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SECTOR PROGRAM**



PRIVATE HEALTH SECTOR PROGRAM FAMILY PLANNING IMPLEMENTATION STRATEGY

July 2012

This publication was produced for review by the United States Agency for International Development. It was prepared by the Private Health Sector Program (PHSP).

The Private Health Sector Program is a technical assistance program to support the Government of Ethiopia. The USAID | Private Health Sector Program is managed by Abt Associates Inc. and is funded by the United States Agency for International Development (USAID), under Associate Award # 663-A-00-09-00434-00.

Recommended Citation: USAID| Private Health Sector Health Program (PHSP), Abt Associates Inc.

Submitted to: Patricia Mengech, PEPFAR Health Systems Strengthening Cluster Lead, AOR
Eshete Yilma, Team Leader for Health System Strengthening
Addis Ababa, Ethiopia

Tesfai Gabre-Kidan, Chief of Party
Private Health Sector Program



Abt Associates Inc. | 4550 Montgomery Avenue | Suite 800 North
| Bethesda, Maryland 20814 | T. 301.347.5000 | F. 301.913.9061
www.abtassociates.com

USAID PRIVATE HEALTH SECTOR
PROGRAM FAMILY PLANNING
IMPLEMENTATION STRATEGY

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ACRONYMS

ART	Anti-retroviral Therapy
CPR	Contraceptive Prevalence Rate
DOTS	Directly Observed Treatment – Short Course
EDHS	Ethiopia Demographic Health Survey
FGAE	Family Guidance Association of Ethiopia
FMOH	Federal Ministry of Health
GOE	Government of Ethiopia
HMIS	Health Management Information System
HSDP	Health Sector Development Program
IPLS	Integrated Pharmaceutical Logistics System
IUCD	Intra-Uterine Contraceptive Device
LMIS	Logistics Management Information System
MCH	Maternal and Child Health
MOU	Memorandum of Understanding
MSIE	Marie Stopes International in Ethiopia
PEPFAR	President’s Emergency Plan for AIDS Relief
PFSA	Pharmaceutical Funds and Supply Agency
PHSP	Private Health Sector Program
PMTCT	Prevention of Mother to Child (of HIV)
PPM	Public-Private Mix
PSP	Private Sector Program
RHB	Regional Health Bureau
STI	Sexually Transmitted Infection
TFR	Total Fertility Rate
THO	Town Health Office
WHO	World Health Organization
WoHO	Woreda Health Office
USAID	United States for International Development

I. INTRODUCTION

Worldwide, more than half a million women die each year due to complications from pregnancy and childbirth, with the greatest incidence in developing countries, primarily in Sub-Saharan Africa and South Asia. Annually, 536,000 women die of pregnancy related complications, 99 percent in the developing world and one percent in developed countries (World Health Statistics [WHO], 2009). Over half of the global maternal mortality occurs in six countries: Afghanistan, Democratic Republic of Congo, Ethiopia, India, Nigeria Pakistan, and Nigeria (Lancet, 12 April 2010). Unsafe abortion accounts for 13 percent of all maternal deaths and most of these occur in low-resource settings. Ninety percent of these abortion deaths are rooted in unmet need for effective contraception and could have been averted (WHO, 2009).

Currently over 200 million women and girls in developing countries who want to delay or avoid pregnancy do not have access to modern methods of contraception¹. Access to family planning information, services and supplies is equally critical for preventing HIV and other sexually transmitted infections (STIs), and reducing unintended pregnancies and abortions.

¹ Karin Ringheim, Linking Family Planning and Community Health for Health Equity and Impact, 2012.

2. STATUS OF FAMILY PLANNING IN ETHIOPIA

Ethiopia is the second most populous country in Africa, with an estimated population of 78 million and an annual population growth rate of 2.6 percent.² According to the 2011 Ethiopian Demographic and Health Survey (EDHS), the total fertility rate (TFR) is estimated to be 4.8 with significant urban-rural differences compared to 5.9 and 5.4 reported in the 2000 EDHS and 2005 EDHS respectively. The same survey estimated a 29 percent contraceptive prevalence rate (CPR) by married women, which is a two fold increase from the 2005 rate (from 14 percent in 2005 to 29 percent in 2011). Almost all married women use modern methods of contraceptives with only one percent using a traditional method. The most popular methods are injectables (21 percent) and implants (three percent).

The unmet need for family planning has remained high in Ethiopia, estimated to be 25 percent of currently married women: 16 percent for spacing and nine percent for limiting childbearing. Unmet need is highest among young women ages 15-19 years (33 percent), and this is primarily for spacing their births. Demand for short acting methods stems in large part from families' insecurity around losing their children due to high child mortality.

High fertility rates and early and late childbearing contribute to Ethiopia's high level of maternal mortality (676/100,000 live births), neonatal mortality (37/1,000), infant mortality (59/1,000), and under-five mortality (88/1,000) (EDHS 2011).

