Ethiopia: 2015 FPwatch Outlet Survey

www.fpwatch.info
FP2020 and Ethiopia

Family planning commitment & key strategies

The FPwatch Project
Overview

Outlet survey methods
Study population & Sampling
Regions & Outlet survey sample
Data Collection

Outlet survey results
Market composition
Contraceptive availability
Contraceptive market share
Contraceptive price
Service Readiness
Stock out

Summary

Progress towards NRHS (2006-2015)
A360
FP2020 and Ethiopia
The 2012 London Family Planning Summit

Goal: to enable 120 million more women and girls to use contraceptives by 2020.
Ethiopia Family Planning Commitment

The FP2020 commitment for Ethiopia is to increase its contraceptive prevalence rate (CPR) to 65% by 2015 and reach an additional 6.2 million women and girls with family planning services by 2020.
Ethiopia Family Planning Commitment

Key Foci:

1. Recognize early childbirth is a major contributor to maternal mortality
2. Ensure commodity security by both strengthening the supply chain and expanding the contraceptives methods offered
3. Address the 50% funding gap to increase access to FP facilities by:
   • Securing a continuous supply of FP commodities by working across all stakeholders and all leadership levels
   • Making more domestic funding available for family planning
   • Focusing more efforts on adolescent girls by expanding youth friendly services
   • Scaling up delivery of services to hard to reach groups
   • Monitoring the availability of contraceptives by using innovative approaches
## Key Strategies to Date

<table>
<thead>
<tr>
<th>Year</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>Launch of Health Extension Program (HEP)</td>
</tr>
<tr>
<td>2006</td>
<td>Release of National Reproductive Health Strategy 2006-15</td>
</tr>
<tr>
<td>2010</td>
<td>Scale-up of Implanon delivery through HEWs</td>
</tr>
<tr>
<td>2011</td>
<td>Scale-up of IUD delivery at health centers</td>
</tr>
<tr>
<td>2012</td>
<td>National commitment to FP2020 Initiative Goals</td>
</tr>
</tbody>
</table>

Photo credit: USAID Ethiopia
Ethiopia’s Continued Commitment

2012
• National Conference on Family Planning 2012

2013
• Third International Conference on Family Planning: “Full access, full choice

2015
• Implementing Best Practices (IBP) Consortium
• Track20 data consensus workshop
Ethiopia’s Progress

Ethiopia: FP2020 Core Indicator Summary Sheet

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of additional users of modern methods of contraception</td>
<td>0</td>
<td>595,000</td>
<td>1,221,000</td>
<td>1,499,000</td>
</tr>
<tr>
<td>Contraceptive prevalence rate, modern methods (mCPR)</td>
<td>22.2%</td>
<td>24.0%</td>
<td>25.9%</td>
<td>26.2%</td>
</tr>
<tr>
<td>Percentage of women with an unmet need for a modern method of contraception</td>
<td>27.5%</td>
<td>26.7%</td>
<td>25.9%</td>
<td>25.8%</td>
</tr>
<tr>
<td>Percentage of women whose demand is satisfied with a modern method of contraception</td>
<td>53.0%</td>
<td>55.7%</td>
<td>58.3%</td>
<td>58.7%</td>
</tr>
<tr>
<td>Number of unintended pregnancies</td>
<td>2,282,000</td>
<td>2,301,000</td>
<td>2,320,000</td>
<td>2,340,000</td>
</tr>
<tr>
<td>Number of unintended pregnancies averted due to use of modern methods of contraception</td>
<td>1,346,000</td>
<td>1,514,000</td>
<td>1,691,000</td>
<td>1,769,000</td>
</tr>
<tr>
<td>Number of unsafe abortions averted due to use of modern methods of contraception</td>
<td>401,000</td>
<td>451,000</td>
<td>503,000</td>
<td>526,000</td>
</tr>
<tr>
<td>Number of maternal deaths averted due to use of modern methods of contraception</td>
<td>4,000</td>
<td>5,000</td>
<td>6,000</td>
<td>6,000</td>
</tr>
</tbody>
</table>

