



PERFORMANCE MONITORING & ACCOUNTABILITY 2020 ETHIOPIA

DETAILED INDICATOR REPORT: ETHIOPIA 2014



JOHNS HOPKINS
BLOOMBERG SCHOOL
of PUBLIC HEALTH

BILL & MELINDA GATES INSTITUTE *for*
POPULATION *and* REPRODUCTIVE HEALTH

“Performance Monitoring and Accountability 2020” (PMA2020) is a five-year project that uses innovative mobile technology to support low-cost, rapid-turnaround, nationally representative surveys to monitor key indicators for family planning and water and sanitation. The project is implemented by local universities and research organizations in 10 countries and deploys a cadre of female resident enumerators trained in mobile-assisted data collection. PMA2020 in Ethiopia is led by the School of Public Health at Addis Ababa University with the support of the Federal Ministry of Health and the Central Statistical Agency. Overall direction and support is provided by the Bill & Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health and funded by the Bill & Melinda Gates Foundation.

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List of Indicators

FAMILY PLANNING INDICATORS MEASURED BY PMA2020

FP2020 Core
Indicator Number

Utilization Indicators:

F1: Contraceptive use	
Total contraceptive prevalence rate (CPR)	
Modern contraceptive prevalence rate (mCPR)	Core 1
Traditional contraceptive prevalence	
F2: Contraceptive method mix	Core 1b
(Composition of methods currently used among currently married/in-union and sexually active unmarried women)	
F3: Total number of modern contraceptive users	

Demand Indicators:

F4: Unmet need for family planning (for spacing, limiting, and in total)	Core 3
Total contraceptive demand (CPR and unmet need)	
F5: Percentage demand satisfied by modern contraception	Core 4
F6: Percentage of non-users who intend to adopt a contraceptive method in the future	
F7: Percentage of recent births unintended (Wanted later/Wanted no more)	Core 7
Ratio of unintended births in poorest and wealthiest household quintile	

Indicators for Access, Equity, Quality and Choice:

F8: Percentage of users who chose their current method by themselves or jointly with a provider/partner	Core 13
F9: Percentage of users who paid for family planning services	
F10: Method information index	Core 12
• Percentage of users who were informed about other methods	
• Percentage of users who were informed about side effects	
• Percentage of users who were told what to do if they experienced side effects	

F11: Percentage of sterilization users told the method was permanent*	Core 15
F12: Percentage who would return and/or refer others to their provider	
F13: Percentage receiving family planning information in the past 12 months (all women ages 15 to 49)	Core 11

Duration of Use and Non-Use Indicators:

- F14: Median duration of contraceptive use by main method
- F15: Reasons for non-use among married women wanting to delay next birth by two, or more years

Fertility Indicators:

F16: Total fertility rate (TFR) Adolescent fertility rate	Core 14
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Reproductive History Indicators:

- F17: Age at marriage (median, women ages 25 to 49 years)
- F18: Age at first sex (median, women ages 25 to 49 years)
- F19: Age at first contraceptive use (median and mean)
- F20: Number of living children at first contraceptive use (mean)

Exposure to Family Planning Messaging:

- F21: Percentage of all women with a recent exposure to family planning messages via mass media (all women ages 15 to 49)

Indicators based on service delivery point/facility survey

Indicators for Access, Equity, Quality & Choice at the Health Facility:

- S1: Percentage of service delivery points offering family planning counseling and services to adolescents (ages 10 to 19)
- S2: Percentage of service delivery points with a client feedback system
- S3: Percentage of service delivery points offering family planning methods, by type
- S4: Percentage of service delivery points with mobile outreach teams working from/in facility in the past 12 months
- S5: Percentage of service delivery points experiencing contraceptive stockouts in the last 12 months, by method

**This measure is not included in this report, as the number of sterilized users captured in the PMA2014/Ethiopia survey data was very small.*

S6: Average number of days per week family planning is offered at the service delivery points

S7: Percentage of service delivery points supporting community health workers

S8: Number of family planning visits (new and continuing) in last month by method

S9: Percentage of service delivery points charging fees for family planning services

Indicators for Integration of Services:

S10: Percentage of service delivery points integrating family planning into:
Maternal/Postnatal health services
HIV services
Postabortion services

WATER, SANITATION AND HYGIENE INDICATORS

WASH1: Use of multiple water sources

WASH2: Main and regular type of water source for drinking

WASH3: Child feces disposal

WASH4: Place to wash hands

WASH5: Household members regularly practicing open defecation

WASH6: Reliability and seasonality of water sources

WASH7: Time to collect water during the wet and dry seasons

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The project was made possible by generous support from the Bill & Melinda Gates Foundation. Local support was provided by the Ethiopia Federal Ministry of Health, the respective regional health bureaus and the Central Statistical Agency.

We would like to recognize all the field staff, including the regional coordinators, field supervisors, resident enumerators and other personnel of Addis Ababa University, for their dedicated effort. Lastly, we would like to thank all the survey respondents for their cooperation and help to make PMA2020's first round of data collection in Ethiopia (referred to as “PMA2014/Ethiopia”) a success.

Acronyms

AAU	Addis Ababa University
ASFR	Age-specific fertility rate
CSA	Central Statistical Agency
CDC	Centers for Disease Control and Prevention
CHW	Community health worker
CPR	Contraceptive prevalence rate
DHS	Demographic and Health Survey
EA	Enumeration area
EC	Emergency contraception
FMOH	Federal Ministry of Health
FP	Family planning
FP2020	Family Planning 2020
FQ	Female Questionnaire
EDHS	Ethiopia Demographic and Health Survey
EDHS 2011	Ethiopia Demographic and Health Survey (2011 survey)
HIV	Human immunodeficiency virus
IUD	Intrauterine device
HQ	Household Questionnaire
JHU	Johns Hopkins University
mCPR	Modern contraceptive prevalence rate
MICS	Multiple Indicator Cluster Survey
MDGs	Millennium Development Goals
ODK	Open Data Kit

PMA2014/Ethiopia Performance Monitoring and Accountability 2020 (2014 survey in Ethiopia)

PMA2020 Performance Monitoring and Accountability 2020

PMA2020/Ethiopia Performance Monitoring and Accountability 2020 program in Ethiopia

RE Resident enumerator

SDP Service delivery point

SNNPR Southern Nations, Nationalities, and Peoples' Region, Ethiopia

SRH Sexual & reproductive health

UNICEF United Nations Children's Fund

WASH Water, sanitation and hygiene

WHO World Health Organization

Preface by the PMA2014/ Ethiopia Principal Investigators

Solomon Shiferaw, MD, Principal Investigator
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Mobile technology is growing in developing countries, including Ethiopia. The rapid advancement in technology and the falling prices of devices make the mobile phone an appropriate and adaptable tool to bridge the digital divide in low-income settings. Mobile phones have been used for a variety of reasons, including facilitation of emergency medical responses, point-of-care support, health promotion and data collection.

PMA2020 uses mobile phones equipped with Open Data Kit, an open-source application to collect data on family planning indicators from households and facilities in all of Ethiopia's nine regions and two administrative city councils. Key features of PMA2020 include real-time data collection that facilitates timely dissemination and decision making by the concerned parties and built-in mechanisms to improve data quality, including collection of geographic coordinates of households and service delivery points. Further, the application supports multiple languages, which allows data collection in the three commonly used survey languages in Ethiopia (Amharic, Afan Oromo and Tigrigna) and conversion of dates to the Ethiopian calendar.

Open Data Kit supports multiple languages, which allows data collection in the three commonly used survey languages in Ethiopia

When data submission is not possible instantaneously (owing to poor connectivity), the application allows saving and sending the completed forms whenever resident enumerators get to hot spot areas. This is one of the key features of the application that makes it suitable for regions with limited infrastructure. Despite the challenges related to the mobile phone network (especially in getting accurate GPS), PMA2020/Ethiopia proved that mobile-based data collection is feasible in the Ethiopian context and could be used for routine monitoring of various health programs.



Preface by the PMA2020 Program Director

Scott Radloff, PhD

Director, PMA2020

Bill & Melinda Gates Institute for Population and Reproductive Health

Johns Hopkins University Bloomberg School of Public Health

I am pleased to present the Detailed Indicator Report for the PMA2014/Ethiopia survey, which is the third survey to be launched under the PMA2020 project, following successful implementations in Ghana and the Democratic Republic of Congo. It provides further evidence of the effectiveness and efficiency of this innovative approach to data collection, most notable for its (a) use of smartphones to gather real-time, sentinel household and facility data and (b) establishment of a new cadre of female resident enumerators who can be trained in this technology and deployed for repeated survey rounds.

Ethiopia is the largest survey undertaken to date for the PMA2020 project. The Ethiopia survey was expanded during its planning phase to include 200 enumeration areas - enough to generate sub-national estimates for the five largest regions of Ethiopia. This required a much larger training, coordination and fieldwork effort than had been tried previously. Successful implementation was made possible through strong support from the government of Ethiopia's Federal Ministry of Health and Central Statistical Agency. And it builds upon a strong preexisting partnership established between the Bill & Melinda Gates Institute for Population and Reproductive Health and the Addis Ababa University (AAU) School of Public Health.

The Bill & Melinda Gates Institute for Population and Reproductive Health is grateful to AAU and the leadership provided by Dr. Solomon Shiferaw and Dr. Assefa Seme and their team in guiding this groundbreaking work, and for the lessons that have been generated for other countries where PMA2020 surveys have since been launched. We look forward to a continuing successful partnership with AAU and the government of Ethiopia as we undertake new survey rounds in the coming years.



**Snapshot Select
Family Planning
Indicators,
Married Ethiopian
Women, Ages 15 to 49,
PMA2014/Ethiopia**

33.8%

Modern Contraceptive
Prevalence Rate (mCPR)

24.4%

Unmet Need for Family Planning

57.7%

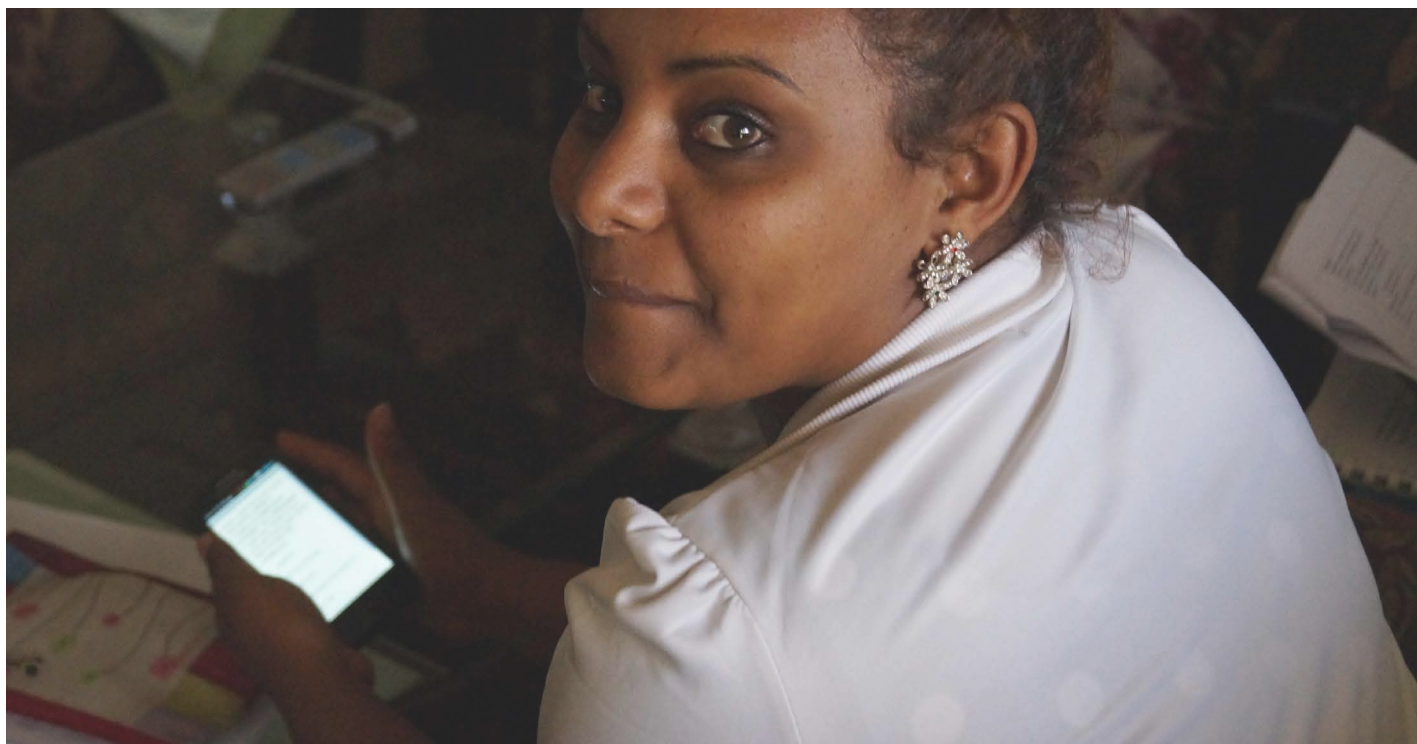
Demand Satisfied (by Modern Methods)

About PMA2020/Ethiopia

The “Performance Monitoring and Accountability 2020” (PMA2020) project in Ethiopia is implemented in a nationally representative sample of 200 enumeration areas throughout Ethiopia. The project is led by the School of Public Health at Addis Ababa University (AAU) in collaboration with the Federal Ministry of Health and the Central Statistical Agency (CSA).

For the first round of data collection in Ethiopia (referred to as PMA2014/Ethiopia), the project employed a cadre of around 200 female resident enumerators, 30 supervisors and 5 regional coordinators to collect data. Each resident enumerator was expected to interview up to 35 households, all women of childbearing age (15 to 49 years) in the households, and three to four health service delivery points (SDPs). The survey aimed for an overall sample size of 7,000 households, 7,000 women and 300 SDPs.

The survey was conducted in the 11 regions of Ethiopia: Amhara, Oromiya, SNNPR, Tigray, Addis Ababa city, Afar, Gambella, Benishangul-Gumuz, Somali, Harari and Dire Dawa. Due to resource constraints, estimates are generated for only the first five regions, with the other six regions combined into one grouping. Data collection was conducted between January and March 2014. In the first two years of the PMA2020 project, data collection is conducted twice a year and then annually for each additional year.



PMA2020 Survey

Objectives

The principal goal of PMA2020 is to support the monitoring efforts of a number of countries by conducting rapid, smartphone-based national surveys with a multistage cluster random sample of enumeration areas. A cluster-based network of female resident enumerators and field supervisors conducts interviews at the household level, with eligible women, and at health facilities. Data generated by PMA2020 surveys provide rich information that is useful for reporting, planning, making operational decisions and conducting advocacy at the community, country and global levels. PMA2014/Ethiopia, in particular, helps Ethiopia monitor its contribution to the Family Planning 2020 (FP2020) goal of adding 120 million new contraceptive users globally by 2020.

Current Demographic and Health Survey (DHS) data are reported in five-year intervals—a lengthy gap that restricts the ability of stakeholders to make timely adjustments to policies and programs based on these data. PMA2020 data are intended to fill

gaps in the availability of current and reliable information on population dynamics; family planning; reproductive health service delivery; and water, sanitation and hygiene (WASH). This nationally representative survey provides updates twice a

The goal of PMA2020 is to contribute to a global monitoring and evaluation system for family planning

year on key FP2020 indicators of contraceptive need, use, quality, choice and access as well as a small battery of questions on WASH in households and health facilities.

The long-term goal of PMA2020 is to strengthen the capacity of local public health institutions and

large government agencies, such as AAU, the Federal Ministry of Health and the CSA, to efficiently monitor health needs and track progress toward meeting health goals. The project has deployed a cadre of around 200 female resident enumerators trained in mobile-assisted data collection. The project has an initial focus on performance monitoring and accountability in family planning. An additional PMA2020 goal is to establish a sentinel data collection platform that transforms the way all health survey data are collected—a sustainable platform that can be utilized for other health program areas.

Sample Design

The PMA2020 survey collects annual data at the national and regional levels to allow the estimation of key indicators to monitor progress in family planning. The resident enumerator model enables replication of the surveys each year, and every six months for the first two years, to track progress.

For the first round of data collection (referred to as PMA2014/Ethiopia), the survey targeted a sample size of 200 enumeration areas, which were selected by CSA to be representative at the national level (including urban and rural areas) and in 5 of 11 regional divisions. The enumeration areas were selected systematically with probability proportional to size and urban or rural stratification in the 10 regions (excluding Addis Ababa city, which is only urban).

The sample sizes for five regions (Amhara, Oromiya, SNNPR, Tigray and Addis Ababa city) were designed to provide regional estimates. CSA provided the enumeration area selection probabilities for the PMA2020 sampled clusters for constructing weights.

Prior to data collection, all households, health SDPs and key landmarks in each enumeration area were listed and mapped by the resident enumerators to create a frame for the second stage of the sampling process. This mapping and listing process took place in the first week of data collection in each enumeration area. Once listed, 35 households were randomly selected by field supervisors using a phone-based random number-generating application. All occupants in selected households were enumerated and from this list, all eligible women were approached and asked to give informed consent to participate in the study.

Up to three private SDPs within each enumeration area boundary were randomly selected from the listing. In addition, three public health SDPs—a health post, a health center, and a district hospital designated to serve the enumeration area population—were selected.

Weights were adjusted for non-response at the household and individual levels and applied to all household and individual estimates in this report.

Questionnaires

PMA2020 uses standardized questionnaires for households and SDPs to gather data that is comparable across program countries and consistent with existing national surveys. Prior to launching the survey in each country, these questionnaires are reviewed and modified by local experts to ensure all questions are appropriate to each setting (see Appendix C).

Three questionnaires were used to collect PMA2014/Ethiopia survey data: the household questionnaire, the female questionnaire and the service delivery point questionnaire. These questionnaires were based on model surveys designed by PMA2020 staff at the Bill & Melinda Gates Institute for Population and Reproductive Health in Baltimore, AAU, and fieldwork materials of the 2011 Ethiopian Demographic and Health Survey (EDHS).

All PMA2020 questionnaires are administered using Open Data Kit software and Android smartphones. The PMA2014/Ethiopia questionnaires appeared in the three local languages (Amharic, Afan Oromo and Tigrigna), in addition to English.

Female resident enumerators in each enumeration area administered the household questionnaire and female questionnaire in selected households, and the SDP questionnaire for sampled private SDPs. PMA2014/Ethiopia field supervisors administered the SDP questionnaire in public SDPs.

The household questionnaire gathers basic information about the household that is used to construct a wealth quintile index, such as ownership of durable goods, as well as characteristics of the dwelling unit, including wall, floor, and roof material, water sources and sanitation facilities. Using PMA2020's innovative mobile technology, the household questionnaire is then linked with the female questionnaire, allowing for disaggregation of the indicators generated by data from the female questionnaire into household wealth quintiles.

The first section of the household questionnaire, the household roster, lists basic demographic information about all usual members of the household and visitors who stayed with the household the night before the interview. This roster is used to identify eligible respondents for the female questionnaire.

In addition to the roster, the household questionnaire also gathers data that are used to measure key WASH indicators, including regular sources and uses of water, sanitation facilities used and prevalence of open defecation by household members.

The female questionnaire is used to collect information from all women ages 15 to 49 who were listed on the household roster at selected households. The female questionnaire gathers specific information on education; fertility and fertility preferences; family planning access, choice and use; quality of family planning services; exposure to family planning messaging in the media; and the burden of collecting water on women.

PMA provides consistency with DHS measures and introduces new indicators for family planning quality, choice and access

In each selected enumeration area, field supervisors randomly selected up to three private SDPs to be interviewed by a resident enumerator using the SDP questionnaire. The field supervisors themselves administered the SDP questionnaires at an additional three public SDPs that serve each enumeration area.

The SDP questionnaire collected information about the provision and quality of reproductive health services and products, integration of health services, and water and sanitation within the health facility.

Training

The PMA2014/Ethiopia fieldwork training started with a two-week training of trainers of 5 regional coordinators, 30 field supervisors, and 3 central staff that was conducted from October 28 to November 8, 2013. The training was led by PMA2020 staff from the Bill & Melinda Gates Institute for Population and Reproductive Health. These field supervisors then became the trainers for four subsequent resident enumerator training sessions, with the first two trainings taking place from November 20 to November 30, 2013 in Bishoftu and January 1st to 4th, 2014 at Red Cross Training Center in Addis Ababa. In addition, concurrent trainings in Addis Ababa, Gondar, and Mekele towns were held January 14 to 24, 2014; a total of 200 resident enumerators received training.

All training participants were given comprehensive instruction on how to complete the household, female, and SDP questionnaires. In addition to PMA2020 survey training, all participants received training on contraceptive methods by an Ethiopian obstetrician/gynaecologist.

Throughout the trainings, resident enumerators and supervisors were evaluated based on their performance on several written and phone-based assessments, mock field exercises and class participation. As all questionnaires were completed on project smartphones, the training also familiarized participants with Open Data Kit and smartphone use in general. All trainings included three days of field exercises, during which participants entered a mock enumeration area to practice listing, mapping and conducting household, female and SDP interviews; recording all responses on their project phones; and submitting to a practice cloud server—a centralized data storage system. The resident enumerator trainings were conducted primarily in Amharic, whereas some small group sessions were conducted in Afan Oromo and Tigrigna.

Supervisors received additional training on how to oversee fieldwork and complete household re-interviews used to carry out random spot-checks in 10 percentage of the households interviewed by resident enumerators.

Data collection was conducted between January and March 2014.

Data Processing

Unlike traditional paper-and-pencil surveys, PMA2020 uses Open Data Kit Collect, an open-source software application, to collect data on mobile phones. All the questionnaires were programmed using this software and installed onto all project smartphones. The Open Data Kit questionnaire forms are programmed with automatic skip-patterns and built-in response constraints to prevent data entry errors.

The Open Data Kit Collect application enabled resident enumerators and supervisors to collect and transfer survey data, via the General Packet Radio Service network, to a central Open Data Kit Aggregate cloud server in real time. This instantaneous aggregation of data also allowed for real-time monitoring of data collection progress, concurrent data processing and course corrections while PMA2020 was still active in the field. Throughout data collection, central staff at AAU in Ethiopia and a data manager in Baltimore routinely monitored the incoming data and notified field staff of any potential errors, missing data or problems found with form submissions on the central server.

The use of mobile phones combined data collection and data entry into one step; therefore, data entry was completed when the last interview form was uploaded at the end of data collection in March.

Once all data were on the server, data analysts cleaned and de-identified the data, applied survey weights, and prepared the final data set for analysis using Stata® version 12 software. Ongoing data analysis was conducted between February and May 2014 and the national dissemination workshop was held on May 27, 2014, in Addis Ababa, Ethiopia.



Response Rates

The response rates at the household and female respondent levels are shown in Table 1 for both PMA2014/Ethiopia and the EDHS 2011. Of the households selected for surveys, a total of 6,919 households were found to be occupied at the time of the fieldwork. Of these 6,919 potential respondents, 6,782 consented to the household interview, for a response rate of 98.0%. The response rate was similar for both urban and rural areas (98.0%).

In the selected households, 6,688 eligible women ages 15 to 49 were identified, and 6,550 of them participated in interviews (98.2% response rate). The participation rate was similarly high in urban areas (98.3%) and rural areas (98.2%).

The PMA2014/Ethiopia response rates for selected households were comparable with those observed by the EDHS 2011, and slightly higher for selected eligible women. The relatively higher response rate for eligible women could be due to the shorter interview time and use of mobile phones to interview women, which may have increased their interest in participating.

Tabulations presented in this report, with the exception of Table 1, are weighted and adjusted for non-response at the household and female respondent levels.

Table 1: Response rates of households and individuals by residence: Ethiopia DHS 2011 and PMA2014/Ethiopia

Result	EDHS 2011			PMA2014/Ethiopia		
	Urban	Rural	Total	Urban	Rural	Total
Household interviews						
Households selected	5,518	12,299	17,817	3,605	3,395	7,000
Households occupied	5,272	11,746	17,018	3,570	3,349	6,919
Households interviewed	5,112	11,590	16,702	3,501	3,281	6,782
Household response rate	97.0%	98.7%	98.1%	98.1%	98.0%	98.0%
Interviews with women ages 15 to 49						
Number of eligible women	5,656	11,729	17,385	3,613	3,075	6,688
Number of eligible women interviewed	5,329	11,186	16,515	3,540	3,010	6,550
Eligible response rate	94.2%	95.4%	95.0%	98.3%	98.2%	98.2%

Household response rate = households interviewed/households occupied

Eligible women response rate = eligible respondents interviewed/eligible women

Background Characteristics

Households

Selected social, economic and demographic characteristics of the households sampled for the survey are shown in Tables 2–4. The PMA2020 surveys follow the DHS definition of a household: a person or a group of persons, related or unrelated, who live together in the same house or compound, share the same housekeeping arrangements and eat together as a unit. The household survey obtained the age, sex, marital status and *de jure* (usual) or *de facto* (visitor) residential status of each member in the household. Visitors were individuals who spent the night preceding the interview in the household. The household information identified all eligible women in the household, ages 15 to 49, irrespective of marital status. Those women were then contacted and requested to give informed consent for interviews.

Table 2 presents the weighted distribution of all household residents (*de jure* and *de facto*) by sex, five-year age groups and urban or rural residence. A total of 28,283 residents were enumerated. In 2014, 45% of the population was less than 15 years old, compared to 46.5% in 2011 and 47.7% in 2005. The ongoing fertility decline of the past decade is visible in the population pyramid in Figure 1. More boys than girls ages 0 to 9 were enumerated in rural areas, and more boys than girls under 5 years old were enumerated in urban sites. There are 102 males per 100 females with the sex ratio being higher in rural areas (105 males per 100 females) than in urban areas (90 males per 100 females). The sex ratio is similar to the findings of census 2007 where there are 102 males per 100 females at the country level, and 91 males

per 100 females in Addis Ababa. The longevity of older males compared to females is reflected in the higher proportions of age 70 and higher, 3.0% and 2.3%, respectively.

Table 2. Percentage distribution of household population, by age, sex and residence

	Total Population			Urban Population			Rural Population		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Age group									
0-4	14.0	13.2	13.6	11.0	9.7	10.3	14.6	13.9	14.2
5-9	16.7	16.0	16.3	11.1	11.2	11.1	17.6	16.9	17.3
10-14	14.1	16.2	15.1	10.9	12.8	11.9	14.6	16.8	15.7
15-19	11.9	8.8	10.3	12.3	12.4	12.4	11.8	8.0	10.0
20-24	6.8	7.2	7.0	9.7	11.1	10.5	6.3	6.4	6.4
25-29	6.8	8.1	7.5	11.2	11.3	11.2	6.1	7.5	6.8
30-34	5.2	5.9	5.5	8.6	6.6	7.6	4.7	5.7	5.2
35-39	5.5	5.7	5.6	6.5	6.1	6.3	5.4	5.7	5.5
40-44	4.2	3.3	3.7	4.8	3.5	4.1	4.1	3.2	3.7
45-49	3.2	2.3	2.7	3.3	2.8	3.1	3.2	2.2	2.7
50-54	2.6	5.0	3.8	2.5	4.2	3.4	2.6	5.2	3.9
55-59	2.3	2.5	2.4	2.2	2.4	2.3	2.3	2.5	2.4
60-64	2.3	2.3	2.3	2.1	2.2	2.1	2.3	2.3	2.3
65-69	1.5	1.4	1.4	1.3	1.3	1.3	1.5	1.4	1.4
70-74	1.2	1.1	1.2	1.0	1.0	1.0	1.2	1.1	1.2
75-79	0.9	0.4	0.6	0.6	0.5	0.5	0.9	0.4	0.7
80-84	0.6	0.4	0.5	0.5	0.6	0.5	0.6	0.4	0.5
85 or older	0.3	0.4	0.3	0.3	0.5	0.4	0.3	0.3	0.3
Total	100.0	100.0	100.0	100.00	100.0	100.0	100.0	100.0	100.0

Figure 1: Population age-sex pyramid

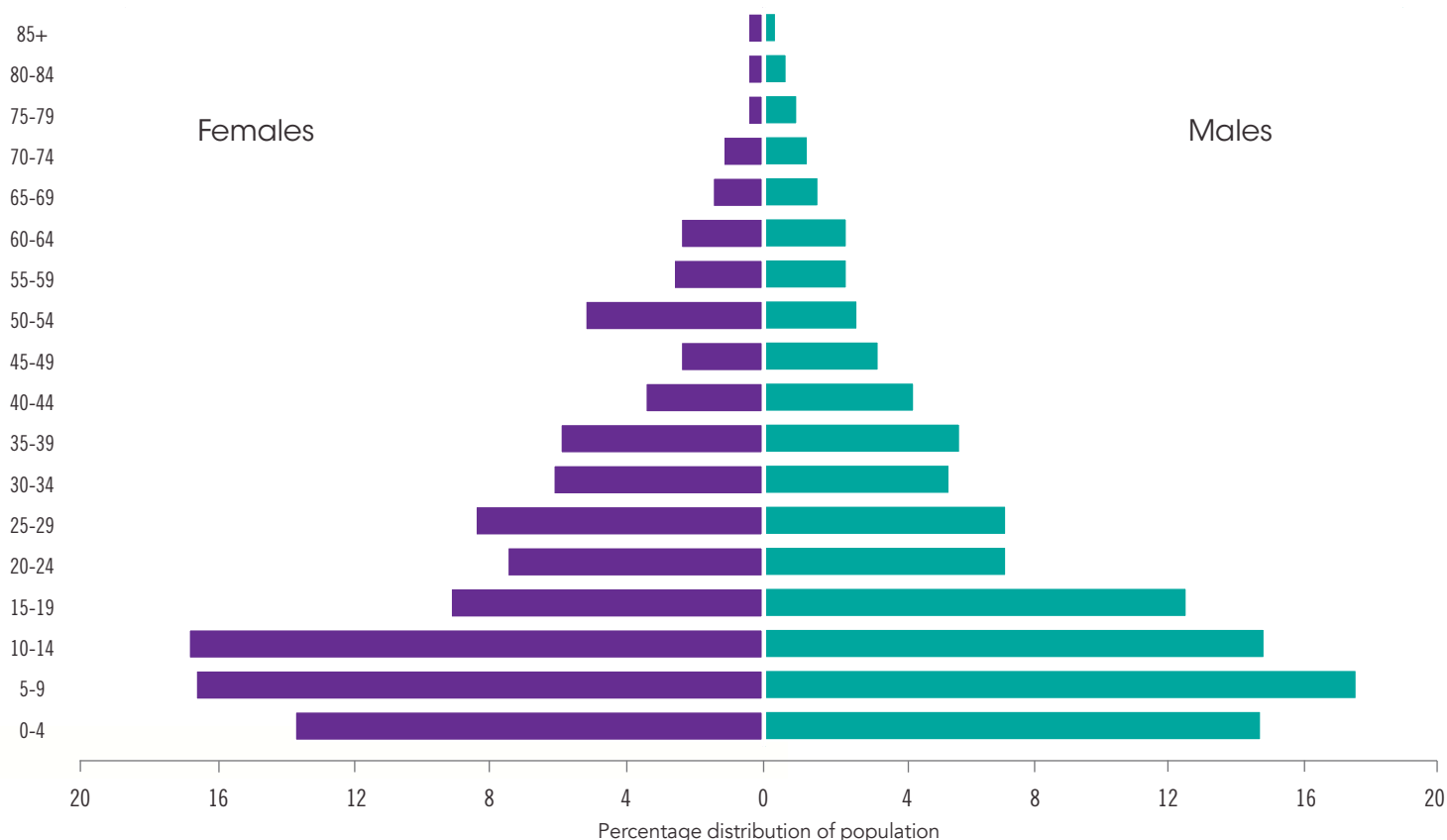


Table 3 shows the distribution of the household head's sex and household size based on the number of usual members. Seventy-six percentage of households are headed by males, especially in rural areas (78.6%). More females in urban areas (36.0%) than rural areas (21.4%) head households. Households average 4.6 persons in size—3.6 in urban and 4.9 in rural areas. In the EDHS 2011, the counterpart average household sizes were 3.7 and 4.9. Half of households (50.6%) had 4 or fewer members.

Table 3: Household composition: Percentage distribution of households by sex of head of household and by household size

Characteristics	Residence		
	Urban	Rural	Total
Household headship			
Male	64.1	78.6	75.8
Female	35.9	21.4	24.2
Number of usual members			
1-4	68.7	46.2	50.6
5-9	30.1	51.2	47.1
10 plus	1.2	2.5	2.3
Total	100.0	100.0	100.0
Mean size of households	3.6	4.9	4.6
Weighted N	1,304	5,454	6,758
Unweighted N	3,489	3,269	6,758

Household assets and amenities, including construction materials, sanitation and water facilities, were measured using questions adopted from the DHS. These data enabled the creation of the wealth asset index using the principal components analysis method. With the asset scores, households were allocated to quintiles, representing the poorest to wealthiest groups. Although a direct comparison with the EDHS 2011 distribution of wealth is not possible, the 2014 survey does provide a sense of measurement reliability, especially in relation to other household or individual characteristics. Table 4 shows the distribution of the *de jure* (usual) population, classified by their household wealth, and disaggregated by urban and rural residence and by region.

The data on wealth quintiles indicate that only 0.5% of households in the poorest quintile are from urban areas, whereas 99.5% are from rural areas. For the wealthiest quintile, 70.8% of household residents are from urban areas and 29.2% are from rural areas. By region, both the poorest and the wealthiest residents are found in Oromiya region, followed by SNNPR.

Table 4. Household composition: Percentage distribution of the *de jure* (usual) population by wealth quintiles, residence and region

Residence/ Region	Wealth quintiles					Total	Weighted N	Unweighted N
	Lowest	Second	Middle	Fourth	Highest			
Residence								
Urban	0.5	1.6	1.8	9.6	70.8	15.1	4,196	12,286
Rural	99.5	98.4	98.2	90.4	29.2	84.9	23,626	15,536
Region								
Addis Ababa	0.0	0.0	0.0	0.3	20.5	3.6	1,009	2,753
Amhara	22.1	24.7	31.6	25.7	15.5	24.2	6,737	5,542
Oromiya	43.6	38.8	43.2	47.9	31.1	41.3	11,488	4,854
SNNPR	27.2	20.4	17.4	18.2	20.7	20.7	5,769	6,583
Tigray	3.3	6.1	5.3	6.4	8.1	5.8	1,602	4,313
Other	3.8	10.1	2.5	1.6	4.1	4.4	1,215	3,777
Total	100.0	100.0	100.0	100.0	100.0	100.0	27,822	27,822

Women Ages 15 to 49

A total of 6,550 women ages 15 to 49 were interviewed in the PMA2014/Ethiopia survey. Their background characteristics are shown in Table 5 by residence. Some 59.9% of the sample are married, 27.6% never married and 11.0% divorced or widowed. One-third are childless, 23.0% have had one to two births, 18.3% have had three to four births and 25.4% have had five births or more. About 90.2% of women who have had five or more births live in rural areas. A higher percentage of women with no or one to two births live in urban than rural areas. Residents in SNNPR (19.6%), Amhara (26.8%) and Oromiya (36.6%) regions account for 83% of the sample.

Forty-six percentage of women reported having no education, 36.5% had primary schooling, 12.1% had secondary schooling, and 5.6% had technical and vocational training or higher schooling. The comparable figures from the EDHS 2011 are 50.8%, 34.0%, 9.9% and 5.3%, respectively. Schooling achievement among women has made slight gains in the three years following the EDHS 2011.

More than three-fourths of women interviewed reside in rural areas. Among those who were married, 82.0% live in rural areas. Higher education correlates with urban residence – 9.3% of those with no education and 84.8% of those with higher education reside in urban areas.

Table 5. Percentage distribution of background characteristics of women ages 15 to 49

Background characteristics	Urban	Rural	Total	Percentage	Weighted N	Unweighted N
Age group						
15-19	25.3	74.7	100.0	22.2	1,444	1,454
20-24	27.3	72.7	100.0	17.8	1,156	1,248
25-29	25.8	74.2	100.0	19.1	1,242	1,322
30-34	20.9	79.1	100.0	14.0	912	852
35-39	20.0	80.0	100.0	13.6	883	806
40-44	19.0	81.0	100.0	7.8	511	477
45-49	21.7	78.3	100.0	5.6	364	353
Marital status						
Never married	33.1	66.9	100.0	27.6	1,797	2,033
Married	17.9	82.0	100.0	59.9	3,895	3,558
Living together	38.7	61.3	100.0	1.6	101	130
Divorced/ separated	31.3	68.7	100.0	7.8	5,087	585
Widow	24.9	75.1	100.0	3.2	207	201
Parity						
None	32.6	67.5	100.0	33.3	2,163	2,458
1-2	30.5	69.5	100.0	23.0	1,492	1,741
3-4	18.6	81.4	100.0	18.3	1,187	1,113
5 or more	9.8	90.2	100.0	25.4	1,651	1,181
Education						
No education	9.3	90.7	100.0	45.9	2,983	2,287
Primary	22.2	77.8	100.0	36.5	2,374	2,228
Secondary	56.3	43.7	100.0	12.1	784	1,218
Technical and Vocational	78.4	21.6	100.0	2.8	184	389
Higher	84.8	15.2	100.0	2.8	179	382
Wealth quintile						
Lowest	0.5	99.5	100.0	16.3	1,063	638
Second	2.4	97.6	100.0	18.1	1,176	908
Middle	2.3	97.7	100.0	18.2	1,184	716
Fourth	13.1	87.0	100.0	21.5	1,398	992
Highest	77.1	23.0	100.0	26.0	1,691	3,258
Region						
Addis Ababa	.0	0.0	100.0	5.4	353	876
Amhara	21.7	78.3	100.0	26.8	1,746	1,218
Oromiya	15.5	84.5	100.0	36.6	2,384	998
SNNPR	16.5	83.5	100.0	19.6	1,276	1,495
Tigray	27.0	73.0	100.0	6.8	440	1,154
Other	36.1	63.9	100.0	4.9	316	771
Total	23.7	76.3	100.0	100.0	6,512	6,512

A more detailed examination of women's education level by age group, residence and household wealth is provided in Table 6. The improved education levels among women are notable by age – only 11.7% of 15 to 19-year-old women reported having no education, compared to 79.9% of 45- to 49-year-old women. Similarly, the proportion of women with no education declines as wealth increases – 68.3% in the poorest quintile have no education versus 15.5% in the highest quintile. Educational achievement generally improves among urban women compared to rural women.

Table 6. Percentage distribution of women ages 15 to 49 by education level, age, residence and wealth quintile

Background characteristics	Education level					Total	Weighted N	Unweighted N
	Never attended	Primary	Secondary	Technical and vocational	Higher			
Age group								
15-19	11.7	61.6	24.0	1.9	1.0	100.0	1,442	1,451
20-24	26.2	42.5	19.1	7.2	4.9	100.0	1,155	1,246
25-29	53.5	30.5	7.9	3.6	4.5	100.0	1,241	1,320
30-34	64.8	25.8	5.6	1.5	2.3	100.0	911	852
35-39	67.3	25.5	4.4	0.7	2.1	100.0	882	805
40-44	73.5	20.6	3.2	1.1	1.5	100.0	510	477
45-49	79.9	14.1	3.6	1.1	1.4	100.0	363	353
Residence								
Urban	18.0	34.2	28.7	9.3	9.8	100.0	1,543	3,514
Rural	54.5	37.2	6.9	0.8	0.6	100.0	4,961	2,990
Wealth quintile								
Lowest	68.3	30.2	1.5	0.0	0.0	100.0	1,062	638
Second	58.2	36.5	5.0	0.2	0.1	100.0	1,174	907
Middle	59.2	34.2	5.7	0.7	0.2	100.0	1,183	716
Fourth	43.9	41.6	12.4	1.7	0.5	100.0	1,396	990
Highest	15.5	37.8	27.8	8.9	10.0	100.0	1,688	3,253
Total	45.9	36.5	12.1	2.8	2.8	100.0	6,524	6,504

Service Delivery Points

The sample of 200 enumeration areas generated a sample of 389 service delivery points with the composition shown in Table 7. Tabulation of background characteristics for the key indicators are provided for facility type, location (urban or rural) and size, measured by the number of beds. Due to respondents' lack of knowledge, some responses (e.g. on characteristics such as number of years the facility has been operating, or catchment population size) were not recorded for every service delivery point. This information will be incorporated in future PMA2020 survey rounds.

Table 7 shows that more than one in two (54.8%) facilities were health centers/clinics, one in five (21.6%) were health posts, 17.0% were hospitals and the remaining 6.7% were pharmacies/drug shops/other. Nearly three in four (88.4%) facilities belong to the public sector and 49.1% were located in rural areas.

One-fourth (24.9%) were in SNNPR, 13.9% in Tigray, 23.4% in Amhara and 15.7% in Oromiya regions. The number of beds was used to measure facility size, with 84.8% being small (50 beds or fewer) and 5.9% having more than 100 beds.

