

Performance Monitoring for Action [PMA] Ethiopia


- Findings from 6-months and 1-year postpartum cohort 2 surveys *with comparisons to cohort 1 for select indicators*
- PMA Ethiopia 2023 Survey Results *and Trends from 2014 to 2023 for select indicators*

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Presentation Outline

PART ONE: Cohort 2: six month & 1 year postpartum survey results

1. About PMA Ethiopia
 2. Summary of key findings
 3. Results
 - I. Continuum of care
 - II. Infant immunization, illness, care-seeking and nutrition
 - III. Postnatal Care
 - IV. Postpartum family planning
 4. Discussion
- 

PART TWO: PMA Ethiopia 2023 Survey Results and Trends [2014-2023]

1. Overview of Cross-Section Study Design
2. Summary of key findings
3. Results
 1. The cross-section household and female surveys
 2. The service delivery point [SDP] survey
 3. Discussion

PART ONE: Cohort 2- Six month & One Year Postpartum Survey Results and comparision with cohort 1

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:
 - Antenatal, delivery, and postnatal care
 - Vaccination coverage
 - Modern contraceptive prevalence
 - Reproductive empowerment, fertility intention, and community norms
 - Health facility readiness and quality of care

Survey Implementation and Participants

This presentation summarizes data from the 6-months and 1-year postpartum follow-up surveys for the second PMA Ethiopia cohort

6-months postpartum survey:

- Data collection: from **March 15, 2022 to April 29, 2023**
- The analytic sample comprised of **1,874 women aged 15-49**
- These women gave birth to a total of 1,844 infants

1-year postpartum survey:

- Data collection: **September 10, 2022 to September 09, 2023**
- The analytic sample comprised of **1,858 women aged 15-49**
- These women had a total of 1,822 infants

Enrollment and timeline for panel study

Panel study flow chart

Baseline

- 2,297 pregnant and postpartum women enrolled

October 2021

6-Weeks

- 2,072 women
- 1,959 infants
- 90.2% response rate

6-Months

- 1,874 women
- 1,844 infants
- 90.8% response rate

1-Year

- 1,858 women
- 1,822 infants
- 93.4% response rate

September 2023



Key Findings from Cohort two

*(6 months and 12 months
follow-up interview) and
comparison with cohort 1*

Overall summary: Continuum of care

- *The percentage of women who **received 4 or more ANC visits** and those who delivered in a health facility are **45% and 62%**, respectively.*
- *The percentage of women who **received PNC at 6-weeks** is **56%**.*
- ***About one-third (32%)** of infants **received the recommended full series of vaccinations** by their first birthday.*
- ***Fewer than one in five (14%)** women completed all the four key maternal and child health care services in the first year postpartum.*

Overall summary: Infants vaccination

- **Only one third of infants** were fully vaccinated (**8 vaccines**) by their first birthday -- verified by card or self reported by the mother.
- **Prevalence of zero** dose infants was **15%** at their first birthday.
 - Higher prevalence of zero dose was reported in **SNNP (21%)** and **Oromia (17%)**, while the lowest was reported in **Addis Ababa at 0%**.
 - Prevalence of zero dose is more than six times higher among rural than urban infants.
- **Four out of ten (40%) infants** were under immunized by the end of 1-year interview.
 - **Nearly half of infants from rural areas were** under-immunized by their first birthday.

Overall summary: Infants care seeking

- ***About one fifth of infants** with diarrhea **received ORS treatment** at 6-months, while **only about a quarter** of infants received treatment at 1-year.*
- ***Close to four out of ten** mothers who reported that their infant(s) suffered from **fast breathing or difficulty breathing** at 6-months and 1-year postpartum **sought care for their baby's breathing problem.***

Overall summary: Family Planning

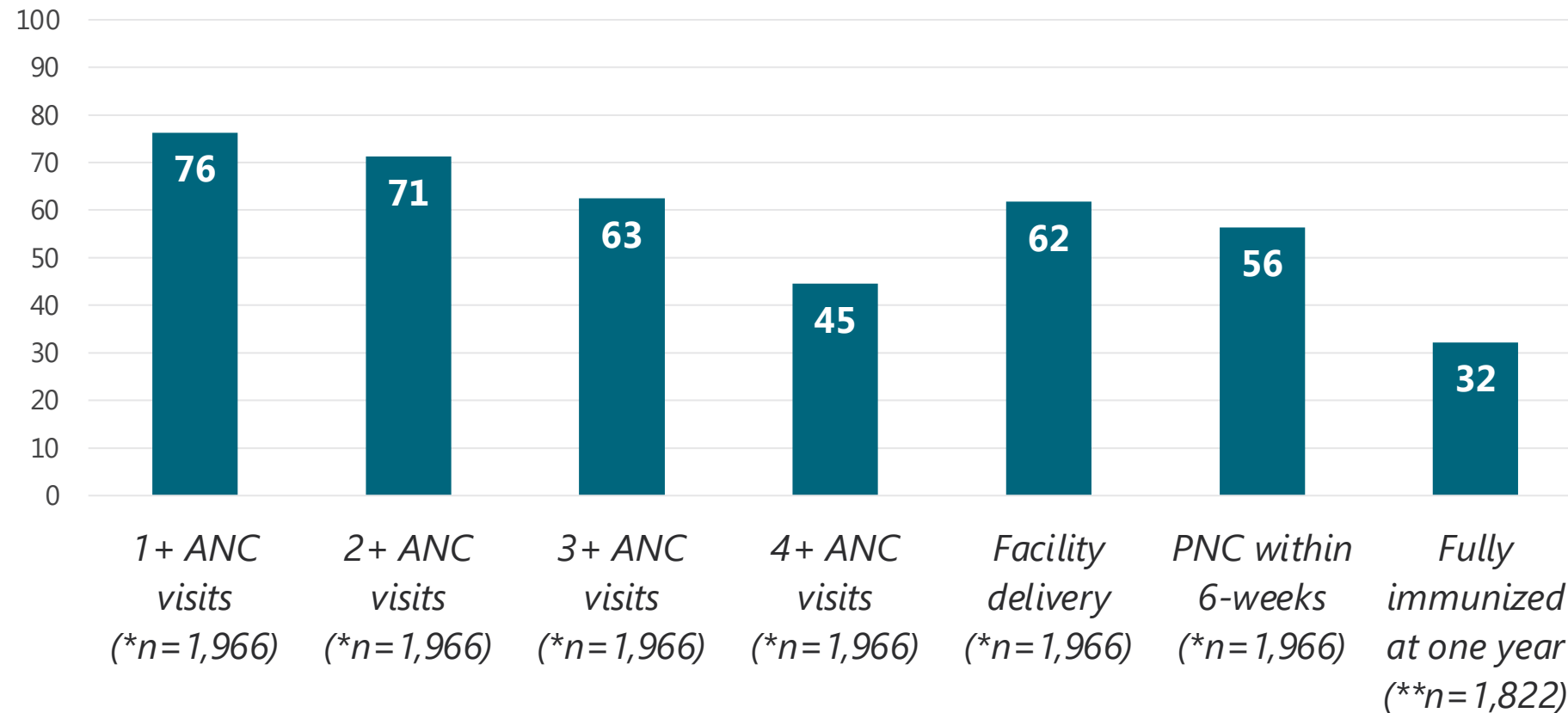
- ***Modern contraceptive use increases from 10% at 6-weeks to 35% and 42% at 6-months and 1-year postpartum, respectively.***
- ***Long-acting method use increases from 5% at 6 weeks to 13% at 6-months to 16% at 1-year.***
- ***Unmet need for family planning was 29% at 6-months and 31% at 1-year postpartum.***



Continuum of Care

Continuum of care

Percentage of women and infants who received each service of continuum of care

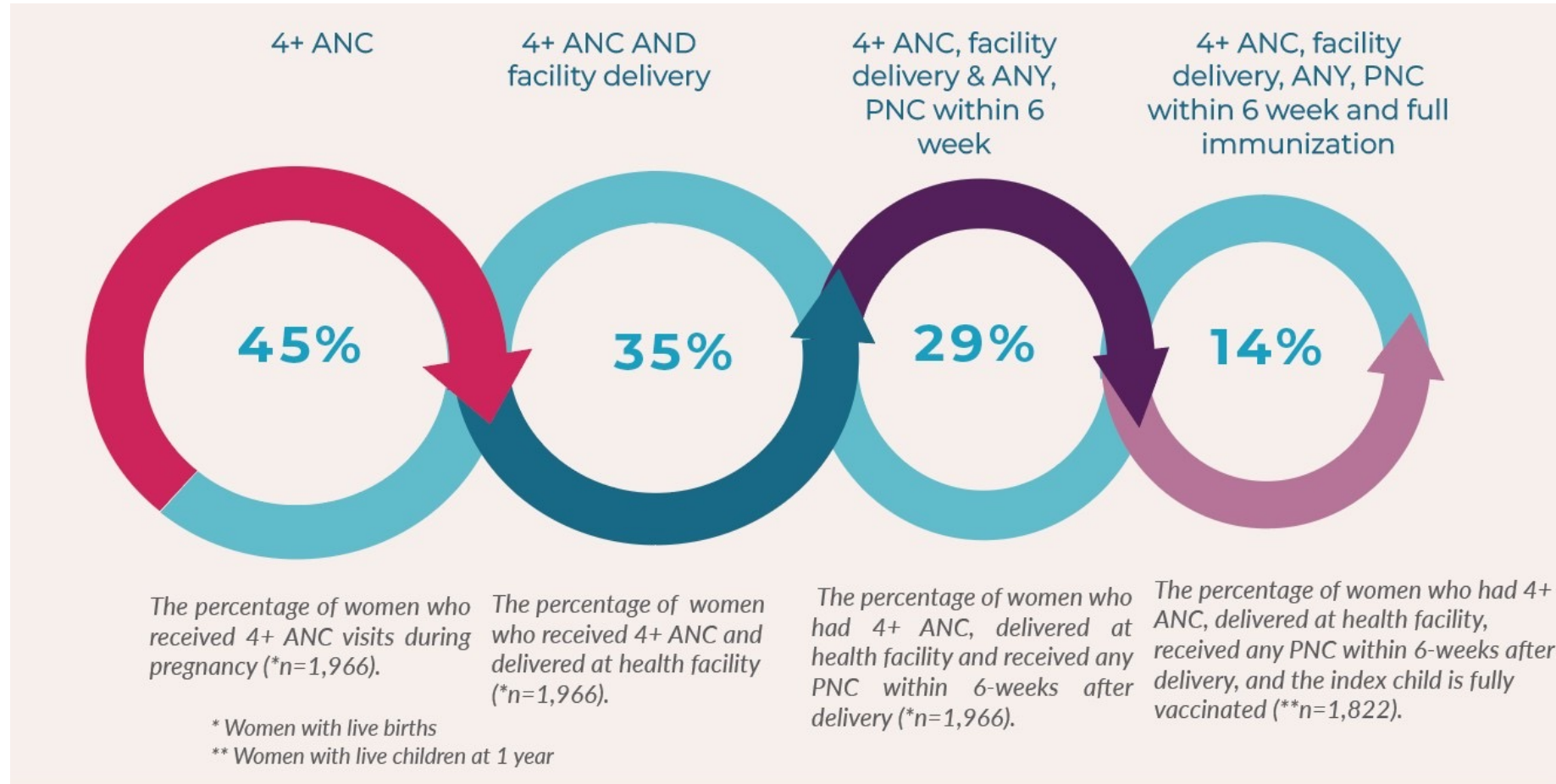


Note: Fully vaccinated [8 vaccinations] and which is documented on any vaccinations card or reported by mother on the date of interview at 1 year

* **Women with live births**

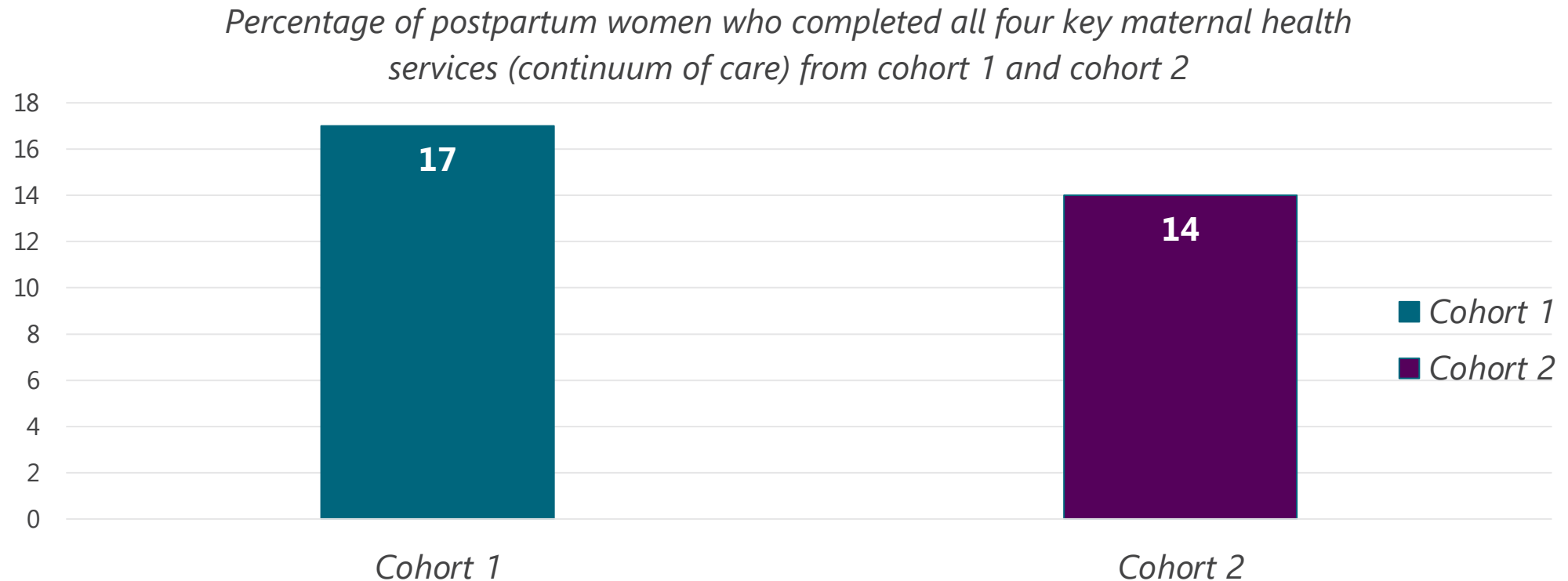
** **Women with live children at 1 year**

Continuum of care



*Despite better coverage for individual services, **fewer than one in five (14%)** women completed all the four key maternal and child health care services in the first year postpartum*

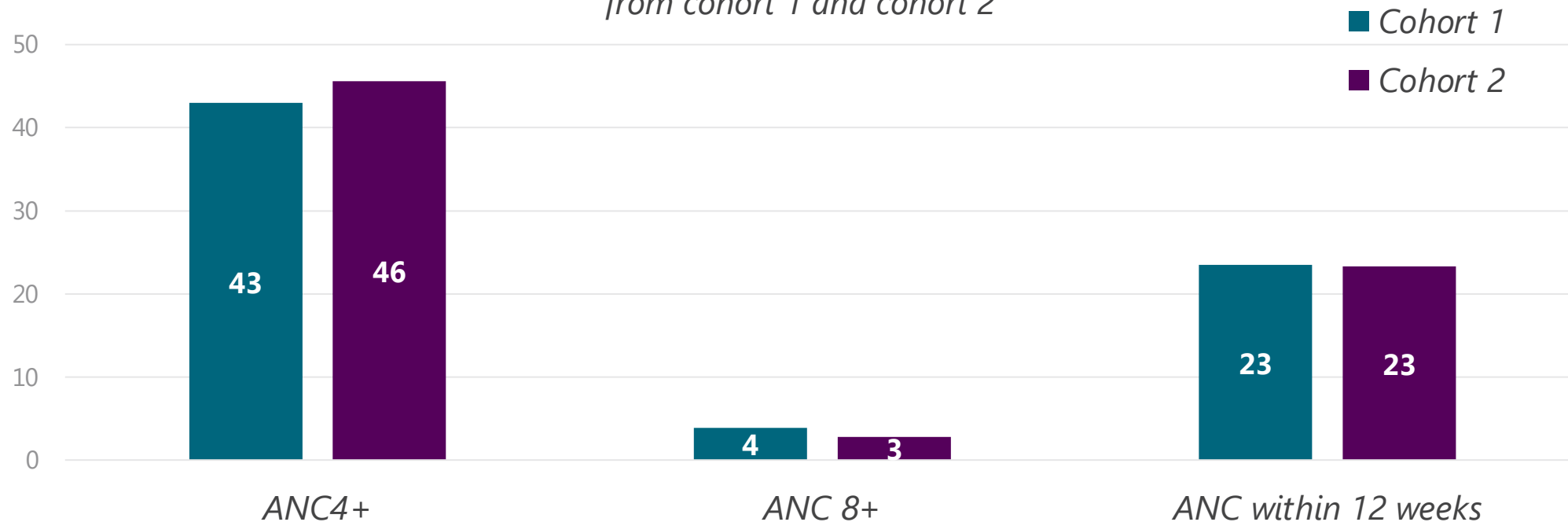
Continuum of care: Comparison of cohorts



- ***Fewer than one in five (17%) and (14%)*** women completed all the four key maternal and child health care services in the first year postpartum both in Cohort 1 and Cohort 2.
- *There is no statistically significant difference between the two cohorts (P value: 0.0932).*

ANC Frequency and Timing

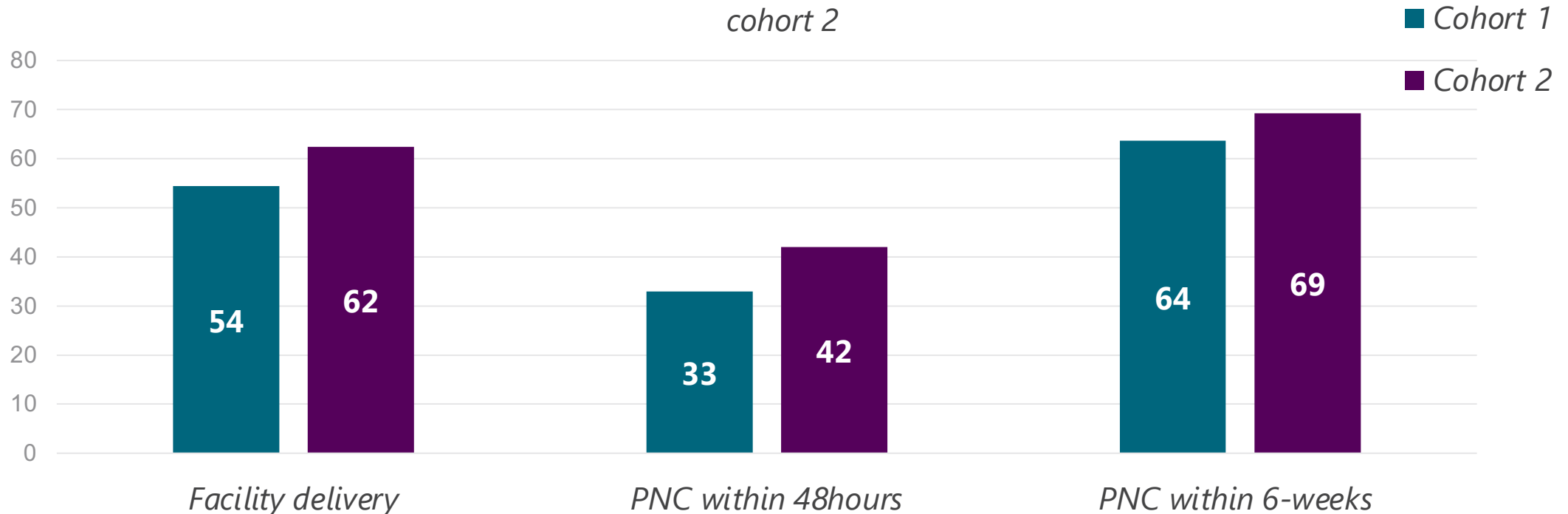
Percentage of ANC 4+ , ANC 8+ and ANC within 12 weeks among postpartum women from cohort 1 and cohort 2



- The percentage of women who **received 4 or more ANC visits in Cohort 1 and 2 were 43% and 46%, respectively**
- There is no statistically significant difference in the receipt of ANC 4+ , ANC 8+ and ANC within 12 weeks of gestation between cohort 1 and cohort 2

Delivery

Percentage of facility delivery, Immediate PNC and PNC within 6-weeks from cohort 1 and cohort 2



- *The percentage of women who delivered at a health facility increases from 54% in cohort 1 to 62% in cohort 2. **The increase is statistically significant.***
- *Similarly, the increase in immediate PNC within 48 hrs (from 33% to 42%) and PNC within 6-weeks (from 64% to 69%) between the two cohorts was statistically significant*



Infants Immunization & care seeking

Vaccinated infants

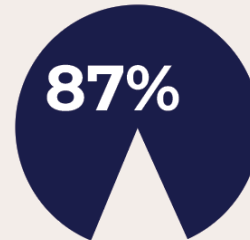
Percentage of infants who were vaccinated (any routine childhood vaccination) at 6-weeks, 6-months and 1-year

6-weeks



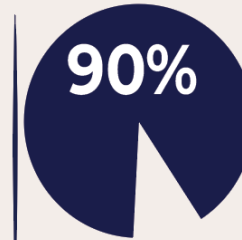
(n=1,959)

6-months



(n=1,844)

1-year

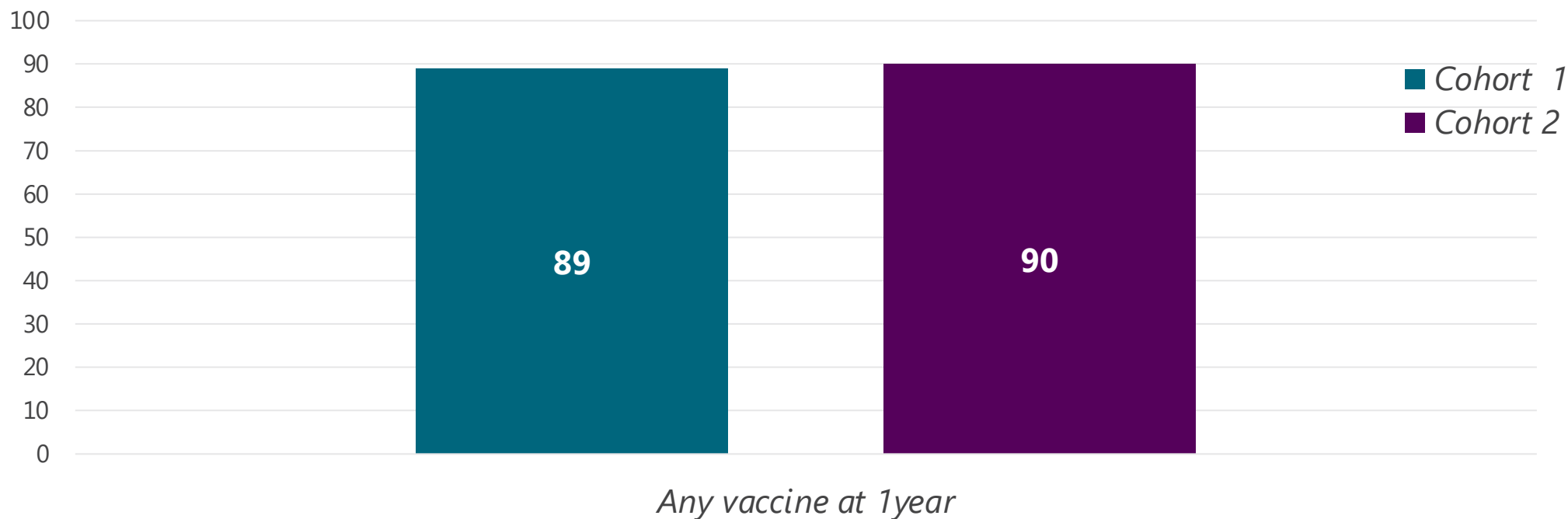


(n=1,822)

*The proportion of infants who received any vaccine at 6 months (**87%**) or one year (**90%**), is nearly triple the proportion of infants who received a vaccine at 6 weeks (**27%**).*

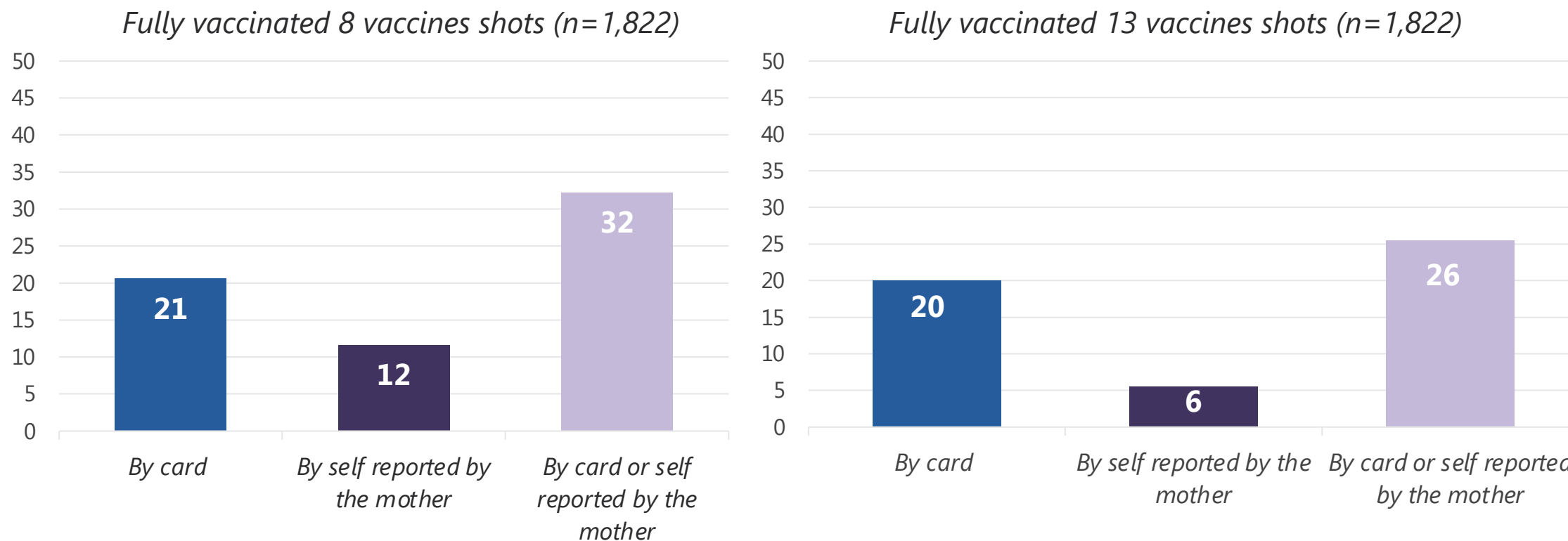
Infant vaccination-Comparison of cohorts

Percentage of infants who were vaccinated (any routine childhood vaccination) for cohort 1 and cohort 2 at 1-year.