- Launched Health Extension Program
- Grew budget for FP to over $15 million
- Strengthened youth reproductive services in universities and developed a national strategy to scale up adolescent and youth health services

Table source: Familyplanning2020.org
The FPwatch Project
Overview

FPwatch produces standardized evidence on contraceptive commodity and service markets in 5 priority FP2020 countries

Goals:
- To generate relevant, timely & high-quality FP market evidence
- To disseminate evidence at national, regional & international levels

Funded by:
FPwatch in Ethiopia

The 2015 FP outlet survey in Ethiopia complements concurrent data collection focused on tracking FP2020 progress, including surveys conducted by the Performance Monitoring and Accountability 2020 (PMA2020) project in Ethiopia.

- **Data Collection Dates**: July – August, 2015
- **4 Regions**: Addis Ababa, Amhara, Oromia, & SNNP
- **Outlets Considered**: Over 8,400

What makes FPwatch unique?
What questions are answered by the outlet survey?

- What types of outlets in the public and private sectors are carrying modern contraceptive methods?
- What proportion of public and private sector outlets are stocking selected modern contraceptive commodities, offering contraceptive services and providing a range of methods?
- What is the relative market share for each contraceptive method and for each outlet type?
- What is the consumer price of modern contraceptive methods among private sector outlets?
- What is the readiness of selected outlet types for performing contraceptive services?
Outlet Survey Methods
Methods and Study Population

- **Authorization:** Study obtained IRB, ethical, and government approval

- **Study Population:** Outlets with contraceptives or with provider-dependent procedures available

- **What is an outlet?**
  - Public Health Facility
  - Health Extension Worker
  - Private Not For-Profit Facility
  - Private For-Profit Facility
  - Pharmacy
  - Drug Shop/Rural Drug Vendor (RDV)

- General Retailer
- Kiosk
Sampling

- Representative sample of clusters (kebeles with 5,000 to 10,000 inhabitants) from 4 regions comprising >85% of Ethiopia’s population
  - Multistage cluster sampling conducted

- Completed a full census of selected kebeles for outlets with the potential to distribute modern contraceptive methods

- Interviewed all eligible outlets (at least one or more modern contraceptive method currently/recently in stock or with provider-dependent procedure available)

- Audit of all available family planning commodities conducted, along with provider interviews on services
Outlet Survey Sample

8,455 outlets enumerated

156 outlets not screened

8,299 outlets screened (2,881 with condoms)

6,213 outlets did not meet screening criteria

2,085 outlets met screening criteria

3 outlets not interviewed

2,082 outlets interviewed
Data collection: Product Audit

When products are in stock: Product audit

- Record information about each contraceptive commodity in stock:
  - Brand/generic names
  - Formulation & strength
  - Manufacturer
  - Country of manufacture
  - Amount distributed in the past week
  - Retail and wholesale price
Data collection: Product Audit

- Mini Audit
  - Male condoms
  - Female condom

- Full Audit
  - Oral contraceptives
  - Emergency contraceptives
  - Injectable contraceptives
  - Contraceptive implants
  - IUDs

Photo credit: PSI
Data collection: Provider Interviews

When products are out of stock

- Brands/methods out of stock:
  - Currently
  - Previous 3 months

When provider-dependent procedures are available

- Price
- Volume
- Provider training/credentials
- Equipment
Outlet Survey Results
What types of outlets in the public and private sectors are carrying modern contraceptive methods?
Outlet type market composition
Among all screened outlets in all 4 regions

N=2,085

Public Health Facility 25%
HEW/Health Post 5%
Private Not-For-Profit 11%
Private Health Facility 13%
Pharmacy 46%
Drug Shop/RDV

