

eVouchers in Ethiopia

Using mobile phones to increase young people's access to contraception

To address the high unmet need for contraception among young women in Ethiopia, Marie Stopes International Ethiopia piloted an innovative eVoucher programme.

- An estimated 43% of people living in Ethiopia are below the age of 15.
- More than 50% of Ethiopian women begin child bearing before they turn 20.
- Unmet need for contraception in Ethiopia is highest among women aged 15–19.
- 86% of MSI Ethiopia clients own a mobile phone.

What are eVouchers?

Subsidised vouchers are typically given to low-income or high-risk individuals who are not using reproductive health or family planning services. This may be for a variety of reasons, including insufficient income or lack of awareness of the services available. Eligible clients can present a voucher at selected health facilities in order to receive free or discounted sexual and reproductive health (SRH) services. Effectively targeted voucher programmes empower clients, and can help to increase the use of health services and address the high unmet need for contraceptives in many of the countries where Marie Stopes International works.

Traditionally, voucher programmes use paper vouchers, which can present some challenges. For example, paper vouchers can be easily damaged, or clients may lose them. They also involve high implementation costs due, in part, to the need to design, print, store and / or dispatch the vouchers.

In 2012, MSI Ethiopia decided to pilot an innovative electronic voucher scheme, which replaced traditional paper vouchers with electronic vouchers sent directly to the client's mobile phone.

Many Ethiopian women continue to have very limited access to and choice of modern contraceptives. One in four married and cohabiting women wants to postpone or stop having children, but is not using any form of contraception.



Innovative approach to reaching young people

Ethiopia is the second most populous country in Africa, with a population of approximately 87 million people in 2012. An estimated 43% of people living in Ethiopia are below the age of 15.

Ethiopian women tend to marry young, with more than half of women bearing children by the age of 20. On average, women give birth to five children in their lifetime. The use of contraceptives among married women in Ethiopia has increased dramatically over the last decade, from 8% in 2000 to 29% in 2011.

Many Ethiopian women continue to have very limited access to and choice of modern contraceptives. One in four married and cohabiting women wants to postpone or stop having children, but is not using any form of contraception. The unmet need for family planning in Ethiopia is highest among women aged between 15 and 19 years old.

The Ethiopian government has set clear goals for increasing access to and the choice of reproductive health and family planning services, particularly for young people. Ethiopia's National Reproductive Health Strategy 2006–2015 aims to make at least three contraceptive methods available to all households by 2015. The Federal Ministry of Health has committed to expanding the availability and use of long-acting family planning methods.





What is MSI Ethiopia doing?

In August 2012, MSI Ethiopia launched a four year subsidised voucher programme aimed at young people between 15 and 29 years old, particularly those in poor and marginalised communities. With funding from the Dutch government, the programme aligns with the Ethiopian government's reproductive health and family planning targets – to increase young people's access to and choice of contraceptive methods.

As part of the programme, MSI Ethiopia piloted eVouchers to replace traditional paper vouchers. The goal was to make it easier for young people to redeem the vouchers, to reduce the ongoing costs of implementing a voucher programme, and to simplify the monitoring process.

Our eVouchers were piloted in five towns in Ethiopia – Assela, Nekemte, Debre Markos, Shashemene and Dessie – for 18 weeks. In each town, community health workers were trained by MSI Ethiopia to increase young people's awareness of contraception services and to offer advice on all contraceptive methods, as well as giving a subsidised eVoucher to young women who expressed an interest in modern contraception.

How does it work?

Clients are given a voucher by MSI Ethiopia free of charge. Randomly assigned voucher codes are sent directly to the client's mobile phone. Women who redeemed a voucher at one of the health facilities attached to the programme receive a free counselling session on all contraceptive methods to ensure they are making a voluntary and well informed choice.

If after the counselling session the client chooses an intrauterine devices (IUDs) as a method of contraception she does not have to pay for its insertion. Clients who choose not to have an IUD after counselling at one of MSI Ethiopia's centres can obtain another contraceptive method at a subsidised rate, or can be referred to a government health centre where family planning services are available free of charge. The service fee for IUDs has been removed under this scheme as IUDs are still not consistently available in government and private health facilities due to the limited number of health workers trained to insert or remove them.

Conclusions

MSI Ethiopia's pilot of eVouchers demonstrates that this system offers a viable and realistic alternative to the paper vouchers traditionally used by subsidised voucher programmes. Between 15th August 2012 and 28th February 2013, MSI Ethiopia issued 2,521 eVouchers. By the end of this period, 1,278 eVouchers (51%) had been redeemed.

The eVouchers that were issued benefitted the group they were aimed at – young people. In total, 92% of the issued vouchers were redeemed by individuals aged between 15 and 29 years old. The eVouchers also appear to have increased young people's access to and choice of contraceptive methods. MSI Ethiopia centres in all five towns involved in the pilot witnessed an increase in the number of clients choosing an IUD.

The integration of mobile phones into the voucher programme was possible because of the penetration of mobile phones in Ethiopia. In 2012, approximately 86% of clients that attended MSI Ethiopia centres owned a mobile phone. The existing infrastructure in Ethiopia provides mobile coverage for 85% of Ethiopia's population.

The potential of mobile phones to improve voucher programmes has been recognised worldwide. A number of schemes that integrate mobile phones into voucher programmes have been piloted in several developing countries. In Madagascar, for example, Marie Stopes International uses mobile money transfers to reimburse subsidised vouchers. In Zimbabwe, the UN Food and Agriculture Organization (FAO) has used mobile phones to validate scratch card vouchers using short message service (SMS) text messaging at the point of redemption.

There is considerable potential to scale up the use of eVouchers. MSI Ethiopia expanded the programme to 20 additional towns in Ethiopia in March and April 2013. The intention is to expand the base of service providers from MSI Ethiopia centres to private health providers who partner with MSI Ethiopia under the BlueStar social franchise network.

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Voucher 3E8-wFD has been issued to you on 09/05/2013. The voucher expires on 23/05/2013 and should be redeemed at your nearest Marie Stopes clinic - MSIE

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