The proportion of infants who received any vaccine at one year were 89% and 90% for cohort 1 and cohort 2. There was no statistically significant difference

Fully vaccinated by 1 year



Only one third of infants were fully vaccinated (**8 vaccines**) at their first birthday, by card or self-reported by the mother, while **only one fifth of infants** were fully vaccinated (**8 vaccines**) at their first birthday, by card.

Note: 8 Vaccines are - BCG, Pentavalent-1(DPT-Hep B-Hib1), Polio-1, Polio-2, Pentavalent-2 (DPT-Hep B-Hib2), Polio-3, Pentavalent-3 (DPT-Hep B-Hib3) AND Measles. 13 Vaccine doses are – 8 Vaccine doses and, PCV-1, Rota-1, PCV-2, Rota-2 AND PCV-3

Fully vaccinated child is one who received 8 or 13 vaccines at the age of 1 year as recommended by MoH

Fully vaccinated by 1 year: Comparison of cohorts

Fully vaccinated infants for 8 and 13 doses from cohort 1 and cohort 2



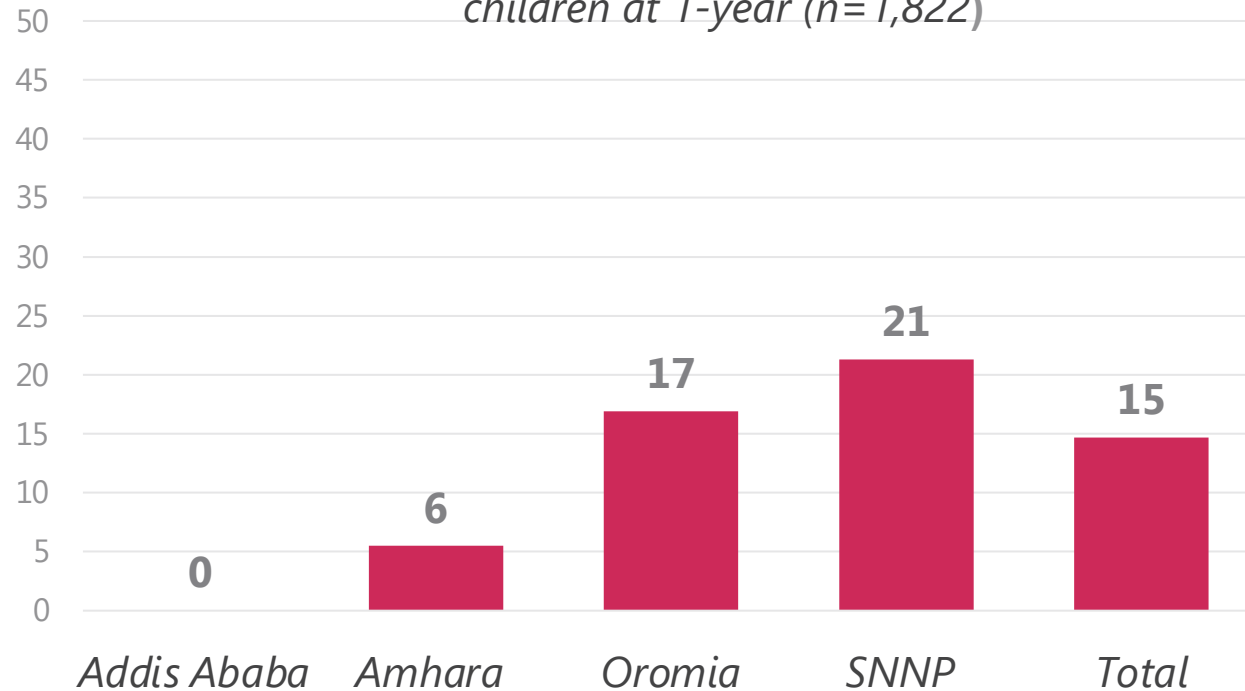
- **One third of infants** were fully vaccinated (8 vaccines) at their first birthday in both cohort 1 and cohort 2.
- There was no statistically significant difference.

Note:

- 8 Vaccines - BCG, Pentavalent-1 (DPT-Hep B-Hib1, Polio-1, Polio-2, Pentavalent-2 (DPT-Hep B-Hib2, Polio-3, Pentavalent-3 (DPT-Hep B-Hib3 & Measles
- 13 Vaccine doses are – 8 Vaccine doses and, PCV-1, Rota-1, PCV-2, Rota-2 AND PCV-3
- Fully vaccinated child is one who received 8 or 13 vaccines at the age of 1 year as recommended by MoH

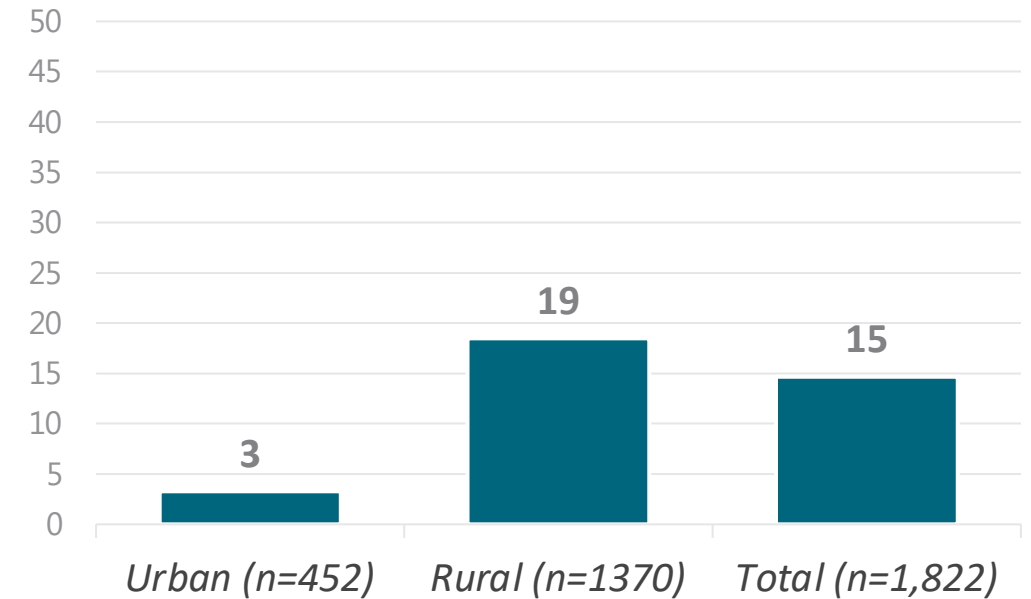
Infants with zero-dose, by region and residence

Proportion of alive infants with zero-dose, among all alive children at 1-year (n=1,822)*



Prevalence of zero dose among one year old infants is 15%. Higher prevalence of zero-dose is seen in SNNP (21%) and Oromia (17%), the lowest being in Addis (0%).

Proportion of alive infants with zero-dose, among all alive children at 1-year (n=1,822)

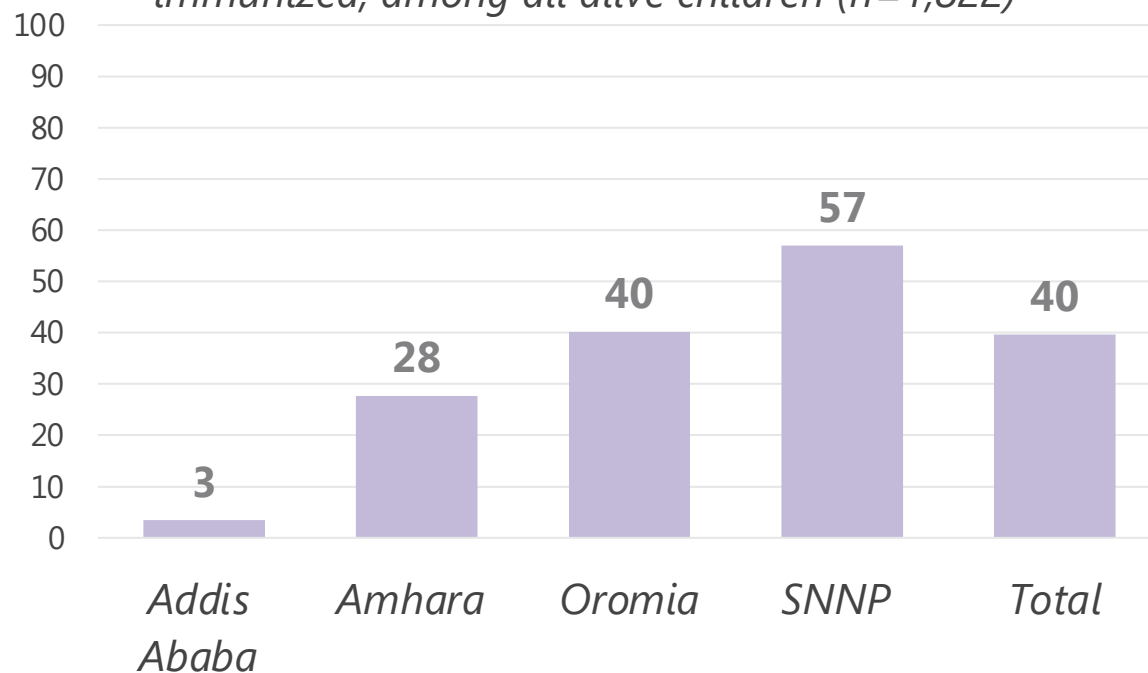


Prevalence of zero-dose is more than six times higher among rural infants compared to urban

***Zero-dose infants are those who didn't get Pentavalent 1 vaccination at 1 year.**

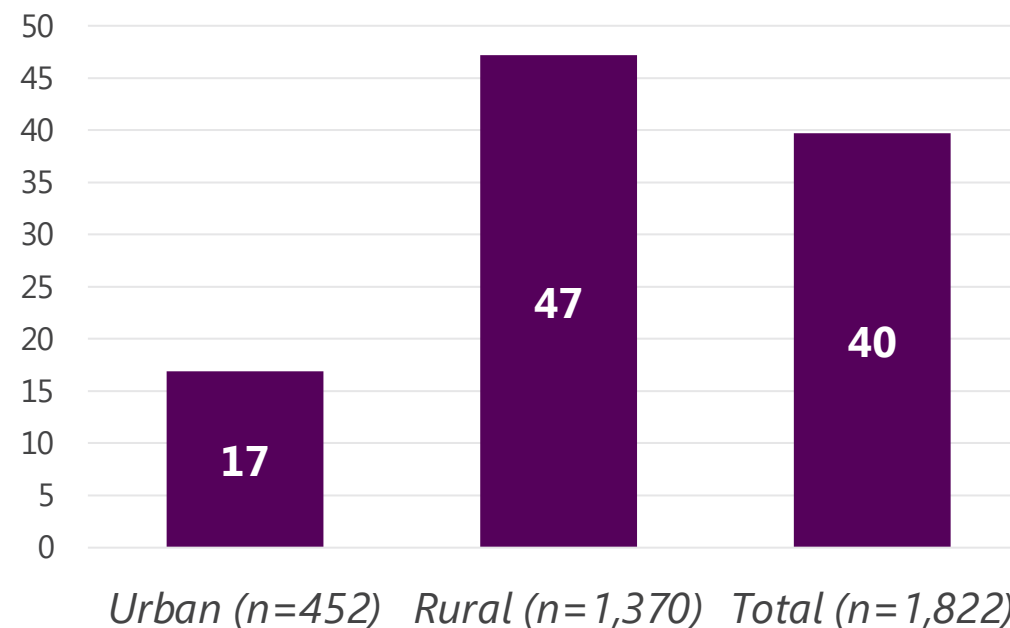
Infants under-immunized, by region

Proportion of alive infants who are under-immunized, among all alive children (n=1,822)



Four out of ten (40%) infants were under-immunized by their first birthday

Proportion of alive infants who are under-immunized, among all alive children by residence at 1 year

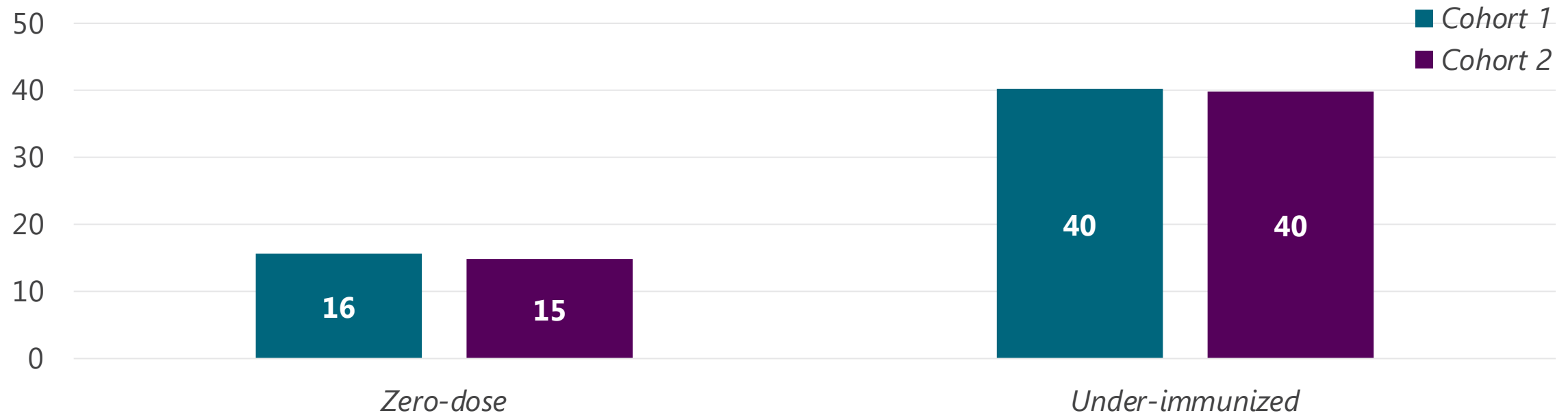


Nearly half of infants in rural areas were under-immunized by their first birthday.

*Under-immunized infants are those who didn't get Pentavalent 3 at 1 year

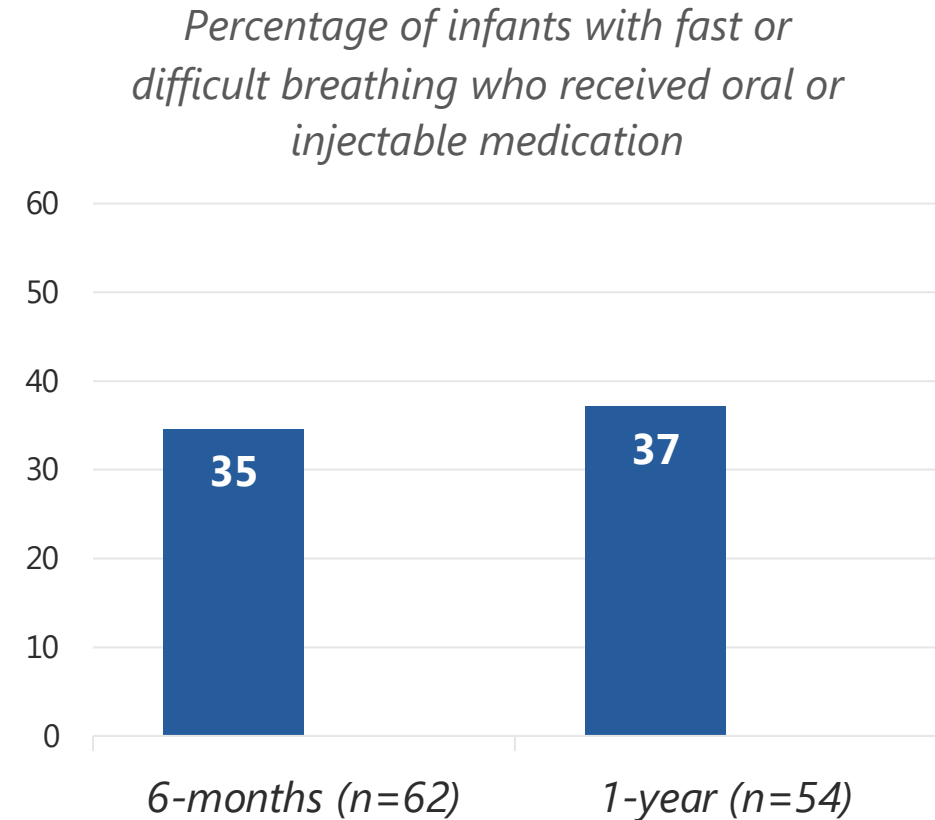
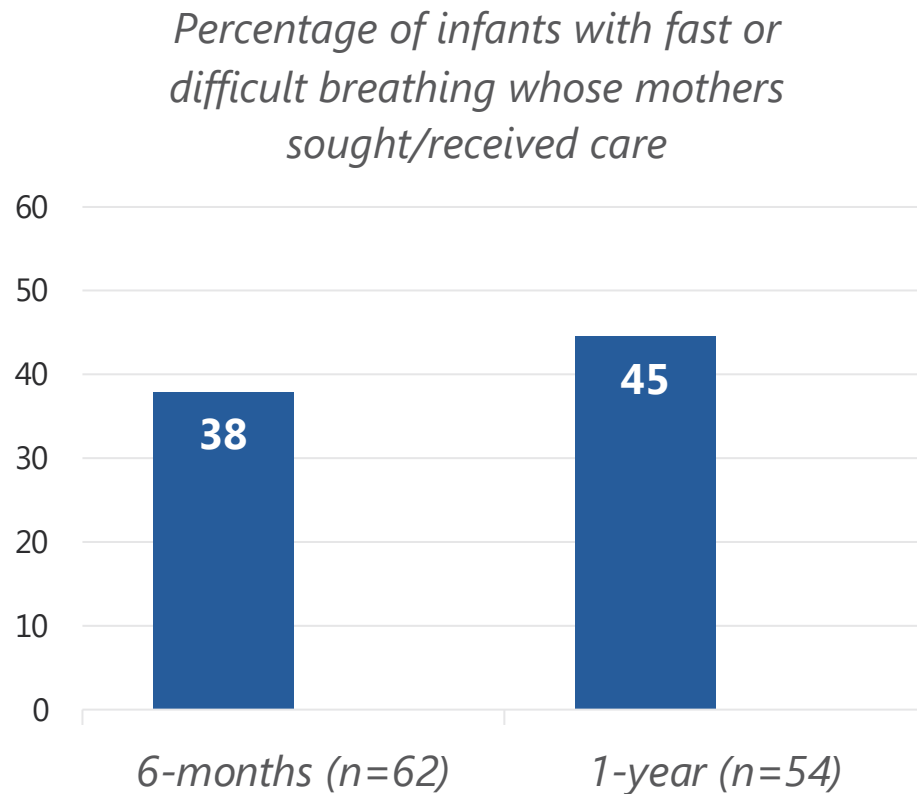
Zero-dose and under-immunized infants: Comparison of cohorts

Proportion of alive infants with under-immunized and zero dose, among all alive children at 1-year from cohort 1 and cohort 2.



- Prevalence of **zero-dose vaccination** at 1 year was 16% and 15% in cohort 1 and cohort 2, respectively. The difference was not statistically significant
- Four out of ten (40%) infants were under-immunized by the end of 1 year interview, in both cohort 1 and cohort 2.

