

1: INTRODUCTION

“The Government of Ethiopia is committed to improve 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). In the next four years there will be a coordinated effort 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.”

1.1 The Motion Tracker

CORHA in Ethiopia is working in partnership with Population Action International (PAI), and Samasha to adapt, implement and scale up the Motion Tracker. The Motion Tracker was developed by Samasha to effectively translate global commitments into local action by fostering partner participation and engagement to realize these global commitments. The Motion Tracker currently is used to track FP2020 commitments in Ethiopia. CORHA in Ethiopia is serving as a neutral convener, bringing together CSOs implementing family planning programs and will galvanize efforts of other stakeholders towards using the Motion tracker in Ethiopia.

The Motion Tracker is a customized, dynamic framework for strengthening accountability and driving action by keeping commitments visible, highlighting progress and fostering partner participation, engagement and ownership to address bottlenecks. This framework is based on a six-steps approach and ensures universal understanding of commitments through purposeful concurrent partner engagement and participation at national and subnational level.

1.2 Objectives

Specific objectives of the Motion Tracker are;

- a. to create an enabling environment to ensure that global commitments are translated into local action,
- b. to harness the collective power of civil society, development partners and government to address the country commitments with enhanced strategic response, and
- c. to create a systematic approach to realizing the global commitments made by individual countries

CHAPTER 2: METHODOLOGY

2.1 Sampling technique

We utilized purposive and snowballing techniques to select organizations from which information was collected. Purposive selection of organizations was based on a stakeholder mapping matrix developed during a partners' validation meeting on 8th August, 2019. In addition, based on the recommendations of organizations listed on the stakeholders' matrix, a snowballing technique was employed to reach out to other organizations that conduct similar work. The selection methods employed ensured most organizations contributing to the FP2020 commitments were reached to gather their contribution to the same. A total of 30 organizations were visited and 12 responded to the KIIs during a 2 months period from 15th August, 2019 to 31st January, 2020.

2.2 Types of Data utilized

Both primary and secondary data sources were utilised. Primary data was collected using a Partner Contribution Questionnaire (hereby attached as Annex 1). Secondary data was collected through desk review of various documents including the project documents, sector reviews, policy statements, newspaper articles, project dissemination meeting minutes.

2.3 Data collection techniques

The following data collection techniques were utilized as briefly described below;

- *Key informant interviews:* A structured questionnaire was administered to key informants amongst donors, international NGOs, local CSOs and Ministry of Health.
- *Desk review:* A list of relevant documents was reviewed. The list of documents reviewed included Project Documents, Organization annual reports, Newspaper Articles, Health sector review papers, MoH Status reports, Ethiopia self-reporting questionnaires and FP2020 worksheet etc.

The data collection modalities included one-on-one meetings, phone calls and email correspondences. Data collected from partners is then validated during the stakeholder validation meetings.

CHAPTER 3: RESULTS

3.1 *Description of reporting partners (These are the partners who have contributed to the report in specified period (eg FY July 2017-June 2019))*

Government institutions, partners and civil society organizations visited

Category	Institutions
GOE	MOH, Central Statistics Agency (CSA)
Donors	UNFPA
International NGO	Marie Stopes International Ethiopia (MSI-E), Population Service International (PSI), Amref Health Africa, Chemonics International, DKT, Jhpiego,
Local NGOs	Family Guidance Association of Ethiopia (FGAE), Tamra for Social Development (TSD), Pro pride, Mahiber Hiwot (MSD), CORHA

3.2 *Description by WHO Health system blocks*

Institutions by WHO building block

WHO building block	# of organizations	Percentage
Leadership and Governance	5	21.7
Service Delivery	6	26.1
Access to Essential Medicines	2	8.7
Health Information Management Systems	3	13.0
Finance	4	17.4
Human Resources for Health	3	13.0
Total	23	100

COMMITMENT 1

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”.

