

PMA Ethiopia Service Delivery Point (SDP) Technical Report, 2021



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Service Delivery Point
Data Collected on
Availability and Readiness
to Provide Reproductive,
Maternal, and Newborn
Health (RMNH) Services

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Title: Service Delivery Point Data Collected on Availability and Readiness to Provide Reproductive, Maternal, and Newborn Health (RMNH) Services

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Introduction and survey methodology

The Performance Monitoring for Action Ethiopia (PMA Ethiopia) project builds upon the previous success of the Performance Monitoring and Accountability 2020 (PMA2020)/Ethiopia survey, conducted annually between 2013 and 2018, and the PMA Maternal and Newborn Health (MNH) survey, implemented in the SNNP region between 2016 and 2017. PMA Ethiopia features an enhanced topical scope, moving beyond the family planning indicators captured in the PMA2020 surveys to include MNH indicators, expands geographically to provide greater regional representation, and broadens its survey methodology to include both cross-sectional and longitudinal data collection.

This report summarizes cross-sectional data collected from service delivery points that participated in the 2021 PMA Ethiopia survey, summarizing their readiness to provide reproductive, maternal, and newborn health (RMNH) services.

Research objective

The PMA Ethiopia study:

- Monitors the use of proven, effective, and cost-effective interventions and the practice of healthy behaviors aimed at reducing maternal and newborn mortality in Ethiopia using priority indicators identified by the Ethiopian Federal Ministry of Health (FMOH), Johns Hopkins Bloomberg School of Public Health (JHSPH), and the Bill & Melinda Gates Foundation (BMGF),
- Identifies factors associated with the use of RMNH services, including individual, partner, and community influences,
- Validates measures of reproductive empowerment, fertility intentions, and community norms that are hypothesized to be associated with the use of health services, and
- Assesses whether key MNH outcomes have been affected by the COVID-19 pandemic, including healthcare-seeking behaviors related to antenatal, delivery, newborn postnatal care, and early infant vaccinations.

Methods

PMA Ethiopia features cross-sectional and longitudinal data collection in four large, predominantly agrarian regions (Tigray, Oromia, Amhara, and SNNP), one pastoralist region (Afar) and one urban region (Addis Ababa) and annual cross-sectional data collection in the remaining five regions (Benishangul-Gumuz, Dire Dawa, Gambella, Harare, Somali) included in the project. The three data collection activities featured in PMA Ethiopia include:

- A **longitudinal survey** that follows eligible women at 6-week, 6-month, and one-year postpartum after screening and enrollment in panel regions.
- A **cross-sectional survey** administered to 35 randomly selected households in each enumeration area, annually.

- The **service delivery point (SDP), or health facility survey**, conducted at selected health facilities annually in both panel and cross-sectional regions.

This report presents results from the **2021 SDP survey**. Findings from first (2019) SDP survey can be found [here](#). Maternal and Newborn Health Technical Reports using the second cohort [baseline](#) and [6-week](#) longitudinal survey have also been published. Cross-sectional results can be found in various [briefs](#) and on the PMA data visualization platform, [DataLab](#).

Sampling

PMA Ethiopia employed multistage stratified cluster sampling, where households were selected in sampled clusters or enumeration areas (EAs). EAs were selected with probability proportional to size within strata. For Afar, Amhara, Oromia, Tigray, and Southern Nations, Nationalities, and Peoples' Region (SNNP), strata were defined by both region and urban/rural residence. For the remaining regions, regions served as the strata, without additional urban/rural stratification.

Local district health offices supplied a list of all public and private health facilities in districts corresponding to the sampled EAs. In the public sector, health posts, health centers, and hospitals (primary and referral) whose catchment area covers a sampled EA were eligible for the SDP survey. In addition, a maximum of three private sector SDPs located within the EA's kebele—the lowest level administrative division—were randomly selected for the sample.

Additional information on the cross-section and SDP surveys, and additional information on sampling, including sample size calculations, is available from Zimmerman et al 2020 report.¹

Survey implementation

Data collection for the 2021 SDP survey occurred between October to December 2021. SDPs that completed the 2020 survey were eligible for follow-up in 2021 if they were any public facilities, or private facilities that provided maternal and newborn health services. Of note, ongoing security concerns and conflict made data collection in Tigray infeasible. After consultation with FMOH, PMA Ethiopia was advised to end all data collection for that region (65 eligible SDPs affected). 13 other EAs in potentially insecure areas were replaced, resulting in a total of 95 eligible SDPs not being followed up in 2021.

Questionnaire

Enumerators administered a survey that collected information on the readiness of facilities to provide care across the RMNH continuum, including the availability of services, equipment, and commodities. The survey included questions about health management information systems

¹ Zimmerman L, Desta S, Yihdego M et al. (2020) "Protocol for PMA-Ethiopia: A new data source for cross-sectional and longitudinal data of reproductive, maternal, and newborn health" [version 1; peer review: awaiting peer review]. Gates Open Research, 4:126 <https://doi.org/10.12688/gatesopenres.13161.1>

(HMIS), performance monitoring teams (PMTs), and referral networks. Additionally, the survey includes a module on the use of Ethiopia's integrated community case management of childhood illness (iCCM) and integrated management of newborn and child illness (IMNCI) registers to monitor the health trajectories of sick children. In the 2021 SDP survey, a series of questions about COVID-19 pandemic response, service readiness, and medical supply availability were newly added.

Questions were generally answered by the in-charge or owner of the facility; in larger facilities, multiple respondents were interviewed, and the unit in-charge responded to questions relevant to their unit. Questions are based on self-report, except for the inventory of equipment and commodities where enumerators asked to physically observe items.

Response rate

Table 1 shows response rates from the 2021 PMA Ethiopia SDP survey. A total of 773 eligible SDPs were sampled. Of these 773 eligible SDPs, 743 SDPs completed the survey, yielding a response rate of 96.2%.

Table 1. Response rate of sampled service delivery points, by background characteristics						
Percent distribution of sampled service delivery points according to survey response, by facility characteristics, PMA Ethiopia 2021						
Facility characteristics	Completed	Not at facility	Refused	Partly completed	Facility not functional/demolished	Number of SDPs in sample
Type						
Hospital	97.3	0.7	0.0	0.7	1.4	148
Health center	98.2	0.5	0.0	0.0	1.4	219
Health post	89.2	6.0	0.0	0.0	4.8	166
Health clinic	97.9	1.4	0.7	0.0	0.0	143
Pharmacy/Drug shop	100.0	0.0	0.0	0.0	0.0	97
Managing authority						
Public	95.1	2.3	0.0	0.2	2.5	527
Private	98.8	0.8	0.4	0.0	0.0	246
Region	98.8	0.8	0.4	0.0	0.0	
Afar	84.0	0.0	0.0	0.0	16.0	25
Amhara	96.6	2.1	0.0	0.7	0.7	146
Oromia	93.7	4.0	0.6	0.0	1.7	175
Somali	96.6	2.1	0.0	0.7	0.7	146
Benishangul-Gumuz	87.0	0.0	0.0	0.0	13.0	23
SNNP	96.2	2.3	0.0	0.0	1.5	133
Gambella	100.0	0.0	0.0	0.0	0.0	39
Harari	100.0	0.0	0.0	0.0	0.0	32
Addis Ababa	99.0	1.0	0.0	0.0	0.0	98
Dire Dawa	100.0	0.0	0.0	0.0	0.0	30
Sidama	100.0	0.0	0.0	0.0	0.0	57
Total	96.2	1.8	0.1	0.1	1.7	773

Interpretation

As SDPs were not randomly selected from a sampling frame with a known probability of selection but were instead based on population distribution and catchment area, the sample is oversampled for larger level health facilities. Estimates of the total SDP sample should thus not be interpreted as nationally representative estimates of all facilities. Total estimates are only representative of the PMA sample. However, estimates within each facility type should generate approximately nationally representative estimates as the distribution of SDPs within each type follows the approximate distribution of SDPs within Ethiopia.

Structure of Ethiopian health system

The Ethiopian health service is structured in a three-tiered system of primary, secondary, and tertiary health care. The primary health care unit (PHCU) is comprised of health posts, health centers, and a primary hospital.²

Health posts are staffed by health extension workers who provide a variety of preventive and health promotion services in addition to treating conditions such as trachoma, scabies, malaria, and pneumonia.³ These services include family planning counseling, provision of select family planning methods, post-abortion follow-up, antenatal care (ANC), postnatal care (PNC), pre-referral management of labor complications, newborn care, immunization services, and nutrition promotion during pregnancy, infancy, and childhood.³

Health centers provide preventive and curative services. In addition to the services offered by health posts, health center services include the provision of all family planning methods, comprehensive abortion care, skilled delivery care, and management of newborn and child illnesses.³ Health centers are practical training sites for health extension workers and receive referrals from health posts.²

Primary hospitals offer inpatient and ambulatory services. Services include all those offered by health centers, as well as emergency surgical services (including cesarean sections) and blood transfusions. Primary hospitals receive referrals from health centers and are practical training centers for nurses and other paramedical health professionals.²

² The Federal Democratic Republic of Ethiopia Ministry of Health. (2015). *Health Sector Transformation Plan 2015/16 - 2019/20 (2008-2012 EFY)*. https://www.globalfinancingfacility.org/sites/gff_new/files/Ethiopia-health-system-transformation-plan.pdf

³ The Federal Democratic Republic of Ethiopia Ministry of Health. (2019). *Essential Health Services Package of Ethiopia*. https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/essential_health_services_package_of_ethiopia_2019.pdf

General hospitals are categorized under the second tier in the Ethiopian health care system. They provide inpatient and ambulatory services, receive referrals from primary hospitals, and are practical training centers for health officers, nurses, and emergency surgeons.²

The third tier in the Ethiopian health care system consists of *specialized hospitals*, which offer more advanced care and receive referrals from general hospitals.

In addition to the public sector, private hospitals and health clinics also provide a variety of health care services. Private health facilities include those managed by private for-profit organizations, non-governmental organizations (NGOs), and faith-based organizations.

Characteristics of service delivery points

The characteristics of the SDPs surveyed are presented in Table 2.

Type: SDPs included hospitals (19.4%), health centers (28.9%), health posts (19.9%), health clinics (18.8%), and pharmacies or drug shops (13.0%).

Managing authority: Over two-thirds (67.3%) were public sector SDPs. The remainder (32.7%) were managed by private sector entities: non-profit, for-profit, or faith-based organizations.

