Objectives

• Present **summary results from PMA Ethiopia’s** baseline panel and cross-section surveys on major **Maternal Neonatal and Child Health (MNCH)** indicators

• Present **trends in key family planning indicators** from 2014 to 2019

• Identify **regional variations** in coverage and quality of select MNCH indicators
Outline

1. About PMA Ethiopia
2. Study Design
3. Results from:
   • The panel baseline survey
   • The cross-section survey
   • The service delivery point survey
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 newborn health (RMNH) indicators including:
  o Antenatal, delivery, and postnatal care
  o Vaccination attitudes and coverage
  o Modern contraceptive prevalence
  o Reproductive empowerment, fertility intention, and community norms
  o Health facility readiness and quality of care
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 and other innovative and important measures not captured in other surveys
Implementation

• Cross-section and SDP data collection: October 2019 – December 2019

• Conducted by Addis Ababa University’s School of Public Health in collaboration with the Ethiopian Public Health Association

• With support from the
  o Federal Ministry of Health
  o Central Statistical Agency
  o Bill & Melinda Gates Institute for Population and Reproductive Health (Johns Hopkins Bloomberg School of Public Health)

• Funding source: The Bill & Melinda Gates Foundation and UK Department for International Development (DFID)
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)
In panel regions:
• Field staff completed a census of all households in the EA. The census was used to identify and enroll currently pregnant or recently postpartum women.

After enrollment:
Field staff will return to interview women who consented to participate in the study at three different times:

- Baseline interview
- 6 weeks postpartum
- 6 months postpartum
- One year postpartum
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.
Overview: PMA Ethiopia Panel and Cross-Section

Panel Enrollment & Cross-Section

Follow-up of pregnant and postpartum women

2019

X-section results

Individual Panel

SDP

Public

Private

Second Cross-Section

6-weeks, 6-months and one year postpartum

2020

6-week and preliminary 6-month results and year 2 cross section results

Cross-section & end of first cohort

2021

X-section + panel results

2019

2019

2020

2020
PMA Ethiopia: Field Work
Cross-Section and SDP Surveys

- Data collection: October-December 2019
- Sample weights applied

<table>
<thead>
<tr>
<th>Unit</th>
<th>Number (n)</th>
<th>Response Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Households</td>
<td>9,202</td>
<td>99.0%</td>
</tr>
<tr>
<td>Eligible women 15-49</td>
<td>8,890</td>
<td>98.4%</td>
</tr>
<tr>
<td>Health Facilities</td>
<td>818 (public and private)</td>
<td>97.9%</td>
</tr>
</tbody>
</table>
Panel Survey: Response Rates

- Data collection: October- Ongoing through 2021

**Census**
- 32,614 households completed census

**Screening**
- 32,792 women age 15-49 completed screening

**Panel enrollment**
- 2,898 eligible to enroll in study
- 2,893 consented to enroll
- 2,887 completed baseline
PMA Ethiopia: Priority Indicators for Maternal and Newborn Health
Priority Indicators: Baseline Panel Survey

Indicators include:

- **Antenatal Care (ANC)**
  - Receipt of ANC
  - Components of ANC care and service provision
  - ANC Counseling
  - Postpartum Family Planning Counseling during ANC

- Results are among currently pregnant women at baseline (n=2,257)
- Presented by self-reported month of gestational age to give a snapshot of the services women receive throughout pregnancy
- Results from 6-week survey will show cumulative services received during pregnancy
Panel Survey: Respondent Characteristics Currently Pregnant Women Enrolled in Study and Completed Baseline (n=2,257), weighted

<table>
<thead>
<tr>
<th>Respondent characteristics</th>
<th>Weighted (n)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gestational age at enrollment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-3 months</td>
<td>640</td>
<td>28.4</td>
</tr>
<tr>
<td>4 months</td>
<td>300</td>
<td>13.3</td>
</tr>
<tr>
<td>5 months</td>
<td>306</td>
<td>13.6</td>
</tr>
<tr>
<td>6 months</td>
<td>269</td>
<td>11.9</td>
</tr>
<tr>
<td>7 months</td>
<td>284</td>
<td>12.6</td>
</tr>
<tr>
<td>8 months</td>
<td>304</td>
<td>13.5</td>
</tr>
<tr>
<td>9+ months</td>
<td>154</td>
<td>6.8</td>
</tr>
</tbody>
</table>
## Respondent Characteristics Currently Pregnant Women Enrolled in Study and Completed Baseline (n=2,257), weighted

