



The bottom line: do the clients have access to knowledge, services and products?



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# Contraceptive security in Ethiopia

## SERVICE PROVIDER AND CLIENT PERSPECTIVES

Tilahun Giday, Pathfinder International



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# Focus of Presentation

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- **Presentation focuses on PI-E**
- **Over 70 local & Int'l NGOs working in RH/FP services & Growing**
- **FGAE- pioneer since 1964-recognize the National Director**
  - Ato Amare Badada
- **PI-E works with 46 such organizations – with philosophy of local capacity building**
- **Covers largest number of districts- 250**



# Demographic Facts

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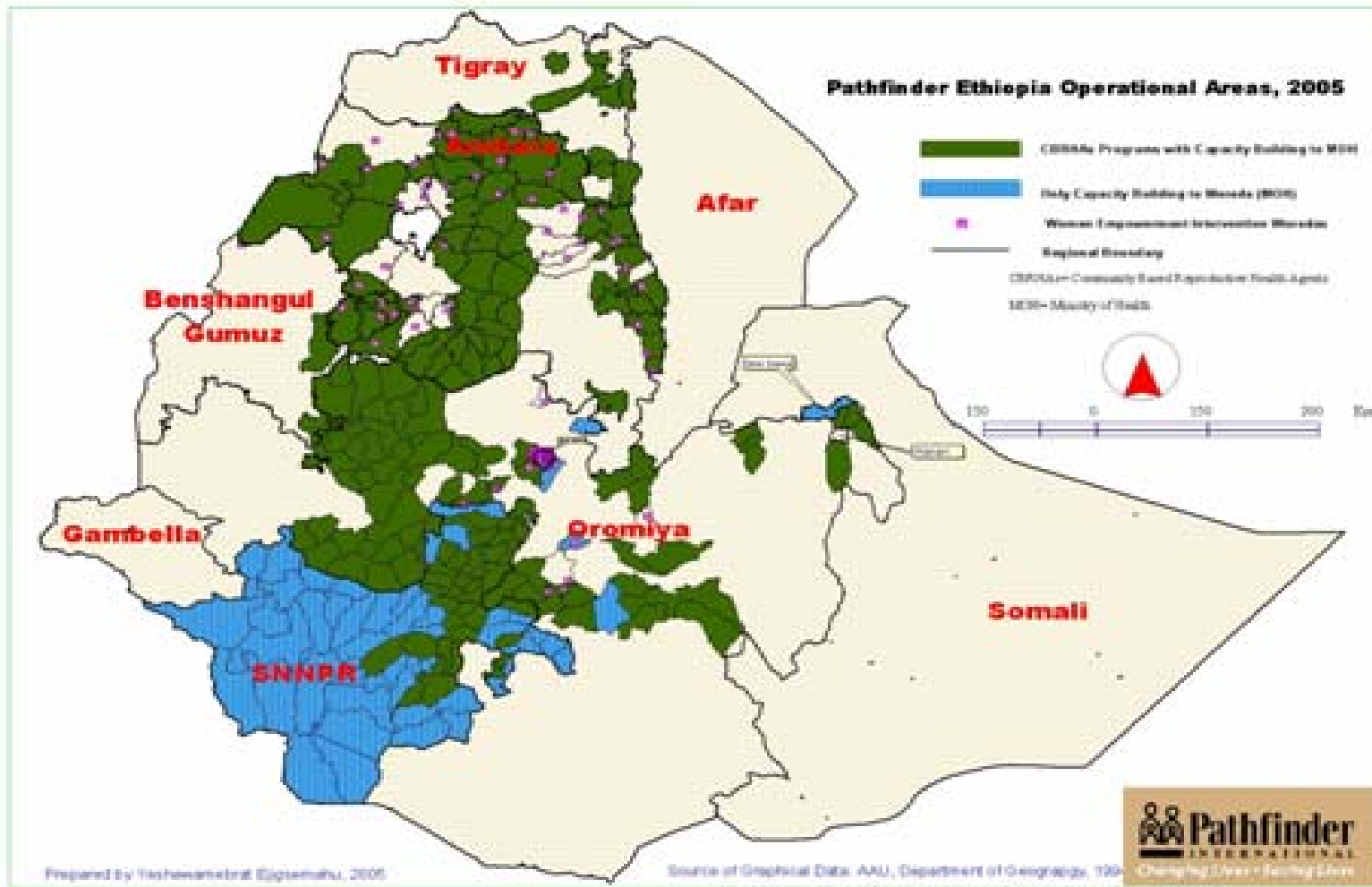
- **Pop. 77.4 mln (UNFPA pop report 2005)**
- **TFR 5.4**
- **Pop growth rate of 2.73% DHS-2005**
- **MMR 850/100,000 LB**
- **CPR 6% in 2000 modern methods**
- **CPR 13.9% DHS-2005, modern methods**
- **HIV Prev. rate 3.8%/5% n,+15% in cities, UNFPA 2005**



