

# FAMILY PLANNING HIGH IMPACT PRACTICES IN ETHIOPIA

## What are Family Planning High Impact Practices (HIPs)?

HIPs are a set of evidence-based family planning practices that have demonstrated impact, are applicable across settings, and are scalable, sustainable, and cost-effective. HIPs aim to support healthy reproductive behaviors, such as consistent and correct contraceptive use which reduces unintended pregnancies.



## HIPS SUPPORTS ESSENTIAL REPRODUCTIVE HEALTH CARE IN ETHIOPIA

Family planning (FP) supports women’s and couples’ ability to achieve their reproductive goals. In Ethiopia, modern contraceptive use has increased substantially over the last two decades, rising from 8% of married women using a modern method in 2000 to 37% in 2023 (1). However, there are still a significant number of people who have unmet contraceptive need and face barriers to accessing family planning services (1, 2). With the implementation of HIPs, more people can access family planning services and attain their reproductive health goals.

This research brief describes patterns of HIPs indicators, including disparities across different sociodemographic indicators, using Performance Monitoring for Action Ethiopia (PMA-Ethiopia) data. Data from two surveys conducted between 2020 and 2022 are used, one which included only currently pregnant women who were followed for one year postpartum and one which included all women of reproductive age (age 15-49 years) who were interviewed at one time point. Information is categorized by key family planning HIPs to highlight areas where these interventions can lead to impact and improve reproductive health outcomes in Ethiopia.

## OVERVIEW OF HIGH IMPACT PRACTICES IN FAMILY PLANNING

HIPs in family planning are classified into four categories: **Social Behavior Change (SBC), Service Delivery, Enabling Environment, and Enhancements.** This brief will focus on SBC HIPs and Service Delivery.

### Family Planning HIPs Domains

- 1 SOCIAL BEHAVIORAL CHANGE
- 2 SERVICE DELIVERY
- 3 ENABLING ENVIRONMENT
- 4 ENHANCEMENTS

### Proven and Promising HIPs

Among the HIPs domains, Social Behavior Change and Service Delivery are further classified based on the strength of the evidence supporting each practice, distinguishing between those with “sufficient evidence” (**proven**) and those that require more research evaluating their impact (**promising**) before being widely implemented.

#### For Example

*Postpartum family planning is a proven Service Delivery HIP, meaning there is sufficient evidence to recommend its widespread implementation.*

# PARTNER COMMUNICATION IN ETHIOPIA

PROVEN

## What is the Proven High-Impact Practice (HIP) of Partner Communication?

This practice “implement[s] interventions demonstrated to encourage couples to discuss family planning/reproductive health and make equitable, joint decisions to reach fertility intentions.” (3)

## Why is Partner Communication in Family Planning Important?

- Supports both partners to determine and achieve fertility and childbearing goals, thus promoting gender equality.
- Improves healthy birth spacing and timing of pregnancies.
- Increases consistent and correct use of contraception.

### Communicating About Fertility Intentions



Among pregnant women (n=2,240), 34% reported not discussing having another child with their partner before they became pregnant.

### Communicating About Contraceptive Use



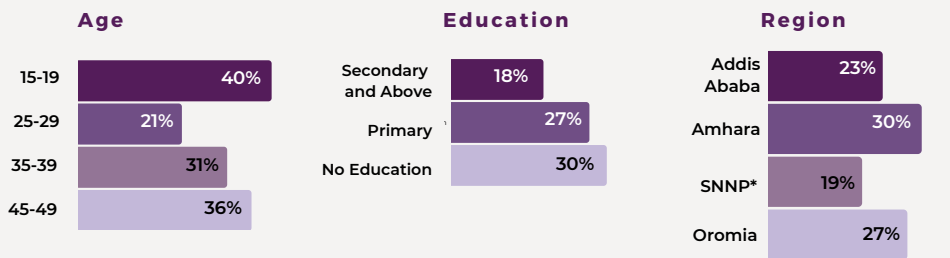
The majority of all women age 15-49 who were in partnerships and using a contraceptive method had discussions with their partner about the decision to delay or avoid pregnancy before using their current contraceptive method.

