Addressing missed opportunities for long-acting family planning: postpartum intrauterine contraceptive device (PP-IUCD) services in public health facilities in Ethiopia

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• Contraceptive prevalence rate (CPR) in Ethiopia: 42%

• Highly skewed towards short acting FP methods: 84%

• Long acting and permanent FP methods: 6% and 0.1%, respectively
Unmet Need Across PP Period- EDHS 2011

- Total unmet need
- Unmet need–space
- Unmet need–limit

- 0–5 Months: N = 1,332
- 6–11 Months: N = 1,177
- 12–23 Months: N = 1,944
Ministry of Health Initiatives

– 2009 Implanon scale-up (2009)

– 2011 IUCD scale-up (2011)
Methods/Approach

• Integrated Family Health Program (now IFHP+) started a 12-month PP-IUCD learning phase/pilot at 49 health centers in July 2013
  – Skills-based **training**: 150 clinical care providers
  – Provided necessary **equipment and supplies** to each trainee
  – Assigned **mentoring providers**
  – Conducted quarterly **performance review**

• Collected **data** on personal **characteristics** of the **women**
Results

• IFHP+'s competency-based skills training and post-training logistics support allowed services to be initiated immediately.

• In the 12-month period:
  
  – 49 health centers attended 8,374 deliveries
  
  – 1,647 (19.6 %) women received the PP-IUCD
Results

Proportion of women who received PP-IUCD service by type of insertion, July 2013 - June 2014

- Immediate (post-placental): 1,067 (64.8%)
- Early (within 48 hrs): 509 (30.9%)
- Intra-cesarean: 71 (4.3%)
Results

PP-IUCD Service Acceptors by Age Group, July 2013 - June 2014

- > 35 years; 23%
- <20 years; 8%
- 20-35 years; 69%
Number of living children among PP-IUCD service acceptors, July 2013 - June 2014

- 0 children: 1.8%
- 1 child: 15.1%
- 2 to 4 children: 55.6%
- >4 children: 27.5%
Results

- At 6-week follow-up visits:
  - 25 (1.5%) expulsions were reported
  - Removal performed in 16 (0.97%) clients
- The main reason for removal was increased vaginal bleeding
- Another 21 clients reported:
  - Minor abdominal discomfort
  - Increased vaginal discharge
  - Headache
Conclusions

• To avail/initiate the service immediately after the training:
  – Skills-based training and proper mentoring of clinical care providers
  – Provision of PP-IUCD insertion kits and supplies

• IFHP+ has addressed unmet need for long-acting contraception:
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  \% \text{ of acceptors, insignificant removal and expulsion rates}
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• Possible to avail PP-IUCD services at health centers and postpartum contraceptive method mix, esp. for long-acting methods
Thank You!

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