



PMA ETHIOPIA

Results from the 2020 surveys

October-December 2020

OVERALL KEY FINDINGS



- Modern contraceptive use and share of long-acting method among women has seen no change since previous year.
- No substantial improvement in quality of contraceptive counseling women received since previous year.



- Slight decline in availability of a variety of contraceptive methods at health centers in 2020 compared to 2019.
- Compared to previous year, availability of skilled personnel in implant removal decreased at health posts.



- There was a significant decline in vaccination (Penta3 and Measles), and safe abortion services at public hospitals during Covid-19 while there was a significant increase to the average number of Cesarean delivery.
- Family planning service utilization decreased significantly at health centers during the pandemic.

SECTION 1: About PMA Ethiopia

Performance Monitoring for Action Ethiopia (PMA Ethiopia) builds on the previous success of PMA2020/Ethiopia and PMA Maternal and Newborn Health study in the Southern Nations, Nationalities and Peoples Region (SNNP).

PMA Ethiopia is a five-year project implemented in collaboration with Addis Ababa University, Johns Hopkins Bloomberg School of Public Health, and the Federal Ministry of Health which measures key reproductive, maternal and newborn health (RMNH) indicators. This brief includes results from two surveys: a cross-sectional survey of women age 15-49, and an annual service delivery point (SDP) survey. Results from these surveys include:



Family Planning (FP)



Reproductive empowerment, fertility intention, and community norms



Health facility readiness and quality of care

Cross-section survey of women age 15-49

Field staff selected 35 households in each data collection area. In each of the 35 households, data collectors administer a **household questionnaire** and a **female questionnaire** of all women aged 15-49 in those households.

SDP survey

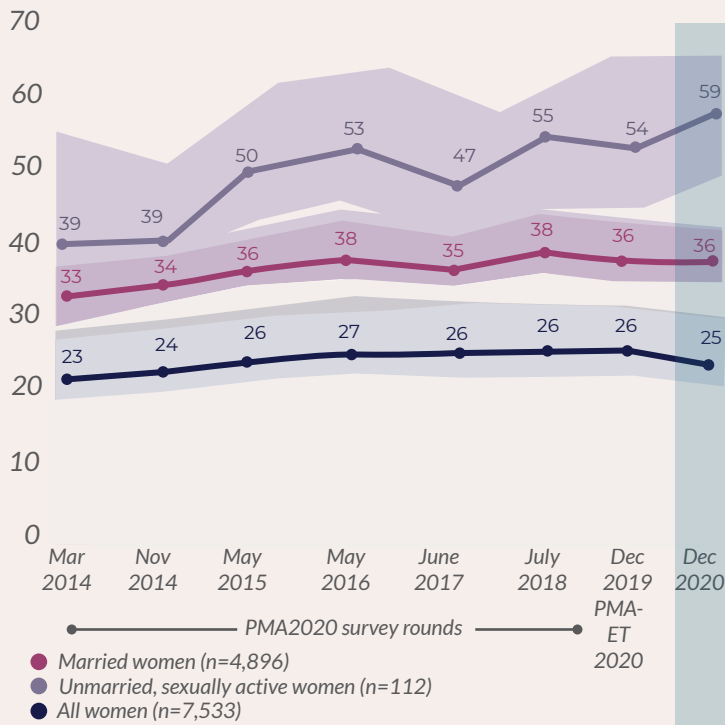
The SDP survey provides health system trends annually. It includes **all levels of public health facilities** that serve each data collection area, **in addition to up to 3 private health facilities within the kebele.**

SECTION 2: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

From the cross-sectional survey

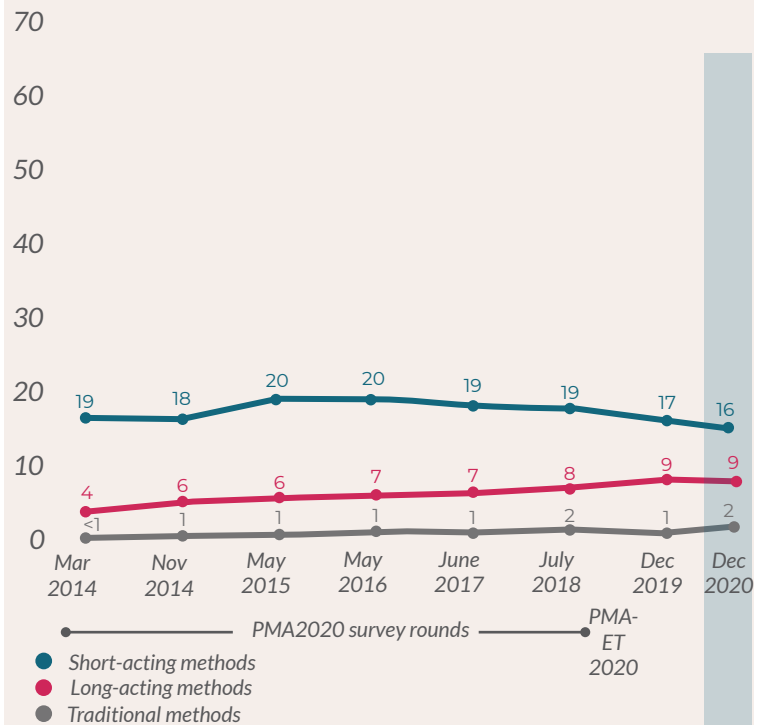
MODERN CONTRACEPTIVE PREVALENCE

Percent of women age 15-49 currently using modern contraception (mCPR) by marital status



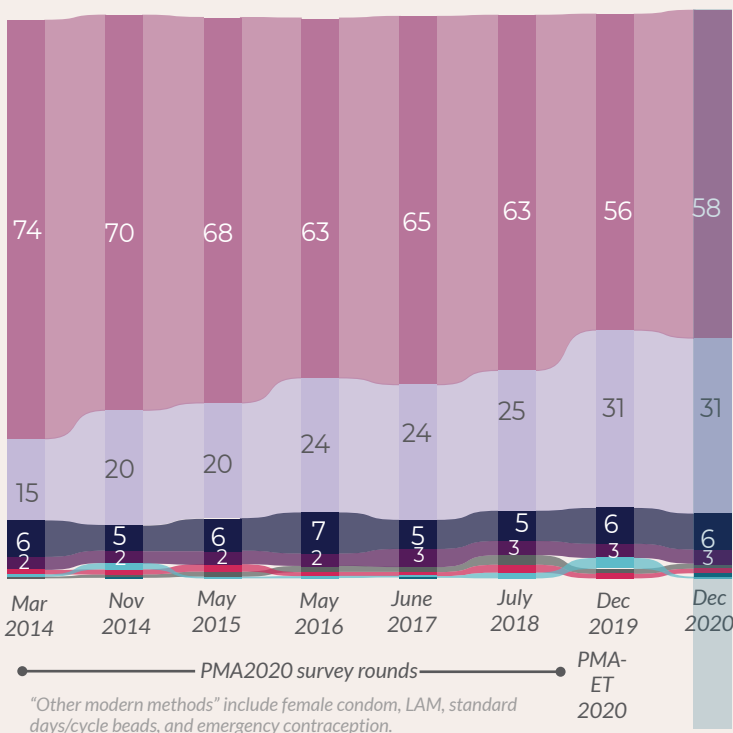
CONTRACEPTIVE PREVALENCE BY METHOD TYPE

Percent of women age 15-49 currently using contraception by method type (n=7,533)



