Performance Monitoring for Action *Ethiopia*

PMA Ethiopia Survey Results (2019)

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Objectives

- Present summary results from PMA Ethiopia's baseline panel and crosssection surveys on major Maternal Neonatal and Child Health (MNCH) indicators
- Present trends in key family planning indicators from 2014 to 2019
- Identify regional variations in coverage and quality of select MNCH indicators





Outline

- 1. About PMA Ethiopia
- 2. Study Design
- 3. Results from:
 - The panel baseline survey
 - The cross-section survey
 - The service delivery point survey
- 4. Summary of key findings and next steps



What is PMA Ethiopia?

PMA Ethiopia is a five-year project implemented in collaboration with Addis Ababa University, Johns Hopkins University, and the Federal Ministry of Health.

- Nationally representative survey measuring key Reproductive, maternal and newborn health (RMNH) indicators including:
 - Antenatal, delivery, and postnatal care
 - Vaccination attitudes and coverage
 - Modern contraceptive prevalence
 - Reproductive empowerment, fertility intention, and community norms
 - Health facility readiness and quality of care



PMA Ethiopia Unique Features

- Designed to both track annual progress and provide more information on why trends are occurring
- Offers stakeholders and program implementers important insights on user dynamics and allows data users to track against progress towards select Sustainable Development Goals
- Gathers additional information on contraceptive attitudes, reproductive coercion, partner preferences and other innovative and important measures not captured in other surveys



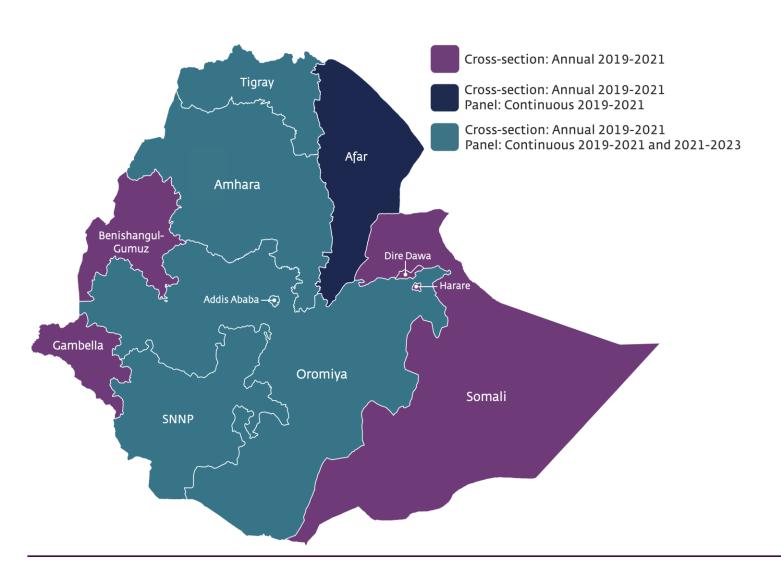
Implementation

- Cross-section and SDP data collection: October 2019 December 2019
- Conducted by Addis Ababa University's School of Public Health in collaboration with the Ethiopian Public Health Association
- With support from the
 - Federal Ministry of Health
 - Central Statistical Agency
 - Bill & Melinda Gates Institute for Population and Reproductive Health (Johns Hopkins Bloomberg School of Public Health)
- Funding source: The Bill & Melinda Gates Foundation and UK Department for International Development (DFID)





PMA Ethiopia: Survey Design



- Cross-sectional survey of women age 15-49
- Panel survey that follows pregnant women from pregnancy through first year postpartum, covering 91% of population. It also includes women <6 weeks postpartum women
- Annual health facility survey (SDP)
- PMA Ethiopia included 265 enumeration areas (EA)



PMA Ethiopia: Panel Survey Design

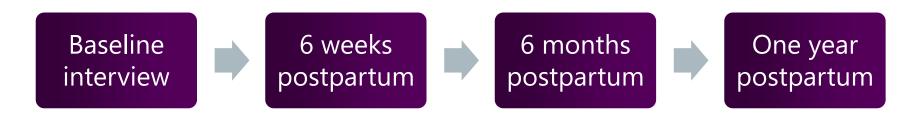
In panel regions:

 Field staff completed a census of all households in the EA. The census was used to identify and enroll currently pregnant or recently postpartum women



After enrollment:

Field staff will return to interview women who consented to participate in the study at *three different times*:





PMA Ethiopia: Cross-section Design

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

- A listing frame was created from the census or listing activity
- Supervisors then randomly selected 35 households per EA
- At each of the 35 households, REs conducted:
 - The Household Questionnaire
 - And Female Questionnaire for all women 15-49 in the household at time of interview







PMA Ethiopia: Service Delivery Point

Provides health system trends annually





Up to three private facilities included in a Kebele

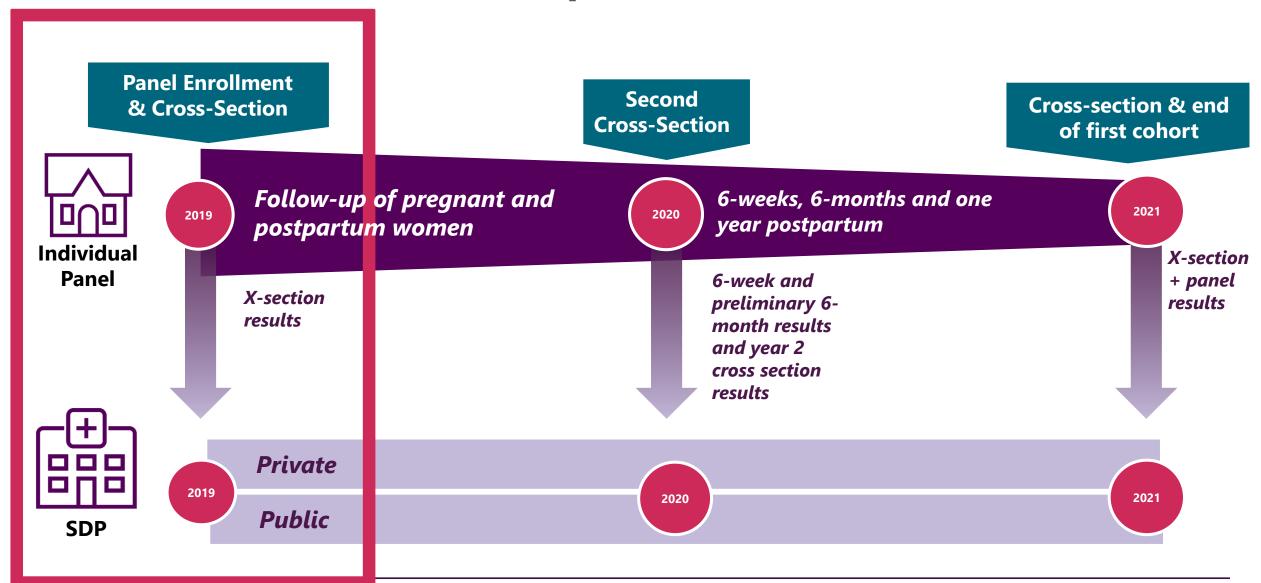


The list of health facilities was obtained from the local district health office of the selected EA.





Overview: PMA Ethiopia Panel and Cross-Section





PMA Ethiopia: Field Work

Cross-Section and SDP Surveys

- Data collection: October-December 2019
- Sample weights applied

Unit	Number (n)	Response Rate
Households	9,202	99.0%
Eligible women 15-49	8,890	98.4%
Health Facilities	818 (public and private)	97.9%



Panel Survey: Response Rates

• Data collection: October- Ongoing through 2021

32,614 2,898 eligible to 32,792 women Census Panel enrollment Screening enroll in study households age 15-49 completed completed 2,893 consented screening census to enroll 2,887 completed baseline



PMA Ethiopia: Priority Indicators for Maternal and Newborn Health



Priority Indicators: Baseline Panel Survey

Indicators include:

- Antenatal Care (ANC)
 - Receipt of ANC
 - Components of ANC care and service provision
 - ANC Counseling
 - Postpartum Family Planning Counseling during ANC
- Results are among currently pregnant women at baseline (n=2,257)
- Presented by self-reported month of gestational age to give a snapshot of the services women receive throughout pregnancy
- Results from 6-week survey will show cumulative services received during pregnancy



Panel Survey: Respondent Characteristics Currently Pregnant Women Enrolled in Study and Completed Baseline (n=2,257), weighted

Respondent characteristics	Weighted (n)	Percent
Gestational age at enrollment		
0-3 months	640	28.4
4 months	300	13.3
5 months	306	13.6
6 months	269	11.9
7 months	284	12.6
8 months	304	13.5
9+ months	154	6.8



Respondent Characteristics Currently Pregnant Women Enrolled in Study and Completed Baseline (n=2,257), weighted

Respondent characteristics	Weighted (n)	Percent		
Age group				
15-19	241	10.7		
20-24	535	23.7		
25-29	652	28.9		
30-34	430	19.1		
35+	399	17.6		
<u>Residence</u>				
Urban	476	21.1		
Rural	1,781	78.9		
Total	2,257	100.0		



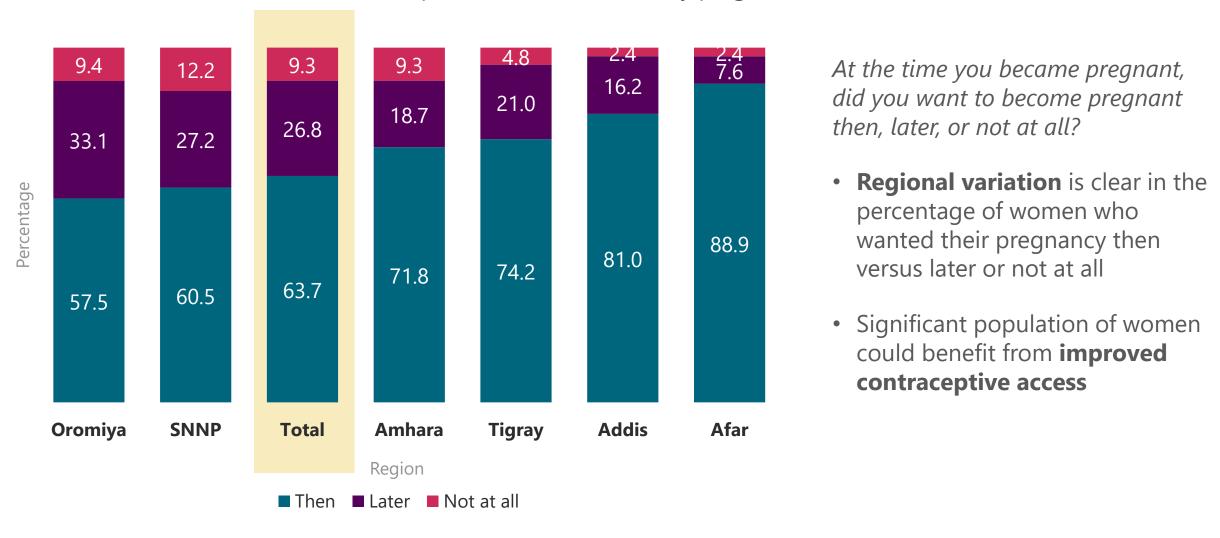
Respondent Characteristics Currently Pregnant Women Enrolled in Study and Completed Baseline (n=2,257), weighted