Region: The sample included SDPs from all regions and city administrations in Ethiopia except Tigray, with the largest proportion located in Oromia (22.0%), Amhara (19.0%), and SNNP (17.2%).

Table 2. Distribution of surveyed service delivery points, by facility characteristics

Percent distribution and number of surveyed service delivery points, by facility characteristics, PMA Ethiopia 2021

Facility characteristics	Percent distribution of surveyed SDPs	Number of surveyed SDPs
Type		
Hospital	19.4	144
Health center	28.9	215
Health post	19.9	148
Health clinic	18.8	140
Pharmacy/Drug shop	13.0	97
Managing authority	19.4	144
Public	67.3	501
Private	32.7	243
Region*		
Afar	2.8	21
Amhara	19.0	141
Oromia	22.0	164
Somali	2.0	15
Benishangul-Gumuz	2.7	20
SNNP	17.2	128
Gambella	5.2	39
Harari	4.3	32
Addis Ababa	13.0	97
Dire Dawa	4.0	30
Sidama	7.7	57
Total	100.0	744

*After consultation with the FMOH, PMA Ethiopia ended all data collections in Tigray due to ongoing conflicts.

General infrastructure, resources, and systems to support quality

Respondents were asked questions about the general infrastructure, resources, and systems at the facility. These included questions about the number and qualifications of health care providers working at the facility (Table 3), availability of basic amenities for client services (Table 4), functionality of health management information systems (Tables 5-7), and performance monitoring processes (Tables 8-9).

Patterns by facility characteristics:

- **Staffing patterns by facility type:** Compared to other facilities, hospitals employed a larger number of health providers with a greater diversity of qualifications, including physicians, nurses, midwives, other clinicians, pharmacy staff, and laboratory staff. Most health centers had no physicians, but employed other clinicians, nurses, midwives, and staff. Health posts were generally staffed by 1-3 health extension workers and no other staff. The staff at clinics usually included one clinician, a few nurses, and one laboratory staff. The majority of pharmacies and drug shops employed 1-2 pharmacy staff (pharmacist, pharmacy technician) and no clinicians.
- **Basic amenities by facility type:** Nearly all hospitals had basic amenities, such as water (99.3%), regular electricity (95.8%), and internet (83.3%). Among health centers and clinics, most had access to water (92.1% and 86.4% respectively) and regular electricity (75.3% and 67.1%), but two in five or fewer had internet (42.8% and 27.9%). Few health posts had any basic amenities, with the most common amenity being regular electricity (43.9%) and the least common being internet (1.4%). Across all facility types, most reported interruptions in electricity during the week prior to the survey.
- **Health management information systems (HMIS) by managing authority:** While nearly all public sector facilities had a functional mechanism for summarizing health outcomes (92.0%), about one-fifth (21.8%) of private facilities had such systems. Nearly all (97.6%) public sector facilities produced monthly reports for the HMIS, compared to seven in ten (71.4%) private sector facilities. Among facilities that produced reports, public sector facilities received feedback that included recommendations to improve the quality of care more often than private sector facilities (89.5% vs. 67.3%).
- **Performance monitoring by region:** Functionality of performance monitoring teams (PMTs) varied by region. A high proportion of government hospitals and health centers in Addis Ababa (97.0%), Oromia (95.2%), and Amhara (94.9%) had a PMT that met monthly or more often, whereas a smaller proportion of facilities in Somali (66.7%) and Sidama (67.9%) had a PMT that met monthly or more often.

Table 3.1 Staffing pattern in service delivery points

Median number (25th to 75th percentile) of providers who work at facility, by type of provider and type of facility, PMA Ethiopia 2021

Provider type	Hospital	Health center	Health post	Health clinic	Pharmacy/ Drug shop
Specialist physician ¹	4 (0-11)	. (-.)	. (-.)	0 (0-0)	. (-.)
General practitioner	16 (10-28)	0 (0-1)	. (-.)	0 (0-0)	. (-.)
Clinician ²	7 (4-12)	3 (2-5)	. (-.)	1 (0-1)	. (-.)
Nurse	62 (40-124)	10 (6-17)	. (-.)	2 (1-2)	0 (0-0)
Midwife	20 (14-33)	4 (2-6)	. (-.)	0 (0-0)	. (-.)
Health extension worker ³	0 (0-0)	0 (0-3)	2 (2-3)	0 (0-0)	. (-.)
Pharmacist/Pharmacy ⁴	15 (10-23)	3 (2-4)	. (-.)	0 (0-0)	2 (1-2)
Laboratory staff ⁵	13 (8-21)	2 (2-4)	. (-.)	1 (0-2)	. (-.)
Number of SDPs*	144	215	148	140	97

*Certain provider types are not assigned to health centers, health posts, and pharmacy/drug shops.

1 Includes physicians with any medical specialists

2 Includes health officer, emergency surgery and obstetrics officer, and pediatrics officer

3 Includes health extension worker Level III and health extension worker Level IV

4 Includes pharmacist and pharmacy technician

5 Includes laboratory technologist/technician

Table 3.2 Staffing pattern in service delivery points: expanded

Median number (25th to 75th percentile) of providers who work at facility, by type of provider and type of facility, PMA Ethiopia 2021

Provider type	Hospital	Health center	Health post	Health clinic	Pharmacy/ Drug shop
Specialist physician	4 (0-11)	. (-.)	. (-.)	0 (0-0)	. (-.)
General practitioner	16 (10-28)	0 (0-1)	. (-.)	0 (0-0)	. (-.)
Health officer	4 (1-9)	3 (2-5)	. (-.)	1 (0-1)	. (-.)
Emergency surgery and obstetrics officer	2 (1-3)	0 (0-0)	. (-.)	0 (0-0)	. (-.)
Pediatrics officer	0 (0-0)	0 (0-0)	. (-.)	0 (0-0)	. (-.)
Nurse	62 (40-124)	10 (6-17)	. (-.)	2 (1-2)	0 (0-0)
Midwife	20 (14-33)	4 (2-6)	. (-.)	0 (0-0)	. (-.)
Health extension worker (HEW) - Level III	0 (0-0)	0 (0-0)	1 (0-1)	0 (0-0)	. (-.)
Health extension worker (HEW) - Level IV	0 (0-0)	0 (0-2)	1 (1-2)	0 (0-0)	. (-.)
Pharmacist/Pharmacy technician	15 (10-23)	3 (2-4)	. (-.)	0 (0-0)	2 (1-2)
Laboratory technologist/technician	13 (8-21)	2 (2-4)	. (-.)	1 (0-2)	. (-.)
Number of SDPs*	144	215	148	140	97

*Cells denoted with ". (-.)" indicate that the provider type is not assigned/relevant to the facility type

Table 4. Availability of basic amenities for client services

Percentage of health facilities with indicated amenities considered basic for quality services, by facility characteristics, PMA Ethiopia 2021

Facility characteristics	Electricity		Water outlet onsite	Internet	Number of facilities
	Regular electricity ¹	Continuous electricity ²			
Type of facility					
Hospital	95.8	46.5	99.3	83.3	144
Health center	75.3	31.6	92.1	42.8	215
Health post	43.9	21.6	33.1	1.4	148
Health clinic	67.1	26.4	86.4	27.9	140
Managing authority					
Public	71.6	32.2	76.6	41.6	500
Private	68.7	29.3	87.1	30.6	147
Region*					
Afar	95.2	33.3	100.0	14.3	21
Amhara	61.1	19.8	77.0	29.4	126
Oromia	64.4	21.9	82.9	43.2	146
Somali	93.3	66.7	86.7	66.7	15
Benishangul-Gumuz	94.7	31.6	94.7	42.1	19
SNNP	62.4	28.2	68.4	30.8	117
Gambella	69.4	0.0	41.7	22.2	36
Harari	82.6	34.8	91.3	39.1	23
Addis Ababa	87.8	70.3	100.0	68.9	74
Dire Dawa	95.2	47.6	90.5	52.4	21
Sidama	69.4	42.9	65.3	34.7	49
Total	70.9	31.5	79.0	39.1	647

* After consultation with the FMOH, PMA Ethiopia ended all data collections in Tigray due to ongoing conflicts.

¹ During the 7 days preceding the survey, electricity was available during all times when the facility was open for services, or if there were interruptions, the facility had other sources of electricity, such as a functioning generator or solar system.

² During the 7 days preceding the survey, there were no interruptions in power supply; electricity was available during all times when the facility was open for services.

Table 5. Health management information system (HMIS)

Percentage of health facilities with functional mechanism for summarizing outcomes and reporting to district (woreda), zonal, regional, or national HMIS, by facility characteristics, PMA Ethiopia 2021

Facility characteristics	Functional mechanism for summarizing outcome data ¹	Produces reports for HMIS ²	Produces reports for HMIS monthly or more often ²	Number of facilities
Type of facility				
Hospital	99.3	100.0	96.5	144
Health center	98.6	99.5	98.6	215
Health post	76.4	92.6	91.9	148
Health clinic	17.9	70.0	67.1	140
Managing authority				
Public	92.2	97.6	96.0	500
Private	21.8	71.4	68.7	147
Region*				
Afar	100.0	100.0	100.0	21
Amhara	92.1	95.2	94.4	126
Oromia	81.5	96.6	93.2	146
Somali	80.0	86.7	53.3	15
Benishangul-Gumuz	84.2	84.2	84.2	19
SNNP	77.8	81.2	80.3	117
Gambella	30.6	91.7	91.7	36
Harari	91.3	95.7	95.7	23
Addis Ababa	48.6	93.2	93.2	74
Dire Dawa	85.7	100.0	100.0	21
Sidama	65.3	85.7	85.7	49
Total	76.2	91.7	89.8	647

* After consultation with the FMOH, PMA Ethiopia ended all data collections in Tigray due to ongoing conflicts.

¹ Facility has functional mechanism for summarizing key outcome data, such as the number of monthly deliveries, live births, maternal or neonatal deaths.

² Facility produces reports for district (woreda), zonal, regional, or national HMIS.

