

## **Family Planning in Ethiopia: The Story behind the Story**

With over 93 million people, Ethiopia is the second largest country in Africa. This number was barely 50 million 20 years ago and 35 million in the 1970's. This is undoubtedly one of the fastest population growth in the continent.

Ethiopia is a country of long history, deep rooted traditional practices and strong religious affiliation; none of which augurs well for family planning. In fact until the turn of the century, there was no family planning program of any significance. And the government's attitude towards this issue was, at best, lukewarm. There were, indeed, a few non-governmental organizations that were providing services but their reach was very limited. One such organization was the Family Guidance Association of Ethiopia which was running a family planning clinic in Addis Ababa, the capital and a handful of places in the country. As a result contraceptive prevalence rate in 2000 was under 8% and fertility rate was almost 6 children per woman. This had tremendous effect on the health of mothers and children and the economy of the country. Ethiopia had some of the worst health and economic indicators in the world.

Today, the country boasts a contraceptive prevalence of 35% (PMA 2020) or, according to the Ministry of Health, even higher, a fertility rate of around 4 children with related improvement in the health and economy of the country. This amounts to a fourfold increase in contraceptive uptake and a reduction of one third in fertility. The country has deployed over 35 thousand health workers throughout the country to provide primary health care including family planning. This, by any standard, is an impressive achievement.

Many researches have been conducted, papers written, and seminars given on Ethiopia's achievement in family planning. Invariably, this success is attributed to the government's "commitment and leadership" in the field. And there is no doubt that there is truth in this assertion.

Starting in the mid 2000's, and especially after the nomination of a new Minister of Health in 2005, the Ethiopian government has shown strong commitment to family planning (and other preventive health care). Family planning was recognized as an essential health, but also development intervention and saw a spectacular expansion of services throughout the country. The Health Extension Program, the country's flagship health program, incorporated family planning; and commodities were sought by the government and generously donated by international partners. Massive training program enabled health workers at the lowest level to provide accurate information and quality family planning services. This resulted in not only a spectacular increase in contraceptive uptake but also a marked shift from short term, not highly effective methods (pills and condoms) to medium and long term methods that are fairly effective. Today, injectables and implants constitute over 90 percent of the method mix in the country. Other major achievements in this field include an Adolescent Reproductive Health Policy and Program, a liberalization of the abortion law and an increase in the government's financial commitment to family planning.

There was therefore no doubt about the government's leading role in the expansion of family planning in Ethiopia. However, attributing the family planning success of Ethiopia to the sole intervention of the government is, at best, highly partial. If we do not understand the role played by various stakeholders in bringing about the change in the family planning program, we will not comprehend the full dynamics that went into the evolution of the program and, therefore, the lesson that can be drawn and communicated to other countries.

No family planning program can succeed without a strong involvement by the government. This is true for Ethiopia as well. But, in order to bring about that involvement, a lot of effort has gone into advocacy and demonstration programs by many civil society organizations in an environment that was not always friendly or encouraging.

This paper will demonstrate the role that NGOs and donors played in bringing about the change in the government's attitude towards family planning and, as a result, the impressive success of the program. We will demonstrate three key areas in which these partners (CSOs and donors) played critical roles which resulted in the changes that occurred in the family planning scene in Ethiopia. These areas are: advocacy, service provision and training.

Until recently, family planning has never been a focus area for the various governments of the country. In the early 60's when the young pioneers of family planning wanted to introduce this program in the country, they faced stiff resistance from the church and the nobility. There were times when they were discouraged so much that they had almost given up on their ideas. At one point during that period, the then Emperor of Ethiopia informed the family planning activists that they can "provide family planning services but not promote it..." This was to become the origin of the country's family planning program, the establishment of the national family planning organization (known as the Family Guidance Association of Ethiopia – FGAE) and its membership in the International Planned Parenthood Federation.