Respondent characteristics	Weighted (n)	Percent
<u>Region</u>		
Tigray	163	7.3
Afar	46	2.0
Amhara	451	20.0
Oromiya	978	43.3
SNNP	543	24.0
Addis	76	3.4
Total	2,257	100



Pregnancy Timing by Region

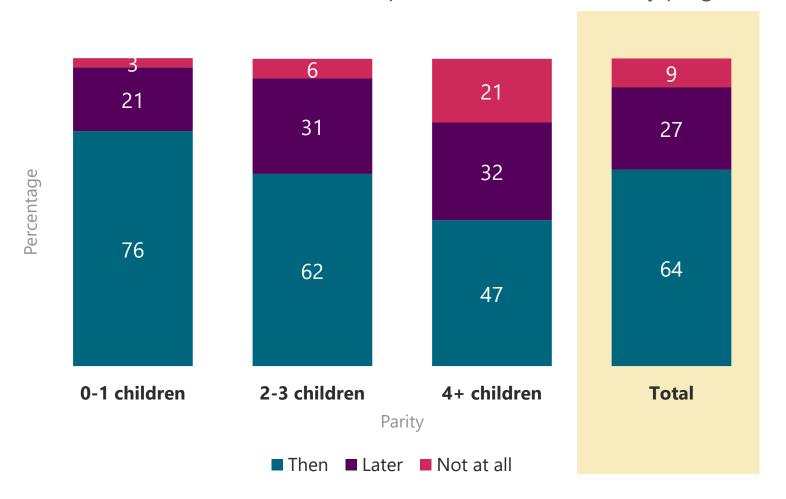
Results presented for all currently pregnant women





Pregnancy Timing by Parity

Results presented for all currently pregnant women



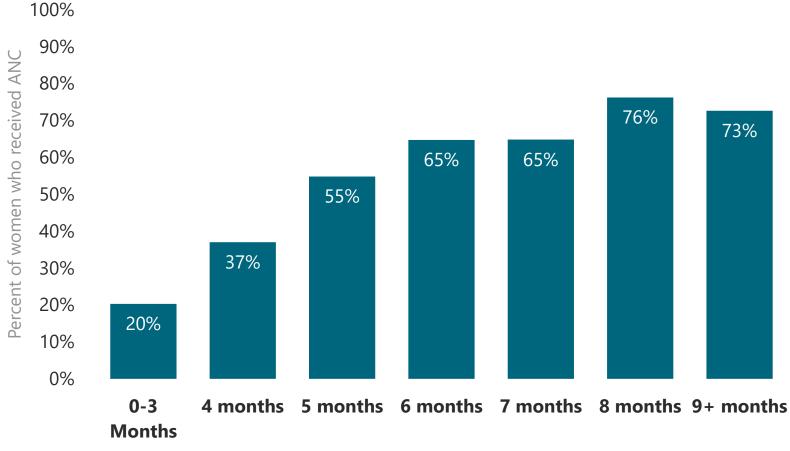
- The percentage of women who did not want their current pregnancy increases with parity
- There is a missed
 opportunity to meet the
 needs of high parity
 women who desire to
 limit or further space
 their pregnancies



Receipt of ANC

Results presented for all pregnant women by gestational age

- ANC coverage increases with month of pregnancy, early ANC care is low
- 1 in 3 women who is 6-7 months pregnant has not received any ANC care



Gestational age (months)



Components of ANC

Results presented for all pregnant women by gestational age

Gestational age	Blood Pressure measure taken (%)	Weight taken (%)	Urine Sample Taken (%)	Blood Sample Taken (%)	Stool Sample Taken (%)	Tested for Syphilis (%)	Tested for HIV (%)	Iron Supplement Taken* (%)
0-3 months	13	11	9	11	3	3	9	12
4 months	24	22	18	22	9	5	20	22
5 months	40	37	24	37	13	12	31	38
6 months	47	44	31	46	14	9	38	46
7 months	50	43	27	38	13	10	29	52
8 months	61	54	36	52	23	12	42	67
9 + months	55	59	42	50	18	11	37	67

More than half of all women who are 8-9 months pregnant have had their blood pressure and weight checked and given a sample of blood. ANC care components are reported being received late in pregnancy, if at all.

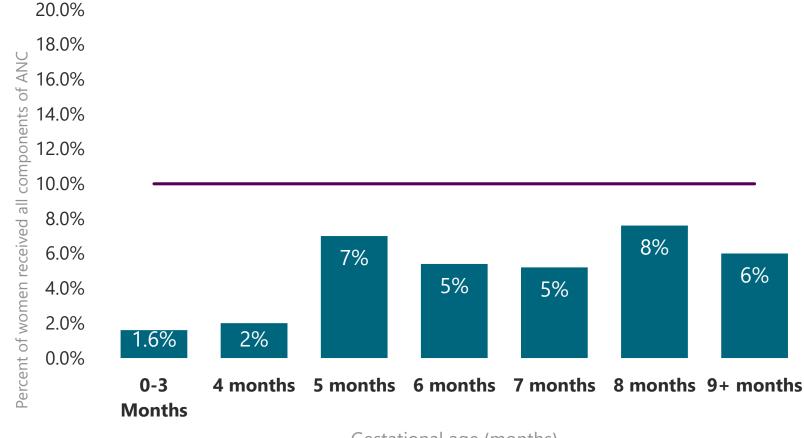
^{*}Iron supplementation was measured as whether the respondent reported taking an iron supplement, not whether it was received at ANC



Composite Indicator* of Receipt for Selected ANC Components of Care

Fewer than 10% of women at any gestational age have received all the components of ANC

*Composite indicator of currently pregnant women who have had their BP taken, took iron during pregnancy, had urine and blood sampled and tested for syphilis and HIV at ANC

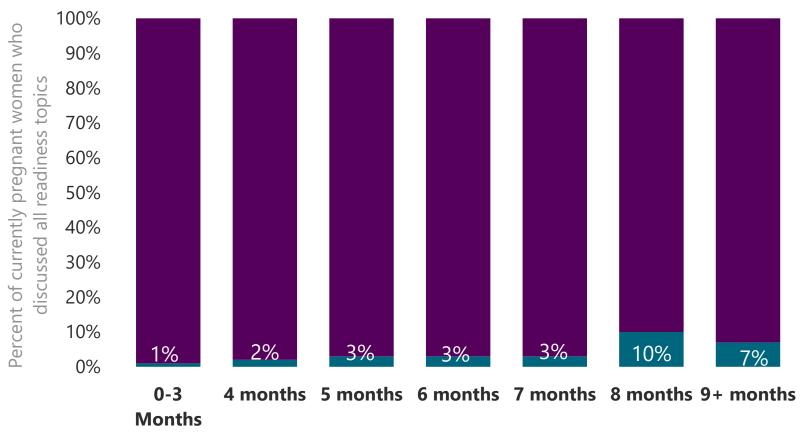


Gestational age (months)



Receipt of ANC

Majority of pregnant women do not get counseling on birth preparedness and complication readiness through their pregnancy



Gestational age (months)



^{*}Topics include place of delivery, delivery by skilled birth attendant, arrangement for transport for delivery, where to go if pregnancy danger signs are experienced, and the following danger signs in pregnancy: severe headache with blurred vision, high blood pressure, edema/swelling, convulsions/fits, and bleeding before delivery.

Components of ANC Counseling: Provision of Postpartum Family Planning Counseling

Results among all pregnant women

- Only 16% of women 9
 months pregnant reported
 receiving counseling on
 PPFP as part of ANC
 - Women in earlier stages far less likely to receive PPFP counseling

Gestational age	Discussed breastfeeding as method to prevent pregnancy (%)	Counseled on postpartum family planning (%)
0-3 months	2	3
4 months	2	3
5 months	5	3
6 months	6	6
7 months	6	6
8 months	11	11
9 + months	16	9



Additional Indicators from Baseline Panel Survey

- Pregnancy intention
- Intention to use contraception
- Additional components of counseling received by gestational age
- Iron supplementation and other nutritional information by gestational age
- Experience of complications
- Participation in 1-5 group
- Community support of MNH behaviors
- Intimate partner violence during pregnancy





Priority Indicators: Cross-Sectional Survey

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

- Contraceptive use nationally and by region
- Method mix
- Unmet need
- Reasons for non-use
- Select attitudes towards use of contraception



Family Planning Indicators Use

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

Contraceptive Prevalence (CPR) (%)	All Women	Married Women
All Methods CPR	26.8 (24.7, 28.9)*	37 (34.0, 40.1)*
Modern Method CPR	25.8 (23.7, 27.9)*	35.8 (32.8, 38.8)*
Long Acting/Permanent CPR	9 (7.8, 10.4)*	12.7 (11.0, 14.7)*
Total Unmet Need	13.8	20.1
For Limiting	4.5	6.7
For Spacing	9.3	13.4
Total Demand	40.6	57.1
Demand Satisfied by Modern Method (%)	63.5	62.7
* Confidence intervals		

Confluence untervais



Family Planning Indicators Use

by region among married women

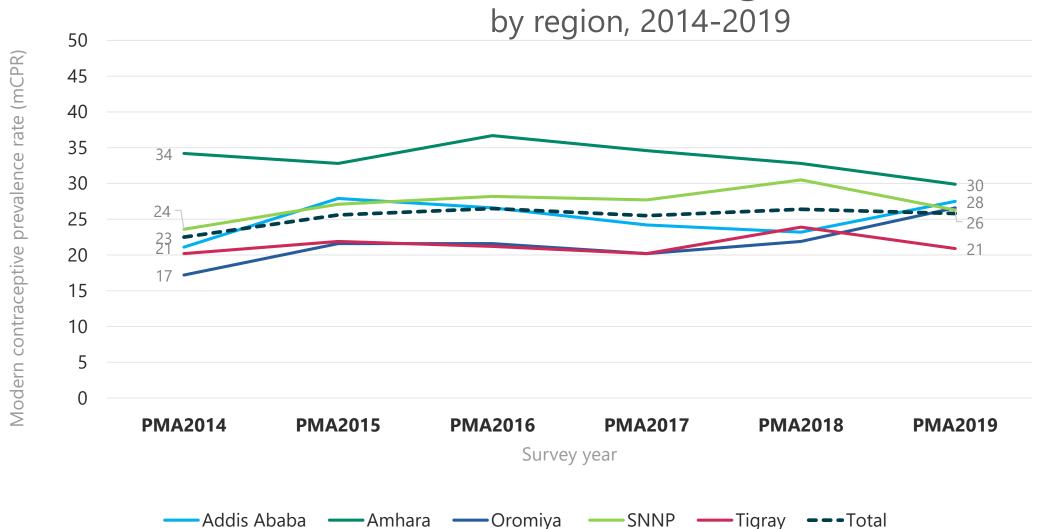
Select Family Planning and Fertility Indicators (Married Women Age 15-49, by region)