Care seeking: fast breathing

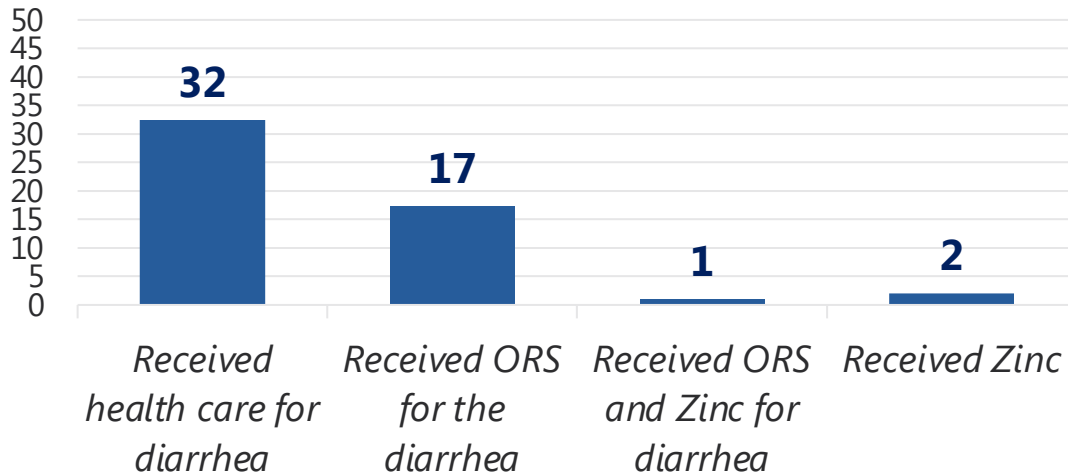


Close to four out of ten mothers who reported that their infant(s) suffered from **fast breathing or difficulty breathing** at 6-months and 1-year postpartum **sought care for their baby's breathing problem.**

Care seeking: diarrhea

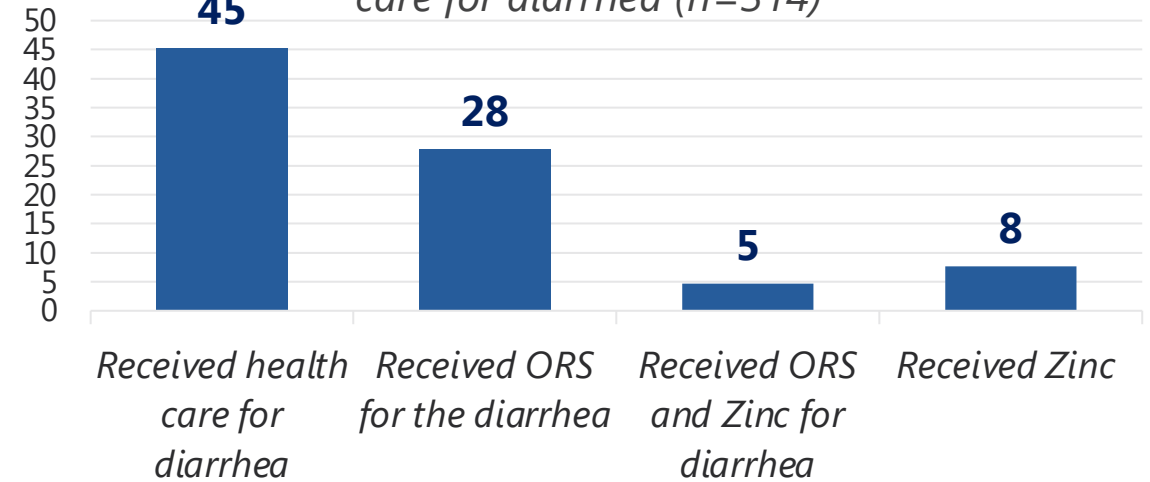
6-months

Percentage of infants whose mothers received care for diarrhea (n=191)



1-year

Percentage of infants whose mothers received care for diarrhea (n=314)



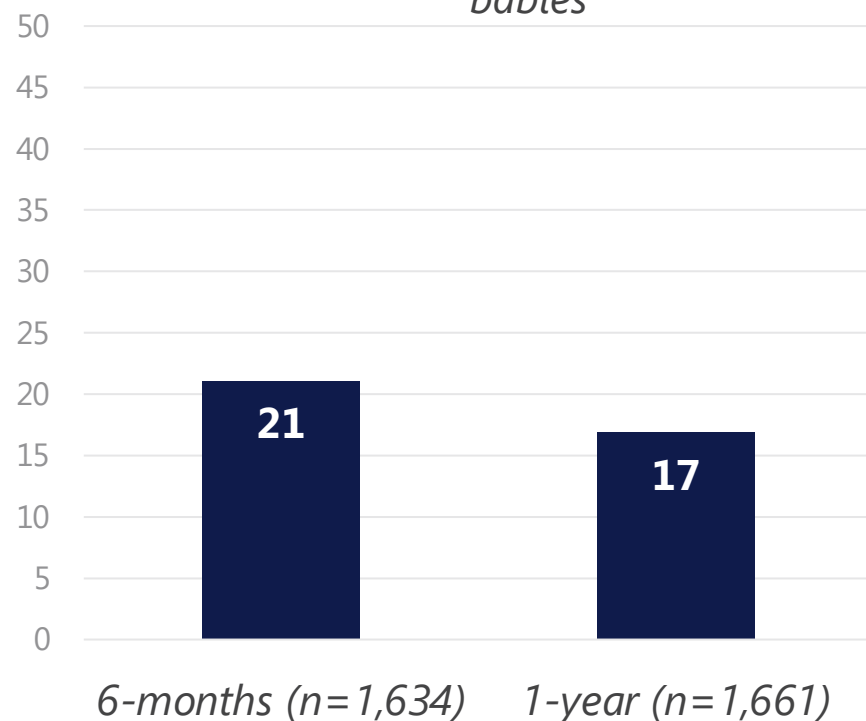
- **Few mothers** received care for their infants with diarrhea, **three in ten** at 6-months and **four out of ten** at 1-year
- **Nearly one fifth of infants** with diarrhea **received ORS at six month**, while **about a quarter** of infants **received this treatment at 1- year**
- **One out of 100 infants at 6-months and five out of 100 at 1-year** with diarrhea **received both ORS and zinc**



Postnatal care

Postnatal health checks- Integration of FP with immunization

Percentage of women who receive any family planning information, referrals or services during any of immunization visits for their babies

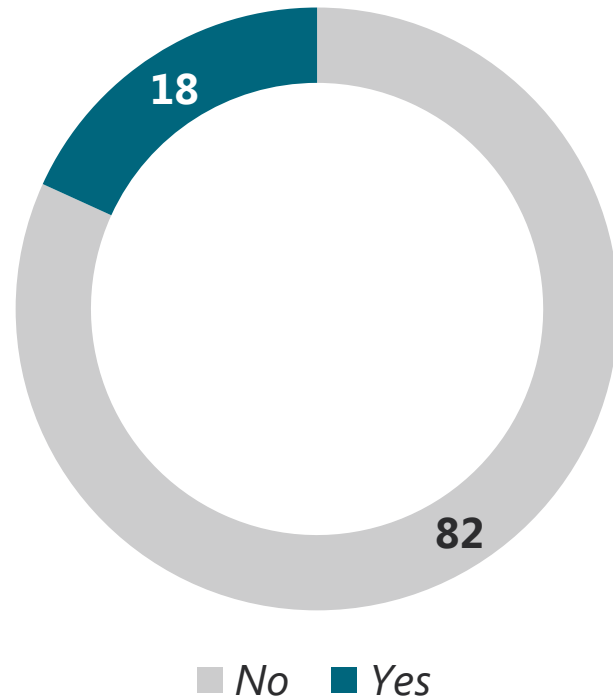


*While **one in five women (21%)** received any family planning information, referrals or services during any immunization visit for their babies at 6 month postpartum, **only 17%** did so at one-year*

Postnatal health checks- Integration FP during non-immunization visits

6-months

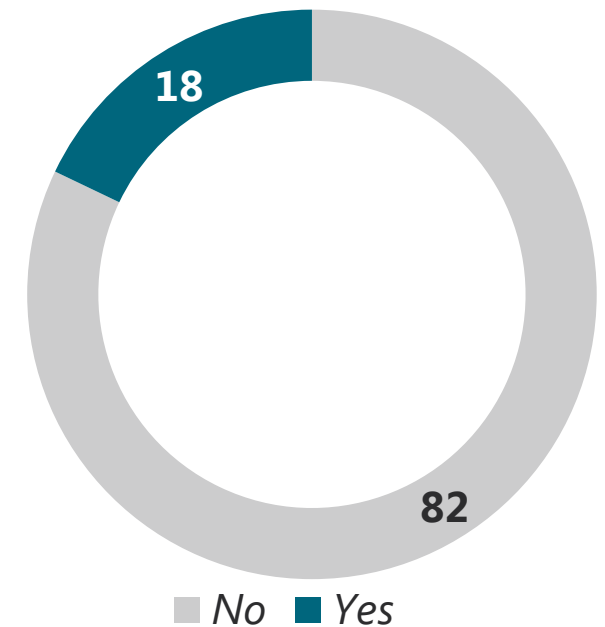
The percentage of women who received any family planning information, referrals or services, not including immunization visits among women with any health checks since delivery (n=857)



*Among women with any health checks since delivery, not including immunization visits, less than **two-out of-ten** received any family planning information, referrals or services both at 6-months and 1-year postpartum.*

1-year

The percentage of women who received any family planning information, referrals or services, not including immunization visits, among women with any health checks in the past 6 months (n=761)

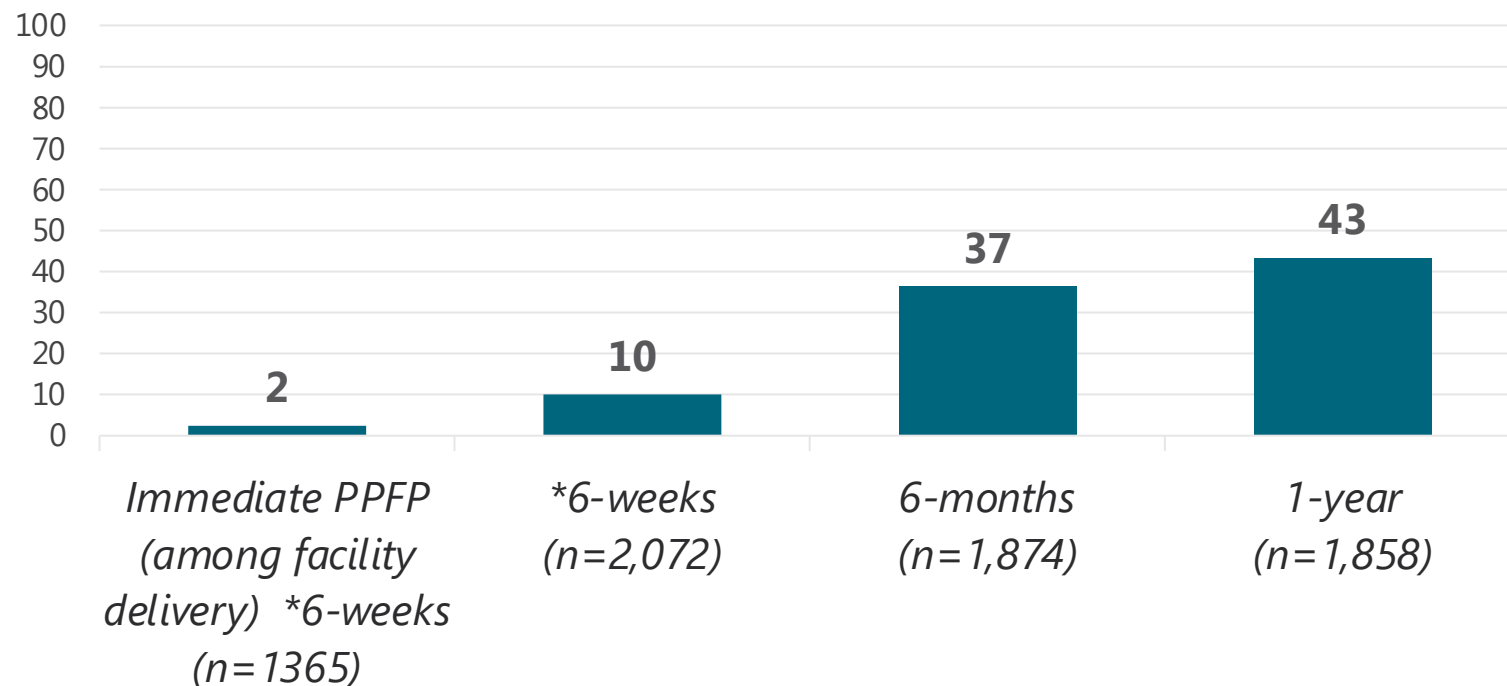




Contraceptive use, and unmet need – at 6-months and 1-year postpartum

Postpartum family planning

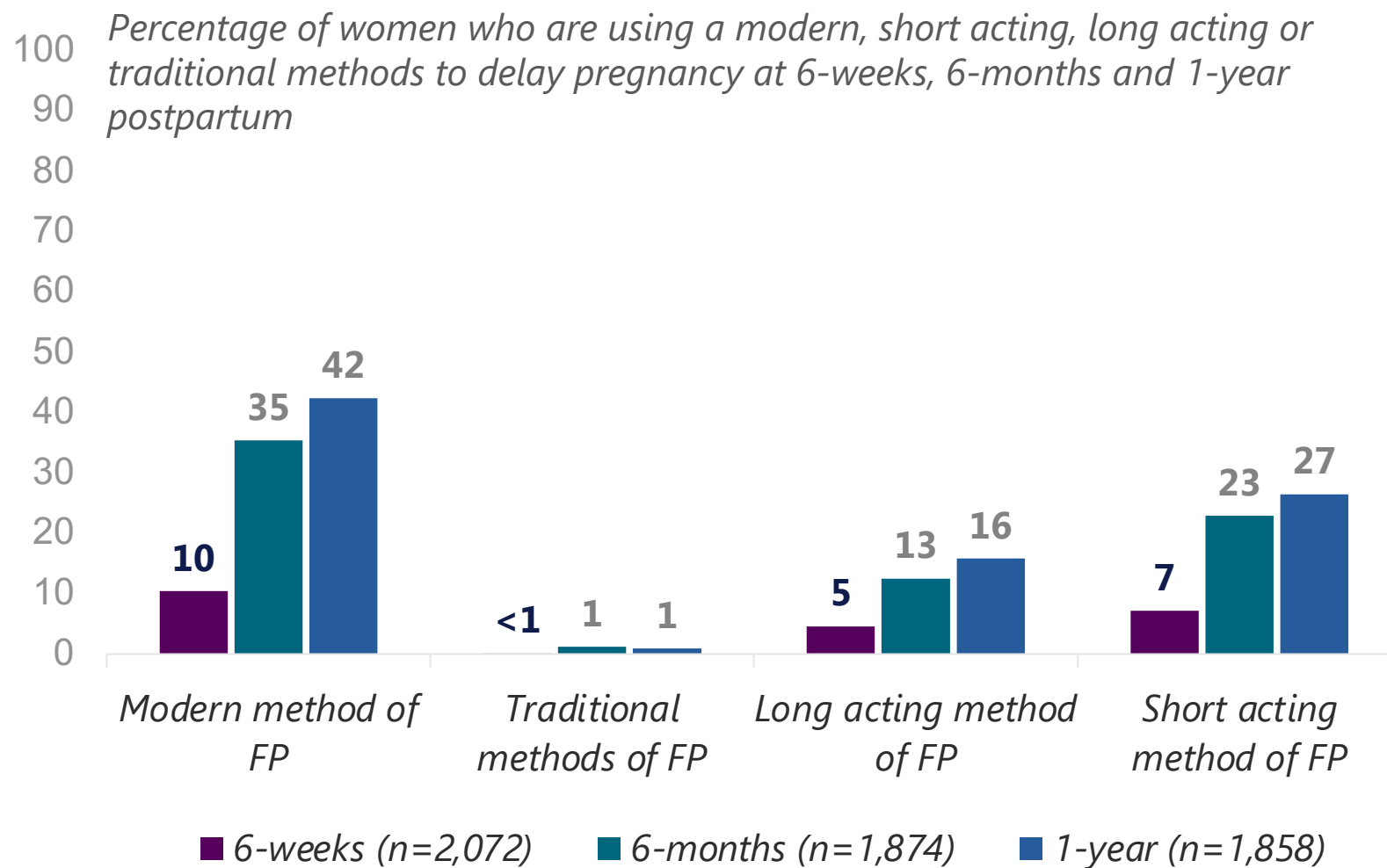
Percentage of women who are using a method to delay pregnancy at 6 weeks, 6-months and 1-year postpartum



*Percentage of women who are using a method to delay pregnancy **increased from 10% at 6-weeks to 37% and 43% at 6-months and 1-year postpartum respectively**; this is similar with estimates from Cohort 1*

*** Data collection for the six-week postpartum interview occurred between November 03, 2021- November 04, 2022**

Postpartum contraceptive use, by method type



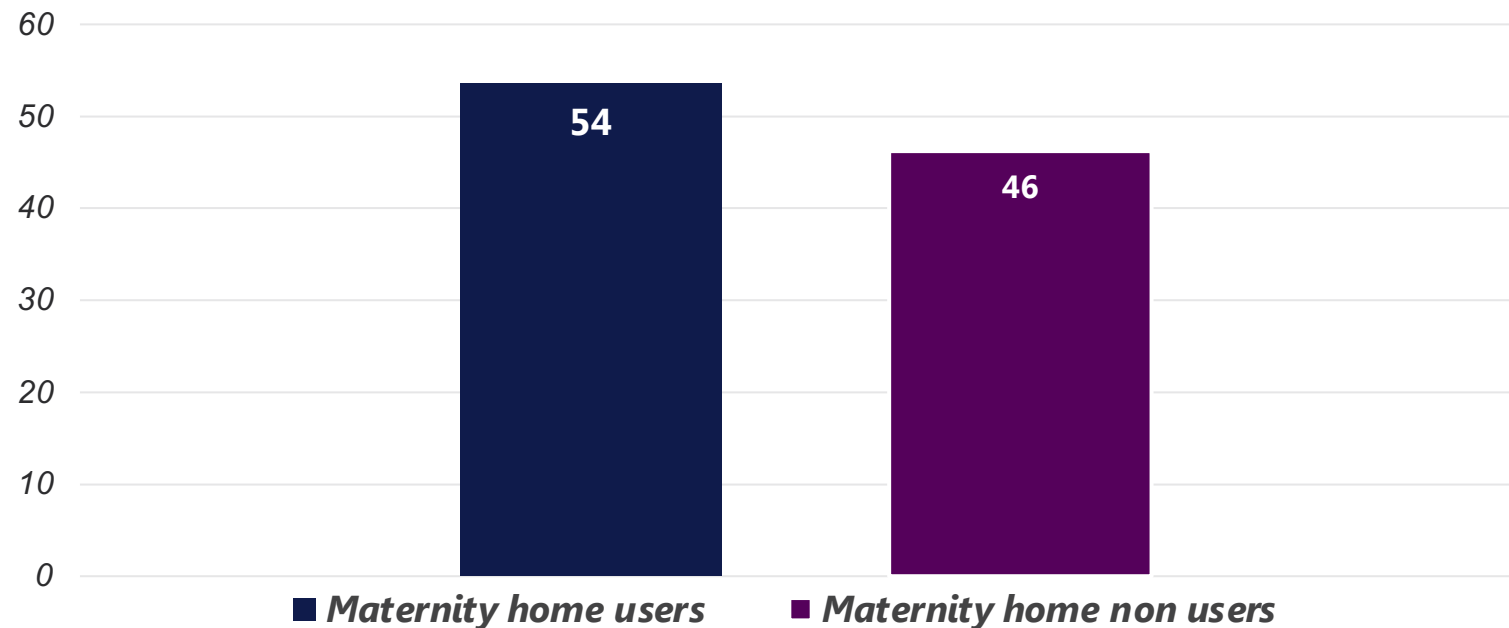
- **Modern contraceptive use** increased between 6- weeks and 1- year postpartum from **10%** at 6 weeks and **35%** at 6 month to **42%** at 1 year
- **Long-acting** method use increased from **5% at 6-weeks** to **16%** at 1-year postpartum

* Data collection for the six-week postpartum interview occurred between November 03, 2021- November 04, 2022

Maternity waiting home use after delivery and Postpartum Family Planning use

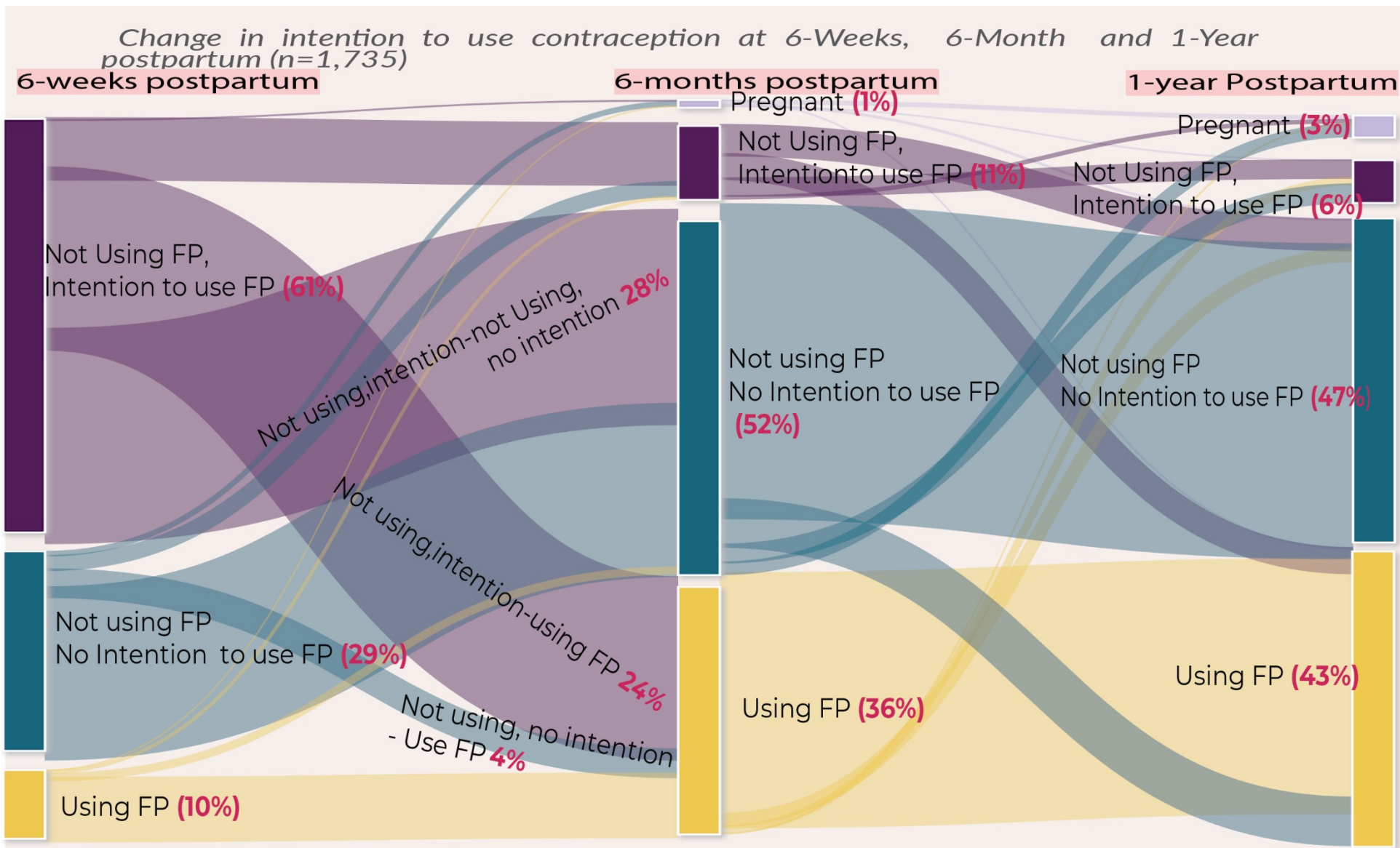
Among women who were interviewed 6-month postpartum and delivered at public facility

Percentage of women who used FP method during their postpartum period by maternity waiting home use (n=1,238)



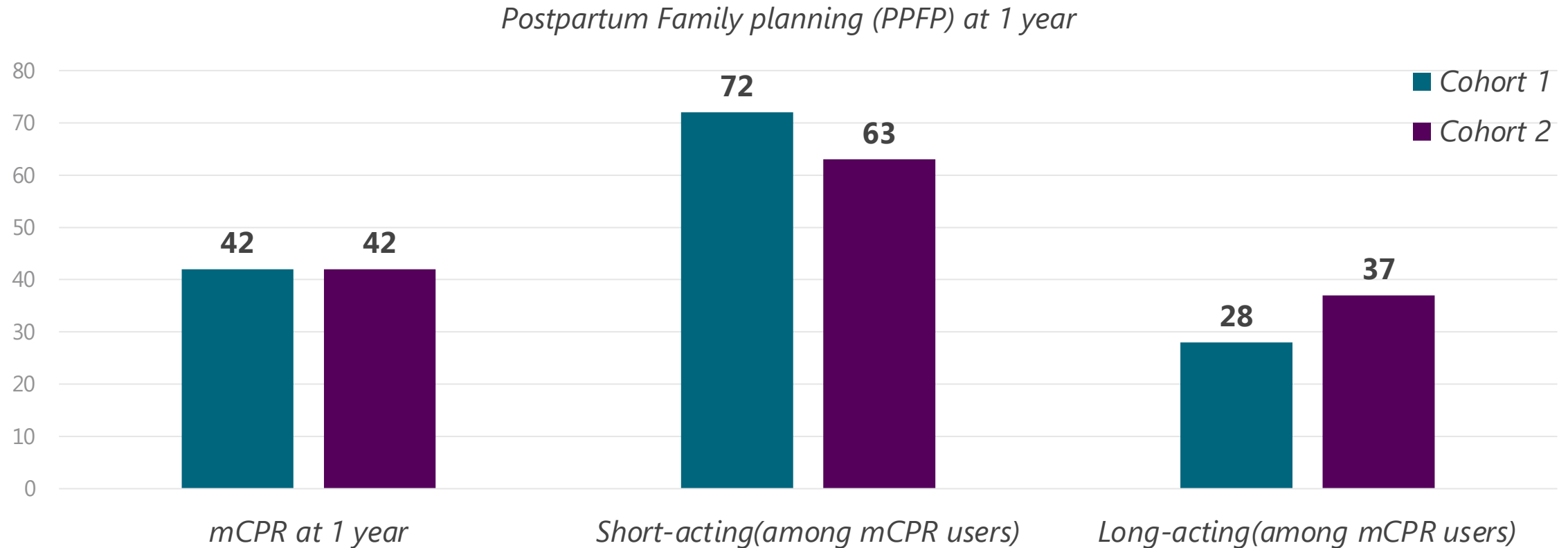
A higher percentage of women (53.6%) who went to a maternity waiting home after delivery used family planning compared to non-users (46.2%) at six month postpartum period, although the differences were not statistically significant

Change in contraceptive use intention



- Postpartum mothers who were not using FP and had the intention to use FP were **61%, 11% and 6%** at 6 weeks, 6 months and 1 year, respectively.
- Postpartum mothers who were not using FP and had no intention to use FP were **29%, 52% and 47%** at 6 weeks, 6 months and 1 year, respectively.

