

**PMA Ethiopia
Service Delivery
Point (SDP)
Technical Report,
2019**



Bill & Melinda Gates Institute for
Population and Reproductive Health



**Service Delivery Point
Data Collected on
Availability and Readiness
to Provide Reproductive,
Maternal, and Newborn
Health (RMNH) Services**

PMA Ethiopia Service Delivery Point Technical Report, 2019

Title: Service Delivery Point Data Collected on Availability and Readiness to Provide Reproductive, Maternal, and Newborn Health (RMNH) Services

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Executive Summary

Background and Objective:

Performance Monitoring for Action Ethiopia (PMA Ethiopia) generates data on a variety of reproductive, maternal, and newborn health (RMNH) indicators that can inform national and regional governments. The project implements cross-sectional and cohort surveys to fill a data gap—collecting information not currently measured by other large-scale surveys with a focus on measuring RMNH comprehensiveness of care, and the barriers and facilitators to such care.

This report summarizes key findings from the **2019 service delivery point (SDP) survey**. During an interview with the in-charge or owner of the SDP, enumerators collected information on the readiness of facilities to provide care across the RMNH continuum, including the availability of services, equipment, and commodities. The survey included questions about health management information systems (HMIS), performance monitoring teams (PMTs), and referral networks. Data were collected between September and December 2019 from a sample of public and private sector SDPs, including hospitals, health centers, health posts, clinics, pharmacies, and drug shops. Among the 815 SDPs in the sampling frame, 799 (98.0%) completed the survey and served as the analytic sample for this report.

Key Findings:

- General infrastructure, resources, and systems to support quality:
 - Most hospitals (97.5%), health centers (83.3%), and clinics (90.6%) had access to water onsite, but only one-third of health posts (35.2%) had the same. Across all facility types, most (72.0% to 84.2%) reported interruptions in electricity during the week prior to the survey.
 - While nearly all public sector facilities had a functional mechanism for summarizing health outcomes (94.1%), less than one-third (31.5%) of private facilities had such systems.
- Maternal and newborn health services:
 - Five priority medicines—injectable calcium gluconate (45.5%), cefixime (29.8%), methyldopa (48.8%), mifepristone (45.5%), and misoprostol (50.0%)—were observed in less than half of the health centers and clinics offering delivery services.
 - Only two-thirds (64.2%) of health centers and clinics had a self-inflating bag and newborn masks (size 0 and size 1) for neonatal resuscitation.
- Family planning services:
 - Among health facilities offering family planning services, nearly all reported providing injectables (94.6%) in the past month, followed by implants (75.4%), pills (74.0%), and IUDs (31.4%).
 - Most contraceptive methods (with the exception of female condoms) were observed in hospitals and health centers on the day of the interview. However, few health posts had emergency contraception (29.6%), and less than half of pharmacies and drug shops had injectables (49.0%).
- Safe abortion and post-abortion care:

- Among those that offer safe abortion care, most health centers had a manual vacuum aspirator (MVA) and cannula (86.4%), but only six in ten had misoprostol (59.9%), mifepristone (56.8%), or a dilation and curettage kit (52.5%) observed on the day of the interview. Most hospitals that offer safe abortion care (83.3% to 91.3%) had each indicated medicine or piece of equipment.
- Most hospitals offering safe abortion care performed MVA (92.1%) and medical abortion (90.7%) in the past month, whereas slightly over half of health centers performed MVA (57.4%) and medical abortion (63.4%).
- Child health services:
 - Among facilities offering immunization services, most hospitals (71.7%) and health centers (79.2%) had at least one valid dose of all 7 basic child vaccines observed on the day of the interview, whereas only one-quarter of health posts (23.2%) had these vaccine doses available.
 - Health centers more frequently reported use of IMNCI registration books to assess and treat sick infants and children than government hospitals (97.0% vs. 73.4% for children 2-59 months; 90.0% vs. 61.7% for infants 0-2 months).

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Introduction and survey methodology

The Performance Monitoring for Action Ethiopia (PMA Ethiopia) project builds upon the previous success of the Performance Monitoring and Accountability 2020 (PMA2020)/Ethiopia survey, conducted annually between 2013 and 2018, and the PMA Maternal and Newborn Health (MNH) survey, implemented in the SNNP region between 2016 and 2017. PMA Ethiopia features an enhanced topical scope, moving beyond the family planning indicators captured in the PMA2020 surveys to include MNH indicators, expands geographically to provide greater regional representation, and broadens its survey methodology to include both cross-sectional and longitudinal data collection.

This report summarizes cross-sectional data collected from service delivery points that participated in the 2019 PMA Ethiopia survey, summarizing their readiness to provide reproductive, maternal, and newborn health (RMNH) services.

Research objective

The PMA Ethiopia study:

- Monitors the use of proven, effective, and cost-effective interventions and the practice of healthy behaviors aimed at reducing maternal and newborn mortality in Ethiopia using priority indicators identified by the Ethiopian Federal Ministry of Health (FMOH), Johns Hopkins Bloomberg School of Public Health (JHSPH), and the Bill & Melinda Gates Foundation (BMGF),
- Identifies factors associated with the use of RMNH services, including individual, partner, and community influences,
- Validates measures of reproductive empowerment, fertility intentions, and community norms that are hypothesized to be associated with the use of health services, and
- Assesses whether key MNH outcomes have been affected by the COVID-19 pandemic, including healthcare-seeking behaviors related to antenatal, delivery, newborn postnatal care, and early infant vaccinations.

Methods

PMA Ethiopia features cross-sectional and longitudinal data collection in four large, predominantly agrarian regions (Tigray, Oromia, Amhara, and SNNP), one pastoralist region (Afar) and one urban region (Addis Ababa) and annual cross-sectional data collection in the remaining five regions (Benishangul-Gumuz, Dire Dawa, Gambella, Harare, Somali) included in the project. The three data collection activities featured in PMA Ethiopia include:

- A **longitudinal survey** that follows eligible women at 6-week, 6-month, and one-year postpartum after screening and enrollment in panel regions.
- A **cross-sectional survey** administered to 35 randomly selected households in each enumeration area, annually.

- The **service delivery point (SDP), or health facility survey**, conducted at selected health facilities annually in both panel and cross-sectional regions.

This report presents results from the **2019 SDP survey**. Findings from the baseline survey of women enrolled in the longitudinal study have been previously published; findings from the six-month and one-year surveys will be published in separate upcoming reports. Cross-sectional results can be found in various briefs (<https://www.pmadata.org/countries/ethiopia>) and on the PMA data visualization platform, DataLab (<datalab.pmadata.org>).

Sampling

PMA Ethiopia employed multistage stratified cluster sampling, where households were selected in sampled clusters or enumeration areas (EAs). EAs were selected with probability proportional to size within strata. For Afar, Amhara, Oromia, Tigray, and Southern Nations, Nationalities, and Peoples' Region (SNNP), strata were defined by both region and urban/rural residence. For the remaining regions, regions served as the strata, without additional urban/rural stratification.

Local district health offices supplied a list of all public and private health facilities in districts corresponding to the sampled EAs. In the public sector, health posts, health centers, and hospitals (primary and referral) whose catchment area covers a sampled EA were eligible for the SDP survey. In addition, a maximum of three private sector SDPs located within the EA's kebele—the lowest level administrative division—were randomly selected for the sample.

Additional information on the cross-section and SDP surveys, and additional information on sampling, including sample size calculations, is available from Zimmerman et al 2020 report.¹

Survey implementation

Training for data collection was implemented from August through September 2019 and data collection began with the census and household screenings in October. Eligible SDPs that consented to participate in the PMA Ethiopia SDP survey completed interviews between September and December 2019.

Questionnaire

Enumerators administered a survey that collected information on the readiness of facilities to provide care across the RMNH continuum, including the availability of services, equipment, and commodities. The survey included questions about health management information systems (HMIS), performance monitoring teams (PMTs), and referral networks. Additionally, the survey

¹ Zimmerman L, Desta S, Yihdego M et al. (2020) "Protocol for PMA-Ethiopia: A new data source for cross-sectional and longitudinal data of reproductive, maternal, and newborn health" [version 1; peer review: awaiting peer review]. Gates Open Research, 4:126 <https://doi.org/10.12688/gatesopenres.13161.1>

includes a module on the use of Ethiopia’s integrated community case management of childhood illness (iCCM) and integrated management of newborn and child illness (IMNCI) registers to monitor the health trajectories of sick children.

Questions were generally answered by the in-charge or owner of the facility; in larger facilities, multiple respondents were interviewed, and the unit in-charge responded to questions relevant to their unit. Questions are based on self-report, except for the inventory of equipment and commodities where enumerators asked to physically observe items.

Response rate

Table 1 shows response rates from the 2019 PMA Ethiopia SDP survey. A total of 815 eligible SDPs were sampled. Of these 815 eligible SDPs, 799 SDPs completed the survey, yielding a response rate of 98.0%.

Table 1. Response rate of sampled service delivery points, by background characteristics					
Percent distribution of sampled service delivery points according to survey response, by facility characteristics, PMA Ethiopia 2019					
Facility characteristics	Completed	Not at facility	Partly completed	Other	Number of SDPs in sample
Type					
Hospital	98.2	0.0	1.8	0.0	164
Health center	99.2	0.4	0.4	0.0	236
Health post	93.5	4.7	0.0	1.8	170
Health clinic	100.0	0.0	0.0	0.0	138
Pharmacy/Drug shop	100.0	0.0	0.0	0.0	107
Managing authority					
Public	97.2	1.6	0.7	0.5	563
Private	100.0	0.0	0.0	0.0	252
Region					
Tigray	98.9	1.1	0.0	0.0	93
Afar	85.2	7.4	0.0	7.4	27
Amhara	100.0	0.0	0.0	0.0	144
Oromia	97.1	1.7	1.1	0.0	174
Somali	100.0	0.0	0.0	0.0	14
Benishangul-Gumuz	100.0	0.0	0.0	0.0	24
SNNP	97.5	1.9	0.6	0.0	162
Gambella	100.0	0.0	0.0	0.0	25
Harari	96.9	0.0	0.0	3.1	32
Addis Ababa	98.9	0.0	1.1	0.0	88
Dire Dawa	100.0	0.0	0.0	0.0	32
Total	98.0	1.1	0.5	0.4	815

Interpretation

As SDPs were not randomly selected from a sampling frame with a known probability of selection, but were instead based on population distribution and catchment area, the sample is oversampled for larger level health facilities. Estimates of the total SDP sample should thus not be interpreted as nationally representative estimates of all facilities. Total estimates are only

representative of the PMA sample. However, estimates within each facility type should generate approximately nationally representative estimates as the distribution of SDPs within each type follows the approximate distribution of SDPs within Ethiopia.

Structure of Ethiopian health system

The Ethiopian health service is structured in a three-tiered system of primary, secondary, and tertiary health care. The primary health care unit (PHCU) is comprised of health posts, health centers, and a primary hospital².

