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The Integrated Family Health Project (IFHP) is a five-year (2008-2013) USAID-funded project that collaborates with the government of Ethiopia to promote an integrated model to strengthen family planning, reproductive health, and maternal and child health services for rural and hard-to-reach populations. The project works in six regions: Oromiya; Tigray; Southern Nations, Nationalities, and Peoples (SNNPR); Amhara; and parts of Benishangul Gumuz and Somali.

The project is led by Pathfinder International and John Snow, Inc. in partnership with the Consortium of Reproductive Health Associations (COHRA) and 11 other local implementing partners.

Bringing Youth-Friendly Services to Scale in Ethiopia

Stigma, service costs, and provider bias pose formidable barriers to Ethiopian young people's ability to access sexual and reproductive health (SRH) services. To address these barriers, in 2005 Pathfinder International and the Ethiopian Federal Ministry of Health (FMOH) partnered to introduce and scale up youth-friendly services (YFS) in the Ethiopian public health system. YFS—an evidence-based approach to reducing barriers to service uptake among young people—lay the foundation for Ethiopia's health system to meet the SRH needs and rights of the country's largely underserved adolescent and youth population. This technical brief analyzes the scale-up efforts to date.

Pathfinder's Global Approach to YFS

As adolescents transition from childhood to adulthood, they enter a pivotal developmental period when their decisions—and the decisions made for them by others—substantially influence their well-being and future life course. Stigma associated with SRH, providers who refuse to offer SRH services to young people

due to their age or marital status, and services that fail to provide privacy and confidentiality to adolescents often result in poor SRH service use among young people. This, in turn, contributes to poor SRH outcomes. Across a variety of global contexts, it has been demonstrated that YFS can address this situation by improving the availability, acceptability, accessibility, and equity of health services for young people.¹



Young men at a participating university work on a group activity as part of YFS peer educator training.

PHOTO: Callie Simon

Pathfinder's YFS approach aligns with World Health Organization (WHO) guidelines, emphasizing privacy, confidentiality, and respect; comprehensive and integrated SRH services by a nonjudgmental trained provider; community engagement to foster an enabling environment; youth participation in YFS design, implementation, monitoring, and evaluation; low or no service fees; convenient hours; and easily accessible locations (see Figure 1 for the full list of services). Developed over Pathfinder's 30 years of

FIGURE 1: PATHFINDER-ETHIOPIA'S FULL PACKAGE OF YFS SERVICES

- Counseling and provision of accurate information on SRH, including puberty and sexuality
- HIV counseling and testing, and provision of or referral for antiretroviral therapy
- Gynecological examination
- Pregnancy testing
- Contraceptive counseling and provision of a full range of methods
- Sexual abuse and violence counseling, treatment, and referral
- Sexually transmitted infection counseling, testing and/or syndromic management, and treatment
- Nutrition counseling
- Postabortion care
- Antenatal care
- Postnatal care
- Referral for delivery
- Prevention of mother-to-child transmission
- Other medical care

pioneering efforts in adolescent and youth sexual and reproductive health (AYSRH) internationally, the YFS approach addresses the complex drivers of adolescents' poor SRH outcomes by targeting the barriers to health care access at the individual, social, and structural levels (see Figure 2). At the individual level, Pathfinder's YFS approach emphasizes provider-client counseling to increase young people's SRH knowledge, skills, and health care seeking behaviors. At the social level, the approach moves beyond facility service delivery to foster an enabling community environment for adolescents to seek services, with targeted efforts to reduce bias and stigma through peer-to-peer comprehensive SRH and life skills counseling. Finally, Pathfinder's YFS approach works at the structural level by promoting national, regional, and local YFS-oriented policies, as well as the integration of YFS into national public health systems.

