

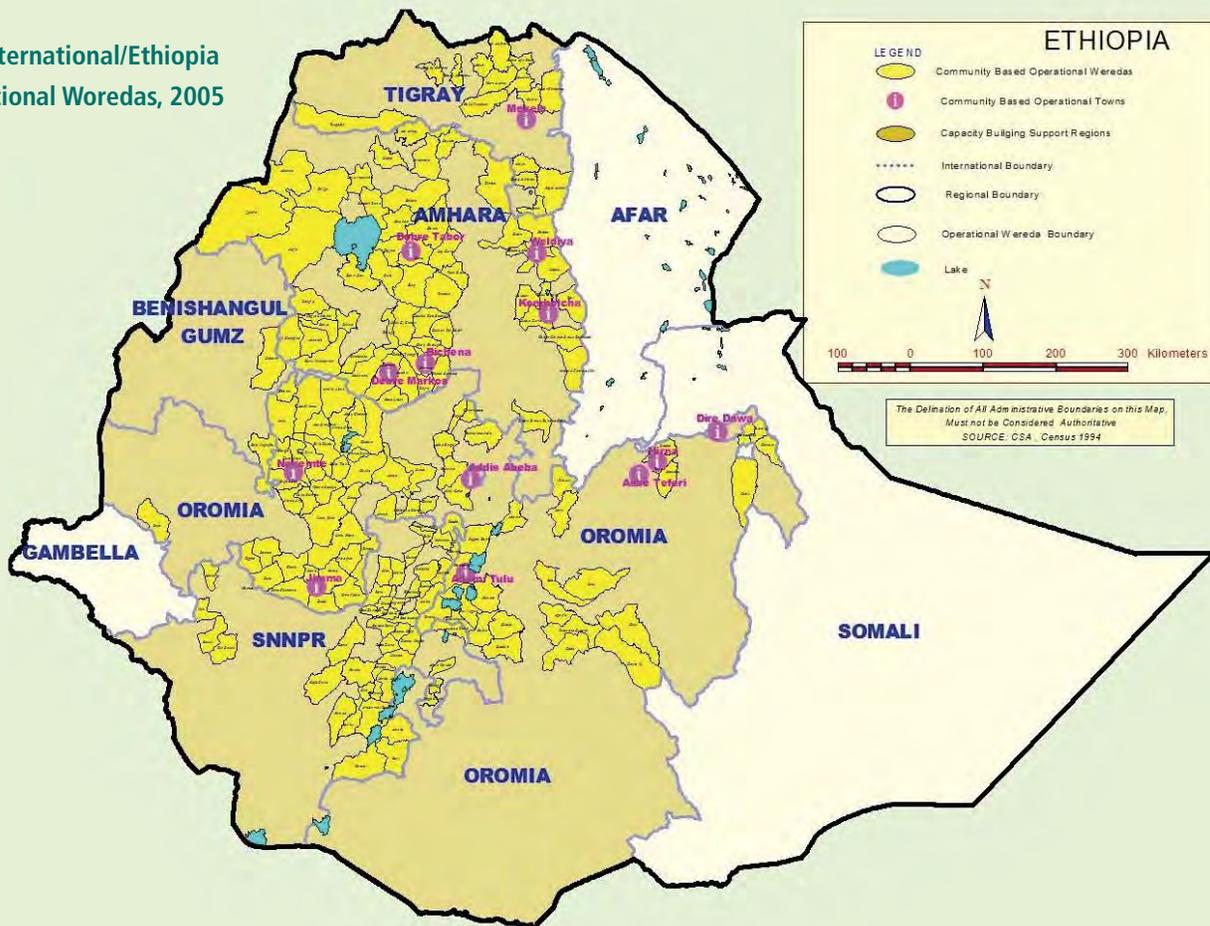


Enhanced Access to Reproductive Health and Family Planning Pathfinder International in Ethiopia 2002-2007



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Pathfinder International

Pathfinder International believes that reproductive health care is a basic human right. When parents can choose the timing and number of pregnancies, women’s lives are improved, their families are more secure, and children grow up healthier.

For 50 years Pathfinder has promoted reproductive health and family planning services around the world. Projects extend maternal and child health programs, including care of women suffering from the complications of childbirth or unsafe abortions. Efforts address the needs of adolescents and youth, providing them with the knowledge and tools necessary to make responsible reproductive health decisions. Other projects work to prevent HIV/AIDS and care for those affected by the virus. While projects consistently focus on promoting social change to benefit women at the community level, staff continually advocate for sound reproductive health policies in the US and abroad.

Pathfinder International in Ethiopia

Since 1993, Pathfinder has pioneered in introducing reproductive health and family planning to some of the poorest communities in Ethiopia. This publication documents the major results of that work since 2002 and the beginning of the Reproductive Health/Family Planning Project, funded by USAID.

