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for Strengthened Reproductive Health



## Ethiopian Evangelical Church Mekane Yesus Development and Social Services Commission mobilizes faith-based networks to promote and deliver family planning services

Program Brief

November 2016

### About E2A

The Evidence to Action for Strengthened Family Planning and Reproductive Health Services for Women and Girls Project (E2A) is USAID's global flagship for strengthening family planning and reproductive health service delivery. The project aims to address the reproductive healthcare needs of girls, women, and underserved communities around the world by increasing support, building evidence, and facilitating the scale-up of best practices that improve family planning services.

Awarded in September 2011, this project will continue for eight years, until September 2019. The project is led by Pathfinder International, in partnership with ExpandNet, IntraHealth International, Management Sciences for Health, and PATH.

[www.e2aproject.org](http://www.e2aproject.org)

### Background

Strengthening the reproductive health and family planning services offered and supported by faith-based organizations in Africa—which deliver 40 percent of all health services on the continent—is an essential strategy for increasing the availability and uptake of contraceptives, curbing unintended pregnancies, and improving maternal and child health among the most underserved populations. The Evidence to Action Project (E2A) provided grants and technical assistance to faith-based organizations in Ethiopia, Kenya, and Uganda that are members of the African Christian Health Association Platform (ACHAP).<sup>1</sup> The three grants supported faith-based organizations to mobilize religious leaders in support of family planning, improve the quality of community- and facility-based family planning services and referral networks, and connect service providers with religious leaders and other stakeholders to accelerate the uptake of contraceptives.

This program brief describes the work conducted by E2A's grantee organization in Ethiopia—the Ethiopian Evangelical Church Mekane Yesus Development and Social Services Commission (EECMY-DASSC)—which took place from June 2014 to June 2016.

### Introduction to EECMY-DASSC

With the grant, EECMY-DASSC worked in five woredas (districts) of East Wollega zone in Oromia state—Gobu-Sayo, Gudeya-Bila, Haro-Limu, Leka Dulacha, and Wayu-Tuka—to improve the delivery and increase the uptake of family planning services. Oromia is the largest and most populous state in Ethiopia, and East Wollega zone has some of the poorest health indicators: rates of modern contraceptive use are well below the national average, while fertility, maternal, and infant mortal-

<sup>1</sup> ACHAP, with 26 member organizations in 21 countries, is a regional platform, well known for its advocacy and dissemination efforts in Africa. E2A partnered with ACHAP to share learning from its grantees with other ACHAP member organizations in an effort to encourage scale-up of successful approaches implemented by the grantees.

### Oromia state indicators\*

- Total fertility rate: 5.6
- Contraceptive prevalence, modern methods, married women, 15-49: 25%
- Unmet need for family planning, married women, 15-49: 30%
- Infant mortality: 73/1,000 live births

\* Central Statistical Agency [Ethiopia] and ICF International. 2012. Ethiopia Demographic and Health Survey 2011. Addis Ababa, Ethiopia and Calverton, Maryland, USA: Central Statistical Agency and ICF

ity rates exceed national figures. Through the E2A grant, EECMY-DASSC served a population of almost 430,000, which included approximately 99,000 women and girls of reproductive age, and strengthened service delivery at 15 EECMY and government health facilities and 75 health posts. In addition, 174 Health Extension Workers (HEWs)—the government's cadre of community-based providers—and 30 HEW supervisors also benefited from the capacity-building efforts of EECMY-DASSC.

### Activities supported by the grant were intended to:

- Improve clients' access to family planning and reproductive health information and counseling to help them to make voluntary, informed decisions about contraceptive methods.
- Improve access to a broad contraceptive method mix that includes short- and long-acting methods offered through both community- and facility-based services.
- Build networks of religious leaders, local government stakeholders and other influential people, and community- and facility-based service providers to increase demand for and improve the delivery of family planning and reproductive health services.
- Engage men in family planning counseling and education sessions, and encourage their participation in decision-making about reproductive health and family planning.

