



THE *m*OTION TRACKER

PROGRESS REPORT

Background:

The Motion Tracker is 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.



SIXSTEPS

THE MOTION TRACKER

How does the Motion Tracker work?

01

IDENTIFICATION OF THE COMMITMENTS

work with government and local partners to identify FP2020 commitments

02

CLASSIFICATION OF COMMITMENTS

collaborate with government and civil society to classify commitments as either implicit or explicit statements

03

DECONSTRUCTION OF COMMITMENTS

deconstruct the commitments by analyzing background documents

04

CATEGORIZATION OF COMMITMENTS

categorize the commitments according to the World Health Organization (WHO) health system building blocks

05

DEVELOPMENT OF COMMITMENT PERFORMANCE INDICATORS

work with a network of family planning practitioners and policymakers to develop performance indicators for tracking progress against each commitment statement

06

IMPLEMENTATION WITH TARGETED PARTNER ENGAGEMENT

engage stakeholders to identify and acknowledge partner action, showcase progress and celebrate success as well as identify barriers and actions to accelerate progress

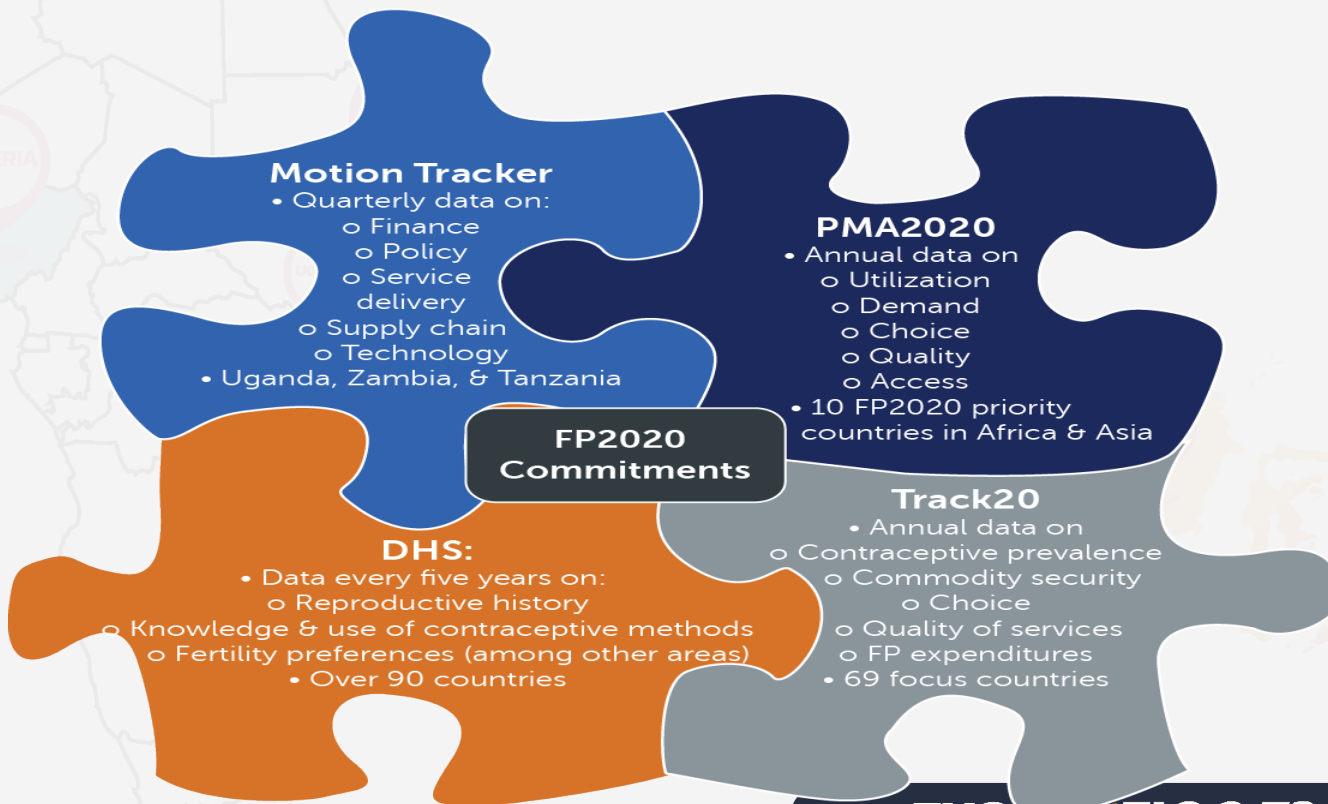
THE MOTION TRACKER

The Motion Tracker is ...