Health posts are staffed by health extension workers who provide a variety of preventive and health promotion services in addition to treating conditions such as trachoma, scabies, malaria, and pneumonia³. These services include family planning counseling, provision of select family planning methods, post-abortion follow-up, antenatal care (ANC), postnatal care (PNC), pre-referral management of labor complications, newborn care, immunization services, and nutrition promotion during pregnancy, infancy, and childhood³.

Health centers provide preventive and curative services. In addition to the services offered by health posts, health center services include the provision of all family planning methods, comprehensive abortion care, skilled delivery care, and management of newborn and child illnesses³. Health centers are practical training sites for health extension workers and receive referrals from health posts².

Primary hospitals offer inpatient and ambulatory services. Services include all those offered by health centers, as well as emergency surgical services (including cesarean sections) and blood transfusions. Primary hospitals receive referrals from health centers and are practical training centers for nurses and other paramedical health professionals².

General hospitals are categorized under the second tier in the Ethiopian health care system. They provide inpatient and ambulatory services, receive referrals from primary hospitals, and are practical training centers for health officers, nurses, and emergency surgeons².

The third tier in the Ethiopian health care system consists of *specialized hospitals*, which offer more advanced care and receive referrals from general hospitals.

In addition to the public sector, private hospitals and health clinics also provide a variety of health care services. Private health facilities include those managed by private for-profit organizations, non-governmental organizations (NGOs), and faith-based organizations.

² The Federal Democratic Republic of Ethiopia Ministry of Health. (2015). *Health Sector Transformation Plan 2015/16 - 2019/20 (2008-2012 EFY)*. https://www.globalfinancingfacility.org/sites/gff_new/files/Ethiopia-health-system-transformation-plan.pdf

³ The Federal Democratic Republic of Ethiopia Ministry of Health. (2019). *Essential Health Services Package of Ethiopia*. https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/essential_health_services_package_of_ethiopia_2019.pdf

Characteristics of service delivery points

The characteristics of the SDPs surveyed are presented in Table 2.

Type: SDPs included hospitals (20.2%), health centers (29.3%), health posts (19.9%), and pharmacies or drug shops (13.4%).

Managing authority: Over two-thirds (68.5%) were public sector SDPs. The remainder (31.5%) were managed by private sector entities: non-profit, for-profit, or faith-based organizations.

Region: The sample included SDPs from all regions and city administrations in Ethiopia, with the largest proportion located in Oromia (21.2%), SNNP (19.8%), and Amhara (18.0%).

Table 2. Distribution of surveyed service delivery points, by facility characteristics		
Percent distribution and number of surveyed service delivery points, by facility characteristics, PMA Ethiopia 2019		
Facility characteristics	Percent distribution of surveyed SDPs	Number of surveyed SDPs
Type		
Hospital	20.2	161
Health center	29.3	234
Health post	19.9	159
Health clinic	17.3	138
Pharmacy/Drug shop	13.4	107
Managing authority		
Public	68.5	547
Private	31.5	252
Region*		
Tigray	11.5	92
Afar	2.9	23
Amhara	18.0	144
Oromia	21.2	169
Somali	1.8	14
Benishangul-Gumuz	3.0	24
SNNP	19.8	158
Gambella	3.1	25
Harari	3.9	31
Addis Ababa	10.9	87
Dire Dawa	4.0	32
Total	100.0	799
*The survey was administered in 2019 prior to the ratification of regional statehood for Sidama; data reflects the regional distribution at the time of data collection.		

General infrastructure, resources, and systems to support quality

Respondents were asked questions about the general infrastructure, resources, and systems at the facility. These included questions about the number and qualifications of health care providers working at the facility (Table 3), availability of basic amenities for client services (Table 4), functionality of health management information systems (Tables 5-7), and performance monitoring processes (Tables 8-9).

Patterns by facility characteristics:

- **Staffing patterns by facility type:** Compared to other facilities, hospitals employed a larger number of health providers with a greater diversity of qualifications, including physicians, nurses, midwives, other clinicians, pharmacy staff, and laboratory staff. Most health centers had no physicians, but employed other clinicians, nurses, midwives, and staff. Health posts were generally staffed by 1-3 health extension workers and no other staff. The staff at clinics usually included one clinician, a few nurses, and one laboratory staff. The majority of pharmacies and drug shops employed 1-2 pharmacy staff (pharmacist, pharmacy technician) and no clinicians.
- **Basic amenities by facility type:** Nearly all hospitals had basic amenities, such as water (97.5%) and toilets (100%), and more than three-quarters (78.3%) had internet. Among health centers and clinics, most had access to water (83.3% and 90.6% respectively) and toilets (95.7% and 97.8%), but fewer than one-third had internet (33.3% and 13.0%). Very few health posts had any basic amenities. Across all facility types, most reported interruptions in electricity during the week prior to the survey.
- **Health management information systems (HMIS) by managing authority:** While nearly all public sector facilities had a functional mechanism for summarizing health outcomes (94.1%), less than one-third (31.5%) of private facilities had such systems. Nearly all (93.2%) public sector facilities produced monthly reports for the HMIS, compared to roughly half (57.2%) of private sector facilities. Among facilities that produced reports, public sector facilities received feedback that included recommendations to improve the quality of care more often than private sector facilities (84.9% vs. 63.6%).
- **Performance monitoring by region:** Functionality of performance monitoring teams (PMTs) varied by region. A high proportion of government hospitals and health centers in Addis Ababa (96.3%), Amhara (93.8%), and Dire Dawa (91.7%) had a PMT that met monthly or more often, whereas only half (54.5%) in Gambella had a PMT that met monthly or more often.

Table 3.1 Staffing pattern in service delivery points

Median number (25th to 75th percentile) of providers who work at facility, by type of provider and type of facility, PMA Ethiopia 2019

Provider type	Hospital	Health center	Health post	Health clinic	Pharmacy/ Drug shop
General practitioner	13 (8-20)	0 (0-0)	...	0 (0-1)	...
Specialist physician ¹	2 (1-8)	...	...	0 (0-0)	...
Clinician ²	8 (5-12)	3 (2-5)	...	1 (0-2)	...
Nurse	51 (30-88)	9 (6-15)	...	2 (1-2)	0 (0-0)
Midwife	14 (10-24)	3 (2-5)	...	0 (0-0)	...
Health extension worker ³	0 (0-0)	5 (0-13)	2 (1-3)	0 (0-0)	...
Pharmacy staff ⁴	11 (5-17)	2 (1-4)	...	0 (0-0)	1 (1-2)
Laboratory staff ⁵	10 (6-15)	2 (1-3)	...	1 (0-2)	...
Number of SDPs	161*	234*	159	138	107

*Certain provider types are not assigned to health centers, health posts, and pharmacy/drug shops. 3 hospitals and 2 health centers are missing responses to one or more provider types. Missing observations are excluded from the calculation of medians.

1 Includes Obstetrician-Gynecologist, Neonatologist, Pediatrician, Anesthesiologist, and other specialist physicians

2 Includes Health officer, Emergency surgery and obstetrics officer, Pediatrics officer, Anesthetist/Anesthesia technician

3 Includes Urban health extension professional, Health extension worker Level III, Health extension worker Level IV

4 Includes Pharmacist and Pharmacy technician 5 Includes Laboratory technologist/technician

Table 3.2 Staffing pattern in service delivery points: expanded

Median number (25th to 75th percentile) of providers who work at facility, by type of provider and type of facility, PMA Ethiopia 2019

Provider type	Hospital	Health center	Health post	Health clinic	Pharmacy/ Drug shop
General practitioner	13 (8-20)	0 (0-0)	...	0 (0-1)	...
Obstetrician-Gynecologist	1 (0-1)	...	...	0 (0-0)	...
Neonatologist	0 (0-0)	...	...	0 (0-0)	...
Pediatrician	0 (0-1)	...	...	0 (0-0)	...
Anesthesiologist	0 (0-1)	...	...	0 (0-0)	...
Other specialist physician	1 (0-4)	...	...	0 (0-0)	...
Health officer	3 (1-7)	3 (2-5)	...	1 (0-1)	...
Emergency surgery and obstetrics officer	2 (1-3)	0 (0-0)	...	0 (0-0)	...
Pediatrics officer	0 (0-1)	0 (0-0)	...	0 (0-0)	...
Anesthetist/Anesthesia technician	2 (1-4)	0 (0-0)	...	0 (0-0)	...
Nurse	51 (30-88)	9 (6-15)	...	2 (1-2)	0 (0-0)
Midwife	14 (10-24)	3 (2-5)	...	0 (0-0)	...
Urban health extension professional	0 (0-0)	1 (0-9)	...	0 (0-0)	...
Health extension worker (HEW) - Level III	0 (0-0)	0 (0-2)	1 (0-2)	0 (0-0)	...
Health extension worker (HEW) - Level IV	0 (0-0)	0 (0-4)	1 (0-2)	0 (0-0)	...
Pharmacist/Pharmacy technician	11 (5-17)	2 (1-4)	...	0 (0-0)	1 (1-2)
Laboratory technologist/technician	10 (6-15)	2 (1-3)	...	1 (0-2)	...
Number of SDPs	161*	234*	159	138	107

*Certain provider types are not assigned to health centers, health posts, and pharmacy/drug shops. 3 hospitals and 2 health centers are missing responses to one or more provider types. Missing observations are excluded from the calculation of medians.

Table 4. Availability of basic amenities for client services						
Percentage of health facilities with indicated amenities considered basic for quality services, by facility characteristics, PMA Ethiopia 2019						
Facility characteristics	Electricity		Water outlet onsite	Client toilet	Internet	Number of facilities
	Regular electricity ¹	Continuous electricity ²				
Type of facility						
Hospital	95.0	28.0	97.5	100.0	78.3	161
Health center	71.4	15.8	83.3	95.7	33.3	234
Health post	39.6	16.4	35.2	72.3	0.0	159
Health clinic	69.6	18.8	90.6	97.8	13.0	138
Managing authority						
Public	68.7	19.2	73.3	90.1	35.9	546
Private	71.2	19.9	91.1	97.9	17.8	146
Region*						
Tigray	80.0	33.3	76.0	90.7	36.0	75
Afar	87.0	26.1	82.6	91.3	13.0	23
Amhara	64.4	10.6	72.7	90.2	26.5	132
Oromia	54.7	13.3	70.7	88.0	31.3	150
Somali	100.0	57.1	78.6	92.9	14.3	14
Benishangul-Gumuz	90.9	13.6	90.9	100.0	18.2	22
SNNP	62.8	14.5	75.9	93.1	31.7	145
Gambella	78.3	4.3	47.8	82.6	34.8	23
Harari	100.0	18.8	87.5	100.0	43.8	16
Addis Ababa	81.5	49.2	100.0	98.5	43.1	65
Dire Dawa	74.1	3.7	88.9	96.3	55.6	27
Total	69.2	19.4	77.0	91.8	32.1	692
*The survey was administered in 2019 prior to the ratification of regional statehood for Sidama; data reflects the regional distribution at the time of data collection.						
¹ During the 7 days preceding the survey, electricity was available during all times when the facility was open for services, or if there were interruptions, the facility had other sources of electricity, such as a functioning generator or solar system.						
² During the 7 days preceding the survey, there were no interruptions in power supply; electricity was available during all times when the facility was open for services.						

