

Policy Brief

Family Planning Services Coverage, Quality-adjusted, and Equity in Ethiopia



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Background

Ethiopia has made significant improvements in expanding access to family planning through a series of national strategies and health sector reforms. Building on foundational policies such as the 1993 National Health Policy and the Health Sector Development Program, the country has launched comprehensive initiatives to improve service quality, promote community engagement, and integrate family planning with broader reproductive, maternal, and child health services. The current Health Sector Medium-Term Development and Investment Plan (2023–2026)(1) and the Third Reproductive Health Strategic Plan (2021–2025)(2) reflect Ethiopia's renewed commitment to raising contraceptive prevalence, reducing unmet need, and ensuring equitable, high-quality services. In addition, Ethiopia has also been implementing strategies for improving quality maternal health coverage and addressing the health inequality gaps (3,4).

In support of these goals, the Ethiopia Countdown to 2030 initiative, led by the Health Systems Research Directorate at EPHI, conducted a study using data from the Ethiopia Demographic and Health Surveys (2000–2019)(5–9), the 2022 National Health Equity Survey(10), and the 2014 and 2021/22 ESPA health facility surveys(11,12) to assess the Ethiopian progress in coverage, quality, and equity of family planning services at the national and regional levels. The study analyzed modern contraceptive

coverage and trends, availability of method mixes, equity across regions and population groups, service readiness, and the quality of care delivered. It also assessed the effective coverage (quality-adjusted care), using key indicators aligned with WHO standards(13,14), and inequalities over time(15). Findings from this study offer timely and actionable insights to guide policy, strategic planning, and program improvements in Ethiopia's health sector. This policy brief aims to provide decision-makers with evidence on trends, equity, and quality of family planning services delivered in Ethiopia.

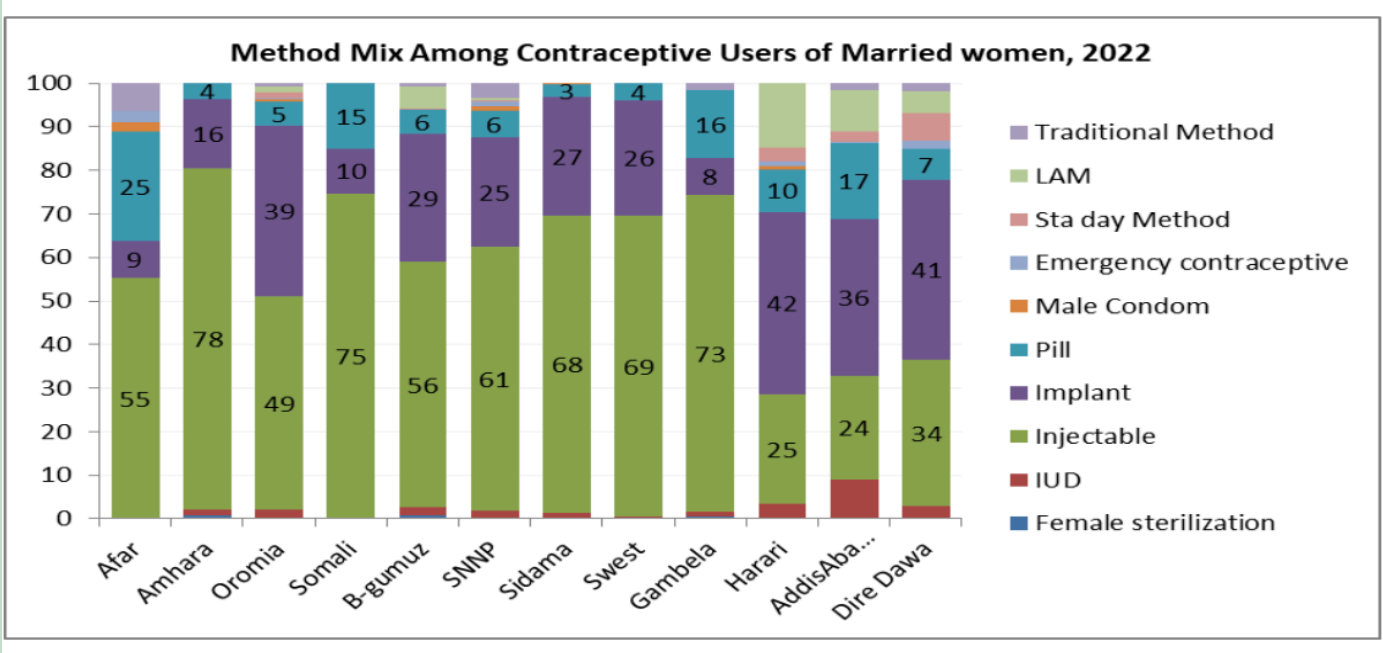


Key Message one: Modern contraceptive utilization among married women. Ethiopia has achieved significant progress in expanding modern contraceptive coverage over the past two decades, demonstrating strong potential to further improve equity through targeted policies that ensure all women have access, regardless of region, socioeconomic status, or place of residence.