Table 7. Characteristics of the service delivery points

	Total	Number	Percentage
Total		389	100.0
Type			
Hospital		66	17.0
Health center/clinic		213	54.8
Health post		84	21.6
Pharmacy/drug shop/other		26	6.7
Authority			
Public		344	88.4
Private		45	11.6
Residence			
Rural		191	49.1
Urban		198	50.9
Number of inpatient beds			
0 to 50		308	84.8
51 to 100		19	5.2
101 and over		36	5.9
Region			
Tigray		54	13.9
Amhara		91	23.4
Oromiya		61	15.7
SNNPR		97	24.9
Addis Ababa		30	7.7
Other		56	14.4

Findings for Family Planning Indicators

PMA2020 is focused on generating, analyzing and disseminating data on an array of indicators for tracking family planning program performance across dimensions of access, quality, choice, equity and utilization.

This section presents PMA2014/Ethiopia data on these various indicators, all of which are disaggregated by various sociodemographic characteristics of survey respondents, including rural or urban residence, wealth quintile, marital status, age, parity and education (see Appendix E for definitions).

Contraceptive Use

The contraceptive prevalence rate (CPR) is defined as the proportion of women of reproductive age who are using (or whose partners are using) a contraceptive method at the time of the survey. This indicator is also a tracking indicator for Millennium Development Goal 5 target 5B—to achieve universal access to reproductive health by 2015. It is also included on the World Health Organization's list of indicators on health and rights.

The CPR is further grouped into contemporary methods labeled *modern*, which include female and male sterilization, intrauterine device (IUD), injectable, implant, pill, male and female condom, emergency contraception (EC), diaphragm, foam/jelly, standard days method, and lactational amenorrhea method. Traditional methods include rhythm (also called periodic abstinence), withdrawal, folk and herbs.

PMA2014/Ethiopia found that 23.7% of all women ages 15 to 49 and 34.2% of women currently married or in union reported they or their partner were using a contraceptive method.

Modern contraceptive prevalence is 23.3% for all women and 33.8% for women currently married or in union. Traditional contraceptive use was reported to be very low at 0.3% for all women and 0.5% for married women.

As measured by the most recent EDHS, in 2011 the modern CPR among married women was more than six points lower at 27.3%, whereas traditional method use was higher at 1.3%.

Figure F1. Percentage of women ages 15 to 49 married or in union currently using any or a modern method of contraception

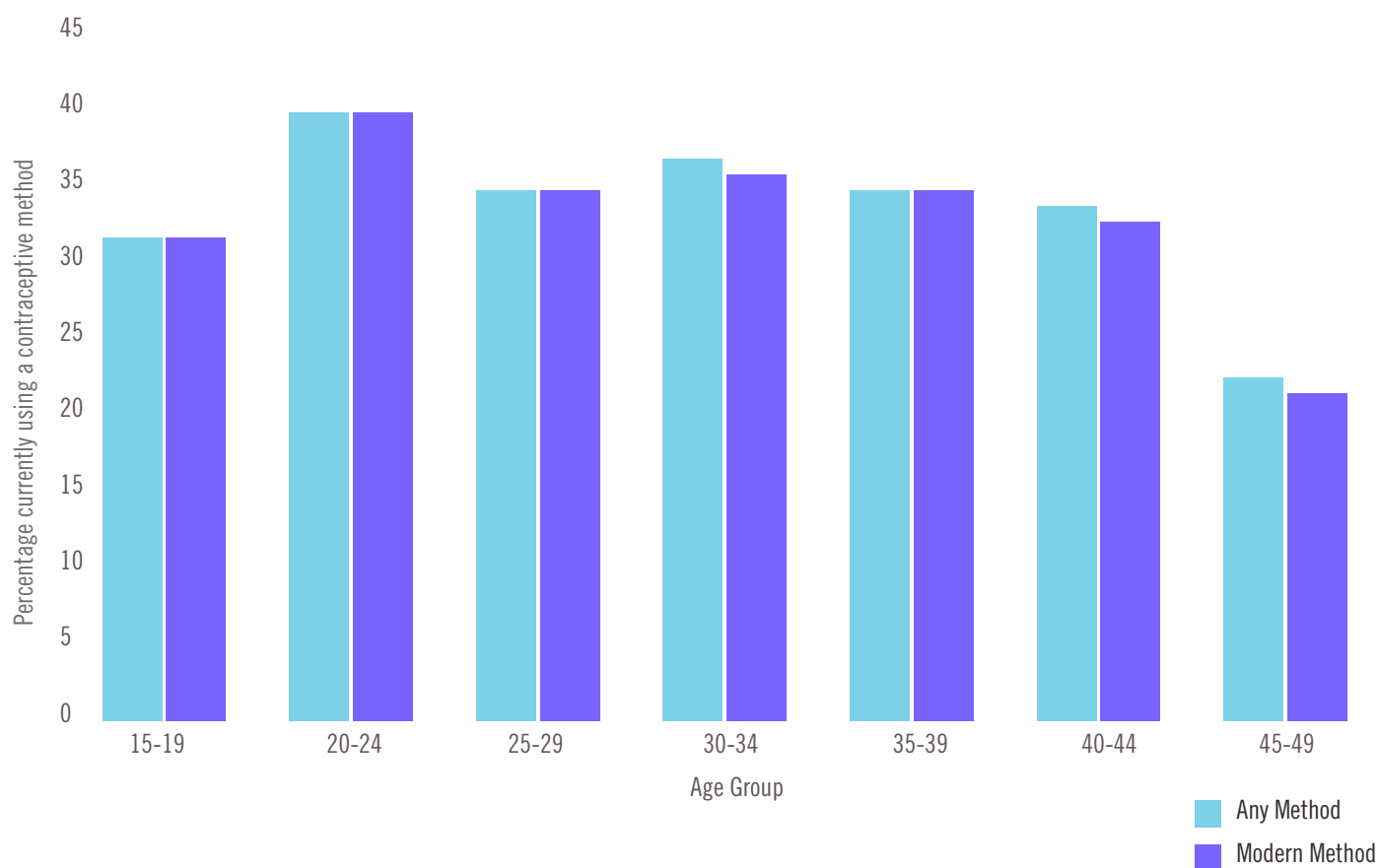


Table F1: Contraceptive prevalence: Percentage of all women ages 15 to 49 currently using a contraceptive method, by type

	Total CPR			Modern CPR			Traditional CPR		
	All women (n=6,512)	Married women (n=3,688)	Unmarried sexually active (n=217)	All women (n=6,512)	Married women (n=3,688)	Unmarried sexually active (n=217)	All women (n=6,512)	Married women (n=3,688)	Unmarried sexually active (n=217)
Total	23.7	34.2	43.4	23.3	33.8	42.3	0.3	0.5	1.0
Age group									
15-19	6.1	30.7	26.3	6.1	30.6	26.3	0.0	0.1	0.0
20-24	24.8	39.4	67.6	24.7	39.4	66.3	0.1	0.1	1.3
25-29	31.2	34.6	52.8	30.9	34.3	50.0	0.4	0.3	2.9
30-34	32.6	35.7	42.4	32.0	35.0	42.4	0.6	0.7	0.0
35-39	30.3	34.2	29.2	29.7	33.5	29.2	0.6	0.7	0.0
40-44	27.9	32.8	42.0	27.3	32.0	42.0	0.6	0.8	0.0
45-49	19.6	21.5	33.1	19.4	21.3	33.1	0.2	0.2	0.0
Marital status									
Married	34.2	--	--	33.8	--	--	0.5	--	--
Not married	6.8	--	--	6.7	--	--	0.1	--	--
Unmarried sexually active	43.3	--	--	42.4	--	--	1.0	--	--
Parity									
0-1	13.5	33.2	45.7	13.3	32.9	44.0	0.2	0.3	1.7
2-3	35.2	38.8	45.9	34.7	38.3	45.9	0.5	0.6	0.0
4 or more	30.2	32.1	34.7	29.8	31.6	34.7	0.4	0.5	0.0
Residence									
Urban	29.1	50.6	71.4	28.2	49.1	68.9	0.9	1.5	2.5
Rural	22.0	30.5	25.4	21.8	30.3	25.4	0.1	0.2	0.0
Education									
No education	26.4	29.4	38.2	26.2	29.2	38.2	0.2	0.2	0.0
Primary	21.7	38.7	35.5	21.5	38.3	35.5	0.2	0.4	0.0
Secondary	18.8	52.6	59.3	18.4	51.4	56.3	0.4	1.2	3.0
Technical and vocational	25.8	52.5	79.0	24.3	49.7	72.0	1.5	2.8	6.9
Higher	24.3	43.2	79.1	21.8	38.5	71.9	2.5	4.7	7.2
Wealth quintile									
Lowest	16.2	20.5	8.8	16.2	20.5	8.8	0.0	0.0	0.0
Second	22.8	29.1	39.4	22.6	28.8	39.4	0.2	0.3	0.0
Middle	22.9	31.1	70.1	22.7	30.8	70.1	0.2	0.3	0.0
Fourth	24.4	37.3	24.4	24.2	37.1	24.4	0.2	0.3	0.0
Highest	28.9	51.9	60.6	28.1	50.5	58.2	0.8	1.4	2.4
Region									
Addis Ababa	23.6	47.7	65.0	21.1	43.2	51.6	2.5	4.5	13.3
Amhara	34.1	48.1	83.6	34.1	48.1	83.6	0.0	0.0	0.0
Oromiya	17.8	25.3	26.1	17.4	24.8	26.1	0.4	0.6	0.0
SNNPR	24.2	36.9	31.0	24.1	36.7	31.0	0.1	0.1	0.0
Tigray	20.5	29.1	40.4	20.3	28.8	40.4	0.2	0.3	0.0
Other	12.8	16.8	9.1	12.4	16.3	9.1	0.4	0.5	0.0

Contraceptive Method Mix

The contraceptive method mix is the composition of current methods used by women ages 15 to 49 who are currently married or in union; or all users.

The most frequently used contraceptive method reported in the 2014 survey was the injectable, adopted by 72% of all users and 74% of married users. The implant was the second most popular method at 16% and the pill ranked third at 6% - for married users and all users (see Figures F2a and F2b).

Figure F2a. Contraceptive method mix, all users

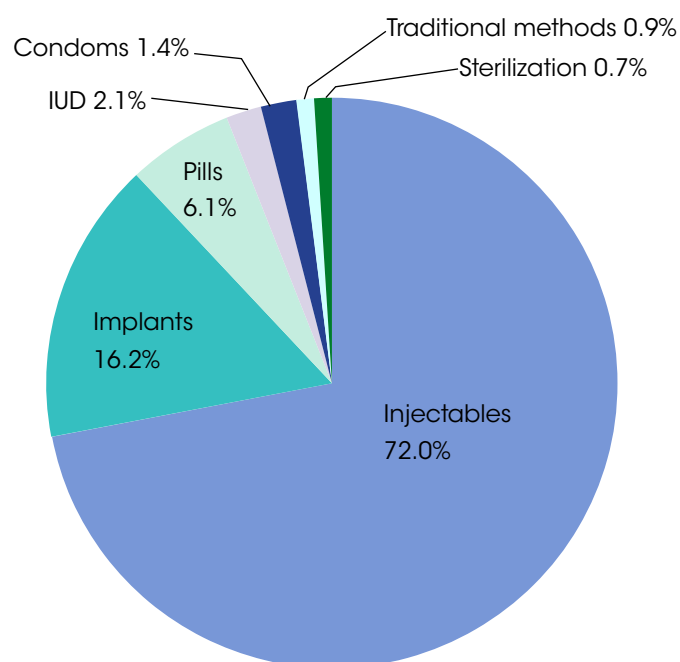
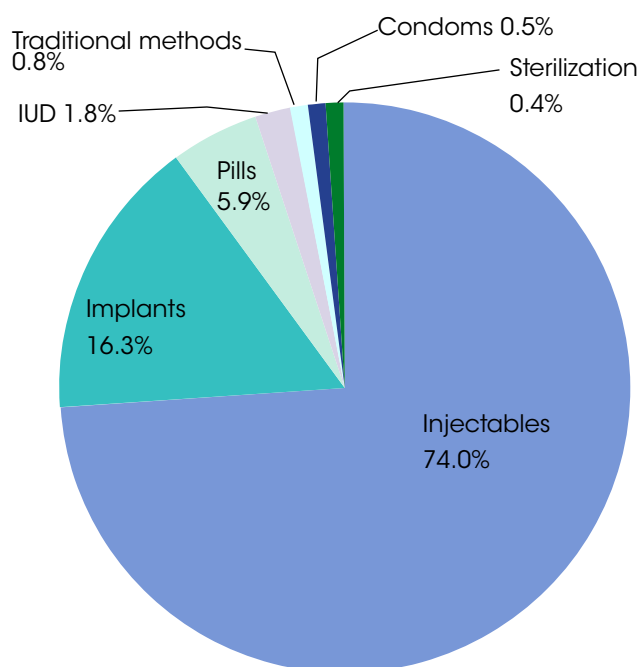


Figure F2b. Contraceptive method mix, married users,



The method mix can be used to calculate an overall level of contraceptive use-effectiveness by applying use-effectiveness weights (see Table F2). Although there was higher reported use of sterilization in 2011 than 2014, the increase in use of highly effective methods, such as IUDs and implants, in addition to overall use, led to an increase in the use-effectiveness score, from 18.8% in 2011 to 22.8% in 2014.

Table F2. Percentage distribution of all contraceptive users ages 15 to 49, by method type

	Sterilization	IUD	Injectable	Implant	Pill	Condom	Other modern	Traditional	Use effectiveness
PMA2014/ Ethiopia	0.2%	0.5%	17.0%	3.8%	1.4%	0.3%	0.1%	0.2%	22.8%
EDHS 2011	0.4%	0.2	14.0%	2.3%	1.5%	0.3%	0.0%	0.9%	18.8%
Weight	0.995	0.995	0.97	0.9995	0.92	0.85	0.75	0.73	

Table F2a. Contraceptive users ages 15 to 49, by method type, marital status and background characteristics

All users (n=1,614)									
Background characteristics	Sterilization	IUD	Injectable	Implant	Pill	Condom	Other modern*	Traditional	Total
Total	0.7	2.1	72.0	16.2	6.1	1.4	0.4	0.9	100.0
Age group									
15-19	0.0	0.0	73.2	16.8	7.8	1.9	0.1	0.3	100.0
20-24	0.0	2.8	74.4	15.6	5.4	1.3	0.6	0.3	100.0
25-29	0.0	2.2	70.4	16.2	6.8	2.0	1.2	1.3	100.0
30-34	0.1	2.4	77.7	15.0	3.7	1.0	0.0	0.2	100.0
35-39	0.4	1.5	71.7	17.9	6.2	1.1	0.0	1.4	100.0
40-44	1.8	2.0	64.6	15.5	11.4	2.4	0.0	2.3	100.0
45-49	10.7	2.4	64.6	19.2	2.3	0.0	0.0	0.9	100.0
Marital status									
Married	0.4	1.8	73.6	16.3	5.9	0.5	0.3	0.9	100.0
Not married	3.9	4.0	57.7	15.4	7.5	9.0	1.7	1.4	100.0
Unmarried sexually active	0.0	4.1	62.4	6.3	8.3	13.4	3.2	2.3	100.0
Parity									
0-1	0.1	3.1	66.3	15.1	9.4	3.9	0.9	1.2	100.0
2-3	0.1	2.0	72.8	16.6	5.1	1.2	0.7	1.5	100.0
4 or more	1.6	1.5	74.9	16.7	4.8	0.2	0.0	0.3	100.0
Residence									
Urban	1.1	4.9	60.0	15.0	10.8	4.5	0.9	3.1	100.0
Rural	0.6	0.9	77.2	16.8	4.1	0.2	0.3	0.0	100.0
Education									
No education	1.0	0.9	78.4	15.3	4.2	0.2	0.0	0.0	100.0
Primary	0.3	2.5	70.0	18.6	6.2	1.2	0.8	0.5	100.0
Secondary	0.9	4.4	62.3	18.2	8.8	2.2	0.7	2.6	100.0
Technical and vocational	0.4	2.6	54.7	8.5	19.8	7.4	0.7	5.8	100.0
Higher	1.2	11.1	34.7	8.4	13.8	17.1	2.7	11.0	100.0
Wealth quintile									
Lowest	0.0	1.9	74.0	20.0	4.2	0.0	0.0	0.0	100.0
Second	0.0	1.4	80.1	13.5	3.4	0.7	0.0	0.0	100.0
Middle	0.0	0.6	82.9	14.0	1.6	0.0	0.0	0.0	100.0
Fourth	1.9	0.7	71.1	17.9	6.9	0.0	0.9	0.0	100.0
Highest	1.0	4.3	60.8	16.4	10.1	4.2	0.8	2.9	100.0
Region									
Addis Ababa	1.7	10.2	31.7	14.7	18.8	9.6	2.0	11.3	100.0
Amhara	0.2	2.1	78.9	13.6	4.2	1.0	0.1	0.0	100.0
Oromiya	1.7	1.2	68.1	20.3	6.3	1.2	0.8	0.4	100.0
SNNPR	0.2	1.5	80.6	10.3	6.3	0.6	0.2	0.3	100.0
Tigray	1.1	0.6	59.1	32.4	4.6	0.8	0.3	1.0	100.0
Other	0.9	1.9	57.9	26.2	8.5	1.9	0.0	2.8	100.0

*Other modern: Emergency contraception, standard days method, and female condom

Table F2b. Percentage distribution of contraceptive use among married women ages 15 to 49, by method and background characteristics

Married users (n=1,373)									
Background characteristics	Sterilization	IUD	Injectable	Implant	Pill	Condom	Other modern	Traditional	Total
Total	0.4	1.8	74.0	16.3	5.9	0.5	0.3	0.8	100.0
Age group									
15-19	0.0	0.0	75.6	18.3	5.8	0.0	0.0	0.4	100.0
20-24	0.0	2.6	77.5	14.9	4.8	0.1	0.2	0.2	100.0
25-29	0.0	2.0	72.9	15.6	6.9	0.7	1.0	0.9	100.0
30-34	0.1	1.4	78.0	15.9	3.8	0.6	0.0	0.2	100.0
35-39	0.4	1.4	71.5	18.8	6.1	0.3	0.0	1.5	100.0
40-44	1.8	2.2	66.0	15.3	10.9	1.4	0.0	2.5	100.0
45-49	1.9	3.0	73.3	18.2	2.5	0.0	0.0	1.1	100.0
Parity									
0-1	0.1	3.0	70.2	15.8	8.7	1.1	0.2	0.9	100.0
2-3	0.1	1.7	74.1	15.6	5.5	0.7	0.7	1.6	100.0
4 or more	0.6	1.3	75.7	17.2	4.8	0.1	0.0	0.3	100.0
Residence									
Urban	1.3	5.4	61.6	15.8	10.9	1.8	0.3	3.1	100.0
Rural	0.0	0.5	78.6	16.6	4.0	0.0	0.3	0.0	100.0
Education									
No education	0.2	0.5	80.2	14.9	4.2	0.0	0.0	0.0	100.0
Primary	0.3	2.1	70.8	19.7	5.9	0.1	0.7	0.5	100.0
Secondary	1.1	5.2	63.8	16.0	10.1	1.2	0.2	2.6	100.0
Technical and vocational	0.5	2.8	59.0	10.1	13.9	8.5	0.0	5.4	100.0
Higher	1.5	13.1	41.0	10.4	16.6	4.2	1.6	11.7	100.0
Wealth quintile									
Lowest	0.0	0.0	75.4	21.0	3.5	0.0	0.0	0.0	100.0
Second	0.0	0.9	81.8	14.8	2.5	0.0	0.0	0.0	100.0
Middle	0.0	0.6	84.4	13.2	1.8	0.0	0.0	0.0	100.0
Fourth	0.0	0.7	74.5	16.5	7.4	0.0	0.9	0.0	100.0
Highest	1.1	4.6	62.4	17.2	10.0	1.7	0.3	2.8	100.0
Region									
Addis Ababa	1.9	11.5	36.7	14.7	19.8	4.4	1.2	10.2	100.0
Amhara	0.2	1.6	80.9	13.5	3.8	0.0	0.0	0.0	100.0
Oromiya	0.2	1.3	69.2	21.1	6.2	0.8	0.7	0.4	100.0
SNNPR	0.2	0.9	81.9	10.9	5.7	0.2	0.1	0.3	100.0
Tigray	1.3	0.2	60.9	31.1	5.0	0.1	0.0	1.4	100.0
Other	1.0	2.0	58.7	26.3	9.1	0.0	0.0	3.0	100.0

*Other modern: Emergency contraception, standard days method, and female condom

Unmet Need For Family Planning

Unmet need for family planning is defined as the percentage of fecund, sexually active women who do not want to become pregnant but are not using contraception and are therefore exposed to unintended pregnancies. Total unmet need is disaggregated into the percentage of women who wish to space births and those who wish to limit births. The PMA2020 measure follows the guidance for the revised definition adopted by the DHS.

Unmet need is a frequently used indicator of contraceptive demand and used for monitoring progress in increasing access to contraceptive services, in addition to advocating for increased resources toward family planning programs.

The PMA2014/Ethiopia survey found 15.9% of all women ages 15 to 49 and 24.4% of women ages 15 to 49 who are currently married or in union had an unmet contraceptive need. In the EDHS 2011, total unmet need was 25.3% among married women. The 2014 level of need for spacing births was greater than that for limiting, at 14.9% and 9.4%, respectively, for married women and 9.7% and 6.2%, respectively, for all women. Unmet need was highest among women in the poorest households and lowest for those in the highest wealth quintile, as seen in Figure F4b. Oromiya region has the highest unmet need for spacing and Amhara region has the highest unmet need for limiting.

Figure F4a. Percentage of all and currently married women with unmet contraceptive need, by wealth quintile

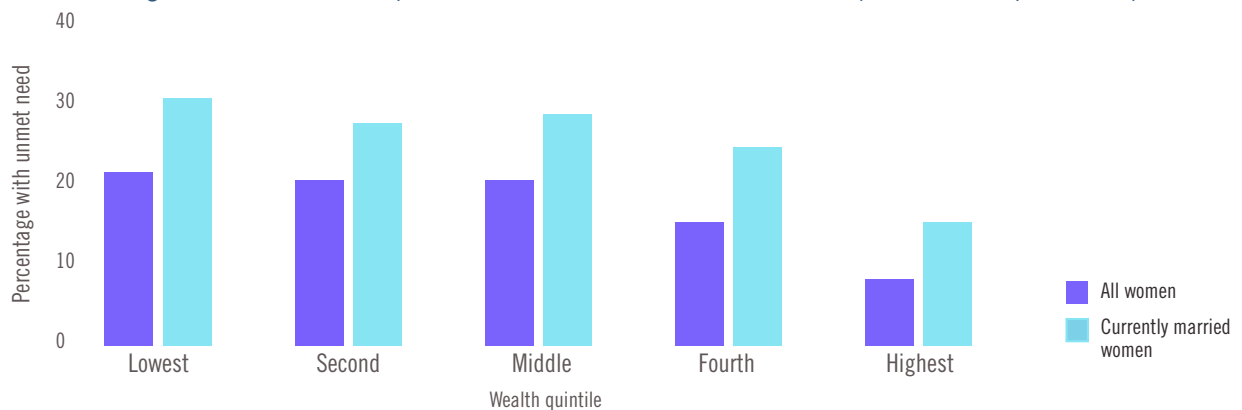


Figure F4b. Percentage of currently married women with unmet need for contraception to space or limit childbearing, by region

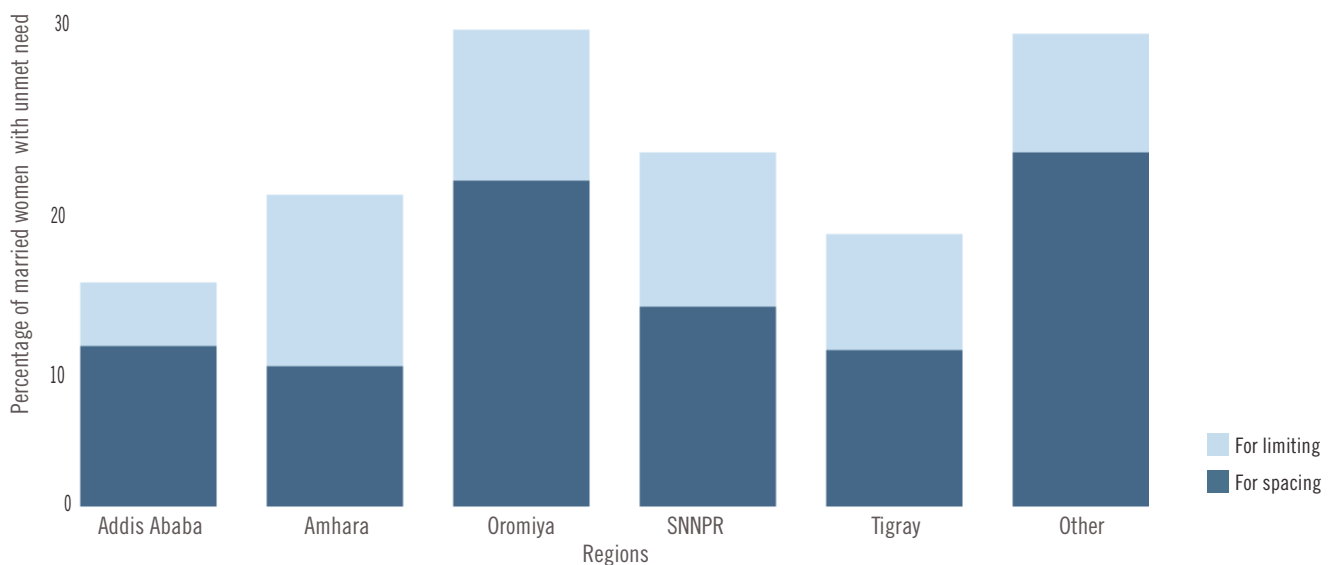


Table F4. Percentage of women ages 15 to 49 with unmet need for family planning by background characteristic, all women and currently married women

Background characteristics	All women ages 15 to 49 (n=6,512)			Married women ages 15 to 49 (n=3,688)		
	For spacing	For limiting	Total	For spacing	For limiting	Total
Total	9.7	6.2	15.9	14.9	9.4	24.4
Age group						
15-19	4.1	0.4	4.5	21.7	1.7	23.4
20-24	12.2	2.4	14.6	21.1	2.8	23.8
25-29	15.2	6.2	21.4	18.6	7.7	26.3
30-34	13.8	7.1	20.9	15.6	8.6	24.2
35-39	10.4	13.3	23.6	12.0	14.8	26.7
40-44	5.0	11.8	16.8	5.9	15.0	20.9
45-49	0.6	13.2	13.8	0.8	17.4	18.2
Marital status						
Married	14.9	9.4	24.3	–	–	–
Not married	1.5	0.9	2.4	–	–	–
Unmarried sexually active	17.3	6.6	23.8	–	–	–
Parity						
0-1	6.5	0.7	7.2	18.3	1.4	19.7
2-3	13.2	5.1	18.3	15.5	5.6	21.0
4 or more	12.0	14.1	26.1	13.0	15.6	28.6
Residence						
Urban	4.8	3.5	8.3	9.3	6.2	15.5
Rural	11.2	7.0	18.2	16.2	10.2	26.4
Education						
No education	12.0	9.4	21.4	14.1	11.1	25.2
Primary	8.9	4.1	13.1	16.7	7.6	24.3
Secondary	4.8	2.1	6.9	14.4	4.7	19.1
Technical and vocational	7.7	0.4	8.2	17.7	1.1	18.8
Higher	5.6	3.6	9.3	11.6	8.0	19.6
Wealth quintile						
Lowest	12.9	8.2	21.1	17.9	11.1	28.9
Second	13.5	6.1	19.5	18.3	8.3	26.6
Middle	10.5	8.9	19.4	15.0	13.4	28.4
Fourth	8.8	6.2	15.0	14.2	9.6	23.8
Highest	5.3	2.9	8.2	9.4	5.1	14.4
Region						
Addis Ababa	4.8	1.7	6.5	10.0	4.0	14.1
Amhara	5.6	6.8	12.5	8.8	10.8	19.6
Oromiya	14.0	6.8	20.8	20.5	9.5	30.0
SNNPR	8.3	6.1	14.3	12.6	9.7	22.4
Tigray	6.2	4.2	10.3	9.8	7.3	17.0
Other	16.6	5.5	22.1	22.3	7.4	29.7

Demand Satisfied By Modern Contraception

Demand satisfied by modern contraception is an indicator that measures the percentage of women ages 15 to 49 who do not want to get pregnant and are using modern contraception. It is defined as the ratio of modern contraceptive prevalence to total contraceptive demand, where the latter is the sum of contraceptive prevalence and unmet need and is expressed as a percentage of all or married women with unmet need.

$$\begin{aligned} \text{Total demand} &= \text{Contraceptive prevalence} + \text{Unmet need} \\ \text{Demand satisfied} &= \text{Modern contraceptive prevalence} / \text{Total demand} (\times 100) \end{aligned}$$

The maximum value for this indicator can be 100% if there is no unmet need and all contraceptive use is with modern methods. Because unmet need can be substantial and modern contraceptive use is low in low-resource settings, the proportion of demand satisfied will be suboptimal.

In 2014, total contraceptive demand was 39.5% among all women ages 15 to 49 and 58.6% among married women ages 15 to 49. The percentage of demand satisfied by modern contraception was marginally higher for all women compared to married women (59.1% versus 57.7%). This is due to relatively lower unmet need among all women. Among married women, satisfied demand reaches 74.3% for those who live in urban areas and 76.2% for those in the highest wealth quintile. As seen in Figure F6, satisfied demand is higher for women in the wealthiest households and lowest in the poorest households, implying inequity in contraceptive needs being met.

Figure F5. Percentage of all or married women ages 15 to 49 whose demand for modern contraception is satisfied, by household wealth quintile

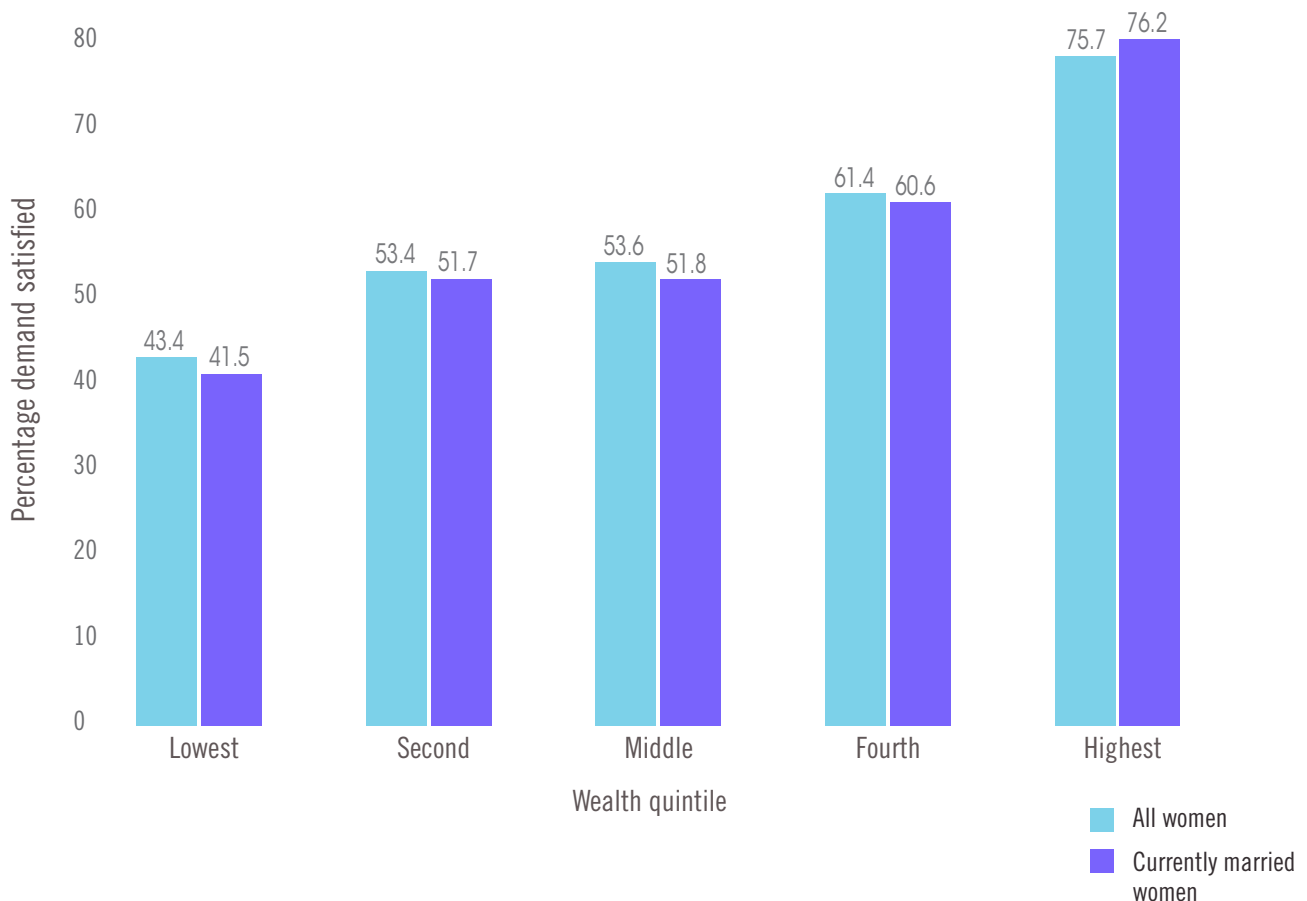


Table F5. Percentage of demand satisfied for women ages 15 to 49, by marital status and background characteristic

Background characteristics	All women (n=6,512)					Married women (n=3,688)				
	mCPR	Any method	Unmet need	Total demand	Demand satisfied	mCPR	Any method	Unmet need	Total demand	Demand satisfied
Total	23.3	23.7	15.9	39.5	59.1	33.8	34.2	24.4	58.6	57.7
Age group										
15-19	6.1	6.1	4.5	10.6	57.5	30.6	30.7	23.4	54.1	56.6
20-24	24.7	24.8	14.6	39.4	62.8	39.4	39.4	23.8	63.2	62.2
25-29	30.8	31.2	21.4	52.6	58.6	34.3	34.6	26.3	60.9	56.3
30-34	32.0	32.6	20.8	53.4	59.9	35.0	35.7	24.2	59.9	58.4
35-39	29.7	30.3	23.6	53.9	55.0	33.5	34.2	26.7	60.9	55.0
40-44	27.3	27.9	16.8	44.7	61.0	32.0	32.8	20.9	53.7	59.6
45-49	19.5	19.6	13.8	33.4	58.3	21.3	21.5	18.2	39.7	53.5
Marital status										
Married	33.8	34.3	24.3	58.6	57.7	--	--	--	--	--
Not married	6.7	6.9	2.4	9.3	72.9	--	--	--	--	--
Unmarried sexually active	42.3	43.4	23.8	67.2	64.6	--	--	--	--	--
Parity										
0-1	13.3	13.5	7.2	20.7	64.4	32.9	33.2	19.7	52.9	62.2
2-3	34.7	35.2	18.3	53.5	64.9	38.3	38.8	21.0	59.8	63.9
4 or more	29.8	30.2	26.1	56.3	53.0	31.6	32.1	28.6	60.7	52.1
Residence										
Urban	28.2	29.1	8.3	37.4	75.4	49.1	50.6	15.5	66.1	74.3
Rural	21.8	22.0	18.2	40.2	54.3	30.3	30.5	26.4	56.9	53.3
Education										
No education	26.2	26.4	21.4	47.7	54.9	29.2	29.4	25.2	54.6	53.5
Primary	21.5	21.7	13.1	34.7	61.8	38.3	38.7	24.3	63.0	60.9
Secondary	18.4	18.8	6.9	25.6	71.6	51.4	52.6	19.1	71.7	71.7
Technical and vocational	24.3	25.8	8.2	34.0	71.6	49.7	52.5	18.8	71.3	69.7
Higher	21.8	24.3	9.3	33.6	64.9	38.5	43.2	19.6	62.8	61.3
Wealth quintile										
Lowest	16.2	16.2	21.1	37.3	43.4	20.5	20.5	28.9	49.4	41.5
Second	22.6	22.8	19.5	42.3	53.4	28.8	29.1	26.6	55.7	51.7
Middle	22.7	22.9	19.4	42.3	53.6	30.9	31.1	28.4	59.6	51.8
Fourth	24.2	24.4	15.1	39.4	61.4	37.1	37.3	23.8	61.1	60.6
Highest	28.1	28.9	8.2	37.1	75.7	50.5	51.9	14.4	66.3	76.2
Region										
Addis Ababa	21.1	23.6	6.5	30.1	70.1	43.2	47.7	14.0	61.7	70.1
Amhara	34.1	34.1	12.5	46.6	73.2	48.1	48.1	19.6	67.7	71.1
Oromiya	17.4	17.8	20.8	38.6	45.2	24.8	25.3	30.0	55.3	44.8
SNNPR	24.1	24.2	14.4	38.5	62.5	36.7	36.8	22.4	59.2	62.0
Tigray	20.3	20.5	10.4	30.8	65.8	28.8	29.1	17.1	46.2	62.3
Other	12.4	12.8	22.1	34.9	35.6	16.3	16.8	29.7	46.5	35.0

Intention To Use Contraception

This indicator applies to women not currently using any type of contraception. Non-users were asked, "Do you think you will use a contraceptive method to delay or avoid getting pregnant at any time in the future?" The indicator is based on the proportion of non-users answering yes.

Fifty-eight percent of non-users among all women ages 15 to 49 intend to adopt a contraceptive method in the future. Among married women, 54.6% intend to use. Intention to use contraception among married women is highest in the younger women (72.9% for women ages 15 to 19 and 73.7% for women ages 20 to 24) and those living in rural areas (55.3%). Intention to use is highest in SNNPR and Tigray regions.

Figure F6. Percentage of all female non-users intending to use a contraceptive method in the future, by region

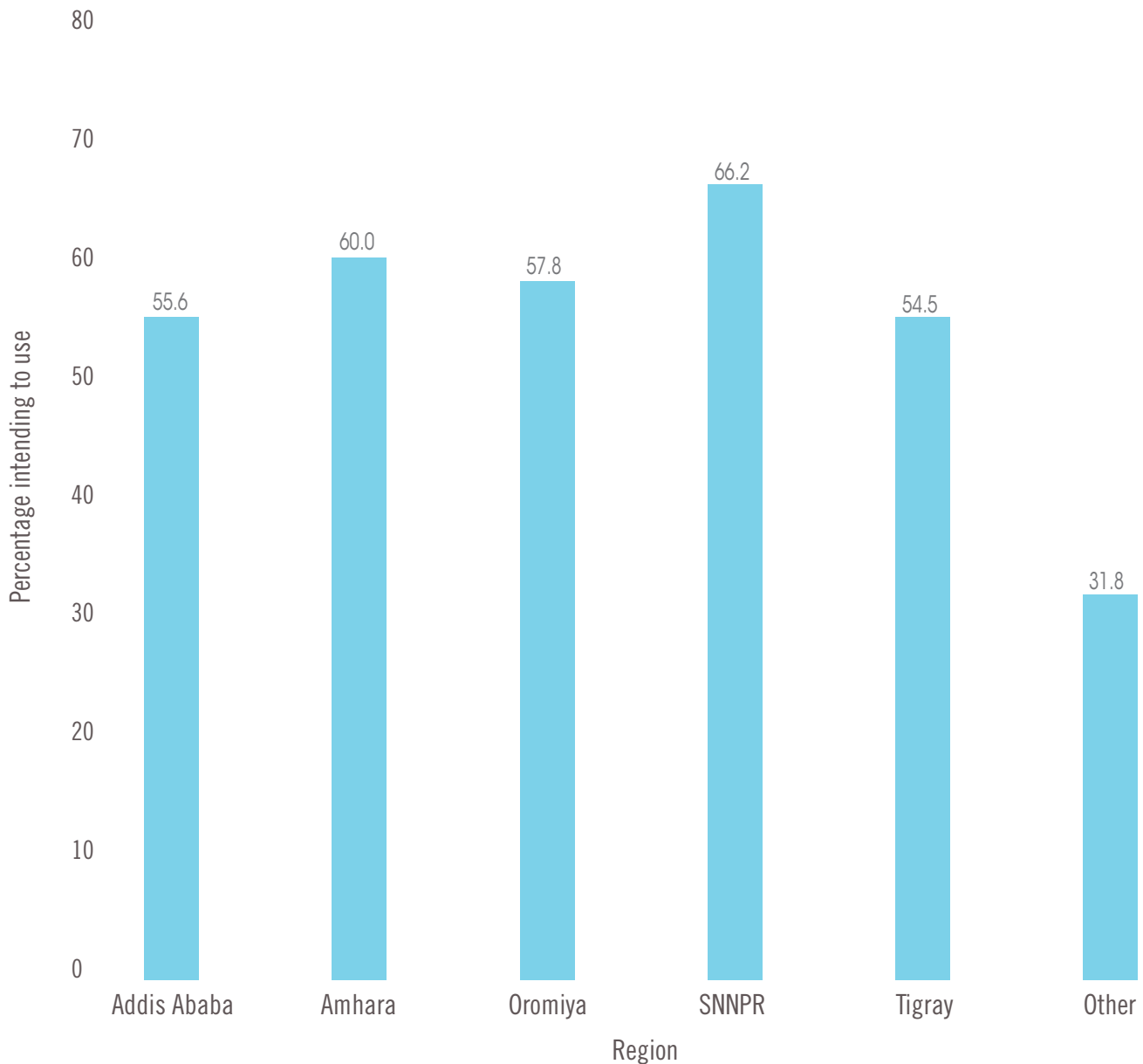


Table F6. Percentage of women ages 15 to 49 not currently using contraception who intend to adopt a method in the future, by marital status and background characteristics

Background characteristics	All women (n=4,898)	Married women (n=2,312)
Total	58.1	54.6
Age group		
15-19	70.3	72.9
20-24	73.9	73.7
25-29	63.8	64.5
30-34	57.1	57.5
35-39	43.6	46.6
40-44	24.1	30.8
45-49	13.9	18.0
Marital status		
Married	54.6	--
Not married	62.1	--
Unmarried sexually active	66.7	--
Parity		
0-1	66.3	59.8
2-3	56.5	60.7
4 or more	45.6	48.9
Residence		
Urban	59.9	49.9
Rural	57.6	55.3
Education		
No education	44.7	47.0
Primary	67.3	69.6
Secondary	73.7	66.0
Technical and vocational	65.7	64.1
Higher	69.6	60.4
Wealth quintile		
Lowest	57.2	57.2
Second	56.1	54.9
Middle	51.1	47.0
Fourth	61.7	58.6
Highest	62.5	55.1
Region		
Addis Ababa	55.6	50.4
Amhara	60.0	56.0
Oromiya	57.8	52.8
SNNPR	66.2	67.8
Tigray	54.5	58.2
Other	31.8	25.3

Unintended Births

Pregnancies may occur at a time when women and their partners either did not want (additional) children or wanted to delay the next birth. This indicator is based on responses to the question, "At the time you became pregnant, did you want to become pregnant then, did you want to wait until later, or did you not want to have any/any more children at all?" It is measured as the percentage of women who gave birth in the last five years or who are currently pregnant reporting whether their most recent or current pregnancy was wanted then, wanted later, or not wanted at all.