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Above: Debebrehan Health Center. Pathfinder has brought about significant changes in the organization and structure of many clinics and hospitals in Ethiopia, including integrating maternal and child health services into the central operations of facilities, so that mothers receive comprehensive care.

photo: Jennifer Wilder/Pathfinder International

Background

Ethiopia, the second most populous country in sub-Saharan Africa, has a population of 75 million and a high growth rate. But unlike many other African countries, it now also has a high demand for contraception—half of all women either wish to cease childbearing or to wait for at least two years to have another child. With the generous support of USAID, Pathfinder International has been developing a community-based Reproductive Health and Family Planning (RH/FP) approach in Ethiopia since 1995, which creates demand for RH/FP services and increases use of contraception for spacing and limiting of births. Through this approach, Pathfinder has also mobilized the community against harmful traditional practices (HTPs) and gender-based violence (GBV), and in favor of positive health behaviors. Since October 2002, Pathfinder International/Ethiopia has implemented the RH/FP Project among a population of 32 million, which is 43 percent of the nation's population, achieving remarkable progress in creating demand for and use of contraception, improving awareness of HTPs and GBV, and raising consciousness of HIV/AIDS prevention. In this paper, we document some of the impacts the project has potentially brought to Ethiopians during the period 2002-07. We use data from the 2005 Ethiopia Demographic and Health Survey,¹ Pathfinder International/Ethiopia Management Information System database,² and other Pathfinder International/Ethiopia studies.

Family Planning Status in Ethiopia

Ethiopia enjoys a rich history and diversity of cultures and peoples. Though fertility and maternal and child mortality remain high, all have begun to decline considerably. Total fertility rate (TFR) declined by one birth per woman (or about 15 percent) from 6.4 births in 1990 to 5.4 births in 2005, but that rate remains critically high in a country already burdened by severe poverty and

1 Ethiopia Demographic and Health Survey 2005, (EDHS 2005). Available at www.measuredhs.com.

2 Pathfinder International/Ethiopia, Management System Database. Addis Ababa: Pathfinder International, 2007.

resource depletion. Under-five childhood mortality declined by about 25 percent, from 166 per 1,000 in 2000 to 123 in 2005. Maternal mortality declined by about 23 percent from 871 per 100,000 in 2000 to 673 in 2005.³

In 2005, about 49 percent of Ethiopian women reported that they wanted no more children or they want to wait for at least two years to have their next child (Figure 1).^{4,5} Yet, only about 15 percent were using contraception, which reflects an unmet need for contraceptives of about 34 percent. In 2000, demand for contraception was 40 percent, and it increased sharply, by about 25 percent between 2000-2005. Because demand grew faster than use, unmet need for contraception continues to be high (Figure 1). Although the TFR was 5.4 in 2005, total wanted fertility rate (TWFR) was only 4 children per woman, meaning that there are about 1.5 unwanted births per woman.⁶

Given the high demand for contraception, it is possible to significantly increase contraceptive use in Ethiopia with appropriate and affordable service delivery mechanisms and contraceptive method mix.

Demand for contraception is associated with a small-family norm that is becoming widespread in Ethiopia. Women with secondary or higher education and urban women show higher demand for and use of contraception than their less educated or rural counterparts, and they are nearing the replacement-level of fertility (TFR of 2.2-2.4) (Figure 2). Women in Addis Ababa have a TFR of 1.4, markedly below replacement-level fertility and more in common with Italy or Singapore. Only 10 percent of women with no education use contraception, though it is used by 53 percent of women with secondary education (Figure 3). Unmet contraceptive need is 35 percent for women without education, while only 17 percent of women with secondary or higher education have unmet need.

The Contraceptive Prevalence Rate (CPR) nearly doubled from only 8 percent in 2000 to about 15 percent in 2005 (Figure 4, page 4). Most of this increase was associated with increased use of injectables (Figure 4). Following its introduction in 1992, injectable use rose to 3.1 percent of all contraceptives by 2000. But it quickly more than tripled to almost 10 percent in 2005. Pill use increased gradually, from 2.1 percent in 1990 to 3.1 percent in 2005. Both condom and Intrauterine Contraceptive Device (IUCD) use varied between 0.1 percent and 0.3 percent over one and a half decades. Implants were only introduced in Ethiopia in 2005, but their use increased substantially by 2007 in Pathfinder project areas.⁷ Traditional method use was at 1.9 percent in 1990, and declined slightly to 1.1 percent in 2005.

