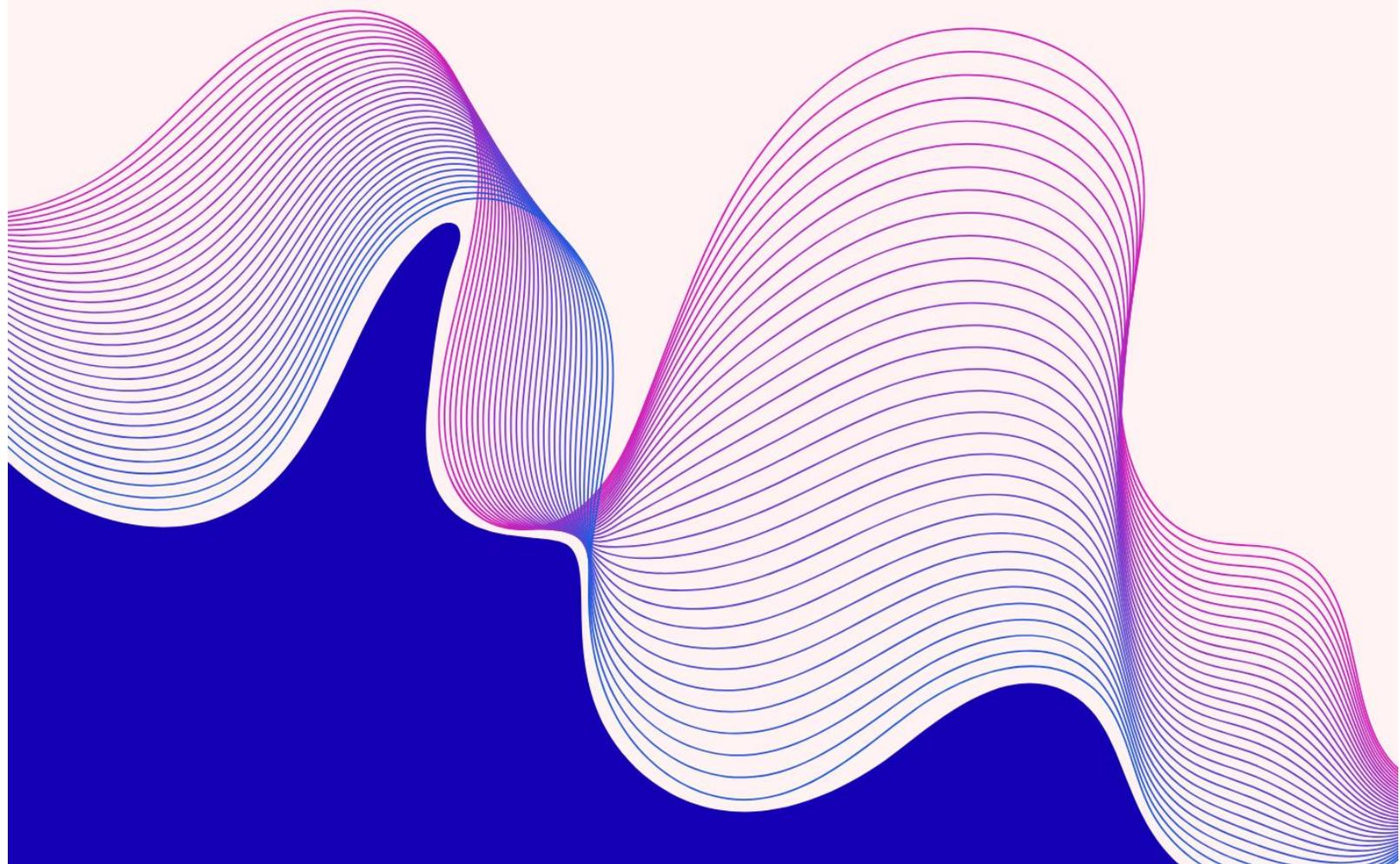


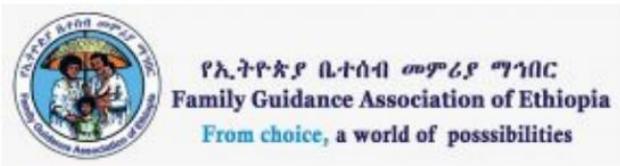
March 9-10,  
2023

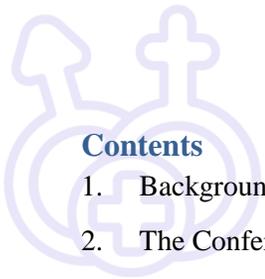


3<sup>rd</sup>

# **ANNUAL REPRODUCTIVE HEALTH CONFERENCE REPORT**

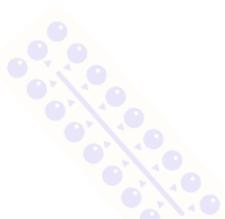






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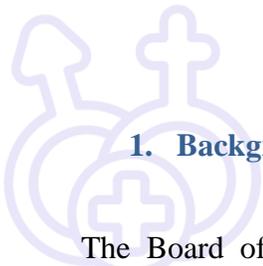
Share-Net Ethiopia, DSU, PLAN INTERNATIONAL, EngenderHealth, gage, Ipas Partners for reproductive justice ETHIOPIA

# 3rd CORHA Annual RH Conference

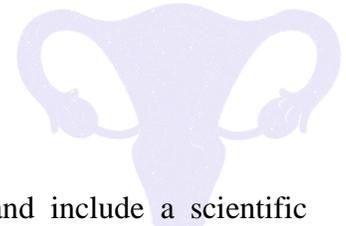
POPULATION MEDIA CITY, PSI, dkt ETHIOPIA, MARIE STOPES, FAITH IN ACTION

March 9-10, 2023  
Hilton Hotel  
Addis Ababa





## 1. Background



The Board of Directors (BoD) of CORHA has decided to initiate and include a scientific conference package as part of its Annual General Assembly Meeting since 2018. The scientific conference is an additional activity to CORHA’s traditional deliberations aimed at building the capacity of civil society working on Reproductive Health under the umbrella of CORHA. The activity, however, was interrupted for the last two years due to the COVID-19 pandemic. CORHA resumed the activity for 2022 and conducted its conference from 09 -10 March 2023 at Hilton Addis Hotel, Addis Ababa, Ethiopia.

In the run up to the conference, a scientific committee composed of a Board member, and a senior staff from member organizations had been established to lead conference preparations, including the development of conference themes and sub-themes; identification of panel session topics; compilation of talking points; identification of session moderators and speakers; and recruitment of potential exhibitors at the conference.