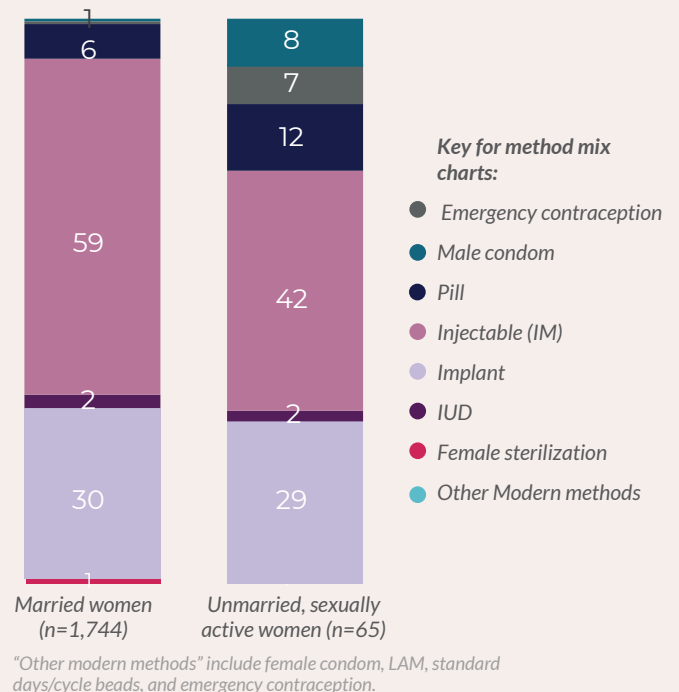
TRENDS IN MODERN CONTRACEPTIVE MIX

Percent distribution of modern contraceptive users age 15-49 by method and year (n=1,794)



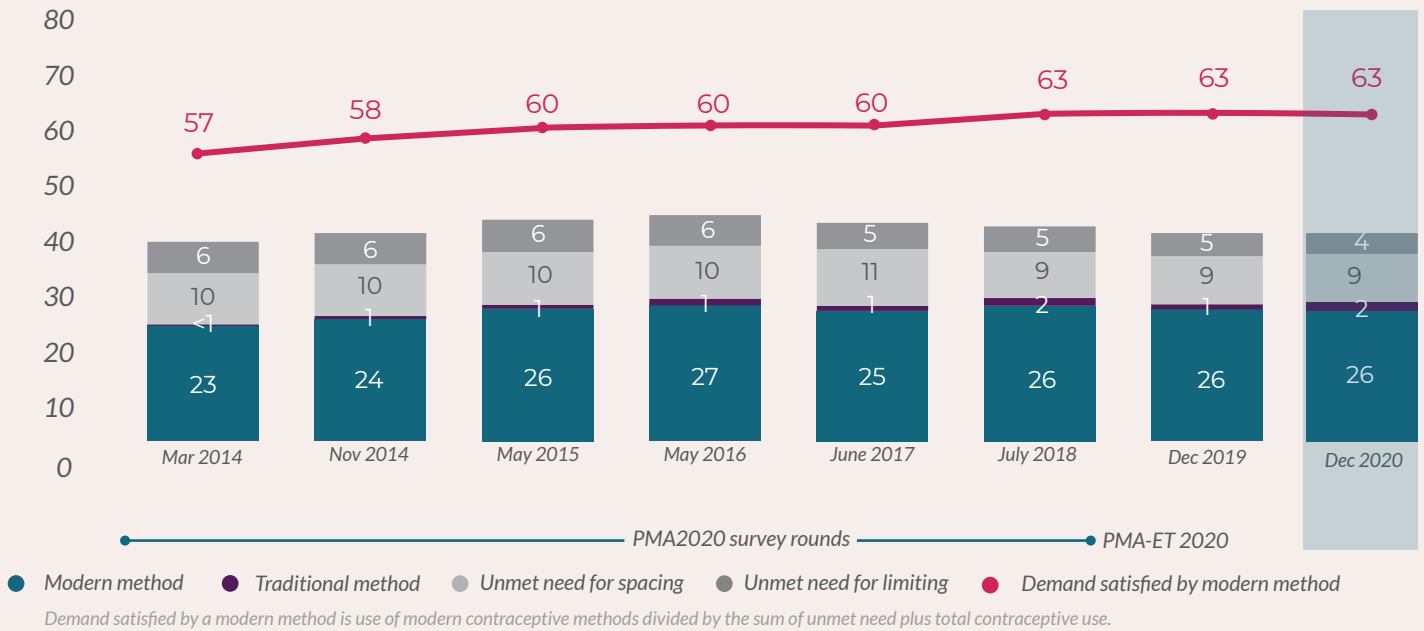
MODERN CONTRACEPTIVE METHOD MIX

Percent distribution of modern contraceptive users age 15-49 by method and marital status



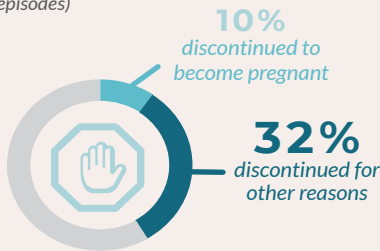
METHOD USE, UNMET NEED, AND DEMAND SATISFIED BY A MODERN METHOD

Percent of women age 15-49 using contraception by method type, unmet need, and demand satisfied by a modern method (n=7,533)

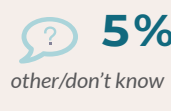
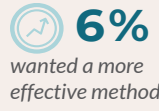
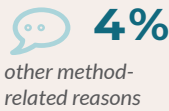
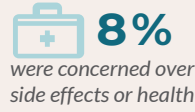


12-MONTH DISCONTINUATION RATE

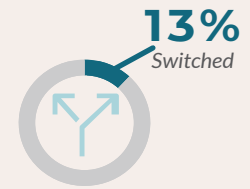
Among women who started an episode of contraceptive use within the two years preceding the survey, the percent of episodes discontinued within 12 months (n=1,749 episodes)



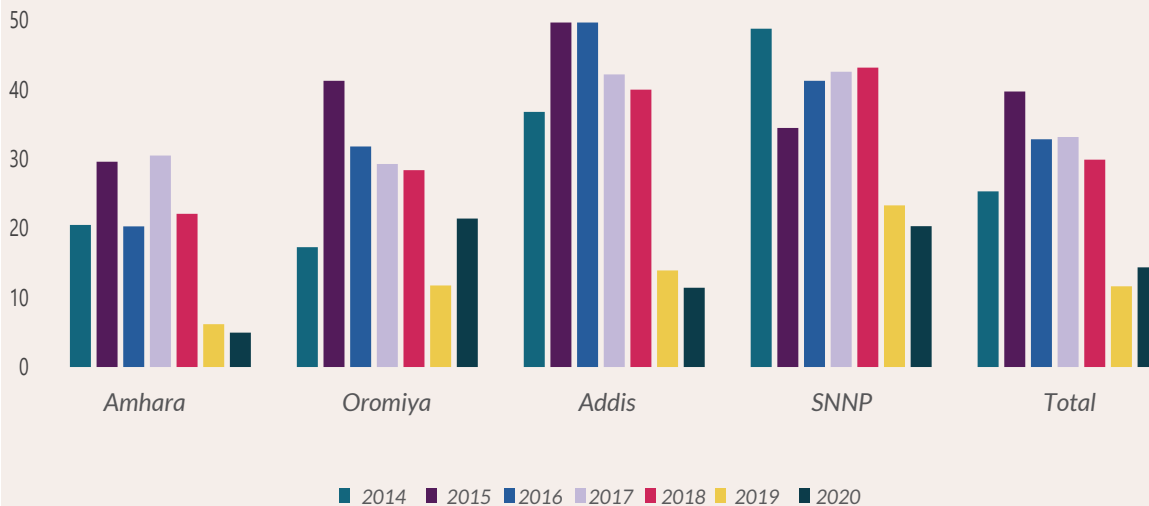
Reasons for discontinuation:



Discontinued but switched methods:



TREND IN PERCENTAGE OF WOMEN WHO RECEIVED "GOOD COUNSELING" ABOUT MODERN FAMILY PLANNING METHODS



KEY FINDINGS FOR SECTION 2: CONTRACEPTIVE USE, DYNAMICS AND DEMAND

- While modern contraceptive use and the share of long-acting method among women has been maintained in 2020, there was no substantial progress on the quality of counselling women received.

