

Performance Monitoring for Action *Ethiopia*

PMA Ethiopia Survey Results (2020)

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Objectives

- Present **summary results from PMA Ethiopia's 2020** cross-sectional survey on major **family planning and reproductive health indicators including possible effects of the COVID-19 pandemic**
- Present **trends in key family planning indicators** from 2014 to 2020
- Identify **regional variations** in coverage and quality of select **family planning indicators**

Outline

1. About PMA Ethiopia

2. Study Design

3. Results from:

- The cross-section survey
- The service delivery point survey
- Impacts of COVID-19 on health behaviors
- Health facility data on select MCH services
- Food security status

4. Summary of key findings and next steps



What is PMA Ethiopia?

PMA Ethiopia is a five-year project implemented in collaboration with Addis Ababa University, Johns Hopkins University, and the Federal Ministry of Health.

- Nationally representative survey measuring key Reproductive, maternal and child health indicators including:
 - Antenatal, delivery, and postnatal care
 - Modern contraceptive prevalence
 - Reproductive empowerment, fertility intention,
 - Health facility readiness and quality of care
 - Impacts of COVID-19 on health behaviors and service delivery

PMA Ethiopia Unique Features

- Designed to both track annual progress and **provide more information on why trends are occurring**
- Offers stakeholders and program implementers **important insights on user dynamics** and allows data users to track against progress towards select Sustainable Development Goals
- Gathers additional information on contraceptive attitudes, reproductive coercion, partner preferences, **impacts of the COVID-19 pandemic** and other innovative and important measures not captured in other surveys

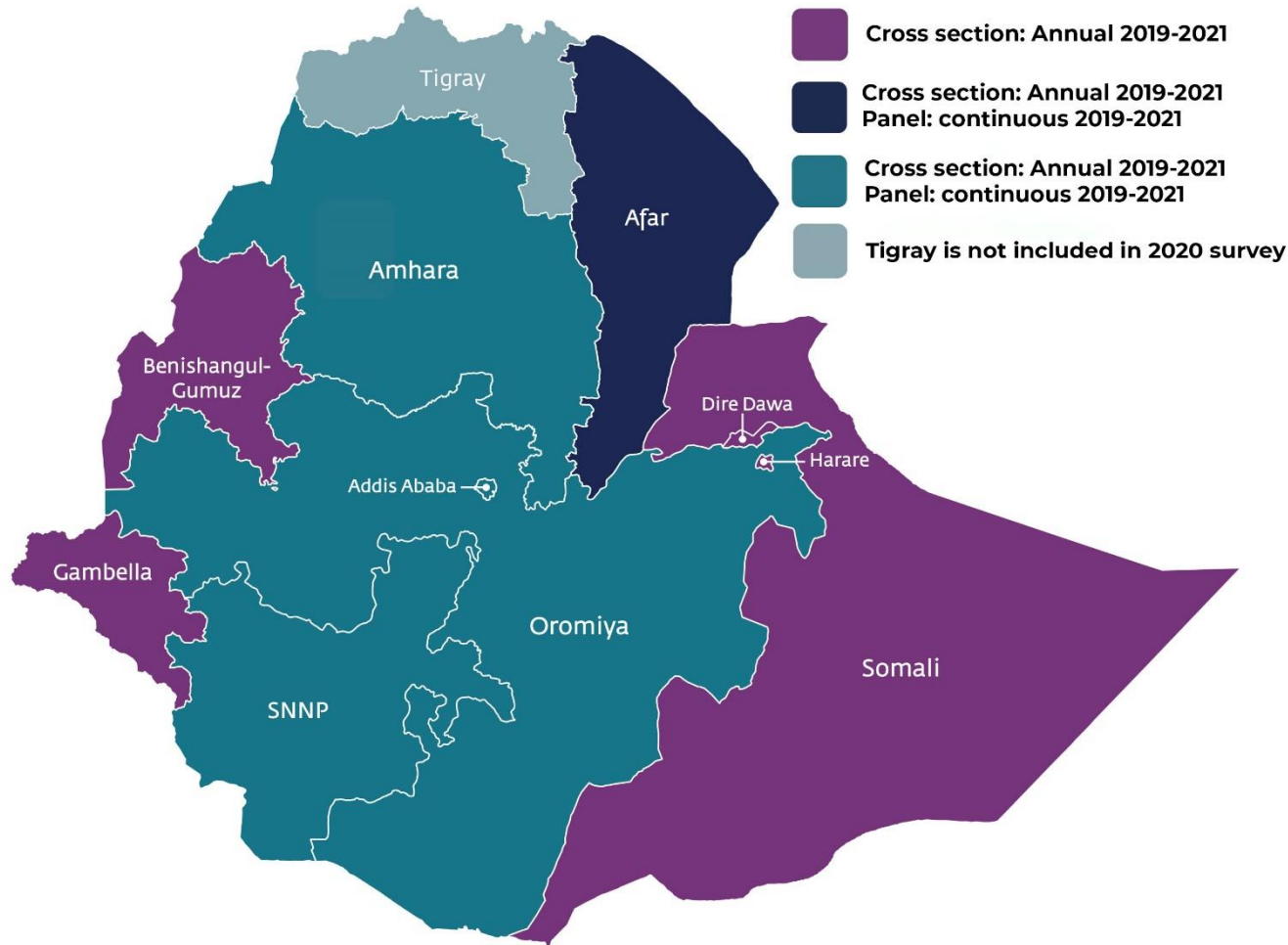
Implementation

- Cross-section and SDP data collection: October – December 2020
- Conducted by Addis Ababa University's School of Public Health in collaboration with the Ethiopian Public Health Association
- With support from the
 - Federal Ministry of Health
 - Central Statistical Agency
 - The Foreign, Commonwealth & Development Office (FCDO) (formerly DFID)
 - Bill & Melinda Gates Institute for Population and Reproductive Health (Johns Hopkins Bloomberg School of Public Health) – The SDP survey received financial and technical support from the JHSPH
 - Marie Stops International Ethiopia Office (MSI Ethiopia)
- Funding source: FCDO and The Bill & Melinda Gates Foundation

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PMA Ethiopia: ***Overview of Survey Design***

PMA Ethiopia: Survey Design



- **Cross-sectional survey** of women age 15-49
- **Panel survey** that follows pregnant women from pregnancy through first year postpartum, covering 91% of population. It also includes women <6 weeks postpartum women
- Annual **health facility survey** (SDP)
- PMA Ethiopia included 265 enumeration areas (EA)

***Trend analysis on family planning (2014-2020) does not include Tigray for consistency reasons**

PMA Ethiopia: Cross-section Design

The design for the cross-sectional survey is similar to what was used for PMA2020/Ethiopia:

- A listing frame was created from the census or listing activity
- Supervisors then randomly selected 35 **households per EA**
- At each of the 35 households, REs conducted:
 - The **Household Questionnaire**
 - And **Female Questionnaire** for all women 15-49 in the household at time of interview



PMA Ethiopia: Service Delivery Point

Provides health system trends annually

- Survey includes all levels of public facilities (Health Post, Health Center, Hospital) that serve the EA as assigned by government
- Up to three private facilities included in a Kebele

The list of health facilities was obtained from the local district health office of the selected EA.



Priority Indicators: Cross-Sectional Survey

Indicators from data gathered among all women age 15-49, including:

- Contraceptive use nationally and by region
- Method mix
- Unmet need
- Reasons for non-use
- Select attitudes towards use of contraception
- Impact of COVID-19 on health seeking behaviors and service availability

Cross-Section and SDP Surveys

- Data collection: October-December 2020
- Sample weights applied

Unit	Number (n)	Response Rate
Households	8024	98.9%
Eligible women 15-49	7646	98.5%
Health Facilities	734	97.0%

PMA Ethiopia: ***Family Planning***

Family Planning Key Indicators

Select Family Planning and Fertility Indicators (All and Married Women, Age 15-49)

Contraceptive Prevalence (CPR) (%)	All Women		Married Women	
All Methods CPR	26.5		37.7	
Modern Method CPR	25.0 (23.8, 26.2)*		35.6 (34.0, 37.3)*	
Long Acting/Permanent CPR	8.6		11.9	
Total Unmet Need	13.0		19.2	
For Limiting	4.2		6.3	
For Spacing	8.7		12.9	
Total Demand	39.5		57.0	
Demand Satisfied by Modern Method (%)	63.4		62.5	
* <i>Confidence intervals</i>				

Key Family Planning Indicators

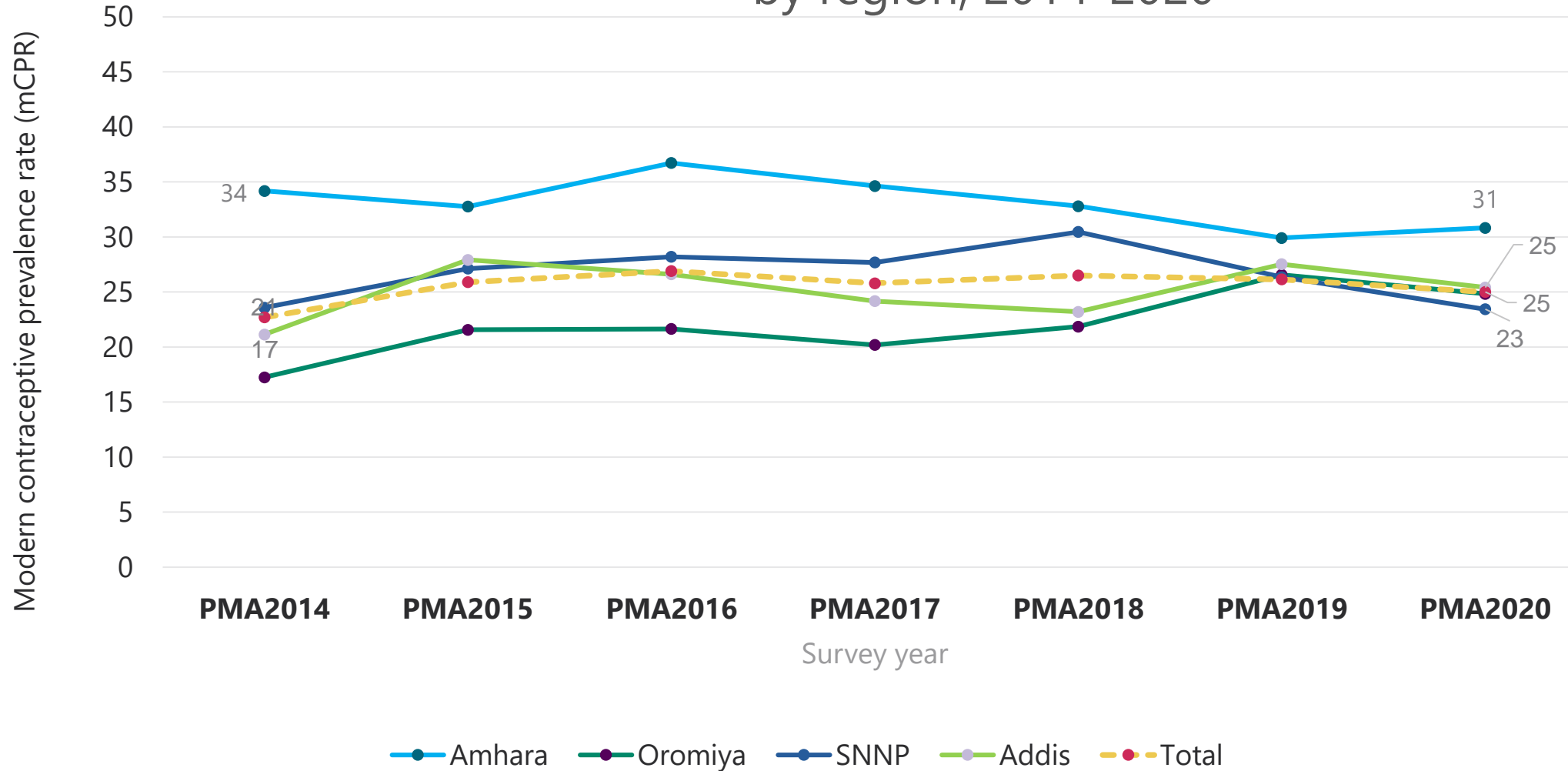
by region among all women

Select Family Planning and Fertility Indicators (All Women Age 15-49, by region)								
Region	Afar	Amhara	Oromia	Somali	Benishangul	SNNP	Addis	National
All Methods CPR	3.1	31.5	26.3	2.9	32.4	24.8	30.7	26.5
Modern Method Use	2.2	30.8	24.8	1.0	32.1	23.4	25.4	25.0
Long Acting/Permanent CPR	1.0	8.3	9.5	0.3	13.7	8.6	8.8	8.6
Total Unmet Need	8.5	9.9	15.8	9.4	8.2	15.0	4.1	13.0
For Limiting	0.3	4.3	4.4	3.4	4.0	5.1	1.3	4.2
For Spacing	8.2	5.6	11.3	6	4.2	9.9	2.8	8.7
Total Demand	11.6	41.4	42.1	12.3	40.6	39.8	34.9	39.5
Demand Satisfied by Modern Method (%)	18.7	74.5	59.0	8.4	79.1	58.9	72.9	63.4

Regional disparities in family planning indicators continue to persist, with **Oromia and SNNP** have relatively higher unmet need for modern contraceptives

*Regions with sample size less than 50 were excluded

Trends in mCPR among all women by region, 2014-2020



No statistically
significant
change in
mCPR among
all women
between 2019
and 2020

Statistical significance of changes in regional mCPR among all women 2019-2020

mCPR (All Women Age 15-49, by region) for 2019 and 2020

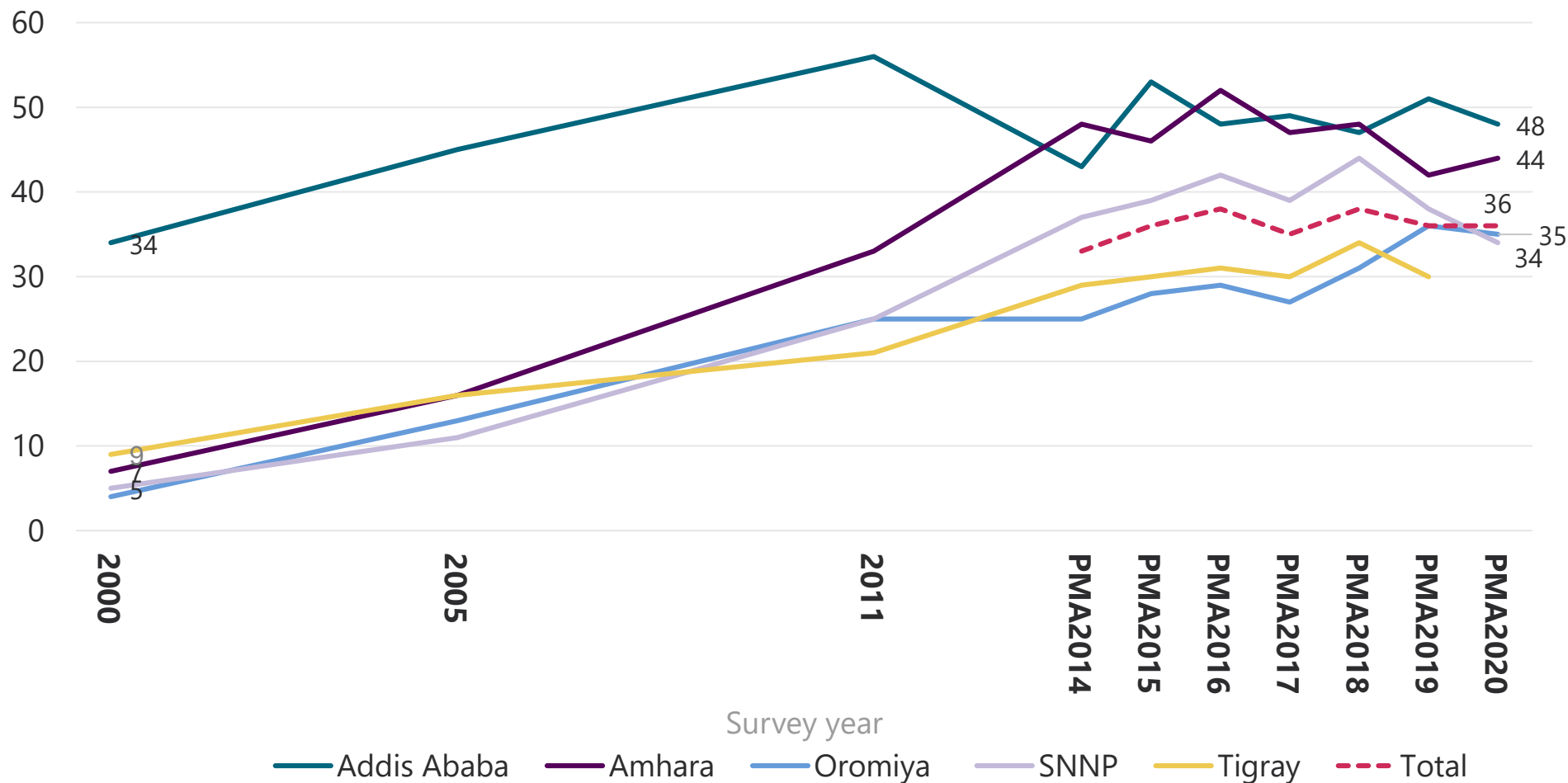
	2019			2020			
Region	mCPR all women	[95% Conf. Interval]		mCPR all women	[95% Conf. Interval]		Absolute difference in mCPR
Amhara	29.9	27.7	32.3	30.8	28.5	33.3	0.9
Oromia	26.6	24.5	28.8	24.8	22.8	27.0	-1.8
SNNP	26.4	24.2	28.6	23.4	21.3	25.7	-3.0
Addis	27.5	24.5	30.8	25.4	22.4	28.7	-2.1
Total	26.1	25.0	27.3	25.0	23.8	26.2	-1.1

- **Confidence intervals overlap** for all regional mCPR among all women
- **Decreasing pattern except in Amhara** where there was an increase in mCPR in 2020

Trend in mCPR among married women

by region, 2000-2020

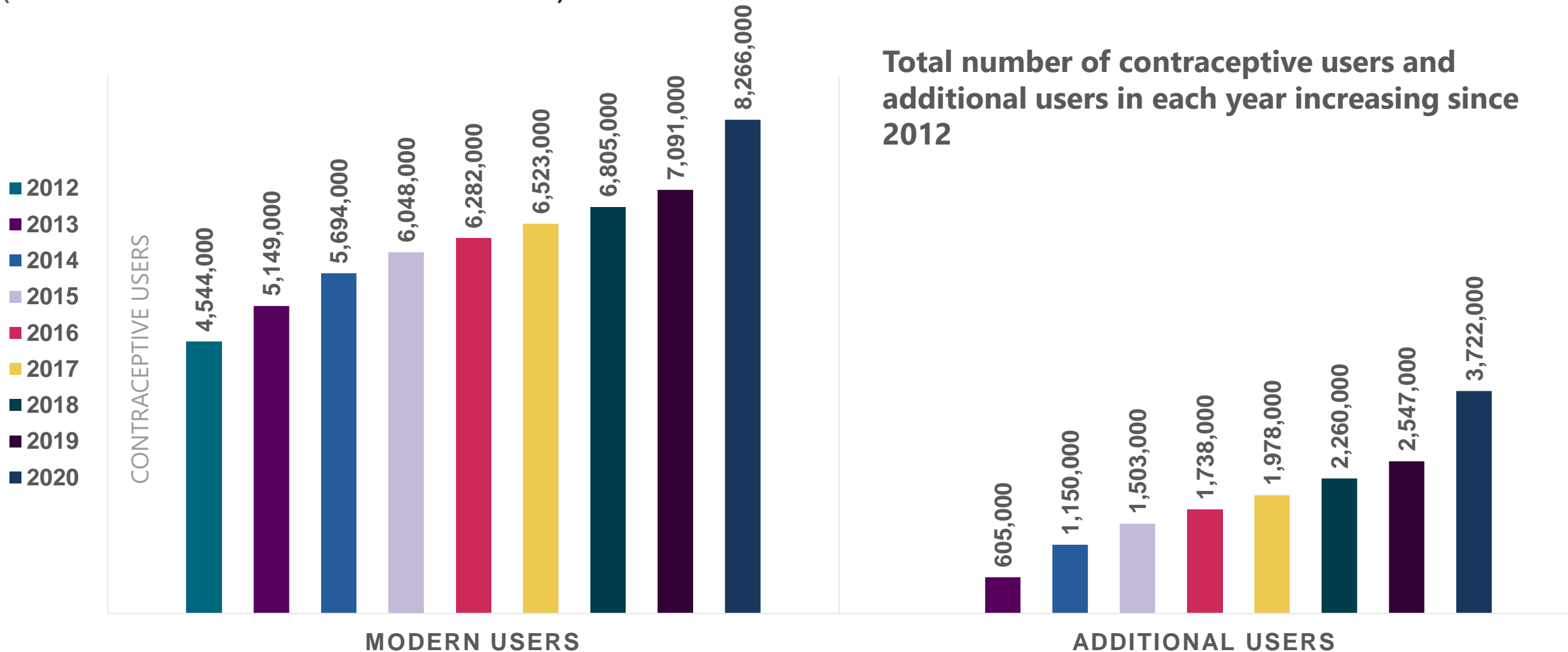
Modern contraceptive prevalence rate (mCPR)



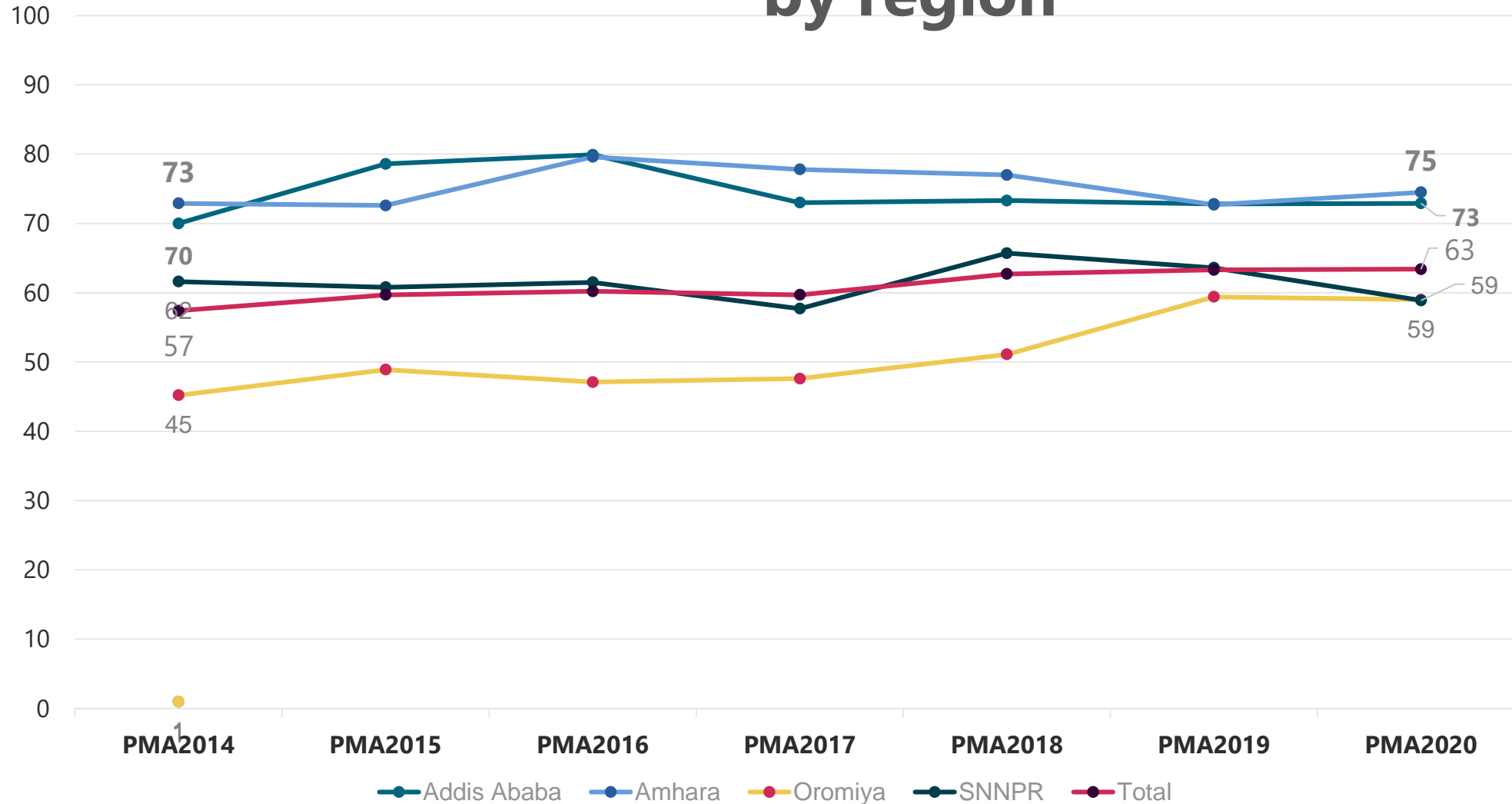
No statistically significant change in women mCPR among married between 2019 and 2020

