Consortium of Reproductive Health Associations (CORHA)

Report On FP 2020 Accountability Project Launch and Validation Workshop

08 August 2019
Sky-Light Hotel
Addis Ababa, Ethiopia
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I. Background
The government of Ethiopia is committed to improving 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). Between 2016-2020, there will be coordinated efforts 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.

CORHA in partnership with PAI and Samasha is working with the government of Ethiopia, partners and CSOs to adapt, implement and scale-up the Motion Tracker - a tool developed by Samasha to effectively track Ethiopia’s FP2020 commitments. PAI and Samasha are supporting CORHA for advocacy and communications, while Samasha is building capacity of CORHA to ensure they have the skills and systems needed to manage the Motion Tracker scale-up and drive accountability processes forward for meaningful impact.

II. Introduction

The Consortium of Reproductive Health Associations (CORHA) organized a half day project launch and validation workshop in Sky-Light Hotel on 8 August, 2019. The overall aim of the workshop is to accelerate progress towards achieving FP2020 commitments in Ethiopia by moving forward on a common agenda. Specific objectives of the workshop include:

i. Ensure consensus and common understanding on Ethiopia’s FP2020 commitments and selected commitment indicators.

ii. Introduce the Motion Tracker and how it will be implemented to track Ethiopia’s FP2020 commitments and

iii. Map the different partners (government, development partners, CSOs) contributing to the different commitments by WHO thematic areas.
The workshop was attended by 68 participants drawn from members of CORHA, the Ministry of Health and other major sexual and reproductive health rights organizations and partners in Ethiopia. In the workshop, speeches were made, presentations were delivered and deliberations and actions were put forward for the realization of the project.

III. Workshop Opening and Introductory Remarks

1. Welcoming Speech: Mr. Abebe Kebede, Executive Director - CORHA

Mr. Abebe Kebede began his speech by thanking the participants for coming to the meeting, which he said showed their commitment to support family planning in Ethiopia. The Consortium of Reproductive Health Associations (CORHA) is the first sectoral member driven umbrella organization of CSOs committed to the provision of comprehensive, integrated and sustainable RH information and services in Ethiopia.

He noted that the Government of Ethiopia updated its commitment at the Family Planning Summit in London, in July, 2017 to improve the health status of its youthful population in line with global strategy for Women’s, Children’s and Adolescent’s Health (2016-2030). Accordingly a coor

ated effort has been done to improve access to contraceptives through strengthening adolescent and youth friendly services. As per the FP2020 commitment, the Ethiopian government is committed to a progressive increase of financing to FP services and using the National Health Account to track expenditures for FP.

He further underscored that monitoring and evaluation of global commitments such as FP2020 cannot be effective without mechanisms for engaging and holding of Government, CSOs and developmental partners accountable for the commitments they make to one another. CORHA in partnership with US based Population Action International (PAI) and Ugandan based Samasha Medical Foundation recently commenced the FP2020 Accountability project and utilizing
customized dynamic framework for strengthening accountability and driving action by keeping commitments visible and highlighting progress while fostering participation, engagement, and ownership to address bottlenecks along the way. According to him, the motion tracker compliments the existing monitoring and measurement frameworks such as Performance Monitoring and Accountability 2020 (PMA2020), Track 20 and DHS. He said the objective of the workshop is to accelerate progress towards achieving FP2020 commitments in Ethiopia by moving forward on a common agenda. The specific objectives include:

a. Ensuring consensus and common understanding on Ethiopia’s FP2020 commitments and selected commitment indicators.
b. Introducing the Motion Tracker and how it will be implemented to track Ethiopia’s FP2020 commitments
c. Mapping the different partners (government, development partners, CSOs) contributing to the different commitments by WHO health system building blocks;

Thereby expect the following outcomes:

- CSOs implementing FP projects in Ethiopia are informed and understand about the Motion Tracker and how it can be used to track Progress made towards achieving Ethiopia’s FP2020 commitments.
- Galvanise the different partners’ momentum and action around the achievement of FP2020 commitments
- A commitment from CSOs to contribute data leading to documentation of government, partners and CSO’s contribution towards realizing Ethiopia’s FP2020 commitments

He expressed his belief that the Motion Tracker will be helpful to mobilize CSOs to get involvement in commitment tracking and we are in the learning process, a lot to be done and your support and cooperation will help all concerned CSO to be on board to meet its objectives. Finally, he expressed his sincere appreciation to H.E Dr. Liya Tadesse, State Minister of Health for being with us on your very busy schedule, Population Action International (PAI) and my colleagues who travelled a long way from Uganda to this meeting Dr. Dennis R. Buwembo,
Health Systems Strengthening Manager and Dr. Nakendo Abubakri, FP/MCH Program Officer of Samasha Medical Foundation for their financial and technical support respectively.

