



Service Delivery-Based Training for Long-Acting Family Planning Methods: Pathfinder International in Ethiopia

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Background

The population of Ethiopia in 2007 exceeds 75 million¹—the second largest in sub-Saharan Africa. With a Total Fertility Rate (TFR) of 5.4 children per woman, this figure promises to double by 2030. Meanwhile, drought, deforestation and misuse of land, and conflict exacerbate conditions that reinforce poverty.

Population is a crisis in Ethiopia. So are women facing childbirth: an Ethiopian woman has a one in 14 lifetime chance of dying as a result of pregnancy,² and only 10 percent of births are assisted by a skilled attendant.³ With 85 percent of the population living in poor, rural underserved areas,⁴ access to health care and information is a significant barrier to safe maternal care. In 2005, contraception use among married women ages 15 to 49 was at 15 percent, with 14 percent use of modern methods (up from five percent in 1990).⁵ Though more than 87 percent of Ethiopian women know of the benefits of contraception,⁶ unmet need for contraception remains at 36 percent, the same as it was in 2000. Met need has doubled from 8 percent to 15 percent in that time.⁷ A chronic shortage of contraceptives, combined with poverty, lack of transportation, and the traditional isolation of women, has limited their reliable regular use. Since so much of the population is rural, long-acting methods offer many advantages because they do not require regular visits and purchases.



photo: Jennifer Wilder/Pathfinder International

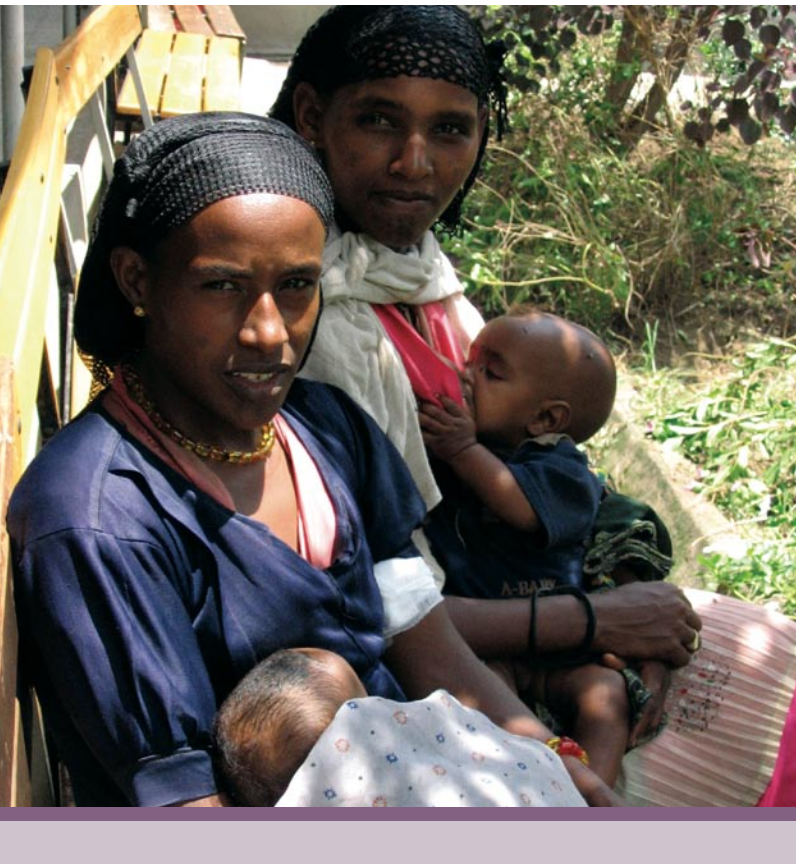


photo: Pathfinder International staff

Rapid Scale-up of Long-Acting Family Planning

Long-Acting Family Planning (LAFP) methods, (specifically Intrauterine Contraceptive Devices [IUCDs] and implants) provide uninterrupted protection to women for 3 to 12 years. But they must be inserted by trained providers in a safe clinical environment. With limited facilities and few providers, widespread implementation of LAFP in Ethiopia requires training of significant numbers of rural providers and developing properly equipped facilities for implant and IUCD insertions.

In 2002, with generous funding from USAID, Pathfinder International launched the *Ethiopia Family Planning and Reproductive Health Project* in the regions of Amhara, Oromia, Tigray, and Southern Nations, Nationalities, and Peoples Region (SNNPR). Comprehensive training in LAFP was a high priority in this project, but efforts remained chronically challenged by the limited number of clients available in one place where trainees could practice several procedures under close supervision. At the same time, widespread ignorance about the advantages of LAFP has historically limited demand. Further, the majority of facilities require improvements in infection prevention and new equipment before such training can take place and the services be continued.

In 2004, Pathfinder launched a new model of service delivery-based training in LAFP methods. The project provides basic theory as well as practical supervised clinical practice to large numbers of practitioner-trainees, while simultaneously providing services to hundreds of clients. The new approach represents a major paradigm shift in providing RH/FP training in Ethiopia: it is the first comprehensive Family Planning (FP) clinical training project that prepares all facility staff—from the guard at the gate, to the scrub nurse, to the clinical provider, to the pharmacist—to respond to client needs. In a major departure from tradition, all staff members are trained to work as a unified, interdependent team, focused on client satisfaction and quality services. Beyond the expanded availability of services, the implications for changes in attitudes and respect for women are revolutionary.