Among all women with at least one birth, 58.7% reported that their last or current pregnancy was intended. Another 25.2% wanted their pregnancy to be timed later, and 16.0% did not want any additional children. Mistimed pregnancies were higher among women less than 35 years old, whereas unwanted pregnancies were higher among women age 35 and older. For women from the poorest households, 44.2% reported their last pregnancy was unintended (mistimed or unwanted), compared to 37.4% of women from the wealthiest households. The inequity in women's ability to have intended pregnancies can be measured by the ratio of these two figures. For all women, the ratio is 1.18 and for married women it is 1.21; that is, women in the poorest households are about 20% more likely to have unintended pregnancies compared to women in the wealthiest quintile.

Figure F7. Percentage distribution of planned status of most recent or current pregnancy for all women ages 15 to 49 with one or more births, by wealth quintile

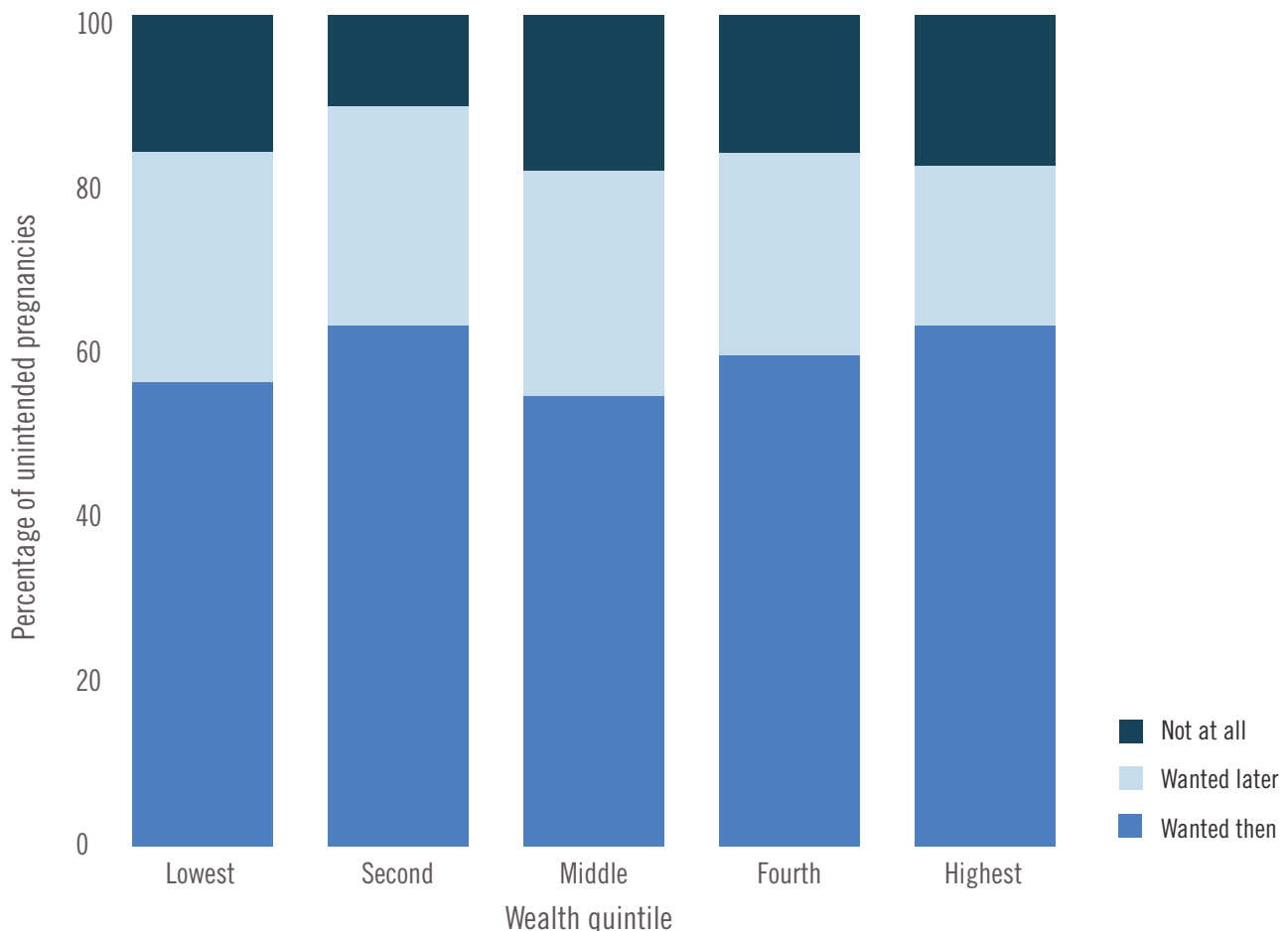


Table F7. Percentage distribution of women reporting last or current pregnancy was wanted then, wanted later or not wanted at all, among women who had a birth in the last five years or who are currently pregnant, by marital status and background characteristic

Background characteristics	All women with 1+ births (n=2,624)				All married women with 1+ births (n=2,350)			
	Wanted then	Wanted later	Not at all	Total	Wanted then	Wanted later	Not at all	Total
Total	58.7	25.2	16.0	100.0	59.9	25.4	14.7	100.0
Age group								
15-19	53.9	30.2	16.0	100.0	59.8	32.8	7.4	100.0
20-24	59.4	29.3	11.4	100.0	62.2	29.2	8.9	100.0
25-29	60.8	25.8	13.4	100.0	62.6	25.4	12.5	100.0
30-34	59.0	27.1	14.0	100.0	59.9	26.7	13.4	100.0
35-39	58.6	19.9	21.5	100.0	57.7	20.7	21.6	100.0
40-44	51.5	23.1	25.4	100.0	50.2	25.3	24.5	100.0
45-49	53.3	5.0	41.7	100.0	50.9	5.6	43.5	100.0
Marital status								
Married	59.9	25.4	14.7	100.0	–	–	–	
Not married	47.8	24.2	28.0	100.0	–	–	–	
Sexually active unmarried	48.8	30.8	20.4	100.0	–	–	–	
Parity								
0-1	67.6	23.7	8.7	100.0	74.3	22.0	3.8	100.0
2-3	61.4	27.6	11.0	100.0	61.6	25.3	10.1	100.0
4 or more	53.4	24.4	22.4	100.0	53.7	25.0	21.7	100.0
Residence								
Urban	65.6	17.8	16.6	100.0	69.2	18.3	12.6	100.0
Rural	57.5	26.6	15.9	100.0	58.3	26.6	15.1	100.0
Education								
No education	60.6	22.2	17.3	100.0	61.3	22.3	16.4	100.0
Primary	55.2	31.2	13.5	100.0	56.4	32.1	11.6	100.0
Secondary	53.2	30.7	16.1	100.0	59.6	28.5	11.9	100.0
Technical and vocational	65.4	24.0	10.6	100.0	63.7	25.1	11.2	100.0
Higher	66.9	14.0	19.1	100.0	69.3	12.6	18.1	100.0
Wealth quintile								
Lowest	55.8	27.8	16.4	100.0	57.9	27.4	14.7	100.0
Second	62.6	26.4	11.0	100.0	62.1	27.0	10.9	100.0
Middle	54.1	27.1	18.8	100.0	54.8	27.3	18.0	100.0
Fourth	59.0	24.4	16.6	100.0	60.8	24.9	14.4	100.0
Highest	62.6	19.3	18.1	100.0	65.2	18.7	16.1	100.0
Region								
Addis Ababa	66.2	27.5	6.3	100.0	68.1	26.4	5.6	100.0
Amhara	61.2	19.2	19.6	100.0	61.8	19.8	18.4	100.0
Oromiya	50.6	33.7	15.7	100.0	52.7	33.5	13.8	100.0
SNNPR	60.7	20.7	18.4	100.0	61.0	21.7	17.4	100.0
Tigray	72.8	20.3	6.9	100.0	74.2	20.1	5.7	100.0
Other	80.7	11.5	7.8	100.0	80.7	11.6	7.8	100.0

Method Chosen By Self Or Jointly

Following quality counseling by the provider, contraceptive users should be able to decide on the type of method they will use. This indicator is based on responses by women regarding who made the final decision about the method obtained at the last visit to a family planning provider—the woman herself, the provider, her partner, the woman and the provider, or the woman and her partner. As a measure of service quality, the preferred responses are that the woman alone or her and her provider or partner made the final decision.

Forty-four percent of users decided on their most recent contraceptive method themselves and another 35.5% decided with their partner or provider. Older women ages 45 to 49 and unmarried sexually active women were the most likely to decide themselves (55.6% and 70.4%, respectively) and women in the lowest wealth quintile (41.2%) were most likely to decide together with their partner or provider. Women in the Tigray region were most likely to decide themselves (69.0%), and women in the Amhara region were the most likely to decide together with their partners or providers (45.4%).

Figure F8. Who decided method obtained among all users in the past 12 months (n=1,915)

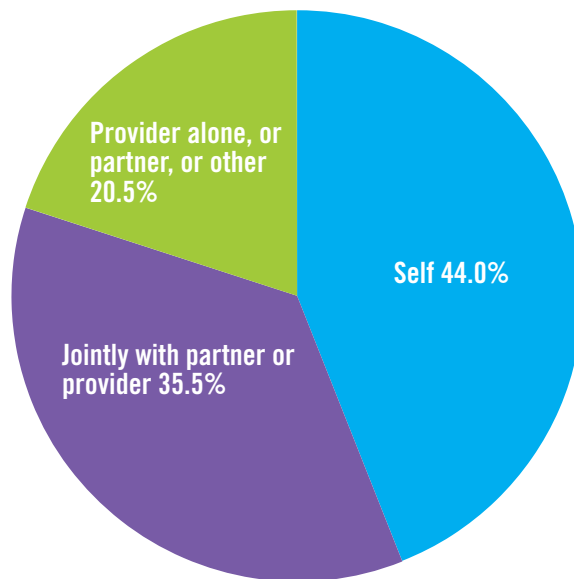


Table F8. Percentage distribution of women ages 15 to 49 contracepting in past 12 months reporting on who decided on the contraceptive method

Background characteristics	Self	Jointly with partner or provider	Provider alone/ partner alone/other	Total
Total (n=1,916)	44.0	35.5	20.5	100.0
Age group				
15-19	45.5	34.5	20.0	100.0
20-24	41.9	36.9	21.2	100.0
25-29	46.4	33.6	20.0	100.0
30-34	40.6	40.8	18.5	100.0
35-39	44.8	34.4	20.8	100.0
40-44	40.6	32.1	27.3	100.0
45-49	55.6	30.1	14.3	100.0
Marital status				
Married	41.1	36.9	22.0	100.0
Not married	66.5	24.7	8.8	100.0
Unmarried sexually active	70.4	19.8	9.8	100.0
Parity				
0-1	44.3	34.7	21.1	100.0
2-3	46.8	35.5	17.7	100.0
4 or more	41.7	36.1	22.2	100.0
Residence				
Urban	44.8	34.7	20.5	100.0
Rural	43.7	35.9	20.4	100.0
Education				
No education	47.3	36.9	15.8	100.0
Primary	42.8	32.6	24.5	100.0
Secondary	38.7	32.7	28.6	100.0
Technical and vocational	25.0	50.1	24.9	100.0
Higher	41.4	39.1	19.5	100.0
Wealth quintile				
Lowest	35.7	41.2	23.1	100.0
Second	44.6	36.9	18.5	100.0
Middle	49.9	33.1	17.0	100.0
Fourth	45.8	34.2	20.0	100.0
Highest	42.2	35.0	22.8	100.0
Region				
Addis Ababa	42.5	30.9	26.5	100.0
Amhara	44.5	45.4	10.1	100.0
Oromiya	45.5	28.9	25.6	100.0
SNNPR	36.4	30.7	32.9	100.0
Tigray	69.0	19.2	11.8	100.0
Other	26.0	44.6	29.5	100.0

Paid For Family Planning Services

Contraceptive services are often highly subsidized by the government or other sources of financing, but clients may still pay significant amounts out of pocket. Monitoring the costs incurred by women, particularly by wealth quintile, shows equity of access to contraception. Similarly, monitoring costs for particular groups—young women, higher parity women, less educated women or rural women—may also inform decisions about extending subsidies to enable better contraceptive access. The PMA2014 survey asked women who were recent or current users, “In the last 12 months, have you paid any fees for family planning services (including the most recent/current method)?”

Overall, one-fifth (20.1%) of recent or current users in Ethiopia reported paying fees for family planning services in the past 12 months. Compared with women who were married and women older than age 25, unmarried women and women younger than age 25 were more likely to pay for services. Compared with less educated women (women with no or primary education), more educated users (women with secondary to higher education) more often reported paying fees. Thirty-three percentage of users from the richest households paid fees compared to 8.7% from the poorest households. Among the women who reported paying fees, the average woman paid 13 Birr (about US\$0.67) for injectables, 14 Birr (about US\$0.72) for oral contraceptives and 26 Birr (about US\$1.33) for implants.

Table F9a. Number of users who paid for services, by average price and method

Recent/current method	Number of users	Average fees paid (Birr)	Standard deviation (Birr)
Female Sterilization	2	1,479	855
IUD	12	151	51
Injectable	275	13	1
Implant	42	26	4
Pills	57	14	2
Male condom	12	7	5
Female condom	N/A	N/A	N/A
Emergency contraception	3	18	8
Diaphragm	N/A	N/A	N/A
Other modern	0	N/A	N/A
Total reporting	403	N/A	N/A

Figure F9b. Percentage of recent or current users who paid for family planning services, by wealth quintile

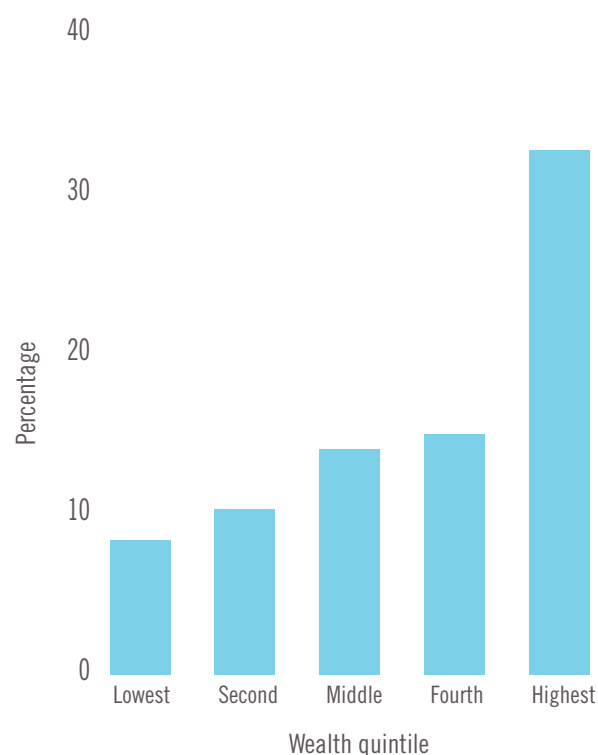


Table F9b. Percentage of women ages 15 to 49 who used a modern contraceptive method in the past 12 months and paid fees for services, by background characteristics

Background characteristics	All women who have used in past 12 months (n=1,918)	All married who have used in past 12 months (n=1,618)
Total	20.1	19.0
Age group		
15-19	30.7	27.7
20-24	32.1	29.8
25-29	20.7	19.7
30-34	13.1	13.4
35-39	12.5	12.4
40-44	15.3	14.0
45-49	16.2	18.6
Marital status		
Married	19.0	--
Not married	28.2	--
Unmarried sexually active	33.8	--
Parity		
0-1	34.8	32.2
2-3	18.2	19.1
4 or more	11.4	11.4
Residence		
Urban	37.6	35.9
Rural	12.8	12.7
Education		
No education	12.3	12.0
Primary	22.4	21.2
Secondary	40.4	38.9
Technical and vocational	40.0	37.8
Higher	31.9	30.6
Wealth quintile		
Lowest	8.7	7.7
Second	11.1	12.2
Middle	14.8	13.9
Fourth	16.0	15.6
Highest	34.5	32.5
Region		
Addis Ababa	40.8	40.7
Amhara	21.9	20.1
Oromiya	20.3	21.0
SNNPR	9.8	8.7
Tigray	13.3	10.0
Other	40.3	38.7

Method Information Index

Provider counseling on family planning is an important indicator of quality of services. Recent users (those using in the past 12 months, including current users) were asked about the information they received at their last family planning visit. They responded yes or no to the following questions:

- o Were you told by the family planning provider about methods of family planning other than the most recent/current method that you could use?
- o When you obtained your most recent/current method, were you told by the provider about side effects or problems you might have with a method to delay or avoid getting pregnant?
- o Were you told what to do if you experienced side effects or problems?

As seen in Table F10, about half of recent/current users reported being told by their provider of alternative methods (49.0%) and about two-fifths (38.7%) were informed about side effects. For those told about side effects, more than 8 in 10 (81.5%) reported also being told what to do if they experienced side effects. Older users (ages 45 to 49 years) are more likely to be informed about other methods (61.6%) and side effects (50.6%). Among those told about side effects, those ages 40 to 44 years followed by those ages 45 to 49 years are most likely to also be told what to do if they experienced side effects (90.7% and 86.6%, respectively). Unmarried sexually active current/recent users, urban residents and those with higher education are more likely to be informed about other methods. Similarly, current/recent users from wealthier households and those from Addis Ababa and Tigray region are more likely to be informed about alternative methods than women from less wealthy households or other regions.

Figure F10. Percentage of recent/current users who received information about other methods and side effects and what to do from provider, by age

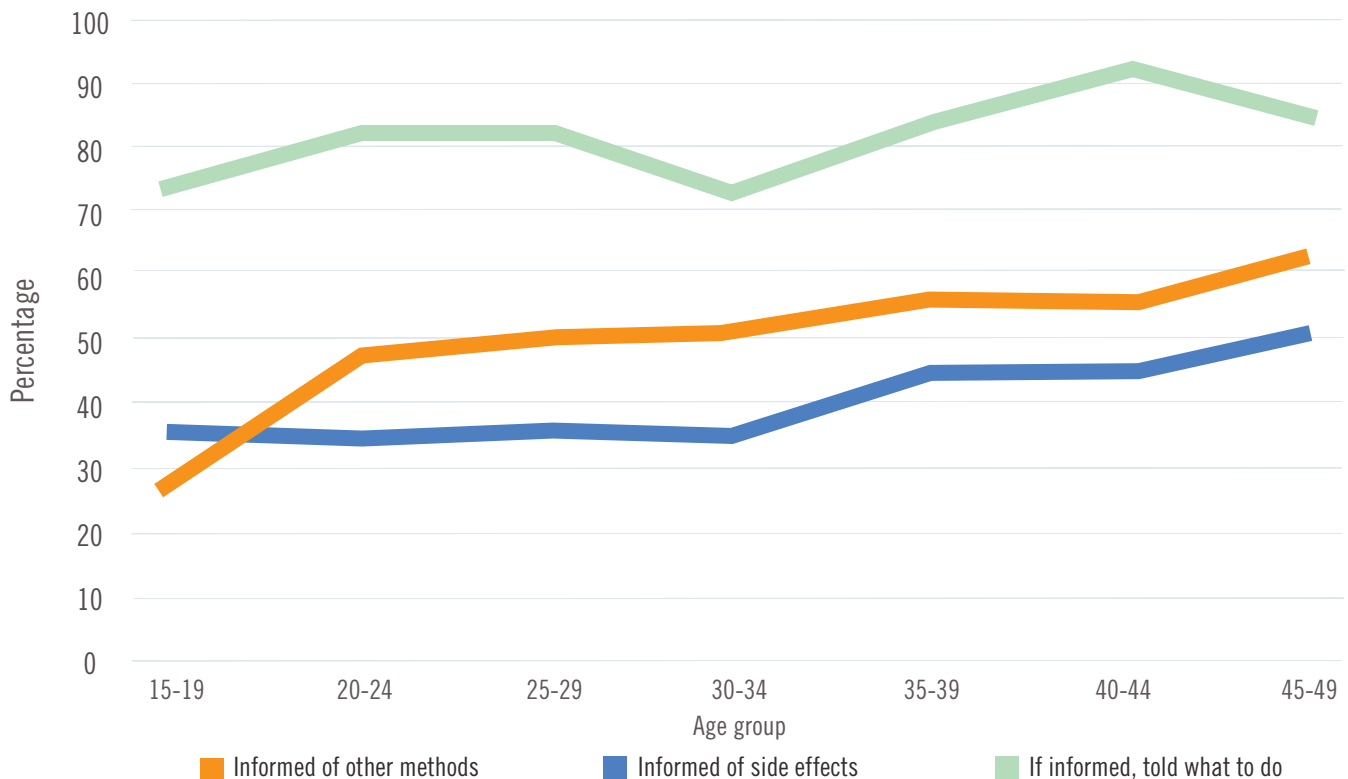


Table F10. Percentage of recent/current users reporting provider informed them about other methods, side effects, and if informed of side effects, what to do, by marital status and background characteristics

Background characteristics	Informed about other methods		Informed about side effects		Told what to do if experienced side effects	
	All users in past 12 months (n=1,918)	Married users in past 12 months (n=1,618)	All users in past 12 months (n=1,918)	Married users in past 12 months (n=1,618)	All users in past 12 months (n=854)	Married users in past 12 months (n=732)
Total	49.0	49.4	38.7	38.6	81.5	83.7
Age group						
15-19	27.5	30.8	35.7	37.7	72.7	80.6
20-24	47.0	47.5	34.8	34.1	80.1	83.2
25-29	48.4	48.2	36.6	36.2	80.8	83.9
30-34	50.4	49.1	35.6	34.7	76.8	79.9
35-39	53.0	52.5	44.5	43.9	84.0	83.3
40-44	53.2	53.3	46.1	45.7	90.7	91.1
45-49	61.6	66.6	50.6	56.5	86.6	85.4
Marital status						
Married	49.4	–	38.6	–	83.7	–
Not married	45.9	–	39.8	–	65.3	–
Unmarried sexually active	53.0	–	45.2	–	55.6	–
Parity						
0-1	41.4	43.0	39.5	39.6	77.8	83.1
2-3	52.8	52.6	38.1	37.7	83.1	85.0
4 or more	51.2	50.7	38.7	38.7	82.9	82.9
Residence						
Urban	55.0	57.6	46.4	48.2	80.4	82.3
Rural	46.5	46.3	35.5	35.0	82.1	84.3
Education						
No education	46.1	45.9	35.7	35.7	79.0	80.8
Primary	50.7	51.7	40.4	40.0	85.4	87.8
Secondary	51.8	53.0	41.6	41.7	82.3	85.4
Technical and Vocational	47.6	46.5	47.9	47.4	72.6	71.4
Higher	68.8	74.6	49.8	53.4	81.9	87.2
Wealth quintile						
Lowest	45.4	43.9	45.6	45.6	82.5	82.2
Second	42.9	40.9	33.6	34.4	85.1	86.0
Middle	47.9	47.9	36.1	34.7	79.7	82.2
Fourth	46.9	48.5	31.8	31.7	80.8	84.4
Highest	55.5	57.6	45.2	45.8	80.8	83.5
Region						
Addis Ababa	65.6	69.2	53.7	58.1	85.7	86.2
Amhara	40.3	41.3	36.5	35.3	72.2	74.9
Oromiya	49.6	47.8	26.8	26.8	86.2	86.2
SNNPR	55.5	55.6	50.3	50.9	88.3	90.1
Tigray	64.1	68.0	48.5	48.0	81.5	84.6
Other	49.6	51.4	51.8	52.8	90.5	92.7

Satisfaction With Provider

Provider performance, from the client's perspective, is an important indicator of quality of care. Although clients are often subjective, in their assessments, their reported satisfaction with a provider can reveal their ability to express their preferences. The PMA2014/Ethiopia survey gauged provider satisfaction using two questions, the combination of which was used to gauge overall satisfaction. These are asked of recent/current contraceptive users:

- o Would you return to this provider?
- o Would you refer your relative or friend to this provider/facility?

Ninety percentage of recent/current users would return to their provider, and 7 in 10 (69.5%) would refer their relative or friend to the provider (or facility). About two-thirds (65.6%) of recent/current users reported that they would return and refer friend/family member to their provider. Younger women (ages 15 to 19) are less likely to return to their provider compared to older women (81.9% versus 96.4%). Users with no children or one child were somewhat less likely to return to their most recent provider compared to those with four or more children. Users from Addis Ababa were the least likely to report willingness to return to their provider (81.7%). Users from urban areas, those with higher education and those from the wealthiest households are more likely to refer relatives or friends to the provider (or facility).

Figure F12. Percentage distribution of satisfaction with provider among recent/current users (n=1,919)



Table F12. Percentage of recent/current users who would return, would refer, and would return and refer friend/relative to provider, by background characteristics

Background characteristics	Would return to provider	Would refer relative/friend	Would return and refer friend/relative
Total (n=1,919)	90.0	69.5	65.6
Age group			
15-19	81.9	68.0	60.6
20-24	88.1	66.2	63.1
25-29	91.3	67.7	64.1
30-34	91.2	76.3	73.6
35-39	91.9	71.9	67.1
40-44	86.2	68.6	62.8
45-49	96.4	59.6	56.9
Marital status			
Married	90.9	69.5	66.1
Not married	83.1	69.2	61.4
Unmarried sexually active	88.1	73.9	69.3
Parity			
0-1	87.4	69.1	65.3
2-3	89.1	70.6	65.5
4 or more	92.4	68.9	65.8
Residence			
Urban	88.1	79.9	75.9
Rural	90.7	65.2	61.3
Education			
No education	91.3	61.9	58.2
Primary	90.8	75.3	71.6
Secondary	83.9	80.7	74.9
Technical and vocational	83.5	78.1	76.1
Higher	85.4	81.5	75.4
Wealth quintile			
Lowest	91.9	67.4	63.9
Second	92.4	62.0	57.8
Middle	89.6	68.5	64.6
Fourth	89.9	61.0	57.5
Highest	88.2	80.4	76.3
Region			
Addis Ababa	81.7	79.9	74.9
Amhara	84.2	61.2	55.5
Oromiya	97.0	75.4	73.8
SNNPR	93.1	74.3	71.5
Tigray	90.1	63.4	58.7
Other	92.5	82.5	77.9

Visit By A Health Worker Who Talked About Family Planning

PMA2014/Ethiopia measured the proportion of women ages 15 to 49 who reported being visited by a health worker who discussed family planning in the past 12 months. Specifically, women responded to the question, "In the last 12 months, were you visited by a health worker who talked to you about family planning?"

Overall, about one-fifth of women reported being visited by a health worker who discussed family planning in the past 12 months (21.2% for all women); 25.5% of married women reported being visited. Of all unmarried women, few (14.4%) reported a visit; slightly more unmarried women who are sexually active reported a visit (15.2%). The proportion of women reporting being visited increases with parity, is higher for rural residents, and declines with wealth quintile; it is highest among women in the poorest households (26.9% if married). Women in Amhara (32.1%) and SNNPR (31.1%) regions were most likely to be visited followed by women from Tigray (27.3%) region and Addis Ababa (24.7%).

Figure F13a. Percentage of women ages 15 to 49 reporting receiving information from provider in past 12 months, by wealth quintile

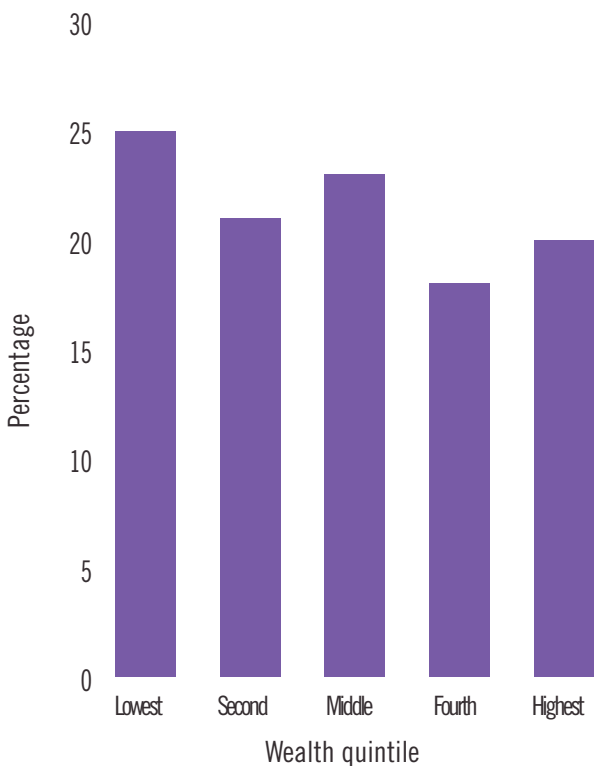


Figure F13b. Percentage of women ages 15 to 49 reporting receiving information from provider in past 12 months, by region

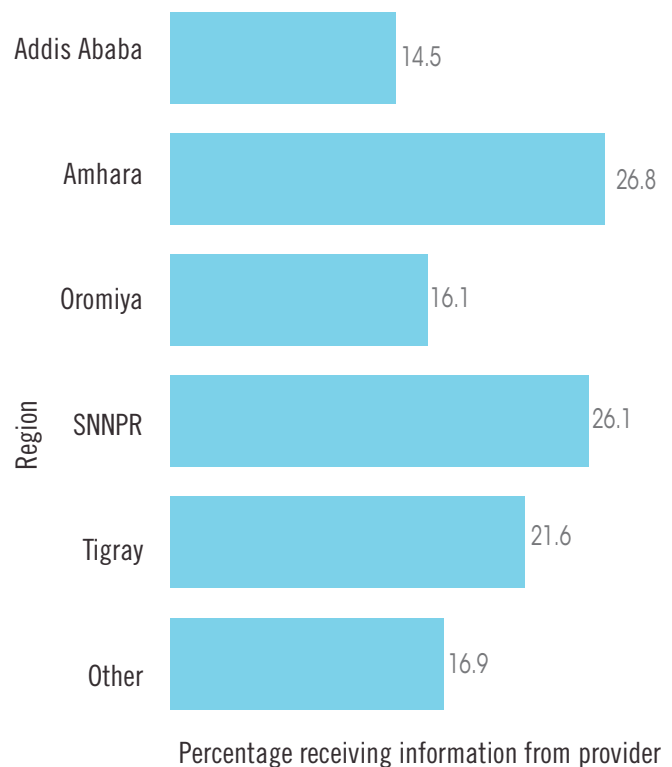


Table F13. Percentage of women ages 15 to 49 reporting they were visited in the last 12 months by a health worker who talked about family planning information, by marital status and background characteristics

Background characteristics	All women (n=6,512)	Married women (n=3,688)
Total	21.2	25.5
Age group		
15-19	12.4	16.4
20-24	20.5	28.1
25-29	23.7	24.6
30-34	21.7	23.0
35-39	26.2	26.2
40-44	30.2	30.3
45-49	24.5	27.9
Marital status		
Married	25.5	--
Not married	14.4	--
Unmarried sexually active	15.2	--
Parity		
0-1	14.7	19.3
2-3	27.3	28.0
4 or more	26.4	27.1
Residence		
Urban	19.7	25.5
Rural	21.7	25.5
Education		
No education	23.5	24.8
Primary	20.6	27.0
Secondary	18.4	28.9
Technical and vocational	13.4	21.8
Higher	13.8	20.8
Wealth quintile		
Lowest	25.1	26.9
Second	21.5	22.3
Middle	23.3	28.4
Fourth	18.6	24.0
Highest	19.4	26.5
Region		
Addis Ababa	14.5	24.7
Amhara	26.8	32.1
Oromiya	16.1	19.0
SNNPR	26.1	31.1
Tigray	21.6	27.3
Other	16.9	18.7

Median Duration Of Contraceptive Use, By Method

The duration of contraceptive use is indicative of how long contraceptive protection is experienced by users. Contraceptive discontinuation for reasons other than seeking to become pregnant or no longer needing protection suggests dissatisfactory experience. Calculated with life table methods, the contraceptive discontinuation rate is the preferred measure for calculating duration of contraceptive use but requires extensive calendar information. The duration of use (in months) among women who reported using contraception in the past 12 months but who were not using at the time of the survey (referred to as recent users) is adopted as a substitute measure. The median value is the number of months at which half of recent users stopped using a method for any reason. It is lower than the median for all users because the durations originate from those who have stopped.

The overall median duration of contraceptive use among recent users of any method is about one and a half years (17.8 months). Median duration of use is longest among recent users of injectables (22.5 months). Half of past users of implants were protected for 17.5 months and half of pill users for only 5.7 months. Injectables are the most popular method in Ethiopia with the overall distribution of months of practice being longer than for other methods.

Table F14. Median duration of contraceptive use among women who have discontinued use in the past 12 months, by main method

For Current Female Non-Users	
Method	Months
Pills	5.7
Injectables	22.5
Implants	17.5
Total	17.8

Reasons For Non-Use

Understanding reasons for non-use of contraception among married women who express a desire to postpone their next birth by two or more years is important for assessing gaps between family planning program performance and reported need. Married women who were not using contraception at the time of the PMA2014 survey but were seeking to space future births were asked, "You say that you do not want any/any more children and that you are not using a method to avoid pregnancy. Can you tell me the main reason why you are not using a method to prevent pregnancy?" Reasons for non-use were grouped as follows:

- o No need (includes infrequent sex, husband away)
- o Menopausal/hysterectomy/subfecund
- o Fear of side effects
- o Health concerns
- o Opposed (self, husband, others opposed, religious prohibition, fatalism)

Other reasons that were assessed but not further tabulated are lactating (8.4%), lack of knowledge (does not know method or source, 5.8%), unavailable (lack of access, too far, costs too much, preferred method not available, no method available, inconvenient to use, 3.3%), and other or no response (8.9%).

Among the 3,318 non-users of contraception, the main reason cited was menopause/sub-fecundity (11.9%). Opposition to the methods (9.8%) and health concerns (6.5%) stood as the second and third most common reasons for non-use. The significance of this gap is underscored by the fact that 24.4% of all women have an unmet need for family planning, including 9.7% for spacing, among the same population of non-users. Opposition (13.6%) and health concerns (5.9%) are common reasons for non-users in Oromiya region; health concerns are the main reason for non-users in Amhara region. Fear of side effects was the main reason for 4.9% of non-users overall and another 4.7% reported that there was no need (i.e., they perceived themselves to be at low risk for a pregnancy).

