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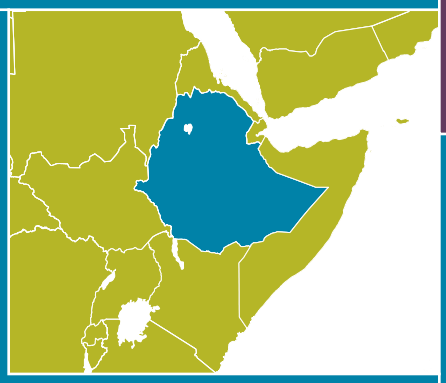
IDENTIFYING FAMILY PLANNING COMMODITIES AND PROGRAMME RESOURCE REQUIREMENTS IN AMHARA REGION



Consultative Workshop Report

Bahir Dar, Ethiopia
June 30–July 1, 2014

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BACKGROUND

Ethiopia is the second-most populous country in Africa after Nigeria. Its population is nearly 90 million, growing at a rate of 2.6 percent per annum. The vast majority of Ethiopia's people (82%) reside in rural areas, with agriculture as the major livelihood. Women of reproductive age make up one-fifth of the total population and about 45 percent of the female population. In Ethiopia, as in most African countries, women play principal roles in child rearing and management of family affairs. On the other hand, the health status of these women remains poor. Unwanted pregnancy and unmet need for family planning are still high, so Ethiopia is characterized by high fertility (4.1 children per woman). Ethiopia's maternal mortality ratio is estimated at 420 per 100,000 live births, one of the highest in the world.

The government of Ethiopia is cognizant of the adverse consequences of rapid population growth, including high unemployment, poor economic performance, high demand for social services, and a decrease in available resources. In 1993, it adopted an explicit population policy to harmonize the country's population growth rate with that of the economy. The particular objective of the policy is to achieve a total fertility rate (TFR) of 4 children per women by 2015; one major strategy has involved expansion of the family planning (FP) program.

The 1994 Ethiopian population policy aims to expand the diversity and coverage of FP service delivery through clinical and community-based outreach services, encourage and support participation from nongovernmental organizations in the delivery of population and FP-related services, and diversify the country's available method mix to permit users the widest possible choice of contraceptives.

Other policies, such as the country's health policy and the National Policy on Ethiopian Women, also support the expansion of FP programs in Ethiopia. For example, the health policy emphasizes the need for improved FP service coverage and quality. The National Policy on Women also acknowledged the need to ensure women's access to family planning and other reproductive health services as an empowerment strategy for Ethiopian women.

The National Reproductive Health Strategy (2006–2015) outlines several strategies to pursue one of its goals to reduce unwanted pregnancies and enable individuals to achieve their desired family size. Since 1975, FP services in Ethiopia have been provided through a variety of mechanisms, including public hospitals, community-based distribution systems, social marketing, and outreach services. At present, almost all public hospitals, health centers, and health posts in the country provide FP services. The advent of the health extension program (HEP) in 2003 was a turning point in Ethiopia's effort to expand FP services to underserved rural populations. The program aims to improve access to basic essential health services in severely underserved rural and remote communities. Following its launch, the HEP was rolled out step-by-step, and achieved full coverage of more than 30,000 health extension workers in rural Kebeles by the end of 2010. Family planning has been one of the prominent services of the 16 packages offered by the HEP.

Although it began at a slow pace, Ethiopia has experienced a continuous increase in contraceptive prevalence in the last two decades. According to the first-ever national survey on fertility and family planning in 1990, only 4 percent of Ethiopian women of reproductive age used some FP methods, of which fewer than 3 percent used modern contraceptives. The contraceptive prevalence rate (CPR) doubled between 1990 and 2000, when it was estimated at 8.2 percent. The increase since then has been rapid and unprecedented, and a subsequent demographic and health survey in 2005 recorded a twofold increase in CPR to 14.7 percent. The trend continued, with contraceptive prevalence reaching 42 percent by 2014. In Amhara region (the second-most populous), progress has been even greater, with CPR estimated at 46 percent for married women of reproductive age.

The Health Sector Development Plan V (HSDP V) calls for a 60 percent CPR by 2020, demonstrating the government's commitment to continued investment in and rapid expansion of FP services.

One major issue involved with expanding FP services is identifying direct and indirect costs of service delivery. Accordingly, the Gather, Analyze, and Plan (GAP) tool is being applied in Amhara to understand what is needed to achieve the regional FP target set for the year 2020. GAP is a simple Excel-based tool developed by the USAID-funded Health Policy Project (HPP) to help policymakers, ministry officials, and health officials understand the costs associated with expanding family planning to achieve national or regional contraceptive prevalence or fertility goals. Information is urgently needed to ensure that FP programs are fully funded as the shift in agenda and ownership takes place. The GAP tool allows countries to project funding gaps in contraceptives, service provision, and program support.

In collaboration with the Amhara Regional Health Bureau and other partners, HPP organized a regional GAP workshop in June 2014.