## DISPARITIES IN PARTNER COMMUNICATION

Partner communication about family planning decisions may be influenced by factors such as age, education, and region, thus highlighting opportunities for intervention to improve care and outcomes.

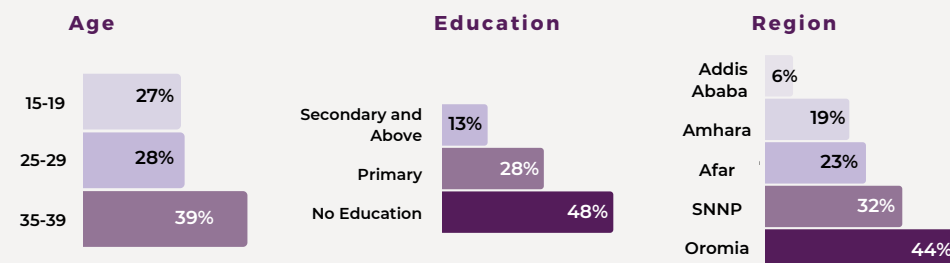
### Communicating About Fertility Intentions

Reports among contraceptive users who did **not** discuss the decision to use their current method with their partner before using their current method illustrate patterns of inequity.



### Communicating About Contraceptive Use

Reports among recently postpartum women who **never** discussed having children with their partner highlight sociodemographic disparities.



### RECOMMENDATIONS

- 1) Engage partners in the community to model and discuss their healthy communication habits. Programs can showcase couples via radio dramas, and other mass media programs, another HIP.
- 2) Ensure interventions that take into account local customs and languages are designed.

\*SNNP include Sidama, South west Ethiopia, central Ethiopia, and South Ethiopia

# MASS MEDIA IN ETHIOPIA

PROVEN

## What is the Proven High-Impact Practice of Mass Media?

This practice communicates healthy and medically accurate reproductive information to a national audience through mass media channels such as TV and radio to support healthy reproductive behaviors.

## Why is Mass Media in Family Planning Important?

- Improves the sexual and reproductive health knowledge of large audiences through high-quality messaging.
- Educates and shift norms to support healthy reproductive behaviors, such as increased consistent contraceptive use to avoid unintended pregnancy.

## Awareness of Family Planning through Media

Approximately two in five women (42%) aged 15-49 have heard of FP through various media channels.



**30%**  
RADIO



**27%**  
TV



**6%**  
MAGAZINE



**5%**  
TEXT

## DISPARITIES IN MASS MEDIA

Access to family planning information via mass media is influenced by factors such as age, education, and region, thus highlighting opportunities for intervention to improve care and outcomes.

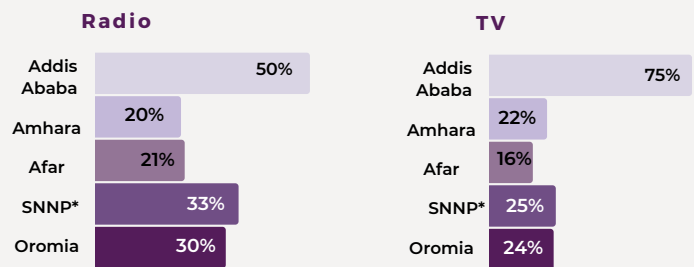
### RECOMMENDATIONS

1) The data on disparities highlight the need to focus on those who are economically disadvantaged and/or lack access to education.

2) With clear regional differences, coverage interventions must ensure availability in local languages given geographic diversity. The use of formative research can help adapt interventions to the diverse population.