- Performance and accountability tool for the country (multi-sectoral) to track performance against RH commitments, strengthen accountability and drive action
- Prioritized set of commitment indicators (mainly process) selected and agreed in joint partnership (all actors) that are measurable towards achievement of specific commitments
- An amalgamation of individual partner actions at all levels;
- Customized to align with National Health Sector efforts for scaling up family planning
- Complementary tool to already existing convention monitoring and measurement tools for FP (e.g. track20, PMA2020 and Scorecard) that are all based on system service outputs

Complementarity of the Motion Tracker

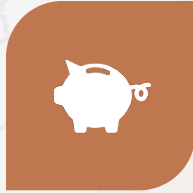
Towards FP2020



Benefits of the Motion Tracker



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

Implementation of The Motion Tracker®

Fostering common understanding through:

- Validation meeting
- Follow up meetings with each partner
- Collecting data on contribution of each partner
- Analysing and aggregating the data into report
- Holding stakeholders meeting
- Addressing barriers
- Showcasing success through regional tracker and media engagement



PROGRESS REPORT

THE **m**OTION TRACKER

Methodology

- A total of 30 organizations were visited and 12 responded to the KIs during a 2 months period from 15th August, 2019 to 31st January, 2020
- Both primary and secondary data sources were utilised.
 - Primary data was collected using a Partner Contribution Questionnaire
 - Secondary data was collected through desk review of various documents including the project documents

Commitment 1

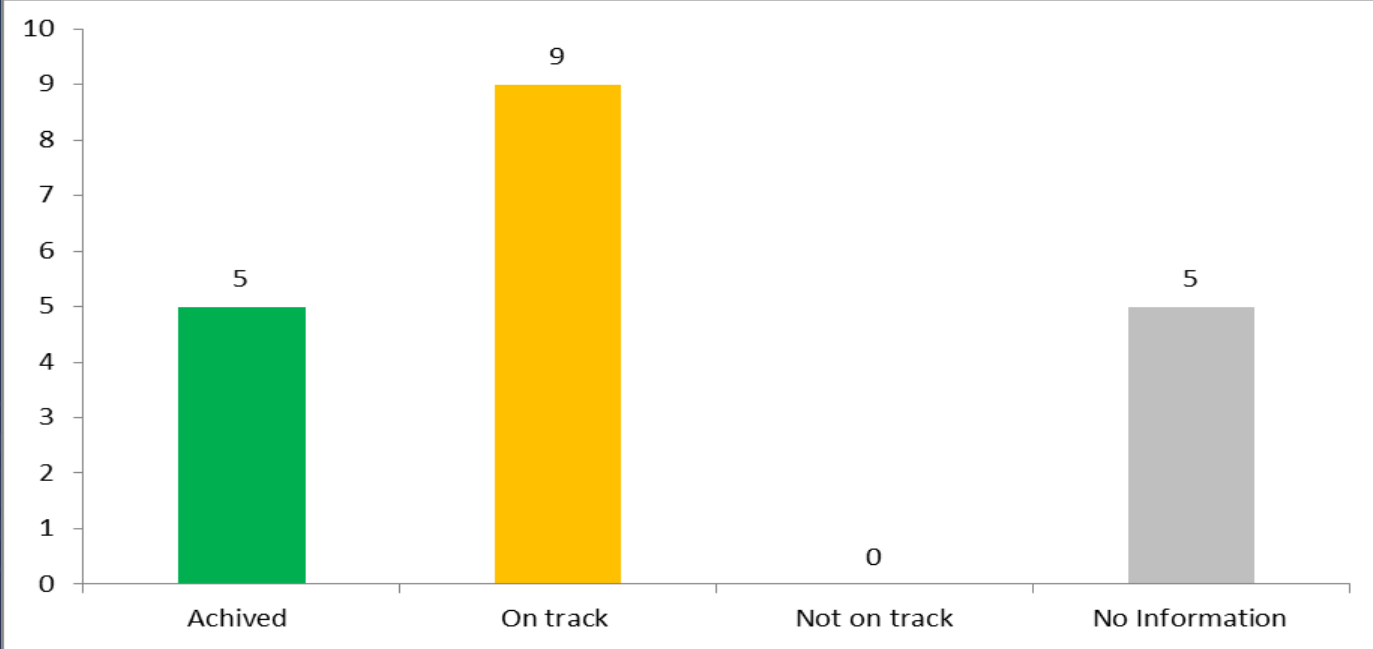
The Government of Ethiopia will improve the health status of Ethiopian adolescents and youth by increasing mCPR among those aged 15 to 24 years, and reducing unmet need for modern contraception. GoE will coordinate efforts over the next 3 years to strengthen AYF clinic services and referral linkages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

