

**2010 REPORT:
GLOBAL PROGRAMME ON REPRODUCTIVE
HEALTH COMMODITIES
&
MATERNAL HEALTH TEMATIC FUND**

Country: ETHIOPIA
ATLAS Code: ETH6R21G - ZZT06 MHTF
ETH6R21C-ZZT05 RHCS
ETH6R21H- ZZT06 (Midwifery)
Reporting Period: 2010
Resource: MHTF \$ 2,000,000 (\$301,954 for
Midwifery programme) GPRHCS \$1,306,576
Thematic Areas: MHTF, Midwifery, GPRHCS
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Strategic Plan Outcome:

CPAP Outcome 2.2- Improved access to, and demand for utilization of high quality gender-sensitive and integrated RH information and services at all levels for men, women, young people and vulnerable groups including those in emergency and humanitarian situations, focusing on emergency obstetric care, RH, RHCS, STIs, HIV/AIDS and obstetric fistula.

MHTF Outputs: 1. National responses to the human resource crisis in MNH, with a focus on planning and increasing the number of midwives and other mid-level provider 2. National health plans focus on sexual and reproductive health, especially family planning and EmONC, with strong linkages between reproductive health and HIV to achieve the health MDGs 3. National equity-driven scale-up of family planning and EmONC services and maternal and newborn health commodity security. 4. Monitoring and results-based management of national MNH efforts. 5. Leveraging of additional resources for MDG 5 from governments and donors

RHCS Outputs: 1. Service delivery and systems development strengthening efforts enhanced; 2. Advocacy to strengthen policy, political support and leadership for Greater commitment of national and regional political, religious and cultural leaders for RHCS and Family Planning increased; 3. Consistent availability of reliable, essential RHCS to people who need them 4. Support innovative approaches to RHCS through strengthening of maternal health services; 5. Strengthened capacity of national stakeholders to mobilize political commitment, to support implementation and to monitor all key SRH components and Reproductive Rights of the Maputo Plan of Action and ICPD POA in the context of the new aid environment and delivering as one UN.

Regional Outputs:

1. National responses to the human resource crisis in MNH, with a focus on planning and scaling up of midwifery and other mid-level providers
2. Leveraging of additional resources for MDG5 from government and donors
3. An enhanced political and social environment for Maternal and Newborn Health (MNH) and Sexual and Reproductive Health (SRH)
4. Up-to-date needs assessments for the SRH package with a particular focus on family planning, human resources for MNH, and EmONC

(1) REPORT ON OUTPUTS AND RESULTS

National Context and strategic linkage

Ethiopia health care delivery is guided by the long term national strategy known as Health Sector Development Programme (HSDP) which has been in place since mid 90's. The National Human Resource for Health Strategy 2009-2015 detailed out operationalization of putting in place adequate number of qualified and motivated health professionals to achieve the ambitious HSDP outcome targets of the population. The HRH strategy has explicitly indicated to train 8,635 midwives, 996 Non Physician Clinicians Trained on Emergency Obstetric and Surgery (through task-shifting) and 233 anesthetists by the year 2015. The government has also clearly acknowledged that 'quality' will be at risk while achieving MDG 5 necessitates scaled up trainings focusing on 'speed' and 'volume'. As a result, the government invited development partners to support ensuring 'quality' aspect of the HRH plan. Taking this opportunity and considering its comparative advantage, UNFPA has been committed ensuring quality of training and creating enabling environment for training of midwives and Non-Physician Clinicians (*plan to support training of anesthetists starting from 2011*) to put in place a functional team at district hospitals capacitated to provide safe delivery and life saving emergency obstetric care services including cesarean section.

Ethiopia has the lead in advancing harmonization and alignment to make external aid more effective. Ethiopia is the first to sign the national compact, under the International Health Partnership (IHP+), between the Government of Ethiopia and Development Partners (DPs), August 2008. Subsequently a Joint Financing Arrangement was signed resulting in the establishment of the MDG Performance Fund.

The year 2010 marked the end of the third five years HSDP and the formulation of the fourth five year HSDP. 2010 has also been a year when the country developed its five years Poverty Reduction Strategy named as Growth and Transformation Plan (GTP) and UN agencies drafted their four years Un Development Assistant framework.

