PERFORMANCE MONITORING FOR ACTION

PMA ETHIOPIA

Results from the 2021 cross section and Cohort-2 baseline survey

October 2021- January 2022

OVERALL KEY FINDINGS

- *No statistically significant change in mCPR at national level; however regional variations are observed*
- *The use of long-acting methods increased in all regions from 2020 to 2021*
- *More than one third (36%) women had an unintended pregnancy*

- *Availability of two long-acting and three short-acting contraceptive methods at health centers showed a slight decline over the past five years*
- *Stock availability of essential medicines for labor and delivery is lower in health centers and private sector*

- *Availability of COVID -19 prevention and management services is lower in health centers (14%) compared to hospitals (39%). Similarly, availability of COVID -19 prevention and management services is lower in the private sector (1%) compared to the public sector (17%)*
- *There was a slight increase in client volume for delivery services and the number of Caesarean deliveries in public hospitals, during the month of April 2021 compared to April 2019*

SECTION 1: About PMA Ethiopia

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

Antenatal Care (ANC) | ***Family Planning (FP)*** | ***Reproductive empowerment, fertility intention*** | ***Health facility quality of care*** | ***Effect of COVID-19***

This brief includes results from three different surveys:

Panel survey

For the panel regions, all currently pregnant or recently postpartum (<8 weeks) were identified and enrolled. Field staff conduct interviews at enrollment and at 6 weeks, 6 months, and 1 year postpartum. Results in this brief are from currently pregnant women at enrollment.

Cross-section survey

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

SDP survey

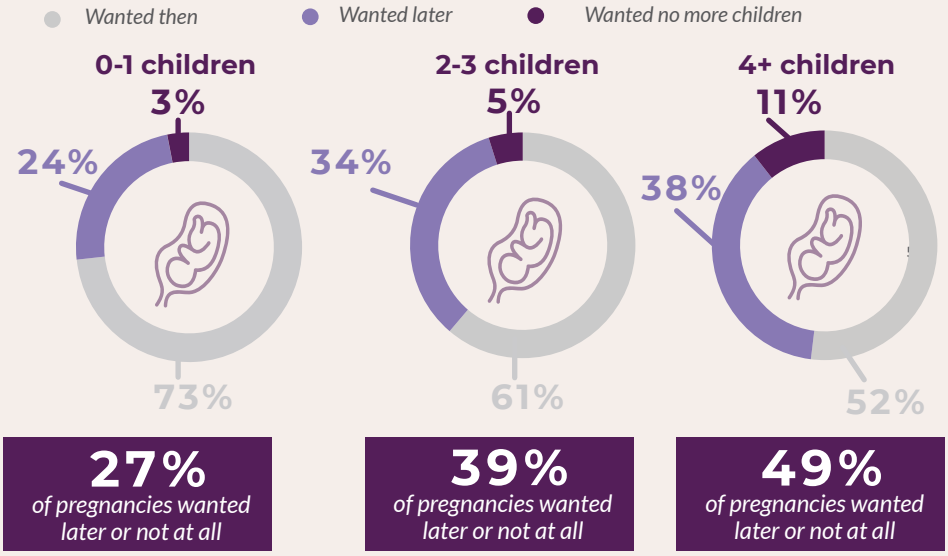
The SDP survey provides health system trends annually. It includes all levels of public health facilities that serve each data collection area, in addition to up to 3 private health facilities within the kebele.

SECTION 2: PREGNANCY AND ANTENATAL CARE

From the panel survey

TIMING OF CURRENT PREGNANCY

Percent of all currently pregnant women who report wanting their current pregnancy then, later, or not at all, by parity (n=1,796)



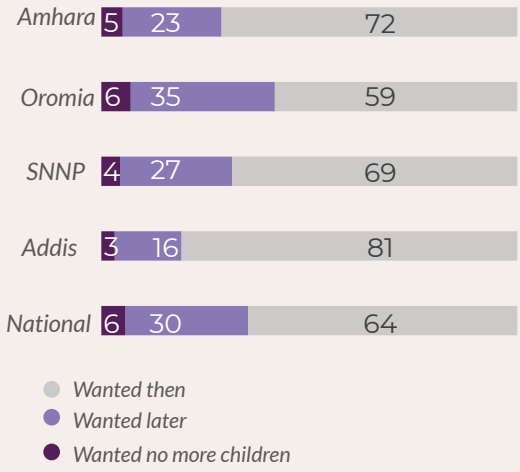
27% *of pregnancies wanted later or not at all*

39% *of pregnancies wanted later or not at all*

49% *of pregnancies wanted later or not at all*

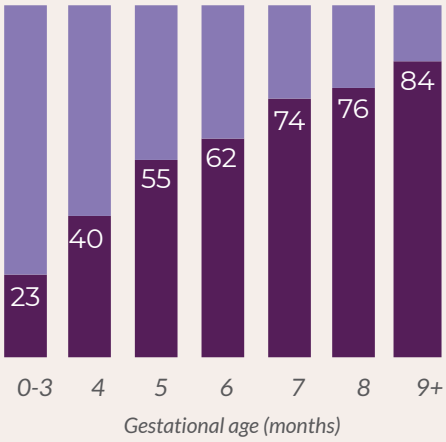
TIMING OF CURRENT PREGNANCY BY REGION

Percent of women by timing of their current pregnancy, by region (n=1,796)

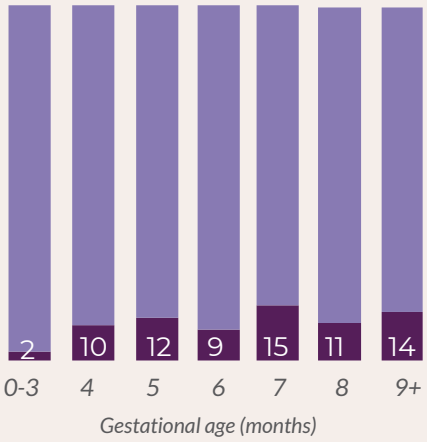


ANTENATAL CARE (ANC)

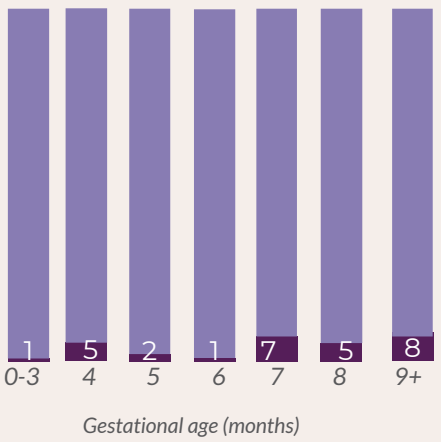
Percent of currently pregnant women who received ANC, by gestational age (n=1,796)