Figure 1: Contraceptive use and unmet contraceptive need, 2000 and 2005

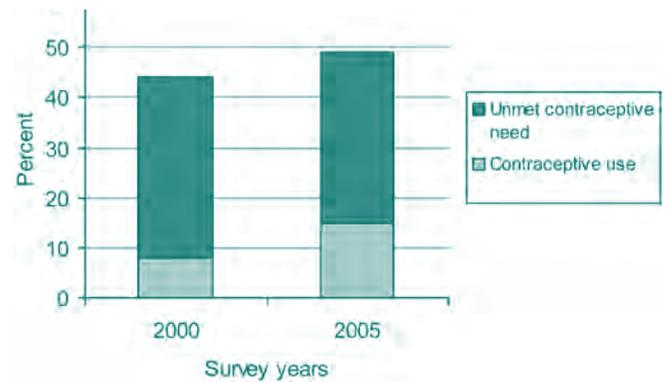
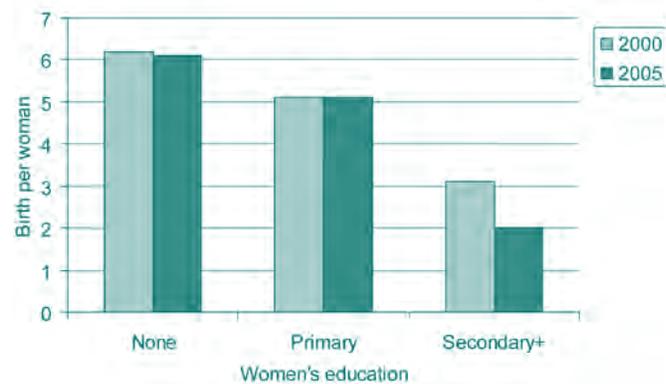


Figure 2: Total fertility rate, by women's education, 2000 and 2005



3 EDHS 2005, Footnote 1.

4 A woman is said to have demand for contraception if she does not want to have anymore children or wants to wait for two or more years to have another child. Demand for contraception equals contraceptive use plus unmet need for contraception. Therefore, unmet need for contraception indicates that the woman wants to space or limit her births, but currently is not using any methods (See Footnote 1).

5 The data source for Figures 1-4 is EDHS 2005, Footnote 1.

6 EDHS 2005, Footnote 1.

7 Ambaw Damtew, Mengistu Asnake, and Jennifer Wilder. *Service Delivery-Based Training for Long-Acting Family Planning Methods: Pathfinder International in Ethiopia*. Watertown: Pathfinder International, 2007.

Figure 3: Contraceptive use and unmet contraceptive need

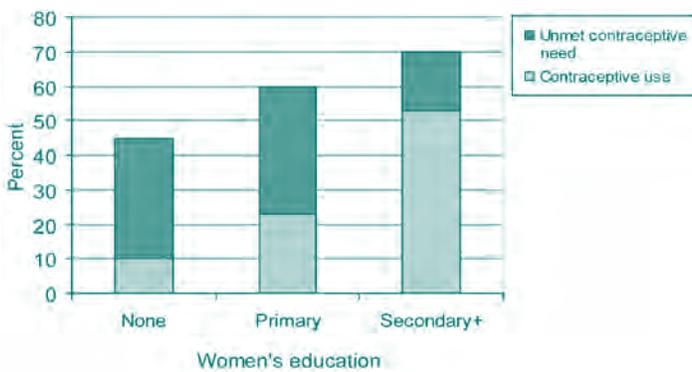
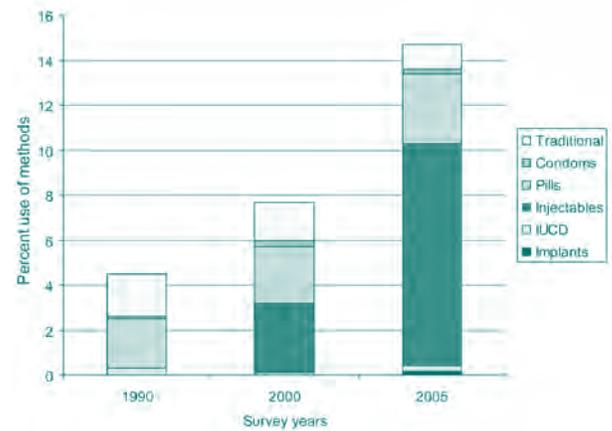


Figure 4: Contraceptive prevalence rate, by method, 1990-2005, Ethiopia



Pathfinder International/Ethiopia RH/FP Project

Pathfinder International/Ethiopia's RH/FP Project, launched in October 2002 and funded by USAID, has expanded the availability of family planning information and services in the regions of Tigray, Amhara, Oromiya, and SNNP, where about 87 percent of the population of Ethiopia lives. The project currently has nearly 10,000 trained community-based reproductive health agents (CBRHAs) in 6,315 *kebeles* (villages) in 279 *woredas* (districts), who provide RH/FP information, supply pills and condoms, and refer mothers and children to health facilities for other methods of FP and health services. The project covers approximately 32 million inhabitants in 6 million households, which comprises about half of the project area population and 43 percent of the national population. There are about 6.5 million eligible couples in the project areas, which is 43 percent of the 15 million couples in the nation.⁸ (See Table 1.)