Trend in total number of modern method and additional users – 2012 to 2020

(Source – Based on Track20 PreCovid-19 estimates)

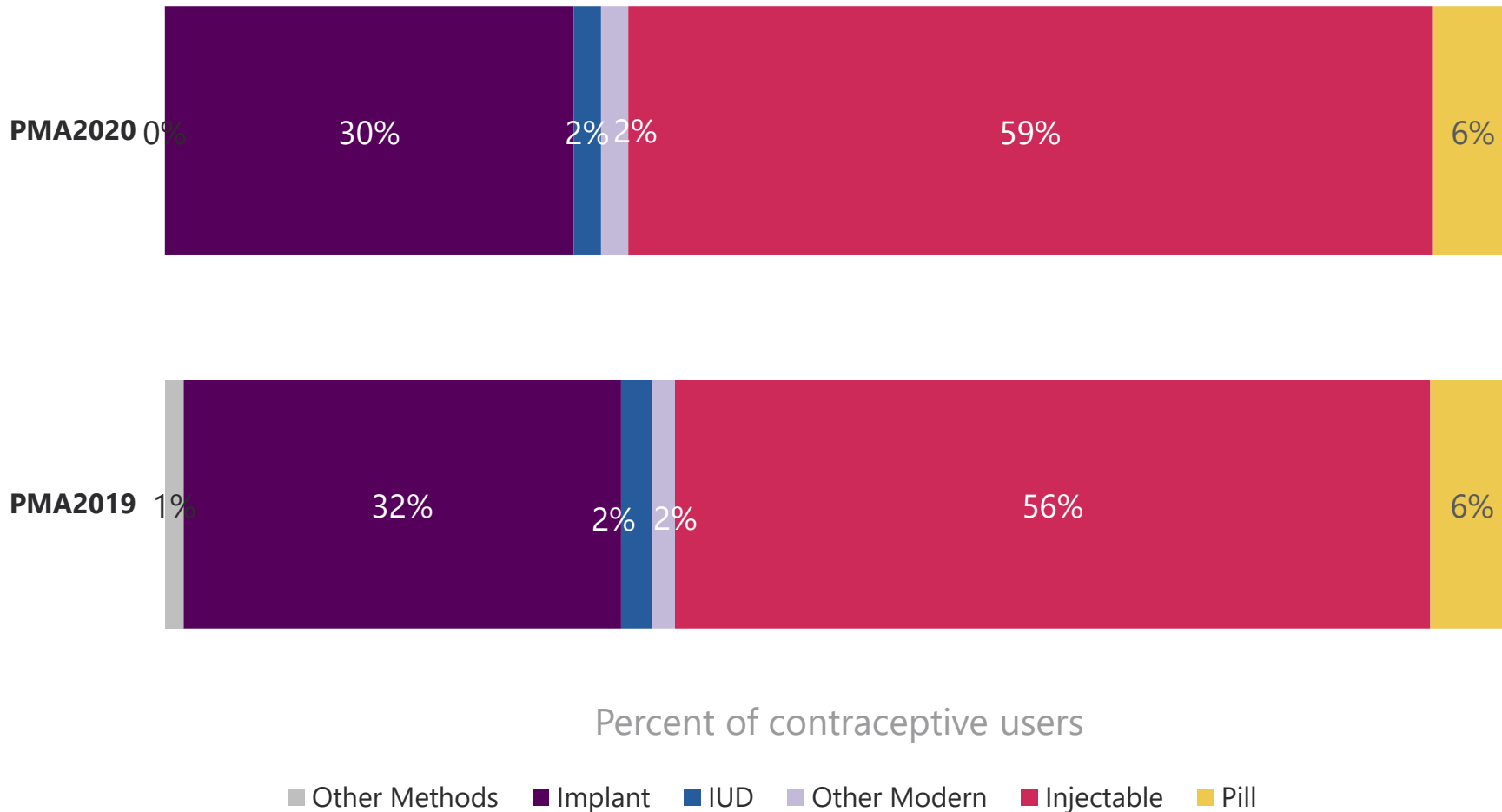


Demand Satisfied by Modern Method by region



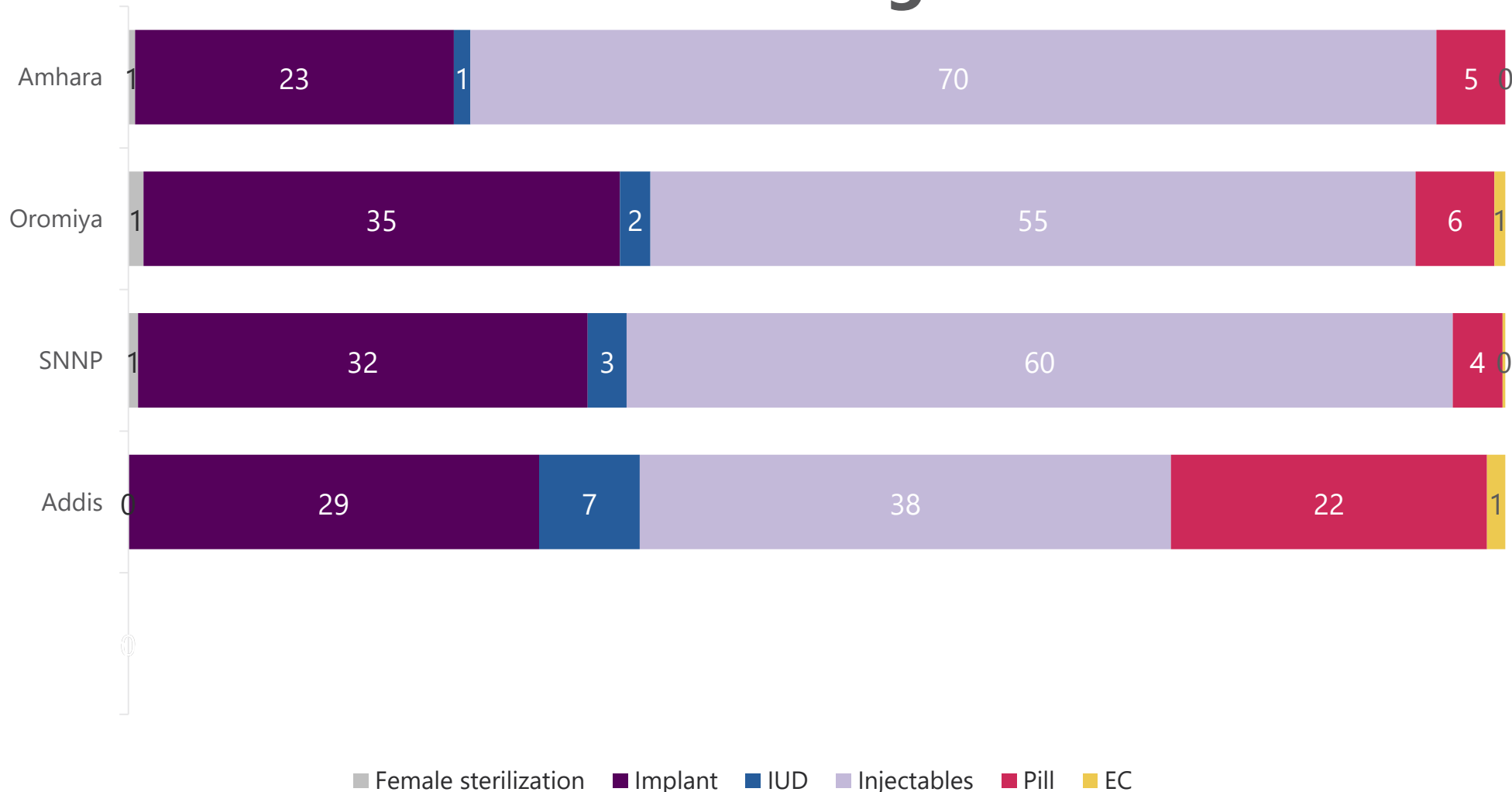
Demand satisfied remained relatively constant between **2019** and **2020**, though it showed decline in SNNP in 2020.

Trends in Contraceptive Method Mix - Married Women (PMA 2020)



- There was slight decline in implant use in 2020 compared to 2019 while the opposite was observed for injectables

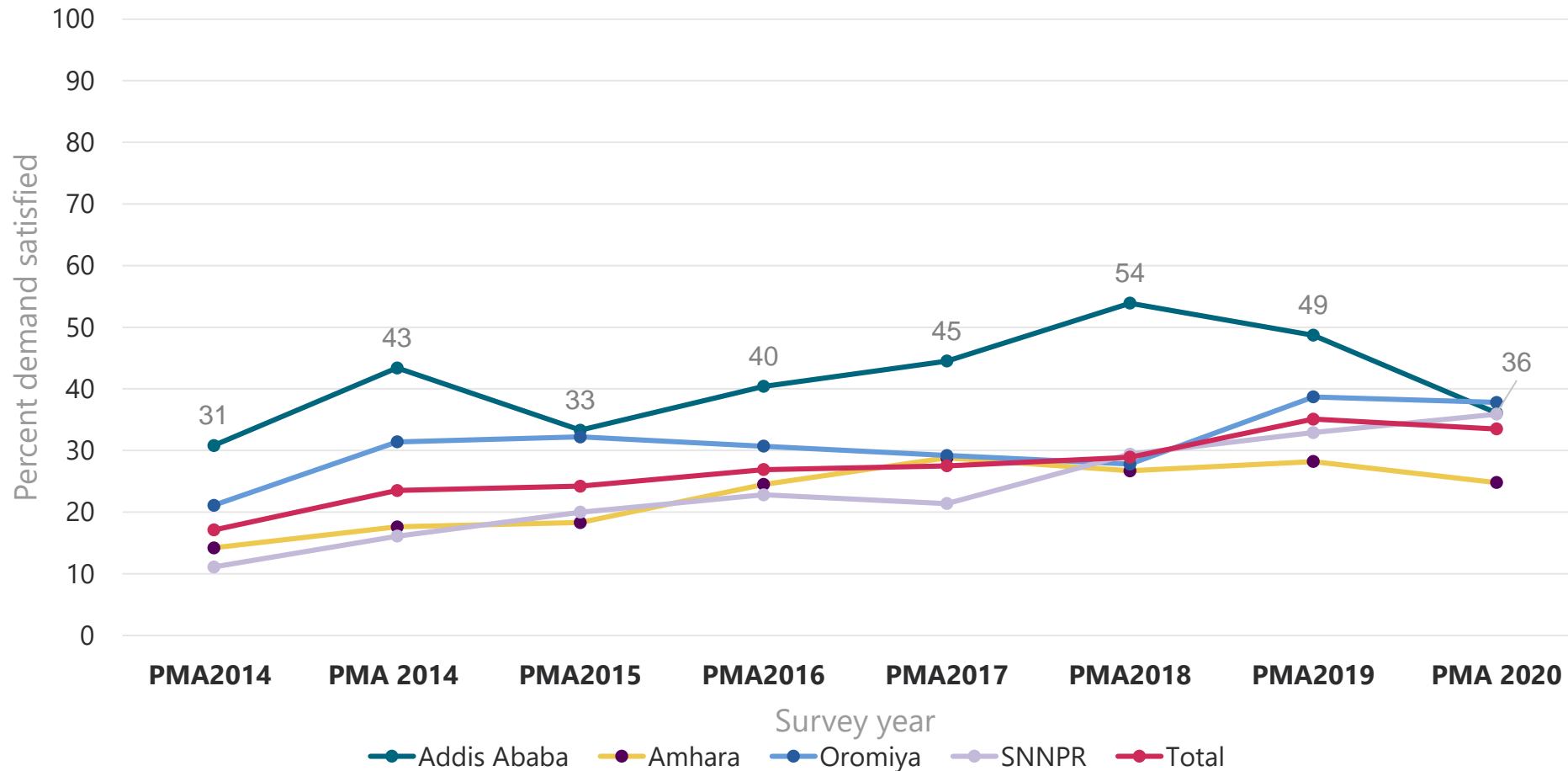
Current Contraceptive Method Use - Married Women By Region



- **Injectables and implants make up more than 90% of the method mix except in Addis**
- **More than one-fifth of method mix in Addis is Pills**

Share of Modern Long-acting/Permanent Method Users in Comparison to Total Modern Method Users

Among married women age 15-49 years



Slight decline in long-acting method use in 2020

Addis Ababa showed declining trend in longacting method use since 2018

Reproductive Events by age

Mean number of children at first contraceptive use

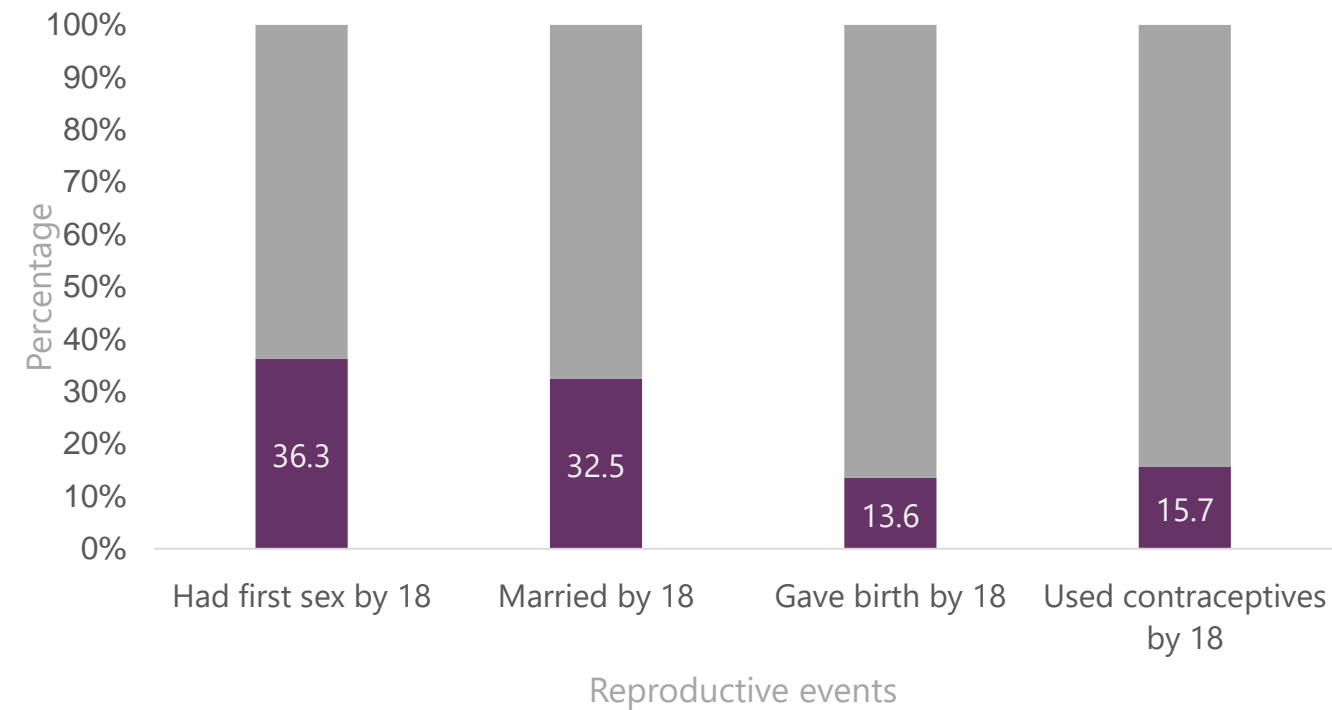
Mean number of children at first contraceptive use among all women who have used contraception, by urban vs. rural residence (n=3,697)



Rural women have 2.2 children at first contraceptive use while urban women have 0.8 children

Reproductive Events by 18

Percent of women aged 18-24 who experienced reproductive events by age 18 (n=2,025)



Reasons for Non-Use of Family Planning

- Among current non-users of family planning over **half reported that they are not using because they do not perceive themselves being at risk** of becoming pregnant
- **Nearly a quarter cited method or health related concerns**, which could include side effects – real or perceived – as a reason for non-use

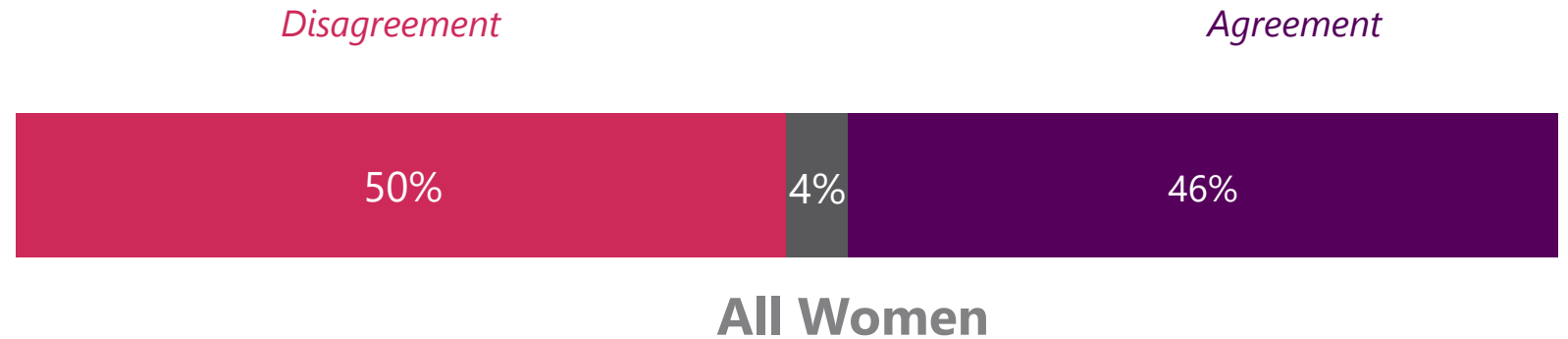
Reasons Mentioned for Non-Use Among All Women Wanting to Delay Next Birth

Not Married	13.0
Perceived Not-At-Risk/Lack of Need	57.4
Method or Health-related Concerns	24.0
Opposition to Use	13.4
Lack of Access/Knowledge	1.4
Other	11.5

Attitudes towards use of contraception

It is acceptable to use contraception before having children

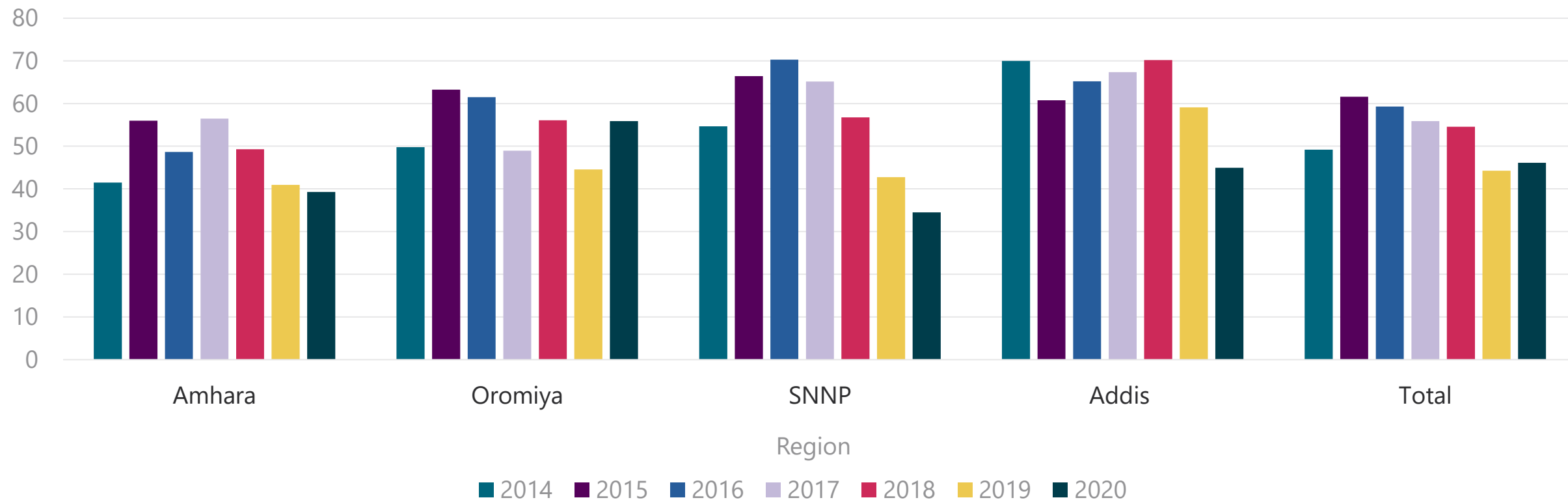
Half of all women disagree that it is acceptable to use contraception before having children



■ Strong disagree/Disagree ■ Neither Agree nor Disagree ■ Strongly agree/Agree

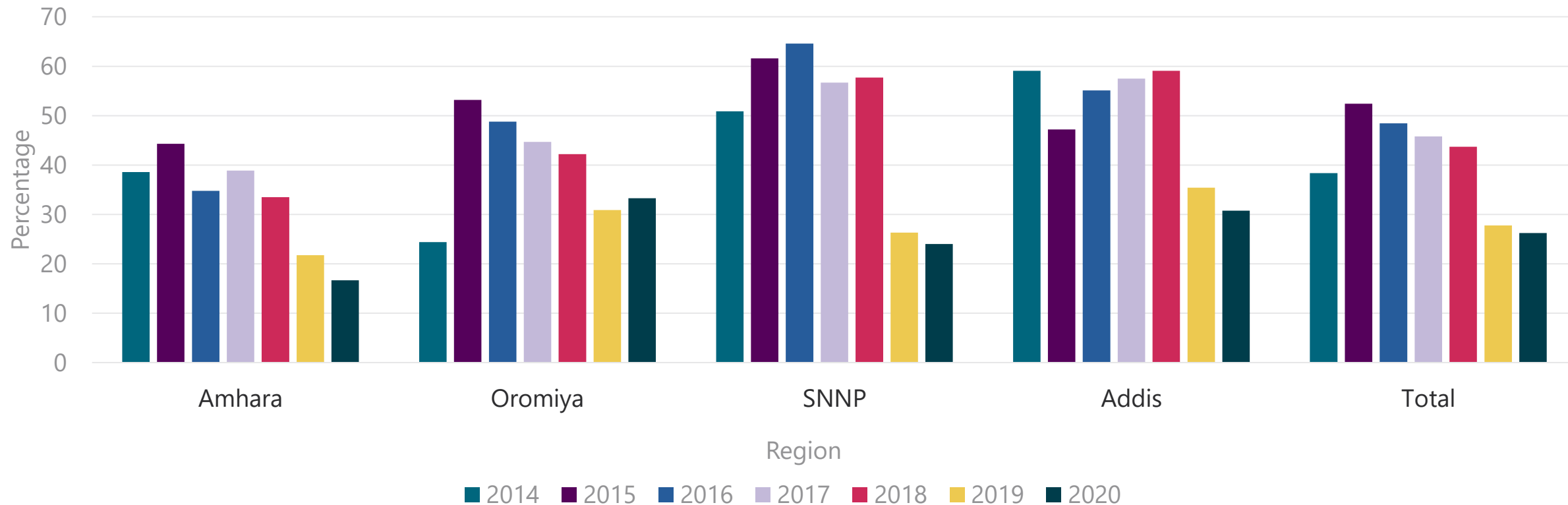
Quality of counseling

Trend in percentage of family planning users age 15-49 years who were informed about other contraceptive methods



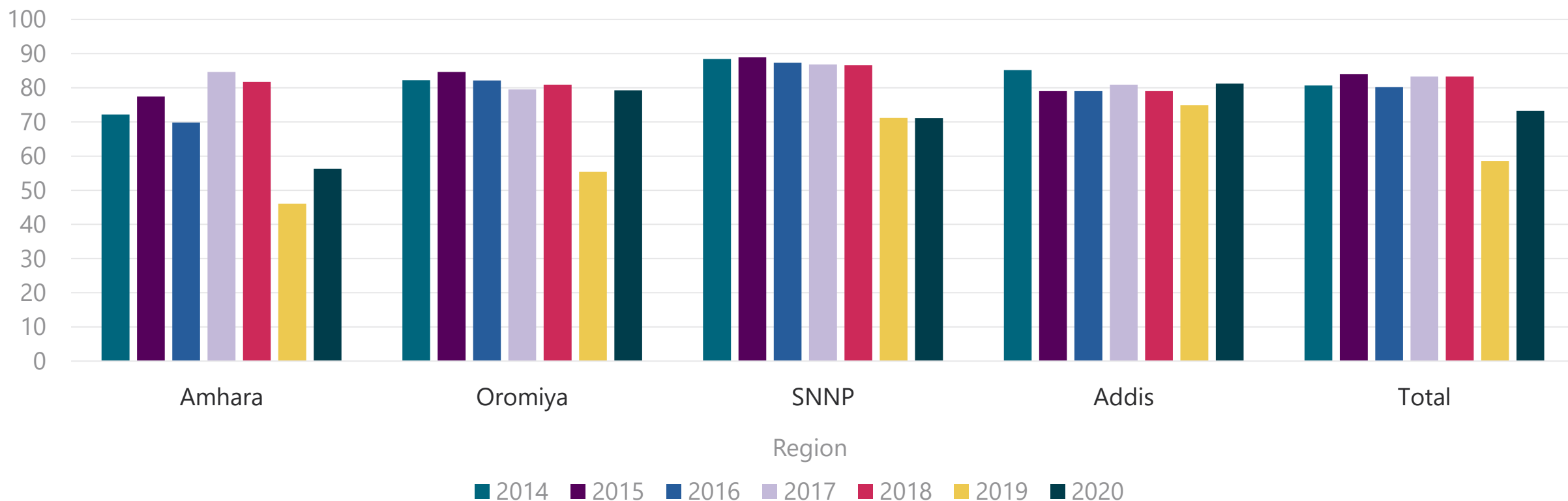
The proportion of FP users age 15-49 years who were informed about others contraceptive methods **dropped** in **2020** compared to **2019**, except in **Oromia** which has positively influenced the national figure.

