

Improving Facility-Based Reproductive Health Service Delivery in Humanitarian Settings: An Implementation Research Study in IDP-Hosting Health Facilities, Amhara Region, Ethiopia

By: Eyosiyas Yeshialem (MPH, Reproductive Health)

Background and Rationale

Conflict and climate-related displacement in Ethiopia have displaced over 4.3 million people, most of whom are women and children. In the Amhara Region, internally displaced persons (IDPs) rely on nearby health posts and primary health centres for essential reproductive health (RH) services. However, facility-based RH care, antenatal, family planning, delivery, and postnatal services remain fragmented, poorly coordinated, and inadequately supplied. Studies indicate that fewer than half of IDP-serving facilities meet the WHO Minimum Initial Service Package (MISP) standards for RH service readiness (UNFPA, 2023; Degu et al., 2023).

Despite existing national RH guidelines, facility-level implementation gaps persist in IDP sites, manifested by inadequate supplies, limited trained staff, weak referral linkages, and poor data use. There is insufficient evidence on feasible, acceptable, and scalable facility-based strategies to improve RH service delivery in such complex settings.

Proposed Evidence-Informed Intervention

This project will pilot a Facility-Based Implementation Support Package (FB-ISP) adapted from the WHO Service Availability and Readiness Assessment (SARA) and the Consolidated Framework for Implementation Research (CFIR).

Objectives

- To assess the availability and readiness of RH services in IDP-serving health facilities.
- To evaluate the acceptability, feasibility, and fidelity of the FB-ISP intervention.
- To measure changes in RH service utilisation and quality indicators post-intervention.

Methods

A quasi-experimental, mixed-methods design will be used in 12 health facilities (6 intervention and 6 comparison). Service delivery data and client exit interviews pre- and post-intervention. Key informant interviews with facility staff and IDP representatives will be guided by CFIR constructs. Descriptive and regression analysis (STATA v17) for quantitative data; thematic analysis (NVivo) for qualitative findings.

Expected Outcomes

- Improved facility readiness and staff competency in delivering RH services.
- Increased ANC, skilled delivery, and FP uptake among IDP women.
- Context-specific, scalable implementation model for RH service improvement in humanitarian settings.

Ethical Considerations

Ethical clearance will be obtained from Debre Birhan University, Asrat Woldeyes Health Science Campus IRB. Informed consent, confidentiality, and GBV referral mechanisms will be ensured.