Results

Ethiopia is one of the countries that is benefiting from the Maternal Health Thematic Trust Fund set out to deliver results in improving availability and access to emergency obstetric and newborn care services which is framed mainly by two outputs;

- Strengthening national health systems focusing on human resources for achieving MDG5
- Improving programme alignment, national ownership, effectiveness and leveraging additional resources for MDG5 from government and donors

Output 1: National responses to the human resource crisis in MNH, with a focus on planning and increasing the number of midwives and other mid-level provider

The overarching strategy is through *strengthening partnership and framing the national support on Human Resource with in a Joint MNH programme*. The cross cutting areas supported by UNFPA within the JT MNH programme are:

- Resource mobilization
- Capacity building at various levels (training institutions, professional associations, Federal sectoral bureaus.
- Evidence based programming
- Advocacy

UNFPA specific interventions focuses on providing support to government by investing on building a critical team of 3 key health cadres: MSc programme for NPCs, Midwifery and anaesthesia. This team of health workers are expected to manage labour and obstetric complication, perform comprehensive EmONC including cesarean section and provide anaesthesia.

1. Integrated Emergency Obstetric and Surgery for Non-Physician Clinicians

During the reporting period the CO:

- Scaled up financial and technical support to Non-Physician Clinicians training from 3 universities (Mekele, Hawassa and Jimma universities) that have initiated the training in 2009 to 5 universities with Harumaya and Gondar Universities as a new site. This has increased the number of trainees from 85 to 118. UNFPA support focuses on motivating trainers based on an agreed incentive package; building trainers capacity pedagogic skills and Problem Based Learning (PBL) approach; improving availability of ambulances, electric power generators, medical equipment, computers, books and skill simulation models; strengthening coordination and catalyze learning among Ministry of Education, Ministry of Health, inter-institutional technical committees and intra-institutional core committees through facilitating performance review meetings and joint clinical supportive supervision to affiliated hospitals by government, development partners and professional societies..
- Strengthen monitoring evaluation by allocating resources
- Advocate and liaise with other development partners for programme support which was resulted in WHO and the World Bank started jointly support the programme technically and financially.
- 70 trainees taking training at first year and 48 trainees at second year.

2. Midwifery programme

During the reporting period the CO:

- Received a funding from SIDA Sweden where we have scaled up our intervention to 23 midwifery schools (national coverage) from 8 schools that were covered by MHTF and RHCS.

- Conducted initial assessment conducted for establishment of Gode Midwifery Training school which is situated 580 kilometers from Somali Regional Health Bureau and over 1,000 kms from Addis Ababa
- Organized Effective Teaching Skills workshop for 40 midwifery tutors.
- Procured Midwifery books to 20 midwifery training institutions.
- Supported the Ministry of Education in harmonization of the BSc midwifery curriculum based on ICM/WHO midwifery competencies
- Procured teaching models and a 30 seater mini-bus (delivery expected early 2011)
- Supported development of a draft student logbook based on the ICM/WHO Midwifery Competencies by 18 midwifery tutors.
- Undertook capacity building activities to strengthen Ethiopia Midwives Association which includes development of its Five Year Strategic Plan, leadership training, experience sharing, secondment of a programme management staff.
- Supported expansion of regional midwife association and assisted them in provision of selected trainings for midwives to reinforce skills.
- Organized Celebration of International Day of Midwives with the slogan “*The World Needs More Midwives Now More than Ever*” took place on 23rd and 24th July 2010.

3. Anesthesia training programme

A major gap in Ethiopia’s health workforce is scarcity of well-trained anesthetists. WHO has completed the assessment of anesthesia training universities in Ethiopia focusing mainly on final years of training of anesthesia students and their practical period at health facilities. The assessment report has been submitted to the involved staff members at H4+ country team. During the reporting period, UNFPA:

- Integrated anesthesia programme support within JT MNH programme in partnership with WHO/UNICEF and The World Bank.
- Mobilized resource from sida Sweden which is equivalent to \$1,000,000 for 2 years.
- Initiated procurement of equipments based on gaps identified by WHO assessment

Note: This is an area the CO would like to receive TA at regional and HQ level. We particularly look forward to the regional integrated Programme and Technical Assistance (IPTS) initiative and the upcoming UNFPA – Jhepiego MOU at HQ level.

Output 2: Leveraging of additional resources for MDG 5 from governments and donors

With the trend from project to programme support, joint financial contribution at the national or sub-national level is becoming increasingly important for UNFPA for improving aid effectiveness. It is to be recalled that UNFPA CO has become signatory to the IHP+ country Compact and a Joint Financing Arrangement in 2009. Subsequently, a multi donor pooling arrangement, named *MDG Fund* to fund a sector budget based on agreed common result framework and an annual work plan and provides flexible resources consistent with the ‘one plan, one budget and one report’. UNFPA contributed 1 million \$ from MHTF to a pooled basket with available total multi donor contribution of \$34,369,898 (UNFPA contribution to the total sum is 2.9%). During the reporting period, UNFPA exercised translating ‘Paris into practice’ by:

- Following up implementation and actively participating in government-development partners key policy and decision making forums ensuring the contribution is subject to

the terms of the agreement stipulated under a Joint Financing Arrangement; over sighting MDG pool fund resource allocation benefits key interventions of ICPD PoA and .