### Implementation of the Grant



Religious leaders who participated in activities supported by the E2A grant

### Selecting a demonstration zone:

Ethiopia is divided into 9 states, 68 zones, and more than 700 woredas within those zones. EECMY-DASSC worked closely with Oromia state and woreda government officials to select the five target woredas in East Wollega zone as the intervention area. Selection criteria included: high unmet demand for high-quality family planning services, high fertility rates, high mortality rates among mothers and infants, and minimal use of modern contraceptive methods. Each woreda has a Woreda Advisory Committee (WAC) that operates under the Ministry of Health to manage health services in the woreda. EECMY-DASSC collaborated with the WAC in each woreda to select target health clinics and posts.

### Establishing a Woreda Advisory Committee for family planning:

Working with the five existing WACs (one in each woreda) and woreda health directors, EECMY-DASSC supported each WAC to establish a “sub-WAC” that specifically focused on family planning and included: representatives from three religious organizations (denominations) and the offices of woreda administration, health, education, agriculture and rural development, women and child affairs, youth and sport affairs, and social affairs. A total of 55 people sat on the five sub-WACs for family planning, which held quarterly meetings to monitor family planning services supported by the grant. The meetings allowed all relevant stakeholders and providers involved in the delivery and promotion of family planning services to learn from each other about their lessons, challenges, and roles. During the meetings, members of each sub-WAC for family planning developed quarterly action plans and assigned responsibilities, making the sub-WACs a strong platform for overseeing family planning service delivery and promotion.



### Box 1. Messages delivered by religious leaders to their congregations focused on:

- Importance of family planning to the health of mother and child
- Acknowledgement that family planning is not a sin
- Acknowledgement that both the church and mosque accept use of contraception
- Importance of educating girls and delaying their marriage until they are mature
- Encouragement for involving men in family planning decisions and supporting women's use of contraception

### Building the capacity of service providers to offer high-quality services including LARCs:

**Health facilities:** EECMY-DASSC trained 15 family planning providers, one each at 15 target EECMY and government health clinics, on provision of implants and insertion of intrauterine contraceptive devices (IUCDs), including the removal of both methods. Through these clinical trainings, providers gained the necessary skills to provide these contraceptives for the first time, addressing a significant gap in available method choice and a high unmet need for LARCs. Providers were also trained to counsel on all methods in a way that honors voluntary informed choice.

**Health posts:** Through the grant, HEWs participated in monthly refresher trainings led by EECMY-DASSC facilitators and Ministry of Health supervisors, which cov-

ered counseling and provision of short-acting contraceptive methods and implants. A total of 174 HEWs and 30 HEW supervisors participated in the trainings. Supervisors visited HEWs at all health posts on a quarterly basis to monitor the quality of services and help to address any challenges that arose. A strengthened supervision system resulted in improving the HEWs' ability to counsel on a broad mix of family planning methods more confidently. HEWs also had a more fluent understanding of key family planning-related indicators and data which, in turn, allowed health posts to better plan and deliver services.

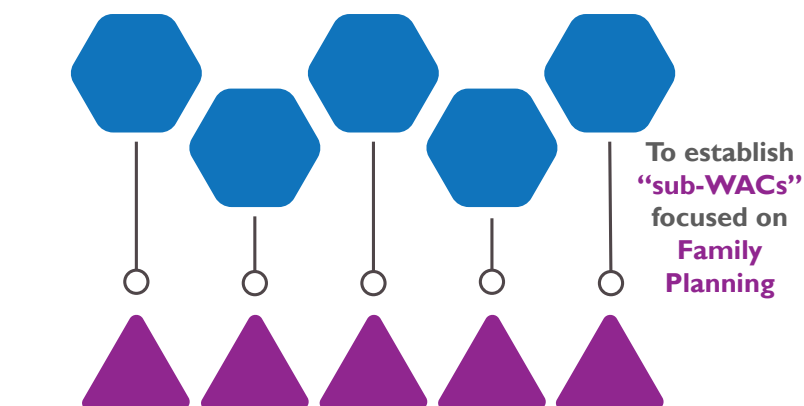
**Mobilizing religious leaders:** Ethiopia is one of the oldest Christian states in the world and also a significant Islamic population. In 2007, 44 percent of the total population was Orthodox Christian and 34 percent was Muslim.<sup>2</sup> EECMY-DASSC

## Establishing a Woreda Advisory Committee for Family Planning

### The family planning sub-WAC:

- Served as an extremely valuable platform for shared learning to accelerate progress;
- Built HEWs' confidence to serve as family planning providers;
- Addressed challenges arising in communities and at different levels of the healthcare system;
- Improved family planning service quality, monitoring, and supervision; and
- Strengthened data quality and use for decision-making.