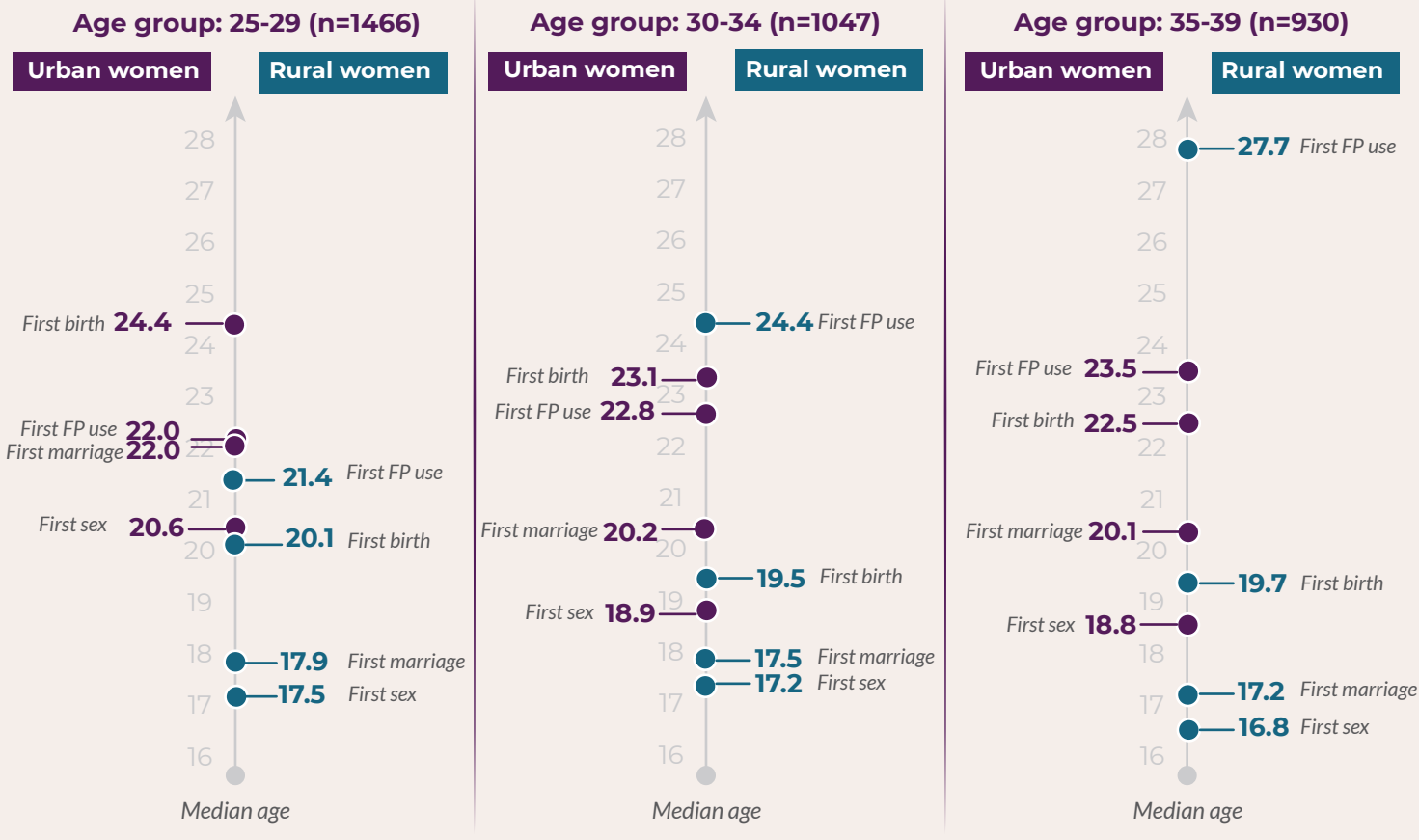
- Injectables and implants dominate the method mix of modern contraceptive among married women.

SECTION 3: REPRODUCTIVE TIMELINE

From the cross-sectional survey

REPRODUCTIVE TIMELINE

Median age at reproductive events, by residence and age group



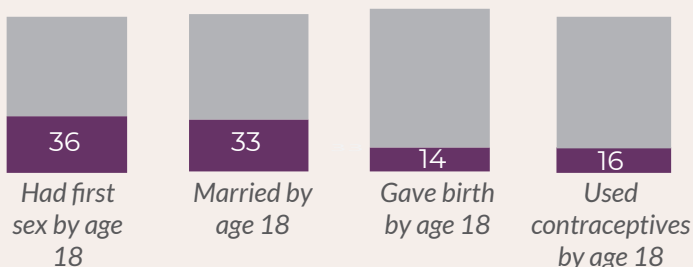
MEAN NUMBER OF CHILDREN AT FIRST CONTRACEPTIVE USE

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



REPRODUCTIVE EVENTS BY AGE 18

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



KEY FINDINGS FOR SECTION 3: REPRODUCTIVE TIMELINE

- Median age at first use of FP method (24.1 years) for younger rural women (25-29 years) is much lower than the median age (27.7 years) for older ones (35-39 years)
- No significant difference between various age groups of rural women is observed with regard to the median age at first birth.
- On average, rural women have two children before they ever use any contraceptive methods. Urban women, however, typically start using contraception after their first birth.

SECTION 4: METHOD INFORMATION INDEX PLUS (MII+)

From the cross-section survey

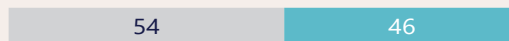
MII+

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

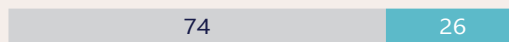
Were you told that you could switch to a different method in the future?* (n=807)



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



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



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



● No ● Yes

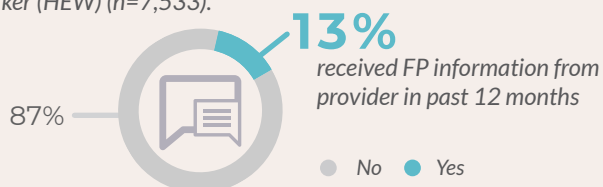
*Asked only among women who were told about other methods

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



DISCUSSED FAMILY PLANNING IN THE PAST YEAR WITH PROVIDER/HEW

Percent of women who received FP information from a provider or a health extension worker (HEW) (n=7,533).



KEY FINDINGS FOR SECTION 4: MII+

- Only 13% of women receive "high-quality" contraceptive counseling, as specified by the MII+
- Only one-quarter of women were told about potential side effects or problems they might experience.