A second major break with tradition in this new training model is the decision to base the training itself in communities. Medical service trainings in Ethiopia are generally located in major cities in well-equipped hospitals or clinics, where rural providers are exposed to equipment and facilities far more advanced than they have at home. Pathfinder has invested time and money in careful facility assessment, upgrading, and equipment in rural areas where the demand for LAFP has been established.

Building Demand and a Client Base

Over the past decade, Pathfinder has built a network of nearly 10,000 Community-Based Reproductive Health Agents (CBRHAs) throughout its project areas. They receive ongoing training on FP, including the advantages, disadvantages, and side-effects of each method. They enable women to make informed choices of methods appropriate to their needs and offer condoms and pills on the spot. As trusted neighbors and community members, the CBRHAs have ready access to women in their homes and marketplaces and are able to dispel common myths that prejudice women against FP.

While counseling on FP, as well as HIV/AIDS prevention and maternal and child health issues, the CBRHAs build up lists of women who desire long-acting contraception, but cannot find it locally. The CBRHAs provide them with temporary methods (usually pills) or referrals for a method of choice, while their lists provide the necessary client referral base for a large-scale service delivery-based training approach.

In addition to the CBRHAs, four mobile vans equipped with audiovisual equipment and staffed by trained providers coordinate with local service delivery facilities in creating awareness of Reproductive Health (RH) and FP.

Preparation for Training

Preparation for training begins approximately three months in advance with the assessment of facility space, equipment, staff capabilities and collaborative attitudes, and the effective efforts of local CBRHAs to identify clients. An appropriate site involves a clinic with rooms set up for implant insertion (with five to six beds per room), private rooms for IUCD insertion, spaces for private counseling and screening, and space for equipment preparation and sterilization.

Pathfinder has identified, assessed, and supported 650 health centers and hospitals to bring their infection prevention, facilities, supplies, and equipment up to the required standard to perform IUCD and implant insertions. Non-clinical staff are part of the team and trained to support clients, trainers, and trainees.



Top: Using a flip chart and other visual aids, the CBRH agent explains the advantages and disadvantages of FP methods to a couple. Male involvement is important, if a woman is going to be able to continue FP use over a long time and not have to hide it from her husband.

photo: Pathfinder International staff

Bottom: Each trainee has the opportunity to provide implants to an average of 40 women under supervision, using equipment provided by Pathfinder that they take back to their own facilities.

photo: Cathy Solter/Pathfinder International



Above, left: All trainees as well as support staff are trained to properly sterilize and handle equipment to be used in both implant and IUCD insertion.

photo: Mengistu Asnake
Pathfinder International/Ethiopia



Above, right: Trainees practice on anatomical models during the technical phase of training.

photo: Ambaw Damtew
Pathfinder International/Ethiopia

Preparation for the training also includes:

- Scheduling a five- to seven-day practical training and service delivery site with the local Woreda (district) Health Office and health facilities;
- Selecting qualified master trainers; (Pathfinder works through local partner NGOs that organize the training of government healthcare providers, who provide training in Pathfinder projects on a need basis. Their connection with communities provides valuable links and knowledge exchange with the clients.) and
- Communicating with CBRHAs and Health Extension Workers in the facility catchment area, arranging for them to notify all women who have indicated an interest in LAFP.

Theoretical Training

Using the Ministry of Health's standardized national curriculum, developed through the support of Pathfinder in collaboration with the Consortium of Reproductive Health Associations (CORHA), provider-trainees receive five to six days of theoretical training. Trainees include clinical nurses, nurse-midwives, health officers, and members of graduating classes and tutors from the medical school.

Material covered includes method insertion and removal, infection prevention, counseling skills, a refresher on other FP methods, and medical ethics. Trainees have the opportunity to practice on anatomical models under supervision, as well as practice-appropriate procedures for sterilizing and preparing equipment and conducting a preparatory exam. In another departure from traditional training, providers are taught to approach each client in a holistic fashion, seeking to address all of her RH needs. They are thoroughly trained to cover all aspects of RH in the evaluation and provide a differential diagnosis of any problem that arises. If a woman decides she wants another contraceptive method, it will be provided to her at this time, and if she is found to be pregnant, she will receive antenatal care and counseling.

Clinical Training

All women interested in long-acting methods are invited by the CBRHAs and Health Extension Workers to come on one of the appointed days to the training facility. Some women walk more than 15 kilometers to take advantage of the opportunity. Every woman is first screened for eligibility for LAFP with a checklist to rule out contraindications. The methods are explained to her, and she can choose one at this time. With longstanding rumors about IUCDs and accompanying provider bias, very few women request an IUCD.