Table 5. Health management information system (HMIS)				
Percentage of health facilities with functional mechanism for summarizing outcomes and reporting to district (woreda), zonal, regional, or national HMIS, by facility characteristics, PMA Ethiopia 2019				
Facility characteristics	Functional mechanism for summarizing outcome data ¹	Produces reports for HMIS ²	Produces reports for HMIS monthly or more often ²	Number of facilities
Type of facility				
Hospital	98.8	99.4	94.4	161
Health center	99.6	99.6	99.1	234
Health post	82.4	83.6	83.6	159
Health clinic	27.5	58.0	57.2	138
Managing authority				
Public	94.1	94.9	93.2	546
Private	31.5	60.3	57.2	146
Region*				
Tigray	92.0	92.0	92.0	75
Afar	91.3	95.7	87.0	23
Amhara	87.9	84.1	83.3	132
Oromia	82.0	88.0	86.0	150
Somali	85.7	85.7	85.7	14
Benishangul-Gumuz	95.5	95.5	95.5	22
SNNP	80.0	83.4	82.1	145
Gambella	60.9	91.3	87.0	23
Harari	93.8	93.8	93.8	16
Addis Ababa	52.3	86.2	84.6	65
Dire Dawa	74.1	96.3	96.3	27
Total	81.1	87.6	86.1	692
*The survey was administered in 2019 prior to the ratification of regional statehood for Sidama; data reflects the regional distribution at the time of data collection.				
¹ Facility has functional mechanism for summarizing key outcome data, such as the number of monthly deliveries, live births, maternal or neonatal deaths.				
² Facility produces reports for district (woreda), zonal, regional or national HMIS.				

Table 6. HMIS feedback and recommendations					
Among health facilities that produce reports for HMIS, percentages that receive feedback on reports; and percentages that receive feedback that includes recommendations for action to improve quality of care, by facility characteristics, PMA Ethiopia 2019					
Among facilities that produce reports, percentages that receive feedback on reports:					
Facility characteristics	From facility's leadership team	From external stakeholders ¹	From facility leadership and/or external stakeholders ¹	That include recommendations for action to improve quality of care	Number of facilities ²
Type of facility					
Hospital	34.6	89.4	91.3	84.3	160
Health center	33.9	94.0	95.7	93.1	233
Health post	28.8	58.3	75.0	71.2	133
Health clinic	6.3	76.3	76.3	61.3	80
Managing authority					
Public	33.1	83.6	89.2	84.9	518
Private	6.8	77.3	77.3	63.6	88
Region*					
Tigray	24.6	78.3	89.9	88.4	69
Afar	38.1	81.0	81.0	76.2	22
Amhara	24.5	83.8	90.1	81.7	111
Oromia	31.1	85.6	92.4	86.4	132
Somali	41.7	83.3	83.3	75.0	12
Benishangul-Gumuz	38.1	85.7	85.7	85.7	21
SNNP	19.8	83.5	83.5	75.2	121
Gambella	0.0	42.9	42.9	38.1	21
Harari	33.3	86.7	86.7	86.7	15
Addis Ababa	53.6	87.5	92.9	87.5	56
Dire Dawa	46.2	88.5	96.2	96.2	26
Total	29.3	82.6	87.4	81.8	606
*The survey was administered in 2019 prior to the ratification of regional statehood for Sidama; data reflects the regional distribution at the time of data collection.					
¹ Facility receives feedback from Wordea health office, Zonal health department, Regional health bureau, implementing non-governmental organizations (NGOs), or Federal Ministry of Health (FMOH).					
² Four facilities responded "do not know" to one or more questions. Missingness for individual questions range from 0.17% to 0.50%. Missing observations are excluded from the calculation of percentages.					

Table 7. Types of action-oriented recommendations made based on HMIS data

Among health facilities that receive feedback that includes recommendations for action to improve quality of care, percentages that receive each type of action-oriented recommendation made based on most recent HMIS data or in any other report generated from these data, by facility characteristics, PMA Ethiopia 2019

Among health facilities that receive feedback that includes action-oriented recommendations, percentages that receive each type of action-oriented recommendation:

Facility characteristics	Review effort by examining service performance target and actual performance from month to month	Review facility personnel responsibilities	Quality of care improvement	Resource allocation based on comparison by services	Advocacy for more resources by showing gaps ¹	Number of facilities ²
Type of facility						
Hospital	88.1	79.7	97.8	74.8	71.2	134
Health center	87.0	74.5	97.7	68.4	65.3	216
Health post	81.7	51.1	95.7	42.4	46.2	94
Health clinic	71.4	53.1	91.8	49.0	46.9	49
Managing authority						
Public	86.2	70.6	97.3	64.7	62.7	437
Private	73.2	58.9	92.9	51.8	51.8	56
Region*						
Tigray	95.1	82.0	95.1	80.0	88.3	61
Afar	75.0	87.5	87.5	80.0	50.0	16
Amhara	88.6	70.5	100.0	70.5	71.6	89
Oromia	70.2	52.6	94.7	25.4	23.9	114
Somali	88.9	88.9	100.0	100.0	77.8	9
Benishangul-Gumuz	77.8	50.0	100.0	61.1	22.2	18
SNNP	95.6	81.3	96.7	78.0	76.9	91
Gambella	62.5	62.5	100.0	50.0	75.0	8
Harari	91.7	100.0	100.0	80.0	63.6	13
Addis Ababa	89.8	57.1	98.0	75.5	71.4	49
Dire Dawa	76.0	72.0	96.0	68.0	80.0	25
Total	84.7	69.3	96.8	63.2	61.5	493

*The survey was administered in 2019 prior to the ratification of regional statehood for Sidama; data reflects the regional distribution at the time of data collection.

¹ Advocacy for more resources by showing gaps in ability to meet targets, commodity stocks, human resources, infrastructure improvements, training needs, and/or referral changes.

² Nine facilities responded "do not know" to one or more questions on action-oriented recommendations. Missingness for individual questions range from 0% to 1.2%. Missing observations are excluded from the calculation of percentages.

Table 8. Performance monitoring team (PMT)

Among government hospitals and health centers, percentages that have a Performance monitoring team (PMT) and percentages that have a PMT that meets monthly or more often, by facility characteristics, PMA Ethiopia 2019

Facility characteristics	Has		Number of facilities ¹
	Performance Monitoring Team (PMT)	Has PMT that meets monthly or more often	
Type of facility			
Hospital	95.5	80.6	155
Health center	94.8	86.1	232
Region*			
Tigray	97.9	89.6	48
Afar	88.2	75.0	17
Amhara	100.0	93.8	80
Oromia	95.3	82.4	85
Somali	81.8	81.8	11
Benishangul-Gumuz	100.0	83.3	12
SNNP	89.6	72.7	77
Gambella	80.0	54.5	11
Harari	100.0	85.7	7
Addis Ababa	100.0	96.3	27
Dire Dawa	100.0	91.7	12
Total	95.1	83.9	387

*The survey was administered in 2019 prior to the ratification of regional statehood for Sidama; data reflects the regional distribution at the time of data collection.

¹ One facility responded "do not know" to the question on the frequency of PMT meetings. Missingness for this question is 0.26%. Missing observations are excluded from the calculation of percentages.

Table 9. Participatory performance review meetings

Among hospitals and health centers, percentages that conduct participatory performance review meetings¹ and frequency of meetings, by background characteristics, PMA Ethiopia 2019

Background characteristics	Conduct participatory performance review meetings	Percentages that conduct participatory performance review meetings with specified frequency:				Number of facilities ³
		Monthly or more often	Quarterly	Less often ²	Not at all	
Type of facility						
Hospital	85.0	44.4	34.4	6.3	15.0	161
Health center	80.8	53.0	24.4	3.4	19.2	234
Managing authority						
Public	82.9	49.5	28.8	4.7	17.1	387
Private	62.5	50.0	12.5	0.0	37.5	8
Region*						
Tigray	88.0	54.0	24.0	10.0	12.0	50
Afar	70.6	35.3	35.3	0.0	29.4	17
Amhara	92.4	73.4	17.7	1.3	7.6	80
Oromia	80.2	52.3	23.3	4.7	19.8	86
Somali	81.8	72.7	9.1	0.0	18.2	11
Benishangul-Gumuz	91.7	41.7	50.0	0.0	8.3	12
SNNP	75.0	28.8	40.0	6.3	25.0	80
Gambella	72.7	45.5	27.3	0.0	27.3	11
Harari	87.5	75.0	0.0	12.5	12.5	8
Addis Ababa	70.4	3.7	59.3	7.4	29.6	27
Dire Dawa	100.0	84.6	15.4	0.0	0.0	13
Total	82.5	49.5	28.4	4.6	17.5	395

*The survey was administered in 2019 prior to the ratification of regional statehood for Sidama; data reflects the regional distribution at the time of data collection.

¹ During participatory performance review meetings, facilities share information about their services and outcomes with different external stakeholders, such as NGOs, community representatives, and private organizations.

² Facility conducts meetings annually, biannually, or with no predefined frequency.

³ One facility responded "do not know" to the question on participatory performance review meetings. Missingness for these questions is 0.25%. Missing observations are excluded from the calculation of percentages.

Maternal and newborn health services

Respondents answered questions about the maternal and newborn health services at the facility. These included questions about the availability of maternal and newborn health services (Table 10); the availability of equipment, medicines, and commodities (Tables 11-14 and 20), standard precautions for infection control (Tables 15-16); performance of emergency obstetric and neonatal signal functions (Table 17), readiness of referral systems (Table 18); and processes for reporting and reviewing maternal deaths (Table 19).

Patterns by facility characteristics:

- **Services by facility type and managing authority:** Nearly all hospitals and health centers self-reported providing antenatal care (>99%), labor and delivery care (>99%), and postnatal care (>98%). In addition, most hospitals offered obstetric surgery (95.0%), blood transfusion (82.6%), and neonatal intensive care (88.8%). Services at health posts were generally limited to antenatal care and postnatal care. Few clinics offered maternal and newborn health services. Public sector facilities offered more maternal and newborn health services than private sector facilities.
- **Equipment, medicines, and commodities by facility type and managing authority:** Compared to health centers and health clinics, more hospitals had priority equipment, medicines, and commodities for maternal and newborn health services available on the day of the interview. Notably, several priority medicines—injectable calcium gluconate, cefixime, methyldopa, mifepristone, and misoprostol—were observed in less than half of the health centers and health clinics surveyed. Public sector facilities tended to have more of the indicated items than private sector facilities.
- **Performance of emergency obstetric and neonatal signal functions by facility type:** Among hospitals offering delivery services, most performed the indicated emergency obstetric and neonatal signal functions at least once within the three months prior to the survey (range from 88.1% to 97.5% per function). In contrast, the proportion of health centers and clinics that performed these functions was lower; less than half provided parenteral anticonvulsants to manage high blood pressure in pregnancy (41.1%) and even fewer provided antenatal corticosteroids for fetal lung maturation (14.8%).
- **Referral readiness by facility type and region:** Overall, a high proportion (93.9%) of facilities provided referrals, except for those in the Somali region (57.1%). Among facilities that made referrals, approximately half (54.0%) had a functional ambulance or car on-site for emergency transportation. Emergency transportation was less common for health posts (27.6%) and health clinics (16.3%) relative to other facility types, and also less common in Oromia (45.7%) and SNNP (35.5%) relative to other regions.