Figure F15a. Percentage of married women ages 15 to 49 seeking to delay their next birth and not using contraception, by main reason for non-use and age

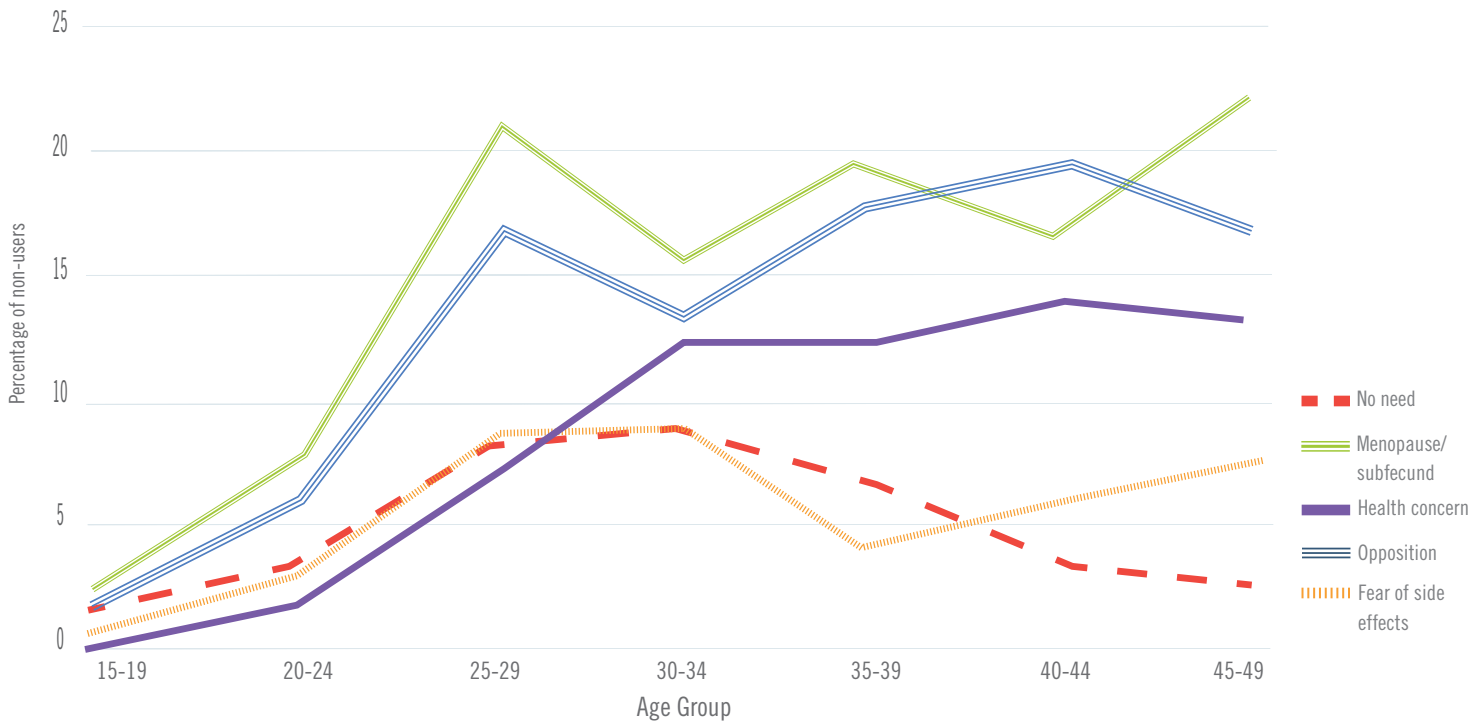


Figure 15b. Percentage of married women ages 15 to 49 seeking to delay their next birth and not using contraception and who report side effects and health concerns as the main reasons for non-use

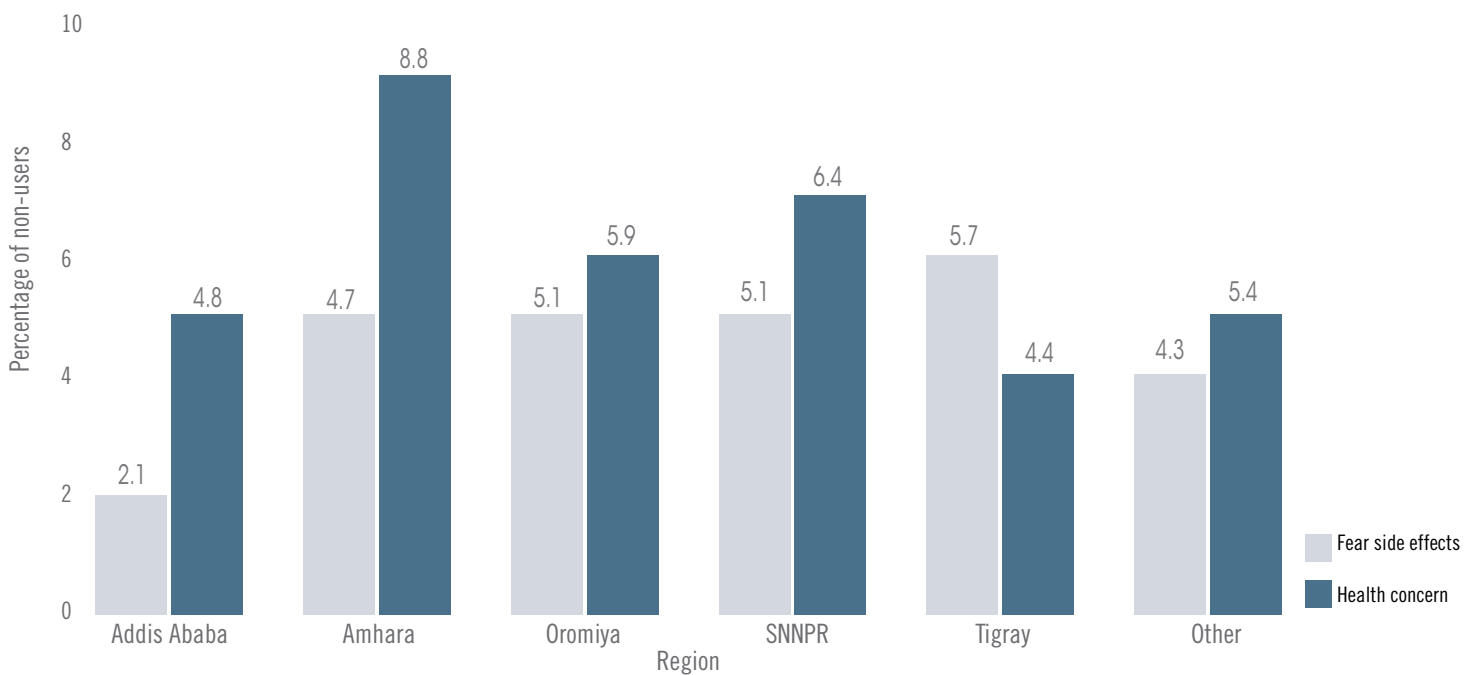


Table F15. Reasons for non-use among women ages 15 to 49 not using contraception: Percentage reporting one of five main reasons, by background characteristic

Background characteristics	No need	Menopausal/ subfecund	Fear side effects	Health concern	Opposed by, self, husband, other religion
Total (n=3,318)	4.7	11.9	4.9	6.5	9.8
Age group					
15-19	2.0	2.6	0.9	0.6	2.1
20-24	4.0	8.6	4.0	2.8	6.2
25-29	7.5	20.5	8.8	8.3	16.0
30-34	8.5	15.4	9.4	12.4	13.1
35-39	7.0	19.1	6.2	12.4	15.5
40-44	4.0	16.9	5.6	13.7	19.5
45-49	3.7	22.4	7.4	12.9	16.4
Marital status					
Married	4.3	22.7	9.4	12.7	17.6
Not married	5.1	2.3	0.9	1.0	2.9
Not married sexually active	31.2	2.5	0.7	4.4	1.5
Parity					
0-1	3.8	3.4	1.6	1.7	3.8
2-3	8.7	24.0	9.0	8.8	12.1
4 or more	4.0	19.2	8.1	12.9	18.0
Residence					
Urban	8.9	8.5	3.1	6.0	4.8
Rural	3.6	12.8	5.4	6.7	11.1
Education					
No education	4.5	19.5	6.7	10.7	16.2
Primary	4.8	8.0	4.3	4.1	7.1
Secondary	4.0	3.7	1.9	1.7	1.3
Technical and vocational	7.2	4.6	0.8	2.6	3.7
Higher	7.7	3.3	6.2	7.2	5.2
Wealth quintile					
Lowest	5.4	17.6	3.9	5.3	14.3
Second	3.4	15.3	6.2	6.7	15.8
Middle	3.0	13.3	6.2	9.5	10.2
Fourth	4.4	7.4	5.5	7.2	6.9
Highest	6.9	7.8	3.2	4.2	4.2
Region					
Addis Ababa	7.2	5.0	2.1	4.8	5.1
Amhara	6.1	14.4	4.7	8.8	6.4
Oromiya	3.6	11.8	5.1	5.9	13.6
SNNPR	3.2	10.4	5.1	6.4	6.4
Tigray	8.6	13.9	5.7	4.4	1.9
Other	5.7	9.5	4.3	5.4	30.5

Total Fertility Rate and Adolescent Fertility Rate

The total fertility rate is the number of children who would be born to a woman if she were to pass through reproductive years bearing children according to the current schedule of age-specific fertility rates (ASFR). It is sometimes referred to as a synthetic rate because it does not represent the actual experience of a cohort of women. It is calculated as follows:

$$\text{Total fertility rate} = 5 \sum \text{ASFR}_a$$

Where ASFR_a is the age-specific fertility rate for women in age group A. The ASFR for group is the number of live births to women in age group A, divided by the total number of women in age group A.

The adolescent fertility rate is the ASFR for women ages 15 to 19, which is a core FP2020 indicator and also a tracking indicator for Millennium Development Goal 5 target 5B: achieving universal access to reproductive health. Too early childbearing carries the risk of adverse health and social outcomes for the young mother and newborn. Low or near-zero adolescent fertility rates are protective for young females from a public health standpoint.

The PMA2014/Ethiopia estimates are based on a two-year period before the survey, whereas the EDHS 2011 fertility rates are based on a three-year period before the survey. The 2014 ASFRs are adjusted using the age and area-specific multiple birth percentages for the five-year period before the EDHS 2011.

Table F16: Total fertility rate by urban and rural residence comparing EDHS 2011 and PMA2014/Ethiopia

Age Group	EDHS 2011			PMA2014/Ethiopia		
	Urban	Rural	Total	Urban	Rural	Total
15-19 (ASFR)	0.027	0.099	0.079	0.016	0.055	0.045
20-24	0.123	0.236	0.207	0.118	0.233	0.203
25-29	0.158	0.262	0.237	0.145	0.248	0.221
30-34	0.101	0.218	0.192	0.146	0.203	0.191
35-39	0.076	0.171	0.15	0.059	0.116	0.105
40-44	0.021	0.077	0.068	0.020	0.071	0.061
45-49	0.022	0.029	0.028	0.000	0.052	0.042
TFR	2.6	5.5	4.8	2.5	4.9	4.3

The PMA2014/Ethiopia survey estimated the total fertility rate to be 4.3 at the national level, 2.5 in urban areas and 4.9 in rural areas. The national level shows a decline (4.8 to 4.3) since the 2011 EDHS.

The adolescent fertility rate in 2011 was 79 per 1,000 adolescent females and 45 per 1,000 adolescent females in 2014.

Age At Marriage

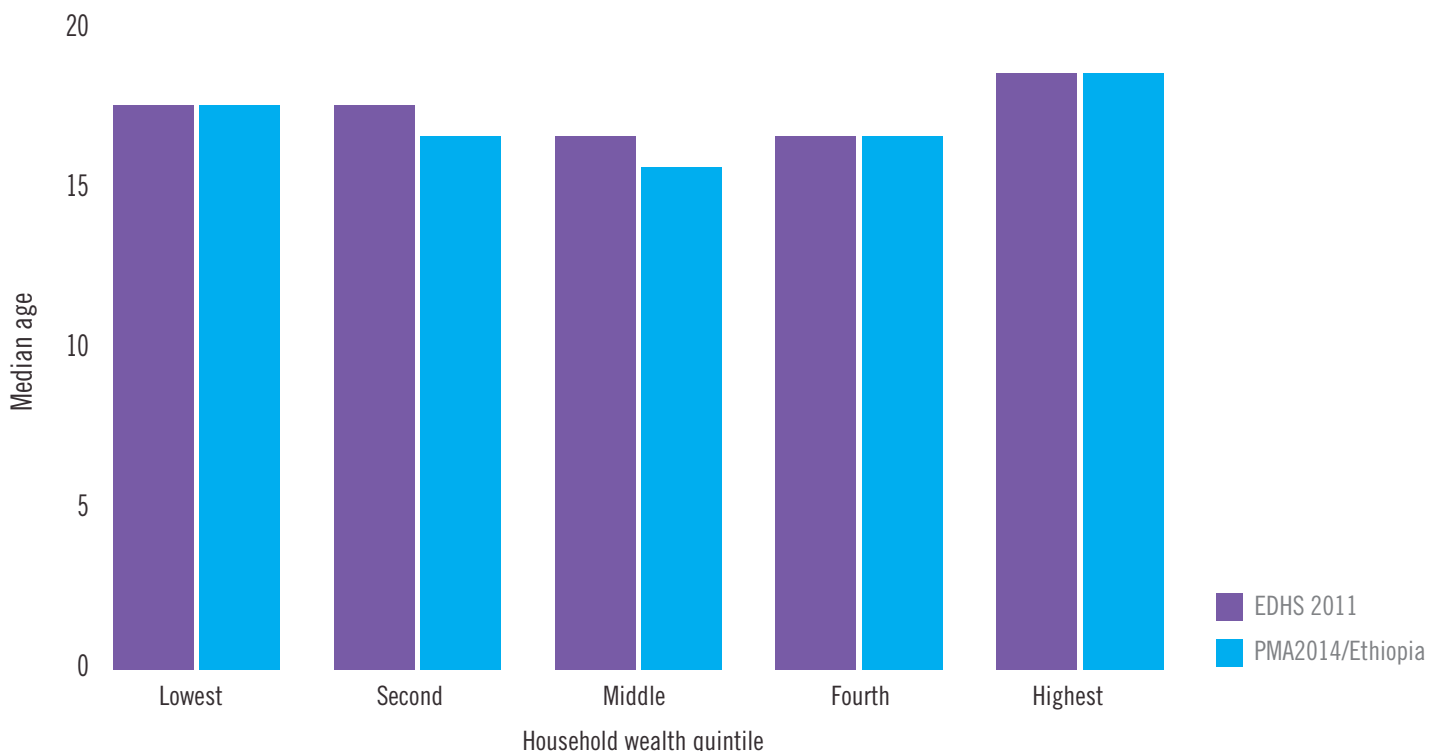
Age at marriage is one measure of exposure to more frequent sexual intercourse and the potential need for contraception to avoid unintended pregnancy. The median age at marriage is calculated for women ages 25 to 49 to reduce bias from young women ages 15 to 24 who have not yet married. The median age is the age at which half of the sample population is estimated to have married and half have not.

The missing values for age at marriage were obtained by using linear interpolation to derive an approximate value. Also, in the first round of data collection for PMA2020, the marriage age is for the first or current marriage, which will bias the estimate upward due to the women who have remarried and thus reported their age at the time of the most recent marriage.

The median age at marriage is 17.2 years in the PMA2014/Ethiopia survey for women ages 25 to 49. The EDHS 2011 estimated the median age at 16.5 years for all first marriages. Because the PMA2020 survey estimate is based on first and current marriages, women married more than once (25% of the samples) are included in the PMA2014/Ethiopia calculation, resulting in a higher median age.

Median age at marriage among currently married women is expectedly lower for women with more children (16.6 years with four or more children), those who live in rural areas (17.3 years) and those living in the poorest wealth quintile of households (17.9 years). By contrast, women with technical and vocational training or higher education and those in the highest wealth quintile of households had relatively higher median ages at first marriage (23.1 years, 23.7 years and 19.8 years, respectively). Women from Addis Ababa have the highest median age at first marriage (22.6 years), whereas women from Amhara region have the lowest median age at first marriage (15.9 years).

Figure F17. Median age at marriage among women ages 25 to 49 by wealth quintile: 2011 EDHS and PMA2014/Ethiopia



Source for 2011 figures is 2011 Ethiopia Demographic and Health Survey. Wealth asset index may not be directly comparable for 2011 and 2014.

Table F17. Median age at marriage for women ages 25 to 49 years, by marital status and background characteristic

Background characteristics	All women	Married women*
Total (N)	3,368	2,771
Median age (total)	17.2	17.2
Age group		
25-29	18.8	19.0
30-34	17.8	17.6
35-39	17.9	18.0
40-44	17.4	17.4
45-49	17.7	17.2
Marital status		
Married	18.0	–
Parity		
0-1	22.6	23.9
2-3	18.9	19.0
4 or more	16.6	16.6
Residence		
Urban	19.1	19.6
Rural	17.3	17.3
Education		
No education	17.1	17.1
Primary	18.0	18.0
Secondary	20.9	21.2
Technical and vocational	22.7	23.1
Higher	23.7	23.7
Wealth quintile		
Lowest	17.9	17.9
Second	17.9	17.8
Middle	16.9	16.9
Fourth	17.0	17.0
Highest	19.3	19.8
Region		
Addis Ababa	22.5	22.6
Amhara	16.1	15.9
Oromiya	18.8	18.8
SNNPR	18.2	18.1
Tigray	17.4	17.6
Other	18.2	18.2

* Currently married women, ages 25 to 49

Age At First Sex

Median age at first sex is calculated based on the age at which women, ages 25 to 49, reported they first had sexual intercourse. The sample respondents' age at first sex is constrained to ages 25 to 49 years to reduce bias from young women ages 15 to 24 who have not yet experienced sexual intercourse. The median age is the age at which half of the sample population is estimated to have had first sex and half have not.

The missing values for the age at first sex were obtained by using linear interpolation to derive an approximate value.

The median age at first sex reported in PMA2014/Ethiopia is 16.9 years. The 2011 EDHS reported 16.6 years—slightly lower—and thus, age at first sex appears to be increasing. In urban areas, the median age is 18.1 years and in rural areas 16.1 years, compared to 17.8 years and 16.4 years, respectively, in the EDHS 2011. The lowest median age at first sex is observed in Amhara region (15.3 years) where early marriage is commonly practiced, and the highest is observed in Addis Ababa (20.1 years), followed by Oromiya (17.9 years) and SNNPR (17.5 years) regions.

Figure F18. Median age at first sex among women ages 25 to 49, by region

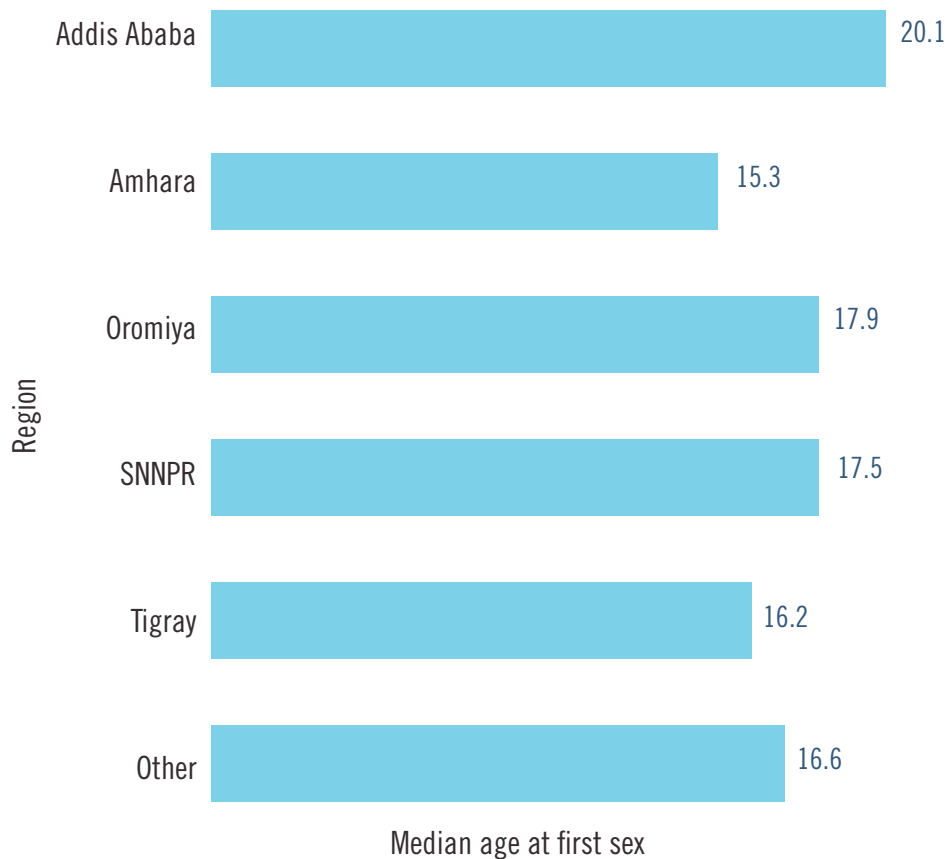


Table F18. Median age at first sex for women ages 25 to 49 years, by marital status and background characteristic

Background characteristics	All women	Married women
Total (N)	3,403	2,657
Median age (total)	16.9	16.9
Age group		
25-29	18.1	18.1
30-34	16.9	16.8
35-39	16.5	16.6
40-44	16.2	16.4
45-49	16.0	16.1
Marital status		
Married	17.0	–
Not married	16.8	–
Parity		
0-1	20.1	20.6
2-3	17.6	18.1
4 or more	15.8	15.8
Residence		
Urban	18.1	18.3
Rural	16.1	16.1
Education		
No education	15.9	15.9
Primary	17.1	17.3
Secondary	19.6	19.9
Technical and vocational	20.4	20.6
Higher	21.8	21.4
Wealth quintile		
Lowest	16.3	16.3
Second	16.3	16.3
Middle	15.9	15.9
Fourth	15.9	15.9
Highest	18.2	18.4
Region		
Addis Ababa	20.1	20.1
Amhara	15.3	15.1
Oromiya	17.9	17.9
SNNPR	17.5	17.8
Tigray	16.2	16.6
Other	16.6	16.6

Age At First Contraceptive Use

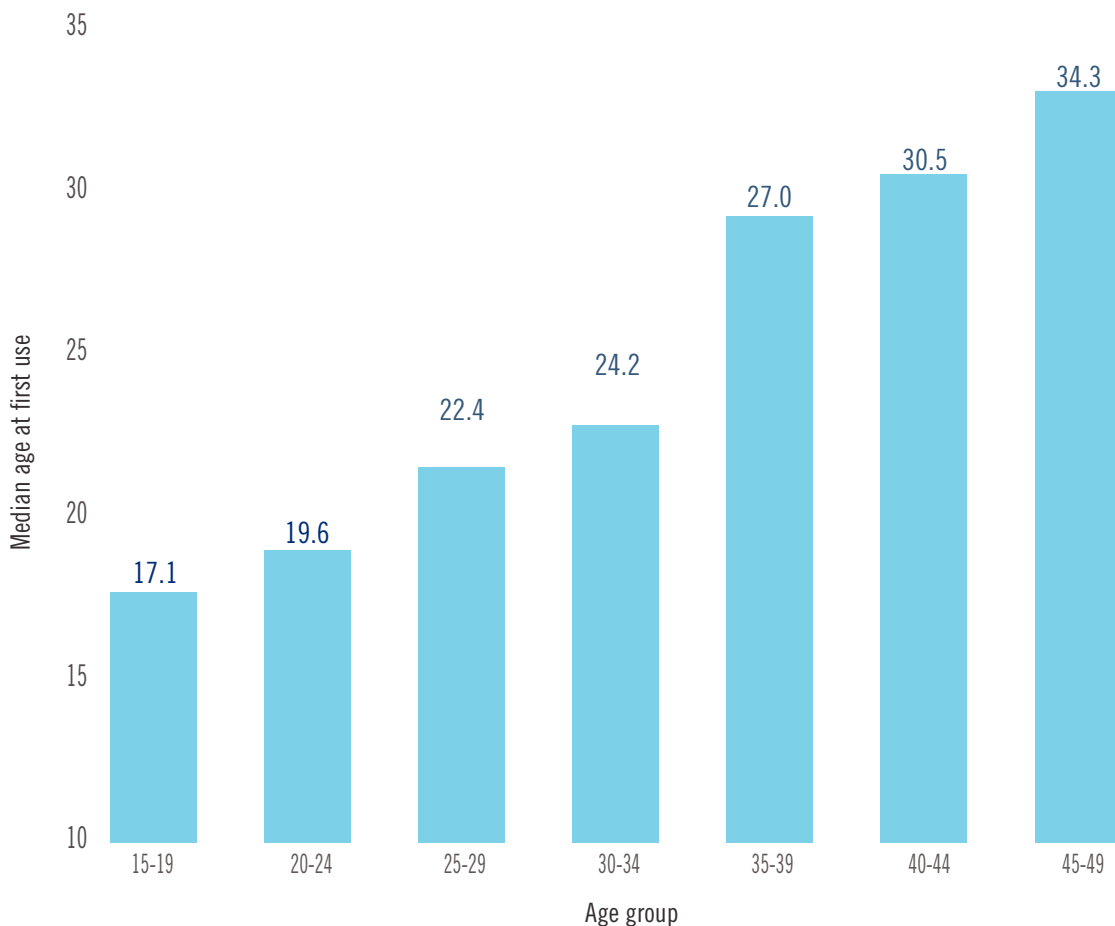
The age at first contraceptive use is indicative of an individual's decision to take action to prevent an unplanned pregnancy. This indicator is reported first as the median and then as the mean age of first use reported by women ages 15 to 49 who have ever used a contraceptive method. The median age is the age at which half of the sample population of ever users is estimated to have begun and half have not.

The missing values for the age at first use were obtained by using linear interpolation to derive an approximate value.

The mean or average age at first contraceptive use is more easily interpreted, especially when comparing across subgroups. Means of the age at first contraceptive use are presented by the woman's background characteristics in Table 19b. The relatively similar values of medians and means by the respondent's age are given in Table 19a.

The median age at first contraceptive use among those who have ever used contraception is 24.3 years, approximately 7.4 years older than the median age at first sex and 7.2 years older than the median age at marriage. The age at which half of ever users first used a method is 22.4 years for women ages 25 to 29 and 24.2 years for women ages 30 to 34. Compared to the older cohort of women ages 45 to 49 who have a median age at first use of 34.3 years, the cohort of women 20 years younger adopted contraception about 12 years earlier (22.4 years versus 34.3 years).

Figure F19. Median age at first contraceptive use among ever users ages 15 to 49, by age group



Married women with four or more children first used contraceptives at later ages than married women with fewer than four children. Rural women first used contraceptive at later ages than their urban counterparts and women's age at first contraceptive use decreased with increased education. Women in the lowest quintile first used contraceptives at later ages than women in the highest quintile. No regional difference was observed.

Table F19b. Mean and median age at first contraceptive use among women ever users ages 15 to 49 by marital status and background characteristics

Background characteristics	All women (n=2,723)		Married women (n=2,153)	
	Mean (SD*)	Median	Mean (SD*)	Median
Total	24.3 (0.1)	24.3	24.7 (0.1)	24.7
Age group				
15-19	16.4 (0.1)	17.1	16.5 (0.2)	17.3
20-24	19.0 (0.1)	19.6	19.2 (0.1)	19.7
25-29	22.0 (0.1)	22.4	22.1 (0.1)	22.6
30-34	24.6 (0.2)	24.2	24.6 (0.2)	24.4
35-39	28.6 (0.3)	27.0	29.0 (0.3)	27.7
40-44	30.9 (0.5)	30.5	31.2 (0.5)	30.7
45-49	35.2 (0.6)	34.3	36.0 (0.7)	35.9
Marital status				
Married	24.7 (0.1)	22.8	--	--
Not married	22.4 (0.3)	20.9	--	--
Unmarried sexually active	22.0 (0.5)	--	--	--
Parity				
0-1	19.6 (0.1)	20.3	19.8 (0.1)	20.5
2-3	22.5 (0.1)	22.2	22.6 (0.2)	22.1
4 or more	28.8 (0.2)	27.7	28.7 (0.2)	27.7
Residence				
Urban	22.3 (0.1)	21.7	22.6 (0.1)	22.1
Rural	25.2 (0.2)	24.3	25.4 (0.2)	24.6
Education				
No education	26.3 (0.2)	25.4	26.4 (0.3)	25.6
Primary	23.0 (0.2)	21.2	23.4 (0.2)	21.6
Secondary	21.2 (0.2)	21.1	21.6 (0.2)	21.6
Technical and vocational	20.8 (0.3)	21.3	20.9 (0.3)	21.5
Higher	22.6 (0.3)	22.9	23.3 (0.3)	23.0
Wealth quintile				
Lowest	27.0 (0.5)	26.3	26.9 (0.6)	26.4
Second	24.2 (0.4)	24.0	24.6 (0.5)	24.0
Middle	25.2 (0.4)	24.0	25.4 (0.5)	24.4
Fourth	24.7 (0.3)	23.0	24.9 (0.3)	23.4
Highest	22.6 (0.1)	21.7	23.1 (0.2)	22.1
Region				
Addis Ababa	22.6 (0.2)	22.7	22.8 (0.3)	22.9
Amhara	24.2 (0.3)	22.7	24.7 (0.3)	23.5
Oromiya	25.4 (0.3)	23.6	25.7 (0.4)	23.9
SNNPR	23.8 (0.3)	22.0	23.9 (0.3)	22.3
Tigray	24.6 (0.3)	22.0	25.1 (0.4)	22.6
Other	22.2 (0.4)	21.7	22.3 (0.4)	21.8

*SD: standard deviation

Number Of Living Children At First Contraceptive Use

Monitoring the number of living children a couple has when they begin to use contraception for the first time provides information on birth spacing and the family formation process. This indicator is calculated as the average number of living children at the time of first use of contraception based on a direct question with this wording.

Close to a third of women who have ever used contraception began using when they had no children or one child. Among those age 40 years and older at the time of the survey, over 90% began using contraception when they had three or more children. Urban women begin using at lower parity than rural women, on average. Parity at first use of contraception varies by women's education level, with the most educated women most likely to start using family planning early in their family formation. Women with higher education are the most likely to have no children or one child when they begin use (89.6%). Women in the wealthiest households are more likely to begin use when they have no children or one child (56.9%), whereas women in the poorest households are more likely to begin use when they have four or more children (77.6%) than at any other parity.

Figures 20a-20c. Percentage distributions of parity at time of first contraceptive use among women ages 15 to 49 who have ever used, by age group, wealth quintile and education level

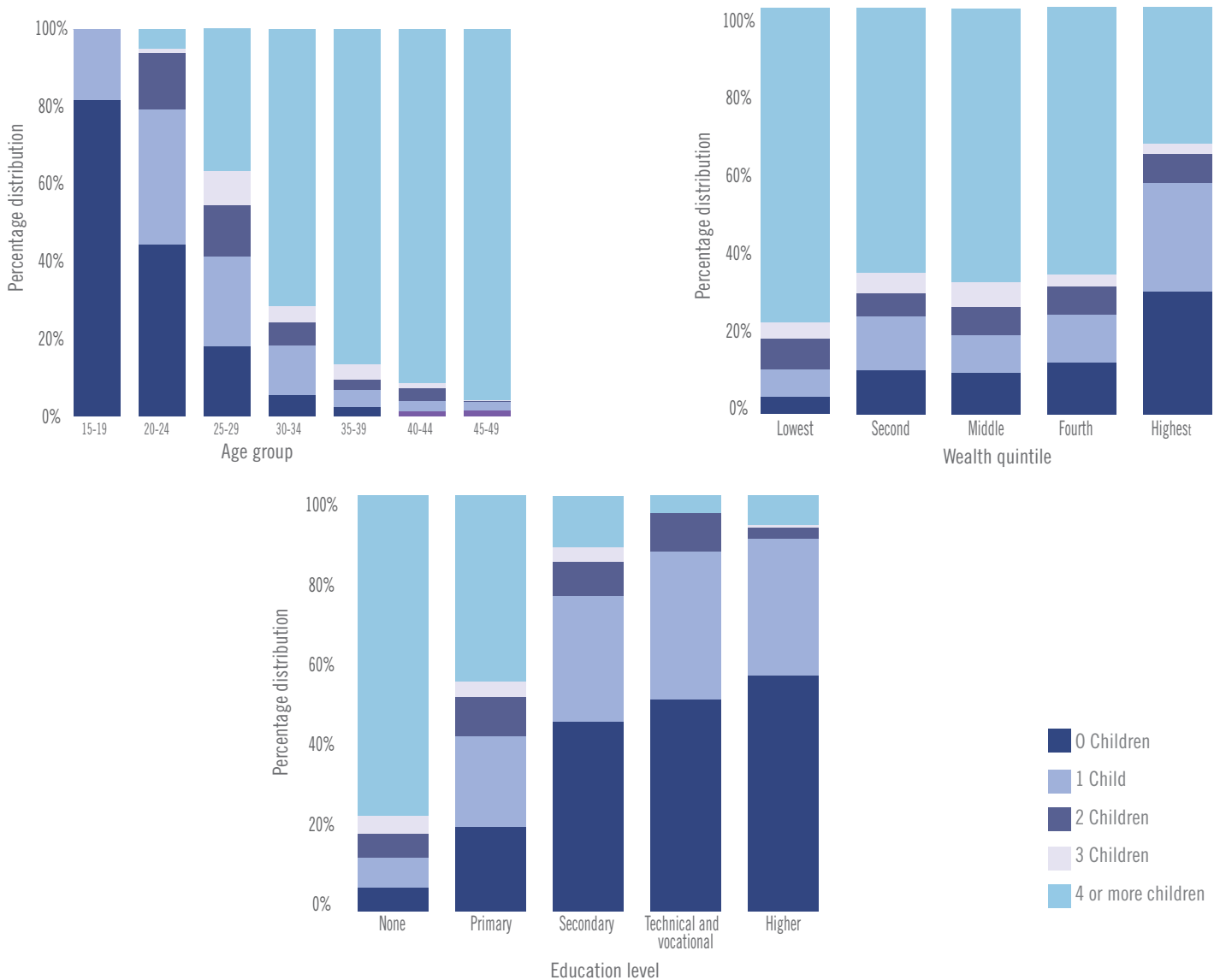


Table F20. Parity at first contraceptive use: Percentage distribution of women ages 15 to 49 who have ever used contraception, by parity at first use and selected background characteristics

Background characteristics	Number of living children at time of first use of contraception					Total	Number of women who have ever used
	0	1	2	3	4+		
Total	14.8	14.3	6.9	3.9	60.1	100.0	3,537
Age group							
15-19	81.6	18.4	0.0	0.0	0.0	100.0	142
20-24	44.2	35.1	14.5	1.1	5.1	100.0	452
25-29	17.9	23.3	13.3	8.7	36.9	100.0	490
30-34	5.5	12.8	5.8	4.4	71.5	100.0	692
35-39	2.4	4.3	2.6	4.0	86.7	100.0	718
40-44	1.3	2.6	3.2	1.5	91.4	100.0	431
45-49	1.5	2.2	0.2	0.1	96.0	100.0	312
Residence							
Urban	9.7	10.3	6.6	4.4	69.0	100.0	2,743
Rural	32.3	28.1	7.9	2.4	29.4	100.0	794
Education							
No education	5.6	7.3	5.6	4.4	77.2	100.0	2,108
Primary	20.2	22.0	9.4	3.7	44.7	100.0	1,023
Secondary	45.5	30.4	8.2	3.5	12.4	100.0	250
Technical and vocational	51.0	35.6	9.1	0.2	4.2	100.0	74
Higher	56.8	32.8	2.7	0.7	7.1	100.0	80
Wealth quintile							
Lowest	4.2	6.7	7.7	3.8	77.6	100.0	573
Second	10.8	13.1	5.8	5.0	65.4	100.0	644
Middle	10.2	9.1	7.1	6.0	67.6	100.0	656
Fourth	12.7	11.7	6.9	3.1	65.7	100.0	802
Highest	30.2	26.7	7.1	2.6	33.5	100.0	861

Recent Exposure To Mass Media Family Planning Messages

Raising the public's knowledge and level of awareness of contraceptive methods and sources of services is frequently accomplished by disseminating messages through mass media channels such as radio, television or print media. Public messaging can also increase the acceptability of healthy behaviors, such as contraceptive adoption, spacing births, girls' schooling or delayed marriage.

In the PMA2014 survey, all women of childbearing age were asked if they had:

- o Heard about family planning on the radio?
- o Seen anything about family planning on the television?
- o Read about family planning in a newspaper or magazine?

About one-third (32.7%) of all women reported hearing about family planning on the radio, and slightly higher than one-fifth (21.8%) saw a family planning message on television. Less than 10% (8.1%) read about family planning in a newspaper or magazine. Younger women ages 15 to 24 generally reported higher levels of media exposure than other age groups. Unmarried sexually active women, women with lower parity, women residing in urban areas, women with a higher level of education and women belonging to wealthier households also reported more media exposure to family planning than their counterparts. Women from Addis Ababa reported higher levels of media exposure than the rest of the regions.

Figure F21. Percentage of women ages 15 to 49 who reported exposure to family planning messages on radio, television or in print, by residence and background characteristics

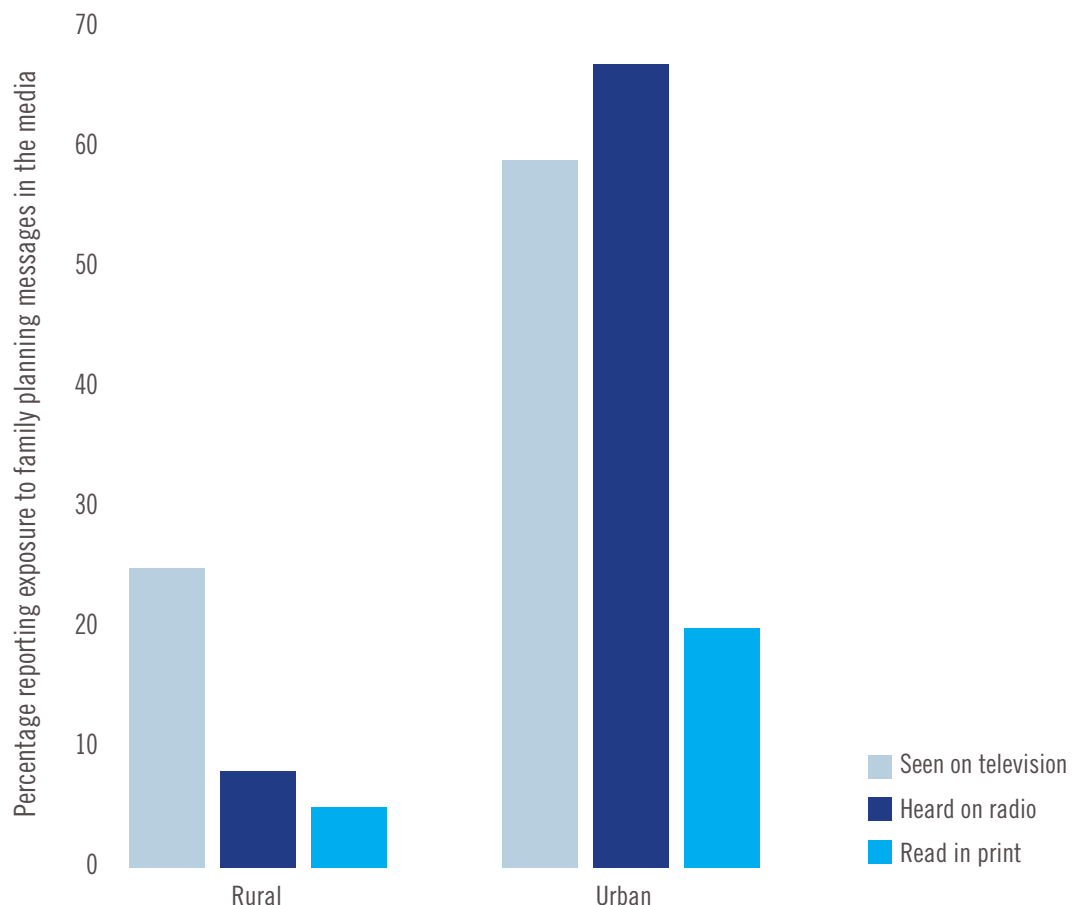


Table F21. Mass media exposure to family planning messages: Proportion of women ages 15 to 49 who reported hearing about family planning on the radio, seeing family planning on television, or reading about family planning in print media, by marital status and background characteristic

Background characteristics	Heard family planning on radio		Saw family planning on TV		Read family planning in newspaper/magazine	
	All women (n=6,514)	Married women (n=3,690)	All women (n=6,514)	Married women (n=3,690)	All women (n=6,514)	Married women (n=3,690)
Total	32.7	29.9	21.8	17.3	8.1	4.9
Age group						
15-19	34.0	23.4	23.0	11.6	13.3	2.5
20-24	38.4	33.5	27.6	19.7	10.7	6.5
25-29	32.1	29.8	23.4	20.3	7.6	6.6
30-34	31.0	30.7	19.8	17.8	4.7	3.9
35-39	32.1	31.9	17.0	15.0	4.5	4.5
40-44	28.2	28.2	15.6	12.9	3.5	2.9
45-49	23.8	21.8	18.8	16.0	4.3	3.3
Marital status						
Married	29.9	–	17.3	–	4.9	–
Not married	37.2	–	29.1	–	13.2	–
Unmarried sexually active	34.8	–	34.0	–	13.9	–
Parity						
0-1	39.0	35.5	30.5	28.2	13.4	8.8
2-3	30.4	30.8	22.8	22.2	6.3	6.6
4 or more	25.9	26.8	9.7	9.0	2.1	2.0
Residence						
Urban	58.6	61.5	65.9	66.8	19.7	17.0
Rural	24.7	22.8	8.1	6.0	4.5	2.1
Education						
No education	19.0	19.4	6.9	5.6	0.8	0.6
Primary	35.4	37.3	21.2	22.3	7.5	6.0
Secondary	58.5	70.8	52.9	65.4	24.4	22.0
Technical and vocational	72.9	76.2	75.4	83.1	32.6	27.1
Higher	71.9	74.6	87.3	90.1	40.9	45.2
Wealth quintile						
Lowest	17.1	14.3	4.2	1.0	2.6	0.6
Second	18.9	15.9	3.7	3.1	3.3	1.5
Middle	25.1	23.3	6.7	5.2	1.9	2.0
Fourth	33.1	33.2	11.7	10.6	7.1	2.8
Highest	57.1	61.5	64.6	65.3	20.0	17.4
Region						
Addis Ababa	69.1	75.0	79.8	82.9	26.3	28.6
Amhara	22.5	19.3	17.7	13.5	6.5	4.2
Oromiya	35.5	34.2	16.4	12.8	6.3	2.0
SNNPR	31.7	27.4	18.4	15.5	7.3	5.7
Tigray	35.9	35.4	29.6	25.3	10.3	6.4
Other	27.3	25.1	24.0	19.7	10.0	7.6

Findings for Service Delivery Point Indicators

Monitoring the availability and quality of family planning services nationally is an important objective of the PMA2020 surveys. Health facilities were sampled as follows:

1. All public SDPs covering the selected enumeration area as part of their official catchment population were visited—public hospitals, health centers and health posts. These interviews were carried out by supervisors with letters of introduction and authorization provided by the Federal Ministry of Health.
2. All private health SDPs* located within the boundary of the selected enumeration area were identified and listed as part of the enumeration procedures within the enumeration area. Up to three facilities were randomly selected for interviews. These were primarily pharmacies, drug shops and private clinics. Resident enumerators carried out assessments of the private health facilities.

The SDP indicators in this report have been identified as informative of family planning program performance and, along with other information, are measured through the facility survey. Because SDPs in the public sector are not transient entities, like people, the monitoring of these indicators over time through PMA2020 is likely to be based on largely the same group of facilities accessible to the sample clusters. This confers statistical advantages in assessing the significance of change from one time to the next. Please see Appendix E for the definitions.

* Private health facilities include all clinics and hospitals owned and run by private business, non-governmental organizations or faith-based organizations.

Offers Family Planning Counseling And Services To Adolescents

This indicator is defined as the percentage of health facilities that offer unmarried adolescents counseling and either provide or prescribe contraceptives.

Among the 389 facilities surveyed, 86.4% reported offering family planning counseling and methods to unmarried adolescents. Around 80% of health post providers (health extension workers) reported serving adolescents, and 70.8% of pharmacies/drug shops reported serving adolescents. Both urban and rural facilities reported offering family planning services (more than 80%).

