

Community-based delivery of postpartum family planning method to enhance access to and use in Ethiopia: Disparities in the agrarian and pastoral contexts

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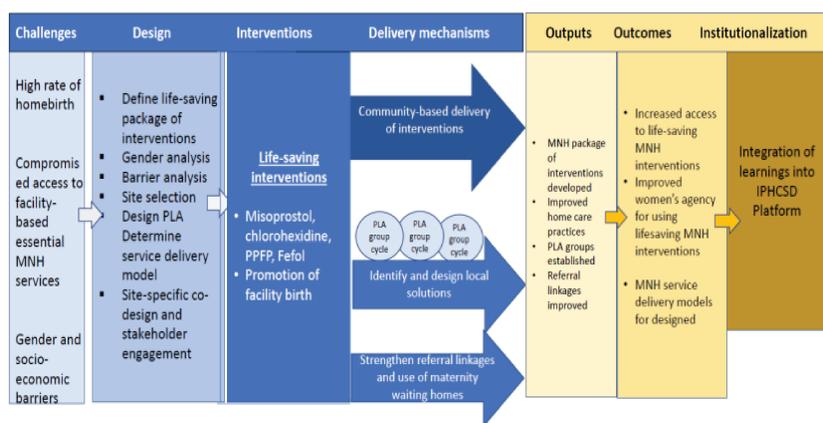
Background

Despite the commitment to end preventable maternal and neonatal deaths, women's access to and use of lifesaving intervention in Ethiopia remain low. So, context-tailored and evidence-based intervention delivery strategies is required to enhance women's access, and use of PFP.

Objective

Design and tested context-tailored evidence-based high-impact lifesaving package delivery to women in Ethiopia

Theory of change



Methods

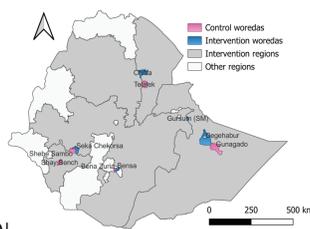
Design: An implementation research from Jul 2023-Aug 2025

Intervention delivery mechanism:

- Train Village Health Leaders (n=187)
- Leverage existing national platform

Participants

- Pregnant women and postpartum women
- Women who gave birth last 12 months for evaluation



| Time | Study arm | Agrarian | Pastoral | Total |
|--------------------|--------------|----------|----------|-------|
| Baseline | Intervention | 331 | 935 | 1,266 |
| | Comparison | 268 | 920 | 1188 |
| Endline | Intervention | 398 | 932 | 1,330 |
| | Comparison | 406 | 851 | 1,257 |
| Total | | 1,403 | 3,168 | 4,571 |
| Process Evaluation | Qualitative | 45 | 45 | 90 |

Data collection

- Paper- and web-based platform for monitoring
- Qualitative interviews for process evaluation

Data analysis

- Descriptive statistics disaggregated by context
- Mixed-effect logistic regression
- Difference-in-Differences
- Thematic analysis for qualitative study

Ethical Approval: Ethiopian Public Health Association

Results

- Home Birth was 87.0% in pastoral and 40.4% in Agrarian context
- Uptake of PFP use was 60.4% in agrarian and 1% in pastoral

Barriers

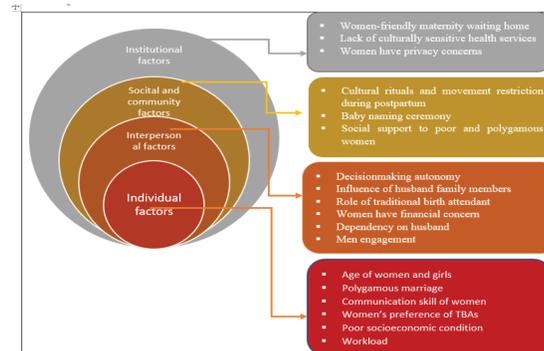
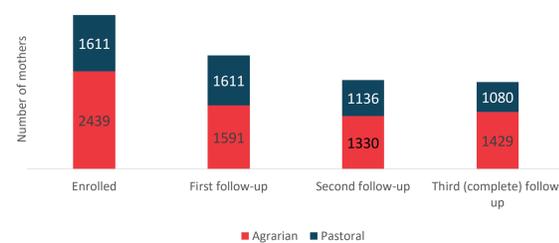


Fig 1: Barriers to maternal health services uptake in pastoral settings

Reach



Fidelity

- "...We conduct first, second, and third rounds of visits for pregnant women... we provide services within seven days of their delivery, document the birth of the baby, and track their health after birth." – VHL, IDI

Acceptability

- "The services provided by the village were extremely helpful. Their advice to give birth at a health facility was invaluable, contributing to the health of both myself and my newborn." - Mother, IDI Mother

Effectiveness of intervention

| Outcome | Domain | Intervention | | | Comparison | | | DiD | p-value |
|-----------------------------|----------|--------------|---------|--------|------------|---------|--------|-------|---------|
| | | Baseline | Endline | Change | Baseline | Endline | Change | | |
| Institutional delivery | Agrarian | 17.2 | 25.1 | +8.2 | 71.6 | 65.0 | -6.3 | +14.5 | <0.01 |
| | Pastoral | 8.8 | 18.3 | +9.6 | 18.9 | 20.3 | +1.4 | +8.1 | <0.01 |
| PFP adoption within 6 weeks | Agrarian | 26.1 | 31.0 | +4.8 | 42.5 | 24.1 | -18.4 | +23.2 | <0.01 |
| | Pastoral | 0.3 | 0.7 | +0.4 | 0.9 | 0.7 | -0.2 | +0.6 | 0.386 |

Knowledge and contribution:

- Use of PFP was found to be low in Ethiopia with disparity by contexts.
- Gender dynamics, religious beliefs, lack of women-friendly and culture-sensitive services, limited access to health facilities, and no social support influenced PFP use.
- VHL-led community-based delivery of PFP is feasible, acceptable, and effective.
- Context-tailored intervention and leverage local capacity are crucial to improve access to and use of PFP.

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