1.1 Conduct a forum with media professionals and public relations (On Track) ■		
PROGRESS : Journalist and reporters media forums with professionals and public are ongoing and continue to be a part of family planning programming in Ethiopia. On-going orientation for Regional Health Bureau (RHB) public relation/communication experts on family planning towards alleviating the current misunderstanding and perceptions on family planning.		
No	Partners	Activities Contributing to the commitment
1	Marie Stopes International Ethiopia (MSI-E)	Orientation for RHB public relation/communication experts on family planning and the current misunderstanding, myths, and perceptions.
2	DKT/E	Conducted training for journalist and communication officers in Addis Ababa, Dire Dawa & Harrar
1.2 Scale up of SMART START and Willow Box (ON TRACK) ■		
PROGRESS : Smart start and willow box activities have been integrated into Health Extension program aimed at financial messaging to plan for families, and the lives they desire for newly married adolescent and youth. The pilot Adolescents 360’s Smart Start and willow-box initiative (follow up box) has been implemented at community and household level through health extension program to address unmet need for FP of the rural married adolescent and youth. MOH scaled up a willow-box initiative (follow up box) at community and household level.		
	Partners	Activities Contributing to the commitment
1	MoH	The government implemented and scaled up a willow-box initiative (follow up box) at community and household level through health extension program to address unmet need for FP of the rural women in general and with a particular emphasis on adolescent and youth who are in/out of school, by ensuring the availability and accessibility of contraceptives and reduce social- cultural and financial barriers.
2	Population Service International (PSI)	Through the adolescents 360’s Smart Start, the project has achieved: <ul style="list-style-type: none"> ➤ 63 Sites activated. ➤ Over 25,000 Girls served with modern contraception. ➤ 74 % of girls voluntarily adopting a method after engaging with A360. 55 % of girls have voluntarily taken up a long-acting reversible method.
1.3 Integrate comprehensive life skills education training curricula and implement in both in-school and out of school setting (ON TRACK) ■		

PROGRESS :

The government of Ethiopia is leading efforts to integrate comprehensive life skills education into the school curriculum. CSOs are actively advocating for the integration of Comprehensive Sexuality Education (CSE) into the school curriculum. There were efforts in implementing CSE as an extracurricular intervention and life skills education targeting both in-school and out of school youth and adolescent.

No	Partners	Activities Contributing to the commitment
1	Family Guidance Association of Ethiopia (FGAE)	FGAE has been implementing CSE as an extracurricular intervention using in and out of school settings and developed a contextualized CSE guides for teachers and learners in two local languages. More than 158,000 young people completed the CSE sessions. FGAE also closely works with Faith-Based Organizations (FBOs), local leaders and gatekeepers to address the Sexual and Reproductive Health barriers.
2	MOH	In-school youth were reached through life skill education aiming to increase their knowledge and skill
3	Tamra for Social Development (TSD)	Tamra for Social Development (TSD) with the financial support from (YNSD –in full) YNSD has been providing life skills education for in and out of school youths through training and small group discussion. TSD also adopted DSW manual and developed 8 session life skills programs for in and out of school youths.
4	DKT-Ethiopia	DKT provide access to FP and HIV/ AIDs prevention to Adolescent and Youth through Higher Education initiative (HEI) project in 25 campuses across 10 public universities and 2 Technical, Vocational Education schools (TVEs). Its undertaken different activities such as conducting block to block discussions among female and male students on HIV/ AIDs and FP, Safe Vacation, Safe Grad and Freshman Welcome events, Life Planning for a Better SRH trainings for students, Distributed BCC materials about safe vacation, EC, female condoms, contraceptives.

1.4 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 (ON TRACK) ■

PROGRESS :

Family health guidelines were developed and widely distributed to support families to better understand and implement healthy practice, skills and keep their families healthy. Furthermore, volunteer community health development armies, received competencies based training. Sensitization workshops to religious/clan/community leaders were conducted to engage them in disseminating information and education on key RMNCH/FP issues during religious events and teaching.

No	Partners	Activities Contributing to the commitment
1	MOH	The Ministry of Health has developed family health guideline, which contains key health information meant to support families. The guideline, have been widely distributed and utilized by the rural communities,

		especially utilized to train Women Development Groups. More than 422,523 volunteer community health development armies, received competencies based training.
2	Amref Health Africa	<p>Is leading the implementation of USAID Transform Health in Developing Regions (Gambela, Benishangul, Afar and Somali). The activity which begun in May 2017 has been operational in 29 woredas, expanded to cover additional 29 woredas in October, 2019.</p> <p>The project supported:</p> <ul style="list-style-type: none"> ➤ Thirty-six Health Extension Workers (HEWs) (20 female), who were trained on Implanon NXT insertion to improve community level access and quality of long term reversible contraceptive from Somali region. ➤ Eighty-three religious/clan/community leaders participated in sensitization workshop from Somali and Afar regions. The religious and community leaders are engaged in disseminating information and education on key RMNCH/FP issues during religious events and teaching. More than 93,000 members of the community were reached with key messages on RMNCH/FP service availability and benefits during religious events, especially during weekly Friday prayers at Mosque ➤ Completed development of the health extension worker (HEW) training facilitators' guide on community mobilization. ➤ Two school reproductive health (RH) clubs in Afar have been supervised and supported.
3	Pro-pride	<p>Implemented a radio program, <i>Tenama</i> promoting reproductive health and family planning and aired to the public once a week on Ahadu Radio Station. Pro Pride produced and aired a total of 51 episodes that reached more than six million people living in Addis Ababa, Oromia, Amhara Regions and other parts of the country including Southern Region.</p> <p>Tenama radio program used a magazine format consisting of multiple features or presentations such as "Examples of change", "Guest of the week", and true life stories of individuals or research findings on reproductive health and family planning targeting different audiences including youth and adolescent.</p>
<p>1.5 Revise and update the minimum package of the HEP to focus on AYH with a component on interventions for vulnerable adolescents and youth (ACHIEVED) ■</p>		
<p>PROGRESS :</p> <p>The MOH revised the minimum package for HEPs. The documents have been availed to regions for translation into their working languages and adapted for improving quality of family planning of the adolescents and youths. To respond to the rapidly changing situations, MOH launched the 2nd generation HEP. Implementation of the 2nd generation HEP will pave the way for professional career development of HEWs. Accordingly, revision of the scope of practice and curriculum for HEWs program has been completed and more than 23,000 of the level three Health Extension Workers (HEWs) have been graduated as level 4 Health Extension- Professionals. In addition, 5,248 Level IV HEWs are in training.</p>		
No	Partners	Activities Contributing to the commitment

