ROLE OF CIVIL SOCIETY IN FAMILY PLANNING: ETHIOPIA

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Outline

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Introduction

- Family planning was introduced in Ethiopia by CSO- Family Guidance Association of Ethiopia in 1966
- FP integrated in the Public Health Service in 1980’s as Part of MCH services
- Since 1994 [ICPD] considerable efforts have been made to expand access to the FP service in the country
- Conducive policy and legal environment is created to expand FP service
A number of CSOs established and are providing broad ranging SRH services in the country complementing governmental efforts.

Consortium of Reproductive Health Associations (CORHA) established in 1995 to strengthen the contribution of CSOs.

CORHA has more than 100 members and CORHA is representing CSOs at various national forums.
Objectives:

- To increase CPR to 69% by 2015
- To reduce total fertility rate to 4 by 2015
- To reach additional 6.2 million women and adolescent girls
Ethiopia’s Commitment to FP2020

- Program and Service
  - Ensure commodity security,
  - Increasing uptake of LARMs,
  - Expanding youth friendly services with a focus on adolescents girls,
  - Scaling up delivery services for the hardest to reach group
  - Monitoring availability of contraception

- Financial commitment
  - To increase budget for FP each year
Contribution of Civil Society Organizations

- Immediately after the London Summit a panel discussion was organized to create awareness on FP2020 in collaboration with CSOs
- CSOs continued strengthening their contribution so that the Ethiopian government achieves its commitment

- FP Technical working group Chaired by FMoH

- CSOs are member of this technical group and contributing at various levels- mechanism to engage CSOs
**Policy level/strategy**

- Active involvement in Technical working group and in the development of working guidelines and tools
- The CSOs are being involved in developing health sector programs and review of the implementation of the programs

- Active involvement in consultative workshops
  - Developing FP Guideline
  - Costing FP2020
- Organizing FP conferences- eg The 3^{rd} International FP Conference in Addis Addis
It is critical to have trained personnel at health facilities on FP - to make all FP methods accessible.

Building the capacity of health professionals including public health professionals.

CSOs including FGAE, Pathfinder Int. (IFHI), Engender health, and others made significant contribution in human resource development.

- In 2014 alone FGAE trained over 1000 public health professionals from remote areas on LAFPs.
CSOs are addressing the needs of the underserved using various outlets:

- Young people
- Pastoralist areas
- Persons with disabilities
- Young married women

Outlets: Static clinics, outreach, franchising, mobile clinics, universities, social marketing (DKT), etc.
CSOs complement Government’s effort particularly in reaching out to underserved population groups; identifying country needs,

- CSO play important role in bridging service gaps through facility based and outreaches.
CPR Trend

Figure 5. Trends in Current Use of Contraceptive Methods, 2000-2014

Source: EMDHS (CSA, 2014)
Fertility Trends

Figure 4.3: Trends in Fertility Rates, 2000-2014

Source: EMDHS (CSA, 2014)
Funding

- CSOs working with Government to increase access to financial, commodity and technical support to continue with their important role in innovation and showcasing promising practices.

- Government commitment for **one plan, one budget and one M&E**. And CSOs commitment to synergize their planning with national plan to ensure effectiveness and efficiency.

- CSOs mobilizing resource from various donors and efforts underway to solicit local resources for FP and other SRH services

- Government initiatives to channel resources to CSOs on a competitive basis.

- Government’s continued commodity support to CSOs working on FP

- CSOs voicing for more financial support to meet the goals.
Key Lessons

- CSOs have played spearheading role in the acceptance and expansion of FP in Ethiopia.

- Synergy between government and CSOs has impacted the success of FP in Ethiopia.

- CSOs play a key role in complementing governments efforts in addressing the needs of population groups hard to reach.
Key Challenges

- Resource gaps to go beyond the current reach of CSOs;
- Changing donor priorities impeding access to resources for some CSOs;
- Very demanding and competitive donor support against limited institutional capacity for many local CSOs
The Way Forward

- To organize a regular forum for a consultative discussion to assess the level of achievements and gaps

- Identify the resource gap and work for a mechanism to address the gap jointly

- Improve accessibility of FP service to young people and Pastoralist Areas

- Strengthening the engagement of CSO in policy, strategies and plan formulation – AYRH, RH, National plan, Health sector plan, etc.
THANK YOU