Working with 5 Existing WACs, 1 in each Woreda



Including:



Representatives from 3 religious organizations (denominations) and the offices of woreda administration, health, education, agriculture and rural development, women and child affairs, youth and sport affairs, and social affairs

<sup>2</sup> Federal Democratic Republic of Ethiopia Population Census Commission, "Summary and Statistical Report of the 2007 Population and Housing Census," accessed, August 25, 2015: [http://ecastats.uneca.org/aicmd/Portals/0/Cen2007\\_firstdraft.pdf](http://ecastats.uneca.org/aicmd/Portals/0/Cen2007_firstdraft.pdf).

***“Before participating in the quarterly meetings, I didn’t have confidence about myself, but now I speak out and am confident about the services.”***

***-Worknesh, Health Extension Worker, East Wollega zone***

has therefore focused on garnering the commitment and engagement of religious leaders from multiple faiths to promote family planning uptake in East Wollega zone.

In each of the five woredas, EECMY-DASSC held quarterly sensitization sessions with religious leaders of different faiths, HEWs, facility-based providers, WAC members, and kebele (village) leaders. EECMY-DASSC sensitized 15 religious leaders to reach out to their congregations to encourage use of family planning services and promote male engagement. Trainings addressed multiple issues, including: the importance of healthy timing and spacing of pregnancies to family health and economic stability; voluntary informed choice in the delivery of family planning services; and salient issues that are harmful to health and well-being and persist in some communities, such as child marriage and female genital cutting, while ensuring the engagement of men. In addition to congregations, religious leaders were also invited by HEWs to participate in broader community meetings.

The HEWs, realizing the value of religious leaders’ involvement, trained some religious leaders on the clinical aspects of different contraceptive methods, so that they could provide more accurate information to their communities. The 15 religious leaders in turn sensitized other religious leaders in their woredas. A total of 154 religious leaders were oriented on the five important family planning messag-

es (see Box 1 on previous page), reaching more than 200 congregations. Through their sermons and during the community meetings organized by HEWs, those religious leaders reached over 350,000 men and women with family planning messages over the life of the grant.

## Implementation Challenges

Although the religious leaders were connected to the family planning service-delivery system through the WACs, they were not directly tied to the service providers at the health facilities. There was a more natural link between the religious leaders and the HEWs, who both work within communities to address and resolve problems. Through the grant, EECMY-DASSC was able to build stronger ties between different health and community groups, bringing them together in a joint effort to strengthen family planning acceptance and use. EECMY-DASSC held quarterly sessions with religious leaders, HEWs, facility-based providers, WAC members, and kebele leaders to jointly build capacity and plan for family planning-related activities.

Monitoring and evaluating the religious leaders’ work under this grant was also a

challenge. Religious leaders reported their data orally, instead of using standardized forms to report data, such as the number of people reached through their sermons. This system made verification of their data difficult. The EECMY-DASSC team continued to work closely with religious leaders and other community-based resource persons to improve data collection and reporting. Transforming religious leaders into project implementers was an evolving process, underscoring the importance of faith-based organizations like EECMY-DASSC who understand both religious and health perspectives and are able to forge bonds between critical actors. With increased family planning outreach that includes information about the availability of long-acting and permanent methods, more people visited health facilities to obtain the method of their choice.

Finally, HEWs were able to provide contraceptive implants to clients, but they were not trained on implant removal. Instead, HEWs referred clients to health facilities for removal or were supported by mobile outreach teams who visited health posts to provide LARCs. Some HEWs mentioned a desire to be trained on implant removals, so that their clients could come to them for this service as well.