SECTION 5: PARTNER DYNAMICS

From the cross-section survey

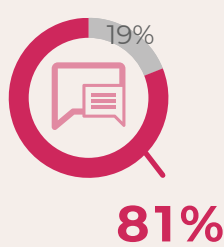
PARTNER INVOLVEMENT IN FAMILY PLANNING DECISIONS

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

Does your partner know that you are using this method?



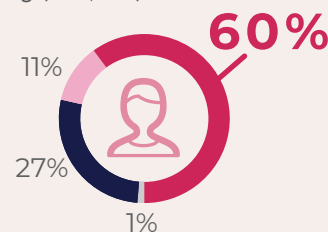
Before you started using this method had you discussed the decision to delay or avoid pregnancy with your partner?



Percent of women in union reporting perceived partner attitudes towards family planning (n=4,769)

How does your partner feel about family planning?

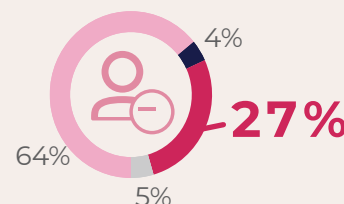
- He is ok with it
- He does not care
- He disapproves of it
- Does not know



Percent of women who are not currently using family planning and agree with the following statements (n=4,933)

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

- Joint decision
- Mainly respondent
- Mainly partner
- Other



KEY FINDINGS FOR SECTION 5: PARTNER DYNAMICS

- More than a quarter (27%) of women in union reported that their partner disapproves of family planning.
- For women currently using a method, 60% state that their partner is aware of their use and approves it.

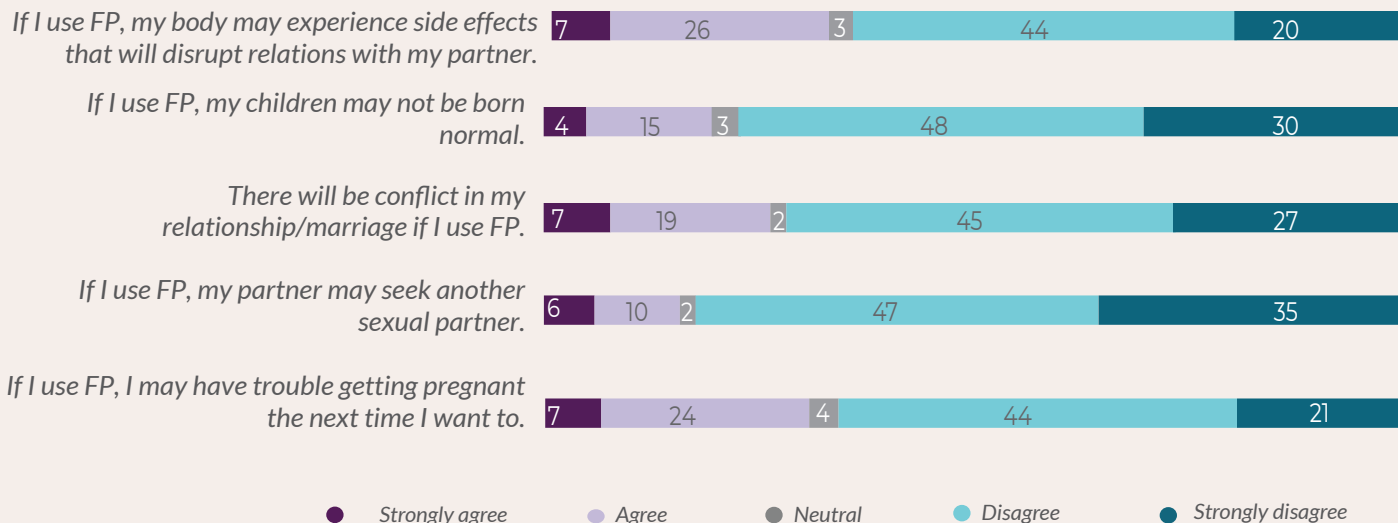
SECTION 6: WOMEN'S AND GIRLS' EMPOWERMENT

From the cross-section survey

AGREEMENT WITH FAMILY PLANNING EMPOWERMENT STATEMENTS

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

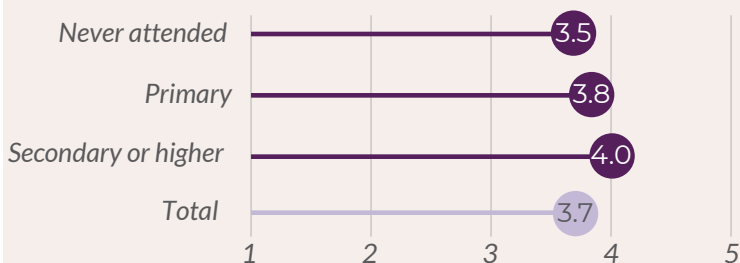
Existence of choice (motivational autonomy) for family planning (n= 4,768)



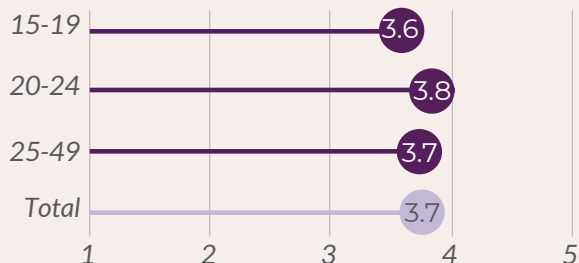
WOMEN'S AND GIRLS' EMPOWERMENT (WGE) SUB-SCALE FOR FAMILY PLANNING

In the 2020 PMA Ethiopia cross sectional survey, the Women's and Girls' Empowerment (WGE) Index examines existence of choice, and achievement of choice domains for family planning, among women who are married/in union women. 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

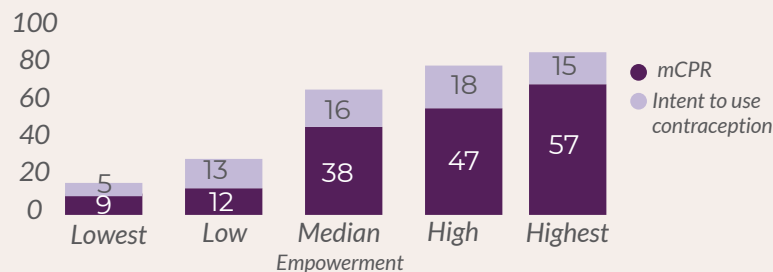


Mean WGE FP existence of Choice, by age



mCPR and intent to use contraception, by categorical WGE score

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=4,896)



