

PROGRESS ON FAMILY PLANNING 2020 (FP2020) COMMITMENTS IN

ETHIOPIA



The government of Ethiopia is committed to improve the health status of its youthful population. The country has prepared a national adolescent and youth health strategy 2016-2020 in line with the global strategy for Women's, Children's and Adolescents' Health (2016-2030). In the next four years, there will be a coordinated effort to improve access to contraceptives through strengthening adolescent- and youth-friendly (AYF) clinic services and introducing the school health program initiative.

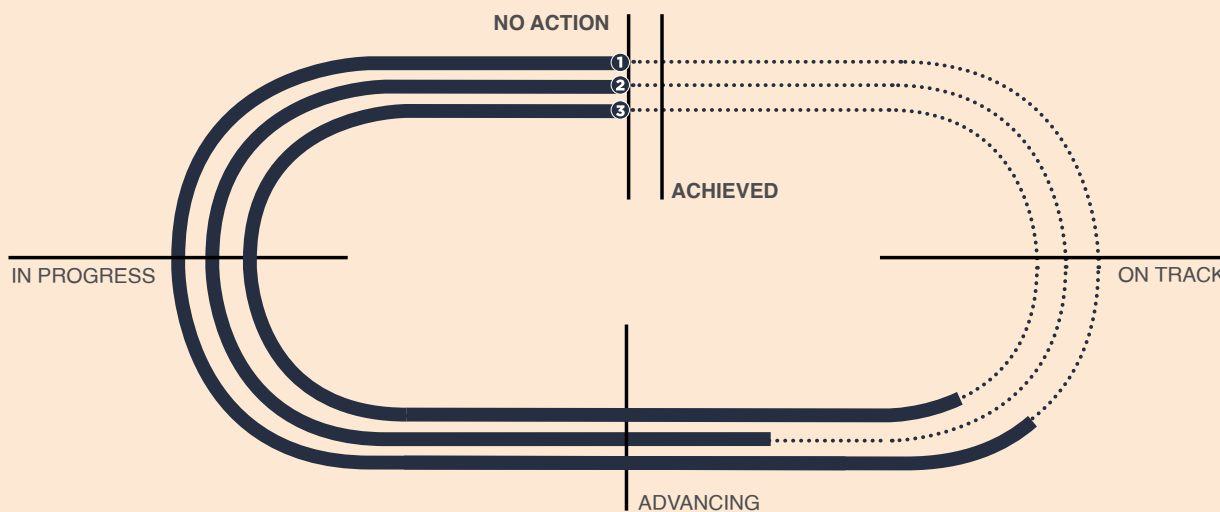
(1) Ethiopia will continue working to improve the health status of adolescents and youth by increasing modern contraceptive prevalence rates (mCPR) among married youth aged 15 to 24 years. The government will improve the health status of Ethiopian adolescents and youth by increasing the mCPR among those aged 15 to 24 years and reducing unmet need for modern contraception. The government will coordinate efforts over the next three years to strengthen AYF clinic services and referral linkages to improve adolescent and youth access to contraceptives.

(2) The government of Ethiopia will improve the distribution of family planning (FP) commodities and consumables from the central level to service delivery points by increasing the capacity of health care workers to manage the logistics system and of the Pharmaceuticals Fund and Supply Agency (PFSA) through improving human resource and commodity supply chain and logistics to manage the national supply chain.

(3) The Ethiopian government is committed to a progressive increase of financing to FP services. The Ethiopian government will increase its financing of FP services by continuing to earmark funds incrementally from its sustainable development goal (SDG) pool fund for its FP budget and using the national health account to track expenditures for FP.

IS ETHIOPIA ON TRACK TO ACHIEVE ITS FP2020 COMMITMENTS?

- 1 Improve the health status of adolescents and youth by increasing the mCPR
- 2 Improve the distribution of FP commodities and consumables
- 3 Increase FP financing using the SDG pooled fund



Ethiopia has made significant progress in making FP services available and increasing contraceptive coverage. FP planning services were available in almost all health facilities in Ethiopia, but primarily in public health facilities. In 2019, 41% of married Ethiopian women were using contraception compared to just 14% in 2005. However, unmet need for FP is still high (26.4%), as of 2016.