	MOH	<p>The revision of the scope of practice and curriculum for HEWs program has been completed. The 18 health extension packages, implementation manual and program framework documents have been prepared and technical and financial support have been given to regions for translation into their working languages and printing of the documents.</p> <p>The following documents were revised:</p> <ul style="list-style-type: none"> ➤ Family planning guideline ➤ Postpartum family planning implementation guide draft ➤ Value Clarification and Attitude Transformation (VCAT) toolkit for family planning
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1.6 Develop age-appropriate information and behaviour change communication tools to raise awareness about the health needs of adolescents (ON TRACK) ■

PROGRESS :

Different IEC/BCC materials on FP related issues were developed and disseminated youth networking and experience sharing boot-camp training were also conducted to raise their awareness about SRH.

No	Partners	Activities Contributing to the commitment
1	DKT/E	DKT/ E conducted SRH discussions and distributed IEC/ BCC materials on about EC, female condoms and contraceptives. In addition they conducted Youth Networking and Experience Sharing Boot-camp training.

1.7 Conduct awareness raising workshops on family planning for tribal leaders, local elders and religious fathers (ON TRACK) ■

PROGRESS :

Sensitization workshops, trainings were conducted to religious/clan/community leaders. Furthermore, academic leaders & teachers and Community change agents (Admin & supportive staff, campus polices and proctors) were trained in SRH and Youth responsive Service delivery.

No	Partners	Activities Contributing to the commitment
1	DKT/E	Conducted Training for Academic leaders & teachers and trained Community change agents (Admin & supportive staff, campus polices and proctors) in SRH and Youth responsive Service delivery.

1.8 Developing an advocacy (strategy/plan) for young women from higher institutions to strengthen youth health services (ON TRACK) ■

PROGRESS :

An operational research was conducted to document cases of sexual and reproductive health problems and service as well as demand in selected Higher Educational Institutions (HEIs). The study will inform the advocacy plan for SRHR activities in HEIs.

No	Partners	Activities Contributing to the commitment
	CORHA	CORHA in partnership with the Ministry of Health, Ministry of Education, Ministry of Science and Higher Education, Federal HIV Prevention and Control Office (HAPCO) conducted the study to document cases of sexual and reproductive health problems and service as well as demand for services in selected universities. The study has clearly informed the Ministry of Science and Higher Education, Ministry of Health and other partners to develop strategies for demand creation and comprehensive in-

		campus SRH and HIV prevention programs.
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1.9 Provide training for level four health extension workers on comprehensive family planning and counselling services (ON TRACK) ■

PROGRESS :

To expand IUCD service to the community through level 4 HEWs, health posts were assessed for readiness, level 4 HEWs were trained on IUCD insertion and removal, and health posts were equipped with equipment for IUCD insertion and removal. A total of 73 (37 female) health care providers have been trained on LARCs and 58 health centers equipped with IUCD kits.

No	Partners	Activities Contributing to the commitment
	MOH	Level four HEWs were trained on comprehensive FP provision, focusing on Implanon insertion/removal and IUCD services. More than 23,000 of the level three Health Extension Workers (HEWs) have been graduated as level 4 Health Extension- Professionals (HE-Ps) and redeployed to their Kebeles. In addition, health posts were assessed for readiness, level 4 HEWs trained on IUCD insertion and removal, and health posts were equipped with equipment for IUCD insertion and removal in bid to expand IUCD service to the community. Health professionals from pastoralist regions trained on comprehensive FP to increase the number of skilled health care providers in FP, especially in LARCs and Implanon service were scaled up in pastoralist regions through training L4HEWs.
	Amref Health Africa	Transform HDR has conducted post-partum family planning (PPFP) training to health care providers working in delivery rooms in the health centres and equip 58 health centres with IUCD kits. Post LARC training follow up conducted in 22 health facilities (12 in Afar, five in Benshangul Gumuz and five in Gambella regions) to observe trained providers applying the skills learned from the training and provide onsite mentoring and coaching to improve quality of services.