Figure. S1 . Percentage of health facilities providing family planning counseling and services to adolescents, by type

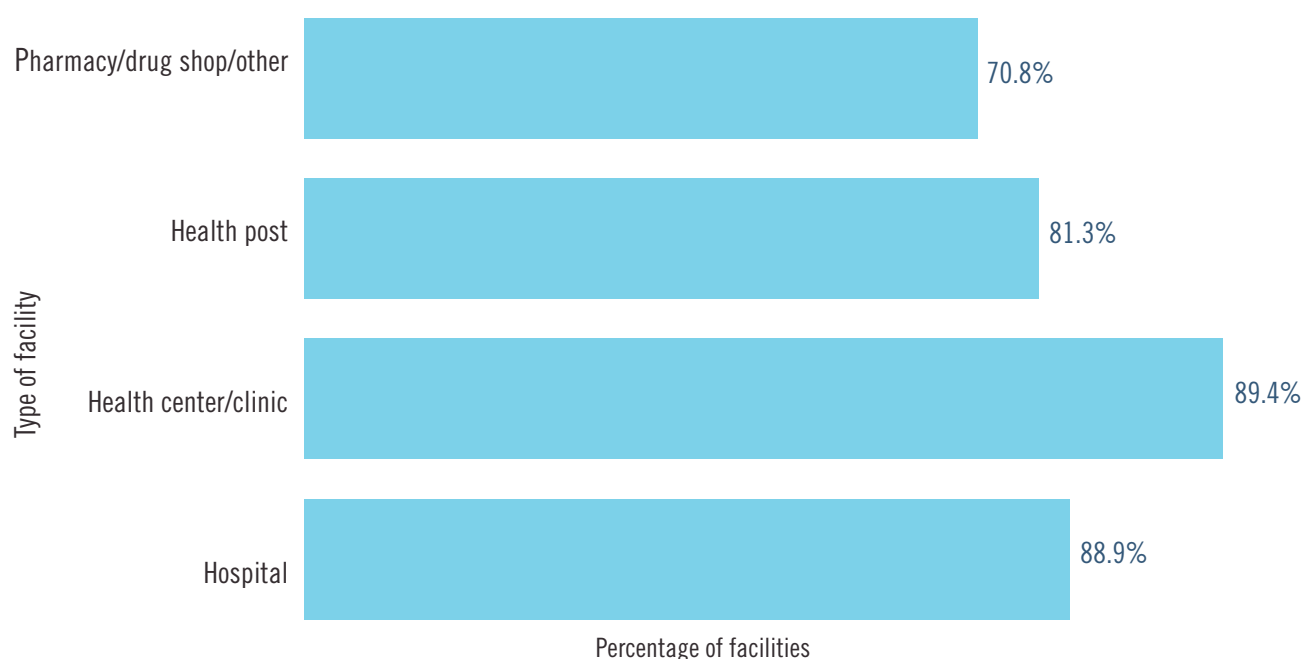


Table S1: Percentage of health facilities that offer family planning counseling and services to adolescents, by facility type, residence and size

	Facility type				Residence		Number of beds			Total
	Hospital	Health center/clinic	Health post	Pharmacy/drug shop/other	Rural	Urban	0-50	51-100	100+	
Offers family planning counseling and services to adolescents (n=389)	88.9	89.4	81.3	70.8	90.1	82.6	86.3	94.1	91.4	86.4

Has Client Feedback System

Seeking feedback on facility performance from clients is considered an important measure of quality of care. This indicator is defined as the percentage of health facilities that reported collecting client information using any of the following modes: a suggestion box, client survey forms, official meetings with community leaders, informal discussions with clients or communities, direct client feedback to staff or other means.

Among the 389 health facilities surveyed, 93.0% reported having some type of client feedback system. Almost all hospitals (98.5%), most of the health centers and clinics (92.9%) and 93.2% of facilities with 0 to 50 beds reported having client feedback systems. Pharmacies, drug shops and other outlets had relatively lower levels of client feedback systems (80%).

Figure S2. Percentage of health facilities with a client feedback system, by type

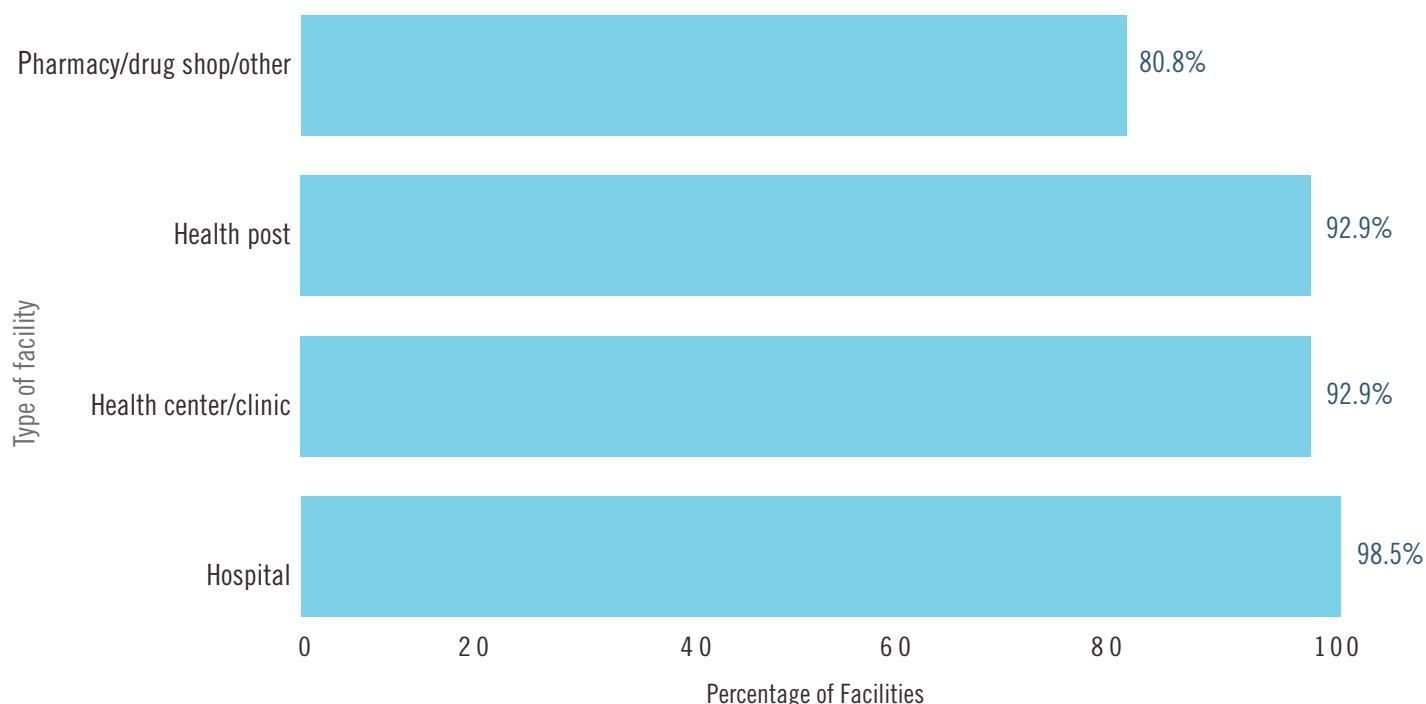


Table S2. Percentage of health facilities with a client feedback system, by facility type, residence and size

	Facility type				Residence		Number of beds			Total
	Hospital	Health center/clinic	Health post	Pharmacy/drug shop/other	Rural	Urban	0-50	51-100	100+	
Has a client feedback system (n=389)	98.5	92.9	92.9	80.8	93.2	91.6	93.2	100.0	97.2	93.1

Offers Different Types Of Contraceptive Methods

This indicator is defined as the percentage of health facilities offering different types of contraceptive methods. Based on the facility respondents' report, six main methods were assessed—pills, injectables, IUDs, implants, emergency contraception and male condoms.

Four-fifths of the 389 facilities surveyed provide injectables, pills or condoms (94.6%, 87.4% and 93.1%). About three-quarters (71.1%) provide implants and over half (57.3%) EC. IUD services are available from 49.6% of facilities, and more frequently at hospitals, and health centers or health clinics. Private retail outlets are more likely to offer condoms, emergency contraception, pills, and injectables than other methods. The availability of the IUDs and implants is greater in urban than rural areas.

Figure S3. Percentage of health facilities providing different contraceptive methods, by type

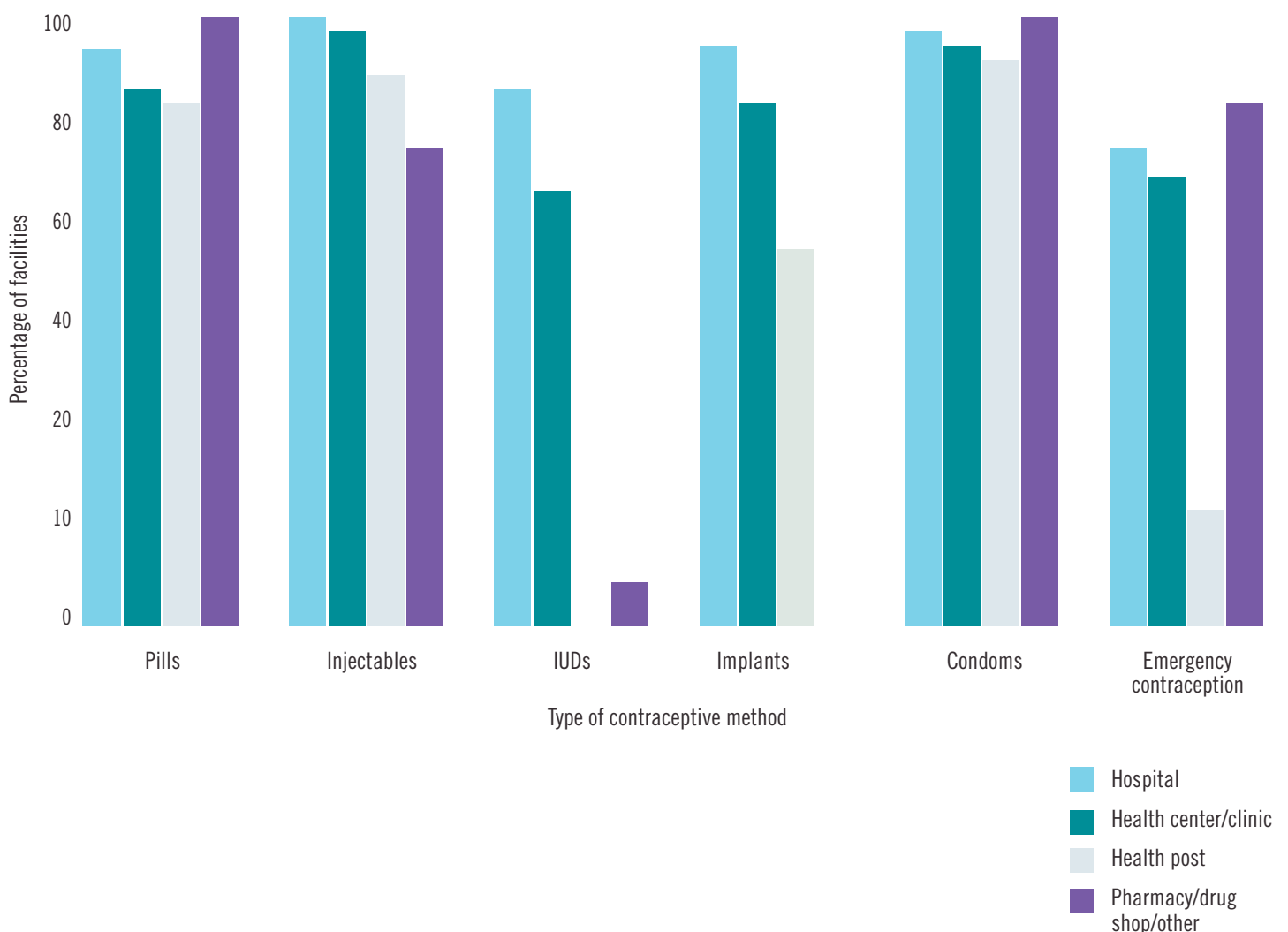


Table S3. Percentage of health facilities providing different types of contraceptive methods

Facility Characteristics	Contraceptive methods					
	Pills	Injectables	IUDs	Implants	Condoms	EC
Facility Type:						
Hospital	95.3	100.0	90.6	98.4	96.9	71.9
Health center/clinic	89.4	99.5	64.4	81.7	95.7	67.7
Health post	82.7	95.1	0.0	56.8	92.6	9.9
Pharmacy/drug shop/ Other	100.0	76.9	3.9	0.0	100.0	84.3
Residence:						
Rural	91.4	96.3	65.2	71.7	96.3	41.2
Urban	88.0	97.9	37.0	75.5	94.8	73.8
Number of beds						
0-50	88.0	98.3	47.7	75.3	95.0	50.3
51-100	100.0	100.0	88.9	94.4	94.4	63.2
100+	91.4	100.0	97.1	100.0	97.1	80.6
Total	87.4	94.6	49.6	71.7	93.1	57.3

Has Mobile Outreach Teams Visiting Facility In The Last 12 Months

Mobile teams can extend the service reach of a program. Trained staff who can provide a range of contraceptives not usually available at the facility, such as long-acting methods, will routinely visit and work at health clinics where such facilities do not exist.

This indicator is defined as the percentage of health facilities reporting that a mobile outreach team visited to deliver supplementary or additional family planning services.

Only thirty-five percentage of all facilities reported having a mobile team work from its site in the past 12 months, with the highest percentage being health centers and clinics (41.2%). Large facilities, such as hospitals and those with more than 100 beds, had slightly higher percentages of visits than smaller facilities (30.8% and 24.1% respectively). Pharmacies and drug shops were generally ineligible and thus least likely to sponsor mobile outreach teams.

Figure S4. Percentage of health facilities that had mobile teams visiting in past 12 months, by type

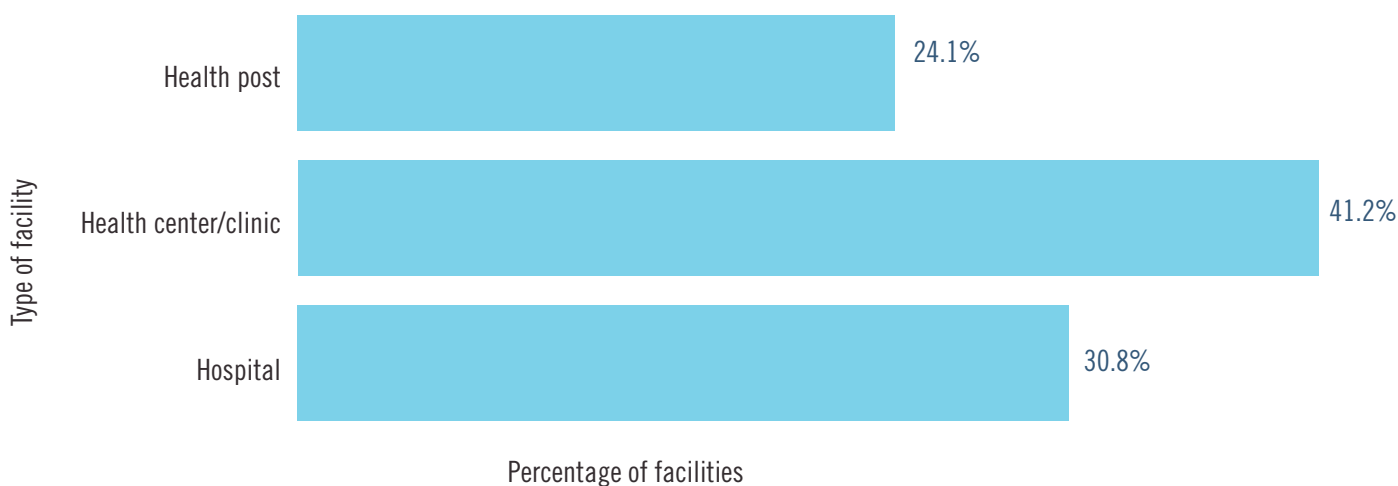


Table S4: Percentage of health facilities that had mobile teams visiting in past 12 months, by facility type, residence and size

	Facility type			Residence		Number of beds			Total
	Hospital	Health center/clinic	Health Post	Rural	Urban	0-50	51-100	100+	
Percentage with mobile outreach team visiting in last 12 months (n=357)	30.8	41.2	24.1	36.4	42.6	35.6	26.3	34.3	35.0

Experienced Contraceptive Stockouts In The Past 12 Months

This indicator is defined as the percentage of health facilities reporting a method has been out of stock in the past 12 months. Six main methods are tracked: pills, injectables, IUDs, implants, emergency contraception, and male condoms. Note that not all facilities offered each type of method as seen in Table S5. The percentages are then based on those that reported routinely providing the method.

Among the 368 facilities offering injectables and 276 facilities offering implants, 17.6% and 18.8% respectively reported being out of stock in the 12 months preceding the survey. The highest stockout rate was reported for pills at 30.3%. Health centers and health posts were more likely to report stockouts, with the highest stockout rates in health posts—32.5% for injectables, 45.7% for implants and 40.3% for pills. Similarly, facilities with fewer than 50 beds reported higher stockout levels.

Figure S5. Percentage of service delivery points reporting method-specific stockout of contraceptive commodities in past 12 months, by sector

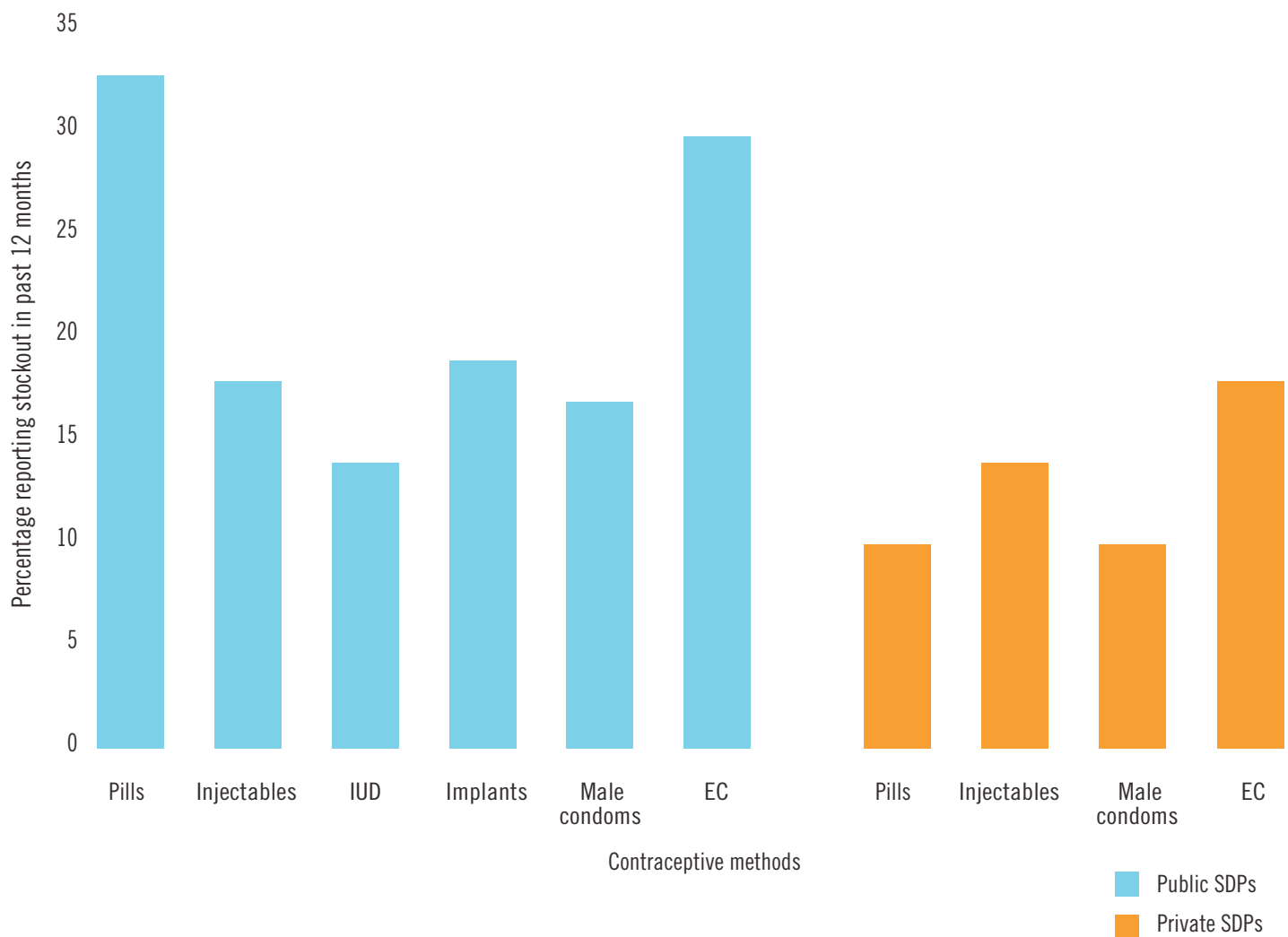


Table S5. Percentage of service delivery points stocked out of modern contraceptives in the past 12 months, by sector and method

Facility characteristics	Public facility (n=347)						Private facility (n=45)			
	Pill (n=301)	Injectable (n=331)	IUD (n=190)	Implants (n=276)	Male condom (n=324)	EC (n=182)	Pill (n=39)	Injectable (n=37)	Male condom (n=38)	EC (n=35)
Total	32.9	18.1	14.2	18.8	16.0	29.9	10.3	13.5	10.5	17.8
Facility Type										
Hospital										
Health center/clinic	26.2	7.8	12.1	9.5	9.7	31.3	--	--	--	--
Health post	33.1	16.1	15.2	15.0	15.9	40.6	11.8	9.5	18.8	13.6
Pharmacy/drug shop/other	40.3	32.5	--	45.7	22.7	8.6	--	--	--	--
	--	--	--	--	--	--	9.1	18.8	4.6	13.6
Residence										
Rural	35.9	24.7	15.5	23.5	19.4	24.7	--	--	--	--
Urban	29.1	9.7	13.5	13.7	11.8	38.4	10.8	14.3	11.1	14.6
Number of beds										
0-50	34.6	21.3	15.7	22.0	17.9	29.9	11.1	9.1	17.7	22.7
51-100	16.7	5.6	6.3	5.9	--	44.4	--	--	--	--
101 or more	31.3	2.9	11.8	5.7	11.8	34.3	--	--	--	--

Average Number Of Days Per Week Family Planning Services Are Offered

The number of days family planning services are offered is an indicator of availability and access to services. This indicator is defined as the average number of days per week family planning services are offered (or products are sold) at the health facility.

On average 378 health facilities offered family planning services 5.6 days per week. Pharmacies reported an average of 6.5 days and health posts the lowest, at 5.0 days. Urban facilities offer family planning services 5.7 days per week, compared to 5.5 days for rural providers.

Figure S6. Average number of days per week family planning services are offered, by facility type



Table S6. Average number of days per week family planning services are offered, by facility type, residence and size

	Facility Type				Residence		Number of beds			Total
	Hospital	Health center/clinic	Health post	Pharmacy/drug shop/other	Rural	Urban	0-50	51-100	100+	
Average number of days per week family planning is offered (n=378)	5.4	5.7	5.0	6.5	5.5	5.7	5.5	5.8	5.3	5.6

Supports Community Health Workers From The Facility

Community health workers (CHWs) are an important resource for family planning service delivery because these trained persons can provide information and distribute contraceptives directly to households. They may be volunteers or paid staff and increasingly they are able to administer injections and insert implants. Health facilities assist CHWs by providing supervision, support and supplies. Thus, this indicator is defined as the percentage of health facilities reporting providing supervision, support or supplies to community health volunteers or workers.

Approximately 30 facilities reported supporting CHWs. The highest percentage of facilities were health posts (47.6%). Private facilities were less likely to support CHWs; and pharmacies, drug shops and others did not provide any support. Many facilities with fewer than 50 beds reported supporting CHWs (39%), whereas facilities with more than 100 beds were least likely to support CHWs (3%).

Figure S7. Percentage of health facilities supporting community health workers from or near facility, by facility type

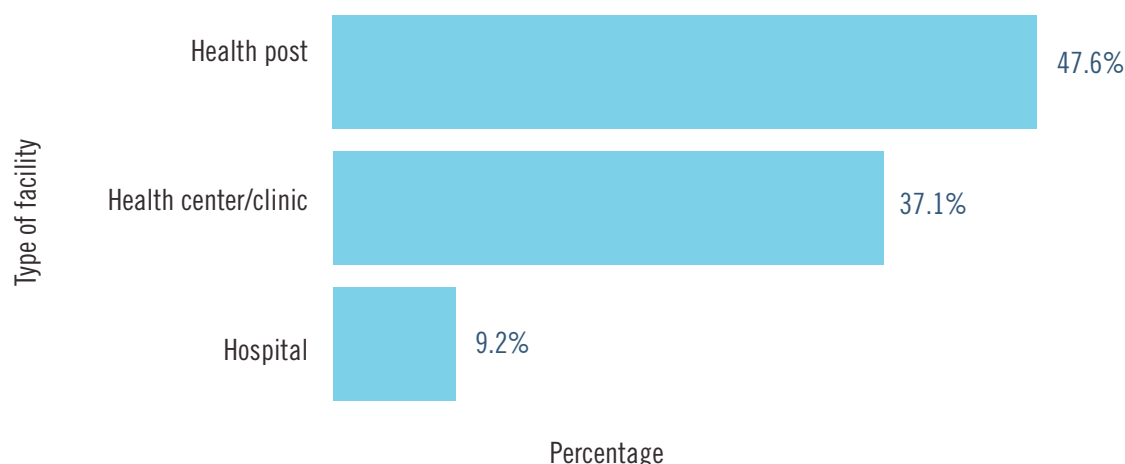


Table S7. Percentage of health facilities supporting community health workers from or in the facility, by facility type, residence and size

	Facility type				Residence		Number of beds			Total
	Hospital	Health center/clinic	Health post	Pharmacy/drug shop/other	Rural	Urban	0-50	51-100	100+	
Supporting CHWs* from this facility (n=363)	9.2	37.1	47.6	0.0	36.9	31.5	38.6	21.1	2.9	34.4

*CHWs: community health workers

Number Of Family Planning Visits (New and Continuing) In The Last Month

The caseload volume for contraceptive services is revealing of quality, in terms of choice of methods, and demand. Observing patterns by the type of facility informs where clients obtain their methods. This indicator is defined for both the total number of visits by continuing users and the number of new clients accessing facility services during the last complete month. Data come from the client register in the facility. In the case of pharmacists or chemist shops, the numbers are based on their estimated sales in that period.

The number of health facilities with registers from which total family planning visits and new clients could be recorded is shown in Table S8. The largest number of visits in one complete month was for male condoms (69,102), followed by injectables (27,221), implants (5,219) pills (4,587) and implants (5,219). Visits for IUDs and emergency contraception were also significant.

The number of monthly new clients was highest for male condoms (44,165), injectables (7,919), and implants (2,347). Only a few sterilization cases were measured.

Hospitals and health centers accounted for most of the servicing of new clients, particularly for injectable delivery, condoms, IUDs and implants. Pharmacies and drug shops reported primarily emergency contraception (25) and male condoms (30). Total visits were generally higher in urban than rural facilities and in smaller compared to larger facilities.

Table S8: Total and new numbers of users of family planning (new and continuing) recorded in registers of sampled facilities in last month, by method

Facility characteristics	Sterilization		IUD		Injectables		Implants		Pills		Male condom		Female condom		Emergency contraception		Standard days method	
	Total female	Total male	Total	New	Total	New	Total	New	Total	New	Total	New	Total	New	Total	New	Total	New
Sample size	44	28	191	190	341	342	276	273	303	299	272	268	10	10	166	166	3	3
Total	88	3	1,414	696	27,221	7,919	5,129	2,347	4,587	2,035	69,102	44,165	13	4	523	379	0	0
Facility type																		
Hospital	86	3	409	262	4,726	1,881	1,241	771	1,018	560	2,698	1,698	0	0	85	49	0	0
Health center/ clinic	2	0	1,003	434	20,642	5,425	3,074	1,523	3,312	1,341	62,483	39,116	13	4	409	188	0	0
Health post	0	0	0	0	1,843	611	184	53	253	131	3,819	3,339	0	0	4	3	0	0
Pharmacy/drug shop/other	0	0	2	0	10	2	0	0	4	3	30	12	0	0	25	5	0	0
Residence																		
Rural	50	0	485	149	8,189	2,639	2,029	847	1,472	738	49,846	32,610	0	0	102	54	0	0
Urban	38	3	929	547	19,032	5,280	3,100	1,500	3,115	1,297	19,256	11,555	13	4	421	325	0	0
Number of beds																		
0-50	6	0	1,034	448	23,042	6,334	4,034	1,630	3,669	1,547	66,405	42,468	13	4	441	330	0	0
51-100	30	1	88	75	1,426	19	408	296	242	116	378	70	0	0	15	15	0	0
101 or more	52	2	292	173	2,737	1,060	684	419	663	359	2,318	1,626	0	0	67	14	0	0

Charge Fees For Family Planning Services

This indicator is defined as the percentage of health facilities that charge routine user fees or charge for family planning services.

Overall, 16.8% of facilities reported charging fees to clients for family planning services. As expected, the highest percentage of facilities that charge fees were pharmacies/drug shops (100%), whereas the lowest was health posts (1.2%). Facilities in urban areas (27.8%) were more likely to charge fees than rural facilities (6.8%). Facilities in urban areas (27.8%) were more likely to charge fees than rural facilities (6.8%).

Figure S9. Percentage of health facilities that charge fees for family planning services, by facility type

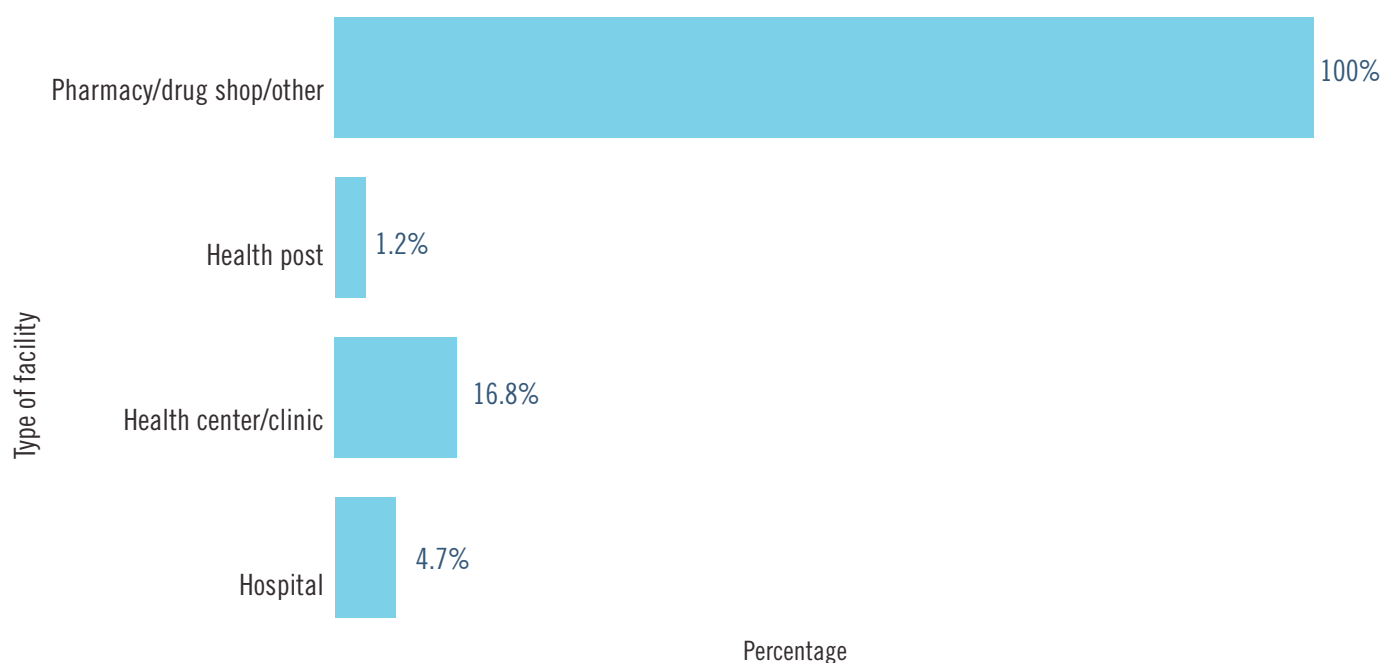


Table S9: Percentage of health facilities that charge fees for family planning services, by facility type, residence and size

	Facility type				Residence		Number of beds			Total
	Hospital	Health center/clinic	Health post	Pharmacy/drug shop/other	Rural	Urban	0-50	51-100	100+	
Charge fees for family planning service (n=353)	4.7	16.8	1.2	100.0	6.8	27.8	12.7	5.6	2.9	18.0

Indicators for Integration of Services

The concurrent provision of contraceptive information and services at the point of care for other related sexual and reproductive health services helps respond to individuals' needs to protect against an unplanned pregnancy. Providing contraceptive counseling and method provision to women during their maternity care, either at antenatal visits or following delivery, is important for ensuring healthy birth spacing. Contraceptive counseling should also be provided to women and men obtaining HIV counseling, testing or therapy services, and to women presenting with postabortion complications. Integrating contraceptive delivery into these points of contact with the health system at eligible health facilities can improve the quality of care and sexual and reproductive health outcomes for individuals.

The integration indicators in Table S10 are defined as follows:

S10a	Integrating family planning into maternal/postnatal health services	Percentage of health facilities that offer advice, or provide contraceptive methods, or prescription (referral) to mothers before post-delivery discharge, or during the postnatal visit.
S10b	Integrating family planning into HIV services	Percentage of health facilities that offer advice, or provide contraceptive methods, or prescription (referral) to clients coming for HIV services (related to diagnosis, treatment or supportive services for HIV).
S10c	Integrating family planning into postabortion services	Percentage of health facilities that offer advice on, or provide contraceptive methods during the postabortion visit.

Among the 389 facilities, more than 90% reported integrating contraceptive information and services into all three related sexual and reproductive health services. Integration was 100% for HIV and close to 100% for postabortion services. Nine out of ten facilities reported integrating family planning into postnatal services. None of the private providers offered integrated services.

Figure S10. Percentage of health facilities reporting provision of family planning services integrated with other sexual and reproductive health care, by facility type

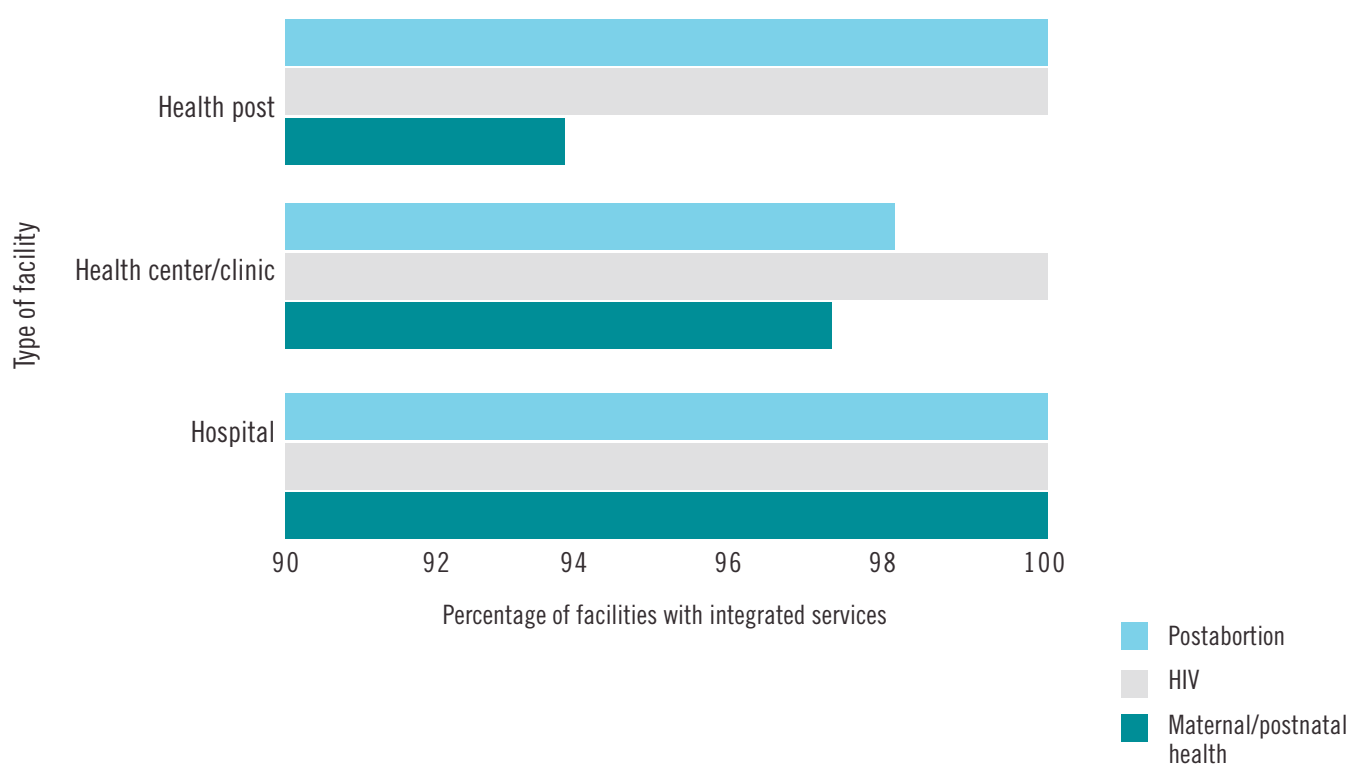


Table S10. Percentage of health facilities reporting provision of family planning services integrated with other sexual and reproductive health care, by selected facility characteristics

Facility characteristics	Integrate family planning services into:		
	Maternal/Postnatal services	HIV services	Postabortion services
Sample size (n)	330	314	247
Total (%)	94.4	100.0	98.8
Facility type			
Hospital	100.0	100.0	100.0
Health center/clinic	100.0	100.0	98.1
Health post	97.2	100.0	100.0
Pharmacy/drug shop/other	0.0	0.0	0.0
Residence			
Rural	98.9	100.0	100.0
Urban	100.0	100.0	97.7
Number of beds			
0 to 50	99.3	100.0	98.5
51 to 100	100.0	100.0	100.0
101 and over	100.0	100.0	98.9

Findings for Water, Sanitation and Hygiene Indicators (WASH)

The PMA2014/Ethiopia survey assessed new indicators and standard indicators of the water, sanitation and hygiene (WASH) environments for households and SDPs. These include:

- The use of multiple water sources for multiple purposes
- Seasonal and daily reliability of water services
- Prevalence of open defecation
- Management of child feces
- Time spent collecting water during wet and dry seasons
- Productive uses of water
- The presence and conditions of hand-washing stations in SDPs.

Questions in the survey include those on water supply and source type, hand-washing facility, collection time, and seasonality and reliability of supply

Within these subject areas, six indicators are presented in this report, as defined in Appendix E. Additional indicators and further information from the data for this development area will be available from the PMA2020 website (www.pma2020.org).

Household Use Of Multiple Water Sources

Households often use more than one water source. Using standard classifications of drinking water sources developed under the World Health Organization and UNICEF's Joint Monitoring Program, PMA2014 surveyors asked household respondents to identify all water sources regularly used at any time of the year for any purpose. This indicator shows the percentage of *de jure* population living in households by number of water sources used in that household. *De jure* household members are reported to be usual members of the household by survey respondents, regardless of where they slept the night before.

