

# PMA Ethiopia Service Delivery Point (SDP) Technical Report, 2020



Bill & Melinda Gates Institute for  
Population and Reproductive Health



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

**Authors:** Celia Karp, Jiage Qian, Elizabeth Stierman, Selamawit Desta, Ayanaw Amogne, Bedilu Ejigu, Addisalem Zebene, Shannon Wood, Sally Safi, Mahari Yidegho, Solomon Shiferaw, Assefa Seme, Linnea Zimmerman

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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 2020 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 and infant 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 **2020 SDP survey**. Findings from (2019) SDP survey can be found [here](#). Maternal and Newborn Health Technical Reports using the [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.<sup>1</sup>

## Survey implementation

Data collection for the 2020 SDP survey occurred between October to December 2020. SDPs that completed the 2019 survey were eligible for follow-up in 2020 if they were public facilities, or private facilities that provided maternal and newborn health services. 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 Tigray (65 eligible SDPs affected). Additionally, 13 other EAs in potentially insecure areas were replaced, resulting in a total of 95 eligible SDPs not being followed up in 2020.

## 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 (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 2020 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. Enumerators also record key facility information, including the volume of services, like family planning, safe abortion, and post abortion care (PAC) from facility registers.

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<sup>1</sup> 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>

## Response rate

Table 1 shows response rates by facility type, managing authority, and region from the 2020 PMA Ethiopia SDP survey. A total of 735 eligible SDPs were sampled. Of these 735 eligible SDPs, 710 SDPs completed the survey, yielding a response rate of 96.6%.

**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 2020

Facility characteristics	Completed	Not at facility	Refused	Partly completed	Other	Number of SDPs in sample
<b>Type</b>						
Hospital	92.7	0.7	0.0	2.0	4.6	151
Health center	99.0	0.0	0.5	0.0	0.5	208
Health post	94.3	3.2	0.0	0.0	2.5	157
Health clinic	97.6	0.0	0.8	0.0	1.6	126
Pharmacy/Drug shop	100.0	0.0	0.0	0.0	0.0	93
<b>Managing authority</b>						
Public	95.7	1.2	0.2	0.6	2.4	507
Private	98.7	0.0	0.4	0.0	0.9	228
<b>Region</b>						
Afar	84.6	0.0	3.8	7.7	3.8	26
Amhara	98.6	0.0	0.0	0.0	1.4	145
Oromia	94.4	1.7	0.0	0.0	3.9	180
Somali	93.3	6.7	0.0	0.0	0.0	15
Benishangul-Gumuz	90.0	5.0	5.0	0.0	0.0	20
SNNP	96.9	0.6	0.0	0.6	1.8	163
Gambella	100.0	0.0	0.0	0.0	0.0	32
Harari	100.0	0.0	0.0	0.0	0.0	29
Addis Ababa	100.0	0.0	0.0	0.0	0.0	94
Dire Dawa	96.8	0.0	0.0	0.0	3.2	31
<b>Total</b>	<b>96.6</b>	<b>0.8</b>	<b>0.3</b>	<b>0.4</b>	<b>1.9</b>	<b>735</b>

## Sample interpretation

SDPs were not randomly selected from a sampling frame with a known probability of selection. Instead, SDPs were selected based on the selection of enumeration areas, derived from population-based sampling, and the catchment area, so 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 in Ethiopia. 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.<sup>2</sup>

*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.<sup>3</sup> 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.<sup>3</sup>

*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.<sup>3</sup> Health centers are practical training sites for health extension workers and receive referrals from health posts.<sup>2</sup>

*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.<sup>2</sup>

*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.<sup>2</sup>

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.

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<sup>2</sup> 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](https://www.globalfinancingfacility.org/sites/gff_new/files/Ethiopia-health-system-transformation-plan.pdf)

<sup>3</sup> 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](https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/essential_health_services_package_of_ethiopia_2019.pdf)



## Characteristics of service delivery points

The characteristics of the 710 SDPs surveyed are presented in Table 2.

**Type:** SDPs included hospitals (19.7%), health centers (29.0%), health posts (20.8%), health clinics (17.3%), and pharmacies or drug shops (13.1%).

**Managing authority:** Over two-thirds (68.3%) were public sector SDPs. The remainder (31.7%) 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 (23.9%), SNNP (22.3%), and Amhara (20.1%).

**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 2020

Facility characteristics	Percent distribution of surveyed SDPs	Number of surveyed SDPs
<b>Type</b>		
Hospital	19.7	140
Health center	29.0	206
Health post	20.8	148
Health clinic	17.3	123
Pharmacy/Drug shop	13.1	93
<b>Managing authority</b>		
Public	68.3	485
Private	31.7	225
<b>Region*</b>		
Afar	3.1	22
Amhara	20.1	143
Oromia	23.9	170
Somali	2.0	14
Benishangul-Gumuz	2.5	18
SNNP	22.3	158
Gambella	4.5	32
Harari	4.1	29
Addis Ababa	13.2	94
Dire Dawa	4.2	30
<b>Total</b>	<b>100.0</b>	<b>710</b>

\* After consultation with the FMOH, PMA Ethiopia ended all data collections in Tigray due to ongoing conflicts. Sampling procedures were determined in 2019 before the ratification of regional statehood for Sidama. Data reflects the regional distribution at the time of data collection.

## 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, and laboratory staff. Most health centers had no physicians, but employed other clinicians, nurses, and midwives. 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. Most 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 (98.6%), regular electricity (97.9%), and internet (90.7%). Among health centers and clinics, most had access to water (81.1% and 90.2% respectively) and regular electricity (72.8% and 71.5%), but fewer than two in five had internet (38.3% and 20.3%). Few health posts had any basic amenities, with the most common amenity being water (40.5%) and the least common being internet (2.0%). 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-third (34.8%) of private facilities had such systems. The majority (90.5%) of public sector facilities produced monthly reports for the HMIS, compared to two in five (40.2%) 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 (72.7% vs. 62.1%).
- **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 (100.0%), Amhara (92.6%), and Somali (90.9%) had a PMT that met monthly or more often, whereas only about one-third (36.4%) of facilities in Gambella 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 2020

Provider type	Hospital	Health center	Health post	Health clinic	Pharmacy/ Drug shop
General practitioner	15 (10-26)	0 (0-1)	. (-.)	0 (0-0)	. (-.)
Specialist physician <sup>1</sup>	3 (0-9)	. (-.)	. (-.)	0 (0-0)	. (-.)
Clinician <sup>2</sup>	6 (4-10)	3 (2-5)	. (-.)	1 (0-1)	. (-.)
Nurse	57 (32-116)	9 (6-15)	. (-.)	2 (1-2)	0 (0-0)
Midwife	18 (12-32)	4 (2-5)	. (-.)	0 (0-0)	0 (0-0)
Health extension worker <sup>3</sup>	0 (0-0)	0 (0-0)	2 (1-3)	0 (0-0)	. (-.)
Pharmacy staff <sup>4</sup>	13 (8-23)	2 (2-4)	. (-.)	0 (0-0)	2 (1-2)
Laboratory staff <sup>5</sup>	11 (8-20)	2 (1-4)	. (-.)	1 (0-2)	0 (0-0)
Number of SDPs*	140	206	148	123	93

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

<sup>1</sup> Includes physicians with any medical specialists

<sup>2</sup> Includes health officer, emergency surgery and obstetrics officer, and pediatrics officer

<sup>3</sup> Includes health extension worker Level III and health extension worker Level IV

<sup>4</sup> Includes pharmacist and pharmacy technician

<sup>5</sup> 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 2020

Provider type	Hospital	Health center	Health post	Health clinic	Pharmacy/ Drug shop
General practitioner	15 (10-26)	0 (0-1)	. (-.)	0 (0-0)	. (-.)
Specialist physician	3 (0-9)	. (-.)	. (-.)	0 (0-0)	. (-.)
Health officer	4 (1-7)	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	57 (32-116)	9 (6-15)	. (-.)	2 (1-2)	0 (0-0)
Midwife	18 (12-32)	4 (2-5)	. (-.)	0 (0-0)	0 (0-0)
Health extension worker (HEW) - Level III	0 (0-0)	0 (0-0)	1 (0-2)	0 (0-0)	. (-.)
Health extension worker (HEW) - Level IV	0 (0-0)	0 (0-0)	1 (0-2)	0 (0-0)	. (-.)
Pharmacist/Pharmacy technician	13 (8-23)	2 (2-4)	. (-.)	0 (0-0)	2 (1-2)
Laboratory technologist/technician	11 (8-20)	2 (1-4)	. (-.)	1 (0-2)	0 (0-0)
Number of SDPs*	140	206	148	123	93

\*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 2020

Facility characteristics	Electricity				Number of facilities
	Regular electricity <sup>1</sup>	Continuous electricity <sup>2</sup>	Water outlet onsite	Internet	
<b>Type of facility</b>					
Hospital	97.9	49.3	98.6	90.7	140
Health center	72.8	27.2	81.1	38.3	206
Health post	36.5	20.3	40.5	2.0	148
Health clinic	71.5	27.6	90.2	20.3	123
<b>Managing authority</b>					
Public	68.5	31.1	73.4	41.4	485
Private	73.5	28.8	90.9	25.0	132
<b>Region*</b>					
Afar	87.0	26.1	82.6	13.0	23
Amhara	77.3	18.2	81.8	18.2	22
Oromia	67.2	28.9	75.8	33.6	128
Somali	58.0	22.7	70.0	42.7	150
Benishangul-Gumuz	78.6	57.1	92.9	71.4	14
SNNP	83.3	33.3	83.3	22.2	18
Gambella	67.8	30.1	74.0	28.8	146
Harari	75.0	7.1	53.6	28.6	28
Addis Ababa	77.8	16.7	94.4	44.4	18
Dire Dawa	87.3	63.4	97.2	56.3	71
<b>Total</b>	<b>69.5</b>	<b>30.6</b>	<b>77.1</b>	<b>37.9</b>	<b>617</b>

\* After consultation with the FMOH, PMA Ethiopia ended all data collections in Tigray due to ongoing conflicts. Sampling procedures were determined in 2019 before the ratification of regional statehood for Sidama. Data reflects the regional distribution at the time of data collection.

