

PMA2014/ETHIOPIA

PERFORMANCE, MONITORING & ACCOUNTABILITY

PMA2020 Ethiopia is being conducted in 200 nationally representative samples of enumeration areas, or random clusters throughout Ethiopia. PMA2020/Ethiopia is implemented by our partners at the Addis Ababa University School of Public Health in collaboration with Universities of Mekelle, Gondar, Hawassa, and Jimma, the Federal Ministry of Health and the Central Statistics Agency.

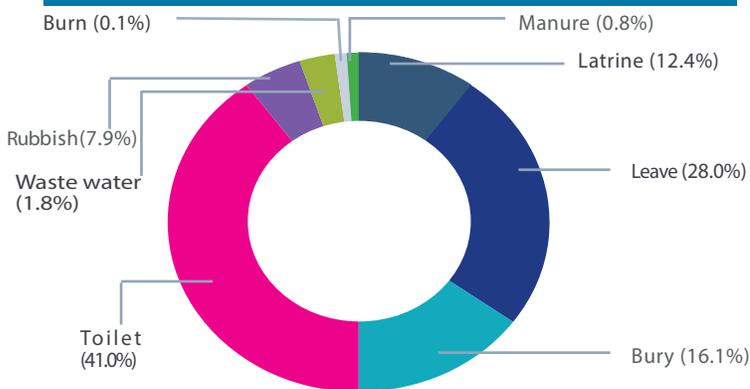
The project has employed 200 female resident enumerators, 30 supervisors and 5 regional coordinators to conduct the data collection process. The project is supported and directed by the Bill and Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins School of Public Health, the Johns Hopkins Water Institute, and is funded by the Bill & Melinda Gates Foundation.

For more information on PMA2020 please visit <http://www.pma2020.org>



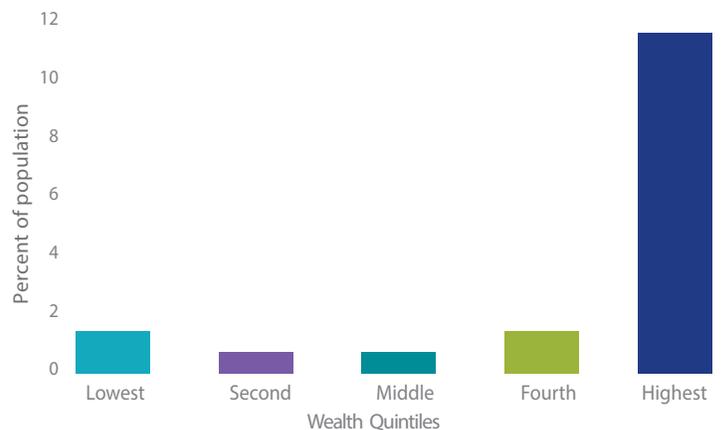
Select Water Sanitation & Hygiene (WASH) Indicators

Method of disposing of child fecal matter for total population



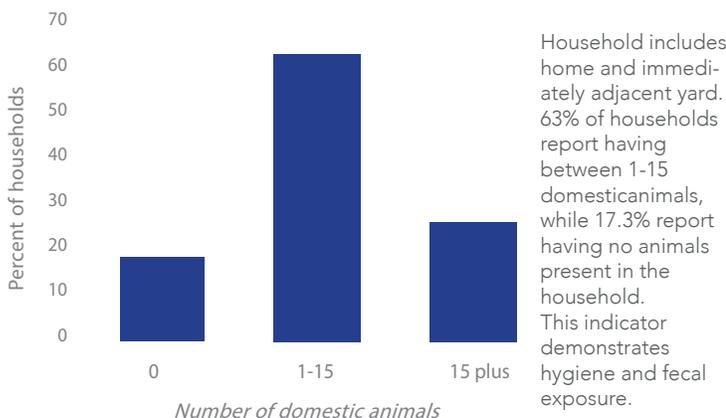
The most common method of under 5 child fecal matter disposal in total rural and urban populations is by flushing toilets (41.0%), while the least common methods include using as manure (0.8%) and burning (0.1%).

Percent of population living in households with a place to wash hands according to wealth quintile

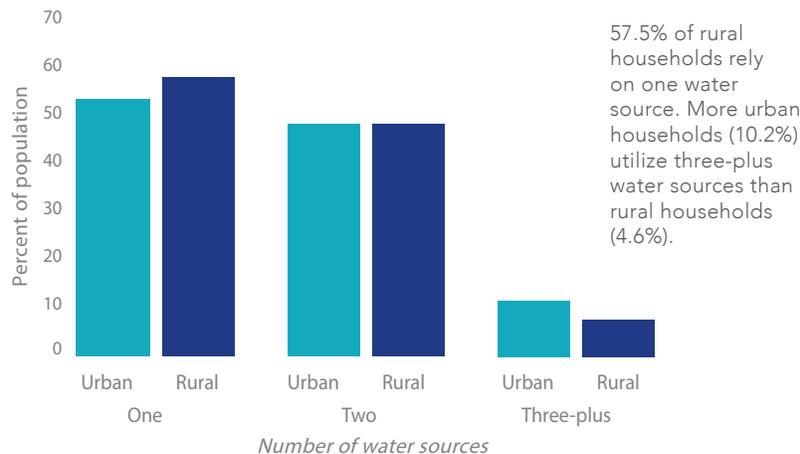


Wealth is a factor that determines the availability of handwashing stations. At 11.7%, the wealthiest quintile is the only quintile where more than 2% of the population has a dedicated place to wash hands in the home.

