

ETHIOPIA



Service Provision Assessment 2021–22



Ethiopia Service Provision Assessment 2021–22

Final Report

Ethiopian Public Health Institute
Addis Ababa, Ethiopia

Ministry of Health
Addis Ababa, Ethiopia

ICF
Rockville, Maryland, USA

July 2023



This report presents the findings of the 2021–22 Ethiopia Service Provision Assessment (2021–22 ESPA). The survey received funding from the Government of Ethiopia (GoE) and the United States Agency for International Development (USAID). The Ethiopian Public Health Institute (EPHI) implemented the survey in collaboration with the Ministry of Health (MoH).

ICF provided technical assistance through The DHS Program, which assists countries in the collection of data to monitor and evaluate population, health, and nutrition programmes.

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Recommended citation:

Ethiopian Public Health Institute (EPHI) [Ethiopia], Ministry of Health (MoH) [Ethiopia], and ICF. 2023. *Ethiopia Service Provision Assessment 2021–22 Final Report*. Addis Ababa, Ethiopia, and Rockville, Maryland, USA: EPHI, MoH, and ICF.

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ACKNOWLEDGEMENTS

The Ethiopian Public Health Institute (EPHI) would like to thank the Ministry of Health (MoH), and the United States Agency for International Development (USAID) for providing financial and technical support in all phases of the 2021–22 Ethiopia Service Provision Assessment (ESPA) survey. In addition, the technical assistance provided by ICF was vital in ensuring the success of the survey.

We appreciate the contributions of members of the steering committee who oversaw the entire project, and members of the technical working group, who provided input into the planning, implementation, and analysis phases of the survey.

We extend sincere appreciation to all individuals not mentioned in this document but who provided suggestions at different stages during the process of the survey. We would like to especially thank the field staff who carried out the interviews and the survey respondents at the sampled health facilities, all of whom were critical to the successful completion of the 2021–22 ESPA.

FOREWORD

The 2021–22 Ethiopia Service Provision Assessment (ESPA) survey is the second comprehensive survey of health facilities in Ethiopia. The first was the 2014 Ethiopia Service Provision Assessment Plus Survey (2014 ESPA+). The Ethiopian Public Health Institute (EPHI) and the Ministry of Health (MoH) have led the overall survey process. The institute undertakes research on priority health problems and generates and disseminates research findings to improve the health of Ethiopians throughout the country. Various research activities have been undertaken in collaboration with national and international development partners.

The purpose of the 2021–22 ESPA is to provide a comprehensive overview of the country's health services delivery system, specifically an assessment of the capacity and potential of all health care facilities to provide quality health care to Ethiopians in all regions.

The Ministry of Health (MoH) included monitoring and evaluation as an invaluable component of the Health Sector Development Programme (HSDP) which, in various phases, has been the source of health strategy for many years. However, it is technically impossible to obtain all necessary health-related data exclusively through the Health Management Information System (HMIS), commonly used by public and private health facilities. Conducting regular surveys is therefore crucial to capturing selected data sets and triangulating various sources to improve the quality of health services and the overall health system.

To measure progress in the Ethiopia health system and in quality of care, it was important to conduct the 2021–22 ESPA survey for improved planning and management of the health sector. Information from the survey will be critical to the development of the second Health Sector Transformational Plan (HSTP-II) which covers the period July 2020–June 2025. HSTP-II is the first part of a 10-year health sector plan. Quality health systems data are key to establishing effective and continuous equity-monitoring systems for tracking performance towards national and international targets, and health equity at all levels of the health system.

Equity monitoring is particularly important to systematically identify where inequalities exist in the health system, and to design and implement equity-oriented interventions to ensure that no one is left behind and build a resilient health system.

It is useful to further analyse the available data from the ESPA and to make it available to researchers who want to answer priority research questions. The EPHI will continue to generate evidence for interested groups working in the area of health policy.

I appreciate the efforts of team members from the different health development partners, who were involved in and supported the successful implementation of the survey, despite the challenges of the COVID-19 pandemic and security issues in some areas of the country.

I am very hopeful that the findings of the 2021–22 ESPA survey will be helpful to policymakers and program managers as they focus on the problems identified in the survey and give attention to the substantial gaps in service quality in the survey report. Finally, we urge health workers and program managers from all regional governments, development partners, and stakeholders to play an active role in addressing the gaps in the provision of high-quality health services to the Ethiopian population.

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ACRONYMS AND ABBREVIATIONS

ACT	artemisinin combination therapy
ALT	alanine transaminase
ANC	antenatal care
APR	annual performance report
ARI	acute respiratory infection
ARV	antiretroviral
AYH	adolescent and youth health
BCG	bacillus calmette-guérin
BEmOC	basic emergency obstetric care
CAFE	computer-assisted field editing
CAPI	computer-assisted personal interviewing
CD4	cluster of differentiation 4
CEmOC	comprehensive emergency obstetric care
CKD	chronic kidney diseases
CRD	chronic respiratory disease services
CSA	central statistical agency
CSF	cerebrospinal fluid
CSS	care and support services
CT	computed tomography
CVD	cardiovascular disease
DBS	dried blood spot
DMPA	medroxyprogesterone injection
eCHIS	electronic community health information system
EDHS	Ethiopia Demographic Health Survey
e-HMIS	electronic health management information system
EmONC	emergency obstetric and newborn care
EPI	Expanded Programme on Immunisation
EPHI	Ethiopian Public Health Institute
ESA	Ethiopian Standard Agency
ESPA	Ethiopia Service Provision Assessment
FANC	Focused Antenatal Care
FGAE	Family Guidance Association of Ethiopia
FMOH	Federal Ministry of Health
FP	family planning
GDP	Gross Domestic Product
GoE	Government of Ethiopia
HCT	HIV counselling and testing
HEWs	Health Extension Workers
HLD	high-level disinfection
HMIS	health management information system

HSTP	Health Sector Transformational Plan
ICAP	International Center for AIDS Care and Treatment Program
iCCM	Integrated Community case management
ICU	Intensive Care Unit
IESO	Integrated Emergency Surgical Officer
IMNCI	Integrated Management of Neonatal and Childhood Illness
IMPAC	Integrated Management of Pregnancy and Childbirth
ITN	Insecticide-treated net
IUCD	intrauterine contraceptive device
JSI	John Snow Inc
KMC	Kangaroo mother care
LQAS	Lot Quality Assurance Sampling
MCC	Motivated, Competent and Compassionate
MDG	Millennium Development Goal
MDR-TB	multi-drug resistance tuberculosis
MoH	Ministry of Health
MVA	manual vacuum aspiration
NCD	Non-communicable disease
NGO	non-governmental organisation
NHA	National Health Account
NMSP	National Malaria Strategic Plan
NTDs	neglected tropical diseases
OOP	out-of-pocket
OPD	outpatient department
OPV	oral polio vaccine
ORD	oral rehydration salts
PCV	pneumococcal conjugate vaccine
PE	physical examination
PEP	Post Exposure Prophylaxis service
PHC	primary health care
PMT	Performance Monitoring Team
PMTCT	prevention of mother-to-child transmission of HIV
PNC	postnatal care
PPH	post-partum haemorrhage
PTB	pulmonary TB
QA	Quality assurance
SARA	Service Availability and Readiness Assessment
SDG	Sustainable Development Goal
SDI	Service Delivery Indicator
SNNP	Southern Nations, Nationalities, and Peoples
STI	sexually transmitted infection

TB	tuberculosis
THE	Total Health Expenditure
TT	tetanus toxoid
UHC	Universal Health Coverage
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund
USAID	United States Agency for International Development
USD	United States Dollar
WDA	Women’s Development Army
WHO	World Health Organization

1.1 COUNTRY CONTEXT

Ethiopia is the second-most populous African nation, with a population of more than 110 million. It has one of the fastest growing economies in the region, with a growth rate of 6.3% in FY2020–21.¹ The per capita gross national income was \$960 in 2021, and the country aims to reach lower-middle-income status by 2025.

Ethiopia is bordered by Sudan and South Sudan on the west, Eritrea and Djibouti on the northeast, Somalia on the east and southeast, and Kenya on the south. It is located between the equator and the tropic of cancer, specifically between 30° and 150° north latitude and 330° and 480° east longitude.

The country has an area of 1.1 million square kilometres, with water occupying 7,444 square kilometres. Its rich geographical diversity includes rugged mountains, flat-topped plateaus, deep gorges, and river valleys. More than half of the country is 1,500 metres above sea level. The highest point is at Ras Dashen (4,620 metres above sea level) and the lowest point is at Danakil (Dallol) Depression (148 metres below sea level).

1.2 DEMOGRAPHIC PROFILE

Ethiopia is home to various ethnic groups, which speak more than 80 different languages. The country is characterised by rapid population growth (2.6%), a young age structure, and a high dependency ratio. There is a marked rural-urban differential in the distribution of the population. The total fertility rate in Ethiopia is 4.6 births per woman (2.3 in urban areas and 5.2 in rural areas). The corresponding crude birth rate was 32 per 1,000 in 2016. The average household size is 4.6, and the population is projected to reach 122.3 million by 2030.

Children under age 15 and individuals age 15–65 account for 47% and 49% of the population, respectively. Only 4% of the population is over age 65. The sex ratio for males and females is almost equal, and women of reproductive age (15–49) make up about 23% of the population. Nearly 80% of the population lives in rural areas, mainly depending on subsistence agriculture.²

Ethiopia has a federal democratic republic government that operates under a 1994 constitution. It is composed of nine regional states and two city administrations.³ The regional states and city administrations are subdivided into administrative woredas (districts). A woreda/district is the basic decentralised administrative unit and has an administrative council composed of elected members. The woredas are further divided into kebeles, the smallest administrative unit in the governance.

1.3 KEY ACHIEVEMENTS IN ETHIOPIA HEALTH SYSTEM

Ethiopia has shown remarkable progress in key population and health indicators in the past two decades. According to the World Bank, life expectancy increased from 57 in 2000 to 67 in 2020. While this is above the average for low-income countries (64 years), it remains lower than the global average (73 years) and that of low- and middle-income countries (71 years).

¹ <https://www.worldbank.org/en/country/ethiopia/overview>

² Ethiopia Central Statistics Agency

³ This does not include the two regions recently established by referendum.

Focusing on Ethiopia's key maternal and child health indicators, maternal mortality declined from 871 deaths per 100,000 births in 2000 to 412 in 2016, according to the 2016 Ethiopia Demographic Health Survey (EDHS)(**Figure 1.1**).⁴ In 2019, it declined to 401 per 100,000 live births, according to the 2021–22 ESPA, representing a reduction of 54%⁵. However, this figure is still high when compared with the national and Sustainable Development Goal (SDG) targets for the year 2030.

Similarly, Ethiopia registered major achievements in the reduction of infant and under-5 mortality rates over the past two decades (**Figure 1.2**). The under-5 mortality rate decreased from 123 per 1,000 live births in 2005 to 59 in 2019, while the infant mortality rate decreased from 77 per 1,000 live births to 47 in 2019. Neonatal mortality declined moderately, from 39 deaths per 1,000 live births in 2000 to 33 in 2019.⁶

1.4 PROGRESS TOWARDS UNIVERSAL HEALTH COVERAGE

Ethiopia is committed to achieving Universal Health Coverage (UHC) through primary health care (PHC). Substantial progress has been made over the past two decades. According to the Ministry of Health (MoH) annual reports, access to primary health care has increased from 50.7% in 2000 to more than 90% in 2021–22, but the UHC service coverage index has remained at 43%. The outpatient attendance rate increased from 0.27 to 1.44 per capita during the same period. Similarly, according to the 8th National Health Account (NHA), out-of-pocket (OOP) spending on health remains high, accounting for 30.5% of the Total Health Expenditure (THE) in 2019–20, with a significant proportion of households facing catastrophic health expenses.⁷

1.5 HUMAN RESOURCES

Over the past two decades, the Government of Ethiopia has been implementing initiatives to increase human resources in the field of health. The SDG index threshold of 4.45 doctors, nurses, and midwives per 1,000 population was selected as the criterion for measuring levels of health sector staffing. It serves as an indicator for assessing the minimum density needed for health personnel (health professional density) (WHO 2016).

Figure 1.1 Trends in the maternal mortality ratio, 2000–2019

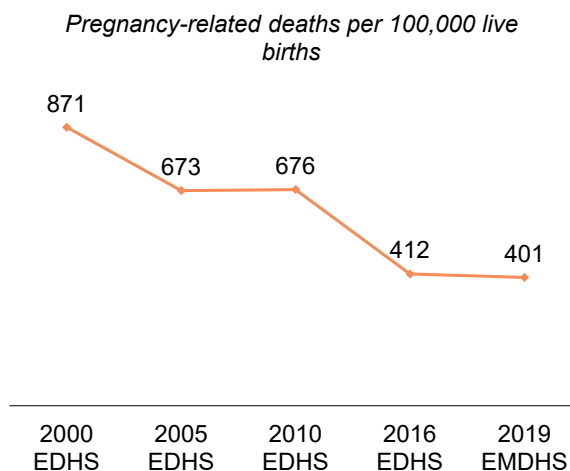
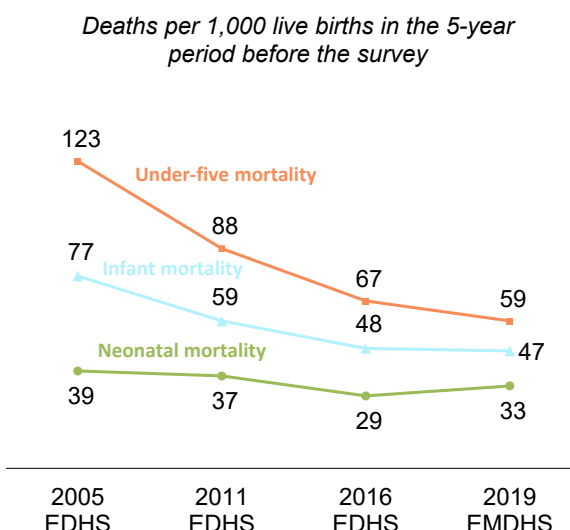


Figure 1.2 Trends in early childhood mortality rates, 2005–2019



⁴ Central Statistical Agency - CSA/Ethiopia and ICF. 2017. Ethiopia Demographic and Health Survey 2016. Addis Ababa, Ethiopia.

⁵ <https://data.worldbank.org/indicator/SH.STA.MMRT.NE?locations=ET>

⁶ Ethiopia Mini Demographic and Health Survey 2019. Addis Ababa, Ethiopia.

⁷ Ethiopia national health account reports 2019–20

According to the Ministry of Health's 2021–22 Annual Performance Report (APR), the health professional density (core health professional categories) for Ethiopia was 1.23 doctors, health officers, nurses, and midwives per 1,000 population in 2021–22, which is well below the SDG threshold. Regarding the ratio of health professionals to population, the ratio for national physicians (general practitioners, specialists, subspecialist, and dental surgeons) to population is 1:7,576 (1.3 physicians per 10,000 population). The ratio for nurses to population at the national level is 1:1,415 (7.1 nurses per 10,000 population).

1.6 HEALTH INFRASTRUCTURE

Major undertakings were implemented in the past two decades to expand Ethiopia's health infrastructure and create access to services in the community, especially at the primary care level. According to the 2021–22 MoH Annual Performance Report (APR), there are a total of 17,534 health posts, 3,673 health centres, and 400 hospitals in the country.⁸ In 2000, these figures were much lower—11,446 health posts, 721 health centres, and 88 hospitals.

1.7 HEALTH FINANCING

According to the 8th National Health Account (NHA), the Total Health Expenditure (THE) increased from 72 billion Ethiopian Birr (ETB), or United States Dollar (USD) 3.1 billion, in 2016–17, to ETB 127 billion (USD 3.62 billion) in 2019–20. For the Ethiopian fiscal year (EFY), these expenditures account for approximately 4.7% and 6.3%, respectively, of the Gross Domestic Product (GDP).

Ethiopia's per capita health expenditure has grown steadily over the past two decades, from USD 4.5 in 1995–96 to USD 33.2 in 2016–17 and to USD 36.3 (including COVID-19 spending) in 2019–20. This is still low compared with the USD 43 average for low-income African countries, and it is far less than the USD 86 per capita spending the World Health Organization recommended for delivery of essential health services.⁹

Since the introduction of the Health Sector Transformation Plan (HSTP I), the MoH has been working aggressively on community health insurance as a means to increase domestic resource mobilisation and reduce catastrophic health spending at the household level. According to the 2021–22 Annual Performance Report, 894 woredas (81%) are implementing the Community-Based Health Insurance (CBHI) programme and will begin providing services to more than 9.8 million households, including nearly 45 million household members.

1.8 MEDICAL PRODUCTS AND SUPPLIES

The MoH introduced and implemented various initiatives to increase the availability of pharmaceuticals and other supplies at the facility level, and to improve overall management and in-country production capacity during the Health Sector Transformation Plan I (HSTP-I) Period. However, there remain many challenges to ensuring the availability of essential drugs and supplies at the facility level. According to the 2018 Service Availability and Readiness Assessment (SARA) findings, availability of essential tracer drugs at public health facilities is 49%, with higher availability at referral hospital (86%) and health centres (48%).

1.9 HEALTH INFORMATION SYSTEM (HIS)

MoH investment in Health Information Systems (HIS) was identified as a major focus of the transformation agendas during HSTP I, bringing fundamental change to data quality, data use, digitisation,

⁸ MoH Annual Performance Report

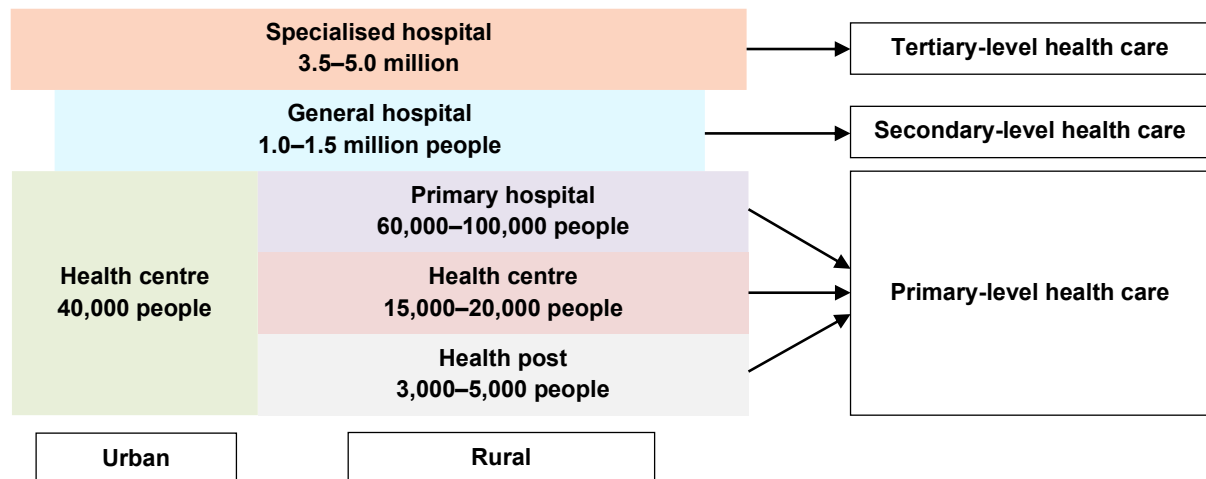
⁹ Ethiopia National Health Account Report 2019–20

and HIS governance. In the HSTP I period, the MoH adopted the District Health Information System (DHIS2) as the national reporting platform, which improved reporting completeness to over 90%.

1.10 HEALTH SYSTEM IN ETHIOPIA

The Ethiopian health system is a three-tiered, service-delivery structure, with primary-, secondary- and tertiary-level health care.

Figure 1.3 The Ethiopia health tier system



Primary-level health care: This level consists of health posts, health centres, and primary hospitals. One health centre has five satellite health posts that provide services to approximately 25,000 people. Health posts are supposed to provide preventive care and health promotion services, in addition to treating individual cases such as malaria, pneumonia, scabies, trachoma and other mild illnesses. Health posts refer clients to health centres for services requiring higher-level care.

Health centres provide both preventive and curative services and serve as referral centres and practical training sites for health extension workers. Primary hospitals offer inpatient and ambulatory services to about 100,000 people and provide emergency surgery (including caesarean sections and blood transfusions).

Secondary-level health care: This level consists of general hospitals and is supposed to provide similar services to those of primary hospitals and serve, on average, one million people. They are referral centres for primary hospitals and training centres for health officers, nurses, and emergency surgeons.

Tertiary-level health care: This is the third tier in the Ethiopian health care system and consists of a specialised hospital that covers a population of approximately 5 million. It also serves as a referral centre for general hospitals.

The health care tier system includes both public and private health facilities and currently there are more than 21,317 private facilities 17,000 private health facilities across the country (<http://www.mfrv2.moh.gov.et/>). The private health facilities include clinics (all levels), diagnostic centres, pharmacies, and drug stores.

1.11 ENABLING POLICIES AND SYSTEMS TO IMPROVE HEALTH OUTCOMES

1.11.1 Health Policy

The Government of Ethiopia ratified a national health policy in 1993 that has served for three decades. It is currently being revised, with a focus on responding to sociodemographic, epidemiologic, and economic changes in the country. The revised policy considered the government's vision of Ethiopia becoming a middle-income country, and the national commitment to UHC and the SDGs. The policy document has undergone a series of consultations and been submitted to the Council of Ministers for final ratification.

1.11.2 Health Strategic Plan

Ethiopia has been following a national health strategic plan, organised by 5-year periods, since the 1990s. The government also implemented a health sector development plan from 1990 to 2010, that was in line with the Millennium Development Goals (MDG). The MoH developed the Health Sector Transformation Plan I (HSTP-I), which was implemented from 2011–12 to 2015–16, with a focus on bringing transformative changes to the health system. MoH is implementing the second Health Sector Transformation Plan II (HSTP-II) from 2020–21 to 2024–25.

HSTP-II Objectives: The HSTP-II identified four objectives to improve the health status of the Ethiopian population¹⁰.

1. Accelerate progress towards universal health coverage
2. Protect people from health emergencies
3. Woreda transformation
4. Improve health system responsiveness

HSTP-II Strategic Directions: The HSTP-II includes 14 strategic directions, that are in line with the SDG and other global initiatives. Strategic directions are focus areas in the plan that have detailed targets and major activities that are implemented during the strategic plan implementation period.

HSTP-II Key Priorities: The HSTP-II plan identified four key priorities, or health sector transformation agendas, from the 14 strategic directions, based on the major challenges identified in the situational analysis. The key priorities focus on investment in transforming the health system.

The transformation agendas identified were:

- Quality and equity
- Information revolution
- Motivated, Competent and Compassionate (MCC) health workforce
- Leadership
- Health financing

1.12 PUBLIC PRIVATE PARTNERSHIP

The MoH identified public-private partnership as one of the 14 strategic directions in the national health strategic plan. The government is working to create an enabling environment that engages the private

¹⁰ Ethiopia Health Transformation Plan-II

sector in efforts to improve access to, and quality of, health services. Increasing public-private engagement can lead to a comprehensive range of health-related activities, including service delivery, supply forecasting, and management of health systems strengthening.

1.13 HEALTH ALIGNMENT AND HARMONISATION

The government developed a health harmonisation and alignment manual after the 2007 Paris declaration on aid effectiveness (MoH 2007).¹¹ The main objective was more effective and efficient harmonisation and alignment of programmes within the public sector, and the enlistment of partners and donors to help the country achieve more rapid progress towards the attainment of Sustainable Development Goals (SDGs) and Universal Health Coverage. Over the past two decades, the MoH has followed the principle of one plan, one report, and one budget in its efforts to realize harmonisation and alignment.

1.14 COMMUNITY ENGAGEMENT

Community engagement has been a primary principle and strategy for achieving the objectives of the national strategic plan. As part of the HSTP, the MoH identified community engagement and ownership as one strategic focus area. The health extension programme serves as a platform for community engagement by establishing the Women's Development Army (WDA) at the grassroots level. The WDA promotes the health agenda at both the community and household levels, so that individual health literacy will continue to improve.

¹¹ The HSDP Harmonization Manual (HHM) first edition 2007, Federal Ministry of Health, Ethiopia

2.1 OVERVIEW

The 2021–22 Ethiopia Service Provision Assessment (2021–22 ESPA) is the second survey of its kind following the 2014 ESPA+. The sample size for the ESPA 2021–22 was determined using a combination of census data and random samples. The public health care sector in Ethiopia is organised into a three-tier system of primary, secondary, and tertiary health care. The primary health care system is composed of a primary hospital, health centres, and five satellite health posts. Health posts are staffed with health extension workers (HEWs), Ethiopian community health workers, who mainly provide essential promotional and preventive services, with limited involvement in curative services. Tier one (primary hospital, health centre, and associated satellite health posts) constitutes the Primary Health Care Unit (PHCU). Tier two, the secondary health care system, constitutes general hospitals, while Tier three is composed of specialised hospitals.

The 2021–22 ESPA surveyed health facilities with the aim of providing information on the general performance of facilities that offer maternal, child, and reproductive health services, as well as services for specific infectious diseases, such as sexually transmitted infections (STIs), HIV/AIDS, tuberculosis (TB) and malaria; and the functions of the various components of the health system that may affect quality of services.

To provide a comprehensive picture of the strengths and weaknesses of the service delivery environment in Ethiopia, information was collected on each assessed service, from a representative sample of facilities managed by the government, non-governmental organizations (NGOs), and the private sector, in Ethiopia's nine regions and two city administrations.

The 2021–22 ESPA provides indicators at the national level and stratified by facility type and managing authority, according to urban-rural residence and region.

2.2 INSTITUTIONAL FRAMEWORK

The 2021–22 ESPA survey was undertaken by the Ethiopian Public Health Institute (EPHI). Technical support for the survey was provided by ICF International under the DHS Program. The United States Agency for International Development (USAID), the World Bank, UNICEF, Irish Aid, and the World Health Organization provided financial support. A technical committee was constituted to oversee all policy and technical issues related to the survey. The purpose of the 2021–22 ESPA survey was to collect information on the delivery of health care services in Ethiopia and to examine the preparedness of facilities for the provision of quality health services in the areas of: child health, maternal and new-born care, family planning, sexually transmitted infections, HIV and AIDS, tuberculosis, malaria, non-communicable diseases (NCDs) and neglected tropical diseases (NTDs).

This report presents results on facility infrastructure and service delivery based on information collected from the health facilities. The information will help health programme managers and policy makers to prioritise interventions that will enhance the provision of quality health services.

2.3 OBJECTIVES OF THE ESPA

The overall objective of the 2021–22 ESPA was to collect information on the availability and delivery of health care services in Ethiopia and to examine the readiness of facilities to provide quality health services

in the areas of child health, maternal and newborn care, family planning, sexually transmitted infections (STIs), HIV and AIDS, tuberculosis (TB), malaria, and other diseases such as NCDs and NTDs.

The specific objectives of the 2021–22 ESPA were to collect and provide information in the following areas:

- Overall availability of specific services in Ethiopian health facilities
- General readiness of health facilities to provide client services
- Service-specific readiness of health facilities
- Quality of services
- Client perception, feedback, and accountability systems
- Tracking of changes over time for future progress

2.4 DATA COLLECTION METHODS

Data collection instruments were developed for the 2021–22 ESPA, to respond to the following basic questions:

1. What is the availability of various health services in Ethiopia?

Specifically, what proportion of the different types of health facilities offer specific health services?

2. To what extent are facilities prepared to provide quality health services?

The 2021–22 ESPA used the Facility Inventory Questionnaire and Provider Interviews to collect information on whether a facility has the capacity to provide the specified health services at acceptable standards of quality.

Capacity is measured by the presence of essential equipment and supplies in a location reasonably accessible when providing a service. Quality of services, which is one aspect of capacity, is measured by the following facility characteristics: the training and supervision of staff; the availability of service delivery protocols and client education materials; the availability and use of health information records; the service delivery environment; and the facility systems for maintaining equipment and supplies.

The survey assessed support systems for general management, quality assurance, logistics for medicines, infection control, and systems for monitoring activities (such as tracking service coverage rates and referrals). Interviewers asked whether a facility had these support systems in place and noted whether those systems were functioning.

A facility's basic infrastructure can affect the quality of health services provided, and influence clients' willingness to use the facility. The 2021–22 ESPA collected data on whether facilities had electricity, water, and client amenities, and on whether the facility kept records of the services provided and which days of the week they are available. The 2021–22 ESPA also assessed staffing levels.

3. To what extent does the service delivery process follow generally accepted standards of care?

ESPA interviewers observed interactions between clients and providers to assess whether the process of service delivery meets standards for acceptable content and quality. The interviewer observed consultations for sick children, family planning services (FP) and antenatal care (ANC). They recorded what information is shared between the client and the provider and what processes the provider follows when assessing the client, conducting procedures, and providing treatment.

4. What issues affect clients' and service providers' satisfaction with the service delivery environment?

Each observed client was subsequently asked to participate in an exit interview to ascertain the client's perception of information shared and services received. This information provides further insight into the quality of the client-provider interaction. Also, providers were interviewed about their satisfaction with the work environment.

5. What is the level of clinical knowledge among health service providers in diagnosing and managing selected disease conditions?

For a few selected services, the 2021–22 ESPA used Provider Interviews to collect information on whether the health care provider has sufficient disease-specific knowledge to provide the service at acceptable standards.

2.5 ESPA CONTENT AND METHODS FOR DATA COLLECTION

2.5.1 Content of the 2021–22 ESPA

The Ethiopia Service Provision Assessment (ESPA) consists of two major activities: (1) a national level sample survey of formal sector, public and private functional health facilities, including sampled health centres, private clinics, and health posts, and (2) a census of hospitals in Ethiopia's nine regions and two city administrations. Pharmacies, diagnostic centres, regional laboratories, and individual doctors' offices are typically not included in this ESPA survey.

Four high-priority health services, all interrelated to some extent, were assessed: child health, family planning, maternal health, and specific infectious diseases (STIs, HIV/AIDS, TB, and malaria) and non-communicable diseases. In each of these four areas, the survey assessed whether components considered essential for quality health services are available and functional. The components assessed were those commonly promoted in different programmes supported by the government and development partners. The ESPA also assessed whether more sophisticated components were available, such as higher-level diagnostic and treatment modalities or support systems for health services that are usually introduced after basic-level services have been put in place.

The child health component of the survey was designed to assess the availability of preventive services (immunization and growth monitoring) and outpatient curative care for sick children, with a focus on the process followed in providing services to sick children. Service provision was compared with the standards set in the guidelines for the World Health Organization's Integrated Management of Neonatal and Childhood Illness (IMNCI) (WHO 1997).

The family planning component focused on the process followed in counselling and providing contraceptive (family planning) methods to clients.

The maternal health component assessed counselling and screening during ANC visits, delivery service environment, and care during the postpartum period.

The non-communicable diseases component assessed the availability and readiness of services for diabetes, cardiovascular diseases, chronic respiratory diseases, cancer diseases, neurological and substance use disorders, and chronic renal diseases.

The infectious disease component assessed the availability of services for diagnosing and

treating STIs, as well as HIV/AIDS, TB, and malaria.

2.5.2 Data Collection Instruments

To achieve the objectives of the assessment and to capture information from different categories, data were collected using the following four main survey instruments:

The **facility inventory questionnaire** was used to obtain information on facility readiness to provide each of the priority services. The facility inventory questionnaire collects information on the availability of specific items, including the location and functional status of the facility, components of support systems (e.g., logistics, maintenance, and management), and facility infrastructure, including the service delivery environment. The person most knowledgeable about the facility organisation and/or the provider most knowledgeable about each of the facility services, was interviewed by the data collectors. If another provider was needed to provide specific information, that provider was contacted (or visited, if appropriate) and interviewed to obtain that information. The inventory questionnaire is organised into the following three modules:

- **Module 1** collects information on service availability.
- **Module 2** collects information on general facility readiness. Seven sections cover topics such as facility infrastructure (sources of water, electricity, etc.), staffing, health management information systems, health statistics, processing of instruments for reuse, health care waste management, availability of basic supplies and equipment, laboratory diagnostic capacity, and medicines and commodities.
- **Module 3** collects information on service-specific readiness. The module covers child health (child vaccination, growth monitoring and curative care), family planning, antenatal care, prevention of mother-to-child transmission of HIV (PMTCT), delivery and newborn care, non-communicable diseases, and infectious diseases such as tuberculosis, malaria, and HIV/AIDS.

The **health provider questionnaire** was used to obtain information from a sample of health service providers, on their qualifications (training, experience, and continuing education), supervision they had received, and their perceptions of the service delivery environment. The health worker interview questionnaire was modified to include a set of service specific “knowledge” questions, based on the World Bank’s Service Delivery Indicator (SDI) clinical knowledge assessment modules, to assess individual health providers’ knowledge of managing common health conditions.

Observation protocols capture key components of consultations and examinations of sick children, antenatal care, and family planning. Upon entering a facility, interviewers sought to observe a sample of consultations for their respective service components (antenatal care, family planning, or sick child) as they occurred. The observations, which were recorded in a checklist, covered the process used in conducting specific procedures and examinations, and the content of information exchanged between the provider and the client (including history, symptoms, and advice).

The **client exit interview questionnaire** was used to assess the client’s understanding of the consultation and/or examination as part of their visit to the facility. Client exit interviews were conducted with clients whose consultations had been observed.

2.5.3 Data Collection Approaches

After completing the definitive ESPA questionnaires in English, translations were prepared in Amharic and Afan Oromo. Then the English, Amharic, and Afan Oromo versions of the facility inventory questionnaire were loaded onto tablet computers, which were used during interviews to ask questions and record responses. This method is referred to as computer-assisted personal interviewing (CAPI). All the

other survey questionnaires remained paper-based, but responses written on the paper questionnaires were entered into computers and edited in the field, a technique called computer-assisted field editing (CAFE).

2.6 SAMPLING

2.6.1 Sampling Frame

Excluding the Tigray region, a master list of 25,711 functioning health facilities in Ethiopia was obtained from the Ministry of Health. The list included: 372 hospitals (not including the 41 hospitals newly identified during data collection), 3,556 health centres, 16,841 health posts and 4,942 private clinics (speciality/higher clinics, medium clinics, and lower clinics). These facilities were managed by the following authorities: the government, private for-profit organisations, and non-governmental organisations (NGOs).

2.6.2 Sample Design

The 2021–22 ESPA is designed to provide representative results for each of Ethiopia’s 11 regions separately, for all facilities together, and by facility type at the national level, that is, hospitals (including government hospitals and private hospitals), health centres, clinics, and health posts.

2.6.3 Sampling Procedures and Sampled Facilities

The 2021–22 ESPA sample is a stratified random sample of 1,407 health facilities, selected with equal probability systematic sampling, with the sample allocation given in **Table 2.1**.

Stratification was achieved by first separating the health facilities in each region by facility type. Then, all the clinics in each region, were further stratified by clinic designation (higher, medium, lower clinics, or speciality clinics). The sample allocation featured a power allocation across regions, to achieve comparable survey precision.

By facility type, all 413 of the hospitals in Ethiopia (both government owned and private, including 41 newly identified hospitals) are included in the sample, because of their relatively small number and the important role played in the health system. The health centres were sampled, yielding a total of 310 health centres. In Dire Dawa and Harari, all the health centres were included in the sample because of their small number.

A total of 356 clinics were sampled. All the higher clinics are included in the sample because of their small number. All the clinics in Harari region are included because of the small number of health facility in that region. A total of 328 health posts were sampled. The sample allocation features a power allocation with small adjustments because a proportional allocation would allocate too few health facilities, such as for Dire Dawa and Harari regions.

By facility type, health centres are slightly oversampled compared to clinics, and clinics are slightly oversampled compared to health posts. For clinics, all higher clinics were included, medium clinics were slightly oversample compared to lower clinics, and lower clinics were slightly oversampled compared to other clinics. This oversampling strategy prioritises health facilities that play an important role in the health system, thereby increasing survey precision.

Table 2.1 presents the distribution of facilities in the sample frame and the final sample selection by region. In this table, 135 hospitals were found for the sampling frame in Oromia, followed by Amhara (101) and SNNPR (69). Similarly, 1418 health centres in Oromia were followed by Amhara (866) and SNNPR (610). The distribution of health posts shows the same pattern, with highest number in Oromia (7,109), then Amhara (3,529), and SNNPR (3,367). The number of clinics is high in Oromia (1,810), followed by Amhara (1,206), and Addis Ababa (722).

Because of their importance and their small numbers, all hospitals in Ethiopia were included in the survey, which allowed for inclusion of the hospitals newly identified during the survey. A representative sample of health centres, health posts, and clinics were selected and included in the survey. The sample selected for the 2021–22 EDHS was a total of 1,407 health facilities, including 413 hospitals, 310 health centres, 328 health posts, and 356 clinics.

Table 2.2 shows the percent distribution of the facilities sampled and the results following attempts to visit those facilities. Some facilities were not covered in this survey because they were closed or not yet operational (7%), or for security reasons (9%). Two percent of facilities were not interviewed for a variety of reasons, including facility converted into a COVID centre, facility non-eligible, facility not found, and facility duplication. Data were successfully collected for a total of 1,158 facilities, representing 82% of those on the original sample list.

Table 2.3 shows the percent distribution of facilities that were successfully assessed, by background characteristics. Most health facilities in Ethiopia (using adjusted/weighted proportions to reflect actual facility distribution) are health posts (65%), health centres (16%), and private clinics (17%). Hospitals (2%) are the fewest in number. The majority of facilities (83%) are managed by the government; the remaining facilities (17%) are privately managed.

The Oromia region has the largest proportion of health facilities (37%) followed by SNNP and Amhara regions (22% each). The majority of health facilities are located in rural areas (77%) of the country.

2.6.4 Sampled Health Care Providers

Health care provider, for the purpose of this survey (2021-22 ESPA), is defined as *one who provides consultation services, counselling or education, and laboratory services to clients*. For example, health extension workers (HEWs) are not eligible to carry out observations or interviews, if they only take measurements or complete registrations. The sample of health care providers was selected from those who were present in the facility on the day of the visit, and who provided services. A maximum of 15 providers were interviewed in each facility. In facilities where 15 or fewer health care providers were available, all the providers present on the day of the visit were interviewed. In facilities with more than 15 health care providers, the required number of samples were selected at random (lottery), taking into consideration their qualifications, department in which they work, and the services they provide.

Table 2.4 provides information on the total number of health providers present in the sampled facilities on the day of the survey, and the number selected for interviews, by type of facility and provider. The table also shows the proportion of providers present at the time of the assessment who were interviewed (with the health provider questionnaire), according to provider type. At the national level, the total number of providers present on the day of the survey was 21,298. Among these, 40% (8,564 providers) were selected for the health provider interview with the health provider questionnaire.

Table 2.5 shows the number and percent distribution of health providers who were interviewed with the health provider questionnaire. About 98% (8,424 providers) were interviewed, out of a total of 8,564 selected health providers, mainly from government-managed health facilities (84%), most often in health centres (44%) and health posts (22%). By provider type, the interview was frequently carried out with diploma nurses (21%) and BSc nurses (13%).

2.6.5 Sampled Observation and Client Exit Interview

Samples of observations and exit clients (who were to be interviewed with the client exit interview questionnaire), were systematically selected based on the number of clients expected for each service on the day of the survey. The rule to observe is a maximum of five clients per provider of a specific service with a maximum of 15 observations for each service per facility. When several eligible women came for antenatal care and family planning services, interviewers selected two new clients to follow. For child

health consultations, children younger than 5 years, who presented with an illness, rather than an injury or accident, were selected for observation. The exit interview is conducted only for clients whose consultation is observed before leaving the facility.

Table 2.6 shows the number of clients attending the facility on the day of the survey who were eligible for observation, the number whose consultations were observed and interviewed, and the percentages of eligible clients who were observed and interviewed, by type of service and type of facility. Among the eligible clients available on the day of the survey, the highest number was the antenatal care (ANC) clients (5,280), followed by sick children (4,363) and, family planning clients (2,931). Among ANC clients, sick children, and family planning clients available on the day of the survey, 82% (4,335 ANC clients), 86% (3,742 sick children), and 88% (2,572 FP clients) were observed and interviewed, respectively.

Table 2.7 shows the weighted percent distribution of observed consultations as well as the weighted and unweighted numbers of observed clients, by type of service, facility type and selected background characteristics.

At the national level, the percentage of observed consultations for sick children is high in health centres (56%), followed by health posts (10%). Similarly, the percentage of observed consultation for family planning clients is high in health centres (45%), followed by health posts (31%). The same pattern is seen at the national level for the percentage of observed consultations for ANC clients. It is high in health centres (63%), followed by health posts (14%).

2.6.6 Sampling Weights

Because of the non-proportional allocation of the sampled health facilities to the different regions, and the different health facility types, sampling weights are required for any analysis using the 2021–22 ESPA data. This action will ensure the actual representation of the survey results at the national level, by survey domain, and by health facility type. Since the 2021–22 ESPA sample is a stratified sample, sampling weights were calculated based on sampling probabilities, separately for each sampling stratum. We use P_{1h} to represent the sampling probability of the health facilities in stratum h , the health facility design weight W_h for all health facilities selected from stratum h is the inverse of the selection probability:

$$W_h = 1/P_{1h}$$

The health facility design weight was adjusted for non-response at the sampling stratum level to get the health facility sampling weight. The sampling weight was then normalised at national level to get the health facility standard weight. The normalisation of the sampling weight was aimed to get the total number of unweighted cases equal to the total number of weighted cases at national level. The provider weight was calculated based on the facility standard weight, multiplied by the inverse of the selection probability of providers (providers interviewed over providers listed) from each sampling stratum by provider category, with correction of nonresponse and then normalised to get the provider standard weight.

The client weights for sick child, family planning, and ANC clients were calculated in a similar way based on the facility standard weight multiplied by the inverse of the selection probability of clients (clients interviewed over clients listed) from each sampling stratum, by client category, with correction of nonresponse and then normalised to get the client standard weight for each client category. The normalised weights are relative weights which are valid for estimating means, proportions, ratios, and rates, but not valid for estimating population totals and not valid for pooled data. Since the normalised weights are relative weights, the number of weighted cases presented in the survey report are relative numbers, they reflect the population distribution but not the actual sample size. Therefore, for the oversampled health facilities such as government hospitals, the number of weighted cases will be much smaller than the actual sample size because the percentage share in the entire health facility population is small compared to other types of health facilities.

2.7 TRAINING AND DATA COLLECTION

2.7.1 Pre-Test

The questionnaires were pretested to detect possible problems in the flow of the questionnaires, to gauge the length of time required to carry out the interviews, and to identify errors in the translations. The pre-test also helped to detect problems with the data entry programmes developed for both the CAPI and CAFE activities.

The pre-test for the 2021–22 ESPA took place May 4–29, 2021, around Adama City, Ethiopia. During pre-test data collection, health facilities in the Oromia region, around Adama city, that were not sampled in the main survey, were surveyed for two days, to test and refine the survey instruments and the computer programmes developed for both CAPI and CAFE. After the pre-test, the questionnaires and computer programmes were finalised for the main data assessment. The Ethiopian Public Health Institute (EPHI) led the training, while ICF and MoH staff were involved in the training according to their expertise.

2.7.2 Main Assessment

The main training for the 2021–22 ESPA took place 7 July to 4 August 2021, with 23 master trainers conducting the main training. Thirty-seven team leaders and 148 interviewers, mostly health providers (nurses, nurse midwives, and clinicians) hired by EPHI, were trained as interviewers in the application of the questionnaires and computer programmes. Including six regional coordinators, two data managers and two central coordinators, a total of 23 master trainers led the main training.

The training included classroom lectures and discussions, practical demonstrations, mock interviews, role plays, and field practices. The participants were given a daily homework assignment to conduct mock interviews among themselves using the survey tools. The first two weeks of training were dedicated to training interviewers on the use of paper questionnaires and participating in field practice. The two-day field practice was to ensure that the participants understood the content of the paper questionnaires, as well as how to organise themselves once they enter a health facility.

During the third week of training, participants were introduced to tablet computers, and then transitioned to the use of the tablet computers for data collection (CAPI) and for data entry and editing (CAFE); this part of the training was carried out using the completed paper questionnaires from the facilities visited during the pre-test. During the fourth week, participants practiced all the questionnaire types, and the CAPI/CAFE approaches, in teams and in pairs. The first three days of the fifth week were dedicated to field practice using computers, followed by two days of discussion for concerns raised during the field practice.

Following completion of the main survey training, 37 teams were formed, each consisting of a team leader, three interviewers and a driver.

Main data collection took place 11 August 2021 to 4 February 2022. The team leader was responsible for checking all the questionnaires before leaving the facility. Each team received a list of facilities to visit, including facility names, types, and locations. On average, data collection took two days per facility. Interviewers ensured that the respondent for each component of the facility inventory questionnaire was the most knowledgeable person for the service or system being assessed. Informed consent was obtained from the person in charge of the facility, from providers for the provider interview and observation, and from clients for the client observation and the exit interview.

Fieldwork supervision was coordinated by EPHI. The Technical working group (TWG) members, MoH staff, EPHI staff, and ICF personnel participated in supportive fieldwork supervision. Six regional coordinators were assigned to supervise six or seven teams. They made periodic visits to their teams to review the workload and to monitor data quality. Two data managers and two central co-ordinators were assigned to the survey central office. Field check tables generated by the data entry programme were used

to check the quality of the data collected, and, where necessary the central office staff communicated to the regional coordinators and resolved any problems that occurred. Two data coders were engaged to support the survey central team for double entry.

2.8 DATA MANAGEMENT AND ANALYSIS

The information entered on the interviewers' PC-tablets was downloaded daily by the team leader to his/her computer, and sent regularly to the central office, preferably when data collection was completed in a health facility. The data from the field were sent to the EPHI server through the Internet File Streaming System (IFSS). Double entry of the paper questionnaires by the data coders, and verification was carried out. Secondary editing was done by the data managers and if any error or inconsistency was found, teams were informed to correct and resend the data. The data managers finalised and backed up the data in the EPHI server with password protection. The data was secured and could not be accessed by unauthorised person.

Data cleaning was carried out to check range and structure, and a selected set of checks for internal consistency were implemented. All errors detected during machine editing were corrected. Technical assistance for the data editing programmes was provided by ICF International. All data entry and editing programmes were written using CSPro.

Several conventions were observed during the analysis of the 2021–22 ESPA.

- First, unless otherwise indicated, the 2021–22 ESPA considered only those items observed by the interviewers themselves to be available.
- Second, in most facilities, multiple health workers contribute to the services received by clients. The health worker, who ultimately assesses the client, makes the final diagnosis, prescribes treatment, if necessary, and is identified as the primary provider for the particular service. This health worker is the provider observed by the interviewer using observation protocol.
- Third, quite often, certain measurements (e.g., measuring blood pressure and temperature) are routinely done by health workers other than the primary provider, and separate from the actual consultation. Where this system is used, and all clients receive these measurements as part of their visit, clients who are selected for observation are assumed to have received these measurements, even if the primary provider does not take these measurements.

2.9 DEVELOPMENT OF THE FINAL REPORT

After ICF produced the 2021–22 ESPA analysis results tables for the final report, a team composed of staff from EPHI, MoH, UNICEF and other health development partners drafted the final report chapters, assigned to 11 working teams. The draft chapters were reviewed by an independent team and selected individuals from EPHI, MoH and health development partners. ICF finalised the report.

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Table 2.1 Distribution of facilities in sample frame and final sample selection, by region

Number of facilities of each type in the sample frame, number of each type selected for the survey sample, by region, Ethiopia SPA 2021–22

Facility type	Region																						Total	
	Afar		Amhara		Oromia		Somali		Benishangul Gumuz		SNNP		Sidama		Gambela		Harari		Addis Ababa		Dire Dawa		Sample frame	Number selected
	Sample frame	Number selected	Sample frame	Number selected	Sample frame	Number selected	Sample frame	Number selected	Sample frame	Number selected	Sample frame	Number selected	Sample frame	Number selected	Sample frame	Number selected	Sample frame	Number selected	Sample frame	Number selected	Sample frame	Number selected		
Referral hospital	1	1	7	7	7	7	1	1	0	0	6	6	1	1	0	0	1	1	8	8	1	1	33	33
General hospital	2	2	17	17	48	48	4	4	2	2	10	10	7	7	1	1	4	4	29	29	5	5	129	129
Primary hospital	5	5	77	77	80	80	7	7	4	4	53	53	17	17	4	4	1	1	3	3	0	0	251	251
Health centre	98	26	866	44	1418	50	213	31	56	22	610	40	136	28	29	20	8	8	107	26	15	15	3556	310
Health post	330	26	3529	45	7109	52	1181	36	505	29	3367	45	546	30	210	23	30	21	0	0	34	21	16841	328
Specialty/higher clinic	1	0	9	6	1	1	0	0	0	0	0	0	2	2	0	1	2	1	25	12	4	4	44	27
Medium clinic	14	12	277	26	356	28	24	16	30	18	36	21	61	22	28	10	18	16	456	24	16	11	1316	204
Lower clinic	31	8	920	18	1453	25	51	9	104	11	662	21	0	0	94	17	5	3	241	6	21	7	3582	125
National	482	80	5702	240	10472	291	1481	104	701	86	4744	196	770	107	366	76	69	55	869	108	96	64	25752	1,407

Table 2.2 Result of facility contact by background characteristics

Percent distribution of sampled facilities according to the result of the visit of the survey team by background characteristics, Ethiopia SPA 2021–22

Background characteristics	Completed ³	Closed/ not yet operational ⁴	Under security issues ⁵	Other ⁶	Total percent	Number of sampled facilities ⁷
Facility type						
Referral hospital	97	0	3	0	100	33
General hospital	95	2	2	2	100	129
Primary hospital	87	1	10	2	100	251
Health centre	86	3	10	1	100	310
Health post	78	5	15	2	100	328
Specialty/higher clinic	67	26	0	7	100	27
Medium clinic	68	19	10	3	100	204
Lower clinic	82	14	0	3	100	125
Managing authority						
Public ¹	85	3	11	1	100	976
Private ²	76	15	5	3	100	431
Region						
Afar	71	9	19	1	100	80
Amhara	78	5	15	2	100	240
Oromia	80	4	14	2	100	291
Somali	82	13	4	2	100	104
Benishangul Gumuz	60	3	34	2	100	86
SNNP	92	7	1	1	100	196
Sidama	96	4	0	0	100	107
Gambela	84	12	0	4	100	76
Harari	93	7	0	0	100	55
Addis Ababa	78	14	0	8	100	108
Dire Dawa	95	5	0	0	100	64
Urban/Rural						
Urban	72	10	15	3	100	847
Rural	99	1	0	0	100	560
National	82	7	9	2	100	1,407

Note: Some rows may not add to 100 percent due to rounding.

¹ Public = government/public/other government (military, prison federal police)

² Private = private for profit/NGO (mission/faith based/non-profit)

³ Completed: Data collection was completed for these facilities.

⁴ Closed/not yet operational: The facilities were closed or not functional at the time of the survey.

⁵ Under security issues: The facilities were unreachable by the survey teams at the time of the survey due to security issues.

⁶ Other: The facilities were converted into a COVID Centre; or the facilities are non-eligible for this survey, for example, a dermatologist clinic; or the facilities were not found; or the facilities were duplicated with another one on the list from the sample.

⁷ The Tigray region sample (144 facilities) was excluded from the survey sample due to security issues.

Table 2.3 Distribution of surveyed facilities by background characteristics

Percent distribution and number of surveyed facilities by background characteristics, Ethiopia SPA 2021–22

Background characteristics	Weighted percent distribution of surveyed facilities	Number of facilities surveyed	
		Weighted	Unweighted
Facility type			
Referral hospital	0	2	32
General hospital	1	7	123
Primary hospital	1	15	218
Health centre	16	181	268
Health post	65	755	257
Specialty/higher clinic	1	7	18
Medium clinic	8	92	139
Lower clinic	8	97	103
Managing authority			
Public	83	960	829
Private	17	198	329
Region			
Afar	2	19	57
Amhara	22	250	188
Oromia	37	430	233
Somali	6	74	85
Benishangul Gumuz	2	23	52
SNNP	22	261	180
Sidama	4	44	103
Gambela	1	17	64
Harari	0	4	51
Addis Ababa	3	33	84
Dire Dawa	0	5	61
Urban/Rural			
Urban	23	271	606
Rural	77	887	552
National	100	1,158	1,158

Table 2.4 Distribution of providers in facility provider sample frame and final provider sample selection

Number of providers of each type that were present on the day of the survey (provider sample frame), number of each type selected for the health worker interview (SPA sample) and percentage of eligible providers of each type that were selected for the health worker interview, by type of facility and provider qualification, Ethiopia SPA 2021–22

Qualifications of providers	Facility type																Total		Percentage of total for provider type included in Ethiopia SPA sample
	Referral hospital		General hospital		Primary hospital		Health centre		Health post		Specialty/higher clinic		Medium clinic		Lower clinic		Sample frame	Number selected	
	Sample frame	Number selected	Sample frame	Number selected	Sample frame	Number selected	Sample frame	Number selected	Sample frame	Number selected	Sample frame	Number selected	Sample frame	Number selected	Sample frame	Number selected			
Provider type																			
General practitioner	398	103	706	259	1,071	551	77	45	0	0	10	8	44	41	0	0	2,306	1,007	44
MD specialist: general surgeon	8	0	82	5	35	3	0	0	0	0	2	2	10	6	0	0	137	16	12
MD specialist: obstetrician and gynaecologist	29	4	99	61	31	20	1	1	0	0	4	2	8	6	0	0	172	94	55
MD specialist: internist	22	1	83	25	20	10	0	0	0	0	5	3	12	10	0	0	142	49	35
MD specialist: paediatrician	27	2	79	50	14	10	0	0	0	0	6	4	5	5	0	0	131	71	54
MD psychiatrist	2	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	4	0	0
Other MD specialist, including service specialist	27	1	85	5	10	1	0	0	0	0	1	1	5	2	0	0	128	10	8
Health officer	28	8	172	68	318	172	578	374	3	3	7	7	94	89	24	24	1,224	745	61
Nurse (Diploma)	124	16	879	176	1,355	374	1,125	763	55	55	22	17	162	153	112	110	3,834	1,664	43
Nurse (BSc)	871	139	1,622	362	1,747	573	640	334	12	12	20	20	87	78	28	27	5,027	1,545	31
Public health nurse	1	0	9	2	26	6	14	8	0	0	0	0	1	1	0	0	51	17	33
Midwives (BSc)	401	110	666	290	915	534	258	192	1	1	2	2	4	4	0	0	2,247	1,133	50
Midwives (Diploma)	53	12	296	137	646	337	378	299	5	5	3	3	11	11	2	2	1,394	806	58
Specialised nurse including neonatology, etc.	53	5	87	15	153	49	7	2	0	0	0	0	2	2	0	0	302	73	24
Integrated Emergency Surgical Officer (IESO)	6	1	55	6	186	37	3	2	0	0	0	0	2	2	1	1	253	49	19
MSC in medical laboratory	6	2	9	2	14	5	0	0	0	0	0	0	0	0	0	0	29	9	31
Laboratory technologist	162	19	450	95	414	118	117	52	0	0	9	7	37	28	5	5	1,194	324	27
Laboratory technician	88	9	292	34	571	141	335	209	0	0	20	16	132	103	12	12	1,450	524	36
Microbiologist	21	6	9	5	12	1	1	0	0	0	0	0	0	0	0	0	43	12	28
Bio-medical engineer	1	0	3	0	5	0	0	0	0	0	0	0	1	1	0	0	10	1	10
Health extension worker level 3	0	0	2	0	1	0	10	5	144	142	0	0	1	1	0	0	158	148	94
Health extension worker level 4	0	0	0	0	5	0	55	12	181	180	0	0	1	1	0	0	242	193	80
Other clinical staff not listed above	81	8	270	15	261	31	131	11	2	2	13	1	21	2	5	2	784	72	9
No technical qualification/non-clinical staff	0	0	14	2	14	0	2	0	1	0	0	0	5	0	0	0	36	2	6
National	2,409	446	5,969	1,614	7,826	2,973	3,732	2,309	404	400	124	93	645	546	189	183	21,298	8,564	40

Table 2.5 Distribution of interviewed providers by background characteristics and by the provider qualification

Percent distribution and number of interviewed providers by background characteristics and provider qualification, Ethiopia SPA 2021–22

Background characteristics	Weighted percent distribution of interviewed providers	Number of interviewed providers	
		Weighted	Unweighted
Facility type			
Referral hospital	2	186	439
General hospital	6	545	1,586
Primary hospital	12	1,050	2,925
Health centre	44	3,704	2,294
Health post	22	1,847	399
Specialty/higher clinic	1	52	81
Medium clinic	9	722	518
Lower clinic	4	319	182
National	100	8,424	8,424
Managing authority			
Public	84	7,062	6,815
Private	16	1,362	1,609
National	100	8,424	8,424
Region			
Afar	1	119	252
Amhara	22	1,814	1,568
Oromia	32	2,693	2,094
Somali	4	363	463
Benishangul Gumuz	2	175	274
SNNP	21	1,795	1,423
Sidama	5	400	689
Gambela	1	109	328
Harari	1	42	246
Addis Ababa	10	842	773
Dire Dawa	1	72	314
National	100	8,424	8,424
Urban/Rural			
Urban	47	3,959	5,451
Rural	53	4,465	2,973
National	100	8,424	8,424
Provider type			
General practitioner	4	337	1,004
MD specialist: general surgeon	0	6	12
MD specialist: obstetrician and gynaecologist	1	47	94
MD specialist: internist	0	19	49
MD specialist: paediatrician	0	34	70
Other MD specialist, including service specialist	0	2	7
Health officer	12	1,024	736
Nurse (Diploma)	21	1,794	1,616
Nurse (BSc)	13	1,069	1,505
Public health nurse	0	22	16
Midwives (BSc)	7	628	1,131
Midwives (Diploma)	8	638	804
Specialised nurse including neonatology, etc.	0	28	71
Integrated Emergency Surgical Officer (IESO)	0	27	49
MSC in medical laboratory	0	5	9
Laboratory technologist	3	263	313
Laboratory technician	8	659	513
Microbiologist	0	8	12
Bio-medical engineer	0	2	1
Health extension worker level 3	8	703	148
Health extension worker level 4	12	1,044	193
Other clinical staff not listed above	1	63	70
No technical qualification/non-clinical staff	0	0	1
National	100	8,424	8,424

Table 2.6 Distribution of observed and interviewed clients (unweighted)

Number of clients attending facility on the day of the survey eligible for observation, number whose consultations were observed and who were interviewed and the percentages of eligible clients who were observed and interviewed, by type of service, type of facility and urban/rural, Ethiopia SPA 2021–22

Facility type	Total number of clients present on the day of the survey	Actual number of clients observed and interviewed	Percentage of clients who were observed and interviewed
OUTPATIENT CURATIVE CARE FOR SICK CHILDREN			
Facility type			
Referral hospital	394	261	66
General hospital	814	659	81
Primary hospital	1,346	1,191	88
Health centre	1,244	1,077	87
Health post	120	114	95
Specialty/higher clinic	24	24	100
Medium clinic	258	256	99
Lower clinic	163	160	98
National	4,363	3,742	86
Urban/Rural			
Urban	2,907	2,424	83
Rural	1,456	1,318	91
National	4,363	3,742	86
FAMILY PLANNING			
Facility type			
Referral hospital	219	145	66
General hospital	443	410	93
Primary hospital	899	818	91
Health centre	963	833	87
Health post	117	116	99
Specialty/higher clinic	13	13	100
Medium clinic	152	148	97
Lower clinic	125	89	71
National	2,931	2,572	88
Urban/Rural			
Urban	1,908	1,601	84
Rural	1,023	971	95
National	2,931	2,572	88
ANTENATAL CARE			
Facility type			
Referral hospital	547	350	64
General hospital	1,279	1,004	78
Primary hospital	1,981	1,695	86
Health centre	1,273	1,097	86
Health post	74	74	100
Specialty/higher clinic	11	11	100
Medium clinic	91	80	88
Lower clinic	24	24	100
National	5,280	4,335	82
Urban/Rural			
Urban	3,722	2,925	79
Rural	1,558	1,410	91
National	5,280	4,335	82

Table 2.7 Distribution of observed consultations

Percent distribution and number of observed consultations for outpatient curative care for sick children, family planning and antenatal care, by type of facility and urban/rural, Ethiopia SPA 2021–22

Facility type	Percent distribution of observed consultations	Number of observed consultations	
		Weighted	Unweighted
OUTPATIENT CURATIVE CARE FOR SICK CHILDREN			
Facility type			
Referral hospital	2	59	261
General hospital	3	112	659
Primary hospital	6	208	1,191
Health centre	56	2,100	1,077
Health post	10	385	114
Specialty/higher clinic	1	49	24
Medium clinic	12	447	256
Lower clinic	10	382	160
National	100	3,742	3,742
Urban/Rural			
Urban	47	1,771	2,424
Rural	53	1,971	1,318
National	100	3,742	3,742
FAMILY PLANNING			
Facility type			
Referral hospital	1	22	145
General hospital	2	46	410
Primary hospital	4	92	818
Health centre	45	1,160	833
Health post	31	808	116
Specialty/higher clinic	0	2	13
Medium clinic	10	249	148
Lower clinic	7	193	89
National	100	2,572	2,572
Urban/Rural			
Urban	40	1,033	1,601
Rural	60	1,539	971
National	100	2,572	2,572
ANTENATAL CARE			
Facility type			
Referral hospital	2	98	350
General hospital	5	220	1,004
Primary hospital	11	489	1,695
Health centre	63	2,735	1,097
Health post	14	591	74
Specialty/higher clinic	0	4	11
Medium clinic	3	142	80
Lower clinic	1	57	24
National	100	4,335	4,335
Urban/Rural			
Urban	43	1,880	2,925
Rural	57	2,455	1,410
National	100	4,335	4,335

FACILITY-LEVEL INFRASTRUCTURE, RESOURCES, MANAGEMENT, SERVICE AVAILABILITY, QUALITY ASSURANCE SYSTEM AND HEALTH INFORMATION SYSTEM

3

Key Findings

- One-fifth of health facilities in Ethiopia offer all the basic client services. In general, six of ten hospitals and nine of ten health centres offer all basic services.
- About half of the facilities have regular, uninterrupted electricity (i.e., the facility is connected to a central power grid, or has solar power, or both, and power is routinely available during regular service hours) or has a functioning generator with fuel.
- Half of all health facilities have an improved water source in the facility (i.e., water piped into the facility or onto the facility grounds, or else water from a public tap or standpipe, a tube well or borehole, a protected dug well, or protected spring, or rainwater, or bottled water), and the outlet for this source is within 500 metres of the facility.
- Nationally, almost three of four facilities (73%) have a functioning client latrine, although only two-thirds of health posts have a functioning client latrine (65%).
- Transport for emergencies is available in about two-thirds of health facilities (i.e., the facility has a functioning ambulance or other vehicle for emergency transport that is stationed at the facility and had fuel available on the day of the survey), or else the facility has access to an ambulance or other vehicle stationed at, or operating from, another facility.
- Among all facilities, the average travel time from the health facility to the ambulance station is 47 minutes.
- Regarding the 14 essential medicines, Medroxyprogesterone (Depo Provera) injection (68%), Mebendazole tablets (43%) and Artemether lumefrantrine (42%) are the medicines most likely to be available in facilities, excluding health posts.
- Only two of five (41%) health facilities, excluding health posts, report using e-HMIS.
- Overall, only 1% of health facilities charge for vaccinations, however 4% of general hospitals and 3% of referral hospitals have user fees for vaccination services.
- Only 23% of facilities had an incinerator and placenta pit.

3.1 BACKGROUND

This chapter reports on facility level infrastructure, resources, service availability, quality assurance, the health information system, and management at the facility level. Although health care services can be offered under a variety of conditions, some common elements of the health system ensure

their quality, acceptability, and effective utilisation. The first part of this chapter looks at the extent to which health care facilities in Ethiopia have the following resources:

- A basic package of services and staff qualified to deliver them
- Facility infrastructure to support service delivery and utilisation
- Basic equipment availability
- Standard infection prevention supplies
- Essential medicines
- Laboratory service capacity

The second part of the chapter considers whether the facilities have management systems in place to:

- Address management issues
- Implement a quality assurance system
- Maintain staffing
- Encourage community participation and mechanisms to decrease financial barriers to care.

Finally, the chapter considers whether Ethiopian health care facilities provide the basic support systems that are critical to the provision of quality services, including:

- Logistics systems to support the ongoing maintenance of equipment and infrastructure
- Medication delivery systems to ensure medicines, vaccines, and contraceptives are available when needed
- Infection prevention systems to ensure safe practices in the prevention of infection and illness
- Patient safety

3.2 AVAILABILITY OF SERVICES AND RESOURCES

3.2.1 Availability of All Services

The Ethiopian health care service delivery system comprises a network of facilities that provide both preventive and curative health services. Most hospitals and health centres are expected to offer a full range of basic services, including outpatient services for all age groups; maternal and child health care services (antenatal, delivery and postnatal care); family planning; treatment of sexually transmitted infections (STIs); immunisation; and child growth monitoring. However, some specialised facilities may not offer all services and they are excluded from this study. If a facility does not offer all services, it should not be assumed that the facility is substandard, but clients may have to visit more than one facility to meet all their family's basic health care needs.

Tables 3.1a and **3.1b** show the percentage of facilities that offer specific health services, and the weighted and unweighted numbers of facilities offering the services. The comprehensive inventory of the available individual services contributes to use the service. As depicted in **Table 3.1a**, among all health facilities, excluding health posts, emergency services (93%) is the most available service, followed by curative care services for sick children under age 5 (92%), diagnosis or treatment of STIs, excluding HIV (91%), and diagnosis or management of non-communicable diseases (84%). Neonatology and Intensive Care Unit (ICU) services are available in only 6% and 2% of health facilities, respectively.

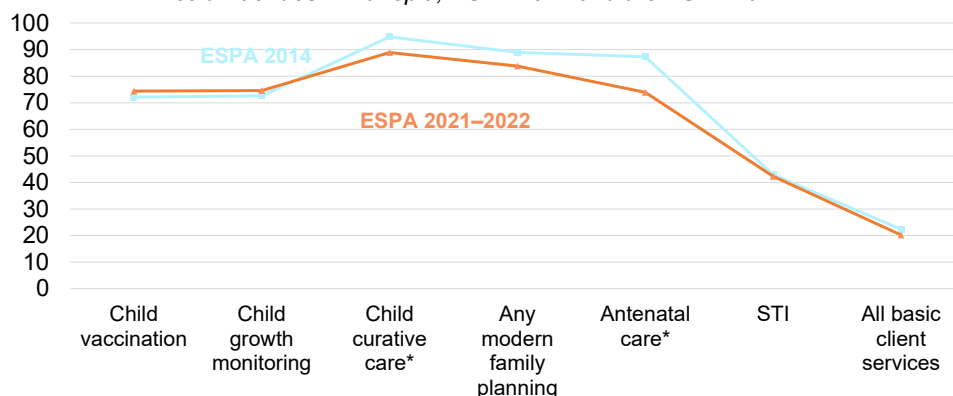
The majority of the health posts offered family planning services, including modern fertility awareness and vasectomy and tubal ligation methods (94%); facility-level child vaccination services (90%); and facility or outreach child curative services (88%). However, only about one-quarter (27%) of health posts were offering diagnosis, treatment, or follow-up for TB. (**Table 3.1b**).

3.3 AVAILABILITY OF BASIC CLIENT SERVICES

This section assesses the availability of basic maternal, child health, family planning, and sexually transmitted diseases screening services, both individually and as a package. Table 3.2 shows the availability of these basic services, by background characteristics.

Figure 3.1 Trends in availability of basic client services

Among all facilities, percent offering indicated basic client services at health facilities in Ethiopia, ESPA 2014 and the ESPA 2021–22



Note: An asterisk indicates a significant change between the two surveys.

Table 3.2 and **Figure 3.1** present information on the availability of basic client services, both individually and as a package.

Overall, only one-fifth (20%) of facilities were found providing all basic health services. Most of the facilities offered curative child health (89%), modern family planning (84%), antenatal care (75%) and child vaccination (75%) services. Less than half (42%) of facilities provided STI services.

Less than two-thirds of referral hospitals offered all basic client services. Availability of components of basic client services ranged from 63% for all basic client services, to 69% for child vaccination services, and to 100% for STI services (see **Table 3.2**).

The ESPA 2021-22 survey showed that only 61% of general hospitals provide all basic client services. Offering basic client services at general hospital ranges from 67% for child vaccination services to 99% for STI services (see **Table 3.2**).

The EPSA 2021-22 survey results have shown that 58% of primary hospitals provide all basic client services. Offering basic client services at the primary hospital level ranges from 67% for child vaccination services to 100% for STI services (see **Table 3.2**).

The study showed that 86% of health centres provide all basic client services. Offering basic client services at the health centres ranges from 92% for child growth monitoring services to 100% for Antenatal Care (ANC) services (see **Table 3.2**).

Overall, 8% of health posts offer all basic client services. Basic client's services at the health post level ranges from 15% for Sexually Transmitted Infections (STI) services to 90% for child vaccination services.

The availability of basic client services by region is presented in **Table 3.2**. The results show that the availability of child vaccination services ranges from 20% in Addis Ababa to 90% in Sidama region. Similarly, ANC service availability ranges from 45% in Benshagul region to 94% in Sidama region.

3.4 AVAILABILITY OF BASIC AMENITIES FOR CLIENT SERVICES

Although good services can be provided in minimal service delivery settings, both clients and providers are more likely to be satisfied with a facility that has basic amenities and infrastructure such as a regular source of electricity, a supply of improved water and basic sanitation. **Table 3.3** presents information on the availability of basic amenities for client services.

In general, about half of all facilities have regular, uninterrupted electricity (that is, the facility is connected to a central power grid and/or has solar power, and the power is routinely available during regular service hours) or a functioning generator with fuel. Specialty/higher clinics (100%) and general hospitals (98%) are most likely to have regular, uninterrupted electricity. Lower clinics are least likely to have regular, uninterrupted electricity (41%). About half (46%) of health posts have regular, uninterrupted electricity.

Approximately half of all facilities have an improved water source in the facility (water is piped into the facility or onto facility grounds, or else the facility uses water from a public tap or standpipe, a tube well or borehole, a protected dug well, or a protected spring, rainwater or bottled water), and the outlet from this source is within 500 meters of the facility. Health posts are less likely than other types of facilities to have an improved water source (37%).

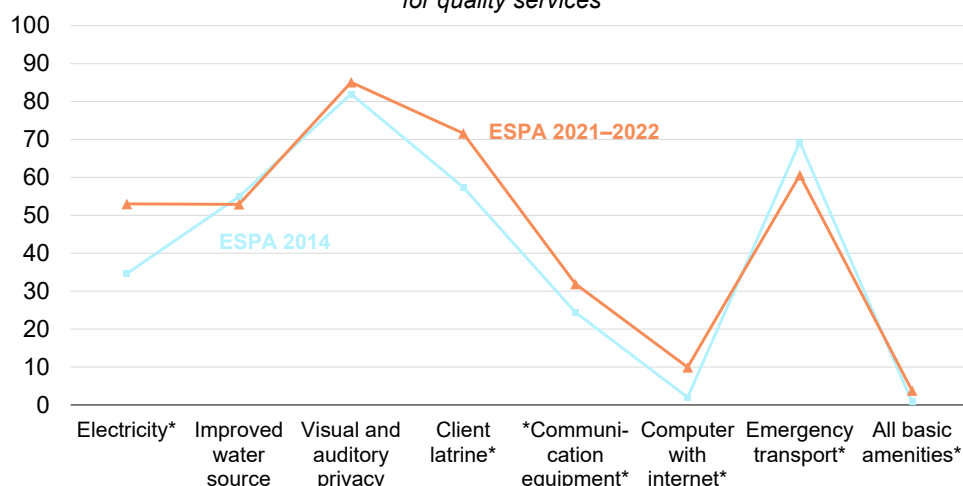
On average, less than three of four facilities (73%) have a functioning client latrine. Health posts (65%) are least likely to have a functioning latrine.

Only three in ten facilities have communication equipment, and only one in ten have a computer with internet access. Private facilities are more likely to have communication equipment and a computer with internet access than public facilities.

Overall, transport for emergencies is available for less than two-thirds of facilities (that is, the facility has a functioning ambulance or other vehicle for emergency transport that is stationed at the facility and had fuel available on the day of the survey, or the facility has access to an ambulance or other vehicle stationed at or operating from another facility). Medium clinics, specialty/higher clinics and lower clinics are least likely to have emergency transport (42%, 33% and 32%, respectively). Over 6 of 10 health posts have emergency transport.

Figure 3.2 Trends in the availability of basic amenities at health facilities in Ethiopia, ESPA 2014 and ESPA 2021–22

Among all facilities, percent with indicated amenities considered basic for quality services



Note: An asterisk indicates a significant change between the two surveys

Figure 3.2 shows that there were improvements between 2014 and 2021–22 in the availability of basic amenities. The improvements were especially marked in the regarding the availability of a computer with internet access, regular electricity, communication equipment, and a client latrine. Improvement was least evident for improved water source.

3.5 AVAILABILITIES OF BASIC EQUIPMENT

Quality services can be provided with the support of basic medical equipment such as adult, child and infant scales, thermometers, and stethoscopes. The 2021-22 ESPA assessed the availability of various types of equipment necessary for evaluating the status of the general outpatient service area, for the purpose of providing preventive interventions. **Table 3.4** shows the availability of basic equipment at various types of health facilities in Ethiopia.

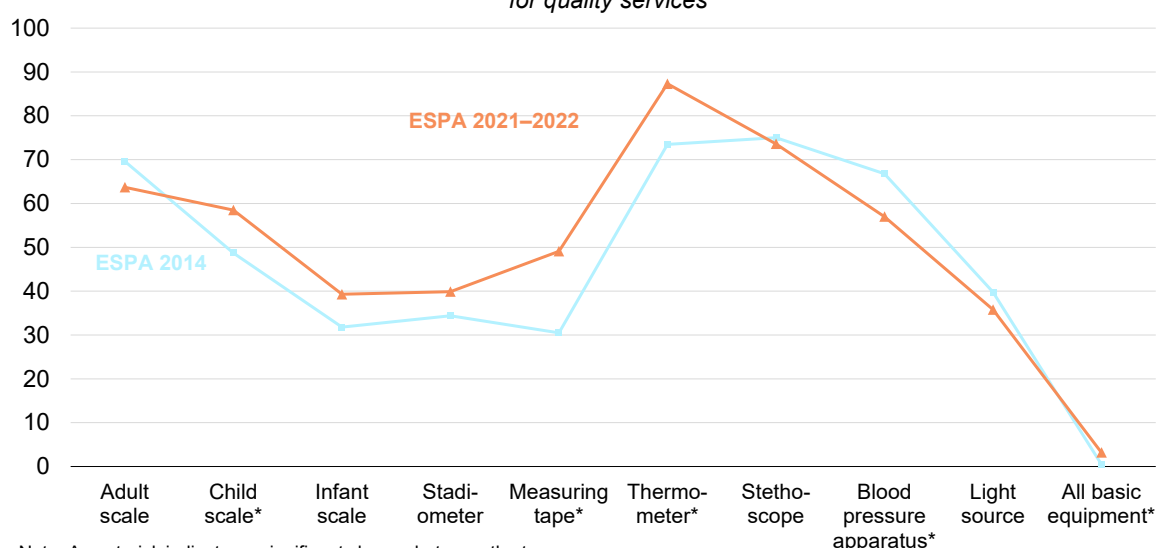
Nationally, 59% and 40% of health facilities have child and infant scales available in the general outpatient service area. Facilities managed by the government are more likely to have child and infant scales (64% and 44%) than private facilities (35% and 23%). Nationally, 86% and 73% of facilities have a thermometer and stethoscope available in the general outpatient service area, while almost all private facilities have this equipment (98% and 100%).

Over half (57%) of the health facilities have blood pressure apparatus available in the outpatient service area. Private health facilities are more likely to have blood pressure apparatus (100%) than public health facilities (48%).

Figure 3.3 shows that there were improvements between 2014 and 2021–22 in the availability of basic equipment at health facilities. The improvements were especially marked regarding the availability of a thermometer, measuring tape, stadiometer, infant scale, and child scale. Improvements were least evident with respect to the availability of a stethoscope, light source, and adult scale.

Figure 3.3 Trends in the availability of basic equipment at health facilities in Ethiopia, ESPA 2014 and ESPA 2021–22

Among all facilities, percent with indicated equipment considered basic for quality services



3.6 STANDARD PRECAUTIONS FOR INFECTION CONTROL

Infection control in health facilities is critical for the prevention of nosocomial infections that complicate delivery of health care services in Ethiopia. Strict adherence to infection control guidelines and constant caution are necessary to prevent such infections, particularly in the current context of COVID-19.

Tables 3.5.1 and **3.5.2** show the percentage of health facilities that had 18 items considered basic for infection control, by background characteristics. There was considerable variability in the availability of the items, but facilities were most likely to have either soap and running water or alcohol-based hand disinfectant (84%), and least likely to have eye protection (9%) and guidelines for standard precautions (22%). In general, the tables show that hospitals and private specialty clinics are more likely than other health facilities to have basic items for infection control. Health facilities in rural areas are less likely to have basic infection control items than those in urban areas, for all items. **Tables 3.5.1** and **3.5.2** also show the availability of materials for infection prevention. Soap and running water, gowns, and the guidelines for standard precautions are available in 31%, 66%, and 22% of health facilities, respectively.

3.7 CAPACITY FOR PROCESSING OF EQUIPMENT FOR REUSE

For most equipment used for client examinations, either sterilisation or high-level disinfection (HLD) procedures are sufficient to prevent the spread of infection. However, to effectively kill the spores that cause illnesses such as tetanus, either dry-heat sterilisation or an autoclave system (or the less frequently used chemical sterilisation) is required. This type of system is necessary for processing surgical equipment that will be reused, such as blade handles and scissors used to cut the umbilical cord. Depending on the size of the facility, different types of equipment may be processed using different methods or may be processed at more than one location in the facility. **Table 3.6** shows the capacity of health facilities for processing equipment for reuse.

Nationally, 45% of health facilities have reusable equipment, 29% have equipment and knowledge of processing time, and 10% have written guidelines for sterilisation. Among all health facilities, Referral Hospitals are most likely to have reusable equipment (100%) and written guidelines for sterilisation (63%), while health posts are least likely to have reusable equipment (20%) and written guidelines for sterilisation (1%). Across regions, Addis Ababa has the highest availability of reusable equipment (100%), and Afar has the lowest (29%). Afar and Gambela are least likely to have written guidelines for sterilisation (4% each).

3.8 LABORATORY DIAGNOSTIC CAPACITY

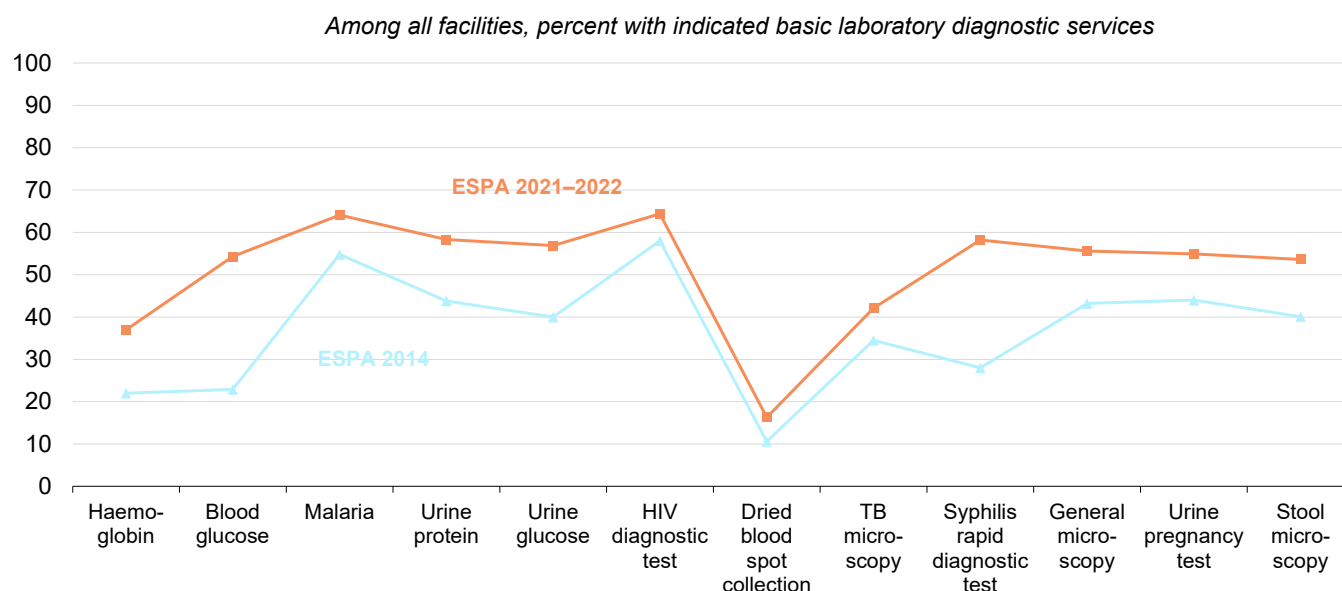
The quality of services offered by a health facility is greatly improved by their capacity to conduct laboratory diagnostic tests. Health facilities do not require a designated laboratory building, but the presence of diagnostic tests in the facility, (including the availability of reagents and the equipment needed for each test), depends on the facility type. **Tables 3.7.1** and **3.7.2** present information on the availability of basic and advanced diagnostic testing capacity, by type of facility and background characteristics. Among all facilities, excluding health posts, the capacity to conduct basic diagnostic tests is higher than the capacity to conduct advanced diagnostic tests.

Overall, about two-thirds of health facilities, excluding health posts, provide basic diagnostic services. About 65% of facilities, excluding health posts, have the capacity to diagnose malaria and HIV, and 43% conduct TB microscopic investigation. Only 37% of the facilities offer haemoglobin tests, and less than one-fifth are able to provide DBS collection and ALT/creatinine tests (16% each). Less than one-fifth of health facilities, excluding health posts, have the capacity to provide advanced diagnostic tests and CSF/body fluid counts (63%). Very few facilities (2%), are able to offer CD4 count, TB rapid diagnostic tests (5%), and syphilis serology (7%).

The availability of equipment for diagnostic imaging at health facilities, excluding health posts, was also assessed. About one-tenth (14%) of facilities have ultra sonogram capacity, while only 1% and 5% have x-ray and CT scan machines, respectively (Table 3.7.1).

Figure 3.4 shows that there were improvements between 2014 and 2021-22 in the availability of all laboratory diagnostic services.

Figure 3.4 Trends in the availability of laboratory diagnostic services at health facilities Ethiopia (excluding health posts), ESPA 2014 and ESPA 2021–22



Note: An asterisk indicates a significant change between the two surveys.

3.9 AVAILABILITY OF ESSENTIAL MEDICINE

Essential medicines are those that satisfy the priority health care needs of the population. High-quality healthcare services depend on the regular supply of essential medicines. The medicines are selected based on disease prevalence and relevance for public health, evidence of clinical efficacy and safety, and comparative costs and cost-effectiveness. In a functioning health system, essential medicines are intended to be available at all times, in adequate amounts, in appropriate dosage forms, and with assured quality, at a price that the community can afford.

Tables 3.8.1 and 3.8.2 show the availability of essential medicines by background characteristics. Facilities are likely to have medroxyprogesterone injection (DMPA), (68%) mainly at referral hospitals (94%) and primary hospitals (91%). The least available essential medicine is captopril tablet/capsule (2%). Facilities in the Afar region are more likely to have medroxyprogesterone injection (DMPA) (78%) than those in other regions.

3.10 MANAGEMENT SYSTEMS TO SUPPORT AND MAINTAIN QUALITY SERVICES

Basic management and support systems are required to ensure that health services can consistently provide an acceptable level of quality.

3.10.1 Management Meetings and Quality Assurance

Information on the availability of functioning systems for each of the assessed components is shown in Table 3.9a.

Management Meetings

A health facility must have an established system for identifying and addressing management and administrative issues to function well. This system may involve meetings to discuss scheduling and day-to-day issues or meetings to discuss broader management issues, such as financing, utilisation, or plans for health-related campaigns. The meetings should be regularly scheduled, and specific staff should have defined areas of responsibility. The 2021–22 ESPA looked for evidence of functioning management committee meetings held monthly or more often and asked for official documentation of proceedings. The system is considered to be functioning if there is a record of committee meetings, with documented decisions and follow-up on issues discussed.

Overall, 67% of health facilities, excluding health posts, reported having routine management committee meetings monthly or more often; however, only 51% of facilities, excluding health posts, had actual documentation of a recent meeting. Ten percent of facilities, excluding health posts, reported having a board meeting monthly or more often. (**Tables 3.9a**).

Facilities in Addis Ababa (88%) and Sidama (91%) regions are more likely than facilities in other regions to have routine management committee meetings, and 69% of facilities in Sidama have documentation of recent meetings.

Quality Assurance

Quality assurance (QA), an important component of service delivery, refers to a system for monitoring the quality of care, identifying problems, and instituting changes to resolve those problems. Quality assurance systems require an established standard against which quality is measured; there must also be systematic methods to assess results and develop interventions. The following are examples of QA activities and approaches:

Table 3.9a provides information on health facilities in Ethiopia reporting QA activities.

Overall, 30% of health facilities report regular QA activities with observed documentation of QA activities. Referral hospitals (94%), and general hospitals (72%) are most likely to report regular QA activities with observed documentation. Health facilities in Addis Ababa and Amhara regions are more likely (41%) to conduct regular QA activities than those in other regions. More than half (51%) of public facilities reported conducting regular QA activities, compared with just 9% of private facilities.

Among all health facilities, excluding health posts, 44% have established QA structures. Almost all referral hospitals (97%), and 81% of general hospitals have instituted QA activities. Three-fourths of health facilities, excluding health posts, in Sidama region have established QA structures.

3.10.2 Health Management Information System (HMIS)

A health management information system (HMIS) is the routine collection, aggregation, analysis, presentation, and utilisation of health and health-related data for evidence-based decisions by health workers, managers, policymakers, and others. HMIS uses tools like registers, tally sheets, and reporting formats at the facility level and family folders and forms at the health post level, to regularly collect health services data. These two systems (paper based and electronic) are used to collect, compile, analyse, and send reports to higher levels. If the HMIS system has a computer with DHIS2 software installed and in use, it is considered an electronic system. At the health post level, if eCHIS software is installed and in use, the system is considered an electronic system.

Table 3.9b provides information on HMIS systems in Ethiopia, and related activities.

Among all health facilities, excluding health posts, 74% reported having a health management information system (HMIS) in place, with 41% having an electronic HMIS (e-HMIS/DHIS2). Overall, nearly one in

three health facilities (33%) report having a functional DHIS2. Government managed facilities (58%) are most likely to have DHIS2, compared with private facilities (7%). Health facilities in the Dire Dawa region are most likely to report having a functional DHIS2S (74%), whereas Afar and Gambela are least likely (15% each).

Data Quality and Information Use

The objective of data quality assessment in the HMIS is to improve the quality of the data obtained during data collection, aggregation, and transmission of priority indicator/data. Knowing about data quality problems allows health professionals and managers to develop plans to solve the problems. Ethiopia uses different techniques at the facility and administrative levels to assess data quality and to take corrective measures. One of these is Lot Quality Assurance Sampling (LQAS). LQAS is a technique useful for assessing whether the desired level of reporting accuracy has been achieved. Here it is done by comparing data in relevant record forms (i.e., registers or tallies) with the HMIS reports.

As part of information use platforms, it is obliged to establish and conduct Performance Monitoring Team (PMT) throughout the health system. Performance Monitoring Team (PMT) is a team of multidisciplinary health workforce with primarily responsibility to improve data quality and to use information to monitor progress and improve performance at all levels.

Table 3.9b shows that among all health facilities, except health posts, 43% have implemented data quality assurance systems. Additionally, 36% conducted LQAS for the most recent month's report. Government managed health facilities are more likely to have data quality assurance systems (77%) than private facilities (8%). By region, health facilities in Sidama are more likely to report having data quality assurance systems (63%) and conduct LQAS (52%) in recent months, compared with Somali and Gambela regions, which are least likely to have data quality assurance systems (12% and 20%, respectively).

With respect to performance monitoring teams (PMT), 43% of all health facilities, except health posts, have performance monitoring teams. Nine of ten referral hospitals and eight of ten general hospitals have PMT. By region, three-fourths of health facilities, excluding health posts, in Sidama have established PMT, while only two of ten health facilities in Gambela have PMT.

Management Practices Supporting Community Involvement

Encouraging community input as part of a facility's functions, makes the facility more accountable to the community it serves, and helps the facility to better understand the community's needs. Supporting community involvement increases the probability of better health-seeking behaviour, which in turn may improve the health of the population. Government policy recommends that facilities maintain an interface with the community.

Community Representation

Overall, one in four facilities (26%) report having a routine management meeting with community participation at least once every six months, with documentation of a recent meeting (**Tables 3.9a and 3.9b**). Community participation in management meetings is most likely to take place in referral hospitals (50%), health centres (48%), and primary hospitals (41%). By region, health facilities in Sidama (42%) and Hareri (37%) are most likely to have routine community participation in management meetings.

Client Feedback

Client feedback is important to health facilities for planning purposes and program evaluation. The 2021–22 ESPA assessed whether health facilities have a system to elicit and review client opinion. Among all health facilities, excluding health posts, only 34% reported having a system for determining client opinion, a procedure for reviewing client opinion, and a report of a recent review of client opinion. Referral hospitals (84%) and general hospitals (71%) are more likely than other types of health facilities to have

systems to elicit client feedback. By region, facilities in Addis Ababa are most likely (52%) to have a system for obtaining client opinions (**Table 3.9a**).

3.11 SUPPORTIVE MANAGEMENT PRACTICES AT FACILITY LEVEL

The 2021–22 ESPA collected information on facility availability of supervisory and staff development activities, which are important for supporting quality health care. **Table 3.10** provides summary information on supportive management practices at the facility level.

3.11.1 External Supervision

Supervision by external bodies has many benefits. It helps ensure that system-wide standards and protocols are followed at the facility level and promotes an organisational culture that expects them to be implemented. It provides an opportunity to expose staff to a wider scope of ideas and relevant experiences, including on-the-job training for some providers. It can also motivate service providers, especially if the supervisor is supportive. In the 2021–22 ESPA, a facility reporting at least one supervisory visit by external supervisors during the six months preceding the survey is defined as having routine external supervision.

Overall, only 6% of health facilities reported having routine external supervision (**Table 3.10**). Referral hospitals (88%) are more likely than other types of facilities to have routine external supervision. Facilities in Addis Ababa and Harari regions (37% and 49%, respectively) are more likely to have routine external supervision than the larger regions such as Oromia (1%) and Amhara (2%).

3.11.2 Training

Health service providers must continually be exposed to new information to maintain current knowledge and technical competence. The 2021–22 ESPA assessed whether, during the 24 months preceding the survey, providers had received any formal or structured in-service training related to the services they offer. Although it is recognised that providers may receive new information and individual instruction related to their work during routine supervisory visits, the 2021–22 ESPA assessed only structured, “classroom-type” training. If at least half of the health service providers interviewed at a facility reported receiving in-service training relevant to their jobs during the 24 months preceding the survey, that facility is defined as having routine staff development activities.

Overall, 74% of facilities satisfy these criteria for routine staff training (**Table 3.10**). Health posts (88%) and health centres (78%) are more likely to have routine staff training than other types of facilities. Private facilities are less likely to meet the criteria for routine staff training (49%), compared with public/government facilities (82%).

3.11.3 Supervision of Health Service Providers

In addition to general facility-level supervision, the work of individual staff must be assessed so that each person’s strengths and weaknesses can be identified, and appropriate support provided through facility-level infrastructure, resources, and systems. If at least half of the interviewed health service providers in a facility reported being personally supervised at least once during the six months preceding the survey, the ESPA defines the facility as providing routine staff supervision.

About eight of ten health facilities meet the criteria for routine staff supervision (**Table 3.10**). Health posts (92%), health centres (68%), and lower clinics (89%) are most likely to have routine staff supervision. By region, the lowest levels of personal supervision are reported for facilities in Afar (61%) and Somali (69%).

3.12 STAFFING PATTERN IN SURVEYED FACILITIES

The staffing patterns of health facilities in Ethiopia are monitored by the Ethiopian Standards Agency (ESA). Specialised hospitals in Ethiopia should have at least four sub-specialists, 26 MD specialists, 26 general practitioners, 81 BSc nurses, 89 diploma nurses, 24 midwives, 11 laboratory technologists, 10 laboratory technicians, and 4 biomedical engineers.

Referral hospitals meet the 2021 staffing requirements of the ESA for general practitioners, MD specialists, degree nurses and diploma nurses, midwives, laboratory technologists, and biomedical engineers.

General hospitals meet the ESA standards, except for nurse/midwives. These facilities had had 47 degree nurses and 28 non-degree nurses, when the ESA standards require 48 degree nurses, 49 diploma nurses, and 13 midwives.

The 2021–22 ESPA found that primary hospitals and health centres in Ethiopia fulfil the ESA staffing requirements. The detailed staffing pattern of health facilities in Ethiopia is shown in **Table 3.11**.

3.13 WASTE MANAGEMENT

Hazardous waste includes infectious waste (such as bandages and cotton balls that may be contaminated by blood or other bodily fluids) and sharps waste (such as needles and syringes, blades and ampoules). Appropriate final disposal of hazardous waste is an important aspect of infection control. The most effective means for hazardous waste disposal is incineration and subsequent burial of the residue. Burying items in deep pits is also an effective means of disposal.

When assessing whether facilities have adequate waste disposal systems, the most important issue is verifying that there is a disposal process that eliminates the possibility of contamination through contact. If the waste is visible and not protected from animals or people, either before or after being removed, burned, or buried, there is an increased chance that people might inadvertently come in contact with it, risking infection. Detail on waste management is provided in **Table 3.12**.

Overall, the 2021–22 ESPA indicated that waste management at Ethiopian health facilities is poor. Only 23% of facilities have an incinerator, 15% have written guidelines for health care waste management, 23% have a placenta pit, and 15% have a septic tank. Just 7% of health facilities have staff trained on waste management.

3.14 USER FEES THAT DECREASE FINANCIAL BARRIERS TO UTILISATION OF HEALTH SERVICES

User fees can have a positive effect on the utilisation of health facilities by increasing the funds available for provision of health services. They may also have a negative effect by deterring poor clients from using services.

User fees with exemption schemes for vulnerable people often help to augment inadequate facility budgets. However, providing exemptions or discounts for poor clients can result in budget shortages if there is no system for reimbursing the facility for the exempted or discounted costs. Some other approaches encourage appropriate use by poor clients and reimburse facilities for client services. These include insurance plans, credit plans (delayed payment for services received) and charity or equity funds that reimburse the costs of certain clients, thus increasing access to care by reducing out-of-pocket payments at the time-of-service utilisation.

Health facilities should display their fees if they charge for any services. This action improves accountability, reduces the likelihood of corruption, and helps clients calculate the costs they will incur in seeking services.

Table 3.13 summarises information on health facilities that charge user fees for client services. Among all facilities, 96% routinely charge some form of user fee for client services, including 95% of private facilities.

Overall, only 1% of the health facilities charge for vaccination, ARV for treatment, and ARV for PMTCT. However, 4% of general hospitals and 3% of referral hospitals have user fees for vaccination services. By region, facilities in Afar (3%), Addis Ababa (2%), Sidama (3%), and Oromia (1%) charge users for vaccination. Both regional health centres and government health centres (1% each) have user fees for ARV treatment.

Two percent of health facilities have user fees for anti-tuberculosis medicines, except referral hospitals which exclude charges for anti-tuberculosis medicines. Twelve percent of facilities charge for HIV diagnostic tests, 27% charge for malaria rapid diagnostic tests, and 22% and 5%, respectively, charge for family planning services and normal delivery.

3.15 PATIENT SAFETY

Patient safety is a health care issue that emerged with the evolving complexity of health care systems and increasing instances of patient harm in health care facilities. It aims to prevent and reduce risks, errors, and harm that occurs to patients during provision of health care. A cornerstone of the discipline is continuous improvement, based on learning from errors and adverse events. Patient safety is fundamental to delivering quality health services. There is clear consensus that health services should be effective, safe, and people centred. In addition, to realise the benefits of quality health care, health services must be timely, equitable, integrated and efficient (WHO 2019)

Ethiopia has developed a national strategy for health care quality and safety (MoH 2021.) The goals are to continually improve health outcomes and confidence in the system through improved evidence-based essential health care provision; to improve people-centred care; to reduce harm arising from the care delivery; to improve efficiency in the health care delivery; and to create a quality culture through continuous learning and improvement.

The 2021–22 ESPA assessed the availability of patient safety in the Ethiopia health care systems. **Table 3.14** shows the availability of various patient safety factors, such as risk assessment, having an incident officer, and on having a patient right statement.

Among all health facilities, excluding health posts, 58% include availability of communication channels for urgent critical results, and 42% have informed signed consent by the patient available. Only 15% of facilities reported offering risk assessment of inpatient/outpatients, emergency room cases, and observed records from other departments within the last year. Incident officers were available at 11% of facilities. By region, health facilities offering risk assessments were highest in Sidama (31%) and Addis Ababa (22%) and lowest in Afar (4%).

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Table 3.1a Availability of all services

Among all facilities (excluding health posts), the percentages and numbers that offer specific services, Ethiopia SPA 2021–22

Service provided	Percentage of facilities offering service (weighted)	Number of facilities offering service	
		Weighted	Unweighted
Child vaccination services (EPI) at the facility ¹	47	187	528
Growth monitoring services at the facility ²	51	206	568
Curative care services for children under age 5 at the facility	92	369	837
Family planning services, including modern, fertility awareness, sterilisation methods ³	83	336	772
Antenatal care services	65	261	704
Service for the prevention of mother-to-child transmission of HIV (PMTCT) ⁴	52	209	623
Normal delivery ⁵	54	216	645
Diagnosis or treatment of malaria ⁶	84	340	843
Diagnosis or treatment of STIs, excluding HIV ⁷	91	368	851
Diagnosis, treatment prescription or follow-up for TB ⁸	64	259	713
HIV testing and counselling (HTC) services ⁹	65	262	723
HIV/AIDS antiretroviral prescription or treatment follow-up services ¹⁰	18	74	398
HIV/AIDS care and support services ¹¹	24	96	430
Diagnosis or management of non-communicable diseases ¹²	84	338	805
Minor surgical services ¹³	63	252	686
Caesarean delivery (caesarean section) ¹⁴	6	23	341
Laboratory diagnostic services ¹⁵	73	295	787
Blood typing services	66	265	728
Blood transfusion services ¹⁶	6	23	334
Neglected tropical diseases	52	209	574
Paediatric inpatient services	50	203	494
Paediatric emergency services	15	60	398
Emergency services	93	373	856
Inpatient services ¹⁷	28	114	531
Intensive care unit (ICU) services	2	7	122
Surgical and orthopaedic care services	5	18	261
Neonatology services	6	23	291
Mental, neurological and substance use disorders services	22	88	392
Adolescent health services	28	114	250
Post abortion care services	43	173	560
Maternity waiting home services	27	109	217
National	-	403	901

¹ Child vaccination EPI defined to include routine provision of pentavalent (DPT+HepB+HiB), oral polio, measles vaccinations (MCV1 and MCV2); bacillus Calmette-Guérin (BCG); pneumococcal conjugate vaccine (PCV); rotavirus vaccine; and inactivated polio vaccine (IPV) vaccinations at the facility

² Child Growth Monitoring services: Growth monitoring is the regular monitoring of a “well” child, to see how s/he is developing. It usually involves measurement of a child's weight and height from birth through age 5 years. The rate of growth is checked against a chart to assure they were within an acceptable range. These services are usually offered from “well baby” clinics. We are interested if the facility offers these services in the facility.

³ Facility provides, prescribes or counsels clients on any of the following: contraceptive pills (combined or progestin-only), Depo Provera injectable, implants, IUCDs, male condoms, female condoms, female sterilisation (tubal ligation), male sterilisation (vasectomy) or periodic abstinence method.

⁴ Facility reports that it provides any of the following services for the prevention of mother-to-child transmission (PMTCT) of HIV: HIV testing and counselling for pregnant women or children born to HIV-positive women; provision of antiretroviral (ARV) prophylaxis to HIV-positive pregnant women or to newborns of HIV-positive women; provision of infant and young child feeding for PMTCT; provision of nutritional counselling for HIV-positive pregnant women and their infants; or provision of family planning counselling to HIV-positive pregnant women.

⁵ Normal delivery refers to a birth that is vaginal, spontaneous in onset, low-risk at the start of labour and remaining so through labour and delivery. Delivery services are almost always with newborn care services, which refer to treatment received by a newborn child from the date of birth and for the first 4 weeks of life.

⁶ Facility reports that it offers malaria diagnosis and/or treatment services. Also, facilities offering curative care for sick children where providers of sick child services were found on the day of the survey to be making diagnosis of malaria or offering treatment for malaria were counted as offering malaria diagnosis and/or treatment services.

⁷ These include any service to diagnose or treat sexually transmitted infections, excluding HIV infection.

⁸ Facility reports that providers assigned to the facility diagnose TB, prescribe treatment for TB or provide TB treatment follow-up services for clients put on treatment elsewhere.

⁹ Facility reports that it has the capacity to conduct HIV testing in the facility, either by rapid diagnostic testing or ELISA, and an unexpired HIV rapid diagnostic test kit is available in the facility on the day of the survey or other test capability is available.

¹⁰ Facility reports that providers in the facility prescribe antiretroviral (ARV) treatment and/or provide clinical follow-up for clients on ARV treatment. Outreach antiretroviral therapy (ART) facilities are included in this definition.

¹¹ Facility reports that providers in the facility prescribe or provide any of the following:

- Treatment for any opportunistic infections or for symptoms related to HIV/AIDS, including treatment for topical fungal infections;
- Systematic intravenous treatment for specific fungal infections such as cryptococcal meningitis;
- Treatment for Kaposi's sarcoma;
- Palliative care, such as symptom or pain management, or nursing care for terminally ill or severely debilitated patients;
- Nutritional rehabilitation services, including client education, provision of nutritional or micronutrient supplementation;
- Fortified protein supplementation;
- Care for paediatric HIV/AIDS patients;
- Preventive treatment for TB, i.e., isoniazid with pyridoxine;
- Primary preventive treatment for opportunistic infections, such cotrimoxazole preventive treatment;
- General family planning counselling and/or services for HIV-positive clients;
- Condoms.

¹² Diagnosis and management of non-communicable diseases including diabetes, cardiovascular diseases and chronic respiratory conditions in adults

¹³ These are defined as any situation that requires suture, incision, excision, manipulation or procedures that can be performed in the general outpatient department OPD and not requiring the use of a surgical theatre. Examples include incision and drainage of an abscess, suturing of cuts, etc.

¹⁴ Facility reports that it provides caesarean delivery services in facility.

¹⁵ These include the collection of specimens and diagnostic tests, including rapid diagnostic tests. Note that for the purposes of this assessment, a laboratory does not necessarily require the availability of a specific or designated laboratory building, but the mere presence of the ability to conduct tests in the facility. It may be a room in a facility, with equipment set up to conduct various tests

¹⁶ Blood transfusion is the process of delivering whole blood or blood products (such as red blood cells, white blood cells, or plasma) into an individual's circulatory system intravenously to replace lost components of the blood.

¹⁷ Services provided to a patient who is admitted to a hospital or clinic for treatment that requires at least one overnight stay in the course of treatment, examination, or observation

Table 3.1b Availability of all services at health posts

Among all health posts, the percentages and numbers that offer specific services, Ethiopia SPA 2021–22

Service provided	Percentage of facilities offering service (weighted)	Number of facilities offering service	
		Weighted	Unweighted
Child vaccination services (EPI) at the facility ¹	90	681	232
Growth monitoring services at the facility ²	88	662	225
Curative care services for children under age 5 at the facility	88	665	236
Family planning services, including modern, fertility awareness, sterilisation methods ³	94	711	234
Antenatal care services	80	604	201
Diagnosis or treatment of malaria ⁴	62	466	188
Diagnosis, treatment prescription or follow-up for TB ⁵	27	205	71
National	-	755	257

¹ Child vaccination EPI defined to include routine provision of pentavalent (DPT+HepB+HiB), oral polio, measles vaccinations (MCV1 and MCV2); bacillus Calmette-Guérin (BCG), pneumococcal conjugate vaccine (PCV); rotavirus vaccine; and inactivated polio vaccine (IPV) vaccinations at the facility

² Child Growth Monitoring services: Growth monitoring is the regular monitoring of a “well” child, to see how s/he is developing. It usually involves measurement of a child’s weight and height from birth through age 5 years. The rate of growth is checked against a chart to assure they were within an acceptable range. These services are usually offered from “well baby” clinics. We are interested if the facility offers these services in the facility.

³ Facility provides, prescribes or counsels clients on any of the following: contraceptive pills (combined or progestin-only), Depo Provera injectable, implants, IUCDs, male condoms, female condoms, female sterilisation (tubal ligation), male sterilisation (vasectomy) or periodic abstinence method.

⁴ Facility reports that it offers malaria diagnosis and/or treatment services. Also, facilities offering curative care for sick children where providers of sick child services were found on the day of the survey to be making diagnosis of malaria or offering treatment for malaria were counted as offering malaria diagnosis and/or treatment services.

⁵ Facility reports that providers assigned to the facility diagnose TB, prescribe treatment for TB or provide TB treatment follow-up services for clients put on treatment elsewhere.

Table 3.2 Availability of basic client services

Among all facilities, the percentages offering indicated basic client services and all basic client services, by background characteristics, Ethiopia SPA 2021–22

Background characteristics	Child vaccination services ¹	Child growth monitoring services	Curative care services for children under 5	Any modern family planning services	Antenatal care (ANC) services	Services for STI	All basic client services ²	Number of facilities
Facility type								
Referral hospital	69	78	88	94	91	100	63	2
General hospital	67	80	98	90	98	99	61	7
Primary hospital	67	84	98	96	99	100	58	15
Health centre	94	92	99	99	100	99	86	181
Health post	90	88	88	87	80	15	8	755
Specialty/higher clinic	2	24	71	5	8	58	2	7
Medium clinic	0	15	76	63	39	95	0	92
Lower clinic	0	5	93	55	20	75	0	97
Managing authority								
Public	90	88	90	89	84	33	24	960
Private	1	13	87	58	32	84	1	198
Region								
Afar	64	63	94	87	59	36	17	19
Amhara	70	79	83	86	69	47	22	250
Oromia	78	74	89	85	83	46	24	430
Somali	85	90	92	81	81	49	30	74
Benishangul Gumuz	82	55	98	76	45	32	13	23
SNNP	78	77	96	85	70	24	11	261
Sidama	90	85	99	90	94	31	18	44
Gambela	56	59	93	71	55	40	14	17
Harari	68	70	84	71	69	44	22	4
Addis Ababa	20	27	65	68	49	91	19	33
Dire Dawa	58	58	83	66	75	77	29	5
Urban/Rural								
Urban	44	51	89	76	57	75	22	271
Rural	85	82	89	87	80	32	20	887
National	75	75	89	84	75	42	20	1,158

¹ Child vaccination EPI defined to include routine provision of pentavalent (DPT+HepB+HiB), oral polio, measles vaccinations (MCV1 and MCV2); bacillus Calmette-Guérin (BCG), pneumococcal conjugate vaccine (PCV); rotavirus vaccine; and inactivated polio vaccine (IPV) vaccinations at the facility.

² Basic client services include outpatient curative care for sick children, child growth monitoring, facility-based child vaccination services, any modern methods of family planning, antenatal care and services for sexually transmitted infections (STI).

Table 3.3 Availability of basic amenities for client services

Among all facilities, the percentages with indicated amenities considered basic for quality services, and the average travel time to the ambulance station in minutes, by background characteristics, Ethiopia SPA 2021–22

Background characteristics	Amenities							Average travel time to the ambulance station in minutes ⁸	Number of facilities
	Regular electricity ¹	Improved water source ²	Visual and auditory privacy ³	Client latrine ⁴	Communication equipment ⁵	Computer with internet ⁶	Emergency transport ⁷		
Facility type									
Referral hospital	94	97	91	100	97	88	100	-	2
General hospital	98	94	94	95	94	80	98	10	7
Primary hospital	88	92	98	92	83	67	97	11	15
Health centre	74	77	93	88	40	19	80	35	181
Health post	46	37	81	65	20	2	62	47	755
Specialty/higher clinic	100	100	100	100	66	21	33	32	7
Medium clinic	78	98	95	86	66	35	42	21	92
Lower clinic	41	76	88	81	62	18	32	100	97
Managing authority									
Public	52	46	84	70	25	6	66	46	960
Private	62	88	92	84	65	28	38	56	198
Region									
Afar	76	54	79	97	27	9	27	44	19
Amhara	54	68	83	77	22	9	55	32	250
Oromia	47	55	85	69	36	8	66	49	430
Somali	85	32	77	78	35	2	47	71	74
Benishangul Gumuz	75	68	95	74	17	8	72	61	23
SNNP	51	33	88	64	26	9	63	47	261
Sidama	41	51	86	95	28	14	84	52	44
Gambela	85	48	79	63	74	19	51	17	17
Harari	63	89	90	69	70	32	64	93	4
Addis Ababa	75	100	99	100	77	55	63	19	33
Dire Dawa	72	89	97	93	54	32	86	21	5
Urban/Rural									
Urban	58	76	91	83	56	28	51	73	271
Rural	53	46	83	69	24	5	65	42	887
National	54	53	85	73	32	10	62	47	1,158

Note: The indicators presented in this table comprise the basic amenities domain for assessing general service readiness within the health facility assessment methodology proposed by WHO and USAID (WHO 2012).

¹ Facility is connected to a central power grid and there has not been an interruption in power supply lasting for more than 2 hours at a time during normal working hours in the 7 days before the survey, or facility has a functioning generator or inverter with fuel available on the day of the survey, or else facility has back-up solar power.

² Water is piped into facility or piped onto facility grounds or bottled water is used or else water from a public tap or standpipe, a tube well or borehole, a protected dug well, protected spring, or rain water, and the outlet from this source is within 500 meters of the facility.

³ A private room or screened-off space available in the general outpatient service area that is a sufficient distance from other clients so that a normal conversation could be held without the client being seen or heard by others.

⁴ The facility had a functioning flush or pour-flush toilet, a ventilated improved pit latrine, pit latrine with slab or composting toilet.

⁵ The facility had a functioning land-line telephone, a functioning facility-owned cellular phone or wireless telephone, a private cellular phone that is supported by the facility or a functioning short wave radio available in the facility.

⁶ The facility had a functioning computer with access to the internet that is not interrupted for more than 2 hours at a time during normal working hours, or facility has access to the internet via a cellular phone inside the facility.

⁷ The facility had a functioning ambulance or other vehicle for emergency transport that is stationed at the facility and had fuel available on the day of the survey, or facility has access to an ambulance or other vehicle for emergency transport that is stationed at another facility or that operates from another facility.

⁸ For facilities with access to an ambulance or other vehicle for emergency transport that is stationed at another facility or that operates from another facility, the time taken (in minutes) to travel from the facility to the ambulance station on different road types (all weather road, dry weather road, foot path/rail) by different mode of transport (car, cart, foot or motorcycle).

Table 3.4 Availability of basic equipment

Among all facilities, the percentages with equipment considered basic to quality client services available in the general outpatient service area, by background characteristics, Ethiopia SPA 2021–22

Background characteristics	Equipment									Number of facilities
	Adult scale	Child scale ¹	Infant scale ²	Stadiometer (or height rod) for measuring height	Measuring tape (for head circumference)	Thermometer	Stethoscope	Blood pressure apparatus ³	Light source ⁴	
Facility type										
Referral hospital	91	59	53	78	59	91	97	97	78	2
General hospital	78	56	48	68	59	82	96	93	73	7
Primary hospital	84	51	52	76	64	90	98	88	49	15
Health centre	72	51	39	58	50	85	94	90	48	181
Health post	54	68	45	32	49	83	60	36	24	755
Specialty/higher clinic	100	56	27	49	41	100	100	100	96	7
Medium clinic	93	45	27	58	41	99	100	100	74	92
Lower clinic	86	22	14	38	40	98	99	100	64	97
Managing authority										
Public	58	64	44	38	49	84	67	48	29	960
Private	91	35	23	50	43	98	100	100	72	198
Region										
Afar	85	70	34	55	47	94	88	83	32	19
Amhara	67	69	43	36	53	91	74	60	30	250
Oromia	60	54	36	39	57	86	78	60	40	430
Somali	80	75	15	46	56	71	78	67	35	74
Benishangul Gumuz	77	80	65	51	36	95	86	81	31	23
SNNP	54	52	49	34	34	87	58	35	27	261
Sidama	52	80	66	40	26	60	52	45	44	44
Gambela	62	41	25	48	16	94	77	71	66	17
Harari	93	56	38	55	44	73	95	86	45	4
Addis Ababa	97	50	26	80	48	95	99	97	93	33
Dire Dawa	80	58	38	69	50	92	100	95	52	5
Urban/Rural										
Urban	76	48	36	55	47	90	91	87	63	271
Rural	59	63	42	35	49	85	67	47	28	887
National	63	59	40	40	48	86	73	57	36	1,158

Note: The indicators presented in this table comprise the basic equipment domain for assessing general service readiness within the health facility assessment methodology proposed by WHO and USAID (WHO 2012).

¹ A scale with gradation of 250 grams or a digital standing scale with a gradation of 250 grams or lower where an adult can hold a child to be weighed, available somewhere in the general outpatient area

² A scale with gradation of 100 grams or a digital standing scale with a gradation of 100 grams where an adult can hold an infant to be weighed, available somewhere in the general outpatient area

³ A digital blood pressure machine or a manual sphygmomanometer with a stethoscope available somewhere in the general outpatient area

⁴ A spotlight source that can be used for client examination or a functioning flashlight available somewhere in the general outpatient area

Table 3.5.1 Standard precautions for infection control

Percentages of facilities with sterilisation equipment somewhere in the facility and other items for standard precautions available in the general outpatient area of the facility on the day of the survey, by background characteristics, Ethiopia SPA 2021–22

Items	Facility type							Managing authority		Urban/Rural		National	
	Referral hospital	General hospital	Primary hospital	Health centre	Health post	Specialty/ higher clinic	Medium clinic	Lower clinic	Public	Private	Urban		Rural
Sterilisation equipment ¹	100	98	96	68	2	99	83	68	17	77	65	16	27
Equipment for high-level disinfection ²	78	83	79	77	18	31	58	58	30	59	56	29	35
Safe final disposal of sharps waste ³	91	87	89	79	45	98	71	63	52	69	65	52	55
Safe final disposal of infectious waste ⁴	84	83	84	76	60	98	70	60	64	67	66	64	64
Appropriate storage of sharps waste ⁵	81	75	73	61	94	87	80	82	87	82	78	89	86
Appropriate storage of infectious waste ⁶	75	62	49	41	34	86	68	50	36	59	58	34	40
Disinfectant ⁷	91	87	67	63	66	85	94	99	66	95	87	66	71
Syringes and needles ⁸	88	69	56	60	92	75	88	88	85	86	82	86	86
Soap	84	80	61	40	35	97	73	67	36	71	64	36	42
Running water ⁹	88	86	70	42	28	98	76	67	32	73	63	31	39
Soap and running water	81	79	58	32	21	96	71	62	24	68	58	23	31
Alcohol-based hand disinfectant	97	97	94	71	82	100	87	85	80	87	87	80	81
Soap and running water or else alcohol-based hand disinfectant	100	98	95	73	83	100	96	91	82	94	92	81	84
Latex gloves ¹⁰	97	83	77	70	83	99	96	96	80	96	90	81	83
Medical masks	94	93	75	70	69	100	98	77	70	87	86	69	73
Gowns	97	95	92	86	54	65	95	85	61	89	86	59	66
Eye protection	56	42	28	22	2	23	36	10	7	23	23	5	9
Guidelines for standard precautions ¹¹	59	53	39	37	15	22	49	19	20	32	35	18	22
Number of facilities	2	7	15	181	755	7	92	97	960	198	271	887	1,158

Note: The indicators presented in this table comprise the standard precautions domain for assessing general service readiness within the health facility assessment methodology proposed by WHO and USAID (WHO 2012).

¹ Facility reports that some instruments are processed in the facility and the facility has a functioning electric dry heat steriliser, a functioning electric autoclave or a non-electric autoclave with a functioning heat source available somewhere in the facility.

² Facility reports that some instruments are processed in the facility and the facility has an electric pot or other pot with heat source for high-level disinfection by boiling or high-level disinfection by steaming, or else facility has chlorine, CIDEX, formaldehyde, glutaraldehyde or H₂O₂ (Peroxide) for chemical high-level disinfection available somewhere in the facility on the day of the survey.

³ The process of sharps waste disposal is incineration and the facility has a functioning incinerator with fuel on the day of survey, or else the facility disposes of sharps waste by means of open burning in a protected area, dumping without burning in a protected area or removal offsite with storage in a protected area prior to removal offsite.

⁴ The process of infectious waste disposal is incineration and the facility has a functioning incinerator with fuel on the day of survey, or else the facility disposes of infectious waste by means of open burning in a protected area, dumping without burning in a protected area, or removal offsite with storage in a protected area prior to removal offsite.

⁵ Sharps container observed in general outpatient service area, in area where HIV testing is done if facility does HIV testing, as well as in area where minor surgery is done, if facility does minor surgeries

⁶ Waste receptacles observed in general outpatient service area, in area where HIV testing is done if facility does HIV testing, as well as in area where minor surgery is done, if facility does minor surgeries

⁷ Chlorine-based or other country-specific disinfectants used for environmental disinfection available in the general outpatient area

⁸ Single-use standard disposable syringes with needles or else auto-disable syringes with needles available in the general outpatient area

⁹ Piped water, water in bucket with specially fitted tap or water in pour pitcher available in the general outpatient area

¹⁰ Non-latex equivalent gloves are acceptable.

¹¹ Any guideline for infection control in health facilities available in the general outpatient area

Table 3.5.2 Standard precautions for infection control

Percentages of facilities with sterilisation equipment somewhere in the facility and other items for standard precautions available in the general outpatient area of the facility on the day of the survey, by background characteristics, Ethiopia SPA 2021–22

Items	Region											National
	Afar	Amhara	Oromia	Somali	Benishangul Gumuz	SNNP	Sidama	Gambela	Harari	Addis Ababa	Dire Dawa	
Sterilisation equipment ¹	17	30	28	17	22	19	28	18	38	94	60	27
Equipment for high-level disinfection ²	13	31	44	27	19	27	36	43	30	58	38	35
Safe final disposal of sharps waste ³	62	70	48	51	40	52	50	43	87	76	63	55
Safe final disposal of infectious waste ⁴	58	75	57	51	29	74	54	40	80	77	66	64
Appropriate storage of sharps waste ⁵	79	91	84	77	98	88	89	75	95	77	91	86
Appropriate storage of infectious waste ⁶	40	39	46	60	50	23	22	18	41	81	65	40
Disinfectant ⁷	72	87	66	70	76	65	50	81	77	85	95	71
Syringes and needles ⁸	72	97	82	82	99	85	79	60	86	78	87	86
Soap	42	49	44	43	41	28	35	27	68	89	68	42
Running water ⁹	24	42	37	44	52	31	39	25	69	90	76	39
Soap and running water	17	37	31	31	31	21	29	20	65	87	62	31
Alcohol-based hand disinfectant	83	96	81	75	56	75	61	82	94	81	92	81
Soap and running water or else alcohol-based hand disinfectant	85	96	83	77	64	78	64	84	95	96	94	84
Latex gloves ¹⁰	82	91	89	76	91	70	57	74	94	95	95	83
Medical masks	66	92	66	63	65	66	69	71	68	95	98	73
Gowns	69	83	69	52	100	42	54	70	89	98	75	66
Eye protection	12	12	9	9	10	2	3	6	25	60	36	9
Guidelines for standard precautions ¹¹	15	35	17	20	41	14	12	13	31	63	30	22
Number of facilities	19	250	430	74	23	261	44	17	4	33	5	1,158

Note: The indicators presented in this table comprise the standard precautions domain for assessing general service readiness within the health facility assessment methodology proposed by WHO and USAID (WHO 2012).

¹ Facility reports that some instruments are processed in the facility and the facility has a functioning electric dry heat steriliser, a functioning electric autoclave or a non-electric autoclave with a functioning heat source available somewhere in the facility.

² Facility reports that some instruments are processed in the facility and the facility has an electric pot or other pot with heat source for high-level disinfection by boiling or high-level disinfection by steaming, or else facility has chlorine, formaldehyde, CIDEX, glutaraldehyde or H2O2 (Peroxide) for chemical high-level disinfection available somewhere in the facility on the day of the survey.

³ The process of sharps waste disposal is incineration and the facility has a functioning incinerator with fuel on the day of survey, or else the facility disposes of sharps waste by means of open burning in a protected area, dumping without burning in a protected area, or removal offsite with storage in a protected area prior to removal offsite.

⁴ The process of infectious waste disposal is incineration and the facility has a functioning incinerator with fuel on the day of survey, or else the facility disposes of infectious waste by means of open burning in a protected area, dumping without burning in a protected area, or removal offsite with storage in a protected area prior to removal offsite.

⁵ Sharps container observed in general outpatient service area, in area where HIV testing is done if facility does HIV testing, as well as in area where minor surgery is done, if facility does minor surgeries

⁶ Waste receptacles observed in general outpatient service area, in area where HIV testing is done if facility does HIV testing, as well as in area where minor surgery is done, if facility does minor surgeries

⁷ Chlorine-based or other country-specific disinfectants used for environmental disinfection available in the general outpatient area

⁸ Single-use standard disposable syringes with needles or else auto-disable syringes with needles available in the general outpatient area

⁹ Piped water, water in bucket with specially fitted tap or water in pour pitcher available in the general outpatient area

¹⁰ Non-latex equivalent gloves are acceptable.

¹¹ Any guideline for infection control in health facilities available in the general outpatient area

Table 3.6 Capacity for processing of equipment for reuse

Percentage of facilities with the equipment and other items to support the final processing of instruments for reuse, by background characteristics, Ethiopia SPA 2021–22

Background characteristics	Percentage of facilities having:				Number of facilities
	Equipment for reuse ¹	Equipment and knowledge of process time ²	Equipment, knowledge of process time and automatic timer ³	Written guidelines for sterilisation or HLD ⁴	
Facility type					
Referral hospital	100	94	88	63	2
General hospital	99	90	82	51	7
Primary hospital	99	88	81	41	15
Health centre	95	72	47	31	181
Health post	20	5	2	1	755
Specialty/higher clinic	99	79	47	22	7
Medium clinic	92	76	55	28	92
Lower clinic	88	76	53	13	97
Managing authority					
Public	36	19	12	8	960
Private	92	77	55	21	198
Region					
Afar	29	26	12	4	19
Amhara	48	34	24	16	250
Oromia	49	30	20	5	430
Somali	36	17	11	12	74
Benishangul Gumuz	35	17	13	8	23
SNNP	32	20	11	7	261
Sidama	43	24	16	10	44
Gambela	48	37	17	4	17
Harari	55	40	23	18	4
Addis Ababa	100	81	70	64	33
Dire Dawa	71	44	30	28	5
Urban/Rural					
Urban	81	63	47	21	271
Rural	34	19	11	7	887
National	45	29	19	10	1,158

¹ Facility reports that some equipment is processed in the facility and facility has a functioning electric dry heat steriliser, a functioning electric autoclave, a non-electric autoclave with a functioning heat source, an electric boiler or steamer or a non-electric boiler or steamer with a functioning heat source available anywhere in the facility or high level disinfectant that are used for sterilisation or high level disinfection of equipment for reuse.

² Processing area has functioning equipment and power source for processing method and the responsible worker reports the correct processing time (or equipment automatically sets the time) and processing temperature (if applicable) for at least one method. Definitions for capacity for each method assessed were a functioning equipment and the following processing conditions:

- Dry heat sterilisation: Temperature at 160°C–169°C and processed for at least 120 minutes, or temperature at least 170°C and processed for at least 60 minutes
- Autoclave: Wrapped items processed for at least 30 minutes, unwrapped items processed for at least 20 minutes
- Boiling or steaming: Items processed for at least 20 minutes
- Chemical high-level disinfection: Items processed in chlorine-based or glutaraldehyde or CIDEX or formaldehyde solution and soaked for at least 20 minutes

³ An automatic timer here refers to a passive timer that can be set to indicate when a specified time has passed. It may be part of the sterilisation process or the high-level disinfection (HLD) equipment.

⁴ Hand-written instructions that are pasted on walls and which clearly outline the procedures to follow for processing of the high-level disinfection (HLD) equipment are acceptable.

Table 3.7.1 Laboratory diagnostic capacity and equipment for diagnostic imaging

Among all facilities (excluding health posts), the percentages with capacity to conduct basic and advanced laboratory diagnostic tests in the facility, by facility type, managing authority, and urban/rural, Ethiopia SPA 2021–22

Laboratory tests	Facility type							Managing authority		Urban/Rural		
	Referral hospital	General hospital	Primary hospital	Health centre	Specialty/higher clinic	Medium clinic	Lower clinic	Public	Private	Urban	Rural	National
Basic diagnostic tests												
Haemoglobin	100	97	85	30	68	68	5	36	38	51	22	37
Blood glucose	100	96	92	60	45	85	5	64	45	66	41	54
Malaria diagnostic test	84	90	86	83	53	70	21	82	46	64	65	65
Urine protein	100	98	92	73	68	75	5	75	42	66	50	58
Urine glucose	97	98	91	69	68	77	5	71	43	65	49	57
HIV diagnostic test	100	98	98	98	21	46	17	98	32	56	75	65
DBS collection	84	80	39	27	0	4	0	29	3	20	12	16
TB microscopy	81	91	79	60	7	45	0	61	24	46	38	43
Syphilis rapid diagnostic test	100	94	97	81	25	66	4	82	35	61	56	59
General microscopy	88	90	86	68	65	77	5	70	42	63	48	56
Urine pregnancy test	100	97	88	70	56	69	5	71	39	60	50	55
Stool microscopy	81	90	85	65	65	76	4	67	41	62	46	54
Advanced diagnostic tests												
Serum electrolytes (chemistry analyser)	94	94	72	9	46	35	4	15	23	29	7	19
Full blood count with differentials	94	94	72	9	46	35	4	15	23	29	7	19
Blood typing and cross matching	53	38	31	13	16	12	1	15	7	14	8	11
CD4 count	75	41	18	1	0	0	0	4	0	3	1	2
Syphilis serology	47	37	22	9	5	6	1	10	4	9	5	7
Gram stain	97	83	47	15	31	44	1	19	24	32	11	22
CSF/body fluid counts	97	97	97	74	68	94	5	77	49	71	55	63
TB culture	19	7	1	0	0	0	0	1	0	0	0	0
TB rapid diagnostic test	63	46	28	5	0	0	0	9	0	5	4	5
Liver or renal function test (ALT or creatinine)	97	89	51	4	45	40	1	9	24	29	2	16
Equipment for diagnostic imaging												
X-ray machine	38	50	28	0	16	9	0	3	6	8	1	5
Ultrasonogram	84	95	80	2	33	29	2	8	19	23	3	14
CT scan	31	15	2	0	1	0	0	0	1	1	0	1
Number of facilities	2	7	15	181	7	92	97	205	198	212	191	403

Note: The basic test indicators presented in this table comprise the diagnostic capacity domain for assessing general service readiness within the health facility assessment methodology proposed by WHO and USAID (WHO 2012).

DBS = dried blood spot

CSF = cerebrospinal fluid

CT = computed tomography

Table 3.7.2 Laboratory diagnostic capacity and equipment for diagnostic imaging

Among all facilities (excluding health posts), the percentages with capacity to conduct basic and advanced laboratory diagnostic tests in the facility, by background characteristics, Ethiopia SPA 2021–22

Laboratory tests	Region											National
	Afar	Amhara	Oromia	Somali	Benishangul Gumuz	SNNP	Sidama	Gambela	Harari	Addis Ababa	Dire Dawa	
Basic diagnostic tests												
Haemoglobin	32	38	29	54	40	25	40	27	63	84	87	37
Blood glucose	58	62	50	54	36	46	58	21	60	80	78	54
Malaria diagnostic test	86	59	56	78	54	76	79	69	57	82	70	65
Urine protein	42	57	54	63	53	56	65	31	73	91	87	58
Urine glucose	45	57	52	59	53	55	61	31	73	90	87	57
HIV diagnostic test	84	67	59	92	33	75	88	36	47	56	91	65
DBS collection	17	23	13	15	19	11	17	9	30	24	28	16
TB microscopy	36	49	42	20	20	42	56	14	50	43	38	43
Syphilis rapid diagnostic test	49	55	59	60	55	58	78	27	57	71	82	59
General microscopy	64	57	56	43	48	52	66	16	77	70	50	56
Urine pregnancy test	46	51	53	42	48	61	67	30	70	76	75	55
Stool microscopy	57	57	55	33	46	48	64	16	67	67	50	54
Advanced diagnostic tests												
Serum electrolytes (chemistry analyser)	24	17	12	31	18	16	26	7	37	51	69	19
Full blood count with differentials	24	17	12	31	18	16	26	7	37	51	69	19
Blood typing and cross matching	0	11	3	47	13	17	44	2	13	18	5	11
CD4 count	7	2	1	3	0	2	4	5	13	3	5	2
Syphilis serology	9	8	5	22	4	6	17	3	13	10	5	7
Gram stain	23	16	16	26	4	21	38	9	37	60	38	22
CSF/body fluid counts	73	67	57	54	63	58	84	32	67	92	88	63
TB culture	0	0	0	1	2	0	1	0	3	1	0	0
TB rapid diagnostic test	2	5	5	7	7	3	7	1	7	2	9	5
Liver or renal function test (ALT or creatinine)	21	7	10	20	11	13	18	6	37	69	51	16
Equipment for diagnostic imaging												
X-ray machine	1	5	3	2	0	4	8	1	10	12	21	5
Ultrasonogram	24	11	10	9	4	11	25	3	30	37	42	14
CT scan	0	0	0	0	0	0	1	0	0	2	6	1
Number of facilities	7	95	152	15	7	68	13	9	2	33	3	403

Note: The basic test indicators presented in this table comprise the diagnostic capacity domain for assessing general service readiness within the health facility assessment methodology proposed by WHO and USAID (WHO 2012).

DBS = dried blood spot

CSF = cerebrospinal fluid

CT = computed tomography

Table 3.8.1 Availability of essential medicines

Percentages of facilities having the 17 essential medicines available, by background characteristics, Ethiopia SPA 2021–22

Essential medicines	Facility type							Managing authority		Urban/Rural		National	
	Referral hospital	General hospital	Primary hospital	Health centre	Health post	Specialty/higher clinic	Medium clinic	Lower clinic	Public	Private	Urban		Rural
Amitriptyline tablets/capsules ¹	69	75	76	42	0	3	10	3	10	8	19	6	9
Amoxicillin tablets/capsules ²	84	83	82	64	26	6	20	13	35	17	40	29	32
Artemether lumefantrine ³	88	71	78	78	40	2	10	15	48	13	32	45	42
Atenolol tablets/capsules ³	81	80	74	22	0	3	9	2	5	8	15	3	6
Captopril tablets/capsules ⁴	56	45	39	6	0	2	3	2	2	3	7	1	2
Ceftriaxone injectable ⁵	75	89	91	71	0	6	20	6	15	14	30	11	15
Ciprofloxacin tablets/capsules ⁶	81	89	88	80	0	6	22	11	17	17	31	13	17
Cotrimoxazole oral suspension ⁷	81	83	86	71	13	6	12	8	25	13	30	21	23
Diazepam tablets/capsules ⁸	88	63	57	27	0	4	4	2	6	5	13	4	6
Diclofenac tablets/capsules ⁹	84	94	92	84	8	6	34	32	24	33	41	21	26
Glibenclamide tablets/capsules ¹⁰	88	86	88	49	0	4	8	2	11	8	20	8	10
Mebendazole tablets ¹¹	78	85	90	79	39	6	22	14	48	18	45	42	43
Medroxyprogesterone (Depo Provera) injection ¹²	94	80	91	86	69	4	42	42	73	42	60	70	68
Omeprazole/cimetidine tablets/capsules ¹³	88	85	91	79	0	6	19	3	17	12	30	12	16
Paracetamol oral suspension ¹⁴	69	77	81	70	17	6	13	17	28	18	31	25	26
Salbutamol inhaler ¹⁵	88	84	86	58	0	6	21	2	13	13	27	9	13
Simvastatin/atorvastatin tablet/capsule ¹⁶	53	52	43	7	0	3	10	2	2	9	11	1	3
Number of facilities	2	7	15	181	755	7	92	97	960	198	271	887	1,158

Note: The indicators presented in this table comprise the essential medicines domain for assessing general service readiness within the health facility assessment methodology proposed by WHO and USAID (WHO 2012). Essential medicines are medicines that satisfy the priority health care needs of the population. They need to be available in the health facility at all times, with adequate amounts, standard dosage forms, and with fair costs (WHO 2004).

¹ For the management of depression in adults

² First-line antibiotics for adults

³ Beta-blocker for management of angina/hypertension

⁴ Vasodilator, for management of hypertension

⁵ Second-line injectable antibiotic

⁶ Second-line oral antibiotic

⁷ Oral antibiotic for children

⁸ Muscle relaxant for management of anxiety, seizures

⁹ Oral analgesic

¹⁰ For management of type 2 diabetes

¹¹ For treatment of parasitic infections

¹² Contraceptive injection

¹³ Proton pump inhibitor, for the treatment of peptic ulcer disease, dyspepsia and gastro-oesophageal reflux disease

¹⁴ Fever-reduction and analgesic for children

¹⁵ For the management and relief of bronchospasm in conditions such as asthma and chronic obstructive pulmonary disease

¹⁶ For the control of elevated cholesterol

Table 3.8.2 Availability of essential medicines

Percentages of facilities having the 17 essential medicines available, by background characteristics, Ethiopia SPA 2021–22

Essential medicines	Region											
	Afar	Amhara	Oromia	Somali	Benishangul Gumuz	SNNP	Sidama	Gambela	Harari	Addis Ababa	Dire Dawa	National
Amitriptyline tablets/capsules ¹	7	13	10	13	4	3	6	6	23	25	26	9
Amoxicillin tablets/capsules ²	55	37	25	64	21	29	20	31	46	31	55	32
Artemether Lumefantrine ²	68	54	30	66	68	41	44	45	56	22	47	42
Atenolol tablets/capsules ³	9	7	5	8	3	3	4	2	20	23	24	6
Captopril tablets/capsules ⁴	3	2	3	3	1	1	3	1	13	5	10	2
Ceftriaxone injectable ⁵	21	18	15	11	12	11	16	20	18	33	32	15
Ciprofloxacin tablets/capsules ⁶	16	19	18	13	8	13	16	21	23	34	35	17
Cotrimoxazole oral suspension ⁷	39	23	21	63	15	15	21	21	44	23	51	23
Diazepam tablets/capsules ⁸	9	7	6	6	7	3	5	4	12	18	15	6
Diclofenac tablets/capsules ⁹	49	28	20	48	59	18	20	40	50	52	57	26
Glibenclamide tablets/capsules ¹⁰	14	11	13	5	5	6	6	4	22	27	26	10
Mebendazole tablets ¹¹	66	47	35	63	48	44	48	47	34	32	44	43
Medroxyprogesterone (Depo Provera) injection ¹²	78	62	73	54	57	70	72	66	62	53	54	68
Omeprazole/cimetidine tablets/capsules ¹³	20	17	16	12	12	15	15	10	25	35	35	16
Paracetamol oral suspension ¹⁴	51	34	18	64	42	18	22	41	45	25	46	26
Salbutamol inhaler ¹⁵	19	14	14	10	7	7	7	9	22	41	26	13
Simvastatin/atorvastatin tablet/capsule ¹⁶	3	3	3	2	0	2	2	1	3	23	8	3
Number of facilities	19	250	430	74	23	261	44	17	4	33	5	1,158

Note: The indicators presented in this table comprise the essential medicines domain for assessing general service readiness within the health facility assessment methodology proposed by WHO and USAID (WHO 2012). Essential medicines are medicines that satisfy the priority health care needs of the population. They need to be available in the health facility at all times, with adequate amounts, standard dosage forms, and with fair costs (WHO, 2004).

¹ For the management of depression in adults

² First-line antibiotics for adults

³ Beta-blocker for management of angina/hypertension

⁴ Vasodilator, for management of hypertension

⁵ Second-line injectable antibiotic

⁶ Second-line oral antibiotic

⁷ Oral antibiotic for children

⁸ Muscle relaxant for management of anxiety, seizures

⁹ Oral analgesic

¹⁰ For management of type 2 diabetes

¹¹ For treatment of parasitic infections

¹² Contraceptive injection

¹³ Proton pump inhibitor, for the treatment of peptic ulcer disease, dyspepsia and gastro-oesophageal reflux disease

¹⁴ Fever-reduction and analgesic for children

¹⁵ For the management and relief of bronchospasm in conditions such as asthma and chronic obstructive pulmonary disease

¹⁶ For the control of elevated cholesterol

Table 3.9a Management, quality assurance and quality standards

Among all facilities (excluding health posts), the percentages with regular management meetings and having documentation of a recent meeting, the percentages of facilities with quality assurance activities and the percentages of facilities with a system for eliciting client opinion, by background characteristics, Ethiopia SPA 2021–22

Background characteristics	Having routine management meeting	Management meeting monthly or more often, with observed documentation of a recent meeting	Monthly or more often board meeting	Management meeting with community participation at least once every 6 months, with documentation of a recent meeting	The facility has taken any follow-up action regarding the decisions made	Regular quality assurance activities with observed documentation of quality assurance activity ¹	System for determining client opinion, procedure for reviewing client opinion and report of recent review of client opinion	Facility routinely carries out quality assurance activities during the Gregorian year	The health facility has established quality structure	The health facility conducts quality committee meeting as stated in the terms of reference (TOR)	Number of facilities
Facility type											
Referral hospital	100	88	25	50	91	94	81	97	97	97	2
General hospital	95	84	15	40	87	72	71	78	81	78	7
Primary hospital	99	92	10	41	92	58	68	68	79	71	15
Health centre	96	86	19	48	83	50	48	59	69	53	181
Specialty/higher clinic	46	4	12	2	6	18	21	29	15	15	7
Medium clinic	56	27	1	8	25	14	32	19	21	13	92
Lower clinic	19	3	0	3	3	1	3	5	11	0	97
Managing authority											
Public	95	86	18	47	83	51	50	60	69	55	205
Private	39	16	1	5	15	9	19	14	18	8	198
Region											
Afar	56	26	10	21	20	24	7	28	35	21	7
Amhara	61	53	21	26	52	41	36	45	44	35	95
Oromia	63	53	5	28	52	21	29	32	44	26	152
Somali	75	30	12	24	25	8	20	23	21	12	15
Benishangul Gumuz	41	22	7	6	20	10	10	16	27	20	7
SNNP	78	56	3	32	54	40	45	43	49	39	68
Sidama	91	69	6	42	75	33	42	45	75	66	13
Gambela	44	19	2	5	22	8	14	10	27	19	9
Harari	73	43	27	37	43	40	37	40	40	40	2
Addis Ababa	88	54	16	17	47	41	52	46	45	39	33
Dire Dawa	79	45	13	29	41	36	32	49	46	44	3
Urban/Rural											
Urban	64	43	8	22	41	30	34	36	40	31	212
Rural	71	61	12	31	59	30	35	39	49	33	191
National	67	51	10	26	50	30	34	37	44	32	403

¹ Facility reports that it routinely carries out quality assurance activities and had documentation of a recent quality assurance activity. This could be a report or minutes of a quality assurance meeting, a supervisory checklist, a mortality review or an audit of records or registers.

Table 3.9b Health management information systems (HMIS)

Among all facilities (excluding health posts), the percentages having a system for HMIS in place and HMIS related activities, by background characteristics, Ethiopia SPA 2021–22

Background characteristics	Having Health Management Information System in place	Electronic Health Management System	Have functional DHIS2	Practicing of compiling report monthly or more often and documents the most recent report	A designated person who is data manager or HMIS focal person	Average functional desktop/laptop computers dedicated for HMIS/HIT unit	Facility have PMT (Performance Mentoring or Monitoring Team)	Facility conducts data quality assurance systems	Facility conducted LQAS for the most recent month's report—observed	Shelf ¹	MPI ²	Computer for HMIS	Backup system	Computer and backup system ³	Card room for client cards ⁴	Number of facilities
Facility type																
Referral hospital	94	91	91	91	94	5	91	91	91	72	25	75	47	81	38	2
General hospital	95	92	88	95	82	3	80	65	54	72	26	83	50	87	42	7
Primary hospital	100	93	76	94	76	1	76	71	62	63	20	82	45	87	35	15
Health centre	95	68	56	92	73	1	77	77	66	75	27	54	22	57	37	181
Specialty/higher clinic	49	27	26	33	2	0	2	7	6	84	28	17	1	18	20	7
Medium clinic	61	16	10	63	6	0	10	12	10	75	5	15	10	18	27	92
Lower clinic	45	3	0	58	2	0	2	3	0	63	9	3	4	7	21	97
Managing authority																
Public	94	68	58	91	73	1	77	77	66	75	26	55	23	58	36	205
Private	54	13	7	60	5	0	7	8	5	68	8	12	8	15	25	198
Region																
Afar	71	29	15	64	31	1	41	30	16	63	12	28	15	34	48	7
Amhara	83	45	39	78	48	1	43	49	48	71	10	32	19	41	36	95
Oromia	74	39	31	86	37	1	40	45	36	72	23	31	11	31	28	152
Somali	74	24	18	36	30	1	43	20	12	84	10	18	4	21	11	15
Benishangul Gumuz	58	31	24	39	31	0	24	31	17	86	8	35	10	40	20	7
SNNP	66	43	33	65	47	1	47	41	34	66	16	39	18	41	28	68
Sidama	83	49	37	88	51	1	64	63	52	93	21	52	25	55	47	13
Gambela	25	17	15	39	14	0	19	16	8	55	12	18	5	18	46	9
Harari	87	47	47	60	40	1	40	30	30	63	7	47	17	50	20	2
Addis Ababa	80	45	36	80	26	2	43	33	25	70	17	44	25	44	32	33
Dire Dawa	96	78	74	95	49	1	53	41	36	70	40	73	45	73	56	3
Urban/Rural																
Urban	73	40	31	74	30	1	34	31	26	71	14	30	17	33	31	212
Rural	76	43	35	78	51	1	52	55	47	72	20	39	14	42	30	191
National	74	41	33	76	40	1	43	43	36	72	17	34	16	37	31	403

Note: District Health Information Software 2 (DHIS2) is a free and open-source health management data platform used by governments worldwide.

LQAS = lot quality assurance sampling

¹ Shelf standard size: height 30 cm, width 50 cm, and depth 35 cm (in supine position and each cell contains 50 cards)² A box used to keep master patient index (MPI) cards³ Computers that are used for HMIS purposes only⁴ For hospitals greater or equal to 60m

Table 3.10 Supportive management practices at the facility level

Among all facilities, the percentages that had an external supervisory visit during the 6 months before the survey, and the percentages of facilities where at least half of the interviewed providers reported receiving routine work-related training and personal supervision recently, by background characteristics, Ethiopia SPA 2021–22

Background characteristics	Percentage of facilities with supervisory visit during the 6 months before the survey ¹	Number of facilities	Percentage of facilities having routine:				Number of facilities where at least two eligible providers were interviewed with health worker interview questionnaire ⁵
			Staff training ²	Personal supervision ³	Training and personal supervision	Percentage with supportive management practices ⁴	
Facility type							
Referral hospital	88	2	87	45	29	26	2
General hospital	47	7	72	64	35	21	7
Primary hospital	22	15	66	58	34	6	15
Health centre	9	181	78	68	45	7	181
Health post	4	755	88	92	78	4	235
Specialty/higher clinic	13	7	42	48	9	1	5
Medium clinic	11	92	49	71	35	2	88
Lower clinic	3	97	42	89	29	2	50
Managing authority							
Public	6	960	82	80	61	5	440
Private	7	198	49	77	34	2	144
Region							
Afar	12	19	61	65	36	1	8
Amhara	2	250	73	83	57	0	112
Oromia	1	430	81	82	63	2	257
Somali	9	74	72	69	45	18	22
Benishangul Gumuz	10	23	85	73	62	8	16
SNNP	10	261	68	69	39	8	93
Sidama	9	44	63	88	54	7	27
Gambela	18	17	65	72	44	7	9
Harari	49	4	87	83	67	36	3
Addis Ababa	37	33	51	83	37	14	32
Dire Dawa	33	5	80	86	70	26	5
Urban/Rural							
Urban	12	271	60	74	40	6	212
Rural	5	887	82	83	63	4	371
National	6	1,158	74	79	55	5	583

¹ Facility reports that it received at least one external supervisory visit from the district, regional or national office during the 6 months period before the survey.

² At least half of all interviewed providers reported that they had received any in-service training as part of their work in the facility during the 24 months before the survey. This refers to structured sessions and does not include individual instructions a provider might receive during routine supervision.

³ At least half of all interviewed providers reported that they had been personally supervised at least once during the 6 months before the survey. Personal supervision refers to any form of technical support or supervision from a facility-based supervisor or from a visiting supervisor. It may include, but is not limited to, review of records and observation of work, with or without any feedback to the health worker.

⁴ Facility had an external supervisory visit during the 6 months before the survey and staff has received routine training and supervision.

⁵ Interviewed providers who did not personally provide any clinical services assessed by the survey, for example, administrators who might have been interviewed, are excluded.

Table 3.11 Staffing pattern in surveyed facilities

Median number¹ of providers assigned to, employed by, or seconded to health care facilities, by type of provider and background characteristics, Ethiopia SPA 2021–22

Background characteristics	Median number of providers assigned to/employed by/seconed to facility								Number of facilities
	General practitioner and medical specialist ²	Health officer	Integrated emergency surgical officer (IESO)	Degree nurse, professional nurse or midwife	Non degree nursing professional	Health extension worker	Laboratory and micro-biologist	Bio-medical engineer	
Facility type									
Referral hospital	111	8	-	206	50	-	35	4	2
General hospital	22	2	2	47	28	-	11	2	7
Primary hospital	11	3	2	19	17	-	7	-	15
Health centre	-	3	-	3	7	6	2	-	181
Health post	-	-	-	-	-	2	-	-	755
Specialty/higher clinic	2	-	-	2	-	-	2	-	7
Medium clinic	-	1	-	1	2	-	2	-	92
Lower clinic	-	-	-	-	2	-	-	-	97
Managing authority									
Public	-	-	-	-	-	2	-	-	960
Private	-	-	-	-	2	-	-	-	198
Region									
Afar	-	-	-	-	2	-	-	-	19
Amhara	-	-	-	-	-	2	-	-	250
Oromia	-	-	-	-	-	2	-	-	430
Somali	-	-	-	-	-	1	-	-	74
Benishangul Gumuz	-	-	-	-	2	2	-	-	23
SNNP	-	-	-	-	-	2	-	-	261
Sidama	-	-	-	-	-	3	-	-	44
Gambela	-	-	-	-	2	1	-	-	17
Harari	-	-	-	-	1	-	-	-	4
Addis Ababa	2	2	-	2	2	-	3	-	33
Dire Dawa	-	-	-	2	2	1	2	-	5
Urban/Rural									
Urban	-	1	-	-	2	-	2	-	271
Rural	-	-	-	-	-	2	-	-	887
National	-	-	-	-	-	2	-	-	1,158

Note: The median number of providers was reported by the person in charge of the facility.

² MD specialist includes general surgeon, anaesthesiologist, obstetrician and gynaecologist, internist, paediatrician, psychiatrist, radiologist and other service specialist.

Table 3.12 Waste management

Among all health facilities, the percentage with access to items basic to appropriate management of solid and liquid wastes, by background characteristics Ethiopia SPA 2021–22

Background characteristics	Percentage of facilities having access to:									Number of facilities
	Incinerator	Placenta pit	Septic tank, soak away pit, percolation ditch or collection tank for management of liquid waste	Sewage line	Dilution/neutralizing tank	Written guidelines for health care waste management	Trained staff	Municipal line	Sucking car	
Facility type										
Referral hospital	91	94	97	84	28	84	47	31	94	2
General hospital	83	95	86	89	20	63	37	37	78	7
Primary hospital	84	96	81	79	12	47	16	20	62	15
Health centre	71	90	42	50	6	34	19	17	34	181
Health post	5	6	2	3	1	7	4	1	4	755
Specialty/higher clinic	64	7	56	41	19	20	0	33	57	7
Medium clinic	50	28	43	54	0	28	4	18	55	92
Lower clinic	30	8	16	21	0	12	0	9	27	97
Managing authority										
Public	19	24	11	14	2	14	7	5	12	960
Private	42	20	32	38	1	20	3	15	42	198
Region										
Afar	23	19	14	18	0	0	3	1	18	19
Amhara	24	22	15	21	4	22	9	13	19	250
Oromia	23	24	14	20	2	10	5	5	16	430
Somali	21	21	11	3	1	9	2	0	14	74
Benishangul Gumuz	10	33	17	13	1	37	15	6	11	23
SNNP	18	19	9	8	1	11	7	1	6	261
Sidama	30	35	25	35	3	12	7	3	34	44
Gambela	22	11	2	7	0	8	6	3	5	17
Harari	32	20	29	30	7	19	20	17	43	4
Addis Ababa	67	39	67	62	4	68	14	37	78	33
Dire Dawa	45	54	54	42	4	26	16	13	53	5
Urban/Rural										
Urban	44	36	35	43	4	26	7	16	45	271
Rural	17	19	8	10	1	11	6	4	8	887
National	23	23	15	18	2	15	7	6	17	1,158

Table 3.13 User fees and charges for specific health services

Among all facilities (excluding health posts), the percentage that implement routine user fees or charges for client services, the percentage with fixed or separate fees, and the percentage with fees for specific health services, by background characteristics, Ethiopia SPA 2021–22

Background characteristics	Percentage of facilities with routine user-fees or charges for client services ¹	Number of facilities	Percentage of facilities with fixed fees	Percentage of facilities that have a fee for the following services:								Number of facilities having routine user fee
				Vaccines	Family planning services, including FP commodities	Normal deliveries	HIV diagnostic test	Malaria rapid diagnostic test	ARV for treatment	ARV for PMTCT	Anti-tuberculosis medicines	
Facility type												
Referral hospital	94	2	27	3	0	0	0	43	0	0	3	2
General hospital	98	7	25	4	15	29	21	43	1	1	2	7
Primary hospital	97	15	23	1	18	20	19	37	0	1	0	15
Health centre	100	181	24	1	1	2	3	22	1	2	4	181
Specialty/higher clinic	100	7	66	0	3	2	2	33	0	0	0	7
Medium clinic	88	92	32	0	51	13	38	45	0	0	0	81
Lower clinic	95	97	38	0	40	0	7	18	0	0	0	92
Managing authority												
Public	97	205	24	1	1	2	3	22	1	2	4	197
Private	95	198	36	0	44	9	22	32	0	0	0	188
Region												
Afar	99	7	19	3	16	0	16	30	0	0	0	7
Amhara	96	95	34	0	24	2	17	28	0	1	1	91
Oromia	97	152	15	1	29	7	14	28	1	1	3	148
Somali	97	15	49	0	9	0	8	31	0	2	3	14
Benishangul Gumuz	97	7	17	0	35	0	0	8	0	0	0	7
SNNP	97	68	49	0	7	3	3	15	0	1	0	66
Sidama	99	13	1	3	13	6	14	50	0	4	6	13
Gambela	97	9	51	0	30	4	0	19	0	0	0	8
Harari	83	2	8	0	8	4	4	36	0	0	4	1
Addis Ababa	84	33	53	2	22	14	18	38	2	1	2	28
Dire Dawa	86	3	42	0	11	17	12	23	0	0	5	3
Urban/Rural												
Urban	92	212	27	0	30	8	18	35	1	2	2	195
Rural	100	191	32	1	14	2	6	19	0	0	2	190
National	96	403	30	1	22	5	12	27	1	1	2	385

¹ Fixed fee that covers all services that a client receives and separate fee for different components of the services provided by the facility

ARV = antiretroviral

PMTCT = prevention of mother-to-child transmission

Table 3.14 Patient safety

Among all facilities excluding health post, the percentage offering risk assessment of inpatient, outpatient and ER case team, other departments within the last year, the percentage having incident officer, patient safety (patient right statement), a system to identify, analyze, monitor risks, adverse events, incidents and errors, the percentage with availability of signed consent and availability of communication channels for urgent critical results, by background characteristics, Ethiopia SPA 2021–22

Background characteristics	Percentage of facilities:						Number of facilities
	Offering risk assessment of inpatient, outpatient and ER case team, other departments within the last 1-year observed record	Having incident officer	Having patient safety (patient right statement)	Having a system to identify, analyze, monitor risks, adverse events, incidents and errors	With availability of informed signed consent by the patient	With availability of communication channels for urgent critical results	
Facility type							
Referral hospital	69	66	88	75	88	88	2
General hospital	43	46	76	61	88	86	7
Primary hospital	39	39	78	51	88	85	15
Health centre	20	14	42	33	50	67	181
Specialty/higher clinic	3	15	18	18	33	37	7
Medium clinic	9	4	26	13	40	56	92
Lower clinic	4	2	21	4	17	39	97
Managing authority							
Public	23	17	46	35	52	68	205
Private	6	3	24	10	31	48	198
Region							
Afar	4	7	10	18	39	47	7
Amhara	19	10	38	25	36	75	95
Oromia	9	7	31	10	43	49	152
Somali	14	14	32	23	24	40	15
Benishangul Gumuz	7	8	18	7	14	14	7
SNNP	16	11	34	32	44	59	68
Sidama	31	39	56	57	65	77	13
Gambela	17	8	28	27	31	46	9
Harari	7	13	27	20	27	43	2
Addis Ababa	22	16	52	43	57	72	33
Dire Dawa	16	10	27	28	34	35	3
Urban/Rural							
Urban	18	11	34	26	42	56	212
Rural	11	10	37	19	41	61	191
National	15	11	35	23	42	58	403

Key Findings

- Nine of ten health facilities in Ethiopia (89%) offer out-patient curative care for sick children under age 5. However, only 61% of health facilities offer all three basic child health services: out-patient curative care, child growth monitoring, and child vaccination.
- Health facilities in rural areas and public-owned facilities are the major providers of four child health services (under-5 out-patient curative care, growth monitoring, child vaccination, and vitamin A supplementation), compared with health facilities in urban areas and private-owned health facilities.
- Among public facilities providing out-patient curative care for sick children, less than one-fifth have at least one interviewed child health services provider who was trained in IMNCI (18%) and growth monitoring (19%) during the 24 months preceding the survey.
- Among private facilities providing out-patient curative care for sick children, not more than 3% have at least one interviewed child health services provider who was trained in IMNCI or growth monitoring during the 24 months preceding the survey.
- Only 4% of providers assessed all three of the general danger signs during observed consultations for sick children.
- Thirty-three percent of providers assessed all three of the main symptoms during observed consultations for sick children.
- Exit interviews with caretakers of observed sick children indicate that lack of medicines in the health facility (15%) was considered the major problem related to service provision.
- Less than one-quarter (23%) of providers received in-service training on topics related to child health during the 24 months preceding survey. Training for malaria diagnosis (13%) and malaria treatment (12%) was higher than training for other topics.

4.1 BACKGROUND

The availability of child health services and quality of care are key determinants of successful child health outcomes in Ethiopia, and are the focus of efforts to reduce child morbidity and mortality. Under-5 mortality decreased by two-thirds between 1999 and 2020 (from 167 to 47 deaths per 1,000 live births). However, over 170,000 children under five years of age die each year, primarily from preventable or treatable diseases (UNIGME 2020).

The Expanded Programme on Immunisation (EPI), launched in Ethiopia in 1980, implemented curative care for children under five at all facility levels, using the Integrated Management of Neonatal and Childhood Illnesses (IMNCI) strategy. Provision of micronutrients and growth monitoring, and diagnosis and treatment of malnutrition were some of the key EPI interventions to reduce childhood morbidity and thereby avert preventable under-5 mortality (MoH 2022).

Initially, there were six antigens in the EPI schedule, subsequently increased to 12 antigens, that were universally available in programmes throughout Ethiopia (MoH 2018). Key barriers to the expansion of EPI included shortcomings in services delivery strategies and human resource capacity, threats to immunisation supply chain management and logistics, and gaps in monitoring and supportive supervision. Addressing these supply side challenges can ultimately increase quality and coverage of EPI services (MoH 2018).

Ethiopia adopted the Integrated Management of Neonatal and Childhood Illnesses (IMNCI) strategy in 1995. It was later expanded to include treatment of newborns (Integrated Management of Newborn and Childhood Illnesses), as a key part of under-5 curative care within the primary health care system.

