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Opportunities and challenges for investment in long-acting and permanent methods of contraception in Ethiopia

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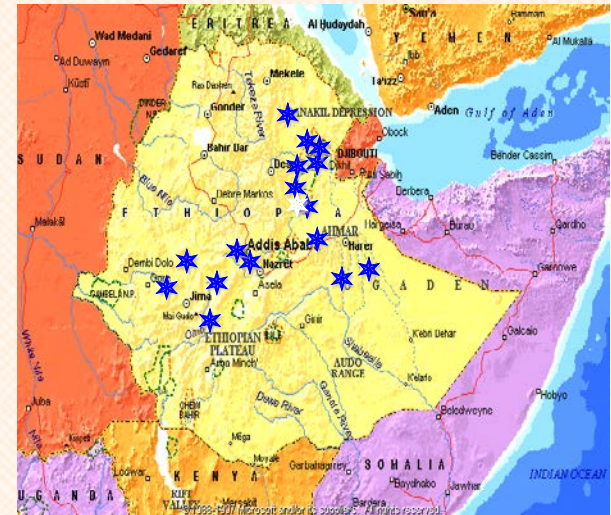
International Conference on Family Planning: Research and Best Practices
Kampala, Uganda 15-18 November, 2009

November 17, 2009

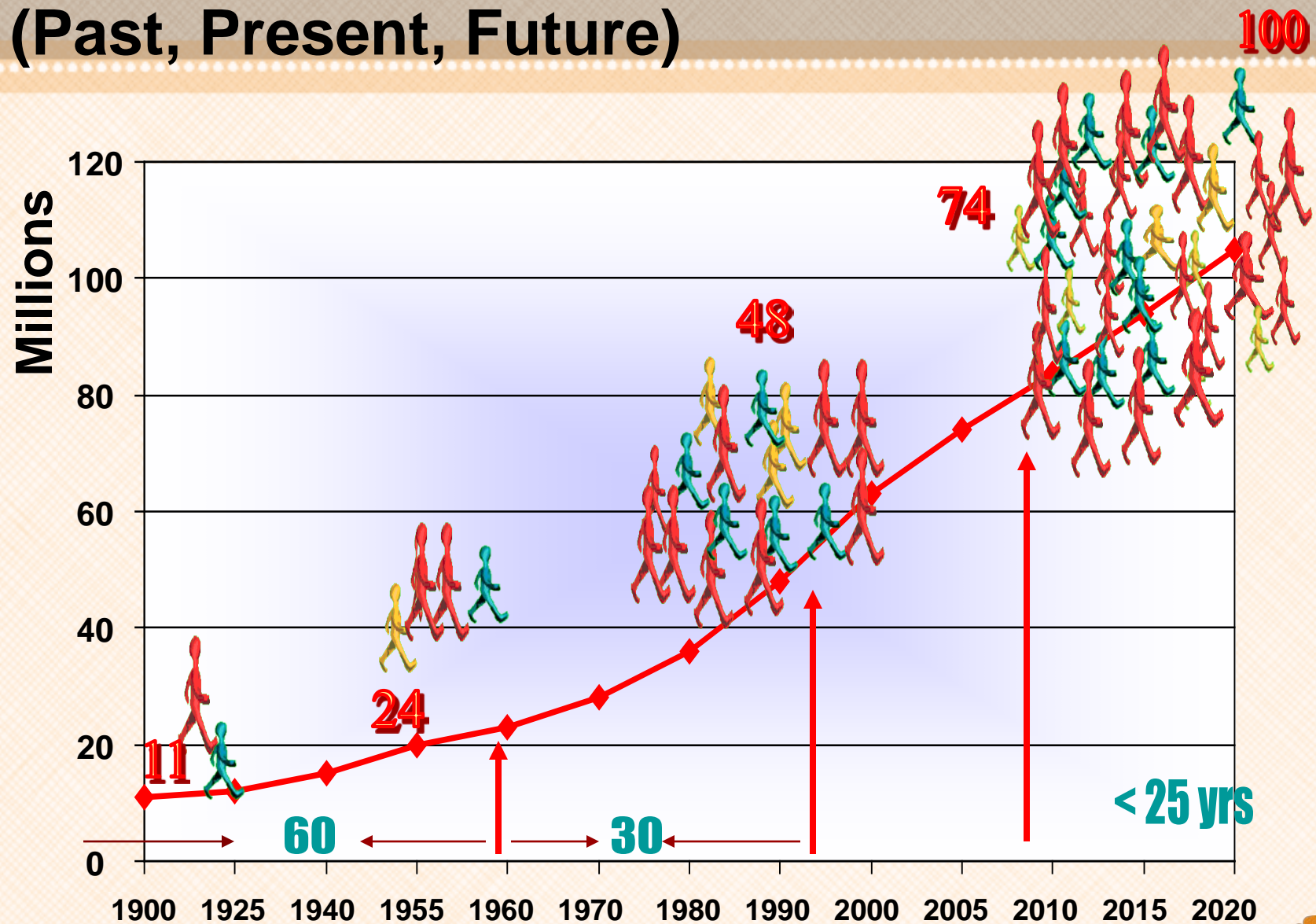


The Context

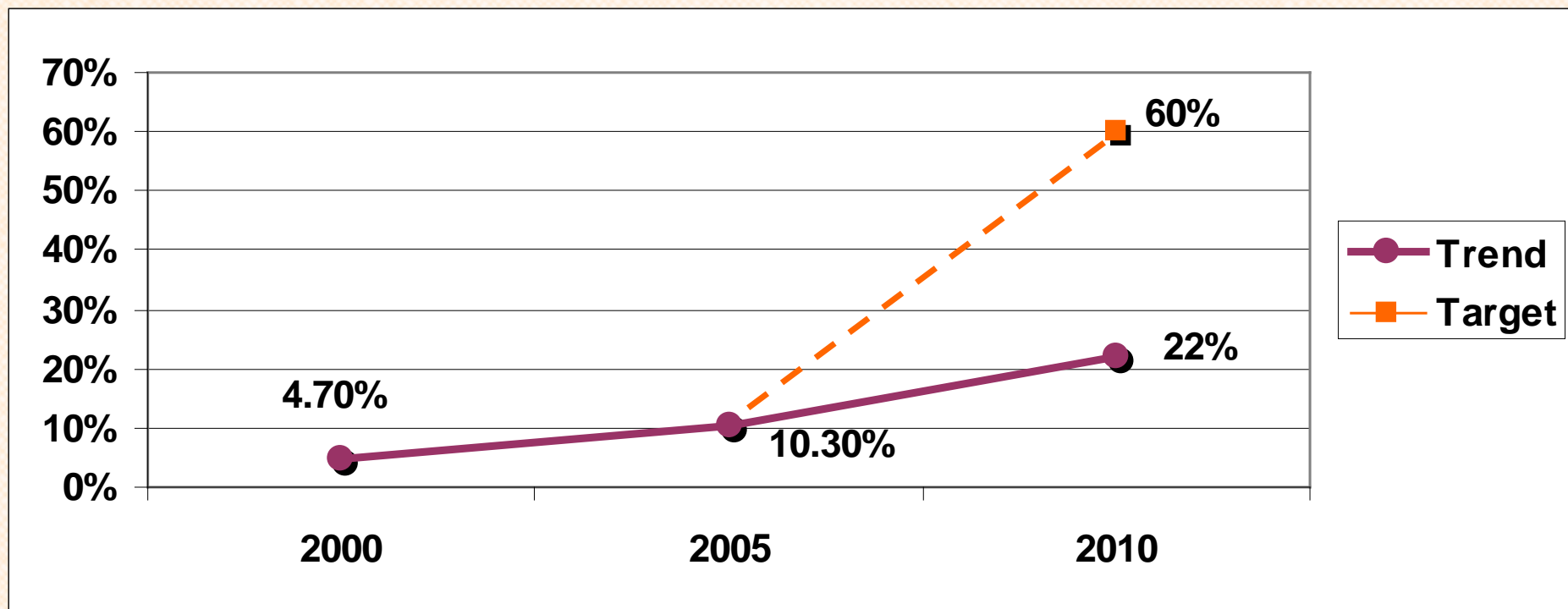
- MMR = 673/100,000 live births
- Very high unmet need for FP
- Restrictive gender norms
- Weak health service delivery system
- Progressive laws and policies on RH/FP and abortion
- Favorable working environment for RH
- Increased funding for RH/FP services