KEY FINDINGS FOR SECTION 6: WOMEN'S AND GIRLS' EMPOWERMENT

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

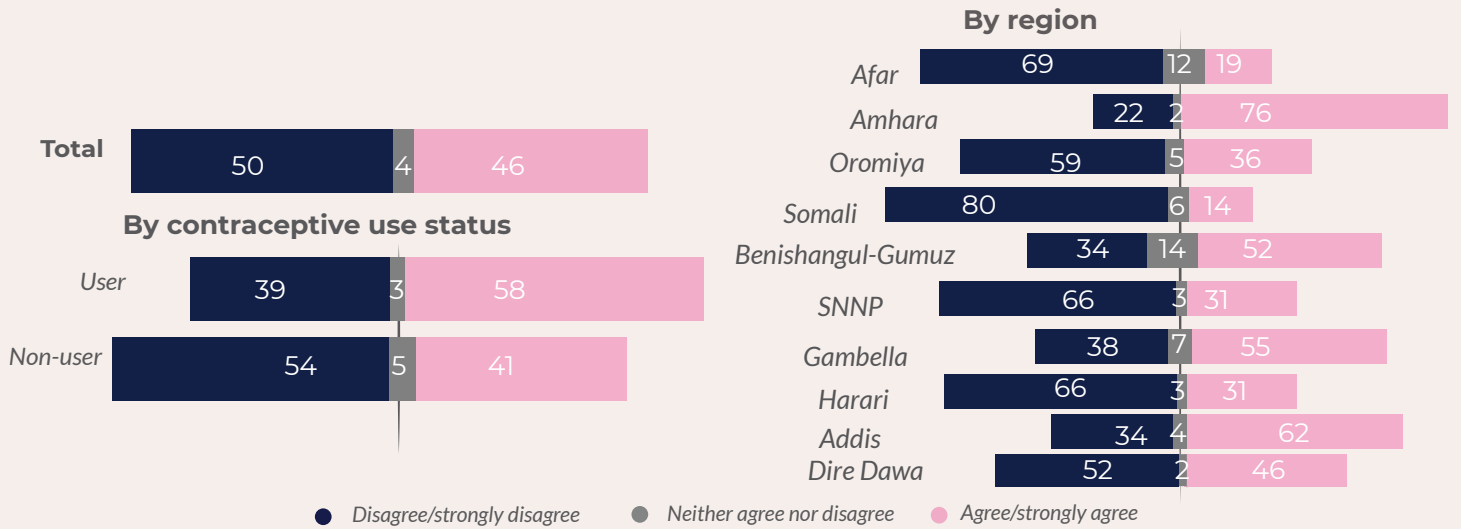
SECTION 7: ATTITUDES TOWARDS CONTRACEPTION

From the cross-section survey

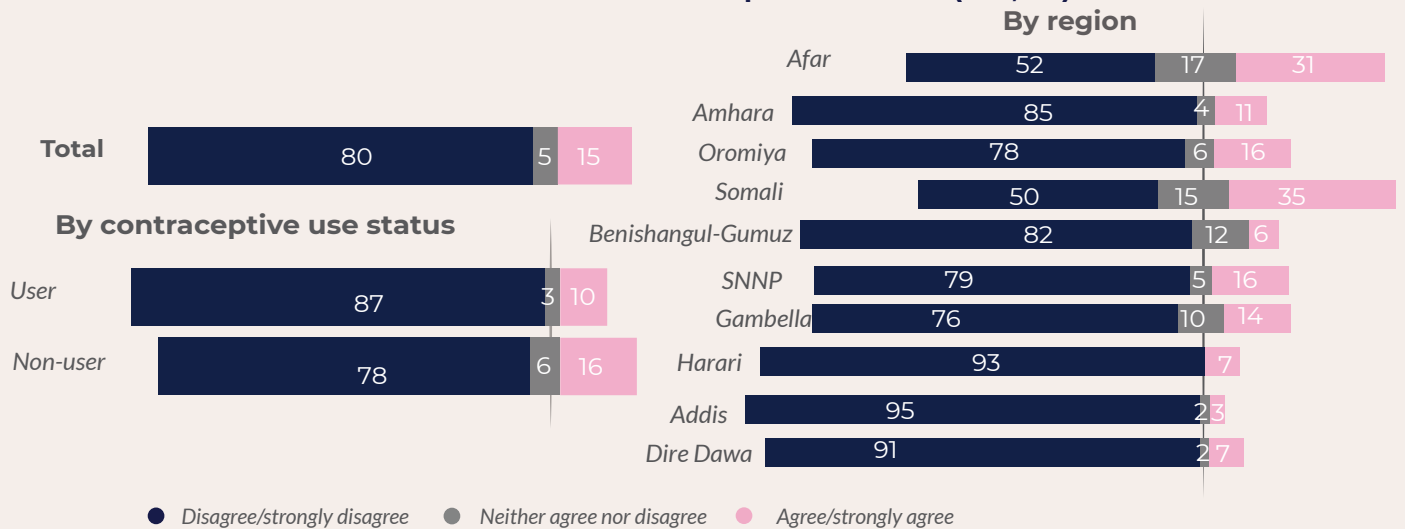
PERSONAL ATTITUDES

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

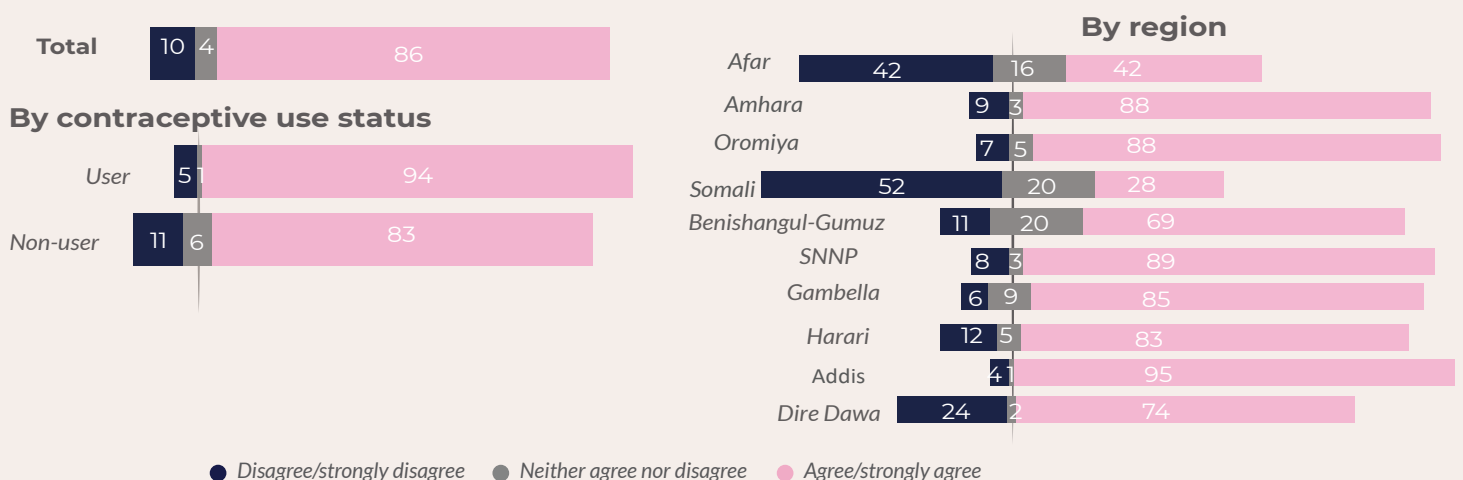
“It is acceptable for a woman to use FP before she has a child.” (n=7,524)