Trend in percentage of current modern family planning users age 15-49 years who were counselled on side effects



Generally, a **decline** in the proportion of current FP users age 15-49 years who were counselled on side effects since **2015** is seen in all regions, **highest in Amhara** (62.3%) and **lowest in Addis** (34.7%). **Nationally, this decline is by 50%** (from 52.4% in 2015 to 26.2% in 2020). **Oromia** is the only region which showed an increase in **2020**.

Trend in percentage of current modern family planning users age 15-49 years who were told what to do if side effects were to occur



The **proportion** of current modern FP users age 15-49 who were told what to do if side effects were to occur has **increased** in **2020** compared to **2019**

Method Information Index* - Quality of counseling

The Method Information Index (MII) is a **composite metric** that calculates an index as the proportion of respondents who answered "yes" to three equally weighted questions referring to **counseling information given to the client when obtaining the contraceptive method**.

The questions are:

1. *"Were you informed about alternative contraceptive methods?"*;
2. *"Were you informed about the side effects of each method?"*; and,
3. *"Were you told what to do if side effects were to occur?"*

■ Extent of quality of counseling classified as follows;

1. **"No Counseling"** refers to **zero/no information received across all three questions**.
2. **"Poor Quality Counseling"** defined as being **informed on only one of the three indicator questions**,
3. **"Intermediate Quality Counseling"** informed **on two indicator questions**, and
4. **"Good Counseling"** informed **on all three indicator questions**.

■ * - MII+ includes 'being told possibility of switching a method' in addition to the 3 questions listed above

Method Information Index +

Percent of women who were told about side effects, what to do about side effects, of other methods, and the possibility of switching methods

Were you told that you could switch to a different method in the future?* (n=807)



Were you told by the provider about methods of FP other than the method you received? (n=1,794)



When you obtained your method were you told by the provider about side effects or problems you might have? (n=1,794)



Were you told what to do if you experienced side effects or problems? (n=470)

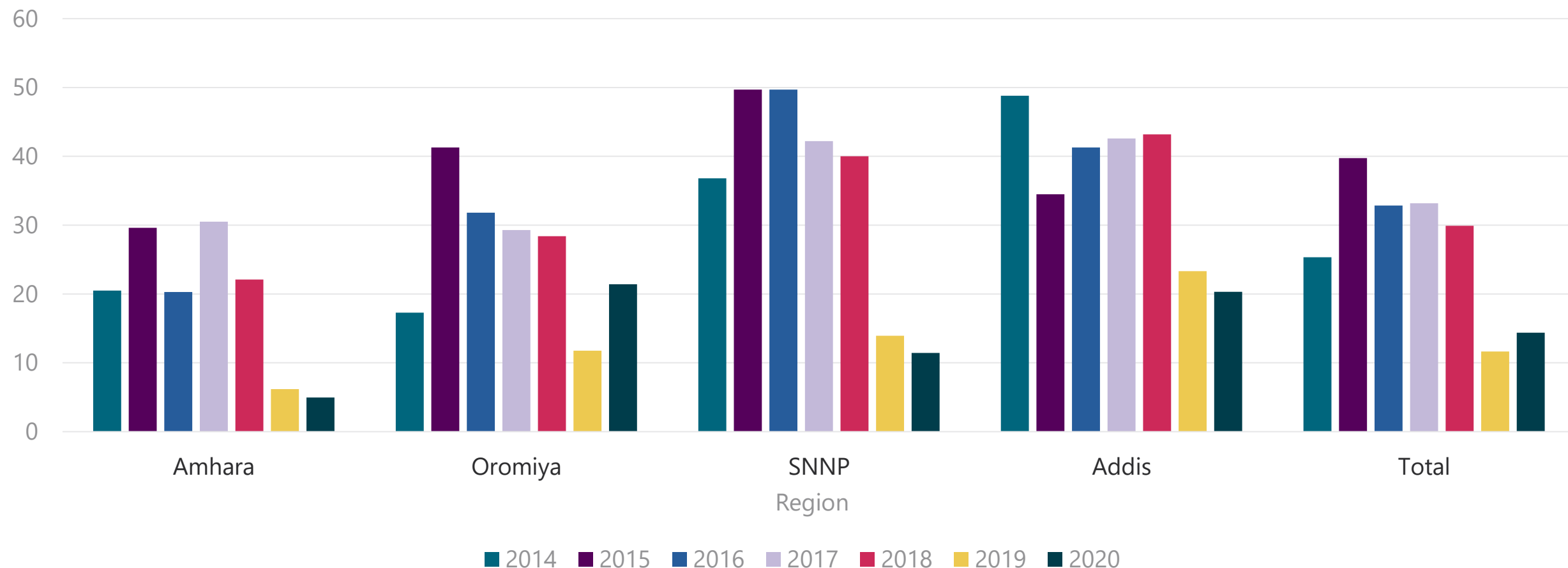


■ No ■ Yes

Percent of women who responded "Yes" to all four MII+ questions



Trend in percentage of women who received "good counseling" about modern family planning methods

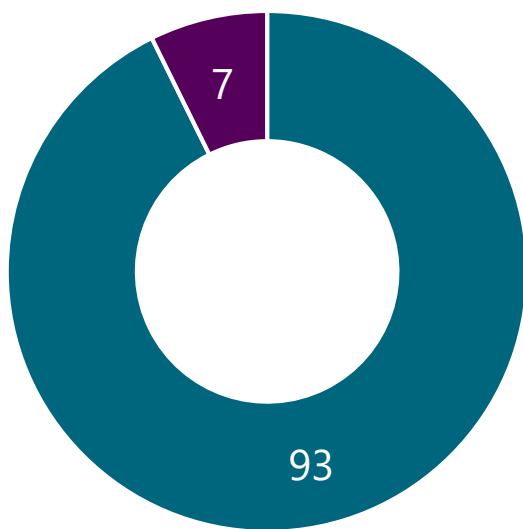


Overall, the proportion of women receiving "**good counseling**" has **dropped** by **more than half** across all regions **since 2015**, except in **Oromia**. The national figure showed **slight increase** in 2020

Partner Involvement In FP Decisions

Percent of women who are currently using modern, female controlled methods and agree with the following statements (n=1,623)

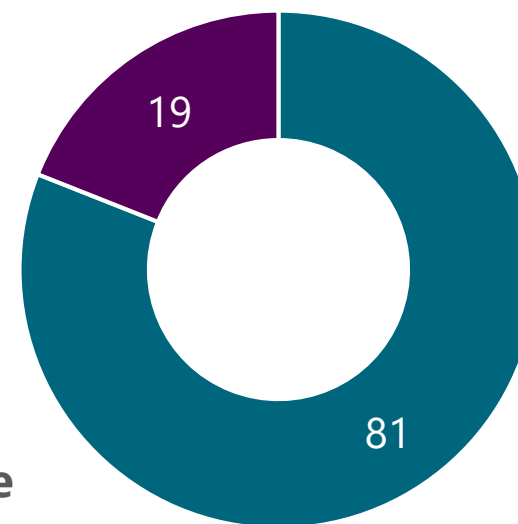
Does your partner know that you are using this method?



■ Yes ■ No

Close to 1 in 5 women did not discuss with their partner before using their current contraceptive method

Before you started using this method had you discussed the decision to delay or avoid pregnancy with your partner?

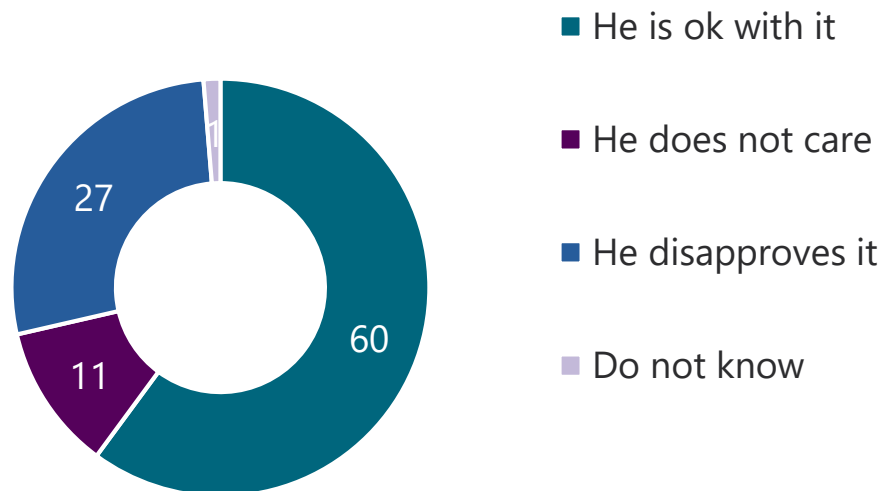


■ Yes ■ No

Partner Involvement In FP Decisions

Percent of women in union reporting perceived partner attitudes towards family planning (n=5,597)

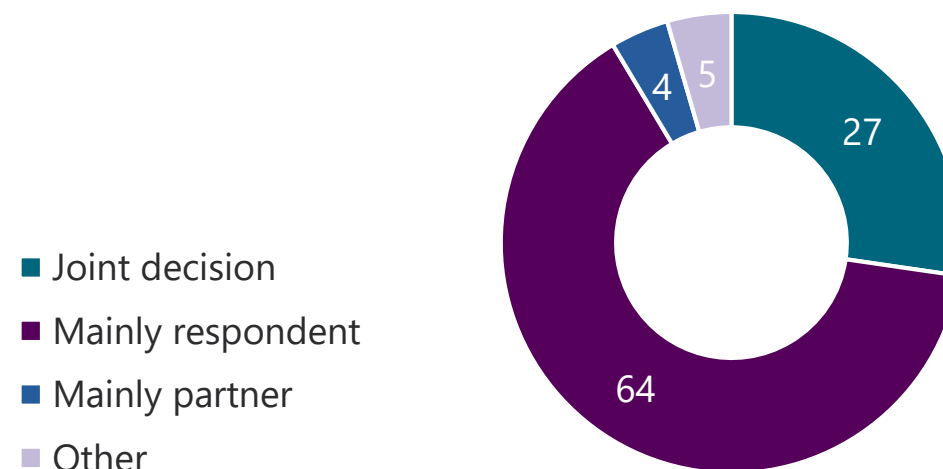
How does your partner feel about family planning?



More than a quarter (27%) of women in union reported that their partner disapprove family planning

Percent of women who are not currently using family planning and agree with the following statements (n=4,685)

Would you say that not using family planning is mainly your decision?



Majority of women (91%) reported that using family planning is either their decision or a joint decision with partners

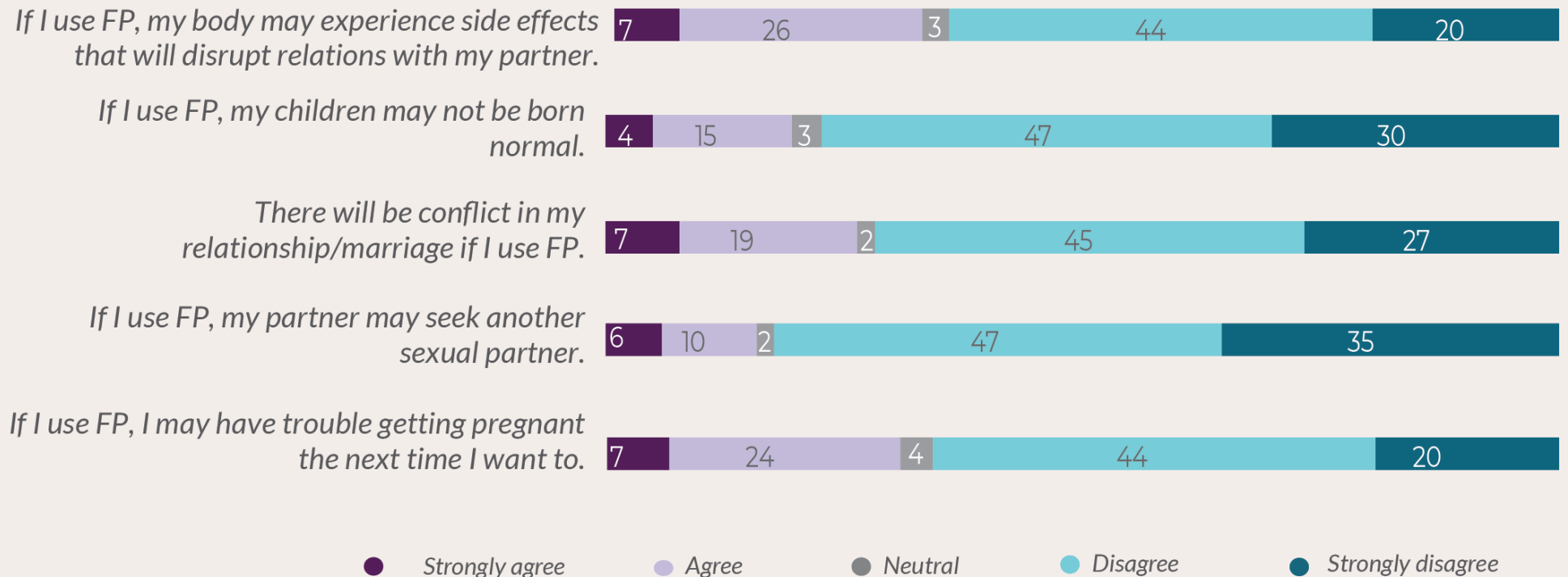
Agreement of FP Empowerment Statement (n=4768)

- **Approximately one third (34%)** of women believe that contraceptive use may result in **disrupting relations with their partner**
- **Nearly a quarter (26%)** believe that **contraceptive use will cause conflict** in their relationship

AGREEMENT WITH FAMILY PLANNING EMPOWERMENT STATEMENTS

Percent of married/in union women who strongly agree to strongly disagree with each statement

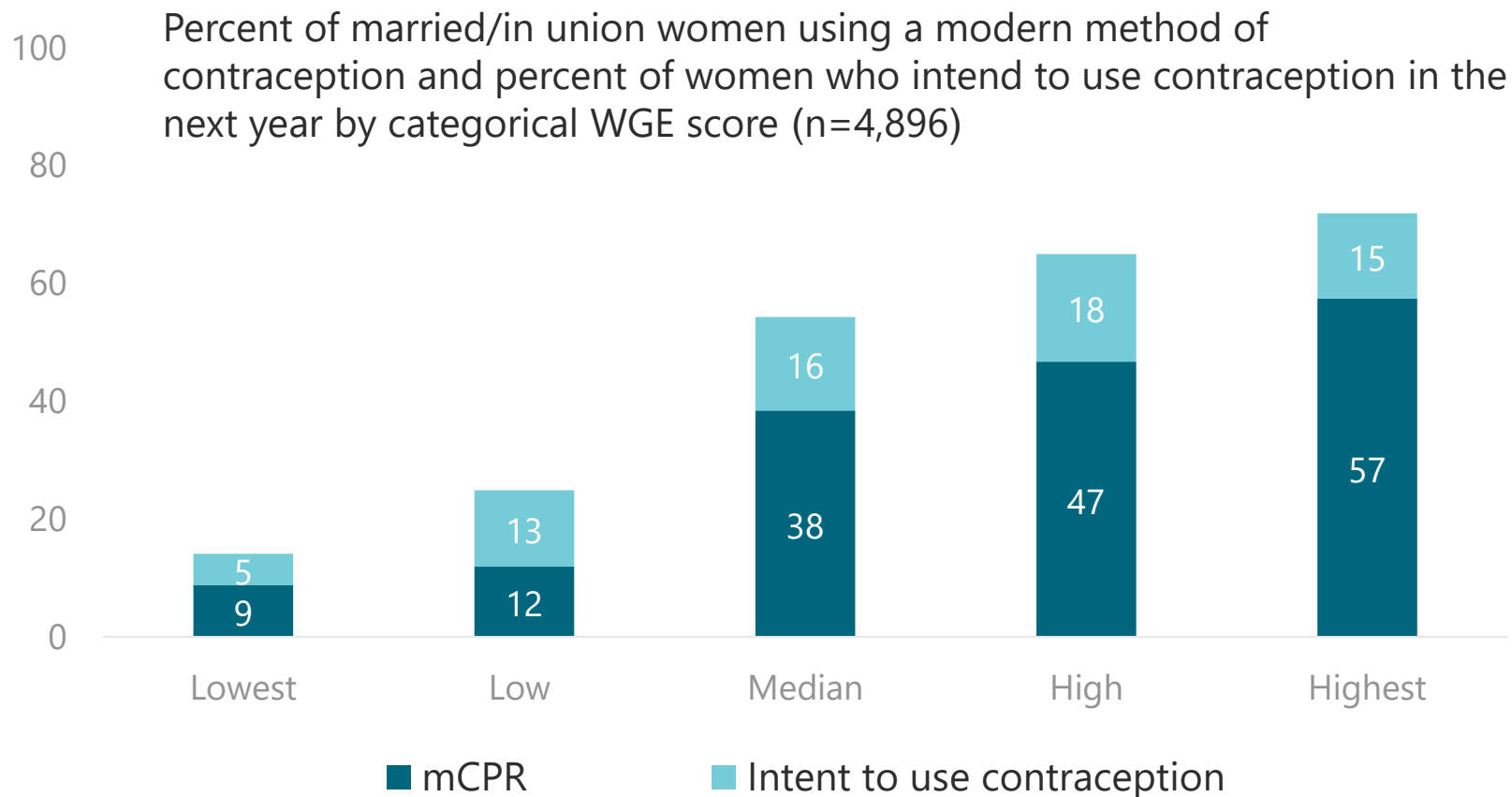
Existence of choice (motivational autonomy) for family planning (n= 4,768)



Empowerment and Intent to use FP

mCPR and intent to use contraception, by categorical WGE score

- **Women with higher levels of empowerment** are more likely to use modern contraceptives
- **Intention to use contraception is higher** among women with higher levels of empowerment

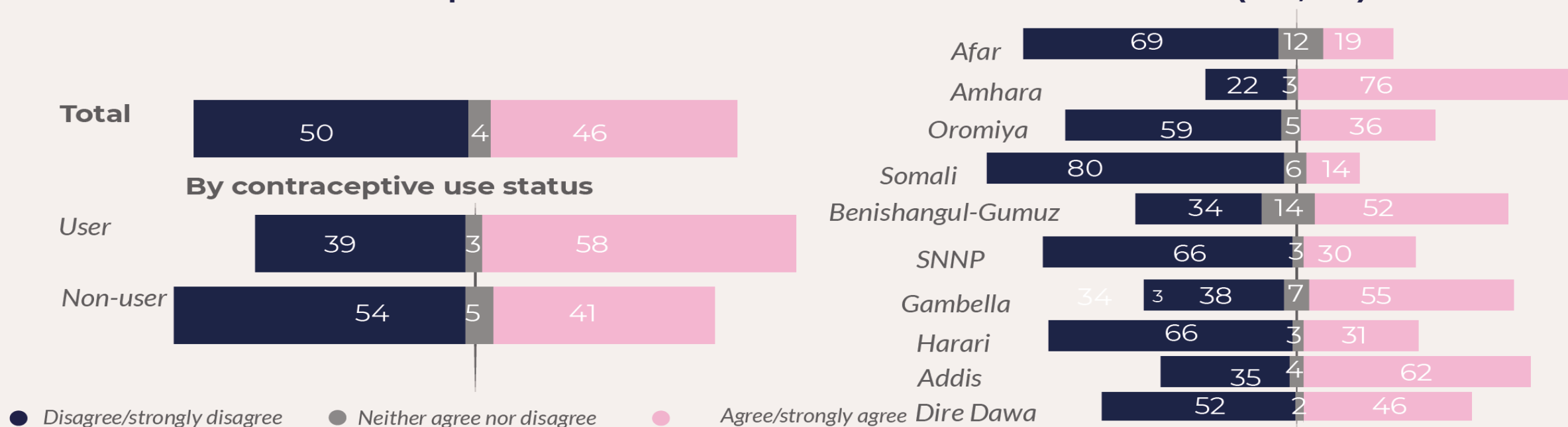


Attitudes towards contraception

PERSONAL ATTITUDES

Percent of all women age 15-49 who personally agree with statements made about contraceptive use, by region and contraceptive use status

“It is acceptable for a woman to use FP before she has a child.” (n=7,524)

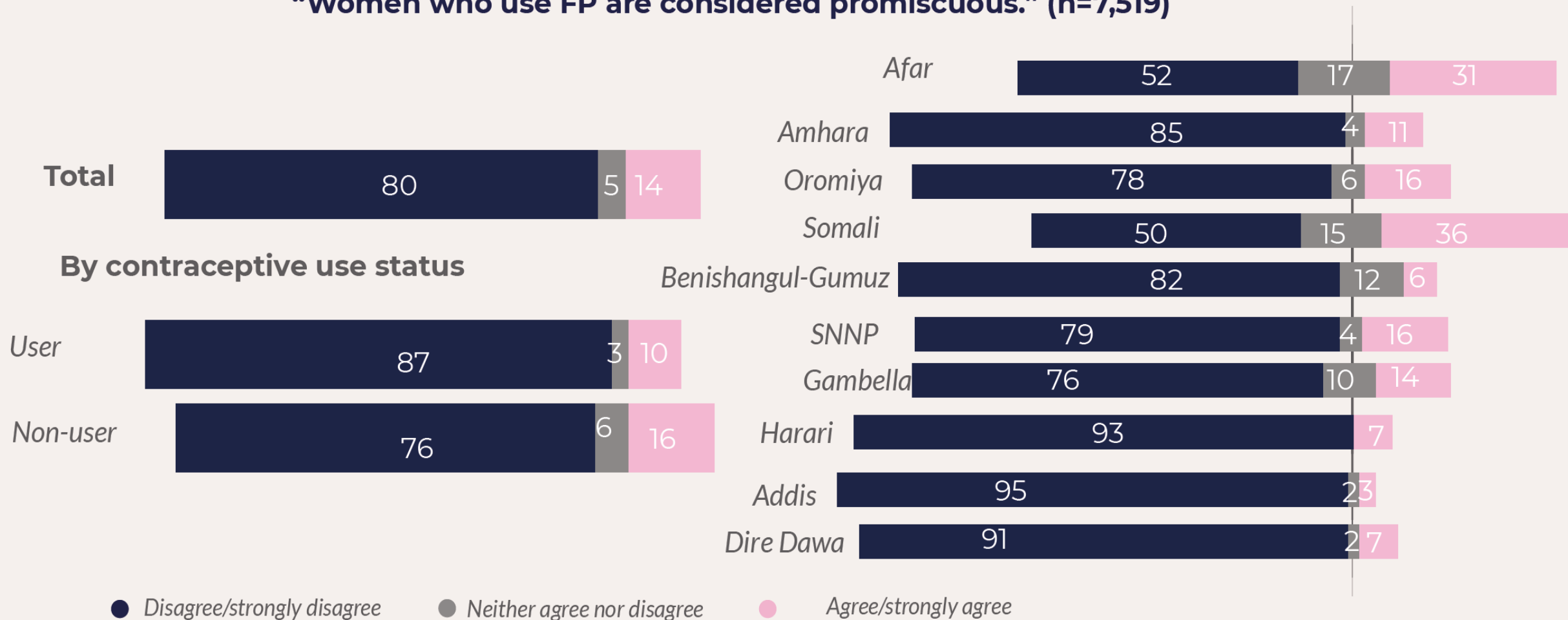


Non-users of contraceptives are more likely to disagree with the statement “It is acceptable for a woman to use FP before she has a child”

Regions with positive attitude towards contraceptive use (Amhara and Addis) before having a child have relatively higher mCPR

Attitudes towards contraception (2)

“Women who use FP are considered promiscuous.” (n=7,519)



14% of women agree with the statement that ‘women who use FP are considered promiscuous’ and the proportion is higher in Afar and Somali regions

Family Planning Summary

- Modern contraceptive use among all women has been maintained in 2020 at 25.0% (It was 26.1% in 2019*).
- Modern contraceptive use among married women remained more or less the same at 35.6% in 2020 (compared to 36.2% in 2019*).
- Share of long-acting methods remained the same at 34% in 2020 (compared to 35% in 2019*)
- Significant regional variation in contraceptive use persist.