Ethiopian Context

When Pathfinder and the FMOH first began planning for YFS scale-up in Ethiopia, young people (aged 10-24) represented one of the country's largest groups, comprising about 35 percent of the population.² Poverty and gender inequality amplified young women's vulnerability to poor SRH outcomes, increasing their exposure to early marriage and early childbearing, unintended pregnancies, and sexually transmitted infections (STIs). In 2005, nearly half (49.2 percent) of Ethiopian women aged 20-24 were married by age 18, and 46 percent had given birth by age 20.³ With 104 births per 1,000 women aged 15-19, Ethiopia's high adolescent birth rate was likely associated with the low use of modern contraceptives.⁴ Only 12.4 percent of youth aged 15-24 were using a modern contraceptive method, and 29 percent of sexually experienced women aged 15-24 had an unmet need for contraception.⁵ Young people, particularly young women, were also among the most vulnerable to HIV infection,⁶ with one and a half percent of young women aged 15-24 living with HIV in 2007, compared to a half of a percent of young men the same age.⁷ Just 20 percent of young women and 33 percent of young men aged 15-24 had comprehensive knowledge of HIV and its transmission.⁸

Despite young people's clear need for SRH services, competing health priorities and limited resources had precluded YFS from extending beyond disparate, small-scale projects. As an FMOH partner, Pathfinder offered its long history of YFS implementation to develop a strategy to pilot and sustainably scale YFS by emphasizing both institutionalization (vertical scale) and geographic expansion (horizontal scale).^{*} Pathfinder leveraged two consecutive integrated family planning and reproductive health programs to lead and support this effort.

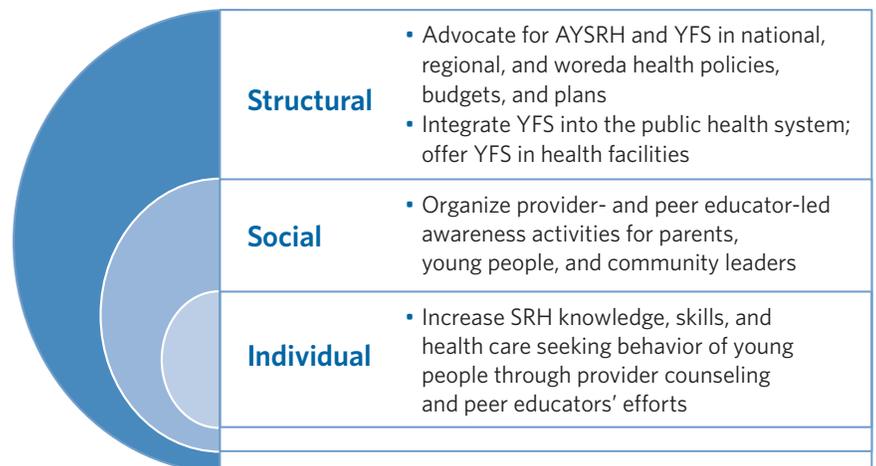
Piloting YFS in Ethiopia

In 2005, Pathfinder and partners worked with the FMOH to begin the pilot under Pathfinder's USAID-funded Reproductive Health/Family Planning project (RH/FP). During the pilot process, Pathfinder worked closely with the FMOH to lay the foundation for vertical and horizontal scale-up of YFS. The pilot focused on development of partnerships and commitments, clear and systematic site selection and implementation, and ongoing learning and quality improvement.

FOSTERING PARTNERSHIPS AND BUILDING COMMITMENT

To enable sustainable scale-up of YFS, RH/FP project staff worked from the beginning to institutionalize YFS in government policies and guidelines. In 2006, RH/FP arranged for a delegation of representatives from Ethiopian government ministries, reproductive health-focused civil society partners, and youth associations to visit the *Geração Biz* program, a successful Pathfinder-supported multisectoral AYSRH program in Mozambique.^{**} Having witnessed the possibilities of YFS at scale, the stakeholders returned and began preparations to bring YFS to Ethiopia. In the following two years, the FMOH collaborated with Pathfinder, the WHO, United Nations agencies, and civil society partners to develop and release the *National Adolescent and Youth Reproductive Health Strategy* (AYRHS 2006-2015).⁹ Following the strategy, the FMOH developed the *National Comprehensive Reproductive Health Services for*

FIGURE 2: PATHFINDER INTERNATIONAL'S APPROACH TO YOUTH-FRIENDLY SERVICES



Adolescents and Youth provider training curriculum (2008), drawing from Pathfinder International's YFS training curriculum and instructional materials.¹⁰ The launch of the strategy during the pilot phase solidified a foundation for YFS, drawing further multilevel government and civil society commitments that proved critical to the later scale-up process.