1.10 Scale up of postpartum and Permanent FP (ON TRACK) ■

PROGRESS :

Post-partum and permanent FP services have been scaled up in over 150 hospitals with high delivery case load. Also, HMIS tools have been revised to facilitate capture of Post-Partum Family Planning (PPFP) services. A study examining how to use comprehensive PPFP programming to facilitate uptake of services among women in their first Post-Partum year has commenced. This study will inform national policy change and provide evidence on what works to improve PPFP uptake.

No	Partners	Activities Contributing to the commitment
	MoH	Post-partum FP services scaled up in 150 hospitals that have high delivery caseload to address high unmet need among postpartum women and HMIS is revised to capture Postpartum Family Planning (PPFP)
	Jhpiego	With support from Bill & Melinda Gates Foundation and USAID is supporting the follow-on to a study on PPFP uptake among women in first year postpartum. The study, carried out in partnership with the Federal Ministry of Health and Oromia Regional Health Bureau, examined how to

	use comprehensive postpartum family planning (PPFP) programming to increase PPFP uptake among women in their first year postpartum. The follow-on phase entails collection of endline data, analysis and dissemination of results, which is expected to effect national policy change and contribute to the global evidence on approaches that increase voluntary uptake of PPFP.
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1.11 Build the capacity of health providers to manage and provide AYFHS with a compassionate, respectful and caring manner (ON TRACK) ■

PROGRESS :
 In order to produce Compassionate, Respectful and Caring (CRC) Health Workforce , pre-service training curricula have been revised with CRC principles for some training institutes/colleges, CRC incubation centers were established and experience sharing on professionalism and ethical practices in the health care for the health workforce was conducted. Training on human right based approach to SRH was also conducted.

No	Partners	Activities Contributing to the commitment
	MOH	<ul style="list-style-type: none"> ➤ Pre-service training curricula revised with CRC principles ➤ CRC incubation centers established ➤ Experience sharing on professionalism and ethical practices in the health care for the health workforce was conducted
	CORHA	CORHA organized tailored training on Human Rights-based Approach to strengthen the capacity of UNFPA implementing partners to address adolescent youth development issues. The training was organized particularly for implementing partners (IPs) drawn from Addis Ababa and Oromiya regions. A total of 23 (10 female and 13 male) staffs of IP from Bureau of children, women and youth, labor and social affairs, Regional HAPCO, Health bureau and CSOs working on adolescent and youth with especial emphasis on SRH, Gender, and child protection.

1.12 Equip health facilities and the health structure at different levels to provide AYFHS

PROGRESS :

No	Partners	Activities Contributing to the commitment
	(no information)	

1.13 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

PROGRESS :

No	Partners	Activities Contributing to the commitment
	(no information)	

1.14 Conduct different research collaborating with Universities (ON TRACK) ■

PROGRESS :

Various research activities have been conducted in collaboration with universities, such as the “National Assessment of the Effectiveness of Youth Personality Development Centers”, “Survey on SRH needs assessment of horticultural and industrial parks in Ethiopia”, “health centre readiness and functionality pertaining to FP services”. Furthermore, the mini DHS and PMA were released to public use.

No	Partners	Activities Contributing to the commitment
	Central Statistics Authority (CSA)	Conducted mini –DHS survey (2019) and the preliminary results disseminated to partners
	DKT-E	DKT has conducted market analysis studies. DKT/E also uses its own HMIS that records sales data and generates results making analysis that compliment national statistics. In 2018 alone, 4,140,024 CYPs from \$9,308,304 donor funding had been met.
	CORHA	CORHA in collaboration with the Ministry of Women, Children and Youth has been conducting the National Assessment of the Effectiveness of Youth Personality Development Centers in Ethiopia. The general objectives of this national assessment is to understand the extent to which the youth centers in Ethiopia are serving the intended purpose of promoting the development of young people including the friendly and quality provision of SRH services. The assessment is critically important to know the current status of youth centers and serve as policy and program input for future interventions. The assessment is in its final stage for the publication and dissemination.
	MSI-E	MSI-E has conducted capacity assessment on research, service, mentorship and clinical audit functions of the public teaching hospitals labelled as Centre of excellence with the purpose building capacity towards those functions. Moreover, conducted health centre assessment to know the level of readiness and functionality pertaining to FP services.
	Addis Ababa University School of Public Health	Conducted the round 6 of PMA2020 where a Snapshot of Indicators were disseminated among partners. In addition, collaborated with the Guttmacher Institute, questions related to the implementation of the Global Gag Rule were added in the 2018 round. A follow-up survey will be conducted in early 2020.