<sup>1</sup> 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.

<sup>2</sup> 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 2020

Facility characteristics	Functional mechanism for summarizing outcome data <sup>1</sup>	Produces reports for HMIS <sup>2</sup>	Produces reports for HMIS monthly or more often <sup>2</sup>	Number of facilities
<b>Type of facility</b>				
Hospital	99.3	100.0	95.7	140
Health center	98.5	98.1	94.2	206
Health post	77.0	85.8	81.8	148
Health clinic	29.3	39.0	35.0	123
<b>Managing authority</b>				
Public	92.0	94.6	90.5	485
Private	34.8	43.9	40.2	132
<b>Region*</b>				
Afar	86.4	90.9	68.2	22
Amhara	90.6	90.6	85.9	128
Oromia	81.3	89.3	86.0	150
Somali	85.7	92.9	92.9	14
Benishangul-Gumuz	83.3	88.9	83.3	18
SNNP	77.4	80.1	76.0	146
Gambella	53.6	64.3	60.7	28
Harari	88.9	88.9	88.9	18
Addis Ababa	62.0	67.6	66.2	71
Dire Dawa	90.9	86.4	86.4	22
<b>Total</b>	<b>79.7</b>	<b>79.7</b>	<b>79.7</b>	<b>617</b>

\* After consultation with the FMOH, PMA Ethiopia ended all data collections in Tigray due to ongoing conflicts. Sampling procedures were determined in 2019 before the ratification of regional statehood for Sidama. Data reflects the regional distribution at the time of data collection.

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

<sup>2</sup> 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 2020

Among facilities that produce reports, percentages that receive feedback on reports:					
Facility characteristics	From facility's leadership team	From external stakeholders <sup>1</sup>	From facility leadership and/or external stakeholders <sup>1</sup>	That include recommendations for action to improve quality of care	Number of facilities <sup>2</sup>
<b>Type of facility</b>					
Hospital	65.7	92.1	97.1	93.6	140
Health center	55.5	94.1	96.5	89.6	202
Health post	0.0	23.0	23.0	23.0	127
Health clinic	4.2	85.4	85.4	58.3	48
<b>Managing authority</b>					
Public	43.6	74.0	76.6	72.7	459
Private	10.3	86.2	86.2	62.1	58
<b>Region*</b>					
Afar	50.0	85.0	85.0	80.0	20
Amhara	36.2	66.4	69.8	64.7	116
Oromia	33.6	76.9	78.4	70.1	134
Somali	69.2	92.3	92.3	92.3	13
Benishangul-Gumuz	62.5	62.5	81.2	75.0	16
SNNP	38.6	75.0	75.9	70.7	117
Gambella	11.1	44.4	55.6	50.0	18
Harari	43.8	93.8	93.8	93.8	16
Addis Ababa	54.2	93.8	93.8	85.4	48
Dire Dawa	52.6	78.9	78.9	68.4	19
<b>Total</b>	<b>39.9</b>	<b>75.4</b>	<b>77.7</b>	<b>71.5</b>	<b>517</b>

\* After consultation with the FMOH, PMA Ethiopia ended all data collections in Tigray due to ongoing conflicts. Sampling procedures were determined in 2019 before the ratification of regional statehood for Sidama. Data reflects the regional distribution at the time of data collection.

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

<sup>2</sup> Three facilities responded "do not know" to one or more questions. Missingness for individual questions range from 0.19% to 0.58%. 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 2020

Among health facilities that receive feedback that includes action-oriented recommendations, percentages that receive each type of action-oriented recommendation:

Facility characteristics	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 <sup>1</sup>	Number of facilities <sup>2</sup>
<b>Type of facility</b>						
Hospital	90.8	79.4	96.9	83.2	79.4	131
Health center	93.4	79.0	96.1	74.0	65.2	181
Health post	93.1	62.1	86.2	50.0	48.3	29
Health clinic	53.6	25.0	78.6	25.0	25.0	28
<b>Managing authority</b>						
Public	92.5	78.1	95.5	76.5	69.4	333
Private	61.1	33.3	83.3	27.8	33.3	36
<b>Region*</b>						
Afar	93.8	87.5	100.0	81.2	75.0	16
Amhara	82.7	65.3	92.0	73.3	70.7	75
Oromia	89.4	73.4	95.7	54.3	43.6	94
Somali	100.0	100.0	100.0	100.0	100.0	12
Benishangul-Gumuz	83.3	75.0	100.0	83.3	83.3	12
SNNP	96.3	86.6	97.6	84.0	75.6	82
Gambella*	--	--	--	--	--	9
Harari	100.0	80.0	93.3	73.3	80.0	15
Addis Ababa	82.9	51.2	85.4	68.3	63.4	41
Dire Dawa	84.6	84.6	100.0	84.6	84.6	13
<b>Total</b>	<b>89.4</b>	<b>73.7</b>	<b>94.3</b>	<b>71.7</b>	<b>65.9</b>	<b>369</b>

\* After consultation with the FMOH, PMA Ethiopia ended all data collections in Tigray due to ongoing conflicts. Sampling procedures were determined in 2019 before the ratification of regional statehood for Sidama. Data reflects the regional distribution at the time of data collection. Percentages based on less than 10 sample sizes are suppressed (--).

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

<sup>2</sup> One facility responded "do not know" to the question on action-oriented recommendations (0.27%). 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 2020

Facility characteristics	Has Performance Monitoring Team (PMT)	Has PMT that meets monthly or more often <sup>1</sup>	Number of facilities
<b>Type of facility</b>			
Hospital	97.7	82.7	133
Health center	94.1	81.8	203
<b>Region*</b>			
Afar	100.0	85.7	14
Amhara	98.8	92.6	81
Oromia	94.0	89.2	83
Somali	100.0	90.9	11
Benishangul-Gumuz	100.0	70.0	10
SNNP	89.6	61.0	77
Gambella	90.9	36.4	11
Harari*	--	--	7
Addis Ababa	100.0	100.0	32
Dire Dawa	100.0	80.0	10
<b>Total</b>	<b>95.5</b>	<b>82.1</b>	<b>336</b>

\* After consultation with the FMOH, PMA Ethiopia ended all data collections in Tigray due to ongoing conflicts. Sampling procedures were determined in 2019 before the ratification of regional statehood for Sidama. Data reflects the regional distribution at the time of data collection. Percentages based on less than 10 sample sizes are suppressed (--).

<sup>1</sup> Among facilities that had a PMT.



**Table 9. Participatory performance review meetings**

Among hospitals and health centers, percentages that conduct participatory performance review meetings<sup>1</sup> and frequency of meetings, by background characteristics, PMA Ethiopia 2020

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 <sup>2</sup>	Not at all	
<b>Type of facility</b>						
Hospital	84.3	32.1	37.1	15.0	15.7	140
Health center	79.1	35.4	34.0	9.7	20.9	206
<b>Managing authority</b>						
Public	81.5	34.2	36.3	11.0	18.5	336
Private	70.0	30.0	0.0	40.0	30.0	10
<b>Region*</b>						
Afar	57.1	28.6	28.6	0.0	42.9	14
Amhara	80.2	50.6	23.5	6.2	19.8	81
Oromia	80.0	35.3	38.8	5.9	20.0	85
Somali	90.9	72.7	9.1	9.1	9.1	11
Benishangul-Gumuz	90.0	30.0	40.0	20.0	10.0	10
SNNP	81.2	25.0	41.2	15.0	18.8	80
Gambella	81.8	27.3	27.3	27.3	18.2	11
Harari*	--	--	--	--	--	8
Addis Ababa	79.4	2.9	47.1	29.4	20.6	34
Dire Dawa	100.0	41.7	50.0	8.3	0.0	12
<b>Total</b>	<b>81.2</b>	<b>34.1</b>	<b>35.3</b>	<b>11.8</b>	<b>18.8</b>	<b>346</b>

\* After consultation with the FMOH, PMA Ethiopia ended all data collections in Tigray due to ongoing conflicts. Sampling procedures were determined in 2019 before the ratification of regional statehood for Sidama. Data reflects the regional distribution at the time of data collection. Percentages based on less than 10 sample sizes are suppressed (--).

