



The Federal Democratic Republic of Ethiopia
Ministry of Health

Overview of Reproductive Health/FP Services in Ethiopia



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Bringing Family Planning to Every Doorstep



The Ethiopia Experience

Presentation focus



- The Ethiopian Government's innovative strategy to improve primary health care service delivery
- How it has improved access and utilization to family planning services at the community level



Situated in the horn of Africa
Second populous country in SSA
Total Pop. = 76.9 million

Population Growth Rate = 2.6%

Rural Population = 83%

Pop. Under 15 = 44%

TFR = 6.4, 5.9, 5.4 (1990, 2000, 2005)

Unmet Need = 34%

CPR = 13.6% modern methods

CPR 4 regions = 31.5%(L10k Project)

MMR= 673/100,000

*** DHS 2005, Census 2007**

Demographic Data



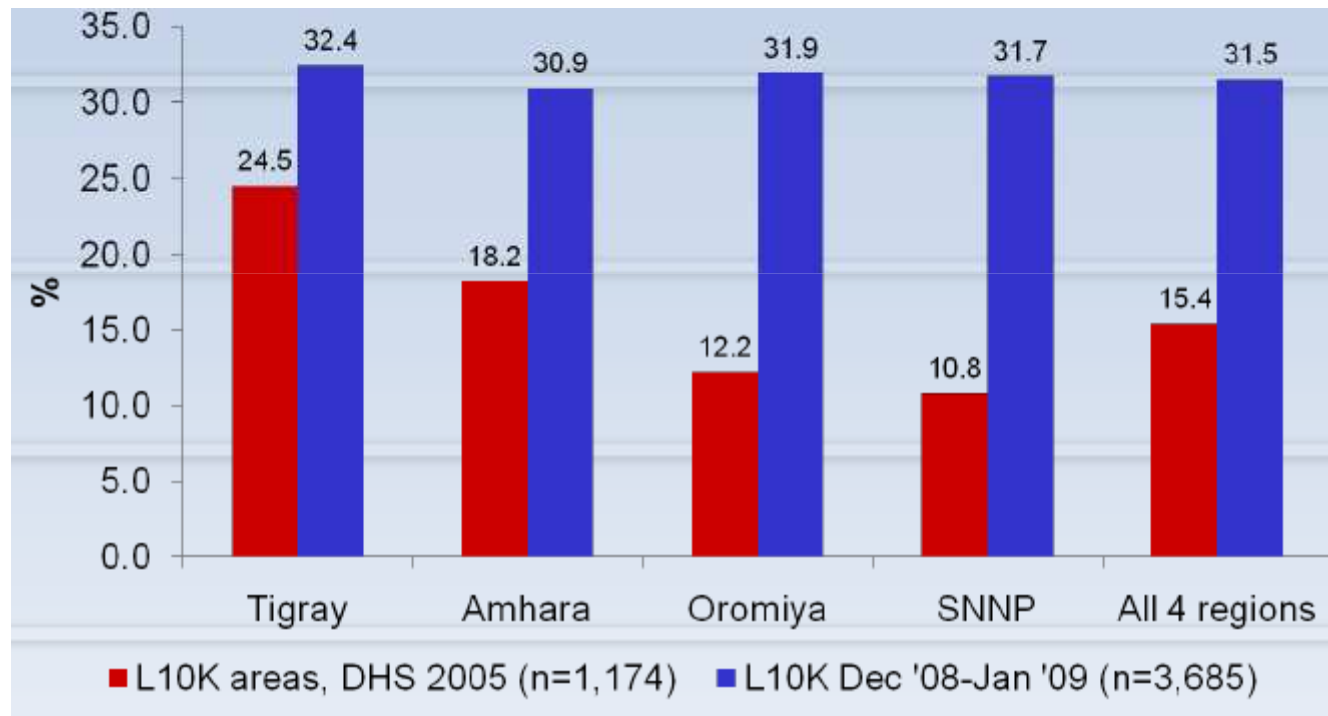
- **Total Population – 80 million (CSA 2010)**
- **Population Growth- 2.6%**