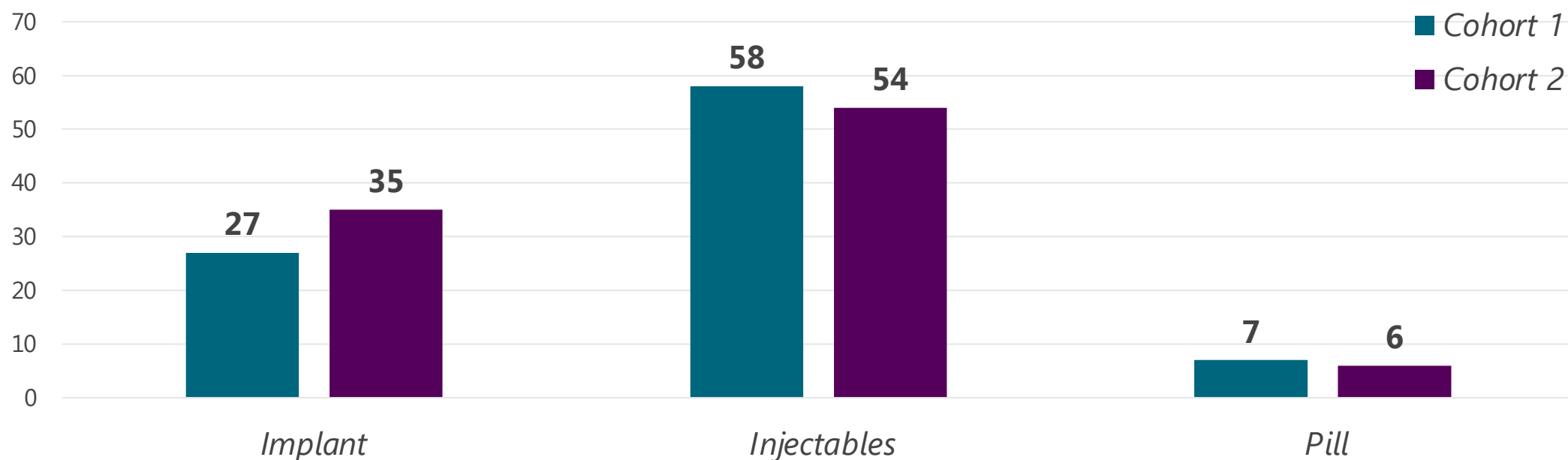
Postpartum family planning comparison of cohorts



- No statistically significant change in postpartum mCPR between cohort 1 and cohort 2.
- There was a statistically significant decline in **short acting use** in cohort 2 compared to cohort 1 while the opposite was observed for long-acting method use.

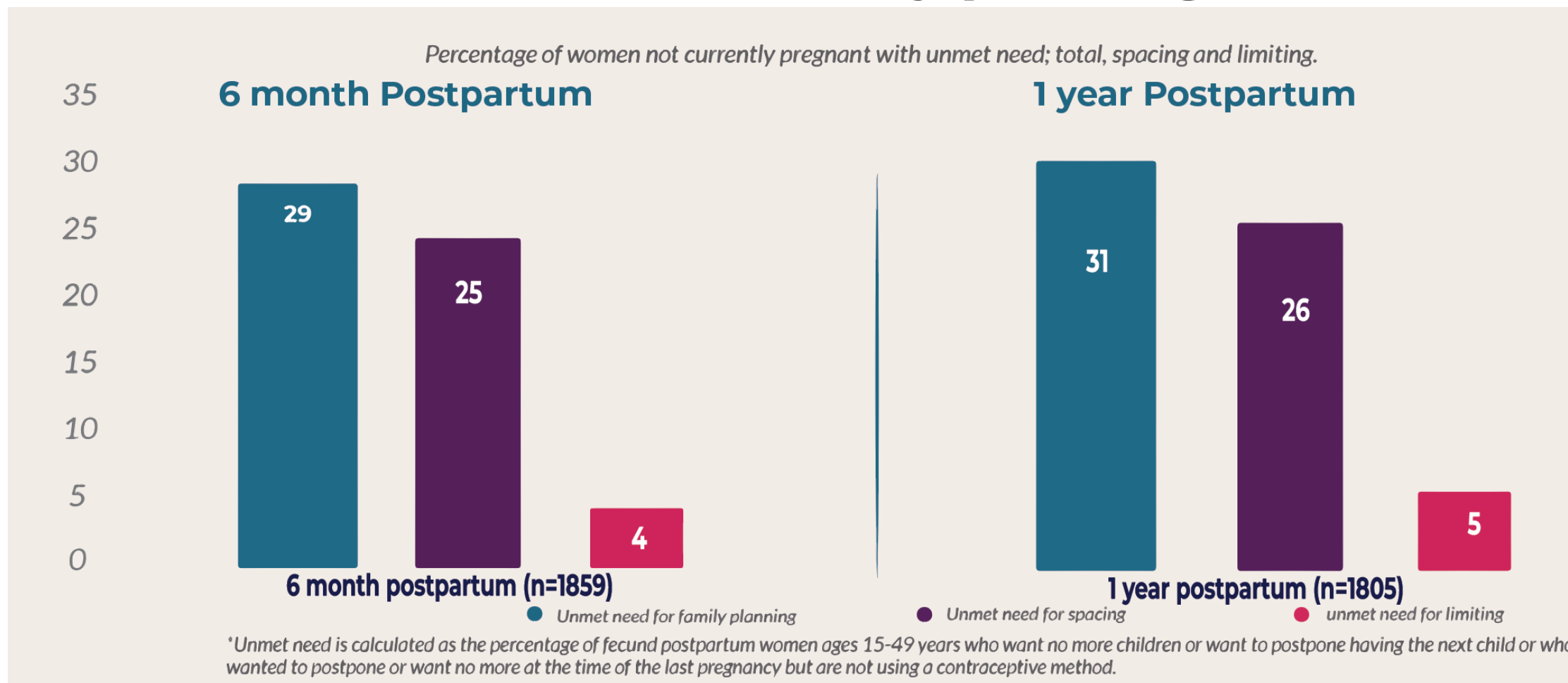
Postpartum family planning comparison of cohorts

Postpartum method mix at cohort 1 and cohort 2



- *Implant use at 1 year postpartum increased significantly between the two cohorts, from 27% at cohort 1 to 35% at cohort 2*
- *No statistically significant change in injectables and pill use across the two cohorts*

Unmet need for family planning



Unmet need for family planning is **29% at 6-months** and **31 % at 1-year postpartum**

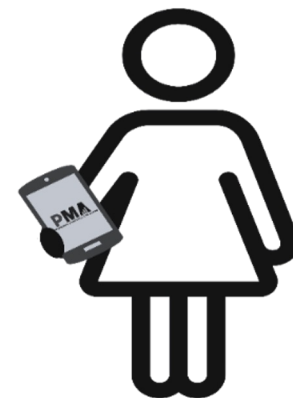
Unmet need for limiting is **4% at 6-months** and **5% at 1-year postpartum**

PART TWO: PMA Ethiopia 2023 **Cross- Section** Survey Results and Trends | 2014- 2023|

PMA Ethiopia: Cross-Section Design

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

- Data collection: **November 2023 – February 2024**
- 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 **eligible** women ages 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 Posts, Health Centers, Hospitals – that serve the EA as assigned by the local 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.



Cross-Section and SDP Surveys

- Sample weights applied

Unit	Total submitted number	Response Rate [%, n]
Households	9,870	98.9% [9,763]
Eligible women 15-49	9,124	98.0% [8,943]
Health Facilities	865 (public and private)	95.4% [825]



Key Findings from 2023 Cross section survey and trends

Family planning

- **Results from the 2023 CS shows** no significant change in mCPR at the national level, although there are regional variations.
- **Regional disparities** in key family planning indicators continue to persist in 2023, with modern contraceptive use being higher in Sidama, followed by South-West Ethiopia and Addis Ababa.
 - **Comparing 2021 and 2023 survey results:**
 - **Nationally**, there was no significant change in mCPR coverage among married and all women
 - **Growth in mCPR** among married women was seen in SNNP, Amhara and Oromia regions, while Addis have shown a decrease during the same period.
- **Trends from 2014-2023** show overall growth in **mCPR** among all women in all regions is not uniform: while Oromia and Addis Ababa showed an increase from the baseline (2014), the reverse is true in the Amhara region.

Family planning: Unmet need

- ***Declining unmet need***

- *A decreasing trend in unmet need among married women between 2014 and 2023 was seen in all regions, except Tigray*

- ***2023 estimates show that unmet need was higher in Harari, followed by Central Ethiopia and South Ethiopia regions***

- *Demand for family planning is low in Afar and Somali regions*

Family planning: Method mix and counselling

- **Increasing use of long-acting methods**
 - **Implant use** increased from **35% to 37%** while **injectables use decreased from 53% to 51%** of the total modern method mix among married women from 2021 to 2023
- **Half of** current or recent users of FP received contraceptives at government health center
- **Improved quality of counseling**
 - Nationally, the percentage of women receiving "**good counseling**" declined from 2015 to 2019, however since 2019 there have been consistent improvements. There is a wide regional variation

Family Planning: Partner involvement

- **Partner involvement and covert use**
 - **Close to 1 in 10 women** who use female controlled contraceptive* methods reported that their husband/partner does/did not know they are using a FP method, meeting the definition of **covert use**

* female controlled contraceptive methods are those which are designed to be used and managed by women; almost all contraceptive methods other than male condom, male sterilization and withdrawal.

HPV Vaccination

- **More than half (56%)** of 15-16 year-old young women and **close to one-third (30%)** of 9-14 year-old girls have **received the HPV vaccine**
- The prevalence of HPV vaccination is higher among both 15-16 year old girls and 9-14 year old girls in **urban** areas compared to **rural** areas
- **More than nine in ten (95%)** of vaccinated girls aged 15 to 16 received the HPV vaccine at school. Similarly, **over 85%** of 9-14-year-old girls were **vaccinated at school**
- The HPV vaccination rates were higher for 9-14 girls who had attained **primary education** compared to those who **didn't attend** any school

Service delivery point [SDP]

- *Of all health posts who reported that they provide implants as a method of FP, only one third (**33%**) usually offer implant removal services*
- *Percentage of health centres which reported providing two long-acting FP methods and three short-acting FP methods declined from 80% to 76% from 2019 to 2023*
- ***Availability of at least four contraceptive methods*** at health posts **increased** between 2014 and 2016 and then plateaued, with some regional variations for example in Amhara region it decreases from 2021 to 2023.
- ***Stock availability*** of essential medicines for labor and delivery is **lower in health centers and private sector compared to public hospitals**



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

Priority Indicators: Cross-Sectional Survey

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

- *Contraceptive use nationally and by region*
- *Contraceptive method mix*
- *Unmet need for family planning*
- *Reasons for non-use of family planning*
- *Women and Girls Empowerment (WGE)*
- *HPV vaccination coverage*

Family Planning Indicators

Select Family Planning and Fertility Indicators [All and Married Women, Age 15-49]

Contraceptive Prevalence [CPR]	All Women [n=8,943]	Married Women [n=5,680]
	% [95% CI]	% [95% CI]
All Methods CPR	27.0 [24.8, 29.4]	38.7 [35.1, 42.3]
Modern Method CPR	25.8 [23.6, 28.2]	37.1 [33.6, 40.7]
Long Acting/Permanent CPR	10.4 [8.8, 12.1]	15.1 [12.7, 17.8]
Total Unmet Need	9.9 [8.8, 11.1]	14.7 [13.3, 16.3]
For Limiting	4.0 [3.4, 4.6]	6.0 [5.2, 7.0]
For Spacing	6.0 [5.0, 7.0]	8.7 [7.5, 10.1]
Total Demand	36.9 [34.9, 39.0]	53.4 [50.5, 56.2]
<i>Demand Satisfied by Modern Method (%)</i>	69.9 (66.4, 73.2)	69.5 (65.8, 72.9)

Family Planning Indicators

by region among married women

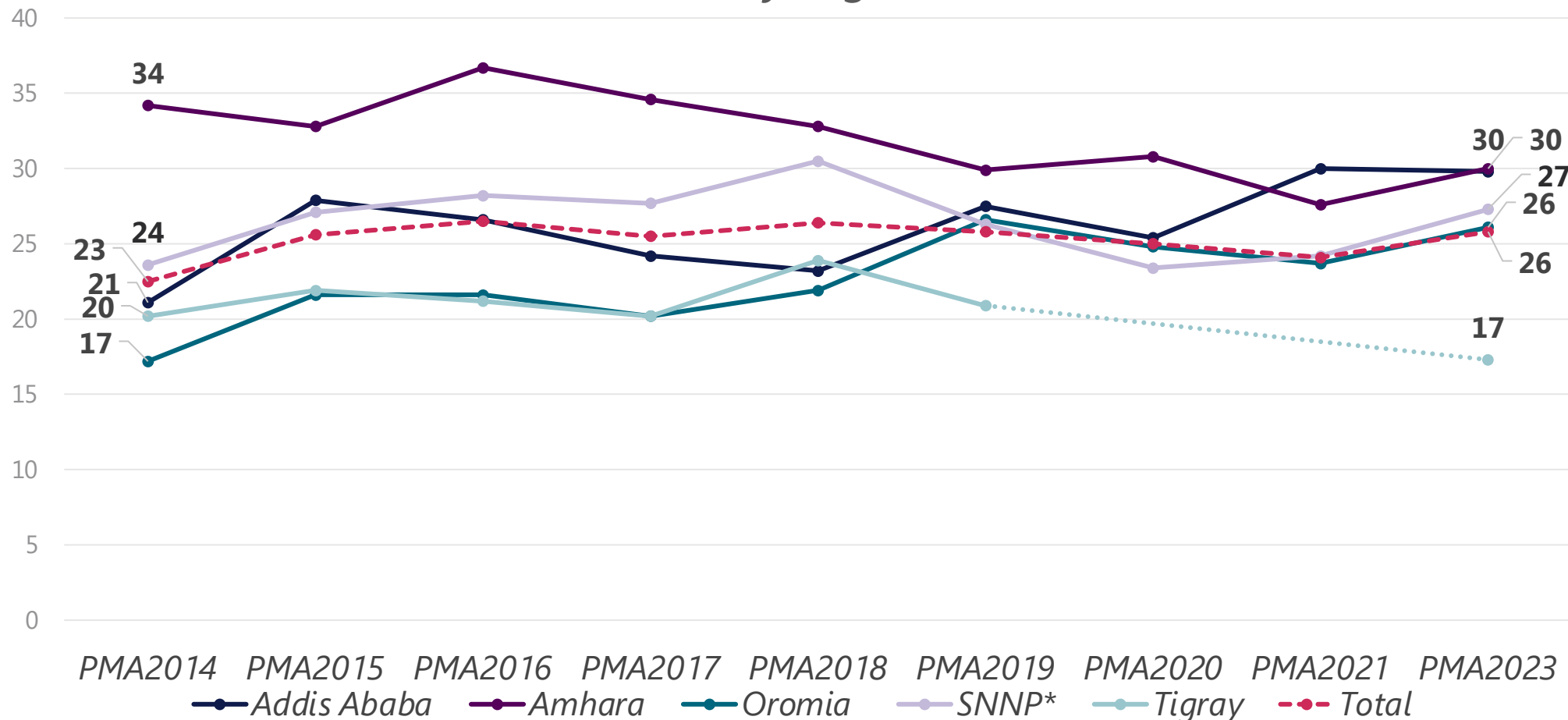
Select Family Planning and Fertility Indicators (Married Women Age 15-49, by region)

Region	AA	Tig	Amh	Oro	Sou.E.	Ce.E.	Sida	S.W.E	Gam	Som	BG	Har	Afa	DD	Natio nal
All Methods CPR	57	26	45	38	41	21	57	53	41	2	39	20	11	29	38.7
Modern Method Use	52	21	44	37	39	19	55	53	39	1	39	16	10	29	37.1
Long Acting/ Permanent CPR	24	10	30	21	22	7	35	37	32	1	23	11	6	17	15.1
Total Unmet Need	10	17	11	17	18	19	12	11	16	11	13	27	8	17	14.7
For Limiting	5	5	5	7	6	6	7	6	9	2	7	16	0.4	7	6.0
For Spacing	5	12	5	10	12	14	5	5	7	9	6	11	8	10	8.7
Total Demand	66	43	55	55	59	40	69	64	57	13	52	47	18	46	53.4
<i>Demand Satisfied by Modern Method (%)</i>	78	48	79	67	66	82	80	82	68	11	76	34	53	63	69.5

- Regional disparities in key family planning indicators continue to persist, with **modern contraceptive** use being higher in **Sidama**, followed by **South West Ethiopia and Addis Ababa**
- **Unmet need** was highest in **Harari**, followed by **Central Ethiopia and South Ethiopia** regions

Trends in mCPR Among all Women

by region, 2014-2023

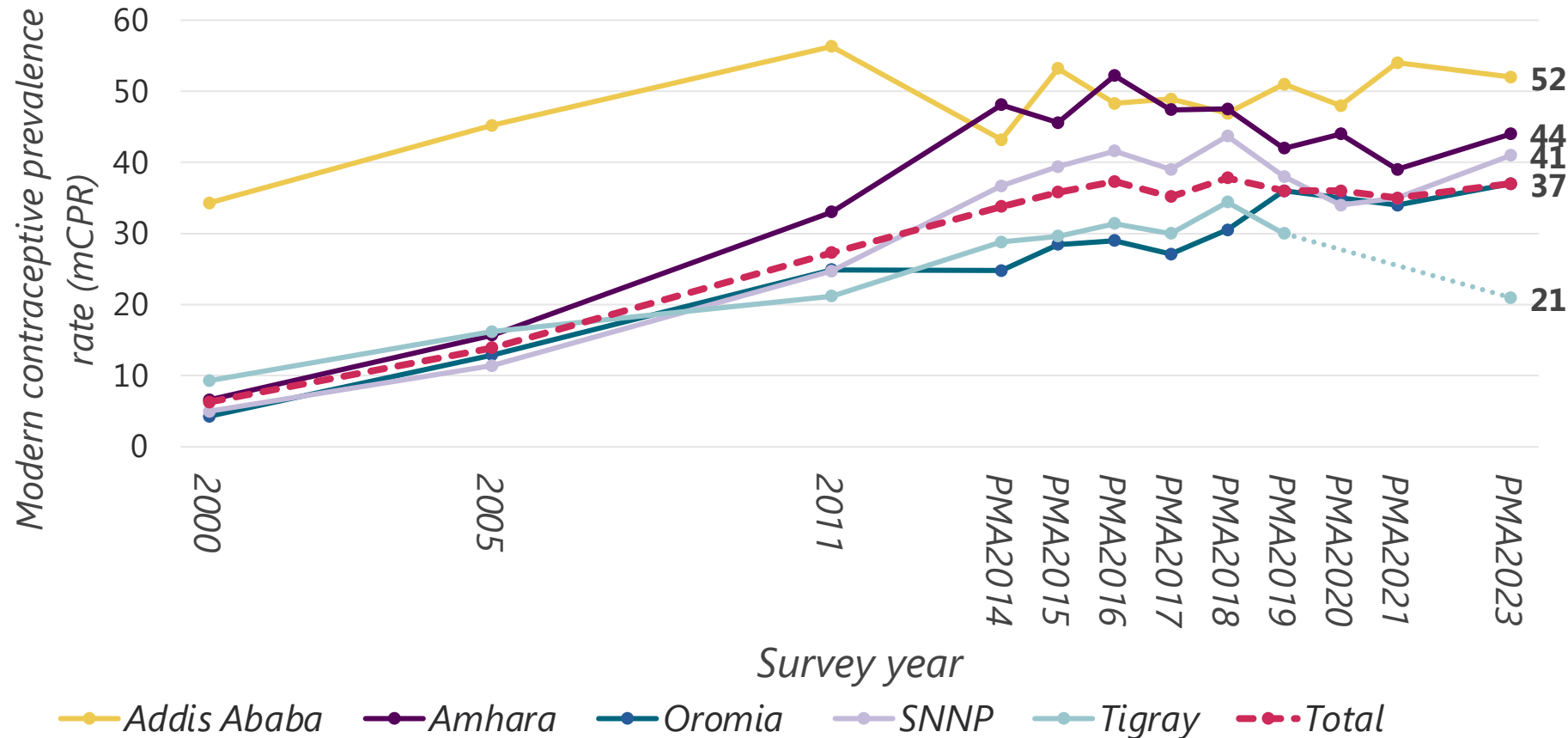


Trends in **mCPR** among all women in all regions is not uniform; While **Oromia** and **Addis Ababa** showed increasing trend from the baseline (2014), the reverse is true in the **Amhara** region

- SNNP Include Sidama, South west Ethiopia, central Ethiopia, and South Ethiopia
- PMA 2020 and PMA 2021 survey were not conducted in Tigray.