STRUCTURING IMPLEMENTATION

To prepare for implementation of a rigorous pilot process, RH/FP conducted rapid site assessments of 132 health centers and found that none were providing services sufficient to meet the needs of young people. Of the centers assessed, 20 were selected from the four target regions of Amhara, Oromia, Tigray, and SNNPR using clear, predetermined site selection criteria. Given the significant SRH needs of young women in Ethiopian universities, the sites included five university clinics.¹¹ Site selection criteria was based on concentration of young people; presence of a supportive community structure for youth (such as youth associations or youth centers); commitment and desire of woreda,^{***} community, and health center leaders to develop YFS; and the priorities of the Regional Health Bureaus (RHBs). Selected sites represented staff and clientele speaking a variety of languages, a range of facility types, and a mix of urban and peri-urban locations.

^{*} According to the WHO-endorsed ExpandNet guidance on scale-up, vertical scale "takes place when formal government decisions are made to adopt the innovation on a national or sub-national level and it is institutionalized through national planning mechanisms, policy changes, or legal action." Horizontal scale-up "is when innovations are replicated in different geographical sites or are extended to serve larger or new categories of populations." For more information, see: ExpandNet. "Practical guidance for scaling up health service innovations." 2008. http://www.expandnet.net/PDFs/ExpandNet-WHO_Practical_Guide_2008_web.pdf.

^{**} For more information on *Geração Biz*, see: Gwyn Hainsworth and Ivone Zilhão. *From inception to large scale: the Geração Biz Programme in Mozambique*. Geneva: World Health Organization, 2009.

^{***} Woredas are equivalent to districts in the Ethiopian government.

With this sampling, Pathfinder and the FMOH were able to observe YFS implementation across a range of contexts, assessing the relevance of the approach to the variety of linguistic and cultural contexts found in Ethiopia.

Following site selection, a series of regional consensus building workshops were held and pilot sites underwent in-depth participatory site assessments with teams composed of RHB staff, woreda health officials, health facility providers, young people, and project staff (key stakeholders). The assessments identified gaps and led to the development of facility-level action plans for YFS. Action plans included renovating facilities to ensure private areas for youth services, training health providers and volunteer YFS-supporting peer educators (PEs), and supporting these stakeholders to provide high-quality YFS and information. YFS implementation included a strong emphasis on reducing stigma and discrimination related to AYSRH in community catchment areas through community engagement initiatives.

MANAGING QUALITY IMPROVEMENT AND LEARNING

To ensure meaningful learning from the pilot phase, RH/FP employed a variety of participatory methods. Both providers and youth PEs were equipped with

monitoring tools to track client demographics, services provided, PE contacts, and community engagement activities. Quarterly review meetings brought together key stakeholders to review the data, which helped to identify high-performing YFS sites, troubleshoot challenges, and design tailored responses to contextual differences between sites. Throughout the process, these lessons were documented and later formed the basis for the intervention's YFS scale-up plan.

Strategizing for Scale

Pathfinder recognized the need for a platform capable of supporting the effort beyond the lifespan of the RH/FP project, and decided to leverage IFHP to provide such a structure. As the follow-on to RH/FP, IFHP was a five-year Pathfinder-led integrated family health program set to operate in the same four primary regions in which YFS piloting had already begun. Together, IFHP, the FMOH, and other partners built the scale-up of YFS into the IFHP project design, thus setting the stage for scale-up of YFS through 2013.

IFHP's strategy continued the dual-pronged approach to YFS sustainability, emphasizing both vertical and horizontal scale-up. IFHP supported the FMOH to continue vertical scale-up through policy, tools, and guidelines, while pursuing systematic horizontal

FIGURE 3: TIMELINE OF ETHIOPIA'S YFS SCALE-UP*

PILOT (RH/FP)			SCALE-UP (IFHP)				TRANSITION
2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013
<ul style="list-style-type: none"> Site readiness assessment Stakeholder learning trip to Mozambique YFS site selection criteria established 20 YFS pilot sites selected 	<ul style="list-style-type: none"> National AYSRH Strategy released RH/FP YFS procedures, materials finalized Training of providers and peer educators Pilot sites begin implementation 	<ul style="list-style-type: none"> Documenting and learning from pilot sites Identification of modifications to pilot model to facilitate scale-up 	<ul style="list-style-type: none"> National YFS curriculum released YFS scale-up included in IFHP YFS scale-up plan agreed to across partners Learning exchange with model pilot sites YFS implementation at 48 total YFS sites 	<ul style="list-style-type: none"> Testing of new Ethiopian national YFS tools completed Implementation at 64 total YFS sites 	<ul style="list-style-type: none"> Model scale-up sites identified to enable cross-site learning and testing of new YFS components Implementation at 115 total YFS sites 	<ul style="list-style-type: none"> Planned expansion to 45 additional sites YFS horizontal scale-up completed at 160 total sites 	<ul style="list-style-type: none"> Transition to FMOH implementation and support, with monitoring and supervision by FMOH
Partners collaboratively conduct ongoing monitoring, site visits, and continuous quality improvement							

