

Result area 2 – SRHR - Ethiopia		A growing number of people have access to anti-retroviral drugs, contraceptives and other commodities required for good sexual and reproductive health				
Question 2a: To what extent do more people have access to anti-retroviral drugs, contraceptives and other commodities required for good sexual and reproductive health?	<p>The Government of Ethiopia has employed more than 17.000 Health Extension Workers and trained them to provide a.o. long-term modern contraceptive methods. Percentage of married women between 15-49 years old using any method of contraception increased in 5 years from 14% to 28.6%. This increase is especially due to increased use of injectables. Family Planning methods are free of charge in public and most NGO facilities.</p> <p>Supply of reproductive health commodities is improving but remains highly dependent on donor agencies. The unmet need of contraceptives declined but remains high (25%), especially among young people.</p> <p>The number of public and private health facilities providing HIV Counselling, Testing services and treatment increased in 2011. Prevention from Mother To Child Transmission services increased to 1.445 centres, though only 24% of pregnant HIV-positive women receive Anti Retro Viral therapy. This is due to low Ante Natal Care attendance (42%) and low institutional deliveries (10%).</p> <p>The HIV/AIDS control programme remains highly dependent from external funding, especially the United States and Global Fund to fight AIDS, TB and Malaria.</p>					
<i>Indicators</i>	Baseline (2011)	Objective (2015)	Result (2012)	Result (2013)	Result (2014)	Source
<i>Contraceptive Prevalence Rate - married women 15-49 (MDG indicator 5.3)</i>	28.6%	66%				DHS 2011
<i>Unmet need for family planning (per age group, where available and relevant) (MDG indicator 5.6)</i>	All: 25.3% Urban: 15% Rural: 27,5%	All : 10%				DHS 2011
<i>Proportion of population with advanced HIV infection (according to CD4) with access to antiretroviral drugs (MDG indicator 6.5)</i>	Adults : 86 Children: 20 (CD4 < 200)	Adult : 95 Children: 90 (CD4< 200)				Federal HIV/aids Reports
Question 2b: With which results has your programme contributed to a greater choice in and sufficient availability of contraceptives/medicines?	<p>NL supported the purchase of contraceptives through the Protection of Basic Services -health facility (up to 2012) and through the MDG Performance fund of the MOH (since mid-2012) and through DKT (a social marketing agency of contraceptives). This has contributed significantly to increased availability of contraceptives and condoms both in the public and the private sector. DKT has registered 2 new products (female condom, lubricant) aiming at a reduction in HIV transmission in high-risk populations.</p> <p>The number of clients in clinics supported by Family Guidance Association of Ethiopia (FGAE) and Marie Stopes International Ethiopia (MSIE) is sharply increasing. The NL embassy contributed 60% to DKT's , 35% to FGAE's and most of MSIE's programmes. Other donors include Irish Aid, DFID and the Packard Foundation.</p>					
<i>Indicators</i>	Baseline (2011)	Objective (2015)	Result (2012)	Result (2013)	Result (2014)	Source
<i>Type of new, user-friendly products / medicines on the market for improved sexual and reproductive health</i>			2 – lubricant female condom			DKT (2012)
<i>Number of couples protected by various contraceptives (Couple Year Protection)</i>	DKT : 2.8 m MSIE: 0.6 m MOH: 7.4 m	DKT :10.4 m MSIE: 1.0 m MOH:15.5 m				Project / HSDP reports
Question 2c: With which results has your programme contributed to addressing sociocultural barriers preventing women from using contraceptives?	<p>According to DHS 2011: 29% of women don't get health care as they don't have permission from their husbands to go to a health facility. For 53% of the women the chance that there is no female health worker forms a barrier. The government has therefore employed thousands of women in community health centres. In Afar Region the embassy provided support to efforts to dispel socio-cultural barriers to Family Planning through community meetings and focussed information programmes.</p> <p>Private sector providers are less judgemental and show less stigma. Hence, support to private sector services of MSIE, FGAE, DKT supported by the NL embassy contributes to reduced social and cultural barriers to SRH services for women, youth and sexual minorities. In all programmes (DKT, FGAE, MSIE) efforts are made to increase men's understanding of SRHR issues. FGAE also raised awareness of religious and traditional leaders on SRHR issues.</p>					
Assessment of results achieved across the entire result area, Dutch contribution	B					
A. Results achieved better than planned	<p>Reasons for results achieved:</p> <p>Due to the high priority (GOE and partners) for SRH and HIV/AIDS control, good progress is made in access to reproductive healthcare and HIV/AIDS control services. Remaining challenge is especially to reach young people and the rural population. More remains to be done to integrate HIV/AIDS control in the regular provision of SRH services especially Prevention of Mother to Child Transmission.</p>					
B. Results achieved as planned						
C. Results achieved poorer than planned						
D. Results achieved much poorer than planned						
Implications for planning						
<p>1) The embassy will continue to emphasize importance of increased access to an integrated package of SRHR services and hiv/aids control by a variety of service providers (public, private, NGO's, informal.</p> <p>2) More efforts need to be made to promote local ownership and funding of SRH and HIV/AIDS control programmes, also through health care financing reforms i.e. Social Health Insurance, Community Based Insurance and contracting out of services.</p> <p>3) Marie Stopes International's initiative to provide SRHR services as part of workplace policies of private companies will be encouraged in collaboration the Agriculture and Private Sector Development programmes.</p>						