



**USAID**  
FROM THE AMERICAN PEOPLE

**E2A** EVIDENCE TO ACTION  
for Strengthened Reproductive Health

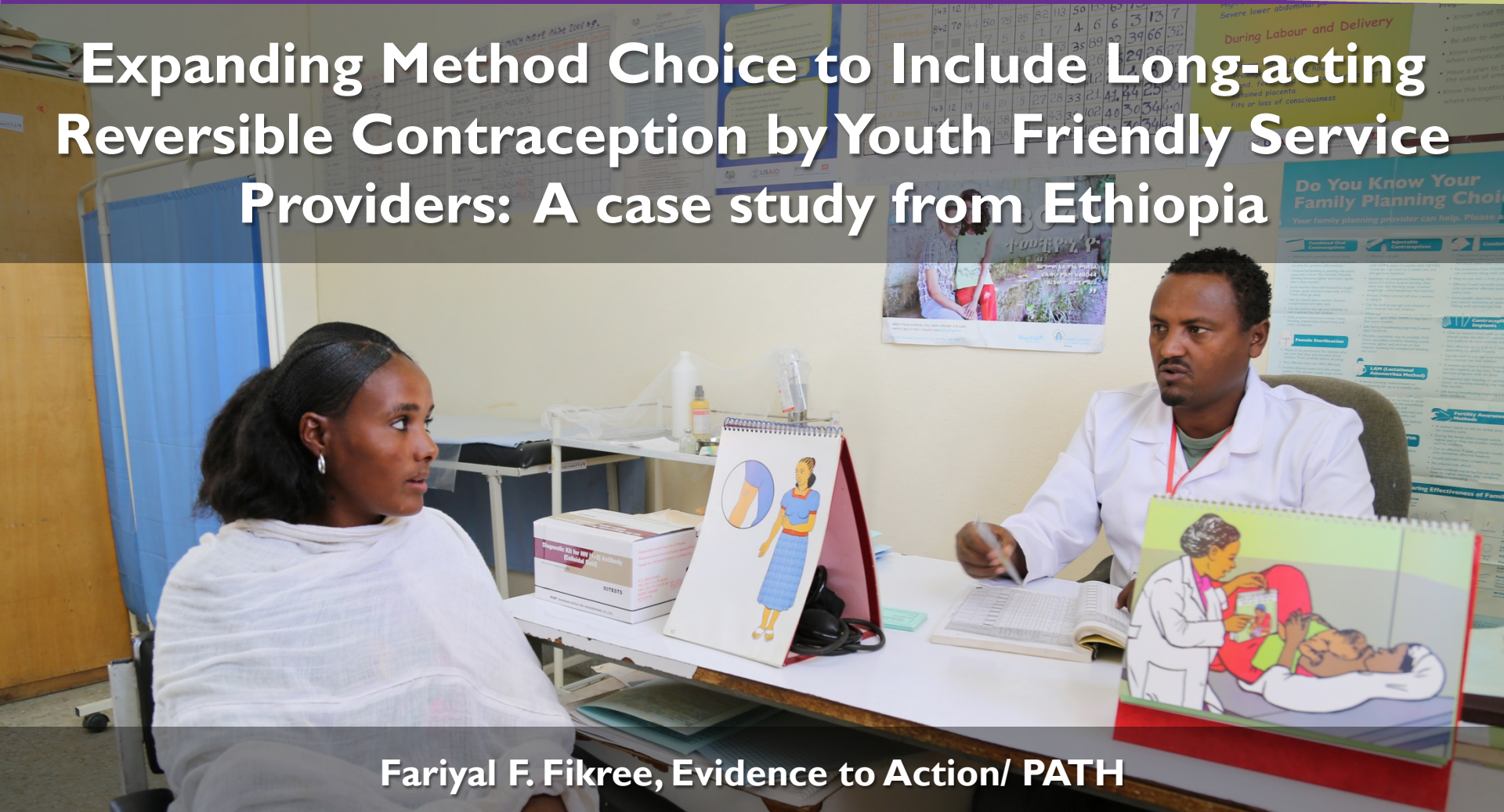


**Pathfinder**  
INTERNATIONAL



Integrated Family Health Program

# Expanding Method Choice to Include Long-acting Reversible Contraception by Youth Friendly Service Providers: A case study from Ethiopia



