



News from the LAST TEN KILOMETERS

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The Last Ten Kilometers (L10K)

*What it takes to improve
health outcomes in rural
Ethiopia*

L10K aims to strengthen the bridge between households and Primary Health Care Unit, Ethiopia's basic health service delivery structure. It works to improve quality and increase demand, access and utilization of high impact reproductive, maternal, newborn and child health interventions.

L10K is funded by the Bill & Melinda Gates Foundation, UNICEF, and USAID, and implemented by JSI Research & Training Institute Inc.

L10K works with 12 local partners, in the four most populated regions of Ethiopia: Amhara, Tigray, Oromia, and Southern Nations, Nationalities and Peoples' (SNNP) regions.



IMPROVING QUALITY OF COMMUNITY BASED FAMILY PLANNING SERVICES

Family planning helps people to decide the number of children they wish to have and to determine the space between pregnancies through the use of contraceptives. It contributes to improving the health and survival of women and children by helping avoid the consequences of too early, too many, too closely spaced, and too late pregnancies.

In sub-Saharan Africa however, use of modern contraception remained low for decades. In 2014, the contraceptive prevalence of the region (28%) was only half the global contraceptive prevalence (57%). Yet, the percentage of fecund women who are sexually active and want to avoid or delay pregnancies but are not using any contraception, i.e. unmet need, is twice as high in Africa as in the rest of the world. An estimated 225 million women have unmet need for family planning services due to reasons that range from lack of access to quality family planning services and various cultural and social barriers.

In Ethiopia, contraception use among married women has been low for decades before it sharply rose from 15% in 2005 to 42% in 2014; after the launching of the health extension program (HEP). Nonetheless, one in four married women of reproductive age have unmet need and among 33% of married women who want to delay their pregnancies for two years or more, only 6% use long acting family planning (LAFP) methods.

A look at the percentage distribution of contraceptive methods used by women- method mix - in the country shows us high use of injectable contraceptives which however, are associated with high discontinuation rate and logistical burden to the national program. Thus, with the intention of increasing option of family planning methods and expanding access to and use of LAFP, Ethiopia embarked on a national community-based Implanon expansion initiative since 2009 and IUCD Revitalization Initiative since 2011.

In the last seven years, L10K has supported the government in building the capacity of health development army (HDA) leaders through the support it provided to HEWs to identify, inform, and link potential

MNCH and family planning clients to facilities. It employed community based data for decision making (CBDDM) as one of its community strategies in its 115 platform woredas.

In September 2014, L10K received funds from the Bill and Melinda Gates Foundation to further expand family planning services. The current intervention aims at enhancing demand for and improving quality of family planning services including long-acting contraceptives at the community level.

L10K conducted a situational analysis on family planning service delivery in eight woredas located in the four L10K operational regions (Amhara, Tigray, Oromia, and SNNP). Gaps in service delivery were identified during a preliminary desk review. The desk review was then used to shape subsequent assessments, namely household survey, facility assessment, and qualitative study. The study findings helped tailor context specific interventions that would be the cutting edge in addressing identified gaps.

The household survey showed that CPR of any method among married women in the eight districts was 46%, ranging from 34% for districts in Tigray to 61% for districts in Amhara. CPR attributed to LAFP ranged from 4% for districts in Tigray to 15% for districts in Oromia. Women in the poorest wealth quintile and who cannot read and write had lower CPR. The survey also showed that contraceptive use among women with facility delivery was more than twice among women with home delivery. However, percentage of women using Implanon was higher among women who delivered at home.