Region	Addis Ababa	Amhara	Oromiya	SNNPR	Tigray	National
All Methods CPR	54.2	41.9	37.4	38.7	30.3	37.0
Modern Method Use	50.6	41.6	35.4	37.9	29.3	35.8
Long Acting/Permanent CPR	24.6	11.7	13.7	12.5	12.5	12.7
Total Unmet Need	13.9	15.9	23.6	20.1	17.1	20.1
For Limiting	4	7.5	7.1	7.5	4.4	6.7
For Spacing	9.9	8.4	16.5	12.6	12.7	13.4
Total Demand	68.1	57.8	60.9	58.8	47.5	57.1
Demand Satisfied by Modern Method (%)	74.3	72.0	58.1	64.4	61.8	62.6

Regional disparities in key family planning indicators continue to persist, with **Addis Ababa** demonstrating higher mCPR, long acting use and **higher** demand satisfied



Trends in mCPR Among all Women



No statistically significant change in mCPR among all women between 2018 and 2019



Statistical Significance of Changes in Regional mCPR Among all Women 2019-2018

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

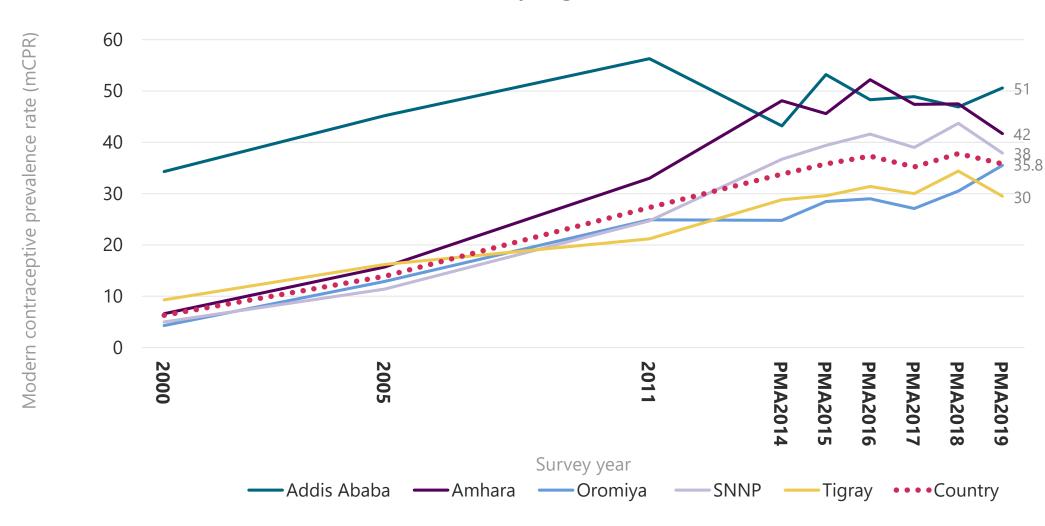
	2018						
Region	mCPR all women	[95% Conf. Interval]		mCPR all women	[95% Conf. Interval]		Absolute difference
Tigray	23.9	21.0	27.0	21.0	18.5	23.6	-2.9
Amhara	32.8	30.0	35.7	29.9	27.6	32.3	-2.9
Oromiya	21.9	19.9	24.0	26.6	24.5	28.7	4.7
SNNP	30.5	27.4	33.7	26.4	24.2	28.6	-4.1
Addis	23.2	20.5	26.1	27.5	24.5	30.8	4.3
Total	26.4	25.1	27.7	25.8	24.7	26.9	-0.6

- Confidence intervals overlap for all regional mCPR among all women
- No statistically significant change between 2018 and 2019 for the biggest 4 regions including Addis
- Decreasing pattern except in Oromiya and Addis where there was an increase in mCPR in 2019



Trend in mCPR Among Married Women

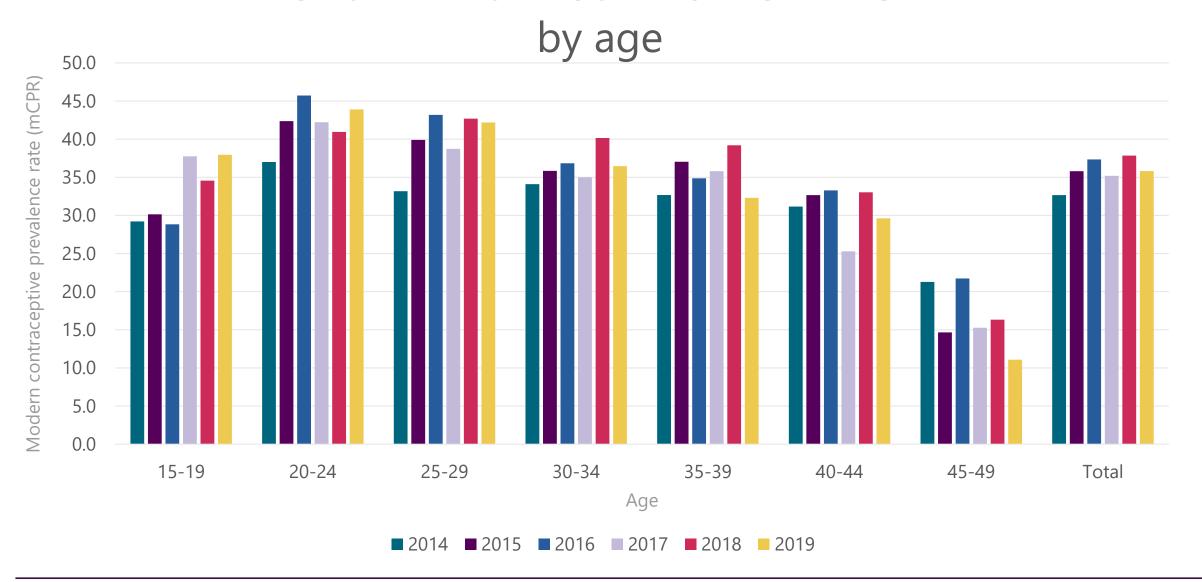
by region, 2000-2019



No statistically significant change in mCPR among married women between 2018 and 2019



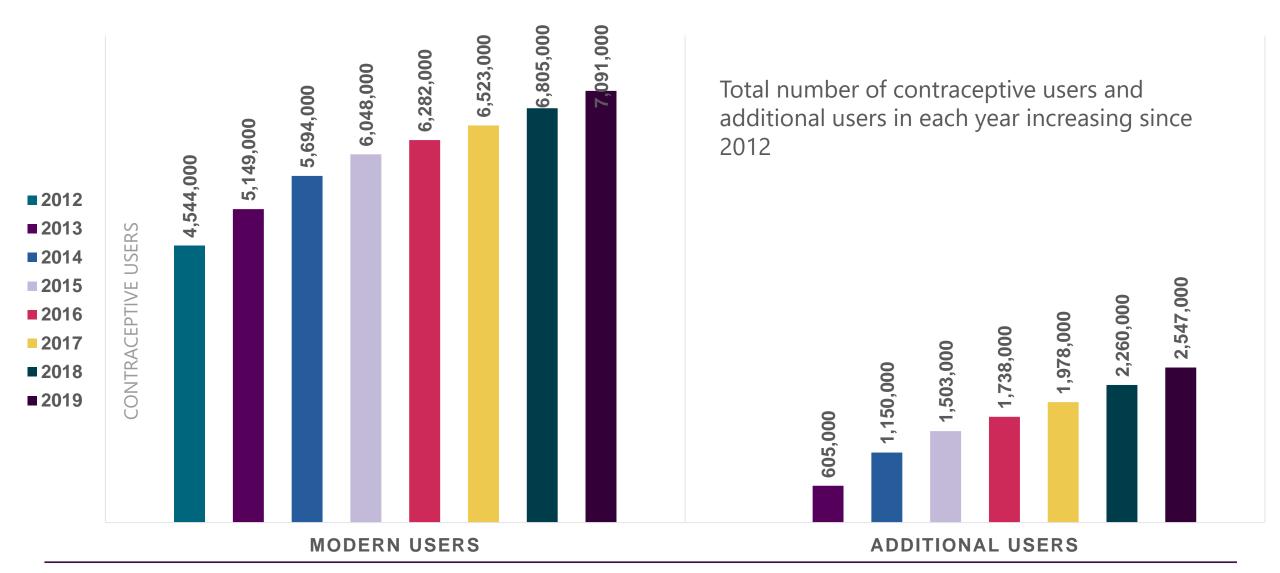
Trend in Married Women mCPR





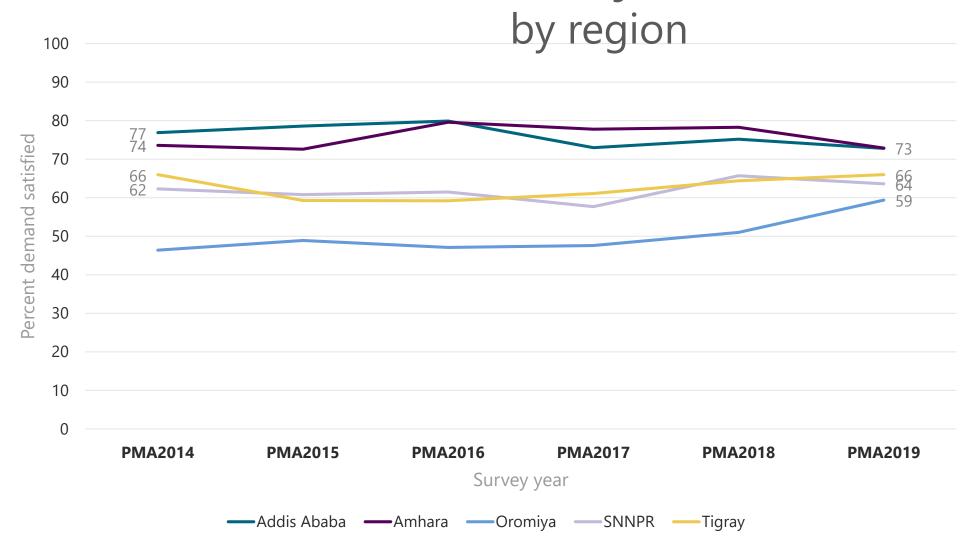
Trend in Total Number of Modern Method and Additional Users – 2012 to 2019