Trends in Fertility Rate

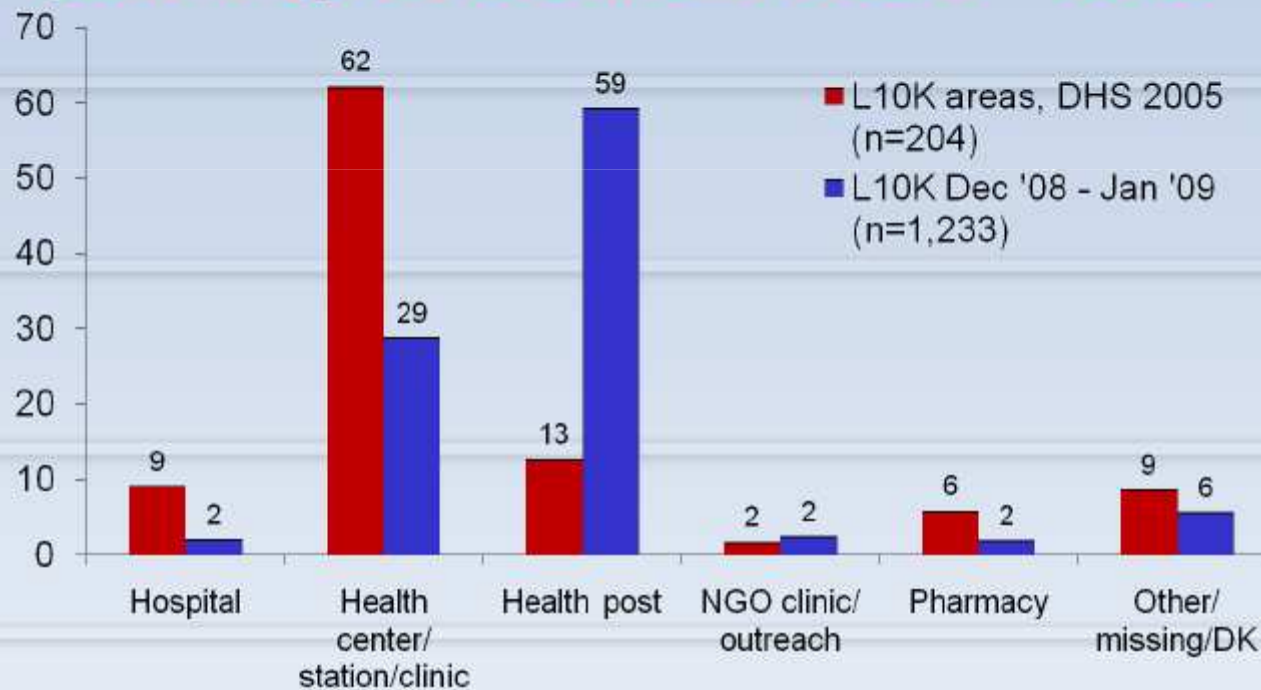
Year	TFR
1990	6.4
2000	5.9
2005	5.4

- **Total Female Population:36.5 million**
- **Median age at First Marriage: 16.5 years**

Contraceptive Methods by Married Women of Reproductive Age (Areas by Region), 2005-2009