<table>
<thead>
<tr>
<th>Respondent characteristics</th>
<th>Weighted (n)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age group</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15-19</td>
<td>241</td>
<td>10.7</td>
</tr>
<tr>
<td>20-24</td>
<td>535</td>
<td>23.7</td>
</tr>
<tr>
<td>25-29</td>
<td>652</td>
<td>28.9</td>
</tr>
<tr>
<td>30-34</td>
<td>430</td>
<td>19.1</td>
</tr>
<tr>
<td>35+</td>
<td>399</td>
<td>17.6</td>
</tr>
<tr>
<td><strong>Residence</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urban</td>
<td>476</td>
<td>21.1</td>
</tr>
<tr>
<td>Rural</td>
<td>1,781</td>
<td>78.9</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>2,257</td>
<td>100.0</td>
</tr>
</tbody>
</table>
## Respondent Characteristics Currently Pregnant Women Enrolled in Study and Completed Baseline (n=2,257), weighted

<table>
<thead>
<tr>
<th>Respondent characteristics</th>
<th>Weighted (n)</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Region</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tigray</td>
<td>163</td>
<td>7.3</td>
</tr>
<tr>
<td>Afar</td>
<td>46</td>
<td>2.0</td>
</tr>
<tr>
<td>Amhara</td>
<td>451</td>
<td>20.0</td>
</tr>
<tr>
<td>Oromiya</td>
<td>978</td>
<td>43.3</td>
</tr>
<tr>
<td>SNNP</td>
<td>543</td>
<td>24.0</td>
</tr>
<tr>
<td>Addis</td>
<td>76</td>
<td>3.4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>2,257</td>
<td>100</td>
</tr>
</tbody>
</table>
At the time you became pregnant, did you want to become pregnant then, later, or not at all?

- **Regional variation** is clear in the percentage of women who wanted their pregnancy then versus later or not at all.

- Significant population of women could benefit from **improved contraceptive access**.
Pregnancy Timing by Parity
Results presented for all currently pregnant women

- The percentage of women who did not want their current pregnancy increases with parity

- There is a missed opportunity to meet the needs of high parity women who desire to limit or further space their pregnancies
ANC coverage increases with month of pregnancy, **early ANC care is low**

- 1 in 3 women who is 6-7 months pregnant has not received any ANC care

**Receipt of ANC**
Results presented for all pregnant women by gestational age

- Percent of women who received ANC by gestational age:
  - 0-3 months: 20%
  - 4 months: 37%
  - 5 months: 55%
  - 6 months: 65%
  - 7 months: 65%
  - 8 months: 76%
  - 9+ months: 73%

Gestational age (months)
Components of ANC

Results presented for all pregnant women by gestational age

<table>
<thead>
<tr>
<th>Gestational age</th>
<th>Blood Pressure measure taken (%)</th>
<th>Weight taken (%)</th>
<th>Urine Sample Taken (%)</th>
<th>Blood Sample Taken (%)</th>
<th>Stool Sample Taken (%)</th>
<th>Tested for Syphilis (%)</th>
<th>Tested for HIV (%)</th>
<th>Iron Supplement Taken* (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-3 months</td>
<td>13</td>
<td>11</td>
<td>9</td>
<td>11</td>
<td>3</td>
<td>3</td>
<td>9</td>
<td>12</td>
</tr>
<tr>
<td>4 months</td>
<td>24</td>
<td>22</td>
<td>18</td>
<td>22</td>
<td>9</td>
<td>5</td>
<td>20</td>
<td>22</td>
</tr>
<tr>
<td>5 months</td>
<td>40</td>
<td>37</td>
<td>24</td>
<td>37</td>
<td>13</td>
<td>12</td>
<td>31</td>
<td>38</td>
</tr>
<tr>
<td>6 months</td>
<td>47</td>
<td>44</td>
<td>31</td>
<td>46</td>
<td>14</td>
<td>9</td>
<td>38</td>
<td>46</td>
</tr>
<tr>
<td>7 months</td>
<td>50</td>
<td>43</td>
<td>27</td>
<td>38</td>
<td>13</td>
<td>10</td>
<td>29</td>
<td>52</td>
</tr>
<tr>
<td>8 months</td>
<td>61</td>
<td>54</td>
<td>36</td>
<td>52</td>
<td>23</td>
<td>12</td>
<td>42</td>
<td>67</td>
</tr>
<tr>
<td>9 + months</td>
<td>55</td>
<td>59</td>
<td>42</td>
<td>50</td>
<td>18</td>
<td>11</td>
<td>37</td>
<td>67</td>
</tr>
</tbody>
</table>

More than half of all women who are 8-9 months pregnant have had their blood pressure and weight checked and given a sample of blood. ANC care components are reported being received late in pregnancy, if at all.

*Iron supplementation was measured as whether the respondent reported taking an iron supplement, not whether it was received at ANC
Fewer than 10% of women at any gestational age have received all the components of ANC.

*Composite indicator of currently pregnant women who have had their BP taken, took iron during pregnancy, had urine and blood sampled and tested for syphilis and HIV at ANC.
Majority of pregnant women do not get counseling on birth preparedness and complication readiness through their pregnancy.