Trends in mCPR Among Married Women

by region, 2000-2023



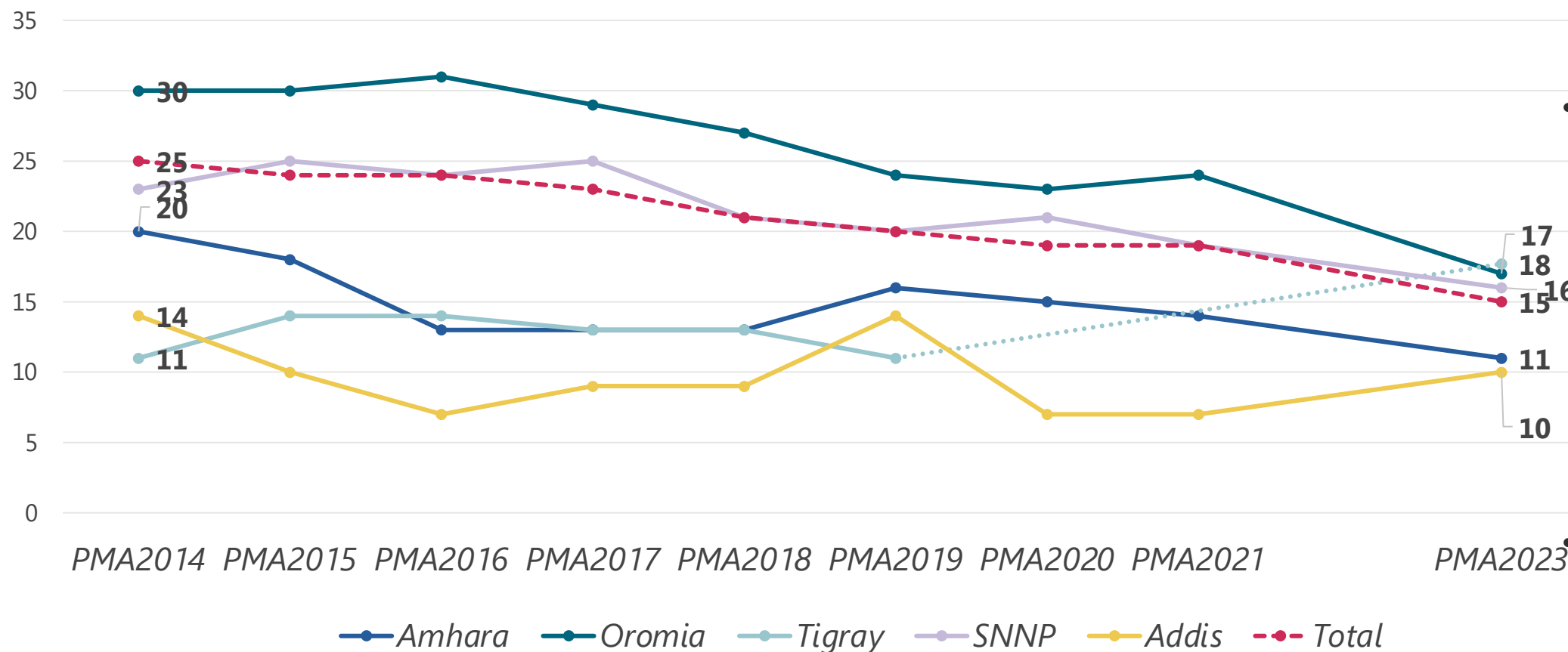
At the national level, mCPR among married women increased slightly between 2014 and 2023

Tigray's mCPR among married women declined since 2018

- SNNP Include Sidama, South west Ethiopia, Central Ethiopia, and South Ethiopia
- PMA 2020 and PMA 2021 survey were not conducted in Tigray.
- Sources for 2000, 2005 and 2011 is EDHS.

Trends in unmet need among married women

by region, 2014-2023



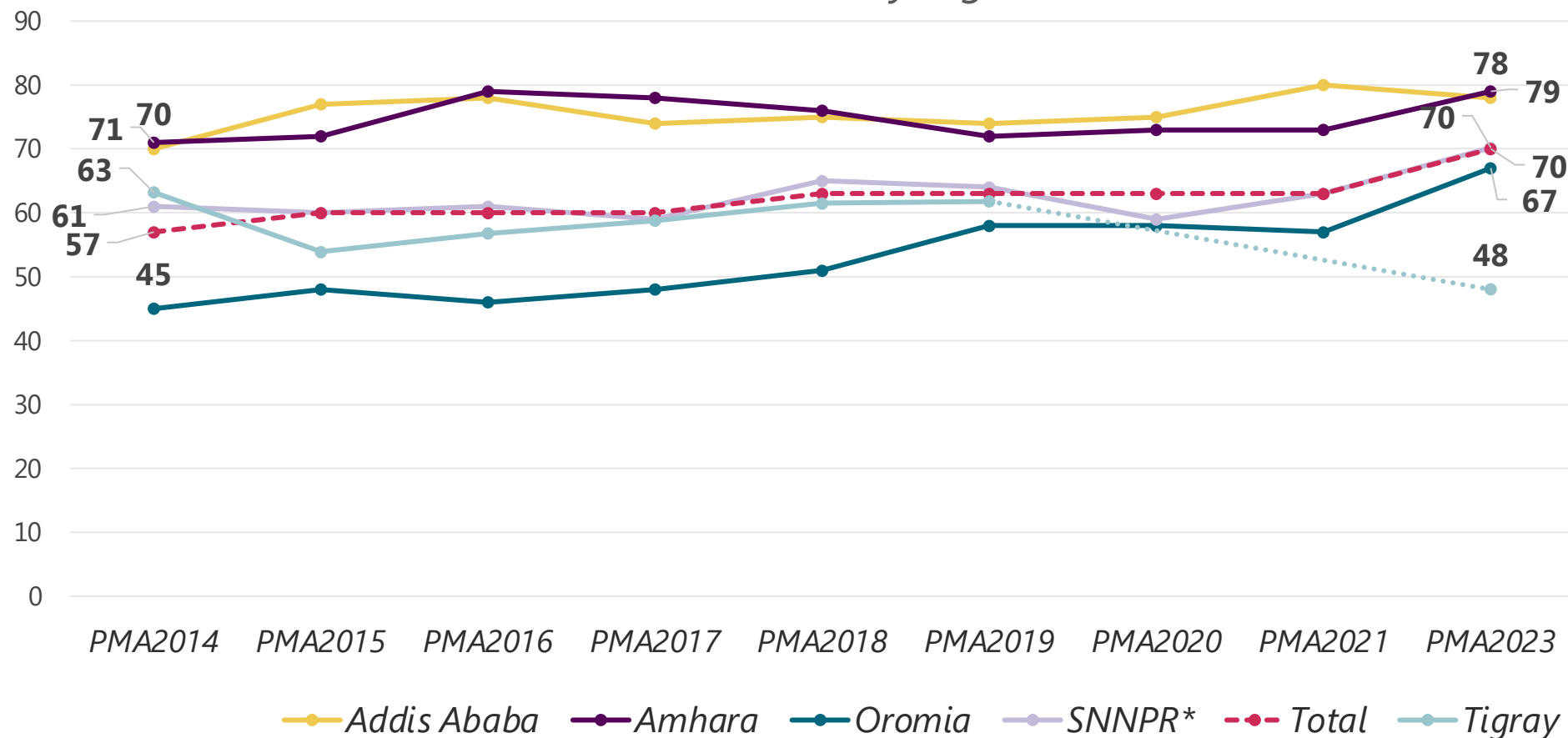
• A decreasing trend in unmet need among married women between 2014 and 2023 was seen in all regions, except Tigray.

The biggest decline in unmet need was in Oromia.

- SNNP Include Sidama, South west Ethiopia, central Ethiopia, and South Ethiopia
- PMA 2020 and PMA 2021 survey were not conducted in Tigray.

Trends in Demand Satisfied by Modern Method among Married women

by region



- There is **regional variation** in the demand satisfied by modern method
- The highest increase by 24 percentage point was seen in the **Oromia** region between **2014** and **2023** followed by **Amhara** (9 percentage point)

- SNNP Include Sidama, South west Ethiopia, central Ethiopia, and South Ethiopia
- PMA 2020 and PMA 2021 survey were not conducted in Tigray.

Statistical significance of changes in regional mCPR among all women, 2021-2023

Selected family planning and fertility indicators (all women ages 15-49, by region)

	2021			2023			
Region	mCPR all women	[95% Conf. Interval]		mCPR all women	[95% Conf. Interval]		Absolute difference
Amhara	27.6	23.6	31.9	30.2	27.1	33.5	2.6
Oromia	23.7	19.6	28.3	26.1	21.3	31.6	2.4
SNNP*	24.2	22.3	26.1	27.3	24.4	30.5	3.1
Addis	30.0	27.2	33.0	29.8	25.6	34.5	-0.2
Total	24.1	21.9	26.4	25.8	23.6	28.2	1.7

- Despite a trend towards increasing contraceptive use across all regions, with the exception of Addis, there is no statistically significant change in all regions indicated above since 2021

*SNNP Include Sidama, South west Ethiopia, central Ethiopia, and South Ethiopia

Statistical significance of changes in regional mCPR among married women, 2021-2023

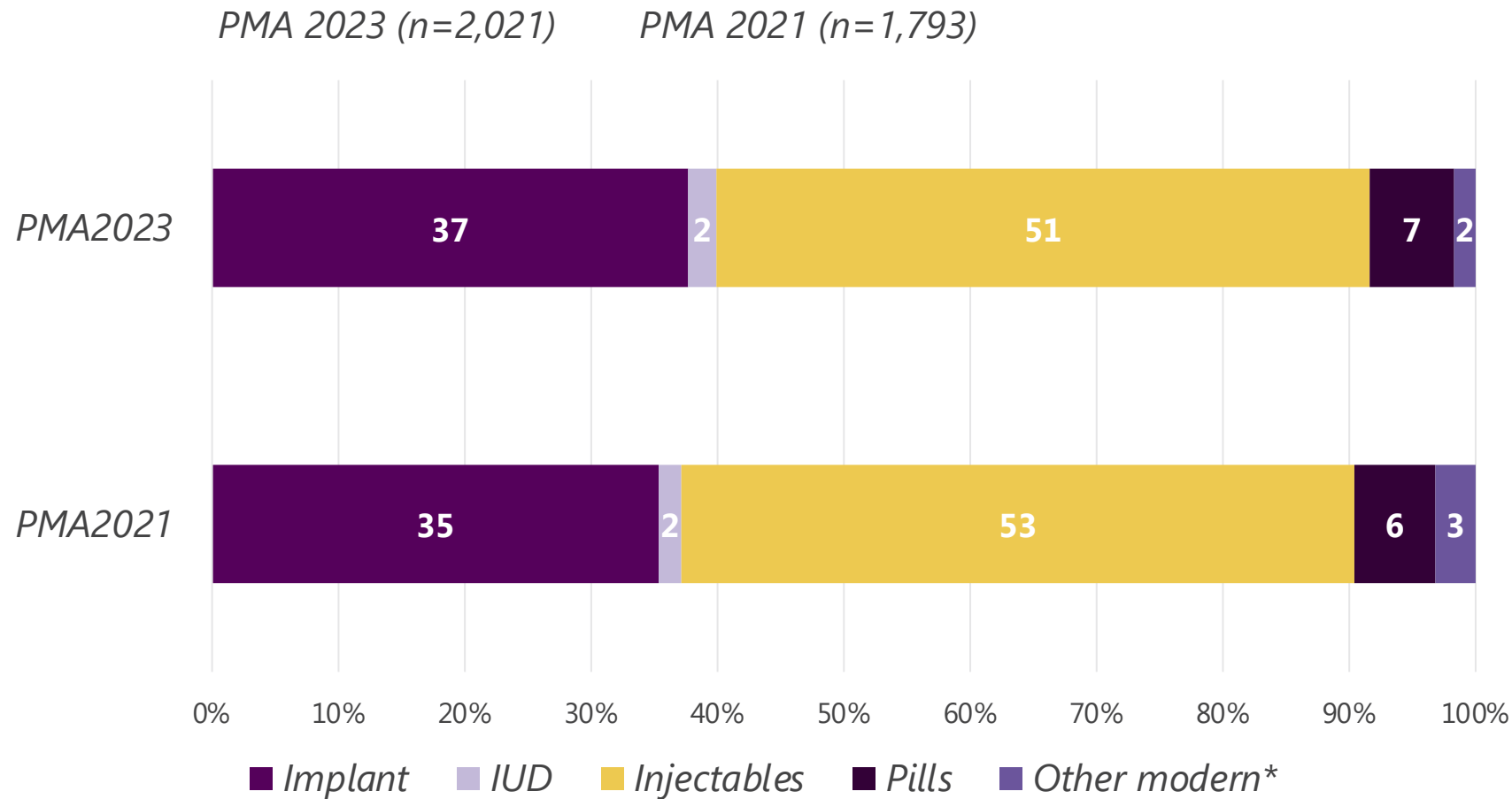
Selected family planning and fertility indicators (Married Women ages 15-49, by region)

	2021			2023			
Region	mCPR married women	[95% Conf. Interval]		mCPR married women	[95% Conf. Interval]		Absolute difference
Amhara	39.0	33.1	45.3	43.7	39.0	48.4	4.7
Oromia	34.1	28.5	40.1	36.8	29.5	44.8	2.7
SNNP*	33.4	29.5	41.8	41.2	36.9	45.6	7.8
Addis	54.1	49.4	58.8	51.5	45.3	57.7	-2.6
Total	34.7	31.6	38.0	37.1	33.6	40.7	2.4

- Among married women, mCPR has increased from 2021 to 2023 for all regions, with the exception of Addis Ababa
- However, the changes in mCPR, across all listed regions, were not statistically significant between 2021 and 2023.

*SNNP Include Sidama, South west Ethiopia, central Ethiopia, and South Ethiopia

Trends in Contraceptive Method Mix - Married Women

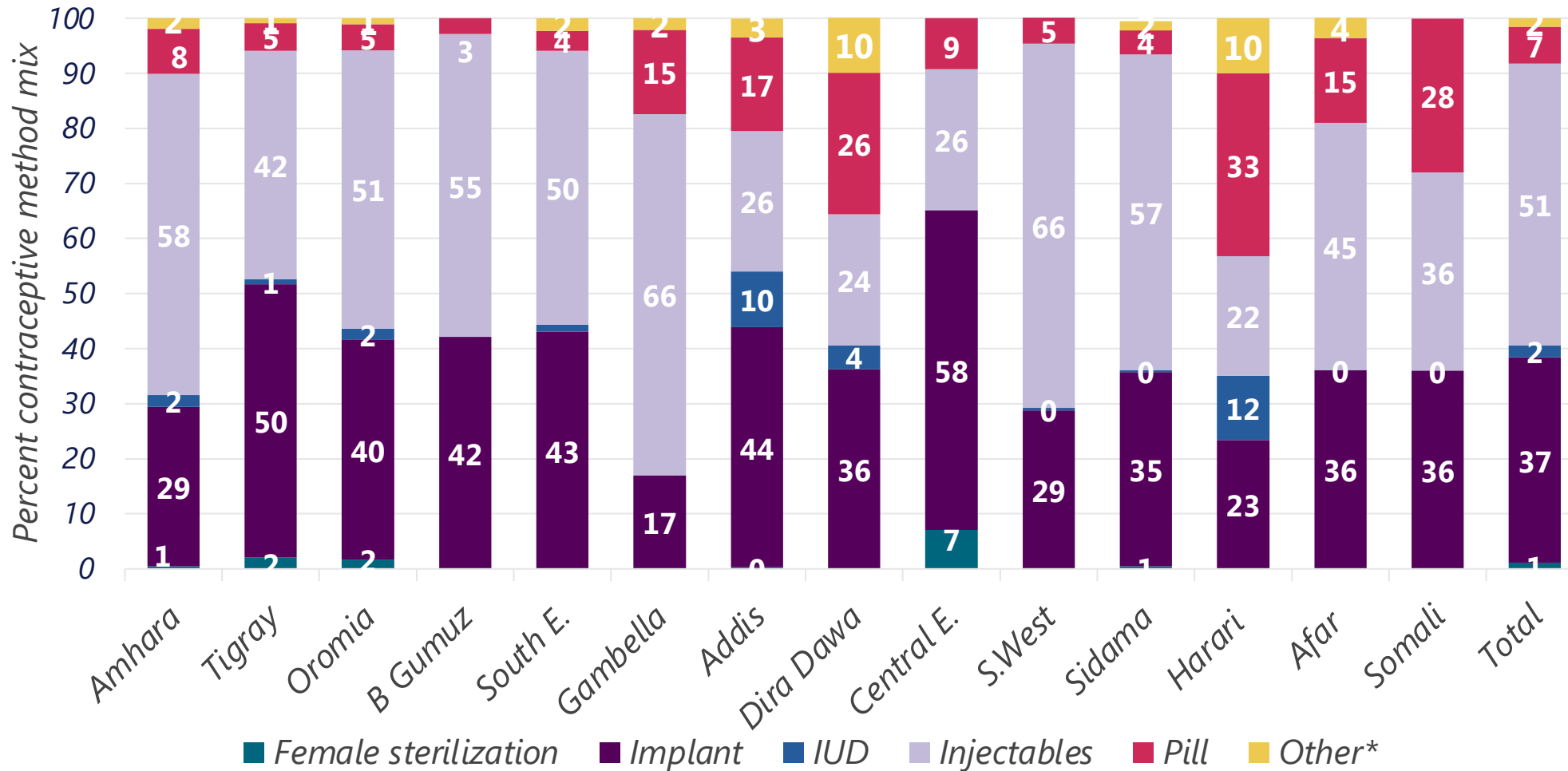


Comparing data from 2021 and 2023:

- Method mix showed increased **use of long-acting methods.**
- **Implant use increased from 35% to 37%** of the total modern method mix among married women

*Other modern (male condom, Emergency Contraception, Std. Days/Cycle beads and LAM)

Contraceptive Method Mix among Married Women by region [n=2,021]



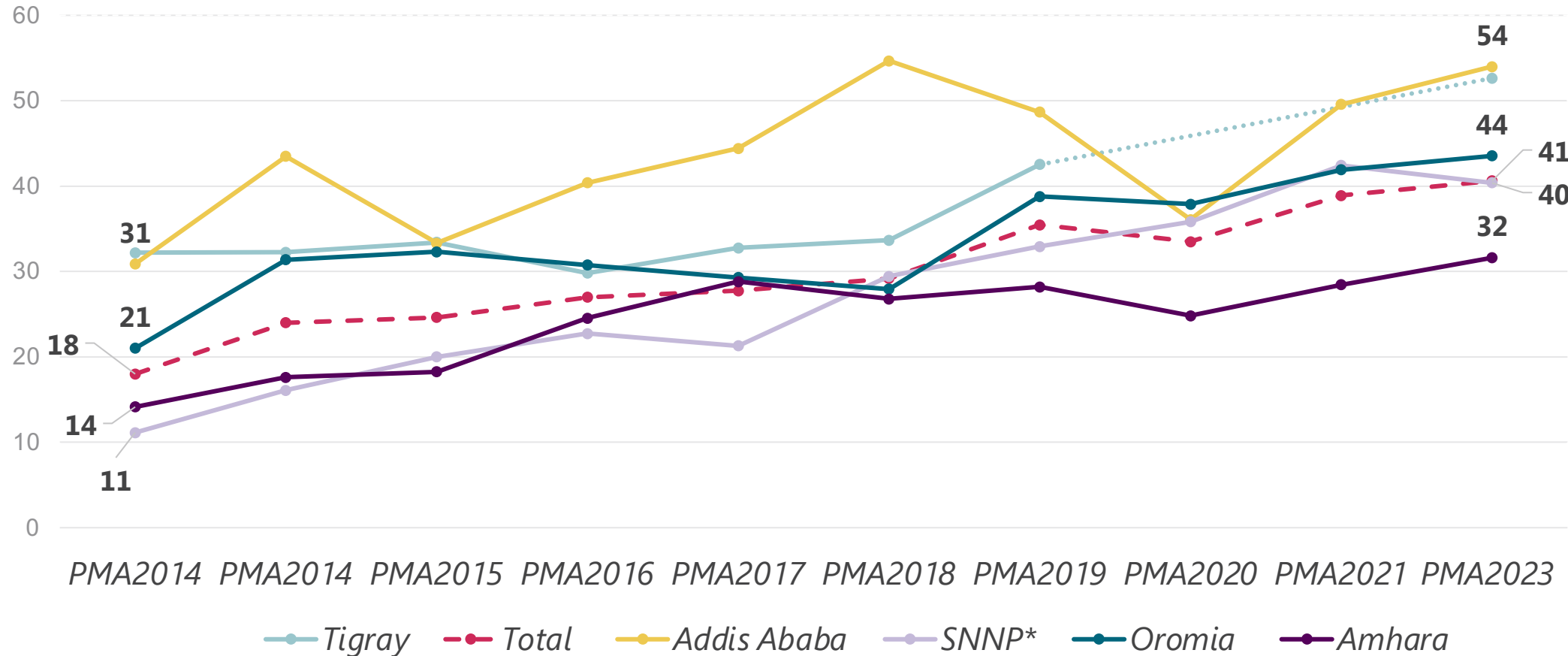
Long-acting methods (implants and IUDs) contribution to the total modern method mix among married women is the lowest in Gambella, Amhara and South West Ethiopia regions.

A relatively higher percentage of contraceptive users (1 in 10) in Addis Ababa use IUD.

*Other modern (male condom, Emergency Contraception, Std. Days/Cycle beads and LAM)

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

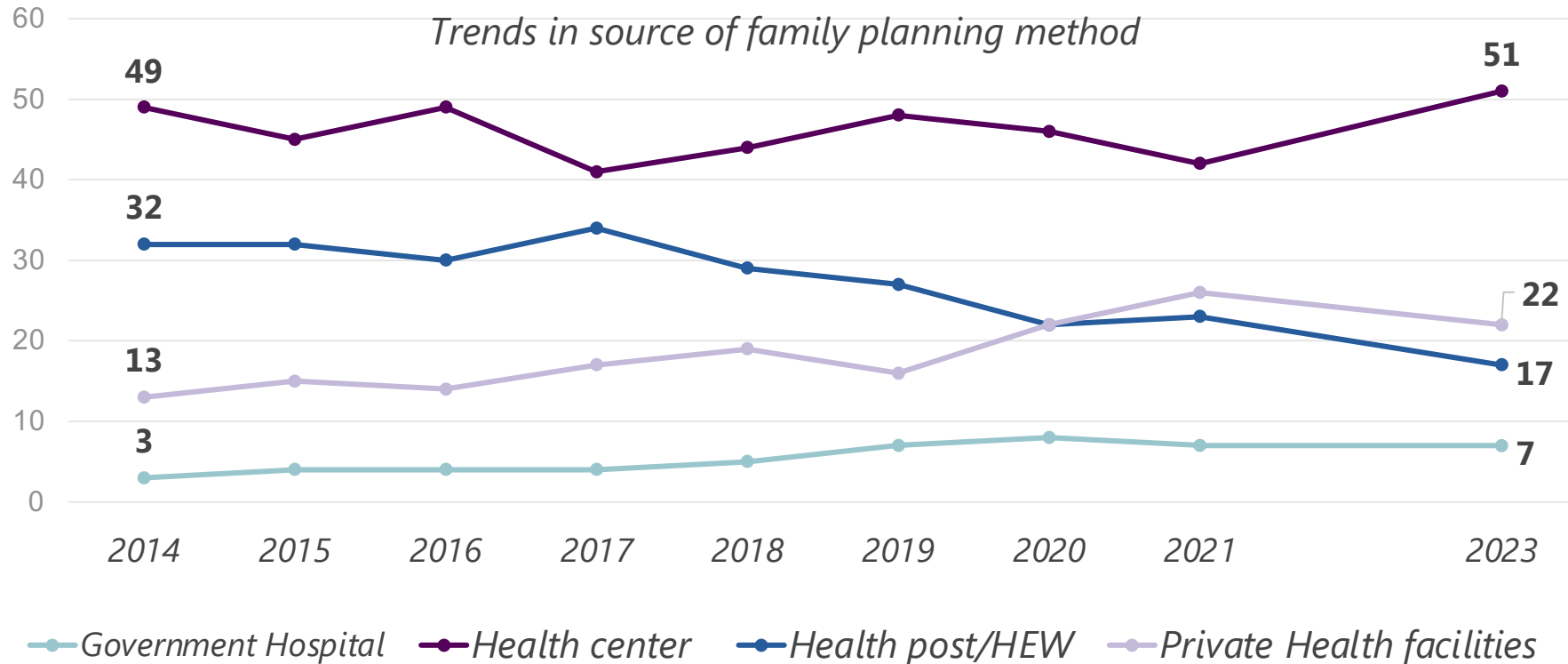
Among married women ages 15-49 years



There has been an increase in long-acting method use since 2014 in all regions

- SNNP Include Sidama, South west Ethiopia, central Ethiopia, and South Ethiopia
- PMA 2020 and PMA 2021 survey were not conducted in Tigray.