The Community-Based Approach

Since 1995, CBRHAs, through community-based activities like home visits and community meetings, have informed eligible couples on RH/FP, especially birth spacing and limitation, HTPs, Maternal and Child Health (MCH), and the prevention of HIV/AIDS and sexually transmitted infections. They also provide condoms and pills. Details of the Ethiopian CBRHA community mobilization approach can be found elsewhere.⁹ These agents also disseminate RH/FP information and messages in market places, workplaces, churches, and meetings of associations. The project has developed advocacy training materials for influential community members, religious leaders, women's groups, and local government officials of different ministries to raise awareness and knowledge about RH/FP issues, MCH, and HTPs. Hundreds of advisory committees at woreda and kebele levels, composed of community and religious leaders, have been formed to help CBRHAs mobilize the community and confirm the benefits of birth spacing and limiting and the use of MCH services. They urge the community to refrain from HTPs like early marriage,

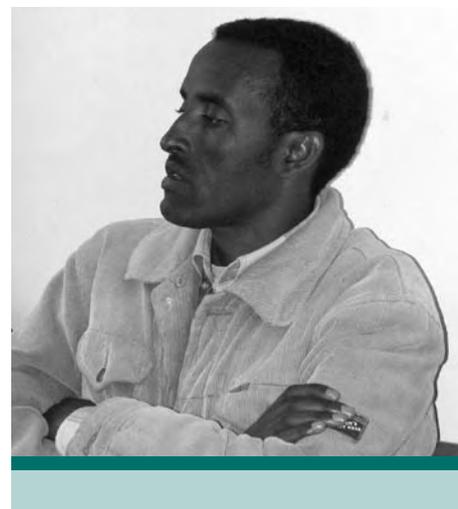
8 *Health and Related Indicators*. Federal Democratic Republic of Ethiopia Ministry of Health. Addis Ababa: Planning and Programming Department, 2006.

9 *Community-Based Reproductive Health Care: Creating Demand*. Watertown: Pathfinder International, 2005. (Available at www.pathfind.org/Publications.)

abduction, and female genital cutting (FGC), and they mobilize the community against GBV. These leaders and influential individuals reach women and men through community gatherings, special events, religious congregations, and special women’s group activities.

Contraceptive knowledge is now almost universal in Pathfinder program regions. Demand for small families and contraception has become strong. Misconceptions, rumors, and negative attitudes related to family planning are disappearing. The benefits of a small family are discussed openly at community gatherings, religious congregations, and other occasions of community life. The 2005 EDHS shows that 49 percent of women have expressed a desire for contraception.

The CBRHAs have significantly increased health facility use by women who never approached skilled providers in the past. Nearly nine million contacts of clients have been referred for RH/FP/MCH to 2,297 health facilities, in an environment where there is one health facility for about 3,000 women of reproductive age. More than 1,759 of these facilities are supported by Pathfinder with equipment and contraceptive supplies. Over 150 government health facilities have been upgraded for Long-Acting Family Planning methods (LAFP) services, and about 150 private clinics are supplied with contraceptives. The project reaches out through 532 marketplace and 63 workplace service centers, 130 depot holders, 31 youth centers, and 319 youth clubs. Training on LAFP, Postabortion Care (PAC), HTPs, GBV, and Adolescent Sexual and Reproductive Health (ASRH) was given to 1,652 clinical providers in health facilities. An extensive service delivery-based training program taught hundreds of clinical providers to insert implants and IUCDs, while providing the methods to thousands of women. This ongoing effort is substantially increasing coverage of the method, representing a milestone in the national family planning program. The project also refurbished clinics and provided equipment to government facilities and institutions.



Above: Hailegebrael Akelu has worked with CBRHAs for Pathfinder for six years. “I have one message for Pathfinder,” he says. “Pathfinder is an organization that really must remain, as it has gone all the way down to the community level and significantly reduced maternal and infant mortality. By training all of these CBRHAs, filling government gaps, Pathfinder has made very great contributions to the community.”

photo: Jennifer Wilder/Pathfinder International

Table 1: RH/FP Project Coverage

Coverage	Number	Description
Kebeles	6,315	6,315 of 7,256 kebeles (87%) in Tigray, Amhara, Oromiya, and SNNP regions of Ethiopia
CBRHAs	9,938	One CBRHA on an average covers about 600 households
Population	32 million*	50% of the population of Oromiya, Amhara, Tigray, and SNNP regions or 43% of the country population
Households	6 million*	
Women	6.5 million*	Women between 15 and 49 years
Adolescents	8 million*	Girls and boys between 10 and 19 years
Children	5 million*	Children under age 5