*Topics include place of delivery, delivery by skilled birth attendant, arrangement for transport for delivery, where to go if pregnancy danger signs are experienced, and the following danger signs in pregnancy: severe headache with blurred vision, high blood pressure, edema/swelling, convulsions/fits, and bleeding before delivery.
Components of ANC Counseling: Provision of Postpartum Family Planning Counseling

Results among all pregnant women

- Only 16% of women 9 months pregnant reported receiving counseling on PPFP as part of ANC
- Women in earlier stages far less likely to receive PPFP counseling

<table>
<thead>
<tr>
<th>Gestational age</th>
<th>Discussed breastfeeding as method to prevent pregnancy (%)</th>
<th>Counseled on postpartum family planning (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-3 months</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4 months</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5 months</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>6 months</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>7 months</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>8 months</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>9+ months</td>
<td>16</td>
<td>9</td>
</tr>
</tbody>
</table>
Additional Indicators from Baseline Panel Survey

- Pregnancy intention
- Intention to use contraception
- Additional components of counseling received by gestational age
- Iron supplementation and other nutritional information by gestational age
- Experience of complications
- Participation in 1-5 group
- Community support of MNH behaviors
- Intimate partner violence during pregnancy
PMA Ethiopia: Priority Indicators for Reproductive Health
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
## Family Planning Indicators Use

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

<table>
<thead>
<tr>
<th>Contraceptive Prevalence (CPR) (%)</th>
<th>All Women</th>
<th>Married Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Methods CPR</td>
<td>26.8 (24.7, 28.9)*</td>
<td>37 (34.0, 40.1)*</td>
</tr>
<tr>
<td>Modern Method CPR</td>
<td>25.8 (23.7, 27.9)*</td>
<td>35.8 (32.8, 38.8)*</td>
</tr>
<tr>
<td>Long Acting/Permanent CPR</td>
<td>9 (7.8, 10.4)*</td>
<td>12.7 (11.0, 14.7)*</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Unmet Need</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>For Limiting</td>
<td>4.5</td>
<td>6.7</td>
</tr>
<tr>
<td>For Spacing</td>
<td>9.3</td>
<td>13.4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Demand</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Demand Satisfied by Modern Method (%)</td>
<td>63.5</td>
<td>62.7</td>
</tr>
</tbody>
</table>

* Confidence intervals
Family Planning Indicators Use
by region among married women

<table>
<thead>
<tr>
<th>Region</th>
<th>Addis Ababa</th>
<th>Amhara</th>
<th>Oromiya</th>
<th>SNNPR</th>
<th>Tigray</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Methods CPR</td>
<td>54.2</td>
<td>41.9</td>
<td>37.4</td>
<td>38.7</td>
<td>30.3</td>
<td>37.0</td>
</tr>
<tr>
<td>Modern Method Use</td>
<td>50.6</td>
<td>41.6</td>
<td>35.4</td>
<td>37.9</td>
<td>29.3</td>
<td>35.8</td>
</tr>
<tr>
<td>Long Acting/Permanent CPR</td>
<td>24.6</td>
<td>11.7</td>
<td>13.7</td>
<td>12.5</td>
<td>12.5</td>
<td>12.7</td>
</tr>
<tr>
<td>Total Unmet Need</td>
<td>13.9</td>
<td>15.9</td>
<td>23.6</td>
<td>20.1</td>
<td>17.1</td>
<td>20.1</td>
</tr>
<tr>
<td>For Limiting</td>
<td>4</td>
<td>7.5</td>
<td>7.1</td>
<td>7.5</td>
<td>4.4</td>
<td>6.7</td>
</tr>
<tr>
<td>For Spacing</td>
<td>9.9</td>
<td>8.4</td>
<td>16.5</td>
<td>12.6</td>
<td>12.7</td>
<td>13.4</td>
</tr>
<tr>
<td>Total Demand</td>
<td>68.1</td>
<td>57.8</td>
<td>60.9</td>
<td>58.8</td>
<td>47.5</td>
<td>57.1</td>
</tr>
<tr>
<td>Demand Satisfied by Modern Method (%)</td>
<td>74.3</td>
<td>72.0</td>
<td>58.1</td>
<td>64.4</td>
<td>61.8</td>
<td>62.6</td>
</tr>
</tbody>
</table>

Regional disparities in key family planning indicators continue to persist, with Addis Ababa demonstrating higher mCPR, long acting use and higher demand satisfied.
Trends in mCPR Among all Women
by region, 2014-2019

No statistically significant change in mCPR among all women between 2018 and 2019.
### Statistical Significance of Changes in Regional mCPR Among all Women 2019-2018