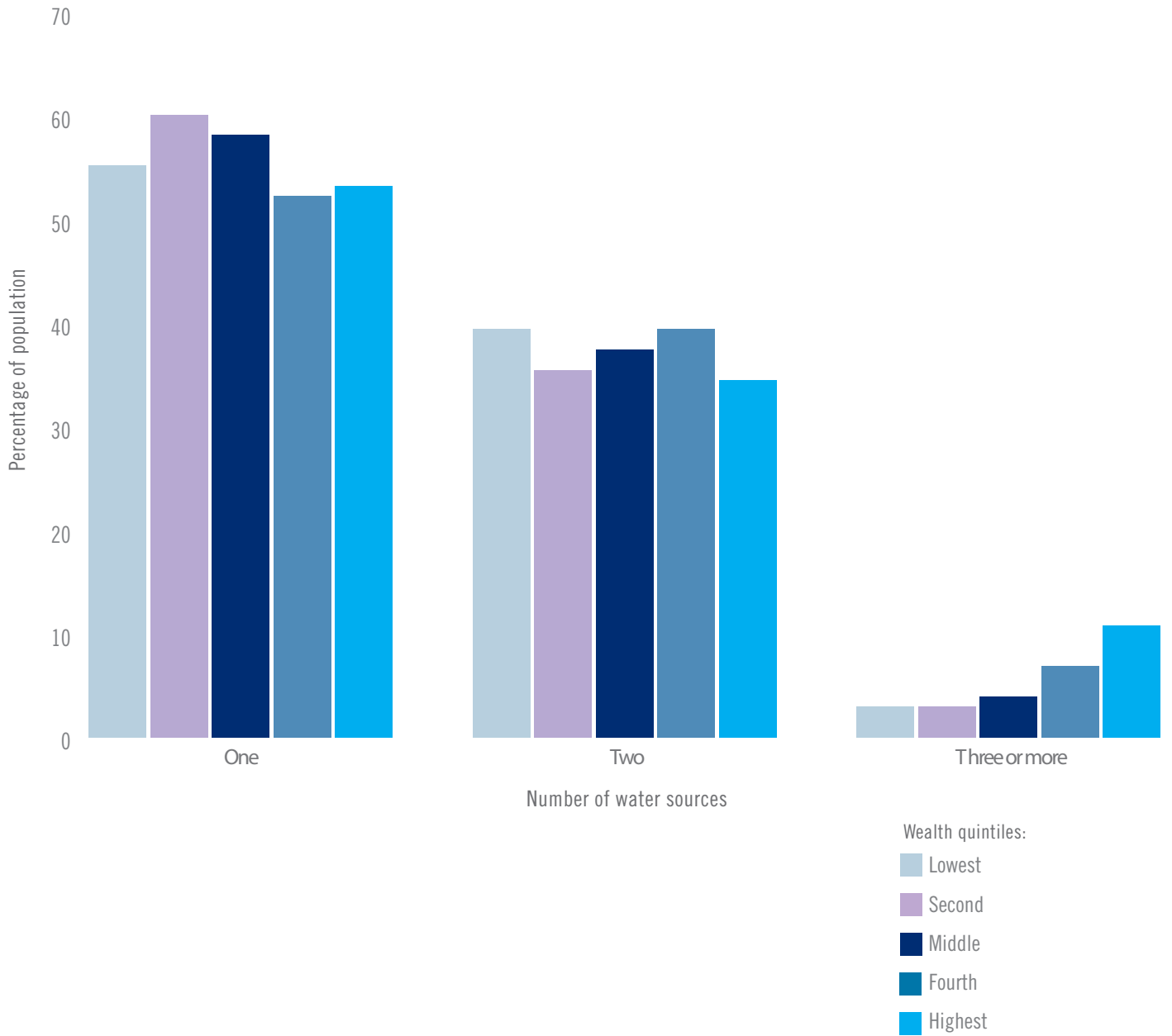
The majority of Ethiopians live in households that rely on one or two water sources for all purposes. Respondents were asked to identify all water sources regularly used at any time of the year for any purpose. Responses are grouped by the percentage of the population residing in urban versus rural areas, and according to the lowest, second, middle, fourth and highest wealth quintiles. Urban households and the wealthiest quintile show the highest rates of use of multiple water sources.

In the population, 56.7% of households rely on one water source, whereas 5.5% of the population live in households with three or more sources of water. Household wealth directly correlates with the use of three or more water sources. In the lowest and second wealth quintiles, 56.4% and 61.1% of the population use one source of water, respectively; within these same quintiles, 3.3% use more than three sources of water. In the highest wealth quintile, 53.9% of the population use one source of water, and 10.9% of this population use more than three sources of water.

Table WASH1. Percentage distribution of number of water sources, by residence and wealth quintile

	Unweighted N	Number of sources of water			Total
		One	Two	Three or more	
Unweighted N	27,836	4,052	2,228	481	N/A
Percentage of population (%)	N/A	56.7	37.8	5.5	100.0
Residence					
Urban	12,298	52.0	37.8	10.2	100.0
Rural	15,538	57.5	37.8	4.6	100.0
Wealth quintile					
Lowest	3,618	56.4	40.3	3.3	100.0
Second	4,709	61.1	35.6	3.3	100.0
Middle	3,775	58.8	37.6	3.6	100.0
Fourth	4,568	53.0	39.9	7.1	100.0
Highest	11,166	53.9	35.2	10.9	100.0

Figure WASH1: Percentage distribution of number of water sources used, by wealth quintile



Main Water Source For Drinking

Household respondents were asked to identify all water sources regularly used at any time of the year for any purpose. For each source identified, households were then asked to identify all uses (drinking, cooking, livestock, gardening/agriculture, business venture, washing). This indicator shows, for the *de jure* population, all regular sources reportedly used for drinking water and, in addition, the source that households identified as the main drinking water source.

The total percentage of households reporting usage of public tap/standpipes as the main water source remains similar between EDHS 2011 (22.5%) and PMA2014/Ethiopia (21.9%). In 2014, the percentage of regular consumers of a water source closely matches the percentage who consider that source to be their main source. These figures fall within 3% of each other, except among urban residents consuming water from public tap/standpipes, where 35.5% of the population regularly drinks water compared to 30.8% who consider it their main source. This close agreement relates to the key finding of the first indicator on household use of multiple water sources: more than half of all Ethiopians rely on one water source, and less than 6% rely on three or more sources.

Figure WASH2. Percentage of population living in households using improved and unimproved main and regular sources of water for drinking, by survey

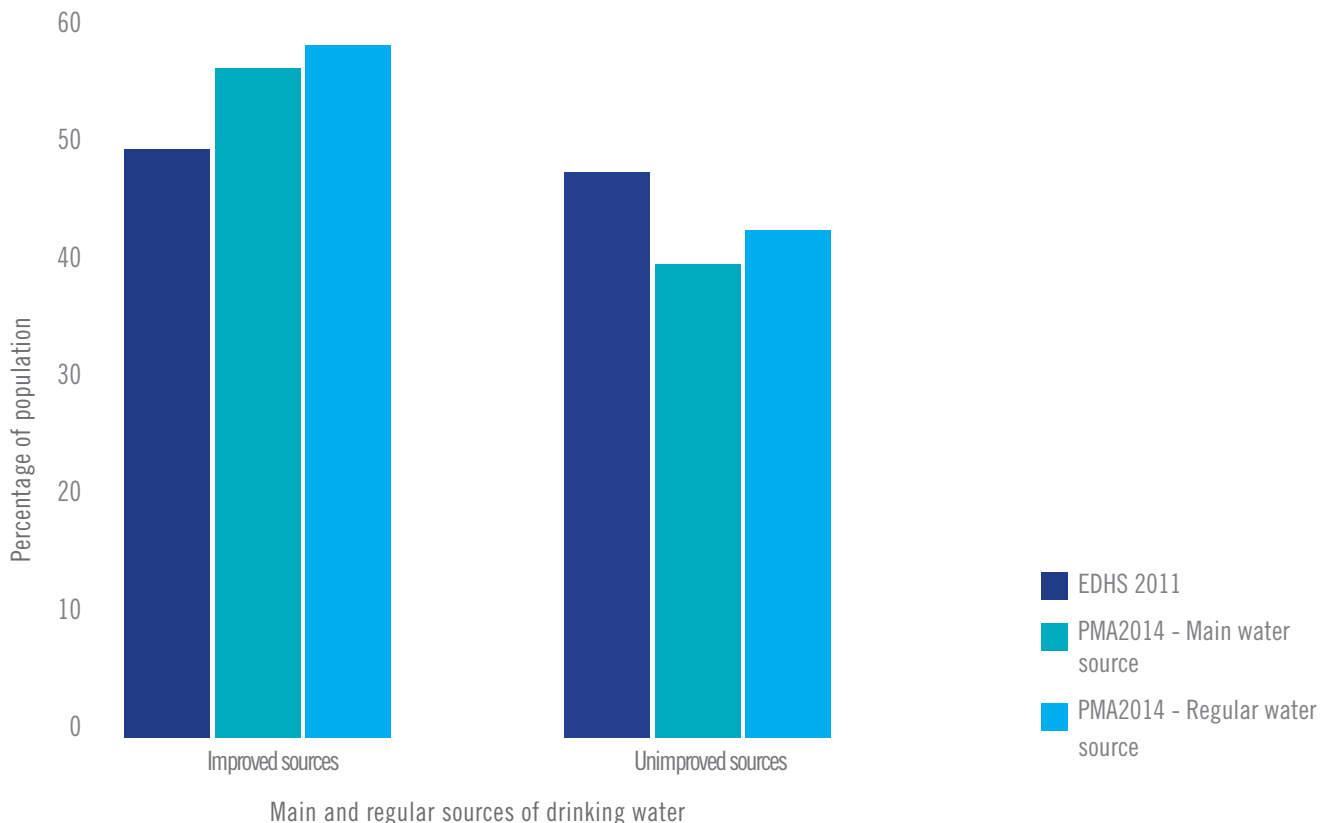


Table WASH2. Percentage distribution of main and regular water sources for drinking for household population, by residence

Water sources	Main water source EDHS 2011			Main water source PMA2014			Regular drinking source PMA2014		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Improved sources	92.7	41.6	50.9	96.6	51.6	58.4	98.6	53.4	60.2
Piped into dwelling/ yard	46.8	0.1	8.5	1.0	0.8	9.6	60.2	1.1	10.0
Public tap/standpipe	38.6	18.9	22.5	20.3	20.4	21.9	35.5	20.8	23.0
Tube well/bore hole	1.0	4.0	3.5	11.8	32.7	10.0	0.3	12.5	10.6
Protected well	3.7	7.6	6.9	3.2	7.2	3.1	2.6	3.3	3.2
Protected spring	2.4	10.8	9.3	14.3	0.1	12.9	8.4	15.1	14.1
Rainwater	0.2	0.2	0.2	1.0	2.0	0.9	2.2	1.7	1.8
Bottled/sachet, improved source	0.1	0.0	0.0	0.3	0.0	0.0	2.6	0.0	0.4
Unimproved sources	7.0	58.1	48.9	2.6	48.3	41.4	5.2	51.0	44.1
Unprotected well	0.8	4.7	4.0	0.2	3.4	2.9	0.4	3.9	3.4
Unprotected spring	3.0	32.1	26.9	0.6	36.1	30.8	1.5	38.6	33.0
Tanker truck/cart with small tank	2.0	0.4	0.7	0.2	0.4	0.4	0.3	0.5	0.4
Surface water*	1.2	20.9	17.3	1.6	8.4	7.4	3.1	10.2	9.1
Bottled/sachet, unimproved source	0.2	0.3	0.3	0.0	0.0	0.0	0.2	0.0	0.0
Number	18,917	56,738	75,655	12,292	15,538	27,830	12,176	15,478	27,654

*River, lake, pond, stream, dam

Child Feces Disposal

This indicator describes the percentage of the population living in households with children under 5 years old reporting varied methods of disposing of child fecal matter. Possible responses to methods of child feces disposal include:

- Children use a latrine/toilet
- Leaving waste where it is
- Burying waste in field/yard
- Disposing of waste in latrine/toilet
- Disposing of waste with rubbish/garbage
- Disposing of waste with waste water (into yard or ditch near home)
- Using it as manure
- Burning it

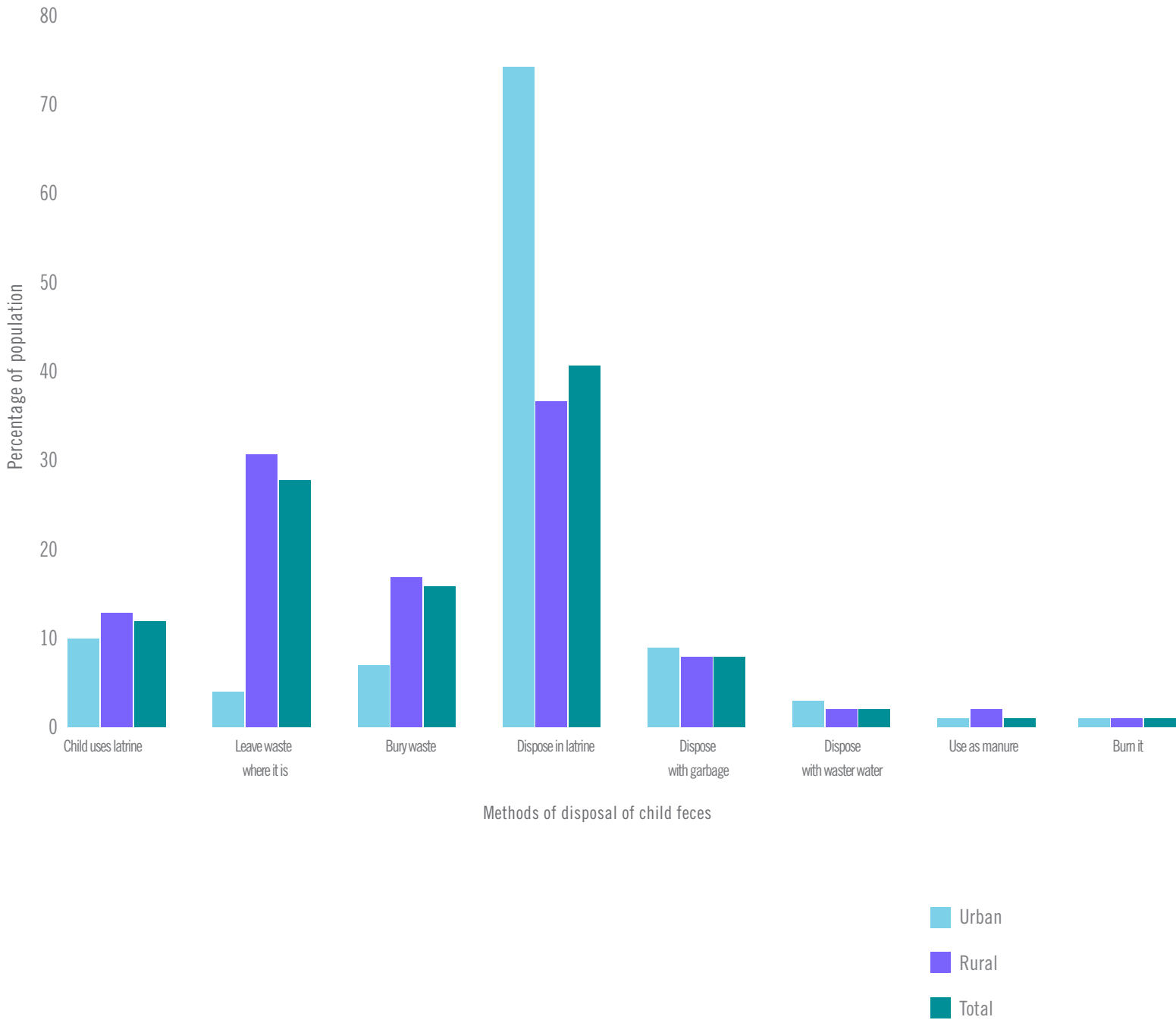
Responses are categorized into rural, urban and total populations, expressed as a percentage of populations living in households with children under age 5, and expressed as a percentage of the total population.

Compared to urban households, residents of rural households more commonly practice higher-risk child feces disposal: 31.1% of rural residents that live in households with children under 5 years old reported leaving waste where it is as a method of disposal and 17.3% reported burying it, compared to 4.0% who leave it and 6.7% who bury it in urban areas. Similarly, rural residents reported that they dispose of waste in the latrine less often than urban residents: 36.6% of rural residents versus 75.2% of urban residents who live in homes with children under 5 years old.

Table WASH3. Child feces disposal in households by population and residence

Method of disposal	Percentage of population living in households with children under age 5		
	Urban	Rural	Total
Children use a latrine/toilet	10.3	12.7	12.4
Leave waste where it is	4.0	31.1	28.0
Bury waste in field/yard	6.7	17.3	16.1
Dispose of waste in latrine/ toilet	75.2	36.6	41.0
Dispose of waste with rubbish/ garbage	8.7	7.8	7.9
Dispose of waste with waste water	2.2	1.8	1.8
Use it as manure	0.1	0.9	0.8
Burn it	0.1	0.1	0.1
Unweighted N	4,995	8,843	13,838

Figure WASH3. Percentage of population living in households with children under 5, by method of child feces disposal



Having A Place For Hand-Washing

The questionnaire asked for the presence or absence of a dedicated place for household hand-washing. Responses were categorized according to household size, urban or rural residence, and wealth quintile. If present, the responses were indicated for use of stored water versus tap water, and proximity to sanitation facility. Proximity was defined as the location of the hand-washing station within a few meters to the respondent.

Few people reported having a place to wash hands. Hand-washing stations are more common in urban areas than in rural areas, with 11.6% of the urban population living in homes that reportedly have a hand-washing station, versus 1.9% of the rural population. Wealth is a factor in the presence of hand-washing stations. At 11.7%, the wealthiest quintile is the only quintile in which more than 2% of the population has a dedicated place to wash hands in their home.

In all settings and quintiles, the majority of hand-washing stations was observed to be near sanitation facilities. Most facilities did not have soap, but most had water.

Table WASH4a. Percentage distribution of household population with place to wash hands by household size, residence and wealth quintile

Characteristics	Unweighted N	Has a place to wash hands		
		Yes	No	Total
Household size				
1 to 4	10,670	3.8	96.2	100.0
5 to 9	16,010	3.1	96.9	100.0
10 to 14	1,132	3.0	97.0	100.0
15 or more	32	0.0	100.0	100.0
Residence				
Urban	12,298	11.6	88.4	100.0
Rural	15,538	1.8	98.2	100.0
Wealth quintile				
Lowest	3,617	1.9	98.1	100.0
Second	4,705	1.2	98.8	100.0
Middle	3,771	1.4	98.6	100.0
Fourth	4,568	1.7	98.3	100.0
Highest	11,183	11.7	88.3	100.0
Total	27,836	3.3	96.7	100.0

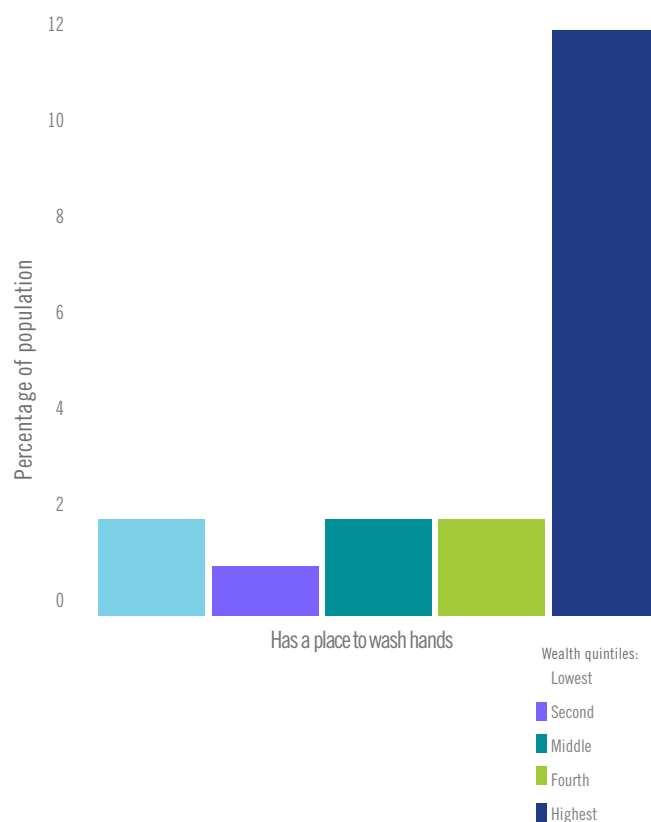
Table WASH4b. Percentage distribution of household population with soap and water present at place to wash hands by household size, residence and wealth quintile

Characteristics	Unweighted N	% with soap, no water	% with water, no soap	% with Soap and water	% with no soap, no water	Total
Household size						
1 to 4	671	6.3	35.9	40.8	17.0	100.0
5 to 9	1,019	6.3	39.5	42.8	11.4	100.0
10 to 14	54	0.0	16.2	83.8	0.0	100.0
15 or more	0	0.0	0.0	0.0	0.0	100.0
Residence						
Urban	1,453	10.2	25.6	58.0	6.2	100.0
Rural	291	1.5	50.3	27.9	20.3	100.0
Wealth quintile						
Lowest	65	0.0	51.2	48.8	0.0	100.0
Second	45	0.0	76.0	7.6	16.4	100.0
Middle	62	2.4	48.7	33.6	15.3	100.0
Fourth	97	3.3	62.3	10.6	23.9	100.0
Highest	1,475	9.1	23.5	54.7	12.7	100.0
Total	1,269	6.1	37.4	43.6	12.9	100.0

Table WASH4c. Proximity of dedicated hand-washing station to sanitation facility of household population by household size, residence and wealth quintile

Characteristics	% Near sanitation facility	% Near sanitation facility AND both soap and water present
Household size		
1 to 4	67.5	36.2
5 to 9	75.5	25.6
10 to 14	100.0	50.5
15 or more	0.0	100.0
Residence		
Urban	68.1	38.7
Rural	79.7	13.3
Wealth quintile		
Lowest	86.0	48.8
Second	83.5	0.0
Middle	88.1	33.6
Fourth	70.1	10.6
Highest	68.4	40.6
Total	73.6	34.6

Figure WASH4 Percentage of household population with a dedicated place to wash hands, by wealth quintile



Open Defecation As A Regular And As A Main Sanitation Practice

PMA2014/Ethiopia asked respondents to report the number of their household members who regularly use the 'bush/field/no facility' at work or at home. Traditional indicators for open defecation focus on the main sanitation facility, including 'bush/field/no facility' as an option. That approach under-reports the prevalence of open defecation because it does not account for open defecation as a secondary practice at home or as a practice away from the home.

In the total population, 59.2% of respondents report the practice of open defecation, compared to 29.2% of those who do not. Urban residents practice open defecation at a higher rate (65.1%) than do rural residents. Similarly, when stratified according to wealth, this rate is highest among the lowest quintile (69.4%) than among the wealthiest (27.0%). Overall, 36.7% of households report open defecation as the main practice, compared to 51.3% of the population who live in households where at least one member practices open defecation, and 45.0%, where more than half of household members do the same.

Figure WASH5. Percentage of household members reporting open defecation as main practice, by wealth quintile

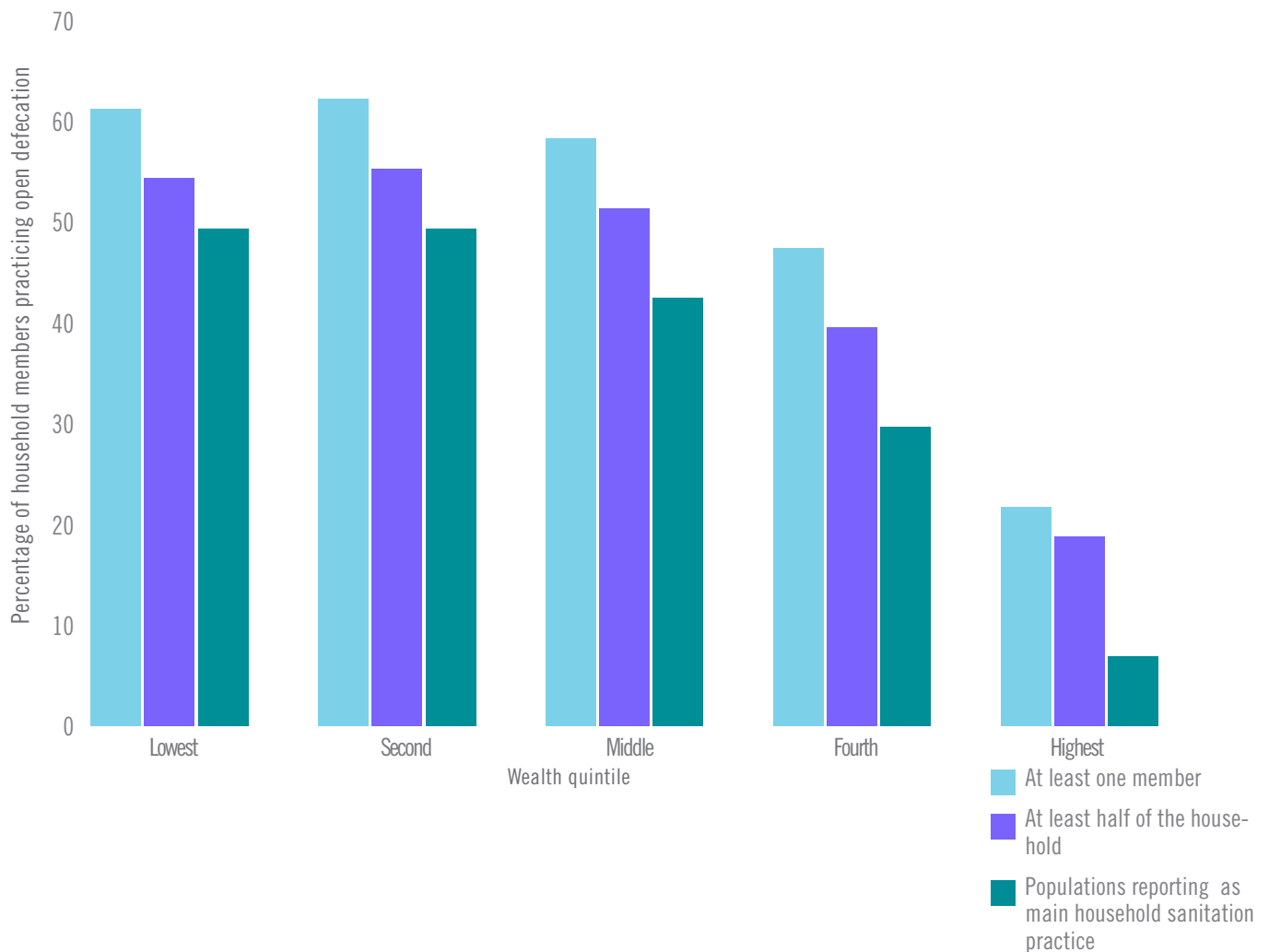


Table WASH5a. Percentage distribution of household members using open defecation as a regular and main practice by residence and wealth quintile

	Unweighted N	Household members practicing open defecation		
		Yes	No	No response
Total (N)	27,836	59.2	29.2	11.5
Residence				
Urban	12,298	26.2	58.1	15.7
Rural	15,538	65.1	24.1	10.8
Wealth quintile				
Lowest	3,618	69.4	21.6	9.1
Second	4,709	70.1	20.1	9.8
Middle	3,775	67.8	23.4	8.8
Fourth	4,568	57.0	28.6	14.4
Highest	11,166	27.0	57.0	16.1

Table WASH5b. Percentage of household members reporting open defecation as main practice by residence and wealth quintile

	Population living in households with at least one member practicing open defecation	Population living in households with at least half of all members practicing open defecation	Population living in households that identify open defecation as the main practice
Total (%)	51.3	45.0	36.7
Residence			
Urban	20.0	17.1	8.9
Rural	57.0	50.0	41.7
Wealth quintile			
Lowest	61.5	55.3	49.7
Second	62.6	55.9	50.6
Middle	58.6	51.5	42.7
Fourth	47.8	39.6	29.7
Highest	21.7	18.9	6.7

Reliability And Seasonality Of Regular Water Sources

The survey asked respondents to indicate the reliability of regular water sources when they expected it to be available, and the seasonal availability categorized as available for all of the year, some part of the year (more than half of the year) or a small part of the year (less than half of the year). Results are displayed on a per household basis.

Among piped water users, those who rely on public taps or standpipes reported a higher level of reliability (68.7%) and lower level of seasonal variation (3.1%) than those who rely on tap water into their home or yard (39.6% always available; 6.9% available less than half of the year). Water from protected dug wells (89.7%) and spring water (88.4%) are mostly available throughout the year, and rainwater is reported to be the least available throughout the year (1.5%). Other water sources show similar levels of reliability as each other, except for water from tanker trucks, which has the highest level of intermittent, unpredictable access (63.9%), with surface water availability the most predictable (1.1%).

Figure WASH6: Percentage of household members reporting intermittent and unpredictable access to regular water source, by type of water source

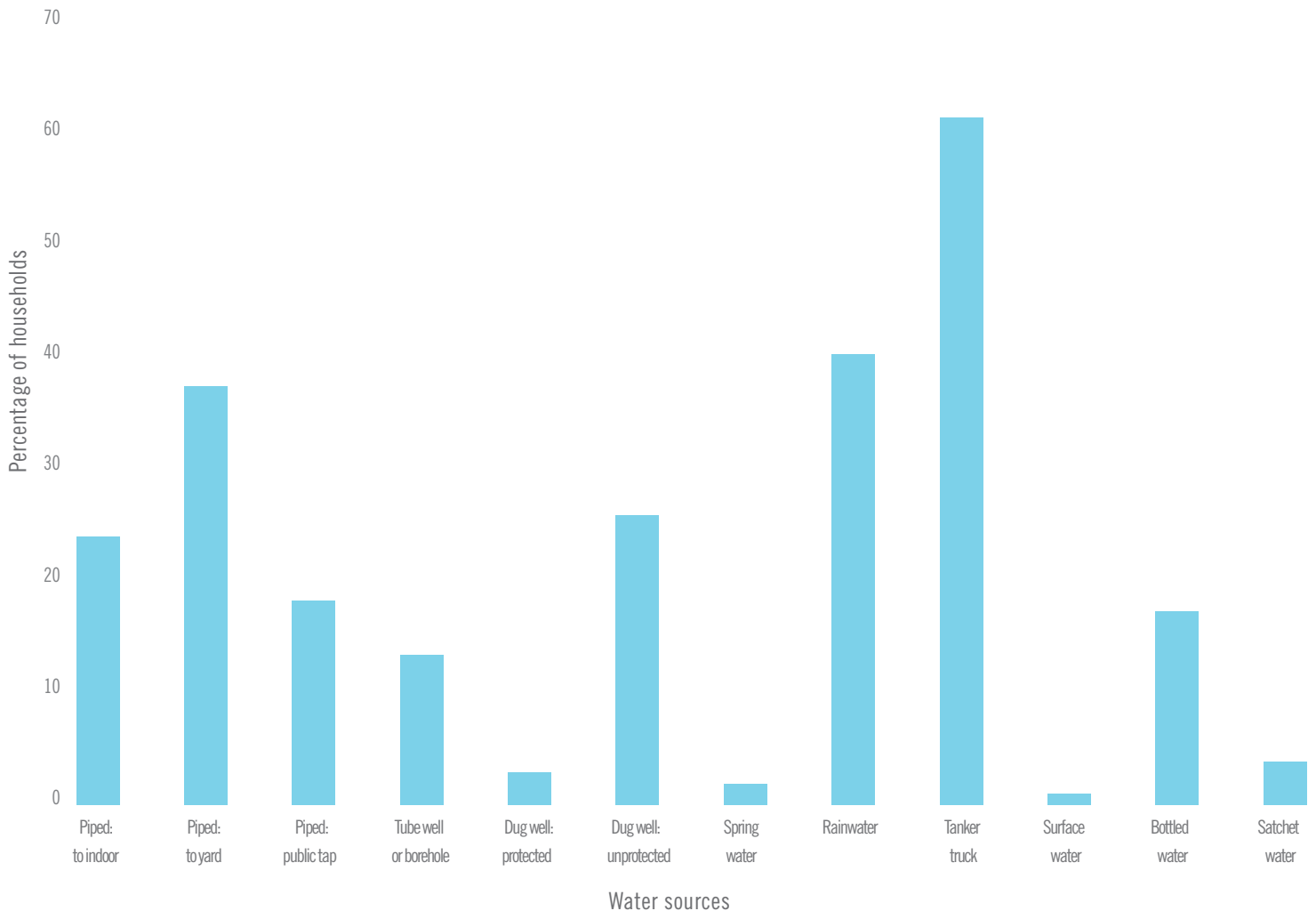


Table WASH6. Percentage of households reporting different levels of water source reliability and seasonal availability

Water Sources	Reliability			Seasonality		
	Always available	Intermittent and predictable	Intermittent and unpredictable	Available All year	Half or more	Less than half the year
Piped water:						
To dwelling/indoor	39.3	35.4	25.3	43.1	54.0	2.9
To yard/plot	39.6	21.4	39.0	49.0	44.1	6.9
Public tap/standpipe	68.7	12.4	18.9	73.6	23.4	3.1
Tube well or borehole	62.5	23.7	13.8	80.6	18.3	1.2
Dug well:						
Protected well	89.7	7.4	2.9	89.7	8.9	1.4
Unprotected well	56.7	16.8	26.5	57.3	33.4	9.3
Water from spring (Protected and unprotected)	87.3	11.3	1.5	88.4	10.1	1.5
Rainwater	1.5	57.1	41.3	1.5	53.3	45.2
Tanker Truck/small cart with tank	18.4	17.7	63.9	21.8	44.7	33.5
Surface water	85.5	13.5	1.1	84.8	14.3	1.0
Bottled water	76.3	5.4	18.3	70.2	9.8	20.0
Sachet water	93.3	2.4	4.4	50.8	9.6	39.6

Time Spent Collecting Water

Women bear the highest burden of time spent collecting water in most households. During the interviews of women between the ages of 15 and 49, interviewers asked whether the respondent spent time collecting water, and if so, they were asked to estimate the average amount of time they spent to go to the water source, get water and come back for both the dry and the wet seasons.

This indicator presents the percentage of women who reported water collection times of 0 minutes, 1–5 minutes, 6–30 minutes, 31–120 minutes, and 2 or more hours, for all of Ethiopia, broken down by urban versus rural, wealth quintile and water source.

The wealthiest comprise the largest percentage of the population with water on their premises (25.2%) and who spend up to 5 minutes collecting water (34.1%) compared to 5.9% of the poorest who reported having water where they live and spend the same amount of time obtaining water (5.3%). Similar amounts of time are spent in water collection between the poorest to fourth wealth quintiles for water collection, lasting between 6 minutes and 2 hours.

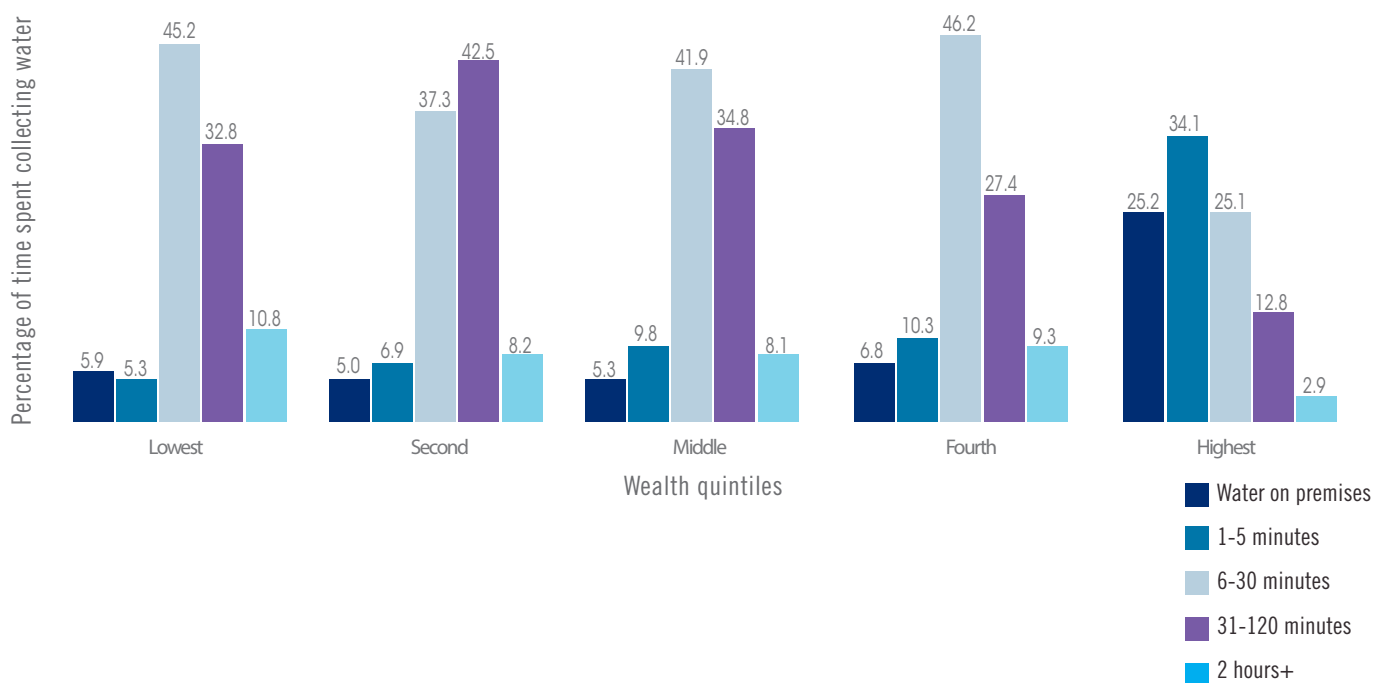
The most amount of time spent collecting water ranged from 6 minutes to 2 hours. Women ages 15 to 17 made up the largest percentage of females (44.4%) who spent 6 to 30 minutes collecting water, whereas the majority of those age 40 years and older (30.7%) spent between 31 and 120 minutes.