Trends in Source of FP method [2014 – 2023]



- Overall, health centers and health posts remain major sources of FP methods for women who are currently using a method of family planning

Reasons for Non-Use of Family Planning

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

	All Women [n=1,849]	Sexually active women [n=399]
Perceived Not-At-Risk/Lack of Need	37	80
Not Married	65	4
Method or Health-related Concerns	4	14
Opposition to Use	4	11
Lack of Access/Knowledge	1	3
Other	3	5

- Among current non-users of family planning **six out of ten reported** that they are not using **because they are not married**.
- **Approximately four in ten said** they did not use because **they do not perceive themselves as being at risk of becoming pregnant**
- **About 4% cited method or health concerns**, which could include side effects – real or perceived – as a reason for non-use



Quality of family planning counseling

Method Information Index - Quality of counseling

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

The questions are:

- 1 *“Were you informed about alternative contraceptive methods?”*
2. *“Were you informed about the side effects of each method?”*
3. *“Were you told what to do if side effects were to occur?”*

A fourth question “Were told you could switch to another method” is added to make the MII+

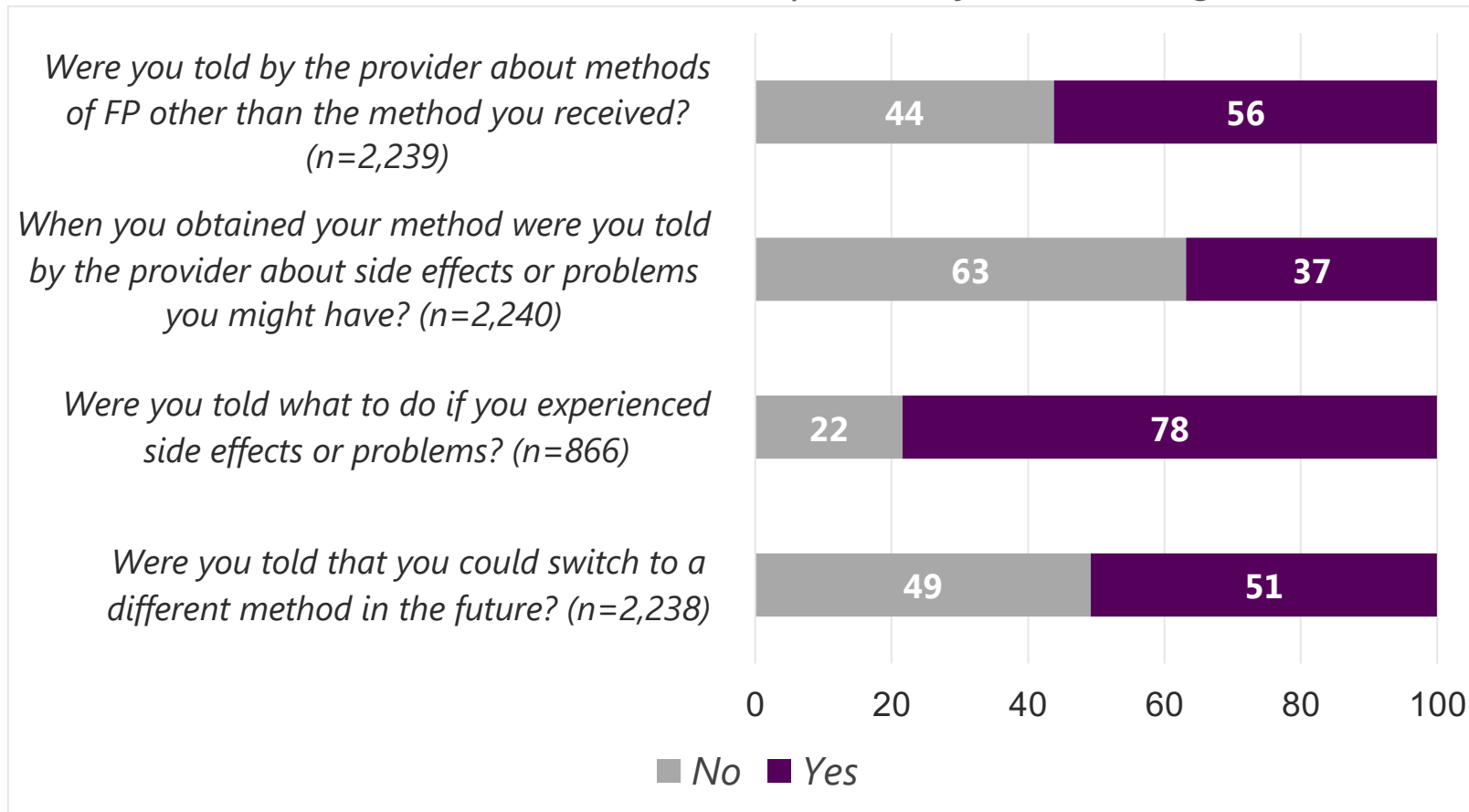
Method Information Index* - Quality of counseling

- Using the three questions from the original MII, we define the 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,***
 4. ***“Good Counseling”*** informed ***on all three indicator questions***

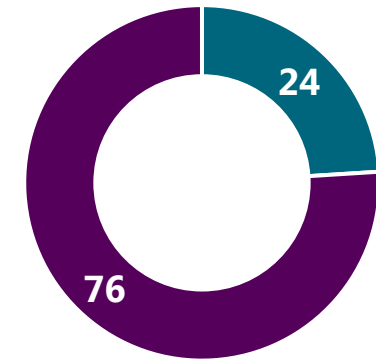
■ * - MII+ includes 'being told possibility of switching a method' in addition to the 3 questions listed above

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



Percentage of women who answered 'yes' to all MII+ questions (n=2,240)

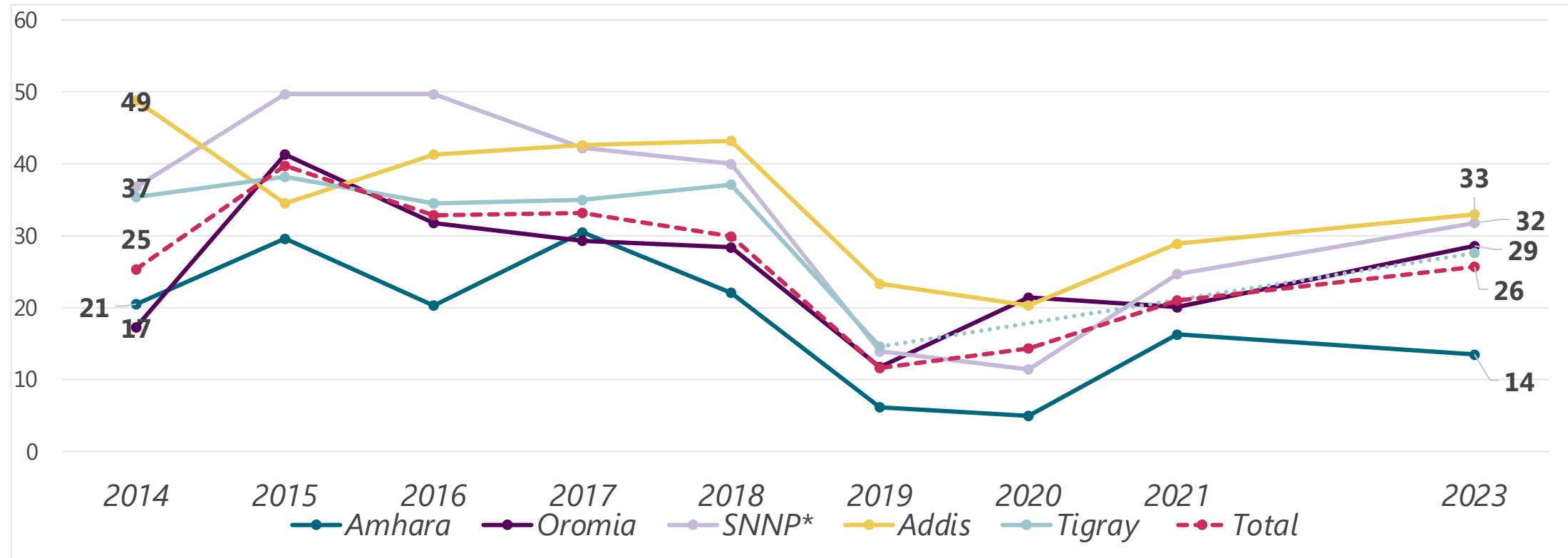


- Answered 'yes' to all 4 MII questions
- Answered 'No' to at least one MII+ questions

Around one out of four women (24%) received FP counseling on the four elements

Regional trends: Good Counseling

Trends in the percentage of women who received "**good counseling**"** about modern family planning methods



Nationally, the percentage of women receiving "**good counseling**" declined from 2015 to 2019, however since 2019 there have been consistent improvements. However, there is wide regional variation

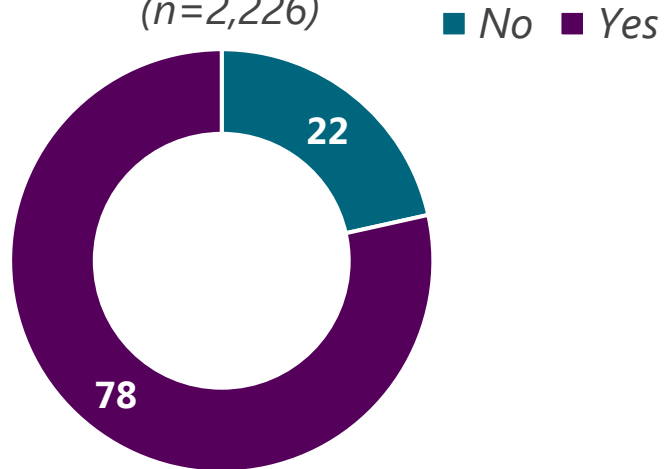
**Good Counseling - informed on all three indicator questions

• SNNP Include Sidama, South west Ethiopia, central Ethiopia, and South Ethiopia. PMA 2020 and PMA 2021 survey were not conducted in Tigray.

Partner Involvement In Family Planning Decisions

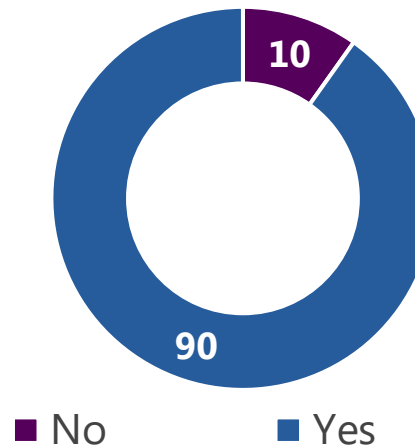
Before you started using this method had you discussed the decision to delay or avoid pregnancy with your partner? Among current/recent users

(n=2,226)

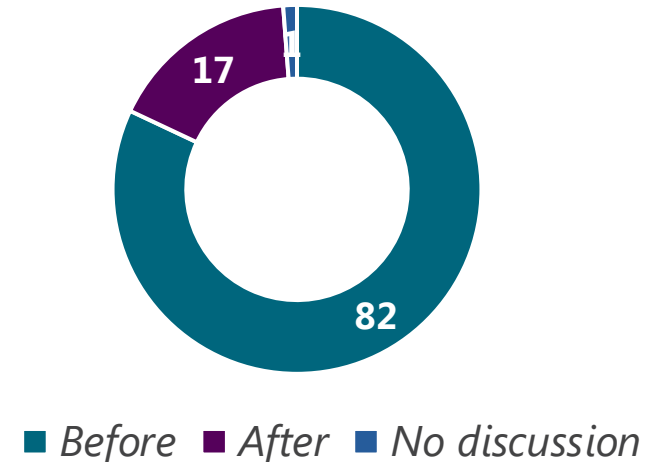


Does/did your husband/partner know that you are/were using a family planning method? Among users of female controlled methods*

(n= 2,227)



When did you talk with your partner about using your modern method. Among users whose husband/partner are aware of use (n= 2,003)



- **One in 10 women** reported that **their husband/partner does/did not know** they are using a family planning method.
- **Around 1 in 5 women** discussed with their partner **after** receiving using their current contraceptive method.

* female controlled contraceptive methods are those which are designed to be used and managed by women; almost all contraceptive methods other than male condom, male sterilization and withdrawal.



PMA Ethiopia: HPV vaccination coverage

PMA Ethiopia: HPV vaccination

- *PMA Ethiopia 2023 cross section survey measured the HPV vaccination status of adolescent girls of two different age groups (**9-14 and 15-16 years-olds**) using two distinct methodologies*

I. HPV vaccination among 9-14 year old girls

- *Using the **Household questionnaire***
- *Parent or caregiver or husband were asked about the HPV vaccination status and related questions for all 9-14 year-old girls who are usual members of the household*
- *A total of **3,074** young girls aged **9-14** included in the analysis*

II. HPV vaccination among 15-16 year old girls

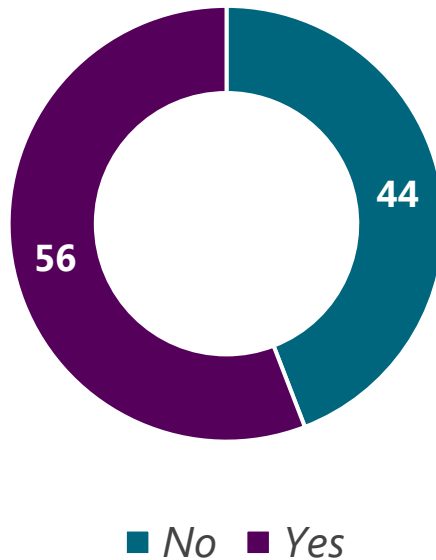
- *Using the **female questionnaire***
- *As part of WRA survey, girls 15-16-year-old were asked about their HPV vaccination status and related questions*
- *A total of **745** girls aged **15-16** included in the analysis*



HPV vaccination among 15-16 year-old girls

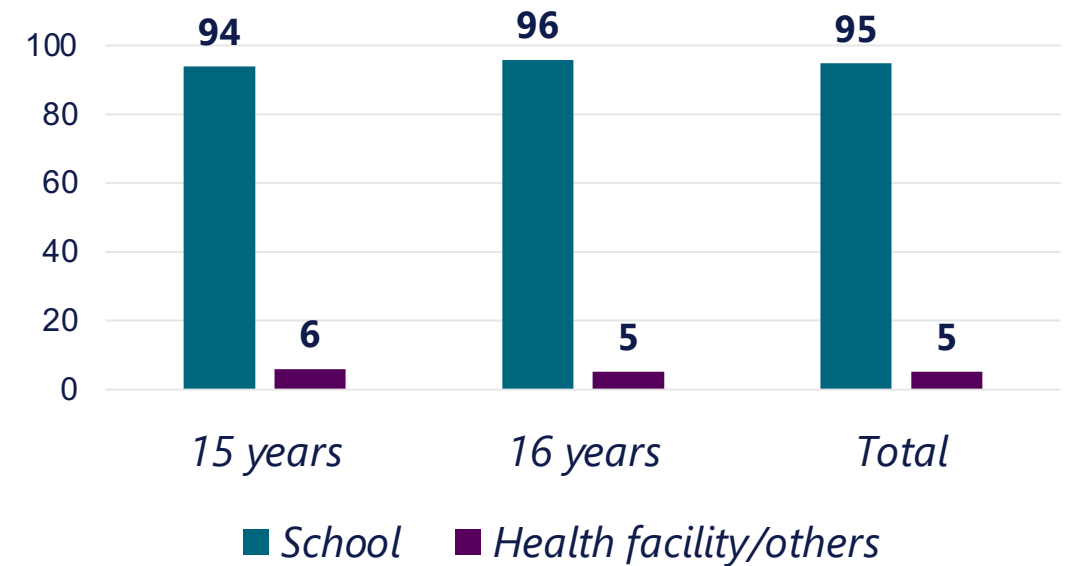
Received a Vaccination against HPV

Have you ever received a vaccination against HPV to protect against cervical cancer? (n=745)



More than half of 15-16-year-old young women reported that they received the HPV vaccination

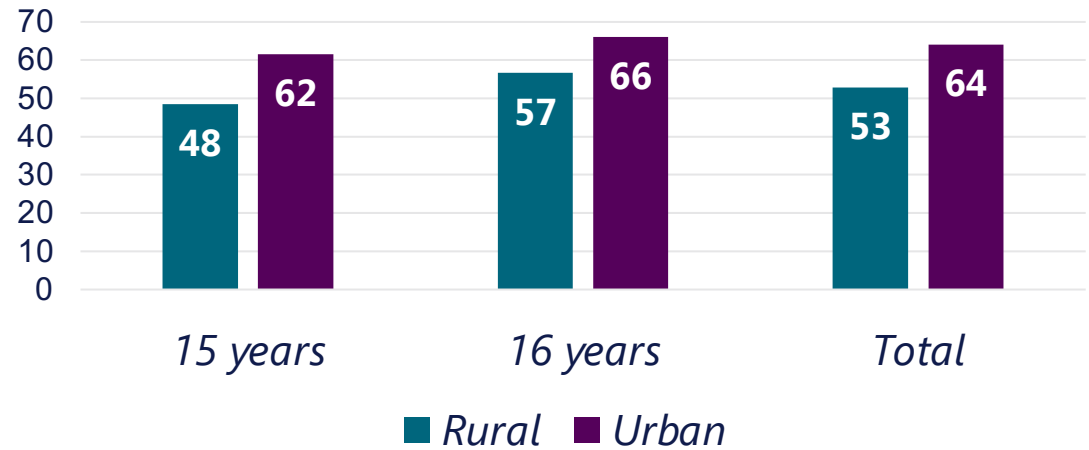
*HPV vaccination status of 15-16, by place of vaccination (n=433)**



More than nine in ten (95%) of 15-16 year-old-girls received the HPV vaccination at school

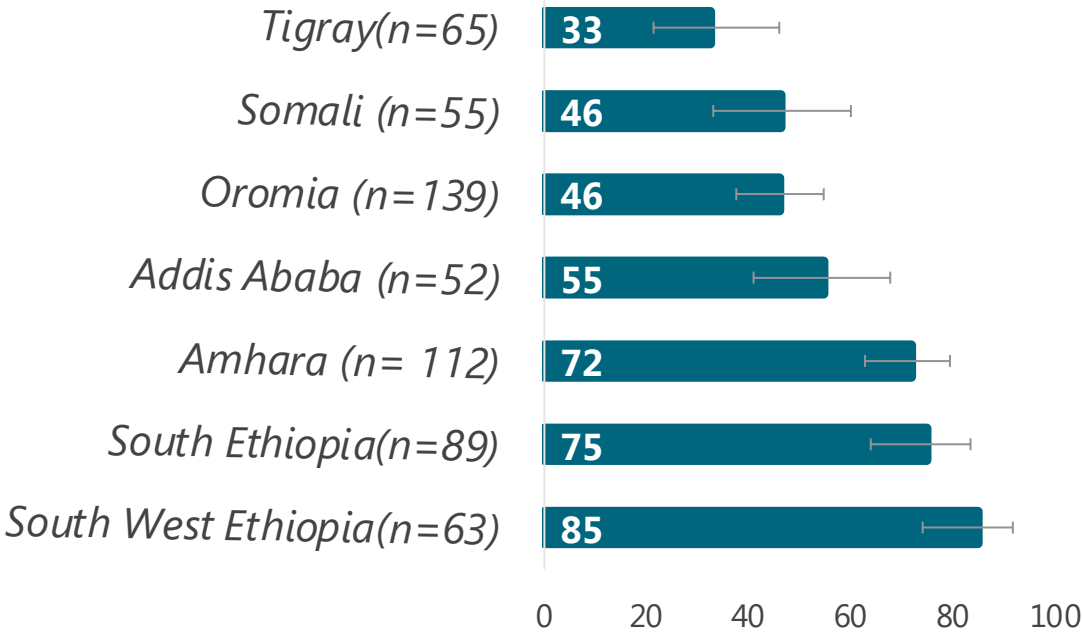
Vaccination against HPV, by Residence and Region

HPV vaccination status of 15-16, by Residence
(n=745)




The prevalence of HPV vaccination among 15-16 **year old girls is higher in** urban areas compared to rural areas

HPV vaccination status of 15-16, by Region
(n=745)*



Tigray had the lowest HPV vaccination coverage among 15-16 year old girls followed by Somali and Oromia regions.

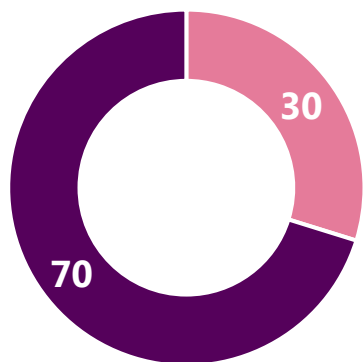
**Due to the small sample size, the figures for Central Ethiopia, Sidama, Afar, Harar, DD, BG, and Gambella are not shown here*



HPV vaccination **coverage** among 9-14 year-old girls

Vaccination Against HPV, among 9-14 year-old girls

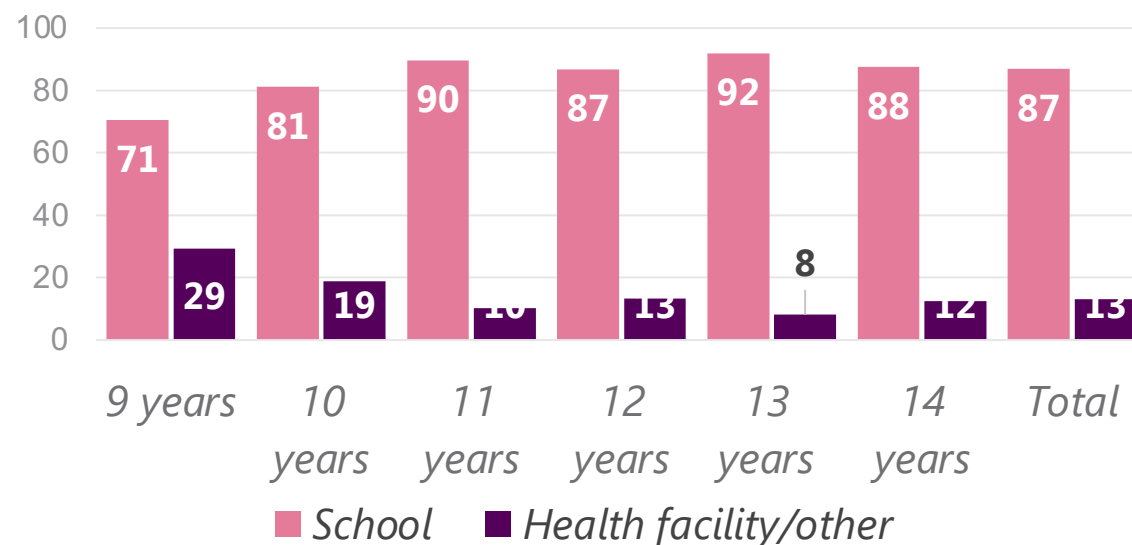
Percent of girls aged 9-14 who received the HPV vaccination' as reported by parent/caregiver/husband
(n=3,074)



■ Yes ■ No

Close to one third (30%) of 9-14 year old girls are reported to have received the HPV vaccination

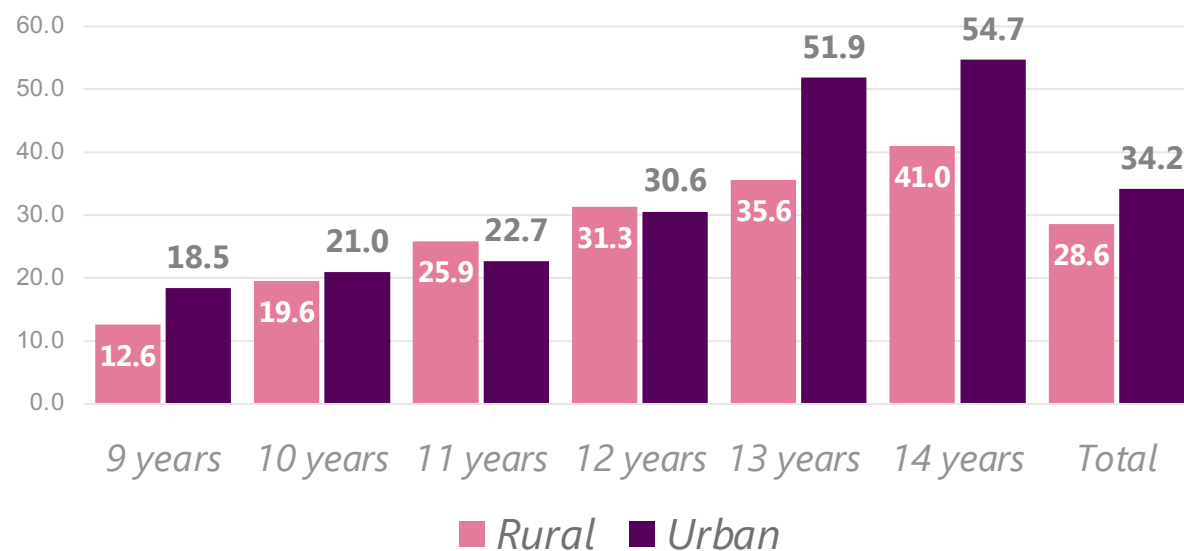
HPV vaccination status, by place of vaccination
Among 9-14 HPV vaccinated girls
(n=993)



Over 85% of vaccinated girls aged 9 to 14 received the HPV vaccination at school.