#### Select Family Planning and Fertility Indicators (Married Women Age 15-49, by region)

<table>
<thead>
<tr>
<th>Region</th>
<th>2018 mCPR all women</th>
<th>[95% Conf. Interval]</th>
<th>2019 mCPR all women</th>
<th>[95% Conf. Interval]</th>
<th>Absolute difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tigray</td>
<td>23.9</td>
<td>21.0</td>
<td>27.0</td>
<td>21.0</td>
<td>18.5</td>
</tr>
<tr>
<td>Amhara</td>
<td>32.8</td>
<td>30.0</td>
<td>35.7</td>
<td>29.9</td>
<td>27.6</td>
</tr>
<tr>
<td>Oromiya</td>
<td>21.9</td>
<td>19.9</td>
<td>24.0</td>
<td>26.6</td>
<td>24.5</td>
</tr>
<tr>
<td>SNNP</td>
<td>30.5</td>
<td>27.4</td>
<td>33.7</td>
<td>26.4</td>
<td>24.2</td>
</tr>
<tr>
<td>Addis</td>
<td>23.2</td>
<td>20.5</td>
<td>26.1</td>
<td>27.5</td>
<td>24.5</td>
</tr>
<tr>
<td>Total</td>
<td>26.4</td>
<td>25.1</td>
<td>27.7</td>
<td>25.8</td>
<td>24.7</td>
</tr>
</tbody>
</table>

- **Confidence intervals overlap** for all regional mCPR among all women
- **No statistically significant change between 2018 and 2019** for the biggest 4 regions including Addis
- **Decreasing pattern except in Oromiya and Addis** where there was an increase in mCPR in 2019
Trend in mCPR Among Married Women
by region, 2000-2019

No statistically significant change in mCPR among married women between 2018 and 2019
Trend in Married Women mCPR
by age
Trend in Total Number of Modern Method and Additional Users – 2012 to 2019
(Source – Track20)

Total number of contraceptive users and additional users in each year increasing since 2012
Demand satisfied remained relatively constant between 2018 and 2019, though decreased over 20 percentage points in other regions.
Method mix showed increased use of long-acting methods.

Implant use increased from 25% to 32% of the total modern method mix among married women.
Share of Modern Long-acting/Permanent Method Users in Comparison to Total Modern Method Users
Among married women age 15-49 years
Reproductive Timeline
Median age for reproductive milestones, urban vs. rural women (weighted)

**Urban**
- Age 15
- First sex: 18.4
- First marriage: 20.1
- First contraceptive use: 21.5
- First birth: 21.9

**Rural**
- Age 16
- First sex: 16.4
- First marriage: 17.8
- First birth: 20.0
- First contraceptive use: 23.1
Reproductive Timeline  
Median age at reproductive events, by resident and age group

Pattern among younger (25-29)

Rural women
- ‘Norm’ is having first birth and then starting FP use

Urban women
- Start FP at a younger age and delay first birth

BILL & MELINDA GATES INSTITUTE FOR POPULATION AND REPRODUCTIVE HEALTH
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=4,485)

Urban women 1.0
Rural women 2.4

Reproductive Events by 18
Percent of women aged 18-24 who experienced reproductive events by age 18 (n=2,366)

Had first sex by 18
Married by 18
Gave birth by 18
Used contraceptives by 18

Reproductive events
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 concerns, which could include side effects – real or perceived – as a reason for non-use.

### Reasons for Non-Use of Family Planning

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

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Married</td>
<td>13</td>
</tr>
<tr>
<td>Perceived Not-At-Risk/Lack of Need</td>
<td>55</td>
</tr>
<tr>
<td>Method or Health-related Concerns</td>
<td>24</td>
</tr>
<tr>
<td>Opposition to Use</td>
<td>9</td>
</tr>
<tr>
<td>Lack of Access/Knowledge</td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td>11</td>
</tr>
</tbody>
</table>
Attitudes Towards Use of Contraception

Over half of all women disagree that it is acceptable to use contraception before having children.

It is acceptable to use contraception before having children

- 25% Strongly disagree
- 26% Somewhat disagree
- 5% Neither Agree or Disagree
- 29% Somewhat agree
- 14% Strongly agree
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 that refer to counseling information given to the client when obtaining the contraception 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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Were you told that you could switch to a different method in the future?*</td>
<td>27</td>
<td>73</td>
</tr>
<tr>
<td>Were you told by the provider about methods of FP other than the method you received?</td>
<td>55</td>
<td>45</td>
</tr>
<tr>
<td>Were you told what to do if you experienced side effects or problems?</td>
<td>41</td>
<td>59</td>
</tr>
<tr>
<td>When you obtained your method were you told by the provider about side effects or problems you might have?</td>
<td>72</td>
<td>28</td>
</tr>
</tbody>
</table>

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

- 10% answered "Yes" to all four MII+ questions
- 90% answered "No" to at least one MII+ question
Consistent decline in percentage of family planning users who reported being informed about other methods nationally and in majority of regions since 2016 except Addis. In Addis, it appears this pattern is a recent phenomenon since 2018.
Consistent decline in percentage of family planning users who reported being informed about other methods since 2015 at national level. In Addis, it appears this pattern is a recent phenomenon since 2018.
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

There was decline (nationally and among each of the five large regions) between 2018 and 2019 in percentage of current modern family planning users age 15-49 years who were told what to do if side effects were to occur.
• Consistent decline in percentage of women who were counseled on the 3 key questions; told about other methods, counseled on side effects, and counseled on what to do if side effects were to occur since 2015 nationally.