The main theme of this year’s annual RH conference was, “Partnership for Sustainable SRHR Programs in Ethiopia amid Emerging Challenge”. The following were the sub-themes that the activities in the conference revolved around:

1. Realizing national and global SRHR commitments
2. Implementing SRHR services in conflict and humanitarian settings
3. Strengthening and rebuilding system-wide approach

The following were the main objectives the conference envisioned to meet:

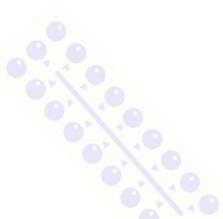
To share knowledge on current RH matters

To encourage young researchers' engagement in RH-related areas

To enhance partnership and collaboration among all relevant actors on RH

To develop a policy brief on RH issues for advocacy purposes

To maximize the impact of ongoing SRHR interventions by bringing stakeholders to speed





## 2. The Conference Process



### 2.1 Welcoming Message

Mr. Jemal Kassaw, Board Chairperson of CORHA, made the welcoming address in which he welcomed participants on behalf of The Consortium of Reproductive Health Associations and all the partners and organizers of this conference. In his address he also highlighted the following:

The preceding CORHA's two conferences were successful in strengthening partnership and networking and creating an opportunity for policy dialogue and advocacy on issues focusing on sexual and reproductive health.

This year's conference is key to share knowledge on current RH matters, encourage young researchers on RH related areas and, enhances the partnership and collaboration among all relevant actors of RH, develop policy brief on RH issues for advocacy purpose and maximize impact of on-going SRHR interventions.

This Conference will give us a moment to celebrate our achievements on Sexual and reproductive health and rights as well as for all partners and stakeholders for the changes we are bringing on the issues of SRHR as a nation.

