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

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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 polices on RH/FP and abortion
- Favorable working environment for RH
- Increased funding for RH/FP services
Contraceptive prevalence in Ethiopia

Source: Central Statistical Authority (Ethiopia) and ORC Macro
Current family planning use

Women of reproductive age who currently use a modern method

- 70% Pill
- 22% Condom
- 3% IUD
- 2% Injectables
- 1% Female Sterilization
- 1% Implants
- 1% LAM

Source: Central Statistical Authority (Ethiopia) and ORC Macro
The Supply-Demand-Advocacy Model

Increased Access, Quality and Use

Supply
- Service sites readied
- Staff performance improved
- Training, supervision, referral, and logistics systems strengthened
- Increased availability

Demand
- Accurate information shared
- Image of services enhanced
- Communities engaged
- Increased knowledge + acceptability

Advocacy
- Leadership and champions fostered
- Supportive service policies promoted
- Human and financial resources allocated
- Improved policy + program environment

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

<table>
<thead>
<tr>
<th></th>
<th>Health Center N=115</th>
<th>Referral Hospital N=7</th>
<th>District Hospital N=13</th>
<th>Regional Hospital N=6</th>
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</thead>
<tbody>
<tr>
<td>Implant provider</td>
<td>75%</td>
<td>57%</td>
<td>38%</td>
<td>100%</td>
</tr>
<tr>
<td>Implant supplies</td>
<td>3%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>IUD provider</td>
<td>52%</td>
<td>57%</td>
<td>46%</td>
<td>83%</td>
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<td>0%</td>
<td>33%</td>
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<tr>
<td>FS provider</td>
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<td>0%</td>
<td>8%</td>
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<td>FS supplies</td>
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<tr>
<td>MS provider</td>
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<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>MS supplies</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Infection prevention</td>
<td>3%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>
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!