(Source - Track20)





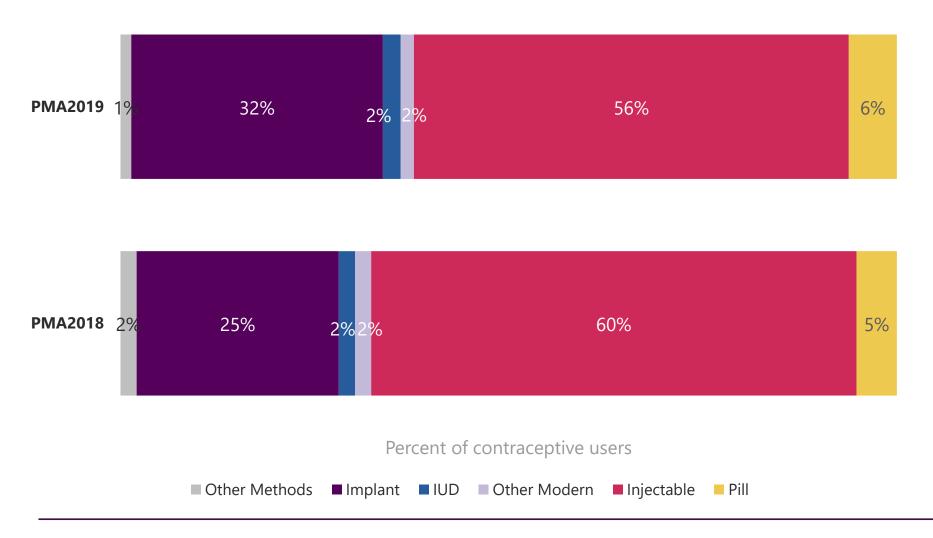
Demand Satisfied by Modern Method



Demand satisfied remained relatively constant between 2018 and 2019, though decreased over 20 percentage points in other regions.



Trends in Contraceptive Method Mix - Married Women

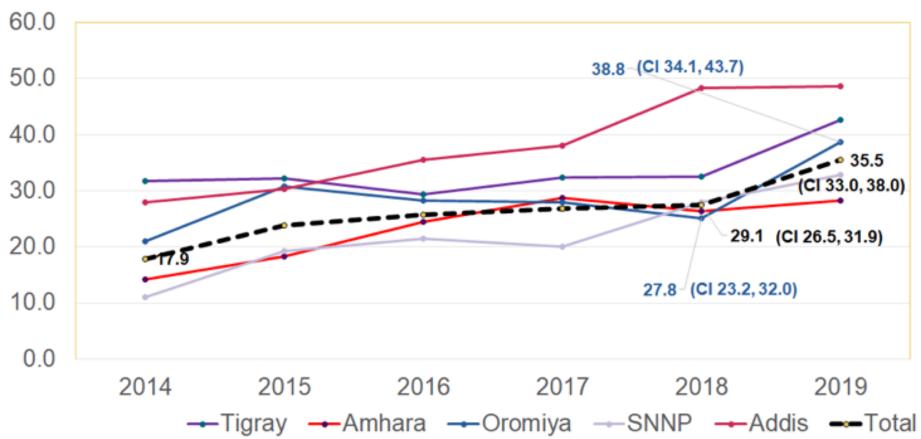


- Method mix showed increased use of long-acting methods
- Implant use increased from 25% to 32% of the total modern method mix among married women



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

Among married women age 15-49 years

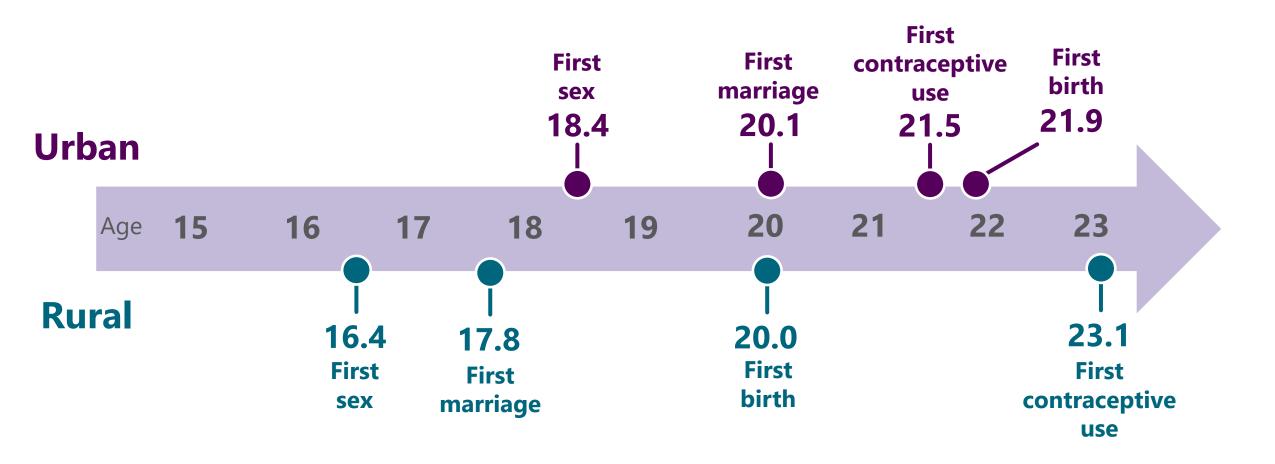


A statistically significant increase in the share of LAPM users in comparison to modern method users among married women between 2018 and 2019



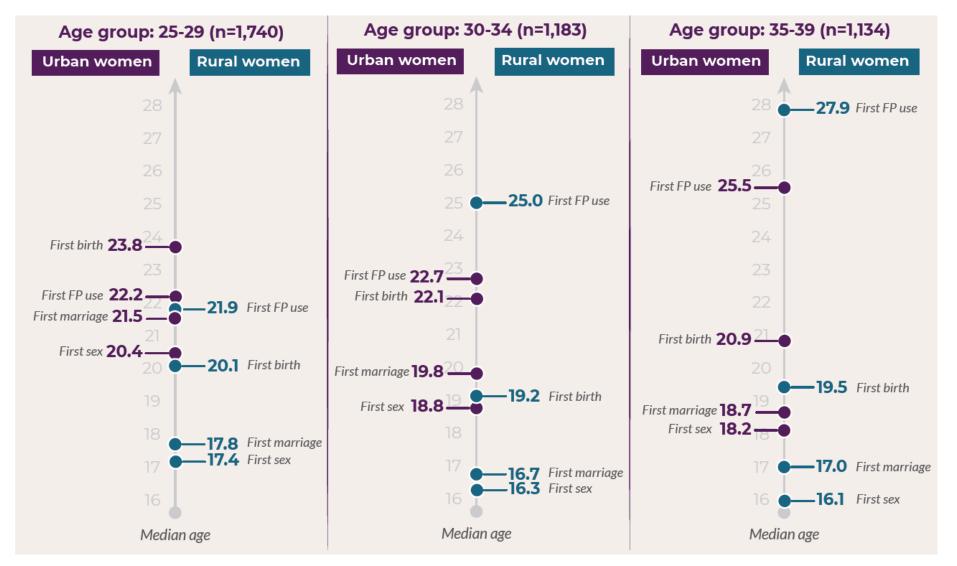
Reproductive Timeline

Median age for reproductive milestones, urban vs. rural women (weighted)





Reproductive Timeline Median age at reproductive events, by resident and age group



Pattern among younger (25-29)

Rural women

 'Norm' is having first birth and then starting FP use

Urban women

 Start FP at a younger age and delay first birth



Reproductive Events by Age

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=4,485)

Urban women



1.0

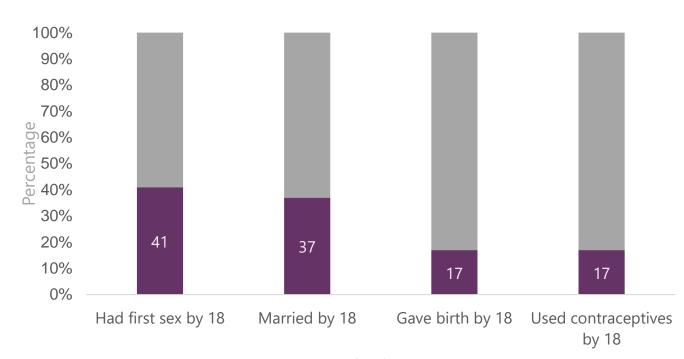
Rural women



2.4

Reproductive Events by 18

Percent of women aged 18-24 who experienced reproductive events by age 18 (n=2,366)



Reproductive events



Reasons for Non-Use of Family Planning

- Among current non-users of family planning over half reported that they are not using because they do not perceive themselves being at risk of becoming pregnant
 - Nearly a quarter cited method or health concerns, which could include side effects – real or perceived – as a reason for non-use

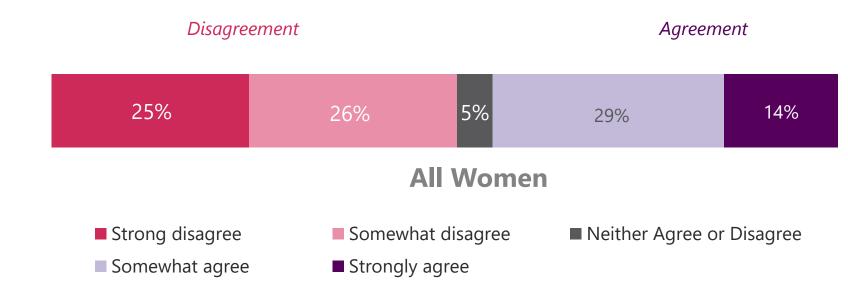
Reasons Mentioned for Non-Use Among All Women Wanting to Delay Next Birth					
Not Married	13				
Perceived Not-At-Risk/Lack of Need	55				
Method or Health-related Concerns	24				
Opposition to Use	9				
Lack of Access/Knowledge	4				
Other	11				



Attitudes Towards Use of Contraception

Over half of all women disagree that it is acceptable to use contraception before having children

It is acceptable to use contraception before having children





Method Information Index* - Quality of Counseling

The Method Information Index (MII) is a **composite metric** that calculates an index as the proportion of respondents who answered "yes" to three equally weighted questions that refer to **counseling information given to the client when obtaining the contraception method.**