He finally acknowledged the presence of Ato Tewodros Melesse, who served as Director General International Planned Parenthood Federation and expressed his gratitude to him and his achievements in family planning at national, regional and global levels.

2. **Keynote Address: Mrs. Bettina Mass UNFPA Country Representative**

Mrs. Bettina Maas started her speech by congratulating CORHA for organizing such an important and timely workshop that brought so many stakeholders together. She noted that this year we commemorate the 50th anniversary of the United Nations Population Fund (UNFPA), and the 25th anniversary of the International Conference on Population and Development (ICPD) and its landmark Programme of Action.

The following is the summary of Mrs. Bettina’s opening speech:

- **In July 2012,** 25 national governments gathered for the London Summit on Family Planning to reaffirm numerous policy, programmatic, and financial commitments to family planning.
- Governments, Civil societies, private sector renewed commitment to family to address the challenges posed of adolescent and youth health. Hence set expanded target and indicators which are pivotal to program monitoring and follow-up.
- **FP2020** is a global partnership to empower women and girls by investing in rights-based family planning. As of July 2018 more than 370 million women are using FP services in the 69 target countries which translate into 46 million additional users since 2012 witnessing 30% greater than the historic trend. Translating this achievement into impact in Ethiopia alone more than 15 million unintended pregnancies, 3.4 abortion and 40,000 maternal deaths averted.
- However in countries like Ethiopia women and men, particularly young women and men, face numerous barriers to their access and use of high-quality FP information and
services. Across all developing countries more than 240 million women are still have unmet need for family planning. In Ethiopia 22% of women still have unmet need for family planning.

- As the 2020 target year is fast approaching it is pivotal moment for the family planning community, commitment makers and partners to galvanize efforts to realize the target. As we approach 2020, the family planning community must build strong sustainable partnerships between governments and civil society organizations, strengthen the role of civil society groups in promoting family planning, and hold governments accountable for the commitments they have made through FP2020.

- FP2020 partnership is voluntary and there are no legal or financial mechanisms to force compliance. Although the FP2020 partnership provides accountability mechanism but it is still not sufficient both globally and at each individual commitment maker level. The efforts should be augmented by other tracking mechanism. In this regards civil societies are better suited to introduce tracking mechanism. This exercise by CORHA and its members can contribute meaningfully towards the realization of the targets.

Finally she concluded her remark saying at this historic juncture as we celebrate the 50 years anniversary and 25 years of ICPD, UNFPA reaffirms its commitment both globally and here in Ethiopia and wishes fruitful deliberations and success.

3. Opening Remark, H.E Dr. Liya Tadesse State Minister, Ministry of Health

H.E Dr. Liya Tadesse started her remarks by congratulating CORHA for organizing such an important and timely workshop. She highlighted that the London Summit on Family Planning was a watershed moment for the global family planning (FP) movement. Ethiopia is one the 33 FP2020 countries which chose to revitalize its existing commitments with renewed and expanded pledges in 2017: outlining new objectives, delivering more resources, and reaching more women and girls.
In her opening remarks, the State Minister H.E Dr. Liya highlighted the following:

- Putting the health of women, girls and adolescent is a priority and strategic direction of the Government
- In 2017 Ethiopian Government is renewed its’ committed to improve the health status of its youthful population through coordinated efforts and expansion of YFS. The government is also committed to improve the distribution of FP commodities and consumables from the central level to service delivery points by increasing the capacity of healthcare workers to manage the logistics system and of the Pharmaceuticals Supply Agency (PSA) through improving human resource and commodity supply chain, and logistics to manage the national supply chain. As part of the FP2020 commitment the Ethiopian government is committed to a progressive increase of financing to family planning services.
- Despite efforts made to expand YFS and the achievement gained, young people, women and girls still face systemic and social barriers to access to family planning and reproductive health information and care.
- Increase investment is essential to provide quality information and services to adolescent and youth
- Ethiopia’s journey in FP2020 partnership is a success story. In 2018, over 7 million women are using a modern method of contraception. As a result of that contraceptive use 2,750,000 unintended pregnancies prevented, 606,000 unsafe abortions averted and 7,300 maternal deaths averted. However still 30% adolescent and youth have unmet need for family planning.
- Multifaceted, coordinated as well as culturally and age appropriate services are required to reach adolescent and youth in Ethiopia and still a challenge in Ethiopia. Preventing unintended pregnancies is a key priority issue to address SRH rights of adolescent. Nearly 30% of Ethiopian adolescent girls have unmet need for family planning, suffers unintended pregnancies and abortion. The MOH cannot take these challenges alone and working together with all of you CSOs and development partners. Young people are key to our common future. We are committed to expand information and service to protect the health and well-being of adolescents, and enable them to make good life choices.
- A strong monitoring and accountability system is crucial to fulfilling FP2020’s potential. As we are FP2020 partners we require to hold each other accountable to ensure women and girls in Ethiopia are able to access the family planning they want and need.
- This project is supporting country advocates in implementing a multi-stakeholder driven accountability and monitoring tool that strengthens and enhances the capacity of civil society to track processes that affect progress toward the commitments.

