



# Ethiopia

**2021-22 Service Provision Assessment**

**Summary Report**



This report presents 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 implemented the survey in collaboration with the Ethiopian Ministry of Health.

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; Ethiopian Ministry of Health, and ICF. 2022. *Ethiopia Service Provision Assessment 2021-22: Key Findings*. Addis Ababa, Ethiopia: Ministry of Health, Addis Ababa; New ERA, Ethiopia; and ICF.

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# Introduction

The 2021-22 Ethiopia Service Provision Assessment (ESPA) is the second survey of its kind following the 2014 ESPA+. The survey was designed to collect information from health facilities in Ethiopia with the aim of providing information on the general performance of facilities that offer maternal, child, and reproductive health services, services for specific infectious diseases, such as sexually transmitted infections (STIs), HIV/AIDS, tuberculosis (TB), and malaria, as well as the functions of the various components of the health system that may affect the quality of services.

The 2021-22 ESPA used four types of questionnaires:

- Facility inventory questionnaire
- Health provider questionnaire
- Observation protocol of consultations and examination of antenatal care, family planning, and sick children
- Client exit interview questionnaires for women attending antenatal care, family planning clients, and caretakers of sick children

The 2021-22 ESPA selected 1,407 facilities throughout Ethiopia to survey. Of these 1,407 selected facilities, 249 facilities were permanently closed, not yet operational, under security issues, converted into a COVID Centre, unreachable, or duplicates of another facility in the sample. Data were successfully collected from a total of 1,158 facilities. The results of the survey are presented by facility type, managing authority, by region, and by urban/rural area.

The 2021-22 ESPA interviewed 8,424 health service providers who were present in the facilities on the day of the survey. Overall, 34% were nurses, 15% were midwives, 12% were health officers, 12% were health extension workers level 4, 8% were laboratory technicians, 8% were health extension workers level 3, 4% were general practitioners, 3% were laboratory technologists, and 1% were other clinical staff. For the observation component of the survey, antenatal care, family planning, and curative care for sick children clients were selected at each service site on the day of the survey. Overall, 3,742 sick children, 2,572 family planning clients, and 4,335 antenatal care clients were observed.

Number of Facilities Surveyed in the 2021-22 ESPA		
	Weighted	Unweighted
<b>Facility Type</b>		
Referral hospitals	2	32
General hospital	7	123
Primary hospital	15	218
Health centre	181	268
Health post	755	257
Speciality/higher clinic	7	18
Medium clinic	92	139
Lower clinic	97	103
<b>Managing Authority</b>		
Public	960	829
Private	198	329
<b>Region</b>		
Afar	19	57
Amhara	250	188
Oromia	430	233
Somali	74	85
Benishangul Gumuz	23	52
SNNP	261	180
Sidama	44	13
Gambela	17	64
Harari	4	51
Addis Ababa	33	84
Dire Dawa	5	61
<b>Urban/Rural</b>		
Urban	271	606
Rural	887	552
<b>National Total</b>	<b>1,158</b>	<b>1,158</b>

# Understanding the 2021-22 Ethiopia SPA

This legend provides iconic description of the health service areas, if observations or client exit interviews were conducted, and number of facilities surveyed offering the type of service.

- ★ Observations of Consultations
- Client Exit Interview
- N = Number of Facilities Offering Service

## Child Health

★ Curative Care ● N=1,034	Child Growth Monitoring N=869	Child Vaccination N=868
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## Family Planning

★ Any Family Planning Service  
● N=1,046

## Maternal Health

### Antenatal Care

★ Antenatal Care ● N=865	Prevention of mother-to-child transmission of HIV N=210
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### Delivery and Newborn Care

Delivery and Newborn Care  
N=216

**All Health Facilities**  
**N=1,158**

## HIV and STIs

HIV Testing N=262	HIV Care and Support N=96	Antiretroviral Therapy N=74	Sexually Transmitted Infection Diagnosis or Treatment N=368
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## Malaria

Malaria Diagnosis and/or Treatment  
N=806

## Non-communicable Diseases

Diabetes N=314	Cardiovascular Disease N=314	Chronic Respiratory Disease N=316	Cancer N=114	Mental, Neurological, and Substance Use Disorders N=88	Renal Disease N=193
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## Tuberculosis

Tuberculosis Diagnosis Treatment and/or Follow-up  
N=259

This summary report, as well as the final report, are organized by service area, but the same basic topics are covered in each section. Use the icons below to identify the main results within each section.

-  Availability of services, medication, and supplies
-  Guidelines and equipment for services
-  Infection control
-  Laboratory diagnostic or testing capacity
-  Training and supportive management

# HEALTH FACILITIES IN ETHIOPIA

## Availability of Services

The availability of a basic package of health services and frequency of these services contribute to client utilization of services at a health facility. However, if a facility does not offer all services, it should not be assumed that the facility is substandard. Two in ten healthcare facilities in Ethiopia offer all basic client services including curative care for sick children, child growth monitoring, child vaccination, any modern method of family planning (FP), antenatal care (ANC), and services for sexually-transmitted infections (STIs). The availability of all basic client services is substantially higher in public facilities (24%) than in private facilities (1%). By region, availability of all basic client services ranges from a low of 11% of facilities in SNNP region to a high of 30% in Somali region.

Service availability varies by type of service and type of facility. For example, the availability of child curative care is nearly universal in health centres (99%) and general and primary hospitals (98% each). In contrast, very few clinics offer child vaccination or child growth monitoring services. Similarly, the availability of modern FP and ANC services is lower among clinics than other facility types. Services for STIs are widely available except at health posts.

## Basic Amenities

Currently, more than 8 in 10 facilities have visual and auditory privacy and 73% have a client latrine. Six in ten facilities have emergency transport, while over half have regular electricity (54%) and an improved water source (53%). One third of health facilities in Ethiopia have communication equipment and 10% have a computer with internet. Availability of basic amenities for client services is higher in hospitals (all types) than in other facility types. More private facilities than public facilities have basic amenities for client services.

## Infection Control

Overall, 27% of facilities have any equipment for sterilization. Over 95% of hospitals (all types) and speciality or higher clinics have sterilization equipment, compared to just 2% of health

posts. Eighty-three percent of facilities have latex gloves and 73% have medical masks. More than 9 in 10 hospitals (all types) and clinics (all types) have soap and running water or an alcohol-based hand disinfectant, compared to 83% of health posts and 73% of health centres.

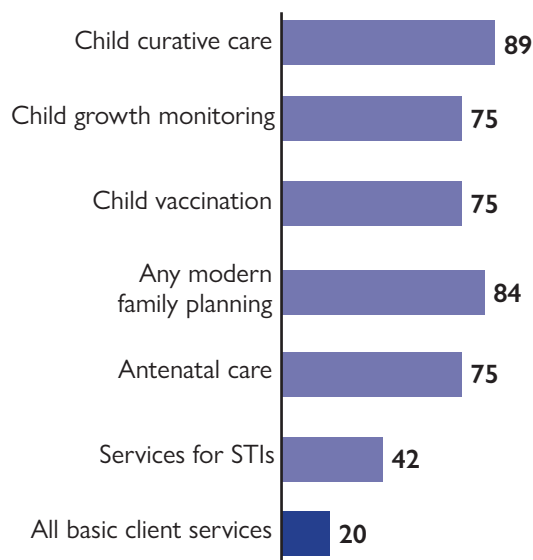


### ESPA Definition

*Available:* Only observed items are classified as available. Items that are reported as being available but are not observed or seen by the interviewers are not considered available.

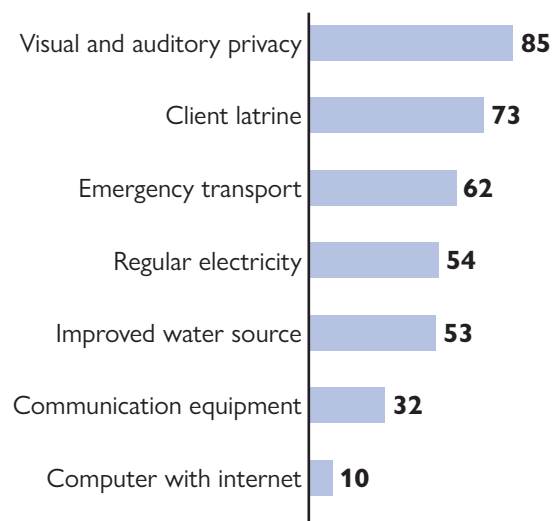
### Availability of Basic Client Services

*Among all facilities (N=1,158), percent offering indicated basic client services*



### Availability of Basic Amenities for Client Services

*Among all facilities (N=1,158), percent with indicated amenities considered basic for quality services*









## Availability of Child Health Services

Nine in ten health facilities offer outpatient curative care for sick children, 75% offer growth monitoring services, and 75% offer child vaccination services. Sixty-three percent of health facilities offer all three basic child health services. The availability of all three basic child health services is higher in health centres (88%) than in other facility types. Among managing authorities, 76% of public facilities offer all three basic child health services compared to 1% of private facilities.