Trend in the source for family planning, L10K areas, 2005 – 2009

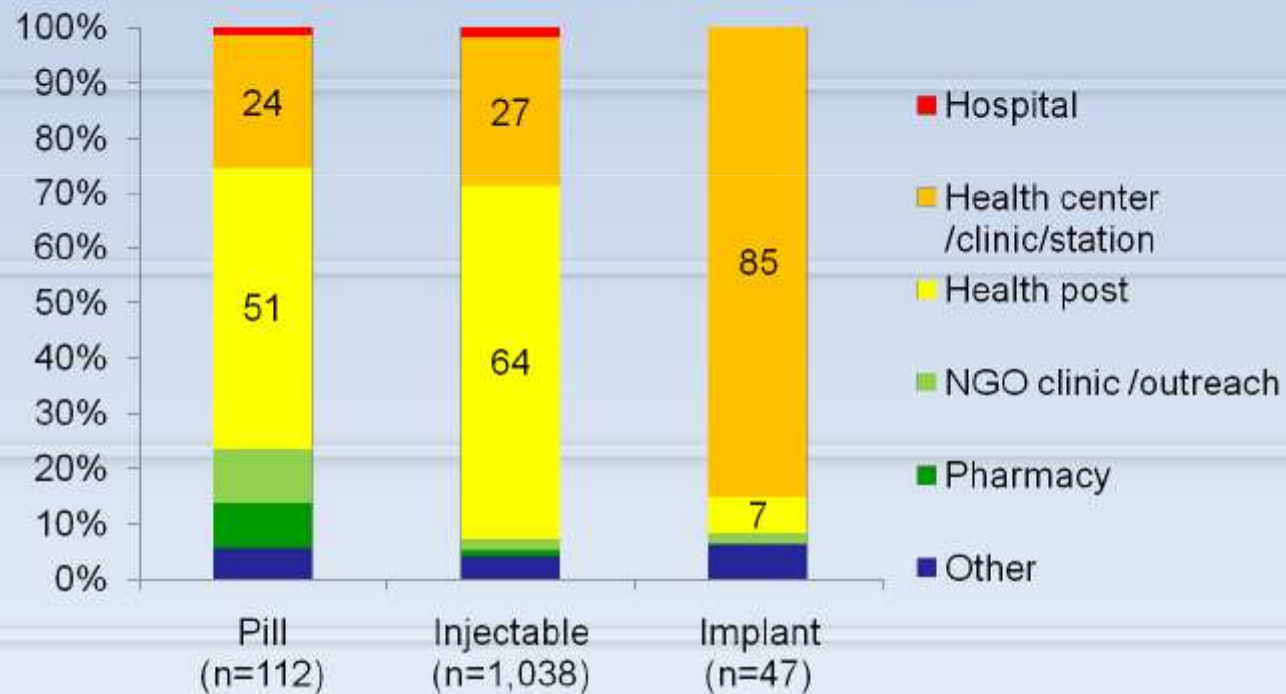


Health Extension Program (HEP)



- **33,000 health extension workers (98% female) with one year of training, paid by government (2/5000 people)**
- **After completing grade ten they trained for one year. The training includes 16 packages focusing on health promotion and disease prevention**
- **Supported by voluntary community health workers, the HEP:**
 - ✓ **Empowers caretakers and produce model families, and communities**
 - ✓ **Institutionalizes and standardizes “village” health care delivery linked to PHCU**
 - ✓ **Increases access and utilization of promotional, preventive, and essential curative care services**
 - ✓ **Reduces opportunity cost for families; enhances participation.**

Source of family planning by method, L10K areas, Dec. '08 – Jan. '09



HRH Strategic Approach- Increasing



- ***Expansion of Training***
 - ***Universities from 2 to 22 (medical schools increased from 3 to 10)***
 - ***23 Public Midwifery Schools***
 - ***Private Health training colleges including 2 medical schools***
 - ***Annual medical students enrollment increased from 250 to 1400***
 - ***Accelerated Training of Health Officers-5000***
 - ***33,000 HEWs and 3,200 Supervisors***

HRH Strategic Approach- Retention



- Career Development
- Creating enabling environment
- Incentives
 - Monetary
 - Point rating system
 - Better remuneration compared to other civil servants
 - Non-Monetary
 - Accommodation
 - Recognition

HEWs In-Service Training



- New Skills Training
 - Implanon Insertion
 - Clean and Safe Delivery
 - Community Case Management of Pneumonia
- Integrated Refresher Training

Successes:



What worked well in Ethiopia's FP Program

- **Government Commitment**
 - **Conducive Policy Environment**
 - 1993 Population Policy
 - PASDEP – 2005/06
 - Tax exemption on contraceptives- 2007
 - **Service Delivery Expansion**
 - Health Extension Program (HEWs supported by VCHWs)
 - Provision of Depo Provera and Implanon by HEWs
 - Model Families and Communities promoting healthy behaviors, including use of family planning
- **Development Partners Commitment**

Lessons learned



- Access and utilization of Family Planning increased by bringing services closer to the community
- Task shifting has facilitated the above and encourages and motivates providers/HEWs
- Model families create peer/ client to client influence , particularly in the use of LAFP
- Promotion of voluntary community health workers to support HEWs encourages volunteerism
- HRH strategy encourages the provision of integrated PHC services at all levels

Challenges



- Delay in implementing comprehensive HRH strategy
- High turnover and shortage of staff at all levels particularly high level health professionals
- The new HEP supervisory structure needs more support
- Uneven distribution of mid and high level professionals
Urban vs rural, Public vs private
- Weak HR information system
- Information Gap between supplier(MOE) and consumer(MOH)

Challenges



- Huge unmet need for FP requiring more resources
- Training of all HEWs in the health post in the provision of Implanon
- Sustainability of supplies of commodities and consumables (particularly Implanon)
- New HEP supervisory structure needs more support
- Constraints with the monitoring and evaluation system

Key Activities



- Improve pre-service and in service training on FP to health care providers Increase
- To increase utilization of RH/FP existing services in public sectors – promote the use of services
- FP services Design and implement an efficient RH commodity security system
- Conduct research to improve RH

Key Activities



- Strengthen the HEP & Maximum utilization of HEWS
- Strengthening functional linkage with the existing health delivery system in order to improve close supervision/monitoring
- Ensuring the transfer of skills
- Strengthen and expand community FP services focusing on HEP
- Sustainable supply & effective distribution of contraceptive commodities

Key Activities



- Equipping health facilities with appropriate method mix
- Capacity building
- Effective coordination and harmonization of FP Programs
- Ensuring Sustainability
- Supportive Supervision and follow up of programs

Key Activities



- Strengthen YFS within the HEP
- Strengthen HEW supervision through support of the HEW supervisor (Transport, training, better remuneration)
- Strengthen backup support from the HC to HP using the principle of the PHCU.
- Strengthen public-private partnerships

THANK YOU