The questions are:

- 1 "Were you informed about alternative contraceptive methods?";
- 2. "Were you informed about the side effects of each method?"; and,
- 3. "Were you told what to do if side effects were to occur?"
- Extent of quality of counseling classified as follows;
 - 1. "No Counseling" refers to zero/no information received across all three questions.
 - 2. "Poor Quality Counseling" defined as being informed on only one of the three indicator questions,
 - 3. "Intermediate Quality Counseling" informed on two indicator questions, and
 - 4. "Good Counseling" informed on all three indicator questions.
- * MII+ includes 'being told possibility of switching a method' in addition to the 3 questions listed above



Method Information Index +

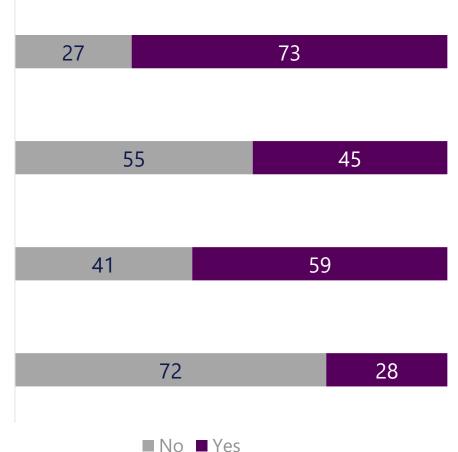
Percent of women who were told about side effects, what to do about side effects, of other methods, and the possibility of switching methods

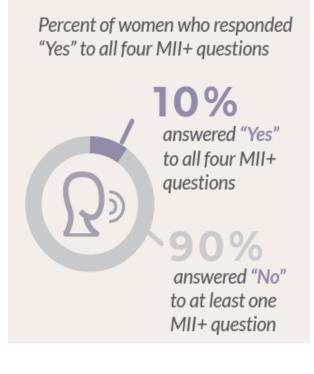
Were you told that you could switch to a different method in the future?* (n=969)

Were you told by the provider about methods of FP other than the method you received? (n=2,036)

Were you told what to do if you experienced side effects or problems? (n=582)

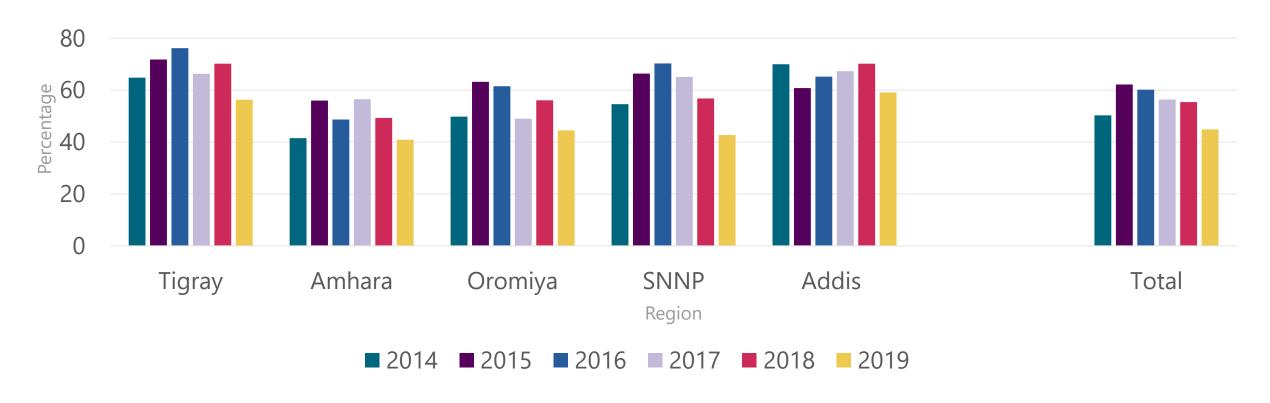
When you obtained your method were you told by the provider about side effects or problems you might have? (n=2,035)







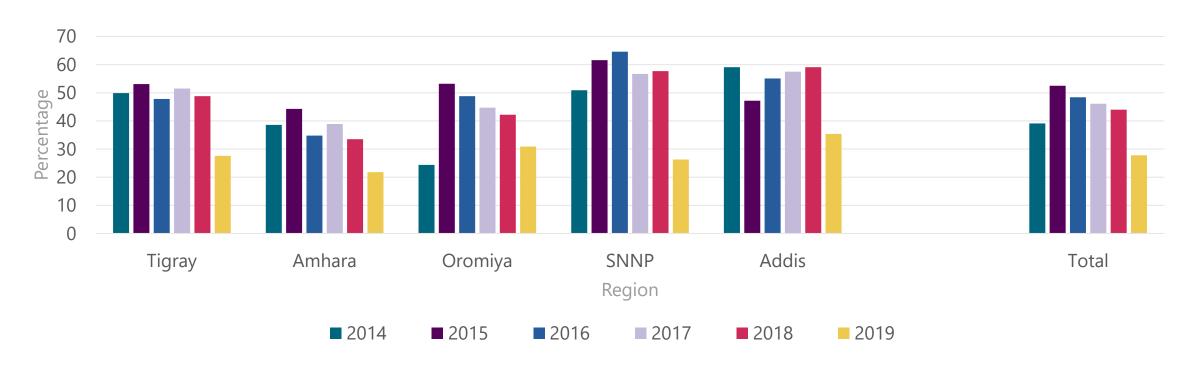
Trend in Percentage of Family Planning Users age 15-49 years who Were Informed About Other Contraceptive Methods



Consistent decline in percentage of family planning users who reported **being informed about other methods nationally** and in majority of regions since 2016 except Addis. In Addis, it appears this pattern is a recent phenomenon since 2018.



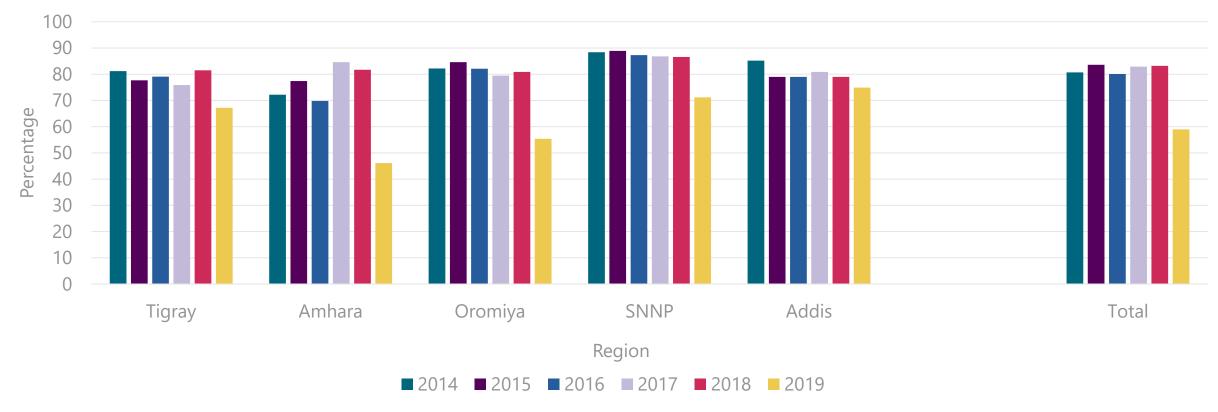
Trend in Percentage of Current Modern Family Planning Users age 15-49 years Who Were Counselled on Side Effects



Consistent decline in percentage of family planning users who reported being informed about other methods since 2015 at national level. In Addis, it appears this pattern is a recent phenomenon since 2018.



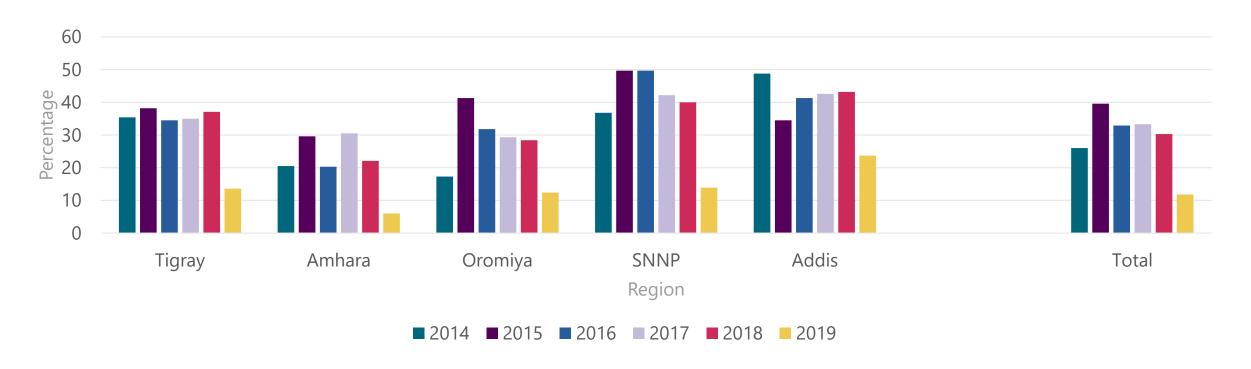
Trend in Percentage of Current Modern Family Planning Users age 15-49 years Who Were Told What to do if Side Effects Were to Occur



There was **decline** (nationally and among each of the five large regions) between 2018 and 2019 in percentage of current modern family planning users age 15-49 years who were told what to do if side effects were to occur



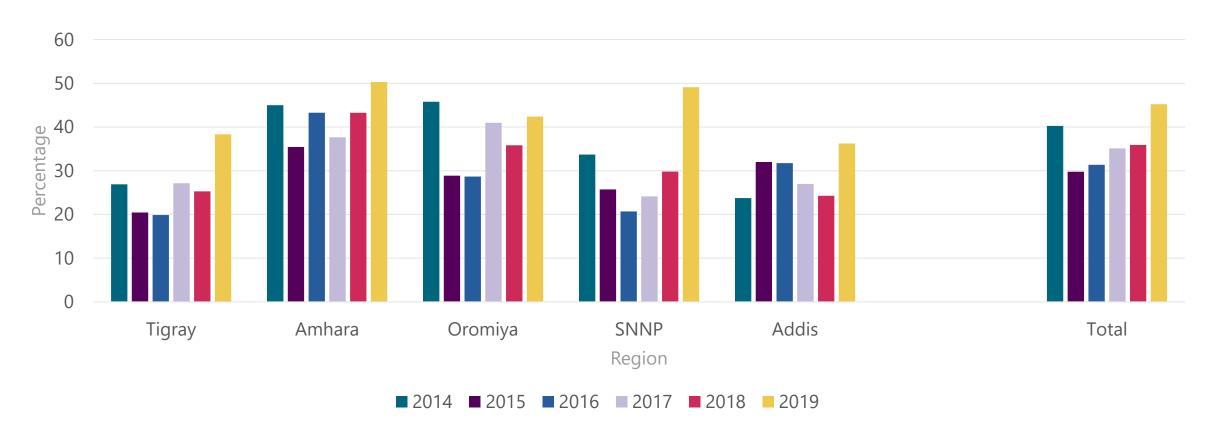
Trend in Women Receiving Good Counseling about Contraceptives