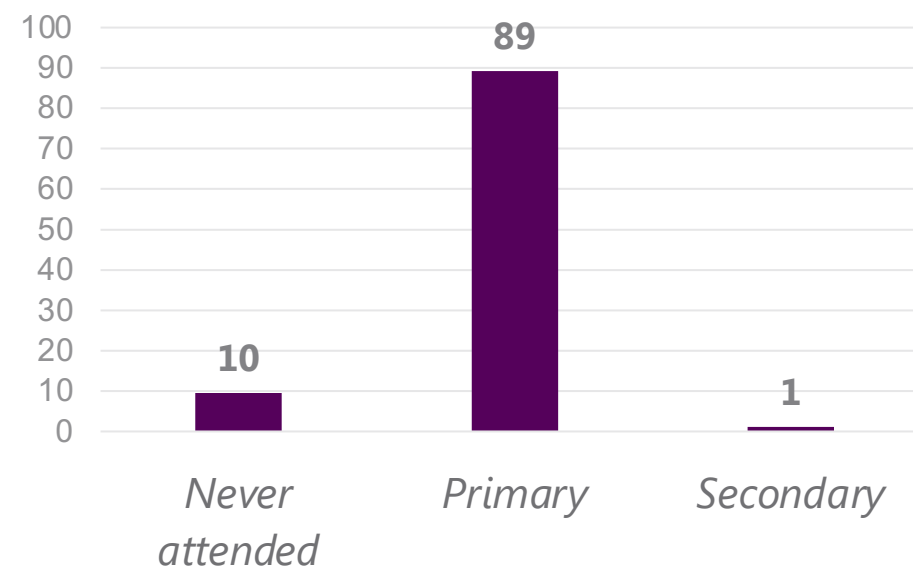
Vaccination Against HPV Vaccine, by Residence and Education status

HPV vaccination status of 9-14, by Residence
(n=3,074)



*The prevalence of HPV vaccination among 9-14 **year old girls is higher in** urban areas compared to rural areas*

HPV vaccination of 9-14, by Education status (n=3,074)



HPV vaccination rates tend to be higher among 9-14 year old girls who attained primary levels of education



PMA Ethiopia: *Priority Indicators for* **2023 Service Delivery** *Point Survey*

Priority Indicators: Service Delivery Point Survey

- Results from the health facility survey come from data collected from a range of facilities throughout the country

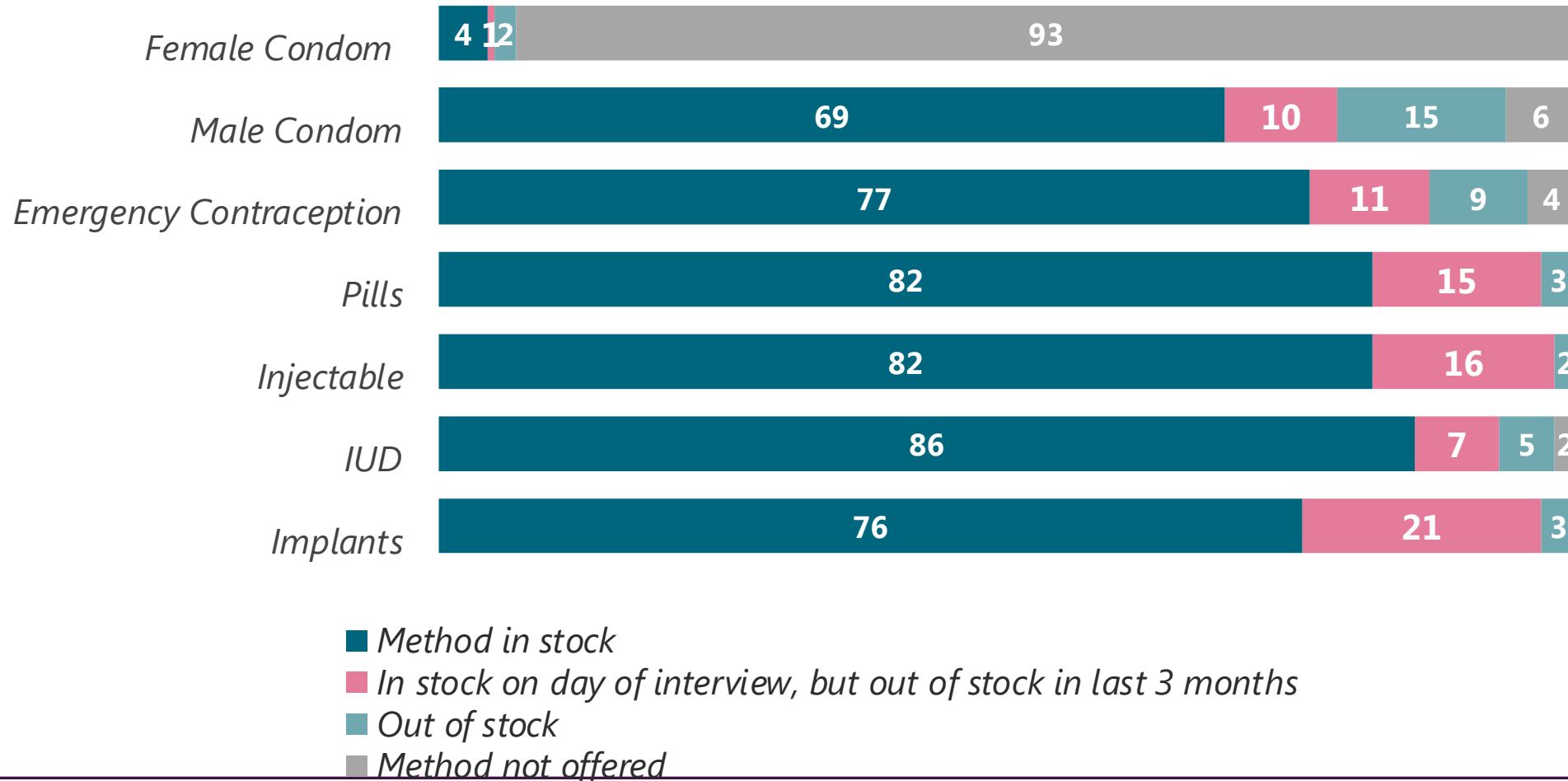
Priority indicators include:

- **Stock availability**
 - *Contraceptive commodities*
 - *Life-saving maternal and reproductive health medicines*
- **Provision of FP services by selected health facilities:**
 - *2 Long-acting and 3 Short acting family planning methods*

PMA Ethiopia Health Facility Sample

	Public		Private		Total	
	n	%	n	%	n	%
Hospital	160	27.4	2	0.8	162	19.6
Health center	248	42.5	1	0.4	249	30.2
Health post	174	29.8	0	0	174	21.1
Health clinic	0	0	122	50.6	122	14.8
Pharmacy	2	0.3	55	22.8	57	6.9
Drug Shop/Rural Drug Vendor	0	0	61	25.3	61	7.4
Total	584	70.8	241	29.2	825	100

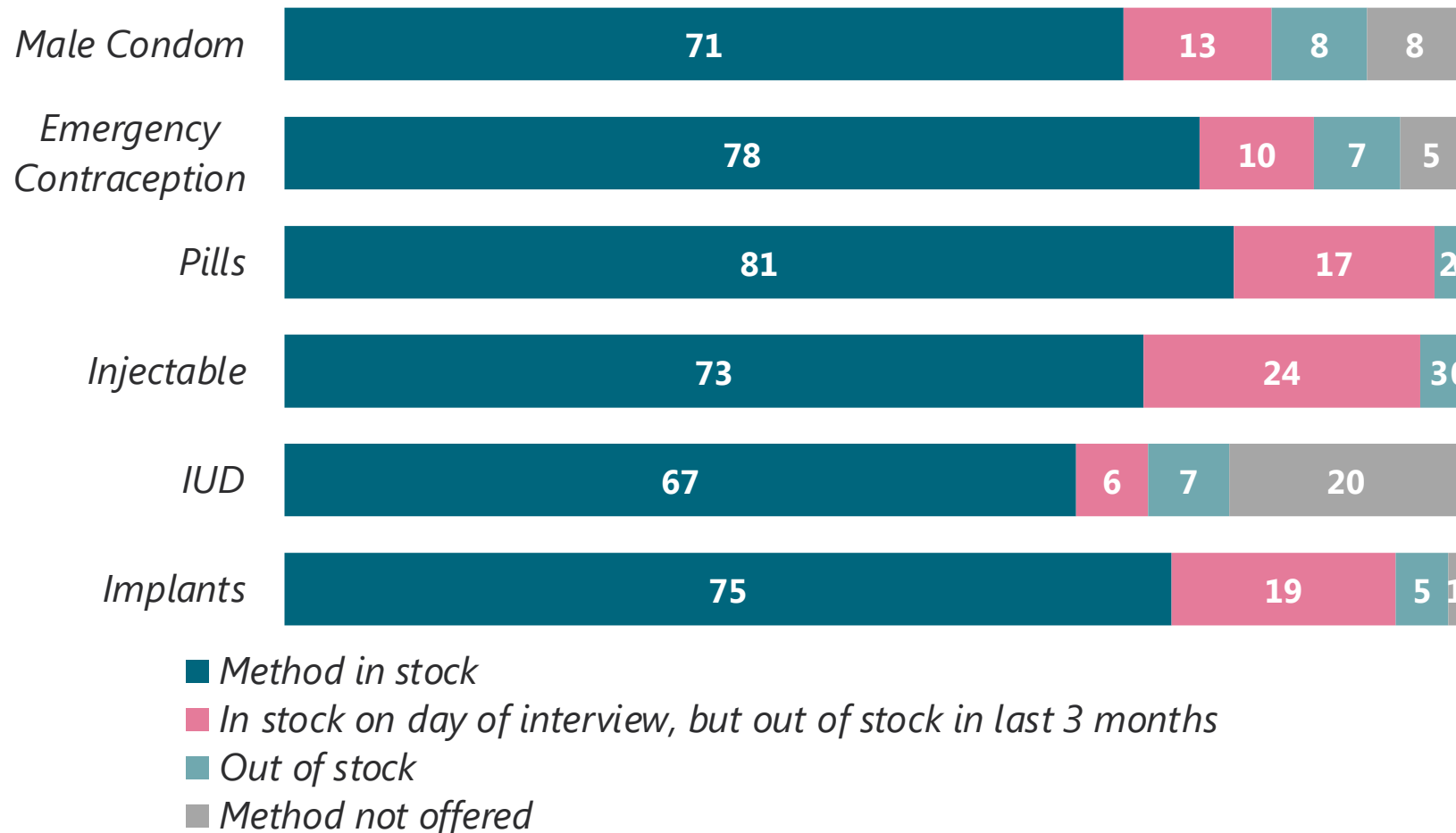
Hospitals offering family planning with methods in stock on day of interview [N=162]



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

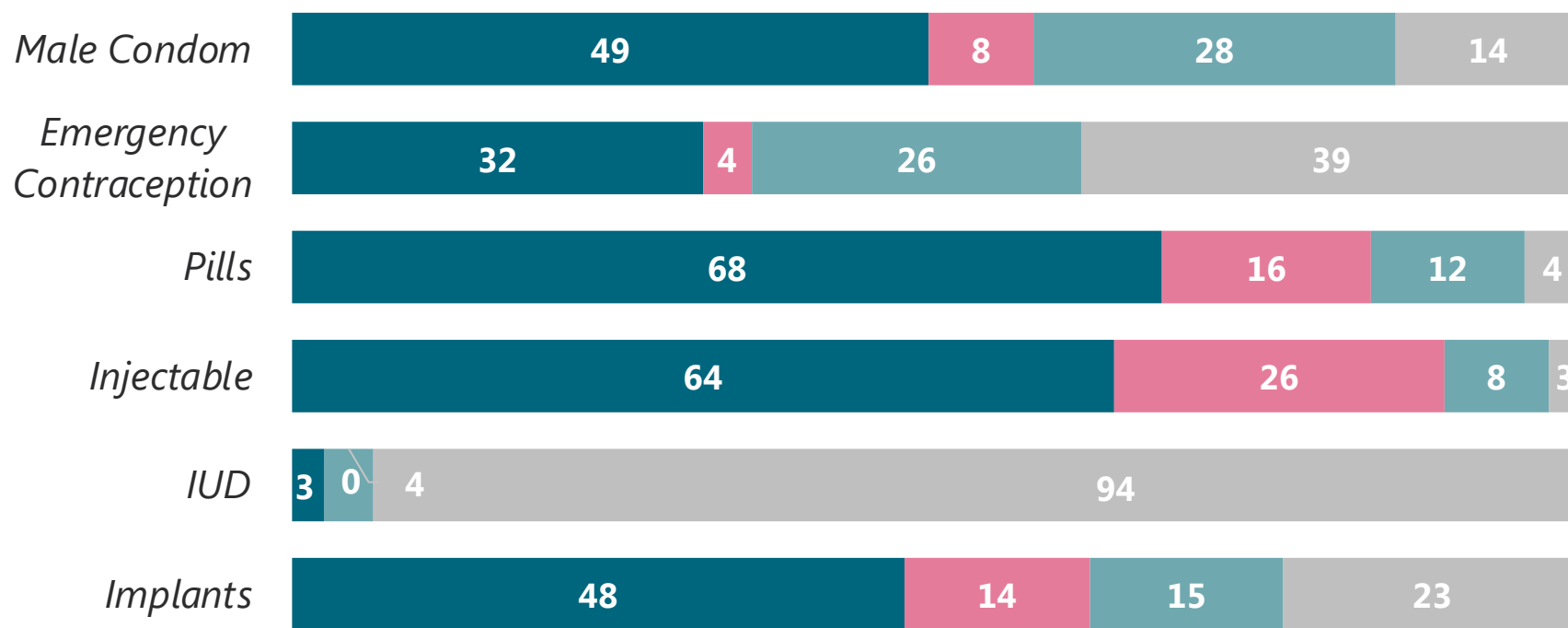
- Between **10%-21%** of the hospitals were out of stock for most methods at some point in the past 3 months prior to the survey

Health Centers offering family planning with methods in stock on day of interview [N=247]



- **Majority of health centers reported having a range of family planning methods in stock**
- Approximately **one fourth** of these facilities reported being out of stock of **Injectable** at some point in the past three months followed by implants (19%) and pills (17%)

Health Posts offering family planning with methods in stock on day of interview [N=160]

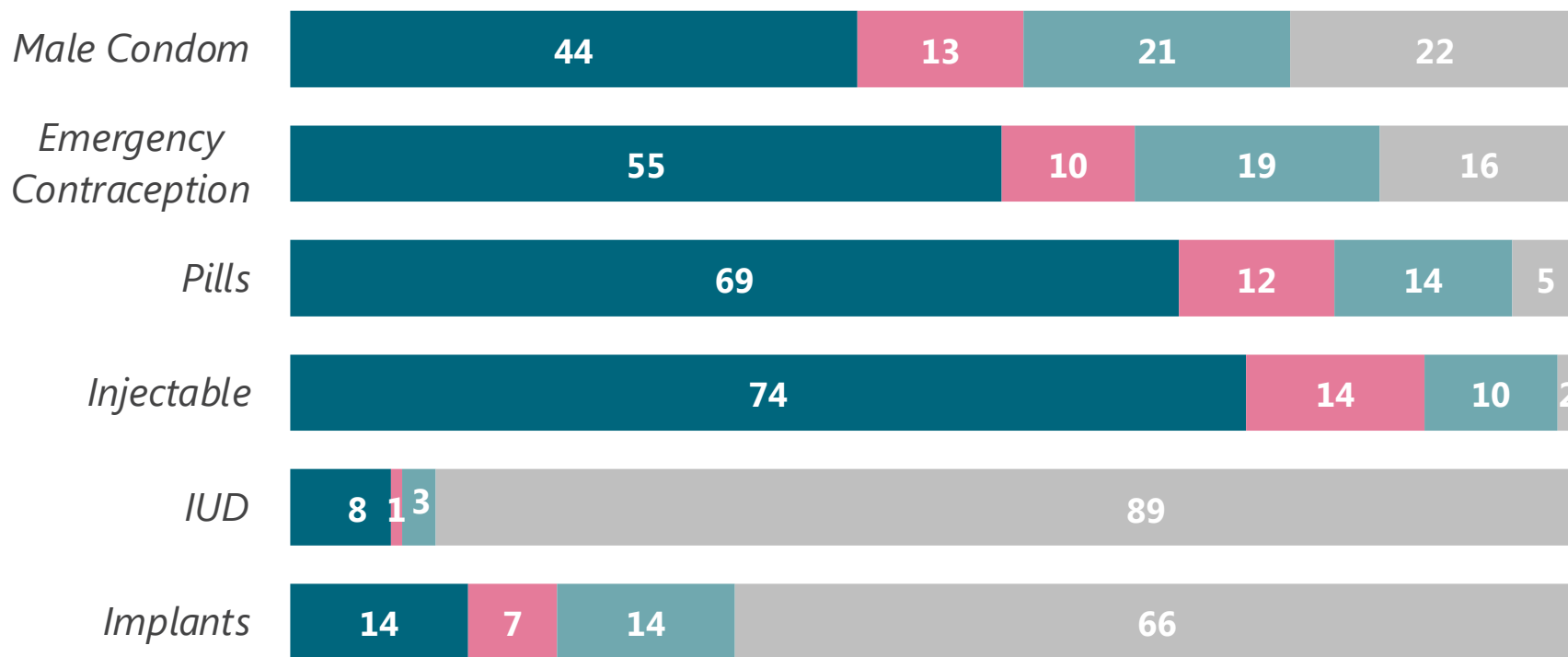


- Method in stock
- In stock on day of interview, but out of stock in last 3 months
- Out of stock
- Method not offered

- **Majority of health posts reported offering short-acting methods**
- **Only 3% of Health Posts with Level-IV HEWs reported IUDs available on the day of the interview**
- **Health posts reported higher levels of stock out for emergency contraceptives, pills, male condoms and implants**

HPs reporting IUD availability are those with Level-IV HEWs

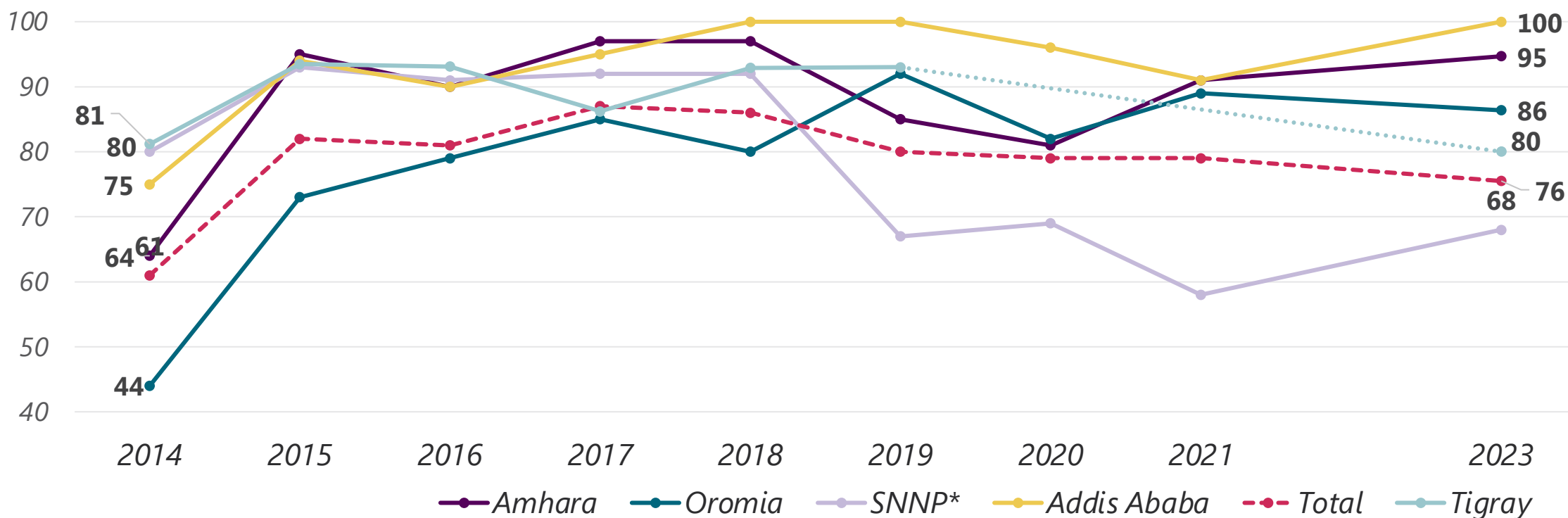
Health clinics offering family planning with methods in stock on day of interview [N=116]



- Method in stock
- In stock on day of interview, but out of stock in last 3 months
- Out of stock
- Method not offered

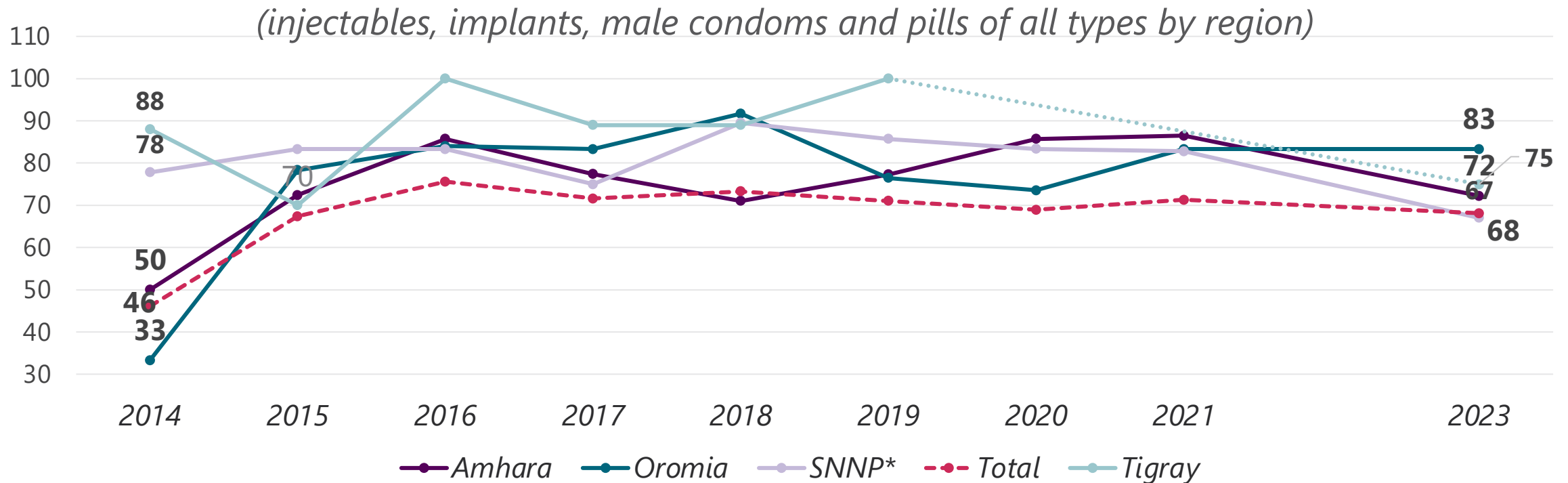
- **Majority of health clinics reported offering short-acting methods**
- **Only 8% of Health clinics reported that IUDs were available on the day of the interview**

Percentage of Health Centers providing 2 long-acting methods [Implants and IUDs], 3 short-acting methods (injectable, male condom and pills of all types) by region



- Availability of **two long acting** and **three short acting** showed a **slight decline** over the **past five years** nationally except in Addis Ababa and Amhara
- SNNP Include Sidama, South west Ethiopia, central Ethiopia, and South Ethiopia
- PMA 2020 and PMA 2021 survey were not conducted in Tigray.