<sup>1</sup> 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.

<sup>2</sup> 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 reviewing maternal deaths (Table 18), and guidelines, equipment, commodities, and amenities for routine newborn care (Table 19).

### Patterns by facility characteristics:

- **Services by facility type and managing authority:** Nearly all hospitals and health centers self-reported providing antenatal care (>99%), labor and delivery care (>99%), and postnatal care (>98%). In addition, most hospitals offered obstetric surgery (98.6%), blood transfusion (91.4%), and neonatal intensive care (95.7%). 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 90.0% to 99.3% per function). In contrast, the proportion of health centers and clinics that performed these functions was lower; about half provided parenteral anticonvulsants to manage high blood pressure in pregnancy (50.3%) and even fewer provided antenatal corticosteroids for fetal lung maturation (10.1%).
- **Referral readiness by facility type and region:** Overall, a high proportion (~90.0%) of facilities provided referrals, except for those in Harari (76.5%), Somali (78.6%), and Addis Ababa (78.6%). Among facilities that made referrals, half (53.0%) had a functional ambulance or car on-site for emergency transportation. Emergency transportation was less common for health posts (17.6%) and health clinics (8.9%) relative to other facility types, and also less common in Oromia (33.6%) and Gambella (36.8%) relative to other regions.
- **Systems for reporting and review of maternal death by facility type:** The vast majority of hospitals and health centers reviewed maternal deaths (97.1% and 87.7%, respectively) and have a report data to the Maternal and Perinatal Death Surveillance and Response (MPDSR; 95.0% and 92.7%, respectively). Seven in ten (71.3%) health posts reported data to the MPDSR.

- **Guidelines, equipment, commodities, and amenities for routine newborn care by facility type:** Over 90% of hospitals had basic commodities and amenities used in routine newborn care, including tetracycline ointment (94.2%), BCG vaccine (94.7%), and oral polio vaccine (93.9%), infant scale (97.9%), and newborn corner (97.9%). A larger proportion of hospitals (26.4%) had baby friendly initiative guidelines compared to health centers (11.8%).
- **Life-saving maternal and reproductive health medicines:** Most hospitals (92.1%) and health centers/clinics (80.3%) had at least 7 priority medicines, including oxytocin and magnesium sulfate. This proportion dropped to just over two-thirds (67.9%) and fewer than one-half (48.1%), respectively, when accounting for the availability of least 14 priority medicines, including oxytocin and magnesium sulfate. A higher proportion of private facilities (50.0%) were equipped with all 17 priority medicines, relative to public facilities (28.1%). By region, Dire Dawa was least equipped with all 17 priority medicines (8.3%), while Benishangul-Gumuz was most equipped (70.0%).

**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 2020

Facility characteristics	Antenatal care	Labor and delivery care	Postnatal care	Obstetric surgery	Blood transfusion	Neonatal intensive care	Number of facilities <sup>1</sup>
<b>Type of facility</b>							
Hospital	100.0	100.0	100.0	98.6	91.4	95.7	140
Health center	99.5	99.0	98.5	5.8	4.4	3.9	206
Health post <sup>1</sup>	83.8	2.7	85.8	n/a	n/a	n/a	148
Health clinic	36.6	3.3	24.4	0.8	0.8	1.6	123
<b>Managing authority</b>							
Public	94.8	69.7	94.8	42.4	38.6	40.7	485
Private	40.9	10.6	30.3	6.1	6.1	5.3	132
<b>Region*</b>							
Afar	90.9	59.1	81.8	28.6	35.7	35.7	22
Amhara	93.8	63.3	94.5	39.5	38.4	41.9	128
Oromia	89.3	57.3	86.7	31.9	31.0	31.9	150
Somali	92.9	85.7	85.7	45.5	54.5	36.4	14
Benishangul-Gumuz	72.2	61.1	83.3	46.2	38.5	15.4	18
SNNP	82.2	56.2	81.5	37.3	30.9	36.4	146
Gambella	64.3	39.3	57.1	26.3	5.3	15.8	28
Harari	88.9	44.4	88.9	27.3	27.3	18.2	18
Addis Ababa	59.2	49.3	50.7	18.3	16.9	18.3	71
Dire Dawa	81.8	59.1	77.3	16.7	16.7	11.1	22
<b>Total</b>	<b>83.3</b>	<b>57.1</b>	<b>81.0</b>	<b>32.2</b>	<b>29.4</b>	<b>30.7</b>	<b>617</b>

\* After consultation with the FMoH, PMA Ethiopia ended all data collections in Tigray due to ongoing conflicts. Sampling procedures were determined in 2019 before the ratification of regional statehood for Sidama. Data reflects the regional distribution at the time of data collection.

n/a = not applicable.

<sup>1</sup> 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 2020

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 <sup>1</sup>
<b>Type of facility</b>							
Hospital	99.3	99.3	95.7	89.9	95.0	90.9	140
Health center/clinic	96.2	100.0	90.4	76.9	93.3	92.9	208
<b>Managing authority</b>							
Public	97.3	100.0	92.8	82.2	95.2	91.9	334
Private	100.0	92.9	85.7	78.6	64.3	100.0	14
<b>Region*</b>							
Afar	100.0	100.0	69.2	61.5	100.0	76.9	13
Amhara	97.5	100.0	93.8	84.0	93.8	93.5	81
Oromia	96.5	100.0	97.7	82.6	90.7	98.8	86
Somali	90.9	100.0	72.7	72.7	90.9	72.7	11
Benishangul-Gumuz	100.0	100.0	90.0	80.0	100.0	90.0	10
SNNP	96.3	100.0	92.6	82.7	92.6	86.8	81
Gambella	100.0	100.0	81.8	90.9	100.0	81.8	11
Harari*	--	--	--	--	--	--	8
Addis Ababa	100.0	97.1	100.0	85.3	100.0	100.0	35
Dire Dawa	100.0	100.0	91.7	91.7	91.7	91.7	12
<b>Total</b>	<b>97.4</b>	<b>99.7</b>	<b>92.5</b>	<b>82.1</b>	<b>93.9</b>	<b>92.1</b>	<b>348</b>

\* After consultation with the FMoH, PMA Ethiopia ended all data collections in Tigray due to ongoing conflicts. Sampling procedures were determined in 2019 before the ratification of regional statehood for Sidama. Data reflects the regional distribution at the time of data collection; percentages based on less than 10 sample sizes are suppressed (--).

<sup>1</sup> Eighteen facilities were not asked about the availability of tetanus toxoid vaccines because they did not offer immunization services. Those facilities 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 2020

Facility characteristics	Skilled birth attendant 24 hours/day <sup>1</sup>	Management Protocol on Obstetric Topics <sup>2</sup>	Delivery pack <sup>3</sup>	Suction apparatus <sup>4</sup>	Obstetric forceps and/or vacuum extractor <sup>5</sup>	MVA and/or D&C kit <sup>6</sup>	Neonatal bag and masks <sup>7</sup>	Intravenous fluids with infusion set <sup>8</sup>	Visual privacy in delivery room	Number of facilities
<b>Type of facility</b>										
Hospital	95.7	53.6	98.6	100.0	98.6	98.6	86.4	99.3	80.0	140
Health center/clinic	91.3	22.2	98.6	90.4	54.8	89.4	73.1	94.2	79.8	208
<b>Managing authority</b>										
Public	93.4	34.5	98.5	94.0	71.9	93.1	78.7	96.7	79.3	334
Private	85.7	42.9	100.0	100.0	85.7	92.9	71.4	85.7	92.9	14
<b>Region*</b>										
Afar	92.3	53.8	84.6	84.6	69.2	100.0	61.5	92.3	84.6	13
Amhara	88.9	42.0	100.0	96.3	69.1	97.5	87.7	97.5	85.2	81
Oromia	100.0	30.2	100.0	94.2	67.4	90.7	69.8	96.5	74.4	86
Somali	63.6	9.1	90.9	81.8	81.8	63.6	72.7	100.0	90.9	11
Benishangul-Gumuz	100.0	10.0	90.0	90.0	90.0	100.0	100.0	100.0	100.0	10
SNNP	98.8	41.2	100.0	95.1	70.4	92.6	74.1	91.4	80.2	81
Gambella	100.0	0.0	100.0	90.9	54.5	100.0	81.8	100.0	100.0	11
Harari*	--	--	--	--	--	--	--	--	--	8
Addis Ababa	100.0	34.3	100.0	97.1	85.7	97.1	88.6	100.0	51.4	35
Dire Dawa	75.0	33.3	100.0	91.7	91.7	91.7	75.0	100.0	100.0	12
<b>Total</b>	<b>93.1</b>	<b>34.9</b>	<b>98.6</b>	<b>94.3</b>	<b>72.4</b>	<b>93.1</b>	<b>78.4</b>	<b>96.3</b>	<b>79.9</b>	<b>348</b>

\* After consultation with the FMOH, PMA Ethiopia ended all data collections in Tigray due to ongoing conflicts. Sampling procedures were determined in 2019 before the ratification of regional statehood for Sidama. Data reflects the regional distribution at the time of data collection; percentages based on less than 10 sample sizes are suppressed (--).

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

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

<sup>3</sup> Sealed delivery kit with instruments ready for use, including scissors and clamp.

