



REPRODUCTIVE HEALTH AND FAMILY PLANNING PROFILE



BACKGROUND

Since 1993, the Ethiopian Government has initiated steps to improve the reproductive health (RH) status of women. Various policies have endorsed the role of RH and family planning (FP) services toward meeting the development objectives of the country and have called for the expansion of these critical services. In Ethiopia, the levels of maternal and infant mortality and morbidity are among the highest in the world (EDHS 2005), with 21 percent of deaths among women aged 15 to 49 related to pregnancy or pregnancy-related causes. Utilization of RH care services in Ethiopia is low and varies substantially by women’s place of residence, educational level, and religion. Nationwide, only 7 percent of women receive delivery assistance from a health professional

(EDHS 2005). Early marriage is widely practiced, exposing young women to premature and prolonged childbearing and poor health outcomes.

With 77 million people, Ethiopia is the second most populous nation in sub-Saharan Africa. Its annual population growth rate is estimated at 2.5 percent, which adds almost 2 million people every year (PRB 2005). The population is projected to increase to more than 117 million by 2025. Many of the health problems of women and children are related to high fertility, with an average of 5.4 births per woman in 2005 (EDHS 2005). In addition, almost half of the total population (44 percent) is under the age of 15; large numbers of individuals will be of reproductive age in the near future. A young population, combined with high fertility, limited access to FP, and low contraceptive usage, not only predicts rapid population growth for at least another generation, but will exacerbate Ethiopia’s poor maternal health.

Contraceptive security – the ability of clients to be able to choose, obtain, and use quality contraceptives – remains a major challenge in Ethiopia. Overall, 78 percent of married Ethiopian women want to either stop or postpone childbearing, implying that around four out of five are in need of FP services (EDHS 2005). Despite clear indications of need, access to quality RH and FP services is limited. Only 10 percent of women who are not using FP reported discussing FP with a field-worker or at a health facility in the last 12 months (EDHS 2005). Recently, the Ethiopian Contraceptive Logistics System was pilot-tested, and major efforts are under way to improve the system nationally. USAID purchased \$6 million worth of contraceptives both in 2006 and 2007 to help reduce the contraceptive stock-outs.

RH AND FP INDICATORS	EDHS	
	2000	2005
Total Fertility Rate	5.9	5.4
Antenatal Care	26.7%	28%
Maternal Mortality Ratio (per 100,000)	871	673
Maternal Malnutrition	30.1%	27%
Contraceptive Prevalence Rate (married women)		
All Methods	8.1%	14.7%
Modern Methods	6.3%	13.9%
Unmet Need for FP	36%	34.8%

USAID RESPONSE

USAID is working closely with the Ministry of Health to expand access to and use of quality reproductive and FP services in the Amhara; Oromiya; Southern Nations, Nationalities, and People's Region; and Tigray regions, which contain more than 86 percent of Ethiopia's population. In partnership with the government and select nongovernmental organizations, USAID supports national-level advocacy and policy in RH and contraceptive security; the expansion of services to urban and remote, hard-to-reach rural populations; and the integration of these services with HIV/AIDS and child health services. Major areas of support include:

- Expanding RH/FP services, including the types of contraceptive methods offered, to more than 300 urban and rural districts through 30 implementing partner organizations, focusing on community-based counseling and distribution of FP methods through 9,000 community-based RH agents
- Upgrading clinical services of public- and private-sector providers for long-term and permanent methods and postabortion care
- Linking FP and HIV/AIDS services at voluntary counseling and testing centers, as well as service sites for the prevention of mother-to-child transmission of HIV
- Providing RH/FP services in the workplace and marketplace
- Training youth peer educators to provide RH services and HIV/AIDS prevention counseling
- Identifying and referring women for obstetric fistula treatment
- Helping to improve the country's contraceptive logistics system

In all of this, USAID promotes gender equality and works to strengthen community capacity to manage the promotion and delivery of quality RH services. USAID also supports community efforts to strengthen access to immunizations, prevent malaria and HIV/AIDS, and improve nutrition for women and children through vitamin A, iodine, and iron supplementation. USAID also supports the reduction of harmful traditional practices such as female genital cutting, rape, abduction, early marriage, and wife inheritance.

USAID RESULTS

USAID-supported RH/FP efforts are showing results. The national modern contraceptive prevalence rate among married women more than doubled in the past five years (EDHS 2000 and 2005). In the four regions receiving direct USAID support, where more than 86 percent of Ethiopia's population lives, the increase in modern contraceptive use among married women was dramatically higher (two to three times higher in three regions) compared with Ethiopia's other seven regions (increases of 53 percent or less). USAID supports government plans to strengthen district-level health management capacity and promote rural outreach in FP service delivery, providing assistance to train nearly 28,000 health extension workers. In 2004, intensive advocacy was focused on 450 members of Ethiopia's Parliament to address population dynamics, population in development and poverty reduction, and barriers to FP.

A national RH strategy was launched in March 2006. Later, in 2006, stakeholders approved a national youth RH strategy and a minimum package of services for youth to be implemented in 2007. As of June 2006, 5,490 health care providers were trained on the Ethiopian Contraceptive Logistics System and supportive supervision; an additional 4,650 are to be trained by FY 2008. USAID, through the Carter Center, is also supporting the accelerated training of health officers, which will improve the quality and reach of service. USAID procured contraceptive methods for the last four years and spent almost \$6 million in FY 2006 to purchase 2.8 million cycles of oral contraceptives, 3 million injectables, 12 million condoms, and 54,000 implants. A comparable amount will be purchased in FY 2007.

IMPLEMENTING PARTNERS include the Ethiopian Ministry of Health, the Ministry of Finance and Economic Development, Pathfinder International, and the JSI DELIVER Project.

Data Sources: Ethiopia Demographic and Health Survey 2000, 2005; 2005 Population Reference Bureau World Population Data Sheet

For more information, contact USAID's Health, AIDS, Population and Nutrition Office in Ethiopia: 011-551-0088