Table 10. Availability of maternal and newborn health services

Percentage of health facilities offering indicated maternal and newborn health services, by facility characteristics, PMA Ethiopia 2019

Facility characteristics	Antenatal care	Labor and delivery care	Postnatal care	Obstetric surgery	Blood transfusion	Neonatal intensive care	Number of facilities ¹
Type of facility							
Hospital	99.4	99.4	98.8	95.0	82.6	88.8	161
Health center	100.0	99.6	98.7	2.6	2.1	6.0	234
Health post	82.4	3.8	84.9	0.0	0.0	0.6	159
Health clinic	31.4	9.4	26.1	1.4	2.9	1.4	138
Managing authority							
Public	94.7	71.6	94.7	28.3	24.5	28.6	546
Private	35.2	14.4	30.1	4.8	5.5	2.7	146
Region*							
Tigray	83.8	68.0	88.0	30.7	25.3	22.7	75
Afar	100.0	69.6	78.3	26.1	17.4	30.4	23
Amhara	93.2	63.6	93.2	25.0	23.5	30.3	132
Oromia	82.7	60.0	84.7	25.5	24.7	26.7	150
Somali	100.0	85.7	71.4	42.9	35.7	28.6	14
Benishangul-Gumuz	77.3	54.5	86.4	9.1	9.1	9.1	22
SNNP	86.2	55.9	84.1	26.2	18.6	24.1	145
Gambella	56.5	47.8	60.9	4.3	4.3	17.4	23
Harari	81.3	50.0	75.0	18.8	12.5	12.5	16
Addis Ababa	50.8	44.6	47.7	12.3	10.8	9.2	65
Dire Dawa	77.8	66.7	70.4	11.1	25.9	11.1	27
Total	82.2	59.5	81.1	23.3	20.5	23.1	692

*The survey was administered in 2019 prior to the ratification of regional statehood for Sidama; data reflects the regional distribution at the time of data collection.

¹ Two facilities responded "do not know" to one or more questions. Missingness for individual questions ranged from 0% to 0.14%. Missing observations are excluded from the calculation of percentages.

Table 11. Equipment, diagnostic capacity, commodities, and amenities for antenatal care (ANC)

Among facilities offering delivery services, percentages that have indicated items observed on the day of the survey, by facility characteristics, PMA Ethiopia 2019

Facility characteristics	Blood pressure apparatus	Fetal stethoscope and/or fetal scope	Urine dipstick	HIV rapid test	Syphilis testing (VDRL)	Iron and/or folic acid tablets	Tetanus toxoid vaccine	Visual privacy in ANC room	Number of facilities ¹
Type of facility									
Hospital	95.0	99.4	68.1	90.6	79.4	83.1	88.8	93.7	160
Health center/clinic	87.8	99.6	45.9	91.1	78.0	89.4	95.7	91.9	246
Managing authority									
Public	90.6	99.7	54.5	92.2	78.4	88.3	93.1	92.4	385
Private	90.5	95.2	57.1	66.7	81.0	61.9	90.0	95.2	21
Region*									
Tigray	94.0	98.0	52.0	96.0	78.0	84.0	91.8	98.0	50
Afar	87.5	100.0	56.3	100.0	62.5	93.8	87.5	93.8	16
Amhara	92.9	98.8	63.1	86.9	84.5	90.4	85.9	94.0	84
Oromia	92.1	100.0	56.2	93.3	83.0	84.3	93.9	87.6	89
Somali	81.8	100.0	45.5	54.5	54.5	90.9	100.0	100.0	11
Benishangul-Gumuz	91.7	100.0	58.3	91.7	100.0	100.0	90.9	100.0	12
SNNP	86.4	100.0	65.4	86.4	76.5	86.4	96.2	90.0	81
Gambella	90.9	100.0	54.5	100.0	45.5	81.8	90.9	100.0	11
Harari	100.0	100.0	12.5	100.0	62.5	75.0	100.0	75.0	8
Addis Ababa	100.0	100.0	37.9	96.6	86.2	93.1	100.0	96.6	29
Dire Dawa	66.7	100.0	6.7	100.0	66.7	73.3	100.0	93.3	15
Total	90.6	99.5	54.7	90.9	78.5	86.9	93.0	92.6	406

*The survey was administered in 2019 prior to the ratification of regional statehood for Sidama; data reflects the regional distribution at the time of data collection.

¹ Twenty-three facilities did not respond to one or more questions. This includes twenty facilities that were not asked about the availability of tetanus toxoid vaccines because they do not offer immunization services and three other facilities. Missingness for individual questions range from 0% to 4.85%. Missing observations are excluded from the calculation of percentages.

Table 12. Staffing, guidelines, equipment, and amenities for delivery care

Among facilities offering delivery services, percentages that have indicated items observed on the day of the survey, by facility characteristics, PMA Ethiopia 2019

Facility characteristics	Skilled birth attendant 24 hours/day ¹	Management Protocol on Obstetric Topics ²	Delivery pack ³	Suction apparatus ⁴	Obstetric forceps and/or vacuum extractor ⁵	MVA and/or D&C kit ⁶	Neonatal bag and masks ⁷	Intravenous fluids with infusion set ⁸	Visual privacy in delivery room	Number of facilities ⁹
Type of facility										
Hospital	98.8	50.6	100.0	98.1	96.9	95.6	84.4	95.0	85.6	160
Health center/clinic	94.3	30.9	98.0	85.4	48.0	84.6	64.2	89.8	87.0	246
Managing authority										
Public	96.6	38.7	99.0	90.6	67.8	89.4	74.3	92.2	86.2	385
Private	85.7	38.1	95.2	85.7	57.1	81.0	33.3	85.7	90.5	21
Region*										
Tigray	100.0	44.0	98.0	94.0	74.0	92.0	48.0	86.0	98.0	50
Afar	93.8	25.0	100.0	100.0	56.3	93.8	75.0	87.5	100.0	16
Amhara	96.4	51.2	98.8	95.2	71.4	94.0	75.0	92.9	81.0	84
Oromia	100.0	31.5	98.9	83.1	59.6	92.1	71.9	93.3	87.6	89
Somali	81.8	45.5	100.0	54.5	54.5	72.7	54.5	90.9	100.0	11
Benishangul-Gumuz	100.0	41.7	100.0	91.7	75.0	100.0	83.3	83.3	91.7	12
SNNP	95.1	32.1	97.5	87.7	63.0	82.7	72.8	92.6	72.8	81
Gambella	81.8	9.1	100.0	100.0	63.6	81.8	72.7	90.9	100.0	11
Harari	50.0	75.0	100.0	100.0	37.5	87.5	100.0	87.5	87.5	8
Addis Ababa	100.0	41.4	100.0	96.6	82.8	79.3	89.7	96.6	100.0	29
Dire Dawa	100.0	33.3	100.0	100.0	93.3	86.7	86.7	100.0	80.0	15
Total	96.1	38.7	98.8	90.4	67.2	88.9	72.2	91.9	86.5	406

*The survey was administered in 2019 prior to the ratification of regional statehood for Sidama; data reflects the regional distribution at the time of data collection.

¹ Skilled birth attendant available on-site or on-call 24 hours/day.² Management Protocol on Selected Obstetric Topics (FMOH, 2010) observed in delivery room.³ Either sterile delivery pack or else both of the following observed in facility: sterile disposable cord ties (or clamps) and sterile scissors (or blade) to cut cord.⁴ Functional suction apparatus for use with catheter and/or manual suction device for fluid extraction observed in facility.⁵ Obstetric forceps and/or functioning electrical vacuum extractor observed in facility.⁶ Manual vacuum aspirator (MVA) or dilation and curettage (D&C) kit observed in facility.⁷ Self-inflating bag and newborn masks (size 0 and size 1) for resuscitation observed in facility.⁸ IV solution (Ringer's lactate, NS, D5NS) and infusion set (cannula, needle, and syringe) observed in facility.⁹ One facility did not respond to question on privacy. Missingness for this question is 0.24%. Missing observations are excluded from the calculation of percentages.

Table 13. Availability of life-saving maternal and reproductive health medicines

Among facilities offering delivery services, percentages with indicated priority medicines observed on the day of the survey, by facility characteristics, PMA Ethiopia 2019

Medicines	Type of facility		Managing authority		Total
	Hospital	Health center	Public	Private	
Priority medicines observed in facility¹					
Injectable ampicillin	95.6	74.4	84.7	47.6	82.8
Azithromycin	74.8	55.1	64.5	33.3	62.9
Benzathine benzylpenicillin	70.6	60.2	66.1	30.0	64.4
Betamethasone or dexamethasone	95.6	59.3	73.5	76.2	73.6
Injectable calcium gluconate	87.5	45.5	63.6	33.3	62.1
Cefixime	41.3	29.8	34.9	23.8	34.3
Injectable gentamicin	91.3	85.8	90.1	47.6	87.9
Hydralazine	93.1	67.9	79.5	47.6	77.8
Injectable magnesium sulfate	95.6	73.6	84.9	33.3	82.3
Methyldopa	73.8	48.8	61.0	14.3	58.6
Injectable metronidazole	93.1	52.8	70.6	33.3	68.7
Mifepristone	86.9	45.5	62.1	57.1	61.8
Misoprostol tablet	90.0	50.0	66.0	61.9	65.8
Nifedipine	92.5	68.7	79.0	61.9	78.1
Injectable oxytocin	99.4	93.9	97.1	76.2	96.1
Intravenous solution for infusion ²	97.5	97.2	97.4	95.2	97.3
Tetanus toxoid vaccine	88.8	95.7	93.1	90.0	93.0
Priority medicines observed in delivery room or nurse/staff station³					
Betamethasone or dexamethasone	81.3	29.5	49.3	61.9	50.0
Injectable calcium gluconate	81.9	32.9	53.2	33.3	52.2
Hydralazine	80.0	56.5	66.8	47.6	65.8
Injectable magnesium sulfate	93.1	70.6	81.8	35.0	79.5
Mifepristone	68.8	34.6	47.5	57.1	48.0
Misoprostol tablet	83.1	39.2	56.3	61.9	56.5
Nifedipine	73.1	41.9	54.5	47.6	54.2
Injectable oxytocin	95.0	85.0	89.6	76.2	88.9
Intravenous solution for infusion ²	95.0	93.1	93.8	95.2	93.8
Number of facilities ⁴	160	246	385	21	406

¹ These medicines may be located in the delivery room, in the nurse/staff station, in another room of the facility, or in the pharmacy of the facility.

² At least one of the following: Ringer's lactate, D5NS, or NS

³ These medicines may be in the room where deliveries take place or in a room that is quickly accessible from the delivery room (<1 minute away).

