

THE 2002 NATIONAL FAMILY PLANNING PROGRAM EFFORT INDEX FOR ETHIOPIA

Produced by



ETHIOPIA
October 2002

The Futures Group International
In collaboration with:
Research Triangle Institute (RTI)
The Center for Development and Population Activities (CEDPA)



FAMILY PLANNING PROGRAM EFFORT INDEX

The Family Planning Program Effort Index (FPE) is a composite measure of family planning program efforts using the expert judgment of people who are very knowledgeable about the family planning program in a country or a region. It tests how program efforts interact with socioeconomic settings to increase contraceptive use and lower fertility rates. This is the fifth cycle to be conducted in Ethiopia. The FPE was previously conducted in 1982, 1989, 1994 and 1999.

The study is based on an extensive questionnaire containing 125 items. Respondents are requested to address each one of these items. The items are coded and combined to give 30 program elements. These 30 program elements in turn are organized into four major categories:

1. Policy and stage setting activities.
2. Service and service related activities.
3. Evaluation and record keeping.
4. Availability of fertility control methods.

Table 1 shows the 30 program elements categorized under the four major components of the FPE index.

Table 1. The distribution of the program elements and the four major components of the FPE index.

Policy and stage setting activities	Service and service related activities	Evaluation and record keeping	Availability of fertility control methods
<ol style="list-style-type: none">1. Policy on fertility reduction and family planning2. Statements by leaders3. Level of program leadership4. Policy on age at first marriage5. Import laws and legal regulations6. Advertising of contraceptives allowed7. Involvement of other ministries and public agencies8. Percent of in-country funding of family planning budget	<ol style="list-style-type: none">9. Involvement of private-sector agencies and groups10. Civil bureaucracy involved11. Community-based distribution12. Social marketing13. Postpartum program14. Home-visiting workers15. Administrative structure16. Training program17. Personnel carry out assigned tasks18. Logistics and transport19. Supervision system20. Mass media for IE&C21. Incentives and disincentives	<ol style="list-style-type: none">22. Record keeping23. Evaluation24. Management's use of evaluation findings	<ol style="list-style-type: none">25. Male sterilization26. Female sterilization27. Pills and injectables28. Condoms, spermicides29. IUDs30. Abortion/ menstrual regulation



SCORING OF THE FPE INDEX

Each of the 30 FPE elements has scores ranging from zero to four, giving a maximum score of 120 for the total effort index. The scores for the four components vary in accordance with the list of the program elements they encompass. The policy component has 8 program elements and hence the maximum score shall be 32. Likewise, services component has 13 elements and 52 maximum score, evaluation has 3 elements and has a maximum score of 12 and method availability component has 6 elements and 24 maximum score. To make comparison easier the results are given as percentage of the maximum possible score. For example a service and service related activities score of 40 becomes 40/52 or 77%.

ASSESSMENT OF THE POLICY STAGE SETTING ACTIVITIES

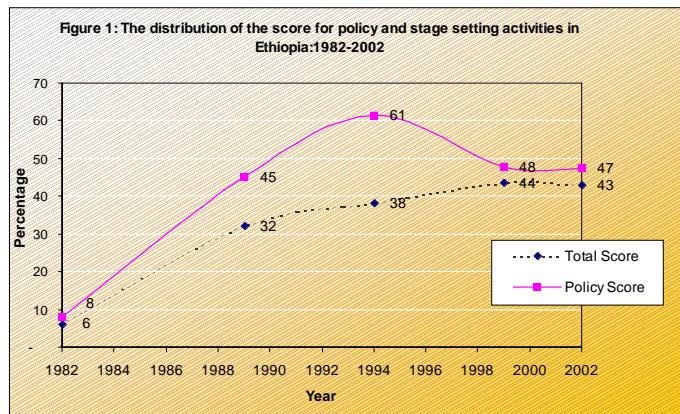
The 2002 FPE index showed that the Ethiopian Government's official policy or position towards reduction of population growth and support to family planning activities was very conducive and rated at 92%. This was rated at 100% in 1994 and 83% in 1999. However, the rating for public statements from the head of state or any other higher official was very low at 33%. This element has showed a sharp decline from 100% in 1994 and 67% in 1999. Likewise, the level of family planning leadership in Ethiopia showed a decline to 27% from 31% in 1999 and 54% in 1994.