• There is variation in regional trends. Addis showed increase in good counseling between 2015 and 2018 with a decline in 2019.
**Trend in Percentage of Women who Received No Counseling**

- **Consistent increases** in the percentage of women receiving no counseling since 2015.
- **Similar regional pattern** except in Addis which was showing a decline until 2018.
Partner attitude about FP decisions

Percent of women who are currently using modern, female controlled methods and agree with the following statements (n=2,102)

Does your partner know that you are using this method?

- Yes: 89
- No: 11

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

- Yes: 75
- No: 25

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

How does your partner feel about family planning?

- He is ok with it: 60
- He does not care: 25
- He disapproves it: 11
- Do not know: 4

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?

- Joint decision: 27
- Mainly respondent: 59
- Mainly partner: 5
- Other: 9

BILL & MELINDA GATES INSTITUTE FOR POPULATION AND REPRODUCTIVE HEALTH
Approximately one third of women believe that contraceptive use may result in difficulty conceiving in the future.

Nearly a quarter believe that contraceptive use will cause conflict in their relationship.

Existence of choice (motivational autonomy) for family planning (n=5,588)

- **If I use FP, my body may experience side effects that will disrupt relations with my partner.**
  - Strongly disagree: 24
  - Disagree: 42
  - Neutral: 5
  - Agree: 22
  - Strongly agree: 7

- **If I use FP, my children may not be born normal.**
  - Strongly disagree: 34
  - Disagree: 44
  - Neutral: 5
  - Agree: 12
  - Strongly agree: 4

- **There will be conflict in my relationship/marriage if I use FP.**
  - Strongly disagree: 30
  - Disagree: 45
  - Neutral: 3
  - Agree: 16
  - Strongly agree: 7

- **If I use FP, I may have trouble getting pregnant the next time I want to.**
  - Strongly disagree: 24
  - Disagree: 40
  - Neutral: 4
  - Agree: 23
  - Strongly agree: 9

- **If I use FP, my partner may seek another sexual partner.**
  - Strongly disagree: 38
  - Disagree: 47
  - Neutral: 3
  - Agree: 8
  - Strongly agree: 5
WOMEN'S AND GIRL'S EMPOWERMENT (WGE) SUB-SCALE FOR FAMILY PLANNING

The Women's and Girls' Empowerment (WGE) Index examines existence of choice, exercise of choice, and achievement of choice domains across pregnancy, family planning, and sex outcomes in married/in union women. Presented results are only for the existence of choice domain for family planning. Scores from the family planning empowerment statements listed above were summed and divided by number of items (5) for average WGE family planning score. Range for the WGE family planning score is 1-5, with a score of 5 indicating highest empowerment.

Mean WGE FP existence of choice, by education

<table>
<thead>
<tr>
<th>Education</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never attended</td>
<td>3.6</td>
</tr>
<tr>
<td>Primary</td>
<td>3.8</td>
</tr>
<tr>
<td>Secondary or higher</td>
<td>4.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>3.7</td>
</tr>
</tbody>
</table>

Mean WGE FP existence of Choice, by age

<table>
<thead>
<tr>
<th>Age</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>3.6</td>
</tr>
<tr>
<td>20-24</td>
<td>3.8</td>
</tr>
<tr>
<td>25-49</td>
<td>3.7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>3.7</td>
</tr>
</tbody>
</table>
Empowerment and Intent to use FP mCPR and intent to use contraception, by categorical WGE score

- **Educated women** report higher levels of empowerment for family planning.
- Contraceptive use and intention to use contraception in the next year increase with heightened levels of empowerment among women and girls who are currently partnered.

Percent of married/in union women using a modern method of contraception and percent of women who intend to use contraception in the next year by categorical WGE score (n=5,805)
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 women to use FP before she has a child.” (n=8,769)

<table>
<thead>
<tr>
<th>Total</th>
<th>Agree/strongly agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree/strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>52</td>
<td>5</td>
<td>44</td>
</tr>
<tr>
<td>By contraceptive use status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>User</td>
<td>46</td>
<td>3</td>
<td>51</td>
</tr>
<tr>
<td>Non-user</td>
<td>54</td>
<td>5</td>
<td>41</td>
</tr>
</tbody>
</table>

By region:
- Addis: 34 (Agree/strongly agree), 3 (Neither agree nor disagree), 62 (Disagree/strongly disagree)
- Amhara: 30 (Agree/strongly agree), 4 (Neither agree nor disagree), 66 (Disagree/strongly disagree)
- Oromiya: 62 (Agree/strongly agree), 4 (Neither agree nor disagree), 34 (Disagree/strongly disagree)
- SNNP: 61 (Agree/strongly agree), 4 (Neither agree nor disagree), 35 (Disagree/strongly disagree)
- Tigray: 45 (Agree/strongly agree), 7 (Neither agree nor disagree), 48 (Disagree/strongly disagree)
- Other: 65 (Agree/strongly agree), 9 (Neither agree nor disagree), 26 (Disagree/strongly disagree)
Attitudes towards contraception (2)