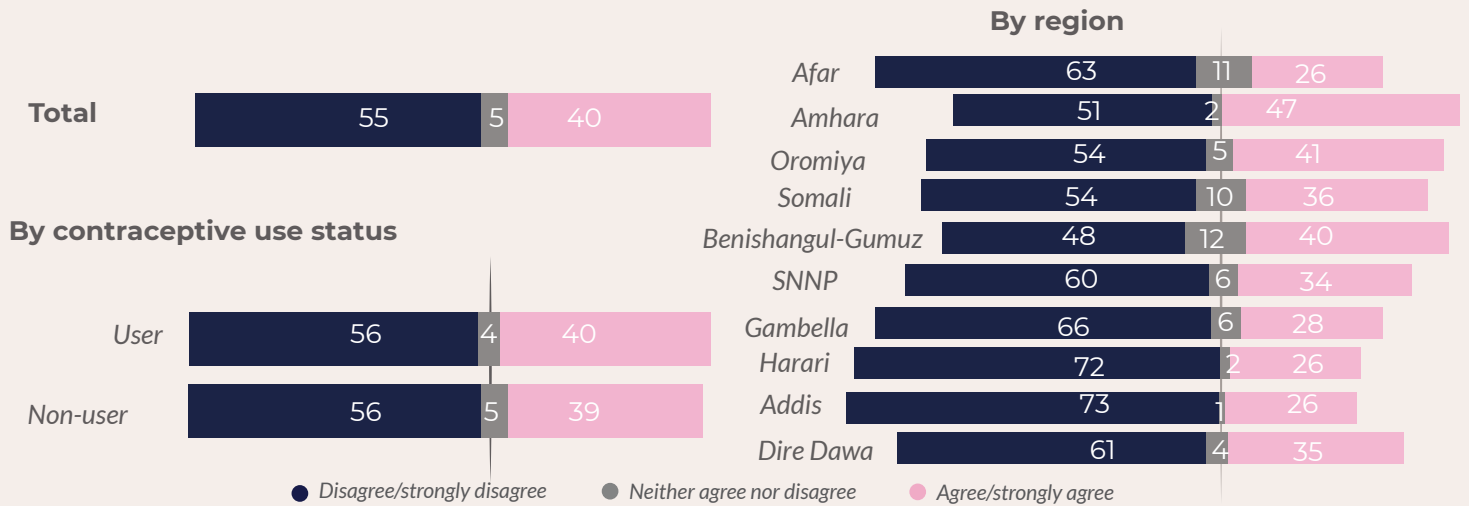
“Women who use FP are considered promiscuous.” (n=7,519)



“Couples who use family planning are financially responsible” (n=7,524)



“Women should be the ones to decide about family planning ” (n=7,526)



KEY FINDINGS FOR SECTION 7: ATTITUDES TOWARDS CONTRACEPTION

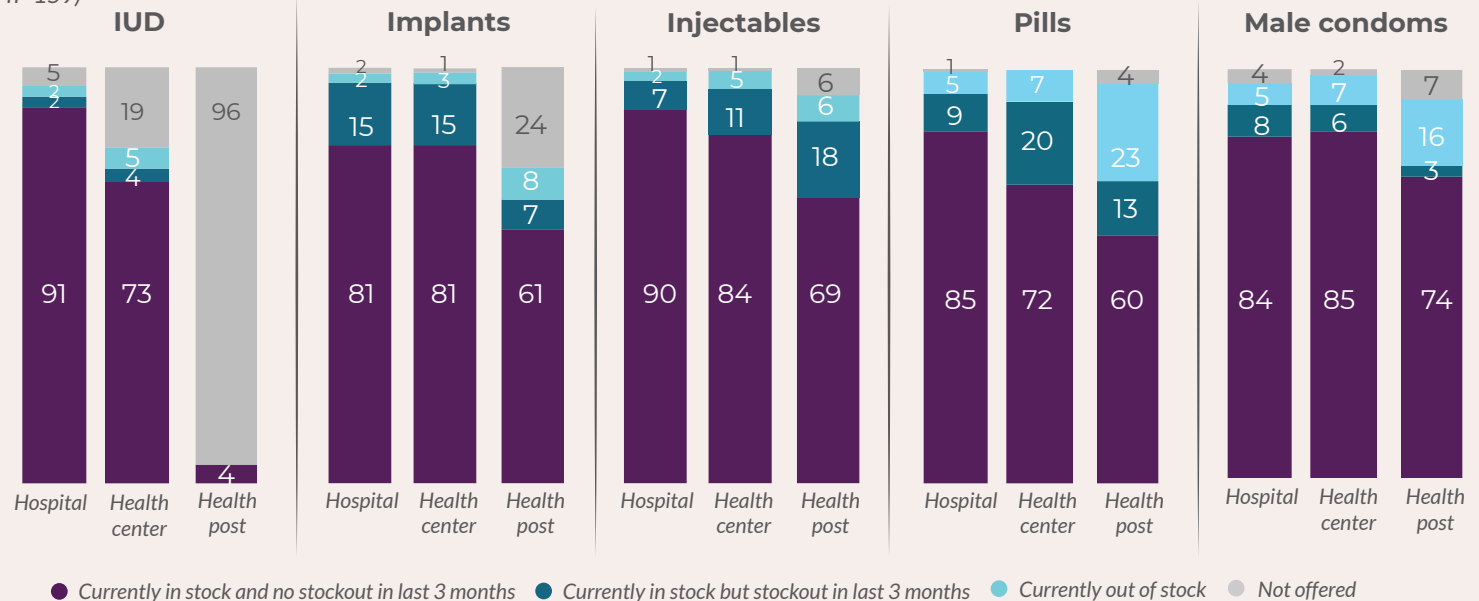
- More women in Afar and Somali regions disagree with the statement “Couples who use family planning are financially responsible”, while majority of women in the remaining regions agree with the same statement.
- 4 in 10 women agree with the statement that “Women should be the ones to decide about family planning”. Nearly half of women (47%) from Amhara region agree with the same statement.

SECTION 8: SERVICE DELIVERY POINTS

From the service delivery point survey

METHOD AVAILABILITY AT SERVICE DELIVERY POINTS

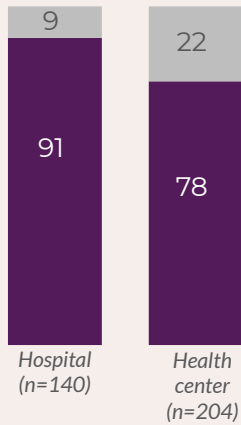
Percent of public service delivery points offering FP with method in stock on day of interview (hospitals: n=154, health centers: n=231, health posts: n=159)



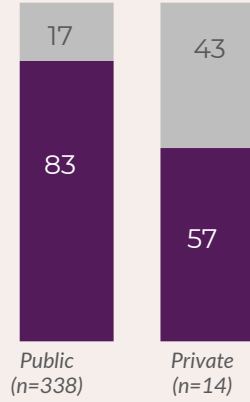
AVAILABILITY OF LIFESAVING MEDICINES

Percent of service delivery points with availability of oxytocin, magnesium sulfate, and any five other life saving medicines*, by facility type and sector

By facility type



By sector



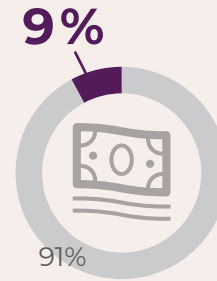
● Available ● Not available

List of Life saving medicines can be found at: https://apps.who.int/iris/bitstream/handle/10665/75154/WHO_EMP_MAR_2012.1_eng.pdf;jsessionid=4D5D213D62CB5E0F2AC319AB2216569D?sequence=1

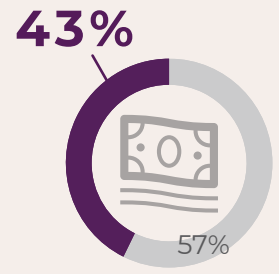
FEES FOR SERVICES

Percent of facilities where FP clients have to pay fees to be seen by a provider even if they do not obtain FP

