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The Federal Democratic Republic of Ethiopia  
Ministry of Health

# *Implanon scale up & IUCD revitalization in Ethiopia*

*Presented at the Long Acting & Permanent Methods:  
PROGRESS Research Findings and Next Steps Meeting in  
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# Presentation outline

To provide an overview of:

1. Ethiopia's FP program
2. M&E of the FP program
3. Major achievements
4. Lessons learned



# 1. Ethiopia's FP program



# Ethiopia:

- Estimated total population in 2011=84 million
- One of the least urbanized countries in the world
- Complex variety of nationalities, peoples, and linguistic groups
- More than 80 language speakers
- Highly decentralized Federal structure
- Nine Regional States & Two City Administrations



# Desired family size is changing

Our parents desired  
6 to 7 children,  
compared to...



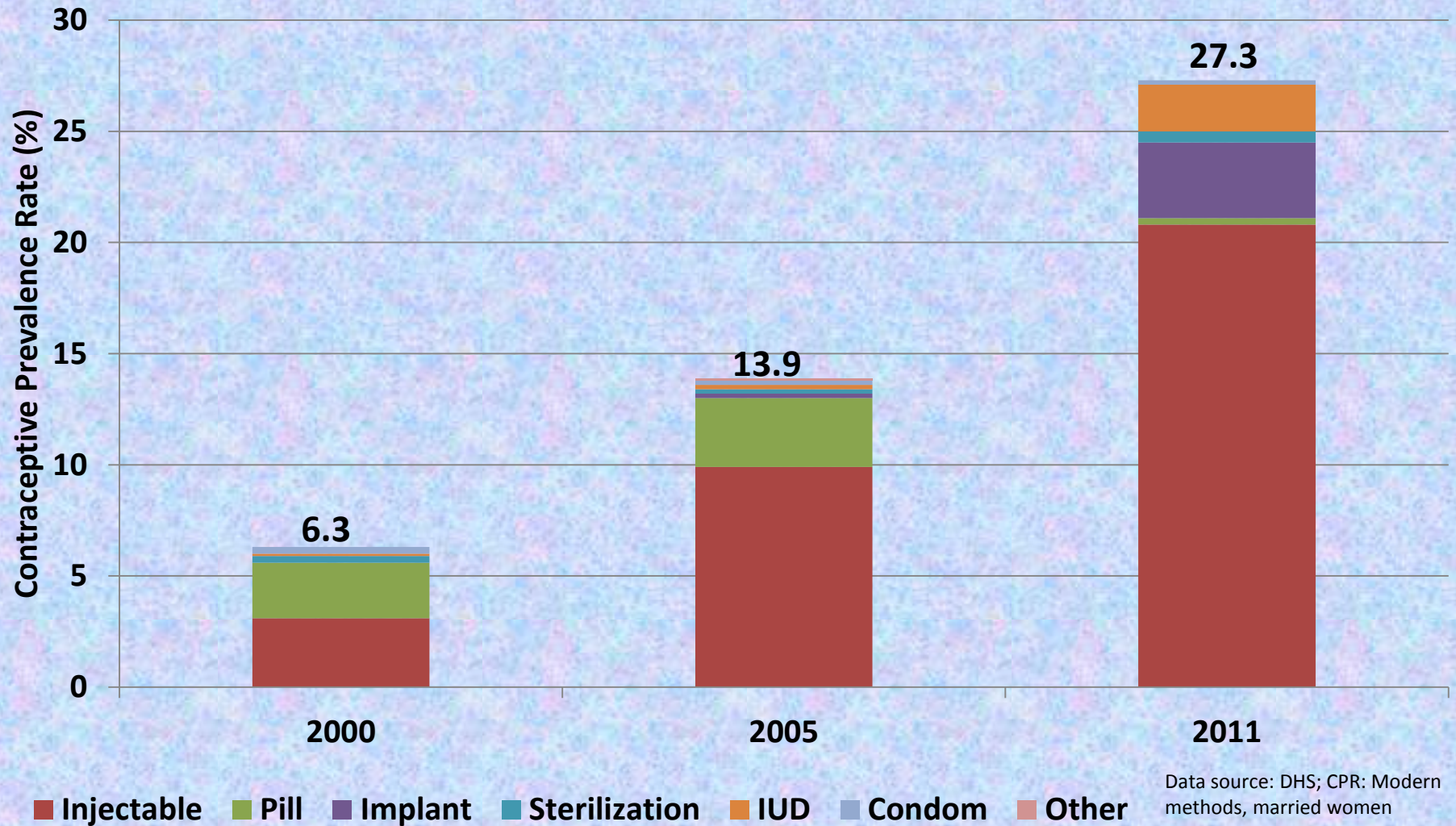
Young people today  
who desire  
3 to 4 children