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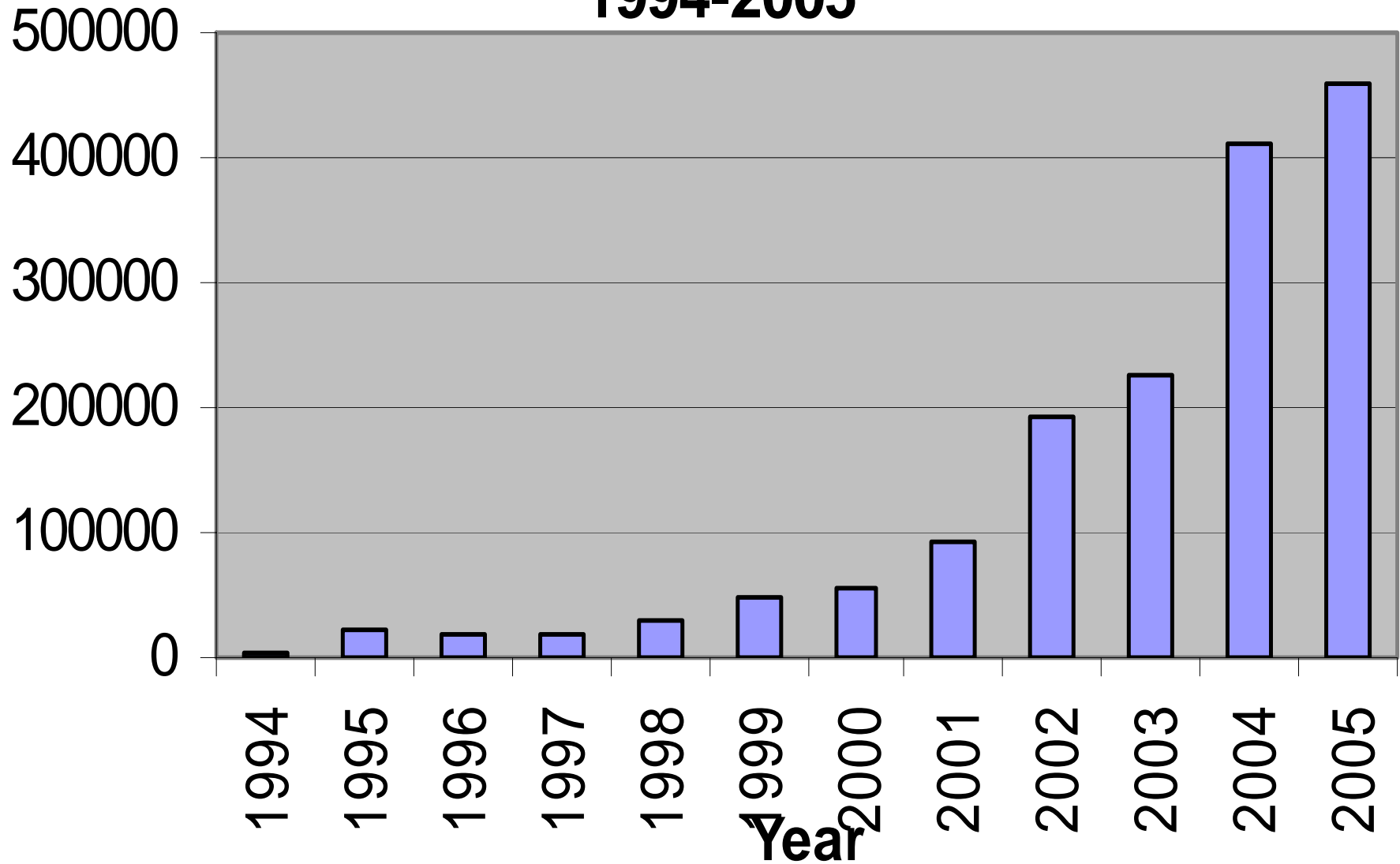