- Consistent decline in percentage of women who were counseled on the 3 key questions; told about other methods, counseled on side effects, and counseled on what to do if side effects were to occur since 2015 nationally.
- There is variation in regional trends. Addis showed increase in good counseling between 2015 and 2018 with a decline in 2019



Trend in Percentage of Women who Received No Counseling



Consistent increases in the percentage of women receiving no counseling since 2015

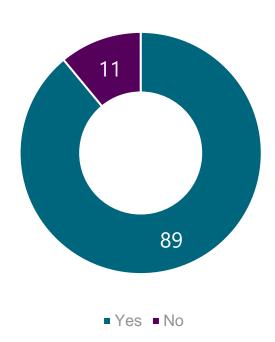
Similar regional pattern except in Addis which was showing a decline until 2018



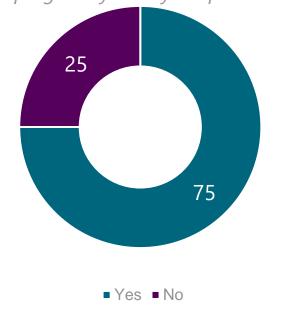
Partner attitude about FP decisions

Percent of women who are currently using modern, female controlled methods and agree with the following statements (n=2,102)

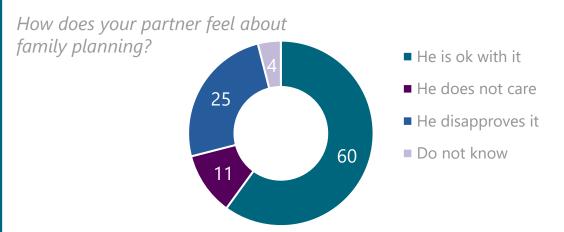
Does your partner know that you are using this method?



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



Percent of women in union reporting perceived partner attitudes towards family planning (n=5,597)



Percent of women who are not currently using family planning and agree with the following statements (n=4,685)

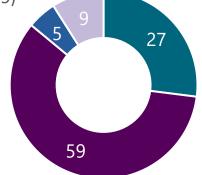
Would you say that not using family planning is mainly your decision?

Joint decision

Mainly respondent

Mainly partner

Other

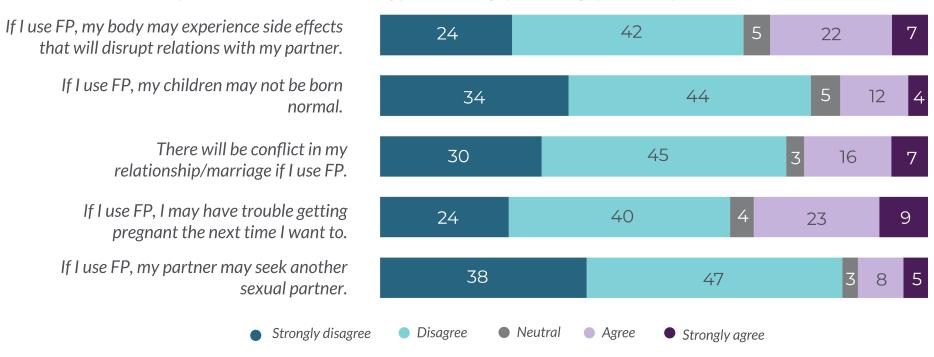




Agreement of FP Empowerment Statement (n=8588)

- Approximately one third of women believe that contraceptive use may result in difficulty conceiving in the future
- Nearly a quarter
 believe that
 contraceptive use will
 cause conflict in their
 relationship

Existence of choice (motivational autonomy) for family planning (n=5,588)



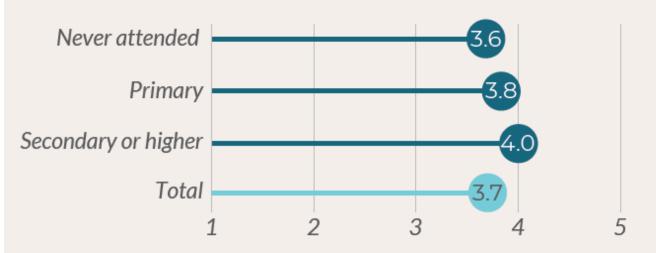


Empowerment and FP use

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

The Women's and Girls' Empowerment (WGE) Index examines existence of choice, exercise of choice, and achievement of choice domains across pregnancy, family planning, and sex outcomes in married/in union women. Presented results are only for the existence of choice domain for family planning. Scores from the family planning empowerment statements listed above were summed and divided by number of items (5) for average WGE family planning score. Range for the WGE family planning score is 1-5, with a score of 5 indicating highest empowerment.

Mean WGE FP existence of choice, by education



Mean WGE FP existence of Choice, by age





Empowerment and Intent to use FP

100

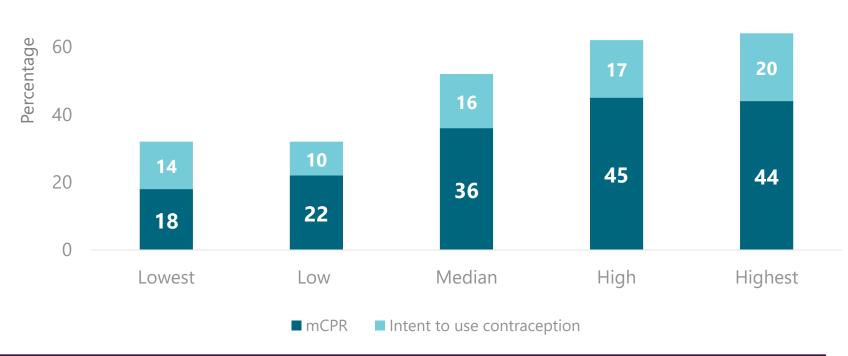
80

mCPR and intent to use contraception, by categorical

WGE score

 Educated women report higher levels of empowerment for family planning.

 Contraceptive use and intention to use contraception in the next year increase with heightened levels of empowerment among women and girls who are currently partnered. Percent of married/in union women using a modern method of contraception and percent of women who intend to use contraception in the next year by categorical WGE score (n=5,805)



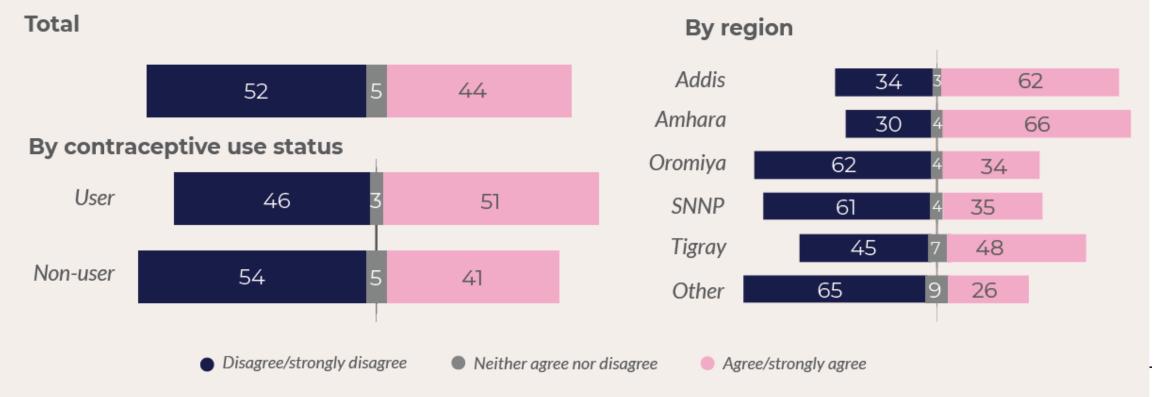


Attitudes towards contraception

PERSONAL ATTITUDES

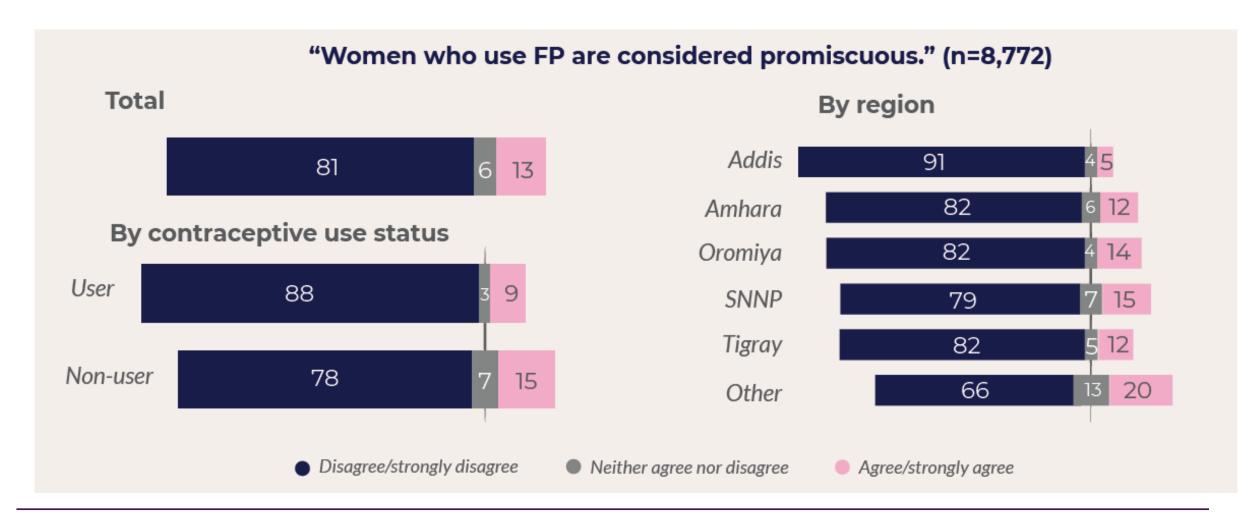
Percent of all women age 15-49 who personally agree with statements made about contraceptive use, by region and contraceptive use status

"It is acceptable for a women to use FP before she has a child." (n=8,769)