The total demand for family planning among currently married women is 54 percent (33percent for spacing and 21 percent for limiting) (EDHS, 2011). The current contraceptive method mix is skewed towards short-term methods with only five percent of contraceptive users choosing long-term methods. This has significant programmatic and cost implications.²

According to the EDHS 2011, the public sector health facility is the major source of modern contraceptive methods in Ethiopia, serving 82 percent of users. Thirteen percent of current users reported that their modern method of contraceptive was obtained from the private sector. Forty-seven percent of users obtained contraceptive methods from a government health center, and 27 percent from a government health post or from a Health Extension Worker (HEW). A majority of users in private clinics have chosen pills (30.2 percent) and the male condom (29.6percent), followed by injectables (13.1 percent) and implants (3.5 percent). Most pills and male condom users received their method from a private pharmacy.

Evidence strongly suggests that in order to meet fertility, health, and development goals in a cost effective manner, a country must invest in making long acting and permanent family planning methods more widely available and accepted.³ Recognizing the importance of family planning to the health and development of the nation, the Government of Ethiopia (GOE) is engaged in a range of efforts to accelerate access to quality family planning services, guided by the Federal Ministry of Health's (FMoH) *National Reproductive Health Strategy: 2006 – 2015* (revised in August 2011). In addition to the

² Central Statistical Agency (CSA), Ethiopia and MEASURE DHS, ICF Macro, 2011. Ethiopia Demographic and Health Survey 2011 Report, Addis Ababa, Ethiopia and Calverton, MD, USA.

³ Asnake, M., Walie L., Yilma, M., 2006. Increasing the Range of Contraceptive Choices in Rural Ethiopia. *Ethiopia J. Health Dev.* 20(2):74-78.

development and implementation of this,⁴ the government is following a 20 year health development implementation strategy known as the *Health Sector Development Program (HSDP)*, with a series of five-year investment programs. The current HSDP IV (2010/11-2015) has an ambitious target of increasing the CPR to 65 percent by 2015.⁵

While significant progress has been made in improving access to and use of family planning services in Ethiopia, much more needs to be done to satisfy the high demand for and address unmet needs of family planning services in the country. The public sector alone cannot meet the anticipated family planning programming needs and thus private-public partnerships need to be strengthened. Considering the current role of the private health sector, given its existing capacity and reach, the potential of expanding its role is great both in providing major public health services and in particular, family planning. Inclusion of the private sector in the national health system and the private health sector's robust participation in public health service provision is stated in the updated *National Guidelines for Family Planning Services in Ethiopia* (FMoH, October 2011). This sector will significantly contribute to the ambitious national target of increasing the CPR to 65 percent by the end of 2015.⁶

The National Health Policy calls for broad inter-sectoral collaboration and involvement of NGOs and the private health sector towards fulfilling the health needs of the rural population which accounts for 85 percent of the total population.

The *Population Policy*, *National Reproductive Health Strategy*, *National Adolescent and Youth Reproductive Health Strategy*, and the *National Strategy for Child Survival* all represent a wide range of policies and strategies which provide a framework to help guide implementation of all family planning activities in the country.

⁴ Federal Ministry of Health of Ethiopia, *National Reproductive Health Strategy: 2006-2015*. FMoH, 2006.

⁵ Federal Ministry of Health, *Health Sector Development Program (HSDP IV)*, 2010. Addis Ababa, Ethiopia.

⁶ Federal Ministry of Health, *Health Sector Development Program (HSDP IV)*, 2010. Addis Ababa, Ethiopia.

3. ROLE OF THE PRIVATE HEALTH SECTOR

The role of the private sector has received considerable attention in recent years. To reduce child and maternal mortality, all relevant stakeholders, public and private, must be involved. In Ethiopia, the private health sector has a strong presence at the primary care level and is a frequent source of diagnosis and/or treatment. However, more systematic efforts are required to identify ways of ensuring that increased private health sector engagement will translate into improved health outcomes for the population this sector serves.

Taking advantage of the National Health Policy described in the HSDP III and the updated national guidelines for family planning which favor greater involvement of the private health sector, the number of private health facilities in Ethiopia showed a marked increase in recent years. According to the FMoH and the Health-Related Indicators 2009/10 Report, there are 4,229 commercial private health facilities in the country. Not only is the private health sector self-

sustaining and independent of government financial support, but this sector also helps to extend the reach of health services through increasing the number of service delivery points, particularly in urban and peri-urban areas. The private sector is often perceived as offering better quality health services and providing greater sensitivity and confidentiality in addressing clients' health concerns. Involving private health providers to complement public health programs will significantly contribute to expanding access to maternal and child health (MCH) services, antenatal care (ANC), postnatal care, labor and delivery services, family planning, and other key public health priorities.

HSDP-III acknowledges the role of the private sector as "It will significantly complement the public sector capacity in tackling public health problems," pg. 88.

