The Integrated Family Health Program (IFHP) is a USAID-funded program that is being implemented since 2008 with the aim of collaborating 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 program works in three hundred woredas of six regions: Oromia; Tigray; Southern Nations, Nationalities, and Peoples (SNNPR); Amhara; and parts of Benishangul gumuz and Somali.

The program is led by Pathfinder International and John Snow, Inc. with four result areas: Improved health practices at the household and community levels; improved availability and quality of health services, products and information; Key elements of health system strengthened to support health services; and Systematic program learning to inform policy and program investment.

Youth Friendly Services: Piloting to Scaling-up 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, Pathfinder International and the Ethiopian Federal Ministry of Health (FMOH) partnered since 2005 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, lays 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

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.

Figure 1: Pathfinder-Ethiopia’s full package of Youth Friendly Services

- Provision of full range of FP methods including dual protection and emergency contraception
- Counseling and provision of relevant and accurate SRH Information including puberty and sexuality
- Syndromic management of STI
- Pregnancy test
- Provision of VCT/PIHCT
- Psychosocial support and counseling for GBV and sexual abuse victims
- Referral linkage for services such as ART, HIV/AIDS care and support
- Provision of post abortion care
- Antenatal care, Delivery referral and post-natal care
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.

Pathfinder’s YFS approach aligns with World Health Organization (WHO) guidelines, emphasizing on rights based approach, that includes privacy, confidentiality, respect; comprehensive; integrated SRH services by a non-judgmental 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 35 years of 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 public health systems.

### The 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% of the population. 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). Adolescent fertility is very common in Ethiopia. Children born to very young mothers are at increased risk of illness and death. Teenage mothers are more likely to experience adverse pregnancy outcomes and are more challenged in their ability to pursue educational opportunities than young women who delay childbearing. According to EDHS 2016, 13% of girls aged 15-19 in Ethiopia have begun child bearing. Teenage child bearing is more common in rural than in urban areas (15% and 5% respectively). This is associated with low use of modern contraceptives and limited access to youth friendly services. Unmet need for contraceptives among sexually active unmarried young women is still high 26% compared to adult women. Nearly a quarter of young women and 39% percent of young men aged 15-24 had comprehensive knowledge of HIV and its transmission. The percentage of youth with knowledge about HIV prevention is lower among those age 15-17 than older youths. Urban youths are more likely than rural youth to have knowledge about HIV prevention among both sexes. (EDHS 2016)

The development of Ethiopia’s first Adolescent and Youth Reproductive Health (AYRH) strategy in 2006 has made the policy environment conducive for implementation of adolescent and youth sexual and reproductive health (AYSRH) programs and services. Furthermore, related policies, strategies and guidelines have been developed and partnerships between the government and non-governmental and civil society organizations are enhanced. There is an improvement in knowledge and attitudes towards AYSRH among the community, including empowerment of adolescents and youth in seeking health care services. As a result of the rising commitment to the sexual and reproductive health of adolescents and youth, adolescent girls’ birth rate dropped from 104 to 65 births per 1000 women which can be attributed to the 40.7% and 9.2 % modern contraceptive use among married adolescents aged 15-19 years. Contraceptive use among currently married women age of age 20-24 is also the highest at 46%. (EMDHS, 2014)

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**Piloting Youth friendly Service in Ethiopia:**

In 2005, Pathfinder and partners worked with the FMOH to begin the YFS pilot under Pathfinder’s USAID funded Reproductive Health/ Family Planning (RH/FP) project. During the piloting 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. To enable sustainable scale-up of YFS, the RH/FP project staff worked from the beginning to institutionalize YFS in government policies and guidelines. In the following two years, the FMOH collaborated with USAID, WHO, UNICEF, the David Lucile and Packard Foundation other civil society partners and Pathfinder to develop and release
the National Adolescent and Youth Reproductive Health Strategy (AYRHS) 2006-2015. Following the strategy, the FMOH developed the National Comprehensive Reproductive Health Services for Adolescents and Youth provider training curriculum (2008), drawing from Pathfinder International’s YFS training curriculum and instructional materials. The launching of the strategy during the YFS pilot phase solidified a foundation for YFS, drawing further multilevel government and civil society commitments that proved critical to the later scale-up.