A significant increase in modern contraceptive use was recorded in Ethiopia from 2000 to 2022, reaching 46%. The urban-rural area difference in the use of modern contraceptives is common. A narrowing of the urban-rural divide was observed between 2000 and 2019. But the gap again widened in 2022, which may be due to the conflict in the country. Modern contraceptive use among uneducated women increased dramatically between 2000 and 2022. But the gap between educated and uneducated women remains almost the same, showing persistent disparity. The gap in the utilization of modern contraceptive methods also remains the same between the rich, where higher use is recorded among the rich.

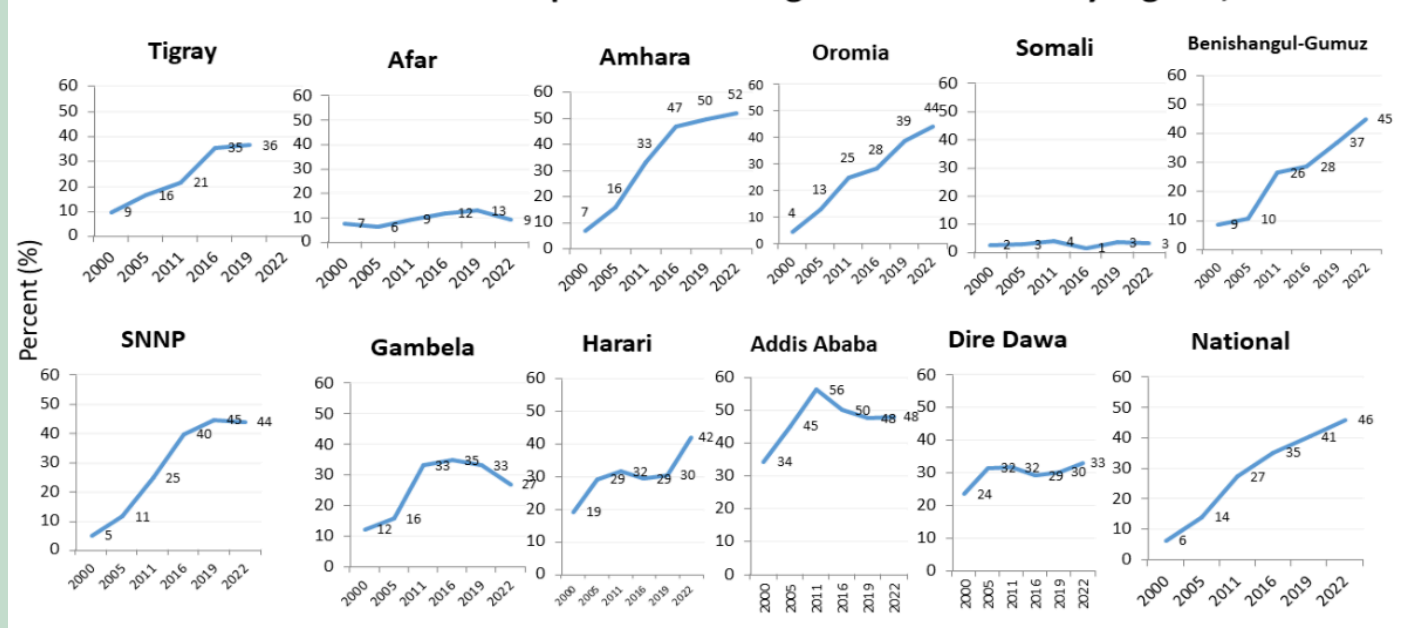


Between 2000 and 2022, Ethiopia’s family planning method mix experienced significant shifts, with injectables emerging as the dominant method, increasing from 35% to 60%, and implants rising notably from 1% to 29%. Meanwhile, use of IUDs declined sharply from 11% to 2%, pills from 28% to 6%, and traditional methods from 19% to 0.3%, reflecting changing contraceptive preferences and possibly evolving priorities around method convenience and availability. Urban based areas like Harari, Addis Ababa, and Dire Dawa favored implants, while Oromia and Amhara primarily relied on injectables, indicating regional differences in preferences and needs; Somali regions exhibited an unbalanced method mix with higher proportions of injectables and limited options, which was associated with lower contraceptive prevalence (mCP) and higher method imbalance, underscoring that diversifying method options and tailoring interventions to regional contexts can significantly enhance overall contraceptive use.