## Guidelines and Equipment for Child Curative Care Services


 Among health facilities offering outpatient curative care for sick children (N=1,034), 87% offer these services five days or more per week. Two-thirds of facilities have visible Integrated Management of Childhood Illness (IMCI) guidelines. Nine in ten facilities have a thermometer or timer and 79% have a stethoscope. Three-quarters of facilities have a child scale or a tape for measuring mid-upper arm circumference, while 54% have a length or height board and 50% have an infant scale. Two-thirds of facilities have a tape for measuring head circumference and 61% have a growth chart.

## Management Practices and Training


 Of 4,872 interviewed providers of child health services, only 23% received any in-service training related to child health during the 24 months before the survey. Nearly 7 in 10 had been supervised in the six months before the survey.

Among child health providers, in-service training within the last two years covered a range of topics including Expanded Programme for Immunisation (EPI) or cold chain monitoring (10%), IMCI (9%), malaria diagnosis (13%), malaria treatment (12%), acute respiratory illness (7%), diarrhoea diagnosis or treatment (8%), and paediatric antiretroviral therapy (2%).


## Infection Control

 Nine in ten facilities offering outpatient curative care services for sick children have a sharps container, 83% have soap and running water or else alcohol-based hand disinfectant, and 81% have latex gloves. Fewer child health facilities have a waste receptacle (44%).

## Laboratory Diagnostic Capacity

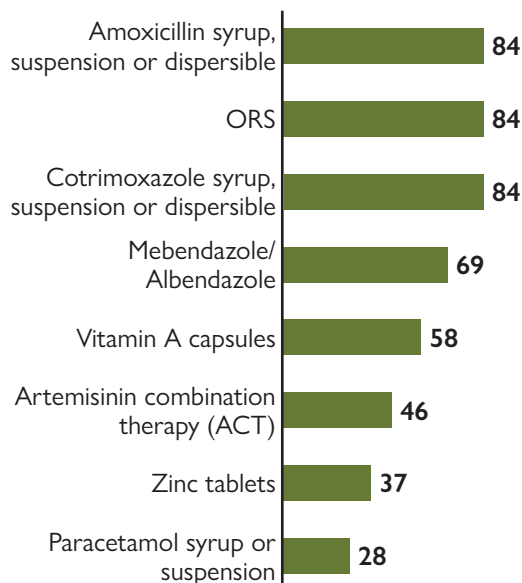
 Among facilities offering outpatient curative care for sick children (N=1,034), 54% can diagnose malaria, 19% have the capacity to do a stool microscopy, and 14% have the ability to measure haemoglobin to assess anaemia. Not surprisingly, hospitals (all types) have the highest diagnostic capacity for all three tests compared to other facility types. Private facilities have more laboratory diagnostic capacity than public facilities.

## Availability of Essential Medicines


 More than 8 in 10 health facilities offering outpatient curative care services for sick children have amoxicillin and cotrimoxazole to treat infections and oral rehydration salts (ORS) to treat dehydration. Nearly 7 in 10 facilities have mebendazole or albendazole to treat parasitic infections, while nearly 6 in 10 have vitamin A capsules. Less than half of facilities have artemisinin combination therapy to treat malaria (46%), 37% of facilities have zinc tablets to treat diarrhoea, and 28% have paracetamol to treat pain and reduce fever.

### Availability of Essential Medicines

Among facilities offering outpatient curative care services for sick children (N=1,034), percent where essential medicines were observed to be available in the facility on the day of the survey



## Assessment, Examination, and Treatment of Sick Children

 A total of 3,742 sick child consultations were observed. Providers checked children for all 3 major danger signs in only 4% of consultations: inability to eat or drink anything (27%), vomiting (32%), and convulsions (6%). Providers assessed all three main symptoms in 33% of observed consultations: fever (75%), cough/difficulty breathing (68%), and diarrhoea (51%). Various aspects of the physical examinations were also missing—only 19% of sick children were assessed for dehydration. Only 40% of sick children had their respiratory rate assessed, though 50% of sick children were weighed and 87% had their temperature taken. Caretakers of sick children must be informed how to take care of their children once they return home. Few providers in Ethiopia are advising caretakers how to increase fluids (25%), why to continue feeding the child (25%), and what symptoms require a return visit (12%).

### Treatment by Diagnosis

Providers should follow IMCI guidelines for diagnosis and treatment of specific illnesses among children. A majority of children with pneumonia were given oral antibiotics (94%), as were more than 85% of children with diarrhoea (with or without dehydration), and children with cough or other respiratory illness. More than 6 in 10 children with fever were given oral medicine to relieve symptoms, as were 54% of children with pneumonia and 48% of children with cough or other respiratory illness. For nearly half of children with diarrhoea with dehydration, the consultation involved a discussion of symptoms requiring immediate return. However, less than 1 in 4 sick child consultations for other illnesses included a discussion of symptoms requiring immediate return.

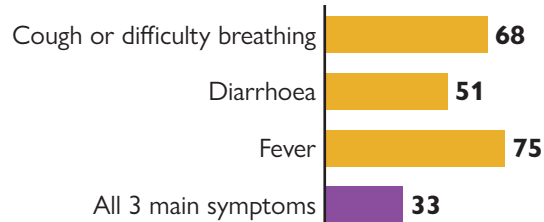
### Observed Assessments and Examinations

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

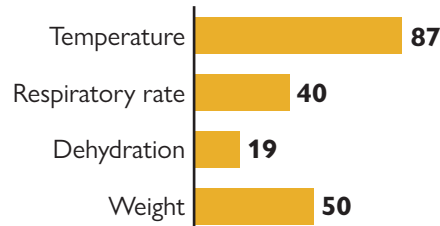
#### ASSESSMENT OF GENERAL DANGER SIGNS



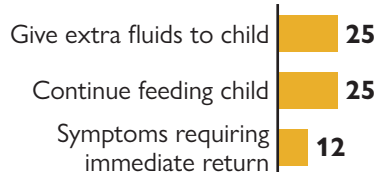
#### ASSESSMENT OF MAIN SYMPTOMS



#### PHYSICAL EXAM



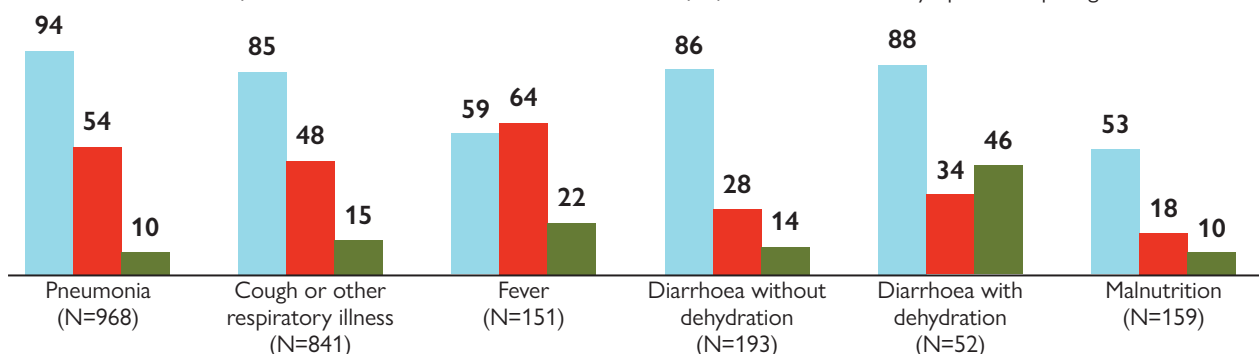
#### ESSENTIAL ADVICE TO CARETAKER



### Treatment of Sick Children by Diagnosis or Major Symptoms

Among observed children, percent diagnosed with specific illness who:

■ Given any antibiotic ■ Given oral medicine to relieve symptoms ■ Discussed symptoms requiring immediate return





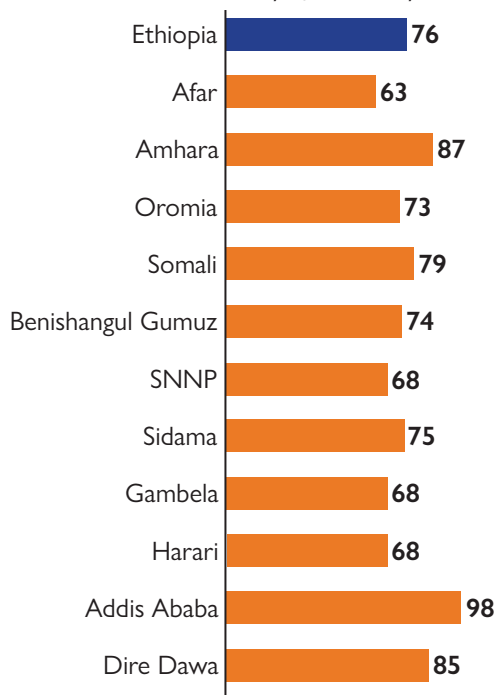
## Frequency and Availability of Vaccines

In Ethiopia, eight vaccines—BCG, DPT/pentavalent, polio, measles, pneumococcal, rotavirus, fIPV and human papilloma virus—are routinely offered by health facilities. Most facilities that offer each specific vaccine offer vaccination services five or more days per week, except for measles and BCG which are most commonly offered one to two days per week.