# Method Mix in Ethiopia

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- **Depo- Popular method & growing - 10%**
- **Followed by Pills & Condoms - 3% +**
- **Norplant -growing recently - 0.2%**
- **IUD very low uptake - 0.2%**
- **Permanent methods and VSC - negligible**
- **Natural Methods – low but accounts for some 2% in DHS 2005**
- **Emergency contraception - negligible**

# Couples years protection (CYP) 1994-2005





# POLICY IMPEDIMENTS

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- **Population Policy- progressive, however**
- **Implementation structure not established well**
- **Regional RECURRENT budget allocation discourages FP uptake (un-intentional)**
- **Commitment of Top Leadership-needs improvement -Education & development argument presented at times**
- **Import Duty and Clearing hindrance earlier-now improved**



# CAPACITY RELATED ISSUES

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- **Forecasting of Contraceptive Needs was not well done-now draft ready**
- **Reporting- not systematized**
- **Internal logistics system & Communication-weak**
- **Warehousing chain-poor**



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# IMPACT OF HIV/AIDS on RHCS

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- **Resource diversion- donors**
- **National Priority focus – to HIV/AIDS including HIV/AIDS supplies**
- **Parallel programming pushed by HIV groups rather than integration w/RH**
- **Provider overload**
- **Facilities also prioritized for VCT**



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# CLIENT CHOICE & Provider/CLIENT BIAS \_ \_ \_ \_

- **Limited Choice of brand of Pills**
- **Bias against IUD-by Providers**
- **Provider not giving priority to FP Srvc.**
- **Lack of clinical supplies for LT & Permanent FP methods**



# KEY INTERVENTIONS

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- **Advocacy for more supplies & improved logistics**
- **Educating the public on choices & bias**
- **Training Service Providers -Training coupled with services**
- **Clinical supplies to support LT & P FP methods**
- **Changing order mix based on demand**



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# KEY INTERVENTIONS (Continued)

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- **Task forces established**
- **MOH w/ USAID funding support decided to work on logistics systems improvement – DELIVER heads task**
- **Discussion with stakeholders (Gov't, Donors, NGOs)**
- **UNFPA, USAID, KFW, & others provide contraceptives**
- **HAPN consultative group formed-Gov, donors, NGOs**





# KEY OUTCOMES

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- **Meeting MDG goals and PRSP adopted**
- **Regional Governments plan for RH targets, districts graded for performance**
- **District governments started budgeting for Contraceptives, albeit small**
- **FMOH talking about budget allocation for Contraceptives**
- **Government seeing NGO and Private sector as partners & more engaged**



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# NEXT STEPS

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- **Continue to order supplies and distribute until new change**
- **Work through NGOs to further improve internal distribution**
- **Await logistics improvement**
- **Coordinate with stakeholders**
- **Extend access**
- **Meet the Demand**
- **Serve the unmet need**



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# LESSONS LEARNT

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- **Access through community service providers works best for Ethiopia**
- **Woreda (District) & village Advisory committees –important vehicles**
- **Regional Health forums help coordination and collaboration**
- **Donor/Government/ civil society consultations are creating better environment for health & poverty reduction opportunities**



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# CONCLUSION

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- **Demand is increasing as more families are aware about modern methods - 85% aware, 36-40% unmet need**
- **Food security & development needs dictate more work in FP services provision, Thus – RHCS is important**
- **Serious attention being given by MOH**
- **Higher level gov't commitment needed will push the agenda**