“Women who use FP are considered promiscuous.” (n=8,772)

<table>
<thead>
<tr>
<th>Total</th>
<th>By region</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Addis</td>
</tr>
<tr>
<td></td>
<td>81</td>
</tr>
<tr>
<td></td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>13</td>
</tr>
<tr>
<td>User</td>
<td></td>
</tr>
<tr>
<td>88</td>
<td>82</td>
</tr>
<tr>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>9</td>
<td>12</td>
</tr>
<tr>
<td>Non-user</td>
<td></td>
</tr>
<tr>
<td>78</td>
<td>79</td>
</tr>
<tr>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>15</td>
<td>15</td>
</tr>
</tbody>
</table>

By contraceptive use status

- **User**: 88% disagree/strongly disagree, 3% neither agree nor disagree, 9% agree/strongly agree
- **Non-user**: 78% disagree/strongly disagree, 7% neither agree nor disagree, 15% agree/strongly agree

By region

- **Addis**: 91% disagree/strongly disagree, 45% neither agree nor disagree, 45% agree/strongly agree
- **Amhara**: 82% disagree/strongly disagree, 6% neither agree nor disagree, 12% agree/strongly agree
- **Oromiya**: 82% disagree/strongly disagree, 4% neither agree nor disagree, 14% agree/strongly agree
- **SNNP**: 79% disagree/strongly disagree, 7% neither agree nor disagree, 15% agree/strongly agree
- **Tigray**: 82% disagree/strongly disagree, 5% neither agree nor disagree, 12% agree/strongly agree
- **Other**: 66% disagree/strongly disagree, 13% neither agree nor disagree, 20% agree/strongly agree
### Attitudes towards contraception (3)

**“Couples who use FP are financially responsible.”** (n=8,787)

<table>
<thead>
<tr>
<th>Total</th>
<th>Agree/strongly agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree/strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>82</td>
<td>2</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>By region</th>
<th>Agree/strongly agree</th>
<th>Neither agree nor disagree</th>
<th>Disagree/strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addis</td>
<td>53</td>
<td>92</td>
<td></td>
</tr>
<tr>
<td>Amhara</td>
<td>13</td>
<td>84</td>
<td></td>
</tr>
<tr>
<td>Oromiya</td>
<td>11</td>
<td>84</td>
<td></td>
</tr>
<tr>
<td>SNNP</td>
<td>14</td>
<td>82</td>
<td></td>
</tr>
<tr>
<td>Tigray</td>
<td>18</td>
<td>71</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>31</td>
<td>58</td>
<td></td>
</tr>
</tbody>
</table>

- Disagree/strongly disagree
- Neither agree nor disagree
- Agree/strongly agree
Attitudes towards contraception (4)

“Women should be the ones to decide about FP.” (n=8,793)

<table>
<thead>
<tr>
<th>Total</th>
<th>Disagree/strongly disagree</th>
<th>Neither agree nor disagree</th>
<th>Agree/strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>59</td>
<td>3</td>
<td>38</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>By contraceptive use status</th>
<th>Disagree/strongly disagree</th>
<th>Neither agree nor disagree</th>
<th>Agree/strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>User</td>
<td>64</td>
<td>1</td>
<td>35</td>
</tr>
<tr>
<td>Non-user</td>
<td>57</td>
<td>3</td>
<td>39</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>By region</th>
<th>Disagree/strongly disagree</th>
<th>Neither agree nor disagree</th>
<th>Agree/strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addis</td>
<td>72</td>
<td>2</td>
<td>27</td>
</tr>
<tr>
<td>Amhara</td>
<td>60</td>
<td>2</td>
<td>38</td>
</tr>
<tr>
<td>Oromiya</td>
<td>60</td>
<td>2</td>
<td>38</td>
</tr>
<tr>
<td>SNNP</td>
<td>66</td>
<td>3</td>
<td>31</td>
</tr>
<tr>
<td>Tigray</td>
<td>17</td>
<td>8</td>
<td>75</td>
</tr>
<tr>
<td>Other</td>
<td>58</td>
<td>6</td>
<td>36</td>
</tr>
</tbody>
</table>
Additional Indicators from Cross-sectional Survey

