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E2A EVIDENCE TO ACTION for Strengthened Reproductive Health

E2A grantee in Ethiopia mobilizes faith-based networks to promote and deliver family planning services

Program Brief

December 2015

About E2A

The Evidence to Action for Strengthened Family Planning and Reproductive Health Services for Women and Girls Project (E2A) is USAID's global flagship for strengthening family planning and reproductive health service delivery. The project aims to address the reproductive healthcare needs of girls, women, and underserved communities around the world by increasing support, building evidence, and facilitating the scale-up of best practices that improve family planning services.

Awarded in September 2011, this five-year project is led by Pathfinder International, in partnership with the African Population and Health Research Center, ExpandNet, IntraHealth International, Management Sciences for Health, and PATH.

Background

Strengthening the reproductive health and family planning services offered and supported by faith-based organizations in Africa—which deliver 40 percent of all health services on the continent—is an essential strategy for increasing the availability and uptake of contraceptives, curbing unintended pregnancies, and improving maternal and child health among the most underserved populations.

The Evidence to Action Project (E2A) provides grants and technical assistance to faith-based organizations in Ethiopia, Kenya, and Uganda that are members of the African Christian Health Association Platform (ACHAP).[1] The three grants support faith-based organizations to mobilize religious leaders in support of family planning, improve the quality of community- and facility-based family planning services and establish referral linkages between the two, and connect service providers with religious leaders and other stakeholders to accelerate the uptake of contraceptives.

This program brief describes the first year of work conducted by E2A's grantee organization in Ethiopia—the Ethiopian Evangelical Church Mekane Yesus Development and Social Services Commission (EECMY-DASSC)—which took place from June 2014 to June 2015. Work under the grant will continue until June 2016.

Introduction to EECMY-DAASC

With the grant, EECMY-DASSC works in five woredas (districts) of East Wollega zone in Oromia state—Gobu-Sayo, Gudeya-Bila, Haro-Limu, Leka Dulacha, and Wayu-Tuka—to improve the delivery and increase the uptake of family planning services. Oromia is the largest and most populous state in Ethiopia, and East Wollega zone suffers from some of the poorest

[1] ACHAP, with 26 member organizations in 21 countries, is a regional platform, well known for its advocacy and dissemination efforts in Africa. E2A partners closely with ACHAP to share learning from the grantees with its other member organizations in an effort to encourage scale-up of successful approaches implemented by the grantees.

Oromia state indicators*

- **Total fertility rate: 5.6**
- **Contraceptive prevalence, modern methods, married women, 15-49: 25%**
- **Unmet need for family planning, married women, 15-49: 30%**
- **Infant mortality: 73 deaths per 1,000 live births**

*** Central Statistical Agency [Ethiopia] and ICF International. 2012. Ethiopia Demographic and Health Survey 2011. Addis Ababa, Ethiopia and Calverton, Maryland, USA: Central Statistical Agency and ICF**

health indicators: rates of contraceptive use are well below the national average, while fertility, maternal, and infant mortality rates exceed national figures. Through the grant, EECMY-DASSC reaches a population of almost 430,000, which includes approximately 99,000 women and girls of reproductive age, and strengthens service delivery at 15 heath facilities and 75 health posts. Attached to the 75 health posts are 174 Health Extension Workers (HEWs)—the government's cadre of community-based providers—and 30 HEW supervisors who benefit from the capacity-building efforts of EECMY-DASSC.

Activities supported by the grant are intended to:

- Improve clients' access to family planning and reproductive health information and counseling to help them to make voluntary, informed decisions about contraceptive methods.
- Improve access to a broad contraceptive method mix that includes short- and long-acting methods offered through both community- and facility-based services.
- Build networks of religious leaders, local government stakeholders and other influential people, and community- and facility-based service providers to increase demand for and improve the delivery of family planning and reproductive health services.
- Engage men in family planning counseling and education sessions, and encourage their participation in decision-making about reproductive health and family planning.