Total number of contraceptive-stocking and/or service-providing outlets by type in 2015: public health facility N=282; HEW N=760; private not-for profit N=10; private health facility N=535; pharmacy N=215; drug shop/RDV N=283.
This chart only includes outlets with modern contraceptive commodities above the level of condoms. No general retailers were found with modern contraceptive commodities excluding condoms.
Outlet type market composition

Among all screened outlets, by region

Addis Ababa; N=378
- 1% Public Health Facility
- 12% HEW/Health Post
- 17% Private Not-For-Profit
- 35% Private Health Facility
- 35% Pharmacy
- 1% Drug Shop/RDV

Amhara; N=569
- 1% Public Health Facility
- 20% HEW/Health Post
- 10% Private Not-For-Profit
- 48% Private Health Facility
- 17% Pharmacy
- 6% Drug Shop/RDV

Oromia; N=634
- 0% Public Health Facility
- 30% HEW/Health Post
- 3% Private Not-For-Profit
- 43% Private Health Facility
- 12% Pharmacy
- 3% Drug Shop/RDV

SNNP; N=504
- 0% Public Health Facility
- 61% HEW/Health Post
- 15% Private Not-For-Profit
- 3% Private Health Facility
- 14% Pharmacy
- 7% Drug Shop/RDV
What proportion of public and private sector outlets are stocking selected modern contraceptive commodities, offering contraceptive services and providing a range of methods?
Commodities
Availability of at least 1 contraceptive commodity
Among screened outlets, by outlet type, across all 4 regions

- Public Health Facility: 99.3%
- HEW/Health Post: 98.7%
- Private Health Facility: 95.1%
- Pharmacy: 100%
- Drug Shop/RDV: 97.6%
- General Retailer: 11.3%
Availability of Selected Short-Acting Contraceptives

Among screened outlets, by outlet type, across all 4 regions

- Male condoms
- Female condoms
- Oral Contraceptives
- Emergency contraceptives
- All Injectables
- QA Injectables

Percentage of Outlets

Public Health Facility
HEW/Health Post
Private Health Facility
Pharmacy
Drug Shop/RDV

Ethiopia Outlet Survey Results | Summer 2016
## Brands of short-acting contraceptives available

<table>
<thead>
<tr>
<th>Contraceptive Commodity</th>
<th>Brand</th>
<th>WHO Prequalified List</th>
<th>Frequency (% outlets carrying)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral contraceptives—Combined oral contraceptives (COCs)</td>
<td>Choice</td>
<td>Yes</td>
<td>37.2%</td>
</tr>
<tr>
<td></td>
<td>Microgynon Ed Fe</td>
<td>Yes</td>
<td>18.3%</td>
</tr>
<tr>
<td></td>
<td>Style</td>
<td>Yes</td>
<td>5.3%</td>
</tr>
<tr>
<td></td>
<td>Yasmin</td>
<td>No</td>
<td>0.6%</td>
</tr>
<tr>
<td></td>
<td>Trigestrel</td>
<td>Yes</td>
<td>0.1%</td>
</tr>
<tr>
<td></td>
<td>Oralcon-F</td>
<td>Yes</td>
<td>&lt;0.1%</td>
</tr>
<tr>
<td>Oral contraceptives—Progesterone-only pills (POPs)</td>
<td>iPlan</td>
<td>Yes</td>
<td>6.5%</td>
</tr>
<tr>
<td></td>
<td>Microlut</td>
<td>No</td>
<td>5.3%</td>
</tr>
<tr>
<td></td>
<td>Exluton</td>
<td>No</td>
<td>0.3%</td>
</tr>
<tr>
<td>Emergency contraceptives</td>
<td>Postpill</td>
<td>Yes</td>
<td>20.0%</td>
</tr>
<tr>
<td></td>
<td>Emcon</td>
<td>No</td>
<td>1.7%</td>
</tr>
<tr>
<td></td>
<td>Postinor 2</td>
<td>Yes</td>
<td>0.5%</td>
</tr>
<tr>
<td>Contraceptive injections—3 month</td>
<td>Famy-Depo</td>
<td>No</td>
<td>36.6%</td>
</tr>
<tr>
<td></td>
<td>Confidence</td>
<td>No</td>
<td>35.0%</td>
</tr>
<tr>
<td></td>
<td>Depo Provera</td>
<td>Yes</td>
<td>11.6%</td>
</tr>
<tr>
<td></td>
<td>Depogestin-I</td>
<td>No</td>
<td>9.6%</td>
</tr>
<tr>
<td></td>
<td>Petogen</td>
<td>No</td>
<td>7.2%</td>
</tr>
</tbody>
</table>
Availability of Selected Long-Acting Contraceptives

