

ETHIOPIA COMMITMENT SELF-REPORTING QUESTIONNAIRE 2018



Thank you in advance for taking the time to complete this questionnaire.

The Family Planning 2020 (FP2020) Secretariat surveys all FP2020 commitment makers to gather updates on overall progress, major activities, and key areas of challenge in fulfilling commitments. We use these responses to support information and knowledge sharing and transparency among FP2020 commitment makers and the broader family planning community.

We look forward to publishing your response on your country's dedicated country webpage—<http://www.familyplanning2020.org/entities/56>—on FP2020's website.

We request that you submit your response by **Friday, June 23, 2018**.

Please complete the attached Word document and submit to Martyn Smith on msmith@familyplanning2020.org with a copy to Holley Stewart on hstewart@familyplanning2020.org.

Should you have any questions or concerns, please contact Holley Stewart on hstewart@familyplanning2020.org or Rudy Shaffer on rshaffer@familyplanning2020.org.

Thank you again for your commitment to improve the lives of women and girls through greater access to voluntary family planning. We look forward to your response.

ETHIOPIA COMMITMENT SELF-REPORTING QUESTIONNAIRE 2018



This year we have modified the questionnaire to include 1) the 2017 commitment and elements of X COUNTRY's original commitment that still stand, and 2) three standard questions we're requesting of all FP2020 commitment-making countries.

As you provide your updates below on each element of your commitment, kindly focus on progress made, any major challenges or barriers you faced, and share information on any key upcoming commitment-related milestones. **Please provide updates that reflect the July 2017- May 2018 period only.**

UPDATE QUESTIONNAIRE

COMMITMENT OVERVIEW

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 global strategy for Women's, Children's, and Adolescent's 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 services. Ethiopia will continue working to improve the health status of adolescents and youth by increasing mCPR among married youth aged 15-24 years. The Government will increase its CPR for married women from 42% in 2014 to 55% in 2020; reduce its TFR from 4.1 in 2014 to 3.0 in 2020; and reach 6.2 million additional women & adolescent girls with FP services by 2020.

1. **COMMITMENT:** The Government of Ethiopia will improve the health status of Ethiopian adolescents and youth by increasing mCPR among those aged 15 to 24 years, and reducing unmet need for modern contraception. GoE will coordinate efforts over the next 3 years to strengthen AYF clinic services and referral linkages to improve AY access to contraceptives.

In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:

- The Government of Ethiopia (GoE) has undertaken the following activities to improve the health status of Ethiopian adolescents and youth by increasing mCPR among those aged 15 to 24 years, and reducing unmet need for modern contraception:
- The GoE expanded availability of high quality sexual and reproductive health services and information for adolescents and youth; and create increased access to a wider range of contraceptive methods (expanded method mix) through expanded health provider roles in family planning at universities, technical and vocational institutions, and youth centers.

- The government implemented and scaled up a willow-box initiative (follow up box) at community and household level through health extension program by address unmet need for FP of the rural women in general and with a particular emphasis on adolescent and youth who are in/out of school, by ensuring the availability and accessibility of contraceptives and reduce social- cultural and financial barriers.
- Adolescent and youth health strategy, implementation guideline and training materials were developed
- TOT training on Adolescents and Youth Health (AYH) provided at national and regional level to cascade the trainings for health professionals and managers to strengthen Youth Friendly Services (YFS) and provide youth responsive services
- To increase information, education, and service utilization among adolescent and youth, the School health program is currently under implementation.
- Utilization of contraceptives by age and sex disaggregated data on adolescents and youth were collected, analyzed, and used for program improvement

2. COMMITMENT: The government of Ethiopia will improve the distribution of FP commodities and consumables from the central level to service delivery points by:

- 2.1. increasing the capacity of healthcare workers to monitor availability of and to order contraceptives
- 2.2. managing the logistics system and the Pharmaceuticals Fund and Supply Agency (PFSA), especially for the integrity of the commodities' supply chain

In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:

The GOE undertook the following activities to improve the distribution of FP commodities and consumables from the central level to service delivery points:

- Health services including family planning are highly dependent on availability of essential supplies which require effective and efficient supply chains. However, supply is not as such very strong to link in achieving health related goals. Currently, the restructuring of the Pharmaceuticals fund and supply agency is a top priority of the ministry of health. Thus, the ministry took the initiative and restructured to make the supply chain easy and effective. Such recognition of the essential strategic role of supply chain and its workforce is basic to solve the challenge and there is a pressing need to continually build up the momentum towards stronger supply systems.
- FP logistic technical working group met regularly every month and solve any logistic related problems
- National contraceptive commodities were quantified and forecasted
- Budget availability to procure quantified FP needs mobilized and ensured
- Based on the need FP commodities and consumables were Procured
- RRF tracking system is currently under piloting to gather and use facility generated data to inform commodity distribution plans and quantification in improved way
- Training was provided for health care workers responsible for reporting, quantifying, and ordering of commodities and supplies at the hospital and health centers level conducted
- Integrated refresher training provided for HEWs on logistic management
- Joint supportive supervision conducted

3. COMMITMENT: The Ethiopian government is committed to a progressive, annual increase of financing of family planning services. The Ethiopian government will increase its financing of family planning services by continuing to earmark incrementally funds from its SDG pool fund for its FP budget and using the National Health Account to track expenditures for FP.

The Government commits to:

- 3.1. continue deployment of around 40,000 Health Extension Workers working on FP as one of their package of services

- 3.2. continue allocating earmarked budget for FP from SDG pool fund which has been incremental for the past few years
- 3.3. continue to track the financing for FP using the Ethiopian National Health Account
- 3.4. improve access and quality of FP services
- 3.5. continue to train health professionals on comprehensive family planning

The Civil Society commits to:

- 3.6. engage in all FP program interventions
- 3.7. mainstream FP in all project intervention
- 3.8. complement government effort by reaching the unreached
- 3.9. contribute toward the FP2020 targets through financial and technical support
- 3.10. solicit fund from various donors and implement it at grass root level to engage in evaluation of the comprehensive family planning service in collaboration with

In the space below, please provide an update on activities undertaken in 2017-2018 in support of these elements of your commitment:

3.1. continue deployment of around 40,000 Health Extension Workers working on FP as one of their package of services

- GoE already deployed more than 40,000 HEWs in the rural and urban setting. Currently 30% of HEWs upgraded to level IV (Diploma equivalent).
- Health extension program will continue its point of entry for comprehensive family health service in Ethiopia. FP package is strongly implemented as one of the 18 health extension packages and currently included a provision of an Implanon removal and IUCD services.

3.2. continue allocating earmarked budget for FP from SDG pool fund which has been incremental for the past few years

- Without equitable health care, there can be no sustainable development and without adequate financing, the poorest and most marginalized people will continue to forfeit good health. One of the key components of the Health Sector Transformation Plan is to “progressively increase government budget allocation to the health sector.” Based on this, a consultative meeting was conducted with the aims of advocating Parliamentarians and other stakeholders to increase budget allocation for FP from Government treasury
- Increased allocation of budget for FP from government treasury
- Allocation of budget for FP commodity and services from the SDG pooled fund increased by 3 folds compared to the previous year

3.3. continue to track the financing for FP using the Ethiopian National Health Account

- National Health Account (NHA) is recognized and an accepted resource tracking methodology for the Ethiopia health sector. The NHA estimate the flow of health resource in the overall health sector of Ethiopia. It also tracks spending on health sector priority areas including reproductive health every two years. The current report of NHA is Ethiopia’s sixth round publication and the country will continue tracking financing for FP using it.

3.4. Improve access and quality of FP services

- Ministry of Health continued working on expanding access for FP service at all level including at health posts by availing all method mix. Taking into account the success of Implanon scale up, Ministry of Health (MOH) currently started implementing new initiative “IUCD by level four Health Extension workers” in a selected health posts through providing training, enhancing facility readiness and advocating the availability of different FP services at Health posts through existing Health extension program and health development army.
- Post-partum FP services scaled up in 150 hospitals that have high delivery caseload to address high unmet need among postpartum women and HMIS is revised to capture Postpartum Family Planning (PPFP)
- Integrated service provided using mobile clinics to reach communities in emerging regions
- SRH in humanitarian setting included in Humanitarian Response Document at national and regional level and currently Implementation guideline for SRH in Humanitarian setting is under development
- Minimum Initial service package training was provided for program personnel, health care providers and stakeholders

Quality is one of transformational agendas in our five years Health sector transformation plan(HSTP). To improve quality in FP:

- Service providers retrained and oriented on appropriate counseling techniques
- Supportive supervision conducted to ensure quality service provision
- Mentorship for health professionals was provided
- Quality of training was monitored
- Training manuals revised to address quality of the services
- The skill labs of universities equipped with necessary training materials and demonstration models to provide quality pre service training