Commitment 1 Indicators:

1. Conduct a forum with media professionals and public relations
2. Scale up of SMART START and Willow Box
3. Integrate comprehensive life skills education training curricula and implement in both in-school and out of school setting
4. Leverage existing community level structures such as the HEP involving HEWs and HDAs, FBOs, religious institutions, Sunday schools, and other traditional community platforms to provide AYH information and comprehensive life skills education
5. Revise and update the minimum package of the HEP to focus on AYH with a component on interventions for vulnerable adolescents and youth
6. Develop age-appropriate information and behaviour change communication tools to raise awareness about the health needs of adolescents
7. Conduct awareness raising workshops on family planning for tribal leaders, local elders and religious fathers
8. Developing an advocacy for young women from higher institutions to strengthen youth health services
9. Provide training for level four health extension workers on comprehensive family planning and counselling services

10. Scale up of postpartum and Permanent FP
11. Build the capacity of health providers to manage and provide AYFHS with a compassionate, respectful and caring manner
12. Equip health facilities and the health structure at different levels to provide AYFHS
13. Scale up the provision of AYF sexual, reproductive and maternal health services in 100% of public health centres, hospitals, university clinics youth centres, and selected private health service outlets with defined minimum service package
14. Conduct different research collaborating with Universities
15. Evaluating quality of care and its improvement
16. Identify and establish a national list of key indicators for all categories of the AYH program
17. Integrate an adolescent and youth component into all data collection tools of the HMIS and MNCH scorecard and capture all data on the first 30 years of life disaggregated by 5-year age groups and sex
18. Encourage local use of data at all levels for local decision making
19. Integrate AYH program monitoring into the HSTP review and monitoring process

Summary of commitment 1:



Achieved:

- Revise and update the minimum package of the HEP to focus on AYH with a component on interventions for vulnerable adolescents and youth
- Provide training for level four health extension workers on comprehensive family planning and counselling services
- Scale up of postpartum and Permanent FP

Key highlights:

- Contraceptive Prevalence Rate (CPR) increasing from 35% in 2016 to 41% in 2019

Achieved:

- Identify and establish a national list of key indicators for all categories of the AYH program
- Integrate AYH program monitoring into the HSTP review and monitoring process

On Track:

- Conduct a forum with media professionals and public relations
- Scale up of SMART START and Willow Box
- Integrate comprehensive life skills education training curricula and implement in both in-school and out of school setting
- Leverage existing community level structures such as the HEP involving HEWs and HDAs, FBOs, religious institutions, Sunday schools, and other traditional community platforms to provide AYH information and

Key highlights:

- Scale up of SMART Start and Willow Box

On Track:

- Conduct awareness raising workshops on family planning for tribal leaders, local elders and religious fathers
- Developing an advocacy for young women from higher institutions to strengthen youth health services
- Build the capacity of health providers to manage and provide AYFHS with a compassionate, respectful and caring manner
- Conduct different research collaborating with Universities

On Track:

- Evaluating quality of care and its improvement

Key highlights:

National documents were revised and adapted for improving quality of family planning services

- Family planning guideline was revised
- Draft guide for postpartum family planning implementation developed
- Value Clarification and Attitude Transformation (VCAT) toolkit for family planning is adapted