Since then and for the last 60 years, FGAE has played a critical role in the development of the country's family planning program. Part of this included, advocating for a more friendly environment for family planning, actively leading the movement for the establishment of the country's first population policy, actively supporting the removal of import tax on family planning commodities and fighting for the liberalization of the abortion law. But FGAE was not alone in this:

Pathfinder International which is one of the earliest supporters of family planning in Ethiopia has been an active player in advocacy. Pathfinder supported several dozen local NGOs working at the community level and struggling to change the policy environment as well as introducing pilot programs in clinical services. Pathfinder is today the largest recipient of USAID funding and a strong partner of the government in expanding family planning services.

CORHA (Consortium of Reproductive Health Associations), a federation of over 100 family planning organizations, established in the early 1990's was also to become the center of research and advocacy for family planning in the country. Most of the meetings of family planning stakeholders and activists and stakeholders developed their plans and strategies in meetings at CORHA. There were thus "Advocacy taskforces", "Adolescent Reproductive Health Task Force" "Safe Abortion Task Force" etc.. CORHA remains to this day an important organization for the advancement of family planning in the country. It is member of the National Reproductive Health Forum, Adolescent Reproductive Health Forum representing the civil society.

Other organizations including Development Associations, IPAS/Ethiopia, PACT and Marie Stopes Ethiopia have played critical roles in advancing family planning in the country through their advocacy work. Had it not been for the work of these organizations, it is difficult to imagine that Ethiopia would have been where it is today in its family planning program.

It is difficult to imagine today, but in 1999, when the Packard Foundation started its support for family planning programs in Ethiopia, it was told by the then Prime Minister that family planning "was not a priority" for the country: that fertility will be managed through programs that empower women and girls including universal education. In 2003, a national adolescent reproductive health conference was met

with strong opposition from the Family Health Department of the Ministry of Health. Efforts by some advocacy groups for a more liberalized abortion law faced strong opposition from the “right to life” movement both internally and from outside the country. When the first national poverty reduction strategy was being drafted, efforts to put family planning as one of the country’s programmatic areas was rejected by many of the participants. Eventually a very watered down version was included in the document. In 2003, for the tenth anniversary of the National Population Policy, a conference was held in Addis Ababa to review where the country was in the implementation of the policy. It was clear that nothing of substance was achieved after a decade of a rather progressive population policy. Government officials were short of explanation as to why that situation prevailed. There are many such examples of opposition to family planning services and reproductive health rights. In today’s Ethiopia, these might seem inconsequential. But they are part and parcel of the country’s family planning history.

The first family planning clinic in Ethiopia opened in 1963 at St Paulos Hospital by FGAE and under the auspices of the Haile Selassie 1<sup>st</sup> Foundation. A single nurse was providing the services supported by volunteer doctors. At the time family planning was illegal and FGAE was not a legally registered organization. Since then FGAE was able to serve millions of people: just during the ten years between 1980 and 1990, over 1,3 million people were able to access services from FGAE’s clinics. At the time, this was probably the largest family planning program in the country.

The risk taking attitude of civil society organizations endured several decades and took several shapes as one organization after another initiated innovative service delivery mechanisms including community based distribution of family planning, social marketing of contraceptives, long term and permanent family planning methods and safe abortion services. All in an environment that was hardly conducive to family planning programs. Together these organizations have made tremendous contributions to the development of family planning in Ethiopia: For example, DKT in its 2014 report, indicates that it has achieved the following results since it started working in Ethiopia in 1990:

- 25 million CYP achieved
- 1.1 billion condoms distributed
- 235K female condoms
- 46 million pills
- 27.5 million injectables
- 8 million emergency contraceptives
- 1 million IUDs
- 677K medical abortions
- 1.9 misoprostol

DKT asserts that the above results combined constitute almost of a third of all the CYPs generated in the country during the same period, which is a considerable achievement.