Urban families have  
even fewer  
children: 1 to 2

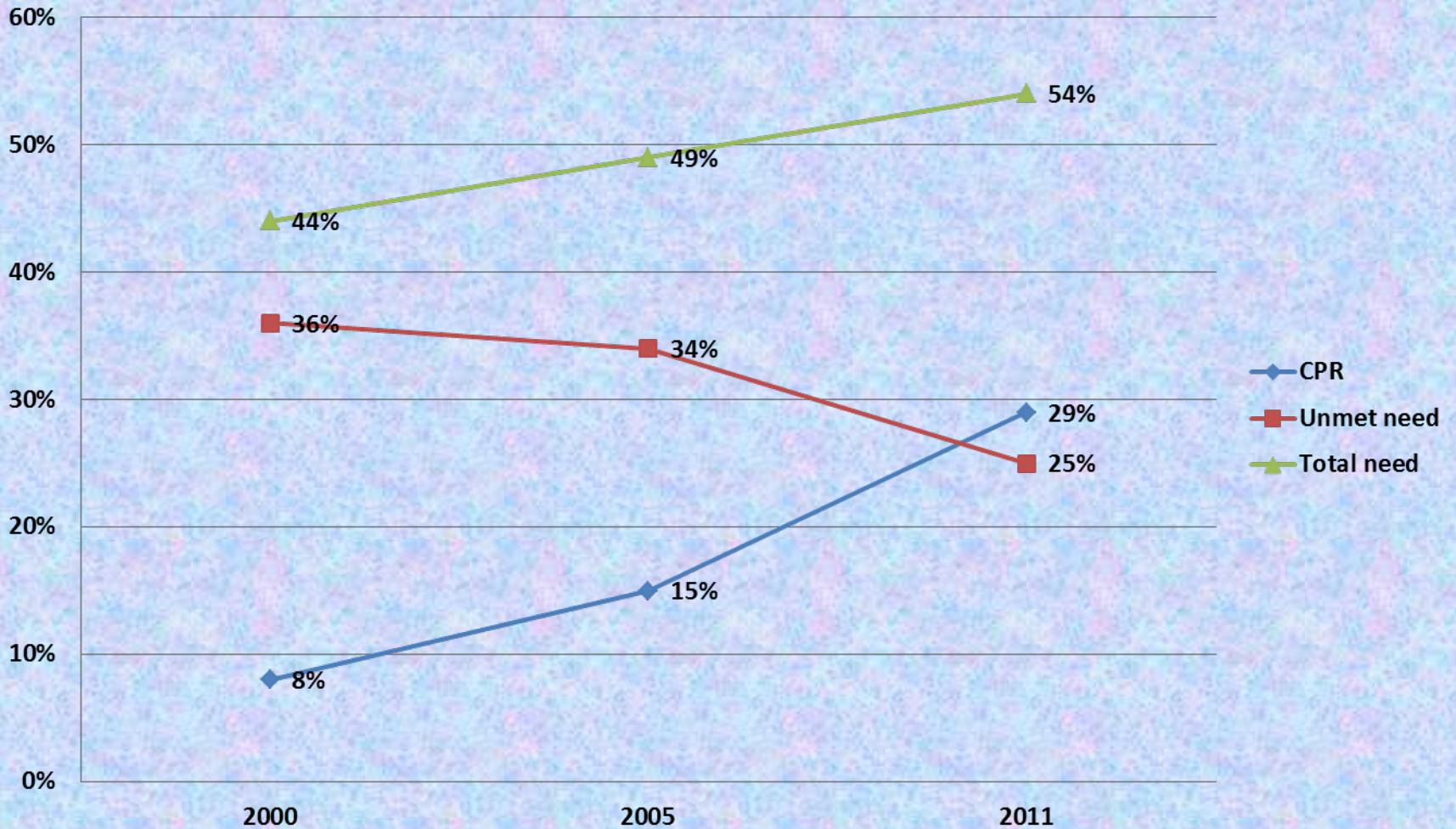


# CPR Trends



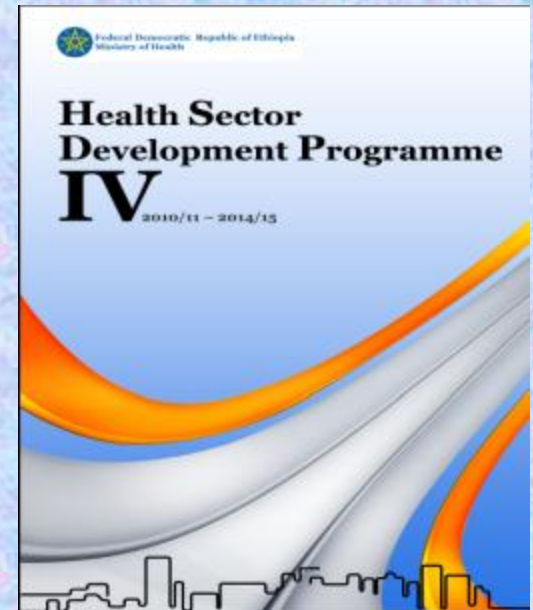


# Trends in CPR, unmet need , and total need for FP



# What Worked Well in Our Family Planning Program?

- Conducive policy environment
- Strong government leadership and coordination
- Service delivery expansion
  - Making family planning services available and accessible
  - Community mobilization through Health Extension Program
- Development partners' commitment





# Structure of Ethiopia's FP Service Provision

Condoms, pills, injectables, implants, IUCD, male and female sterilization

Hospital

Condoms, pills, injectables, implants, IUCD, male sterilization

Health Center

Condoms, pills, injectables, Implanon implant

Health Post

# New FP Initiatives

- FMOH rolled out Health Extension Program in 2005
- Created a new cadre of government-paid and trained health worker, the Health Extension Worker (HEW)
- HEWs provide primary care services at the community level including FP
- In 2009, the FMOH began an initiative to train HEWs to insert Implanon
- In 2011, the FMOH began the IUCD scale up initiative
- In 2012 The FMOH started the HDA to handle community mobilization

# Health Extension Workers

- Female
- 10 grade and above with one year training (rural and pastoralist)
- Speak local language
- Resident in the village
- Paid by government
- Rural , Urban, Pastoralist



**2HEW**

**5000  
people**

**34000 rural+ 5000  
urban**



# HEW inserting single rod implant



# Future Plans



- Continue to set family planning as a cross-sectoral development agenda
- Focus more efforts on adolescent girls, by expanding youth friendly services
- Scale up delivery of services to hard to reach groups
- Monitor the availability of contraceptives by using innovative approaches.
- Give more emphasis to long acting family planning methods
- More resource mobilization efforts (domestic and international)
- Scale-up of M&E strategy

## 2. M&E of the FP program



# M&E of the FP Program

In 2009, PROGRESS began to provide technical assistance to ***build the FMOH capacity*** to:

- Development of M&E tools and guidelines
- Regional M&E training
- M&E Centers of Excellence
- FP Training evaluation
- Routine data extraction with Federal and regional staff
- Post-training evaluation with FMOH staff
- Joint involvement in special studies
- Support for participation in international conferences and presentation of results
- Mentoring and coaching

### 3. Major achievements in M&E

# M&E Centers of Excellence (COE)

## What is a COE?

- Decentralized teaching and learning facility
- Staff trained to collect, analyze, and utilize M&E data
- FHI 360 provides equipment, furniture, training, and ongoing technical assistance