Percent of all currently pregnant women who received blood pressure, urine and stool test and were tested for syphilis and HIV, and took iron, by gestational age (n=950)



Percent of all currently pregnant women who discussed all birth/complication readiness topics, by gestational age (n=950)



No Yes

KEY FINDINGS FOR SECTION 2: PREGNANCY AND ANTENATAL CARE

- *The percentage of women who did not want their current pregnancy increases with parity – from 24% to 53% in cohort 1 and 27% to 49% in cohort 2 for women with 0-1 child and those with 4 or more, respectively*
- *There is low receipt of ANC in the first few months of pregnancy but increases with gestational age*
- *Fewer than 20% of women at any gestational age have received all the components of ANC*

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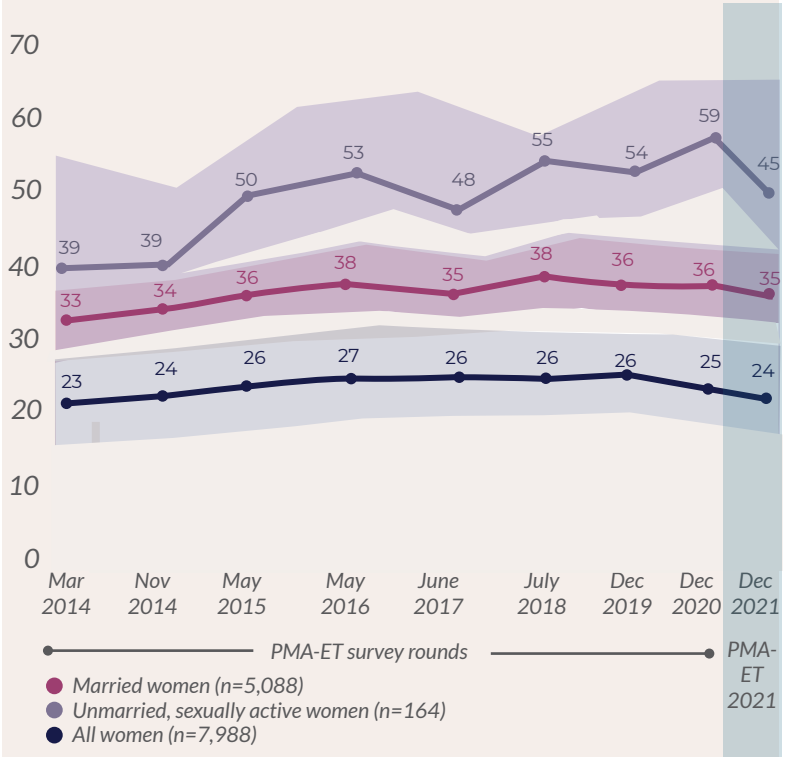
SECTION 3: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

