In Ethiopia, 25% of women are malnourished and the country has one of the world’s highest rates of maternal deaths (673 per 100,000) and disabilities. Only 6% of women receive delivery assistance from a health professional, 19,000 women die from childbirth related causes every year, and many more suffer from birth injuries, including obstetric fistula and prolapse.

Female genital cutting is widely practiced. High fertility rate of 5.4 births per woman, women’s limited independent decision making, gender-based violence, and harmful traditional practices negatively impact women’s reproductive health and the health of their children. Almost half the total population (44%) is under the age of 15 and a large number of these individuals will be of reproductive age in the very near future. A young population, combined with high fertility, the low status of women, limited access to family planning and reproductive health services and low contraceptive use, contributes to Ethiopia’s rapid population growth and poor maternal and child health.

Ethiopia has too few health professionals and a weak health delivery system to service a rapidly growing population spread across vast distances. The World Health Organization (WHO) recommends $34 per capita spending on health to achieve the Millennium Development Goals by 2015; Africa’s average is $28, while Ethiopia’s is now at $15.5.

USAID FAMILY PLANNING AND REPRODUCTIVE HEALTH PROGRAMS

Under the President’s Global Health Initiative in Ethiopia, maternal and child health is a number one priority reflecting the government’s goal of reducing maternal mortality and increasing access to family planning. USAID supports the Ministry of Health’s Health Extension Worker Program which has deployed over 30,000 health extension workers throughout the country to bring integrated primary health care to the community level.

USAID programs support integrated interventions across families, communities and health facilities to achieve critical results in safe deliveries, skilled birth attendance, and expanding access to family planning and reproductive health services to underserved groups, and particularly in rural areas where the majority of the population resides. Procurement of contraceptive commodities and strengthening the public sector contraceptive logistics system are part of USAID’s investment in access to all methods of family planning.
Through its flagship *Integrated Family Health Program*, USAID works to improve family health by strengthening and promoting increased use of high impact family planning, maternal, newborn and child health practices, and by providing training to health extension workers, mid-wives and healthcare professionals.

Additionally, USAID is supporting safe motherhood programming by funding pre-service midwifery training and improving the capacity of the Ethiopia Nurse Midwives Association; improving maternal health services at Prevention of Mother to Child Transmission (PMTCT) of HIV/AIDS sites and community level maternal child health services by improving and increasing facility based deliveries and other neonatal interventions.

Three of the Addis Ababa Fistula Hospital’s Regional Hamlin Centers in Bahir Dar in the Amhara Region, Mekele in the Tigray Region, and Yirgalem in the Southern Nations and Nationalities Peoples Region receive USAID support to provide community outreach and obstetric fistula repair treatment. The Arba Minch Hospital also receives funding for fistula treatment.

Further USAID support for fistula repair involves two programs to sensitize communities and train and support community health workers and health service providers to refer women with obstetric fistula to the Hamlin Regional Centers or to the Addis Ababa Hamlin Fistula Hospital for more complicated cases. One of these programs also has established three pre-repair units at health centers in Amhara Region to provide counseling, nutritional support, treatment for infections prior to referring fistula patients for repairs at the Bahir Dar Hamlin Center.

US support to Ethiopia for reproductive health and family planning programs averages $25 million annually.