- Emphasis should be given to engagement of adolescent and youth as we cannot continue to prescribe the solution, they required to solve their problems.

Finally she expressed her hope that the workshop to will enable to accelerate the realization of the commitment and beyond that ensuring the universal health coverage. She also expressed The Ministry’s committed and support to CORHA and its partners in the implementation of the project wishes success to this civil society-led accountability endeavours.

IV. Presentations

1. Ethiopia’s progress towards achieving FP 2020 Commitments: Dr. Tadele Kebede, Family Planning Team Coordinator (MoH)

In his presentation Dr. Tadele recalled that on 11th July, 2012 more than 150 leaders from donor and developing countries, international agencies, civil society, foundations and the private sector met in London to make commitments in favor of women’s autonomy and reproductive rights. According to him Ethiopia is a commitment maker since 2012 and the country aimed at increasing CPR to 55 percent, reduce TFR to 3 and reach an additional 6.2 million women and adolescent girls with FP services by 2020. The country made program, Service Delivery and financial Commitments.

Dr Tadele noted that the country has made efforts to realizing national commitments. In this regards the Costed Implementation Plan (CIP) for the years 2015-2020 was developed. The plan clarified country strategies, identified activities and an implementation roadmap, determines impact and budget and set milestones to monitor progress. Training of service providers (in-service and pre-service), equipping HFs, and expanding access to hard to reach groups, organized series of regional advocacy workshops and demand creation initiatives have been implemented. Furthermore, high level consultative meeting with political leaders and relevant stakeholders to increase allocation for FP has been implemented in Ethiopia.
Finally Dr. Tadele lay out priority actions in the next fiscal year. Some of the priority actions include:

- Conduct awareness raising workshops on family planning for tribal leaders, local elders and religious fathers;
- Conduct a forum with media professionals and public relations;
- Advocate FMOH, RHB and Health managers on domestic financing, including budget utilization and timely settlement;
- Provide training for level four health extension workers on comprehensive family planning and counselling services;
- Conduct Integrated catchment based Mentorship;
- Scale up of SMART START and Willow Box;
- Scale up of postpartum and permanent FP;
- Equip IUCD and Implants Kit for Health facilities;
- Procure all FP commodities timely;

2. Ethiopia’s FP2020 commitment: Mr. Abebe Kebede, Executive Director of CORHA

Mr. Abebe Kebede facilitated a session that aimed at to ensure consensus and common understanding on Ethiopia’s FP2020 commitments and identify key priority areas of focus in the future. He discussed Ethiopia’s commitment, target and priority action. He further stated that the commitment statements are implicitly stated political statements which resonate different actions and meaning to different people. He then opened the floor for plenary discussion for participants reflect on what they understand reading the commitment statement and what they feel is important to reach the targets. The following summarizes the key points raised during the discussion:

- Although the country has made a lot in expanding family planning, the country is still off track. It is an opportune time to accelerate Ethiopia’s progress. Efforts were made for CSOs to align with the ministry’s annual plan; this project can help making all stakeholders accountable in delivering what is planned;
- Ethiopia’s commitment clearly focuses on adolescent and youth sect of the population. There are two areas not discussed very much in the annual plan. One area is ensuring the ministry post-partum services including FP services. Ensuring 24 hours services is still a
challenge at facility level. The other area is the areas post abortion family planning which is discussed at the FP focal point as a potential to reach FP2020 target, but it not reflected in the annual plan. Post-partum and post abortion family planning need to be areas of focus to move the FP2020 agenda forward;

- Currently there seem to be high politicization of family planning. As a result demand generation for family planning is more challenging in in some regions. This requires advocacy and strong communication strategy in the future. We have to detach family planning from the contemporary politics issues in our communication;

- The age bracket for adolescent and young people as defined by WHO, African Union and Ethiopian policy documents varies. We have to standardize this for easy comparison with other countries. Despite the media role in demand generation and other areas, media coverage is currently neglected. We have to emphasis media in family planning. We have experience in media campaign and interested to support the MOH;

- In the efforts to address FP2020 target, focus should be given to private facility. We need to have public private partnership particularly to address commodity shortage like implants build the capacity of health workers. Emphasis should be given to expand family planning services in workplaces like in the industrial parks and flower farms where the majority of workers are women;

- The overarching principles to of FP2020 commitment are right based and integrated in Multisectoral approaches. All sectors particularly the education sector should play its role in integrating family life education and schools as family planning service delivery points;