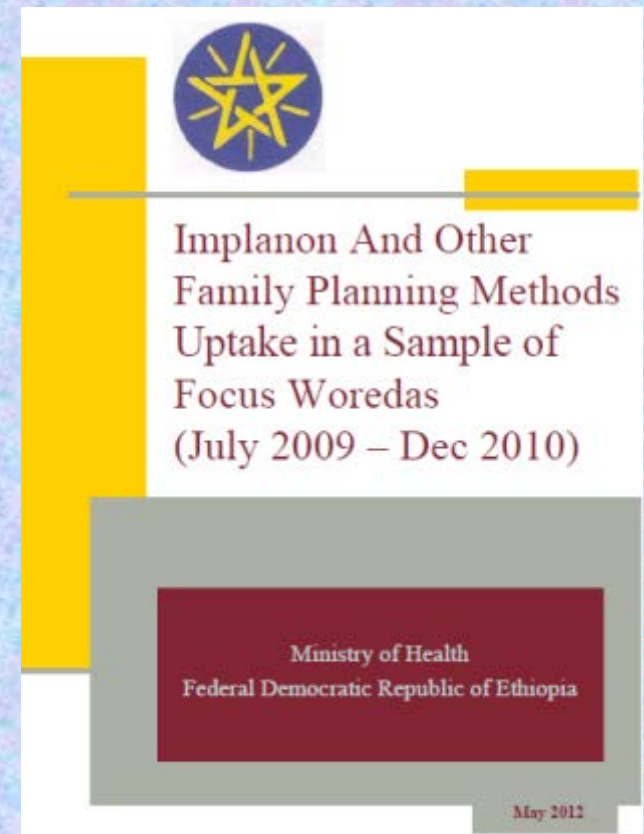
## Achievements

- 8 COEs established in 4 regions
- An additional 24 COEs by June 2013



# FP Data Extraction

- Few FP indicators in HMIS
- More detailed data required to make programmatic decisions
- Developed tools for systematic extraction of data from clinic records to guide decision making
- Trained M&E staff to use tools



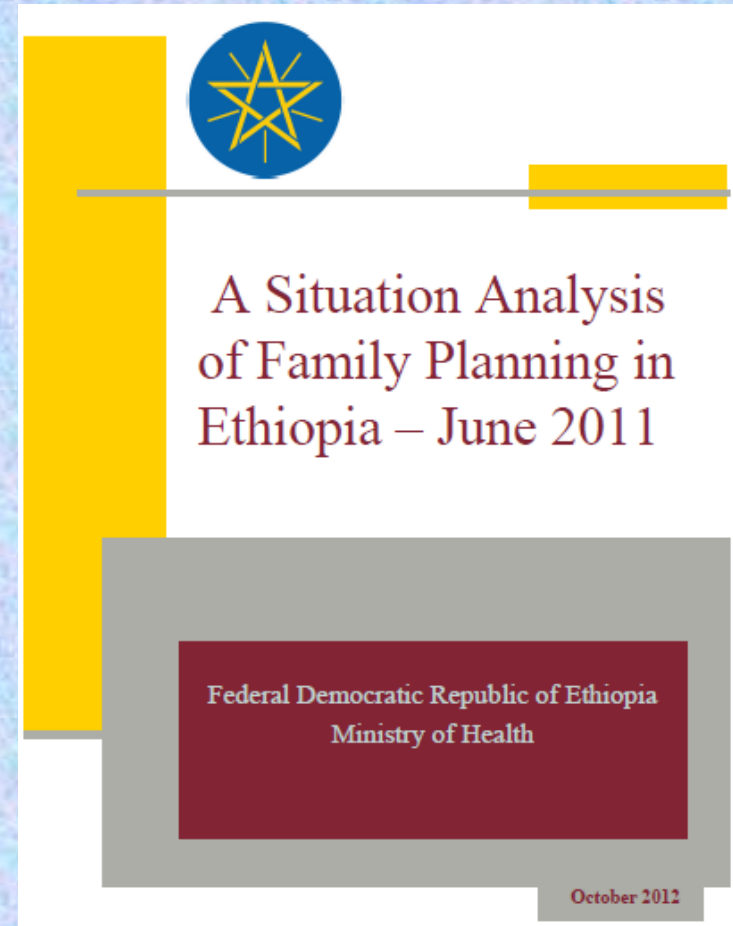
# M&E of Training for Implanon Insertion & Comprehensive FP

- Trainings are decentralized and done by the government as well as by Implementing Partners
- Trained observers use checklists and tools to evaluate trainings
- Information gained from the evaluations used to improve training guidelines and requirements



# Fielding Surveys/Research Studies

- Surveys and studies designed to answer research questions generated by FMOH
- FMOH supported to conduct studies, e.g.:
  - Situation Analysis of FP Service Provision
  - Assessing the Relationship Between Exposure to Frontline Workers and Postpartum FP Uptake
  - IUCD Initiative Mid-Term Evaluation
  - Assessing Exposure to and Understanding of IUCD IEC Materials