**Two of Ethiopia’s Health Extension Workers who have benefited from the E2A grant**

## Service provider: “Reproductive health is the backbone of the community”

*For a time when Alemu Kebede was an adolescent, his brother coughed constantly and began to cough up blood. Worried about his younger brother, he convinced his family that his brother needed to see a doctor. Like many families in Ethiopia, the Kebede family lived far from the nearest health center—approximately 20 kilometers. Alemu prepared one of the family’s donkeys to carry his sick brother to the health center while he walked by the animal’s side in the rain. When they reached the health center, the doctor told his brother that he had contracted tuberculosis. His brother received the medication he needed and is alive and well today.*

*Inspired by the power of medicine, Alemu is now a nurse at Gute health center in Wayu-Tuqa woreda. He has participated in the clinical trainings on provision of long-acting reversible contraceptives (LARCs) and refresher trainings on family planning offered by EECMY-DASSC. From a rural community himself, he knows the value of giving the women the option of LARCs, which alleviate the burden of traveling frequently to a far-away health center to obtain contraceptives and give them a simplified solution to preventing pregnancies for up to five years.*

*“Many women have used short-acting methods, but still get pregnant and miss appointments because they have no transport or other social problems,” said Alemu.*

*By social problems, Alemu refers to the burden on Ethiopian women to bear many children, and to stay at home to take care of the home and family instead of traveling to seek family planning services.*

*Despite these barriers to Ethiopian women accessing reproductive health and family planning services, he said there is a growing recognition in nearby communities of the need for family planning, especially due to the out-reach efforts of religious leaders.*

*“Religious leaders are very influential in the community so they can improve family planning. The community trusts religious leaders more than they trust Health Extension Workers,” said Alemu.*

*He said referrals from religious leaders and Health Extension Workers to his health center have led to the sharp uptake of intrauterine devices—a method which he learned how to administer during an EECMY-DASSC training.*

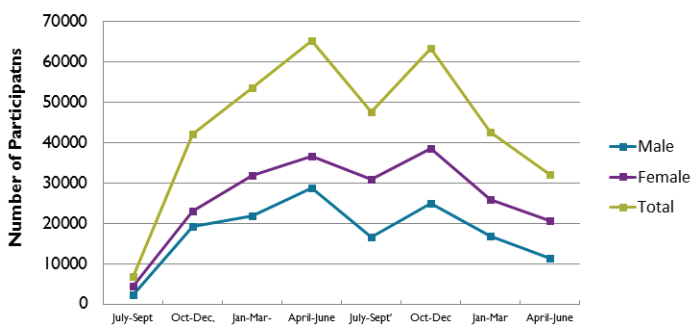


*Alemu said he feels the community trusts him to provide family planning services despite the fact that he is male. This trust has been built, in part, by the training he has received on how to counsel on family planning while honoring voluntary informed choice of all family planning methods available.*

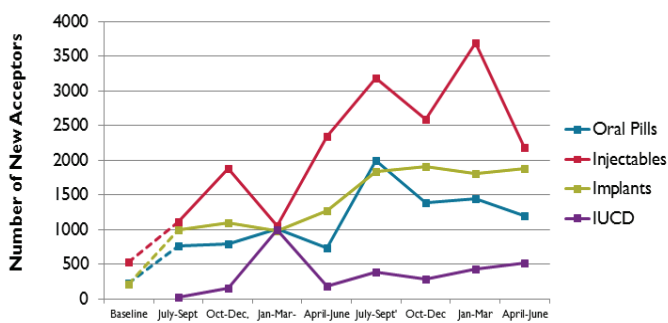
*“Reproductive health is the backbone of the community, so we need more providers in reproductive health,” he said.*

## Results (June 2014-June 2016)

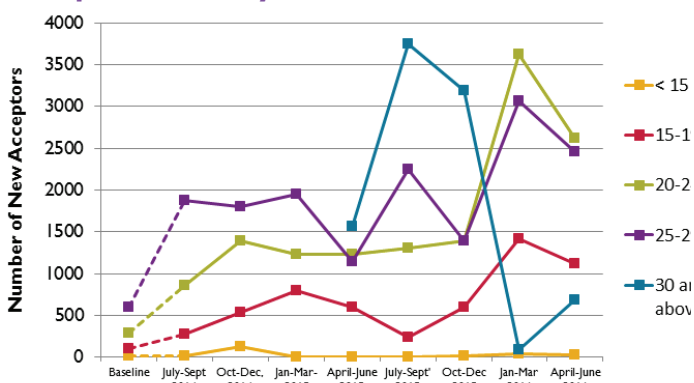
**Chart 1. Number of participants attending social gatherings and church meetings to discuss family planning/reproductive health issues, by gender**