Among facilities that offer child vaccination services and store vaccines (N=475), 76% had all basic vaccines unexpired and available on the day of the survey. All basic vaccines include pentavalent, oral polio, measles, BCG, pneumococcal, and tetanus toxoid vaccines. The availability of all basic child vaccines varies by facility with all clinics (all types) having all basic child vaccines, compared to 69% of health posts. By region, the availability of all basic child vaccines ranges from a low of 63% in Afar region to a high of 98% in Addis Ababa.

### Availability of All Basic Child Vaccines

Among facilities offering child vaccination services and storing vaccines (N=475), percent that have all 6 basic child vaccines available on the day of the survey



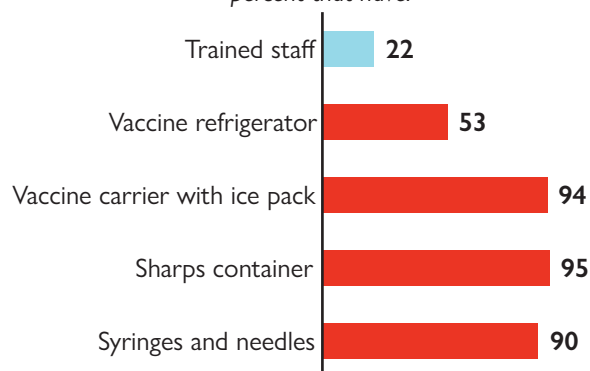
## Guidelines and Equipment for Vaccination Services



Among all health facilities offering child vaccination services (N=868), 95% have a sharps container and 94% have a vaccine carrier with ice pack. Nine in ten facilities have syringes and needles. About half of facilities have a vaccine refrigerator, while just 22% have staff who received in-service training on the Expanded Programme for Immunisation (EPI) in the 24 months before the survey.

### Trained Staff and Equipment for Vaccination Services

Among facilities offering child vaccination services (N=868), percent that have:



## Infection Control



Among facilities offering child vaccination services, the availability of items for infection control varies. Nearly all (95%) facilities have a sharps container, 82% have soap and running water or else alcohol-based disinfectant, and 80% have latex gloves. Fewer have a waste receptacle (42%).



# FAMILY PLANNING



## Availability of Family Planning (FP) Services

Overall, 84% of all health facilities offer any modern method of FP such as the pill, progestin-only injectables, implants, intrauterine contraceptive devices (IUCD), male condoms, and female or male sterilization. The availability of any modern method of FP is much higher in public facilities compared to private facilities (89% vs. 58%). Of the health facilities offering any FP services (N=1,046), 90% offer any FP services five or more days a week.

## Family Planning Methods Offered

Among facilities offering any FP services, 83% offer injectables and 82% offer combined oral contraceptive pills. Three-quarters of facilities offer implants, 69% offer male condoms, and 66% offer progestin-only pills. One-third of facilities offer IUCDs, while 19% offer female sterilization, 18% offer male sterilization, and just 6% offer female condoms. Just over half of facilities offer emergency contraception.

## Family Planning Services Provided

More than 3 in 4 facilities offering any FP services provide combined oral contraceptive pills or progestin-only injectables (77% each). Two-thirds of facilities provide implants, 63% provide male condoms, and 57% provide progestin-only pills. Less than 2 in 10 facilities provide IUCDs. Very few facilities provide female condoms (2%), male sterilization (1%), or female sterilization (1%). Forty-two percent of facilities provide emergency contraception. Overall, more than 8 in 10 facilities provide two or more temporary modern methods, while just 64% provide 4 or more temporary modern methods.

## ESPA Definitions

**Offer:** Facility provides the method, prescribes the method for clients to obtain elsewhere, or counsels clients on the method without actually making the method available to the client in the facility.

**Provide:** Facility reports that it stocks the method and makes it available to clients when they visit the facility. These clients can obtain the method without leaving the facility.

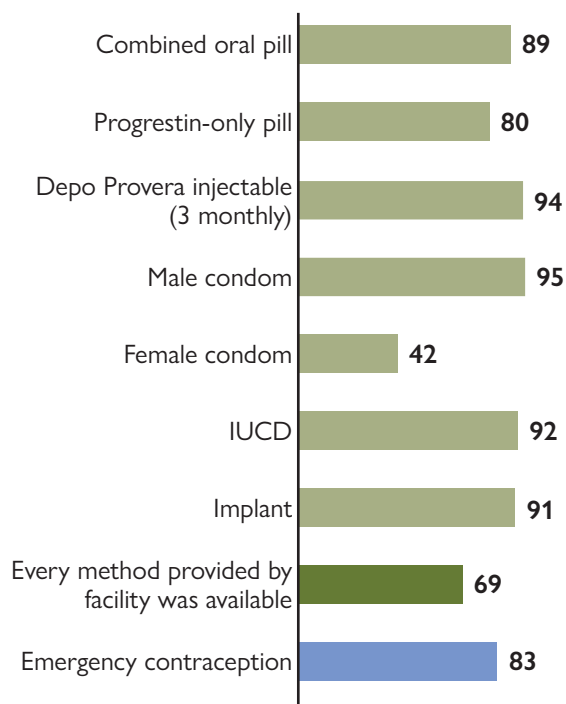
## Availability of Family Planning Commodities



Nearly 7 in 10 facilities that report providing specific FP methods had every method they provide available on the day of the survey. More than 9 in 10 facilities that provide male condoms, injectables, IUCDs, and implants had these methods available on the day of the survey. More than 8 in 10 facilities had combined oral or progestin-only contraceptive pills or emergency contraception available. Only 42% of facilities providing female condoms had this method available on the day of the survey. The availability of FP methods was lowest at health posts compared to other facility types.


## Availability of Family Planning Commodities

*Among facilities that provide the indicated modern method of family planning, percent where the method was available on the day of the survey*






## Observation of Family Planning Consultations

 Interviewers for the 2021-22 ESPA observed FP consultations to assess how closely providers adhere to nationally recognized standards for quality service provision. Interviewers observed 2,568 FP consultations; 22% of the consultations were new FP clients and 78% of observed consultations were continuing FP clients.

According to the 2021-22 ESPA, FP counselling of new and continuing clients does not include all recommended elements, and providers miss opportunities to screen for STIs and chronic illnesses. Among consultations with new clients (N=563), only 4% had all elements of reproductive history (age, pregnancy history, current pregnancy status, the desired timing for the next or desire for another child, breastfeeding status, and regularity of menstrual cycle) as part of their consultation. Among new FP clients, 9% were asked about any chronic illness, 2% symptoms of STIs, and 2% smoking history. No new FP clients were asked about all elements of risk history, which is of major concern. Providers were more likely to measure blood pressure (43%) and weigh clients (44%) than to ask about the client's medical history.

Nearly half of consultations with all FP clients included discussions of client concerns about her contraceptive method; fewer included discussions about side effects (33%). Only 4% of consultations had any discussion related to STIs. Lack of privacy may account for this, as only 17% of consultations took place under conditions of privacy and confidentiality.