4. PRIVATE HEALTH SECTOR PROGRAM

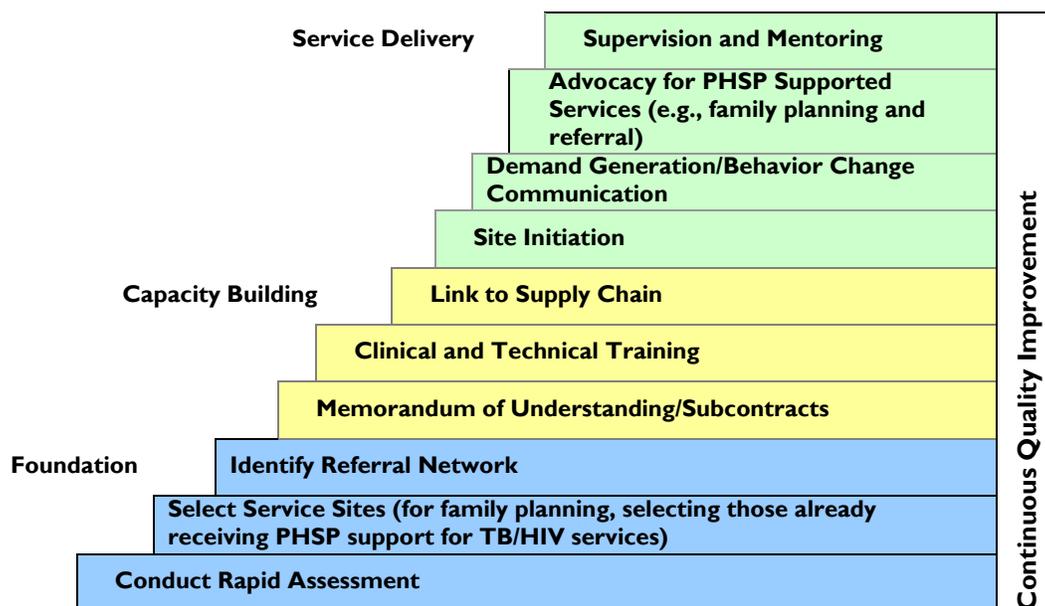
The Private Health Sector Program (PHSP), funded by the President's Emergency Plan for AIDS Relief (PEPFAR) through the United States Agency for International Development (USAID) and implemented by Abt Associates, in line with the HSDP IV, supports private clinics in Amhara, Harari, Oromia, Southern Nations, Nationalities, and Peoples (SNNP), Tigray and Harari Regions, and Dira Dawa, and Addis Ababa City Administrations. The program has four objectives:

- Establish a policy environment that supports the private health sector;
- Enhance geographical and financial access to packages of essential health services through the private sector;
- Make sustainable improvements in the quality of the services; and
- Increase demand for quality health services by informed, proactive consumers.

5. PRIVATE HEALTH SECTOR PROGRAM STRATEGY

PHSP applies a multi-step strategy in targeting support across all its key health intervention components. The strategy includes: consensus building, site selection in collaboration with the Woreda Health Office (WoHO), capacity building, and initiation and oversight of new services and demand generation. In all PHSP supported health interventions and sites, the project maintains an integrated health systems strengthening approach that values both the public and private sectors as critical elements of the national health system. (Refer to Figure 1 below.)

FIGURE 1: PHSP SYSTEMATIC PROGRAM IMPLEMENTATION APPROACH TO SUPPORTING PRIVATE HEALTH SECTOR FACILITIES WITH KEY PUBLIC HEALTH SERVICES



PHSP's overall strategy to supporting private health facilities with an integrated package of TB/HIV/family planning/malaria includes:

- Building consensus with all stakeholders, such as the RHBs, THOs, health providers in government health facilities, private health providers, private health facility owners, prior to implementing new systems and services;
- Integrating public health MCH/family planning services with existing TB/HIV services as a comprehensive package of public health services;
- Building health care capacity of the private health sector providers clinically, technically and in a supportive health system;
- Developing/adapting tailored behavior change materials and approaches to generate demand for private sector health services;

- Strengthening referral linkages between the private-public and private-private health facilities to ensure comprehensive patient care efficacy and safety;
- Fostering an enabling policy environment to ensure the full participation of the private health sector;
- Ensuring skills and knowledge transfer to the FMOH, RHBs and THOs to guarantee sustainable implementation and local ownership.

6. FAMILY PLANNING GOAL AND OBJECTIVES

6.1 GOAL

The goal of the family planning component of PHSP is to support the FMoH and RHBs to effectively partner with private health providers in delivering quality and affordable family planning services as part of a comprehensive package of key public health services, i.e., TB/HIV/family planning services.

6.2 GENERAL OBJECTIVE

The general objective of the family planning/reproductive health (FP/RH) is to increase access to and use of quality family planning services through the private health facilities.

