

Poverty Action Network of civil society organization in Ethiopia (PANE)

Proceedings of the Workshop on Maternal Mortality

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Introduction

It has become widely accepted that promoting gender equality, women's empowerment and ending violence against women is essential to achieving human development, poverty eradication and economic growth in Ethiopia.

The Millennium Declaration of 2000 resolves to promote gender equality and the empowerment of women as effective ways to combating poverty, hunger and disease and to stimulate sustainable development. By implication, it recognizes the centrality of gender equality and empowerment of women to the achievement of all international development goals and also has a goal specifically addressing gender equality³. The UN World Summit in 2005 recognized the importance of achieving MDG3 through gender equality in education, non-agricultural employment and participation in decision making. In addition the Summit reiterated the importance of promoting women's right to own and inherit property; ensuring tenure of property and housing, and equal access to productive assets and resources, including land, credit and technology; ensuring universal access to reproductive health; and eliminating all forms of discrimination and violence against women and girls. The Summit noted, significantly that failure to make any meaningful strides in these areas would not only result in imbalances in the distribution of opportunities and benefits of development, but also hamper the achievement of all the MDGs.

In 1990, more than 1,000 women died in childbirth for every 100,000 births. In 2007⁸ the number was reduced to 673. Now, the government goal is to reduce the number of deaths of birthing mothers to 267 by the end of the MDG period (2015).

The MoH estimates that only about 15.1% of deliveries are attended by a skilled provider. This means the majority of deliveries (85%) are not attended by skilled professionals, who can offer emergency obstetric care including new born care.

The Ethiopian government undertook a number of fundamental reform measures to address the main health problems and to meet the high unmet demand for health care in rural areas. In view of its commitment to meet the MDGs, the government has embarked on two flagship programs, namely: i) the Health Service Extension Program (HSEP) started in 2002 and ii) the Accelerated Expansion of Primary Health Care Coverage (AEPHCC) in 2005. It has also introduced the Essential Health Service Package (EHSP).

The government of Ethiopia endorsed the MPS strategy which is aimed at strengthening the health system to provide quality care, particularly skilled attendance at birth and emergency obstetrics care through a functional referral system..

Ethiopia's overall **fertility rate** – while having fallen from 6.4 to 5.9 per woman since 1990 - remains one of the highest rates in the world. Nearly 80% of the population is aware of at least one family planning method, but utilisation of such services remains low. Recent data indicate that contraceptive prevalence ranges from 18 to 23%. Even by regional standards Ethiopia's current prevalence remains low, and “the country's unmet need for contraceptives remains around 36%”¹³. Reducing fertility in urban areas is making some progress, particularly in Addis Ababa where over the past few years a very significant reduction in fertility has been noticed, related to educational achievement and, probably, to the easier availability of contraceptives. In this connection it is of interest to note that the Citizens' Report card prepared by Poverty Action Network of Ethiopia (PANE) states that “very few respondents reported getting contraceptive advice from government facilities”. PASDEP rightly draws as its conclusion that “delivery of contraceptive services needs to be greatly intensified” (PASEDP, Page 37).

However, and in spite of Ethiopian women's mobilisation, advocacy, and increased representation in governance at regional and national levels, the normative gains are not yet reflected in substantial changes in the lives of ordinary women. Women in Ethiopia, especially those living in rural communities, urban slums and those with disabilities, still face daunting challenges. Women's low access to productive resources including land, water, energy, credit, education, training, health, remunerated employment and communication has contributed to the situation whereby a larger proportion of women live in absolute and relative poverty today than ten years ago. The cumulative effects of HIV/AIDS, TB and malaria, food insecurity, low economic productivity, low levels of education and increased sexual violence have left Ethiopian women vulnerable and with considerable challenges. Women bear the brunt of the HIV/AIDS pandemic either as principal providers of care or as the most affected and infected. Women and girls continue to be seriously affected by gender-specific violations of their human, sexual and reproductive rights. Women and girls continue to risk death from maternal mortality. In Ethiopia, 60 women die every single day due to pregnancy. This means 300,000 babies die every year due to maternal mortality.

Thus against this background, PANE has organized a half day workshop on maternal mortality to discuss on the status and to identify the policy gaps which will be used as an input for the formulation of the next PASDEP

The Workshop outcome

The workshop was opened by the welcoming address of Ato Eshetu Bekele, Executive Director of PANE. Following Ato Eshetu's introductory remark a paper on Maternal mortality in Ethiopia was presented By Ato Dejene Getahun, from CORHA. The presentation mainly focuses on the following major issues. (The full presentation annex 1)

- What is maternal mortality
- The Status of maternal mortality in Ethiopia
- The Contributing factors to maternal death in Ethiopia
- Selected interventions
- Identified policy gaps
- Opportunities
- Policy recommendations

A total of 15 people representing CSOs working in the area of Gender and related issues have attended the workshop (Annex 2).

After the presentation the participants divided in two groups to discuss on the following issues

- What is the status of maternal mortality in Ethiopia and the major challenges
- What are the policy gaps recommendations for the next PASDEP

The two groups came with the following findings

1/ Status of maternal mortality and the major challenges

- The maternal health care service is very limited
- Poor infrastructure
- Illiteracy
- Disempowerment of women (low decision making power)
- The monitoring and evaluation system is not clear and transparent
- Lack of information
- High birth rate and limited spacing
- The budget allocated for maternal health is not sufficient
- Lack of collaboration at all levels

2/ Policy recommendation

- More attention to marginalized groups and communities
- Improvement in budget allocation for maternal health from the government treasury
- To enhance the government commitment
- Strengthen collaboration and partnership with relevant stakeholders
- Awareness creation and Capacity building at all levels particularly for health extension agents
- Design clear and transparent monitoring and evaluation system
- Detail targets and indicators must be established in the next PASDEP with the corresponding budget
- Donors must be accountable to allocate predictable fund

- Attention must be given to best traditional practice3s such as TBA, HEW

Finally it was decided that PANE and CORHA to be lead agencies in bringing more CSOs to prepare a policy recommendations which will be used as an input for the formulation of the next PASDEP (PASDEP II).

List of participants

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