







# Get Smart: Learning and partnership with Ethiopia's Health Extension Program to reenvision contraceptive service delivery to young couples

G. Appleford (1), C. Cole (2), M. Ayenekulu (2), S. Newport (1), E. Mulhern (1)

<sup>1</sup> Itad, UK; <sup>2</sup> Population Services International (PSI)

### 1. Introduction

How might we better meet the needs of adolescent couples with contraceptive counselling and services through Ethiopia's Health Extension Program?

This was the motivation behind the integration of Adolescents 360 (A360) into Ethiopia's Health Extension Program (HEP). A360 merges public health, humancentered design (HCD), adolescent developmental science, socio-cultural anthropology, youth engagement and social marketing to yield country-specific adolescent and youth sexual and reproductive health (AYSRH) solutions.

In the Ethiopian context, A360 has resulted in Smart Start, premised on the concept of joint financial planning as an entry point to discuss family planning with newly married couples. Smart Start aims to accelerate Federal Ministry of Health (MoH) progress toward its goals of increased mCPR, coverage of adolescent SRH needs, and community ownership of health as per the HEP II plan.

## 2. Methodology

As part of the Itad-led independent evaluation of A360, the process evaluation conducted participatory action research, which is the basis of this case study. This involved codevelopment of the action research focus with A360 while the process evaluation team independently conducted collection in Oromia, Addis Ababa and Amhara.



Findings from the participatory action research were shared with A360 through a sounding workshop, which provided a safe space for team members to critically engage with process evaluation findings and reflect on what they mean for A360 learning and optimization of implemented solutions.

### 3. Summary of Key Findings (Read full findings in the case study)

#### 3.1 Health Extension Program

From HEWs through to MoH program managers, there is strong agreement that maternal and child health (MCH) is the priority of the HEP. For the HEP, the intersection of family planning (FP) and adolescents is MCH, when an adolescent girl becomes pregnant. As such, married adolescents without children have not been the main 'target audience' of HEWs, which Smart Start addresses.

#### 3.2 Health Extension Workers

HEWs reported an extensive list of tasks that they performed, with most citing MCH as a source of job satisfaction.

'If you are a mother I think you would understand what a mother feels when her child gets sick and what she feels when he gets better. So, I am very satisfied when I see a mother's happy face.' HEW

HEWs noted seasonal variation in their priorities and workload.

- Workloads increase during the dry season as the HEWs do outreach to households.
- The rainy season is associated by HEWs with discontinuation of short-term FP methods and unintended pregnancy.
- While Smart Start identified the wedding season as a key period for promoting adolescent contraception, weddings are associated with demonstrating fertility and may be 'a formality.'

'The official wedding is just for the formality, I can say most of them have already started sex or they are living together before the wedding. Some of the adolescents are pregnant at their wedding.'HEW

Given workloads, HEW support for Smart Start has ranged from resistance, to bargaining, to acceptance – in some instances, underpinned by intrinsic motivation to address adolescents' wellbeing.

#### 3.3 Smart Start Solution

Financial planning, combined with FP, delivered through couples' counseling were viewed as unique features of Smart Start.

- However, counseling takes a long time and the HEW may resort to FP messaging related to MCH
- Husband availability and adolescent workloads were also cited as barriers to couples counseling
- HEWs reported being satisfied when couples agreed to be counseled and took up a FP method. When they did not, HEWs reported feeling frustrated, that they had wasted time visiting the household and carrying out the counseling.

'It is a difficult task but I feel happy when they accept my advice. Contrary to this I feel more tired when they ignore me.' HEW

#### 3.4 Implications

Implications are framed as questions to guide adaptative implementation. These may also have wider application for the HEP.

- Should Smart Start broaden its focus from recently married adolescents to those who have been married for some time and have had a child/children already? Should Smart Start also address unmarried adolescents, given that they may already be having pre-marital sex?
- Seasons matter to the HEW workload. How can Smart Start optimize seasonal variation and make it easier for HEWs to perform their tasks?
- How to position FP relative to MCH what brings HEWs job satisfaction? Is it found in the absence of an event, such as an unplanned pregnancy?
- How can Smart Start capitalize upon its USP of engaging men in FP through financial planning? Are there other touch points with men that Smart Start can mobilize?
- How can communities 'pull' on Smart Start, so that it requires less 'push' from A360?

A360 is implemented by Population Services International (PSI) and works in partnership with IDEO.org, the Center on the Developing Adolescent at University of California at Berkeley and the Society for Family Health Nigeria. It is co-funded by the Bill & Melinda Gates Foundation and the Children's Investment Fund Foundation.

Disclaimer: The views expressed in this report do not represent those of the Bill and Melinda Gates Foundation or the Children's Investment Fund Foundation.