*Estimate



Above: This woman is being counseled by a provider-trainee prior to receiving an implant at one of Pathfinder’s many service delivery-based trainings for long-acting family planning methods.

photo: Pathfinder International/Ethiopia

Over the course of the project, Pathfinder, in collaboration with the Ethiopian MoH and our partner organization, the Consortium of Reproductive Health Associations (CORHA), has developed training curriculae, manuals and modules, reference manuals, and job aids for service providers and trainers on RH/FP (including LAFP, PAC, HTP, GBV, and ASRH). Thousands of Information, Education and Communication and Behavior Change Communication (IEC/BCC) materials, cue cards, electronic media materials, drama serials, radio messages and talk show programs, calendars, and pocket calendars have been developed and distributed. Materials used by CBRHAs are culturally appropriate and sensitive to conservative local cultures, and were developed to reach millions of community members who have no or low literacy. Documentary and entertainment films on relevant issues were shown in rural areas using mobile vans.

The project has reached thousands of community members with information and messages through project activities. On average, 3.62 contacts¹⁰ were made per couple of reproductive age with RH/FP information over the project period. About 2 contacts per one male or one female aged 14-49 years were made on family health. On an average, 2.68 contacts per one male or female aged 15-49 years were made with HIV/AIDS prevention messages. Over 3 contacts per one male or female adolescent aged 10-19 years were made over the project period. Advocacy activities were undertaken through advisory committees and stakeholders at different levels to gain support for sensitive issues.

Table 2: Client Contacts over Project Period

Couple contacts with RH/FP information	3.62 contacts per couple of reproductive age
Contacts with family health info by gender	2 per 1 male or 1 female, age 14-49
Contacts on HIV/AIDS prevention by gender	2.68 per 1 male or 1 female, age 15-49
Contacts with adolescents	3 per 1 male or 1 female, age 10-19
Contacts on AYSRH awareness	3.16 contacts per adolescent age 10-19
Contacts for gender sensitization	4 million
Contacts for HTP awareness building	7.46 million (1 million adolescents)
Child contact referrals for health care	6.52 million (1.3 per one child <5)
Woman contact referrals for health care	2.27 million (0.35 per one woman, age 15-49)
Fistula cases referred for repair	500
Traditional birth attendants trained	350 on HTP and RH
CBRHAs trained in couples counseling on enhancing male involvement	2,000

¹⁰ Contacts are the aggregate number of individuals reached with IEC/BCC messages. The counts of individuals reached with RH/FP or health information or messages are based on the number of individuals contacted through CBRHAs or individuals attending different meetings or gatherings. A ratio of IEC/BCC contacts to relevant targeted beneficiaries like couples or women of reproductive age, or adolescents aged 10-19 years gives a sense of dimensions of the reach.



Left: Abeth (center) is a CBRHA and also a traditional birth attendant. She convinced the parents of these two adolescents to let them remain in school rather than marry at age 15 by pointing to the successes of her own unmarried daughter now finishing high school.

photo: Jennifer Wilder/Pathfinder International

Community members and major target groups received about 4 million sensitization contacts on gender issues and 7.46 million contacts on HTPs during the project years.

The project addressed gender issues (especially GBV and HTPs) in a variety of ways—partnering with women’s organizations; collaboration with community and religious leaders, clubs, and schools; community rallies; training judges, police officers, prosecutors, and other legal bodies; and providing skills training to poor women, scholarships to poor girls, and rehabilitating women at risk. Community members and major target groups received about 4 million sensitization contacts on gender issues and 7.46 million contacts on HTPs during the project years. While, on average, 3.16 contacts per one adolescent (aged 10-19 years) were made through ASRH IEC/BCC messages, about one million adolescents were reached in schools and clubs for sensitization on HTP issues. Mass rallies were organized, workshops conducted, and booklets produced to familiarize stakeholders with the new penal code on HTPs. TV and radio messages were aired, films shown, booklets produced, and a toolkit for monitoring and evaluating interventions on HTPs and RH was produced. Over 350 traditional birth attendants were trained on HTPs and RH. About 650 traditional circumcisers were trained to become RH cadres and educators. School clubs were established on HTPs. About 500 fistula cases repaired. Over 2,000 CBRHAs were oriented on couple counseling to enhance male involvement.