Commitment 2

The government of Ethiopia 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 of the Pharmaceuticals Fund and Supply Agency (PFSA) through improving human resource and commodity supply chain, and logistics to manage the national supply chain

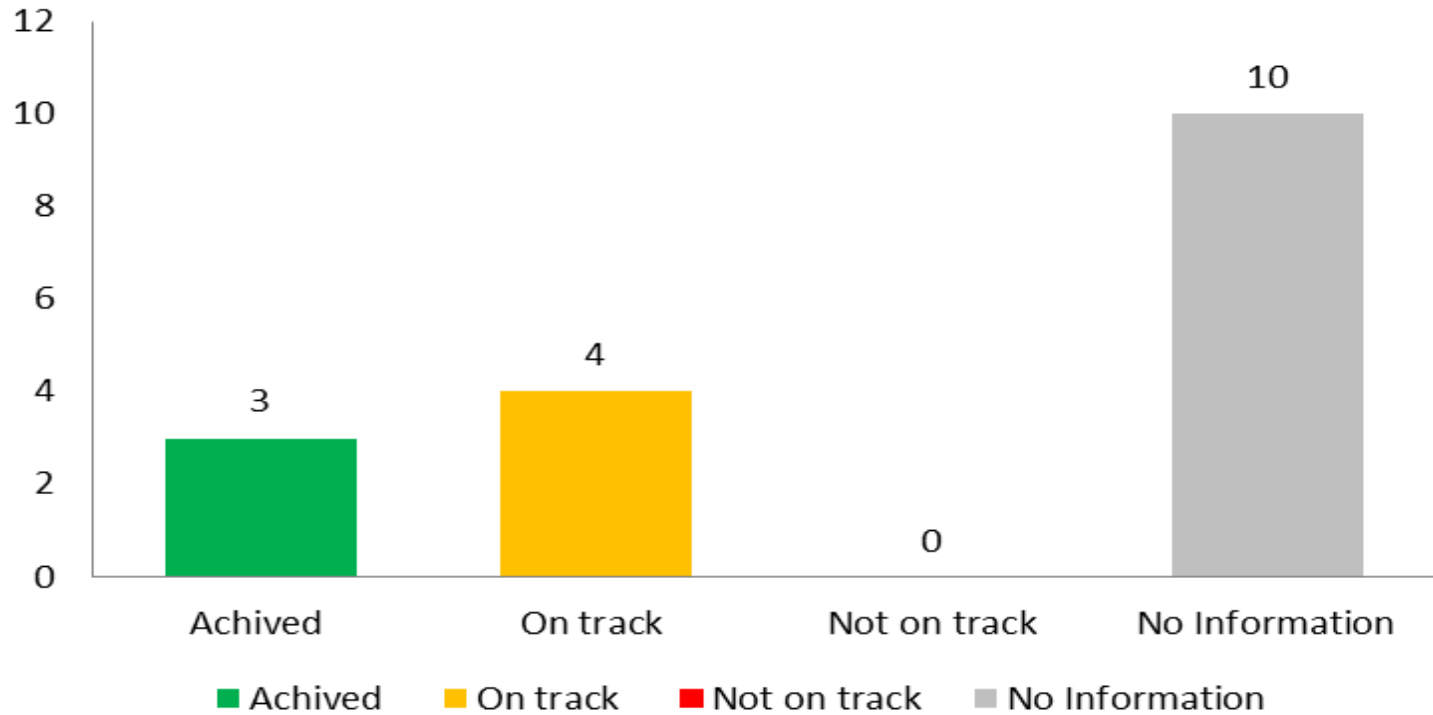
Commitment 2 Indicators:

1. Trainings on warehousing, fleet logistics management, information management, waste management conducted
2. On-going support supervision conducted at all warehouses
3. Integrated catchment based Mentorship and supervision conducted at all warehouses
4. Curricula for HEWs on logistics/ commodity management revised
5. Integrated supportive supervision to health posts conducted
6. Review meetings conducted
7. Technical support provided
8. 8,000 bicycles procured for remote health posts

Commitment 2 Indicators:

9. Regional ware houses constructed
10. Annual quantification and forecasting conducted
11. District commodity needs job aides developed
12. FP commodities and consumables procured annually according to quantified need
13. Post-market surveillance on contraceptives conducted annually
14. Pilot report on real time stock monitoring system.
15. Supply chain workforce trained and their capacity enhanced
16. Supply chain training and resource centre established
17. New PSA organisation structure endorsed by Parliament

Summary of commitment 2:



Achieved:

Integrated supportive supervision to health posts conducted

Annual quantification and forecasting conducted

FP commodities and consumables procured annually according to quantified

Key highlights:

- LMIS reporting rate reached at 96%. More than half of regions had a reporting rate above 96%
- Stock-outs of family planning products remained low at 5.5%. Relatively higher stock-outs of 1-rod implants (11%)

On Track:

- Trainings on warehousing, fleet logistics management, information management, waste management conducted
- Integrated catchment based Mentorship and supervision conducted at all warehouses
- Different review meetings were conducted to discuss the FP program implementation, with support from MoH and partners.
- New PSA organisation structure endorsed by Parliament

Key highlights:

- Training provided in the following thematic areas:
 - Training on Governance and financing: Auditable Pharmaceutical Transactions and Services (APTS) for health professionals and in pre-service training in collaboration with of Wollo university
 - Training Forecasting and supply planning for central EPSA staff
 - Training on Strategy and planning for directors and managers from central EPSA
 - M&E: training