* All project years presented in this figure run from October to September.

scale-up through collaboration with RHBs to expand YFS to new sites. In this way, the strategy ensured high-quality implementation and full support by key stakeholders. As new sites were added each year, efforts built upon facilities' and communities' existing resources and capabilities, so as not to overwhelm the capacity of local partners. In light of lessons from the pilot, YFS under IFHP underwent several key modifications.

LEVERAGING MODEL SITES

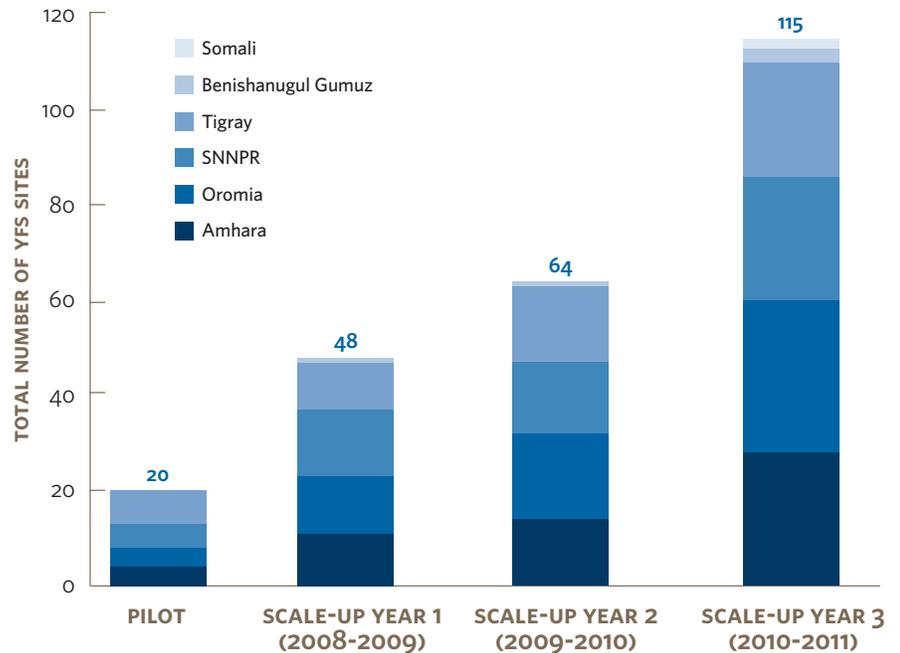
Model pilot sites—those that were high performing and maintained adherence to the YFS approach—served as learning sites under the scale-up phase. New facilities interested in developing YFS, existing sites seeking to improve their services, and interested woreda- and RHB-level officials were supported to visit the model sites to observe implementation. Participants collaboratively discussed how improvements might be transferred to their home sites during these exchanges, and drafted solutions to anticipated challenges.

Following site visits, IFHP used its existing follow-up venues, such as regional review meetings and quality improvement visits, to further support participants' application of what they had observed. As a result of this cross-site learning, partners began testing new innovations added to the YFS service package and sharing lessons learned. Additions included postabortion care and long-acting family planning method provision; supervision of PE outreach activities in collaboration with urban Health Extension Professionals; and use of trained YFS providers to conduct outreach to local workplaces with large youth populations. In each case, the exchange of key lessons from these innovations supported YFS sites across the six regions to adopt effective new improvements.

SUPPORTING QUALITY AT SCALE

To guide implementation of the full YFS package, IFHP expanded its support structure in the four major regions to include regional AYSRH officers. These dedicated staff were tasked with fostering cross-site learning, building capacity among local partners and government, conducting ongoing quality improvement, and facilitating institutionalization of YFS in regional workplans and budgets.