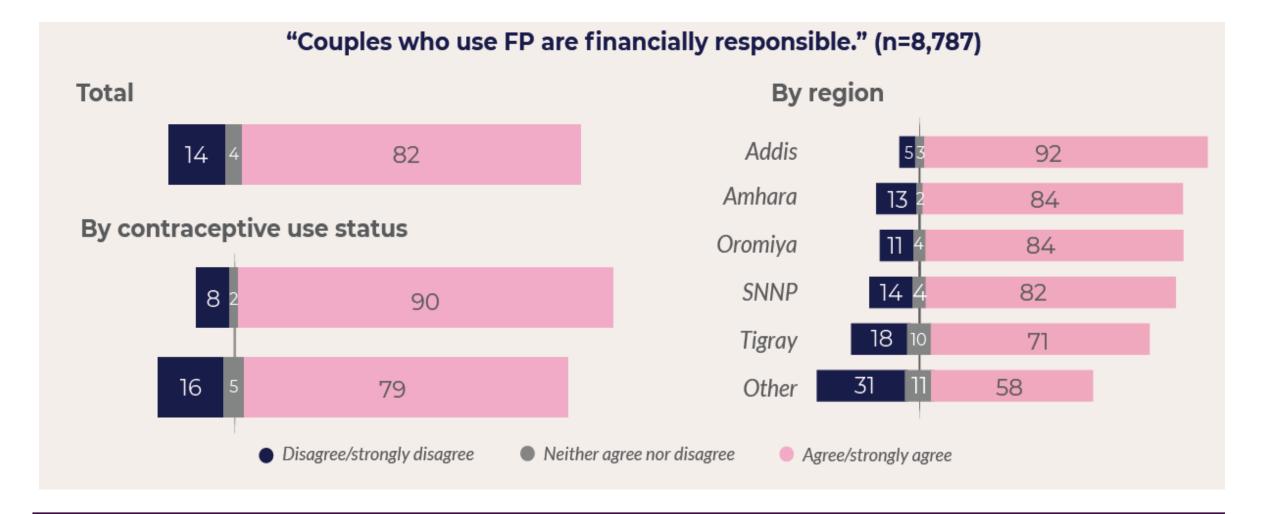




Attitudes towards contraception (2)

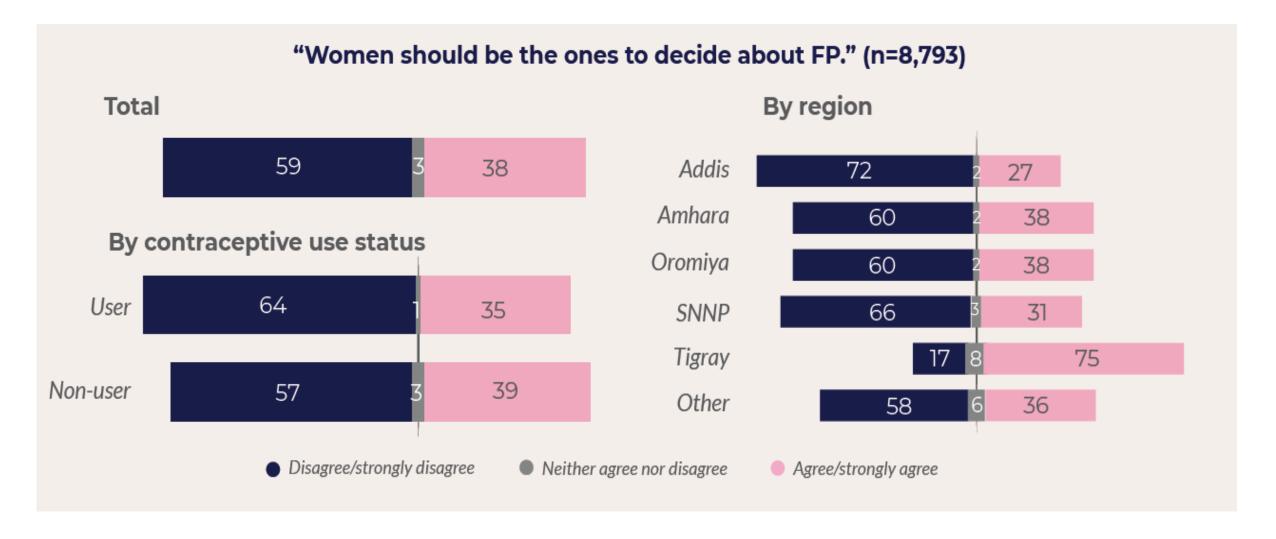


Attitudes towards contraception (3)





Attitudes towards contraception (4)





Additional Indicators from Cross-sectional Survey

- Knowledge of abortion services and legality
- Provider bias in family planning provision





Priority Indicators: Service Delivery Point Survey

Results from the health facility survey come from data collected from a range of facilities in all regions.

Priority indicators include:

- Stock availability of contraceptive commodities
- Stock availability of life-saving maternal and reproductive health medicines
- Health centers provision of services:
 - Long-acting family planning methods and safe abortion counseling
 - Post-abortion counseling and family planning services
- Health posts provision of services:
 - Offering at least four family planning methods
 - Staffed with at least one trained staff on implant removal



PMA Ethiopia Health Facility Sample

	Public (n)	Public (n)	Private (n)	Private (n)	Total (n)
Hospital	155	28.3%	6	2.4%	161
Health center	231	42.2%	3	1.2%	234
Health post	159	29.1%	0	0%	159
Health clinic	0	0.2%	139	54.7%	139
Pharmacy	1	0.2%	34	13.4%	35
Drug Shop/Rural					
Drug Vendor		0%	72	28.3%	72
Total	547	100%	254	100%	800



Percent of <u>Hospitals</u> Offering Family Planning with Methods in Stock on Day of Interview



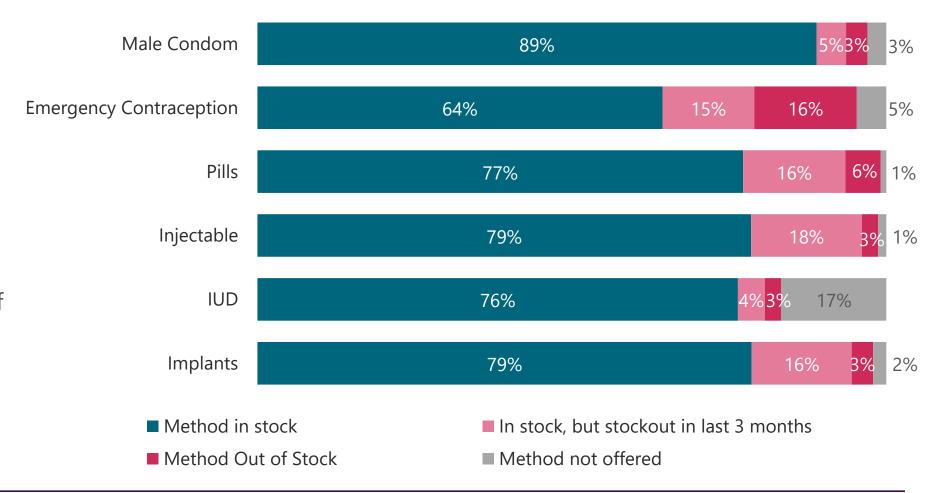
 No hospital reported being out of stock of implants on the day of interview





Percent of <u>Health Centers</u> Offering Family Planning with Methods in Stock on Day of Interview

- Majority of <u>health</u> <u>centers</u> reported **having a range** of family planning methods in stock
- Approximately one thirds of these facilities reported being out of stock of EC at some point in the past three months

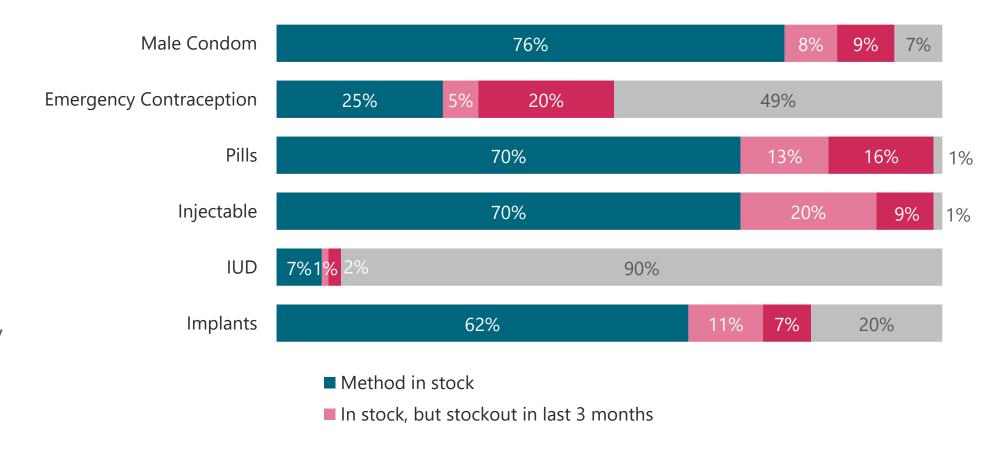




Percent of <u>Health Posts</u> Offering Family Planning with Methods in Stock on Day of Interview

 Majority of health posts reported offering shortacting methods

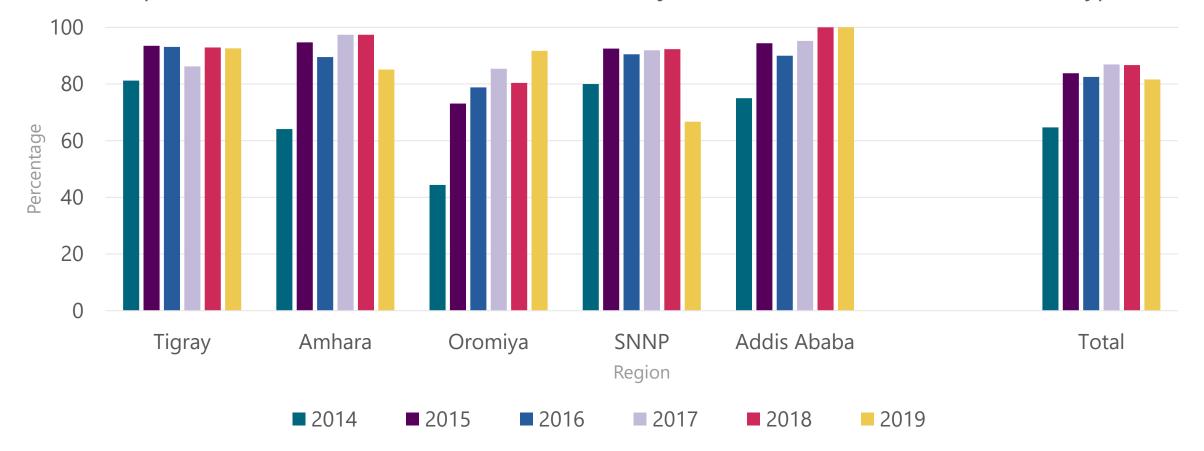
 Fewer than 10% of Health Posts with Level 4 HEWs reported IUDS available on the day of the interview