Religious leaders who have participated in activities supported by the E2A grant

Implementation of the Grant

Selecting a demonstration zone:

Ethiopia is divided into 9 states, 68 zones, and within those zones, more than 700 woredas. EECMY-DASSC worked closely with Oromia state and woreda government officials to select the five target woredas in East Wollega zone as the intervention area. Selection criteria included: high unmet demand for high-quality family planning services, high fertility rates, high mortality rates among mothers and infants, and minimal use of modern contraceptive methods. Each woreda has a Woreda Advisory Committee (WAC) that operates under the Ministry of Health to manage health services in the woreda. EECMY-DASSC collaborated with the WAC in each woreda to select target health clinics and posts.

Establishing a Woreda Advisory Committee for family planning:

Working with the five existing WACs (one in each woreda) and woreda health directors, EECMY-DASSC supported each WAC to establish a "sub-WAC" that specifically focuses on family planning and includes: representatives from three religious organizations (denominations) and the offices of woreda administration, health, education, agriculture and rural development, women and child affairs, youth and sport affairs, and social affairs.

A total of 55 people sit on the five sub-WACs for family planning, which hold quarterly meetings to monitor family planning services supported by the grant. The meetings allow all relevant stakeholders and providers involved in the delivery and promotion of family planning services to learn from each other about their lessons, challenges, and roles. During the meetings, members of each sub-WAC

Messages delivered by religious leaders to their congregations focused on:

- Importance of family planning to the health of mother and child
- Acknowledgement that family planning is not a sin
- Acknowledgement that both the church and mosque accept use of contraception
- Importance of educating girls and delaying their marriage until they are mature
- Encouragement for involving men in family planning decisions and supporting women's use of contraception

for family planning develop quarterly action plans and assign responsibilities, making the sub-WACs a strong platform for service delivery and promotion of family planning.

The family planning sub-WAC:

- Serves as an extremely valuable platform for shared learning to accelerate progress;
- Builds HEWs' confidence to serve as family planning providers;
- Addresses challenges arising in communities and at different levels of the healthcare system;
- Improves family planning service quality, monitoring, and supervision; and
- Strengthens data quality and use for decision-making.

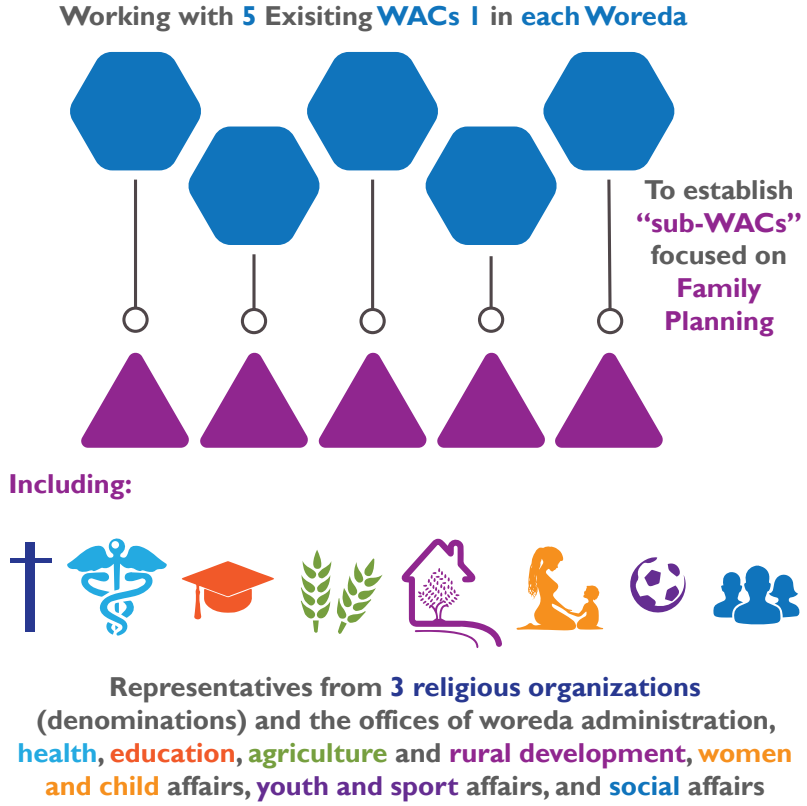
Building the capacity of service providers to offer high-quality services including LARCs:

Health facilities: EECMY-DASSC has trained 15 family planning providers, one each at 15 target health clinics, on provision of implants and insertion of intrauterine contraceptive devices (IUCDs) and removal of both methods. Through these clinical trainings, providers have gained the necessary skills to provide these contraceptives for the first time, addressing a significant unmet need for LARCs. Providers are also trained to counsel on all methods in a way that honors voluntary informed choice.

Health posts: Through the grant, HEWs participate in monthly refresher trainings led by EECMY-DASSC facilitators and Ministry of Health supervisors, which cover counseling for and provision of short-acting contraceptive methods and implants. A total of 174 HEWs and 30 HEW supervisors have participated in the trainings. Supervisors then visit HEWs at all health posts quarterly to monitor the quality of services and help to address any challenges that arise. A strengthened supervision system has resulted in HEWs being able to counsel on a broad mix of family planning methods more confidently. HEWs also have a more fluent understanding of indicators and data which has, in turn, allowed health posts to better plan services for the next quarter.

Mobilizing religious leaders: Ethiopia is one of the oldest Christian states in the world. There is also a significant Islamic population. In 2007, 44 percent of the total population was Orthodox Christian and 34 percent was Muslim.[2]

Establishing a Woreda Advisory Committee for Family Planning



[2] Federal Democratic Republic of Ethiopia Population Census Commission, "*Summary and Statistical Report of the 2007 Population and Housing Census*," accessed, August 25, 2015: http://ecastats.uneca.org/aicmd/Portals/0/Cen2007_firstdraft.pdf.

EECMY-DASSC has therefore focused on garnering the commitment and engagement of religious leaders to promote family planning uptake in East Wollega zone.

In each of the five woredas, EECMY-DASSC holds quarterly sensitization sessions with religious leaders of different faiths, HEWs, facility-based providers, WAC members, and kebele (village) leaders. During those sessions, EECMY-DASSC addresses issues including: the importance of healthy timing and spacing of pregnancies to family health and economic stability; voluntary informed choice in the delivery of family planning services; and salient issues that are harmful to health and well-being and persist in some communities, such as child marriage and female genital cutting. EECMY-DASSC has sensitized 15 religious leaders to promote family planning.

> ***"Before participating in the quarterly meetings, I didn't have confidence about myself, but now I speak out and am confident about the services."***
>
> ***-Worknesh, Health Extension Worker, East Wollega zone***

The sensitized religious leaders reach their congregations to encourage use of family planning services, ensuring the engagement of men. HEWs invite the religious leaders to community meetings to do the same. The HEWs, realizing the value of religious leaders' involvement, have trained some religious leaders on the clinical aspects of different contraceptive methods, so that they can provide more accurate information to their communities. The 15 religious leaders have sensitized other religious leaders in their woredas. A total of 154 religious leaders have been oriented on the five important family planning messages (see Box 1), reaching more than 200 congregations. Through their sermons and during the community meetings organized by HEWs, those religious leaders report that they have reached over 100,000 men and women with family planning messages in one year (June 2014-June 2015).

Implementation Challenges

Although the religious leaders are connected to the family planning service-delivery system through the WACs, they are not directly tied to the service providers at the health facilities. It will take time to build networks that link religious leaders directly with the formal health sector. There is a more natural link between the religious leaders and the HEWs, who both work within communities to address and resolve problems.

Monitoring and evaluating the religious leaders' work under this grant has also been a challenge. Religious leaders report their data orally, instead of using standardized forms to report data, such as the number of people reached through their sermons. This system has made verification of their data difficult. Transforming religious leaders into project implementers will also take time and continued mobilization through faith-based organizations like EECMY-DASSC.