- Liquidating the advanced \$1,000,000 using UNFPA PPM guidance on ‘government managed pooled fund’ ensuring timely quarterly and annual reports are received from FMOH using a JT reporting format that provided UNFPA with reasonable assurance that the advance is being properly used for the purposes intended;
- The government liquidated 99.5% of the total fund. The detail break down of expenditure indicated that \$6,049,203.61 was used for activities directly related to UNFPA mandate i.e procurement of Implanon, maternal health commodities, advocacy and training for maternal health (see table below) leveraging additional \$5,049,203 for ICPD programme of action.

Activity	Utilized (\$)
Construction of Health Centre	12,745,200
Procurement of Vaccines rd 1	2,429,870
Procurement of Implanon	3,100,000
Procurement of essential Drugs	6,845,097
Procurement of ITN	4,875,500
Procurement of commodities for maternal health	2,472,500
Spare part for cold chain equipments	1,354,154
Training and advocacy for maternal health	476,703.61
Bank service	70,872.96
Total	34,369,898

RHCS Activities and results

Output 1: Service Delivery and Systems Development Strengthening efforts enhanced;

Support PFSA’s Integrated Pharmaceutical Logistic Supply System

As per the PFSA-UNFPA joint plan developed for 2010, a total of 2,229,814.18 birr was transferred to PFSA for the following activities to: strengthen the LMIS of PFSA, train stock managers from PFSA and Health Facilities on IPLS, equip Capacity Building Sub-Process of PFSA, automate the LMIS data collection and reporting system, provide On-the-Job training (OJT) at branch level, equip PFSA warehouses, procure reference books that can support the pharmaceutical supply and service and conduct monitoring and evaluation on planned activities

Strengthen the LMIS of PFSA

Different formats necessary for the various transactions/reporting was printed and distributed to Regional Hub’s. To strengthen the warehouse management, office equipments ladder, pallets and computer were purchased to the central warehouse and four Hubs.

Integrated Pharmaceutical Logistics System (IPLS) Orientation and Training

A three days training which encompass Integrated Pharmaceutical Logistics System(IPLS) orientation for various program units and Pharmacy units at regional, zonal, woreda health bureaus and health facilities, and IPLS implementation supportive supervision has been provided in 3 sessions for a total of 205 health professional from Amhara, Oromiya region and Addis Ababa City Administration.

Trainees of IPLS in Amhara



Trainees of IPLS in Oromia



The objective of the training was to create awareness on the new pharmaceuticals management system (IPLS) being implemented by the Agency and inform the roles and responsibilities of the various bodies in the process of implementation.

Training on Supply Chain Management Systems

Managing the supply, distribution and storage of essential drugs and contraceptives is the key duty to maintain the quality, safety and efficacy of commodities. And the supply of essential drugs in a continuous base is the basic in health service delivery system. Thus, sustainable and equitable drug supply management system in a country is mandatory to promote health service and gives reliance by the community on the health care delivery system. Conducting training for store managers and pharmacists who are working on the distribution and supply system about drug supply management system is the key to minimize the poor storage, supply and distribution system and the poor inventory control system. It is essential for these health professionals to update their knowledge and information on inventory control system.

Consequently, UNFPA CO in collaboration with SNNPR and with technical support of USAID/DELIVER project a three days standard trainings have been conducted in Yirgalem and Butajira towns. A total of 107 health professionals were trained on ECLS and certified for their competencies.



Trainees of ECLS (trainees in class, group work and presentation)

Following the training, trainees de-junked a zonal warehouse as seen in the below picture



Before Training



After Training

Automating the LMIS of PFSA

The initiation of automating the record keeping and LMIS of the Agency is bringing the required change in improving the quality of data and data availability for decision making at the central level. The plan to link the central warehouse to the existing regional Hub's to strengthen the integrated supply management systems.

Institutionalize RHCS in School of Public Health- Addis Ababa University

UNFPA Country Office and School of Public Health are working together to Institutionalize RHCS into the Pre-service training curricula. On mid December 2010 a one day meeting was held to discuss on the issue. Twenty five instructors from departments of RH, Nutrition and Epidemiology, Health Informatics and PHD participated in the meeting.

The outcome /result of the meeting: From revised Global RHCS Training Manual the following sessions were selected for inclusion/integration in the existing RH and Health Informatics courses curricula: Introduction to RHCS; Introduction to Logistic Management ; Accessing Stock Status; Quantification; Inventory Control System; Warehousing; Advocacy and Policy in the context of RHCS and Client Oriented RHCS

The Beneficiaries of the course are postgraduate students of RH and Nutrition and Health Informatics department. The duration of the training is 5 days (2 credit hours) and students will be evaluated and graded accordingly by the school. By March 31, 2011, the aforementioned sessions will be integrated into the course curricula. UNFPA CO will hire a consultant to finalize

the curriculum with selected faculty Train the selected faculty in RHCS and adult learning methodology and teach the first module with the faculty.