- We have to have a strategy to reach adolescent and youth with family planning information and services. Although YFS is given due emphasis in the commitment, still the YFS coverage is very low, hence, much has to be done to expand YFS in all health facilities;

- As Ethiopian family planning program is heavily donor supported, mechanism should be devised mechanisms to increase domestic financing. We have to identify critical steps and actions in order to enhance domestic financing;

- As urbanization is increasing at an alarming rate, informal settlement in increasing in urban center. We have to reach these groups with information and service;
One of the critical gaps in family planning program in Ethiopia is the logistic mal-distribution across regions. We need to consider addressing this gap. Although the government committed in expanding services through enhancing the capacity of health extension workers through the level four training package, the inadequacy of infrastructure and equipment and commodity shortage should be addresses.

We have to develop an acceleration plan to reach FP2020 target;

Following the speeches and presentations, participants raised questions about the presentations, and responses and explanations were given by the presenters and participants. Deliberations on the major challenges and possible strategies to address the challenges were held at length.

3. **FP2020 Accountability Project -The Motion Tracker Tool - Dr. Dennis R. Buwembo, Health Systems Strengthening Manager Samasha Medical Foundation**

Dr. Dennis’s presentation focuses on introducing the project. According to him, the project is financed by PAI and technical supported by Samasha Medical Foundation (Samasha). It is a multi-country initiative aimed to support country advocates in implementing a multi-stakeholder driven accountability and monitoring tool that strengthens and enhances the capacity of civil society to track progress in achieving country FP2020 commitments.

PAI and Samasha identified CORHA as the country convener of the project in Ethiopia; and selected technical personnel participate in tailored orientation training on the Motion Tracker. He highlighted that the Motion Tracker is a customized, dynamic framework for strengthening accountability and drive action by keeping commitments visible and highlighting progress while fostering partner participation, engagement and ownership to address bottlenecks to achieving commitments. He then elaborated the six steps in implementing the Motion Tracker. He emphasized that the motion tracker is complimentary to other FP 2020 tracking mechanism.
According to him the tool has the following benefits:

- Adaptable, dynamic system applicable at global, regional, national and sub-national levels
- Tracks both financial and non-financial commitments
- Tracks actions of commitment makers and other actors toward achievement of commitments
- Recognizes the voices of champions and stakeholders, ensures continuous engagement
- Advocacy tool for improving transparency

Finally, Dennis discussed the value add of the project citing three country examples:

**Kenya**

- Potential to ease responses to the FP2020 commitment self-reporting questionnaire and to improve visibility of CSO contributions to meeting FP2020 commitments

**Tanzania**

- Increased allocation of domestic finances to FP/RH from $6.1 million in 2017/18 to $9.8 million 2018/19
- Increased advocacy to amend the Marriage Act of 1971

**Uganda**

- Increased allocation of domestic finances to FP/RH from $2.45 Million in 2017/18 to $4.2 Million in 2018/19
- Advanced steps to Declassify DMPA from class B to C to increase access through drug shops
4. Ethiopian FP2020 Commitment Accountability Project- Process and way forward – Mr. Dejene Getahun M&E, CORHA

Mr. Dejene’s presentation focuses on the process and ways forward in the implementation of the project. He started his presentation by recalling that Ethiopia is a commitment maker since 2012 and revitalizes its commitment in 2017. A lot has been done since 2012 for instance:

- Postpartum Family Planning Action Plan developed in 2015;
- Costed Implementation Plan for Family Planning in 2016;
- Ethiopia 2018-2019 Actions for Acceleration plan in 2018;

He emphasized that realization of these commitments requires their translation into specific national, regional and subnational actions. It is the action that really changes the life of women and girls. Since the project started implementation training of CORHA staff on the motion tracker was conducted. Furthermore, discussion and consultations were made with FP2020 focal points (USAID, UNFPA, MoH), Pharmaceutical Supply Agency (PSA), Gates foundation and NGOs. Document were collected and reviewed in the efforts to deconstruct the Ethiopian commitment. Draft commitments master sheet developed and discussed with FP2020 focal point and commented upon shared to you all for your comments and validation for today. He finally outlined the key actions which include:

- Finalized commitments master sheet with FP2020 focal point
- Follow up meetings with CSOs and collecting data on their contribution
- Analyzing and aggregating the data into report
- Holding a regular stakeholders meeting (Progress, identify challenges, and addressing barriers)
- Update the online tool, and conducts media outreach on a quarterly basis
V. Discussions and Way Forward
Following the presentations, participants raised questions about the presentations, and responses and explanations were given by the presenters and participants. Deliberations on ways forward were held at length. The following are the summary of the major suggestions and comments forwarded by the participants:

- Although the target year is around the corner, this project is not late and it will be a good start for national and global input to the post 2020 discussion.
- The value add of the project as cited from others experience is encouraging and would like to see forward in the engagement of the project.
- We are eager to support CORHA in the realization of the project and engagement in the project.
- We acknowledge receipt of the commitment matrix sheet, but we didn’t understand prior to this session, hence we suggest CORHA to call the in-house FP thematic groups soon for validation of indicators.
- As Ethiopia is a federal country, regional representation is important. In the future, CORHA must engage regional health bureaus in the discussions.
- We will support CORHA in providing information in the project implementation. We understood that it is not an additional task of reporting for us.
- The experiences presented are from unitary government, while Ethiopia is a federal state. What challenges do you expect in monitoring accountability?
- How can CORHA triangulate the information that will be collected through motion tracker, i.e. is there a mechanism to validate the information from beneficiaries?
- We are eager to engage in the regular stakeholder meeting and discussions that will be organize in the project.

Finally Dr. Tadele made a closing remark. He underscored the family planning community need to come up with more efficient and better ways of health delivery, monitoring accountability and creating regular platform for discussion and policy dialogue. There is a realization that business as usual is not going to enable the country meet its target. Global support is becoming more unpredictable than ever and nothing can be taken for granted. Government is, therefore, putting in place new strategies that are consistent with the challenges and resource constraints. It’s
maximizing efficiency of resource utilization through coordination. Government is committed in reproductive health and family planning in Ethiopia would like to constructively engage with all CSOs and CORHA in the future.
VI. Annexes

1. Dr. Tadele Kebede presentation

Ethiopia’s progress towards achieving FP
2020 Commitments
August 8, 2019

FP 2020 Commitments

On 11th July 2012, more than 150 leaders from donor and developing countries, international agencies, civil society, foundations and the private sector met in London to make commitments in favor of women’s autonomy and reproductive rights.

Making FP a priority development agenda across all sectors is one of the major commitments.
They committed to provide 120 million women in the world’s poorest countries with access to contraceptives by 2020.

Commitment: Ethiopia’s objectives are to:
- Increase CPR to 55 percent
- Reduce total fertility rate (TFR) to 3; and
- Reach an additional 6.2 million women and adolescent girls with FP services by 2020

Cont..

Reduce adolescent pregnancy rate from 12% in to 3%
- Reduce unmet need for family planning among women ages 15 to 19 years from 20% to 10% and among women ages 20 to 24 years from 18% in to 10%.
- Increase mCPR among women ages 15 to 19 years from 32% in to 40% and ages 20 to 24 years from 38% to 45%
- Improve collection, analysis, and utilization of age- and sex-disaggregated data on adolescents and youth
- 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.

FP 2020 Commitments cont....

Program & Service Delivery Commitments:
1. Increase uptake of long-acting reversible methods
2. Expand youth-friendly services, with a focus on adolescent girls
3. Scale up delivery of services to hardest to reach groups
4. Ensure Family Planning Commodity Security
5. Monitor availability of contraceptives

Financial Commitment:
1. Increase the budget allocation for FP annually

Efforts to realizing National commitments cont...

- The Costed Implementation Plan (CIP) for FP for the years 2015-2020 was developed
- The CIP is a concrete, specific plan for achieving the national FP goals set for 2020
Efforts to realizing National commitments cont…

CIP Purposes
1. Clarifies country strategies
2. Details activities and an implementation roadmap
3. Determines impact
4. Defines a budget
5. Secures commitment
6. Monitors progress

Efforts to achieve FP 2020 commitments so far

Service Delivery and Access
Ethiopia continues strengthening the health system:
✓ Training of service providers (in-service and pre-service) and equipping HFs
✓ Long Acting Permanent Methods Scale up
✓ Scale up of post partum Family Planning
✓ LARC by L4 HEWs
✓ Willow Box
✓ Public Private partnership, Universities and work sites
✓ Expanding access to hard to reach groups

Cont…..

Leadership and management
✓ Conducive policy Environment
✓ Strong Government leadership and coordination

Procurement and Supply Chain
✓ Supply chain management strengthened

Public Private Partnership
✓ Public private mix on RMNCHA developed
✓ Franchising in selected Private facilities by some partners

Major Priority Areas identified for the CIP

| Demand Creation |
| Human Resources for Health |
| Service Delivery & Access |
| Procurement & Supply Chain |
| Leadership, Management & Coordination |
| Public-Private Partnerships |
| Financing |
| Data Demand and Information Use |

Efforts to achieve FP 2020 commitments so far Cont…..