With increased family planning outreach that includes information about the availability of long-acting and permanent methods, more people are visiting health facilities to obtain these methods, and there

Two of Ethiopia's Health Extension Workers who have benefited from the E2A grant

Service provider: "Reproductive health is the backbone of the community"

For a time when Alemu Kebede was an adolescent, his brother coughed constantly and began to cough up blood. Worried about his younger brother, he convinced his family that his brother needed to see a doctor. Like many families in Ethiopia, the Kebede family lived far from the nearest health center—approximately 20 kilometers. Alemu prepared one of the family's donkeys to carry his sick brother to the health center while he walked by the animal's side in the rain. When they reached the health center, the doctor told his brother that he had contracted tuberculosis. His brother received the medication he needed and is alive and well today.

Inspired by the power of medicine, Alemu is now a nurse at Gute health center in Wayu-Tuqa woreda. He has participated in the clinical trainings on provision of long-acting reversible contraceptives (LARCs) and refresher trainings on family planning offered by EECMY-DASSC. From a rural community himself, he knows the value of giving the women the option of LARCs, which alleviate the burden of traveling frequently to a far-away health center to obtain contraceptives and give them a simplified solution to preventing pregnancies for up to five years.

"Many women have used short-acting methods, but still get pregnant and miss appointments because they have no transport or other social problems," said Alemu.

By social problems, Alemu refers to the burden on Ethiopian women to bear many children, and to stay at home to take care of the home and family instead of traveling to seek family planning services.

Despite these barriers to Ethiopian women accessing reproductive health and family planning services, he said there is a growing recognition in nearby communities of the need for family planning, especially due to the outreach efforts of religious leaders.

"Religious leaders are very influential in the community so they can improve family planning. The community trusts religious leaders more than they trust Health Extension Workers," said Alemu.

He said referrals from religious leaders and Health Extension Workers to his health center have led to the sharp uptake of intrauterine devices—a method which he learned how to administer during an EECMY-DASSC training.

Alemu said he feels the community trusts him to provide family planning services despite the fact that he is male. This trust has been built, in part, by the training he has received on how to counsel on family planning while honoring voluntary informed choice of all family planning methods available.

"Reproductive health is the backbone of the community, so we need more providers in reproductive health," he said.

have been many referrals to the few facilities that provide them. These few facilities are overwhelmed by the growing clientele, which often exceeds service-delivery capacity. As demand increases, there will continue to be a need for more providers who are trained to provide long-acting and permanent methods.

Additionally, HEWs can now provide contraceptive implants to clients, but they are not trained to remove them. They instead refer clients to health facilities for removal or are supported by mobile outreach teams who visit health posts and offer insertion and removal of IUCDs and implants. Some HEWs mentioned a desire to be trained on implant removals so that their clients could come to them for this service as well.

Results (June 2014-June 2015)

Increased demand and improved supply of family planning services

Mobilization through religious leaders:

Chart 1. Number of Participants Attending Religious Leaders Sermons on Family Planning by Gender

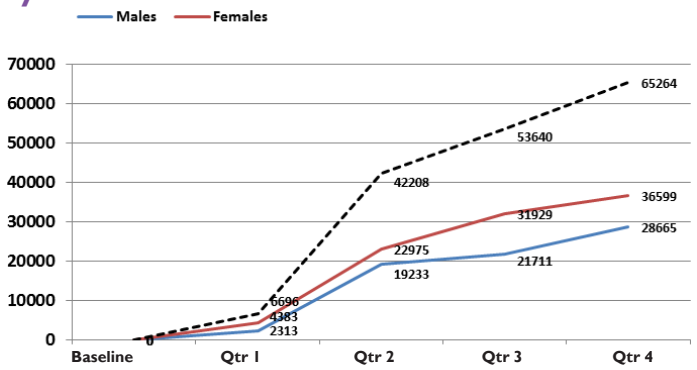


Chart 2. Number of Clients Counseled on Family Planning by Health Extension Workers and Facility Providers