The School of Public Health through the GPRHCS program has provided financial support for the following THESIS's in the area of FP and Maternal Health (Theses are accepted by the University panel):

1. *Agreement and concordance regarding fertility intention and family planning utilization between married couples*
2. *Status of family planning integration in chronic care clinics among women on reproductive age group in Dessie town, North East Ethiopia*
3. *Assessment of pregnancy risk perception and contraceptive use among female college students in Shashemene town, Western Arsi, Oromia region, Ethiopia*
4. *Measuring Unmet Family Planning need difference and Level of agreement between Husband and Wife Gedeo Zone, SNNPRG*
5. *Assessment of contraceptive use and family size preferences among married women of reproductive age in Jima Arjo District*

Support to FMOH Implanon and IUCD Scale up Initiatives

Implanon Scale up Initiative: Recognizing the importance of FP to the health and development of the nation, the Government of Ethiopia is engaged in a range of efforts to accelerate the access to quality FP services. The FP service target set for the third Health Sector Development Program (HSDP III) was to achieve a Contraceptive Acceptance Rate (CAR) of 70.8% and a reduction of the Total Fertility Rate from 5.9 at the beginning of the period to 4 at its completion by June 2010. The HSDP IV has an ambitious target of increasing the Contraceptive Prevalence Rate (CPR) from 32% to 65% by 2015.

A notable increase in the CPR from 2005 to 2009 is indicated by the L10K baseline in 2009, i.e., an increase from 13.9% to 30% in the four most populous regions (Amhara, Oromia, Tigray, and SNNP). This increase in CPR has been attributed to the Health Extension Program (HEP), which has brought family planning services closer to the communities. GP: RHCS have contributed significantly to the increase of the CPR through provision RH commodities and allocating funds for advocacy and capacity building of the Health Extension Workers.

Since the start of the initiative 15,000 HEW's were trained on Implanon insertion procedures This year more than 400 HEWs were trained on Implanon insertion and 200,000 sets of Implanon and consumables were procured and delivered to FMOH. So far more than 1.7 million mothers (clients) benefited from the program and GPRHCS contribution to more than 60% of commodities. 25% of training cost was covered from the GPRHCS. With this initiative it is anticipated that the CPR of long acting Family planning will increase from 1.3% to 4%.



HEWs trained on Implanon insertion

IUCD Initiative: Taking into account the early success in Implanon scale-up and the huge demand for long acting family planning method in Ethiopia, the Federal Ministry of Health has launch an IUD scale-up initiative. This initiative will complement the ongoing Implanon scale-up. Ultimately the activities of this initiative will be integrated into the ongoing family planning program initiatives. The main objectives of this initiative is:

- ✓ Ensure that by 2015 all hospitals and health centers will be providing IUCD insertion and removal services as part of the comprehensive FP services at the health facilities and their outreach programs
- ✓ Ensure that by 2015, a total of 1,498,440 Women of Reproductive Age (WRA) will be using IUCDs.
- ✓ Increase the method mix share of LAFPM to 25 % by 2011.
- ✓ Increase the share of IUCDs among the LAFPM to 50% by 2011.

Towards achieving these objectives UNFPA CO through the GPRHCS project has provided financial support to the TOT to 25 master trainers. In addition it is leading the commodity and demand creation and resource mobilization sub-groups.

Output 2: Advocacy to strengthen policy, political support and leadership for Greater commitment of national and regional political, religious and cultural leaders for RHCS and Family Planning increased;

Support of a national mass media "Radio Fana" to create awareness on RHCS, FP, HIV prevention

The objective of this program was to create and raise public awareness on the problems of reproductive health and to this mobilizes policy makers, health professionals, and the community at large towards the prevention of reproductive health problems. The radio program was broadcasted in a national language (Amharic) once per week for 40 minutes for one year period. The followings are some of the topics entertained in the program:

- The 15th ICPD Cairo Meeting issues;
- Mothers' health and health professionals training and skill up grading;

- Empowering women and midwife profession;
- Voluntary help to people living with HIV/AIDS Adolescent and youth reproductive health;
- Male involvement in family planning;
- The essence of open discussion on HIV/AIDS and RH;
- Population census and development status of the country;
- Institutional capacities of health stations to deliver health care for mothers and children

The program has received feedback from more than 511 audiences. Majority of the audiences recommend the program to focus on Family Planning and on the work youth clubs in the area of HIV/AIDS.