6.3 SPECIFIC OBJECTIVES

The specific objectives of integrating and strengthening family planning services are to:

- Increase access of family planning services for married and unmarried young persons and those who have reached a desired family size by introducing a range of family planning services into a minimum of 105 PHSP supported private health facilities, particularly focusing on long acting methods (implants, intra-uterine contraceptive devices [IUCDs]), and incorporate this as part of a comprehensive package of public health services (a TB/HIV/family planning package) provided by the private health facilities;
- Create demand for and increase use of quality family planning services in private health facilities;
- Establish a system to start-up and sustain family planning services in private health facilities, where family planning services are either weak or not yet provided;
- Ensure quality of family planning services offered in PHSP supported private health facilities;
- Ensure a sustainable family planning supply chain system for the private health facility;
- Create an enabling working environment for integrating family planning services as part of a comprehensive package of key public health services that a private provider/facility offers clients.
- Establish a referral network with government and NGO facilities for reproductive health services such as permanent contraceptive methods, post-abortion care, etc.;
- Integrate family planning services with HIV and TB services in PHSP supported facilities where this has not already been done;
- Document and disseminate best practices applied in family planning in the private health sector.

6.4 GUIDING PRINCIPLES

In order to contribute to achieving the Millennium Development Goal Five and universal access for reproductive health services in Ethiopia, the delivery of family planning services in the private sector is guided by the following principles.

- **Integration:** Family planning services will be available in all PHSP supported private health facilities and integrated into the existing public health services provided to clients, such as with TB Public-Private Mix- Directly Observed Treatment – Short-course (PPM DOTS), anti-retroviral therapy (ART), prevention of mother to child transmission (PMTCT) and STIs.
- **Affordable services:** Family planning services will be available at an affordable cost as part of the package of key public health services provided by the private health facility, based on consultation fees.
- **Strengthening referral linkages:** Referral linkages will be established and/or strengthened among family planning service providers to ensure provision of quality comprehensive family planning services and satisfy clients' needs and choices. This will include strengthening linkages between private health facilities with RHBs and THOs to sustain a continuous flow of family planning supplies and monitor provider performance.
- **Partnership:** PHSP, through a member of the family planning team and/or regional PHSP staff, will be a core member of any task force or Technical Working Group which exists or is created by different government departments of the FMOH, to pool resources from all partners working in family planning at the national and regional levels and to provide technical assistance as needed. The PHSP program staff will work with the public sector, recognizing the leadership role of government and local government partners at regional, zonal and woreda levels in implementing family planning programs through participating in joint planning activities. PHSP will support building stronger linkages between private health facilities and RHBs, THOs, Pharmaceutical Funds and Supply Agency (PFSA) and public health facilities, since this is essential for sustaining a continuous flow of family planning supplies and monitoring provider performance.

7. STRATEGY FOR FAMILY PLANNING IMPLEMENTATION

PHSP is building on previous successes of the Private Sector Program (PSP) – Ethiopia, applying the basic steps of implementation that have been central to the PSP-Ethiopia approach and remains the foundation of PHSP’s approach. The family planning implementation strategy also follows PHSP’s overall strategic approach (see Section 5 and Figure 1 above). PHSP also provides technical support in developing and/or updating specific tools for training, counseling, behavior change communication (BCC), monitoring, etc., required for family planning but as part of the comprehensive package of public health services which PHSP supports.

PHSP works closely with private health facilities to increase access and utilization of quality family planning services, particularly for married and unmarried young people and those who have reached their desired family size. PHSP works in a strong partnership with the health system at federal, regional, zonal, woreda and THO levels. This includes:

- Ensuring that the achieved levels of family planning use in PHSP supported private health facilities are maintained and/or increased;
- Integrating family planning information, counseling and services as part of a package of key public health services provided at PHSP supported facilities; this package includes HIV counseling and testing (HCT), PMTCT, ART, and TB services;
- Ensuring that private health providers are equipped with the necessary knowledge and skills to provide quality family planning health services;
- Facilitating linkages between the private facilities and the Regional Health Bureaus (RHBs) to ensure access to family planning commodities/supplies through the existing supply chain system;
- Ensuring that private health clinics are able to provide services and produce sound family planning service statistic data to the FMoH, RHBs, Zonal Health Departments, and THOs using the existing Health Management Information System (HMIS) and logistics management information system (LMIS) for evidence-based planning;
- Focusing on sustaining the PHSP supported integrated package of key public health services in private health facilities through promoting and advocating for local government ownership and public private partnership.

Successful implementation will contribute to regional as well as national efforts to: (1) reduce fertility, (2) improve family planning outcomes, and (3) ultimately contribute to reducing maternal, neonatal, and child morbidity and mortality in the country.

The project’s family planning component is led by the PHSP Family Planning/Sexually Transmitted Infections team, including a Program Manager, Program Coordinator and Program Officer, who work under the Director of Clinical Services.