Table 6. HMIS feedback and recommendations

Among health facilities that produce reports for HMIS, percentages that receive feedback on reports; and percentages that receive feedback that includes recommendations for action to improve quality of care, by facility characteristics, PMA Ethiopia 2021

Facility characteristics	Among facilities that produce reports, percentages that receive feedback on reports:				Number of facilities ²
	From facility's leadership team	From external stakeholders ¹	From facility leadership and/or external stakeholders ¹	That include recommendations for action to improve quality of care	
Type of facility					
Hospital	48.6	97.2	97.9	94.4	144
Health center	44.9	94.4	94.4	91.6	214
Health post	4.4	21.2	23.4	81.8	137
Health clinic	8.2	71.4	71.4	64.9	98
Managing authority					
Public	34.9	74.6	75.4	89.5	488
Private	9.5	73.3	73.3	67.3	105
Region*					
Afar	9.5	71.4	71.4	61.9	21
Amhara	30.0	70.0	70.8	97.5	120
Oromia	28.6	80.1	80.1	89.4	141
Somali	46.2	100.0	100.0	92.3	13
Benishangul-Gumuz	43.8	75.0	75.0	100.0	16
SNNP	18.9	68.4	70.5	84.2	95
Gambella	9.1	30.3	30.3	27.3	33
Harari	31.8	77.3	77.3	81.0	22
Addis Ababa	44.9	92.8	92.8	87.0	69
Dire Dawa	23.8	76.2	76.2	100.0	21
Sidama	59.5	76.2	78.6	85.7	42
Total	30.4	74.4	75.0	85.6	593

* After consultation with the FMOH, PMA Ethiopia ended all data collections in Tigray due to ongoing conflicts.

¹ Facility receives feedback from woreda health office, zonal health department, regional health bureau, implementing non-governmental organizations (NGOs), or Federal Ministry of Health (FMOH).

² Three facilities responded "do not know" to one or more questions. Missing observations are excluded from the calculation of percentages.

Table 7. Types of action-oriented recommendations made based on HMIS data

Among health facilities that receive feedback that includes recommendations for action to improve quality of care, percentages that receive each type of action-oriented recommendation made based on most recent HMIS data or in any other report generated from these data, by facility characteristics, PMA Ethiopia 2021

Facility characteristics	Among health facilities that receive feedback that includes action-oriented recommendations, percentages that receive each type of action-oriented recommendation:					Number of facilities ²
	Review effort by examining service performance target and actual performance from month to month	Review facility personnel responsibilities	Quality of care improvement	Resource allocation based on comparison by services	Advocacy for more resources by showing gaps ¹	
Type of facility						
Hospital	94.1	75.7	97.8	80.1	75.7	136
Health center	91.8	69.2	96.4	66.5	63.9	196
Health post	93.5	51.6	100.0	41.9	35.5	112
Health clinic	61.7	43.3	93.3	33.3	20.0	63
Managing authority						
Public	93.0	71.0	97.2	70.1	65.8	437
Private	64.2	41.8	94.0	34.3	25.4	70
Region*						
Afar	100.0	88.9	88.9	88.9	88.9	13
Amhara	89.3	76.2	100.0	75.0	72.6	117
Oromia	80.6	52.8	92.6	36.4	31.8	126
Somali	91.7	91.7	100.0	91.7	91.7	12
Benishangul-Gumuz	75.0	58.3	100.0	83.3	100.0	16
SNNP	98.5	74.2	97.0	74.2	71.2	80
Gambella*	--	--	--	--	--	9
Harari	100.0	71.4	100.0	85.7	57.1	17
Addis Ababa	86.7	56.7	95.0	70.0	51.7	60
Dire Dawa	75.0	31.2	100.0	56.2	68.8	21
Sidama	100.0	87.5	100.0	78.1	75.0	36
Total	88.4	66.4	96.7	64.4	59.4	507

*Data reflects the regional distribution at the time of data collection. Percentages based on less than 10 sample sizes are suppressed (--).

¹ Advocacy for more resources by showing gaps in ability to meet targets, commodity stocks, human resources, infrastructure improvements, training needs, and/or referral changes.

² Missing observations are excluded from the calculation of percentages.

Table 8. Performance monitoring team (PMT)

Among government hospitals and health centers, percentages that have a Performance monitoring team (PMT) and percentages that have a PMT that meets monthly or more often, by facility characteristics, PMA Ethiopia 2021

Facility characteristics	Has Performance Monitoring Team (PMT)	Has PMT that meets monthly or more often ¹	Number of facilities
Type of facility			
Hospital	98.6	89.3	140
Health center	96.7	87.7	212
Region*			
Afar	100.0	86.7	15
Amhara	98.7	94.9	79
Oromia	100.0	95.2	84
Somali	91.7	66.7	12
Benishangul-Gumuz	--	--	9
SNNP	91.8	83.6	61
Gambella	90.9	72.7	11
Harari*	--	--	9
Addis Ababa	97.0	97.0	33
Dire Dawa	100.0	81.8	11
Sidama	100.0	67.9	28
Total	95.5	88.4	352

* Data reflects the regional distribution at the time of data collection. Percentages based on less than 10 sample sizes are suppressed (--).

¹ Among facilities that had a PMT.

Table 9. Participatory performance review meetings

Among hospitals and health centers, percentages that conduct participatory performance review meetings¹ and frequency of meetings, by background characteristics, PMA Ethiopia 2021

Background characteristics	Conduct participatory performance review meetings	Percentages that conduct participatory performance review meetings with specified frequency:				Number of facilities
		Monthly or more often	Quarterly	Less often ²	Not at all	
Type of facility						
Hospital	70.8	27.1	32.6	11.1	29.2	144
Health center	74.0	35.3	30.2	8.4	26.0	215
Managing authority						
Public	73.0	32.7	31.0	9.4	27.0	352
Private	--	--	--	--	--	7
Region*						
Afar	93.3	93.3	0.0	0.0	6.7	15
Amhara	74.7	45.6	26.6	2.5	25.3	79
Oromia	72.9	28.2	28.2	16.5	27.1	85
Somali	66.7	25.0	16.7	25.0	33.3	12
Benishangul-Gumuz	--	--	--	--	--	9
SNNP	70.3	21.9	37.5	10.9	29.7	64
Gambella	9.1	0.0	9.1	0.0	90.9	11
Harari*	--	--	--	--	--	9
Addis Ababa	60.0	2.9	42.9	14.3	40.0	35
Dire Dawa	91.7	33.3	50.0	8.3	8.3	12
Sidama	85.7	32.1	53.6	0.0	14.3	28
Total	72.7	32.0	31.2	9.5	27.3	359

* Data reflects the regional distribution at the time of data collection. Percentages based on less than 10 sample sizes are suppressed (--).

¹ During participatory performance review meetings, facilities share information about their services and outcomes with different external stakeholders, such as NGOs, community representatives, and private organizations.

² Facility conducts meetings annually, biannually, or with no predefined frequency.

Maternal and newborn health services

Respondents answered questions about the maternal and newborn health services at the facility. These included questions about the availability of maternal and newborn health services (Table 10); the availability of equipment, medicines, and commodities (Tables 11-14 and 19), standard precautions for infection control (Tables 15); performance of emergency obstetric and neonatal signal functions (Table 16), readiness of referral systems (Table 17); and processes for reporting and reviewing maternal deaths (Table 18).

Patterns by facility characteristics:

- **Services by facility type and managing authority:** Nearly all hospitals and health centers self-reported providing antenatal care (>98%), labor and delivery care (>98%), and postnatal care (>98%). In addition, most hospitals offered obstetric surgery (97.2%), blood transfusion (89.6%), and neonatal intensive care (94.4%). Services at health posts were generally limited to antenatal care and postnatal care. Few clinics offered maternal and newborn health services. Public sector facilities offered more maternal and newborn health services than private sector facilities.
- **Equipment, medicines, and commodities by facility type and managing authority:** Compared to health centers and health clinics, more hospitals had priority equipment, medicines, and commodities for maternal and newborn health services available on the day of the interview. Notably, several priority medicines—injectable calcium gluconate, cefixime, methyldopa, and misoprostol—were observed in less than half of the health centers and health clinics surveyed. Public sector facilities tended to have more of the indicated items than private sector facilities.
- **Performance of emergency obstetric and neonatal signal functions by facility type:** Among hospitals offering delivery services, most performed the indicated emergency obstetric and neonatal signal functions at least once within the three months prior to the survey (ranging from 91.5% to 99.3% per function). In contrast, the proportion of health centers and clinics that performed these functions was lower; less than half provided parenteral anticonvulsants to manage high blood pressure in pregnancy (44.8%) and even fewer provided antenatal corticosteroids for fetal lung maturation (14.5%).
- **Referral readiness by facility type and region:** Overall, a high proportion (~90.0%) of facilities provided referrals, except for those in Somali (53.3%), Oromia (69.8%), and Addis Ababa (58.1%). Among facilities that made referrals, half (50.0%) had a functional ambulance or car on-site for emergency transportation. Emergency transportation was less common for health posts (21.4%) and health clinics (9.5%) relative to other facility types, and also less common in Oromia (37.5%) and Addis Ababa (32.0%) relative to other regions.

Table 10. Availability of maternal and newborn health services

Percentage of health facilities offering indicated maternal and newborn health services, by facility characteristics, PMA Ethiopia 2021

Facility characteristics	Antenatal care	Labor and delivery care	Postnatal care	Obstetric surgery	Blood transfusion	Neonatal intensive care	Number of facilities ¹
Type of facility							
Hospital	98.6	98.6	98.6	97.2	89.6	94.4	144
Health center	99.5	99.1	97.2	3.7	2.3	2.8	215
Health post ¹	80.4	2.0	85.1	n/a	n/a	n/a	148
Health clinic	27.1	6.4	22.1	0.0	2.1	0.0	140
Managing authority							
Public	93.6	70.2	94.0	40.9	36.9	39.8	500
Private	30.6	10.9	25.9	2.7	4.8	1.4	147
Region*							
Afar	100.0	71.4	100.0	26.7	26.7	26.7	21
Amhara	91.3	63.5	93.7	35.6	34.5	42.5	126
Oromia	83.6	59.6	81.5	33.6	32.8	32.8	146
Somali	93.3	80.0	86.7	58.3	58.3	41.7	15
Benishangul-Gumuz	84.2	47.4	78.9	28.6	28.6	14.3	19
SNNP	78.6	55.6	80.3	33.0	27.3	33.0	117
Gambella	30.6	30.6	38.9	11.1	7.4	14.8	36
Harari	73.9	39.1	65.2	12.5	6.2	12.5	23
Addis Ababa	56.8	48.6	54.1	17.6	16.2	14.9	74
Dire Dawa	76.2	66.7	71.4	17.6	23.5	11.8	21
Sidama	95.9	59.2	89.8	39.4	33.3	24.2	49
Total	79.3	56.7	78.5	29.7	27.5	28.5	647

* Data reflects the regional distribution at the time of data collection.

n/a = not applicable.