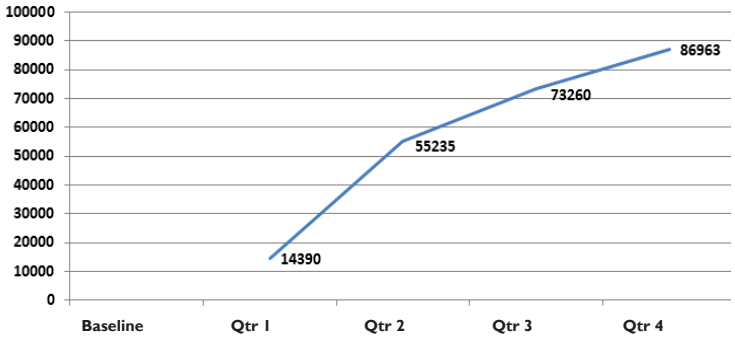


Chart 3. Number of New Family Planning Acceptors by Type of Family Planning Method

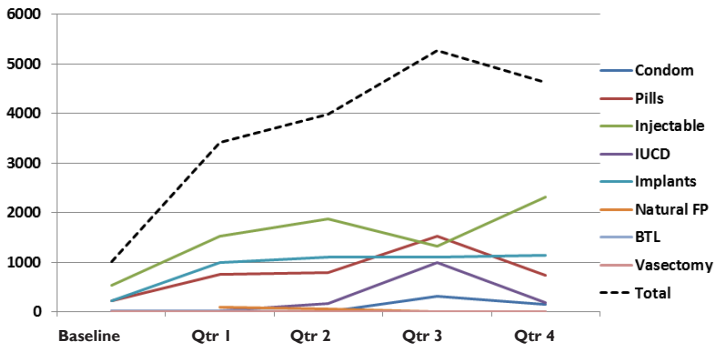


Chart 4. Number of New Family Planning Acceptors by Age

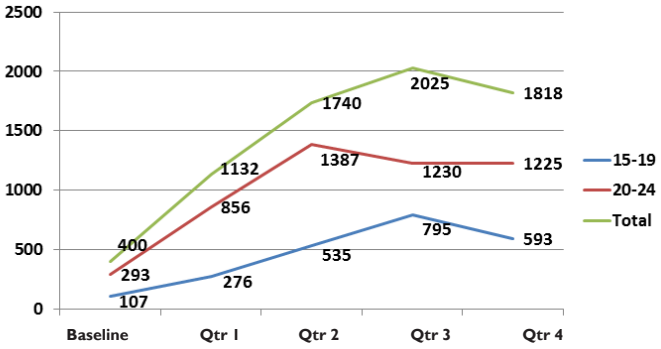


Chart 1: Under the E2A grant, religious and community leaders have organized 2,754 social gatherings and church meetings, which focused on family planning and reproductive health issues, using the five messages on family planning (see Box 1). Such discussions were new in these kebeles. Chart 1 shows the increase in the number of participants who attended the social gatherings and church meetings by gender. From a baseline of zero, there was a steady increase in the number of participants, with 102,544 attending in one year. Of these, 42 percent were male. Since men are the main decision-makers in Ethiopia regarding the number of children women have and family planning use, the participation of men is integral to increasing the use of family planning services.

Chart 2: In one year, HEWs and facility-based health providers counseled 142,858 clients on family planning in their communities. The counseling focused on informed choice, importance of family planning for maternal and child health, and referral to facilities for long-acting methods not offered by HEWs at community level or health posts. Data were not disaggregated by sex in the Ministry of Health registers, so it was not possible to track how many men were counseled on family planning.

Charts 3 and 4: As a result of community mobilization through religious and kebele leaders and HEWs, there was a progressive increase in the number of new family planning acceptors, for a total of 15,605 new acceptors in one year. While there was an increase in the use of all methods, the significant increase in IUCD acceptors is particularly important since this method was not offered at the 15 health facilities before the grant was awarded and providers participated in clinical training with EECMY-DASSC. Acceptance of implants and injectable contraceptives also increased after training more HEWs and facility-based providers to offer these methods. It is worth noting that 48 percent of the new acceptors were women aged 15-24, which reflects high acceptance of family planning among this younger age group. Client satisfaction with the services was not measured. From the providers' perspective, the expanded choice of methods allowed them to serve their clients better.