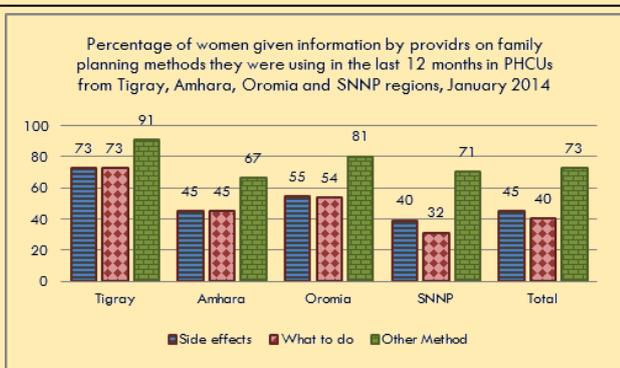
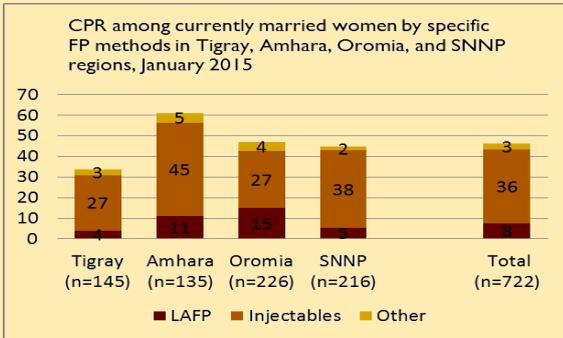
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Family planning training

IMPROVING QUALITY ...

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The facility assessment revealed that availability of trained family planning providers, job-aids, equipment and consumables for service provision at the health facilities was limited. It also showed that integration of family planning with other services was weak. The knowledge of family planning providers on side effects of methods and implant and IUCD post insertion and post removal instructions was low.

The qualitative study revealed that wrong beliefs and misconceptions about family planning methods, were prevalent. (The full report of the studies are available at <http://l10k.jsi.com/Resources/index.htm>)

Based on findings of the situational analysis, interventions were designed by the public sector staff at a consensus building workshop organized by L10K. In addition, an action plan was developed during the workshop, and was further enriched and endorsed by all eight PHCUs and has been implemented since April 2015. A family planning counseling review and skill refreshment training of service providers was commenced in the second week of June.

L10K will continue to expand on its platform - demand generation activities - by further bolstering the capacity of the HDA network to reach women and communities with appropriate family planning information, to identify potential family planning clients and to link them to the health extension program. Together with HEWs, the HDA's shall engage influential community members in dialogues to enhance their supportive role in improving use of family planning services. In addition, skill gaps, particularly counseling skill's of providers, will be addressed through refresher trainings and continuous technical support. L10K will work in collaboration with respective health managers and providers at all levels to strengthen referral linkages and integration of family planning with other services.

EDITORIAL

Family planning helps avoid unintended pregnancies and high risk pregnancies thereby reducing the risk of maternal death. Despite such obvious benefits and the recent increase in contraceptive use in Ethiopia, 25% of married women of reproductive age have an unmet need for family planning. In addition, misconceptions and unfound beliefs about family planning methods among women are prevalent. Poor quality of family planning counselling service has also created a big gap in delivering quality family planning services in Ethiopia.

Since September 2014 L10K has expanded its family planning intervention in its reproductive, maternal, newborn, and child health (RMNCH) activities to further enhance demand and improve quality of community based long acting family planning (LAFP) service provision. With funds from the Bill and Melinda Gates Foundation to improve family planning services in selected woredas of Amhara, Oromia, SNNP, and Tigray regions, L10K undertook a series of assessment of the nature of service delivery with focus on demand and quality of community based LAFP service.

In consonant with the findings of the assessment, L10K's family planning interventions were designed to enhance demand for the service by building on the existing community solutions. Through improved knowledge of HDA leaders on family planning, more women in the community will be reached with appropriate information. Moreover, L10K will enhance its community based data for decision making (CBDDM - a community mapping tool) to target and identify eligible women for family planning services.

Currently, more than 26,000 health extension workers have been trained in Implanon insertion and several health centers now provide implants and IUCDs. Nonetheless, the percentage of women using LAFP methods remains very small and Implanon removal service is only available at the health centers which would discourage up take of the service by women living in remote areas.

