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 most 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**

<table>
<thead>
<tr>
<th>Year</th>
<th>TFR</th>
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<tbody>
<tr>
<td>1990</td>
<td>6.4</td>
</tr>
<tr>
<td>2000</td>
<td>5.9</td>
</tr>
<tr>
<td>2005</td>
<td>5.4</td>
</tr>
</tbody>
</table>

- 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

<table>
<thead>
<tr>
<th>Source</th>
<th>Hospital</th>
<th>Health center/ station/clinic</th>
<th>Health post</th>
<th>NGO clinic/ outreach</th>
<th>Pharmacy</th>
<th>Other/ missing/DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>L10K areas, DHS 2005</td>
<td>9</td>
<td>62</td>
<td>13</td>
<td>2</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>(n=204)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>L10K Dec '08 - Jan '09</td>
<td>2</td>
<td>29</td>
<td>59</td>
<td>2</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>(n=1,233)</td>
<td></td>
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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

<table>
<thead>
<tr>
<th>Method</th>
<th>Pill (n=112)</th>
<th>Injectable (n=1,038)</th>
<th>Implant (n=47)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>24</td>
<td>27</td>
<td></td>
</tr>
<tr>
<td>Health center/clinic/station</td>
<td>51</td>
<td>64</td>
<td>85</td>
</tr>
<tr>
<td>Health post</td>
<td></td>
<td></td>
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<tr>
<td>NGO clinic/outreach</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacy</td>
<td></td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>Other</td>
<td></td>
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</tbody>
</table>
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 excising health devilry 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