THE FOLLOWING PARTNERS CONTRIBUTED TO THE DEVELOPMENT OF THIS REPORT:

- 5 LOCAL NONGOVERNMENTAL ORGANIZATIONS (NGOs)
- 5 INTERNATIONAL NGOs
- 1 GOVERNMENT
- 1 DONOR

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Improve the health status of adolescents and youth by increasing the mCPR



Professional and public relations trainings conducted

Orientation workshops were conducted on FP for the regional health bureaus' communication experts. The workshops aimed to de-politicize FP and enhance reporting on FP issues.

Information provided by: DKT Ethiopia (DKT/E), Marie Stopes Ethiopia (MSI Ethiopia)



Smart Start and Willow Box scaled up

Smart Start and Willow Box activities have been integrated into the health extension program (HEP) aimed at newly married adolescents and youth. Adolescents 360 (A360) implemented the pilot Smart Start and Willow Box initiative, known as Follow Up Box, at community and household levels.

Information provided by: Ministry of Health (MoH), Population Services International (PSI)



Comprehensive life skills education training curriculum integrated and implemented both in and outside of school settings

The government is leading efforts to integrate comprehensive life skills education into school curriculum, and civil society organizations are actively advocating for the integration of comprehensive sexuality education (CSE). Some organizations are implementing CSE as an extracurricular intervention and life skills education targeting both in-school and out-of-school youth and adolescents.

Information provided by: DKT/E, Family Guidance Association of Ethiopia (FGAE), MoH, Tamra for Social Development (TSD)



Existing community-level structures leveraged to provide adolescent and youth health (AYH) information and comprehensive life skills education

Family health guidelines were developed and widely distributed to support families in better understanding and implementing healthy practices and skills to keep their families healthy. Examples of community-level structures being leveraged include: HEPs involving health extension workers (HEWs) and health development armies, faith-based organizations, religious institutions, Sunday schools and other traditional community platforms. Additionally, volunteer community health development armies received competency-based training. Sensitization workshops to religious, clan and community leaders were conducted to engage them in disseminating information and education on key reproductive, maternal, newborn and child health (RMNCH)/FP issues during religious events and teachings.

Information provided by: Amref Health Africa, MoH, Pro-Pride



The minimum package of the HEP to focus on AYH revised and updated with a component on interventions for vulnerable adolescents and youth

The MoH revised the minimum package for HEPs. The documents have been provided to regions for translation into their working languages and adapted for improving the quality of FP for adolescents and youth. The MoH launched the second generation HEP in order to respond to the rapidly changing situations. Accordingly, the scope of practice and curriculum for the HEWs program have been revised, and more than 23,000 of the level three HEWs have graduated as level four HEWS, and 5,248 level four HEWs are in training.

Information provided by: MoH



Age-appropriate information and behavior change communication tools to raise awareness about the health needs of adolescents developed

Different information, education and communication and behavior change communication materials on FP-related issues were developed and disseminated. Youth networking, experience sharing and bootcamp trainings were conducted to raise awareness about sexual and reproductive health (SRH).

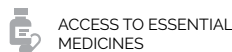
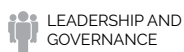
Information provided by: DKT/E



Awareness-raising workshops on FP for tribal leaders, local elders and religious fathers conducted

Sensitization workshops and trainings were conducted with religious, clan and community leaders. Furthermore, academic leaders, teachers and community change agents (administrative and support staff, campus police and proctors) were trained in SRH and youth-responsive service delivery.

Information provided by: DKT/E



Advocacy strategy for young women developed by higher institutions to strengthen youth health services

Operational research was conducted to document cases of SRH issues as well as demand in selected higher educational institutions. The study will inform the advocacy plan for sexual and reproductive health and rights activities in higher educational institutions.

Information provided by: Consortium of Reproductive Health Associations (CORHA)



Training for level four HEWs on comprehensive FP and counseling services provided

To expand intrauterine device (IUD) service to the community through level four HEWs, health posts were assessed for readiness, stocked with equipment and given personnel training for IUD insertion and removal. A total of 73 (37 female) health care providers have been trained on long-acting reversible contraceptives (LARCs), and 58 health centers have been equipped with IUD kits.