3.5 continue to train health professionals on comprehensive family planning

- Training provided on comprehensive FP for health professionals from universities and colleges where the service is not expanded and equipped with the necessary kit
- Ninety percent of Implanon NXT transition completed through providing orientation for HEWs and other health professionals
- Training provided for level for HEWs on comprehensive FP focusing on Implanon removal and IUCD service
- Health professionals from pastoralist regions trained on comprehensive FP to increase the number of skilled health care providers in FP, especially in LARCs.
- Implanon service also scaled up in pastoralist regions through training L4HEWs

3.6. engage in all FP program interventions

- CSOs work with MOH as a co-chair for Family Planning Technical Working Group (TWG)
- CSOs supported MOH through facilitating joint planning, pooling of resources, decision-making, and sharing of information and responsibilities
- A number of CSOs have implemented participatory learning at the community level to enhance FP service uptake and overcome cultural barriers at community level among pastoralist and semi-pastoralist communities
- Organized good practices and experience sharing platforms

3.7. mainstream FP in all project intervention

- Demand generation activities targeting adolescent and youth, women and the entire community through

various mechanisms have been implemented by CSOs in Ethiopia. Furthermore, religious, clan and community leaders have been reached on FP demand generation activities in hard-to reach pastoral regions

3.8. Complement government effort by reaching the unreached

- CSOs also provide comprehensive sexual and reproductive health services through a network of centers, socially franchised private clinics, and outreach. Most of the outreach teams target hard to reach clients in Ethiopia. The services include general medical consultation, short, long-acting and permanent methods of contraception and family planning counseling.

3.9. Contribute toward the FP2020 targets through financial and technical support

- CSOs are one of the supplier of family planning products to the private sector in Ethiopia through social marketing strategy. Various CSOs have implemented health system strengthening programs focusing on primary health care services, strengthening the human resource capacity for health, district health information system and logistics for health.
- CSOs closely work with FP 2020 focal points to monitor the progress towards the commitments and supported MOH to advocate parliamentarians to increase budget allocation for FP from Government treasury

3.10. Solicit fund from various donors and implement it at grass root level to engage in evaluation of the comprehensive family planning service in collaboration with

- CSOs mobilized resource from different donors and implemented different interventions based on identified gaps in collaboration with ministry of health and regional Health bureaus

Please respond to all parts of the following 3 questions:

1. How has your Government engaged civil society organizations, young people, and marginalized women and girls in decision-making about national family planning programs and policies?

- Government engaged civil society organizations, young people, and marginalized women and girls in different platforms like public wing meeting to discuss their issues, challenges and possible solutions
- Government ensure their participation from planning to implementation and monitoring and Evaluation
- These groups participated during the development of different strategies and health sectors plan

a. What challenges have you faced in working with these groups? (please give examples)

Shortage of budget

b. How has this engagement supported reaching your FP2020 commitment?

Their engagement supported reaching FP 2020 commitment through:

- Advocating stakeholders to support the commitment
- Providing technical support, dissemination of evidence-based guidelines, capacity building and quality of care improvement

- Addressing underserved population group
- Implementing high impact interventions

c. Please share successes and/or lessons learned from these engagements.

- They helped MOH through monitoring the FP2020 progress
- Advocate higher officials for increase budget allocation for FP

2. How is the Government integrating family planning into universal health coverage (UHC)-oriented schemes and what is/are the mechanism(s) being used or considered?

GoE is investing on a primary health care workforce and improving equity in access to essential health care services. The government is considering good governance as a priority agenda, establishing quality assurance mechanisms, working on systems of procurement and supply of medicines, health technologies and well-functioning health information systems. The ministry is working by task shifting some FP services and services integration is focused on the needs of people and communities.

3. Did the FP2020 Focal Points participate in your country’s 2018 data consensus meeting?

a. If so, what insights were gained?

The participants reached to a general agreement on the current progress/status and decided to support by exploring more opportunities and sharing responsibilities. They also agreed to make more efforts to divert the current trajectory and achieve the ambitious goal together.

b. Were domestic expenditures data reviewed as part of the data consensus meeting? **If so, please share insights and challenges you had in reviewing and validating these data.**

A domestic expenditure data was used mainly from a recent National Health Account (NHA) report. In addition, particularly this year, all hub issue data and distribution/supply data are used. The data was confirmed to be in a good quality providing useful information and NHA is accessible online.

Please provide the following information on the Government’s point of contact for this update:

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