The conference will serve as a platform of Partnership for sustainable SRHR Programs in Ethiopia amid Emerging Challenges.

### 2.2 Introductory Remark

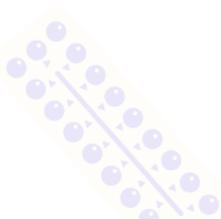
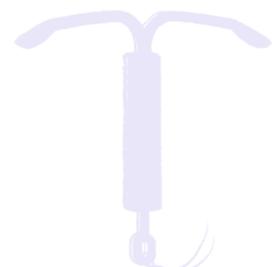
Ato Abebe Kebede, Executive Director of CORHA, underlined the following key messages in his introductory remarks, among others:

CORHA coordinates and encourages member CSOs involvement to bring about improvements in reproductive health and population issues outcomes in Ethiopia through collective, collaborative and coordinated action;

Armed with lessons learned from previous conferences, CORHA has prepared to make this conference a success in learning from one another;

The purpose of the conference is mainly to discuss emerging challenges in realizing global and local commitment to sexual and reproductive health (SRH) and identify a possible course of action to mitigate the impact in Ethiopia;

Though your active participation, the conference will create synergy to overcome emerging challenges through knowledge and experience sharing;





The organization of this conference has been possible through the unreserved support and commitment of members of the Board of Directors of CORHA, the Scientific Committee, member organizations and CORHA team members.

### **3. Key issues and Recommendations synthesized from plenary Sessions**

#### **3.1 Challenges and way forward drawn from the Key note addresses**

##### **3.2 Challenges**

The conflict in the north coupled with the drought in the south and eastern part of the country has resulted in emergency assistance needs for 20 million people, including internally displaced (IDPs).

Growing resistance to family planning/contraceptive use and lack of mutual accountability among key stakeholders has been observed.

##### **Way forward:**

All stakeholders should integrate peace into all their development work;

CORHA members, government and development partners should share value of peace and stability;

There is a need for forging a new partnership model and strategic alliances;

There needs to be a collaborative mind set among members and key players for collective efforts;

#### **3.3 Issues and challenges drawn from Sub - theme 1: SRHR Services in conflict and Humanitarian settings**

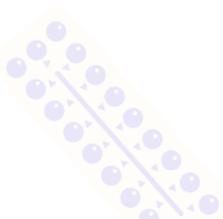
##### **Challenges:**

9.4 million and 3.4 million people needed SRH services in the Amhara and Tigray regions respectively of whom 1.2 million pregnant women needed SRHR services and maternity/delivery services, medical care including STI and HIV Testing, pregnancy tests and other routine services such as immunization.

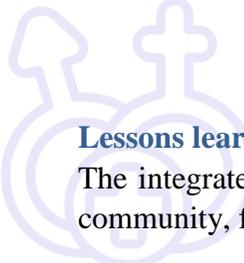
Somali Region also faced the problem of about 90,000 internally displaced people

Gender-based violence (GBV) is a common problem in all war-affected and IDP sites; 2000 survivors in the Somali Region were identified to be below 20 years old.

The logistical challenge made timely provision of supplies very difficult.







## Lessons learned

The integrated and interlinked intervention approaches used to provide SRHR services through community, facility and mobile-based channels have been found to be effective;

Distribution of RH kits to midwives , setting up maternity houses, forming and deploying mobile teams, training on emergency handling for health workers, health education on HIV testing, demand creation and the establishment of a one-stop center were effective for providing comprehensive care to the needy and those affected by GBV where SRHR information, services and case management were provided ;

The task shifting strategy to do caesarian section and self- injection of contraception turned out to be effective;

Comprehensive programming and collaboration, where Community-based GBV services were linked with health facilities and psychological support organizations, were very useful and effective;

Integrating SRHR services in refugee sites organized around the refugee camps were useful. Youth-friendly spaces were created with the involvement of MCH counselors who also did demonstration on condom use and school teachers who collaborated in distribution of re-useable sanitary pads;

Supporting regional staff and forming mobile teams to reach the affected at community through foster parents association proved to be effective;

Reaching IDP Health Posts with referral linkages to Health Centers helped to reach more people;