Right: Gadisa Bedada and Lemma Chemedra are male CBRHAs who meet with couples in their homes and approach men as they work in the fields. As Lemma says, “People can see that there is not enough land. I tell people that spacing children is like planting seeds in the field—when you put two of them too close together, they do not thrive.”

photo: Jennifer Wilder/Pathfinder International



The Project Impacts

Since October 2002, the project has served 3.63 million new users of contraception through CBRHAs and referrals among the catchment population, and has generated 3.43 million Couple Years of Protection (CYP). CYP grew remarkably over the project years (see Figure 5), and have been accompanied by a shift of method mix towards long-acting (primarily implants). In the fifth year of the project alone, the project provided 1.14 million CYP, which is about 45 percent of the national estimated CYP in 2007.¹¹ Pathfinder’s significant contribution to the rise of CPR in Ethiopia has been accompanied by increasing demand for family planning through its innovative and effective community-based approach. The project has been able to avert about 1.22 million births over the project period.¹² It is estimated that the project catchment areas have had over 20 percent fewer births than would be expected in the absence of the project.¹³

Improvement in Contraceptive Method Mix

Not only has the number of CYP increased during the project period, but there has been an improvement in the method mix. Note in Figure 6 that CYP from all methods have increased substantially over the years, and the relative contribution of long-acting methods like implants

¹¹ We assume that CPR is 17 percent in 2007 in Ethiopia. We also assume that there are 15 million women of reproductive age who require contraception in Ethiopia. Thus $(15 \times 17 / 100)$ or 2.55 million women or their partners use contraception at any point in time. This means that, for one year of contraceptive use, the national programs need to provide 2.55 million CYP in the country. Therefore, the project CYP of 1.14 million in 2007 is about 45 percent of that year’s national annual CYP of 2.55 million.

¹² The estimated number of births averted is based on the average length of birth interval in Ethiopia. The EDHS 2005 shows that median birth interval was 33.8 months during 2002-05 (Footnote 1). This means that $(33.8 / 12)$ or 2.82 CYP is required to avert one birth, and thus, we divide the total CYP by a factor of 2.82 to get the total number of births averted.

¹³ Crude birth rate was 35.7 per 1,000 during 2002-05 in Ethiopia (Footnote 1). For a population of 32 million in the project areas, the estimated number of annual birth is $(32 \times 35.7 / 1,000)$ or 1.14 million. And, for 5 years it is 5.70 million. Thus, 1.22 million births averted by the project are about 21 percent of the five years’ births of 5.7 million.

has increased, while the contribution of short-acting methods like condoms and pills declined. The relative contribution of injectables on CYP has remained almost stable, with an increase in absolute numbers.¹⁴

Impact on CPR

A 2004 Pathfinder survey of CPR in the four RH/FP project areas¹⁵ showed far higher use of contraceptives than was determined by the 2005 Ethiopia DHS survey. (See Figure 7.)

The higher Pathfinder figures may be due to sample selection. While DHS samples are likely to represent the entire regions, the Pathfinder survey samples are taken within Pathfinder project areas only. These differences suggest impressive project results.

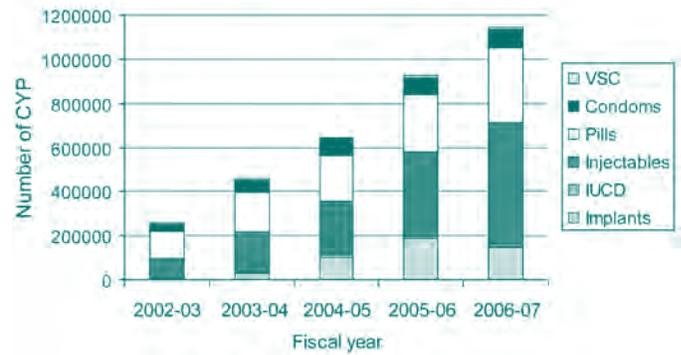
Utilization of Maternal and Child Health Services

A major focus of the project was to train CBRHAs to refer mothers and children to health centers for skilled care. A high proportion of these are first-time referrals, highlighting the key role of CBRHAs in introducing community members to the value and availability of skilled care.

Over the course of the project, the following referrals were made:

- 6.52 million child contact referrals for health care
 - 1.3 child contact referrals for health care per one child under 5, and
- 2.27 million woman contact referrals for health care
 - 0.35 woman contact referrals for health care per one woman aged 15-49

Figure 5: Couples Years of Protection (CYP), by method and project year in RH/FP Project areas



NOTE: VSC and IUCD numbers are too small in relative proportion to be seen in Figures 5 and 6.

Figure 6: Relative contribution of contraceptive methods in CYP, by project year in the RH/FP Project areas