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 Project, the Integrated Family Health Program (IFHP), a USAID flagship RH/FP MNCH program set to operate in six regions, 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 2016.

Youth Friendly Service scale-up in Ethiopia

Scale up is defined as a program with nationwide or substantial regional coverage that has been sustained for at least three years, and that has demonstrated some programmatic results at output and outcome levels. IFHP in collaboration with FMOH has achieved both vertical and horizontal scale up. The institutionalization in policy and planning is the horizontal one and the vertical one includes geographical expansion and intensified services reaching wider adolescent and youth populations. Achieving strong institutionalization took more time and effort in different regions than had been anticipated. It required advocacy over extended periods at all levels of the public sector leadership and management.

Through the years of IFHP implementation (2008-2016), the YFS sites supported by the program grew from 14 to 168. In 2014, a new partnership was formed with Korean International Cooperation Agency (KOICA) with
Achieving strong institutionalization took far more time and effort in different regions than had been anticipated.
“I feel good and free when my SRH rights are respected by my parents, friends, leaders and states.”
A successful peer educator motivates people to adapt and maintain positive behaviors that promote health and prevent diseases through reinforcing behaviors change.
the objective of increasing the number of Pathfinder/IFHP-supported health facilities that provide quality YFS, increasing the use of SRH services by young people, including young married couples and to contribute to the development of evidence regarding barriers, and facilitators of YFS provision and uptake. Hence, 80 more YFS sites were established with the support of KOICA making the total number of YFS sites 248. Currently there are 248 youth friendly service outlets within health facilities and thirteen university campuses. Among these, 67 are in Oromia region, while there are 63 each in Amhara and SNNPR and 55 in Tigray. Taking IFHP’s YFS model, regional health bureaus have already included the program in Woreda-Based Planning, allocating budget for expansion of YFS, including in Integrated Supportive Supervision checklist (ISS), and capacity building for health care providers to further scale up and make the service available to young people in their respective areas.

**Implications of studies on the Adolescent and youth program interventions:**

From 2014-2015, a study was conducted by Evidence to Action (E2A) and IFHP in 20 YFS sites in Amhara and Tigray regions to test a model for offering strengthened contraceptive counseling that includes Long Acting Reversible Contraceptive options (LARCs) to young people. The study aimed to create access to LARC services and increased contraceptive choices for adolescents and youth at the YFS outlets and has shown a promising result. The findings from this interventional study indicated that YFS providers trained to provide IUD and implants in a safer and competent way; and training of peer educators on how to counsel and refer for LARCs has resulted in a significant increase in the uptake of LARCs among Adolescents and youth.

The study highlighted a significant lesson for the program to further customize and integrate LARCs in YFS at large scale and substantiate the global and national efforts being made as stated in FP2020 and the Health Sector Transformation Plan of the country. Furthermore, the study shed light for the development of a Global Consensus Statement for Expanding Contraceptive Choice for Adolescents and Youth including LARCs that calls upon all partners, governments and programs promoting the sexual and reproductive health and rights of adolescents and youth to ensure full and informed choice of contraceptives.

IFHP also conducted an operational research on “Opportunities, Barriers and Potentials of Scaling-up Youth Friendly Services in Ethiopia” in collaboration with FMOH, UNFPA and WHO. The purpose of this study was to assess the quality of services at scale, barriers to and opportunities faced during the implementation of the YFS in IFHP target regions and to further refine and adapt the YFS scale up. This study substantiated IFHP’s experience by emphasizing YFS is a very unique experience as well as an opportunity to address the health problems of young people.
Continued Leveraging model sites

Model pilot sites served as learning sites under the scale-up phase. New facilities interested in establishing 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 on how improvements might be transferred to their home sites 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 shared lessons learned. These innovations included instituting within the YFS itself services such as post abortion care and Long Acting Reversible Contraceptives (LARC) provision; supervision of peer educators outreach activities in collaboration with urban Health Extension Professionals; and use of trained YFS providers to conduct outreach to local work places 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 to implementation of the full YFS package, guidelines that help to conduct review meetings and coffee ceremonies, regular refilling of consumables, commodities and supplies, and other important documents were availed to all IFHP supported YFS through the existing structure during implementation. To foster skill transfer and assist cross facility learning, the dedicated IFHP staff at regional and cluster office level, were tasked with facilitating experience sharing visits, building capacity among local partners and government, conducting ongoing quality improvement, and facilitating institutionalization of YFS in regional, zonal and woreda work plans and budgets.