From the cross-sectional survey

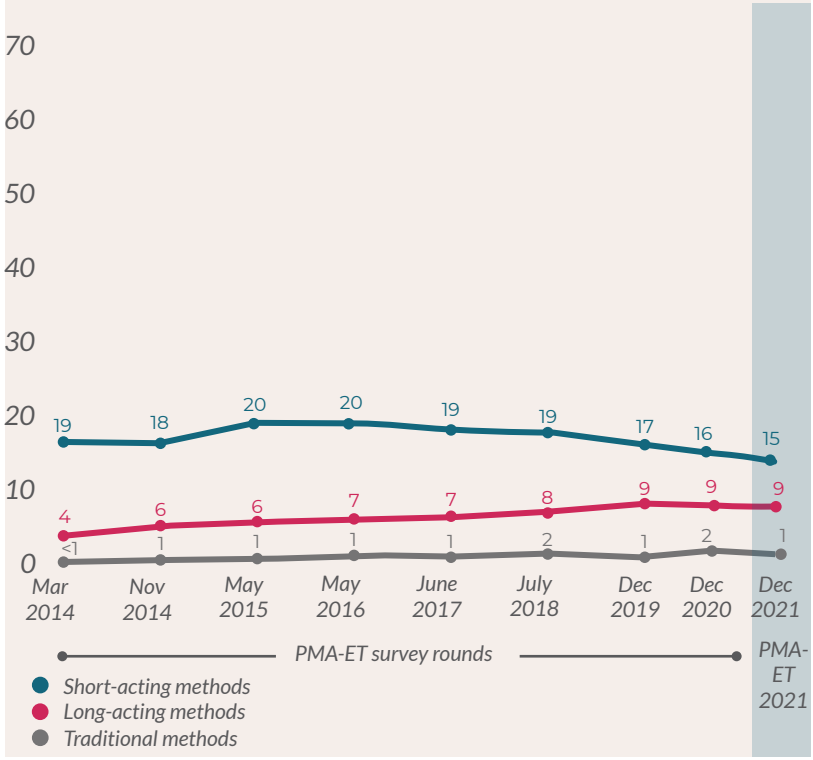
MODERN CONTRACEPTIVE PREVALENCE

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



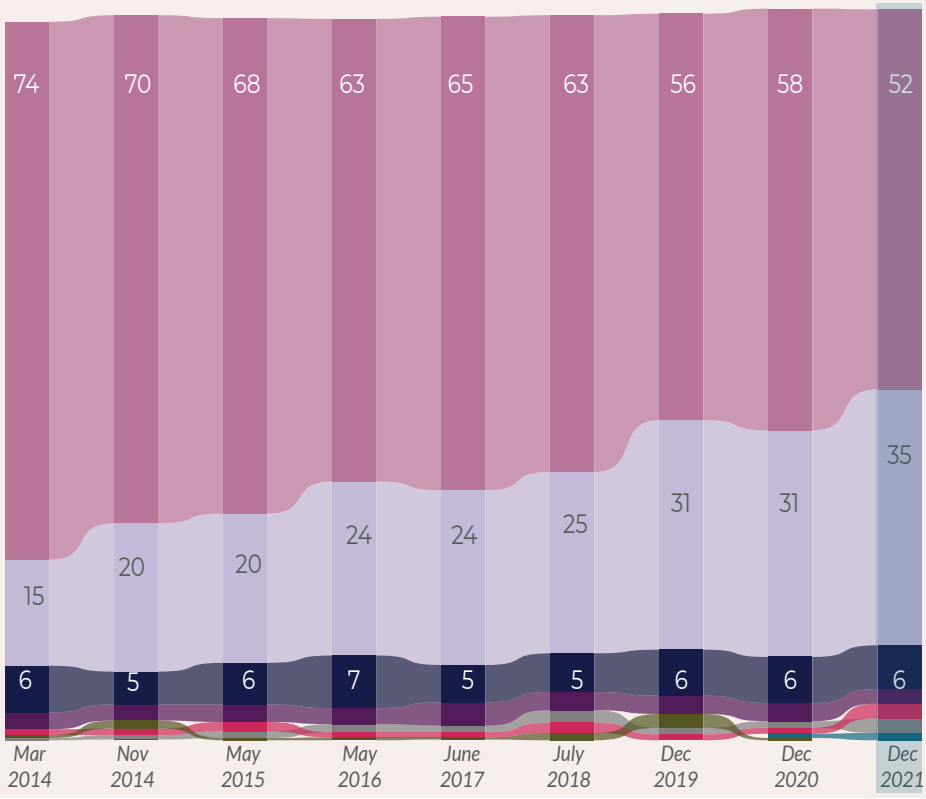
CONTRACEPTIVE PREVALENCE BY METHOD TYPE

Percent of women age 15-49 currently using contraception by method type (n=7,988.)



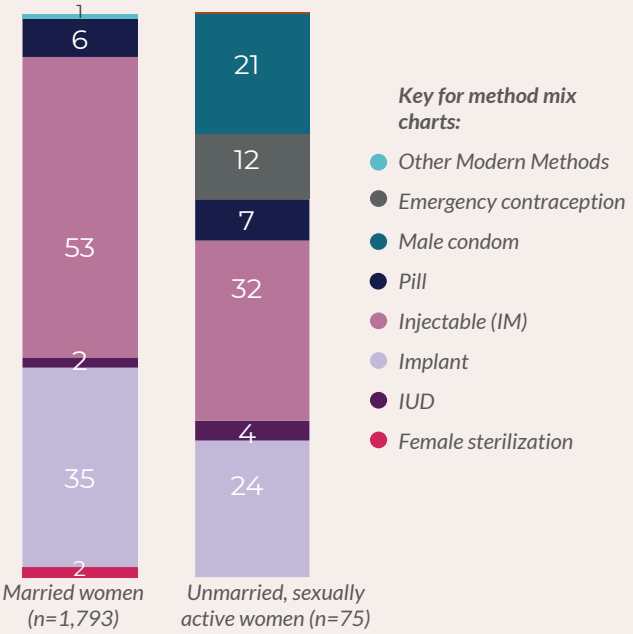
TRENDS IN MODERN CONTRACEPTIVE MIX

Percent distribution of modern contraceptive users age 15-49 by method and year (n=1,953)



MODERN CONTRACEPTIVE METHOD MIX

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



"Other modern methods" include female condom, LAM, and standard days/cycle beads.

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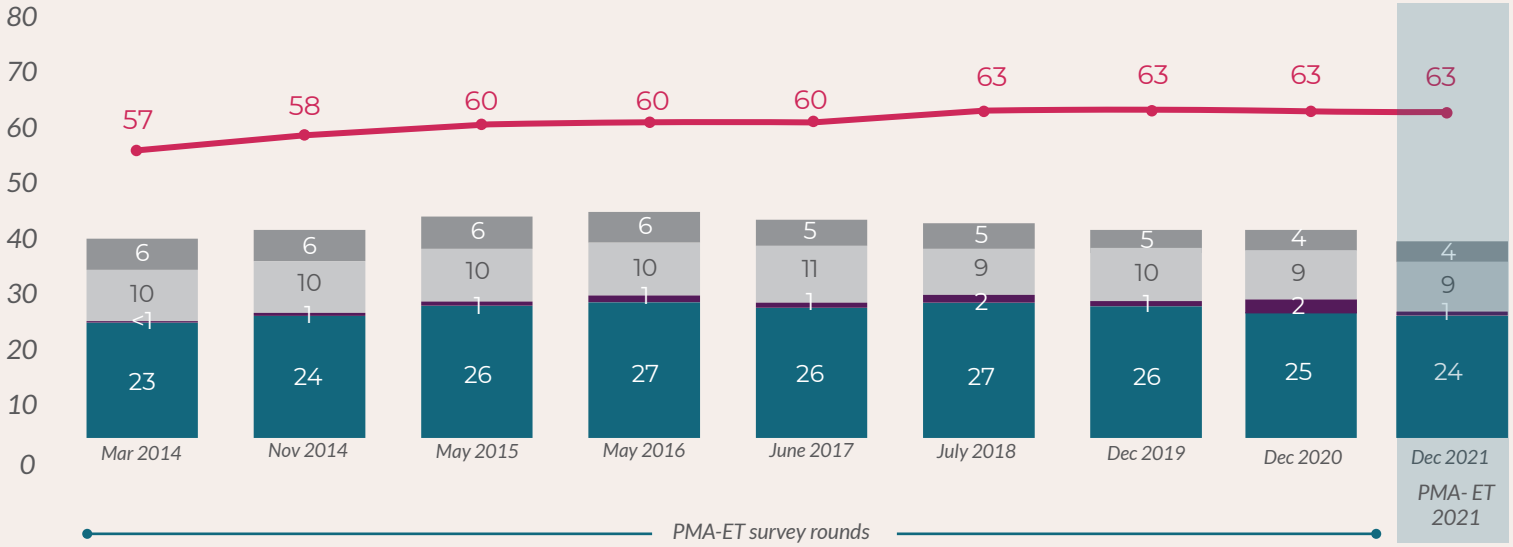
METHOD USE, UNMET NEED, AND DEMAND SATISFIED BY A MODERN METHOD

Percent of women age 15-49 using contraception by method type, unmet need, and demand satisfied by a modern method (n=7,988)



Demand satisfied by a modern method is use of modern contraceptive methods divided by the sum of unmet need plus total contraceptive use.