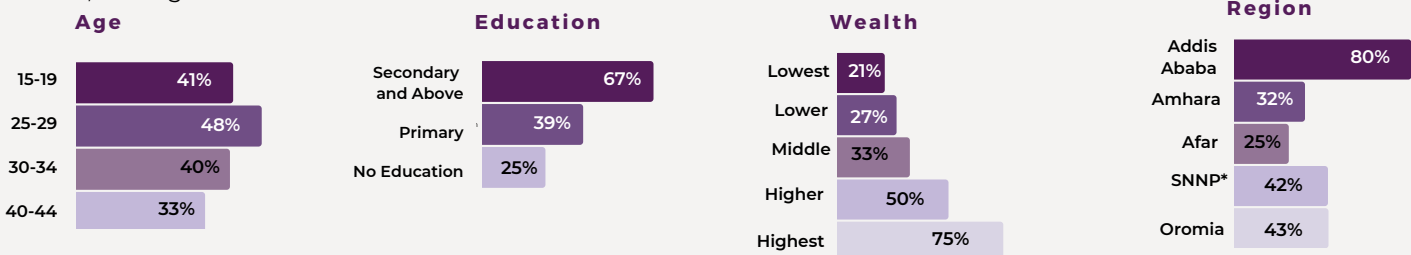
### Popular Family Planning Media Channels by Region

TV and radio were the most popular media channels through which women heard of family planning among different regions.



### Popular Family Planning Media by Age, Education, Wealth and Region

The percentage of women who reported hearing about family planning from any media source differ based on their age, education, wealth, and region.



\*SNNP include Sidama, South west Ethiopia, central Ethiopia, and South Ethiopia

# DIGITAL HEALTH IN ETHIOPIA

PROMISING

## What is the Promising High-Impact Practice of Digital Health?

This practice uses “digital technologies to support, maintain, and adopt healthy sexual and reproductive behaviors.”

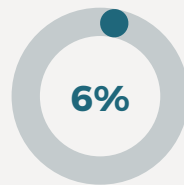
## Why is Digital Health in Family Planning Important?

- Underscores the strengths of digital technology: its cost-effectiveness, ubiquity, and accuracy.
- Appeals to younger populations, introducing information about healthy reproductive behaviors and relationship norms early.

### Types of Digital Technologies



### Social Media as a Source of Information



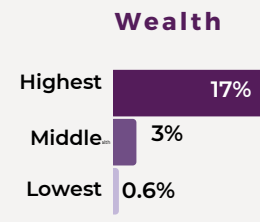
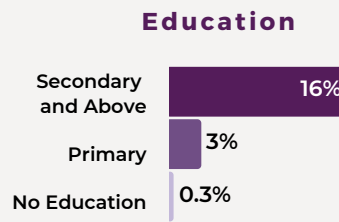
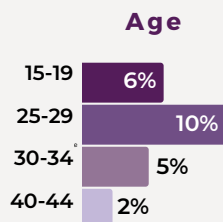
Just 6% of all women reported that they heard about family planning from social media.

## DISPARITIES IN DIGITAL HEALTH

Access to digital information about family planning is influenced by age, education, and wealth, thus highlighting opportunities for intervention to improve contraceptive knowledge and outcomes.

### Disparities by Education and Wealth

Among all women, there are disparities in the percentage who reported hearing about family planning from social media by age, education, and wealth.



## RECOMMENDATIONS

- 1) The overall low percentages of women who are accessing information related to family planning via social media channels highlights an opportunity for engagement.
- 2) Given the large disparities by education, interventions and social media awareness campaigns must consider literacy levels of the target audiences. The use of clear images, icons and pictorials can ensure more reach and impact to a wider audience.

44%

# POSTPARTUM FAMILY PLANNING IN ETHIOPIA

PROVEN

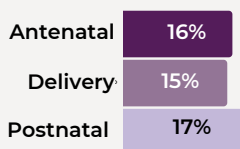
## What is the Proven High-Impact Practice of Postpartum Family Planning?

This practice offers contraceptive counseling and services as part of facility-based childbirth care prior to discharge from the health facility.

## Why is Postpartum Family Planning Important?

- Raises awareness of the importance of birth spacing and postpartum contraceptive options, thus helping to reduce unintended pregnancy and negative health outcomes.
- Greater reach through facility-based childbirth services.
- Women have more contraceptive options during the immediate postpartum period.