Advocacy and Demand Creation:
✓ Organized series of regional advocacy workshops
✓ Demand creation and referral for FP is one of the activities of Health Development Army (HDA)

Financing
✓ High level consultative meeting with political leaders and relevant stakeholders to increase allocation for FP
✓ Regional states are also allocating earmarked budgets for family planning
✓ Domestic financing: allocation of budget from the central treasury for family planning has been increasing slowly
✓ Additional resources are mobilized from different sources
Cont... Monitoring and Evaluation:

- Implementation of the PMA project since 2014 which monitors progress every 4 months for the first two years and annually for three years.
- Conducted Mini DHS in 2014 to monitor progress.
- Conducted DHS in 2016 and Mini DHS 2019 to monitor progress.
- Revised the HMIS for FP to include data like DPPF, removal.
- Evidences generated in identified research areas.

Progress towards FP 2020 commitments

Trends in Use of Family Planning

Percent of married women age 15-49

Any method

Any modern method

Trends in Demand for Family Planning

Ethiopia’s Progress Overview 2019

<table>
<thead>
<tr>
<th>mCPR (AW)</th>
<th>Total Users</th>
<th>Additional Users (from 2012)</th>
</tr>
</thead>
<tbody>
<tr>
<td>27%</td>
<td>7,092,000</td>
<td>2,443,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>mCPR (MW)</th>
<th>Unmet Need* (MW)</th>
<th>Demand Satisfied* (MW)</th>
</tr>
</thead>
<tbody>
<tr>
<td>37%</td>
<td>24%</td>
<td>61%</td>
</tr>
</tbody>
</table>
Impacts from modern contraceptive use in 2019

In 2019

- 7,092,000 women are using a modern method of contraception in Ethiopia
- 607,000 unsafe abortions will be averted
- 2,756,000 unintended pregnancies will be prevented
- 7,400 maternal deaths will be averted

Current trend indicates that we are Not on track

Current Progress towards National Goal: mCPR (Married Women)

2012 EFY plan major areas

Advocacy
- Conduct awareness raising workshops on family planning for tribal leaders, local elders and religious fathers
- Conduct a focus group with media professionals and public relations
- Conduct an advocacy to House of Representatives to strengthen their influence
- Developing an advocacy for young women from higher institutions to strengthen youth health services in the presence of FP-PRE President Salawork Zeze
- Advocate FMoH,RHB and Health managers on domestic financing with budget utilization and timely settlement

Are we on track to reach our goal?

2012 EFY plan major areas

Capacity Building & Mentorship
- Provide training for level four health extension workers on comprehensive family planning and counseling services.
- Conduct Integrated mentorship based Mentorship
- Scale up of SMART START and Willow Box
- Scale up of postpartum and permanent FP
Commodity

- Equip IUCD and Implants Kit for Health facilities
- Provide monthly feedback based on Family planning commodity stock
  analysis obtained from EPSA
- Work in partnership with partner organizations to identify and respond to
  family planning commodity gaps on health care facilities each month
- Procure all FP commodities timely

Supportive supervision and Research

- Conduct integrated supportive supervision to health posts initiated
  provision of IUD and Willow box service by level four health extension
  workers
- Conduct a review meeting to evaluate the performance
- Provide technical support to selected facilities and review their
  implementation
- Conduct different research collaborating with Universities
- Develop different strategy and guideline documents

Way Forward

Despite the efforts and progresses thus far, we have more work to do to achieve the FP targets set for 2020:
- Scale up services through right based approach
- Investments in evaluating quality of care and its improvement
- Targeted interventions in the underserved regions/Woredas as
  major priority strategies
- Design and implement innovative and coordinated approaches
  to reach both married and unmarried adolescents
- Strengthen supply chain management at central, regional and lower
  levels including service delivery points (SDP)

Cont..

Strengthen Collaboration and Coordination
- All stakeholders need to coordinate at all levels
- Allocate sufficient budget for FP programs
- Monitoring the progress towards equitable access to
  and utilization of FP/RMNCH services in the
  different population groups;

Thank you
2. Dr. Dennis R. Buwembo presentation
**What Is a Commitment?**

**Commitment (noun)**

- A specific statement of intent outlining actions the commitment maker will undertake and objective to be pursued.
- An opportunity to catalyze collective action on a specific agenda or issue.

For FP2020, commitments function as a blueprint for collaboration, providing partners with a shared agenda and measurable goals.

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**Why Monitor Commitments?**

**Record progress and address barriers**

<table>
<thead>
<tr>
<th>Existing Issues</th>
<th>The Motion Tracker</th>
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<tbody>
<tr>
<td>No process for tracking</td>
<td>Platform to engage using committed tools</td>
</tr>
<tr>
<td>Disputes over ownership or responsibilities</td>
<td>Monitor commitments, accountability by each country</td>
</tr>
<tr>
<td>Less engagement and participation of civil society</td>
<td>Ongoing monitoring and follow-up (e.g. thematic briefs)</td>
</tr>
<tr>
<td>High level of training resources available and insufficient</td>
<td>Progress measured, links and learning activities provided</td>
</tr>
<tr>
<td>Less emphasis on processes</td>
<td>Focus on specific and achievable</td>
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**How does the Motion Tracker work?**

The Motion Tracker is a customized dynamic framework for strengthening accountability and drive action by keeping commitments visible and highlighting progress while fostering partner participation, engagement and ownership to address bottlenecks to achieving commitments.