12-MONTH DISCONTINUATION RATE

Among women who started an episode of contraceptive use within the two years preceding the survey, the percent of episodes discontinued within 12 months (n=2,108 episodes)

10% *discontinued to become pregnant*

35% *discontinued for other reasons*

Reasons for discontinuation:

2% *experienced method failure*

11% *were concerned over side effects or health*

12% *had other fertility related reasons*

5% *other method-related reasons*

3% *wanted a more effective method*

3% *other/don't know*

Discontinued but switched methods:

12% *Switched*

KEY FINDINGS FOR SECTION 3: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

- *No change in mCPR at national level although there are regional variations with modern contraceptive use being higher in Sidama, followed by Benishangul-Gumuz and Addis Ababa.*
- *The use of long-acting methods increased in all regions in 2021, particularly in Addis Ababa (compared to 2020)*
- *Data suggest some improvement in quality of family planning counseling since 2019 although the level of counseling is still suboptimal*

72 %

of women obtained their current modern method from a public health facility (n=1,930)

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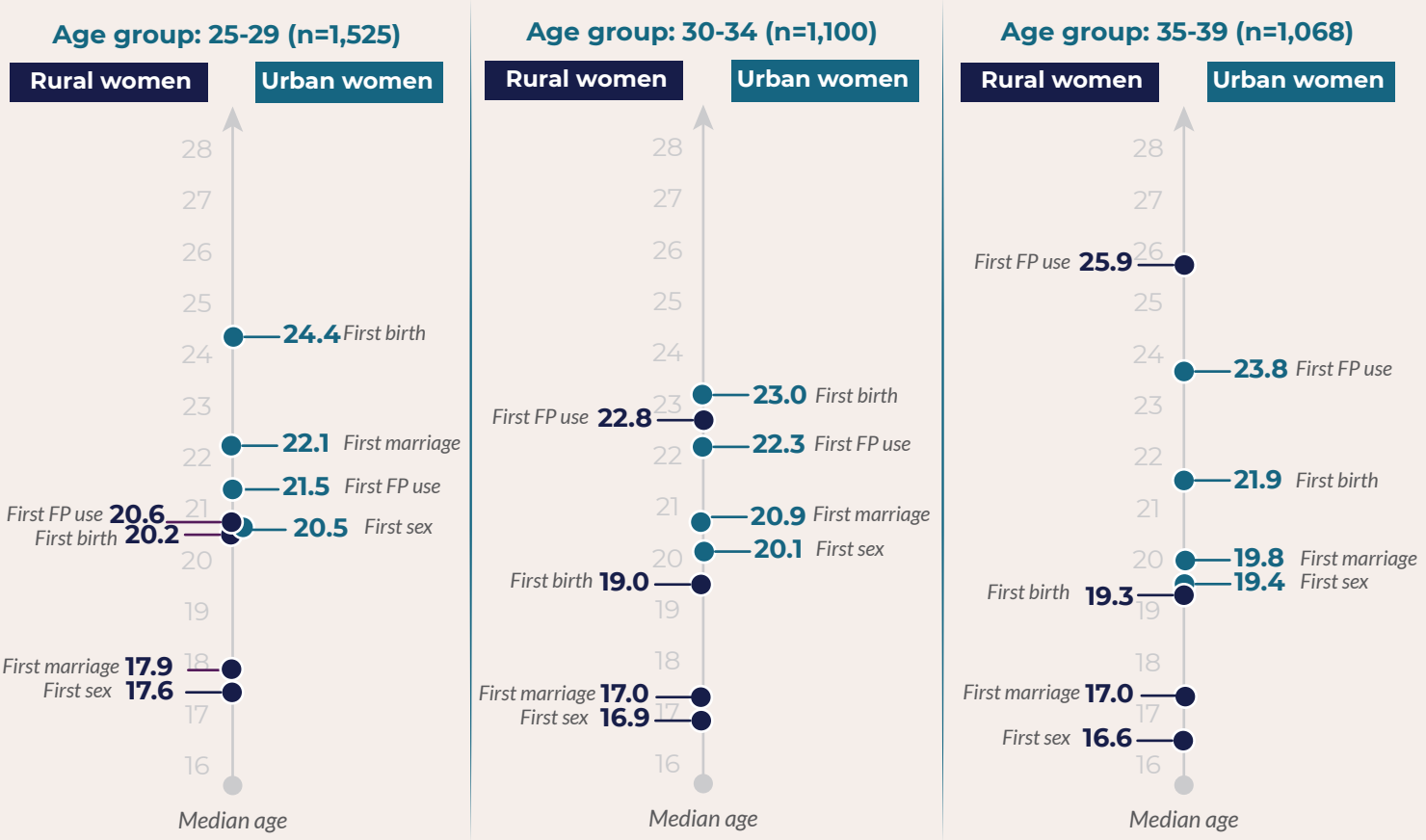
REPRODUCTIVE TIMELINE

Median age at reproductive events, by residence and age group

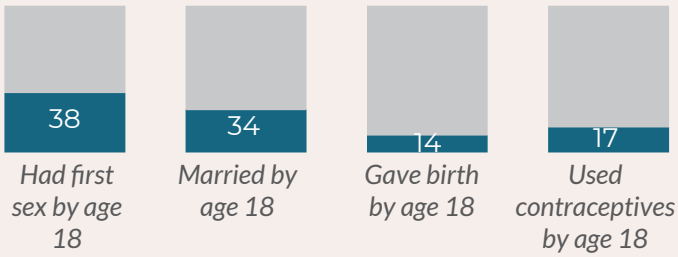


MEAN NUMBER OF CHILDREN AT FIRST CONTRACEPTIVE USE

Mean number of children at first contraceptive use among all women who have used contraception, by urban vs. rural residence (n=4,105)

REPRODUCTIVE EVENTS BY AGE 18

Percent of women aged 18-24 who experienced reproductive events by age 18 (n=2,128)



KEY FINDINGS FOR SECTION 4: REPRODUCTIVE TIMELINE

- *For rural women, first contraceptive use comes after first birth and younger women start contraceptive use after first birth earlier than older women*
- *Compared to rural women, urban women start using contraceptives at younger ages and tyically have used contraception before first birth*

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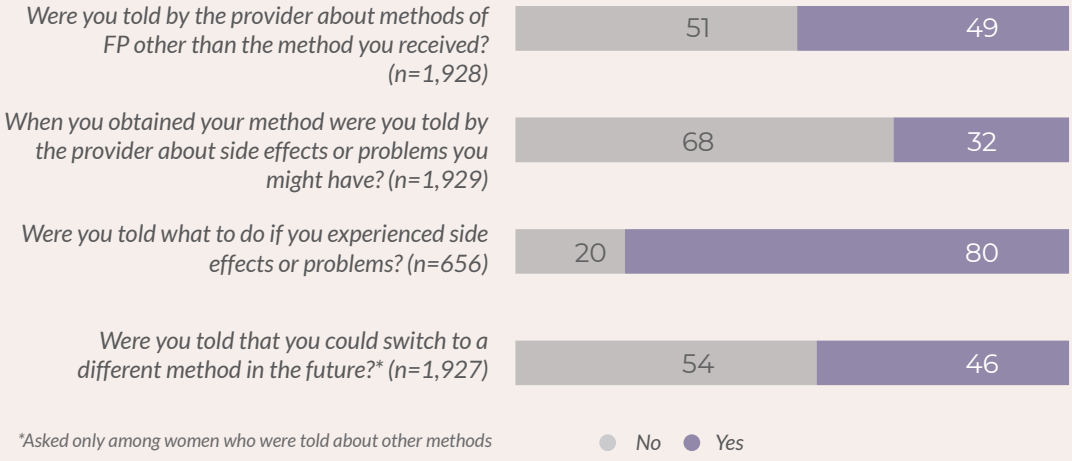
SECTION 5: METHOD INFORMATION INDEX PLUS (MII+)

