



Ethiopia

Yemmi had no idea that Saron, her 14-year-old daughter, was pregnant until she found the girl — unconscious and bleeding profusely — on the dirt floor of their ramshackle house. She begged a neighbor to load Saron onto a donkey cart and take her to the nearest clinic, 12 miles away. Their efforts were too late, however, and on the way to the clinic, Saron died from blood loss and infection — the result of an unsafe abortion. (Du Venage 2003).

Background

In Ethiopia, one in seven women die from pregnancy-related causes, and unsafe abortion causes more than half of the 20,000 maternal deaths that occur annually in the country (Sai 2004; WHO 2007). Abortion with sepsis, a toxic and often fatal blood condition, is the sixth-leading cause of hospital admissions for Ethiopian women and girls.

Safe abortion services have been unavailable throughout much of Ethiopia's modern history. The 1957 penal code allowed abortions only to save the life or health of the woman. Combined with low rates of contraceptive supplies, use, and high rates of sexual violence, the restrictive law compelled many Ethiopian women to seek out the services of unskilled, back-street abortion providers.

However, in 2004, the Ethiopian Parliament passed one of Africa's most progressive abortion laws. The new penal code added indications for rape, incest, fetal abnormality, and a woman's physical or mental disabilities. The Parliament also approved abortion for minors physically or psychologically unable to care for a child. This marks a significant change for Ethiopia, where

adolescents make up more than 45 percent of those seeking abortions (ESOG 2002).

In 2005, the Ethiopian Ministry of Health (MOH) released guidelines for safe abortion services, making major progress toward implementing revisions of the country's abortion law. The guidelines mandate timely access to services, implementation of medical abortion (MA) services and allow midlevel (non-physician) providers and midwives to provide abortion services.

Based in Addis Ababa, Ipas Ethiopia works to expand access to high-quality comprehensive abortion care (CAC), including the provision of safe, legal abortion services and treatment of unsafe abortion-related complications; strengthen contraceptive services, particularly postabortion contraception as an integral component of CAC; promote access to safe reproductive health technologies, such as manual vacuum aspiration (MVA) and MA drugs; and raise community awareness about reproductive health and rights issues, and preventing unwanted pregnancy and unsafe abortion. Ipas Ethiopia also monitors and supports trained providers and facilities with technical assistance and management; disseminates the MOH safe abortion guidelines to ensure

| Statistic | Data |
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| National population | 77,100,000 |
| Total fertility rate for women aged 15–49 | 5.4 |
| Maternal mortality ratio (deaths per 100,000 live births) | 720 |
| Percent age of married women married aged 15–49 using modern contraception | 14 |

implementation of the law; and conducts research to guide program interventions and support policy and advocacy work.

Key accomplishments

- Ipas Ethiopia supports more than 300 public- and private-sector facilities in the provision of comprehensive abortion care. This includes the training of 443 public-sector service providers, 85 percent of whom are midlevel providers working in primary health-care centers, which increases access to and decentralizes services; and 89 private-sector service providers from 36 facilities. This training will strengthen public-private partnerships in abortion care.
- To strengthen postabortion contraception, Ipas Ethiopia trained 46 providers from 23 public-sector facilities in long-term contraceptive methods.
- Ipas Ethiopia conducted MA and woman-centered abortion care training-of-trainers (TOT) for 22 lead trainers and service providers, increasing the pool of MA master trainers and preparing for the introduction and scale-up of MA in the country; Ipas Ethiopia also conducted a comprehensive abortion care TOT for 13 instructors from 13 nursing and midwifery schools, including a package of materials and publications to establish skills labs for pre-service training.
- Ipas Ethiopia supported the establishment of 12 reproductive health training centers, to improve regional capacity building and serve as Ipas Centers of Excellence, model sites implementing comprehensive abortion care, and service-delivery and practical skill-training models for service providers.
- Ipas Ethiopia and partners supported the sustainability of reproductive health technologies by procuring and distributing more than 2,500 MVA aspirators, in addition to MVA equipment and accessories donations.
- Along with the Ethiopian MOH, Drug Administration and Control Authority (DACA) and DKT-Ethiopia, Ipas Ethiopia worked to include mifepristone and misoprostol in the national drug list and subsequent drug registration and importation activities.
- Ipas Ethiopia continues to promote awareness of the law reform and reproductive health and rights, including disseminating the technical and procedural guidelines to service providers, legal reinforcement bodies, women and communities; and conducting sensitization workshops for participants from health and justice sectors at regional, zonal and district levels.

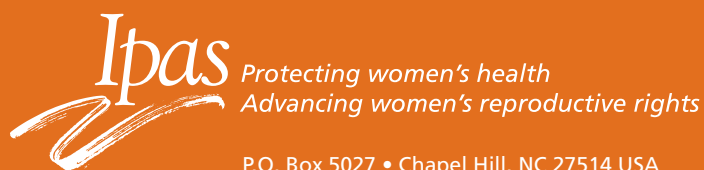
- Ipas Ethiopia drafted a national comprehensive abortion care strategy and medical abortion introductory plan for review by the MOH.
- Ipas Ethiopia contributed to two significant research projects: Monitoring Safe Abortion Care Service Provision in Tigray, Ethiopia, a baseline assessment of public-sector abortion services in the Tigray region; and the National Study of the Magnitude and Consequence of Unsafe Abortion in Ethiopia, which examines the incidence of abortion-related morbidity and mortality in public- and private-sector facilities.

What Ipas's work means for women

Ethiopia's law reform has increased women's access to safe abortion services, which means fewer maternal deaths and injuries. New training models and the collaboration between Ipas and the MOH will help develop reproductive health care for all Ethiopian women. Women now have comprehensive, safe options to terminate and reduce unintended pregnancies, including MVA and medical abortion and greater access to postabortion contraceptives.

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P.O. Box 5027 • Chapel Hill, NC 27514 USA
1.919.967.7052 • ipas@ipas.org
www.ipas.org

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