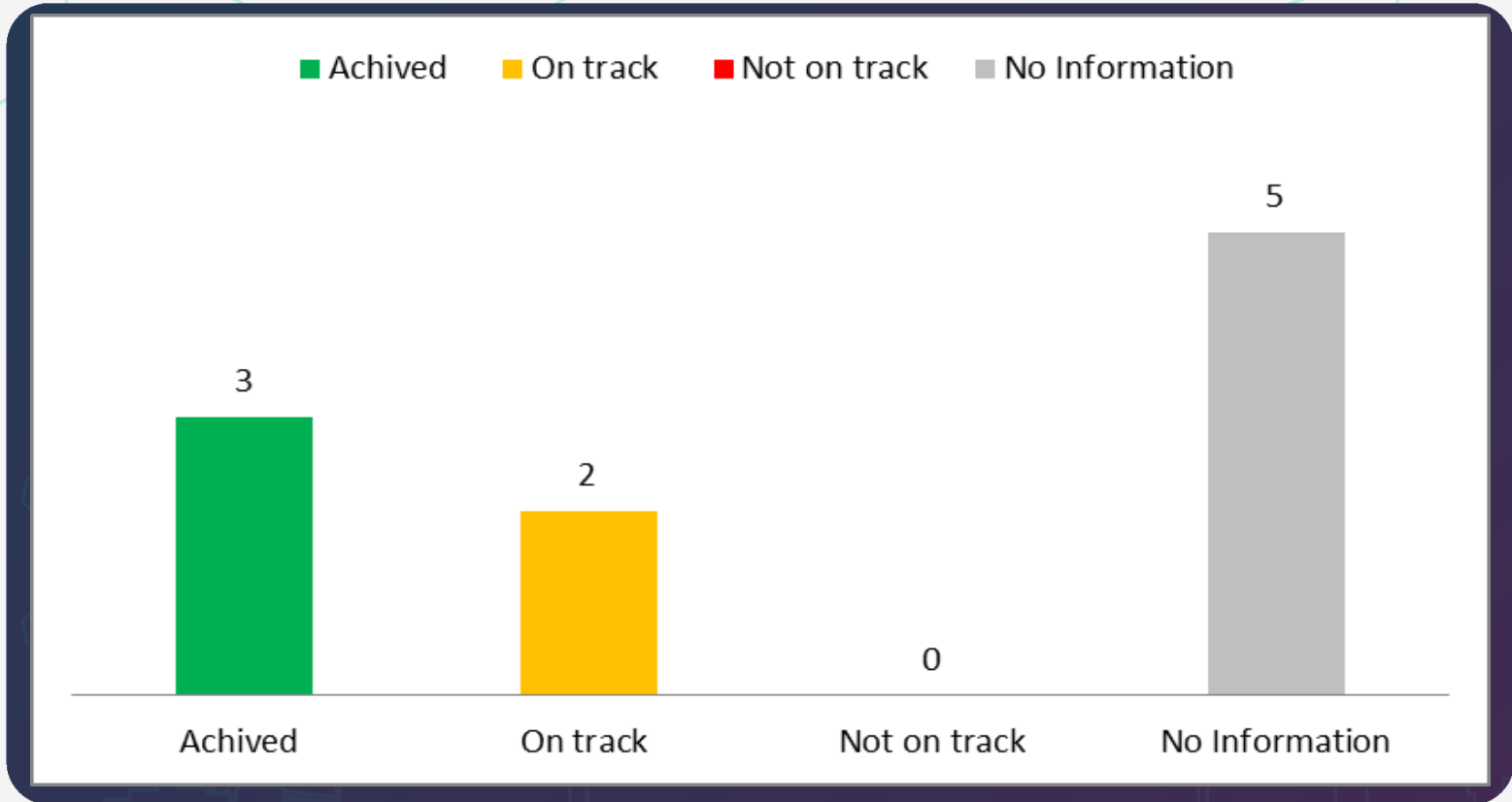
Commitment 3

The Ethiopian government is committed to a progressive increase of financing to 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.

Commitment 3 Indicators:

1. Annual salary budgeted for HEWs reflected in the Health sector budget (HEW)
2. Advocacy workshop with house of representatives conducted and their support to family planning , health sector budget strengthened
3. Support FMOH, RHB and Health managers secure domestic financing, including budget utilization and timely settlement
4. A dedicated line item for FP in the national budget created
5. Percentage of the total annual MOH pool fund allocated for FP commodities
6. Develop an FP financing guide for regions
7. 40,000 Health Extension Workers working on FP deployed
8. Develop an FP commodity security advocacy strategy
9. National Health Account Reports produced

Summary of commitment 3:



Achieved:

Annual salary budgeted for HEWs reflected in the Health sector budget (HEW)

40,000 Health Extension Workers working on FP deployed

National Health Account Reports produced

Key highlights:

- More than 23,000 of the level three Health Extension Workers (HEWs) have been graduated as level 4 Health Extension- Professionals (HEPs) and redeployed to their Kebeles
- Second generation HEP initiated

On Track:

- Advocacy workshop with house of representatives conducted and their support to family planning , health sector budget strengthened
- Percentage of the total annual MOH pool fund allocated for FP commodities

Key highlights:

- 22% (135,810,636) of SDG Performance Fund (EFY 2011) allocated for Commodity Procurement

Current Challenges

- Misunderstanding towards CSE among government experts (CSE is viewed as promoting the right of sexual minorities and foreign cultural practices against the Ethiopian values and laws)
- Resistance or poor utilization of permanent FP methods due to misconceptions
- Gaps in AYFH services delivery
 - Lack of messages targeted to adolescents and youth.
 - Health care provider was not adequately trained to deal with youth
 - RH services are not accessible to adolescents and youth in education institutions
 - Lack of youth friendly services, including little access to sexual and reproductive health. services, treatment or prevention of STI/HIV
 - No linkage between health institutions and education institutions.

Prioritized barriers to realizing FP2020 commitments

Finance:

1. Lack of a dedicated line item for FP in the national budget
2. Minimal advocacy efforts to increase the total annual MOH pool fund allocated for FP commodities

Policy:

- Low advocacy to have the New PSA organisation structure endorsed by Parliament

Service delivery:

1. Scale up SMART START and Willow Box
2. Health facilities at different levels of care equipped to provide AYHS

Health Information system:

- Conduct real-time monitoring of commodities
- Integrate Adolescent and youth indicators in HMIS and MNCH scorecard

Current Challenges

- Security issues
- Poor male engagement and support in family planning (*religious, community and clan leaders*)
- Inadequate commitment of healthcare workers to integrate Post-Partum family Planning (PPFP) at facilities with high delivery caseload
- Misconceptions on family planning services in some regions

Current Challenges

- Low response rate
- Lack of common understanding of the commitments
- Limited partner engagement
- Many indicators were information is lacking, therefore unable to determine progress

Partners contributing to this report



Tamra for Social Development (TSD)

Discussion Questions



THANK YOU