Twenty to twenty-five trainees each insert approximately 40 implants and three to four IUCDs. All are done under the close supervision of a master trainer who checks performance against a competency-based checklist. Providers are trained to talk with the client during the procedure, explaining what they are doing and giving post-insertion and preventive medical advice. Trainees rotate so that they all get opportunities to provide counseling, insert implants and IUCDs, and observe an implant removal. In more recent trainings, more women are ready to remove the implants, so CBRHAs are collecting their names and the removal process has become part of the training package.

Pre- and post-tests are administered at the beginning and end of the training, and competency-based clinical evaluations and feedback sessions are held at the end of each training day. Regional Health Bureau Certification is issued to all graduates of the training. The trainings attract hundreds, or even thousands, of clients during several sessions. Between October 2004 and February 2007, 1,158 service providers from 650 facilities were trained in providing LAFP services in the four target regions. During these trainings, 47,637 clients were provided with implants and IUCDs.⁸



Above: In a clear demonstration of the dimension of unmet need, hundreds, and sometimes thousands, of women show up when they learn that long-acting family planning is available.

photo: Mengistu Asnake
Pathfinder International/Ethiopia

Table 1: Training Components for LAFP Insertion

	Theoretical Components and Demonstrations	Practical Training
Pre-procedure (3-5 days)	Screening, record-keeping, comprehensive RH counseling; technical review of implant and IUCD insertions	Counseling skills covering method information and informed choice; medical ethics; and practice on anatomical models
On-procedure (5-8 days)	Constant supervision; daily review and evaluation	Infection prevention, kit preparation, screening; counseling; a minimum of 40 insertions and 3-4 removals
Post-procedure	Post-procedure counseling; referral linkages; ensuring client satisfaction	

Table 2: Pathfinder LAFP Service Delivery-Based Trainings 2004-2007

Region	# Providers Trained	Clients Served
Oromia	460	20,965
Amhara	372	15,493
SNNP	254	6,753
Tigray	72	4,426
TOTAL	1,158	47,637

Table 3: Pathfinder Project Trends in Method Use by Number of Clients

Method	2003	2004	2005	2006	2007
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
Injectable	366,119	752,527	987,164	1,534,945	2,206,656
Pills	1,792,160	2,593,395	3,128,414	3,933,005	5,058,795
Condom	5,354,976	7,627,704	9,150,840	9,690,289	10,634,101



Above: This woman is being counseled by a provider-trainee prior to receiving an implant at one of Pathfinder’s many service delivery-based trainings for long-acting family planning methods.

photo: Pathfinder International/Ethiopia

Lessons Learned and Scaling Up

The Pathfinder approach to training providers in LAFP involved scaling up from the outset. An initial training in Oromia was followed by 16 trainings in the four regions, all performed by Pathfinder staff. The subsequent round of 23 training sessions, however, were performed by practitioners trained in the original groups, including staff from our implementing partner organizations and regional, zonal, and district health offices and facilities.

Because of the scale of each of these training and service delivery events, interest in contraception and demand for LAFP increased markedly as women conveyed their satisfaction to friends and neighbors. Between 25 and 30 percent of the women who attended these sessions were first-time users of FP.

The scale of these trainings held other unanticipated advantages worth noting. For most of these health centers, the presence of a significant number of well-trained providers in their midst was unprecedented. While there, these gynecologists were able to model good working habits; they advised clinic staff on facility and activity improvements, and shared many skills beyond those related to LAFP. During the course of the trainings, trainers identified and referred cases of fistula and other gynecological problems, and some women came to the training to deliver babies. Trainers identified and counseled women who had been subjected to gender-based violence,

offered guidance on male involvement and mobilization, and helped clinic staff with ideas on how best to organize and use the facility.

In two short years, the share of Couple Years Protection (CYP) generated from LAFP has increased from 7 percent to 26 percent in Pathfinder project areas. At the beginning of the project, IUCDs accounted for less than one percent of modern family planning methods used in the regions, and implants for around three percent. Ninety-five percent was generated from pills, injectables, and condoms.

The extraordinary demand that has emerged for implants, combined with the cost-effective delivery of services and an efficient and comprehensive training program, has attracted the attention and support of the Minister of Health. The Government of Ethiopia has set a goal of increasing the Contraceptive Prevalence Rate (CPR) from 15 percent in 2005 to 55 percent in the current year (2007-2008). Pathfinder will continue to organize and develop the basic model described above, and to expand community awareness, male involvement, and understanding of the advantages of IUCDs and permanent methods as well.

Endnotes

- 1 Population Reference Bureau, 2006 World Population Data Sheet, (www.prb.org/DataFind).
- 2 Ibid.
- 3 Ibid.
- 4 Ibid.
- 5 Ethiopian Demographic and Health Study (EDHS) 2005, p. 61.
- 6 Ibid, p. 57.
- 7 Ibid. p. 95.
- 8 *Expanding Long Term Family Planning (LTFP) Through Training Based Service Delivery*, Pathfinder International, December, 2006.



Above, left: Dr. Asefaw, an obstetrician and gynecologist, has conducted many LAFP trainings. “Most physicians don’t want to go to poor areas,” he reports, “but Pathfinder has shaped us to care about them. I have worked with many organizations; so many are bureaucratic. But with Pathfinder, there is no bureaucracy—things are immediate.”

photo: Ambaw Damtew
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