Table WASH7a. Percentage of time women ages 15 to 49 spent collecting water during the dry season

Dry season: Time to collect water for females, ages 15 to 49						
	Unweighted N	Water on premises	1-5 minutes	6-30 minutes	31-120 minutes	2 hours+
Total	6,381	10.8	14.8	38.2	28.6	7.5
Residence						
Urban	3,443	26.2	39.2	21.9	9.7	2.9
Rural	2,938	6.2	7.6	43.1	34.2	8.9
Wealth quintile						
Lowest	631	5.9	5.3	45.2	32.8	10.8
Second	898	5.0	6.9	37.3	42.5	8.2
Middle	710	5.3	9.8	41.9	34.8	8.1
Fourth	973	6.8	10.3	46.2	27.4	9.3
Highest	3,169	25.2	34.1	25.1	12.8	2.9
Age group						
15-17	841	9.4	15.6	44.4	25.6	4.9
18-26	2,385	9.5	15.8	39.7	27.8	7.2
27-39	2,331	12.3	14.2	35.2	29.7	8.6
40-49	822	11.2	13.4	36.8	30.7	8.0
Water source						
Piped water	2,264	34.4	49.2	11.7	3.0	1.6
Public tap	1,363	6.5	13.6	40.7	31.5	7.7
Tubewell or borehole	382	2.4	7.8	26.6	43.9	19.3
Dug well	456	11.2	18.2	33.0	20.4	17.1
Water from spring	1,205	6.5	4.4	49.5	35.4	4.2
Rainwater	107	13.1	27.6	41.5	14.2	3.6
Tank	25	6.2	1.1	11.9	38.6	42.3
Surface water	567	5.3	5.9	45.7	32.6	10.6

Table WASH7b. Percentage of time women ages 15 to 49 spent collecting water during the wet season

Wet season: Time to collect water for females, ages 15 to 49						
	Unweighted N	Water on premises	1-5 minutes	6-30 minutes	31-120 minutes	2 hours+
Total	6,381	12.4	15.6	39.7	27.0	5.3
Residence						
Urban	3,443	27.9	38.4	23.8	7.9	2.0
Rural	2,938	7.8	8.9	44.4	32.6	6.3
Wealth quintile						
Lowest	631	6.1	6.3	44.5	34.6	8.5
Second	898	5.4	9.6	40.0	38.2	6.8
Middle	710	8.3	10.7	47.8	27.7	5.4
Fourth	973	9.9	10.9	45.7	28.3	5.2
Highest	3,169	26.5	33.4	25.3	12.5	2.2
Age group						
15-17	841	13.9	15.0	45.9	22.5	2.7
18-26	2,385	10.9	16.7	41.9	25.0	5.5
27-39	2,331	13.3	15.5	36.1	28.7	6.5
40-49	822	12.3	13.7	37.5	32.0	4.5
Water Source						
Piped water	2,264	36.4	47.1	13.1	1.7	1.7
Public tap	1,363	8.9	13.8	38.0	34.7	4.6
Tubewell or Borehole	382	2.4	9.0	29.4	45.6	13.6
Dug well	456	11.3	21.3	33.6	19.2	14.5
Water from spring	1,205	8.4	6.4	52.4	30.3	2.6
Rainwater	107	13.1	30.8	53.3	2.3	0.4
Tank	25	6.2	0.0	18.9	46.7	28.2
Surface water	567	6.9	5.8	48.4	30.8	8.1

Figure WASH7. Percentage of time women ages 15 to 49 spent collecting water during *dry* season

Appendix

Appendix A: Persons involved in the PMA2014 survey

Resident Enumerators

Abeba	Abraha	Fetiya	Mohammed	Meskerem	Abebe
Abebayahu	Tefera	Fikrte	Sinkneh	Meskerem	Tadesse
Aberash	Teshome	Fiffite	Mitike	Meskerem	Dangura
Aberash	Meseret	Frehiwot	Damtew	Mihiret	Gebremichael
Addisalem	Tekalign	Gebeyanesh	Mersha	Mirtinesh	Assefa
Adyam	Tsegaye	Gelila	Kassaye	Mirtinesh	Mekonen
Akberet	Mengesha	Gelila	Tebikew	Misrak	Kibret
Alemnesh	Belay	Genet	Tesfamariam	Misrak	Kinfe
Alemtsehay	Berhe	Genet	Gebrekidan	Mistre	Yilma
Alemtsehay	Abayneh	Habtam	Zemene	Mulu	Bazezew
Alemtshay	Tadesse	Halima	Oumer	Muluberhan	Shitu
Alifiya	Beshir	Hamelmal	Abate	Muluken	Abate
Almaz	Yimer	Helen	Shishaye	Mulumebet	Ejigu
Amelework	Fikadu	Helen	Tadesse	Muluwork	Ejigu
Amlaset	Kidanemariam	Helen	Ayalew	Nalaya	Yohannes
Asabnesh	Ayalu	Hewan	Hadush	Negashe	Nigussa
Asnaku	Teferra	Hibest	Tsegaye	Neima	Kedir
Aster	Tegenu	Hillina	Kebede	Nursebah	Mohammed
Ayantuu	Teshome	Hilleni	Getachew	Rabiya	Shamil
Ayelech	Tafesse	Hinsene	Gomora	Rahel	Tadele
Ayinalem	Birhanu	Hiwot	Zelalem	Rahel	Ezra
Aynalem	Kindnew	Hiwot	Gebreemeskel	Rahel	Gebrekeristos
Azeb	Gebreegzeiabher	Hiwot	Dejene	Rahel	Mamo
Banchiamlak	Melash	Kebeebush	Leramo	Rahel	Hailu
Bayush	Beshir	Kebrti	Asegid	Rehana	Kedir
Beletu	Gizaw	Kenu	Negash	Samira	Edris
Betelhem	Eshetu	Kibra	Gebrelibanos	Samrawit	Tesfaye
Beyu	Dugassa	Kokeb	Biyadglegn	Seada	Ibrahim
Bezunesh	Lakew	Lensa	Melaku	Seble	Nigussie
Birtukan	Genemo	Lensa	Bikila	Seida	Abdi
Biruktawit	Abate	Leteberhan	Gebremedhin	Selam	Alemu
Delbo	Sumoro	Liya	Tadesse	Selam	Kebede
Dinke	Kenea	Liya	Berhe	Selam	Mamo
Eden	Gebreemeskel	Maheder	Adamu	Selam	Mekonen
Ehetnesh	Admasu	Mahilet	Adugna	Selam	Anteneh
Elsabet	Yohannes	Mahlet	Getahun	Selam	Mesele
Elsabeth	Belay	Mahlet	Negassa	Selamawit	Mekuria
Emawayesh	Tadesse	Meaza	Mitiku	Semegnish	Goshu
Emebet	Taye	Meaza	Asrat	Senait	Girmay
Enanu	Tegene	Meka	Hassen	Senayit	Mebratu
Endashash	Mitiku	Mekdes	Shimelis	Seoda	Yimer
Etsedingil	Berhe	Mekoya	Tarekegn	Sewunet	Tadesse
Etsefi	Afeworki	Melat	Yosef	Simegn	Berhe
Etsegenet	Hailemariam	Memar	Alebaenew	Simirt	Tsegaye
Etsegenet	Shanka	Merhawi	Takele	Sinidu	Hadush
Eyerusalem	Alem	Meriyam	Yousef	Sinidu	Mehari
Eyerusalem	Gebregziabher	Meron	Janbo	Sinke	Tadesse
Fantu	Dabi	Meseret	Gebremichael	Sinne	Yacob
Fatuma	Jemal	Mesewait	Lakew	Sintayehu	Gurmessa

Sintayehu	Tamir	Tizita	Werkneh	Yalemtehay	Agumas
Sofiya	Yesuf	Tsebaot	Mokennen	Yamlakirk	Takel
Sufe	Leta	Tsega	Berhan	Yayneabeba	Tegenu
Tadila	Cherkos	Tseگانesh	Mekuria	Yemisirach	Admasu
Tafach	Genet	Tsehay	Amare Zegeye	Yemisirach	Kebede
Tena	Tesfaye	Tsehaynesh	Woldegiorgis	Yemisrach	Nigussie
Tiamir	Zeranawit	Tsige	Kiros	Yeshialem	Ayewew
Tigist	Eritro	Tsige	Gezai	Yeshimebet	Mengistu
Tigist	Worku	Tsigereda	Assefa	Yeshiwork	Assefa
Tigist	Mohammed	Washen	Kinfe	Yirgalem	Berhe
Tigist	Abera	Welela	Kebede	Zenash	Teshome
Tigist	Debebe	Woinshet	Kebede	Zenebech	Dibaba
Tigist	Gezahegn	Woyinshet	Moges	Zenebech	Ashebir
Tigist	Lakew	Wubalem	Yohanis	Zufan	Tesfaye
Tikikil	Mesene	Wubit	Haji		
Tigist	Yohannes	Wudnesh	Wageno		

Field Supervisors

Alemayehu	Hussein	Fikadu	Zelege	Mebrhatu	Abraha
Asegid	Abebe	Fistum	Tariku	Melkam	Ayewew
Ashenafi	Lemessa	Frehiwot	Getahun	Mengistu	Eyasu
Ayana	Bezabih	Gidey	Beyene	Menur	Hassen
Ayele	Tsegaye	Hamid	Saeed	Mesfin	Tadesse
Brhane	Gebremariam	Jemal	Mohammed	Moges	Teklehaimanot
Dawit	Berhanu	Kassahun	Beneber	Mulusew	Admasu
Desalegne	Getachew	Kassahun	Mengistu	Seid	Abdelkader
Endale	Gebre	Leilena	Alebachew	Tamerat	Dekekw
Fayiza	Abubeker	Mahlet	Sentayehu	Tigist	Abera

Regional Coordinators

Desalegn	Tegabu
Henock	Gebre-medhin
Robel	Yirgu
Tariku	Dejene
Mahari	Yihdego

Consultants

Andualem	Workneh (IT Specialist)
Ayanaw	Amogne (Data Manager)
Alemtehay	Beru (Consultant)

Addis Ababa University

Drivers:

Fikre	Demissie
Firew	Kassa
Mesfin	Belete
Eshetu	Mebratu
Daniel	Mengesha
Getachew	Kidane
Zegeye	Hailemariam
Iyasu	Samessa

Accountants and Assistants:

Zewditu	Assaye
Fikrite	Hailu
Gidey	Assefa
Yemisrach	Befirdu
Samrawit	Bekele
Mulatua	Admasu
Zinash	Mengstie
Belaynesh	Erdachew

Federal Ministry of Health

Dr. Kesteberhan Admassu	Minister of Health
Dr. Amin Aman	State Minister of Health
Dr. Tewodros Bekele	Director, MNCH Directorate
Mr. Noah Elias	Director, Policy and Planning Directorate

Central Statistical Agency

Essayas Muleta	Acting Director, National Statistics Data Quality and Standards Coordination Directorate
Sisay Guta	GIS and Cartography Directorate

Central Staff, PMA2020/Ethiopia

Dr. Solomon Shiferaw	Principal Investigator
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Appendix B: Sample Error Estimates Tables

Table A.1: List of indicators for sampling errors, PMA2014/Ethiopia

Variable	Estimate	Base population
Age-specific fertility rate (ASFR) for women ages 15–19	Rate	All adolescents 15-19
Currently using a modern method	Proportion	All women ages 15-49 Currently married women ages 15-49
Currently using a traditional method	Proportion	All women ages 15–49 Currently married women ages 15–49
Currently using any contraceptive method	Proportion	All women ages 15–49 Currently married women ages 15–49
Currently using injectable	Proportion	All women ages 15–49 Currently married women ages 15–49
Currently using condom	Proportion	All women ages 15–49 Currently married women ages 15–49
Currently using implant	Proportion	All women ages 15–49 Currently married women ages 15–49
Intend to adopt a contraceptive method in future	Proportion	All women ages 15–49 who are not using contraception Currently married women ages 15–49 who are not using contraception
Chose method by self, or jointly in past 12 months	Proportion	All women ages 15–49, current or recent users* Currently married women ages 15–49, current or recent users*
Paid fees for family planning services in past 12 months	Proportion	All women ages 15–49, current or recent users* Currently married women ages 15–49, current or recent users*
Informed by provider about other methods	Proportion	All women ages 15–49, current or recent users* Currently married women ages 15–49, current or recent users*
Informed by provider about side effects	Proportion	All women ages 15–49, current or recent users* Currently married women ages 15–49, current or recent users*
Satisfied with provider: Would return and refer friend/relative to provider	Proportion	All women ages 15–49, current or recent users* Currently married women ages 15–49, current or recent users*
Visited by health worker who talked about family planning in last 12 months	Proportion	All women ages 15–49, current or recent users* Currently married women ages 15–49, current or recent users*
Reported hearing about family planning on radio in past 12 months	Proportion	All women ages 15–49, current or recent users* Currently married women ages 15–49, current or recent users*
Reported seeing family planning messaging on TV in past 12 months	Proportion	All women ages 15–49, current or recent users* Currently married women ages 15–49, current or recent users*
Reported reading about family planning in print media in past 12 months	Proportion	All women ages 15–49, current or recent users* Currently married women ages 15–49, current or recent users*

* Current or recent users: women who are currently using contraception, or who have used in the past 12 months

Table A.2: Sampling errors, PMA2014/Ethiopia

Variable	Value (R)	Standard error (SE)	Confidence interval	
			R-2SE	R+2SE
Age-specific fertility rate (ASFR) for adolescents ages 15–19	0.044	0.012	0.021	0.068
All women ages 15-49				
Currently using a modern method	0.233	0.016	0.201	0.265
Currently using a traditional method	0.003	0.002	0.000	0.006
Currently using any contraceptive method	0.237	0.016	0.205	0.269
Currently using injectable	0.170	0.014	0.142	0.197
Currently using condom	0.003	0.001	0.001	0.005
Currently using implant	0.038	0.005	0.028	0.049
Intending to adopt a contraceptive method in future	0.581	0.035	0.511	0.651
Chose method by self, or jointly in past 12 months	0.795	0.032	0.732	0.859
Paid fees for family planning services	0.201	0.027	0.148	0.253
Informed by provider about other methods	0.490	0.027	0.436	0.543
Informed by provider about side effects	0.387	0.036	0.316	0.458
Satisfied with provider: Would return and refer friend/relative to provider	0.656	0.035	0.587	0.724
Visited by health worker who talked about family planning information in last 12 months	0.212	0.027	0.158	0.266
Reported hearing about family planning on radio in past 12 months	0.327	0.026	0.275	0.379

Table A.2: Sampling errors, PMA2014/Ethiopia

Variable	Value (R)	Standard error (SE)	Confidence interval	
			R-2SE	R+2SE
All women ages 15-49				
Reported seeing family planning messaging on TV in past 12 months	0.218	0.018	0.183	0.253
Reported reading about family planning in print media in past 12 months	0.081	0.011	0.058	0.103
Married women ages 15-49				
Currently using a modern method	0.338	0.027	0.284	0.392
Currently using a traditional method	0.005	0.002	0.000	0.009
Currently using any contraceptive method	0.342	0.028	0.288	0.397
Currently using injectable	0.252	0.023	0.207	0.296
Currently using condom	0.002	0.001	0.000	0.004
Currently using implant	0.056	0.009	0.038	0.073
Intend to adopt a contraceptive method in future	0.545	0.037	0.473	0.618
Chose method by self, or jointly in past 12 months	0.780	0.034	0.713	0.848
Paid fees for family planning services	0.190	0.027	0.136	0.243
Informed by provider about other methods	0.494	0.028	0.438	0.550

Table A.2: Sampling errors, PMA2014/Ethiopia

Variable	Value (R)	Standard error (SE)	Confidence interval	
			R-2SE	R+2SE
Married women ages 15-49				
Informed by provider about side effects	0.386	0.035	0.317	0.454
Satisfied with provider: Would return and refer friend/relative to provider	0.661	0.034	0.594	0.728
Visited by health worker who talked about family planning information in last 12 months	0.255	0.030	0.196	0.314
Reported hearing about family planning on radio	0.299	0.026	0.247	0.351
Reported seeing family planning messaging on TV	0.172	0.017	0.138	0.207
Reported reading about family planning in print media	0.049	0.008	0.033	0.065

Appendix C: PMA2014/Ethiopia Questionnaires

Household Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
IDENTIFICATION Please record the following identifying information prior to beginning the interview.			
A	How many times have you visited this household?	1st time 2nd time 3rd time	
B	Interviewer's name: Is this your name? If not, please record your name: ODK* will display the name associated with the phone's serial number	Yes 1 No 0	
C	CURRENT DATE AND TIME DISPLAYED ON SCREEN Is this date and time correct?	Yes 1 No 0	Skip to E if No
D	Record the correct date and time		
E	Region PLEASE SELECT THE NAME OF THE REGION WHERE THE HOUSEHOLD IS LOCATED.	Tigray 1 Afar 2 Amhara 3 Oromia 4 Ethiopia Somali 5 Benishangul Gumuz 6 SNNPR 7 Gambella 8 Harari 9 Addis Ababa 10 Dire Dawa 11	
F	District PLEASE SELECT THE NAME OF THE DISTRICT WHERE THE HOUSEHOLD IS LOCATED.	<i>ODK will populate a list of appropriate district based on the region selected for HQE**</i>	

*ODK: Open Data Kit

** HQE: Household questionnaire, section E

G	Locality name PLEASE SELECT THE NAME OF THE LOCALITY WHERE THE HOUSEHOLD IS LOCATED.	<i>ODK will populate a list of appropriate localities based on the district selected for SQ F</i>		
H	Enumeration area PLEASE SELECT THE NUMBER OF THE ENUMERATION AREA WHERE THE HOUSEHOLD IS LOCATED.	<i>ODK will populate a list of appropriate EA numbers based on the locality selected for SQ G</i>		
I	Structure number PLEASE RECORD THE NUMBER OF THE STRUCTURE OF WHICH THIS HOUSEHOLD IS A PART FROM THE HOUSEHOLD LISTING FORM.			
J	Household number PLEASE RECORD THE NUMBER OF THE HOUSEHOLD FROM THE HOUSEHOLD LISTING FORM.			
K	Is a member of the household and competent respondent present and available to be interviewed today?	Yes No	1 0	Skip to P if No
<p>INFORMED CONSENT Find the competent member of the household. Read the following greeting:</p> <p>Hello. My name is _____ and I am working for the Addis Ababa University, and Federal Ministry of Health. We are conducting a local survey about various health issues. We would very much appreciate your participation in this survey. This information will help us inform the government to better plan health services. Whatever information you provide will be kept strictly confidential and will not be shown to anyone other than members of our survey team. Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey since your views are important.</p> <p>I am going to ask you questions about your family and other household members. We would then like to ask a different set of questions to female members of this household who are between the ages of 15 and 49.</p> <p>At this time, do you want to ask me anything about the survey?</p>				
L	Provide a paper copy of the Consent Form to the respondent and explain it. Then, ask: May I begin the interview now?	Yes No	1 0	Skip to P if No

Household Questionnaire

M	<p>Respondent's signature</p> <p>PLEASE ASK THE RESPONDENT TO SIGN OR CHECK THE BOX IN AGREEMENT OF THEIR PARTICIPATION</p>	<p>GATHER SIGNATURE:</p> <p>Check box:</p>	
N	<p>Interviewer's signature</p> <p>PLEASE RECORD YOUR NAME AS A WITNESS TO THE CONSENT PROCESS.</p>		
O	<p>Interviewee's name</p> <p>PLEASE RECORD THE FIRST NAME OF THE RESPONDENT.</p>		

SECTION 1 – Household Roster								
I will now ask you questions about all members of the household. Let's begin with you. For each person who usually lives here or slept in the house last night, please record the following information:								
No.	1	2	3	4	5	6	7	8
	First name	Sex	Age (years)	Marital Status	Relationship to head of household	Family ID	Is this person a usual member of the household or has he/she slept in the house last night?	Eligible female respondent
		Male 1 Female 2		Married 1 Living with a partner 2 Divorced / separated 3 Widow / widower 4 Single 5	Head 1 Wife/Husband 2 Son/Daughter 3 Son/Daughter-in-law 4 Grandchild 5 Parent 6 Parent in law 7 Brother/Sister 8 Other 9 Don't know -88		Usual member of the household 1 Usual member of the household who did not sleep in the house last night 2 Visitor who slept in the house last night 3	Yes 1 No 0 ODK will determine and display eligibility
2								
3								
4								
5								
6								
7								
8								
9								
After recording information for one household member, the following prompt is asked to activate a looping script to record the information for another member if needed:								
9	Are there any other usual members of your household or persons who slept in the house last night?				Yes 1 No 0	Skip to 10 if No		

Household Questionnaire

Section 2 – Household Characteristics			
Now I would like to ask you a few questions about the characteristics of your household			
10	Does your household have:	Yes	No
	Electricity?	1	0
	A wall clock?	1	0
	A radio?	1	0
	A black/white television?	1	0
	A color television?	1	0
	A mobile phone?	1	0
	A landline telephone?	1	0
	A refrigerator?	1	0
	A freezer?	1	0
	Electric generator/invertor(s)?	1	0
	A washing machine?	1	0
	A computer?	1	0
	A digital photo camera?	1	0
	A non digital photo camera?	1	0
	A video deck?	1	0
	A DVD/CD?	1	0
	A sewing machine?	1	0
	A bed?	1	0
	A table?	1	0
	A cabinet/cupboard?	1	0
	A bicycle?	1	0
	A motorcycle or motor scooter?	1	0
	A car or truck?	1	0
	A boat with a motor?	1	0
	A boat without a motor?	1	0
	None of the above	-88	
	READ OUT ALL TYPES AND SELECT ALL THAT APPLY.		
E	Region	Ashanti	1
		2	
	PLEASE SELECT THE NAME OF THE REGION WHERE THE FACILITY IS LOCATED.	Central	3
		Eastern	4
		Greater Accra	5
		Northern	6
		Upper East	7
		Upper West	8
		Volta	9
		Western	10

Section 3 – Household Observation Please observe the floors, roof and exterior walls			
13	Main material of the floor OBSERVE	Natural Floor Earth/Sand 11 Dung 12 Rudimentary Floor Wood Planks 21 Palm/Bamboo 22 Finished Floor Parquet or polished wood 31 Vinyl/Asphalt strips 32 Ceramic Tile/Terazzo 33 Cement 34 Wooden Carpet/Synthetic Carpet 35 Linoleum/rubber carpet 36 Other 96	
14	Main material of the roof OBSERVE	Natural Floor No Roof 11 Thatch/Palm Leaf/ Sod 12 Rudimentary Roofing Rustic Mat 21 Palm/Bamboo 22 Wood Planks 23 Cardboard 24 Finished Roofing Metal 31 Wood 32 Calamine/Cement Fiber 33 Ceramic Tiles/Brick Tiles 37 Cement 34 Roof Shingles 35 Asbestos/Slate Roofing Sheets 36 Other 96	

Household Questionnaire

15	Main material of the exterior walls OBSERVE	Natural Walls No Walls 11 Cane/Palm/Trunks 12 Dirt 13 Rudimentary Walls Bamboo with Mud 21 Stone with Mud 22 Uncovered Adobe 23 Plywood 24 Cardboard 25 Reused Wood 26 Finished Walls Cement 31 Stone with Lime/Cement 32 Bricks 33 Cement Blocks 34 Covered Adobe 35 Wood Planks/Shingles 36 Other 96	
Section 4 – Water, Sanitation and Hygiene Now I would like to ask you a few questions about water, sanitation and hygiene.			
16	Do you have a place to wash your hands?	Yes 1 No 0 Don't know -88	Skip to 19 if No
17	Can you show it to me?	Yes 1 No 0	Skip to 19 if No
18	AT THE PLACE WHERE THE HOUSEHOLD WASHES THEIR HANDS, OBSERVE IF: Soap is present Water source is present: stored water Water source is present: tap water Hand-washing area is near a sanitation facility None of the above	Yes 1 1 1 1	No 0 0 0 0
19	Which of the following water sources does your family use on a regular basis for any part of the year for any purpose? Piped Water Piped into dwelling/indoor Pipe to yard/plot Public tap/standpipe	Yes 1 1 1	No 0 0 0

	Tube well or borehole Dug Well Protected Well Unprotected Well Water from Spring Protected Spring Unprotected Spring Rainwater Tanker Truck Cart with Small Tank Surface water (River / Dam / Lake / Pond / Stream / Canal / Irrigation Channel) Bottled Water Sachet Water READ OUT ALL TYPES AND CHECK ALL THAT ARE USED.	1 1 1 1 1 1 1 1 1 1 1 1 1 1	0 0 0 0 0 0 0 0 0 0 0 0 0 0	
20	What is the main source of drinking water for members of your household? Piped Water Piped into dwelling/indoor Pipe to yard/plot Public tap/standpipe Tube well or borehole Dug Well Protected Well Unprotected Well Water from Spring Protected Spring Unprotected Spring Rainwater Tanker Truck Cart with Small Tank Surface water (River / Dam / Lake / Pond / Stream / Canal / Irrigation Channel) Bottled Water Sachet Water READ OUT ALL TYPES AND CHECK THE MAIN SOURCE. MUST BE A SELECTION IN HQ 19		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	

Household Questionnaire

21	<p>What is the main source of water used by your household for other purposes such as cooking and hand-washing?</p> <p>Piped Water</p> <ul style="list-style-type: none"> Piped into dwelling/indoor 1 Pipe to yard/plot 2 Public tap/standpipe 3 <p>Tube well or borehole 4</p> <p>Dug Well 5</p> <ul style="list-style-type: none"> Protected Well 6 Unprotected Well 7 <p>Water from Spring 8</p> <ul style="list-style-type: none"> Protected Spring 8 Unprotected Spring 9 <p>Rainwater 10</p> <p>Tanker Truck 11</p> <p>Cart with Small Tank 12</p> <p>Surface water (River / Dam / Lake / Pond / Stream / Canal / Irrigation Channel) 13</p> <p>Bottled Water 14</p> <p>Sachet Water 15</p> <p>READ OUT ALL TYPES AND CHECK THE MAIN SOURCE. MUST BE A SELECTION IN HQ 19</p>			
22	<p>QUESTIONS HQ 22 TO HQ 24 WILL REPEAT X TIMES, ONCE FOR EACH WATER SOURCE SELECTED IN HQ 19. THESE SOURCES INCLUDE:</p> <p>The ODK software will list all sources selected in HQ 19.</p> <p>You mentioned you used [WATER SOURCE]. At any time of the year, does your family use water from this source for:</p> <ul style="list-style-type: none"> Drinking 1 0 Cooking 1 0 Livestock 1 0 Gardening / agriculture 1 0 Business venture 1 0 <p>The same question will be generated by the ODK software for all water sources selected in HQ19</p>	Yes	No	
23	<p>Is [WATER SOURCE] typically available:</p> <ul style="list-style-type: none"> All of the year 1 Some of the year 2 Small part of the year 3 <p>The same question will be generated by the ODK software for all water sources selected in HQ19</p>			

24	<p>At a time when you expect to have water from [WATER SOURCE], is it usually available?</p> <p>Yes, always No, intermittent and predictable No, intermittent and unpredictable</p> <p>The same question will be generated by the ODK software for all water sources selected in HQ19</p>	<p>1 2 3</p>		
25	<p>How many minutes does it take to make a one-way trip to [WATER SOURCE]?</p> <p>ZERO IS A POSSIBLE ANSWER. INCLUDES WAITING TIME IN LINE. ENTER -88 FOR DO NOT KNOW.</p> <p>The same question will be generated by the ODK software for all water sources selected in HQ19</p>	Minutes		
26	Does your family have a garden?	<p>Yes 1 No 0</p>		
27	<p>Do members of your household use any of the following toilet facilities?</p> <p>Flush/pour flush toilets connected to:</p> <p> Piped sewer system Septic tank Elsewhere Unknown / Not sure / Don't know</p> <p>Ventilated improved pit latrine Pit latrine with slab Pit latrine without slab Composting toilet Bucket toilet Hanging toilet /Hanging latrine No facility / bush / field Other:</p> <p>READ OUT ALL TYPES AND CHECK ALL THAT ARE USED.</p>	<p>Yes</p> <p>1 1 1 1 1 1 1 1 1 1 1</p>	<p>No</p> <p>0 0 0 0 0 0 0 0 0 0 0</p>	
28	<p>What is the main toilet facility used by members of your household?</p> <p>Flush/pour flush toilets connected to:</p> <p> Piped sewer system Septic tank Elsewhere Unknown / Not sure / Don't know</p> <p>Ventilated improved pit latrine Pit latrine with slab Pit latrine without slab Composting toilet Bucket toilet Hanging toilet /Hanging latrine No facility / bush / field Other:</p> <p>READ OUT ALL TYPES AND CHECK THE MAIN FACILITY. MUST BE SELECTED IN HQ 25</p>	<p>1 2 3 4 5 6 7 8 9 10 11 12</p>		

29	<p>QUESTION HQ 29 WILL REPEAT X TIMES, ONCE FOR EACH SANITATION FACILITY SELECTED IN HQ 27. THESE FACILITIES INCLUDE:</p> <p>The ODK software will list all sources selected in HQ 25.</p> <p>How often does your family typically use [TOILET FACILITY TYPE]?</p> <p>REGULAR PRACTICES AT THE HOUSEHOLD ONLY</p> <p>The same question will be generated by the ODK software for all toilet facility types selected in HQ25</p>	<p>Always 1</p> <p>Most of the time 2</p> <p>Occasionally 3</p> <p>Rarely 4</p>	
30	<p>How many people within your household regularly use the bush / field at home or at work?</p> <p>THERE ARE X PEOPLE IN THIS HOUSEHOLD. ENTER -88 FOR DO NOT KNOW.</p>	Number of people	
31	<p>For all children under age five: what methods, if any, does your household use to dispose of children's waste?</p> <p>Children use a latrine / toilet 1 0</p> <p>Leave waste where it is 1 0</p> <p>Bury waste in field / yard 1 0</p> <p>Dispose of waste in latrine / toilet 1 0</p> <p>Dispose of waste with rubbish / garbage 1 0</p> <p>Dispose of waste with waste water 1 0</p> <p>Use it as manure 1 0</p> <p>Burn it 1 0</p> <p>Don't know -88</p> <p>The ODK software will only ask this question to households that listed children under 5 in the household roster (HQ3)</p>	Yes	No
<p>Thank the respondent for his/her time. THE RESPONDENT IS FINISHED, BUT THERE ARE STILL TWO MORE QUESTIONS FOR YOU TO COMPLETE OUTSIDE THE HOUSE.</p>			
P	<p>Take a GPS point outside near the entrance to the household.</p> <p>Record location when the accuracy is smaller than 6m.</p> <p>GPS COORDINATES CAN ONLY BE COLLECTED WHEN OUTSIDE.</p>	<p>Instructions are given directly by the ODK software</p> <p>RECORD LOCATION</p>	
Qa	<p>Ask permission to take a photo of the entrance of the house. Did you get consent to take the photo?</p>	<p>Yes 1</p> <p>No 0</p>	Skip to R if No
Qb	<p>Ensure that no people are in the photo</p>	<p>TAKE PICTURE</p> <p>CHOOSE IMAGE</p>	

R	Record the result of the Household Roster	Completed	1
		No household member at home or no competent respondent at home at time of visit	2
		Postponed	3
		Refused	4
		Partly completed	5
		Dwelling vacant or address not a dwelling	6
		Dwelling destroyed	7
		Dwelling not found	8
		Entire household absent for extended period	9

Female Respondent Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
IDENTIFICATION Please record the following identifying information prior to beginning the interview.			
A	Are you in the correct household? This is the picture of the front of the home taken during the household roster. ODK will display the photo taken as part of the Household Roster linked to this Female Respondent Questionnaire.	Yes 1 No 0	
B	How many times have you visited this household to interview this female respondent?	1st time 1 2nd time 2 3rd time 3	
C	Interviewer's name: Is this your name? If not, please record your name: ODK will display the name associated with the phone's serial number	Yes 1 No 0	
D	CURRENT DATE AND TIME DISPLAYED ON SCREEN Is this date and time correct?	Yes 1 No 0	Skip to F if No
E	Record the correct date and time		
F	The following information is from the Household Roster. Please review to make sure you are interviewing the correct respondent. ODK will display the Region, Zone, Woreda/District, Kebele/Locality, Enumeration Area, Structure Number, and Household Number entered into the Household Roster linked to this Female Respondent Questionnaire.		
G	How well acquainted are you with the respondent?	Very well acquainted 1 Well acquainted 2 Not well acquainted 3 Not acquainted 4	

H	Is the respondent present and available to be interviewed today?	Yes No	1 0	Skip to M if NO
<p>INFORMED CONSENT Find the woman between the age of 15-49 associated with this Female Respondent Questionnaire. The interview must have auditory privacy. Read the following greeting:</p>				
<p>Hello. My name is _____ and I am working for the Addis Ababa University, and Federal Ministry of Health. We are conducting a local survey that asks women about various reproductive health issues. We would very much appreciate your participation in this survey. This information will help us inform the government to better plan health services. The survey usually takes between 15 and 20 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to anyone other than members of our survey team.</p> <p>Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey since your views are important.</p> <p>At this time, do you want to ask me anything about the survey?</p>				
I	Provide a paper copy of the Consent Form to the respondent and explain it. Then, ask: May I begin the interview now?	Yes No	1 0	Skip to M if No
J	Respondent's signature PLEASE ASK THE RESPONDENT TO SIGN OR CHECK THE BOX IN AGREEMENT OF THEIR PARTICIPATION.	GATHER SIGNATURE: Check box:		
K	Interviewer's name PLEASE RECORD YOUR NAME AS A WITNESS TO THE CONSENT PROCESS.			
L	Respondent's name PLEASE RECORD THE FIRST NAME OF THE RESPONDENT.			
NO	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
<p>Section 1 – Respondent's Background, Marital Status, HH characteristics Now I would like to ask about your background and socioeconomic conditions.</p>				
1	How old were you at your last birthday? PLEASE RECORD A NUMBER BETWEEN 15-49. DO NOT INTERVIEW ANYONE OUTSIDE THIS RANGE.	Age		
2	What is the highest level of school you attended: primary, secondary, Technical and vocational, or higher?	Never Attended Primary Secondary Technical and vocational Higher	0 1 2 3 4	

Female Questionnaire

3	Are you currently married or living together with a man as if married? IF NO, ASK WHETHER THE RESPONDENT IS DIVORCED, SEPARATED, OR WIDOWED.	No, never in union Yes, currently married Yes, living with a man Not currently in union: Divorced / separated Not currently in union: Widow	0 1 2 3 4	Skip to 8 if No, never in union
4	Have you been married or lived with a man only once or more than once?	Only Once More than once	1 2	
5a	In what month and year did you start living with your husband /partner?	Month: Year:		Skip to 5a if once and 5b if more
5b	Now I would like to ask about when you started living with your current husband/partner. In what month and year was that?	Month: Year:		Skip to E if No
	CHECK 3: Currently married?	Yes No	1 0	Skip to 8 if No
6	Does your husband / partner have other wives or does he live with other women as if married?	Yes No Don't Know	1 0 -88	
7	Is your husband/partner living with you now or is he staying elsewhere?	Living with respondent Staying elsewhere	1 2	
Section 2 - Reproduction, Pregnancy & Fertility Preferences Now I would like to ask about all the births you have had during your life.				
8	How many times have you given birth? 0 IS A POSSIBLE ANSWER.	Number of births		Skip to 13 if No
	Were all of those live births? IF NO, GO BACK AND CHANGE FQ8 TO RECORD ONLY LIVE BIRTH EVENTS	Yes No	1 0	
9	When was your most recent birth? PLEASE RECORD THE DATE OF THE LAST BIRTH. THE DATE SHOULD BE FOUND BY CALCULATING BACKWARDS FROM MEMORABLE EVENTS IF NEEDED.	Month	Year	Skip to 11 if not in last year and/or Q8 is 1
10	When did you give birth before the most recent one? PLEASE RECORD THE DATE OF THE BIRTH BEFORE THE LAST. THE DATE SHOULD BE FOUND BY CALCULATING BACKWARDS FROM MEMORABLE EVENTS IF NEEDED.	Month	Year	

11	Is your last baby/child still alive?	Yes No Don't Know	1 0 -88	Skip to 13 if Yes
12	When did your last baby / child die? PLEASE RECORD THE DATE OF THE CHILD'S DEATH. THE DATE SHOULD BE FOUND BY CALCULATING BACKWARDS FROM MEMORABLE EVENTS IF NEEDED.	Month	Year	
13	When did your last menstrual period start? IF YOU SELECT DAYS, WEEKS, MONTHS OR YEARS, YOU WILL ENTER A NUMBER FOR X ON THE NEXT SCREEN.	Days ago: Weeks ago: Months ago: Years ago: Menopausal/Hysterectomy Before last birth Never menstruated	1 2 3 1 2 3	
14	Are you pregnant now?	Yes No Unsure	1 0 2	Skip to 16 if no
15	How many months pregnant are you? PLEASE RECORD THE NUMBER OF COMPLETED MONTHS. ENTER -88 FOR DO NOT KNOW.	Number of months		
	Check 14: Currently pregnant?	Yes No	1 0	Skip to 16a if no 16b if yes
16a	Now I have some questions about the future. Would you like to have a/another child or would you prefer not to have any/any more children?	Have a/another child No more/prefer no children Says she can't get pregnant Undecided/Don't know	1 2 3 -88	Skip to 17a if 1 and 18 for all other
16b	Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	Have a/another child No more/prefer no children Says she can't get pregnant Undecided/Don't know	1 2 3 -88	Skip to 17b if 1 and 18 for all other
17a	How long would you like to wait from now before the birth of a/another child? IF YOU SELECT MONTHS OR YEARS, YOU WILL ENTER A NUMBER FOR X ON THE NEXT SCREEN	Months: Years: Soon/now Other Says she can't get pregnant Don't know	1 2 3 -88	
17b	After the birth of the child you are expecting now, how long would you like to wait before the birth of another child? IF YOU SELECT MONTHS OR YEARS, YOU WILL ENTER A NUMBER FOR X ON THE NEXT SCREEN	Months: Years: Soon/now Other Says she can't get pregnant Don't know	1 2 3 -88	

Female Questionnaire

	CHECK 8: Number of births CHECK 14: Currently pregnant?	Number of births Yes 1 No 0	Skip to 19 if 0 births and 14: No. Skip to 18a if 14: no and 18b if 14: yes
18a	Now I would like to ask a question about your last birth. At the time you became pregnant, did you want to become pregnant then, did you want to wait until later, or did you not want to have any/any more children at all?	Then 1 Later 2 Not at all 3	
18b	Now I would like to ask a question about your current pregnancy. At the time you became pregnant, did you want to become pregnant then, did you want to wait until later, or did you not want to have any/any more children at all?	Then 1 Later 2 Not at all 3	
Section 3 - Contraception			
Now I would like to ask about the times you or your partner may have used a method to avoid getting pregnant.			
19	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	Yes 1 No 0	Skip to 25 if No
20	How old were you when you first used a method to delay or avoid getting pregnant? ENTER THE AGE IN YEARS. ENTER 0 IF SHE NEVER USED A METHOD. ENTER -88 IF RESPONDENT DOES NOT KNOW.	Age	
20a	How many living children did you have at that time, if any?	Number	
21	Which method did you first use to delay or avoid getting pregnant? DO NOT READ THE METHOD CHOICES. SCROLL TO BOTTOM TO SEE ALL CHOICES.	Female sterilization 1 Male sterilization 2 Implants 3 IUD 4 Injectables 5 Injectables-1month 6 Progestin Only Pill 7 Emergency Contraception 8 Male Condom 9 Female condom 10 Diaphragm N/A Foam N/A Standard Days/Cycle Beads 13 Lactational Amen. Method 14 Rhythm method 15 Withdrawal 16 Other traditional 17	

Female Questionnaire

28	<p>Which method did you use most recently?</p> <p>Anything else?</p> <p>SELECT MOST EFFECTIVE METHOD (HIGHEST METHOD IN LIST).</p> <p>SCROLL TO BOTTOM TO SEE ALL CHOICES</p>	<table border="0"> <tr><td>Female sterilization</td><td>1</td></tr> <tr><td>Male sterilization</td><td>2</td></tr> <tr><td>Implants</td><td>3</td></tr> <tr><td>IUD</td><td>4</td></tr> <tr><td>Injectables</td><td>5</td></tr> <tr><td>Injectables-1 month</td><td>6</td></tr> <tr><td>Progestin Only Pill</td><td>7</td></tr> <tr><td>Emergency Contraception</td><td>8</td></tr> <tr><td>Male Condom</td><td>9</td></tr> <tr><td>Female condom</td><td>10</td></tr> <tr><td>Diaphragm</td><td>N/A</td></tr> <tr><td>Foam</td><td>N/A</td></tr> <tr><td>Standard Days/Cycle Beads</td><td>13</td></tr> <tr><td>Lactational Amen. Method</td><td>14</td></tr> <tr><td>Rhythm method</td><td>15</td></tr> <tr><td>Withdrawal</td><td>16</td></tr> <tr><td>Other traditional</td><td>17</td></tr> </table>		Female sterilization	1	Male sterilization	2	Implants	3	IUD	4	Injectables	5	Injectables-1 month	6	Progestin Only Pill	7	Emergency Contraception	8	Male Condom	9	Female condom	10	Diaphragm	N/A	Foam	N/A	Standard Days/Cycle Beads	13	Lactational Amen. Method	14	Rhythm method	15	Withdrawal	16	Other traditional	17	
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Injectables-1 month	6																																					
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29	<p>When did you begin using your (MOST RECENT / CURRENT METHOD)?</p> <p>PLEASE RECORD THE DATE.</p> <p>THE DATE SHOULD BE FOUND BY CALCULATING BACKWARDS FROM MEMORABLE EVENTS IF NEEDED.</p>	Month	Year																																			
	CHECK 22: Currently using contraceptives?	<table border="0"> <tr><td>Yes</td><td>1</td></tr> <tr><td>No</td><td>0</td></tr> </table>		Yes	1	No	0	Skip to 32 if Yes																														
Yes	1																																					
No	0																																					
30	<p>When did you stop using your (MOST RECENT METHOD)?</p> <p>PLEASE RECORD THE DATE.</p> <p>THE DATE SHOULD BE FOUND BY CALCULATING BACKWARDS FROM MEMORABLE EVENTS IF NEEDED.</p>	Month	Year																																			
31	<p>Why did you stop using your (MOST RECENT METHOD)?</p>	<table border="0"> <tr><td>Infrequent sex/husband away</td><td>1</td></tr> <tr><td>Became pregnant while using</td><td>2</td></tr> <tr><td>Wanted to become pregnant</td><td>3</td></tr> <tr><td>Husband/partner disapproved</td><td>4</td></tr> <tr><td>Wanted more effective method</td><td>5</td></tr> <tr><td>No method available</td><td>6</td></tr> <tr><td>Health concerns</td><td>7</td></tr> <tr><td>Side effects</td><td>8</td></tr> <tr><td>Lack of access/too far</td><td>9</td></tr> <tr><td>Costs too much</td><td>10</td></tr> <tr><td>Inconvenient to use</td><td>11</td></tr> <tr><td>Fatalistic</td><td>12</td></tr> <tr><td>Difficult to get pregnant/ menopausal</td><td>13</td></tr> <tr><td>Interferes with body's processes</td><td>14</td></tr> <tr><td>Other</td><td>15</td></tr> <tr><td>Don't know</td><td>-88</td></tr> </table>		Infrequent sex/husband away	1	Became pregnant while using	2	Wanted to become pregnant	3	Husband/partner disapproved	4	Wanted more effective method	5	No method available	6	Health concerns	7	Side effects	8	Lack of access/too far	9	Costs too much	10	Inconvenient to use	11	Fatalistic	12	Difficult to get pregnant/ menopausal	13	Interferes with body's processes	14	Other	15	Don't know	-88			
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32	<p>Where did you obtain your (MOST RECENT / CURRENT METHOD) when you started using it?</p> <p>SCROLL TO BOTTOM TO SEE ALL CHOICES</p>	<p><u>Public sector</u></p> <p>Govt. Hospital 1</p> <p>Govt. Health center 2</p> <p>Govt. Health post/HEWs 3</p> <p>Family planning clinic 4</p> <p><u>Private medical sector</u></p> <p>Private hospital/clinic 5</p> <p>Pharmacy/drug store 6</p> <p><u>Other source</u></p> <p>Shop/market 7</p> <p>Community volunteer (HDA) 8</p> <p>Friend/relative 9</p> <p>NGO 10</p> <p>Other 11</p> <p>Don't know -88</p>	
33	<p>In the last 12 months, have you paid any fees for family planning services (including the most recent/current method)?</p>	<p>Yes 1</p> <p>No 0</p>	<p>Skip to 35 if No</p>
34	<p>How much did you pay?</p> <p>ENTER THE AMOUNT USING THE LOCAL CURRENCY UNIT. ENTER ALL PRICES IN NEW CURRENCY AND BIRR. ENTER -88 IF RESPONDENT DOES NOT KNOW.</p>	<p>Fee:</p>	
35	<p>When you obtained your (MOST RECENT / CURRENT METHOD), were you told by the provider about side effects or problems you might have with a method to delay or avoid getting pregnant?</p>	<p>Yes 1</p> <p>No 0</p>	<p>Skip to 37 if No</p>
36	<p>Were you told what to do if you experienced side effects or problems?</p>	<p>Yes 1</p> <p>No 0</p>	
37	<p>At that time, were you told by the family planning provider about methods of family planning other than the (MOST RECENT/CURRENT METHOD) that you could use?</p>	<p>Yes 1</p> <p>No 0</p>	
38	<p>During that visit, did you obtain the method you wanted to delay or avoid getting pregnant?</p>	<p>Yes 1</p> <p>No 0</p>	<p>Skip to 40 if Yes</p>