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

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

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

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

<sup>8</sup> 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 2020

Medicines	Type of facility		Managing authority		
	Hospital	Health center	Public	Private	Total
<b>Priority medicines observed in facility<sup>1</sup></b>					
Injectable ampicillin	95.0	84.1	88.9	78.6	88.5
Azithromycin	76.3	55.1	62.7	85.7	63.6
Benzathine benzylpenicillin	84.3	67.8	75.7	42.9	74.4
Betamethasone or dexamethasone	87.9	62.5	72.2	85.7	72.7
Injectable calcium gluconate	83.6	43.8	60.8	35.7	59.8
Cefixime	30.0	17.3	21.3	50.0	22.4
Injectable gentamicin	92.1	79.8	85.3	71.4	84.8
Hydralazine	95.0	73.6	83.5	50.0	82.2
Injectable magnesium sulfate	95.0	83.7	88.9	71.4	88.2
Methyldopa	69.3	41.1	52.9	42.9	52.4
Injectable metronidazole	89.3	73.1	79.3	85.7	79.6
Mifepristone	85.0	72.3	78.8	71.4	78.6
Misoprostol tablet (600mg)	39.6	27.4	32.7	21.4	32.3
Misoprostol tablet (200mg)	67.9	48.1	56.9	35.7	56.0
Nifedipine	87.9	72.6	79.0	71.4	78.7
Injectable oxytocin	97.1	93.8	95.2	92.9	95.1
Intravenous solution for infusion <sup>2</sup>	99.3	94.7	97.0	85.7	96.6
Tetanus toxoid vaccine	90.9	92.9	91.9	100.0	92.1
Number of facilities <sup>3</sup>	140	208	334	14	348

<sup>1</sup> 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.

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

<sup>3</sup> 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 medicines<sup>1</sup> observed in the facility<sup>2</sup> on the day of the survey, by facility characteristics, PMA Ethiopia 2020

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
<b>Type of facility</b>					
Hospital	92.1	92.1	67.9	15.0	140
Health center/clinic	80.8	80.3	48.1	38.5	208
<b>Managing authority</b>					
Public	85.9	85.9	55.7	28.1	334
Private	71.4	64.3	64.3	50.0	14
<b>Region*</b>					
Afar	84.6	84.6	38.5	23.1	13
Amhara	87.7	87.7	63.0	27.2	81
Oromia	89.5	89.5	53.5	22.1	86
Somali	90.9	90.9	81.8	63.6	11
Benishangul-Gumuz	80.0	80.0	70.0	70.0	10
SNNP	80.2	79.0	50.6	39.5	81
Gambella	72.7	72.7	63.6	63.6	11
Harari*	--	--	--	--	8
Addis Ababa	97.1	97.1	68.6	8.6	35
Dire Dawa	83.3	83.3	33.3	8.3	12
<b>Total</b>	<b>85.3</b>	<b>85.1</b>	<b>56.0</b>	<b>29.0</b>	<b>348</b>

\* After consultation with the FMOH, PMA Ethiopia ended all data collections in Tigray due to ongoing conflicts. Sampling procedures were determined in 2019 before the ratification of regional statehood for Sidama. Data reflects the regional distribution at the time of data collection; percentages based on less than 10 sample sizes are suppressed (--).

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

<sup>2</sup> 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 characteristics, PMA Ethiopia 2020

Facility characteristics	Waste receptacle with lid and plastic liner	Already mixed decontaminating solution <sup>1</sup>	Syringes and needles	Soap and water <sup>2</sup>	Alcohol-based hand scrub	Number of facilities <sup>3</sup>
<b>Type of facility</b>						
Hospital	84.3	97.1	100.0	77.9	0.7	140
Health center/clinic	70.2	93.3	99.0	65.9	1.1	208
<b>Managing authority</b>						
Public	75.7	94.6	99.4	69.5	1.0	334
Private	78.6	100.0	100.0	100.0	0.0	14
<b>Region*</b>						
Afar	92.3	76.9	100.0	61.5	0.0	13
Amhara	81.5	98.8	100.0	77.8	0.0	81
Oromia	76.7	98.8	100.0	64.0	0.0	86
Somali	100.0	81.8	100.0	90.9	10.0	11
Benishangul-Gumuz	100.0	90.0	100.0	80.0	0.0	10
SNNP	51.9	96.3	97.5	63.0	2.7	81
Gambella	63.6	63.6	100.0	63.6	0.0	11
Harari*	--	--	--	--	--	8
Addis Ababa	88.6	97.1	100.0	88.6	0.0	35
Dire Dawa	100.0	83.3	100.0	75.0	0.0	12
<b>Total</b>	<b>75.9</b>	<b>94.8</b>	<b>99.4</b>	<b>70.7</b>	<b>0.9</b>	<b>348</b>

\* After consultation with the FMOH, PMA Ethiopia ended all data collections in Tigray due to ongoing conflicts. Sampling procedures were determined in 2019 before the ratification of regional statehood for Sidama. Data reflects the regional distribution at the time of data collection; percentages based on less than 10 sample sizes are suppressed (--).

<sup>1</sup>Already mixed decontaminating solution (e.g., 0.5% chlorine) observed.

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

<sup>3</sup> One facility (0.29%) did not respond to the availability of soap for handwashing and was excluded from the calculation of percentages.

**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 2020

Facility characteristics	Percentage that provided in past three months:				Percentage that performed in past three months:				Percentage:		
	Parenteral antibiotics for infections <sup>1</sup>	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 <sup>2</sup>	Blood transfusion for maternity care	Number of facilities <sup>3</sup>
<b>Type of facility</b>											
Hospital	95.7	98.5	94.1	90.0	94.3	95.0	99.3	96.4	140	96.1	128
Health center/clinic	79.2	69.6	50.3	10.1	54.3	74.9	77.3	3.8	208	60.0	10
<b>Managing authority</b>											
Public	85.9	81.9	69.5	42.6	71.3	84.1	86.8	40.4	334	95.4	130
Private	85.7	81.8	54.5	35.7	50.0	57.1	71.4	57.1	14	--	8
<b>Region*</b>											
Afar	84.6	76.9	46.2	30.8	53.8	61.5	84.6	30.8	13	--	5
Amhara	84.0	85.7	70.0	51.9	87.7	86.4	91.4	40.7	81	97.0	33
Oromia	87.2	81.0	69.6	40.7	70.9	86.0	87.2	43.0	86	94.4	36
Somali	81.8	72.7	81.8	54.5	63.6	81.8	63.6	45.5	11	--	6
Benishangul-Gumuz	100.0	88.9	88.9	20.0	60.0	80.0	90.0	50.0	10	--	5
SNNP	85.2	78.9	60.0	44.4	69.1	88.9	85.2	46.9	81	97.1	34
Gambella	63.6	54.5	45.5	36.4	63.6	63.6	63.6	27.3	11	--	1
Harari	--	--	--	--	--	--	--	--	8	--	3
Addis Ababa	94.3	100.0	93.5	34.3	57.1	82.9	91.4	34.3	35	91.7	12
Dire Dawa	83.3	66.7	75.0	25.0	50.0	50.0	91.7	25.0	12	--	3
<b>Total</b>	<b>85.9</b>	<b>81.9</b>	<b>69.0</b>	<b>42.4</b>	<b>70.4</b>	<b>83.0</b>	<b>86.2</b>	<b>41.1</b>	<b>348</b>	<b>93.5</b>	<b>138</b>

\* After consultation with the FMOH, PMA Ethiopia ended all data collections in Tigray due to ongoing conflicts. Sampling procedures were determined in 2019 before the ratification of regional statehood for Sidama. Data reflects the regional distribution at the time of data collection; percentages based on less than 10 sample sizes are suppressed (--).

<sup>1</sup> Provided parental antibiotics for infections related to pregnancy, abortion, labor, or delivery.

<sup>2</sup> Twenty-nine facilities did not respond to one or more questions. Missingness for individual questions range from 0% to 8.33%. Missing observations are excluded from the calculation of percentages.

<sup>3</sup> 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 services<sup>1</sup>, percentages that make referrals and percentages that have referral infrastructure and systems, by facility characteristics, PMA Ethiopia 2020

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 <sup>5</sup>	Functional mechanism for recording and sharing outcomes of referred cases	Number of facilities <sup>6</sup>
			Communication equipment <sup>2</sup>	Emergency transport <sup>3</sup>	Patient referral form <sup>4</sup>				
<b>Type of facility</b>									
Hospital	71.4	140	91.0	100.0	100.0	100	74.7	100	
Health center	98.5	205	88.1	63.4	88.1	202	46.0	202	
Health post	99.3	137	79.4	17.6	28.7	136	n/a	n/a	
Health clinic	90.0	50	97.8	8.9	55.6	45	13.3	45	
<b>Managing authority</b>									
Public	91.3	473	86.3	56.9	72.0	432	55.9	296	
Private	86.4	59	94.1	19.6	60.8	51	15.7	51	
<b>Region*</b>									
Afar	100.0	20	40.0	55.0	45.0	20	50.0	14	
Amhara	92.7	124	93.0	55.7	72.2	115	68.0	76	
Oromia	92.1	139	91.4	33.6	72.7	128	38.5	96	
Somali	78.6	14	45.5	72.7	72.7	11	--	8	
Benishangul-Gumuz	93.3	15	100.0	100.0	78.6	14	--	9	
SNNP	91.1	124	95.6	59.3	61.9	113	51.9	79	
Gambella	100.0	19	68.4	36.8	57.9	19	53.8	13	
Harari	76.5	17	38.5	53.8	92.3	13	--	6	
Addis Ababa	78.6	42	100.0	72.7	90.9	33	42.4	33	
Dire Dawa	94.4	18	64.7	64.7	88.2	17	76.9	13	
<b>Total</b>	<b>90.8</b>	<b>532</b>	<b>87.2</b>	<b>53.0</b>	<b>70.8</b>	<b>483</b>	<b>50.0</b>	<b>347</b>	

\* After consultation with the FMOH, PMA Ethiopia ended all data collections in Tigray due to ongoing conflicts. Sampling procedures were determined in 2019 before the ratification of regional statehood for Sidama. Data reflects the regional distribution at the time of data collection; percentages based on less than 10 sample sizes are suppressed (--).