### Postpartum Family Planning Counseling



Among postpartum women, approximately 16% reported being counseled on family planning during antenatal care, 15% immediately after delivery, and 17% during postnatal care.

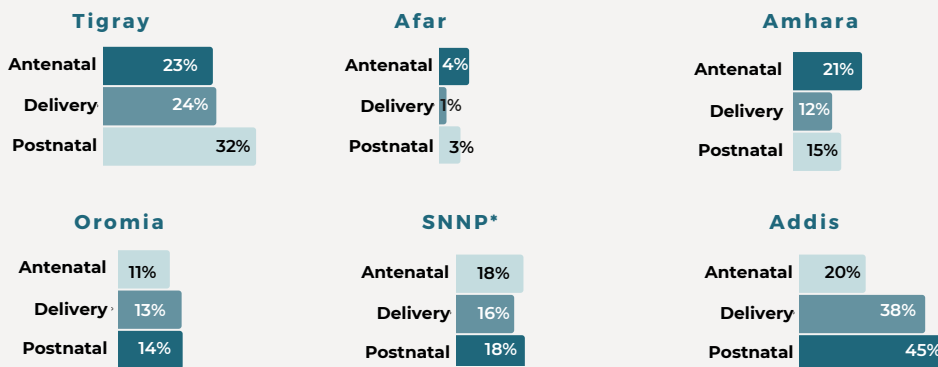


## DISPARITIES IN POSTPARTUM FAMILY PLANNING

The percentage of postpartum women who received counseling and services for postpartum family planning differs significantly across regions.

### Regional differences in postpartum family planning

Postpartum family planning (PPFP) counseling differed by region, with the highest proportion of postpartum women reporting counseling at delivery and/or during postnatal care in Addis Ababa (38% and 45%, respectively), relative to few women in Afar (1% and 3% respectively).



\*SNNP include Sidama, South west Ethiopia, central Ethiopia, and South Ethiopia

## RECOMMENDATIONS

- 1) Integrate conversations on PPFP at different timeframes before and after pregnancy. Counseling at multiple points will increase the chances that women who do not receive every maternal health services (ANC, facility delivery, and PNC) will still receive information at some point during her pregnancy or postpartum period.
- 2) Ensure health facilities have adequate staff, equipment, and supplies to offer postpartum family planning services. This includes offering a broad range of contraceptive methods available to women who have facility births before they are discharged.

# PHARMACIES AND DRUG SHOPS IN ETHIOPIA

PROMISING

## What is the Promising High-Impact Practice of Pharmacies and Drug Shops?

This practice trains and supports pharmacies and drug shops to provide family planning information and a broad range of quality contraceptive methods.

## Why are Pharmacies and Drug Shops Important in Family Planning?

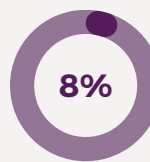
- Greater reach, particularly in urban areas, and wide range of short-acting methods.
- Affordable and convenient to underserved populations while maintaining confidentiality.
- Promotes healthy reproductive behaviors, reduces unintended pregnancy and limits burden to public health facilities.

### Important definitions

**Pharmacies:** Retail facilities that sell both prescription and over-the-counter medicines and are overseen by licensed pharmacists.

**Drug shops:** Lower-tier retail outlets, with no pharmacist on staff, that sell over-the-counter drugs, chemical products and household remedies.