Percentage of Health Centers Providing Two Long-acting Methods

(Implants and IUDs), three short-term methods (Injectable, Male condom and Pills of all types)

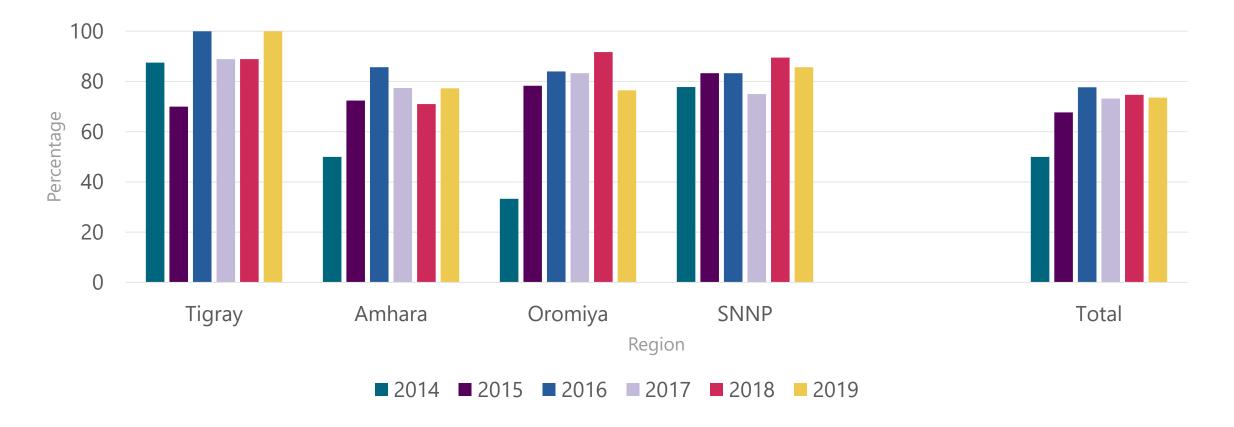


- Oromiya and Addis show relatively consistent increase in provision of two-long acting and three short-acting methods between 2014 and 2019
- Some indication that it access been decreasing in Amhara and SNNP between 2018 and 2019



Percentage of Health Posts Which Reported at Least Four Family Planning Methods

(Injectable, Implant, Male condom and Pills of all types), by region

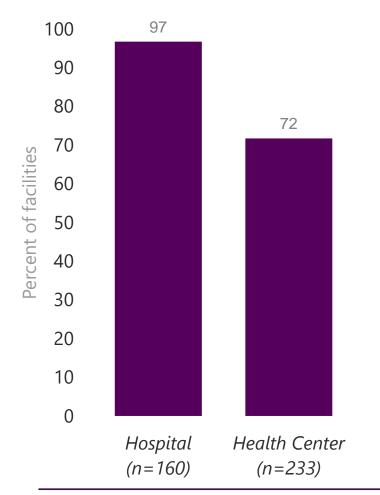


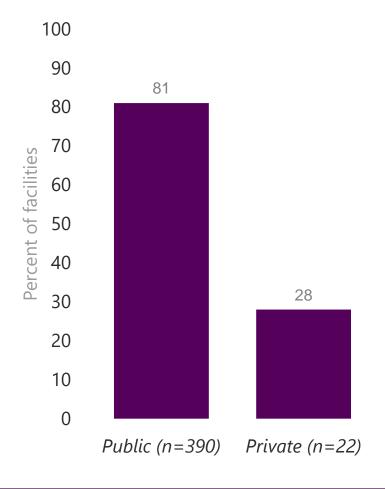
- Availability of at least four contraceptive methods at health posts increased between 2014 and 2016 and then plateaued.
- There is some regional variation in provision of at least four methods at health posts, but no clear pattern over the years.



Stock Availability of Life-Saving Maternal and Reproductive Health Medicines

Among public and private facilities offering labor and delivery





97% of hospitals and **72%** of health centers had at least 7 essential medicines in stock.

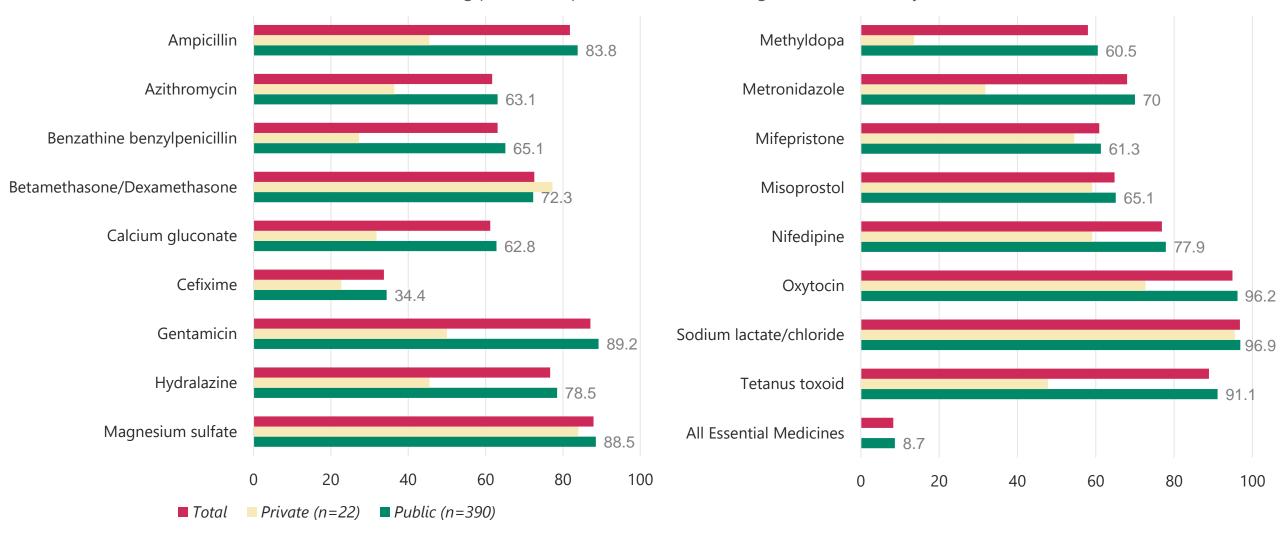
81% of public facilities and **28%** of private had at least 7 essential medicines in stock.

Defined as at least one valid dose of oxytocin, magnesium sulfate, and any 5 other essential medicines located inside or immediately outside of the delivery room



Essential Medicines Stock Availability

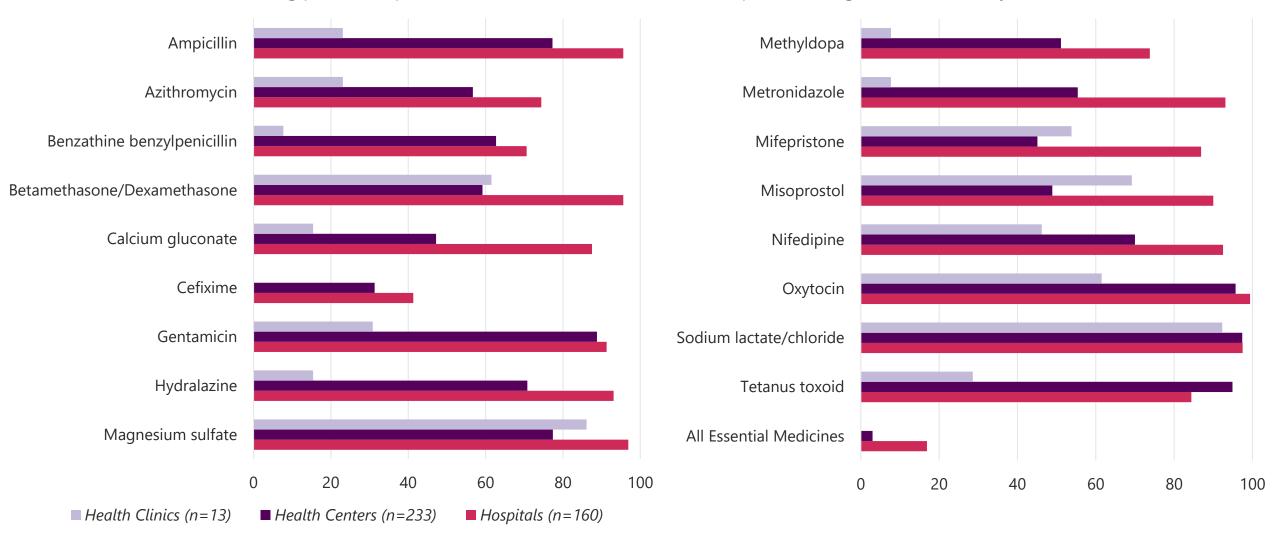
Among public and private facilities offering labor and delivery





Essential Medicines Stock Availability

Among public and private health clinics, health centers & hospitals offering labor and delivery





Health Centers Provision of Services

74% Provide Family Planning and Safe Abortion Service

Among the 234 health centers included in the survey, 74% offer two long-acting and three short-acting family planning and safe abortion services.

86% Provide Post-abortion Counseling

Among the 234 health centers included in the survey, 86% offer post-abortion counseling services.



Health Posts Provision of Services

74% Provide At Least 4 Methods of Family Planning

Of all health posts surveyed, 74% provide 4 or more contraceptive methods.

26% Implant removal services available on day of interview

Of all health posts surveyed, 26% had at least one staff member trained to provide implant removal services present on the day of the interview.





Maternal Health Summary

- Most women report wanting their pregnancy, but Oromiya and SNNP show high unwanted pregnancy rates
- Early ANC remains low, with significant gaps in comprehensive ANC
- Postpartum family planning counseling needs significant improvement if it is to be impactful



Family Planning Summary

- PMA Ethiopia has detected increased use of **long-acting methods**, particularly implants
 - However, there is an overall decline in mCPR
- Regional variation in key family planning indicators are also noted
- Most women have generally positive attitudes towards contraception, but significant percentage have concerns that require improved counseling and messaging



Service Delivery Point Summary

- The number of skilled personnel in health facilities trained on implant removal improving
- Other indicators on method availability and quality of counselling declined
 - Percentage of health centres which reported providing two long-acting family planning methods and three short-term family planning methods declined from 87% to 73% since 2018
- Stock availability of essential medicines for labor and delivery is lower in health centers and private sector



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Thank you!

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