*The 2019 estimates are without including Tigray and there was no statistically significant difference between 2019 and 2020 in modern contraceptive use (all or married women)

Family Planning Summary (2)

- No substantial change in quality of family planning counseling in 2020.
- Contraceptive use and intention to use in the future is low among those with lower scores on measures of women and girls' empowerment.
- Substantial segment of women feel that their partners disapprove contraceptive use (27%) and do not discuss family planning before using their current contraceptive method (19%)

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PMA Ethiopia: ***Priority Indicators for Health Facilities***

Priority Indicators: Service Delivery Point Survey

Results from the health facility survey come from data collected from a range of facilities in all regions.

Priority indicators include:

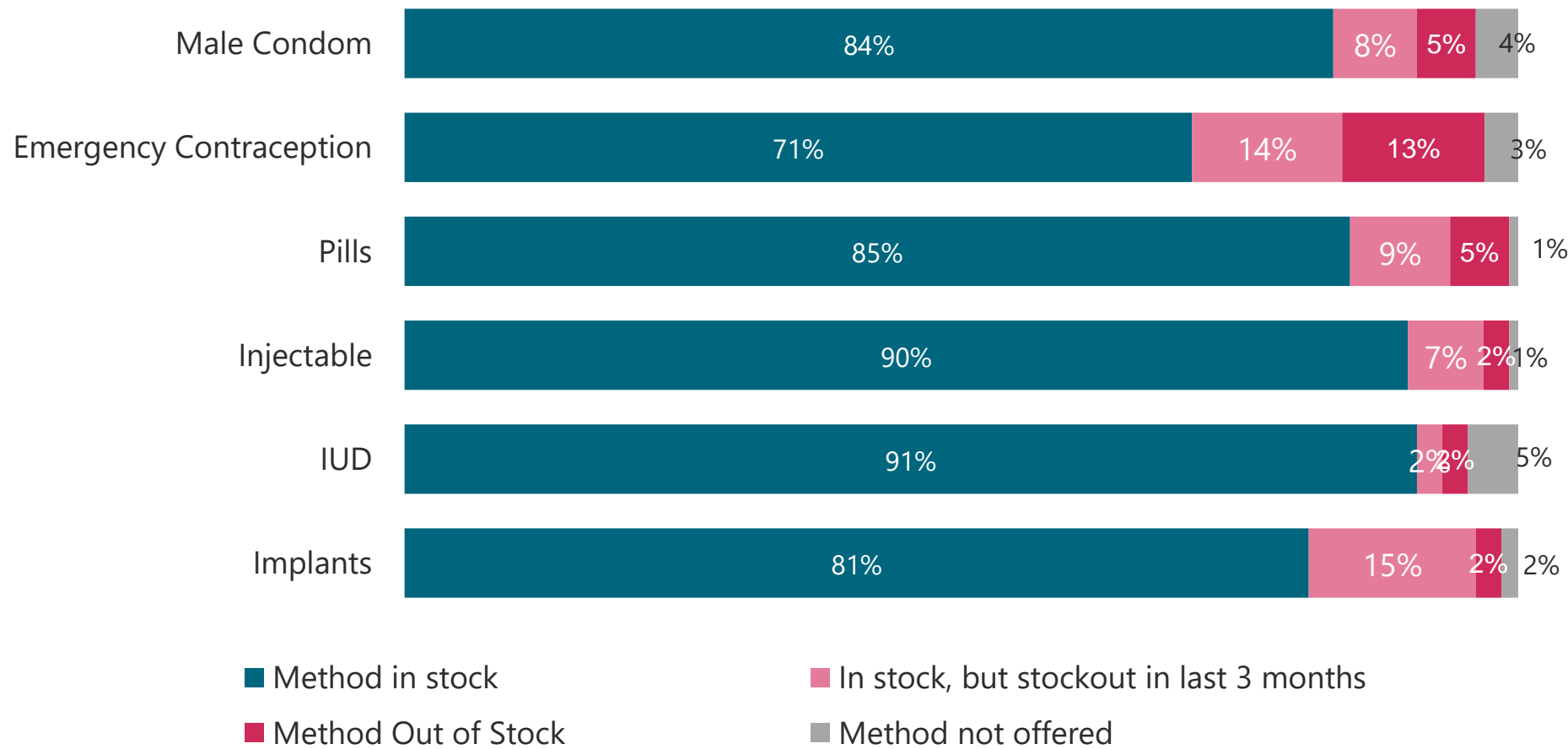
- Stock availability of **contraceptive commodities**
- **Health centers provision of services:**
 - Long-acting family planning methods and safe abortion counseling
 - Post-abortion counseling and family planning services
- **Health posts provision of services:**
 - Offering at least four family planning methods
 - Staffed with at least one trained staff on implant removal

PMA Ethiopia Health Facility Sample

	Public (n)	Public (%)	Private (n)	Private (%)	Total (n)
Hospital	133	27.5%	7	3.1%	140
Health center	203	41.9%	3	1.3%	206
Health post	148	30.6%	0	0%	148
Health clinic	0	0%	122	54.2%	122
Pharmacy	0	0%	38	16.9%	38
Drug Shop/Rural Drug Vendor	0	0%	55	24.4%	55
Total	484	100%	225	100%	709

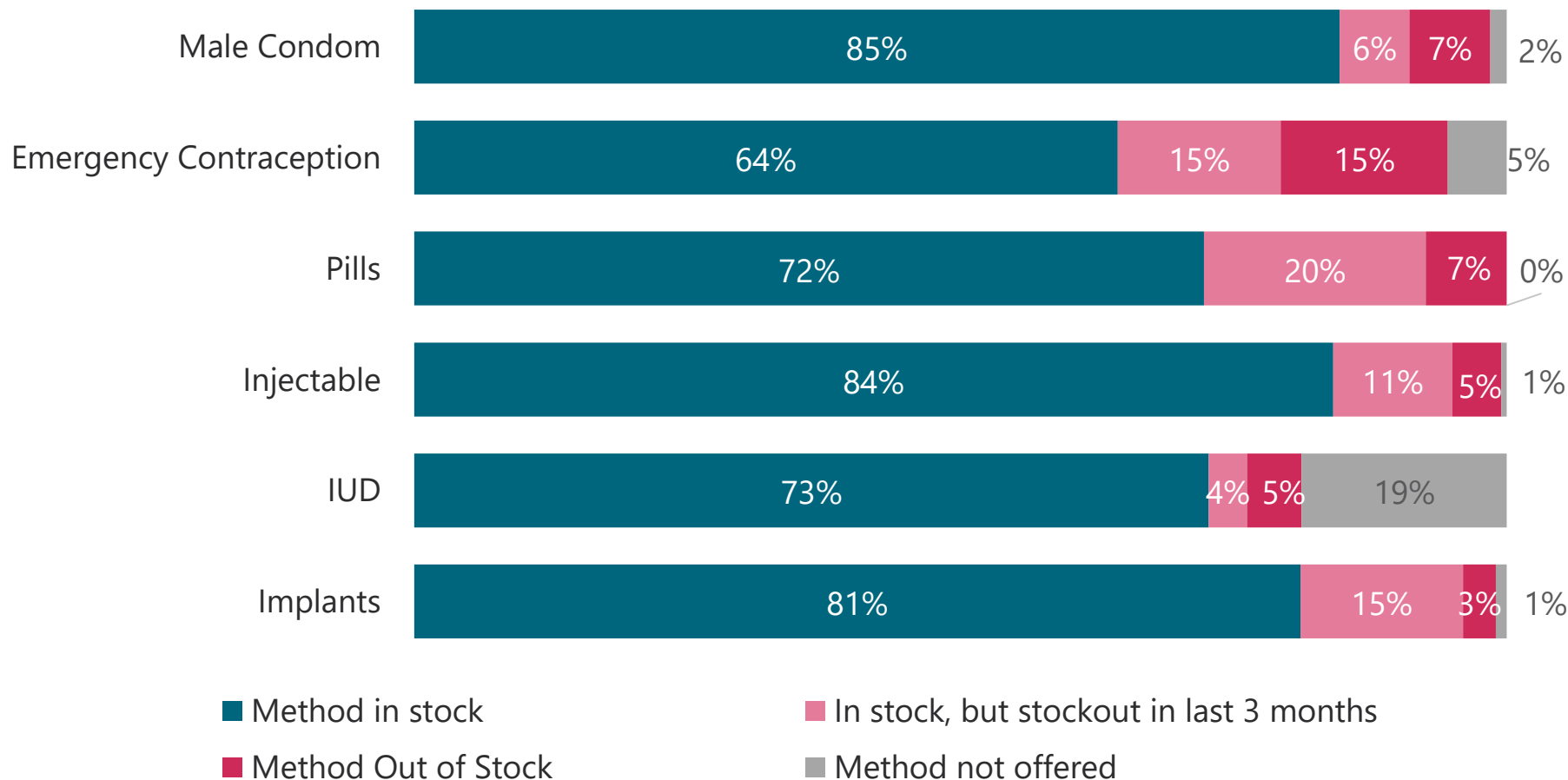
Percent of Hospitals Offering Family Planning with Methods in Stock on Day of Interview

- **Recent or same day stock outs** were relatively higher for **emergency contraceptives, implant and pills**



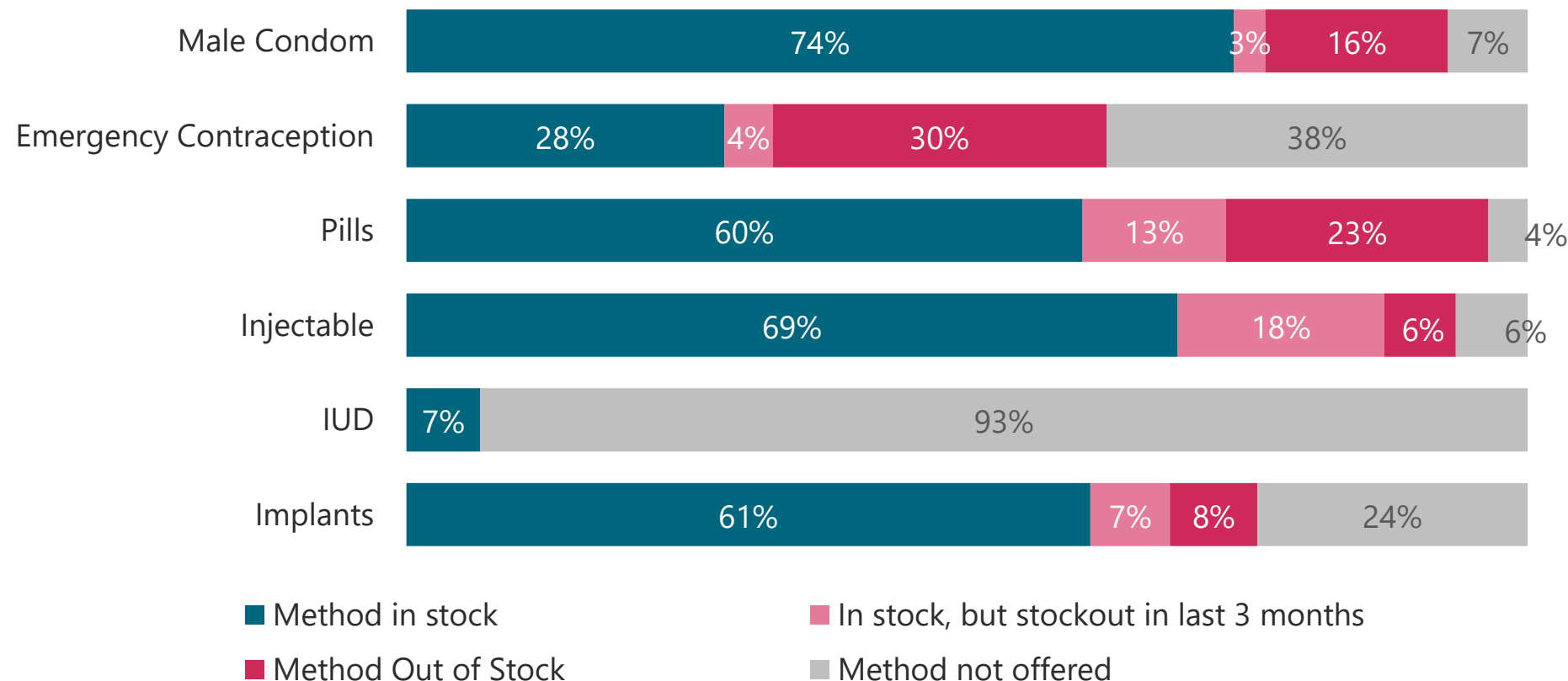
Percent of Health Centers Offering Family Planning with Methods in Stock on Day of Interview

- Majority of health centers reported having a range of family planning methods in stock
- Recent or same day stockouts were high for EC, pills, and implants



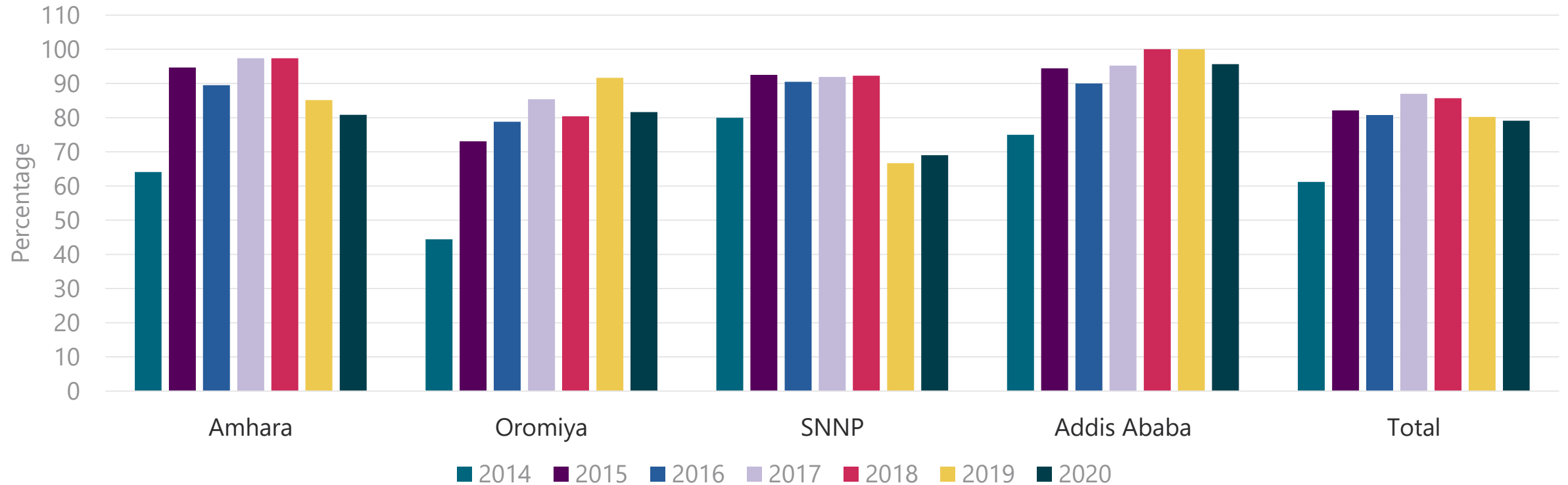
Percent of Health Posts Offering Family Planning with Methods in Stock on Day of Interview

- **Health posts reported higher levels of stock out for emergency contraceptives, pills and injectables**



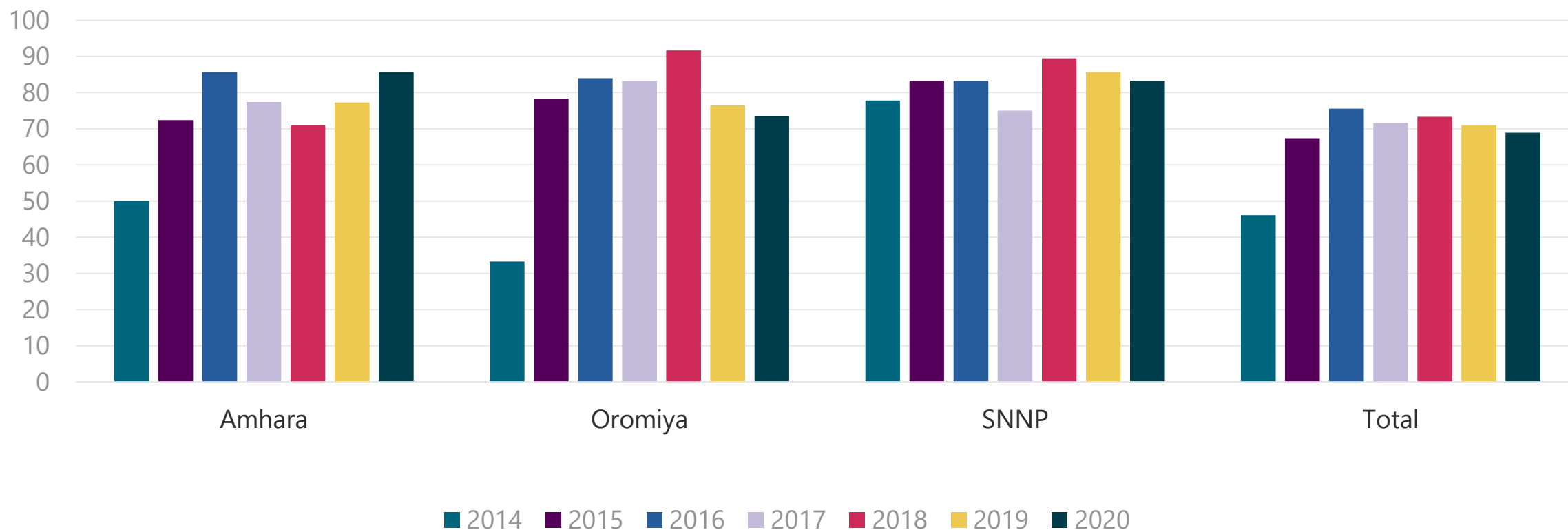
HPs reporting IUD availability are those with Level-IV HEWs

Percentage of health centers providing two long-acting methods *(Implants and IUDs)*, three short-term methods *(Injectable, Male condom and Pills of all types)*



Availability of **two long acting** and **three short acting** showed a **slight decline** over the **past four years** nationally.

Percentage of health posts which reported at least four family planning methods *(Injectable, Implant, Male condom and Pills of all types), by region*



Percentage of **health posts** which provide at least **four family planning methods** showed **decline** since **2018**.

Health Centers Provision of Services

79% Provide Family Planning (two long-acting and three short-acting) Service

Among the 206 health centers included in the survey, **79%** offer two long-acting and three short-acting family planning which **is slightly lower than the estimate in 2019 (80.2%)***.

89% Provide Post-abortion Counseling

Among the 206 health centers included in the survey, **89%** offer post-abortion counseling services which is **higher than the estimate for 2019 (83%)***

**** The 2019 estimates do not include Tigray***

Health Posts Provision of Services

69% Provide At Least 4 Methods of Family Planning

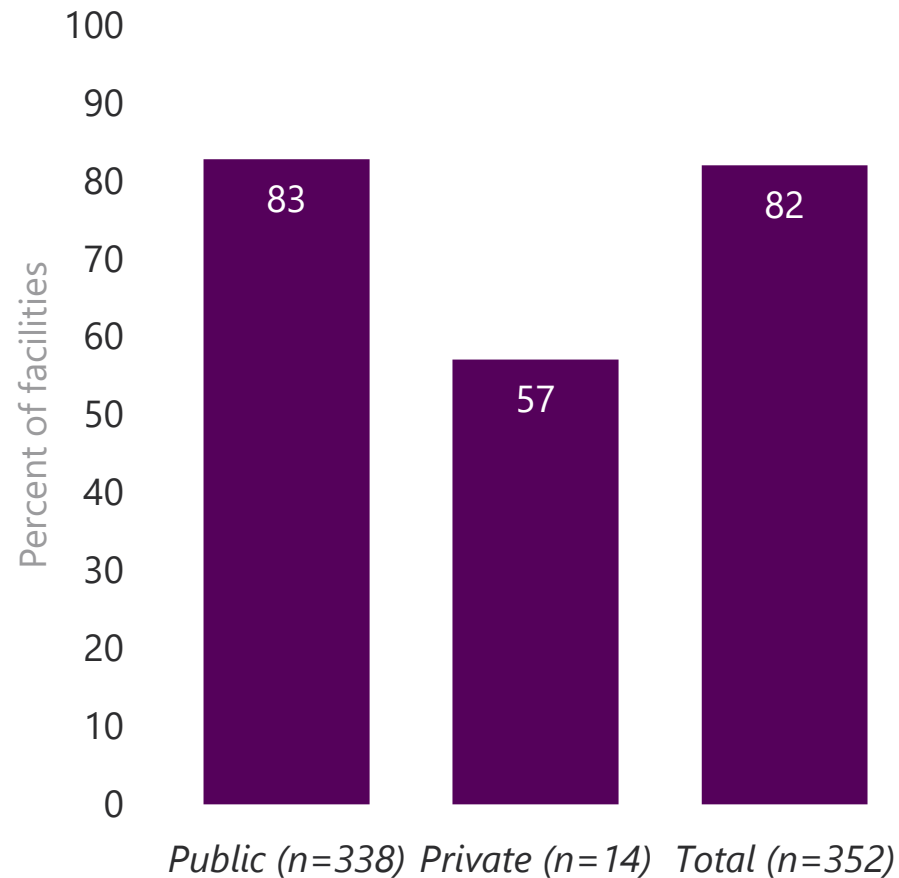
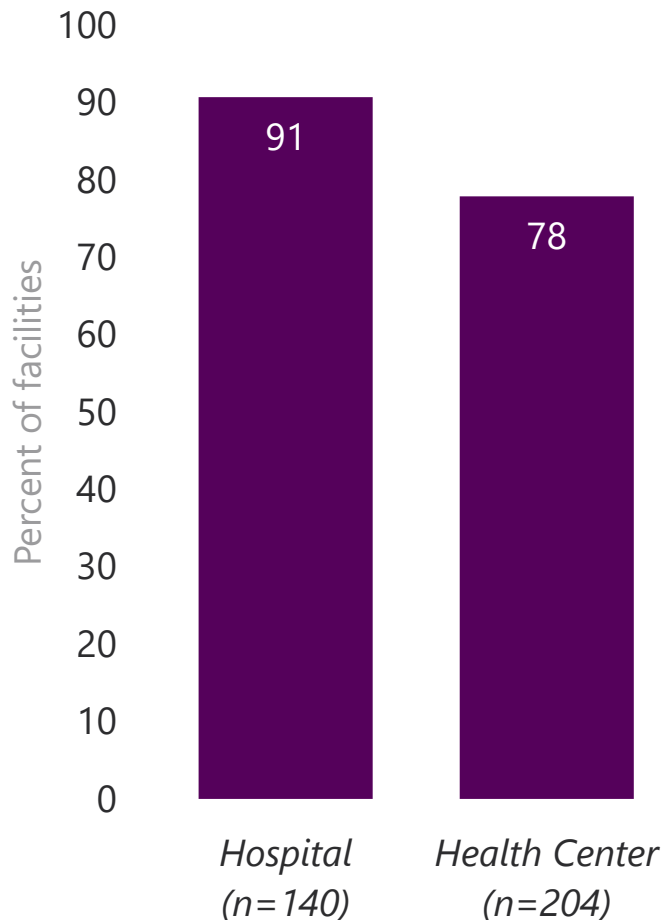
Of all health posts surveyed, 69% provide 4 contraceptive methods (Injectable, implant, Condom and Pills of all types) which **is lower than the 2019 estimate (74%)**