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

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

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

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

<sup>5</sup> One facility responded "don't know" to question about mechanism for recording or sharing outcomes. Missingness for this question is 0.21%. Missing observations are excluded from the calculation of percentages.

<sup>6</sup> 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 services<sup>1</sup>, percentages that report data on maternal deaths and review maternal deaths at facility, by facility characteristics, PMA Ethiopia 2020

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 <sup>2</sup>	Maternal deaths reviewed by providers at facility	Number of hospitals and health centers <sup>3</sup>
<b>Type of facility</b>				
Hospital	95.0	140	97.1	140
Health center	92.7	205	87.7	205
Health post	71.3	136	n/a	n/a
<b>Managing authority</b>				
Public	87.3	471	91.3	335
Private	90.0	10	100.0	10
<b>Region*</b>				
Tigray	78.9	19	92.3	14
Afar	92.5	120	97.5	80
Amhara	92.3	117	89.4	85
Oromia	57.1	14	81.8	11
Somali	86.7	15	100.0	10
Benishangul-Gumuz	84.2	114	87.5	80
SNNP	70.6	17	81.8	11
Gambella	80.0	15	--	8
Harari	97.1	34	94.1	34
Addis Ababa	75.0	16	91.7	12
Dire Dawa	78.9	19	92.3	14
<b>Total</b>	<b>87.3</b>	<b>482</b>	<b>91.5</b>	<b>345</b>

\* After consultation with the FMOH, PMA Ethiopia ended all data collections in Tigray due to ongoing conflicts. Sampling procedures were determined in 2019 before the ratification of regional statehood for Sidama. 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.

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

<sup>2</sup> One facility did not respond to question about Maternal and Perinatal Death Surveillance Response. Missingness is 0.21%. Missing observations are excluded from the calculation of percentages.

<sup>3</sup> One facility responded "don't know" and one gave no response to question about maternal death reviews.

Missingness is 0.58%. 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 2020

Facility characteristics	Tetracycline ointment	Chlorhexidine	Injectable vitamin K	BCC vaccine	Oral polio vaccine (OPV)	Infant scale	Newborn corner	Baby Friendly Initiative guidelines <sup>1</sup>	Number of facilities <sup>2</sup>
<b>Type of facility</b>									
Hospital	94.2	66.2	88.6	94.7	93.9	97.9	97.9	26.4	140
Health center/clinic	82.7	69.9	75.5	94.4	93.9	95.7	81.2	11.8	208
<b>Managing authority</b>									
Public	87.7	69.6	80.5	94.4	93.8	96.7	88.3	17.7	334
Private	76.9	38.5	85.7	100.0	100.0	92.9	78.6	20.0	14
<b>Region*</b>									
Afar	92.3	69.2	76.9	76.9	76.9	100.0	69.2	30.8	13
Amhara	87.7	67.9	85.2	89.6	90.9	97.5	90.1	16.2	81
Oromia	84.9	72.6	84.9	98.8	97.5	96.5	91.9	11.9	86
Somali	90.9	72.7	100.0	90.9	100.0	81.8	81.8	9.1	11
Benishangul-Gumuz	70.0	70.0	80.0	100.0	90.0	100.0	70.0	20.0	10
SNNP	87.5	71.2	67.9	96.1	96.1	97.5	86.4	27.5	81
Gambella	72.7	100.0	63.6	100.0	81.8	90.9	90.9	9.1	11
Harari	--	--	--	--	--	--	--	--	8
Addis Ababa	97.1	45.7	94.3	100.0	100.0	97.1	94.3	11.8	35
Dire Dawa	100.0	66.7	75.0	83.3	100.0	91.7	83.3	16.7	12
<b>Total</b>	<b>87.3</b>	<b>68.4</b>	<b>80.7</b>	<b>94.5</b>	<b>93.9</b>	<b>96.6</b>	<b>87.9</b>	<b>17.8</b>	<b>348</b>

\* After consultation with the FMOH, PMA Ethiopia ended all data collections in Tigray due to ongoing conflicts. Sampling procedures were determined in 2019 before the ratification of regional statehood for Sidama. Data reflects the regional distribution at the time of data collection; percentages based on less than 10 sample sizes are suppressed (--).

<sup>1</sup> Baby Friendly Initiative guidelines observed in the delivery room on the day of the survey.

<sup>2</sup> Twenty-seven facilities did not respond to one or more questions. This includes eighteen facilities that were not asked about the availability of BCG and OPV vaccines because they do not offer immunization services and fourteen other facilities. Missingness for individual questions range from 0% to 5.1%. 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 (96.2%) offered family planning services. Among facilities that offered family planning, over ninety percent offered contraceptive counseling to unmarried adolescents aged 10–19 except those in Harari (70.4%) and Dire Dawa (76%).
- **Provision of contraceptive methods by region:** Overall, the contraceptive methods provided by the highest proportion of SDPs in the past month were injectables (92.5%), followed by implants (71.7%), pills (69.1%), and IUDs (25.5%). Regions followed similar patterns, except for Gambella where few, if any SDPs offered implants (37.0%) and IUDs (0.0%). 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 except those in Afar (7.1%), Somali (0.0%), and Gambella (0.0%).
- **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 (75.0%–95.7%). Stockouts of contraceptive methods were more common in health posts and health clinics than other SDPs. Nearly all pharmacies and drug shops had pills (98.9%) and emergency contraception (92.1%) available on the day of the interview, but less than one-third (32.6%) had injectables.
- **Provision of implant and IUD services by facility type and region:** Among SDPs providing implants, nearly all (94.6%) reported the ability to insert an implant on the day of the interview, except for SDPs in Harari (84.6%) where capacity was lower. The ability to remove an implant varied by facility type. Nearly all hospitals had the ability to remove an implant on the day of the interview, including both palpable (100.0%) and non-palpable (96.3%) implants. Almost all (98.5%) health centers had the ability to remove standard (palpable) implants on the day of the interview, but only three in five (61.7%) had the ability to remove non-palpable implants. Few health posts had the ability to remove an implant on the day of the interview (palpable: 24.0%; non-palpable: 4.2%). The vast majority of hospitals (98.5%), health centers (97.0%), and health clinics (92.6%) had trained staff to insert an IUD.

**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 2020

Facility characteristics	Among SDPs, percentages that offer:		Among SDPs offering family planning, percentages that offer:			Number of SDPs <sup>1</sup>
	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	
<b>Type of facility</b>						
Hospital	100.0	140	96.4	95.0	41.7	140
Health center	99.0	206	96.6	94.1	49.5	204
Health post	95.3	148	90.8	87.9	71.6	141
Health clinic	88.6	123	93.6	91.7	56.9	109
Pharmacy/Drug shop	95.7	93	75.3	80.9	25.8	89
<b>Managing authority</b>						
Public	98.4	485	95.0	92.6	53.8	477
Private	91.6	225	85.4	86.9	43.2	206
<b>Region*</b>						
Afar	90.9	22	100.0	95.0	80.0	20
Amhara	97.9	143	90.0	90.0	62.1	140
Oromia	99.4	170	97.6	95.2	52.4	169
Somali	92.9	14	92.3	69.2	46.2	13
Benishangul-Gumuz	100.0	18	100.0	100.0	66.7	18
SNNP	96.2	158	89.5	88.8	46.7	152
Gambella	93.8	32	96.7	93.3	96.7	30
Harari	93.1	29	70.4	70.4	40.7	27
Addis Ababa	94.7	94	95.5	96.6	19.1	89
Dire Dawa	83.3	30	76.0	80.0	32.0	25
<b>Total</b>	<b>96.2</b>	<b>710</b>	<b>92.1</b>	<b>90.9</b>	<b>50.6</b>	<b>683</b>

\* After consultation with the FMOH, PMA Ethiopia ended all data collections in Tigray due to ongoing conflicts. Sampling procedures were determined in 2019 before the ratification of regional statehood for Sidama. Data reflects the regional distribution at the time of data collection.