From the cross-section survey

MII+

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



Percent of women who responded "Yes" to all four MII+ questions (n=1,929)

DISCUSSED FAMILY PLANNING IN THE PAST YEAR WITH PROVIDER/HEW

Percent of women who received FP information from a provider or a health extension worker (HEW) (n=7,988)

KEY FINDINGS FOR SECTION 5: MII+

- *Around 1 in 5 women received FP counselling on all of the above four elements*
- *More than 4 in 5 women did not receive FP information from a provider or health extension worker in the last 12 months*

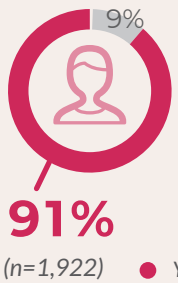
SECTION 6: PARTNER DYNAMICS

From the cross-sectional survey

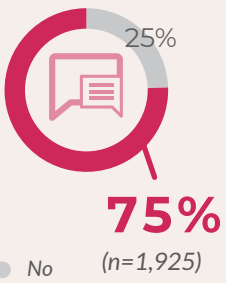
PARTNER INVOLVEMENT IN FAMILY PLANNING DECISIONS

Percent of women who are currently using modern, female controlled methods and agree with the following statements

Does your partner know that you are using this method?

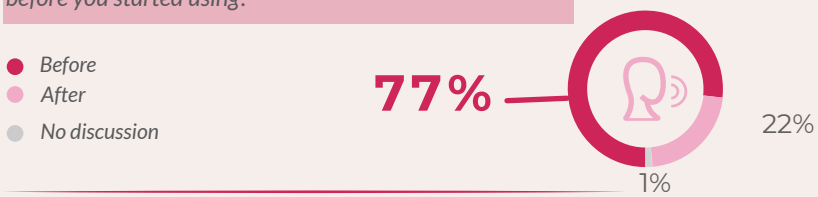


*Before you started using this method have you discussed the decision to **delay or avoid pregnancy** with your partner?*



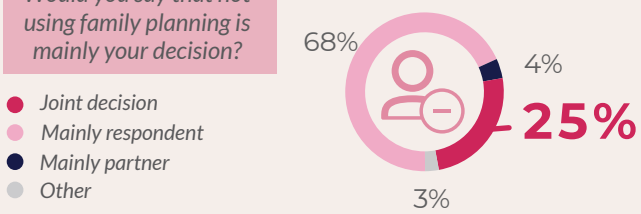
Discussion with a partner about when using modern method (n=1,740)

*Did you talk with your partner about using **your method** before you started using?*



Percent of women who are not currently using family planning and agree with the following statements (n=5,254)

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



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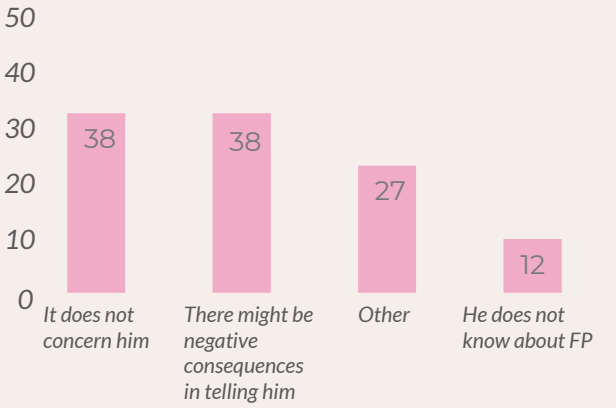
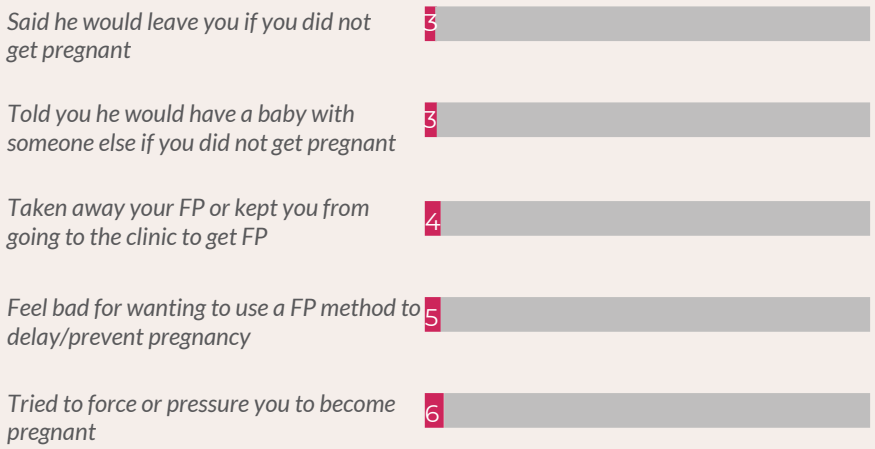
DISCUSSION WITH PARTNER ABOUT FAMILY PLANNING DECISIONS

Why have you not discussed your family planning use with your husband/partner? (n=200)



In the past 12 months your partner : (n=5,088)



