Ethiopia context analysis for accountability interventions to support the delivery of FP2020 commitments

This country brief is part of a series of briefs produced by Action2020, a consortium led by Christian Aid and implemented by Christian Aid, Plan International UK and the HIV/AIDS Alliance. It follows an in-depth investigation into the context and opportunities for civil society-led accountability on family planning in 10 countries, with a focus on the commitments made by Governments as part of FP2020's global initiative to meet the need of an additional 120 million new contraceptive users by 2020. Each brief provides a country-specific overview of the context for family planning commitments - the power, politics and potential for accountability interventions related to these commitments – and proposes recommendations for accountability interventions related to these commitments[i]. A general note on Lessons Learned in FP Accountability accompanies this series[ii]

The right to enjoy full, free and informed access to contraceptive information, services and supplies is central to sexual and reproductive health and rights, as well as to the right to the highest attainable standard of health. These rights are universal, inalienable and indivisible, and States have a duty to respect, protect and fulfil these rights to the maximum of their available resources. There are a range of barriers and opportunities that either prevent or enable access to FP. Power, governance and accountability and women's participation and leadership all influence the outcomes and capacity of key actors to deliver for FP.

The Ethiopian Government made commitments to increase access to Family Planning (FP) as part of FP2020 and to take the measures within their remit to address some of these barriers. Implementation of FP2020 commitments has the potential to transform family planning provision, extending high quality services at scale and reaching the most marginalised. But ambitious commitments and limited political incentives mean that implementation is currently lagging in Ethiopia. Accountability interventions can alter this trend by working with a range of actors so that governments and service providers are better able to meet the commitments they have made, leveraging a scale of impact which would be unachievable by alternative interventions.

Family planning context in Ethiopia

- Unmet Family Planning need: 24% (PMA2020)
- Contraceptive Prevalence Rate: 37% (PMA2020)
- Total Fertility Rate: 4.4 (PMA2020)
- Maternal Mortality Ratio: 353 per 100,000 (2015 modelled estimate)
- GINI Index: 33.2 (2010, Consumption based)

Source:

- http://data.worldbank.org/indicator/SH.STA.MMRT
- http://wdi.worldbank.org/table/2.9

To achieve this, social accountability programmes must be 'strategic': pursuing multiple pathways to change, creating an enabling environment for collective action and linking citizen mobilisation to agents within governments with similar incentives[3].

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Interventions must link citizens to authorities with the necessary capacity to enforce agreements in order to achieve substantial outcomes[4] [5]. When applied in tandem, these strategies may increase political incentives to act, and facilitate oversight and reflexive evaluation of barriers, gaps and opportunities for FP by all stakeholders.

FP2020 commitment:
Increase CPR to 69 percent by 2015, reduce TFR to 4 by 2015, and reach additional 6.2 million women and adolescent girls with family planning services.

Progress to date:
CPR among currently married women has increased from 8.1% in 2000 to 37% in 2054. The steepest increase has been in rural areas, from 10.9% in 2005 to 39.0% in 2014 (EMDHS, PMA, 2014) although CPR remains higher in urban areas, moving from 35.6% to 59.6% in the same period. Unmet need has declined from 36% in 2000 to 24% in 2015.
For further information

Strategic accountability interventions in Ethiopia

Effective accountability rests on an enabling governance environment where the state has both the capacity and incentives to respond, and where citizens are able to mobilise collectively[6] [7] [8]. The context for family planning accountability in Ethiopia is somewhat restricted, though many avenues do exist (largely through invited and state-led spaces) for constructive dialogue on a range of FP issues. Decentralisation of the health service has created greater opportunities for community level dialogue, though institutional factors limit the potential for change at community level, and conservative social and religious norms provide a frame for discussions about who should have access, and under what circumstances. The strong established relationships held by some civil society groups with government, communities and religious leaders provides a model for successful and acceptable modes of accountability in Ethiopia.

The key pathways to effective FP accountability in Ethiopia can be conceptualised as three overlapping components, outlined in figure 1. For interventions to be successful, they must start by identifying the prevailing drivers and political incentives/disincentives to develop smart, context specific strategies for securing change[9] [10].

It is likely that informal and technical channels will be most effective, alongside supporting nascent vertical accountability efforts.

Figure 1: Key Pathways to Effective FP Accountability

The following section explores the context and opportunities for action in Ethiopia using these three pathways as a framework for analysis.

Enhanced citizens' voice and agency - problem analysis:

Poor health outcomes of women and girls are related to different socio-economic factors including the low status of women in the household, limited education, unemployment, a lack of health care services, as well as socio-cultural factors such as early marriage, marriage by abduction and female genital cutting. Lack of access to SRHR services and information contributes to high levels of morbidity and mortality for largely preventable SRHR problems. Restrictions on information about sexuality, contraception, prevention and health care limits women's and girls' ability to make choices regarding their own sexual and reproductive health and rights. Myths about long acting methods continue to present a barrier to use.