1. **Identification of the Commitments**
2. **Classification of Commitments**
3. **Decomposition of Commitments**
4. **Internalization of Commitments**
5. **Development of Commitment Performance Indicators**
6. **Implementation with Targeted Partner Engagement**

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**Step 1: Identification of the Commitments**

**Purpose:**

Compile original commitments made by commitment makers

**Approach:**

- Document review
- Online database searches
- Interviews with key stakeholders (e.g. MOH officials, focal points)

**Step 2: Classification of Commitments**

**Purpose:**

Identify commitments that are easily understood and those that need explanation

**Approach:**

- Read commitment statement and decide whether it is clear or not
- Statements that are clear are classified explicitly; those that are not clear are implicitly

Each commitment statement will require interpretation and deconstruction

**Step 3: Deconstruction of Commitments**

**Purpose:**

Analysis of background documents to understand the spirit and thinking behind explicit commitment statements

**Approach:**

- Conduct key stakeholder interviews with individuals involved in the formulation of the country commitments
- Desk review of relevant documents used to formulate commitments
**Step 4: Categorization of Commitments**

**Approach:**
- Categorize commitment statements according to the six WHO MSD building blocks
- Finance
- Service Delivery
- Access to Essential medicines
- Leadership and governance
- Human resources for health
- Health information system

**Step 5: Development of Commitment Process Indicators**

**Purposes:**
- Develop process indicators to measure progress on achievement of commitments

**Approaches:**
- Explicit indicators concerning prCP, unmet need, demand satisfaction achieved by PMA2020 and Track20
- Process indicators will be developed from the deconstructed statements

**Step 6: Continuous Partner Engagement**

**Purpose:**
- Ensures all stakeholders, using their expertise and resources, contribute to fulfillment of the commitments

**Approaches:**
- Four specific, applied and proven stakeholder engagement strategies:
  - Regular reminder of country commitments and understanding
  - Ongoing review of achievements
  - Monitor progress
  - Take action where bottlenecks appear

**Complementarity of the Motion Tracker**

**Value added by Motion Tracker**

**Kenya**
- Potential to assess progress in the PFP2020 commitment self-reporting questionnaire and to improve variability of CSO contributions to meeting PFP2020 commitments

**Tanzania**
- Increased allocation of domestic finances to FP from $0.1 million in 2017/18 to $0.8 million in 2018/19
- Increased advocacy to amend the Family Planning Act of 1971

**Uganda**
- Increased allocation of domestic finances to FP from $2.4 million in 2017/18 to $4.2 million in 2018/19
- Advanced steps in Disability, Women and Girls' rights to increase access through. 4.0 changes
3. Mr. Dejene Getahun’s presentation

Background

- Ethiopia is a commitment maker since 2012
  - 2015- Ethiopia: Postpartum Family Planning Action Plan
  - 2016- Ethiopia Country Action Plan
  - 2016- Costed Implementation Plan for Family Planning
  - 2017- Ethiopia Revitalized Commitment
  - 2018- Ethiopia 2018-2019 Actions for Acceleration

Family Planning 2020 Accountability Project

- The project aims to ensure accountability of CSOs in supporting and contributing towards FP2020 commitments
- Harmonizing efforts and harnessing CSOs’ collective power

Project implementation status

- Training of CORHA staff on the tool
- Discussion and consultations with
  - FP2020 focal points (USAID, UNFPA, MOH)
  - Pharmaceutical Supply Agency (PSA)
  - Gates foundation
  - NGOs MSH-E, DKT, FGAE
- Document review
  - HSTP
  - CIP
  - Revised Pharmaceutical Supply Transformation Plan
  - Adolescent and Youth Health Strategy
  - National Strategy for Newborn and Child Survival in Ethiopia

Realization of these commitments requires their translation into specific national, regional and subnational actions
Project future activities

• Finalized commitments master sheet with FP2020 focal point

• Follow up meetings with CSOs and collecting data on their contribution

• Analysing and aggregating the data into report

• Holding a regular stakeholders meeting (Progress, identify challenges, and addressing barriers)