Applying Best Practices

Woreda Advisory Committees provide a platform for local ownership to address family planning needs: Through the grant, the WAC has served as a platform to unite stakeholders involved in the delivery of family planning services. The sub-WAC for family planning centralizes discussions and decisions made about family planning service delivery in each woreda and provides a platform for advocacy. During quarterly meetings, stakeholders are able to network and share learning that allows them to minimize barriers and address challenges to the delivery of family planning services.

Religious leaders are a powerful voice in promoting family planning with women and men: In a country where religious beliefs drive important decisions about lifestyle and health, it is critical to mobilize religious leaders in support of family planning and engage them to promote healthy behaviors related to reproduction and contraception. Although the mobilization of religious leaders for improved family health is a best practice that has been applied for many years, the work accomplished under the grant confirms that religious leaders can encourage changes in behaviors and beliefs that may result in the use of contraceptive methods.

Building the capacity of a network of local stakeholders to promote and deliver family planning services is an effective approach to increasing the acceptance and uptake of contraceptives: EECMY-DASSC has built the capacity of providers in the clinical provision of LARCs, religious leaders in the promotion of family planning services, and has connected HEWs to the providers and religious leaders during monthly meetings. The HEWs refer clients to the providers for IUCDs and initiate community meetings with kebele leaders and religious leaders to share their learning and ensure that the information their communities are receiving is accurate and consistent. These capacity-building and networking efforts, coupled with the government's existing system for family-planning service delivery that includes an strong approach to community-based services, is an effective service-delivery approach.

Strengthening existing platforms is essential for sustainability and scale-up: The approach applied by E2A and EECMY-DASSC is rooted in Ethiopia's well-established service-delivery system for family planning, making it likely to be sustained after the grant ends. The WAC, as an existing structure of Ethiopia's health system, serves as a sustainable platform for establishing a network of stakeholders to focus on family planning and make pertinent decisions about service-delivery challenges. The continuation of the sub-WACs for family planning, formed under the E2A grant, offers great promise. Because WACs exist across Ethiopia, there is also great potential for scale. WACs meet on a monthly basis. These monthly meetings can be a platform for bringing together family planning stakeholders, as accomplished under the grant. WACs for family planning that address service-delivery issues and challenges, combined with clinical trainings with providers and HEWs for provision of a broad mix of contraceptive methods, could be sustained and scaled for little extra cost.

E2A representatives, religious leaders and HEWs involved in the program in Ethiopia

Conclusion and Recommendations

The results of the interventions described in this brief show that involving faith-based networks in the promotion and delivery of family planning services is an effective approach to improving the uptake of contraception. The grant from E2A to EECMY-DASSC helped to develop service-delivery platforms and stakeholder networks to enhance the scale and sustainability of high-quality family planning services that are widely accessible in hard-to-reach areas. Ethiopia's public health system provides a sound foundation for inclusion of these networks in the delivery of family planning services. The approach described in this brief therefore has great potential for sustainability and scale within Ethiopia and to similar settings in other countries.

To leverage the full potential of this approach and enhance the delivery of family planning services, the Ethiopian government should:

Continue to build connections between WACs, religious leaders, HEWs, and service providers: The connection between religious leaders and the formal health system is a not a natural one. It will take time and effort to join religious leaders in discussions with health administrators, service providers, and HEWs to ensure strong links between demand-generation activities taking place in communities with the family planning services provided at health facilities. The sub-WACs for family planning developed under the E2A grant are a promising start to building connections between these different cadres.

Develop the skills of religious leaders to track and report on the contributions they are making to family planning and reproductive health: Religious leaders are powerful voices in their communities that can drive positive changes in health-related behaviors and decisions. While they are comfortable in their roles as vocal advocates for improved community health, they are not trained public health implementers. To broaden and strengthen their roles in increasing the uptake of contraceptive services and show the contributions they are making, they need to be trained to track and report data in a systematic way.

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