7.1 INTRODUCING FAMILY PLANNING AS PART OF A PACKAGE OF KEY HEALTH SERVICES

Referring back to Figure 1, this multi-step approach helps to facilitate an enabling working environment and builds trust and confidence by building consensus, involving the RHBs, local health offices, and private facilities in planning and implementation. Working through a bottom-up approach, the major steps include: establishing a foundation, building capacity and finally, delivery of quality health services, while monitoring for continuous quality improvement at each “step.” In facilities where PHSP already has a presence, good working relationships have been established. PHSP revisits these facilities to discuss the value added of providing family planning services as part of a “comprehensive package of integrated TB/HIV/family planning services,” providing the client with a “one-stop-shop approach” to allow clients to receive a more complete package of health services, how this can be costed at a reasonable rate and how PHSP can support this. PHSP works closely with the local training institute responsible for providing business and financial management training to private providers, in building the capacity of the facility owners/managers in how to cost various combinations of services and how to package and market these to the client.

7.2 LAYING THE FOUNDATION

To introduce family planning as an integral part of a comprehensive package of key public health services offered by private providers, the process begins by building a foundation that includes:

- Obtaining buy-in from RHBs.
- Conducting consensus building workshops with authorities from RHBs, THOs, public health facilities and all other potential local partners.
- Undertaking facility readiness assessments together with RHBs and respective THOs, beginning with facilities already receiving PHSP support, for example, PHSP supported facilities offering TB/HIV services.
- Introducing family planning as part of an integrated package of public health services for clients, providing a “one-stop shop,” maximizing opportunities when clients come in, promoting and advertising the value added for both the clients and providers in terms of financial gains for the provider, addressing clients’ many health needs at one time, and making the best use of time for both clients and providers.
- Identifying potential public and private referral sites.

7.3 CONSENSUS BUILDING WITH PARTNERS

PHSP meets with leaders to provide a forum for discussion and to help them better understand the priorities of each region and what PHSP can offer, particularly with regard to integrating family planning with existing TB PPM DOTS and HIV supported services, adding value to providing a “package of important public health services,” which can be priced appropriately. PHSP also conducts meetings to assess resource availability and prospective private health sector partners. Mapping resource availability includes meeting with other USAID supported projects involved in supporting family planning services in the PHSP supported private health facilities. This process leads to establishing consensus on the roles and responsibilities of all parties, as well as determining a timeline and tasks required to deliver quality family planning services while limiting duplication of support and maximizing available resources. Family planning services include both short and long term methods, but PHSP is assisting the private providers in focusing more on the long-term methods (i.e., implants and IUCDs) as per the national direction.

7.4 CONDUCT A RAPID ASSESSMENT, SITE SELECTION, AND IDENTIFYING REFERRAL NETWORKS

The PHSP team adapted its existing private health facility service assessment tool to conduct a rapid assessment of family planning, focusing on expanding the method mix to include long acting family planning methods in PHSP supported private facilities. In facilities where PHSP supports PPM DOTS, PMTCT, and pre-anti-retroviral therapy (pre-Art) services, PHSP will introduce and integrate family planning into the mix. PHSP systematically gathers data that allow objective comparison and selection of prospective new sites and also to identify providers requiring further capacity building in family planning. The collected data are used to establish referral linkages/networks, strengthen infrastructure, and identify and determine how to respond to other health service needs. PHSP plans to explore initiating a Community of Practice among those providers responsible for family planning, to share successes, challenges, technical updates, etc.

During the life of the project, the target is to incorporate and integrate PHSP support for family planning services as part of a package of integrated TB PPM DOTS/HIV services in at least 105 PHSP supported sites, beginning with 75 PHSP supported TB/HIV private facilities in Addis Ababa and Dire Dawa City Administrations and in Amhara, Oromia, Harari, Tigray, and SNNP Regions.

7.5 CAPACITY BUILDING

Capacity building includes:

- A Memorandum of Understanding (MoU) signed between the RHBs/THOs/WoHOs and private health facilities to initiate family planning as part of an integrated package of health services for clients.
- Providing training on family planning adhering to the *National Guideline for Family Planning Services in Ethiopia* (FMOH, October 2011) and schedule. In addition, PHSP includes topics of: quality of care, family planning integration with HIV/AIDS, and youth friendly reproductive health services for service providers. PHSP will advocate with the FMOH to consider adjusting the training course duration for private health providers to address his/her unique needs and situation, i.e., limiting the amount of time a provider has to be away from performing her/his routine service provision for a one week detachment at a time may compromise the service quality and income generated at the private facility while also incurring possible additional costs to the owner/manager. The recommendation would be to allow for a longer time period to cover the content necessary, i.e., allowing for a more flexible training schedule to cover all the necessary material.
- Training on business and financial management and marketing for facility owners.
- Linking facilities with THOs to access family planning commodities in tandem with other commodities where appropriate.
- Providing training on the Integrated Pharmaceutical Logistics System (IPLS) to an identified focal person to improve the quality of supply chain management in the facilities.
- Distributing national HMIS registers and reporting materials that will include family planning in addition to other health services offered by the private facility to be utilized by the private providers in documenting and reporting.
- Distributing information, behavior change communication materials and job aids, utilizing all national standardized materials, to health facilities and providers on family planning in addition to the other health services supported by PHSP.

