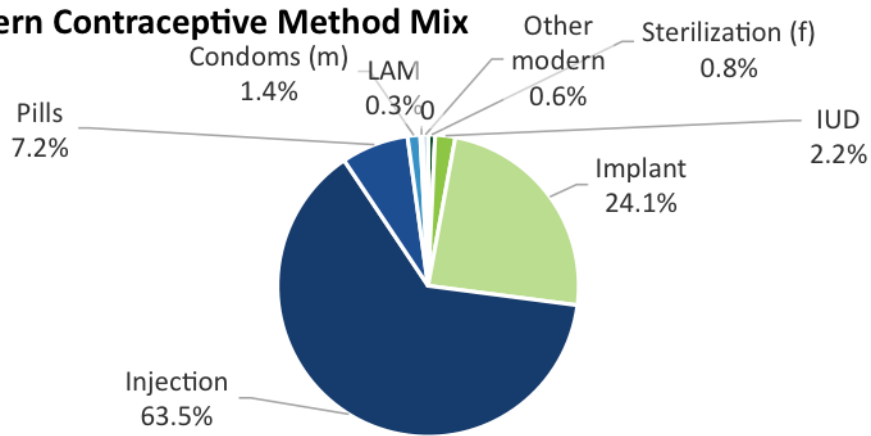


# Ethiopia Actions for Acceleration



## Modern Contraceptive Method Mix



**Stage 2: Growth**  
Length of period and speed of growth varies; but there is potential for rapid acceleration.

mCPR (AW vs. MW) (year)	25% vs 37%
FP2020 mCPR/CPR goal	55% MW
Unmet need (MW)	24%
Demand satisfied (MW)	61%
*Track 20	

## FP2020 Commitment

Overall commitment objective	<p><b>2017:</b></p> <ol style="list-style-type: none"> <li>1. Reduce adolescent pregnancy rate from 12% in to 3%</li> <li>2. 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%.</li> <li>3. Increase mCPR among women ages 15 to 19 years from 32% in to 40% and ages 20 to 24 years from 38% to 43%</li> <li>4. Improve collection, analysis, and utilization of age- and sex-disaggregated data on adolescents and youth</li> </ol> <p><b>2012:</b></p> <ol style="list-style-type: none"> <li>1. Increase CPR to 69 percent by 2015 (currently 29 percent), reduce TFR to 4 by 2015 (currently 4.8)</li> <li>2. Reach additional 6.2 million women and adolescent girls with FP services.</li> </ol>
Policy commitment	
Financial commitment	<p><b>2017:</b></p> <p>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.</p> <p><b>2012:</b></p> <p>Ethiopia commits to increasing budget allocation for FP each year. The current funding gap is 50 percent</p>
Programmatic commitment	<p><b>2017:</b></p> <p>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. It will 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 coordinate with the Pharmaceuticals Fund and Supply Agency (PFSA).</p> <p><b>2012:</b></p> <p>Ethiopia commits to ensuring commodities security, increasing uptake of LARMs, expanding youth friendly services with a focus on adolescent girls, scaling up delivery of services for the hardest to reach groups, and to monitoring availability of contraceptives.</p>

## CIP/RH Strategy Priorities

1. **Demand Creation (DC):** To strengthen demand for and increase acceptability of FP services, especially long-term methods, by providing targeted, easily accessible, and accurate information to the population on the full method mix.
2. **Service Delivery and Access:** To increase the number of skilled providers delivering high-quality contraceptive services and to ensure access for all populations, especially youth and pastoralists, through an effective referral system, outreach and mobile clinics, and adolescent and youth-friendly sexual and reproductive health (SRH) services.
3. **Procurement and Supply Chain:** 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 the Pharmaceuticals Fund and Supply Agency (PFSA) by improving human resource and commodity supply chain logistics to manage the national supply chain.
4. **Monitoring and Coordination:** To improve multisectoral coordination in the planning, implementation, and monitoring of FP programmes at all levels.
5. **Financing:** To increase the budget allocation for family planning both at the federal and regional levels to ensure reproductive health commodity security.

## Ethiopia's Priorities

Priorities: *please outline 4-6 clear priorities for the next 18 months. These priorities should be in-line with existing agreed focus areas, whether those be in a Costed Implementation Plan (CIP), an RH Strategy, a Health, and Development Strategy, or the like.*

1. **Data Coordination** - Advocate (annual review meetings) for data coordination at national and subnational chapters levels through regional and national health forums.
2. **School Health Program** - Advocate at all ministries for onsite healthcare, link these sites with PFSA, leverage resources to influence the MOH, determine the package of services needed; ensure confidentiality.
3. **Introduction of New Method into Method Mix:** Gather evidence for the introduction of non-provider dependent fertility awareness methods – (i.e., standard days method) to these areas as another method available in the method mix for difficult to reach, mobile populations (pastoralist populations) in Afar, Harare, Somali regions.

