

Boosting equitable contraceptive uptake among Adolescent Girls and Young Women (AGYW) in Addis Ababa: Insights from an evaluation of Tiko's SRH programme

Since January 2022, Tiko, supported by the Embassy of the Kingdom of the Netherlands (EKN), has worked to increase access to high-quality, youth-friendly family planning services by adolescent girls and young women (AGYW) aged 15–24 across 11 sub-cities of Addis Ababa. By combining a digital platform with behavioural nudges (Tiko Miles), mobilizer engagement, and subsidized services from partner health facilities, the programme aimed to increase contraceptive uptake, improve service quality, and reduce access barriers for AGYW, especially those from vulnerable backgrounds specifically, those living in multidimensional poverty.

This brief is an extract of key findings from the evaluation of Tiko's SRH Programme targeting AGYW in Addis Ababa. It highlights how Tiko significantly enhanced SRH service availability, accessibility, and integration in both public and private sector facilities between 2022 and 2024.



Evaluation Questions

The brief has been guided by a series of questions, the key being:

- How did the programme affect AGYW's knowledge, attitudes, and motivation regarding SRH?
- To what extent did the programme improve the quality of SRH services available on the Tiko platform?
- To what extent did the programme reduce barriers to accessing SRH services among AGYW and consequent uptake?

Methodology

Study Design: The evaluation employed a mixed-methods approach, combining quantitative data from household and facility surveys; and qualitative insights from Focus Group Discussions (FGDs) and Key Informant Interviews (KIs).

A participatory evaluation strategy was used, engaging Tiko staff and local stakeholders throughout the design, data collection, and interpretation phases. The endline evaluation, conducted in December 2024 sought to measure progress against baseline data collected in December 2022.

Target Population: The evaluation focused on: AGYW aged 15–24 residing in Addis Ababa (475 were reached at endline, against 815 reached at baseline); Service providers at Tiko partner facilities (12 reached); and community leaders knowledgeable about SRH social norms (2 reached) were also interviewed.

Data Analysis

Quantitative Data: Cleaned and analyzed employing descriptive and inferential statistics (e.g., chi-square tests) to compare baseline and endline results and to assess relationships between contraceptive use and background characteristics.

Qualitative Data: Transcripts were coded and analyzed thematically. Data were triangulated with quantitative results for enriched interpretation.

Key Achievement

Significant Increase in Contraceptive Uptake

Modern Contraceptive Prevalence Rate (mCPR) increased from 17% at baseline to 29% at endline.

Overall, oral contraceptive pills emerged as the most preferred methods at endline, showing a notable increase in usage compared to baseline. This aligns with findings from the Tiko Annual Programmatic Report (Jan 1 – Dec 31, 2023), which revealed that 92% of accessed contraceptives were oral pills, followed by injectables, at 6%. As illustrated in Figure 1, short-term methods were more commonly used at endline (76%) than at baseline (67%). This trend likely reflects greater awareness, availability, and user familiarity with short-term methods, as well as a preference for methods that offer flexibility and discretion.

The largest gains were observed among AGYW aged 20–24, those married or cohabiting, and those in multidimensionally-poor households. These variables had a positive statistically significant relationship with contraceptive use.

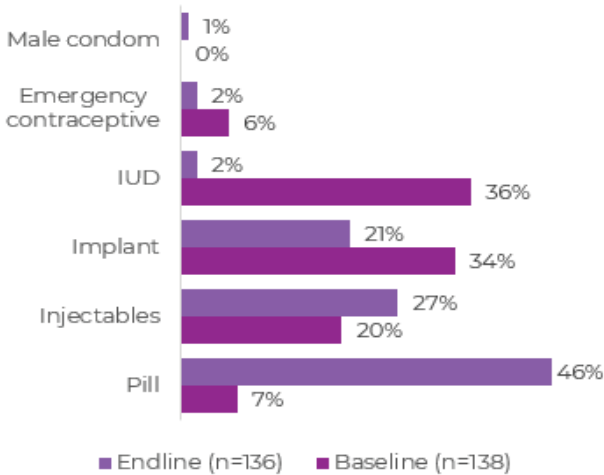


Figure 1: Percentage of Respondents by current contraceptive method used between Baseline & Endline

Future Contraceptive Intentions and Preferences

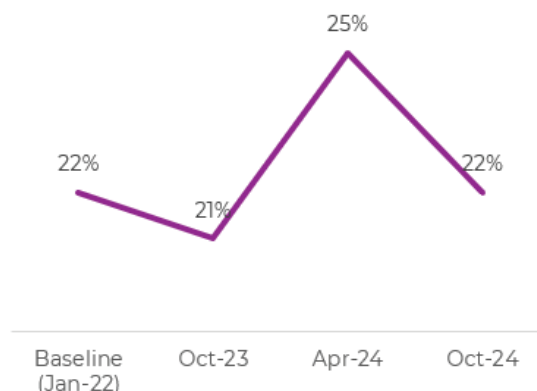
At the endline, 77% of non-users expressed intent to use contraceptives, with 74% planning to start within a year or later. Preferred methods included injectables (43%), implants (24%), and pills (19%), reflecting strong future demand and a continued shift toward short-term options. These intentions, alongside the rise in current use, signal sustained momentum in contraceptive uptake among AGYW.