- Providing basic medical equipment and furniture, such as an examination bed, examination lamp, IUCD insertion and removal kits, and implant insertion and removal kits based on facility assessment findings.

7.6 MEMORANDUM OF UNDERSTANDING

The RHBs, THOs and/or WoHO enter into a formal relationship with private health facilities by developing and signing a MoU that clearly describes the roles and responsibilities of all parties pertaining to family planning services. The MoU establishes RHB (local ownership) and a leadership role in the implementation process and allows all parties to hold each other accountable for performing identified tasks. The process begins when PHSP enters a similar formal relationship with each RHB through a blanket MoU that describes roles and responsibilities for both PHSP and the RHB related to delivering all PHSP supported services and includes family planning, TB PPM DOTS, comprehensive HIV care, and malaria, which together comprise the integrated “package of public health services” offered to the client at a set price that will be determined by the private provider and publically posted in the health facility.

7.7 CLINICAL TRAINING

The PHSP team identifies local training institutions to strengthen the clinical capacity of private health providers. These institutions use the FMoH national family planning curricula. The focus is on building competency-based clinical capacity and counseling skills of participating private providers in both short and long term family planning methods and counseling. PHSP uses a transparent, competitive bidding process to select training partners. The PHSP team simultaneously collaborates closely with the RHBs and other partners working in family planning and with stakeholders to seek ways to adapt the delivery of the curriculum to accommodate the time constraints that face private providers, particularly with regard to the duration of training courses. Each facility identifies at least one doctor, a health officer, or a nurse who already provides family planning services in the facility, to be trained in the latest state-of-the-art family planning clinical skills, including postpartum IUCD insertion.

PHSP will support private health providers in addressing the needs of those clients interested in long acting family planning methods (LAFP) with increased efforts through strong community mobilization efforts using the HEWs in areas where they exist. Trainees are assigned to public health centers/hospitals which have extensive experience providing LAFP methods (implants and IUCDs). In addition, PHSP will work closely with and identify potential the Family Guidance Association of Ethiopia (FGAE) and Marie Stopes International in Ethiopia (MSIE) clinics as potential sites for the practical field attachment training component. Each trainee is expected to exercise actual on-site skill practice with a minimum of five clients for each implant and IUCD insertion during the practicum. The training practicum will include postpartum IUCD provision.

PHSP staff or special tutors selected from the public sector will provide clinical mentorship for both those requiring additional skill practice and also to ensure and maintain standards of practice before a trained provider is certified to provide this service without any specialized supervision. Routine mentorship and supportive supervision will also continue for all family planning sites, covering all family planning services provided.

PHSP also supports replacement and refresher trainings to increase knowledge and ensure quality service delivery for private providers based on the latest clinical family planning skills and new information. This will focus on practicums in which trainees will either learn new and/or improve existing family planning clinical procedures during service provision, for example, implant removal, new contraceptive applications, IUCD insertion and removal, and postpartum IUCD insertion. Refresher training includes information on the benefits of providing a comprehensive integrated package of public health services where family planning has been incorporated into existing TB PPM DOTS and other HCT services to meet the client’s often many health needs available for an established reasonable price.

Experience sharing to build clinical skills: PHSP conducts a series of clinical seminars in major regional hubs to draw together providers from both public and private sites to discuss challenging issues in key PHSP supported health services with leading national experts, such as in TB diagnosis and treatment. PHSP will arrange for clinical family planning attachments with a designated public and/or NGO health facility (health center or hospital) identified as a center which has wide experience in sexual and reproductive health in general and family planning in particular, for continued education and skill building of private clinic service providers. At the minimum, there will be one clinical attachment and experience sharing event per year that focuses on LAFP methods such as IUCD insertion (postpartum IUCD insertion as well) and removal and implant insertion and removal.

7.8 SUPPLY CHAIN

Linking with the government supply chain system

PHSP works closely with the RHBs to address drug supply issues with regard to TB and HIV. In support of family planning services, the PHSP team also works closely with the RHBs on the contraceptive logistics supply chain system in a similar manner by facilitating linkages between private facilities and reliable public and private health sector supply centers for family planning commodities.

Linking with the local family planning supply companies

To ensure a continuous and sustainable logistics supply, PHSP will help to identify local firms which provide and distribute family planning commodities including social marketing sources, and link private facilities with these suppliers to deliver family planning commodities for a subsidized price.

PHSP will ensure that the necessary family planning commodities (contraceptives and other related consumables) are available /provided at the private health facility, beginning with when providers are trained in comprehensive family planning and at start-up through existing supply channels. PHSP program staff work with the RHB to help ensure that the bureau does not experience stock outs, which can adverse repercussions for the private health facility, however, PHSP does acknowledge that there are times when the situation is beyond PHSP's control, i.e., when the RHB experiences stock outs.

PHSP works closely with USAID partners which support the contraceptive logistics chain system. Private health clinics are expected to submit monthly contraceptive use reports using the standard HMIS reporting forms to their respective THOs in a timely manner.