Public facilities (n=476)



Private facilities (n=206)

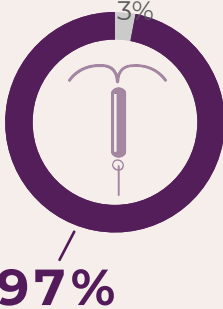


● Fees ● No fees

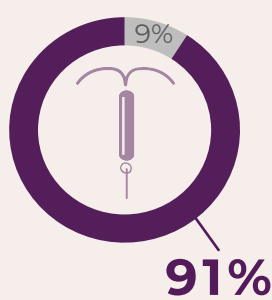
FACILITY READINESS

Percent of facilities that provide IUDs and have a trained staff member for IUD removal

Public facilities (n=297)



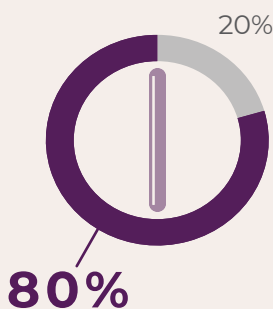
Private facilities (n=33)



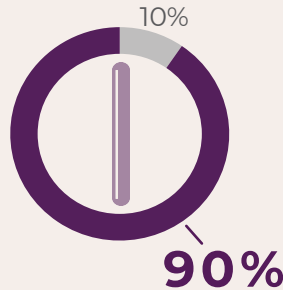
● Yes ● No

Percent of facilities that provide implants and have a trained staff member for implant removal on site the day of interview

Public facilities (n=438)



Private facilities (n=52)



● Yes ● No

78%



of women obtained their current modern method from a public health facility (n=1,794)

KEY FINDINGS FOR SECTION 8: SERVICE DELIVERY POINTS

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

SECTION 9: COVID-19 IMPACT ON CLIENT LOAD AND KEY MCH SERVICES

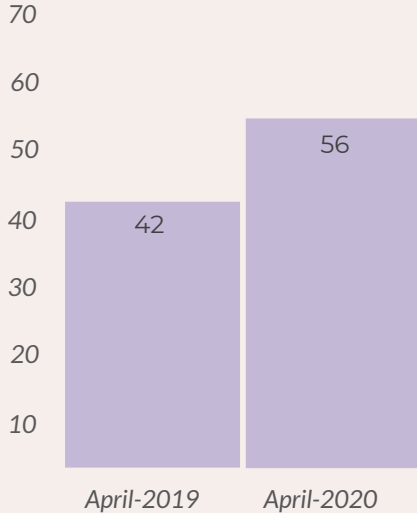
From the cross-section survey



The effect of COVID-19 on the status of service utilization was assessed for indicators shown below using the mean volume of clients recorded in registers/log-books during the pre and post COVID-19 period (April 2019 vs April 2020). To examine whether the observed changes were statistically significant or not, a paired t-test was employed.

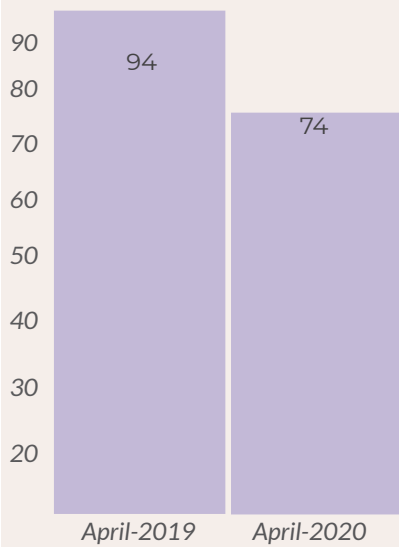
CESEAREAN DELIVERY

Average number of caesarean Deliveries before and after COVID-19, month of April at Government Hospital (n=125)

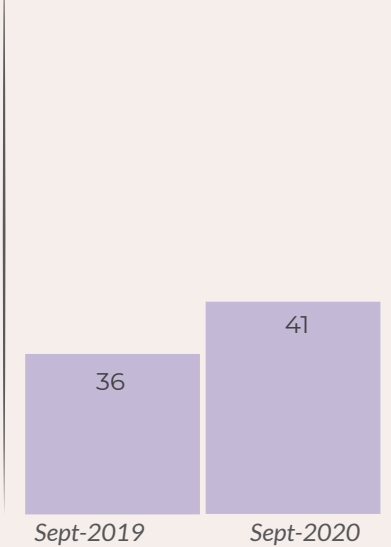


FAMILY PLANNING

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

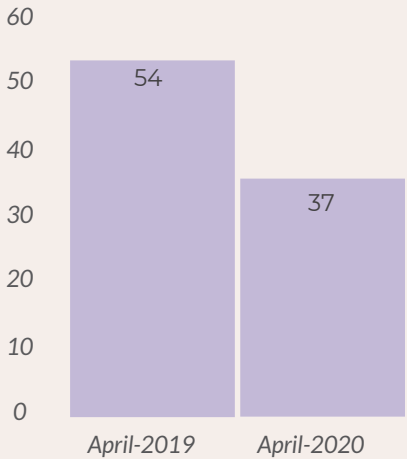


Average number of family planning service provided before and during COVID-19, month of September at Health post (n=127)

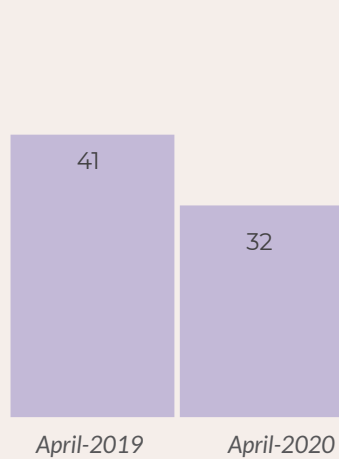


PENTAVALENT AND MEASLES VACCINATION

Average number of pentavalent 3 vaccinations before and during COVID-19, month of April at Governmental hospitals (n=114)

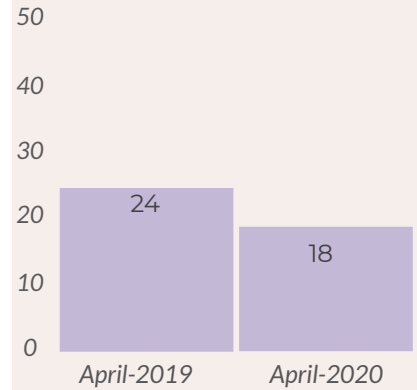


Average number of measles vaccinations before and during COVID-19, month of April at Governmental Hospitals (n=112)



SAFE ABORTION

Average number of safe abortion services and procedures provided before and during COVID-19, month of April at Governmental hospitals (n=125)



KEY FINDINGS FOR SECTION 9: COVID-19

Public Hospital- There was a significant decline in vaccinations administered (Penta3 and Measles), and safe abortion services at public hospitals during Covid-19 while there was a significant increase to the average number of Cesarean deliveries.

Public health center- Family planning service utilization decreased significantly while labor and delivery service utilization increased though it was not statistically significant.

Health Post- Based on log-book records, observed no significant change in delivery, vaccination, and family planning services in the immediate post-COVID-19 period.