FIGURE 4: HORIZONTAL SCALE-UP OF YFS SITES



BETTER MATCHING OF EXISTING OPERATING CONDITIONS

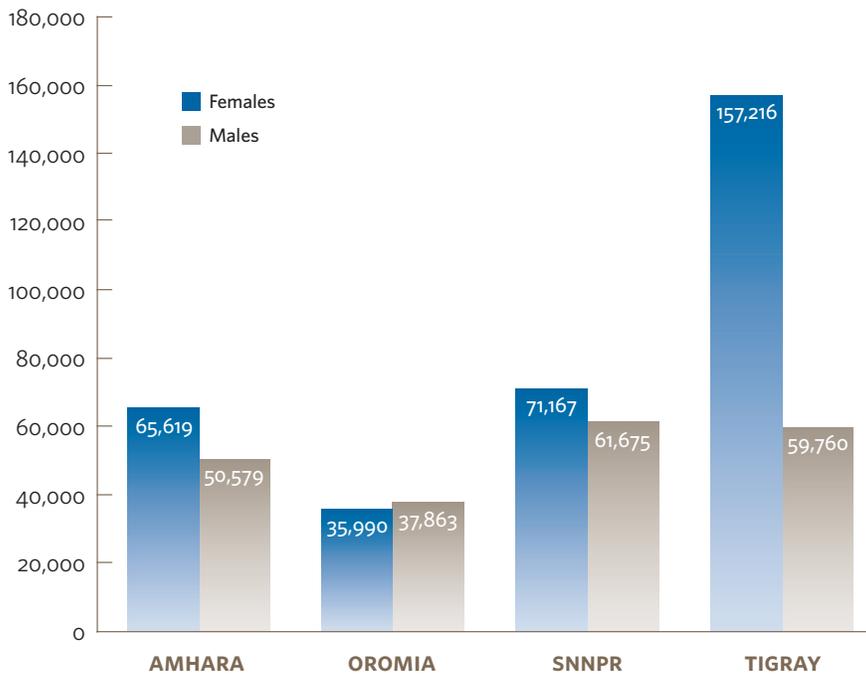
To ensure that YFS would operate within existing resource constraints—thereby increasing the feasibility of YFS scale-up within the existing public health system—facility renovations were no longer supported by IFHP, as they had been in RH/FP. YFS scale-up instead relied on woreda- and facility-dedicated resources to provide space and to fund renovations.

Scale-up Performance

From the beginning of the scale-up phase in September 2008 through the end of Year Three in September 2011, IFHP, the FMOH, and local partners successfully expanded YFS from 20 to 115 sites across six regions of Ethiopia, including ten university campuses. In this way, IFHP made SRH services accessible to many Ethiopian youth for the first time (see Figure 4).

Between 2008 and 2011, there were 547,684 visits for clinical services at YFS sites and more than 1.54 million visits for SRH information. Males—a group significantly less likely to seek SRH services—accounted for nearly 43 percent of service visits (see Figure 5). More than 4,564 PEs and nearly 882 service providers in the six regions have received YFS training. Sites in

FIGURE 5: TOTAL VISITS BY YOUNG PEOPLE FOR SERVICE AT YFS SITES IN THE FOUR PRIMARY REGIONS, 2008-2011 BY SEX



SNNPR and Tigray—the regions with the most trained PEs working at the community level—have also provided the most YFS services and information over this three-year period. This performance suggests an important reinforcing link between the scale-up efforts’ community and health system interventions.

By the end of the scale-up phase in 2012 (the end of Project Year Four), IFHP plans to expand to an additional 45 sites, completing the intervention’s goal for horizontal scale-up at 160 sites. IFHP will then dedicate the final project year to ensuring sustainability through institutionalization. As of 2011, vertical scale-up goals have been achieved, with the YFS approach incorporated in both national- and regional-level planning and policy. Of these policy-level achievements, major milestones included the launch of the *National Adolescent and Youth Reproductive Health Strategy* and the development, testing, and launch of key AYSRH service delivery tools, including the *National Standards on Youth-Friendly Reproductive Health Services and Minimum Service Delivery Package* (2007) and the *National Planning Implementation and Evaluation Tools for Adolescent and Youth-Friendly Reproductive Health Service Standards* (2010). Together, these achievements have established a strong foundation for the Ethiopian

government’s continued advancement of service delivery to youth and, ultimately, the full-scale integration of YFS into the public health system.