Equity-Driven Reach

At the endline, 53% of respondents were classified as multidimensionally-poor, 40% as vulnerable to poverty and 7% as poor. This represents a significant shift from the baseline, where 78% of respondents came from non-poor or vulnerable households, compared to just 40% at the endline. The shift reflects greater inclusion of poorer households in the endline.

Of the respondents interviewed and who reported using Tiko services, 66% lived in multidimensional poverty compared to 59% of non-users. Only 35% of Tiko users were non-poor or vulnerable, reinforcing that the platform is effectively reaching the most underserved AGYW.

MPI trend from baseline to Oct 2024



Across the programme period, MPI scores remained stable although low at around 22% across most periods, with a temporary rise to 25% in April 2024. This suggests that the Tiko programme consistently reached AGYW from multidimensionally poor households, maintaining its focus on equity.

MPI and Contraceptive Use

Most AGYW using Tiko's contraceptive services were from poor households - 68% MPI poor and 10% severely poor, with only 22% non-poor or vulnerable. A significant association was found between poverty and contraceptive use.

Notably, 36% accessed methods free of charge from government facilities and from Tiko's private facilities, highlighting Tiko's role in reaching AGYW least able to afford services.

Improved Knowledge and Decision-Making Autonomy

- Knowledge of at least one contraceptive method was nearly universal (99.8%).
- Pills, injectables, and implants remained the most well-known and used methods, with pills increasing from 20% to 46% as the most preferred method.
- AGYW's decision-making agency rose markedly, with 62% making contraceptive choices independently at the endline (up from 38% at baseline).

High-Quality Counselling and Service Satisfaction

The Method Information Index Plus (MII+) score rose from 26% to 65% and reached 87% among Tiko users. Here is a breakdown of the MII+ score by component question.

While quality of counseling, in overall, improved in terms of information or advice given for method choice and switching, there was a notable gap in sharing of information on preparing AGYW to manage side effects, which could undermine informed choice and sustained use.

Insights from FGDs show respondents to have received quality counseling at the Tiko facilities which enables them to make informed decisions on their method of choice. One respondent shared:

- Tiko helped mitigate financial constraints through subsidized services and incentives.
- The platform tackled social stigma and knowledge gaps via digital education, youth mobilizers, and supportive provider training.
- 58% of non-users cited proximity to home as key when choosing providers while 18% cited free or low-cost services (FP methods) as the driver in choosing a facility.

What Worked Well

- Incentives (Tiko Miles) and digital tools increased demand and service continuity.
- Provider training led to stronger counseling and broader contraceptive method mix.
- Partnerships with private clinics allowed for more discreet, youth-friendly service environments.

Conclusion

The Tiko SRH programme has significantly advanced contraceptive access and agency for AGYW in Addis Ababa. By leveraging digital platforms, incentives, and youth-centered delivery models, the programme not only boosted contraceptive uptake but also prioritized equity and informed decision-making. Sustained investment in such holistic and data-driven approaches can accelerate progress toward universal access to youth-friendly SRH services in Ethiopia and beyond.

For further information or assistance, please write to evidence@tiko.org

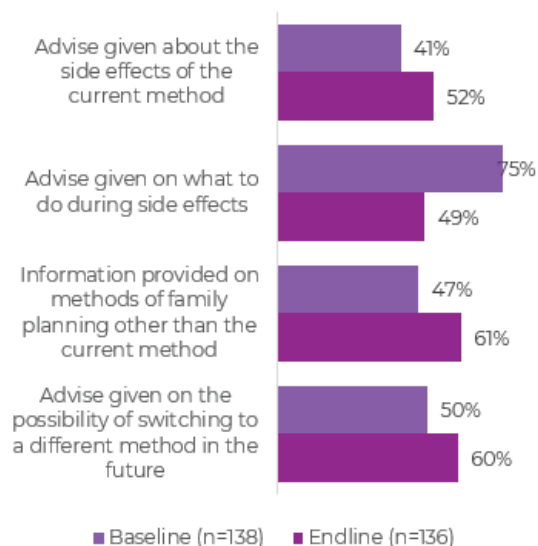


Figure 2: Method Information Index (MII) - Baseline & Endline

AGYW Experience with Service Providers

93% of Tiko users said they would return to the same provider; 91% would recommend them to others while all did not feel pressured to accept a specific method, indicating respectful, rights-based counseling.