Female Questionnaire

39	If not, why not? (Why didn't you obtain the method you wanted?)	Method out of stock that day Method not available at all Provider not trained to provide the method Provider recommended a different method Not eligible for method Decided not to adopt a method Too costly Other	1 2 3 4 5 6 7 8	
40	During that visit, who made the final decision about what method you got?	You alone Provider Partner You and provider You and partner Other	1 2 3 4 5 6	
	CHECK 32: Where did you obtain your (MOST RECENT/ CURRENT METHOD)?	<u>Public sector</u> Govt. Hospital Govt. Health center Govt. Health post/HEWs Family planning clinic <u>Private medical sector</u> Private hospital/clinic Pharmacy/drug store <u>Other source</u> Shop/market Community volunteer (HDA) Friend/relative NGO Other Don't know	1 2 3 4 5 6 7 8 9 10 11 -88	Skip to 44 if 32 IS 14-17
41	Would you return to this provider?	Yes No	1 0	
42	Would you refer your relative or friend to this provider/ facility?	Yes No	1 0	

	CHECK 16: Desire for future child?	Have a/another child No more/none Says she can't get pregnant Undecided/Don't know	1 2 3 -88	Ask 43 to non users (current or ever) who do not want a/another child or not before 2 years
	CHECK 17: 2 or more years before next child?	No more/none Less than 2 years 2 or more years	1 2 3	
	CHECK 22: Currently using contraceptive method?	Yes, using contraceptive No, not using contraceptive	1 0	
	CHECK 19: Ever use a method?	Yes No	1 0	
43	You said that you do not want any/anymore children and that you are not using a method to avoid pregnancy. Can you tell me the main reason why you are not using a method to prevent pregnancy?	Infrequent sex/husband away Menopausal/Hysterectomy Subfecund/infecund Not menstruated since last birth Breastfeeding Up to God/fatalistic Respondent opposed Husband/partner opposed Others opposed Religious prohibition Knows no method Knows no source Fear of side effects Health concerns Lack of access /too far Costs too much Preferred method not available No method available Inconvenient to use Interferes with body's processes Other Don't know	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 -88	
44	In the last 12 months, were you visited by a health worker who talked to you about family planning?	Yes No	1 0	
45	In the last 12 months, have you visited a health facility for care for yourself (or your children)?	Yes No	1 0	Skip to 47 if No
46	Did any staff member at the health facility speak to you about family planning methods?	Yes No	1 0	

Female Questionnaire

47	In the last few months have you: Heard about family planning on the radio? Seen anything about family planning on the television? Read about family planning in a newspaper or magazine?	Yes	No		
		1	0		
		1	0		
		1	0		
48	How old were you when you first had sexual intercourse? ENTER THE AGE IN YEARS. ENTER 0 IF SHE NEVER HAD SEX. ENTER -88 IF RESPONDENT DOES NOT KNOW.	Age			Skip to 50 if 0
49	When was the last time you had sexual intercourse? IF 12 MONTHS (ONE YEAR) OR MORE AGO, ANSWER MUST BE RECORDED IN MONTHS, WEEKS, OR DAYS. IF LESS THAN 12 MONTHS AGO, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. ENTER 0 DAYS FOR TODAY. YOU WILL ENTER A NUMBER FOR X ON THE NEXT SCREEN	Days Ago	Weeks Ago	Months Ago	Years Ago
Section 4 - Water					
Now I would like to ask you a couple of questions about your water practices.					
50	How many hours per day do you spend collecting water in the dry season? ONLY RECORD RESPONDENT'S TIME; NOT ANYONE ELSE'S TIME IF YOU SELECT MINUTES OR HOURS YOU WILL ENTER A NUMBER FOR X ON THE NEXT SCREEN	Number of hours/day			
		Someone else collects water	33		
		No one collects water	44		
		Don't know	-88		
51	How many hours per day do you spend collecting water in the wet season? ONLY RECORD RESPONDENT'S TIME; NOT ANYONE ELSE'S TIME IF YOU SELECT MINUTES OR HOURS YOU WILL ENTER A NUMBER FOR X ON THE NEXT SCREEN	Number of hours/day			
		Someone else collects water	33		
		No one collects water	44		
		Don't know	-88		
Thank the respondent for her time. THE RESPONDENT IS FINISHED, BUT THERE ARE STILL 2 MORE QUESTIONS FOR YOU TO COMPLETE OUTSIDE THE HOME					
M	TAKE A GPS POINT NEAR THE ENTRANCE TO THE HOUSEHOLD.	Instructions are given directly by the ODK software RECORD LOCATION			
N	RECORD THE RESULT OF THE FEMALE RESPONDENT SURVEY	Completed	1		
		Not at home	2		
		Postponed	3		
		Refused	4		
		Partly completed	5		
		Incapacitated	6		

Service Delivery Point Questionnaire

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
IDENTIFICATION Please record the following identifying information prior to beginning the interview.			
A	How many times have you visited this service delivery point for this interview?	1st time 2nd time 3rd time	
B	Interviewer's name: Is this your name? If not, please record your name: ODK will display the name associated with the phone's serial number	Yes 1 No 0	
C	CURRENT DATE AND TIME DISPLAYED ON SCREEN Is this date and time correct?	Yes 1 No 0	Skip to D if Yes
D	Record the correct date and time		
E	Region PLEASE SELECT THE NAME OF THE REGION WHERE THE FACILITY IS LOCATED.	Tigray 1 Afar 2 Amhara 3 Oromia 4 Ethiopia Somali 5 Benishangul Gumuz 6 SNNPR 7 Gambella 8 Harari 9 Addis Ababa 10 Dire Dawa 11	
F	Zone PLEASE RECORD THE NAME OF THE DISTRICT WHERE THE FACILITY IS LOCATED.	<i>ODK will populate a list of appropriate localities based on the Zone selected for SQ F</i>	
G	Woreda/District PLEASE RECORD THE NAME OF THE DISTRICT WHERE THE FACILITY IS LOCATED.	<i>ODK will populate a list of appropriate district based on the region selected for SQ E</i>	

H	Kebele/Locality name PLEASE RECORD THE NAME OF THE LOCALITY WHERE THE FACILITY IS LOCATED.	<i>ODK will populate a list of appropriate localities based on the district selected for SQ F</i>	
I	Enumeration area PLEASE SELECT THE NUMBER OF THE ENUMERATION AREA WHERE THE FACILITY IS LOCATED OR TO WHICH IT IS ASSIGNED.	<i>ODK will populate a list of appropriate EA numbers based on the locality selected for SQ G</i>	
J	Facility number PLEASE RECORD THE NUMBER OF THE FACILITY FROM THE LISTING FORM.		
K	Type of facility PLEASE SELECT THE TYPE OF FACILITY.	Hospital 1 Health center 2 Health Post 3 Health Clinic 4 Pharmacy 5 Drug shop 6 Other 7	
L	Managing authority PLEASE SELECT THE MANAGING AUTHORITY FOR THE FACILITY.	Government 1 NGO 2 FBO 3 Private 4 Other 5	
M	Is a competent respondent present and available to be interviewed today?	Yes 1 No 0	Skip to R if No

INFORMED CONSENT

Find the competent respondent responsible for patient services (main administrator and family planning in-charge) who is present at the facility. Read the following greeting:

Hello. My name is _____. We are here on behalf of the Addis Ababa University, and Federal Ministry of Health to assist the government and communities in knowing more about health services. Now I will read a statement explaining the survey.

Your facility was randomly selected to participate in this study. We will be asking you questions about family planning and other reproductive health services and will ask to see patient registers. No patient names from the registers will be reviewed, recorded or shared. The information about your facility may be used by health organizations for planning service improvements or further studies of health services. The data collected from your facility will also be used by researchers for analyses. However, the name of your facility will not be provided, and any reports by researchers who use your facility data will only present information in aggregate form so that your facility cannot be identified.

We are asking for your help to ensure that the information we collect is accurate. If there are questions for which someone else is the most appropriate person to provide the information, we would appreciate your introducing us to that person.

You may refuse to answer any question or choose to stop the interview at any time. Do you have any questions about the survey?

Service Delivery Point Questionnaire

N	Provide a paper copy of the Consent Form to the respondent and explain it. Then, ask: May I begin the interview now?	Yes No	1 0	Skip to S if No
O	Respondent's signature PLEASE ASK THE RESPONDENT TO SIGN OR CHECK THE BOX IN AGREEMENT OF THEIR PARTICIPATION	GATHER SIGNATURE: Check box:		
P	Interviewer's name PLEASE RECORD YOUR NAME AS A WITNESS TO THE CONSENT PROCESS.			
Q	Name of the facility PLEASE RECORD THE NAME OF THE FACILITY.			
R	What is your position in this facility? SELECT THE HIGHEST MANAGERIAL QUALIFICATION OF THE RESPONDENT.	Owner In-charge/ Manager Staff	1 2 3	
NO	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
Section 1 - Information about services Now I would like to ask about the services provided at this facility				
1	What year did this facility first begin offering health services / products? ENTER 2020 FOR DO NOT KNOW.	Year		
2	How many days each week is the facility routinely open? ENTER A NUMBER BETWEEN 0 AND 7. ENTER -88 FOR DO NOT KNOW.	Number of days		
3	Now I have some questions about staffing for this facility. For the following questions, please tell me how many staff with this qualification are currently assigned to this facility. Finally, tell me the total number present at any time today. We want to know the highest technical qualification that any staff may hold regardless of the person's actual assignment or specialist studies. ENTER -88 FOR DO NOT KNOW AND -77 FOR NOT APPLICABLE. 0 IS A POSSIBLE ANSWER.	Doctor Nurse/midwife Health Officer Ambulance staff Pharmacist Medical Counter Assistants Other medical staff	Actual No. Present today	

	CHECK K: type of facility?	Hospital Health Center Health Post Health Clinic Pharmacy Drug shop Other	1 2 3 4 5 6 7	Skip to 8 if J: 5, 6 or 7
4	Is there a healthcare worker present at the facility at all times or officially on call for the facility at all times (24 hours a day) for emergencies?	Yes, 24-hr staff No, no 24-hr staff	1 0	
5	Do you have an estimate of the size of the catchment population that this facility serves that is, the target, or total population living in the area served by this facility?	No catchment area Yes, knows size of catchment area Doesn't know size of catchment area	1 2 -88	Skip to 7 if No or Don't Know
6	What is the size of the catchment population? RECORD THE NUMBER OF PEOPLE LIVING IN THE AREA SERVED BY THIS FACILITY.	Number of people		
7	How many beds does the facility have? 0 IS A POSSIBLE ANSWER. ENTER -88 FOR DO NOT KNOW.	Number of beds		
8	When was the last time an owner/supervisor from outside this facility came here to visit?	Never external supervision Within the past 6 months More than 6 months ago Don't know	0 1 2 -88	
9	Does this facility have electricity today?	Yes No	1 0	
10	Does this facility have water today?	Yes No	1 0	
	CHECK K: type of facility?	Hospital Health Center Health Post Health Clinic Pharmacy Drug shop Other	1 2 3 4 5 6 7	Skip to 13 if J: 5, 6 or 7
11	How many hand-washing facilities are available on site for staff to use? ENTER -88 FOR DO NOT KNOW.	Number of facilities		Skip to 13 if 0

Service Delivery Point Questionnaire

12	Ask to see the nearest hand-washing facility. At the hand-washing facility OBSERVE: Soap is present Water source is present: stored water Water source is present: tap water Hand-washing area is near a sanitation facility None of the above Did not see the facility SELECT ALL THAT APPLY	Yes 1 1 1 1 -77 -99	No 0 0 0 0 0	
13	Does the facility have a functioning computer? NO NEED TO OBSERVE	Yes 1 No 0		
	CHECK K: type of facility?	Hospital Health Center Health Post Health Clinic Pharmacy Drug shop Other	1 2 3 4 5 6 7	Skip to 15 if J: 5, 6 or 7
14	How does this facility finally dispose of sharp items or filled sharps boxes?	Never have sharps waste Burn in incinerator Open Burning Dump without burning Remove offsite Other	0 1 2 3 4 5	
Section 2 - Family Planning Services				
Now I would like to ask about family planning services provided at this facility.				
15	Do you usually offer family planning services/products?	Yes No	1 0	Skip to 19 if No
16	What year did this facility first begin offering family planning services/products? ENTER 2020 FOR DO NOT KNOW	Year		
17	How many days per week are family planning services/products offered/sold here? USE A 7-DAY WEEK TO CALCULATE NUMBER OF DAYS. ENTER A NUMBER BETWEEN 1 AND 7. ENTER -88 FOR DO NOT KNOW.	Number of days		
18	Are family planning services/products offered here today?	Yes No	1 0	

	CHECK K: type of facility?	Hospital Health center Health Post Health Clinic Pharmacy Drug shop Other	1 2 3 4 5 6 7	Skip to 23 if 1: 5, 6 or 7
19	Does this facility provide family planning supervision, support, or supplies to community health volunteers?	Yes No	1 0	Skip to 22 if No
20	How many community health volunteers are supported by this facility? ENTER -88 FOR DO NOT KNOW.	Number of CHWs		
21	Do the community health volunteers provide any of the following contraceptives: Condoms Pills Injectables	Yes No	No 1 0 1 0 1 0	
22	How many times in the last 12 months has a mobile outreach team visited your facility to deliver supplementary/additional family planning services?	Number of times		
	Check 15: Offer FP services/products	Yes No	1 0	Skip to 25 if No
23	Does this facility have any routine user-fees or charges for any services related to family planning? THIS INCLUDES ANY FEES, INCLUDING THOSE FOR REGISTRATION OR FOR CLIENT HEALTH RECORDS.	Yes No	1 0	Skip to 25 if No
24	Are the official fees posted so that the client can easily see them? IF YES, POSTED FEES MUST BE OBSERVED.	Yes, all fees are posted Yes, some, not all fees posted No posted fees	1 2 0	
25	Do you collect information about clients' opinion in any of the following ways? Suggestion box Client survey form Client interview form Official meeting with community leaders Informal discussion with client or community Direct client feedback to staff Other Don't know None of the above SELECT ALL METHODS	Yes No	1 0 1 0 1 0 1 0 -88 0 -77 0 1 0	Skip to 29 if "None of the above" is selected

Service Delivery Point Questionnaire

26	Is there a procedure for reviewing or reporting on clients' opinions?	Yes No	1 0	Skip to 28 if No
27	Ask to see a report or form on which data are compiled or discussion is reported	Report seen Report not seen	1 2	
28	In the past 12 months, have any changes been made in the program as a result of client opinion? IF YES, INDICATE IF THE CHANGE(S) ARE RELATED TO ANY OF THE LISTED TOPICS.	No Yes, change in services or times offered or way services are provided Yes, change for client comfort Other Don't know	0 1 2 3 -88	
	Check 15: Offer FP services/products	Yes No	1 0	Skip to 31 if No
29	In the past 12 months, have there been any meetings where service statistics (or inventory) for family planning are discussed with staff?	Yes No	1 0	
30	Do you use any of the following to review service data for monitoring and evaluation? Wall chart/graph Written report/minutes Other Nothing observed ASK TO SEE ANY REPORTS, WALL GRAPHS OR CHARTS THAT SHOW SERVICE DATA HAS BEEN REVIEWED. SELECT ALL RELEVANT TYPES OF DOCUMENTATION OBSERVED.	Yes 1 1 1 1	No 0 0 0 0	

31	Which of the following methods of contraception are counseled, provided, or prescribed/referred? Do you charge for any of these methods?	Cou	Cou	Pro	Pro	Pre	Pre	Chg	Chg	Skip to 33 if no charges
		<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>	
	Female sterilization	1	0	1	0	1	0	1	0	
	Male sterilization	1	0	1	0	1	0	1	0	
	IUD	1	0	1	0	1	0	1	0	
	Injectables	1	0	1	0	1	0	1	0	
	Implants	1	0	1	0	1	0	1	0	
	Progestin Only Pill	1	0	1	0	1	0	1	0	
	Male condom	1	0	1	0	1	0	1	0	
	Female condom	1	0	1	0	1	0	1	0	
	Emergency Contraception	1	0	1	0	1	0	1	0	
	Diaphragm	1	0	1	0	1	0	1	0	
	Foam/Jelly	1	0	1	0	1	0	1	0	
	Standard Days/Cycle beads	1	0	1	0	1	0	1	0	
	LAM	1	0	1	0	1	0	1	0	
	Rhythm method	1	0	1	0	1	0	1	0	
	Withdrawal	1	0	1	0	1	0	1	0	
	Other traditional method	1	0	1	0	1	0	1	0	
	Cou: Counseled; Pro: Provided; Pre: Prescribed/Referred ; Chg: charge ALL OPTIONS SHOULD BE READ ALOUD									
32	How much do you charge for one unit of each method that you provide?	Amount per unit								
	Female sterilization									
	Male sterilization									
	IUD									
	Injectables									
	Implants									
	Progestin Only Pill									
	Male condom									
	Female condom									
	Emergency Contraception									
	Diaphragm									
	Foam/Jelly									
	Standard Days/Cycle beads									
	LAM									
	Rhythm method									
	Withdrawal									
	ENTER ALL PRICES IN ETHIOPIAN BIRR									
	ODK will only display the methods for which the facility charges from SQ 31									

Service Delivery Point Questionnaire

	CHECK K: Type of facility?	Hospital Health Center Health Post Health Clinic Pharmacy Drug shop Other	1 2 3 4 5 6 7	Skip to 39b if 1, 5, 6 or 7
	CHECK 31: Are implants provided?	Yes No	1 0	Skip to 35 if No
33	On days when you offer family planning services, does this facility have trained personnel able to insert implants?	Yes No	1 0	
34	On days when you offer family planning services, does this facility have trained personnel able to remove implants?	Yes No	1 0	
	CHECK 31: Are IUDs provided?	Yes No	1 0	Skip to 37 if No
35	On days when you offer family planning services, does this facility have trained personnel able to insert IUDs?	Yes No	1 0	
36	On days when you offer family planning services, does this facility have trained personnel able to remove IUDs?	Yes No	1 0	
	CHECK 31: Are implants provided	Yes No	1 0	Skip to 38 if No
37	Does this facility have the following supplies needed to insert and/or remove implants: Clean Gloves Antiseptic Sterile Gauze Pad or Cotton Wool Local Anaesthetic Sealed Implant Pack Blade READ OUT ALL SUPPLIES AND SELECT ALL THAT APPLY. SUPPLIES DO NOT NEED TO BE OBSERVED.	Yes 1 1 1 1 1 1	No 0 0 0 0 0 0	
	CHECK 31: Are IUDs provided?	Yes No	1 0	Skip to 39 if No
38	Does this facility have the following supplies needed to insert and/or remove IUDs: Sponge-holding forceps Speculums (large and medium) Tenaculum Clamp READ OUT ALL SUPPLIES AND SELECT ALL THAT APPLY. SUPPLIES DO NOT NEED TO BE OBSERVED.	Yes 1 1 1 1	No 0 0 0 0	

	CHECK K: Type of facility?	Hospital Health center Health Post Health Clinic Pharmacy Drug shop Other	1 2 3 4 5 6 7	Skip to 39a if 1: 1-4, or 8 39b if 1: 5, 6 or 7
39a	FROM FAMILY PLANNING REGISTER, RECORD: (1) the total number of family planning visits (new and continuing) in the last completed month, for each method. (2) the number of new clients who received family planning services in the last completed month, for each method.	Female sterilization Male sterilization IUD Injectables Implants Progestin Only Pill Male condom Female condom Emergency Contraception Diaphragm Foam/Jelly Standard Days/Cycle beads LAM Rhythm method Withdrawal	<u>Total # of visits</u>	<u># of new clients</u>
39b	FROM FAMILY PLANNING RECORD BOOK, RECORD: The total number of family planning products sold in the last completed month, for each method.	Female sterilization Male sterilization IUD Injectables Implants Progestin Only Pill Male condom Female condom Emergency Contraception Diaphragm Foam/Jelly Standard Days/Cycle beads LAM Rhythm method Withdrawal	<u># of products sold</u>	

Service Delivery Point Questionnaire

	CHECK K: Type of facility?	Hospital Health Center Health Post Health Clinic Pharmacy Drug shop Other	1 2 3 4 5 6 7	Skip to 45 if 1, 5, 6 or 7
40	Which of the following services are provided at this facility: Antenatal Delivery Postnatal Postabortion None of the above READ ALL OPTIONS AND SELECT ALL THAT APPLY.	<u>Yes</u> 1 1 1 1 -77	<u>No</u> 0 0 0 0	Skip to 45 if No to postnatal and postabortion Skip to 43 if no to postnatal and yes to postabortion
	CHECK 15: Offer FP services/products?	Yes No	1 0	Skip to 46 if No
41	Which of the following is discussed with the mother before she leaves the facility with the newborn after delivery: Diet, nutrition, and exercises Postpartum mental health Return to fertility Healthy timing and spacing of pregnancies Advice on: Lactational Amenorrhea Method Manesterial method Long-acting methods Spacing methods None of the above READ ALL OPTIONS AND SELECT ALL THAT APPLY.	<u>Yes</u> 1 1 1 1 1 1 1 1 1 -77	<u>No</u> 0 0 0 0 0 0 0 0	
42	Is the woman offered a method of family planning during the postnatal visit?	Yes No	1 0	
	CHECK 40: Are postabortion services offered?	Yes No	1 0	Skip to 45 if No
43	During postabortion visits, which of the following is discussed with the client: Postabortion mental health Return to fertility Healthy timing and spacing of pregnancies Advice on: Long-acting methods Spacing methods None of the above READ ALL OPTIONS AND SELECT ALL THAT APPLY.	<u>Yes</u> 1 1 1 1 1 1 -77	<u>No</u> 0 0 0 0 0	
44	Is the woman offered a method of family planning during the postabortion visit?	Yes No	1 0	

45	Which of the following family planning services do you offer to unmarried adolescents? Counsel for contraceptive methods Provide contraceptive methods Prescribe / refer contraceptive methods None of the above READ ALL OPTIONS AND SELECT ALL THAT APPLY	<u>Yes</u> 1 1 1 1 -77	<u>No</u> 0 0 0 0	
46	Does this facility offer any service related to diagnosis, treatment, or supportive services for STIs?	Yes No	1 0	
47	Does this facility offer any service related to diagnosis, treatment, or supportive services for HIV?	Yes No	1 0	Skip to 30 if No
	CHECK K: Type of facility?	Hospital Health Center Health Post Health Clinic Pharmacy Drug shop Other	1 2 3 4 5 6 7	Skip to 52 if 1; 5, 6 or 7
48	Which of the following family planning services do you offer to clients who come in for HIV services: Counsel for contraceptive methods? Provide contraceptive methods? Prescribe / refer contraceptive methods? None of the above SELECT ALL THAT APPLY	<u>Yes</u> 1 1 1 1 -77	<u>No</u> 0 0 0 0	
49	During an HIV consultation does the provider: Ask the client about reproductive intentions? Discuss the FP method preferred by the client? Discuss dual method use? Provide condoms? Discuss instructions and side effects of chosen FP method? Offer an FP method?	<u>Yes</u> 1 1 1 1 1 1	<u>No</u> 0 0 0 0 0 0	<u>Don't Know</u> -88 -88 -88 -88 -88 -88
	CHECK 15: Offer FP services/products?	Yes No	1 0	Skip to R if No

Service Delivery Point Questionnaire

50	<p>ASK TO SEE THE ROOM WHERE EXAMINATIONS FOR FAMILY PLANNING ARE CONDUCTED</p> <p>FOR EACH OF THE FOLLOWING ITEMS, CHECK TO SEE WHETHER ITEM IS EITHER IN ROOM WHERE EXAMINATIONS ARE CONDUCTED OR IN AN ADJACENT ROOM.</p> <p>[OBSERVED ITEMS FOR INFECTION CONTROL]</p> <p>O: Observed; RU: Reported, Unseen; NA: Not Available</p>	<p>Running water (pipelined)</p> <p>Other running water (bucket with tap or pour pitcher)</p> <p>Water in bucket or basin (water reused)</p> <p>Hand-washing soap</p> <p>Single-use hand drying towels</p> <p>Waste receptacle with lid and plastic liner</p> <p>Sharps container</p> <p>Disposable latex gloves</p> <p>Disinfectant</p> <p>Disposable needles and syringes</p> <p>Auditory privacy</p> <p>Visual privacy</p> <p>Examination table</p> <p>Client educational materials on FP</p>	<p>O</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>	<p>RU</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p> <p>2</p>	<p>NA</p> <p>-77</p> <p>-77</p> <p>-77</p> <p>-77</p> <p>-77</p> <p>-77</p> <p>-77</p> <p>-77</p> <p>-77</p> <p>-77</p> <p>-77</p> <p>-77</p> <p>-77</p> <p>-77</p> <p>-77</p> <p>-77</p> <p>-77</p> <p>-77</p>	
51	ASSESS CONDITION OF FAMILY PLANNING SERVICE AREA	<p><u>Floor</u>: swept, no obvious dirt or waste</p> <p>Counters/Tables/Chairs: wiped clean, no obvious dirt or waste</p> <p>Broken equipment, papers, boxes around making area cluttered and dirty</p> <p><u>Walls</u>: reasonably clean</p> <p><u>Doors</u>: no or minor damage</p> <p><u>Walls</u>: no or minor damage</p> <p><u>Roof</u>: no or minor damages</p>	<p><u>Yes</u></p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>	<p><u>No</u></p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p>		
52	<p>You said you provide the following methods. Can you show them to me? For all observed methods: have any been out of stock in the last 12 months?</p> <p>IUD</p> <p>Progestin Only Pill</p> <p>Injectables</p> <p>Implants</p> <p>Male condom</p> <p>Female condom</p> <p>Emergency Contraception</p> <p>Standard Days / Cycle beads</p> <p>O: Observed; N.O.: Not Observed; OOS last 12 mo.: Out of stock in last 12 months SELECT OOS <12 MO IF THE METHOD HAS EVER BEEN OUT OF STOCK IN THE PAST 12 MONTHS, EVEN IF IT IS IN STOCK ON THE DAY OF THE INTERVIEW.</p>		<p>O</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>	<p>N.O.</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p>	<p>OOS in last 12 mos</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>	<p>Skip to 46 if No</p>

53	FOR FQ53-56, OBSERVE THE PLACE WHERE CONTRACEPTIVE SUPPLIES ARE STORED AND REPORT ON THE FOLLOWING CONDITION: Are all the methods off the floor?	Yes No	1 0	
54	Are all the methods protected from water?	Yes No	1 0	
55	Are all the methods protected from the sun?	Yes No	1 0	
56	Is the room clean of evidence of rodents (bats, rats) or pests (roaches...)?	Yes No	1 0	
Thank the respondent for his/her time. THE RESPONDENT IS FINISHED, BUT THERE ARE STILL 3 MORE QUESTIONS FOR YOU TO COMPLETE OUTSIDE THE FACILITY				
S	Take a GPS point outside near the entrance to the facility. Record location when the accuracy is smaller than 6m. GPS COORDINATES CAN ONLY BE COLLECTED WHEN OUTSIDE.	Instructions are given directly by the ODK software RECORD LOCATION		
T	Ask permission to take a photo of the entrance of the facility Did you get consent to take the photo?	Yes No	1 0	Skip to T if No
U	Ensure that no people are in the photo	Instructions are given directly by the ODK software TAKE PICTURE CHOOSE IMAGE		
V	Record the result of the Service Delivery Point Survey	Completed Not at facility Postponed Refused Partly completed Other	1 2 3 4 5 6	

Appendix D

FP2020 Core Indicators

Criteria used to identify indicators: (1) Progress under each of the Family Planning Summit Monitoring & Accountability Conceptual Framework's five domains is tracked by at least one indicator (the five domains are enabling environment, process, output, outcome, and impact); (2) Indicator is relevant to the domain and methodologically sound (i.e., based to the greatest extent possible on existing definitions and standards and with documentation readily available); and (3) Data are currently available for the indicator. Additionally, special consideration was given to (4) indicators proposed by the Rights and Empowerment Working Group (to ensure dimensions of availability, accessibility, quality and informed decision making were reflected) and (5) indicators already used by countries to monitor other initiatives or goals (e.g., the Global Strategy for Women's and Children's Health and MDGs).

The core indicator table is separated into three categories:

- (1) Indicators that will be reported annually for all 69 FP2020 countries. Data sources and methodology will vary between pledging and non-pledging countries, based on presence of Track20 Project. The final two indicators (which are highlighted below) will not have data in year one. Mechanisms to collect this information will be established within the next year.
- (2) Indicators that are based on estimated impacts of family planning and therefore not directly collected.
- (3) Indicators that will be reported annually in a subset of countries and will be based on the PMA2020 survey. The total number countries that will have annual data on these indicators are 10, but full scale up will not occur for two years. In years when there is a DHS, data will be included for that country in annual reporting.

Source of the table below: <http://www.track20.org/pages/data/indicators>

Indicator Name	Definition	Data Source and Availability	Conceptual Framework category	Disaggregation	Link to other Initiatives
1a. Contraceptive Prevalence Rate, Modern Methods (mCPR)	The proportion of women of reproductive age who are using (or whose partner is using) a modern contraceptive method at a particular point in time.	Surveys such as the Demographic and Health Surveys (DHS), the CDC-assisted Reproductive Health Surveys (RHS), MICS and other nationally sponsored surveys. Service Statistics	Outcome	When possible (in years with a DHS or PMA2020) by: wealth quintile, age, marital status, urban/rural, ethnicity, region etc.	Contraceptive prevalence rate (any method) is a tracking indicator for MDG 5 target 5B: Achieve, by 2015, universal access to reproductive health. Included in WHO indicators on health and rights list
1b. Percentage distribution of users by modern method	The proportion of total family planning users using each modern method of family planning.	Surveys such as the Demographic and Health Surveys (DHS), the CDC-assisted Reproductive Health Surveys (RHS), MICS and other nationally sponsored surveys. Service Statistics	Outcome		
2. Number of additional family planning users	The number of additional women (or their partners) of reproductive age currently using a contraceptive method compared to 2012.	Service Statistics	Output		

3. Percentage of women with an unmet need for modern contraception	The percentage of fecund women of reproductive age who want no more children or to postpone having the next child, but are not using a contraceptive method.	Surveys such as the DHS, RHS, MCI, and other nationally sponsored surveys. Service Statistics	Output	When possible (in years with a DHS or PMA2020) by: the lowest to the highest quintile), age, marital status, urban/rural, ethnicity, etc.	The proportion of women (married/union) with an unmet need for family planning is tracking indicator for MDG 5 target 5B: Achieve, by 2015 universal access to reproductive health. Included in draft WHO indicator shortlist.
4. Percentage of women whose demand is satisfied with a modern method	The percentage of women (or their partners) who desire either to have no further children or to postpone the next child who are currently using a modern contraceptive method.	Surveys such as the DHS, RHS, MICS, and other nationally sponsored surveys. Service Statistics	Outcome	When possible (in years with a DHS or PMA2020) by: the lowest to the highest quintile), age, marital status, urban/rural, ethnicity, etc.	The proportion of demand for family planning that is satisfied (any method) is a tracking indicator for the Global Strategy for Women's and Children's Health
5. Annual expenditure on FP from government domestic budget	Total annual public sector recurrent expenditures on family planning. This includes expenditures by all levels of government.	COIA, NIDI, KFF Country availability will depend on COIA and NIDI implementation. All 69 countries are expected to be available at some point.	Enabling Environment		
6. Couple-Year of Protection (CYP)	The estimated protection provided by family planning services during a one year period, based upon the volume of all contraceptives sold or distributed free of charge to clients during that period. The CYP is calculated by multiplying the quantity of each method distributed to clients by a conversion factor, which yields an estimate of the duration of contraceptive protection provided per unit of that method.	Service Statistics	Output		USAID

(1) Indicators that model impact for all 69 FP2020 countries						
Indicator Name	Definition	Data Source and Availability	Conceptual Framework category	Disaggregation	Link to other Initiatives	
7. Number of unintended pregnancies	The number of pregnancies that occurred at a time when women (and their partners) either did not want additional children or wanted to delay the next birth. Usually measured with regard to last or recent pregnancies, including current pregnancies.	Estimated using modeling	Impact			
8. Number of unintended pregnancies averted due to contraceptive use	The number of unintended pregnancies that did not occur during a specified reference period as a result of the protection provided by contraceptive use during the reference period.	Estimated using modeling	Impact			
9. Number of maternal deaths averted due to contraceptive use	The number of maternal deaths that did not occur during a specified reference period as a result of the protection provided by contraceptive use during the reference period.	Estimated using modeling	Impact			
10. Number of unsafe abortions averted due to contraceptive use	The number of unsafe abortions that did not occur during a specified reference period as a result of the protection provided by contraceptive use during the reference period.	Estimated using modeling	Impact			

FP2020 Core Indicators

(3) Indicators that will be reported annually for a subset of 10 countries and for the subset of the 69 FP2020 countries in years with a DHS					
Indicator Name	Definition	Data Source and Availability	Conceptual Framework category	Disaggregation	Link to other Initiatives
11. Percentage of women who were provided with information on family planning during their last visit with a health service provider	The percentage of women who were provided information on FP in some form at the time of their last contact with a health service provider. The contact could occur in either a clinic or community setting. Information could have been provided via a number of mechanisms, including counseling, IEC materials or talks/conversations about FP.	PMA2020 Survey	Process	Disaggregate where possible (in years with a DHS or PMA2020) by wealth quintile, age, marital status, and parity	
12. Method Information Index	An index measuring the extent to which women were made aware of alternative methods of contraception and were provided adequate information about them. The index is constructed from three (3) questions (Were you informed about other methods? Were you informed about side effects? Were you told what to do if you experienced side effects?) The index score is created by summing the number of women who respond "yes" to all three questions. Information will also be available for each indicator independently.	PMA2020 Survey DHS in select years	Process	Disaggregate where possible (in years with a DHS or PMA2020) by wealth quintile, age, marital status, and parity	Included in draft WHO indicator shortlist
13. Percentage of women who make family planning decisions alone or jointly with their husbands/partners	The percentage of women who make decisions on matters, such as whether and when to initiate and terminate contraceptive use and choice of contraceptive method, either by themselves or based upon consensus joint decision-making with their husband/partner.	PMA2020 Survey DHS in select years	Process	Disaggregate where possible (in years with a DHS or PMA2020) by wealth quintile, age, and parity	
Indicator 14: Adolescent birth rate	The number of births to adolescent females, aged 15-19 occurring during a given reference period per 1,000 adolescent females.	PMA2020 Survey DHS, MICS, RHS in select years	Impact		The adolescent birth rate (ages 15-19) is a tracking indicator for MDG 5 target 5B: Achieve, by 2015, universal access to reproductive health.
15. Percentage informed of permanence of sterilization.	Among women who said they were using male or female sterilization, the percentage who were informed by the provider that the method was permanent.	PMA2020 Survey DHS is select years (and select countries-not a standard question)	Output	Disaggregate where possible (in years with a DHS or PMA2020) by wealth quintile, age, marital status, and parity	

Appendix E: Glossary of PMA2020 Indicators

Family planning indicators

F1	Contraceptive use by modern/traditional	Proportion of women ages 15–49 who are using (or whose partner is using) a contraceptive method at the time of the survey
F2	Method mix	Composition of current methods used by women ages 15–49
F3	Total number of modern contraceptive users	A count of the number of females ages 15–49 who are current users of modern methods of contraception
F4	Unmet need	Percentage of fecund, sexually active women ages 15–49 who do not want to become pregnant but are not using contraception
F5	Demand satisfied by modern contraception	Percentage of women ages 15–49 who do not want to get pregnant who are using modern contraception
F6	Intention to use contraception	Percentage of women not currently using a method of contraception who intend to use a method in the future
F7	Unintended births	Percentage of births in the past 5 years to females ages 15–49 that are reported to be mistimed (wanted later) or unwanted
F8	Method chosen by self or jointly	Percentage of women ages 15–49 currently using a modern contraceptive method, or who used a modern method in past 12 months, reporting they decided on method themselves or jointly with a partner or provider
F9	Paid for services	Currently using a modern contraceptive method, or who used a modern method in past 12 months, who have paid any fees for family planning services in past 12 months
F10	Method information index	Percentage of recent/current users reporting they were informed about other methods and side effects, and if informed of side effects, what to do
F11	Sterilized users told method was permanent	Percentage of sterilized users counseled on method. <i>This measure is not included in this report as the number of sterilized users captured in PMA2014 survey data was very small.</i>
F12	Satisfaction with provider	Percentage of women ages 15–49 using a modern contraceptive method, or who used a modern method in past 12 months, who would return to their provider and would refer a relative or friend to that provider
F13	Received family planning information from provider	Percentage of women ages 15–49 reporting they received family planning information from a provider who visited them in the past 12 months

Family Planning Indicators

F14	Median duration of contraceptive use, by main method	Among females who have used a modern contraceptive method in past 12 months, but who are not currently using, the number of months at which half of such women stopped using the method for any reason
F15	Reasons for non-use	Reasons for non-use of contraceptive methods among married women who express a desire to postpone their next birth by two or more years
F16	Total fertility rate	Number of children who would be born to a woman if she were to pass through her reproductive years bearing children according to the current schedule of age-specific fertility rates (ASFR)
	Adolescent fertility rates	The adolescent fertility rate is the ASFR for women ages 15-19
F17	Age at marriage	Median age at marriage for women ages 25-49
F18	Age at first sex	Median age at first sex for women ages 25-49
F19	Age at first contraceptive use	Median age at first contraceptive use for female ever users ages 15-49
F20	Number of living children at first contraceptive use	Average number of living children at first contraceptive use among women ages 15-49 who have ever used
F21	Recent exposure to mass media family planning messages	Percentage of women ages 15-49 reporting exposure to family planning messages on radio, television or in print in past 12 months

Service delivery point indicators

S1	Offers family planning counseling and services to adolescents	Percentage of health facilities that offer unmarried adolescents any of the following contraceptive method services: counseling, provision, or prescription
S2	Has client feedback system	Percentage of health facilities reporting collecting client information using any of: suggestion box, client survey form, official meeting with community leaders, informal discussion with client/community, direct client feedback to staff, or other form
S3	Offers different types of family planning methods: Pills, injectables, IUDs, implant, male condoms and emergency contraception	Percentage of health facilities offering any services for different types of contraceptive methods: counseling, provision or prescription. Six main methods assessed here
S4	Has mobile outreach teams visiting facility in past 12 months	Percentage of health facilities reporting a mobile outreach team visited to deliver supplementary/additional family planning services in past 12 months
S5	Contraceptive stockout in past 12 months	Percentage of health facilities reporting an (observed) method has been out of stock in the past 12 months: pill, injectables, IUDs, implants, male condoms and emergency contraception
S6	Number of days per week family planning is offered	Average number of days per week family planning services are offered (or products are sold) at facility
S7	Supports community health workers from this facility	Percentage of health facilities reporting providing supervision, support or supplies to community health volunteers/workers
S8	Number of family planning visits (new and total) in last month by method	Based on the numbers recorded for the last complete month in the family planning/client register: Total and average number of family planning visits (new and continuing) in last month by method
S9	Charges fees for family planning services	Percentage of facilities with routine user fees or charges for family planning services
S10a	Integration of family planning into postnatal health services	Percentage of health facilities that discuss long-acting or spacing contraceptive methods to mothers before post-delivery discharge (with newborns)
S10b	Integration of family planning into HIV services	Percentage of facilities with routine user fees or charges for family planning services
S10c	Integration of family planning into postabortion services	Percentage of health facilities that report discussing long-acting or spacing contraceptive methods with postabortion clients

Water, sanitation, and hygiene indicators

WASH1	Household use of multiple water sources	Percentage of population living in households by number of water sources used in that household
WASH2	Main and regular water source for drinking	Percentage of population living in households reporting main and regular type of water for drinking
WASH3	Child feces disposal	Percentage of population living in households with children under 5 years old reporting varied methods of disposing of child fecal matter
WASH4	Place for hand-washing	Percentage of population living in households reporting a place to wash hands and the conditions of the hand-washing facility
WASH5	Use bush/field for open defecation	Percentage of population living in households where open defecation in bush or field is regularly practiced
WASH6	Reliability and seasonality of water sources	Percentage of population living in households who have reliable access to a regular water source throughout the year
WASH7	Time to collect water during wet and dry seasons	Percentage of women, age 15- 49, who reported water collection times of 0 minutes, 1–5 minutes, 6–30 minutes, 31–120 minutes, and 2 or more hours, during the wet and dry seasons

* *de jure* population living in households: includes only usual residents of the households, regardless of whether they are present or absent on the day of the interview



PMA2020 uses innovative mobile technology to support low-cost, rapid-turnaround, nationally representative surveys monitoring key indicators for family planning in support of FP2020 goals. The project is implemented by local university and research organizations in ten countries, deploying a cadre of resident enumerators trained in mobile-assisted data collection. PMA2020 establishes a sentinel data collection platform that can be utilized for other health program areas.

PMA2020

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