Table 2. The distribution of scores for policy and stage setting elements 1994-2002

Item	2002 (%)	1999 (%)	1994(%)
Policy on fertility reduction and family planning	92	83	100
Statements by leaders	33	67	100
Level of program leadership	27	31	54
Policy on age at marriage	31	33	31
Import laws and legal regulations	63	67	70
Advertising of contraceptives allowed	58	0	63
Involvement of other ministries and public agencies	74	100	73
Percent of in-country funding of family planning budget	0	0	0
Total score	47	48	61

The highest scores in 1994 could be attributed to the adoption of the National Population Policy in 1993 and the subsequent establishment of the National Office of Population that played a pivotal role in enhancing pronounced government concern at a higher level and attempts at coordinating program leadership. But the overall score for policy and stage setting activities decreased from 61% in 1994 to 47% in 2002.

The government's attempt to raise the minimum legal age at first marriage was rated 31%. No effort was detected to encourage in-country funding for family planning services. However, the involvement of other ministries and public sector institutions for family planning was rated 74%.



Conclusion: The official policy of the Government of Ethiopia towards fertility reduction and population planning is highly supportive. There are also encouraging attempts to enhance multi agency involvement in the provision of family planning services in the country. However, favorable public statements from higher authorities are not coming forth with the required frequency. As a consequence of this, popular enthusiasm for family planning has weakened. As the amount of domestic resources allocated for family planning is very small, the government lacks the leverage to stimulate the expansion of reproductive health and family planning services.

ASSESSMENT OF SERVICE AND SERVICE RELATED ACTIVITIES

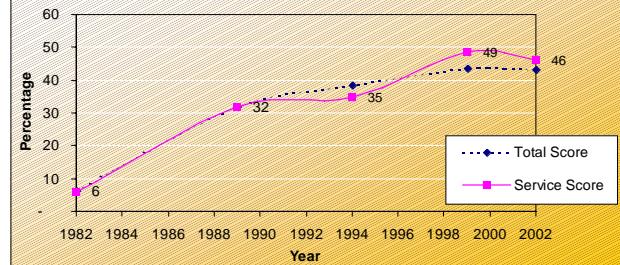
The capacity to execute assigned tasks by program staff working on family planning services was rated 96%. Likewise, the adequacy of training for staff working on family planning services was rated 90%. The overall environment for the involvement of private sector agencies and other agencies in the family planning services of Ethiopia has been increasingly supportive over the years and was rated 70% in 2002. Otherwise, most other service related activities were rated low (see table 3).

This is particularly the case with the reluctance and indeed, the inability of those in the civil bureaucracy to ensure the implementation of family planning program directives so as to enhance services was rated only 18%. This score has also showed a gradual decline from 35% in 1994 to 33% in 1999. Likewise, postpartum family planning services were rated low - a score of 11%. The availability of logistics and transportation systems sufficient to keep stocks of contraceptive supplies and related equipment available at all levels was rated 35%. This was rated 50% in 1999. The adequacy of the supervision system for the family planning program in the country is rated only 38%, although it showed an increase from 25% in 1999.

Table 3. The distribution of scores for service and related activities elements: 1994-2002

Item	2002 (%)	1999 (%)	1994(%)
Involvement of private-sector agencies and groups	70	57	62
Civil bureaucracy involved	18	33	35
Community-based distribution	28	33	--
Social marketing	77	58	63
Postpartum program	11	15	10
Home-visiting workers	2	2	--
Administrative structure	30	58	10
Training program	90	100	84
Personnel carry out assigned tasks	96	92	88
Logistics and transport	35	50	40
Supervision system	38	25	30
Mass media for IE&C	64	71	29
Incentives and disincentives	43	38	4
Total score	46	49	35

Figure 2: The distribution of the scores for service and service related activities for Ethiopia: 1982-2002



Conclusion: The composite score for service and service related activities has more or less kept on increasing over the years. It particularly indicates that there are favorable conditions in the capacity and training of staff working in family planning programs and the involvement of the private sector and other agencies. However, there is a crucial need to exert more effort to improve the logistics and transport system, supervision and the involvement of the existing civil bureaucracy at all levels in family planning and population activities.



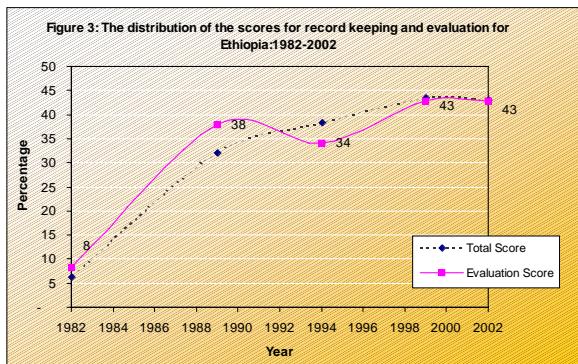
ASSESSMENT OF RECORD KEEPING AND EVALUATION

This component primarily assesses the existence of a good system of a client form at all family planning service delivery units and the collection and periodic reporting of summary statistics from the lower level to regional and federal levels.