1.15 Evaluating quality of care and its improvement (On Track) ■

PROGRESS :

The MOH developed the comprehensive national strategy, established quality structures, facilitated several trainings and carried out support supervision in order to improve the quality of care. Equity and quality transformation has been designed as one of the four pillars of transformation agendas of HSTP. The aim of equity and quality transformation agenda is to consistently improve the outcomes of clinical care, patient safety, and patient centeredness, while increasing access and equity for all segments of the Ethiopian population, by 2020. Lack of implementation researches that can be used to improve quality of care and poor data management practices have been limiting factors in designing innovative approaches to enhance quality of care.

No	Partners	Activities Contributing to the commitment
	MOH	The ministry of health has established different quality structures including technical working groups and learning platforms. MoH endorsed the

	<p>Ethiopian Hospital Service Transformation Guideline (EHSTG) and Ethiopian Health Centres Reform Implementation Guidelines (EHCRIG) which have chapters on operational standards for pharmacy services and medical equipment management. These guidelines have indicated performance standards and guidance to ensure efficient and quality service delivery in hospitals and health centres. Several trainings, workshops, supportive supervision, collaborative learning forums and mentoring have been conducted to improve health workers and managers capacity in the area of health care quality.</p> <p>Service providers retrained and oriented on appropriate counselling techniques, Quality of training was monitored and training manuals revised to address quality of the services while skill labs of universities were equipped with necessary training materials and demonstration models to provide quality pre service training.</p>
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1.16 Identify and establish a national list of key indicators for all categories of the AYH program **(ACHIEVED)**

PROGRESS :
 Ministry of Health developed a comprehensive National AY Health Strategy (2016 – 2020). The monitoring and evaluation matrix of the national Adolescent and Youth health strategy has a list of indicators to be used for the monitoring progress. The 2nd National Youth Status Report was developed and released for use by Ministry of Women, Children and Youth in collaborations with partners.

No	Partners	Activities Contributing to the commitment
1	MOH	Ministry of Health developed comprehensive National AY Health Strategy (2016 – 2020) with accompanied implementation guideline with service provision standards, minimum service delivery package, and quality and coverage measurement tools.
	CORHA	CORHA in collaboration with the then Ministry of Women, Children and Youth prepared the 2 nd National Youth Status Report – Ethiopia 2018. The report was printed in 300 copies and distributed to concerned sector ministries, civil society organizations, donors and other partners. The official dissemination of the report was held during the celebration of International Youth Day on 13th August 2019 at Capital Hotel by the Ministry of Women, Children and Youth.

1.17 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

PROGRESS :

No	Partners	Activities Contributing to the commitment
	(no information)	

1.18 Encourage local use of data at all levels for local decision making

PROGRESS :

No	Partners	Activities Contributing to the commitment
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	(no information)
1.19 Integrate AYH program monitoring into the HSTP review and monitoring process ■	
(Achieved)	
PROGRESS : Adolescent and youth health program monitoring has been integrated into the HSTP review and monitoring process. According to the Mid-term review reports, HCs and HPs are providing AYFS for Family Planning services with improved method mix (e.g., better options for long-acting FP).	
No	Partners
Activities Contributing to the commitment	
1	MOH
The Ministry conducted HSTP Mid-term review to assess the level of performance of the HSTP's four transformation agendas and fifteen strategic objectives. The Ministry also conducted the 21 st Annual Review Meetings (ARM) from October 15 th -19 th , 2019.	

COMMITMENT 2

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”.

2.1 Trainings on warehousing, fleet logistics management, information management, waste management conducted (ON TRACK) ■		
PROGRESS : The Federal Ministry of Health (FMOH) in collaboration with the GHSC-PSM project assisted the Ethiopian Pharmaceuticals Supply Agency (EPSA) to improve Ethiopia’s overall LMIS through M&E trainings and establishing the Ethiopian FP2020 Performance Monitoring and Evidence Working Group. Ethiopia's overall LMIS reporting rate reached its highest point to date at 96%. At the regional level, the lowest region was still at 86% across the health elements, and more than half of regions had a reporting rate above 96%.		
No	Partners	Activities Contributing to the commitment
	Chemonics International	GHSC-PSM project assisted the Federal Ministry of Health (FMOH) and Ethiopian Pharmaceuticals Supply Agency (EPSA) in conducting M&E training to 42 EPSA staff and organized a quarterly supply planning workshop. The workshop enhanced the capacity of FMOH and EPSA to complete quarterly procurement quantification exercises to ensure sufficient products, including FP commodities are in the pipeline.
	Amref Health Africa	Supported printing of 2000 RRF (two types) and 2000 Health Post Monthly Report and Request forms (HPMRR) for Transform HDR supported regions.
2.2 On-going support supervision conducted at all warehouses		
PROGRESS :		
No	Partners	Activities Contributing to the commitment
	(no information)	
2.3 Integrated catchment based Mentorship and supervision conducted at all warehouses (ON TRACK) ■		
PROGRESS : USAID Transform HDR supported the Ministry of Health in the development of standard training material intended to build the capacity of pharmacy professionals in the management of RMNCH pharmaceuticals. The project then successfully conducted the first RMNCH Pharmaceuticals Management TOT training. RMNCH Pharmaceuticals Management Basic Training was then cascaded in the four developing regional states.		
No	Partners	Activities Contributing to the commitment
	Chemonics International	Chemonics International supported the Federal Ministry of Health (FMOH) and Ethiopian Pharmaceuticals Supply Agency (EPSA) in conducting a quarterly supply planning workshop under the USAID Global Health Supply