KEY FINDINGS FOR SECTION 6: PARTNER DYNAMICS

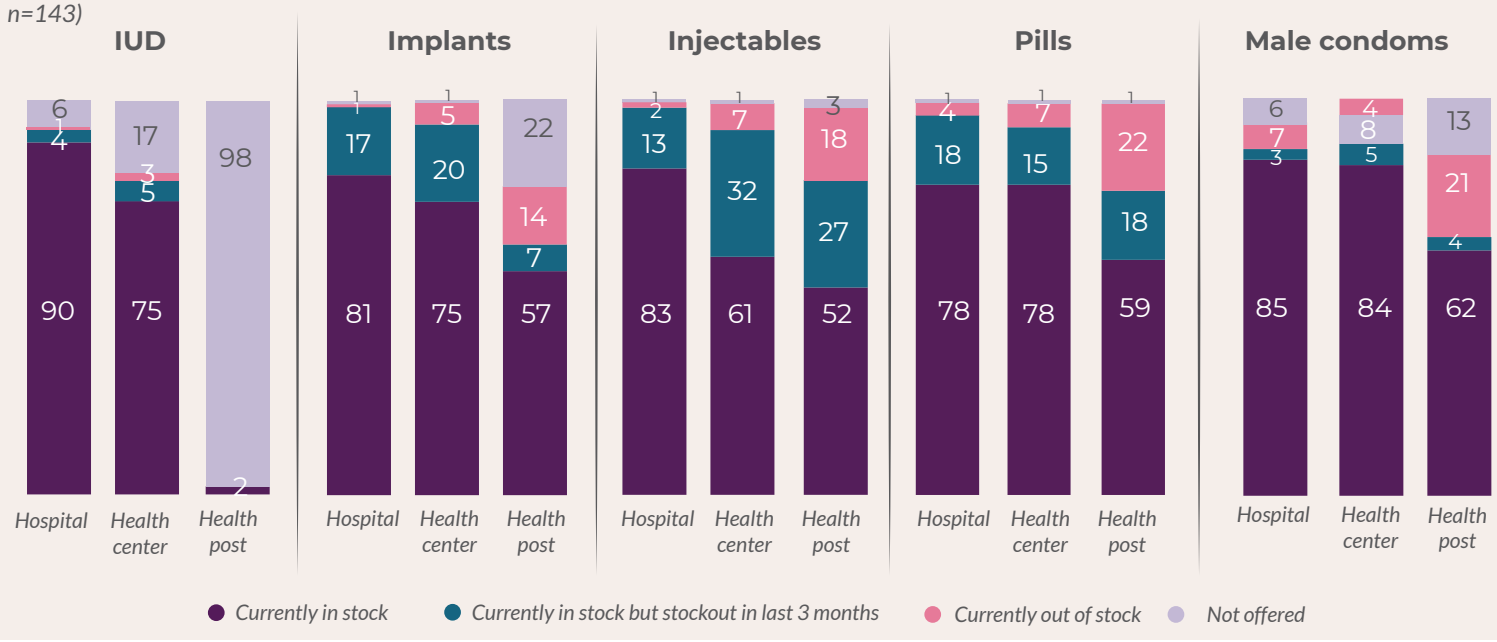
- *Close to 1 in 10 women reported that their husband/partner does/did not know they are using a FP method*
- *38% of women said 'it doesn't concern him' in regard to using FP and 'there might be negative consequences in telling him' as reasons for not discussing with partner*

SECTION 7: SERVICE DELIVERY POINTS

From the service delivery point survey

METHOD AVAILABILITY AT SERVICE DELIVERY POINTS

Percent of public service delivery points offering FP with method in stock on day of interview (hospitals: n=143, health centers: n=213, health posts: n=143)



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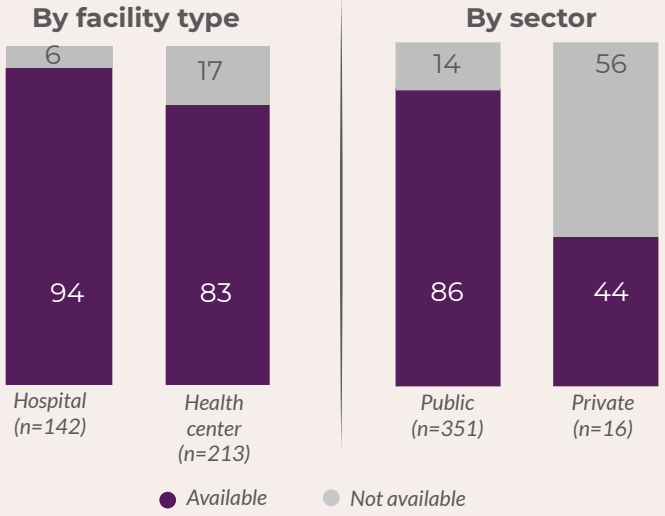
AVAILABILITY OF LIFESAVING MEDICINES

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



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

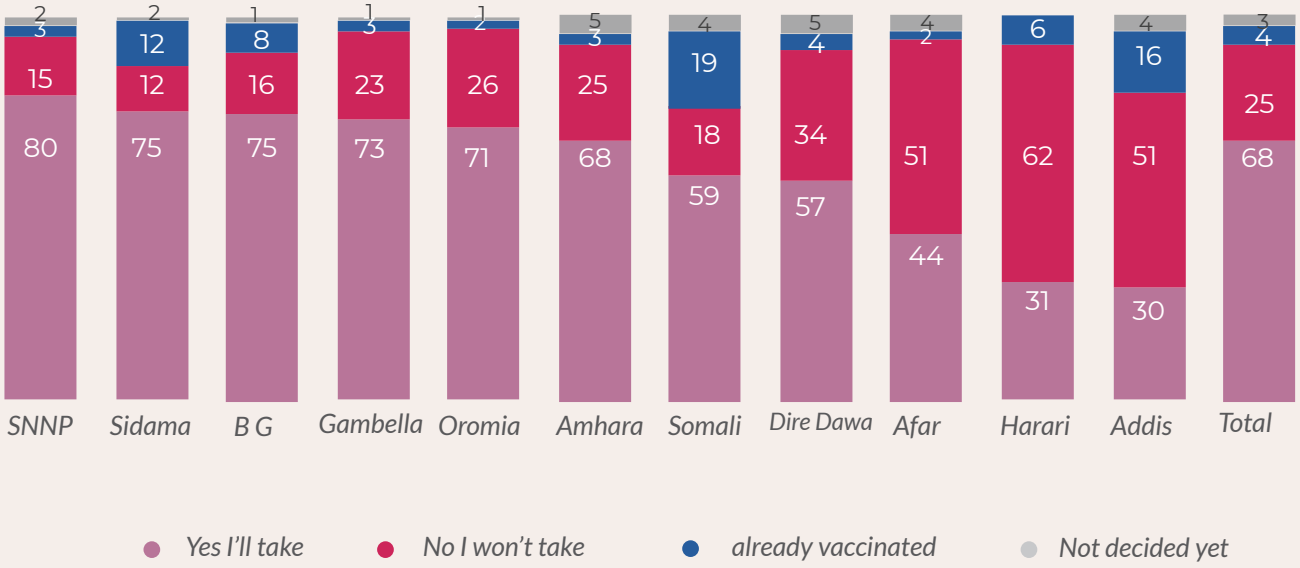
KEY FINDINGS FOR SECTION 7: SERVICE DELIVERY POINTS

- *Availability of two long acting and three short acting showed a slight decline over the past five years nationally.*
- *Percentage of health centres which reported providing two long-acting family planning methods and three short-term family planning methods declined from 86% to 79% since 2018*
- *Stock availability of essential medicines for labor and delivery is lower in health centers and private sector*