<sup>1</sup> One facility did not respond to the questions about family planning services for unmarried adolescents. Missingness for these questions are 0.15%. 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 method<sup>1</sup> in previous month to at least one client, by facility characteristics, PMA Ethiopia 2020

Facility characteristics	Implants	IUDs	Injectables <sup>2</sup>	Pills <sup>3</sup>	Number of facilities <sup>4</sup>
<b>Type of facility</b>					
Hospital	96.4	45.3	95.0	82.5	140
Health center	96.1	37.7	96.6	79.1	204
Health post	49.3	2.1	85.6	57.8	141
Health clinic	19.8	6.7	89.6	35.3	109
<b>Managing authority</b>					
Public	83.3	29.5	93.4	75.1	477
Private	21.8	8.8	87.2	32.9	117
<b>Region*</b>					
Afar	60.0	5.0	78.9	66.7	20
Amhara	80.2	19.8	97.6	82.9	126
Oromia	71.4	31.1	94.4	72.9	149
Somali	69.2	7.7	69.2	61.5	13
Benishangul-Gumuz	66.7	27.8	100.0	64.7	18
SNNP	75.7	23.4	93.8	61.3	141
Gambella	37.0	0.0	69.2	42.3	27
Harari	62.5	31.2	93.3	66.7	16
Addis Ababa	68.3	46.0	96.4	65.5	67
Dire Dawa	76.5	29.4	76.5	64.7	17
<b>Total</b>	<b>71.7</b>	<b>25.5</b>	<b>92.5</b>	<b>69.1</b>	<b>594</b>

\* After consultation with the FMOH, PMA Ethiopia ended all data collections in Tigray due to ongoing conflicts. Sampling procedures were determined in 2019 before the ratification of regional statehood for Sidama. Data reflects the regional distribution at the time of data collection.

<sup>1</sup> 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."

<sup>2</sup> Injectables include progestin-only and combined hormonal methods.

<sup>3</sup> Pills include progestin only pills (POPs) and combined oral contraceptives (COCs).

<sup>4</sup> Fifty-five facilities did not respond to one or more questions. Missingness for individual questions range from 0.84% to 8.92%. 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 2020

Facility characteristics	Among hospitals and health centers/clinics, percentages providing two long-acting and three short-acting family planning methods <sup>1</sup>	Number of facilities <sup>2</sup>	Among health posts, percentages providing at least four family planning methods <sup>3</sup>	Number of facilities <sup>4</sup>
<b>Type of facility</b>				
Hospital	37.2	140	n/a	n/a
Health center	33.3	204	n/a	n/a
Health post	n/a	n/a	28.9	141
Health clinic	7.6	109	n/a	n/a
<b>Managing authority</b>				
Public	35.5	336	28.9	141
Private	8.1	117	n/a	n/a
<b>Region*</b>				
Afar	28.0	85	--	6
Amhara	34.0	115	34.1	41
Oromia	0.0	11	42.4	34
Somali	41.7	13	--	2
Benishangul-Gumuz	29.0	107	--	5
SNNP	0.0	19	29.0	34
Gambella	--	9	--	8
Harari	50.9	67	--	7
Addis Ababa	23.1	13	n/a	n/a
Dire Dawa	7.1	14	--	4
<b>Total</b>	<b>30.4</b>	<b>453</b>	<b>28.9</b>	<b>141</b>

\* After consultation with the FMOH, PMA Ethiopia ended all data collections in Tigray due to ongoing conflicts. Sampling procedures were determined in 2019 before the ratification of regional statehood for Sidama. 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.

<sup>1</sup> 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."

<sup>2</sup> Fifty-five facilities did not respond to one or more questions. Missingness for individual questions range from 0.84% to 8.92%. Missing observations are excluded from the calculation of percentages.

<sup>3</sup> 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).

<sup>4</sup> Six health post did not respond to one or more questions about methods. Missingness is 4.26%. 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 2020

Facility characteristics	Implants	IUDs	Injectables	Pills	Emergency contraception	Male condoms	Female condoms	Number of SDPs
<b>Type of facility</b>								
Hospital	95.7	91.4	95.7	93.6	81.4	90.0	0.7	140
Health center	95.6	75.0	94.1	91.2	77.9	89.7	3.9	204
Health post	68.1	4.3	86.5	72.3	32.6	75.2	0.0	141
Health clinic	33.0	20.2	83.5	74.3	57.8	70.6	0.0	109
Pharmacy/Drug shop	n/a	n/a	32.6	98.9	92.1	77.5	0.0	89
<b>Managing authority</b>								
Public	87.6	59.1	92.7	86.6	66.5	85.7	1.9	477
Private	21.8	13.6	61.2	85.0	71.4	73.8	0.0	206
<b>Region*</b>								
Afar	55.0	55.0	70.0	60.0	55.0	75.0	0.0	20
Amhara	84.3	49.3	85.7	92.9	70.0	90.7	1.4	140
Oromia	66.3	45.0	87.6	87.6	62.7	86.4	0.6	169
Somali	69.2	15.4	76.9	84.6	53.8	61.5	0.0	13
Benishangul-Gumuz	83.3	55.6	88.9	83.3	61.1	88.9	5.6	18
SNNP	67.8	42.1	85.5	82.2	69.7	82.2	2.0	152
Gambella	40.0	30.0	80.0	80.0	66.7	80.0	6.7	30
Harari	51.9	33.3	85.2	88.9	66.7	85.2	0.0	27
Addis Ababa	58.4	52.8	74.2	83.1	74.2	67.4	0.0	89
Dire Dawa	68.0	52.0	68.0	100.0	84.0	68.0	0.0	25
<b>Total</b>	<b>67.8</b>	<b>45.4</b>	<b>83.2</b>	<b>86.1</b>	<b>67.9</b>	<b>82.1</b>	<b>1.3</b>	<b>683</b>

\* After consultation with the FMoH, PMA Ethiopia ended all data collections in Tigray due to ongoing conflicts. Sampling procedures were determined in 2019 before the ratification of regional statehood for Sidama. 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 2020

Facility characteristics	Among SDPs that provide implants and have implants in stock <sup>1</sup> , percentages with:						Among SDPs that provide IUDs, percentages that have:	
	Standard implants (palpable)			Non-palpable implants			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 <sup>2</sup>	Awareness of where to refer for off-site removal of non-palpable implants <sup>2,3</sup>	No ability to remove non-palpable implants nor awareness of where to refer <sup>2</sup>	Number of SDPs	Trained personnel to remove IUDs	Number of SDPs
<b>Type of facility</b>								
Hospital	96.2	100.0	96.3	3.0	0.7	134	98.5	133
Health center	96.4	98.5	61.7	37.2	1.0	196	97.0	164
Health post	88.5	24.0	4.2	87.5	8.3	96	--	6
Health clinic	94.4	94.4	52.8	47.2	0.0	36	92.6	27
<b>Managing authority</b>								
Public	94.5	81.9	59.2	38.4	2.4	419	97.0	298
Private	95.3	95.3	58.1	39.5	2.3	43	93.8	32
<b>Region*</b>								
Afar	91.7	100.0	66.7	33.3	0.0	12	100.0	12
Amhara	91.5	75.2	65.8	30.8	3.4	117	98.6	73
Oromia	96.4	82.1	50.0	48.2	1.8	112	92.9	85
Somali	--	--	--	--	--	9	--	2
Benishangul-Gumuz	100.0	80.0	46.7	53.3	0.0	15	100.0	10
SNNP	97.1	79.6	67.0	28.2	4.9	103	95.7	70
Gambella	100.0	100.0	100.0	0.0	0.0	12	--	9
Harari	84.6	84.6	23.1	76.9	0.0	13	--	8
Addis Ababa	92.3	98.1	51.9	48.1	0.0	52	97.9	48
Dire Dawa	94.1	88.2	35.3	64.7	0.0	17	100.0	13
<b>Total</b>	<b>94.6</b>	<b>83.1</b>	<b>38.5</b>	<b>2.4</b>	<b>46.2</b>	<b>94.6</b>	<b>96.7</b>	<b>330</b>

\* After consultation with the FMOH, PMA Ethiopia ended all data collections in Tigray due to ongoing conflicts. Sampling procedures were determined in 2019 before the ratification of regional statehood for Sidama. Data reflects the regional distribution at the time of data collection; percentages based on less than 10 sample sizes are suppressed (--).

<sup>1</sup>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.

<sup>2</sup> Categories are mutually exclusive. 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).