		<p>Chain Program-Procurement and Supply Management (GHSC-PSM) project.</p> <p>The project supported training provided to 147 professionals in the different thematic areas, i.e:</p> <ul style="list-style-type: none"> ➤ Governance and financing: Auditable Pharmaceutical Transactions and Services (APTS) scale-up training provided to 24 health professionals; Pre-service training provided to 11 post-graduate students of Wollo university ➤ Forecasting and supply planning: training provided to 13 central EPSA staff ➤ Strategy and planning: Leadership training provided to 41 directors and managers from central EPSA; Quality management system training provided to 16 central EPSA staff
	Amref Health Africa	<p>Through the USAID Transform HDR, supported the Ministry of Health in the development of standard training material intended to build the capacity of pharmacy professionals in the management of RMNCH pharmaceuticals. The project then successfully conducted the first RMNCH Pharmaceuticals Management TOT training to the four developing regional states. A total of 23 selected participants from THDR regions RHBS, PFSA hubs, hospitals, FMOH and USAID: PSM attended the TOT training.</p> <p>In-collaboration with MOH and respective RHBS, Amref cascaded RMNCH Pharmaceuticals Management Basic Training in the four developing regional states. One hundred and four participants (22 female) were trained in the four regions: 25 from Afar, 21 from Benishangul Gumuz and 29 each from Gambella and Somali regions.</p>
2.4 Curricula for HEWs on logistics/ commodity management revised		
PROGRESS :		
No	Partners	Activities Contributing to the commitment
	(no information)	
2.5 Integrated supportive supervision to health posts conducted		
(ACHIEVED) ■		
PROGRESS :		
<p>Integrated Supportive Supervision (ISS) was conducted along with the Joint Review Mission (JRM) in all the nine regions and the two city administrations by a team from House of Peoples Representative, Prime Minister’s Office, FMOH, Regional Health Bureaus, Agencies under FMOH, and professionals from Development Partners. The ISS aimed at providing onsite technical assistance and mentorship and to address implementation challenges. During the ISS onsite technical support on family planning service provision was conducted for health facilities and health posts.</p>		
No	Partners	Activities Contributing to the commitment
	MOH	Integrated Supportive Supervision (ISS) was conducted along with the Joint Review Mission (JRM) in all the nine regions and the two city

		administrations on selected 20 zones, 57 woredas, 25 hospitals, 68 HCs, 171 health posts and 224 households. Onsite technical support on family planning service provision was conducted for health facilities and health posts.
	Amref Health Africa	Provided technical, financial and logistic assistance to the national ISS implementation activities. Follow up visits were also conducted to health facilities to provide supportive supervision and mentoring on FP (LARC). Furthermore, the project provided RMNCH/FP clinical mentoring and supervision for health centres through catchment hospitals.
	Chemonics International	Provided logistic, technical and financial support to ISS (Integrated Supportive Supervision) and Peer Mentorship program. Reviewed the commodity accountability performance tracking tool to improve accountability and reporting commodities at service delivery points.
2.6 Review meetings conducted		
PROGRESS : Different review meetings were conducted to discuss the FP program implementation, with support from MoH and partners. (ACHIEVED) ■		
No	Partners	Activities Contributing to the commitment
	MOH	Program related review meetings were conducted at different levels. The 21 st Annual Review Meeting (ARM) was also conducted recently in Addis Ababa. FP logistic technical working group meet regularly every month and solve any logistic related problems
	Amref Health Africa	Transform HDR supported regional and woreda level review meetings. Performances indicators were presented followed by discussions on opportunities, challenges and successes. Strengthening integrated supportive supervision, routine follow up and sharing of experiences were recommended from participants.
	DKT-E	Actively participated in the RMNCH, Logistic and FP technical working group meetings.
2.7 Technical support provided		
PROGRESS :		
No	Partners	Activities Contributing to the commitment
	(no information)	
2.8 8,000 bicycles procured for remote health posts		
PROGRESS :		
No	Partners	Activities Contributing to the commitment
	(no information)	
2.9 Regional ware houses constructed		