⁴ Twenty-five facilities did not respond to one or more questions. This includes twenty facilities that were not asked about the availability of tetanus toxoid vaccines because they do not offer immunization services and nine other facilities. Missingness for individual questions range from 0% to 4.93%. Missing observations are excluded from the calculation of percentages.

Table 14. Summary of available life-saving maternal and reproductive health medicines

Among facilities offering delivery services, percentages with oxytocin and magnesium sulfate, at least 7, at least 14, and all 17 priority medicines¹ observed in the facility² on the day of the survey, by facility characteristics, PMA Ethiopia 2019

Facility characteristics	Both observed: oxytocin and magnesium sulfate	At least 7 priority medicines, including oxytocin and magnesium sulfate	At least 14 priority medicines, including oxytocin and magnesium sulfate	All 17 priority medicines	Number of facilities
Type of facility					
Hospital	95.6	95.6	75.0	16.9	160
Health center/clinic	71.1	67.5	26.0	2.8	246
Managing authority					
Public	83.4	81.3	47.0	8.8	385
Private	33.3	28.6	14.3	0.0	21
Region*					
Tigray	94.0	94.0	50.0	8.0	50
Afar	75.0	75.0	37.5	12.5	16
Amhara	86.9	86.9	59.5	15.5	84
Oromia	82.0	76.4	47.2	5.6	89
Somali	72.7	72.7	45.5	9.1	11
Benishangul-Gumuz	66.7	66.7	50.0	25.0	12
SNNP	74.1	70.4	34.6	6.2	81
Gambella	72.7	63.6	9.1	0.0	11
Harari	75.0	75.0	25.0	12.5	8
Addis Ababa	69.0	69.0	48.3	0.0	29
Dire Dawa	86.7	86.7	33.3	0.0	15
Total	80.8	78.6	45.3	8.4	406

*The survey was administered in 2019 prior to the ratification of regional statehood for Sidama; data reflects the regional distribution at the time of data collection.

¹ Priority medicines include the 17 life-saving maternal and reproductive health medicines shown in Table 13.

² These medicines may have been located in the delivery room, in the nurse/staff station, in another room of the facility, or in the pharmacy of the facility.

Table 15. Standard precautions for infection control

Among facilities offering delivery services, percentages that have indicated items observed on the day of the survey, by facility characteristics, PMA Ethiopia 2019

Facility characteristics	Sharps container	Waste receptacle with lid and plastic liner	Already mixed decontaminating solution ¹	Syringes and needles	Soap and water ²	Alcohol-based hand scrub	Sterile gloves	Medical mask	Delivery gown	Eye/face protection goggles	Number of facilities ³
Type of facility											
Hospital	99.4	83.1	98.7	99.4	70.6	91.9	97.5	82.7	88.8	76.9	160
Health center/clinic	98.4	72.4	93.1	98.8	60.6	80.9	98.8	61.6	81.3	65.9	246
Managing authority											
Public	99.0	76.4	95.6	99.2	63.9	85.2	98.4	70.0	83.9	70.6	385
Private	95.2	81.0	90.5	95.2	76.2	85.7	95.2	70.0	90.5	61.9	21
Region*											
Tigray	96.0	98.0	94.0	100.0	80.0	88.0	98.0	72.1	82.0	78.0	50
Afar	100.0	56.3	86.7	100.0	43.8	93.8	93.8	81.3	68.8	75.0	16
Amhara	97.6	75.0	95.2	98.8	77.4	85.7	98.8	76.2	83.3	77.4	84
Oromia	100.0	84.3	98.9	97.8	58.4	80.9	97.8	69.0	83.1	66.3	89
Somali	100.0	81.8	81.8	100.0	54.5	72.7	100.0	63.6	72.7	45.5	11
Benishangul-Gumuz	100.0	83.3	100.0	100.0	66.7	83.3	100.0	58.3	83.3	58.3	12
SNNP	100.0	50.6	95.1	100.0	51.9	88.9	97.5	60.5	82.7	55.6	81
Gambella	100.0	72.7	81.8	90.9	45.5	63.6	100.0	100.0	90.9	81.8	11
Harari	100.0	62.5	100.0	100.0	50.0	100.0	100.0	75.0	100.0	75.0	8
Addis Ababa	100.0	96.6	100.0	100.0	93.1	96.6	100.0	82.1	96.6	96.6	29
Dire Dawa	93.3	93.3	93.3	100.0	40.0	66.7	100.0	40.0	100.0	66.7	15
Total	98.8	76.6	95.3	99.0	64.5	85.2	98.3	70.0	84.2	70.2	406

*The survey was administered in 2019 prior to the ratification of regional statehood for Sidama; data reflects the regional distribution at the time of data collection.

¹ Already mixed decontaminating solution (e.g., 0.5% chlorine) observed.

² Soap for hand washing observed and water for hand washing observed (or water outlet onsite). Does not account for potential disruptions to water supply that may affect regular availability (see Table 4).

³ Fourteen facilities did not respond to one or more questions. Missingness for individual questions range from 0.00% to 3.16%. Missing observations are excluded from the calculation of percentages.

Table 16. Sterilization and high-level disinfection equipment

Among hospitals offering obstetric surgery, percentages with equipment for sterilization and high-level disinfection, by facility characteristics, PMA Ethiopia 2019

Facility characteristics	Sterilization equipment ¹	Equipment for high-level disinfection ²	Number of facilities
Managing authority			
Public	91.2	83.8	148
Private	100.0	60.0	5
Region*			
Tigray	80.0	85.0	20
Afar	83.3	50.0	6
Amhara	93.8	93.8	32
Oromia	92.1	76.3	38
Somali	100.0	100.0	5
Benishangul-Gumuz	--	--	--
SNNP	94.7	84.2	38
Gambella	--	--	--
Harari	--	--	--
Addis Ababa	80.0	80.0	5
Dire Dawa	--	--	--
Total	91.5	83.0	153

*The survey was administered in 2019 prior to the ratification of regional statehood for Sidama; data reflects the regional distribution at the time of data collection.

-- Less than five facilities.

¹ Facility has a functioning electric dry heat sterilizer, a functioning electric autoclave, or a non-electric autoclave with a heat source.

² Facility has a functional electric boiler, functional electric steamer, or a non-electric pot with a heat source for high-level disinfection by steaming or boiling, or else facility has chlorine-based or glutaraldehyde solution for chemical high-level disinfection.

Table 17. Performance of emergency obstetric and neonatal signal functions

Among facilities offering delivery services, percentages reporting performance of indicated signal function at least once during the past three months, by facility characteristics, PMA Ethiopia 2019

Facility characteristics	Percentage that provided in past three months:				Percentage that performed in past three months:				Percentage:		
	Parenteral antibiotics for infections ¹	Uterotonics to prevent or treat postpartum hemorrhage	Parenteral anticonvulsants to manage high blood pressure in pregnancy	Antenatal corticosteroids for fetal lung maturation	Instrument/assisted vaginal delivery	Manual removal of placenta	Neonatal resuscitation	Caesarean section	Number of facilities ²	Blood transfusion for maternity care	Number of facilities ³
Type of facility											
Hospital	96.9	95.6	93.1	88.1	95.6	95.0	97.5	93.8	160	94.0	133
Health center/clinic	76.6	69.9	41.1	14.8	52.5	74.2	73.0	3.3	246	66.7	6
Managing authority											
Public	85.2	81.6	63.6	44.2	70.9	84.7	84.7	39.2	385	94.0	134
Private	73.7	52.4	23.8	36.8	42.1	36.8	42.1	36.8	21	60.0	5
Region*											
Tigray	86.0	82.0	58.0	60.0	58.0	74.0	52.0	48.0	50	89.5	19
Afar	93.8	87.5	62.5	43.8	81.3	87.5	75.0	37.5	16	--	--
Amhara	86.9	81.0	61.9	47.6	79.8	81.0	85.7	38.1	84	96.8	31
Oromia	79.5	74.2	62.9	42.0	76.1	83.0	88.6	44.3	89	97.3	37
Somali	90.9	72.7	81.8	72.7	63.6	81.8	72.7	45.5	11	100.0	5
Benishangul-Gumuz	66.7	58.3	16.7	16.7	41.7	66.7	66.7	16.7	12	--	--
SNNP	87.5	87.7	58.0	48.8	72.5	97.5	91.3	46.3	81	92.6	27
Gambella	54.5	45.5	36.4	9.1	45.5	72.7	72.7	9.1	11	--	--
Harari	87.5	100.0	75.0	50.0	37.5	100.0	100.0	37.5	8	--	--
Addis Ababa	96.6	93.1	89.7	20.7	65.5	72.4	96.6	20.7	29	100.0	6
Dire Dawa	80.0	66.7	60.0	20.0	53.3	60.0	86.7	20.0	15	60.0	5
Total	84.7	80.0	61.6	43.8	69.6	82.4	82.7	39.1	406	92.8	139

*The survey was administered in 2019 prior to the ratification of regional statehood for Sidama; data reflects the regional distribution at the time of data collection.

¹ Provided parental antibiotics for infections related to pregnancy, abortion, labor, or delivery.

² Two facilities did not respond to one or more questions. Missingness for individual questions range from 0% to 0.49%. Missing observations are excluded from the calculation of percentages.

³ Only facilities that reported offering blood transfusion services were asked whether the facility had performed blood transfusions for maternity care in the past three months.

Table 18. Referral readiness for maternal and newborn health services

Among facilities offering maternal and newborn health services¹, percentages that make referrals and percentages that have referral infrastructure and systems, by facility characteristics, PMA Ethiopia 2019

Facility characteristics	Provides referrals for pregnant, laboring, or postpartum women and/or newborns	Number of facilities	Among facilities that make referrals, percentage that have:				Number of facilities ⁵
			Communication equipment ²	Emergency transport ³	Patient referral form ⁴	Functional mechanism for recording and sharing outcomes of cases referred in and out	
Type of facility							
Hospital	82.6	161	94.0	88.7	96.2	83.5	133
Health center	98.3	234	83.9	58.7	85.7	71.3	230
Health post	98.6	147	79.3	27.6	25.5	47.6	145
Health clinic	96.1	51	95.9	16.3	65.3	31.3	49
Managing authority							
Public	93.6	534	85.0	57.4	70.8	67.8	500
Private	96.6	59	96.5	24.6	70.2	35.7	57
Region*							
Tigray	94.1	68	96.9	75.0	79.7	76.2	64
Afar	95.7	23	13.6	77.3	50.0	68.2	22
Amhara	95.2	126	91.7	52.5	70.8	68.3	120
Oromia	95.5	133	86.6	45.7	72.4	45.7	127
Somali	57.1	14	12.5	100.0	37.5	50.0	8
Benishangul-Gumuz	94.7	19	50.0	50.0	66.7	33.3	18
SNNP	94.5	128	94.2	35.5	62.0	73.6	121
Gambella	100.0	15	100.0	60.0	60.0	60.0	15
Harari	84.6	13	81.8	90.9	90.9	54.5	11
Addis Ababa	90.9	33	100.0	73.3	93.3	80.0	30
Dire Dawa	100.0	21	81.0	66.7	85.7	85.7	21
Total	93.9	593	86.2	54.0	70.7	64.6	557

*The survey was administered in 2019 prior to the ratification of regional statehood for Sidama; data reflects the regional distribution at the time of data collection.