# Contraceptive security in Ethiopia

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**THANK YOU**

***FOR***

***YOUR ATTENTION &***

***INTEREST***



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# EXPANDING METHOD MIX AS A CONTRACEPTIVE SECURITY STRATEGY

*By: Linely Vinyo,  
DEPUTY PROGRAMME DIRECTOR. BANJA LA MTSOGOLO.  
MALAWI*

*NOVEMBER, 2005, DAR – ES -SALAM,*



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## 1.0

# INTRODUCTION

- **Banja La Mtsogolo is a Malawian Sexual and Reproductive Healthcare Non Governmental Organization (NGO).**
- **Is a Senior Member of the Marie Stopes International (MSI) Global Partnership.**
- **Mostly funded by the British Government through Department for International Development (DFID) and was established in 1987.**
- **BLM's vision is 'to see a Malawi where sexual and reproductive health, choice and well-being is attainable by all.'**





## 1.0 INTRODUCTION cont.....

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**BLM approaches are based on:**

- **Strong client orientation**
- **Cost efficiency**
- **High quality standards of services**
- **Innovation.**



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## 2.0

# BACKGROUND

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- **The Context -**  
**Prior to 1987, CPR was less than 7%, child spacing policy prevailed but was not prioritized and there were Low levels of awareness.**
- **2000 Malawi Demographic Health Survey (MDHS)**  
**Population of 12 million people**  
**Contraceptive Prevalence Rate (CPR) is at 28%. 2.4 million.**  
**Fertility rate is at 6.% and Maternal mortality rate remains high at 1,120 deaths per 100,000 live births (MDHS 2000).**





## 3.0 SERVICES AND PRODUCTS ON OFFER

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**BLM provides services through**

- **Twenty nine (29) clinics through out the country and community outreach network that provide the following services:**
  - **Family Planning (Both permanent and temporary)**
  - **Ante-natal services**
  - **STI management**
  - **HIV/AIDS interventions including VCT**
  - **Laboratory services**



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## **4.0 ENSURING ACCESS**

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**Major strategies that BLM is using are:**

- 1. Clinical services**
- 2. Public /private partnership (PPP)**
- 3. Marketing and Promotion**
- 4. Community Outreach Activities**





## 4.1 INCREASING ACCESS THROUGH CLINIC SERVICES

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- **BLM operates 29 clinics countrywide both in urban and rural towns**
  - 9 Clinics are in the main cities**
  - 20 in the rural towns**
- **The clinics provides Integrated Sexual and Reproductive Health services with a wide method mix of contraceptives:**
  - Temporary Contraception**
    - **Orals**
    - **Injectables (Depo Provera)**
    - **Condoms**
    - **Implants**
    - **IUCDs**
  - Permanent Contraception**
    - **Vasectomy**
    - **Tubaligation**



## 4.1 INCREASING ACCESS THROUGH CLINIC SERVICES

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- The major achievements have been in the provision of Permanent Contraception
- Between January 2001 and June 2005 the following was achieved:

TL	112,000
Vasectomy	255
Pills	700,000 cycles
Injectable (Depo Provera)	1,600,000
Condoms	32,143,060 pieces
Norplant	2,070



## 4.2 PUBLIC/PRIVATE PARTINERSHIP ACHIEVEMENTS

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- The current policy environment in RH in Malawi favours private sector partnerships.
- BML CYP (Couple Year protection) contribution nationally is 18%
- Currently BLM is operating in 150 Government and CHAM centres providing mostly permanent contraception throughout the country.
- To date BLM is the only NGO providing permanent contraception in Government and CHAM centres in the country.