Lessons learnt

- ✓ The program has created open discussion among and between families and children and throughout the community;
- ✓ Encouraged fathers and men to take the lead as equal with mothers and women to take the lead in family planning;
- ✓ Has identified core problems and solutions to reproductive health;
- ✓ Improved communication for change as strategy for the radio program to reduce reproductive health related disease in the area;
- ✓ Shared experiences of family planning among and between regions and places in the country;

Output 3 Support innovative approaches to RHCS through strengthening of maternal health services;

2. Support Comprehensive Condom Programming (CCP)

In collaboration with Dkt- Ethiopia through project called “Wise Up Program” is implementing a nation Wide HIV prevention intervention in all Ethiopian regions targeting sex workers, their clients and other at risk population groups through outreach, peer education, mass campaigns and IEC/BCC. The basics of the program is promoting the proper and consistent usage of condoms among Sex Workers and their clients in all commercial sex transactions which helps them to avoid risks related with the HIV pandemic as well as STIs. The Wise Up outreach workers in all sites regularly carryout day and night outings to reach Sex Workers in their venues to deliver information on HIV/AIDS, STIs and Safer Sex and to recruit them for peer education training, besides outreach workers distribute reminder IEC/BCC accessories for targeted venues during their visit.

IEC/BCC- Mass Media: Sexual Health related messages have been transmitted through different radio stations (FM102.1, 98.1), a short documentary film entitled “Accessing Condoms in Higher Education Institutions” and two booklets entitled “Frequently Asked Questions of Sex Workers” & “Frequently asked Questions of the Youth” was produced and disseminated.

Expanding Sexual and Reproductive Health Services in Ethiopian Higher Education Institutions: Erection Condom Kiosk in Higher Institutions: In five selected Universities

Condom Kiosks are erected. The kiosks will serve as an entry point to avail condom with subsidized price and different IEC/BCC materials within the campus.

IEC/BCC Material Development: From a preliminary baseline report, it was found out that there was no student or youth tailored IEC/BCC material at the selected HEIs. Therefore, a consultant was commissioned to develop IEC/BCC materials tailored to this group. The materials will be available in the kiosks and that would be installed in the universities and few other selected places with in the campus.

Trainings: Training of selected staff working in the student's clinic was conducted for three days on SRH issues and youth friendliness in Jimma University. Eight health service providers working in the student clinic was given training from May 8- 10, 2010 in Jimma University. The training covered various SRH issues such as unplanned pregnancy prevention, contraceptives, emergency contraceptives, safe abortion service and the new guideline and amendments, HIV/STIs counseling and adolescent friendly service provision. The Objective of the training was to capacitate the service providers in order to provide youth/ student friendly services within the university campus.

BCC Campaign: A campaign on behavioral change with university students was organized in Jimma and Arbaminch Universities. Mekelle and Wello Universities will be followed before the end of June. The campaign was for two days that included movie which depicted the life of the university students and SRH issues, the subsequent discussion among the students, poem, music and various competition events.



Entertainment and drama show on SRH for Jimma University Students

3. Conduct National Survey on availability of Modern Contraceptives and Essential and Life Saving RH medicines in Service Delivery Points in Ethiopia

UNFPA CO commissioned BETA Consulting Firm to undertake the National Survey on Modern Contraceptives and Essential Life Saving Maternal Medicines in service delivery points of Ethiopia. The objective of the survey was to examine the availability of modern contraceptives and essential life saving Maternal / reproductive health medicines in SDPs in Ethiopia, with the principal aim of obtaining information about the:

- i) Number of Service Delivery Points (SDPs) offering at least three modern contraceptive methods;

- ii) Number of SDPs where five life-saving maternal /RH medicines from UNFPA list is available in all facilities providing delivery services; and
- iii) Number of Service Delivery Points with 'no stock outs' of contraceptives within last six months.

The survey was conducted in 255 SDPs comprised of government, private, and NGO's. The SDP's were randomly selected from all regions of the country.

Major Findings of the survey:

- ✓ 98.8% of the surveyed SDPs had integrated family planning, 92.2% child delivery, and 87.8% services to fight against HIV/AIDS pandemic;
- ✓ Great majority of the facilities offer oral pills (98.8%) and injectables (98.0%) followed by male condom (95.2%), implants (75.0%), IUDs (53.6%), female sterilization (22.6%), male sterilization (16.7%), and female condom (4.0%);
- ✓ Almost all of the facilities that provide family planning services (98.0%) offer at least three modern contraceptive methods;
- ✓ Out of the 52 health posts surveyed, 51 (98.1%) of them offer at least three types of modern contraceptives;
- ✓ Location of facilities has little effect in the provision of modern contraceptive methods;
- ✓ No stock out report for contraceptives has increased from 90% to 98%;
- ✓ About three-quarters of the service delivery points had antibiotics;
- ✓ Drugs such as Azithromycin, Cefexime and magnesium sulfate were available in less than 15% - in 36 facilities only of the service delivery points;
- ✓ Oxytocin was available in all secondary and tertiary level hospitals while only about seven in ten (70.4%) of the health posts and health centres reported of having these medicines.
- ✓ More health centres reported the availability of oxytocin in the current survey than the National Baseline Assessment for Emergency Obstetric Care (increased from 43% to 31%);
- ✓ There is a slight improvement in the availability of ergometrine at service delivery points compared to the National Baseline Assessment for Emergency Obstetric Care (70% to 90% and 50% to 58%) of the hospitals and health centers, respectively,