<sup>3</sup> One facility did not respond to the question about onsite implant insertion. Missingness for this question is 0.22%. 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 (96.4%), safe abortion care services (90.7%), and post-abortion care (98.6%). Most health centers offered counseling (85.9%) for safe abortion care, as well as post-abortion care (89.3%), but fewer (69.4%) 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 (69.3% had misoprostol and 83.8% had mifepristone) and equipment (93.7% had a manual vacuum aspirator and cannula, and 83.5% had a dilation and curettage kit) observed on the day of the interview. Roughly equal proportions of health centers had these medications/equipment except dilation and curettage kit which was only observed in about half (51.7%) of health centers.
- **Provision of safe abortion care by facility type and region:** Among facilities that offer safe abortion care, most hospitals performed medical abortion (90.6%) and manual vacuum aspiration (MVA) (80.3%) in the past month, whereas about three in five health centers performed medical abortion (64.8%) and MVA (57.7%). The percentage of SDPs that provided medical abortion in the past month ranged from 41.7% in Dire Dawa to 93.3% in Addis Ababa.
- **Provision of post-abortion care by facility type and region:** Among those that offer post-abortion care, most hospitals (93.5%) and over half of health centers (56.6%) performed MVA for patients who had abortion in the past month. At least half of facilities in all regions performed MVA for post-abortion in the past month, ranging from 50.0% in Somali to 90.9% in Addis Ababa. The percentage of SDPs that performed dilation and curettage for post-abortion care was the highest in SNNP (38.9%) 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 2020

Facility characteristics	Among health facilities, percentages that offer:		Among hospitals, health centers, and clinics, percentages that offer:		
	Counseling on safe abortion care	Number of facilities	Safe abortion care	Postabortion care	Number of facilities
<b>Type of facility</b>					
Hospital	96.4	140	90.7	98.6	140
Health center	85.9	206	69.4	89.3	206
Health post	50.7	148	n/a	n/a	n/a
Health clinic	65.9	123	30.1	27.6	123
<b>Managing authority</b>					
Public	78.4	485	78.6	92.9	337
Private	66.7	132	31.8	32.6	132
<b>Region*</b>					
Afar	50.0	22	78.6	92.9	14
Amhara	85.2	128	75.6	90.7	86
Oromia	76.0	150	71.6	76.7	116
Somali	57.1	14	63.6	90.9	11
Benishangul-Gumuz	72.2	18	76.9	76.9	13
SNNP	71.9	146	51.8	72.7	110
Gambella	50.0	28	52.6	47.4	19
Harari	77.8	18	72.7	72.7	11
Addis Ababa	88.7	71	60.6	63.4	71
Dire Dawa	77.3	22	72.2	77.8	18
<b>Total</b>	<b>75.9</b>	<b>617</b>	<b>65.5</b>	<b>75.9</b>	<b>469</b>

\* After consultation with the FMOH, PMA Ethiopia ended all data collections in Tigray due to ongoing conflicts. Sampling procedures were determined in 2019 before the ratification of regional statehood for Sidama. 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 2020

Background characteristics	Misoprostol (200mg or 600mg)	Mifepristone <sup>1</sup>	Manual vacuum aspirator (MVA) and cannula	Dilatation and curettage (D&C) kit	Number of facilities <sup>2</sup>
<b>Type of facility</b>					
Hospital	69.3	83.8	93.7	83.5	127
Health center	62.9	74.8	93.7	51.7	143
<b>Managing authority</b>					
Public	66.0	79.4	93.6	66.4	265
Private	--	--	--	--	5
<b>Region*</b>					
Afar	72.7	80.0	100.0	63.6	11
Amhara	76.6	86.4	95.3	85.9	64
Oromia	47.1	72.6	94.2	57.1	70
Somali	--	--	--	--	7
Benishangul-Gumuz	90.0	100.0	100.0	80.0	10
SNNP	62.0	73.8	94.0	88.0	50
Gambella	--	--	--	--	8
Harari	--	--	--	--	8
Addis Ababa	76.7	86.7	96.7	33.3	30
Dire Dawa	75.0	63.6	91.7	25.0	12
<b>Total</b>	<b>65.9</b>	<b>79.3</b>	<b>93.7</b>	<b>66.7</b>	<b>270</b>

\* After consultation with the FMOH, PMA Ethiopia ended all data collections in Tigray due to ongoing conflicts. Sampling procedures were determined in 2019 before the ratification of regional statehood for Sidama. Data reflects the regional distribution at the time of data collection; percentages based on less than 10 sample sizes are suppressed (--).

<sup>1</sup> The availability of mifepristone is not applicable to thirty-eight facilities that do not offer mifepristone. This indicator represent the percentage of facilities that have mifepristone in-stock and observed, among facilities that offer mifepristone.

<sup>2</sup> One facility each had missing values on the availability of misoprostol and MVA (0.37% missing). 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 2020

Background characteristics	Manual Vacuum Aspiration (MVA)	Dilation and curettage (D&C)	Dilation and evacuation (D&E)	Medical abortion (misoprostol, mifepristone)	Number of facilities
<b>Type of facility</b>					
Hospital	80.3	35.7	29.1	90.6	127
Health center	57.7	6.3	8.5	64.8	143
<b>Managing authority</b>					
Public	68.6	19.8	17.9	77.7	265
Private	--	--	--	--	5
<b>Region*</b>					
Afar	72.7	18.2	18.2	63.6	11
Amhara	73.4	15.9	20.6	71.9	64
Oromia	70	18.6	7.1	88.6	70
Somali	--	--	--	--	7
Benishangul-Gumuz	70	20	10	80	10
SNNP	66	36	36	74	50
Gambella	--	--	--	--	8
Harari	--	--	--	--	8
Addis Ababa	83.3	6.7	6.7	93.3	30
Dire Dawa	41.7	8.3	8.3	41.7	12
<b>Total</b>	<b>68.4</b>	<b>20.1</b>	<b>18.3</b>	<b>77.0</b>	<b>270</b>

\* After consultation with the FMOH, PMA Ethiopia ended all data collections in Tigray due to ongoing conflicts. Sampling procedures were determined in 2019 before the ratification of regional statehood for Sidama. Data reflects the regional distribution at the time of data collection; percentages based on less than 10 sample sizes are suppressed (--).

<sup>1</sup>Two facilities did not respond to one or more questions. Missingness for individual questions range from 0.37% to 0.74%. 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 2020

Background characteristics	Manual Vacuum Aspiration (MVA)	Dilation and curettage (D&C)	Dilation and evacuation (D&E)	Number of facilities
<b>Type of facility</b>				
Hospital	93.5	39.9	35.5	138
Health center	56.6	8.8	9.8	184
<b>Managing authority</b>				
Public	72.3	22.2	21.2	313
Private	--	--	--	9
<b>Region*</b>				
Afar	53.8	15.4	15.4	13
Amhara	72.7	20.8	23.4	77
Oromia	70.5	19.2	9.0	78
Somali	50.0	10.0	50.0	10
Benishangul-Gumuz	80.0	20.0	10.0	10
SNNP	76.4	38.9	37.5	72
Gambella	--	--	--	9
Harari	--	--	--	8
Addis Ababa	90.9	9.1	9.1	33
Dire Dawa	66.7	0.0	0.0	12
<b>Total</b>	<b>68.4</b>	<b>20.4</b>	<b>18.5</b>	<b>322</b>

\* After consultation with the FMoH, PMA Ethiopia ended all data collections in Tigray due to ongoing conflicts. Sampling procedures were determined in 2019 before the ratification of regional statehood for Sidama. Data reflects the regional distribution at the time of data collection; percentages based on less than 10 sample sizes are suppressed (--).

<sup>1</sup>Two facilities did not respond to one or more questions. Missingness for individual questions range from 0.31% to 0.62%. 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 childcare (98.6% and 99.5%, respectively), immunization (94.3% and 96.1%), and laboratory testing (100.0% and 94.7%). Most health posts offered sick childcare (84.5%) and immunization (92.6%), but laboratory testing was far less common (2.0%). In contrast, most health clinics offered sick childcare (91.9%) and laboratory testing (61.0%), but far fewer offered immunization (0.8%). Nearly all (94.6%) public sector facilities offered immunization services, whereas very few (6.8%) private sector facilities did.
- **Availability of basic child vaccines by facility type and region:** Among facilities offering immunization services, most hospitals (84.1%) and health centers (86.9%) had at least one valid dose of all 7 basic child vaccines observed on the day of the interview, whereas only one-third of health posts (32.8%) had these vaccine doses available. Relative to other regions, facilities in Addis Ababa had a greater availability of child vaccines, with nearly all facilities (93.8%) having at least one dose of all 7 basic child vaccines. In Afar, on the contrary, while the availability of each vaccine was over 70%, only two in five facilities (42.1%) 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 2020

Facility characteristics	Sick child care	Immunization	Laboratory testing	Number of facilities
<b>Type of facility</b>				
Hospital	98.6	94.3	100.0	140
Health center	99.5	96.1	94.7	206
Health post	84.5	92.6	2.0	148
Health clinic	91.9	0.8	61.0	123
<b>Managing authority</b>				
Public	94.8	94.6	67.8	485
Private	91.7	6.8	63.6	225
<b>Region*</b>				
Afar	95.5	86.4	59.1	22
Amhara	92.2	92.2	64.1	143
Oromia	93.3	74.7	64.0	170
Somali	85.7	100.0	71.4	14
Benishangul-Gumuz	100.0	83.3	66.7	18
SNNP	97.9	76.0	61.6	158
Gambella	92.9	57.1	50.0	32
Harari	83.3	83.3	61.1	29
Addis Ababa	95.8	45.1	94.4	94
Dire Dawa	90.9	72.7	81.8	30
<b>Total</b>	<b>94.2</b>	<b>75.9</b>	<b>66.9</b>	<b>617</b>

\* After consultation with the FMoH, PMA Ethiopia ended all data collections in Tigray due to ongoing conflicts. Sampling procedures were determined in 2019 before the ratification of regional statehood for Sidama. 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 2020