¹ Facility offers at least one of the following: antenatal care, labor and delivery, postnatal care, obstetric surgery.

² Facility has access to phone or radio at all times either within the facility or within 5 minutes walking distance from facility.

³ Functional ambulance or car on-site for emergency transportation of patients to/from the facility.

⁴ Patient referral form observed on day of survey. Form may be standardized MOH form or non-standardized form.

⁵ One facility responded "don't know" to question about mechanism for recording or sharing outcomes. Missingness for this question is 0.18%. Missing observations are excluded from the calculation of percentages.

Table 19. Systems for reporting and review of maternal deaths

Among facilities offering maternal and newborn health services¹, percentages that report data on maternal deaths and review maternal deaths at facility, by facility characteristics, PMA Ethiopia 2019

Facility characteristics	Functional mechanism for reporting data on maternal deaths to the Maternal and Perinatal Death Surveillance Response	Number of hospitals, health centers, and health posts ²	Maternal deaths reviewed by providers at facility	Number of hospitals and health centers ³
Type of facility				
Hospital	93.8	161	89.4	161
Health center	90.2	234	73.3	234
Health post	70.5	147	n/a	n/a
Managing authority				
Public	85.7	534	79.9	387
Private	100.0	8	75.0	8
Region*				
Tigray	98.4	63	97.9	50
Afar	73.9	23	64.7	17
Amhara	84.3	121	67.5	80
Oromia	85.7	119	77.9	86
Somali	71.4	14	90.9	11
Benishangul-Gumuz	88.2	17	91.7	12
SNNP	84.3	115	90.0	80
Gambella	61.5	13	54.5	11
Harari	91.7	13	87.5	8
Addis Ababa	100.0	27	70.4	27
Dire Dawa	82.4	17	76.9	13
Total	85.9	542	79.8	395

*The survey was administered in 2019 prior to the ratification of regional statehood for Sidama; data reflects the regional distribution at the time of data collection.

n/a = not applicable.

¹ Facility offers at least one of the following: antenatal care, labor and delivery, postnatal care, obstetric surgery.

² Two facilities responded "don't know" to question about Maternal and Perinatal Death Surveillance Response. Missingness is 0.37%. Missing observations are excluded from the calculation of percentages.

³ Three facilities responded "don't know" or gave no response to question about maternal death reviews. Missingness is 0.76%. Missing observations are excluded from the calculation of percentages. Health posts are not included, because they were not asked about maternal death reviews.

Table 20. Guidelines, equipment, commodities, and amenities for routine newborn care

Among facilities offering delivery services, percentages that have indicated items observed to be available in facility on the day of the survey, by facility characteristics, PMA Ethiopia 2019

Facility characteristics	Tetracycline ointment	Chlorhexidine	Injectable vitamin K	BCG vaccine	Oral polio vaccine (OPV)	Infant scale	Newborn corner	Baby Friendly Initiative guidelines ¹	Number of facilities ²
Type of facility									
Hospital	95.0	61.6	94.4	89.5	92.8	97.5	91.3	35.6	160
Health center/clinic	93.1	54.1	74.4	93.6	95.3	95.9	72.0	17.6	246
Managing authority									
Public	93.8	58.9	83.1	92.3	94.4	97.7	80.8	24.9	385
Private	95.2	23.8	66.7	80.0	90.0	76.2	57.1	25.0	21
Region*									
Tigray	94.0	65.3	94.0	89.8	93.9	98.0	76.0	32.7	50
Afar	93.8	87.5	81.3	93.8	100.0	93.8	68.8	18.8	16
Amhara	92.9	58.3	91.7	88.5	91.0	96.4	78.6	22.5	84
Oromia	95.5	58.4	79.8	95.1	97.5	96.6	75.3	18.6	89
Somali	90.9	54.5	81.8	90.0	100.0	100.0	81.8	63.6	11
Benishangul-Gumuz	91.7	50.0	91.7	90.9	81.8	100.0	91.7	50.0	12
SNNP	92.6	63.0	64.2	92.3	96.2	95.1	82.7	23.8	81
Gambella	72.7	54.5	63.6	90.9	100.0	100.0	63.6	0.0	11
Harari	100.0	37.5	62.5	100.0	100.0	100.0	87.5	37.5	8
Addis Ababa	100.0	24.1	96.6	93.1	93.1	96.6	100.0	22.2	29
Dire Dawa	100.0	33.3	93.3	92.9	76.9	93.3	73.3	30.8	15
Total	93.8	57.0	82.3	92.0	94.3	96.5	79.6	24.9	406

*The survey was administered in 2019 prior to the ratification of regional statehood for Sidama; data reflects the regional distribution at the time of data collection.

¹ Baby Friendly Initiative guidelines observed in the delivery room on the day of the survey.

² Thirty-four facilities did not respond to one or more questions. This includes twenty facilities that were not asked about the availability of BCG and OPV vaccines because they do not offer immunization services and fourteen other facilities. Missingness for individual questions range from 0% to 5.34%. Missing observations are excluded from the calculation of percentages.

Family planning services

Respondents were asked questions about family planning services at the facility. These included questions about the availability of family planning services (Table 21), provision of contraceptive methods in the previous month (Tables 22-23), availability of contraceptive methods (Table 24), and provision of implant and IUD services (Table 25).

Patterns by facility characteristics:

- **Availability of family planning services by region:** Most SDPs surveyed (95.6%) offered family planning services. Relative to other regions, fewer SDPs in Somali offered counseling (70.0%) or provided contraceptive methods (30.0%) to unmarried adolescents aged 10-19.
- **Provision of contraceptive methods by region:** Overall, the contraceptive methods provided by the highest proportion of SDPs in the past month were injectables (94.6%), followed by implants (75.4%), pills (74.0%), and IUDs (31.4%). Regions followed similar patterns, except for Somali where more SDPs provided pills (83.5%) and fewer SDPs provided other methods. Fewer than one-quarter of hospitals and health centers/clinics provided at least two long-acting and three short-acting family planning methods in the past month in Benishangul-Gumuz (23.5%), Somali (18.2%), Afar (11.8%), and Gambella (0%).
- **Availability of contraceptive methods by facility type:** Most contraceptive methods (with the exception of female condoms) were observed in hospitals and health centers on the day of the interview. Stockouts of contraceptive methods were more common in health posts and health clinics than other SDPs. Nearly all pharmacies and drug shops had pills (96.1%), emergency contraception (93.1%), and male condoms (88.2%) available on the day of the interview, but less than half (49.0%) had injectables.
- **Provision of implant services by facility type and region:** Among SDPs providing implants, nearly all (96.2%) reported the ability to insert an implant on the day of the interview, except for SDPs in Gambella (83.3%) and Somali (75.0%) where capacity was lower. The ability to remove an implant varied by facility type. Nearly all hospitals had the ability to remove an implant on the day of the interview, including both palpable (98.1%) and non-palpable (95.6%) implants. Nearly all (97.7%) health centers had the ability to remove standard (palpable) implants on the day of the interview, but only half (54.5%) had the ability to remove non-palpable implants. Few (27.9%) health posts had the ability to remove an implant on the day of the interview.

Table 21. Availability of family planning services

Percentage of SDPs offering family planning services, and percentage offering indicated family planning services to unmarried adolescents aged 10-19, by facility characteristics, PMA Ethiopia 2019

Facility characteristics	Among SDPs, percentages that offer:		Among SDPs offering family planning, percentages that offer:			
	Family planning	Number of SDPs	Counseling to unmarried adolescents aged 10-19	Provision of contraceptive methods to unmarried adolescents aged 10-19	Prescription/referrals to unmarried adolescents aged 10-19	Number of SDPs ¹
Type of facility						
Hospital	99.4	161	94.4	93.1	39.4	160
Health center	99.6	234	95.2	94.8	47.6	233
Health post	95.6	159	92.1	87.5	60.5	152
Health clinic	84.8	138	89.7	89.7	51.3	117
Pharmacy/Drug shop	95.3	107	75.5	90.2	30.4	102
Managing authority						
Public	98.4	547	94.4	92.5	48.9	538
Private	89.7	252	82.7	89.4	41.6	226
Region*						
Tigray	96.7	92	93.3	95.5	37.1	89
Afar	100.0	23	95.7	91.3	21.7	23
Amhara	96.5	144	82.7	82.0	42.4	139
Oromia	99.4	169	97.6	96.4	47.6	168
Somali	85.7	14	70.0	30.0	0.0	12
Benishangul-Gumuz	100.0	24	100.0	100.0	87.5	24
SNNP	98.7	158	87.8	91.0	59.0	156
Gambella	88.0	25	90.9	90.9	86.4	22
Harari	93.5	31	89.7	96.6	72.4	29
Addis Ababa	87.4	87	94.7	98.7	31.6	76
Dire Dawa	81.3	32	88.5	92.3	7.7	26
Total	95.6	799	90.9	91.6	46.7	764

*The survey was administered in 2019 prior to the ratification of regional statehood for Sidama; data reflects the regional distribution at the time of data collection.

¹ Two facilities did not respond to the questions about family planning services for unmarried adolescents. Missingness for these questions are 0.26%. Missing observations are excluded from the calculation of percentages.

Table 22. Provision of contraceptive methods in previous month

Among health facilities offering family planning services, percentages which provided indicated method¹ in previous month to at least one client, by facility characteristics, PMA Ethiopia 2019

Facility characteristics	Implants	IUDs	Injectables ²	Pills ³	Number of facilities ⁴
Type of facility					
Hospital	97.5	54.4	96.9	80.1	160
Health center	96.1	46.4	97.4	84.0	233
Health post	59.6	2.6	88.1	58.9	152
Health clinic	23.5	7.7	94.3	63.9	117
Managing authority					
Public	86.6	36.6	94.8	76.1	538
Private	26.2	8.9	93.8	63.1	124
Region*					
Tigray	90.5	43.2	98.6	76.4	74
Afar	65.2	13.0	82.6	60.9	23
Amhara	83.1	23.8	99.2	76.7	130
Oromia	73.6	33.6	95.2	74.8	149
Somali	58.3	16.7	75.0	83.3	12
Benishangul-Gumuz	72.7	18.2	90.9	77.3	22
SNNP	71.6	27.3	94.7	71.5	143
Gambella	55.0	5.0	90.0	60.0	20
Harari	71.4	42.9	78.6	57.1	14
Addis Ababa	63.0	51.9	92.6	79.2	54
Dire Dawa	90.5	57.1	95.2	76.2	21
Total	75.4	31.4	94.6	74.0	662

*The survey was administered in 2019 prior to the ratification of regional statehood for Sidama; data reflects the regional distribution at the time of data collection.

¹ Condoms are not included in the table, due to inconsistency in reporting across facilities. For example, some facilities distribute condoms in mass and do not record the number of individual units distributed. Other facilities record condom provision data under "other method."