The IMNCI strategy aims to reduce morbidity and mortality among children under five by improving health workers' skills through training and supportive supervision; improving health systems, including equipment, supplies, organisation of work and referral systems; and improving childcare at the community and household levels, in line with key family practices. IMNCI was expanded to the community level in 2010 under the Integrated Community Case Management (iCCM) strategy, which allowed Health Extension Workers (HEWs) to treat pneumonia using antibiotics and integrate it with management of diarrhoea, malaria, and severe acute uncomplicated malnutrition.

Under the Food and Nutrition Policy (FNP), which implemented key strategies to improve the nutritional status of children in 2018, community-based nutrition included growth monitoring, vitamin A supplementation, and diagnosis and treatment of acute malnutrition (FDRE 2021).

The 2021–22 ESPA provides current information on child health that can be used to assess the overall situation of child health services in Ethiopia, including availability, readiness, and quality of child health services.

This chapter is organised around four sections relevant to the delivery of child health services at health facilities in Ethiopia: The four sections are:

- **Availability of services:** The 2021–22 ESPA survey assessed the availability basic child health services, namely out-patient curative care for sick children, routine childhood vaccination services under EPI, routine growth monitoring services, and vitamin A supplementation services. Section 4.2 includes **Figure 4.1** and **Tables 4.1–4.3** and examines the availability of child health services and how often they are available.
- **Service readiness:** Section 4.3 includes **Figure 4.2–4.4** and **Tables 4.4–4.9** and addresses the readiness of facilities to provide good-quality client services, including the availability of basic amenities and equipment, infection prevention and control procedures, laboratory diagnostic capacity, and essential medicines.
- **Adherence to standards:** Section 4.4 includes **Figure 4.5** and **Tables 4.10.1–4.12.2** and examines the content of observed sick child consultations and feedback from caretakers of observed sick children.
- **Basic management and administrative systems:** Section 4.5 includes **Figure 4.6**, **Tables 4.13**, and **4.14** and considers the extent to which essential management and administrative systems, including in-service training and supervision, are in place to support quality services.

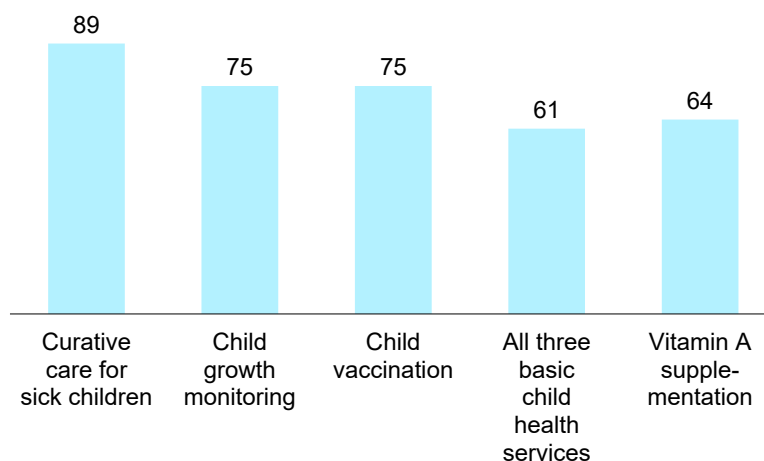
4.2 AVAILABILITY OF CHILD HEALTH AND IMMUNISATION SERVICES

4.2.1 Out-patient Curative Care, Child Growth Monitoring, and Child Vaccination

Overall, 61% of health facilities in Ethiopia provide all three of the basic child health services: out-patient curative care, child growth monitoring, and child vaccination, including all vaccines as a package (**Figure 4.1** and **Table 4.1**). Out-patient curative care for children under five years of age is provided by 89% of facilities, while growth monitoring and child vaccination services are provided by 75% of facilities. Regarding facility type, 99% of health centres offer out-patient curative care for sick children, compared with 98% of both general hospitals and primary hospitals. Out-patient curative care for sick children is less likely to be available in specialty/ higher clinics (71%) and medium clinics (76%).

Figure 4.1 Availability of child health services

Among all facilities (N=1,158), percent offering specific child health services



Facilities offering all three basic child health services as well as all five child vaccines include: nine of ten health centres (88%), six of ten primary hospitals (59%), and seven of ten health posts (70%). On average, 75% of all facilities in Ethiopia offer child vaccination services, including most health centres (94%) and health posts (90%), compared with only 2% of higher clinics. None of the private lower clinics or medium clinics provide the three basic child health services together at the same time (**Table 4.1**).

Child health services vary in the frequency of availability by type of health facility. Provision of out-patient curative care for sick children 5 or more days per week is 99% at primary hospitals, 99% at health centres, and 80% at health posts. Availability is lower for Pentavalent vaccine, PCV, routine polio, and rotavirus vaccine, with availability of 5 or more days per week reported in only two-thirds of primary hospitals (63%) and health centres (62%). Measles and BCG are offered less frequently (1–2 days per week), and the frequency of availability for health posts is 1–2 days per week, or less (**Table 4.2** and **Table 4.3.1**).

Sixty percent of general hospitals in Ethiopia offer all three basic child health services and all five child vaccines (**Table 4.1**). The percentage of general hospitals offering out-patient curative care for sick children 5 or more days per week is 98%; the frequency for growth monitoring is almost the same, 97% (**Table 4.2**).

Fifty-three percent of referral hospitals offer all three basic child health services, including all five child vaccines. The child health service most offered at referral hospitals is out-patient curative care for sick children (88%), the least offered child health service is routine vitamin A supplementation (66%) (**Table 4.1**). The percentage of referral hospitals offering out-patient curative care for sick children 5 or more days per week is 96%; the frequency for growth monitoring is 100% (**Table 4.2**).

By region, health facilities in Sidama (82%) and Somali (76%) are more likely to offer all three basic child health services than facilities in Addis Ababa (19%). Public facilities are more likely to provide all three basic child health services (70%) than private facilities (39%). Sixty-four percent of facilities provide routine vitamin A supplementation (**Table 4.1**).

Among all facilities providing child vaccination, DPT/Pentavalent (31%), measles (6%) and IPV (28%) services are available 5 or more days per week (**Table 4.3.1**).

4.3 CHILD HEALTH SERVICES READINESS

4.3.1 Readiness for Curative Care Services for Sick Children

To improve the diagnosis of illnesses and to minimise missed opportunities to provide preventive interventions, IMNCI standards recommend that any consultation for a sick child also includes:

- Assessing vaccination status and providing vaccines that are due
- Assessing nutritional status and counselling the caretaker on any problems identified
- Assessing overall health status
- Ensuring that the child receives the first dose of any prescribed medicine, including antibiotics, at the facility and leaves the facility with the necessary medications
- Ensuring that caretaker knows how to administer medications and treatments, knows about appropriate foods, and knows how much food the child needs both during the illness and when not sick
- Ensuring that the caretaker knows when to return, either because signs indicate that the child must be seen immediately or because of scheduled follow-up

The 2021–22 SPA assessed the child health services readiness of health facilities in Ethiopia through availability of equipment, supplies, guidelines, and health system components necessary to adhere to IMNCI guidelines and to support quality out-patient care for sick children. The assessed elements are as follows:

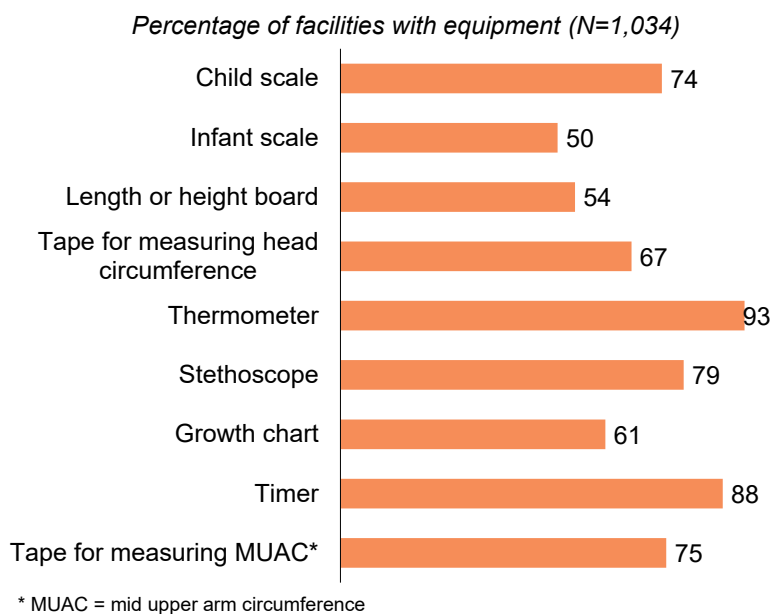
- Guidelines, trained staff, and equipment for adhering to IMNCI guidelines for assessing the sick child
- Infection prevention items and laboratory diagnostic capacity
- Essential medicines for treating sick children in accordance with IMNCI guidelines
- IMNCI job aids, including the chart booklet, recording forms, and mother/caretaker cards

Guidelines, Trained Staff, and Equipment for Assessing the Sick Child

In Ethiopia, 66% of facilities offering out-patient curative care for sick children have IMNCI guidelines, and 54% have growth monitoring guidelines. However, less than one-fifth of facilities have at least one staff member who received training in IMNCI (16%) and growth monitoring (16%) during the 24 months (anytime) preceding the survey (**Table 4.4**).

More than two-thirds of facilities have equipment for conducting a physical examination of a sick child, except for infant scales (50%), measuring boards for length/height (54%), and growth charts (61%). **Figure 4.2** summarises information on these items. **Table 4.4** provides details by background characteristics.

Figure 4.2 Availability of equipment for conducting a physical examination of a sick child, among facilities offering out-patient curative care for sick children 2021–22 ESPA



Government managed facilities have the greatest child health services readiness in terms of availability of guidelines for staff. For example, among all governmental facilities offering out-patient curative care services for sick children, 77% have IMNCI guidelines and 65% have growth-monitoring guidelines. However, less than one-fifth of government facilities have at least one trained child health services provider who received in-service training in integrated management of childhood illness IMNCI (18%) or growth monitoring (19%) during the 24 months preceding the survey (**Table 4.4**). Among private facilities, not more than 3% had at least one child health services provider who was trained in IMNCI or growth monitoring during the 24 months preceding the survey.

Infection Control Items and Laboratory Diagnostic Capacity

Infection control items and laboratory diagnostic equipment are critical to prevention of facility-acquired infections during provision of child health services. Items assessed for infection control include soap, running water, hand disinfectant, latex gloves, sharps containers, and waste receptacles. Laboratory diagnostic capacity is assessed by the availability of equipment used to carry out laboratory diagnostic services including haemoglobin testing, malaria testing, and stool microscopy.

Among facilities offering out-patient curative care for sick children, only 30% had soap and running water at the service site on the day of the survey. However, 81% had alcohol-based hand disinfectant and 83% had either soap and running water, or alcohol-based hand disinfectant. The majority (91%) of health facilities had sharps containers, while only 44% had waste receptacles. Compared with governmental facilities, private facilities had greater availability of items for infection control.

About half (54%) of the health facilities offering out-patient care for sick children had laboratory diagnostic capacity for malaria. Diagnostic capacity was much lower for haemoglobin testing (14%) and stool microscopy (19%). By region, diagnostic capacity in health facilities ranged from 7% (SNNP) to 85% (Addis Ababa) for haemoglobin testing and from 7% (Benishangul Gumuz) to 75% (Addis Ababa) for stool microscopy. Only about one-tenth of rural health facilities had diagnostic capacity for

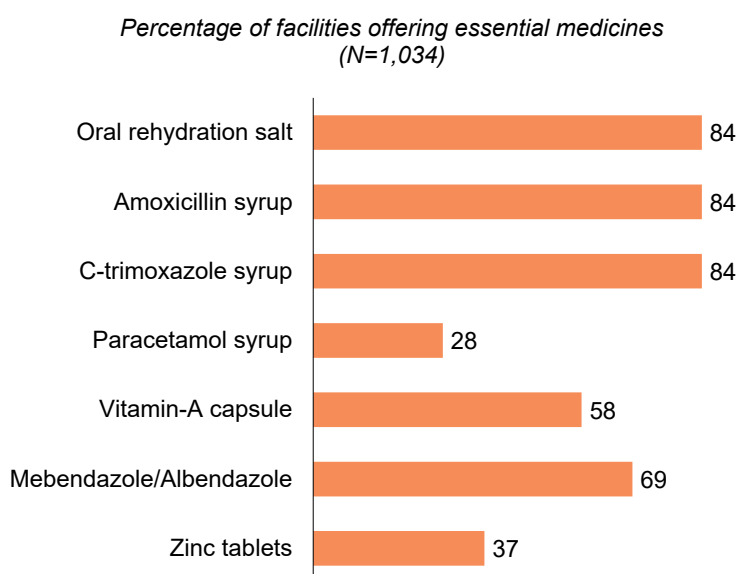
haemoglobin testing (7%) or stool microscopy (11%) (Table 4.5). Almost no health posts and lower clinics had diagnostic capacity for haemoglobin testing or stool microscopy.

Essential Drugs for Treating Sick Children

The 2021–22 ESPA assessed the availability of essential medicines and priority medicines for management of common childhood illness among facilities offering out-patient curative care for sick child.

More than three-quarters of facilities offering out-patient curative care services for sick children had amoxicillin-syrup/suspension/dispersible (84%), co-trimoxazole syrup/suspension/dispersible (84%) and oral rehydration salts, ORS (84%). Fewer facilities had vitamin-A capsules (58%) and mebendazole/ albendazole (69%) and paracetamol syrup or suspension (28%) and zinc tablets (37%) were available in only about one-third of facilities (Table 4.6 and Figure 4.3). Private facilities had lower availability of essential medicines, especially vitamin-A capsules (3%) and zinc tablets (14%). Less than one-tenth of specialty clinics had essential medicines, except for ORS (55%), for out-patient curative care services of sick children.

Figure 4.3 Availability of essential medicines among facilities offering child curative care services, 2021–22 ESPA



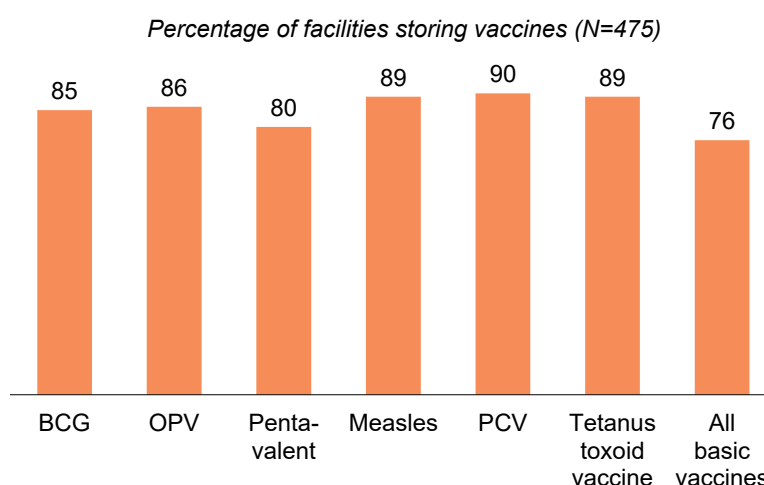
Priority medicines were available in not more than one-quarter of facilities offering out-patient curative care services for sick children. None of the health posts had ampicillin powder for injection, ceftriaxone powder for injection, or benzathine penicillin for injection. Less than one-fifth (16%) of the health posts had gentamycin injection. Only a few private facilities offering out-patient curative care services for sick children had priority medicines, 3% to 16% (Table 4.6).

Availability of Vaccines

The availability of child vaccines was assessed at facilities that provide vaccination services and store vaccines. **Figure 4.4** summarises these findings, and **Table 4.8** provides additional information on vaccine availability by facility type, managing authority, and region.

Pentavalent, polio, measles, and BCG vaccines were available in more than 85% of the facilities offering child vaccination services. Overall, more than two-thirds (76%) of these facilities had all five basic child vaccines available on the day of the survey.

Figure 4.4 Availability of vaccines among facilities offering child vaccination services and storing vaccines, 2021–22 ESPA



The availability of all the basic child vaccines was lower in health posts (69%) compared to other types of facilities. By region, facility availability of all basic child vaccines ranged from 63% in Afar to 98% in Addis Ababa.

Infection Control for Vaccination Services

Infection control is vital to the overall quality of services at child health facilities and requires specific supplies. As shown in **Table 4.9**, most facilities offering child vaccination services have sharps containers (95%), while only a minority have soap and running water (25%). Referral hospitals have a higher proportion of all infection control items than most other types of facilities.

Having clean hands is a critical infection control measure in health facilities. All facilities offering child vaccination services should have some means of hand washing or hand cleaning. On the day of the survey, 80% of facilities offering child vaccination services in Ethiopia had alcohol-based hand disinfectant, but less than 40% had either soap or running water at the service site.

4.4 ADHERENCE TO GUIDELINES FOR SICK CHILD SERVICES PROVISION

To assess whether providers adhere to standards for providing good-quality services, the survey interviewers observed sick child consultations using observation checklists based on IMNCI guidelines. The observers noted whether recommended procedures were carried out and what information the provider shared. The study did not assess whether the information shared was correct or whether findings were interpreted appropriately.

4.4.1 Full Assessment of Illnesses

IMNCI protocols for assessing a sick child provide guidelines for quality of care. The survey observers assessed whether the provider of child curative care services adhered to the IMNCI guidelines.

IMNCI General Danger Signs

According to IMNCI guidelines, providers should check for three general danger signs when assessing a sick child: whether the child has “inability to eat or drink anything”, “vomits everything”, and “has had convulsions at home during this illness or a convulsion is observed in the facility”.

Only 4% of all sick children observed in the health facilities were assessed for the three general danger signs (**Figure 4.5**). Specifically, 27% of providers assessed whether the sick child was not able to eat or drink anything (including breastfeeding), 32% assessed whether they vomited everything, and 6% assessed for the presence of convulsions. Fifty-nine percent of the observed children were not assessed for any of the three danger signs (**Table 4.10.1**).

Among sick children whose consultation with a provider was observed in a health post, about 9% of providers assessed whether the child was not able to eat or drink anything (including breastfeeding), 11% assessed whether the child vomited everything, and 1% assessed for convulsions. None of the health extension workers (HEWs) assessed all three danger signs. Eighty-four percent of the HEWs did not assess any of the three danger signs (**Table 4.10.1**).

IMNCI Main Signs and Symptoms

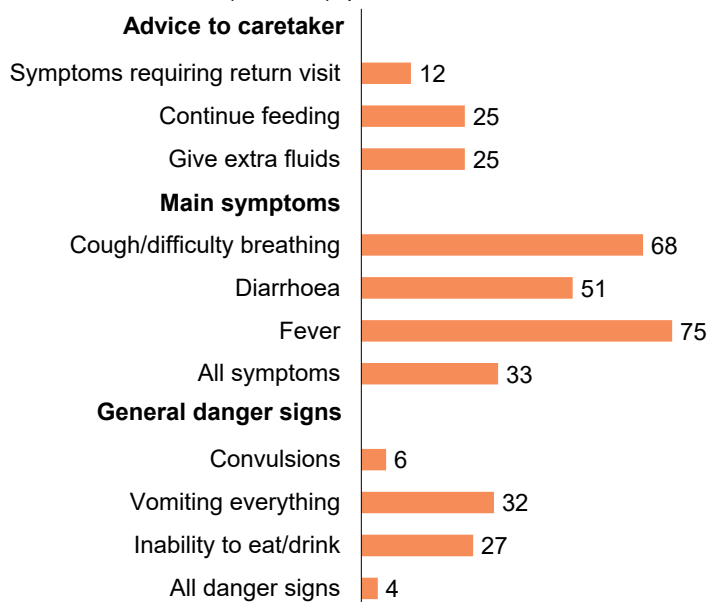
Regardless of the reason for the consultation, IMNCI guidelines require that each child be checked for three main symptoms: cough or difficulty breathing, diarrhoea, and fever. This information may be shared when the child’s caretaker discusses the reason for the visit or, if it is not spontaneously mentioned, the provider may probe for information about the symptoms.

Providers assessed all three main symptoms in 33% of observed consultations in the assessed facilities (**Figure 4.5, Table 4.10.2**). The most widely assessed symptom was fever (75%), followed by cough or difficulty breathing (68%), and diarrhoea (51%). Nearly two in ten consultations included an assessment of ear pain or discharge. Eight percent of providers asked about the mother’s HIV status, and about 6% asked about the presence of TB disease in the household. By region, providers in Benishangul Gumuz were most likely to assess all three main symptoms (72%), while providers in Harari and Somali were least likely (6%). Detailed information by region is provided in **Table 4.10.2**.

Among consultations observed in health posts, 16% assessed all three main symptoms. Fever (57%) was the symptom assessed most frequently during sick child consultations, and in nearly five of ten consultations, cough or difficulty breathing (48%) and diarrhoea (48%) were assessed (**Table 4.10.1**). Seventy-two percent of providers in the Benshangul Gumuz region assessed all three main symptoms; in contrast, only 6% of the providers in Somali and Harari regions assessed all three main symptoms. Detailed information by region is provided in **Table 4.10.2**.

Figure 4.5 Assessment of general danger signs and main symptoms and advice to parents

Among observed consultations with sick children (N=3,742), percent that include:



Physical Examination

After obtaining verbal information on the various signs and symptoms of illness, the provider should conduct a physical examination. The examination should include a hands-on evaluation of the child to (1) verify the presence or absence of fever, by touch or by measuring the child's temperature; (2) assess the state of dehydration by pinching the skin; (3) visually check if the child has anaemia by looking at the palms, conjunctiva, or mouth; and (4) count the rate of respirations if a respiratory problem is suspected.

In most of the consultations observed, the child's body temperature was taken (80%), while 40% of providers counted respiratory rates for 60 seconds. Providers checked for anaemia by observing the pallor of palms (7%), conjunctiva (10%) and child's mouth (31%). Pedal oedema was rarely assessed (4%) during consultations. Additional information on physical examinations is presented in **Table 4.4.1** and the regional variation is shown in **Table 4.4.2**.

Among sick child consultations observed in health posts, 79% assessed temperature with a thermometer, while 15% felt the child for fever or body hotness. Only a few providers checked for pallor by looking at palms (6%) or by looking at conjunctiva (7%) (**Table 4.4.1**).

Essential Advice to Caretakers

According to IMNCI guidelines, a sick child's caretaker should always receive the following essential advice before leaving the health facility: (1) give the sick child extra fluids during the illness, (2) continue to feed the sick child, and (3) watch for signs and symptoms that indicate the child should be brought back immediately to the health facility.

Overall, providers were observed recommending these practices in relatively few consultations (**Figure 4.4.1**). Providers mostly suggested giving extra fluids and to continue feeding the child (25%); only 12% provided advice about symptoms that would require immediate return to the facility. By region, providers in Addis Ababa and Amhara were more likely to give caretakers the three pieces of essential advice than providers in other regions **Table 4.10.2**.

4.4.2 Diagnosis-specific Assessments

At the end of each observed sick child consultation, providers were asked about the child's diagnosis, classification, or the major symptoms for which the child was seen, and the treatment prescribed, if any. IMNCI guidelines indicate specific symptoms or diagnoses for which antibiotics should be prescribed or for which children should be admitted to the facility or referred to a higher level of care.

While simple observation does not necessarily provide enough information to determine the appropriateness of diagnosis and treatment, certain interventions can reasonably be expected for a given diagnosis. The 2021–22 ESPA did not evaluate the appropriateness of specific actions by providers.

Overall, 3% of observed sick children in assessed facilities were either admitted or referred to another facility (**Table 4.11**). Children with fever (9%) were more likely to be referred, compared with children diagnosed with other problems.

Respiratory Illness

Children with severe respiratory illnesses should be thoroughly examined by a provider and, if indicated, hospitalised. In most of these cases, use of antibiotics is warranted. Among children diagnosed with pneumonia in health facilities in Ethiopia, the respiratory rate was checked in 62% of cases and temperature was checked in 87%. Overall, only 1% of children diagnosed with pneumonia were either referred elsewhere or hospitalised. Ninety-three percent were put on some form of antibiotic (1% an injectable antibiotic and 93% an oral antibiotic) (**Table 4.11**).

Of the children diagnosed with bronchial spasm or asthma, 98% had their temperature checked, and 93% were put on antibiotics (**Table 4.11**). Providers prescribed antibiotics for 85% children diagnosed with cough or other upper respiratory illness, despite not having other serious symptoms such as fever or difficult or shortness of breathing, even though such cases are most often viral in nature.

Febrile Illness

For children with severe febrile illness (especially in high malaria risk areas), IMNCI guidelines recommend the use of an antimalarial and antipyretic, followed by referral to an appropriate facility for further treatment. Most children (94%) diagnosed with fever in health facilities had their temperature taken (**Table 4.11**). Only 9% of children diagnosed with fever were either referred or admitted. Fifty-nine percent received oral antibiotics, and 2% received an antimalarial drug (**Table 4.11**).

Malaria

Among children diagnosed with malaria, 100% were assessed for all three IMNCI main symptoms, and 44% were assessed for all three IMNCI general danger signs. Temperature was assessed for 88%, and anaemia was assessed in 22%. Overall, only 3% of children were referred elsewhere or hospitalised. Antimalarial medicine was given to 81% of children with malaria, while providers gave antibiotics to 29% of the cases (**Table 4.11**).

Diarrhoea

The 2021–22 ESPA observers recorded the physical assessment and treatment of children diagnosed with gastro-intestinal illnesses. There were two categories of diagnoses: (1) diarrhoea without dehydration and (2) diarrhoea with dehydration (**Table 4.11**). Providers assessed dehydration in 73% of cases in the first category and in 66% of cases in the second category. Only 1% of children in the second category were admitted or referred to another facility.

ORS was prescribed for 80% of children in the first category (diarrhoea without dehydration) and 88% of children in the second category (diarrhoea with dehydration); 18% were put on intravenous fluids. Forty-two percent of children in both categories received zinc tablets. (**Table 4.11**).

4.4.3 Caretaker Opinion from Exit Interviews

Before leaving the facility, caretakers of observed sick children were interviewed about their opinions of the consultation process, the perceived quality of the provider's services, and the principal problems encountered on the day of the visit. The interviewer read a list of issues commonly related to client satisfaction and asked the caretaker to rate whether each issue posed a major problem, a minor problem, or no problem. **Tables 4.12.1** and **4.12.2** provide information on caretakers' opinions by facility type and region.

Caretakers were asked about problems encountered during service provision. Lack of medicines in the health facility was mentioned as a major problem (15%), ranging from 7% in lower clinics to 35% in health posts. Ten percent of caretakers considered lack of medicines in the facility and the cost of services to be major problems in private facilities. By region, lack of medicines in the facility was considered a more profound problem (49%) in Somali than other regions. (**Table 4.12.1** and **4.12.2**).

4.5 BASIC MANAGEMENT AND SUPPORTIVE SYSTEM

Management practices that support quality child health care services include training and personal supervision. **Table 4.13** summarises the information on child health services providers' training and personnel supervision. **Figure 4.5.1** and **Table 4.14** present detailed information on in-service training, from the perspective of child health services providers.

4.5.1 Training and Supervision

Overall, 23% of child health services providers received training related to child health during the 24 months preceding the survey. Lower clinics are the least likely (3%) to provide staff training. Compared with other facility types, a higher proportion of providers in health posts received training (33%). Providers in public health facilities (25%) are more likely to report receiving training related to child health than providers in private facilities (7%) (Table 4.13).

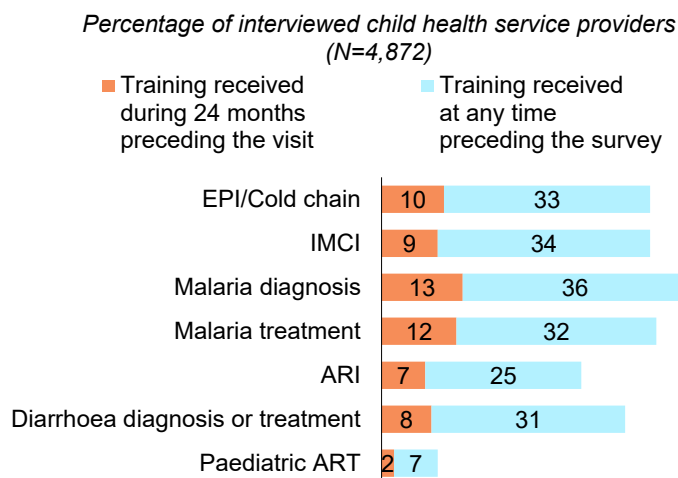
Regarding supervision, 69% of child health services providers received personal supervision during the 6 months preceding the survey. However, only 16% received both training related to child health during the 24 months preceding the survey and personal supervision during the 6 months preceding the survey (Table 4.13).

Sixty-nine percent of providers in both public and private facilities received personal supervision during the 6 months preceding the survey. Less than half of the providers in speciality/higher clinics (45%) and referral hospitals (49%) received personal supervision during the 6 months preceding the survey.

Child health services providers were interviewed about whether they had received in-service training related to child health services in the past 24 months, or at any time. Compared to other training topics, training on malaria diagnosis was received by a higher proportion of interviewed providers (13%) than training on malaria treatment (12%) in the 24 months preceding the survey. Among child health services providers in all health facilities, the topic that received the least training was paediatric ART (2%) (Figure 4.6).

Among interviewed child health services providers in health posts, 14% received in-service training on iCCM in the 24 months preceding the survey. Malaria diagnosis (23%) and malaria treatment (20%) were the training topics most likely to be received. Acute respiratory infection (11%) and paediatric ART (2%) were among the topics that received the least training in the 24 months preceding the survey (Table 4.14).

Figure 4.6 Training received by interviewed child health services providers in health facilities, by topic and timing of most recent training, 2021–22 ESPA



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Table 4.1 Availability of child health services

Among all facilities, the percentage offering specific child health services at the facility, by background characteristics, Ethiopia SPA 2021–22

Background characteristic	Percentage of facilities that offer:							Number of facilities
	Out-patient curative care for sick children	Growth monitoring	Child vaccination ¹	All three basic child health services	Child vacc ²	All three basic child health services, including all vaccines ³	Routine vitamin A supplementation	
Facility type								
Referral hospital	88	78	69	63	59	53	66	2
General hospital	98	80	67	63	64	60	61	7
Primary hospital	98	84	67	59	67	59	57	15
Health centre	99	92	94	88	94	88	89	181
Health post	88	88	90	74	85	70	74	755
Specialty/higher clinic	71	24	2	2	2	2	1	7
Medium clinic	76	15	0	0	0	0	4	92
Lower clinic	93	5	0	0	0	0	0	97
Managing authority								
Public	90	88	90	76	86	73	76	960
Private	87	13	1	1	1	1	3	198
Region								
Afar	95	63	64	53	64	53	82	19
Amhara	83	79	70	60	62	54	59	250
Oromia	89	74	78	62	76	62	64	430
Somali	92	90	85	76	74	66	79	74
Benishangul Gumuz	98	55	82	55	82	55	57	23
SNNP	96	77	78	69	77	68	66	261
Sidama	99	85	90	82	87	80	85	44
Gambela	93	59	56	50	52	46	26	17
Harari	84	70	68	63	68	63	63	4
Addis Ababa	65	27	20	19	19	18	25	33
Dire Dawa	83	58	58	51	56	49	55	5
Urban/Rural								
Urban	89	51	44	39	41	36	36	271
Rural	89	82	85	71	81	68	72	887
National	89	75	75	63	71	61	64	1,158

¹ Child vaccination EPI defined to include routine provision of pentavalent (DPT+HepB+HiB), oral polio, measles vaccinations; bacillus Calmette-Guérin (BCG), pneumococcal conjugate vaccine (PCV); rotavirus vaccine; inactivated polio vaccine (IPV) vaccinations at the facility. The definition for this column is established so that pentavalent, oral polio measles are required to be present all three together, whereas BCG, pneumococcal, rotavirus and inactivated polio are not required to be present but are added to the count of this column when each of them individually are present.

² Routine provision of pentavalent (DPT+HepB+HiB), polio, measles, BCG, and pneumococcal vaccination in the facility

³ Includes out-patient curative care for sick children, growth monitoring, and all five child vaccinations

Table 4.2 Frequency of availability of child health services—curative care and growth monitoring

Among all facilities offering out-patient curative care for sick children and growth monitoring, the percentage providing the service at the facility at specific frequencies in a week, by background characteristics, Ethiopia SPA 2021–22

Background characteristic	Out-patient curative care for sick children (days per week) ¹				Growth monitoring (days per week) ¹			
	1–2	3–4	5 or more days	Number of facilities	1–2	3–4	5 or more days	Number of facilities
Facility type								
Referral hospital	0	4	96	2	0	0	100	1
General hospital	1	0	98	7	3	0	97	6
Primary hospital	0	0	99	15	3	0	93	13
Health centre	0	0	99	179	6	1	90	166
Health post	7	11	80	665	14	7	49	662
Specialty/higher clinic	0	0	99	5	0	0	100	2
Medium clinic	0	0	98	71	1	0	99	14
Lower clinic	0	0	100	90	0	0	100	5
Managing authority								
Public	6	9	84	862	12	6	58	844
Private	0	0	99	173	1	0	99	25
Region								
Afar	0	10	90	18	2	13	72	12
Amhara	0	0	99	208	8	5	61	196
Oromia	4	9	87	381	8	5	69	320
Somali	0	12	88	67	11	10	75	66
Benishangul Gumuz	5	0	91	22	0	0	75	12
SNNP	7	13	74	249	16	7	34	200
Sidama	25	0	75	44	47	3	41	38
Gambela	7	0	93	15	19	1	64	10
Harari	3	3	94	3	7	10	83	3
Addis Ababa	0	0	99	21	1	0	99	9
Dire Dawa	3	0	95	4	9	0	91	3
Urban/Rural								
Urban	1	2	97	243	3	0	78	138
Rural	6	9	84	792	13	7	55	731
National	5	7	87	1,034	12	6	59	869

¹ Some facilities provide the service less than one day per week; therefore, the total percentages may not add to 100 percent.

Table 4.3.1 Frequency of availability of child health services—vaccination services

Among facilities offering routine child vaccination services, the percentage providing the service at the facility at specific frequencies, by background characteristics, Ethiopia SPA 2021–22

Background characteristic	Routine polio vaccination				Routine DPT/pentavalent vaccination				Routine measles vaccination				Routine BCG vaccination				Pneumococcal vaccination			
	1–2	3–4	5 or more days	Number of facilities	1–2	3–4	5 or more days	Number of facilities	1–2	3–4	5 or more days	Number of facilities	1–2	3–4	5 or more days	Number of facilities	1–2	3–4	5 or more days	Number of facilities
Facility type																				
Referral hospital	0	0	100	1	0	5	95	1	55	5	40	1	50	14	36	1	0	5	95	1
General hospital	16	1	79	5	15	1	80	5	70	3	14	5	62	5	18	5	18	1	77	5
Primary hospital	30	4	60	10	29	3	63	10	58	1	18	10	59	1	14	10	30	4	60	10
Health centre	24	4	59	170	24	2	62	170	64	1	10	170	63	1	9	170	24	3	59	170
Health post	24	3	20	657	23	3	22	681	31	0	5	679	30	0	4	670	23	3	19	670
Specialty/higher clinic	0	0	100	0 ¹	0	0	100	0 ¹	100	0	0	0 ¹	100	0	0	0 ¹	0	0	100	0 ¹
Medium clinic	100	0	0	0 ²	100	0	0	0 ²	100	0	0	0 ²	100	0	0	0 ²	100	0	0	0 ²
Lower clinic	0	0	100	0 ¹	0	0	100	0 ¹	100	0	0	0 ¹	100	0	0	0 ¹	0	0	100	0 ¹
Managing authority																				
Public	24	3	29	842	23	3	30	865	38	0	6	863	37	0	6	855	23	3	28	854
Private	32	0	66	3	34	0	64	3	78	0	2	3	63	14	2	3	32	0	66	3
Region																				
Afar	16	8	40	12	23	8	40	12	40	0	15	12	40	0	10	12	16	8	40	12
Amhara	7	3	41	155	9	3	37	174	29	0	11	174	27	0	11	174	6	3	39	174
Oromia	29	3	21	336	29	2	28	336	44	0	1	336	44	0	0	336	30	3	19	328
Somali	24	5	59	63	20	8	62	63	45	0	29	61	44	0	28	57	20	9	61	61
Benishangul Gumuz	12	0	83	19	12	0	76	18	28	0	17	18	22	0	16	19	12	0	77	18
SNNP	25	0	17	199	24	0	17	204	29	0	3	204	27	0	3	199	24	0	17	204
Sidama	49	4	15	40	46	8	14	40	52	5	7	40	49	5	7	40	44	5	15	39
Gambela	53	1	6	9	47	1	11	9	45	0	2	9	44	0	0	9	41	1	4	9
Harari	10	7	80	2	10	7	80	2	73	4	2	2	73	0	4	2	10	7	80	2
Addis Ababa	1	8	91	6	2	8	89	6	72	1	22	6	66	2	15	6	2	12	86	6
Dire Dawa	52	0	45	3	44	3	47	3	78	0	5	3	79	2	8	3	53	0	43	3
Urban/Rural																				
Urban	18	4	50	114	21	1	50	118	49	0	9	118	41	1	7	118	17	3	48	116
Rural	25	3	25	731	24	3	27	750	36	0	6	748	36	0	5	739	24	3	24	740
National	24	3	29	845	23	3	31	868	38	0	6	866	37	0	6	857	23	3	28	856

Note: DPT = diphtheria, pertussis, and tetanus; BCG = bacillus Calmette-Guérin

Note: Some facilities provide the service less than one day per week; therefore, the total percentages may not add to 100 percent.

¹ The figures in this table for specialty/higher clinic, and lower clinic are based on one unweighted facility. Thus, this table shows a zero on the weighted number of facilities column.

² The figures in this table for medium clinic are based on three unweighted facilities. Thus, this table shows a zero on the weighted number of facilities column.

Table 4.3.2 Frequency of availability of child health services—vaccination services

Among facilities offering routine child vaccination services, the percentage providing the service at the facility at specific frequencies, by background characteristics, Ethiopia SPA 2021–22

Background characteristic	Rotavirus vaccination				Inactivated polio vaccine (IPV) vaccination				Human papillomavirus (HPV) vaccination			
	1–2	3–4	5 or more days	Number of facilities	1–2	3–4	5 or more days	Number of facilities	1–2	3–4	5 or more days	Number of facilities
Facility type												
Referral hospital	0	5	95	1	0	5	95	1	0	0	100	0
General hospital	18	0	78	5	17	3	77	5	33	0	67	1
Primary hospital	31	4	60	10	30	4	60	10	21	2	60	3
Health centre	23	4	60	170	25	3	59	168	16	1	64	39
Health post	23	3	18	677	23	3	19	664	16	2	18	190
Specialty/higher clinic	0	0	100	0 ¹	0	0	100	0 ¹	-	-	-	0 ¹
Medium clinic	100	0	0	0 ²	100	0	0	0 ²	100	0	0	0 ²
Lower clinic	0	0	100	0 ¹	0	0	100	0 ¹	-	-	-	0 ¹
Managing authority												
Public	23	3	28	861	24	3	28	845	16	2	26	233
Private	30	0	68	3	34	0	64	3	86	0	14	0 ³
Region												
Afar	16	8	46	12	26	12	30	8	0	0	0	1
Amhara	6	3	40	174	6	3	39	172	0	6	47	74
Oromia	31	3	19	336	30	3	22	328	25	0	9	80
Somali	14	9	63	59	22	6	57	56	1	3	81	13
Benishangul Gumuz	12	0	71	18	12	0	71	18	40	0	60	3
SNNP	24	0	17	204	24	0	17	204	30	0	4	51
Sidama	48	5	14	40	49	5	14	40	10	0	33	7
Gambela	42	1	5	9	42	1	5	9	4	0	3	2
Harari	10	7	80	2	10	7	80	2	29	0	53	0 ³
Addis Ababa	6	8	86	6	6	8	86	6	5	0	95	1
Dire Dawa	53	0	43	3	58	0	38	3	42	0	58	1
Urban/Rural												
Urban	16	4	48	116	17	3	49	116	3	0	44	31
Rural	25	3	24	748	25	3	25	732	18	3	23	201
National	23	3	28	864	24	3	28	848	16	2	26	233

Note: Some facilities provide the service less than one day per week; therefore, the total percentages may not add to 100 percent.

¹ The figures in this table for specialty/higher clinic, and lower clinic are based on one unweighted facility, except for Human Papillomavirus (HPV) vaccination that has zero unweighted facilities. Thus, this table shows a zero on the weighted number of facilities column.

² The figures in this table for medium clinic are based on three or less unweighted facilities. Thus, this table shows a zero on the weighted number of facilities column.

³ The figures in this table for the column, Human Papillomavirus (HPV) vaccination, and rows for Private Managing Authority and Harari region are based on five and seven unweighted facilities, respectively. Thus, this table shows a zero on the weighted number of facilities column.

Table 4.4 Guidelines, trained staff, and equipment for child curative care services

Among all facilities offering out-patient curative care services for sick children, the percentage having indicated guidelines, trained staff, and equipment, by background characteristics, Ethiopia SPA 2021–22

Background characteristic	Guidelines		Trained staff		Equipment								Number of facilities offering out-patient curative care for sick children	
	IMNCI	Growth monitoring	IMNCI ¹	Growth monitoring ²	Child scale ³	Infant scale ⁴	Length or height board	Tape for measuring head circumference	Thermo-meter	Stetho-scope	Growth chart	Timer		Tape for measuring MUAC
Facility type														
Referral hospital	29	36	18	18	82	82	100	96	100	100	64	100	79	2
General hospital	36	40	16	16	90	82	95	92	98	100	62	100	72	7
Primary hospital	45	45	8	12	75	77	92	89	99	99	76	98	81	15
Health centre	92	73	30	37	87	73	89	83	98	98	78	97	89	179
Health post	74	63	15	14	77	50	44	63	90	67	70	85	89	665
Specialty/higher clinic	17	3	43	16	99	36	55	100	100	100	30	100	33	5
Medium clinic	11	4	1	4	58	36	65	70	100	100	3	93	7	71
Lower clinic	4	1	0	0	36	14	47	53	100	99	0	91	2	90
Managing authority														
Public	77	65	18	19	79	55	54	68	92	74	72	87	89	862
Private	8	3	2	3	48	26	56	63	100	100	5	93	8	173
Region														
Afar	64	39	46	43	86	50	74	61	96	87	46	80	58	18
Amhara	64	54	24	21	82	49	56	74	100	82	69	90	77	208
Oromia	70	55	8	13	72	43	52	78	91	83	55	93	73	381
Somali	33	39	31	34	82	31	67	72	96	91	74	79	86	67
Benishangul Gumuz	32	46	35	34	85	69	55	39	95	86	43	99	56	22
SNNP	77	65	12	9	65	61	48	51	92	67	68	80	81	249
Sidama	63	50	17	14	88	76	50	40	68	52	59	98	82	44
Gambela	42	38	8	12	54	38	62	35	100	79	31	96	59	15
Harari	66	66	55	54	80	56	64	63	85	94	59	100	76	3
Addis Ababa	46	23	11	14	64	62	82	77	100	100	28	100	28	21
Dire Dawa	50	39	3	18	71	51	74	70	91	100	37	98	69	4
Urban/Rural														
Urban	40	30	15	14	70	48	66	75	99	95	42	93	51	243
Rural	74	62	16	17	75	51	51	65	91	74	67	87	83	792
National	66	54	16	16	74	50	54	67	93	79	61	88	75	1,034

Note: The indicators presented in this table comprise the guidelines, trained staff, and equipment domains for assessing readiness to provide preventive and curative child health services within the health facility assessment methodology proposed by WHO and USAID (WHO 2012).

¹ At least one interviewed provider of child health services in the facility reported receiving in-service training in Integrated Management of Newborn and Childhood Illness (IMNCI) during the 24 months preceding the survey. Training refers only to in-service training. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

² At least one interviewed provider of child health services in the facility reported receiving in-service training in growth monitoring during the 24 months preceding the survey. Training refers only to in-service training. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

³ A scale with gradation of 250 grams or a digital standing scale with gradation of 250 grams or less where an adult can hold a child to be weighed

⁴ A scale with gradation of 100 grams or a digital standing scale with gradation of 100 grams where an adult can hold an infant to be weighed

Table 4.5 Infection control and laboratory diagnostic capacity

Among facilities offering out-patient curative care services for sick children, the percentage with indicated items for infection control observed to be available at the service site on the day of the survey and the percentage having the indicated laboratory diagnostic capacity in the facility, by background characteristics, Ethiopia SPA 2021–22

Background characteristic	Items for infection control							Laboratory diagnostic capacity				Number of facilities offering out-patient curative care for sick children
	Soap	Running water ¹	Soap and running water	Alcohol-based hand disinfectant	Soap and running water or else alcohol-based hand disinfectant	Latex gloves ²	Sharps container	Waste receptacle ³	Haemoglobin ⁴	Malaria ⁵	Stool microscopy ⁶	
Facility type												
Referral hospital	68	71	64	93	100	86	100	82	100	86	86	2
General hospital	75	77	74	92	93	78	87	73	97	91	91	7
Primary hospital	55	59	50	89	91	73	73	66	85	85	85	15
Health centre	34	38	27	70	71	66	81	58	31	83	64	179
Health post	34	27	21	83	84	82	96	35	na	47	na	665
Specialty/higher clinic	99	99	99	100	100	99	81	99	55	52	53	5
Medium clinic	69	72	68	85	95	92	84	70	67	78	83	71
Lower clinic	65	65	60	84	91	98	81	49	na	21	na	90
Managing authority												
Public	35	30	23	80	82	79	93	40	10	55	15	862
Private	69	70	66	86	93	95	81	60	35	48	41	173
Region												
Afar	43	23	16	82	85	85	85	47	12	79	21	18
Amhara	53	46	44	97	98	91	96	50	15	61	25	208
Oromia	40	33	28	80	82	86	88	48	15	43	21	381
Somali	44	39	28	79	82	78	84	66	11	60	7	67
Benishangul Gumuz	39	50	29	55	63	91	98	53	11	83	14	22
SNNP	27	29	19	76	78	70	93	25	7	54	12	249
Sidama	31	36	26	60	60	56	96	27	11	59	18	44
Gambela	25	21	18	85	87	77	75	20	15	79	9	15
Harari	47	50	45	91	91	89	94	46	34	46	36	3
Addis Ababa	91	90	90	82	96	96	84	90	85	95	75	21
Dire Dawa	63	68	56	92	95	94	89	66	49	70	30	4
Urban/Rural												
Urban	58	56	51	85	90	89	82	62	37	55	47	243
Rural	35	31	24	80	81	79	94	38	7	54	11	792
National	40	37	30	81	83	81	91	44	14	54	19	1,034

Note: The laboratory diagnostic capacity indicator measures presented in this table comprise the indicators in the diagnostics domain for assessing readiness to provide preventive and curative child health services within the health facility assessment methodology proposed by WHO and USAID (WHO 2012).

na = not applicable

¹ Piped water, water in bucket with specially fitted tap, or water in pour pitcher

² Non-latex equivalent gloves are acceptable.

³ Waste receptacle with plastic bin liner

⁴ Facility had functioning equipment and reagents for colorimeter, haemoglobinometer or HemoCue.

⁵ Facility had unexpired malaria rapid diagnostic test kit available somewhere in the facility or a functioning microscope with necessary stains and glass slides to perform malaria microscopy.

⁶ Facility had a functioning microscope with glass slides and formal saline (for concentration method) or normal saline (for direct method) or Lugol's iodine solution.

Table 4.6 Availability of essential and priority medicines and commodities

Among facilities offering out-patient curative care services for sick children, the percentage where indicated essential and priority unexpired medicines to support care for the sick child were observed to be available in the facility on the day of the survey, by background characteristics, Ethiopia SPA 2021–22

Background characteristic	Essential medicines							Priority medicines					Number of facilities offering out-patient curative care for sick children
	ORS ¹	Amoxicillin syrup, suspension or dispersible ¹	Cotrimoxazole syrup, suspension or dispersible	Paracetamol syrup or suspension ¹	Vitamin A capsules ¹	Mebendazole/albendazole	Zinc tablets	Artemisinin combination therapy	Ampicillin powder for injection	Ceftriaxone powder for injection	Gentamycin injection	Benzathine penicillin for injection	
Facility type													
Referral hospital	96	100	100	71	64	89	50	89	64	75	54	39	2
General hospital	91	100	100	79	42	92	52	72	57	89	67	38	7
Primary hospital	96	100	100	81	47	98	62	78	57	91	76	41	15
Health centre	95	100	100	70	77	92	48	78	39	71	62	47	179
Health post	87	89	89	18	67	75	40	45	na	na	16	na	665
Specialty/higher clinic	55	7	7	7	0	7	7	1	na	na	na	na	5
Medium clinic	54	49	49	14	3	14	15	8	na	na	na	na	71
Lower clinic	64	42	42	18	2	19	9	16	na	na	na	na	90
Managing authority													
Public	89	92	92	30	69	79	42	53	9	16	27	11	862
Private	60	na	na	19	3	20	14	13	5	12	16	3	173
Region													
Afar	93	88	88	53	64	76	48	72	13	22	15	13	18
Amhara	88	83	83	40	58	73	32	64	9	19	35	10	208
Oromia	83	83	83	18	61	65	34	33	8	16	26	12	381
Somali	91	95	95	69	77	82	81	69	10	11	37	9	67
Benishangul Gumuz	96	77	77	42	57	58	35	70	4	12	17	5	22
SNNP	80	84	84	18	51	71	33	41	6	11	13	5	249
Sidama	92	88	88	22	73	70	52	45	10	16	23	8	44
Gambela	78	74	74	40	16	64	36	48	5	21	17	6	15
Harari	77	83	83	54	56	71	57	67	4	22	35	12	3
Addis Ababa	68	84	84	37	28	40	22	33	27	37	30	18	21
Dire Dawa	78	76	76	55	58	66	46	56	11	39	39	19	4
Urban/Rural													
Urban	72	72	72	33	37	57	35	33	15	28	28	16	243
Rural	88	88	88	27	65	73	38	50	7	12	24	8	792
National	84	84	84	28	58	69	37	46	9	16	25	9	1,034

Note: The essential medicines comprise the medicines and commodities indicated for assessing readiness to provide preventive and curative child health services within the health facility assessment methodology proposed by WHO and USAID (WHO 2012).

ORS = oral rehydration salts

na = not applicable

¹ These medicines and commodities are also in the group of priority medicines for children.

Table 4.7 Guidelines, trained staff, and equipment for vaccination services

Among facilities offering child vaccination services, the percentage having EPI guidelines, trained staff, and basic equipment necessary for vaccination services, by background characteristics, Ethiopia SPA 2021–22

Background characteristic	Guidelines ¹	Trained staff ²	Equipment				Number of facilities offering child vaccination services
			Vaccine refrigerator	Vaccine carrier with ice pack ³	Sharps container	Syringes and needles ⁴	
Facility type							
Referral hospital	64	5	91	100	100	100	1
General hospital	73	16	98	95	91	91	5
Primary hospital	67	10	92	96	97	89	10
Health centre	67	28	93	96	93	85	170
Health post	55	20	42	93	96	91	681
Specialty/higher clinic	0	0	100	100	100	100	0 ⁵
Medium clinic	59	0	100	100	100	100	0 ⁶
Lower clinic	100	100	100	100	100	100	0 ⁵
Managing authority							
Public	58	22	53	94	95	90	865
Private	68	25	97	100	93	93	3
Region							
Afar	54	36	73	100	85	77	12
Amhara	58	33	64	99	100	99	174
Oromia	56	18	45	91	94	86	336
Somali	59	50	80	93	89	90	63
Benishangul Gumuz	94	34	89	94	100	99	19
SNNP	56	9	44	93	95	90	204
Sidama	49	8	40	95	99	86	40
Gambela	53	18	74	100	94	75	9
Harari	81	64	86	100	100	96	2
Addis Ababa	94	9	96	100	100	96	6
Dire Dawa	75	16	73	100	94	90	3
Urban/Rural							
Urban	54	26	70	93	97	95	119
Rural	58	21	50	94	95	89	750
National	58	22	53	94	95	90	868

Note: The indicators presented in this table comprise those included as part of the staff, training, and equipment domains for assessing readiness to provide routine child vaccination services within the health facility assessment methodology proposed by WHO and USAID (WHO 2012).

¹ National guidelines for the Expanded Programme on Immunisation (EPI) or other guidelines for immunisations

² At least one interviewed provider of child vaccination services in the facility reported receiving in-service training in EPI during the 24 months preceding the survey. Training refers only to in-service training. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

³ If facility reports that it purchases ice for use with the vaccine carriers, this was accepted in place of ice packs.

⁴ Single-use standard disposable syringes with needles or auto-disable syringes with needles

⁵ The figures in this table for specialty/higher clinic, and lower clinic are based on one unweighted facility. Thus, this table shows a zero on the weighted number of facilities column.

⁶ The figures in this table for medium clinic are based on three unweighted facilities. Thus, this table shows a zero on the weighted number of facilities column.

Table 4.8 Availability of vaccines

Among facilities that offer child vaccination services and routinely store vaccines at the facility, the percentage having unexpired indicated vaccines observed on the day of the survey, by background characteristics, Ethiopia SPA 2021–22

Background characteristic	Percentage of facilities offering child vaccination services and storing vaccines where the following vaccines were observed:								Number of facilities offering child vaccination services and storing vaccines
	Pentavalent ¹	Oral polio vaccine	Measles vaccine	All three vaccines Penta+Polio+ Measles ²	BCG vaccine	Pneumo-coccal conjugate vaccine	Tetanus Toxoid vaccine	All basic child vaccines ³	
Facility type									
Referral hospital	100	95	95	89	100	100	89	79	1
General hospital	100	97	96	94	96	99	100	94	5
Primary hospital	98	94	96	91	96	97	98	88	10
Health centre	98	94	98	92	97	97	95	85	166
Health post	85	81	83	76	77	85	82	69	292
Specialty/higher clinic	100	100	100	100	100	100	100	100	0 ⁴
Medium clinic	100	100	100	100	100	100	100	100	0 ⁵
Lower clinic	100	100	100	100	100	100	100	100	0 ⁴
Managing authority									
Public	90	86	89	82	85	90	87	75	472
Private	100	100	100	100	100	100	100	100	2
Region									
Afar	84	83	76	75	74	82	74	63	9
Amhara	91	91	91	91	90	89	90	87	107
Oromia	89	81	88	80	84	89	82	73	164
Somali	95	90	90	86	84	86	91	79	45
Benishangul Gumuz	100	94	87	81	75	100	93	74	16
SNNP	85	84	86	73	81	91	90	68	99
Sidama	100	84	100	84	93	91	93	75	16
Gambela	92	91	85	84	92	90	77	68	8
Harari	90	84	96	78	86	96	80	68	2
Addis Ababa	100	100	98	98	99	100	100	98	6
Dire Dawa	96	96	92	92	92	96	85	85	2
Urban/Rural									
Urban	99	89	99	87	99	100	99	86	85
Rural	88	85	86	81	82	87	84	73	390
National	90	86	89	82	85	90	87	76	475

Note: The measures presented in this table comprise the indicators included as part of the medicines and commodities domain for assessing readiness to provide routine child vaccination services within the health facility assessment methodology proposed by WHO and USAID (WHO 2012).

¹ Pentavalent = DPT + hepatitis B + haemophilus influenza B

² At least one unexpired vial or ampoule each of pentavalent (DPT+HepB+HiB) vaccine, oral polio vaccine and measles vaccine with relevant diluents available

³ At least one unexpired vial or ampoule each of pentavalent vaccine, oral polio vaccine, measles vaccine, BCG vaccine, pneumococcal conjugate vaccine and tetanus toxoid vaccine with relevant diluents

⁴ The figures in this table for specialty clinic/higher clinic, and lower clinic are based on one unweighted facility. Thus, this table shows a zero on the weighted number of facilities column.

⁵ The figures in this table for medium clinic are based on two unweighted facilities. Thus, this table shows a zero on the weighted number of facilities column.

Table 4.9 Infection control for vaccination services

Among facilities offering child vaccination services, the percentage with indicated items for infection control observed to be available at the service site on the day of the survey, by background characteristics, Ethiopia SPA 2021–22

Background characteristic	Percentage of facilities offering child vaccination services that have indicated items for infection control								Number of facilities offering child vaccination services
	Soap	Running water ¹	Soap and running water	Alcohol-based hand disinfectant	Soap and running water or else alcohol-based hand disinfectant	Latex gloves ²	Sharps container	Waste receptacle ³	
Facility type									
Referral hospital	73	77	73	91	100	82	100	95	1
General hospital	61	63	55	90	90	73	91	70	5
Primary hospital	49	55	44	90	91	73	97	62	10
Health centre	36	37	30	71	73	69	93	58	170
Health post	36	29	23	82	83	83	96	38	681
Specialty/higher clinic	100	100	100	100	100	100	100	100	0 ⁴
Medium clinic	100	100	100	100	100	100	100	100	0 ⁵
Lower clinic	100	100	100	100	100	100	100	0	0 ⁴
Managing authority									
Public	36	31	24	80	81	80	95	42	865
Private	93	93	93	98	98	89	93	76	3
Region									
Afar	31	15	6	94	96	80	85	56	12
Amhara	49	36	36	98	98	91	100	48	174
Oromia	40	31	25	81	82	85	94	48	336
Somali	45	44	35	71	77	79	89	65	63
Benishangul Gumuz	37	43	23	56	62	88	100	48	19
SNNP	17	21	12	72	74	68	95	23	204
Sidama	28	31	22	55	55	54	99	22	40
Gambela	20	19	13	84	84	68	94	22	9
Harari	69	73	67	90	90	94	100	54	2
Addis Ababa	73	66	61	94	98	89	100	82	6
Dire Dawa	58	66	53	93	96	87	94	64	3
Urban/Rural									
Urban	47	37	33	90	90	86	97	65	119
Rural	35	30	23	78	80	79	95	39	750
National	36	31	25	80	82	80	95	42	868

¹ Piped water, water in bucket with specially fitted tap, or water in pour pitcher

² Non-latex equivalent gloves are acceptable.

³ Waste receptacle with plastic bin liner

⁴ The figures in this table for specialty/ higher clinic, and lower clinic are based on one unweighted facility. Thus, this table shows a zero on the weighted number of facilities column.

⁵ The figures in this table for medium clinic are based on three unweighted facilities. Thus, this table shows a zero on the weighted number of facilities column.

Table 4.10.1 Assessments, examinations, and treatments for sick children

Among sick children whose consultations with a provider were observed, the percentage for whom the indicated assessment, examination, or intervention was a component of the consultation, by components of consultation and facility type, Ethiopia SPA 2021–22

Components of consultation	Facility type								Managing authority		Urban/Rural		
	Referral hospital	General hospital	Primary hospital	Health centre	Health post	Specialty/higher clinic	Medium clinic	Lower clinic	Public	Private	Urban	Rural	National
Qualification of provider													
Generalist general practitioner, medical specialist	93	93	78	3	0	60	18	0	12	17	22	5	13
Health officer, integrated emergency surgical officer (IESO)	1	2	8	27	0	4	62	22	21	40	30	22	25
Nurse or midwife (BSc, public health or specialised)	3	3	10	23	1	35	11	5	18	9	23	9	16
Nurse or midwife (diploma)	0	1	4	46	15	0	9	73	37	34	23	48	36
Health extension worker	0	0	0	0	84	0	0	0	12	0	2	15	9
Other	3	0	0	1	0	0	0	0	1	0	0	1	1
History: assessment of general danger signs													
Inability to eat or drink anything	18	30	28	29	9	24	26	35	26	29	28	26	27
Vomiting everything	32	37	36	32	11	23	33	51	29	41	35	30	32
Convulsions	7	7	6	7	1	9	5	4	6	5	5	6	6
All general danger signs	4	5	5	5	0	8	2	3	4	3	3	5	4
None of the above	62	53	55	57	84	74	60	46	61	54	56	62	59
History: assessment of main symptom													
Cough or difficulty breathing	60	67	65	69	48	76	78	72	66	74	71	66	68
Diarrhoea	43	47	48	54	48	49	44	55	52	49	51	52	51
Fever	60	73	70	77	57	81	82	77	73	79	77	73	75
All three main symptoms ¹	25	29	32	36	16	34	33	40	32	36	34	32	33
Ear pain or discharge from ear	13	15	14	20	25	17	15	11	20	14	16	20	18
All 3 main symptoms plus ear pain/discharge	7	9	9	14	12	17	10	6	13	8	10	13	12
None of the symptoms	16	10	10	6	13	3	3	3	7	4	6	7	7
History: other assessment													
Asked about mother's HIV status	5	5	4	12	10	0	1	0	10	1	8	8	8
Asked about TB disease in any parent in last 5 years	11	7	6	6	5	0	6	6	6	6	7	5	6
Asked about 2 or more episodes of diarrhoea in child	6	5	5	7	10	0	5	2	7	4	6	6	6
Asked about severe pneumonia	6	8	5	8	3	0	9	2	7	6	6	6	6
Asked about severe disease	4	5	2	2	0	0	1	0	2	1	2	2	2

Continued...

Table 4.10.1—Continued

Components of consultation	Facility type							Managing authority		Urban/Rural			
	Referral hospital	General hospital	Primary hospital	Health centre	Health post	Specialty/higher clinic	Medium clinic	Lower clinic	Public	Private	Urban	Rural	National
Physical examination													
Weighted child	74	51	60	61	48	25	34	12	59	26	51	50	50
Plotted weight on growth chart	22	8	13	18	7	21	5	0	16	4	17	10	13
Took child's temperature with thermometer ²	96	85	87	82	79	76	79	68	82	75	81	79	80
Felt the child for fever or body hotness	25	27	25	25	15	66	28	41	24	35	30	24	27
Any assessment of temperature	96	87	88	87	86	100	86	85	87	87	89	85	87
Counted respiration (breaths) for 60 seconds	47	37	38	39	27	59	51	38	38	45	41	38	40
Listened to chest with stethoscope or counted pulse	66	59	54	19	0	36	34	7	21	25	28	16	22
Checked skin turgor for dehydration	20	19	21	19	16	31	20	17	19	19	20	18	19
Checked for pallor by looking at palms	6	13	9	8	6	52	4	1	8	6	7	8	7
Checked for pallor by looking at conjunctiva	15	19	20	9	7	56	8	5	10	10	11	8	10
Looked into child's mouth	27	32	32	25	25	58	49	39	26	46	38	24	31
Checked for neck stiffness	5	6	4	4	0	20	2	1	4	3	5	2	4
Looked in child's ear	7	15	10	9	2	21	10	7	8	11	10	7	9
Felt behind child's ears for tenderness	6	9	9	6	3	21	7	3	5	7	7	5	6
Undressed child for examination	28	27	16	12	3	34	4	6	12	8	13	9	11
Pressed both feet to check for oedema	10	6	5	4	2	4	1	3	4	3	5	3	4
Checked for enlarged lymph nodes in 2 or more sites	6	9	4	3	0	21	4	1	3	4	4	2	3
Essential advice to caretaker													
Give extra fluids to child	26	17	20	28	25	57	25	14	26	22	28	23	25
Continue feeding child	23	21	21	28	21	57	17	17	26	19	26	23	25
Symptoms requiring immediate return	12	13	17	14	4	21	13	2	13	9	13	10	12
Number of sick child observations	59	112	208	2,100	385	49	447	382	2,810	932	1,771	1,971	3,742

Note: Five children were provided services by a health surveillance assistant and are excluded from that panel of the table.

¹ Cough or difficulty breathing, diarrhoea, and fever

² Either the provider or another health worker in the facility was observed taking the child's temperature or the facility had a system whereby all sick children had their temperature taken before being seen.

Table 4.10.2 Assessments, examinations and treatments for sick children

Among sick children whose consultations with a provider were observed, the percentage for whom the indicated assessment, examination, or intervention was a component of the consultation, by component of consultation and region, Ethiopia SPA 2021–22

Components of consultation	Region											National
	Afar	Amhara	Oromia	Somali	Benishangul Gumuz	SNNP	Sidama	Gambela	Harari	Addis Ababa	Dire Dawa	
Qualification of provider												
Generalist general practitioner, medical specialist	13	16	9	16	4	10	26	11	54	35	34	13
Health officer, integrated emergency surgical officer (IESO)	18	10	31	22	9	33	14	27	8	36	19	25
Nurse or midwife (BSc, public health or specialised)	15	27	14	15	4	8	12	0	9	25	24	16
Nurse or midwife (diploma)	45	38	42	9	52	36	24	51	23	5	21	36
Health extension worker	9	6	4	38	31	13	24	10	6	0	2	9
Other	0	3	0	0	0	0	0	0	0	0	0	1
History: assessment of general danger signs												
Inability to eat or drink anything	16	21	31	11	37	27	15	30	7	37	36	27
Vomiting everything	24	28	34	26	34	31	30	38	28	41	32	32
Convulsions	4	6	6	3	4	5	5	4	2	11	3	6
All general danger signs	4	5	3	1	4	4	1	4	1	6	1	4
None of the above	69	66	55	68	56	62	63	58	71	48	54	59
History: assessment of main symptom												
Cough or difficulty breathing	56	56	75	49	87	71	54	60	50	77	56	68
Diarrhoea	42	55	54	37	82	48	32	46	48	42	36	51
Fever	74	67	81	67	92	72	63	86	47	71	57	75
All three main symptoms ¹	16	26	42	6	72	30	14	31	6	30	17	33
Ear pain or discharge from ear	11	12	21	4	61	18	12	18	3	21	12	18
All 3 main symptoms plus ear pain/discharge	3	8	13	1	57	11	7	12	1	13	4	12
None of the symptoms	3	6	6	7	1	7	13	4	15	8	15	7
History: other assessment												
Asked about mother's HIV status	1	5	6	0	47	12	3	7	0	14	1	8
Asked about TB disease in any parent in last 5 years	1	4	6	1	37	7	1	1	0	8	1	6
Asked about 2 or more episodes of diarrhoea in child	29	9	4	2	4	8	3	5	2	8	1	6
Asked about severe pneumonia	3	6	7	1	1	8	3	2	2	9	0	6
Asked about severe disease	1	1	1	0	1	2	3	0	1	5	0	2

Continued...

Table 4.10.2—Continued

Components of consultation	Region											
	Afar	Amhara	Oromia	Somali	Benishangul Gumuz	SNNP	Sidama	Gambela	Harari	Addis Ababa	Dire Dawa	National
Physical examination												
Weighted child	47	59	48	45	81	51	46	47	50	34	44	50
Plotted weight on growth chart	13	18	17	2	2	4	9	3	10	11	1	13
Took child's temperature with thermometer ²	81	89	75	86	98	76	65	83	75	92	63	80
Felt the child for fever or body hotness	30	30	25	32	25	22	26	29	31	31	41	27
Any assessment of temperature	88	92	83	90	99	86	76	92	79	93	73	87
Counted respiration (breaths) for 60 seconds	29	37	47	41	56	26	29	16	21	45	29	40
Listened to chest with stethoscope or counted pulse	14	23	26	11	7	15	16	6	38	25	21	22
Checked skin turgor for dehydration	22	26	17	34	12	16	12	11	30	8	11	19
Checked for pallor by looking at palms	9	15	4	8	10	5	7	4	5	8	8	7
Checked for pallor by looking at conjunctiva	7	11	6	34	10	11	6	13	23	12	11	10
Looked into child's mouth	27	31	27	60	27	28	31	16	37	44	33	31
Checked for neck stiffness	5	7	2	3	5	1	2	1	3	7	3	4
Looked in child's ear	9	11	6	5	19	8	8	7	7	20	13	9
Felt behind child's ears for tenderness	10	9	3	5	9	4	5	3	7	15	8	6
Undressed child for examination	5	21	10	1	1	6	7	3	21	13	10	11
Pressed both feet to check for oedema	6	7	1	5	6	3	9	4	7	4	5	4
Checked for enlarged lymph nodes in 2 or more sites	2	4	2	3	0	3	3	2	5	10	5	3
Essential advice to caretaker												
Give extra fluids to child	21	38	18	31	20	24	16	20	16	40	21	25
Continue feeding child	16	37	20	33	14	19	15	16	22	30	19	25
Symptoms requiring immediate return	4	24	5	9	2	13	11	11	7	24	8	12
Number of sick child observations	80	762	1,575	189	98	578	89	78	18	244	29	3,742

¹ Cough or difficulty breathing, diarrhoea, and fever

² Either the provider or another health worker in the facility was observed taking the child's temperature or the facility had a system whereby all sick children had their temperature taken before being seen.

Table 4.11 Assessments, examinations, and treatment for sick children, classified by diagnosis or major symptoms

Among sick children whose consultations with a provider were observed, the percentage diagnosed with specific illnesses or the symptoms for which the indicated IMCI assessment, physical examination, and/or treatment was provided, by components of consultation, Ethiopia SPA 2021–22

Components of consultation	Respiratory illness		Cough or other upper respiratory illness	Febrile illness			Gastro-intestinal illness		Ear infection	Malnutrition	All observed children	
	Severe pneumonia	Pneumonia		Bronchial spasm/ asthma	Fever	Measles	Malaria ⁴	Any diarrhoea without dehydration				Any diarrhoea with dehydration
IMCI assessment												
3 main symptoms ¹	97	100	100	99	100	100	100	100	99	78	69	92
3 general danger signs ²	62	42	22	44	28	35	44	41	67	20	40	41
Current eating or drinking habits	34	20	2	17	19	35	16	32	52	9	26	20
Caretaker advised to continue feeding and to increase fluid intake	14	13	0	16	12	0	6	41	63	11	27	16
Physical exam												
Temperature	78	87	98	92	94	100	88	93	94	90	92	87
Respiratory rate	50	63	46	59	59	100	29	46	56	34	40	46
Dehydration	16	10	35	12	18	0	13	73	66	10	18	19
Anaemia	18	12	4	10	36	36	22	10	17	9	14	13
Ear (looked in ear/felt behind ear)	15	5	2	10	14	0	14	5	11	64	11	9
Oedema	4	1	0	1	13	0	6	5	2	7	12	4
Referred for any laboratory test	20	9	28	11	8	35	32	25	13	3	3	11
Treatment												
Referred outside or admitted	21	0	0	1	9	0	3	0	1	1	5	3
Any antibiotic	58	94	93	85	59	29	29	86	88	91	53	73
Injectable antibiotic	11	0	1	0	0	0	0	0	0	0	2	0
Oral antibiotic	49	94	92	85	59	29	29	86	88	90	52	72
Any antimalarial	6	2	1	2	2	0	81	0	2	0	0	3
ACT	6	1	1	1	2	0	64	0	1	0	0	2
Oral non-ACT	0	1	0	1	0	0	14	0	1	0	0	1
Injectable Artesunate	0	0	0	0	0	0	4	0	0	0	0	0
Quinine	0	0	0	0	0	0	4	0	0	0	0	0
Oral bronchodilator	1	0	41	1	0	0	0	0	0	0	0	0
Oral medication for symptomatic treatment	48	54	34	48	64	65	52	28	34	35	18	38
Oral rehydration (ORS)	8	10	33	10	14	29	15	80	88	8	22	20
Home ORT (plan A) with zinc	0	3	20	4	3	29	7	28	46	1	7	7
Intravenous fluid	1	0	0	0	0	0	0	0	18	0	2	0
Zinc	7	5	13	8	12	0	10	42	42	7	10	13
Described signs or symptoms requiring immediate return	8	10	15	15	22	0	7	14	46	9	10	12
Discussed follow-up visit	17	27	42	23	35	0	27	36	26	33	33	26
Number of children ³	35	968	29	841	151	1	115	193	52	137	159	3,742

ACT = artemisinin combination therapy

¹ The three IMCI main symptoms are cough/difficulty breathing, diarrhoea, and fever.

² The three IMCI general danger signs are inability to eat/drink anything, vomiting everything, and febrile convulsion.

³ A child may be classified under more than one diagnosis; therefore, the numbers in the individual columns may add to more than the total number of observed children.

⁴ Malaria reflects the provider-reported diagnosis, which may have been based on rapid diagnostic test (RDT), microscopy, or clinical diagnosis. The interviewing team does not verify this information.

Table 4.12.1 Feedback from caretakers of observed sick children on service problems—Facility type

Among interviewed caretakers of sick children, the percentage who considered specific service issues to be major problems for them on the day of the visit, by facility type and client service issues, Ethiopia SPA 2021–22

Client service issue	Facility type							Managing authority		Urban/Rural			National
	Referral hospital	General hospital	Primary hospital	Health centre	Health post	Specialty/higher clinic	Medium clinic	Lower clinic	Public	Private	Urban	Rural	
Poor behaviour/attitude of provider	6	3	1	4	0	0	0	0	4	0	3	3	3
Insufficient explanation about child's illness	7	6	3	5	4	0	1	3	5	1	3	5	4
Long wait to see provider	29	10	14	12	2	4	3	2	11	2	10	8	9
Not able to discuss problems	7	4	3	6	3	0	1	2	5	1	3	5	4
Medicines not available in facility	15	11	11	14	35	29	13	7	17	10	12	18	15
Facility open limited days	1	2	3	6	20	0	1	0	7	0	4	7	6
Facility open limited hours	8	3	5	7	20	14	1	0	8	1	5	8	7
Facility not clean	3	4	2	7	13	0	1	0	8	0	5	6	6
Services costly	3	8	3	4	0	19	12	5	4	10	7	3	5
Insufficient visual privacy	4	3	1	3	3	0	0	0	3	0	2	2	2
Insufficient auditory privacy	4	3	2	4	4	7	0	0	4	1	3	3	3
Number of interviewed caretakers of sick children	59	112	208	2,100	385	49	447	382	2,810	932	1,771	1,971	3,742

Table 4.12.2 Feedback from caretakers of observed sick children on service problems—Region

Among interviewed caretakers of sick children, the percentages who considered specific service issues to be major problems for them on the day of the visit, by region and client service issue, Ethiopia SPA 2021–22

Client service issue	Region											National
	Afar	Amhara	Oromia	Somali	Benishangul Gumuz	SNNP	Sidama	Gambela	Harari	Addis Ababa	Dire Dawa	
Poor behaviour/attitude of provider	1	3	4	1	0	1	1	1	5	2	3	3
Insufficient explanation about child's illness	8	3	5	9	0	2	4	1	3	1	4	4
Long wait to see provider	8	10	10	2	1	7	10	6	13	16	7	9
Not able to discuss problems	7	3	5	6	0	3	7	1	4	1	4	4
Medicines not available in facility	22	9	11	49	15	24	6	7	26	21	4	15
Facility open limited days	7	3	3	41	0	7	1	4	13	1	3	6
Facility open limited hours	9	4	4	43	1	9	3	3	14	4	4	7
Facility not clean	5	3	6	28	0	6	1	3	13	2	3	6
Services costly	8	6	5	1	1	7	6	2	2	7	4	5
Insufficient visual privacy	0	1	3	10	0	0	5	2	2	1	3	2
Insufficient auditory privacy	0	4	3	19	0	0	1	1	3	1	3	3
Number of interviewed caretakers of sick children	80	762	1,575	189	98	578	89	78	18	244	29	3,742

Table 4.13 Supportive management for providers of child health services

Among interviewed child health service providers, the percentage who report receiving training related to their work and personal supervision during the specified time periods, by background characteristics, Ethiopia SPA 2021–22

Background characteristic	Percentage of interviewed providers who received:			Number of interviewed providers
	Training related to child health during the 24 months preceding the survey ¹	Personal supervision during the 6 months preceding the survey ²	Training related to child health during the 24 months and personal supervision during the 6 months preceding the survey	
Facility type				
Referral hospital	13	49	7	63
General hospital	16	57	11	194
Primary hospital	12	53	7	364
Health centre	21	67	15	1,942
Health post	33	75	23	1,782
Specialty/higher clinic	25	45	12	18
Medium clinic	8	72	6	263
Lower clinic	3	69	3	245
Managing authority				
Public	25	69	17	4,244
Private	7	69	5	628
Region				
Afar	37	56	23	74
Amhara	35	65	22	888
Oromia	18	70	12	1,816
Somali	36	64	23	261
Benishangul Gumuz	31	69	29	122
SNNP	16	64	11	1,039
Sidama	21	83	20	234
Gambela	25	56	17	66
Harari	39	79	32	27
Addis Ababa	18	80	15	311
Dire Dawa	33	85	31	35
Urban/Rural				
Urban	16	68	12	1,732
Rural	26	69	18	3,140
National	23	69	16	4,872

¹ Training refers only to in-service training. The training must be structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

² Personal supervision refers to any form of technical support or supervision from a facility-based supervisor or from a visiting supervisor. It may include, but is not limited to, review of records and observation of work, with or without any feedback to the health worker.

Table 4.14 Training for child health services providers

Among interviewed child health services providers, the percentage who reported receiving in-service training on topics related to child health during the specified period before the survey, by background characteristics, Ethiopia SPA 2021–22

Background characteristic	Percentage of providers of child health services who reported that they received in-service training on:														Number of interviewed providers ⁴
	EPI/cold chain		IMCI		Malaria diagnosis		Malaria treatment		ARI		Diarrhoea diagnosis or treatment		Paediatric ART		
	During the past 24 months	At anytime	During the past 24 months	At anytime	During the past 24 months	At anytime	During the past 24 months	At anytime	During the past 24 months	At anytime	During the past 24 months	At anytime	During the past 24 months	At anytime	
Facility type															
Referral hospital	2	7	3	8	2	12	2	9	1	7	1	6	0	5	63
General hospital	4	15	3	14	5	15	4	14	3	11	2	13	2	10	194
Primary hospital	3	9	2	10	5	14	4	13	2	9	2	9	1	6	364
Health centre	7	18	7	23	10	25	10	24	6	16	6	19	2	7	1,942
Health post	19	62	14	58	23	57	20	51	11	44	14	56	2	8	1,782
Specialty/higher clinic	25	49	25	66	25	51	25	49	25	51	25	51	0	37	18
Medium clinic	0	18	0	20	5	31	3	23	0	15	2	23	2	10	263
Lower clinic	0	9	0	11	1	18	0	18	0	8	0	6	0	2	245
Managing authority															
Public	12	36	10	36	15	37	13	34	7	27	9	33	2	7	4,244
Private	1	15	1	18	4	25	3	21	1	14	2	17	1	9	628
Region															
Afar	21	33	26	35	30	40	27	36	15	25	25	35	2	6	74
Amhara	21	43	16	44	23	46	22	42	13	30	16	38	1	10	888
Oromia	8	32	4	32	8	33	7	30	3	25	4	30	2	5	1,816
Somali	25	45	16	29	22	37	18	36	16	32	15	32	5	12	261
Benishangul Gumuz	16	34	18	36	26	47	26	45	16	33	18	34	9	21	122
SNNP	5	28	7	34	12	33	9	31	5	23	6	31	1	8	1,039
Sidama	4	29	6	31	18	36	13	28	3	21	5	25	2	5	234
Gambela	6	28	6	29	14	46	13	42	5	27	7	33	2	4	66
Harari	19	38	19	38	27	42	27	40	16	29	18	35	10	19	27
Addis Ababa	4	19	5	21	5	19	4	15	3	14	5	21	3	6	311
Dire Dawa	4	19	1	18	22	44	17	38	1	18	1	22	0	4	35
Urban/Rural															
Urban	6	20	6	22	8	25	7	21	5	17	6	20	2	7	1,732
Rural	13	40	10	40	16	42	15	38	8	30	10	37	2	7	3,140
National	10	33	9	34	13	36	12	32	7	25	8	31	2	7	4,872

EPI = expanded programme on immunisation
 IMCI = integrated management of childhood illness
 ARI = acute respiratory infection

Key Findings

- The proportion of facilities that offer any family planning (FP) service was 90%; modern methods of FP account for 84%.
- Health facilities that offered at least two types of temporary, modern FP methods account for 89%.
- About 90% of health facilities offer FP services for 5 or more days per week.
- Among the health facilities that provide FP services, 69% reported having every method available on the day of the survey.
- The most commonly offered short-acting, modern FP method is the 3-month progestin-only injectable (83%), followed by combination oral contraceptive pills (82%).
- Fifty-seven percent of facilities that offer any modern FP have guidelines on FP, 27% have staff trained on FP, and 52% have samples of FP methods available.
- Soap, running water, or alcohol-based hand washing antiseptics are available in 85% of facilities that offer any modern FP method.
- During history taking in the FP service, the service providers asked age, history of any pregnancy, and regularity of menstrual cycle in 45%, 92%, and 29% of health facilities, respectively.
- During observation, 43% of first-visit FP clients had their blood pressure checked and 44% had their weight measured on the day of the survey.
- Seventy-seven percent of first-visit FP counselling sessions in health facilities were conducted under conditions that assured visual privacy, and 73% took place under conditions that ensured auditory privacy.
- Assessment of a client's medical history was not common in surveyed facilities; providers asked only 9% clients about any chronic illnesses.
- Only 5% of FP clients considered unavailability of FP commodities in the facility as a major problem, which was slightly higher at health posts (8%) and public health facilities (6%).
- Eighteen percent of providers reported receiving training on FP during the 24 months before the survey.
- Regarding clients' knowledge, 95% of clients responded correctly about how often they take any pill, and 99% correctly answered questions about how long progestin injectable protects from pregnancy.
- Supervision of FP providers is more common than training, with 70% of providers in facilities receiving supervision during the 6 months before the survey.

5.1 FAMILY PLANNING SERVICES IN ETHIOPIA

The modern family planning (FP) services in Ethiopia were pioneered by the Family Guidance Association of Ethiopia (FGAE), which was established in 1966. The Ministry of Health (MOH) also began providing maternal and child health (MCH) and FP services in health facilities. Since 1980, the MOH has further expanded its FP services through cyclic country support programmes by the United Nations Population Fund (UNFPA) and other stakeholders (MOH 2018).

Since the release of the first national FP guideline in 1996, the MOH has worked to expand access to FP information and various FP method options. In addition to the usual facility-based service, the MOH has substantially increased access to FP services through its health extension programme, which has deployed more than 39,878 health extension workers (HEWs) who provide FP information and short-term FP methods such as condoms, contraceptive pills, and injectables (Optimizing HEP 2020–2035). The MOH has also introduced an FP service integration guide to expanding access to quality and comprehensive FP service. This includes integration with antenatal care (ANC), labour and delivery, postnatal care (PNC), abortion care, child health, an expanded programme of immunisation (EPI), HIV/AIDS and sexually transmitted infection prevention and control (HIV/STI), adolescent and youth health (AYH), and other health service areas (MOH 2021a; MOH 2021b).

According to Ethiopia's national FP guidelines, the provision of FP services depends upon the integration of services throughout the health care system from the community level to the specialised referral hospitals. The guidelines recommend that FP counselling and services should be available to all clients (outpatient clients, postpartum women, post-abortion women, and individuals with special needs), and must have services provided by health workers with contraceptive clinical and counselling skills (MOH 2018).

In Ethiopia, five rounds of demographic and health surveys (EDHS) have been conducted to assess the progress of the health sector goals in the Growth and Transformation Plan (GTP), which is closely aligned with the Sustainable Development Goals (SDG). The 2019 survey found that the use of modern FP has steadily increased over the last 15 years from 14% in 2005 to 41% in 2019 (EMDHS 2019).

In 2021, Ethiopia launched the FP2030 commitment, which is a global plan designed to improve access, utilisation, and the quality of FP family services. Through the FP2030 commitments, the Government of Ethiopia aims to decrease the unmet need for FP from the current level of 22% to 17%, and teenage pregnancy among adolescent girls from the current 13% to 3% by 2030.

The FP component of the 2022 ESPA collected information on:

- **Availability of FP services:** Section 5.2 describes the status of FP service availability (Table 5.1), the frequency of service availability (Table 5.2), FP methods offered (Figure 5.1 and Table 5.3), FP methods provided (Figure 5.1 and Table 5.4), and the availability of FP commodities (Table 5.5).
- **Family planning service readiness:** Section 5.3 details the availability of basic amenities, equipment, and infection control processes that reflect the readiness of facilities to provide FP services, including availability of guidelines, trained staff, basic equipment for quality FP services (Figure 5.2, 5.3 and Table 5.6), and items for infection control during FP services (Figure 5.4 and Table 5.7).
- **Adherence to standards:** Section 5.4 examines the client assessment and counselling, client opinions from exit interviews, and clients' knowledge of contraceptive methods (Figure 5.5, 5.6, Tables 5.8, 5.9, 5.10, 5.11 and 5.12).
- **Basic management and support system of the FP service:** Section 5.5 describes the training status and supervision activities that support quality services (Tables 5.13 and 5.14).

- **Adolescent health services:** Section 5.6 describes the availability of adolescent health services (**Table 5.15**).

5.2 AVAILABILITY OF FAMILY PLANNING SERVICES

The following definitions are used in this chapter:

- A facility is said to *offer* a FP method if the facility reports that it provides the method, prescribes the method for clients to obtain elsewhere, or counsels clients on the method without making that method available to the client in the facility.
- A facility is said to *provide* a FP method if the facility reports that it stocks the method and makes it available to clients when they visit the facility. Thus, these clients can obtain the method without leaving the facility.

Tables 5.1 through **5.5** summarise the availability of FP services, the frequency they are offered among health facilities, specific methods that are provided, and the availability of FP commodities.

5.2.1 Contraceptive Method Availability and Method Mix

A facility that offers various FP methods can best meet clients' needs. The methods that can be provided safely with minimal training are pills, injectables, and condoms, as well as counselling on the standard days method and periodic abstinence. Safely providing implants, intrauterine contraceptive devices (IUCDs), tubal ligation, and vasectomy requires a higher level of skill and a more developed infrastructure.

At the national level, 90% of the health facilities offered any FP method, whereas 84% offered any modern FP method. The majority of the referral hospitals (94%), general hospitals (90%), primary hospitals (96%), health centres (99%), and health posts (94%) offered all FP methods. Only 69% of private facilities offered any FP method, whereas 95% of public facilities (95%) did. The availability of any method of FP service varied by region with 96% in Sidama, 91% in Amhara, 93% in Oromia, 91% in SNNPR, 76% in Harari, 75% in Dire Dawa, and 70% in Addis Ababa (**Table 5.1**).

Almost all health centres (99%), most primary hospitals (96%), referral hospitals (94%), and general hospitals (90%), as well as health posts (87%) offered any modern method of FP service. The percentage of facilities that provide permanent FP methods account for the lowest proportion (17%), which varies among facility types and regions with ranges from 78% in referral hospitals to 3% in the speciality/higher clinics, and from 43% in Harari to 3% in the Dire Dawa Region (**Table 5.1**).

5.2.2 Frequency of Availability of Family Planning Services

The national FP service guideline recommends that clients have the right to services that are free of charge or affordable, and are available at convenient times and places (MOH 2018). In addition to various methods, facilities must offer FP services regularly to meet clients' needs.

Among the facilities that offered any FP services, 90% of the health facilities offered FP services five or more days per week, while all referral hospitals and 99% of general hospitals, primary hospitals, and health centres offered the services five or more days per week. Only 85% of health posts offered FP services five or more days per week. There were also slight differences among regions in the percentage of health facilities that offered FP services five or more days per week, with ranges from 81% in Benishangul Gumuz to 100% in Dire Dawa (**Table 5.2**).

5.2.3 Family Planning Methods Offered and Provided

Methods of Family Planning Offered

The ESPA 2022 found that the most commonly offered, short-acting modern FP methods in Ethiopian health facilities include the 3-month progestin-only injectable (83%), followed by combined oral contraceptive pills (82%). Implants (74%) and IUCDs (33%) are the most commonly offered long-acting FP methods. Female condoms (6%), tubal ligation (19%), and vasectomy (18%) were the least offered FP methods (**Table 5.3.1**). The emergency contraceptive method is technically not considered a FP method, but as a backup method. Findings from the 2022 ESPA show that 55% of facilities that offer any FP service offer emergency contraception (**Table 5.3.1**). Sixty-two percent of facilities provide counselling on the traditional periodic abstinence method (**Table 5.3.1**).

The ESPA found variation in the specific FP methods offered by the facility types and method mix. For example, combined oral contraceptive pills, progestin-only injectable (3 monthly), and implants are offered in all referral hospitals, and 97% in the general hospitals. Progestin-only injectable (3 monthly) is the FP method offered in most health facilities such as referral hospitals (100%), general hospitals (97%), primary hospitals (99%), health posts (82%), speciality clinics (79%), medium clinics (72%), and lower clinics (69%) (**Table 5.3.1**).

In addition, 89% of the health facilities offered at least two modern FP methods with variation among the facility types. Referral hospitals (100%), general hospitals (100%), primary hospitals (100%), health centres (98%), health posts (88%), speciality clinics (79%), medium clinics (76%), and lower clinics (76%) offered at least two modern FP methods to the clients (**Table 5.3.1**).

There is significant variation among the regions in the FP methods that are offered. Progestin-only injectable (3 monthly) is offered predominantly in the health facilities of Afar (95%), Harari (94%), Sidama (91%), Addis Ababa (89%), Oromia (85%), and the Gambela regions (80%). Combined oral contraceptive pills are offered most frequently in health facilities in Amhara (81%), Somali (99%), Benshangul Gumuz (98%), SNNP (86%), and Dire Dawa (79%). More than 40% of the health facilities in Sidama offer permanent FP methods such as tubal ligation (44%) and vasectomy (43%), and in Harari with tubal ligation (57%) and vasectomy (57%). In other regions, the percentage of facilities that offer permanent FP methods is less than 20% (**Table 5.3.2**).

The regions with higher percentages of health facilities that offered at least two modern FP methods are Somali (99%), Benshangul Gumuz (98%), Sidama (94%), Harari (94%), Afar (91%), and SNNP (90%). The regions with lowest percentages of health facilities that offered at least two modern FP methods are Dire Dawa (78%) and Gambela (80%) (**Table 5.3.2**).

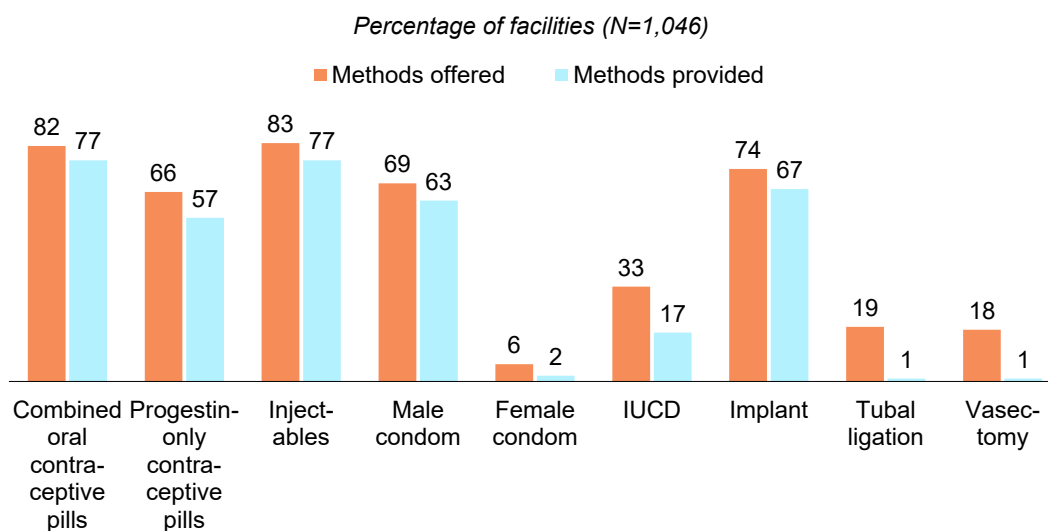
Methods of Family Planning Provided

The ESPA assessed if the facilities provide specific FP methods that enabled clients to obtain the method before leaving the facility. The ESPA found that about 82% of the health facilities provided at least two types of modern FP methods to clients, 64% provided clients with at least four types of modern FP methods, 77% provided combined oral contraceptives and progestin-only injectable, followed by implants (67%), male condoms (63%), and progestin-only contraceptive pills (57%). Methods such as tubal ligation (1%), vasectomy (1%), female condoms (2%) and IUCD (17%) were provided to the clients by fewer facilities (**Table 5.4.1**).

The provision of FP methods also varied by facility types and method mix. All referral hospitals (100%) provide progestin-only injectables (3 monthly) and implants. Progestin-only injectable (2 or 3 monthly) is provided in most health facilities such as general hospitals (91%), primary hospitals (97%), and speciality clinics (79%). The combined oral contraceptive pills are provided in health centres (95%), health posts (78%), and lower clinics (63%) (**Table 5.4.1**).

In summary, the proportion of FP methods offered and provided are similar among facilities, which suggests that facilities focus on the FP methods they have in stock to counsel and offer to clients. This is more clearly visible in female condoms (which are not available in most facilities) and permanent FP methods that require a higher level of skill and a more developed infrastructure. **Figure 5.1** shows the comparison of FP methods offered and methods provided.

Figure 5.1 Percentages of family planning methods offered and provided among facilities that offer any family planning services



5.2.4 Availability of Family Planning Commodities

Stock-outs of FP methods contribute to the discontinuation and unwillingness to begin contraception. The ESPA assessed the availability of contraceptive methods on the day of the survey among facilities that report providing these FP methods. As shown in **Table 5.5.1**, most facilities that provide FP had stocks of male condoms (95%), Depo Provera injectable (3 monthly) (94%), IUCD (92%), and implants (91%). Female condoms (42%) are the least available in stock (**Table 5.5.1**).

Among the health facilities that provide FP services, 69% reported having every method provided by facility on the day of the survey, with 80% in referral hospitals and 66% in health posts (**Table 5.5.1**). Every method provided by the facility was available on the day of the survey at the high proportion of health facilities in Dire Dawa (93%) and the Gambela regions (89%).

5.3 FAMILY PLANNING SERVICE READINESS

5.3.1 Guidelines, Trained Staff, and Equipment to Support Quality Family Planning Services

To provide a quality FP service to clients, facilities need all the required equipment, trained staff, and standard guidelines. There should be recording tools and guidelines such as individual cards or records, FP guidelines, and visual aids for client counselling and education. Since counselling about FP often takes place in a location different from where procedures (such as pelvic examinations and IUCD insertions) are conducted, the conditions for counselling are assessed separately from those for procedures. **Table 5.6** provides aggregate information on items that support quality counselling by facility type, managing authority, and region.

Fifty-seven percent of the assessed facilities that offer any modern FP method have FP guidelines, 27% have staff trained on FP, 57% have a blood pressure apparatus, 43% have examination lights, 75% have an

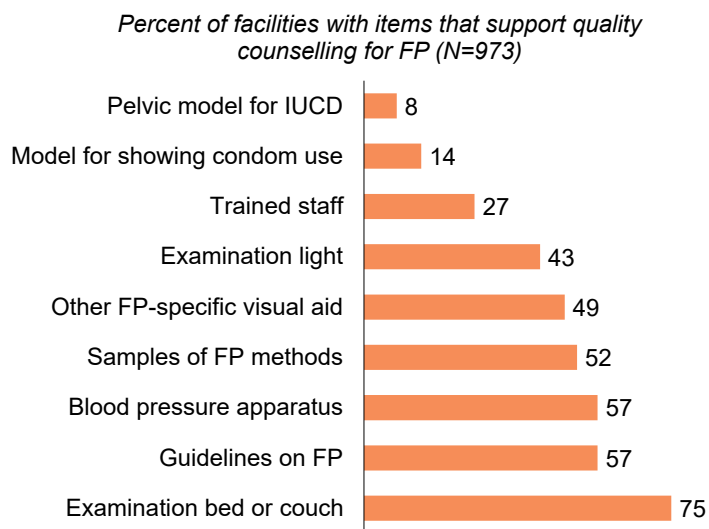
examination bed or couch, 52% have samples of FP methods available, and 8% have a pelvic model for IUCD (Table 5.6).

The availability of FP service guidelines varies by facility type, managing authority, and region, where it ranges from 83% in referral hospitals to 17% in the speciality/higher clinics, and 58% of public and 48% of private facilities. The availability of FP guidelines was high (76%) in facilities of the Benishangul Gumuz Region, and the lowest (27%) in facilities of the Gambela Region (Table 5.6). Specialty/higher clinics have much better-trained staff in FP (65%), while lower clinics have fewer staff trained in FP (18%).

Family planning is often a culturally sensitive issue to discuss with some clients. Counselling clients in locations where they cannot be overheard improves communication and ultimately, the likelihood that the method provided will be suitable for the client. Nationally, 8% of facilities have a pelvic model for IUCD counselling and 14% have a model for condom use (Figure 5.2 and Table 5.6). Visual aids are also crucial in FP counselling. Flip charts or leaflets were available in 49% of the facilities (Table 5.6). The availability of the pelvic model for IUCD varied across regions, managing authorities, and facility types. General hospitals have better availability for a pelvic model for IUCD (41%). Across regions, Addis Ababa had better availability of a pelvic model for IUCD (30%). Figure 5.2 shows the percent of facilities with items that support quality counselling for FP by facility type.

Forty-nine percent of health facilities have other FP-specific visual aids available to provide for FP counselling; 14% of health facilities have a model for showing condom use, and 52% have samples of FP methods (Figure 5.2). Other FP-specific visual aids available to for FP counselling varied across regions, managing authorities, and facility type. Referral hospitals have better FP counselling aids (67%). In contrast, lower clinics have a lower counselling activity (35%) (Table 5.6).

Figure 5.2 Guidelines and basic equipment for FP services



Equipment for Examinations

Unique among modern FP methods, the IUCD requires a pelvic examination before insertion. A physical examination may be helpful to evaluate problems with a method or simply for routine check-ups that are unrelated to the use of FP. These examinations require an adequate level of infection control, the infrastructure, and items needed to examine the client. **Tables 5.6** and **Figure 5.3** provide information on the availability of specific items to support quality counselling for family planning.

The ESPA assessed items required for conducting pelvic examinations for FP clients, an examination bed or couch, and an examination light. The most commonly missing item was an examination light, which was available in 43% of facilities, and 100% in the speciality/higher clinics (see **Table 5.6**).

5.3.2 Infection Prevention

The ESPA 2021-22 assessed the presence of items for infection control in areas where FP procedures, such as pelvic examinations for IUCD insertions and provision of implants and injectables, most often occur. Items assessed for infection control were hand-washing supplies (running water, soap, or hand antiseptics), latex gloves, antiseptic solution, sharps container, waste receptacle, and disposable syringes. The availability of these items varied among the health facilities, from sharps container (95%), syringe (92%), latex gloves (86%), alcohol-based hand disinfectant (82%), waste receptacle (46%), and soap and running water (29%). Soap and running water or alcohol-based hand antiseptics are available in the FP service area in 85% of facilities (**Figure 5.4**).

All (100%) facilities in Addis Ababa and only 62% of facilities in the Sidama Region had soap and running water or alcohol-based hand antiseptics for infection prevention (**Table 5.7**).

Figure 5.3 Percent of facilities with items to support quality counselling for family planning

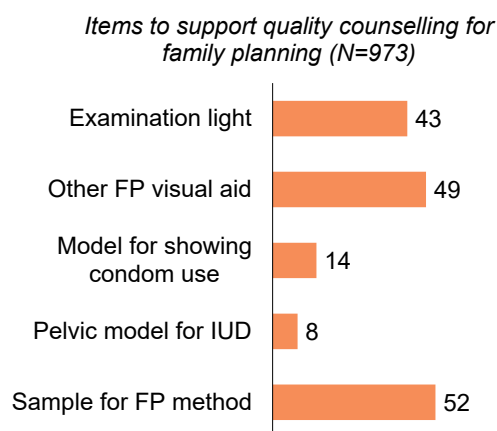
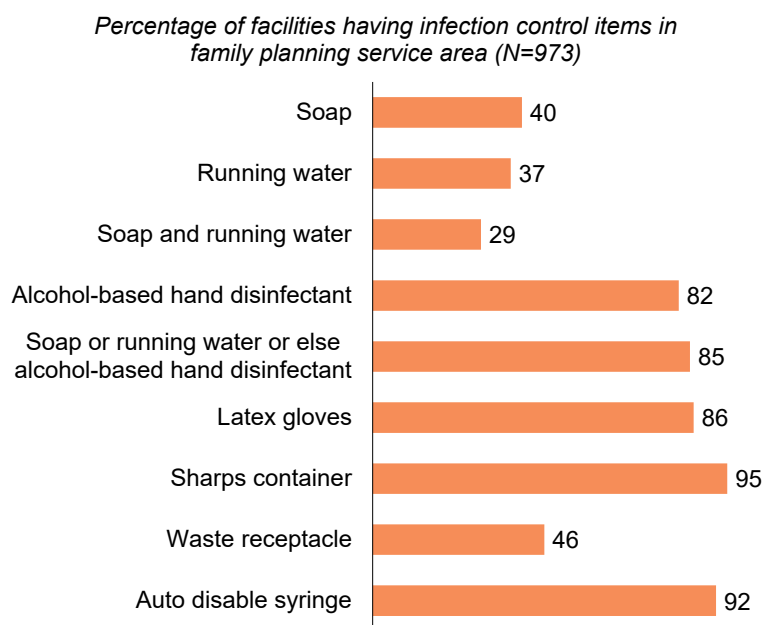


Figure 5.4 Availability of items for infection control for examination of family planning clients in facilities, excluding health posts



5.4 ADHERENCE TO STANDARDS FOR QUALITY FAMILY PLANNING SERVICE

5.4.1 Client history and Physical Examination for First Visit Female Family Planning Clients

During a FP visit, especially during a client's first visit, providers are expected to elicit information about the client's personal and health history to assist them in making an informed choice about contraceptive use and choice. This involves screening clients for the appropriateness of specific FP methods. During observed FP consultations in health facilities, excluding health posts, providers asked the clients' age at the first-visit of clients (45%), and about any history of pregnancy in 62% of the first-visit clients. Service providers asked about current pregnancy and regularity of menstrual cycle in 92% and 29% of the facilities during the first FP visit, respectively. However, only service providers in 4% of the health facilities asked all elements of reproductive history (**Figure 5.5** and **Table 5.8.1**).

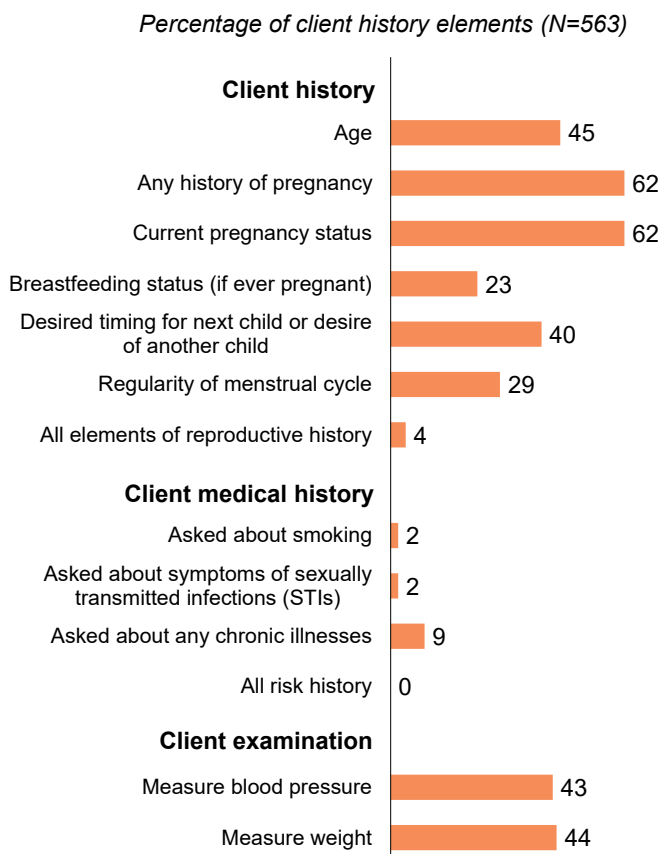
Among all facilities, providers asked only 2% of first-visit FP clients if they had symptoms of STI and 10% about chronic illnesses. Providers asked none of the first-visit clients about their risk history in surveyed facilities (**Table 5.8.1** and **Table 5.8.2**).

During observation, 43% of first-visit FP clients had their blood pressure checked and 44% had their weight measured on the survey day (**Table 5.8.1** and **5.8.2**). The blood pressure of all clients visiting the higher clinics and 61% of clients visiting the referral hospitals for FP services was measured (**Table 5.8.1** and **5.8.2**).

During observations of FP consultation sessions in health posts, 79% of first-visit clients were asked about their age in health posts, 72% were asked about their history of pregnancy, and only 16% of clients were asked about the regularity of their menstrual cycle (**Table 5.8.1** and **Table A-5.8.2**). Only 3% of first-visit FP clients in health posts had their blood pressure measured, while providers weighed 45% of first-visit clients in health posts on the survey day (**Table 5.8.1** and **5.8.2**).

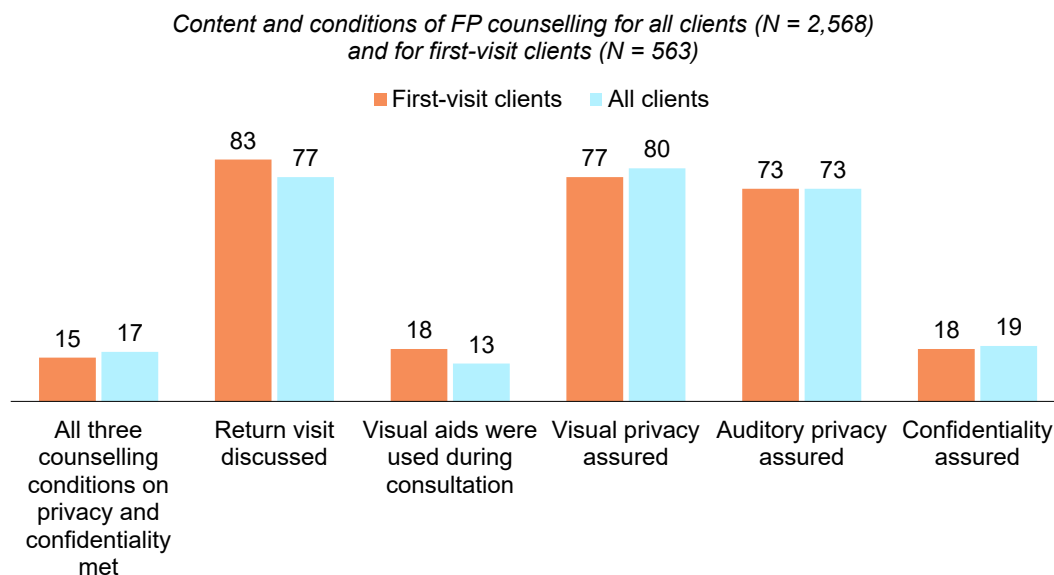
Ethiopia's national FP guideline states that clients have the right to privacy and confidentiality while receiving services. This includes privacy and confidentiality during counselling, physical examinations, and clinical procedures, as well as the staff's handling of clients' medical records and other personal information (FMOH 2018). The ESPA 2021-22 findings show that about 77% of first-visit FP counselling sessions in health facilities were conducted under conditions that assured visual privacy, and 73% took place under conditions that ensured auditory privacy. However, provider assurance of confidentiality in

Figure 5.5 Observed elements of client history-taking for first-visit family planning clients in facilities



only 18% of counselling sessions and all three counselling conditions on privacy and confidentiality were met in 15% of first-visit FP counselling sessions in the surveyed facilities. Similarly, 60% of first-visit FP clients in Dire Dawa, followed by 39% in Amhara, met all three counselling conditions of privacy and confidentiality. However, only 4% and 1% in the Gambela Region met all three counselling conditions of privacy and confidentiality. Providers discussed return visits with clients in 83% of the observed sessions. Visual aids were used in 18% of first-visit FP consultations (Figure 5.6, Table 5.9.1).

Figure 5.6 Percentage of observed family planning consultations on conditions and content of family planning counselling in facilities excluding health posts



Client cards are important in making information available to providers during consultations and in avoiding collecting the same information multiple times. Client cards are also crucial for monitoring FP clients over time. Individual client cards are reviewed by FP providers in 65% of consultations and written during or after 80% of consultations (Table 5.9.1).

Providers asked only 6% of first-visit clients in health facilities about their partner’s attitude toward FP. The use of condoms to prevent STIs and dual methods to prevent pregnancy and STIs were discussed with only 1% of first-visit clients, and STIs were discussed with 5% of first-visit FP clients (Table 5.9.1 and Table 5.9.2).

The ESPA 2021–22 findings show that about 53% of first-visit FP counselling sessions in health posts were conducted under conditions that assured visual privacy. However, providers confirmed that the auditory privacy of clients was available in only 60% of the counselling sessions. Most providers (96%) in health posts discussed return visits with clients. Only 11% of first-visit clients in health posts were asked about their partner’s attitude towards FP. Providers reviewed individual client cards in 35% of consultations and wrote on the cards during or after 80% of consultations conducted in health posts (Table 5.9.1 and Table 5.9.2).

5.4.2 Counselling of Clients

The FP clients who are new or who come for follow-up visits about contraception should receive certain information during their visits. The provider should explain or review with the client how to use the FP method, the possible side effects, actions to take if experiencing any side effects, and when the client should return for a follow-up visit. Among FP clients whose consultations were observed in health facilities, 49% reported that providers discussed concerns about the method, and 33% said that the provider explained or mentioned possible side effects (Table 5.10.1 and Table 5.10.2).

Among FP clients whose consultations were observed in the health posts, 50% reported that providers discussed concerns about the method, and 36% said that the provider explained or mentioned possible side effects (Table 5.10.1 and Table 5.10.2).

5.4.3 Client Feedback from Exit Interviews

Tables 5.11.1 and 5.11.2 provide information on the feedback from FP clients on service problems.

Major Problems

Clients were asked to rate if specific issues posed a significant problem, minor problem, or no problem during the visit. Very few issues were considered as major problems by a small proportion of clients. About 4% of the clients felt that the waiting time to see a provider was a significant problem at the aggregate level, whereas it was 11% and 9% in the general and primary hospitals, respectively. The majority (over 98%) of interviewed FP clients did not consider the cost of service, lack of methods and medicines, the hours that a facility is open, and insufficient visual or auditory privacy to be major problems (Table 5.11 and 5.11.2).

5.4.4 Clients' Knowledge of Contraceptive Methods

Knowledge of FP is a prerequisite to obtaining access to and using a suitable contraceptive method promptly and effectively. Interviewers collected information about five modern FP methods: male condom, any pill, the IUCD, progestin injectable, and implants at facilities, excluding health posts, whereas three modern FP methods include any pill, progestin injectable, and implants at health posts.

Table 5.12 and Table 5.12 show the percentage of FP clients who received, were prescribed, or were referred for the indicated method and who knew the correct response to questions about the methods by background characteristics.

In all facilities, 95% of clients responded correctly to how often they take any pill. About 99% of FP clients correctly responded to questions about progestin injectable, and stating how long it protects from pregnancy. Knowledge of progesterone injectable is nearly universal among the interviewed clients in Ethiopia, regardless of facility type and region, with the lowest at 93% in the Dire Dawa Region. Similarly, clients in Gambela (77%) were the least to respond correctly to questions about the length of protection from pregnancy from the implant (Table 5.12).

5.5 SUPPORTIVE MANAGEMENT FOR PROVIDERS OF FAMILY PLANNING SERVICE

Management practices for supporting quality FP services include proper documentation and record keeping, procedures for user fees, and staff supervision and development. Details on staff training and supervisory activities are provided in Table 5.13.

5.5.1 Training

Since the types of contraceptive methods change over time, continual training for providers is essential. Ethiopia's FP guidelines recommend that healthcare providers need knowledge, skills, on-going training, and professional development opportunities to remain current in their field and continuously improve the quality of services they deliver (MOH 2011).

Overall, only 18% of providers reported receiving training related to FP during the 24 months before the survey date, while 43% providers who work in speciality/higher clinics reported that they received training during the past 24 months. Providers who work at lower clinics (10%), health centres (16%), referral hospitals (19%), primary hospitals (19%), and health posts (19%) reported that they have received FP training. Thirty-nine percent of providers in Harari and 37% in Afar reported that they have received training related to FP during the past 24 months; 14% of providers in SNNP, 16% in Amhara, 17% in

Sidama, and 8% in Oromia reported that they have received FP training during the past 24 months before the survey date. (**Table 5.13**).

There are also small proportions of providers who report receiving training in various topics in the preceding 24 months by topics that ranged from 6% receiving training in FP for HIV clients and post-partum FP to 9% receiving training in FP counselling (**Table 5.14**).

5.5.2 Supervision

Supervising individual staff members helps to promote adherence to standards and identify problems that contribute to poor quality of services. Ethiopia's national FP guideline recommends that health care staff function best in a supportive work environment where supervisors and managers encourage quality improvement and value staff. Such supervision enables staff to perform their tasks well and better meet the needs of their clients (MOH 2011).

Supervision of FP providers is more common than training, with 70% of providers stating that they had received supervision during the past six months before the survey. In addition, regional variations show a range from 85% in the Dire Dawa Region to 56% in Gambela (**Table 5.13**) with training status. Many providers in Dire Dawa (85%), Sidama (83%), and Harari (81%) received supervision on FP during the past six months (**Table 5.13**). Health facilities providers who receive FP supervision varies from 48% in referral hospitals to 71% in lower and medium clinics.

Only 14% of facilities received both FP training during the past 24 months and supportive supervision activities during the previous six months. Additional information on staff supervision is provided in **Table 5.13**.

5.6 ADOLESCENT HEALTH SERVICES

Only 28% of facilities (excluding health posts) offer adolescent health services, guideline and trained provider for adolescent health services both were available in 15 percent of facilities. Referral hospitals and health centres were the highest facility types that offer adolescent health services (both at 47%) and among regions Sidama and Amhara were the highest regions that offer adolescent health services (both at 40%) (**Table 5.15**).

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Table 5.1 Availability of family planning services

Among all facilities, the percentages that offer methods of family planning, and the percentage that offer any modern family planning, by background characteristics, Ethiopia SPA 2021–22

Background characteristics	Methods of family planning (FP)							Number of facilities
	Percentage that offers any short-term modern method of FP ¹	Percentage that offers any long-term modern method of FP ²	Percentage that offers counselling on periodic abstinence/rhythm	Percentage that offers any temporary method of FP ³	Percentage that offer male or female sterilisation ⁴	Percentage that offers any modern FP ⁵	Percentage that offers any FP ⁶	
Facility type								
Referral hospital	94	0	56	94	78	94	94	2
General hospital	90	0	68	90	62	90	90	7
Primary hospital	96	0	70	96	43	96	96	15
Health centre	99	0	67	99	17	99	99	181
Health post	84	2	56	94	18	87	94	755
Specialty/higher clinic	5	0	4	6	3	5	6	7
Medium clinic	58	5	53	73	16	63	73	92
Lower clinic	50	2	42	67	4	55	67	97
Managing authority								
Public	87	2	58	95	19	89	95	960
Private	54	3	47	69	11	58	69	198
Region								
Afar	87	0	51	89	4	87	89	19
Amhara	81	1	46	91	19	86	91	250
Oromia	80	5	53	93	11	85	93	430
Somali	81	0	50	82	13	81	82	74
Benishangul Gumuz	76	0	38	77	10	76	77	23
SNNP	84	0	68	91	25	85	91	261
Sidama	90	0	85	96	42	90	96	44
Gambela	71	0	70	87	4	71	87	17
Harari	71	0	71	76	43	71	76	4
Addis Ababa	68	0	53	70	22	68	70	33
Dire Dawa	63	3	62	75	3	66	75	5
Urban/Rural								
Urban	73	2	50	81	14	76	81	271
Rural	83	2	58	93	19	87	93	887
National	81	2	56	90	17	84	90	1,158

¹ Facility provides, prescribes, or counsels clients on any of the following short-term methods of family planning: contraceptive pills (combined or progestin-only), Depo Provera injectable (3 monthly), male condom, or female condom.

² Facility provides, prescribes, or counsels clients on any of the following long-term methods of family planning: implants and intrauterine contraceptive devices (IUCDs).

³ Facility provides, prescribes, or counsels clients on any of the following temporary methods of family planning: contraceptive pills (combined or progestin-only), Depo Provera injectable (3 monthly), implants, IUCDs, male condoms, female condoms, or periodic abstinence.

⁴ Providers in the facility perform male or female sterilisation or counsel clients on male or female sterilisation.

⁵ Facility provides, prescribes, or counsels clients on any of the following: contraceptive pills (combined or progestin-only), Depo Provera injectable (3 monthly), implants, IUCDs, male condoms, female condoms, female sterilisation (tubal ligation), or male sterilisation (vasectomy).

⁶ Facility provides, prescribes, or counsels clients on any of the following: contraceptive pills (combined or progestin-only), Depo Provera injectable (3 monthly), implants, IUCDs, male condoms, female condoms, female sterilisation (tubal ligation), male sterilisation (vasectomy), or periodic abstinence.

Table 5.2 Frequency of availability of family planning services

Among facilities that offer any family planning services, the percentages that offer any method on the indicated number of days per week, by background characteristics, Ethiopia SPA 2021–22

Background characteristics	Percentage of facilities where family planning services are offered ¹			Number of facilities that offered any family planning services
	1–2	3–4	5 or more days	
Facility type				
Referral hospital	0	0	100	2
General hospital	1	0	99	7
Primary hospital	0	0	99	14
Health centre	1	0	99	180
Health post	7	7	85	711
Specialty/higher clinic	0	0	100	0
Medium clinic	3	0	97	67
Lower clinic	0	0	100	65
Managing authority				
Public	6	6	89	910
Private	1	0	99	136
Region				
Afar	0	9	86	17
Amhara	0	0	100	226
Oromia	6	4	90	402
Somali	3	7	90	60
Benishangul Gumuz	0	0	94	17
SNNP	8	11	81	237
Sidama	10	5	85	43
Gambela	11	0	89	14
Harari	3	3	94	3
Addis Ababa	8	0	92	23
Dire Dawa	0	0	100	4
Urban/Rural				
Urban	1	2	97	219
Rural	6	6	88	827
National	5	5	90	1,046

Note: The unweighted number of specialty/higher clinics that offer any family planning services is five. When the weights are applied in this table, this figure becomes zero.

¹ Includes services for contraceptive pills (combined or progestin-only), injectables (combined or progestin-only), implants, intrauterine contraceptive devices (IUCDs), male condoms, female condoms, periodic abstinence, tubal ligation, or vasectomy.

Table 5.3.1 Methods of family planning offered, by facility type, managing authority, and location

Among facilities that offer any family planning services, the percentages that provide, prescribe, or counsel clients on specific family planning methods, by background characteristics, Ethiopia SPA 2021–22

Methods provided, prescribed or counselled	Facility type								Managing authority		Urban/Rural		National
	Referral hospital	General hospital	Primary hospital	Health centre	Health post	Specialty/higher clinic	Medium clinic	Lower clinic	Public	Private	Urban	Rural	
Combined oral contraceptive pills	100	97	98	97	82	79	63	68	85	66	82	83	82
Progestin-only contraceptive pills	97	93	95	84	62	66	67	51	67	60	72	65	66
Progestin-only injectable (2 or 3 monthly)	100	97	99	95	82	79	72	69	85	71	81	83	83
Male condom	97	90	91	88	66	79	49	65	71	58	69	69	69
Female condom	13	16	7	7	5	14	7	11	6	10	8	6	6
Intrauterine contraceptive device	97	95	93	76	20	66	59	15	32	39	50	29	33
Implant	100	95	99	94	74	66	65	25	78	47	74	74	74
Tubal ligation	83	68	43	16	20	72	22	5	20	16	17	20	19
Vasectomy	47	43	26	16	18	72	22	5	18	15	15	19	18
At least 2 temporary modern methods ¹	100	100	100	98	88	79	76	76	91	77	89	89	89
At least 4 temporary modern methods ¹	100	97	99	94	70	66	65	50	75	59	76	72	73
Emergency contraception	97	91	93	83	45	79	59	60	54	60	70	50	55
Periodic abstinence/rhythm	60	76	72	67	59	72	73	63	61	68	61	62	62
Number of facilities that offer any family planning services	2	7	14	180	711	0	67	65	910	136	219	827	1,046

Note: The unweighted number of specialty/higher clinics that offer any family planning services is five. When the weights are applied in this table, this figure becomes zero.

¹ Any methods other than male or female sterilisation.**Table 5.3.2 Methods of family planning offered, by region**

Among facilities that offer any family planning services, the percentages that provide, prescribe, or counsel clients on specific family planning methods, by background characteristics, Ethiopia SPA 2021–22

Methods provided, prescribed, or counselled	Region											National
	Afar	Amhara	Oromia	Somali	Benishangul Gumuz	SNNP	Sidama	Gambela	Harari	Addis Ababa	Dire Dawa	
Combined oral contraceptive pills	90	81	78	99	98	86	91	78	94	71	79	82
Progestin-only contraceptive pills	70	63	60	76	83	73	85	69	92	70	52	66
Progestin-only injectable (2 or 3 monthly)	95	74	85	97	94	82	91	80	94	89	71	83
Male condom	78	72	74	41	73	61	90	76	85	56	64	69
Female condom	2	6	5	13	6	5	14	1	61	12	5	6
Intrauterine contraceptive device	18	36	35	27	28	21	71	24	70	69	45	33
Implant	53	63	82	49	93	77	90	27	91	77	70	74
Tubal ligation	4	21	12	15	13	27	44	5	57	32	7	19
Vasectomy	3	21	9	15	13	27	43	5	57	27	2	18
At least 2 temporary modern methods ¹	91	89	86	99	98	90	94	80	94	81	78	89
At least 4 temporary modern methods ¹	68	69	75	52	93	75	90	63	94	70	70	73
Emergency contraception	60	72	51	46	39	41	75	59	79	64	61	55
Periodic abstinence/rhythm	57	51	57	61	49	75	88	80	94	76	82	62
Number of facilities that offer any family planning services	17	226	402	60	17	237	43	14	3	23	4	1,046

¹ Any methods other than male or female sterilisation.

Table 5.4.1 Methods of family planning provided¹ by facility type, managing authority, and location

Among facilities that offer any family planning services, the percentages that provide clients with specific modern family planning methods, by background characteristics, Ethiopia SPA 2021–22

Methods provided	Facility type								Managing authority		Urban/Rural		National
	Referral hospital	General hospital	Primary hospital	Health centre	Health post	Specialty/higher clinic	Medium clinic	Lower clinic	Public	Private	Urban	Rural	
Combined oral contraceptive pills	97	87	95	92	78	41	44	63	81	54	73	79	77
Progestin-only contraceptive pills	90	77	90	80	53	14	41	45	59	45	59	56	57
Progestin-only injectable (2 or 3 monthly)	100	91	97	91	76	79	59	62	80	61	73	79	77
Male condom	87	79	86	85	60	79	31	58	65	44	59	64	63
Female condom	0	7	1	3	2	14	0	4	2	2	2	2	2
Intrauterine contraceptive device	93	92	89	71	1	52	24	6	17	18	36	12	17
Implant	100	91	97	91	67	52	44	14	73	31	65	68	67
Tubal ligation	57	37	24	0	0	59	7	0	1	5	5	0	1
Vasectomy	27	15	7	1	0	21	7	0	0	4	3	0	1
At least 2 temporary modern methods ²	100	97	99	97	82	79	56	65	85	61	78	83	82
At least 4 temporary modern methods ²	100	87	96	91	60	66	42	41	67	42	64	64	64
Emergency contraception	80	77	89	76	31	14	37	55	41	46	55	39	42
Number of facilities offering any family planning services	2	7	14	180	711	0	67	65	910	136	219	827	1,046

Note: The unweighted number of specialty/higher clinics that offer any family planning services is five. When the weights are applied in this table, this figure becomes zero.

¹ The facility reports that it stocks the method in the facility and makes it available to clients without clients having to go elsewhere to obtain it. In the case of vasectomy and tubal ligation, facility reports that providers in the facility perform the procedures.² Any methods other than male or female sterilisation.**Table 5.4.2 Methods of family planning provided¹ by region**

Among facilities that offer any family planning services, the percentages that provide clients with specific modern family planning methods, by background characteristics, Ethiopia SPA 2021–22

Methods provided	Region											National
	Afar	Amhara	Oromia	Somali	Benishangul Gumuz	SNNP	Sidama	Gambela	Harari	Addis Ababa	Dire Dawa	
Combined oral contraceptive pills	86	76	74	85	90	82	86	73	86	56	67	77
Progestin-only contraceptive pills	63	57	50	58	78	66	69	57	71	47	45	57
Progestin-only injectable (2 or 3 monthly)	92	69	79	76	92	78	83	76	89	84	68	77
Male condom	77	69	66	31	68	57	77	71	67	35	63	63
Female condom	0	2	5	1	0	0	0	0	2	2	2	2
Intrauterine contraceptive device	18	20	17	2	16	14	15	12	27	45	43	17
Implant	53	58	76	27	90	75	69	18	76	56	67	67
Tubal ligation	1	1	2	0	0	1	2	0	9	5	5	1
Vasectomy	0	0	1	0	0	1	1	0	9	2	2	1
At least 2 temporary modern methods ²	88	80	82	78	92	85	87	76	89	69	70	82
At least 4 temporary modern methods ²	67	65	65	34	90	66	80	54	71	49	65	64
Emergency contraception	55	59	38	31	32	33	46	50	51	34	55	42
Number of facilities that offer any family planning services	17	226	402	60	17	237	43	14	3	23	4	1,046

¹ The facility reports that it stocks the method in the facility and makes it available to clients without clients having to go elsewhere to obtain it. In the case of vasectomy and tubal ligation, facility reports that providers in the facility perform the procedures.² Any methods other than male or female sterilisation.

Table 5.5.1 Availability of family planning commodities, by facility type, managing authority, and region

Among facilities that provide¹ the indicated modern family planning method, the percentages where the commodity was observed to be available on the day of the survey, by background characteristics, Ethiopia SPA 2021–22

Method	Facility type								Managing authority		Urban/Rural		National
	Referral hospital	General hospital	Primary hospital	Health centre	Health post	Specialty/higher clinic	Medium clinic	Lower clinic	Public	Private	Urban	Rural	
Combined oral contraceptive pills	97	93	98	95	87	100	87	99	89	94	94	88	89
Progestin-only contraceptive pills	89	86	76	89	77	100	85	80	80	79	89	78	80
Depo Provera injectable (3 monthly)	100	95	96	95	94	83	95	100	94	97	95	94	94
Male condom	92	93	97	92	94	100	99	100	94	99	97	94	95
Female condom	-	50	67	31	50	100	100	0	46	8	29	45	42
Intrauterine contraceptive device	100	98	95	93	37	100	99	100	91	98	95	89	92
Implant	97	94	96	94	90	100	94	98	91	94	96	90	91
Every method provided by facility was available on day of survey	80	75	72	72	66	83	80	80	68	77	77	67	69
Emergency contraception	92	91	75	88	77	100	99	97	82	94	91	81	83

Note: The denominators for each characteristic/method combination are different and are not shown in the table.

For the specialty/higher clinic column, the unweighted number of facilities stocking the indicated method and providing it to clients is one for Progestin-only contraceptive pills, female condom, and emergency contraception. The unweighted number of facilities is two for intrauterine contraceptive device and implant; the unweighted number of facilities is three for combined oral contraceptive pills and four for Depo provera injectable (3 monthly) and male condom. All these facilities (100%) indicated to be stocking the method and providing it to clients, except for Depo Provera injectable (3 monthly), where about three facilities out of four (83%) indicated stocking and providing the method to clients.

The combined oral contraceptive pills, injectable contraceptives, and the male condom measures presented in the table comprise the medicines and commodities domain for assessing readiness to provide family planning services within the health facility assessment methodology proposed by WHO and USAID 2012. Each commodity or method shown in this table was observed to be available in the service area or location where commodities are stored, and at least one of the observed commodities or methods was valid within expiration date.

¹ The facility reports that it stocks the method in the facility and makes it available to clients without clients having to go elsewhere to obtain it.

Table 5.5.2 Availability of family planning commodities, by region

Among facilities that provide¹ the indicated modern family planning method, the percentages where the commodity was observed to be available on the day of the survey, by background characteristics, Ethiopia SPA 2021–22

Method	Region											National
	Afar	Amhara	Oromia	Somali	Benishangul Gumuz	SNNP	Sidama	Gambela	Harari	Addis Ababa	Dire Dawa	
Combined oral contraceptive pills	95	92	93	86	92	83	88	95	84	67	96	89
Progestin-only contraceptive pills	84	85	75	66	90	84	90	97	85	74	88	80
Depo Provera injectable (3 monthly)	95	95	96	86	80	95	89	100	92	90	100	94
Male condom	94	95	98	84	99	89	90	100	70	97	96	95
Female condom	-	33	44	89	0	6	-	-	100	16	100	42
Intrauterine contraceptive device	78	99	93	65	100	78	94	83	100	99	100	92
Implant	97	99	88	66	100	94	90	86	100	85	100	91
Every method provided by facility was available on day of survey	80	80	65	68	78	65	63	89	62	64	93	69
Emergency contraception	88	95	79	46	92	80	76	72	79	95	91	83

Note: The denominators for each characteristic/method combination are different and are not shown in the table; the denominators are shown below in a working table for reference purposes.

The combined oral contraceptive pills, injectable contraceptives, and the male condom measures presented in the table are the medicines and commodities domain for assessing readiness to provide family planning services within the health facility assessment methodology proposed by WHO and USAID 2012. Each commodity or method shown in this table was observed to be available in the service area or location where commodities are stored, and at least one of the observed commodities or methods was valid within expiration date.

¹ The facility reports that it stocks the method in the facility and makes it available to clients without clients having to go elsewhere to obtain it.

Table 5.6 Guidelines, trained staff, and basic equipment for family planning services

Among facilities that offer any modern family planning methods, the percentage having family planning guidelines, the percentage having at least one staff member recently trained on family planning service delivery, and the percentage with the indicated equipment observed to be available on the day of the survey, by background characteristics, Ethiopia SPA 2021–22

Background characteristics	Percentage of facilities that offer any modern family planning and having:									Number of facilities that offer any modern family planning methods	
	Guidelines on family planning ¹	Staff trained in family planning ²	Blood pressure apparatus ³	Examination light	Examination bed or couch	Equipment	Samples of family planning methods	Pelvic model for IUCD ⁴	Model for showing condom use		Other family planning-specific visual aid ⁵
Facility type											
Referral hospital	83	53	77	73	97	87	33	73	67	2	
General hospital	77	58	92	86	98	77	41	58	65	7	
Primary hospital	55	48	66	63	96	72	22	43	63	14	
Health centre	67	42	78	56	95	69	18	35	63	179	
Health post	55	23	44	33	66	49	4	7	45	659	
Specialty/higher clinic	17	65	100	100	100	65	17	17	52	0	
Medium clinic	63	33	91	76	94	35	8	26	50	59	
Lower clinic	35	18	92	64	93	40	8	4	35	53	
Managing authority											
Public	58	28	52	39	72	54	8	14	50	857	
Private	48	25	90	73	95	38	8	16	43	116	
Region											
Afar	53	47	79	36	82	42	5	35	25	16	
Amhara	59	25	60	31	67	47	8	22	52	214	
Oromia	54	31	62	54	73	52	7	9	50	365	
Somali	58	24	81	46	68	49	7	9	40	60	
Benishangul Gumuz	76	48	85	28	93	84	14	11	64	17	
SNNP	58	21	32	31	82	52	7	13	47	220	
Sidama	50	29	43	50	88	74	10	18	46	40	
Gambela	27	20	80	61	67	25	2	13	22	12	
Harari	67	75	83	51	88	66	22	49	64	3	
Addis Ababa	68	32	80	79	96	61	30	33	57	22	
Dire Dawa	55	50	89	39	93	71	17	55	54	4	
Urban/Rural											
Urban	62	33	77	66	83	50	13	28	62	205	
Rural	55	26	51	37	73	53	7	11	45	768	
National	57	27	57	43	75	52	8	14	49	973	

Note: The measures presented in the table about guidelines for family planning and staff trained in FP are the staff and training domains, and blood pressure apparatus is the equipment domain for assessing readiness to provide family planning services within the health facility assessment methodology proposed by WHO and USAID 2012.

The unweighted number of specialty/higher clinics that offer any modern family planning method is four. When the weights are applied in this table, this figure becomes zero.

¹ National guidelines or any other guidelines on family planning.

² The facility had at least one interviewed staff member providing the service who reports receiving in-service training in some aspect of family planning during the 24 months before the survey. The training must involve structured sessions and does not include individual instruction that a provider might have received during routine supervision.

³ A functioning digital blood pressure apparatus or else a manual sphygmomanometer with a stethoscope.

⁴ IUCD = intrauterine contraceptive device.

⁵ Flip charts or leaflets.

Table 5.7 Items for infection control during provision of family planning

Among facilities that offer any modern family planning methods, the percentages with indicated items for infection control observed to be available at the service site on the day of the survey, by background characteristics, Ethiopia SPA 2021–22

Background characteristics	Percentage of facilities that offer any modern family planning services and having items for infection control									Number of facilities that offer any modern family planning methods
	Soap	Running water ¹	Soap and running water	Alcohol-based hand disinfectant	Soap and running water or else alcohol-based hand disinfectant	Latex gloves ²	Sharps container	Waste receptacle ³	Syringe ⁴	
Facility type										
Referral hospital	87	90	83	93	97	93	97	90	97	2
General hospital	68	77	66	90	91	86	95	77	95	7
Primary hospital	47	67	44	79	81	84	97	57	91	14
Health centre	36	39	31	80	81	86	96	57	89	179
Health post	35	29	21	83	84	84	96	38	92	659
Specialty/higher clinic	83	83	83	100	100	83	83	83	83	0
Medium clinic	75	79	68	86	99	97	93	77	96	59
Lower clinic	76	73	71	82	92	99	84	57	89	53
Managing authority										
Public	36	31	24	82	84	84	96	43	92	857
Private	74	78	70	82	94	98	89	66	92	116
Region										
Afar	38	24	15	81	82	87	87	44	79	16
Amhara	51	40	38	97	98	94	99	51	100	214
Oromia	42	33	27	82	84	92	94	51	90	365
Somali	41	47	34	72	75	84	88	62	89	60
Benishangul Gumuz	33	57	31	55	63	87	100	52	99	17
SNNP	25	31	18	78	81	72	96	26	89	220
Sidama	33	39	27	59	62	58	100	24	89	40
Gambela	27	21	20	87	90	84	75	27	77	12
Harari	58	64	56	91	91	92	98	55	90	3
Addis Ababa	89	95	86	81	100	98	91	92	98	22
Dire Dawa	52	59	47	85	88	93	88	70	84	4
Urban/Rural										
Urban	61	59	53	85	92	94	93	65	94	205
Rural	35	31	23	82	83	84	96	40	91	768
National	40	37	29	82	85	86	95	46	92	973

Note: The unweighted number of specialty/higher clinics that offer any modern family planning method is four. When the weights are applied in this table, this figure becomes zero.

¹ Piped water, water in bucket with specially fitted tap, or water in pour pitcher.

² Non-latex equivalent gloves are acceptable.

³ Waste receptacle with plastic bin liner.

⁴ Single use standard disposable syringe with needles or auto-disable syringes with needles.

Table 5.8.1 Client history and physical examinations for first-visit female family planning clients, by facility type, managing authority, and location

Among female first-visit family planning (FP) clients whose consultations were observed, the percentages whose consultations included the collection of the indicated client history items and the indicated examinations, by background characteristics, Ethiopia SPA 2021–22

Components of consultation	Facility type							Managing authority		Urban/Rural			
	Referral hospital	General hospital	Primary hospital	Health centre	Health post	Specialty/higher clinic	Medium clinic	Lower clinic	Public	Private	Urban	Rural	National
Client history													
Age	61	32	36	33	79	53	61	52	41	58	46	45	45
Any history of pregnancy	85	68	68	62	72	47	52	62	65	55	58	67	62
Current pregnancy status	42	50	54	66	66	47	61	48	64	57	60	64	62
Breastfeeding status (if ever pregnant) ¹	43	22	27	23	2	0	39	20	20	33	27	19	23
Desired timing for next child or desire for another child	49	45	39	39	58	47	46	3	42	34	40	41	40
Regularity of menstrual cycle	32	32	33	32	16	12	28	27	29	28	29	28	29
All elements of reproductive history ²	1	3	3	3	0	0	15	0	2	11	8	0	4
Client medical history													
Asked about smoking	6	1	2	4	0	0	0	0	3	0	2	3	2
Asked about symptoms of sexually transmitted infections (STIs)	6	7	2	3	0	0	0	0	2	0	3	0	2
Asked about any chronic illnesses	15	16	8	8	12	0	14	0	9	10	11	7	9
All risk history ³	3	0	0	0	0	0	0	0	0	0	0	0	0
Client examination													
Measure blood pressure ⁴	61	75	63	42	3	100	61	42	38	57	47	38	43
Measure weight ⁵	68	72	61	43	45	100	35	40	46	38	41	48	44
Number of observed first-visit FP clients	7	19	29	303	68	1	99	38	423	141	295	268	563
Number of observed first-visit FP clients with prior pregnancy⁶	6	15	23	219	57	1	68	26	317	97	214	200	414

¹ The denominator for this indicator is the number of first-visit family planning clients with prior pregnancy. Also see footnote 6.

² The client was asked about age, any history of pregnancy, current pregnancy status, desired timing for next child or desire for another child, breastfeeding status if ever pregnant, and regularity of menstrual cycle.

³ The client was asked about smoking, symptoms of STIs, and any chronic illness.

⁴ Blood pressure was measured during the consultation or the facility had a system whereby blood pressure is routinely measured for all family planning clients before the consultation.

⁵ Weight measured during consultation, or the facility had a system whereby weight is routinely measured for all family planning clients before the consultation.

⁶ Applies only to the indicator “breastfeeding status.”

Table 5.8.2 Client history and physical examinations for first-visit female family planning clients, by region

Among female first-visit family planning (FP) clients whose consultations were observed, the percentages whose consultations included the collection of the indicated client history items and the indicated examinations, by background characteristics, Ethiopia SPA 2021–22

Components of consultation	Region											National
	Afar	Amhara	Oromia	Somali	Benishangul Gumuz	SNNP	Sidama	Gambela	Harari	Addis Ababa	Dire Dawa	
Client history												
Age	52	40	50	42	5	44	39	40	31	41	41	45
Any history of pregnancy	66	40	69	55	73	74	57	37	77	70	47	62
Current pregnancy status	45	47	74	65	44	57	27	47	54	55	60	62
Breastfeeding status (if ever pregnant) ¹	42	9	26	16	2	22	22	57	25	21	6	23
Desired timing for next child or desire for another child	52	25	48	8	73	39	17	24	31	49	41	40
Regularity of menstrual cycle	27	21	25	3	75	57	31	25	15	33	41	29
All elements of reproductive history ²	6	0	5	0	0	7	5	3	8	5	0	4
Client medical history												
Asked about smoking	10	0	3	0	2	0	0	0	15	0	11	2
Asked about symptoms of sexually transmitted infections (STIs)	13	0	1	0	2	0	1	4	8	12	0	2
Asked about any chronic illnesses	3	14	7	22	0	4	11	3	15	27	5	9
All risk history ³	0	0	0	0	0	0	0	0	8	0	0	0
Client examination												
Measure blood pressure ⁴	49	40	42	95	41	38	44	65	92	47	90	43
Measure weight ⁵	31	45	36	87	32	66	39	51	92	65	84	44
Number of observed first-visit FP clients	15	122	290	4	4	67	15	13	1	29	2	563
Number of observed first-visit FP clients with prior pregnancy ⁶	10	59	243	3	4	59	9	5	1	19	2	414

¹ The denominator for this indicator is the number of first-visit family planning clients with prior pregnancy. Also see footnote 6.

² The client was asked about age, any history of pregnancy, current pregnancy status, desired timing for next child or desire for another child, breastfeeding status if ever pregnant, and regularity of menstrual cycle.

³ The client was asked about smoking, symptoms of STIs, and any chronic illness.

⁴ Blood pressure was measured during the consultation, or the facility had a system whereby blood pressure is routinely measured for all family planning clients before the consultation.

⁵ Weight measured during consultation or the facility had a system whereby weight is routinely measured for all family planning clients before the consultation.

⁶ Applies only to the indicator "breastfeeding status."

Table 5.9.1 Components of counselling and discussions during consultations for female first-visit family planning clients, by facility type, managing authority, and location

Among female first-visit family planning clients whose consultation was observed, the percentage whose consultation included the indicated components and the indicated discussions related to their partners, to sexually transmitted infections (STIs), and to condoms, by background characteristics, Ethiopia SPA 2021–22

Components of consultation	Facility type							Managing authority		Urban/Rural			
	Referral hospital	General hospital	Primary hospital	Health centre	Health post	Specialty/higher clinic	Medium clinic	Lower clinic	Public	Private	Urban	Rural	National
Discussion related to partner													
Partner's attitude toward family planning	10	12	5	7	11	0	0	0	8	0	5	7	6
Partner's status ¹	12	8	2	3	11	0	0	0	5	0	4	3	4
Privacy and confidentiality													
Visual privacy assured	84	82	82	80	53	100	85	67	76	81	83	70	77
Auditory privacy assured	67	68	76	75	60	82	82	62	72	77	76	70	73
Confidentiality assured	25	20	25	17	35	53	7	7	21	8	18	18	18
All three counselling conditions on privacy and confidentiality met ²	18	19	23	16	24	53	4	7	18	6	15	14	15
Discussion related to STIs and condoms													
Use of condoms to prevent STIs	2	1	2	1	0	0	0	2	1	1	0	2	1
Use of condoms as dual method ³	0	2	1	0	0	0	0	2	0	0	0	0	0
Any discussion related to STIs ⁴	7	12	8	8	0	0	1	2	7	1	7	4	5
Individual client cards													
Individual client card reviewed during consultation	76	78	77	75	35	47	41	7	69	32	61	58	60
Individual client card written on after consultation	90	89	91	85	80	47	75	22	85	60	78	79	79
Visual aid and return visit													
Visual aids were used during consultation	28	28	13	14	54	35	13	0	21	9	15	21	18
Return visit discussed	53	64	74	77	96	47	96	95	79	94	83	84	83
Number of observed first-visit FP clients	7	19	29	303	68	1	99	38	423	141	295	268	563

¹ Provider asked client about the number of client's sexual partners, or if client's partner has other sexual partners, or asked about periods of absence of sexual partner.

² Visual and auditory privacy and confidentiality assured during consultation.

³ Use of condoms to prevent both pregnancy and sexually transmitted infections (STIs).

⁴ Discussed risk of STIs, using condoms to prevent STIs, or using condoms as dual method or asked client about presence of any symptoms of STI, such as abnormal vaginal discharge.

Table 5.9.2 Components of counselling and discussions during consultations for female first-visit family planning clients, by region

Among female first-visit family planning clients whose consultation was observed, the percentage whose consultation included the indicated components and the indicated discussions related to their partners, to sexually transmitted infections (STIs), and to condoms, by background characteristics, Ethiopia SPA 2021–22

Components of consultation	Region											
	Afar	Amhara	Oromia	Somali	Benishangul Gumuz	SNNP	Sidama	Gambela	Harari	Addis Ababa	Dire Dawa	National
Discussion related to partner												
Partner's attitude toward family planning	9	5	4	3	0	13	3	4	8	16	0	6
Partner's status ¹	1	0	2	0	0	13	1	1	0	21	5	4
Privacy and confidentiality												
Visual privacy assured	72	79	81	85	100	49	79	73	92	89	95	77
Auditory privacy assured	19	75	80	77	98	62	65	53	85	65	83	73
Confidentiality assured	7	39	5	25	5	32	35	1	31	18	65	18
All three counselling conditions on privacy and confidentiality met ²	4	39	4	25	5	17	33	1	31	10	60	15
Discussion related to STIs and condoms												
Use of condoms to prevent STIs	4	0	1	0	0	0	0	4	0	0	6	1
Use of condoms as dual method ³	0	0	0	0	0	0	0	4	0	0	0	0
Any discussion related to STIs ⁴	16	1	5	0	2	1	13	22	8	23	18	5
Individual client cards												
Individual client card reviewed during consultation	37	76	53	47	27	63	76	26	69	79	46	60
Individual client card written on after consultation	57	97	72	92	94	77	89	47	77	87	76	79
Visual aid and return visit												
Visual aids were used during consultation	9	16	21	3	2	18	1	3	31	24	34	18
Return visit discussed	87	89	85	77	24	83	82	70	54	56	60	83
Number of observed first-visit FP clients	15	122	290	4	4	67	15	13	1	29	2	563

¹ Provider asked client about the number of client's sexual partners, or if client's partner has other sexual partners, or asked about periods of absence of sexual partner.

² Visual and auditory privacy and confidentiality assured during consultation.

³ Use of condoms to prevent both pregnancy and sexually transmitted infections (STIs).

⁴ Discussed risk of STIs, using condoms to prevent STIs, or using condoms as dual method or asked client about presence of any symptoms of STI, such as abnormal vaginal discharge

Table 5.10.1 Components of counselling and discussions during consultations for all female family planning clients, by facility type, managing authority, and location

Among all female family planning (FP) clients whose consultations were observed, the percentages whose consultation included the indicated components and the indicated discussions related to sexually transmitted infections (STIs) and condoms, by background characteristics, Ethiopia SPA 2021–22

Components of consultation	Facility type							Managing authority		Urban/Rural		National	
	Referral hospital	General hospital	Primary hospital	Health centre	Health post	Specialty/higher clinic	Medium clinic	Lower clinic	Public	Private	Urban		Rural
Privacy and confidentiality													
Visual privacy assured	80	78	85	81	74	81	89	92	78	90	88	75	80
Auditory privacy assured	73	70	81	75	64	77	79	83	71	81	77	70	73
Confidentiality assured	18	20	34	23	15	48	12	21	20	16	20	19	19
All three counselling conditions on privacy and confidentiality met ¹	13	19	32	19	14	48	9	20	18	15	18	17	17
Discussion related to STIs and condoms													
Use of condoms to prevent STIs	1	1	1	1	0	0	0	0	1	0	0	1	0
Use of condoms as dual method ²	0	2	1	0	0	0	0	0	0	0	0	0	0
Any discussion related to STIs ³	6	11	8	6	2	0	2	0	4	1	6	2	4
Concerns, side effects and individual client cards													
Concerns about methods discussed ⁴	67	58	56	49	50	29	44	47	50	46	48	50	49
Side effects discussed ⁵	39	46	39	34	36	23	27	16	35	23	33	33	33
Individual client card reviewed during consultation	86	76	81	76	61	52	52	16	71	37	61	68	65
Individual client card written on after consultation	94	87	92	88	79	65	70	32	85	54	77	81	80
Visual aid and return visit													
Visual aids were used during consultation	19	23	14	16	13	19	9	0	15	5	10	15	13
Return visit discussed	42	64	75	75	75	65	89	90	75	89	81	75	77
Number of observed female FP clients	22	46	92	1,160	808	2	249	189	2,121	447	1,032	1,535	2,568

¹ Visual and auditory privacy and confidentiality assured during consultation.

² Use of condoms to prevent both pregnancy and sexually transmitted infections (STIs).

³ Discussed risks of STIs, using condoms to prevent STIs, or using condoms as dual method.

⁴ Provider asked client about concerns with family planning method.

⁵ Method-specific side effect discussed with client, if client was provided, or prescribed a method.

Table 5.10.2 Components of counselling and discussions during consultations for all female family planning clients, by region

Among all female family planning (FP) clients whose consultations were observed, the percentages whose consultation included the indicated components and the indicated discussions related to sexually transmitted infections (STIs) and condoms, by background characteristics, Ethiopia SPA 2021–22

Components of consultation	Region											
	Afar	Amhara	Oromia	Somali	Benishangul Gumuz	SNNP	Sidama	Gambela	Harari	Addis Ababa	Dire Dawa	National
Privacy and confidentiality												
Visual privacy assured	73	77	82	91	92	72	78	78	90	91	75	80
Auditory privacy assured	25	70	75	82	91	72	72	56	83	66	66	73
Confidentiality assured	7	37	8	36	10	34	56	2	27	22	49	19
All three counselling conditions on privacy and confidentiality met ¹	4	35	7	35	10	27	52	1	27	16	46	17
Discussion related to STIs and condoms												
Use of condoms to prevent STIs	2	0	0	0	0	0	1	2	0	2	2	0
Use of condoms as dual method ²	0	1	0	0	0	0	0	2	0	0	0	0
Any discussion related to STIs ³	9	3	3	6	3	1	5	7	3	22	7	4
Concerns, side effects and individual client cards												
Concerns about methods discussed ⁴	47	48	49	48	14	54	60	33	29	60	44	49
Side effects discussed ⁵	15	36	32	17	6	33	47	18	15	43	38	33
Individual client card reviewed during consultation	46	71	61	60	68	74	77	44	61	73	71	65
Individual client card written on after consultation	65	81	80	80	83	81	82	53	59	85	85	80
Visual aid and return visit												
Visual aids were used during consultation	6	10	13	20	5	18	23	3	13	16	19	13
Return visit discussed	83	79	78	70	44	81	77	75	41	56	55	77
Number of observed female FP clients	30	444	1,442	24	29	308	127	49	3	105	8	2,568

¹ Visual and auditory privacy and confidentiality assured during consultation.

² Use of condoms to prevent both pregnancy and sexually transmitted infections (STIs).

³ Discussed risks of STIs, using condoms to prevent STIs, or using condoms as dual method.

⁴ Provider asked client about concerns with family planning method.

⁵ Method-specific side effect discussed with client, if client was provided, or prescribed a method.

Table 5.11.1 Feedback from family planning clients on service problems, by facility type, managing authority, and location

Among interviewed family planning (FP) clients, the percentage who considered specific service issues to be major problems for them on the day of the visit, by background characteristics, Ethiopia SPA 2021–22

Client service issues	Facility type								Managing authority		Urban/Rural		National
	Referral hospital	General hospital	Primary hospital	Health centre	Health post	Specialty/higher clinic	Medium clinic	Lower clinic	Public	Private	Urban	Rural	
Poor behaviour/attitude of provider	2	1	1	2	0	0	0	0	1	0	1	1	1
Insufficient explanation about method	4	1	2	2	2	0	0	3	2	1	2	2	2
Long wait to see provider	9	11	9	8	0	0	0	0	5	0	6	3	4
Not able to discuss problems	1	0	3	2	0	0	0	1	1	1	1	1	1
FP commodities not available in facility	1	2	2	5	8	0	0	0	6	0	2	6	5
Facility open limited days	0	3	3	2	0	0	0	0	2	0	2	1	1
Facility open limited hours	1	3	3	2	3	0	0	0	3	0	3	2	2
Facility not clean	1	4	2	3	7	0	0	0	5	0	1	6	4
Services costly	0	0	0	0	2	0	0	4	1	2	1	1	1
Insufficient visual privacy	2	0	1	2	0	0	0	2	1	1	2	1	1
Insufficient auditory privacy	2	0	1	3	0	0	0	1	2	0	1	2	1
Number of interviewed family planning clients	22	46	92	1,160	808	2	249	193	2,121	451	1,033	1,539	2,572

Table 5.11.2 Feedback from family planning clients on service problems, by region

Among interviewed family planning (FP) clients, the percentage who considered specific service issues to be major problems for them on the day of the visit, by background characteristics, Ethiopia SPA 2021–22

Client service issues	Region											National
	Afar	Amhara	Oromia	Somali	Benishangul Gumuz	SNNP	Sidama	Gambela	Harari	Addis Ababa	Dire Dawa	
Poor behaviour/attitude of provider	0	1	1	6	0	1	0	1	0	4	2	1
Insufficient explanation about method	1	1	2	6	0	2	2	0	0	6	2	2
Long wait to see provider	0	3	4	1	1	6	6	4	7	15	6	4
Not able to discuss problems	0	1	1	6	0	1	1	2	0	6	3	1
FP commodities not available in facility	0	1	5	33	0	5	6	3	7	3	0	5
Facility open limited days	0	0	1	20	0	3	1	4	3	1	1	1
Facility open limited hours	0	2	1	34	0	3	3	5	3	5	2	2
Facility not clean	3	1	6	9	1	1	0	3	3	1	0	4
Services costly	0	0	2	0	0	0	0	0	0	2	0	1
Insufficient visual privacy	1	2	1	3	0	2	0	2	3	3	0	1
Insufficient auditory privacy	0	1	1	4	0	2	0	4	0	1	0	1
Number of interviewed family planning clients	30	444	1,446	24	29	308	127	49	3	105	8	2,572

Table 5.12 Client knowledge about contraceptive method

Among interviewed family planning clients who received, were prescribed, or were referred for the indicated method, the percentages who knew the correct response to a question pertaining to the method, by background characteristics, Ethiopia SPA 2021–22

Background characteristics	Percentage who knew the correct response to the question pertaining to the method							
	Any pill ¹	Male condom ²	Depo Provera injectable (3 monthly) ³	Intrauterine contraceptive device (IUCD) ⁴	Implant ⁵	Periodic abstinence ⁷	Tubal ligation ⁷	Lactational amenorrhoea ⁸
Facility type								
Referral hospital	100	-	98	73	95	-	-	-
General hospital	93	100	96	82	97	0	-	-
Primary hospital	94	100	96	22	99	-	100	0
Health centre	97	76	97	62	98	50	-	100
Health post	93	-	100	-	97	-	-	-
Specialty/higher clinic	100	-	91	-	82	-	-	-
Medium clinic	93	0	100	-	100	-	-	-
Lower clinic	100	-	100	-	100	-	-	-
Managing authority								
Public	95	79	98	63	98	46	100	77
Private	95	0	100	67	100	-	-	-
Region								
Afar	100	-	99	-	97	-	-	-
Amhara	79	100	97	-	100	-	-	0
Oromia	98	-	100	65	98	0	-	-
Somali	100	-	98	-	100	-	-	-
Benishangul Gumuz	100	100	99	-	100	-	-	-
SNNP	97	94	98	48	96	-	100	-
Sidama	100	-	99	-	94	-	-	-
Gambela	99	-	99	-	77	-	-	-
Harari	67	-	100	100	100	-	-	-
Addis Ababa	100	50	97	73	100	50	-	100
Dire Dawa	100	-	93	33	96	-	-	-
Urban/Rural								
Urban	97	79	97	42	98	46	100	77
Rural	94	0	100	98	98	-	-	-
National	95	77	99	63	98	46	100	77

Note: The denominator for each method is different and not shown in this table.

The questions asked for each of the methods are:

¹ Any pill: How often do you take the pill?

² Male condom: How many times can you use one condom?

³ Progestin or monthly injectable: For how long does the injection provide protection from pregnancy?

⁴ IUCD: What can you do to make sure that your IUCD is in place?

⁵ Implant: For how long will your implant provide protection from pregnancy?

⁶ Periodic abstinence: How do you recognise the days on which you should not have sexual intercourse? Periodic abstinence and standard days method are included.

⁷ Tubal ligation: After you have been sterilised, could you ever become pregnant again?

⁸ Lactational amenorrhoea method: Can you keep using this method after your menstrual cycle has returned?

Table 5.13 Supportive management for providers of family planning services

Among interviewed family planning service providers, the percentage who report receiving training related to their work and personal supervision during the specified time periods, by background characteristics, Ethiopia SPA 2021–22

Background characteristics	Percentage of interviewed providers who received:			Number of interviewed providers of family planning services
	Training related to family planning during the 24 months before the survey ¹	Personal supervision during the 6 months before the survey ²	Training related to family planning during the 24 months and personal supervision during the 6 months before the survey	
Facility type				
Referral hospital	19	48	9	54
General hospital	21	59	15	164
Primary hospital	19	57	10	293
Health centre	16	68	12	1,440
Health post	19	76	16	1,659
Specialty/higher clinic	43	68	37	3
Medium clinic	20	71	15	277
Lower clinic	10	71	8	175
Managing authority				
Public	18	70	14	3,538
Private	15	70	11	526
Region				
Afar	37	60	21	50
Amhara	16	68	9	749
Oromia	18	74	16	1,541
Somali	21	69	16	166
Benishangul Gumuz	29	74	28	87
SNNP	14	62	10	921
Sidama	17	83	14	194
Gambela	24	56	14	55
Harari	39	81	32	17
Addis Ababa	20	76	15	258
Dire Dawa	29	85	28	26
Urban/Rural				
Urban	17	69	12	1,432
Rural	18	71	15	2,632
National	18	70	14	4,064

¹ Training refers only to in-service training. The training must have involved structured sessions, and does not include individual instruction that a provider might have received during routine supervision.

² Personal supervision refers to any form of technical support or supervision from a facility-based supervisor or from a visiting supervisor. It may include, but is not limited to, review of records and observation of work, with or without any feedback to the health worker.