*If you developed a previous action plan in 2016, please review it to see which priorities/actions you will include from it in this new action plan.*

## Focal Point, Secretariat, and Partners Actions

**Priority #1:** Advocacy (annual review meetings) for data coordination at national, subnational chapters levels through regional and national health forums to look at FP usage including postpartum and Postabortion FP.

Focal Point Actions	Who	Timeline
1.1 Identify the varied platforms wherein presentations can be made that provide a review of national and regional FP progress that has been made. Possible platforms include the annual RMNCH Meetings, Regional Bureau/ Woreda meetings. One example for presentation can be the review of the progress made with the roll-out of postpartum family planning. A review of the status of postabortion family planning can also be another topic for presentation.	UNFPA, USAID, CORHA, MOH (lead)	November to December 2017
1.2 Based upon the findings of the progress made in FP progress in particular regions, identify national data elements and data elements that are customized for selected regions. The data is to be reviewed on a regular basis. The frequency of review would be determined in collaboration with the FMOH.	MOH (lead) UNFPA, USAID, CORHA	January 2018 to June 2018
1.3 The FMOH has developed a dashboard that identifies the location of each partner throughout Ethiopia and their related RMNACH activities so that duplication is avoided. Review the dashboard and strengthen RMNCAH coordination amongst the varied partners; FP2020 focal points will advocate for FP data reviews as a part of the geo-tagging exercise and the rearrangement of operation areas for RMNACH.	MOH lead)  UNFPA, USAID, CORHA	November 2017- ongoing
1.4 Use the 3rd annual contraception day event to share FP program experiences and progress from different regions. Invited persons to this event would include staff of the Regional Health Bureaus, Woredas and implementing partners working in the identified regions including other stakeholders.	MOH, CORHA, UNFPA (all organize together)	June 2018 to September 2018
1.5. Determine what actions are needed from the FP2020 Secretariat to assist in moving forward the objectives that have been identified above.	FMOH, USAID, UNFPA and CSo	January- February 2018

Secretariat Actions	Who	Timeline
1.1 Assistance from the Secretariat will be elicited by the FP2020 focal points once clarification of what is needed occurs. One area may be to provide guidance on which key advocacy audiences should be reached as well as the type of FP messaging the may be needed to advance FP uptake.	FP2020 Comms	January - March 2018
1.2 Monitor annual forecasting of commodities in Ethiopia	FP2020	2018

Partner Actions	Who	Timeline
1.1 Track20 team will support identification of relevant data elements and the review process both during the annual consensus building workshop as well as review for selected region (at least one).		XX

**Priority #2: School Health Program** Advocate at all ministries for onsite healthcare, link these sites with PFSA, leverage resources to influence the MOH, determine the package of services needed; (including FP and RH services), ensure confidentiality for clients within the coordination activities.

Focal Point Actions	Who	Timeline
2.1 Identify stakeholders needed for school health program with focus on RH and FP, especially for university students	UNFPA, USAID, CORHA, (lead) MOH	January 2018 to March 2018
2.2 Facilitate discussions with proper stakeholders to have conversations with Ministries of Health, Education, Women and Children's Affairs and Youth and Sports to address above topics	UNFPA, USAID, CORHA MOH (MOH and CORHA to take lead)	April 2018 to June 2018
2.3 If Ministries agree to have integrated action for services in school program, facilitate meeting to determine location of services, determine the package of services	UNFPA USAID CORHA MOH (UNFPA, CORHA and USAID to take lead)	July 2018 to December 2018.

**Priority #3:** Gather evidence on modern contraceptive fertility awareness methods – (i.e. standard days method) to determine their applicability for hard to reach populations and youth populations in Afar, Harare, Somali regions.

Focal Point Actions	Who	Timeline
3.1 Conduct a literature review on fertility awareness methods and the audience that is using these methods to determine whether these methods are useful for populations desiring natural methods, especially living in remote areas.	UNFPA USAID	January 15, 2018 to 2018 – April 30, 2018
3.2 Conduct a literature or desk review re: the types of apps currently available for fertility awareness methods and how to measure the use of fertility awareness methods through apps.	UNFPA USAID	January 15, 2018 to April 2018

Secretariat Actions	Who	Timeline
3.1 Review draft report of evidence gathered	FP2020	Q3 2018

### Looking Ahead:

*Based on your understanding to date, are there any upcoming milestones, events, elections, or important moments coming up in the next 18 months? This forecasting will be useful to understand as activities are planned and to identify potential Rapid Response Mechanism opportunities in your country.*

### Funding Opportunities

*Based on the current FP budget and/or costing exercises done for your country's CIP, where do you anticipate there are going to be funding gaps in 2017/2018? And for which activities?*

There is a need to generate high-quality evidence and guidance to influence strategic investments in strengthening the delivery of postpartum and postabortion care programs by emphasizing the role of providing a wide range of contraceptive methods, including LARCs and where requested, permanent methods of contraception. This evidence gathering supports Actions 1.1, 1.2 and 2.3 noted above in this action plan.