SECTION 8: COVID-19 VACCINE HESITANCY & EFFECT ON HEALTH SERVICE DELIVERY

TAKING COVID-19 VACCINATION

Percent of respondents who would be willing to take Covid-19 vaccination by region (n=7,951)



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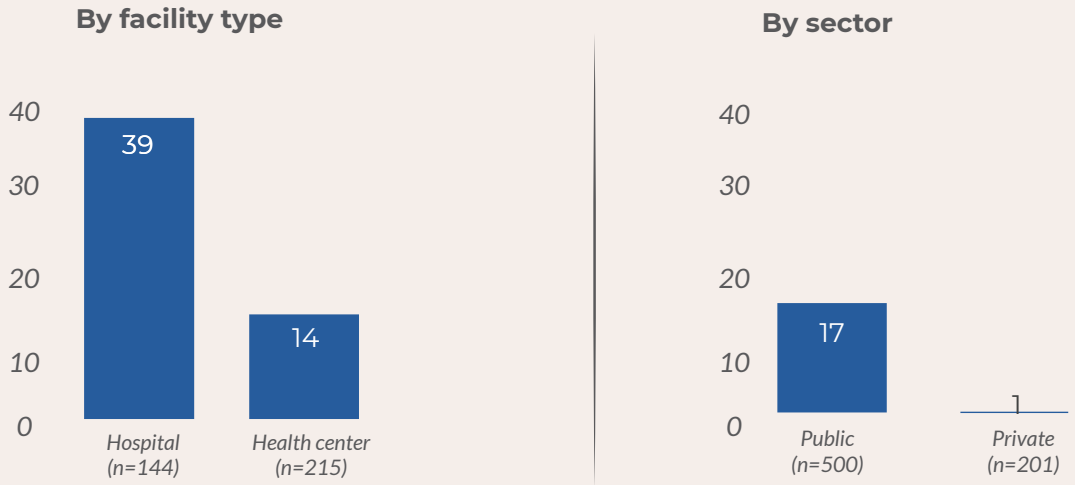
AVAILABILITY OF COVID-19 PREVENTION AND MANAGEMENT SERVICES*

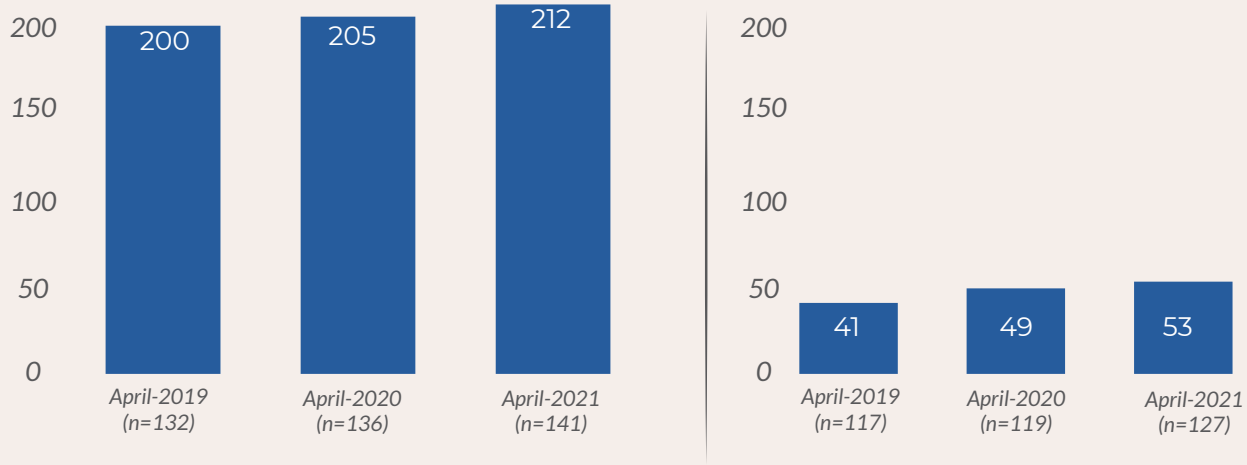


*Defined as availability of COVID-19 screening, testing, treatment, vaccination and referral services

DELIVERY VOLUME

CESEAREAN VOLUME

Average delivery volume & caesarean deliveries before and during COVID-19 restrictions among hospitals which offer labor and delivery care



KEY FINDINGS FOR SECTION 8: COVID-19 VACCINE HESITANCY & EFFECT ON HEALTH SERVICE DELIVERY

- *Availability of COVID -19 prevention and management services is lower in health centers (14%) compared to hospitals (39%). Similarly, availability of COVID -19 prevention and management services is lower in the private sector (1%) compared to the public sector (17%)*
- *There was a slight increase in client volume for delivery services and the number of Caesarean deliveries in public hospitals, during the month of April 2021 compared to April 2019*
- *Although nearly seven out of ten respondents nationally were willing to accept COVID-19 vaccination if offered, there is regional variation, with Addis and Harari having the lowest acceptance (nearly one in three)*

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TABLES: CONTRACEPTIVE PREVALENCE AND UNMET NEED

ALL WOMEN

Data source	Round/ Phase	Data collection	Female sample	CPR				mCPR				Unmet need for family planning			
				CPR%	SE	95% CI		mCPR%	SE	95% CI		Unmet need (%)	SE	95% CI	
PMA ETH	R1	Jan-Mar 2014	5,325	23.0	1.4	20.3	25.8	22.7	1.4	20.1	25.6	16.6	1.4	14.1	19.4
PMA ETH	R2	Oct-Nov 2014	5,504	24.6	1.5	21.8	27.6	24.0	1.5	21.2	27.0	16.6	1.1	14.6	18.8
PMA ETH	R3	Apr-May 2015	6,372	26.7	1.5	24.0	29.7	25.9	1.4	23.2	28.8	16.7	1.0	14.9	18.7
PMA ETH	R4	Mar-May 2016	6,347	28.3	1.2	25.8	30.9	26.9	1.3	24.4	29.6	16.4	1.2	14.2	18.9
PMA ETH	R5	May-June 2017	6,213	26.8	1.4	24.2	29.6	25.8	1.4	23.2	28.7	16.5	1.0	14.6	18.5
PMA ETH	R6	June-July 2018	6,347	28.1	1.7	25.0	31.5	26.5	1.7	23.3	29.9	14.1	1.1	12.1	16.5
PMA ETH	R7	Sep-Dec 2019	7,674	27.1	1.1	25.0	29.4	26.1	1.1	24.0	28.3	14.1	0.7	12.8	15.6
PMA ETH	R8	Oct-Dec 2020	7,533	26.5	1.3	24.1	29.1	25.0	1.2	22.7	27.5	13.0	0.8	11.4	14.7
PMA ETH	R9	Oct-Dec 2021	7,988	25.1	1.2	22.9	27.5	24.1	1.2	21.9	26.4	13.2	0.8	11.8	14.7