Scale-up performance

From the Beginning of the scale-up phase in September 2008 through the end of December 2016, IFHP has made SRH and other medical services accessible to many Ethiopian youth for the first time. Between 2008 and 2016, there were more than five-million visits for clinical services at YFS sites and more than 14 million visits for SRH information. Males account for nearly 43 percent of service visits. More than 22,994 peer educators and 3,334 service providers in the six regions have received YFS training. The public sector has continued advancing service delivery to adolescents and youth progressing towards the full-scale integration of YFS into the public health system.

Analyzing Ethiopian’s YFS Scale-up Experience

As scale-up literature reminds us, there can often be a trade-off 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, in which institutionalization via national policy, guidelines, and curriculum was achieved in conjunction with an appropriately cautious geographic expansion. This 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 improvement to further accommodate providers’ delivery of YFS. Both woreda and regional level health offices also demonstrate commitment to supporting continued YFS expansion. As healthcare 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.

More than 22,994 peer educators and 3,334 health service providers in the six regions have received training on peer education and YFS/STI respectively.
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, zonal and woreda leaders, and health facility managers that are dedicated to YFS has translated into significant commitments on the part of the health system and communities. Since implementing this strategy, many facilities have been able to secure the needed resources for YFS despite ongoing restraints; in large part as a result of the collaboration between facility management committees, the community and health system based YFS champions.

Active engagement of Adolescent and youth in the program

Peer education is one of IFHP’S strategies under the AYSRH program that ensures the direct involvement of adolescents and youth. The Peer Educators are volunteers truly committed to serve their peers and the community after having a 5 days basic training on peer education that addresses a number of SRH problems. During the project period of IFHP a total of 22,994 peer educators were trained and linked to their respective YFS health centers. They provided tailored SRH information for a total of 14,963,476 adolescent and youth in their localities.

Reaching the most Vulnerable

Facility level service delivery records reflect relatively low YFS uptake by very young adolescent girls aged 10-14. As one of the most vulnerable cohort 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 its YFS approach in YFS referrals for all 10-24 Year-old clients, regardless of their point of entry to the health facility. The strategy was successful and hence expanded to all YFS sites. Additionally peer educators were also recruited from the 10-14years age group to ensure that these girls are reached through their peers.

Lessons Learned

Maintaining context-appropriate and locally responsive YFS at scale

Youth Friendly Services are designed to serve a diverse age range, from very young adolescents (10-14), (15-19) 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 more critical. At the time of the scale-up of YFS, the National Health Management Information System (HMIS) did not provide age disaggregated data posing a significant challenge. In response, IFHP 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 FMOH and other partners should work closely with the FMOH/ HMIS team to make the case for age-disaggregated data collection.

Another important lesson from this program is that actively involving peer educators with YFS and the community; engaging them in voluntary activities creates an opportunity for them to learn and share important values.

The program caters the service to the whole age-group of 10-24, thus creating access to the very young adolescents as well. Also, the fact that all health problems are channeled to the YFS rather than just SRH issues has allowed the YFS to prevent stigmatization.

Institutionalizing YFS within the public sector, especially at the HC level has created access not only geographically but economically for Ethiopia’s largely rural adolescent and youth

The way forward

Ethiopia’s YFS scale-up experience provides important lessons for future efforts, and demonstrates a growing recognition in Ethiopia of the value of targeted services to address AYSRH needs. The National AYRH strategy has currently shifted to a broader Adolescent and Youth Health Strategy (AYHS). The country has a plan to expand YFS to all health facilities. Some regions like Oromia have already started institutionalizing YFS within all health facilities. IFHP as its close-out strategy is preparing to furnish additional 80 YFS facilities that were established by RHBs in IFHP target regions.
Cover: Adama University peer educators

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References


- Integerated Family Health Program & UNFPA: Opportunities, barriers and potentials of scaling up YFS in Ethiopia; Findings from a study, Addis Ababa, Ethiopia 2012