Fariyal F. Fikree, Evidence to Action/ PATH

# Youth Friendly Services: Integrated Family Health Program Plus (IFHP+)

## The Adolescent and Youth Reproductive Health Program:

- Individual level- strengthening provider-client counseling to be youth friendly so as to increase young people's SRH knowledge, skills, and health care seeking behaviors
- Social level- creating an enabling environment for adolescents through peer-to-peer SRH counseling and life skills
- Structural level- promoting national, regional, and local YFS-oriented policies, as well as the integration of YFS into national public health programs

## Youth Friendly Services (YFS):

- Supporting the GOE to establish and operate 248 sites across the 6 IFHP+ regions
- YFS - demand, supply and enabling environment
- YFS service providers trained - privacy, confidentiality, respect and non-judgmental attitude
- YFS service providers (Family Planning) – counsel all methods, provide only short-acting methods at site

# LARCs and Youth Project



## Intervention:

- Competency-based skills training (LARCs)
- Supportive supervision

## Study Approach:

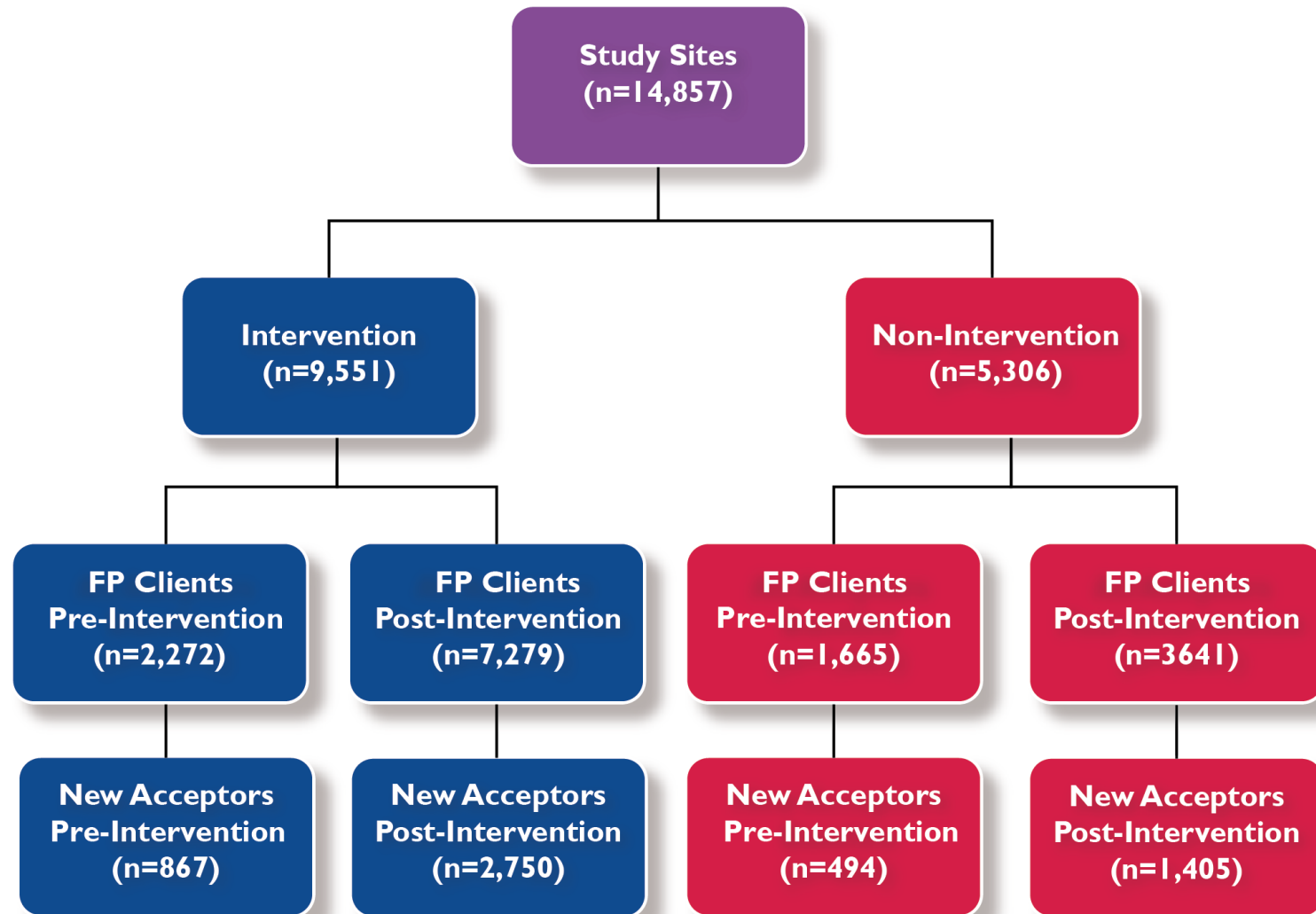
- 10 intervention and 10 non-intervention sites
- Two week clinical training with certification
- Family Planning Register – FP clients
- Timeline: Eleven Months
  - Pre-Intervention: Three months (June – August, 2014)
  - Training (Service Providers): One month (August-September, 2014)
  - Post-Intervention: Eight months (September, 2014 – April, 2015)