PHSP conducts regular mentoring on the contraceptive logistics system in the PHSP supported private health clinics, focusing on handling, issuing, recording and reporting, for example, helping facility staff to correctly complete the stock record and bin cards, record average monthly consumption rates and stock on hand, and submit emergency orders.

7.9 SERVICE DELIVERY

Family planning services enable individuals and couples to freely determine the number and spacing of their children and to select the means by which this may be achieved. These services are comprehensive, covering educational, medical and social aspects. To this effect, PHSP supports private health facilities to provide education, information, counseling, provision of contraceptive methods and referrals for all their clients, including those with special needs as much as possible. Health facilities are supported and enabled to deliver family planning services and methods that best suit the competency level of the providers and address a client's needs. The strategic direction, while ensuring availability of a wide family planning method mix, is to encourage providers to move towards the provision of LAFP methods, i.e., implants and IUCDs, to eligible clients rather than only short term family planning methods.

Private health facilities need to provide quality and affordable family planning services that ensure voluntary and informed choice, safe provision, and follow up of services to clients. The health provider

will explain to the client the need for any return visits during the consultation visit. The private health service provider also gives comprehensive and accurate information about family planning options available to the client(s). When a method is selected, the provider will explain to the client how to use the method correctly, possible side effects, and when to return for repeated service and/or check-up as well as for any other health related concern. Any misconception and rumors about family planning methods will be discussed at this time.

The interactions between client and service provider during the consultation visit should be conducted in a respectful and congenial manner, encouraging the client to ask questions and ensure that the client understands everything explained about the method(s). In addition, privacy and confidentiality will be maintained which is a core component of quality service. All efforts will be supported to ensure effective integration of family planning services with HIV/AIDS and other MCH or primary health care services provided by the facility.

TABLE I: TYPES OF FAMILY PLANNING SERVICES PROVIDED IN PRIVATE HEALTH FACILITIES AS PART OF THE INTEGRATED PACKAGE OF PHSP SUPPORTED TB-PPM DOTS/HCT SERVICES

Facility level	Intervention type	Commodities and supplies provided
Lower clinics	Health education to: <ul style="list-style-type: none"> • Increase awareness of benefits of safe sex, family planning and birth spacing from the pre- pregnancy period, during pregnancy and postpartum; • Enable adolescents, women, and men to access various reproductive health services through integrated and linked services; • Counsel on and distribute contraceptive methods including emergency contraception. • Counsel on different contraceptive methods to ensure informed choice • Distribute family planning information and behavior change communication materials • Refer for long acting family planning and reproductive health services. 	<ul style="list-style-type: none"> • Health education and service promotion materials; • Job aids; • Contraceptives: <ul style="list-style-type: none"> • Condoms for STI/HIV and pregnancy prevention; • Oral contraceptive pills including emergency contraception; • Injectables.
Medium clinics and higher clinics	All of the above plus: <ul style="list-style-type: none"> • Counsel and provide a comprehensive range of family planning methods; • Understand and use dual protection (female and male condoms); • Screen for, recognize, and possibly manage STIs; • Test for and counsel on HIV. 	All of the above plus: <ul style="list-style-type: none"> • Decision making aids for clients; • Full range of contraceptives including implants and IUCDs; • Laboratory tests kits for STIs/ HIV; • Surgical equipment to insert/remove implants; • IUCD insertion and removal kits.
Hospitals	All of the above plus: <ul style="list-style-type: none"> • Treat medical conditions, side effects and/or complications; • Manage methods of choices if not provided at first level of care (tubal ligation, vasectomy, insertion and removal of implants, difficult removal of devices, etc.); • Appropriately manage infertile couples including HIV discordant couples. 	All of the above plus: <ul style="list-style-type: none"> • An appropriate operating theater for surgical methods; • Surgical equipment (for tubal ligation, vasectomy).

Adapted from: WHO (2010): Packages of Interventions for Family Planning, Safe Abortion Care, Maternal Newborn and Child Health.

7.10 SITE INITIATION

Family planning services are initiated in a facility when the rooms are ready, staff are trained and commodities are supplied by the RHB. The initiation of services in regions begins with an official launching ceremony which also serves to advocate private-public partnerships.

7.11 DEMAND CREATION/BEHAVIOR CHANGE COMMUNICATION

To increase demand for quality family planning services, PHSP uses evidence-based strategies that encourage clients to seek quality health services in the private sector and empower them as consumers to be more proactive and mindful about managing their health. Besides using national available and relevant BCC materials, PHSP also conducts formative research to gain a more in-depth understanding of the different factors influencing care seeking behavior for family planning and reveal effective channels and mechanisms to reduce barriers and generate demand for these services in the private sector. Based on the findings of this research, PHSP uses well-established behavior change methods to: segment target audiences to most effectively tailor behavior change messages; design, pre-test, finalize, implement, monitor and evaluate BCC strategies that help clients overcome existing barriers to seeking family planning and improve health-seeking behaviors. PHSP also uses nationally available BCC materials and supports BCC activities for clients of private clinics to create demand, boost service utilization and remove myths/misconceptions about family planning. PHSP also targets private providers to improve quality of service delivery through BCC materials and activities that support inter-personal communication skills and patient empowerment.