20% Implant removal services available on day of interview

Of all health posts surveyed, 20% had at least one staff member trained to provide implant removal services present on the day of the interview which is **lower than the 2019 estimate (26%).**

Stock Availability of Life-Saving Maternal and Reproductive Health Medicines

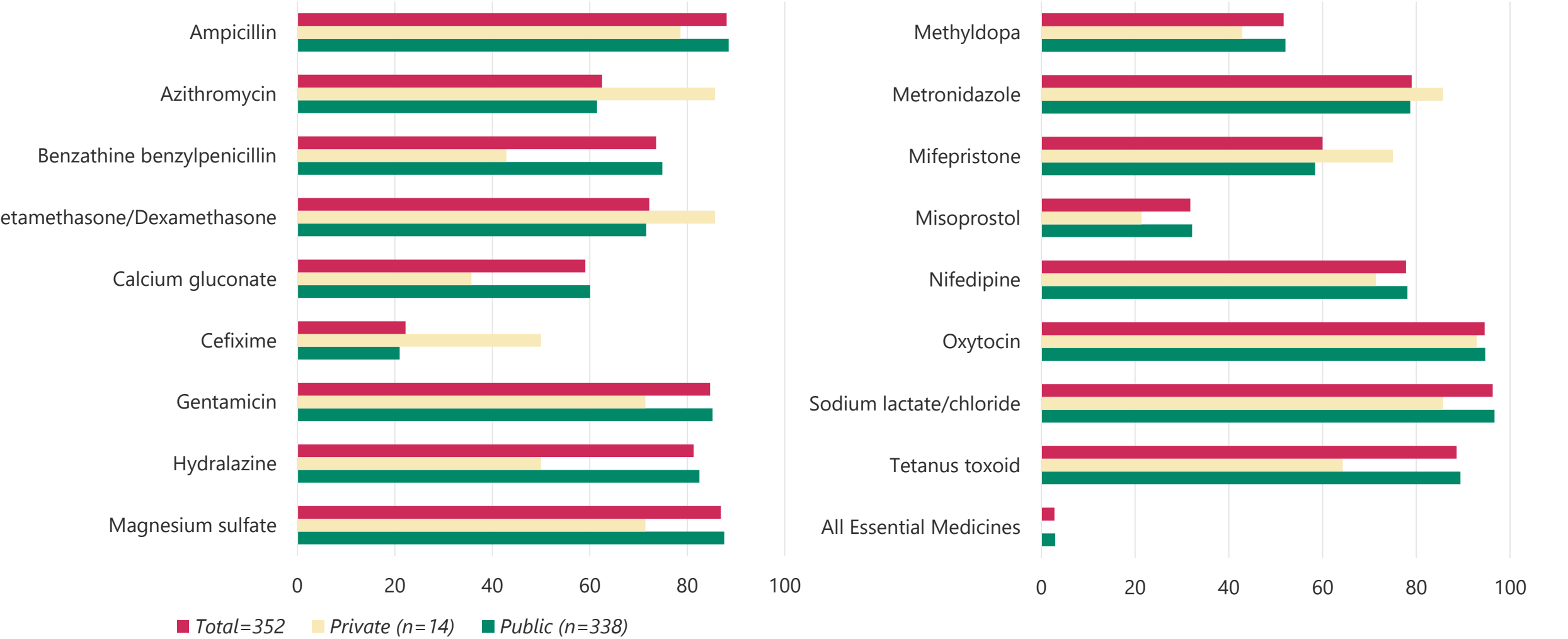
Among public and private facilities offering labor and delivery



Availability of **live-saving maternal and reproductive health medicines** relatively lower in private facilities and health centers

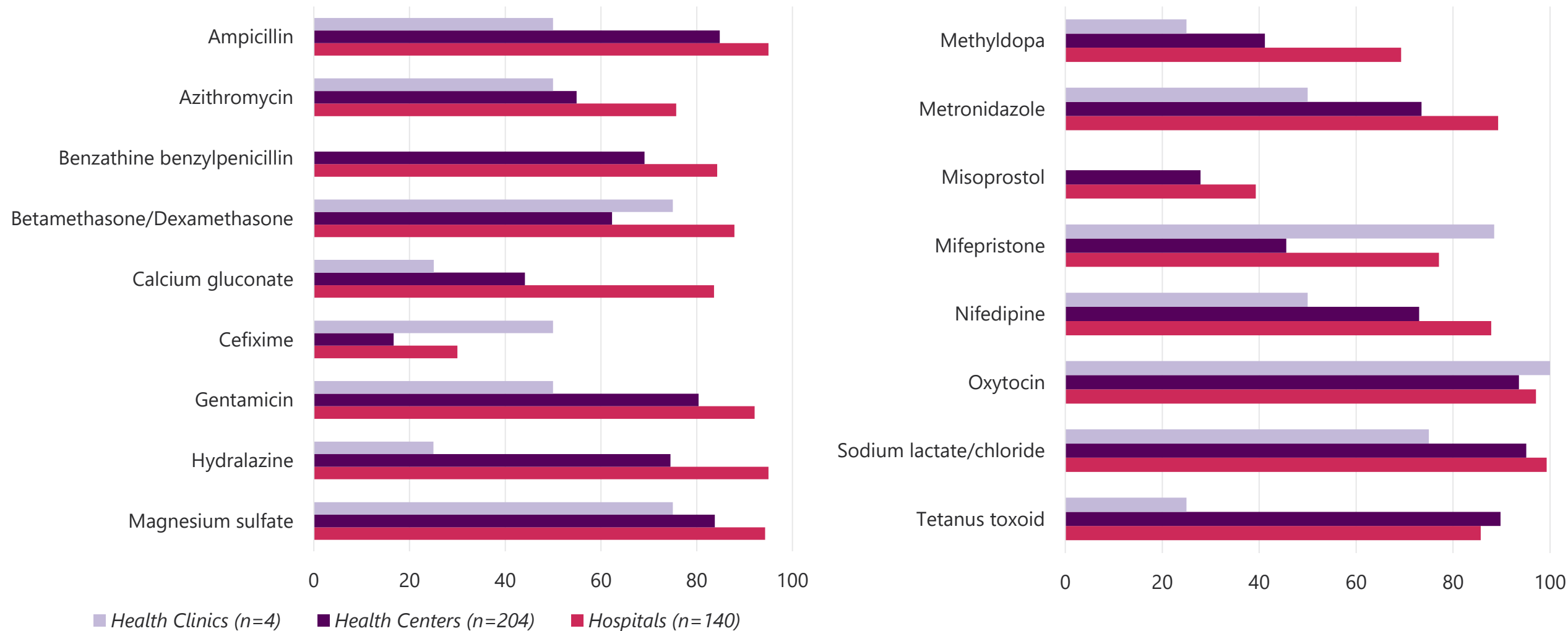
Essential Medicines Stock Availability by Managing Authority

Among public and private facilities offering labor and delivery



Essential Medicines Stock Availability by Facility Type

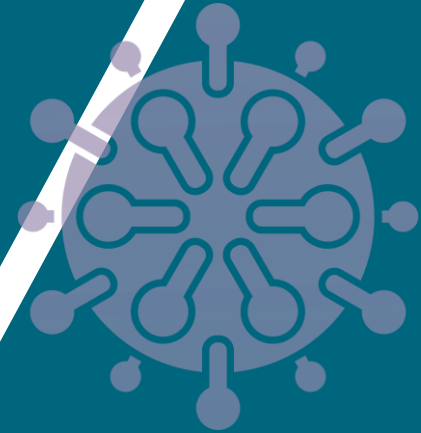
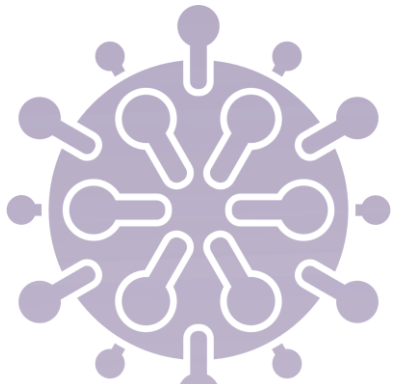
Among public and private health clinics, health centers & hospitals offering labor and delivery



Service Delivery Point Summary

- Availability of variety of contraceptive methods (two long acting and three shortacting) showed slight decline in health centers in 2020 compared to 2019
- Availability of four contraceptive methods and skilled personnel in implant removal decreased in health posts in 2020 compared to 2019.
- Stock availability of essential medicines for labor and delivery is lower in health centers and private facilities
- Postabortion counselling in health centers showed slight improvement in 2020 compared to 2019

COVID-19

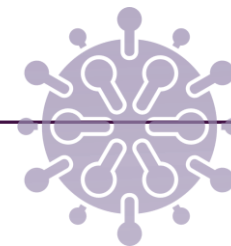


COVID-19

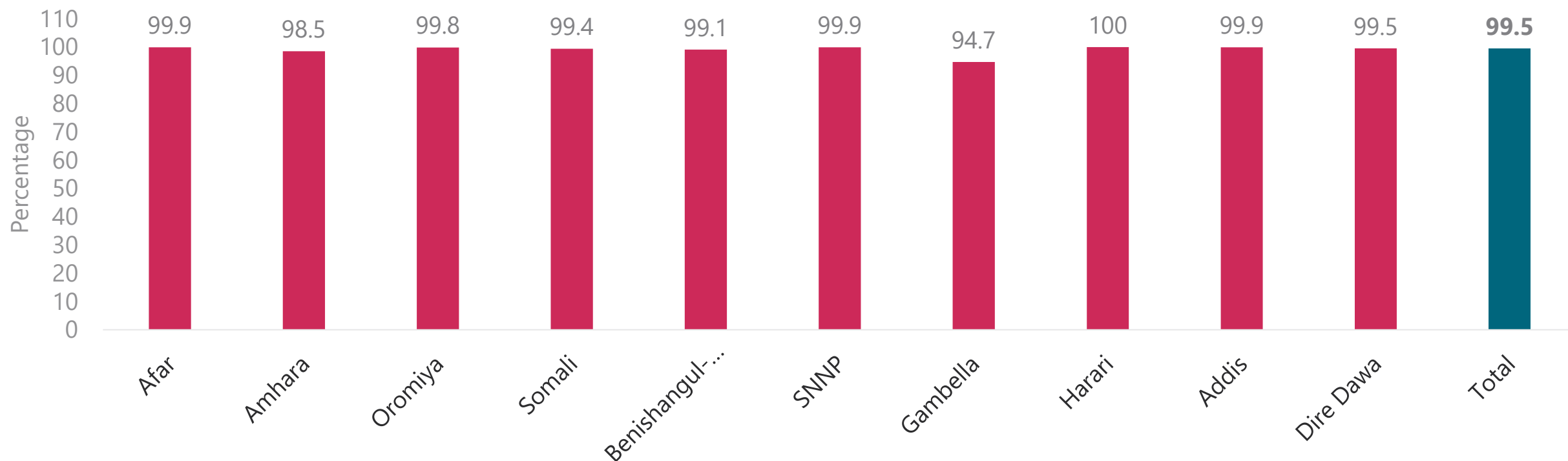


The following Questions were asked on COVID-19

- Knowledge on COVID-19 signs and symptoms, transmission and prevention
- Perception around COVID-19
- Impact of COVID-19 on service utilization



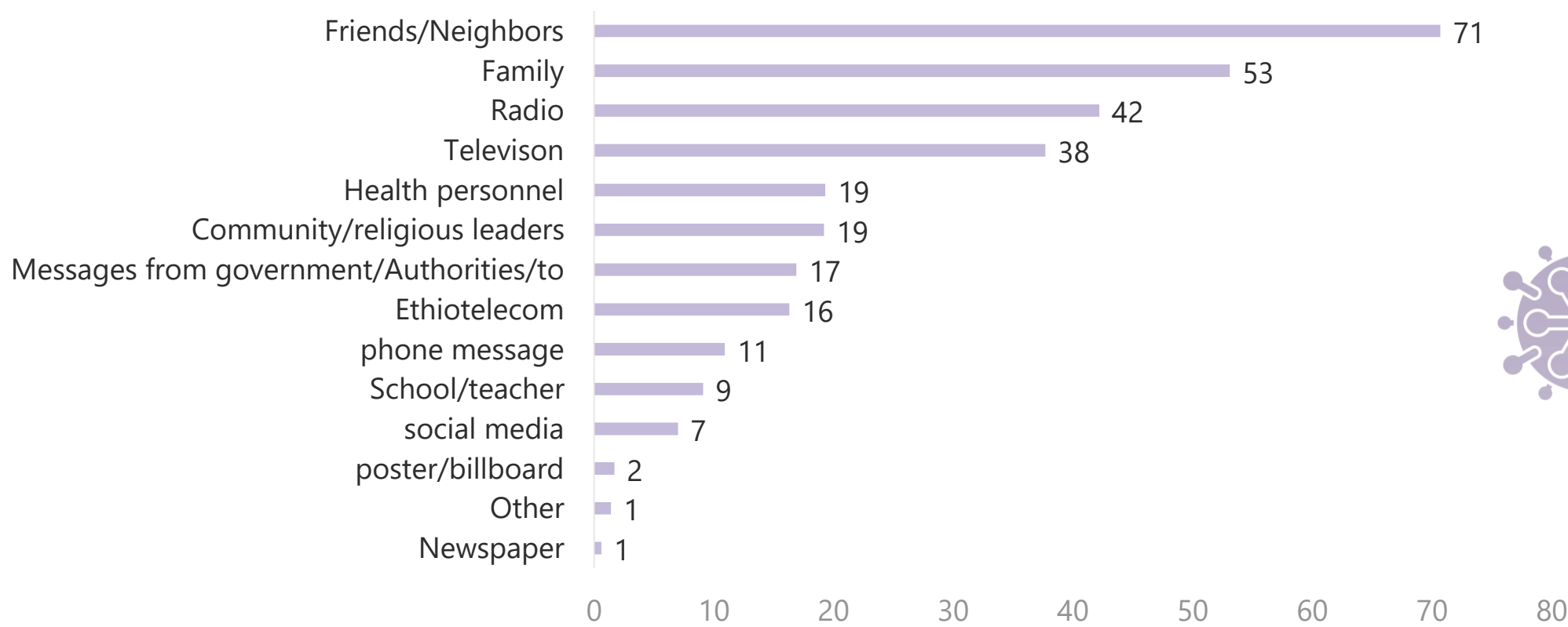
Percentage of respondents who have heard about COVID-19 pandemic, by region – Weighted (n=7,533)



Awareness about Covid-19 was **nearly universal** across all regions.



Where respondents obtained information about COVID-19 (n=7,474)



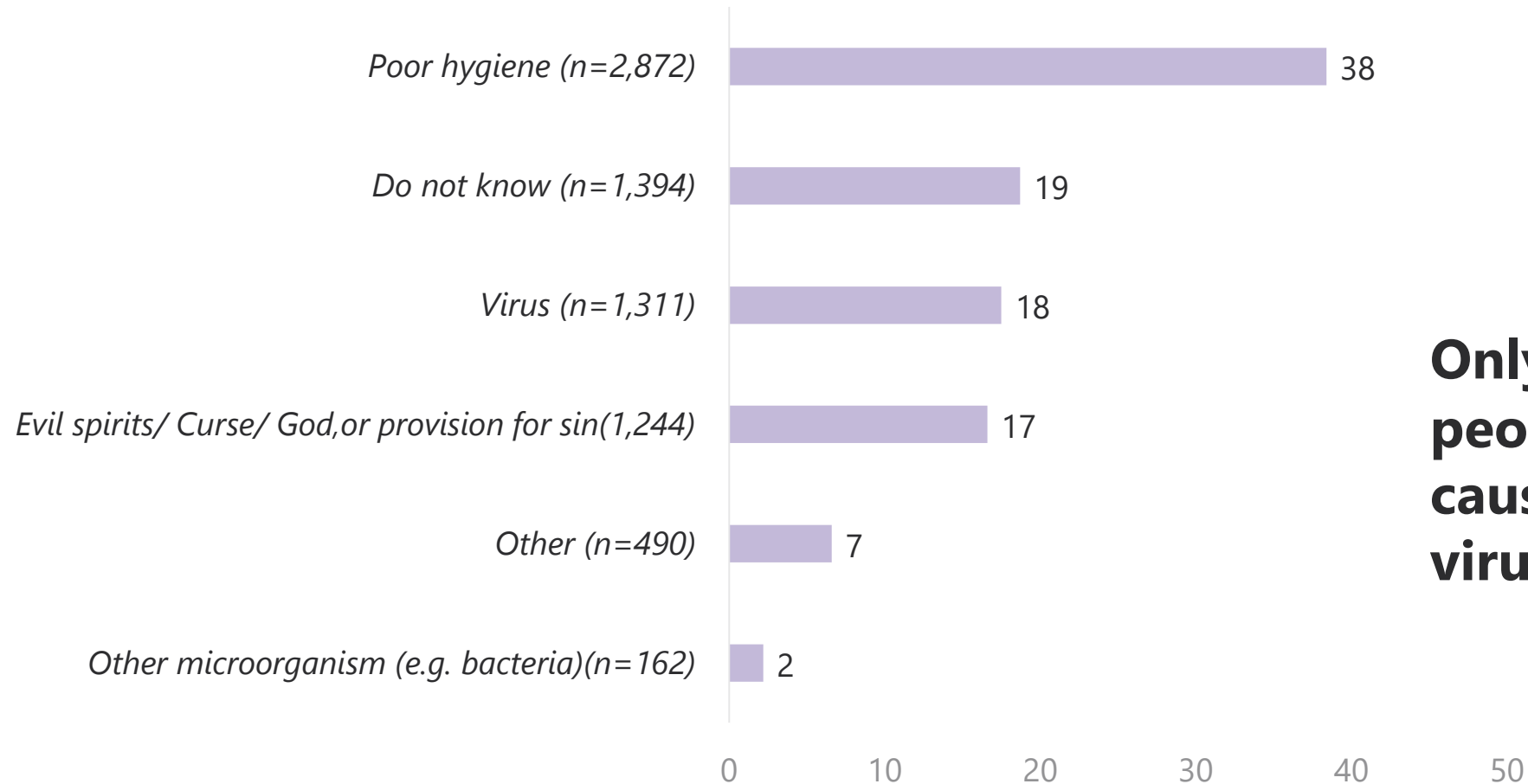
Majority of respondents obtained their information about Covid-19 from friends/neighbors, and family

**Multiple response possible*

What causes COVID-19?



Percent of respondents who said ____ as the causes of Corona disease or COVID-19 - Weighted



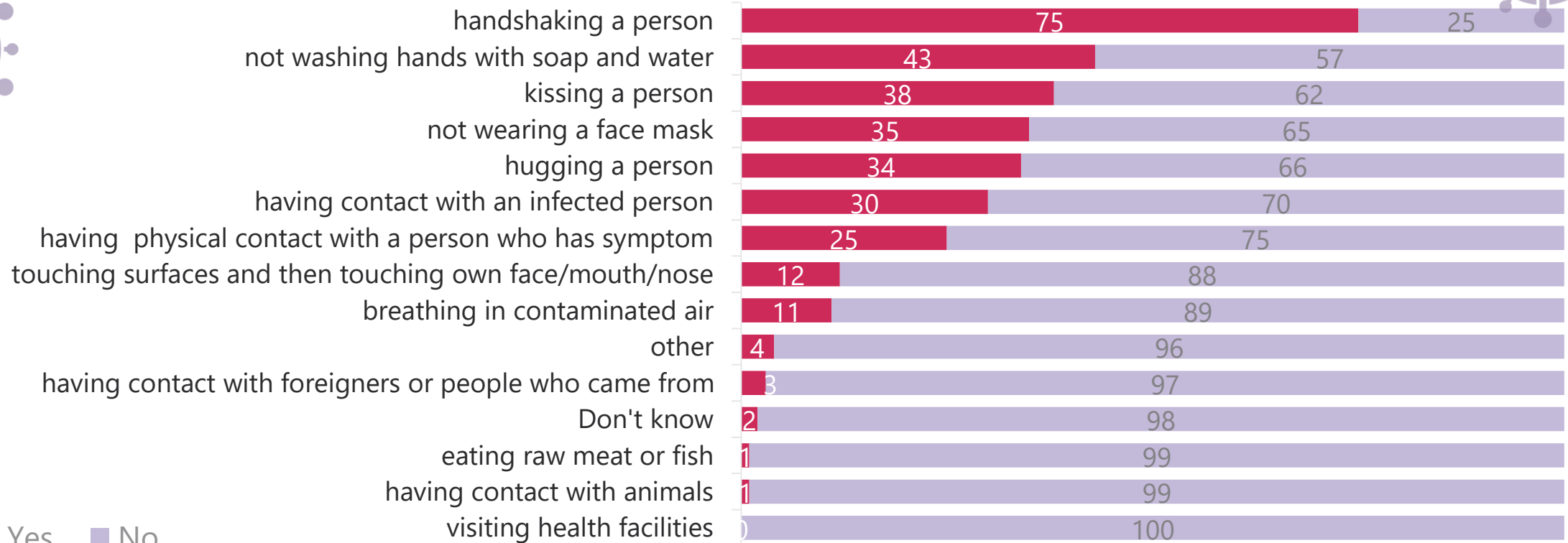
Only less than one in 5 people believe the cause of Covid-19 is a virus



**Multiple response possible*

COVID-19 transmission

Percent of respondents who said ___ as coronavirus or COVID-19 transmission way – Weighted (n=7,474)



■ Yes ■ No



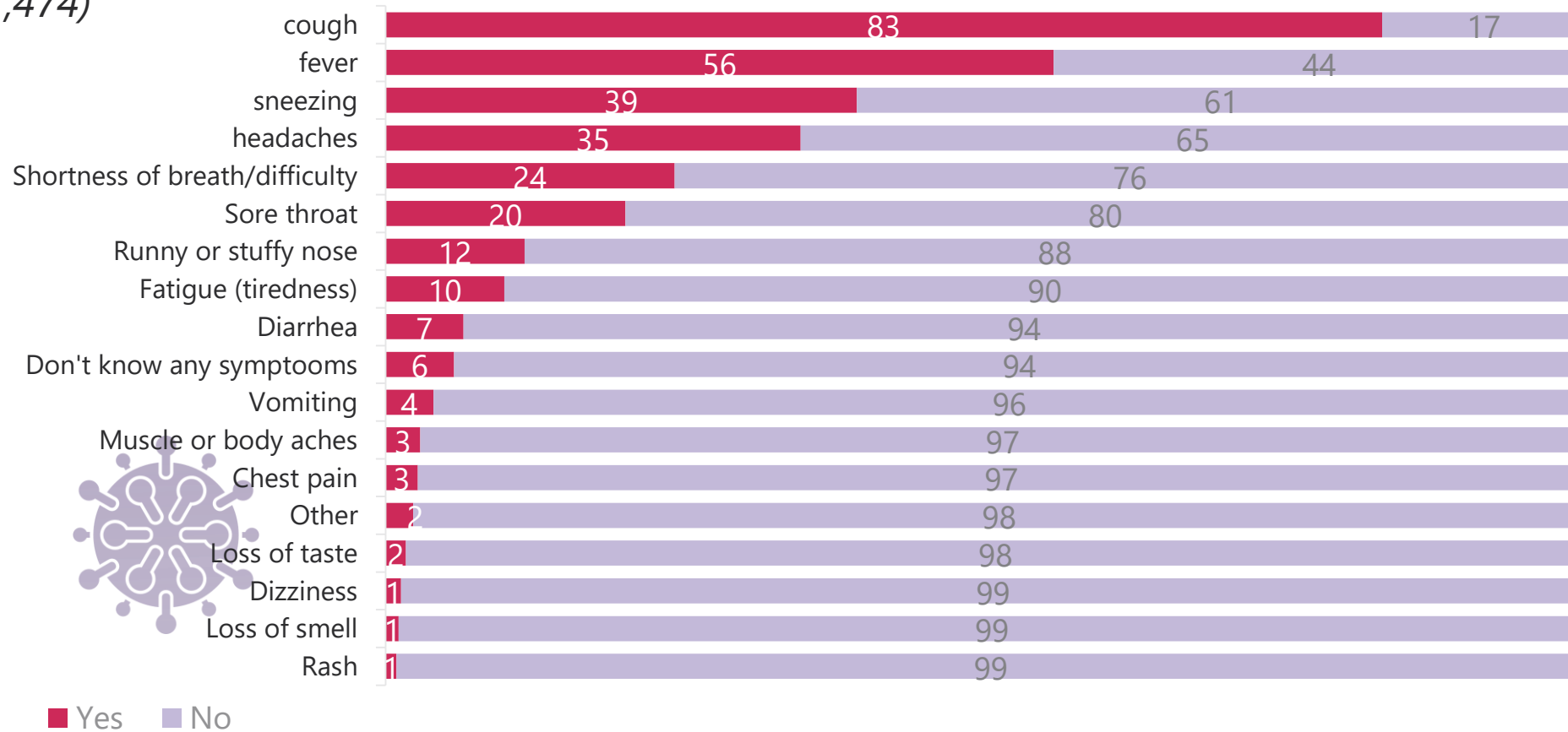
Majority of respondents believe Covid-19 can be transmitted by handshaking a person followed by not washing hands with soap and water and kissing a person