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 <sup>1</sup>	Number of facilities <sup>2</sup>
<b>Type of facility</b>										
Hospital	91.7	93.9	89.4	87.9	94.7	89.4	90.9	90.9	84.1	132
Health center	98.5	93.9	99.0	92.4	94.4	96.0	96.0	96.5	86.9	198
Health post	48.9	43.1	44.5	40.1	40.1	43.8	46.7	47.4	32.8	137
Health clinic	--	--	--	--	--	--	--	--	--	1
<b>Managing authority</b>										
Public	81.7	78.6	80.0	75.4	78.2	78.4	79.7	80.2	69.7	459
Private	--	--	--	--	--	--	--	--	--	9
<b>Region*</b>										
Afar	84.2	78.9	73.7	63.2	73.7	63.2	73.7	78.9	42.1	19
Amhara	72.9	71.2	71.2	68.6	69.5	71.2	72.9	72.0	64.4	118
Oromia	83.0	82.1	83.0	79.5	80.4	81.2	81.2	80.4	75.9	112
Somali	100.0	100.0	100.0	100.0	92.9	92.9	100.0	100.0	85.7	14
Benishangul-Gumuz	93.3	86.7	86.7	73.3	93.3	86.7	93.3	93.3	73.3	15
SNNP	77.5	75.7	76.6	73.9	75.7	73.9	75.7	76.6	67.6	111
Gambella	93.8	75.0	93.8	75.0	81.2	87.5	87.5	93.8	68.8	16
Harari	100.0	73.3	93.3	73.3	100.0	100.0	86.7	93.3	66.7	15
Addis Ababa	96.9	100.0	93.8	93.8	100.0	96.9	96.9	96.9	93.8	32
Dire Dawa	87.5	81.2	87.5	81.2	68.8	87.5	87.5	87.5	68.8	16
<b>Total</b>	<b>82.1</b>	<b>79.1</b>	<b>80.3</b>	<b>75.9</b>	<b>78.6</b>	<b>78.8</b>	<b>80.1</b>	<b>80.6</b>	<b>70.3</b>	<b>468</b>

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

## COVID-19 service availability, response, and staff preparedness

In the 2020 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 (89.3%) and referral (71.4%); fewer offered testing (39.3%) and treatment (26.4%). Most facilities had handwashing amenities (82.5%–93.5%) and alcohol-based hand sanitizer (86.9%–97.6%) available. The availability of COVID-19 services and supplies was higher among public facilities relative to private facilities for most indicators assessed. The percentage of facilities providing COVID-19 screening ranged from 31.8% in Afar to 83.3% in Harari. Less than one-quarter (5.3%–22.7%) of facilities in all regions offered COVID-19 testing.
- **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 and use of personal protective equipment (PPE) (56.8%–70.7%). 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, Harari, SNNP, and Addis Ababa, compared to other regions.

**Table 31. COVID-19 services and response readiness**

Among hospitals, health centers, health posts, and health clinics, the percentages that offer the indicated services or supplies related to COVID-19, by facility characteristics, PMA Ethiopia 2020

Facility characteristics	Screening	Testing	Treatment	Referral	Designated COVID-19 response team	Person assigned to lead COVID response	Screen client	Screen staff	Separate waiting area for suspected cases	Hand-washing facility <sup>1</sup>	Alcohol/sanitizer available	National COVID-19 management handbook	Number of facilities
<b>Type of facility</b>													
Hospital	89.3	39.3	26.4	71.4	94.3	92.9	48.6	40.0	64.3	90.0	97.1	44.3	140
Health center	77.7	13.1	2.9	56.3	85.4	83.0	33.0	27.2	44.2	82.5	86.9	26.7	206
Health post	30.4	0.0	0.0	23.6	26.4	16.9	6.1	2.7	0.0	87.2	87.8	2.7	148
Health clinic	38.2	0.8	0.8	24.4	4.1	11.4	14.6	4.9	9.8	93.5	97.6	3.3	123
<b>Managing authority</b>													
Public	66.2	16.5	8.5	50.3	70.3	65.4	28.5	22.9	36.1	85.8	89.9	24.1	485
Private	42.4	2.3	2.3	28.0	8.3	17.4	18.9	8.3	13.6	93.9	97.7	6.1	132
<b>Region*</b>													
Afar	31.8	9.1	0.0	0.0	81.8	68.2	31.8	31.8	0.0	72.7	86.4	13.6	22
Amhara	66.4	12.5	7.8	53.1	69.5	66.4	21.9	11.7	31.2	85.2	93.0	22.7	128
Oromia	61.3	5.3	2.7	54.7	48.7	47.3	10.7	8.0	26.7	87.3	88.7	23.3	150
Somali	57.1	7.1	0.0	28.6	78.6	78.6	42.9	50.0	42.9	100.0	85.7	28.6	14
Benishangul-Gumuz	44.4	22.2	22.2	44.4	66.7	50.0	27.8	33.3	33.3	94.4	94.4	22.2	18
SNNP	53.4	15.8	9.6	40.4	55.5	50.7	26.0	21.9	30.1	89.0	89.7	13.7	146
Gambella	46.4	14.3	3.6	39.3	46.4	35.7	10.7	10.7	14.3	71.4	96.4	17.9	28
Harari	83.3	22.2	5.6	38.9	50.0	55.6	55.6	22.2	33.3	88.9	88.9	33.3	18
Addis Ababa	74.6	22.5	14.1	45.1	50.7	62.0	53.5	40.8	56.3	93.0	97.2	18.3	71
Dire Dawa	81.8	22.7	0.0	45.5	45.5	50.0	54.5	31.8	31.8	95.5	100.0	27.3	22
<b>Total</b>	<b>61.1</b>	<b>13.5</b>	<b>7.1</b>	<b>45.5</b>	<b>57.1</b>	<b>55.1</b>	<b>26.4</b>	<b>19.8</b>	<b>31.3</b>	<b>87.5</b>	<b>91.6</b>	<b>20.3</b>	<b>617</b>

\* After consultation with the FMOH, PMA Ethiopia ended all data collections in Tigray due to ongoing conflicts. Sampling procedures were determined in 2019 before the ratification of regional statehood for Sidama. Data reflects the regional distribution at the time of data collection

<sup>1</sup> 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 2020

Facility characteristics	Signs and symptoms <sup>1</sup>	Use of PPE <sup>1</sup>	COVID-19 prevention and control protocols <sup>1</sup>	Conducting community surveillance for COVID-19 <sup>2</sup>	All relevant health workers trained and oriented on COVID-19 <sup>2</sup> :						Number of facilities
					Screening	Triage	Diagnosis	Referral	Transferring	Management	
<b>Type of facility</b>											
Hospital	70.7	68.6	57.9	32.1	35.7	32.9	20.0	24.3	24.3	12.9	140
Health center	67.0	56.8	49.0	36.9	28.2	24.3	7.3	16.0	16.5	7.3	206
Health post	39.2	39.2	30.4	46.6	43.2	21.6	4.7	31.1	39.2	2.0	148
Health clinic	31.7	31.7	20.3	6.5	7.3	4.9	1.6	4.1	7.3	1.6	123
<b>Managing authority</b>											
Public	59.4	54.6	45.6	38.8	34.8	25.6	9.9	23.1	25.8	7.2	485
Private	34.8	34.1	23.5	7.6	9.1	7.6	3.0	4.5	7.6	2.3	132
<b>Region*</b>											
Afar	63.6	54.5	50.0	13.6	18.2	18.2	13.6	9.1	13.6	13.6	22
Amhara	78.9	78.9	64.1	65.6	61.7	46.9	10.2	43.0	48.4	6.2	128
Oromia	40.7	37.3	29.3	25.3	20.7	14.0	2.7	10.7	12.7	5.3	150
Somali	14.3	7.1	14.3	42.9	14.3	14.3	28.6	7.1	14.3	14.3	14
Benishangul-Gumuz	33.3	33.3	33.3	33.3	22.2	11.1	0.0	5.6	11.1	0.0	18
SNNP	50.7	48.6	34.9	28.1	22.6	17.1	8.9	15.1	18.5	4.1	146
Gambella	28.6	21.4	14.3	10.7	14.3	10.7	7.1	10.7	17.9	3.6	28
Harari	61.1	72.2	55.6	44.4	44.4	22.2	11.1	27.8	33.3	11.1	18
Addis Ababa	70.4	56.3	50.7	9.9	21.1	18.3	15.5	18.3	11.3	11.3	71
Dire Dawa	31.8	18.2	27.3	9.1	4.5	0.0	0.0	0.0	4.5	0.0	22
<b>Total</b>	<b>54.1</b>	<b>50.2</b>	<b>40.8</b>	<b>32.1</b>	<b>29.3</b>	<b>21.7</b>	<b>8.4</b>	<b>19.1</b>	<b>21.9</b>	<b>6.2</b>	<b>617</b>

\* After consultation with the FMOH, PMA Ethiopia ended all data collections in Tigray due to ongoing conflicts. Sampling procedures were determined in 2019 before the ratification of regional statehood for Sidama. Data reflects the regional distribution at the time of data collection

<sup>1</sup> 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.

<sup>2</sup> 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.

## References

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