Recent progress shows Ethiopia's contraceptive use has increased overall, but significant opportunities remain in Afar and Somali regions, where rates are only 3% and 7%, respectively, compared to 62% in Southwest Ethiopia in 2022. Urban regions like Harari, Addis Ababa, and Dire Dawa have experienced stagnation, with annual growth rates as low as 1%. Meanwhile, conflict-affected areas such as Tigray and Gambella experienced declines, highlighting the need for targeted efforts to boost access. Strengthening interventions in these underserved regions and urban areas can accelerate progress toward equitable reproductive health coverage for all women.

Trends of modern contraceptive use among Married women by regions, 2000-2022



Key Message 2: Health facility readiness to provide Family Planning Services (structural quality). Ethiopian health facilities are improving their readiness to provide family planning services, with hospitals and health centers better equipped and trained staff, paving the way for expanded access and quality care.

Overall facility readiness is 60% in 202, with hospitals and health centers showing higher preparedness (83% and 79%, respectively), compared to health posts and clinics. Regional disparities exist, with Harari leading at 68% readiness, while regions like SNNP, Gambela, and Somali lag at 57%, highlighting opportunities for targeted strengthening in underserved areas. The availability of trained manpower ranged from 42% in Oromia to 64% in Addis Ababa. The availability of diverse method mix ranged from 38% in Somali to 58% in Harari. Readiness varied by facility type: hospitals 83%, health centers 79%, health posts 55%, and clinics 59%. The table also showed the correlation between the readiness of the facility and quality process.



Table 1: Readiness of facilities to provide family planning services in 2022

		Structural quality				Process quality	
		Trained Staff and guideline	Equipment	Commodities	Readiness index	N	Mean
Facility Type	Hospital	81	83	83	83	1385	33
	Health center	78	80	78	79	837	29
	Health post	40	67	45	55	116	29
	Clinic	45	81	34	59	250	29
Ownership	Public	43	70	52	60	2262	29
	Private	46	81	35	59	326	29
Location	Urban	55	80	54	67	1610	30
	Rural	46	69	49	58	978	29
Region	Afar	51	67	56	61	82	33
	Amhara	47	74	52	62	428	24
	Oromia	42	73	50	60	748	30
	Somali	53	72	38	57	63	34
	Benishangul gumuz	52	78	54	65	87	21
	SNNP	54	65	48	57	473	32
	Gambela	46	67	47	57	158	22
	Harari	55	80	58	68	28	37
	Addis Ababa	64	86	41	67	168	36
	Dire Dawa	56	79	55	67	62	32
	Sidama	47	67	57	60	291	29
	National	48	71	50	60	2588	29

Key Message 3: quality adjusted Family planning services

Ethiopia has made remarkable progress in expanding facility readiness and improving process quality for family planning services, with increased coverage across regions. However, only 3 out of 10 women receive recommended clinical actions during her visit, and the same proportion access services from well-equipped facilities. Only a quarter of women receive family planning services with fully adhere to the recommended clinical practices.

1. In 2021/22, over 29% of family planning visitors received recommended clinical actions, hospitals exhibited the highest process quality of care at 33%, while other facilities collectively maintained a rate of 29%. The lowest process quality was scored at 21% in Benishangul Gumuz, and the highest was in Harari (37%), depicting regional differences in the delivery of family planning services.
2. Readiness-adjusted family planning (FP) coverage in Ethiopia was low at 31%, ranging from 4% in Somali to 37% in Amhara. Urban coverage was 40%, while rural coverage was 28%. Meaning that only 3 out of married women receive family planning services from adequately prepared health facilities. In urban regions, only four out of 10 women taking FP services from the well ready facilities while in rural area nearly three out of ten women.
3. The quality-adjusted family planning coverage reached 26%, with notable improvements in regions like Sidama (38%), though areas like Somali at 2% still require focused attention to boost service quality. While urban coverage is higher at 34%, rural coverage stands at 23%, highlighting the opportunity to expand high-quality services in underserved rural areas and regions like Somali to ensure equitable access for all women.

Table 2: readiness and quality process adjusted coverage of family planning services, 2022

	Modern contraceptive utilization Estimate [95%CI]	Modern contraceptive utilization adjusted by readiness Estimate [95%CI]	Modern contraceptive utilization adjusted by process quality Estimate [95%CI]
Region			
Afar	10[7,12]	7[5,9]	6[5,8]
Amhara	52[49,56]	37[34,39]	27[25,29]
Oromia	44[41,47]	28[26,30]	26[24,28]
Somali	3[1,5]	4[1,8]	2[1,4]
Benishangul gumuz	45[41,49]	32[29,30]	23[21,24]
Gambella	27[23,31]	17[11,23]	14[11,16]
Harari	42[36,47]	31[27,35]	34[29,38]
Addis Ababa	48[45,52]	37[34,40]	33[30,35]
Dire Dawa	34[29,38]	26[22,29]	27[23,30]
Sidama	52[48,56]	29[27,32]	38[35,41]
Place of Residence			
Urban	58[54,61]	40[38,43]	34[32,35]
Rural	41[38,43]	28[26,30]	23[21,25]
National	45[43,47]	31[30,33]	26[25,27]

Policy Recommendations:

1. Addressing Regional Disparities:

- Offer financial or other incentives to healthcare providers working in regions with low contraceptive prevalence, like Somali and Afar, to attract and retain qualified staff. Deploy mobile health clinics to remote and underserved areas to increase access to family planning services and information.
- Expand and strengthen community health worker programs to provide family planning education, counseling, and referrals in local communities.