Signs and symptoms of someone infected with Corona - Weighted



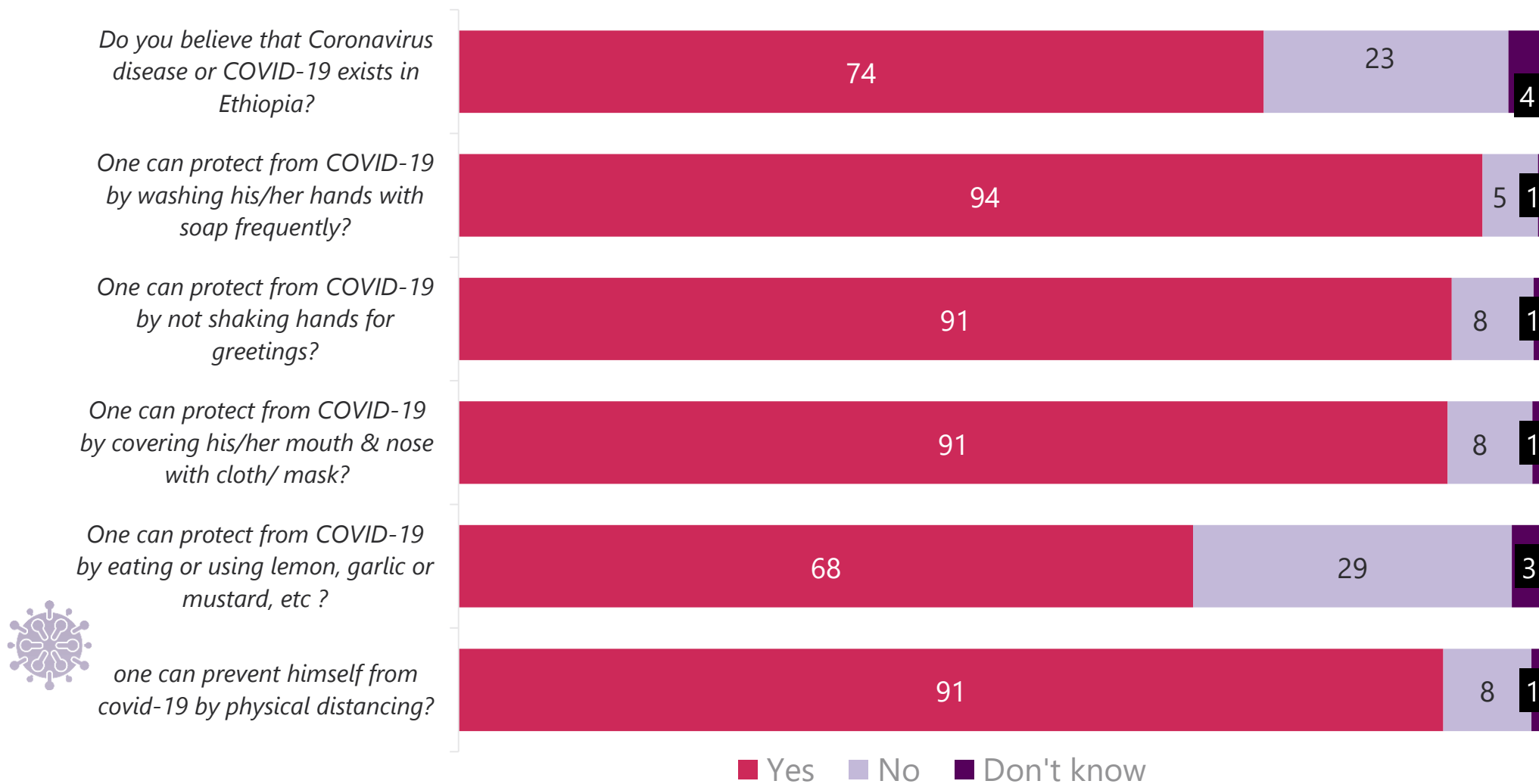
Percent of respondents who said ___ as signs and symptoms of someone infected with corona – Weighted (n=7,474)



Majority of respondents identified cough and fever as signs and symptoms of Covid-19



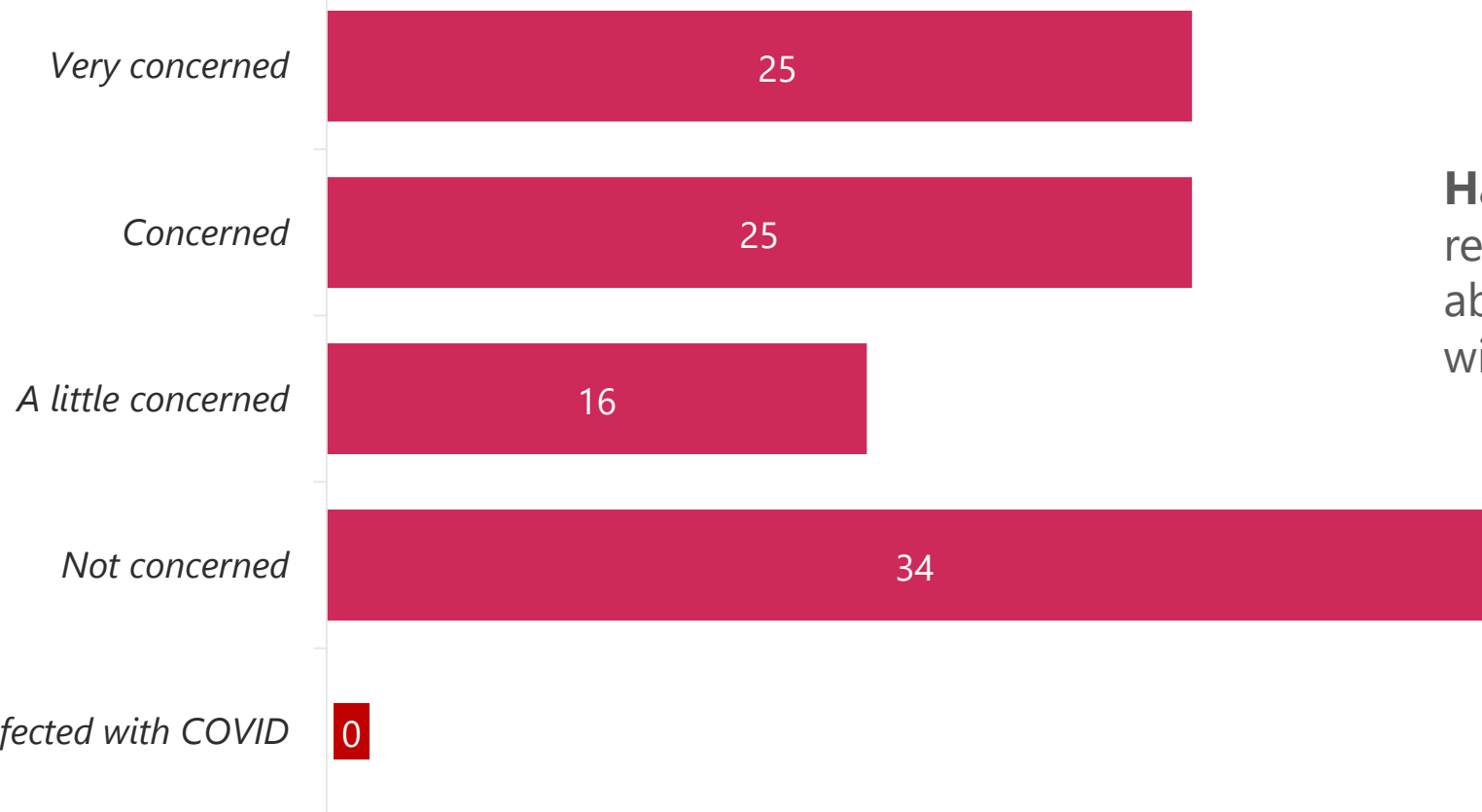
Knowledge about COVID-19 prevention



More than two in 3 believe that one can protect Covid-19 by eating or using lemon, garlic or mustard

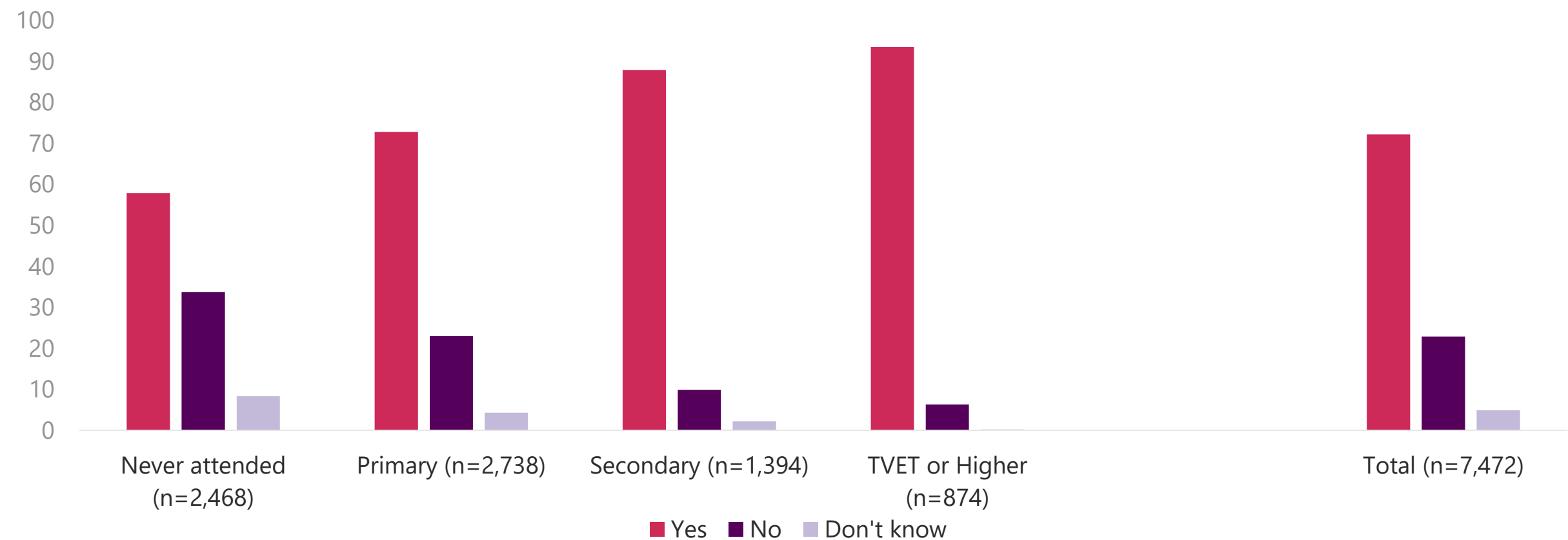
(n=7,474)

Currently, how concerned are you about getting infected yourself? (n=7,472)



Half of respondents reported being concerned about **getting infected** with Covid-19

Percent of respondents who are worried about getting infected with Covid-19 (by educational attainment)- Weighted

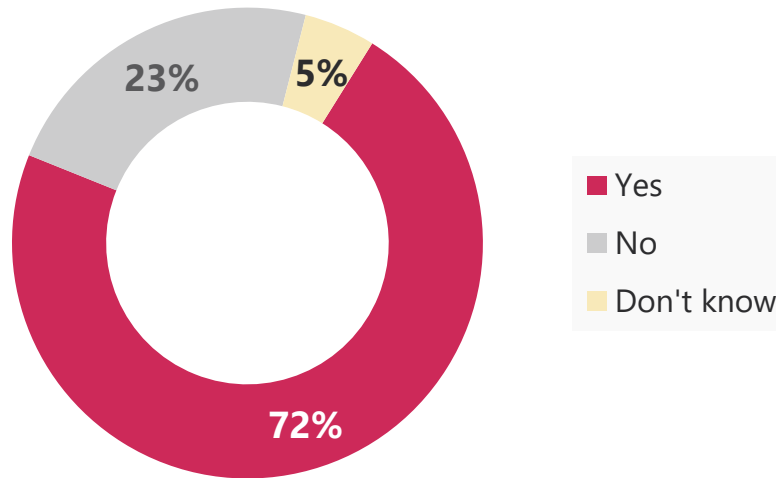


Respondents with lower or no education are more likely to be less worried about getting with Covid-19



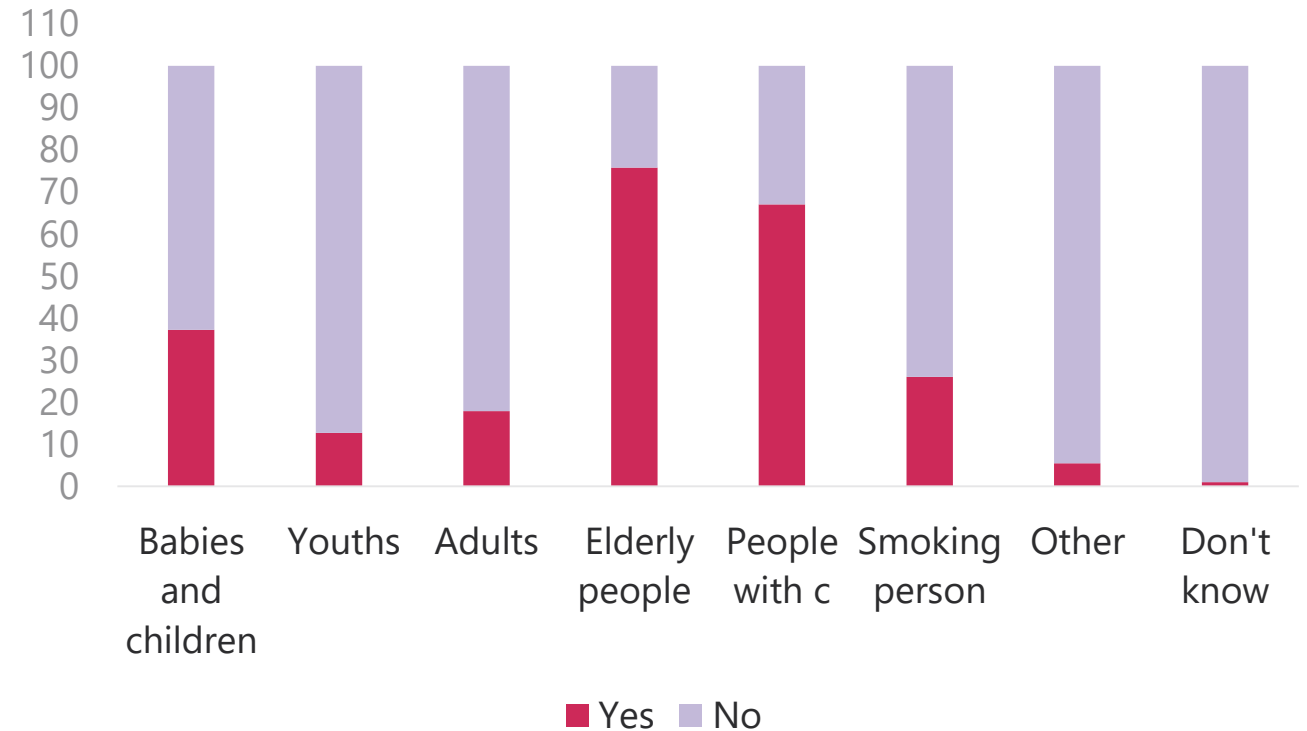
COVID-19

Some groups of people are likely to develop serious illness/ die by COVID-19 (n=7,474)



More than 7 out of 10 people believe that some group of people are likely to develop serious illness/die by COVID-19

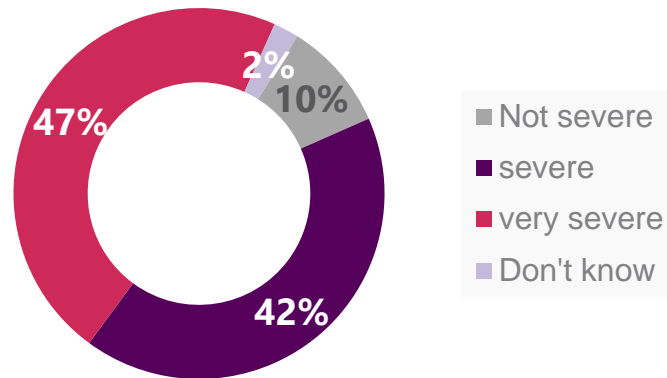
People who can get severe illness or death from COVID-19 (n=5,630)





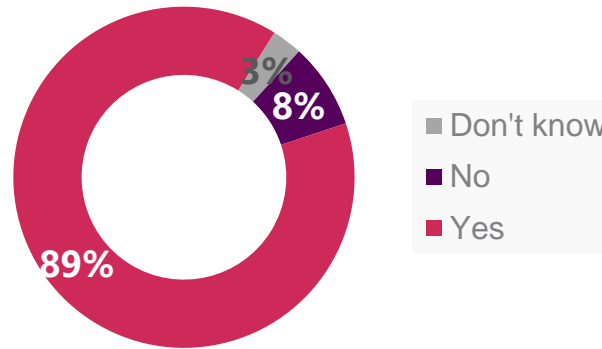
COVID-19

In your opinion, is Coronavirus disease or COVID-19 a severe illness? (n=7,473)



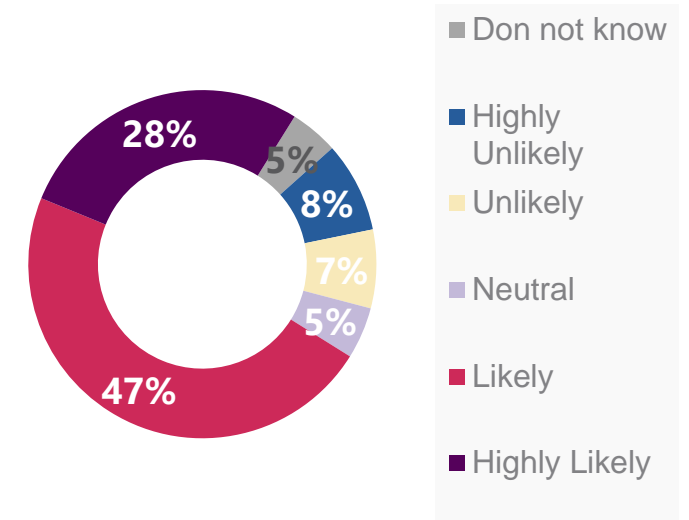
Nine in ten people believe Covid-19 is a severe or a very severe illness

Should person suspected of having COVID-19 disease like symptoms be isolated ? (n=7,473)



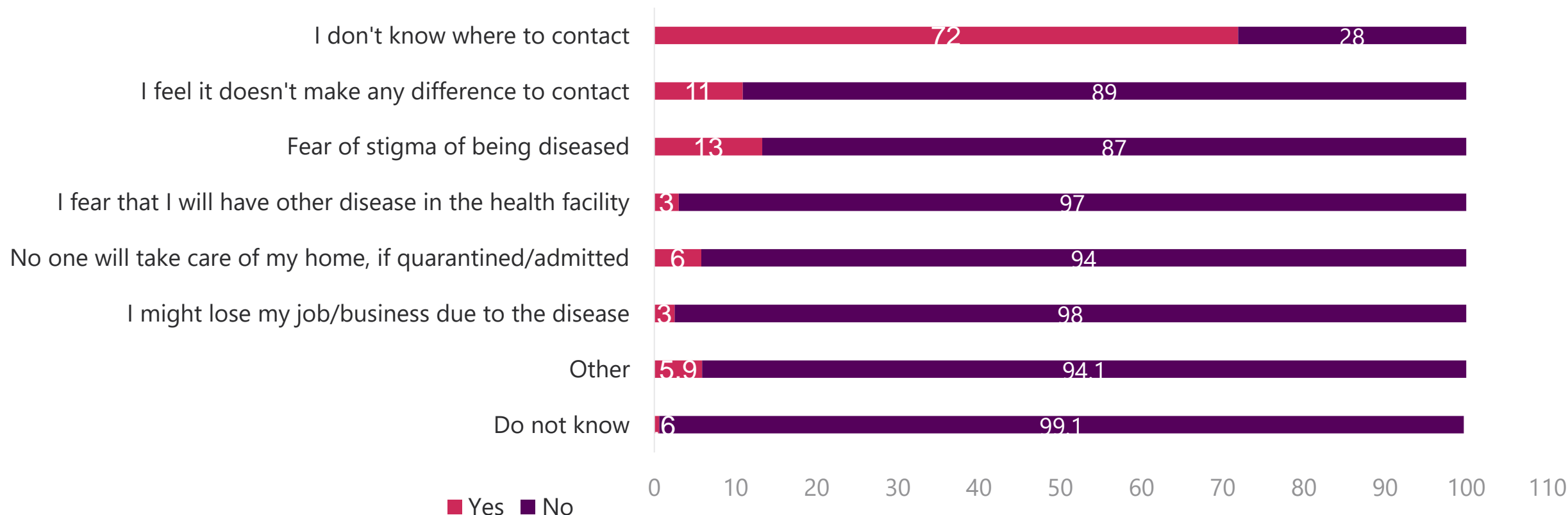
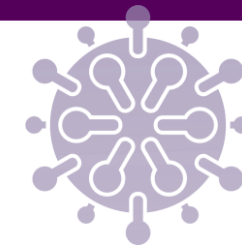
Majority believe those with Covid-19 like symptoms should be isolated

How likely you contact health authorities if you have COVID-19 signs?(n=7,474)

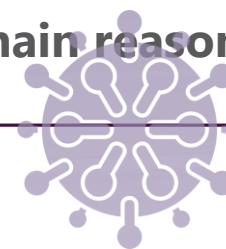


Majority likely to contact health authorities if they have Covid19 signs

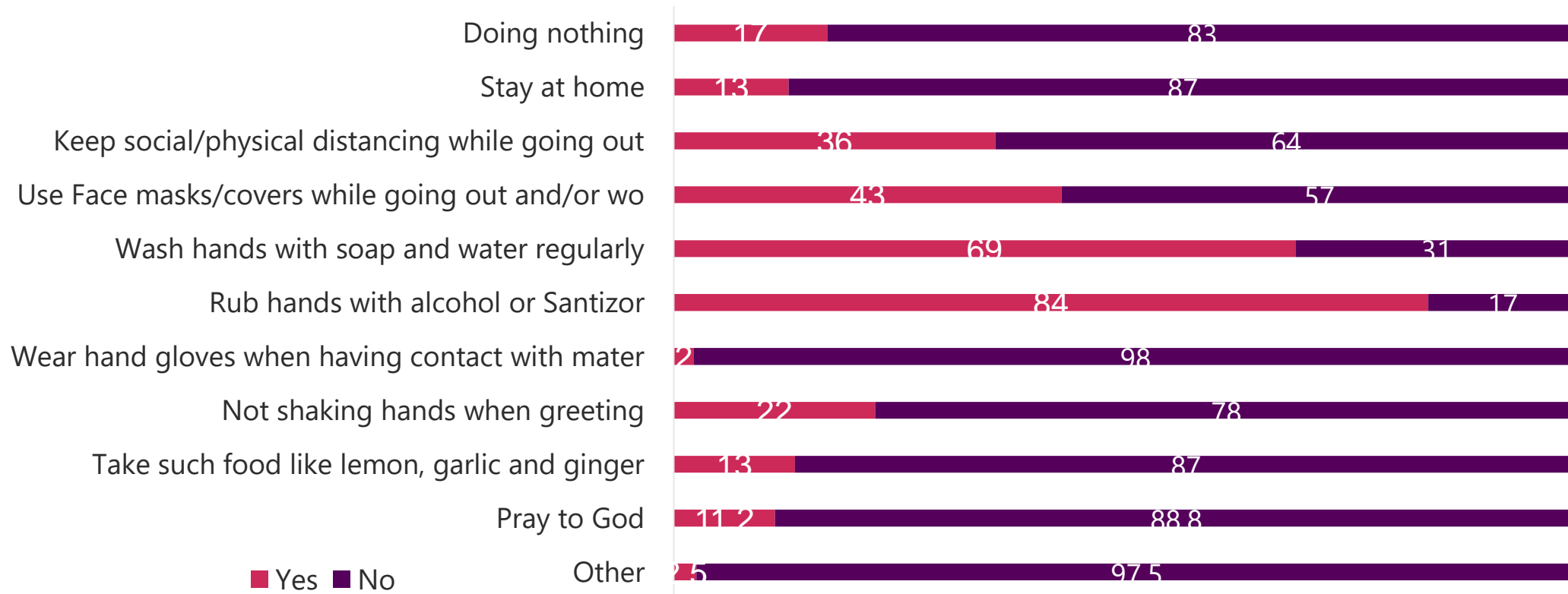
What is your main reason not to contact the health authorities? – Weighted (n=1,085)