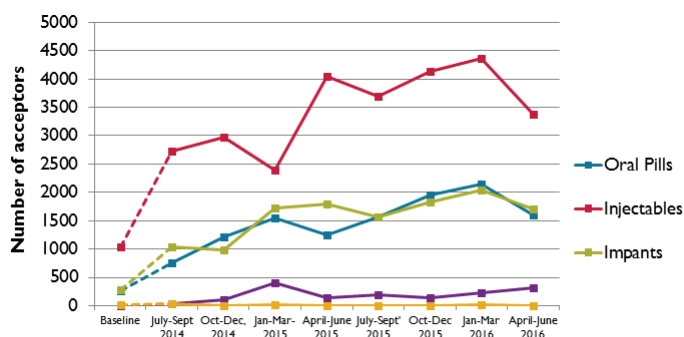
**Chart 2. Number new family planning acceptors by contraceptive method**



**Chart 3. Number of new family planning acceptors, 15-24 years**



**Chart 4. Number of repeat family planning acceptors**



**Chart 1:** Under the E2A grant, religious and community leaders organized 8,797 social gatherings and church meetings, which focused on family planning and reproductive health issues, using the five messages on family planning (see Box 1). Such discussions were new in these kebeles. Chart 1 shows the increase in the number of participants who attended the social gatherings and church meetings by gender. The total number of events and people reached per quarter was influenced by multiple factors, such as religious holidays, weather disturbances, farming schedules or other community priorities. That said, the religious leaders were able to reach a tremendous number of people in their communities, going from a baseline of zero, to a quarterly average of over 44,000 people reached. Importantly, 40 percent of those reached were male, highlighting the important channel that faith-based leaders can have in accessing

this critical group. Since men are the main decision-makers in Ethiopia regarding the number of children women have and family planning use, the participation of men was integral to increasing the use of family planning services.

**Charts 2 and 3:** As a result of community mobilization through religious and kebele leaders and HEWs, there was a progressive increase in the number of new family planning acceptors over the life of the grant, reaching over 44,926 new acceptors. Chart 2 presents the number of new acceptors by method, not including condoms, which totaled 42,476. While there was an increase in the use of all methods, the uptake of long-acting methods—implants and IUCDs—was particularly striking. IUCD acceptors were important since this method was not offered at the 15 health facilities prior to the grant. Acceptance of implants and injectable con-

traceptives also increased after training more HEWs and facility-based providers to offer these methods. As conveyed in Chart 3, it is worth noting that 43 percent of the new acceptors were women aged 15-24, which reflects high acceptance of family planning among this younger age group. From the providers' perspective, the expanded choice of methods allowed them to serve their clients better.

**Chart 4:** The final graph highlights the number of continuing or repeat family planning clients reached during the life of the grant. In general, the number of repeat clients also increased from baseline levels for all methods, excluding condoms, from approximately 1,500 repeat clients at baseline to a quarterly average of 7,000 clients.



## Applying Best Practices

**Woreda Advisory Committees provide a platform for local ownership to address family planning needs, increasing potential for sustainability and scale-up:** Through the grant, the WAC served as an important platform to unite stakeholders involved in the delivery of family planning services. The sub-WAC brought together leaders from across government sectors, religious groups, and communities to coordinate discussions and decisions made about family planning service delivery in each woreda. During quarterly meetings, stakeholders were able to network and share learning that allowed them to minimize barriers and address challenges to the delivery of family planning services. The WAC, as an existing structure of Ethiopia's health system, serves as a sustainable platform for establishing a network of stakeholders to focus on family planning and make pertinent decisions about service-delivery challenges. The continuation of the sub-WACs for family planning, formed under the E2A grant, offers great promise. WACs for family planning that address service-delivery issues and challenges, combined with clinical trainings with providers and HEWs for provision of a broad mix of contraceptive methods, could be sustained and scaled for little extra cost.