¹ Availability of obstetric surgery, blood transfusion, and neonatal intensive care services were not applicable to health posts.

Table 11. Equipment, diagnostic capacity, commodities, and amenities for antenatal care (ANC)

Among facilities offering delivery services, percentages that have indicated items observed on the day of the survey, by facility characteristics, PMA Ethiopia 2021

Facility characteristics	Blood pressure apparatus	Fetal scope	HIV rapid test	Syphilis testing (VDRL)	Iron and/or folic acid tablets	Tetanus toxoid vaccine	Number of facilities ¹
Type of facility							
Hospital	97.9	100.0	94.4	81.7	76.8	91.3	142
Health center/clinic	94.1	99.1	85.1	74.8	90.5	93.7	222
Managing authority							
Public	95.4	99.4	90.2	77.6	86.5	93.0	348
Private	100.0	100.0	56.2	75.0	56.2	80.0	16
Region*							
Afar	100.0	100.0	80.0	6.7	66.7	100.0	15
Amhara	91.2	98.8	88.8	83.8	87.5	85.7	80
Oromia	98.9	100.0	90.8	74.7	72.4	97.5	87
Somali	100.0	100.0	41.7	66.7	100.0	100.0	12
Benishangul-Gumuz	--	--	--	--	--	--	9
SNNP	89.1	98.4	87.5	76.6	90.6	91.7	64
Gambella	100.0	100.0	72.7	81.8	90.9	80.0	11
Harari*	--	--	--	--	--	--	9
Addis Ababa	100.0	100.0	94.4	94.4	88.9	90.3	36
Dire Dawa	91.7	100.0	100.0	91.7	83.3	100.0	12
Sidama	100.0	100.0	96.6	79.3	93.1	96.2	29
Total	95.6	99.5	88.7	77.5	85.2	92.8	364

* Data reflects the regional distribution at the time of data collection; percentages based on less than 10 sample sizes are suppressed (--).

¹ Facilities which did not offer immunization services are excluded from the calculation of the percentages of facilities having tetanus toxoid vaccines observed on the day of the survey.

Table 12. Staffing, guidelines, equipment, and amenities for delivery care

Among facilities offering delivery services, percentages that have indicated items observed on the day of the survey, by facility characteristics, PMA Ethiopia 2021

Facility characteristics	Skilled birth attendant 24 hours/day ¹	Management Protocol on Obstetric Topics ²	Delivery pack ³	Suction apparatus ⁴	Obstetric forceps and/or vacuum extractor ⁵	MVA and/or D&C kit ⁶	Neonatal bag and masks ⁷	Intravenous fluids with infusion set ⁸	Visual privacy in delivery room	Number of facilities
Type of facility										
Hospital	97.9	51.4	99.3	99.3	99.3	96.5	91.5	97.2	89.4	142
Health center/clinic	93.2	25.7	99.1	93.2	61.7	90.5	82.4	93.2	90.1	222
Managing authority										
Public	95.4	36.5	99.1	96.6	76.7	93.4	87.1	94.8	89.4	348
Private	87.5	18.8	100.0	75.0	68.8	81.2	62.5	93.8	100.0	16
Region*										
Afar	100.0	80.0	100.0	93.3	80.0	100.0	93.3	93.3	100.0	15
Amhara	90.0	45.0	100.0	96.2	77.5	93.8	92.5	96.2	87.5	80
Oromia	98.9	32.2	96.6	95.4	75.9	86.2	88.5	96.6	87.4	87
Somali	83.3	25.0	100.0	91.7	75.0	83.3	33.3	91.7	100.0	12
Benishangul-Gumuz	--	--	--	--	--	--	--	--	--	9
SNNP	95.3	18.8	100.0	96.9	70.3	93.8	92.2	92.2	84.4	64
Gambella	72.7	0.0	100.0	100.0	45.5	100.0	100.0	90.9	90.9	11
Harari*	--	--	--	--	--	--	--	--	--	9
Addis Ababa	100.0	36.1	100.0	97.2	83.3	97.2	100.0	100.0	91.7	36
Dire Dawa	100.0	50.0	100.0	100.0	91.7	100.0	100.0	91.7	91.7	12
Sidama	100.0	34.5	100.0	86.2	89.7	93.1	37.9	89.7	100.0	29
Total	95.1	35.7	99.2	95.6	76.4	92.9	86.0	94.8	89.8	364

* After Data reflects the regional distribution at the time of data collection; percentages based on less than 10 sample sizes are suppressed (--).

¹ Skilled birth attendant available on-site or on-call 24 hours/day.

² Management Protocol on Selected Obstetric Topics (FMOH, 2010) observed in delivery room.

³ Sealed delivery kit with instruments ready for use, including scissors and clamp.

⁴ Functional suction apparatus for use with catheter and/or manual suction device for fluid extraction observed in facility.

⁵ Obstetric forceps and/or functioning electrical vacuum extractor observed in facility.

⁶ Manual vacuum aspirator (MVA) or dilation and curettage (D&C) kit observed in facility.

⁷ Self-inflating bag and newborn masks (size 0 and size 1) for resuscitation observed in facility.

⁸ IV solution (Ringer's lactate, NS, D5NS) and infusion set (cannula, needle, and syringe) observed in facility.

Table 13. Availability of life-saving maternal and reproductive health medicines

Among facilities offering delivery services, percentages with indicated priority medicines observed on the day of the survey, by facility characteristics, PMA Ethiopia 2021

Medicines	Type of facility		Managing authority		Total
	Hospital	Health center	Public	Private	
Priority medicines observed in facility¹					
Injectable ampicillin	79.4	53.8	64.3	53.3	63.8
Azithromycin	80.3	53.8	64.4	60.0	64.2
Benzathine benzylpenicillin	58.2	42.1	50.1	6.7	48.3
Betamethasone or dexamethasone	84.5	59.9	69.3	75.0	69.5
Injectable calcium gluconate	73.2	44.1	57.2	18.8	55.5
Cefixime	32.4	13.5	20.1	37.5	20.9
Injectable gentamicin	79.6	70.6	75.6	40.0	74.1
Hydralazine	93.0	68.0	78.7	56.2	77.7
Injectable magnesium sulfate	96.5	86.5	92.5	43.8	90.4
Methyldopa	87.9	43.2	61.7	37.5	60.6
Injectable metronidazole	88.7	59.5	71.8	50.0	70.9
Mifepristone	82.8	64.0	71.4	100.0	72.4
Misoprostol tablet (600mg)	21.1	23.0	21.6	37.5	22.3
Misoprostol tablet (200mg)	66.9	47.3	54.3	68.8	54.9
Nifedipine	90.8	76.1	83.0	56.2	81.9
Injectable oxytocin	97.2	92.3	95.4	68.8	94.2
Intravenous solution for infusion ²	97.2	93.2	94.8	93.8	94.8
Tetanus toxoid vaccine ³	91.3	93.7	93.0	80.0	92.8
Number of facilities ³	142	222	348	16	364

¹ These medicines may be located in the delivery room, in the nurse/staff station, in another room of the facility, or in the pharmacy of the facility.

² At least one of the following: Ringer's lactate, D5NS, or NS

³ Facilities which did not offer immunization services were not asked about availability of tetanus toxoid. These facilities are excluded from the calculation of percentages.

⁴ Ninety-five facilities were not asked about the availability of mifepristone because they did not offer mifepristone. Eighteen facilities that were not asked about the availability of tetanus toxoid vaccines because they did not offer immunization services. These facilities are excluded from the calculation of percentages.

Table 14. Summary of available life-saving maternal and reproductive health medicines

Among facilities offering delivery services, percentages with oxytocin and magnesium sulfate, at least 7, at least 14, and all 17 priority medicines¹ observed in the facility² on the day of the survey, by facility characteristics, PMA Ethiopia 2021

Facility characteristics	Both observed: oxytocin and magnesium sulfate	At least 7 priority medicines, including oxytocin and magnesium sulfate	At least 14 priority medicines, including oxytocin and magnesium sulfate	All 17 priority medicines	Number of facilities
Type of facility					
Hospital	94.4	94.4	63.4	17.6	142
Health center/clinic	83.3	80.6	42.8	33.8	222
Managing authority					
Public	89.7	87.9	51.7	26.7	348
Private	43.8	43.8	31.2	43.8	16
Region*					
Afar	93.3	93.3	66.7	0.0	15
Amhara	90.0	87.5	52.5	23.8	80
Oromia	86.2	83.9	37.9	17.2	87
Somali	75.0	75.0	66.7	66.7	12
Benishangul-Gumuz	--	--	--	--	9
SNNP	84.4	82.8	48.4	37.5	64
Gambella	90.9	90.9	63.6	63.6	11
Harari*	--	--	--	--	9
Addis Ababa	88.9	88.9	44.4	16.7	36
Dire Dawa	91.7	91.7	66.7	33.3	12
Sidama	86.2	86.2	72.4	44.8	29
Total	87.6	85.2	37.4	3.6	364

* Data reflects the regional distribution at the time of data collection; percentages based on less than 10 sample sizes are suppressed (--).

¹ Priority medicines include the 17 life-saving maternal and reproductive health medicines shown in Table 13, not including 200mg misoprostol tablet.

² These medicines may have been located in the delivery room, in the nurse/staff station, in another room of the facility, or in the pharmacy of the facility.

Table 15. Standard precautions for infection control

Among facilities offering delivery services, percentages that have indicated items observed on the day of the survey, by facility characteristic, PMA Ethiopia 2021

Facility characteristics	Waste receptacle with lid and plastic line	Already mixed decontaminating solution ¹	Syringes and needle	Soap and water ²	Alcohol-based hand scrub	Number of facilities
Type of facility						
Hospital	76.8	92.3	99.3	70.4	2.1	142
Health center/clinic	65.8	88.3	100.0	60.8	3.2	222
Managing authority						
Public	69.5	89.4	99.7	62.9	2.9	348
Private	81.2	100.0	100.0	100.0	0.0	16
Region[*]						
Afar	93.3	100.0	100.0	53.3	0.0	15
Amhara	70.0	91.2	100.0	72.5	5.0	80
Oromia	66.7	96.6	98.9	56.3	2.3	87
Somali	91.7	83.3	100.0	75.0	0.0	12
Benishangul-Gumuz [*]	--	--	--	--	--	9
SNNP	40.6	93.8	100.0	40.6	3.1	64
Gambella	9.1	63.6	100.0	54.5	0.0	11
Harari [*]	--	--	--	--	--	9
Addis Ababa	97.2	63.9	100.0	94.4	0.0	36
Dire Dawa	91.7	83.3	100.0	66.7	8.3	12
Sidama	96.6	96.6	100.0	72.4	3.4	29
Total	70.1	89.8	99.7	64.6	2.7	364

* Data reflects the regional distribution at the time of data collection; percentages based on less than 10 sample sizes are suppressed (--).