Information provided by: Amref Health Africa, MoH



Postpartum and permanent FP scaled up

Postpartum and permanent FP services have been scaled up in over 150 hospitals with high delivery caseloads. Health management information system tools have been revised to facilitate capture of postpartum FP (PPFP) services. A study examining how to use comprehensive PPFP programming to facilitate uptake of services among women in their first postpartum year has commenced. This study will inform national policy change and provide evidence on what works to improve PPFP uptake.

Information provided by: Jhpiego, MoH



Capacity of health providers strengthened to manage and provide AYF health services in a compassionate, respectful and caring (CRC) manner

To produce a CRC health workforce, pre-service training curriculum has been revised with CRC principles for some training institutes and colleges. CRC incubation centers were established and best practices on professionalism and ethical practices in health care were shared. A training on human rights-based approaches to SRH was also conducted.

Information provided by: CORHA



Health facilities and structures equipped at different levels to provide AYF health services

No partner contribution reported.



Provision of AYF sexual, reproductive and maternal health services scaled up in all public health centers, hospitals, university clinics, youth centers and selected private health service outlets with a defined minimum service package

No partner contribution reported.



Research conducted in collaboration with universities

Research activities have been conducted in collaboration with universities, including:

- The "National Assessment of the Effectiveness of Youth Personality Development Centers";
- "Survey on SRH Needs Assessment of Horticultural and Industrial Parks in Ethiopia"; and
- "Health Centre Readiness and Functionality Pertaining to FP Services."

Additionally, the mini demographic health survey and performance monitoring and action were released for public use.

Information provided by: Addis Ababa University School of Public Health, Central Statistics Authority (CSA), CORHA, DKT/E, MSI Ethiopia

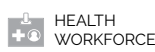
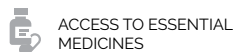
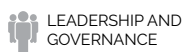


Quality of FP care improved

The MoH has developed a comprehensive national strategy, established quality structures, facilitated several trainings and carried out support supervision to improve the quality of care. Equity and quality transformation has been designed as one of the four pillars of transformation agendas of the Health Sector Transformation Plan (HSTP) 2015/16-2019/20.

The equity and quality transformation agenda will consistently improve the outcomes of clinical care, patient safety and patient-centeredness, while increasing access and equity for all segments of the Ethiopian population by 2020. Lack of implementation research to improve quality of care and poor data management practices have been limiting factors in designing innovative approaches to enhance quality of care.

Information provided by: MoH



National list of key indicators for all categories of the AYH program identified and established

The MoH developed a comprehensive national AYH strategy (2016–2020); the strategy's monitoring and evaluation matrix relies on a list of indicators used for monitoring progress. The second national youth status report was developed and released for use by the Ministry of Women, Children and Youth, in collaboration with partners.

Information provided by: CORHA



Adolescent and youth component integrated into all data collection tools of the health management information system and RMNCH scorecard, and all data on the first 30 years of life captured and disaggregated by sex and age (in five year groups)

No partner contribution reported.



Use of data encouraged at all levels for local decision-making

No partner contribution reported.



AYH program monitoring integrated into the HSTP review and monitoring process

AYH program monitoring has been integrated into the HSTP review and monitoring process. According to the midterm review reports, health centers and posts are providing AYF services or FP improved method mix (e.g., better options for long-acting FP).

Information provided by: MoH

Improve the distribution of FP commodities and consumables



Warehousing, fleet logistics management, information management and waste management trainings conducted

The Federal Ministry of Health (FMOH), in collaboration with the U.S. Agency for International Development (USAID) Global Health Supply Chain Program - Procurement and Supply Management (GHSC-PSM) project, assisted the Ethiopian Pharmaceuticals Supply Agency (EPSA) to improve Ethiopia's overall logistics management information system through monitoring and evaluation trainings and establishing the Ethiopian FP2020 Performance Monitoring and Evidence Working Group. Ethiopia's overall logistics management information system reporting rate reached its highest point to date at 96%. At the regional level, the lowest region was still reporting at 86% across the health elements, and more than half of regions had a reporting rate above 96%.

Information provided by: Amref Health Africa, Chemonics International



Ongoing support supervision conducted at all warehouses

No partner contribution reported.



Integrated catchment-based mentorship and supervision conducted at all warehouses

USAID Transform Health in Developing Regions (HDR) supported the MoH in developing standard training material intended to build the capacity of pharmacy professionals in RMNCH pharmaceutical management. The project successfully conducted the first RMNCH pharmaceuticals management training of trainers. RMNCH pharmaceuticals management basic training was cascaded in the four developing regional states.