**Religious leaders are a powerful voice in promoting family planning with women and men:** In a country where religious beliefs drive important decisions about lifestyle and health, it is critical to mobilize religious leaders in support of family planning and engage them to promote healthy behaviors related to reproduction and contraception. Although the mobilization of religious leaders for improved family health is a best practice that has been applied for many years, the work accomplished under the grant highlights the need to have this be a deliberate program strategy, with adequate investments in capacity build-

ing, networking, and monitoring to ensure that religious leaders can effectively incorporate family planning within their broader faith-based and community mandate.

**Strengthening community networks to promote and deliver family planning services is an effective approach to increasing the acceptance and uptake of contraceptives:** EECMY-DASSC built the capacity of providers in the clinical provision of LARCs, religious leaders in the promotion of family planning services, and connected HEWs to the providers and religious leaders during monthly meetings. The HEWs referred clients to the providers for IUCDs and initiated community meetings with kebele leaders and religious leaders to share their learning and ensure that the infor-

mation their communities were receiving was accurate and consistent. These capacity-building and networking efforts, coupled with the government's existing system for family-planning service delivery that includes a strong approach to community-based services, is an effective service-delivery approach.

## Conclusion and Recommendations

The results of the interventions described in this brief show that involving faith-based networks in the promotion and delivery of family planning services is an effective approach to improving the uptake of contraception. The grant from E2A to EECMY-DASSC helped to devel-



**E2A representatives, religious leaders, and HEWs involved in the program in Ethiopia**

op service-delivery platforms and stakeholder networks to enhance the scale and sustainability of high-quality family planning services that are widely accessible in hard-to-reach areas. Ethiopia's public health system provides a sound foundation for inclusion of these networks in the delivery of family planning services. The approach described in this brief therefore has great potential for sustainability and scale within Ethiopia and to similar settings in other countries.

To leverage the full potential of this approach and enhance the delivery of family planning services, the Ethiopian government and collaborating faith-based organizations should:

**Continue to build connections between WACs, religious leaders, HEWs, and service providers:** The connection between religious leaders and the formal health system is not a natural one. It will take time and effort to join religious leaders in discussions with health administrators, service providers, and HEWs to ensure strong links between demand-generation activities taking place in communities with the family planning services provided at health facilities. The sub-WACs for family planning developed under the E2A grant are a promising start to building connections between these different cadres.

**Develop the skills of religious leaders to track and report on the contributions they are making to family planning and reproductive health:** Religious leaders are powerful voices in their communities that can drive posi-

tive changes in health-related behaviors and decisions. While they are comfortable in their roles as vocal advocates for improved community health, they are not trained public health implementers. To broaden and strengthen their roles in increasing the uptake of contraceptive services and show the contributions they are making, they need to be trained to track and report data in a systematic way.

**Suggested citation:** Salwa Bitar and Laurel Lundstrom, *Ethiopian Evangelical Church Mekane Yesus Development and Social Services Commission mobilizes faith-based networks to promote and deliver family planning services* (Washington, DC: Evidence to Action Project, November 2016).


**Acknowledgements:** The Evidence to Action (E2A) Project gratefully acknowledges the generous support of the US Agency for International Development for the creation of this brief and the work it describes. This brief was developed with contributions from the following individuals: Gwendolyn Morgan of E2A/Management Sciences for Health, Anjala Kanesathasan of E2A/IntraHealth International, Namuunda Mutombo of E2A/African Population & Health Research Center, Melesse Dessalegn of the Ethiopian Evangelical Church Mekane Yesus Development and Social Services Commission, and Allison Schachter of E2A/Pathfinder International.



## EXPANDNET



This publication was made possible through support provided by the Office of Population and Reproductive Health, Bureau for Global Health, U.S. Agency for International Development, under the terms of Award No. AID-OAA-A-11-00024. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the U.S. Agency for International Development. All brand names and product names are trademarks or registered trademarks of their respective companies.

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