1 Already mixed decontaminating solution (e.g., 0.5% chlorine) observed.

2 Soap for hand washing observed and water for hand washing observed (or water outlet onsite). Does not account for potential disruptions to the water supply that may affect regular availability (see Table 4).

Table 16. Performance of emergency obstetric and neonatal signal functions

Among facilities offering delivery services, percentages reporting performance of indicated signal function at least once during the past three months, by facility characteristics, PMA Ethiopia 2021

Facility characteristics	Percentage that provided in past three months:				Percentage that performed in past three months:				Percentage:		
	Parenteral antibiotics for infections ¹	Uterotonics to prevent or treat postpartum hemorrhage	Parenteral anticonvulsants to manage high blood pressure in pregnancy	Antenatal corticosteroids for fetal lung maturation	Instrument/assisted vaginal delivery	Manual removal of placenta	Neonatal resuscitation	Caesarean section	Number of facilities ²	Blood transfusion for maternity care	Number of facilities ³
Type of facility											
Hospital	97.9	93.7	96.5	91.5	95.8	93.6	99.3	98.6	142	95.3	129
Health center/clinic	80.2	70.7	44.8	14.5	51.4	67.1	81.5	3.6	222	--	7
Managing authority											
Public	88.2	80.2	66.9	44.8	69.5	78.7	90.2	41.2	348	94.6	130
Private	62.5	68.8	25.0	37.5	50.0	50.0	50.0	31.2	16	--	6
Region*											
Afar	100.0	100.0	73.3	33.3	66.7	100.0	80.0	26.7	15	--	4
Amhara	83.8	73.8	58.8	46.2	81.2	76.2	90.0	40.5	80	93.3	30
Oromia	92.0	77.0	74.4	53.5	78.2	80.5	90.8	46.0	87	100.0	38
Somali	91.7	83.3	75.0	66.7	58.3	66.7	75.0	50.0	12	--	7
Benishangul-Gumuz	--	--	--	--	--	--	--	--	9	--	4
SNNP	81.2	81.2	57.8	45.3	65.6	85.7	93.8	45.3	64	95.8	24
Gambella	81.8	81.8	45.5	27.3	27.3	63.6	81.8	18.2	11	--	2
Harari	--	--	--	--	--	--	--	--	9	--	1
Addis Ababa	91.7	91.7	72.2	34.3	72.2	80.6	94.4	36.1	36	83.3	12
Dire Dawa	91.7	83.3	75.0	41.7	16.7	66.7	100.0	25.0	12	--	3
Sidama	79.3	69.0	55.2	34.5	55.2	58.6	69.0	41.4	29	72.7	11
Total	87.1	79.7	65.0	44.5	68.7	77.4	88.5	40.8	364	93.4	136

* Data reflects the regional distribution at the time of data collection; percentages based on less than 10 sample sizes are suppressed (--).

¹ Provided parental antibiotics for infections related to pregnancy, abortion, labor, or delivery.² Missing observations are excluded from the calculation of percentages.³ Only facilities that reported offering blood transfusion services were asked whether the facility had performed blood transfusions for maternity care in the past three months.

Table 17. Referral readiness for maternal and newborn health services

Among facilities offering maternal and newborn health services¹, percentages that make referrals and percentages that have referral infrastructure and systems, by facility characteristics, PMA Ethiopia 2021

Facility characteristics	Provides referrals for pregnant, laboring, or postpartum women and/or newborns	Number of facilities	Among facilities that make referrals, percentage that have:				Number of facilities ⁵	Functional mechanism for recording and sharing outcomes of referred cases	Number of facilities ⁶
			Communication equipment ²	Emergency transport ³	Patient referral form ⁴				
Type of facility									
Hospital	44.4	142	95.2	92.1	90.5	63	79.4	63	
Health center	82.2	214	90.9	57.4	96.9	176	7.4	176	
Health post	98.5	133	80.9	21.4	90.6	131	n/a	n/a	
Health clinic	95.5	44	90.5	9.5	88.0	42	14.3	42	
Managing authority									
Public	75.9	482	88.0	50.3	94.4	366	26.4	235	
Private	90.2	51	91.3	15.2	89.7	46	15.2	46	
Region*									
Afar	85.7	21	100.0	61.1	100.0	18	41.7	12	
Amhara	81.0	121	81.6	44.9	97.0	98	75.4	61	
Oromia	69.8	126	98.9	37.5	100.0	88	52.5	61	
Somali	53.3	15	--	--	--	8	--	5	
Benishangul-Gumuz	88.2	17	40.0	46.7	81.8	15	18.2	11	
SNNP	77.9	95	86.5	41.9	84.6	74	-143.5	46	
Gambella	92.9	14	100.0	53.8	37.5	13	38.5	13	
Harari	83.3	18	73.3	40.0	100.0	15	--	9	
Addis Ababa	58.1	43	100.0	32.0	100.0	25	36.0	25	
Dire Dawa	93.8	16	100.0	73.3	93.3	15	72.7	11	
Sidama	91.5	47	93.0	67.4	96.3	43	70.4	27	
Total	77.3	533	88.3	46.4	94.0	412	24.6	281	

* Data reflects the regional distribution at the time of data collection; percentages based on less than 10 sample sizes are suppressed (--).

¹ Facility offers at least one of the following: antenatal care, labor and delivery, postnatal care, obstetric surgery.

² Facility has access to phone or radio at all times either within the facility or within 5 minutes walking distance from facility.

³ Functional ambulance or car on-site for emergency transportation of patients to/from the facility.

⁴ Patient referral form observed on day of survey. Form may be standardized MOH form or non-standardized form.

⁵ Missing observations are excluded from the calculation of percentages.

⁶ The question on having a functional mechanism for recording and sharing outcomes of referred cases were not asked to health posts. n/a = not applicable.

Table 18. Systems for reporting and review of maternal deaths

Among facilities offering maternal and newborn health services¹, percentages that report data on maternal deaths and review maternal deaths at facility, by facility characteristics, PMA Ethiopia 2021

Facility characteristics	Functional mechanism for reporting data on maternal deaths to the Maternal and Perinatal Death Surveillance Response	Number of hospitals, health centers, and health posts ²	Maternal deaths reviewed by providers at facility	Number of hospitals and health centers ³
Type of facility				
Hospital	96.5	142	97.9	142
Health center	95.8	213	86.4	214
Health post	75.2	133	n/a	n/a
Managing authority				
Public	90.9	481	91.1	349
Private	--	7	--	7
Region*				
Afar	95.2	21	93.3	15
Amhara	94.8	115	97.4	78
Oromia	93.8	112	95.3	85
Somali	73.3	15	83.3	12
Benishangul-Gumuz	100.0	13	--	9
SNNP	92.4	92	90.6	64
Gambella	91.7	12	45.5	11
Harari	86.7	15	--	9
Addis Ababa	93.9	33	90.9	33
Dire Dawa	81.2	16	100.0	12
Sidama	68.2	44	78.6	28
Total	90.4	489	91.0	356

* Data reflects the regional distribution at the time of data collection; percentages based on less than 10 sample sizes are suppressed (--).

n/a = not applicable.

¹ Facility offers at least one of the following: antenatal care, labor and delivery, postnatal care, obstetric surgery.

² Missing observations are excluded from the calculation of percentages.

³ Missing observations are excluded from the calculation of percentages. Health posts are not included, because they were not asked about maternal death reviews.

Table 19. Guidelines, equipment, commodities, and amenities for routine newborn care

Among facilities offering delivery services, percentages that have indicated items observed to be available in facility on the day of the survey, by facility characteristics, PMA Ethiopia 2021

Facility characteristics	Tetracycline ointment	Chlorhexidine	Injectable vitamin K	BCG vaccine	Oral polio vaccine (OPV)	Infant scale	Newborn corner	Baby Friendly Initiative guidelines ¹	Number of facilities ²
Type of facility									
Hospital	96.5	67.6	97.2	95.3	94.5	97.2	98.6	22.5	142
Health center/clinic	85.1	74.8	70.7	89.9	90.8	96.4	84.2	12.2	222
Managing authority									
Public	90.2	74.1	81.6	92.1	92.4	97.4	91.1	16.7	348
Private	75.0	25.0	68.8	80.0	80.0	81.2	62.5	0.0	16
Region*									
Afar	93.3	73.3	66.7	93.3	86.7	93.3	100.0	6.7	15
Amhara	83.8	71.2	83.8	85.7	84.3	95.0	90.0	16.7	80
Oromia	89.7	66.7	79.3	95.0	92.5	97.7	95.4	16.5	87
Somali	91.7	75.0	100.0	100.0	100.0	100.0	66.7	16.7	12
Benishangul-Gumuz	--	--	--	--	--	--	--	--	9
SNNP	89.1	71.9	71.9	86.7	95.0	92.2	90.6	7.9	64
Gambella	90.9	90.9	81.8	90.0	80.0	100.0	81.8	0.0	11
Harari	--	--	--	--	--	--	--	--	9
Addis Ababa	97.2	58.3	94.4	96.8	100.0	100.0	97.2	27.3	36
Dire Dawa	100.0	75.0	83.3	91.7	100.0	100.0	91.7	16.7	12
Sidama	86.2	86.2	82.8	100.0	96.2	100.0	75.9	35.7	29
Total	89.6	72.0	81.0	91.9	92.2	96.7	89.8	16.3	364

* Data reflects the regional distribution at the time of data collection; percentages based on less than 10 sample sizes are suppressed (--).

¹ Baby Friendly Initiative guidelines observed in the delivery room on the day of the survey.

² Missing observations are excluded from the calculation of percentages.

Family planning services

Respondents were asked questions about family planning services at the facility. These included questions about the availability of family planning services (Table 20), provision of contraceptive methods in the previous month (Tables 21-22), availability of contraceptive methods (Table 23), and provision of implant and IUD services (Table 24).