Table 5.14 Training for family planning service providers

Among interviewed family planning (FP) service providers, the percentages who report receiving in-service training on topics related to family planning during the specified time periods preceding the survey, by background characteristics, Ethiopia SPA 2021–22

Background characteristics	Percentage of providers of FP services who report receiving in-service training on:												Number of interviewed providers of family planning services
	Counselling on FP		FP-related clinical issues ¹		Insertion/removal of IUCD ²		Insertion/removal of Implant		FP for HIV+ clients		Post-partum FP		
	During the past 24 months	At anytime	During the past 24 months	At anytime	During the past 24 months	At anytime	During the past 24 months	At anytime	During the past 24 months	At anytime	During the past 24 months	At anytime	
Facility type													
Referral hospital	14	59	16	47	15	58	14	55	13	41	13	47	54
General hospital	18	50	17	44	16	48	18	48	13	34	12	34	164
Primary hospital	17	46	13	38	16	43	16	45	10	30	12	33	293
Health centre	13	39	9	32	12	36	13	38	7	23	8	23	1,440
Health post	16	77	12	49	6	24	13	69	4	19	9	35	1,659
Specialty/higher clinic	31	56	31	56	37	50	43	56	25	50	25	63	3
Medium clinic	17	51	12	37	11	41	16	47	9	26	9	28	277
Lower clinic	6	39	6	36	5	27	4	34	4	25	5	27	175
Managing authority													
Public	15	59	11	41	10	32	13	54	6	22	9	30	3,538
Private	12	45	9	36	8	36	11	42	7	28	8	30	526
Region													
Afar	36	60	26	49	25	39	29	52	13	23	24	39	50
Amhara	13	59	10	45	8	36	11	52	8	36	10	38	749
Oromia	14	63	11	41	9	32	15	60	3	16	7	27	1,541
Somali	18	45	14	30	11	22	15	35	8	16	8	15	166
Benishangul Gumuz	28	54	28	54	11	27	25	51	26	51	25	50	87
SNNP	12	52	10	40	10	28	10	48	7	21	9	32	921
Sidama	16	50	8	32	10	34	13	47	5	15	6	18	194
Gambela	21	44	14	28	14	28	18	39	9	15	10	24	55
Harari	35	67	33	62	18	43	22	52	26	52	27	50	17
Addis Ababa	16	47	8	37	11	40	11	43	7	30	9	28	258
Dire Dawa	27	62	22	55	20	47	23	57	18	44	19	39	26
Urban/Rural													
Urban	14	53	11	40	13	45	14	50	9	32	10	32	1,432
Rural	15	59	11	41	8	25	13	54	5	18	8	29	2,632
National	15	57	11	41	10	32	13	53	6	23	9	30	4,064

Note: Training refers only to in-service training. The training must have involved structured sessions and does not include individual instruction that a provider might have received during routine supervision.

¹ Any training on the clinical management of family planning methods, including managing side effects.

² IUCD = intrauterine contraceptive device.

Table 5.15 Availability of adolescent health services

Among all facilities, excluding health posts, the percentages that offer adolescent health services by background characteristics, Ethiopia SPA 2021-2022

Background characteristics	Facilities with adolescent health services	Availability of guidelines	Trained provider for AHS services	Number of facilities
Facility type				
Referral hospital	47	25	19	2
General hospital	26	7	11	7
Primary hospital	23	10	9	15
Health centre	47	30	30	181
Specialty/Higher clinic	2	0	0	7
Medium clinic	16	2	4	92
Lower clinic	7	0	0	97
Managing authority				
Public	45	28	28	205
Private	11	1	2	198
Region				
Afar	15	11	14	7
Amhara	40	18	15	95
Oromia	23	15	15	152
Somali	13	0	2	15
Benishangul Gumuz	22	20	20	7
SNNP	29	16	20	68
Sidama	40	15	16	13
Gambella	6	1	2	9
Harari	33	3	10	2
Addis Ababa	26	12	16	33
Dire Dawa	26	10	6	3
Urban/Rural				
Urban	27	13	13	212
Rural	29	16	17	191
National	28	15	15	403

ANTENATAL CARE SERVICES

Key Findings

- Seventy-five percent (75%) of all facilities reported offering antenatal care (ANC) services, of which 65% provided the tetanus toxoid (TT) vaccine every day that ANC was offered.
- The ANC guidelines or other guidelines relevant to ANC are available in only 52% of facilities that offer ANC services.
- Thirty-six percent (36%) of facilities that offer ANC services can diagnose HIV. About 97% of referral hospitals, 97% of general hospitals, 98% of primary hospitals, and 79% of the health centres can test for blood group and RH factor.
- Eighty-nine percent (89%) of facilities that offered ANC services have either iron or folic acid tablets, and 81% offer a combination of the two. Sixty-three percent (63%) of the facilities have TT vaccine, and only 18% of ANC facilities have insecticide-treated bed nets (ITN).
- More than half of the first-visit ANC clients (53%) had the basic laboratory tests (urine protein or glucose, haemoglobin test, blood grouping, and syphilis tests) during their current visit.
- In 72% of the facilities, providers give or prescribe iron or folic acid for ANC clients.
- Seventy-seven percent (77%) of ANC clients at health facilities obtain advice on how to respond to warning signs.
- The average amount of time ANC clients spend to obtain service after they reach the facility is 11 minutes.
- The average amount paid for ANC services is 294 ETB. This service fee is higher in private facilities (467 Birr) than in government facilities (82 Birr).
- Seventy-nine percent (79%) of the ANC facilities provide any prevention of mother-to-child transmission (PMTCT) service.

6.1 BACKGROUND

All pregnant women are at risk of developing complications. The aim of antenatal care (ANC) services is to achieve good outcomes for both the mother and the baby and to prevent any complications that may occur in pregnancy, delivery, or the postpartum period. It is important to ensure that all pregnant women have access to preventive interventions, early diagnosis and treatment, and emergency care when needed. It is essential that ANC include individual birth plans, education on danger signs, complication readiness, family planning (FP) counselling, prevention of mother-to-child transmission (PMTCT) of HIV, and nutrition, as well as skilled and timely intervention to avoid adverse

maternal and neonatal outcomes. This is the basis of focused antenatal care (FANC), in which a minimum of four quality visits is recommended (FHAPCO 2007), although WHO (2016) recommends the eight contact model.

Maternal Health Status and Health Care Utilisation

Complications of pregnancy and childbirth are among the leading causes of morbidity and mortality among Ethiopian women. Recent estimates suggest that there are 412 maternal deaths per 100,000 live births in Ethiopia (EDHS 2016).

The provision of quality ANC in health facilities can be measured by the availability and readiness of different parameters in the facilities that provide the services. These include a qualified and trained provider; instruments and equipment; drugs and commodities; supervision and management support; diagnostic capacity for related disease conditions; the content of services received; and the type of information given to women during their visits. These services raise awareness of the danger signs during pregnancy, delivery, and the postnatal period. They also improve the health-seeking behaviour of the client, orient the client to issues in birth preparedness, and provide basic preventive and therapeutic care.

The 2021–22 ESPA obtained information on ANC service availability and readiness from responses of health care providers, observation of the client-provider interaction, and exit interviews with ANC clients who sought routine ANC services during the survey.

Antenatal care services for all women should include at least four focused ANC visits (FHAPCO 2007). Since July 2022, however, the new, revised ANC guideline suggests that pregnant women should have a minimum of eight contacts.

The following key areas are addressed in this chapter.

- **Availability of services:** Section 6.2, including **Table 6.1**, examines the availability and frequency of ANC services.
- **Service readiness:** Section 6.3, including **Tables 6.2 to 6.5** and **Figure 6.2**, addresses the readiness of facilities to provide quality ANC services, including the availability of basic equipment and infection control items, diagnostic capacity, and essential medicines.
- **Adherence to standards:** Section 6.4, including **Tables 6.6 to 6.12** and **Figures 6.3 to 6.9**, examines the content of observed ANC consultations and feedback from ANC clients.
- **Basic management and supportive systems:** Section 6.5, including **Tables 6.13** and **6.14**, and **Figure 6.10**, addresses the extent to which essential management and supportive systems, including in-service training, are in place to support quality services.
- **Prevention of mother-to-child transmission (PMTCT) of HIV:** Section 6.6, with **Tables 6.15** and **6.16**, assesses the availability of PMTCT services in facilities that offer ANC services.
- **Malaria in pregnancy:** Section 6.7, including **Tables 6.17 to 6.19**, provides information about the availability of preventive, diagnostic, and treatment on malaria services in facilities that offer ANC services.

6.2 AVAILABILITY OF ANTENATAL CARE SERVICES

Antenatal care is designed to promote healthy behaviours and preparedness during pregnancy, childbirth, and the postpartum period, and is also important for the early detection and treatment of complications. Information on the availability of ANC and tetanus toxoid (TT) vaccine services in the selected health facilities is provided in **Table 6.1**.

Overall, 75% of all facilities that were assessed offer ANC services, of which 80% provide TT vaccine, although only 65% of the facilities provide TT vaccine every day that ANC is offered. Eighty-seven percent of facilities that offer ANC services do so for five or more days per week. Ninety-one percent of referral hospitals offer ANC services. Among the referral hospitals that offer ANC services, the percentage that provides TT was 79%. Ninety-eight percent of general hospitals offer ANC services, and the percentage that provide TT was 78%.

Almost all assessed primary hospitals (99%), all health centres, and 80% of the health posts offer ANC services. The percentage that provide TT tetanus to pregnant women accounted for 95%, 82%, and 75% of health centres, health posts, and primary hospitals, respectively (**Table 6.1**). TT vaccine provision is minimal in the medium clinics (9%) and almost non-existent in the lower clinics (2%). Most (84%) public facilities and 32% of private facilities provide ANC, and 85% of public facilities and 11% of private facilities provide TT vaccine to pregnant women.

Regional comparisons show that 94% of facilities in Sidama and 83% in Oromia offered ANC services, while only 49% of facilities in Addis Ababa and 45% in Benishangul Gumuz offered ANC services. Among facilities that offer ANC, above 95% in Benishangul Gumuz and Harari provide TT vaccine, while only 39% of facilities provide TT vaccine in Addis Ababa. Eighty percent of rural and 57% of urban facilities provide ANC services, and among those facilities, 82% of rural and 69% of urban facilities provide TT vaccine. Additional information is detailed in **Table 6.1**.

6.3 ANTENATAL CARE SERVICE READINESS

To provide quality care, ANC services need guidelines, appropriately trained providers, and specific supplies and equipment, including those for infection control. ANC services also require the capacity to perform diagnostic tests, and routinely dispense medicines.

Guidelines

The ANC guidelines or other guidelines relevant to ANC were available in 52% of facilities that offer ANC services. The national ANC guidelines or other guidelines relevant to support quality ANC services are more likely to be available in hospitals and health centres than in the lower-level facilities. Regional comparison shows that ANC guidelines are more likely to be available in the facilities of Addis Ababa (87%) and Benishangul Gumuz (78%), versus at the other extreme, lower than 50% of the facilities in Afar, Somali, SNNP, Sidama, and Dire Dawa and only 21% of facilities in the Gambela Region (**Table 6.2**).

Trained Staff for ANC

Only 22% of the ANC providers reported receiving structured in-service training relevant to ANC during the 24 months before the survey. Availability of trained staff during the 24 months before the survey was relatively better in hospitals at 52% of referral hospitals, 42% of general hospital, and 34% of the primary hospitals. Twenty-three percent of public health facilities and 13% of private health facilities have at least one interviewed staff member who provides ANC services and who reported having received the training. Only 2% of the lower clinics reported receiving training related to ANC during the 24 months before the survey. Regional variation shows that Harari (79%) and Afar (51%) received training related to ANC, while in contrast, Gambela (15%) and SNNP (13%) received training related to ANC (**Table 6.2**).

Equipment and instruments

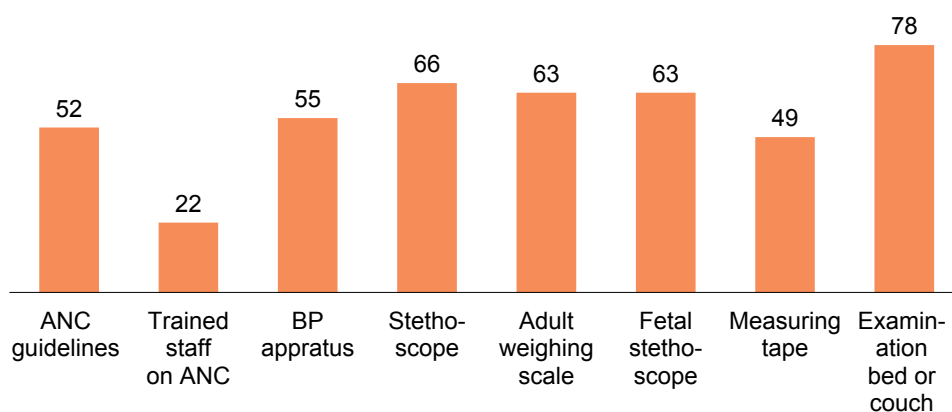
A functioning blood pressure apparatus, stethoscope, foetal stethoscope, adult weighing scale, measuring tape, and an examination bed or couch are essential equipment and clinical instruments that should be available at all times in ANC service areas. The 2021–22 ESPA assessed the availability of these six items.

The availability of basic equipment for ANC services ranges from 49% to 78% of the facilities that provide ANC.

Facilities managed by private-for-profit authorities are more likely to have the basic ANC equipment and instruments than the public facilities. Among the regions, facilities in Benishangul Gumuz and Addis Ababa are more likely to have the essential equipment and instruments than others. Urban health facilities are more likely to have the essential equipment and instruments than the rural health facilities (Table 6.2 and Figure 6.1).

Figure 6.1 Availability of items and resources to support quality ANC services among facilities that offer ANC service

Among facilities offering ANC services (N=865), percent that have:



6.4 ITEMS FOR INFECTION CONTROL DURING PROVISION OF ANTENATAL CARE

Receiving safe service is one of the client’s rights in the health facility and one that addresses the providers’ need to provide a service that doesn’t endanger client safety. The infection control supplies and equipment assessed in the selected health facilities for the 2021–22 ESPA include soap, running water; alcohol-based antiseptic, latex gloves, sharp containers, and waste receptacles (Table 6.3).

Table 6.3 shows that a sharps container is the most widely available equipment (95%) in the ANC service delivery areas. Among health facilities that provide ANC service, 37%, 43%, and 31% of health facilities have running water, soap, and both soap and water, respectively. Eighty-five percent of the facilities have either soap with running water or alcohol-based hand antiseptic. The facilities in the Addis Ababa Region appear to be the best supplied, while facilities in the SNNP, Sidama, and Gambela regions are the least. Almost all infection control items are more likely to be available in urban facilities than in rural facilities, except for the sharp containers (Table 6.3).

6.5 LABORATORY DIAGNOSTIC CAPACITY

The 2021–22 ESPA also assessed if the selected health facilities have the capacity to test ANC clients’ haemoglobin, urine for protein, and urine for glucose; determine the blood group with rhesus (RH) factor; and diagnose syphilis and HIV.

Among facilities that offer ANC services, 100% of referral hospitals have the capacity to conduct all tests except blood groups and the RH factor (97%). Hospitals and specialty/higher clinics are more likely to have the capacity to conduct these tests than lower-level facilities with 98% of primary hospitals, 97% of general hospitals, and 79% of the health centres having the capacity to test haemoglobin, blood groups, and the RH factor, respectively.

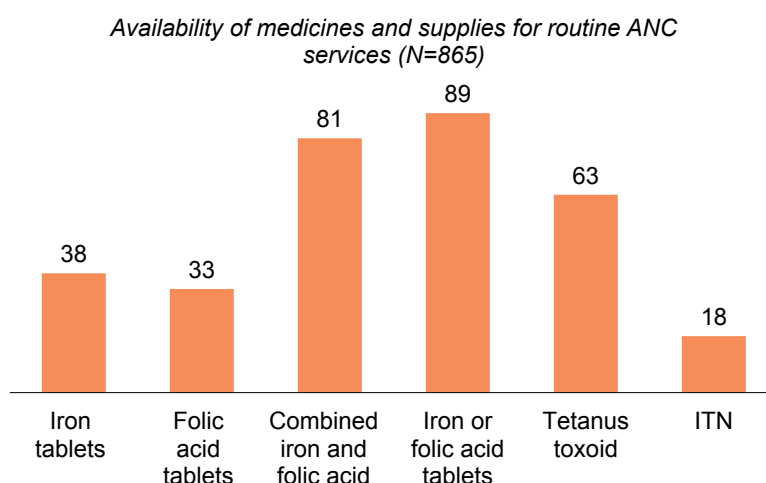
Private health facilities are more likely to have the basic diagnostic tests than public health facilities. Among the regions, only Addis Ababa is more likely to have the laboratory tests among health facilities that offer ANC service. Urban health facilities have much greater capacity to conduct the indicated diagnostic tests compared to the rural health facilities (Table 6.4).

6.6 AVAILABILITY OF MEDICINES, VACCINES, AND SUPPLIES FOR ROUTINE ANTENATAL CARE

A facility must be prepared to address the common disease conditions aggravated by and complicating pregnancy outcomes: anaemia, malaria, and the prevention of neonatal tetanus.

Table 6.5 and Figure 6.2 show the availability of medicines, vaccines, and supplies for routine ANC. Among facilities that offer ANC services, 81% of the facilities have combined iron and folic acid tablets, 89% have iron or folic acid tablets, 63% have TT vaccine, and only 18% of facilities have insecticide-treated bed nets. Public facilities are more likely to have these medicines, vaccines, and supplies than the private facilities. Regional comparison shows that among facilities that offer ANC services, the highest is 99% in Benishangul Gumuz and the lowest is 60% in Harari for the combined iron and folic acid tablets, while facilities in SNNP and Gambela are less likely to have iron tablets and folic acid tablets (Table 6.5).

Figure 6.2 Availability of medicines and supplies for routine ANC services among facilities that provide ANC services



6.7 CHARACTERISTICS OF OBSERVED ANTENATAL CARE CLIENTS

To assess if ANC providers adhere to service standards, ESPA interviewers observed ANC consultations using standardised observation tools.

Among ANC clients observed for consultation, 50% were first-visit clients, 50% had their follow-up visits, and 30% of them were in their first pregnancy (Table 6.6).

Antenatal care is more beneficial in preventing adverse pregnancy outcomes when received early in the pregnancy and continued through delivery. However, only a small percentage (8%) of the clients appeared at the selected ANC facilities in their first trimester of pregnancy compared with the 45% and 46% in their second and third trimesters, respectively. Lower-level facilities are more likely to have the highest percentage at 75%, 66%, and 63% in lower clinics, medium clinics, and health posts, respectively, for the first visit ANC clients than hospitals and health centres, which were between 41% and 48%.

Among the ANC clients observed for consultation, fewer than 10% of clients were in their first trimester in all regions except in the Addis Ababa and Dire Dawa regions which were higher at 27% and 21%, respectively (Table 6.6).

6.8 GENERAL ASSESSMENT AND CLIENT HISTORY FOR OBSERVED FIRST VISIT ANC CLIENTS

6.8.1 General Assessment and Client History for Observed First Visit ANC Clients by Facility Type, Managing Authority, and Rural-urban Settings

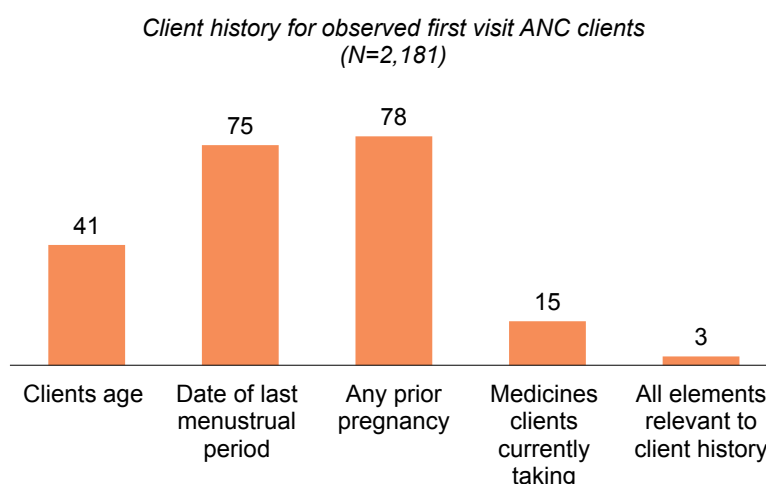
Table 6.7.1 provides summary information about client history, routine tests, and prior pregnancy-related complications screening.

Client History

During a first ANC visit, the provider is expected to elicit a basic medical history in order to assess the client for pre-existing risk conditions.

Among first-visit ANC clients, 75% were asked about their date of last menses, 78% about any prior pregnancy, 41% about their age, and only 15% about any medications they were currently taking by providers. Only a small percentage (3%) were asked about all elements relevant to client history (Table 6.7.1 and Figure 6.3).

Figure 6.3 Client history for observed first-visit ANC clients in facilities

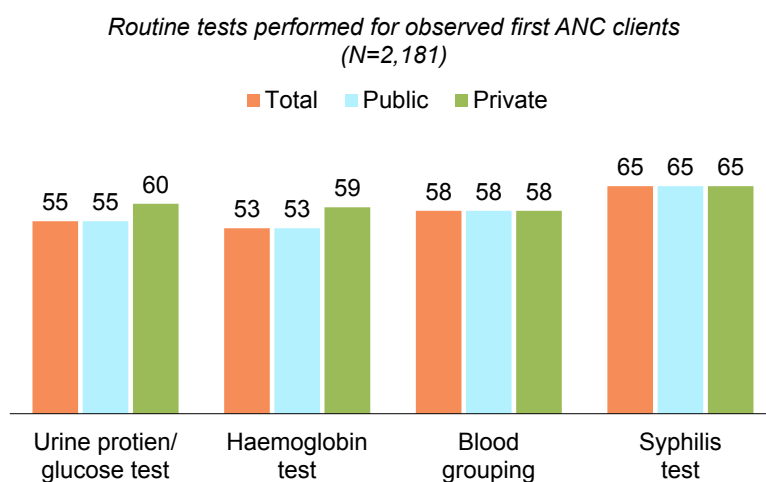


Assessment using Routine Laboratory Tests

To meet the defined minimum standards, all pregnant women should be screened for syphilis at the first ANC visit within the first trimester and again in late pregnancy. It is also a requirement to determine the blood group, haemoglobin, blood glucose, and urine protein or glucose as a baseline and on an ad hoc basis. Laboratory testing capability is necessary for facilities to be able to provide some of these screening and preventive interventions. A facility that does not have the capacity to provide the service should have a referral system in place to provide ANC clients with access to these laboratory services.

Among the first ANC visit clients, those who had these basic laboratory tests during their current visit ranged from 53% to 65% (Figure 6.4). There was a higher proportion in urban locations when compared with rural counterparts. The lower clinics did not provide these tests (Table 6.7.1).

Figure 6.4 Routine tests performed for observed first-visit ANC clients in facilities



Prior Pregnancy-related Complications Screening

First-visit ANC clients were observed in all facilities to assess if stillbirth, previous abortion, and any aspect of complications during a prior pregnancy were included in the screening. Additional questions were asked about death of infant during the first week after birth, heavy bleeding during labour or postpartum, assisted delivery, multiple pregnancies, prolonged labour, pregnancy induced hypertension, and pregnancy related convulsions.

Among the first ANC visitors, 82% were asked about their experience of any complications during a prior pregnancy, while only 16% of clients were asked if they were having or had experienced heavy bleeding during labour or postpartum, and only 12%, 11% and 10% were asked if they had pregnancy-related convulsions, prolonged labour, and high fever or infection during prior pregnancy, respectively (**Table 6.7.1**).

6.8.2 General Assessment and Client History for Observed First-visit Antenatal Care Clients by Regional Background

Client History

During a first ANC visit the provider is expected to elicit a basic medical history to assess the client for pre-existing risk conditions.

Table 6.7.2 shows that, among the first ANC visits, only 3% of the clients were asked about all factors relevant to their history. However, in the Sidama and Harari regions, all factors relevant to clients' histories were not asked. About 78% of clients making their first ANC visit were asked if there were any prior pregnancies, but this varied from the lowest at 50% in Gambela to the highest of 95% in Afar.

Among all the first ANC visit clients, 75% were asked about the date of their last menstrual period and 41% were asked about their age, although only 15% were asked about their current medicines.

Routine ANC Test

Among the first ANC visit clients, urine protein/glucose testing was done for 55%, although this varied by region, with the highest in Afar (91%) and the lowest in Sidama (35%). Haemoglobin tests were conducted for 53% of the clients and syphilis testing for 65%; 67% discussed previous abortions, 45% stillbirth, 37% pregnancy-induced hypertension, 31% assisted deliveries, and 24% multiple pregnancies, which were the most common complications discussed with ANC clients. Overall, any discussion of complications during prior pregnancy occurred 82% of the time, although this varies from region to region (**Table 6.7.2**).

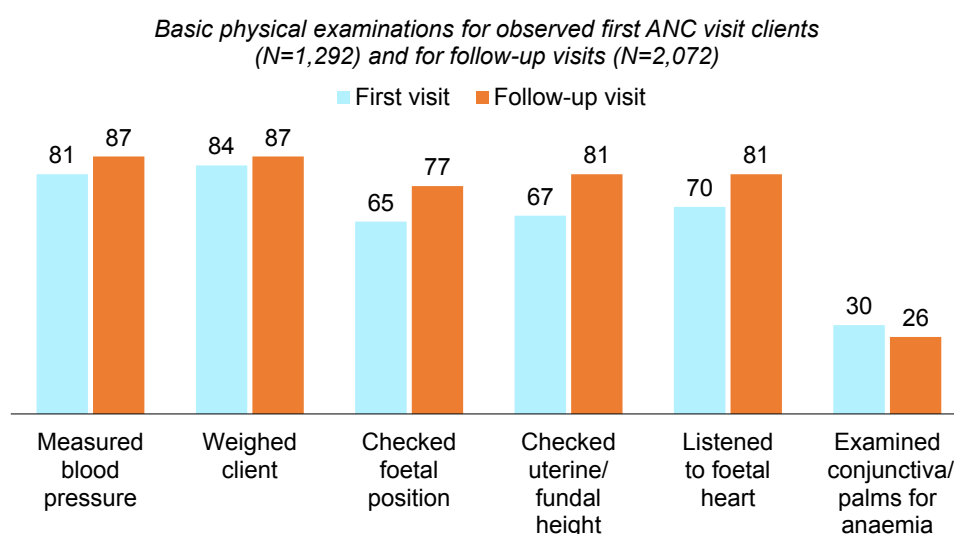
6.9 BASIC PHYSICAL EXAMINATION AND PREVENTIVE INTERVENTIONS FOR ANTENATAL CARE CLIENTS

6.9.1 Basic Physical Examination and Preventive Interventions for Antenatal Care Clients by Facility Type, Managing Authority, and Rural-urban Settings

Basic Physical Examination

Among all first ANC visit clients, 81% had their blood pressure measured, and 30% were examined with their conjunctiva/palms for anaemia, 84% of the clients were weighed, 67% were checked for uterine fundal height, and 65% of them were checked for foetal position (see **Figure 6.5**). Among first visit clients, 100% of the clients in the speciality clinics were checked for foetal position.

Figure 6.5 Basic physical examinations for observed first-visit ANC clients in facilities



Preventive Interventions

Among first ANC clients, 85% in medium clinics, 82% in health centres, 64% in general hospitals, 53% in referral hospitals, and 52% in the primary hospital and health posts have or were prescribed iron or folic acid tablets during the first ANC visit; 73% from public health facilities, 62% from private health facilities have or have been prescribed iron or folic acid tablets from providers, 73% from the rural health facilities, and 71% from urban health facilities have or have been prescribed iron or folic acid tablets from providers.

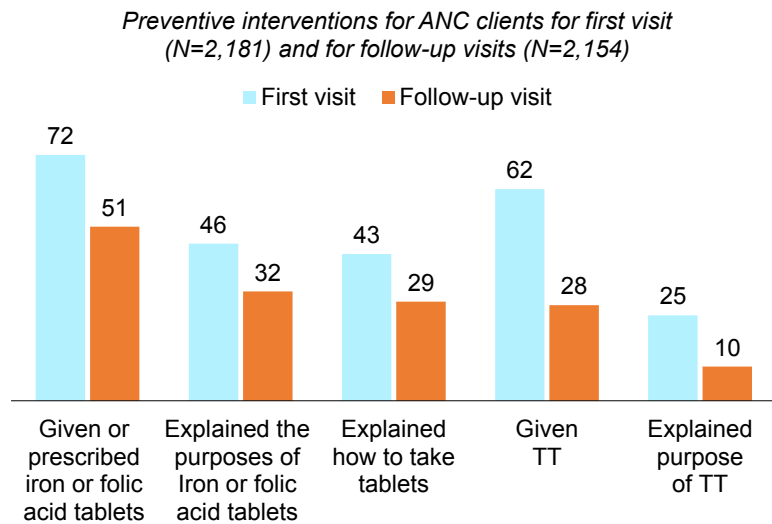
Fifty-eight percent of ANC clients in health centres, 35% in referral and general hospitals, and 30% in primary hospital and health posts received an explanation about the purpose of iron or folic acid tablets, and 57% of ANC clients in health centres received an explanation about how to take the tablets. Clients from public health facilities received a better explanation of how to take tablets compared to the private health facilities (47% and 8%, respectively).

Sixty-seven percent of the first ANC visit clients in health centres and 69% in health posts received TT vaccine during the ANC first visit. Overall, the public health facility providers were more likely to provide, prescribe, and explain the purposes of the drugs and vaccine.

Among follow-up visit ANC clients, 100% in speciality/higher clinics, 98% in referral hospitals, and 95% in general hospitals had their blood pressure measured by the health care providers, although this was only 33% in health posts. In the speciality clinics, only 7% were checked for foetal position.

From all observed ANC clients, 85% had their weight checked, 84% had their blood pressure measured, only 28% had examinations for conjunctiva/palms for anaemia; and 62% have or have been prescribed iron or folic acid tablets from providers in all health facilities. Among all clients observed for consultation, only 17% received an explanation about the purpose of TT vaccine (Table 6.8.1 and Figure 6.6).

Figure 6.6 Preventive interventions for ANC clients in facilities



6.9.2 Basic Physical Examination and Preventive Interventions for Antenatal Care by Regional Background

Basic Physical Examination

Table 6.8.2 shows that among first ANC visit clients, the physical examination and preventive interventions varied by region. All ANC clients whose consultation was observed had their blood pressure measured in Benishangul Gumuz and Gambela, while this was 57% in Addis Ababa. Foetal position was checked for all (100%) of clients in Harari, but only 17% for clients in Afar.

Preventive Measures

Among ANC follow-up clients, only 10% received an explanation about the purpose of TT vaccine. Overall, basic physical examination and preventive interventions for ANC varied by region (Table 6.8.2).

6.10 COUNSELLING TO PROMOTE A HEALTHY PREGNANCY OUTCOME

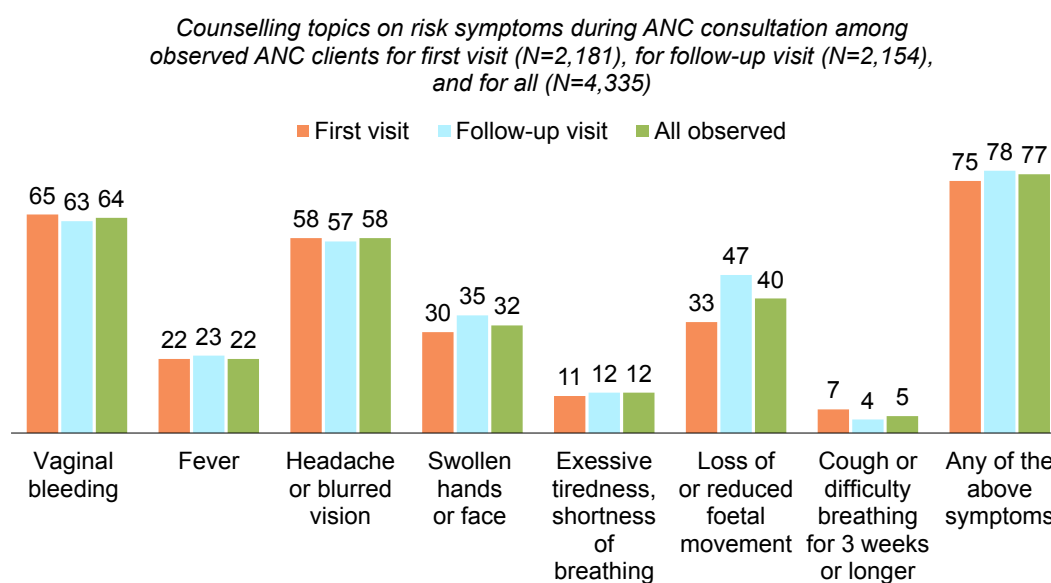
6.10.1 Counselling to Promote a Healthy Pregnancy Outcomes by Facility Type, Managing Authority, and Rural-urban Settings

ANC providers are expected to routinely counsel clients to discuss pregnancy risk symptoms such as vaginal bleeding, fever, headache or blurred vision, swollen hands or face, excessive tiredness, shortness of breath, and reduced or no foetal movement. Nutritional needs, breastfeeding, and postpartum family planning are also required counselling topic areas.

Content of Counselling Related to Risk Symptoms

As shown in **Table 6.9.1**, among ANC clients, any risk symptoms were discussed during their consultation with 75% of first ANC visit clients and 78% of follow-up clients. Vaginal bleeding was discussed with 65% of the first ANC visit consultations and in 63% of the follow-up visit consultations. Overall, cough or difficulty breathing for 3 weeks or longer were minimal in the discussion (7% and 4% for first ANC visit clients and follow-up visit clients, respectively) (**Table 6.9.1** and **Figure 6.7**).

Figure 6.7 Counselling topics on risk symptoms during ANC consultation among observed ANC clients



6.10.2 Counselling to Promote a Healthy Pregnancy Outcome by Regional Background

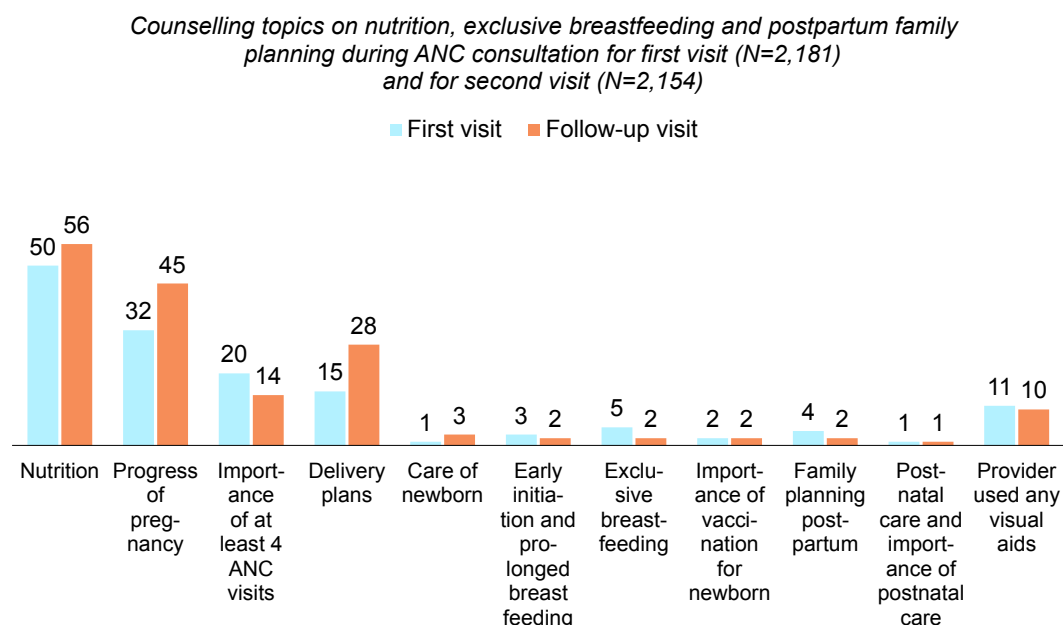
Among ANC visit clients, 90% in Afar and 82% in the Somali regions more often discussed the risk symptoms with providers compared to the other regions. First visit clients in Dire Dawa (30%) were less likely to discuss the risk symptoms compared to the other regions. More clients observed in Afar region (83%) had discussed risk symptoms related to vaginal bleeding with providers compared to those in Dire Dawa (20%) (**Table 6.9.2**).

6.11 CONTENT OF ANC COUNSELLING RELATED TO NUTRITION, BREASTFEEDING, AND FAMILY PLANNING

6.11.1 Content of ANC Counselling Related to Nutrition, Breastfeeding, and Family Planning by Facility Type, Managing Authority, and Rural-urban Settings

Nutrition during pregnancy was discussed during consultations with half (50%) of first-visit clients and 56% of follow-up clients in facilities (**Figure 6.8**). Thirty-three percent of the referral hospitals, 42% of the general hospital, 36% of the primary hospital, 56% of the health centre, and 52% of health post clients were observed being counselled on nutrition during pregnancy in their first ANC visit. On the other hand, 32% of the referral hospital, 47% of the general hospital, 54% of the primary hospital, 57% of the health centre, and 63% of health post clients were observed being counselled on nutrition during pregnancy in their follow-up ANC visit. Only 16% of pregnant women in the private facilities are counselled about nutrition during pregnancy, while 53% in public facilities are advised about nutrition during their first ANC visit. The private facilities' performance on nutrition counselling increased in the follow-up visits to 59% (**Table 6.10.1**).

Figure 6.8 Counselling topics on nutrition, exclusive breast feeding and postpartum family planning during ANC consultation



The national average of first-visit clients with whom providers discuss the progress of the pregnancy is 32%, with 28% in referral hospitals, 43% in general hospitals, 49% in primary hospitals, 37% in health centres, and 9% in health posts. During the follow-up ANC visits, 45% of the clients were counselled about the progress of pregnancy, and the performance of the health posts, referral hospitals, primary hospitals, general hospitals and health centres was 35%, 36%, 39%, 47%, and 48%, respectively. Importance of at least 4 ANC visits was discussed with just two of every ten new ANC clients and 14% of the follow-up clients. Only 15% and 28% of the first and follow-up ANC clients were counselled about delivery plans, with none of the facility types performing above 27% during the first visit and 48% during the follow-up visit. (**Table 6.10.1**).

Other important counselling topics, such as care of newborn, early initiation and prolonged breastfeeding, exclusive breastfeeding, the importance of vaccination for the newborn, postpartum family planning, and the use of visual aids to assist the counselling process were all negligible for both types of clients and in all types of facilities, with ranges from 1% to 5% for first ANC and 1% to 3% for follow-up ANC visits. Further information on the ANC counselling topics by managing authority are shown in **Table 6.10.1**.

6.10.2 Content of ANC Counselling Related to Nutrition, Breastfeeding, and Family Planning by Regional Backgrounds

In relative terms, the proportion of first ANC clients counselled about nutrition during pregnancy was the highest in the Somali Region (65%) and lowest in Benishangul Gumuz (31%) and Addis Ababa (38%). During the follow-up visit, the highest performances were observed in Amhara (65%) and SNNP (61%), while the lowest performances were seen in Benishangul Gumuz (23%) and Addis Ababa (40%). Further detail on other ANC counselling topics is presented in **Table 6.10.2**.

6.12 CONTENT OF HEALTH EDUCATION COVERED AS REPORTED BY INTERVIEWED CLIENTS

6.12.1 Content of Health Education Covered as Reported by Interviewed Clients by Facility Type, Managing Authority, and Rural-urban Settings

Tables 6.11.1 and **6.11.2** provide information on the percentages of ANC consultations in which the provider specifically counselled the client about the following seven danger symptoms: vaginal bleeding or spotting; fever; swollen hands, face, or body; fatigue or breathlessness; headache or blurred vision; seizure or convulsions; and loss of or reduced foetal movement. Only 51% of the observed ANC consultations included counselling on any of these seven symptoms.

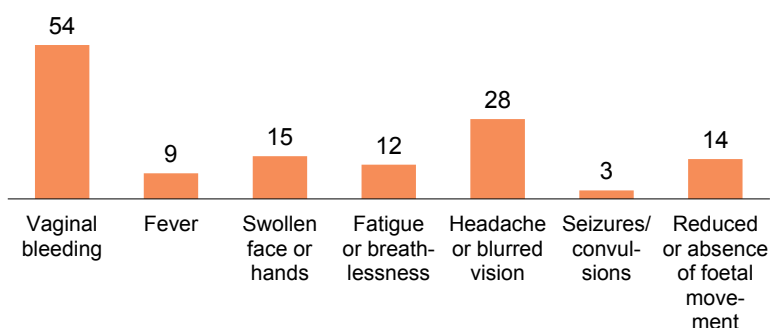
Vaginal bleeding was the most frequently discussed topic, at 54%, while the proportion of women who said the providers discussed other warning topics ranged from 3% for seizures or convulsions to headache or blurred vision (28%) (**Table 6.11.1** and **Figure 6.9**).

The most (73%) commonly advised action for the warning signs was to seek care at a health facility, and this was done in all (100%) speciality/higher clinics, with the lowest figure reported in health posts (59%). Only 16% and 18% of interviewed clients at facilities

reported having received counselling on using family planning after childbirth and the importance of exclusive breastfeeding, respectively. Similarly, only 30% and 35% of the clients said they were counselled on the supplies to prepare for delivery and planned place of delivery, respectively.

Figure 6.9 Pregnancy related warning signs discussed during ANC consultations in health facilities

Pregnancy-related warning signs discussed during ANC consultation in all health facilities (N=4,335)



6.12.2 Content of Health Education Covered as Reported by Interviewed Clients by Regional Background

In Afar, Benishangul Gumuz, and Gambela, 83%, 80%, and 78% of the clients said the providers discussed vaginal bleeding, respectively. In Amhara, Gambela, Afar, and Benishangul Gumuz regions, nearly 80% of clients said the providers advised the clients to seek care from a health facility.

6.13 ANTENATAL CARE CLIENTS' OPINION

During the exit interview, ANC clients were asked if they perceived specific service-related issues as a major or minor problem, or not a problem for them that day. **Tables 6.12.1** and **6.12.2** show that 1% to 12% of ANC clients reported at least one major complaint. The most frequent complaint was the waiting

time at the facility to see the provider (12%). Complaints about waiting time were mentioned most often by clients receiving care at referral hospitals (28%), medium clinics (42%), and private facilities (20%).

The average amount of time spent by the clients to obtain service after they reached the facility varied between 15 and 60 minutes, with the national average at 11 minutes. The longest wait time was reported in referral hospitals (60 minutes) and the shortest in health centres (15 minutes) and rural facilities (9 minutes). The longest wait time was reported in Addis Ababa (33 minutes), while the shortest wait time by region was 2 minutes, which was reported in Afar and Somali regions.

The average amount of money paid in facilities was 294 ETB. The service fee for ANC was higher in private facilities (467 ETB) compared to the public facilities (82 ETB). The highest service fee for ANC was reported in SNNP (597 ETB), Addis Ababa (384 ETB), and Harari (379 ETB). Further details of ANC clients' complaints, waiting time length, and ANC service fee by facility type, managing authority, residence, and regions are shown in **Table 6.12.1** and **Table 6.12.2**.

6.14 MANAGEMENT AND SUPPORT SYSTEM

6.14.1 Provider Training and Supervision

Providers who have received recent training can be expected to have more up-to-date knowledge about their particular service area. Overall, only 15% of ANC providers received in-service training related to ANC during the 24 months before the survey. Over 40% of ANC care providers in Harari and Afar, 8% in SNNP, and 12% in Oromia received in-service training related to ANC during the 24 months before the survey. Seven in ten (70%) ANC care providers received personal supervision during the six months before the study. The highest proportion of ANC care providers receiving personal supervision was reported in speciality/higher clinics (94%) and Dire Dawa (85%). Only 10% of ANC care providers received training related to ANC and personal supervision during the six months before the survey. Further details of ANC training in the previous 24 months and personal supervision in the six months before the survey are shown in **Table 6.13** and **Figure 6.10**.

Figure 6.10 Reported percentage of training and supervisions received by ANC providers by region

Training and supervision for providers by region (N=3,424)

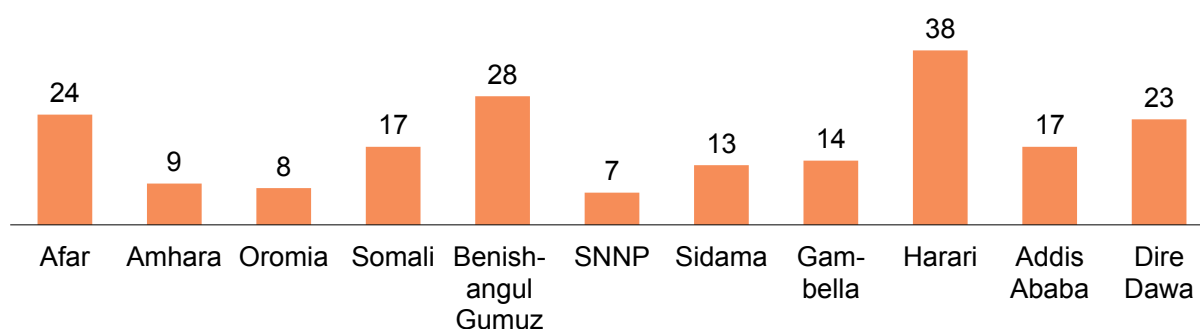


Table 6.14 shows that 7% of providers reported that they had received in-service training on counselling for ANC clients, complications of pregnancy and their management, and ANC screening in the past 24 months before the survey. Among public facilities, providers in the health posts were more likely to

receive training on ANC counselling, ANC screening, complications of pregnancy, and family planning during the past 24 months. The proportion of care providers who have ever received training at any time on ANC related topics such as ANC counselling, ANC screening, complications of pregnancy, family planning, sexually transmitted infections, intermittent preventive treatment of malaria in pregnancy, and comprehensive abortion care ranged between 8% for sexually transmitted infections to 56% for family planning (**Table 6.14**).

6.15 PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV (PMTCT)

6.15.1 PMTCT Service Availability

Overall, 79% of the facilities that offer ANC provided any PMTCT-related services, with the most frequent being HIV testing for pregnant women (76%) and family planning counselling for HIV-positive pregnant women (76%), followed by nutritional counselling for HIV+ pregnant women and their infants (74%) and infant and young child feeding counselling (73%). Antiretroviral prophylaxis for HIV-positive pregnant women was the least available (39%) component of the PMTCT service. Only 39% and 42% of the facilities provided prophylaxis for HIV+ pregnant women and infants born to HIV+ women, respectively. Further details on the availability of services for PMTCT by facility type, managing authority, and region are available in **Table 6.15**.

6.15.2 PMTCT Service Readiness

The facilities that offered ANC were explored for their readiness to provide PMTCT service in terms of guidelines, trained staff, equipment, diagnostic capacity, and medicines.

About 20% and 11% of health facilities had at least one trained ANC providers on PMTCT as well as infant and young child feeding, respectively. The proportion of health facilities with PMTCT and infant and young child feeding guidelines was 42% and 36%, respectively. Afar, Oromia, Somali, and Sidama regions were found to be the least-ready regions with the availability of guidelines and staff trained for PMTCT services. Health facilities in Somali, SNNP, and areas of Sidama reported the lowest availability of antiretroviral medicines for PMTCT.

Three-quarters (75%) of the health facilities had visual and auditory privacy in the ANC rooms. Only 30% of the health facilities had the capacity for dried blood spot testing (DBS). For the proportion of health facilities with antiretroviral medicines, 43% had maternal ARVs, 41% had NVP syrup, and 32% had AZT syrup. None of the speciality/ higher clinics had any antiretroviral medicines (**Table 6.16**).

6.16 MALARIA SERVICES IN FACILITIES OFFERING ANTENATAL CARE SERVICES

Malaria during pregnancy can be fatal or cause poor pregnancy outcomes. Measures must be taken to prevent its occurrence during pregnancy and treat it promptly. The ability to do this depends on the availability of proper medicines, diagnostics, and appropriate interventions during ANC visits.

Among health facilities that provide ANC, 14% had staff trained in malaria management and a quarter of the facilities had ITNs. Nearly half of the facilities had ACT (48%) and 12% had quinine for treating malaria. Nine in ten (89%) facilities had iron or folic acid; 54% had RDT or microscopy, 47% had malaria RDT, and 16% had malaria microscopy.

Compared to other public health facilities, the proportion of health posts with ITNs was low at 23%. Health posts also had low ACT (39%) and quinine (7%) availability compared to the health centres and hospitals.

The proportion of private facilities with staff trained in malaria management, and having ITNs, ACT, and quinine, was low compared to the public facilities. There were wide variations in facility readiness by region (**Table 6.17**).

6.17 MALARIA TRAINING FOR ANTENATAL SERVICE PROVIDERS

The interviews with ANC care providers showed that only 10%, 8%, and 8% had training in malaria diagnosis, performing rapid malaria diagnostic tests, and malaria case management and treatment in the 24 months before the study, respectively. Twenty-four percent, 21%, and 22% of ANC care providers reported they had ever received training on malaria treatment, performing rapid malaria diagnosis, and malaria case management, respectively. The ANC providers in the health posts were more likely to receive training, with 24% trained in malaria diagnosis, 23% in performing rapid malaria tests, and 22% in malaria case management. The ANC care providers in private facilities were less likely to have any of the above training than those in the public facilities (**Table 6.19**).

6.18 AVAILABILITY OF POST ABORTION CARE (PAC) SERVICES

Only 43% of facilities (excluding health posts) offer post abortion care services, 27% of facilities had guidelines for post abortion care services, 29% of facilities had trained providers, while 36% of facilities had a register for post abortion care services. Among medical equipment required for quality post abortion care services, 39% had speculum, 34% had vacuum aspirator while only 18% of facilities had D&C kit available (**Table 6.20**).

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Table 6.1 Availability of antenatal care services

Among all facilities, the percentage that offer antenatal care (ANC) services and, among facilities that offer ANC services, the percentages that offer the service on the indicated number of days per week, and the percentages that provide tetanus toxoid vaccine to pregnant women, by background characteristics, Ethiopia SPA 2021–22

Background characteristics	Percentage of facilities that offer ANC	Number of facilities	Percentage of facilities that offer ANC where ANC services are offered the indicated number of days per week ¹			Percentage of facilities that provide tetanus toxoid vaccine to pregnant women ²	Tetanus toxoid vaccine every day ANC is offered	Number of facilities that offer ANC
			1–2	3–4	5 or more			
Facility type								
Referral hospital	91	2	0	0	100	79	79	2
General hospital	98	7	1	1	97	78	73	7
Primary hospital	99	15	0	1	99	75	72	15
Health centre	100	181	0	0	100	95	94	181
Health post	80	755	9	5	82	82	61	604
Specialty/Higher clinic	8	7	0	0	100	42	42	1
Medium clinic	39	92	0	0	100	9	8	36
Lower clinic	20	97	0	0	100	2	2	19
Managing authority								
Public	84	960	7	4	86	85	69	802
Private	32	198	0	0	99	11	10	63
Region								
Afar	59	19	14	0	86	70	50	11
Amhara	69	250	3	0	97	85	74	171
Oromia	83	430	5	5	89	76	60	357
Somali	81	74	0	3	93	83	73	60
Benishangul Gumuz	45	23	12	0	88	98	98	10
SNNP	70	261	12	5	75	85	65	182
Sidama	94	44	16	3	69	84	67	42
Gambela	55	17	12	0	88	61	50	9
Harari	69	4	3	3	93	95	95	2
Addis Ababa	49	33	0	0	99	39	38	16
Dire Dawa	75	5	0	0	100	86	77	4
Urban/Rural								
Urban	57	271	3	0	97	69	65	154
Rural	80	887	7	4	85	82	65	711
National	75	1,158	6	3	87	80	65	865

¹ Some facilities offer ANC services less frequently than one day per week, so the total percentage may be less than 100%.

² Among facilities that offer ANC services, the percentages that provide tetanus toxoid vaccine to pregnant women.

Table 6.2 Guidelines, trained staff, and basic equipment for antenatal care services

Among facilities that offer antenatal care (ANC) services, the percentage with guidelines, at least one staff member recently trained on ANC service delivery, and the indicated equipment observed to be available on the day of the survey, by background characteristics, Ethiopia SPA 2021–22

Background characteristics	Percentage of facilities that offer ANC that have:		Equipment						Number of facilities that offer ANC
	Guidelines on ANC ¹	Staff trained for ANC ²	Blood pressure apparatus ³	Stethoscope	Adult weighing scale	Foetal stethoscope	Measuring tape ⁴	Examination bed or couch	
Facility type									
Referral hospital	62	52	100	97	97	90	55	97	2
General hospital	67	42	96	91	93	93	69	100	7
Primary hospital	68	34	77	75	79	94	54	100	15
Health centre	64	27	87	90	94	87	66	98	181
Health post	48	21	41	56	51	55	44	69	604
Specialty/Higher clinic	42	28	100	100	100	83	83	100	1
Medium clinic	57	16	92	96	91	70	56	100	36
Lower clinic	25	2	100	88	83	63	38	87	19
Managing authority									
Public	52	23	52	64	62	63	49	76	802
Private	50	13	92	91	85	71	50	96	63
Region									
Afar	42	51	78	87	70	56	35	96	11
Amhara	63	26	55	70	69	59	39	73	171
Oromia	51	21	59	63	61	60	63	74	357
Somali	42	34	81	89	79	53	51	77	60
Benishangul Gumuz	78	49	90	100	80	99	36	100	10
SNNP	45	13	30	58	52	70	32	82	182
Sidama	45	22	45	50	59	78	41	92	42
Gambela	21	15	82	86	93	67	40	79	9
Harari	58	79	80	86	97	93	49	97	2
Addis Ababa	87	28	98	94	97	79	65	98	16
Dire Dawa	47	48	94	100	87	88	58	95	4
Urban/Rural									
Urban	55	23	74	84	84	73	63	94	154
Rural	51	22	51	63	59	61	46	74	711
National	52	22	55	66	63	63	49	78	865

Note: For intermittent preventive treatment guidelines, see Chapter 11, on malaria.

The guidelines for ANC and staff trained in ANC are the training domain and the blood pressure apparatus indicator is the equipment domain for assessing readiness to provide ANC services within the health facility assessment methodology proposed by WHO and USAID 2012.

¹ National ANC guidelines or other guidelines relevant to antenatal care.

² Facility has at least one interviewed staff member that provides ANC services who reports receiving in-service training in some aspect of antenatal care during the 24 months before the survey. The training must have involved structured sessions, and does not include individual instruction that a provider might have received during routine supervision.

³ Functioning digital blood pressure apparatus or else a functioning manual sphygmomanometer and a stethoscope.

⁴ For measuring fundal height.

Table 6.3 Items for infection control during provision of antenatal care

Among facilities that offer antenatal care (ANC) services, the percentages with indicated items for infection control observed to be available at the service site on the day of the survey, by background characteristics, Ethiopia SPA 2021–22

Background characteristics	Percentage of facilities that offer ANC that have items for infection control								Number of facilities that offer ANC
	Soap	Running water ¹	Soap and running water	Alcohol-based hand disinfectant	Soap and running water or else alcohol-based hand disinfectant	Latex gloves ²	Sharps container	Waste receptacle ³	
Facility type									
Referral hospital	76	90	76	93	97	90	100	83	2
General hospital	74	81	72	97	97	84	92	81	7
Primary hospital	60	63	56	93	96	83	82	59	15
Health centre	33	38	30	85	85	86	94	58	181
Health post	42	32	26	82	83	85	96	36	604
Specialty/Higher clinic	58	72	42	100	100	89	89	89	1
Medium clinic	81	81	81	86	99	99	93	86	36
Lower clinic	72	77	68	100	100	98	96	47	19
Managing authority									
Public	40	34	27	83	84	85	96	42	802
Private	79	81	78	91	99	99	91	71	63
Region									
Afar	46	22	12	83	85	92	86	61	11
Amhara	58	45	43	99	99	95	100	44	171
Oromia	44	35	30	84	86	93	94	52	357
Somali	45	48	38	69	72	85	85	58	60
Benishangul Gumuz	46	68	42	73	85	80	100	71	10
SNNP	24	26	16	77	79	70	96	20	182
Sidama	31	36	25	63	63	62	99	25	42
Gambela	26	22	22	81	81	85	87	27	9
Harari	70	70	65	88	88	94	98	58	2
Addis Ababa	91	91	89	89	97	99	88	90	16
Dire Dawa	57	59	48	92	95	93	92	66	4
Urban/Rural									
Urban	59	59	51	91	94	93	94	64	154
Rural	39	33	27	82	83	85	95	39	711
National	43	37	31	83	85	86	95	44	865

¹ Piped water, water in bucket with specially fitted tap, or water in pour pitcher.

² Non-latex equivalent gloves are acceptable.

³ Waste receptacle with plastic bin liner.

Table 6.4 Diagnostic capacity

Among facilities, excluding health posts, that offer antenatal care (ANC) services, the percentages with the capacity to conduct the indicated tests in the facility, by background characteristics, Ethiopia SPA 2021–22

Background characteristics	Percentage of facilities that offer ANC that have the indicated tests						Number of facilities that offer ANC
	Haemoglobin ¹	Urine protein ²	Urine glucose ³	Blood grouping and Rhesus factor ⁴	Syphilis ⁵	HIV ⁶	
Facility type							
Referral hospital	100	100	100	97	100	100	2
General hospital	97	98	99	97	95	99	7
Primary hospital	85	93	91	98	97	99	15
Health centre	30	74	69	79	79	98	181
Specialty/Higher clinic	100	100	100	100	100	69	1
Medium clinic	80	82	86	86	83	41	36
Lower clinic	3	4	4	3	3	23	19
Managing authority							
Public	35	76	71	81	81	98	198
Private	59	60	63	62	61	42	63
Region							
Afar	28	31	35	62	41	91	5
Amhara	43	76	76	83	80	87	59
Oromia	34	67	62	74	75	83	103
Somali	55	64	58	66	66	94	13
Benishangul Gumuz	69	90	90	84	90	78	3
SNNP	30	80	77	73	78	95	43
Sidama	35	60	57	67	75	93	11
Gambela	40	45	45	35	39	49	5
Harari	79	100	100	100	100	86	1
Addis Ababa	91	98	97	100	87	56	16
Dire Dawa	94	94	94	91	94	94	2
Urban/Rural							
Urban	59	81	79	85	81	80	115
Rural	26	65	62	70	72	89	146
National	41	72	69	76	76	85	261

Note: The haemoglobin and urine protein measures presented in the table are the diagnostics domain for assessing readiness to provide ANC services within the health facility assessment methodology proposed by WHO and USAID 2012.

¹ Capacity to conduct any haemoglobin test in the facility.

² Dip sticks for urine protein.

³ Dip sticks for urine glucose.

⁴ Anti-A, anti-B, and anti-D reagents, plus an incubator, Coomb's reagent, and glass slides all present.

⁵ Rapid test for syphilis, Venereal Disease Research Laboratory (VDRL) test, polymerase chain reaction (PCR), or rapid plasma reagent (RPR).

⁶ Facility reported that it had the capacity to conduct HIV testing in the facility, either by rapid diagnostic testing or ELISA, and an unexpired HIV rapid diagnostic test kit was observed to be available in the facility on the day of the survey, or dynabeads test with vortex mixer was observed to be available in the facility on the day of the visit, or western blot test was observed to be available in the facility on the day of the visit.

Table 6.5 Availability of medicines for routine antenatal care

Among facilities that offer antenatal care (ANC) services, percentages with essential medicines and tetanus toxoid vaccine for ANC observed to be available on the day of the survey, by background characteristics, Ethiopia SPA 2021–22

Background characteristics	Percentage of facilities that offer ANC that have indicated medicines						Number of facilities that offer ANC
	Iron tablets	Folic acid tablets	Combined iron and folic acid	Iron or folic acid tablets	Tetanus toxoid vaccine	Insecticide treated bednet ¹	
Facility type							
Referral hospital	48	55	86	90	93	10	2
General hospital	52	69	75	87	86	11	7
Primary hospital	38	63	86	94	80	10	15
Health centre	52	47	91	96	95	23	181
Health post	36	29	83	91	57	18	604
Specialty/Higher clinic	31	31	72	72	42	0	1
Medium clinic	22	18	32	33	18	5	36
Lower clinic	16	19	30	30	2	13	19
Managing authority							
Public	40	34	85	92	66	19	802
Private	22	26	38	39	17	7	63
Region							
Afar	63	39	61	77	59	20	11
Amhara	44	39	79	91	78	32	171
Oromia	39	32	78	84	55	12	357
Somali	66	57	72	87	75	44	60
Benishangul Gumuz	46	51	99	100	100	24	10
SNNP	20	20	95	98	59	12	182
Sidama	47	29	87	94	62	8	42
Gambela	14	13	60	60	61	20	9
Harari	37	42	94	94	81	34	2
Addis Ababa	42	45	72	76	46	2	16
Dire Dawa	29	36	81	85	79	49	4
Urban/Rural							
Urban	43	50	69	79	69	10	154
Rural	37	29	84	91	62	20	711
National	38	33	81	89	63	18	865

Note: The medicines and vaccine presented in the table are the medicines and commodities domain for assessing readiness to provide ANC services within the health facility assessment methodology proposed by WHO and USAID 2012.

Medicines for treatment of active malaria and for intermittent preventive treatment of malaria in pregnancy (IPTp) are presented in Table 6.17.

¹ Insecticide treated bed nets (ITNs, LLINs).

Table 6.6 Characteristics of observed antenatal care clients

Among antenatal care (ANC) clients whose consultations were observed, the percentages making a first or a follow-up ANC visit, the percentage for whom this was their first pregnancy, and the percent distribution by estimated gestational status, by background characteristics, Ethiopia SPA 2021–22

Background characteristics	Percentage of ANC clients making:		Percentage of ANC clients for whom this was first pregnancy	Gestational age			Missing	Total percent	Number of observed ANC clients
	First ANC visit for this pregnancy	Follow-up visit for this pregnancy		First trimester (<13 weeks)	Second trimester (13–26 weeks)	Third trimester (27–45 weeks)			
Facility type									
Referral hospital	41	59	23	4	29	67	0	100	98
General hospital	45	55	27	9	36	54	2	100	220
Primary hospital	48	52	25	4	40	56	0	100	489
Health centre	48	52	25	7	44	49	1	100	2,735
Health post	63	37	51	9	62	28	1	100	591
Specialty/Higher clinic	17	83	52	0	26	74	0	100	4
Medium clinic	66	34	68	47	28	25	0	100	142
Lower clinic	75	25	30	0	63	37	0	100	57
Managing authority									
Public	50	50	29	7	45	47	1	100	3,918
Private	51	49	39	19	37	44	0	100	417
Region									
Afar	36	64	26	6	45	49	0	100	46
Amhara	44	56	28	9	50	39	2	100	726
Oromia	54	46	32	8	48	43	1	100	1,959
Somali	71	29	16	5	47	48	0	100	203
Benishangul Gumuz	33	67	11	4	54	42	0	100	47
SNNP	46	54	28	2	39	59	0	100	769
Sidama	43	57	28	2	44	52	2	100	186
Gambela	47	53	39	8	52	39	0	100	50
Harari	50	50	25	9	41	50	0	100	16
Addis Ababa	48	52	42	27	26	47	1	100	299
Dire Dawa	48	52	17	21	22	55	1	100	34
Urban/Rural									
Urban	48	52	30	9	40	50	1	100	1,880
Rural	52	48	30	7	48	44	1	100	2,455
National	50	50	30	8	45	46	1	100	4,335

Table 6.7.1 General assessment and client history for observed first-visit antenatal care clients, by facility type, managing authority, and location

Among all first-visit antenatal care (ANC) clients whose consultations were observed, the percentage for whom the consultation included the collection of the indicated client history items and routine tests and, among first-visit ANC clients with a prior pregnancy, the percentage whose consultation included the indicated client history items related to prior pregnancy, by background characteristics, Ethiopia SPA 2021–22

Components of consultation	Facility type							Managing authority		Urban/Rural			
	Referral hospital	General hospital	Primary hospital	Health centre	Health post	Specialty/ Higher clinic	Medium clinic	Lower clinic	Public	Private	Urban	Rural	National
Client history													
Client's age	33	22	41	33	60	0	84	80	37	80	42	40	41
Date of last menstrual period	80	78	84	79	72	73	31	48	77	56	75	76	75
Any prior pregnancy ¹	84	81	89	85	58	100	45	55	80	63	80	77	78
Medicines client currently taking	22	18	16	10	24	0	37	1	13	27	16	14	15
All elements relevant to client history ²	5	5	9	3	0	0	6	1	3	10	6	1	3
Routine tests													
Urine protein or glucose test	71	77	77	64	4	100	72	11	55	60	77	39	55
Haemoglobin test	65	77	79	58	14	27	72	9	53	59	74	39	53
Blood grouping	64	76	75	67	14	27	71	9	58	58	74	48	58
Syphilis test	69	76	81	76	*	100	82	9	65	64	77	56	65
Number of first-visit ANC clients	40	98	234	1,300	371	1	94	43	1,969	212	908	1,273	2,181
Prior pregnancy-related complications													
Stillbirth	47	40	37	46	57	100	33	32	47	26	49	42	45
Death of infant during first week after birth	24	25	16	25	10	0	0	2	23	5	22	22	22
Heavy bleeding during labour or postpartum	14	17	11	17	17	0	0	2	17	4	17	14	16
Assisted delivery	50	46	40	30	15	27	68	6	31	39	37	27	31
Previous abortion	68	63	72	67	68	73	86	28	68	61	70	65	67
Multiple pregnancies	15	18	20	25	20	0	66	6	23	33	23	25	24
Prolonged labour	12	11	5	12	13	0	0	6	11	4	10	11	11
Pregnancy-induced hypertension	29	37	42	39	10	0	85	6	36	51	37	36	37
Pregnancy-related convulsions	7	8	12	12	0	0	52	6	10	28	14	10	12
High fever or infection during prior pregnancy	5	7	11	10	18	0	0	4	10	14	7	13	10
Any aspect of complications during a prior pregnancy	87	81	81	83	88	100	90	34	84	67	83	82	82
Number of first-visit ANC clients with prior pregnancy	31	71	170	968	119	1	29	27	1,307	109	637	779	1,416

* Syphilis test is not conducted in health posts.

¹ This includes any questions that would indicate if the client has had a prior pregnancy.

² Client's age, last menstrual period, medicines, and questions to determine if there has been a prior pregnancy.

Table 6.7.2 General assessment and client history for observed first-visit antenatal care clients, by region

Among all first-visit antenatal care (ANC) clients whose consultations were observed, the percentage for whom the consultation included the collection of the indicated client history items and routine tests and, among first-visit ANC clients with a prior pregnancy, the percentage whose consultation included the indicated client history items related to prior pregnancy, by region, Ethiopia SPA 2021–22

Components of consultation	Region											
	Afar	Amhara	Oromia	Somali	Benishangul Gumuz	SNNP	Sidama	Gambela	Harari	Addis Ababa	Dire Dawa	National
Client history												
Client's age	50	30	34	78	44	43	38	57	20	73	50	41
Date of last menstrual period	84	81	79	57	90	83	65	62	64	43	63	75
Any prior pregnancy ¹	95	84	77	80	79	86	78	50	69	61	83	78
Medicines client currently taking	29	10	13	25	7	16	5	8	2	32	28	15
All elements relevant to client history ²	11	2	1	6	2	8	0	7	0	5	14	3
Routine tests												
Urine protein or glucose test	91	84	45	49	100	53	35	43	85	84	58	55
Haemoglobin test	95	76	42	52	94	54	36	55	85	85	58	53
Blood grouping	91	73	51	33	90	70	40	34	85	82	53	58
Syphilis test	95	85	61	42	91	63	45	54	88	82	63	65
Number of first-visit ANC clients	16	320	1,056	144	16	356	79	24	8	145	16	2,181
Prior pregnancy-related complications												
Stillbirth	77	53	42	60	62	37	36	54	26	47	48	45
Death of infant during first week after birth	59	28	21	26	12	13	15	29	0	31	40	22
Heavy bleeding during labour or postpartum	57	16	6	47	22	21	11	38	3	29	31	16
Assisted delivery	48	31	26	46	39	35	17	43	8	54	40	31
Previous abortion	80	70	67	58	71	73	55	38	26	75	42	67
Multiple pregnancies	37	16	22	56	17	23	3	45	0	36	24	24
Prolonged labour	51	12	6	29	4	9	6	37	0	19	17	11
Pregnancy-induced hypertension	38	40	40	20	66	32	21	47	14	54	34	37
Pregnancy-related convulsions	32	18	8	7	12	9	6	37	3	36	20	12
High fever or infection during prior pregnancy	29	10	6	19	3	11	23	29	0	14	13	10
Any aspect of complications during a prior pregnancy	100	77	82	86	77	87	78	60	49	87	71	82
Number of first-visit ANC clients with prior pregnancy	12	228	643	114	14	236	59	15	6	76	14	1,416

¹ This includes any questions that would indicate if the client has had a prior pregnancy.

² Client's age, last menstrual period, medicines, and questions to determine if there has been a prior pregnancy.

Table 6.8.1 Basic physical examinations and preventive interventions for antenatal care clients, by facility type, managing authority, and location

Among antenatal care (ANC) clients whose consultations were observed, the percentages for whom the consultation included the indicated physical examinations and the indicated preventive interventions, according to ANC visit status, by background characteristics, Ethiopia SPA 2021–22

Components of consultation	Facility type								Managing authority		Urban/Rural		National
	Referral hospital	General hospital	Primary hospital	Health centre	Health post	Specialty/ Higher clinic	Medium clinic	Lower clinic	Public	Private	Urban	Rural	
FIRST VISIT ANC CLIENT													
Basic physical examination													
Measured blood pressure	98	93	91	92	39	100	40	100	82	72	87	77	81
Weighed client	94	92	89	86	78	0	44	92	85	71	84	84	84
Checked foetal position (at least 8m pregnant)	75	67	78	63	0	100	84	-	61	93	66	64	65
Checked uterine/fundal height ¹	80	80	83	70	40	27	51	100	66	77	65	68	67
Listened to foetal heart (at least 5m pregnant) ²	82	83	88	67	58	27	87	96	68	95	71	69	70
Examine conjunctiva/palms for anaemia	30	33	23	30	36	100	14	7	31	19	21	36	30
Preventive interventions													
Provider gave or prescribed iron or folic acid tablets	53	64	52	82	52	73	85	76	73	62	71	73	72
Provider explained purpose of iron or folic acid tablets	35	35	30	58	30	27	17	26	49	18	44	48	46
Provider explained how to take tablets	27	27	26	57	27	73	3	11	47	8	36	48	43
Provider gave or prescribed tetanus toxoid vaccine	40	43	40	67	69	73	70	23	65	41	57	66	62
Provider explained purpose of tetanus toxoid vaccine	16	24	16	26	38	27	5	2	27	5	24	25	25
Number of ANC clients	40	98	234	1,300	371	1	94	43	1,969	212	908	1,273	2,181
Number of ANC clients at least 8 months pregnant	11	15	35	69	6	0	2	0	121	17	79	59	137
Number of ANC clients at least 5 months pregnant	29	58	161	711	272	1	19	41	1,185	107	477	815	1,292
FOLLOW-UP VISIT ANC CLIENT													
Basic physical examination													
Measured blood pressure	98	95	89	94	33	100	70	100	87	85	91	83	87
Weighed client	96	93	81	89	82	94	70	93	88	77	87	88	87
Checked foetal position (at least 8m pregnant)	78	72	68	80	5	7	54	72	79	56	65	91	77
Checked uterine/fundal height ¹	84	83	67	83	86	89	35	93	84	51	70	89	81
Listened to foetal heart (at least 5m pregnant) ²	83	86	87	83	66	89	39	84	82	77	77	84	81
Examine conjunctiva/palms for anaemia	20	27	18	27	27	0	29	64	26	24	19	32	26
Preventive interventions													
Provider gave or prescribed iron or folic acid tablets	34	39	43	49	77	17	58	81	51	48	45	56	51
Provider explained purpose of iron or folic acid tablets	23	23	18	34	48	69	25	19	34	16	24	39	32
Provider explained how to take tablets	13	17	15	32	40	11	20	26	31	11	20	37	29
Provider gave or prescribed tetanus toxoid vaccine	20	27	22	26	53	0	17	74	29	21	22	34	28
Provider explained purpose of tetanus toxoid vaccine	10	10	6	10	14	16	8	12	10	7	10	10	10
Number of ANC clients	57	122	255	1,435	220	3	48	14	1,949	205	972	1,182	2,154
Number of ANC clients at least 8 months pregnant	33	48	96	477	6	3	9	4	615	60	377	298	675
Number of ANC clients at least 5 months pregnant	56	110	247	1,406	193	3	43	14	1,882	189	933	1,139	2,072

Continued...

Table 6.8.1—Continued

Components of consultation	Facility type							Managing authority		Urban/Rural			
	Referral hospital	General hospital	Primary hospital	Health centre	Health post	Specialty/Higher clinic	Medium clinic	Lower clinic	Public	Private	Urban	Rural	National
ALL OBSERVED ANC CLIENTS													
Basic physical examination													
Measured blood pressure	98	94	90	93	37	100	50	100	85	78	89	80	84
Weighed client	95	92	85	88	79	78	53	92	87	74	85	86	85
Checked foetal position (at least 8m pregnant)	77	71	71	78	2	13	58	72	76	64	65	87	75
Checked uterine/fundal height ¹	82	82	75	77	57	78	45	98	75	64	67	78	74
Listened to foetal heart (at least 5m pregnant) ²	83	85	87	78	61	78	54	93	76	83	75	78	77
Examine conjunctiva/palms for anaemia	24	30	21	29	33	17	19	21	29	21	20	34	28
Preventive interventions													
Provider gave or prescribed iron or folic acid tablets	42	50	47	65	62	27	76	77	62	55	57	65	62
Provider explained purpose of iron or folic acid tablets	28	28	24	46	37	62	20	25	42	17	34	44	39
Provider explained how to take tablets	19	21	20	44	32	22	9	14	39	10	28	43	36
Provider gave or prescribed tetanus toxoid vaccine	28	34	31	46	63	13	52	35	47	31	39	51	46
Provider explained purpose of tetanus toxoid vaccine	13	16	11	17	29	17	6	5	19	6	17	18	17
Number of ANC clients	98	220	489	2,735	591	4	142	57	3,918	417	1,880	2,455	4,335
Number of ANC clients at least 8 months pregnant	43	63	131	546	13	3	11	4	736	77	456	357	812
Number of ANC clients at least 5 months pregnant	86	168	407	2,117	465	4	62	55	3,068	296	1,410	1,953	3,364

Note: See Table 6.18 for information on insecticide-treated mosquito bed nets (ITNs).

¹ Either by palpating the client's abdomen or by using an ultrasound device to assess gestational age of foetus, or by using a tape measure to measure the fundal height.

² Either with a foetal stethoscope or by using an ultrasound device.

Table 6.8.2 Basic physical examinations and preventive interventions for antenatal care clients, by region

Among antenatal care (ANC) clients whose consultations were observed, the percentages for whom the consultation included the indicated physical examinations and the indicated preventive interventions, according to ANC visit status, by region, Ethiopia SPA 2021–22

Components of consultation	Region											National
	Afar	Amhara	Oromia	Somali	Benishangul Gumuz	SNNP	Sidama	Gambela	Harari	Addis Ababa	Dire Dawa	
FIRST VISIT ANC CLIENT												
Basic physical examination												
Measured blood pressure	95	94	84	86	100	69	64	100	93	57	92	81
Weighed client	95	95	87	87	100	70	70	87	87	65	99	84
Checked foetal position (at least 8m pregnant)	17	83	60	18	-	88	94	-	100	62	60	65
Checked uterine/fundal height ¹	60	58	73	45	96	75	60	71	32	46	64	67
Listened to foetal heart (at least 5m pregnant) ²	44	80	67	39	92	85	75	50	52	73	48	70
Examine conjunctiva/palms for anaemia	40	13	41	48	12	14	19	22	43	14	29	30
Preventive interventions												
Provider gave or prescribed iron or folic acid tablets	83	85	67	77	80	68	84	62	77	81	69	72
Provider explained purpose of iron or folic acid tablets	58	61	42	33	57	52	62	37	14	34	68	46
Provider explained how to take tablets	48	48	41	20	73	53	62	37	45	32	67	43
Provider gave or prescribed tetanus toxoid vaccine	74	68	62	64	91	55	56	37	52	75	61	62
Provider explained purpose of tetanus toxoid vaccine	39	31	19	18	35	38	36	16	14	21	61	25
Number of ANC clients	16	320	1,056	144	16	356	79	24	8	145	16	2,181
Number of ANC clients at least 8 months pregnant	1	10	67	11	0	32	3	0	1	10	2	137
Number of ANC clients at least 5 months pregnant	10	130	661	100	11	260	65	13	4	31	7	1,292
FOLLOW-UP VISIT ANC CLIENT												
Basic physical examination												
Measured blood pressure	90	99	87	98	100	76	71	94	93	87	93	87
Weighed client	87	95	90	96	100	80	60	96	93	81	95	87
Checked foetal position (at least 8m pregnant)	65	86	77	50	76	81	58	78	80	66	53	77
Checked uterine/fundal height ¹	67	85	86	43	91	79	76	76	51	62	70	81
Listened to foetal heart (at least 5m pregnant) ²	65	86	84	55	93	83	68	71	57	68	78	81
Examine conjunctiva/palms for anaemia	19	20	35	50	30	17	12	24	39	17	27	26
Preventive interventions												
Provider gave or prescribed iron or folic acid tablets	67	56	45	78	51	53	49	58	59	48	64	51
Provider explained purpose of iron or folic acid tablets	37	39	27	43	39	36	39	22	27	27	63	32
Provider explained how to take tablets	23	32	28	12	38	32	36	35	20	22	55	29
Provider gave or prescribed tetanus toxoid vaccine	58	27	22	60	41	40	28	43	56	12	43	28
Provider explained purpose of tetanus toxoid vaccine	12	14	5	9	19	15	12	24	7	7	30	10
Number of ANC clients	29	405	903	59	31	414	106	26	8	154	18	2,154
Number of ANC clients at least 8 months pregnant	9	128	284	23	5	127	25	8	2	55	8	675
Number of ANC clients at least 5 months pregnant	25	385	862	59	30	412	104	26	8	144	17	2,072

Continued...

Table 6.8.2—Continued

Components of consultation	Region											National
	Afar	Amhara	Oromia	Somali	Benishangul Gumuz	SNNP	Sidama	Gambela	Harari	Addis Ababa	Dire Dawa	
ALL OBSERVED ANC CLIENTS												
Basic physical examination												
Measured blood pressure	92	96	86	89	100	72	68	97	93	73	93	84
Weighed client	90	95	88	90	100	75	64	92	90	73	96	85
Checked foetal position (at least 8m pregnant)	59	86	74	39	76	82	62	78	84	65	54	75
Checked uterine/fundal height ¹	65	73	79	44	93	77	69	73	42	54	67	74
Listened to foetal heart (at least 5m pregnant) ²	59	85	77	45	93	84	71	64	55	69	69	77
Examine conjunctiva/palms for anaemia	26	17	38	49	24	16	15	23	41	16	28	28
Preventive interventions												
Provider gave or prescribed iron or folic acid tablets	73	69	57	77	61	60	64	60	68	64	66	62
Provider explained purpose of iron or folic acid tablets	45	49	35	36	45	43	49	29	21	31	65	39
Provider explained how to take tablets	32	39	35	18	49	42	47	36	33	27	61	36
Provider gave or prescribed tetanus toxoid vaccine	64	45	44	63	58	47	40	40	54	43	52	46
Provider explained purpose of tetanus toxoid vaccine	22	21	12	15	24	26	22	20	10	14	45	17
Number of ANC clients	46	726	1,959	203	47	769	186	50	16	299	34	4,335
Number of ANC clients at least 8 months pregnant	10	138	351	34	5	160	28	8	2	66	10	812
Number of ANC clients at least 5 months pregnant	35	514	1,523	159	41	672	169	39	12	175	24	3,364

Note: See Table 6.18 for information on insecticide-treated mosquito bed nets (ITNs).

¹ Either by palpating the client's abdomen or by using an ultrasound device to assess gestational age of foetus, or by using a tape measure to measure the fundal height.

² Either with a foetal stethoscope or by using an ultrasound device.

Table 6.9.1 Content of antenatal care counselling related to risk symptoms, by facility type, managing authority, and location

Among antenatal care (ANC) clients whose consultations were observed, the percentages whose consultation included mention of counselling, and/or advice to seek emergency care on topics related to indicated risk symptoms, according to ANC visit status, by background characteristics, Ethiopia SPA 2021–22

Counselling topics	Facility type								Managing authority		Urban/Rural		
	Referral hospital	General hospital	Primary hospital	Health centre	Health post	Specialty/ Higher clinic	Medium clinic	Lower clinic	Public	Private	Urban	Rural	National
FIRST VISIT ANC CLIENT													
Vaginal bleeding	67	63	59	67	81	73	25	30	69	31	56	72	65
Fever	17	18	16	26	16	0	13	18	23	13	23	21	22
Headache or blurred vision	57	59	53	60	69	73	23	23	62	28	55	61	58
Swollen hands or face	30	30	24	32	31	0	11	20	31	14	29	30	30
Excessive tiredness, shortness of breath	11	16	8	12	11	0	6	17	12	9	10	12	11
Loss of, excessive or normal foetal movement	49	44	38	36	23	27	16	6	35	14	32	33	33
Cough or difficulty breathing for 3 weeks or longer	3	6	5	7	9	0	0	16	7	4	4	8	7
Any of the above risk symptoms	77	74	73	76	89	100	25	62	79	45	66	82	75
All of the above symptoms	1	2	0	2	2	0	0	0	2	1	1	2	1
Number of ANC clients	40	98	234	1,300	371	1	94	43	1,969	212	908	1,273	2,181
FOLLOW-UP VISIT ANC CLIENT													
Vaginal bleeding	64	62	45	66	69	94	41	56	67	30	57	69	63
Fever	19	24	16	25	21	42	24	0	24	13	20	26	23
Headache or blurred vision	54	59	39	62	52	94	36	7	60	25	54	59	57
Swollen hands or face	31	36	27	38	29	63	13	0	37	18	35	35	35
Excessive tiredness, shortness of breath	13	19	7	14	3	11	2	0	13	5	11	13	12
Loss of, excessive or normal foetal movement	63	58	55	49	23	79	24	21	47	48	50	45	47
Cough or difficulty breathing for 3 weeks or longer	1	10	3	4	0	0	0	0	4	2	4	3	4
Any of the above risk symptoms	82	79	71	79	89	94	44	70	80	61	73	83	78
All of the above symptoms	0	4	1	1	0	0	0	0	1	1	1	1	1
Number of ANC clients	57	122	255	1,435	220	3	48	14	1,949	205	972	1,182	2,154
ALL OBSERVED ANC CLIENTS													
Vaginal bleeding	65	62	52	66	76	91	30	36	68	31	56	71	64
Fever	18	21	16	25	18	35	17	14	24	13	21	23	22
Headache or blurred vision	55	59	46	61	63	91	27	19	61	27	55	60	58
Swollen hands or face	30	33	26	35	30	52	12	15	34	16	32	33	32
Excessive tiredness, shortness of breath	12	18	8	13	8	9	5	13	12	7	11	12	12
Loss of, excessive or normal foetal movement	57	52	47	43	23	70	19	10	41	31	41	39	40
Cough or difficulty breathing for 3 weeks or longer	2	8	4	5	6	0	0	12	5	3	4	6	5
Any of the above risk symptoms	80	76	72	78	89	95	31	64	79	53	70	82	77
All of the above symptoms	0	3	1	1	1	0	0	0	1	1	1	2	1
Number of ANC clients	98	220	489	2,735	591	4	142	57	3,918	417	1,880	2,455	4,335

Table 6.9.2 Content of antenatal care counselling related to risk symptoms, by region

Among antenatal care (ANC) clients whose consultations were observed, the percentages whose consultation included mention of counselling, and/or advice to seek emergency care on topics related to indicated risk symptoms, according to ANC visit status, by region, Ethiopia SPA 2021–22

Counselling topics	Region											National
	Afar	Amhara	Oromia	Somali	Benishangul Gumuz	SNNP	Sidama	Gambela	Harari	Addis Ababa	Dire Dawa	
FIRST VISIT ANC CLIENT												
Vaginal bleeding	83	69	66	78	67	66	64	64	47	46	20	65
Fever	30	38	13	50	7	26	10	20	5	26	12	22
Headache or blurred vision	55	70	60	58	68	54	52	42	32	45	22	58
Swollen hands or face	22	44	28	22	40	25	30	26	5	30	11	30
Excessive tiredness, shortness of breath	13	18	11	17	5	6	8	11	2	12	15	11
Loss of, excessive or normal foetal movement	58	49	31	17	69	30	26	28	29	34	7	33
Cough or difficulty breathing for 3 weeks or longer	7	9	7	8	3	3	4	3	2	11	1	7
Any of the above risk symptoms	90	78	78	82	76	76	68	67	56	52	30	75
All of the above symptoms	0	4	0	6	0	1	0	2	0	4	1	1
Number of ANC clients	16	320	1,056	144	16	356	79	24	8	145	16	2,181
FOLLOW-UP VISIT ANC CLIENT												
Vaginal bleeding	70	83	61	68	60	53	63	40	50	59	19	63
Fever	37	38	17	34	23	22	19	11	7	24	13	23
Headache or blurred vision	74	76	62	40	51	34	54	33	31	49	21	57
Swollen hands or face	14	57	34	35	28	23	28	18	16	34	8	35
Excessive tiredness, shortness of breath	26	15	12	18	14	7	1	10	2	18	13	12
Loss of, excessive or normal foetal movement	45	68	41	31	30	48	42	36	40	47	22	47
Cough or difficulty breathing for 3 weeks or longer	12	6	3	7	4	1	0	1	2	11	1	4
Any of the above risk symptoms	92	89	79	73	61	73	79	56	64	72	39	78
All of the above symptoms	0	3	0	2	0	0	0	1	0	5	0	1
Number of ANC clients	29	4085	903	59	31	414	106	26	8	154	18	2,154
ALL OBSERVED ANC CLIENTS												
Vaginal bleeding	75	77	64	75	62	59	63	52	48	53	19	64
Fever	34	38	14	46	18	24	16	15	6	25	12	22
Headache or blurred vision	67	74	61	52	57	43	53	37	31	47	22	58
Swollen hands or face	17	51	31	26	32	24	29	22	11	32	9	32
Excessive tiredness, shortness of breath	21	17	11	17	11	7	4	10	2	15	14	12
Loss of, excessive or normal foetal movement	50	59	36	21	43	40	35	33	35	41	14	40
Cough or difficulty breathing for 3 weeks or longer	10	7	5	8	4	2	2	2	2	11	1	5
Any of the above risk symptoms	91	84	78	80	66	74	74	61	60	62	34	77
All of the above symptoms	0	4	0	5	0	1	0	2	0	5	1	1
Number of ANC clients	46	726	1,959	203	47	769	186	50	16	299	34	4,335

Table 6.10.1 Content of antenatal care counselling related to nutrition, breastfeeding, and family planning, by facility type, managing authority, and location

Among antenatal care (ANC) clients whose consultations were observed, the percentages whose consultation included mention and/or counselling on topics related to nutrition during pregnancy, progress of the pregnancy, delivery plans, exclusive breastfeeding, and family planning after birth, according to ANC visit status, by background characteristics, Ethiopia SPA 2021–22

Counselling topics	Facility type							Managing authority		Urban/Rural			National
	Referral hospital	General hospital	Primary hospital	Health centre	Health post	Specialty/ Higher clinic	Medium clinic	Lower clinic	Public	Private	Urban	Rural	
FIRST VISIT ANC CLIENT													
Nutrition	33	42	36	56	52	73	10	28	53	16	43	54	50
Progress of pregnancy	28	43	49	37	9	0	13	24	32	34	36	30	32
Importance of at least 4 ANC visits	9	14	14	23	15	0	22	24	20	16	22	18	20
Delivery plans	14	12	21	12	27	27	6	2	15	16	12	18	15
Care of newborn ¹	0	2	1	2	1	0	0	0	1	0	1	1	1
Early initiation and prolonged breastfeeding	1	1	1	1	14	0	1	0	4	0	1	5	3
Exclusive breastfeeding	1	2	1	3	20	0	5	0	6	2	1	9	5
Importance of vaccination for newborn	0	2	1	3	0	0	5	0	2	2	1	3	2
Family planning post-partum	4	2	2	4	7	0	5	0	4	3	2	6	4
Post-natal care and importance of post-natal care	0	0	1	1	0	0	0	0	1	0	0	1	1
Provider used any visual aids	7	4	11	3	45	27	0	0	11	6	5	15	11
Number of ANC clients	40	98	234	1,300	371	1	94	43	1,969	212	908	1,273	2,181
FOLLOW-UP VISIT ANC CLIENT													
Nutrition	32	47	54	57	63	94	55	30	56	59	57	55	56
Progress of pregnancy	36	47	39	48	35	42	39	79	46	37	46	45	45
Importance of at least 4 ANC visits	7	9	8	15	22	16	6	23	15	5	16	13	14
Delivery plans	34	21	19	31	23	48	18	12	29	14	29	27	28
Care of newborn ¹	7	3	3	3	1	0	3	0	3	2	4	2	3
Early initiation and prolonged breastfeeding	7	2	2	2	0	0	2	0	2	1	3	1	2
Exclusive breastfeeding	7	2	2	2	1	0	4	0	2	2	3	2	2
Importance of vaccination for newborn	0	1	1	2	0	0	1	0	2	0	1	2	2
Family planning post-partum	3	2	4	4	0	0	3	0	3	3	3	3	3
Post-natal care and importance of post-natal care	1	0	1	1	0	0	0	0	1	0	1	1	1
Provider used any visual aids	7	5	11	8	26	0	2	0	10	9	7	12	10
Number of ANC clients	57	122	255	1,435	220	3	48	14	1,949	205	972	1,182	2,154
ALL OBSERVED ANC CLIENTS													
Nutrition	33	45	45	57	56	91	25	28	54	37	50	55	53
Progress of pregnancy	33	45	44	43	19	35	22	37	39	35	41	37	39
Importance of at least 4 ANC visits	8	11	11	19	18	13	16	24	18	11	19	16	17
Delivery plans	26	17	20	22	25	44	10	5	22	15	21	22	21
Care of newborn ¹	5	3	2	3	1	0	1	0	2	1	3	2	2
Early initiation and prolonged breastfeeding	4	2	1	2	9	0	1	0	3	1	2	3	3
Exclusive breastfeeding	4	2	2	3	13	0	5	0	4	2	2	5	4
Importance of vaccination for newborn	0	2	1	2	0	0	4	0	2	1	1	2	2
Family planning post-partum	3	2	3	4	4	0	5	0	4	3	2	5	4
Post-natal care and importance of post-natal care	1	0	1	1	0	0	0	0	1	0	0	1	1
Provider used any visual aids	7	5	11	5	38	5	1	0	11	8	6	14	10
Number of ANC clients	98	220	489	2,735	591	4	142	57	3,918	417	1,880	2,455	4,335

¹ Care for the newborn includes any discussion with the ANC client about keeping the newborn warm, general hygiene, or cord care.

Table 6.10.2 Content of antenatal care counselling related to nutrition, breastfeeding, and family planning, by region

Among antenatal care (ANC) clients whose consultations were observed, the percentages whose consultation included mention and/or counselling on topics related to nutrition during pregnancy, progress of the pregnancy, delivery plans, exclusive breastfeeding and family planning after birth, according to ANC visit status, by region, Ethiopia SPA 2021–22

Counselling topics	Region											National
	Afar	Amhara	Oromia	Somali	Benishangul Gumuz	SNNP	Sidama	Gambela	Harari	Addis Ababa	Dire Dawa	
FIRST VISIT ANC CLIENT												
Nutrition	42	58	47	65	31	48	57	57	50	38	43	50
Progress of pregnancy	28	46	30	31	31	35	20	31	11	24	44	32
Importance of at least 4 ANC visits	27	35	10	33	33	27	14	29	11	22	32	20
Delivery plans	18	10	18	15	5	18	10	21	16	7	7	15
Care of newborn ¹	11	3	1	1	5	1	4	0	0	0	4	1
Early initiation and prolonged breastfeeding	5	1	6	0	2	0	4	1	0	1	6	3
Exclusive breastfeeding	1	2	10	0	4	0	0	1	0	2	5	5
Importance of vaccination for newborn	9	1	3	1	3	0	0	1	2	0	1	2
Family planning post-partum	1	2	8	0	0	0	0	0	5	1	11	4
Post-natal care and importance of post-natal care	0	0	2	0	0	0	0	0	0	0	1	1
Provider used any visual aids	5	2	15	5	0	14	9	3	2	2	1	11
Number of ANC clients	16	320	1,056	144	16	356	79	24	8	145	16	2,181
FOLLOW-UP VISIT ANC CLIENT												
Nutrition	44	65	55	50	23	61	59	54	48	40	44	56
Progress of pregnancy	32	65	42	27	23	42	37	55	25	42	36	45
Importance of at least 4 ANC visits	13	29	3	58	4	18	10	46	25	12	13	14
Delivery plans	32	29	28	30	20	24	23	24	32	33	26	28
Care of newborn ¹	18	4	2	3	13	4	1	1	4	7	4	3
Early initiation and prolonged breastfeeding	9	1	2	1	2	1	1	1	0	6	1	2
Exclusive breastfeeding	19	2	2	1	12	1	3	1	0	5	1	2
Importance of vaccination for newborn	6	2	2	1	3	0	0	1	2	1	0	2
Family planning post-partum	6	2	6	1	0	1	5	1	2	1	1	3
Post-natal care and importance of post-natal care	0	2	0	0	0	1	0	0	0	1	0	1
Provider used any visual aids	3	12	7	4	4	18	8	7	2	7	5	10
Number of ANC clients	29	405	903	59	31	414	106	26	8	154	18	2,154
ALL OBSERVED ANC CLIENTS												
Nutrition	43	62	50	60	26	55	58	56	49	39	43	53
Progress of pregnancy	30	57	35	30	26	39	30	44	18	33	40	39
Importance of at least 4 ANC visits	18	32	7	40	13	22	12	38	18	17	22	17
Delivery plans	27	21	23	20	15	21	17	22	24	20	17	21
Care of newborn ¹	16	3	1	2	10	2	2	0	2	4	4	2
Early initiation and prolonged breastfeeding	8	1	4	0	2	1	2	1	0	4	4	3
Exclusive breastfeeding	13	2	6	1	9	1	2	1	0	3	3	4
Importance of vaccination for newborn	7	2	3	1	3	0	0	1	2	1	1	2
Family planning post-partum	4	2	7	0	0	0	3	0	4	1	6	4
Post-natal care and importance of post-natal care	0	1	1	0	0	1	0	0	0	0	1	1
Provider used any visual aids	3	8	11	4	3	16	9	5	2	5	3	10
Number of ANC clients	46	726	1,959	203	47	769	186	50	16	299	34	4,335

¹ Care for the newborn includes any discussion with the ANC client about keeping the newborn warm, general hygiene, or cord care.

Table 6.11.1 Antenatal care clients' reported health education received and knowledge of pregnancy-related warning signs, by facility type, managing author, and location

Among interviewed antenatal care (ANC) clients, the percentages who said that the provider counselled them on pregnancy-related warning signs, the percentages who named specific warning signs, the percentages who reported specific actions that they were told to take if warning signs occurred, and the percentages who discussed other topics, including breastfeeding, planned place of delivery and supplies, and family planning, during this visit or a previous visit, by background characteristics, Ethiopia SPA 2021–22

Issues discussed during current or previous visit	Facility type							Managing authority		Urban/Rural		National	
	Referral hospital	General hospital	Primary hospital	Health centre	Health post	Specialty/ Higher clinic	Medium clinic	Lower clinic	Public	Private	Urban		Rural
Client reported provider discussed or counselled on any warning signs	53	58	51	52	37	78	74	37	50	59	55	48	51
Warning signs discussed (named by client)													
Vaginal bleeding	70	63	56	54	46	100	77	45	54	62	59	51	54
Fever	7	11	7	9	7	22	30	1	9	12	12	7	9
Swollen face or hands	18	15	13	16	9	26	12	9	15	11	17	13	15
Fatigue or breathlessness	12	14	10	13	10	26	21	0	12	13	12	13	12
Headache or blurred vision	41	35	23	31	16	82	31	4	29	20	33	25	28
Seizures/convulsions	7	5	3	4	1	0	5	5	3	4	5	3	3
Reduced or absence of foetal movement	16	17	15	15	7	22	18	8	14	14	15	14	14
Actions client told to take if warning signs occurred													
Seek care at facility	74	80	76	74	59	100	75	78	72	76	74	72	73
Reduce physical activity	3	3	4	3	0	0	1	0	2	4	3	2	2
Change diet	1	1	1	0	0	0	0	0	0	0	1	0	0
No advice given by provider	40	28	33	33	44	22	28	26	34	29	34	34	34
Client reported provider discussed													
Importance of exclusive breastfeeding and counselled to exclusively breastfeed for 6 months	18	21	21	19	14	35	8	14	18	19	20	17	18
Planned place of delivery	28	35	36	38	31	39	18	8	36	28	34	37	35
Supplies to prepare for delivery	24	29	29	32	18	65	40	20	30	33	33	28	30
Using family planning after childbirth	16	16	25	15	16	26	11	3	15	26	16	16	16
Number of interviewed ANC clients	98	220	489	2,735	591	4	142	57	3,918	417	1,880	2,455	4,335

Table 6.11.2 Antenatal care clients' reported health education received and knowledge of pregnancy-related warning signs, by region

Among interviewed antenatal care (ANC) clients, the percentages who said that the provider counselled them on pregnancy-related warning signs, the percentages who named specific warning signs, the percentages who reported specific actions that they were told to take if warning signs occurred, and the percentages who discussed other topics, including breastfeeding, planned place of delivery and supplies, and family planning, during this visit or a previous visit, by region, Ethiopia SPA 2021–22

Issues discussed during current or previous visit	Region											National
	Afar	Amhara	Oromia	Somali	Benishangul Gumuz	SNNP	Sidama	Gambela	Harari	Addis Ababa	Dire Dawa	
Client reported provider discussed or counselled on any warning signs	71	55	45	41	63	54	58	56	34	71	48	51
Warning signs discussed (named by client)												
Vaginal bleeding	83	62	46	48	80	57	64	78	42	72	36	54
Fever	24	13	5	25	9	6	5	5	4	20	21	9
Swollen face or hands	12	17	14	16	37	11	17	20	9	17	6	15
Fatigue or breathlessness	15	8	18	12	12	4	6	4	11	11	18	12
Headache or blurred vision	33	27	27	34	34	26	29	24	35	43	30	28
Seizures/convulsions	18	6	2	2	7	2	6	13	5	5	5	3
Reduced or absence of foetal movement	44	20	9	24	16	19	8	18	25	15	9	14
Actions client told to take if warning signs occurred												
Seek care at facility	81	80	68	64	82	75	77	80	58	81	73	73
Reduce physical activity	4	2	0	3	3	8	0	3	12	2	6	2
Change diet	0	1	0	2	0	1	0	0	3	0	4	0
No advice given by provider	22	27	39	46	31	31	30	35	54	24	27	34
Client reported provider discussed												
Importance of exclusive breastfeeding and counselled to exclusively breastfeed for 6 months	20	17	17	17	8	22	20	4	36	23	55	18
Planned place of delivery	31	45	29	26	24	46	40	32	48	31	52	35
Supplies to prepare for delivery	35	34	25	28	26	35	21	26	41	41	47	30
Using family planning after childbirth	16	13	13	7	5	29	16	5	21	16	40	16
Number of interviewed ANC clients	46	726	1,959	203	47	769	186	50	16	299	34	4,335

Table 6.12.1 Feedback from antenatal care clients, by facility type, managing authority, and location

Among interviewed antenatal care (ANC) clients, the percentages who considered specific service issues to be major problems for them on the day of the visit, by background characteristics, Ethiopia SPA 2021–22

Client service issue	Facility type							Managing authority		Urban/Rural		National	
	Referral hospital	General hospital	Primary hospital	Health centre	Health post	Specialty/ Higher clinic	Medium clinic	Lower clinic	Public	Private	Urban		Rural
Poor behaviour/attitude of provider	2	3	1	2	0	0	0	0	2	0	2	1	2
Insufficient explanation about pregnancy	4	4	4	3	6	0	0	12	4	5	4	3	4
Long wait to see provider	28	17	12	12	3	0	42	5	11	20	16	9	12
Not able to discuss problems	4	3	2	2	9	0	0	12	3	2	2	3	3
Medicines not available in facility	6	8	5	6	11	0	0	0	7	1	5	8	6
Facility open limited days	1	2	2	4	17	5	0	0	6	0	2	7	5
Facility open limited hours	3	4	3	4	18	0	20	0	6	7	4	8	6
Facility not clean	4	4	1	5	17	0	0	0	6	0	3	8	6
Services costly	1	5	1	1	0	0	1	1	1	3	1	1	1
Insufficient visual privacy	4	3	1	2	2	0	0	12	2	2	2	2	2
Insufficient auditory privacy	4	4	1	2	2	0	0	13	2	2	2	2	2
Average time to get service ¹	60	30	30	15	-	41	20	-	11	21	21	9	11
Number of interviewed ANC clients	98	220	489	2,735	591	4	142	57	3,918	417	1,880	2,455	4,335

¹ Median waiting time in minutes to obtain service.**Table 6.12.2 Feedback from antenatal care clients, by region**

Among interviewed antenatal care (ANC) clients, the percentages who considered specific service issues to be major problems for them on the day of the visit, by background characteristics, Ethiopia SPA 2021–22

Client service issue	Region											National
	Afar	Amhara	Oromia	Somali	Benishangul Gumuz	SNNP	Sidama	Gambela	Harari	Addis Ababa	Dire Dawa	
Poor behaviour/attitude of provider	0	3	2	3	0	1	0	0	0	3	1	2
Insufficient explanation about pregnancy	5	2	5	5	0	4	0	0	2	3	1	4
Long wait to see provider	2	10	11	2	10	14	6	10	3	33	4	12
Not able to discuss problems	5	1	3	4	0	5	1	0	0	3	1	3
Medicines not available in facility	10	3	6	27	2	6	6	11	13	4	5	6
Facility open limited days	0	0	7	25	0	3	2	11	4	2	1	5
Facility open limited hours	0	1	7	25	0	5	5	8	3	13	5	6
Facility not clean	9	2	8	18	0	2	0	5	4	2	0	6
Services costly	0	0	1	1	0	1	1	0	0	3	1	1
Insufficient visual privacy	0	0	3	5	0	3	0	0	0	1	1	2
Insufficient auditory privacy	0	0	3	7	0	3	1	0	0	1	2	2
Average time to get service ¹	15	21	10	-	10	16	11	-	19	41	20	11
Number of interviewed ANC clients	46	726	1,959	203	47	769	186	50	16	299	34	4,335

¹ Median waiting time in minutes to obtain service.

Table 6.13 Supportive management for providers of antenatal care services

Among interviewed antenatal care (ANC) providers, the percentages who received training related to their work and personal supervision during the specified time periods, by background characteristics, Ethiopia SPA 2021–22

Background characteristics	Percentage of interviewed providers who received:			Number of interviewed ANC service providers
	Training related to ANC during the 24 months before the survey ¹	Personal supervision during the 6 months before the survey ²	Training related to ANC during the 24 months and personal supervision during the 6 months before the survey	
Facility type				
Referral hospital	14	43	6	57
General hospital	12	55	8	187
Primary hospital	11	55	7	334
Health centre	12	69	9	1,382
Health post	20	77	12	1,322
Specialty/Higher clinic	14	94	14	2
Medium clinic	12	73	8	98
Lower clinic	3	83	2	39
Managing authority				
Public	15	70	10	3,173
Private	9	71	6	250
Region				
Afar	40	66	24	32
Amhara	20	66	9	598
Oromia	12	70	8	1,344
Somali	26	67	17	167
Benishangul Gumuz	33	68	28	44
SNNP	8	67	7	759
Sidama	15	83	13	188
Gambela	17	60	14	36
Harari	44	83	38	19
Addis Ababa	20	79	17	213
Dire Dawa	23	85	23	23
Urban/Rural				
Urban	12	67	9	1,163
Rural	16	71	11	2,260
National	15	70	10	3,424

¹ Training refers only to in-service training. The training must have involved structured sessions, and does not include individual instruction that a provider might have received during routine supervision.

² Personal supervision refers to any form of technical support or supervision from a facility-based supervisor or from a visiting supervisor. It may include, but is not limited to, review of records and observation of work, with or without any feedback to the health worker.

Table 6.14 Training for antenatal care service providers

Among interviewed antenatal care (ANC) service providers, the percentages who reported receiving in-service training on topics related to ANC during the specified period before the survey, by background characteristics, Ethiopia SPA 2021–22

Background characteristics	Percentage of interviewed providers of ANC who reported receiving in-service training on:														Number of interviewed ANC service providers
	ANC counselling		ANC screening		Complications of pregnancy		Family planning ¹		Sexually transmitted infections ²		Intermittent preventive treatment of malaria in pregnancy		Comprehensive abortion care (CAC)		
	During the past 24 months	At anytime	During the past 24 months	At anytime	During the past 24 months	At anytime	During the past 24 months	At anytime	During the past 24 months	At anytime	During the past 24 months	At anytime	During the past 24 months	At anytime	
Facility type															
Referral hospital	7	14	8	15	8	13	16	39	6	16	7	13	5	12	57
General hospital	4	17	4	17	4	15	16	40	2	10	4	15	4	12	187
Primary hospital	4	15	4	15	3	14	16	38	1	7	4	14	3	10	334
Health centre	4	13	3	12	3	12	14	37	1	4	6	18	3	8	1,382
Health post	12	38	12	38	12	34	22	83	4	8	14	42	5	10	1,322
Specialty/Higher clinic	7	47	7	47	7	47	46	60	14	60	7	40	14	47	2
Medium clinic	4	15	1	16	4	18	21	58	0	49	7	24	6	17	98
Lower clinic	3	12	3	12	3	12	2	34	0	9	3	19	3	3	39
Managing authority															
Public	7	24	7	23	7	22	18	57	2	6	9	27	4	9	3,173
Private	3	15	2	15	3	16	12	42	1	32	5	19	4	12	250
Region															
Afar	25	32	32	40	22	38	30	38	8	12	21	26	6	10	32
Amhara	8	27	7	26	7	21	19	57	3	7	13	37	5	11	598
Oromia	6	23	7	22	7	23	17	65	2	9	6	24	4	8	1,344
Somali	15	27	16	29	14	25	22	45	2	4	19	34	2	5	167
Benishangul Gumuz	27	50	27	50	27	46	23	47	0	0	32	52	23	34	44
SNNP	4	16	3	17	3	14	15	50	0	4	4	21	2	8	759
Sidama	7	22	4	22	5	20	16	51	1	4	13	29	3	7	188
Gambela	7	19	6	19	6	20	19	36	1	3	12	25	4	5	36
Harari	26	43	25	42	25	40	34	59	17	34	34	49	17	24	19
Addis Ababa	7	22	4	24	7	24	13	32	3	19	7	16	5	14	213
Dire Dawa	6	31	6	31	4	26	28	58	4	24	16	39	2	22	23
Urban/Rural															
Urban	4	17	3	17	4	16	14	45	1	12	5	18	3	10	1,163
Rural	8	26	8	26	8	24	19	61	2	6	10	31	4	9	2,260
National	7	23	7	23	7	21	17	56	2	8	9	27	4	9	3,424

Note: Training refers only to in-service training. The training must have involved structured sessions, and does not include individual instruction that a provider might have received during routine supervision.

¹ Includes training in any of the following: general counselling for family planning, insertion and/or removal of intrauterine contraceptive device (IUCD), insertion and/or removal of implants, performing vasectomy, performing tubal ligation, clinical management of family planning methods including managing side effects, family planning for HIV-positive women, and post-partum family planning.

² Includes training in any of the following: diagnosing and treating sexually transmitted infections (STIs), the syndromic approach to diagnosing and managing STIs, and treatment of drug resistant STIs.

Table 6.15 Availability of services for prevention of mother-to-child transmission of HIV in facilities that offer antenatal care services

Among facilities, excluding health posts, that offer antenatal care (ANC) services, the percentages that offer services for the prevention of mother-to-child transmission (PMTCT) of HIV and, among the facilities that offer PMTCT services, the percentages with specific PMTCT programme components, by background characteristics, Ethiopia SPA 2021–22

Background characteristics	Percentage of facilities that offer ANC that provide any PMTCT ¹	Number of facilities offering ANC	Percentage of ANC facilities that offer PMTCT that provide:							Number of facilities that offer ANC and any PMTCT services
			HIV testing for pregnant women	HIV testing for infants born to HIV+ women	ARV prophylaxis for HIV+ pregnant women	ARV prophylaxis for infants born to HIV+ women	Infant and young child feeding counselling	Nutritional counselling for HIV+ pregnant women and their infants	Family planning counselling for HIV+ pregnant women	
Facility type										
Referral hospital	100	2	100	100	100	97	100	97	100	2
General hospital	96	7	95	92	87	87	97	97	97	7
Primary hospital	96	15	90	77	69	69	87	90	90	14
Health centre	95	181	74	50	36	40	70	71	73	173
Specialty/Higher clinic	72	1	58	15	0	0	58	100	58	0
Medium clinic	31	36	86	42	2	1	81	81	87	11
Lower clinic	0	19	-	-	-	-	-	-	-	0
Managing authority										
Public	96	198	75	53	40	43	72	73	75	190
Private	28	63	87	56	29	28	85	87	90	18
Region										
Afar	66	5	66	52	59	59	66	66	66	3
Amhara	81	59	79	68	60	63	81	79	82	47
Oromia	80	103	76	46	26	30	72	72	72	83
Somali	90	13	75	40	15	19	34	52	64	11
Benishangul Gumuz	81	3	85	85	78	78	78	78	85	2
SNNP	86	43	67	44	36	41	67	70	72	37
Sidama	87	11	72	35	14	12	81	82	82	10
Gambela	39	5	95	67	81	81	95	95	95	2
Harari	93	1	100	85	92	92	100	100	100	1
Addis Ababa	55	16	99	98	78	77	99	99	99	9
Dire Dawa	89	2	85	74	70	70	97	97	97	2
Urban/Rural										
Urban	73	115	89	75	57	61	88	85	89	83
Rural	85	146	68	39	27	29	64	67	67	124
National	79	261	76	53	39	42	73	74	76	207

ARV = antiretroviral.

¹ Facility provides any of the following services for the prevention of transmission of HIV from an HIV-positive pregnant woman to her child: HIV testing and counselling for pregnant women, HIV testing for infants born to HIV-positive women, ARV prophylaxis for HIV-positive pregnant women, ARV prophylaxis for infants born to HIV-positive women, infant and young child feeding counselling for prevention of mother-to-child transmission, nutritional counselling for HIV-positive pregnant women and their infants, family planning counselling for HIV-positive pregnant women, and ART to HIV-positive pregnant women.

Table 6.16 Guidelines, trained staff, equipment, diagnostic capacity, and medicines for prevention of mother-to-child transmission of HIV

Among facilities that offer antenatal care (ANC) and any services for prevention of mother-to-child transmission (PMTCT) of HIV, the percentages with relevant guidelines, at least one staff member recently trained on PMTCT and infant and young child feeding, visual and auditory privacy for quality PMTCT counselling, HIV diagnostic capacity, and antiretroviral medicines (ARVs), by background characteristics

Background characteristics	Percentage having guidelines		Percentage with staff trained in		Percentage having	Percentage with HIV testing		Percentage with antiretroviral medicines			Number of facilities that offer ANC and any PMTCT services
	PMTCT ¹	Infant and young child feeding	PMTCT ²	Infant and young child feeding ³	Visual and auditory privacy ⁴	Adult HIV testing capacity ⁵	DBS ⁶	AZT syrup ⁷	NVP syrup ⁸	ARV for maternal prophylaxis ⁹	
Facility type											
Referral hospital	79	76	45	17	100	100	90	93	100	100	2
General hospital	74	48	41	30	96	100	84	86	88	92	7
Primary hospital	60	52	40	16	88	100	40	54	60	79	14
Health centre	41	36	18	11	74	99	28	30	41	41	173
Health post	0	0	0	0	0	100	0	0	0	0	3
Specialty/Higher clinic	42	0	42	0	100	58	0	0	42	0	0
Medium clinic	20	17	3	2	87	98	19	2	2	2	11
Managing authority											
Public	42	36	20	12	74	99	31	33	44	45	193
Private	40	33	21	5	91	98	25	17	18	30	18
Region											
Afar	19	26	38	21	64	100	35	59	59	66	3
Amhara	62	54	25	14	81	100	44	40	63	61	47
Oromia	31	26	9	6	74	100	23	28	33	35	83
Somali	23	21	22	18	57	94	14	10	12	13	13
Benishangul Gumuz	85	63	46	33	85	94	53	78	78	78	2
SNNP	39	38	27	12	70	100	20	22	33	42	37
Sidama	18	16	14	8	76	97	18	15	20	21	11
Gambela	55	48	39	25	91	100	41	72	76	76	2
Harari	77	62	62	38	100	92	69	62	85	85	1
Addis Ababa	91	71	44	22	99	100	86	76	78	79	9
Dire Dawa	56	29	28	7	97	100	53	51	66	56	2
Urban/Rural											
Urban	53	47	23	11	91	100	51	52	60	62	83
Rural	35	29	17	11	65	99	17	18	29	31	127
National	42	36	20	11	75	99	30	32	41	43	210

Note: The indicators presented in the table are the staff and training, equipment, diagnostics, medicines, and commodities domains for assessing readiness to provide PMTCT services within the health facility assessment methodology proposed by WHO and USAID 2012.

¹ Guideline for PMTCT: Hand-written guidelines pasted on a wall are acceptable.

² Facility has at least one interviewed provider of ANC and PMTCT services who reported receiving in-service training in some aspect of PMTCT during the 24 months before the survey. The training must have involved structured sessions, and does not include individual instruction that a provider might have received during routine supervision.

³ Facility has at least one interviewed provider of ANC and PMTCT services who reported receiving in-service training in some aspect of infant and young child feeding during the 24 months before the survey. The training must have involved structured sessions, and does not include individual instruction that a provider might have received during routine supervision.

⁴ A private room or screened-off area is available in the ANC service area that is a sufficient distance from other clients so that a normal conversation could be held without the client being seen or heard by others.

⁵ HIV rapid testing or other HIV testing capacity available in the facility.

⁶ Facility reports that they perform HIV testing for infants and have dried blood spot (DBS) filter paper available for collection of blood samples from infants for HIV testing.

⁷ Zidovudine (AZT) syrup for ARV prophylaxis for children born to HIV-positive women.

⁸ Nevirapine (NVP) syrup for ARV prophylaxis for children born to HIV-positive women.

⁹ Regimen 5A for PMTCT "option B+" (TDF/3TC/EFV) available in facility for ARV prophylaxis for HIV-positive pregnant women.

Table 6.17 Malaria services in facilities that offer antenatal care services

Among facilities that offer antenatal care (ANC) services, the percentages with indicated items for the provision of malaria services available on the day of the survey, by background characteristics, Ethiopia SPA 2021–22

Background characteristics	Percentage of facilities that offered antenatal care services that have:									Number of facilities offering ANC
	Medicines			Diagnostics						
	Trained staff ¹	ITN ²	ACT ³	Quinine	Iron or folic acid	Malaria RDT ⁴	Malaria microscopy ⁵	RDT or microscopy	Haemoglobin ⁶	
Facility type										
Referral hospital	31	34	93	41	90	31	79	83	100	2
General hospital	16	27	72	21	87	40	82	91	97	7
Primary hospital	14	24	78	25	94	43	77	85	85	15
Health centre	15	34	78	31	96	67	50	83	30	181
Health post	15	23	39	7	91	43	0	43	3	604
Specialty/Higher clinic	11	0	0	0	72	61	72	72	100	1
Medium clinic	11	10	22	0	33	32	74	80	80	36
Lower clinic	2	16	22	3	30	10	3	10	3	19
Managing authority										
Public	15	26	49	13	92	48	13	53	11	802
Private	8	12	23	2	39	29	53	60	59	63
Region										
Afar	26	28	73	25	77	64	23	80	13	11
Amhara	19	40	65	15	91	60	20	67	18	171
Oromia	12	18	33	7	84	33	14	39	14	357
Somali	26	58	70	44	87	65	5	66	12	60
Benishangul Gumuz	48	29	100	20	100	95	22	99	20	10
SNNP	6	15	47	8	98	50	14	56	7	182
Sidama	21	8	47	7	94	57	14	60	10	42
Gambela	11	21	63	9	60	84	14	85	22	9
Harari	66	52	75	12	94	31	29	43	27	2
Addis Ababa	14	16	44	9	76	41	76	80	91	16
Dire Dawa	38	59	58	19	85	55	25	62	46	4
Urban/Rural										
Urban	13	20	47	17	79	38	49	62	44	154
Rural	15	26	48	11	91	49	9	52	8	711
National	14	25	48	12	89	47	16	54	15	865

Note: See chapter 6 (Table 6.1) for information on proportion of all facilities that offer antenatal care services.

¹ At least one interviewed provider of ANC services reports receiving in-service training on malaria in pregnancy during the 24 months before the survey. The training must have involved structured sessions, and does not include individual instruction that a provider might have received during routine supervision.

² Facility reports that it distributes insecticide-treated mosquito bed nets (ITNs) to ANC clients, and it had ITNs in storage in the facility on the day of the survey.

³ Country-recommended artemisinin combination therapy (ACT) drug for treatment of active malaria: Artemeter-lumefrantrine (ALU, coartem).

⁴ Facility had unexpired malaria rapid diagnostic test (RDT) kits available somewhere in the facility.

⁵ Facility had a functioning microscope with glass slides and relevant stains for malaria microscopy available somewhere in the facility.

⁶ Facility has capacity to conduct haemoglobin test with any of the following means: haematology analyser, haemoglobinometer or colorimeter, HemoCue or litmus paper.

Table 6.18.1 Malaria prevention interventions for antenatal care clients: insecticide-treated bed nets and intermittent preventive treatment during pregnancy, by facility type, managing authority, and location

Among antenatal care (ANC) clients whose consultations were observed, the percentages whose consultation included discussion on specific preventive interventions related to the use of insecticide-treated mosquito bed nets (ITNs) and intermittent preventive treatment for malaria during pregnancy (IPTp), according to ANC visit status, by background characteristics, Ethiopia SPA 2021–22

Components of consultation	Facility type							Managing authority		Urban/Rural			
	Referral hospital	General hospital	Primary hospital	Health centre	Health post	Specialty/ Higher clinic	Medium clinic	Lower clinic	Public	Private	Urban	Rural	National
FIRST VISIT ANC CLIENT													
Importance of using ITN explained	3	5	7	7	4	0	0	6	6	2	6	5	6
Client given ITN or directed to obtain elsewhere in facility	3	4	3	2	2	0	0	0	3	1	3	2	2
Number of ANC clients	40	98	234	1,300	371	1	94	43	1,969	212	908	1,273	2,181
FOLLOW-UP VISIT ANC CLIENT													
Importance of using ITN explained	2	2	7	5	7	0	0	4	5	6	7	4	5
Client given ITN or directed to obtain elsewhere in facility	0	2	1	1	1	0	1	0	1	1	2	1	1
Number of ANC clients	57	122	255	1,435	220	3	48	14	1,949	205	972	1,182	2,154
ALL OBSERVED ANC CLIENTS													
Importance of using ITN explained	2	3	7	6	5	0	0	6	6	4	6	5	5
Client given ITN or directed to obtain elsewhere in facility	1	3	2	2	2	0	0	0	2	1	3	1	2
Number of ANC clients	98	220	489	2,735	591	4	142	57	3,918	417	1,880	2,455	4,335

Table 6.18.2 Malaria prevention interventions for antenatal care clients: insecticide-treated bed nets and intermittent preventive treatment during pregnancy, by region

Among antenatal care (ANC) clients whose consultations were observed, the percentages whose consultation included discussion on specific preventive interventions related to the use of insecticide-treated mosquito bed nets (ITNs) and intermittent preventive treatment for malaria during pregnancy (IPTp), according to ANC visit status, by background characteristics, Ethiopia SPA 2021–22

Components of consultation	Region											
	Afar	Amhara	Oromia	Somali	Benishangul Gumuz	SNNP	Sidama	Gambela	Harari	Addis Ababa	Dire Dawa	National
FIRST VISIT ANC CLIENT												
Importance of using ITN explained	5	10	3	7	17	7	12	29	7	0	8	6
Client given ITN or directed to obtain elsewhere in facility	0	3	2	5	17	2	1	10	0	0	0	2
Number of ANC clients	16	320	1,056	144	16	356	79	24	8	145	16	2,181
FOLLOW-UP VISIT ANC CLIENT												
Importance of using ITN explained	6	11	1	3	8	11	0	13	4	0	8	5
Client given ITN or directed to obtain elsewhere in facility	0	3	1	1	11	0	0	8	8	0	5	1
Number of ANC clients	29	405	903	59	31	414	106	26	8	154	18	2,154
ALL OBSERVED ANC CLIENTS												
Importance of using ITN explained	5	11	2	6	11	9	5	21	5	0	8	5
Client given ITN or directed to obtain elsewhere in facility	0	3	2	4	13	1	1	9	4	0	3	2
Number of ANC clients	46	726	1,959	203	47	769	186	50	16	299	34	4,335

Table 6.19 Malaria training for antenatal care service providers

Among interviewed providers of ANC services, the percentages who report receiving in-service training on topics related to malaria during the specified time periods, by background characteristics, Ethiopia SPA 2021–22

Background characteristics	Percentage of interviewed providers of malaria services who reported they received in-service training						Number of interviewed ANC service providers ¹
	Diagnosing malaria		Performing malaria rapid diagnostic test		Managing and treating malaria		
	During the past 24 months	At anytime	During the past 24 months	At anytime	During the past 24 months	At anytime	
Facility type							
Referral hospital	2	4	1	3	1	3	57
General hospital	1	4	0	2	1	4	187
Primary hospital	1	3	1	3	1	4	334
Health centre	4	10	3	9	4	10	1,307
Health post	27	60	23	56	22	54	798
Specialty/Higher clinic	7	26	0	14	0	26	2
Medium clinic	5	29	4	15	5	29	92
Lower clinic	0	32	0	16	0	32	19
Managing authority							
Public	10	24	9	22	9	23	2,574
Private	3	18	2	10	3	18	224
Region							
Afar	22	26	18	20	20	23	32
Amhara	13	32	11	28	13	29	548
Oromia	8	25	8	23	7	24	922
Somali	18	32	13	29	13	29	156
Benishangul Gumuz	10	23	9	23	10	23	44
SNNP	5	18	4	15	4	16	638
Sidama	20	30	17	26	15	22	169
Gambela	11	31	5	19	10	29	35
Harari	22	32	21	30	22	31	18
Addis Ababa	2	6	1	3	2	6	213
Dire Dawa	16	27	15	27	16	26	22
Urban/Rural							
Urban	2	9	2	6	2	9	1,091
Rural	14	33	12	30	12	31	1,707
National	10	24	8	21	8	22	2,798

Note: Training refers to in-service training only. The training must have involved structured sessions, and does not include individual instruction that a provider might have received during routine supervision.

¹ Includes only providers of ANC services in facilities that offer both ANC services and malaria diagnosis and/or treatment services.

Table 6.20 Availability of post abortion care (PAC) services

Among all facilities, excluding health posts, the percentages that offer PAC services by background characteristics, Ethiopia SPA 2021-2022

Background characteristics	Facilities with PAC services	Availability of trained provider for PAC services	Availability of guidelines	Availability of register for PAC services	The same service area with deliveries	Medical equipment for PAC services					Average number of:		Number of facilities
						Vacuum aspirator	D&C kit	Speculum	Antiseptics	Sterile gloves	PAC patients per 6 months	PAC procedures recorded	
Facility type													
Referral hospital	94	56	59	84	9	88	72	88	81	94	241	115	2
General hospital	89	51	61	82	35	85	70	88	80	85	115	64	7
Primary hospital	94	45	48	85	38	90	69	91	83	90	74	58	15
Health centre	62	40	43	56	43	52	26	58	53	61	24	13	181
Specialty/Higher clinic	4	4	4	4	1	4	4	4	4	4	190	91	7
Medium clinic	33	28	17	20	12	17	7	28	27	33	64	50	92
Lower clinic	8	6	3	3	2	3	0	3	5	8	6	2	97
Managing authority													
Public	63	40	43	57	41	54	29	59	54	62	36	20	205
Private	22	17	11	13	7	12	6	17	18	22	57	46	198
Region													
Afar	55	55	38	40	8	44	15	52	44	55	32	7	7
Amhara	51	38	31	48	33	41	24	46	47	51	26	15	95
Oromia	44	28	29	33	25	37	14	40	36	42	48	34	152
Somali	16	13	14	14	10	16	14	16	16	16	8	4	15
Benishangul Gumuz	26	20	25	25	4	23	17	25	19	23	62	20	7
SNNP	37	16	18	28	23	20	15	31	32	37	36	27	68
Sidama	55	40	34	46	30	49	30	52	45	52	53	48	13
Gambella	20	18	15	15	9	18	12	20	14	20	24	22	9
Harari	40	27	23	33	23	40	20	40	40	40	99	58	2
Addis Ababa	41	32	31	40	17	30	18	34	32	41	49	14	33
Dire Dawa	63	27	26	49	35	54	38	59	50	59	77	11	3
Urban/Rural													
Urban	42	29	27	35	21	32	18	39	35	41	60	39	212
Rural	44	28	27	36	29	35	17	38	38	43	19	10	191
National	43	29	27	36	24	34	18	39	37	42	40	25	403

Key Findings

- The majority of the referral hospitals (94%) offered normal delivery service, while only 6% of the facilities, excluding health posts, offered caesarean delivery
- All referral hospitals that had normal delivery services had a delivery service provider on-site or on-call 24 hours per day with an observed duty schedule.
- Nearly half (48%) of the facilities that offer normal delivery service had guidelines on IMPAC (Integrated Management of Pregnancy and Childbirth); BEmOC (Basic Emergency Obstetric Care); or CEmOC (Comprehensive Emergency Obstetric Care).
- Eighty-one percent (81%) of the facilities with delivery service had emergency transportation support.
- A newborn corner was available in 77% of the facilities, vacuum aspirator in 40%, and a suction apparatus in half of the facilities, while a delivery couch was widely available (94%).
- Assisted vaginal delivery (90%) and provision of oxytocics (94%) were commonly available in the facilities, while only 61% had anticonvulsants.
- Almost all facilities (98%) encouraged breastfeeding within the first hour, delivery to the abdomen (skin-to-skin), and drying and wrapping newborns to keep warm.
- About 65% of the providers in health facilities received personal supervision during the 6 months before the survey; 80% of facilities in Dire Dawa were the most supervised.

7.1 BACKGROUND

Though maternal mortality declined by 38% between 2000 and 2017, a significant number (810) of women die every day from complications related to pregnancy or childbirth globally, and 99% of these deaths occur in underdeveloped nations, where 85% of the world's population resides. A recent WHO study states that 216 mothers die for every 100,000 live births, which is more than three times the target Sustainable Development Goal of 70 per 100,000 live births. There is regional variation in these deaths and each year, 574 mothers die per 100,000 live births in sub-Saharan Africa.

The critical time for both the mother and the newborn is during delivery and the first few hours and days after delivery. According to estimates, 45% of all maternal deaths and about 1 million newborn deaths take place within the first 24 hours of birth, with about 75% occurring within the first week after birth (Federal Ministry of Health).

7.2 DELIVERY AND NEWBORN CARE IN ETHIOPIA

Based on the 2016 EmONC (Emergency Obstetric and Newborn Care) assessment, only 66% of deliveries are attended by a skilled provider, despite the fact that national strategic documents on maternal health indicate that skilled birth attendants are required (EmONC 2016). Given the Ethiopian context, an alternative might be to obtain the necessary services, such as clean deliveries and critical infant care, which could be delivered by health extension workers (HEWs) at health posts or at home by less qualified professionals (Federal Ministry of Health).

Ethiopia's delivery and newborn care services are reviewed in this chapter, which highlights the important elements of labour and newborn care, such as the accessibility of skilled personnel, required job aids and guidelines, supplies and equipment, and high-quality services. The four main areas of delivery and newborn care services at the surveyed health care facilities include:

- **Availability of services.** Section 7.2, including **Table 7.1**, examines the availability of maternal health services and the percentage of skilled providers available.
- **Service readiness.** Section 7.3, including **Tables 7.2 to 7.4**, addresses the readiness of facilities to provide high quality delivery and newborn care services, including the availability of guidelines, trained staff, equipment, infection control processes, and essential medicines.
- **Adherence to standards.** Section 7.4, including **Tables 7.5, 7.6.1 and 7.6.2**, addresses the content of delivery and newborn care service practices.
- **Basic management and supportive systems.** Section 7.5, including **Tables 7.7, 7.8, and 7.9** considers the extent to which essential management and supportive systems, including in-service training, are in place to support quality services.

7.3 AVAILABILITY OF DELIVERY AND NEWBORN CARE SERVICES

Table 7.1 provides information on the availability of maternal health services, and specific maternity services (ANC and delivery) among facilities that offer normal delivery services, and the percentage having a skilled provider available on-site or on-call 24 hours a day to conduct deliveries, with or without an observed duty schedule. Almost all facilities that provide delivery services (normal or caesarean) also have ANC service.

7.3.1 Normal Deliveries

Availability of Normal Delivery Services at Tertiary Level of Health Care

Nearly 95% of the referral hospitals offered normal delivery services, 94% offered caesarean delivery services, and 100% of referral hospitals that offered normal delivery services have providers of delivery care available on-site or on-call 24 hours per day (**Table 7.1**).

Availability of Normal Delivery Services at Secondary Level of Health Care

Ninety-eight percent of general hospitals offered normal delivery services. Among general hospitals that offered normal delivery services, 93% have providers of delivery care available on-site or on-call 24 hours per day (**Table 7.1**).

Availability of Normal Delivery Services at Primary Health Care Units

Almost all (99%) primary hospitals, 99% of health centres, and 54% of all facilities, excluding health posts, offer normal delivery service. Normal delivery service was also available in hospitals and health centres (94% in referral hospitals, 98% in general hospitals, 99% in primary hospitals and health centres),

although in clinics, only 5% of higher clinics, 12% of medium clinics, and 1% of lower clinics had availability of normal delivery service (**Table 7.1**).

Nearly all (97%) public facilities offered normal delivery service compared with 10% of private facilities. There is variation among the regions that provide normal delivery service, with ranges from 89% in the Sidama Region to 42% in Benishangul Gumuz (**Table 7.1**).

7.3.2 Caesarean Delivery

Overall, only 6% of facilities, excluding the health posts, provide caesarean delivery service. Almost all delivery services are provided by hospitals, while health centres conducted only 1% of the caesarean deliveries. Sixty-eight percent of rural facilities offered normal delivery service, while only 40% of urban facilities offered normal delivery service, and 9% of the urban facilities had caesarean delivery service (**Table 7.1**).

7.3.3 Availability of Skilled Provider for Delivery Service

A skilled attendant, as defined by the World Health Organization (WHO) and other international bodies, is a “health professional—such as a midwife, doctor, clinical officer or nurse—who has been educated and trained to proficiency in the skills needed to manage normal pregnancies, childbirth and the immediate postnatal period, and in the identification, management and referral of complications in women and newborns” (WHO 2004).

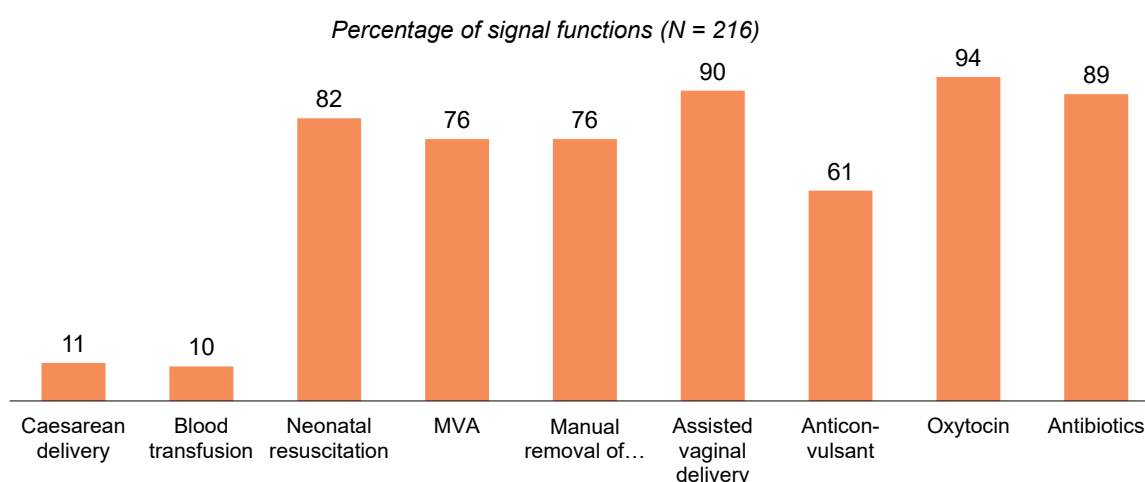
The ESPA identified the availability of a skilled delivery care provider on-site or on call 24 hours per day, with an observed duty schedule at 85% in the facilities. Either with or without an observed duty schedule, this percentage rises to 94% in all facilities excluding health posts (**Table 7.1**).

7.3.4 Emergency Obstetric Care

For an assessment of the levels of care provided by a facility, it is helpful to use clearly defined ‘signal functions.’ These are key medical interventions used to treat the obstetric complications that cause the vast majority of maternal deaths.

Availability of these signal functions significantly reduces maternal deaths and improves birth outcomes. Facilities are considered basic emergency obstetric care (BEmOC) facilities if they provide the first seven functions, which are parenteral antibiotics, oxytocics, anticonvulsants, assisted vaginal delivery, manual removal of placenta, removal of retained products of conception, neonatal resuscitation over a designated 3-month period, and comprehensive emergency obstetric care. The CEmOC facilities provide all nine functions including blood transfusion and caesarean delivery. Lower level facilities such as health posts, medium clinics, and lower clinics are not expected to provide comprehensive emergency obstetric services (WHO 2009).

Figure 7.1 Availability of signal functions in facilities, excluding health posts.



The ESPA assessed the signal functions with an inventory questionnaire. **Table 7.5** presents information on all facilities, excluding health posts, that fulfilled the signal functions at least one time during the 3 months before the survey.

Only one in every ten (10%) facilities that provided normal delivery services were providing blood transfusions, while in rural facilities, this was 3%. The proportion of facilities that provide caesarean delivery is 11%, which was even lower in rural facilities at 3%. Public facilities are more likely to provide signal functions for emergency obstetric care compared with private facilities, except for blood transfusions (31% in private facilities and only 7% in public facilities), and caesarean deliveries (33% in private facilities and only 9% in public facilities). The proportion of facilities that provide manual removal of the placenta is equal to manual vacuum aspiration (MVA) assisted removal of the products of conception. (See **Table 7.5** and **Figure 7.1**.)

7.3.5 Newborn Care

In Ethiopia, the period after birth is often marked by cultural practices, some of which hinder the health and survival of the newborn. Delaying the immediate initiation of breastfeeding, bathing newborns immediately, providing food other than breast milk soon after birth, and applying butter or other substances to the umbilical stump are some of the household and community practices that lead to newborn morbidity and mortality (FMoH 2013)

The ESPA assessed routine postpartum and newborn practices that support newborn care. Providers were asked if newborns and mothers who delivered in their facilities underwent several routine practices. The findings are shown in **Table 7.6.1** and **Table 7.6.2**.

Providing skin-to-skin with an adult, drying and wrapping the newborn baby, initiating breastfeeding within the first hours, and weighing the newborn immediately upon delivery, as well as routine complete (head-to-toe) examination of newborns before discharge, have become almost universal practices in health facilities. However, giving a full bath shortly after birth was reported at 18%, with no variation in the urban and rural locations.

In the past, the use of catheter suction to stimulate respiration in newborns who are in some distress was a common practice in many health facilities. However, evidence has shown that this should not be a routine practice because of potential injury to the newborn and risk of mother-to-child transmission of HIV. Among all facilities that offer delivery services, 49% report routinely using catheter suction with newborns. This practice is most common in general hospitals (73%) and 46% in the rural health facilities. Seventy percent of all facilities reported suctioning the newborn with suction bulb.

Since low birth weight is a risk factor for infant death, weighing the newborn provides information that is essential to postnatal care. Ninety-seven percent of the facilities routinely weighed newborns. Administration of vitamin K supplementation to newborns was reported at 78%. Hospitals are more likely to administer vitamin K than the other facility types. Eighty-eight percent of all facilities reported applying tetracycline eye ointment to both eyes of the newborn as routine component of newborn practice. Among the managing authorities, private facilities with normal delivery services are the least likely to apply tetracycline eye ointment.

Seventy-three (73%) of facilities routinely provide newborns with oral polio vaccine (OPV) prior to discharge. Thirty-nine percent of facilities routinely provide BCG (Bacillus Calmette-Guerin) prior to discharge in all facilities (**Table 7.6.1**).

Although most newborn care practices have become universal in health facilities, regional variations still exist. For example, kangaroo mother care practice (in which the baby is carried by the mothers for skin to skin contact) is highest in Benshangu Gumuz at 95% and lowest in Addis Ababa at 56%, while the national average is 68%. Giving a full bath shortly after birth is highest in the Somali Region (60%), followed by Gambela (35%), with the national average at 18%. Giving the newborn pre-lacteal liquids is practiced in Gambela Region (78%), followed by the Harari Region (75%), with the national average at 46% (**Table 7.6.2**).

7.4 DELIVERY AND NEWBORN CARE SERVICE READINESS

Quality delivery and newborn care requires guidelines, appropriately trained providers, and certain supplies and equipment, including those for infection control. Among all facilities that offered normal delivery services, the elements that support quality deliveries include guidelines, partographs, equipment, emergency transport, and staff trained in IMPAC, BEmOC, or CEmOC. Training and guidelines of skilled delivery care in IMPAC, BEmOC, or CEmOC are not expected in health posts and lower clinics.

7.4.1 Guidelines, Trained Staff, and Equipment

Among all facilities that offered normal delivery, guidelines on IMPAC, BEmOC, or CEmOC are available in 48%. The majority (50%) of public facilities had these guidelines compared with 18% of private facilities, with the lowest proportion available in the Sidama (31%) and SNNP (40%) regions. Only one in 10 of the providers were trained on IMPAC, BEmOC, or CEmOC nationally. A greater proportion of providers in general hospitals (63%) were trained compared with the other facility types. The highest proportions of trained providers were reported in Harari (58%) and 57% in Benishangul Gumuz regions, while the lowest was in the Sidama Region at 3%.

Eighty-six percent of the facilities that offered normal delivery had partographs available at the service site. Partographs were available in all referral hospitals and specialty/higher clinics.

Equipment that supports delivery services was also assessed (see **Table 7.2**). Among all basic equipment for routine delivery services, a delivery couch is universally available (94%) followed by gloves (88%), although a vacuum aspirator (40%) and suction apparatus (50%) are less widely available.

7.4.2 Emergency Transport

Overall, most (81%) facilities that offer delivery service have emergency transportation support. At least 4 in every five facilities managed by the Government have transport for delivery emergencies compared with two in every three private facilities. Among the facilities in the regions, Addis Ababa, Harari, and Dire Dawa (100%) had the highest emergency transport support, compared to facilities in the Afar Region at 49% (**Table 7.2**).

7.4.3 Medicines for Delivery and Newborn Care

To manage delivery complications, facilities need special medications and supplies. **Table 7.3.1** presents the essential medicines for delivery services as well as for newborn care in facilities.

Essential Medicines for Delivery Services

As shown in **Table 7.3.1**, six types of essential medicines were assessed in facilities that offer normal delivery services. Among these essential drugs, the total availability of intravenous fluids with infusion set was the highest (91%) and the lowest was injectable diazepam at 42%. (See **Table 7.3.1**). The regional variation on the availability of essential medicines for delivery is seen in **Table 7.3.2**.

Essential Medicines for Newborns

Antibiotic eye ointment was the most common newborn drug available (85%), followed by amoxicillin suspension (74%). The regional variation in essential medicines and commodities for delivery and newborn is presented in **Table 7.3.2**.

Priority Medicines for Mothers

The availability of ten priority medicines ranges from 90% for sodium chloride injectable solution to the least likely available medicine, Cefixime capsules or tablets, at 15%. At least 93% of the referral hospitals have sodium chloride solution (**Table 7.3.1**).

7.4.4 Infection Prevention

Infection control is vital to improve the overall quality of delivery services, and it requires certain supplies. **Table 7.4** provides information on the availability of individual items for infection control during the provision of delivery care in all facilities. The items include soap, running water, alcohol-based hand antiseptics, latex gloves, sharps containers, and waste receptacles. A sharps container was most widely available (96%). A majority of facilities providing delivery services had soap and running water or else alcohol based hand disinfectant (90%), alcohol based hand disinfectant (88%), latex gloves (88%).

A higher proportion of the private facilities had the highest number of items for infection control compared with the public facilities. A higher proportion of the urban facilities had the most items for infection prevention compared with health facilities in rural areas, except for sharps containers (96% in urban facilities and 97% in rural facilities). Among the regions, running water was less available in Gambela (23%) and Afar (42%), while at 90% in Addis Ababa (see **Table 7.4**).

7.5 BASIC MANAGEMENT AND SUPPORTIVE SYSTEM

The survey assessed delivery and newborn service providers for information about in-service trainings and supervision.

Training and Supervision

Only one in ten of the providers interviewed received training related to delivery and newborn care, while only 7% of the providers received training on delivery and/or newborn care during the 24 months and personal supervision during the 6 months before the survey.

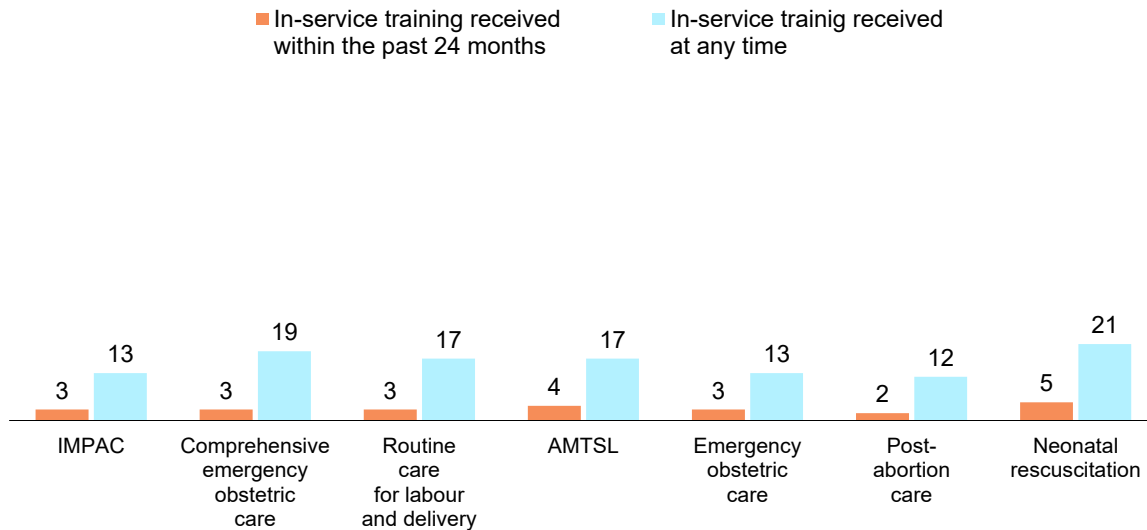
Overall, 65% of providers in all the facilities received personal supervision during the 6 months before the survey. Personal supervisory support for delivery and newborn care ranges from 80% in the Dire Dawa Region to 57% in Gambela (**Table 7.7**).

Among the delivery related training specific topics, the integrated management of pregnancy and child birth (IMPAC), emergency obstetric care, routine care for labour and delivery, active third stage of labour,

emergency obstetric care or lifesaving skills, post-abortion care, and neonatal resuscitation in all facilities were assessed. The percentage ranges from 5% of neonatal resuscitation to the least likely training types of IMPAC, BEMOC, or CEMOC and post abortion care (3% each) provided during the 24 months before the survey (**Table 7.8** and **Figure 7.2**).

Figure 7.2 Topics of training received by providers of normal delivery service among facilities excluding health posts

Training topics on delivery received by provider normal delivery service (N = 2,148)

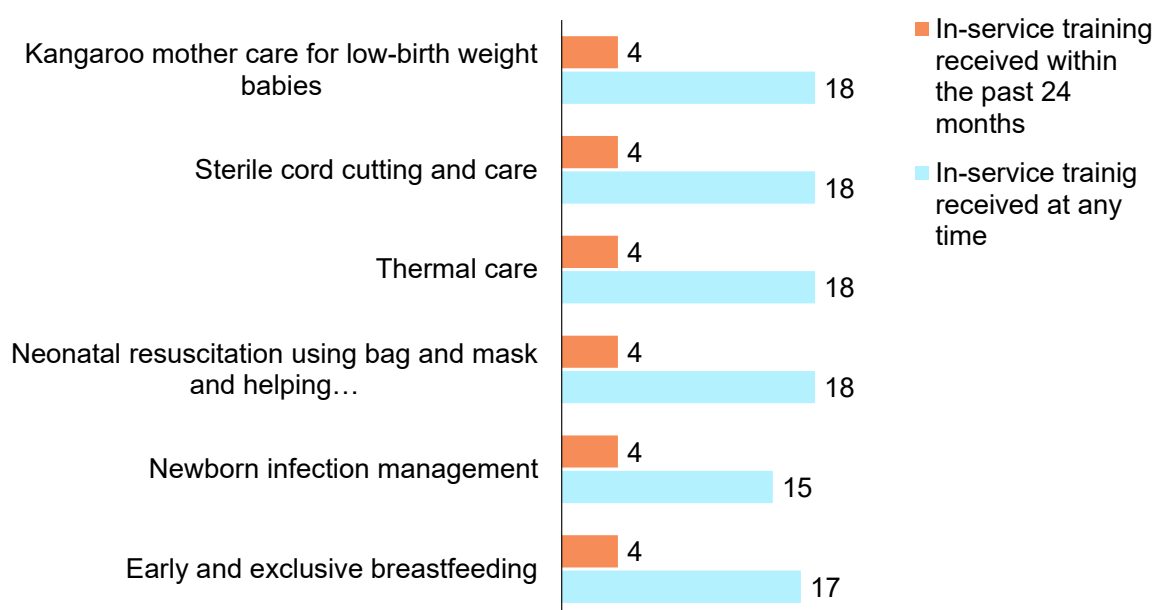


The immediate newborn care training specific topics of early and exclusive breastfeeding, newborn infection management, neonatal resuscitation using bag, mask, and HBB (Helping Baby Breathe), thermal care, sterile cord cutting and care, and KMC (kangaroo mother care) for low birth weight babies in all facilities were assessed. Only 5% of interviewed health care providers received all type immediate newborn care training within the past 24 months (**Table 7.9**).

Among the training topics related to immediate newborn care provided at any time prior to the survey, only 15 % of interviewed providers received training on newborn infection management in all facilities (**Figure 7.3**).

Figure 7.3 Training topics on immediate new-born care received by delivery service providers in facilities excluding health posts

Percentage of training topics (N = 2,148)



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Table 7.1 Availability of maternal health services

Among all facilities, excluding health posts, the percentages that offer specific maternity services and the full range of maternity services and, among facilities that offer normal delivery services, the percentages with a skilled provider available on-site or on-call 24 hours a day to conduct deliveries, with or without an observed duty schedule, by background characteristics, Ethiopia SPA 2021–22

Background characteristics	Percentage of facilities that offer:					Number of facilities	Percentage of facilities that offer normal delivery services that have:		Number of facilities that offer normal delivery services
	Antenatal care (ANC)	Normal delivery service	Cesarean delivery	ANC and normal delivery service	ANC, normal delivery, and cesarean delivery		Provider of delivery care available on-site or on-call 24 hours/day, with observed duty schedule	Provider of delivery care available on-site or on-call 24 hours/day, with or without observed duty schedule	
Facility type									
Referral hospital	91	94	94	91	91	2	100	100	2
General hospital	98	98	95	98	95	7	93	99	7
Primary hospital	99	99	88	98	87	15	94	100	15
Health centre	100	99	1	99	1	181	88	98	180
Specialty/higher clinic	8	5	2	5	2	7	50	50	0
Medium clinic	39	12	0	7	0	92	15	15	11
Lower clinic	20	1	0	1	0	97	54	100	1
Managing authority									
Public	97	96	8	96	8	205	89	98	197
Private	32	10	3	7	3	198	44	49	19
Region									
Afar	74	59	9	59	9	7	83	89	4
Amhara	62	50	5	50	5	95	94	95	48
Oromia	68	56	4	54	4	152	88	95	85
Somali	87	80	4	80	4	15	71	96	12
Benishangul Gumuz	42	42	6	42	6	7	72	95	3
SNNP	63	59	8	59	8	68	84	98	40
Sidama	89	78	14	78	14	13	66	90	10
Gambela	56	25	2	25	2	9	65	100	2
Harari	47	40	13	40	13	2	100	100	1
Addis Ababa	49	31	8	25	7	33	70	74	10
Dire Dawa	59	53	11	53	11	3	66	77	2
Urban/Rural									
Urban	54	40	9	38	9	212	82	89	85
Rural	77	68	2	68	2	191	87	97	131
National	65	54	6	52	6	403	85	94	216

Note: The unweighted number of facilities that offer normal delivery services for specialty/higher clinics is 2. Thus, when this number is weighted, it becomes zero, as shown in this table.

Table 7.2 Guidelines, trained staff, and equipment for delivery services

Among facilities that offer normal delivery services, the percentages with guidelines, at least one staff member recently trained in delivery care, and basic equipment for routine delivery available in the facility on the day of the survey, by background characteristics

Background characteristics	Percentage of facilities that offer normal delivery service that have:					Equipment										Number of facilities that offer normal delivery services
	Guidelines on IMPAC ¹	Staff trained in IMPAC ²	Emergency transport ³	Examination light ⁴	Delivery pack ⁵	Suction apparatus (mucus extractor)	Manual vacuum extractor	Vacuum aspirator or D&C kit ⁶	Neonatal bag and mask	Partograph ⁷	Foetal stethoscope	Newborn corner equipment	Delivery couches	Neonatal resuscitation kit	Gloves ⁸	
Facility type																
Referral hospital	60	20	100	93	97	93	90	73	97	100	90	93	100	93	87	2
General hospital	63	20	100	93	100	92	92	79	99	95	81	91	100	92	87	7
Primary hospital	49	33	97	86	100	87	93	63	96	94	83	90	98	84	84	15
Health centre	49	8	81	61	99	44	66	38	88	89	77	78	94	70	88	180
Specialty/higher clinic	0	0	50	50	100	100	50	50	100	100	100	100	100	100	100	0
Medium clinic	2	1	52	99	83	64	15	16	34	24	84	34	85	54	100	11
Lower clinic	46	46	0	8	8	46	46	46	46	46	54	46	92	46	100	1
Managing authority																
Public	50	10	82	63	99	48	69	41	89	90	77	79	95	72	87	197
Private	18	17	68	94	87	74	42	30	60	49	85	58	91	67	99	19
Region																
Afar	44	26	49	39	100	66	72	37	77	49	57	60	100	72	83	4
Amhara	57	3	84	79	100	54	77	46	89	100	91	89	95	79	92	48
Oromia	45	8	83	63	100	51	70	39	91	84	59	74	94	74	86	85
Somali	54	20	72	51	86	48	54	36	47	79	89	44	79	36	97	12
Benishangul Gumuz	95	67	71	58	88	84	64	58	100	83	83	95	100	100	100	3
SNNP	40	11	75	54	100	36	51	31	86	83	93	75	95	63	88	40
Sidama	31	14	81	68	94	34	56	45	88	76	94	97	99	73	67	10
Gambela	58	19	64	57	85	47	74	57	76	96	93	44	100	39	97	2
Harari	58	58	100	83	100	83	100	42	100	92	100	50	100	75	92	1
Addis Ababa	51	23	100	98	82	84	70	43	82	81	92	76	100	73	95	10
Dire Dawa	46	12	100	89	100	79	81	68	92	92	63	79	92	87	90	2
Urban/Rural																
Urban	50	12	83	75	96	63	70	41	87	83	83	76	94	74	95	85
Rural	46	9	80	60	99	42	64	39	86	88	75	77	94	70	84	131
National	48	10	81	66	98	50	67	40	87	86	78	77	94	71	88	216

Note: The unweighted number of facilities that offer normal delivery services for specialty/higher clinics is 2. Thus, when this number is weighted, it becomes zero, as shown in this table.

The indicators presented in this table are the staff and training and equipment domains for assessing readiness to provide delivery care within the health facility assessment methodology proposed by WHO and USAID 2012.

¹ IMPAC (Integrated Management of Pregnancy and Childbirth) guidelines, or BEmOC (Basic Emergency Obstetric Care) guidelines, or CEmOC (Comprehensive Emergency Obstetric Care) guidelines.

² Facility has at least one interviewed staff member providing the service who reports receiving in-service training in IMPAC or CEmOC during the 24 months before the survey. The training must have involved structured sessions, and does not include individual instruction that a provider might have received during routine supervision.

³ Facility had a functioning ambulance or other vehicle for emergency transport stationed at the facility and had fuel available on the day of the survey, or facility has access to an ambulance or other vehicle for emergency transport that is stationed at another facility or that operates from another facility.

⁴ A functioning flashlight is acceptable.

⁵ Either the facility had a sterile delivery pack available at the delivery site or else all the following individual equipment must be present: cord clamp, episiotomy scissors, scissors (or blade) to cut cord, and suture material with needle and needle holder.

⁶ Facility had a functioning vacuum aspirator or else a dilatation and curettage (D&C) kit available.

⁷ A blank partograph at the service site.

⁸ Disposable latex gloves or equivalent available at the service site.

Table 7.3.1 Medicines and commodities for delivery and newborn care, by facility type, managing authority, and location

Among facilities that offer normal delivery services, the percentages with essential medicines and commodities for delivery care, essential medicines for newborns, and priority medicines for mothers observed to be available on the day of the survey, by background characteristics

Medicines	Facility type							Managing authority		Urban/Rural		
	Referral hospital	General hospital	Primary hospital	Health centre	Specialty/higher clinic	Medium clinic	Lower clinic	Public	Private	Urban	Rural	National
Essential medicines for delivery¹												
Injectable uterotonic (oxytocin) ²	93	99	96	94	100	36	46	95	58	85	96	91
Injectable antibiotic ³	83	92	69	67	100	38	46	68	46	69	65	66
Injectable magnesium sulphate ²	93	95	78	79	50	3	46	81	24	73	77	76
Injectable diazepam	63	72	55	42	100	3	46	44	21	44	41	42
Skin disinfectant	80	81	86	83	50	57	54	83	68	78	84	81
Intravenous fluids with infusion set ⁴	93	94	83	91	100	92	46	92	80	91	90	91
Essential medicines for newborns												
Antibiotic eye ointment for newborn ¹	93	97	92	87	100	26	92	88	54	83	86	85
4% chlorhexidine ¹	70	58	63	77	50	19	46	77	30	62	79	72
Injectable gentamicin ²	57	67	77	62	50	2	0	63	31	63	58	60
Ceftriaxone powder for injection	77	89	91	71	50	1	92	73	40	73	68	70
Amoxicillin suspension	90	80	83	77	50	2	46	77	37	72	75	74
Priority medicines for mothers⁵												
Sodium chloride injectable solution	93	93	94	93	50	41	46	93	63	87	92	90
Injectable Calcium gluconate	83	61	69	34	0	0	0	37	24	40	33	36
Ampicillin powder for injection	63	57	58	39	0	1	0	42	9	37	41	39
Injectable metronidazole	87	82	84	42	50	2	0	45	34	43	45	44
Misoprostol capsules or tablets	60	59	71	44	50	1	0	46	24	48	42	44
Azithromycin capsules or tablets or oral liquid	97	88	82	54	50	1	0	56	35	65	47	54
Cefixime capsules or tablets	30	52	21	14	50	1	0	15	18	23	11	15
Benzathine benzyl penicillin powder for injection	37	38	42	47	0	1	0	47	6	41	46	44
Injectable betamethasone/ dexamethasone	60	77	81	50	50	0	0	52	35	58	45	50
Nifedipine capsules or tablets	77	92	90	73	50	0	0	74	35	74	69	71
Number of facilities that offer normal delivery services	2	7	15	180	0	11	1	197	19	85	131	216

Note: The unweighted number of facilities that offer normal delivery services for specialty/higher clinics is 2. Thus, when this number is weighted, it becomes zero, as shown in this table.

The essential medicines and antibiotic eye ointment for children presented in this table are the medicines domain for assessing readiness to provide basic obstetric care within the health facility assessment methodology proposed by WHO and USAID 2012.

¹ All essential medicines for delivery, antibiotic eye ointment and 4% chlorhexidine were assessed and must be available at the service delivery site.

² Injectable uterotonic (oxytocin), injectable magnesium sulphate, and injectable gentamicin are also classified as priority medicines for mothers.

³ Injectable penicillin, injectable gentamicin, injectable ampicillin or injectable ceftriaxone.

⁴ Normal saline solution, lactated Ringer's solution, or 5% dextrose solution.

⁵ The priority medicines for mothers are defined by WHO; the list is published at <http://www.who.int/medicines/publications/A4prioritymedicines.pdf>.