According to the Federal Ministry of Health, if Ethiopia is to reach its MDG target for CPR, which is 66% by 2015 the national family planning program will have to address the unmet need and also take measures to generate demand for family planning methods across all population groups.

Hence, L10K's CBDDM strategy will be used to generate more demand by providing family planning services along the continuity of care of a women's life, and to the underserved populations. Moreover, in recognition of the fact that accessibility of quality service is equally important to creating demand, L10K will work in building the capacity of family planning providers with a focus on improving their counseling skills. L10K's efforts will also extend to integrating family planning services with antenatal, delivery, postnatal, and child immunization services to reach more women and strengthen referral linkages. This will help in reaching greater proportions of women.

UPDATES

Ministry shares a terminal evaluation report on L10K Project

The Federal Ministry of Health made a field trip from February 22 – March 17, 2015 to evaluate L10K's Project. The assessment was conducted to evaluate the contributions and changes due to the support of L10K Project.

The evaluation team was composed of experts from the Federal Ministry (Financial Resource Mobilization and Health Extension & Primary Health Service Directorate), Zonal Health Department and District Health Office, and from the L10K Project. The team conducted its assessment in Amhara, Oromia, Tigray and SNNP regions in selected zones and woredas from each region.

The team assessed interventions implemented from 2008 – 2014 and provided its findings on, MNCH activities, Basic Emergency and Obstetric Newborn Care (BEmONC), Integrated Community Case Management (iCCM), integrated management of newborn and child illness (IMNCI), community based nutrition (CBN), community based newborn care (CBNC), participatory community quality improvement (PCQI), referral solutions, and expanded program on immunization (EPI) interventions, in its terminal evaluation report.

The report, which was released in June, states that L10K's support to the government has been significant in terms of addressing gaps in health workers' skills and providing facilities' supply. L10K has been able to bring *'government and the community ...close and has supported the government in its new programs and strategies'*. Thus, the report concludes, *'such project is highly recommended to [move] up to the next phase and proceed to scale up'*.

The evaluation report recommended that interventions such as referral solutions and community based newborn care (CBNC), though introduced later into the project and participatory community quality improvement (PCQI) is implemented in limited sites, these have proved helpful and should be expanded. It also appreciated iCCM/IMNCI and the community



based data for decision making (CBDDM) stating that these have had immense outcomes with iCCM/IMNCI producing significant results at health post and community levels and CBDDM serving as an empowering tool for HDAs.

The evaluating team held discussions in the homes of health development team leaders

The evaluating team stated in their report that, the L10K Project has achieved well and produced visible outcomes in line with the health extension program package. It has shown distinguished results working within communities and it has covered hard to reach sites where other partners have not yet penetrated. Thus, sites that have been covered by this Project have improved in their performance as compared to non-intervention sites which lag behind. For instance, pregnancy related maternal deaths have significantly decreased, management of common childhood illness - pneumonia, malaria, diarrhea, and severe acute malnutrition - have greatly improved, and service provision of skilled delivery, family planning, immunization, nutrition, and sanitation have increased considerably. Above all, social awareness has been created and community engagement and participation has been enhanced.

L10K shares preliminary findings of its third round survey

As L10K reaches the end of the first phase of its project period, it shared the preliminary findings of its third round survey with the Federal Ministry of Health and the four regional health bureaus (RHBs) where it is operational (Amhara, SNNP, Tigray, and Oromia). The results were shared with regional partners and L10K grantees as well.

From December 2008 – January 2009 L10K undertook its round I survey which was the baseline and from December 2010 – January 2011 it undertook a round II survey, a midterm survey. Round III survey was conducted from December 2014 – February 2015 and assessed the added value of interventions introduced during L10K's supplemental period. Hence, the findings shared trends of change in key reproductive, maternal, newborn and child health care indicators in 115 rural woredas. Gaps identified and areas needing further attention were emphasized. This is hoped to assist regional annual planning beyond shaping the next phase of L10K Project implementation.