Among those who are unlikely to contact health authorities, the main reason for doing so was not knowing where to contact health authorities



What are you/your family currently doing to prevent COVID-19?(n=7,474)



Only one in three respondents reported keeping social distancing while going out while four out of 10 people use face masks



COVID-19 Prevention Mechanisms



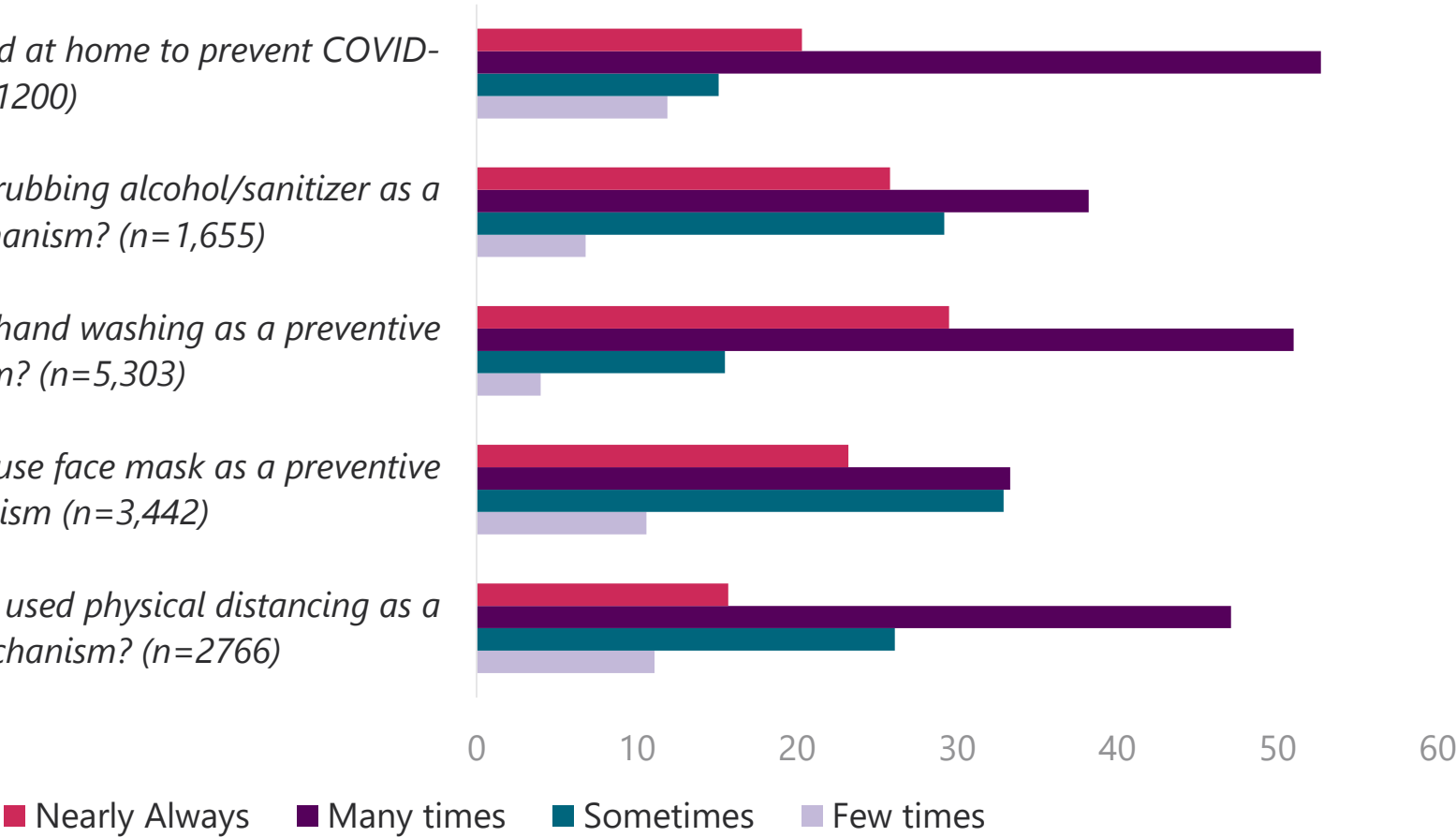
how frequently have you stayed at home to prevent COVID-19 (n=1200)

How frequently do you use rubbing alcohol/sanitizer as a preventive mechanism? (n=1,655)

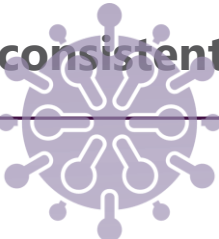
how frequently do you use hand washing as a preventive mechanism? (n=5,303)

how frequently do you use face mask as a preventive mechanism (n=3,442)

How frequently have you used physical distancing as a preventive mechanism? (n=2766)

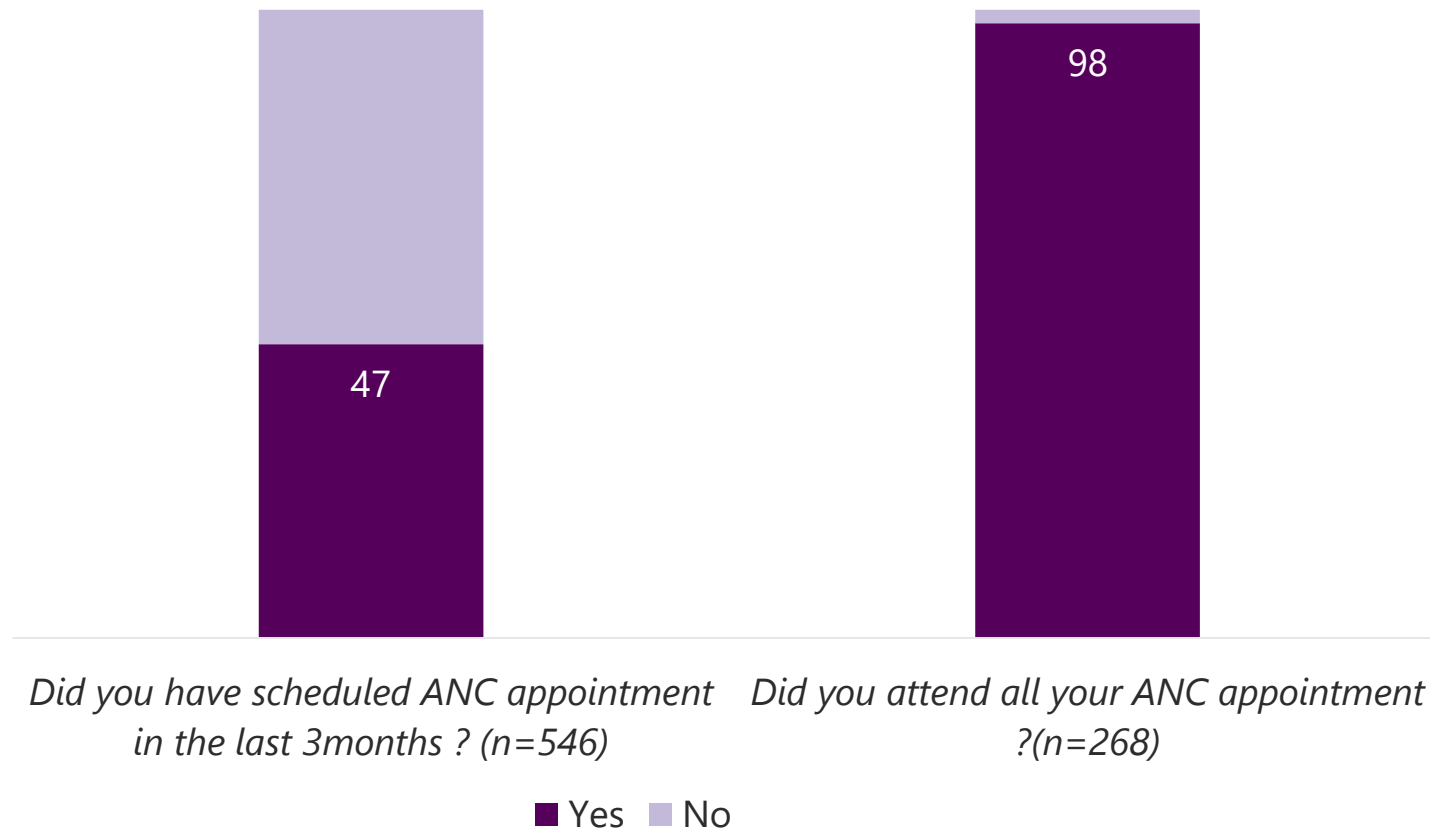


Less than a third of respondents adhered to preventive practices consistently ('nearly always')





Impact of COVID-19 on ANC



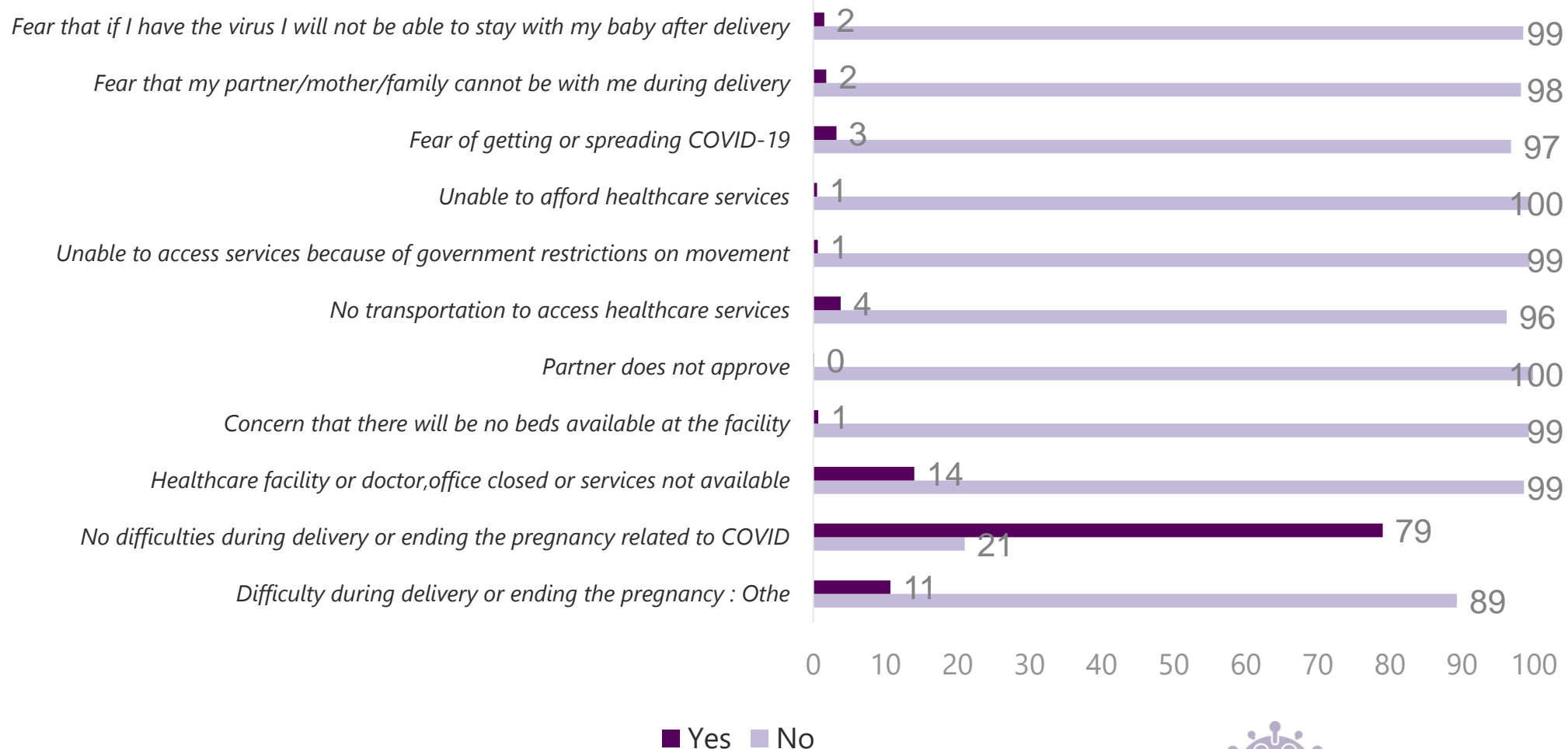
Majority of respondents reported attending their ANC appointment



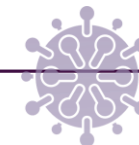


Impact of COVID-19 on Delivery

Did you face difficulty during delivery/ending pregnancy related to COVID-19? (n=844)

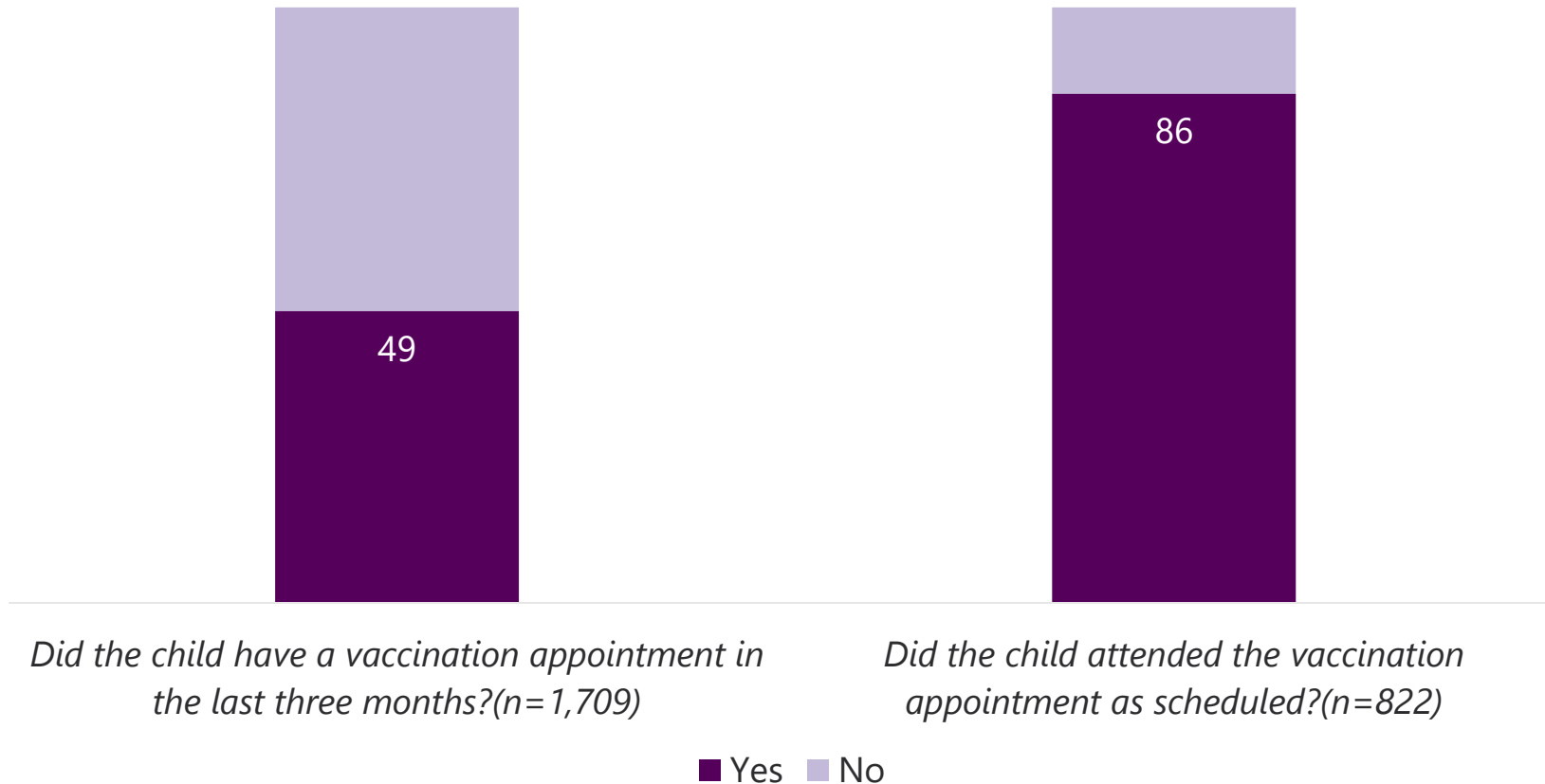


Majority of respondents reported no difficulties during delivery or ending the pregnancy related to Covid-19





COVID-19 Effect on Vaccination



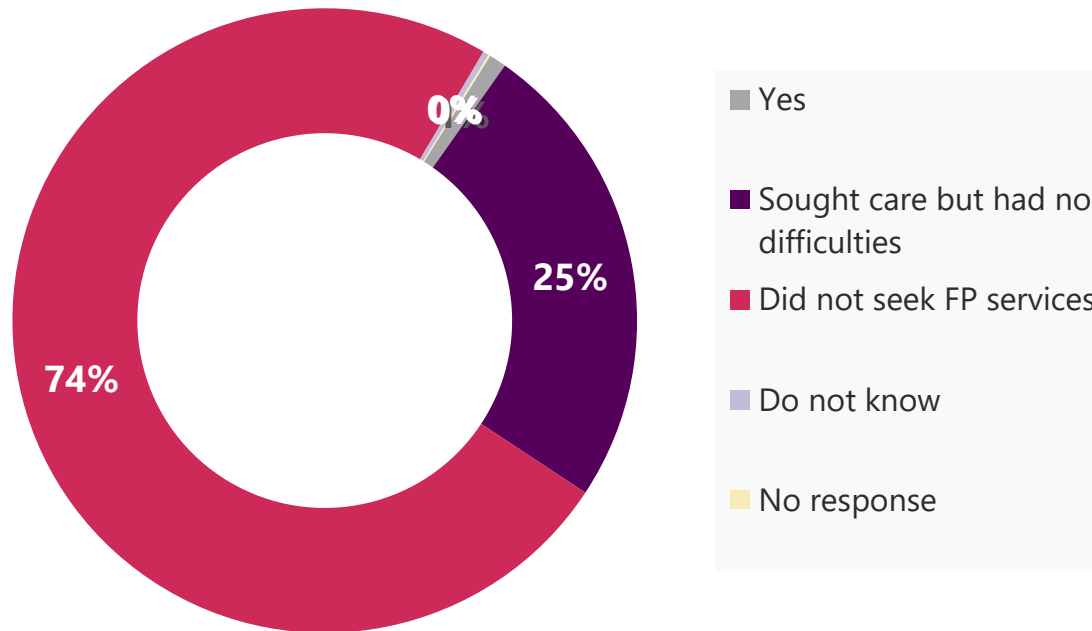
Among those who had vaccination appointments, the majority attended their vaccination per schedule



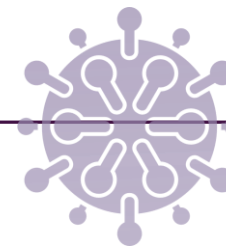
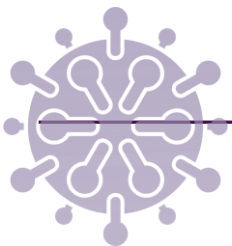
Difficulties In Accessing FP Services Since COVID-19 Restrictions Began - Weighted



Respondents difficulties in accessing FP services since COVID-19 restrictions began?(n=61)



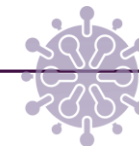
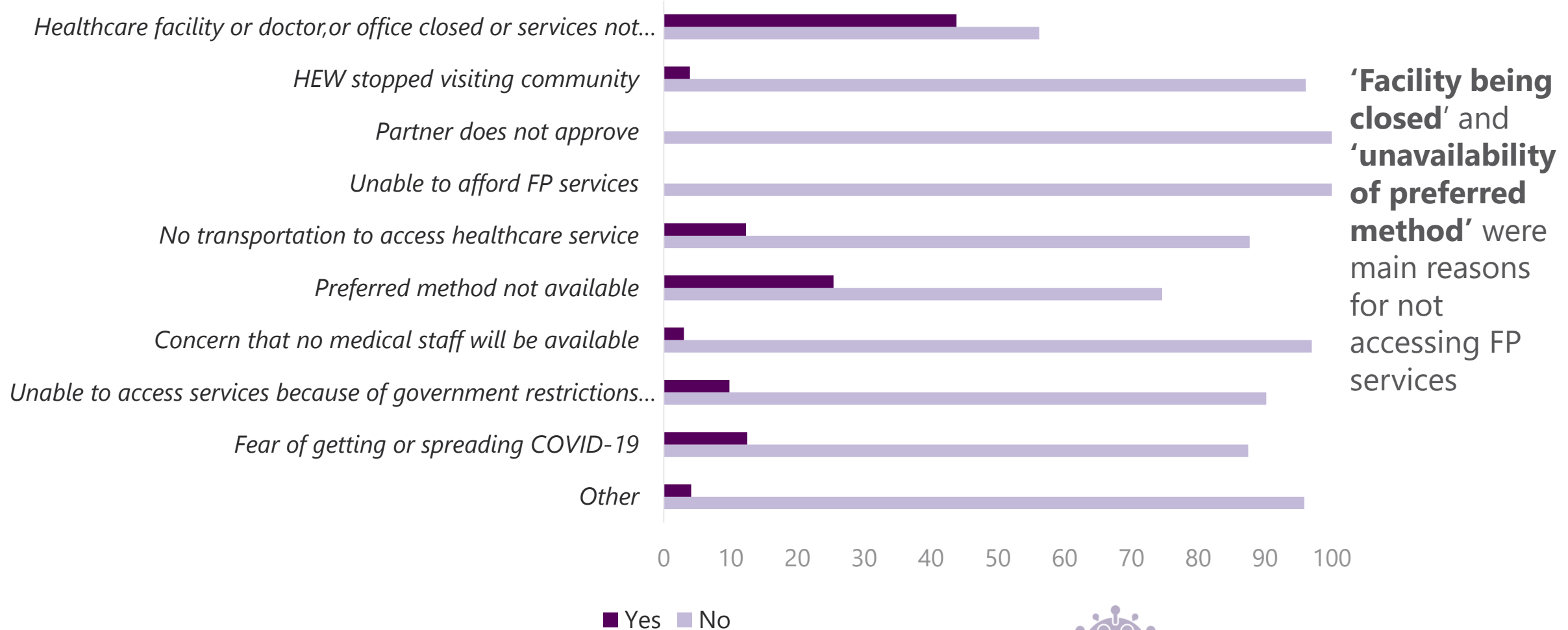
Three in four respondents reported not seeking family planning services after Covid-19 restrictions began



Difficulties In Accessing FP Services Since COVID19 Restriction



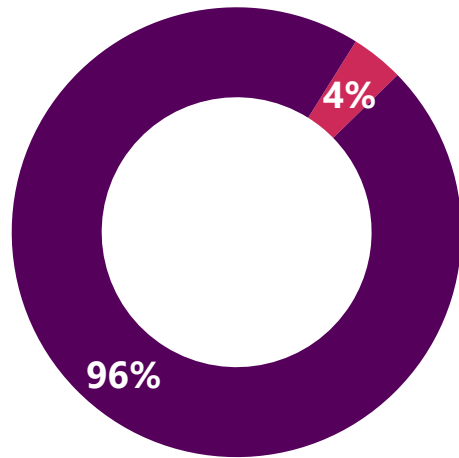
Difficulties accessing FP services since COVID19? (n=61)