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Cultural preferences for larger family sizes have to some extent been influenced by financial factors, though the desire for large families, specifically male offspring, and a belief that more children will ensure wives are faithful remain factors. Male involvement in and acceptance of FP is relatively low and decision making tends to rest with men. Engaging men and women in broader discussions about gender and decision making, alongside more specific FP related norms may provide an important underpinning for accountability efforts.

Participation by women and girls in formal and informal meetings is low, and related to power imbalances both within the family and in the community. Women only forums may be beneficial in creating space for women to discuss and address the socio cultural issues which hinder use of family planning. Regional variations in TFR are striking, ranging from 7 in the Somali region to 1.7 in Addis Ababa and suggest a need to adapt messaging to the particular norms of the community- alongside addressing broader issues of inclusion within rural and hard to reach communities.

Community and religious leaders show low levels of commitment to tackling the barriers of FP uptake and accountability issues. In most areas of the country, religious leaders have resisted family planning and considered it at odds with theological views. Some exceptions have demonstrated that with greater awareness of the impact of FP on socio economic outcomes, religious leaders can play a supportive role as champions of FP and can reframe religious and socio-cultural barriers to FP. Religious and traditional leaders have the capacity to be significant partners in FP accountability, given their respected positions by both communities and government bodies. With support, they can be a conduit for citizen demands to government officials on the importance of delivering on FP commitments.

Recommendations for action:

- Strengthen youth friendly services on FP targeting adolescents including the responsiveness of service providers.
- Use radio sessions on FP to promote dialogue on male and female involvement alongside targeted workshops and broader community dialogues.
- Build the capacity of community structures and religious leaders on family planning issues both at national, regional and district.
- Target religious structures to create space for religious leaders to participate and dialogue over family planning issues.

Increased political space for state-citizen engagement – problem analysis:

The legal framework for transparent government is provided for by Article 12 (1) of the 1995 Ethiopian Constitution which states that ‘the conduct of affairs of government shall be transparent’. Sub Article 2 states that any public official or an elected representative is accountable for any failure in official duties. Furthermore, Article 29 of the Constitution stipulates the ‘right of freedom to seek, receive and impart information and ideas of all kinds, regardless of frontiers, either orally, in writing, or in print, in the form of art or through any media of his choice’. This also includes freedom of press and access to information of public interest. These articles provide a legal basis for any individual, civil society organization or other stakeholder to access information on budgets and budget processes.

The legal framework for CSOs operating on rights based accountability initiatives is however restricted by the Charities and Societies 2009 Proclamation. This limits the extent to which CSOs can challenge government performance against FP commitments. Nevertheless, many Ethiopian CSOs have learnt to address rights and accountability related issues within available spaces through rapport building and close working relationships with government. By building trust and establishing credibility, some CSOs have been able to secure buy-in for elements of governance and accountability. Recently established government-CSO forums for joint planning and review are being created at various levels. In addition, the government has provisionally given space for promoting social accountability for basic social services including health and education.

Two government led accountability spaces are particularly relevant to FP accountability. The Financial Transparency and Accountability (FTA) is one of the components of Protection of Basic Services (PBS) in Ethiopia. The FTA aims to make

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budgets at all government levels public, accessible, and understandable by the general public and to encourage public participation in budget preparation & planning process at local government level. However, there still is limited participation of citizens at the grass root levels in budget plan preparations and budget tracking activities. The knowledge of citizens on budget information is also not adequately developed[11]. The Ethiopian Social Accountability Programme is implemented in over 220 Woredas in Ethiopia with strong government oversight and is funded by the World Bank. Including a focus on the health sector, it aims to increase government officials' accountability to citizens for the delivery of basic services and to increase service users' capacity to hold service providers to account through the use of social accountability tools. To date, the focus of this programme has been broad and has not focused on FP.

At the local level, participation and involvement in formal and informal community structures on FP is low. Weak coordination mechanisms at the community level on FP, a top down planning approach and insufficient involvement of religious leaders at the community on FP issues play a part. As a result, there is limited knowledge and awareness of FP in communities especially in remote rural areas, gaps in service delivery, and limited participation of communities in FP issues more broadly.

Within government, policy makers established a Parliamentary Network on Population and Development in 2013. The network aims to provide a mechanism for policymakers to advocate for, legislate, and oversee investment in family planning at national and district levels. Ethiopian Members of Parliament from three standing committees (social affairs; budget and finance; and women, children, and youth affairs) signed a declaration to establish and launch the parliamentary network. Working with the Population Affairs Department in the Ministry of Finance and Economic Development, the network aims to provide a platform for raising awareness and delivering public statements on the floor of parliament and in districts and other constituencies.

Media in Ethiopia consists of private and state owned media. Media engagement in accountability and rights based issues is rare, with the majority of media outlets holding a preference for economic and social affairs, which are not considered to overlap sufficiently with FP. As a result, FP accountability issues receive limited attention. Technical understanding of the issues surrounding FP is low.