Analyzing Ethiopia’s YFS Scale-up Experience

As scale-up literature reminds us, there can often be a tradeoff between vertical and horizontal pursuit of scale. Resources invested in institutionalization of an intervention can mean fewer resources dedicated to geographic expansion of the intervention. Conversely, interventions with explicit geographic scale-up objectives can neglect institutionalization. As a result, the value of the intervention can be lost in scale and lack sustainability, to the detriment of those served by the intervention and the host government.

In the case of Ethiopia’s YFS scale-up, horizontal and vertical goals were complementary and were not made to compete. The even trajectory demonstrated by IFHP’s YFS scale-up strategy (see Figure 6)—in which institutionalization via national policy, guidelines, and curriculum was achieved in conjunction with an appropriately cautious geographic expansion—illustrates the partners’ recognition of the importance of both vertical and horizontal scale. By advancing on the two simultaneously, IFHP achieved a scale-up process that was resource-realistic and shows promise of sustainability. Facilities already invest their own resources in site improvements to further accommodate providers’ delivery of YFS. Both woreda- and regional-level health offices also demonstrate commitment to supporting continued YFS expansion. As providers and health system managers utilize the government’s YFS policies and tools, a strong foundation for government-led ownership of YFS has been laid.

Lessons Learned

MAINTAINING CONTEXT-APPROPRIATE, LOCALLY RESPONSIVE YFS AT SCALE

YFS are designed to serve a diverse age range, from very young adolescents (10-14) through to young adults (20-24). As a result, age-disaggregated data plays a key role in programs’ ability to design and maintain YFS that are responsive to local contexts. When YFS is taken to scale, this analysis becomes all

the more critical. At the time of the pilot and initial scale-up of YFS, the national Health Management Information System (HMIS) did not provide age-disaggregated data, posing a significant challenge. In response, the partners equipped YFS sites with tools to collect a refined set of data in addition to the HMIS. To better support YFS scale-up in the long term, the partners worked closely with the FMOH during the 2010-2011 HMIS revision to make the case for age-disaggregated data collection. The revised HMIS requires age disaggregation for family planning services, abortion-related services, and voluntary counseling and testing for HIV.



A youth client receives YFS from her provider.