TABLES: CONTRACEPTIVE PREVALENCE AND UNMET NEED

ALL WOMEN				CPR				mCPR				Unmet need for family planning			
Data source	Round/Phase	Data collection	Female sample	CPR%	SE	95% CI		mCPR%	SE	95% CI		Unmet need (%)	SE	95% CI	
PMA ETH	R1	Jan-Mar 2014	5,325	23.0	1.4	20.3	25.8	22.7	1.4	20.1	25.6	16.6	1.4	14.1	19.4
PMA ETH	R2	Oct-Nov 2014	5,504	24.6	1.4	21.8	27.6	24.0	1.5	21.2	27.0	16.6	1.1	14.6	18.8
PMA ETH	R3	Apr-May 2015	6,372	26.7	1.4	24.0	29.68	25.9	1.4	23.2	28.8	16.7	1.0	14.9	18.7
PMA ETH	R4	Mar-May 2016	6,347	28.3	1.2	25.8	30.9	26.9	1.3	24.4	29.6	16.4	1.2	14.2	18.9
PMA ETH	R5	May-June 2017	6,213	26.8	1.3	24.2	29.6	25.8	1.4	23.2	28.7	16.5	1.0	14.6	18.5
PMA ETH	R6	June-July 2018	6,347	28.1	1.7	25.0	31.5	26.5	1.7	23.3	29.9	14.1	1.1	12.1	16.5
PMA ETH	R7	Sep-Dec 2019	7,674	27.1	1.1	25.0	29.4	26.1	1.1	24.0	28.3	14.1	0.7	12.8	15.6
PMA ETH	R8	Oct-Dec 2020	7,533	26.5	1.2	24.0	29.1	25.0	1.2	22.7	27.5	13.0	0.8	11.4	14.7

WOMEN IN UNION				CPR				mCPR				Unmet need for family planning			
Data source	Round/Phase	Data collection	Female sample	CPR%	SE	95% CI		mCPR%	SE	95% CI		Unmet need (%)	SE	95% CI	
PMA ETH	R1	Jan-Mar 2014	3,118	33.3	2.3	28.8	38.0	32.9	2.3	28.5	37.7	25.2	1.8	21.8	28.9
PMA ETH	R2	Oct-Nov 2014	3,219	35.1	2.3	30.8	39.8	34.3	2.3	29.9	38.9	24.4	1.5	21.6	27.5
PMA ETH	R3	Apr-May 2015	3,784	37.3	2.1	33.2	41.6	36.2	2.1	32.2	40.3	24.5	1.3	21.9	27.1
PMA ETH	R4	Mar-May 2016	3,760	39.7	1.0	35.9	43.7	37.7	2.0	33.8	41.7	24.0	1.6	21.0	27.3
PMA ETH	R5	May-June 2017	3,756	36.8	2.1	32.8	41.1	35.5	2.1	31.4	39.8	22.9	1.3	20.4	25.7
PMA ETH	R6	June-July 2018	3,718	40.4	2.6	35.4	45.5	37.9	2.6	33.0	43.2	21.0	1.6	18.0	24.3
PMA ETH	R7	Sep-Dec 2019	5,010	37.4	1.6	34.3	40.6	36.1	1.6	33.1	39.3	20.3	1.0	18.4	22.3
PMA ETH	R8	Oct-Dec 2020	4,770	37.7	1.9	34.1	41.5	35.6	1.8	32.1	39.3	19.2	1.2	17.0	21.6

Cross-sectional data, including a health facility based survey, are collected annually in all regions except Tigray*. Data for the cross-section were collected between October and December 2020 from 8,024 households (98.9% completion rate), 7,646 women enrolled in the cross-sectional survey (98.5% completion rate), and 734 facilities (97.0% completion rate). For sampling information and full data sets visit www.pmadata.org/countries/ethiopia.

PMA Ethiopia uses mobile technology and a network of trained female resident enumerators (data collectors) to collect data to identify gaps in reproductive care. Survey implementation is managed by Addis Ababa University, School of Public Health (AAU) in collaboration with regional universities, the Federal Ministry of Health and the Central Statistics Agency. Technical support is provided by the Bill and Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health. The grant is managed by the Ethiopian Public Health Association (EPHA). Funding for this round of cross-section data collection was largely provided by the Foreign, Commonwealth & Development Office (FCDO). Funds from the Bill & Melinda Gates Foundation were used to cover costs related to the health facility survey.

*PMA survey conducted in 2020 did not include Tigray region for security reasons. To allow comparison with previous years, the estimates for years 2014 to 2019 for the country excludes Tigray.

BY REGION-ALL WOMEN

Region	Female sample	CPR				mCPR				Unmet need for family planning			
		CPR%	SE	95% CI		mCPR%	SE	95% CI		Unmet need (%)	SE	95% CI	
Afar	455	3.2	1.8	1.0	9.7	2.2	1.6	0.5	9.1	8.5	2.1	4.9	14.3
Amhara	1,519	31.5	2.0	27.6	35.6	30.8	1.9	27.1	34.8	9.9	1.1	8.0	12.3
Oromiya	1,756	26.3	2.4	21.8	31.4	24.8	2.3	20.5	29.8	15.8	1.7	12.6	19.6
Somali	194	2.9	2.0	0.6	13.0	1.0	0.8	0.2	5.3	8.9	3.1	3.6	20.3
Benishangul-Gumuz	286	32.4	4.1	23.9	42.3	32.1	4.0	23.7	41.9	8.2	2.8	3.7	17.2
SNNP	1,481	24.8	2.5	20.1	30.2	23.4	2.5	18.7	28.9	14.9	1.3	12.5	17.7
Gambella	343	37.1	5.0	26.9	48.6	36.6	4.9	26.5	47.9	12.3	4.3	5.6	25.0
Harari	317	24.0	4.3	15.8	34.6	17.0	4.6	9.2	29.3	13.7	2.9	8.5	21.3
Addis	828	30.7	2.9	25.1	37.0	25.4	2.9	20.0	31.8	4.1	0.8	2.8	6.1
Dire Dawa	354	18.1	2.7	12.8	24.9	17.5	2.8	12.2	24.5	12.8	2.7	8.0	19.9

BY REGION-WOMEN IN UNION

Region	Female sample	CPR				mCPR				Unmet need for family planning			
		CPR%	SE	95% CI		mCPR%	SE	95% CI		Unmet need (%)	SE	95% CI	
Afar	350	3.1	1.7	0.9	9.5	1.8	1.4	0.4	7.8	10.6	2.9	5.9	18.5
Amhara	948	44.9	2.8	39.4	50.5	44.0	2.8	38.5	49.6	15.1	1.6	12.2	18.7
Oromiya	1,164	36.9	3.6	30.0	44.3	34.8	3.5	28.2	42.0	22.9	2.3	18.6	27.8
Somali	137	3.7	2.7	0.7	17.9	1.1	0.8	0.2	5.4	12.2	3.5	5.8	24.0
Benishangul-Gumuz	177	46.5	7.1	31.2	62.4	46.0	7.0	31.0	61.8	11.2	3.8	5.1	22.7
SNNP	975	35.7	3.6	28.9	43.1	33.7	3.6	26.9	41.1	21.2	1.9	17.7	25.2
Gambella	237	47.1	7.4	31.8	63.0	46.4	7.4	31.2	62.4	16.4	5.5	7.5	31.9
Harari	217	31.1	6.8	18.4	47.4	21.8	6.8	10.5	39.8	18.5	3.8	11.5	28.4
Addis	360	56.8	3.2	50.1	63.4	47.8	3.5	40.5	55.1	7.0	1.2	4.8	10.0
Dire Dawa	205	29.5	4.2	21.1	39.5	28.5	4.1	20.2	38.4	22.0	3.6	15.1	30.8