Ethiopian Population (Past, Present, Future)

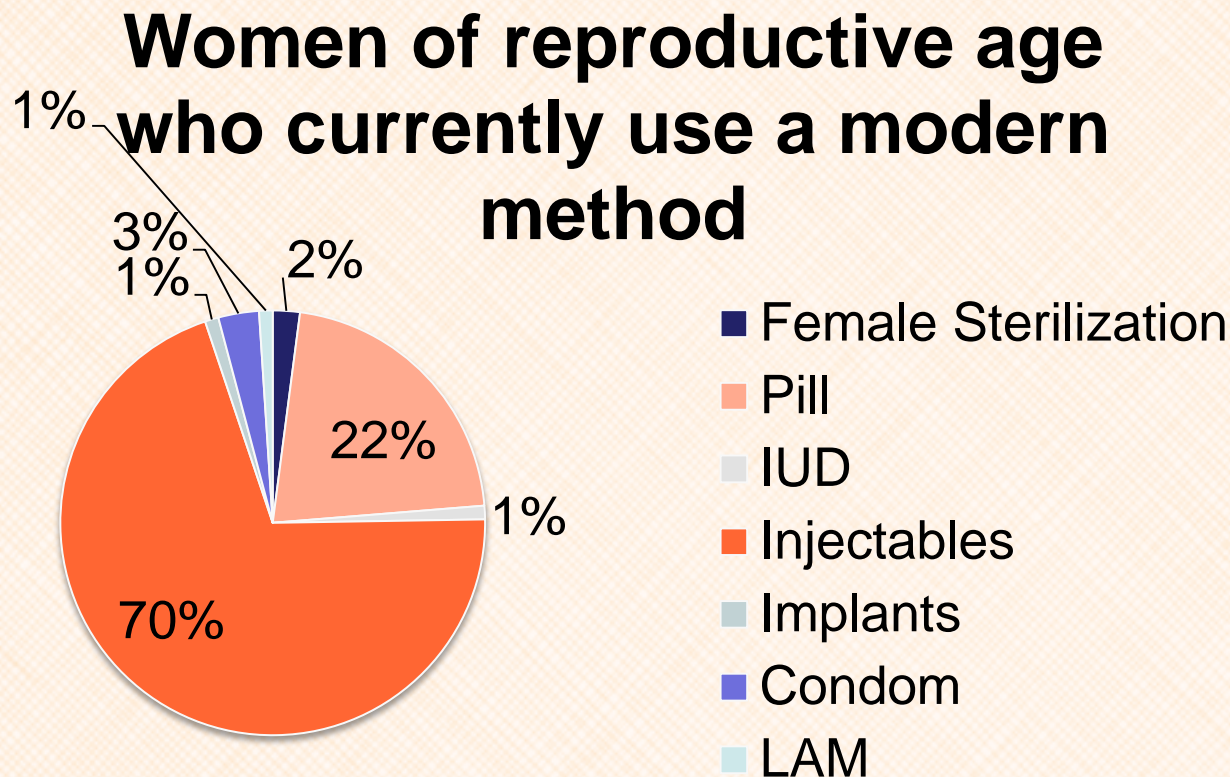


Contraceptive prevalence in Ethiopia



Source: Central Statistical Authority (Ethiopia) and ORC Macro

Current family planning use



Source: Central Statistical Authority (Ethiopia) and ORC Macro

The Supply-Demand-Advocacy Model

Increased Access, Quality and Use



Fundamentals
of Care

Data for
Decision Making

Gender
Equity

Stakeholder
Participation



Research objectives

- **Facility Audit**

- To assess the current range of service options, availability of trained personnel, contraceptive supply deficits and infrastructure in order to identify training and supply needs.