PROGRESS :		
No	Partners	Activities Contributing to the commitment
2.10 Annual quantification and forecasting conducted		
PROGRESS : Annual national forecast for FP was conducted and CSOs were highly engaged in the exercise. Forecast accuracy was measured for health program and selected Revolving Drug Fund (RDF) pharmaceuticals. (ACHIEVED)		
No	Partners	Activities Contributing to the commitment
	MOH	During EFY 2011, EPSA has measured the forecast accuracy rate for malaria, TB, HIV/AIDS, family planning supplies and the average forecast accuracy rate for health program pharmaceuticals was found to be 82.78%. Moreover, for selected Revolving Drug Fund (RDF) pharmaceuticals, the forecast accuracy rate has reached to 62.3%.
	Marie Stopes International Ethiopia (MSI-E)	Actively supported MoH/EPISA with the national quantification exercise.
	Family Guidance Association of Ethiopia (FGAE)	Worked with FMOH, UNFPA, DKT-Ethiopia, MSI- Ethiopia, and IPPF to support MoH/EPISA with national quantification exercise
	DKT/E	Provided technical assistance to the FMOH for the National Contraceptive Forecast, 2019-2021 and liaised with the Ethiopian Food and Drug Authority (EFDA) to ensure quality standards of pharmaceutical products and medical supplies marketed are met. DKT/E also participates in FP and Condom need quantification with Federal HIV/AIDS Prevention and Control Office (FHAPCO).
2.11 District commodity needs job aides developed		
PROGRESS :		
No	Partners	Activities Contributing to the commitment
2.12 FP commodities and consumables procured annually according to quantified need		
PROGRESS : FP commodities and consumables were procured according to the quantified needs. IUDs, Injectables and CoCs as well as Condoms were procured. (ON TRACK)		
No	Partners	Activities Contributing to the commitment
	Chemonics International	Under the USAID Global Health Supply Chain Program-Procurement and Supply Management (GHSC-PSM) project, procured FP/RH commodities

		(IUDs, Injectables and CoCs) for Ethiopia in the period (Jan –March 2019).
	UNFPA	Procured FP commodities to a tune of \$15.4million between 2017 and Dec 2019. The FP commodities procured included male condoms, implants, ECs oral contraceptive pills (CoCs and PoPs)
2.13 Post-market surveillance on contraceptives conducted annually		
PROGRESS :		
No	Partners	Activities Contributing to the commitment
	(no information)	
2.14 Pilot report on real time stock monitoring system.		
PROGRESS :		
No	Partners	Activities Contributing to the commitment
	(no information)	
2.19 Supply chain workforce trained and their capacity enhanced		
PROGRESS :		
No	Partners	Activities Contributing to the commitment
	(no information)	
2.20 Supply chain training and resource centre established		
PROGRESS :		
No	Partners	Activities Contributing to the commitment
	(no information)	
2.33 New PSA organisation structure endorsed by Parliament		
PROGRESS :		
Restructuring of the Pharmaceuticals fund and supply agency is a top priority of the ministry of health and revised legislation awaiting endorsement by the parliament. (ON TRACK) ■		
No	Partners	Activities Contributing to the commitment
	MoH	The ministry led the initiative and restructured PFSA currently renamed as Ethiopian Pharmaceuticals Supply Agency (EPSA), which is responsible to ensure uninterrupted supply of quality assured pharmaceuticals to the public at affordable price through strengthening Integrated Pharmaceutical Logistics System (IPLS), efficient procurement, improved warehousing and inventory management, and efficient distribution of pharmaceuticals to

health facilities to make the supply chain easy and effective. Such recognition of the essential strategic role of supply chain and its workforce is basic to solve the challenge and there is a pressing need to continually build up the momentum towards stronger supply systems.

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”.