## 4.3 MARKETING AND PROMOTIONS

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- **Since 1995 BLM has made aggressive and creative use of marketing resources to drive performance.**
- **BLM promotes services through different media including conducting targeted outreach activities for clinics' catchment's areas.**
- **Marketing is also responsible for the implementation of the Contraceptive Social Marketing programme which promotes a condom brand called MANYUCHI (which literally means honey) on a pleasure plus protection platform.**





## 4.4 COMMUNITY OUTREACH ACTIVITIES

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**The role of the Community Outreach Team is to provide contraceptive services to the communities using RH Assistants through the following approaches;**

- **Motivation for both temporary and permanent methods using customer care and sales skills**
- **Provision of contraceptive services on door to door basis within the clinics catchment areas.**
- **Agents support referral system to the clinics**



## 5. CHALLENGES

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- **Limited resources especially for marketing activities**
- **Cultural barriers to provision of RH services**
- **Human resources**
- **RH for young people**
- **Male involvement**



## 6.0 WAY FORWARD

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- **The programme will continue to proactively seek greater coordination and collaboration at National and District with government and other stakeholders**
- **Continue to employ creative marketing strategies to disseminate family planning messages and create more demand.**
- **Ensure the integrate of wider range of SRH services to increase access.**
- **Continue to involve both local and political leaders at community level.**
- **Provide better transport modes to the RHAs to improve coverage.**



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## 7.0 CONCLUSION

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- **In ensuring good delivery of both short term and long term family planning choices to the clients, organisations ought to establish links with each other concentrate their efforts where they have comparative advantage**
- **There is need to have a deep understanding of the communities in order to be able to disseminate knowledge effectively and address cultural barriers to RH.**
- **Organisations involved in family planning must continuously share new strategies to avoid duplication.**



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**I THANK YOU VERY MUCH**



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# Strategies and challenges of public sector service provision

**Julie Wiltshire**  
**Jane Wickstrom**  
**John M. Pile**

the **ACQUIRE** project



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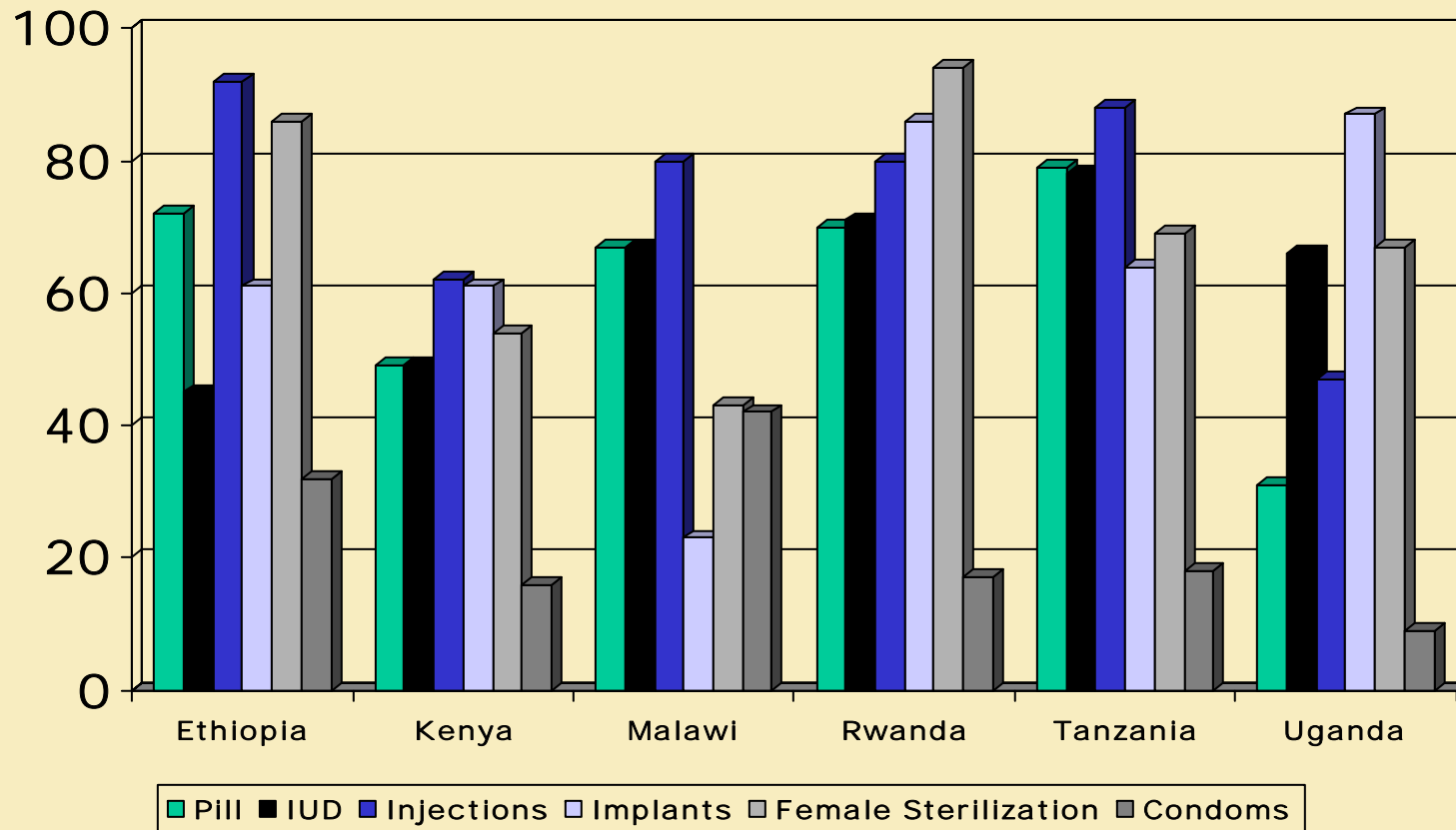