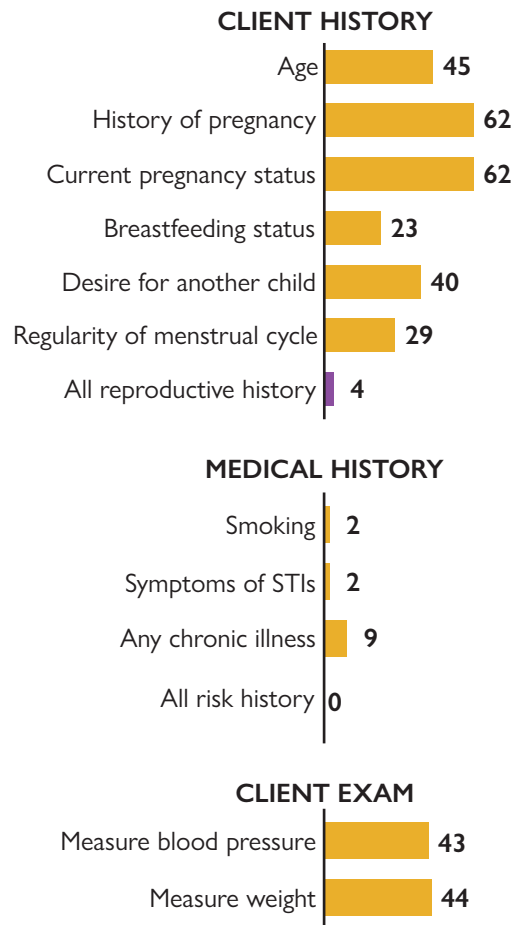
## Client Knowledge about Family Planning Method

 Observed FP clients participated in exit interviews to assess their knowledge about their chosen method.

Nearly all clients who use the pill (95%) were able to correctly answer the question, "How often do you take the pill?" Almost all Depo Provera injectable (3 monthly) users (99%) correctly answered the question, "How long does the injection provide protection against pregnancy?" while fewer users of male condom (77%) correctly answered, "How many times can you use one condom?" Just 63% of IUCD users correctly answered the question, "What can you do to make sure that your IUCD is in place?"

## Observed Elements of Client History for First-visit Family Planning Clients

Among observed consultations with first-visit FP clients (N=563), percent that included:



## Infection Control



The vast majority of facilities offering any modern method of family planning (N=973) have a sharps container (95%), 92% have syringes, 86% have latex gloves and 85% have soap and running water or else alcohol-based hand disinfectant. Fewer facilities have a waste receptacle (46%).

## Guidelines and Basic Equipment for Family Planning Services



Key items for the provision of quality FP services are missing from many health facilities in Ethiopia. Only 8% have a pelvic model for the IUCD and 14% have a model for showing condom use. Less than half of facilities have an examination light and other family planning-specific visual aids. In contrast, over half of facilities have samples of FP methods, a blood pressure apparatus, and guidelines on FP. Three in four facilities have an examination bed or couch.

## Management Practices and Training

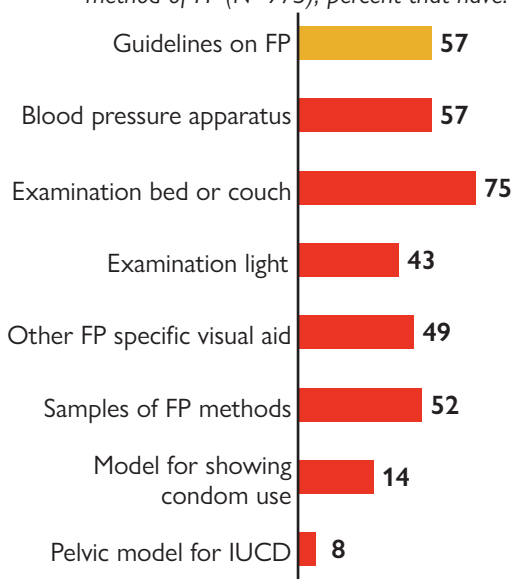


The 2021-22 ESPA collected data on training and management of 4,064 FP service providers. Only 18% of FP providers received in-service training related to FP during the two years before the survey. Seven in ten FP personnel had personal supervision or technical support from a facility-based supervisor or visiting supervisor during the six months before the survey.

Among FP providers, in-service training within the last two years covered a range of topics including counselling for FP (15%), insertion/removal of implant (13%), and insertion/removal of IUCD (10%). Smaller percentages of FP providers received training in FP for HIV-positive clients (6%), and post-partum FP (6%).

### Guidelines and Basic Equipment for Family Planning Services

Among facilities offering any modern method of FP (N=973), percent that have:





## Availability of Antenatal Care (ANC)

Overall, 75% of all health facilities in Ethiopia offer ANC services. Among facilities that offer ANC services (N=865), 87% offer ANC services five or more days per week.

## Observations of ANC Consultations



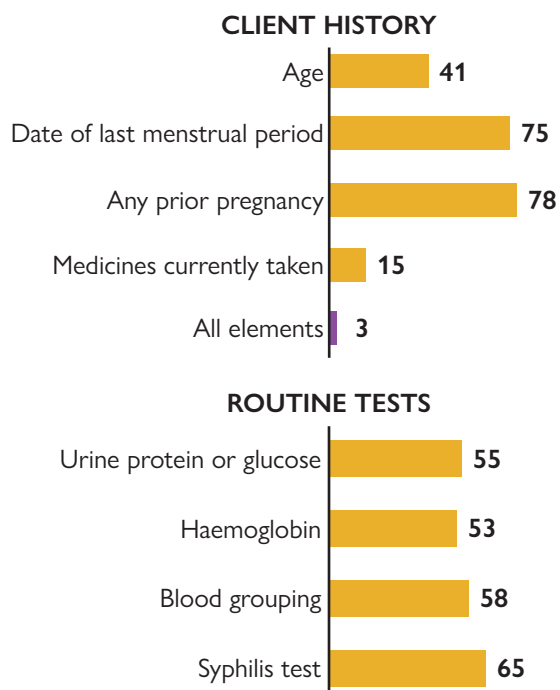
Interviewers for the 2021-22 ESPA observed client-provider interactions of 4,335 ANC clients. Half of observed ANC clients were visiting for the first time in their pregnancy, while the other half were coming for a follow-up visit. For 30% of ANC clients, this was their first pregnancy.

ANC providers were not thorough in taking client history or providing routine tests. Although 78% of first-visit ANC clients (N=2,181) were asked about prior pregnancies and 75% were asked the date of their last menstrual period, only 15% were asked about current medications. Just 3% of consultations had all elements of client history assessed.

Routine testing was more common during observed ANC consultations. Nearly 2 in 3 first-visit ANC clients had a syphilis test, 58% had a blood grouping test, 55% had a urine protein or glucose test, and 53% had a haemoglobin test.

### Observed Elements of Client History for First-visit ANC Clients

Among observed consultations with first-visit ANC clients (N=2,181), percent that included:



The components of the basic physical examination were performed in the majority of observed consultations for all ANC clients (N=4,335). More than 8 in 10 pregnant women had their blood pressure measured and 85% were weighed. In 77% of consultations the provider listened to the foetal heart, in 75% the provider checked the foetal position, and in 74% the provider checked the fundal height. Among preventive interventions, the provider gave or prescribed iron or folic acid tablets in 62% of consultations. In comparison, in only 46% of consultations did the provider give or prescribe the tetanus toxoid vaccine.

ANC providers did not routinely inform women of symptoms related to pregnancy complications. Vaginal bleeding was discussed in 64% of consultations and headache or blurred vision was discussed in 58% of consultations. Forty percent of consultations included discussion about loss of, excessive, or normal foetal movement while 32% of consultations included discussion of swollen hands or face. Fewer consultations included discussions of fever (22%) or excessive tiredness or shortness of breath (12%). While more than 3 in 4 observed consultations involved discussions of at least one risk symptom, only 1% involved discussion of all of the above symptoms.

## ANC Client Exit Interviews



Pregnant women attending ANC who were observed were also interviewed when they left the facility about the health education they received. Half of pregnant women reported that the provider discussed or counselled them on any pregnancy-related risk signs and symptoms. Vaginal bleeding and headaches or blurred vision were the most commonly discussed warning signs. One-third of pregnant women reported that no advice was given on recommended actions to take if warning signs occurred.

## Availability of Medicines



Nearly 9 in 10 facilities offering ANC services (N=865) had iron or folic acid tablets and 81% had combined iron and folic acid. Six in ten facilities have tetanus toxoid vaccine and just 18% had an insecticide-treated mosquito net. Availability of these medicines is higher in health centres than in other facility types and higher in public facilities than in private facilities.

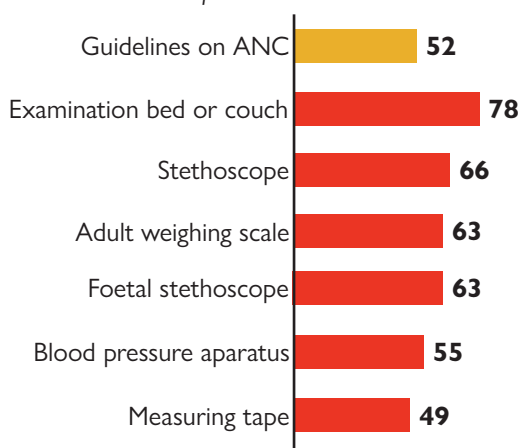
## Guidelines and Basic Equipment for ANC Services



Over half of facilities have guidelines on ANC. More than 3 in 4 facilities offering ANC services have an examination bed or couch, 66% have a stethoscope, 63% have an adult weighing scale, and 63% have a foetal stethoscope. Fifty-five percent of facilities have a blood pressure apparatus and 49% have a measuring tape for assessing fundal height. Fewer health posts have guidelines and basic equipment for ANC than other facility types.