Number of animals owned in household



Percent distribution of number of water sources, by residence



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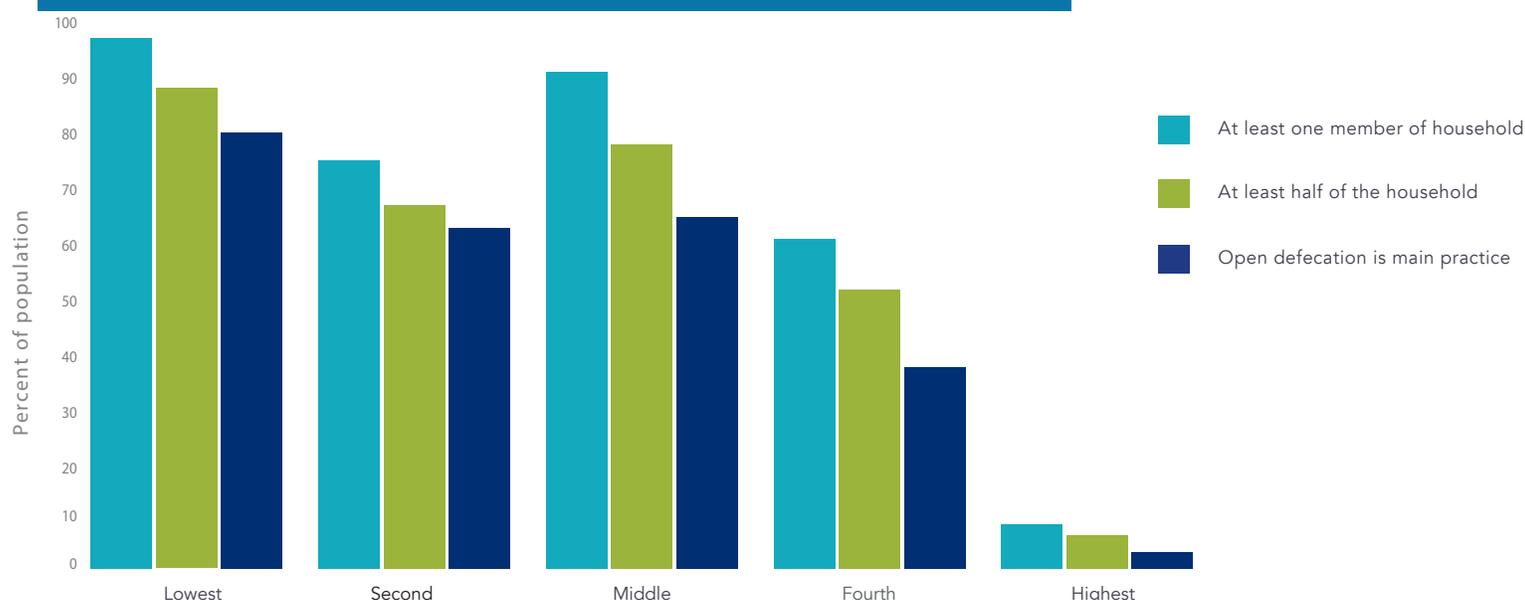
INDICATORS FOR WATER, SANITATION & HYGIENE

Percent distribution of time taken by females to obtain water, by residential setting and age distribution

	Residential Setting (Dry)		Residential Setting (Wet)		Age distribution (Years)			
	Urban	Rural	Urban	Rural	15-17	18-26	27-39	40-49
Water on premises	26.2	6.2	27.9	7.8	9.4	9.4	12.3	11.2
1-5 min	39.2	7.6	38.4	8.9	15.6	15.8	14.2	13.4
6 - 30 min	21.9	43.1	23.8	44.4	44.4	39.7	35.2	36.8
31 - 120 min	9.7	34.2	7.9	32.6	25.6	27.8	29.7	30.7
>2 hours	2.9	8.9	2.0	6.3	4.9	7.2	8.6	8.0
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

The majority of urban females report having water on premises (26.2%; 27.9%) than their rural-dwelling counterparts. Rural females (44.4%) mostly expend 6 to 30 minutes under wet conditions in obtaining water. For all age groups, the majority spend between 6 and 30 minutes collecting water. Females of ages 15 to 17 made up the largest percentage of females (44.4%) who spent 6 to 30 minutes collecting water, while the majority of those aged 40-49 years (36.8%) spent between 6 and 30 minutes collecting water.

Percent of population practicing open defecation, by wealth quintile



Ninety-six point five percent of the poorest have at least one member of the household practicing open defecation. Among the wealthiest quintile, by contrast, 9.3% of the population live in households where at least one member practices open defecation. Defecation is reported to be the main practice among 77.8% of the poorest quintile population, compared to 2.9% of those belonging to the wealthiest quintile.

SAMPLE DESIGN

For the first round of data collection (referred to as PMA2014/Ethiopia), the survey targeted a sample size of 200 enumeration areas, which were selected by CSA to be representative at the national level (including urban and rural areas) and in 5 of 11 regional divisions. The enumeration areas were selected systematically with probability proportional to size and urban or rural stratification in the 10 regions (excluding Addis Ababa city, which is only urban). The sample sizes for five regions (Amhara, Oromiya, SNNPR, Tigray and Addis Ababa city) were designed to provide regional estimates. CSA provided the enumeration area selection probabilities for the PMA2020 sampled clusters for constructing weights. Prior to data collection, all households, health SDPs and key landmarks in each enumeration area were listed and mapped by the resident enumerators to create a frame for the second stage of the sampling process. This mapping and listing process took place in the first week of data collection in each enumeration area.