# The ACQUIRE Project





# Public sector as source for modern Contraceptive methods—East Africa





# Fundamentals of Care (FoC)

- **A set of essential, basic elements;** one has to attend for the success and sustainability of health care interventions
- **They are routine and basic;** finer points not often well appreciated or understood
- **Require constant attention;** to ensure institutionalization with each new generation of providers and when each service or innovation introduced



# Main Areas of Focus

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- **CHOICE**  
Ensuring informed and voluntary decision making
- **SAFETY**  
Assuring safety for clinical techniques and procedures
- **QUALITY**  
Quality assurance and management

**Ultimate goal ⇒ Client Satisfaction**



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# FoC—CHOICE

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## Constraints

- **Contraceptive commodity stock outs**
- **Not just commodities—instruments and expendable supplies are often missing**
- **Few trained providers**
- **Limited access to LAPM**
- **Misinformation/misconceptions**



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# FoC—SAFETY

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## Constraints

- **IP equipment/supplies essential for provision of long-acting and permanent methods**
- **Trained staff may not be ‘confident’ in their skills, and require regularly updating.**



# FoC—QUALITY

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## Constraints

- **Supervision inadequate**
- **Reporting mechanisms weak**
- **Ongoing M & E insufficient**
- **Training gaps**



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# CS Strategies: Public Sector

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## Key Interventions

- **Addressing Policy Barriers**
- **Decentralize to lowest levels**
- **Expand funding base**
- **Widen Focus beyond “no product – no program”**



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# Focus on Policy Barriers

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- **Change policy to include family planning commodities on MOH's essential drug list**
- **Integrate FP commodities and equipment into MOH supply chain**
- **Move from vertical program for FP procurement to integration into MOH procurement offices**



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# Decentralize to lowest levels

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- **A review of the FP logistics system showed cost and supply inefficiencies**
- **Simplify supply chain ; stakeholder involvement needed to reduce ‘middle layer’**



# Expand funding base

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- **Few donors supporting contraception commodities supplies.**
- **Successfully engaging SWAp “basket donors” the way forward**
- **Government budgets for FP commodities and equipment are also essential, even if minimally funded**





## Wider focus of CS

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- **Looking beyond the contraceptives themselves, equipment and supplies are also essential for clinic service delivery.**
- **Items for infection control, equipment for clinical procedures, and informational materials for clients need to be on-site and available.**



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# Overall lessons learned

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- **Research and documentation is crucial for policy reform**
- **All stakeholders must be involved, including NGOs, private sector and pharmaceutical companies**
- **All donors, including the SWAp donors, must be aware of FP/RH commodity security**



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