### Guidelines and Basic Equipment for Antenatal Care Services

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



## Infection Control



Nearly all (95%) facilities offering ANC services have a sharps container, 86% have latex gloves, and 85% have soap and running water or else alcohol-based hand disinfectant. Less than half of facilities have a waste receptacle (44%).

## Testing Capacity



Among facilities excluding health posts offering ANC services (N=261), 85% can test for HIV, 76% can test for blood grouping and Rhesus factor, and 76% can test for syphilis. More than 7 in 10 facilities can test urine for protein, 69% can perform a urine glucose test, while just 44% can check haemoglobin. Public facilities have higher testing capacity than private facilities for all indicated tests with the exception of haemoglobin testing.

## Management Practices and Training



The 2021-22 ESPA collected information on training and supervision of 3,424 ANC service providers. Just 15% of ANC providers received training related to ANC in the two years before the survey. Seven in ten providers received personal supervision during the six months before the survey.

Among ANC providers, in-service training within the last two years covered a range of topics including family planning (17%), intermittent treatment of malaria in pregnancy (9%), ANC counselling (7%), ANC screening (7%), complications of pregnancy and their management (7%), comprehensive abortion care (4%), and sexually transmitted infections (2%). More ANC providers at health posts have received the various in-service trainings in the past 24 months with the exception of in-service training on sexually transmitted infections, which is highest among ANC providers at speciality/higher clinics.

## Prevention of mother-to-child transmission of HIV in ANC Facilities

The prevention of mother-to-child transmission (PMTCT) of HIV program aims to reduce the risk of HIV transmission during pregnancy, delivery, and breastfeeding. Among facilities excluding health posts offering ANC (N=261), 79% offer PMTCT services. The availability of PMTCT services is highest among hospitals (all types) and health centres. Among facilities offering ANC and PMTCT services (N=207), three-quarters provide HIV testing and counselling (HTC) for pregnant women, family planning for HIV-positive women, nutrition counselling for HIV-positive women or infants born to HIV-positive women, and infant and young child feeding counselling. Half of facilities can provide HIV testing for infants born to HIV-positive women, 42% provide antiretroviral (ARV) prophylaxis for infants born to HIV-positive women and 39% provide ARV prophylaxis for HIV-positive women.

Nearly all facilities offering ANC and PMTCT services have adult HIV testing capacity, 42% have PMTCT guidelines, and 31% prepare dried blood spot (DBS) for HIV testing. Less than half of facilities have ARV medicines: 42% have NVP syrup, 32% have AZT syrup, and 44% have ARV for maternal prophylaxis.



# MATERNAL HEALTH: DELIVERY AND NEWBORN CARE



## Availability of Normal Vaginal Delivery and Caesarean Delivery Services

Among all facilities excluding health posts, 54% offer normal vaginal delivery services and 6% offer Caesarean delivery services. Nearly all hospitals (all types) and health centres offer normal vaginal delivery services. Only hospitals (all types) offer Caesarean deliveries.

Among facilities offering normal vaginal delivery services (N=216), 85% have a provider of delivery care available on-site or on-call 24 hours per day with an observed duty schedule. More than 9 in 10 hospitals (all types) have a provider available on-duty or on-call compared to only 15% of medium clinics.

## Signal Functions for Emergency Obstetric and Neonatal Care

Facilities that offer normal vaginal delivery care should be prepared to provide the most important interventions—emergency obstetric and neonatal care (EmONC) signal functions—to manage delivery complications when they occur. Signal functions reflect the responsiveness of health services to the main obstetric complications at the basic and comprehensive levels.

Among signal functions performed in the last three months, the most commonly practiced is the administration of parenteral oxytocic (94%), while 90% performed an assisted vaginal delivery. More than 8 in 10 facilities administered parenteral antibiotics (89%) or performed neonatal resuscitation (82%). Three-quarters of facilities performed manual removal of placenta and removal of retained products of conception (MVA), while 61% administered anticonvulsants at least once during the same time period. Just 11% of facilities performed a Caesarean delivery and 10% of facilities performed a blood transfusion.

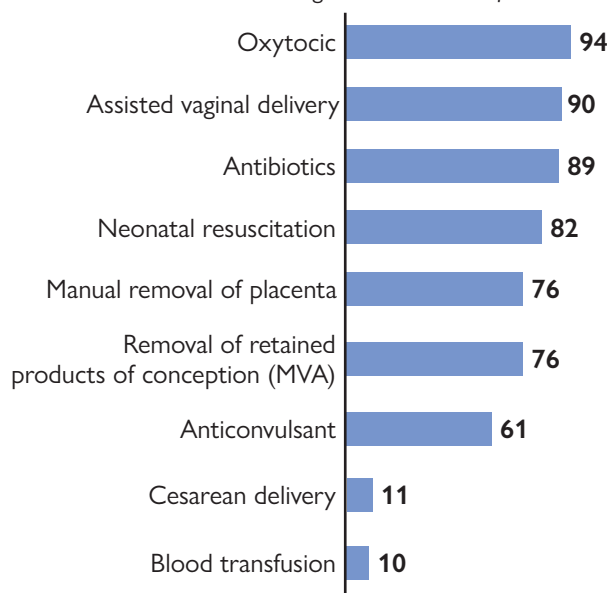
## Infection Control




Nearly all facilities offering normal delivery services have a sharps container (96%), 90% have soap and running water or else alcohol-based disinfectant and 88% have latex gloves. Two-thirds of facilities have a waste receptacle.

## Signal Functions for Emergency Obstetric and Neonatal Care


Among facilities excluding health posts offering normal vaginal delivery services (N=216), percent that performed the following services at least once during the 3 months before the survey



## Guidelines and Equipment for Delivery Services

 Among facilities offering normal vaginal delivery services, 48% have guidelines for Integrated Management of Pregnancy and Childbirth (IMPAC). Nearly all (98%) facilities have delivery pack and 94% have a delivery couch. More than 8 in 10 facilities have gloves (88%), a neonatal bag and mask (87%), a partograph (86%), and emergency transport (81%). More than 7 in 10 facilities have a foetal stethoscope (78%), newborn corner equipment (77%), and a neonatal resuscitation kit (71%). About two-thirds of facilities have a manual vacuum extractor (67%) and examination light (66%). Fewer facilities have a suction apparatus (50%) and vacuum aspirator or D&C kit (40%).

## Management Practices and Training

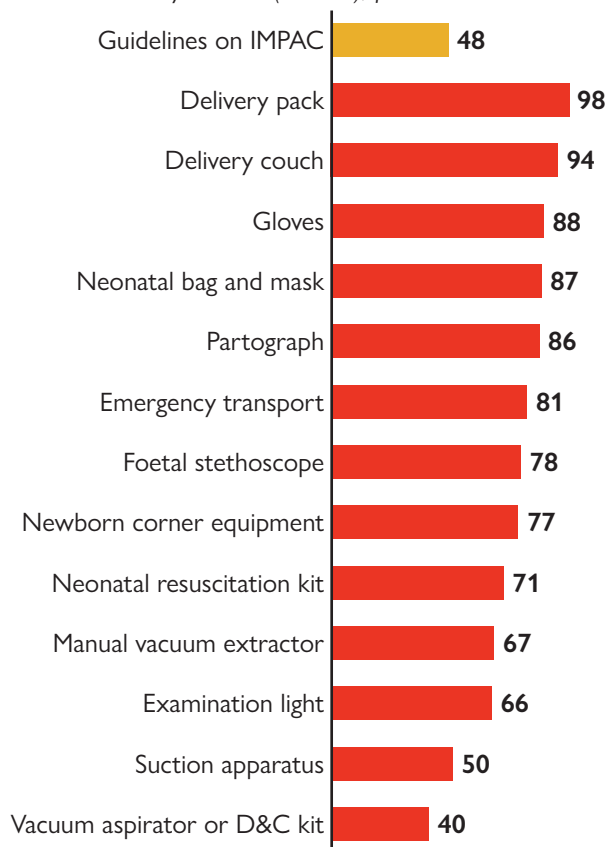
 The 2021-22 ESPA collected information on training and supervision of 2,148 providers of normal vaginal delivery or newborn care services. Ten percent of providers received training related to delivery and/or newborn care in the two years before the survey. Two-thirds of providers received personal supervision during the six months before the survey.