Main Recommendations:

- ✓ Ensuring method choice at all service delivery points
- ✓ Further expand SDPs and maintain to ensure continuity of quality of services at all levels.
- ✓ Strengthen Logistics system to coordinate sustainable supply of modern contraceptive methods to all service delivery points.
- ✓ Ensure timely requests and forecasts of modern contraceptives.
- ✓ Ensure the availability of maternal/reproductive health medicines in all health facilities in general and essential life-saving maternal/reproductive health medicines in particular.
- ✓ Allocate budget for FP commodities and maternal health drugs and ensure that a budget line is created at all levels

- ✓ Improve functioning logistics system (avoid delay in order processing, improve availability and supply of modern contraceptive methods at central ware house,)
- ✓ Provide in-service training to health providers on the family planning methods/products, stock and inventory management principles, customer handling and skills to practice specific methods such as IUCD insertion, implant administration etc.
- ✓ Maintain effective monitoring and evaluation for tracking the results of interventions and for deriving lessons learned to be used in guiding program implementation.

4. Support to 2010 Ethiopia Demographic and Health Survey (EDHS)

The 2010 Ethiopia Demographic and Health Survey (EDHS+) is the third of its kind in the Country. It is designed to collect extensive demographic and health information from 18,450 households that will be analysed with the highest possible quality. The survey will provide data on Population, Health and Nutrition. As with the prior surveys, DHS 2000 & DHS 2005, the main objectives of the EDHS 2010 survey are to provide up-to-date information on fertility and childhood mortality levels; fertility preferences; awareness, approval and use of family planning methods; maternal and child health; knowledge and attitudes toward HIV/AIDS and an estimate of the national HIV prevalence and other sexually transmitted infections (STI) in Ethiopia.

The total budget for the survey amounts to US\$ 4,179,537. Funding for this survey comes from Government of Ethiopia (GoE), USAID, UNICEF and UNFPA. The Demographic and Health Research Division of ICF Macro provides technical assistance during all phases of the survey including the hire of two Ethiopians to provide day-to-day administrative, technical and logistical support to the CSA.

UNFPA contributed a total of US\$ 103,000: US\$ 53,000 from the GPRHCS and US\$ 50,000 from the NORAD project. Out of the total contribution, US\$ 53,000 was used for: printing 88,730 questionnaires (household, woman and men); 55,400 brochures (anemia and HIV); 2,770 anemia referrals, and 55,350 VCT vouchers all translated into Tigrigna, Amharic and Oromiffa while the remaining US\$ 65,000 was utilized for covering around 45% of the costs of the main training for supervisors and enumerators.

The Central Statistical Agency started conducting the main training on 22nd November 2010 for 378 trainees who were recruited to serve as team supervisors, editors and female and male interviewers during the fieldwork. The training is being conducted at the Civil Service College where all the trainers and trainees are accommodated on a full-board basis. The training is expected to be concluded by the 24th of December 2010. The trainees will then be deployed to conduct the main field work.

Output 4: Strengthened capacity of national stakeholders to mobilize political commitment and support the implementation of all key SRH components and Reproductive Rights of the Maputo Plan of Action and ICPD PoA in the context of the new aid environment and delivering as one UN.

5. National Capacity Building Efforts

7.1 Building National Capacity in Procurement of RH Commodities: The annual forecasting exercise took place in April 2010 with all of the Regional Health Bureaus. This activity was lead by the FMOH and all partners including UNFPA participated and provided technical support.

7.2 National RH Strategy Review: Under the leadership of the FMOH, UNFPA contributed in the revision of the National RH Strategy. UNFPA/RHCS Unit was tasked to lead the revision of the Fertility and FP section of the manual. In addition, the Unit provided technical assistance in the development of the FP Training Guideline and FP training Manual.

7.3 Repositioning Family Planning Services: While significant progress has been made, a lot more needs to be done to satisfy the high demand for FP services.

To address these challenges, UNFPA CO (RH team) in collaboration with the Federal Ministry of Health and members of the Family Planning Technical Working Group (FP-TWG) is playing a central role in planning and rolling Repositioning Family Planning Services. To that effect, a one day consultative meeting was held on “Repositioning of Family Planning”. During the one day meeting a consensus was reached it is imperative that collaborative action is needed in order *to mobilize resources* at all levels to ensure availability of FP commodities and accelerate provision of quality family planning services. And subsequently regional and national consultations will be undertaken to discuss and design a strategy to accelerate the implementation of quality FP programs in Ethiopia in order to attain the national FP goals and thereby achieve the MDGs by 2015.