To help refine the regional plans, based on these findings, a consultative workshop will be organized shortly. The RHBs appreciated that the findings were being shared at such an opportune time i.e. during their planning process. Further appreciating the effort made to undertake such surveys and disseminate the information, partners at the meeting also recommended that it would be important to also have qualitative studies to understand underlying reasons for performance which are lower or higher than planned. Undertaking comparative assessments (i.e. L10K intervention areas against non-intervention areas) was also suggested as being useful since they indicate level of change achieved.

Women's understanding of family planning

L10K's family planning intervention is based on an informed process. An extensive literature review first helped to identify areas that needed further investigation. Then a research that assessed households and facilities and made a qualitative study was carried out. A consultative workshop was then organized to share findings of the research and major family planning partners, family planning providers at health center level, and HEWs from the four regions attended. This helped to design interventions and draw action plans. Later, a consultative and consensus building workshop held at primary health care units level helped to further enrich the plan. This informed process has thus been instrumental in designing interventions fitting to local contexts.

"I already have enough challenges caring for many kids. I have to postpone future pregnancies until they grow up and get strong. The kids should grow to assist us [the parents] in looking after the cattle and should be enrolled in school before we can plan to have more children."

These are the words of a woman who strongly believes in the benefits of family planning and is a user of family planning herself. In April 2015 L10K undertook a study to explore and understand the contexts, experiences and prevailing situation of family planning in Ethiopia. The study entitled *Enhancing Demand and Quality of Community Based Family Planning Including Long Acting Contraceptive Services Provided at Health Posts and Health Centers in Oromia, Amhara, Tigray and SNNP Regions*, was undertaken in selected woredas. It was conducted in eight Primary Health Care Units (PHCUs): eight health centres and 41 health posts in the four regions. Below are few quotations of the study participants and findings on some issues of family planning.

Awareness about family planning

When asked what family planning meant to them, a woman responded:

"Family planning is spacing children and giving birth to the desired number of children. It is deciding how many children to have and when to have them. It is giving birth to a child when the older child is able to feed himself, look after the cattle and help himself."

Benefits of family planning

The women said that the health benefits of family planning are mainly related to children and family members eating well; mothers being able to care for and maintain the hygiene of their children and their house; and decreasing risk of maternal and child illness and mortality. They said,

"...family planning has a significant benefit for the mother and it prevents frequent ... child birth which in turn reduces the chance of mothers having complications [health problems] associated with delivery."

Family planning also has economic benefits which are all about having sufficient resources to adequately raise a family. Women will have extra time to participate in income generating activities, participate in social events and community development activities. This gives them self-confidence and enhances their sense of productivity.

Factors hindering the use of family planning

Despite these benefits, there are several hindering

factors for women from using family planning. Women have misconceptions and negative attitudes as one participant explained:

"The pills tend to accumulate in the stomach [uterus] and form a mass [tumor]. Due to this, one woman was operated to remove the mass which remained for a long time in her uterus. The woman used pills for a long time and this accumulated in her gut. I think the injectable is better than pills."

The understanding of husbands is also critical for women to become family planning users or not. Some men fear that women who are family planning users are independent and feel threatened of losing the age old practice of male supremacy. A woman explains,

"...some people [believe] women using family planning become like men. They [men] believe women become firm and do not obey men's orders ... they spend most of their time out of their home. As a result, men fear losing their long-standing supremacy and control over women in the community"

Nonetheless, the study states that there are also very supportive husbands:

"My husband is very supportive of using family planning. He asks me if I suffer from any side effects. He reminds me of my next appointment...."

Health extension workers and health development army members play an important role in influencing women, husbands, and their family members to use family planning. They are the main source of information and raise awareness and dispel misconceptions.

But these women also suggest improvement of family planning service provided by health facilities:

"We want to see our health post's capacity built in all aspects. There should be adequate goods and medical equipment that will enable us to get better family planning services and other services that can improve the health of mothers and children."

