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Provider Perspectives of Monitoring Women's Postpartum Contraceptive Decision-Making and Uptake in Ethiopia

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BACKGROUND

Pregnancy intervals less than 24 months are associated with adverse maternal, infant, and child health outcomes. However, 47% of all nonfirst births in Ethiopia are spaced less than the World Health Organization-recommended 24-month interpregnancy interval. Prospective analysis of unmet need for family planning (FP) reveals that although 94% of women did not wish to become pregnant in the next 2 years, only 20% used a modern contraceptive method.

Inadequate mechanisms to record women's preferences and evaluate service delivery is a significant health system barrier to postpartum FP(PPFP) uptake in Ethiopia. The purpose of this study was to determine the acceptability and feasibility of systematically recording and reviewing women's contraceptive decisions during pregnancy and postpartum.

METHODS

MCSP conducted a quasi-experimental mixed methods study in two districts of Oromia Region (Figure 1). In each district, one primary health care unit (PHCU) was assigned to either the added component intervention or comparison arm.
All health centers received support tally sheets and blank laminated dashboards to track PPFP counseling and uptake (in addition to training on PPFP). The intervention arm extended PPFP counseling training to health extension workers (HEWs), who integrated PPFP at each point of women's contact and were given monitoring tools and documentation to track women's preferences and assess their pregnancy risk. HEWs received modified integrated maternal, newborn, and child health (IMNCH) cards, with prompts about PPFP in pregnancy, birth/postnatal care, immunization, and growth monitoring sections (Figure 2). One year after, qualitative interviews were conducted with district-level officials, health care providers, and HEWs to identify their perspectives on PPFP monitoring tools and systems.