- Knowledge of abortion services and legality
- Provider bias in family planning provision
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**
• Stock availability of **life-saving maternal and reproductive health medicines**
• **Health centers provision of services:**
  o Long-acting family planning methods and safe abortion counseling
  o Post-abortion counseling and family planning services
• **Health posts provision of services:**
  o Offering at least four family planning methods
  o Staffed with at least one trained staff on implant removal
<table>
<thead>
<tr>
<th>Facility Type</th>
<th>Public (n)</th>
<th>Public (%)</th>
<th>Private (n)</th>
<th>Private (%)</th>
<th>Total (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>155</td>
<td>28.3%</td>
<td>6</td>
<td>2.4%</td>
<td>161</td>
</tr>
<tr>
<td>Health center</td>
<td>231</td>
<td>42.2%</td>
<td>3</td>
<td>1.2%</td>
<td>234</td>
</tr>
<tr>
<td>Health post</td>
<td>159</td>
<td>29.1%</td>
<td>0</td>
<td>0%</td>
<td>159</td>
</tr>
<tr>
<td>Health clinic</td>
<td>0</td>
<td>0.2%</td>
<td>139</td>
<td>54.7%</td>
<td>139</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>1</td>
<td>0.2%</td>
<td>34</td>
<td>13.4%</td>
<td>35</td>
</tr>
<tr>
<td>Drug Shop/Rural Drug Vendor</td>
<td>0</td>
<td>0%</td>
<td>72</td>
<td>28.3%</td>
<td>72</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>547</strong></td>
<td><strong>100%</strong></td>
<td><strong>254</strong></td>
<td><strong>100%</strong></td>
<td><strong>800</strong></td>
</tr>
</tbody>
</table>
**Percent of Hospitals Offering Family Planning with Methods in Stock on Day of Interview**

- **Majority of hospitals** have a range of family planning methods in stock

- No hospital reported being out of stock of implants on the day of interview

<table>
<thead>
<tr>
<th>Family Planning Method</th>
<th>In Stock</th>
<th>In Stock, but stockout in last 3 months</th>
<th>Method Out of Stock</th>
<th>Method not offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male Condom</td>
<td>83%</td>
<td>6%</td>
<td>8%</td>
<td>3%</td>
</tr>
<tr>
<td>Emergency Contraception</td>
<td>70%</td>
<td>14%</td>
<td>11%</td>
<td>5%</td>
</tr>
<tr>
<td>Pills</td>
<td>83%</td>
<td>13%</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>Injectable</td>
<td>87%</td>
<td>10%</td>
<td>3%</td>
<td>1%</td>
</tr>
<tr>
<td>IUD</td>
<td>88%</td>
<td>6%</td>
<td>2%</td>
<td>4%</td>
</tr>
<tr>
<td>Implants</td>
<td>86%</td>
<td>13%</td>
<td>1%</td>
<td></td>
</tr>
</tbody>
</table>

Legend:
- Method in stock
- In stock, but stockout in last 3 months
- Method Out of Stock
- Method not offered
• **Majority of health centers reported having a range of family planning methods in stock**

• Approximately one thirds of these facilities reported being out of stock of EC at some point in the past three months

---

<table>
<thead>
<tr>
<th>Method</th>
<th>Percent (in stock)</th>
<th>Percent (in stock, but stockout in last 3 months)</th>
<th>Percent (method not offered)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male Condom</td>
<td>89%</td>
<td>5%</td>
<td>3%</td>
</tr>
<tr>
<td>Emergency Contraception</td>
<td>64%</td>
<td>15%</td>
<td>16%</td>
</tr>
<tr>
<td>Pills</td>
<td>77%</td>
<td>16%</td>
<td>6%</td>
</tr>
<tr>
<td>Injectable</td>
<td>79%</td>
<td>18%</td>
<td>3%</td>
</tr>
<tr>
<td>IUD</td>
<td>76%</td>
<td>4%</td>
<td>3%</td>
</tr>
<tr>
<td>Implants</td>
<td>79%</td>
<td>16%</td>
<td>3%</td>
</tr>
</tbody>
</table>
Majority of health posts reported offering short-acting methods

Fewer than 10% of Health Posts with Level 4 HEWs reported IUDS available on the day of the interview

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

- **Male Condom**: 76% in stock, 8% in stock with stockout in last 3 months, 9% in stock, 7% in stock with stockout in last 3 months
- **Emergency Contraception**: 25% in stock, 5% in stock with stockout in last 3 months, 20% in stock, 49% in stock with stockout in last 3 months
- **Pills**: 70% in stock, 13% in stock with stockout in last 3 months, 16% in stock, 1% in stock with stockout in last 3 months
- **Injectable**: 70% in stock, 20% in stock with stockout in last 3 months, 9% in stock, 1% in stock with stockout in last 3 months
- **IUD**: 7% in stock, 1% in stock with stockout in last 3 months, 2% in stock, 90% in stock
- **Implants**: 62% in stock, 11% in stock with stockout in last 3 months, 7% in stock, 20% in stock with stockout in last 3 months

Method in stock
In stock, but stockout in last 3 months
### Percentage of Health Centers Providing Two Long-acting Methods
*(Implants and IUDs), three short-term methods (Injectable, Male condom and Pills of all types)*

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Tigray</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amhara</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oromiya</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SNNP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Addis Ababa</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Oromiya and Addis** show relatively consistent increase in provision of two-long acting and three short-acting methods between 2014 and 2019.
- Some indication that access been decreasing in Amhara and SNNP between 2018 and 2019.
• **Availability of at least four contraceptive methods** at health posts **increased** between 2014 and 2016 and then plateaued.
• There is **some regional variation** in provision of at least four methods at health posts, but no clear pattern over the years.
Stock Availability of Life-Saving Maternal and Reproductive Health Medicines
Among public and private facilities offering labor and delivery

97% of hospitals and 72% of health centers had at least 7 essential medicines in stock.