² Injectables include progestin-only and combined hormonal methods.

³ Pills include progestin only pills (POPs) and combined oral contraceptives (COCs).

⁴ Twenty-seven facilities did not respond to one or more questions. Missingness for individual questions range from 0% to 4.08%. Missing observations are excluded from the calculation of percentages.

Table 23. Provision of a mix of contraceptive methods in previous month

Among health facilities offering family planning services, percentages which provided a mix of methods in previous month, by facility characteristics, PMA Ethiopia 2019

Facility characteristics	Among hospitals and health centers/clinics, percentages providing two long-acting and three short-acting family planning methods ¹	Number of facilities ²	Among health posts, percentages providing at least four family planning methods ³	Number of facilities ⁴
Type of facility				
Hospital	44.9	160	n/a	n/a
Health center	40.7	233	n/a	n/a
Health post	n/a	n/a	34.4	152
Health clinic	5.2	117	n/a	n/a
Managing authority				
Public	42.8	386	34.4	152
Private	5.8	124	n/a	n/a
Region*				
Tigray	43.1	60	35.7	14
Afar	11.8	17	0.0	6
Amhara	31.0	88	42.9	42
Oromia	38.1	115	32.4	34
Somali	18.2	11	--	--
Benishangul-Gumuz	23.5	17	40.0	5
SNNP	32.3	108	38.2	35
Gambella	0.0	15	20.0	5
Harari	50.0	8	0.0	6
Addis Ababa	47.2	54	n/a	n/a
Dire Dawa	52.9	17	--	--
Total	34.9	510	34.4	152

*The survey was administered in 2019 prior to the ratification of regional statehood for Sidama; data reflects the regional distribution at the time of data collection.

n/a = not applicable.

--Less than five facilities.

¹ Long-acting methods include implants and IUDs. Short-acting methods include injectables, pills, and male condoms. Facilities must record providing each of the four methods (implants, IUDs, injectables, and pills) to clients in the previous month, and must also report that they offer male condoms generally, without specific reference to providing clients condom in previous month. Provision of condoms in the previous month is not used due to inconsistency in reporting across facilities. For example, some facilities distribute condoms in mass and do not record the number of individual units distributed. Other facilities record condom provision data under "other method."

² Twenty-six facilities did not respond to one or more questions about methods. Missingness is 5.10%. Missing observations are excluded from the calculation of percentages.

³ Methods are implants, injectables, pills, and male condoms. Facilities must record providing each of three methods (implants, injectables, and pills) to clients in the previous month, and must also report that they provide male condoms (generally, without reference to the previous month).

⁴ One health post did not respond to one or more questions about methods. Missingness is 0.66%. Missing observations are excluded from the calculation of percentages.

Table 24. Availability of contraceptive methods

Among SDPs offering family planning services, percentages where the indicated contraceptive method was observed to be available on the day of the survey, by facility characteristics, PMA Ethiopia 2019

Facility characteristics	Implants	IUDs	Injectables	Pills	Emergency contraception	Male condoms	Female condoms ¹	Number of SDPs
Type of facility								
Hospital	98.8	93.1	96.9	94.4	79.4	88.1	1.9	160
Health center	94.4	79.8	96.1	93.1	74.7	90.1	2.2	233
Health post	71.7	5.3	89.5	82.2	29.6	83.6	0.0	152
Health clinic	28.2	15.4	88.9	76.9	52.1	69.2	0.9	117
Pharmacy/Drug shop	n/a	n/a	49.0	96.1	93.1	88.2	0.0	102
Managing authority								
Public	89.4	62.8	94.6	90.7	63.8	87.7	1.5	538
Private	17.3	10.2	70.8	85.4	70.4	78.3	0.4	226
Region*								
Tigray	76.4	61.8	86.5	85.4	66.3	92.1	2.2	89
Afar	65.2	52.2	91.3	82.6	65.2	78.3	4.3	23
Amhara	83.5	51.1	92.1	93.5	74.1	91.4	0.7	139
Oromia	66.1	51.8	86.3	88.1	65.5	92.3	0.0	168
Somali	66.7	25.0	75.0	83.3	41.7	41.7	8.3	12
Benishangul-Gumuz	66.7	45.8	91.7	83.3	70.8	87.5	0.0	24
SNNP	67.3	39.1	91.0	89.1	58.3	82.1	1.3	156
Gambella	54.5	27.3	86.4	90.9	63.6	81.8	0.0	22
Harari	44.8	27.6	72.4	96.6	72.4	82.8	0.0	29
Addis Ababa	51.3	43.4	88.2	89.5	68.4	76.3	1.3	76
Dire Dawa	65.4	53.8	69.2	88.5	57.7	50.0	3.8	26
Total	68.1	47.3	87.6	89.1	65.7	84.9	1.2	764

*The survey was administered in 2019 prior to the ratification of regional statehood for Sidama; data reflects the regional distribution at the time of data collection.

n/a = not applicable.

¹ One SDP did not respond to one question on female condoms. Missingness for this question is 0.13%. Missing observations are excluded from the calculation of percentages.

Table 25. Provision of implant and IUD services

Among SDPs providing indicated contraceptive methods, percentages that provide insertion, on-site removal, or referrals for off-site removal, by facility characteristics, PMA Ethiopia 2019

Facility characteristics	Among SDPs that provide implants and have implants in stock ¹ , percentages with:					Number of SDPs	Among SDPs that provide IUDs, percentages that have:	
	Standard implants (palpable)		Non-palpable implants				IUDs	
	Ability to insert an implant on day of interview	Ability to remove an implant on day of interview	Ability to remove non-palpable implants on day of interview ²	Awareness of where to refer for off-site removal of non-palpable implants ^{2,3}	No ability to remove non-palpable implants nor awareness of where to refer ²		Trained personnel to remove IUDs	Number of SDPs
Type of facility								
Hospital	98.1	98.1	95.6	4.4	0.0	159	96.1	153
Health center	98.2	97.7	54.5	44.5	0.9	220	91.2	194
Health post	91.0	27.9	3.6	94.5	1.8	111	70.0	10
Health clinic	91.7	97.2	58.3	38.9	2.8	36	100.0	24
Managing authority								
Public	96.5	81.8	56.2	42.9	0.8	484	92.6	352
Private	92.9	97.6	59.5	38.1	2.4	42	100.0	29
Region*								
Tigray	97.1	92.8	52.2	47.8	0.0	69	94.7	57
Afar	93.3	93.3	86.7	13.3	0.0	15	83.3	12
Amhara	98.3	72.6	60.7	38.5	0.9	117	87.5	72
Oromia	97.3	81.4	47.8	51.8	0.0	113	92.1	89
Somali	75.0	75.0	50.0	50.0	0.0	8	--	--
Benishangul-Gumuz	100.0	87.5	56.3	37.5	6.3	16	90.9	11
SNNP	95.3	79.2	55.7	44.3	0.0	106	94.4	71
Gambella	83.3	83.3	75.0	16.7	8.3	12	100.0	8
Harari	92.3	92.3	46.2	53.8	0.0	13	100.0	9
Addis Ababa	94.9	97.4	56.4	38.5	5.1	39	100.0	33
Dire Dawa	100.0	100.0	77.8	22.2	0.0	18	100.0	16
Total	96.2	83.1	56.5	42.5	1.0	526	93.2	381

*The survey was administered in 2019 prior to the ratification of regional statehood for Sidama; data reflects the regional distribution at the time of data collection.

--Less than five facilities.

¹SDPs have implants in stock if they reported implants were available on the day of the interview or if implants were observed on the day of the interview.²Categories are mutually exclusive. Highest level of service provision is reported (e.g., if facilities remove non-palpable implants on-site, they are not asked about awareness of where to refer for off-site removal).³One facility did not respond to the question about referral for off-site removal of non-palpable implants. Missingness for this question is 0.19%. Missing observations are excluded from the calculation of percentages.

Safe abortion and post-abortion care

Respondents answered questions about safe abortion and post-abortion care at the facility. These included questions about the availability of safe abortion and post-abortion services (Table 26), medicines and equipment (Table 27), and provision of safe abortion care (Table 28).

Patterns by facility characteristics:

- **Availability of safe abortion and post-abortion care by facility type:** Nearly all hospitals offered counseling on safe abortion care (94.4%), safe abortion care services (93.8%), and post-abortion care (98.1%). Most health centers offered counseling (86.3%) and referrals (88.5%) for safe abortion care, as well as post-abortion care (84.6%), but fewer (69.2%) offered safe abortion care. Compared to other facility types, fewer health posts and health clinics offered these services.
- **Medicines and equipment by facility type and region:** Among those that offer safe abortion care, most hospitals had the indicated medicines (90.7% had misoprostol and 88.7% had mifepristone) and equipment (91.3% had a manual vacuum aspirator and cannula, and 83.3% had a dilation and curettage kit) observed on the day of the interview, but only half of health centers had misoprostol (59.9%), mifepristone (56.8%), or a dilation and curettage kit (52.5%).
- **Provision of safe abortion care by facility type and region:** Among facilities that offer safe abortion care, most hospitals performed manual vacuum aspiration (MVA) (92.1%) and medical abortion (90.7%) in the past month, whereas slightly over half of health centers performed MVA (57.4%) and medical abortion (63.4%).

Table 26. Availability of safe abortion and post-abortion care

Among health facilities, percentages that offer indicated services, by facility characteristics, PMA Ethiopia 2019

Facility characteristics	Among health facilities, percentages that offer:			Among hospitals, health centers, and clinics, percentages that offer:		
	Counseling on safe abortion care	Referrals for safe abortion care	Number of facilities	Safe abortion care	Postabortion care	Number of facilities
Type of facility						
Hospital	94.4	54.7	161	93.8	98.1	161
Health center	86.3	88.5	234	69.2	84.6	234
Health post	50.3	66.7	159	n/a	n/a	n/a
Health clinic	68.1	68.8	138	26.1	37.7	138
Managing authority						
Public	78.8	72.7	546	79.8	90.4	387
Private	67.1	67.8	146	27.4	39.7	146
Region*						
Tigray	88.0	72.0	75	88.5	85.2	61
Afar	56.5	60.9	23	76.5	88.2	17
Amhara	88.6	82.6	132	71.6	88.6	88
Oromia	75.3	68.0	150	68.1	81.9	116
Somali	57.1	64.3	14	72.7	90.9	11
Benishangul-Gumuz	45.5	54.5	22	47.1	82.4	17
SNNP	72.4	75.2	145	52.7	72.7	110
Gambella	39.1	47.8	23	60.0	80.0	15
Harari	75.0	50.0	16	70.0	70.0	10
Addis Ababa	87.7	69.2	65	56.9	50.8	65
Dire Dawa	66.7	85.2	27	56.5	52.2	23
Total	76.3	71.7	692	65.5	76.5	533

*The survey was administered in 2019 prior to the ratification of regional statehood for Sidama; data reflects the regional distribution at the time of data collection.

n/a = not applicable.