Mapping out SRHR services and creating awareness to the target population facilitates easy access to services;

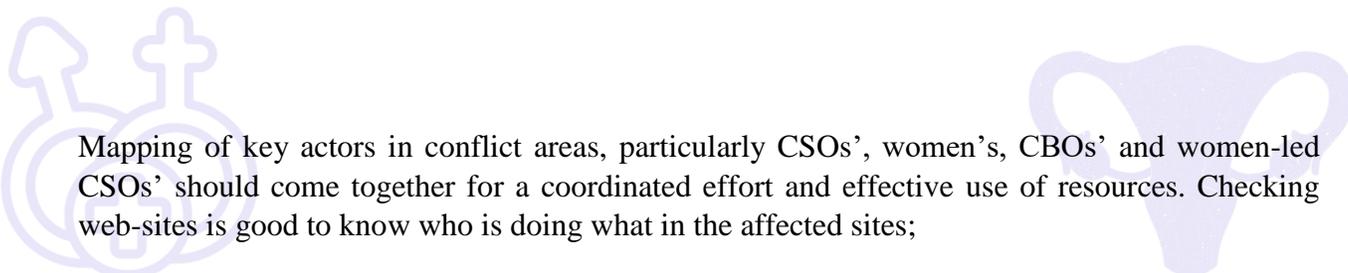
Working with religious and leaders for counseling of survivors is important;

Collaboration and coordination of efforts with key players such as midwives, who are providing 87% of the services in the sites, if supported with the necessary resources, are key to continue the service provision in Tigray where the foster parent association was key to mobilize Midwives to reach the affected;

Multi -sectoral response for GBV was challenging and too weak to meet the survivors needs particularly with the legal bodies. In collaboration with those working in human rights issues or women's issues (CORHA) should consider doing advocacy for multi-sectoral response for GBV;

Reaching GBV survivors without community engagement is difficult as timeliness of interventions is crucial for effective treatment;

Integration of programming from the proposal design to implementation phase is important: . For example, integrating WASH, SRHR Education and disability;



Mapping of key actors in conflict areas, particularly CSOs', women's, CBOs' and women-led CSOs' should come together for a coordinated effort and effective use of resources. Checking web-sites is good to know who is doing what in the affected sites;

Ensuring that health-care providers make family planning method choices available for clients is a crucial issue that needs intervention/advocacy;

### **3.4 Challenges and lessons learned of Sub- Theme 2 : Strengthening and Re-building Resilient Health System**

#### **Challenges**

Disruption of health services during crisis time due to lack of preparedness of the health system.

#### **Lessons Learned**

Preparedness of the health system during crisis times will ensure resilience;

The health system is able to respond effectively during crisis if emergency preparedness of crisis is put in place before crisis. Maintaining existing services is mandatory to expedite the process of responding to emergencies;

Early warning system is key to cope with crisis;

SRHR is a critical issue for a nation's development as planning family size has an impact on the economy. As population increases, resources get depleted. The price of unintended pregnancy and caring for unclean abortion is higher than providing FP/contraception services;

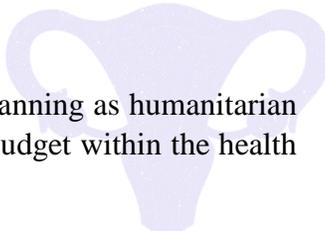
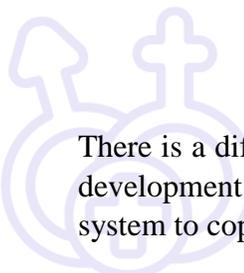
Health service resilience at Woreda level is important. EPHA's effort to strengthen Woreda Health system by establishing two TWGs is working well. COVID 19 forced to form six TWGs that assisted FMOH in planning and implementing programs which have been very effective;

Work force increased dramatically with increased health financing. CBHI has 90% coverage. However, there is a need to invest more;

Adaptation to new health crisis like COVID-19 resulted in efficient information collection and sharing which must be adapted to manage emergency crisis;

The private sector is contributing for 30% of the health care being provided in the country; it is, therefore, an important partner for the government. The private sector needs to plan and coordinate services with the government;

Lessons from COVID-19 should be adopted for use in emergencies and programming. This includes procurement, arranging logistics and distribution of medical supplies and protection materials by the private sector federation members, establishment of testing centers and drive-throughs;



There is a difference between development and emergency in terms of planning as humanitarian development nexus may happen suddenly. There is a need for a reserve budget within the health system to cope with crises;

Crises could be turned into opportunities. A good example is COVID 19 where facilities procured equipment and ventilation machines for COVID but equipped health facilities permanently, making them ready to handle emergencies.