Patterns by facility characteristics:

- **Availability of family planning services by region:** Most SDPs surveyed (96.1%) offered family planning services. Relative to other regions, fewer SDPs in Somali offered counseling (73.3%) or provided contraceptive methods (66.7%) to unmarried adolescents aged 10-19.
- **Provision of contraceptive methods by region:** Overall, the contraceptive methods provided by the highest proportion of SDPs in the past month were injectables (87.7%), followed by implants (71.3%), pills (67.9%), and IUDs (23.0%). Regions followed similar patterns, except for Gambella where few SDPs offered implants (32.2%) and IUDs (2.9%). Approximately one-third of hospitals and health centers/clinics provided at least two long-acting and three short-acting family planning methods in the past month in Afar and Gambella (both at 0.0%), and Somali (8.3%).
- **Availability of contraceptive methods by facility type:** Most contraceptive methods (except for female condoms) were observed in hospitals and health centers on the day of the interview. Stockouts of contraceptive methods were more common in health posts and health clinics than other SDPs. Nearly all pharmacies and drug shops had pills (95.5%) and emergency contraception (92.1%) available on the day of the interview, but less than one-third (30.3%) had injectables.
- **Provision of implant services by facility type and region:** Among SDPs providing implants, nearly all (95.1%) reported the ability to insert an implant on the day of the interview. The ability to remove an implant varied by facility type. All hospitals had the ability to remove an implant on the day of the interview, including both palpable (100%) and non-palpable (98.6%) implants. Nearly all (96.4%) health centers had the ability to remove standard (palpable) implants on the day of the interview, but just over half (56.2%) had the ability to remove non-palpable implants. Few (31.9%) health posts had the ability to remove an implant on the day of the interview.

Table 20. Availability of family planning services

Percentage of SDPs offering family planning services, and percentage offering indicated family planning services to unmarried adolescents aged 10-19, by facility characteristics, PMA Ethiopia 2021

Facility characteristics	Among SDPs, percentages that offer:		Among SDPs offering family planning, percentages that offer:			
	Family planning	Number of SDPs	Counseling to unmarried adolescents aged 10-19	Provision of contraceptive methods to unmarried adolescents aged 10-19	Prescription/referrals to unmarried adolescents aged 10-19	Number of SDPs ¹
Type of facility						
Hospital	99.3	144	97.9	97.2	46.9	143
Health center	99.1	215	95.3	93.9	59.2	213
Health post	96.6	148	93.7	90.9	65.7	143
Health clinic	90.7	140	93.7	92.9	59.8	127
Pharmacy/Drug shop	91.8	97	85.4	94.4	31.5	89
Managing authority						
Public	98.6	501	96.0	94.3	57.5	494
Private	90.9	243	89.6	92.8	48.4	221
Region*						
Afar	100.0	21	100.0	100.0	76.2	21
Amhara	97.9	141	94.9	95.7	67.4	138
Oromia	100.0	164	97.6	98.2	48.8	164
Somali	100.0	15	73.3	66.7	20.0	15
Benishangul-Gumuz	100.0	20	100.0	100.0	65.0	20
SNNP	98.4	128	86.5	81.7	41.3	126
Gambella	94.9	39	100.0	100.0	94.6	37
Harari	71.9	32	87.0	95.7	60.9	23
Addis Ababa	95.9	97	96.8	97.8	45.2	93
Dire Dawa	73.3	30	81.8	86.4	45.5	22
Sidama	98.2	57	98.2	98.2	58.9	56
Total	96.1	744	94.0	93.8	54.7	715

* Data reflects the regional distribution at the time of data collection.

¹ Missing observations are excluded from the calculation of percentages.

Table 21. Provision of contraceptive methods in previous month

Among health facilities offering family planning services, percentages which provided indicated method¹ in previous month to at least one client, by facility characteristics, PMA Ethiopia 2021

Facility characteristics	Implants	IUDs	Injectables ²	Pills ³	Number of facilities ⁴
Type of facility					
Hospital	93.0	45.1	95.1	86.2	143
Health center	93.9	33.3	90.6	76.4	213
Health post	55.6	0.7	80.1	50.7	143
Health clinic	24.2	5.7	81.2	46.0	127
Managing authority					
Public	83.3	27.4	89.0	72.2	493
Private	24.6	6.2	81.4	45.1	133
Region*					
Afar	66.7	4.8	81.0	40.0	21
Amhara	75.2	9.0	80.0	69.4	123
Oromia	78.5	29.4	97.9	80.9	146
Somali	60.0	20.0	73.3	60.0	15
Benishangul-Gumuz	70.6	21.1	100.0	75.0	19
SNNP	69.3	23.5	89.9	66.7	115
Gambella	32.4	2.9	61.8	32.4	34
Harari	63.2	21.1	73.7	52.6	19
Addis Ababa	63.8	42.0	93.8	65.2	70
Dire Dawa	93.8	56.2	93.8	93.8	16
Sidama	85.1	25.0	89.4	69.6	48
Total	71.3	23.0	87.7	67.9	626

* Data reflects the regional distribution at the time of data collection.

¹ Condoms are not included in the table, due to inconsistency in reporting across facilities. For example, some facilities distribute condoms in mass and do not record the number of individual units distributed. Other facilities record condom provision data under "other method."

² Injectables include progestin-only and combined hormonal methods.

³ Pills include progestin only pills (POPs) and combined oral contraceptives (COCs).

⁴ Missing observations are excluded from the calculation of percentages.

Table 22. Provision of a mix of contraceptive methods in previous month

Among health facilities offering family planning services, percentages which provided a mix of methods in previous month, by facility characteristics, PMA Ethiopia 2021

Facility characteristics	Among hospitals and health centers/clinics, percentages providing two long-acting and three short-acting family planning methods ¹	Number of facilities ²	Among health posts, percentages providing at least four family planning methods ³	Number of facilities ⁴
Type of facility				
Hospital	37.0	143	n/a	n/a
Health center	29.2	213	n/a	n/a
Health post	n/a	n/a	27.9	143
Health clinic	7.2	127	n/a	n/a
Managing authority				
Public	32.7	350	27.9	143
Private	6.9	133	n/a	n/a
Region*				
Afar	0.0	15	--	6
Amhara	7.2	86	27.0	37
Oromia	37.6	116	43.3	30
Somali	8.3	12	--	3
Benishangul-Gumuz	36.4	14	--	5
SNNP	34.8	86	22.2	29
Gambella	0.0	27	--	7
Harari	25.0	12	--	7
Addis Ababa	44.4	70	n/a	n/a
Dire Dawa	66.7	12	--	4
Sidama	25.0	33	28.6	15
Total	27.5	483	27.9	143

*. Data reflects the regional distribution at the time of data collection; percentages based on less than 10 sample sizes are suppressed (--).

n/a = not applicable.

¹ Long-acting methods include implants and IUDs. Short-acting methods include injectables, pills, and male condoms. Facilities must record providing each of the four methods (implants, IUDs, injectables, and pills) to clients in the previous month, and must also report that they offer male condoms generally, without specific reference to providing clients condom in previous month. Provision of condoms in the previous month is not used due to inconsistency in reporting across facilities. For example, some facilities distribute condoms in mass and do not record the number of individual units distributed. Other facilities record condom provision data under "other method."

² Missing observations are excluded from the calculation of percentages.

³ Methods are implants, injectables, pills, and male condoms. Facilities must record providing each of three methods (implants, injectables, and pills) to clients in the previous month, and must also report that they provide male condoms (generally, without reference to the previous month).

⁴ Missing observations are excluded from the calculation of percentages.

Table 23. Availability of contraceptive methods

Among SDPs offering family planning services, percentages where the indicated contraceptive method was observed to be available on the day of the survey, by facility characteristics, PMA Ethiopia 2021

Facility characteristics	Implants	IUDs	Injectables	Pills	Emergency contraception	Male condoms	Female condoms	Number of SDPs
Type of facility								
Hospital	97.2	92.3	95.8	94.4	81.8	86.0	0.7	143
Health center	93.9	78.9	91.1	92.0	83.1	87.8	1.4	213
Health post	63.6	2.1	78.3	76.9	37.8	65.7	0.0	143
Health clinic	32.3	19.7	63.0	74.8	56.7	58.3	0.0	127
Pharmacy/Drug shop	n/a	n/a	30.3	95.5	92.1	89.9	0.0	89
Managing authority								
Public	86.4	60.9	88.9	88.5	70.0	81.4	0.8	494
Private	19.9	12.2	50.2	83.3	70.6	70.6	0.0	221
Region*								
Afar	81.0	71.4	90.5	85.7	85.7	85.7	0.0	21
Amhara	73.9	53.6	73.2	85.5	71.7	81.2	1.4	138
Oromia	70.7	50.0	81.7	90.2	67.1	83.5	1.2	164
Somali	73.3	26.7	80.0	93.3	46.7	33.3	0.0	15
Benishangul-Gumuz	75.0	40.0	85.0	85.0	85.0	85.0	0.0	20
SNNP	59.5	39.7	83.3	84.9	65.9	77.8	0.0	126
Gambella	37.8	16.2	78.4	89.2	70.3	89.2	0.0	37
Harari	65.2	39.1	78.3	91.3	73.9	73.9	0.0	23
Addis Ababa	53.8	50.5	53.8	77.4	69.9	65.6	0.0	93
Dire Dawa	68.2	54.5	86.4	90.9	81.8	86.4	0.0	22
Sidama	73.2	37.5	82.1	94.6	75.0	73.2	0.0	56
Total	65.9	45.9	76.9	86.9	70.2	78.0	0.6	715

* Data reflects the regional distribution at the time of data collection.

n/a = not applicable

Table 24. Provision of implant and IUD services

Among SDPs providing indicated contraceptive methods, percentages that provide insertion, on-site removal, or referrals for off-site removal, by facility characteristics, PMA Ethiopia 2021

Facility characteristics	Among SDPs that provide implants and have implants in stock ¹ , percentages with:						Among SDPs that provide IUDs, percentages that have:	
	Standard implants (palpable)		Non-palpable implants			Number of SDPs	IUDs	
	Ability to insert an implant on day of interview	Ability to remove an implant on day of interview	Ability to remove non-palpable implants on day of interview ²	Awareness of where to refer for off-site removal of non-palpable implants ^{2,3}	No ability to remove non-palpable implants nor awareness of where to refer ²		Trained personnel to remove IUDs	Number of SDPs
Type of facility								
Hospital	95.7	100.0	98.6	0.7	0.7	140	100.0	135
Health center	97.5	98.0	56.2	42.8	1.0	201	93.2	176
Health post	86.8	31.9	7.7	87.9	4.4	91	--	3
Health clinic	100.0	100.0	68.3	31.7	0.0	41	96.8	31
Managing authority								
Public	94.9	84.8	59.7	38.7	1.6	429	95.8	311
Private	97.7	97.7	68.2	31.8	0.0	44	97.1	34
Region*								
Afar	88.2	100.0	76.5	23.5	0.0	17	100.0	15
Amhara	91.3	77.7	60.2	39.8	0.0	103	96.1	76
Oromia	96.6	85.3	53.4	43.1	3.4	116	95.6	90
Somali	100.0	100.0	90.9	9.1	0.0	11	--	5
Benishangul-Gumuz	93.3	73.3	53.3	46.7	0.0	15	--	8
SNNP	94.7	86.7	52.0	45.3	2.7	75	96.2	52
Gambella	100.0	92.9	92.9	7.1	0.0	14	--	8
Harari	93.3	100.0	46.7	53.3	0.0	15	90.9	11
Addis Ababa	98.0	98.0	78.0	20.0	2.0	50	100.0	47
Dire Dawa	100.0	100.0	53.3	46.7	0.0	15	91.7	12
Sidama	97.6	76.2	59.5	40.5	0.0	42	90.5	21
Total	95.1	86.0	60.5	38.1	1.5	473	95.9	345

* Data reflects the regional distribution at the time of data collection; percentages based on less than 10 sample sizes are suppressed (--).