3.1 Annual salary budgeted for HEWs reflected in the Health sector budget (HEW) (ACHIEVED) ■		
PROGRESS : The government of Ethiopia has allocated a total of ETB 466.77 million to pay salaries of the health extension workers in FY 2018/19.		
No	Partners	Activities Contributing to the commitment
	MOH	Ethiopia has been implementing a community health extension program (HEP) since 2003. Upon completion of the 12-month training, HEWs are assigned as salaried government employees to health posts and work directly with households. A total of ETB 466.77 million has been allocated from government at federal level for capital and operating budget and out of which ETB 399.22 (86%) has been utilized. The percentage of health budget from the total government budget in 2011 EFY was 12.2%.
3.2 Advocacy workshop with house of representatives conducted and their support to family planning , health sector budget strengthened (ON TRACK) ■		
PROGRESS : The FMOH-MCH-N Directorate organized a meeting to orient 70 members of the Social Standing Committees of the house of people representatives on the health status with a focus on advocacy for a political will in pushing forward the family planning agenda in Ethiopia. One of the High level consultations was on demographic dividend (DD) and issues of FP as one of the game changers to harnessing the DD thoroughly discussed. The other was on the implementation of youth policy, strategy and youth package aimed at discussing the oversight role of the parliamentarians at federal and regional levels on the implementation of youth policy, strategy and packages.		
No	Partners	Activities Contributing to the commitment
	MOH	The FMOH-MCH-N Directorate organized a meeting to orient members of the Social Standing Committees on the health status with a focus on family planning in Ethiopia. A total of 70 members of the social standing committee of the Ethiopian parliament were in attendance. The meeting provided constructive discussions between members of the Social Standing Committees of the House of People Representatives to deliberate on priority policy interventions build and sustain the momentum for political will for FP within the existing situation.
1	Marie Stopes International Ethiopia (MSI-E)	Supported FMOH to conduct advocacy on FP and organize important platform to address barriers on family planning program.

CORHA	<p>CORHA held different consultation meetings where Family planning was one of the priorities discussed. For instance, organized national consultation and awareness raising workshop for concerned government and non-government partners to conceptualize the DD and consider both the opportunities and challenges that the country could face to benefit from the DD, including using FP as one of the game changers to harnessing the DD. A one-day high level national consultation workshop on multi-sectoral partnership platform formation was held at Hyatt Regency Hotel on 1 March 2019, where consensus was reached to revitalize and strengthen high-level partnership forum which is instrumental to reduce wastage of resources and duplication of efforts among partners of adolescent and youth development.</p> <p>Furthermore, CoRHA facilitated a high level consultative workshop with Federal and Regional House of Peoples Representatives on the implementation of youth policy, strategy and youth package from 11-12 March 2019 at Dire International Hotel, Adama town. The consultative workshop was organized to discuss the oversight role of the parliamentarians at federal and regional levels on the implementation of youth policy, strategy and packages in general and youth volunteerism, the status of national service program, the status of youth mainstreaming in particular and on the way forward for possible revision of the existing national youth policy of Ethiopia (2004)</p>
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3.3 Support FMOH, RHB and Health managers secure domestic financing, including budget utilization and timely settlement

PROGRESS :

No	Partners	Activities Contributing to the commitment

3.4 A dedicated line item for FP in the national budget created

PROGRESS :

No	Partners	Activities Contributing to the commitment
	(no information)	

3.5 Percentage of the total annual MOH pool fund allocated for FP commodities

(ON TRACK)



PROGRESS :

Over the years, there has been increased allocation of budget for FP from government treasury and the allocation of budget for FP commodity and services from the SDG pooled fund increased by 3 folds compared to the FY 2017/18. The SGD pool fund contributors made USD 211.25 million commitment and USD 159.82 million (75.7%) disbursed to SDG PF with 25.6% reduction from the previous budget year. Total Budget of USD 135,810,636 (22%) for, Public Health Commodity Procurement in FY 2018/19.

No	Partners	Activities Contributing to the commitment
	MOH	SGD pool fund contributors made USD 211.25 million commitment and USD 159.82 million (75.7%) disbursed to SDG PF with 25.6% reduction from the previous budget year. Total Budget USD 135,810,636 (22%) spends on Public Health Commodity Procurement.

3.6 Develop an FP financing guide for regions

PROGRESS :

No	Partners	Activities Contributing to the commitment
		(no information)

3.7 40,000 Health Extension Workers working on FP deployed (ACHIEVED)

PROGRESS :

The government of Ethiopia has deployed more than 42000 salaried female HEWs in the country.

No	Partners	Activities Contributing to the commitment
	MOH	More than 42,000 government-salaried female HEWs are deployed in the country. In addition, the HEP was revised to provide an additional one year training to the HEWs.

3.8 Develop an FP commodity security advocacy strategy

PROGRESS :

No	Partners	Activities Contributing to the commitment
		(no information)

3.9 National Health Account Reports produced (ACHIEVED)

PROGRESS :

The government of Ethiopia published a National Health Account report which includes tracking financing and expenditure on reproductive health.

No	Partners	Activities Contributing to the commitment
	MOH	National Health Account (NHA) is recognized and an accepted resource tracking methodology for the Ethiopia health sector. The NHA estimate the flow of health resource in the overall health sector of Ethiopia. It also tracks spending on health sector priority areas including reproductive

		health every two years. The seventh round NHA (FY 2014/15) was launched recently in September 2019. Results indicated that THE increased from 49.5 billion birr to 72billion Birr while the OOP reduced from 33% to 31%
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