Purpose of the Workshop

The primary objective of the Amhara regional GAP workshop was to compile preliminary data to outline resource requirements to achieve the regional FP target by 2020.

Specific Objectives

1. Conduct FP GAP tool update workshop for 15 participants from three regional bureaus (Amhara Regional Health Bureau [RHB], Pharmaceuticals Fund and Supply Agency [PFSA], and Bureau of Finance and Economic Development [BoFED]) and six nongovernmental organizations (DKT, Consortium of Reproductive Health Associations [CORHA], Family Guidance Association Ethiopia [FGAE], Integrated Family Health Program [IFHP], Marie Stopes International Ethiopia [MSI-E], USAID/DELIVER, and UNFPA).
2. Using the FP GAP tool, outline resource requirements to meet regional FP targets by 2020.

Methodology for Applying the GAP Tool in Amhara

Application of the GAP tool involves many stages of review, including introduction of the tool to stakeholders to obtain input on which policy goals and scenarios to set by 2020 and, based on these goals, what program and commodity costs are required to achieve them. The workshop was the first opportunity for stakeholders and partners to be introduced or brought up-to-date on the tool, and goal inputs and preliminary program and commodity cost data were obtained. Validation and dissemination workshops will follow once the required input data are collected.

SUMMARY OF MAJOR WORKSHOP RESULTS

The Amhara regional GAP workshop was conducted at the Rahanile Hotel in Bahir Dar Town, on June 28–29, 2014 (see Appendix 1 for workshop agenda). There were 15 participants: three from Amhara Regional Health Bureau, two from the Amhara region BoFED, two from the Amhara region PFSA, and one each from CORHA, DKT, FGAE, IFHP, MSI-E, and USAID/DELIVER. Two participants from Futures Group attended (see Appendix 2 for list of participants).

The workshop included presentations, discussions, and small group activities. An overview of the GAP tool and its purposes was offered, and participants were divided into two groups to establish scenarios and set FP targets from 2011–2020. The groups then presented and discussed their exercises. The small group work helped participants identify required input data for the FP GAP tool. Moreover, the post-presentation discussions were crucial for clarifying and internalizing the tool and its uses.

The second day of the workshop focused on completing the FP GAP tool to eventually serve as guidance to document FP resources needed regionally. Participants agreed to use the 2014 estimates as baseline figures to outline needed resources to meet regional FP2020 targets. These estimates were calculated by interpolating 2011 DHS figures into the FP2020 targets. The interpolated 2014 CPR and method mix estimates were entered into the FP GAP tool. Commodity and program costs were also entered using the 2008 survey, "What is the cost of FP in Ethiopia?" However, there are remaining data to enter to complete the tool.

The workshop received feedback from participants at the end of day two. Although most expressed satisfaction throughout the workshop and indicated overall approval, some wished to gather more input data to complete the application in Amhara region.

NEXT STEPS

- HPP will continue to communicate with workshop participants to ensure that each piece of the GAP tool is well understood.
- HPP, in collaboration with partners and stakeholders, will make available all missing data and information to complete the GAP tool.
- HPP will organize a validation workshop to review and approve the tool's data inputs.

APPENDIX 1: FP GAP TOOL UPDATE WORKSHOP AGENDA

Time	Session	Facilitator Notes	Person Responsible/Facilitator
		Day 1—June 30, 2014	
8:30–8:45 a.m.	Registration	• Sign-in sheets	Futures Group/HPP
8:45–9:30 a.m.	Opening	• Welcome • Introduction to participants and facilitators	Mulusew Lejalem Aragaw Lamesgin
9:30–11:00 a.m.	Workshop objectives	• Review of agenda and objectives • Presentation of examples: using models for advocacy/policy purposes	HPP Aragaw Lamesgin
11:00–11:15 a.m. **BREAK**			
11:15 a.m.–12:30 p.m.	Demonstration of FP GAP model	• Install model for participants	Aragaw Lamesgin
12:30–2:00 p.m. **LUNCH**			
2:00–3:34 p.m.	Exercise	• Group demonstration/ exercise • Discuss group challenges and lessons	Participants
3:00–3:15 p.m. **BREAK**			
4:00–5:30 p.m.	Modeling Amhara's FP GAP	• Scenario development	Participants
		Day 2—July 1, 2014	
8:30–9:00 a.m.	Review	• Recap of day 1, reflections • Objectives for day 2	Participants, HPP

Time	Session	Facilitator Notes	Person Responsible/Facilitator
9:00–10:45 a.m.	Review existing input data	Entering input data to the model • Commodities—actual costs • Labor, program support, and overhead	PFSA, other partners
10:45–11:00 a.m. **BREAK**			
11:00 a.m.–12:30 p.m.	Review existing input data	• Government funding plan for contraceptives • Partner contributions (donors and NGOs) • The way forward	RHB, HPP
12:30–1:30 p.m. **LUNCH**			

APPENDIX 2: PARTICIPANT LIST

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