• Update the online tool, and conducts media outreach on a quarterly basis

Thank You
4. **Agenda of the day**

**Project Launching and Validation meeting, Addis Ababa, Ethiopia**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Facilitators</th>
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<tbody>
<tr>
<td>8:30-9:00 am</td>
<td>Arrival and Registration</td>
<td>Organizers</td>
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<tr>
<td>09:00-09:15</td>
<td>Well coming speech</td>
<td>Mr. Abebe Kebede, Executive Director of CORHA</td>
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<td></td>
<td>(Meeting objectives and expected outputs)</td>
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<tr>
<td>09:15-09:30 am</td>
<td>Key Note</td>
<td>Mrs. Bettina Maas</td>
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<td><em>Global perspective to commitments and accountability</em></td>
<td>Country Representative</td>
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<td>UNFPA Ethiopia Country Office</td>
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<tr>
<td>09:30 – 09:45 am</td>
<td>Opening Remarks</td>
<td>H.E. Dr. Liya Tadesse, State Minister of Ministry of Health</td>
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<td><em>Ethiopia’s Family Planning Commitment and Strategic Directions</em></td>
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<tr>
<td>09:45–10:10 am</td>
<td>FP2020 Progress and Annual Plan</td>
<td>Dr. Tadele Kebede, Family Planning Team Coordinator (MoH)</td>
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<tr>
<td>10:10-10:30 am</td>
<td>Introduction: Ethiopia’s FP2020 commitment</td>
<td>Abebe Kebede, Executive Director of CORHA</td>
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<tr>
<td><strong>10:30-11:00 am</strong></td>
<td><strong>Health Break</strong></td>
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<tr>
<td>11:00-11:20</td>
<td>FP2020 Accountability Project</td>
<td>Dr. Dennis R. Buwembo, Health Systems Strengthening Manager</td>
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<td><em>The Motion Tracker Tool</em></td>
<td>Samasha Medical Foundation</td>
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<tr>
<td>11:20 – 11:35 am</td>
<td>Ethiopian FP2020 Commitment Accountability Project- Process and way forward</td>
<td>Mr. Dejene Getahun</td>
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<td>M&amp;E, CORHA</td>
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<td>11:35-12:00 pm</td>
<td>Reflection and discussion</td>
<td>Participants</td>
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<td>12:00 –12:30 pm</td>
<td>The Way Forward</td>
<td>Ato Tewodros Melesse</td>
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<td>12:30-12:45 pm</td>
<td>Closing Remark and take-on message</td>
<td>MOH</td>
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<td><strong>12:50 – 01:30 pm</strong></td>
<td><strong>Lunch</strong></td>
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<td>Organizers</td>
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</table>
List of participants attended Project Launching and Validation meeting

**Date:** 08 August 2019  
**Venue:** Skylight Hotel, Addis Ababa

<table>
<thead>
<tr>
<th>Ser. No.</th>
<th>Name of participant</th>
<th>Organization</th>
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<tbody>
<tr>
<td>1.</td>
<td>Dr. Awoke Tassew</td>
<td>UNFPA</td>
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<td>2.</td>
<td>Abdurrahman Ali</td>
<td>GIZ</td>
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<td>3.</td>
<td>Gamachis Shogo</td>
<td>UNFPA</td>
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<td>4.</td>
<td>Getaalem Kassa</td>
<td>Hiwot Ethiopia</td>
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<td>5.</td>
<td>Gebreyesus Gebremichael</td>
<td>Pro Poor</td>
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<td>6.</td>
<td>Abdu Jemal</td>
<td>CFID</td>
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<td>7.</td>
<td>Yenenesh Tarekegn</td>
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<td>8.</td>
<td>Solome Kumsa</td>
<td>ADV</td>
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<td>9.</td>
<td>Mulu Fasigu</td>
<td>Save Your generation Ethiopia</td>
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<td>10.</td>
<td>Shilimat Tesema</td>
<td>Progynist</td>
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<td>11.</td>
<td>Senait Tibebu</td>
<td>Packard Foundation</td>
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<td>12.</td>
<td>Wubitu Hailu</td>
<td>KYRHDO</td>
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<td>13.</td>
<td>Bereket Seife</td>
<td>BUC</td>
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<td>14.</td>
<td>Abaynesh Yinges</td>
<td>MCC</td>
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<td>15.</td>
<td>Biniyam Legesse</td>
<td>Oromia Development Association</td>
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<td>16.</td>
<td>Luelseged Kasahun</td>
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<td>Fekadu Reta</td>
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<td>Lemma Challa</td>
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<td>Difabachew Setegn</td>
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<td>Terefe Sisay</td>
<td>Tesfa Birhan</td>
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<td>21.</td>
<td>Carolyn Curtis</td>
<td>USAID/ FP2020 Country Focal Point</td>
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<td>Nakendo Abubakri</td>
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<td>Lelisa Deme</td>
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<td>Dr. Tibebu Alem</td>
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<td>Mebrat Bejiga</td>
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<td>Henok Melese</td>
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<td>Yordanos Tiruneh</td>
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<td>Yeshitla Tesfaye</td>
<td>EMwA</td>
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<td>Rezika Jemal</td>
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<td>Ahmed Wassie</td>
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