Table 27. Medicines and equipment for safe abortion and postabortion care

Among hospitals and health centers that offer safe abortion care, percentages with indicated medicines and equipment observed on the day of the survey, PMA Ethiopia 2019

Background characteristics	Misoprostol	Mifepristone	Manual vacuum aspirator (MVA) and cannula	Dilatation and curettage (D&C) kit	Number of facilities
Type of facility					
Hospital	90.7	88.7	91.3	83.3	151
Health center	59.9	56.8	86.4	52.5	162
Managing authority					
Public	74.7	71.8	88.6	67.0	309
Private	--	--	--	--	--
Region*					
Tigray	76.1	93.5	91.3	60.9	47
Afar	61.5	61.5	92.3	76.9	13
Amhara	88.5	86.9	91.8	77.0	61
Oromia	67.1	61.6	90.4	56.9	73
Somali	75.0	37.5	87.5	87.5	8
Benishangul-Gumuz	87.5	50.0	100.0	100.0	8
SNNP	73.1	65.4	88.5	88.5	52
Gambella	12.5	12.5	100.0	87.5	8
Harari	100.0	85.7	100.0	42.9	7
Addis Ababa	80.0	76.0	64.0	45.8	25
Dire Dawa	72.7	81.8	81.8	9.1	11
Total	74.7	72.1	88.8	67.4	313

*The survey was administered in 2019 prior to the ratification of regional statehood for Sidama; data reflects the regional distribution at the time of data collection.

--Less than five facilities.

¹Three facilities did not respond to one or more questions. Missingness for individual questions range from 0.32% to 0.96%. Missing observations are excluded from the calculation of percentages.

Table 28. Provision of safe abortion care

Among health facilities that offer safe abortion care, percentages that performed the indicated functions in the past month, PMA Ethiopia 2019

Background characteristics	Manual Vacuum Aspiration (MVA)	Dilation and curettage (D&C)	Dilation and evacuation (D&E)	Medical abortion (misoprostol, mifepristone)	Number of facilities
Type of facility					
Hospital	92.1	38.0	42.7	90.7	151
Health center	57.4	8.1	10.6	63.4	162
Health clinic	41.7	11.4	8.6	91.7	36
Managing authority					
Public	73.8	22.5	25.7	76.6	309
Private	47.5	12.8	12.8	90.0	40
Region*					
Tigray	74.1	21.2	17.3	87.0	54
Afar	38.5	38.5	38.5	69.2	13
Amhara	76.2	25.4	34.9	69.8	63
Oromia	75.9	11.4	19.0	82.1	79
Somali	87.5	75.0	75.0	50.0	8
Benishangul-Gumuz	37.5	0.0	12.5	62.5	8
SNNP	72.4	41.4	37.9	75.9	58
Gambella	66.7	22.2	22.2	44.4	9
Harari	100.0	14.3	0.0	100.0	7
Addis Ababa	62.2	0.0	0.0	94.6	37
Dire Dawa	46.2	0.0	15.4	69.2	13
Total	70.8	21.4	24.3	78.2	349

*The survey was administered in 2019 prior to the ratification of regional statehood for Sidama; data reflects the regional distribution at the time of data collection.

¹ Four facilities did not respond to one or more questions. Missingness for individual questions range from 0% to 0.86%. Missing observations are excluded from the calculation of percentages.

Child health services

Respondents were asked questions about child health services at the facility. These included questions about the availability of child health services (Table 29), availability of basic child vaccines (Table 30), and registration books to assess and treat sick children (Table 31).

Patterns by facility characteristics:

- **Availability of child health services by facility type and managing authority:** Nearly all hospitals and health centers offered sick child care (98.8% and 99.6%, respectively), immunization (94.4% and 98.7%), and laboratory testing (99.4% and 93.2%). Most health posts offered sick child care (89.3%) and immunization (95.0%), but not laboratory testing (<1%). Most health clinics offered sick child care (78.8%) and laboratory testing (63.0%), but not immunization (5.1%). Nearly all (96.7%) public sector facilities offered immunization services, whereas very few (8.9%) private sector facilities did.
- **Availability of basic child vaccines by facility type and region:** Among facilities offering immunization services, most hospitals (71.7%) and health centers (79.2%) had at least one valid dose of all 7 basic child vaccines observed on the day of the interview, whereas only one-quarter of health posts (23.2%) and health clinics (28.6%) had these vaccine doses available. Relative to other regions, facilities in Addis Ababa had a greater availability of child vaccines.
- **Registration books to assess and treat sick children by facility type and region:** Among government facilities that offer sick child care, health centers more frequently reported use of IMNCl registration books to assess and treat sick children than hospitals (97.0% vs. 73.4% for children 2-59 months). IMNCl registration books were used in nearly all government hospitals and health centers in Afar, Benishangul-Gumuz, Gambella, and Dire Dawa. iCCM registration books were used in nearly all government health posts in Tigray, Amhara, and Benishangul-Gumuz, but were used in few health posts in Afar and Dire Dawa.

Table 29. Availability of child health services

Percentages of health facilities that offer indicated services, by facility characteristics, PMA Ethiopia 2019

Facility characteristics	Sick child care ¹	Immunization	Laboratory testing	Number of facilities
Type of facility				
Hospital	98.8	94.4	99.4	161
Health center	99.6	98.7	93.2	234
Health post	89.3	95.0	0.6	159
Health clinic	78.8	5.1	63.0	138
Managing authority				
Public	96.5	96.7	67.9	546
Private	79.3	8.9	65.1	146
Region*				
Tigray	90.5	85.3	77.3	75
Afar	100.0	95.7	65.2	23
Amhara	95.5	91.7	62.9	132
Oromia	91.3	76.0	60.7	150
Somali	85.7	92.9	71.4	14
Benishangul-Gumuz	95.5	72.7	63.6	22
SNNP	93.1	78.6	62.1	145
Gambella	95.7	65.2	52.2	23
Harari	87.5	87.5	62.5	16
Addis Ababa	92.3	46.2	92.3	65
Dire Dawa	92.6	66.7	85.2	27
Total	92.9	78.2	67.3	692

*The survey was administered in 2019 prior to the ratification of regional statehood for Sidama; data reflects the regional distribution at the time of data collection.

¹One facility did not respond to the question on sick child care. Missingness for this question is 0.14%. Missing observations are excluded from the calculation of percentages.

Table 30. Availability of basic child vaccines

Among facilities offering immunization services, percentages that have at least one valid dose of indicated vaccine observed on the day of the survey, by facility characteristics, PMA Ethiopia 2019

Facility characteristics	Pentavalent	Oral polio vaccine (OPV)	Measles	All three (Penta+OPV+ Measles)	BCG	Inactivated polio vaccine (IPV)	Pneumococcal conjugate vaccine (PCV)	Rotavirus vaccine	All 7 basic child vaccines ¹	Number of facilities ²
Type of facility										
Hospital	90.8	92.8	89.5	84.9	89.5	89.3	87.5	88.8	71.7	152
Health center	97.0	95.6	94.4	89.6	94.4	93.1	93.5	94.4	79.2	231
Health post	40.4	38.0	37.7	32.5	33.8	37.7	39.1	41.3	23.2	151
Health clinic	28.6	42.9	28.6	28.6	28.6	28.6	28.6	28.6	28.6	7
Managing authority										
Public	79.2	78.3	77.1	72.2	75.6	76.3	76.3	77.8	61.4	528
Private	53.8	69.2	46.2	46.2	61.5	50.0	53.8	53.8	38.5	13
Region*										
Tigray	82.8	85.9	76.6	73.4	78.1	78.1	78.1	79.7	62.5	64
Afar	86.4	86.4	81.8	81.8	81.8	81.8	77.3	77.3	63.6	22
Amhara	66.9	67.5	63.6	58.7	66.9	66.9	64.5	65.3	50.4	121
Oromia	81.6	79.6	80.7	77.2	76.3	79.8	82.5	80.7	69.3	114
Somali	92.3	100.0	92.3	84.6	84.6	92.3	84.6	92.3	76.9	13
Benishangul-Gumuz	75.0	68.8	75.0	62.5	81.3	75.0	75.0	81.3	56.3	16
SNNP	74.6	76.3	73.7	70.2	71.9	69.6	73.7	74.6	57.9	114
Gambella	100.0	93.3	86.7	86.7	80.0	80.0	80.0	93.3	46.7	15
Harari	85.7	85.7	92.9	78.6	85.7	92.9	78.6	92.3	57.1	14
Addis Ababa	93.3	90.0	93.3	90.0	90.0	93.3	93.3	93.3	83.3	30
Dire Dawa	83.3	64.7	83.3	61.1	77.8	72.2	72.2	77.8	55.6	18
Total	78.6	78.1	76.3	71.5	75.2	75.7	75.8	77.2	60.8	541

*The survey was administered in 2019 prior to the ratification of regional statehood for Sidama; data reflects the regional distribution at the time of data collection.

¹ All 7 basic child vaccines: Penta, OPV, Measles, BCG, IPV, PCV, and Rotavirus

² Six facilities did not respond to one or more questions. Missingness for individual questions range from 0% to 0.55%. Missing observations are excluded from the calculation of percentages.

Table 31. Registration books to assess and treat sick children

Among government facilities that offer sick child care (0-59 mos), percentages that use IMNCI or iCCM registration books to assess and treat sick infants and children, by facility characteristics, PMA Ethiopia 2019

Facility characteristics	Among government hospitals and health centers, percentages that are currently using ¹ :			Among government health posts, percentages that are currently using ¹ :		
	IMNCI registration book to assess and treat sick young infants (0-2 mos)	IMNCI registration book to assess and treat sick children (2-59 mos)	Number of facilities ²	iCCM registration book to assess and treat sick young infants (0-2 mos)	iCCM registration book to assess and treat sick children (2-59 mos)	Number of facilities
Type of facility						
Hospital	61.7	73.4	154	n/a	n/a	n/a
Health center	90.0	97.0	231	n/a	n/a	n/a
Health post	n/a	n/a	n/a	70.4	84.5	142
Region*						
Tigray	77.1	81.3	48	92.3	100.0	13
Afar	100.0	100.0	17	0.0	16.7	6
Amhara	85.0	90.0	80	87.2	97.4	39
Oromia	72.6	84.5	84	48.3	82.8	29
Somali	40.0	80.0	10	--	--	--
Benishangul-Gumuz	83.3	100.0	12	100.0	100.0	5
SNNP	75.3	84.4	77	83.9	90.3	31
Gambella	90.0	100.0	11	71.4	85.7	7
Harari	57.1	85.7	7	50.0	66.7	6
Addis Ababa	85.2	88.9	27	n/a	n/a	n/a
Dire Dawa	91.7	100.0	12	--	--	--
Total	78.6	87.5	385	70.4	84.5	142

*The survey was administered in 2019 prior to the ratification of regional statehood for Sidama; data reflects the regional distribution at the time of data collection.

n/a = not applicable.

¹ Facility reports current use of registration book, and the registration book is observed on the day of the interview.

² One facility did not respond to two questions on use of IMNCI books. Missingness for these individual questions is 0.26%. Missing observations are excluded from the calculation of percentages.

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