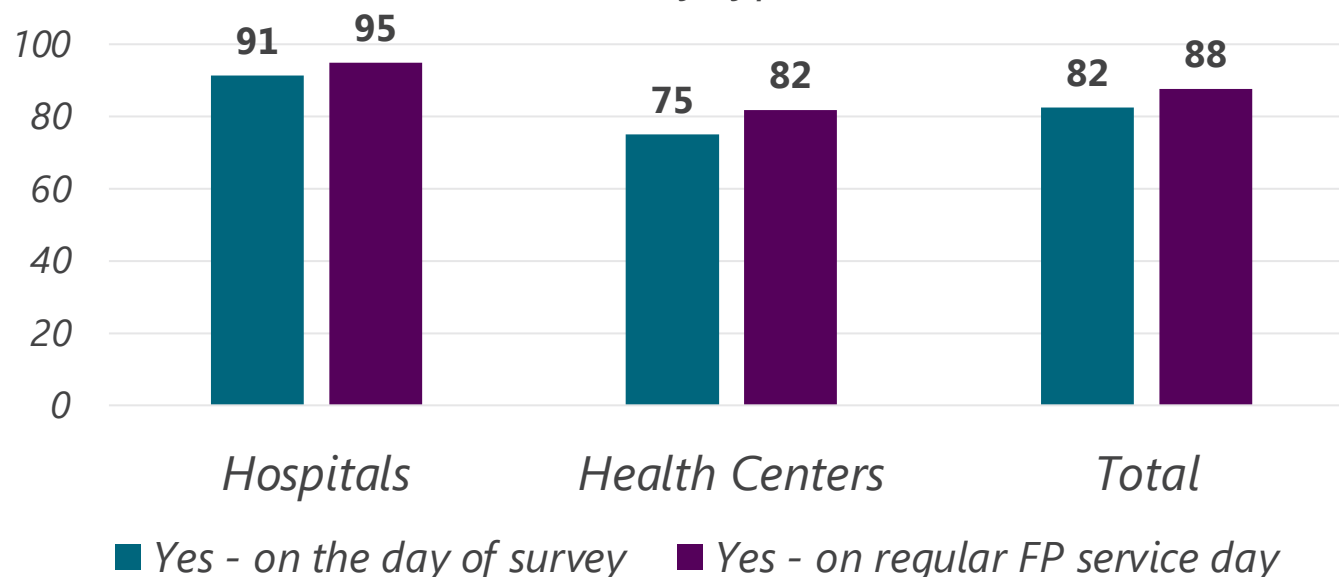
Percentage of health posts which reported providing at least 4 FP methods



- **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 trend over the years. However in Amhara region it decreases from 2021 to 2023.
- SNNP Include Sidama, South west Ethiopia, central Ethiopia, and South Ethiopia
- PMA 2020 and PMA 2021 survey were not conducted in Tigray.

Availability of Trained personnel to insert immediate PPIUD

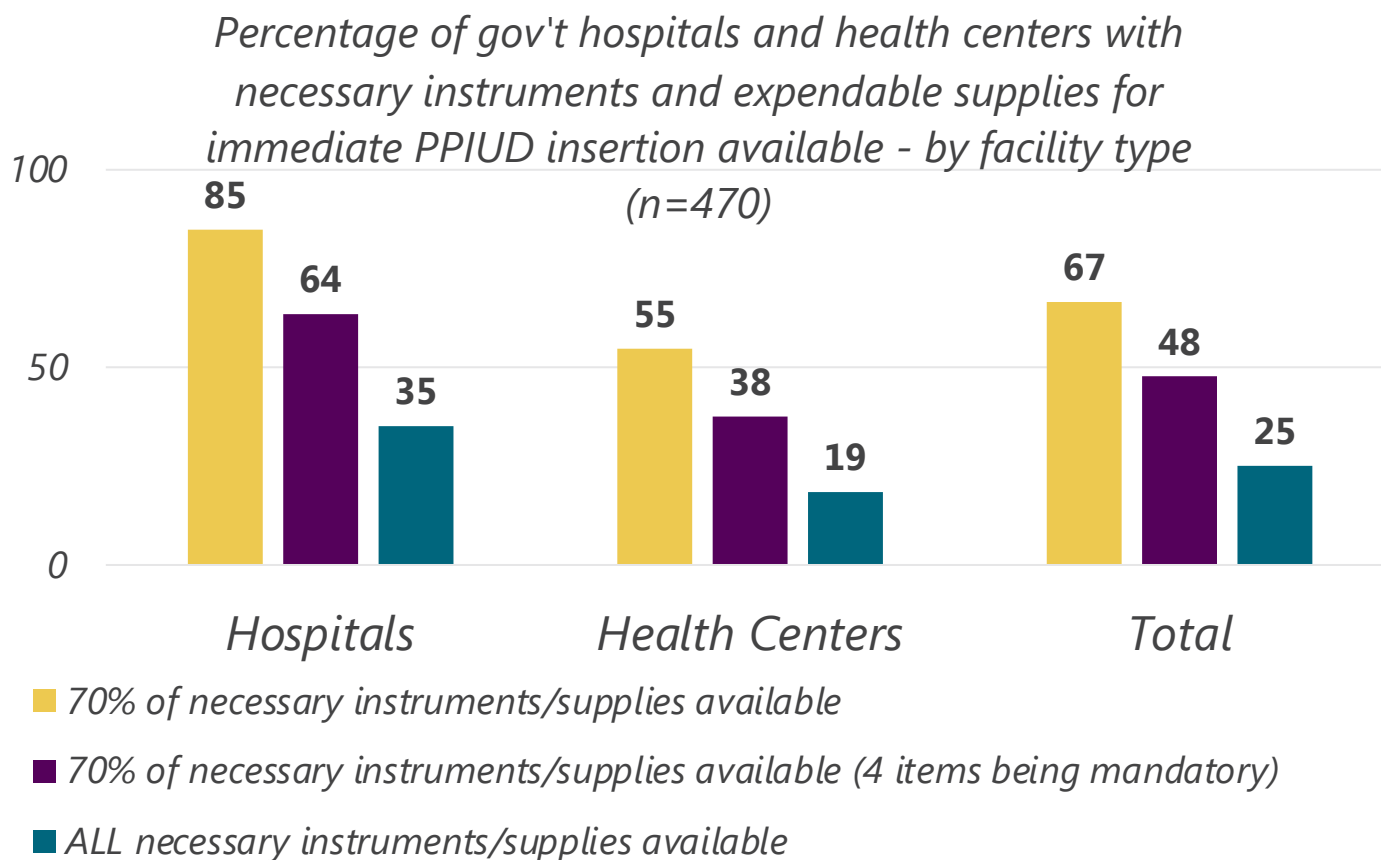
Percentage of gov't hospitals and health centers that provide labor and delivery services who have a trained personnel to insert immediate PPIUD on days when they offer family planning service (n=354) or on the day of the survey (n=330) - by facility type



Overall, a slightly over 8 out of 10 gov't health centers and hospitals have trained personnel to insert immediate PPIUDs on the day of the survey, rising to close 9 out of 10 facilities on regular FP service days

A slightly lower percentage of health centers have trained personnel to insert immediate PPIUDs on the day of the survey (75%) and on days they offer family planning services (82%) compared to hospitals

Availability of necessary instruments and expendable supplies for immediate PPIUD insertion



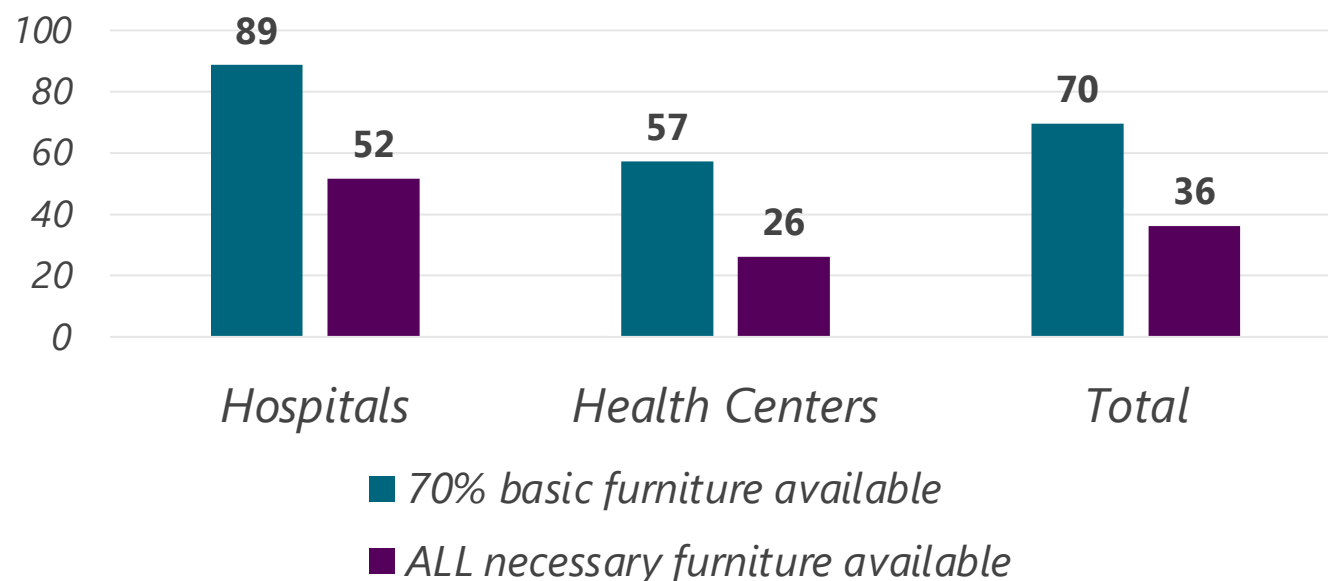
Overall, two-third of the gov't health centers and hospitals have "70% of necessary instruments/supplies" available at their facility while a slightly less than half of the facilities have "70% of necessary instruments/supplies, including 4 mandatory items" for immediate PPIUD insertion

Conversely, only **1 out of 4 facilities** have all necessary instruments/supplies available at their facility, and Hospitals were better equipped.

N.B: The 4 mandatory supplies are "IUD kit - PPIUD T Cu 380 A" including "Immediate PP IUD Insertion tube", AND "Immediate PP IUD Insertion Rod", and "Ring Forceps"

Availability of necessary furniture for immediate PPIUD insertion

Percentage of gov't hospitals and health centers with ALL necessary OR 70% basic furniture for immediate PPIUD insertion is available - by facility type (n=470)



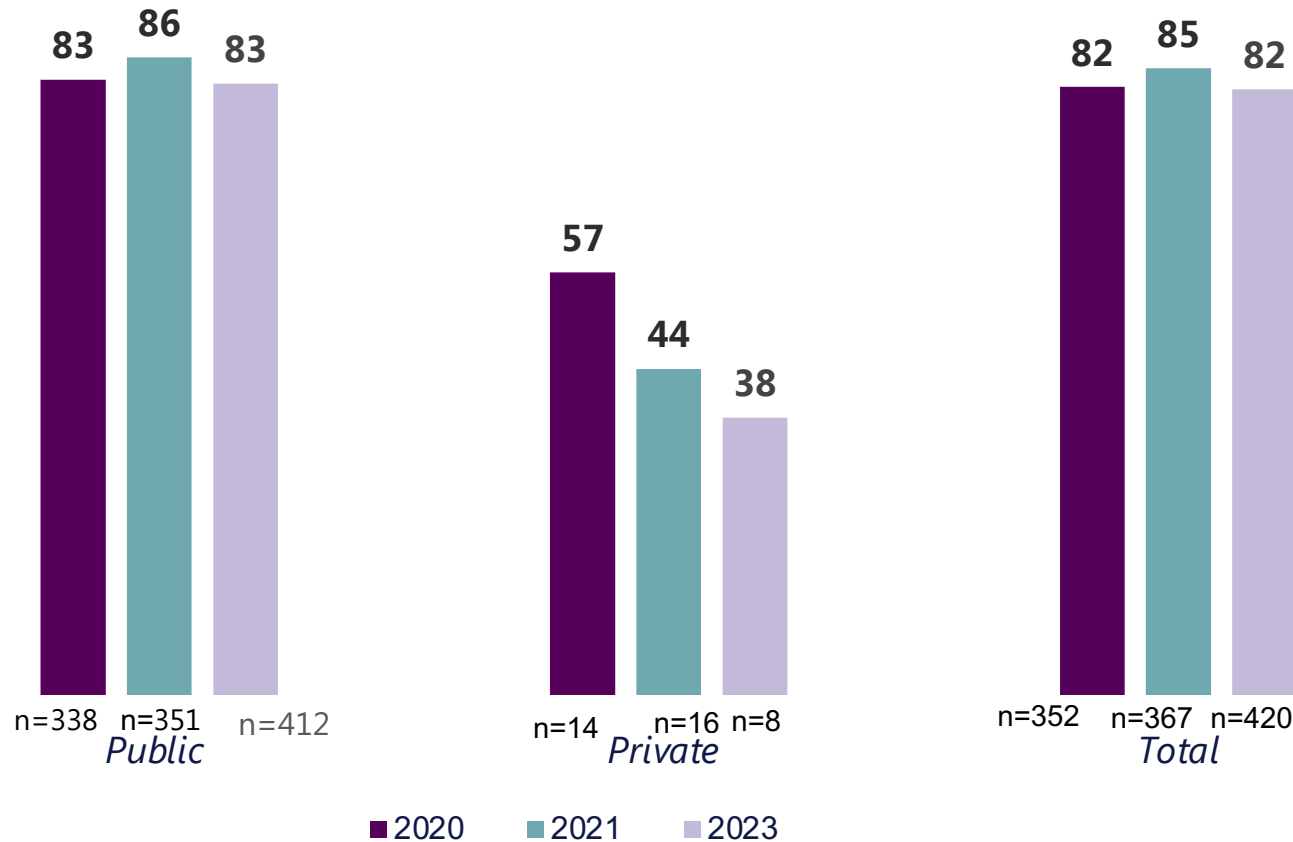
Overall, 70% of facilities (hospitals and health centers combined) have at least “70% of the basic furniture” while only 36% of facilities have “all necessary furniture” needed for immediate PPIUD insertion

Hospitals are better equipped with both basic and all necessary furniture for immediate PPIUD insertion compared to health centers

N.B: The furniture considered necessary are Examination couch, Stepping stool, Light source, Auxiliary table, Chairs, Table, Storage cupboard/cabinet, and Waste disposal bins

Stock availability of life-saving maternal and reproductive health medicines

Among public and private facilities offering labor and delivery



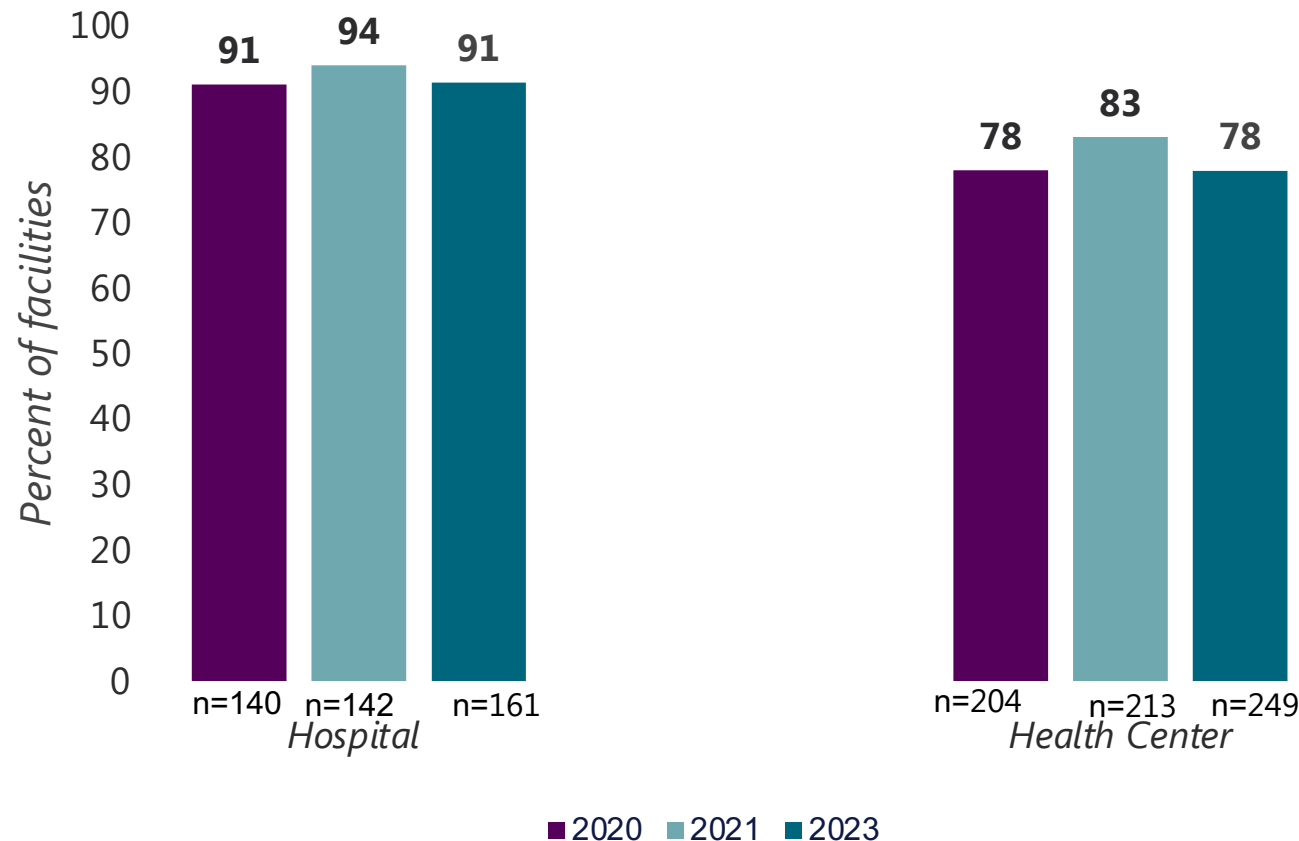
The **stock availability** of at least *7 essential medicines at **public facilities** decreased from **86% in 2021 to 83% in 2023**, and from **44% in 2021 to 38% in 2023** in the **private sector**

Overall, stock availability of life-saving maternal and RH medicines in the private sector is lower compared to the public facilities

**Defined as at least one valid dose of oxytocin, magnesium sulfate, and any 5 other essential medicines located within the facility.*

Stock availability of life-saving maternal and reproductive health medicines

Among hospitals and health centers offering labor and delivery

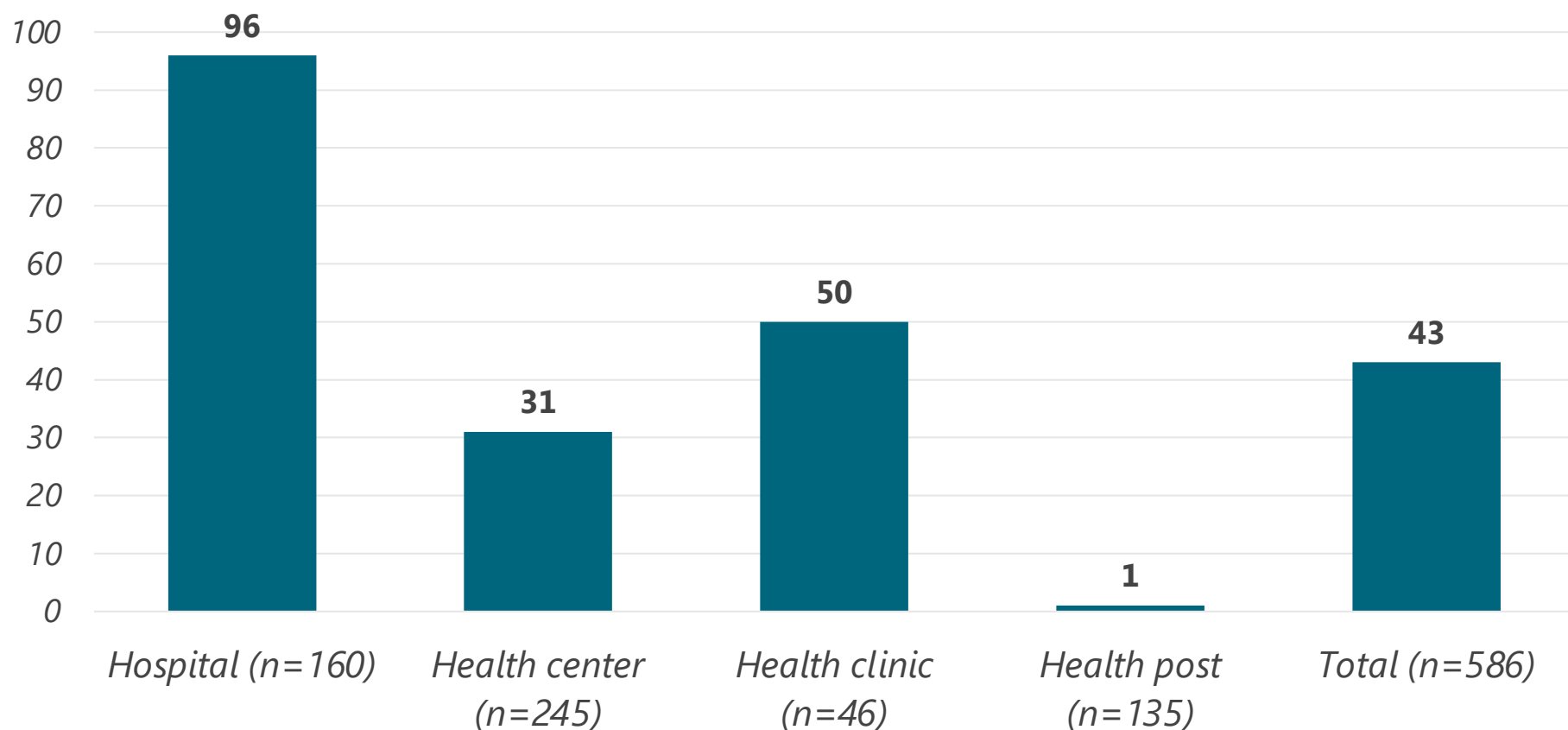


- *There is some decrease in the stock availability of at least *7 essential medicines at health centers from 83% in 2021 to 78% in 2023*
- *There was a **slight decline** among hospitals in the same time period*

Defined as at least one valid dose of **oxytocin, **magnesium sulfate**, and any **5 other essential medicines** located within the facility.*

Percentage of facilities which conduct ultrasonography examination routinely as part of ANC

Among facilities providing Antenatal care



***Four out of ten facilities** were conducting ultrasonography examination routinely as part of **ANC** among facilities providing ANC*

HMIS data accuracy - Verification Factor [VF]

Indicator	Verification Factor [VF]*	Remark
ANC4+ at Public Hospital and Health Centers [n=326]	1.27	Overreporting by 27%
SBA at Hospital and Health Centers [n=344]	1.01	Overreporting by 1%
Penta1 at Public Hospital and Health Centers [n=297]	1.03	Overreporting by 3%
Penta1 at Health Posts [n=84]	1.06	Overreporting by 6%
FP new user - Hospital and Health Center [n=320]	1.23	Overreporting by 23%
FP new user - Health Post [n=65]	1.12	Overreporting by 12%
FP repeat user - Public Hospital and Health Center [n=318]	1.22	Overreporting by 22%
FP repeat user - Health Post [n=78]	1.38	Overreporting by 38%

HMIS reports for SBA and Penta1 are comparable with recounted values in public hospitals and health centers with 1-3% overreporting of HMIS.

*VF refer to the ratio of the reported value to the recounted value. The resulting ratio is equal to 1 when totals in HMIS and registers are identical, greater than 1 when HMIS is over-reported and below 1 when HMIS is under-reported

Acknowledgements

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



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