Information provided by: Amref Health Africa, Chemonics International



Curriculum for HEWs on commodity logistic management revised

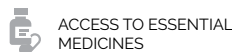
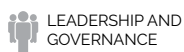
No partner contribution reported.



Integrated supportive supervision (ISS) at health posts conducted

ISS was conducted along with the joint review mission in all nine regions and the two city administrations by a team from House of Peoples' Representatives, the prime minister's office, FMOH and agencies under it, regional health bureaus and professionals from development partners. The ISS is aimed at providing onsite technical assistance and mentorship and addressing implementation challenges. During the ISS onsite, technical support on FP service provision was conducted for health facilities and posts.

Information provided by: Amref Health Africa, Chemonics International, MoH



FP review meetings conducted

Review meetings were conducted to discuss the FP program implementation, with support from MoH and partners.

Information provided by: Amref Health Africa, DKT/E, MoH



Technical support provided

No partner contribution reported.



8,000 bicycles procured for remote health posts

No partner contribution reported.



Regional warehouses constructed

No partner contribution reported.



Annual quantification and forecasting conducted

In August 2019, an annual national forecast for FP was conducted, and civil society organizations were highly engaged in the exercise.

Information provided by: DKT/E, FGAE, MoH, MSI Ethiopia



District commodity job aids developed

No partner contribution reported.



FP commodities and consumables procured annually according to quantified need

FP commodities and consumables were procured according to the quantified needs. IUDs, injectables, combined oral contraceptives and condoms were procured.

Information provided by: Chemonics International, United Nations Population Fund (UNFPA)



Post-market surveillance on contraceptives conducted annually

No partner contribution reported.



Pilot report on real time stock monitoring system developed

No partner contribution reported.



Supply chain workforce trained and capacity enhanced

No partner contribution reported.



Supply chain training and resource center established

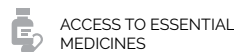
No partner contribution reported.



The EPSA organizational structure endorsed by Parliament

Restructuring of the EPSA is a top priority of the MoH. Revised legislation is awaiting endorsement by Parliament.

Information provided by: MoH



Increase FP financing using the SDG pooled fund



Annual salary budgeted for HEWs reflected in the health sector budget

The government has allocated a total of 466.77 million Ethiopian birr to pay the HEWs' salaries for fiscal year (FY) 2018/19.

Information provided by: MoH



Advocacy workshop with the House of Peoples' Representatives conducted, and its support for FP and the health sector strengthened

The FMoH — Maternal, Child Health and Nutrition (FMoH-MCH-N) Directorate organized a meeting to orient 70 members of the Social Standing Committee of the House of Peoples' Representatives on the national health sector status, with a focus on advocating for increased political will in advancing the national FP agenda. One of the high-level consultations was on FP as one of the game-changers to harnessing the demographic dividend. The other was on the implementation of youth packages — including policy and strategy — and the role of federal- and regional-level parliamentarians in the implementation process.

Information provided by: CORHA, MoH, MSI Ethiopia



Support from FMoH, regional health bureaus and health managers secured for domestic financing, including budget utilization and timely settlement

No partner contribution reported.



A dedicated national budget line item for FP created

No partner contribution reported.



A percentage of the total annual MoH pool fund allocated for FP commodities

Over the years, there has been increased allocation of budget for FP from government treasury and the allocation of budget for FP commodities and services from the SDG pooled fund, which has increased threefold, compared to FY 2017/18. The SDG pooled fund contributors made a \$211.25 million commitment, and \$159.82 million (75.7%) was disbursed to SDG pooled funds with 25.6% reduction from the previous budget year. The total percentage of the total health budget for public health commodity procurement in FY 2018/19 was 22%, or \$135,810,636.

Information provided by: MoH



FP financing guide for regions developed

No partner contribution reported.



40,000 HEWS deployed to work on FP

The government has deployed more than 42,000 salaried female HEWs in the country.

Information provided by: MoH



FP commodity security advocacy strategy developed

No partner contribution reported.



National health account reports produced

The government published its most recent national health account report in September 2019, which includes tracking financing and expenditures on reproductive health.

Information provided by: MoH