Table 7.3.2 Medicines and commodities for delivery and newborn care, by region

Among facilities that offer normal delivery services, the percentages with essential medicines and commodities for delivery care, essential medicines for newborns, and priority medicines for mothers observed to be available on the day of the survey, by background characteristics, Ethiopia SPA 2021–22

Medicines	Region											
	Afar	Amhara	Oromia	Somali	Benishangul Gumuz	SNNP	Sidama	Gambela	Harari	Addis Ababa	Dire Dawa	National
Essential medicines for delivery¹												
Injectable uterotonic (oxytocin) ²	89	94	93	90	90	88	90	80	100	81	100	91
Injectable antibiotic ³	77	87	66	69	90	45	53	68	67	51	67	66
Injectable magnesium sulphate ²	37	94	76	86	84	59	67	72	67	64	85	76
Injectable diazepam	19	61	39	50	69	28	27	48	50	37	39	42
Skin disinfectant	72	92	84	68	61	77	67	80	42	71	83	81
Intravenous fluids with infusion set ⁴	83	92	95	79	95	85	85	80	83	86	100	91
Essential medicines for newborns												
Antibiotic eye ointment for newborn ¹	89	95	86	83	95	75	68	92	92	78	92	85
4% chlorhexidine ¹	59	82	69	71	95	71	79	76	67	51	76	72
Injectable gentamicin ²	40	67	56	50	55	66	66	65	67	47	68	60
Ceftriaxone powder for injection	77	82	68	51	93	66	65	87	75	62	73	70
Amoxicillin suspension	77	76	79	72	45	70	56	69	75	62	70	74
Priority medicines for mothers⁵												
Sodium chloride injectable solution	83	90	92	79	95	90	95	76	92	91	77	90
Injectable Calcium gluconate	17	52	25	69	57	34	18	14	33	47	24	36
Ampicillin powder for injection	42	39	38	50	30	41	43	21	17	41	26	39
Injectable metronidazole	36	56	33	46	78	49	50	43	75	49	37	44
Misoprostol capsules or tablets	53	54	37	31	71	43	52	44	58	49	49	44
Azithromycin capsules or tablets or oral liquid	69	71	55	47	60	37	33	23	58	66	46	54
Cefixime capsules or tablets	2	21	15	24	32	3	18	7	33	24	19	15
Benzathine benzyl penicillin powder for injection	53	41	51	47	39	34	35	26	50	41	43	44
Injectable betamethasone/ dexamethasone	60	53	53	48	53	45	23	36	50	59	51	50
Nifedipine capsules or tablets	87	81	70	43	55	78	52	36	83	61	65	71
Number of facilities that offer normal delivery services	4	48	85	12	3	40	10	2	1	10	2	216

Note: The essential medicines and antibiotic eye ointment for children presented in this table are the medicines domain for assessing readiness to provide basic obstetric care within the health facility assessment methodology proposed by WHO and USAID 2012.

¹ All essential medicines for delivery, antibiotic eye ointment and 4% chlorhexidine were assessed and must be available at the service delivery site.

² Injectable uterotonic (oxytocin), injectable magnesium sulphate, and injectable gentamicin are also classified as priority medicines for mothers.

³ Injectable penicillin, injectable gentamycin, injectable ampicillin or injectable ceftriaxone.

⁴ Normal saline solution, lactated Ringer's solution, or 5% dextrose solution.

⁵ The priority medicines for mothers are defined by WHO; the list is published at <http://www.who.int/medicines/publications/A4prioritymedicines.pdf>.

Table 7.4 Items for infection control during provision of delivery care

Among facilities that offer normal delivery services, the percentages with indicated items for infection control observed to be available at the service site on the day of the survey, by background characteristics, Ethiopia SPA 2021–22

Background characteristics	Percentage of facilities that offer normal delivery services that have items for infection control								Number of facilities that offer normal delivery services
	Soap	Running water ¹	Soap and running water	Alcohol-based hand disinfectant	Soap and running water or else alcohol-based hand disinfectant	Latex gloves ²	Sharps container	Waste receptacle ³	
Facility type									
Referral hospital	93	100	93	97	100	87	97	93	2
General hospital	87	93	87	97	98	87	95	87	7
Primary hospital	79	84	76	96	97	84	96	86	15
Health centre	53	54	46	87	89	88	97	64	180
Specialty/higher clinic	50	100	50	100	100	100	100	100	0
Medium clinic	47	64	47	100	100	100	82	77	11
Lower clinic	100	54	54	100	100	100	92	46	1
Managing authority									
Public	55	56	48	87	89	87	97	66	197
Private	67	77	65	100	100	99	88	82	19
Region									
Afar	50	42	27	83	89	83	89	93	4
Amhara	67	62	61	97	97	92	99	76	48
Oromia	55	58	49	90	94	86	99	65	85
Somali	61	60	57	83	83	97	97	79	12
Benishangul Gumuz	65	82	57	75	80	100	100	68	3
SNNP	40	46	33	79	79	88	90	50	40
Sidama	43	58	43	78	79	67	97	66	10
Gambela	47	23	21	87	87	97	100	51	2
Harari	83	83	75	92	92	92	100	75	1
Addis Ababa	72	90	65	95	98	95	82	89	10
Dire Dawa	79	82	75	93	93	90	82	79	2
Urban/Rural									
Urban	62	69	57	92	92	95	96	76	85
Rural	52	51	45	86	89	84	97	61	131
National	56	58	50	88	90	88	96	67	216

Note: The unweighted number of facilities that offer normal delivery services for specialty/higher clinics is 2. Thus, when this number is weighted, it becomes zero, as shown in this table.

¹ Piped water, water in bucket with specially fitted tap, or water in pour pitcher.

² Non-latex equivalent gloves are acceptable.

³ Waste receptacle with plastic bin liner.

Table 7.5 Signal functions for emergency obstetric care

Among facilities excluding health posts, that offer normal delivery services, percentages reporting that they performed the signal functions for emergency obstetric care at least once during the 3 months before the survey, by background characteristics, Ethiopia SPA 2021–22

Background characteristics	Percentage of facilities that applied parenteral:			Percentage of facilities that carried out:						Number of facilities offering normal delivery services
	Antibiotics	Oxytocic	Anticonvulsant	Assisted vaginal delivery	Manual removal of placenta	Removal of retained products of conception (MVA)	Neonatal resuscitation	Blood transfusion	Cesarean delivery	
Facility type										
Referral hospital	97	100	97	100	97	90	97	97	97	2
General hospital	97	97	92	94	82	86	94	92	97	7
Primary hospital	100	100	96	98	94	94	99	75	88	15
Health centre	90	97	61	93	78	78	85	1	1	180
Specialty/higher clinic	100	100	50	100	100	50	100	50	50	0
Medium clinic	55	27	1	26	3	17	10	0	0	11
Lower clinic	0	46	0	92	46	0	0	0	0	1
Managing authority										
Public	90	97	64	94	80	79	86	7	9	197
Private	69	56	33	55	36	43	41	31	33	19
Region										
Afar	49	66	37	66	60	37	77	15	15	4
Amhara	88	97	77	94	89	87	87	9	10	48
Oromia	92	95	56	92	72	77	83	7	7	85
Somali	83	92	83	93	82	62	83	5	6	12
Benishangul Gumuz	78	84	50	82	55	41	68	13	15	3
SNNP	86	95	51	88	74	77	79	12	14	40
Sidama	88	94	52	85	76	65	83	14	18	10
Gambela	85	80	68	100	100	55	57	3	8	2
Harari	83	92	75	75	58	58	83	25	33	1
Addis Ababa	99	82	61	80	58	68	75	20	24	10
Dire Dawa	84	92	69	74	49	55	73	20	20	2
Urban/Rural										
Urban	88	89	74	86	74	79	81	20	22	85
Rural	89	97	53	93	77	74	83	3	3	131
National	89	94	61	90	76	76	82	10	11	216

Note: The unweighted number of facilities that offered normal delivery services for specialty/higher clinics is 2. Thus, when this number is weighted, it becomes zero, as shown in this table. MVA = manual vacuum aspiration.

Table 7.6.1 Newborn care practices, by facility type, managing authority, and location

Among facilities that offer normal delivery services, the percentages reporting the indicated practice is a routine component of newborn care, by background characteristics, Ethiopia SPA 2021–22

Newborn care practices	Facility type							Managing authority		Urban/Rural		National
	Referral hospital	General hospital	Primary hospital	Health centre	Specialty/higher clinic	Medium clinic	Lower clinic	Public	Private	Urban	Rural	
Delivery to the abdomen (skin-to-skin)	93	97	98	100	100	81	100	99	88	96	100	98
Drying and wrapping newborns to keep warm	97	99	100	99	100	82	100	99	90	96	100	98
Kangaroo mother care	70	86	86	69	100	24	46	70	47	72	65	68
Initiation of breastfeeding within the first hour	97	98	100	99	100	82	100	99	89	97	100	98
Routine complete (head-to-toe) examination of newborns before discharge	87	97	98	98	100	81	100	98	89	96	98	97
Suctioning the newborn with catheter	63	73	60	48	50	24	46	50	38	53	46	49
Suctioning the newborn with suction bulb	80	81	85	71	100	24	46	72	50	68	70	70
Weighing the newborn immediately upon delivery	100	99	99	98	100	82	54	98	88	94	99	97
Administration of vitamin K to newborn	100	98	95	79	50	30	92	80	58	79	78	78
Applying tetracycline eye ointment to both eyes	97	97	96	91	100	26	92	91	55	87	89	88
Giving full bath shortly after birth ¹	10	18	12	19	0	14	0	19	11	18	18	18
Giving the newborn oral polio vaccine prior to discharge	50	58	58	79	0	1	46	79	11	64	79	73
Giving the newborn BCG prior to discharge	37	43	37	42	0	0	0	42	7	31	44	39
Giving the newborn pre-lacteal liquids	47	52	43	48	50	12	8	49	20	46	47	46
Number of facilities that offer normal delivery services	2	7	15	180	0	11	1	197	19	85	131	216

Note: The unweighted number of facilities that offer normal delivery services for specialty/higher clinics is 2. Thus, when this number is weighted, it becomes zero, as shown in this table.

¹ Immersing newborn in water within minutes/hours after birth.

Table 7.6.2 Newborn care practices, by region

Among facilities that offer normal delivery services, the percentages reporting the indicated practice is a routine component of newborn care, by background characteristics, Ethiopia SPA 2021–22

Newborn care practices	Region											National
	Afar	Amhara	Oromia	Somali	Benishangul Gumuz	SNNP	Sidama	Gambela	Harari	Addis Ababa	Dire Dawa	
Delivery to the abdomen (skin-to-skin)	100	100	100	92	100	100	99	100	100	80	81	98
Drying and wrapping newborns to keep warm	100	100	100	82	100	100	100	100	100	82	92	98
Kangaroo mother care	64	79	65	72	95	59	75	65	83	56	70	68
Initiation of breastfeeding within the first hour	100	100	100	89	100	100	100	100	100	82	92	98
Routine complete (head-to-toe) examination of newborns before discharge	100	97	100	86	100	100	97	100	100	79	81	97
Suctioning the newborn with catheter	83	68	38	57	82	41	34	60	33	56	79	49
Suctioning the newborn with suction bulb	94	74	56	71	93	85	74	80	83	71	92	70
Weighing the newborn immediately upon delivery	100	100	100	85	100	95	99	80	100	80	92	97
Administration of vitamin K to newborn	81	92	72	89	95	69	84	100	100	69	81	78
Applying tetracycline eye ointment to both eyes	89	100	86	82	90	85	68	92	100	81	92	88
Giving full bath shortly after birth ¹	11	16	19	60	10	12	4	35	17	8	7	18
Giving the newborn oral polio vaccine prior to discharge	86	82	68	82	95	76	55	85	58	51	60	73
Giving the newborn BCG prior to discharge	71	40	24	75	25	55	45	80	25	29	51	39
Giving the newborn pre-lacteal liquids	54	64	35	63	10	42	44	78	75	48	72	46
Number of facilities that offer normal delivery services	4	48	85	12	3	40	10	2	1	10	2	216

¹ Immersing newborn in water within minutes/hours after birth.

Table 7.7 Supportive management for providers of delivery care

Among interviewed providers of normal delivery or newborn care services, the percentages who report receiving training related to their work and personal supervision during the specified time periods, by background characteristics, Ethiopia SPA 2021–22

Background characteristics	Percentage of interviewed providers who received			Number of interviewed providers of normal delivery or newborn care services
	Training related to delivery and/or newborn care during the 24 months before the survey ¹	Individual supervision during the 6 months before the survey ²	Training related to delivery and/or newborn care during the 24 months and personal supervision during the 6 months before the survey	
Facility type				
Referral hospital	22	41	12	55
General hospital	14	53	9	192
Primary hospital	14	56	9	402
Health centre	8	69	6	1,471
Specialty/higher clinic	34	66	34	1
Medium clinic	1	55	1	25
Lower clinic	50	50	25	3
Managing authority				
Public	10	64	6	1,981
Private	12	66	9	167
Region				
Afar	21	68	14	23
Amhara	7	67	3	424
Oromia	6	62	3	723
Somali	20	62	16	80
Benishangul Gumuz	46	66	36	36
SNNP	7	62	5	499
Sidama	10	71	8	99
Gambela	25	57	9	23
Harari	26	77	21	11
Addis Ababa	21	74	18	210
Dire Dawa	9	80	6	21
Urban/Rural				
Urban	12	64	8	1,102
Rural	7	65	5	1,047
National	10	65	7	2,148

¹ Training here refers only to in-service training. The training must have involved structured sessions, and does not include individual instruction that a provider might have received during routine supervision.

² Individual supervision refers to any form of technical support or supervision from a facility-based supervisor or from a visiting supervisor. It may include, but is not limited to, review of records and observation of work, with or without any feedback to the health worker.

Table 7.8 Training for providers of normal delivery services: delivery care

Among interviewed providers of normal delivery or newborn care services, the percentages who report receiving in-service training on specific topics related to delivery and newborn care during the 24 months before the survey, by background characteristics, Ethiopia SPA 2021–22

Background characteristics	Percentage of interviewed providers of normal delivery or newborn care services who report receiving in-service training in:														Number of interviewed providers of normal delivery or newborn care services	
	IMPAC		Comprehensive Emergency Obstetric Care (CEmOC/ BEmOC)		Routine care for labour and delivery		Active management of third stage of labour (AMTSL)		Emergency obstetric care/ lifesaving skills		Post-abortion care		Neonatal resuscitation			
	During the past 24 months	At anytime	During the past 24 months	At anytime	During the past 24 months	At anytime	During the past 24 months	At anytime	During the past 24 months	At anytime	During the past 24 months	At anytime	During the past 24 months	At anytime		
Facility type																
Referral hospital	2	11	4	14	5	13	5	14	5	10	4	10	19	40	55	
General hospital	3	14	4	21	4	18	4	19	4	15	4	14	9	33	192	
Primary hospital	6	15	4	22	4	19	6	20	3	17	3	15	6	26	402	
Health centre	3	13	2	18	3	16	3	17	2	12	2	11	4	17	1,471	
Specialty/higher clinic	0	66	0	66	0	66	0	66	0	32	34	66	34	66	1	
Medium clinic	0	2	1	3	1	3	1	3	1	3	1	2	1	13	25	
Lower clinic	50	50	50	50	50	50	50	50	50	50	50	50	25	25	3	
Managing authority																
Public	3	13	3	19	3	17	3	17	3	13	3	11	5	20	1,981	
Private	6	16	3	17	3	17	7	18	3	16	3	16	6	31	167	
Region																
Afar	14	24	14	30	14	30	14	30	11	22	6	14	13	21	23	
Amhara	2	13	1	17	1	16	1	16	1	14	1	13	5	22	424	
Oromia	1	11	2	21	1	16	2	17	1	12	2	11	3	18	723	
Somali	7	12	7	15	10	17	8	17	4	7	7	13	11	19	80	
Benishangul Gumuz	30	42	31	43	31	44	31	43	31	41	30	40	21	33	36	
SNNP	3	11	1	14	2	14	4	14	2	11	1	10	2	14	499	
Sidama	5	11	3	13	5	12	5	12	5	12	3	9	7	20	99	
Gambela	3	16	5	26	5	21	8	25	5	22	7	18	18	38	23	
Harari	15	35	13	32	19	35	17	37	16	37	14	32	9	33	11	
Addis Ababa	6	22	4	20	5	20	4	22	6	15	3	11	14	41	210	
Dire Dawa	1	16	4	25	4	23	4	21	4	19	3	17	7	42	21	
Urban/Rural																
Urban	3	15	2	19	3	18	4	19	3	15	2	13	7	27	1,102	
Rural	3	11	3	18	3	15	4	16	2	11	3	11	3	14	1,047	
National	3	13	3	19	3	17	4	17	3	13	3	12	5	21	2,148	

Note: Training here refers only to in-service training. The training must have involved structured sessions, and does not include individual instruction that a provider might have received during routine supervision.

IMPAC = Integrated Management of Pregnancy and Childbirth.

Table 7.9 Training for providers of normal delivery services: immediate newborn care

Among interviewed providers of normal delivery or newborn care services, percentages who report receiving in-service training on topics related to delivery and newborn care during the 24 months before the survey, by background characteristics, Ethiopia SPA 2021–22

Background characteristics	Percentage of interviewed providers of normal delivery or newborn care services who report receiving in-service training in:												Number of interviewed providers of normal delivery or newborn care services
	Early and exclusive breastfeeding		Newborn infection management		Neonatal resuscitation using bag and mask and Helping Baby Breathe (HBB)		Thermal care		Sterile cord cutting and care		Kangaroo mother care for low birth weight babies		
	During the past 24 months	At anytime	During the past 24 months	At anytime	During the past 24 months	At anytime	During the past 24 months	At anytime	During the past 24 months	At anytime	During the past 24 months	At anytime	
Facility type													
Referral hospital	16	34	12	27	16	35	16	35	15	30	16	33	55
General hospital	7	26	7	22	8	28	8	27	7	27	6	25	192
Primary hospital	6	23	5	19	6	23	6	23	6	23	6	23	402
Health centre	3	14	3	12	3	15	3	15	3	15	3	16	1,471
Specialty/higher clinic	34	66	34	66	34	66	34	66	34	66	34	66	1
Medium clinic	1	12	1	12	1	2	1	13	1	13	1	13	25
Lower clinic	25	25	25	25	25	25	25	25	25	25	25	25	3
Managing authority													
Public	4	17	4	14	4	18	4	17	4	17	4	18	1,981
Private	6	29	5	22	5	27	6	29	5	28	5	27	167
Region													
Afar	13	21	10	19	11	20	13	21	10	19	13	22	23
Amhara	4	18	3	16	4	20	3	19	3	18	3	20	424
Oromia	2	15	2	13	2	15	2	15	2	15	2	15	723
Somali	10	18	9	17	11	18	11	20	9	18	10	18	80
Benishangul Gumuz	21	32	18	27	21	30	19	30	19	30	22	33	36
SNNP	2	12	2	10	1	12	2	12	1	12	1	12	499
Sidama	7	19	7	18	7	18	7	18	7	19	7	19	99
Gambela	18	37	18	32	18	34	18	38	18	34	18	35	23
Harari	9	32	9	31	9	32	9	32	9	32	9	32	11
Addis Ababa	10	29	8	22	11	36	10	30	10	32	11	33	210
Dire Dawa	6	40	3	29	3	32	5	38	5	40	2	31	21
Urban/Rural													
Urban	6	23	5	19	6	24	6	23	6	23	5	24	1,102
Rural	3	12	3	10	3	12	3	13	2	12	3	13	1,047
National	4	17	4	15	4	18	4	18	4	18	4	18	2,148

Note: Training here refers only to in-service training. The training must have involved structured sessions, and does not include individual instruction that a provider might have received during routine supervision.

Table 7.10 Availability of maternity waiting home (MWH) services

Among all facilities, excluding health posts, the percentages that offer maternity waiting home services by background characteristics, Ethiopia SPA 2021-2022

Background characteristics	Facilities with:							Source of finance for MWH					Number of facilities	
	A MWH room	A room within the facility	A free-standing structure	Availability of latrine at MWH	Utilization of latrine with others	Availability of bathroom	Shared bathroom with others	The government	Faith-based organization	NGO other than faith-based organization	Individuals (self-motivated)	Community		Customers
Facility type														
Referral hospital	22	22	0	22	16	19	6	22	0	0	3	0	0	2
General hospital	23	20	3	22	9	21	7	12	2	3	5	2	2	7
Primary hospital	22	20	2	18	10	14	6	20	1	3	1	5	0	15
Health centre	57	49	7	33	26	20	9	36	1	2	2	31	1	181
Specialty/Higher clinic	2	2	0	2	2	2	2	0	2	0	0	0	0	7
Medium clinic	0	0	0	0	0	0	0	0	0	0	0	0	0	92
Lower clinic	0	0	0	0	0	0	0	0	0	0	0	0	0	97
Managing authority														
Public	53	46	7	31	24	20	9	34	1	2	2	28	1	205
Region														
Afar	22	18	4	12	8	9	4	19	1	1	1	8	0	7
Amhara	35	33	2	27	24	14	6	19	0	2	1	20	0	95
Oromia	25	22	3	12	9	9	5	14	0	0	0	16	0	152
Somali	4	4	0	4	3	1	0	4	0	3	0	1	0	15
Benishangul Gumuz	15	13	2	7	7	4	0	11	0	2	2	13	0	7
SNNP	35	28	7	20	12	13	5	30	1	0	1	14	3	68
Sidama	47	40	7	22	12	10	7	39	1	5	3	23	0	13
Gambella	4	1	3	2	0	2	0	2	0	3	0	1	0	9
Harari	10	10	0	10	10	10	3	10	0	3	0	3	0	2
Addis Ababa	8	8	0	6	3	4	1	6	0	0	1	1	1	33
Dire Dawa	15	11	4	9	4	7	2	7	0	3	5	0	0	3
Urban/Rural														
Urban	14	12	2	9	5	7	2	12	0	0	1	4	1	212
Rural	41	36	5	24	20	14	8	23	1	2	1	26	0	191
National	27	24	4	16	12	10	5	17	0	1	1	14	1	403

Notes: A room within the facility: The facility has a separate room in the maternity unit, used as a maternity home.
A free-standing structure: The facility has a separate building/room(s) in the compound used as a maternity waiting home.
There are no maternity waiting home services provided by private managing authorities.

Key Findings

- Sixty-five percent of health facilities in Ethiopia, excluding health posts, had an HIV testing system.
- Forty-percent of health facilities had at least one provider who received training in HIV testing and counselling during the 24 months before the survey.
- Guidelines for palliative care were more available in the private facilities (18%) than in public facilities (3%).
- There was considerable regional variation in offering systemic intravenous treatment for specific fungal infections from the lowest (46%) in Oromia to the highest (100%) in Somalia.
- The availability of renal or liver function tests also varied greatly across the regions, with ranges from 9% of facilities in Gambela to 67% in Harari.

8.1 BACKGROUND

8.1 HIV/AIDS in Ethiopia

Since the detection of the first two reported AIDS (acquired immunodeficiency syndrome) cases in 1986 in Ethiopia, the epidemic has spread rapidly throughout the country. The epidemic, which started in the mid-1980s, expanded rapidly and reached a plateau in the mid-1990s. In major urban settings, the epidemic is declining, while it is stabilizing in rural areas (CSA [Ethiopia] and ICF International 2012). The EDHS 2011 showed that adult HIV prevalence in Ethiopia has remained low. HIV prevalence among adults age 15–49 in the 2011 EDHS slightly increased to 1.5% from 1.4% in the 2005 EDHS (CSA [Ethiopia] 2005; CSA [Ethiopia] and ICF International 2012). Among women age 15–49, HIV prevalence is 1.9%, and among men age 15–59, the HIV prevalence is 1.0%. For women, HIV prevalence increases with age to a peak of 3.7% at age 30–34. For men, HIV prevalence increases from 0.0% at age 15–19 to 3.0% at age 35–39 and thereafter declines. In the EDHS 2011, HIV prevalence was higher in urban areas (4.2%) compared with rural areas (0.6%) (CSA 2011). The 2021 Ethiopian Public Health Institute projected HIV prevalence for adults age 15+ to be 0.8% and 0.77% for 2021 and 2022, respectively (EPHI 2022).

8.1.2 Definition of HIV/AIDS Indicators

The Ethiopia Service Provision Availability (ESPA) 2021–22 assessed the following HIV/AIDS-related services:

HIV Testing System: The ESPA 2021–22 defines a facility as having an HIV testing system if clients are offered an HIV test conducted in the facility or an affiliated laboratory, or if the facility has a system for referring clients to an external testing site and receives test results back from that site for follow-up with clients after testing. A facility that simply refers clients elsewhere, and expects the other location to counsel and follow-up on test results is not defined as having an HIV testing system or offering HIV counselling and testing. HIV counselling and testing (HCT) is the key entry point to prevention, care, treatment, and support services, where individuals learn if they are infected and are assisted in understanding the implications of their HIV status and making informed choices for the future.

- **HIV Care and Support Services (CSS):** CSS include any services that are directed toward improving the life of an HIV-positive person.
- **Antiretroviral therapy (ART):** This involves providing antiretroviral (ARV) medicines to treat HIV-positive persons and AIDS patients.
- **Post Exposure Prophylaxis Service (PEP):** A facility has PEP service when staff in the facility has access to HIV post-exposure prophylaxis or provides prophylactic ARV drugs to those who have been exposed to HIV.
- **Sexually Transmitted Infection (STI):** A facility is defined as offering STI services if it offers any activities related to the prevention of sexually transmitted infections, including diagnosis or prescription of treatment for STIs, or both.

Prevention of mother-to-child transmission (PMTCT): A facility is defined as offering PMTCT services if it offers any activities related to the prevention of mother-to-child transmission of HIV in pregnant or recently delivered women. The four components of PMTCT include HIV testing for pregnant women, counselling on infant feeding practices (including counselling about exclusive breastfeeding), family planning (FP) counselling and/or referral, and provision of prophylactic ARV drugs to HIV-positive women and their newborn babies if a woman is not on ART. PMTCT plus (ART+) refers to the provision of care and treatment, including ART as appropriate, to all HIV-positive women and HIV-infected members of their families.

This chapter presents information on HIV services within Ethiopian health facilities, excluding health posts. The availability of different services integrated with HIV testing and counselling, trained staff, and guidelines were assessed. The section also discusses the availability of diagnostic and laboratory facilities, as well as commodities.

These indicators represent the following broad categories:

- Capacity to provide basic services for HIV/AIDS
- Availability of HIV/AIDS care and support
- Capacity to provide HIV-service integrated with other services
- Capacity to provide advanced services for HIV/AIDS

The ESPA 2021–22 measured components of each indicator in health facilities in Ethiopia, excluding health posts.

8.2 AVAILABILITY OF HIV TESTING AND COUNSELLING SERVICE

8.2.1 Testing and Counselling

This involves the presence of an HIV testing system in the facility or in an external testing site from which the test result will be returned. In the health facilities with an HIV testing system, this includes at least HIV rapid diagnostic kits, ELISA testing, or KHB/STATPAK/UNIGOLD testing capacity observed in the facility.

HIV counselling and testing (HCT) is a key strategic entry point to prevention, treatment, and CSS. It is critically important for individuals and couples to learn about their HIV status and to make informed decisions about their future.

Testing and counselling may be provided in almost any setting where a client or provider determines that the service is necessary. Testing and counselling services may also be provided in a special testing and counselling unit.

Table 8.1 presents information on the availability of HIV testing systems, capacity at the facility, and the availability of support systems for quality HIV counselling services, such as a trained provider, and HIV testing and counselling guidelines, along with visual and auditory privacy at the counselling and testing sites.

8.2.2 Testing Systems

Among all facilities, excluding health posts, 65% had an HIV testing system in the facility or used an external testing site or an affiliated laboratory. Among those facilities with an HIV testing system, 40% had at least one trained HIV testing provider who received training within the 24 months before the survey (**Table 8.1**).

Among all facilities reporting an HIV testing system, 56% had HIV testing and counselling guidelines and 72% had client registers in the facility. The ESPA 2021–22 revealed a wide range in the number of trained HIV testing service providers from the lowest (23%) in Sidama to the highest (70%) in Dire Dawa (**Table 8.1**).

All referral hospitals, and 98% of general hospitals, primary hospitals, and health centres reported conducting HIV testing in the facility or in an external testing site with an agreement that the external site return test results to the facility. Among referral hospitals with an HIV testing system, 88% had HIV testing and counselling guidelines, and 78% had trained HIV testing service providers. Among general hospitals with HIV testing and counselling services, 74% had at least one trained HIV testing service provider. Among all facilities, excluding health posts, 100% had HIV rapid diagnostic test kits, ELISA testing, or KHB/Statpak/Unigold testing capacity (**Table 8.1**).

8.2.3 Access to HIV Post Exposure Prophylaxis (PEP) and System for Visual and Auditory Privacy

Most accidental HIV exposure occurs through mucocutaneous and percutaneous routes. Short-term antiretroviral therapy (PEP) is necessary because of the potential of HIV infection among health care professionals through needle sticks or contact with contaminated bodily fluids. PEP minimises the risk of HIV infection after potential occupational or sexual exposure. According to the WHO PEP guideline, PEP should be made available in the health sector as a component of a comprehensive universal precautions package that lowers staff exposure to infectious dangers in the workplace (WHO 2014). According to national guidelines, the service must be accessible to anyone who may be at risk from accidental exposure (such as sexual assault victims and victims of auto accidents), in addition to health care professionals. Since it is usually unknown which patients may be HIV-positive, PEP should be available at all facilities that do not provide formal HIV/AIDS-related services.

The ESPA 2021–22 evaluated the facilities' availability of PEP for HIV that staff members may access. Among facilities with an HIV testing system, 40% had PEP for HIV that can be accessed by staff members who worked there and 94% had visual and auditory privacy at testing sites (**Table 8.1**).

8.2.4 HIV Testing Integration in Facilities with Specific Services

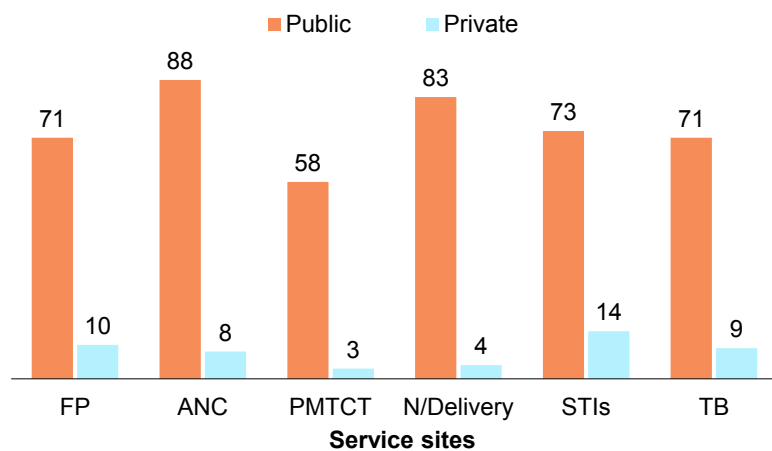
The Ministry of Health (MOH) of Ethiopia explicitly supports the integration of HIV and reproductive health service delivery, and particularly FP, ANC, PMTCT, delivery, STIs, and tuberculosis (TB). Integration is needed to support women's and men's "reproductive health needs to push the HIV epidemic back with the goal of achieving the three 90 strategies to make an HIV-free generation by 2030" (Jamieson and Kellerman 2016) and to meet HSTP-II by 2025 (MOH 2020). Beyond the beneficial impact of integration on the fight against HIV, there are gains to be won with improved coverage of FP services.

The ESPA 2021–22 reviews the integration of HIV-related services with other specific service deliveries that have important synergies with HIV services in Ethiopia.

The variation of availability of HIV rapid diagnosis testing (RDT) with FP, antenatal care (ANC), PMTCT, normal delivery, STIs, and TB is shown in **Figure 8.1**.

Figure 8.1 HIV testing integration with other services

Among all facilities excluding health posts ($N=403$), the percentage with HIV testing integrated within specific services, ESPA 2021-22



Notes: FP = family planning, ANC = antenatal care, PMTCT = prevention of mother-to-child transmission, N/Delivery= normal delivery, STIs= sexually transmitted infections, TB=tuberculosis

Family Planning

Among all health facilities, excluding health posts, 90% of health facilities offered FP and among them, 41% had an HIV RDT in FP service sites. Only 10% of private facilities had an HIV RDT in a FP service site compared with 71% of public facilities (**Table 8.1.1**)

Antenatal Care

Among all health facilities excluding health posts, 65% offered ANC and among them, 49% had an HIV RDT (**Table 8.1.1**)

PMTCT

Among all facilities, excluding health posts. 41% of all facilities reported that they had PMTCT services and 31% of them had an HIV RDT. The PMTCT service was lower in clinics (less than 1%) and highest in referral hospitals (78%). In public facilities 58% offered PMTCT services compared with 3% in private facilities (**Table 8.1.1**).

Normal Delivery

Among all health facilities, excluding health posts, 54% offered normal delivery and among them, 44% of facilities had HIV RDT. The majority of the health centres (85%) had integrated HIV testing service with delivery service in health centres compared with other facilities. A higher proportion (68%) of rural facilities offered normal delivery compared with 40% of urban facilities (**Table 8.1.1**).

Sexually Transmitted Infections

Among all health facilities, excluding health posts, 91% of health facilities offered STI service and among them, 44% had HIV RDT available in the service site. The service was offered in referral hospitals, primary hospitals, general hospitals, and health centres (**Table 8.1.1**).

Tuberculosis

Among all health facilities, excluding health posts, TB service was offered in six of ten health facilities. Among them, 41% of the facilities had an HIV RDT integrated with the TB service. Only 4% and 15% of the lower clinics and medium clinics, respectively, provided an integrated TB service with HIV RDT service. More public facilities offered TB service (95%) compared with private facilities (**Table 8.1.1**).

8.3 ITEMS FOR INFECTION CONTROL DURING PROVISION OF HIV TESTING SERVICES

The availability of infection prevention items is very important in the delivery of the quality HIV testing service. The ESPA 2021–22 assessed all health facilities, excluding health posts, for the availability of

items in the HIV testing service site and laboratory. **Table 8.2** presents the availability of items for infection prevention at service sites. **Table 8.2.1** shows availability in the laboratory and **Table 8.2.2** the availability of items at the service site. Running water is defined as availability of piped water, water in bucket, and water in pitcher at the service site on the day of the survey.

Among all health facilities, excluding health posts, with an HIV testing system, the percentage of facilities with items for infection control in their testing service sites was four in ten (43%) with 33% of the facilities having soap, running water, and both soap and running water for infection control within the service site on the date of the survey. Availability of both soap and running water was much lower in public health facilities (25%) than in the private health facilities (61%). Urban health facilities (45%) had a better supply of soap and running water compared with the rural health facilities (24%) (**Table 8.2**).

Among all health facilities, excluding health posts, 70% of facilities had alcohol-based hand disinfectant in their service site at the time of the survey, and 74% had soap and running water or alcohol-based hand disinfectant in the HIV testing service site (**Table 8.2**).

Among all health facilities with HIV testing capacity, nearly 70%, 82%, and 55% of health facilities had latex gloves, sharps container, and a waste receptacle with plastic bin liner, respectively. Fewer speciality/higher clinics (29%) had waste receptacles compared with other facility types (**Table 8.2**).

8.4 ITEMS FOR INFECTION CONTROL DURING PROVISION OF HIV TESTING SERVICES IN THE LABORATORY

Of all facilities with HIV testing capacity that had items available for infection control in their laboratory on the day of the survey, 68%, 76%, and 63% had soap, running water, and both soap and running water in their laboratory (**Table 8.2.1**).

Among all health facilities with HIV testing capacity, 92%, 93%, and 90% had alcohol-based hand disinfectant, soap and running water or alcohol-based hand antiseptics, and latex gloves in their HIV testing laboratory on the day of the survey, respectively (**Table 8.2.1**).

Latex gloves were widely available across all health facility types in HIV testing laboratories. Ninety-seven percent and 74% of facilities with HIV testing capacity had a sharps container and waste receptacles in their HIV testing laboratory, respectively (**Table 8.2.1**).

8.5 ITEMS FOR INFECTION CONTROL DURING INFECTION PREVENTION OF HIV TESTING SERVICE AT SERVICE SITE

Among all facilities, excluding health posts, with HIV testing capacity, 43%, 46%, and 37% had soap, running water, and both soap and running water in service site. Among all health facilities with HIV testing capacity, seven in ten health facilities had alcohol-based hand disinfectant in their service site on the day of the survey. Among all health facilities with HIV testing capacity, 73% of health facilities had latex gloves at their HIV testing service sites, 82% had a sharps container, and 57% of health facilities had waste receptacles in their service site during the day of the survey. Availability of running water in public facilities was lower (38%) than in the private facilities (75%). There was considerable regional variation in the availability of soap and running water from the lowest (8%) in Gambela to the highest (68%) in Addis Ababa (**Table 8.2.2**).

8.6 SUPPORTIVE MANAGEMENT FOR PROVIDERS OF HIV TESTING SERVICE

Providers who had received training in HIV testing and counselling in the 24 months before the survey are expected to be more knowledgeable about current trends in their particular service area. Personnel supervision may also help sustain health worker capacity, since it reveals individual health worker's strengths and areas of weakness that can be improved through supportive supervision.

In the ESPA 2021–22, HIV testing service providers were interviewed about the training and supervision they received related to their work within the specified period. Among all interviewed HIV service providers, 11%, 62%, and 7% of HIV testing service providers reported that they received training, personal supervision, and a combination of training and personal supervision in the 6 months before the survey, respectively. The percentage of providers who received training related to HIV testing and counselling during the 24 months before the survey by facility types ranged from 2% in the lower clinics to 17% in the referral and general hospitals (**Table 8.3**).

8.7 GUIDELINES, TRAINED STAFF, AND ITEMS FOR HIV/AIDS CARE AND SUPPORT SERVICES

CSS includes any services that are directed toward improving the life of HIV-positive persons. A facility is defined as providing HIV/AIDS CSS if the providers who work in that facility provide treatment for any opportunistic infections or for symptoms related to HIV/AIDS (such as treatment for topical fungal infections, cryptococcal meningitis, or Kaposi sarcoma), if they provide (or prescribe) palliative care for patients (such as symptom or pain management, or nursing care for the terminally ill or severely debilitated patients), or if they provide nutritional rehabilitation services, including the prescription or provision of fortified protein supplements, micronutrient supplements such as vitamins or iron, or care for paediatric HIV/AIDS patients. This includes preventive treatment for TB, which is isoniazid with pyridoxine, and primary treatment for opportunistic infections such as cotrimoxazole preventive treatment (CPT).

One of the important HIV/AIDS care and support strategies is the immediate treatment of opportunistic infections among HIV/AIDS clients. The ESPA 2021–22 examined the availability of several services that offered CSS for HIV/AIDS patients (**Table 8.4** and **Table 8.4.1**).

8.7.1 Service Availability

All health facilities, excluding health posts, with the indicated items that support the provision of quality HIV/AIDS CSS are depicted in **Table 8.4**.

Among all health facilities, excluding health posts, 24% of facilities and 97% of referral hospitals offered HIV/AIDS CSS. Only 2% of specialty/ higher clinics and lower clinics provided CSS. A higher proportion of public facilities (37%) offered HIV/AIDS CSS compared with the 10% of private facilities. Thirty-two percent of urban facilities offered HIV/AIDS CSS service, compared with 15% of rural facilities (**Table 8.4**).

8.7.2 Guidelines and Trained Staff

Facilities were assessed for availability of specific service guidelines. Among the facilities that offered HIV/AIDS CSS, seven of ten facilities had guidelines for the clinical management of HIV/AIDS. The majority (84%) of both referral and general hospitals had the guidelines during the time of survey. Less than 1% of lower clinics had the guidelines at the time of the survey. Among managing authorities, 27% of private facilities had guidelines for the clinical management of HIV/AIDS, and only 6% of facilities, excluding health posts, had guidelines for palliative care. Guidelines for palliative care were more available in private facilities (18%) than in the public facilities (3%) (**Table 8.4**).

Training is an important component of quality HIV/AIDS service. Health workers should update their knowledge through different trainings. The ESPA 2021–22 assessed if health facilities had at least one health provider of HIV CSS who received training on HIV/AIDS CSS during the 24 months before the survey. The training refers only to in-service training that involved structured sessions, and does not include individual instructions that a provider might have received during routine supervision.

Among all facilities, excluding health posts, with HIV/AIDS CSS, 23% had at least one trained staff who received in service training on HIV/AIDS CSS. There was considerable regional variation of trained staff from the lowest (7%) in Somalia to the highest (56%) in Benishangul Gumuz (BG).

Screening and testing HIV-positive clients for TB is a basic component of the evaluation of patients for opportunistic infections. Thus, recording or registering HIV positive clients who have been screened and tested for TB should be available in the service site. In all health facilities, excluding health posts, more than seven in ten facilities had a system for screening and testing HIV positive clients for TB. A system for screening HIV-positive clients for TB was more available in public facilities (86%) than in the private facilities (28%) (**Table 8.4**).

8.7.3 Availability of Medicines

Facilities were also assessed for the availability of medicines that manage opportunistic infections and conditions. Among all facilities, excluding health posts, with HIV/AIDS CSS, 93% had IV solutions with an infusion set. Thirty-one percent of facilities, excluding health posts, had fluconazole/IV treatment for fungal infections, which was less available in rural facilities (12%) than in urban facilities (39%). Seventy-four percent of all health facilities, excluding health posts, had cotrimoxazole tablets, which were less available in medium clinics (16%) and speciality/higher clinics (0%). Seventy-eight percent of facilities, excluding health posts, that offer HIV/AIDS CSS had first line treatment for TB. Among the different health facility types, first line drugs for TB were available in fewer than 1% in the speciality/higher and lower clinics. A lower proportion of private health facilities (31%) had first line TB drugs than the public facilities (91%). The availability of first-line treatment for TB drugs varied by regions from the lowest (56%) in Oromia to 99% in Amhara and 100% in Harari (**Table 8.4**).

Ninety-seven percent of public health facilities that offered HIV/AIDS CSS had male condoms that directly support the service. With pain management, 90% of health facilities, excluding health posts, had pain management medicines. The availability of pain management medicines varied from 69% in Gambela to 100% in Benishangul Gumuz (**Table 8.4**).

8.7.4 HIV Care and Support Services Offered

Cotrimoxazole preventive therapy (CPT) is now an integral component of the HIV/AIDS care and support package in Ethiopia. Generally accepted standards for implementing cotrimoxazole prophylaxis programs include:

- Availability of protocols and guidelines for cotrimoxazole prophylaxis
- Availability of medicines (cotrimoxazole) in the health facilities
- Capacity in training for health workers involved in CPT programs

Among all facilities, excluding health posts, that offered HIV/AIDS CSS for HIV clients, 97% reported providing treatment for opportunistic disease, 60% offered systemic intravenous treatment for specific fungal infections, while 100% of lower clinics, 90% of referral hospitals, and 87% of general hospitals offered the treatment. There was considerable regional variation in offering systemic intravenous treatment for specific fungal infections from the lowest (46%) in Oromia to the highest (100%) in Somalia (**Table 8.4.1**).

Among all facilities, excluding health posts, that offered HIV CSS for HIV clients, 43% offered treatment for Kaposi sarcoma. More private facilities (60%) provided the service than the public facilities (38%); 94% of lower clinics offered treatment of Kaposi Sarcoma, while only 32% of health centres offered the service. At the national level, 74% of facilities, excluding health posts, provided palliative care service (**Table 8.4.1**).

Among all facilities, excluding health posts, that offered specific HIV/AIDS CSS, eight of ten health facilities offered nutritional rehabilitation services; 100% of speciality /higher clinics, but only 6% of the lower clinics provided such services (**Table 8.4.1**).

Fortified protein supplementation was offered in seven of ten health facilities. Fewer than 1% of speciality/higher clinics and lower clinics offered fortified protein supplementation. Among all health facilities, excluding health posts, that offered specific CSS, 84% offered paediatric HIV client care. There was considerable regional variation in offering paediatric HIV client care with ranges from 42% in Dire Dawa (DD) to 100% in Afar and South Nation and Nationalities People (SNNP) (**Table 8.4.1**).

Among all health facilities, excluding health posts, that offered HIV CSS, more than eight in ten provided primary preventive treatment for opportunistic infections such as cotrimoxazole preventive treatment (CPT). Eighty-five percent of health facilities that offered HIV CSS offered preventive treatment for TB; and 83% of health facilities provided micronutrient supplementation. Ninety-nine percent offered FP counselling or service, and nearly 90% provided condoms to prevent further transmission of HIV/AIDS (**Table 8.4.1**).

8.8 GUIDELINES, TRAINED STAFF, AND ITEMS FOR ANTIRETROVIRAL THERAPY (ART) SERVICES

Individuals in an advanced stage of HIV/AIDS are usually seriously ill and require advanced treatment and follow-up. Facilities must be fully capable of providing the advanced CSS needed for monitoring and treating all HIV/AIDS clients. As HIV/AIDS services expand, however, it is expected that many of these services will become available in the lower-level facilities as well. Current programs are focused on increasing trained staff, developing protocols and guidelines, ensuring the adequacy of laboratory and medical equipment, and implementing record keeping for HIV/AIDS services.

The activities and services assessed for advanced CSS include:

- ART service availability
- Guideline and trained staff
- Laboratory diagnostic capacity
- Availability of ART and medications for treating opportunistic infections
- Service availability for opportunistic infection such as STIs

8.8.1 ART Service Availability

ART drugs inhibit the replication of HIV and can significantly prolong and improve the quality of life for those who are HIV-positive. The national ART program guidelines call for the prescription and provision of ART by trained health personnel, who should regularly monitor the condition of these clients to ensure that an effective ARV regime is being implemented and that the side effects are properly managed.

Elements identified as important for providing good quality ART services include:

- Staff trained in the provision of relevant services
- Protocols and guidelines for relevant CSSs
- A consistent supply of ARVs and good storage practices to maintain their quality and security
- A system for making client appointments for routine follow-up services
- An individual client record to assure continuity of care for the client
- Good record keeping systems to track ART compliance

A total of 18% of all health facilities, excluding health posts, offered ART for HIV/AIDS patients or provided ART medical treatment follow-up services that included providing community-based service. Ninety-seven percent of referral hospitals offered ART services. Fewer than 1% of speciality/higher clinics

and lower clinics offered such services. A greater proportion of public facilities (34%) offered ART services than the private facilities at 2%. Thirty percent or less of regions offered ART services, with ranges from 9% in Somalia to 30% in Harari (**Table 8.5**).

The ESPA 2021–22 also assessed facilities for the availability of antiretroviral viral prophylaxis (ART) service guidelines. The ART guidelines were available in nine of ten facilities; and 22% of health facilities with ART service had at least one provider who received in-service training in some aspect of ART during the 24 months before the survey (**Table 8.5**).

8.8.2 Laboratory Diagnostic Capacity for Monitoring ARV Clients

Of all health facilities, excluding health posts, 34% that offered ART service had the laboratory capacity with a functional hematology analyser or a functional hematological counter complete with the necessary reagents available in the facility at the time of the survey for complete blood count (CBC). A lower proportion of public health facilities (31%) than the private health facilities (95%) had CBC laboratory service. The ESPA 2021–22 showed regional variation in CBC capacity, which ranged from the lowest (25%) in Oromia to the highest (87%) in Dire Dawa region (**Table 8.5**).

Among all health facilities, excluding health posts, that offered ART service, 11% had the diagnostic capacity for CD4 cell count. Only 3% of the facilities that offered ART service had a capacity for assessing RNA viral load. Twenty-four percent of all health facilities had renal or liver function tests, although the availability of the renal or liver function tests varied greatly across the regions from 9% in Gambela to 67% in Harari (**Table 8.5**).

The ESPA 2021–22 assessed the availability of first line adult ART regimens for ARV prophylaxis with treatment as a single dose, double or triple dose, or fixed combination. Among all health facilities, excluding health posts, that offered ART service, 96% had the first-line adult ART regimen. The drug was available in all facility types except in speciality/higher clinics and lower clinics (**Table 8.5**).

8.9 GUIDELINES, TRAINED STAFF, AND ITEMS FOR SEXUALLY TRANSMITTED INFECTIONS (STI) SERVICES

Research has demonstrated that STIs are a co-factor for HIV transmission. Available information suggests that STIs, particularly of the ulcerative type, increase the risk of contracting HIV/AIDS. Thus, screening, diagnosis, treatment, and management of STIs play an important role in the reduction of HIV transmission, and must be provided to all at-risk clients.

Generally accepted standards for quality STI services include:

- Provision of appropriate treatment before the client leaves the facility
- Availability of diagnostic and treatment guidelines in all STI service sites
- Laboratory diagnosis to confirm the presence or absence of an STI

Laboratory service is a very important service that should be offered to confirm the presence of STIs. In ESPA 2021–22, facilities that offered STI service were asked about their capacity for offering a rapid diagnostic test for syphilis. **Table 8.6** presents the service availability, STI guidelines, trained staff, syphilis rapid diagnostic test capacity, and availability of medicine and commodities for STIs management.

8.9.1 Items for Sexually Transmitted Infection Services

Among health facilities, excluding health posts, 91% offered STI service. STI guidelines were available in 58% of the facilities, 59% of them had syphilis rapid diagnostic testing capacity with an unexpired syphilis testing kit available in the facility on the day of the survey. The available STI services varied by facility type ranging from the lowest (58%) in speciality/higher clinics to the highest (100%) in the referral and primary hospitals. Nearly six of ten of health facilities, excluding health posts, had STI guidelines for diagnosis and treatment services (Tables 8.6) (Figure 8.2).

A higher proportion of trained staff on STIs was available in public facilities (9%) compared with the private facilities (3%). A higher proportion of trained staff were available in urban (9%) compared with the rural facilities (4%) (Table 8.6).

Among all facilities, excluding health posts, that offered STI services, the majority of referral (97%) and general and primary facilities (93% each) had syphilis rapid diagnostic test capacity, while only 5% of lower clinics had the capability to test syphilis in the facility with the required unexpired rapid test kit available in the facility at the time of the survey (Table 8.6).

8.9.2 Medicines and Commodities for STIs

Medicines for treating common STIs were also not widely available. In general, at national level 4, 53% and 47% of the facilities, excluding health posts, which offered STI service had metronidazole, Ciprofloxacin capsules/or tablets, and injectable ceftriaxone, respectively. A lower proportion of private facilities (13%) had metronidazole compared with public facilities (69%) (Table 8.6-A).

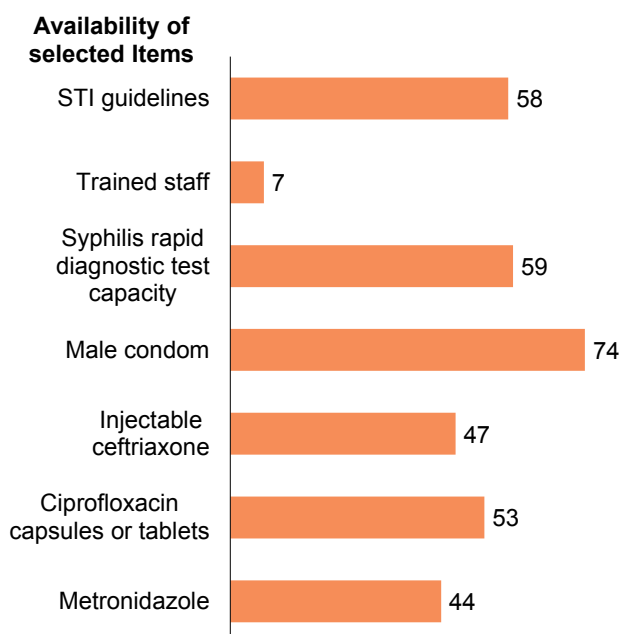
The availability of medicines varied by facility types. Availability of metronidazole ranged from 6% in the lower clinics to 94% in referral hospitals. Similarly, the availability of ciprofloxacin capsules/or tablets ranged from 11% in speciality/higher clinics to 89% in the general hospitals. Only 20% of private facilities had ciprofloxacin capsules/or tablets compared with 81% of the public facilities; and 73% of public facilities had injectable ceftriaxone compared with 16% of private facilities (Table 8.6).

8.10 ITEMS FOR SEXUALLY TRANSMITTED INFECTION DIAGNOSIS AND PARTNER NOTIFICATION

Facilities that offered service for STIs were assessed for the diagnostic method that could be syndromic, etiologic, or both. As indicated in Table 8.6.1, six of ten facilities diagnose STIs with the syndromic approach and 2% used the etiologic approach to diagnose STIs. About 35% of health facilities, excluding health posts, offered both syndromic and etiologic diagnosis of STI (Table 8.6.1).

Figure 8.2 Guidelines, trained staff and items for sexually transmitted infection services

Among all facilities, excluding health posts (N=368), the percentages offering services for sexually transmitted infections (STIs) and have:



Note: STI = sexually transmitted infection

Ninety-seven percent of providers in health facilities, excluding health posts, provided information about the prescribed treatment of STIs at the facility. The distribution of prescribing treatment for STIs across facility type ranged from 87% in the lower clinics to 100% in all types of hospitals. There was no observable variation among managing authorities, regions, or location (urban-rural) (**Table 8.6.1**).

Seventy-three percent of STI clients were either referred for HIV testing and counselling or HIV testing and counselling that was offered at the facility. Among all facilities, excluding health posts, 56% of STI providers provided HIV testing and 56% of facilities had an HIV RDT test available at their facility (**Table 8.6.1**).

The partner notification system was assessed among all facilities that offered STI service. Partner notification is considered to be active when the facilities contact the partner or passive when the facility asks the client to inform their partner or bring their partner to the facility. The ESPA found that 53% of health facilities, excluding health posts, that offered STI service used active partner notification and 38% used passive notification for STIs (**Table 8.6.1**).

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Table 8.1 Availability of HIV testing and counselling services

Among all facilities excluding health posts, the percentages that report having an HIV testing system and, among facilities with an HIV testing system, the percentages that have HIV testing capacity at the facility and other items to support the provision of quality HIV testing and counselling services, by background characteristics, Ethiopia SPA 2021–22

Background characteristics	Percentage of all facilities with HIV testing system ¹	Number of facilities	Percentage of facilities with HIV testing system that have:							Number of facilities having HIV testing system
			HIV testing capacity ²	HIV testing and counselling guidelines	Trained provider ³	Visual and auditory privacy ⁴	Client record ⁵	Condoms ⁶	Access to HIV PEP ⁷	
Facility type										
Referral hospital	100	2	100	88	78	94	88	88	91	2
General hospital	98	7	100	81	74	98	81	65	88	7
Primary hospital	98	15	100	70	61	99	85	52	76	15
Health centre	98	181	100	57	41	96	72	70	40	178
Specialty/Higher clinic	21	7	100	71	15	100	71	71	74	2
Medium clinic	46	92	100	48	33	88	62	46	28	43
Lower clinic	17	97	100	28	1	91	87	96	15	16
Managing authority										
Public	98	205	100	60	42	96	74	70	44	200
Private	32	198	100	43	31	89	68	57	29	63
Region										
Afar	84	7	100	50	39	99	63	57	38	6
Amhara	67	95	100	69	37	98	95	75	48	64
Oromia	59	152	100	54	41	91	50	73	38	90
Somali	92	15	100	59	32	91	69	23	33	14
Benishangul Gumuz	33	7	100	100	64	100	97	73	68	2
SNNP	75	68	100	41	33	94	89	67	28	51
Sidama	88	13	100	42	23	91	57	43	39	11
Gambela	36	9	100	38	47	98	55	65	44	3
Harari	47	2	93	57	64	100	57	57	71	1
Addis Ababa	56	33	100	66	66	99	78	60	59	18
Dire Dawa	91	3	100	62	70	100	66	66	33	3
Urban/Rural										
Urban	56	212	100	62	43	97	70	67	52	119
Rural	75	191	100	50	37	92	74	67	30	143
National	65	403	100	56	40	94	72	67	40	262

Note: The guidelines and trained staff indicators presented in this table correspond to the staff and training domain for assessing readiness to provide HIV testing and testing services within the health facility assessment methodology proposed by WHO and USAID (2012). Similarly, the visual and auditory privacy items comprise the equipment domain, the HIV testing capacity comprises the diagnostic domain, and condoms comprise the medicines and commodities domain for assessing readiness to provide HIV testing and counselling services within the WHO-USAID framework.

¹ Facility reports conducting HIV testing in the facility or else in an external testing site and having an agreement with that external site that test results will be returned to the facility.

² Facility reports conducting HIV testing in the facility and had HIV rapid diagnostic test kits or ELISA testing capacity or dynabeads testing capacity or western blot testing capacity observed in the facility.

³ Facility had at least one interviewed staff member providing HIV testing services who reported receiving in-service training in some aspect of HIV/AIDS testing and counselling during the 24 months before the survey. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

⁴ Private room or screened-off space available in HIV testing and counselling area that is a sufficient distance from sites where providers and/or other clients may be so that a normal conversation could not be overheard, and the client could not be observed by others.

⁵ Individual client chart/record or card maintained in the facility for those who receive services refers to any system where individual information about the client is recorded, so that a record of all care and services provided is available in one document.

⁶ Condoms available at the HIV testing and counselling site on the day of the survey.

⁷ Staff working in the facility have access to HIV post-exposure prophylaxis (PEP).

Table 8.1.1 HIV testing integration in facilities

Among all facilities excluding health posts, the percentage with HIV rapid diagnosis testing integrated within specific services, by background characteristics, Ethiopia SPA 2021–22

Background characteristics	Percentage of facilities that offer specific services and within those services have HIV RDT												Number of facilities
	Family planning		ANC		PMTCT		Normal delivery		STIs		TB		
	Service is offered	HIV RDT available in service	Service is offered	HIV RDT available in service	Service is offered	HIV RDT available in service	Service is offered	HIV RDT available in service	Service is offered	HIV RDT available in service	Service is offered	HIV RDT available in service	
Facility type													
Referral hospital	94	72	91	88	91	78	94	75	100	81	94	84	2
General hospital	90	70	98	79	91	74	98	76	99	75	98	77	7
Primary hospital	96	61	99	76	86	59	99	71	100	71	94	69	15
Health centre	99	72	100	90	73	58	99	85	99	73	96	73	181
Specialty/Higher clinic	38	4	8	5	5	2	5	2	58	6	21	16	7
Medium clinic	84	13	39	14	11	3	12	6	95	20	50	15	92
Lower clinic	81	7	20	0	0	0	1	0	75	6	4	1	97
Managing authority													
Public	98	71	97	88	72	58	96	83	99	73	95	72	205
Private	82	10	32	8	8	3	10	4	84	14	28	9	198
Region													
Afar	93	53	74	51	32	29	59	42	90	63	60	49	7
Amhara	91	42	62	50	41	35	50	48	85	49	64	45	95
Oromia	94	38	68	51	43	33	56	47	98	38	61	39	152
Somali	91	58	87	75	60	31	80	48	100	65	63	49	15
Benishangul Gumuz	82	28	42	33	29	27	42	30	89	28	28	25	7
SNNP	87	48	63	49	39	24	59	42	86	47	62	40	68
Sidama	87	56	89	71	65	40	78	64	100	54	91	61	13
Gambela	97	32	56	28	21	16	25	19	71	30	34	33	9
Harari	57	37	47	40	43	33	40	33	83	30	70	33	2
Addis Ababa	77	27	49	26	27	19	31	24	91	35	62	35	33
Dire Dawa	69	56	59	39	51	39	53	43	100	73	76	55	3
Urban/Rural													
Urban	85	34	54	38	36	27	40	33	92	39	57	37	212
Rural	95	49	77	61	46	35	68	56	91	49	68	46	191
National	90	41	65	49	41	31	54	44	91	44	62	41	403

Table 8.2 Items for infection control during provision of HIV testing services

Among facilities, excluding health posts, and having HIV testing capacity, the percentages with indicated items for infection control observed to be available at the service site/lab on the day of the survey, by background characteristics, Ethiopia SPA 2021–22

Background characteristics	Percentage of facilities with HIV testing system that have items for infection control								Number of facilities with HIV testing capacity
	Soap	Running water ¹	Soap and running water	Alcohol-based hand disinfectant	Soap and running water or else alcohol-based hand disinfectant	Latex gloves ²	Sharps container	Waste receptacle ³	
Facility type									
Referral hospital	72	75	72	94	94	91	88	78	2
General hospital	61	70	60	85	88	78	82	63	7
Primary hospital	58	61	54	89	90	81	89	68	15
Health centre	29	31	20	68	70	66	80	54	178
Specialty/Higher clinic	88	78	78	88	88	88	88	29	2
Medium clinic	54	62	53	69	75	81	78	54	43
Lower clinic	98	86	85	98	98	99	99	52	16
Managing authority									
Public	32	35	25	71	73	68	82	56	200
Private	65	68	61	77	80	85	82	51	63
Region									
Afar	49	44	32	84	84	75	83	62	6
Amhara	52	53	46	88	88	83	88	63	64
Oromia	33	34	25	67	72	67	83	55	90
Somali	48	42	39	66	66	77	74	61	14
Benishangul Gumuz	41	57	28	64	64	100	97	81	2
SNNP	32	40	24	65	67	60	72	37	51
Sidama	29	32	28	56	56	51	80	39	11
Gambela	8	10	8	85	85	80	87	18	3
Harari	38	23	23	77	77	77	77	23	1
Addis Ababa	60	69	57	70	72	86	87	76	18
Dire Dawa	60	70	55	84	84	90	80	75	3
Urban/Rural									
Urban	50	51	45	80	82	82	87	62	119
Rural	32	36	24	66	68	63	77	48	143
National	40	43	33	72	74	72	82	55	262

Note: Service sites include family planning, antenatal care, PMTCT of HIV Infections, delivery and newborn care, sexual transmitted infections, tuberculosis, or HIV Testing.

¹ Piped water, water in bucket with specially fitted tap, or water in pour pitcher.

² Non-latex equivalent gloves are acceptable.

³ Waste receptacle with plastic bin liner.

Table 8.2.1 Items for infection control during provision of HIV testing services in the laboratory

Among facilities, excluding health posts and having HIV testing capacity, the percentages with indicated items for infection control observed to be available in the laboratory on the day of the survey, by background characteristics, Ethiopia SPA 2021–22

Background characteristics	Percentage of facilities with HIV testing system that have items for infection control								Number of facilities with HIV testing capacity
	Soap	Running water ¹	Soap and running water	Alcohol-based hand disinfectant	Soap and running water or else alcohol-based hand disinfectant	Latex gloves ²	Sharps container	Waste receptacle ³	
Facility type									
Referral hospital	97	100	97	100	100	90	97	93	2
General hospital	94	97	93	98	100	95	97	89	7
Primary hospital	90	93	87	98	99	92	99	88	12
Health centre	62	71	57	91	92	88	98	72	136
Specialty/Higher clinic	100	100	100	100	100	100	85	85	0
Medium clinic	75	82	69	94	94	95	93	78	32
Lower clinic	90	90	90	90	90	100	100	67	1
Managing authority									
Public	66	73	60	92	93	89	98	73	153
Private	78	84	73	95	95	95	94	79	36
Region									
Afar	60	60	50	99	99	95	89	80	4
Amhara	71	73	65	97	97	93	100	84	43
Oromia	66	79	64	92	93	90	97	77	70
Somali	52	45	35	86	86	96	96	66	6
Benishangul Gumuz	51	79	51	61	61	100	97	87	2
SNNP	70	70	62	90	95	85	97	56	38
Sidama	59	69	55	93	93	78	100	57	9
Gambela	62	55	51	96	96	96	86	36	2
Harari	100	90	90	100	100	100	90	80	1
Addis Ababa	72	98	70	84	86	97	86	100	13
Dire Dawa	94	100	94	100	100	100	100	95	2
Urban/Rural									
Urban	79	90	76	95	96	94	97	82	89
Rural	58	63	51	90	92	86	97	67	100
National	68	76	63	92	93	90	97	74	189

Table 8.2.2 Items for infection control during provision of HIV testing services at service site

Among facilities, excluding health posts and having HIV testing capacity, the percentages with indicated items for infection control observed to be available at the service site on the day of the survey, by background characteristics, Ethiopia SPA 2021–22

Background characteristics	Percentage of facilities with HIV testing system that have items for infection control								Number of facilities with HIV testing capacity
	Soap	Running water ¹	Soap and running water	Alcohol-based hand disinfectant	Soap and running water or else alcohol-based hand disinfectant	Latex gloves ²	Sharps container	Waste receptacle ³	
Facility type									
Referral hospital	75	75	75	94	97	97	91	81	2
General hospital	63	71	63	87	87	77	83	67	7
Primary hospital	59	63	56	91	91	82	90	71	15
Health centre	33	35	25	70	71	68	82	56	178
Specialty/Higher clinic	88	78	78	88	88	88	88	29	2
Medium clinic	60	70	59	62	74	81	73	55	35
Lower clinic	98	86	85	99	99	99	99	52	16
Managing authority									
Public	35	38	28	72	74	69	83	58	197
Private	72	75	68	74	81	86	80	54	56
Region									
Afar	61	57	44	85	89	79	87	72	6
Amhara	57	58	51	87	87	86	87	66	60
Oromia	33	35	27	68	73	68	84	55	86
Somali	50	54	48	66	66	78	75	67	14
Benishangul Gumuz	71	71	51	80	87	100	100	87	2
SNNP	36	42	24	67	67	60	74	39	51
Sidama	29	32	28	55	55	52	78	44	11
Gambela	8	13	8	85	85	83	90	18	3
Harari	38	31	31	77	77	77	77	31	1
Addis Ababa	70	70	68	70	82	87	87	76	18
Dire Dawa	64	69	59	84	84	90	79	74	3
Urban/Rural									
Urban	53	53	48	80	85	84	87	64	113
Rural	36	40	28	66	68	64	79	51	141
National	43	46	37	73	75	73	82	57	254

Note: Service sites include family planning, antenatal care, PMTCT of HIV infections, delivery and newborn care, sexual transmitted infections, tuberculosis, or HIV testing.

Table 8.3 Supportive management for providers of HIV testing services

Among HIV testing service providers, the percentages who report receiving training related to their work and personal supervision during the specified time periods, by background characteristics, Ethiopia SPA 2021–22

Background characteristics	Percentage of interviewed providers who received:			Number of interviewed providers of HIV testing services
	Training related to HIV testing and counselling during the 24 months before the survey ¹	Personal supervision during the 6 months before the survey ²	Training related to HIV testing and counselling during the 24 months and personal supervision during the 6 months before the survey	
Facility type				
Referral hospital	17	52	11	165
General hospital	17	60	12	454
Primary hospital	8	56	5	908
Health centre	10	64	7	3,331
Specialty/Higher clinic	5	87	5	9
Medium clinic	11	68	5	311
Lower clinic	2	73	1	32
Managing authority				
Public	10	61	7	4,613
Private	12	68	8	596
Region				
Afar	14	57	8	82
Amhara	10	63	6	1,137
Oromia	10	58	6	1,582
Somali	8	60	6	178
Benishangul Gumuz	17	64	14	65
SNNP	9	58	5	1,186
Sidama	7	67	6	258
Gambela	12	57	7	58
Harari	25	75	21	26
Addis Ababa	19	78	14	588
Dire Dawa	22	81	20	50
Urban/Rural				
Urban	13	66	9	2,838
Rural	8	58	5	2,371
National	11	62	7	5,209

¹ Training refers only to in-service training. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

² Personal supervision refers to any form of technical support or supervision from a facility-based supervisor or from a visiting supervisor. It may include, but is not limited to, review of records and observation of work, with or without any feedback to the health worker.

Table 8.4 Guidelines, trained staff and items for HIV/AIDS care and support services

Among all facilities, excluding health posts, the percentages offering HIV/AIDS care and support services and, among facilities offering HIV care and support services, the percentages having indicated items that support the provision of quality HIV/AIDS care and support services, by background characteristics, Ethiopia SPA 2021–22

Background characteristics	Percentage of facilities offering HIV/AIDS care and support services ¹	Number of facilities	Percentage of facilities offering HIV/AIDS care and support services that have:					Medicines					Number of facilities offering HIV/AIDS care and support services	
			Guidelines for the clinical management of HIV/AIDS	Guidelines for palliative care	Trained staff ²	System for screening and testing HIV+ clients for TB ³	IV solution with infusion set	Fluconazole/IV treatment for fungal infections	Cotrimoxazole tablets	First-line treatment for TB ⁴	Pain management	Male condoms		
Facility type														
Referral hospital	97	2	84	0	52	94	94	52	81	90	100	100	2	
General hospital	93	7	84	3	56	86	94	57	84	92	98	92	7	
Primary hospital	76	15	77	4	47	91	96	54	73	93	98	94	11	
Health centre	34	181	82	3	19	85	97	25	84	89	96	96	62	
Specialty/Higher clinic	2	7	50	0	0	50	0	50	0	0	50	50	0	
Medium clinic	13	92	3	29	0	4	69	14	16	11	49	29	12	
Lower clinic	2	97	0	0	0	0	100	94	94	0	100	0	2	
Managing authority														
Public	37	205	82	3	24	86	96	29	84	91	96	97	76	
Private	10	198	27	18	18	28	80	38	35	31	68	41	20	
Region														
Afar	28	7	73	0	49	58	88	42	88	88	88	100	2	
Amhara	29	95	82	5	15	93	100	26	90	99	96	90	27	
Oromia	22	152	54	5	18	55	90	22	64	56	88	79	33	
Somali	23	15	47	9	7	63	75	63	60	79	89	77	3	
Benishangul Gumuz	15	7	85	0	56	56	100	41	65	85	100	85	1	
SNNP	21	68	90	1	31	86	92	49	70	92	92	99	14	
Sidama	21	13	76	2	24	83	98	11	98	81	98	65	3	
Gambela	18	9	44	12	35	75	65	29	81	77	69	94	2	
Harari	30	2	78	0	44	100	100	78	78	100	100	89	1	
Addis Ababa	28	33	73	23	45	73	97	33	65	73	79	76	9	
Dire Dawa	38	3	63	0	33	79	89	38	78	61	89	93	1	
Urban/Rural														
Urban	32	212	66	8	26	70	91	38	70	70	88	82	67	
Rural	15	191	80	1	17	83	97	13	84	97	95	92	29	
National	24	403	70	6	23	74	93	31	74	78	90	85	96	

Note: The indicators presented in this table correspond to the staff and training, diagnostics and medicines and commodities domains for assessing readiness to provide HIV care and support services within the health facility assessment methodology proposed by WHO and USAID 2012.

¹ Facility reports that providers in the facility prescribe or provide any of the following:

- Treatment for any opportunistic infections or for symptoms related to HIV/AIDS, including treatment for topical fungal infections.
- Systematic intravenous treatment for specific fungal infections such as cryptococcal meningitis.
- Treatment for Kaposi's sarcoma.
- Palliative care, such as symptom or pain management or nursing care, for the terminally ill or severely debilitated patients.
- Nutritional rehabilitation services, including client education and provision of nutritional or micronutrient supplementation.
- Fortified protein supplementation.
- Care for paediatric HIV/AIDS patients.
- Preventive treatment for tuberculosis (TB) such as isoniazid with pyridoxine.
- Micronutrient supplementation, such as vitamins or iron.
- Primary preventive treatment for opportunistic infections, such as cotrimoxazole preventive treatment.
- General family planning counselling and/or services for HIV-positive clients.
- Condoms.

² Facility had at least one interviewed provider of HIV care and support services who reported receiving training on aspects of HIV/AIDS care and support services during the 24 months before the survey. Training refers only to in-service training. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

³ Record or register indicating HIV-positive clients who have been screened and tested for TB.

⁴ Four-drug fixed-dose combination (4FDC) is available, or else isoniazid, pyrazinamide, rifampicin and ethambutol are all available, or a combination of these medicines, to provide first-line treatment.

Table 8.4.1 HIV care and support services offered

Among facilities, excluding health posts, offering care and support services for HIV clients, the percentage offering specific services, by background characteristics, Ethiopia SPA 2021–22

Background characteristics	Percentage of facilities offering specific HIV care and support services (CSS)											Number of facilities offering HIV/AIDS care and support services	
	Opportunistic diseases treatment ¹	Systemic IV treatment for fungal diseases	Treatment for Kaposi's sarcoma	Palliative care	Nutritional rehabilitation	Fortified protein supplementation	Paediatric HIV client care	Preventive treatment for TB	Opportunistic diseases prevention	Micronutrient supplementation	FP counselling or services		Condoms for preventing further transmission of HIV
Facility type													
Referral hospital	94	90	71	94	81	71	90	97	100	84	100	100	2
General hospital	98	87	73	94	85	64	90	93	99	82	97	90	7
Primary hospital	99	68	52	92	76	68	97	98	98	70	98	95	11
Health centre	95	54	32	66	89	84	87	89	93	83	99	94	62
Specialty/Higher clinic	100	50	50	50	100	0	50	50	0	100	0	50	0
Medium clinic	100	59	60	86	73	41	68	59	68	94	97	56	12
Lower clinic	100	100	94	100	6	0	0	0	94	94	100	94	2
Managing authority													
Public	96	59	38	71	89	84	89	91	94	83	99	95	76
Private	100	62	60	88	60	33	68	65	79	83	96	67	20
Region													
Afar	100	64	54	88	76	88	100	100	100	100	100	88	2
Amhara	100	78	43	86	95	88	95	86	86	95	100	95	27
Oromia	95	46	38	64	75	73	70	75	95	76	100	85	33
Somali	100	100	84	86	100	89	70	75	77	88	93	86	3
Benishangul Gumuz	100	85	85	56	100	100	85	100	100	88	100	100	1
SNNP	92	50	35	71	82	75	100	99	100	74	100	99	14
Sidama	100	48	43	72	72	63	96	87	98	80	100	89	3
Gambela	100	85	73	83	94	60	96	81	87	69	81	81	2
Harari	100	78	67	89	100	56	89	100	100	89	89	100	1
Addis Ababa	97	50	40	79	80	33	83	96	78	87	95	75	9
Dire Dawa	100	79	58	61	45	9	42	84	84	65	100	84	1
Urban/Rural													
Urban	97	63	49	80	84	67	82	86	93	86	98	90	67
Rural	97	53	27	62	81	87	89	84	86	76	100	89	29
National	97	60	43	74	83	73	84	85	91	83	99	89	96

¹ Opportunistic disease: An infection by a microorganism that normally does not cause disease but becomes pathogenic when the body's immune system is impaired and unable to fight off infection.

Table 8.5 Guidelines, trained staff and items for antiretroviral therapy services

Among all facilities, excluding health posts, the percentages offering antiretroviral therapy (ART) services and, among facilities offering ART services, the percentages with indicated items to support the provision of quality ART services, by background characteristics, Ethiopia SPA 2021–22

Background characteristics	Percentage of facilities offering ART services ¹	Number of facilities	Percentage of facilities offering ART services that have:		Laboratory diagnostic capacity for:				First-line adult ART regimen available ⁴	Treatment follow-up services for person on ART ⁵	Number of facilities offering ART services
			ART guidelines	Trained staff ²	Complete blood count ³	CD4 cell count	RNA viral load	Renal or liver function test			
Facility type											
Referral hospital	97	2	100	58	94	77	26	100	100	97	2
General hospital	91	7	97	54	95	45	12	89	97	94	7
Primary hospital	61	15	90	35	71	29	8	47	96	91	9
Health centre	31	181	89	15	19	2	1	10	96	89	56
Specialty/Higher clinic	0	7	-	-	-	-	-	-	-	-	0
Medium clinic	0	92	100	28	81	0	0	81	81	100	0
Lower clinic	0	97	-	-	-	-	-	-	-	-	0
Managing authority											
Public	34	205	89	21	31	11	3	21	97	90	70
Private	2	198	98	42	95	10	7	88	90	90	4
Region											
Afar	25	7	100	25	28	28	0	28	100	100	2
Amhara	22	95	99	25	28	7	2	18	93	98	21
Oromia	15	152	77	10	26	9	2	15	99	77	23
Somali	9	15	70	18	70	31	4	35	100	96	1
Benishangul Gumuz	19	7	100	66	32	0	4	20	100	77	1
SNNP	18	68	91	11	26	10	5	31	92	99	13
Sidama	19	13	85	29	57	19	5	26	95	98	2
Gambela	16	9	100	40	42	29	18	9	96	93	1
Harari	30	2	100	56	56	44	11	67	100	100	1
Addis Ababa	22	33	99	52	71	14	4	55	100	93	7
Dire Dawa	28	3	100	48	87	19	6	55	100	74	1
Urban/Rural											
Urban	24	212	87	24	39	14	3	32	97	94	50
Rural	12	191	95	17	23	5	3	7	96	83	24
National	18	403	90	22	34	11	3	24	96	90	74

Note: The indicators presented in this table correspond to the staff and training, diagnostics and medicines and commodities domains for assessing readiness to provide ART services within the health facility assessment methodology proposed by WHO and USAID 2012.

¹ Providers in the facility prescribe ART for HIV/AIDS patients or provide treatment follow-up services for persons on ART, including providing community-based services.

² Facility had at least one interviewed provider of ART services who reported receiving in-service training in some aspects of ART during the 24 months before the survey. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

³ Facility had a functioning haematology analyser or functioning haematological counter with the necessary reagents available in the facility.

⁴ Facility had the three country-specific first-line antiretroviral medicines for adult treatment available in the facility.

⁵ Providers in this facility provide treatment follow-up services for persons on ART, including providing community-based (mentoring) services.

Table 8.6 Guidelines, trained staff and items for sexually transmitted infection services

Among all facilities, excluding health posts, the percentages offering services for sexually transmitted infections (STIs) and, among facilities offering STI services, the percentages with indicated items to support the provision of quality STI services, by background characteristics, Ethiopia SPA 2021–22

Background characteristics	Percentage of facilities offering STI services ¹	Number of facilities	Percentage of facilities offering STI services that have:			Medicines and commodities				Number of facilities offering STI services
			STI guidelines	Trained staff ²	Syphilis rapid diagnostic test capacity ³	Male condoms	Metronidazole	Ciprofloxacin capsules or tablets	Injectable ceftriaxone	
Facility type										
Referral hospital	100	2	66	31	97	97	94	81	75	2
General hospital	99	7	75	26	93	89	89	89	89	7
Primary hospital	100	15	52	10	93	90	90	88	91	15
Health centre	99	181	67	9	74	94	67	80	71	179
Specialty/Higher clinic	58	7	12	4	43	35	8	11	11	4
Medium clinic	95	92	64	5	65	41	17	23	21	88
Lower clinic	75	97	32	0	5	59	6	13	8	73
Managing authority										
Public	99	205	66	9	75	94	69	81	73	202
Private	84	198	48	3	39	49	13	20	16	166
Region										
Afar	90	7	58	13	42	85	58	51	66	6
Amhara	85	95	78	8	59	86	52	60	55	80
Oromia	98	152	52	3	57	68	36	51	43	148
Somali	100	15	62	11	41	62	66	64	54	15
Benishangul Gumuz	89	7	52	2	49	49	42	28	44	6
SNNP	86	68	44	7	64	88	47	56	49	59
Sidama	100	13	50	6	75	68	51	56	55	13
Gambela	71	9	29	8	27	89	46	44	49	6
Harari	83	2	48	44	64	64	48	56	44	1
Addis Ababa	91	33	68	13	71	50	35	38	36	30
Dire Dawa	100	3	74	16	78	74	47	56	52	3
Urban/Rural										
Urban	92	212	60	9	62	63	37	44	42	195
Rural	91	191	56	4	56	86	52	64	53	174
National	91	403	58	7	59	74	44	53	47	368

Note: The indicators presented in this table comprise the staff and training, diagnostics and medicines and commodities domains for assessing readiness to provide STI services within the health facility assessment methodology proposed by WHO and USAID 2012.

¹ Providers in the facility diagnose STIs or prescribe treatment for STIs or both.

² At least one interviewed provider of STI services reported receiving in-service training on STI diagnosis and treatment during the 24 months before the survey. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

³ Facility had unexpired syphilis rapid test kit available in the facility.

Table 8.6.1 Items for sexually transmitted infection services

Among all facilities, excluding health posts, the percentages offering services for sexually transmitted infections (STIs) and, among facilities offering STI services, the percentages with indicated items to support the provision of quality STI services, by background characteristics, Ethiopia SPA 2021–22

Background characteristics	Percentage of facilities offering STI services ¹	Number of facilities	Diagnoses of STI are made ¹ :			Diagnoses for STI ²	STI clients ever referred for HIV testing and counselling or HTC offered at facility	STI providers provide HIV testing	HIV RDT available at this facility	Partner notification for STI ³ :		Number of facilities offering STI services
			Syndromic	Etiologic	Both					Active	Passive	
Facility type												
Referral hospital	100	2	34	6	59	100	94	91	81	75	19	2
General hospital	99	7	40	4	55	100	98	76	75	61	30	7
Primary hospital	100	15	39	0	60	100	96	75	71	55	41	15
Health centre	99	181	57	2	40	99	91	85	75	55	40	179
Specialty/Higher clinic	58	7	67	1	30	98	35	14	10	72	20	4
Medium clinic	95	92	52	2	46	98	63	27	21	60	32	88
Lower clinic	75	97	93	0	2	87	35	14	8	38	40	73
Managing authority												
Public	99	205	57	2	39	99	90	83	74	56	39	202
Private	84	198	67	1	29	93	52	22	16	50	36	166
Region												
Afar	90	7	83	0	13	100	89	74	70	46	27	6
Amhara	85	95	68	2	29	96	77	64	58	83	11	80
Oromia	98	152	67	0	32	96	65	49	38	23	68	148
Somali	100	15	61	0	33	97	81	67	65	76	8	15
Benishangul Gumuz	89	7	50	3	39	100	83	37	32	80	0	6
SNNP	86	68	61	3	34	95	83	65	55	73	21	59
Sidama	100	13	30	9	57	100	88	64	54	40	52	13
Gambela	71	9	38	0	39	95	75	48	43	70	15	6
Harari	83	2	64	0	36	100	80	48	36	72	20	1
Addis Ababa	91	33	37	1	62	100	64	39	38	73	19	30
Dire Dawa	100	3	46	2	51	97	88	73	73	55	8	3
Urban/Rural												
Urban	92	212	60	1	36	96	68	46	42	53	37	195
Rural	91	191	63	2	33	97	78	67	54	54	39	174
National	91	403	62	1	35	97	73	56	48	53	38	368

¹ Provides information about how diagnoses of STIs are made in the facility, whether it is syndromic, etiologic or both/

² Give information if the providers prescribe treatment for STI at this facility.

³ Provide information on the notification was ever active (where the facility makes contact with the partner) or it was only passive (where the facility asks the client to inform or bring their partner).

Key Findings

- Among all health facilities, excluding health posts, nearly eight in ten facilities offer services for the diagnosis or management of diabetes, cardiovascular diseases, and chronic respiratory diseases.
- Among all facilities that provide non-communicable diseases (NCDs) services, nine in ten health facilities offer services for diabetes, cardiovascular diseases, and chronic respiratory diseases.
- Of all health facilities that offer NCD services, 42%, 36%, 31%, 30%, 29%, and 12% of health facilities offer only diagnostic services for diabetes, cardiovascular diseases, chronic kidney diseases, chronic respiratory diseases, and cancer and mental health conditions, respectively.
- The availability of guidelines for the provision of NCDs services is unsatisfactory in Ethiopia. Only half of the facilities had guidelines for the diagnosis and management of diabetes, cardiovascular diseases, chronic respiratory diseases, and chronic kidney diseases, while only four in ten facilities had guidelines for the diagnosis and management of cancer.
- The availability of trained staff for the provision of NCD services is low in Ethiopia; 15% for diabetes, 16% for cardiovascular diseases, 17% for chronic respiratory diseases, 18% for chronic kidney diseases, 22% for cancer, and 22% for mental, neurological, and substance use disorders.
- Basic equipment, such as a blood pressure apparatus, stethoscope, glucometer, or weighing scale is available in most facilities that offer services for the cardiovascular diseases and diabetes.
- Only 25% of all health facilities in Ethiopia, excluding health posts, offer mental health services.

9.1 BACKGROUND

Non-communicable diseases (NCD) are chronic conditions that do not result from an acute infectious process, although infectious diseases can be a contributing cause. NCDs cause death, dysfunction, or impairment in the quality of life and usually develop over a relatively long period without initially causing symptoms. However, after disease manifestations develop, there may be a period of protracted impaired health. These conditions include cancers, cardiovascular disease, diabetes, chronic kidney disease, mental health disorders, and chronic respiratory disease (MoH 2016).

WHO Global Health estimates for Ethiopia showed that NCDs accounted for more than 43% of all deaths in 2019. Cardiovascular disease (CVD) is the greatest burden, which accounts for 16% of all-cause mortality, while cancer, diabetes, chronic respiratory disease and other non-communicable diseases

account for 8%, 3%, and 14% of mortality, respectively (2). In Ethiopia, according to an NCD case study conducted by WHO, an Ethiopian person between ages of 30 and 70 has an 18% chance of dying from any of the four major NCDs (WHO 2022).

Prevention and control of NCDs includes population wide-scale interventions that reduce exposure to risk factors, individualised approaches to modifying the risk factors of at-risk individuals, and treatment of NCDs. Interventions that address NCDs are aligned with the global target of a 25% relative reduction in the risk of premature death from NCDs by 2025 and the SDG target of reducing premature death from NCDs by one-third by 2030 (WHO 2022). The WHO has set a voluntary global target of an 80% availability of the affordable basic technologies and essential medicines, including generics, required to treat major non-communicable diseases in both public and private facilities. In Ethiopia, the service availability indicated that only 36%, 49%, 53%, and 9% of health facilities, excluding health posts, offered diagnosis and treatment for diabetes, cardiovascular diseases, chronic respiratory diseases, and cervical cancer, respectively. The overall readiness score for these services is very low, with ranges from 18% for chronic respiratory disease diagnosis/management to 51% for cervical cancer diagnosis (FMOH and EPHI 2018).

The non-communicable disease component of the ESPA 2021–22 used the Facility Inventory Questionnaires to gather information on:

- Availability of non-communicable disease services
- Capacity to provide quality services for non-communicable disease

This chapter describes the above two areas related to the provision of non-communicable disease services at health facilities (excluding health posts) in Ethiopia. Since health posts are not expected to perform these services (diabetes, cardiovascular diseases, chronic respiratory diseases, chronic renal diseases, cancer, and mental illnesses), findings in this chapter do not include health posts.

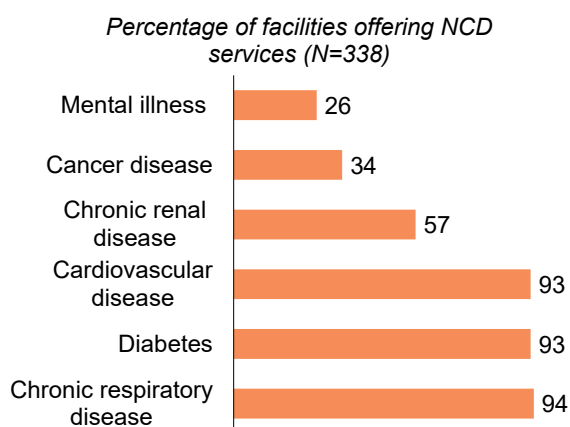
9.2 AVAILABILITY OF SERVICES FOR NON-COMMUNICABLE DISEASES

9.2.1 General Service Availability for Non-communicable Diseases

Services were considered available when the providers in the facility made diagnoses, prescribed treatments, or managed patients with specific NCDs. **Table 9.1a** provides information on the availability of NCDs services by background characteristics of the facilities that offered NCD services in Ethiopia.

Overall, excluding health posts, about 8 of 10 health facilities diagnose, prescribe treatment, or manage patients with diabetes, cardiovascular disease, and chronic respiratory disease. Twenty-six percent of facilities provide services for mental illness, while 57% provide services for chronic kidney diseases (**Figure 9.1**). Almost all hospitals offer diabetes services and eight in ten health centres offer these services. Eighty-three percent of public health facilities and 73% of private facilities provide diabetes services. Diabetes service availability varies by region, with ranges from 48% in the Benishangul Gumuz Region to 92% in Addis Ababa. Eighty-four percent of facilities in urban areas and 71% in rural areas provide diabetes services (**Table 9.1a**).

Figure 9.1 Availability of services for non-communicable diseases, excluding health posts



Of the health facilities that provide cardiovascular services, eight in ten facilities in urban areas and three-fourth of the facilities in rural areas provide cardiovascular services. Nearly all hospitals, including health

centres, provide cardiovascular services (>90%), although lower clinics offer the lowest percentage of cardiovascular services (47%). Cardiovascular services are provided in nine in ten health facilities in Dire Dawa but only 37% in the Gambela Region. Nine in ten public facilities offer cardiovascular services compared to private healthcare facilities, where two-thirds of the private healthcare facilities offer cardiovascular diseases (CVD) services (**Table 9.1a**).

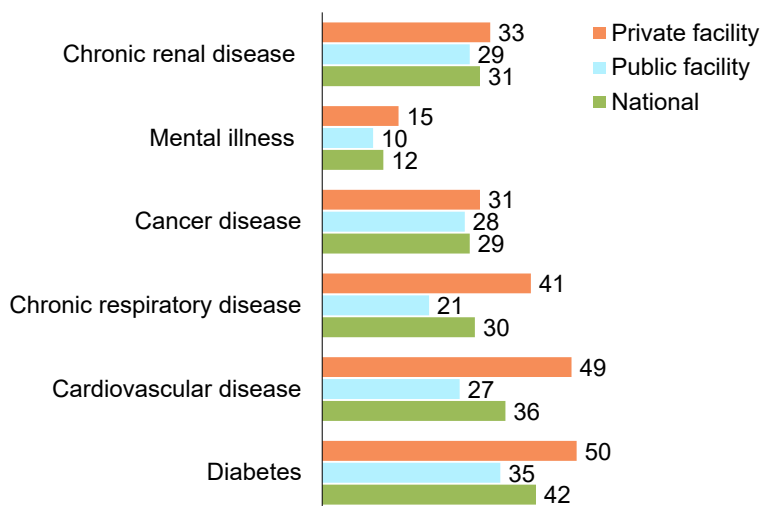
Chronic respiratory disease (CRD) services provided by all facilities ranged from 48% at the lower level clinics to 98% at the general and primary hospitals. Nearly nine to ten public facilities and seven to ten private facilities provide chronic respiratory disease services. Among the regions, the lowest availability of CRD services is in the Benishangul Gumuz Region (43%) and the highest (91%) is in Dire Dawa (**Table 9.1a**).

9.2.2 Diagnostic Service Availability for Non-communicable Diseases

Of all health facilities that offer NCD services, 30%, 36%, 42%, 12%, 31%, and 29% of health facilities offer only diagnostic services for chronic respiratory diseases (CRD), cardiovascular diseases (CVDs), diabetes, mental health conditions, chronic kidney diseases, and cancer diagnostic services, respectively (**Table 9.1b** and **Figure 9.2**).

Figure 9.2 Percentages of facilities that offer only diagnostic services for non-communicable diseases, by public versus private managing authority

Percentages offering only diagnostic services for non-communicable diseases by managing authority (N=338)



9.3 READINESS TO PROVIDE QUALITY NCD SERVICES

9.3.1 Readiness to Provide Quality Diabetes Services

Service Availability for Diabetes

Overall, 93% of health facilities offered diagnosis, prescribed treatment, or managed patients with diabetes. The lowest service provision was in the health centre, which accounted for 87%. Almost all publicly owned facilities and only 87% of the privately owned facilities provide services for diabetes (**Table 9.1**).

Availability of Guidelines, Trained Staff, and Equipment for Diabetes Services

Guidelines: Among all facilities that provide diabetes services, 50% had guidelines for diabetes diagnosis and management (**Figure 9.3**). The availability of guidelines for diabetes diagnosis and treatment varies by facility type, from 19% of specialist/high-level clinics to 70% of referral hospitals. There is only a slight difference in the availability of guidelines between public health facilities (52%) and the private health facilities (49%). The availability of guidelines varies by regions with 24% in Gambela to 62% in Addis Ababa. Slightly more than half of the facilities in urban areas (56%) and 42% in rural areas have guidelines for the diagnosis and treatment of diabetes (**Table 9.1**).

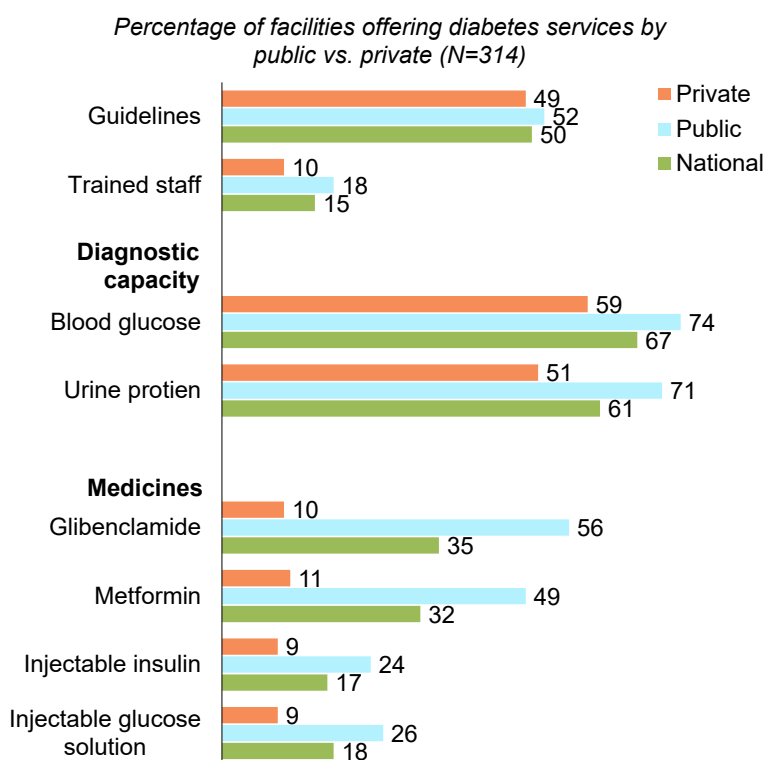
Trained staff: Among all facilities that provide diabetes services, only 15% of facilities had trained staff,

which was defined as at least one interviewed provider of diabetes services who reported receiving in service training in diabetes service during the 24 months before the survey (**Figure 9.3**). The availability of trained staff also varies by facility type, with the highest in general hospitals (54%) and nearly zero in the lower clinics. More public health facilities (18%) have staff trained in diabetes than the private health facilities (10%). There are regional differences in the availability of trained staff for the diagnosis and treatment of diabetes (5% in Oromia to 48% in the Harari Region) (**Table 9.1**).

Equipment: Of all health facilities that offered diabetes services, 67% had blood glucose monitors, eight in ten facilities had adult weight scales, and 55% had a height board or stadiometer. The availability of blood glucose monitors varies by facility type with the highest in referral and general hospitals (100%) and the lowest in the lower clinics (one in ten). The availability of blood glucose monitors is higher in public health facilities (74%) than in the private health facilities (59%). In regions, the highest availability is in Addis Ababa (92%) and the lowest in the Gambela Region (39%).

The availability of adult weight scales varies by facility type, with the highest in speciality (higher) clinics (100%) and lowest in health centres (72%); by facility ownership, the highest is in private health facilities (93%) and lower in public health facilities (73%). Among regions, the highest availability was in Benishangul Gumuz (100%) and the lowest availability was in Dire Dawa (73%). The availability of height board varies by facility type, with the highest in referral hospitals (77%) and lowest in the lower clinics (37%). More public health facilities have height boards (57%) than in private health facilities (51%). Among regions, the highest availability is in Dire Dawa (76%) and the lowest availability in the Oromia (48%) and Benishangul Gumuz regions (48%) (**Table 9.1**).

Figure 9.3 Items to support quality provision of diabetes services



9.3.2 Diagnostic Capacity and Essential Medicines for Diabetes

Diagnostic Capacity

Diabetes diagnostic capacities, such as the availabilities of a blood glucose test, vary by facility type, with the highest in referral and general hospitals (100%) and the lowest in lower clinics (one in ten). The availabilities of diagnostic blood glucose are higher in public health facilities (74%) than in the private health facilities (59%). The availabilities of blood glucose testing ranged from 10% in lower clinics to 100% in referral hospitals; urine protein test capabilities range from 9% in lower clinics to 100% in the referral hospitals; and urine glucose test capabilities from 9% in the lower clinic to 98% in the general hospitals (**Table 9.2**).

Diagnostic capabilities of diabetes also vary by region, with ranges from 39% in Gambela to 92% in Addis Ababa; urine protein testing ranged from 37% in Somali to 91% in Harari; while urine glucose testing ranged from 38% in Somali to 91% in the Harari Region (**Table 9.2**).

Essential Medicines

Table 9.2 shows the overall availability of diabetic drugs in health facilities that offer services for diabetes. Among all facilities that offer diabetes services, only 35%, 32%, 18%, and 17% of facilities have glibenclamide, metformin, injectable dextrose solution, and injectable insulin, respectively, on the day of survey (**Figure 9.3**). Availability of diabetes medications varies by facility type, and is higher in hospitals compared to other facility types. Metformin availability ranged from 2% in the lower clinics to 86% in the primary and general hospitals, and only 47% in health centres. Metformin availability is higher in public health facilities (49%) than in the private health facilities (11%). There are also regional differences in the availability of metformin with the highest in Harari (57%) and the lowest availability in the Gambela (17%) and Benishangul Gumuz (17%) regions. Glibenclamide availability ranged from 2% in lower clinics to 90% in referral hospitals. Glibenclamide availability is higher in public health facilities (56%) than in the private health facilities (10%). There are also regional differences in the availability of glibenclamide, with the highest in Harari (57%) and the lowest in Gambela (15%).

The availability of injectable dextrose solutions ranged from 3% in the speciality/higher clinics to 47% in the referral hospitals. Availability of injectable insulin is highest at the referral hospital level (90%) and lowest at lower clinic levels (2%). Availability of injectable insulin is higher in public health facilities (24%) than in private health facilities (9%). There are also regional differences in the availability of injectable insulin with the highest in Harari (43%) and the lowest in Oromia (11%). **Table 9.2** provides details on diagnostic capacity, availability of essential medicines, and additional information by facility type, managing authority, and region.

9.3.3 Readiness to Provide Quality Services for Cardiovascular Diseases

Service Availability for Cardiovascular Diseases

Nationally, 93% of health facilities, excluding health posts, offer cardiovascular disease (CVD) services. All hospitals offer these services. Among regions, the lowest availability was found in Gambela (56%) and the highest in Benishangul Gumuz and Dire Dawa at 100% each (**Table 9.3**).

Guidelines, Trained Staff, and Equipment for Cardiovascular Diseases

Guidelines: Among facilities that offer service for cardiovascular diseases, 48% had guidelines for cardiovascular disease diagnosis and treatment at the time of the survey (**Figure 9.4**). Among facility types, the availability of guidelines ranged from 22% at lower clinics to 66% at the general hospitals. There was no difference in the availability of guidelines for the diagnosis and management of cardiovascular disease between the public facilities (49%) and the private facilities (47%) (**Table 9.3**).

There are regional differences in the availability of guidelines, with the highest in Addis Ababa (79%) and the lowest (26%) in the Somali Region. The guideline availability also differs between urban and rural areas. Fifty-two percent of urban facilities and 43% of rural facilities had guidelines for the diagnosis and treatment of cardiovascular diseases (**Table 9.3**).

Trained staff: Among all facilities that offer services for cardiovascular diseases, only 16%

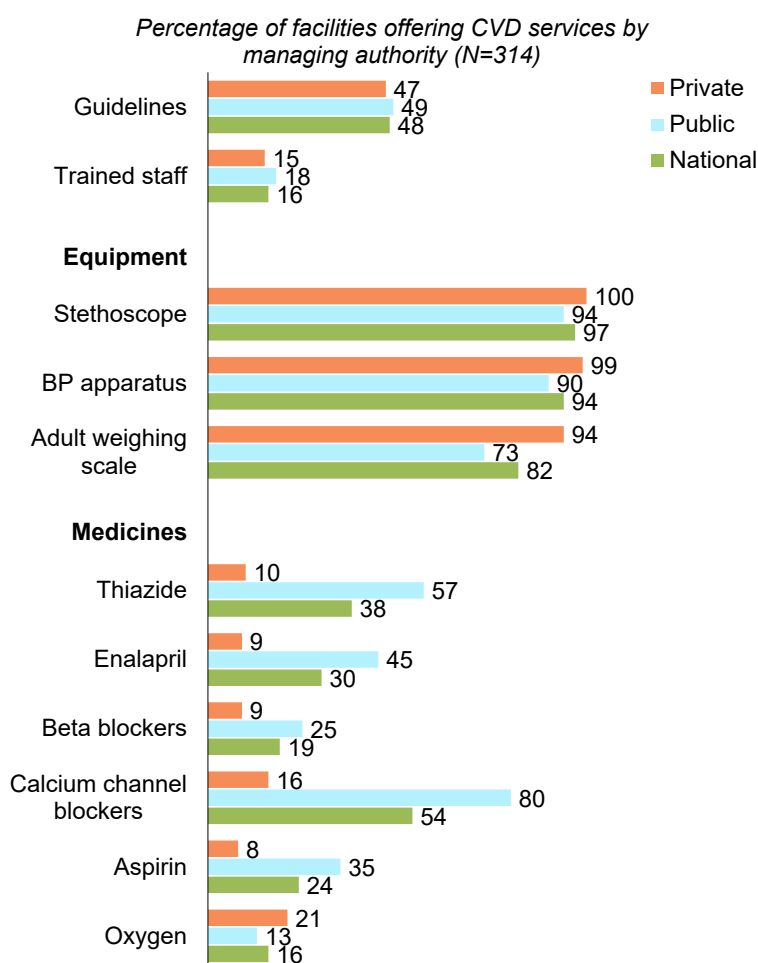
had trained staff, defined as at least one interviewed provider of cardiovascular diseases services who reported receiving in service training in CVD service during the 24 months before the survey (**Figure 9.4**). General hospitals had the highest percentage of trained staff (51%), while in lower clinic, the availability of trained staff was almost zero (**Table 9.3**). There were regional differences in the availability of trained staff for cardiovascular diseases diagnosis and management (8% in Gambela to 44% in the Dire Dawa Region) (**Table 9.3**).

Equipment: Most health facilities that offer services for cardiovascular diseases had equipment that supports and enhances such services. Nearly all health facilities (97%) had a stethoscope, 94% had a blood pressure apparatus, and 82% had an adult scale (**Figure 9.4**). The availability of a blood pressure (BP) apparatus is highest at medium and higher clinics (100%) and lowest at the primary hospitals (88%). A higher percentage of private health facilities have a BP apparatus (99%) than the public health facilities (90%). There were regional differences in the availability of BP apparatus, with the highest in Harari (100%) and the lowest in the SNNP and Sidama regions (85% each).

Availability of Essential Medicines and Commodities for Cardiovascular Diseases

Essential medicines: Among all facilities that offer services for cardiovascular diseases, 30%, 38%, 54%, and 19% had ACE inhibitors (enalapril), thiazide diuretics, calcium channel blockers

Figure 9.4 Items that support quality provision of services for cardiovascular diseases (CVDs) by managing authority



(amlodipine/nelidipine), and beta blockers (atenolol), respectively (**Figure 9.4**). Only 16% of facilities had oxygen (in cylinder or concentrators or an oxygen distribution system).

Hospitals had greater availability of cardiovascular drugs than other facility types, with the availability of calcium channel blockers ranging from 3% in lower clinics to 97% in general hospitals. The availability of calcium channel blockers varied among regions from 34% in Addis Ababa to 67% in SNNP, was significantly higher in the public settings (80%) than in the private setting (16%), and higher in rural facilities (65%) than in urban facilities (44%) (**Table 9.4**).

There was improved availability of thiazide diuretics in hospitals than in other facilities with ranges from 81% to 87%, higher in public health facilities (57%) than private health facilities (10%), and variable among regions from 17% in the Sidama Region to 58% in Afar Region (17%) (**Table 9.4**).

General hospitals have the greatest availability of ACE inhibitors (82%). The availability of ACE inhibitors is higher in public health facilities (45%) than in private health facilities (9%), and higher in Dire Dawa (46%) and the lowest in Sidama (22%). As expected, the highest availability of beta blockers was in referral and general hospitals (81% each), while the lowest availability was in the lower clinics at zero (**Table 9.4**).

The availability of aspirin is highest at the general hospital level (89%), and lowest at lower clinics (almost zero), and higher in public health facilities (35%) than in the private health facilities (8%). There are also regional differences in the availability of aspirin with the highest in Harari (41%) and the lowest in Sidama (12%). The availability of oxygen was highest at the referral hospital level (64%) and lowest in lower clinics (1%). Private health facilities have higher availability of oxygen (21%) than the private health facilities (13%). There are also regional differences in the availability of oxygen with the highest in Dire Dawa (57%) and the lowest in Gambela (2%) (**Table 9.4**).

9.3.4 Readiness to Provide Quality Chronic Respiratory Diseases Services

Service Availability for Chronic Respiratory Diseases

Nationwide, excluding health posts, eight in ten facilities provide diagnosis, prescribe treatment, and manage patients with chronic respiratory disease. Chronic respiratory disease services (CRDs) provided by all facilities ranged from 48% at the lower level clinics to 98% at general and primary hospitals. Nearly nine in ten public facilities and seven to ten private facilities provide CRDs. Among the regions, the lowest availability of CRDs was in the Benishangul Gumuz Region (43%) and the highest (93%) in Sidama (**Table 9.5**).

Guidelines, Trained Staff and Equipment for Chronic Respiratory Diseases

Guidelines: Overall, the availability of chronic respiratory disease guidelines is 46% for all facilities that offer chronic respiratory disease services (**Figure 9.5**). This varies in facility type with the lowest (21%) in the specialty/higher clinics and the highest (65%) in referral hospitals. There were significant differences across regions, which ranged from 21% in the Somali Region to 72% in Addis Ababa. There was also variation in urban vs. rural areas, with 51% of urban facilities and 40% of rural facilities having guidelines for the diagnosis and treatment of chronic respiratory disease. There is only a small difference between the public and private health facilities (**Table 9.5**).

Trained staff: Among all facilities that offer services for chronic respiratory diseases, only 17% of

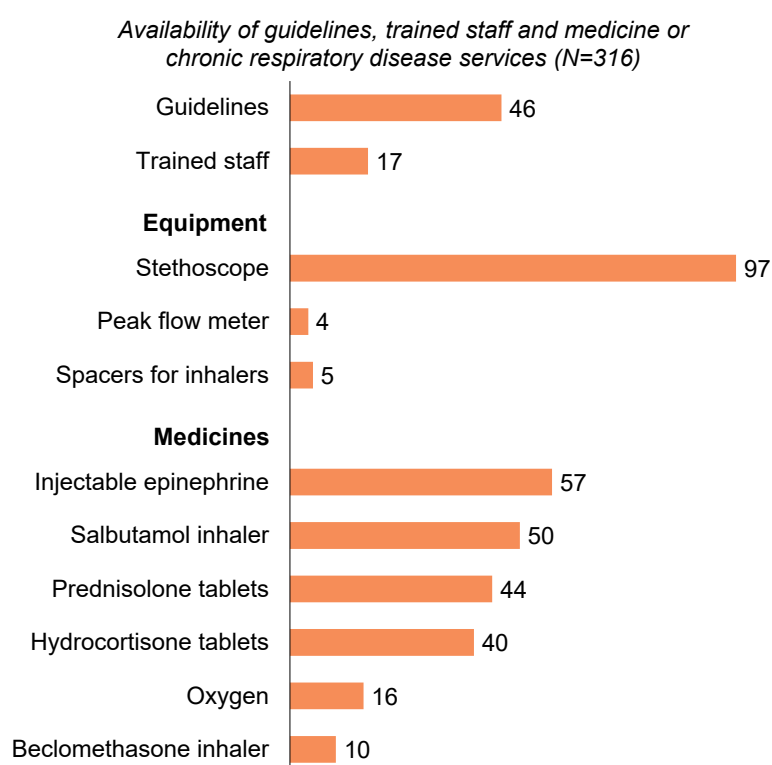
had trained staff (at least one interviewed provider of chronic respiratory diseases services reported in-service training during the 24 months before the survey) on chronic respiratory diseases (**Figure 9.5**). General hospitals (44%) had the highest percentage of trained staff, while higher (speciality) clinics had the lowest (4%) of trained staff. Public health facilities have a higher proportion of staff trained on CRDs (22%) than the private health facilities (10%). There are variations among regions with the lowest (10%) in Oromia and the highest (41%) in the Somali Region (**Table 9.5**).

Equipment: Among all facilities that offer services for chronic respiratory diseases, almost all (97%) facilities have a stethoscope, but only 4% had a peak flow meter and 5% had spacers for inhalers. The availability of equipment varied by the type of facility; the highest availability of a peak flow meter (32%) was found in the referral hospitals and the lowest (only 1%) in the lower clinics (**Table 9.5**). The availability of a peak flow meter was higher in the private health facilities (6%) than in the public health facilities (3%). There is also regional variation in the availability of peak flow meters, with the highest availability in Addis Ababa (12%) and the lowest availability in Gambela (almost zero). The availability of spacers for inhalers is highest in speciality (higher) clinics (54%) and lowest in the lower clinics (1%). The availability of spacers for inhalers was higher in private health facilities (7%) than public health facilities (3%). There is also regional variation in the availability of spacers for inhalers with the highest in Addis Ababa (21%) and the lowest in the Gambela and Afar regions (almost zero).

Availability of Essential Medicines and Commodities for Chronic Respiratory Diseases

Essential medicines: Among all health facilities that offer chronic respiratory diseases diagnosis and management services, five in ten facilities had salbutamol inhalers or tablets, one in ten facilities had a beclomethasone inhaler, 44% had prednisolone tablets, four in ten facilities had hydrocortisone injections, and 57% of facilities had injectable epinephrine (**Figure 9.5**). However, although oxygen (in cylinder or concentrator or an oxygen distribution system) is essential for the treatment of patients with chronic

Figure 9.5 Items to support quality provision of services for chronic respiratory diseases



respiratory diseases, oxygen is only available in 16% of the facilities that offer chronic respiratory diseases diagnosis and management services (**Table 9.6**).

The availability of essential medicines and commodities for chronic respiratory diseases varies among facility types, with better availability in hospitals than in the health centres and clinics. The availability of tracer drugs (beclomethasone inhaler) is highest in referral hospitals (74%), and lowest in lower clinics (almost zero). The availability of a salbutamol inhaler is highest in primary hospitals (96%) than in the lower clinics (3%). Availability of medicines is greater in the public health facilities than in the private health facilities. For example, public health facilities have more (13%) beclomethasone inhalers than private health facilities (6%), and more salbutamol inhalers or tablets (74%) than private health facilities (17%).

There was variation among regions on the availabilities of essential CRD medicines, with the availability of the tracer drugs highest in Somali Region (20%) and lowest in Oromia (5%). Availability of other medicines such as salbutamol inhaler or tablets ranged from 34% in Sidama to 70% in the Afar Region; prednisolone tablets ranged from 29% in Addis Ababa to 62% in the Benishangul Gumuz Region; and injectable epinephrine ranged from 37% in Dire Dawa to 70% in SNNP. The urban-rural distribution showed great variation, with improved availability of medicines in rural areas vs. urban areas, except for the beclomethasone inhaler and oxygen (**Table 9.6**).

9.3.5 Readiness to Provide Services for Cancer

Service Availability for Cancer

Overall, 28% of facilities offer services for cancer. The services vary by the type of health facilities, with ranges from the lowest (12%) in lower clinics to the highest 85% in general hospitals. The availabilities of cancer services also varied across regions from the lowest (5%) in Benishangul Gumuz to the highest (69%) in the Dire Dawa Region. Forty percent of facilities in urban areas and 27% in rural areas offer diagnosis, prescribe treatment, or manage patients with cancer (**Table 9.7**).

Guidelines, Trained Staff, and Equipment for Cancer

Guidelines: Overall, the availability of guidelines for cancer service is low. Only 39% of facilities have guidelines for the diagnosis and management of cancer services. The availabilities of the guidelines vary by the type of health facilities, regions, managing authorities, regions, and urban-rural locations. The highest availability of guidelines is at general hospitals (54%) and the lowest availability at the lower clinics (20%). Forty-three percent of public health facilities have guidelines versus 34% of the private health facilities. Fifty-three percent of health facilities in Addis Ababa had guidelines, while the availability is almost zero in the Gambela Region. Forty-two percent of facilities in urban areas and one-third of facilities in rural areas had guidelines for the management of patients with cancer (**Table 9.7**).

Trained staff: Nationally, 22% of facilities had trained staff for the diagnosis and management of cancer. There are differences in the availability of trained staff for cancer diagnosis and management, with 26% of public and 16% of private facilities having staff trained for the diagnosis and management of cancer. There are also differences in the availability of trained staff by type of health facilities with ranges from zero in the speciality and lower clinics to 44% in the referral hospitals. There are also regional differences with 41% of health facilities in SNNP having trained staff, while this was close to zero in the Harari, Gambela, and Benishangul regions. Twenty-five percent of urban facilities and 16% of rural facilities have trained staff who manage patients with cancer (**Table 9.7**).

Equipment: Nationally, only 2% of facilities that offer cancer services have a CT scan. There is an ultrasound system available in only three in ten facilities. Almost all hospitals have an ultrasound system. Half of the private facilities have an ultrasound machine, while only 17% of public facilities have this

machine. The availability of ultrasound machines varies among regions, from 8% in Gambela to 66% in the Afar Region (Table 9.7).

9.3.6 Readiness to Provide Services for Mental Illness

Service Availability for Mental Illness

Overall, 22% of facilities offer services for the diagnosis and management of mental illness. The availability of services varies by facility type, managing authority, regions, and urban-rural location. The availability of services ranged from 3% in lower clinics to the highest (91%) in referral hospitals. Public facilities had better availability of services (nearly three in ten) compared to the private facilities (14%). Among regions, the service availability ranged from 3% in the Benishangul Gumuz and Gambela regions to 35% in Addis Ababa. Nearly one-third of facilities in urban areas and two in ten facilities in rural areas provide services for mental illness (Table 9.8).

Guidelines and Trained Staff for Mental Illness

The quality of health services depends in part on the availability of guidelines and staff with current training. Table 9.8 reports the extent to which these items were available in facilities that offer mental illness services.

Guidelines: Nationally, the availability of guidelines related to services for the diagnosis and management of mental illness is 48%. The highest availability of services for mental illness is in referral hospitals (69%), while it is almost zero in the lower and speciality/higher clinics. Among regions, the availability of guidelines ranges from the lowest (30%) in Sidama to the highest (100%) in the Afar Region. Public facilities (58%) have more guidelines than the private health facilities (27%) (Table 9.8).

Trained staff: Nationally, the availability of trained staff among health facilities that offer mental illness services is 22%. Among facilities, the highest availability is in referral hospitals (69%), and the lowest (almost zero) is in the lower and speciality/higher clinics. The availability of trained staff on the diagnosis and management of mental illness ranges from the lowest (10%) in Oromia to the highest (100%) in the Afar Region. Public facilities have more trained staff (29%) than the private health facilities (8%). Facilities in urban areas had more trained staff (25%) than facilities in rural areas (only 17%) (Table 9.8).

9.3.7 Readiness to Provide Quality Chronic Renal Diseases Service

Availability of Services for Chronic Kidney Diseases

Among health facilities, excluding health posts, 57% provide services for chronic kidney diseases (CKDs). Of those health facilities that provide CKDs services, 63% are from urban areas, while 49% are from rural areas. Referral hospitals provide the higher proportion of CKDs services (97%), while lower clinics provide a lower percentage of CKDs services (20%). Among regions, Dire Dawa provides the most CKDs services (82%), while the least CKD services are available in the Benishangul Gumuz Region (12%). Public health facilities are more likely to provide CKDs services (90%) than the private health facilities (66%) (Table 9.9).

Guidelines, Trained Staff, and Renal Function Test for Chronic Renal (Kidney) Diseases

Guidelines: Among all facilities that offer services for chronic renal diseases, 44% had guidelines for the diagnosis and management of chronic renal diseases. There is variation by facility type with ranges from 30% in the speciality/higher clinics to 61% in the referral hospitals. Public hospitals have a higher proportion of guidelines on CKD (50%) than the private facilities (37%). Among regions, the lowest availability of guidelines for diagnosis and management of CKDs is in the Afar Region (13%) and the highest is in the Benishangul Region (69%) (Table 9.9).

Trained Staff: Only 12% of facilities that offer chronic renal diseases services have trained staff (at least one interviewed provider of chronic renal diseases in the facility who reported having received in-service training in some aspect of chronic renal diseases during the 24 months before the survey). The availability of trained staff varies by health facility types, regions, facility ownerships, regions, and urban-rural areas. The trained staff was highly concentrated in hospitals (32%) and public health facilities (17%). Among regions, the range was 1% in the Oromia Region to 37% in the Benishangul Gumuz Region (**Table 9.9**).

Renal function tests: Only three in ten facilities offer renal function tests. Almost all hospitals provide renal function tests, with ranges from 62% in primary hospitals to 97% in the referral hospitals. Half of private facilities offer renal function tests, while only 17% public facilities provide such renal tests. The availability of renal function test varies among regions, with ranges from 18% in Gambela to 75% in the Addis Ababa Region (**Table 9.9**).

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Table 9.1a Service availability for non-communicable diseases

Among all facilities, excluding health posts, the percentages that offer services for non-communicable diseases, by background characteristics, Ethiopia SPA 2021–22

Background characteristics	Percentage of facilities that offer services for NCD:						Number of facilities excluding health posts
	Percentage of facilities that offer services for diabetes ¹	Percentage of facilities that offer services for cardiovascular diseases ²	Percentage of facilities that offer services for chronic respiratory diseases ³	Percentage of facilities that offer services for cancer diseases ⁴	Percentage of facilities that offer services for mental illness ⁵	Percentage of facilities that offer services for chronic renal diseases ⁶	
Facility type							
Referral hospital	94	97	97	84	91	97	2
General hospital	98	98	98	85	84	96	7
Primary hospital	98	98	98	62	78	85	15
Health centre	82	90	88	28	24	49	181
Specialty/higher clinic	96	76	85	48	12	96	7
Medium clinic	89	82	87	34	22	60	92
Lower clinic	53	47	48	12	3	20	97
Managing authority							
Public	83	90	88	31	29	53	205
Private	73	66	69	26	14	43	198
Region							
Afar	79	80	76	13	4	52	7
Amhara	83	77	82	33	18	58	95
Oromia	83	87	82	22	20	42	152
Somali	85	81	81	31	20	69	15
Benishangul Gumuz	48	53	43	5	3	12	7
SNNP	55	60	64	26	29	33	68
Sidama	84	86	93	41	27	59	13
Gambela	54	37	51	9	3	21	9
Harari	77	73	70	23	27	40	2
Addis Ababa	92	88	90	54	35	74	33
Dire Dawa	91	91	91	69	31	82	3
Urban/Rural							
Urban	84	81	82	34	25	55	212
Rural	71	75	75	22	18	40	191
National	78	78	79	28	22	48	403

¹ Providers in the facility diagnose, prescribe treatment, or manage patients with diabetes.² Providers in the facility diagnose, prescribe treatment, or manage patients with cardiovascular diseases.³ Providers in the facility diagnose, prescribe treatment, or manage patients with respiratory disease.⁴ Providers in the facility diagnose, prescribe treatment, or manage patients with cancer.⁵ Providers in the facility diagnose, prescribe treatment, or manage patients with mental illness.⁶ Providers in the facility diagnose, prescribe treatment, or manage patients with renal disease.

Table 9.1b Service availability for non-communicable diseases

Among all facilities, excluding health posts, which provide non-communicable disease (NCD) services, the percentages that offer only diagnostic services for non-communicable diseases, by background characteristics, Ethiopia SPA 2021–22

Background characteristics	Percentage of facilities that offer only diagnostic services for NCD:						Number of facilities
	Percentage of facilities that offer only diagnostic services for diabetes	Percentage of facilities that offer only diagnostic services for cardiovascular diseases	Percentage of facilities that offer only diagnostic services for chronic respiratory diseases	Percentage of facilities that offer only diagnostic services for cancer diseases	Percentage of facilities that offer only diagnostic services for mental illness	Percentage of facilities that offer only diagnostic services for chronic renal diseases	
Facility type							
Referral hospital	3	3	3	26	13	13	2
General hospital	11	8	9	45	11	13	7
Primary hospital	5	7	6	50	8	24	15
Health centre	37	28	21	26	10	29	170
Specialty/higher clinic	3	36	34	48	13	16	7
Medium clinic	37	37	31	34	22	41	83
Lower clinic	83	75	64	20	5	28	54
Managing authority							
Public	35	27	21	28	10	29	191
Private	50	49	41	31	15	33	147
Region							
Afar	10	17	8	12	1	29	6
Amhara	51	39	36	38	12	46	79
Oromia	44	40	28	22	13	23	136
Somali	22	26	27	13	0	24	13
Benishangul Gumuz	59	52	28	0	0	21	4
SNNP	33	30	27	31	16	23	48
Sidama	46	37	43	37	17	37	13
Gambela	46	31	30	14	2	15	6
Harari	8	13	4	21	4	17	1
Addis Ababa	34	31	29	50	14	41	30
Dire Dawa	19	34	24	40	4	23	3
Urban/Rural							
Urban	38	36	31	33	15	33	182
Rural	45	37	28	24	8	28	156
National	42	36	30	29	12	31	338

Table 9.1c. Service availability for non-communicable diseases

Among all facilities, excluding health posts, which provide non-communicable disease (NCD) services, the percentages that offer only treatment services for non-communicable diseases, by background characteristics, Ethiopia SPA 2021–22

Background characteristics	Percentage of facilities that offer only treatment services for NCD:						Number of facilities
	Percentage of facilities that offer only treatment services for diabetes	Percentage of facilities that offer only treatment services for cardiovascular diseases	Percentage of facilities that offer only treatment services for chronic respiratory diseases	Percentage of facilities that offer only treatment services for cancer diseases	Percentage of facilities that offer only treatment services for mental illness	Percentage of facilities that offer only treatment services for chronic renal diseases	
Facility type							
Referral hospital	0	0	0	0	0	0	2
General hospital	0	0	0	2	0	0	7
Primary hospital	2	1	1	1	0	1	15
Health centre	1	1	1	0	1	1	170
Specialty/higher clinic	0	0	0	0	0	33	7
Medium clinic	0	0	1	0	0	2	83
Lower clinic	1	3	5	0	0	3	54
Managing authority							
Public	1	1	1	0	1	1	191
Private	1	1	2	0	0	4	147
Region							
Afar	8	4	10	4	0	9	6
Amhara	1	2	0	0	0	4	79
Oromia	0	1	1	0	0	2	136
Somali	0	3	0	4	0	0	13
Benishangul Gumuz	0	4	4	0	0	0	4
SNNP	0	0	4	0	2	0	48
Sidama	0	0	0	0	0	0	13
Gambela	5	0	5	0	0	2	6
Haran	0	0	0	0	0	0	1
Addis Ababa	3	1	3	0	1	7	30
Dire Dawa	0	0	0	0	0	0	3
Urban/Rural							
Urban	1	1	2	0	1	3	182
Rural	1	1	2	0	0	2	156
National	1	1	2	0	0	2	338

Table 9.1 Guidelines, trained staff, and equipment for diabetes services

Among all facilities, excluding health posts, which provide non-communicable disease (NCD) services, the percentages that offer services for diabetes and, among facilities that offer services for diabetes, the percentages having guidelines, at least one staff member recently trained on diabetes, and the indicated equipment observed to be available either at the service site or the facility on the day of the survey, by background characteristics, Ethiopia SPA 2021–22

Background characteristics	Percentage of facilities that offer services for diabetes ¹	Number of facilities	Percentage of facilities that offer services for diabetes that have:		Equipment			Number of facilities that offer services for diabetes
			Guidelines for the diagnosis and management of diabetes	Trained staff ²	Glucometer	Adult weighing scale	Height board or stadiometer	
Facility type								
Referral hospital	97	2	70	47	100	90	77	2
General hospital	100	7	69	54	98	78	62	7
Primary hospital	100	15	50	29	95	83	73	15
Health centre	87	170	52	16	79	72	58	149
Specialty/higher clinic	100	7	19	3	45	100	47	7
Medium clinic	100	83	58	15	91	95	56	83
Lower clinic	95	54	34	0	10	89	37	52
Managing authority								
Public	89	191	52	18	81	73	57	169
Private	98	147	49	10	60	93	51	144
Region								
Afar	96	6	39	25	69	90	60	5
Amhara	100	79	61	20	74	87	54	79
Oromia	93	136	50	5	67	74	48	126
Somali	97	13	33	18	68	94	53	12
Benishangul Gumuz	92	4	49	31	74	100	78	3
SNNP	79	48	35	10	67	82	57	37
Sidama	86	13	41	17	72	72	63	11
Gambela	82	6	24	16	39	74	48	5
Harari	96	1	39	48	78	91	61	1
Addis Ababa	100	30	62	34	95	99	73	30
Dire Dawa	100	3	57	44	85	73	76	3
Urban/Rural								
Urban	98	182	56	17	79	84	58	178
Rural	87	156	42	12	61	80	49	136
National	93	338	50	15	72	82	55	314

Note: The indicators in this table are the staff, training, and equipment domains for assessing readiness to provide services for diabetes within the health facility assessment methodology proposed by WHO and USAID 2012.

¹ Providers in the facility diagnose, prescribe treatment, or manage patients with diabetes.

² At least one interviewed provider of diabetes services reported receiving in-service training in diabetes services during the 24 months before the survey. The training must have involved structured sessions, and does not include individual instructions that a provider might have received during routine supervision.

Table 9.2 Diagnostic capacity and essential medicines for diabetes

Among facilities that offer services for diabetes, the percentages that indicated diagnostic capacity and essential medicines observed at the service site on the day of the survey, by background characteristics, Ethiopia SPA 2021–22

Background characteristics	Diagnostic capacity			Medicines				Number of facilities that offered services for diabetes
	Blood glucose ¹	Urine protein ²	Urine glucose ³	Metformin	Glibenclamide	Injectable insulin	Injectable glucose solution	
Facility type								
Referral hospital	100	100	97	83	90	90	47	2
General hospital	100	98	98	86	87	89	43	7
Primary hospital	94	89	88	86	89	74	29	15
Health centre	71	69	67	47	54	17	24	149
Specialty/higher clinic	45	67	67	3	4	3	3	7
Medium clinic	90	74	74	11	8	11	12	83
Lower clinic	10	9	9	2	2	2	5	52
Managing authority								
Public	74	71	70	49	56	24	26	169
Private	59	51	51	11	10	9	9	144
Region								
Afar	64	49	53	43	45	19	40	5
Amhara	71	59	59	33	36	18	21	79
Oromia	60	57	56	28	37	11	9	126
Somali	65	37	38	56	27	27	23	12
Benishangul Gumuz	66	79	79	17	28	27	51	3
SNNP	68	72	69	38	36	21	22	37
Sidama	66	64	63	23	26	18	33	11
Gambela	39	52	52	17	15	10	29	5
Harari	78	91	91	57	57	43	13	1
Addis Ababa	92	86	85	29	30	29	28	30
Dire Dawa	79	81	81	48	44	40	22	3
Urban/Rural								
Urban	77	69	68	32	29	21	19	178
Rural	54	53	52	32	42	12	18	136
National	67	62	61	32	35	17	18	314

Note: The indicators presented in this table are the diagnostics, medicines, and commodities domains for assessing readiness to provide services for diabetes within the health facility assessment methodology proposed by WHO and USAID 2012.

¹ Facility had a functioning glucometer and unexpired glucose test strips in the facility on the day of the survey.

² Facility had unexpired urine dipsticks for testing for urine protein available in the facility on the day of the survey.

³ Facility had unexpired urine dipsticks for testing for urine glucose available in the facility on the day of the survey.

Table 9.3 Guidelines, trained staff, and equipment for cardiovascular diseases

Among all facilities, excluding health posts, which provide non-communicable disease (NCD) services, the percentages that offer services for cardiovascular diseases and, among facilities that offer services for cardiovascular diseases, the percentages with guidelines, at least one staff member recently trained on cardiovascular diseases, and the indicated equipment observed to be available at the service site on the day of the survey, by background characteristics, Ethiopia SPA 2021–22

Background characteristics	Percentage of facilities that offer services for cardiovascular diseases ¹	Number of facilities	Percentage of facilities that offer services for cardiovascular diseases that have:		Equipment			Number of facilities that offer services for cardiovascular diseases
			Guidelines for diagnosis and management of cardiovascular diseases	Trained staff ²	Stethoscope	Blood pressure apparatus ³	Adult scale	
Facility type								
Referral hospital	100	2	61	45	97	97	87	2
General hospital	99	7	66	51	96	95	78	7
Primary hospital	100	15	47	26	98	88	82	15
Health centre	96	170	49	17	94	90	72	163
Specialty/higher clinic	78	7	23	4	100	100	100	5
Medium clinic	92	83	62	20	100	100	95	76
Lower clinic	84	54	22	0	100	97	93	46
Managing authority								
Public	96	191	49	18	94	90	73	184
Private	89	147	47	15	100	99	94	130
Region								
Afar	96	6	40	28	100	96	92	5
Amhara	93	79	59	17	100	98	86	73
Oromia	97	136	42	9	97	94	75	132
Somali	92	13	26	23	96	93	95	12
Benishangul Gumuz	100	4	55	32	98	96	100	4
SNNP	86	48	35	13	90	85	79	41
Sidama	88	13	42	34	84	85	73	11
Gambela	56	6	35	8	100	96	63	3
Harari	92	1	36	32	100	100	86	1
Addis Ababa	96	30	79	35	99	97	99	29
Dire Dawa	100	3	55	44	98	96	73	3
Urban/Rural								
Urban	94	182	52	21	96	94	84	171
Rural	92	156	43	11	98	93	78	143
National	93	338	48	16	97	94	82	314

Note: The indicators presented in this table are the staff, training, and equipment domains for assessing readiness to provide services for cardiovascular diseases within the health facility assessment methodology proposed by WHO and USAID 2012.

¹ Providers in the facility diagnose, prescribe treatment, or manage patients with cardiovascular diseases.

² At least one interviewed provider of cardiovascular diseases services reported receiving in-service training in cardiovascular diseases during the 24 months before the survey. The training must have involved structured sessions, and does not include individual instruction that a provider might have received during routine supervision.

³ Functioning digital BP machine or manual sphygmomanometer with stethoscope.

Table 9.4. Availability of essential medicines and commodities for cardiovascular diseases

Among facilities that offer services for cardiovascular diseases, the percentages with essential medicines and commodities observed at the service site on the day of the survey, by background characteristics, Ethiopia SPA 2021–22

Background characteristics	Percentage of facilities that offer services for cardiovascular diseases that have the indicated medicines and commodities							Number of facilities that offer services for cardiovascular diseases
	ACE inhibitors (enalapril)	Thiazide	Beta blockers (atenolol)	Calcium channel blockers (Amlodipine/nifedipine)	Aspirin	Simvastatin/atorvastatin	Oxygen ¹	
Facility type								
Referral hospital	81	81	81	90	87	55	68	2
General hospital	82	82	81	97	89	52	41	7
Primary hospital	79	87	74	94	80	44	50	15
Health centre	43	56	21	81	30	7	10	163
Specialty/higher clinic	4	3	4	4	4	4	55	5
Medium clinic	6	8	8	17	8	10	26	76
Lower clinic	1	1	0	3	0	1	1	46
Managing authority								
Public	45	57	25	80	35	10	13	184
Private	9	10	9	16	8	10	21	130
Region								
Afar	27	58	28	66	30	8	27	5
Amhara	44	45	23	60	38	10	15	73
Oromia	26	41	14	50	15	8	9	132
Somali	25	30	46	64	32	10	14	12
Benishangul Gumuz	31	33	16	46	32	0	43	4
SNNP	24	26	13	67	23	12	7	41
Sidama	22	17	16	52	12	8	24	11
Gambela	40	20	9	47	17	2	2	3
Harari	36	45	55	50	41	9	18	1
Addis Ababa	26	30	20	34	27	19	50	29
Dire Dawa	46	37	42	48	37	15	57	3
Urban/Rural								
Urban	26	31	21	44	28	15	25	171
Rural	35	45	16	65	19	4	6	143
National	30	38	19	54	24	10	16	314

Note: The indicators presented in this table are the medicines and commodities domain for assessing readiness to provide services for cardiovascular diseases within the health facility assessment methodology proposed by WHO and USAID 2012.

¹ In cylinders or concentrators or an oxygen distribution system.

Table 9.5 Guidelines, trained staff, and equipment for chronic respiratory diseases

Among all facilities, excluding health posts, which provide non-communicable disease (NCD) services, the percentages that offer services for chronic respiratory diseases and, among the facilities that offer services for chronic respiratory diseases, the percentages with guidelines, at least one staff member recently trained on chronic respiratory diseases, and the indicated equipment observed to be available at the service site on the day of the survey, by background characteristics, Ethiopia SPA 2021–22

Background characteristics	Percentage of facilities that offer services for chronic respiratory diseases ¹	Number of facilities	Percentage of facilities that offer services for chronic respiratory diseases that have:					Number of facilities that offer services for chronic respiratory diseases
			Guidelines for diagnosis and management of chronic respiratory diseases	Trained staff ²	Stethoscope	Peak flow meter	Spacers for inhalers	
Facility type								
Referral hospital	100	2	65	35	97	32	29	2
General hospital	100	7	62	44	95	20	19	7
Primary hospital	99	15	46	26	98	12	8	15
Health centre	94	170	48	22	95	2	2	159
Specialty/higher clinic	88	7	21	4	100	3	54	6
Medium clinic	97	83	56	11	100	8	6	80
Lower clinic	86	54	25	6	100	1	1	47
Managing authority								
Public	94	191	47	22	95	3	3	180
Private	93	147	45	10	100	6	7	136
Region								
Afar	92	6	30	14	100	1	0	5
Amhara	98	79	54	21	100	3	3	77
Oromia	92	136	43	10	97	4	4	125
Somali	92	13	21	41	96	5	5	12
Benishangul Gumuz	82	4	55	32	98	11	5	3
SNNP	92	48	34	15	93	1	1	44
Sidama	95	13	42	28	85	7	9	12
Gambela	77	6	25	20	99	0	0	4
Harari	88	1	43	24	100	10	14	1
Addis Ababa	97	30	72	24	99	12	21	30
Dire Dawa	100	3	57	27	98	2	8	3
Urban/Rural								
Urban	95	182	51	17	96	6	8	173
Rural	91	156	40	17	99	2	2	143
National	94	338	46	17	97	4	5	316

Note: The indicators presented in this table are the staff, training, and equipment domains for assessing readiness to provide services for chronic respiratory diseases within the health facility assessment methodology proposed by WHO and USAID 2012.

¹ Providers in the facility diagnose, prescribe treatment, or manage patients with chronic respiratory diseases.

² At least one interviewed provider of service for chronic respiratory diseases reported receiving in-service training in chronic respiratory diseases during the 24 months before the survey. The training must have involved structured sessions and does not include individual instruction that a provider might have received during routine supervision.

Table 9.6 Availability of essential medicines and commodities for chronic respiratory diseases

Among facilities that offer services for chronic respiratory diseases, the percentages having the indicated essential medicines and commodities observed at the service site on the day of the survey, by background characteristics, Ethiopia SPA 2021–22

Background characteristics	Percentage of facilities that offer services for chronic respiratory diseases that have the indicated medications and commodities						Number of facilities that offer services for chronic respiratory diseases
	Salbutamol inhaler or tablets	Beclomethasone inhaler	Prednisolone tablets	Hydrocortisone injection	Injectable epinephrine	Oxygen ¹	
Facility type							
Referral hospital	90	74	87	71	94	68	2
General hospital	92	60	95	77	85	40	7
Primary hospital	96	57	93	77	89	50	15
Health centre	72	8	66	55	79	10	159
Specialty/higher clinic	5	2	4	4	3	59	6
Medium clinic	23	4	14	20	28	24	80
Lower clinic	3	0	1	5	27	1	47
Managing authority							
Public	74	13	68	57	80	13	180
Private	17	6	12	17	28	21	136
Region							
Afar	70	9	42	38	64	29	5
Amhara	57	13	55	39	60	16	77
Oromia	49	5	37	43	58	10	125
Somali	58	20	53	47	45	14	12
Benishangul Gumuz	50	11	62	30	46	52	3
SNNP	46	16	51	33	70	7	44
Sidama	34	8	45	29	43	20	12
Gambela	40	13	30	20	52	6	4
Harari	62	14	57	38	52	19	1
Addis Ababa	39	6	29	42	42	47	30
Dire Dawa	50	12	50	41	37	57	3
Urban/Rural							
Urban	42	12	34	39	47	24	173
Rural	58	7	56	40	70	7	143
National	50	10	44	40	57	16	316

Note: The indicators presented in this table are the medicines and commodities domain for assessing readiness to provide services for chronic respiratory diseases within the health facility assessment methodology proposed by WHO and USAID 2012.

¹ In cylinders or concentrators or an oxygen distribution system.

Table 9.7 Guidelines and trained staff for cancer diseases

Among all facilities, excluding health posts, which provide non-communicable disease (NCD) services, the percentages that offer services for cancer diseases and, among the facilities that offer services for cancer diseases, the percentages with guidelines, at least one staff member recently trained on cancer diseases, and the indicated equipment observed to be available in the facility on the day of the survey, by background characteristics, Ethiopia SPA 2021–22

Background characteristics	Percentage of facilities that offer services for cancer diseases ¹	Number of facilities	Percentage of facilities that offer services for cancer diseases that have:		Equipment		Number of facilities that offer services for cancer diseases
			Guidelines for diagnosis and management of cancer diseases	Trained staff ²	CT scan	Ultrasound system/machine	
Facility type							
Referral hospital	87	2	52	44	33	85	2
General hospital	86	7	54	37	17	96	6
Primary hospital	63	15	37	18	2	86	9
Health centre	30	170	42	25	0	3	50
Specialty/higher clinic	50	7	29	0	2	34	3
Medium clinic	38	83	38	23	0	57	31
Lower clinic	21	54	20	0	0	0	12
Managing authority							
Public	33	191	43	26	1	17	63
Private	35	147	34	16	2	48	51
Region							
Afar	16	6	13	13	0	66	1
Amhara	40	79	44	12	1	15	31
Oromia	24	136	30	17	1	35	33
Somali	36	13	14	15	1	18	5
Benishangul Gumuz	9	4	19	0	0	38	0
SNNP	37	48	39	41	1	33	17
Sidama	42	13	40	23	3	41	5
Gambela	14	6	0	0	0	8	1
Harari	29	1	14	0	0	71	0
Addis Ababa	58	30	53	30	4	48	18
Dire Dawa	75	3	46	28	9	62	2
Urban/Rural							
Urban	40	182	42	25	3	47	72
Rural	27	156	33	16	0	5	42
National	34	338	39	22	2	31	114

Note: The indicators presented in this table are the staff, training, and equipment domains for assessing readiness to provide services for cancer diseases within the health facility assessment methodology proposed by WHO and USAID 2012.

¹ Providers in the facility diagnose, prescribe treatment, or manage patients with cancer diseases.

² The respondent reported that he/she or someone else in the facility had received in-service training in cancer diseases during the 24 months before the survey. The training must have involved structured sessions, and does not include individual instruction that a provider might have received during routine supervision.

Table 9.8 Guidelines and trained staff for mental, neurological, and substance use disorders

Among all facilities, excluding health posts, which provide non-communicable disease (NCD) services, the percentages that offer services for mental, neurological, and substance use disorders and, among the facilities that offer services for mental, neurological, and substance use disorders, the percentages with guidelines, at least one staff member recently trained on mental, neurological, and substance use disorders, by background characteristics, Ethiopia SPA 2021–22

Background characteristics	Percentage of facilities that offer services for mental, neurological, and substance use disorders ¹	Number of facilities	Percentage of facilities that offer services for mental illness services that have:		Number of facilities that offer services for mental, neurological, and substance use disorders
			Guidelines for diagnosis and management of mental, neurological, and substance use disorders	Trained staff ²	
Facility type					
Referral hospital	94	2	69	69	2
General hospital	85	7	59	49	6
Primary hospital	79	15	42	25	12
Health centre	26	170	59	23	44
Specialty/higher clinic	13	7	0	0	1
Medium clinic	25	83	32	10	20
Lower clinic	5	54	0	0	3
Managing authority					
Public	31	191	58	29	60
Private	19	147	27	8	28
Region					
Afar	4	6	100	100	0
Amhara	22	79	71	26	17
Oromia	23	136	33	10	31
Somali	23	13	54	24	3
Benishangul Gumuz	7	4	75	50	0
SNNP	41	48	55	21	20
Sidama	28	13	30	15	4
Gambela	5	6	40	20	0
Harari	33	1	63	75	0
Addis Ababa	38	30	44	45	11
Dire Dawa	34	3	58	52	1
Urban/Rural					
Urban	30	182	52	25	54
Rural	22	156	42	17	34
National	26	338	48	22	88

Note: The indicators presented in this table are the staff, training, and equipment domains for assessing readiness to provide services for mental illness within the health facility assessment methodology proposed by WHO and USAID 2012.

¹ Providers in the facility diagnose, prescribe treatment, or manage patients with mental, neurological, and substance use disorders.

² The respondent reported that he/she or someone else in the facility had received in-service training in mental, neurological, and substance use disorders during the 24 months before the survey. The training must have involved structured sessions and does not include individual instruction that a provider might have received during routine supervision.

Table 9.9 Guidelines and trained staff for chronic renal diseases

Among all facilities, excluding health posts, which provide non-communicable disease (NCD) services, the percentages that offer services for chronic renal diseases and, among the facilities that offer services for chronic renal diseases, the percentages with guidelines, at least one staff member recently trained on chronic renal diseases, and the indicated equipment observed to be available in the facility on the day of the survey, by background characteristics, Ethiopia SPA 2021–22

Background characteristics	Percentage of facilities that offer services for chronic renal diseases ¹	Number of facilities	Percentage of facilities that offer services for mental illness services that have:		Equipment	Number of facilities that offer services for chronic renal diseases
			Guidelines for diagnosis and management for chronic renal diseases	Trained staff ²	Blood chemistry analyzer or renal function test	
Facility type						
Referral hospital	100	2	94	65	97	2
General hospital	98	7	97	52	90	7
Primary hospital	86	15	55	22	62	13
Health centre	52	170	54	20	10	89
Specialty/higher clinic	99	7	60	2	67	7
Medium clinic	67	83	52	15	57	56
Lower clinic	35	54	37	1	4	19
Managing authority						
Public	56	191	55	23	17	108
Private	58	147	53	12	51	85
Region						
Afar	62	6	24	3	28	3
Amhara	70	79	64	22	21	55
Oromia	46	136	29	2	23	63
Somali	78	13	42	41	33	10
Benishangul Gumuz	22	4	100	37	63	1
SNNP	48	48	52	24	34	23
Sidama	61	13	46	22	34	8
Gambela	31	6	38	23	18	2
Harari	50	1	42	33	67	1
Addis Ababa	80	30	104	33	75	24
Dire Dawa	90	3	81	22	64	3
Urban/Rural						
Urban	63	182	59	21	49	115
Rural	49	156	46	14	8	77
National	57	338	54	18	32	193

Note: The indicators presented in this table are the staff, training, and equipment domains for assessing readiness to provide services for chronic renal diseases within the health facility assessment methodology proposed by WHO and USAID 2012.

¹ Providers in the facility diagnose, prescribe treatment, or manage patients with chronic renal diseases.

² The respondent reported that he/she or someone else in the facility had received in-service training in chronic renal diseases during the 24 months before the survey. The training must have involved structured sessions, and does not include individual instruction that a provider might have received during routine supervision.

Key Findings

- **More than three-fifth of facilities in Ethiopia, excluding health posts, offer any TB diagnostic, treatment, or follow-up services.**
- **Approximately three in four facilities, excluding health posts, have the capacity to stain sputum for TB diagnosis.**
- **Of all facilities that offer any TB services, treatment, or diagnosis, guidelines are available in two of three facilities, while four in ten facilities have at least one provider who received in-service training on TB services during the 24 months before the survey.**
- **Among facilities that offer any TB diagnostic, treatment, or follow-up services, almost nine in ten facilities have a system for diagnosing HIV in TB clients.**

10.1 BACKGROUND

Tuberculosis (TB) is a communicable disease that is a major cause of poor health and one of the leading causes of death worldwide. Ethiopia is one of the 30 high burden countries (HBCs) for TB and TB/HIV in the world (Global tuberculosis report 2022). According to the 2022 Global Tuberculosis Report, the estimated TB, TB/HIV, and multi-drug resistant/Rifampicin resistant tuberculosis (MDR/RR-TB) incidence in Ethiopia in 2021 was 119 cases, 6.2 cases, and 1.5 cases per 100,000 of the population, respectively (Global tuberculosis report 2022). The Global Tuberculosis Report 2022 revealed that there is improvement in MDR/RR prevalence in Ethiopia, when compared with the 2017–19 Anti-Tuberculosis Drug Resistance Survey, which reported 1.08% resistance among newly diagnosed TB patients, 7.35% among previously diagnosed TB patients, and 1.71% of the overall prevalence of RR-TB (Anti-Tuberculosis Drug Resistance Survey in Ethiopia, 2017-19).

Efforts and resources in Ethiopia must address the remaining challenges and sustain achievements. To build upon the achievements of directly observed therapy for the treatment of TB and to address the remaining challenges, the End TB strategy was launched by WHO in 2015 to help achieve the Sustainable Development Goals (SDGs) or the End TB goal in 2035 (The End TB strategy 2015 to 2035). Ethiopia also adopted this strategy to achieve the national TB and TB/HIV targets (Tuberculosis Leprosy National Strategic Plan 20217 – 2020 for Ethiopia).

This chapter provides an overview of services for TB in Ethiopian health facilities. The chapter highlights key aspects of TB-related client services, including the availability of diagnostic capacity, trained staff, and medicines. The chapter includes:

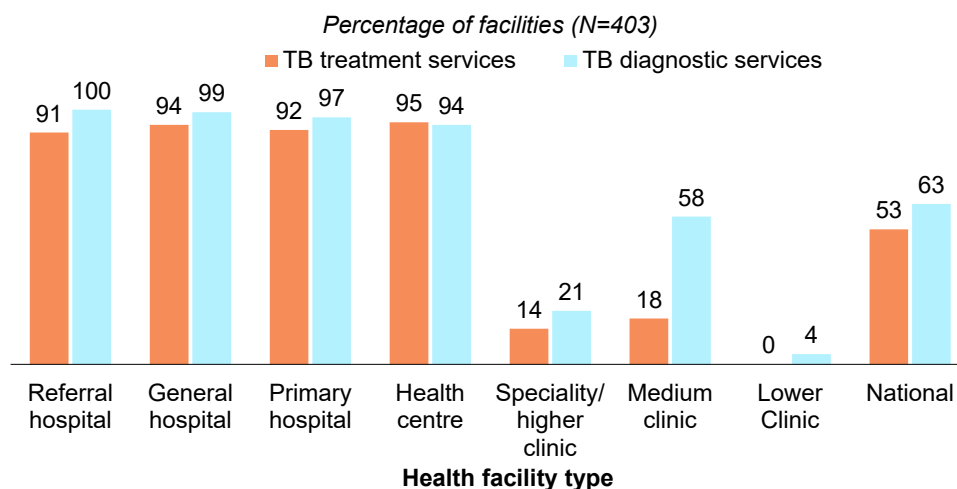
- **Availability of services:** Section 10.2 examines the availability of TB services including diagnosis and management.
- **Service readiness:** Section 10.3 addresses the readiness of facilities to provide high quality TB services that include the availability of medicines and diagnostic capacity.

10.2 AVAILABILITY OF TUBERCULOSIS DIAGNOSIS AND MANAGEMENT SERVICES

10.2.1 Availability of Tuberculosis Diagnosis Services

Slightly more than three of five (64%) facilities, excluding health posts, in Ethiopia offer any TB diagnosis, treatment, or follow-up services, while 63% have any TB diagnostic services that use different methods such as clinical symptoms, sputum smear, x-ray, both sputum smear and x-ray, or molecular testing for the diagnosis of TB (Table 10.1).

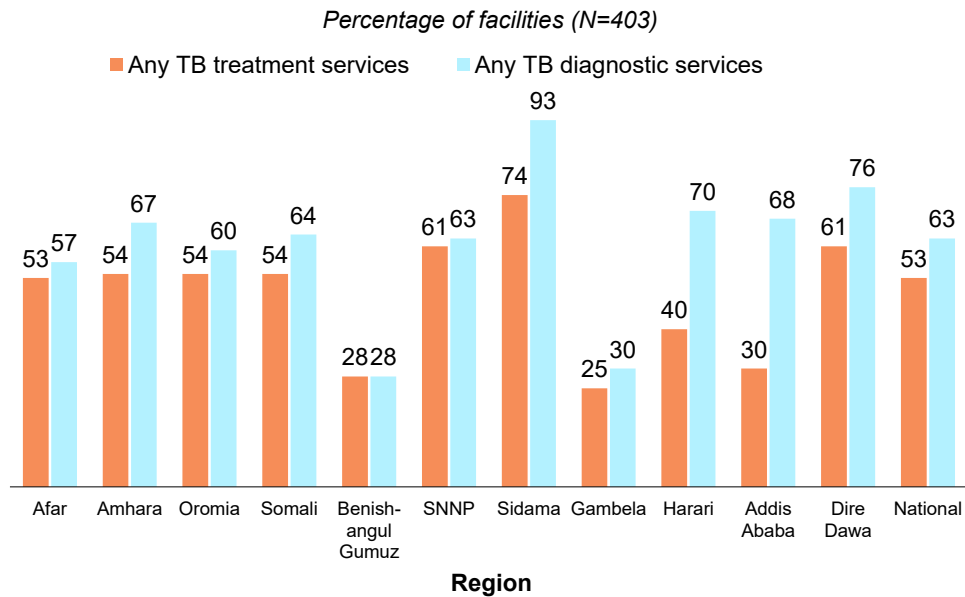
Figure 10.1 Availability of any TB treatment service and of any TB diagnostic service by facility type



The availability of TB diagnostic services varied considerably by types of facilities with the highest in referral hospitals (100%) and lowest in the speciality/higher clinics (21%) (Figure 10.1). Facilities make a diagnosis of TB by using the following methods: sputum smear only, x-ray only, both sputum and x-ray, based on clinical symptoms only, or by molecular tests.

The TB diagnostic services varied across regions from 28% in the Benishangul Gumuz Region to 93% in the Sidama Region (Figure 10.2).

Figure 10.2 Availability of any TB treatment service and of any TB diagnostic service by region

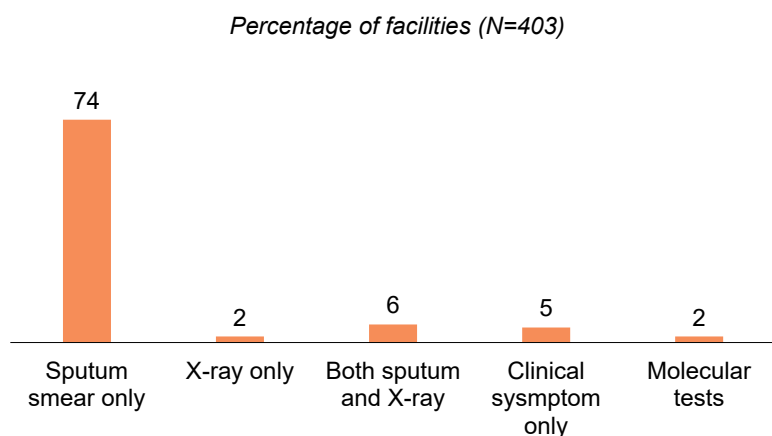


Among all health posts, 27% were offering any TB diagnostic and any treatment and/or treatment follow-up services; and 24% of health posts reported that they screen and refer their clients to other health facility for TB diagnosis. There was a disparity among regions on providing any TB diagnostic, treatment, or follow-up services by health posts with reported unavailability of such services in health posts in the Afar and Gambela regions, while 52% of health posts in Sidama region offered such services. Among all health posts that offered any TB services, only 11% had at least one provider were received in-service training on TB treatment during last 24 months prior to the survey (Table 10.1b).

Common Diagnostic Methods Used by Providers for PTB

Approximately three in four (74%) facilities, excluding health posts, have the capacity to stain sputum for the diagnosis of TB. Only 2% of lower clinics report having the capacity to stain sputum for TB diagnosis. According to providers, there is a disparity in sputum staining capacity among all health facilities with 83% of health centres performing staining, while only 22% of speciality/higher clinics able to perform staining (Figure 10.3). At the national level, only 2% of facilities were used for molecular tests that included Gene-Xpert, as claimed by providers with the most use at referral hospitals (25%) and the least use at the health centres (1%).

Figure 10.3 Common methods used for diagnosis of pulmonary TB among facilities, excluding health posts, Ethiopia SPA 2021–22



10.2.2 Availability of Tuberculosis Management Services

Tuberculosis Treatment and Availability of Medicines

Facilities report using one of the following treatment approaches: directly observing for two months and follow-up for 4 months, directly observing for six months, or treating clients while in the facility as an inpatient. TB treatment or follow-up service is available in half (53%) of all facilities, excluding health posts, with 95% and 14% availability in health centres and speciality/higher clinics, respectively (**Figure 10.2**). Government health facilities are more likely to offer treatment or follow-up service (93%) than the private facilities (11%). At the regional level, facilities in the Sidama (74%) and Dire Dawa (61%) regions are more likely to offer treatment and follow-up services than facilities in the Addis Ababa and Gambela regions (30% and 25%, respectively) (**Table 10.1**).

10.3 READINESS TO PROVIDE QUALITY TUBERCULOSIS SERVICES

10.3.1 Availability of Guidelines and Trained Staff for TB Services

Among facilities, excluding health posts, that offer any TB services, 68% have comprehensive guidelines for the diagnosis and treatment of TB. Government health facilities are more likely to have pulmonary tuberculosis (PTB) and multi-drug resistance (MDR) –TB treatment guidelines than private facilities. Availability of comprehensive guidelines for the diagnosis and treatment of TB varied across regions from 17% in Gambela to 60% in the Benishangul Gumuz Region. Among facilities that offered any TB services, four of every ten (43%) facilities report having at least one provider who received in-service training on TB during the 24 months before the survey. These in-service trainings included TB diagnosis, treatment, or management of HIV/TB co-infection, MDR-TB treatment, identification of the need for referral, and TB infection control at health facility (**Table 10.1**).

10.3.2 Diagnostic Capability and Availability of Medicines for Treatment of Tuberculosis

Among facilities, excluding health posts, that offer TB diagnosis, treatment, or follow-up services, 74% have diagnostic capacity with TB smear microscopy, while only 7% of the facilities had actual TB diagnostic capacity with molecular tests such as GeneXpert (**Table 10.2**).

Among all health facilities, excluding health posts, that provide TB diagnosis, treatment, or follow-up services, 70% have all first-line TB medicines with the highest availability in primary hospitals (90%), and lack of availability in the lower clinics. The Ethiopia SPA 2021–22 only assessed the availability of first-line TB drugs in the survey. The availability of first-line TB medicine differs across regions with the highest in Benishangul Gumuz (100%) and lowest in Addis Ababa (31%) (**Table 10.2**). The most likely reason for the lower rate of availability of TB medicine in Addis Ababa could be inclusion of large share of private health facilities in ESPA 2021–22 surveyed from Addis Ababa city administration, but it is known fact that only lesser proportion of private health facilities are engaged to provide TB services with different capacities. Rural facilities (84%) had better availability of first-line TB treatment medicines than the urban facilities (56%).

Among hospitals that offer drug resistant tuberculosis treatment services, 83% of referral hospitals, 60% of general hospitals, and 80% of primary hospitals had levofloxacin, which is second-line treatment for TB. There was stock out of levofloxacin in the Afar, Somali, Benshangul Gumuz, Harari, and Dire Dawa regions, while 100% availability of levofloxacin was observed in the Addis Ababa, Gambela, and Sidama regions on the date of the facility survey (**Table 10.2a**).

Among all health facilities, excluding health posts, that provide TB diagnosis services, the availability of internal and external sputum smear quality control systems was 12% and 14%, respectively, while 39% have both internal and external quality control systems (**Table 10.2b**). Variation was observed in the

availability of both internal and external sputum smear quality control systems across regions with the lowest in Somali (6%) and highest in the Harari Region (52%); 45% of the public and 19% of the private health facilities were performing both internal and external sputum smear quality control activities (**Table 10.2b**).

Tuberculosis and HIV/AIDS Services

The availability of TB/HIV collaborative services was also assessed. Among facilities that offered any TB diagnostic, treatment, or follow-up services, 88% and 74% of the facilities had HIV diagnostic capacity and were diagnosing HIV among TB clients, respectively (**Table 10.2**).