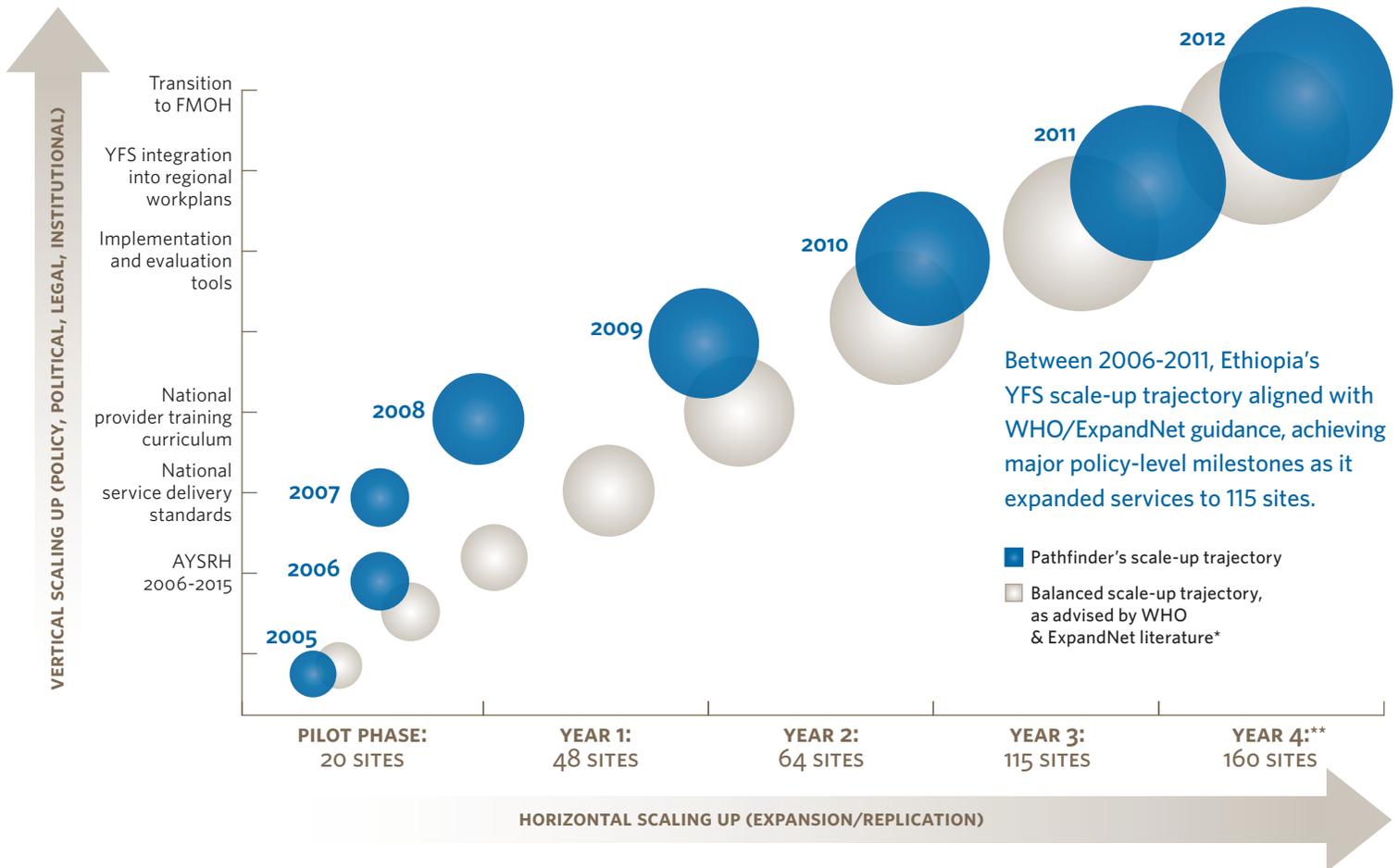
PHOTO: Callie Simon

SECURING YFS IN RESOURCE-INSECURE SETTINGS

Resource constraints are often a challenge to the long-term stability of YFS. Facilities' limited budgets and staffing often make it difficult to allocate separate space for YFS, or to assign dedicated YFS providers to

deliver the services. However, IFHP's strategy of cultivating RHB and woreda leaders and health facility managers that are dedicated to YFS has translated into significant commitments on the part of the health

FIGURE 6: VERTICAL AND HORIZONTAL SCALE-UP OF YFS OVER TIME IN ETHIOPIA



* ExpandNet. *Practical guidance for scaling up health service innovations*. Geneva: WHO, 2008.

** Year 4 began in October 2011 and will conclude in September 2012. It is anticipated that there will be a total of 160 YFS sites at the conclusion of geographic expansion.



Ethiopian youth and their mothers at an IFHP youth event.

PHOTO: Sala Lewis

system and communities. Since implementing this strategy, the partners have found many facilities able to secure the needed resources for YFS despite ongoing restraints—in large part as a result of the collaboration of facility management committees and community- and healthy system-based YFS champions.

REACHING THE MOST VULNERABLE

Though Ethiopia’s introduction of YFS has seen success reaching young people, facility-level service delivery records reflect relatively low YFS uptake by very young adolescent girls aged 10-14. As one of the most vulnerable cohorts of young people in Ethiopia, very young adolescent girls face some of the greatest barriers in seeking SRH services. Their limited mobility, stigma surrounding their reproductive health and sexuality, and societal pressures to marry and bear children place these girls in a particularly precarious position. In 2011, to bolster the program’s ability to reach this cohort, IFHP modified the YFS approach in some key learning facilities to include automatic YFS referrals for all 10-24-year-old clients, regardless of their point of entry to the health facility. The program will review the effects of this strategy in the coming quarter and consider expanding the approach to all YFS facilities.

Next Steps

Ethiopia’s YFS scale-up experience provides important lessons for future related efforts, and demonstrates growing recognition in Ethiopia of the value of targeted services to address AYSRH needs. Building on this progress, in the final two years of the program IFHP will conduct an operations research study to refine and adapt the YFS scale-up strategy for future use. The operations research—which will be conducted in collaboration with the FMOH, the WHO, and UNFPA—will seek to understand the quality of services offered at scale and barriers to and opportunities for the government’s implementation of the YFS approach.

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COVER: Adolescent girls in Amhara participate in a school-based youth activity.

PHOTO CREDIT: Linda Suttentfield

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