¹ SDPs have implants in stock if they reported implants were available on the day of the interview or if implants were observed on the day of the interview.² Categories are mutually exclusive. The highest level of service provision is reported (e.g., if facilities remove non-palpable implants on-site, they are not asked about awareness of where to refer for off-site removal).³ Missing observations are excluded from the calculation of percentages

Safe abortion and post-abortion care

Respondents answered questions about safe abortion and post-abortion care at the facility. These included questions about the availability of safe abortion and post-abortion services (Table 25), medicines and equipment (Table 26), and provision of safe abortion care (Table 27) and post-abortion care (Table 28).

Patterns by facility characteristics:

- **Availability of safe abortion and post-abortion care by facility type:** Nearly all hospitals offered counseling on safe abortion care (95.1%), safe abortion care services (91.7%), and post-abortion care (97.9%). Most health centers offered counseling (86.5%) for safe abortion care, as well as post-abortion care (85.6%), but fewer (69.3%) offered safe abortion care. Compared to other facility types, fewer health posts and health clinics offered these services.
- **Medicines and equipment by facility type:** Among those that offer safe abortion care, most hospitals had the indicated medicines (67.4% had misoprostol and 81.6% had mifepristone) and equipment (90.9% had a manual vacuum aspirator and cannula, and 85.6% had a dilation and curettage kit) observed on the day of the interview.
- **Provision of safe abortion care by facility type and region:** Among facilities that offer safe abortion care, most hospitals performed medical abortion (90.9%) and manual vacuum aspiration (MVA) (93.2%) in the past month, whereas about two in three health centers performed medical abortion (67.1%) and MVA (65.8%). The percentage of SDPs that provided medical abortion in the past month ranged from 70.6% in Sidama to 92.9% in Addis Ababa.
- **Provision of post-abortion care by facility type and region:** Among those that offer post-abortion care, most hospitals (93.2%) and over half of health centers (65.8%) performed MVA for patients who had abortion in the past month. Over half of facilities in all regions performed MVA for post-abortion in the past month. The percentage of SDPs that performed dilation and curettage for post-abortion care was the highest in Sidama (52.9%) followed by SNNP (37.2%) and <20% in other regions.

Table 25. Availability of safe abortion and post-abortion care

Among health facilities, percentages that offer indicated services, by facility characteristics, PMA Ethiopia 2021

Facility characteristics	Among health facilities, percentages that offer:	Number of facilities	Among hospitals, health centers, and clinics, percentages that offer:		Number of facilities
	Counseling on safe abortion care		Safe abortion care	Postabortion care	
Type of facility					
Hospital	95.1	144	91.7	97.9	144
Health center	86.5	215	69.3	85.6	215
Health post	56.1	148	n/a	n/a	n/a
Health clinic	65.0	140	25.0	27.1	140
Managing authority					
Public	80.6	500	79.0	90.6	352
Private	63.9	147	25.9	29.9	147
Region*					
Afar	76.2	21	100.0	100.0	15
Amhara	94.4	126	79.3	88.5	87
Oromia	83.6	146	69.0	77.6	116
Somali	46.7	15	50.0	100.0	12
Benishangul-Gumuz	78.9	19	64.3	64.3	14
SNNP	72.6	117	50.0	67.0	88
Gambella	58.3	36	40.7	48.1	27
Harari	82.6	23	56.2	62.5	16
Addis Ababa	73.0	74	56.8	62.2	74
Dire Dawa	61.9	21	64.7	58.8	17
Sidama	53.1	49	60.6	66.7	33
Total	76.8	647	63.3	72.7	499

* Data reflects the regional distribution at the time of data collection. n/a = not applicable

Table 26. Medicines and equipment for safe abortion and postabortion care

Among hospitals and health centers that offer safe abortion care, percentages with indicated medicines and equipment observed on the day of the survey, PMA Ethiopia 2021

Background characteristics	Misoprostol (200mg or 600mg)	Mifepristone ¹	Manual vacuum aspirator (MVA) and cannula	Dilatation and curettage (D&C) kit	Number of facilities ²
Type of facility					
Hospital	67.4	81.6	90.9	85.6	132
Health center	53.0	62.7	94.0	46.3	149
Managing authority					
Public	59.7	71.3	92.4	65.1	278
Private	--	--	--	--	3
Region*					
Afar	73.3	80.0	100.0	40.0	15
Amhara	63.6	56.9	97.0	69.7	66
Oromia	52.8	66.7	88.9	61.1	72
Somali	--	--	--	--	6
Benishangul-Gumuz	--	--	--	--	9
SNNP	62.8	80.0	86.0	90.7	43
Gambella	--	--	--	--	7
Harari	--	--	--	--	8
Addis Ababa	42.9	96.2	100.0	32.1	28
Dire Dawa	50.0	62.5	100.0	20.0	10
Sidama	82.4	100.0	94.1	94.1	17
Total	59.8	71.7	92.5	64.8	281

* Data reflects the regional distribution at the time of data collection; percentages based on less than 10 sample sizes are suppressed (--).

¹ This indicator represent the percentage of facilities that have mifepristone in-stock and observed, among facilities that offer mifepristone.

² Missing observations are excluded from the calculation of percentages.

Table 27. Provision of safe abortion care

Among hospitals and health centers that offer safe abortion care, percentages that performed the indicated functions in the past month, PMA Ethiopia 2021

Background characteristics	Manual Vacuum Aspiration (MVA)	Dilation and curettage (D&C)	Dilation and evacuation (D&E)	Medical abortion (misoprostol, mifepristone)	Number of facilities
Type of facility					
Hospital	93.2	28.2	32.8	90.9	132
Health center	65.8	10.2	6.9	67.1	149
Managing authority					
Public	78.4	18.9	19.4	78.1	278
Private	--	--	--	--	3
Region*					
Afar	60.0	0.0	0.0	73.3	15
Amhara	76.8	9.1	9.2	71.2	66
Oromia	78.8	16.9	16.9	88.9	72
Somali	--	--	--	--	6
Benishangul-Gumuz	--	--	--	--	9
SNNP	86.4	37.2	46.5	79.1	43
Gambella	--	--	--	--	7
Harari	--	--	--	--	8
Addis Ababa	76.2	14.8	11.1	92.9	28
Dire Dawa	72.7	0.0	0.0	60.0	10
Sidama	70.0	52.9	47.1	70.6	17
Total	78.6	18.7	19.2	78.3	281

* Data reflects the regional distribution at the time of data collection; percentages based on less than 10 sample sizes are suppressed (--).

¹ Missing observations are excluded from the calculation of percentages.

Table 28. Provision of post abortion care

Among hospitals and health centers that offer safe abortion care, percentages that performed the indicated functions in the past month, PMA Ethiopia 2021

Background characteristics	Manual Vacuum Aspiration (MVA)	Dilation and curettage (D&C)	Dilation and evacuation (D&E)	Number of facilities
Type of facility				
Hospital	93.6	30.7	34.3	141
Health center	61.4	8.8	7.2	184
Managing authority				
Public	74.9	18.4	19.0	319
Private	--	--	--	6
Region*				
Afar	60.0	0.0	0.0	15
Amhara	75.7	6.8	8.1	74
Oromia	81.0	16.7	15.4	79
Somali	33.3	33.3	33.3	12
Benishangul-Gumuz	--	--	--	9
SNNP	86.0	33.3	40.4	57
Gambella	--	--	--	9
Harari	--	--	--	8
Addis Ababa	83.9	20.0	16.7	31
Dire Dawa	80.0	0.0	0.0	10
Sidama	61.9	42.9	38.1	21
Total	75.4	18.3	19.0	325

* Data reflects the regional distribution at the time of data collection; percentages based on less than 10 sample sizes are suppressed (--).

¹ Missing observations are excluded from the calculation of percentages.

Child health services

Respondents were asked questions about child health services at the facility. These included questions about the availability of child health services (Table 29) basic child vaccines (Table 30).

Patterns by facility characteristics:

- **Availability of child health services by facility type and managing authority:** Nearly all hospitals and health centers offered sick child care (99.3% and 98.1%, respectively), immunization (88.2% and 95.8%), and laboratory testing (99.3% and 94.4%). Most health posts offered sick child care (85.8%) and immunization (93.9%), but not laboratory testing (4.7%). Most health clinics offered sick child care (91.9%) and laboratory testing (61.0%), but not immunization (0.8%). Nearly all (93.6%) public sector facilities offered immunization services, whereas far few (55.8%) private sector facilities did.
- **Availability of basic child vaccines by facility type and region:** Among facilities offering immunization services, most hospitals (85.0%) and health centers (83.5%) had all 7 basic child vaccines observed on the day of the interview, whereas less than one-third of health posts (41.7%) had these vaccine doses available. Relative to other regions, facilities in Sidama (85.4%) and Addis Ababa (83.9%) had all 7 basic child vaccines. In Gambella, on the contrary, while the availability of each vaccine was nearly 70%, slightly over half of facilities (53.3%) had all 7 basic vaccines.