LIST OF TABLES

- **Table 10.1** **Availability of services, guidelines, and trained staff for tuberculosis services**
- **Table 10.1a** **The most common method used for diagnosing pulmonary TB**
- **Table 10.1b** **Availability of services, guidelines, and trained staff for tuberculosis services at health posts**
- **Table 10.2** **Diagnostic capacity and availability of medicines for tuberculosis treatment**
- **Table 10.2a** **Availability of medicines for second-line tuberculosis treatment**
- **Table 10.2b** **Availability of quality control system for tuberculosis diagnosis**

Table 10.1 Availability of services, guidelines, and trained staff for tuberculosis services

Among all facilities, excluding health posts, the percentages that offer any tuberculosis (TB) diagnostic services, any treatment, or follow-up services, and among facilities that offer any TB services, the percentages having TB guidelines and at least one staff member recently trained in TB services, by background characteristics, Ethiopia SPA 2021–22

Background characteristics	Percentage of all facilities that offer:			Number of facilities	Percentage of facilities that offer any TB services that have guidelines for:			Number of facilities that offer any TB diagnostic, treatment, or follow-up services
	Any TB diagnostic services ¹	Any TB treatment or follow-up services ²	Any TB diagnostic, treatment, or follow-up services		Diagnosis and treatment of TB	Diagnosis and treatment of MDR-TB	Trained staff ³	
Facility type								
Referral hospital	100	91	100	2	72	69	59	2
General hospital	99	94	99	7	81	71	63	7
Primary hospital	97	92	98	15	64	44	58	15
Health centre	94	95	97	181	74	46	47	176
Specialty/Higher clinic	21	14	21	7	23	8	19	2
Medium clinic	58	18	58	92	53	33	26	54
Lower clinic	4	0	4	97	12	3	5	4
Managing authority								
Public	93	93	96	205	74	47	47	196
Private	32	11	32	198	48	32	31	63
Region								
Afar	57	53	64	7	39	27	59	4
Amhara	67	54	67	95	73	49	38	63
Oromia	60	54	62	152	81	54	48	94
Somali	64	54	70	15	54	36	45	10
Benishangul Gumuz	28	28	28	7	92	60	65	2
SNNP	63	61	65	68	49	22	39	44
Sidama	93	74	94	13	47	26	33	12
Gambela	30	25	34	9	51	17	52	3
Harari	70	40	70	2	57	48	48	1
Addis Ababa	68	30	68	33	59	37	37	23
Dire Dawa	76	61	76	3	76	37	78	3
Urban/Rural								
Urban	59	43	61	212	68	41	35	128
Rural	67	64	69	191	67	45	50	131
National	63	53	64	403	68	43	43	259

Note: The guidelines and trained staff indicators presented in this table are the staff and training domains for assessing readiness to provide TB services within the health facility assessment methodology proposed by WHO and USAID 2012.

MDR-TB = multi-drug resistance tuberculosis.

¹ Facility reports that providers in the facility make a diagnosis of TB by using any of the following methods: sputum smear only, X-ray only, either sputum or X-ray, both sputum and X-ray, based on clinical symptoms only, sputum culture or molecular tests; or else the facility reports that they refer clients outside the facility for TB diagnosis, and a register was observed indicating clients who had been referred for TB diagnosis.

² Facility reports that they follow one of the following TB treatment regimens or approaches:

- Directly observe for 2 months and follow up for 4 months.
- Directly observe for 6 months.
- Follow-up clients only after the first 2 months of direct observation elsewhere.
- Diagnose and treat clients while in the facility as inpatients, and then discharge elsewhere for follow-up.
- Provide clients with the full treatment with no routine direct observation phase.
- Diagnose, prescribe, or provide medicines with no follow-up.

³ At least one interviewed provider of any one of the following TB services reported receiving in-service training relevant to the particular TB service during the 24 months before the survey: TB diagnosis and treatment; management of HIV and TB co-infection; MDR-TB treatment, identification of need for referral; or TB infection control. The training must have involved structured sessions, and does not include individual instruction that a provider might have received during routine supervision.

Table 10.1a The most common method used for diagnosing pulmonary TB

Among facilities, excluding health posts, that offered any TB services, the percentages of the most common methods used by providers of the facilities for diagnosing pulmonary TB, by background characteristics, Ethiopia SPA 2021–22

Background characteristics	Sputum smear only	X-ray only	Both sputum and x-ray	Clinical symptoms only	Molecular tests	Number of facilities that offer any TB diagnostic, treatment or follow-up services
Facility type						
Referral hospital	22	3	41	0	25	2
General hospital	27	3	47	0	12	7
Primary hospital	52	2	25	0	8	15
Health centre	83	0	1	5	1	176
Specialty/Higher clinic	22	0	74	4	0	2
Medium clinic	65	9	11	1	0	54
Lower clinic	2	0	0	89	0	4
Managing authority						
Public	79	0	4	5	2	196
Private	58	8	15	6	0	63
Region						
Afar	64	0	7	0	1	4
Amhara	78	2	6	5	1	63
Oromia	80	2	3	4	1	94
Somali	29	1	5	44	0	10
Benishangul Gumuz	100	0	0	0	0	2
SNNP	76	0	6	0	4	44
Sidama	72	0	11	9	0	12
Gambela	78	0	4	0	3	3
Harari	38	0	19	14	24	1
Addis Ababa	58	9	21	2	0	23
Dire Dawa	46	2	22	5	5	3
Urban/Rural						
Urban	69	4	12	2	2	128
Rural	79	0	1	8	1	131
National	74	2	6	5	2	259

Table 10.1b Availability of services, guidelines, and trained staff for tuberculosis services at health posts

Among all health posts, the percentages that offer any tuberculosis (TB) diagnostic services or any treatment or follow-up services and, among facilities that offer any TB services, the percentages with TB guidelines and at least one staff member recently trained in TB services, by background characteristics, Ethiopia SPA 2021–22

Background characteristics	Percentage of all health posts that offer:				Number of facilities	Percentage of health posts that offer any TB services with guidelines for:		Number of health posts that offer any TB diagnostic, treatment, or follow-up services
	Screening and referral for TB diagnosis ¹	Any TB diagnostic services ²	Any TB treatment or follow-up services ³	Any TB diagnostic, treatment, or follow-up services		TB infection control	Trained staff ⁴	
Facility type								
Health post	24	26	8	27	755	10	11	205
Managing authority								
Public	24	26	8	27	755	10	11	205
Region								
Afar	0	0	0	0	12	-	-	0
Amhara	9	12	6	15	155	20	0	23
Oromia	26	26	9	26	278	11	11	74
Somali	17	27	3	27	59	50	13	16
Benishangul Gumuz	20	20	0	20	16	0	0	3
SNNP	35	35	9	37	193	0	12	72
Sidama	34	45	24	52	32	0	20	16
Gambela	0	0	0	0	8	-	-	0
Harari	24	24	19	38	2	25	50	1
Dire Dawa	24	29	14	33	2	14	14	1
Urban/Rural								
Urban	15	22	11	22	60	36	15	13
Rural	24	26	8	28	696	8	11	192
National	24	26	8	27	755	10	11	205

Note: The guidelines and trained staff indicators presented in this table are the staff and training domains for assessing readiness to provide TB services within the health facility assessment methodology proposed by WHO and USAID 2012.

¹ Facility reports that it refers clients outside the facility for TB diagnosis, and there is documentation on the day of the survey visit to support the contention.

² Facility reports that providers in the facility make a diagnosis of TB by using any of the following methods: sputum smear only, X-ray only, either sputum or X-ray, both sputum and X-ray, based on clinical symptoms only, sputum culture or molecular tests; or else the facility reports that they refer clients outside the facility for TB diagnosis, and a register was observed indicating clients who had been referred for TB diagnosis.

³ Facility reports that they follow one of the following TB treatment regimens or approaches:

- Directly observe for 2 months and follow-up for 4 months.
- Directly observe for 6 months.
- Follow-up clients only after the first 2 months of direct observation elsewhere.
- Diagnose and treat clients while in the facility as inpatients, and then discharge elsewhere for follow-up.
- Provide clients with the full treatment with no routine direct observation phase.
- Diagnose, prescribe, or provide medicines with no follow-up.

⁴ At least one interviewed provider of any one of the following TB services reported receiving in-service training relevant to the particular TB service during the 24 months before the survey: TB diagnosis and treatment; management of HIV and TB co-infection; MDR-TB treatment, identification of need for referral; or TB infection control. The training must have involved structured sessions, and does not include individual instruction that a provider might have received during routine supervision.

Table 10.2 Diagnostic capacity and availability of medicines for tuberculosis treatment

Among facilities, excluding health posts, that offer any tuberculosis (TB) diagnostic, treatment, or follow-up services, the percentages that have TB and HIV diagnostic capacity and medicines for TB treatment available in the facility on the day of the survey, by background characteristics, Ethiopia SPA 2021–22

Background characteristics	Percentage of facilities that have the following TB diagnostic capacity			Percentage of facilities that have		Percentage of facilities that have the following medicines for treating TB	Number of facilities that offer any TB diagnostic, treatment, or follow-up services
	TB smear microscopy ¹	TB rapid diagnostic test (such as GeneExpert)	TB X-ray	HIV diagnostic capacity ²	System for diagnosing HIV among TB clients ³	First-line treatment for TB ⁴	
Facility type							
Referral hospital	81	63	38	100	94	88	2
General hospital	92	47	51	99	94	93	7
Primary hospital	81	29	29	99	90	91	15
Health centre	62	5	0	98	89	94	176
Specialty/Higher clinic	34	0	74	78	16	8	2
Medium clinic	78	0	16	55	24	13	54
Lower clinic	5	5	0	18	15	3	4
Managing authority							
Public	63	9	3	98	90	94	196
Private	75	1	19	56	26	17	63
Region							
Afar	56	3	1	100	46	87	4
Amhara	74	7	8	84	79	73	63
Oromia	68	9	5	89	75	81	94
Somali	29	10	4	92	58	71	10
Benishangul Gumuz	73	25	0	100	84	100	2
SNNP	65	5	7	100	86	91	44
Sidama	59	8	9	91	80	78	12
Gambela	40	4	4	100	73	59	3
Harari	71	10	14	62	62	57	1
Addis Ababa	63	3	18	65	46	31	23
Dire Dawa	50	12	28	93	81	66	3
Urban/Rural							
Urban	76	9	13	80	64	62	128
Rural	56	6	1	95	84	89	131
National	66	7	7	88	74	75	259

Note: The indicators presented in this table are the diagnostics, medicines, and commodities domains for assessing readiness to provide services for TB within the health facility assessment methodology proposed by WHO and USAID 2012.

¹ Functioning microscope slides and all stains for Ziehl-Neelsen test (carbol-fuchsin, acid alcohol (3% concentration) and methyl blue) were available in the facility on the day of the survey visit.

² Solid or liquid culture medium, such as MGIT 960.

³ HIV rapid diagnostic test kits available, ELISA with reader, incubator, and specific assay, dynabeads with vortex mixer or western blot.

⁴ Four-drug fixed-dose combination (4FDC) available, or else isoniazid, rifampicin adult tabs available, or isoniazid, rifampicin (RH) available to provide first-line treatment.

Table 10.2a Availability of medicines for second-line tuberculosis treatment

Among hospitals that offer drug resistant tuberculosis treatment services, the percentages that have medicines for drug resistant TB treatment in the facility on the day of the survey, by background characteristics, Ethiopia SPA 2021–22

Background characteristics	Levofloxacin (Second-line treatment for TB) ¹	Number of facilities that offer any drug resistant TB treatment services
Hospital type (TIC)²		
Referral hospital	83	1
General hospital	60	2
Primary hospital	80	0
Region		
Afar	0	0
Amhara	92	1
Oromia	62	1
Somali	0	0
Benishangul Gumuz	0	0
SNNP	78	1
Sidama	100	0
Gambela	100	0
Harari	0	0
Addis Ababa	100	0
Dire Dawa	0	0
Urban/Rural		
Urban	67	3
Rural	67	0
National	67	3

¹ Levofloxacin is a second-line TB treatment medicine for the current ESPA 2021–22.

² TIC stands for TB Treatment Initiating Centre for Drug Resistant TB in Ethiopia. There are 55 public hospitals distributed across regions in the country.

Table 10.2b Availability of quality control system for tuberculosis diagnostic

Among all facilities that offer any tuberculosis (TB) diagnostic, treatment, or follow-up services, the percentages that have internal, external or both quality control systems of sputum smear, by background characteristics, Ethiopia SPA 2021–22

Background characteristics	Percentage of facilities that have the following TB diagnostic capacity:			Number of facilities that offer any TB diagnostic, treatment, or follow-up services
	Availability of quality control system of sputum smear: IQ	Availability of quality control system of sputum smear: EQ	Availability of quality control system of sputum smear: Both	
Facility type				
Referral hospital	13	6	78	2
General hospital	19	12	62	7
Primary hospital	14	6	69	15
Health centre	9	16	42	176
Specialty/Higher clinic	15	12	66	2
Medium clinic	18	8	17	54
Lower clinic	2	0	5	4
Managing authority				
Public	10	15	45	196
Private	18	8	19	63
Region				
Afar	3	10	51	4
Amhara	17	8	45	63
Oromia	11	18	38	94
Somali	25	0	6	10
Benishangul Gumuz	6	19	35	2
SNNP	5	22	42	44
Sidama	11	3	43	12
Gambela	10	8	25	3
Harari	0	10	52	1
Addis Ababa	9	5	27	23
Dire Dawa	2	24	51	3
Urban/Rural				
Urban	13	9	43	128
Rural	10	18	34	131
National	12	14	39	259

Key Findings

- Seventy-percent of surveyed health facilities reported that they provided malaria diagnosis or treatment, which is almost universal in all types of hospitals.
- Seventy-five percent of health facilities that reported malaria diagnostic or treatment services had either RDT or microscopic malaria diagnostic capacity. This capacity is expected to be universal at hospital levels, although it was observed in only 84% of referral hospitals.
- Sixty-percent of health facilities that reported malaria diagnostic or treatment services had malaria-related guidelines/job aids, while the proportion of health facilities with at least one clinical provider of malaria services trained on malaria diagnosis or treatment in the two years before the survey was only 35%.
- Sixty-one percent of the facilities had ACT anti-malaria medication, but only 15% had injectable artesunate, which are the first-line anti-malarial drugs for uncomplicated and complicated *P. falciparum* malaria treatment in Ethiopia.
- Fifty-four percent of health facilities that offer curative care for sick children had either RDT or microscopy diagnostic capacity, compared with the 75% of health facilities which reported malaria diagnostic or treatment services with either RDT or microscopy diagnostic capacity.
- There was availability of non-expired, first-line anti-malarial drugs in 84% of health facilities that offer curative care for sick children.
- Among the sick children whose consultations were observed, 3% were diagnosed with malaria, 4% with fever, and 7% with malaria or fever; of those, ACT was prescribed or provided for 67%, 2%, and 29% of sick children diagnosed with malaria, fever, and malaria or fever, respectively.

11.1 BACKGROUND

Malaria remains one of the significant public health challenges in Ethiopia. According to the National Malaria Strategic Plan (NMSP), 75% of the land mass is malarious, and the proportion of the population at risk of malaria is about 60%, with 54 woredas as having high transmission, chiefly at altitudes below 2,000 meters. Most malaria cases are due to *P. falciparum* (70%) and *P. vivax* (30%), with *P. ovale* being reported rarely.

Given the burden, attempts have been made to prevent and control the disease in a coordinated manner since 1959. Malaria control initiatives have been on track. Between 2015 and 2019, malaria deaths dropped from 3.6 to 0.3 per 100,000 among at-risk populations. Malaria cases have dropped from 5.2 million in 2015 to 1.6 million in 2019/20 (HSTP II). Motivated by these gains, the Ministry of Health, with its partners, launched a subnational elimination program in 239 districts in 2017 and scaled up to 565

districts in 2021. The current national malaria elimination strategy (NSP 2021–2025) aims to reduce malaria cases and deaths by 50% from the baseline of 2020 and to eliminate malaria from 565 woredas. The country envisions nationwide malaria elimination by 2030.

Malaria vector control, diagnosis, and treatment are among the major malaria elimination strategies. Campaign-based distribution of insecticide-treated nets (ITNs) and targeted in-door residual spray (IRS) are vital strategies for malaria prevention, control, and elimination in Ethiopia. Prompt and accurate clinical diagnosis is made for all suspected malaria cases by using microscopy or rapid diagnostic tests (RDTs). Microscopy is performed in health centres and hospitals, while RDTs are performed at health posts.

One of the artemisinin-based combination therapies (ACTs), artemether lumefantrine (AL), is the first-line drug of choice for the treatment of uncomplicated *P. falciparum* malaria, as well as mixed infections due to both *P. falciparum* and *P. vivax*. Quinine is used as the first-line treatment for pregnant women during their first trimester (Standard treatment guideline for general hospitals in Ethiopia 2020) and as an alternative parenteral treatment when parenteral artesunate and artemether are not available for severe malaria (MOH 2022). Chloroquine is used for the treatment of *P. vivax*. A radical cure with primaquine is also recommended for patients with *P. vivax*. Dihydroartemisinin piperaquine (DP) is used as the second-line treatment. At a health post, children younger than age six with severe malaria are given rectal artesunate as a pre-referral treatment (MOH 2022).

The national malaria guidelines, Malaria Laboratory Diagnosis and Clinical Case Management Quality Assurance Manual for Malaria Elimination in Ethiopia, and the manual for the laboratory diagnosis of malaria are among the malaria guidelines prepared by the MOH. The national algorithms of the Integrated Management of Neonatal and Childhood Illness (IMNCI), the Integrated Community Case Management (iCCM), and the Ethiopian Primary Health Care Guidelines (EPHCG) can also be employed for the management of sick individuals who present with fever.

This chapter explores the key issues in providing quality malaria prevention, diagnosis, and treatment services in Ethiopia; service availability and readiness at health facilities that provide malaria diagnosis and treatment; and facilities that offer curative care services for sick children.

11.2 AVAILABILITY OF MALARIA SERVICES

Availability of malaria diagnosis or treatment services was assessed based on self-reporting by the health facilities (Table 11.1)

Seventy-percent of facilities reported offering malaria diagnosis or treatment services. The findings revealed that malaria services are universally available in specialty/higher clinics and in almost all types of hospitals. A relatively low proportion (62%) of health posts reported malaria diagnosis and treatment services, fewer public health facilities (69%) compared with private health facilities (74%), fewer rural health facilities (67%) compared with urban health facilities (79%), and fewer health facilities in Oromia (58%) and SNNPR (61%) among the regions that need due attention.

11.3 READINESS TO PROVIDE QUALITY MALARIA SERVICES

11.3.1 Malaria Treatment and/or Diagnosis Guidelines and Training for Providers

The availability of guidelines for the diagnosis or treatment of malaria was assessed based on either a malaria-specific national guideline or as part of another standard guideline. The training status of malaria health service providers was assessed based on any in-service training, training updates, or refresher training (Table 11.1).

Among all facilities that reported providing malaria diagnosis or treatment services, 60% had guidelines for the diagnosis or treatment of malaria. A relatively low proportion of health facilities (44%) in the Gambella Region had guidelines despite being one of the regions in Ethiopia with the highest populations at risk for malaria.

Among facilities reported to offer malaria diagnosis or treatment services, 35% had at least one clinical provider of malaria services who reported receiving training in malaria diagnosis or treatment during the 24 months before the survey. Only 12%, 28%, 30%, and 32% of health facilities in the Addis Ababa, SNNPR, Oromia, and Gambella regions, respectively, had at least one trained clinical provider for malaria services.

11.3.2 Malaria Diagnostic Capacity

Overall, 75% of health facilities had the capacity for diagnosis of malaria with either RDT or microscopic tests. Although this capacity is expected to be universal at hospital levels, only 84% of referral hospitals had the capacity, which was less than other hospital types and health centres. Seventy-eight percent of public health facilities had malaria diagnostic capacity using either RDT or microscopic diagnosis, while only 62% of private health facilities had that malaria diagnostic capacity (**Table 11.1**).

11.3.3 Malaria Medicines and Commodities

Appropriate medicines to treat fever and malaria should be available at all facilities that provide malaria services. **Table 11.2** provides information on the availability of first line anti-malarial approaches, which are paracetamol for the treatment of treating fever and ITN for vector control.

Among all facilities that provide malarial diagnosis or treatment services, 61% had ACT anti-malarial medicine, which was 78% and 81% for the general and primary hospitals, respectively. Despite being the regions with the highest population at risk for malaria, only 54% of health facilities in the Gambella and Dire Dawa regions had first-line ACT anti-malarial medicine.

Only 15% and 4% of health facilities that provide malaria diagnosis or treatment services had injectable artesunate and injectable quinine, respectively, while 39% of health facilities had chloroquine tablets or syrup.

Nationally, 19% of health facilities and 20% health posts had ITN or vouchers for ITNs in the facility for distribution to clients.

11.3.4 Malaria Service Readiness Index

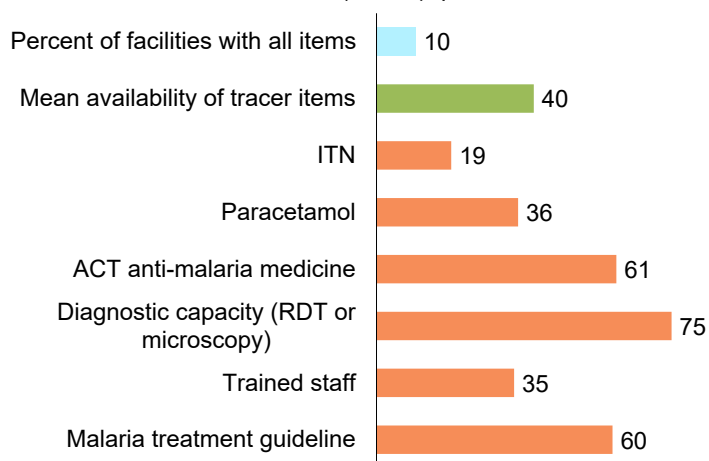
The malaria service readiness index was measured by the availability of six tracer items: malaria treatment guidelines, trained staff, RDT or microscopy diagnostic capacity, ACT anti-malaria medicine, paracetamol, and ITN. The full readiness index is the percentage of facilities with all items and mean availability of the tracer items (Figure 11.1)

Only 10% of the health facilities reported offer malaria diagnosis or treatment services that had all tracer items. On average, only 40% (2.4 items) of all the tracer items were available in each health facility.

Diagnostic capacity was the most available tracer item.

Figure 11.1 Percentage of facilities that have tracer items for malaria services

Among facilities offering malaria diagnosis and/or treatment services (N=806), percent that have:



11.4 MALARIA SERVICES IN FACILITIES THAT OFFER CURATIVE CARE SERVICES FOR SICK CHILDREN

Since under-5 children are the group most vulnerable to malaria, it is important for health services that serve sick children to be able to diagnose and treat malaria. The availability, readiness, and service practices for facilities that offer curative services for sick children are discussed below.

11.4.1 Malaria Diagnostic Capacity for Curative Services for Sick Children

The survey assessed the availability of the malaria diagnostic capacity or readiness on various variables among facilities that offer curative care for sick children (Table 11.3).

Among health facilities that offer curative care services for sick children, 12% had malaria diagnostic capacity¹ on the day of the survey; 11% of referral hospitals had less diagnostic capacity than the other types of hospitals, health centres, and specialty/higher clinics.

Forty-eight percent and 54% of health facilities that reported offering curative care services for sick children had unexpired malaria RDT kit availability and either RDT or microscopy, respectively. This percentage is lower than the malaria RDT kit (66%) and either RDT or microscopy (75%) among health facilities which reported malaria diagnostic or treatment services (Table 11.1). In contrast, 47% of health posts that reported offering curative care services for sick children had the malaria RDT kit, which is lower than health posts (74%).(Table 11.1).

11.4.2 Malaria Treatment Guidelines, Medicines, and Trained Personnel for Curative Services for Sick Children

The survey assessed the readiness of health facilities that reported offering curative services for sick children in terms of guidelines, medicines, and trained personnel (Table 11.4). Among facilities that offer curative care for sick children, 44% had malaria treatment guidelines. Only 21% of the health facilities in

¹ Facility had unexpired malaria RDT kits or a functioning microscope with relevant stains and glass slides, staff member recently trained in either RDT or microscopy, and malaria RDT protocol available in the facility.

the Gambella Region that reported offering curative care services for sick children had at least one trained personnel on malaria diagnosis or treatment in the 24 months before the survey. This region has the highest malaria at-risk population.

Forty-one percent of health posts that offer curative services for sick children had treatment guidelines, which is less than most other types of public health facilities. Only 32% of health posts that offer curative care services for sick children had malaria RDT protocols, which is less than health centres, as well as the primary and general hospitals.

Among facilities that offer curative care for sick children, 84% had first line anti-malarial medicines, which are universally available in the health centres and all types of hospitals.

There was regional variation in the availability of first line antimalarial medicines among facilities that offer curative services for sick children. Only 74% percent of health facilities that offer curative services for sick children in Gambella Region had first line anti-malarial medicines, which is the lowest among all regions in Ethiopia.

Only 24% of these facilities reported having personnel who received training in malaria diagnosis or treatment in the 24 months before the survey, which is less when compared to 35% of health facilities that offered malaria diagnosis and/or treatment services (Table 11.1).

The availability of first line anti-malarial medicines in health facilities that reported offering curative services for sick children (84%) is better than the availability in health facilities that reported malaria diagnostic or treatment services (61%). However, the availability of treatment guidelines and trained personnel in health facilities that reported offering curative services for sick children is lower than the availability in health facilities that reported having malaria diagnostic or treatment services.

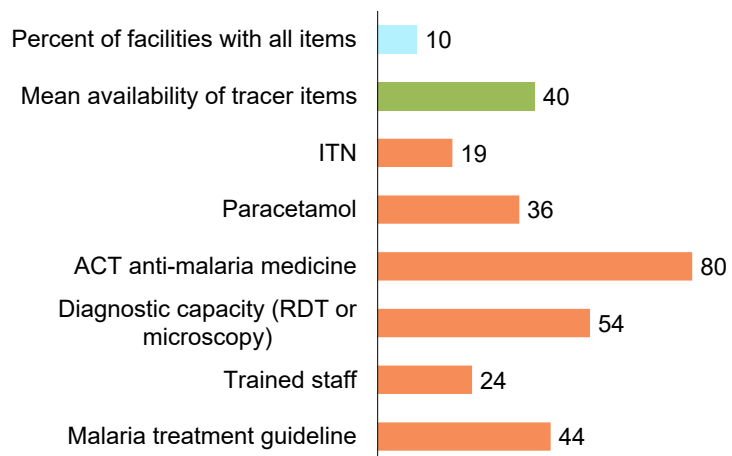
11.4.3 Malaria Service Readiness Index for Facilities Offering Curative Care for Sick Children

The malaria service readiness index was measured for facilities that offer curative care for sick children based on the availability of six tracer items: malaria diagnostic capacity (RDT or microscopy), a staff member recently trained in malaria diagnosis or treatment; malaria treatment guidelines; first-line medicine, ITN, and paracetamol (Figure 11.2).

Only 10% of the health facilities reported to offer curative services for sick children had all tracer items for malaria diagnosis or treatment services. On average, only 40% (2.4 items) of all the tracer items were available in each health facility. At 80%, ACT anti-malaria medicine was among the most available of the tracer items.

Figure 11.2 Percentage of facilities that have tracer items for malaria services

Among facilities offering curative care for sick children (N=1,043), percent that have:



11.4.4 Malaria Diagnosis and Treatment Service Practices in Children

The SPA survey included the observation of client-provider interactions during sick child consultations and examinations using observation/clinical assessment tools to assess the extent to which health providers adhere to established standards of care, which are a measure of service quality (**Table 11.5**).

Among the sick children whose consultations were observed, 3% were diagnosed with malaria, 4% with fever, and 7% with malaria or fever, while ACT was prescribed or provided for 67%, 2%, and 29% of sick children diagnosed for malaria, fever, and malaria or fever, respectively.

Eighty-seven percent of health posts prescribed or provided ACT for sick children diagnosed with malaria, whereas only 48% of referral hospitals prescribed or provided ACT for sick children diagnosed for malaria. Private health facilities were better at prescribing or providing ACT than the public facilities; and in Somali Region, only 44% the facilities prescribed or provided ACT for sick children diagnosed with malaria.

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- **Table 11.2** **Availability of malaria medicines and commodities in facilities that offer malaria services**
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- **Table 11.5** **Treatment of malaria in children**

Table 11.1 Availability of malaria services and availability of guidelines, trained staff, and diagnostic capacity in facilities that offer malaria services

Among all facilities, the percentages that offer malaria diagnosis and/or treatment services and, among facilities that offer malaria diagnosis and/or treatment services, the percentages that have guidelines, trained staff, and diagnostic capacity to support the provision of quality service for malaria, by background characteristics, Ethiopia SPA 2021–22

Background characteristics	Percentage of all facilities that offer malaria diagnosis and/or treatment services ¹	Number of facilities	Guidelines	Trained staff	Diagnostics			Number of facilities that offer malaria diagnosis and/or treatment services
			Guidelines for diagnosis and/or treatment of malaria	Staff trained in malaria diagnosis and/or treatment ²	Malaria RDT ³	Malaria microscopy ⁴	Any malaria diagnostics ⁵	
Facility type								
Referral hospital	100	2	69	34	34	78	84	2
General hospital	99	7	70	43	41	83	91	7
Primary hospital	100	15	56	33	43	77	86	15
Health centre	94	181	68	50	71	54	88	170
Health post	62	755	62	36	74	0	74	466
Specialty/Higher clinic	100	7	17	34	20	52	53	7
Medium clinic	91	92	59	16	42	60	77	85
Lower clinic	56	97	28	10	37	4	37	54
Managing authority								
Public	69	960	64	40	72	16	78	659
Private	74	198	46	16	39	41	62	147
Region								
Afar	94	19	58	59	64	22	80	18
Amhara	83	250	71	42	66	19	74	208
Oromia	58	430	52	30	56	24	67	248
Somali	81	74	56	49	71	6	72	60
Benishangul Gumuz	94	23	82	52	83	14	87	21
SNNP	61	261	64	28	78	20	86	159
Sidama	83	44	53	42	66	20	72	37
Gambella	95	17	44	32	78	8	78	16
Harari	77	4	58	61	39	32	52	3
Addis Ababa	96	33	62	12	62	53	85	32
Dire Dawa	95	5	51	60	57	33	71	5
Urban/Rural								
Urban	79	271	61	28	46	48	70	214
Rural	67	887	60	38	73	11	77	592
National	70	1,158	60	35	66	21	75	806

Note: The indicators presented in this table are the staff training, and diagnostic domains for assessing readiness to provide services for malaria within the health facility assessment methodology proposed by WHO and USAID 2012.

¹ This is based on facilities self-reporting that they offer malaria diagnosis or treatment services. Facilities that offer curative care for sick children where providers of sick child services were found on the day of the survey to be making the diagnosis of malaria or offering treatment for malaria were counted as offering malaria diagnosis and/or treatment services.

² Facility has at least one interviewed provider of malaria services who reports receiving in-service training on malaria diagnosis and/or treatment during the 24 months before the survey. The training must have involved structured sessions and does not include individual instruction that a provider might have received during routine supervision.

³ Facility had unexpired malaria rapid diagnostic test kit available somewhere in the facility.

⁴ Facility had a functioning microscope with glass slides and relevant stains for malaria microscopy available somewhere in the facility.

⁵ Facility had either malaria RDT capacity or malaria microscopy capacity.

Table 11.2 Availability of malaria medicines and commodities in facilities that offer malaria services

Among facilities that offer malaria diagnosis and/or treatment services, the percentages that have malaria medicines, paracetamol, and insecticide-treated bed nets (ITN) available in the facility on the day of the survey, by background characteristics, Ethiopia SPA 2021–22

Background characteristics	Antimalarial medicines								Other medicines and commodities		Number of facilities that offer malaria diagnosis and/or treatment services
	First-line ACT anti-malarial medicine	Oral artesunate mono-therapy	Injectable artesunate	Rectal artesunate	Oral quinine	Injectable quinine	Chloro-quine ¹	Other anti-malarial medicine	Paraceta-mol tablet	ITN ²	
Facility type											
Referral hospital	91	88	72	34	34	16	81	38	66	28	2
General hospital	78	71	56	24	18	12	65	30	80	22	7
Primary hospital	81	78	72	26	24	9	70	39	65	19	15
Health centre	88	83	49	32	30	11	78	31	64	24	170
Health post	63	56	4	8	9	2	32	10	27	20	466
Specialty/Higher clinic	3	2	1	0	1	0	2	2	6	0	7
Medium clinic	12	11	2	0	0	0	8	2	22	9	85
Lower clinic	24	23	4	4	4	3	16	3	40	10	54
Managing authority											
Public	70	64	18	15	15	5	45	16	37	21	659
Private	18	17	5	2	2	1	12	3	31	8	147
Region											
Afar	84	73	16	18	20	3	48	13	48	31	18
Amhara	63	56	21	17	15	4	49	17	39	23	208
Oromia	53	49	11	7	9	2	30	6	30	14	248
Somali	72	71	22	20	37	19	41	19	69	40	60
Benishangul Gumuz	73	73	15	24	10	1	27	45	57	19	21
SNNP	71	62	14	14	9	5	46	16	28	16	159
Sidama	52	51	9	5	8	0	39	21	19	4	37
Gambella	54	47	15	11	5	1	22	14	55	11	16
Harari	62	60	17	7	7	4	38	9	52	34	3
Addis Ababa	23	23	12	0	5	0	15	3	24	10	32
Dire Dawa	54	50	20	6	19	5	45	7	57	35	5
Urban/Rural											
Urban	45	37	21	10	12	4	36	16	36	14	214
Rural	66	62	13	13	13	4	40	13	36	20	592
National	61	55	15	12	13	4	39	14	36	19	806

Note: The indicators for first-line anti-malaria medicines, paracetamol, and ITNs presented in this table correspond to the medicines and commodities domains for assessing readiness to provide services for malaria within the health facility assessment methodology proposed by WHO and USAID 2012.

ACT = artemisinin combination therapy

¹ Facility had non-expired chloroquine tablets or syrup for treatment of malaria.

² Facility had ITNs or vouchers for ITNs available in the facility for distribution to clients.

Table 11.3 Malaria diagnostic capacity in facilities that offer curative care for sick children

Among facilities that offer curative care for sick children, the percentages having malaria diagnostics capacity on the day of the survey, by background characteristics, Ethiopia SPA 2021–22

Background characteristics	Malaria diagnostics			Personnel trained in:			Percentage of facilities that offer curative care for sick children and having:		Number of facilities that offer curative care for sick children
	Malaria RDT ¹	Microscopy ²	Either RDT or microscopy	RDT ³	Microscopy ⁴	Either RDT or microscopy	Malaria RDT protocol ⁵	Diagnostic capacity ⁶	
Facility type									
Referral hospital	29	82	86	11	14	14	21	11	2
General hospital	40	82	91	19	24	26	34	22	7
Primary hospital	43	77	85	12	17	17	36	14	15
Health centre	67	51	83	30	32	34	49	26	179
Health post	47	0	47	25	25	26	32	11	665
Specialty/Higher clinic	25	51	52	16	43	43	4	43	5
Medium clinic	40	65	78	7	8	8	26	4	71
Lower clinic	21	1	21	1	2	3	8	1	90
Managing authority									
Public	51	12	55	25	26	28	35	14	862
Private	30	32	48	4	6	7	17	4	173
Region									
Afar	64	21	79	48	48	49	29	26	18
Amhara	52	18	61	30	31	32	44	18	208
Oromia	36	15	43	14	15	15	20	7	381
Somali	59	5	60	36	36	39	46	16	67
Benishangul Gumuz	79	14	83	45	41	45	68	45	22
SNNP	49	12	54	19	22	24	35	12	249
Sidama	55	16	59	30	32	32	22	13	44
Gambella	79	8	79	17	16	21	44	10	15
Harari	36	28	46	53	53	53	37	13	3
Addis Ababa	65	71	95	9	12	12	48	10	21
Dire Dawa	58	30	70	39	35	39	40	16	4
Urban/Rural									
Urban	36	39	55	17	18	18	24	8	243
Rural	51	8	54	24	25	26	35	14	792
National	48	15	54	22	23	24	32	12	1,034

Note: See Chapter 4 (Table 4.1) for information on the proportion of all facilities that offer curative care for sick children.

¹ Facility had unexpired malaria rapid diagnostic test (RDT) kit available somewhere in the facility.

² Facility had a functioning microscope with glass slides and relevant stains for malaria microscopy available somewhere in the facility.

³ Facility had at least one interviewed provider of child curative care services who reports receiving in-service training on malaria RDT during the 24 months before the survey. The training must have involved structured sessions, and does not include individual instruction that a provider might have received during routine supervision.

⁴ Facility had at least one interviewed provider of child curative care services who reports receiving in-service training on malaria microscopy during the 24 months before the survey. The training must have involved structured sessions, and does not include individual instruction that a provider might have received during routine supervision.

⁵ RDT protocol refers to any written instruction on how to perform a malaria RDT.

⁶ Facility had unexpired malaria RDT kits or a functioning microscope with relevant stains and glass slides, staff member recently trained in either RDT or microscopy, and malaria RDT protocol available in the facility.

Table 11.4 Malaria treatment in facilities that offer curative care for sick children

Among facilities that offer curative care for sick children, the percentages that indicated items for the provision of malaria services available on the day of the survey, and malaria service readiness index, by background characteristics, Ethiopia SPA 2021–22

Background characteristics	Percentage of facilities that offer curative care for sick children that have:			Malaria service readiness index ³	Number of facilities that offer curative care for sick children
	Malaria treatment guidelines	First line treatment medicine ¹	Trained personnel ²		
Facility type					
Referral hospital	71	100	14	11	2
General hospital	71	100	26	15	7
Primary hospital	56	100	17	10	15
Health centre	64	100	35	21	179
Health post	41	89	26	8	665
Specialty/Higher clinic	21	7	43	0	5
Medium clinic	59	49	8	0	71
Lower clinic	15	42	3	1	90
Managing authority					
Public	46	92	28	11	862
Private	35	46	7	1	173
Region					
Afar	57	88	49	20	18
Amhara	60	83	33	15	208
Oromia	34	83	15	5	381
Somali	49	95	39	12	67
Benishangul Gumuz	78	77	45	45	22
SNNP	40	84	24	5	249
Sidama	44	88	32	9	44
Gambella	45	74	21	8	15
Harari	50	83	53	8	3
Addis Ababa	76	84	12	6	21
Dire Dawa	50	76	39	12	4
Urban/Rural					
Urban	51	72	18	6	243
Rural	42	88	26	10	792
National	44	84	24	9	1,034

¹ Artemisinin combination therapy or chloroquine tablets or chloroquine syrup.

² At least one interviewed provider of child curative care services reports receiving in-service training in malaria diagnosis or treatment during the 24 months before the survey. The training must have involved structured sessions, and does not include individual instruction that a provider might have received during routine supervision.

³ Facilities having malaria diagnostic capacity (unexpired malaria rapid diagnostic test (RDT) kits or a functioning microscope with relevant stains and glass slides, staff member recently trained in either RDT or microscopy, and malaria RDT protocol available in facility), malaria treatment guidelines, first-line medicine, as well as personnel recently trained in malaria diagnosis and/or treatment available.

Table 11.5 Treatment of malaria in children

Among sick children whose consultations were observed, the percentages diagnosed as having malaria, fever, or both and, among sick children who were diagnosed as having malaria, fever, or both, the percentages for whom artemisinin combination therapy (ACT) was either prescribed or provided, by background characteristics, Ethiopia SPA 2021–22

Background characteristics	Among all observed sick children, percentage diagnosed as having:			Total number of observed sick children	Percentage of sick children diagnosed as having malaria for whom ACT was prescribed or provided	Number of sick children diagnosed as having malaria ¹	Percentage of sick children diagnosed as having fever for whom ACT was prescribed or provided	Number of sick children diagnosed as having fever	Percentage of sick children diagnosed as having malaria or fever for whom ACT was prescribed or provided	Number of sick children diagnosed as having malaria ¹ or fever
	Malaria ¹	Fever	Malaria ¹ or fever							
Facility type										
Referral hospital	2	2	4	59	48	1	0	1	20	2
General hospital	1	4	5	112	76	1	4	4	19	5
Primary hospital	5	2	6	208	69	10	13	4	52	13
Health centre	3	4	7	2,100	57	59	3	80	25	137
Health post	3	8	10	385	87	10	0	29	22	40
Specialty/Higher clinic	0	0	0	49	-	0	-	0	-	0
Medium clinic	2	4	6	447	43	9	0	17	15	26
Lower clinic	6	4	11	382	93	24	0	16	56	40
Managing authority										
Public	3	4	7	2,810	62	81	2	117	26	195
Private	4	4	7	932	79	34	0	34	40	68
Region										
Afar	12	6	18	80	98	9	0	5	64	14
Amhara	1	8	9	762	0	7	0	58	0	65
Oromia	1	2	2	1,575	59	11	0	27	17	38
Somali	4	7	10	189	44	8	0	12	17	20
Benishangul Gumuz	3	6	8	98	81	3	0	6	26	8
SNNP	8	3	11	578	66	46	14	20	48	63
Sidama	2	1	3	89	92	2	26	1	75	2
Gambella	36	2	38	78	87	28	0	2	82	30
Harari	0	1	1	18	-	0	0	0	0	0
Addis Ababa	0	9	9	244	-	0	0	21	0	21
Dire Dawa	4	2	6	29	0	1	0	0	0	2
Urban/Rural										
Urban	2	5	7	1,771	45	35	3	84	14	117
Rural	4	3	7	1,971	77	79	1	68	42	147
National	3	4	7	3,742	67	115	2	151	29	263

¹ Diagnosis of malaria based on information provided by the health worker. The diagnosis may be based on rapid diagnostic test, microscopy, or clinical judgment. Diagnosis was not verified by the interviewing team.

Key Findings

- Among all facilities, excluding health posts, 48% and 46% of facilities offer services for soil-transmitted helminths and trachoma, respectively.
- The availability of mebendazole, praziquantel, and azithromycin is relatively higher than other medicines, 61%, 39%, and 37%, respectively, and is better in hospitals and public facilities than in other facilities.
- Four in ten and 35% of the facilities had guidelines for the diagnosis and treatment of soil-transmitted helminths and trachoma, respectively.
- The availability of trained staff for the diagnosis and treatment of all neglected tropical diseases (NTDs) is very low. Only 13% and 22% of facilities had trained staff for the diagnosis and treatment of soil-transmitted helminths and trachoma, respectively.

12.1 BACKGROUND

Neglected tropical diseases (NTDs) are a group of diseases that occur in tropical and sub-tropical climate conditions and are intimately linked to poverty. These diseases thrive in areas where access to adequate sanitation, clean water, and health care is limited, and residents live near animals and infective disease vectors, such as remote and rural areas, informal settlements, or conflict zones. NTDs affect some of the world's poorest, most marginalised communities, predominantly in Africa, Asia, and the Americas (WHO 2020).

In the early 2000s, the World Health Organization (WHO) included seventeen NTDs in its portfolio of communicable diseases caused by bacteria, helminths, protozoa, or viruses. These included Buruli ulcer, Chagas disease, dengue, dracunculiasis (Guineaworm disease), echinococcosis, foodborne trematodiasis, human African trypanosomiasis (sleeping sickness), leishmaniasis, leprosy, lymphatic filariasis (elephantiasis), onchocerciasis (river blindness), rabies, schistosomiasis (snail fever), soil-transmitted helminthiasis (intestinal worms), taeniasis/cysticercosis (pork tapeworm), blinding trachoma, and yaws (WHO 2019 and WHO 2020). Since 2016, this list was expanded to include three additional groups of diseases, for a total of 20 NTDs or groups of NTDs. The new NTDs include mycetoma, chromoblastomycosis, and other deep mycoses, scabies, other ectoparasites, and snakebite envenoming (WHO 2019 and WHO 2020).

12.2 NEGLECTED TROPICAL DISEASES IN ETHIOPIA

Ethiopia has the highest burden of trachoma in the world, with 798 woredas (districts) endemic for trachoma, 342,800 residents with *Trachomatous trichiasis*, and 72 million at risk of trachoma. Over 25 million residents are at risk of onchocerciasis in 239 woredas. Parts of five regions (Amhara, Oromia, SNNP, Gambela, and Benishangul-Gumuz) are known to be endemic for onchocerciasis. The intestinal form of schistosomiasis (caused by *Schistosoma mansoni*) is widely distributed throughout the country, while the urogenital form (caused by *S. haematobium*) is restricted primarily to the Rift Valley Region. Reinfection is common because of the parasite's transmission dynamics and human behaviour.

Schistosomiasis infections are distributed widely throughout the country with 96.7 million living in soil-transmitted helminth-endemic areas, which includes 12.9 million pre-school children, while lymphatic filariasis is endemic in 88 woredas. Geographic coverage with mass drug administration (MDA) reached 100% in 2016.

Up to 1.5 million individuals are affected by podoconiosis and about 35 million individuals are at risk in 345 woredas. The national prevalence of podoconiosis is 4%, with the highest prevalence in the SNNP Region (8%), followed by the Oromia (4%) and Amhara (4%) regions. Guinea worm disease (GWD or dracunculiasis) has low level transmission, but has continued in Gogand and Abobo, two woredas in the Gambela Region, (Deribe et al 2015 and 2017 and MOH 2021).

During the Health Sector Transformation Period I, there was regular MDA to all residents at risk of morbidity and/or infection, as well as intensified disease management within the primary health care system. This led to remarkable progress toward the control and elimination of targeted NTDs. Guinea worm transmission was interrupted in 10 woredas. Intensified implementation of the trachoma control programme enabled 610,000 cases to be controlled. Coverage with preventive therapeutic treatment for trachoma reached 85%. Preventive chemotherapy coverage for onchocerciasis, soil transmitted helminths, schistosomiasis, and lymphatic filariasis reached 100%, 95%, 85%, and 94%, respectively (Health Sector Transformation Plan II 2020/21-2024/25).

This chapter explores the provision of NTD services at health facilities in Ethiopia:

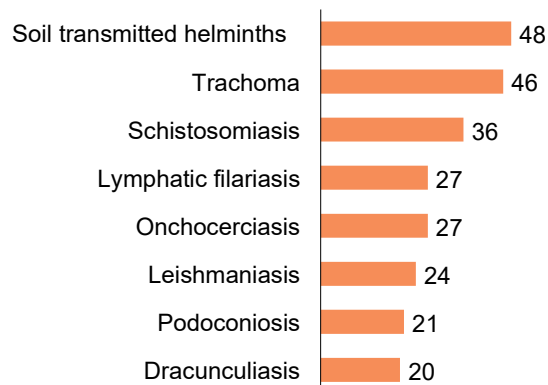
- **Availability of services:** Section 12.3 examines the availability of NTD services.
- **Service readiness:** Section 12.4 addresses the availability of medicines, guidelines, and trained staff to provide high quality client services.

12.3 AVAILABILITY OF SERVICES FOR NEGLECTED TROPICAL DISEASES

Table 12.1 shows the availability of specific services for NTDs by facility type, managing authority, regions, and urban-rural location. Services were considered available when the provider in the facility diagnoses, prescribes treatment, or manages patients with certain neglected tropical diseases (NTDs). Among facilities, excluding health posts, 48% offer services for soil transmitted helminths and 46% for trachoma. The lowest service offered by the facilities is for dracunculiasis, which accounted for 11% of the cases (**Figure 12.1**).

Figure 12.1 Availability of services for neglected tropical diseases, excluding health posts

Percentage of facilities that offer services for neglected tropical diseases (N=403)



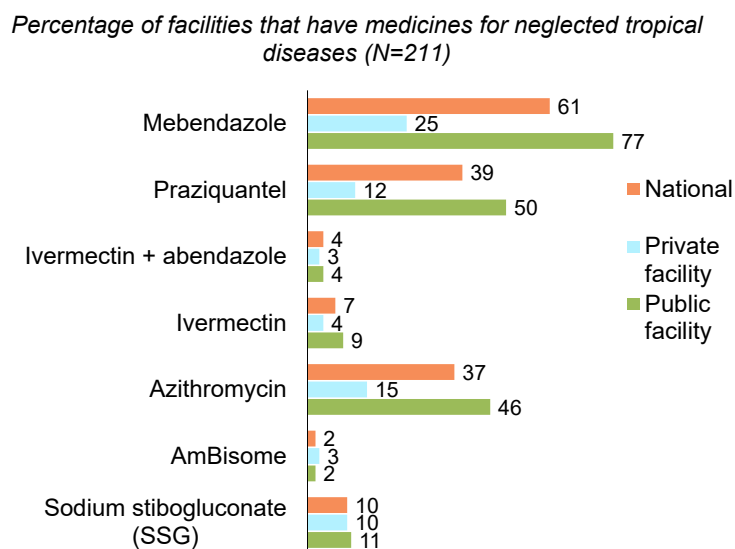
The availability of services for all NTDs is better in hospitals than in other facilities, with ranges from 78% to 81% for soil transmitted helminths, and 78% to 84% for trachoma. Overall, public health facilities provide NTDs services that range from 29% for dracunculiasis to 66% for soil transmitted helminths and trachoma. The percentage of private facilities that provide NTDs services ranges from 10% for podoconiosis to 28% for soil transmitted helminthiasis. (**Table 12.1**). Among regions, the lowest NTD service availability for soil transmitted helminths and trachoma was in the Benishangul Gumuz Region (7%), while the highest service availability was found in the Sidama Region at 69% and 59%, respectively (**Table 12.1**).

12.4 READINESS TO PROVIDE QUALITY NTDs SERVICES

12.4.1 Availability of Medicines

Table 12.2 shows the availability of selected medicines for NTDs among all facilities, excluding health posts, by background characteristics. The availabilities of medicines for NTDs ranged from the lowest (2%) for amBisome to the highest at 61% for mebendazole. The three most commonly available medicines are mebendazole, praziquantel, and azithromycin, at 61%, 39%, and 37%, respectively (Figure 12.2). Based on the type of facilities, mebendazole availability ranged from the lowest (22%) in lower clinics to 89% in the primary hospitals. These medicines are more available in public facilities than in private facilities. The availabilities of NTDs medicines varied across regions, and depended on the endemicity of the selected NTDs (Table 12.1).

Figure 12.2 Availability of medicines for neglected tropical diseases, excluding health posts

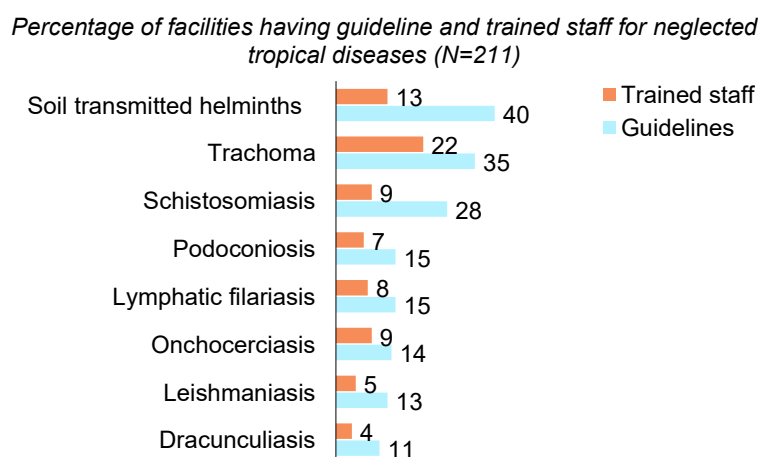


12.4.2 Guidelines and Trained Staff

Guideline for Neglected Tropical Diseases

Overall, among all facilities, excluding health posts, that offer services for NTDs diagnosis and treatment, the availability of guidelines to provide services for NTDs ranged from 11% for dracunculiasis to 40% for soil-transmitted helminths (Figure 12.3). The availabilities of guidelines for NTDs vary by type of facilities, managing authorities, region, and urban- rural location. Public facilities have greater availability of guidelines for the diagnosis and/or treatment of soil transmitted helminths and

Figure 12.3 Availability of guidelines and trained staff for neglected tropical diseases, excluding health posts



trachoma, 44% and 42%, respectively than private facilities, 33% and 19%, respectively. The availability of guidelines for the diagnosis and/or treatment for soil-transmitted diseases ranged from 6% in the speciality/higher clinics to 53% in general hospitals. Among regions, the lowest guideline availability for soil-transmitted disease diagnosis and treatment was found in the Gambela Region (20%) and the highest found in the Benishangul Gumuz Region (71%). For trachoma diagnosis and/or treatment, the lowest numbers of facilities with guidelines was found in Harari (17%) and the highest in the Benishangul Gumuz Region (100%). Forty-four percent of facilities in urban areas and 37% in the rural areas have guidelines

for the diagnosis and/or management of soil-transmitted helminths, one-third of facilities in urban areas, and 37% of facilities in rural areas have guidelines for the diagnosis and management of trachoma. For schistosomiasis, three in ten facilities of urban areas and one-fourth of facilities in rural areas have the guidelines for the diagnosis and management of this disease (**Table 12.3**).

Trained Staff for Neglected Tropical Diseases

On the day of the survey, only 13% and 22% of facilities had trained staff available for the diagnosis and treatment of soil-transmitted helminths and trachoma, respectively (**Figure 12.3**). In general, the availability of trained staff for the diagnosis and/or management of NTDs vary across facility type, managing authority, region, and urban-rural locations. Fewer providers in the rural areas receive training on the diagnosis and/or management of soil-transmitted helminths, trachoma, and schistosomiasis than those in the urban areas, 16.33% and 11%, respectively (**Table 12.3**).

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- **Table 12.2** **Availability of neglected tropical disease medicines in facilities that offer neglected tropical disease services**
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Table 12.1 Service availability for neglected tropical diseases

Among all facilities, excluding health posts, the percentages that offer services for neglected tropical diseases, by background characteristics, Ethiopia SPA 2021–22

Background characteristics	Percentage of facilities that offer services for neglected tropical diseases:								Number of facilities
	Onchocerciasis ¹	Lymphatic filariasis ²	Schistosomiasis ³	Soil transmitted helminths ⁴	Trachoma ⁵	Dracunculiasis ⁶	Podoconiosis ⁷	Leishmaniasis ⁸	
Facility type									
Referral hospital	59	72	84	81	84	56	66	63	2
General hospital	59	66	73	78	78	56	55	67	7
Primary hospital	44	43	53	79	78	35	34	43	15
Health centre	38	40	52	68	67	28	32	33	181
Specialty/Higher clinic	13	13	3	3	2	2	2	2	7
Medium clinic	23	19	35	44	39	14	14	19	92
Lower clinic	4	4	5	9	10	5	4	5	97
Managing authority									
Public	39	41	51	66	66	29	32	34	205
Private	14	12	21	28	26	11	10	13	198
Region									
Afar	10	10	28	31	25	14	9	3	7
Amhara	21	25	47	53	51	21	18	25	95
Oromia	32	30	36	49	48	20	24	26	152
Somali	41	41	55	51	50	32	27	39	15
Benishangul									
Gumuz	7	5	5	7	7	5	3	4	7
SNNP	24	25	24	43	48	18	25	18	68
Sidama	32	31	47	69	59	19	22	33	13
Gambela	39	31	33	43	41	23	15	24	9
Harari	20	13	40	50	37	10	10	13	2
Addis Ababa	15	17	25	38	30	13	13	15	33
Dire Dawa	50	50	55	59	57	48	48	48	3
Urban/Rural									
Urban	28	27	37	47	43	20	18	25	212
Rural	26	27	36	48	50	19	24	22	191
National	27	27	36	48	46	20	21	24	403

¹ Providers in the facility diagnose, prescribe treatment, or manage patients with onchocerciasis.² Providers in the facility diagnose, prescribe treatment, or manage patients with lymphatic filariasis.³ Providers in the facility diagnose, prescribe treatment, or manage patients with schistosomiasis.⁴ Providers in the facility diagnose, prescribe treatment, or manage patients with soil transmitted helminths.⁵ Providers in the facility diagnose, prescribe treatment, or manage patients with trachoma.⁶ Providers in the facility diagnose, prescribe treatment, or manage patients with dracunculiasis.⁷ Providers in the facility diagnose, prescribe treatment, or manage patients with podoconiosis.⁸ Providers in the facility diagnose, prescribe treatment, or manage patients with leishmaniasis.

Table 12.2 Availability of neglected tropical disease medicines in facilities that offer neglected tropical disease services

Among all facilities, excluding health posts, and offering neglected tropical disease (NTD) diagnosis and treatment services, the percentage that have NTD medicines available in the facility on the day of the survey, by background characteristics, Ethiopia SPA 2021–22

Background characteristics	Percentage of facilities that offer NTD diagnosis and/or treatment services that have:							Number of facilities that offer NTD diagnosis and/or treatment services
	Sodium stibogluconate (SSG)	AmBisome	Azithromycin	Ivermectin	Ivermectin + albendazole	Praziquantel	Mebendazole	
Facility type								
Referral hospital	21	14	82	11	11	68	79	2
General hospital	13	6	84	7	5	61	79	6
Primary hospital	28	5	76	5	2	51	89	12
Health centre	10	2	43	9	4	48	75	135
Specialty/Higher clinic	0	0	6	0	0	0	11	1
Medium clinic	5	0	5	1	1	10	19	45
Lower clinic	17	16	16	18	16	16	22	10
Managing authority								
Public	11	2	46	9	4	50	77	149
Private	10	3	15	4	3	12	25	63
Region								
Afar	6	3	65	3	0	41	65	2
Amhara	13	0	49	10	3	47	69	52
Oromia	4	2	35	7	4	41	55	79
Somali	48	17	36	23	16	42	76	8
Benishangul Gumuz	29	29	71	29	29	41	71	1
SNNP	15	3	33	6	3	28	70	37
Sidama	6	0	22	0	0	20	62	10
Gambela	11	0	16	11	5	22	44	4
Harari	6	6	28	11	11	33	28	1
Addis Ababa	4	2	29	0	1	40	43	15
Dire Dawa	9	0	40	3	3	33	67	2
Urban/Rural								
Urban	15	4	36	6	4	32	54	109
Rural	5	1	38	8	4	46	69	102
National	10	2	37	7	4	39	61	211

Table 12.3 Availability of neglected tropical disease guidelines and trained staff in facilities that offer neglected tropical disease services

Among all facilities, excluding health posts, that offer neglected tropical disease (NTD) diagnosis and treatment services, the percentage that have NTD guidelines and trained staff available in the facility on the day of the survey, by background characteristics, Ethiopia SPA 2021–22

Background characteristics	Percentage of facilities that offer NTD diagnosis and/or treatment that have guidelines on:							Percentage of facilities that offer NTD diagnosis and/or treatment that have staff trained in:							Number of facilities that offer NTD diagnosis and/or treatment services		
	Oncho-cerciasis	Lymphatic filariasis	Schisto-somiasis	Soil transmitted helminths	Trachoma	Dracun-culiasis	Podoco-niosis	Leish-maniasis	Oncho-cerciasis	Lymphatic filariasis	Schisto-somiasis	Soil transmitted helminths	Trachoma	Dracun-culiasis		Podo-coniosis	Leish-maniasis
Facility type																	
Referral hospital	18	29	39	46	64	21	21	39	7	11	4	4	46	7	11	18	2
General hospital	32	33	48	53	52	32	32	39	11	11	14	16	25	7	9	14	6
Primary hospital	21	18	32	41	37	13	14	21	6	5	8	12	16	6	4	7	12
Health centre	15	17	28	43	41	11	16	12	11	11	12	18	30	5	9	6	135
Specialty/Higher clinic	0	0	6	6	6	0	0	0	0	0	0	0	0	0	0	0	1
Medium clinic	11	8	24	36	21	7	10	12	4	1	1	2	5	0	0	4	45
Lower clinic	2	2	16	16	2	3	0	2	2	3	15	0	2	1	0	0	10
Managing authority																	
Public	16	18	29	44	42	12	17	14	11	11	11	18	30	5	9	6	149
Private	10	8	24	33	19	7	9	11	3	1	4	2	5	1	0	3	63
Region																	
Afar	0	3	41	54	51	14	0	0	3	0	3	3	27	3	0	0	2
Amhara	17	19	53	59	52	21	21	25	7	5	24	15	39	5	7	8	52
Oromia	9	13	14	29	22	2	13	7	5	7	0	5	9	0	2	3	79
Somali	29	14	33	45	31	9	8	13	25	17	16	30	10	4	3	8	8
Benishangul Gumuz	100	71	71	71	100	71	41	59	100	71	71	71	100	71	29	59	1
SNNP	20	18	18	35	40	12	17	10	21	16	8	26	40	8	20	9	37
Sidama	4	4	22	42	35	1	1	13	0	0	4	19	15	0	0	1	10
Gambela	20	7	12	20	24	18	2	9	15	10	14	18	15	19	2	8	4
Harari	17	6	22	39	17	0	0	6	11	0	6	6	11	0	0	0	1
Addis Ababa	13	10	36	54	37	16	12	15	2	6	5	7	4	5	1	2	15
Dire Dawa	25	28	34	34	28	31	25	25	0	0	0	0	0	6	0	0	2
Urban/Rural																	
Urban	16	15	30	44	33	13	13	17	5	6	7	10	12	4	4	8	109
Rural	12	15	25	37	37	8	16	9	13	10	11	16	33	4	10	3	102
National	14	15	28	40	35	11	15	13	9	8	9	13	22	4	7	5	211

Key Findings

- The diagnostic accuracy of pulmonary tuberculosis (PTB) was 88%.
- The diagnostic accuracy of service providers based on the average of four disease conditions (malaria, PTB, post-partum haemorrhage (PPH), and birth asphyxia) was 70%.

13.1 ESPA APPROACH TO ASSESSING PROVIDERS' CLINICAL KNOWLEDGE

A health provider interview that solicited information from health service providers on their qualifications (training, experience, and continuing education), supervision received, and perceptions of the service delivery environment was used to assess the quality of health service delivery in selected health facilities in Ethiopia.

The health conditions that were selected by their relevance to the overall disease burden in Ethiopia included malaria, NCDs, tuberculosis (TB), HIV, and sexually transmitted infections (STI), as well as maternal and child health. The assessment evaluated the management of these conditions by health care providers. The clinical knowledge questionnaire was adjusted according to the national guidelines and standards. The four case simulations in the clinical knowledge assessment were pulmonary TB (PTB), malaria (with and without anaemia), post-partum haemorrhage (PPH), and birth asphyxia.

The enumerators read the scenarios and asked the providers follow-up questions about their inquiries into additional history, physical examinations conducted, laboratory investigations ordered, and the treatment and management of the patient in each scenario. The questions were organised with a multiple response format. The enumerator circled the responses without showing the lists of possible responses to the providers. When a respondent provided a response that was not in the list, the enumerator recorded those responses in the “other” category. During data cleaning, additional codes were assigned to those responses. The responses that were similar to the existing choices were recoded and then added to the most relevant response in the list.

The clinical knowledge interview collected adequate information to roughly estimate the providers' diagnostic accuracy and adherence to clinical guidelines or standards for the selected diseases conditions in all types of hospitals, health centres, and clinics. For each health condition, diagnostic accuracy was measured by assigning a score of one if the correct diagnosis was cited. In some cases, respondents offered multiple differential diagnoses. In this case, the diagnosis was marked correct if it was mentioned in the response, irrespective of the other alternative diagnoses that were cited.

Assessment of adherence to clinical guidelines was based on the required minimum knowledge. The assessment considered only the most critical items that need to be undertaken.

13.2 HEALTH PROVIDER CLINICAL KNOWLEDGE**13.2.1 Diagnostic Accuracy**

Of the total 8,564 eligible respondents, 8,424 (98%) participated in the clinical knowledge assessment in the health workers questionnaire. The number of providers interviewed for diagnostic accuracy of specific

diseases was 5,595 (**Table 13. 1**) with 8% general practitioners or medical specialists, 19% health officers or integrated emergency surgical officers (IESO), 31% were BSc nurses or midwives, and the majority (41%) was diploma nurses or midwives.

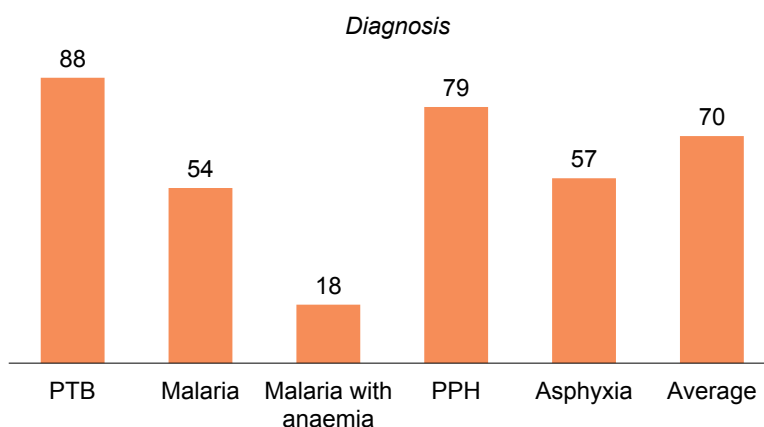
The results were disaggregated by facility type, managing authority of the facility, region, location of the facility (urban or rural) type, and health provider category.

Figure 13.1 shows the diagnostic accuracy for pulmonary tuberculosis (PTB), malaria, post-partum haemorrhage (PPH), and birth asphyxia. The diagnostic accuracy for PTB was (88%), PPH (79%), birth asphyxia (57%), and malaria (54%). The overall diagnostic accuracy of the four disease conditions was an average 70%.

The interviewees' background characteristics provided additional information about the performance of the providers (**Table 13. 1**).

There was no marked variation in the average diagnostic accuracy of the four diseases by managing authority, region, facility type, provider category, and location (urban vs. rural).

Figure 13.1 Diagnostic accuracy of interviewed health care providers on specified disease conditions among facilities



13.2.2 Adherence to Clinical Guidelines

The clinicians' adherence to clinical guidelines for clients' history taking, physical examinations, laboratory investigations, and treatment of the specified disease conditions is the basis for the assessment of process quality.

Adherence to TB Clinical Guideline

When a provider considers the following clinical conditions for a given scenario, it is considered that the guideline for TB has been followed.

- **TB history taking (Hx):** Duration of cough; type of cough (productive or dry); presence of blood in the sputum; pattern of sweats (night); weight loss; and medication or treatment history.
- **TB physical examination (PE):** Temperature taken, respiratory rate recorded; chest examination (auscultation or other) completed.
- **TB investigations or laboratory tests (Ix):** Sputum for acid-fast bacilli (AFB) (taken spot); HIV test.
- **TB treatment and management (Mx):** Combination therapy: 4 drugs for 2 months and 2 drugs for 6 months; refer to another provider or facility.
- **TB health education (HE):** Adherence to treatment; cough hygiene; and diet.

Overall, the adherence of providers to clinical guidelines for client history taking, physical examination, and investigation of the PTB case was 45%, 61%, and 52%, respectively. There was no major variation in adherence by facility type, region, and providers' category.

Adherence to clinical guidelines for the management of PTB, and patient and health education was 35% and 41%, respectively (**Table 13. 2**).

Adherence to Malaria Guidelines

When a provider considered the following clinical conditions for the given scenario, it was considered that the guideline of malaria was followed.

- **Malaria history taking (Hx):** Duration of fever; presence of fever and pattern; history of convulsions; history of vomiting; loss of appetite and changes in eating habits; malaria risk identification: address and bed net use.
- **Malaria physical examination (PE):** Temperature taken; responsiveness or general condition; check for neck stiffness.
- **Malaria with anaemia or malaria laboratory investigations (Ix):** Microscopy or blood film for malaria parasite (BF); rapid diagnostic test; and haemoglobin.
- **Malaria with anaemia or malaria alone treatment or management (Mx):** Artemether/lumefantrine (AL) 6 dose regimen, 2 tablets per dose (coartem); adequate fluid and nutrition; chloroquine; and micronutrient supplement.
- **Malaria with anaemia or malaria health education (HE):** Prompt return if symptoms worsen.

Overall, the adherence of providers to clinical guidelines for client history taking, physical examination, and investigation for malaria or malaria with anaemia was 36%, 42%, and 28% respectively. There was no major variation in history taking, physical examination, and investigation with this disease condition by facility type, region, and providers' category (**Table 13. 2**).

Adherence to Post-Partum Haemorrhage (PPH) Clinical Standards

When a provider considers the following clinical conditions for the given PPH scenario, it is considered that the standards of PPH have been followed .

- **PPH history taking (Hx):** Amount of bleeding, placenta delivery.
- **PPH physical examination (PE):** Take pulse rate, blood pressure, inspect laceration/tears of genital tract (cervical, vaginal, or vulvo-perineal tears); bimanual abdominal examination.
- **PPH investigations or laboratory tests (Ix):** Blood grouping and cross-matching; haemoglobin level.
- **PPH treatment and management (Mx):** Secure intravenous line, do bimanual uterine massage and express any clots, put oxytocin drip 20 units in 50 ml dextrose or normal saline to run at 20 drops per minute for about 2 hours, refer to other provider or facility.

Overall, the adherence of providers to clinical guidelines for client history taking, physical examination, and investigation for PPH was 47%, 43%, and 57% respectively. There was no major variation in history taking and physical examination of PPH by facility type, region, and providers' category. The Benishangul Gumuz (82%) and Addis Ababa (63%) regions were more likely to investigate PPH than the SNNP (49%) and Sidama (45%) regions.

In general, adherence to treatment or management of PPH based on the standards was 42%. There was no major variation in management of PPH by facility type, although general practitioner or medical specialists (72%) were more likely to conduct laboratory investigations than the diploma nurses or midwives (47%) (**Table 13.2**).

Adherence to Birth Asphyxia Clinical Standards

When a provider considers the following clinical conditions for the given scenario, it was considered that the standard of birth asphyxia was followed.

- **Physical examination (PE):** Check heart rate (per minute), observe respiratory effort; muscle tone, test reflex irritability (nasal catheter), assess neonate's colour, score neonate with APGAR scale.
- **Treatment and management (Mx):** Clear air way using sucker, keep the baby warm, initiate resuscitation with bag and mask.

Provider adherence to clinical guidelines for physical examination of birth asphyxia was 36%. Adherence to management of birth asphyxia was 61%. There was no major variation in physical examination, and treatment or management of birth asphyxia by facility type (**Table 13. 2**).

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- **Table 13.2** **Adherence to clinical guidelines**

Table 13.1 Diagnostic accuracy

Diagnostic accuracy by background characteristics, Ethiopia SPA 2021–22

Background characteristics	Percentage of health care providers responding with accurate diagnosis for the given case scenario:						Average of 4 conditions:		Number of health workers
	TB	Malaria with anaemia	Malaria	Malaria with anaemia or malaria	Post partum hemorrhage (PPH)	Asphyxia	TB, malaria with anaemia, PPH, and asphyxia	TB, malaria with anaemia, PPH, and asphyxia	
Facility type									
Referral hospital	90	13	42	52	84	65	63	73	159
General hospital	87	18	48	62	84	61	62	73	480
Primary hospital	89	19	52	66	85	62	64	75	910
Health centre	89	18	57	70	79	58	61	74	3,198
Specialty/higher clinic	97	13	32	45	78	67	64	72	36
Medium clinic	85	17	50	64	71	46	55	67	508
Lower clinic	85	19	57	73	70	39	53	67	304
Managing authority									
Public	89	18	55	68	80	59	62	74	4,495
Private	86	18	50	64	75	48	57	68	1,100
Region									
Afar	85	7	73	78	68	48	52	70	79
Amhara	90	21	65	74	77	66	64	77	1,242
Oromia	88	24	41	63	84	60	64	74	1,688
Somali	87	21	55	70	88	47	61	73	198
Benishangul Gumuz	96	18	98	98	97	69	70	90	94
SNNP	88	11	63	73	74	44	55	70	1,164
Sidama	94	10	58	67	62	53	55	69	266
Gambela	85	20	68	87	63	56	56	73	75
Harari	83	21	41	63	74	54	58	68	30
Addis Ababa	83	15	43	51	85	59	60	70	702
Dire Dawa	89	13	39	52	86	60	62	72	55
Urban/Rural									
Urban	86	17	53	65	80	58	60	72	3,179
Rural	91	20	56	71	78	56	61	74	2,415
Provider category									
General practitioner/medical specialist	95	32	51	75	95	85	77	87	439
Health officer/IESO	91	25	53	72	90	66	68	80	1,044
BSc nurse/midwife	87	18	50	63	82	62	62	73	1,723
Diploma nurse/midwife	87	13	59	68	70	45	54	67	2,309
Health extension workers level 3 and 4/other clinical staff	83	14	50	62	59	40	49	61	79
National	88	18	54	68	79	57	61	73	5,595

Table 13.2 Adherence to clinical guidelines

Adherence to clinical guidelines (client history taking) by background characteristics, Ethiopia SPA 2021–22

Background characteristics	Tuberculosis					Malaria with anaemia					PPH				Birth asphyxia		Number of health workers
	Hx ¹	PE ²	Ix ³	Mx ⁴	HE ⁵	Hx ⁶	PE ⁷	Ix ⁸	Mx ⁹	HE ¹⁰	Hx ¹¹	PE ¹²	Ix ¹³	Mx ¹⁴	PE ¹⁵	Mx ¹⁶	
Facility type																	
Referral hospital	42	67	50	33	40	35	36	33	21	50	54	47	62	40	39	64	159
General hospital	45	63	52	35	42	35	36	40	24	45	52	47	67	42	38	63	480
Primary hospital	45	65	51	34	41	35	38	40	28	54	51	48	65	44	39	67	910
Health centre	45	59	53	35	41	34	35	43	29	53	47	41	55	43	35	62	3,198
Specialty/higher clinic	50	72	47	48	43	27	37	54	25	58	63	35	72	34	43	67	36
Medium clinic	47	64	49	38	43	35	36	42	26	47	41	42	53	35	35	53	508
Lower clinic	45	59	46	36	33	34	38	41	31	43	35	38	41	35	31	47	304
Managing authority																	
Public	45	60	53	35	41	35	36	42	28	52	48	43	58	44	36	62	4,495
Private	45	64	49	37	40	34	36	41	27	46	43	43	54	35	36	57	1,100
Region																	
Afar	47	59	55	35	37	35	39	43	28	54	49	39	55	43	30	56	79
Amhara	51	69	51	35	42	38	38	44	30	55	52	41	57	42	38	65	1,242
Oromia	45	61	53	39	42	36	35	44	27	52	44	47	61	42	35	64	1,688
Somali	39	54	50	47	34	32	38	47	28	66	46	43	58	50	37	62	198
Benishangul Gumuz	74	75	51	20	49	66	52	47	47	78	81	49	82	57	76	90	94
SNNP	40	51	52	32	36	30	35	36	30	49	43	40	49	42	32	58	1,164
Sidama	43	59	52	28	50	29	31	35	31	39	46	43	45	40	23	46	266
Gambela	45	65	56	33	47	34	38	42	41	50	44	43	53	42	28	57	75
Harari	34	58	43	13	31	27	32	31	8	29	37	34	50	26	25	47	30
Addis Ababa	44	63	49	33	40	33	35	41	22	42	48	41	63	40	40	58	702
Dire Dawa	48	67	53	43	46	42	48	38	24	58	54	53	60	51	39	69	55
Urban/Rural																	
Urban	46	63	50	35	40	35	36	42	27	50	48	43	60	40	38	61	3,179
Rural	44	58	54	35	41	34	36	42	29	53	46	43	54	44	33	62	2,415

Continued...

Table 13.2—Continued

Background characteristics	Tuberculosis					Malaria with anaemia					PPH				Birth asphyxia		Number of health workers
	Hx ¹	PE ²	Ix ³	Mx ⁴	HE ⁵	Hx ⁶	PE ⁷	Ix ⁸	Mx ⁹	HE ¹⁰	Hx ¹¹	PE ¹²	Ix ¹³	Mx ¹⁴	PE ¹⁵	Mx ¹⁶	
Provider category																	
General practitioner/medical specialist	58	81	60	42	47	47	49	48	35	64	64	60	78	52	55	76	439
Health officer/IESO	53	69	56	38	43	39	40	49	32	58	46	49	64	45	38	63	1,044
BSc nurse/midwife	44	62	50	34	40	35	35	41	26	49	50	44	62	43	37	64	1,723
Diploma nurse/midwife	41	54	50	33	39	31	33	37	26	47	43	37	47	39	31	57	2,309
Health extension workers level 3 and 4/other clinical staff	31	41	46	28	34	24	29	35	24	34	32	35	35	32	22	42	79
National	45	61	52	35	41	35	36	42	28	51	47	43	57	42	36	61	5,595

Hx = history taking; PE = physical examination; Ix = Investigations/tests; Mx = management/treatment; HE = health education.

¹ TB-History taking (Hx): Duration of cough; type of cough (productive, dry); presence of blood in sputum; pattern of sweats (night); weight loss; medication/treatment history

² TB-Physical Examination (PE): Take temperature; take respiratory rate; chest examination (auscultation or other).

³ TB-Investigations/Tests (Ix): Sputum for AFB (taken spot); HIV test.

⁴ TB-Treatment/Management (Mx): Combination therapy: 4 drugs for 2 months and 2 drugs for 6 months; refer to another provider or facility.

⁵ TB-Health Education: Adherence to treatment; isolation.

⁶ Malaria with anaemia/Malaria-History Taking (Hx): Duration of fever; presence of fever and pattern; history of convulsions; history of vomiting; loss of appetite/changes in eating habits; travel history.

⁷ Malaria with anaemia/Malaria-Physical Examination (PE): Take temperature; responsiveness/general condition; check for neck stiffness.

⁸ Malaria with anaemia/Malaria-Investigations/Tests (Ix): Microscopy/blood slide for malaria parasite (BF); rapid diagnostic test; haemoglobin.

⁹ Malaria with anaemia/Malaria-Treatment/Management (Mx): Artemether/lumefantrine (AL) 6 dose regimen, 2 tablets per dose (coartem); adequate fluid and nutrition; chloroquine.

¹⁰ Malaria with anaemia/Malaria-Health Education (HE): Prompt return if symptoms worsen.

¹¹ PPH-History Taking (Hx): Amount of bleeding; placenta delivery.

¹² PPH-Physical Examination (PE): Take pulse rate; blood pressure; laceration/tears of genital tract (cervical/vaginal/vulvo-perineal tears; abdominal cramp or pain).

¹³ PPH-Investigations/Tests (IX): Blood grouping and cross matching; haemoglobin level.

¹⁴ PPH-Treatment/Management (Mx): Put in intravenous line; do bimanual uterine massage and express any clots; put in an oxytocin drip 20 units in 50 ml dextrose or normal saline to run at 20 drops per minute for about 2 hours; refer to other provider or facility.

¹⁵ Birth asphyxia-Physical Examination (PE): Check heart rate (per minute); observe respiration effort; muscle tone; test reflex irritability (nasal catheter); look at neonate's colour; score neonate with APGAR scale.

¹⁶ Birth asphyxia-Treatment/Management (Mx): Clear air way using sucker; keep the baby warm; initiate resuscitation with bag and mask.

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STAFF LISTING FORM: HEALTH WORKERS AVAILABLE ON DAY OF VISIT

FACILITY NUMBER HEALTH FACILITY NAME: _____ TOTAL NUMBER OF PROVIDERS LISTED ON ALL 5 SHEETS INTERVIEWER CODE

LIST ALL CLINICAL STAFF / PROVIDERS WHO ARE PRESENT TODAY IN THIS FACILITY. COMPLETE THIS LIST AS THE TEAM MOVES FROM ONE SERVICE AREA (OR DEPARTMENT) TO ANOTHER OBTAINING INFORMATION ON THE SERVICES THAT THE FACILITY PROVIDES AND FOR WHICH INVENTORY SECTIONS ARE BEING COMPLETED, AND/OR FOR WHICH CLIENT-PROVIDER OBSERVATIONS ARE BEING DONE. WRITE THE HEALTH WORKER'S QUALIFICATION CODE IN COLUMN 3 "PROVIDER QUALIFICATION CODE", AND THE PROVIDER'S GENDER UNDER COLUMN 4 "GENDER". PUT CHECK MARKS IN THE APPROPRIATE HEADINGS UNDER COLUMN 5 "SERVICES PROVIDED IN FACILITY" TO INDICATE THE SERVICE THAT THE PROVIDER PROVIDES IN THE FACILITY. IN COLUMN 6 "INTERVIEWED FOR INVENTORY", CIRCLE THE LINE NUMBER IF THE PROVIDER WAS INTERVIEWED FOR ANY SECTION OF THE INVENTORY QUESTIONNAIRE. FINALLY, IN COLUMN 7 "SELECTED FOR HEALTH WORKER INTERVIEW" CIRCLE THE LINE NUMBER IF THE PROVIDER IS SELECTED TO BE INTERVIEWED WITH THE INDIVIDUAL HEALTH WORKER QUESTIONNAIRE.

(1)	(2)	(3)	(4)	(5)											(6)	(7)			
				SERVICES PROVIDED IN FACILITY															
PROV SERIAL NUMBER	NAME OF PROVIDER	PROVIDER QUALIFICATION CODE	GENDER	HIV AND TESTING	DIAGNOSIS/TREATMENT				NCD	ANTENATAL CARE	PMTCT	DELIVERY	FAM PLANNING	CHILD HEALTH	SURGERY	CONDUCT LABORATORY TESTS	OTHER CLIENT SERVICES	INTERVIEWED FOR INVENTORY	SELECTED FOR HEALTH WORKER INTERVIEW
					HIV PRESCRIBE ART	COUNSELING	HIV/AIDS RELATED	MALARIA												TB	STI
01																	01	01	
02																	02	02	
03																	03	03	
04																	04	04	
05																	05	05	
06																	06	06	
07																	07	07	
08																	08	08	
09																	09	09	
10																	10	10	
11																	11	11	
12																	12	12	
13																	13	13	
14																	14	14	
15																	15	15	
16																	16	16	
17																	17	17	
18																	18	18	
19																	19	19	
20																	20	20	

PROVIDER QUALIFICATION CATEGORY:

GENERAL PRACTITIONER.....	01	NURSE (DIPLOMA).....	12
MD SPECIALIST: GENERAL SURGEON.....	02	NURSE (BSc).....	14
MD SPECIALIST: OBSTETRICIAN AND GYNAECOLOGO.....	04	PUBLIC HEALTH NURSE.....	15
MD SPECIALIST: INTERNIST.....	05	MIDWIFES (BSc).....	16
MD SPECIALIST: PEDIATRICIAN.....	06	MIDWIFES (DIPLOMA).....	17
MD PSYCHIATRIST.....	07	SPECIALIZED NURSE INCLUDING NEONA.....	18
OTHER MD SPECIALIST, INCLUDING SERVICE SPE.....	09	INTEGRATED EMERGENCY SURGICAL OFFICER (IESO).....	21
HEALTH OFFICER.....	10	MSc IN MEDICAL LABORATORY.....	24
		LABORATORY TECHNOLOGIST.....	25
		LABORATORY TECHNICIAN.....	26
		MICROBIOLOGIST.....	27
		BIO-MEDICAL ENGINEER.....	28
		HEALTH EXTENSION WORKER LEVEL 3.....	42
		HEALTH EXTENSION WORKER LEVEL 4.....	43
		OTHER CLINICAL STAFF NOT LISTED ABOVE.....	44
		NO TECHNICAL QUALIFICATION/NON CLINICAL STAFF.....	95

PROVIDER GENDER:
 MALE: 1
 FEMALE: 2

STAFF LISTING FORM: HEALTH WORKERS AVAILABLE ON DAY OF VISIT

FACILITY NUMBER

INTERVIEWER CODE

LIST ALL CLINICAL STAFF / PROVIDERS WHO ARE PRESENT TODAY IN THIS FACILITY. COMPLETE THIS LIST AS THE TEAM MOVES FROM ONE SERVICE AREA (OR DEPARTMENT) TO ANOTHER OBTAINING INFORMATION ON THE SERVICES THAT THE FACILITY PROVIDES AND FOR WHICH INVENTORY SECTIONS ARE BEING COMPLETED, AND/OR FOR WHICH CLIENT-PROVIDER OBSERVATIONS ARE BEING DONE. WRITE THE HEALTH WORKER'S QUALIFICATION CODE IN COLUMN 3 "PROVIDER QUALIFICATION CODE", AND THE PROVIDER'S GENDER UNDER COLUMN 4 "GENDER". PUT CHECK MARKS IN THE APPROPRIATE HEADINGS UNDER COLUMN 5 "SERVICES PROVIDED IN FACILITY" TO INDICATE THE SERVICE THAT THE PROVIDER PROVIDES IN THE FACILITY. IN COLUMN 6 "INTERVIEWED FOR INVENTORY", CIRCLE THE LINE NUMBER IF THE PROVIDER WAS INTERVIEWED FOR ANY SECTION OF THE INVENTORY QUESTIONNAIRE. FINALLY, IN COLUMN 7 "SELECTED FOR HEALTH WORKER INTERVIEW" CIRCLE THE LINE NUMBER IF THE PROVIDER IS SELECTED TO BE INTERVIEWED WITH THE INDIVIDUAL HEALTH WORKER QUESTIONNAIRE.

(1)	(2)	(3)	(4)	(5)											(6)	(7)				
				SERVICES PROVIDED IN FACILITY																
PROV SERIAL NUMBER	NAME OF PROVIDER	PROVIDER QUALIFICATION CODE	GENDER	PRESCRIBE ART	HIV COUNSELING AND TESTING	DIAGNOSIS/TREATMENT					ANC	PMCT	DELIVERY	FAM PLANNING	CHILD HEALTH	SURGERY	CONDUCT LABORATORY TESTS	OTHER CLIENT SERVICES	INTERVIEWED FOR INVENTORY	SELECTED FOR HEALTH WORKER INTERVIEW
						HIV/AIDS RELATED	MALARIA	TB	STI	NCD										
21																			21	21
22																			22	22
23																			23	23
24																			24	24
25																			25	25
26																			26	26
27																			27	27
28																			28	28
29																			29	29
30																			30	30
31																			31	31
32																			32	32
33																			33	33
34																			34	34
35																			35	35
36																			36	36
37																			37	37
38																			38	38
39																			39	39
40																			40	40

PROVIDER QUALIFICATION CATEGORY:

- GENERAL PRACTITIONER..... 01
- MD SPECIALIST: GENERAL SURGEON..... 02
- MD SPECIALIST: OBSTETRICIAN AND GYNAECOLOGY..... 04
- MD SPECIALIST: INTERNIST..... 05
- MD SPECIALIST: PEDIATRICIAN..... 06
- MD PSYCHIATRIST..... 07
- OTHER MD SPECIALIST, INCLUDING SERVICE SPE..... 09
- HEALTH OFFICER..... 10
- NURSE (DIPLOMA)..... 12
- NURSE (BSc)..... 14
- PUBLIC HEALTH NURSE..... 15
- MIDWIVES (BSc)..... 16
- MIDWIVES (DIPLOMA)..... 17
- SPECIALIZED NURSE INCLUDING NEONA..... 18
- INTEGRATED EMERGENCY SURGICAL OFFICER (IESO)..... 21
- MSc IN MEDICAL LABORATORY..... 24
- LABORATORY TECHNOLOGIST..... 25
- LABORATORY TECHNICIAN..... 26
- MICROBIOLOGIST..... 27
- BIO-MEDICAL ENGINEER..... 28
- HEALTH EXTENSION WORKER LEVEL 3..... 42
- HEALTH EXTENSION WORKER LEVEL 4..... 43
- OTHER CLINICAL STAFF NOT LISTED ABOVE..... 44
- NO TECHNICAL QUALIFICATION/NON CLINICAL STAFF..... 95

PROVIDER GENDER:
 MALE: 1
 FEMALE: 2

STAFF LISTING FORM: HEALTH WORKERS AVAILABLE ON DAY OF VISIT

--	--	--	--

INTERVIEWER CODE

--	--	--	--

FACILITY NUMBER

LIST ALL CLINICAL STAFF / PROVIDERS WHO ARE PRESENT TODAY IN THIS FACILITY. COMPLETE THIS LIST AS THE TEAM MOVES FROM ONE SERVICE AREA (OR DEPARTMENT) TO ANOTHER OBTAINING INFORMATION ON THE SERVICES THAT THE FACILITY PROVIDES AND FOR WHICH INVENTORY SECTIONS ARE BEING COMPLETED, AND/OR FOR WHICH CLIENT-PROVIDER OBSERVATIONS ARE BEING DONE. WRITE THE HEALTH WORKER'S QUALIFICATION CODE IN COLUMN 3 "PROVIDER QUALIFICATION CODE"; AND THE PROVIDER'S GENDER UNDER COLUMN 4 "GENDER". PUT CHECK MARKS IN THE APPROPRIATE HEADINGS UNDER COLUMN 5 "SERVICES PROVIDED IN FACILITY" TO INDICATE THE SERVICE THAT THE PROVIDER PROVIDES IN THE FACILITY. IN COLUMN 6 "INTERVIEWED FOR INVENTORY", CIRCLE THE LINE NUMBER IF THE PROVIDER WAS INTERVIEWED FOR ANY SECTION OF THE INVENTORY QUESTIONNAIRE. FINALLY, IN COLUMN 7 "SELECTED FOR HEALTH WORKER INTERVIEW" CIRCLE THE LINE NUMBER IF THE PROVIDER IS SELECTED TO BE INTERVIEWED WITH THE INDIVIDUAL HEALTH WORKER QUESTIONNAIRE.

(1)	(2)	(3)		(5)											(6)	(7)	
		PROVIDER QUALIFICATION CODE	GENDER	SERVICES PROVIDED IN FACILITY													
PROV SERIAL NUMBER	NAME OF PROVIDER	PRESCRIBE ART	HIV COUNSELING AND TESTING	DIAGNOSIS/TREATMENT				ANC	PMTCT	DELIVERY	FAM PLANNING	CHILD HEALTH	SURGERY	CONDUCT LABORATORY TESTS	OTHER CLIENT SERVICES	INTERVIEWED FOR INVENTORY	SELECTED FOR HEALTH WORKER INTERVIEW
				HIV/AIDS RELATED	MALARIA	TB	STI										
41															41	41	
42															42	42	
43															43	43	
44															44	44	
45															45	45	
46															46	46	
47															47	47	
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56															56	56	
57															57	57	
58															58	58	
59															59	59	
60															60	60	

PROVIDER QUALIFICATION CATEGORY:

- GENERAL PRACTITIONER 01
- MD SPECIALIST: GENERAL SURGEON 02
- MD SPECIALIST: OBSTETRICIAN AND GYNAECOLOG 04
- MD SPECIALIST: INTERNIST 05
- MD SPECIALIST: PEDIATRICIAN 06
- MD PSYCHIATRIST 07
- OTHER MD SPECIALIST, INCLUDING SERVICE SPEC 09
- HEALTH OFFICER 10

- NURSE (DIPLOMA) 12
- NURSE (BSc) 14
- PUBLIC HEALTH NURSE 15
- MIDWIFES (BSc) 16
- MIDWIFES (DIPLOMA) 17
- SPECIALIZED NURSE INCLUDING NEONA 18
- INTEGRATED EMERGENCY SURGICAL OFFICER (IESO) 21
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- LABORATORY TECHNOLOGIST 25
- LABORATORY TECHNICIAN 26
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- OTHER CLINICAL STAFF NOT LISTED ABOVE 44
- NO TECHNICAL QUALIFICATION/NON CLINICAL STAFF 95

PROVIDER GENDER:
 MALE: 1
 FEMALE: 2

STAFF LISTING FORM: HEALTH WORKERS AVAILABLE ON DAY OF VISIT

FACILITY NUMBER	INTERVIEWER CODE
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LIST ALL CLINICAL STAFF / PROVIDERS WHO ARE PRESENT TODAY IN THIS FACILITY. COMPLETE THIS LIST AS THE TEAM MOVES FROM ONE SERVICE AREA (OR DEPARTMENT) TO ANOTHER OBTAINING INFORMATION ON THE SERVICES THAT THE FACILITY PROVIDES AND FOR WHICH INVENTORY SECTIONS ARE BEING COMPLETED, AND/OR FOR WHICH CLIENT-PROVIDER OBSERVATIONS ARE BEING DONE. WRITE THE HEALTH WORKER'S QUALIFICATION CODE IN COLUMN 3 "PROVIDER QUALIFICATION CODE", AND THE PROVIDER'S GENDER UNDER COLUMN 4 "GENDER". PUT CHECK MARKS IN THE APPROPRIATE HEADINGS UNDER COLUMN 5 "SERVICES PROVIDED IN FACILITY" TO INDICATE THE SERVICE THAT THE PROVIDER PROVIDES IN THE FACILITY. IN COLUMN 6 "INTERVIEWED FOR INVENTORY", CIRCLE THE LINE NUMBER IF THE PROVIDER WAS INTERVIEWED FOR ANY SECTION OF THE INVENTORY QUESTIONNAIRE. FINALLY, IN COLUMN 7 "SELECTED FOR HEALTH WORKER INTERVIEW" CIRCLE THE LINE NUMBER IF THE PROVIDER IS SELECTED TO BE INTERVIEWED WITH THE INDIVIDUAL HEALTH WORKER QUESTIONNAIRE.

(1)	(2)	(3)	(4)	(5)													(6)	(7)	
				SERVICES PROVIDED IN FACILITY															
PROV SERIAL NUMBER	NAME OF PROVIDER	PROVIDER QUALIFICATION CODE	GENDER	HIV PRESCRIBE ART	HIV COUNSELING AND TESTING	DIAGNOSIS/TREATMENT				ANC	PMTCT	DELIVERY	FAM PLANNING	CHILD HEALTH	SURGERY	CONDUCT LABORATORY TESTS	OTHER CLIENT SERVICES	INTERVIEWED FOR INVENTORY	SELECTED FOR HEALTH WORKER INTERVIEW
						HIV/AIDS RELATED	MALARIA	TB	STI										
61																	61	61	
62																	62	62	
63																	63	63	
64																	64	64	
65																	65	65	
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67																	67	67	
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74																	74	74	
75																	75	75	
76																	76	76	
77																	77	77	
78																	78	78	
79																	79	79	
80																	80	80	

PROVIDER QUALIFICATION CATEGORY:

GENERAL PRACTITIONER.....	01	NURSE (DIPLOMA).....	12
MD SPECIALIST: GENERAL SURGEON.....	02	NURSE (BSc).....	14
MD SPECIALIST: OBSTETRICIAN AND GYNAECOLOGO.....	04	PUBLIC HEALTH NURSE.....	15
MD SPECIALIST: INTERNIST.....	05	MIDWIFES (BSc).....	16
MD SPECIALIST: PEDIATRICIAN.....	06	MIDWIFES (DIPLOMA).....	17
MD PSYCHIATRIST.....	07	SPECIALIZED NURSE INCLUDING NEONA.....	18
OTHER MD SPECIALIST, INCLUDING SERVICE SPE.....	09	INTEGRATED EMERGENCY SURGICAL OFFICER (IESO).....	21
HEALTH OFFICER.....	10	MSc IN MEDICAL LABORATORY.....	24
		LABORATORY TECHNOLOGIST.....	25
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		MICROBIOLOGIST.....	27
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		HEALTH EXTENSION WORKER LEVEL 3.....	42
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PROVIDER GENDER:
 MALE: 1
 FEMALE: 2

STAFF LISTING FORM: HEALTH WORKERS AVAILABLE ON DAY OF VISIT

FACILITY NUMBER

INTERVIEWER CODE

USE THIS FORM TO COMPLETE THE NAMES OF HEALTH WORKERS WHO WORK IN THE FACILITY BUT WHO ARE NOT PRESENT IN THE FACILITY ON THE DAY OF YOUR VISIT. OBTAIN THIS INFORMATION FROM THE FACILITY INCHARGE OR ANOTHER KNOWLEDGEABLE PERSON. THEY MAY BE OUT SICK, NOT ON DUTY THAT DAY, OR ABSENT FOR SOME OTHER REASON. IF THERE IS NOT ENOUGH SPACE TO LIST ALL SUCH PROVIDERS, STOP THE LIST AT 99. WRITE THE HEALTH WORKER'S QUALIFICATION CODE IN COLUMN 3 "PROVIDER QUALIFICATION CODE", AND THE GENDER IN COLUMN 4 "GENDER". PUT CHECK MARKS IN THE APPROPRIATE HEADINGS IN COLUMN 5 "SERVICES PROVIDED IN FACILITY" TO INDICATE THE SERVICE THAT THE PROVIDER PROVIDES IN THE FACILITY. ASK THE INCHARGE TO TELL YOU THE SERVICES THAT THESE PEOPLE PROVIDE AS PART OF THEIR WORK IN THE FACILITY.

(1)	(2)	(3) (4)		(5)											(6)	(7)		
		PROVIDER QUALIFICATION CODE	GENDER	SERVICES PROVIDED IN FACILITY														
PROV SERIAL NUMBER	NAME OF PROVIDER	PRESCRIBE ART	HIV COUNSELING AND TESTING	HIV/AIDS RELATED	MALARIA	TB	STI	NCD	ANTENATAL CARE	PMCT	DELIVERY	FAM PLANNING	CHILD HEALTH	SURGERY	CONDUCT LABORATORY TESTS	OTHER CLIENT SERVICES	INTERVIEWED FOR INVENTORY	SELECTED FOR HEALTH WORKER INTERVIEW
81																	81	81
82																	82	82
83																	83	83
84																	84	84
85																	85	85
86																	86	86
87																	87	87
88																	88	88
89																	89	89
90																	90	90
91																	91	91
92																	92	92
93																	93	93
94																	94	94
95																	95	95
96																	96	96
97																	97	97
98																	98	98
99																	99	99

PROVIDER QUALIFICATION CATEGORY:
 GENERAL PRACTITIONER.....01
 MD SPECIALIST: GENERAL SURGEON.....02
 MD SPECIALIST: OBSTETRICIAN AND GYNAECOLOGO 04
 MD SPECIALIST: INTERNIST.....05
 MD SPECIALIST: PEDIATRICIAN.....06
 MD PSYCHIATRIST 07
 OTHER MD SPECIALIST, INCLUDING SERVICE SPE:09
 HEALTH OFFICER.....10

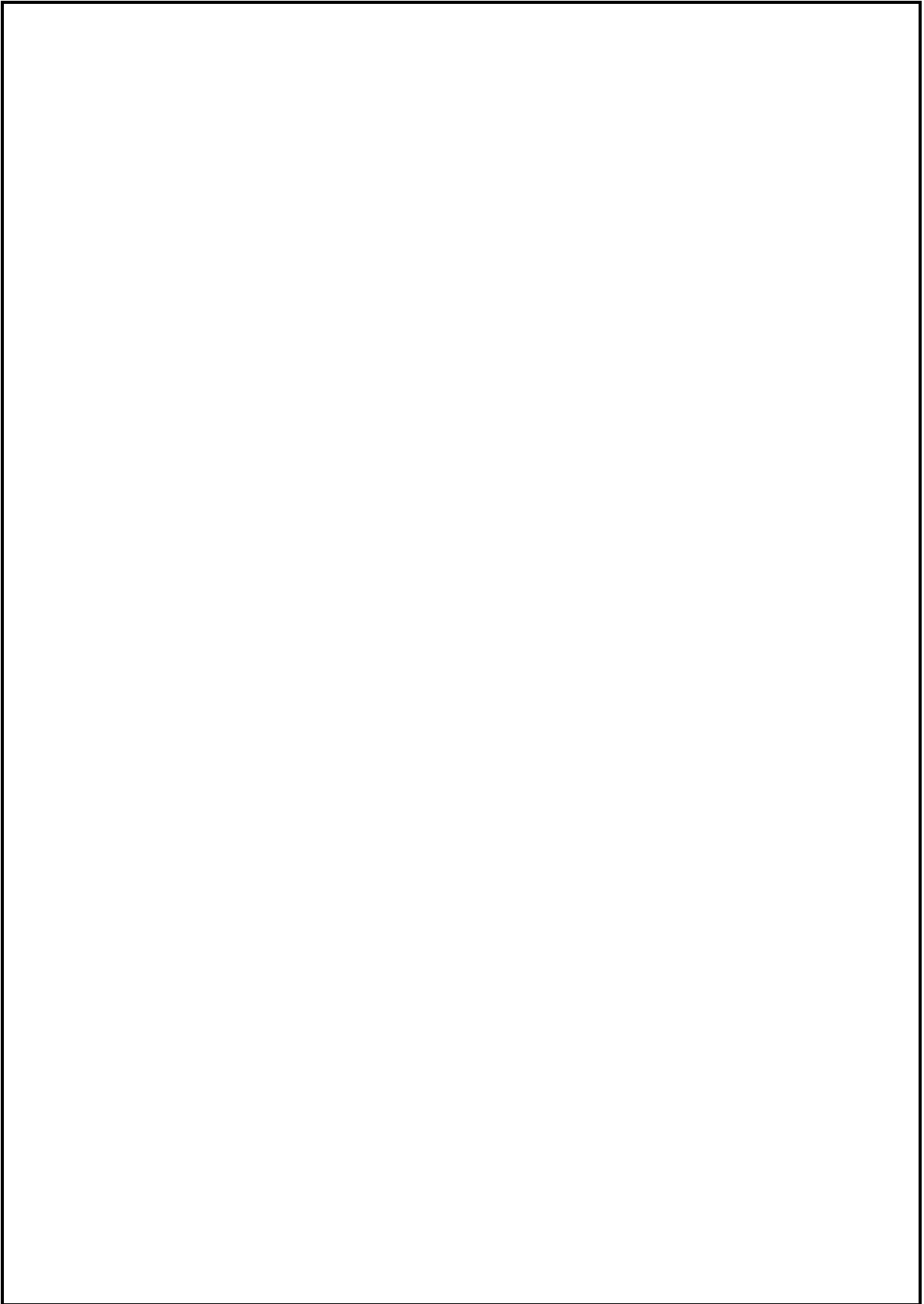
NURSE (DIPLOMA).....12
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PROVIDER GENDER:
 MALE: 1
 FEMALE: 2

2021 ETHIOPIA SERVICE PROVISION ASSESSMENT SURVEY

INVENTORY QUESTIONNAIRE



FACILITY IDENTIFICATION

001*	OFFICIAL NAME OF FACILITY		
002*	LOCATION OF FACILITY (LOCALITY)		
003*	REGION/CITY ADMINISTRATION		
	CODE		NAME
003A*	ZONE/SUB CITY		
	CODE		NAME
004*	WOREDA		
	CODE		NAME
004A*	TOWN		
	CODE		NAME
004B*	KEBELE		
	CODE		NAME
005*	FACILITY ID NUMBER		
006*	TYPE OF FACILITY (COUNTRY SPECIFIC)		
	REFERRAL HOSPITAL	.....	01
	GENERAL HOSPITAL	.....	02
	PRIMARY HOSPITAL	.....	03
	HEALTH CENTER	.....	04
	HEALTH POST	.....	05
	HIGHER CLINIC	.....	06
	MEDIUM CLINIC	.....	07
	LOWER CLINIC	.....	08
007*	MANAGING AUTHORITY (OWNERSHIP)		
	GOVERNMENT/PUBLIC	.....	1
	OTHER GOVERNMENTAL (MILITARY, PRISON, FEDERAL POLICE)	.....	2
	PRIVATE-FOR-PROFIT	.....	3
	NGO (MISSION/FAITH-BASED , NON PROFIT)	.....	4
008	URBAN/RURAL		
	URBAN	.....	1
	RURAL	.....	2
008A*	FACILITY OPERATIONAL STATUS:		
	FULLY FUNCTIONAL: NO CONTRUCTION OR EXPANSION	.....	1
	FULLY FUNCTIONAL: CURRENTLY UNDER EXPANSION	.....	2
	PARTIALLY FUNCTIONAL: CURRENTLY UNDER EXPANSION	.....	3
	NOT FUNCTIONAL: CURRENTLY UNDER CONSTRUCTION	.....	4
	NOT FUNCTIONAL: REASON UNKNOWN	.....	5

INTERVIEWER VISITS

	1	2	3	FINAL VISIT												
DATE (GREGORIAN CALENDAR)				<table style="border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">2</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">0</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">2</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>							2	0	2			
2	0	2														
INTERVIEWER NAME				INT. CODE												
RESULT				RESULT												
RESULT CODES (LAST VISIT): 1 = FACILITY COMPLETED 2 = FACILITY RESPONDENTS NOT AVAILABLE 3 = POSTPONED / PARTIALLY COMPLETED 4 = FACILITY REFUSED 5 = FACILITY CLOSED / NOT YET OPERATIONAL 6 = OTHER _____ <div style="text-align: center;">(SPECIFY)</div>																

TOTAL NUMBER OF PROVIDER INTERVIEWS AND OBSERVATIONS, TOTAL # OF CLIENT VISITS

TOTAL NUMBER OF PROVIDERS INTERVIEWED.....	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									<table border="1"> <tr><td colspan="2">TOTAL #</td></tr> <tr><td colspan="2">CLIENT</td></tr> <tr><td colspan="2">VISITS</td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	TOTAL #		CLIENT		VISITS									
TOTAL #																								
CLIENT																								
VISITS																								
TOTAL NUMBER OF ANC OBSERVATIONS																								
TOTAL NUMBER OF FAMILY PLANNING OBSERVATIONS.....																								
TOTAL NUMBER OF SICK CHILD OBSERVATIONS																								

FACILITY GEOGRAPHIC COORDINATES

SET DEFAULT SETTINGS FOR GPS UNIT

STAND IN A LOCATION AT THE ENTRANCE OF THE FACILITY WITH PLAIN VIEW OF THE SKY

INSERT GPS DONGLE IN TABLET (WITHOUT USB PORT) AND WAIT UNTIL DATA BECOMES AVAILABLE

THE PROGRAMM WILL AUTOMATICALLY ENTER THE WAYPOINT NAME AS A COPY OF THE FACILITY ID NUMBER

IF THE DONGLE CAN COLLECT THE GPS DATA THEN THE ELEVATION, LATITUDE AND LONGITUDE FIELDS WILL AUTOMATICALLY BE FILLED

IF FOR WHATEVER REASON THE DONGLE CANNOT COLLECT THE GPS DATA THEN THE FOLLOWING MESSAGE WILL BE DISPLAYED: "GPS DATA COULD NOT BE COLLECTED AT THIS TIME"

SHOULD THEN ENTER "9999" FOR ELEVATION AND THE PROGRAM WILL SKIP TO Q100.

WHEN CLOSING THE INVENTORY YOU WILL BE REMINDED THAT THE GPS DATA STILL NEEDS TO BE COLLECTED.

010 WAYPOINT NAME (FACILITY NUMBER)	WAYPOINT NAME <input type="text"/>
011 ELEVATION	ELEVATION <input type="text"/>
012 LATITUDE	N/S a <input type="text"/>
	DEGREES/DECIM b <input type="text"/> - c <input type="text"/>
013 LONGITUDE	E/W a <input type="text"/>
	DEGREES/DECIM b <input type="text"/> - c <input type="text"/>

FACILITY VISUAL IDENTIFICATION

CREATE A DIRECTORY WITH THE NAME OF THE FACILITY TO MOVE THE PHOTOS TO THIS DIRECTORY AFTER THE PHOTOS HAVE BEEN TAKEN

TAKE 2 PHOTOS OF THE FACILITY AS PER THE INSTRUCTION BELOW:

PHOTO 1: PHOTO OF THE NAME OF THE HEALTH FACILITY, EITHER THROUGH CLOSE UP OF SIGN OR HANDWRITTEN ON PAPER

PHOTO 2: STAND 20 TO 30 METERS BACK FROM CENTER OF ENTRANCE GATE OUTSIDE THE COMPOUND BUT FACING THE COMPOUND IN CASE PHOTOS CANNOT BE TAKEN OUTSIDE THE COMPOUND, THEN STAND AS CLOSE AS POSSIBLE TO THE FENCE IN THE SAME POSITION AS DESCRIBE.

CONSENT

FIND THE MANAGER, THE PERSON IN-CHARGE OF THE FACILITY, OR THE MOST SENIOR HEALTH WORKER RESPONSIBLE FOR CLIENT SERVICES WHO IS PRESENT AT THE FACILITY. READ THE FOLLOWING GREETING:

Good day! My name is _____. We are here on behalf of Ethiopian Public Health Institute (EPHI) and the Federal Ministry of Health (FMOH) conducting a survey of health facilities to assist the government in knowing more about health services in Ethiopia.

Now I will read a statement explaining the study.

Your facility was selected to participate in this study. We will be asking you questions about various health services. Information collected about your facility during this study may be used by the EPHI, FMOH, organizations supporting services in your facility, and researchers, for planning service improvement or for conducting further studies of health services.

Neither your name nor the names of any other health workers who participate in this study will be included in the dataset or in any report; however, there is a small chance that any of these respondents and facility name and location may be identified later. Still, we are asking for your help in order to collect this information.

You may refuse to answer any question or choose to stop the interview at any time. However, we hope you will answer the questions, which will benefit the services you provide and the nation.

If there are questions for which someone else is the most appropriate person to provide the information, we would appreciate if you introduce us to that person to help us collect that information.

Data collection will take place (August – December, 2021), data will be released on July 2022

Datasets from this study will only be available for legitimate research purposes

If you have any question regarding the survey please contact:

Fikreselassie Getachew, CO Principle Investigator, EPHI, Addis Ababa, Ethiopia, Cell No.0913210444

At this point, do you have any questions about the study? Do I have your agreement to proceed?

INTERVIEWER'S SIGNATURE INDICATING CONSENT OBTAINED

				2	0	2
DAY			MONTH		YEAR	

100	May I begin the interview?	YES 1 NO 2	→ STOP										
101	INTERVIEW START TIME (GREGORIAN TIME)	<table style="margin: auto;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="font-size: 10px;">:</td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: 8px;">HOURS</td> <td></td> <td colspan="2" style="text-align: center; font-size: 8px;">MINUTES</td> </tr> </table>			:			HOURS			MINUTES		
		:											
HOURS			MINUTES										
101A	YEAR WHEN OPERATION STARTED (GREGORIAN CALENDAR)	YEAR <table style="margin: auto;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> <td style="border: 1px solid black; width: 20px; height: 20px;"> </td> </tr> </table> DON'T KNOW . . . 9998											

EXPLAIN TO THE RESPONDENT AT THE START OF THIS INTERVIEW THAT THERE ARE QUESTIONS ON MANAGEMENT MEETINGS AND QUALITY ASSURANCE ACTIVITIES THAT REQUIRE LOOKING AT RECORDS OF THOSE MEETINGS AND ACTIVITIES. IT WILL THEREFORE BE HELPFUL IF RECORDS PERTAINING TO MANAGEMENT MEETINGS AND QUALITY ASSURANCE ACTIVITIES ARE GATHERED, IF THEY ARE NOT READILY AVAILABLE AT THE LOCATION WHERE YOU ARE CONDUCTING THE INTERVIEW.

EXPLAIN ALSO THAT THERE IS A SUBSECTION ON HEALTH STATISTICS (NUMBER OF OUTPATIENT VISITS AND INPATIENT DISCHARGES) FOR THE IMMEDIATE PAST ONE COMPLETE MONTH. IT WILL BE HELPFUL TO ALSO START GATHERING SUCH INFORMATION IF INFORMATION IS NOT READILY AVAILABLE WHERE THE INTERVIEW IS BEING CONDUCTED.

NOTE!!!!

THANK THE RESPONDENT AT THE END OF EACH SECTION OR SUBSECTION BEFORE PROCEEDING TO THE NEXT DATA COLLECTION POINT

MODULE 1: GENERAL INFORMATION AND SERVICE AVAILABILITY

SECTION 1: GENERAL SERVICE AVAILABILITY AND INPATIENT SERVICES

SERVICE AVAILABILITY

102*	Does this facility offer any of the following client services? In other words, is there any location in this facility where clients can receive any of the following services:	YES	NO	DONE
01	Child vaccination services, either at the facility or as outreach.	1	2	<input type="checkbox"/>
02	Growth monitoring services, either at the facility or as outreach	1	2	<input type="checkbox"/>
03	Curative care services for children under age 5, either at the facility or as outreach	1	2	<input type="checkbox"/>
04	Any family planning services-- including modern methods, fertility awareness methods (natural family planning), male or female surgical sterilization	1	2	<input type="checkbox"/>
05	Antenatal care (ANC) services	1	2	<input type="checkbox"/>
06	Services for the prevention of mother-to-child transmission of HIV. Services may be with ANC or with delivery services	1	2	<input type="checkbox"/>
07	Normal delivery	1	2	<input type="checkbox"/>
08	Diagnosis or treatment of malaria	1	2	<input type="checkbox"/>
09	Diagnosis or treatment of STIs, excluding HIV	1	2	<input type="checkbox"/>
10	Diagnosis, treatment prescription or treatment follow-up for TB	1	2	<input type="checkbox"/>
11	HIV testing and counseling (HTC) services	1	2	<input type="checkbox"/>
12	HIV/AIDS antiretroviral prescription or antiretroviral treatment follow-up services	1	2	<input type="checkbox"/>
13	HIV/AIDS care and support services, including treatment of opportunistic infections and provision of palliative care	1	2	<input type="checkbox"/>
14*	Diagnosis or management of non-communicable diseases, specifically diabetes, cardiovascular diseases, chronic respiratory conditions, chronic renal diseases, cancers.	1	2	<input type="checkbox"/>
15	Minor surgical services, such as incision and drainage of abscesses and suturing of lacerations that do not require the use of a theatre?	1	2	<input type="checkbox"/>
16	Cesarean delivery (Cesarean section)	1	2	<input type="checkbox"/>
17	Laboratory diagnostic services, including any rapid diagnostic testing.	1	2	<input type="checkbox"/>
18	Blood typing services	1	2	<input type="checkbox"/>
19	Blood transfusion services	1	2	<input type="checkbox"/>
20*	Neglected tropical diseases (e.g.: onchocerciasis, lymphatic filariasis, schistosomiasis, soil transmitted helminthes, trachoma, dracunculiasis, podoconiosis, leishmaniasis)	1	2	<input type="checkbox"/>
21*	Pediatric emergency services	1	2	<input type="checkbox"/>
22*	Pediatric inpatient services	1	2	<input type="checkbox"/>
23*	Emergency services	1	2	<input type="checkbox"/>
24*	Inpatient services	1	2	<input type="checkbox"/>
26*	Intensive care unit (ICU) services	1	2	<input type="checkbox"/>
27*	Surgical and orthopedic care services	1	2	<input type="checkbox"/>
28*	Neonatology service	1	2	<input type="checkbox"/>
29*	Diagnosis, management and follow up of case of mental, neurological and substance use disorders.	1	2	<input type="checkbox"/>
30*	Adolescent health services			<input type="checkbox"/>
31*	Abortion services	1	2	<input type="checkbox"/>
32*	Maternity waiting home services	1	2	<input type="checkbox"/>

INPATIENT SERVICES

110*	Does this facility routinely provide in-patient care?	YES..... 1 NO..... 2	→ 112
111	Does this facility have beds for overnight observation?	YES..... 1 NO..... 2	→ 200
112	Excluding any delivery and/or maternity beds, how many <i>(overnight)</i> or <i>(in-patient)</i> beds in total does this facility have for adults?	# OF OVERNIGHT/ INPATIENT ADULT BEDS . . . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW .....998	
112A	Excluding any delivery and/or maternity beds, how many <i>(overnight)</i> or <i>(in-patient)</i> beds in total does this facility have for children?	# OF OVERNIGHT/ INPATIENT CHILD BEDS . . . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW .....998	

SECTION 2: GENERAL FILTER QUESTIONS

PROCESSING OF EQUIPMENT

200*	I have a few questions about how surgical equipment, such as speculums, forceps, and other metal equipment are processed for re-use in this facility. Are instruments that are used in the facility processed (i.e., sterilized or high level disinfected) for re-use?	YES..... 1 NO..... 2	→ 210
201	Is the final processing done in this facility, outside this facility, or both?	ONLY IN THIS FACILITY..... 1 BOTH IN THIS FACILITY AND OUTSIDE . . . 2 ONLY AT AN OUTSIDE FACILITY..... 3	

STORAGE OF MEDICINES

210	Does this facility store any medicines (including ARVs), vaccines or family planning commodities? PROBE	YES..... 1 FACILITIES STOCKS NO MEDICINES... 2	→ 300
211	CHECK Q102.04 FAMILY PLANNING SERVICES AVAILABLE <input type="checkbox"/> NO FAMILY PLANNING SERVICES <input type="checkbox"/>		→ 213
212	Are contraceptive commodities generally stored in the family planning service area, or are they stored in a common area with other medicines?	STORED IN FP SERVICE AREA..... 1 STORED WITH OTHER MEDICINES... 2 FP COMMODITIES NOT STOCKED..... 3	
213	CHECK Q102.10 TUBERCULOSIS SERVICES AVAILABLE <input type="checkbox"/> NO TUBERCULOSIS SERVICES <input type="checkbox"/>		→ 215
214	Are medicines for the treatment of TB generally stored in the TB service area or are they stored in a common area with other medicines?	STORED IN TB SERVICE AREA..... 1 STORED WITH OTHER MEDICINES... 2 TB MEDICINES NOT STOCKED..... 3	
215	CHECK Q102.06 AND Q102.12 ARV TREATMENT OR PMTCT SERVICES AVAILABLE <input type="checkbox"/> NEITHER ARV TREATMENT NOR PMTCT SERVICES <input type="checkbox"/>		→ 300
216	Are antiretroviral (ARV) medicines generally stored in the ARV treatment service area, in the PMTCT service area, or are they stored in a common area with other medicines?	STORED IN ART SERVICE AREA..... 1 STORED WITH OTHER MEDICINES..... 2 ARV MEDICINES NOT STOCKED..... 3 STORED IN PMTCT SERVICE AREA..... 4 STORED IN ART AND PMTCT SERVICE AREA..... 5	

MODULE 2: GENERAL SERVICE READINESS

SECTION 3: 24-HOUR STAFF COVERAGE - INFRASTRUCTURE EXTERNAL SUPERVISION - USER FEES - SOURCES OF REVENUE

24-HOUR STAFF COVERAGE

300*	Is there a health care worker present at the facility at all times, or officially on call for the facility at all times (24 hours a day) for emergencies? Specifically, I am referring to medical specialists, general practitioners, health officers, nurses, midwives.	YES, 24-HR STAFF..... 1 NO 24-HOUR STAFF..... 2	→ 310
301	Is there a duty schedule or call list for 24-hour staff coverage?	YES..... 1 DUTY SCHEDULE NOT MAINTAINED... 2	→ 310
302	May I see the duty schedule or call list for 24-hour staff coverage?	SCHEDULE OBSERVED..... 1 SCHEDULE REPORTED NOT SEEN... 2	

COMMUNICATION

310	Does this facility have a <u>land line telephone</u> that is available to call outside at all times client services are offered? CLARIFY THAT IF FACILITY OFFERS 24-HOUR EMERGENCY SERVICES, THEN THIS REFERS TO 24-HOUR AVAILABILITY.	YES..... 1 NO..... 2	→ 313
311	May I see the land line telephone?	OBSERVED..... 1 REPORTED NOT SEEN..... 2	
312	Is it functioning? ACCEPT REPORTED RESPONSE	YES..... 1 NO..... 2	
313*	Does this facility have a <u>wireless telephone or a private wireless phone</u> that is supported by the facility?	YES..... 1 NO..... 2	→ 316
314*	May I see either the facility-owned wireless phone or the private wireless phone that is supported by the facility?	OBSERVED..... 1 REPORTED NOT SEEN..... 2	
315	Is it functioning? ACCEPT REPORTED RESPONSE	YES..... 1 NO..... 2	
316	Does this facility have a <u>short-wave radio</u> for radio calls?	YES..... 1 NO..... 2	→ 319
317	May I see the short-wave radio?	OBSERVED..... 1 REPORTED NOT SEEN..... 2	
318	Is it functioning? ACCEPT REPORTED RESPONSE	YES..... 1 NO..... 2	
319	Does this facility have <u>a computer?</u>	YES..... 1 NO..... 2	→ 322
320	May I see the computer?	OBSERVED..... 1 REPORTED NOT SEEN..... 2	
321	Is it functioning? ACCEPT REPORTED RESPONSE	YES..... 1 NO..... 2	
322	Is there access to email or internet via computer and/or mobile phone within the facility? ACCEPT REPORTED RESPONSE.	YES..... 1 NO..... 2	→ 330
323	Is the email or internet routinely available for <u>at least 2 hours</u> on days that client services are offered? ACCEPT REPORTED RESPONSE.	YES..... 1 NO..... 2	

EXTERNAL SUPERVISION

350*	Does this facility receive any external supervision from the federal level?	YES..... 1 NO..... 2	→ 352A
351*	When was the last time a supervisor from the federal level came here on a supervisory visit? Was it within the past 6 months, or more than 6 months ago?	WITHIN THE PAST 6 MONTHS 1 MORE THAN 6 MONTHS AGO. 2	→ 352A
352*	The last time during the past 6 months that a supervisor from the federal level visited, did he or she do any of the following:	YES NO DON'T KNOW	
01	Use a checklist to assess the quality of available health services data?	1 2 8	
02	Discuss performance of the facility based on available health services data?	1 2 8	
03	Help the facility make any decisions based on available health services data?	1 2 8	
352A*	Does this facility receive any external supervision from the regional level?	YES..... 1 NO..... 2	→ 352D
352B*	When was the last time a supervisor from the regional level came here on a supervisory visit? Was it within the past 6 months, or more than 6 months ago?	WITHIN THE PAST 6 MONTHS 1 MORE THAN 6 MONTHS AGO. 2	→ 352D
352C*	The last time during the past 6 months that a supervisor from the regional office visited, did he or she do any of the following:	YES NO DON'T KNOW	
01	Use a checklist to assess the quality of available health services data?	1 2 8	
02	Discuss performance of the facility based on available health services data?	1 2 8	
03	Help the facility make any decisions based on available health services data?	1 2 8	
352D*	Does this facility receive any external supervision from the zonal/sub city level?	YES..... 1 NO..... 2	→ 352G
352E*	When was the last time a supervisor from the zonal/sub city level came here on a supervisory visit? Was it within the past 6 months, or more than 6 months ago?	WITHIN THE PAST 6 MONTHS 1 MORE THAN 6 MONTHS AGO. 2	→ 352G
352F*	The last time during the past 6 months that a supervisor from the zonal/sub city level visited, did he or she do any of the following:	YES NO DON'T KNOW	
01	Use a checklist to assess the quality of available health services data?	1 2 8	
02	Discuss performance of the facility based on available health services data?	1 2 8	
03	Help the facility make any decisions based on available health services data?	1 2 8	
352G*	Does this facility receive any external supervision from the Woreda level?	YES..... 1 NO..... 2	→ 352J
352H*	When was the last time a supervisor from the Woreda level came here on a supervisory visit? Was it within the past 6 months, or more than 6 months ago?	WITHIN THE PAST 6 MONTHS 1 MORE THAN 6 MONTHS AGO. 2	→ 352J
352I*	The last time during the past 6 months that a supervisor from the Woreda level visited, did he or she do any of the following:	YES NO DON'T KNOW	
01	Use a checklist to assess the quality of available health services data?	1 2 8	
02	Discuss performance of the facility based on available health services data?	1 2 8	
03	Help the facility make any decisions based on available health services data?	1 2 8	
352J*	CHECK Q006 AND Q007 FACILITY IS A PUBLIC HEALTH POST CODE "05" CIRCLED IN Q006 AND GOV/PUBLIC CODE "1" CIRCLED IN Q007 <input type="checkbox"/> FACILITY IS NOT A PUBLIC HEALTH POST CODE "05" NOT CIRCLED IN Q006 AND CODE "1" NOT CIRCLED IN Q007 <input type="checkbox"/> → 360		
352K*	Does this facility receive any external supervision from the Health Center?	YES..... 1 NO..... 2	→ 360
352L*	When was the last time a supervisor from the Health Center came here on a supervisory visit? Was it within the past 6 months, or more than 6 months ago?	WITHIN THE PAST 6 MONTHS 1 MORE THAN 6 MONTHS AGO. 2	→ 360
352M*	The last time during the past 6 months that a supervisor from the Health Center visited, did he or she do any of the following:	YES NO DON'T KNOW	
01	Use a checklist to assess the quality of available health services data?	1 2 8	
02	Discuss performance of the facility based on available health services data?	1 2 8	
03	Help the facility make any decisions based on available health services data?	1 2 8	

USER FEES

360*	Does this facility have any routine user-fees or charges for client services, including charges for patient/client card or registration?	YES..... 1 NO..... 2	→ 370
361	Does the facility charge a fixed fee that covers all services that a client receives, or are there separate fees for different components of the services provided by the facility? PROBE.	FIXED FEE COVERING ALL SERVICES..... 1 NO, CHARGE FEE FOR SEPARATE ITEMS. . . 2	→ 363
362*	Does this facility have a fee for the following items: READ OUT EACH RESPONSE CATEGORY AND CIRCLE APPROPRIATELY	YES NO	
01*	PATIENT/CLIENT CARD, REGISTRATION, CONSULTATION	1 2	
04	MEDICINES OTHER THAN ANTIRETROVIRAL MEDICINES (ARVs) .	1 2	
05	VACCINES	1 2	
06*	FAMILY PLANNING SERVICES, INCLUDING FP COMMODITIES.	1 2	
07	NORMAL DELIVERIES	1 2	
08	SYRINGES AND NEEDLES	1 2	
09	CESAREAN SECTION	1 2	
10	HIV DIAGNOSTIC TEST	1 2	
11	MALARIA RAPID DIAGNOSTIC TEST	1 2	
12	MALARIA MICROSCOPY	1 2	
13	OTHER LABORATORY TESTS	1 2	
14	ARV FOR TREATMENT	1 2	
15	ARV FOR PMTCT.	1 2	
16	MINOR SURGICAL PROCEDURES	1 2	
17*	ANTI-TUBERCULOSIS MEDICINES	1 2	
363	Are the official fees posted or displayed so that the client can easily see them?	YES..... 1 NO POSTED FEES..... 2	→ 365
364	May I see the posted fees? REVIEW THE POSTED FEES AGAINST THE LIST OF ITEMS IN Q362 TO DETERMINE IF ALL FEES ARE POSTED	OBSERVED, ALL FEES POSTED..... 1 OBSERVED, SOME BUT NOT ALL FEES 2	
365*	What is the procedure if a client is unable to pay for any of the fees associated with health care provided in this facility? CIRCLE ALL THAT APPLY. PROBE TO ARRIVE AT APPROPRIATE RESPONSE	FEE EXEMPTED/DISCOUNTED, NO PAYMENT EXPECTED..... A FEE EXEMPTED/DISCOUNTED, PAYMENT EXPECTED LATER.... B SERVICE NOT PROVIDED, ASKED TO COME BACK WHEN ABLE TO PAY.. C ACCEPT PAYMENT IN-KIND..... D FEE WAIVED..... E SERVICE NOT PROVIDED, ASKED TO COME BACK WITH SUPPORTING DOCUMENT F OTHER..... X	
366*	Does this facility accept a community-based health insurance (CBHI) schemes users?	YES..... 1 NO..... 2	→ 370
367*	During the past 3 months, how many CBHI users visited this facility?	NUMBER OF USERS <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> DON'T KNOW..... 9998	
368*	During the past 12 months, how many CBHI users visited this facility?	NUMBER OF USERS <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> DON'T KNOW..... 9998	

SOURCES OF REVENUE

370	<p>Now, I would like to ask about the sources of revenue or funding for this facility. Tell me if the facility received any revenue or funding from any of the listed resources during the 20XX - 20XX financial year.</p> <p>If someone else is more appropriate to provide financial information, please feel free to invite that person or refer me to that person.</p> <p>CIRCLE ALL THAT APPLY. PROBE FOR EACH.</p> <p style="text-align: center; font-size: small;">[will be country-specific list]</p>	<p>MINISTRY OF HEALTH. A</p> <p>OTHER PUBLIC MINISTRIES. B</p> <p>MEDICAL SCHEMES (INSURANCE). C</p> <p>SOCIAL SECURITY FUND. D</p> <p>REIMBURSEMENT BY EMPLOYER. E</p> <p>GOVT. CONTRIBUTION TO PRIVATE. F</p> <p>DONOR AGENCIES/NGOs. G</p> <p>FAITH-BASED. H</p> <p>COMMUNITY PROGRAMS. I</p> <p>INTERNAL REVENUE/ COLLECTING USER FEE FROM CLIENTS. J</p> <p>NONE. Y</p> <p>OTHER (SPECIFY)_____ X</p>
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SECTION 3A: REFERRAL LINKAGE

390*	<p>CHECK Q006 AND Q007</p> <p style="text-align: center;">FACILITY IS A PUBLIC OR A PRIVATE HEALTH CENTER CODE "04" CIRCLED IN Q006 AND GOV/PUBLIC CODE "1" OR PRIVATE FOR PROFIT CODE "3" CIRCLED IN Q007</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input type="checkbox"/> </div> <div style="text-align: center;"> <input type="checkbox"/> </div> </div>	
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391*	<p>To which public hospital does this Health Center commonly refer clients? I am referring to situations where this facility is not capable of providing the needed care to a client.</p> <p>IF "DON'T KNOW", WRITE RESPONSE IN SPACE FOR HOSPITAL NAME</p>	<p>NAME OF HOSPITAL _____</p>
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392*	<p>What type of hospital is this? Is it a primary hospital, a general hospital or a referral hospital?</p>	<p>PRIMARY HOSPITAL..... 1 GENERAL HOSPITAL..... 2 REFERRAL HOSPITAL..... 3 DON'T KNOW..... 8</p>
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393*	<p>What is the operational status of the hospital where this health center commonly refers clients to?</p>	<p>FULLY FUNCTIONAL:NO CONSTRUCTION OR EXPANSION ONGOING 01 FULLY FUNCTIONAL: UNDER EXPANSION . . 02 PARTIALLY FUNCTIONAL: UNDER EXPANSION 03 NOT FUNCTIONAL: UNDER CONSTRUCTION 04 NOT FUNCTIONAL: REASON UNKNOWN. . . . 05 DON'T KNOW..... .98</p>
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394*	<p>How many Health Posts does this Health Center supervise?</p> <p>IF "DON'T KNOW", MOST KNOWLEDGEABLE PERSON FOR THIS QUESTION. ASK TO BE DIRECTED TO ANOTHER PERSON WHO WILL KNOW THE ANSWERS</p>	<p>NUMBER OF HEALTH POSTS <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p>
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395* Please give me the names of all the Health Posts for which this Health Center supports and supervises. For each Health Post, I will like to know the Woreda where it is located and the Kebele where it is located.

For each of the Health Posts that this Health Center supports and supervises, I will also like to know the most common means of transport used from this Health Center to the Health Post, and the amount of time it takes to travel from this health center to the Health Post using the most common means of transport.

	(A) NAME OF HEALTH POST	(B) WOREDA NAME	(C) KEBELE NAME	(D) TRAVEL MODE					(E) TRAVEL TIME		
				AUTO	CART	FOOT	MOTO TRIC		HOURS	MINUTES	
							CYCLE	YCLE			
01				1	2	3	4	5	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	HOURS MINUTES DON'T KNOW...9898
02				1	2	3	4	5	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	HOURS MINUTES DON'T KNOW...9898
03				1	2	3	4	5	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	HOURS MINUTES DON'T KNOW...9898
04				1	2	3	4	5	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	HOURS MINUTES DON'T KNOW...9898
05				1	2	3	4	5	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	HOURS MINUTES DON'T KNOW...9898
06				1	2	3	4	5	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	HOURS MINUTES DON'T KNOW...9898
07				1	2	3	4	5	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	HOURS MINUTES DON'T KNOW...9898
08				1	2	3	4	5	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	HOURS MINUTES DON'T KNOW...9898
09				1	2	3	4	5	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	HOURS MINUTES DON'T KNOW...9898

	(A) NAME OF HEALTH POST	(B) WOREDA NAME	(C) KEBELE NAME	(D) TRAVEL MODE					(E) TRAVEL TIME	
				AUTO	CART	FOOT	MOTO	BICY	HOURS	MINUTES
							CYCLE	CLE		
10				1	2	3	4	5	<input type="text"/> : <input type="text"/>	HOURS MINUTES DON'T KNOW...9898
11				1	2	3	4	5	<input type="text"/> : <input type="text"/>	HOURS MINUTES DON'T KNOW...9898
12				1	2	3	4	5	<input type="text"/> : <input type="text"/>	HOURS MINUTES DON'T KNOW...9898
13				1	2	3	4	5	<input type="text"/> : <input type="text"/>	HOURS MINUTES DON'T KNOW...9898
14				1	2	3	4	5	<input type="text"/> : <input type="text"/>	HOURS MINUTES DON'T KNOW...9898
15				1	2	3	4	5	<input type="text"/> : <input type="text"/>	HOURS MINUTES DON'T KNOW...9898
16				1	2	3	4	5	<input type="text"/> : <input type="text"/>	HOURS MINUTES DON'T KNOW...9898
17				1	2	3	4	5	<input type="text"/> : <input type="text"/>	HOURS MINUTES DON'T KNOW...9898
18				1	2	3	4	5	<input type="text"/> : <input type="text"/>	HOURS MINUTES DON'T KNOW...9898
19				1	2	3	4	5	<input type="text"/> : <input type="text"/>	HOURS MINUTES DON'T KNOW...9898
20				1	2	3	4	5	<input type="text"/> : <input type="text"/>	HOURS MINUTES DON'T KNOW...9898

**SECTION 4: STAFFING - MANAGEMENT - CLIENT OPINION
QUALITY ASSURANCE - TRANSPORT - HMIS AND HEALTH STATISTICS**

STAFFING

400*	Please tell me how many staff in each of the following <i>occupational categories</i> are currently <i>assigned to, employed by, or seconded to</i> this facility, whether full time or part-time. I am interested in the highest occupational category (such as nurse or doctor) regardless of the person's actual assignments or duties. For doctors, I would like to know how many are part-time in this facility.		
		(a)	(b)
	OCCUPATIONAL CATEGORIES	ASSIGNED, EMPLOYED, OR SECONDED FULL TIME + PART TIME	PART TIME
01	GENERAL PRACTITIONER	<input type="text"/>	<input type="text"/>
02	MD SPECIALIST: GENERAL SURGEON	<input type="text"/>	<input type="text"/>
03	MD SPECIALIST: ANAESTHESIOLOGIST	<input type="text"/>	<input type="text"/>
04	MD SPECIALIST: OBSTETRICIAN AND GYNAECOLOGIST	<input type="text"/>	<input type="text"/>
05	MD SPECIALIST: INTERNIST	<input type="text"/>	<input type="text"/>
06	MD SPECIALIST: PEDIATRICIAN	<input type="text"/>	<input type="text"/>
07	MD SPECIALIST: PSYCHIATRIST	<input type="text"/>	<input type="text"/>
08	MD SPECIALIST: RADIOLOGIST	<input type="text"/>	<input type="text"/>
09	OTHER MD SPECIALIST, INCLUDING SERVICE SPECIALISTS	<input type="text"/>	<input type="text"/>
10	HEALTH OFFICER	<input type="text"/>	<input type="text"/>
11	BSc ANAESTHETIST	<input type="text"/>	<input type="text"/>
12	NURSE (DIPLOMA)	<input type="text"/>	<input type="text"/>
13	NURSE ANAESTHETIST	<input type="text"/>	<input type="text"/>
14	NURSE (BSc)	<input type="text"/>	<input type="text"/>
15	PUBLIC HEALTH NURSE	<input type="text"/>	<input type="text"/>
16	MIDWIFES (BSc)	<input type="text"/>	<input type="text"/>
17	MIDWIFES (DIPLOMA)	<input type="text"/>	<input type="text"/>
18	SPECIALIZED NURSE, INCLUDING NEONATOLOGY NURSE, OPHTHALMIC NURSE, ETC.	<input type="text"/>	<input type="text"/>
19	BSC IN PSYCHIATRY	<input type="text"/>	<input type="text"/>
20	MSC IN CLINICAL AND COMMUNITY MENTAL HEALTH	<input type="text"/>	<input type="text"/>
21	INTEGRATED EMERGENCY SURGICAL OFFICER (IESO)	<input type="text"/>	<input type="text"/>
22	PHARMACIST	<input type="text"/>	<input type="text"/>
23	PHARMACY TECHNICIAN / DRUGIST	<input type="text"/>	<input type="text"/>
24	MSc IN MEDICAL LABORATORY	<input type="text"/>	<input type="text"/>
25	LAB TECHNOLOGIST	<input type="text"/>	<input type="text"/>
26	LABORATORY TECHNICIAN	<input type="text"/>	<input type="text"/>
27	MICROBIOLOGIST	<input type="text"/>	<input type="text"/>
28	BIO-MEDICAL ENGINEER	<input type="text"/>	<input type="text"/>
29	RADIOLOGY TECHNOLOGIST / X-RAY TECHNICIAN	<input type="text"/>	<input type="text"/>
30	ENVIRONMENTAL HEALTH PROFESSIONAL	<input type="text"/>	<input type="text"/>

	OCCUPATIONAL CATEGORIES	(a)	(b)
		ASSIGNED, EMPLOYED, OR SECONDED FULL TIME + PART TIME	PART TIME
31	PHYSIOTHERAPY PROFESSIONAL	<input type="text"/>	<input type="text"/>
32	DIETICIAN	<input type="text"/>	<input type="text"/>
33	HEALTH INFORMATICS	<input type="text"/>	<input type="text"/>
34	HEALTH INFORMATION TECHNICIAN	<input type="text"/>	<input type="text"/>
35	SUPPORTING STAFF: ADMINISTRATION AND FINANCE	<input type="text"/>	<input type="text"/>
36	SUPPORTING STAFF: CLEANERS	<input type="text"/>	<input type="text"/>
37	SUPPORTING STAFF: COMPLIANCE HANDLING OFFICER	<input type="text"/>	<input type="text"/>
38	SUPPORTING STAFF: MAINTENANCE PERSONNEL	<input type="text"/>	<input type="text"/>
39	SUPPORTING STAFF: MORGUE ATTENDANT	<input type="text"/>	<input type="text"/>
40	SUPPORTING STAFF: RECEPTION / ARCHIVE	<input type="text"/>	<input type="text"/>
41	SUPPORTING STAFF: SOCIAL WORKERS	<input type="text"/>	<input type="text"/>
42	HEALTH EXTENSION WORKER LEVEL 3	<input type="text"/>	<input type="text"/>
43	HEALTH EXTENSION WORKER LEVEL 4	<input type="text"/>	<input type="text"/>
44	OTHER SPECIFY	<input type="text"/>	<input type="text"/>
45	SUM THE NUMBER OF STAFF REPORTED. VERIFY AND CORRECT THE TOTALS.	<input type="text"/>	<input type="text"/>

MANAGEMENT MEETINGS

NOTIFY THE RESPONDENT THAT THIS SUBSECTION REQUIRES LOOKING AT RECORDS OF MEETINGS. IT WILL THEREFORE BE HELPFUL IF SUCH RECORDS ARE GATHERED BEFORE PROCEEDING WITH THE INTERVIEW.

410	Does this facility have routine facility management meetings?	YES..... 1 NO..... 2	→417
411	How frequently do these facility management meetings take place?	MONTHLY OR MORE FREQUENTLY..... 1 ONCE EVERY 2-3 MONTHS..... 2 ONCE EVERY 4-6 MONTHS..... 3 LESS FREQ. THAN EVERY 6 MONTHS..... 4 DON'T KNOW..... 8	↵417
412	Does the facility maintain official records of facility management meetings?	YES..... 1 NO, RECORDS NOT MAINTAINED..... 2	→417
413	May I see the records or minutes from the most recent meeting that took place within the last 6 months?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2	→417
414	REVIEW THE RECORDS OR MINUTES OF THE MOST RECENT MEETING NO OLDER THAN 6 MONTHS AND CIRCLE THE LETTER FOR ANY OF THE LISTED TOPICS THAT ARE MENTIONED IN THE REPORT.	RHIS DATA QUALITY..... A RHIS REPORTING..... B TIMELINESS OF RHIS REPORTING..... C QUALITY OF SERVICES..... D CLIENT UTILIZATION..... E DISEASE DATA..... F EMPLOYMENT CONDITIONS (E.G., SALARIES, DUTY SCHEDULES)..... G FINANCES OR BUDGET..... H OTHER _____ X (SPECIFY) NONE OF THE ABOVE..... Y	→417
415	Did the facility make any decisions based on what was discussed at the last meeting and covered in this report?	YES..... 1 NO..... 2 DON'T KNOW..... 8	↵417
416	Has the facility taken any follow-up action regarding the decisions made during the last meeting?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
417	Are there any <i>routine</i> meetings about facility activities or management issues that include both facility staff and community/committee members/women development army?	YES..... 1 NO..... 2 DON'T KNOW..... 8	↵420A
418	How frequently are routine meetings held with both facility staff and community members/ women development army?	MONTHLY OR MORE FREQUENTLY..... 1 EVERY 2-3 MONTHS..... 2 EVERY 4-6 MONTHS..... 3 LESS FREQ. THAN EVERY 6 MONTHS..... 4 DON'T KNOW..... 8	↵420A
419	Is an official record of the meetings with both facility staff and community members maintained?	YES..... 1 NO, RECORDS NOT MAINTAINED..... 2	→420A
420	May I see the records or minutes from the most recent meeting that took place within the last 6 months?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2	
420A*	Does this facility have routine facility board meetings?	YES..... 1 NO..... 2 DON'T KNOW..... 8	↵430
420B*	How frequently do these facility board meetings take place?	MONTHLY OR MORE FREQUENTLY..... 1 ONCE EVERY 2-3 MONTHS..... 2 ONCE EVERY 4-6 MONTHS..... 3 LESS FREQ. THAN EVERY 6 MONTHS..... 4 DON'T KNOW..... 8	↵430
420C*	Does the facility maintain official records of facility board meetings?	YES..... 1 NO, RECORDS NOT MAINTAINED..... 2	→430
420D*	May I see the records or minutes from the most recent board meeting that took place within the last 6 months?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2	

CLIENT OPINION AND FEEDBACK

430	Does this facility have any system for determining clients' opinions about the health facility or its services?	YES..... 1 NO..... 2	→440
431*	Please tell me all the methods that this facility uses to elicit client opinion CIRCLE ALL METHODS MENTIONED AND PROBE: ANY MORE?	SUGGESTION BOX..... A CLIENT SURVEY FORM..... B CLIENT INTERVIEW FORM..... C OFFICIAL MEETING WITH COMMUNITY LEADERS..... D INFORMAL DISCUSSION WITH CLIENTS OR THE COMMUNITY..... E EMAIL..... F FACILITY'S WEBSITE..... G LETTERS FROM CLIENTS/COMMUNITY..... H OMBUDSMAN..... I SUGGESTION BOOK..... J COMPLAINT HEARING COMMITTEE..... K OTHER..... X (SPECIFY) DON'T KNOW..... Z	→440
432	Is there a procedure for reviewing or reporting on clients' opinion? IF YES, ASK TO SEE A REPORT OR FORM ON WHICH DATA ARE COMPILED OR DISCUSSION IS REPORTED	YES..... 1 NO PROCEDURE..... 2 DON'T KNOW..... 8	→440
433	May I see a report on the review of client opinion, or any document on such a review?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2 REPORTS NOT COMPILED..... 3	

QUALITY ASSURANCE

NOTIFY THE RESPONDENT THAT THIS SUBSECTION REQUIRES LOOKING AT RECORDS OF QUALITY ASSURANCE ACTIVITIES. IT WILL THEREFORE BE HELPFUL IF SUCH RECORDS ARE GATHERED BEFORE PROCEEDING WITH THE INTERVIEW.

440	Does this facility routinely carry out quality assurance activities? An example may be facility-wide review of mortality, or periodic audit of registers.	YES..... 1 NO..... 2 DON'T KNOW..... 8	→443
441*	Is there an official record of any quality assurance activities carried out during the past Gregorian calendar year?	YES..... 1 NO, RECORDS NOT MAINTAINED..... 2	→443
442	May I see a record of any quality assurance activity? A REPORT OR MINUTES OF A QA MEETING, A SUPERVISORY CHECKLIST, A MORTALITY REVIEW, AN AUDIT OF RECORDS OR REGISTERS ARE ALL ACCEPTABLE.	OBSERVED..... 1 REPORTED NOT SEEN..... 2	

QUALITY CONTROL/QUALITY IMPROVEMENT

443*	Does the health facility has established Quality structure?	QUALITY UNIT ASSISTED BY A QUALITY COMMITTEE..... 1 QUALITY COMMITTEE..... 2 NO STRUCTURE..... 3	→445
444*	Does the health facility conduct Quality committee meeting as stated in the TOR?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
445*	Does the health facility conduct assessment of its performance against pre-determined standards of care?	CONDUCTING CLINICAL AUDIT..... 1 AUDITING REGULARLY COLLECTED AND REPORTED DATA..... 2 COLLECTING FEEDBACKS FROM CUSTOMERS AND THEIR FAMILIES, FACILITY WORKERS, REGULATORY AGENCIES, INSURANCE AGENCIES, SUPPORTIVE SUPERVISION FINDINGS, AND..... 3 NO..... 4	
446*	Has the Health facility initiated QI projects based on gaps identified in the clinical audit, regular data audit and feedback findings?	QI PROJECTS INITIATED IN THE LAST COMPLETED QUARTER..... 1 QI PROJECT INITIATED IN THE LAST COMPLETED 12 MONTHS..... 2 NO QI PROJECTS..... 8	
447*	Does the health facility participate in benchmarking activities to learn from and share good practice with other health facilities? An example may be health facility cluster activities, EHAQ/EPHAC platforms and other learning collaborative session.	YES..... 1 NO..... 2 DON'T KNOW..... 8	
448*	Does the Health facility use updated dashboard based on selected Quality measures?	YES..... 1 NO..... 2 DON'T KNOW..... 8	

TRANSPORT FOR EMERGENCIES

450	Does this facility have a functional ambulance or other vehicle for emergency transportation for clients that is stationed at this facility and that operates from this facility?	YES..... 1 NO..... 2	→452				
451	May I see the ambulance (or other vehicle)?	OBSERVED..... 1 REPORTED NOT SEEN..... 2	→453				
452	Does this facility have access to an ambulance or other vehicle for emergency transportation for clients that is stationed at another facility or that operates from another facility?	YES..... 1 NO..... 2	→453A →460				
453	Is fuel available today? ACCEPT REPORTED RESPONSE FROM KNOWLEDGEABLE RESPONDENT.	YES..... 1 NO..... 2 DON'T KNOW..... 8	→460				
453A*	What mode of transportation does the facility most commonly use to travel from this facility to the ambulance station?	CAR..... 01 CART..... 02 FOOT..... 03 MOTORCYCLE..... 04 AMBULANCE COMES TO HEALTH FACILI... 05 TRICYCLE..... 06 OTHER..... 96 (SPECIFY)					
453B*	How much time does it take to travel from this facility to the ambulance station or from the ambulance station to this health facility using the above mode of transportation?	TRAVEL TIME..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> : <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> HOURS MINUTES DON'T KNOW..... 9898					
453C*	What is the type of road from this facility to the ambulance station or from the ambulance station to this facility? PROBE FOR THE LONGEST TYPE OF ROAD WHEN THERE IS MORE THAN ONE TYPE OF ROAD .	ALL WEATHER ROAD..... 1 DRY WEATHER ROAD..... 2 FOOT PATH/TRAIL..... 3 DON'T KNOW..... 8					

HMIS

FIND THE PERSON RESPONSIBLE FOR HEALTH INFORMATION SYSTEMS. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE ASSESSMENT BEFORE PROCEEDING WITH QUESTIONS IN THIS SUBSECTION

460*	Does this facility have a system in place, such as a health management information system, to regularly collect health	YES..... 1 NO..... 2	→461
460A*	What type of health management information system does this facility have in place?	ELECTRONIC ONLY..... 1 PAPER-BASED ONLY..... 2 BOTH ELECTRONIC AND PAPER-BASED..... 3	
460B*	Does this facility have DHIS-2?	YES..... 1 NO..... 2	→461
460C*	Does it work online or offline?	ONLINE..... 1 OFFLINE..... 2	
460D*	Is DHIS-2 functional?	FUNCTIONAL..... 1 NOT FACTIONAL..... 2	
461	Does this facility regularly compile any reports containing health services information?	YES..... 1 NO..... 2	→464
462	How frequently are these reports compiled?	MONTHLY OR MORE OFTEN..... 1 EVERY 2-3 MONTHS..... 2 EVERY 4-6 MONTHS..... 3 LESS OFTEN THAN EVERY 6 MONTHS..... 4	
463	May I see a copy of the most recent report?	RECORD OBSERVED..... 1 REPORTED, NOT SEEN..... 2	
464*	Does this facility have a designated person, such as a HIT, HMIS officer or similar, who is responsible for health services data in this facility?	YES..... 1 NO DEDICATED PERSON..... 2	→465A
465	Who is responsible for health services data compilation in this facility? PROBE TO DETERMINE WHO THIS PERSON IS	DATA MANAGER/HMIS PERSON..... 1 FACILITY IN-CHARGE..... 2 OTHER SERVICE PROVIDER..... 3	
465A	ASSESS THE MEDICAL RECORD ROOMS OR AREA WHERE HEALTH SERVICES DATA ARE MAINTAINED OR THE HMIS AREA. INDICATE IF ANY OF THE FOLLOWING IS AVAILABLE	ADEQUATE SHELF..... A MASTER PATIENT INDEX (MPI) BOX..... B COMPUTER FOR HMIS..... C BACK UP SYSTEM..... D ENOUGH SIZE CARD ROOM..... E EMR-FOR-MRU..... F	

PMT

466*	Does this facility have a performance mentoring team(PMT)?	YES..... 1 NO PERFORMANCE MENTORING TEAM..... 2	
466A*	Does this facility have a performance monitoring team (PMT)?	YES HAVE PMT..... 1 NO PMT..... 2	
466B*	Did PMT convene to review the most recent Month's performance?	YES..... 1 NO..... 2	→467
466C*	May I see the PMT logbook, or minutes or registration records? A REPORT OR MINUTES OF A PMT MEETING OR REGISTERS ARE ALL ACCEPTABLE.	OBSERVED..... 1 REPORTED, NOT SEEN..... 2 REPORTS NOT COMPILED..... 3	
466D*	Do PMT records have the following items: READ OUT EACH RESPONSE CATEGORY AND CIRCLE APPROPRIATELY	YES NO	
01	Performance gaps are identified by comparing achievement against target	1 2	
02	Root cause analysis is done for low performing key indicators	1 2	
03	Action plan is prepared for the identified priority problems/challenges	1 2	
04	PMT action plan/meeting minutes were circulated to case teams	1 2	
05	Minimum information charts displayed in different case teams (MCH, EPI, Malaria etc)	1 2	

DATA QUALITY ASSURANCE

467*	CHECK Q006 AND Q007 FACILITY IS A PUBLIC HEALTH CENTER CODE "04" CIRCLED IN Q006 AND GOV/PUBLIC CODE "1" CIRCLED IN Q007	FACILITY IS NOT A PUBLIC HEALTH CENTER CODE "04" NOT CIRCLED IN Q006 AND CODE "1" NOT CIRCLED IN Q007	<input type="checkbox"/> → 467C
467A*	Has the Health Center received the most recent month's reports from all Health Posts? ASK TO SEE THE REPORTS	OBSERVED. 1 REPORTED, NOT SEEN. 2 REPORTS NOT RECEIVED 3 NO HEALTH POST UNDER THE HEALTH CENTER . . . 4	→ 467C → 467C
467B*	Has the Health Center reviewed the HP's reports and provided feedback? ASK TO SEE THE FEEDBACKS	OBSERVED. 1 REPORTED, NOT SEEN. 2 FEEDBACKS NOT COMPILED 3	
467C*	Does the facility conduct data quality assurance systems? For example, LQAS, record audit or similar?	YES. 1 NO 2 DON'T KNOW 8	→ 468
467D*	Does the facility conducted LQAS for the most recent month's report?	YES. 1 NO 2 DON'T KNOW 8	→ 468
467E*	May I see a record of any LQAS activity? A REPORT OR MINUTES OF A LQAS MEETING, AN AUDIT OF RECORDS OR REGISTERS ARE ALL ACCEPTABLE. REVIEW OR ASK FOR SPECIFIC ITEMS BELOW		
01	IPD REPORT	OBSERVED. 1 REPORTED, NOT SEEN. 2 REPORTS NOT COMPILED 3	
02	OPD REPORT	OBSERVED. 1 REPORTED, NOT SEEN. 2 REPORTS NOT COMPILED 3	
03	SERVICE REPORT	OBSERVED. 1 REPORTED, NOT SEEN. 2 REPORTS NOT COMPILED 3	

ICT INFRASTRUCTURE/MANPOWER

468*	How many of functional desktop/laptop computers dedicated for HMIS/HITunit/ experts in the facility? IF NONE RECORD 00000	# OF COMPUTERS <input style="width: 40px; height: 20px;" type="text"/>	DON'T KNOW 99998
468A*	Does the administrative unit/facility have a Global System for Mobile (GSM) Communications network coverage?	YES 1 NO 2	
468B*	Is the administrative unit/facility connected via HealthNet (3G Dongle)?	YES 1 NO 2	
468C*	Is the facility using the HealthNet (or 3G Dongle) for reporting?	YES 1 NO 2	
468D*	Does the facility have a Local Area Network (LAN) installed?	YES 1 NO 2	

HEALTH STATISTICS

NOTIFY THE RESPONDENT THAT THIS SUBSECTION REQUIRES THAT SOME STATISTICS ARE GATHERED, IF SUCH INFORMATION IS NOT READILY AVAILABLE AT THE LOCATION WHERE THE INTERVIEW IS BEING CONDUCTED.

470	CHECK Q102 (16), Q102 (22), Q102 (24) AND Q110 INPATIENT CARE <input type="checkbox"/> SERVICES AVAILABLE	NO INPATIENT CARE SERVICES <input type="checkbox"/>	→ 472
471	How many <u>live</u> discharges were made in the last completed calendar month [MONTH], for all conditions, both for adults and children?	# OF DISCHARGES <input style="width: 40px; height: 20px;" type="text"/>	DON'T KNOW 99998
472	How many outpatient client visits were made to this facility in the last completed calendar month [MONTH] for both adults and children?	# OF CLIENT VISITS <input style="width: 40px; height: 20px;" type="text"/>	DON'T KNOW 99998
473*	CHECK Q102 (07) NORMAL DELIVERY CARE <input type="checkbox"/> SERVICES AVAILABLE	NO NORMAL DELIVERY CARE SERVICES <input type="checkbox"/>	→ 476
474*	How many delivery client referrals were made to this facility in the last 12 completed Gregorian calendar months? IF NONE RECORD 00000	# OF IN REFERRALS <input style="width: 40px; height: 20px;" type="text"/>	DON'T KNOW 99998
475*	How many delivery client referrals were made from this facility in the last 12 completed Gregorian calendar months? IF NONE RECORD 00000	# OF OUT REFERRALS <input style="width: 40px; height: 20px;" type="text"/>	DON'T KNOW 99998
476*	CHECK Q102 (15,16, 27) SURGERY <input type="checkbox"/> SERVICES AVAILABLE	NO SURGERY SERVICES <input type="checkbox"/>	→ 479
477*	How many major surgeries have been conducted in this facility in the last 12 completed Gregorian calendar months for both adults and children? IF NONE RECORD 00000	# OF SURGERIES <input style="width: 40px; height: 20px;" type="text"/>	DON'T KNOW 99998
478*	How many minor surgeries have been conducted in this facility in the last 12 completed Gregorian calendar months for both adults and children? IF NONE RECORD 00000	# OF SURGERIES <input style="width: 40px; height: 20px;" type="text"/>	DON'T KNOW 99998
479*	How many inpatient cases were seen in this facility in the last completed Gregorian calendar 12 months for the services provided, including surgical procedures (laparotomy, caesarean delivery and treatment of an open fracture) for both adults and children?	# OF CASES <input style="width: 40px; height: 20px;" type="text"/>	DON'T KNOW 99998
480*	How many deaths have been discharged in this facility in the last completed Gregorian calendar 12 months for all conditions and services provided for both adults and children? IF NONE RECORD 00000	# OF DEATHS <input style="width: 40px; height: 20px;" type="text"/>	DON'T KNOW 99998
481*	What is the catchment population for this facility?	CATCHMENT ## <input style="width: 40px; height: 20px;" type="text"/>	DON'T KNOW 999998

PATIENT SAFETY

487*	Does the health facility carry out risk assessments of inpatient, outpatient and ER case teams and other departments within the previous 1 year?	YES..... 1 NO..... 2 DON'T KNOW..... 8	↓ 489
488*	May I see a record of assessed risks?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
489*	Des the Health facility have an Incident Officer who has a job description that outlines his/her duties in relation to Incident Investigation and management?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
490*	Is Patient safety included in the patient rights statement?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
491*	ASK TO SEE TWO RECENT INCIDENT REPORTS (IF ANY) AND CONFIRM THAT THE REPORTED INCIDENTS WERE INVESTIGATED AND ANY NECESSARY FOLLOW UP ACTION DOCUMENTED BY THE INCIDENT OFFICER.		
01	CHECK REPORTS AND CONFORM IF THE REPORTED INCIDENTS WERE INVESTIGATED	YES, INVESTIGATED..... 1 NOT INVESTIGATED..... 2 NO INCIDENTS REPORTED..... 8	→ 492
02	CHECK REPORTS AND CONFORM IF FOLLOW UP ACTIONS WERE DOCUMENTED	YES DOCUMENTED..... 1 NOT DOCUMENTED..... 2 NO FOLLOW UP ACTIONS PLANNED..... 8	
492*	Does the health facility have a system to identify, analyze and monitor risks, adverse events, incidents, errors and near misses?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
493*	Before any invasive procedure, is an informed consent signed by the patient? That is the parient is informed of all risks, benefits and potential side effects of a procedure in advance.	YES..... 1 NO..... 2 DON'T KNOW..... 8	
494*	Does the health facility maintains clear channels of communication for urgent critical results?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
495*	CHECK Q006 FACILITY IS A HOSPITAL <input type="checkbox"/> CODE "01" OR "02" OR "03" CIRCLED IN Q006 FACILITY IS NOT A HOSPITAL <input type="checkbox"/> CODE "01, 02 OR 03" NOT CIRCLED IN Q006 ↓ 499D		
496*	Does the hospital have systems in place for safe and thorough handover of patients between clinical teams (including shift	YES..... 1 NO..... 2 DON'T KNOW..... 8	
497*	Does the hospital implement the use of a surgical safety checklist and conforms to guidelines?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
498*	Does the hospital implement a policy of giving HBV vaccination for all high risk groups working in the hospital (health care providers, cleaners, laundry workers etc.)	YES..... 1 NO..... 2 DON'T KNOW..... 8	
499*	Does the hospital conduct regular STG adherence to encourage rational use of antibiotics and reduce the occurrence of antibiotic resistance?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
499A*	Does the hospital comply with guidelines on safe and appropriate prescribing of blood and blood products, including the use of alternative fluids.	YES..... 1 NO..... 2 DON'T KNOW..... 8	
499B*	Does the hospital ensure patient (or career) education about medication at discharge?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
499C*	Does the hospital have a policy and procedures to manage medication error.	YES..... 1 NO..... 2 DON'T KNOW..... 8	
499D*	Are the all staff familiar with the reporting procedure for near misses, adverse events and sentinel events?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
499E*	Are the all staff familiar with the steps to be taken during or after an adverse event?	YES..... 1 NO..... 2 DON'T KNOW..... 8	

SECTION 5: PROCESSING OF INSTRUMENTS FOR REUSE

ASK TO BE SHOWN THE MAIN LOCATION WHERE MEDICAL INSTRUMENTS ARE PROCESSED/STERILIZED IN THE FACILITY FOR REUSE. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROCESSING OF MEDICAL INSTRUMENTS IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND PROCEED.

