injectables and 25 percent from pills, and 30 percent were first-time acceptors of contraceptive methods.

**Figure 2. Distribution of implant users by duration of use**



When asked about the advantages of implants or an IUCD, over 80 percent of those who switched from short-acting methods pointed to the fact that these are long-acting methods, and over 40 percent said that these methods have fewer side effects (Table 2). More than 22 percent said that implants or IUCDs are good methods for limiting births. About 60 percent switched because they wanted a longer-acting method, and 42 percent said that they were experiencing side effects from pills or injectables.

<sup>4</sup> Pathfinder International/Ethiopia. 2007. *Assessment of the Training-Based Long-Acting Family Planning Service Delivery Program in Four Regions of Ethiopia*. Addis Ababa: Pathfinder International.

**Table 2. Reported sources of information about LAFPM and reported advantages of using LAFPM**

	Number	Percent
First source of information on long-acting methods (n=806; 795 implant and 11 IUCD users)		
CBRHA	681	84.5
Health worker	170	21.1
Friend or relative	107	13.3
Husband or partner	31	3.8
Other	13	1.6
Advantages of current method over previous (n=563)		
Long-acting method	456	81.0
Fewer side effects	228	40.5
Good for limiting family size	126	22.4
Effective method	52	9.2
Offers privacy	10	1.8
Other	48	8.5
Reasons for switching to current method of FP (n=563)		
Wanted a long-term method	330	58.6
Side effects of earlier method	236	41.9
Heard about implants	174	30.9
Difficulty of recall with earlier method	159	28.2
Wanted to limit family	133	23.6
Other	60	10.6
	Number	Percent

Note. Percentages exceed 100 percent as multiple responses are possible.

The level of satisfaction among LAFPM users was high; about 85 percent were very satisfied with services they received, 12 percent were somewhat satisfied, and only 2 percent were dissatisfied (Table 3). When asked what information they received from service providers, about 60 percent spontaneously reported being told about the duration of the method, 33 percent reported being told about the advantages of the methods and 32 percent about side effects. About 20 percent spontaneously reported being told to seek a follow-up appointment and 10 percent reported that they were told about the time of removal of the method. (NOTE: because clients were not asked specifically about types of counseling and information they received, these numbers reflect the types of information they recall on their own.)

**Table 3. Counseling and information received from service providers (n=806)**

	Number	Percent
Information given by provider during service		
Duration of effectiveness of method	483	59.9
Advantages of the method	269	33.4
Side-effects of the method	257	31.9
Avoid lifting heavy objects	159	19.7
Follow-up appointment	153	19.0
Time of removal	80	9.9
Avoid sex for seven days	58	7.2
Come back if side-effects occur	54	6.7
No advice or information	38	4.7
Eat good food	34	4.2
Avoid contamination of site of insertion	20	2.5

**Table 3, continued. Counseling and information received from service providers (n=806)**

	Number	Percent
Satisfaction with (insertion) service received		
Very satisfied	677	84.0
Somewhat satisfied	100	12.4
Not satisfied	19	2.4

Note. Percentages exceed 100 percent as multiple responses are possible.

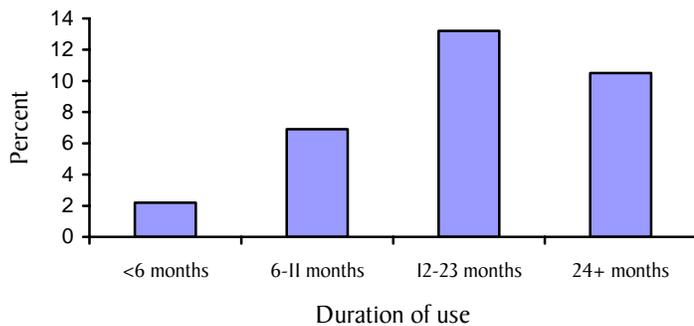
Most users adopted a method intending to use it for a specific and long time, and 65 percent planned to use the method till the end of the effectiveness period. Over 15 percent said that may remove the method if they encounter any side effects, and 11 percent intend to remove the method when they decide to conceive another child. Over 8 percent said that they would like to remove the method immediately. Figure 3 shows that those who had used the method for a long time were more likely to report an intention of removal.

**Table 5. Intended time of method removal (n=806)**

	Number	Percent
At the end of effectiveness period	524	65.0
If ill or encountered side effects	125	15.5
If decided to conceive again	90	11.2
Immediately (as soon as possible)	69	8.6
If husband suggests removal	28	3.5
Other conditions for termination	11	1.4

Note. Percentages exceed 100 percent as multiple responses are possible.

**Figure 3. Percent of implant users who would like to remove the method by duration of use**



Information obtained from method discontinuers helps to assess quality of care and removal issues. All discontinuers expressed satisfaction with the service at the time of insertion. Of 29 women who had a method removed, 11 reported no information was given concerning follow-up, while 18 reported being given an appointment card and asked to return in case of health problems or side-effects. Six of the 29 women reported that they experienced fear, bleeding, or pain, while others said it took a long time. Reassuringly, most women did not experience any serious problems at the time of removal.

### *LAFP Providers*

All 19 providers reported receiving training on implants, and 17 received training on IUCDs. Only 9 were also trained on implant removal, averaging seven removal clients each (ranging from 1 to 33 clients), and none removed an IUCD. Most (17 of 19) providers reported difficulty with implant rod removal because of fibrosis surrounding implanted capsules, insufficient training on removal, lack of necessary equipment, and deep insertion or obesity of client. Eighteen providers had removed implants after their training, and one had never removed an implant, during or after the training.

Because most LAFP acceptors were new implant clients, few removals were initially requested. The project currently trains providers on pre- and post-method counseling and method removal. Selected woreda (district)-level health centers now ask CBRHAs to refer clients seeking removals, which trainees perform under trainer supervision.

### *Health facility managers*

Most managers of the 21 facilities surveyed were ready to deliver implants. To enhance access to and quality of services, they say the program needs further community education to attract new clients, more provider training, and better logistics and supplies.

## ❖ **CONTINUING CHALLENGES**

Although implant use has increased sharply, IUCDs have not been popular and their use remains low. Ethiopian women are reluctant to expose private parts of the body for examination, and providers tend to avoid pelvic examination and insertion. Implants avoid these barriers, and several clients can be served in a room simultaneously without jeopardizing client privacy. Though Ethiopian women prefer female providers for IUCD insertion, the majority of providers are still males.

The CBRHAs are the first-hand, grassroot-level counselors on contraceptive methods. They can comfortably describe how an implant is inserted and how it works, but the physiological mechanism of an IUCD and its insertion are difficult to understand and describe. They may consciously or unconsciously avoid discussing the private parts of a woman's body. Thus fewer women choose to meet with a provider to learn more about an IUCD. Project experts continue to study these barriers to IUCD use.

International experiences, especially Indonesian programs that successfully increased implant use in the late 1980s and early 1990s, suggest that high quality of care is essential for a sustainable uptake of implant use.<sup>5</sup> The primary elements of quality include good counseling and information about the method, training on insertion and removal, strong supervision, and enforced guidelines on a woman's right to method removal on demand. The RH/FP project is committed to helping Ethiopian FP programs to achieve high quality LAFP delivery.

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<sup>5</sup> Hardee K, Balogh S, Villinski MT. Three countries' experience with Norplant introduction. *Health Policy Plan.* 1997;12(3):199-213 and Tuladhar J, Donaldson PJ, Noble J. The introduction and use of Norplant implants in Indonesia. *Stud Fam Plan.* 1998; 29(3):291-9.