Table 29. Availability of child health services

Percentages of health facilities that offer indicated services, by facility characteristics, PMA Ethiopia 2021

Facility characteristics	Sick child care	Immunization	Laboratory testing	Number of facilities
Type of facility				
Hospital	99.3	88.2	99.3	144
Health center	98.1	95.8	94.4	215
Health post	85.8	93.9	4.7	148
Health clinic	80.0	1.4	58.6	140
Managing authority				
Public	94.8	93.6	69.2	501
Private	81.0	4.1	60.5	243
Region*				
Afar	100.0	100.0	100.0	21
Amhara	96.8	84.9	65.9	141
Oromia	92.5	75.3	64.4	164
Somali	80.0	100.0	73.3	15
Benishangul-Gumuz	100.0	73.7	73.7	20
SNNP	93.2	75.2	56.4	128
Gambella	91.7	41.7	44.4	39
Harari	87.0	69.6	69.6	32
Addis Ababa	86.5	41.9	91.9	97
Dire Dawa	85.7	76.2	76.2	30
Sidama	81.6	85.4	61.2	57
Total	91.7	59.7	67.2	647

* Data reflects the regional distribution at the time of data collection.

Table 30. Availability of basic child vaccines

Among facilities offering immunization services, percentages that have at least one valid dose of indicated vaccine observed on the day of the survey, by facility characteristics, PMA Ethiopia 2021

Facility characteristics	Pentavalent	Oral polio vaccine (OPV)	Measles	All three (Penta+OPV+ Measles)	BCG	Inactivated polio vaccine (IPV)	Pneumococcal conjugate vaccine (PCV)	Rotavirus vaccine	All 7 basic child vaccines ¹	Number of facilities ²
Type of facility										
Hospital	91.3	94.5	90.6	89.8	95.3	89.8	89.8	89.8	85.0	127
Health center	92.7	90.8	92.7	88.8	89.8	92.2	91.7	93.2	83.5	206
Health post	53.2	49.6	51.1	46.8	48.2	51.8	53.2	52.5	41.7	139
Health clinic	--	--	--	--	--	--	--	--	--	2
Managing authority										
Public	80.8	79.7	79.9	76.7	79.1	79.7	79.9	80.3	71.6	468
Private	--	--	--	--	--	--	--	--	--	6
Region*										
Afar	85.7	85.7	90.5	81.0	85.7	90.5	85.7	85.7	81.0	21
Amhara	71.0	70.1	69.2	69.2	69.2	69.2	71.0	71.0	66.4	107
Oromia	80.9	77.3	80.9	75.5	80.0	80.0	79.1	80.9	73.6	110
Somali	100.0	100.0	100.0	100.0	93.3	93.3	100.0	93.3	80.0	15
Benishangul-Gumuz	92.9	92.9	85.7	85.7	92.9	85.7	85.7	92.9	71.4	14
SNNP	75.0	75.0	75.0	72.7	68.2	72.7	72.7	76.1	63.6	88
Gambella	80.0	73.3	80.0	66.7	86.7	86.7	86.7	73.3	53.3	15
Harari	81.2	75.0	87.5	68.8	87.5	87.5	87.5	87.5	68.8	16
Addis Ababa	93.5	100.0	90.3	90.3	96.8	93.5	93.5	90.3	83.9	31
Dire Dawa	93.8	93.8	81.2	81.2	81.2	87.5	93.8	87.5	75.0	16
Sidama	87.8	87.8	87.8	87.8	90.2	87.8	85.4	87.8	85.4	41
Total	80.6	79.5	79.7	76.6	78.9	79.5	79.7	80.2	71.5	474

* Data reflects the regional distribution at the time of data collection; percentages based on less than 10 sample sizes are suppressed (--).

¹ All 7 basic child vaccines: Penta, OPV, Measles, BCG, IPV, PCV, and Rotavirus.

COVID-19 service availability, response, and staff preparedness

In the 2021 SDP survey, respondents were asked about the facility's measures and response to the COVID-19 pandemic. These questions include the availability of COVID-19 services and infection control supplies (Table 31) and staff's preparedness in pandemic response (Table 32).

- **Availability of COVID-19 services and supplies by facility type, managing authority, and region:** Among all facilities, most hospitals offered COVID-19 screening (84.7%), testing (82.6%), and referral (72.9%); fewer offered treatment (65.3%). Most SDPs had handwashing facilities (88.9%-97.1%). The percentage of facilities providing COVID-19 screening ranged from 19.4% in Gambella to 93.3% in Benishangul-Gumuz.
- **COVID-19 training and staff preparedness by facility type, managing authority, and region:** Most hospitals and health centers reported that all staff at the facility have been trained or oriented on signs and symptoms of COVID-19 (73.6%-74.4%). A higher proportion of public facilities reported providing training on COVID-19 to all relevant health workers compared to private facilities, especially in conducting community surveillance for COVID-19, COVID-19 screening, triage, diagnosis, and referral. Overall, the level of staff training and preparedness was higher in Amhara, Somali, Afar, and Addis Ababa, compared to other regions.

Table 31. COVID-19 service and response readiness

Among hospitals, health centers, health posts, and health clinics, the percentage of facilities that offer the indicated COVID-19 services and supplies

Facility characteristics	Screening	Testing	Treatment	Referral	Designated COVID response team	Person assigned to lead COVID pandemic response	Separate waiting area for suspected COVID cases	Handwashing facility ¹	National comprehensive COVID-19 management handbook	Number of facilities
Type										
Hospital	84.7	82.6	65.3	72.9	84.7	86.1	59.7	88.9	38.9	144
Health center	64.2	36.3	17.2	71.2	73.0	74.4	25.6	90.7	18.1	215
Health post	31.8	2.0	0.7	34.5	18.2	19.0	0.7	95.3	2.0	148
Health clinic	26.4	3.6	3.6	33.6	2.9	8.6	6.4	97.1	5.0	140
Managing authority										
Public	60.0	39.4	25.8	61.0	60.4	61.3	27.6	91.4	19.2	500
Private	29.9	5.4	5.4	34.7	5.4	12.2	8.8	97.3	6.1	147
Region*										
Afar	47.6	42.9	23.8	66.7	47.6	76.2	0.0	71.4	33.3	21
Amhara	38.1	15.9	11.1	47.6	40.5	38.9	9.5	96.8	16.7	126
Oromia	58.2	29.5	19.9	66.4	48.6	51.4	24.0	92.5	23.3	146
Somali	93.3	66.7	60.0	60.0	86.7	86.7	53.3	86.7	20.0	15
Benishangul-Gumuz	52.6	31.6	5.3	52.6	42.1	42.1	0.0	78.9	0.0	19
SNNP	51.3	34.2	23.1	53.0	59.0	55.2	25.6	90.6	6.8	117
Gambella	19.4	27.8	25.0	52.8	25.0	22.2	16.7	91.7	2.8	36
Harari	65.2	39.1	8.7	47.8	43.5	43.5	30.4	95.7	4.3	23
Addis Ababa	66.2	45.9	39.2	55.4	41.9	56.8	47.3	94.6	21.6	74
Dire Dawa	76.2	66.7	19.0	71.4	52.4	52.4	38.1	100.0	28.6	21
Sidama	61.2	20.4	16.3	36.7	55.1	57.1	20.4	98.0	16.3	49
Total	53.2	31.7	21.2	55.0	47.9	50.2	23.3	92.7	16.3	647

* Data reflects the regional distribution at the time of data collection

¹ Having at least two of the following: soap, stored water, running water, and having a handwashing facility at the entry

Table 32. Staff preparedness and training on COVID-19

Among hospitals, health centers, health posts, and health clinics, the percentages that reported that staff had been trained and or oriented on each item related to COVID-19 response or training, by facility characteristics, PMA Ethiopia 2021

Facility characteristics	Signs and symptoms	COVID-19 infection prevention and control protocols ¹	Conducting community surveillance for COVID-19 ²	All relevant health workers trained and oriented on COVID19 ² :						Number of facilities
				Screening	Triage	Diagnosis	Referral	Transferring	Management	
Type of facility										
Hospital	73.6	52.1	25.0	56.9	55.6	46.5	47.2	48.6	41.0	144
Health center	74.4	50.7	32.6	49.3	47.0	26.5	44.2	41.9	20.5	215
Health post	58.1	53.4	60.8	64.2	38.5	3.4	41.2	44.6	2.0	148
Health clinic	35.0	27.1	5.7	20.7	12.9	7.9	10.7	8.6	2.1	140
Managing authority										
Public	69.2	51.6	38.8	55.6	46.6	25.2	44.0	44.4	20.4	500
Private	37.4	29.3	6.8	23.1	15.6	9.5	12.9	10.9	4.8	147
Region*										
Afar	76.2	76.2	38.1	61.9	61.9	47.6	57.1	57.1	47.6	21
Amhara	78.6	58.7	48.4	70.6	66.7	25.4	57.9	63.5	19.8	126
Oromia	57.5	32.2	17.8	36.3	26.7	13.7	30.1	20.5	11.6	146
Somali	40.0	33.3	53.3	66.7	60.0	60.0	73.3	80.0	73.3	15
Benishangul-Gumuz	78.9	52.6	42.1	78.9	47.4	10.5	15.8	36.8	0.0	19
SNNP	67.5	47.9	39.3	36.8	27.4	17.9	34.2	36.8	13.7	117
Gambella	16.7	11.1	8.3	16.7	13.9	8.3	8.3	8.3	5.6	36
Harari	52.2	43.5	17.4	34.8	17.4	26.1	34.8	26.1	0.0	23
Addis Ababa	73.0	66.2	25.7	56.8	50.0	33.8	35.1	25.7	25.7	74
Dire Dawa	52.4	33.3	33.3	28.6	19.0	9.5	9.5	9.5	4.8	21
Sidama	38.8	46.9	28.6	55.1	40.8	20.4	34.7	49.0	16.3	49
Total	62.0	46.5	31.5	48.2	39.6	21.6	36.9	36.8	16.8	647

* Data reflects the regional distribution at the time of data collection

¹ Percentages of facilities that have all staff trained or oriented on COVID-19 signs and symptoms, use and importance of PPE, and COVID-19 infection control and prevention protocols. Possible response options to question include yes – all staff, yes – all clinical staff, yes – some clinical staff only, yes – all ancillary staff, no, do not know, and no response. PPE: personal protective equipment.

² Percentages of facilities that have all relevant health workers at the facility have been trained or oriented on conducting community surveillance, COVID-19 screening, triage, diagnosis, referral, transferring and management. Possible response options to this question include yes – all staff, yes – some staff, no and do not know.

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