Among screened outlets, by outlet type, across all 4 regions
Brands of long-acting reversible contraceptives available

<table>
<thead>
<tr>
<th>Contraceptive Commodity</th>
<th>Brand</th>
<th>WHO Prequalified List</th>
<th>Frequency (%) outlets carrying</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contraceptive implants—3 year</td>
<td>Implanon</td>
<td>Yes</td>
<td>54.7%</td>
</tr>
<tr>
<td>Contraceptive implants—4 year</td>
<td>Trust (Sino Implant(II))</td>
<td>Yes</td>
<td>9.3%</td>
</tr>
<tr>
<td>Contraceptive implants—5 year</td>
<td>Jadelle</td>
<td>Yes</td>
<td>14.9%</td>
</tr>
<tr>
<td>IUDs—10 year</td>
<td>Pregna TCu 380</td>
<td>Yes</td>
<td>9.6%</td>
</tr>
<tr>
<td></td>
<td>Long Act TCu 380A</td>
<td>Yes</td>
<td>8.9%</td>
</tr>
<tr>
<td></td>
<td>SMB TCu 380A</td>
<td>Yes</td>
<td>1.4%</td>
</tr>
<tr>
<td></td>
<td>Optima TCu 380A</td>
<td>Yes</td>
<td>1.1%</td>
</tr>
<tr>
<td></td>
<td>U Kare</td>
<td>Yes</td>
<td>0.1%</td>
</tr>
</tbody>
</table>
Availability of Contraceptives, by region

Among screened outlets, by outlet type and region

### Addis Ababa

- **ALL Public/Not-For-Profit**:
  - Male condoms
  - Female condoms
  - Oral contraceptives
  - Emergency contraceptives
  - Injectables
  - QA Injectables
  - Implants
  - IUDs

- **ALL Private Medical**:
  - Male condoms
  - Female condoms
  - Oral contraceptives
  - Emergency contraceptives
  - Injectables
  - QA Injectables
  - Implants
  - IUDs

### Amhara

- **ALL Public/Not-For-Profit**:
  - Male condoms
  - Female condoms
  - Oral contraceptives
  - Emergency contraceptives
  - Injectables
  - QA Injectables
  - Implants
  - IUDs

- **ALL Private Medical**:
  - Male condoms
  - Female condoms
  - Oral contraceptives
  - Emergency contraceptives
  - Injectables
  - QA Injectables
  - Implants
  - IUDs
Availability of Contraceptives, by region
Among screened outlets, by outlet type and region

**Oromia**

<table>
<thead>
<tr>
<th>Outlet Type</th>
<th>Male condoms</th>
<th>Female condoms</th>
<th>Oral contraceptives</th>
<th>Emergency contraceptives</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALL Public/Not-For-Profit</td>
<td>90</td>
<td>10</td>
<td>70</td>
<td>10</td>
</tr>
<tr>
<td>ALL Private Medical</td>
<td>90</td>
<td>10</td>
<td>70</td>
<td>10</td>
</tr>
</tbody>
</table>