2. REPORT ON COMMODITIES

RHCS

COMMODITIES	TOTAL QUANTITY RECEIVED	TOTAL VALUE (US \$)
IMPLANON AND CONSUMABLES	200,000 SETS	5 MILLION
MIDWIFERY TEACHING MODULES		150,000
AMBULANCES	2	89,000
TOTAL		5,239,000.00

MHTF

Items list	Measure Unit	Quantity
Bus 30 seater) for Gode Midwifery Collage	Psc	1
MEDICAL EQUIPMENT for MSc programme		
Anesthesia machine	psc	
Surgical Ins. Abdominal Set	psc	15
Vacuum Extractor	psc	3
Gown Surgical - Free size	psc	96
Trouser Surgical Medium	psc	96

Stethoscope, Binaural, Complete (For trainees)	psc	9
IT EQUIPMENT for MSc programme		0
LCD Projector	psc	6
Overhead Projector	psc	11
TEACHING AID MATERIAL for MSc programme		0
OB Susie	psc	4
Articulating Fetus for Leopold Maneuvers	psc	12
Fetus for Vacuum Delivery	psc	4
IV Injection Training Arm Model	psc	8
Lumbar Puncture	psc	7
Labor Delivery Module	psc	4
Perineum Cutting and Suturing	psc	4
IUD Trainer	psc	40
Advanced Nursing Manikin (Male)	psc	6
BOOKS for MSc programme		0
Clinical Oriented Anatomy 5th edition. Moore, Keith L: Dalley, Arthur F. Lippincott Williams & Wilkins		8
Clinical Anatomy.Zargar,RK: Kumar, Shushil CBS Publisher & Distributor 2007		14
PDQ Statistics .Norman, David L.:Streiner,Geoffrey R.BC Decker,3 edition, 11 2003		14
Clinical Pathology: Prep Manual for Undergraduate.Sanyal, Sabitri CBS Publishers & Distributors 2005		20
Manipal Manual of Surgery (10).Shenoy, Rajgopal K. CBS Publishers & Distributors, 2 edition, 02 2007		20
A text book of practical physiology.CL Ghai Jaypee 7th edition		5
Williams Obstetrics		10
Telinde's Operative		71

3. DOCUMENTING GOOD PRACTICES

In connection with the scale-up initiative being undertaken by the Ethiopian government of long-acting family planning methods, especially Implanon - which UNFPA is supporting through the Global RHCS Programme – documentation was made in the Southern Region of Ethiopia. As the initiative is being carried out through basic health workers – Health Extension Workers (HEW) – the government has deployed the work of one of the HEWs was chosen to showcase the initiative. The documentation was carried out in two phases. In the first phase a feature article was produced which was posted on the UNFPA global website (<http://unfpa.org/public/news/pid/4675>). A follow up documentation was made on the work of the same HEW. In this regard a video clip of 4 minutes duration was produced showing the

Implanon scale-up initiative in the country taking the case of the experience in the Southern Region.

Midwifery

The good practice is midwifery is the mentoring of Gode Health Sciences College by the University of Gonder. All the tutors and instructors from Gode indicated that they learned quite a lot and changed some of their negative practices after the mentorship programme. On the job training is much more effective.

Leveraging resource for ICPD

UNFPA Ethiopia's support to the IHP+COMPACT and its financial contribution (\$1 million) to the MDG Performance Package pooled fund has proved effective in increasing harmonization efforts and coordinated funding with increased resource allocation for ICPD PoA.

4. FINANCIAL IMPLEMENTATION SECTION

MHTF

\$ 1,978,863 was entered into Atlas for the activities planned for 2010. Major activities include contribution to MDG pool fund, support to human resource development focusing on Midwifery and MSc programme on IEOS and personnel cost. As of December 31st 2010 \$1,728,722 was recorded as expenditure with a remaining amount of \$250,141. From this remaining budget \$92,777 is reserved for indirect cost by HQ which will be deducted before end of March. \$157,364 is remaining balance of which 77% is remaining balance allocated for Midwifery for which we are expecting to receive some procurements for moving it to expenditure.

Based on Atlas report utilization rate stands at 92% for MHTF.

Two activities were not able to be implemented are:

- Support Fistula research: \$70,000 was allocated for supporting fistula research. However, implementation arrangement with Fistula Foundation in Addis has not been working and this activity is negotiated to be implemented by HQ since it involves multi-country research.
- Advocacy for engaging CSOs: \$40,000 was allocated for advocacy to engage NGOs. This activity was planned to support NGOs engage during HSDP IV preparation. However, the NGOs required only technical support and covered all the costs from their own budget.