### Source of Contraceptives



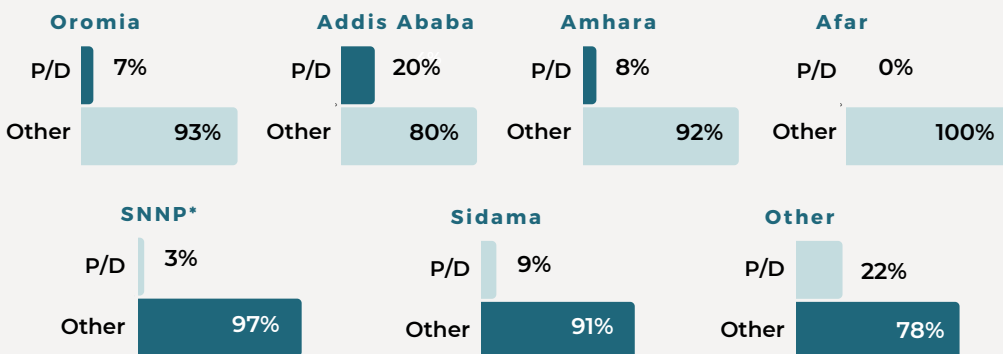
Only 8% of contraceptive users report receiving their method from either a pharmacy or drug shop.

## DISPARITIES IN PHARMACIES AND DRUG SHOPS

Access to and usage of pharmacies and drug shops are influenced by factors such as wealth and region.

### Regional disparities

Among contraceptive users in each region, a greater proportion of women living in Addis Ababa received their methods from pharmacies or drug shops relative to other regions.

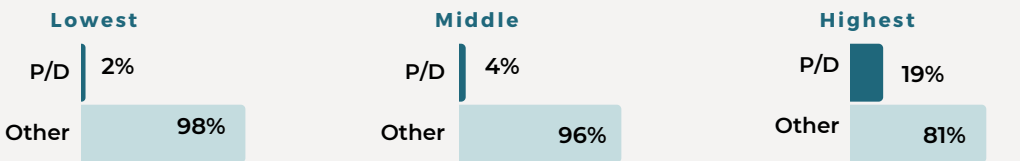


P/D = pharmacy/drug shop

\*SNNP include Sidama, South west Ethiopia, central Ethiopia, and South Ethiopia

### Wealth disparities

Reports show that women from highest socioeconomic status were more likely to obtain contraceptives from a pharmacy or drug shop than women from lower socioeconomic status.



### RECOMMENDATIONS

1) The data show clear disparities by region and wealth, with far more women in Addis Ababa and those who are wealthier using these facilities. We recommend that program implementers examine whether access for women from other regions is limited because of the lack of pharmacies in rural areas, or if there are other factors limiting access and use.

2) Strengthen pharmacy and drug shop business practices, such as pricing, financing, and supply management, to improve sustainability of services.

# COMMUNITY HEALTH WORKERS (CHWS) IN ETHIOPIA

PROVEN

## What is the Proven High-Impact Practice of Community Health Workers?

This practice integrates trained, equipped, and supported community health workers (CHWs) into the health system. This practice provides expansive affordable contraceptive options, counseling, and referrals in medically underserved areas to address the barriers to access family planning that are worsened by the health worker shortages.

## Why are Community Health Workers Important in Family Planning?

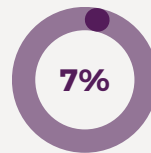
- Expands contraceptive method choice by providing a wide range of methods safely and effectively through community sources.
- Increases contraceptive use in places where use of clinic-based services is not universal, thus helping to reduce unmet need.

### Sound familiar?



This high-impact practice is very similar to the Health Extension Program (HEP) in Ethiopia, which has successfully reduced health disparities and overall improved overall health of the community (4).