Resource is a huge issue – Domestic resource mobilization and management is crucial.

The investment in health per capita is very low and so investing in sustainable domestic resources such as CBHI and SHI is important. It is, therefore, time to advocate for initiating the approved policy on SHI which must have been implemented long ago. – CORHA should start the process to advocate for this to happen

Lack of coordination of efforts between government and the private sector Has been an issue; thus, there is a need to strengthen the engagement of the private sector in health activities. Using the federation as an entry point for advocating is a good strategy.

USAID started working with local CSOs and the private sectors to strengthen local resource mobilization. One example is supporting Industry Days in big cities to explore opportunities and create networking to respond calls for proposals.

### **3.5 Challenges and lessons learned from Sub – Theme 3 – Realizing Global and National Commitments**

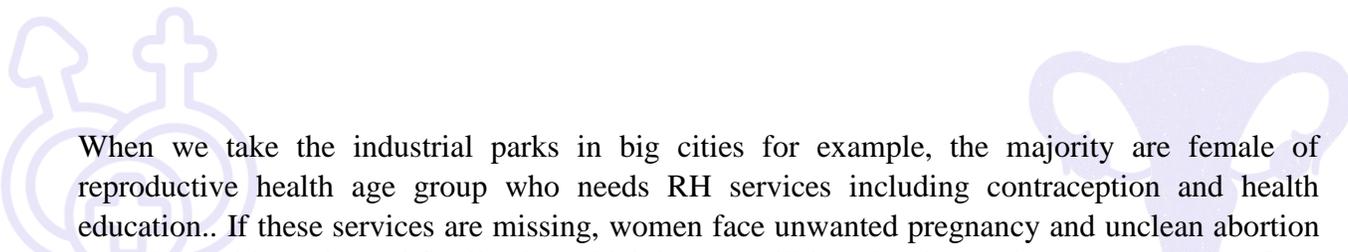
#### **Background**

Government, NGOs and other actors are making efforts to honor the country's commitments. Efforts from the government side to meet commitments include implementing MDG in its HSDPs; continuing the implementation of STP in line with the UHC goals; Focus given for maternal and adolescent health with SRH programs; Working with multiple actors and expanding reach of mothers using modern technology such as Yeneta and mobile team. NGOs have been making efforts to fulfil global and national commitments at two levels: - Macro and micro levels. These include: Adapting innovations, filling the gap and closing the gap.

#### **Lessons Learned**

Advocacy work to strengthen funding for SRHR within UHC and providing technical support to MoH at all levels is required.

SRHR is not only a health issue; rather, it has linkage with the socio –economic sectors as it affects the work force who, most of whom are youngsters be it in agricultural or industrial areas.



When we take the industrial parks in big cities for example, the majority are female of reproductive health age group who needs RH services including contraception and health education.. If these services are missing, women face unwanted pregnancy and unclean abortion or end up with unplanned family size which in turn will be a burden to the economy. Therefore, the contribution of FP service to poverty reduction is enormous. With this justification, SRH services, particularly YFS should be made available in urban and rural areas to address the SRH needs of adolescents and youth. The major challenges in this connection are:

Shortage of funding and budget reduction,

Destruction of existing infrastructure in war affected regions,

Lack of knowledge and attitude that calls for behavioral change communication,

The triple burden of COVID 19, conflict and drought ,

Staff turnover,

Lack of timely data,

Considering the recent experience with triple burden and climate change, the future is uncertain, which therefore, requires preparing ourselves and take action to build resilient health system.

Women pay the heaviest prices due to funding cuts and political crises. For example, the Ukraine & Russia war has resulted in 4.1 million unwanted pregnancy. Ethiopia should learn from this and implement interventions in SRH to tackle crises. Also, the fragmented funding approach by donors calls for repositioning of SRH.