RHCS

Out of the total allocated fund **\$ 1,306,576.00** we have utilized a total of **\$1,292,936.36** (**Utilization Rate of 98.9 %**). See the detailed expenditure report table attached.

5. MONITORING AND EVALUATION

1,225 midwives graduated nationally in 2010 from a baseline 777 annual output of midwives

Biannual Performance Review meeting

Joint Supportive Supervision

- UNFPA technically supported development of a supportive supervision tool specifically designed for monitoring quality of MSc training on Integrated Emergency Obstetric and Surgery.
- Participated in a Joint Supportive Supervision to 5 universities implementing the Msc Programme on Integrated Emergency Obstetric and Surgery from November 08-12, 2010. The Supervision was conducted jointly with the Federal MoH, UNFPA, WHO, UNICEF and Ethiopian Society of Obstetrics and Gynaecology. The supervision visit was also used to validate the tools and checklists developed and review when necessary.

6. CHALLENGES/LESSONS LEARNED/RECOMMENDATIONS

- alignment with national plans; refocusing funds to meet demands and national priorities is crucial ;

Challenges

- Understaffing and high turnover of technical and managerial staff
- Lack of motivation of service providers
- Poor functioning of outreach sites and weak referral system
- Critical shortage of equipment to manage emergency obstetrics and lack of consumables for Implanon initiative

Recommendations

- Strategic planning for the funds; multi- year fund transfer costed action plans showing clear linkages with AWP, CPs and country strategic plans.
- Early planning, early approval of workplans and timely disbursement of funds during the first quarter
- Timely procurement to be completed by end of third quarter
- Although the BSc curriculum was reviewed and harmonized it still does not adequately cover the ICM/WHO Midwifery competencies. Fifty percent of the curriculum covers nursing. There has been a lot of resistance to remove the nursing component because the status of midwives is still very low and there is no career path, there is a feeling that if students cover nursing content then they can easily move on to other related professions.
- There is high staff turn- over in the training institutions. Some tutors who were trained in effective teaching skills have already left the institutions.
- The number of students is still very high compromising the quality of training. There are training institutions with over 100 students and it is very difficult for the students to acquire the required skills.
- The Association is facing a number of challenges especially in the area of leadership. Although a leadership course was organized for the executive board and some members for the region there is still poor communication and mistrust among the executive board members. This is affecting the operation of the Association and the constitution is not being followed.
- Not much was done in Midwifery Regulation as this is the most challenging area for Ethiopia as there is still no regulatory body.
- Procurement procedures appeared sound but were lengthy which had implications for the delivery of equipment in a timely manner. A well planned and systematic training

program is required not only to improve the quality of the procurement process and there is a need to develop procurement and supply management plan (PSMP) to ensure availability of commodities at the central and regional stores.

6. NEXT YEAR'S WORK PLAN

Priority areas for 2011

	MHTF	RHCS	SIDA Sweden	RR
Output 1: Enhanced political and social environment for Maternal and Newborn Health (MNH) and Sexual and Reproductive Health (SRH)		Advocacy, awareness raising		Advocacy and policy dialogue
Output 2: Up-to-date needs assessments for the Sexual and Reproductive Health (SRH) package, with a particular focus on family planning, human resources for MNH, and Emergency Obstetric and Neonatal Care (EmONC)		Supporting FP initiatives of the FMoH (IUD, Implanon)		
Output 3: National health plans focus on sexual and reproductive health, especially family planning and EmONC, with strong linkages between reproductive health and HIV to achieve the health MDGs	Capacity building and TA on quality of national training for maternal health	Support LMIS, supply chain management Warehousing and Distribution systems Support Comprehensive Condom Programming		Support HSDP IV implementation
Output 4: National responses to the human resource crisis in MNH, with a focus on planning and increasing the number of midwives and other mid-level providers	Support anesthesia and MSc for NPCs		Support midwifery programme , anesthesia and fistula	Support HRH focusing on Midwifery, MSc and anesthesia

Output 5: National equity-driven scale-up of family planning and EmONC services and maternal and newborn health commodity security	- Life saving drugs	- RH commodities Contraceptives, life saving drugs - Institutionalizing RHCS		Enhancing quality service delivery for MNH/FP, referral system
Output 6: Monitoring and results-based management of national MNH efforts	Research and evidence for policy for MNH	Operational research in IUCD demand and utilization Documentation & dissemination of best practices		National capacity building on M&E
Output 7: Leveraging of additional resources for MDG 5 from governments and donors	Contribution to MDG pool fund Advocacy, support to safe motherhood campaign	Through supporting Forecasting and Procurement capacity		