### Family Planning Discussion with CHWs



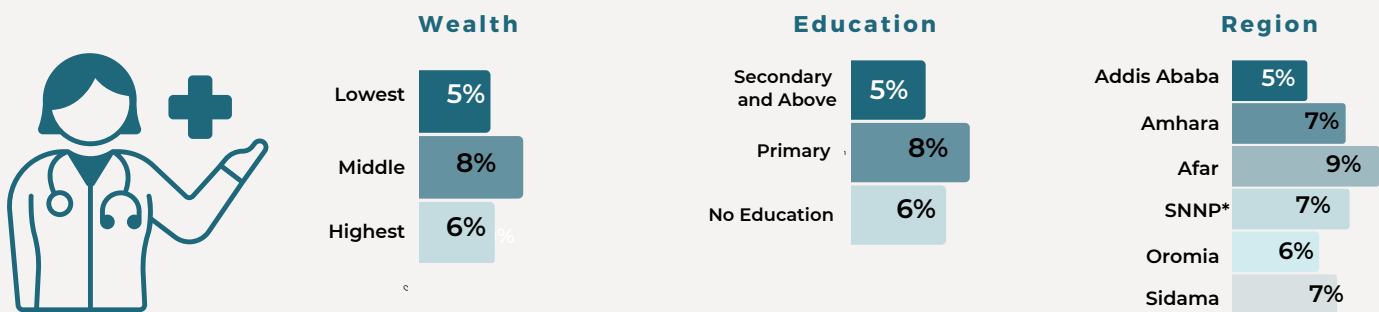
7% of women reported being visited by a community health worker who discussed family planning in the last 12 months.

## DISPARITIES IN COMMUNITY HEALTH WORKERS

Access to family planning through visits from a health worker are low across all factors, regardless of wealth, education, and region.

### Wealth, educational, and regional disparities

The percentage of all women aged 15-49 who reported being visited by a health extension worker in the last 12 months who discussed family planning varies little by wealth, education, and region.



## RECOMMENDATIONS

Because Ethiopia has implemented a well-documented successful and highly effective Health Extension Worker (HEW) program, we advise that continued evaluation of the program to ensure program improvements are sustained.

PMA Ethiopia data show that fewer than 10% of women received visits from Health Extension Workers (HEWs) within the last 12 months to discuss family planning. This underscores the importance of monitoring both the frequency and substance of HEW visits to ensure that women receive essential information regarding family planning.

\*SNNP include Sidama, South west Ethiopia, central Ethiopia, and South Ethiopia

For more information on Family Planning High Impact Practices (HIPs), refer to this link: <https://www.fphighimpactpractices.org/briefs/community-health-workers/>

Reference: 1) Bilal, N. K., Herbst, C. H., Zhao, F., Soucat, A., & Lemiere, C. (n.d.). Health Extension Workers in Ethiopia: Improved Access and Coverage for the Rural Poor (p. 12). [https://documents1.worldbank.org/curated/en/304221468001788072/930107812\\_201408251045629/additional/634310PUB0Yes0061512B09780821387450.pdf](https://documents1.worldbank.org/curated/en/304221468001788072/930107812_201408251045629/additional/634310PUB0Yes0061512B09780821387450.pdf)

# IMMUNIZATION INTEGRATION IN ETHIOPIA

PROMISING

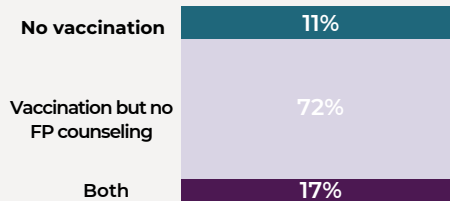
## What is the Promising High-Impact Practice of Immunization Integration?

This practice offers family planning information and services proactively to women in the extended postpartum period (i.e., the one-year period following a birth) during routine child immunization contacts. Additional opportunities beyond this can be identified in vaccination schedules for the second year of life and beyond.

## Why is Immunization Integration Important in Family Planning?

- Greater reach to postpartum women through multiple timely child vaccination services (6 weeks, 10 weeks, 14 weeks, 9 months).
- May reduce risk of unintended and closely spaced pregnancies by enabling women to access and use their preferred contraceptive method without additional health facility visits.