Among providers, in-service training in delivery care within the last two years covered a range of topics including neonatal resuscitation (5%), active management of third stage of labour (4%), routine care during labour and delivery (3%), post-abortion care (3%), emergency obstetric care/lifesaving skills (3%), IMPAC (3%), and comprehensive emergency obstetric care (3%).

Among providers, in-service training in immediate newborn care within the last two years covered a range of topics including kangaroo mother care for low birth weight babies (4%), neonatal resuscitation using bag and mask and helping babies breathe (4%), early and exclusive breastfeeding (4%), sterile cord cutting and care (4%), thermal care (4%), and newborn infection management (4%).

## Guidelines and Equipment for Delivery Services

Among facilities excluding health posts offering normal vaginal delivery services (N=216), percent that have:



# MATERNAL HEALTH: DELIVERY AND NEWBORN CARE



## Newborn Care Practices

Among facilities excluding health posts offering normal vaginal delivery services (N=216), more than 95% report the following routine components of newborn care: drying and wrapping newborns to keep warm, delivery to abdomen (skin-to-skin), initiation of breastfeeding within the first hour, weighing the newborn immediately upon delivery, and routine complete examination of newborns before discharge. Eighty-eight percent report applying tetracycline eye ointment, 78% administer vitamin K to newborns, 73% give newborns oral polio vaccine before discharge, 68% practice kangaroo mother care, and 68% report giving the BCG vaccine prior to discharge. Routine newborn care practices are more commonly practiced in public facilities than private facilities.

## Availability of Medicine for Deliveries, Newborns, and Mothers

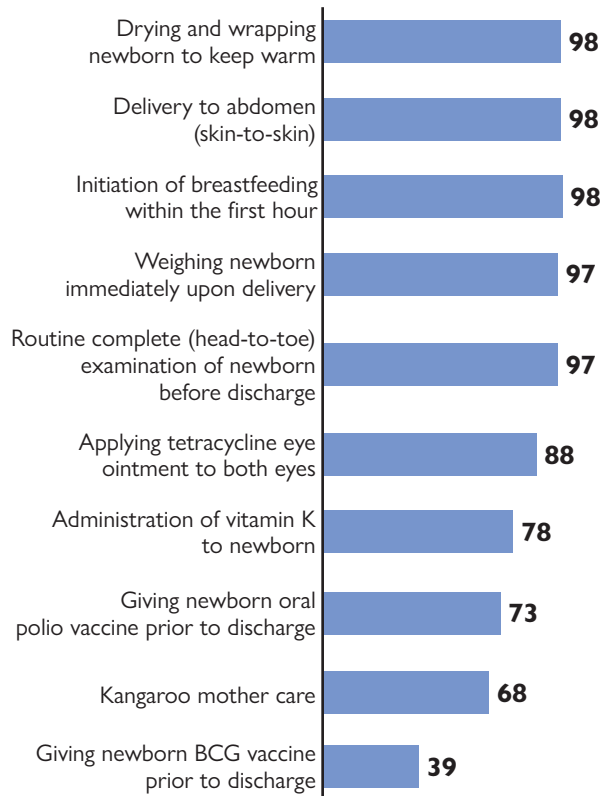
Among facilities offering normal vaginal delivery services, the majority of facilities have essential medicines for delivery. Ninety-one percent of facilities have injectable uterotonic (oxytocin) and intravenous fluids with infusion set. More than 8 in 10 facilities have skin disinfectant (81%), 76% have injectable magnesium sulfate, and 66% have injectable antibiotics.

The majority of facilities offering normal vaginal delivery services have essential medicines for newborns—85% have antibiotic eye ointment for the newborn, 74% have amoxicillin suspension, 72% have 4% chlorhexidine, 70% have ceftriaxone powder for injection, and 60% have injectable gentamicin.

The availability of priority medicines for mothers at facilities is variable. Nine in ten facilities have sodium chloride injectable solution, 71% have nifedipine capsules or tablets, 54% have azithromycin capsules or tablets or oral liquid, and 50% have injectable bethamethasone or dexamethasone. Less than half of facilities have benzathine benzyl penicillin powder for injection (44%), misoprostol capsules or tablets (44%), injectable metronidazole (44%), Ampicillin powder for injection (39%), injectable calcium gluconate (36%), and only 15% of health facilities have cefixime capsules or tablets.

## Newborn Care Practices

Among facilities excluding health posts offering normal vaginal delivery services (N=216), percent reporting the indicated practice is a routine component of newborn care



## Availability of HIV Testing and Counselling Services

Two-thirds of health facilities excluding health posts in Ethiopia have an HIV testing system. Among facilities with an HIV testing system (N=262), 100% have HIV testing capacity.

HIV testing integration into facilities offering other health services is less widespread in Ethiopia. Fewer than half of all facilities excluding health posts (N=403) offer antenatal care and have HIV RDTs available. Similarly, around 4 in 10 facilities offer family planning or normal delivery or STI or tuberculosis services and have HIV RDTs available. Just 3 in 10 facilities offering prevention of mother-to-child transmission of HIV services have HIV RDTs available.

Nearly 7 in 10 facilities had condoms available on the day of the survey. Seven in ten public facilities have condoms available compared to only half of private facilities.

## Infection Control



Among facilities with HIV testing capacity (N=262), 82% of facilities have a sharps container, 74% have soap and running water or alcohol-based hand disinfectant, and 72% have latex gloves.

Among facilities with laboratory HIV testing capacity (N=189), nearly all facilities (97%) have a sharps container, 93% have soap and running water or alcohol-based hand disinfectant, and 90% have latex gloves.

## Management Practices and Training



The 2021-22 ESPA interviewed 5,209 service providers about their training and supervision. Eleven percent of providers received training related to HIV testing in the two years before the survey. More than 6 in 10 providers received personal supervision during the six months before the survey.

## HIV Care and Support Services

One in four health facilities excluding health posts in Ethiopia offer HIV care and support services such as treatment for opportunistic infections, fungal infections, or Kaposi's sarcoma; palliative care; nutritional rehabilitation; fortified protein supplementation; care for paediatric patients; preventive treatment for tuberculosis (TB) or opportunistic infections; general FP counselling; or condoms.

Among facilities offering HIV care and support services (N=96), 74% have a system for screening and testing HIV-positive clients for tuberculosis (TB), as people living with HIV are at high risk for contracting TB. Most facilities providing HIV care and support services have IV solution with infusion set (93%), pain management medication (90%), male condoms (85%), cotrimoxazole tablets to treat infections (74%), and first-line treatment for TB (74%). Fluconazole or IV treatment for fungal infections is less widely available (31%).

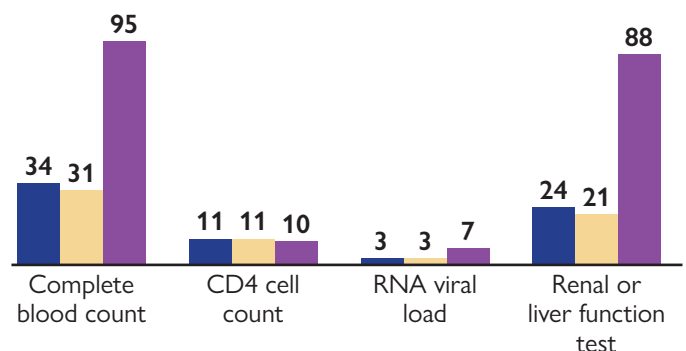
## Antiretroviral Therapy Services

Fewer than 2 in 10 health facilities excluding health posts in Ethiopia offer antiretroviral therapy (ART) services such as prescribing ART, providing treatment follow-up services, or providing community-based services. Among facilities offering ART services (N=74), 90% provide treatment follow-up services for people on ART. Overall, laboratory diagnostic capacity is generally low. One-third of facilities have diagnostic capacity for a complete blood count, 24% for renal or liver function test, 11% for CD4 cell count, and 3% for RNA viral load. However, diagnostic capacity for complete blood count and renal or liver function tests is markedly higher in private facilities than in public facilities. Nearly all (96%) facilities have the first-line adult ART regimen available.

### Diagnostic Capacity for Antiretroviral Therapy (ART) by Managing Authority

Among facilities offering ART services (N=74), percent that have laboratory diagnostic capacity for:

■ Total ■ Public ■ Private



## Availability of Malaria Services

Seven in ten health facilities in Ethiopia offer malaria diagnosis and/or treatment services. More than 9 in 10 hospitals (all types), health centres, and speciality/higher clinics offer malaria diagnosis and/or treatment services.

## Availability of Malaria Medicines and Commodities



The 2021-22 ESPA assessed the availability of antimalarials and commodities in facilities offering the malaria diagnosis and/or treatment services (N=806).

More than 60% of facilities have the first-line ACT antimalarial available and 55% have oral artesunate monotherapy. Less than 2 in 10 facilities had insecticide treated nets (ITNs) available on the day of the survey.