**SNNP**

<table>
<thead>
<tr>
<th>Outlet Type</th>
<th>Male condoms</th>
<th>Female condoms</th>
<th>Oral contraceptives</th>
<th>Emergency contraceptives</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALL Public/Not-For-Profit</td>
<td>90</td>
<td>10</td>
<td>70</td>
<td>10</td>
</tr>
<tr>
<td>ALL Private Medical</td>
<td>90</td>
<td>10</td>
<td>70</td>
<td>10</td>
</tr>
</tbody>
</table>
Range of methods
Diversity of Available Modern Contraceptive Methods

Among screened outlets, by outlet type, across all 4 regions

- 3+ modern FP methods available
- 3+ modern FP methods available, including at least 1 LARC/PM
- 5+ modern FP methods available

Bar chart showing the percentage of outlets with different categories of contraceptive methods available at various outlet types: Public Health Facility, HEW/Health Post, Private Health Facility, Pharmacy, Drug Shop/RDV.
Diversity of Available Modern Contraceptive Methods
Among screened outlets, by sector and region

- 3+ modern FP methods available
- 3+ modern FP methods available, including at least 1 LARC/PM
- 5+ modern FP methods available

Addis Ababa
Amhara
Oromia
SNNP
What is the relative market share for each contraceptive method and for each outlet type?
Contraceptive market share is determined based on Couple-Years of Protection (CYP): The CYP is calculated by multiplying the quantity of each method sold or distributed to clients by a conversion factor, to yield an estimate of the duration of contraceptive protection per unit of the method. The CYP for each method/outlet type are then summed over all methods to obtain a total CYP figure.

<table>
<thead>
<tr>
<th>Contraceptive method</th>
<th>Dose/unit used for calculating 1 CYP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral contraceptives</td>
<td>15 cycles per CYP</td>
</tr>
<tr>
<td>Condoms (male and female)</td>
<td>120 condoms per CYP</td>
</tr>
<tr>
<td>Monthly vaginal ring/patch</td>
<td>15 rings/patches per CYP</td>
</tr>
<tr>
<td>Vaginal foaming tablets</td>
<td>120 tablets per CYP</td>
</tr>
<tr>
<td>Depo-provera injectable</td>
<td>4 doses (ml) per CYP</td>
</tr>
<tr>
<td>Noristerat injectable</td>
<td>6 doses per CYP</td>
</tr>
<tr>
<td>Cyclofem monthly injectable</td>
<td>13 doses per CYP</td>
</tr>
<tr>
<td>Copper-T 38-A IUD</td>
<td>4.6 CYP per IUD inserted</td>
</tr>
<tr>
<td>Levonorgestrel intrauterine system (LNG-IUS)</td>
<td>3.3 CYP per LNG-IUS inserted</td>
</tr>
<tr>
<td>3-year implant (e.g., Implanon)</td>
<td>2.5 CYP per implant</td>
</tr>
<tr>
<td>4-year implant (e.g., Sino-Implant)</td>
<td>3.2 CYP per implant</td>
</tr>
<tr>
<td>5-year implant (e.g., Jadelle)</td>
<td>3.8 CYP per implant</td>
</tr>
<tr>
<td>Emergency contraceptives</td>
<td>20 doses per CYP</td>
</tr>
<tr>
<td>Standard days method (e.g., CycleBeads)</td>
<td>1.5 CYP per trained adopter</td>
</tr>
<tr>
<td>Sterilization (male and female)</td>
<td>Africa: 9.3 CYP</td>
</tr>
</tbody>
</table>

Contraceptive Market Share

As a percentage of total volume of CYP, by contraceptive method and outlet type, in all 4 regions

- Male/Female sterilization
- IUDs
- Implants
- Non-QA injectables
- QA injectables
- Emergency contraceptives
- Oral contraceptives
- Female condoms
- Male condoms

ALL Public/Not-For-Profit

ALL Private
Contraceptive Market Share

As a percentage of total volume of CYP, by contraceptive method and outlet type, in all 4 regions
Contraceptive Market Share
As a percentage of total volume of CYP, by method and sector, comparing regions