Table 4. The distribution of scores for record keeping and evaluation elements:
1994-2002

Item	2002 (%)	1999 (%)	1994(%)
Record keeping	44	38	33
Evaluation	50	53	27
Management's use of evaluation findings	34	38	44
Total score	43	43	34

It also assesses the existence of an evaluation system that is aimed at addressing the family planning services and the conduct of population research in the universities and research institutes of the country and the use of these research and evaluation findings by program managers and decision makers. Accordingly the family planning recording system in the country was rated 44% in 2002, which showed a slight increase from 38% in 1999. The evaluation and research element was rated 50%. The use of research and evaluation findings by program managers and decision makers was rated 34%. It showed a gradual decrease from 44% in 1994 and 38% in 1989. However, as it is shown in table 3, there was no change in the overall book keeping and evaluation score between 1999 and 2002.



Conclusion: Although the recording and reporting system of the country showed gradual improvement over the years, the evaluation and research findings and the subsequent use of these findings for addressing family planning programs in the country are very minimal. Therefore, there is a need to enhance the use of evaluation and research findings by program managers and decision makers so as to improve family planning in the country.

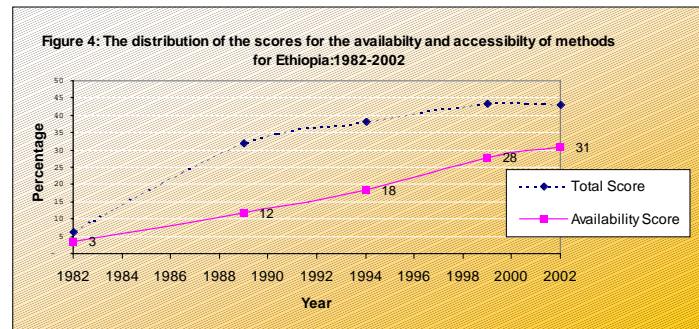
ASSESSMENT OF AVAILABILITY AND ACCESSIBILITY OF CONTRACEPTIVE METHODS

This component assesses the ready and easy access and availability of contraceptive methods in the country. It also assesses the time and cost involved in obtaining the methods by the clients at service delivery units. The overall score for the availability and accessibility of contraceptive methods increased over the years and rated 31% in 2002 (Fig 4). The highest rating was given to the availability and accessibility of condoms rated at 73% followed by pills and injectables at 59%.

Table 5. The distribution of scores for availability and accessibility elements:
1994-2002

Item	2002 (%)	1999 (%)	1994(%)
Male sterilization	10	0	1
Female sterilization	19	2	8
Pills and injectables	59	70	22
Condoms, spermicides	73	72	44
IUDs	13	11	17
Abortion-menstrual regulation	11	11	19
Total score	31	28	18

The rating for pills and injectables was 70% in 1999. Although the ratings for the other methods were low, there have been gradual improvements over the years. The availability and accessibility of male sterilization was rated at 10%, female sterilization at 19%, IUD at 13% and abortion related services at 11%.



Conclusion: The score for the availability and accessibility of methods falls far below the overall score unlike the other components. It was found that there are increasing efforts to enhance the availability and accessibility of contraceptive methods in Ethiopia. However, the efforts seem to capitalize on only condoms, pills and injectables. Much more effort is needed to ensure the availability and accessibility of contraceptive commodities in Ethiopia with particular emphasis on increasing the method mix.

ENCOURAGING EFFORTS TO IMPROVE FAMILY PLANNING SERVICES IN ETHIOPIA

- ▶ Favorable government policy and position towards fertility reduction.
- ▶ Attempts to enhance multi agency involvement including the private sector in the provision of family planning services in the country.
- ▶ Gradual improvement of family planning recording and reporting system.
- ▶ Enhancement of the social marketing for family planning.
- ▶ Enhancement of the overall availability and accessibility of contraceptives.

FAMILY PLANNING



ACTIONS NEEDED TO IMPROVE FAMILY PLANNING SERVICES IN ETHIOPIA

1. Favorable public statements from higher authorities that would be very pivotal in reinforcing the official position of the Government of Ethiopia.
2. Improved family planning program leadership at all levels.
3. Initiation of efforts that will harness in-country funding for family planning services.
4. More efforts to improve the logistics and transport system of contraceptives.
5. Enhancement of the supervision system of family planning services at all levels .
6. Enhancement of the involvement of the existing civil bureaucracy at all levels in family planning and population activities.
7. Strengthened post partum contraception in areas where skilled personnel attend deliveries.
8. Improved use of evaluation and research findings by program managers and decision makers.
9. Ensured availability and accessibility of contraceptive commodities in Ethiopia with particular emphasis on increasing the method mix.
10. Increased support to community based family planning services from all stakeholders including the public sector.