PHSP will support private facilities in creating demand and mobilizing in collaboration with THOs, since they work closely with the urban/rural HEWs, women's associations, and youth associations/clubs in the town where the private clinic is located. The private health providers responsible for family planning will increase family planning service uptake through recruiting new acceptors from people coming to the facility for other services and will also organize educational sessions on the various methods for specific groups.

7.12 COSTING OF PRIVATE PROVIDER FAMILY PLANNING SERVICES

Ensuring affordability of family planning services is paramount to augment client uptake and utilization of family planning methods by clients of private health facilities. To ensure affordability of services for the clients and the ability of private providers to make a profit are essential. To this effect, the MoU will also include content that clearly indicates that private health facilities can charge their clients for consultations, procedures, and consumables but not for the actual cost of family planning contraceptives and related supplies received free-of-charge from the government. PHSP will encourage private health facilities to post the cost of the fees they charge for consultations and family planning procedures in a public space in the health facility. These would include the fee for insertion of implants or IUCDs, as examples. PHSP will also support the local training institute responsible for business skills training of private facility owners/managers in training providers on "how to cost various packages of comprehensive key public health services," in addition to individual components, making the case for an increased health benefit of the former option.

7.13 STRENGTHENING AND ADVOCATING FOR PUBLIC-PRIVATE COLLABORATION THROUGH REFERRAL LINKAGES AND NETWORKS

The RHBs collaborate with PHSP in convening a series of advocacy workshops in the regions to bring together public and private clinic participants and increase their awareness of the TB/HIV services provided in both sectors and strengthen referrals at the grassroots level. The PHSP team will use this opportunity to introduce and advocate for support in family planning as an integral component of a public health package of services offered to the client by the private health provider. PHSP facilitates linkages between facilities and providers to ensure that clients are provided with a wide range of family planning method options and services, where these are not provided by the referring facility.

7.14 SUPPORTIVE SUPERVISION AND MENTORING

Quality improvement is built into PHSP implementation through regular joint supportive supervision and routine mentoring, which includes not only regular monitoring and evaluation activities, but also program performance. The PHSP team and the local health office or RHB conduct supportive supervision and mentoring visits together and use an action-oriented integrated tool to measure performance, quickly identifying problems and then assisting in defining clear follow-up actions on-the-spot, leaving action plans behind with the providers to follow up on. PHSP will incrementally hand over leadership of supportive supervision to the local health offices and RHBs before the program ends in 2014.

7.15 CONTINUOUS QUALITY IMPROVEMENT

Family planning service delivery are regularly monitored by PHSP staff, THOs and RHBs. Facilities are required to report every month to their respective THO on family planning service utilization using regional reporting formats and according to HMIS standards and protocols. Specific family planning indicators are monitored.

The following are the key family planning service delivery and performance indicators in PHSP:

- Number of private health facilities providing integrated family planning with other PHSP supported health services as part of a comprehensive package of TB/HIV/family planning services;
- Number of new family planning acceptors provided with a contraceptive method by type;
- Number of repeated family planning acceptors provided a contraceptive method by type;
- Number of CYPs generated;
- Number of clients referred for a family planning method by type and to what facility level;
- Number of contraceptives distributed by contraceptive method;
- Number of family planning clients offered and tested for HIV;
- Number of clients who come for HCT services counseled for family planning services;
- Number of clients who come for HCT services receiving a family planning service by method;
- Number of PMTCT clients who received family planning counseling;
- Number of HIV + mothers who received a family planning service by method for postpartum contraception in the last month;
- Number of HIV + clients counseled for family planning services;

- Number of HIV + clients who received family planning services by type;
- Number of follow up, supportive supervision, and mentorship visits on family planning;
- Number of providers trained on family planning by method (refresher versus basic).

As part of continuous quality improvement, PHSP will conduct client exit interviews biannually to assess client satisfaction and develop/modify interventions to improve service quality.

8. PROGRAM EXIT STRATEGY

PHSP ends in 2014. Through ongoing monitoring efforts, PHSP continually assesses the maturity status of each supported facility to prepare for transitioning them from PHSP support in a phased manner. Starting mid-2013, PHSP plans to decrease support gradually, allowing matured private health facilities to manage on their own, with periodic support from the RHBs and THOs to the extent appropriate for the facility. PHSP developed a protocol to guide the transition process.

9. ENVIRONMENTAL IMPACT

Introduction of family planning services in the health facilities increases waste products which can have a negative bearing on the physical and human environment. PHSP is assisting the private health facilities in introducing and/or promoting management and infection prevention practices and procedures to mitigate the effect of waste products in the environment as well as within the facility, for not only family planning services but for other PHSP supported services.

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