### Family Planning Counseling Integration



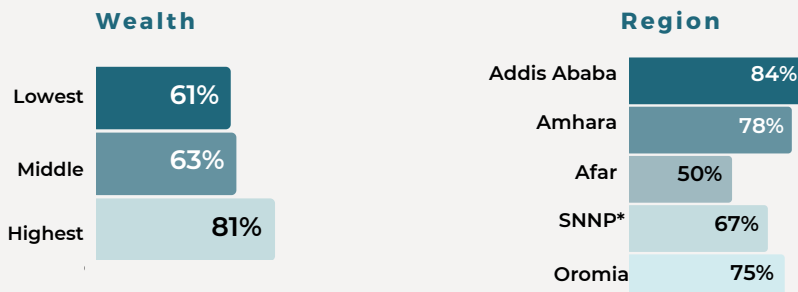
70% of women (at one-year follow up) attended immunization visits for their child but did **not** receive any FP counseling as part of that visit.

## DISPARITIES IN IMMUNIZATION INTEGRATION

Access to immunization-integrated family planning services is influenced by factors such as wealth and region, thus highlighting opportunities for intervention to improve care and outcomes.

### Wealth and regional disparities

Among recently postpartum women, there are significant disparities in the percentage who received family planning as part of a vaccination visit.



\*SNNP include Sidama, South west Ethiopia, central Ethiopia, and South Ethiopia

## RECOMMENDATIONS

- 1) To increase the utilization of family planning services among postpartum women during their child's vaccination appointments, it is important to establish straightforward referral systems that facilitate client access to family planning services. Establishing such systems will make it more convenient and accessible for women to utilize family planning services during the postpartum period.
- 2) When providing family planning services, health facilities and providers should attempt to keep messages simple. Additional training to providers on communication skills via training and job aids have been proven to improve uptake.



## CURRENT: KEY ACHIEVEMENTS

Ethiopia has made remarkable progress in achieving target goals of the national family planning program.

The government has demonstrated sustained commitments to improving access to family planning through several initiatives. Chief among these, the HEP program has successfully worked towards addressing regional health disparities and reducing barriers to access healthcare among rural communities (1). Moreover, FP service provision and counseling remain critical components of the essential services package.



## CURRENT: KEY DISPARITIES

Targeted interventions on key HIPs can further expand these gains.

Understanding current disparities can inform best practices to adopt. The data in this brief notes disparities of key HIPs by region, education, and wealth.

Disparities in service integration, mass media, and digital health by region and socioeconomic status are evident. In addition, postpartum service provision varies considerably by region. It is important to design interventions that address these challenges.



## FUTURE DIRECTIONS

PMA Ethiopia's data on key reproductive health indicators can be used to inform decisions regarding the implementation and monitoring of HIPs in Ethiopia.

This brief includes targeted recommendations that are adapted from the HIPs website and are applicable to Ethiopia.

PMAET provides a rich data source to policy makers and implementers to help design interventions that can close the regional and wealth disparities and ensure equitable gains across communities.



### What is PMA?

The Performance Monitoring for Action Ethiopia (PMA Ethiopia) is a five-year project implemented in collaboration with Addis Ababa University, Johns Hopkins Bloomberg School of Public Health, and the Federal Ministry of Health which measures key reproductive, maternal and newborn health (RMNH) indicators. PMA Ethiopia uses mobile technology and a network of trained female resident enumerators (data collectors) to collect data to identify gaps in maternal and newborn care.

### PMA Survey Components

PMA Ethiopia includes three survey components: 1) An annual, nationally representative cross-sectional survey of women aged 15-49 conducted in all regions, with the exception of Tigray from 2020-2022; 2) a longitudinal survey of women who were enrolled during pregnancy and followed up at six weeks, six months, and one year postpartum. In 2019-2021, the longitudinal survey was conducted in Afar, Addis Ababa, Amhara, Oromia, Tigray and SNNP. In 2021-2023, the survey was conducted in Addis Ababa, Amhara, Oromia, and SNNP. Finally, data collection includes a 3) health facility survey conducted in public and private health facilities that serve the communities selected for the survey.

### Data Used

The data showcased in this brief come either from the 2021 cross-sectional survey or from the 2019-2021 longitudinal survey. This brief clearly states whether the survey responses are from postpartum women or all women.

More information about PMA Ethiopia is available at: <https://www.pmadata.org/countries/ethiopia>