Performance Monitoring for Action Ethiopia (PMA Ethiopia) 2018–2023

Performance Monitoring for Action Ethiopia (PMA Ethiopia) is a survey project designed to generate 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 services, and the barriers and facilitators to such care.

PMA Ethiopia uses mobile technology and a network of trained female resident enumerators (data collectors) to collect data to identify gaps in maternal and newborn care. PMA Ethiopia responds to the Government of Ethiopia’s needs for actionable data, ensuring country ownership and leadership to institutionalize the PMA Ethiopia platform within the country’s data architecture - becoming the go-to source for RMNH data.”

Cross-sectional data, including a health facility based survey, are collected annually in all regions. Longitudinal data (following pregnant women through one year postpartum) are collected in two cohorts of women (2019-2021 and 2021-2023) in four large, predominantly agrarian regions: Tigray, Oromiya, Amhara, and Southern Nations, Nationalities, and Peoples’ Region, and one urban region, Addis Ababa. Afar is included in the first cohort (2019-2021) of the longitudinal survey.

PMA Ethiopia fills the data gap by:

- Providing annual estimates to monitor access toward public health program goals;
- Helping evaluate discrepancies between survey and routine information systems;
- Supplementing estimates of reproductive, maternal, newborn and child health coverage data; and,
- Increasing local capacity to maximize understanding and use of coverage data for performance management.
Performance Monitoring for Action Ethiopia

PMA Ethiopia responds to the need, highlighted in the 2016 Information Revolution Roadmap, to generate timely population-based data for decision making within Ethiopia. The Roadmap developed by the Government of Ethiopia’s Federal Ministry of Health identifies the important role of population-based data for decision-making in Ethiopia.

Objectives

This five-year project in Ethiopia that responds to the Government of Ethiopia’s need for independently valid and high-quality coverage and health performance data. The project is organized around three key objectives:

• Ensuring country ownership and leadership to institutionalize the PMA Ethiopia platform within the country’s data architecture.
• Capacity building of local institutions for technical and managerial independence of the project.
• Expansion of geographic and topical scope for the PMA platform across Ethiopia.

Overview of Methodology

Cross-sectional data at the household and service delivery point: A cross-section of households is randomly selected from within each enumeration area. All women age 15–49-years old in the selected households are eligible for the cross-sectional survey. This survey will measure indicators relevant to all women such as family planning use, female empowerment and reproductive decision-making and fertility intentions at that time point. Health facilities that provide family planning, maternal and newborn health services, including health posts and health extension workers, are also surveyed to gather information on the quality and readiness of the health system.

Longitudinal data collection: Enumerators identify all women who are either currently pregnant or who have given birth in the past six weeks who live within the enumeration area. Women who agree to participate complete a face-to-face interview at enrollment and follow-up interviews at 6-weeks, 6-months, and one-year postpartum. This same cadence will be repeated in the third year of the survey with a newly enrolled panel of women so that two complete panels are enrolled and followed through the course of the project.

About the Team

Survey implementation is managed by Addis Ababa University, School of Public Health (AAU) in collaboration with regional universities, the Federal Ministry of Health and the Central Statistics Agency. Technical support is provided by the Bill and Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health. The grant is managed by the Ethiopian Public Health Association (EPHA). The PMA Ethiopia team is co-led by Dr. Solomon Shiferaw, Associate Professor and Dr. Assefa Seme, Associate Professor at AAU. The project is funded by the Bill & Melinda Gates Foundation.