- Male condoms
- Female condoms
- Oral contraceptives
- Emergency contraceptives
- Injectables
- Implants
- IUDs
- Male/Female sterilization
Contraceptive Market Share

As a percentage of CYP by contraceptive method type, within outlet types

[Diagram showing contraceptive market share by outlet type and method type.]
What is the consumer price of modern contraceptive methods among private sector outlets?
Private sector median price* of contraceptive methods

Among all drugs of this type available in the private sector, in 2015 US dollars

* For those outlets selling both the commodity and providing the service, prices were often not distinguished into separate prices for both the commodity and service and, instead the combination was reported. In these cases, the combined price was used.

† Price conversion was done from birr to USD based on the average conversion rates during the period of data collection, July 6 – August 15, 2015 of 20.56 Birr per 1 USD.
Services
What is the readiness of selected outlet types for performing contraceptive services?
Available Modern Contraceptive Procedures

Among screened outlets, by outlet type, across all 4 regions
Service Readiness

Readiness to provide contraceptive services is a composite indicator combining:
1. Availability of contraceptive on-site (not applicable to sterilizations);
2. Trained/credentialed providers; and
3. A minimum set of equipment needed for the service.

*If an outlet meets all 3 conditions, it is classified as service-ready.*
Service Readiness
Among screened outlets, by outlet type, across all 4 regions

Graph showing the percent of outlets offering different services (Injection, Implant insertion, IUD insertion) for Public Health Facility, HEW/Health Post, and Private Health Facility.
Service Readiness Among Outlets Reportedly Offering Services

Among outlets reportedly providing service, by outlet type, across all 4 regions.

![Bar chart showing service readiness among outlets in different regions.](chart.png)
Stock outs
Stock outs: Public

Among screened outlets, by outlet type, in all 4 regions in the public sector

- **Method not offered**
- **Method out of stock**

### Public Health Facility
- O Cs
- E Cs
- Injectables
- Implants
- IUDs

### HEW/Health Post
- O Cs
- E Cs
- Injectables
- Implants
Stock outs: Private
Among screened outlets, by outlet type, in all 4 regions in the private sector

Method not offered
Method out of stock

<table>
<thead>
<tr>
<th>Outlet Type</th>
<th>OCs</th>
<th>ECs</th>
<th>Injectables</th>
<th>Implants</th>
<th>IUDs</th>
<th>OCs</th>
<th>ECs</th>
<th>OCs</th>
<th>ECs</th>
<th>Pharmacy</th>
<th>Drug Shop/RDV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private Health Facility</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Pharmacy</td>
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<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug Shop/RDV</td>
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</tr>
</tbody>
</table>
Summary
1. What types of outlets in the public and private sectors are carrying modern contraceptive methods?

1. General retailers/kiosks only provide male condoms.

2. The private sector accounts for 40% of outlets providing at least one modern contraceptive method.

3. There is a different private/public sector profile for urban Addis Ababa compared to the predominantly rural regions.

4. HEWs/health posts comprised nearly half of all outlets providing at least one modern contraceptive method.
Summary of National Findings – 2016

2. What proportion of public and private sector outlets are stocking selected modern contraceptive commodities, offering contraceptive services and providing a range of methods?

1. Both public and private outlets had high availability of short-acting methods.

2. Private sector LARC availability was generally very low.

3. Provider-dependent service availability is generally low in private outlets.

4. Approximately two-thirds of HEWs provide Implanon® implants and insertion services and two-thirds of public facilities provide IUDs and insertion services.

5. Eighty-six percent of public outlets have three or more methods; 71% of private outlets (excluding general retailers/kiosks) provide three or more methods.
3. What is the relative market share for each contraceptive method and for each outlet type?

1. Despite accounting for 40% of outlets with at least one contraceptive method, the private sector directly contributes one-fifth of CYP accounted for by this study.