500	CHECK Q201 ARE ANY EQUIPMENT PROCESSED IN THE FACILITY?	YES (CODES 1 or 2 CIRCLED) <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> NO (CODE 3 CIRCLED) <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/>			
		GO TO NEXT SECTION OR SERVICE SITE			
501*	ASK IF EACH OF THE INDICATED ITEMS BELOW IS USED BY THE FACILITY AND AVAILABLE. IF AVAILABLE, ASK TO SEE IT. ASK IF IT IS FUNCTIONING OR NOT FOR EXAMPLE: "Do you use [METHOD] in facility?" IF YES, ASK: "May I see it?" THEN "Is it functioning?"				
	ITEM	(A) USE AND AVAILABILITY	(B) FUNCTIONING		
		OBSERVED REPORTED NOT SEEN NOT USED	YES NO DON'T KNOW		
01	ELECTRIC AUTOCLAVE (PRESSURE & WET HEAT)	1 → b 2 → b 3 2	1 2 8		
02	NON-ELECTRIC AUTOCLAVE (PRESSURE & WET HEAT)	1 → b 2 → b 3 3	1 2 8		
03	ELECTRIC DRY HEAT STERILIZER	1 → b 2 → b 3 4	1 2 8		
04	ELECTRIC BOILER OR STEAMER (NO PRESSURE)	1 → b 2 → b 3 5	1 2 8		
05*	NON-ELECTRIC POT WITH COVER FOR BOILING/STEAM	1 2 3			
06	HEAT SOURCE FOR NON-ELECTRIC EQUIPMENT (STOVE OR COOKER)	1 → b 2 → b 3 7	1 2 8		
07	AUTOMATIC TIMER (MAY BE ON EQUIPMENT)	1 → b 2 → b 3 8	1 2 8		
08	TST INDICATOR STRIPS/OTHER ITEM THAT INDICATES PROCESS IS COMPLETE	1 2 3			
09	ANY CHEMICALS FOR CHEMICAL HLD	1 2 3			
10*	DRUMS	1 2 3			
11*	METALLIC SCHELVES	1 2 3			
12*	CABINETS	1 2 3			
502	CHECK Q501. FOR EACH OF THE FOLLOWING METHODS OF STERILIZATION/HIGH LEVEL DISINFECTION THAT IS USED IN THE FACILITY, ASK YOUR RESPONDENT AND INDICATE THE PROCESSING DETAILS, INCLUDING PROCESSING TIME, RECOMMENDED PRESSURE, ETC.				
	(1)	(2)	(3)	(4)	(5)
	AUTOCLAVE (steam with pressure)	DRY HEAT STERILIZATION	BOILING (HLD)	STEAM HIGH LEVEL DISINFECTION (HLD)	CHEMICAL HIGH LEVEL DISINFECTION (HLD)
A	Method	USED 1 NOT USED ... 2 → 2	USED 1 NOT USED ... 2 → 3	USED 1 NOT USED ... 2 → 4	USED 1 NOT USED ... 2 → 503
B	Temperature (centigrade)	TEMPERATURE <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> AUTOMATIC 666 DON'T KNOW 998	TEMPERATURE <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> AUTOMATIC 666 DON'T KNOW 998		
C	Pressure	PRESS- URE <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> AUTOMATIC 666 DON'T KNOW 998 → 1E			
D	Units of pressure	UNITS OF PRESSURE: KG/SQ CM 1 ATM PRESSURE ... 2 KILOPASCAL 3 MILLIMETER HG ... 4 DON'T KNOW 8			
E	What is the duration in minutes when instrument is not wrapped in cloth for [METHOD]?	MINUTES <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> AUTOMATIC 666 NOT USED 995 DON'T KNOW 998	MINUTES <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> AUTOMATIC 666 NOT USED 995 DON'T KNOW 998	MINUTES <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> AUTOMATIC 666 NOT USED 995 DON'T KNOW 998	MINUTES <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> DON'T KNOW 998
F	What is the duration in minutes when instrument is wrapped in cloth for [METHOD]?	MINUTES WRAPPED <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> AUTOMATIC 666 NOT USED 995 DON'T KNOW 998	MINUTES WRAPPED <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> AUTOMATIC 666 NOT USED 995 DON'T KNOW 998	MINUTES WRAPPED <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> AUTOMATIC 666 NOT USED 995 DON'T KNOW 998	
G	Chemical disinfectant used	ALCOHOL A BETADINE B CHLORINE/CIDEX . C FORMALDEHYDE . D GLUTERALDEHYDE E H2O2 (PEROXIDE) F DON'T KNOW Z			
503	Does this facility have any guidelines on final processing or sterilization of surgical equipment?	YES 1 NO 2			→ NEXT SECTION
504	May I see the guidelines on processing or sterilization of equipment? HAND-WRITTEN GUIDELINES POSTED ON WALLS IN AREA WHERE EQUIPMENT IS PROCESSED OR STERILIZED IS ACCEPTABLE	OBSERVED 1 REPORTED NOT SEEN 2			

SECTION 6: HEALTH CARE WASTE MANAGEMENT AND CLIENT LATRINE

FIND THE PERSON RESPONSIBLE FOR WASTE MANAGEMENT ACTIVITIES IN THE FACILITY. INTRODUCE YOURSELF AND EXPLAIN THE PURPOSE OF THE ASSESSMENT BEFORE PROCEEDING WITH THE QUESTIONS

600	<p>Now I would like to ask you a few questions about waste management practices for sharps waste, such as needles or blades.</p> <p>How does this facility finally dispose of sharps waste (e.g., filled sharps boxes)?</p> <p>PROBE TO ARRIVE AT CORRECT RESPONSE</p> <p>NOTE!</p> <p>IF ANY OF THE RESPONSES 02 - 09 TAKE PLACE OUTSIDE THE FACILITY, THEN THE CORRECT RESPONSE TO CIRCLE WILL BE IN THE CATEGORY OF "REMOVE OFFSITE"</p>	<p>BURN IN INCINERATOR:</p> <p>2-CHAMBER INDUSTRIAL (800-1000+°C) 02</p> <p>1-CHAMBER DRUM/BRICK 03</p> <p>OPEN BURNING</p> <p>FLAT GROUND-NO PROTECTION. 04</p> <p>PIT OR PROTECTED GROUND. 05</p> <p>DUMP WITHOUT BURNING</p> <p>FLAT GROUND-NO PROTECTION. 06</p> <p>COVERED PIT OR PIT LATRINE. 07</p> <p>OPEN PIT-NO PROTECTION. 08</p> <p>PROTECTED GROUND OR PIT. 09</p> <p>REMOVE OFFSITE</p> <p>STORED IN COVERED CONTAINER. 10</p> <p>STORED IN OTHER PROTECTED ENVIRONMENT. 11</p> <p>STORED UNPROTECTED. 12</p> <p>OTHER _____ 96</p> <p style="text-align: center;">(SPECIFY)</p> <p>NEVER HAVE SHARPS WASTE 95</p>	
601*	<p>Now I would like to ask you a few questions about waste management practices for medical waste other than sharps, such as used bandages</p> <p>How does this facility finally dispose of medical waste other than sharps boxes?</p> <p>PROBE TO ARRIVE AT CORRECT RESPONSE</p> <p>NOTE!</p> <p>IF ANY OF THE RESPONSES 02 - 09 TAKE PLACE OUTSIDE THE FACILITY, THEN THE CORRECT RESPONSE TO CIRCLE WILL BE IN THE CATEGORY OF "REMOVE OFFSITE"</p>	<p>SAME AS FOR SHARPS ITEMS 01</p> <p>BURN IN INCINERATOR:</p> <p>2-CHAMBER INDUSTRIAL (800-1000+°C) 02</p> <p>1-CHAMBER DRUM/BRICK 03</p> <p>OPEN BURNING</p> <p>FLAT GROUND-NO PROTECTION. 04</p> <p>PIT OR PROTECTED GROUND. 05</p> <p>DUMP WITHOUT BURNING</p> <p>FLAT GROUND-NO PROTECTION. 06</p> <p>COVERED PIT OR PIT LATRINE. 07</p> <p>OPEN PIT-NO PROTECTION. 08</p> <p>PROTECTED GROUND OR PIT. 09</p> <p>REMOVE OFFSITE</p> <p>STORED IN COVERED CONTAINER. 10</p> <p>STORED IN OTHER PROTECTED ENVIRONMENT. 11</p> <p>STORED UNPROTECTED. 12</p> <p>OTHER _____ 96</p> <p style="text-align: center;">(SPECIFY)</p> <p>NEVER HAVE OTHER MEDICAL WASTE. 95</p>	
602	<p>CHECK Q600</p> <p style="text-align: center;">FACILITY-BASED WASTE DISPOSAL OR WASTE REMOVED OFFSITE <input type="checkbox"/> (ANY CODE OTHER THAN "95" CIRCLED)</p>	<p style="text-align: center;">NEITHER FACILITY-BASED WASTE DISPOSAL NOR REMOVAL OFFSITE <input type="checkbox"/> (CODE "95" CIRCLED)</p>	604
603	<p>ASK TO SEE THE PLACE USED BY THIS FACILITY FOR DISPOSAL OF SHARPS WASTE AND INDICATE THE CONDITION OBSERVED. IF SHARPS WASTE IS DISPOSED OFF-SITE, OBSERVE THE SITE WHERE IT IS STORED PRIOR TO COLLECTION FOR OFF-SITE DISPOSAL. IF SITE NOT INSPECTED, CIRCLE '8'.</p>	<p>NO WASTE VISIBLE. 1</p> <p>WASTE VISIBLE, BUT PROTECTED AREA. 2</p> <p>WASTE VISIBLE, NOT PROTECTED. 3</p> <p>WASTE SITE NOT INSPECTED. 8</p>	
604*	<p>CHECK Q601.</p> <p style="text-align: center;">FACILITY-BASED WASTE DISPOSAL OR WASTE REMOVED OFFSITE <input type="checkbox"/> (ANY CODE "02" TO "96" CIRCLED)</p>	<p style="text-align: center;">NEITHER FACILITY-BASED WASTE DISPOSAL NOR REMOVAL OFFSITE <input type="checkbox"/> (CODE "01" OR "95" CIRCLED)</p>	606
605	<p>ASK TO SEE THE PLACE USED BY THIS FACILITY FOR DISPOSAL OF MEDICAL WASTE AND INDICATE THE CONDITION OBSERVED. IF MEDICAL WASTE IS DISPOSED OFF-SITE, OBSERVE THE SITE WHERE IT IS STORED PRIOR TO COLLECTION FOR OFF-SITE DISPOSAL. IF SITE NOT INSPECTED, CIRCLE '8'.</p>	<p>NO WASTE VISIBLE. 1</p> <p>WASTE VISIBLE, BUT PROTECTED AREA. 2</p> <p>WASTE VISIBLE, NOT PROTECTED. 3</p> <p>WASTE SITE NOT INSPECTED. 8</p>	

606*	CHECK Q600 AND Q601 INCINERATOR USED (EITHER "2" OR "3" CIRCLED) <input type="checkbox"/>	INCINERATOR NOT USED (NEITHER "2" NOR "3" CIRCLED) <input type="checkbox"/>	609C
607	ASK TO BE SHOWN THE INCINERATOR	INCINERATOR OBSERVED..... 1 INCINERATOR REPORTED NOT SEEN..... 2	
608*	Is the incinerator functional today? ACCEPT REPORTED RESPONSE FROM KNOWLEDGEABLE RESPONDENT.	YES..... 1 NO..... 2 DON'T KNOW..... 8	609C
609	Is fuel available today for the incinerator? ACCEPT REPORTED RESPONSE	YES..... 1 NO..... 2 DON'T KNOW..... 8	
609A*	Does this facility have an ash collecting pit for the ash that is generated when waste is burned in the incinerator?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
609B*	What is the burning capacity of the incinerator in meter cube?	INCINERATOR CAPACITY IN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> METER CUBE DON'T KNOW..... 9998	
609C*	Does this facility have any placenta pit?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
609D*	Does this facility have a septic tank, soak away pit, percolation ditch or collection tank for management of liquid waste?	YES, SEPTIC TANK..... 1 YES, SOAK AWAY PIT..... 2 YES, PERCOLATION DITCH..... 3 YES, COLLECTION TANK..... 4 NO..... 5 DON'T KNOW..... 8	609G
609E*	Does it occur that toilets and sinks cannot be used as a result of the septic tank being full?	YES..... 1 NO..... 2 DON'T KNOW..... 8	609G
609F*	What are the main possible reason?	SEPTIC TANK IS FULL AND TRUCK TO EMPTY TANK IS NOT USED..... 1 SEPTIC TANK FILLS UP IN RAINY SEASON..... 2 BLOCKAGE OF SEWAGE SYSTEM..... 3 OTHER..... 6 SPECIFY	
609G*	Does this facility have a sewage line?	YES..... 1 NO..... 2 DON'T KNOW..... 8	609I
609H*	Is the sewage line connected to the municipal line?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
609I*	Does the facility have access for sucking cars? These are cars that collect and transport the liquid waste (sewage) from the health facility to municipal site.	YES..... 1 NO..... 2 DON'T KNOW..... 8	
609J*	Does this facility have any chemical dilution/ Neutralizing tank?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
610	Do you have any guidelines on health care waste management available in this service area? This may be part of the infection prevention guideline or protocol.	YES..... 1 NO GUIDELINE AVAILABLE..... 2	611A
611	May I see the guidelines on health care waste management?	OBSERVED..... 1 REPORTED NOT SEEN..... 2	
611A*	As the person responsible for waste management activities, have you personally received any training in health care waste management practices any time during the past 24 months?	YES..... 1 NO..... 2	
611B*	Has any other provider(s) responsible for waste management activities in this facility received any training in health care waste management practices at anytime during the past 24 months?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
611C*	Is there a queue of waste to be burned at the facility?	YES..... 1 NO..... 2	611E
611D*	What are the reasons for the queue of waste to be burned?	SMALL VOLUME OF INCINERATOR..... 1 FREQUENCY OF BURNING..... 2 SHORTAGE OF FUEL..... 3 OTHER..... 6 SPECIFY	

611E*	Does smoke from the pit or incinerator cause hindrance to facility and patients?	YES..... 1 NO..... 2	→ 620
611F*	What are the possible reasons ?	PREVAILING WIND DIRECTION TOWARDS THE FACILIT 1 INSUFFICIENT DISTANCE TO INCINERATOR OR PIT 2 OTHER _____ 6 SPECIFY	

CLIENT LATRINE

620	Is there a toilet (latrine) in functioning condition that is available for general outpatient client use? IF YES, ASK TO SEE THE CLIENT TOILET AND INDICATE THE TYPE. THIS MUST BE TOILET FACILITIES FOR THE MAIN OUTPATIENT SERVICE AREA.	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM..... 11 FLUSH TO SEPTIC TANK 12 FLUSH TO PIT LATRINE..... 13 FLUSH TO SOMEWHERE ELSE..... 14 FLUSH, DON'T KNOW WHERE..... 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE..... 21 PIT LATRINE WITH SLAB..... 22 PIT LATRINE WITHOUT SLAB / OPEN PIT..... 23 COMPOSTING TOILET 31 BUCKET TOILET..... 41 HANGING TOILET / HANGING LATRINE..... 51 NO FUNCTIONING FACILITY / BUSH / FIELD..... 61	NEXT SECTION →
620A*	IS THERE A SEPARATE TOILET FOR MALES AND A SEPARATE TOILET FOR FEMALES IN THE GENERAL OPD AREA?	YES, SEPARATE TOILET FOR MALES AND FEMALES... 1 NO SEPARATE TOILETS FOR MALES OR FEMALES.... 2	
620B*	Is there a toilet accessible for people with limited mobility in the general OPD area? IF YES, ASK TO SEE THE TOILET SHOULD MEET THE FOLLOWING CONDITIONS: <ul style="list-style-type: none"> • CAN BE ACCESSED WITHOUT STAIRS OR STEPS, • HANDRAILS FOR SUPPORT ARE ATTACHED EITHER TO THE FLOOR OR SIDEWALLS, • THE DOOR IS AT LEAST 80 CM WIDE, AND • THE DOOR HANDLE AND SEAT ARE WITHIN REACH OF PEOPLE USING WHEELCHAIRS OR CRUTCHES/STICKS. 	YES, ACCESSIBLE TOILET 1 NO..... 2	

SECTION 7: GENERAL OUTPATIENT AREA BASIC SUPPLIES - CLIENT EXAMINATION ROOM - CLIENT WAITING AREA

AT THIS POINT TELL YOUR RESPONDENT THAT YOU WOULD LIKE TO SEE SOME BASIC SUPPLIES AND EQUIPMENT USED IN THE PROVISION OF CLIENT SERVICES. YOU WOULD LIKE TO SEE IF THESE SUPPLIES AND EQUIPMENT ARE AVAILABLE IN THE GENERAL OUTPATIENT AREA. IF YOU ARE NOT IN THE GENERAL OUTPATIENT AREA, ASK TO BE TAKEN TO THE GENERAL OUTPATIENT AREA.

SUPPLIES AND EQUIPMENT							
700*	I would like to know if the following items are available today in the main service area and are functioning ASK TO SEE ITEMS.	(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	ADULT WEIGHING SCALE	1 → b	2 → b	3	1	2	8
02	CHILD WEIGHING SCALE [250 GRAM GRADATION]	1 → b	2 → b	3	1	2	8
03	INFANT WEIGHING SCALE [100 GRAM GRADATION]	1 → b	2 → b	3	1	2	8
04	STADIOMETER (OR HEIGHT ROD) FOR MEASURING HEIGHT	1 → b	2 → b	3	1	2	8
05	MEASURING TAPE [FOR HEAD CIRCUMFERENCE]	1	2	3			
06	THERMOMETER	1 → b	2 → b	3	1	2	8
07	STETHOSCOPE	1 → b	2 → b	3	1	2	8
08	DIGITAL BP APPARATUS	1 → b	2 → b	3	1	2	8
09	MANUAL BP APPARATUS	1 → b	2 → b	3	1	2	8
10	LIGHT SOURCE (FLASHLIGHT ACCEPTABLE)	1 → b	2 → b	3	1	2	8
11	SELF-INFLATING BAG AND MASK [ADULT]	1 → b	2 → b	3	1	2	8
12	SELF-INFLATING BAG AND MASK [PEDIATRIC]	1 → b	2 → b	3	1	2	8
13	MICRONEBULIZER	1 → b	2 → b	3	1	2	8
14	SPACERS FOR INHALERS	1	2	3			
15	PEAK FLOW METERS	1 → b	2 → b	3	1	2	8
16	PULSE OXIMETER	1 → b	2 → b	3	1	2	8
17	OXYGEN CONCENTRATORS	1 → b	2 → b	3	1	2	8
18	FILLED OXYGEN CYLINDER	1 → b	2 → b	3	1	2	8
19	OXYGEN DISTRIBUTION SYSTEM	1 → b	2 → b	3	1	2	8
20	INTRAVENOUS INFUSION KITS - ADULT	1	2	3			
21	INTRAVENOUS INFUSION KITS - PEDIATRIC	1	2	3			
22*	FUNDOSCOPE	1 → b	2 → b	3	1	2	8
23*	OTOSCOPE	1 → b	2 → b	3	1	2	8
24*	REFLEX HAMMER	1 → b	2 → b	3	1	2	8
25*	SNELLEN'S CHART	1	2	3			
26*	REFRIGERATOR	1 → b	2 → b	3	1	2	8
27*	DRESSING SET	1	2	3			
28*	MINOR SURGICAL SET	1	2	3			
29*	CATHETERIZATION SET	1	2	3			
30*	MEDICINE TROLLEY	1 → b	2 → b	3	1	2	8
31*	FOLDING SCREEN	1 → b	2 → b	3	1	2	8

	ASK TO SEE ITEMS.	(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
32*	X-RAY FILM VIEWER	1 → b	2 → b	3	1	2	8
33*	LUMBAR PUNCTURE SET	1	2	3			
34*	BONE MARROW ASPIRATION SET	1	2	3			
35*	PLEURAL BIOPSY SET	1	2	3			
36*	EXAMINATION COACH	1	2	3			
37*	RESUSCITATION SETS ON TROLLEY	1 → b	2 → b	3	1	2	8
38*	EMERGENCY BED WITH WHEELS	1 → b	2 → b	3	1	2	8
39*	STRETCHER WITH WHEELS	1 → b	2 → b	3	1	2	8
40*	WHEEL CHAIR	1 → b	2 → b	3	1	2	8
41*	INTRAVENOUS (IV) STAND	1	2	3			
42*	ELECTROCARDIOGRAM (ECG/EKG)	1 → b	2 → b	3	1	2	8
43*	SUCTION MACHINE	1 → b	2 → b	3	1	2	8
44*	DEFIBRILATOR	1 → b	2 → b	3	1	2	8
45*	TRACHEOTOMY SET	1	2	3			
46*	NASOGASTRIC TUBE	1	2	3			
47*	OXYGEN REGULATOR OR OXYGEN GAUGE	1 → b	2 → b	3	1	2	8
48*	OXYGEN FACE MASK OR NASAL CATHETERS	1	2	3			
49*	DIFFERENT TYPES OF SPLINTS	1	2	3			
50*	HOT AIR OVEN	1 → b	2 → b	3	1	2	8
51*	INTUBATION SET	1	2	3			
52*	AMBU BAGS (ADULT AND/OR PEDIATRIC SIZE)	1	2	3			
53*	ENDOTRACHEAL TUBES - ADULT	1	2	3			
54*	ENDOTRACHEAL TUBES - PEDIATRIC	1	2	3			
55*	LARYNGOSCOPE	1 → b	2 → b	3	1	2	8
56	EQUIPMENT FOR INTRA-OSSEOUS FLUID ADMINISTRATION	1	2	3			
57*	GLUCOMETER WITH BLUCOSTICKS	1 → b	2 → b	3	1	2	8
58*	CARDIAC MONITOR	1 → b	2 → b	3	1	2	8
59*	CUP BOARD	1	2	3			
60*	HAND WASHING BASIN	1	2	3			
61*	NEBULIZERS (ANY TYPE)	1 → b	2 → b	3	1	2	8
62*	TIME PIECE (WRIST WATCH, WALL CLOCK, CELL PHONE)	1 → b	2 → b	3	1	2	8
64*	FILTER TRAY	1	2	3			
65*	TABLET COUNTING TRAY	1	2	3			
66*	STRETCHER WITH TROLLEY	1 → b	2 → b	3	1	2	8
67*	THERMOMETER RECTAL	1 → b	2 → b	3	1	2	8
68*	BREAST PUMP	1 → b	2 → b	3	1	2	8
69*	MCH DIAGNOSTIC KIT	1 → b	2 → b	3	1	2	8
70*	DENTAL EXTRACTOR SET	1 → b	2 → b	3	1	2	8
71*	PRECISION BALANCE	1 → b	2 → b	3	1	2	8
72*	SPOON	1 → b	2 → b	3	1	2	8
73*	MEASURING CYLINDRE	1 → b	2 → b	3	1	2	8
74*	WATER FILTRATION APPARATUS	1 → b	2 → b	3	1	2	8
75*	TIMER	1 → b	2 → b	3	1	2	8

CLIENT EXAMINATION ROOM

AT THIS POINT ASK TO BE SHOWN THE ROOM OR AREA IN THE GENERAL OUTPATIENT AREA WHERE MOST CLIENT SERVICES ARE OFFERED. OBSERVE THE CONDITION UNDER WHICH MOST CLIENT EXAMINATION TAKE PLACE. INDICATE IF THE FOLLOWING ITEMS ARE AVAILABLE IN THE ROOM OR AREA. ASK TO BE SHOWN ITEMS THAT YOU DO NOT SEE.				
	STANDARD PRECAUTIONS AND CONDITIONS FOR CLIENT EXAMINATION	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	1	2	3
02	HAND-WASHING SOAP (MAY BE LIQUID SOAP)	1	2	3
03	ALCOHOL-BASED HAND RUB	1	2	3
04	WASTE RECEPTACLE (PEDAL BIN) WITH LID AND PLASTIC BIN LINER	1 06 ↙	2	3
05	OTHER WASTE RECEPTACLE	1	2	3
06	SHARPS CONTAINER ("SAFETY BOX")	1	2	3
07	DISPOSABLE LATEX GLOVES	1	2	3
08	DISINFECTANT [E.G., CHLORINE, HIBITANE, ALCOHOL]	1	2	3
09	SINGLE-USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR OR AUTO-DESTRUCT SYRINGES WITH NEEDLES	1	2	3
10	MEDICAL MASKS	1	2	3
11	GOWNS OR DISPOSABLE APRONS	1	2	3
12	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2	3
13	GUIDELINES FOR STANDARD PRECAUTIONS	1	2	3
711	DESCRIBE THE SETTING OF THE ROOM OR SERVICE AREA	PRIVATE ROOM. 1 OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY. 2 VISUAL PRIVACY ONLY. 3 NO PRIVACY. 4		

CLIENT WAITING AREA

720	Is there a waiting area for clients where they <u>are protected from the sun and rain?</u> ASK TO SEE THE CLIENT WAITING AREA. MUST BE THE WAITINGAREA IN THE MAIN OUTPATIENT SERVICE AREA.	YES. 1 NO PROTECTED CLIENT WAITING AREA. 2
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SECTION 7B: EMERGENCY SERVICES

7B00*	CHECK Q102.23	EMERGENCY SERVICES AVAILABLE <input type="checkbox"/>	NO EMERGENCY SERVICES <input type="checkbox"/>
		NEXT SECTION OR SERVICE SITE <input type="checkbox"/>	

CAUTION!!!!

THIS SECTION MUST ONLY BE COMPLETED ONLY AFTER COMPLETING SECTION 7
 ASK TO BE SHOWN THE MAIN LOCATION WHERE EMERGENCY SERVICES ARE PROVIDED IN THE FACILITY.
 FIND THE PERSON MOST KNOWLEDGEABLE ABOUT EMERGENCY SERVICES IN THE FACILITY.
 INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.

AT THIS POINT TELL YOUR RESPONDENT THAT YOU WOULD LIKE TO SEE SOME BASIC SUPPLIES AND EQUIPMENT USED IN THE PROVISION OF CLIENT SERVICES. YOU WOULD LIKE TO SEE IF THESE SUPPLIES AND EQUIPMENT ARE AVAILABLE IN THE **EMERGENCY SERVICES AREA**. IF YOU ARE NOT IN THE EMERGENCY SERVICES AREA, ASK TO BE TAKEN TO THE EMERGENCY SERVICES AREA.

7B00A*	ASSESS THE EMERGENCY SERVICES ROOM OR OR AREA FOR THE SUPPLIES AND EQUIPMENT LISTED BELOW. IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE	GENERAL INFORMATION SECTION (Q700). 1 PEDIATRIC EMERGENCY SERVICES 3 NOT PREVIOUSLY SEEN. 4	NEXT SECTION
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SUPPLIES AND EQUIPMENT

7B01*	I would like to know if the following items are available today in the emergency services area and are functioning	(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DONT KNOW
	ASK TO SEE ITEMS.						
01	ADULT WEIGHING SCALE	1 → b	2 → b	3	1	2	8
02	CHILD WEIGHING SCALE [250 GRAM GRADATION]	1 → b	2 → b	3	1	2	8
03	INFANT WEIGHING SCALE [100 GRAM GRADATION]	1 → b	2 → b	3	1	2	8
04	STADIOMETER (OR HEIGHT ROD) FOR MEASURING HEIGHT	1 → b	2 → b	3	1	2	8
05	MEASURING TAPE [FOR HEAD CIRCUMFERENCE]	1	2	3			
06	THERMOMETER	1 → b	2 → b	3	1	2	8
07	STETHOSCOPE	1 → b	2 → b	3	1	2	8
08	DIGITAL BP APPARATUS	1 → b	2 → b	3	1	2	8
09	MANUAL BP APPARATUS	1 → b	2 → b	3	1	2	8
10	LIGHT SOURCE (FLASHLIGHT ACCEPTABLE)	1 → b	2 → b	3	1	2	8
11	SELF-INFLATING BAG AND MASK [ADULT]	1 → b	2 → b	3	1	2	8
12	SELF-INFLATING BAG AND MASK [PEDIATRIC]	1 → b	2 → b	3	1	2	8
13	MICRONEBULIZER	1 → b	2 → b	3	1	2	8
14	SPACERS FOR INHALERS	1	2	3			
15	PEAK FLOW METERS	1 → b	2 → b	3	1	2	8
16	PULSE OXIMETER	1 → b	2 → b	3	1	2	8
17	OXYGEN CONCENTRATORS	1 → b	2 → b	3	1	2	8
18	FILLED OXYGEN CYLINDER	1 → b	2 → b	3	1	2	8
19	OXYGEN DISTRIBUTION SYSTEM	1 → b	2 → b	3	1	2	8
20	INTRAVENOUS INFUSION KITS - ADULT	1	2	3			
21	INTRAVENOUS INFUSION KITS - PEDIATRIC	1	2	3			
22*	FUNDOSCOPE	1 → b	2 → b	3	1	2	8
23*	OTOSCOPE	1 → b	2 → b	3	1	2	8
24*	REFLEX HAMMER	1 → b	2 → b	3	1	2	8
25*	SNELLEN'S CHART	1	2	3			
26*	REFRIGERATOR	1 → b	2 → b	3	1	2	8
27*	DRESSING SET	1	2	3			
28*	MINOR SURGICAL SET	1	2	3			
29*	CATHETERIZATION SET	1	2	3			
30*	MEDICIINE TROLLEY	1 → b	2 → b	3	1	2	8
31*	FOLDING SCREEN	1 → b	2 → b	3	1	2	8

	ASK TO SEE ITEMS.	(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
32*	X-RAY FILM VIEWER	1 → b	2 → b	3	1	2	8
33*	LUMBAR PUNCTURE SET	1	2	3			
34*	BONE MARROW ASPIRATION SET	1	2	3			
35*	PLEURAL BIOPSY SET	1	2	3			
36*	EXAMINATION COACH	1	2	3			
37*	RESUSCITATION SETS ON TROLLEY	1 → b	2 → b	3	1	2	8
38*	EMERGENCY BED WITH WHEELS	1 → b	2 → b	3	1	2	8
39*	STRETCHER WITH WHEELS	1 → b	2 → b	3	1	2	8
40*	WHEEL CHAIR	1 → b	2 → b	3	1	2	8
41*	INTRAVENOUS (IV) STAND	1	2	3			
42*	ELECTROCARDIOGRAM (ECG/EKG)	1 → b	2 → b	3	1	2	8
43*	SUCTION MACHINE	1 → b	2 → b	3	1	2	8
44*	DEFIBRILATOR	1 → b	2 → b	3	1	2	8
45*	TRACHEOTOMY SET	1	2	3			
46*	NASOGASTRIC TUBE	1	2	3			
47*	OXYGEN REGULATOR OR OXYGEN GUAGE	1 → b	2 → b	3	1	2	8
48*	OXYGEN FACE MASK OR NASAL CATHETERS	1	2	3			
49*	DIFFERENT TYPES OF SPLINTS	1	2	3			
50*	HOT AIR OVEN	1 → b	2 → b	3	1	2	8
51*	INTUBATION SET	1	2	3			
52*	AMBU BAGS (ADULT AND PEDIATRIC SIZE)	1	2	3			
53*	ENDOTRACHEAL TUBES - ADULT	1	2	3			
54*	ENDOTRACHEAL TUBES - PEDIATRIC	1	2	3			
55*	LARYNGOSCOPE	1 → b	2 → b	3	1	2	8
56	EQUIPMENT FOR INTRA-OSSEOUS FLUID ADMINISTRATION	1	2	3			
57*	GLUCOMETER WITH BLUCOSTICKS	1 → b	2 → b	3	1	2	8
58*	CARDIAC MONITOR	1 → b	2 → b	3	1	2	8
59*	CUP BOARD	1	2	3			
60*	HAND WASHING BASIN	1	2	3			
61*	NEBULIZERS (ANY TYPE)	1 → b	2 → b	3	1	2	8
62*	TIME PIECE (WRIST WATCH, WALL CLOCK, CELL PHONE)	1 → b	2 → b	3	1	2	8
64*	FILTER TRAY	1	2	3			
65*	TABLET COUNTING TRAY	1	2	3			
66*	STRETCHER WITH TROLLEY	1 → b	2 → b	3	1	2	8
67*	THERMOMETER RECTAL	1 → b	2 → b	3	1	2	8
68*	BREAST PUMP	1 → b	2 → b	3	1	2	8
69*	MCH DIAGNOSTIC KIT	1 → b	2 → b	3	1	2	8
70*	DENTAL EXTRACTOR SET	1 → b	2 → b	3	1	2	8
71*	PRECISION BALANCE	1 → b	2 → b	3	1	2	8
72*	SPOON	1 → b	2 → b	3	1	2	8
73*	MEASURING CYLINDRE	1 → b	2 → b	3	1	2	8
74*	WATER FILTRATION APPARATUS	1 → b	2 → b	3	1	2	8
75*	TIMER	1 → b	2 → b	3	1	2	8

THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION

SECTION 7C: ADULT INPATIENT SERVICES

7C00*	CHECK Q102.24	INPATIENT SERVICES AVAILABLE <input style="width: 20px; height: 20px;" type="checkbox"/>	NO INPATIENT SERVICES <input style="width: 20px; height: 20px;" type="checkbox"/>	
		NEXT SECTION OR SERVICE SITE ←		

ASK TO BE SHOWN THE MAIN LOCATION WHERE INPATIENT SERVICES ARE PROVIDED IN THE FACILITY.
 FIND THE PERSON MOST KNOWLEDGEABLE ABOUT INPATIENT SERVICES IN THE FACILITY.
 INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.

AT THIS POINT TELL YOUR RESPONDENT THAT YOU WOULD LIKE TO SEE SOME BASIC SUPPLIES AND EQUIPMENT USED IN THE PROVISION OF CLIENT SERVICES. YOU WOULD LIKE TO SEE IF THESE SUPPLIES AND EQUIPMENT ARE AVAILABLE IN THE **MALE INPATIENT SERVICES AREA**. IF YOU ARE NOT IN THE **MALE INPATIENT SERVICES AREA**, ASK TO BE TAKEN TO THE MALE INPATIENT SERVICES AREA.

SUPPLIES AND EQUIPMENT

7C01*	I would like to know if the following items are available today in the inpatient services area and are functioning	(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
	ASK TO SEE ITEMS.						
01	ADULT WEIGHING SCALE	1 → b	2 → b	3	1	2	8
04	STADIOMETER (OR HEIGHT ROD) FOR MEASURING HEIGHT	1 → b	2 → b	3	1	2	8
06	THERMOMETER	1 → b	2 → b	3	1	2	8
07	STETHOSCOPE	1 → b	2 → b	3	1	2	8
08	DIGITAL BP APPARATUS	1 → b	2 → b	3	1	2	8
09	MANUAL BP APPARATUS	1 → b	2 → b	3	1	2	8
10	LIGHT SOURCE (FLASHLIGHT ACCEPTABLE)	1 → b	2 → b	3	1	2	8
11	FUNDOSCOPE	1 → b	2 → b	3	1	2	8
12	OTOSCOPE	1 → b	2 → b	3	1	2	8
13	REFLEX HAMMER	1 → b	2 → b	3	1	2	8
14	BED WITH WHEELS	1 → b	2 → b	3	1	2	8
15	BED SIDE CABINET	1	2	3			
16	BED PANS	1 → b	2 → b	3	1	2	8
17	URINAL (MALE)	1 → b	2 → b	3	1	2	8
21	IV STAND	1	2	3			
22	WHEELCHAIR	1 → b	2 → b	3	1	2	8
23	STRETCHER	1	2	3			
24	SAFETY BOX	1	2	3			
30	X-RAY FILM VIEWER	1 → b	2 → b	3	1	2	8
31	DRESSING SET	1	2	3			
32	ENEMA SET	1 → b	2 → b	3	1	2	8
33	LUMBAR PUNCTURE SET	1 → b	2 → b	3	1	2	8
34	CATHETERIZATION SET	1 → b	2 → b	3	1	2	8
35	FOLDING SCREEN	1 → b	2 → b	3	1	2	8

THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION

SECTION 8: DIAGNOSTICS

800	CHECK Q102.17	DIAGNOSTIC SERVICES AVAILABLE IN FACILITY <input type="checkbox"/>	NO DIAGNOSTIC SERVICES <input type="checkbox"/> GO TO NEXT SECTION OR SERVICE SITE ←
ASK TO BE SHOWN THE MAIN LABORATORY OR LOCATION IN THE FACILITY WHERE MOST TESTING IS DONE TO START DATA COLLECTION. INTRODUCE YOURSELF AND EXPLAIN THE PURPOSE OF THE SURVEY. FOR EACH OF THE TEST OF INTEREST, ASK AND GO TO THE MAIN LOCATION IN THE FACILITY WHERE THE INFORMATION WILL BE AVAILABLE. IF INFORMATION IS NOT IN THAT LOCATION ASK IF IT IS ANYWHERE ELSE IN THE FACILITY AND GO THERE TO COMPLETE THE QUESTIONNAIRE.			

HEMATOLOGY

801	Does this facility do any hemoglobin testing on site, i.e. in the facility?	YES 1 NO 2	→ 803						
802*	Please tell me if: a) Any of the following hemoglobin test equipment is used in this facility, b) All items needed for the test are available, and c) Equipment is in working order	(a)	(b)	(c)					
		USED	EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE?		IS THE ITEM IN WORKING ORDER/UNEXPIRED				
		Yes	No	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	Hematology analyzer (for total lymphocyte count, full blood count, platelet count, etc.)	1 → b	2 ↵ 02 ←	1 → c	2 → c	3 ↵ 02 ←	1	2	8
02	HemoCue	1 → b	2 ↵ 04 ←	1 → c	2 → c	3 ↵ 04 ←	1	2	8
03	Microcuvette (with valid expiration date)			1	2	3			
04	Colorimeter or hemoglobinometer	1 → b	2 ↵ 07 ←	1 → c	2 → c	3 ↵ 07 ←	1	2	8
05	Drabkin's solution (for colorimeter and hemoglobinometer)			1	2	3			
06	Pipette (for measuring blood volume)	1 → b	2 ↵ 07 ←	1	2	3			
07	Litmus paper for hemoglobin test (with valid expiration date)	1 → b	2 ↵ 08 ←	1 → c	2 → c	3 ↵ 08 ←	1	2	8
08*	Sahlilelig	1 → b	2 ↵ 803 ←	1 → c	2 → c	3 ↵ 803 ←	1	2	8
803*	Does this facility do CD4 testing?			YES 1 NO 2			→ 804		
803A*	Do you send blood outside the facility for CD4 testing?			YES 1 NO 2			→ 806		
804	Please tell me if: a) Any of the following CD4 test equipment or assay is used in this facility, b) Equipment or items needed for the test are available, and c) Equipment is in working order	(a)	(b)	(c)					
		USED	EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE?		IS THE ITEM IN WORKING ORDER/UNEXPIRED				
		Yes	No	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	Flow cytometer analyzer e.g., FACS count machine	1 → b	2 ↵ 03 ←	1 → c	2 → c	3 ↵ 03 ←	1	2	8
02	Reagent kits for flow cytometer analyzer			1	2	3			
03	Fluorescent cartridge / PIMA analyzer	1 → b	2 ↵ 05 ←	1 → c	2 → c	3 ↵ 05 ←	1	2	8
04	Catridges for fluorescent cartridge analyzer			1	2	3			
05	Rapid CD4 test strips	1 → b	2 ↵ 806 ←	1 → c	2 → c	3 ↵ 806 ←	1	2	8

HIV TESTING

806	Does this facility conduct any HIV tests, including HIV RDT, either in the facility or through referral?	YES. 1 NO. 2	→ 827			
807	Is HIV rapid diagnostic testing available from this service site?	YES. 1 NO. 2	→ 809			
808*	May I see a sample HIV rapid diagnostic test (RDT) kit? CHECK TO SEE IF AT LEAST ONE IS VALID, I.E., EITHER IT IS NOT EXPIRED OR NOT USABLE	OBSERVED, AT LEAST 1 VALID. 1 OBSERVED, NONE VALID. 2 REPORTED AVAILABLE, NOT SEEN. 3 NONE AVAILABLE TODAY. 4				
809	Do you use filter paper to collect dried blood spots (DBS) at this site for HIV diagnosis?	YES. 1 NO. 2	→ 811			
810	May I see a sample DBS filter paper card? CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID. 1 OBSERVED, NONE VALID. 2 REPORTED AVAILABLE, NOT SEEN. 3 NONE AVAILABLE TODAY. 4				
811	Please tell me if: a) Any of the following HIV test or test equipment is used in this facility, b) All items needed for the test are available, and c) Equipment is in working order	(a) EQUIPMENT USED/ TEST CONDUCTED	(b) ARE ALL ITEMS FOR TEST AVAILABLE?	(c) IS THE ITEM IN WORKING ORDER OR UNEXPIRED?		
		Yes No	OBSERVED REPORTED NOT SEEN NOT AVAILABLE	YES NO DON'T KNOW		
		01	ELISA/EIA scanner/reader	1 ▶ b 2] 03 ←	1 ▶ c 2 ▶ c 3] 03 ←	1 2 8
		02	Plate Washer [ACCEPTABLE IF MANUAL WASHING]		1 ▶ c 2 ▶ c 3] 03 ←	1 2 8
		03	Dynabeads with vortex mixer	1 ▶ b 2] 04 ←	1 ▶ c 2 ▶ c 3] 04 ←	1 2 8
		04	Western Blot test assay	1 ▶ b 2] 05 ←	1 2 3	
		05	PCR for viral load	1 ▶ b 2] 06 ←	1 ▶ c 2 ▶ c 3] 06 ←	1 2 8
		06*	PCR for DNA-EID	1 ▶ b 2] 07 ←	1 ▶ c 2 ▶ c 3] 07 ←	1 2 8
		07*	STAT PACK RDT KIT	1 ▶ b 2] 08 ←	1 ▶ c 2 ▶ c 3] 08 ←	1 2 8
		08*	ABON	1 ▶ b 2] 09 ←	1 ▶ c 2 ▶ c 3] 09 ←	1 2 8
09*	SD BIOLINE	1 ▶ b 2] 812 ←	1 ▶ c 2 ▶ c 3] 812 ←	1 2 8		
812	Do you have any written guidelines on how to conduct HIV test (may be manufacturers instructions, SOP, etc.)	YES. 1 NO. 2	→ 814			
813	May I see the guidelines, instructions or SOP?	OBSERVED. 1 REPORTED NOT SEEN. 2				
814*	Do you have written guidelines on confidentiality and disclosure of HIV test results? This may be part of the HIV testing and counseling guidelines. MAY BE PART OF ANOTHER GUIDELINE	YES. 1 NO. 2	→ 816			
815	May I see the guidelines on confidentiality and disclosure of HIV results?	OBSERVED. 1 REPORTED NOT SEEN. 2				
816	Do you have other guidelines relevant to HIV/AIDS or related services?	YES. 1 NO. 2	→ 818			
817	May I see the other HIV/AIDS-related guidelines?	OBSERVED. 1 REPORTED NOT SEEN. 2				

818	Is there an established system for external quality control for the HIV tests conducted by this laboratory?	YES. 1 NO. 2	→ 823
819	What system of external quality control for HIV tests is used in this laboratory? PROBE FOR SYSTEM USED. CIRCLE ALL THAT APPLY	PROFICIENCY PANEL. A EXTERNAL INSPECTION/ OBSERVATION OF TECHNIQUE. B BLOOD SENT OUTSIDE FOR RETESTING. C OTHER _____ X	
820	Is there a record of the results from the external quality check?	YES. 1 NO. 2	→ 823
821	May I see the records or results from the external quality check?	OBSERVED. 1 REPORTED, NOT SEEN. 2	→ 823
822	WHAT IS THE MOST RECENT ERROR RATE RECORDED BY THE EXTERNAL QUALITY CONTROL, ACCORDING TO THE REGISTER	PERCENT ERROR RATE <input type="text"/> <input type="text"/> <input type="text"/> NOT AVAILABLE. 9995	
823	Do you send blood outside the facility for HIV diagnostic testing?	YES. 1 NO. 2	→ 827
824	For which HIV diagnostic test do you send blood outside? PROBE	ELISA/EIA. A WESTERN BLOT. B PCR FOR EID. C RAPID TESTING. D OTHER. X	
825	Do you maintain records of test result of HIV tests that are conducted outside of this facility?	YES. 1 NO. 2	→ 827
826	May I see records of recent HIV tests conducted outside this facility?	OBSERVED. 1 REPORTED, NOT SEEN. 2	

STANDARD PRECAUTIONS

ASSESS THE HIV TESTING AREA (OR GENERAL LAB AREA IF NO HIV TESTING) FOR THE FOLLOWING ITEMS. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU.				
827	STANDARD PRECAUTIONS AND CONDITIONS FOR CLIENT EXAMINATION	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	1	2	3
02	HAND-WASHING SOAP (MAY BE LIQUID SOAP)	1	2	3
03	ALCOHOL-BASED HAND RUB	1	2	3
04	WASTE RECEPTACLE (PEDAL BIN) WITH LID AND PLASTIC BIN LINER	1 06 ↙	2	3
05	OTHER WASTE RECEPTACLE	1	2	3
06	SHARPS CONTAINER ("SAFETY BOX")	1	2	3
07	DISPOSABLE LATEX GLOVES	1	2	3
08	DISINFECTANT [E.G., CHLORINE, HIBITANE, ALCOHOL]	1	2	3
09	SINGLE-USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR AUTO-DISABLE SYRINGES WITH NEEDLES	1	2	3
10	MEDICAL MASKS	1	2	3
11	GOWNS	1	2	3
12	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2	3
13	GUIDELINES FOR STANDARD PRECAUTIONS	1	2	3

CLINICAL CHEMISTRY

830	Does this facility do any blood glucose testing in the facility?	YES 1 NO 2	→ 832		
831	Please tell me if: a) Any of the following blood glucose test equipment is used in this facility b) Equipment is available, and c) Equipment is in working order	(a)	(b)	(c)	
		USED	EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE?	IS THE ITEM IN WORKING ORDER/UNEXPIRED	
		Yes No	OBSERVED REPORTED, NOT SEEN NOT AVAILABLE	YES NO DON'T KNOW	
01	Glucometer	1 → b 2] 832 ←	1 → c 2 → c 3] 832 ←	1 2 8	
02	Glucometer test strips		1 → c 2 → c 3] 832 ←	1 2 8	
832	Does this facility do any liver function tests (such as ALT & AST) or renal function tests (such as serum creatinine) on site?	YES..... 1 NO..... 2	→ 836		
833	Does this facility have a blood chemistry analyzer that provides serum creatinine, LFTs and glucose?	YES..... 1 NO..... 2	→ 836		
834	May I see the blood chemistry analyzer?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2			
835	Is the blood chemistry analyzer functioning? ACCEPT REPORTED RESPONSE	YES..... 1 NO..... 2			
836	Does this facility do any urine chemistry testing using dipsticks and/or urine pregnancy test on site?	YES..... 1 NO..... 2	→ 838		
837	Please tell me if any of the following dipstick test are done (or used) in this location. If done/used, I would like to see one. IF USED ASK TO SEE IT AND NOTE IF VALID/UNEXPIRED	(A) USED	(B) OBSERVED AVAILABLE		
		Yes No	AT LEAST ONE VALID AVAILABLE NONE VALID REPORTED NOT SEEN NORMALLY AVAILABLE NOT TODAY		
		01	Dip sticks for urine protein	1 → b 2] 02 ←	1 2 3 4
		02	Dip sticks for urine glucose	1 → b 2] 03 ←	1 2 3 4
03	Urine pregnancy test	1 → b 2] 838 ←	1 2 3 4		
838	Do you ever send blood or urine outside the facility for blood chemistries, LFTs, urinalysis or pregnancy tests?	YES..... 1 NO..... 2	→ 839A		
839	INDICATE IF THERE IS AN OBSERVED RECORD OF RESULTS FOR TESTS CONDUCTED OUTSIDE	(A) SEND SPECIMEN OUTSIDE FOR TEST	(B) RECORD OF TEST RESULTS OBSERVED		
		YES NO	YES NO		
		01	Blood chemistries (e.g. glucose, sodium, potassium etc.)	1 → b 2] 02 ←	1 2
		02	Liver Function Test (LFT)	1 → b 2] 03 ←	1 2
		03	Urinalysis	1 → b 2] 04 ←	1 2
04	Pregnancy test	1 → b 2] 840 ←	1 2		
839A	Does this facility do any hormone analysis for common test and tumor marker on site?	YES..... 1 NO..... 2			
839B	Does this facility do any Hepatitis B virus test and or Hepatitis C virus tests (such as Hepatitis B surface antigen(HBsAg), Hepatitis B surface antibody(anti-HBs),total hepatitis B antibody (anti-HBc), IgM antibody to hepatitis B core antigen(IgM anti HBc), or anti-HCV test, HCV RNA test) on site?	YES..... 1 NO..... 2			

PARASITOLOGY/BACTERIOLOGY

840*	Please tell me if: a) Any of the following EQUIPMENT is used in the facility b) Is available, and c) Equipment is functioning	(a)		(b)			(c)		
		EQUIPMENT/TEST USED		EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE?			IS THE ITEM IN WORKING ORDER?		
		Yes	No	OBSERVED	REPORTED NOT SEEN	NORMALLY AVAILABLE NOT TODAY	YES	NO	DON'T KNOW
01	LIGHT MICROSCOPE	1 → b	2 ↘ 02 ↙	1 → c	2 → c	3 ↘ 02 ↙	1	2	8
02	ELECTRON MICROSCOPE	1 → b	2 ↘ 03 ↙	1 → c	2 → c	3 ↘ 03 ↙	1	2	8
03	REFRIGERATOR IN LAB AREA	1 → b	2 ↘ 04 ↙	1 → c	2 → c	3 ↘ 04 ↙	1	2	8
04	INCUBATOR	1 → b	2 ↘ 05 ↙	1 → c	2 → c	3 ↘ 05 ↙	1	2	8
05	TEST TUBES	1 → b	2 ↘ 06 ↙	1	2	3			
06*	CENTRIFUGE	1 → b	2 ↘ 07 ↙	1 → c	2 → c	3 ↘ 7 ↙	1	2	8
07	CULTURE MEDIUM	1 → b	2 ↘ 08 ↙	1	2	3			
08	GLASS SLIDES AND COVERS	1 → b	2 ↘ 841 ↙	1	2	3			
841	Does this facility do any MALARIA tests (microscopy or RDT) on site, i.e., in this facility?			YES..... 1 NO..... 2					→848
842	Do you use malaria rapid diagnostic test to diagnose malaria at this laboratory/service site?			YES..... 1 NO..... 2					→847
843	May I see a sample malaria rapid diagnostic test (RDT) kit? CHECK TO SEE IF AT LEAST ONE IS VALID			OBSERVED, AT LEAST 1 VALID..... 1 OBSERVED, NONE VALID..... 2 REPORTED AVAILABLE, NOT SEEN..... 3 NONE AVAILABLE TODAY..... 4					
844*	OBSERVE OR ASK THE BRAND OR TYPE OF MALARIA RDT KIT COUNTRY-SPECIFIC			SD BIOLINE..... A FIRST RESPONSE..... B PARACHECK..... C CARE START..... D OTHER..... x SPECIFIEZ DON'T KNOW..... Z					
845	Do you have a training manual, poster or other job aid for using malaria rapid diagnostic test?			YES..... 1 NO..... 2					→ 847
846	May I see the training manual, poster or other job aid for using malaria rapid diagnostic test?			OBSERVED..... 1 REPORTED, NOT SEEN..... 2					
847*	Please tell me if: a) Any of the following malaria tests or equipment is used in the facility b) All items needed for the test are available	(a)		(b)					
		EQUIPMENT/TEST USED		EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE?					
		Yes	No	OBSERVED	REPORTED NOT SEEN	NORMALLY AVAILABLE NOT TODAY			
01	GIEMSA STAIN	1 → b	2 ↘ 02 ↙	1	2	3			
02	FIELD STAIN	1 → b	2 ↘ 03 ↙	1	2	3			
03	ACRIDINE ORANGE (AO microscope, and Acridine orange stain)	1 → b	2 ↘ 04 ↙	1	2	3			
04*	WRIGHT STAIN	1 → b	2 ↘ 848 ↙	1	2	3			

848	Does this facility do any GRAM STAINING ?		YES..... 1 NO..... 2			→ 850	
849	Please tell me if the following are used and are available today.	(a)		(b)			
		USED		EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE?			
		Yes	No	OBSERVED	REPORTED, NOT SEEN	NORMALLY AVAILABLE NOT TODAY	
	01	Crystal violet or Gentian violet	1 → b	2 ↵ 02 ↵	1	2	3
	02	Lugol's iodine / Lugol's solution	1 → b	2 ↵ 03 ↵	1	2	3
03	Acetone or Acetone alcohol	1 → b	2 ↵ 04 ↵	1	2	3	
04	Neutral red, carbol fuchsin, or other counter stain	1 → b	2 ↵ 850 ↵	1	2	3	
850	Do you ever send any specimen outside for Gram staining, India Ink staining, malaria testing or for culture?		YES..... 1 NO..... 2			→ 852	
851	INDICATE IF THERE IS AN OBSERVED RECORD OF RESULTS FOR TESTS CONDUCTED OUTSIDE		(A) SEND SPECIMEN OUTSIDE FOR TEST		(B) RECORD OF TEST RESULTS OBSERVED		
			YES	NO	YES	NO	
	01	Gram stain	1 → b	2 ↵ 02 ↵	1	2	
	02	India ink stain	1 → b	2 ↵ 03 ↵	1	2	
	03	Malaria	1 → b	2 ↵ 04 ↵	1	2	
04	Specimen for culture	1 → b	2 ↵ 852 ↵	1	2		
852	Does this facility do STOOL MICROSCOPY ?		YES..... 1 NO..... 2			→ 854	
853	Please tell me if the following are used and are available today.	(a)		(b)			
		USED		EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE?			
		Yes	No	OBSERVED	REPORTED, NOT SEEN	NORMALLY AVAILABLE NOT TODAY	
	01	Formal saline (for concentration method)	1 → b	2 ↵ 02 ↵	1	2	3
02	Normal saline (for direct microscopy)	1 → b	2 ↵ 03 ↵	1	2	3	
03	Lugol's iodine / Lugol's solution	1 → b	2 ↵ 854 ↵	1	2	3	

SYPHILIS

854	Does this facility do any syphilis testing on site, i.e., in the facility?	YES. 1 NO. 2	→ 859						
855	Do you use syphilis rapid diagnostic test to diagnose syphilis at this service site?	YES. 1 NO. 2	→ 857						
856	May I see a sample syphilis rapid diagnostic test (RDT) kit? CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID. 1 OBSERVED, NONE VALID. 2 REPORTED AVAILABLE, NOT SEEN. 3 NONE AVAILABLE TODAY. 4							
857	Other than syphilis RDT, does this facility conduct any other syphilis testing in the facility?	YES. 1 NO. 2	→ 859						
858	Please tell me if: a) Any of the following syphilis test or test equipment is used in this facility, b) All items needed for the test are available, and c) Equipment is in working order	(a) TEST CONDUCTED	(b) ARE ALL ITEMS FOR TEST AVAILABLE?			(c) IS THE ITEM IN WORKING ORDER?			
		Yes No	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
	01	VDRL	1 → b 2] 02 ←	1	2	3			
	02	PCR for STIs (CTN)	1 → b 2] 03 ←	1	2	3			
	03	Rotator or shaker		1 → c	2 → c	3] 04 ←	1	2	8
	04	Rapid plasma reagin test (RPR)	1 → b 2] 05 ←	1	2	3] 05 ←			
05	Treponema Pallidum Hemagglutination Assay (TPHA)	1 → b 2] 859 ←	1	2	3] 859 ←				

CHLAMYDIA

859	Does this facility do any chlamydia testing on site, i.e., in the facility?	YES. 1 NO. 2	→ 861					
860	Please tell me if: a) Any of the following chlamydia test, test equipment, or stain is used in the facility; b) All items needed for the test are available, and	(a) TEST CONDUCTED	(b) ARE ALL ITEMS FOR TEST AVAILABLE?					
		Yes No	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE			
	01	Geimsa stain	1 → b 2] 02 ←	1	2	3		
02	PCR for CHLAMYDIA	1 → b 2] 861 ←	1	2	3			

TUBERCULOSIS

861	Does this facility do any TB tests on site?	YES..... 1 NO..... 2	→ 865	
862*	Please tell me IF: a) Any of the following TB tests or equipment is used in the facility b) All items needed for the test are available c) Equipment is functioning	(a)	(b)	(c)
		EQUIPMENT/ TEST USED	EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE?	IS THE ITEM IN WORKING ORDER?
		Yes No	OBSERVED REPORTED NOT SEEN NORMALLY AVAILABLE NOT TODAY	YES NO DON'T KNOW
01	Ziehl-Neelson test for AFB	1 2 05 ↘ ↙		
02	Carbol-Fuchsin	1* b 2 03 ↘ ↙	1 2 3	
03*	Acid Alcohol (3% concentration)	1* b 2 04 ↘ ↙	1 2 3	
04	Methylene Blue	1* b 2 05 ↘ ↙	1 2 3	
05*	Fluorescence Microscope (FM)	1* b 2 11 ↘ ↙	1 → c 2 → c 3 11 ↘ ↙	1 2 8
06*	ORAMINE O	1* b 2 07 ↘ ↙	1 2 3	
07*	Acid Alcohol (0.5% concentration)	1* b 2 08 ↘ ↙	1 2 3	
08*	Phenol	1* b 2 09 ↘ ↙	1 2 3	
09*	Potassium Permanganate	1* b 2 10 ↘ ↙	1 2 3	
10*	Auramine stain for Fluorescence Microscope	1* b 2 11 ↘ ↙	1 2 3	
11*	Biosafety hood / cabinet	1* b 2 12 ↘ ↙	1 2 3	
12*	Culture / growth medium for Mycobacterium Tuberculosis (e.g., MGIT 960)	1* b 2 863 ↘ ↙	1 2 3	
863	Do you use TB rapid diagnostic test (such as GeneExpert) to diagnose TB at this laboratory/service site?	YES..... 1 NO..... 2	→ 865	
864	May I see a sample TB rapid diagnostic test (RDT) kit? CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID..... 1 OBSERVED, NONE VALID..... 2 REPORTED AVAILABLE, NOT SEEN..... 3 NONE AVAILABLE TODAY..... 4		
865	Do you maintain any sputum containers at this service site for collecting sputum specimen?	YES..... 1 NO..... 2	→ 867	
866	May I see a sample sputum container?	OBSERVED..... 1 REPORTED, NOT SEEN..... 3 NONE AVAILABLE TODAY..... 4		
867	Does this laboratory send sputum outside the facility for TB testing?	YES..... 1 NO..... 2 DON'T KNOW..... 8	↘ ↙ 870	
868	Do you maintain records of result of sputum tests conducted elsewhere?	YES..... 1 NO..... 2	→ 870	
869	May I see the record or register?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2		
870	Is there a system for quality control (either internal or external) for the TB sputum smears assessed in this laboratory?	YES..... 1 NO..... 2	→ 880	
871	Please tell me which type of Quality Control practice is followed by this facility. PROBE TO DETERMINE WHICH TYPE OF QUALITY CONTROL IS USED	INTERNAL QC ONLY..... 1 EXTERNAL QC ONLY..... 2 INTERNAL & EXTERNAL QC..... 3 SEND SLIDE FOR RE-READING..... 4 OTHER..... 6 (SPECIFY)		
872	Are records maintained of the results from the quality control (internal or external) procedures?	YES..... 1 NO..... 2	→ 880	
873	Are records maintained for the internal QC procedures, the external QC procedures, or for both internal and external QC procedures?	RECORDS FOR IQC ONLY..... 1 RECORDS FOR EQC ONLY..... 2 RECORDS FOR BOTH INTERNAL AND EXTERNAL QC PROCEDURES..... 3		

SECTION 9: MEDICINES AND COMMODITIES

900	CHECK Q210	FACILITY STORES MEDICINES <input type="checkbox"/>	FACILITY STORES NO MEDICINES <input type="checkbox"/> GO TO NEXT SECTION <input type="checkbox"/>
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SECTION 9.1: GENERAL MEDICINES AND SUPPLY ITEMS

ASK TO BE SHOWN THE MAIN LOCATION IN THE FACILITY WHERE MEDICINES AND OTHER SUPPLIES ARE STORED.
 FIND THE PERSON MOST KNOWLEDGEABLE ABOUT STORAGE AND MANAGEMENT OF MEDICINES AND SUPPLIES
 IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS

I would like to know if the following medicines are available today in this facility. If any of the medicines I mention is stored in another location in the facility, please tell me where in the facility it is stored so I can go there to verify.

ANTIBIOTICS

901*	Are any of the following antibiotics available in this facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
01	AMOXICILLIN TABLET/CAPSULE (Bacterial infections in adults)	1	2	3	4	5
02	AMOXICILLIN SYRUP/SUSPENSION (Oral antibiotics for children)	1	2	3	4	5
03*	AMOXICILIN/CLAVULINATE (AUGMENTIN) TABS/SUSPENSION	1	2	3	4	5
04	AMPICILLIN (POWDER) INJECTION (Broad spectrum antibiotic)	1	2	3	4	5
05	AZITHROMYCIN TABS/CAPS (antibiotic)	1	2	3	4	5
06	AZITHROMYCIN SYR/SUSPENSION (antibiotic)	1	2	3	4	5
07	BENZATHINE BENZYL PENICILLIN (POWDER) FOR INJECTION	1	2	3	4	5
08	CEFIXIME TABS/CAPS (antibiotic)	1	2	3	4	5
09	CEFTRIAZONE INJECTION (Injectable antibiotic)	1	2	3	4	5
10	CIPROFLOXACIN (2nd-line oral antibiotic)	1	2	3	4	5
11	CO-TRIMOXAZOLE (TABS) (Oral antibiotics-adult formation)	1	2	3	4	5
12	CO-TRIMOXAZOLE SUSPENSION (Oral antibiotics for children)	1	2	3	4	5
13	DOXYCYCLINE TABS/CAPS [Broad spectrum antibiotic]	1	2	3	4	5
14	ERYTHROMYCIN [Broad spectrum antibiotic, oral tabs]	1	2	3	4	5
15	ERYTHROMYCIN [oral suspension]	1	2	3	4	5
16	GENTAMYCIN INJECTION (Broad spectrum injectable antibiotic)	1	2	3	4	5
17*	METRONIDAZOLE CAPSULE/TABLETS [antibiotic/amebicide/antiprotozoal]	1	2	3	4	5
18	METRONIDAZOLE INJECTION	1	2	3	4	5
19	PENICILLIN INJECTION (Broad spectrum injectable antibiotic)	1	2	3	4	5
20	TETRACYCLINE [Broad spectrum antibiotic, oral caps]	1	2	3	4	5
21	TETRACYCLINE EYE OINTMENT	1	2	3	4	5
22	OTHER ANTIBIOTIC EYE OINTMENT FOR NEWBORN	1	2	3	4	5
23*	AMOXICILLIN DISPERSIBLE PEDIATRIC-DOSED TABLETS	1	2	3	4	5
24*	CO-TRIMOXAZOLE DISPERSIBLE PEDIATRIC-DOSED	1	2	3	4	5
25*	CLOXACILLIN CAPSULE	1	2	3	4	5
26*	CLOXACILLIN SUSPENSION	1	2	3	4	5

MEDICINES FOR WORM INFESTATION

902	Are any of the following medicines for the treatment of worm infestations available in the facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
01	ALBENDAZOLE	1	2	3	4	5
02	MEBENDAZOLE	1	2	3	4	5

MEDICINES FOR NEGLECTED TROPICAL DISEASES

902A*	Are any of the following medicines for the treatment of NTD available in the facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
01	SODIUM STIBO GLUCONATE (SSG)	1	2	3	4	5
02	AMBISOME	1	2	3	4	5
03	AZITHROMICINE	1	2	3	4	5
04	IVERMECTIN	1	2	3	4	5
05	IVERMECTINE + ALBENDAZOLE	1	2	3	4	5
06	PRAZIQUANTEL	1	2	3	4	5
07	MEBENDAZOLE	1	2	3	4	5

MEDICINES FOR NON-COMMUNICABLE DISEASES

903*	Are any of the following medicines for the management of non-communicable diseases available in the facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
01	AMITRIPTYLINE (Depression)	1	2	3	4	5
02	AMLODIPINE TABLETS (CCB for high blood pressure)	1	2	3	4	5
03	ATENOLOL (Beta-blocker, Angina/hypertension)	1	2	3	4	5
04	BECLOMETHASONE INHALER	1	2	3	4	5
05	BETAMETHASONE INJECTION	1	2	3	4	5
06	CAPTOPRIL / LISINAPRIL (Vaso-dilatation, cardiac hypertension)	1	2	3	4	5
07	DEXAMETHASONE INJECTION	1	2	3	4	5
08	DIAZEPAM INJECTION (Anxiety/muscle relaxant/anticonvulsant)	1	2	3	4	5
09	ENALAPRIL CAPSULE/TABLET (A.C.E INHIBITOR)	1	2	3	4	5
10	OTHER A.C.E INHIBITOR	1	2	3	4	5
11	EPINEPHRINE / ADRENALINE INJECTION	1	2	3	4	5
12	FUROSEMIDE (DIURETIC)	1	2	3	4	5
13*	THIAZIDE DIURETIC (HYDROCHLOROTHIAZIDE DIURETIC)	1	2	3	4	5
14	GLIBENCLAMIDE (Oral treatment for type-2 diabetes)	1	2	3	4	5
15	GLUCOSE INJECTABLE SOLUTION, 10% OR 50%	1	2	3	4	5
16	HEPARIN INJECTION	1	2	3	4	5
17	HYDROCORTISONE INJECTION	1	2	3	4	5
18	INSULIN INJECTIONS - LENTE [DIABETES]	1	2	3	4	5
19	ISOSORBIDE DINITRATE	1	2	3	4	5
20	METFORMIN TABLETS	1	2	3	4	5
21	NIFEDIPINE TABLETS/CAPSULES (CCB for high blood pressure)	1	2	3	4	5
22	OMEPRAZOLE / CIMETIDINE (Gastro-esophageal reflux)	1	2	3	4	5
23	PREDNISOLONE	1	2	3	4	5
24	SALBUTAMOL INHALER (Bronchospasms/Chronic asthma)	1	2	3	4	5
25	SIMVASTATIN / ATOVASTATIN (High cholesterol)	1	2	3	4	5
26*	ANTACID TABLET/SUSPENSION	1	2	3	4	5
27*	HYDRALAZINE INJECTION	1	2	3	4	5
28*	HYOSCINE BUHLBROMIDE INJECTION/TABLET	1	2	3	4	5
29*	WARFARIN TABLET	1	2	3	4	5
30*	METHYL DOPA TABLET	1	2	3	4	5
31*	SALBUTAMOL TABLET/SUSPENSION	1	2	3	4	5

32*	FLOUXETINE (Depression)	1	2	3	4	5
33*	SERTRALLINE (Depression)	1	2	3	4	5
34*	CHLORPROMAZINE INJECTION	1	2	3	4	5
35*	CHLORPROMAZINE TABLET	1	2	3	4	5
36*	STELAZINE	1	2	3	4	5
37*	HALOPERIDOL INJECTION	1	2	3	4	5
38*	HALOPERIDOL TABLET	1	2	3	4	5
39*	OLANZAPINE	1	2	3	4	5
40*	RISPERIDOL	1	2	3	4	5
41*	CARBAMANEPINE	1	2	3	4	5
42*	SODIUM VALPROATE	1	2	3	4	5
43*	PHENOBARBITOL	1	2	3	4	5
44*	PHENYTOIN	1	2	3	4	5
45*	DIAZEPAM INJECTION	1	2	3	4	5
46*	DIAZEPAM TABLET	1	2	3	4	5
47*	ARTANE	1	2	3	4	5
48*	THIAMINE INJECTION	1	2	3	4	5
49	ASPIRIN CAPRULES/TABLETS	1	2	3	4	5

ANTI-FUNGAL MEDICINES

904*	Are any of the following anti-fungal medicines available in the facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
01	FLUCONAZOLE	1	2	3	4	5
02	MICONAZOLE VAGINAL PESSARIES	1	2	3	4	5
03	MICONAZOLE CREAM	1	2	3	4	5
04	NYSTATIN ORAL SUSPENSION	1	2	3	4	5
05	NYSTATIN VAGINAL PESSARIES/CREAM	1	2	3	4	5
06*	CLOTRIMOXAZOLE CREAM	1	2	3	4	5
07*	GRISEOFULVIN TABLET	1	2	3	4	5

ANTIMALARIAL MEDICINES

905*	Are any of the following antimalarial medicines available in the facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
01*	ARTEMETHER LUMEFRANTRINE (ALU, COARTEM): 6x1 PACK	1	2	3	4	5
02*	ARTEMETHER LUMEFRANTRINE (ALU, COARTEM): 6x2 PACK	1	2	3	4	5
03*	ARTEMETHER LUMEFRANTRINE (ALU, COARTEM): 6x3 PACK	1	2	3	4	5
04*	ARTEMETHER LUMEFRANTRINE (ALU, COARTEM): 6x4 PACK	1	2	3	4	5
05*						
06	QUININE TABLETS	1	2	3	4	5
07	QUININE INJECTION	1	2	3	4	5
08	INJECTABLE ARTESUNATE	1	2	3	4	5
09	ARTESUNATE SUPPOSITORIES / RECTAL ARTESUNATE	1	2	3	4	5
10*						
11*	CHLOROQUINE TABLETS	1	2	3	4	5
12*	CHLOROQUINE SYRUP	1	2	3	4	5
13*	OTHER ANTI-MALARIAL MEDICINE	1	2	3	4	5

MATERNAL AND CHILD HEALTH

906*	Are any of the following medicines for maternal health available in the facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
01	CALCIUM GLUCONATE INJECTION	1	2	3	4	5
02	FOLIC ACID TABLETS	1	2	3	4	5
03	IRON TABLETS	1	2	3	4	5
04	IRON + FOLIC ACID COMBINATION TABLET	1	2	3	4	5
05	MAGNESIUM SUPHATE INJECTION	1	2	3	4	5
06	MISOPROSTOL TABLETS/CAPSULES	1	2	3	4	5
07	OXYTOCIN OR OTHER INJECTABLE UTEROTONIC	1	2	3	4	5
08	TETANUS TOXOID VACCINE	1	2	3	4	5
09	ORAL REHYDRATION SALTS (ORS) SACHETS	1	2	3	4	5
10	VITAMIN A CAPSULES	1	2	3	4	5
11	ZINC TABLETS	1	2	3	4	5
12*	READY TO USE THERAPEUTIC FOODS (RUTF)	1	2	3	4	5

INTRAVENOUS FLUIDS

907*	Are any of the following intravenous fluids available in the facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
01	NORMAL SALINE / SODIUM CHLORIDE INJECTABLE SOLUTION	1	2	3	4	5
02	RINGERS LACTATE	1	2	3	4	5
03	5% DEXTROSE - NORMAL SALINE	1	2	3	4	5
04*	40% GLUCOSE SOLUTION	1	2	3	4	5

ANTIPYRETICS AND ANALGESICS

908*	Are any of the following OTHER medicines available in the facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
01	DICLOFENAC TABLETS (Strong oral pain medicine)	1	2	3	4	5
02	PARACETAMOL TABLETS	1	2	3	4	5
03	PARACETAMOL SYRUP OR DISPERSIBLE PEDIATRIC-DOZED TABLETS	1	2	3	4	5
04*	DICLOFENAC INJECTION	1	2	3	4	5
05*	PETHIDINE/MORPHINE INJECTION (for severe pain)	1	2	3	4	5
06*	IBUPROFEN TABLET	1	2	3	4	5

STORAGE CONDITION: ANTIBIOTICS & GENERAL MEDICINES

909*	OBSERVE THE PLACE WHERE THE MEDICINES ASSESSED SO FAR ARE STORED AND INDICATE THE PRESENCE (OR ABSENCE) OF EACH OF THE FOLLOWING STORAGE CONDITIONS.	YES	NO
01	ARE THE MEDICINES OFF THE FLOOR?	1	2
02	ARE THE MEDICINES PROTECTED FROM WATER	1	2
03	ARE THE MEDICINES PROTECTED FROM THE SUN?	1	2
04	IS THE ROOM CLEAN OF EVIDENCE OF RODENTS (BATS, RATS) OR PESTS (ROACHES, ETC)?	1	2
05	IS THE STORAGE ROOM WELL VENTILATED?	1	2
06*	ARE PHARMACEUTICALS ARRANGED & ORGANIZED ACCORDING TO A LOGICAL CATEGORIZATION?	1	2
07*	IS THE CURRENT SPACE SUFFICIENT FOR EXISTING PRODUCTS AND EXPECTED PRODUCT DELIVERIES?	1	2
08*	ARE PRODUCTS ARRANGED SO THAT STRENGTH, EXPIRY DATES ETC. ARE EASILY VISIBLE IN FRONT?	1	2
910	ARE THE MEDICINES ORGANIZED ACCORDING TO DATE OF EXPIRATION ("first expire, first out")?	YES, ALL MEDICINES. 1 YES, ONLY SOME MEDICINES. 2 NO. 3	
911*	What system does this facility use to monitor the amount of medicines received, the amount issued, and the amount present today? ASK TO SEE THE SYSTEM AND RECORD OBSERVATION	COMPUTER SYSTEM UPDATED DAILY. 1 LEDGER/STOCK CARD UPDATED DAILY. 2 COMPUTER SYSTEM NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED MEDICINES. 3 LEDGER/STOCK CARD NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED MEDICINES. 4 NO SYSTEM. 5 OTHER SYSTEM _____ 6 (SPECIFY)	

SUPPLY ITEMS

912*	Do you have the following supply items available in the facility/location today?	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	SINGLE-USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR AUTO-DESTRUCT SYRINGES WITH NEEDLES	1	2	3
02	INFUSION SET FOR IV SOLUTION	1	2	3
03	CANULA FOR ADMINISTERING IV FLUIDS (24G / 23G / 22G OR 21G)	1	2	3
04*	LATEX GLOVES (SURGICAL GLOVES)	1	2	3
05	ALCOHOL-BASED HAND RUB	1	2	3
06	HAND WASHING SOAP	1	2	3
07	DISINFECTING SOLUTION	1	2	3
08	INSECTICIDE TREATED MOSQUITO NETS (ITNs) OR LONG LASTING INSECTICIDE NETS (LLINs)	1	2	3
09*	LATEX GLOVES (EXAM GLOVES)	1	2	3
10*	ANTIMALARIA SPRAY CHEMICALS	1	2	3
11*	MID-UPPER ARM CIRCUMFERENCE TAPE	1	2	3
12*	COTTON	1	2	3
13*	GAUZE	1	2	3
14*	DISINFECTANT	1	2	3

SECTION 9.2: CONTRACEPTIVE COMMODITIES

920	CHECK Q212 CONTRACEPTIVES STORED WITH OTHER MEDICINES IN COMMON LOCATION (RESPONSE 2 CIRCLED) <input type="checkbox"/>	CONTRACEPTIVES STORED IN FP SERVICE AREA OR NOT STOCKED AT ALL IN FACILITY (RESPONSE 1 OR 3 CIRCLED) <input type="checkbox"/> PROCEED TO NEXT SECTION (TB MEDS?) ←																																																		
921*	Are any of the following CONTRACEPTIVE commodities available in the facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">(A) OBSERVED AVAILABLE</th> <th colspan="3" style="text-align: center;">(B) NOT OBSERVED</th> </tr> <tr> <th style="text-align: center;">AT LEAST ONE VALID</th> <th style="text-align: center;">AVAILABLE NONE VALID</th> <th style="text-align: center;">REPORTED AVAILABLE NOT SEEN</th> <th style="text-align: center;">NOT AVAILABLE TODAY/DK</th> <th style="text-align: center;">NEVER AVAILABLE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">5</td> </tr> </tbody> </table>	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED			AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
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STORAGE CONDITION - CONTRACEPTIVE COMMODITIES

921A	CHECK Q212 CONTRACEPTIVES STORED IN FP SERVICE AREA (RESPONSE 1 CIRCLED) <input type="checkbox"/>	CONTRACEPTIVES STORED WITH OTHER MEDICINES IN COMMON LOCATION (RESPONSE 2 CIRCLED) <input type="checkbox"/> SKIP TO Q925 ←	
	CONTRACEPTIVES NOT STOCKED AT ALL IN FACILITY (RESPONSE 3 CIRCLED) <input type="checkbox"/> PROCEED TO NEXT SECTION (TB MEDS?) ←		
922*	OBSERVE THE LOCATION WHERE CONTRACEPTIVE COMMODITIES ARE STORED AND INDICATE THE PRESENCE (OR ABSENCE) OF EACH OF THE FOLLOWING STORAGE CONDITIONS	YES	NO
01	ARE THE COMMODITIES OFF THE FLOOR?	1	2
02	ARE THE COMMODITIES PROTECTED FROM WATER	1	2
03	ARE THE COMMODITIES PROTECTED FROM THE SUN?	1	2
04	IS THE ROOM CLEAN OF EVIDENCE OF RODENTS (BATS, RATS) OR PESTS (ROACHES, ETC)?	1	2
05	IS THE STORAGE ROOM WELL VENTILATED?	1	2
06*	ARE PHARMACEUTICALS ARRANGED & ORGANIZED ACCORDING TO A LOGICAL CATEGORIZATION?	1	2
07*	IS THE CURRENT SPACE SUFFICIENT FOR EXISTING PRODUCTS AND EXPECTED PRODUCT DELIVERIES?	1	2
08	ARE PRODUCTS ARRANGED SO THAT STRENGTH, EXPIRY DATES ETC. ARE EASILY VISIBLE IN FRONT?	1	2
923	ARE THE CONTRACEPTIVE COMMODITIES ORGANIZED ACCORDING TO DATE OF EXPIRATION ("first expire, first out")	YES, ALL COMMODITIES..... 1 NOT ALL COMMODITIES..... 2 NO..... 3	
924*	What type of system does this facility use to monitor the amount of contraceptive commodities received, the amount issued, and the amount present today? ASK TO SEE THE SYSTEM AND RECORD OBSERVATION	COMPUTER SYSTEM UPDATED DAILY..... 1 LEDGER/STOCK CARD UPDATED DAILY..... 2 COMPUTER SYSTEM NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED COMMODITIES..... 3 LEDGER/STOCK CARD NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED COMMODITIES..... 4 NO SYSTEM..... 5 OTHER SYSTEM _____ 6 (SPECIFY)	
925	PRESENTLY INTERVIEWING IN PHARMACY <input type="checkbox"/> PROCEED TO NEXT SECTION OR SERVICE SITE ←	PRESENTLY INTERVIEWING IN FAMILY PLANNING SERVICE AREA <input type="checkbox"/> THANK THE RESPONDENT IN THE FP SERVICE AREA AND CONTINUE TO NEXT SECTION OR SERVICE SITE ←	

SECTION 9.3: ANTI-TB DRUGS

930	CHECK Q214 ANTI-TB MEDICINES STORED WITH OTHER MEDICINES IN COMMON LOCATION (RESPONSE 2 CIRCLED) <input type="checkbox"/>	ANTI-TB MEDICINES STORED IN TB SERVICE AREA OR NOT STOCKED AT ALL IN FACILITY (RESPONSE 1 OR 3 CIRCLED) <input type="checkbox"/> PROCEED TO NEXT SECTION (ARV MEDS?) ←																																																																																																																																																																		
931*	Are any of the following TB medicines available in the facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th colspan="2" style="text-align: center;">(A) OBSERVED AVAILABLE</th> <th colspan="3" style="text-align: center;">(B) NOT OBSERVED</th> </tr> <tr> <th></th> <th style="text-align: center;">AT LEAST ONE VALID</th> <th style="text-align: center;">AVAILABLE NONE VALID</th> <th style="text-align: center;">REPORTED AVAILABLE NOT SEEN</th> <th style="text-align: center;">NOT AVAILABLE TODAY/DK</th> <th style="text-align: center;">NEVER AVAILABLE</th> </tr> </thead> <tbody> <tr><td>01*</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: center;">4</td><td style="text-align: center;">5</td></tr> <tr><td>02*</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">3</td><td style="text-align: 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STORAGE CONDITION: ANTI-TB MEDICINES

932*	OBSERVE THE PLACE WHERE THE TB MEDICINES ARE STORED AND INDICATE THE PRESENCE (OR ABSENCE) OF EACH OF THE FOLLOWING STORAGE CONDITIONS.	YES	NO
01	ARE THE MEDICINES OFF THE FLOOR?	1	2
02	ARE THE MEDICINES PROTECTED FROM WATER	1	2
03	ARE THE MEDICINES PROTECTED FROM THE SUN?	1	2
04	IS THE ROOM CLEAN OF EVIDENCE OF RODENTS (BATS, RATS) OR PESTS (ROACHES, ETC)?	1	2
05	IS THE STORAGE ROOM WELL VENTILATED?	1	2
06*	ARE PHARMACEUTICALS ARRANGED & ORGANIZED ACCORDING TO A LOGICAL CATEGORIZATION?	1	2
07*	IS THE CURRENT SPACE SUFFICIENT FOR EXISTING PRODUCTS AND EXPECTED PRODUCT DELIVERIES?	1	2
08*	ARE PRODUCTS ARRANGED SO THAT STRENGTH, EXPIRY DATES ETC. ARE EASILY VISIBLE IN FRONT?	1	2
933	ARE THE MEDICINES ORGANIZED ACCORDING TO DATE OF EXPIRATION ("first expire, first out")?	YES, ALL MEDICINES. 1 YES, ONLY SOME MEDICINES. 2 NO. 3	
934*	What system does this facility use to monitor the amount of medicines received, the amount issued, and the amount present today? ASK TO SEE THE SYSTEM AND RECORD OBSERVATION	COMPUTER SYSTEM UPDATED DAILY. 1 LEDGER/STOCK CARD UPDATED DAILY. 2 COMPUTER SYSTEM NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED MEDICINES. 3 LEDGER/STOCK CARD NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED MEDICINES. 4 NO SYSTEM. 5 OTHER SYSTEM _____ 6 (SPECIFY)	
935	PRESENTLY INTERVIEWING IN PHARMACY <input type="checkbox"/> PROCEED TO NEXT SECTION OR SERVICE SITE ←		PRESENTLY INTERVIEWING IN TB SERVICE AREA <input type="checkbox"/> THANK THE RESPONDENT IN THE TB SERVICE AREA AND CONTINUE TO NEXT SECTION OR SERVICE SITE ←

SECTION 9.4: ANTIRETROVIRAL MEDICINES

940	CHECK Q216 ARV MEDICINES STORED WITH OTHER MEDICINES IN COMMON LOCATION (RESPONSE 2 CIRCLED)	ARV MEDICINES STORED IN ART SERVICE AREA OR NOT STOCKED AT ALL IN FACILITY (RESPONSE 1 OR 3 CIRCLED) PROCEED TO NEXT SECTION ←	
941	Are any of the following Nucleoside Reverse Transcriptase Inhibitor (NTRI) ARVs available in the facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE AT LEAST ONE VALID AVAILABLE NONE VALID	(B) NOT OBSERVED REPORTED AVAILABLE NOT SEEN NOT AVAILABLE TODAY/DK NEVER AVAILABLE
01	ZIDOVDINE (ZDV, AZT) TABLETS	1 2 3	4 5
02	ZIDOVDINE (ZDV, AZT) SYRUP / DISPERSIBLE PEDIATRIC TABS	1 2 3	4 5
03	ABACAVIR (ABC) TABLETS	1 2 3	4 5
04	DIDANOSINE (ddI) TABLETS	1 2 3	4 5
05	LAMIVUDINE (3TC) TABLETS	1 2 3	4 5
06	LAMIVUDINE (3TC) SYRUP	1 2 3	4 5
09	TENOFOVIR DISOPROXIL FUMARATE (TDF)	1 2 3	4 5
10	EMTRICITABINE (FTC)	1 2 3	4 5
942	Are any of the following Non-Nucleoside Reverse Transcriptase Inhibitor (NNRTI) ARVs available in the facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE AT LEAST ONE VALID AVAILABLE NONE VALID	(B) NOT OBSERVED REPORTED AVAILABLE NOT SEEN NOT AVAILABLE TODAY/DK NEVER AVAILABLE
02	NEVIRAPINE (NVP) SYRUP	1 2 3	4 5
03	EFAVIRENZ (EFV) TABLETS/CAPSULES	1 2 3	4 5
04	EFAVIRENZ (EFV) SYRUP	1 2 3	4 5
05	DELAVIDINE (DLV)	1 2 3	4 5

943	Are any of the following Protease Inhibitor ARVs available in this facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
01	LOPINAVIR (LPV)	1	2	3	4	5
02	INDINAVIR (IDV)	1	2	3	4	5
03	NELFINAVIR (NFV)	1	2	3	4	5
04	SAQUINAVIR (SQV)	1	2	3	4	5
05	RITONAVIR (RTV)	1	2	3	4	5
06	ATAZANAVIR (ATV)	1	2	3	4	5
07	FOSAMPRENAVIR (FPV)	1	2	3	4	5
08	TIPRANAVIR (TPV)	1	2	3	4	5
09	DARUNAVIR (DRV)	1	2	3	4	5
944*	Are any of the following Fusion Inhibitor or Combined ARVs available in this facility/location today? CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
01	ENFUVIDITE (T-20)	1	2	3	4	5
04	ZIDOVUDINE + LAMIVUDINE [AZT + 3TC]	1	2	3	4	5
05	ZIDOVUDINE + LAMIVUDINE + ABACAVIR [AZT + 3TC + ABC]	1	2	3	4	5
07	TENOFOVIR + EMTRICITABINE [TDF + FTC]	1	2	3	4	5
08	TENOFOVIR + LAMIVUDINE [TDF + 3TC]	1	2	3	4	5
09	LAMIVUDINE (3TC) + EFAVIRENZ (EFV) + TENAFOVIR (TDF)	1	2	3	4	5
10	TENOFOVIR + EMTRICITABINE + EFAVIRENZ [TDF + FTC + EFV]	1	2	3	4	5
11*	LOPINAVIR + RITONAVIR [LPV + RTV]	1	2	3	4	5
12*	ATAZANAVIR + RITONAVIR [ATV + RTV]	1	2	3	4	5
13*	TENAFOVIR (TDF) + LAMIVUDINE (3TC) + DOLUTEGRIVIR (DTG)	1	2	3	4	5

STORAGE CONDITION - ARV MEDICINES

945*	OBSERVE THE LOCATION WHERE ARVs ARE STORED AND INDICATE THE PRESENCE (OR ABSENCE) OF EACH OF THE FOLLOWING STORAGE CONDITIONS	YES	NO
01	ARE THE ARVs OFF THE FLOOR?	1	2
02	ARE THE ARVs PROTECTED FROM WATER	1	2
03	ARE THE ARVs PROTECTED FROM THE SUN?	1	2
04	IS THE ROOM CLEAN OF EVIDENCE OF RODENTS (BATS, RATS) OR PESTS (ROACHES, ETC)?	1	2
05	IS THE STORAGE ROOM WELL VENTILATED?	1	2
06*	ARE PHARMACEUTICALS ARRANGED & ORGANIZED ACCORDING TO A LOGICAL CATEGORIZATION?	1	2
07*	IS THE CURRENT SPACE SUFFICIENT FOR EXISTING PRODUCTS AND EXPECTED PRODUCT DELIVERIES?	1	2
08*	ARE PRODUCTS ARRANGED SO THAT STRENGTH, EXPIRY DATES ETC. ARE EASILY VISIBLE IN FRONT?	1	2
946	ARE THE ARVS ORGANIZED ACCORDING TO DATE OF EXPIRATION ("first expire, first out")	YES, ALL MEDICINES. 1 YES, ONLY SOME MEDICINES. 2 NO. 3	
947*	What system does this facility use to monitor the amount of ARV medicines received, the amount issued, and the amount present today? ASK TO SEE THE SYSTEM AND RECORD OBSERVATION	COMPUTER SYSTEM UPDATED DAILY. 1 LEDGER/STOCK CARD UPDATED DAILY. 2 COMPUTER SYSTEM NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED ARVS. 3 LEDGER/STOCK CARD NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED ARVS. 4 NO SYSTEM. 5 OTHER SYSTEM _____ 6 (SPECIFY)	
948	PRESENTLY INTERVIEWING IN PHARMACY <input type="checkbox"/> PROCEED TO NEXT SECTION OR SERVICE SITE ←	PRESENTLY INTERVIEWING IN ART SERVICE AREA <input type="checkbox"/> THANK THE RESPONDENT IN THE ART SERVICE AREA AND CONTINUE TO NEXT SECTION OR SERVICE SITE ←	

MODULE 3: SERVICE-SPECIFIC READINESS

SECTION 10: CHILD VACCINATION

1000	CHECK Q102.01 CHILD VACCINATION SERVICES AVAILABLE		NO CHILD VACCINATION SERVICES NEXT SECTION OR SERVICE SITE ←	
ASK TO BE SHOWN THE MAIN LOCATION WHERE CHILD VACCINATION SERVICES ARE PROVIDED IN THE FACILITY. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT CHILD VACCINATION SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.				
1001*	Now I would like to ask you specifically about vaccination services for children under 5 years. For each of the following services, please tell me whether the service is offered by your facility, and if so, <i>how many days</i> per month the service is provided <i>at the facility</i> , and <i>how many days per month as outreach</i> , if any.			
	CHILD VACCINATION SERVICE	(a) # OF DAYS PER MONTH SERVICE IS PROVIDED AT FACILITY	(b) # OF DAYS PER MONTH SERVICE IS PROVIDED THROUGH OUTREACH	
	(USE A 4-WEEK MONTH TO CALCULATE # OF DAYS)			
01	Routine DPT+HepB+HiB (i.e., pentavalent)	# OF DAYS 00=NO SERVICE	# OF DAYS 00=NO SERVICE	
02	Routine oral polio vaccination	# OF DAYS 00=NO SERVICE	# OF DAYS 00=NO SERVICE	
03	Routine measles vaccination	# OF DAYS 00=NO SERVICE	# OF DAYS 00=NO SERVICE	
04	BCG vaccination	# OF DAYS 00=NO SERVICE	# OF DAYS 00=NO SERVICE	
05*	Pneumococcal vaccination (pneumonia vaccine)	# OF DAYS 00=NO SERVICE	# OF DAYS 00=NO SERVICE	
06*	Rotavirus vaccination	# OF DAYS 00=NO SERVICE	# OF DAYS 00=NO SERVICE	
07*	Inactivated polio vaccine (IPV) vaccination	# OF DAYS 00=NO SERVICE	# OF DAYS 00=NO SERVICE	
08*	Human papillomavirus (HPV) vaccination	# OF DAYS 00=NO SERVICE	# OF DAYS 00=NO SERVICE	
1002	Do you have the national guidelines for child vaccinations available in this service area today? i.e., the poster, booklet?	YES 1 NO 2		→ 1004
1003	May I see the guidelines / booklet?	OBSERVED 1 REPORTED NOT SEEN 2		→ 1006
1004	Do you have any other guidelines for child vaccinations available in this service area today?	YES 1 NO 2		→ 1006
1005	May I see the other guidelines?	OBSERVED 1 REPORTED NOT SEEN 2		
1006	ASK YOUR RESPONDENT TO SHOW YOU ITEMS REQUIRED FOR VACCINATION SERVICES	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	Blank/unused individual child vaccination card or health passport	1	2	3
01a	EPI register	1	2	3
02	Tally sheets	1	2	3
03	EPI monitoring forms	1	2	3

1007	Does this facility routinely store any vaccines, or are all its vaccines either picked up from another facility or delivered when services are being provided?	ROUTINELY STORE VACCINES. 1 STORES NO VACCINES. 2	→ 1014
1008	ASK TO BE TAKEN TO THE AREA WHERE VACCINES ARE STORED. ASK TO SEE THE VACCINE REFRIGERATOR.	REFRIGERATOR OBSERVED. 1 REFRIGERATOR NOT OBSERVED. 2	→ 1014
1009	Do you maintain a cold-chain temperature-monitoring chart?	YES. 1 NO 2	→ 1012
1010	May I see the cold-chain temperature monitoring chart?	OBSERVED. 1 REPORTED NOT SEEN. 2	→ 1012
1011	CHECK WHETHER THE TEMPERATURE RECORD WAS COMPLETED TWICE DAILY FOR EACH OF THE PAST 30 DAYS, INCLUDING WEEKENDS AND PUBLIC HOLIDAYS.	YES, COMPLETED 1 NO, NOT COMPLETED 2	
1012*	Please tell me if each of the following vaccines is available in the facility today. If available, I would like to see it. IF AVAILABLE, CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED, VVM CHANGED, NOT FROZEN)	(A) OBSERVED AVAILABLE AT LEAST ONE VALID	(B) NOT OBSERVED REPORTED AVAILABLE NOT SEEN NOT AVAILABLE TODAY/DK NEVER AVAILABLE
01	DPT+HepB+HiB [PENTAVALENT]	1 2	3 4 5
02	ORAL POLIO VACCINE	1 2	3 4 5
03	MEASLES VACCINE AND DILUENT	1 2	3 4 5
04	BCG VACCINE AND DILUENT	1 2	3 4 5
05*	PNEUMOCOCCAL CONJUGATE VACCINE (PCV 10)	1 2	3 4 5
06*	TETANUS TOXOID VACCINE/ TETANUS-DIPHTHERIA VACCINE (TT/TD)	1 2	3 4 5
1013	WHAT IS THE TEMPERATURE IN THE VACCINE REFRIGERATOR?	BETWEEN +2 AND +8 DEGREES. 1 ABOVE +8 DEGREES. 2 BELOW +2 DEGREES. 3 THERMOMETER NOT FUNCTIONAL. 4	
1014	How many vaccine carriers do you have? ASK TO SEE THE VACCINE CARRIERS. REPORTED RESPONSE FROM KNOWLEDGEABLE RESPONDENT IS ACCEPTABLE.	ONE. 1 TWO OR MORE CARRIERS 2 NONE. 3	→ 1015A
1015	How many sets of ice packs do you have? ASK TO SEE THE ICE PACKS. REPORTED RESPONSE ACCEPTABLE NOTE: 4-5 ICE PACKS MAKE ONE SET	ONE SET. 1 TWO OR MORE SETS. 2 NO ICE PACKS, USE PURCHASED ICE. 3 NO ICE PACKS. 4	
1015A*	As a provider of child vaccination services, have you personally received any training in child vaccination any time during the past 24 months?	YES. 1 NO 2	
1015B*	Has any other provider(s) of child vaccination services in this facility received any training in child vaccination at anytime during the past 24 months?	YES. 1 NO. 2 DON'T KNOW 8	

STANDARD PRECAUTIONS

1050	ASSESS THE ROOM OR AREA FOR THE ITEMS LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU. IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED	GENERAL INFORMATION [Q710]. 11 CHILD CURATIVE CARE [Q1251]. 13 FAMILY PLANNING [Q1351]. 14 ANTENATAL CARE [Q1451]. 15 PMTCT [Q1551]. 16 DELIVERY [Q1651]. 17 STI SERVICES [Q1851]. 18 TUBERCULOSIS [Q1951]. 19 HIV TESTING [Q2051]. 21 NCD [Q2351]. 22 MINOR SURGERY [Q2451]. 23 NOT PREVIOUSLY SEEN. 31	NEXT SECTION / SERVICE SITE 	
1051	STANDARD PRECAUTIONS AND CONDITIONS FOR CLIENT EXAMINATION	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	1	2	3
02	HAND-WASHING SOAP (MAY BE LIQUID SOAP)	1	2	3
03	ALCOHOL-BASED HAND RUB	1	2	3
04	WASTE RECEPTACLE (PEDAL BIN) WITH LID AND PLASTIC BIN LINER	1 06 ↙	2	3
05	OTHER WASTE RECEPTACLE	1	2	3
06	SHARPS CONTAINER ("SAFETY BOX")	1	2	3
07	DISPOSABLE LATEX GLOVES	1	2	3
08	DISINFECTANT [E.G., CHLORINE, IODINE, ALCOHOL]	1	2	3
09	SINGLE-USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR AUTO-DESTRUCT SYRINGES WITH NEEDLES	1	2	3
10	MEDICAL MASKS	1	2	3
11	GOWNS OR DISPOSABLE APRONS	1	2	3
12	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2	3
13	GUIDELINES FOR STANDARD PRECAUTIONS	1	2	3
1052	DESCRIBE THE SETTING OF THE CHILD VACCINATION SERVICE DELIVERY ROOM OR AREA.	PRIVATE ROOM. 1 OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY. 2 VISUAL PRIVACY ONLY. 3 NO PRIVACY. 4		
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.				

SECTION 11: CHILD GROWTH MONITORING SERVICES

1100	CHECK Q102.02	GROWTH MONITORING SERVICES AVAILABLE <input type="checkbox"/>	NO GROWTH MONITORING SERVICES <input type="checkbox"/>				
		NEXT SECTION OR SERVICE SITE ←					
ASK TO BE SHOWN THE MAIN LOCATION WHERE GROWTH MONITORING SERVICES ARE PROVIDED IN THE FACILITY. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT GROWTH MONITORING SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.							
1101	Please tell me the number of days per month that growth monitoring services are offered in this facility, and the number of days per month as outreach, if any. USE A 4-WEEK MONTH TO CALCULATE # OF DAYS	(a) # OF DAYS PER MONTH SERVICE IS PROVIDED AT FACILITY	(b) # OF DAYS PER MONTH SERVICE IS PROVIDED THROUGH OUTREACH				
01	Child growth monitoring	# OF DAYS <input style="width: 30px;" type="text"/>	# OF DAYS <input style="width: 30px;" type="text"/>				
1102*	Do you have any guidelines for growth monitoring, for example the IMNCI guideline available in this service area today?	YES..... 1 NO GUIDELINE AVAILABLE..... 2		→ 1104			
1103	May I see the guidelines for growth monitoring?	OBSERVED..... 1 REPORTED NOT SEEN..... 2					
1104*	I would like to know if the following items are available in this service area and are functioning. I would like to see them.	(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	CHILD WEIGHING SCALE (250GRAM GRADATION)	1 →b	2 →b	3 <input style="width: 15px;" type="text"/> 02 ←	1	2	8
02	INFANT WEIGHING SCALE (100 GRAM GRADATION)	1 →b	2 →b	3 <input style="width: 15px;" type="text"/> 03 ←	1	2	8
03	HEIGHT OR LENGTH BOARD	1	2	3 <input style="width: 15px;" type="text"/> 04 ←	1	2	8
04	TAPE FOR MEASURING HEAD CIRCUMFERENCE	1	2	3			
05	GROWTH CHARTS	1	2	3			
06*	TAPE FOR MID-UPPER ARM CIRCUMFERENCE	1	2	3			
1104C*	As a provider of child growth monitoring services, have you personally received any training in child growth monitoring any time during the past 24 months?	YES..... 1 NO..... 2					
1104D*	Has any other provider(s) of child growth monitoring services in this facility received any training in child growth monitoring at anytime during the past 24 months?	YES..... 1 NO..... 2 DON'T KNOW..... 8					
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.							

SECTION 12: CHILD CURATIVE CARE SERVICES

1200	CHECK Q102.03	CURATIVE CARE SERVICES AVAILABLE <input type="checkbox"/>	NO CURATIVE CARE SERVICES <input type="checkbox"/> NEXT SECTION OR SERVICE SITE <input type="checkbox"/>			
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE CURATIVE CARE SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT CURATIVE CARE SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.						
1201	Please tell me the number of days per month that consultations or curative care for children under 5 are offered in this facility, and the number of days per month as outreach, if any. USE A 4-WEEK MONTH TO CALCULATE # OF DAYS	(a) # OF DAYS PER MONTH SERVICE IS PROVIDED AT FACILITY	(b) # OF DAYS PER MONTH SERVICE IS PROVIDED THROUGH OUTREACH (VILLAGE LEVEL) ACTIVITIES			
01	Consultation or curative care services for sick children	# OF DAYS 00=NO SERVICE <input style="width: 30px; height: 20px;" type="text"/>	# OF DAYS 00=NO SERVICE <input style="width: 30px; height: 20px;" type="text"/>			
1202*	Please tell me if providers of child health services in this facility provide the following services	YES	NO			
01	DIAGNOSE AND/OR TREAT CHILD MALNUTRITION	1	2			
02	PROVIDE VITAMIN A SUPPLEMENTATION TO CHILDREN	1	2			
03	PROVIDE IRON SUPPLEMENTATION TO CHILDREN	1	2			
04	PROVIDE ZINC SUPPLEMENTATION TO CHILDREN	1	2			
05*	DIAGNOSE AND/OR TREAT PNEUMONIA	1	2			
06*	DIAGNOSE AND/OR TREAT MALARIA	1	2			
07*	DIAGNOSE AND/OR TREAT HIV	1	2			
08*	DIAGNOSE AND/OR TREAT EAR PROBLEM	1	2			
1203	Do providers of services for sick children in this facility follow the ICCM/IMNCI strategy in the provision of services to children under 5 years? IN HEALTH POST ASK ABOUT ICCM	YES..... 1 NO..... 2				
1204	Do you have the <i>IMNCI guidelines (chart booklet)</i> for the diagnosis and management of childhood illnesses available in this service area today?	YES..... 1 NO..... 2	→ 1206			
1205	May I see the IMNCI chart booklet?	OBSERVED..... 1 REPORTED NOT SEEN..... 2	→ 1208			
1206	Do you have <i>any (other) guidelines</i> for the diagnosis and management of childhood illnesses available in this service site today?	YES..... 1 NO..... 2	→ 1208			
1207*	May I see the other guidelines? SPECIFY THE TYPE OF OTHER GUIDELINE OBSERVED	OBSERVED..... 1 SPECIFY REPORTED NOT SEEN..... 2				
1208	Does this facility have a system whereby certain observations and parameters are routinely carried out on sick children before the consultation for the presenting illness? IF YES, ASK TO SEE THE PLACE WHERE THESE ACTIVITIES TAKE PLACE BEFORE THE CONSULTATION	YES..... 1 NO..... 2	→ 1210			
1209*	OBSERVE IF THE BELOW ACTIVITIES ARE BEING DONE ROUTINELY. IF YOU DO NOT SEE AN ACTIVITY, ASK: Is [ACTIVITY YOU DO NOT SEE] routinely conducted for all sick children?	ACTIVITY OBSERVED	ACTIVITY REPORTED NOT SEEN	ACTIVITY NOT ROUTINELY CONDUCTED	NEVER DONE	DON'T KNOW
01	Weighing the child	1	2	3	4	8
02	Plotting child's weight on graph	1	2	3	4	8
03	Taking child's temperature	1	2	3	4	8
04	Assessing child's vaccination status	1	2	3	4	8
05	Providing group health education	1	2	3	4	8
06	Administer fever-reducing medicines and/or sponge for fever	1	2	3	4	8
07	Triaging of sick children, i.e., prioritizing sick children based on the severity of their condition	1	2	3	4	8
08	Diagnosis and treatment of diarrhea	1	2	3	4	8

1210*	I would like to know if the following items are available in this service area. I would like to see them. For equipment and instruments, I would like to know if they are functioning. THESE ITEMS MAY BE IN AN ORT CORNER	(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	CHILD WEIGHING SCALE (250GRAM GRADATION)	1 →b	2 →b	3 ↙ 02 ↘	1	2	8
02	INFANT WEIGHING SCALE (100 GRAM GRADATION)	1 →b	2 →b	3 ↙ 03 ↘	1	2	8
03	THERMOMETER	1 →b	2 →b	3 ↙ 04 ↘	1	2	8
04	STETHOSCOPE	1 →b	2 →b	3 ↙ 05 ↘	1	2	8
05	Timer or watch with seconds hand	1 →b	2 →b	3 ↙ 06 ↘	1	2	8
06	Staff has watch with seconds hand or other device (e.g., cell phone) that can measure seconds	1	2	3			
07	Calibrated 1/2 or 1-liter measuring jar for ORS	1	2	3			
08	Cup and spoon	1	2	3			
09	ORS PACKETS OR SACHETS	1	2	3			
10	At least 3 buckets (for cleaning used cups)	1	2	3			
11	Examination Table/Bed	1	2	3			
12*	AMBU BAG	1	2	3			
13*	OXYGEN SOURCE (OXYGEN CYLINDER WITH FLOW METER)	1 →b	2 →b	3 ↙ 14 ↘	1	2	8
14*	SUCTION BULBS	1	2	3			
15*	LIGHT SOURCE (FLASHLIGHT ACCEPTABLE)	1 →b	2 →b	3 ↙ 16 ↘	1	2	8
16*	OTOSCOPE	1 →b	2 →b	3 ↙ 17 ↘	1	2	8
17*	OPHTHALMOSCOPE	1 →b	2 →b	3 ↙ 18 ↘	1	2	8
18*	REFLEX HAMMER	1 →b	2 →b	3 ↙ 19 ↘	1	2	8
19*	MEASURING BOARD FOR MEASURING LENGTH AND HEIGHT	1	2	3			
20*	MEASURING TAPE	1	2	3			
21*	SPHYGOMANOMETER (PEDIATRIC OR ADULT SIZE)	1 →b	2 →b	3 ↙ 22 ↘	1	2	8
22*	X-RAY VIEWER	1 →b	2 →b	3 ↙ 23 ↘	1	2	8
23*	LUMBAR PUNCTURE SET	1	2	3			
24*	BONE MARROW ASPIRATION SET	1	2	3			
25*	PLEURAL BIOPSY SET	1	2	3			
26*	HAND WASHING BASIN	1	2	3			
1211	Please tell me if you have any of the following materials. IF YES, ASK TO SEE						
01	IMNCI chart booklet?	1	2	3			
02	IMNCI mother's cards or health passport?	1	2	3			
03	Other visual aids for teaching caretakers?	1	2	3			

1212*	Are individual health records (i.e., patient/client card) for sick children maintained at this service site?	YES. 1 NO 2	→ 1213A
1213*	May I see an unused copy of the patient/client card?	OBSERVED..... 1 REPORTED NOT SEEN..... 2	
1213A*	As a provider of child curative care services, have you personally received any training in child curative care any time during the past 24 months?	YES..... 1 NO 2	
1213B*	Has any other provider(s) of child curative care services in this facility received any training in child curative care at anytime during the past 24 months?	YES..... 1 NO..... 2 DON'T KNOW 8	

STANDARD PRECAUTIONS

1250	ASSESS THE ROOM OR AREA FOR THE ITEMS LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU. IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED	GENERAL INFORMATION [Q710]. 11 CHILD VACCINATION [Q1051]. 12 FAMILY PLANNING [Q1351]. 14 ANTENATAL CARE [Q1451]. 15 PMTCT [Q1551]. 16 DELIVERY [Q1651]. 17 STI SERVICES [Q1851]. 18 TUBERCULOSIS [Q1951]. 19 HIV TESTING [Q2051]. 21 NCD [Q2351]. 22 MINOR SURGERY [Q2451]. 23 NOT PREVIOUSLY SEEN. 31	NEXT SECTION / SERVICE SITE	
1251	STANDARD PRECAUTIONS AND CONDITIONS FOR CLIENT EXAMINATION	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	1	2	3
02	HAND-WASHING SOAP (MAY BE LIQUID SOAP)	1	2	3
03	ALCOHOL-BASED HAND RUB	1	2	3
04	WASTE RECEPTACLE (PEDAL BIN) WITH LID AND PLASTIC BIN LINER	1 06 ↙	2	3
05	OTHER WASTE RECEPTACLE	1	2	3
06	SHARPS CONTAINER ("SAFETY BOX")	1	2	3
07	DISPOSABLE LATEX GLOVES	1	2	3
08	DISINFECTANT [E.G., CHLORINE, HIBITANE, ALCOHOL]	1	2	3
09	SINGLE-USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR OR AUTO-DESTRUCT SYRINGES WITH NEEDLES	1	2	3
10	MEDICAL MASKS	1	2	3
11	GOWNS OR DISPOSABLE APRONS	1	2	3
12	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2	3
13	GUIDELINES FOR STANDARD PRECAUTIONS	1	2	3
1252	DESCRIBE THE SETTING OF THE SICK CHILD SERVICE DELIVERY ROOM OR AREA.	PRIVATE ROOM. 1 OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY. 2 VISUAL PRIVACY ONLY. 3 NO PRIVACY. 4		
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.				

SECTION 12A: PEDIATRIC EMERGENCY SERVICES

12A00	CHECK Q102.21 PEDIATRIC EMERGENCY UNIT AVAILABLE <input type="checkbox"/>	NO PEDIATRIC EMERGENCY UNIT <input type="checkbox"/> NEXT SECTION OR SERVICE SITE ←	
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CAUTION!!!!!!

THIS SECTION MUST BE COMPLETED ONLY AFTER COMPLETING Q700
 ASK TO BE SHOWN THE MAIN LOCATION WHERE PEDIATRIC EMERGENCY SERVICES ARE PROVIDED IN THE FACILITY.
 FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PEDIATRIC EMERGENCY SERVICES IN THE FACILITY.
 INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.

AT THIS POINT TELL YOUR RESPONDENT THAT YOU WOULD LIKE TO SEE SOME BASIC SUPPLIES AND EQUIPMENT USED IN THE PROVISION OF CLIENT SERVICES. YOU WOULD LIKE TO SEE IF THESE SUPPLIES AND EQUIPMENT ARE AVAILABLE IN THE **PEDIATRIC EMERGENCY SERVICES AREA**. IF YOU ARE NOT IN THE PEDIATRIC EMERGENCY SERVICES AREA, ASK TO BE TAKEN TO THE PEDIATRIC EMERGENCY SERVICES AREA.

12A00A ASSESS THE PEDIATRIC EMERGENCY SERVICES ROOM OR AREA FOR THE SUPPLIES AND EQUIPMENT LISTED BELOW. IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE	OR GENERAL INFORMATION SECTION (Q700)... 1 EMERGENCY SERVICES SECTION (Q7B01)... 2 NOT PREVIOUSLY SEEN... 4	NEXT SECTION ↓
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SUPPLIES AND EQUIPMENT

12A01	I would like to know if the following items are available today in the pediatric emergency services area and are functioning ASK TO SEE ITEMS.	(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	ADULT WEIGHING SCALE	1 → b	2 → b	3 <input type="checkbox"/> 02 ←	1	2	8
02	CHILD WEIGHING SCALE [250 GRAM GRADATION]	1 → b	2 → b	3 <input type="checkbox"/> 03 ←	1	2	8
03	INFANT WEIGHING SCALE [100 GRAM GRADATION]	1 → b	2 → b	3 <input type="checkbox"/> 04 ←	1	2	8
04	STADIOMETER (OR HEIGHT ROD) FOR MEASURING HEIGHT	1 → b	2 → b	3 <input type="checkbox"/> 05 ←	1	2	8
05	MEASURING TAPE [FOR HEAD CIRCUMFERENCE]	1	2	3			
06	THERMOMETER	1 → b	2 → b	3 <input type="checkbox"/> 07 ←	1	2	8
07	STETHOSCOPE	1 → b	2 → b	3 <input type="checkbox"/> 08 ←	1	2	8
08	DIGITAL BP APPARATUS	1 → b	2 → b	3 <input type="checkbox"/> 09 ←	1	2	8
09	MANUAL BP APPARATUS	1 → b	2 → b	3 <input type="checkbox"/> 10 ←	1	2	8
10	LIGHT SOURCE (FLASHLIGHT ACCEPTABLE)	1 → b	2 → b	3 <input type="checkbox"/> 11 ←	1	2	8
11	SELF-INFLATING BAG AND MASK [ADULT]	1 → b	2 → b	3 <input type="checkbox"/> 12 ←	1	2	8
12	SELF-INFLATING BAG AND MASK [PEDIATRIC]	1 → b	2 → b	3 <input type="checkbox"/> 13 ←	1	2	8
13	MICRONEBULIZER	1 → b	2 → b	3 <input type="checkbox"/> 14 ←	1	2	8
14	SPACERS FOR INHALERS	1	2	3			
15	PEAK FLOW METERS	1 → b	2 → b	3 <input type="checkbox"/> 16 ←	1	2	8
16	PULSE OXIMETER	1 → b	2 → b	3 <input type="checkbox"/> 17 ←	1	2	8
17	OXYGEN CONCENTRATORS	1 → b	2 → b	3 <input type="checkbox"/> 18 ←	1	2	8
18	FILLED OXYGEN CYLINDER	1 → b	2 → b	3 <input type="checkbox"/> 19 ←	1	2	8
19	OXYGEN DISTRIBUTION SYSTEM	1 → b	2 → b	3 <input type="checkbox"/> 20 ←	1	2	8
20	INTRAVENOUS INFUSION KITS - ADULT	1	2	3			
21	INTRAVENOUS INFUSION KITS - PEDIATRIC	1	2	3			
22*	FUNDOSCOPE	1 → b	2 → b	3 <input type="checkbox"/> 23 ←	1	2	8

Adult??

23*	OTOSCOPE	1→ b	2→b	3 24↙	1	2	8
24*	REFLEX HAMMER	1→ b	2→b	3 25↙	1	2	8
25*	SNELLEN'S CHART	1	2	3			
26*	REFRIGERATOR	1→ b	2→b	3 27↙	1	2	8
27*	DRESSING SET	1	2	3			
28*	MINOR SURGICAL SET	1	2	3			
29*	CATHETERIZATION SET	1	2	3			
30*	MEDICINE TROLLEY	1→ b	2→b	3 31↙	1	2	8
31*	FOLDING SCREEN	1→ b	2→b	3 32↙	1	2	8
		(A) AVAILABLE			(B) FUNCTIONING		
	ASK TO SEE ITEMS.	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
32*	X-RAY FILM VIEWER	1→ b	2→ b	3 33↙	1	2	8
33*	LUMBAR PUNCTURE SET	1	2	3			
34*	BONE MARROW ASPIRATION SET	1	2	3			
35*	PLEURAL BIOPSY SET	1	2	3			
36*	EXAMINATION COACH	1	2	3			
37*	RESUSCITATION SETS ON TROLLEY	1→ b	2→b	3 38↙	1	2	8
38*	EMERGENCY BED WITH WHEELS	1→ b	2→b	3 39↙	1	2	8
39*	STRETCHER WITH WHEELS	1→ b	2→b	3 40↙	1	2	8
40*	WHEEL CHAIR	1→ b	2→b	3 41↙	1	2	8
41*	INTRAVENOUS (IV) STAND	1	2	3			
42*	ELECTROCARDIOGRAM (ECG/EKG)	1→ b	2→b	3 43↙	1	2	8
43*	SUCTION MACHINE	1→ b	2→b	3 44↙	1	2	8
44*	DEFIBRILATOR	1→ b	2→b	3 45↙	1	2	8
45*	TRACHEOTOMY SET	1	2	3			
46*	NASOGASTRIC TUBE	1	2	3			
47*	OXYGEN REGULATOR OR OXYGEN GUAGE	1→ b	2→b	3 48↙	1	2	8
48*	OXYGEN FACE MASK OR NASAL CATHETERS	1	2	3			
49*	DIFFERENT TYPES OF SPLINTS	1	2	3			
50*	HOT AIR OVEN	1→ b	2→b	3 51↙	1	2	8
51*	INTUBATION SET	1	2	3			
52*	AMBU BAGS (ADULT AND PEDIATRIC SIZE)	1	2	3			
53*	ENDOTRACHEAL TUBES - ADULT	1	2	3			
54*	ENDOTRACHEAL TUBES - PEDIATRIC	1	2	3			
55*	LARYNGOSCOPE	1→ b	2→b	3 56↙	1	2	8
56	EQUIPMENT FOR INTRA-OSSEOUS FLUID ADMINISTRATION	1	2	3			
57*	GLUCOMETER WITH BLUCOSTICKS	1→ b	2→b	3 58↙	1	2	8
58*	CARDIAC MONITOR	1→ b	2→b	3 59↙	1	2	8

59*	CUP BOARD	1	2	3			
60*	HAND WASHING BASIN	1	2	3			
61*	NEBULIZERS (ANY TYPE)	1→ b	2→b	3 62 ↙	1	2	8
62*	TIME PIECE (WRIST WATCH, WALL CLOCK, CELL)	1→ b	2→b	3 63 ↙	1	2	8
63*	REFRIGERATOR KEROSENE	1→ b	2→b	3 64 ↙	1	2	8
64*	FILTER TRAY	1	2	3			
65*	TABLET COUNTING TRAY	1	2	3			
66*	STRETCHER WITH TROLLEY	1→ b	2→b	3 67 ↙	1	2	8
67*	THERMOMETER RECTAL	1→ b	2→b	3 68 ↙	1	2	8
68*	BREAST PUMP	1→ b	2→b	3 69 ↙	1	2	8
69*	MCH DIAGNOSTIC KIT	1→ b	2→b	3 70 ↙	1	2	8
70*	DENTAL EXTRACTOR SET	1→ b	2→b	3 71 ↙	1	2	8
71*	PRECISION BALANCE	1→ b	2→b	3 72 ↙	1	2	8
72*	SPOON	1→ b	2→b	3 73 ↙	1	2	8
73*	MEASURING CYLINDRE	1→ b	2→b	3 74 ↙	1	2	8
74*	WATER FILTRATION APPARATUS	1→ b	2→b	3 NEXT SECTION ↙	1	2	8
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.							

Function

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SECTION 12B: PEDIATRIC INPATIENT UNIT

12B00	CHECK Q102.22 PEDIATRIC INPATIENT SERVICES AVAILABLE ↓	NO PEDIATRIC INPATIENT SERVICES ↓ NEXT SECTION OR SERVICE SITE ←	
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ASK TO BE SHOWN THE MAIN LOCATION WHERE PEDIATRIC INPATIENT SERVICES ARE PROVIDED IN THE FACILITY. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PEDIATRIC INPATIENT SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.

AT THIS POINT TELL YOUR RESPONDENT THAT YOU WOULD LIKE TO SEE SOME BASIC SUPPLIES AND EQUIPMENT USED IN THE PROVISION OF CLIENT SERVICES. YOU WOULD LIKE TO SEE IF THESE SUPPLIES AND EQUIPMENT ARE AVAILABLE IN THE **PEDIATRIC INPATIENT SERVICES AREA**. IF YOU ARE NOT IN THE PADIATRIC INPATIENT SERVICE AREA, ASK TO BE TAKEN TO THE PEDIATRIC INPATIENT SERVICES AREA.

SUPPLIES AND EQUIPMENT							
12B01	I would like to know if the following items are available today in the pediatric inpatient services area and are functioning ASK TO SEE ITEMS.	(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
02	CHILD WEIGHING SCALE [250 GRAM GRADATION]	1 → b	2 → b	3 03 ←	1	2	8
03	INFANT WEIGHING SCALE [100 GRAM GRADATION]	1 → b	2 → b	3 04 ←	1	2	8
04	STADIOMETER (OR HEIGHT ROD) FOR MEASURING HEIGHT	1 → b	2 → b	3 05 ←	1	2	8
05	MEASURING TAPE [FOR HEAD CIRCUMFERENCE]	1	2	3			
06	THERMOMETER	1 → b	2 → b	3 07 ←	1	2	8
07	STETHOSCOPE	1 → b	2 → b	3 08 ←	1	2	8
08	DIGITAL BP APPARATUS	1 → b	2 → b	3 09 ←	1	2	8
09	MANUAL BP APPARATUS	1 → b	2 → b	3 10 ←	1	2	8
10	LIGHT SOURCE (FLASHLIGHT ACCEPTABLE)	1 → b	2 → b	3 11 ←	1	2	8
11	OTOSCOPE	1	2	3			
12	PULSE OXIMETERY	1 → b	2 → b	3 13 ←	1	2	8
13	WRIST WATCH/ WALL CLOCK	1 → b	2 → b	3 14 ←	1	2	8
14	BEDS FOR PATIENTS, MOTHERS ANS CROUP TENTS	1	2	3			
15	EXAMINATION COUCHES	1	2	3			
16	OPHTALMOSCOPE	1	2	3			
18	MEASURING BOARD FOR LENGTH AND HEIGHT	1	2	3			
19	REFLEX HAMMER	1	2	3			

		(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
25	X-RAY VIEWER	1 → b	2 → b	3 ↻ 29 ↻	1	2	8
29	EQUIPMENT FOR INTRA-OSSEOUS FLUID ADMINISTRATION	1	2	3			
30	DRIP COUNTERS	1 → b	2 → b	3 ↻ 31 ↻	1	2	8
31	EKG MACHINE AND ITS SUPPLIES	1 → b	2 → b	3 ↻ 32 ↻	1	2	8
32	BONE MARROW ASPIRATION SET	1	2	3			
33	LUMBAR PUNCTURE SET	1	2	3			
34	MEDECINE TROLLEY	1	2	3			
35	CUP BOARD	1	2	3			
36	PLEURAL BIOPSY SET	1	2	3			
37	NEBULIZERS (ELECTRIC, MANUAL OR OXYGEN DRIVEN)	1 → b	2 → b	3 ↻ 38 ↻	1	2	8
38	TOURNIQUETS	1	2	3			
39	SPACERS WITH MASKS FOR SPRAY	1 → b	2 → b	3 ↻ 40 ↻	1	2	8
40	IV STANDS	1	2	3			
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.							

SECTION 13: FAMILY PLANNING

1300	CHECK Q102.04	FAMILY PLANNING SERVICES <input type="checkbox"/>	NO FAMILY PLANNING SERVICES <input type="checkbox"/> NEXT SECTION OR SERVICE SITE ←
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE FAMILY PLANING SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT FAMILY PLANNING SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.			
1301	How many days in a month are family planning services offered at this facility? USE A 4-WEEK MONTH TO CALCULATE # OF DAYS	NUMBER OF DAYS <input style="width: 30px; height: 20px;" type="text"/>	
1302*	Does this facility provide (i.e., stock the commodity) or prescribe, counsel or refer clients for any of the following modern methods of family planning:	PROVIDE (STOCK THE COMMODITY)	PRESCRIBE/ COUNSEL, OR REFER NO
01	COMBINED ORAL CONTRACEPTIVE PILLS	1	2 3
02	PROGESTIN-ONLY CONTRACEPTIVE PILLS	1	2 3
04*	DEPO PROVERA INJECTABLE (3-MONTHLY)	1	2 3
05	MALE CONDOMS	1	2 3
06	FEMALE CONDOMS	1	2 3
07	INTRAUTERINE CONTRACEPTIVE DEVICE (IUCD)	1	2 3
08*	IMPLANT (JADELLE , IMPLANON OR SINO-IMPLANT)	1	2 3
09	EMERGENCY CONTRACEPTIVE PILLS (E.G., PROSTINOL 2)	1	2 3
11	COUNSEL CLIENTS ON PERIODIC ABSTINENCE		2 3
12	VASECTOMY (MALE STERILIZATION)	1	2 3
13	TUBAL LIGATION (FEMALE STERILIZATION)	1	2 3
1303*	Do you have the national family planning service guidelines available at this service area today?	YES..... 1 NO..... 2	→ 1305
1304*	May I see the national family planning service guidelines?	OBSERVED..... 1 REPORTED NOT SEEN..... 2	→ 1307
1305*	Do you have any other service guidelines on family planning available at this service area today?	YES..... 1 NO..... 2	→ 1307
1306*	May I see the other service guidelines?	OBSERVED..... 1 REPORTED NOT SEEN..... 2	
1307*	Are individual records or patient/client cards maintained at this service site for family planning clients?	YES..... 1 NO..... 2	→ 1309
1308*	May I see a blank copy of the individual records or patient/client card?	OBSERVED..... 1 REPORTED NOT SEEN..... 2	

1309*	Does this facility have a system whereby certain parameters are routinely assessed on family planning clients before the consultation takes place? IF YES, ASK TO SEE THE PLACE WHERE THESE ACTIVITIES TAKE PLACE.	YES. 1 NO. 2	→ 1311																								
1310	OBSERVE IF THE BELOW ACTIVITIES ARE BEING DONE ROUTINELY. IF YOU DO NOT SEE AN ACTIVITY, ASK: Is [ACTIVITY YOU DO NOT SEE] routinely done for all family planning clients?	<table border="1"> <thead> <tr> <th></th> <th>ACTIVITY OBSERVED</th> <th>ACTIVITY REPORTED NOT SEEN</th> <th>ACTIVITY NOT ROUTINELY DONE</th> <th>ACTIVITY NEVER DONE</th> <th>ACTIVITY DON'T KNOW</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>8</td> </tr> <tr> <td>02</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>8</td> </tr> <tr> <td>03</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>8</td> </tr> </tbody> </table>		ACTIVITY OBSERVED	ACTIVITY REPORTED NOT SEEN	ACTIVITY NOT ROUTINELY DONE	ACTIVITY NEVER DONE	ACTIVITY DON'T KNOW	01	1	2	3	4	8	02	1	2	3	4	8	03	1	2	3	4	8	
	ACTIVITY OBSERVED	ACTIVITY REPORTED NOT SEEN	ACTIVITY NOT ROUTINELY DONE	ACTIVITY NEVER DONE	ACTIVITY DON'T KNOW																						
01	1	2	3	4	8																						
02	1	2	3	4	8																						
03	1	2	3	4	8																						
1311	Do family planning providers in this facility routinely diagnose and treat STIs, or are FP clients referred to another provider or location for STI diagnosis and treatment? PROBE TO ARRIVE AT THE RIGHT ANSWER	ROUTINELY DIAGNOSE AND TREAT STIs. 1 DIAGNOSE BUT REFER ELSEWHERE FOR TREATME 2 REFER ELSEWHERE IN FACILITY FOR DIAG & TREAT3 REFER OUTSIDE FACILITY FOR DIAG & TREATMENT 4 NO DIAGNOSIS / TREATMENT / REFERRAL. 5																									
1312	Do providers of family planning conduct HIV testing from this service site?	YES. 1 NO. 2	→ 1314																								
1313	May I see a sample HIV rapid diagnostic test (RDT) kit? CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID. 1 OBSERVED, NONE VALID. 2 REPORTED AVAILABLE, NOT SEEN. 3 NOT AVAILABLE TODAY. 4																									

EQUIPMENT AND SUPPLIES

1314	I would like to know if the following items are available in this service area today and are functioning	(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	DIGITAL BP APPARATUS	1 b	2 b	3 } 02 ←	1	2	8
02	MANUAL BP APPARATUS	1 b	2 b	3 } 03 ←	1	2	8
03	STETHOSCOPE	1 b	2 b	3 } 04 ←	1	2	8
04	EXAMINATION LIGHT (FLASHLIGHT OK)	1 b	2 b	3 } 05 ←	1	2	8
05	EXAMINATION BED OR COUCH	1	2	3			
06	SAMPLE OF FP METHODS	1	2	3			
07	OTHER FP-SPECIFIC VISUAL AIDS [E.G., FLIP CHARTS, LEAFLETS]	1	2	3			
08	PELVIC MODEL FOR IUCD	1	2	3			
09	MODEL FOR SHOWING CONDOM USE	1	2	3			

1315	CHECK Q1302.07 & Q1302.08.	IUCD OR IMPLANT PROVIDED IN FACILITY <input type="checkbox"/>	NEITHER IUCD NOR IMPLANT PROVIDED IN FACILITY <input type="checkbox"/>	1321	
ASK TO BE TAKEN TO THE ROOM OR LOCATION WHERE IUCDs AND/OR IMPLANTS ARE INSERTED OR REMOVED					
1316	Please show me the following items for the provision of IUCD or Implant methods:	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	
01	STERILE GLOVES	1	2	3	
02	ANTISEPTIC SOLUTION	1	2	3	
03	SPONGE HOLDING FORCEPS	1	2	3	
04	STERILE GAUZE PAD OR COTTON WOOL	1	2	3	
1317	CHECK Q1302.07	IUCD PROVIDED IN FACILITY <input type="checkbox"/>	IUCD NOT PROVIDED IN FACILITY <input type="checkbox"/>	1319	
1318	Please show me the following items for the provision of IUCD:	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	
01	VAGINAL SPECULUM - SMALL	1	2	3	
02	VAGINAL SPECULUM - MEDIUM	1	2	3	
03	VAGINAL SPECULUM - LARGE	1	2	3	
04	TENACULA (VOLSELLUM FORCEPS)	1	2	3	
05	UTERINE SOUND	1	2	3	
1319	CHECK Q1302.08.	IMPLANT PROVIDED IN FACILITY <input type="checkbox"/>	IMPLANT NOT PROVIDED IN FACILITY <input type="checkbox"/>	1321	
1320	Please show me the following items for the provision of Implant:	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	
01	LOCAL ANESTHETIC	1	2	3	
02	STERILE SYRINGE AND NEEDLE	1	2	3	
03	CANULA AND TROCHAR FOR INSERTING IMPLANT	1	2	3	
04	SEALED IMPLANT PACK	1	2	3	
05	SCAPEL WITH BLADE	1	2	3	
06	MINOR SURGERY KIT (E.G., WITH ARTERY FORCEPS)	1	2	3	
1321*	Where are equipment such as specula or forceps that are used in the provision of family planning services processed (i.e., sterilized or high level disinfected) for re-use?	FP SERVICE SITE.	1		→ 1322A
		CENTRAL LOCATION IN FACILITY.	2		
		BOTH LOCATIONS.	3		
		NO EQUIPMENT PROCESSED IN FACILITY.	4		→ 1322A
1322	What is the final processing method used for family planning equipment at this service site? PROBE FOR ALL METHODS USED	AUTOCLAVE.	A		
		DRY HEAT STERILIZATION.	B		
		SOAK IN CHLORINE SOLUTION.	C		
		BOIL OR STEAM.	D		
		WASH WITH SOAP AND WATER.	E		
		SOAK IN OTHER CHEMICAL SOLUTION.	F		
1322A*	As a provider of family planning services, have you personally received any training in family planning any time during the past 24 months?	YES.	1		
		NO.	2		
1322B*	Has any other provider(s) of family planning services in this facility received any training in family planning at anytime during the past 24 months?	YES.	1		
		NO.	2		
		DON'T KNOW.	8		

STANDARD PRECAUTIONS

1350	ASSESS THE ROOM OR AREA FOR THE ITEMS LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU. IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED	GENERAL INFORMATION [Q710]. 11 CHILD VACCINATION [Q1051]. 12 CHILD CURATIVE CARE [Q1251]. 13 ANTENATAL CARE [Q1451]. 15 PMTCT [Q1551]. 16 DELIVERY [Q1651]. 17 STI SERVICES [Q1851]. 18 TUBERCULOSIS [Q1951]. 19 HIV TESTING [Q2051]. 21 NCD [Q2351]. 22 MINOR SURGERY [Q2451]. 23 NOT PREVIOUSLY SEEN. 31	→ 1352A	
1351*	STANDARD PRECAUTIONS AND CONDITIONS FOR CLIENT EXAMINATION	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	1	2	3
02	HAND-WASHING SOAP (MAY BE LIQUID SOAP)	1	2	3
03	ALCOHOL-BASED HAND RUB	1	2	3
04	WASTE RECEPTACLE (PEDAL BIN) WITH LID AND PLASTIC BIN LINER	1 06 ↙	2	3
05	OTHER WASTE RECEPTACLE	1	2	3
06	SHARPS CONTAINER ("SAFETY BOX")	1	2	3
07	DISPOSABLE LATEX GLOVES	1	2	3
08	DISINFECTANT/ANTISEPTICS [E.G., CHLORINE, HIBITANE, ALCOHOL]	1	2	3
09	SINGLE USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR AUTO-DISABLE SYRINGES WITH NEEDLES	1	2	3
10	MEDICAL MASKS	1	2	3
11	GOWNS	1	2	3
12	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2	3
13	GUIDELINES FOR STANDARD PRECAUTIONS	1	2	3
1352	DESCRIBE THE SETTING OF THE FP SERVICE ROOM OR AREA.	PRIVATE ROOM. 1 OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY. 2 VISUAL PRIVACY ONLY. 3 NO PRIVACY. 4		
1352A*	Are there any boots or shoes for providers in this unit to wear for infection prevention purposes?	YES. 1 NO. 2		→ 1353
1352B*	May I see the boots or shoes?	OBSERVED. 1 REPORTED NOT SEEN. 2		
1353	CHECK Q212 FP COMMODITIES STORED IN OTHER LOCATION OR NOT STOCKED (RESPONSE 1 NOT CIRCLED) <input type="checkbox"/>	FP COMMODITIES STORED IN FP SERVICE AREA (RESPONSE 1 CIRCLED) <input type="checkbox"/>		→ 921
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.				

SECTION 14: ANTENATAL CARE

1400	CHECK Q.102.05	ANC SERVICES AVAILABLE IN FACILITY <input type="checkbox"/>	ANC SERVICES NOT AVAILABLE IN FACILITY <input type="checkbox"/> NEXT SECTION OR SERVICE SITE ←				
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE ANTENATAL CARE SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT ANTENATAL CARE SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.							
1401	How many days in a month are antenatal care services offered at this facility? USE A 4-WEEK MONTH TO CALCULATE # OF DAYS	NUMBER OF DAYS/MONTH <input style="width: 30px; height: 20px;" type="text"/>					
1402*	Do ANC providers provide any of the following services to pregnant women as part of routine ANC?	YES	NO				
01	IRON SUPPLEMENTATION	1	2				
02	FOLIC ACID SUPPLEMENTATION	1	2				
04	TETANUS TOXOID VACCINATION	1	2				
05	IRON + FOLIC ACID COMBINATION TABLET	1	2				
1403	CHECK Q1402.04	TT VACCINATION PROVIDED <input type="checkbox"/>	TT VACCINATION NOT PROVIDED <input type="checkbox"/> → 1406				
1404	Is tetanus toxoid vaccination available on all days that ANC services are available in this facility?	YES..... 1	NOT ALL ANC DAYS..... 2 → 1406				
1405	How many days each week are tetanus toxoid vaccinations available at this facility?	DAYS PER WEEK..... <input style="width: 30px; height: 20px;" type="text"/>	LESS OFTEN THAN ONCE/WEEK..... 0				
1406	Do ANC providers in this facility provide any of the following tests from this site to pregnant women as part of ANC? IF YES, ASK TO SEE THE TEST KIT OR EQUIPMENT. IF TEST NOT DONE IN ANC, PROBE TO DETERMINE IF THE TEST IS DONE ELSEWHERE IN THE FACILITY CHECK TO SEE IF AT LEAST ONE TEST KIT OF EACH TEST IS VALID/UNEXPIRED	(A) OBSERVED AVAILABLE	(B) NOT OBSERVED				
		AT LEAST ONE VALID	AVAILABL E NONE VALID	REPORETED AVAILABLE NOT SEEN	NONE AVAILABLE TODAY	NO, OR NEVER AVAILABLE	AVAILABLE ELSEWHERE IN FACILITY
01	HIV RAPID DIAGNOSTIC TEST	1	2	3	4	5	6
02	URINE PROTEIN TEST	1	2	3	4	5	6
03	URINE GLUCOSE TEST	1	2	3	4	5	6
04	ANY RAPID TEST FOR HEMOGLOBIN	1	2	3	4	5	6
05	SYPHILIS RAPID DIAGNOSTIC TEST	1	2	3	4	5	6

1407	As part of ANC services, please tell me if providers in this facility provide the following services to ANC clients	YES	NO
01	COUNSELING ON RECOMMENDED MINIMUM OF 4 ANC VISITS FOR EACH PREGNANCY	1	2
02	COUNSELING ON BIRTH PREPAREDNESS OR PREPARATION FOR DELIVERY	1	2
03	COUNSELING ABOUT FAMILY PLANNING	1	2
04	COUNSELING ABOUT HIV/AIDS	1	2
05	COUNSELING ABOUT USE OF ITNs TO PREVENT MOSQUITO BITES AND MALARIA	1	2
06	COUNSELING ABOUT BREASTFEEDING	1	2
07	COUNSELING ABOUT NEWBORN CARE	1	2
08	COUNSELING ON POSTNATAL CARE VISITS	1	2
1408	Do ANC providers in this facility routinely diagnose and treat STIs, or are ANC clients referred to another provider or location for diagnosis and treatment?	ROUTINELY DIAGNOSE AND TREAT STIs. 1 DIAGNOSE BUT REFER ELSEWHERE FOR TREATMENT 2 REFER ELSEWHERE IN FACILITY FOR DIAG & TREATM 3 REFER OUTSIDE FACILITY FOR DIAG & TREATMENT. . 4 NO DIAGNOSIS / TREATMENT / REFERRAL. 5	
1409*	Do you have the national ANC service guidelines available in this service area today? ACCEPTABLE IF PART OF OTHER GUIDELINES (MNCH/PMTCT NATIONAL GUIDELINES)	YES. 1 NO. 2	→ 1411
1410*	May I see the national ANC service guidelines? ACCEPTABLE IF PART OF OTHER GUIDELINES	OBSERVED. 1 REPORTED NOT SEEN. 2	→ 1415
1411*	Do you have any other ANC service guidelines available in this service area today?	YES. 1 NO. 2	→ 1415
1412	May I see the other ANC service guidelines?	OBSERVED. 1 REPORTED NOT SEEN. 2	
1415	Do you have visual aids for client education on subjects related to pregnancy or antenatal care available in this service area today?	YES. 1 NO. 2	→ 1417
1416	May I see the visual aids for client education?	OBSERVED. 1 REPORTED NOT SEEN. 2	
1417	Are individual client cards or records for ANC and PNC clients maintained at this service site?	YES. 1 NO. 2	→ 1419
1418	May I see a blank copy of the client records or cards?	OBSERVED. 1 REPORTED NOT SEEN. 2	
1419*	Does this facility have a system whereby parameters (e.g. weight, blood pressure, group health education, ...) for ANC clients are routinely assessed before the consultation? IF YES, ASK TO SEE THE PLACE WHERE THESE ACTIVITIES TAKE PLACE.	YES. 1 NO. 2	→ 1421

1420*	OBSERVE IF THE BELOW ACTIVITIES ARE BEING DONE ROUTINELY. IF YOU DO NOT SEE AN ACTIVITY, ASK: Is [ACTIVITY YOU DO NOT SEE] routinely done for all antenatal care clients?	ACTIVITY OBSERVED	ACTIVITY REPORTED NOT SEEN	ACTIVITY NOT ROUTINELY DONE	ACTIVITY NEVER DONE	ACTIVITY DON'T KNOW
		1	2	3	4	8
01	Weighing of clients	1	2	3	4	8
02	Taking blood pressure	1	2	3	4	8
03	Conducting group health education sessions	1	2	3	4	8
04	Urine test for protein	1	2	3	4	8
05	Blood test for anemia	1	2	3	4	8
07	HIV testing and counseling (HTC) for pregnant women	1	2	3	4	8
08	Measuring client's height	1	2	3	4	8
09*	Syphilis rapid diagnostic testing	1	2	3	4	8

EQUIPMENT AND SUPPLIES FOR ROUTINE ANC

1421	I would like to know if the following items are available in this service area and are functioning.	(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	DIGITAL BP APPARATUS	1 → b	2 → b	3 } 02 ←	1	2	8
02	MANUAL BP APPARATUS	1 → b	2 → b	3 } 03 ←	1	2	8
03	STETHOSCOPE	1 → b	2 → b	3 } 04 ←	1	2	8
04	EXAMINATION LIGHT (FLASHLIGHT OK)	1 → b	2 → b	3 } 05 ←	1	2	8
05	FETAL STETHOSCOPE/PINNARD	1 → b	2 → b	3 } 06 ←	1	2	
06	ADULT WEIGHING SCALE	1 → b	2 → b	3 } 07 ←	1	2	8
07	EXAMINATION BED OR COUCH	1 → b	2 → b	3 } 08 ←	1	2	8
08	TAPE MEASURE FOR FUNDAL HEIGHT	1	2	3			
1422*	Please tell me if any of the following medicines are available at this services site today. I would like to see them. CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED			
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NO, OR NEVER AVAILABLE	
01	IRON TABLETS (INDIVIDUAL TABLETS)	1	2	3	4	5	
02	FOLIC ACID TABLETS (INDIVIDUAL TABLETS)	1	2	3	4	5	
03	COMBINED IRON AND FOLIC ACID TABLETS	1	2	3	4	5	
05	TETANUS TOXOID VACCINE	1	2	3	4	5	
06	INSECTICIDE TREATED BEDNETS (ITNs, LLINs)	1	2	3	4	5	
1422A	As a provider of ANC services, have you personally received any training in ANC any time during the past 24 months? It can be part of MNCH/PMTCT training package.	YES..... 1		NO..... 2			
1422B	Has any other provider(s) of ANC services in this facility received any training in ANC any time during the past 24 months? It can be part of MNCH/PMTCT training package.	YES..... 1		NO..... 2			
		DON'T KNOW..... 8					

STANDARD PRECAUTIONS

1450	ASSESS THE ROOM OR AREA FOR THE ITEMS LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU. IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED	GENERAL INFORMATION [Q710]. 11 CHILD VACCINATION [Q1051]. 12 CHILD CURATIVE CARE [Q1251] 13 FAMILY PLANNING [Q1351]. 14 PMTCT [Q1551]. 16 DELIVERY [Q1651]. 17 STI SERVICES [Q1851] 18 TUBERCULOSIS [Q1951]. 19 HIV TESTING [Q2051]. 21 NCD [Q2351]. 22 MINOR SURGERY [Q2451]. 23 NOT PREVIOUSLY SEEN. 31	→ 1452A	
1451*	STANDARD PRECAUTIONS AND CONDITIONS FOR CLIENT EXAMINATION	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	1	2	3
02	HAND-WASHING SOAP (MAY BE LIQUID SOAP)	1	2	3
03	ALCOHOL-BASED HAND RUB	1	2	3
04	WASTE RECEPTACLE (PEDAL BIN) WITH LID AND PLASTIC BIN LINER	1 06 ↙	2	3
05	OTHER WASTE RECEPTACLE	1	2	3
06	SHARPS CONTAINER ("SAFETY BOX")	1	2	3
07	DISPOSABLE LATEX GLOVES	1	2	3
08	DISINFECTANT/ANTISEPTICS [E.G., CHLORINE, HIBITANE, ALCOHOL]	1	2	3
09	SINGLE-USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR AUTO-DISABLE SYRINGES WITH NEEDLES	1	2	3
10	MEDICAL MASKS	1	2	3
11	GOWNS	1	2	3
12	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2	3
13	GUIDELINES FOR STANDARD PRECAUTIONS	1	2	3
1452	DESCRIBE THE SETTING OF THE ANC SERVICE ROOM OR AREA.	PRIVATE ROOM. 1 OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY. 2 VISUAL PRIVACY ONLY. 3 NO PRIVACY. 4		
1452A*	Are there any boots or shoes for providers in this unit to wear for infection prevention purposes?	YES. 1 NO. 2 →		NEXT SECTION
1452B*	May I see the boots or shoes?	OBSERVED. 1 REPORTED NOT SEEN. 2		
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.				

SECTION 15: PMTCT OF HIV INFECTION

1500	CHECK Q102.06 PMTCT SERVICES OFFERED IN FACILITY <input type="checkbox"/>	NO PMTCT SERVICES IN FACILITY <input type="checkbox"/> NEXT SECTION OR SERVICE SITE <input type="checkbox"/>	
CAUTION!!! THIS SECTION SHOULD BE COMPLETED ONLY AFTER COMPLETING THE ANC SECTION			
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE PMTCT SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROVISION OF PMTCT SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.			
1501	As part of PMTCT services, please tell me if providers in this facility provide the following services to clients	YES	NO
01	PROVIDE HIV COUNSELING AND TESTING SERVICES TO PREGNANT WOMEN. THIS INCLUDES TESTING DONE OUTSIDE THIS LOCATION BUT RESULTS PROVIDED TO CLIENT HERE	1	2
02	PROVIDE HIV TESTING SERVICES TO INFANTS BORN TO HIV POSITIVE WOMEN. THIS INCLUDES TESTING DONE OUTSIDE THIS LOCATION BUT RESULTS PROVIDED TO CLIENT HERE. FOR EXAMPLE, BLOOD COLLECTED HERE AS DBS BUT TESTING DONE ELSEWHERE	1	2
03	PROVIDE ARV DRUG TO HIV POSITIVE PREGNANT WOMAN IF SHE IS NOT CURRENTLY ON HAART	1	2
04	PROVIDE ARV PROPHYLAXIS TO NEWBORNS OF HIV POSITIVE WOMEN	1	2
05	PROVIDE INFANT AND YOUNG CHILD FEEDING COUNSELING FOR PMTCT	1	2
06	PROVIDE NUTRITIONAL COUNSELING FOR HIV POSITIVE PREGNANT WOMEN AND THEIR INFANTS	1	2
07	PROVIDE FAMILY PLANNING COUNSELING TO HIV POSITIVE PREGNANT WOMEN	1	2
1502	CHECK Q1501.01 HIV COUNSELING AND TESTING FOR PREGNANT WOMEN <input type="checkbox"/>	NO HIV COUNSELING AND TESTING FOR PREGNANT WOMEN <input type="checkbox"/>	1506
1503	IS THIS THE SAME LOCATION AS THE ANC SERVICE SITE?	YES, ANC SERVICE SITE. 1 NO, DIFFERENT LOCATION. 2	→ 1506
1504	Is HIV rapid diagnostic testing available from this service site?	YES. 1 NO. 2	→ 1506
1505	May I see a sample HIV rapid diagnostic test (RDT) kit? CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID. 1 OBSERVED, NONE VALID. 2 REPORTED AVAILABLE, NOT SEEN. 3 NOT AVAILABLE TODAY. 4	
1506	CHECK Q1501.02 INFANT HIV COUNSELING AND TESTING <input type="checkbox"/>	NO INFANT HIV COUNSELING AND TESTING <input type="checkbox"/>	1509
1507	Do providers use filter paper to collect dried blood spots (DBS) for HIV diagnosis in infants at this service site?	YES. 1 NO. 2	→ 1509
1508	May I see sample DBS filter paper cards? CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID. 1 OBSERVED, NONE VALID. 2 REPORTED AVAILABLE, NOT SEEN. 3 NOT AVAILABLE TODAY. 4	

1509*	Do you have the national service guidelines for PMTCT available in this service area?	YES.....1 NO.....2	→ 1511				
1510*	May I see the national PMTCT service guidelines? MAY BE PART OF ANOTHER GUIDELINE	OBSERVED..... 1 REPORTED NOT SEEN..... 2	→ 1513				
1511*	Do you have any other service guidelines for PMTCT available in this service area?	YES.....1 NO.....2	→ 1513				
1512*	May I see the other service guidelines? SPECIFY OTHER OBSERVED GUIDELINES	OBSERVED..... 1 SPECIFY REPORTED NOT SEEN..... 2					
1513*	Do you have service guidelines for infant and young child feeding counseling available in this service area? NOTE: THIS MAY BE COVERED IN OR PART OF ANOTHER GUIDELINE	YES.....1 NO.....2	→ 1515				
1514*	May I see the service guidelines for infant and young child feeding and counseling? MAY BE PART OF ANOTHER GUIDELINE	OBSERVED..... 1 REPORTED NOT SEEN..... 2					
1515*	Do you stock any ARVs for PMTCT in this service area?	YES..... 1 NO..... 2	→ 1516A				
1516	Please tell me if any of the following antiretroviral medicines/drugs are available at this services site today. I would like to see them. CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE	(B) NOT OBSERVED				
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NO, OR NEVER AVAILABLE	
01		ZIDOVDINE (AZT) TABS	1	2	3	4	5
03		LAMIVUDINE (3TC) TABS	1	2	3	4	5
04		LOPINAVIR (LPV/r) TABS	1	2	3	4	5
05		ABACAVIR (ABC) TABS	1	2	3	4	5
06		EFAVIRENZ (EFV) TABS	1	2	3	4	5
07		TENAFOVIR DISOPROXIL FUMARATE (TDF) TABS	1	2	3	4	5
08		EMTRICITABINE (FTC)	1	2	3	4	5
09		ZIDOVDINE (ZDV) + LAMIVUDINE (3TC)	1	2	3	4	5
10		NEVIRAPINE (NVP) SYRUP	1	2	3	4	5
11		ZIDOVDINE (AZT) SYRUP OR DISPERSIBLE PEDIATRIC TABS	1	2	3	4	5
12		LAMIVUDINE (3TC) + EFAVIRENZ (EFV) + TENAFOVIR (TDF)	1	2	3	4	5
13*	TENAFOVIR (TDF) + LAMIVUDINE (3TC) + DOLUTEGRVIR (DTG)	1	2	3	4	5	
1516A*	As a provider of PMTCT services, have you personally received any training in PMTCT any time during the past 24 months?	YES..... 1 NO..... 2					
1516B*	Has any other provider(s) of PMTCT services in this facility received any training in PMTCT anytime during the past 24 months?	YES..... 1 NO..... 2 DON'T KNOW..... 8					

STANDARD PRECAUTIONS

1550	ASSESS THE ROOM OR AREA FOR THE ITEMS LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU. IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED	GENERAL INFORMATION [Q710]. 11 CHILD VACCINATION [Q1051]. 12 CHILD CURATIVE CARE [Q1251]. 13 FAMILY PLANNING [Q1351]. 14 ANTENATAL CARE [Q1451]. 15 DELIVERY [Q1651]. 17 STI SERVICES [Q1851]. 18 TUBERCULOSIS [Q1951]. 19 HIV TESTING [Q2051]. 21 NCD [Q2351]. 22 MINOR SURGERY [Q2451]. 23 NOT PREVIOUSLY SEEN. 31	→ NEXT SECTION	
1551*	STANDARD PRECAUTIONS AND CONDITIONS FOR CLIENT EXAMINATION	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	1	2	3
02	HAND-WASHING SOAP (MAY BE LIQUID SOAP)	1	2	3
03	ALCOHOL-BASED HAND RUB	1	2	3
04	WASTE RECEPTACLE (PEDAL BIN) WITH LID AND PLASTIC BIN LINER	1 06 ↙	2	3
05	OTHER WASTE RECEPTACLE	1	2	3
06	SHARPS CONTAINER ("SAFETY BOX")	1	2	3
07	DISPOSABLE LATEX GLOVES	1	2	3
08	DISINFECTANT/ANTISEPTICS [E.G., CHLORINE, HIBITANE, ALCOHOL]	1	2	3
09	SINGLE-USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR AUTO-DISABLE SYRINGES WITH NEEDLES	1	2	3
10	MEDICAL MASKS	1	2	3
11	GOWNS	1	2	3
12	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2	3
13	GUIDELINES FOR STANDARD PRECAUTIONS	1	2	3
1552	ASK TO SEE ROOM OR AREA WHERE PMTCT SERVICES ARE PROVIDED DESCRIBE THE SETTING OF THE ROOM OR AREA.	PRIVATE ROOM. 1 OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY. 2 VISUAL PRIVACY ONLY. 3 NO PRIVACY. 4		
1552A*	Are there any boots or shoes for providers in this unit to wear for infection prevention purposes?	YES. 1 NO. 2	→	NEXT SECTION
1552B*	May I see the boots or shoes?	OBSERVED. 1 REPORTED NOT SEEN. 2		
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.				