- **Audience Research**

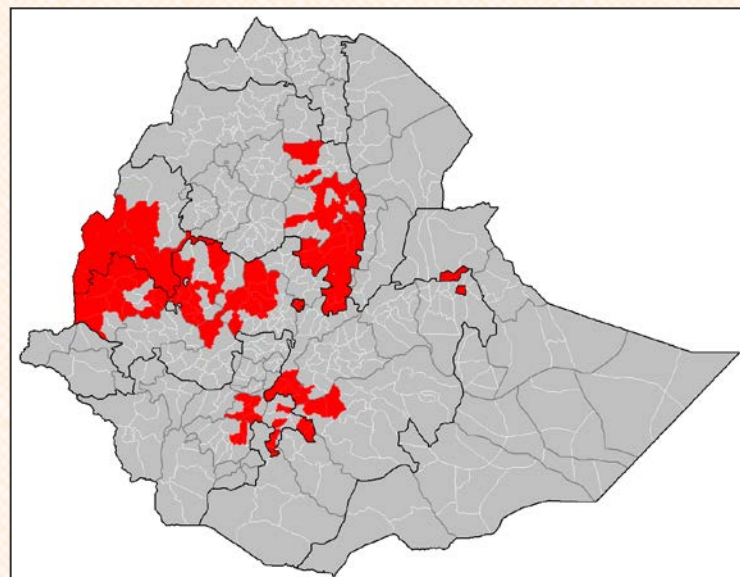
- To identify barriers to LA/PM use, factors that facilitate their adoption and the most effective channels via which to communicate information about LA/PMs.

- **Policy Scan**

- To identify the policy and programmatic determinants affecting the use of LA/PMs in Ethiopia and recommend key intervention areas via which to increase LA/PM utilization.

Methodology

- **Supply**
 - 141 health facility audits in 115 health centers and 26 hospitals
- **Demand**
 - 21 focus group discussions with male and female non-users of family planning as well as female users of non-LA/PMs.
 - 40 in-depth interviews
- **Advocacy**
 - in-depth interviews with policymakers and NGO representatives



Readiness to Provide Services

- **No audited facilities were fully prepared to provide any LA/PM services at the time of the facility audit**
 - Lack of preparedness was largely due to supply and equipment shortages
 - Low readiness for infection prevention
 - Few facilities with providers trained to provide LA/PM services





Percentage of facilities with selected supplies and personnel at the time of the facility audit

	Health Center N=115	Referral Hospital N=7	District Hospital N=13	Regional Hospital N=6
Implant provider	75%	57%	38%	100%
Implant supplies	3%	0%	0%	0%
IUD provider	52%	57%	46%	83%
IUD supplies	0%	0%	0%	33%
FS provider		0%	8%	0%
FS supplies		0%	8%	0%
MS provider		14%	0%	0%
MS supplies		0%	0%	0%
Infection prevention	3%	0%	0%	0%

Awareness of LA/PMs

- Respondents indicated a desire for birth spacing and limiting, yet:
 - Misconceptions about risks of family planning and LA/PMs by providers and community members
 - Rigid gender norms a barrier to FP use
 - Influential community members often discouraged LA/PM use



Supportive Policy Environment

- Family planning is emphasized in national policies, but...
 - Training for LA/PM service provision is weak
 - Provider knowledge of and comfort with LA/PMs is low
 - Contraceptives and necessary supplies are often unavailable





Opportunities for Action



- **Donors and multilaterals**
 - Ensure availability of LA/PM IEC materials
 - Generate demand for LA/PMs through BCC campaigns
- **National Policymakers**
 - Increase policy and financial support for LA/PMs
 - Strengthen provider training in family planning, especially LA/PMs
 - Strengthen the supply chain to ensure a reliable LA/PM supply
- **Planners and program managers**
 - Conduct advocacy activities for increased LA/PM support and funding
 - Support provider training
 - Forecast contraceptive trends for evidence-based planning of supply needs

Thank you!



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