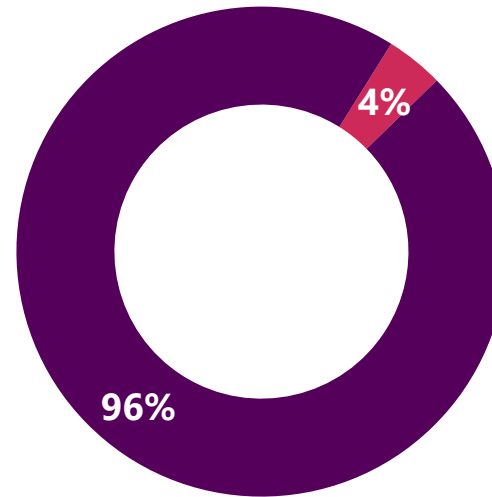
Difficulties In Accessing FP Services

Made you feel afraid, for example, by threatening you or stalking you? ?
(n=4,668)



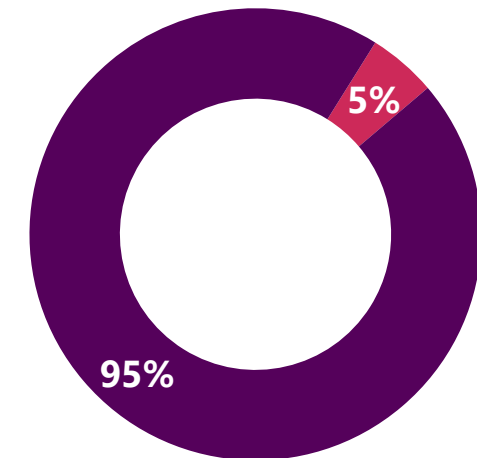
■ Yes ■ No

Physically hurt you, for example, push you, slap you, punch you, or kick you?(n=4,667)



■ Yes ■ No

Physically force or pressure you to havin sexual intercourse with him? (n=4,667)



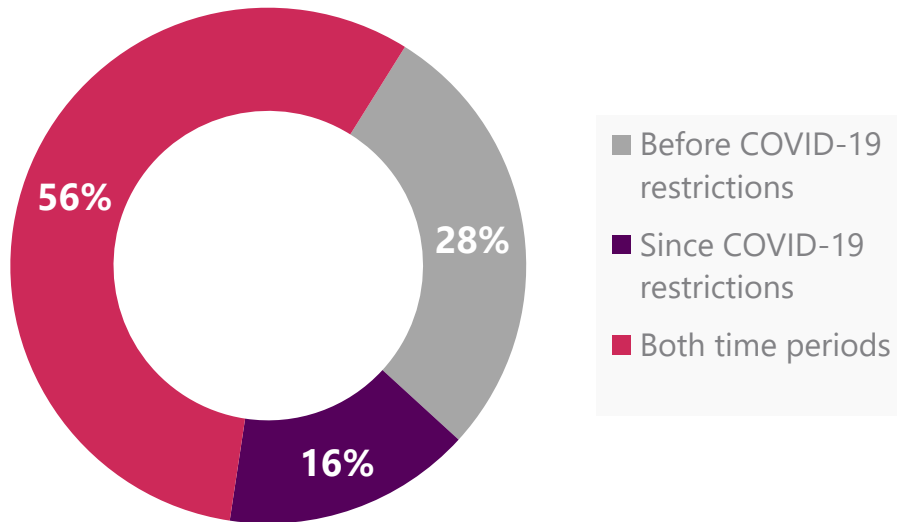
■ Yes ■ No

Partner violence as a reason for not accessing FP services was mentioned by less than 5% of respondents

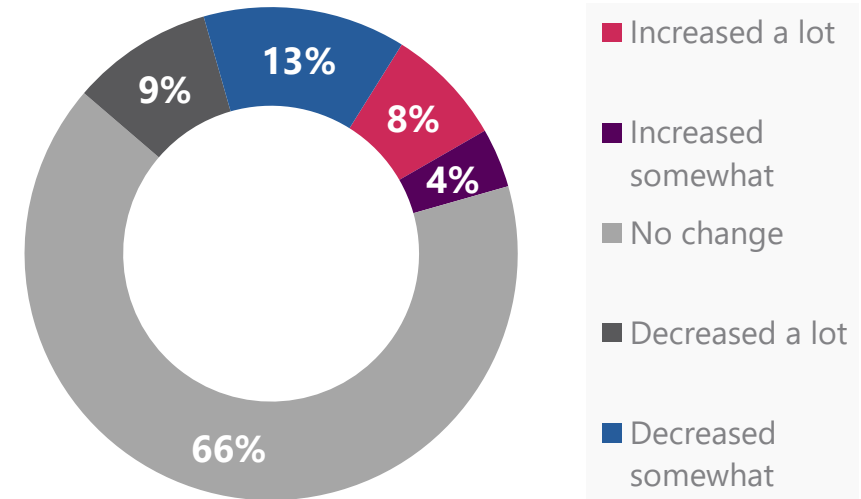


Difficulties In Accessing FP Services

*Have experiences of unwanted sex with a partner happened before COVID-19?
(n=344)*

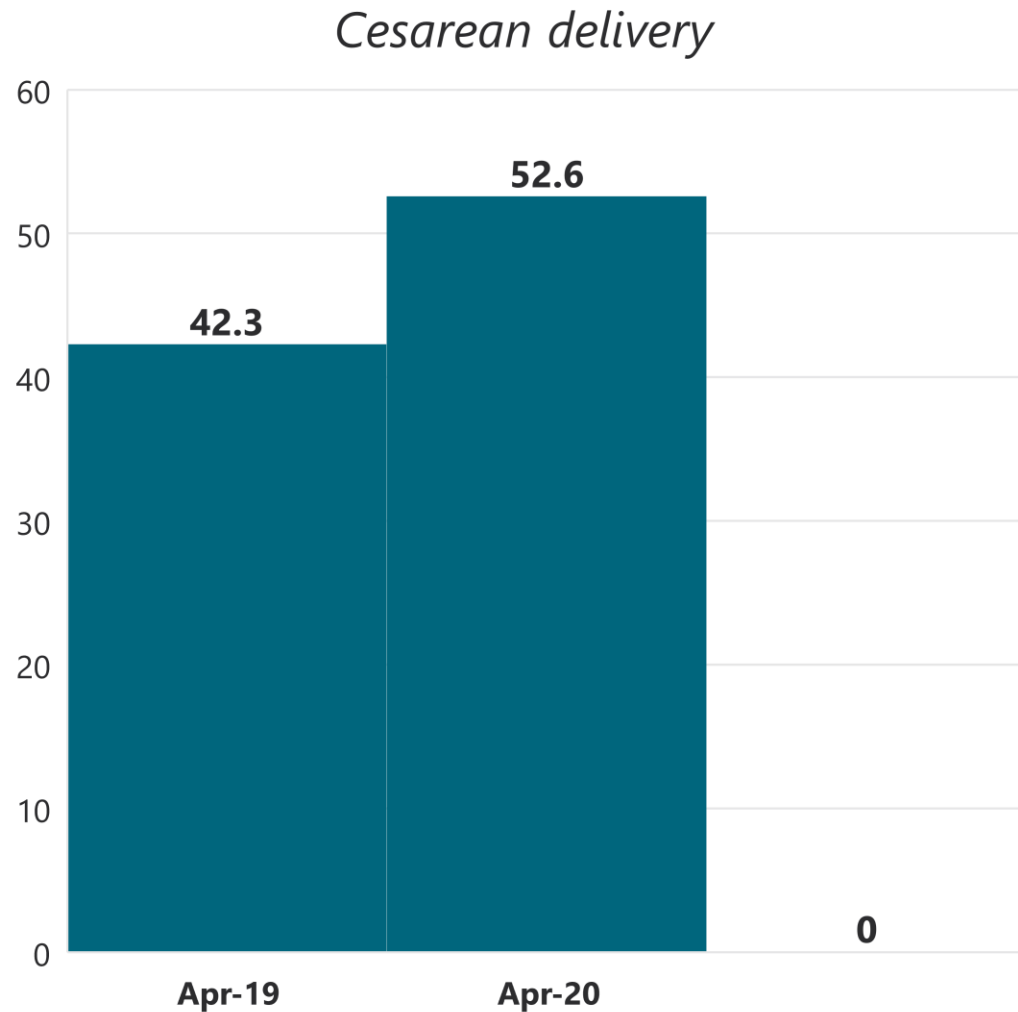


Has forced sex in your relationship changed since COVID-19 restrictions began? (n=344)



A little higher than 1 in 10 women reported increase in forced sex since Covid-19 restrictions began while more than 1 in 5 respondents reported a decrease in forced sex during the same period

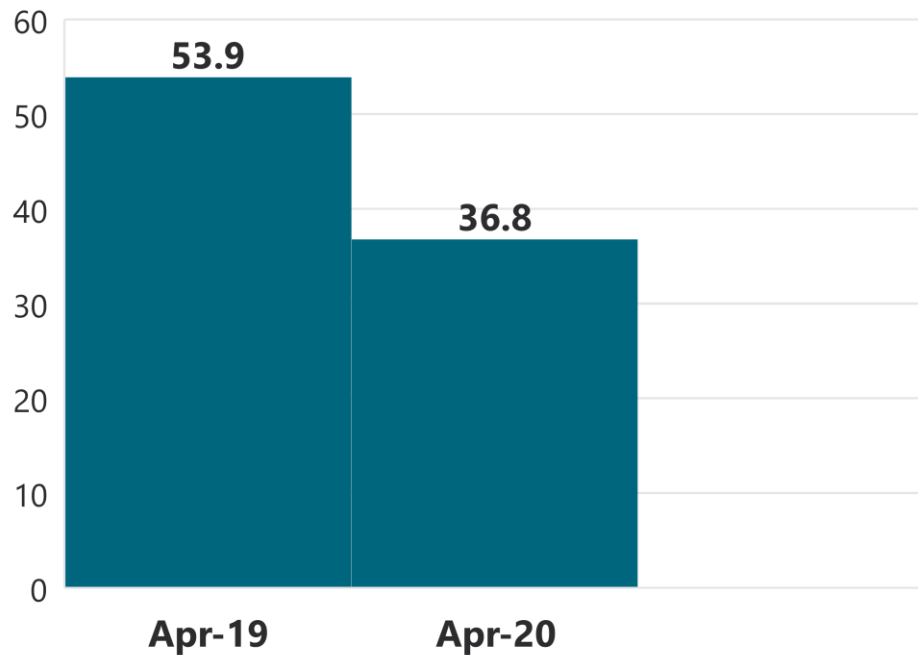
Average number of Caesarean Deliveries before and during COVID-19 - Month of April at Governmental Hospital (n=112)



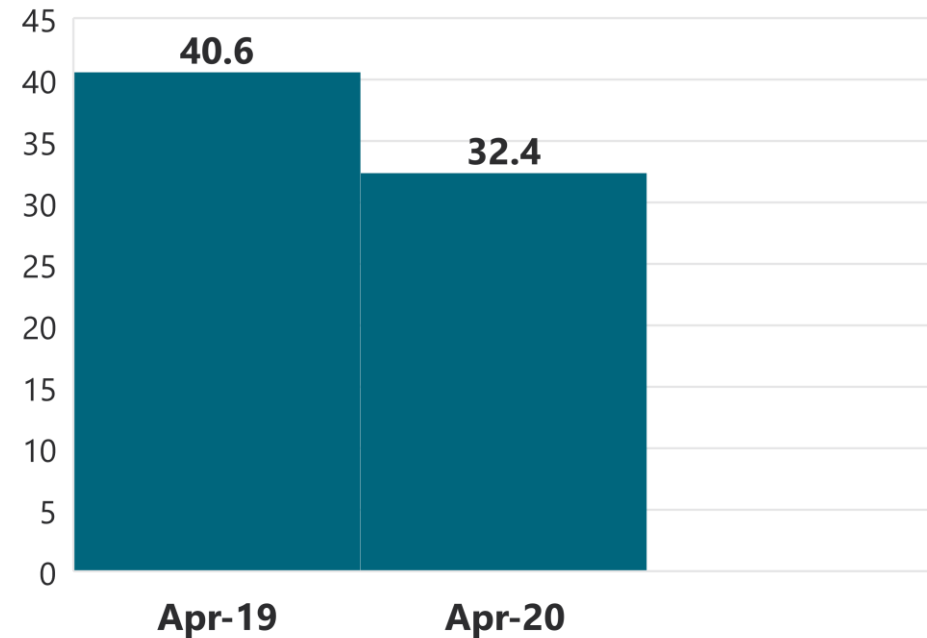
- Despite **no significant** difference was shown in the overall client volume for delivery services, the number of **CS deliveries** has **significantly increased** (p-value: 0.001) in public hospitals, during the month of April 2020 (52.6%) compared to April 2019 (42.3%).

Average number of Penta 3 and Measles before and during COVID-19 - Month of April at Governmental Hospital (n=114)

Average number of pentavalent 3 vaccination before and during covid- Month of April at Governmental Hospitals



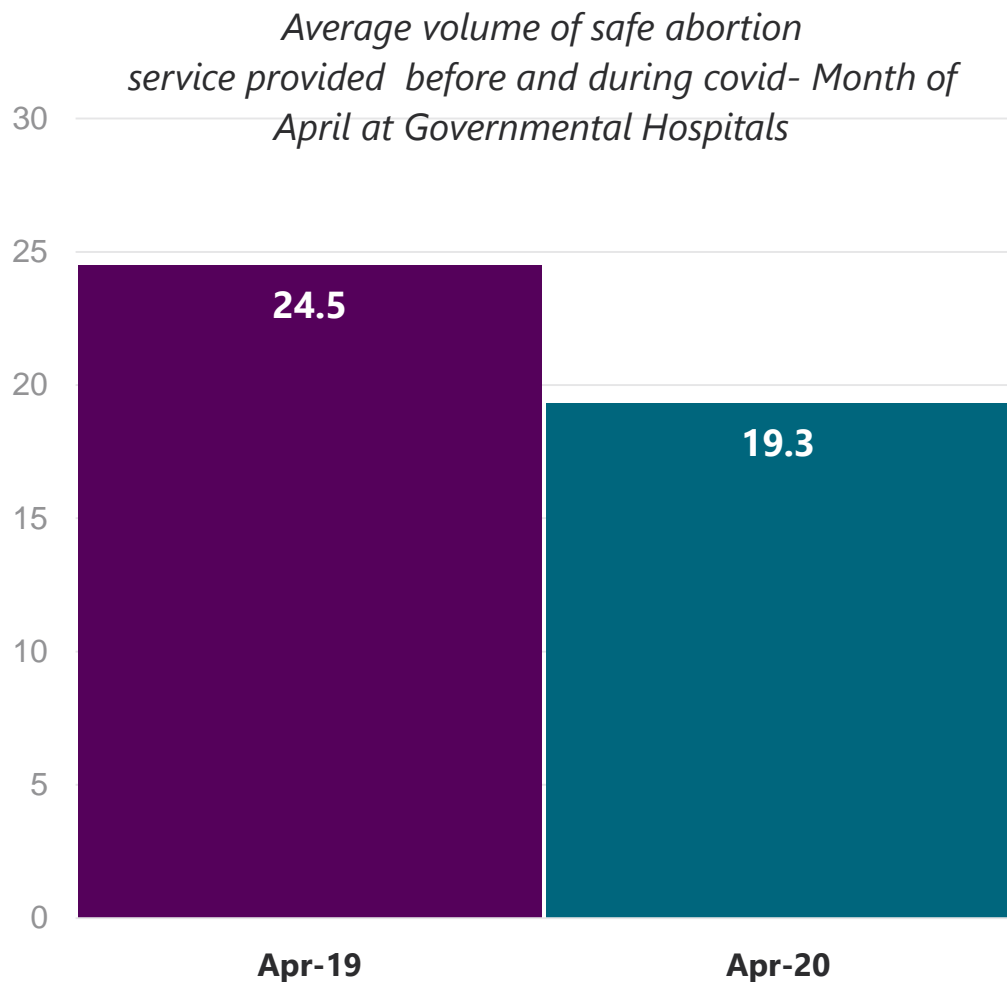
Average number of measles vaccination before and during covid- Month of April at Governmental Hospitals



*The average number of children vaccinated with **Penta-3** (p-value: 0.013) and **Measles** (p-value: 0.014) in public hospitals have **significantly dropped** soon after the emergence of COVID-19.*



Average volume of safe abortion service provided before and during COVID-19 - Month of April at Governmental Hospitals (n=125)

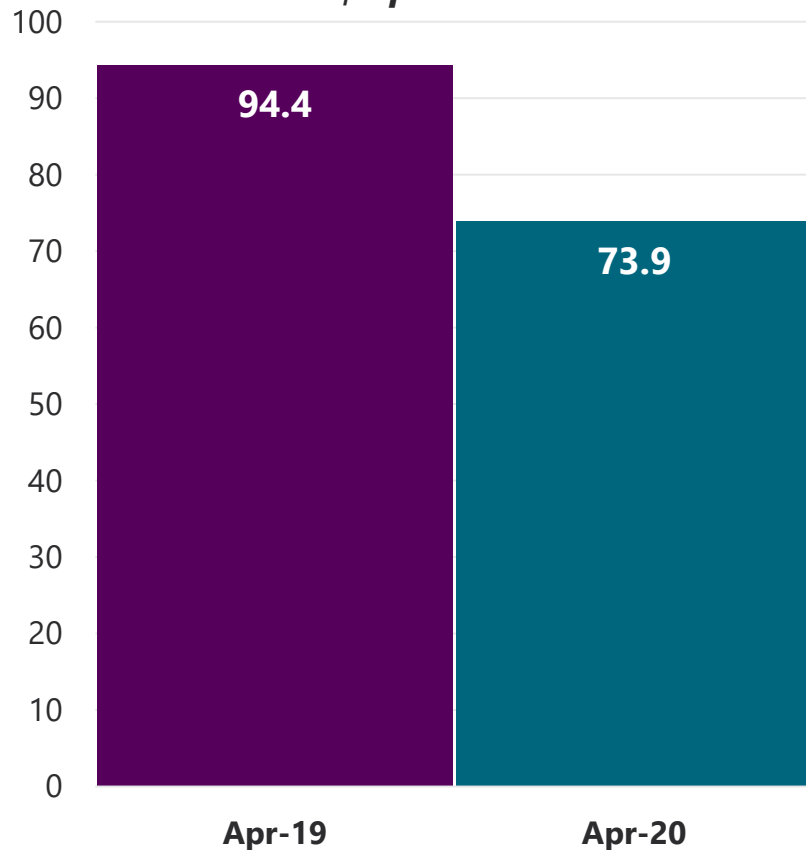


- The average volume of clients who received safe-abortion from **public hospitals** soon after the emergence of COVID-19 (**April 2020**) has shown **significant reduction** (p-value: 0.003) compared to April 2019.
- However, **no significant** difference was observed to the average safe-abortion client volume during the months of **September 2019 and 2020**, which would indicate that safe-abortion service provision and utilization has started to recover in just 4 months after the emergence of COVID-19.



Average number of family planning service provided before and during COVID-19 - Month of April at health center (n=189)

Average number of family planning service provided before and during covid- Month of **April** at **Health center**



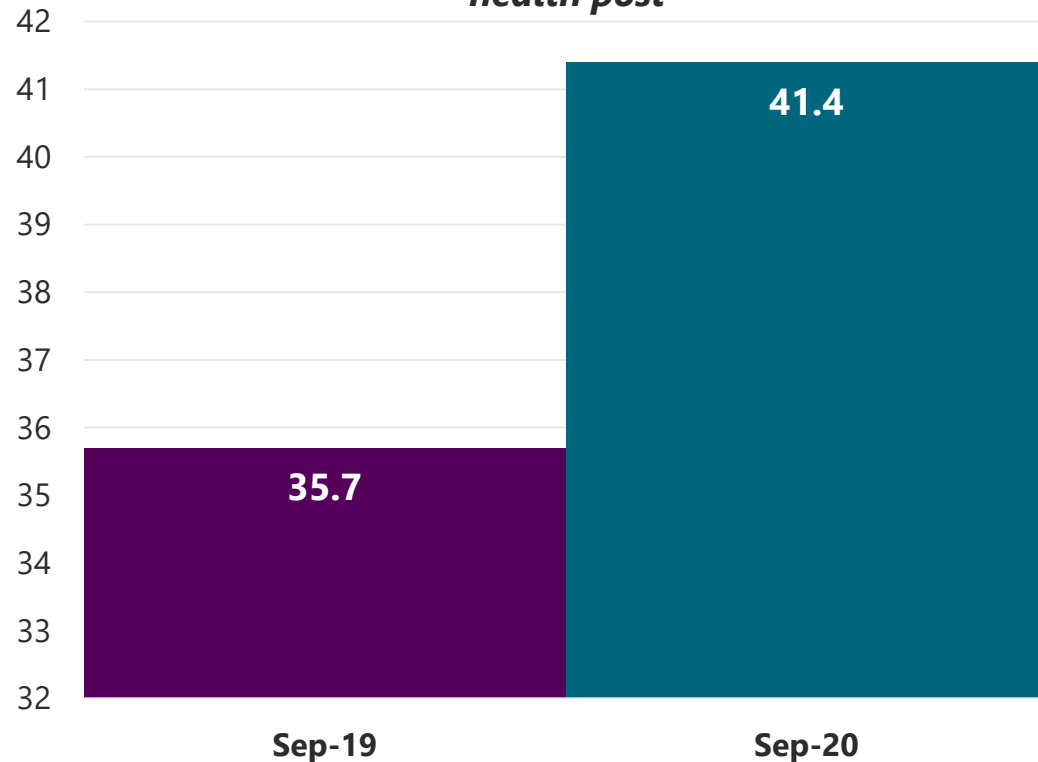
- **Health Centers** has shown a **significant reduction** (p-value: 0.001) in the average number of FP services clients soon after the emergence of COVID-19 (**April 2020**) despite **no significant** difference was observed b/n the month of September 2019 and September 2020.



Average number of family planning service provided before and during COVID-19 - Month of September at health post (n=127)



Average number of family planning service provided before and during covid- Month of **September** at **health post**



- Contrary to the health centers, the average number of FP services users in **health posts** **didn't show** a significant difference during the early period of COVID-19 (April 2019 vs April 2020).
- However, the average number clients who received FP services during the month of September 2020 have **significantly increased** (p-value: 0.01) compared to September 2019.

Key message from Client volume before and after the emergence of COVID-19

- COVID-19 has affected to the average number of caseloads for CS deliveries (↑), safe abortion (↓) and vaccination (↓Penta-3 & ↓Measles) services in **public hospital**; and FP services (↓) in **health centers** during the **early period** (April 2020).
- However, the average number of caseloads for these indicators have recovered just 5 months (September 2020) after the emergence of COVID-19, which would show the resilience of the health system.

Key message from Client volume before and after the emergence of COVID-19

- Despite public hospitals have shown a significant reduction in the average number of clients for safe abortion and vaccination (Penta-3 & Measles) services during the early period COVID-19, the average number of clients have returned to normal level 5 months after the emergence of COVID-19.
- Overall, the emergence of COVID-19 has not significant effect on the number of clients for delivery service, safe abortion, vaccination affected predominantly service provision and utilization ha
- The immediate effect of COVID-19 to selected health indicators is service provision and utilization Facility type
- Compared to other types of health facilities, hospitals have shown significant reductions in the average number of client volume for safe abortion, penta-3, and measles. The average number of client volume for selected reproductive and child health services were predominantly affected

Key message from Client volume before and after the emergence of COVID-19 (2)

- Despite Contrary to the health centers, the average number of FP services users in health posts didn't show a significant difference during the early period of COVID-19 (April 2019 vs April 2020).
- However, the average number clients who received FP services during the month of September 2020 have significantly increased (p-value: 0.01) compared to September 2019.
- COVID-19 has affected to the average number caseloads for CS deliveries (↑), safe abortion (↓) and vaccination (↓Penta-3 & ↓Measles) services in **public hospital** and FP services (↓) in **health centers** during the **early period** (April 2020).
- However, the average number of caseloads for these indicators have recovered just 5 months (September 2020) after the emergence of COVID-19, which would show the resilience of the health system.

COVID-19 Summary

- Awareness about Covid-19 was nearly universal across all regions
- Half of respondents were not concerned about getting infected with Covid-19.
- Significant segment of the population have misconceptions around Covid-19 prevention mechanisms
- Those with lower education were more likely to be “not concerned” about getting infected with Covid-19.
- Majority of respondents (nine in ten people) believe Covid-19 is a severe or a very severe illness.
- ‘Facility being closed’ and ‘unavailability of preferred method’ were main reasons for not accessing FP services
- It is encouraging to note that partner violence has not increased significantly post-Covid-19.

Acknowledgements

- Federal Ministry of Health
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- Community members who welcomed PMA Ethiopia

Thank you!

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