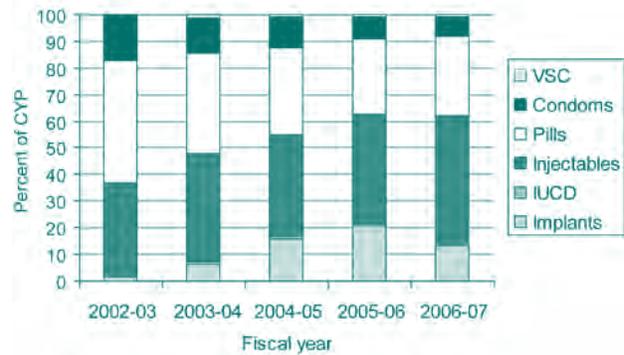
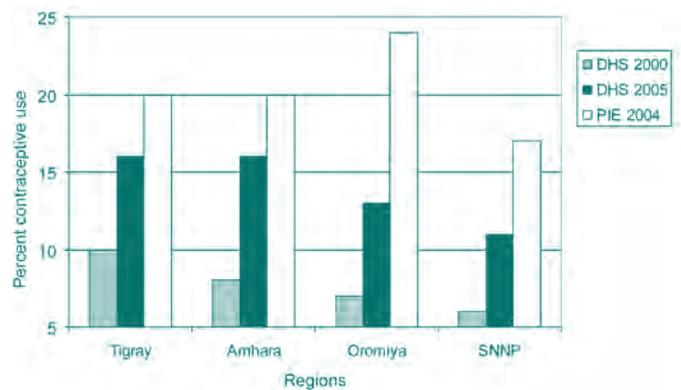


Figure 7: Change in CPR in project regions



14 Figures 5-6: Pathfinder International/Ethiopia Management Information System (PIE MIS) Database. 2007. Addis Ababa: Pathfinder International/Ethiopia.

15 Knowledge, Attitudes, and Practices in Family Planning in Amhara, Oromiya, SNNPR and Tigray Regions of Ethiopia. Addis Ababa: Birhan Research and Development Consultancy and Pathfinder International/Ethiopia, 2004. (Available at http://www.pathfind.org/site/DocServer/CPR_survey_report_final_june_24.pdf?docID=3961)



Above: At religious festivals, funerals, and weddings, this Imam in Chefarobit promotes FP, “because so many people are unable to support their families.” The Imam must bless all marriages, which enables him to stop early marriages throughout the entire woreda.

photo: Jennifer Wilder/Pathfinder International

Gender Issues

Though the project did not generate specific data reflecting its impact on ASRH, gender issues, and HTPs, the following data from the 2005 Ethiopian Demographic Health Survey shows definitive improvements in these areas.¹⁶

Harmful practices are steadily declining in Ethiopia. Around 80 percent of interviewed women 45-49 years or older had been circumcised, but only 60 percent of women aged 15-19 had been circumcised. Only a few young women believe that the practice of circumcision should continue. (See Figure 8.)

Marriage by abduction is also declining. About 10 percent of women over 45-49 years of age reported that they had been married by abduction, but fewer than 3 percent of 15-19-year-old women reported the same experience. (See Figure 9.)

These improvements are not directly related to the project, but practice and belief in HTPs are on the decline as a result of all these interventions at various levels.

Many social changes are underway in relationships between husbands and wives. GBV has been addressed in the project through CBRHA activities and a variety of leaders, and far fewer young women now believe that a husband is justified in hitting his wife if she refuses to have sex with him. (See Figure 10.)

HIV/AIDS prevention knowledge is increasing, especially among adolescents and youth. Although the level of knowledge is considerably lower among girls than boys, the knowledge is growing faster among girls. (See Figure 11.)

Challenges remain with respect to sexual behavior, especially among the youth. While sexual intercourse with non-marital, non-cohabiting partners is low among Ethiopian women in general, young men have a high level of exposure to such sexual practices. (See Figure 12.) Further interventions are urgently required in this area of reproductive health.

¹⁶ Figures 8-12 are from the EDHS 2005, Footnote 1.

Figure 8: Percent of women who were circumcised and who believe the practice should continue, based on women's age

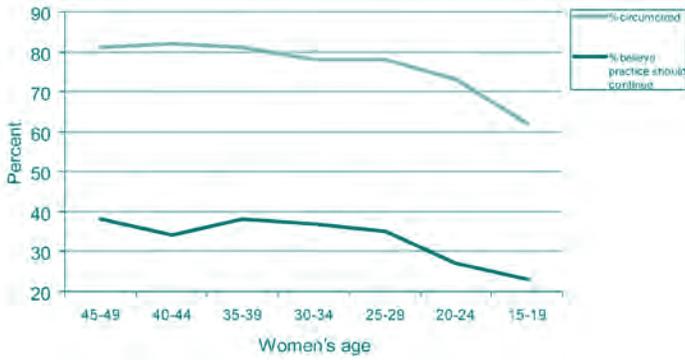


Figure 9: Percent of currently married women who were married by abduction, by women's age

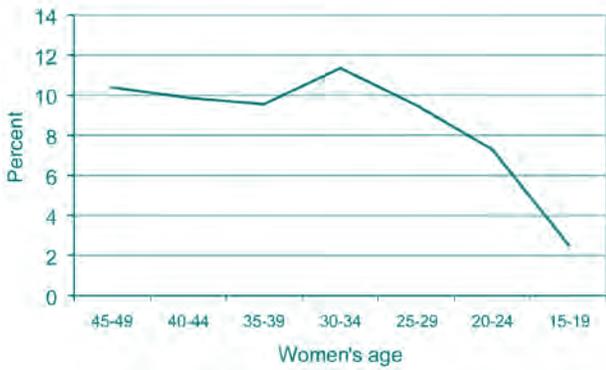


Figure 10: Percent of women who believe that husband is justified in hitting or beating his wife if she refuses to have sex with him