2. The public sector directly contributes over four-fifths of the total volume of CYP accounted for by this study, with almost half coming from health facilities and one-third from HEWs/health posts.

3. Across all outlets, 65% of CYP are accounted for by LARCs.

4. Within outlets, injectables account for about 20% of public sector market share and 40% of private; implants account for about 60% of public sector market share and 20% for private; and IUDs account for about 15% of public sector market share and 7% of private.
Summary of National Findings – 2016

4. What is the consumer price of modern contraceptive methods among private sector outlets?

1. There was little price variability among contraceptive methods between private outlets.

2. In terms of CYP, injectables were three times the cost of implants and four times the cost of IUDs per CYP.

5. What is the readiness of selected outlet types for providing contraceptive methods and performing contraceptive services?

1. Almost two-thirds of HEWs reportedly provide Implanon® insertion procedures; however, only 40% have the product, training and equipment available on the day of the survey.

2. Less than 20% percent of all private health facilities offered implant or IUD insertion procedures; less than 10% of all private health facilities met conditions for service readiness, but over half of those that reportedly provided the service met the conditions.
Progress

**Successes:**

1. **HEW Implanon® Initiative:** About 75% of HEWs have implants and insertion services available; this accounts for 20% of total CYP across regions.

2. **Task-sharing for mid-level providers:** About 75% of public health facilities have IUDs and insertion services available; this accounts for about 10% of total CYP across regions.

3. **Diverse availability of methods:** 86 percent of public health facilities and HEWs and 71 percent of private health facilities, pharmacies and drug shops/RDV's have three or more methods available.

4. **External validity:** FPwatch findings support findings from third round of PMA2020 surveys\(^1\) on availability of contraceptive methods in public and private outlets and method ranges in public outlets.

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Acknowledgements

- Ethiopia Federal Ministry of Health
- BMGF
- Fieldwork Team
- FPwatch Team
Use of the Data in Ethiopia & A360
How to Leverage FPWatch to Improve Programming to Reach FP2020 Commitment 6

- Information on services available in the public and private sectors
- Method mix by channel
- Average and median pricing for commodities
- Regional differences
Adolescents 360

Repositioning Adolescents and Youth in the FP/SRH discourse

A journey to co-create pragmatic SRH solutions with/for adolescents and youth

Photo credit: Kelley Lynch
A four year project
- Funded by CIFF and BMGF
- Implemented in three countries (Ethiopia, Nigeria and Tanzania)

Expected Outcomes

Primary
- Improve SRH of adolescents girls
  - Indicator 1: Increased mCPR for girls aged 15–19 years in the intervention zones

Secondary
- Demonstrate how to design highly performing ASRH programs at scale by bringing adolescents to the center
- Integrate different disciplines together (UCD, Neuro Science development, social marketing, and Anthropology) to develop a new A360 process
  - Indicator 1: Number of organizations using A360 process which is adolescents and youth-driven to design interventions for ASRH
Target group

Primary:
- Adolescent girls 15 - 19 Years
  - 2014: 4,655,535
  - 2015: 4,774,251

Secondary:
- Health care providers
- Influencers of adolescent girls
- Younger girls (10 - 14)
- Older girls (19 onwards)

Geographic coverage:
Tigray, Amhara, Oromia, SNNP, Addis Ababa, Diredawa, Hareri
Based on the Behavioral Approaches to Female Health (CHANGE) Segmentation work commissioned by the BMGF to determine segments and their size.
Uniqueness of A360 Process

- User Centered Design (UCD)
- Active Adolescents and Youth engagement throughout the project
- Application of Developmental Neuroscience
- Anthropological lens
- Social Marketing
- High Impact at Scale
- Replicability
What do we mean by UCD?

USER CENTERED DESIGN

EMPATHY
- Thoughts
- Feelings
- Frustrations
- Desires

SYSTEM
- Goals
- Interaction style
- Design philosophy
- Capabilities
Thank You!