2. Improving Access for Young Women:

- Implement comprehensive sexuality education programs in schools to increase awareness of contraceptive options and reproductive health.
- Establish dedicated youth-friendly clinics or integrate youth-friendly services into existing health facilities, ensuring privacy and confidentiality.

3. Diversifying Contraceptive Method Mix:

- Strengthen procurement and supply chain management systems to ensure a consistent and reliable supply of a wide range of contraceptive methods.
- Conduct demand generation activities to educate women about the different contraceptive options available and empower them to make informed choices.

4. Promoting Women's Empowerment:

- Integrate family planning education and services into economic empowerment programs for women, such as microfinance initiatives and skills training.
- Facilitate community dialogue and engagement to challenge gender norms and promote women's decision-making power in family planning.

5. Enhancing Quality of Care:

- Develop and implement standardized protocols and guidelines for family planning service delivery to ensure consistency and quality of care.
- Implement regular supportive supervision visits to health facilities to provide on-the-job training and address challenges.

- Establish client feedback mechanisms to gather information on client experiences and identify areas for improvement.

6. Addressing Urban Stagnation:

- Adapt and expand urban health extension programs to address the specific barriers to family planning access in urban areas, such as misinformation and lack of privacy.
- Partner with employers to offer family planning education and services in the workplace, increasing access for working women.
- Design targeted communication campaigns to address specific misconceptions and barriers to contraceptive use in urban areas.

Policy Implications

The proposed policy recommendations have significant implications for advancing reproductive health and family planning: addressing regional disparities requires targeted incentive programs, mobile clinics, and community health worker expansion to improve access in underserved areas, which can lead to increased contraceptive coverage and reduced inequities. Improving access for young women through school-based education and youth-friendly clinics can enhance awareness and utilization of contraceptive services among youth, supporting healthier reproductive choices. Diversifying contraceptive method options through better supply chain management and demand generation activities will empower women with choices and reduce unmet need; meanwhile, promoting women's empowerment via economic programs and community dialogue fosters gender norms that support reproductive autonomy. Enhancing quality of care through standardized protocols, supervision, and feedback mechanisms will improve service delivery and client satisfaction, which are crucial for sustained use. Addressing urban stagnation by expanding urban health extension initiatives, workplace programs, and targeted communication campaigns will tackle specific barriers faced in urban settings, ensuring equitable access across different population segments. Collectively, these policies promote a comprehensive, equitable, and quality-oriented approach to reproductive health services, ultimately contributing to improved health outcomes and gender equality.

Box1 The facility readiness for family planning services is computed by using three domains. Domain one staff and guideline (availabilities of guideline and at least one health workforce received training in 24 months before the survey), Domain two – equipment and supplies (blood pressure measuring apparatus, examination light, examination bed, family planning sample, visual aids, gloves, single use syringe, receptacles for sharp instruments, soap and water/alcohol based rub, and disinfectant), and Domain three Medicines and commodities having stocks and the following items (Oral contraceptive, progestin, depo-provera, condom, IUCD, implant, and emergency contraceptive). The overall readiness index of FP services was computed as a percentage of all items with all domains and items given equal weight.

Box2 Process Quality of family planning services was computed using the recommended clinical actions that were carried out during clinical visits. Using the WHO family planning hand book, the national guideline for family planning and literatures, 18 clinical actions identified for this analysis. The provider asked about client history, asked last date of delivery, asked breast feeding status, asked regularity of menstrual cycle, asked clients age, asked clients number of living children, asked about desire for a child or more children, measured client's blood pressure, measured client's blood pressure, asked the client about smoking habits, asked about symptoms of STIs, asked the client about any chronic illnesses, client's perceived risk of STIs/HIV, client's use condom to prevent STIs/HIV/Pregnancy, provider encouraged clients to ask questions, provider maintained Privacy/confidentiality, and prescribed modern contraceptive methods. The overall quality index of FP services was computed using technical quality, calculated as a percentage of all recommended actions completed, with all actions given equal weight.

In 2022, a total of 2,588 observations were recorded, comprising 1,385 in hospitals, 837 in health centers, 116 in health posts, and 250 in clinics.

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