# Results



# Distribution of Family Planning Clients (All Family Planning Clients and New Acceptors) at Intervention and Non-intervention Sites (June 2014– April 2015)



# Distribution of New Acceptors by Demographic Characteristics & Site Type (Intervention & Non-Intervention) during Post-Intervention Phase (September 2014 – April 2015)

Demographic Characteristics	Intervention %	Non-Intervention %
<b>Age</b>	n = 2,737	n = 1,397
< 15 years	0.0	0.4
15 – 19	49.3	57.1
20 – 24	<b>50.7</b>	<b>42.5</b>
<b>Marital Status</b>	n = 2,442	n = 1,317
Married	<b>66.8</b>	<b>66.4</b>
Living together	8.9	11.2
Single	24.2	21.9
Divorced/separated/widowed	0.1	0.5
<b>Parity</b>	n = 2,445	n = 1,303
Nulliparous	<b>80.4</b>	<b>75.1</b>
One	17.1	20.8
Two or more	2.5	4.1

# Percent of New Acceptors who Adopted Long-Acting Reversible Contraceptives at Intervention & Non-Intervention Sites during Pre-intervention & Post-Intervention

## Intervention:

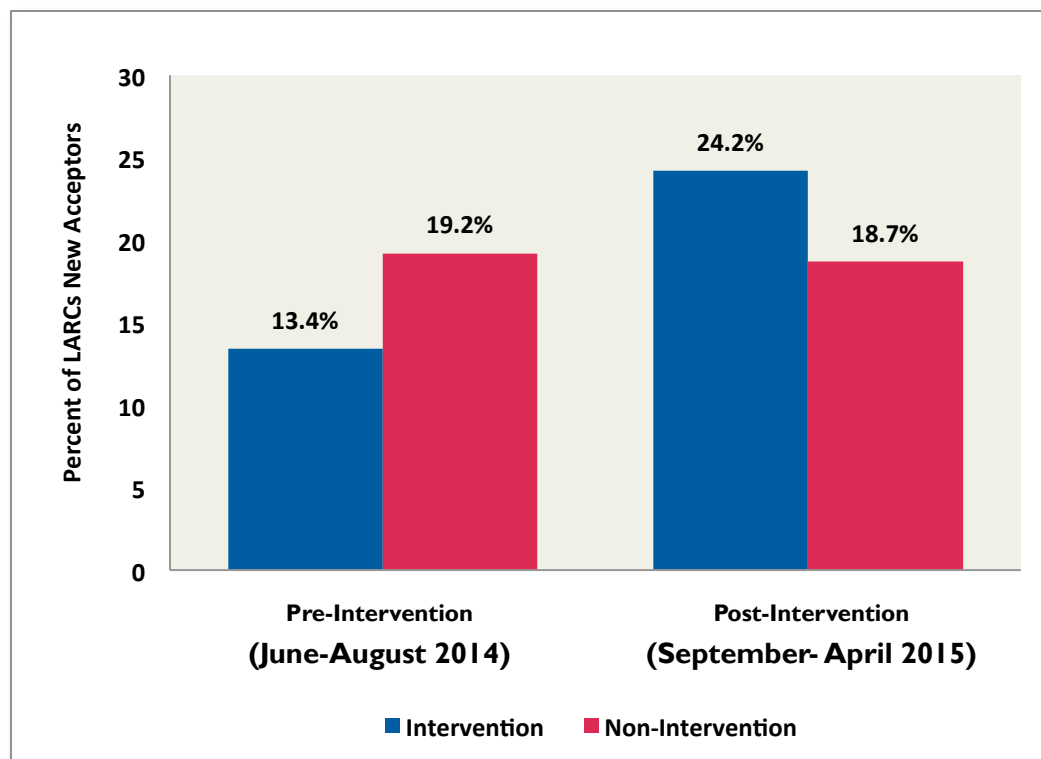
LARCs new acceptors (%)  
among all new acceptors:

- 13.4% (pre-intervention)
- 24.2% (post-intervention)

## Non-intervention:

LARCs new acceptors (%)  
among all new acceptors:

- 19.2% (pre-intervention)
- 18.7% (post-intervention)



# Distribution of New LARCs Acceptors by Demographic Characteristics & Site Type (Intervention & Non-Intervention) during the Post-Intervention Phase (September, 2014 – April 2015)

Demographic Characteristics	Intervention %	Non-Intervention %
<b>Age</b>	n = 664	n = 262
< 15 years	0.0	0.0
15 – 19	54.1	69.1
20 – 24	45.9	30.9
<b>Marital Status</b>	n = 619	n = 245
Married	70.8	52.7
Living together	12.0	14.3
Single	17.1	32.7
Divorced/separated/widowed	0.2	0.4
<b>Parity</b>	n = 619	n = 245
Nulliparous	83.0	77.6
One	14.5	15.9
Two or more	2.4	6.5