SECTION 16: DELIVERY AND NEWBORN CARE

1600	CHECK Q102.07	NORMAL DELIVERY AVAILABLE <input type="checkbox"/>	NORMAL DELIVERY NOT AVAILABLE <input type="checkbox"/>
		↓	←
NEXT SECTION OR SERVICE SITE			
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE NORMAL DELIVERY SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT DELIVERY SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.			
1601*	Is a person skilled in conducting deliveries present at the facility today or on call at all times (24 hours a day), including weekends, to provide care?	YES 1 NO 2	→ 1604
1602	Is there a duty schedule or call list for 24-hr staff assignment?	YES 1 NO 2	→ 1604
1603	May I see the duty schedule or call list for 24-HR staff assignment?	OBSERVED 1 REPORTED, NOT SEEN 2	

SIGNAL FUNCTIONS

1604	Please tell me if any of the following interventions have ever been carried out by providers as part of their work in this facility, and if so, whether the intervention has been carried out at least once during the past 3 months.	(A) EVER PROVIDED IN FACILITY			(B) PROVIDED IN PAST 3 MONTHS		
		YES	NO	DK	YES	NO	DK
01	PARENTERAL ADMINISTRATION OF ANTIBIOTICS (IV OR IM)	1 → b	2 ↵ 02 ↵	8 ↵ 02 ↵	1	2	8
02	PARENTERAL ADMINISTRATION OF OXYTOCIC (IV OR IM)	1 → b	2 ↵ 03 ↵	8 ↵ 03 ↵	1	2	8
03	PARENTERAL ADMINISTRATION OF ANTICONVULSANT FOR HYPERTENSIVE DISORDERS OF PREGNANCY (IV OR IM)	1 → b	2 ↵ 04 ↵	8 ↵ 04 ↵	1	2	8
04	ASSISTED VAGINAL DELIVERY	1 → b	2 ↵ 05 ↵	8 ↵ 05 ↵	1	2	8
05	MANUAL REMOVAL OF PLACENTA	1 → b	2 ↵ 06 ↵	8 ↵ 06 ↵	1	2	8
06	REMOVAL OF RETAINED PRODUCTS OF CONCEPTAION	1 → b	2 ↵ 07 ↵	8 ↵ 07 ↵	1	2	8
07	NEONATAL RESUSCITATION	1 → b	2 ↵ 08 ↵	8 ↵ 08 ↵	1	2	8
08	CORTICOSTEROIDS FOR PRE-TERM LABOR NOTE: THIS IS NOT A SIGNAL FUNCTION	1 → b	2 ↵ 1605 ↵	8 ↵ 1605 ↵	1	2	8
1605	Do you have the national guidelines for BEmONC available in this service site?				YES 1 NO 2	→ 1607	
1606	May I see the guidelines for BEmONC ?				OBSERVED 1 REPORTED NOT SEEN 2		
1607	Do you have the national guidelines for CEmOC? ACCEPTABLE IF PART OF ANOTHER GUIDELINE.				YES 1 NO 2	→ 1609	
1608	May I see the national guidelines for CEmOC?				OBSERVED 1 REPORTED NOT SEEN 2		

1609	Do you have guidelines or protocols on management of pre-term labor? ACCEPTABLE IF PART OF ANOTHER GUIDELINE.	YES. 1 NO. 2	→ 1611
1610	May I see the guidelines or protocols on management of pre-term labor?	OBSERVED. 1 REPORTED NOT SEEN. 2	
1611	Does this facility practice Kangaroo Mother Care for low birth weight babies?	YES. 1 NO. 2	→ 1613
1612	Is there a separate room or space for Kangaroo Mother Care or is it integrated into the main postnatal ward?	YES, SEPARATE ROOM. 1 YES, INTEGRATED. 2	
1613	Do providers of delivery services in this facility use partograph to monitor labor and delivery?	YES. 1 NO USE OF PARTOGRAPH. 2	→ 1615
1614	Are partographs used routinely (for all cases) or selectively (only for some cases) to monitor labor and delivery in this facility?	ROUTINELY. 1 SELECTIVELY. 2	
1615	How many dedicated maternity beds are available in this facility?	# OF DEDICATED MATERNITY BEDS. <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW. 998	
1616	How many dedicated delivery beds are available in this facility?	# OF DEDICATED DELIVERY BEDS. <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW. 998	
1617	Does the facility conduct regular reviews of maternal or newborn deaths or "near-misses"?	YES. 1 NO, DOES NOT PARTICIPATE. 2	→ 1622
1618	Are reviews done for mothers only, newborns only, or for both mothers and newborns?	FOR MOTHERS ONLY. 1 FOR NEWBORNS ONLY. 2 FOR BOTH MOTHERS AND NEWBORNS. ... 3	→ 1621
1619	How often are reviews of <u>maternal deaths</u> or " <u>near misses</u> " carried out?	EVERY: <input type="text"/> <input type="text"/> WEEKS ONLY WHEN CASE OCCURS. 53 DON'T KNOW. 98	
1620	CHECK Q1618: RESPONSE "3" <input type="checkbox"/> CIRCLED	RESPONSE "3" <input type="checkbox"/> NOT CIRCLED	→ 1622
1621	How often are reviews of <u>newborn deaths</u> or " <u>near misses</u> " carried out?	EVERY: <input type="text"/> <input type="text"/> WEEKS ONLY WHEN CASE OCCURS. 53 ALWAYS WITH MATERNAL REVIEWS. 95 DON'T KNOW. 98	

EQUIPMENT AND SUPPLIES FOR ROUTINE DELIVERIES

1622*	I would like to know if the following items are available in this delivery area and are functioning.	(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	INCUBATOR	1 → b	2 → b	3 ↙ 02	1	2	8
02	OTHER EXTERNAL HEAT SOURCE	1 → b	2 → b	3 ↙ 03	1	2	8
03	EXAMINATION LIGHT (FLASHLIGHT OK)	1 → b	2 → b	3 ↙ 04	1	2	8
04	SUCTION APPARATUS WITH CATHETER	1 → b	2 → b	3 ↙ 05	1	2	8
05	SUCTION BULB OR PENGUIN SUCKER	1 → b	2 → b	3 ↙ 06	1	2	8
06	MANUAL VACUUM EXTRACTOR (FOR VACUUM-ASSISTED DELIVERY)	1 → b	2 → b	3 ↙ 07	1	2	8
07	VACUUM ASPIRATION KIT OR D&C KIT	1 → b	2 → b	3 ↙ 08	1	2	8
08	NEWBORN BAG & MASK (AMBU BAG & MASK)	1 → b	2 → b	3 ↙ 09	1	2	8
09	THERMOMETER	1 → b	2 → b	3 ↙ #	1	2	8
11	INFANT SCALE	1 → b	2 → b	3 ↙ 12	1	2	8
12*	FETAL STETHOSCOPE	1 → b	2 → b	3 ↙ 13	1	2	8
13	DIGITAL BLOOD PRESSURE APPARATUS	1 → b	2 → b	3 ↙ 14	1	2	8
14	MANUAL BLOOD PRESSURE MACHINE	1 → b	2 → b	3 ↙ 15	1	2	8
15*	STETHOSCOPE	1 → b	2 → b	3 ↙ 16	1	2	8
16*	NEW BORN CORNER EQUIPMENT	1 → b	2 → b	3 ↙ 17	1	2	8
17*	DOPLER FETOSCOPE	1 → b	2 → b	3 ↙ 21	1	2	8
21*	DRESSING TROLLEY (TWO TRAYS)	1 → b	2 → b	3 ↙ 22	1	2	8
22*	SOILED LINE TROLLEY	1 → b	2 → b	3 ↙ 23	1	2	8
23*	BABY COTS	1 → b	2 → b	3 ↙ 24	1	2	8
24*	DELIVERY COUCHES	1 → b	2 → b	3 ↙ 25	1	2	8
25*	IV STAND	1 → b	2 → b	3 ↙ 26	1	2	8

		(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
26*	KICK BUCKET (STAINLESS STEEL)	1 → b	2 → b	3 ↵ 27	1	2	8
27*	BOWL AND STANDS	1 → b	2 → b	3 ↵ 28	1	2	8
28*	INSTRUMENT TABLE (MAYO TYPE, MOBILE)	1 → b	2 → b	3 ↵ 29	1	2	8
29*	INFUSION PUMP, VOLUMETRICS	1 → b	2 → b	3 ↵ 31	1	2	8
31*	NEONATAL RESUSCITATION KIT	1 → b	2 → b	3 ↵ 32	1	2	8
32*	PATIENT TRANSFER (ROLLER SYSTEM)	1 → b	2 → b	3 ↵ 33	1	2	8
33*	PATIENT STRETCHER	1 → b	2 → b	3 ↵ 1623	1	2	8
1623	Do you have any of the following items? If yes, I would like to see them				OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE
01	DELIVERY BED				1	2	3
02	DELIVERY PACK				1	2	3
03	CORD CLAMP				1	2	3
04	SPECULUM				1	2	3
05	EPISIOTOMY SCISSORS				1	2	3
06	SCISSORS OR BLADE TO CUT CORD				1	2	3
07	SUTURE MATERIAL WITH NEEDLE				1	2	3
08	NEEDLE HOLDER				1	2	3
09	FORCEPS (LARGE)				1	2	3
10	FORCEPS (MEDIUM)				1	2	3
11	SPONGE HOLDER				1	2	3
12	BLANK PARTOGRAPH				1	2	3

MATERNITY WARD & NURSES STATION

1623B*	I would like to know if the following items are available in the maternity ward and nurses station area and are functioning.	(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	BEDS AND MATTRESSES	1 → b	2 → b	3 ↙ 02	1	2	8
02	VACUUM ASPIRATOR WITH BOTTLE AND TUBING	1 → b	2 → b	3 ↙ 03	1	2	8
03	OXYGEN FLOW METER	1 → b	2 → b	3 ↙ 04	1	2	8
04	OXYGEN SOURCE	1 → b	2 → b	3 ↙ 05	1	2	8
05	BABY COT	1 → b	2 → b	3 ↙ 06	1	2	8
06	BED SIDE CABINETS	1 → b	2 → b	3 ↙ 07	1	2	8
07	OVER BED TABLES	1 → b	2 → b	3 ↙ 08	1	2	8
08	BED SCREEN (3 SECTIONS)	1 → b	2 → b	3 ↙ 09	1	2	8
09	FOOTSTOOLS	1 → b	2 → b	3 ↙ 10	1	2	8
10	IV STAND	1 → b	2 → b	3 ↙ 11	1	2	8
11	WHEELCHAIR	1 → b	2 → b	3 ↙ 12	1	2	8
12	DIAGNOSTIC SET WITH OPHTHALMOSCOPE AND OTOSCOPE	1 → b	2 → b	3 ↙ 13	1	2	8
13	ADULT SPHYGMOMANOMETER	1 → b	2 → b	3 ↙ 14	1	2	8
14	PEDIATRIC SPHYGMOMANOMETER	1 → b	2 → b	3 ↙ 15	1	2	8
15	FOETAL STETHOSCOPE	1 → b	2 → b	3 ↙ 16	1	2	8
16	STETHOSCOPE (DUAL HEAD)	1 → b	2 → b	3 ↙ 17	1	2	8
17	STETHOSCOPE (PEDIATRIC HEAD)	1 → b	2 → b	3 ↙ 18	1	2	8
18	THERMOMETER	1 → b	2 → b	3 ↙ 19	1	2	8
19	PATIENT TRANSFER (ROLLER SYSTEM)	1 → b	2 → b	3 ↙ 1623E	1	2	8

LABOR BAY

1623E*	I would like to know if the following items are available in the labor bay area and are functioning.	(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	VACUUM ASPIRATOR WITH BOTTLE AND TUBING	1 → b	2 → b	3 ↘ 02 ←	1	2	8
02	FLOW METER	1 → b	2 → b	3 ↘ 03 ←	1	2	8
03	OXYGEN SOURCE (OXYGEN CYLINDER WITH FLOW METER)	1 → b	2 → b	3 ↘ 04 ←	1	2	8
04	WALL CLOCK	1 → b	2 → b	3 ↘ 05 ←	1	2	8
05	WORKTABLE WITH LAMINATED TOP	1 → b	2 → b	3 ↘ 06 ←	1	2	8
06	BED	1 → b	2 → b	3 ↘ 07 ←	1	2	8
07	BEDSIDE CABINET	1 → b	2 → b	3 ↘ 08 ←	1	2	8
08	CHAIR	1 → b	2 → b	3 ↘ 09 ←	1	2	8
09	IV STAND	1 → b	2 → b	3 ↘ 10 ←	1	2	8
10*	BED SCREEN (3 SECTIONS)	1 → b	2 → b	3 ↘ 11 ←	1	2	8
11	WASTE PAPER BASKET	1 → b	2 → b	3 ↘ 12 ←	1	2	8
12*	FETOSCOPE	1 → b	2 → b	3 ↘ 13 ←	1	2	8
13	STETHOSCOPE (DUAL HEAD)	1 → b	2 → b	3 ↘ 1624 ←	1	2	8
1624	Does this facility routinely observe/perform any of the following postpartum or newborns related practices?			YES	NO	DON'T KNOW	
01	Delivery to the abdomen (Skin to Skin)			1	2	8	
02	Drying and wrapping newborns to keep them warm			1	2	8	
03	Initiation of breastfeeding within the first hour			1	2	8	
04	Routine, complete (head-to-toe) examination of newborn before discharge			1	2	8	
05	Suction of the newborn by means of catheter			1	2	8	
06	Suction of the newborn by means of suction bulb or penguin sucker			1	2	8	
07	Weigh the newborn immediately			1	2	8	
08	Administer Vitamin K to newborn			1	2	8	
09	Apply Tetracycline eye ointment to both eyes			1	2	8	
10	Give full bath (immerse newborn in water) shortly (i.e., within a few minutes/hours) after birth			1	2	8	
11	Give the newborn prelacteal liquids			1	2	8	
12	Give the newborn OPV (oral polio vaccine/ polio zero vaccine) prior to discharge			1	2	8	
13	Give the newborn BCG prior to discharge			1	2	8	
1625	Please tell me if any of the following medicines or items are available at this service site today. I would like to see them.		(A) OBSERVED AVAILABLE		(B) NOT OBSERVED		
			AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NO, OR NEVER AVAILABLE
01	CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)		1	2	3	4	5
01	TETRACYCLINE EYE OINTMENT FOR NEWBORN		1	2	3	4	5
02	INJECTABLE ANTIBIOTIC (E.G., CEFTRIAOXONE)		1	2	3	4	5
03	INJECTABLE UTEROTONIC (E.G., OXYTOCIN)		1	2	3	4	5
04	MAGNESIUM SULPHATE		1	2	3	4	5
05	INJECTABLE DIAZEPAM		1	2	3	4	5
06*	IV SOLUTION (RINGER LACTATE & NORMAL SALINE) WITH INFUSION SET		1	2	3	4	5
07	SKIN DISINFECTANT (OTHER THAN CHLORHEXIDINE)		1	2	3	4	5
08	4% CHLORHEXIDINE SOLUTION (UMBILICAL CORD CLEANSING)		1	2	3	4	5
09	HYDRALAZINE INJECTION		1	2	3	4	5

PMTCT DURING LABOR AND DELIVERY

1626	Do you provide or offer any PMTCT service at this service site for women who come in to deliver?	YES. 1 NO. 2						
1627	Do providers of delivery services conduct HIV testing from this service site?	YES. 1 NO. 2	→ 1629					
1628	May I see a sample HIV rapid diagnostic test (RDT) kit? CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID. 1 OBSERVED, NONE VALID. 2 REPORTED AVAILABLE, NOT SEEN. 3 NOT AVAILABLE TODAY. 4						
1629*	Do you stock any ARVs for PMTCT in this service area?	YES. 1 NO. 2	→ 1630A					
1630	Please tell me if any of the following antiretroviral medicines for PMTCT are available at this service site today. I would like to see them. CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE	(B) NOT OBSERVED					
		AT LEAST ONE VALID	AVAILABLE NON VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NO, OR NEVER AVAILABLE		
		01	ZIDOVUDINE (AZT) TABS	1	2	3	4	5
		03	LAMIVUDINE (3TC) TABS	1	2	3	4	5
		04	LOPINAVIR (LPV/r) TABS	1	2	3	4	5
		05	ABACAVIR (ABC) TABS	1	2	3	4	5
		06	EFAVIRENZ (EFV) TABS	1	2	3	4	5
		07	TENAFOVIR DISOPROXIL FUMARATE (TDF) TABS	1	2	3	4	5
		08	EMTRICITABINE (FTC)	1	2	3	4	5
		09	ZIDOVUDINE (ZDV) + LAMIVUDINE (3TC)	1	2	3	4	5
		10	NEVIRAPINE (NVP) SYRUP	1	2	3	4	5
		11	ZIDOVUDINE (AZT) SYRUP	1	2	3	4	5
		12	LAMIVUDINE (3TC) + EFAVIRENZ (EFV) + TENAFOVIR (TDF)	1	2	3	4	5
		13*	TENAFOVIR (TDF) + LAMIVUDINE (3TC) + DOLUTEGRAVIR (DTG)	1	2	3	4	5
1630A*	As a provider of delivery and new born care services, have you personally received any training in delivery and new born care any time during the past 24 months?	YES. 1 NO. 2						
1630B*	Has any other provider(s) of delivery and new born care services in this facility received any training in delivery and new born care anytime during the past 24 months?	YES. 1 NO. 2 DON'T KNOW 8						

STANDARD PRECAUTIONS

1650	ASSESS THE ROOM OR AREA FOR THE ITEMS LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU. IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED	GENERAL INFORMATION [Q710]. 11 CHILD VACCINATION [Q1051]. 12 CHILD CURATIVE CARE [Q1251]. 13 FAMILY PLANNING [Q1351]. 14 ANTENATAL CARE [Q1451]. 15 PMTCT [Q1551]. 16 STI SERVICES [Q1851]. 18 TUBERCULOSIS [Q1951]. 19 HIV TESTING [Q2051]. 21 NCD [Q2351]. 22 MINOR SURGERY [Q2451]. 23 NOT PREVIOUSLY SEEN. 31	→ 1652A	
1651*	STANDARD PRECAUTIONS AND CONDITIONS FOR CLIENT EXAMINATION	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE
01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	1	2	3
02	HAND-WASHING SOAP (MAY BE LIQUID SOAP)	1	2	3
03	ALCOHOL-BASED HAND RUB	1	2	3
04	WASTE RECEPTACLE (PEDAL BIN) WITH LID AND PLASTIC BIN LINER	1 06 ↙	2	3
05	OTHER WASTE RECEPTACLE	1	2	3
06	SHARPS CONTAINER ("SAFETY BOX")	1	2	3
07	DISPOSABLE LATEX GLOVES	1	2	3
08	DISINFECTANT/ANTISEPTICS [E.G., CHLORINE, HIBITANE, ALCOHOL]	1	2	3
09	SINGLE-USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES OR AUTO-DISABLE SYRINGES WITH NEEDLES	1	2	3
10	MEDICAL MASKS	1	2	3
11	GOWNS	1	2	3
12	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2	3
13	GUIDELINES FOR STANDARD PRECAUTIONS	1	2	3
1652	DESCRIBE THE SETTING OF THE DELIVERY SERVICE ROOM OR AREA.	PRIVATE ROOM. 1 OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY. 2 VISUAL PRIVACY ONLY. 3 NO PRIVACY. 4		
1652A*	Are there any boots or shoes for providers in this unit to wear for infection prevention purposes?	YES. 1 NO. 2 → NEXT SECTION		
1652B*	May I see the boots or shoes?	OBSERVED. 1 REPORTED NOT SEEN. 2		
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.				

SECTION 16A : NEONATOLOGY UNIT

16A00	CHECK Q102.28	NEONATOLOGY UNIT AVAILABLE <input type="checkbox"/>	NEONATOLOGY UNIT NOT AVAILABLE <input type="checkbox"/>
		↓ NEXT SECTION OR SERVICE SITE ←	

ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE NEONATOLOGY SERVICES ARE PROVIDED.
 FIND THE PERSON MOST KNOWLEDGEABLE ABOUT NEONATOLOGY SERVICES IN THE FACILITY.
 INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.

NEONATOLOGY UNIT EQUIPMENTS

16A01*	I would like to know if the following items are available in this neonatology area and are functioning.	(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	SPACER WITH MASKS	1 → b	2 → b	3 } 02 ←	1	2	8
02	NEONATAL BED/CRADLE	1 → b	2 → b	3 } 03 ←	1	2	8
03	OXYGEN SOURCE (O2 CYLINDER WITH FLOW METER)	1 → b	2 → b	3 } 04 ←	1	2	8
04	BABY WEIGHING SCALE	1 → b	2 → b	3 } 05 ←	1	2	8
05	CARDIORESPIRATORY MONITOR	1 → b	2 → b	3 } 06 ←	1	2	8
06	PULSE OXIMEER	1 → b	2 → b	3 } 07 ←	1	2	8
07	GLUCOMETER	1 → b	2 → b	3 } 08 ←	1	2	8
08	INFUSION PUMP	1 → b	2 → b	3 } 09 ←	1	2	8
09	PHOTOTHERAPY LIGHT WITH BED	1 → b	2 → b	3 } 10 ←	1	2	8
10	X-RAY VIEWER	1 → b	2 → b	3 } 11 ←	1	2	8
11	TORCH	1 → b	2 → b	3 } 12 ←	1	2	8
12	OTOSCOPE	1 → b	2 → b	3 } 13 ←	1	2	8
13	OPHTHALMOSCOPE	1 → b	2 → b	3 } 14 ←	1	2	8
14	STETHOSCOPE	1 → b	2 → b	3 } 15 ←	1	2	8
15*	THERMOMETER	1 → b	2 → b	3 } 16 ←	1	2	8
16*	MEASURING BOARD FOR LENGTH	1 → b	2 → b	3 } 17 ←	1	2	8

		(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
17*	MEASURING TAPE	1 → b	2 → b	3 ↘ 18 ←	1	2	8
18*	EXAMINATION COUCH	1 → b	2 → b	3 ↘ 19 ←	1	2	8
19*	MEDICINE TROLLEY	1 → b	2 → b	3 ↘ 20 ←	1	2	8
20*	MEDICINE CUP BOARD	1 → b	2 → b	3 ↘ 21 ←	1	2	8
21*	LUMBAR PUNCTURE	1 → b	2 → b	3 ↘ 22 ←	1	2	8
22*	SUCTION MACHINE	1 → b	2 → b	3 ↘ 23 ←	1	2	8
23*	TOURNIQUETS	1 → b	2 → b	3 ↘ 24 ←	1	2	8
24*	IV STANDS	1 → b	2 → b	3 ↘ 25 ←	1	2	8
25*	EXCHANGE TRANSFUSION SETS	1 → b	2 → b	3 ↘ 28 ←	1	2	8
28*	NASAL PRONG CATHETERS	1 → b	2 → b	3 ↘ 29 ←	1	2	8
29*	SELF INFLATING BAGS	1 → b	2 → b	3 ↘ 30 ←	1	2	8
30*	MASKS (INFANT SIZE)	1 → b	2 → b	3 ↘ 31 ←	1	2	8
31*	ENDOTRACHEAL TUBES (NEW BORN SIZES)	1 → b	2 → b	3 ↘ 32 ←	1	2	8
32*	LARYNGOSCOPE (NEW BORN SIZE)	1 → b	2 → b	3 ↘ 33 ←	1	2	8
33	REFRIGERATOR	1 → b	2 → b	3 ↘ 34 ←	1	2	8
34	MOBILE X-RAY MACHINE	1 → b	2 → b	3 ↘ NEXT SECTION OR SERVICE SITE ←	1	2	8
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.							

SECTION 17: MALARIA

1700	CHECK Q102.08: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> MALARIA SERVICES AVAILABLE <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> NO MALARIA SERVICES <input type="checkbox"/> ← </div> </div> <p style="text-align: center; margin-top: 10px;">NEXT SECTION OR SERVICE SITE ←</p>	
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE CLIENTS WITH MALARIA ARE SEEN. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROVISION OF MALARIA SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.		
1701	How many days in a month are malaria services available in this facility? [USE A 4-WEEK MONTH TO CALCULATE DAYS]	DAYS/MONTH <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
1702	Do providers in this facility diagnose malaria?	YES 1 NO 2
1703	Do providers in this facility use blood tests to verify the diagnosis of malaria, either by microscopy or mRDT?	YES 1 NO 2
1704	Do providers use blood test to verify the diagnosis of malaria for all suspected cases (always), or only sometimes?	ALWAYS 1 ONLY SOMETIMES 2
1705	Do providers use malaria rapid diagnostic test to diagnose malaria at this service site?	YES 1 NO 2
1706	May I see a sample malaria RDT kit? CHECK THAT AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID 1 OBSERVED, NONE VALID 2 REPORTED AVAILABLE, NOT SEEN 3 NONE AVAILABLE TODAY 4
1707*	OBSERVE OR ASK THE BRAND OR TYPE OF MALARIA RDT KIT COUNTRY SPECIFIC	SD BIOLINE A FIRST RESPONSE B PARACHECK C CARE START D OTHER X <p style="text-align: center; margin-top: 5px;">SPECIFY</p>
1708	Do you have a training manual, poster or other job aid for using malaria rapid diagnostic test?	YES 1 NO 2
1709	May I see the training manual, poster or other job aid for using malaria rapid diagnostic test?	OBSERVED 1 REPORTED, NOT SEEN 2
1710	Do providers in this facility prescribe treatment for uncomplicated malaria?	YES 1 NO 2
1711	Do you have the national guidelines for the diagnosis and treatment of malaria available in this service area? ACCEPTABLE IF PART OF ANOTHER GUIDELINE.	YES 1 NO 2
1712	May I see the national guidelines for the diagnosis and treatment of malaria?	OBSERVED 1 REPORTED, NOT SEEN 2 <div style="text-align: right;">1714A ← <input style="width: 30px; height: 20px;" type="text"/></div>
1713	Do you have any other guidelines for the diagnosis and treatment of malaria in this service area? ACCEPTABLE IF PART OF ANOTHER GUIDELINE.	YES 1 NO 2 <div style="text-align: right;">1714A ← <input style="width: 30px; height: 20px;" type="text"/></div>
1714	May I see the other guidelines for the diagnosis and treatment of malaria?	OBSERVED 1 REPORTED, NOT SEEN 2
1714A*	As a provider of malaria services, have you personally received any training in malaria any time during the past 24 months?	YES 1 NO 2
1714B*	Has any other provider(s) of malaria services in this facility received any training in malaria at anytime during the past 24 months?	YES 1 NO 2 DON'T KNOW 8
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.		

SECTION 18: SEXUALLY TRANSMITTED INFECTIONS

1800	CHECK Q102.09	STI SERVICE OFFERED <input type="checkbox"/>	
		STI SERVICE NOT OFFERED <input type="checkbox"/>	
NEXT SECTION OR SERVICE SITE ←			
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE STI SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROVISION OF STI SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.			
1801	How many days in a month are STI services available in this facility? [USE A 4-WEEK MONTH TO CALCULATE DAYS]	DAYS/MONTH <input style="width: 30px; height: 20px;" type="text"/>	
1802	Do providers in this facility make diagnosis that a client has a sexually transmitted infection (STI)?	YES 1 NO 2	→ 1804
1803	How are diagnoses of STIs made in this facility?	SYNDROMIC APPROACH ONLY 1 ETIOLOGIC (LAB) ONLY 2 BOTH SYNDROMIC AND ETIOLOGIC 3	
1804	Do providers in this facility prescribe treatment for STIs?	YES 1 NO 2	
1805	CHECK Q1802 AND Q1804 RESPONSE "1" CIRCLED IN EITHER Q1802 OR Q1804 OR BOTH	RESPONSE "1" CIRCLED IN NEITHER Q1802 NOR Q1804 <input type="checkbox"/>	NEXT SECTION OR SERVICE SITE ←
1806	Are STI clients seen by this service ever referred for HIV testing and counseling (HTC) services, or offered the service from this service site?	YES 1 NO 2	→ 1810
1807	Are STI clients seen by this service routinely referred for, or offered HIV testing and counseling (HTC) services, or they are referred/offered only if they are suspected to be infected with HIV?	ROUTINELY REFERRED OR OFFERED SERVICE 1 ONLY IF CLIENT SUSPECTED TO BE HIV INFECTED. . . . 2	
1808	Do STI service providers in this facility provide HIV testing from this service site?	YES 1 NO 2	→ 1810
1809	May I see a sample HIV rapid diagnostic test (RDT) kit? CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID 1 OBSERVED, NONE VALID 2 REPORTED AVAILABLE, NOT SEEN. 3 NONE AVAILABLE TODAY 4	
1810	Do you have the national guidelines for the diagnosis and treatment of STIs available in this service area? ACCEPTABLE IF PART OF ANOTHER GUIDELINE.	YES 1 NO 2	→ 1812
1811	May I see the national guidelines for the diagnosis and treatment of STIs?	OBSERVED 1 REPORTED NOT SEEN 2	→ 1814
1812	Do you have any other guidelines for the diagnosis and treatment of STIs available in this service area? ACCEPTABLE IF PART OF ANOTHER GUIDELINE.	YES 1 NO 2	→ 1814
1813	May I see the other guidelines for the diagnosis and treatment of STIs?	OBSERVED 1 REPORTED NOT SEEN 2	
1814	Does the facility normally perform partner notification for sexually transmitted infections?	YES 1 NO PARTNER NOTIFICATION. 2	→ 1816
1815	Is the notification ever active (where the facility makes contact with the partner) or is it only passive (where the facility asks the clients to inform or bring their partners)?	ALWAYS ACTIVE 1 SOMETIMES ACTIVE 2 ONLY PASSIVE 3	
1816	Are individual client health records or booklets used?	YES 1 NO 2	→ 1818
1817	May I see a copy of the client health records or booklets? It could either be a used or and unused copy.	OBSERVED 1 REPORTED NOT SEEN 2	

1818	ASK TO SEE EACH OF THE FOLLOWING ITEMS, AND ASSESS IF THE ITEM IS IN THE ROOM WHERE COUNSELING OR EXAMINATION OF STI CLIENTS TAKES PLACE OR AN IMMEDIATELY ADJACENT ROOM.				
	VISUAL AIDS FOR TEACHING CLIENT:	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	DON'T KNOW
01	About STIs (EXCLUDING POSTERS)	1	2	3	8
02	About HIV/AIDS (EXCLUDING POSTERS)	1	2	3	8
03	About cervical cancer	1	2	3	8
04	Posters on STIs (MAY INCLUDE HIV/AIDS)	1	2	3	8
05	Posters on HIV/AIDS	1	2	3	8
06	Model to demonstrate use of male condom	1	2	3	8
07	Model to demonstrate use of female condom	1	2	3	8
	INFORMATION FOR CLIENT TO TAKE HOME				
08	About STIs	1	2	3	8
09	About HIV/AIDS	1	2	3	8
10	About cervical cancer	1	2	3	8
11	IEC materials on male condoms	1	2	3	8
12	IEC materials on female condoms	1	2	3	8
13	Male condoms that can be given to the client	1	2	3	8
14	Female condoms that can be given to the client	1	2	3	8
1818A*	As a provider of STI services, have you personally received any training in STI any time during the past 24 months?	YES 1 NO 2			
1818B*	Has any other provider(s) of STI services in this facility received any training in STI at anytime during the past 24 months?	YES 1 NO 2 DON'T KNOW 8			

STANDARD PRECAUTIONS

1850	<p>ASSESS THE ROOM OR AREA FOR THE ITEMS LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU.</p> <p>IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED</p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td>GENERAL INFORMATION [Q710].</td><td style="text-align: right;">11</td></tr> <tr><td>CHILD VACCINATION [Q1051].</td><td style="text-align: right;">12</td></tr> <tr><td>CHILD CURATIVE CARE [Q1251].</td><td style="text-align: right;">13</td></tr> <tr><td>FAMILY PLANNING [Q1351].</td><td style="text-align: right;">14</td></tr> <tr><td>ANTENATAL CARE [Q1451].</td><td style="text-align: right;">15</td></tr> <tr><td>PMTCT [Q1551].</td><td style="text-align: right;">16</td></tr> <tr><td>DELIVERY SERVICES [Q1651].</td><td style="text-align: right;">17</td></tr> <tr><td>TUBERCULOSIS [Q1951].</td><td style="text-align: right;">19</td></tr> <tr><td>HIV TESTING [Q2051].</td><td style="text-align: right;">21</td></tr> <tr><td>NCD [Q2351].</td><td style="text-align: right;">22</td></tr> <tr><td>MINOR SURGERY [Q2451].</td><td style="text-align: right;">23</td></tr> <tr><td>NOT PREVIOUSLY SEEN.</td><td style="text-align: right;">31</td></tr> </table>	GENERAL INFORMATION [Q710].	11	CHILD VACCINATION [Q1051].	12	CHILD CURATIVE CARE [Q1251].	13	FAMILY PLANNING [Q1351].	14	ANTENATAL CARE [Q1451].	15	PMTCT [Q1551].	16	DELIVERY SERVICES [Q1651].	17	TUBERCULOSIS [Q1951].	19	HIV TESTING [Q2051].	21	NCD [Q2351].	22	MINOR SURGERY [Q2451].	23	NOT PREVIOUSLY SEEN.	31	<div style="border-left: 1px solid black; border-right: 1px solid black; padding: 0 5px;"> NEXT SECTION / SERVICE SITE </div>																																
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SECTION 19: TUBERCULOSIS

1900	CHECK Q102.10	TB SERVICES OFFERED IN FACILITY <input type="checkbox"/>	NO TB SERVICES IN FACILITY <input type="checkbox"/> NEXT SECTION OR SERVICE SITE ←
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE TB SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROVISION OF TB SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.			
1901	How many days in a month are tuberculosis services offered at this facility? USE A 4-WEEK MONTH TO CALCULATE # OF DAYS	NUMBER OF DAYS / MONTH <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	

TB DIAGNOSIS

1902	Do providers in this facility make diagnosis that a client has pulmonary tuberculosis?	YES..... 1 NO..... 2	→ 1904
1903*	What is the most common method used by providers in this facility for diagnosing pulmonary TB? PROBE TO DETERMINE METHOD USED.	SPUTUM SMEAR ONLY..... 1 X-RAY ONLY..... 2 EITHER SPUTUM OR X-RAY..... 3 BOTH SPUTUM AND X-RAY..... 4 CLINICAL SYMPTOMS ONLY..... 5 SPUTUM CULTURE..... 6 MOLECULAR TESTS..... 7	
1904	Do providers in this facility ever refer clients outside this facility for pulmonary TB diagnosis?	YES..... 1 NO..... 2	→ 1908
1904A*	For which diagnostic service does this facility refer clients outside this facility for pulmonary TB diagnosis? PROBE TO DETERMINE METHOD USED.	SPUTUM SMEAR ONLY..... A X-RAY ONLY..... B EITHER SPUTUM OR X-RAY..... C BOTH SPUTUM AND X-RAY..... D CLINICAL SYMPTOMS ONLY..... E SPUTUM CULTURE..... F MOLECULAR TESTS..... G	
1905	Does this facility have an agreement with a referral site for TB test results to be returned to the facility either directly or through the client?	YES..... 1 NO..... 2	
1906	Is there a record/register of clients who are referred for TB diagnosis?	YES..... 1 REGISTER NOT KEPT..... 2	→ 1908
1907	May I see the records or register of clients referred for TB testing? CHECK THE RECORDS TO SEE TB DIAGNOSIS RESULTS ARE RECORDED	REGISTER SEEN (PAPER)..... 1 REGISTER SEEN (ELECTRONIC)..... 2 REGISTER REPORTED, NOT SEEN..... 3 REGISTER SEEN, BOTH PAPER AND ELECTRON 4	

TB TREATMENT

1908	Do providers in this facility prescribe treatment for TB or manage patients who are on TB treatment?	YES..... 1 NO..... 2	→ 1910
1909	What most common treatment regimen or approach is followed by providers in this facility for <i>newly diagnosed</i> TB? i.e., for new patients, not for retreatment? PROBE TO ARRIVE AT CORRECT RESPONSE	2M INTENSIVE PHASE, 4M CONTINUATION PHASE..... 1 6M INTENSIVE PHASE..... 2 FOLLOW UP CLIENTS ONLY AFTER FIRST 2M INTENSIVE PHASE ELSEWHERE..... 3 DIAGNOSE AND TREAT WHILE INPATIENT DISCHARGE ELSEWHERE FOR F/UP..... 4 PROVIDE FULL TREATMENT, WITH NO ROUTINE DIRECT OBSERVATION PHASE..... 5 DIAGNOSE, PRESCRIBE/PROVIDE MEDICINES ONLY, NO F/UP..... 6 DIAGNOSE ONLY, NO TREATMENT OR PRESCRIPTION OF MEDICINE..... 7	
1910	CHECK Q1902 AND Q1908		
	TB DIAGNOSIS OR TREATMENT IN FACILITY <input type="checkbox"/>	NO TB DIAGNOSIS OR TREATMENT IN FACILITY <input type="checkbox"/> NEXT SECTION OR SERVICE SITE ←	
1911	Does this facility have a system for testing TB patients for HIV infection?	YES..... 1 NO SYSTEM..... 2	→ 1913
1912	May I see the system, or evidence of such a system? THE SYSTEM MAY BE IN THE FORM OF A REGISTER	SYSTEM OR REGISTER OBSERVED..... 1 SYSTEM OR REGISTER REPORTED, NOT SEEN..... 2	

STANDARD PRECAUTIONS

1950	<p>ASSESS THE TB ROOM OR AREA FOR THE ITEMS LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU.</p> <p>IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">GENERAL INFORMATION [Q710].</td> <td style="width: 20%; text-align: right;">11</td> </tr> <tr> <td>CHILD VACCINATION [Q1051].</td> <td style="text-align: right;">12</td> </tr> <tr> <td>CHILD CURATIVE CARE [Q1251].</td> <td style="text-align: right;">13</td> </tr> <tr> <td>FAMILY PLANNING [Q1351].</td> <td style="text-align: right;">14</td> </tr> <tr> <td>ANTENATAL CARE [Q1451].</td> <td style="text-align: right;">15</td> </tr> <tr> <td>PMTCT [Q1551].</td> <td style="text-align: right;">16</td> </tr> <tr> <td>DELIVERY SERVICES [Q1651].</td> <td style="text-align: right;">17</td> </tr> <tr> <td>STI [Q1851].</td> <td style="text-align: right;">18</td> </tr> <tr> <td>HIV TESTING [Q2051].</td> <td style="text-align: right;">21</td> </tr> <tr> <td>NCD [Q2351].</td> <td style="text-align: right;">22</td> </tr> <tr> <td>MINOR SURGERY [Q2451].</td> <td style="text-align: right;">23</td> </tr> <tr> <td>NOT PREVIOUSLY SEEN.</td> <td style="text-align: right;">31</td> </tr> </table>	GENERAL INFORMATION [Q710].	11	CHILD VACCINATION [Q1051].	12	CHILD CURATIVE CARE [Q1251].	13	FAMILY PLANNING [Q1351].	14	ANTENATAL CARE [Q1451].	15	PMTCT [Q1551].	16	DELIVERY SERVICES [Q1651].	17	STI [Q1851].	18	HIV TESTING [Q2051].	21	NCD [Q2351].	22	MINOR SURGERY [Q2451].	23	NOT PREVIOUSLY SEEN.	31	1953																								
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01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)																																																		
02	HAND-WASHING SOAP (MAY BE LIQUID SOAP)																																																		
03	ALCOHOL-BASED HAND RUB																																																		
04	WASTE RECEPTACLE (PEDAL BIN) WITH LID AND PLASTIC BIN LINER.	1 06	2 3																																																
05	OTHER WASTE RECEPTACLE	1	2 3																																																
06	SHARPS CONTAINER ("SAFETY BOX")	1	2 3																																																
07	DISPOSABLE LATEX GLOVES	1	2 3																																																
08	DISINFECTANT [E.G., CHLORINE, HIBITANE, ALCOHOL]	1	2 3																																																
09	SINGLE USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES, OR OR AUTO-DESTRUCT SYRINGES WITH NEEDLES	1	2 3																																																
10	MEDICAL MASKS	1	2 3																																																
11	GOWNS OR DISPOSABLE APRONS	1	2 3																																																
12	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2 3																																																
13	GUIDELINES FOR STANDARD PRECAUTIONS	1	2 3																																																
1952	DESCRIBE THE SETTING OF THE ROOM OR AREA	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">PRIVATE ROOM.</td> <td style="width: 20%; text-align: right;">1</td> </tr> <tr> <td>OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY.</td> <td style="text-align: right;">2</td> </tr> <tr> <td>VISUAL PRIVACY ONLY.</td> <td style="text-align: right;">3</td> </tr> <tr> <td>NO PRIVACY.</td> <td style="text-align: right;">4</td> </tr> </table>	PRIVATE ROOM.	1	OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY.	2	VISUAL PRIVACY ONLY.	3	NO PRIVACY.	4																																									
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1953	<p>CHECK Q214</p> <p style="text-align: center;">TB MEDS STORED IN OTHER LOCATION <input type="checkbox"/> OR NOT STOCKED (RESPONSE 1 NOT CIRCLED)</p>	<p style="text-align: center;">TB MEDICINES STORED IN TB SERVICE AREA (RESPONSE 1 CIRCLED) <input type="checkbox"/></p>	931																																																
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.																																																			

SECTION 20: HIV TESTING

2000	CHECK Q102.11 <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> HIV TESTING AVAILABLE IN FACILITY <input type="checkbox"/> </div> <div style="text-align: center;"> NO HIV TESTING SERVICES IN FACILITY <input type="checkbox"/> </div> </div> <div style="text-align: right; margin-top: 5px;"> NEXT SECTION OR SERVICE SITE → </div>	
ASK TO BE SHOWN THE MAIN LOCATION IN THE FACILITY WHERE HIV COUNSELING AND TESTING SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT HIV COUNSELING & TESTING SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.		
2001	How many days in a month are HIV testing services offered at this facility? USE A 4-WEEK MONTH TO CALCULATE # OF DAYS	NUMBER OF DAYS..... <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
2002*	When a provider wants a client to receive an HIV test, or when a client agrees to an HIV test, what is the procedure that is followed? In other words, what are the possible options for the client to receive the test? AFTER RESPONSE IS PROVIDED, PROBE FOR ANY OTHER PROCEDURES USED FOR PROVIDING THE HIV TEST. CIRCLE ALL THAT APPLY	HIV RAPID TEST THIS SERVICE SITE..... A BLOOD DRAWN HERE, SENT TO LAB IN FACILITY..... B CLIENT SENT TO OTHER SITE IN FACILITY..... C CLIENT SENT TO LAB IN FACILITY..... D CLIENT SENT TO OTHER FACILITY..... E BLOOD DRAWN HERE SENT TO OTHER FACILITY..... F
2003	CHECK Q2002 HIV RAPID TESTING THIS SERVICE SITE ("A" CIRCLED) <input type="checkbox"/>	NO HIV RAPID TESTING AT THIS SERVICE SITE ("A" NOT CIRCLED) <input type="checkbox"/> → 2005
2004	May I see a sample HIV rapid diagnostic test (RDT) kit such as STAT PACK, ABBON & SDBIOLINE? CHECK TO SEE IF AT LEAST ONE IS VALID	OBSERVED, AT LEAST 1 VALID..... 1 OBSERVED, NONE VALID..... 2 REPORTED AVAILABLE, NOT SEEN..... 3 NONE AVAILABLE TODAY..... 4
2005	Is an individual client chart/record/card maintained for clients who receive services through this service site? (e.g., health booklet) This refers to any system, where individual information about a client is recorded so that a record of all care and services is available in one document?	YES..... 1 NO INDIVIDUAL CLIENT CHART/RECORD..... 2 → 2007
2006	May I see a copy of the individual client chart or record?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2
2007	Do you have the national HIV testing and counseling guidelines available in this service area?	YES..... 1 NO..... 2 → 2009
2008	May I see the national guidelines?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2 → 2011
2009	Do you have any other guidelines on HIV testing available in this service area?	YES..... 1 NO..... 2 → 2011
2010	May I see the other guidelines?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2
2011	Do staff working in this facility have access to HIV post-exposure prophylaxis, i.e., PEP?	YES..... 1 NO..... 2
2012*	Are there any written protocols/guidelines for post-exposure prophylaxis available in this site? MAY BE PART OF ANOTHER DOCUMENT	YES..... 1 NO..... 2 → 2013A
2013	May I see the protocols or guidelines on PEP?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2
2013A*	As a provider of HIV testing services, have you personally received any training in HIV testing any time during the past 24 months?	YES..... 1 NO..... 2
2013B*	Has any other provider(s) of HIV testing services in this facility received any training in HIV testing at anytime during the past 24 months?	YES..... 1 NO..... 2 DON'T KNOW..... 8
2014	CHECK Q2002 BLOOD DRAWN THIS SERVICE SITE ("A" OR "B" OR "F" CIRCLED) <input type="checkbox"/>	NO BLOOD DRAWN THIS SERVICE SITE (NEITHER "A" NOR "B" NOR "F" CIRCLED) <input type="checkbox"/> → 2052

STANDARD PRECAUTIONS

2050	<p>ASSESS THE HIV COUNSELING AND TESTING ROOM OR AREA FOR THE ITEMS LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU.</p> <p>IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">GENERAL INFORMATION [Q710].</td> <td style="text-align: right; padding: 2px;">11</td> </tr> <tr> <td style="padding: 2px;">CHILD VACCINATION [Q1051].</td> <td style="text-align: right; padding: 2px;">12</td> </tr> <tr> <td style="padding: 2px;">CHILD CURATIVE CARE [Q1251].</td> <td style="text-align: right; padding: 2px;">13</td> </tr> <tr> <td style="padding: 2px;">FAMILY PLANNING [Q1351].</td> <td style="text-align: right; padding: 2px;">14</td> </tr> <tr> <td style="padding: 2px;">ANTENATAL CARE [Q1451].</td> <td style="text-align: right; padding: 2px;">15</td> </tr> <tr> <td style="padding: 2px;">PMTCT [Q1551].</td> <td style="text-align: right; padding: 2px;">16</td> </tr> <tr> <td style="padding: 2px;">DELIVERY SERVICES [Q1651].</td> <td style="text-align: right; padding: 2px;">17</td> </tr> <tr> <td style="padding: 2px;">STI [Q1851].</td> <td style="text-align: right; padding: 2px;">18</td> </tr> <tr> <td style="padding: 2px;">TUBERCULOSIS [Q1951].</td> <td style="text-align: right; padding: 2px;">19</td> </tr> <tr> <td style="padding: 2px;">NCD [Q2351].</td> <td style="text-align: right; padding: 2px;">22</td> </tr> <tr> <td style="padding: 2px;">MINOR SURGERY [Q2451].</td> <td style="text-align: right; padding: 2px;">23</td> </tr> <tr> <td style="padding: 2px;">NOT PREVIOUSLY SEEN.</td> <td style="text-align: right; padding: 2px;">31</td> </tr> </table>	GENERAL INFORMATION [Q710].	11	CHILD VACCINATION [Q1051].	12	CHILD CURATIVE CARE [Q1251].	13	FAMILY PLANNING [Q1351].	14	ANTENATAL CARE [Q1451].	15	PMTCT [Q1551].	16	DELIVERY SERVICES [Q1651].	17	STI [Q1851].	18	TUBERCULOSIS [Q1951].	19	NCD [Q2351].	22	MINOR SURGERY [Q2451].	23	NOT PREVIOUSLY SEEN.	31	2053																																
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2051	STANDARD PRECAUTIONS AND CONDITIONS FOR CLIENT EXAMINATION	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;"></th> <th style="width: 33%; text-align: center;">OBSERVED</th> <th style="width: 33%; text-align: center;">REPORTED, NOT SEEN</th> <th style="width: 33%; text-align: center;">NOT AVAILABLE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">01</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">02</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">03</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">04</td> <td style="text-align: center;">1 06</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">05</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">06</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">07</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">08</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">09</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">10</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">11</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">12</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">13</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> </tbody> </table>		OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE	01	1	2	3	02	1	2	3	03	1	2	3	04	1 06	2	3	05	1	2	3	06	1	2	3	07	1	2	3	08	1	2	3	09	1	2	3	10	1	2	3	11	1	2	3	12	1	2	3	13	1	2	3	
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2053	Do you have condoms available in this service site to give to clients receiving HIV testing and counseling (HTC) services?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">YES.</td> <td style="text-align: right; padding: 2px;">1</td> </tr> <tr> <td style="padding: 2px;">NO</td> <td style="text-align: right; padding: 2px;">2</td> </tr> </table>	YES.	1	NO	2	2055																																																				
YES.	1																																																										
NO	2																																																										
2054	May I see some of the condoms?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">OBSERVED, AT LEAST ONE VALID.</td> <td style="text-align: right; padding: 2px;">1</td> </tr> <tr> <td style="padding: 2px;">OBSERVED, NONE VALID.</td> <td style="text-align: right; padding: 2px;">2</td> </tr> <tr> <td style="padding: 2px;">REPORTED, NOT SEEN.</td> <td style="text-align: right; padding: 2px;">3</td> </tr> <tr> <td style="padding: 2px;">NONE AVAILABLE TODAY.</td> <td style="text-align: right; padding: 2px;">4</td> </tr> </table>	OBSERVED, AT LEAST ONE VALID.	1	OBSERVED, NONE VALID.	2	REPORTED, NOT SEEN.	3	NONE AVAILABLE TODAY.	4																																																	
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2055	<p>CHECK Q2002</p> <p style="text-align: center;">EXTERNAL HIV TESTING (EITHER "E" OR "F" CIRCLED) <input type="checkbox"/></p>	<p style="text-align: center;">NO EXTERNAL HIV TESTING (NEITHER "E" NOR "F" CIRCLED)</p> <p style="text-align: center;">NEXT SECTION OR SERVICE SITE ←</p>																																																									
2056	Does this facility have an agreement with the referral site for HIV tests that test results will be returned to the facility, usually directly or through the client?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">YES.</td> <td style="text-align: right; padding: 2px;">1</td> </tr> <tr> <td style="padding: 2px;">NO AGREEMENT</td> <td style="text-align: right; padding: 2px;">2</td> </tr> </table> <p style="text-align: center;">NEXT SECTION OR SERVICE SITE ←</p>	YES.	1	NO AGREEMENT	2																																																					
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2057	May I see some evidence of the agreement?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">OBSERVED.</td> <td style="text-align: right; padding: 2px;">1</td> </tr> <tr> <td style="padding: 2px;">REPORTED, NOT SEEN.</td> <td style="text-align: right; padding: 2px;">2</td> </tr> </table>	OBSERVED.	1	REPORTED, NOT SEEN.	2																																																					
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SECTION 21: HIV TREATMENT

2100	CHECK Q102.12 <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input type="checkbox"/> HIV TREATMENT SERVICES OFFERED IN FACILITY </div> <div style="text-align: center;"> <input type="checkbox"/> NO HIV TREATMENT SERVICES IN FACILITY </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> ↓ ← </div>	
ASK TO BE SHOWN THE MAIN LOCATION IN THE FACILITY WHERE HIV TREATMENT SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT HIV TREATMENT SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.		
2101	Do providers in this facility prescribe ART?	YES..... 1 NO..... 2
2102*	Do providers in this facility provide treatment follow-up services for persons on ART, including providing community-based (mentoring) services?	YES..... 1 NO..... 2
2103	CHECK Q2101 AND Q2102 RESPONSE "1" CIRCLED IN Q2101 OR Q2102 OR IN BOTH	RESPONSE "1" NOT CIRCLED IN Q2101 NOR Q2102 NEXT SECTION OR SERVICE SITE
2104	Do you have the <i>National guidelines</i> for ART available in this service site?	YES..... 1 NO..... 2
2105*	May I see the National guideline for ART?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2
2106*	Do you have <i>any other ART guidelines</i> available in this service site?	YES..... 1 NO..... 2
2107	May I see the other ART guidelines?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2
2107A*	As a provider of HIV treatment services, have you personally received any training in HIV treatment any time during the past 24 months?	YES..... 1 NO..... 2
2107B*	Has any other provider(s) of HIV treatment services in this facility received any training in HIV treatment at anytime during the past 24 months?	YES..... 1 NO..... 2 DONT KNOW..... 8

PRE-ART BASELINE TESTS

2108	For each of the following tests, please tell me if it is conducted as baseline routinely, selectively, or never, before starting a client on ART.				
		BASELINE TEST CONDUCTED			
	TEST	ROUTINELY	SELECTIVELY	NO/NEVER	DK
01	Hemoglobin/hematocrit	1	2	3	8
02	Full blood count (Hemogram)	1	2	3	8
03	CD4 T Cell count	1	2	3	8
04	HIV RNA Viral load	1	2	3	8
05	Pregnancy test for women	1	2	3	8
06	Renal function tests (serum creatinine and U&E)	1	2	3	8
07	Urinalysis	1	2	3	8
08	Liver function tests	1	2	3	8
09	TB sputum test	1	2	3	8
10	Hepatitis B	1	2	3	8
11	Chest X-ray	1	2	3	8
12	Any other tests _____ (SPECIFY)	1	2	3	8

TESTS TO MONITOR CLIENTS ON ART

2109	For each of the following tests, please tell me if a <i>follow-up test</i> is conducted routinely, selectively, or never <i>while the client is on</i> ART (i.e., for monitoring).				
		FOLLOW-UP TEST CONDUCTED			
	TEST	ROUTINELY	SELECTIVELY	NO/NEVER	DK
01	Hemoglobin/hematocrit	1	2	3	8
02	Full blood count	1	2	3	8
03	CD4 T Cell count	1	2	3	8
04	HIV RNA Viral load	1	2	3	8
05	Pregnancy test for women	1	2	3	8
06	Renal function tests (serum creatinine and U&E)	1	2	3	8
07	Urinalysis	1	2	3	8
08	Liver function tests	1	2	3	8
09	TB sputum test	1	2	3	8
10	Hepatitis B	1	2	3	8
11	Chest X-ray	1	2	3	8
12	Any other tests _____ (SPECIFY)	1	2	3	8
2110	CHECK Q216 ARV MEDICINES STORED IN OTHER LOCATION OR NOT STOCKED (RESPONSE 1 OR 5 NOT CIRCLED) <input type="checkbox"/>			ARV MEDICINES STORED IN ART SERVICE AREA (RESPONSE 1 OR 5 CIRCLED) <input type="checkbox"/> → 941	
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.					

SECTION 22: HIV CARE AND SUPPORT

2200	CHECK Q102.13 <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> HIV CARE AND SUPPORT SERVICES AVAILABLE IN FACILITY <input type="checkbox"/> </div> <div style="text-align: center;"> NO HIV CARE AND SUPPORT SERVICES IN FACILITY <input type="checkbox"/> </div> </div> <div style="text-align: center; margin-top: 5px;"> ↓ ← </div>	NO HIV CARE AND SUPPORT SERVICES IN FACILITY <input type="checkbox"/> NEXT SECTION OR SERVICE SITE ←																																																				
ASK TO BE SHOWN THE MAIN LOCATION IN THE FACILITY WHERE HIV CARE AND SUPPORT SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT HIV CARE AND SUPPORT SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS																																																						
2201*	Please tell me if providers in this facility provide the following services for HIV/AIDS clients:	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 15%;">YES</th> <th style="width: 15%;">NO</th> <th style="width: 10%;">DON'T KNOW</th> </tr> </thead> <tbody> <tr><td>01</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>02</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>03</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>04</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>05</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>06*</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>07</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>08</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>09</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>10</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>11</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr><td>12</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> </tbody> </table>		YES	NO	DON'T KNOW	01	1	2	8	02	1	2	8	03	1	2	8	04	1	2	8	05	1	2	8	06*	1	2	8	07	1	2	8	08	1	2	8	09	1	2	8	10	1	2	8	11	1	2	8	12	1	2	8
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11	1	2	8																																																			
12	1	2	8																																																			
2202	Is there a system for routinely screening and testing HIV-positive clients for TB?	YES..... 1 NO SYSTEM..... 2	→2204																																																			
2203	May I see the system, or evidence of such a system?	SYSTEM OR REGISTER OBSERVED..... 1 SYSTEM OR REGISTER REPORTED, NOT SEEN..... 2																																																				
2204	Do you have the national guidelines for the clinical management of HIV/AIDS available in this service area?	YES..... 1 NO..... 2	→ 2206																																																			
2205*	May I see the national guidelines for the clinical management of HIV/AIDS?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2	→ 2207A																																																			
2206*	Do you have any guidelines for palliative care available in this service area?	YES..... 1 NO..... 2	→ 2207A																																																			
2207	May I see the other guidelines?	OBSERVED..... 1 REPORTED, NOT SEEN..... 2																																																				
2207A*	As a provider of HIV care and support services, have you personally received any training in HIV care and support any time during the past 24 months?	YES..... 1 NO..... 2																																																				
2207B*	Has any other provider(s) of HIV care and support services in this facility received any training in HIV care and support at anytime during the past 24 months?	YES..... 1 NO..... 2 DON'T KNOW..... 8																																																				
2208	Do you have condoms available in this service site to give to clients receiving services?	YES..... 1 NO..... 2	NEXT SECTION ← <input type="checkbox"/>																																																			
2209	May I see some condoms?	OBSERVED, AT LEAST ONE VALID..... 1 OBSERVED, NONE VALID..... 2 REPORTED, NOT SEEN..... 3 NONE AVAILABLE TODAY..... 4																																																				
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.																																																						

SECTION 23: NON-COMMUNICABLE DISEASES

2300	CHECK Q102.14	CHRONIC DISEASE SERVICES AVAILABLE FROM FACILITY	<input type="checkbox"/>	CHRONIC DISEASE SERVICES NOT AVAILABLE FROM FACILITY	<input type="checkbox"/>
NEXT SECTION OR SERVICE SITE →					
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE CLIENTS WITH NON-COMMUNICABLE OR CHRONIC CONDITIONS SUCH AS DIABETES AND CARDIOVASCULAR DISEASES ARE SEEN. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROVISION OF SUCH SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.					

DIABETES

2301	Do providers in this facility diagnose and/or manage diabetes .	YES, DIAGNOSE ONLY 1 YES, TREAT ONLY 2 YES, DIAGNOSE AND TREAT 3 NO 4	→ 2310
2302	Do you have the national guidelines for the diagnosis and management of diabetes available in this service area?	YES 1 NO 2	→ 2304
2303*	May I see the national guidelines?	OBSERVED 1 REPORTED, NOT SEEN 2	→ 2305A
2304*	Do you have any other guidelines for the diagnosis and management of diabetes available in this service area?	YES 1 NO 2	→ 2305A
2305	May I see the other guidelines?	OBSERVED 1 REPORTED, NOT SEEN 2	
2305A*	As a provider of diabetes services, have you personally received any training in diabetes any time during the past 24 months?	YES 1 NO 2	
2305B*	Has any other provider(s) of diabetes services in this facility received any training in diabetes at anytime during the past 24 months?	YES 1 NO 2 DON'T KNOW 8	

CARDIO-VASCULAR DISEASES

2310	Do providers in this facility diagnose and/or manage cardiovascular diseases such as hypertension in patients?	YES, DIAGNOSE ONLY 1 YES, TREAT ONLY 2 YES, DIAGNOSE AND TREAT 3 NO 4	→ 2320
2311	Do you have the national guidelines for the diagnosis and management of cardio-vascular diseases available in this service area?	YES 1 NO 2	→ 2313
2312*	May I see the national guidelines for the diagnosis and management of cardio-vascular diseases?	OBSERVED 1 REPORTED, NOT SEEN 2	→ 2314A
2313*	Do you have any other guidelines for the diagnosis and management of cardio-vascular diseases available in this service area?	YES 1 NO 2	→ 2314A
2314	May I see the other guidelines?	OBSERVED 1 REPORTED, NOT SEEN 2	
2314A*	As a provider of cardio-vascular diseases services, have you personally received any training in cardio-vascular diseases any time during the past 24 months?	YES 1 NO 2	
2314B*	Has any other provider(s) of cardio-vascular diseases services in this facility received any training in cardio-vascular diseases at anytime during the past 24 months?	YES 1 NO 2 DON'T KNOW 8	

RESPIRATORY

2320	Do providers in this facility diagnose and/or manage chronic respiratory diseases such as COPD, Asthma, chronic bronchitis in patients?	YES, DIAGNOSE ONLY 1 YES, TREAT ONLY 2 YES, DIAGNOSE AND TREAT 3 NO 4	→ 2324C
2321	Do you have the national guidelines for the diagnosis and management of chronic respiratory diseases available in this service area?	YES 1 NO 2	→ 2323
2322*	May I see the national guidelines for the diagnosis and management of chronic respiratory diseases?	OBSERVED 1 REPORTED, NOT SEEN 2	→ 2324A
2323*	Do you have any other guidelines for the diagnosis and/ management of chronic respiratory diseases available in this service area?	YES 1 NO 2	→ 2324A
2324	May I see the other guidelines?	OBSERVED 1 REPORTED, NOT SEEN 2	
2324A*	As a provider of chronic respiratory diseases services, have you personally received any training in chronic respiratory diseases any time during the past 24 months?	YES 1 NO 2	
2324B*	Has any other provider(s) of chronic respiratory diseases services in this facility received any training in chronic respiratory diseases at anytime during the past 24 months?	YES 1 NO 2 DON'T KNOW 8	

RENAL

2324C*	Do providers in this facility diagnose and/or manage chronic renal diseases ?	YES, DIAGNOSE ONLY 1 YES, TREAT ONLY 2 YES, DIAGNOSE AND TREAT 3 NO 4	→ 2324J
2324D*	Do you have the national guidelines for the diagnosis and management of chronic renal diseases available in this service area?	YES 1 NO 2	→ 2324F
2324E*	May I see the national guidelines?	OBSERVED 1 REPORTED, NOT SEEN 2	→ 2324H
2324F*	Do you have any other guidelines for the diagnosis and management of chronic renal diseases available in this service area?	YES 1 NO 2	→ 2324H
2324G	May I see the other guidelines?	OBSERVED 1 REPORTED, NOT SEEN 2	
2324H*	As a provider of chronic renal diseases services, have you personally received any training in chronic renal diseases any time during the past 24 months?	YES 1 NO 2	
2324I*	Has any other provider(s) of chronic renal diseases services in this facility received any training in chronic renal diseases at anytime during the past 24 months?	YES 1 NO 2 DON'T KNOW 8	

CANCER

2324J*	Do providers in this facility diagnose and/or manage cancer diseases in patients?	YES, DIAGNOSE ONLY 1 YES, TREAT ONLY 2 YES, DIAGNOSE AND TREAT 3 NO 4	→ 2324Q
2324k*	Do you have the national guidelines for the diagnosis and management of cancer diseases available in this service area?	YES 1 NO 2	→ 2324M
2324L*	May I see the national guidelines for the diagnosis and management of cancer diseases?	OBSERVED 1 REPORTED, NOT SEEN 2	→ 2324O
2324M*	Do you have any other guidelines for the diagnosis and management of cancer diseases available in this service area?	YES 1 NO 2	→ 2324O
2324N*	May I see the other guidelines?	OBSERVED 1 REPORTED, NOT SEEN 2	
2324O*	As a provider of cancer diseases services, have you personally received any training in cancer diseases any time during the past 24 months?	YES 1 NO 2	
2324P*	Has any other provider(s) of cancer diseases services in this facility received any training in cancer diseases at anytime during the past 24 months?	YES 1 NO 2 DON'T KNOW 8	

MENTAL ,NEUROLOGICAL AND SUBSTANCE USE DISORDERS

2324Q*	Do providers in this facility diagnose and/or manage mental ,nerological and substance use disorders in patients?	YES, DIAGNOSE ONLY 1 YES, TREAT ONLY 2 YES, DIAGNOSE AND TREAT 3 NO 4	→ 2330
2324R*	Do you have the national guidelines for the diagnosis and management of mental ,nerological and substance use disorders available in this service area?	YES 1 NO 2	→ 2324T
2324S*	May I see the national guidelines for the diagnosis and management of mental,nerological and substance use disorders	OBSERVED 1 REPORTED, NOT SEEN 2	→ 2324V
2324T*	Do you have any other guidelines for the diagnosis and/ management of mental,nerological and substance use disorders available in this service area?	YES 1 NO 2	→ 2324V
2324U*	May I see the other guidelines?	OBSERVED 1 REPORTED, NOT SEEN 2	
2324V*	As a provider of mental health services, have you personally received any training in mental illness any time during the past 24 months?	YES 1 NO 2	
2324W*	Has any other provider of mental health services in this facility received any training in mental illness at anytime during the past 24 months?	YES 1 NO 2 DON'T KNOW 8	

BASIC SUPPLIES AND EQUIPMENT

2330	ASSESS THE ROOM OR AREA FOR THE BASIC SUPPLIES AND EQUIPMENT LISTED BELOW. IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED	GENERAL INFORMATION SECTION (Q700)..... 1 NOT PREVIOUSLY SEEN. 2						→ 2350
2331	I would like to know if the following items are available today in the main service area and are functioning	(A) AVAILABLE			(B) FUNCTIONING			
	ASK TO SEE ITEMS.	OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DONT KNOW	
01	ADULT WEIGHING SCALE	1 → b	2 → b	3 02 ↙	1	2	8	
02	CHILD WEIGHING SCALE [250 GRAM GRADATION]	1 → b	2 → b	3 03 ↙	1	2	8	
03	INFANT WEIGHING SCALE [100 GRAM GRADATION]	1 → b	2 → b	3 04 ↙	1	2	8	
04	STADIOMETER [OR HEIGHT ROD] FOR MEASURING HEIGHT	1 → b	2 → b	3 05 ↙	1	2	8	
05	MEASURING TAPE [FOR CIRCUMFERENCE]	1	2	3				
06	THERMOMETER	1 → b	2 → b	3 07 ↙	1	2	8	
07	STETHOSCOPE	1 → b	2 → b	3 08 ↙	1	2	8	
08	DIGITAL BP APPARATUS	1 → b	2 → b	3 09 ↙	1	2	8	
09	MANUAL BP APPARATUS	1 → b	2 → b	3 10 ↙	1	2	8	
10	LIGHT SOURCE (FLASHLIGHT ACCPTABLE)	1 → b	2 → b	3 11 ↙	1	2	8	
11	SELF-INFLATING BAG AND MASK [ADULT]	1 → b	2 → b	3 12 ↙	1	2	8	
12	SELF-INFLATING BAG AND MASK [PEDIATRIC]	1 → b	2 → b	3 13 ↙	1	2	8	
13	MICRONEBULIZER	1 → b	2 → b	3 14 ↙	1	2	8	
14	SPACERS FOR INHALERS	1	2	3				
15	PEAK FLOW METERS	1 → b	2 → b	3 16 ↙	1	2	8	
16	PULSE OXIMETER	1 → b	2 → b	3 17 ↙	1	2	8	
17	OXYGEN CONCENTRATORS	1 → b	2 → b	3 18 ↙	1	2	8	
18	FILLED OXYGEN CYLINDER	1 → b	2 → b	3 19 ↙	1	2	8	
19	OXYGEN DISTRIBUTION SYSTEM	1 → b	2 → b	3 20 ↙	1	2	8	
20	INTRAVENOUS INFUSION KITS - ADULT	1	2	3				
21	INTRAVENOUS INFUSION KITS - PEDIATRIC	1	2	3				

		(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DONT KNOW
22*	FUNDOSCOPE	1 → b	2 → b	3 23 ↘	1	2	8
23*	OTOSCOPE	1 → b	2 → b	3 24 ↙	1	2	8
24*	REFLEX HAMMER	1 → b	2 → b	3 25 ↘	1	2	8
25*	SNELLEN'S CHART	1	2	3			
26*	REFRIGERATOR	1 → b	2 → b	3 27 ↙	1	2	8
27*	DRESSING SET	1	2	3			
28*	MINOR SET	1	2	3			
29*	CATHETERIZATION SET	1	2	3			
30*	TROLLEY	1 → b	2 → b	3 31 ↙	1	2	8
31*	FOLDING SCREEN	1 → b	2 → b	3 32 ↙	1	2	8
32*	X-RAY FILM VIEWER	1 → b	2 → b	3 33 ↙	1	2	8
33*	LUMBAR PUNCTURE SET	1	2	3			
34*	BONE MARROW ASPIRATION SET	1	2	3			
35*	PLEURAL BIOPSY SET	1	2	3			
36*	EXAMINATION COUCH	1	2	3			

STANDARD PRECAUTIONS

2350	<p>ASSESS THE ROOM OR AREA FOR THE ITEMS LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU.</p> <p>IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED</p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td>GENERAL INFORMATION [Q710].</td><td style="text-align: right;">11</td></tr> <tr><td>CHILD VACCINATION [Q1051].</td><td style="text-align: right;">12</td></tr> <tr><td>CHILD CURATIVE CARE [Q1251].</td><td style="text-align: right;">13</td></tr> <tr><td>FAMILY PLANNING [Q1351].</td><td style="text-align: right;">14</td></tr> <tr><td>ANTENATAL CARE [Q1451].</td><td style="text-align: right;">15</td></tr> <tr><td>PMTCT [Q1551].</td><td style="text-align: right;">16</td></tr> <tr><td>DELIVERY SERVICES [Q1651].</td><td style="text-align: right;">17</td></tr> <tr><td>STI [Q1851].</td><td style="text-align: right;">18</td></tr> <tr><td>TUBERCULOSIS [Q1951].</td><td style="text-align: right;">19</td></tr> <tr><td>HIV TESTING [Q2051].</td><td style="text-align: right;">21</td></tr> <tr><td>MINOR SURGERY [Q2451].</td><td style="text-align: right;">23</td></tr> <tr><td>NOT PREVIOUSLY SEEN.</td><td style="text-align: right;">31</td></tr> </table>	GENERAL INFORMATION [Q710].	11	CHILD VACCINATION [Q1051].	12	CHILD CURATIVE CARE [Q1251].	13	FAMILY PLANNING [Q1351].	14	ANTENATAL CARE [Q1451].	15	PMTCT [Q1551].	16	DELIVERY SERVICES [Q1651].	17	STI [Q1851].	18	TUBERCULOSIS [Q1951].	19	HIV TESTING [Q2051].	21	MINOR SURGERY [Q2451].	23	NOT PREVIOUSLY SEEN.	31	NEXT SECTION / SERVICE SITE
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NOT PREVIOUSLY SEEN.	31																										
2351	STANDARD PRECAUTIONS AND CONDITIONS FOR CLIENT EXAMINATION	OBSERVED	REPORTED, NOT SEEN	NOT AVAILABLE																							
01	RUNNING WATER (PIPED, BUCKET WITH TAP OR POUR PITCHER)	1	2	3																							
02	HAND-WASHING SOAP (MAY BE LIQUID SOAP)	1	2	3																							
03	ALCOHOL-BASED HAND RUB	1	2	3																							
04	WASTE RECEPTACLE (PEDAL BIN) WITH LID AND PLASTIC BIN LINER	1 06	2	3																							
05	OTHER WASTE RECEPTACLE	1	2	3																							
06	SHARPS CONTAINER ("SAFETY BOX")	1	2	3																							
07	DISPOSABLE LATEX GLOVES	1	2	3																							
08	DISINFECTANT [E.G., CHLORINE, HIBITANE, ALCOHOL]	1	2	3																							
09	SINGLE USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES, OR AUTO-DESTRUCT SYRINGES WITH NEEDLES	1	2	3																							
10	MEDICAL MASKS	1	2	3																							
11	GOWNS OR DISPOSABLE APRONS	1	2	3																							
12	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2	3																							
13	GUIDELINES FOR STANDARD PRECAUTIONS	1	2	3																							
2352	DESCRIBE THE SETTING OF THE ROOM OR SERVICE AREA	PRIVATE ROOM. 1 OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY. 2 VISUAL PRIVACY ONLY. 3 NO PRIVACY. 4																									
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.																											

SECTION 24: MINOR SURGICAL SERVICES

2400	CHECK Q102.15	MINOR SURGERY AVAILABLE <input type="checkbox"/>	MINOR SURGERY NOT AVAILABLE <input type="checkbox"/>	NEXT SECTION OR SERVICE SITE ←			
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE MINOR SURGERIES ARE DONE. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROVISION OF MINOR SURGERIES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.							
ASK TO SEE THE ROOM OR AREA WHERE MINOR SURGERIES TAKE PLACE AND ASK TO SEE THE ITEMS BELOW							
2401*	Please tell me if the following equipment are available at this site today and is functioning. I would like to see them	(A) AVAILABLE			(B) FUNCTIONING/UNEXPIRED		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	NEEDLE HOLDER	1 → b	2 → b	3 02 ↘	1	2	8
02	SCAPEL HANDLE WITH BLADE (BLADE HOLDER WITH BLADE)	1 → b	2 → b	3 03 ↘	1	2	8
03	RETRACTOR	1 → b	2 → b	3 04 ↘	1	2	8
04	SURGICAL SCISSORS	1 → b	2 → b	3 05 ↘	1	2	8
05	NASOGASTRIC TUBE (10-16G)	1 → b	2 → b	3 06 ↘	1	2	8
06*	TORNIQUET	1 → b	2 → b	3 07 ↘	1	2	8
07*	ADRENALINE	1 → b	2 → b	3 08 ↘	1	2	8
08*	AMBU BAG	1 → b	2 → b	3 09 ↘	1	2	8
09*	CPR SET	1 → b	2 → b	3 2402 ↘	1	2	8
2402	Please tell me if any of the following materials or medicines is available at this services site today. I would like to see them. CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE		(B) NOT OBSERVED			
		AT LEAST ONE VALID	AVAILABLE, NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE	
01	ABSORBABLE SUTURE MATERIAL	1	2	3	4	5	
02	NON-ABSORBABLE SUTURE MATERIAL	1	2	3	4	5	
03	SKIN DISINFECTANT	1	2	3	4	5	
04	LIDOCAINE / LIGNOCAINE INJECTION	1	2	3	4	5	
05	KETAMINE INJECTION	1	2	3	4	5	
2403	Do you have guidelines on Integrated management of emergency and essential surgical care (IMEESC)?	YES 1 NO 2		→ 2450			
2404	May I see the guidelines on Integrated management of emergency and essential surgical care?	OBSERVED 1 REPORTED NOT SEEN 2					

STANDARD PRECAUTIONS

2450	<p>ASSESS THE ROOM OR AREA FOR THE ITEMS LISTED BELOW. FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU.</p> <p>IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED</p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td>GENERAL INFORMATION [Q710].</td><td style="text-align: right;">11</td></tr> <tr><td>CHILD VACCINATION [Q1051]</td><td style="text-align: right;">12</td></tr> <tr><td>CHILD CURATIVE CARE [Q1251].</td><td style="text-align: right;">13</td></tr> <tr><td>FAMILY PLANNING [Q1351].</td><td style="text-align: right;">14</td></tr> <tr><td>ANTENATAL CARE [Q1451].</td><td style="text-align: right;">15</td></tr> <tr><td>PMTCT [Q1551].</td><td style="text-align: right;">16</td></tr> <tr><td>DELIVERY SERVICES [Q1651].</td><td style="text-align: right;">17</td></tr> <tr><td>STI [Q1851].</td><td style="text-align: right;">18</td></tr> <tr><td>TUBERCULOSIS [Q1951].</td><td style="text-align: right;">19</td></tr> <tr><td>HIV TESTING [Q2051].</td><td style="text-align: right;">21</td></tr> <tr><td>NCD [Q2351].</td><td style="text-align: right;">22</td></tr> <tr><td>NOT PREVIOUSLY SEEN.</td><td style="text-align: right;">31</td></tr> </table>	GENERAL INFORMATION [Q710].	11	CHILD VACCINATION [Q1051]	12	CHILD CURATIVE CARE [Q1251].	13	FAMILY PLANNING [Q1351].	14	ANTENATAL CARE [Q1451].	15	PMTCT [Q1551].	16	DELIVERY SERVICES [Q1651].	17	STI [Q1851].	18	TUBERCULOSIS [Q1951].	19	HIV TESTING [Q2051].	21	NCD [Q2351].	22	NOT PREVIOUSLY SEEN.	31	<div style="border-left: 1px solid black; border-right: 1px solid black; padding: 0 5px;"> NEXT SECTION / SERVICE SITE ↓ </div>
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04	WASTE RECEPTACLE (PEDAL BIN) WITH LID AND PLASTIC BIN LINER.	1 06 ↙	2	3																							
05	OTHER WASTE RECEPTACLE	1	2	3																							
06	SHARPS CONTAINER ("SAFETY BOX")	1	2	3																							
07	DISPOSABLE LATEX GLOVES	1	2	3																							
08	DISINFECTANT [E.G., CHLORINE, HIBITANE, ALCOHOL]	1	2	3																							
09	SINGLE USE STANDARD DISPOSABLE SYRINGES WITH NEEDLES, OR OR AUTO-DESTRUCT SYRINGES WITH NEEDLES	1	2	3																							
10	MEDICAL MASKS	1	2	3																							
11	GOWNS OR DISPOSABLE APRONS	1	2	3																							
12	EYE PROTECTION [GOGGLES OR FACE PROTECTION]	1	2	3																							
13	GUIDELINES FOR STANDARD PRECAUTIONS	1	2	3																							
2452	DESCRIBE THE SETTING OF THE ROOM OR AREA	<table style="width: 100%; border-collapse: collapse;"> <tr><td>PRIVATE ROOM.</td><td style="text-align: right;">1</td></tr> <tr><td>OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY.</td><td style="text-align: right;">2</td></tr> <tr><td>VISUAL PRIVACY ONLY.</td><td style="text-align: right;">3</td></tr> <tr><td>NO PRIVACY.</td><td style="text-align: right;">4</td></tr> </table>		PRIVATE ROOM.	1	OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY.	2	VISUAL PRIVACY ONLY.	3	NO PRIVACY.	4																
PRIVATE ROOM.	1																										
OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY.	2																										
VISUAL PRIVACY ONLY.	3																										
NO PRIVACY.	4																										
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.																											

SECTION 25: CESAREAN DELIVERY

2500*	CHECK Q102.16	CESAREAN DELIVERY DONE IN FACILITY <input type="checkbox"/>	CESAREAN DELIVERY NOT DONE IN FACILITY <input type="checkbox"/>				
		↓ NEXT SECTION OR SERVICE SITE	↖				
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE CESAREAN DELIVERY ARE DONE. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROVISION OF SUCH SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.							
2501	Does the facility have a health worker who can perform Cesarean delivery present at the facility or on call 24 hours a day (including weekends and on public holidays)?	YES..... 1 NO..... 2	→ 2504				
2502	Is there a duty schedule or call list for 24-hr staff assignment?	YES..... 1 24-HOUR DUTY SCHEDULE NOT MAINTAINED... 2	→ 2504				
2503	May I see the duty schedule or call list for 24-HR staff assignment?	SCHEDULE OBSERVED..... 1 SCHEDULE REPORTED, NOT SEEN..... 2					
2504*	Does this facility have an anesthetist/anesthetologist present in the facility or on call 24 hours a day (including weekends and on public holidays?)	YES..... 1 NO..... 2	→ 2507				
2505	Is there a duty schedule or call list?	YES..... 1 24-HOUR DUTY SCHEDULE NOT MAINTAINED... 2	→ 2507				
2506	May I see the duty schedule or call list?	SCHEDULE OBSERVED..... 1 SCHEDULE REPORTED, NOT SEEN..... 2					
2507	Have Cesarean delivery been performed in this facility during the past 3 months?	YES..... 1 NO..... 2					
ASK TO SEE THE ROOM OR AREA WHERE CESAREAN DELIVERIES ARE DONE AND ASK TO SEE THE ITEMS BELOW							
2510*	Please tell me if the following equipment are available at this site today and is functioning. I would like to see them	(A) AVAILABLE			(B) FUNCTIONING/UNEXPIRED		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	ANESTHESIA MACHINE	1 → b	2 → b	3 02 ↙	1	2	8
02	TUBINGS AND CONNECTORS (TO CONNECT ENDOTRACHEAL TUBE)	1 → b	2 → b	3 03 ↙	1	2	8
03	OROPHARYNGEAL AIRWAY (ADULT)	1 → b	2 → b	3 04 ↙	1	2	8
04	OROPHARYNGEAL AIRWAY (PEDIATRIC)	1 → b	2 → b	3 05 ↙	1	2	8
05	MAGILLS FORCEPS - ADULT	1 → b	2 → b	3 06 ↙	1	2	8
06	MAGILLS FORCEPS - PEDIATRIC	1 → b	2 → b	3 07 ↙	1	2	8
07	ENDOTRACHEAL TUBE CUFFED SIZES 3.0 - 5.0	1 → b	2 → b	3 08 ↙	1	2	8
08	ENDOTRACHEAL TUBE CUFFED SIZES 5.5 - 9.0	1 → b	2 → b	3 09 ↙	1	2	8
09	INTUBATING STYLET	1 → b	2 → b	3 10 ↙	1	2	8
10*	SPINAL NEEDLE	1 → b	2 → b	3 11 ↙	1	2	8
11*	SACTION MACHINE	1 → b	2 → b	3 12 ↙	1	2	8
12*	C/S SET	1 → b	2 → b	3 13 ↙	1	2	8
13*	C/S SUTURING MATERIALS	1 → b	2 → b	3 14 ↙	1	2	8
14*	ANAESTHETICS (E.G. LONOCAIN)	1 → b	2 → b	3 NEXT SECTION / SERVICE SITE ↙	1	2	8
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.							

SECTION 25B: INTENSIVE CARE UNIT (ICU) SERVICES

25B00	CHECK Q102.26	ICU SERVICES AVAILABLE	ICU SERVICES NOT AVAILABLE	NEXT SECTION OR SERVICE SITE				
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE ICU SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROVISION OF ICU SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.								
ASK TO SEE THE ROOM OR AREA WHERE ICU SERVICES ARE PROVIDED AND ASK TO SEE THE ITEMS BELOW								
25B01	Please tell me if the following equipment are available at this site today and is functioning. I would like to see them	(A) AVAILABLE			(B) FUNCTIONING			
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW	
01		THERMOMETER	1 → b	2 → b	3 02	1	2	8
02		STETHOSCOPE (DUAL HEAD)	1 → b	2 → b	3 03	1	2	8
03		DIGITAL BP APPARATUS (WITH DIFFERENT SIZES CUFFS)	1 → b	2 → b	3 04	1	2	8
04		MANUAL BP APPARATUS (WITH DIFFERENT SIZES CUFFS)	1 → b	2 → b	3 05	1	2	8
05		PULSE OXIMETER	1 → b	2 → b	3 06	1	2	8
06		OPHTHALMOSCOPE	1 → b	2 → b	3 07	1	2	8
07		ICU BEDS ADJUSTABLE TO MULTIPURPOSE POSITIONS	1 → b	2 → b	3 08	1	2	8
08		MECHANICAL VENTILATOR	1 → b	2 → b	3 09	1	2	8
09		ENDOTRACHEAL TUBES (DIFFERENT SIZES)	1 → b	2 → b	3 10	1	2	8
10		TRACHEOTOMY SET	1 → b	2 → b	3 11	1	2	8
11		MONITORING EQUIPMENT	1 → b	2 → b	3 12	1	2	8
12		CARDIAC MONITORS (INCLUDING TELEMETRY)	1 → b	2 → b	3 13	1	2	8
13		EKG MACHINES	1 → b	2 → b	3 14	1	2	8
14		EXTERNAL PACEMAKERS	1 → b	2 → b	3 15	1	2	8
15		DEFIBRILLATORS	1 → b	2 → b	3 16	1	2	8
16		OXYGEN CYLINDERS	1 → b	2 → b	3 17	1	2	8
17		OXYGEN CONCENTRATOR	1 → b	2 → b	3 18	1	2	8
18		OXYGEN REGULATOR	1 → b	2 → b	3 19	1	2	8
19		END-TIDAL CARBON DIOXIDE MONITORING	1 → b	2 → b	3 20	1	2	8
20		TITRATED THERAPEUTIC INTERVENTIONS WITH INFUSION PUMPS	1 → b	2 → b	3 21	1	2	8
21		A WEB OF INTRAVENOUS LINES (FOR 1 MEDICINES, INFUSIONS FLUIDS OR TOTAL PARENTERAL NUTRITION)	1 → b	2 → b	3 22	1	2	8

		(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
22	SUCTION PUMPS	1 → b	2 → b	3 23 ↙	1	2	8
23	INFUSION PUMP	1 → b	2 → b	3 24 ↙	1	2	8
24	LARYNGOSCOPES WITH BLADES (DIFFERENT SIZE)	1 → b	2 → b	3 25 ↙	1	2	8
25	MOUTH GAGS (DIFFERENT SIZE)	1 → b	2 → b	3 26 ↙	1	2	8
26	AIR WAYS (DIFFERENT SIZE)	1 → b	2 → b	3 27 ↙	1	2	8
27	RESUSCITATION TROLLEYS	1 → b	2 → b	3 28 ↙	1	2	8
28	EXAM COACHES	1 → b	2 → b	3 29 ↙	1	2	8
29	SYRINGE PUMP	1 → b	2 → b	3 30 ↙	1	2	8
31	WHEEL CHAIR	1 → b	2 → b	3 32 ↙	1	2	8
32	PATIENT TRANSPORT STRETCHER	1 → b	2 → b	3 33 ↙	1	2	8
33	ELETRICAL SUCTION MACHINE	1 → b	2 → b	3 34 ↙	1	2	8
34	PEDAL SUCTION MACHINE	1 → b	2 → b	3 35 ↙	1	2	8
35	NASAL CPAP	1 → b	2 → b	3 36 ↙	1	2	8
36	BED PAN (DIFFERENTS SIZE)	1 → b	2 → b	3 37 ↙	1	2	8
37	PACING BOXES (AT LEAST 2)	1 → b	2 → b	3 38 ↙	1	2	8
38	X-RAY VIEWER PER BED	1 → b	2 → b	3 39 ↙	1	2	8
39	WALL CLOCK (AT LEAST 2)	1 → b	2 → b	3 40 ↙	1	2	8
40	PATIENT SCREEN PER BED	1 → b	2 → b	3 41 ↙	1	2	8
41	IV STAND (AT LEAST 1 PER BED)	1	2	3 NEXT SECTION OR SERVICE SITE ←			
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.							

SECTION 26: BLOOD TYPING AND COMPATIBILITY TESTING

2600	CHECK Q102.18	BLOOD TYPING SERVICES AVAILABLE FROM FACILITY <input type="checkbox"/>	BLOOD TYPING SERVICES NOT AVAILABLE FROM FACILITY <input type="checkbox"/> NEXT SECTION OR SERVICE SITE ←			
2601	Please tell me if any of the following reagents or equipment is available at this services site today. I would like to see them. CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED)	(A) OBSERVED AVAILABLE	(B) NOT OBSERVED			
		AT LEAST ONE VALID	AVAILABLE NONE VALID	REPORTED AVAILABLE NOT SEEN	NOT AVAILABLE TODAY/DK	NEVER AVAILABLE
01	Anti-A Reagent	1	2	3	4	5
02	Anti-B Reagent	1	2	3	4	5
03	Anti-D Reagent	1	2	3	4	5
04	COOMB'S REAGENT	1	2	3	4	5

SECTION 27: BLOOD TRANSFUSION SERVICES

2700	CHECK Q102.19	BLOOD TRANSFUSION AVAILABLE FROM FACILITY <input type="checkbox"/>	BLOOD TRANSFUSION NOT AVAILABLE FROM FACILITY <input type="checkbox"/>	NEXT SECTION OR SERVICE SITE <input type="checkbox"/>	
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE BLOOD IS COLLECTED, STORED, PROCESSED OR HANDLED PRIOR TO TRANSFUSION. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROVISION OF BLOOD TRANSFUSION SERVICES IN THE FACILITY INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.					
2701	What is the source of the blood that is transfused in this facility? PROBE FOR A COMPLETE LIST OF SOURCES OF BLOOD.	NATIONAL BLOOD BANK A REGIONAL BLOOD BANK B RELATIVES DONATING DIRECTLY..... C OTHER _____ X (SPECIFY)			
2702	Has blood transfusion been done in this facility in an obstetric context (i.e., for maternal care) during the past 3 months?	YES..... 1 NO..... 2			
SCREENING FOR INFECTIOUS DISEASES					
2710	Is blood that is transfused in this facility screened, <i>either in this facility or externally</i> , for any infectious diseases prior to transfusion?	YES..... 1 NO..... 2	→ 2720		
2711	Is the blood that is transfused screened only in the facility, only at an external facility, or both?	ONLY IN THIS FACILITY..... 1 ONLY AT AN EXTERNAL FACILITY..... 2 BOTH INTERNALLY AND EXTERNALLY..... 3			
2712	Is the blood that is transfused in the facility screened, <i>either in this facility or externally</i> , for any of the following infectious diseases? IF YES, ASK: Is the blood "always", "sometimes", "rarely" or "rarely" screened?	ALWAYS	SOMETIMES	RARELY	NO
01	HIV	1	2	3	4
02	SYPHILIS	1	2	3	4
03	HEPATITIS B	1	2	3	4
04	HEPATITIS C	1	2	3	4
05	MALARIA	1	2	3	4
2713	Do you ever send blood sample outside the facility for screening for any of the tests mentioned above?	YES..... 1 NO..... 2	→ 2720		
2714	For which of the following tests do you send blood sample outside the facility for screening? ASK TO SEE DOCUMENTATION	(A) SEND SPECIMEN OUT		(B) RECORD OF OUTSIDE TEST	
		YES	NO	YES	NO
01	HIV	1 → b	2 <input type="checkbox"/> 02 ←	1	2
02	SYPHILIS	1 → b	2 <input type="checkbox"/> 03 ←	1	2
03	HEPATITIS B	1 → b	2 <input type="checkbox"/> 04 ←	1	2
04	HEPATITIS C	1 → b	2 <input type="checkbox"/> 05 ←	1	2
05	MALARIA	1 → b	2 <input type="checkbox"/> 2720 ←	1	2

BLOOD STORAGE

2720	Has the facility run out of blood for more than one day anytime during the past 3 months?	YES. 1 NO. 2	
2721	Is there a blood bank fridge or other refrigerator available for blood storage in this service area?	YES. 1 NO. 2	→ 2724
2722	May I see the blood bank fridge or other refrigerator?	OBSERVED. 1 REPORTED NOT SEEN. 2	→ 2724
2723	WHAT IS THE TEMPERATURE IN THE BLOOD BANK FRIDGE OR OTHER REFRIGERATOR?	BETWEEN +2 AND +6 DEGREES. 1 ABOVE +6 DEGREES. 2 BELOW +2 DEGREES. 3 THERMOMETER NOT FUNCTIONAL. 4	
2724	Do you have any guidelines on the appropriate use of blood and safe transfusion practices?	YES. 1 NO. 2	←
		NEXT SECTION OR SERVICE SITE	
2725	May I see the guidelines on appropriate use of blood and safe blood transfusion?	OBSERVED. 1 REPORTED NOT SEEN. 2	

SECTION 28*: NEGLECTED TROPICAL DISEASES

2800	CHECK Q102.20	NTD SERVICES AVAILABLE FROM FACILITY	<input type="checkbox"/>	NTD SERVICES NOT AVAILABLE FROM FACILITY	<input type="checkbox"/>
NEXT SECTION OR SERVICE SITE ←					
ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE CLIENTS WITH NEGLECTED TROPICAL DISEASES SUCH AS ONCHOCERCIASIS AND LYMPHATIC FILARIASIS ARE SEEN. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROVISION OF SUCH SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.					

ONCHOCERCIASIS

2801	Do providers in this facility diagnose and/or manage onchocerciasis ?	YES, DIAGNOSE ONLY 1 YES, TREAT ONLY 2 YES, DIAGNOSE AND TREAT 3 NO 4	→ 2810
2802	Do you have the national guidelines for the diagnosis and management of onchocerciasis available in this service area? ACCEPTABLE IF PART OF ANOTHER GUIDELINE.	YES 1 NO 2	→ 2804
2803	May I see the national guidelines?	OBSERVED 1 REPORTED, NOT SEEN 2	→ 2806
2804	Do you have any other guidelines for the diagnosis and management of onchocerciasis available in this service area?	YES 1 NO 2	→ 2806
2805	May I see the other guidelines?	OBSERVED 1 REPORTED, NOT SEEN 2	
2806	As a provider of onchocerciasis services, have you personally received any training in onchocerciasis any time during the past 24 months?	YES 1 NO 2	
2807	Has any other provider(s) of onchocerciasis services in this facility received any training in onchocerciasis at anytime during the past 24 months?	YES 1 NO 2 DON'T KNOW 8	

LYMPHATIC FILARIASIS

2810	Do providers in this facility diagnose and/or manage lymphatic filariasis in patients?	YES, DIAGNOSE ONLY 1 YES, TREAT ONLY 2 YES, DIAGNOSE AND TREAT 3 NO 4	→ 2820
2811	Do you have the national guidelines for the diagnosis and management of lymphatic filariasis available in this service area? ACCEPTABLE IF PART OF ANOTHER GUIDELINE.	YES 1 NO 2	→ 2813
2812	May I see the national guidelines for the diagnosis and management of lymphatic filariasis ?	OBSERVED 1 REPORTED, NOT SEEN 2	→ 2815
2813	Do you have any other guidelines for the diagnosis and management of lymphatic filariasis available in this service area?	YES 1 NO 2	→ 2815
2814	May I see the other guidelines?	OBSERVED 1 REPORTED, NOT SEEN 2	
2815	As a provider of lymphatic filariasis services, have you personally received any training in lymphatic filariasis any time during the past 24 months?	YES 1 NO 2	
2816	Has any other provider(s) of lymphatic filariasis services in this facility received any training in lymphatic filariasis at anytime during the past 24 months?	YES 1 NO 2 DON'T KNOW 8	

SCHISTOSOMIASIS

2820	Do providers in this facility diagnose and/or manage schistosomiasis in patients?	YES, DIAGNOSE ONLY 1 YES, TREAT ONLY 2 YES, DIAGNOSE AND TREAT 3 NO 4	→ 2830
2821	Do you have the national guidelines for the diagnosis and management of schistosomiasis available in this service area? ACCEPTABLE IF PART OF ANOTHER GUIDELINE.	YES 1 NO 2	→ 2823
2822	May I see the national guidelines for the diagnosis and management of schistosomiasis?	OBSERVED 1 REPORTED, NOT SEEN 2	→ 2825
2823	Do you have any other guidelines for the diagnosis and/ management of schistosomiasis available in this service area?	YES 1 NO 2	→ 2825
2824	May I see the other guidelines?	OBSERVED 1 REPORTED, NOT SEEN 2	
2825	As a provider of schistosomiasis services, have you personally received any training in schistosomiasis any time during the past 24 months?	YES 1 NO 2	
2826	Has any other provider(s) of schistosomiasis services in this facility received any training in schistosomiasis at anytime during the past 24 months?	YES 1 NO 2 DON'T KNOW 8	

SOIL TRANSMITTED HELMINTHES

2830	Do providers in this facility diagnose and/or manage soil transmitted helminthes ?	YES, DIAGNOSE ONLY 1 YES, TREAT ONLY 2 YES, DIAGNOSE AND TREAT 3 NO 4	→ 2840
2831	Do you have the national guidelines for the diagnosis and management of soil transmitted helminthes available in this service area? ACCEPTABLE IF PART OF ANOTHER GUIDELINE.	YES 1 NO 2	→ 2833
2832	May I see the national guidelines?	OBSERVED 1 REPORTED, NOT SEEN 2	→ 2835
2833	Do you have any other guidelines for the diagnosis and management of soil transmitted helminthes available in this service area?	YES 1 NO 2	→ 2835
2834	May I see the other guidelines?	OBSERVED 1 REPORTED, NOT SEEN 2	
2835	As a provider of soil transmitted helminthes services, have you personally received any training in soil transmitted helminthes any time during the past 24 months?	YES 1 NO 2	
2836	Has any other provider(s) of soil transmitted helminthes services in this facility received any training in soil transmitted helminthes at anytime during the past 24 months?	YES 1 NO 2 DON'T KNOW 8	

TRACHOMA

2840	Do providers in this facility diagnose and/or manage trachoma in patients?	YES, DIAGNOSE ONLY 1 YES, TREAT ONLY 2 YES, DIAGNOSE AND TREAT 3 NO 4	→ 2850
2841	Do you have the national guidelines for the diagnosis and management of trachoma available in this service area? ACCEPTABLE IF PART OF ANOTHER GUIDELINE.	YES 1 NO 2	→ 2843
2842	May I see the national guidelines for the diagnosis and management of trachoma?	OBSERVED 1 REPORTED, NOT SEEN 2	→ 2845
2843	Do you have any other guidelines for the diagnosis and management of trachoma available in this service area?	YES 1 NO 2	→ 2845
2844	May I see the other guidelines?	OBSERVED 1 REPORTED, NOT SEEN 2	
2845	As a provider of trachoma services, have you personally received any training in trachoma any time during the past 24 months?	YES 1 NO 2	
2846	Has any other provider(s) of trachoma services in this facility received any training in trachoma at anytime during the past 24 months?	YES 1 NO 2 DON'T KNOW 8	

DRACUNCULIASIS

2850	Do providers in this facility diagnose and/or manage dracunculiasis in patients?	YES, DIAGNOSE ONLY 1 YES, TREAT ONLY 2 YES, DIAGNOSE AND TREAT 3 NO 4	→ 2860
2851	Do you have the national guidelines for the diagnosis and management of dracunculiasis available in this service area? ACCEPTABLE IF PART OF ANOTHER GUIDELINE.	YES 1 NO 2	→ 2853
2852	May I see the national guidelines for the diagnosis and management of dracunculiasis?	OBSERVED 1 REPORTED, NOT SEEN 2	→ 2855
2853	Do you have any other guidelines for the diagnosis and/ management of dracunculiasis available in this service area?	YES 1 NO 2	→ 2855
2854	May I see the other guidelines?	OBSERVED 1 REPORTED, NOT SEEN 2	
2855	As a provider of dracunculiasis services, have you personally received any training in dracunculiasis any time during the past 24 months?	YES 1 NO 2	
2856	Has any other provider(s) of dracunculiasis services in this facility received any training in dracunculiasis at anytime during the past 24 months?	YES 1 NO 2 DON'T KNOW 8	

PODOCONIOSIS

2860	Do providers in this facility diagnose and/or manage podoconiosis	YES, DIAGNOSE ONLY 1 YES, TREAT ONLY 2 YES, DIAGNOSE AND TREAT 3 NO 4	→ 2870
2861	Do you have the national guidelines for the diagnosis and management of podoconiosis available in this service area? ACCEPTABLE IF PART OF ANOTHER GUIDELINE.	YES 1 NO 2	→ 2863
2862	May I see the national guidelines for the diagnosis and management of podoconiosis?	OBSERVED 1 REPORTED, NOT SEEN 2	→ 2865
2863	Do you have any other guidelines for the diagnosis and management of podoconiosis available in this service area?	YES 1 NO 2	→ 2865
2864	May I see the other guidelines?	OBSERVED 1 REPORTED, NOT SEEN 2	
2865	As a provider of podoconiosis services, have you personally received any training in podoconiosis any time during the past 24 months?	YES 1 NO 2	
2866	Has any other provider(s) of podoconiosis services in this facility received any training in podoconiosis at anytime during the past 24 months?	YES 1 NO 2 DON'T KNOW 8	

LEISHMANIASIS

2870	Do providers in this facility diagnose and/or manage leishmaniasis in patients?	YES, DIAGNOSE ONLY 1 YES, TREAT ONLY 2 YES, DIAGNOSE AND TREAT 3 NO 4	→
		NEXT SECTION OR SERVICE SITE	
2871	Do you have the national guidelines for the diagnosis and management of leishmaniasis available in this service area? ACCEPTABLE IF PART OF ANOTHER GUIDELINE.	YES 1 NO 2	→ 2873
2872	May I see the national guidelines for the diagnosis and management of leishmaniasis?	OBSERVED 1 REPORTED, NOT SEEN 2	→ 2875
2873	Do you have any other guidelines for the diagnosis and/ management of leishmaniasis available in this service area?	YES 1 NO 2	→ 2875
2874	May I see the other guidelines?	OBSERVED 1 REPORTED, NOT SEEN 2	
2875	As a provider of leishmaniasis services, have you personally received any training in leishmaniasis any time during the past 24 months?	YES 1 NO 2	
2876	Has any other provider(s) of leishmaniasis services in this facility received any training in leishmaniasis at anytime during the past 24 months?	YES 1 NO 2 DON'T KNOW 8	
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.			

SECTION 29: SURGICAL AND ORTHOPEDIC CARE SERVICES

2900	CHECK Q102.27 SURGICAL AND ORTHOPEDIC CARE SERVICES AVAILABLE <input type="checkbox"/>	NO SURGICAL AND ORTHOPEDIC CARE SERVICES AVAILABLE <input type="checkbox"/> NEXT SECTION OR SERVICE SITE ←
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ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE SURGICAL AND ORTHOPEDIC CARE SERVICES ARE PROVIDED.
 FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROVISION OF SURGICAL AND ORTHOPEDIC CARE SERVICES IN THE FACILITY.
 INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.

ASK TO SEE THE ROOM OR AREA WHERE SURGICAL WARD EQUIPMENTS ARE KEPT AND ASK TO SEE THE ITEMS BELOW

SURGICAL WARD / NURSES STATION EQUIPMENTS

2901	Please tell me if the following equipment are available at this site today and is functioning. I would like to see them	(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	SURGICAL BED AND MATTRESS	1 → b	2 → b	3 02 ↘	1	2	8
02	PILLOWS	1 → b	2 → b	3 03 ↘	1	2	8
03	OXYGEN FLOW METER	1 → b	2 → b	3 04 ↘	1	2	8
04	CHAIRS	1 → b	2 → b	3 05 ↘	1	2	8
05	FEEDING TABLE/OVER BED TABLE	1 → b	2 → b	3 06 ↘	1	2	8
06	BED SIDE CABINET	1 → b	2 → b	3 07 ↘	1	2	8
07	IV STAND	1	2	3			
08	WHEELCHAIRS	1 → b	2 → b	3 09 ↘	1	2	8
09	STRETCHERS	1 → b	2 → b	3 10 ↘	1	2	8
10	OXYGEN ON TROLLEYS	1 → b	2 → b	3 11 ↘	1	2	8
11	HAND WASHING BASINS	1 → b	2 → b	3 12 ↘	1	2	8
12	TROLLEY FOR VITAL SIGN MONITORING	1 → b	2 → b	3 13 ↘	1	2	8
13	REFRIGERATOR FOR MEDICATION WITH TEMPERATURE CONTROL	1 → b	2 → b	3 14 ↘	1	2	8
14	SAFETY BOX	1 → b	2 → b	3 15 ↘	1	2	8
15	ADULT SPHYGMOMANOMETER	1 → b	2 → b	3 16 ↘	1	2	8
16	STETOSCOPE (DUAL HEAD)	1 → b	2 → b	3 17 ↘	1	2	8
17	STETOSCOPE (ADULT HEAD)	1 → b	2 → b	3 18 ↘	1	2	8
18	THERMOMETER	1 → b	2 → b	3 2904 ↘	1	2	8

OPERATING THEATRE EQUIPMENTS / OPERATING THEATRE STORE EQUIPMENT / OPERATING THEATRE STERILE SUPPLY STORE EQUIPMENT

ASK TO SEE THE OPERATING THEATRE AND ASK TO SEE THE ITEMS BELOW							
2904	Please tell me if the following equipment are available at this site today and is functioning. I would like to see them	(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	TIME CLOCK / ELAPSED TIME CLOCK	1 → b	2 → b	3 02 ↘	1	2	8
02	ANESTHESIA TROLLEY	1 → b	2 → b	3 03 ↘	1	2	8
03	OXYGEN CYLINDERS	1 → b	2 → b	3 04 ↘	1	2	8
04	WORKTABLE WITH LAMINATED TOP	1 → b	2 → b	3 05 ↘	1	2	8
05	STOOLS	1 → b	2 → b	3 06 ↘	1	2	8
06	IV STAND	1 → b	2 → b	3 07 ↘	1	2	8
07	KICK BUCKETS	1 → b	2 → b	3 8 ↘	1	2	8
08	SAFETY BOXES	1 → b	2 → b	3 09 ↘	1	2	8
09	SWAB RACK WITH DRIP TRAYS	1 → b	2 → b	3 10 ↘	1	2	8
10	SWAB COUNT RECORD BOARDS	1 → b	2 → b	3 11 ↘	1	2	8
11	BOWL AND STANDS	1 → b	2 → b	3 12 ↘	1	2	8
12	INSTRUMENT TABLE (MAYO TYPE)	1 → b	2 → b	3 13 ↘	1	2	8
13	FRAMED BOARDS WITH PENCIL TRAYS	1 → b	2 → b	3 14 ↘	1	2	8
14	INFUSION PUMPS	1 → b	2 → b	3 15 ↘	1	2	8
15	CHEST TUBES WITH BOTTLES	1 → b	2 → b	3 16 ↘	1	2	8
16	BLANKETS	1 → b	2 → b	3 17 ↘	1	2	8
17	TOURNIQUETS AND TONGUE DEPRESSOR	1 → b	2 → b	3 18 ↘	1	2	8
18	COAGULATION UNIT (MOBILE, ELECTRONIC)	1 → b	2 → b	3 19 ↘	1	2	8
19	CEILING MOUNTED OPERATING LIGHT (1 LARGE COPULA)	1 → b	2 → b	3 20 ↘	1	2	8
20	MOBILE OPERATING LIGHTS	1 → b	2 → b	3 21 ↘	1	2	8
21	OPERATING TABLE (3 SECTIONS)	1 → b	2 → b	3 22 ↘	1	2	8
22	SUCTION MACHINES [ADULT, PEDIATRIC]	1 → b	2 → b	3 23 ↘	1	2	8
23	HIP SPICA TABLES	1 → b	2 → b	3 24 ↘	1	2	8
24	IV FLUID PRESSURE BAG	1 → b	2 → b	3 25 ↘	1	2	8
25	ANESTHESIA MACHINE WITH VENTILATOR, VAPORISERS AND GAS CYLINDERS	1 → b	2 → b	3 26 ↘	1	2	8
26	LARYNGOSCOPE SET	1 → b	2 → b	3 27 ↘	1	2	8
27	MAGILL FORCEPS (ADULT & PEDIATRICS)	1 → b	2 → b	3 28 ↘	1	2	8
28	LARYNGEAL MASK SET	1 → b	2 → b	3 29 ↘	1	2	8

		(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
29	MASK HOLDER	1 → b	2 → b	3 30 ↙	1	2	8
30	MOUTH GAUGE	1 → b	2 → b	3 31 ↙	1	2	8
31	PATIENT MONITOR	1 → b	2 → b	3 32 ↙	1	2	8
32	STETOSCOPE (DUAL HEAD)	1 → b	2 → b	3 33 ↙	1	2	8
33	PATIENT TRANSFERT, ROLLER SYSTEM	1 → b	2 → b	3 34 ↙	1	2	8
34	GENERAL PURPOSE TROLLEY	1 → b	2 → b	3 35 ↙	1	2	8
35	HYGROMETER, HUMIDITY AND TEMPERATURE	1 → b	2 → b	3 36 ↙	1	2	8
36	NEWBORN GENERAL CARE TABLE	1 → b	2 → b	3 37 ↙	1	2	8
37	ABDUCTION PILOW	1 → b	2 → b	3 38 ↙	1	2	8
38	OPERATING TABLE HEAD SUPPORT	1	2	3			
39	PATIENT POSITIONER BAG (SMALL, MEDIUM & LARGE)	1 → b	2 → b	3 40 ↙	1	2	8
40	PROTECTIVE APRON (SMALL, MEDIUM AND LARGE)	1 → b	2 → b	3 41 ↙	1	2	8
41	GEN.SURG-SUTURE SET	1 → b	2 → b	3 42 ↙	1	2	8
42	GEN.SURG- ABDOMINAL SET	1 → b	2 → b	3 43 ↙	1	2	8
43	GEN.SURG- BASIC SURGER SET	1 → b	2 → b	3 44 ↙	1	2	8
44	GEN.SURG- LAPAROTOMY SET	1 → b	2 → b	3 45 ↙	1	2	8
45	GEN.SURG- SMALL DISSECTION SET	1 → b	2 → b	3 46 ↙	1	2	8
46	GEN.SURG-MINOR SURGICAL SET	1 → b	2 → b	3 47 ↙	1	2	8
47	GEN.SURG- SUPRAPUBIC PUNCTURE SET	1 → b	2 → b	3 48 ↙	1	2	8
48	GEN.SURG- CIRCUMCISION SET	1 → b	2 → b	3 49 ↙	1	2	8
49	GYN/ OBS- IUD SET	1 → b	2 → b	3 51 ↙	1	2	8
51	GYN/ OBS- DILATATION & CURETTAGE (D&C) SET	1 → b	2 → b	3 52 ↙	1	2	8
52	GYN/ OBS- MANUAL VACUUM ASPIRATION SET	1 → b	2 → b	3 53 ↙	1	2	8
53	GYN/ OBS- OBSTETRIC FORCEPS	1 → b	2 → b	3 54 ↙	1	2	8
54	GYN/ OBS- CAESAREAN SECTION SET	1 → b	2 → b	3 55 ↙	1	2	8
55	GYN/ OBS- ABDOMINAL HYSTERCTOM	1 → b	2 → b	3 56 ↙	1	2	8
56	GYN/ OBS- VAGINAL HYSTERCTOMY SET	1 → b	2 → b	3 57 ↙	1	2	8
57	GYN/ OBS- GYNAECOLOGY EXAMINATION SET (EUA)	1 → b	2 → b	3 58 ↙	1	2	8
58	GYN/ OBS- CERVICAL BIOPSY SET	1 → b	2 → b	3 59 ↙	1	2	8
59	BOUGINAGE SET	1 → b	2 → b	3 60 ↙	1	2	8
60	THORACIC SET	1 → b	2 → b	3 61 ↙	1	2	8
61	CRANEOTOMY SET	1 → b	2 → b	3 2907 ↙	1	2	8

RECOVERY AREA EQUIPMENTS

ASK TO SEE THE RECOVERY AREA AND ASK TO SEE THE ITEMS BELOW

2907	Please tell me if the following equipment are available at this site today and is functioning. I would like to see them	(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	VACUUM ASPIRATOR	1 → b	2 → b	3 02 ↙	1	2	8
02	OXYGEN FLOW METER	1 → b	2 → b	3 03 ↙	1	2	8
03	OXYGEN CYLINDER (1 PER BED)	1 → b	2 → b	3 04 ↙	1	2	8
04	PATIENT TRANSFERT (ROLLER SYSTEM)	1 → b	2 → b	3 05 ↙	1	2	8
05	DRESSING TROLLEY (TWO TRAYS)	1 → b	2 → b	3 06 ↙	1	2	8
06	BED WITH MATTRESS	1 → b	2 → b	3 07 ↙	1	2	8
07	STOOL	1 → b	2 → b	3 8 ↙	1	2	8
08	BED SCREEN (3 SECTIONS, MOBILE)	1 → b	2 → b	3 09 ↙	1	2	8
09	PEDAL BIN	1 → b	2 → b	3 10 ↙	1	2	8
10	OXYGEN TROLLEY	1 → b	2 → b	3 11 ↙	1	2	8
11	VENTILATOR	1 → b	2 → b	3 12 ↙	1	2	8
12	RESUSCITATOR (HAND OPERATED)	1 → b	2 → b	3 13 ↙	1	2	8
13	MOBILE EXAMINATION LIGHT	1 → b	2 → b	3 14 ↙	1	2	8
14	STETOSCOPE (DUAL HEAD)	1 → b	2 → b	3 NEXT SECTION OR SERVICE SITE ↙	1	2	8

THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.

29A. ADOLESCENT HEALTH SERVICES

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
2901A	Does this facility offer adolescent health services?	YES NO	1 2 → Next section
<p>ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE ADOLESCENT HEALTH SERVICES ARE PROVIDED. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT ADOLESCENT HEALTH SERVICES IN THE FACILITY. INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.</p>			
2902A	Do you have the national guidelines for service provision to adolescents available in this facility today? IF AVAILABLE, ASK TO SEE THE DOCUMENT	YES, OBSERVED YES, REPORTED NOT SEEN NO	1 2 3
2903A	Have you or any providers of adolescent health services received any training on the provision of adolescent health services in the last two years?	YES NO	1 2

29B. POST ABORTION CARE (PAC)

2901B	Does this facility offer post-abortion care (PAC)? IF YES PROBE OUTPATIENT, INPATIENT OR BOTH	YES, OUTPATIENT YES, INPATIENT YES, BOTH OUT AND INPATIENT NO	1 2 3 4 → Next section	
<p>ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE POST ABORTION CARE SERVICES ARE PROVIDED. IF THE SERVICES ARE PROVIDED BOTH IN AND OUTPATIENT OR PROVIDED BY BY DIFFERENT SERVICE PROVIDERS AND IN DIFFERENT SITES, GO TO THE OUTPATIENT PAC SERVICE AREA. FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PAC SERVICES, INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS.</p>				
2902B	Have you or any provider (s) of Post abortion care received any training in post abortion care in the last two years	YES NO	1 2	
2903B	Now I want to ask about guidelines, job aids, and patient service registers. FOR EACH DOCUMENT AVAILABLE ASK: May I see it?	(A) AVAILABLE		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE
01	Are there any post abortion care guidelines in this service area?	1	2	3 02 ↙
02	Any check-lists and/or job-aids for post abortion care?	1	2	3 03 ↙
03	Is there a register for PAC services?	1	2 2907B ↙	3 2907B ↙

2904B	RECORD THE NUMBER OF PAC PATIENTS WHO RECEIVED SERVICES DURING THE LAST COMPLETE 6 MONTHS	PAC PATIENTS	<input type="text"/>	<input type="text"/>	<input type="text"/>
2905B	NUMBER OF MONTHS INCLUDED IN THE ABOVE STATISTIC	MONTHS OF DATA	<input type="text"/>	<input type="text"/>	
2906B	How many of the PAC procedures are recorded due to incomplete abortion in the past 6 months?	PAC DUE TO INCOMPLETE ABORTION	<input type="text"/>	<input type="text"/>	<input type="text"/>
		DON'T KNOW	9	8	
2907B	Is the post abortion care in the same service area as deliveries	YES, ALWAYS	1		
		YES, SOMETIMES	2		
		NO	3		
2908B	<p>Now I would like to ask about equipment for post abortion services. For each item that I ask about, please show me the item and when relevant, tell me if it is functioning or not. TO COUNT AS PRESENT ITEM MUST BE IN THE SERVICE AREA FOR PAC OR IMMEDIATE PROXIMITY SUCH THAT A PROVIDER COULD BE REASONABLY BE EXPECTED TO USE IT.</p>				

	Please tell me if the following equipment are available at this site today and is functioning. I would like to see them	(A) AVAILABLE			(B) FUNCTIONING		
		OBSERVED	REPORTED NOT SEEN	NOT AVAILABLE	YES	NO	DON'T KNOW
01	Vacuum aspirator	1 → b	2 → b	3 } 02 ←	1	2	8
02	D&C Kit	1 → b	2 → b	3 } 03 ←	1	2	8
03	Speculum	1 → b	2 → b	3 } 04 ←	1	2	8
04	Antiseptic for washing vagina and cervix (e.g., chlorhexidine)	1 → b	2 → b	3 } 05 ←			
05	Sterile gloves	1 → b	2 → b	3 } Next section ←			

29C. MATERNITY WAITING HOME SERVICES

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
2901C	Does this facility have a maternity waiting home or room?	YES, A ROOM WITHIN THE FAC 1 YES, A FREE STANDING STRU(2 NO..... 3	→ Next section
2902C	Who is financing this MWH?	THE GOVERNMENT A FAITH-BASED ORG B NGO OTHER THAN FAITH-BASE C INDIVIDUALS (SELF MOTIVATE D COMMUNITY E THE CUSTOMERS F	
2903C	OBSERVE THE MAIN MATERIAL OF THE WAITING HOME FLOOR	NATURAL (EARTH/SAND OR DL 1 RUDIMENTARY (WOOD PLANK 2 FINISHED (VINYLE, POLISHED WOOD CEMENT, BRICK, CARPET) 3	

2904C	Is there a toilet or latrine available for women staying at the maternity waiting home?	YES..... 1 NO..... 2	→ 2906C
2905C	Is the toilet or latrine used by anyone other than the women staying at the waiting home (by the staff or family members visiting them)?	YES..... 1 NO..... 2	
2906C	Is there a bathroom available for women staying at the maternity waiting home?	YES..... 1 NO..... 2	→ Next section
2907C	Is the bathroom used by anyone other than the women staying at the waiting home (by the staff or family members visiting them)?	YES..... 1 NO..... 2	

SECTION 30: GENERAL FACILITY LEVEL CLEANLINESS

	ASSESS GENERAL CLEANLINESS / CONDITIONS OF FACILITY	YES	NO
3000			
01	FLOOR: SWEEPED, NO OBVIOUS DIRT OR WASTE	1	2
02	COUNTERS/TABLES/CHAIRS: WIPED CLEAN- NO OBVIOUS DUST OR WASTE	1	2
03	NEEDLES, SHARPS OUTSIDE SHARPS BOX	1	2
04	SHARPS BOX OVERFLOWING OR TORN/PIERCED	1	2
05	BANDAGES/INFECTIOUS WASTE LYING UNCOVERED	1	2
06	WALLS: SIGNIFICANT DAMAGE	1	2
07	DOORS: SIGNIFICANT DAMAGE	1	2
08	CEILING: WATER STAINS OR DAMAGE	1	2
	INTERVIEW END TIME	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> : <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.			

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____

2021 ETHIOPIA SERVICE PROVISION ASSESSMENT SURVEY

HEALTH WORKER INTERVIEW

Facility Number:

Provider SERIAL Number: [FROM STAFF LISTING FORM]

Provider Sex: (1=MALE; 2=FEMALE)

Provider Status: (1=Assigned; 2=Secoded)

Interviewer Code:

Number of ANC Observations Associated with Provider.....

Number of FP Observations Associated with Provider.....

Number of Sick Child Observations Associated with Provider.....

INDICATE IF PROVIDER WAS PREVIOUSLY INTERVIEWED IN ANOTHER FACILITY. YES, PREVIOUSLY INTERVIEWED 1

IF YES, RECORD NAME AND FACILITY NUMBER WHERE HE/SHE WAS INTERVIEWED _____ NAME & NUMBER OF FACILITY → END

NO, NOT PREVIOUSLY INTERVIEWED 2

READ THE FOLLOWING CONSENT FORM

Good day! My name is _____. We are here on behalf of ETHIOPIAN PUBLIC HEALTH INSTITUTE (EPHI) in collaboration with the FMOH conducting a survey of health facilities to assist the government in knowing more about health services in ETHIOPIA.

Now I will read a statement explaining the study.

Your facility was selected to participate in this study. We will be asking you several questions about the types of services that you personally provide, as well as questions about training you have received.

The information you provide us may be used by EHNRI, other organizations or researchers, for planning service improvements or further studies of services.

Neither your name nor that of any other health worker respondents participating in this study will be included in the dataset or in any report; however, there is a small chance that any of the respondents may be identified later. Still, we are asking for your help to ensure that the information we collect is accurate.

You may refuse to answer any question or choose to stop the interview at any time. However, we hope you will collaborate with the study.

Data collection will take place (August – December, 2021), data will be released on July 2022

Datasets from this study will only be available for legitimate research purposes

If you have any question regarding the survey please contact:

Fikreselassie Getachew, CO Principle Investigator, EPHI, Addis Ababa, Ethiopia, Cell No. 0913210444

Do you have any questions about the study? Do I have your agreement to proceed?

Interviewer's signature

		2	0	1
DAY	MONTH	YEAR		

SIGNATURE OF INTERVIEWER INDICATES INFORMED CONSENT WAS PROVIDED.

101	May I begin the interview now?	YES..... 1 NO..... 2 → END
101A	How old were you at your last birthday?	AGE IN COMPLETED YEARS <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>

1. EDUCATION AND EXPERIENCE

102	<p>I would like to ask you some questions about your educational background.</p> <p>How many years of education have you completed in total, starting from your primary, secondary and further education?</p>	YEARS..... <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>			
103	<p>What is your current occupational category or qualification? For example, are you a public health nurse, a general practitioner, or general surgeon?</p> <p>Provider Qualification Category:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> GENERAL PRACTITIONER..... 01 MD SPECIALIST: GENERAL SURGEON..... 02 MD SPECIALIST: OBSTETRICIAN AND GYNAECOLOGIST..... 04 MD SPECIALIST: INTERNIST..... 05 MD SPECIALIST: PEDIATRICIAN..... 06 MD PSYCHIATRIST..... 07 OTHER MD SPECIALIST, INCLUDING SERVICE SPECIALISTS..... 09 HEALTH OFFICER..... 10 NURSE (DIPLOMA)..... 12 NURSE (BSc)..... 14 PUBLIC HEALTH NURSE..... 15 MIDWIFES (BSc)..... 16 </td> <td style="width: 50%; border: none;"> MIDWIFES (DIPLOMA)..... 17 SPECIALIZED NURSE INCLUDING NEONATOLOGY, ETC..... 18 INTEGRATED EMERGENCY SURGICAL OFFICER (IESO)..... 21 MSc IN MEDICAL LABORATORY..... 24 LABORATORY TECHNOLOGIST..... 25 LABORATORY TECHNICIAN..... 26 MICROBIOLOGIST..... 27 BIO-MEDICAL ENGINEER..... 28 HEALTH EXTENSION WORKER LEVEL 3..... 42 HEALTH EXTENSION WORKER LEVEL 4..... 43 OTHER CLINICAL STAFF NOT LISTED ABOVE..... 44 NO TECHNICAL QUALIFICATION/NON CLINICAL STAFF..... 95 </td> </tr> </table>	GENERAL PRACTITIONER..... 01 MD SPECIALIST: GENERAL SURGEON..... 02 MD SPECIALIST: OBSTETRICIAN AND GYNAECOLOGIST..... 04 MD SPECIALIST: INTERNIST..... 05 MD SPECIALIST: PEDIATRICIAN..... 06 MD PSYCHIATRIST..... 07 OTHER MD SPECIALIST, INCLUDING SERVICE SPECIALISTS..... 09 HEALTH OFFICER..... 10 NURSE (DIPLOMA)..... 12 NURSE (BSc)..... 14 PUBLIC HEALTH NURSE..... 15 MIDWIFES (BSc)..... 16	MIDWIFES (DIPLOMA)..... 17 SPECIALIZED NURSE INCLUDING NEONATOLOGY, ETC..... 18 INTEGRATED EMERGENCY SURGICAL OFFICER (IESO)..... 21 MSc IN MEDICAL LABORATORY..... 24 LABORATORY TECHNOLOGIST..... 25 LABORATORY TECHNICIAN..... 26 MICROBIOLOGIST..... 27 BIO-MEDICAL ENGINEER..... 28 HEALTH EXTENSION WORKER LEVEL 3..... 42 HEALTH EXTENSION WORKER LEVEL 4..... 43 OTHER CLINICAL STAFF NOT LISTED ABOVE..... 44 NO TECHNICAL QUALIFICATION/NON CLINICAL STAFF..... 95	PROVIDER CATEGORY <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	
GENERAL PRACTITIONER..... 01 MD SPECIALIST: GENERAL SURGEON..... 02 MD SPECIALIST: OBSTETRICIAN AND GYNAECOLOGIST..... 04 MD SPECIALIST: INTERNIST..... 05 MD SPECIALIST: PEDIATRICIAN..... 06 MD PSYCHIATRIST..... 07 OTHER MD SPECIALIST, INCLUDING SERVICE SPECIALISTS..... 09 HEALTH OFFICER..... 10 NURSE (DIPLOMA)..... 12 NURSE (BSc)..... 14 PUBLIC HEALTH NURSE..... 15 MIDWIFES (BSc)..... 16	MIDWIFES (DIPLOMA)..... 17 SPECIALIZED NURSE INCLUDING NEONATOLOGY, ETC..... 18 INTEGRATED EMERGENCY SURGICAL OFFICER (IESO)..... 21 MSc IN MEDICAL LABORATORY..... 24 LABORATORY TECHNOLOGIST..... 25 LABORATORY TECHNICIAN..... 26 MICROBIOLOGIST..... 27 BIO-MEDICAL ENGINEER..... 28 HEALTH EXTENSION WORKER LEVEL 3..... 42 HEALTH EXTENSION WORKER LEVEL 4..... 43 OTHER CLINICAL STAFF NOT LISTED ABOVE..... 44 NO TECHNICAL QUALIFICATION/NON CLINICAL STAFF..... 95				
104	<p>What year did you graduate (or complete) with this qualification?</p> <p>IF NO TECHNICAL QUALIFICATION (Q103=95), ASK:</p> <p>What year did you complete any basic training for your current occupational category?</p>	YEAR <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>			
105	<p>In what year did you start working in this facility?</p>	YEAR <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>			
106	<p>Have you received any dose of Hepatitis B vaccine?</p> <p>IF YES, ASK: How many doses have you received so far?</p>	YES, 1 DOSE..... 1 YES, 2 DOSES..... 2 YES, 3 OR MORE DOSES..... 3 NO..... 4	→ 108		
107	<p>Did you receive any dose of the Hepatitis B vaccine as part of your services in this facility?</p>	YES..... 1 NO..... 2			
108	<p>Are you a manager or in-charge for any clinical services?</p>	YES..... 1 NO..... 2			

2. GENERAL TRAINING / MALARIA / NON-COMMUNICABLE DISEASES

200	<p>I will like to ask you a few questions about in-service training you have received related to your work. In-service training refers to training you have received related to your work since you started working. I will start with some general topics. Note that the training topics I will mention may have been covered as stand alone trainings, or they may have been covered under another training topic.</p> <p>Have you received any in-service training, training updates or refresher training in any of the following topics [READ TOPIC]</p> <p>IF YES, ASK: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?</p>	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN-SERVICE TRAINING OR UPDATES
01	Standard precautions, including hand hygiene, cleaning and disinfection, waste management, needle stick and sharp injury prevention?	1	2	3
02	Any specific training related to injection safety practices or safe injection practices?	1	2	3
03	Health Management Information Systems (HMIS) or reporting requirements for any service?	1	2	3
04	Confidentiality and rights to non-discrimination practices for people living with HIV/AIDS	1	2	3
04A	COVID-19 related training	1	2	3
201	<p style="text-align: center;">CHECK Q103 FOR PROVIDER OCCUPATIONAL CATEGORY / QUALIFICATION</p> <p style="text-align: center;">CODE 24, 25, 26, 27 OR 28 (i.e., LABORATORY-RELATED) CIRCLED <input type="checkbox"/> → 700</p> <p style="text-align: center;">CODE 01, 02, 04, 05, 06, 07, 09, 10, 12, 14, 15, 16, 17, 18, 21, 42, 43, 44 or 95 (i.e., LIKELY CLINICAL SERVICE PROVIDER) CIRCLED <input type="checkbox"/></p>			700
<p>I will now ask you a few questions about services you personally provide in your current position in this facility and any in-service training, training updates or refresher trainings you may have received related to that service. Please remember we are talking about services you provide in your current position in this facility. The training topics I will mention may have been covered as a stand-alone training, or covered as part of another training topic.</p>				

YOUTH FRIENDLY SERVICE

202	<p>In your current position, and as a part of your work for this facility, do you personally provide any services that are designed to be youth or adolescent friendly? i.e., designed with the specific aim to encourage youth or adolescent utilization?</p>	YES..... 1	NO..... 2	
203	<p>Have you received any in-service training, training updates or refresher training on topics specific to youth or adolescent friendly services?</p> <p>IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?</p>	YES, WITHIN PAST 24 MONTHS..... 1	YES, OVER 24 MONTHS AGO..... 2	NO TRAINING OR UPDATES..... 3

MALARIA

204	<p>In your current position, and as a part of your work for this facility, do you personally diagnose and/or treat malaria?</p>	YES..... 1	NO..... 2	
205	<p>Have you received any in-service training, training updates or refresher trainings on topics related to diagnosis and/or treatment of malaria?</p>	YES..... 1	NO..... 2	→ 207
206*	<p>Have you received any in-service training, training updates or refresher trainings in any of the following topics [READ TOPIC]:</p> <p>IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?</p>	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO, IN-SERVICE TRAINING OR UPDATES
01	DIAGNOSING MALARIA IN ADULTS	1	2	3
02	DIAGNOSING MALARIA IN CHILDREN	1	2	3
03	HOW TO PERFORM MALARIA RAPID DIAGNOSTIC TEST	1	2	3
04	CASE MANAGEMENT / TREATMENT OF MALARIA IN ADULTS	1	2	3
05	CASE MANAGEMENT / TREATMENT OF MALARIA DURING PREGNANCY	1	2	3
06	INTERMITTENT PREVENTIVE TREATMENT OF MALARIA IN PREGNANCY	1	2	3
07	CASE MANAGEMENT / TREATMENT OF MALARIA IN CHILDREN	1	2	3
08	HOW TO PERFORM MALARIA MICROSCOPY	1	2	3

DIABETES

207	In your current position, and as a part of your work for this facility, do you personally diagnose and/or manage diabetes ?	YES. 1 NO. 2	
208	Have you received any in-service training, training updates or refresher training on topics specific to the diagnosis and/or management of diabetes? IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS. 1 YES, OVER 24 MONTHS AGO. 2 NO TRAINING OR UPDATES. 3	

CARDIO-VASCULAR DISEASES

209	In your current position, and as a part of your work for this facility, do you personally diagnose and/or manage cardio-vascular diseases such as hypertension?	YES. 1 NO. 2	
210	Have you received any in-service training, training updates or refresher training on the diagnosis and/or management of cardio-vascular diseases? IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS. 1 YES, OVER 24 MONTHS AGO. 2 NO TRAINING OR UPDATES. 3	

CHRONIC RESPIRATORY DISEASES

211	In your current position, and as a part of your work for this facility, do you personally diagnose and/or manage chronic respiratory conditions such as chronic obstructive pulmonary disease (COPD)?	YES. 1 NO. 2	
212	Have you received any in-service training, training updates or refresher training on the diagnosis and/or management of chronic respiratory diseases? IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS. 1 YES, OVER 24 MONTHS AGO. 2 NO TRAINING OR UPDATES. 3	

3. CHILD HEALTH SERVICES

300	In your current position, and as a part of your work for this facility, do you personally provide any child vaccination services?	YES..... 1 NO..... 2		
301	In your current position, and as a part of your work for this facility, do you personally provide any child growth monitoring services?	YES..... 1 NO..... 2		
302	In your current position, and as a part of your work for this facility, do you personally provide any child curative care services?	YES..... 1 NO..... 2		
303	Have you received any in-service training, training updates or refresher training on topics related to child health or childhood illnesses?	YES..... 1 NO..... 2	→ 400	
304*	Have you received any in-service training or training updates in any of the following topics [READ TOPIC] IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN-SERVICE TRAINING OR UPDATES
01	EPI OR COLD CHAIN MONITORING	1	2	3
02	INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESSES	1	2	3
03	DIAGNOSIS OF MALARIA IN CHILDREN	1	2	3
04	HOW TO PERFORM MALARIA RAPID DIAGNOSTIC TEST	1	2	3
05	CASE MANAGEMENT / TREATMENT OF MALARIA IN CHILDREN	1	2	3
06	DIAGNOSIS AND/OR TREATMENT OF ACUTE RESPIRATORY INFECTIONS	1	2	3
07	DIAGNOSIS AND/OR TREATMENT OF DIARRHEA	1	2	3
08	MICRONUTRIENT DEFICIENCIES AND/OR NUTRITIONAL ASSESSMENT	1	2	3
09	BREASTFEEDING	1	2	3
10	COMPLIMENTARY FEEDING IN INFANTS	1	2	3
11	PEDIATRIC HIV/AIDS	1	2	3
12	PEDIATRIC ART	1	2	3
13	OTHER TRAINING ON CHILD HEALTH (SPECIFY) _____	1	2	3
14	MALARIA PREVENTION IN CHILDREN, INCLUDING BCC ON USE OF ITNS, AVOIDING MOSQUITO BITES, ETC	1	2	3

4. FAMILY PLANNING SERVICES

400	In your current position, and as a part of your work for this facility, do you personally provide any family planning services?	YES..... 1 NO..... 2		
401	Have you received any in-service training, training updates or refresher training on topics related to family planning?	YES..... 1 NO..... 2	→ 500	
403	Have you received any in-service training, training updates or refresher training in any of the following topics [READ TOPIC] IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN-SERVICE TRAINING OR UPDATES
01	GENERAL COUNSELING FOR FAMILY PLANNING	1	2	3
02	IUCD INSERTION AND/OR REMOVAL	1	2	3
03	IMPLANT INSERTION AND/OR REMOVAL	1	2	3
04	PERFORMING VASECTOMY	1	2	3
05	PERFORMING TUBAL LIGATION	1	2	3
06	CLINICAL MANAGEMENT OF FP METHODS, INCLUDING MANAGING SIDE EFFECTS	1	2	3
07	FAMILY PLANNING FOR HIV POSITIVE WOMEN	1	2	3
08	POST-PARTUM FAMILY PLANNING	1	2	3
09	OTHER TRAINING ON FAMILY PLANNING (SPECIFY) _____	1	2	3

5. MATERNAL HEALTH SERVICES

ANC - PNC - PMTCT

500	In your current position, and as a part of your work for this facility, do you personally provide any antenatal care or postnatal care services? IF YES, PROBE AND INDICATE WHICH SERVICES ARE PROVIDED	YES, ANTENATAL..... 1 YES, POSTNATAL..... 2 YES, BOTH..... 3 NO, NEITHER..... 4		
501	Have you received any in-service training, training updates or refresher training on topics related to antenatal care or postnatal care?	YES..... 1 NO..... 2	→ 503	
502*	Have you received any in-service training, training updates or refresher training in any of the following topics [READ TOPIC] IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN-SERVICE TRAINING OR UPDATES
01	ANC screening (e.g., blood pressure, urine glucose and protein)?	1	2	3
02	Counseling for ANC (e.g., nutrition, FP and newborn care)?	1	2	3
03	Complications of pregnancy and their management?	1	2	3
04	Nutritional assessment of the pregnant woman, such as Body Mass Index calculation and Mid-Upper Arm circumference measurement?	1	2	3
05	Intermittent preventive treatment of malaria during pregnancy	1	2	3
06	Integrated MNCH/PMTMCT	1	2	3
07	Comprehensive Abortion Care (CAC)	1	2	3
503	In your current position, and as a part of your work for this facility, do you personally provide any services that are specifically geared toward preventing mother-to-child transmission of HIV? IF YES, ASK: Which specific services do you provide? INDICATE WHICH OF THE LISTED SERVICES ARE PROVIDED AND PROBE: Anything else?	PREVENTIVE COUNSELING..... A HIV TEST COUNSELING..... B CONDUCT HIV TEST..... C PROVIDE ARV TO MOTHER..... D PROVIDE ARV TO INFANT..... E NOT PROVIDING PMTCT SERVICES... Y		
504	Have you received any in-service training, training updates or refresher training on topics related to maternal and/or newborn health and HIV/AIDS?	YES..... 1 NO..... 2	→ 506	
505	Have you received any in-service training, training updates or refresher training in any of the following topics [READ TOPIC] IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN-SERVICE TRAINING OR UPDATES
01	Prevention of mother-to-child transmission (PMTCT) of HIV?	1	2	3
02	Newborn nutrition counseling of mother with HIV?	1	2	3
03	Infant and young child feeding	1	2	3
04	Modified obstetric practices as relates to HIV (e.g., not rupturing membranes)?	1	2	3
05	Antiretroviral prophylactic treatment for prevention of mother to child transmission of HIV?	1	2	3

DELIVERY SERVICES

506	In your current position, and as a part of your work for this facility, do you personally provide delivery services ? By that I mean conducting the actual delivery of newborns?	YES..... 1 NO..... 2	→ 509				
507	During the past 6 months, approximately how many deliveries have you conducted as the main provider (include deliveries conducted for private practice and for facility) ?	TOTAL DELIVERIES	<table border="1" style="display: inline-table; width: 60px; height: 20px;"> <tr> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>				
508	When was the last time you used a partograph?	NEVER..... 0 WITHIN PAST WEEK..... 1 WITHIN PAST MONTH..... 2 WITHIN PAST 6 MONTHS..... 3 OVER 6 MONTHS AGO..... 4					
509	Have you received any in-service training, training updates or refresher training on topics related to delivery care?	YES..... 1 NO..... 2	→ 511				
510	Have you received any in-service training, training updates or refresher training in any of the following topics [READ TOPIC] IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN-SERVICE TRAINING OR UPDATES			
01	Integrated Management of Pregnancy and Childbirth (IMPAC)?	1	2	3			
02	Comprehensive Emergency Obstetric Care (CEmOC)/BEmOC?	1	2	3			
03	Routine care for labor and normal vaginal delivery?	1	2	3			
04	Active Management of Third Stage of Labor (AMTSL)?	1	2	3			
05	Emergency obstetric care (EmOC)/Life saving skills (LSS) - in general?	1	2	3			
06	Post abortion care?	1	2	3			
07	Special delivery care practices for preventing mother-to-child transmission of HIV?	1	2	3			

NEWBORN CARE SERVICES

511	In your current position, and as a part of your work for this facility, do you personally provide care for the newborn?	YES..... 1 NO..... 2		
512	Have you received any in-service training, training updates or refresher training on topics related to newborn care?	YES..... 1 NO..... 2	→ 600	
513*	Have you received any in-service training, training updates or refresher training in any of the following topics [READ TOPIC] IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN-SERVICE TRAINING OR UPDATES
01	Neonatal resuscitation using bag and mask	1	2	3
02	<i>Early and exclusive</i> breastfeeding	1	2	3
03	Newborn infection management (including injectable antibiotics)	1	2	3
04	Thermal care (including immediate drying and skin-to-skin care)	1	2	3
05	Sterile cord cutting and appropriate cord care	1	2	3
06	Kangaroo Mother Care (KMC) for low birth weight babies	1	2	3
07	Helping Baby Breath (HBB)	1	2	3

6. SEXUALLY TRANSMITTED INFECTIONS - TB - HIV/AIDS

SEXUALLY TRANSMITTED INFECTIONS

600	In your current position, and as part of your work for this facility, do you personally provide any STI services?	YES..... 1 NO..... 2	
601	Have you received any <i>in-service training, training updates or refresher training</i> on topics related to STI services?	YES..... 1 NO..... 2	→ 603
602	Have you received any <i>in-service training, training updates or refresher training</i> in any of the following topics [READ TOPIC] IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO
01	Diagnosing and treating sexually transmitted infections (STIs)	1	2
02	The syndromic management for STIs	1	2
03	Drug resistance to STI treatment medications	1	2

TUBERCULOSIS

603*	Now I will ask if you provide certain TB-related services. For each service, regardless of whether you currently provide it, I will also ask if you have received related <i>in-service training, training updates or refresher training</i> READ THE QUESTIONS FROM COLUMNS A AND B	Do you provide [READ SERVICE]?		Have you received training or training update on [SERVICE]?		
		(a)		(b)		
		YES	NO	YES, WITHIN 24 MONTHS	YES, OVER 24 MONTHS	NO TRAINING
01	Diagnosis of tuberculosis based on sputum tests using AFB Smear Microscopy	1	2	1	2	3
02	Diagnosis of tuberculosis based on clinical symptoms or TB Diagnostic Algorithm	1	2	1	2	3
03	Treatment prescription for tuberculosis	1	2	1	2	3
04	Treatment follow-up services for tuberculosis	1	2	1	2	3
05	Direct Observation Treatment Short-course (DOTS) strategy	1	2	1	2	3
06	Management of TB - HIV co-infection	1	2	1	2	3
07	Management of MDR-TB or identification and referral of MDR-TB suspects	1	2	1	2	3
08	Management of TB in Children	1	2	1	2	3
09	Community-based DOTS	1	2	1	2	3
10	TB infection control	1	2	1	2	3

HIV/AIDS SERVICES

604	Now I will ask if you provide certain HIV-related services. For each service, regardless of whether you currently provide it, I will also ask if you have received related <i>in-service training, training updates or refresher training</i> READ THE QUESTIONS FROM COLUMNS A AND B	Do you provide [READ SERVICE]?		Have you received training or training update on [SERVICE]?		
		(a)		(b)		
		YES	NO	YES, WITHIN 24 MONTHS	YES, OVER 24 MONTHS	NO TRAINING
01	Provide counseling related to HIV testing	1	2	1	2	3
02	Conduct the HIV test	1	2	1	2	3
03	Provide any services related to PMTCT	1	2	1	2	3
04	Provide any palliative care services	1	2	1	2	3
05	Provide any ART services, including prescription, counseling, or follow-up	1	2	1	2	3
06	Provide any preventive treatment for opportunistic infections (OIs) such as TB and pneumonia	1	2	1	2	3
07	Provide pediatric AIDS care	1	2	1	2	3
08	Provide HIV/AIDS home-based care	1	2	1	2	3
09	Provide post-exposure prophylaxis (PEP) services	1	2	1	2	3

MENTAL ,NEUROLOGICAL AND SUBSTANCE USE DISORDERS

605	Now I will ask if you provide certain mental, neurological, and substance use disorders-related services. For each service, regardless of whether you currently provide it, I will also ask if you have received related in-service training, training updates or refresher training.	Do you provide [READ SERVICE]?	Have you received training or training update on [SERVICE]? IF YES, within 24 months or over?		
	READ THE QUESTIONS FROM COLUMNS A AND B	(a)	(b)		
		YES NO	YES, WITHIN 24 MONTHS	YES, OVER 24 MONTHS	NO TRAINING
01	Provide health education on promotion of mental health and prevention of mental neurological and substance use problems and substance use disorders	1 2	1	2	3
02	Provide a referral to suspected case, follow up and support to peoples with mental neurological and substance use problems	1 2	1	2	3

7. DIAGNOSTIC SERVICES

700	In your current position, and as a part of your work for this facility, do you personally conduct laboratory tests? CIRCLE 'NO' IF THE PROVIDER ONLY COLLECTS SPECIMENS.	YES..... 1 NO..... 2	→ 800		
701	Please tell me if you personally conduct any of the following tests as part of your work in this facility	YES	NO		
01	Microscopic examining of sputum for diagnosing tuberculosis	1	2		
02	HIV rapid testing	1	2		
03	Any other HIV test, such as PCR, ELISA, or Western Blot	1	2		
04	Hematology testing, such as anemia testing	1	2		
05	CD4 testing	1	2		
06	Malaria microscopy	1	2		
07	Malaria rapid diagnostic test (mRDT)	1	2		
702	Have you received any in-service training, training updates or refresher training on topics related to the different diagnostic tests you conduct?	YES..... 1 NO..... 2	→ 800		
703	Have you received any in-service training, training updates or refresher training in any of the following topics [READ TOPIC] IF YES: Was the training, training update or refresher training within the past 24 months or more than 24 months ago?	YES, WITHIN PAST 24 MONTHS	YES, OVER 24 MONTHS AGO	NO IN-SERVICE TRAINING OR UPDATES	
01	Microscopic examination of sputum for diagnosing tuberculosis	1	2	3	
02	HIV testing	1	2	3	
03	CD4 testing	1	2	3	
04	Blood screening for HIV prior to transfusion?	1	2	3	
05	Blood screening for Hepatitis B prior to transfusion?	1	2	3	
06	Tests for monitoring ART such as TLC and serum creatinine.	1	2	3	
07	Malaria microscopy	1	2	3	
08	Malaria rapid diagnostic test (mRDT)	1	2	3	

8. WORKING CONDITIONS IN FACILITY

800	<p>Now I want to ask you a few more questions about your work in this facility.</p> <p>In an average week, how many hours do you work in this facility? IF WEEKS ARE NOT CONSISTENT, ASK THE RESPONDENT TO AVERAGE OUT HOW MANY HOURS PER MONTH AND THEN DIVIDE THIS BY 4.</p>	<p>AVERAGE HOURS PER WEEK WORKING IN THIS FACILITY</p> <div style="text-align: right; border: 1px solid black; width: 60px; height: 20px; margin-left: auto;"> </div>																																	
801	<p>Now I would like to ask you some questions about supervision you have personally received. This supervision may have been from a supervisor either in this facility, or from outside the facility. Do you receive supervision or any technical support in your work?</p> <p>IF YES, ASK: When was the most recent time?</p>	<p>YES, IN THE PAST 3 MONTHS. 1 YES, IN THE PAST 4-6 MONTHS. 2 YES, IN THE PAST 7-12 MONTHS. 3 YES, MORE THAN 12 MONTHS AGO. 4 NO. 5</p>	<div style="border-left: 1px solid black; border-right: 1px solid black; border-bottom: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> <p>→ 804</p>																																
802	<p>How many times in the past six months has your work been supervised or did you receive any technical support?</p>	<p>NUMBER OF TIMES.</p> <div style="text-align: right; border: 1px solid black; width: 40px; height: 20px; margin-left: auto;"> </div> <p>EVERY DAY. '96</p>																																	
803	<p>The last time you were personally supervised, did your supervisor do any of the following:</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> <th style="width: 10%; text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>01 Check your records or reports?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>02 Observe your work?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>03 Provide any feedback (either positive or negative) on your performance?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2 05 ←</td> <td style="text-align: center;">8 ← 05</td> </tr> <tr> <td>04 Give you verbal or written feedback that you were doing your work well?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>05 Provide updates on administrative or technical issues related to your work?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>06 Discuss problems you have encountered?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>07 Receive solution for problems reported.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		YES	NO	DK	01 Check your records or reports?	1	2	8	02 Observe your work?	1	2	8	03 Provide any feedback (either positive or negative) on your performance?	1	2 05 ←	8 ← 05	04 Give you verbal or written feedback that you were doing your work well?	1	2	8	05 Provide updates on administrative or technical issues related to your work?	1	2	8	06 Discuss problems you have encountered?	1	2	8	07 Receive solution for problems reported.	1	2	8	
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804	<p>Do you have a written job description of your current job or position in this facility? IF YES, ASK: May I see it?</p>	<p>YES, OBSERVED 1 YES, REPORTED, NOT SEEN 2 NO 3</p>																																	
805	<p>Are there any opportunities for promotion in your current job?</p>	<p>YES. 1 NO. 2 UNCERTAIN/DON'T KNOW. 8</p>																																	
806	<p>Which type(s) of salary supplement do you receive, if any?</p> <p style="text-align: center;">PROBE: Anything else?</p>	<p>MONTHLY OR DAILY SALARY SUPPLEMENT. A PERDIEM WHEN ATTENDING TRAINING. B DUTY ALLOWANCE. C PAYMENT FOR EXTRA ACTIVITIES (NOT ROUTINELY PROVIDED). D OTHER _____ X (SPECIFY) NONE. Y</p>																																	
807	<p>In your current position, what non-monetary incentives have you received for the work you do, if any?</p> <p style="text-align: center;">PROBE: Anything else?</p>	<p>TIME OFF / VACATIONS A UNIFORMS, BACKPACKS, CAPS, etc. B DISCOUNT MEDICINES, FREE TICKETS FOR CARE, VOUCHERS, etc. C TRAINING. D FOOD RATION / MEALS. E SUBSIDIZED HOUSING F OTHER _____ X (SPECIFY) NONE Y</p>																																	

808*	<p>Among the various things related to your working situation that you would like to see improved, can you tell me the three that you think would most improve your ability to provide good quality of care services? Please rank them in order of importance, with 1 being the most important.</p> <p>ENTER LETTER CORRESPONDING WITH THE 1ST MENTIONED INTO THE 1ST BOX, AND REPEAT WITH THE 2ND AND 3RD.</p> <p>IF THE PROVIDER ONLY MENTIONS 1 OR 2 ITEMS THEN PUT "Y" IN THE REMAINING BOX/ES. DO NOT LEAVE THEM EMPTY.THERE MUST BE 3 ENTRIES.</p> <p>DO NOT READ CHOICES TO YOUR RESPONDENT</p>	<p>MORE SUPPORT FROM SUPERVISOR..... A</p> <p>MORE KNOWLEDGE / UPDATES TRAINING..... B</p> <p>MORE SUPPLIES/STOCK..... C</p> <p>BETTER QUALITY EQUIPMENT/ SUPPLIES..... D</p> <p>LESS WORKLOAD (i.e. MORE STAFF)..... E</p> <p>BETTER WORKING HOURS / FLEXIBLE TIMES..... F</p> <p>MORE INCENTIVES (SALARY, PROMOTION, HOLIDAYS)..... G</p> <p>TRANSPORTATION FOR REFERRAL PATIENTS..... H</p> <p>PROVIDING ART..... I</p> <p>PROVIDING PEP..... J</p> <p>INCREASED SECURITY..... K</p> <p>BETTER FACILITY INFRASTRUCTURE..... L</p> <p>MORE AUTONOMY / INDEPENDENCE..... M</p> <p>EMOTIONAL SUPPORT FOR STAFF (COUNSELING / SOCIAL ACTIVITIES)..... N</p> <p>MONTHLY RISK ALLOWANCE..... O</p> <p>SUBSIDIZED HOUSING..... P</p> <p>OTHER 1 (SPECIFY)..... V</p> <p>OTHER 2 (SPECIFY)..... W</p> <p>OTHER 3 (SPECIFY)..... X</p> <p>NO PROBLEM..... Y</p>	<p style="text-align: center;">RANKING</p> <table border="1" style="margin: auto;"> <tr> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> </tr> </table>			
808A*	Did you experience any delay in receiving your last salary?	<p>YES..... 1</p> <p>NO..... 2</p>				

9. CLINICAL KNOWLEDGE

900*	<p>CHECK Q103 FOR PROVIDER OCCUPATIONAL CATEGORY / QUALIFICATION</p> <p>CODE 24, 25, 26, 27 OR 28 (i.e., LABORATORY-RELATED) CIRCLED <input type="checkbox"/></p> <p>CODE 01, 02, 04, 05, 06, 07, 09, 10, 12, 14, 15, 16, 17, 18, 21, 42,43,44 or 95 (I.E., LIKELY CLINICAL SERVICE PROVIDER) CIRCLED <input type="checkbox"/></p>		END
<p>READ TO PROVIDER: As a trained provider of clinical services, I will ask you a few questions on the diagnosis and management of some common health conditions in the country. Your responses will help the Government and the Federal Ministry of Health in planning service delivery. You may chose to not respond to any of these questions, however, we will appreciate your honest responses to help the Government achieve its objective. Your input is very important. Please be assured that any information you provide will remain completely confidential and will not be traced back to you, and will not be identified with the name of the facility.</p>			
901*	Do I have your permission to proceed?	YES. 1 REFUSED 2	→ END
902*	<p>Please tell me, what signs, symptoms and other elements of history would you look for in a 40 year old client presenting with fever and cough that has lasted for quite some time?</p> <p>WAIT FOR SPONTANEOUS RESPONSES, THEN PROBE FOR ANY OTHER SIGNS OR SYMPTOMS</p>	DURATION OF COUGH. A TYPE OF COUGH (PRODUCTIVE, DRY, ETC.). B PRESENCE OF BLOOD IN SPUTUM. C CHEST PAIN / DIFFICULTY BREATHING. D PRESENCE OF FEVER AND PATTERN. E PATTERN OF SWEATS (NIGHT). F HISTORY OF TB IN HOUSEHOLD. G HISTORY OF CONTACT WITH AN ADULT WITH PROLONGED COUGH IN THE HOUSEHOLD. H HIV TEST TAKEN/HIV SERO-STATUS. I WEIGHT LOSS. J APPETITE. K GENERAL HEALTH CONDITION (TIREDNESS/ FATIGUE). L OTHERS IN HOUSEHOLD WITH SAME TYPE OF COUGH. M HAS THIS HAPPENED BEFORE. N MEDICATION/TREATMENT HISTORY O DRINKING/ALCOHOL CONSUMPTION. P SMOKING HISTORY. Q NORMAL DIET. R PROFESSION. S HIGH RISK SEXUAL BEHAVIOR. T CONSULT A SENIOR STAFF U OTHER _____ X (SPECIFY) DON'T KNOW. Z	
903*	<p>You found out that the patient has had productive cough for about a month, with blood in the sputum, and night sweats. He has lost weight and feels a little bit tired, eat less then usual. He hasn't been on any treatment. He's a manual laborer, stopped drinking alcohol two years ago, but smokes one packet of cigarette daily.</p> <p>His father had the same kind of cough</p> <p>What kind of examination would you do?</p> <p>WAIT FOR SPONTANEOUS RESPONSES, THEN PROBE FOR ANY OTHER ACTIONS</p>	TAKE TEMPERATURE. A CHECK WEIGHT. B CHECK HEIGHT. C TAKE PULSE RATE. D TAKE RESPIRATORY RATE. E CHEST EXAMINATION (AUSCULTATION OR OTHER). . . . F RETRACTION/ DECREASE MOVEMENT. G TAKE BLOOD PRESSURE. H REFER TO OTHER PROVIDER OR FACILITY. I CONSULT A SENIOR STAFF J OTHER: _____ X (SPECIFY) DON'T KNOW. Z	

<p>904*</p>	<p>Your examination reveals the following: Temperature: 38 degrees celcius, Weight: 62 kgs, Height: 160 cm, Pulse rate: 90 per minute, Respiratory rate: 20 per minute, Normal chest exam with normal movement of chest</p> <p>BP: 120/80.</p> <p>Please tell me, what kind of tests would you administer?</p> <p>WAIT FOR SPONTANEOUS RESPONSES, THEN PROBE FOR ANY OTHER TESTS</p>	<p>SPUTUM FOR AFB (TAKEN SPOT). A CHEST X-RAY. B ESR (ERYTHROCYTIC SEDIMENTATION RATE). C HAEMOGRAM / FULL BLOOD COUNT. D HEMOGLOBIN. E HIV TEST. F BLOOD SUGAR TEST. G CONSULT A SENIOR STAFF H OTHER: _____ X (SPECIFY) DON'T KNOW. Z</p>	
<p>905*</p>	<p>It will take time to get the results. What would be your preliminary diagnosis?</p> <p>WAIT FOR SPONTANEOUS RESPONSES, THEN PROBE FOR ANY OTHER DIAGNOSIS</p>	<p>PTB (PULMONARY TB). A PNEUMONIA B CHRONIC BRONCHITIS. C CONSULT A SENIOR STAFF D OTHER: _____ X (SPECIFY) DON'T KNOW. Z</p>	
<p>906*</p>	<p>What treatment would you administer or what would be your action plan?</p> <p>WAIT FOR SPONTANEOUS RESPONSES, THEN PROBE FOR ANY OTHER TREATMENT</p> <p>2 DRUGS MAY BE:</p> <p>RIMACTIZID & RIMFAMPICIN, ETHAMBUTOL & PYRAZINAMIDE, AND ETHAMBUTOL & ISONIAZIDE</p>	<p>COMBINATION THERAPY: 4 DRUGS FOR 2 MONTHS AND 2 DRUGS FOR 6 MONTHS. A CRYSTALLINE PENICILLIN / X-PEN. B AMOXICILLIN. C FOLLOW UP IN THE TB CLINIC. D REFER TO ANOTHER PROVIDER OR FACILITY. E CONSULT A SENIOR STAFF F OTHER: _____ X (SPECIFY) DON'T KNOW. Z</p>	
<p>907*</p>	<p>What would be your recommendation as part of health education to this patient?</p> <p>WAIT FOR SPONTANEOUS RESPONSES, THEN PROBE FOR ANY OTHER RECOMMENDATIONS</p>	<p>ADHERENCE TO TREATMENT. A CONTACT TESTING. B CONSULT A SENIOR STAFF C OTHER: _____ X (SPECIFY) DON'T KNOW. Z</p>	

910*	<p>Please tell me, what signs, symptoms and other elements of history would you look for in a 4 years old boy presenting with fever that has been worsening over time?</p> <p>WAIT FOR SPONTANEOUS RESPONSES, THEN PROBE FOR ANY OTHER SIGNS OR SYMPTOMS</p>	<p>DURATION OF FEVER. A PRESENCE OF FEVER AND PATTERN. B SHIVERS OR SWEATS. C HISTORY OF CONVULSIONS. D HISTORY OF VOMITING. E LOSS OF APPETITE / CHANGES IN EATING HABITS. F DIARRHEA. G COUGH. H SEVERITY OF COUGH. I TYPE OF COUGH (PRODUCTIVE/DRY). J DIFFICULTY BREATHING. K TYPE OF MEDICATION GIVEN. L AMOUNT OF MEDICATION GIVEN. M VACCINATION STATUS TO DATE. N CONSULT A SENIOR STAFF O OTHER: _____ X (SPECIFY) DON'T KNOW. Z</p>	
911*	<p>You found out that the boy has had fever for one week, intermittent with shivers and sweat, eats less than usual, vomits sometimes, and has mild dry cough. He was given Panadol to control his fever, one dose two days ago, one yesterday and one this morning; all his vaccinations are up to date. He has had no convulsions, no diarrhea and no difficulty breathing.</p> <p>What kind of examination would you do?</p> <p>WAIT FOR SPONTANEOUS RESPONSES, THEN PROBE FOR ANY OTHER ACTIONS</p>	<p>TAKE TEMPERATURE. A TAKE WEIGHT. B TAKE PULSE RATE. C TAKE RESPIRATORY RATE. D CHECK HANDS (FOR PALMAR PALLOR). E CHECK TONGUE. F CHECK EYES (IF SUNKEN). G CHECK EYES (IF PALE COLOR). H RESPONSIVENESS/ GENERAL CONDITION. I CHECK SKIN CONDITION. J CHECK FOR NECK STIFFNESS. K VERIFY IF FACE IS PUFFY. L CHECK FOR SWOLLING FEET. M DO ABDOMEN AND LIVER EXAM. N CONSULT A SENIOR STAFF O OTHER: _____ X (SPECIFY) DON'T KNOW. Z</p>	
912*	<p>Your examination reveals the following: Temperature: 37.2 degrees celcius Weight: 11 Kgs Pulse rate: 95 per minute, normal respiratory rate Normal abdomen/liver exam, normal skin.</p> <p>No neck stiffness. The boy is awake but lethargic The nails beds are pale, the tongue is also pale. The eyes are not sunken but are pale; The face is not puffy and the feet are not swollen</p> <p>Please tell me, what kind of tests would you administer?</p> <p>WAIT FOR SPONTANEOUS RESPONSES, THEN PROBE FOR ANY OTHER TESTS</p>	<p>MICROSCOPY/BLOOD SLIDE FOR MALARIA PARASITE (BF). A RAPID MALARIA DIAGNOSTIC TEST B HEMOGLOBIN. C FULL BLOOD COUNT. D CONSULT A SENIOR STAFF E OTHER: _____ X (SPECIFY) DON'T KNOW. Z</p>	
913*	<p>It will take some time to get the results. What would be your preliminary diagnosis?</p> <p>WAIT FOR SPONTANEOUS RESPONSES, THEN PROBE FOR ANY OTHER DIAGNOSIS</p>	<p>MALARIA. A ANEMIA. B MALARIA WITH ANEMIA. C SEVERE MALARIA D CONSULT A SENIOR STAFF E OTHER: _____ X (SPECIFY) DON'T KNOW. Z</p>	

914*	<p>What treatment would you administer or what would be your action plan?</p> <p>WAIT FOR SPONTANEOUS RESPONSES, THEN PROBE FOR ANY OTHER TREATMENT</p>	<p>ARTEMETHER/LUMEFANTRINE 6 DOSE REGIMEN, 2 TABLETS PER DOSE (COARTEM) A PARACETAMOL/OTHER FEVER REDUCING MEDICINE. B ADEQUATE FLUID AND NUTRITION. C QUININE INTRAVENOUS INFUSION. D QUININE INTRAMUSCULAR INJECTION. E RECTAL ARTESUNATE (100 MG SUPPOSITORY). F BLOOD TRANSFUSION G CONSULT A SENIOR STAFF H CHLOROQUINE I OTHER: _____ . X (SPECIFY) DON'T KNOW Z</p>	
915*	<p>What would be your recommendation as part of health education to this patient?</p> <p>WAIT FOR SPONTANEOUS RESPONSES, THEN PROBE FOR ANY OTHER RECOMMENDATIONS</p>	<p>ADHERENCE TO TREATMENT. A PROMPT RETURN IF SYMPTOMS WORSEN. B CONSULT A SENIOR STAFF C OTHER: _____ . X (SPECIFY) DON'T KNOW Z</p>	

930*	<p>A mother gives birth. The newborn is not crying. The newborn fails to establish regular breathing and appears pale and slightly blue.</p> <p>What kind of examination would you do?</p> <p>WAIT FOR SPONTANEOUS RESPONSES, THEN PROBE FOR ANY OTHER ACTIONS</p>	<p>CHECK HEART RATE (PER MINUTE). A OBSERVE RESPIRATION EFFORT. B MUSCLE TONE. C TEST REFLEX IRRITABILITY (NASAL CATHETER). D LOOK AT NEONATE'S COLOR. E SCORE NEONATE USING AGPAR SCALE. F REFER TO OTHER PROVIDER OR FACILITY. G CONSULT A SENIOR STAFF H OTHER: _____ . X (SPECIFY) DON'T KNOW. Z</p>	
931*	<p>You found out that the neonate is blue/pale, the heart rate is less than 100, there is no respiration effort, no response to the test for reflex irritability and some flexion of arms and legs.</p> <p>What would you do?</p> <p>WAIT FOR SPONTANEOUS RESPONSES, THEN PROBE FOR ANY OTHER ACTIONS</p>	<p>CLEAR AIR WAY USING SUCKER. A KEEP THE BABY WARM. B INITIATE RESUSCITATION WITH BAG AND MASK. C TAKE RESPIRATORY RATE. D CHEST EXAMINATION (AUSCULTATION OR OTHER). E RETRACTION/ DECREASE MOVEMENT. F TAKE BLOOD PRESSURE. G CONSULT A SENIOR STAFF H OTHER: _____ . X (SPECIFY) DON'T KNOW. Z</p>	
932*	<p>What would be your preliminary diagnosis?</p> <p>WAIT FOR SPONTANEOUS RESPONSES, THEN PROBE FOR ANY OTHER DIAGNOSIS</p>	<p>RESPIRATORY DISTRESS SYNDROME. A BIRTH ASPHYXIA. B CONSULT A SENIOR STAFF C OTHER: _____ . X (SPECIFY) DON'T KNOW. Z</p>	
THANK YOUR RESPONDENT AND MOVE TO THE NEXT DATA COLLECTION POINT			

2021 ETHIOPIA SERVICE PROVISION ASSESSMENT SURVEY

OBSERVATION OF ANTENATAL CARE CONSULTATION

1. Facility Identification

	QTYPE	O	A	N	C
FACILITY NUMBER					
PROVIDER SERIAL NUMBER [FROM STAFF LISTING FORM]					
CLIENT CODE [FROM CLIENT LISTING FORM]					

2. Provider Information

	PROVIDER CATEGORY		
<u>Provider Qualification Category:</u>			
GENERAL PRACTITIONER..... 01	MIDWIFES (DIPLOMA)..... 17		
MD SPECIALIST: GENERAL SURGEON..... 02	SPECIALIZED NURSE INCLUDING NEONATOLOGY, ET..... 18		
MD SPECIALIST: OBGYN..... 04	INTEGRATED EMERGENCY SURGICAL OFFICER (IESO)..... 21		
MD SPECIALIST: INTERNIST..... 05	MSc IN MEDICAL LABORATORY..... 24		
MD SPECIALIST: PEDIATRICIAN..... 06	LABORATORY TECHNOLOGIST..... 25		
MD PSYCHIATRIST..... 07	LABORATORY TECHNICIAN..... 26		
OTHER MD SPECIALIST, INCLUDING	MICROBIOLOGIST..... 27		
SERVICE SPECIALISTS..... 09	BIO-MEDICAL ENGINEER..... 28		
HEALTH OFFICER..... 10	HEALTH EXTENSION WORKER LEVEL 3..... 42		
NURSE (DIPLOMA)..... 12	HEALTH EXTENSION WORKER LEVEL 4..... 43		
NURSE (BSc)..... 14	OTHER CLINICAL STAFF NOT LISTED ABOVE..... 44		
PUBLIC HEALTH NURSE..... 15	NO TECHNICAL QUALIFICATION/NON CLINICAL STAFF..... 95		
MIDWIFES (BSc)..... 16			
SEX OF PROVIDER: (1=Male; 2=Female)	SEX OF PROVIDER		

3. Information About Observation

Date of the observation	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">DAY</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td>MONTH</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td>YEAR</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">2</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">0</td> </tr> <tr> <td></td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">2</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>	DAY			MONTH			YEAR	2	0		2	
DAY													
MONTH													
YEAR	2	0											
	2												
Name of the observer: _____	OBSERVER CODE												

4. Observation of Antenatal-Care Consultation

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
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BEFORE OBSERVING THE CONSULTATION, OBTAIN PERMISSION FROM BOTH THE SERVICE PROVIDER AND THE CLIENT. MAKE SURE THAT THE PROVIDER KNOWS THAT YOU ARE NOT THERE TO EVALUATE HIM OR HER, AND THAT YOU ARE NOT AN "EXPERT" TO BE CONSULTED DURING THE SESSION.