## Guidelines and Diagnostics for Malaria Services



Among facilities offering malaria diagnosis and/or treatment (N=806), 60% have guidelines for diagnosis and/or treatment of malaria. Two-thirds of facilities have malaria rapid diagnostic test (RDT) kits while only 21% have malaria microscopy. Overall, 1 in 4 facilities offering malaria diagnosis or treatment does not have any malaria diagnostics.

## Treatment of Malaria in Children



Among observed consultations for sick children (N=3,742), 3% of children were diagnosed with malaria and 4% with fever. Two-thirds of children who were diagnosed with malaria were prescribed or provided ACT.

## Malaria Prevention and Treatment Services in ANC Facilities

Among facilities offering ANC services (N=865), 25% distribute insecticide-treated nets (ITNs) to pregnant women attending ANC. Nearly half of facilities have ACT, the recommended antimalarial medicines, available. A similar proportion of facilities have malaria rapid diagnostic testing (RDT). However, only 16% of facilities can perform malaria microscopy. Fifteen percent of facilities can test haemoglobin. Malaria RDTs are more readily available in public facilities than in private facilities, while malaria microscopy and diagnostic capacity for haemoglobin are higher in private facilities than in public facilities.

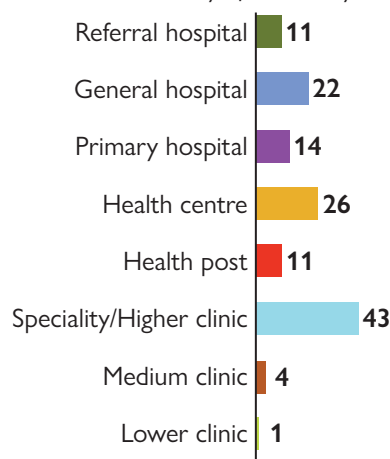
## Malaria Diagnostic Capacity among Facilities Offering Curative Care for Sick Children



Only 12% of facilities offering curative care for sick children (N=1,034) have the capacity to diagnose malaria by having unexpired malaria RDT kits or a functioning microscope, stains, and slides, as well as staff member recently trained and malaria RDT protocol available in the facility. By region, diagnostic capacity for malaria is most common among health facilities in Benishangul Gumuz region (45%), followed by Afar region (26%).

### Malaria Diagnostic Capacity by Facility Type

Among facilities offering curative care for sick children (N=1,034), percent that have malaria diagnostic capacity on the day of the survey



## Malaria Service Readiness

Among facilities offering curative care for sick children (N=1,034), 44% have malaria treatment guidelines. Eighty-four percent of facilities have the first line treatment medicine (ACT or chloroquine tablets or syrup). Less than 1 in 4 facilities had staff trained in malaria diagnosis and/or treatment in the last two years.

The malaria service readiness index combines these indicators into one index, resulting in only 9% of facilities having malaria diagnostic capacity, malaria treatment guidelines, first-line medicine, as well as recently trained personnel. Malaria service readiness is highest in health centres (21%).





## Availability of Services for Neglected Tropical Diseases

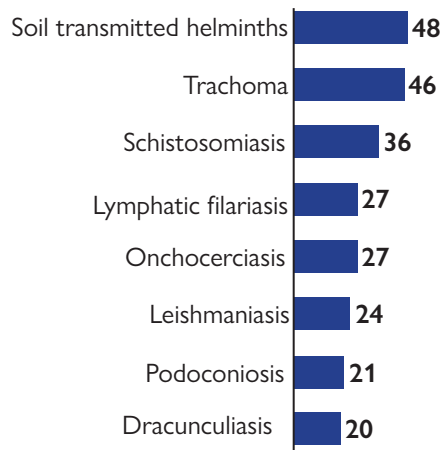
Nearly half of health facilities in Ethiopia excluding health posts (N=403) offer services for soil transmitted helminths, 46% offer services for trachoma, and 36% offer services for schistosomiasis. Around 1 in 4 facilities offer services for lymphatic filariasis (27%), onchocerciasis (27%), and leishmaniasis (24%). Two in ten facilities offer services for podoconiosis and dracunculiasis. Availability of services for NCDs is higher in public facilities than in private facilities and higher in referral hospitals than among other facility types.

## Availability of Medicines for Neglected Tropical Diseases

Among facilities excluding health posts offering neglected tropical disease diagnosis and/or treatment service (N=211), 61% have mebendazole. Less than 4 in 10 facilities have praziquantel (39%) and azithromycin (37%). Ten percent of facilities have sodium stibogluconate. Fewer facilities have ivermectin (7%), ivermectin and albendazole (4%), and 2% have AmBisome.

## Availability of Services for Neglected Tropical Diseases

Percent of all facilities excluding health posts (N=403) that offer services for:



# NON-COMMUNICABLE DISEASES



## Availability of Services for Non-communicable Diseases (NCD)

Nearly 8 in 10 health facilities in Ethiopia excluding health posts (N=403) offer services for diabetes, cardiovascular diseases, or respiratory diseases. Just under half of health facilities offer chronic renal diseases services (48%). Fewer than 3 in 10 health facilities offer services for cancer or for mental illness. Availability of services for NCDs is higher in public facilities than in private facilities. Similarly, more health facilities in Addis Ababa and Dire Dawa offer services for NCDs than facilities in other regions.

### Diabetes Services

Among facilities offering services for diabetes (N=314), half have guidelines for the diagnosis and management of diabetes. Two-thirds of facilities have the capacity to test for blood glucose, 62% have capacity to test urine protein, and 61% have capacity to test for urine glucose. Fewer facilities have diabetes medicines. Overall, 35% of facilities have Glibenclamide, 32% have Metformin, 18% have injectable glucose solution, and 17% have injectable insulin.

### Cardiovascular Disease (CVD) Services

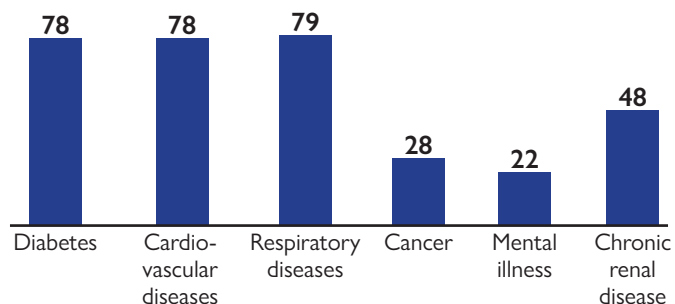
Nearly half of facilities offering CVD services (N=314) have guidelines for the diagnosis and management of CVD. Fifty-four percent of facilities have calcium channel blockers and 38% have Thiazide diuretic for reducing high blood pressure. Three in 10 facilities have ACE inhibitors, 24% have aspirin, 19% have beta blockers, 16% have oxygen, and 10% have simvastatin/atorvastatin.

### Chronic Respiratory Disease Services

Among facilities offering services for chronic respiratory disease (N=316), 46% have guidelines for the diagnosis and management of chronic respiratory diseases, but only 5% have spacers for inhalers and 4% have peak flow meters. Over half (57%) of facilities have injectable epinephrine and 50% have salbutamol inhaler or tablets. Fewer facilities have prednisolone tablets (44%) or hydrocortisone injections (40%), while just 16% have oxygen and 10% have beclomethasone inhalers.

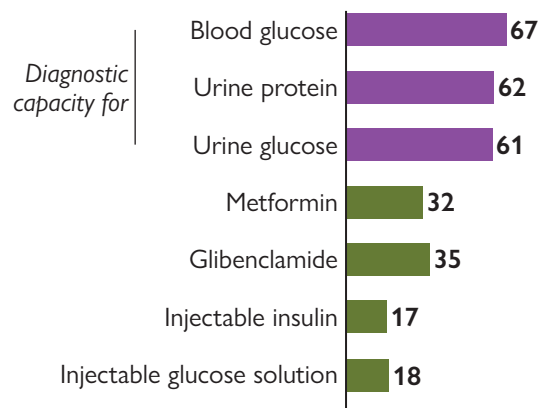
## Availability of Services for Non-Communicable Diseases

Percent of all facilities excluding health posts (N=403) that offer services for:



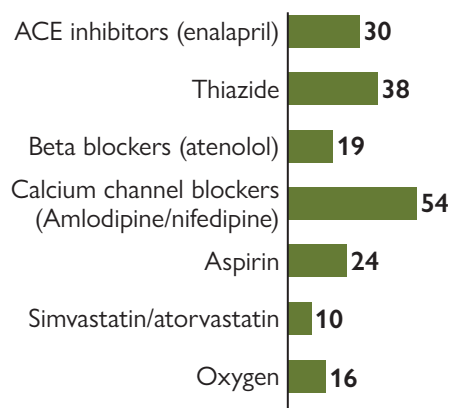
## Diagnostic Capacity and Essential Medicines for Diabetes

Percent of facilities offering services for diabetes (N=314) with:



## Essential Medicines and Commodities for Cardiovascular Diseases

Percent of facilities offering services for cardiovascular diseases (N=314) with:





## Cancer Services

Nearly 4 in 10 facilities offering services for cancer (N=114) have guidelines for the diagnosis and management of cancer. Thirty-one percent of facilities have an ultrasound system or machine and just 2% can perform a CT scan.