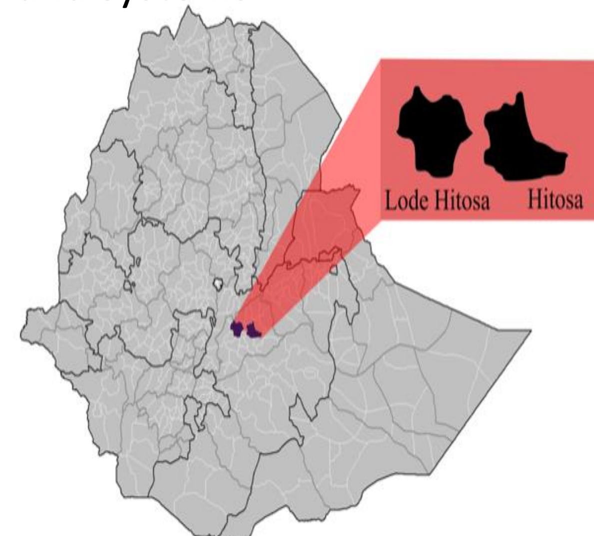

Figure 1: Location of PPFP study site

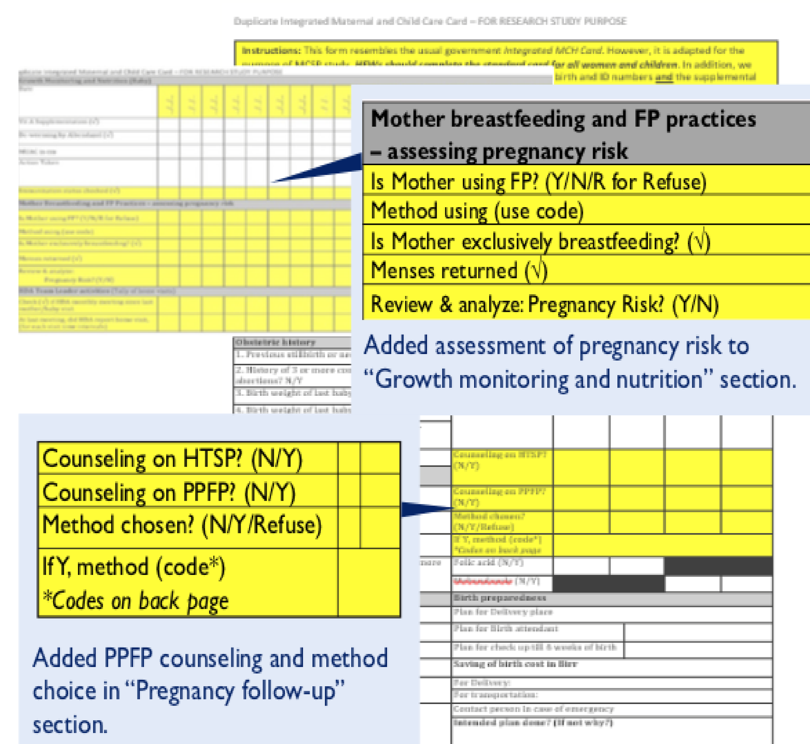

Figure 2: Modifications to the integrated maternal, newborn, and child health card

Endline qualitative interviews were analyzed to explore provider perspectives on PPFP monitoring tools and evaluation systems (Table 1).

Table 1: Qualitative interview participants

Respondent Type	No. of Interviews
In-depth Interviews	
District/zonal health officials	6
Primary health care unit directors	4
Health care provider	16
Health extension workers	18
Total	50

RESULTS

HEWs indicated that the modified cards at health posts and health centers are simple and easy to use.

"[The IMNCH card] is very easy and comfortable to use; it will be easy to plan the FP counseling; that is why I love it." – HEW

Many HEWs found tweaks to IMNCH card prompted additional conversations with clients about risk of pregnancy.

"[The IMNCH card] shows me whether the mother is at risk [of pregnancy] or not; it also helps me **opening a way for counseling***; as such, I do believe it is very relevant,* **and there is nothing that I dislike***." – HEW*

Health care providers (HCPs) indicated that use of monitoring tools helped reduce missed opportunities to provide PPFP.

"[…because of these tools] we raise women's awareness about FP methods they need to use. … A woman is counseled on PPFP every time she visits health facilities during pregnancy and in the postpartum period." – HCP

Health officials believed that monitoring tools enable HCPs and district officials to identify and resolve supply-side bottlenecks, assess the impact of PPFP counseling services, and analyze method mix and contraceptive use.

"In general, we meet and discuss on the issues … we monitor and evaluate the performance of activities each month, and I will gather performance reports of concerned offices, and then I will organize and re-evaluate the reports. Look, this is what is organized from the report [dashboard]." – PHCU head

Review of 180 IMNCH cards at health posts revealed that data completeness is high (Table 2).

Table 2: Completeness of monitoring tools at health posts

Data Completeness and Quality in IMNCH cards	% YES
Data Completeness and Quality	
HEW recorded if FP counseling done at each antenatal care visit	76.0
HEW recorded if FP counseling done at each postnatal care visit	99.0
Pregnancy risk assessed at each growth monitoring visit	99.0
HEW correctly assessed pregnancy risk at each growth monitoring visit	98.0
Outcomes	
Woman chose an FP method during pregnancy	96.0
Woman chose an FP method during postnatal care visit	99.0

Key challenges of consistently recording and reviewing data include inadequate training, scarcity of documentation tools, work overload, and lack of coordination between health departments. Next steps will consist of expanding the use of tracking tools using integrated supervision, as opposed to supervision initiated by a study coordinator, to see if new facilities and providers can be oriented to the tools and use them as successfully (reduced intensity of intervention).

CONCLUSIONS

- Monitoring tools can be introduced at health centers and health posts to record women's PPFP decision-making and uptake.
- Tracking tools are well received and easy to use.
- Inadequate training, work overload, and lack of coordination prevent consistent use of monitoring tools across different levels of the health system.
- There is a need to scale up use of monitoring tools to affect community-level change in PPFP behavior.

ACKNOWLEDGMENTS

This poster was made possible by the generous support of the American people through the United States Agency for International Development (USAID), under the terms of the Cooperative Agreement AID-OAA-A-14-00028, as well as a grant from the Bill & Melinda Gates Foundation. The contents are the responsibility of the Maternal and Child Survival Program and do not necessarily reflect the views of USAID, the United States Government, or the Gates Foundation.