	<p>READ TO PROVIDER: Hello. I am [OBSERVER]. I am representing the ETHIOPIAN PUBLIC HEALTH INSTITUTE (EPHI) and the FMoH .</p> <p>We are conducting a study of health facilities in ETHIOPIA with the goal of finding ways to improve the delivery of services. I would like to observe your consultation with this client in order to understand how ANC services are provided in this facility.</p> <p>Information from this observation is confidential. Neither your name nor that of the client will be recorded. The information acquired during this observation may be used by the MOH or other organizations to improve services, or for research on health services; however, neither your name nor the names of your clients will be entered in any database.</p> <p>Do you have any questions for me? If at any point you feel uncomfortable you can ask me to leave. However, we hope you won't mind our observing your consultation.</p> <p>Data collection will take place (August – December, 2021), data will be released on July 2022 Datasets from this study will only be available for legitimate research purposes If you have any question regarding the survey please contact: Fikreselassie Getachew, CO Principle Investigator, EPHI, Addis Ababa, Ethiopia, Cell No. 0913210444</p> <p>Do I have your permission to be present at this consultation?</p> <p>_____</p> <p>Interviewer's signature (Indicates respondent's willingness to participate)</p>	<table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">0</td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: 8px;">DAY</td> <td style="text-align: center; font-size: 8px;">MONTH</td> <td colspan="3" style="text-align: center; font-size: 8px;">YEAR</td> <td></td> </tr> </table>			2	0	2		DAY	MONTH	YEAR				
		2	0	2											
DAY	MONTH	YEAR													
100	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE PROVIDER.	YES 1 NO 2	→ END												

	<p>READ TO CLIENT: Hello, I am _____. I am representing the ETHIOPIAN PUBLIC HEALTH INSTITUTE (EPHI) and the FMoH .</p> <p>We are conducting a study of health services in ETHIOPIA. I would like to be present while you are receiving services today in order to understand how ANC services are provided in this facility.</p> <p>We are not evaluating the [NURSE/DOCTOR/PROVIDER] or the facility. And although information from this observation may be provided to researchers for analyses, neither your name nor the date of service will be provided in any shared data, so your identity and any information about you will remain completely confidential.</p> <p>Please know that whether you decide to allow me to observe your visit is completely voluntary and that whether you agree to participate or not will not affect the services you receive. If at any point you would prefer I leave please feel free to tell me.</p> <p>Data collection will take place (August – December, 2021), data will be released on July 2022 Datasets from this study will only be available for legitimate research purposes If you have any question regarding the survey please contact: Fikreselassie Getachew, CO Principle Investigator, EPHI, Addis Ababa, Ethiopia, Cell No. 0913210444</p> <p>After the consultation, my colleague would like to talk with you about your experience here today. Do you have any questions for me at this time? Do I have your permission to be present at this consultation?</p> <p>_____</p> <p>Interviewer's signature (Indicates respondent's willingness to participate)</p>		
101	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE CLIENT.	YES 1 NO 2	→ END

102	RECORD THE TIME THE OBSERVATION STARTED USE 24 HOURS FORMAT	□□:□□
103	IS THIS THE FIRST OBSERVATION FOR THIS PROVIDER FOR THIS SERVICE?	YES 1 NO 2
NO.	QUESTION / OBSERVATIONS	CODES
FOR EACH OF THE GROUPS THAT FOLLOW, CIRCLE ANY ACTION TAKEN BY THE PROVIDER OR THE CLIENT. IF NO ACTION IN THE GROUP IS OBSERVED, CIRCLE "Y" FOR EACH GROUP AT THE END OF THE OBSERVATION.		

RESPECT AND FRIENDLINESS

104A	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING	
01	Called the client by her appropriate name or appropriate title	A
02	Greet the client (and others present) in a friendly and respectful manner	B
03	Asked the client to be seated	C
04	Introduced her/himself and title (midwife, nurse, etc)	D
05	None of the above	Y

CLIENT HISTORY

104	RECORD WHETHER THE PROVIDER ASKED ABOUT OR THE CLIENT MENTIONED ANY OF THE FOLLOWING FACTS:	
01	Client's age	A
02	Medications the client is taking	B
03	Date client's last menstrual period began	C
04	Number of prior pregnancies client has had	D
05	None of the above	Y

ASPECTS OF PRIOR PREGNANCIES

105	RECORD WHETHER THE PROVIDER OR THE CLIENT DISCUSSED ANY OF THE FOLLOWING ASPECTS OF THE CLIENT'S PRIOR PREGNANCIES:	(A) PROVIDER ASKED		(B) CLIENT RESPONDED	
		YES	NO	YES	NO
01	Prior stillbirth(s)	1 → B	2 ↘ 02	1	2
02	Infant(s) who died in the first week of life	1 → B	2 ↘ 03	1	2
03	Heavy bleeding, during or after delivery	1 B →	2 ↘ 04	1	2
04	Previous assisted delivery (caesarean section, ventouse/vacuum, or forceps)	1 → B	2 ↘ 05	1	2
05	Previous spontaneous abortions	1 → B	2 ↘ 06	1	2
06	Previous multiple pregnancies	1 → B	2 ↘ 07	1	2
07	Previous prolonged labor	1 → B	2 ↘ 08	1	2
08	Previous pregnancy-induced hypertension	1 → B	2 ↘ 09	1	2
09	Previous pregnancy related convulsions	1 → B	2 ↘ 10	1	2
10	High fever or infection during prior pregnancy/pregnancies	1 → B	2 ↘ '106	1	2
11	Non of the above	Y		Y	

NO.	QUESTION / OBSERVATIONS	CODES
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DANGER SIGNS OF CURRENT PREGNANCY

106	IN COLUMN A , RECORD WHETHER THE PROVIDER ASKED ABOUT OR THE CLIENT MENTIONED ANY OF THE FOLLOWING FOR CURRENT PREGNANCY. IN COLUMN B , RECORD WHETHER THE PROVIDER COUNSELLED ON THE DANGER SIGNS IN COLUMN C , RECORD WHETHER THE PROVIDER ADVISED THE CLIENT TO SEEK EMERGENCY CARE IF HAD ANY OF THE FOLLOWING SYMPTOMS	(A) PROVIDER ASKED ABOUT OR CLIENT MENTIONED	(B) PROVIDER COUNSELLED	(C) SEEK EMERGENCY CARE IF
01	Vaginal bleeding	A	A	A
02	Fever	B	B	B
03	Headache or blurred vision	C	C	C
04	Swollen face or hands or extremities	D	D	D
05	Tiredness or breathlessness	E	E	E
06	Fetal movement (loss of, excessive, normal)	F	F	F
07	Cough or difficulty breathing for 3 weeks or longer	G	G	G
08*	Convulsions	H	H	H
09*	Severe abdominal pain	I	I	I
10	Any other symptoms or problems the client thinks might be related to this pregnancy	J	J	J
11	None of the above	Y	Y	Y

PHYSICAL EXAMINATION

	RECORD WHETHER THE PROVIDER PERFORMED THE FOLLOWING PROCEDURES:	
107A	PREPARATION FOR PHYSICAL EXAMINATION	
01	Washed his/her hands with soap or use alcohol hand rub prior to examination	A
02	Explained the procedure to be performed including physical examination to be conducted	B
03	Explained why the procedure (including physical examination) was needed	C
04	Obtained permission before procedure (including physical examination)	D
05	None of the above	Y
107B	PHYSICAL EXAMINATION	
01	Take the client's blood pressure	A
02	Weigh the client	B
03	Examine conjunctiva/palms for anemia	C
04	Examine legs/feet/hands for edema	D
05	Examine for swollen glands or lymphnodes	E
06	Palpate the client's abdomen for fetal presentation	F
07	Palpate the client's abdomen for fundal height	G
08	Listen to the client's abdomen for fetal heartbeat	H

NO.	QUESTION / OBSERVATIONS	CODES
09	Conduct an ultrasound/refer client for ultrasound/look at recent ultrasound report	I
10	Examine the client's breasts	J
11	Conduct vaginal examination/exam of perineal area	K
12	Measure fundal height using tape measure	L
13*	Advise /refere the client to visit the health center at least one times	M
14	None of the above	Y

ROUTINE TESTS

108	RECORD WHETHER THE PROVIDER A) ASKED ABOUT, B) PERFORMED OR, C) REFERRED THE CLIENT FOR THE FOLLOWING TESTS	(A) PROVIDER ASKED	(B) PROVIDER PERFORMED	(C) PROVIDER REFERRED	(D) NO ACTION TAKEN
01	Anemia test (Hgb/HCT)	A	B	C	Y
02	Blood grouping	A	B	C	Y
03	Any urine test	A	B	C	Y
04	Syphilis test (VDRL)	A	B	C	Y

HIV TESTING AND COUNSELLING

109	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING:	
01	Asked if the client knew her HIV status	A
02	Provide counseling related to HIV test	B
03	Refer for counseling related to HIV test	C
04	Perform HIV test	D
05	Refer for HIV test	E
06	None of the above	Y

ARV PROPHYLAXIS / TREATMENT

109A	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING FOR HIV + (PMTCT1):	
01	Provided ARV for prophylaxis or treatment	A
02	Provided Septrin/Cotrimoxazole for prevention	B
03	None of the above	Y

NO.	QUESTION / OBSERVATIONS	CODES
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MAINTAINING A HEALTHY PREGNANCY

110	RECORD WHETHER THE PROVIDER GAVE THE CLIENT ANY OF THE FOLLOWING ADVICE OR COUNSEL ABOUT PREPARATIONS	
01	Discussed nutrition (i.e., quantity or quality of food to eat) during the pregnancy	A
02	Informed the client about the progress of the pregnancy	B
03	Discussed the importance of at least 4 ANC visits	C
04	None of the above	Y

IRON/ FOLATE SUPPLEMENTATION

111	RECORD WHETHER THE PROVIDER GAVE THE CLIENT ANY OF THE FOLLOWING TREATMENT OR COUNSELLING:	
01	Prescribed or gave iron pills or folic acid (IFA) or both	A
02	Explained the purpose of iron or folic acid	B
03	Explained how to take iron or folic-acid pills	C
04	Explained side effects of iron or folic-acid pills	D
05	None of the above	Y

TETANUS TOXOID INJECTION

112	RECORD WHETHER THE PROVIDER GAVE THE CLIENT ANY OF THE FOLLOWING TREATMENT OR COUNSELLING:	
01	Prescribed or gave a tetanus toxoid (TT) injection	A
02	Explained the purpose of the TT injection	B
03	None of the above	Y

DEWORMING

113	RECORD WHETHER THE PROVIDER GAVE THE CLIENT ANY OF THE FOLLOWING TREATMENTS	
01	Prescribed or gave Mebendazole	A
02	Explained the purpose of Mebendazole	B
03	None of the above	Y

MALARIA

114	RECORD WHETHER THE PROVIDER GAVE THE CLIENT ANY OF THE FOLLOWING TREATMENT OR COUNSELLING:	
01	Gave malaria prophylaxis medicine (SP) to client during the consultation	A
02	Prescribed malaria prophylaxis medicine (SP) to client to obtain elsewhere	B
03	Explained the purpose of the preventive treatment with anti-malaria medicine	C
04	Explained how to take the anti-malaria medicine	D
05	Explained possible side effects of the anti-malaria medicine	E
06	Provided ITN to client as part of consultation or instructed client where to obtain ITN	F
07	Explicitly explained importance of using ITN to client	G
	DIRECT OBSERVATION:	
08	Dose of IPT is taken in presence of provider (DOT) as part of consultation	H
09	Importance of further doses of IPT explained	I
10	None of the above	Y

NO.	QUESTION / OBSERVATIONS	CODES
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PREPARATION FOR DELIVERY

115	RECORD WHETHER THE PROVIDER ADVISED OR COUNSELLED ABOUT DELIVERY IN ANY OF THE FOLLOWING WAYS:	
01	Asked the client where she will deliver	A
02	Advised the client to prepare for delivery (e.g. set aside money, arrange for emergency transportation)	B
03	Advised the client to use a skilled health worker for delivery	C
04	Advise the client what items to have in hands in case of emergency and it's importance (e.g., blade)	D
05	None of the above	Y

NEWBORN AND POSTPARTUM RECOMMENDATIONS

116	RECORD WHETHER THE PROVIDER ADVISED OR COUNSELLED ABOUT NEWBORN OR POSTPARTUM CARE IN ANY OF THE FOLLOWING WAYS:	
01	Discussed care for the newborn (i.e., warmth, hygiene and cord care)	A
02	Discussed early initiation and prolonged breastfeeding	B
03	Discussed exclusive breastfeeding	C
04	Discussed importance of vaccination for the newborn	D
05	Discussed family planning options for after delivery	E
06*	Discussed post-natal care and importance of post-natal care	F
07	None of the above	Y

OVERALL OBSERVATIONS OF INTERACTION

117A	RECORD WHETHER THE PROVIDER ASKED IF THE CLIENT HAD ANY QUESTIONS AND ENCOURAGED QUESTIONS.	YES, ASKED QUESTIONS. 1 NO, DID NOT ASK QUESTIONS. 2	
117B	RECORD WHETHER THE PROVIDER DID ONE OF THE FOLLOWING		
01	Shouted at the client		A
02	Insulted the client		B
03	Slapped/pinched the client		C
04	Threatened to withhold care		D
05	Non of the above		Y
118	RECORD WHETHER THE PROVIDER USED ANY VISUAL AIDS FOR HEALTH EDUCATION OR COUNSELLING DURING THE CONSULTATION.	YES, USED VISUAL AIDS. 1 NO AIDS USED. 2	
119	RECORD WHETHER THE PROVIDER LOOKED AT THE CLIENT'S ANC CARD (EITHER BEFORE BEGINNING THE EXAM, WHILE COLLECTING INFORMATION OR EXAMINING THE CLIENT).	YES, LOOKED AT CARD. 1 NO, DID NOT LOOK AT CARD. 2 NO HEALTH CARD USED. 3	→ 121
120	RECORD WHETHER THE PROVIDER WROTE ON THE CLIENT'S HEALTH CARD.	YES 1 NO 2 DON'T KNOW 8	
121	RECORD THE OUTCOME OF THE CONSULTATION. [RECORD THE OUTCOME AT THE TIME THE OBSERVATION CONCLUDED]	CLIENT GOES HOME. 1 CLIENT REFERRED (TO LAB OR OTHER PROVIDER) AT SAME FACILITY. 2 CLIENT ADMITTED TO SAME FACILITY. 3 CLIENT REFERRED TO OTHER FACILITY. 4	

NO.	QUESTION / OBSERVATIONS	CODES
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QUESTIONS TO ANC PROVIDER

ASK THE PROVIDER THE FOLLOWING QUESTIONS AND VERIFY IN THE ANC REGISTER OR ON CLIENT'S ANC CARD		
122	How many weeks pregnant is the client?	WEEKS OF PREGNANCY <input type="text"/> <input type="text"/>
123	Is this the client's 1st, 2nd, 3rd, 4th or 5th visit for antenatal care at this facility for this pregnancy?	FIRST VISIT..... 1 → 124 SECOND VISIT..... 2 THIRD VISIT..... 3 FOURTH VISIT..... 4 FIFTH OR MORE VISIT..... 5 DON'T KNOW..... 8
123A	What is the date of this clients last ANC visit at this facility for this pregnancy	DAY..... <input type="text"/> <input type="text"/> MISSING DAY 98 MONTH..... <input type="text"/> <input type="text"/> MISSING MONTH 98 YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MISSING YEAR 9998
124	Has the client had a previous pregnancy, regardless of the duration or outcome of that pregnancy, or is this the client's first pregnancy?	FIRST PREGNANCY..... 1 NOT FIRST PREGNANCY..... 2 DON'T KNOW..... 8
125	RECORD THE TIME THE OBSERVATION ENDED.....	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>
Observer's comments:		

2021 ETHIOPIAN SERVICE PROVISION ASSESSMENT PLUS SURVEY

OBSERVATION OF FAMILY PLANNING CONSULTATION

1. Facility Identification

	QTYPE	O	F	P
FACILITY NUMBER.....				
PROVIDER SERIAL NUMBER [FROM STAFF LISTING FORM]				
CLIENT CODE [FROM CLIENT LISTING FORM]				

2. Provider Information

	PROVIDER CATEGORY																																																		
<u>Provider Qualification Category:</u>																																																			
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3. Information About Observation

Date of the observation	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">DAY</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td>MONTH</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td>YEAR</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">2</td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">0</td> </tr> <tr> <td></td> <td style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">2</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>	DAY			MONTH			YEAR	2	0		2	
DAY													
MONTH													
YEAR	2	0											
	2												
Name of the observer: _____	OBSERVER CODE												

4. Observation of Family Planning Consultation

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
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BEFORE OBSERVING THE CONSULTATION, OBTAIN PERMISSION FROM BOTH THE SERVICE PROVIDER AND THE CLIENT. MAKE SURE THAT THE PROVIDER KNOWS THAT YOU ARE NOT THERE TO EVALUATE HIM OR HER, AND THAT YOU ARE NOT AN "EXPERT" TO BE CONSULTED DURING THE SESSION.

	<p>READ TO PROVIDER: Hello. I am [OBSERVER]. I am representing the ETHIOPIAN PUBLIC HEALTH INSTITUTE (EPHI) and the FMoH .We are conducting a study of health facilities in Ethiopia with the goal of finding ways to improve the delivery of services. I would like to observe your consultation with this client in order to understand howfamily planning services are provided in this facility.</p> <p>Information from this observation is confidential. Neither your name nor that of the client will be recorded. The information acquired during this observation may be used by the MOH or other organizations to improve services, or for research on health services; however, neither your name nor the names of your clients will be entered in any database.</p> <p>Do you have any questions for me? If at any point you feel uncomfortable you can ask me to leave. However, we hope you won't mind our observing your consultation.</p> <p>Data collection will take place (August – December, 2021), data will be released on July 2022 Datasets from this study will only be available for legitimate research purposes If you have any question regarding the survey please contact: Fikreselassie Getachew, CO Principle Investigator, EPHI, Addis Ababa, Ethiopia, Cell No. 0913210444</p> <p>Do I have your permission to be present at this consultation?</p>														
	Interviewer's signature (Indicates respondent's willingness to participate)	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">0</td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: 8px;">DAY</td> <td style="text-align: center; font-size: 8px;">MONTH</td> <td colspan="3" style="text-align: center; font-size: 8px;">YEAR</td> <td></td> </tr> </table>			2	0	2		DAY	MONTH	YEAR				
		2	0	2											
DAY	MONTH	YEAR													
100	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE PROVIDER.	YES 1 NO 2	→ END												

	<p>READ TO CLIENT: Hello, I am _____. I am representing the ETHIOPIAN PUBLIC HEALTH INSTITUTE (EPHI) and the FMoH. We are conducting a study of health services in Ethiopia. I would like to be present while you are receiving services today in order to understand how family planning services are provided in this facility.</p> <p>We are not evaluating the [PROVIDER] or the facility. And although information from this observation may be provided to researchers for analyses, neither your name nor the date of services will be provided in any shared data, so your identity and any information about you will remain completely confidential.</p> <p>Please know that whether you decide to allow me to observe your visit is completely voluntary and that whether you agree to participate or not will not affect the services you receive. If at any point you would prefer I leave please feel free to tell me.</p> <p>After the consultation, my colleague would like to talk with you about your experience here today. Data collection will take place (August – December, 2021), data will be released on July 2022 Datasets from this study will only be available for legitimate research purposes If you have any question regarding the survey please contact: Fikreselassie Getachew, CO Principle Investigator, EPHI, Addis Ababa, Ethiopia, Cell No. 0913210444</p> <p>Do you have any questions for me at this time? Do I have your permission to be present at this consultation?</p>						
101	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE CLIENT.	YES 1 NO 2	→ END				
102	RECORD THE TIME THE OBSERVATION STARTED.	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>					
103	IS THIS THE FIRST OBSERVATION FOR THIS PROVIDER FOR THIS SERVICE?	YES 1 NO 2					

104	RECORD THE SEX OF CLIENT.	MALE 1 FEMALE 2	
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NO.	QUESTIONS / OBSERVATIONS	CODES
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RESPECT AND FRIENDLINESS

105A	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING	
	Called the client by her/his appropriate name or appropriate title	A
	Greet the client (and others present) in a friendly and respectful manner	B
	Asked the client to be seated	C
	Introduced her/himself and title (midwife, nurse, etc)	D
	None of the above	Y

CLIENT HISTORY (FEMALE CLIENTS ONLY)

105	INDICATE BELOW WHETHER THE PROVIDER ASKED ABOUT OR THE CLIENT VOLUNTEERED INFORMATION ON THE FOLLOWING ITEMS:	
01	Last delivery date or age of youngest child	A
02	Last menstrual period (assess if currently pregnant)	B
03	Breastfeeding status	C
04	Regularity of menstrual cycle	D
05	None of the above	Y

CLIENT HISTORY (ALL CLIENTS)

106	CLIENT'S PERSONAL INFORMATION AND REPRODUCTIVE HISTORY. INDICATE BELOW WHETHER THE PROVIDER ASKED ABOUT OR THE CLIENT VOLUNTEERED INFORMATION ON THE FOLLOWING ITEMS:	
01	Age of client	A
02	Number of living children	B
03	Desire for a child or more children	C
04	Desired timing for birth of next child	D
05	None of the above	Y

PHYSICAL EXAMINATION

107A	RECORD WHETHER THE PROVIDER PERFORMED ANY OF THE FOLLOWING PHYSICAL EXAMINATIONS OR ASKED ANY OF THE FOLLOWING HEALTH QUESTIONS:	
	PREPARATION FOR PHYSICAL EXAMINATION	
1	Washed his/her hands with soap or use alcohol hand rub prior to examination	A
2	Explained the procedure to be performed including physical examination to be conducted	B
3	Explained why the procedure (including physical examination) was needed	C
4	Obtained permission before procedure (including physical examination)	D
5	None of the above	Y

NO.	QUESTIONS / OBSERVATIONS	CODES
107	HISTORY AND PHYSICAL EXAMINATION	
01	Took the client's blood pressure	A
02	Weighed the client	B
03	Asked the client about his/her smoking habits	C
04	Asked the client about symptoms of STIs (e.g., abnormal vaginal/urethral discharge)	D
05	Asked the client about any chronic illnesses (heart disease, diabetes, hypertension, liver disease, or breast cancer)	E
06	None of the above	Y

PARTNER AND STIS

108	RECORD WHETHER THE PROVIDER DISCUSSED ANY OF THE FOLLOWING ISSUES RELATED TO SEXUAL PARTNERS AND CHOICE OF FAMILY PLANNING METHOD.	
01	Partner's attitude toward family planning (in favor of, or against idea of family planning)	A
02	Partner status (number of client's sexual partners, or of client's partner; periods of partner's absence)	B
03	Client's perceived risk of STIs/HIV	C
04	Use of condoms to prevent STIs/HIV	D
05	Using condoms along with another method (dual method) to prevent both pregnancy and STIs/HIV	E
06	None of the above	Y

QUESTIONS/CONCERNS

109	RECORD WHETHER THE PROVIDER OR CLIENT DID ANY OF THE FOLLOWING	
01	Provider asked client if he/she had questions or concerns regarding current method	A
02	Client expressed concerns about method, or asked questions about method, including possible side effects of method.	B
03	None of the above	Y

PRIVACY/CONFIDENTIALITY

110	RECORD WHETHER THE PROVIDER TOOK ANY OF THE FOLLOWING STEPS TO ASSURE THE CLIENT OF PRIVACY	
01	Ensured visual privacy	A
02	Ensured auditory privacy	B
03	Assured the client orally of confidentiality	C
04	None of the above	Y

NO.	QUESTIONS / OBSERVATIONS	CODES
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METHODS PROVIDED OR PRESCRIBED

111	<p align="center">VERIFY METHOD WITH PROVIDER AND INDICATE WHICH METHOD(S) WERE EITHER PROVIDED OR PRESCRIBED DURING THIS VISIT. IF CONDOMS WERE EITHER PRESCRIBED OR PROVIDED FOR USE ALONG WITH ANOTHER METHOD, CIRCLE BOTH METHODS.</p> <p align="center">IF CLIENT IS CONTINUING CLIENT WHO RECEIVED REFILLS FOR PILLS, REPEAT INJECTION, OR REPLACEMENT FOR IUCD DURING THIS VISIT, CIRCLE THE METHOD THAT WAS REPLENISHED IN COLUMN B.</p> <p align="center">CAUTION!</p> <p align="center">AT LEAST ONE RESPONSE MUST BE REPORTED FOR EACH OF THE COLUMNS IF NO METHOD IS PRESCRIBED, THEN "Y" SHOULD BE CIRCLED IN COLUMN "A"</p>																																																																												
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 65%;"></th> <th style="width: 15%; text-align: center;">(A)</th> <th style="width: 15%; text-align: center;">(B)</th> </tr> <tr> <th style="text-align: left;">METHOD</th> <th></th> <th style="text-align: center;">PRESCRIBED TO BE FILLED LATER/DIFFERENT FACILITY</th> <th style="text-align: center;">PROVIDED TO CLIENT IN FACILITY</th> </tr> </thead> <tbody> <tr><td>01</td><td>COMBINED ORAL PILL</td><td style="text-align: center;">A</td><td style="text-align: center;">A</td></tr> <tr><td>02</td><td>PROGESTIN-ONLY ORAL PILL</td><td style="text-align: center;">B</td><td style="text-align: center;">B</td></tr> <tr><td>03</td><td>ORAL PILL (TYPE UNSPECIFIED)</td><td style="text-align: center;">C</td><td style="text-align: center;">C</td></tr> <tr><td>04</td><td>COMBINED INJECTABLE (MONTHLY)</td><td style="text-align: center;">D</td><td style="text-align: center;">D</td></tr> <tr><td>05</td><td>DEPO PROVERA INJECTABLE (3-MONTHLY)</td><td style="text-align: center;">E</td><td style="text-align: center;">E</td></tr> <tr><td>06</td><td>MALE CONDOM</td><td style="text-align: center;">F</td><td style="text-align: center;">F</td></tr> <tr><td>07</td><td>FEMALE CONDOM</td><td style="text-align: center;">G</td><td style="text-align: center;">G</td></tr> <tr><td>08</td><td>IUCD</td><td style="text-align: center;">H</td><td style="text-align: center;">H</td></tr> <tr><td>09</td><td>IMPLANT</td><td style="text-align: center;">I</td><td style="text-align: center;">I</td></tr> <tr><td>10</td><td>EMERGENCY CONTRACEPTION</td><td style="text-align: center;">J</td><td style="text-align: center;">J</td></tr> <tr><td>11</td><td>CYCLE BEADS FOR STANDARD DAYS METHOD</td><td style="text-align: center;">K</td><td style="text-align: center;">K</td></tr> <tr><td>12</td><td>COUNSELING ON PERIODIC ABSTINENCE</td><td style="text-align: center;">L</td><td style="text-align: center;">L</td></tr> <tr><td>13</td><td>VASECTOMY (MALE STERILIZATION)</td><td style="text-align: center;">M</td><td style="text-align: center;">M</td></tr> <tr><td>14</td><td>TUBAL LIGATION (FEMALE STERILIZATION)</td><td style="text-align: center;">N</td><td style="text-align: center;">N</td></tr> <tr><td>15</td><td>LACTATIONAL AMENORHEA</td><td style="text-align: center;">O</td><td style="text-align: center;">O</td></tr> <tr><td>16</td><td>OTHER (E.G., SPERMICIDE, DIAPHRAGM)</td><td style="text-align: center;">X</td><td style="text-align: center;">X</td></tr> <tr><td>17</td><td>NO METHOD</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td></tr> </tbody> </table>			(A)	(B)	METHOD		PRESCRIBED TO BE FILLED LATER/DIFFERENT FACILITY	PROVIDED TO CLIENT IN FACILITY	01	COMBINED ORAL PILL	A	A	02	PROGESTIN-ONLY ORAL PILL	B	B	03	ORAL PILL (TYPE UNSPECIFIED)	C	C	04	COMBINED INJECTABLE (MONTHLY)	D	D	05	DEPO PROVERA INJECTABLE (3-MONTHLY)	E	E	06	MALE CONDOM	F	F	07	FEMALE CONDOM	G	G	08	IUCD	H	H	09	IMPLANT	I	I	10	EMERGENCY CONTRACEPTION	J	J	11	CYCLE BEADS FOR STANDARD DAYS METHOD	K	K	12	COUNSELING ON PERIODIC ABSTINENCE	L	L	13	VASECTOMY (MALE STERILIZATION)	M	M	14	TUBAL LIGATION (FEMALE STERILIZATION)	N	N	15	LACTATIONAL AMENORHEA	O	O	16	OTHER (E.G., SPERMICIDE, DIAPHRAGM)	X	X	17	NO METHOD	Y	Y
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<p>FOR Q112-129, CIRCLE THE APPROPRIATE LETTERS TO INDICATE IF THE INFORMATION UNDER EACH RELEVANT SECTION WAS DISCUSSED OR SHARED WITH THE CLIENT.</p>																																																																													

112	CHECK Q111: ARE "A", "B", "C", "D" OR "E" CIRCLED IN EITHER OR BOTH COLUMNS? YES <input type="checkbox"/> NO <input type="checkbox"/>	114
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NO.	QUESTIONS / OBSERVATIONS	CODES
113	PILLS OR INJECTIONS	
01	When to take (pill daily; injection either every month or every 2 or 3 months)	A
02	Changes that may occur with menstruation (decreased flow or amenorrhea, spotting)	B
03	Initial side effects that may occur (such as nausea, weight gain, and breast tenderness)	C
04	What to do if forget pill or do not get injection on time	D
05	Method does not protect against STIs, including HIV	E
06	Should return to clinic if side effects appear or persist	F
07	None of the above	Y
114	CHECK Q111: ARE "F" OR "G" CIRCLED IN EITHER OR BOTH COLUMNS? YES <input type="checkbox"/> NO <input type="checkbox"/>	116
115	CONDOMS	
01	Client cannot use if allergic to latex	A
02	Each condom can be used only one time	B
03	Some lubricants may be used (male condom— water soluble only; female condom —any lubricant)	C
04	Can be used as backup method if client fears other method will fail	D
05	Dual protection (from pregnancy and against STIs, including HIV)	E
06	None of the above	Y
116	CHECK Q111: IS "H" CIRCLED IN EITHER OR BOTH COLUMNS? YES <input type="checkbox"/> NO <input type="checkbox"/>	118
117	INTRAUTERINE CONTRACEPTIVE DEVICE (IUCD)	
01	Good for up to 5 years or 12 years	A
02	Should return to the clinic 3-6 weeks post insertion or after first menses	B
03	Common side effects that may occur (heavy bleeding for first few months post insertion, spotting or mild abdominal cramps)	C
04	Should return to clinic if side effects continue	D
05	User should regularly check strings after each menstruation	E
06	Method does not protect against STIs, including HIV	F
07*	Fertility returns soon after removing the method	G
08	None of the above	Y

NO.	QUESTIONS / OBSERVATIONS	CODES
118	CHECK Q111: IS "I" CIRCLED IN EITHER OR BOTH COLUMNS? YES <input type="checkbox"/> NO <input type="checkbox"/>	120
119	IMPLANTS	
01	Good for 3-5 years	A
02	Changes that may occur with menstruation (irregular bleeding, decreased flow, spotting)	B
03	Initial side effects that may occur (such as nausea, weight gain, breast tenderness)	C
04	Should return to clinic if side effects continue	D
05	Method does not protect against STIs, including HIV	E
06	None of the above	Y
120	CHECK Q111: IS "J" CIRCLED IN EITHER OR BOTH COLUMNS? YES <input type="checkbox"/> NO <input type="checkbox"/>	122
121	EMERGENCY CONTRACEPTION	
01	Take another dose if vomit within 2 hours of taking a dose	A
02	Return for pregnancy check if period is unusually light or fails to occur within 4 weeks	B
03	First dose to be taken within 120 hours of unprotected sexual contact	C
04	Second dose should be taken 12 hours after first dose	D
05	Not for routine contraception and therefore regimen not to be repeated or taken more than three times in any one month	E
06	Method does not protect against STIs, including HIV	F
07	None of the above	Y
122	CHECK Q111: IS "K" OR "L" CIRCLED IN EITHER OR BOTH COLUMNS? YES <input type="checkbox"/> NO <input type="checkbox"/>	124
123	PERIODIC ABSTINENCE OR STANDARD DAYS METHOD	
01	How to identify a woman's fertile period	A
02	No intercourse during woman's fertile period without alternative method (condom)	B
03	Method does not protect against STIs, including HIV	C
04	None of the above	Y
124	CHECK Q111: IS "M" CIRCLED IN EITHER COLUMN "A" OR COLUMN "B"? YES <input type="checkbox"/> NO <input type="checkbox"/>	126
125	VASECTOMY	
01	Partner is protected from pregnancy after 3 months or after 30 ejaculations	A
02	Use of a back-up method for the next 3 months	B
03	Procedure intended to be permanent; slight risk of failure	C
04	Warning signs that may occur after surgery (severe pain, tenderness, bleeding)	D
05	Should return to clinic if experience warning signs	E
06	Method does not protect against STIs, including HIV	F
07	None of the above	Y

NO.	QUESTIONS / OBSERVATIONS	CODES
126	CHECK Q111: IS "N" CIRCLED IN EITHER OR BOTH COLUMNS? YES <input type="checkbox"/> NO <input type="checkbox"/>	128
127	FEMALE STERILIZATION	
01	Protect from pregnancy immediately	A
02	Procedure intended to be permanent, slight risk of failure	B
03	Warning signs that may occur after surgery (severe pain, light-headedness, fever, bleeding, missed periods)	C
04	Should return to clinic if experience warning sign	D
05	Method does not protect against STIs, including HIV	E
06	None of the above	Y
128	CHECK Q111: IS "O" CIRCLED IN EITHER OR BOTH COLUMNS? YES <input type="checkbox"/> NO <input type="checkbox"/>	130
129	LACTATIONAL AMENORRHEA (LAM)	
01	Slight risk of pregnancy during the time shortly before regular menstruation resumes	A
02	Must be exclusively (or near-exclusively) breastfeeding	B
03	Not effective after menstruation begins again	C
04	Infant must be less than 6 months	D
05	Method does not protect against STIs, including HIV	E
06	None of the above	Y

ADDITIONAL PROVIDER ACTIONS

130	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING	
01	Look at client's health card at any time before beginning the consultation, while collecting information or while examining the client	A
02	Wrote on the client's health card	B
03	Used any visual aids for health education or counseling about family planning methods	C
04	Discussed a return visit	D
05*	Demonstrated condom use	E
06	None of the above	Y

CONFIRM WITH PROVIDER

131	CONFIRM THE FOLLOWING WITH THE PROVIDER AT THE END OF THE CONSULTATION. CHECK THE CLIENT CARD OR REGISTER IF NECESSARY.		
01	Has this client had any previous contact with a family planning provider in this facility?	YES..... 1 NO..... 2 DON'T KNOW..... 8	
02	Has this client ever been pregnant?	YES..... 1 NO..... 2 MALE CLIENT..... 3 DON'T KNOW..... 8	

NO.	QUESTIONS / OBSERVATIONS	CODES												
5. CLINICAL OBSERVATION														
201	INDICATE WHICH OF THE FOLLOWING PROCEDURES WAS CONDUCTED DURING THIS VISIT													
01	PELVIC EXAMINATION	A												
02	IUCD INSERTION AND/OR REMOVAL OR IUCD CHECKUP	B												
03	INJECTABLE GIVEN	C												
04	IMPLANT INSERTION AND/OR REMOVAL	D												
05	NONE OF THE ABOVE	Y → 301												
202	IS THE CLINICAL PROVIDER THE SAME PERSON WHO PROVIDED COUNSELLING?	YES 1 NO 2 → 206												
<p>READ TO PROVIDER: Hello, I am representing the ETHIOPIAN PUBLIC HEALTH INSTITUTE (EPHI) and the FMOH. We are conducting a study of health facilities, with the goal of finding ways to improve the delivery of services. I would like to observe the procedure you will conduct with this client. [Ms. ____] has agreed that she has no objection to my presence. Observing all components of the services provided to [Ms. ____] will help us to better understand how health services are provided.</p> <p>Any information relating to this procedure will be completely confidential. If, at any point, you would prefer I leave, please feel free to tell me.</p> <p>Data collection will take place (August – December, 2021), data will be released on July 2022 Datasets from this study will only be available for legitimate research purposes If you have any question regarding the survey please contact: Fikreselassie Getachew, CO Principle Investigator, EPHI, Addis Ababa, Ethiopia, Cell No. 0913210444</p> <p>Do you have any questions for me? Do I have your permission to be present during this procedure?</p> <div style="text-align: right; margin-right: 100px;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">0</td> <td style="width: 20px; height: 20px; text-align: center;">2</td> </tr> <tr> <td style="text-align: center; font-size: 8px;">DAY</td> <td style="text-align: center; font-size: 8px;">MONTH</td> <td colspan="4" style="text-align: center; font-size: 8px;">YEAR</td> </tr> </table> </div> <p>_____ Interviewer's signature (Indicates respondent's willingness to participate)</p>						2	0	2	DAY	MONTH	YEAR			
			2	0	2									
DAY	MONTH	YEAR												
203	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE PROVIDER.	YES 1 NO 2 → 301												
204	RECORD THE TYPE OF PROVIDER PROVIDING MOST OF THE CLINICAL EXAMINATION.	GENERAL PRACTITIONER 01 MD SPECIALIST: GENERAL SURGEON 02 MD SPECIALIST: OBSTETRICIAN AND GYNAECOLOGIST 04 MD SPECIALIST: INTERNIST 05 MD SPECIALIST: PEDIATRICIAN 06 MD PSYCHIATRIST 07 OTHER MD SPECIALIST, INCLUDING SERVICE SPECIALISTS 09 HEALTH OFFICER 10 NURSE (DIPLOMA) 12 NURSE (BSc) 14 PUBLIC HEALTH NURSE 15 MIDWIFES (BSc) 16 MIDWIFES (DIPLOMA) 17 SPECIALIZED NURSE INCLUDING NEONATOLOGY, ETC. 18 INTEGRATED EMERGENCY SURGICAL OFFICER (IESO) 21 MSc IN MEDICAL LABORATORY 24 LABORATORY TECHNOLOGIST 25 LABORATORY TECHNICIAN 26 MICROBIOLOGIST 27 BIO-MEDICAL ENGINEER 28 HEALTH EXTENSION WORKER LEVEL 3 42 HEALTH EXTENSION WORKER LEVEL 4 43 OTHER CLINICAL STAFF NOT LISTED ABOVE 44 NO TECHNICAL QUALIFICATION/NON CLINICAL STAFF 95												
205	RECORD THE SEX OF THE PROVIDER CONDUCTING THE CLINICAL EXAMINATION.	MALE 1 FEMALE 2												

NO.	QUESTIONS / OBSERVATIONS	CODES
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6. PELVIC EXAMINATION

206	CHECK Q201: WAS A PELVIC EXAMINATION CONDUCTED?	YES..... 1 NO..... 2	→ 210
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BEFORE PROCEDURE

207	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING BEFORE PROCEDURE		
01	Ensured that client had visual privacy	A	
02	Ensured that client had auditory privacy	B	
03	Explained procedure to client before starting	C	
04	Prepared all instruments before starting procedure	D	
05	Washed hands with soap and water or disinfected hands before starting procedure	E	
06	Put on latex gloves before starting procedure	F	
07	NONE OF THE ABOVE	Y	

DURING PROCEDURE

208	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING DURING PROCEDURE		
01	Used sterilized or high level disinfected (HLD) instruments	A	
02	Asked the client to take slow deep breaths and to relax muscles	B	
03	Inspected the external genitalia	C	
04	Explained speculum procedure to client (if speculum used)	D	
05	Inspected the cervix and vaginal mucosa (using speculum and light)	E	
06	Performed a bimanual examination (TWO FINGERS IN VAGINA, OTHER HAND PALPATING ABDOMEN)	F	
07	NONE OF THE ABOVE	Y	

AFTER PROCEDURE

209	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING AFTER THE PROCEDURE		
01	Removed gloves	A	
02	Washed or disinfected hands after removing gloves	B	
03	Wiped contaminated surfaces with disinfectant	C	
04	Placed reusable instruments in chlorine-based disinfecting solution immediately after the procedure	D	
05	None of the above	Y	

NO.	QUESTIONS / OBSERVATIONS	CODES
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7. IUCD INSERTION AND/OR REMOVAL

210	CHECK 201: WAS AN IUCD EITHER INSERTED OR REMOVED?	IUCD INSERTION A IUCD REMOVAL B IUCD CHECKUP C NONE OF THE ABOVE..... Y	→ 215
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BEFORE PROCEDURE

211	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING BEFORE PROCEDURE.		
01	Ensured that client had visual privacy	A	
02	Ensured that client had auditory privacy	B	
03	Explained procedure to client before starting	C	
04	(FOR NEW CLIENT) Reconfirmed client choice of method	D	
05	(FOR NEW CLIENT) Confirmed client is not pregnant	E	
06	Prepared all instruments before starting procedure	F	
07	Washed or disinfected hands before starting procedure	G	
08	Put on latex gloves before starting procedure	H	
09	Clean cervix and vagina with antiseptic	I	
10	None of the above	Y	

DURING PROCEDURE

212	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING DURING PROCEDURE.		
01	Performed a bimanual examination (TWO FINGERS IN VAGINA, OTHER HAND PALPATING ABDOMEN)	A	
02	Conducted a speculum examination before performing bimanual examination	B	
03	Inspected the cervix and vaginal mucosa (USING SPECULUM AND LIGHT)	C	
04	Used a tenaculum	D	
05	Sounded the uterus before inserting IUCD	E	
06	Explained any of the above procedures	F	
07	Used the no-touch technique for IUCD insertion	G	
08	Used sterilized or high level disinfected (HLD) instruments	H	
09	None of the above	Y	

AFTER PROCEDURE

213	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING AFTER PROCEDURE.		
01	Removed gloves	A	
02	Washed or disinfected hands after removing gloves	B	
03	Asked client to wait and rest for 5 minutes after inserting IUCD	C	
04	Wiped contaminated surfaces with disinfectant	D	
05	Placed reusable instruments in chlorine-based disinfecting solution immediately after the procedure	E	
06	NONE OF THE ABOVE	Y	

NO.	QUESTIONS / OBSERVATIONS	CODES
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CLIENT - PROVIDER INTERACTION

214	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING AFTER PROCEDURE.	
01	Client told that IUCD is good for up to 5 or 12 years	A
02	Client instructed to return to the clinic 3 to 6 weeks after insertion or after first menses	B
03	Client instructed to regularly check the strings after each menstruation	C
04	Client told she may experience side effects (e.g., heavy bleeding for first few months, spotting, or mild abdominal cramps)	D
05	Client instructed to return to clinic if side effects persisted	E
06	Client provided with a card stating the date IUCD was inserted and the follow-up date	F
07	(IF IUCD REMOVED): Show the removed IUCD to client	G
08	NONE OF THE ABOVE	Y

NO.	QUESTIONS / OBSERVATIONS	CODES
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8. INJECTABLE CONTRACEPTIVES

215	CHECK Q201: WAS AN INJECTABLE CONTRACEPTIVE GIVEN?	YES 1 NO 2	→ 220
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BEFORE PROCEDURE

216	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING BEFORE PROCEDURE.		
01	(With a new client) Reconfirmed the client's choice of method	A	
02	(With a new client) Verified that client was not pregnant	B	
03	(Continuing client) Checked the client's card to ensure giving injection at correct time	C	
04	Ensured visual privacy	D	
05	Ensured auditory privacy	E	
06	Washed/disinfected hands before giving the injection	F	
07	Prepared injection in area with clean table or tray to set items on	G	
08	None of the above	Y	

DURING PROCEDURE

217	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING DURING PROCEDURE		
01	(If using disposables) Used new syringe and needle from a sterile sealed pack	A	
02	Opened new packet of syringe and needle	B	
03	Removed needle from multiple dose vial each time	C	
04	Stirred or mixed the bottle <i>before</i> drawing dose (Depo)	D	
05	Cleaned and air-dried the injection site <i>before injection</i>	E	
06	Drew back plunger <i>before</i> giving injection	F	
07	Allowed dose to self-disperse instead of massaging the site	G	
08	None of the above	Y	

AFTER PROCEDURE

218	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING AFTER THE PROCEDURE		
01	Disposed of sharps in puncture-resistant container (not overflowing or pierced)	A	
02	Tell client not to massage injection site	B	
03	Tell the client when to come back for her next injection	C	
04	None of the above	Y	
219	INDICATE WHETHER THE NEEDLE AND SYRINGE WERE PROVIDED BY THE FACILITY OR PROVIDED BY THE CLIENT.	PROVIDED BY FACILITY..... 1 PROVIDED BY CLIENT..... 2 DON'T KNOW..... 8	

NO.	QUESTIONS / OBSERVATIONS	CODES
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9. IMPLANT INSERTION AND/OR REMOVAL

220	CHECK 201: WERE IMPLANTS EITHER INSERTED OR REMOVED?	IMPLANT INSERTION. A IMPLANT REMOVAL. B NONE OF THE ABOVE. Y	→ 301
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BEFORE PROCEDURE

221	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING BEFORE PROCEDURE.		
01	(With a new client) Reconfirmed the client's choice of method		A
02	(With a new client) Verified that client was not pregnant		B
03	Ensured visual privacy		C
04	Ensured auditory privacy		D
05	Explained the procedure to client before starting		E
06	Prepared all instruments before the procedure		F
07	Used sterilized or high-level disinfected instruments		G
08	Washed/disinfected hands <i>before</i> the procedure		H
09	Put on sterile gloves and maintain sterility during insertion		I
10	None of the above		Y

DURING PROCEDURE

222	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING DURING PROCEDURE.		
01	Cleaned skin where incision was made with antiseptic		A
02	Used sterile towel to protect area		B
03	Used new or sterilized needle and syringe for local anesthetic		C
04	Allowed time for local anesthetic to take effect prior to making incision		D
05	None of the above		Y

AFTER PROCEDURE

223	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING AFTER PROCEDURE.		
01	Disposed of sharps in puncture-resistant containers		A
02	Wiped contaminated surfaces with disinfectant		B
03	Placed instruments in a chlorine solution immediately after completing the procedure		C
04	Removed gloves		D
05	Washed/disinfected hands <i>after</i> removing gloves		E
06	Explained care of incision area and removal of the bandage		F
07	Discussed return visit to remove plaster		G
08*	Provided client with card or health passport stating date implant was inserted and date when the lifespan of the implant will be completed (3 or 5 years later)		H
09*	Provider asked client to palpate or feel area where implant was inserted		I
10	None of the above		Y

NO.	QUESTIONS / OBSERVATIONS	CODES
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PROVIDER/CLIENT INTERACTION

224	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING.	
01	Client instructed that the implant is good for 3-5 years (# OF YEARS DEPENDS ON TYPE)	A
02	Client told about possible menstrual changes and/or side effects	B
03	Client told about other (NON-MENSTRUAL) side effects such as nausea, weight gain, or breast tenderness	C
04	Client instructed to return to clinic if side effects persisted	D
05	(IN THE CASE OF REMOVAL): Client shown each implant stick that was removed and assured that all have been removed	E
06	Provided client with a card stating date that implant was inserted and date when implant should be removed	F
07	Shouted at the client	G
08	Insulted the client	H
09	Slapped/pinched the client	I
10	Threatened to withhold care	J
11	None of the above	Y

225	INDICATE WHETHER THE NEEDLE AND SYRINGE WERE PROVIDED BY THE FACILITY OR PROVIDED BY THE CLIENT.	PROVIDED BY FACILITY..... 1 PROVIDED BY CLIENT..... 2 DON'T KNOW..... 8	
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NO.	QUESTIONS / OBSERVATIONS	CODES
10. CLIENT'S FAMILY PLANNING STATUS TO BE ASKED OF PROVIDER AFTER CONSULTATION		
AFTER THE CONSULTATION, ASK THE PROVIDER THE FOLLOWING QUESTIONS		
301	What was the client's family planning status at the beginning of this consultation?	CURRENT USER 1 NONUSER, USED IN PAST ... 2 → 304 NONUSER, NO PAST USE ... 3 → 304 NOT DETERMINED 8 → 304
302	What was the client's principal reason for the visit?	RESUPPLY/ROUTINE FOLLOW-UP 1 DISCUSS PROBLEM WITH METHOD. 2 DESIRE TO CHANGE METHOD (NO PROBLEM). 3 DESIRE TO DISCONTINUE FP (NO PROBLEM). 4 DISCUSS OTHER PROBLEM. 5
303	What was the outcome of the visit? (FOR CURRENT USER)	CONTINUED WITH CURRENT METHOD 1 → 305 SWITCHED METHOD 2 → 305 PLANNED METHOD SWITCH, NOT RECEIVED TODAY, CONTINUED USE OF CURRENT METHOD 3 → 305 PLANNED METHOD SWITCH, NOT RECEIVED TODAY, DISCONTINUED CURRENT METHOD 4 → 305 DECIDED TO STOP USING FAMILY PLANNING 5 → 306
304	What was the outcome of the visit? (IF NOT A CURRENT USER)	ACCEPTED TO START METHOD 1 DID NOT DECIDE ON METHOD 2 → 306
305	Did the client leave the facility with a method? IF NO, RECORD THE REASON THE CLIENT DID NOT RECEIVE METHOD.	YES, LEFT WITH METHOD ... 1 NO, METHOD NOT IN STOCK .. 2 NO, REQUIRES APPOINTMENT 3 NO, DELAY RECEIVING DUE TO HEALTH PROBLEM ... 4 NO, PREGNANCY STATUS UNCERTAIN 5 OTHER. 6
306	INDICATE WHETHER THE PROVIDER WROTE IN OR ON AN INDIVIDUAL CLIENT'S CARD AFTER THE CONSULTATION.	YES 1 NO 2 NO INDIVIDUAL CARD USED .. 3 DON'T KNOW 8
307	RECORD THE TIME THE OBSERVATION ENDED..... <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	
308	Observer's comments:	

2021 ETHIOPIAN SERVICE PROVISION ASSESSMENT PLUS SURVEY

OBSERVATION OF SICK CHILD CONSULTATION

1. Facility Identification

	QTYPE <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">S</td> <td style="width: 20px; text-align: center;">C</td> <td style="width: 20px; text-align: center;">O</td> </tr> </table>	S	C	O		
S	C	O				
FACILITY NUMBER	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>					
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2. Facility type

REFERRAL HOSPITAL	01
GENERAL HOSPITAL	02
PRIMARY HOSPITAL	03
HEALTH CENTER	04
HEALTH POST	05
HIGHER CLINIC	06
MEDIUM CLINIC	07
LOWER CLINIC	08

3. Provider Information

	PROVIDER CATEGORY <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																																																
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SEX OF PROVIDER: (1=Male; 2=Female)	SEX OF PROVIDER <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>																																																

4. Information About Observation

Date of the observation	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">DAY</td> <td style="width: 20%; text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> </td> </tr> <tr> <td>MONTH</td> <td style="text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> </td> </tr> <tr> <td>YEAR</td> <td style="text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px;"></td> </tr> </table> </td> </tr> <tr> <td>Name of the observer: _____</td> <td style="text-align: right;">OBSERVER CODE <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table></td> </tr> </table>	DAY	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			MONTH	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			YEAR	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px;"></td> </tr> </table>	2	0	2		Name of the observer: _____	OBSERVER CODE <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			
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4. OBSERVATION OF SICK CHILD CONSULTATION

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
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BEFORE OBSERVING THE CONSULTATION, OBTAIN PERMISSION FROM BOTH THE SERVICE PROVIDER AND THE CLIENT. MAKE SURE THAT THE PROVIDER KNOWS THAT YOU ARE NOT THERE TO EVALUATE HIM OR HER, AND THAT YOU ARE NOT AN “EXPERT” TO BE CONSULTED DURING THE SESSION.

READ TO PROVIDER: Hello. I am [OBSERVER]. I am representing the ETHIOPIAN PUBLIC HEALTH INSTITUTE (EPHI) and the FMoH.
 We are conducting a study of health facilities in ETHIOPIA with the goal of finding ways to improve the delivery of services. I would like to observe your consultation with this client in order to understand how services for sick children are provided in this facility.

Information from this observation is confidential. Neither your name nor that of the client will be recorded. The information acquired during this observation may be used by the MOH or other organizations to improve services, or for research on health services; however, neither your name nor the names of your clients will be entered in any database.

Do you have any questions for me? If at any point you feel uncomfortable you can ask me to leave. However, we hope you won't mind our observing your consultation.
 Data collection will take place (August – December, 2021), data will be released on July 2022
 Datasets from this study will only be available for legitimate research purposes
 If you have any question regarding the survey please contact:
 Fikreselassie Getachew, CO Principle Investigator, EPHI, Addis Ababa, Ethiopia, Cell No. 0913210444

Do I have your permission to be present at this consultation?

 Interviewer's signature
 (Indicates respondent's willingness to participate)

				2	0	2	
DAY			MONTH		YEAR		

100	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE PROVIDER.	YES 1 NO 2	→ END
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READ TO CLIENT: Hello, I am _____. I am representing the ETHIOPIAN PUBLIC HEALTH INSTITUTE (EPHI) and the FMoH.
 We are conducting a study of health services in ETHIOPIA. I would like to be present while you are receiving services today in order to understand how sick child services are provided in this facility.

We are not evaluating the [NURSE/DOCTOR/PROVIDER] or the facility. And although information from this observation may be provided to researchers for analyses, neither your name nor the date of service will be provided in any shared data, so your identity and any information about you will remain completely confidential.

Please know that whether you decide to allow me to observe your visit is completely voluntary and that whether you agree to participate or not will not affect the services you receive. If at any point you would prefer I leave please feel free to tell me.
 Data collection will take place (August – December, 2021), data will be released on July 2022
 Datasets from this study will only be available for legitimate research purposes
 If you have any question regarding the survey please contact:
 Fikreselassie Getachew, CO Principle Investigator, EPHI, Addis Ababa, Ethiopia, Cell No. 0913210444

After the consultation, my colleague would like to talk with you about your experience here today. Do you have any questions for me at this time? Do I have your permission to be present at this consultation?

 Interviewer's signature
 (Indicates respondent's willingness to participate)

101	RECORD WHETHER PERMISSION WAS RECEIVED FROM THE CARETAKER.	YES 1 NO 2	→ END
102	RECORD THE TIME THE OBSERVATION STARTED	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	
103	IS THIS THE FIRST OBSERVATION FOR THIS PROVIDER FOR THIS SERVICE?	YES 1 NO 2	
104	RECORD SEX OF THE CHILD. CONFIRM SEX OF CHILD WITH THE PROVIDER	MALE 1 FEMALE 2	
104a	RECORD CHILD AGE ASK THE PROVIDER FOR THE CHILD AGE	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
104c	CHECK COVER PAGE FACILITY TYPE CODE '1', '2' or '3' CIRCLED <input type="checkbox"/>	CODE '4', '5', '6', '7', or '8' CIRCLED <input type="checkbox"/>	→ 105Aa

5. PROVIDER INTERACTION WITH CARETAKER AND CHILD

NO.	QUESTIONS / OBSERVATIONS	CODES
RESPECT AND FRIENDLINESS		
105A	RECORD WHETHER THE PROVIDER DID ONE OF THE FOLLOWING	
01	Called the client by her/his appropriate name or appropriate title	A
02	Greet the client (and others present) in a friendly and respectful manner	B
03	Introduced her/himself and title (midwife, nurse, etc)	D
04	None of the above	Y

CLIENT HISTORY

105	RECORD WHETHER A PROVIDER ASKED ABOUT OR WHETHER THE CARETAKER MENTIONED THAT THE CHILD HAD ANY OF THE FOLLOWING MAIN SYMPTOMS	A) CARETAKER MENTIONED		B) PROVIDER ASKED		C) CARETAKER RESPONSE TO (B)		
		YES	NO	YES	NO	YES	NO	
		1 02	2 → B	1 → C	2 02	1	2	
		1 03	2 → B	1 → C	2 03	1	2	
		1 04	2 → B	1 → C	2 04	1	2	
01	Fever							
02	Cough or difficult breathing (e.g., fast breathing or chest in-drawing)							
03	Diarrhea							
04	Ear pain or discharge							
106	RECORD WHETHER A PROVIDER ASKED ABOUT OR WHETHER THE CARETAKER MENTIONED ANY OF THE FOLLOWING GENERAL DANGER SIGNS	A) CARETAKER MENTIONED		B) PROVIDER ASKED		C) CARETAKER RESPONSE TO (B)		
		YES	NO	YES	NO	YES	NO	
		1 02	2 → B	1 → C	2 02	1	2	
		1 03	2 → B	1 → C	2 03	1	2	
		1 107	2 → B	1 → C	2 107	1	2	
01	Child is unable to drink or breastfeed							
02	Child vomits everything							
03	Child has had convulsions with this illness							
107	RECORD WHETHER A PROVIDER CHECK FOR SUSPECTED SYMPTOMATIC HIV INFECTION BY ASKING FOR ANY OF THE FOLLOWING:	A) CARETAKER MENTIONED		B) PROVIDER ASKED		C) CARETAKER RESPONSE TO (B)		
		YES	NO	YES	NO	YES	NO	
		1 02	2 → B	1 → C	2 02	1	2	
		1 03	2 → B	1 → C	2 03	1	2	
		1 04	2 → B	1 → C	2 04	1	2	
		1 05	2 → B	1 → C	2 05	1	2	
		1 108	2 → B	1 → C	2 108	1	2	
01	Mother's HIV status							
02	TB disease in any parent in the last 5 years							
03	Two or more episodes of diarrhea in child each lasting 14 days or more							
04	Severe pneumonia (history of cough with chest in drawing, convulsion, coma or irritability)							
05	Very severe disease (In absence of cough, history of chest in drawing, convulsion, coma or irritability)							

NO.	QUESTIONS / OBSERVATIONS	CODES
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PHYSICAL EXAMS

108A	RECORD WHETHER A PROVIDER PERFORMED ANY OF THE FOLLOWING PHYSICAL EXAMINATIONS ON THE SICK CHILD		
	PREPARATION FOR PHYSICAL EXAMINATION		
	01	Washed his/her hands with soap or use alcohol hand rub prior to examination	A
	02	Explained the procedure to be performed including physical examination to be conducted	B
	03	Explained why the procedure (including physical examination) was needed	C
	04	Obtained permission before procedure (including physical examination)	D
05	None of the above	Y	
108B	PHYSICAL EXAMINATION		
	02	Took child's temperature by thermometer	A
	03	Felt the child for fever or body hotness	B
	04	Counted respiration (breaths) for 60 seconds	L
	05	Auscultated child (listen to chest with stethoscope) or count pulse	M
	06	Checked skin turgor for dehydration (e.g., pinch abdominal skin)	N
	07	Checked for pallor by looking at palms	O
	08	Checked for pallor by looking at conjunctiva	P
	09	Looked into child's mouth	H
	10	Checked for neck stiffness	C
	11	Looked in child's ear	F
	12	Felt behind child's ear	G
	13	Undressed child to examine (up to shoulders/down to ankles)	Q
	14	Pressed both feet to check for edema	R
	15	Weighed the child	S
	16	Plotted weight on growth chart	T
	17	Checked for enlarged lymph nodes in 2 or more of the following sites: neck, axillae, groin	V
	18	None of the above	Y

NO.	QUESTIONS / OBSERVATIONS	CODES
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OTHER ASSESSMENTS

109	RECORD WHETHER A PROVIDER ASKED ABOUT OR PERFORMED OTHER ASSESSMENTS OF THE CHILD'S HEALTH BY DOING ANY OF THE FOLLOWING:	
01	Offered the child something to drink or asked the mother to put the child to the breast MARK AS YES IF YOU OBSERVE CHILD DRINKS OR BREASTFEEDS DURING VISIT	A
02	Asked about normal feeding habits or practices when the child is not ill	B
03	Asked about normal breastfeeding habits or practices when the child is not ill	C
04	Asked about feeding or breastfeeding habits or practices for child during this illness	D
05	Mentioned the child's weight or growth to the caretaker, or discussed growth chart	E
06	Looked at the child's immunization card or asked caretaker about child vaccination history	F
07	Asked if child received Vitamin A within past 6 months	G
08	Looked at the child's health card either before beginning the consultation, or while collecting information from the caretaker, or while examining the child THIS ITEM MAY BE EITHER THE VACCINATION CARD OR OTHER HEALTH CARD	H
09	Wrote on the child's health card	I
10	Asked if child received any de-worming medication in last 6 months	J
11	None of the above	Y

COUNSELING OF CARETAKER

110	RECORD WHETHER A PROVIDER DID ANY OF THE FOLLOWING	
01	Provided general information about feeding or breastfeeding the child even when not sick	A
02	Told the caretaker to give extra fluids to the child during this illness	B
03	Told the caretaker to continue feeding the child during this illness	C
04	Told the caretaker what illness(es) the child has	D
05	Described signs and/or symptoms in the child for which to immediately bring child back	E
06	Used a visual aid to educate caretaker	F
07	None of the above	Y

ADDITIONAL COUNSELING

111	RECORD WHETHER A PROVIDER DID ANY OF THE FOLLOWING THIS REFERS ONLY TO MEDICINES THAT THE CARETAKER WILL GIVE TO THE SICK CHILD AT HOME AND DOES NOT INCLUDE STAT DOSES OR ONE TIME MEDS GIVEN TO THE CHILD DURING THE VISIT (E.G., ORS OR PAIN MEDICINE) FOR URGENT TREATMENT OF SYMPTOMS.	
01	Prescribed or provided oral medications during or after consultation	A
02	Explained how to administer oral treatment(s)	B
03	Asked the caretaker to repeat the instructions for giving medications at home	C
04	Gave the first dose of the oral treatment	D
05	Discuss follow-up visit for the sick child	E
06	None of the above	Y

NO.	QUESTIONS / OBSERVATIONS	CODES
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REFERRALS AND ADMISSIONS

112	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING		
01	RECOMMEND THAT CHILD BE HOSPITALIZED URGENTLY (I.E., ADMITTED TO THE HOSPITAL OR REFERRED TO ANOTHER HOSPITAL)	A	
02	REFERRED CHILD TO ANOTHER PROVIDER WITHIN FACILITY FOR OTHER CARE	B	
03	REFERRED CHILD FOR A LABORATORY TEST WITHIN OR OUTSIDE FACILITY	C	
04	EXPLAINED THE REASON FOR (ANY) REFERRAL	D	
05	GAVE REFERRAL SLIP TO CARETAKER	E	
06	EXPLAINED WHERE (OR TO WHOM) TO GO	F	
07	PROVIDER EXPLAINED WHEN TO GO FOR REFERRAL	G	
08	NOTIFY CARETAKER SPECIFICALLY OF A MALARIA RDT OR BF RESULT	H	
09	NONE OF THE ABOVE	Y	
113	WHAT WAS THE OUTCOME OF THIS CONSULTATION? [THIS IS THE POINT WHEN THE OBSERVATION IS CONCLUDED]	TREATED AND SENT HOME. 1 CHILD REFERRED TO PROVIDER, SAME FACILITY. 2 CHILD ADMITTED, SAME FACILITY. 3 CHILD SENT TO LAB. 4 CHILD REFERRED TO OTHER FACILITY. 5	

OVERALL OBSERVATIONS OF INTERACTION

114A	RECORD WHETHER THE PROVIDER ASKED IF THE CLIENT HAD ANY QUESTIONS AND ENCOURAGED QUESTIONS.	YES, ASKED QUESTIONS. 1 NO, DID NOT ASK QUESTIONS. 2	
114B	RECORD WHETHER THE PROVIDER DID ON OF THE FOLLOWING		
01	Shouted at the client	A	
02	Insulted the client	B	
03	Slapped/pinched the client	C	
04	Threatened to withhold care	D	
05	Non of the above	Y	

NO.	QUESTIONS / OBSERVATIONS	CODES
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6. DIAGNOSIS

<p>ASK THE PROVIDER TO TELL YOU THE DIAGNOSIS FOR THE SICK CHILD. IF A DIAGNOSIS OF DEHYDRATION WAS MADE, ASK IF IT WAS SEVERE, MODERATE, OR NO DEHYDRATION AND INDICATE ACCORDINGLY. FOR ANY OTHER DIAGNOSIS, SIMPLY CIRCLE THE DIAGNOSIS MADE.</p>		
<p>DIAGNOSIS (OR MAIN SYMPTOM, IF NO DIAGNOSIS)</p>		
201	<p>DEHYDRATION</p>	
	<p>SEVERE DEHYDRATION. 1 MODERATE DEHYDRATION. 2 MILD DEHYDRATION. 3 NO DEHYDRATION. 4 NONE OF THE ABOVE. 8</p>	
202	<p>RESPIRATORY SYSTEM</p>	
	<p>SEVERE PNEUMONIA/ VERY SEVERE DISEASE A PNEUMONIA B NO PNEUMONIA, COUGH, OR COLD C BRONCHIAL SPASM/ASTHMA D UPPER RESPIRATORY INFECTION (URI) E RESPIRATORY ILLNESS, DIAGNOSIS UNCERTAIN F NONE OF THE ABOVE. Y</p>	
203	<p>DIGESTIVE SYSTEM / INTESTINAL</p>	
	<p>ACUTE WATERY DIARRHEA. A DYSENTERY. B AMEBIASIS C PERSISTENT DIARRHEA. D OTHER DIGESTIVE / INTESTINAL (SPECIFY) X NONE OF THE ABOVE. Y</p>	
204	<p>MALARIA</p>	
	<p>MALARIA (CLINICAL DIAGNOSIS). 1 MALARIA (BLOOD SMEAR) 2 MALARIA (RAPID DIAGNOSTIC TEST) 3 NONE OF THE ABOVE. 8</p>	
205	<p>FEVER/MEASLES</p>	
	<p>FEVER OF UNKNOWN ORIGIN. 1 MEASLES WITH NO COMPLICATIONS. 2 MEASLES WITH COMPLICATIONS (E.G., MOUTH/EYE OR SEVERE). 3 TYPHOID FEVER. 4 URINARY TRACK INFECTION. 5 SEPTICEMIA. 6 MENINGITIS. 7 NONE OF THE ABOVE. 8</p>	
206	<p>EAR</p>	
	<p>MASTOIDITIS. A ACUTE EAR INFECTION. B CHRONIC EAR INFECTION. C OTHER EAR INFECTION. X NONE OF THE ABOVE. Y</p>	
206A	<p>MALNUTRITION</p>	
	<p>SEVERE MALNUTRITION. 1 MODERATE MALNUTRITION. 2 MILD MALNUTRITION. 3 NONE OF THE ABOVE. 8</p>	
207	<p>THROAT</p>	
	<p>SORE THROAT. 1 OTHER THROAT DIAGNOSIS (SPECIFY) 2 NONE OF THE ABOVE. 8</p>	

NO.	QUESTIONS / OBSERVATIONS	CODES
208	OTHER DIAGNOSIS	
	ABCESS.....	A
	BACTERIAL CONJUNCTIVITIS.....	B
	SKIN CONDITION.....	C
	ANY OTHER DIAGNOSIS (SPECIFY).....	X
	NO OTHER DIAGNOSIS.....	Y

7. TREATMENT

ASK ABOUT THE TREATMENT THAT WAS EITHER PRESCRIBED OR PROVIDED. PROMPT IF NECESSARY.		
209	Did you prescribe any treatment today for this child? IF YES, CIRCLE ALL TREATMENTS THAT WERE PRESCRIBED OR PROVIDED TO CHILD IN THE FOLLOWING QUESTIONS	YES..... 1 NO..... 2 → 215
210*	GENERAL TREATMENT	
01	BENZYL PENICILLIN INJECTION	A
02	OTHER ANTIBIOTIC INJECTION	B
03	OTHER INJECTION	C
04	CO-TRIMOXAZOLE TABLETS	D
05	CO-TRIMOXAZOLE SYRUP	E
06	AMOXICILLIN CAPSULES	F
07	AMOXICILLIN SYRUP	G
08	OTHER ANTIBIOTIC TABLET/SYRUP	H
09	PARACETAMOL	I
10	OTHER FEVER REDUCING MEDICINE	J
11	ZINC	K
12	VITAMINS (OTHER THAN VITAMIN A)	L
13	COUGH SYRUPS/OTHER MEDICATION	M
14	AMOXICILLIN INJECTION	N
15	GENTAMYCIN INJECTION	O
16	CHLORAMPHENICOL INJECTION	P
17	NONE OF THE ABOVE	Y
211	RESPIRATORY	
01	NEBULISER OR INHALER	A
02	INJECTABLE BRONCHODILATOR (E.G., ADRENALINE)	B
03	ORAL BRONCHODILATOR	C
04	DRY EAR BY WICKING	D
05	NONE OF THE ABOVE	Y
212*	MALARIA	
01	INJECTABLE QUININE	A
02	INJECTABLE ARTEMETHER / ARTESUNATE	B
03	OTHER INJECTABLE ANTIMALARIAL (E.G., FANSIDAR)	C
04	SUPPOSITORY ARTEMETHER / ARTESUNATE	D
05	ORAL ARTEMETER / ARTESUNATE (ACT/AL, E.G., COARTEM)	F
06	ORAL QUININE	I
07	OTHER ORAL ANTIMALARIAL	J
08	NONE OF THE ABOVE	Y

NO.	QUESTIONS / OBSERVATIONS	CODES
213*	DEHYDRATION	
01	HOME ORT (PLAN A)	A
02	INITIAL ORT IN FACILITY (4 HOURS - PLAN B)	B
03	INTRAVENOUS FLUIDS (PLAN C)	C
04	HOME ORT (PLAN A) WITH ZINC	D
05	GAVE ORT AND REFERRED	E
06	NONE OF THE ABOVE	Y
213A	MALNUTRITION	
01	CHILD ADMITTED OR REFERRED TO ANOTHER FACILITY (SEVERE MALNUTRITION).	1
02	MOTHER COUNSELED ACCORDING TO FEEDING RECOMMENDATION (MODERATE MAL). . .	2
03	MOTHER ADVISED ON WHEN TO RETURN TO FACILITY (MILD MALNUTRITION).	3
04	NONE OF THE ABOVE	8
214	OTHER TREATMENT & ADVICE	
01	VITAMIN A (MAY ALSO BE FOR IMMUNIZATION)	A
02	FEEDING SOLID FOODS	B
03	FEEDING EXTRA LIQUIDS	C
04	FEEDING BREAST MILK	D
05	PRESCRIBED/GAVE DEWORMING TABLETS	E
06	ANY OTHER TREATMENT _____	X
07	NONE OF THE ABOVE	Y

ASK PROVIDER

215	Is this [NAME'S] first visit to this facility for this illness, or is this a follow-up visit?	FIRST VISIT 1 FOLLOW-UP 2 DON'T KNOW. 8	
215A	Did [NAME] have a malaria RDT done anywhere in this facility before coming into this consultation room to see you today?	YES 1 NO 2	→ 216
215B	Did you see, or did the client show you the malaria RDT result as part of this consultation?	YES 1 NO 2	216 →
215C	What was the malaria RDT result?	RDT POSITIVE. 1 RDT NEGATIVE. 2	
216	Did you vaccinate the child during this visit or or refer the child for vaccination today other than VITAMIN A supplementation? IF NO: Why not?	YES, VACCINATED CHILD. . . . 1 YES, REFERRED 2 NOT DUE FOR VACCINATION 3 VACCINE NOT AVAILABLE. . . . 4 CHILD TOO SICK. 5 NOT DAY FOR VACCINATION 6 DID NOT CHECK FOR VACCINATION. 7 COMPLETED VACCINATION. . . 8	
217	RECORD THE TIME THE OBSERVATION ENDED.	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	
Observer's comments:			

5. PROVIDER INTERACTION WITH CARETAKER AND CHILD

NO.	QUESTIONS / OBSERVATIONS	CODES
105Aa	RECORD WHETHER THE PROVIDER DID ONE OF THE FOLLOWING	
01	Called the client by her/his appropriate name	A
02	Greet the caretaker (and others present) in a friendly and respectful manner	B
03	Introduced her/himself and title (midwife, nurse, etc)	D
04	None of the above	Y

CLIENT HISTORY

105a	RECORD WHETHER A PROVIDER ASKED ABOUT OR WHETHER THE CARETAKER MENTIONED THAT THE CHILD HAD ANY OF THE FOLLOWING MAIN SYMPTOMS	A) CARETAKER MENTIONED		B) PROVIDER ASKED		C) CARETAKER RESPONSE TO (B)	
		YES	NO	YES	NO	YES	NO
01	Fever	1 02	2→B	1→C	2 02	1	2
02	Cough or difficult breathing (e.g., fast breathing or chest in-drawing)	1 03	2→B	1→C	2 03	1	2
03	Diarrhea	1 04	2→B	1→C	2 04	1	2
04	Ear pain or discharge	1 106a	2→B	1→C	2 106a	1	2

106a	RECORD WHETHER A PROVIDER ASKED ABOUT OR WHETHER THE CARETAKER MENTIONED ANY OF THE FOLLOWING GENERAL DANGER SIGNS	A) CARETAKER MENTIONED		B) PROVIDER ASKED		C) CARETAKER RESPONSE TO (B)	
		YES	NO	YES	NO	YES	NO
01	Child is unable to drink or breastfeed	1 02	2→B	1→C	2 02	1	2
02	Child vomits everything	1 03	2→B	1→C	2 03	1	2
03	Child has had convulsions with this illness	1 04	2→B	1→C	2 04	1	2
04*	Child is very thirsty	1 05	2→B	1→C	2 05	1	2
05*	Child restless, irritable	1 06	2→B	1→C	2 06	1	2
	RECORD WHETHER THE PROVIDER CHECKED IF						
06*	Child is lethargique or unconscious			1	2		
07*	Child is drinking eagerly after given fluid			1	2		

107	RECORD WHETHER A PROVIDER CHECK FOR SUSPECTED SYMPTOMATIC HIV INFECTION BY ASKING FOR ANY OF THE FOLLOWING:	A) CARETAKER MENTIONED		B) PROVIDER ASKED		C) CARETAKER RESPONSE TO (B)	
		YES	NO	YES	NO	YES	NO
01	Mother's HIV status	1 02	2 → B	1 → C	2 02	1	2
02	TB disease in any parent in the last 5 years	1 03	2 → B	1 → C	2 03	1	2
03	Two or more episodes of diarrhea in child each lasting 14 days or more	1 04	2 → B	1 → C	2 04	1	2
04	Severe pneumonia (history of cough with chest in drawing, convulsion, coma or or irritability)	1 05	2 → B	1 → C	2 05	1	2
05	Very severe disease (In absence of cough, history of chest in drawing, convulsion, coma or irritability)	1 108a	2 → B	1 → C	2 108a	1	2

PHYSICAL EXAMS

108a	RECORD WHETHER A PROVIDER PERFORMED ANY OF THE FOLLOWING PHYSICAL EXAMINATIONS ON THE SICK CHILD	
108Aa	PREPARATION FOR PHYSICAL EXAMINATION	
01	Washed his/her hands with soap or use alcohol hand rub prior to examination	A
02	Explained the procedure to be performed including physical examination to be conducted	B
03	Explained why the procedure (including physical examination) was needed	C
04	Obtained permission before procedure (including physical examination)	D
05	None of the above	Y
108Ba	PHYSICAL EXAMINATION FEVER, RECORD WHETHER THE PROVIDER	
01	Took child's temperature by thermometer	A
02	Felt the child for fever or body hotness	B
04	Checked for neck stiffness	C
05	Looked or felt for bulging fontanel (for age ≤ 12 months)	D
06	Looked for any bacterial causes of fever (Looked for local tenderness; orals sores; refusal to use a limb; hot tender swelling; red tender skin or boils; lower abdominal pain or pain on passing urine in older children (age > 12 months)	E
08	Looked in child's ear	F
09	Felt behind child's ear	G
10	Looked into child's mouth	H
11	Examined child skin	I
12	Looked into child eyes for redness or draining	J
13	Examined child cornea	K

IF COUGH, RECORD WHETHER A PROVIDER		
14	Counted respiration (breaths) for 60 seconds	L
15	Counted pulse	M
IF DIARRHEA		
16	Checked skin turgor for dehydration (e.g., pinch abdominal skin)	N
OTHER		
17	Checked for pallor by looking at palms	O
18	Checked for pallor by looking at conjunctiva	P
19	Undressed child to examine (up to shoulders/down to ankles)	Q
20	Pressed both feet to check for edema	R
21	Weighed the child	S
22	Plotted weight on growth chart	T
23	Checked for enlarged lymph nodes in 2 or more of the following sites: neck, axillae, groin	V
24	None of the above	Y

OTHER ASSESSMENTS

109a RECORD WHETHER A PROVIDER ASKED ABOUT OR PERFORMED OTHER ASSESSMENTS OF THE CHILD'S HEALTH BY DOING ANY OF THE FOLLOWING:		
01	Offered the child something to drink or asked the mother to put the child to the breast MARK AS YES IF YOU OBSERVE CHILD DRINKS OR BREASTFEEDS DURING VISIT	A
02	Asked about normal feeding habits or practices when the child is not ill	B
03	Asked about normal breastfeeding habits or practices when the child is not ill	C
04	Asked about feeding or breastfeeding habits or practices for child during this illness	D
05	Mentioned the child's weight or growth to the caretaker, or discussed growth chart	E
06	Looked at the child's immunization card or asked caretaker about child vaccination history	F
07	Asked if child received Vitamin A within past 6 months	G
08	Looked at the child's health card either before beginning the consultation, or while collecting information from the caretaker, or while examining the child THIS ITEM MAY BE EITHER THE VACCINATION CARD OR OTHER HEALTH CARD	H
09	Wrote on the child's health card	I
10	Asked if child received any de-worming medication in last 6 months	J
11*	Did blood film or RDT	K
12	None of the above	Y

COUNSELING OF CARETAKER

110a RECORD WHETHER A PROVIDER DID ANY OF THE FOLLOWING		
01	Provided general information about feeding or breastfeeding the child even when not sick	A
02	Told the caretaker to give extra fluids to the child during this illness	B
03	Told the caretaker to continue feeding the child during this illness	C
04	Told the caretaker what illness(es) the child has	D
05	Described signs and/or symptoms in the child for which to immediately bring child back	E
06	Used a visual aid to educate caretaker	F
07	None of the above	Y

ADDITIONAL COUNSELING

111a	RECORD WHETHER A PROVIDER DID ANY OF THE FOLLOWING THIS REFERS ONLY TO MEDICINES THAT THE CARETAKER WILL GIVE TO THE SICK CHILD AT HOME AND DOES NOT INCLUDE STAT DOSES OR ONE TIME MEDS GIVEN TO THE CHILD DURING	
01	Prescribed or provided oral medications during or after consultation	A
02	Explained how to administer oral treatment(s)	B
03	Asked the caretaker to repeat the instructions for giving medications at home	C
04	Gave the first dose of the oral treatment	D
05	Discuss follow-up visit for the sick child	E
06	None of the above	Y
112a	RECORD WHETHER THE PROVIDER DID ANY OF THE FOLLOWING	
01	RECOMMEND THAT CHILD BE HOSPITALIZED URGENTLY (I.E., ADMITTED TO THE HOSPITAL OR REFERRED TO ANOTHER HOSPITAL)	A
02	REFERRED CHILD TO ANOTHER PROVIDER WITHIN FACILITY FOR OTHER CARE	B
03	REFERRED CHILD FOR A LABORATORY TEST WITHIN OR OUTSIDE FACILITY	C
04	EXPLAINED THE REASON FOR (ANY) REFERRAL	D
05	GAVE REFERRAL SLIP TO CARETAKER	E
06	EXPLAINED WHERE (OR TO WHOM) TO GO	F
07	PROVIDER EXPLAINED WHEN TO GO FOR REFERRAL	G
08*	NOTIFY CARETAKER SPECIFICALLY OF A MALARIA RDT OR BF RESULT	H
09*	REFERRED TO HEALTH CENTER	I
10	NONE OF THE ABOVE	Y

REFERRALS AND ADMISSIONS

113a	WHAT WAS THE OUTCOME OF THIS CONSULTATION? [THIS IS THE POINT WHEN THE OBSERVATION IS CONCLUDED]	TREATED AND SENT HOME..... 1 CHILD REFERRED TO PROVIDER, SAME FACILITY..... 2 CHILD REFERRED TO OTHER FACILITY..... 5	
------	---	---	--

OVERALL OBSERVATIONS OF INTERACTION

114Aa	RECORD WHETHER THE PROVIDER ASKED IF THE CLIENT HAD ANY QUESTIONS AND ENCOURAGED QUESTIONS.	YES, ASKED QUESTIONS..... 1 NO, DID NOT ASK QUESTIONS..... 2	
114Ba	RECORD WHETHER THE PROVIDER DID ON OF THE FOLLOWING		
01	Shouted at the client	A	
02	Insulted the client	B	
03	Slapped/pinched the client	C	
04	Threatened to withhold care	D	
05	None of the above		Y

6. DIAGNOSIS

ASK THE PROVIDER TO TELL YOU THE DIAGNOSIS FOR THE SICK CHILD. IF A DIAGNOSIS OF DEHYDRATION WAS MADE, ASK IF IT WAS SEVERE, MODERATE, OR NO DEHYDRATION AND INDICATE ACCORDINGLY. FOR ANY OTHER DIAGNOSIS, SIMPLY CIRCLE THE DIAGNOSIS MADE.		
DIAGNOSIS (OR MAIN SYMPTOM, IF NO DIAGNOSIS)		
201a	DEHYDRATION	
	SEVERE DEHYDRATION. 1	
	MODERATE DEHYDRATION. 2	
	MILD DEHYDRATION. 3	
	NO DEHYDRATION. 4	
	NONE OF THE ABOVE. 8	
202a	RESPIRATORY SYSTEM	
	SEVERE PNEUMONIA/ VERY SEVERE DISEASE A	
	PNEUMONIA B	
	NO PNEUMONIA, COUGH, OR COLD C	
	BRONCHIAL SPASM/ASTHMA D	
	UPPER RESPIRATORY INFECTION (URI) E	
	RESPIRATORY ILLNESS, DIAGNOSIS UNCERTAIN. F	
	NONE OF THE ABOVE. Y	
203a	DIGESTIVE SYSTEM / INTESTINAL	
	ACUTE WATERY DIARRHEA. A	
	DYSENTERY. B	
	AMEBIASIS C	
	PERSISTENT DIARRHEA. D	
	OTHER DIGESTIVE / INTESTINAL (SPECIFY) X	
	NONE OF THE ABOVE. Y	
204a	MALARIA	
	MALARIA (CLINICAL DIAGNOSIS). 1	
	MALARIA (BLOOD SMEAR) 2	
	MALARIA (RAPID DIAGNOSTIC TEST) 3	
	NONE OF THE ABOVE. 8	
205a	FEVER/MEASLES	
	FEVER OF UNKNOWN ORIGIN. 1	
	MEASLES WITH NO COMPLICATIONS. 2	
	MEASLES WITH COMPLICATIONS (E.G., MOUTH/EYE OR SEVERE). 3	
	TYPHOID FEVER. 4	
	URINARY TRACK INFECTION. 5	
	SEPTICEMIA. 6	
	MENINGITIS. 7	
	NONE OF THE ABOVE. 8	
206a	EAR	
	MASTOIDITIS. A	
	ACUTE EAR INFECTION. B	
	CHRONIC EAR INFECTION. C	
	OTHER EAR INFECTION. X	
	NONE OF THE ABOVE. Y	
206Aa	MALNUTRITION	
	SEVERE MALNUTRITION. 1	
	MODERATE MALNUTRITION. 2	
	MILD MALNUTRITION. 3	
	NONE OF THE ABOVE. 8	

207a	THROAT	
	SORE THROAT.....	1
	OTHER THROAT DIAGNOSIS (SPECIFY).....	2
	NONE OF THE ABOVE.....	8
208a	OTHER DIAGNOSIS	
	ABSCESS.....	A
	BACTERIAL CONJUNCTIVITIS.....	B
	SKIN CONDITION.....	C
	ANY OTHER DIAGNOSIS (SPECIFY).....	X
	NO OTHER DIAGNOSIS.....	Y

7. TREATMENT

ASK ABOUT THE TREATMENT THAT WAS EITHER PRESCRIBED OR PROVIDED. PROMPT IF NECESSARY.			
209a	Did you prescribe any treatment today for this child? IF YES, CIRCLE ALL TREATMENTS THAT WERE PRESCRIBED OR PROVIDED TO CHILD IN THE FOLLOWING QUESTIONS	YES..... 1 NO..... 2	→ 215
210a	GENERAL TREATMENT		
04	CO-TRIMOXAZOLE TABLETS		D
05	CO-TRIMOXAZOLE SYRUP		E
06	AMOXICILLIN CAPSULES		F
07	AMOXICILLIN SYRUP		G
08	OTHER ANTIBIOTIC TABLET/SYRUP		H
09	PARACETAMOL		I
11	ZINC		K
17	NONE OF THE ABOVE		Y
211a	RESPIRATORY		
01	NEBULISER OR INHALER		A
02	INJECTABLE BRONCHODILATOR (E.G., ADRENALINE)		B
03	ORAL BRONCHODILATOR		C
04	DRY EAR BY WICKING		D
05	NONE OF THE ABOVE		Y
212a	MALARIA		
01	INJECTABLE QUININE		A
02	INJECTABLE ARTEMETHER / ARTESUNATE		B
03	OTHER INJECTABLE ANTIMALARIAL (E.G., FANSIDAR)		C
04	SUPPOSITORY ARTEMETHER / ARTESUNATE		D
05	ORAL ARTEMETER / ARTESUNATE (ACT/AL, E.G., COARTEM)		F
06	ORAL QUININE		I
07	OTHER ORAL ANTIMALARIAL		J
08	NONE OF THE ABOVE		Y

213a	DEHYDRATION	
01	HOME ORT (PLAN A)	A
02	INITIAL ORT IN FACILITY (4 HOURS - PLAN B)	B
03	INTRAVENOUS FLUIDS (PLAN C)	C
04	HOME ORT (PLAN A) WITH ZINC	D
05	GAVE ORT AND REFERRED	E
06	NONE OF THE ABOVE	Y
213a	MALNUTRITION	
01	CHILD REFERRED TO ANOTHER FACILITY (SEVERE MALNUTRITION).	1
02	MOTHER COUNSELED ACCORDING TO FEEDING RECOMMENDATION (MODERATE MAL). .	2
03	MOTHER ADVISED ON WHEN TO RETURN TO FACILITY (MILD MALNUTRITION).	3
04	NONE OF THE ABOVE	8
214a	OTHER TREATMENT & ADVICE	
01	VITAMIN A (MAY ALSO BE FOR IMMUNIZATION)	A
02	FEEDING SOLID FOODS	B
03	FEEDING EXTRA LIQUIDS	C
04	FEEDING BREAST MILK	D
05	PRESCRIBED/GAVE DEWORMING TABLETS	E
06	ANY OTHER TREATMENT _____	X
07	NONE OF THE ABOVE	Y

ASK PROVIDER

215a	Is this [NAME'S] first visit to this facility for this illness, or is this a follow-up visit?	FIRST VISIT 1 FOLLOW-UP 2 DON'T KNOW. 8	
215Aa	Did [NAME] have a malaria RDT done anywhere in this facility before coming into this consultation room to see you today?	YES 1 NO 2	→216
215Ba	Did you see, or did the client show you the malaria RDT result as part of this consultation?	YES 1 NO 2	→216
215Ca	What was the malaria RDT result?	RDT POSITIVE. 1 RDT NEGATIVE. 2	
216a	Did you vaccinate the child during this visit or or refer the child for vaccination today other than VITAMIN A supplementation? IF NO: Why not?	YES, VACCINATED CHILD. . . . 1 YES, REFERRED 2 NOT DUE FOR VACCINATION 3 VACCINE NOT AVAILABLE. . . . 4 CHILD TOO SICK. 5 NOT DAY FOR VACCINATION 6 DID NOT CHECK FOR VACCINATION. 7 COMPLETED VACCINATION. . . 8	
217a	RECORD THE TIME THE OBSERVATION ENDED.	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	
Observer's comments:			

2021 ETHIOPIAN SERVICE PROVISION ASSESSMENT PLUS SURVEY

ANC CLIENT EXIT INTERVIEW

FACILITY IDENTIFICATION

FACILITY NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
PROVIDER SERIAL NUMBER [FROM STAFF LISTING FORM]	<input type="text"/> <input type="text"/>
CLIENT CODE [FROM CLIENT LISTING FORM]	<input type="text"/> <input type="text"/> <input type="text"/>

INFORMATION ABOUT INTERVIEW

DATE:	DAY	<input type="text"/> <input type="text"/>
	MONTH	<input type="text"/> <input type="text"/>
	YEAR	<input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text"/>
Name of the interviewer: _____	INTERVIEWER CODE	<input type="text"/> <input type="text"/> <input type="text"/>

1. Information About Visit - ANTENATAL CARE

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO												
	<p>READ TO CLIENT: Hello, I am _____. As my colleague mentioned, we are representing the ETHIOPIAN PUBLIC HEALTH INSTITUTE (EPHI) and the FMoH . We are conducting a study of health facilities in ETHIOPIA in order to improve the services this facility offers and would like to ask you some questions about your experiences here today.</p> <p>Please know that whether you decide to allow this interview or not is completely voluntary and will not affect services you receive during any future visit. You may refuse to answer any question, and you may stop the interview at any time.</p> <p>Information from this interview may be provided to researchers for analyses, but neither your name nor the date of services will be on any shared information, so your identity will remain completely confidential.</p> <p>Data collection will take place (August – December, 2021), data will be released on July 2022 Datasets from this study will only be available for legitimate research purposes If you have any question regarding the survey please contact: Fikreselassie Getachew, CO Principle Investigator, EPHI, Addis Ababa, Ethiopia, Cell No. 0913210444</p> <p>Do you have any questions for me? Do I have your permission to continue with the interview?</p>	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">0</td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">DAY</td> <td style="text-align: center;">MONTH</td> <td colspan="3" style="text-align: center;">YEAR</td> <td></td> </tr> </table>			2	0	2		DAY	MONTH	YEAR				
		2	0	2											
DAY	MONTH	YEAR													
	Interviewer's signature (Indicates respondent's willingness to participate)														
100	May I begin the interview now?	AGREES 1 CLIENT REFUSES 2	→ END												
101	RECORD THE TIME THE INTERVIEW STARTED. USING 24-HOURS FORMAT <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> : <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>													
101A	Did your partner ever accompanied you at any of the ANC visit during this pregnancy?	YES, ALWAYS 1 YES, SOMETIMES 2 NEVER 3													
102	Do you have an antenatal care appointment card, , or vaccination card with you today? IF YES: ASK TO SEE THE CARD/BOOK.	YES 1 NO, CARD KEPT WITH FACILITY 2 NO CARD USED 3 NO CARD WITH ME TODAY 4	<table border="1" style="vertical-align: middle;"> <tr> <td style="width: 10px; height: 10px;"></td> <td style="width: 10px; height: 10px;"></td> <td style="width: 10px; height: 10px;"></td> <td style="width: 10px; height: 10px;"></td> </tr> </table> →106												
103	CHECK THE ANC APPOINTMENT CARD, OR VACCINATION CARD. INDICATE WHETHER THERE IS ANY NOTE OR RECORD OF THE CLIENT HAVING RECEIVED TETANUS TOXOID.	YES, 1 TIME..... 1 YES, 2 TIMES..... 2 YES, 3 OR MORE TIMES..... 3 NO RECORD..... 4													
104	HOW MANY WEEKS PREGNANT IS THE CLIENT, ACCORDING TO THE ANC APPOINTMENT# OF WEEKS..... CARD, OR VACCINATION CARD?	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> NOT AVAILABLE..... .95													
106	Have you ever been pregnant, regardless of the duration or outcome, or is this your first pregnancy?	FIRST PREGNANCY..... 1 NOT FIRST PREGNANCY..... 2													

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
107	Is this your first antenatal visit at this facility for this pregnancy? IF THIS IS NOT THE 1ST VISIT, ASK: How many times have you visited this antenatal clinic for this pregnancy?	FIRST VISIT 1 SECOND VISIT 2 THIRD VISIT 3 FOURTH VISIT 4 MORE THAN 4 VISITS 5	
108	During this visit (or previous visits) did a provider give you iron pills, folic acid or iron with folic acid, or give you a prescription for them? SHOW THE CLIENT AN IRON PILL, A FOLIC-ACID PILL, OR A COMBINED PILL.	YES, THIS VISIT ONLY..... 1 YES, THIS & PREVIOUS VISIT.... 2 YES PREVIOUS VISIT ONLY.... 3 NO..... 4 DON'T KNOW..... 8	→114
109	During this visit (or previous visits) has a provider explained to you how to take the iron pills?	YES, THIS VISIT ONLY..... 1 YES, THIS & PREVIOUS VISIT.... 2 YES PREVIOUS VISIT ONLY.... 3 NO..... 4 DON'T KNOW..... 8	
110	During this visit (or previous visits) has a provider discussed with you the side effects of the iron pill?	YES, THIS VISIT ONLY..... 1 YES, THIS & PREVIOUS VISIT.... 2 YES PREVIOUS VISIT ONLY.... 3 NO..... 4 DON'T KNOW..... 8	→114
111	Please tell me any side effects of the iron pill that you know of. PROBE: ANY OTHER?	NAUSEA A BLACK STOOLS B CONSTIPATION C OTHER..... X DON'T KNOW Z	
114	During this visit (or a previous visit) did a provider advice you to use mosquito net that has been treated with an insecticide?	YES, THIS VISIT ONLY..... 1 YES, THIS & PREVIOUS VISIT.... 2 YES PREVIOUS VISIT ONLY.... 3 NO..... 4 DON'T KNOW..... 8	
115	During this visit (or a previous visit) did a provider offer you a mosquito net that has been treated with an insecticide free of charge?	YES, THIS VISIT ONLY..... 1 YES, THIS & PREVIOUS VISIT.... 2 YES PREVIOUS VISIT ONLY.... 3 NO..... 4 DON'T KNOW..... 8	→117
116	During this visit (or a previous visit) did a provider offer to sell you a mosquito net that has been treated with an insecticide or recommend a place to buy one?	YES, THIS VISIT ONLY..... 1 YES, THIS & PREVIOUS VISIT.... 2 YES PREVIOUS VISIT ONLY.... 3 NO..... 4 DON'T KNOW..... 8	
117	During this visit (or previous visits) has a provider talked to you about nutrition or what is good for you to be eating during your pregnancy?	YES, THIS VISIT ONLY..... 1 YES, THIS & PREVIOUS VISIT.... 2 YES PREVIOUS VISIT ONLY.... 3 NO..... 4 DON'T KNOW..... 8	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
118	<p>Please tell me any signs of complications (danger signs) that you know of.</p> <p>CIRCLE ALL RESPONSES CLIENT MENTIONS. YOU MAY PROBE WITHOUT USING SPECIFIC ANSWERS GIVEN ON RIGHT (E.G., "ANYTHING ELSE?")</p>	<p>VAGINAL BLEEDING. A FEVER. B SWOLLEN FACE OR HAND. C TIREDNESS OR BREATHLESSNESS. D HEADACHE OR BLURRED VISION. E SEIZURES/CONVULSIONS. F REDUCED OR NO FETAL MOVEMENT. G OTHER. X DON'T KNOW ANY. Z</p>	<p>→ 120</p>
119	<p>During this visit or previous visits, has a provider talked with you about any signs that should warn you of problems or complications with the pregnancy?</p>	<p>YES, THIS VISIT ONLY. 1 YES, THIS & PREVIOUS VISIT. 2 YES PREVIOUS VISIT ONLY. 3 NO. 4 DON'T KNOW. 8</p>	
120	<p>What did the provider advise you to do if you experienced any of the signs of complications?</p> <p>CIRCLE LETTER FOR ALL COURSES OF ACTION THE CLIENT MENTIONS. PROBE WITHOUT USING SPECIFIC ANSWERS.</p>	<p>SEEK CARE AT A FACILITY. A REDUCE PHYSICAL ACTIVITY. B CHANGE DIET. C OTHER _____ X (SPECIFY) PROVIDER DID NOT ADVISE. Y</p>	
121	<p>During this visit (or previous visits) has a provider discussed things you should have in preparation for this delivery? This may include planning in case of emergency, things you should bring to a facility, or things you should prepare at home for this delivery.</p>	<p>YES, THIS VISIT ONLY. 1 YES, THIS & PREVIOUS VISIT. 2 YES PREVIOUS VISIT ONLY. 3 NO. 4 DON'T KNOW ANY. 8</p>	
122	<p>Please tell me some of the things you know of that you should have in preparation for the delivery.</p> <p>CIRCLE ALL RESPONSES YOU MAY PROBE WITHOUT USING SPECIFIC ANSWERS GIVEN ON RIGHT (E.G., "ANYTHING ELSE?")</p>	<p>EMERGENCY TRANSPORT. A MONEY. B DISINFECTANT. C STERILE BLADE OR SCISSORS TO CUT CORD. D BABY TOWEL. I OTHER _____ X DON'T KNOW Z</p>	
123	<p>Do you have money set aside for the delivery? IF YES, ASK: Do you think you have enough?</p>	<p>YES, ENOUGH 1 YES, BUT NOT ENOUGH 2 NO 3</p>	
124	<p>During this visit (or previous visits) did a provider talk to you about where you plan to deliver your baby?</p>	<p>YES, THIS VISIT ONLY. 1 YES, THIS & PREVIOUS VISIT. 2 YES PREVIOUS VISIT ONLY. 3 NO. 4 DON'T KNOW. 8</p>	

2. Client Satisfaction

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO				
<p>Now I am going to ask you some questions about the services you received today. I would like to have your honest opinion about the things that we will talk about. This information will help improve services in general.</p>							
201	<p>How long did you wait between the time you arrived at this facility and the time you were able to see a provider for the consultation?</p> <p>TRY TO DETERMINE THE TIME THE CLIENT ARRIVED AT THE FACILITY AND WHEN THE FACILITY OPENS FOR SERVICES. WE ARE INTERESTED IN THE WAITING TIME FROM THE TIME THE FACILITY OFFICIALLY OPENS.</p>	<p>MINUTES <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>SAW PROVIDER IMMEDIATELY 000 DON'T KNOW 998</p>					
202	<p>Now I am going to ask about some common problems clients have at health facilities. As I mention each one, please tell me whether any of these were problems for you today, and if so, whether they were major or minor problems for you.</p>						
		<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 0 10px;">MAJOR PROBL EM</td> <td style="padding: 0 10px;">MINOR PROBLEM</td> <td style="padding: 0 10px;">NO PROB- LEM</td> <td style="padding: 0 10px;">NO PROB- DK</td> </tr> </table>	MAJOR PROBL EM	MINOR PROBLEM	NO PROB- LEM	NO PROB- DK	
MAJOR PROBL EM	MINOR PROBLEM	NO PROB- LEM	NO PROB- DK				
01	Time you waited to see a provider	1 2 3 8					
02	Ability to discuss problems or concerns about your pregnancy	1 2 3 8					
03	Amount of explanation you received about the problem or treatment	1 2 3 8					
04	Privacy from having others see the examination	1 2 3 8					
05	Privacy from having others hear your consultation discussion	1 2 3 8					
06	Availability of medicines at this facility	1 2 3 8					
07	The hours of service at this facility, i.e., when they open and close	1 2 3 8					
08	The number of days services are available to you	1 2 3 8					
09	The cleanliness of the facility	1 2 3 8					
10	How the staff treated you	1 2 3 8					
11	Cost for services or treatments	1 2 3 8					
203	<p>Are you a part of any prepayment plan (such as medical aid, insurance or a similar program) or institutional arrangement that pays for some or all of the services you receive at this or any other facility?</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>					
204	<p>Were you charged, or did you pay fees for any services your received or were provided today?</p>	<p>YES 1 NO 2</p>	→ 206				

205	What is the total amount of birr you paid for all services or treatments you received at this facility today?	TOTAL AMOUNT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	
206	Is this the closest health facility to your home?	YES..... 1 NO..... 2 DON'T KNOW..... 8	→ 208 → 208
207*	What was the main reason you did not go to the facility nearest to your home? IF CLIENT MENTIONS SEVERAL REASONS, PROBE FOR THE MOST IMPORTANT, OR MAIN REASON.	INCONVENIENT OPERATING HOURS 01 BAD REPUTATION .....02 DON'T LIKE PERSONNEL .. 03 NO MEDICINE 04 PREFERS TO REMAIN ANONYMOUS 05 IT IS MORE EXPENSIVE 06 WAS REFERRED 07 FOR BETTER QUALITY 08 OTHER..... 96 DON'T KNOW 98	
208	In general, which of the following statements best describes your opinion of the services you either received or were provided at this facility today READ ALL STATEMENTS, CIRCLE ONLY ONE 01) I AM VERY SATISFIED WITH THE SERVICES I RECEIVED IN FACILITY 1 02) I AM MORE OR LESS SATISFIED WITH THE SERVICES I RECEIVED..... 2 03) I AM NOT SATISFIED WITH THE SERVICED I RECEIVED 3		
209	Will you recommend this health facility to a friend or family member?	YES 1 NO 2 DON'T KNOW 8	

3. Client Personal Characteristics

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
<p>Now I am going to ask you some questions about yourself. I would like to have your honest responses as this information will help to improve services in general.</p>			
302	How old were you at your last birthday?	AGE IN YEARS <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> DON'T KNOW..... 98	
303	Have you ever attended formal school?	YES 1 NO 2	→ 305
304	What is the highest level of school you attended?	PRIMARY..... 1 SECONDARY..... 2 HIGHER..... 3	→ 305A
305	Do you know how to read or how to write?	YES, READ AND WRITE ... 1 YES, READ ONLY 2 NO 3	
305A	What is your marital status now?	SINGLE 1 MARRIED 2 WIDOWED 3 DIVORCED 4 SEPARATED 5	
305B	In total how many pregnancies do you have during your life?	NUMBER OF PREGNANCIES <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
305C	In total how many births do you have during your life?	NUMBER OF BIRTHS <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
305D	How many of your children are alive?	NUMBER OF CHILDREN ALIVE <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	

4. Interaction with care provider and health system

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
Now thinking about all of your antenatal care, on average, how would you rate:			
401	Friendliness of your provider	EXCELLENT 1 GOOD 2 FAIR 3 POOR 4 DON'T KNOW 8 NO RESPONSE 9	
402	The amount of time your provider spent with you	EXCELLENT 1 GOOD 2 FAIR 3 POOR 4 DON'T KNOW 8 NO RESPONSE 9	
403	How clearly your provider communicated information to you (By this, I mean, how well did they explain things to you during your antenatal care service in this facility)	EXCELLENT 1 GOOD 2 FAIR 3 POOR 4 DON'T KNOW 8 NO RESPONSE 9	
404	Wait time before you saw a provider	EXCELLENT 1 GOOD 2 FAIR 3 POOR 4 DON'T KNOW 8 NO RESPONSE 9	
405	Overall, taking everything into account, how would you rate the quality of antenatal care service you received during this visit?	EXCELLENT 1 GOOD 2 FAIR 3 POOR 4 DON'T KNOW 8 NO RESPONSE 9	
406	If your family member, friend or neighbor were pregnant, how likely are you to recommend she get antenatal care service from your provider (in this facility)?	VERY LIKELY 1 LIKELY 2 UNLIKELY 3 VERY UNLIKELY 4 DON'T KNOW 8 NO RESPONSE 9	

407	The provider was friendly and warm towards me	STRONGLY AGREE AGREE UNDECIDED DISAGREE STRONGLY DISAGREE NO RESPONSE	1 2 3 4 5 9	
408	The care provider was sympathetic and concerned about me	STRONGLY AGREE AGREE UNDECIDED DISAGREE STRONGLY DISAGREE NO RESPONSE	1 2 3 4 5 9	
409	The care provider did not always understand the way I felt inside	STRONGLY AGREE AGREE UNDECIDED DISAGREE STRONGLY DISAGREE NO RESPONSE	1 2 3 4 5 9	
410	Overall, how would you rate the respect the providers showed you at this facility for this antenatal care service? (By respect I mean being treated with the care and attention you deserve)	EXCELLENT GOOD FAIR POOR DON'T KNOW NO RESPONSE	1 2 3 4 8 9	
411	How confident are you that if you become very sick tomorrow, you would be able to receive effective treatment from the health system?	COMPLETELY CONFIDENT MOSTLY CONFIDENT SLIGHTLY CONFIDENT NOT CONFIDENT AT ALL DON'T KNOW NO RESPONSE	1 2 3 4 8 9	
412	Do you felt that you could trust the care provider during today's consultation?	YES NO DON'T KNOW NO RESPONSE	1 2 8 9	

413	<p>With which statement do you agree most?</p> <p>a) Our health care system has so much wrong with it that we need to completely rebuild it.</p> <p>b) There are some good things in our health care system, but major changes are needed to make it work better.</p> <p>c) On the whole, the system works pretty well and only minor changes are necessary to make it work better</p>	<p>REBUILD THE SYSTEM 1</p> <p>MAJOR CHANGES 2</p> <p>MINOR CHANGES 3</p>	
414	How would you rate the knowledge and competence of health providers at this facility for this antenatal care service?	<p>EXCELLENT 1</p> <p>GOOD 2</p> <p>FAIR 3</p> <p>POOR 4</p> <p>DON'T KNOW 8</p> <p>NO RESPONSE 9</p>	
415	How would you rate the availability of drugs, supplies, and medical equipment at this facility for this antenatal care service?	<p>EXCELLENT 1</p> <p>GOOD 2</p> <p>FAIR 3</p> <p>POOR 4</p> <p>DON'T KNOW 8</p> <p>NO RESPONSE 9</p>	
416	Overall, how satisfied are you with your experience during this antenatal care?	<p>VERY SATISFIED 1</p> <p>SOMEWHAT SATISFIED 2</p> <p>SOMEWHAT DISSATISFIED 3</p> <p>VERY DISSATISFIED 4</p> <p>DON'T KNOW 8</p> <p>NO RESPONSE 9</p>	
417	<p>RECORD THE TIME THE INTERVIEW ENDED</p> <p style="text-align: right;"> <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> </p>		
<p>Thank you very much for taking the time to answer my questions. Once again, any information you have given will be kept completely confidential. Have a good day!</p>			
<p>Interviewer's comments:</p>			

2021 ETHIOPIAN SERVICE PROVISION ASSESSMENT PLUS SURVEY

FP CLIENT EXIT INTERVIEW

FACILITY IDENTIFICATION

FACILITY NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
PROVIDER SERIAL NUMBER [FROM STAFF LISTING FORM]	<input type="text"/> <input type="text"/>
CLIENT CODE [FROM CLIENT LISTING FORM]	<input type="text"/> <input type="text"/> <input type="text"/>

INFORMATION ABOUT INTERVIEW

DATE:	DAY	<input type="text"/> <input type="text"/>
	MONTH	<input type="text"/> <input type="text"/>
	YEAR	<input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text"/>
	Name of the interviewer: _____	INTERVIEWER CODE

1. Information About Visit - FAMILY PLANNING

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO																
	<p>READ TO CLIENT: Hello, I am _____. As my colleague mentioned, we are representing the ETHIOPIAN PUBLIC HEALTH INSTITUTE (EPHI) and the FMOH. We are conducting a study of health facilities in ETHIOPIA. in order to improve the services this facility offers and would like to ask you some questions about your experiences here today.</p> <p>Please know that whether you decide to allow this interview or not is completely voluntary and will not affect services you receive during any future visit. You may refuse to answer any question, and you may stop the interview at any time.</p> <p>Information from this interview may be provided to researchers for analyses, but neither your name nor the date of services will be on any shared information, so your identity will remain completely confidential.</p> <p>Data collection will take place (August – December, 2021), data will be released on July 2022 Datasets from this study will only be available for legitimate research purposes If you have any question regarding the survey please contact: Fikreselassie Getachew, CO Principle Investigator, EPHI, Addis Ababa, Ethiopia, Cell No. 0913210444</p> <p>Do you have any questions for me? Do I have your permission to continue with the interview?</p> <div style="text-align: right; margin-right: 50px;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">0</td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="font-size: 8px;">DAY</td> <td style="font-size: 8px;">MONTH</td> <td colspan="2"></td> <td colspan="2" style="font-size: 8px;">YEAR</td> <td></td> <td></td> </tr> </table> </div> <p>_____ Interviewer's signature (Indicates respondent's willingness to participate)</p>							2	0	2		DAY	MONTH			YEAR			
				2	0	2													
DAY	MONTH			YEAR															
100	May I begin the interview?	CLIENT AGREES 1 CLIENT REFUSES 2	→ END																
101	RECORD THE TIME THE INTERVIEW STARTED	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="font-size: 8px;">:</td> <td></td> <td></td> <td></td> </tr> </table>					:												
:																			
102	RECORD THE SEX OF THE CLIENT	MALE..... 1 FEMALE..... 2																	
103	Before coming to this facility today, were you taking any steps or using any methods to prevent a pregnancy?	YES 1 NO 2	→ 105																
104	Have you used a family planning method or taken any steps to prevent pregnancy at any time during the past 6 months?	YES 1 NO 2	→ 112																
105*	What method were you (last) using? BROBE TO OBTAIN INFORMATION ON ALL METHODS THE CLIENT WAS LAST USING. IF THE CLIENT SIMPLY SAYS "CONDOMS" PROBE TO CLARIFY IF MALE OR FEMALE CONDOMS	COMBINED ORAL PILL..... A PROGESTIN-ONLY PILL..... B PILL (TYPE UNSPECIFIED)..... C COMBINED INJECTABLE (MONTHLY)..... D DEPO PROVERA INJECTABLE (3-MONTHLY) E MALE CONDOM..... F FEMALE CONDOM..... G IUCD..... H IMPLANT..... I EMERGENCY CONTRACEPTION..... J CYCLE BEADS FOR STANDARD DAYS METHOD K NATURAL METHODS (PERIODIC ABSTINENCE)..... L MALE STERILIZATION (VASECTOMY)..... M FEMALE STERILIZATION (TUBAL LIGATION).... N LACTATIONAL AMENORRHEA..... O OTHER..... X SPECIFY																	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
106	Did a provider ask you today whether you were having (or had had) a problem with the method?	YES, ASKED. 1 NO, DID NOT ASK 2	
107	Have you been having (did you have) any problems with the method?	YES 1 NO 2	→ 110
108	Did you mention the problem to the provider during the consultation?	YES 1 NO 2	
109	Did the provider suggest any action(s) you should take to resolve the problem?	YES 1 NO 2	
110	What was the outcome of this visit—did you decide to continue (restart) the same method or to switch methods?	CONTINUE WITH OR RESTART SAME METHOD. 1 SWITCH METHOD. 2 STOP USING METHOD (DUE TO PROBLEMS). 3 STOP USING METHOD (ELECTIVE-NO PROBLEMS). 4	→ 201
111	Had you thought about switching methods, and which method to switch to, before you came here today?	YES 1 NO 2	→ 113 → 115
112	Had you thought about what family planning method you wanted to use before you came here today?	YES 1 NO 2	→ 115
113*	What method was that? IF CLIENT MENTIONS CONDOMS ALONG WITH ANOTHER METHOD, CIRCLE BOTH METHODS.	COMBINED ORAL PILL. A PROGESTIN-ONLY PILL. B PILL (TYPE UNSPECIFIED). C COMBINED INJECTABLE (MONTHLY). D DEPO PROVERA INJECTABLE (3-MONTHLY) E MALE CONDOM. F FEMALE CONDOM. G IUCD. H IMPLANT. I EMERGENCY CONTRACEPTION. J CYCLE BEADS FOR STANDARD DAYS METHOD K NATURAL METHODS (PERIODIC ABSTINENCE). L MALE STERILIZATION (VASECTOMY). M FEMALE STERILIZATION (TUBAL LIGATION). N LACTATIONAL AMENORRHEA. O OTHER _____ X SPECIFY	
114	Did the provider talk to you about any of the method(s) you just mentioned?	YES 1 NO 2	

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO																																																												
115*	<p>What (other) family planning methods did the provider talk with you about?</p> <p>CIRCLE ALL METHODS MENTIONED.</p>	COMBINED ORAL PILL. A PROGESTIN-ONLY PILL. B PILL (TYPE UNSPECIFIED). C COMBINED INJECTABLE (MONTHLY). D DEPO PROVERA INJECTABLE (3-MONTHLY) E MALE CONDOM. F FEMALE CONDOM. G IUCD. H IMPLANT. I EMERGENCY CONTRACEPTION. J CYCLE BEADS FOR STANDARD DAYS METHOD K NATURAL METHODS (PERIODIC ABSTINENCE). L MALE STERILIZATION (VASECTOMY). M FEMALE STERILIZATION (TUBAL LIGATION). ... N LACTATIONAL AMENORRHEA. O OTHER _____ X SPECIFY																																																													
116*	<p>What family planning method did you either receive or get a prescription or referral for?</p> <p>CIRCLE ALL METHODS THE CLIENT HAS A PRESCRIPTION OR A REFERRAL (PRES), OR RECEIVED IN FACILITY (REC).</p> <p>IF THE CLIENT IS CONTINUING WITH A PRIOR METHOD AND DID NOT RECEIVE ANY METHOD, PRESCRIPTION OR REFERRAL DURING THIS VISIT, CIRCLE "Y"</p> <p>CHECK PACKET OR PRESCRIPTION TO CONFIRM TYPE OF PILL OR INJECTION</p>	<table border="0"> <tr> <td></td> <td style="text-align: right;"><u>PRES/REF</u></td> <td style="text-align: right;"><u>REC</u></td> </tr> <tr> <td>COMBINED ORAL PILL.</td> <td style="text-align: right;">A</td> <td style="text-align: right;">A</td> </tr> <tr> <td>PROGESTIN-ONLY PILL.</td> <td style="text-align: right;">B</td> <td style="text-align: right;">B</td> </tr> <tr> <td>PILL (TYPE UNSPECIFIED).</td> <td style="text-align: right;">C</td> <td style="text-align: right;">C</td> </tr> <tr> <td>COMBINED INJECTABLE (MONTHLY)</td> <td style="text-align: right;">D</td> <td style="text-align: right;">D</td> </tr> <tr> <td>DEPO PROVERA INJECTABLE (3-MONTHLY)</td> <td style="text-align: right;">E</td> <td style="text-align: right;">E</td> </tr> <tr> <td>MALE CONDOM.</td> <td style="text-align: right;">F</td> <td style="text-align: right;">F</td> </tr> <tr> <td>FEMALE CONDOM.</td> <td style="text-align: right;">G</td> <td style="text-align: right;">G</td> </tr> <tr> <td>IUCD.</td> <td style="text-align: right;">H</td> <td style="text-align: right;">H</td> </tr> <tr> <td>IMPLANT.</td> <td style="text-align: right;">I</td> <td style="text-align: right;">I</td> </tr> <tr> <td>EMERGENCY CONTRACEPTION.</td> <td style="text-align: right;">J</td> <td style="text-align: right;">J</td> </tr> <tr> <td>CYCLE BEADS FOR STANDARD DAYS METHOD</td> <td style="text-align: right;">K</td> <td style="text-align: right;">K</td> </tr> <tr> <td>PERIODIC ABSTINENCE.</td> <td style="text-align: right;">L</td> <td style="text-align: right;">L</td> </tr> <tr> <td>MALE STERILIZATION (VASECTOMY).</td> <td style="text-align: right;">M</td> <td style="text-align: right;">M</td> </tr> <tr> <td>FEMALE STERILIZATION (TUBAL LIGATION). ...</td> <td style="text-align: right;">N</td> <td style="text-align: right;">N</td> </tr> <tr> <td>LACTATIONAL AMENORRHEA.</td> <td style="text-align: right;">O</td> <td style="text-align: right;">O</td> </tr> <tr> <td>OTHER _____</td> <td style="text-align: right;">X</td> <td style="text-align: right;">X</td> </tr> <tr> <td style="text-align: center;">SPECIFY</td> <td></td> <td></td> </tr> <tr> <td>CONTINUING WITH METHOD IN Q105.</td> <td style="text-align: right;">Y</td> <td style="text-align: right;">Y</td> </tr> <tr> <td>NO METHOD.</td> <td style="text-align: right;">Z</td> <td style="text-align: right;">Z</td> </tr> </table> <p style="text-align: right;">↓ 201</p> <p>[ONLY SKIP TO 201 IF BOTH "Z" ARE CIRCLED IE, NO METHOD EITHER RECEIVED OR PRESCRIBED] OTHERWISE CONTINUE TO Q117</p>		<u>PRES/REF</u>	<u>REC</u>	COMBINED ORAL PILL.	A	A	PROGESTIN-ONLY PILL.	B	B	PILL (TYPE UNSPECIFIED).	C	C	COMBINED INJECTABLE (MONTHLY)	D	D	DEPO PROVERA INJECTABLE (3-MONTHLY)	E	E	MALE CONDOM.	F	F	FEMALE CONDOM.	G	G	IUCD.	H	H	IMPLANT.	I	I	EMERGENCY CONTRACEPTION.	J	J	CYCLE BEADS FOR STANDARD DAYS METHOD	K	K	PERIODIC ABSTINENCE.	L	L	MALE STERILIZATION (VASECTOMY).	M	M	FEMALE STERILIZATION (TUBAL LIGATION). ...	N	N	LACTATIONAL AMENORRHEA.	O	O	OTHER _____	X	X	SPECIFY			CONTINUING WITH METHOD IN Q105.	Y	Y	NO METHOD.	Z	Z	
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117	<p>During your consultation today, did the provider</p> <p>01 Explain how to use the method?</p> <p>02 Talk about possible side effects?</p> <p>03 Tell you what to do if you have any problems?</p> <p>04 Tell you when to return for follow-up?</p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>HOW TO USE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>TELL SIDE EFFECTS ..</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>TELL PROBLEMS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>TELL WHEN RETURN ..</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	HOW TO USE	1	2	8	TELL SIDE EFFECTS ..	1	2	8	TELL PROBLEMS	1	2	8	TELL WHEN RETURN ..	1	2	8																																									
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NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
118*	MARK BELOW THE METHOD THAT IS CIRCLED IN QUESTION 116. THEN, ASK THE CLIENT THE QUESTION RELATED TO THAT METHOD		
A	PILL (ANY PILL)	How often do you take the pill? ONCE A DAY. 1 OTHER. 2 DON'T KNOW 8	
B	CONDOM (MALE)	How many times can you use one condom? ONCE 1 OTHER. 2 DON'T KNOW 8	
C	CONDOM (FEMALE) [country-specific, depends on type of female condom available]	What type of lubricant can you use with the female condom? ANY OIL OR LUBRICANT 1 OTHER. 2 DON'T KNOW 8	
D	IUCD	What should you do to make sure that your IUCD is in place? CHECK STRING 1 OTHER. 2 DON'T KNOW 8	
E	INJECTABLE (3-MONTHLY)	How long does the injection provide protection from pregnancy? 3 MONTHS 1 OTHER. 2 DON'T KNOW 8	
F	MONTHLY INJECTABLE	How long does the injection provide protection from pregnancy? 1 MONTH. 1 OTHER. 2 DON'T KNOW 8	
G	IMPLANT [country-specific, depends on type of implant available?]	How long does your implant provide protection against pregnancy? 3-5 YEARS 1 OTHER. 2 DON'T KNOW 8	
H	NATURAL METHOD (PERIODIC ABSTINENCE OR SDM)	How do you recognize the days on which you should not have sexual intercourse? BODY TEMPERATURE RISES A MUCUS IN VAGINA B DAYS 12-16 OF THE MENSTRUAL CYCLE. C WHITE BEAD' DAYS/DAYS 8-19 OF MENSTRUAL CYCLE. D OTHER X DON'T KNOW Z	
I	VASECTOMY [obsvs. section asks if provider counsels on slight risk]	After you have been sterilized (and after the first 3 months), can you make a woman pregnant again? YES, DEFINITELY. 1 YES, ONLY SLIGHT RISK 2 NO. 3 DON'T KNOW. 8	
J	TUBAL LIGATION [obsvs. section asks if provider counsels on slight risk]	After you have been sterilized, could you ever become pregnant again? YES, DEFINITELY. 1 YES, ONLY SLIGHT RISK. 2 NO. 3 DON'T KNOW. 8	
K	LAM	Can you use this method if your menstrual period has returned? YES 1 NO 2 DON'T KNOW 8	
119	Does your method protect against Sexually Transmitted Infections (STIs), including HIV/AIDS?	YES 1 NO 2 DON'T KNOW 8	→ 201

2. Client Satisfaction

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
<p>Now I am going to ask you some questions about the services you received today. I would like to have your honest opinion about the things that we will talk about. This information will help improve services in general.</p>			
201	<p>How long did you wait between the time you arrived at this facility and the time you were able to see a provider for the consultation?</p> <p>TRY TO DETERMINE THE TIME THE CLIENT ARRIVED AT THE FACILITY AND WHEN THE FACILITY OPENS FOR SERVICES. WE ARE INTERESTED IN THE WAITING TIME FROM THE TIME THE FACILITY OFFICIALLY OPENS.</p>	<p>MINUTES <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>SAW PROVIDER IMMEDIATELY 000 DON'T KNOW 998</p>	
202	<p>Now I am going to ask about some common problems clients have at health facilities. As I mention each one, please tell me whether any of these were problems for you today, and if so, whether they were major or minor problems for you.</p>		
		<p>NO PROB- LEM DK</p> <p><u>MAJOR</u> <u>MINOR</u> <u>LEM</u> <u>DK</u></p>	
01	Time you waited to see a provider	1 2 3 8	
02	Ability to discuss problems or concerns about your method	1 2 3 8	
03	Amount of explanation you received about the problem or treatment	1 2 3 8	
04	Privacy from having others see the examination	1 2 3 8	
05	Privacy from having others hear your consultation discussion	1 2 3 8	
06	Availability of family planning commodities at this facility	1 2 3 8	
07	The hours of service at this facility, i.e., when they open and close	1 2 3 8	
08	The number of days services are available to you	1 2 3 8	
09	The cleanliness of the facility	1 2 3 8	
10	How the staff treated you	1 2 3 8	
11	Cost for services or treatments	1 2 3 8	
	<p>services your received or were provided today? (medical aid, insurance or a similar program) or institutional arrangement that pays for some or all of the services you receive at this or any other facility?</p>	<p>YES..... 1 NO..... 2 DON'T KNOW..... 8</p>	
204	<p>Were you charged, or did you pay fees for any services your received or were provided today?</p>	<p>YES 1 NO 2</p>	<p>→ 206</p>

205	What is the total amount of birr you paid for all services or treatments you received at this facility today?	TOTAL AMOUNT <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> DON'T KNOW 99998							
206	Is this the closest health facility to your home?	YES..... 1 NO..... 2 DON'T KNOW..... 8	→ 208 → 208						
207	What was the main reason you did not go to the facility nearest to your home? IF CLIENT MENTIONS SEVERAL REASONS, PROBE FOR THE MOST IMPORTANT, OR MAIN REASON.	INCONVENIENT OPERATING HOURS 01 BAD REPUTATION 02 DON'T LIKE PERSONNEL .. .03 NO MEDICINE04 PREFERS TO REMAIN ANONYMOUS 05 IT IS MORE EXPENSIVE 06 WAS REFERRED07 FOR BETTER QUALITY 08 OTHER..... 96 DON'T KNOW98							
208	In general, which of the following statements best describes your opinion of the services you either received or were provided at this facility today READ ALL STATEMENTS, CIRCLE ONLY ONE 01) I AM VERY SATISFIED WITH THE SERVICES I RECEIVED IN FACILITY 1 02) I AM MORE OR LESS SATISFIED WITH THE SERVICES I RECEIVED..... 2 03) I AM NOT SATISFIED WITH THE SERVICED I RECEIVED3								
209	Will you recommend this health facility to a friend or family member?	YES 1 NO 2 DON'T KNOW 8							

3. Client Personal Characteristics

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
<p>Now I am going to ask you some questions about yourself. I would like to have your honest responses as this information will help to improve services in general.</p>			
302	How old were you at your last birthday?	AGE IN YEARS <input type="text"/> <input type="text"/> DON'T KNOW..... 98	
303	Have you ever attended formal school?	YES 1 NO 2	→ 305
304	What is the highest level of school you attended?	PRIMARY..... 1 SECONDARY..... 2 HIGHER..... 3	→ 305A
305	Do you know how to read or how to write?	YES, READ AND WRITE ... 1 YES, READ ONLY 2 NO 3	
305A	What is your marital status now?	SINGLE 1 MARRIED 2 WIDOWED 3 DIVORCED 4 SEPARATED 5	
305B	In total how many pregnancies do you have during your life?	NUMBER OF PREGNANCIES <input type="text"/> <input type="text"/>	IF 00 Skip to 401
305C	In total how many births do you have during your life?	NUMBER OF BIRTHS <input type="text"/> <input type="text"/>	
305D	How many of your children are alive?	NUMBER OF CHILDREN ALIVE <input type="text"/> <input type="text"/>	

4. Interaction with care provider and health system

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
Now thinking about all of your family planning services, on average, how would you rate:			
401	Friendliness of your provider	EXCELLENT 1 GOOD 2 FAIR 3 POOR 4 DON'T KNOW 8 NO RESPONSE 9	
402	The amount of time your provider spent with you	EXCELLENT 1 GOOD 2 FAIR 3 POOR 4 DON'T KNOW 8 NO RESPONSE 9	
403	How clearly your provider communicated information to you (By this, I mean, how well did they explain things to you during your family planning service in this facility)	EXCELLENT 1 GOOD 2 FAIR 3 POOR 4 DON'T KNOW 8 NO RESPONSE 9	
404	Wait time before you saw a provider	EXCELLENT 1 GOOD 2 FAIR 3 POOR 4 DON'T KNOW 8 NO RESPONSE 9	
405	Overall, taking everything into account, how would you rate the quality of family planning service you received during this visit?	EXCELLENT 1 GOOD 2 FAIR 3 POOR 4 DON'T KNOW 8 NO RESPONSE 9	
406	If your family member, friend or neighbor need FP, how likely are you to recommend she get family planning service from your provider (in this facility)?	VERY LIKELY 1 LIKELY 2 UNLIKELY 3 VERY UNLIKELY 4 DON'T KNOW 8 NO RESPONSE 9	
407	The provider was friendly and warm towards me	STRONGLY AGREE 1 AGREE 2 UNDECIDED 3 DISAGREE 4 STRONGLY DISAGREE 5 NO RESPONSE 9	

408	The care provider was sympathetic and concerned about me	STRONGLY AGREE AGREE UNDECIDED DISAGREE STRONGLY DISAGREE NO RESPONSE	1 2 3 4 5 9	
409	The care provider did not always understand the way I felt inside	STRONGLY AGREE AGREE UNDECIDED DISAGREE STRONGLY DISAGREE NO RESPONSE	1 2 3 4 5 9	
410	Overall, how would you rate the respect the providers showed you at this facility for this FP service? (By respect I mean being treated with the care and attention you deserve)	EXCELLENT GOOD FAIR POOR DON'T KNOW NO RESPONSE	1 2 3 4 8 9	
411	How confident are you that if you become very sick tomorrow, you would be able to receive effective treatment from the health system?	COMPLETELY CONFIDENT MOSTLY CONFIDENT SLIGHTLY CONFIDENT NOT CONFIDENT AT ALL DON'T KNOW NO RESPONSE	1 2 3 4 8 9	
412	Do you felt that you could trust the care provider during today's consultation?	YES NO DON'T KNOW NO RESPONSE	1 2 8 9	
413	With which statement do you agree most? a) Our health care system has so much wrong with it that we need to completely rebuild it. b) There are some good things in our health care system, but major changes are needed to make it work better. c) On the whole, the system works pretty well and only minor changes are necessary to make it work better	REBUILD THE SYSTEM MAJOR CHANGES MINOR CHANGES	1 2 3	
414	How would you rate the knowledge and competence of health providers at this facility for this family planning service?	EXCELLENT GOOD FAIR POOR DON'T KNOW NO RESPONSE	1 2 3 4 8 9	

415	How would you rate the availability of drugs, supplies, and medical equipment at this facility for this family planning service?	EXCELLENT 1 GOOD 2 FAIR 3 POOR 4 DON'T KNOW 8 NO RESPONSE 9	
416	Overall, how satisfied are you with your experience during this family planning service?	VERY SATISFIED 1 SOMEWHAT SATISFIED 2 SOMEWHAT DISSATISFIED 3 VERY DISSATISFIED 4 DON'T KNOW 8 NO RESPONSE 9	
417	RECORD THE TIME THE INTERVIEW ENDED	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	
Thank you very much for taking the time to answer my questions. Once again, any information you have given will be kept completely confidential. Have a good day!			
Interviewer's comments:			

2021 ETHIOPIAN SERVICE PROVISION ASSESSMENT PLUS SURVEY

SICK CHILD CARETAKER EXIT INTERVIEW

FACILITY IDENTIFICATION

FACILITY NUMBER	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
PROVIDER SERIAL NUMBER [FROM STAFF LISTING FORM]	<input type="text"/> <input type="text"/>
CLIENT CODE [FROM CLIENT LISTING FORM]	<input type="text"/> <input type="text"/> <input type="text"/>

INFORMATION ABOUT INTERVIEW

DATE:	DAY	<input type="text"/> <input type="text"/>
	MONTH	<input type="text"/> <input type="text"/>
	YEAR	<input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text"/>
	Name of the interviewer: _____	INTERVIEWER CODE.....

1. Information About Visit - CARETAKER OF SICK CHILD

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO																		
	<p>READ TO CLIENT: Hello, I am _____. As my colleague mentioned, we are representing the ETHIOPIAN PUBLIC HEALTH INSTITUTE (EPHI) and the FMoH. We are conducting a study of health facilities in ETHIOPIA. in order to improve the services this facility offers and would like to ask you some questions about your experiences here today.</p> <p>Please know that whether you decide to allow this interview or not is completely voluntary and will not affect services you receive during any future visit. You may refuse to answer any question, and you may stop the interview at any time.</p> <p>Information from this interview may be provided to researchers for analyses, but neither your name nor the date of services will be on any shared information, so your identity will remain completely confidential.</p> <p>Data collection will take place (August – December, 2021), data will be released on July 2022 Datasets from this study will only be available for legitimate research purposes If you have any question regarding the survey please contact: Fikreselassie Getachew, CO Principle Investigator, EPHI, Addis Ababa, Ethiopia, Cell No. 0913210444</p> <p>Do you have any questions for me? Do I have your permission to continue with the interview?</p>																				
	<p>Interviewer's signature (Indicates respondent's willingness to participate)</p>	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td>2</td><td>0</td><td>2</td> </tr> <tr> <td>DAY</td><td>MONTH</td><td colspan="4">YEAR</td> </tr> </table>										2	0	2	DAY	MONTH	YEAR				
			2	0	2																
DAY	MONTH	YEAR																			
100	May I begin the interview?	CLIENT AGREES 1 CLIENT REFUSES 2	→ END																		
101	RECORD THE TIME THE INTERVIEW STARTED	<table border="1"> <tr> <td></td><td></td><td>:</td><td></td><td></td> </tr> </table>			:																
		:																			
102	What is the name of the sick child?	NAME _____																			

CLIENT AGE

103	What month and year was [NAME] born?	MONTH <table border="1"><tr><td></td><td></td></tr></table> DON'T KNOW MONTH 98 YEAR <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> DON'T KNOW YEAR 9998							
104	How old is [NAME] in completed months?	AGE IN MONTHS <table border="1"><tr><td></td><td></td></tr></table> DON'T KNOW 98							

SIGNS AND SYMPTOMS OF CURRENT ILLNESS

105	Has [NAME] had fever with this illness or any time in the past two days?	YES 1 NO 2	
106	Has [NAME] had a convulsion with this illness?	YES 1 NO 2	
107	Does [NAME] have cough or difficulty breathing with this illness?	YES 1 NO 2	
108	Can [NAME] drink, eat or breastfeed?	YES 1 NO 2	

109	Does [NAME] vomit everything when he/she eats or breastfeeds during this illness?	YES. 1 NO. 2	
110	Has [HE/SHE] had watery and frequent stools with this illness or any time in the past two days?	YES. 1 NO. 2	
111	Has [HE/SHE] been excessively sleepy or lethargic during this illness?	YES. 1 NO. 2	
112	For what other reason(s) did you bring [NAME] to this health facility today? CIRCLE ALL ITEMS THE RESPONDENT MENTIONS PROBE: Anything else?	EAR PROBLEMS. A SKIN SORE/PROBLEMS. B INJURY. C EYE PROBLEM. D OTHER _____ X (SPECIFY) NO OTHER REASON Y	
113	Has [NAME] been brought to this facility before for this same illness? IF YES, ASK: How long ago was that?	WITHIN THE PAST WEEK. 1 WITHIN THE PAST 2-4 WEEKS. 2 MORE THAN 4 WEEKS AGO. 3 NO. 4 DON'T KNOW. 8	
114	How many days ago did the illness for which you brought [NAME] here begin? IF LESS THAN 1 DAY, ENTER 00	DAYS AGO. <input type="text"/> <input type="text"/> DON'T KNOW. 98	

INFORMATION PROVIDED TO CARETAKER

115	Did the provider tell you what illness [NAME] has?	YES. 1 NO. 2 DON'T KNOW. 8	
116	What would you do if [NAME] does not get completely better or becomes worse?	RETURN TO FACILITY. 1 GO TO OTHER FACILITY. 2 GO TO OTHER HEALTH WORKER OR /PHARMACY. 3 GO TO TRADITIONAL HEALER. 4 NOTHING, JUST WAIT. 5 GO TO SPIRITUAL HEALER 6 DON'T KNOW. 8	
117	Did the provider tell you about any signs or symptoms you may see for which you must immediately bring the child back? IF YES, ASK: Can you tell me what these are? IF NECESSARY, PROBE: Were there any serious symptoms or danger signs for which you were told to bring [NAME] back immediately?	FEVER A BREATHING PROBLEMS B BECOMES SICKER C BLOOD IN STOOL D VOMITING E POOR/NOT EATING/NOT FEEDING F POOR/NOT DRINKING G CONVULSION H OTHER _____ X (SPECIFY) NO, NONE Y DON'T KNOW Z	
118	Did the provider tell you anything about bringing [NAME] back to the health facility for follow-up or non-emergency reasons? IF YES: Why were you to return?	MORE MEDICINES A IF SYMPTOMS INCREASE OR BECOME WORSE B FOLLOW-UP APPOINTMENT. C VIT. A SUPPLEMENTATION. D LAB TEST RESULTS. E CHILD ADMITTED. F ROUTINE IMMUNISATION G OTHER _____ X (SPECIFY) NO. Y DON'T KNOW Z	

TREATMENT AND CARETAKER COMFORT LEVEL

119	Did the provider give or prescribe any medicines for [NAME] to take at home?	YES, GAVE MEDS. 1 YES, GAVE PRESCRIPTION. 2 GAVE MEDS AND PRESCRIPTION. 3 NO 4	→ 124
120	ASK TO SEE ALL MEDICATIONS THAT THE CARETAKER RECEIVED AND ANY PRESCRIPTIONS THAT HAVE NOT YET BEEN FILLED. CIRCLE THE RESPONSE DESCRIBING THE MEDICATIONS AND PRESCRIPTIONS YOU SEE.	HAS ALL MEDS. 1 HAS SOME MEDS, SOME UNFILLED PRESCRIPTIONS. 2 NO MEDICATIONS SEEN, HAS PRESCRIPTIONS ONLY. 3	
121	Did a provider at the facility explain to you how to give these medicines to [NAME] at home? IF "2" OR "8" SEND CLIENT BACK TO PROVIDER AT THE END OF THE INTERVIEW	YES. 1 NO. 2 DON'T KNOW. 8	
122	Do you feel comfortable or confident that you know how much of each medication to give [NAME] each day and for how many days to give it? IF "2" OR "8" SEND CLIENT BACK TO PROVIDER AT THE END OF THE INTERVIEW	YES. 1 NO. 2 DON'T KNOW. 8	
123	Has [NAME] been given a dose of any of these medications here at the facility already?	YES. 1 NO. 2 DON'T KNOW. 8	
124	Did [NAME] receive an injection for treating the sickness here at the facility today? IF NO, CHECK PRESCRIPTIONS AND RECORD IF THERE IS A PRESCRIPTION FOR AN INJECTION.	YES, RECEIVED INJECTION. 1 YES, RECEIVED PRESCRIPTION FOR INJECTION. 2 NO 3 DON'T KNOW 8	
125	Did anyone at the health facility weigh [NAME] today?	YES 1 NO 2	
126	Did anyone talk to you today about [NAME]'s weight and how [NAME] is growing?	YES 1 NO 2	
127	Did any provider ask you today about the types of foods and amounts that you normally feed [NAME] when [NAME] is not sick?	YES 1 NO 2 CANNOT REMEMBER 8	
128	What did the provider tell you about feeding solid foods to [NAME] during this illness?	GIVE LESS THAN USUAL 1 GIVE SAME AS USUAL 2 GIVE MORE THAN USUAL 3 GIVE NOTHING/DON'T FEED 4 DIDN'T DISCUSS 6 NOT CERTAIN 8	
129	What did the provider tell you about giving fluids (or breast milk, if the child is breastfed) to [NAME] during this illness?	GIVE LESS THAN USUAL 1 GIVE SAME AS USUAL 2 GIVE MORE THAN USUAL 3 GIVE NOTHING/DON'T FEED 4 DIDN'T DISCUSS 6 DON'T KNOW 8	
130	Was [NAME] given a vaccination today? IF YES, ASK TO SEE THE HEALTH CARD OR BOOKLET TO VERIFY.	YES, OBSERVED. 1 REPORTED, NOT SEEN. 2 NO. 3 DON'T KNOW. 8	

REFERRAL

130A	Before [NAME] was seen by the health care provider who treated [HIM/HER] today, was a finger or heel stick done anywhere in this facility for blood to be taken for a test?	YES..... 1 NO..... 2	
131	Did the provider instruct you to take [HIM/HER] to see another provider, or to go to the laboratory in this facility for a finger or heel stick for blood to be taken for a test?	YES..... 1 NO..... 2	→ 134
132	Did you take [NAME] to the provider or laboratory for the finger or heel stick?	YES..... 1 NO..... 2	→ 134
133	Were you told the result of the test that was done?	YES..... 1 NO..... 2	
134	Did the provider instruct you to take [NAME] to see a provider in another facility, or for a laboratory test outside of this facility, for further care for [NAME]?	YES..... 1 NO..... 2	→ 136
135	Regarding this referral, please tell me:	YES NO DK	
01	Were you given any paper or record to take with you for the referral?	1 2 8	
02	Were you told where to go for the referral?	1 2 8	
03	Were you told who to see for the referral?	1 2 8	
04	Were you told why you are to go for the referral?	1 2 8	
05	Do you intend to go to this (these) referral(s)?	1 2 8	
136	Did you take [NAME] to see another health provider or traditional healer before coming here? IF YES, ASK: Whom did you see and where? CIRCLE ALL THAT APPLY	YES, OTHER PROVIDER THIS FACILITY..... A YES, OTHER PROVIDER DIFFERENT FACILITY... B YES, TRADITIONAL HEALER..... C YES, SPIRITUAL HEALER..... D SAW NO ONE Y	

2. Client Satisfaction

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO								
<p>Now I am going to ask you some questions about the services you received today. I would like to have your honest opinion about the things that we will talk about. This information will help improve services in general.</p>											
201	<p>How long did you wait between the time you arrived at this facility and the time you were able to see a provider for the consultation?</p> <p>TRY TO DETERMINE THE TIME THE CLIENT ARRIVED AT THE FACILITY AND WHEN THE FACILITY OPENS FOR SERVICES. WE ARE INTERESTED IN THE WAITING TIME FROM THE TIME THE FACILITY OFFICIALLY OPENS.</p>	<p>MINUTES <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>SAW PROVIDER IMMEDIATELY 000 DON'T KNOW 998</p>									
202	<p>Now I am going to ask about some common problems clients have at health facilities. As I mention each one, please tell me whether any of these were problems for you today, and if so, whether they were major or minor problems for you.</p>										
		<table style="margin-left: auto; margin-right: auto;"> <tr> <td></td> <td></td> <td style="text-align: center;">NO PROB-</td> <td></td> </tr> <tr> <td style="text-align: center;"><u>MAJOR</u></td> <td style="text-align: center;"><u>MINOR</u></td> <td style="text-align: center;"><u>LEM</u></td> <td style="text-align: center;"><u>DK</u></td> </tr> </table>			NO PROB-		<u>MAJOR</u>	<u>MINOR</u>	<u>LEM</u>	<u>DK</u>	
		NO PROB-									
<u>MAJOR</u>	<u>MINOR</u>	<u>LEM</u>	<u>DK</u>								
01	Time you waited to see a provider	1 2 3 8									
02	Ability to discuss problems or concerns about [CHILD'S] illness	1 2 3 8									
03	Amount of explanation you received about the problem or treatment	1 2 3 8									
04	Privacy from having others see the examination	1 2 3 8									
05	Privacy from having others hear your consultation discussion	1 2 3 8									
06	Availability of medicines at this facility	1 2 3 8									
07	The hours of service at this facility, i.e., when they open and close	1 2 3 8									
08	The number of days services are available to you	1 2 3 8									
09	The cleanliness of the facility	1 2 3 8									
10	How the staff treated you	1 2 3 8									
11	Cost for services or treatments	1 2 3 8									
203	<p>Are you a part of any prepayment plan (such as medical aid, insurance or a similar program) or institutional arrangement that pays for some or all of the services you receive at this or any other facility?</p>	<p>YES..... 1 NO..... 2 DON'T KNOW..... 8</p>									
204	<p>Were you charged, or did you pay fees for any services your received or were provided today?</p>	<p>YES 1 NO 2</p>	→ 206								

205	What is the total amount of birr you paid for all services or treatments you received at this facility today?	TOTAL AMOUNT <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	
206	Is this the closest health facility to your home?	YES..... 1 NO..... 2 DON'T KNOW..... 8	→ 208 → 208
207	What was the main reason you did not go to the facility nearest to your home? IF CLIENT MENTIONS SEVERAL REASONS, PROBE FOR THE MOST IMPORTANT, OR MAIN REASON.	INCONVENIENT OPERATING HOURS 01 BAD REPUTATION 02 DON'T LIKE PERSONNEL .. 03 NO MEDICINE 04 PREFERS TO REMAIN ANONYMOUS 05 IT IS MORE EXPENSIVE 06 WAS REFERRED 07 FOR BETTER QUALITY 08 OTHER..... 96 DON'T KNOW 98	
208	In general, which of the following statements best describes your opinion of the services you either received or were provided at this facility today READ ALL STATEMENTS, CIRCLE ONLY ONE 01) I AM VERY SATISFIED WITH THE SERVICES I RECEIVED IN FACILITY 1 02) I AM MORE OR LESS SATISFIED WITH THE SERVICES I RECEIVED..... 2 03) I AM NOT SATISFIED WITH THE SERVICED I RECEIVED 3		
209	Will you recommend this health facility to a friend or family member?	YES..... 1 NO..... 2 DON'T KNOW..... 8	

4. Interaction with care provider and health system

NO.	QUESTIONS	CODING CLASSIFICATION	GO TO
Now thinking about all of your sick child services, on average, how would you rate:			
401	Friendliness of your provider	EXCELLENT 1 GOOD 2 FAIR 3 POOR 4 DON'T KNOW 8 NO RESPONSE 9	
402	The amount of time your provider spent with you	EXCELLENT 1 GOOD 2 FAIR 3 POOR 4 DON'T KNOW 8 NO RESPONSE 9	
403	How clearly your provider communicated information to you (By this, I mean, how well did they explain things to you during your sick child service in this facility)	EXCELLENT 1 GOOD 2 FAIR 3 POOR 4 DON'T KNOW 8 NO RESPONSE 9	
404	Wait time before you saw a provider	EXCELLENT 1 GOOD 2 FAIR 3 POOR 4 DON'T KNOW 8 NO RESPONSE 9	
405	Overall, taking everything into account, how would you rate the quality of sick child care you received during this visit?	EXCELLENT 1 GOOD 2 FAIR 3 POOR 4 DON'T KNOW 8 NO RESPONSE 9	
406	If your family member, friend or neighbor need sick child care, how likely are you to recommend she get sick child care service from your provider (in this facility)?	VERY LIKELY 1 LIKELY 2 UNLIKELY 3 VERY UNLIKELY 4 DON'T KNOW 8 NO RESPONSE 9	
407	The provider was friendly and warm towards me	STRONGLY AGREE 1 AGREE 2 UNDECIDED 3 DISAGREE 4 STRONGLY DISAGREE 5 NO RESPONSE 9	

408	The care provider was sympathetic and concerned about me	STRONGLY AGREE AGREE UNDECIDED DISAGREE STRONGLY DISAGREE NO RESPONSE	1 2 3 4 5 9	
409	The care provider did not always understand the way I felt inside	STRONGLY AGREE AGREE UNDECIDED DISAGREE STRONGLY DISAGREE NO RESPONSE	1 2 3 4 5 9	
410	Overall, how would you rate the respect the providers showed you at this facility for this sick child care? Service (By respect I mean being treated with the care and attention you deserve)	EXCELLENT GOOD FAIR POOR DON'T KNOW NO RESPONSE	1 2 3 4 8 9	
411	How confident are you that if you become very sick tomorrow, you would be able to receive effective treatment from the health system?	COMPLETELY CONFIDENT MOSTLY CONFIDENT SLIGHTLY CONFIDENT NOT CONFIDENT AT ALL DON'T KNOW NO RESPONSE	1 2 3 4 8 9	
412	Do you felt that you could trust the care provider during today's consultation?	YES NO DON'T KNOW NO RESPONSE	1 2 8 9	
413	With which statement do you agree most? a) Our health care system has so much wrong with it that we need to completely rebuild it. b) There are some good things in our health care system, but major changes are needed to make it work better. c) On the whole, the system works pretty well and only minor changes are necessary to make it work better	REBUILD THE SYSTEM MAJOR CHANGES MINOR CHANGES	1 2 3	
414	How would you rate the knowledge and competence of health providers at this facility for this sick child care service?	EXCELLENT GOOD FAIR POOR DON'T KNOW NO RESPONSE	1 2 3 4 8 9	

415	How would you rate the availability of drugs, supplies, and medical equipment at this facility for this sick child care service?	EXCELLENT 1 GOOD 2 FAIR 3 POOR 4 DON'T KNOW 8 NO RESPONSE 9	
416	Overall, how satisfied are you with your experience during this sick child care service?	VERY SATISFIED 1 SOMEWHAT SATISFIED 2 SOMEWHAT DISSATISFIED 3 VERY DISSATISFIED 4 DON'T KNOW 8 NO RESPONSE 9	
417	RECORD THE TIME THE INTERVIEW ENDED <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>		
Thank you very much for taking the time to answer my questions. Once again, any information you have given will be kept completely confidential. Have a good day!			
Interviewer's comments:			

Sample List for ANTENATAL CARE Observation

Date

				2	0	2	1
--	--	--	--	---	---	---	---

FACILITY #

--	--	--	--	--

DAY MONTH YEAR

PROVIDER SERIAL NUMBER

--	--

TOTAL # OF ANC CLIENTS ON DAY OF VISIT FOR ALL PROVIDERS

--	--	--

USE THIS FORM TO LIST ANC CLIENTS SELECTED FOR ANC OBSERVATION FOR PROVIDER #1

	NAME/INITIALS	FIRST VISIT	FOLLOW-UP
101			
102			
103			
104			
105			
106			
107			
108			
109			
110			
111			
112			
113			
114			
115			
116			
117			
118			
119			
120			
121			
122			
123			
124			
125			

Sample List for ANTENATAL CARE Observation

Date

				2	0	2	1
DAY		MONTH		YEAR			

FACILITY #				

PROVIDER SERIAL NUMBER

--	--

USE THIS FORM TO LIST ANC CLIENTS SELECTED FOR ANC OBSERVATION FOR PROVIDER #3

	NAME/INITIALS	FIRST VISIT	FOLLOW-UP
151			
152			
153			
154			
155			
156			
157			
158			
159			
160			
161			
162			
163			
164			
165			
166			
167			
168			
169			
170			
171			
172			
173			
174			
175			

Sample List for FAMILY PLANNING Observation

Date

				2	0	2	1
--	--	--	--	---	---	---	---

--	--	--	--	--

DAY MONTH YEAR FACILITY #

PROVIDER SERIAL NUMBER

--	--

TOTAL # OF FP CLIENTS ON DAY OF VISIT FOR ALL PROVIDERS

--	--	--

USE THIS FORM TO LIST FP CLIENTS SELECTED FOR FP OBSERVATION FOR PROVIDER #1

	NAME/INITIALS	FIRST VISIT	FOLLOW-UP
201			
202			
203			
204			
205			
206			
207			
208			
209			
210			
211			
212			
213			
214			
215			
216			
217			
218			
219			
220			
221			
222			
223			
224			
225			

Sample List for FAMILY PLANNING Observation

Date

				2	0	2	1
DAY		MONTH		YEAR			

FACILITY #				

PROVIDER SERIAL NUMBER

--	--

USE THIS FORM TO LIST FP CLIENTS SELECTED FOR FP OBSERVATION FOR PROVIDER #2

	NAME/INITIALS	FIRST VISIT	FOLLOW-UP
226			
227			
228			
229			
230			
231			
232			
233			
234			
235			
236			
237			
238			
239			
240			
241			
242			
243			
244			
245			
246			
247			
248			
249			
250			

Sample List for FAMILY PLANNING Observation

Date

				2	0	2	1
DAY		MONTH		YEAR			

FACILITY #				

PROVIDER SERIAL NUMBER

--	--

USE THIS FORM TO LIST FP CLIENTS SELECTED FOR FP OBSERVATION FOR PROVIDER #3

	NAME/INITIALS	FIRST VISIT	FOLLOW-UP
251			
252			
253			
254			
255			
256			
257			
258			
259			
260			
261			
262			
263			
264			
265			
266			
267			
268			
269			
270			
271			
272			
273			
274			
275			

Sample List for SICK CHILD Observation

Date

		2	0	2	1
--	--	---	---	---	---

DAY
MONTH
YEAR

--	--	--	--

FACILITY #

PROVIDER SERIAL NUMBER

--	--

TOTAL # OF SICK CHILDREN ON DAY OF VISIT FOR ALL PROVIDERS

--	--	--

 (2-59 months)

TOTAL # OF SICK NEW BORN ON DAY OF VISIT FOR ALL PROVIDERS

--	--	--

 (< 2 months)

USE THIS FORM TO LIST FP CLIENTS SELECTED FOR SC OBSERVATION FOR PROVIDER #1

	NAME/INITIALS OF SAMPLED SICK CHILDREN	AGE IN DAYS (if child is < 2 Months)	AGE IN MONTHS (if child is 2-59 months)
301			
302			
303			
304			
305			
306			
307			
308			
309			
310			
311			
312			
313			
314			
315			
316			
317			
318			
319			
320			
321			
322			
323			
324			
325			

Sample List for SICK CHILD Observation

Date

		2	0	2	1
--	--	---	---	---	---

DAY
MONTH
YEAR

--	--	--	--	--

FACILITY #

PROVIDER SERIAL NUMBER

--	--

USE THIS FORM TO LIST FP CLIENTS SELECTED FOR SC OBSERVATION FOR PROVIDER #2

	NAME/INITIALS OF SAMPLED SICK CHILDREN	AGE IN DAYS (if child is < 2 Months)	AGE IN MONTHS (if child is 2-59 months)
326			
327			
328			
329			
330			
331			
332			
333			
334			
335			
336			
337			
338			
339			
340			
341			
342			
343			
344			
345			
346			
347			
348			
349			
350			

Sample List for SICK CHILD Observation

Date

				2	0	2	1
--	--	--	--	---	---	---	---

--	--	--	--	--

DAY
MONTH
YEAR
FACILITY #



PROVIDER SERIAL NUMBER

--	--

USE THIS FORM TO LIST FP CLIENTS SELECTED FOR SC OBSERVATION FOR PROVIDER #3

	NAME/INITIALS OF SAMPLED SICK CHILDREN	AGE IN DAYS (if child is < 2 Months)	AGE IN MONTHS (if child is 2-59 months)
351			
352			
353			
354			
355			
356			
357			
358			
359			
360			
361			
362			
363			
364			
365			
366			
367			
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375			

ADDITIONAL DHS PROGRAM RESOURCES

<p>The DHS Program Website – Download free DHS reports, standard documentation, key indicator data, and training tools, and view announcements.</p>	<p>DHSprogram.com</p>	
<p>STATcompiler – Build custom tables, graphs, and maps with data from 90 countries and thousands of indicators.</p>	<p>Statcompiler.com</p>	
<p>DHS Program Mobile App – Access key DHS indicators for 90 countries on your mobile device (Apple, Android, or Windows).</p>	<p>Search DHS Program in your iTunes or Google Play store</p>	
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<p>Learning Hub – Access online courses for independent learning and workshop participation, communities of practice, and other training resources.</p>	<p>Learning.DHSprogram.com</p>	
<p>GitHub – Open access to Stata, SPSS and R code for DHS indicators for public use.</p>	<p>Github.com/DHSprogram</p>	
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