

ROLE OF CIVIL SOCIETY IN FAMILY PLANNING: ETHIOPIA

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Outline

- ▶ Introduction
- ▶ Contribution of CSOs in FP
 - Program/Strategy
 - Capacity building
 - Service
 - Funding
- ▶ Key Lessons
- ▶ Key Challenges
- ▶ The Way Forward



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



Introduction

- ▶ 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



Ethiopia's Commitment to FP2020

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



CSOs contribution

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 3rd International FP Conference in Addis Addis



CSOs contribution– Capacity Building

- ▶ It is critical to have trained personnel at health facilities on FP – to make all FP method accessible
- ▶ Building the capacity of health professional 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 contribution– FP Service

- ▶ 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



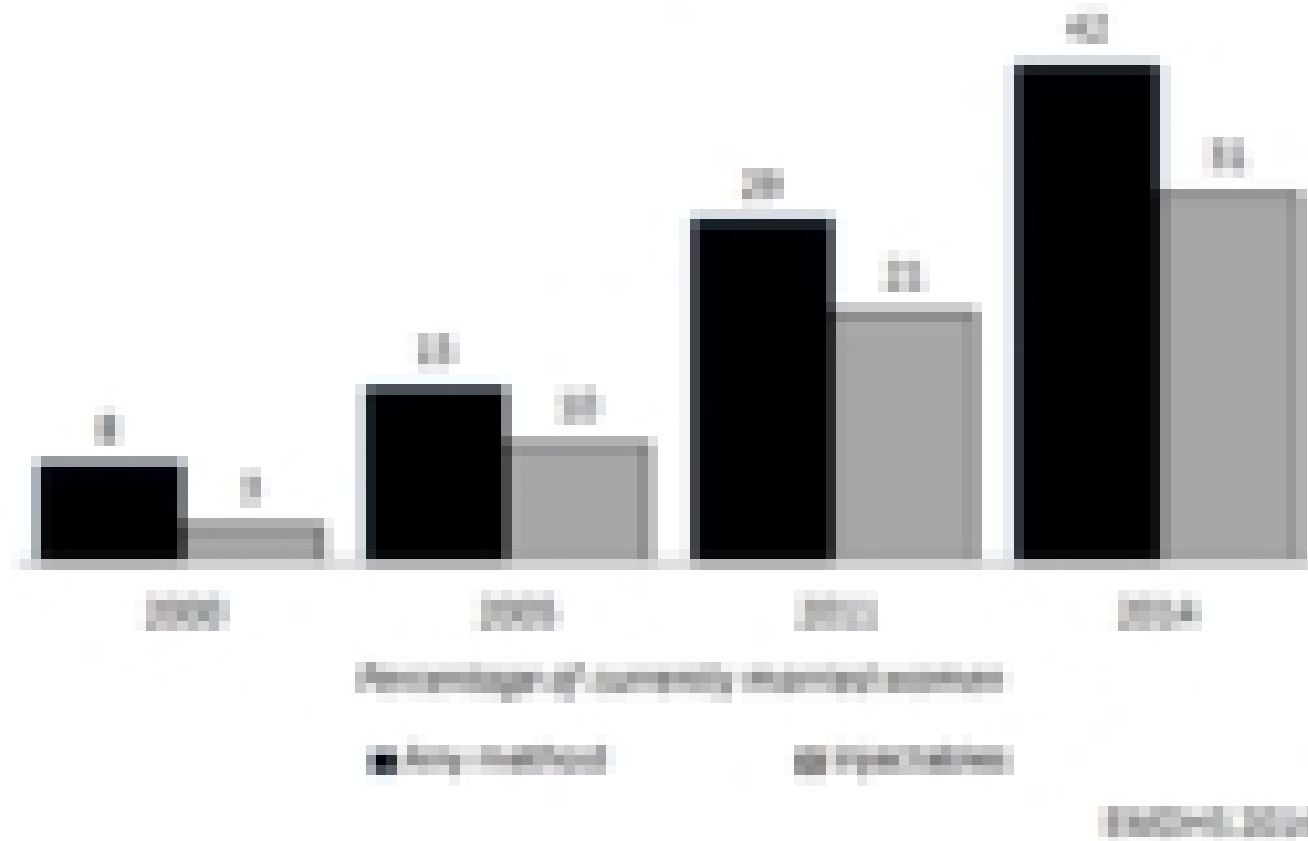
CSOs contribution– FP Services

- ▶ 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

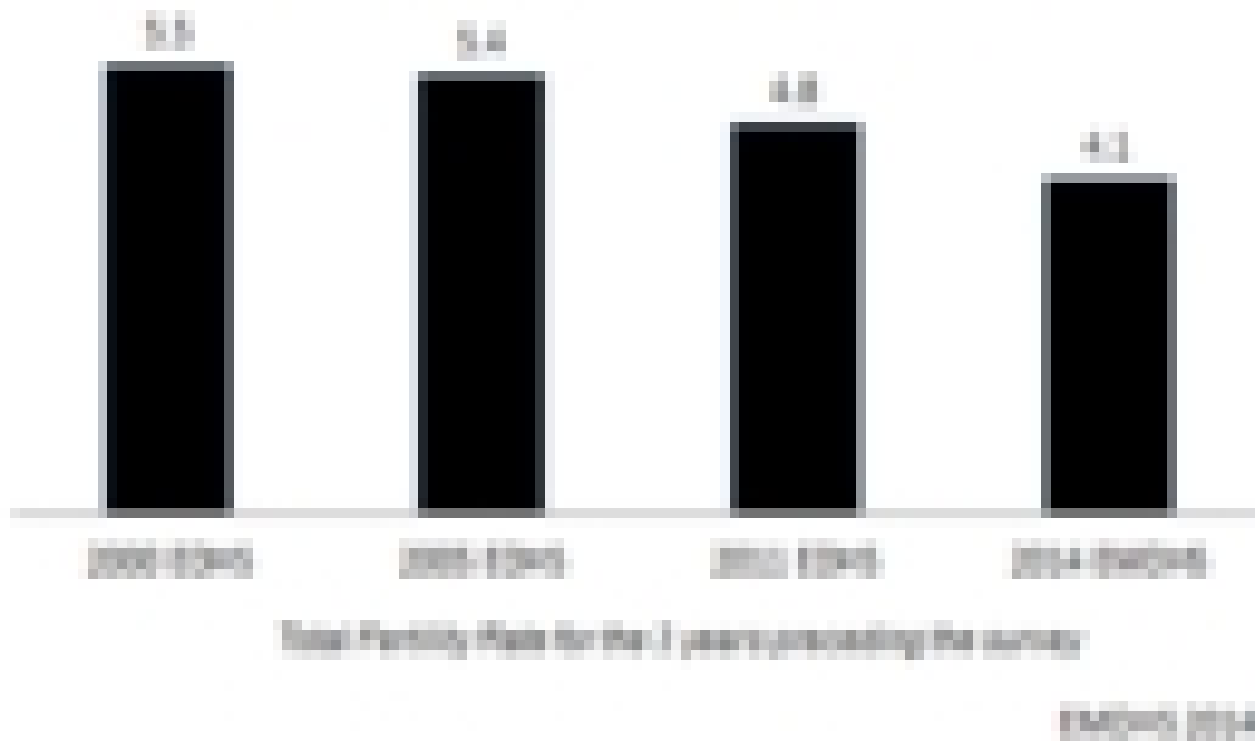
Figure 5.1 Trends in Current Use of Contraceptive Methods, 2000-2014



Source: EMDHS (CSA, 2014)


Fertility Trends

Figure 4.2 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.
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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