## Mental Health Services

Nearly half (48%) of facilities that offer services for mental, neurological, and substance abuse disorders (N=88) have guidelines for diagnosis and management of mental, neurological, and substance abuse disorders. Fewer (22%) facilities have staff who received in-service training for mental, neurological, and substance abuse disorders in the 24 months before the survey. The availability of guidelines and trained staff is higher in hospitals and health centres than in clinics.

## Chronic Renal Disease Services

More than half (54%) of facilities offering services for chronic renal diseases (N=193) have guidelines for the diagnosis and management for chronic renal diseases. One-third of facilities have a blood chemistry analyser or renal function test and 18% have staff who received in-service training in chronic renal diseases in the 24 months before the survey.

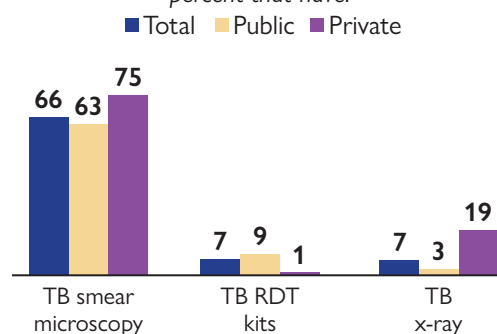
## Tuberculosis Services

More than 3 in 5 health facilities excluding health posts in Ethiopia offer any TB diagnostic services and 53% offer any TB treatment and/or follow-up services. Overall, 64% of facilities offer any TB diagnostic, treatment, and/or follow-up services.

Among facilities offering TB diagnosis, treatment and/or follow-up services (N=259), 68% of facilities have guidelines on the diagnosis and treatment of TB and 43% have guidelines on diagnosis and treatment of multi-drug resistant TB (MDR-TB). Two-thirds of facilities offering TB services can perform TB smear microscopy. Fewer facilities have TB rapid diagnostic tests such as Gene Expert) or have the capacity to conduct TB x-rays (7% each). While capacity to conduct TB smear microscopy is higher in private facilities (75%) than in public facilities (63%), more public facilities have TB RDT kits than private facilities (9% vs. 1%).

### Tuberculosis Diagnostic Capacity by Managing Authority

Among facilities excluding health posts offering TB diagnosis, treatment, and/or follow-up services (N=259), percent that have:



Nearly 9 in 10 facilities offering any TB services have HIV diagnostic capacity, while 74% have a system for diagnosing HIV among TB clients. This system includes a record or register indicating TB clients who have been tested for HIV.

Three-quarters of facilities offering TB services have the first-line treatment for TB. Availability of first-line treatment for TB varies dramatically by facility type, from a high of 94% of health centres to a low of 3% of lower clinics. Availability of first-line TB treatment is more than five times higher in public facilities than private facilities (94% vs. 17%) and is higher in rural areas than in urban areas (89% vs. 62%).

# BASIC SERVICE READINESS INDICATORS\*

Availability of Basic Amenities for Client Services (%)	Ethiopia Total	Managing Authority	
		Public	Private
Regular electricity <sup>1</sup>	54	52	62
Improved water source <sup>2</sup>	53	46	88
Visual and auditory privacy <sup>3</sup>	85	84	92
Client latrine <sup>4</sup>	73	70	84
Communication equipment <sup>5</sup>	32	25	65
Emergency transport <sup>6</sup>	62	66	38
<b>Availability of Basic Equipment (%)</b>			
Adult scale	63	58	91
Child scale <sup>7</sup>	59	64	35
Infant scale <sup>8</sup>	40	44	23
Thermometer	86	84	98
Stethoscope	73	67	100
Blood pressure apparatus <sup>9</sup>	57	48	100
Light source <sup>10</sup>	36	29	72
<b>Standard Precautions for Infection Control (%)</b>			
Sterilization equipment <sup>11</sup>	27	17	77
Disinfectant <sup>12</sup>	71	66	95
Syringes and needles <sup>13</sup>	86	85	86
Soap and running water or else alcohol-based hand disinfectant	84	82	94
Latex gloves <sup>14</sup>	83	80	96
Guidelines for standard precautions <sup>15</sup>	22	20	32
<b>Laboratory Diagnostic Capacity (%)</b>			
Haemoglobin	37	36	38
Blood glucose	54	64	45
Malaria diagnostic test	65	82	46
Urine protein	58	75	42
HIV diagnostic test	65	98	32
Syphilis rapid diagnostic test	59	82	35
Urine pregnancy test	55	71	39
<b>Availability of Tracer Medicines (%)</b>			
Amoxicillin tablets/capsules (1st line antibiotic for adults)	32	35	17
Cotrimoxazole oral suspension (antibiotic for children)	23	25	13
Paracetamol oral suspension (fever-reducer & analgesic for children)	26	28	18
<b>Availability of Basic Clients Services (%)</b>			
Child curative care	89	90	87
Child growth monitoring	75	88	13
Child vaccination <sup>16</sup>	75	90	1
Any modern methods of family planning	84	89	58
Antenatal care	75	84	32
Services for STIs	42	33	84
All basic client services <sup>17</sup>	20	24	1

<sup>1</sup>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. <sup>2</sup>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. <sup>3</sup>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. <sup>4</sup>The facility had a functioning flush or pour-flush toilet, a ventilated improved pit latrine, pit latrine with slab or composting toilet. <sup>5</sup>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. <sup>6</sup>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. <sup>7</sup>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.

\*The full list of general service readiness indicators is found in Chapter 3 of the 2021-22 ESPA final report.

Facility Type							
Referral hospital	General hospital	Primary hospital	Health centre	Health post	Specialty/higher clinic	Medium clinic	Lower clinic
94	98	88	74	46	100	78	41
97	94	92	77	37	100	98	76
91	94	98	93	81	100	95	88
100	95	92	88	65	100	86	81
97	94	83	40	20	66	66	62
100	98	97	80	62	33	42	32
91	78	84	72	54	100	93	86
59	56	51	51	68	56	45	22
53	48	52	39	45	27	27	14
91	82	90	85	83	100	99	98
97	96	98	94	60	100	100	99
97	93	88	90	36	100	100	100
78	73	49	48	24	96	74	64
100	98	96	68	2	99	83	68
91	87	67	63	66	85	94	99
88	69	56	60	92	75	88	88
100	98	95	73	83	100	96	96
97	83	77	70	83	99	96	96
59	53	39	37	15	22	49	19
100	97	85	30	na	68	68	5
100	96	92	60	na	45	85	5
84	90	86	83	na	53	70	21
100	98	92	73	na	68	75	5
100	98	98	98	na	21	46	17
100	94	97	81	na	25	66	4
100	97	88	70	na	56	69	5
84	83	82	64	26	6	20	13
81	83	86	71	13	6	12	8
69	77	81	70	17	6	13	17
88	98	98	99	88	71	76	93
78	80	84	92	88	24	15	5
69	67	67	94	90	2	0	0
94	90	96	99	87	5	63	55
91	98	99	100	80	8	39	20
100	99	100	99	15	58	95	75
63	61	58	86	8	2	0	0

<sup>8</sup>A scale with gradation of 100 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. <sup>9</sup>A digital blood pressure machine or a manual sphygmomanometer with a stethoscope available somewhere in the general outpatient area. <sup>10</sup>A spotlight source that can be used for client examination or a functioning flashlight available somewhere in the general outpatient area. <sup>11</sup>Facility reports that some instruments are processed in the facility and the facility has a functioning electric dry heat sterilizer; a functioning electric autoclave or a non-electric autoclave with a functioning heat source available somewhere in the facility. <sup>12</sup>Chlorine-based or other country-specific disinfectants used for environmental disinfection available in the general outpatient area. <sup>13</sup>Single-use standard disposable syringes with needles or else auto-disable syringes with needles available in the general outpatient area. <sup>14</sup>Non-latex equivalent gloves acceptable. <sup>15</sup>Any guideline for infection control in health facilities available in the general outpatient area. <sup>16</sup>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. <sup>17</sup>Includes outpatient curative care for sick children, child growth monitoring, facility-based child vaccination services, any modern method of family planning, antenatal care, and services for STIs.