### **Call for action -Way forward/ Solutions**

There is a need for policy review to close the gaps with strategies that strengthen partnership among government, CSOs and the private sectors. (Strengthening multi-sectoral collaboration).

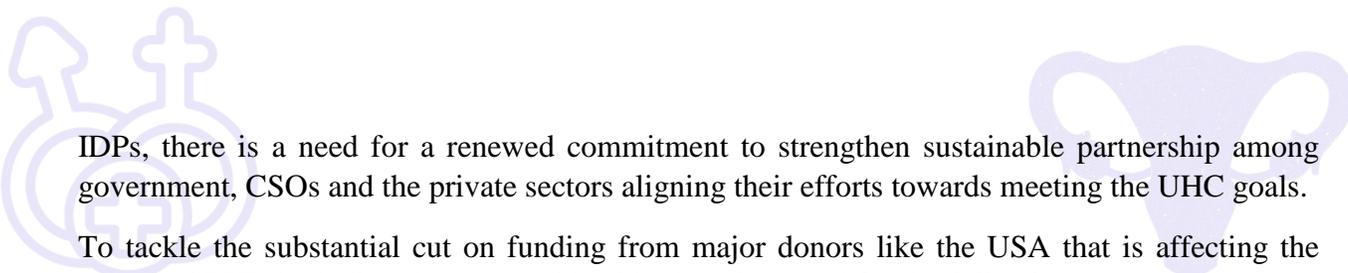
Service provisions modalities should be contextualized and redesigned to address the need of conflict and drought affected communities.

Policy advocacy, capacity building and systems strengthening should be undertaken to accelerate SRHR services, moving to gap closing instead of gap filling.

SRHR is people centered and human rights issue, therefore, it calls for creation of an enabling environment, addressing it as a cross cutting issue, stopping gender discrimination, innovation and challenging the status quo and greater political commitment.

Integrate peace in every development work

in the face of the triple burdens of COVID 19, the armed conflicts and the drought in the country that aggravated the SRH problems and lack of proper services for the affected including the



IDPs, there is a need for a renewed commitment to strengthen sustainable partnership among government, CSOs and the private sectors aligning their efforts towards meeting the UHC goals.

To tackle the substantial cut on funding from major donors like the USA that is affecting the gains in SRHR including the maternal health, there is a need for the following:

- a. Government needs to do readjustment of resource allocation.
- b. Domestic resources should be mobilized to build upon the successes in CBHI and we should work proactively to initiate the SHI in the formal sector
- c. CORHA should proactively engage in advocating for more resource/budget allocation on one hand and for more funding from development partners, and meaningful engagement of the private sector contributing their share for improved SRH services.
- d. We also should use the crisis as an opportunity and strengthen the emergency preparedness mechanisms in place instead of reactive - firefighting approach.

#### **4. Conclusion**

The third SRHR Conference of CORHA was successful in terms of learning new things in SRHR, It brought important SRHR actors together to discuss RH matters that matter and identify bottlenecks to be addressed going forward. The conference went a long way in identifying achievements in the area and identifying gaps that need to be closed. However, there are some important lessons that need to be taken care of in future conferences. The following are the major lessons learned:

The conference was largely scientific and technical. It lacked practical and program-based presentations, which could have been relevant to inform future programmatic interventions. In future, there must be a balance between scientific presentations and programmatic ones so that participants can have the opportunity to learn not only from theoretical advances in SRHR but also how these are translated into practice in the Ethiopian context. The name of the conference should also reflect that and it should be called “CORHA Annual SRHS Conference” in stead of “Scientific Conference”.

The planning time for the annual conference was rather too short and it put too much pressure in the organizations. Going forward, preparation for annual conferences should start well ahead of time.

The establishment of only one committee (scientific committee) for the planning and execution of the conference wasn't a very wise decision. The committee was overstretched and overworked to make sure the conference meets its goals and objectives. In future, more committees should be formed to share the different aspects of the planning and do a more efficient work. One suggestion will be to have three committees which include a steering committee, a scientific committee and a logistics/coordination committee.