WOMEN IN UNION

Data source	Round/ Phase	Data collection	Female sample	CPR				mCPR				Unmet need for family planning			
				CPR%	SE	95% CI		mCPR%	SE	95% CI		Unmet need (%)	SE	95% CI	
PMA ETH	R1	Jan-Mar 2014	3,118	33.3	2.3	28.8	38.0	32.9	2.3	28.5	37.7	25.2	1.8	21.8	28.9
PMA ETH	R2	Oct-Nov 2014	3,219	35.1	2.3	30.8	39.8	34.3	2.3	29.9	38.9	24.4	1.5	21.6	27.5
PMA ETH	R3	Apr-May 2015	3,784	37.3	2.1	33.2	41.6	36.2	2.1	32.2	40.3	24.5	1.3	21.9	27.1
PMA ETH	R4	Mar-May 2016	3,760	39.7	2.0	35.9	43.7	37.7	2.0	33.8	41.7	24.0	1.6	21.0	27.3
PMA ETH	R5	May-June 2017	3,756	36.8	2.1	32.8	41.1	35.5	2.1	31.4	39.8	22.9	1.3	20.4	25.7
PMA ETH	R6	June-July 2018	3,718	40.4	2.6	35.4	45.5	37.9	2.6	33.0	43.2	21.0	1.6	18.0	24.3
PMA ETH	R7	Sep-Dec 2019	5,010	37.4	1.6	34.3	40.6	36.1	1.6	33.1	39.3	20.3	1.0	18.4	22.3
PMA ETH	R8	Oct-Dec 2020	4,770	37.7	1.9	34.1	41.5	35.6	1.8	32.1	39.3	19.2	1.2	17.0	21.6
PMA ETH	R9	Oct-Dec 2021	5,088	36.2	1.6	33.0	39.4	34.7	1.6	31.6	38.0	19.1	1.1	17.0	21.4

Cross-sectional data, including a health facility based survey, are collected annually in all regions except Tigray. Data for the cross-section were collected between October 2021 and January 2022 from 8,461 households (98.9% completion rate), 8,082 women enrolled in the cross-sectional survey (98.8% completion rate), and 770 facilities (96.6% completion rate). For the longitudinal survey, a total of 25,132 women were screened for eligibility. The screening process identified 2,313 women as eligible to be enrolled in the panel survey and of these 2,298 consented to participate in the survey (98.7% enrollment rate).For sampling information and full data sets visit www.pmadata.org/countries/ethiopia.*

PMA Ethiopia uses mobile technology and a network of trained female resident enumerators (data collectors) to collect data to identify gaps in reproductive care. Survey implementation is managed by Addis Ababa University, School of Public Health (AAU) in collaboration with regional universities, the Federal Ministry of Health and the Central Statistics Agency. Technical support is provided by the Bill and Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health. The grant is managed by the Ethiopian Public Health Association (EPHA). Funds from the Bill & Melinda Gates Foundation were used to cover costs related to all of the panel, CS and SDP survey.

**PMA survey conducted in 2021 did not include Tigray region for security reasons. To allow comparison with previous years, the estimates for years 2014 to 2021 for the country excludes Tigray.*

BY REGION-ALL

Region	Female sample	CPR				mCPR				Unmet need for family planning			
		CPR%	SE	95% CI		mCPR%	SE	95% CI		Unmet need (%)	SE	95% CI	
Afar	428	2.3	1.0	0.8	5.9	2.3	1.0	0.8	5.9	9.3	3.0	4.6	17.9
Amhara	1,523	28.0	2.1	24.0	32.3	27.6	2.1	23.6	31.9	9.7	1.0	7.9	11.9
Oromia	1,808	24.9	2.2	20.8	29.6	23.7	2.2	19.6	28.3	16.6	1.5	13.8	19.8
Somali	197									12.5	4.0	5.4	26.2
Benishangul-Gumuz	261	36.2	4.0	27.6	45.8	36.0	4.0	27.4	45.5	7.0	2.0	3.6	13.0
SNNP	1,288	21.3	2.7	16.4	27.3	20.6	2.7	15.6	26.6	14.3	1.3	11.8	17.1
Gambella	335	39.5	5.6	28.1	52.2	38.1	5.4	27.0	50.6	11.2	3.1	6.1	19.9
Harari	317	19.7	4.2	12.1	30.5	17.1	4.0	10.0	27.9	17.2	2.7	12.0	24.0
Addis	798	33.7	1.6	30.5	37.0	30.0	1.4	27.2	33.0	4.0	0.8	2.6	6.1
Dire Dawa	374	22.6	2.8	17.0	29.5	21.8	2.9	16.1	28.7	12.3	2.2	8.2	17.9
Sidama	659	40.6	2.3	36.0	45.4	38.9	2.0	34.7	43.2	9.6	1.5	6.9	13.1

BY REGION- WOMEN IN UNION

Region	Female sample	CPR				mCPR				Unmet need for family planning			
		CPR%	SE	95% CI		mCPR%	SE	95% CI		Unmet need (%)	SE	95% CI	
Afar	342	2.9	1.4	1.0	8.0	2.9	1.4	1.0	8.0	11.6	3.7	5.8	22.0
Amhara	963	39.5	3.1	33.6	45.8	39.0	3.1	33.1	45.3	13.8	1.6	11.0	17.2
Oromia	1,168	35.7	2.9	30.1	41.8	34.1	2.9	28.5	40.1	23.7	2.2	19.5	28.4
Somali	144									16.4	5.2	7.1	33.4
Benishangul-Gumuz	162	54.5	5.9	41.0	67.4	54.5	5.9	41.0	67.4	9.3	2.6	4.9	17.0
SNNP	824	31.3	3.8	24.3	39.3	30.1	3.8	23.1	38.1	20.8	1.7	17.5	24.6
Gambella	232	47.9	7.7	31.9	64.4	46.6	7.7	30.8	63.1	14.1	4.2	7.1	26.0
Harari	213	27.3	6.3	15.8	43.0	23.4	5.9	13.0	38.6	24.8	3.2	18.4	32.5
Addis	389	61.2	2.2	56.6	65.6	54.1	2.3	49.4	58.8	6.8	1.5	4.3	10.6
Dire Dawa	218	33.6	5.0	23.6	45.4	32.6	4.8	22.9	44.0	18.9	3.2	12.7	27.0
Sidama	433	59.2	3.3	52.2	65.9	56.8	3.2	50.1	63.2	13.4	2.2	9.5	18.6