81% of public facilities and 28% of private had at least 7 essential medicines in stock.

Defined as at least one valid dose of oxytocin, magnesium sulfate, and any 5 other essential medicines located inside or immediately outside of the delivery room.
Essential Medicines Stock Availability
Among public and private facilities offering labor and delivery

- Amoxicillin: Total 83.8%, Private (n=22) 63.1%, Public (n=390) 72.3%
- Azithromycin: Total 83.8%, Private (n=22) 63.1%, Public (n=390) 72.3%
- Benzathine benzylpenicillin: Total 89.2%, Private (n=22) 65.1%, Public (n=390) 72.3%
- Betamethasone/Dexamethasone: Total 89.2%, Private (n=22) 65.1%, Public (n=390) 72.3%
- Calcium gluconate: Total 62.8%, Private (n=22) 34.4%, Public (n=390) 62.8%
- Cefixime: Total 88.5%, Private (n=22) 34.4%, Public (n=390) 78.5%
- Gentamicin: Total 89.2%, Private (n=22) 65.1%, Public (n=390) 78.5%
- Hydralazine: Total 78.5%, Private (n=22) 34.4%, Public (n=390) 78.5%
- Magnesium sulfate: Total 88.5%, Private (n=22) 34.4%, Public (n=390) 88.5%
- Methyldopa: Total 60.5%, Private (n=22) 0%, Public (n=390) 60.5%
- Metronidazole: Total 70%, Private (n=22) 0%, Public (n=390) 70%
- Mifepristone: Total 61.3%, Private (n=22) 0%, Public (n=390) 61.3%
- Misoprostol: Total 65.1%, Private (n=22) 0%, Public (n=390) 65.1%
- Nifedipine: Total 77.9%, Private (n=22) 0%, Public (n=390) 77.9%
- Oxytocin: Total 96.2%, Private (n=22) 0%, Public (n=390) 96.2%
- Sodium lactate/chloride: Total 96.9%, Private (n=22) 0%, Public (n=390) 96.9%
- Tetanus toxoid: Total 91.1%, Private (n=22) 0%, Public (n=390) 91.1%
- All Essential Medicines: Total 8.7%, Private (n=22) 0%, Public (n=390) 8.7%

Legend:
- Total
- Private (n=22)
- Public (n=390)
Essential Medicines Stock Availability
Among public and private health clinics, health centers & hospitals offering labor and delivery

- Amoxicillin
- Azithromycin
- Benzathine benzylpenicillin
- Betamethasone/Dexamethasone
- Calcium gluconate
- Cefixime
- Gentamicin
- Hydralazine
- Magnesium sulfate
- Methyldopa
- Metronidazole
- Mifepristone
- Misoprostol
- Nifedipine
- Oxytocin
- Sodium lactate/chloride
- Tetanus toxoid
- All Essential Medicines

Health Clinics (n=13)  | Health Centers (n=233)  | Hospitals (n=160)
Among the 234 health centers included in the survey, 74% offer two long-acting and three short-acting family planning and safe abortion services.

Among the 234 health centers included in the survey, 86% offer post-abortion counseling services.
Of all health posts surveyed, 74% provide 4 or more contraceptive methods.

Of all health posts surveyed, 26% had at least one staff member trained to provide implant removal services present on the day of the interview.
Summary and next steps
Maternal Health Summary

• Most women report wanting their pregnancy, but Oromiya and SNNP show high unwanted pregnancy rates

• Early ANC remains low, with significant gaps in comprehensive ANC

• Postpartum family planning counseling needs significant improvement if it is to be impactful
Family Planning Summary

• PMA Ethiopia has detected increased use of long-acting methods, particularly implants
  o However, there is an overall decline in mCPR

• Regional variation in key family planning indicators are also noted

• Most women have generally positive attitudes towards contraception, but significant percentage have concerns that require improved counseling and messaging
Service Delivery Point Summary

• The number of skilled personnel in health facilities trained on implant removal improving

• Other indicators on method availability and quality of counselling declined
  o Percentage of health centres which reported providing two long-acting family planning methods and three short-term family planning methods declined from 87% to 73% since 2018

• Stock availability of essential medicines for labor and delivery is lower in health centers and private sector
Acknowledgements

• Federal Ministry of Health
• Central Statistical Agency
• Bill & Melinda Gates Foundation
• Ethiopian Public Health Association
• The many REs and supervisors of PMA Ethiopia
• Community members who welcomed PMA Ethiopia
Thank you!

pmadata.org
/pm4action
@pm4action
@pm4action