Recommendations for action:

- Larger and well positioned CSOs who are involved in invited accountability spaces can play a role in increasing access to decision making by marginalized groups. These CSOs can use their existing relationship and leverage with local government to broaden the spaces for grassroots led accountability initiatives as well as grassroots engagement with local and higher level authorities.
- Create a better understanding about FP amongst media personnel and their involvement in FP communication, policies and strategies at national, regional and community level. Strengthen media training, equipping them with family planning materials and strengthen media forums and discussions on FP accountability issues.

Open, inclusive, responsive and accountable institutions – problem analysis:

Ethiopia's Health Sector Development Program (HSDP) IV (2010) planned to increase CPR to 65% by 2015. This target was not met, and a revised target has been set through the Health sector Transformation Plan (2016-2020) of increasing CPR from 42% in 2015 to 55% by 2020[12]. There has been an increased emphasis on long acting family planning methods since 2009. In theory, family planning is widely available with 87% of health facilities (excluding health posts) offering a modern method of family planning (EMDHS 2014). About 99% of facilities and 79% of health posts aiming to offer family planning services at least five days per week[13].

Ethiopia's Health Extension Plan 2003 (HEP) has a focus on the most neglected areas and has resulted in 38,000 Health Extension Workers (HEWs) being trained to deliver primary health care including long acting methods of FP in every village. To date however, there has been limited citizen monitoring, accountability and follow up of

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service delivery commitments on family planning within the HEP. Other key supportive policies for FP include the National Population Policy[14] which led to decentralisation of planning, budgets and health services; the National Policy on Women; the National Youth Policy; the National Health Policy, and RH/FP Strategy of Ethiopia.

Transportation of supplies to the remotest health posts remains a challenge and technical assistance is needed to develop a faster quality assurance process and more efficient importing of FP commodities[15]. The government monitoring and evaluation system is hampered by limited commitment of service providers at all levels (in part related to poor training, salaries and motivation) as well as by a lack of allocated budget for monitoring the health sector[16]. Coordination among stakeholders is insufficient, with the Charities and Societies 2009 Proclamation contributing to accountability gaps[17]. Weak cooperation between regional and medical stores and service delivery agencies in the regions leads to supplies wastage, and commodity stockouts result in gaps in service provision.

The Ethiopian government has taken an active role in health financing and doubled the health budget in the past five years. Ethiopia is increasing its budgetary allocation to family planning each year and is taking advantage of global commodity price reductions through the health pledge guarantee arrangement. However the Ministry of Health still has a 50% funding gap and needs an additional $20 million a year for commodities alone. The federal government has earmarked a budget line item specifically for the procurement of contraceptives, and regional governments are now allocating their own revenue for family planning, to complement the federal government funds. In 2007, the government waived import taxes on contraceptives following an intensive advocacy campaign by two Ethiopian ministries, development partners, and nongovernmental organizations. The government has increased the domestic budget for FP from USD 100,000 to USD 750,000 per year and regions such as Benishngul Gumuz, Southern Nations Nationalities and People, Amhara, and Addis Ababa are allocating approximately USD 200,000 for FP services and to purchase commodities. A funding gap persists despite this, against a projected cost of $177 million, and there is limited transparency of budget expenditure to track FP spending.

Donor support plays a key role in FP delivery in Ethiopia. From 2000 to 2010, Ethiopia was the fifth largest recipient of family planning assistance from all donors. USAID and DFID both fund largescale interventions with a focus on FP and reproductive health. Given the restrictions on civil society within Ethiopia, the role of donors as both responsible development actors and allies in advancing FP commitments may be worth particular attention.

Recommendations for action:

- Strengthen, where they exist, and establish new thematic forums where necessary specific to family planning issues to allow both government, other service providers and citizens to dialogue and plan and improve coordination.
- Strengthen community structures to engage and participate in the budget tracking process and strengthen existing government platforms through participation at the federal level on family planning issues to minimize duplications

Conclusion and general recommendations

Strategic accountability interventions in Ethiopia will take account of the socio-cultural environment for FP, and may include tackling the underlying structural drivers of inequality that result in low levels of participation by women and girls in all levels of decision making. Working at multiple levels to understand the institutional limitations that result in poor quality services and irregular supplies will depend on constructive relationships with government. The government-led accountability initiatives will be an important entry point, as will fostering FP champions, including religious and traditional leaders and parliamentarians.

The Ethiopian government has made significant strides towards full, free and informed access to FP, notably through the training of Health Extension Workers in long acting methods. There have also been decisive actions such as the removal of import taxes, and a gradual increase in budgets for FP. These are strong foundations to build upon, and collaborative approaches to accountability may help to leverage the impact of improved coordination upon service provision.

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[i] This brief is based on a full Country Context Analysis, available on request from Christian Aid and Plan International UK.
[ii] Also available on request from Christian Aid and Plan International UK.
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