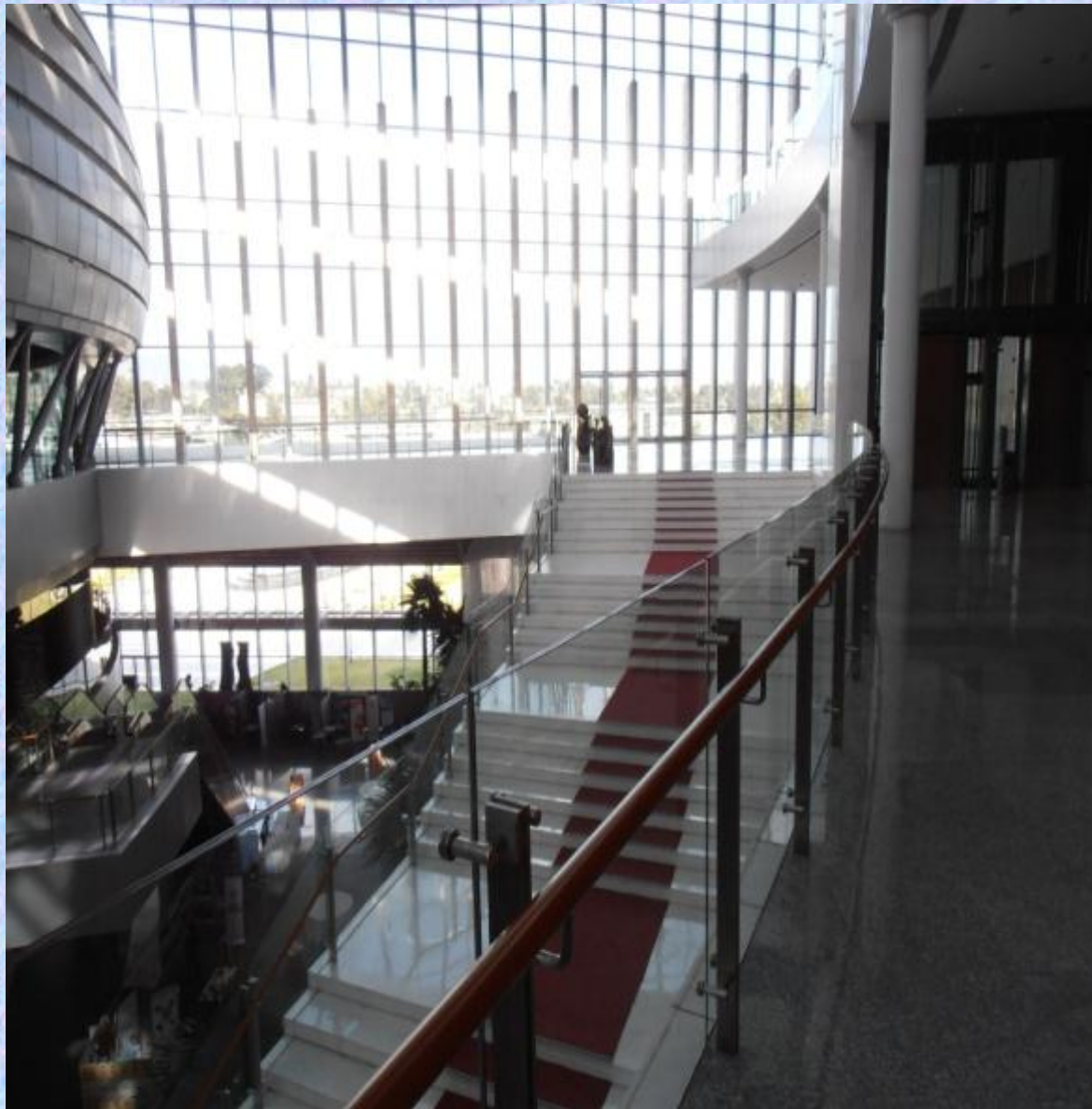


## 4. Lessons Learned in M&E

# Lessons Learned

- Scaling up a National FP Program requires strong M&E
- M&E must start with the lowest level of provider to collect method-specific data
- Evaluation data is only useful when applied to refining program activities
- M&E should be aligned with the FMOH HMIS systems
- M&E provides guidance for long-term planning

***National level commitment is integral to success***



International  
Family  
Planning  
Conference

Nov 12–15

Addis Ababa





# Thank you!

For more information about the Ethiopia FMOH:

<http://www.moh.gov.et/English/Pages/Index.aspx>

For more information about PROGRESS work in Ethiopia:

<http://www.fhi360.org/projects/progress-ethiopia>



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