According to MSIE, between 2005 and 2012, the number of women in Ethiopia using family planning provided by

- MSIE grew from over 50K to more than 350K
- In 2011, one in three women who used an LAPM in Ethiopia had received it from MSIE
- Two in every three women who are served by MSIE’s outreach programs are switching from a short term method to LAPM

- The Impact of MSIE services between 2006 and 2012:
  - DALYS averted: 1,255,300
  - Unintended pregnancies averted 477,000
  - Unsafe abortions averted 450,000
  - Maternal Death averted 3,250
  - Direct healthcare costs saved 43 million USD
  
- Over 62% of clients are 25 years of age or under (over 35% are under 19 years old). The national average is 30% for 25 years or under.

These are just three of a dozen or so large organizations that pioneered family planning services in Ethiopia. Their impact on the lives of people they served is tremendous but, more importantly, they have demonstrated the advantage of having a family planning program in the country. It is believed, for example, that the current Health Extension Program is based on the earlier Community Based Programs that were managed by NGOs. Same is true to the government's long term contraceptives as these were introduced and expanded by organizations including EngenderHealth, MSIE and Pathfinder etc.. The Safe Abortion law is the result of intensive work by IPAS Ethiopia and MSIE.

Another area where NGO's played a critical role is in the area of training in family planning. Until 2005, almost all family planning professionals were trained by FGAE and Pathfinder. FGAE's role in training the earlier family planning professionals is absolutely critical for the foundation of the current robust family planning program. Development Associations including Oromia and Amhara Development Association trained thousands of community workers in family planning counseling and services. And it is known that most of the earlier Health Extension workers have been recruited among the CBD agents. NGO's are also responsible for introducing family planning programs for adolescents in the country. After the national conference on Adolescent Reproductive Health held in Bahir Dar town in 2003, many organizations including PACT/Ethiopia, FGAE and others started serving young people with family planning information and services. Initially these programs were considered highly sensitive and inappropriate in a rather conservative society like Ethiopia. However, after years of advocacy work, pilot service programs and research work on the need to serve the young people, the Government of Ethiopia published a national ARH policy which requires public health facilities to provide service for the youths. This would not have been possible without the solid ground work of CSOs.

Obviously these programs needed support from the donor community. Although it took quite a while (towards the mid 2000's) for Ethiopia to become an important recipient of family planning funding, a few donor agencies took the risk of investing in the country from very early on. Pathfinder is probably the first international organization to work in the country by providing seed money to FGAE in its pioneer work. IPPF started supporting FGAE from the 1970. USAID returned back to the country after the end of the military regime in the 1990's and, of course, UNFPA has been there all along.

The Packard Foundation started funding family planning programs in 1999 with a substantial amount of resources. At the time, with a budget of around 11 million dollars a year, Packard was the largest donor for family planning programs in the country. And almost all its resources went to support innovative

programs by civil society organizations. Packard-funded programs introduced community based family planning programs in some of the most remote areas of the country. Its leadership program graduated hundreds of young leaders in reproductive health. It supported a very active advocacy work by a group of NGOs dedicated to change the policy environment in the country. And it initiated support to fight the underlying causes of high fertility including early marriage, early childbearing, other harmful traditional practices and promoting girls education and economic empowerment. Packard Foundation also set the foundation for other similar donor agencies to invest in the country. Today the “Anonymous” foundation and Gates are major contributor to family planning programs in the country.

The objective of this paper is to give proper credit to those who have pioneered family planning work in the country. This, in no means, reduces the role of the government in owning, leading and expanding the national program. To the contrary. It is the efforts of all, government and CSOs, that brought the change in policy and program resulting in the spectacular achievement of the national family planning program. The lesson to be learned from this is that:

- It is indispensable that African governments commit and invest in family planning programs
- Such commitments are the result of a long and protracted work by CSOs, donors and other stakeholders
- The combination of the above will undoubtedly bring dramatic change in Family Planning and Reproductive Health in the continent.