# Conclusion

**Youth Friendly Service Providers:** trained to provide LARCs in a 'one stop shop' facility increased the likelihood that new acceptors adopt LARCs

**Training:** irrespective of training approach, average scores for RH/FP knowledge, counseling; and LARCs knowledge and skills improved; with good retention 6 months later

**Delaying first birth:** a growing pattern of nulliparous women accepting contraceptives; and opting for LARCs

# Thank You!



**USAID**  
FROM THE AMERICAN PEOPLE

**E2A** EVIDENCE TO ACTION  
for Strengthened Reproductive Health



**Pathfinder**  
INTERNATIONAL



John Snow, Inc.

**Integrated Family Health Program**

## Evidence to Action for Strengthened Family Planning and Reproductive Health Services for Women and Girls

The Evidence to Action Project (E2A) is USAID's global flagship for strengthening family planning and reproductive health service delivery. The project aims to address the reproductive healthcare needs of girls, women, and underserved communities around the world by increasing support, building evidence, and facilitating the scale-up of best practices that improve family planning services. Awarded in September 2011, this five-year project is led by Pathfinder International.

## IFHP+ Integrated Family Health Program

IFHP+ is a USAID-funded program that promotes an integrated model for strengthening family planning; reproductive health; and maternal, newborn, and child health services for rural and underserved populations. IFHP is implemented in 301 woredas of four major regions of Ethiopia by Pathfinder International and John Snow, Inc., in partnership with local implementing partner organizations.

[www.E2AProject.org](http://www.E2AProject.org)

@E2AProject

E2A Project