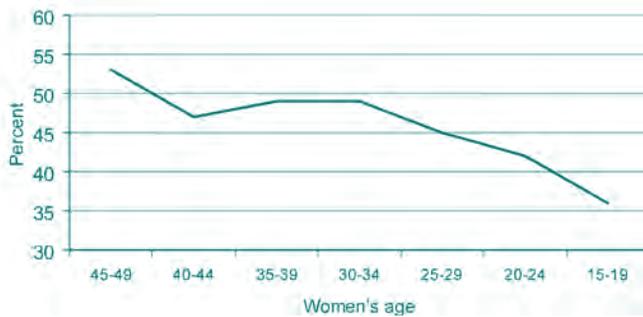


Figure 11: Percent of men and women having a comprehensive knowledge about HIV/AIDS

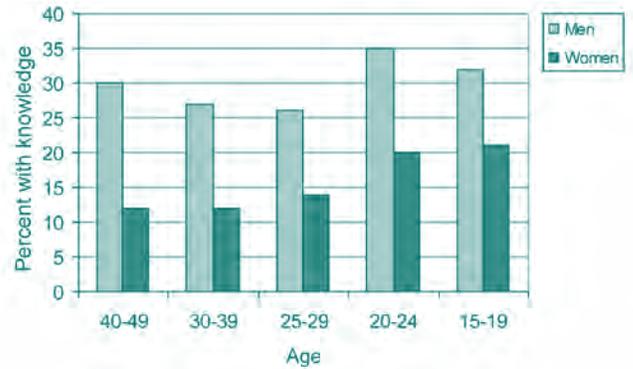
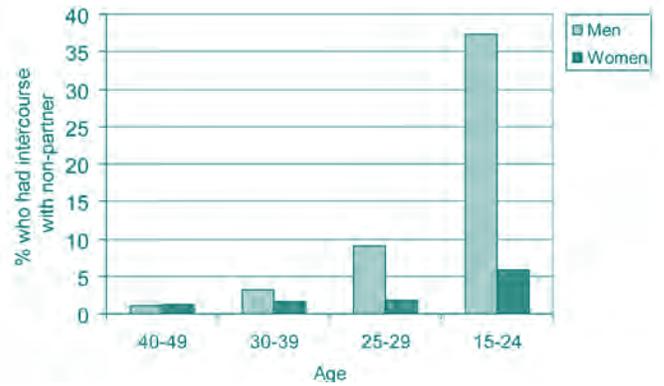


Figure 12: Percent of men and women who had sexual intercourse with non-marital, non-cohabiting partner in past 12 months



Right: Three of the many hundreds of women who came to one of Pathfinder's service delivery-based trainings for long-acting methods. The demand for LAFP has far exceeded expectations.

photo: Ambaw Damtew
Pathfinder International/Ethiopia



Looking Ahead

Pathfinder's experience in Ethiopia has unquestionably affirmed a high demand for contraception for delaying and spacing children, as well as for limiting births. If women have access to contraception, they will use it with their husbands' support, and the pattern has emerged that a large proportion of those women want long-acting methods.

The gap between need and availability leads planners and providers to the obvious conclusion that reliable contraceptive supply is an urgent priority. The Pathfinder CBHRAs have proven highly effective in the distribution of pills and condoms, and in making referrals for other methods. The service delivery-based training for long-acting methods¹⁷ shows promise for expanding the use of implants and IUCDs. But community-based distribution of pills and condoms, and local availability of injectables will—at least for awhile—remain the only widespread methods available for the thousands of women who need and want them today.

Pathfinder remains committed to providing women with the widest spectrum of choice possible, with the highest priority being placed on having some method available to improve the lives of individual families today.

¹⁷ Ambaw D., et al, Footnote 7.



Acknowledgements

Pathfinder International/Ethiopia would like to thank Mr. John Dumm, Dr. Abeja Apunyo and its Monitoring Evaluation and Planning team, who participated in an evaluation of the progress of the 2002-2007 Ethiopia RH/FP project and contributed their ideas to this technical paper. We are equally grateful to all of our Implementing Partner Organizations (IPOs), the Community-Based Reproductive Health Agents (CBRHAs), referral health facilities, Woreda Advisory Committees (WACs) and others, all of whom are deeply committed to making a difference in the lives of families in Ethiopia. Their commitment is paving the way for millions of women and men to make the right decisions for their health and overall wellbeing.

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