# 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

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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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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 |

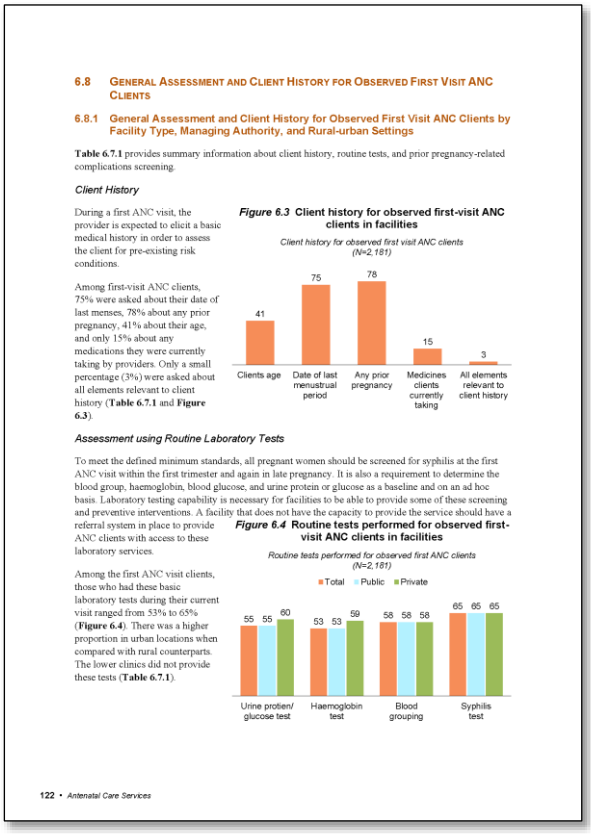
| | |
|---|---|
| UHC | universal health coverage |
| UNFPA | United Nations Population Fund |
| UNICEF | United Nations Children's Fund |
| USAID | United States Agency for International Development |
| USD | United States Dollar |
| WDA | Women's Development Army |
| WHO | World Health Organization |

# READING AND UNDERSTANDING TABLES FROM THE 2021–22 ETHIOPIA SERVICE PROVISION ASSESSMENT (ESPA)

The 2021–22 Ethiopia Service Provision Assessment (ESPA) final report is based on approximately 150 tables of data. For quick reference, they are located at the end of each chapter and can be accessed through links in the pertinent text (electronic version). Additionally, this report features figures that clearly highlight subnational patterns and background characteristics.

While the text and figures featured in each chapter highlight some of the most important findings from the tables, not every finding can be discussed or displayed graphically. For this reason, 2021–22 ESPA data users should be comfortable reading and interpreting tables.

The following pages provide an introduction to the organization of 2021–22 ESPA tables, the presentation of background characteristics, and a brief summary of sampling and understanding denominators. In addition, this section provides some exercises for users as they practice their new skills in interpreting 2021–22 ESPA tables.



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**

*Client history for observed first visit ANC clients (N=2,181)*



*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**

*Routine tests performed for observed first ANC clients (N=2,181)*



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## Example 1: Availability of Basic Client Services

A Question Asked of All Surveyed Health Facilities

**Table 3.2 Availability of basic client services** 1

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

| Background characteristic 3 | Child vaccination services[1] | Child growth monitoring services | Curative care services for children under age 5 | Any modern family planning services | Antenatal care (ANC) services | Services for STI | All basic client services[2] 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 4 | 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).

**Step 1:** Read the title and subtitle, highlighted in orange in the table above. They tell you about the topic and provide a brief description of the information contained in the table. In this case, the table is about the provision of basic client services in health facilities in Ethiopia from the 2021–22 Ethiopia Service Provision Assessment (ESPA).

**Step 2:** Scan the column headings—highlighted in green in Example 1. They describe how the information is categorized. In this table, there are eight columns of data. Each of the first six columns represents one basic client service—child vaccination, child growth monitoring, curative care for children under age 5, any modern methods of family planning, antenatal care and services for sexually transmitted infections (STIs). The seventh column shows what percentage of facilities have ALL six basic client services. The last column, in gray, lists the number of health facilities in each category. These numbers are the denominators, that is, the total number of facilities surveyed for each topic and each background characteristic. In this case, 1,158 total facilities were surveyed. Of these 1,158 surveyed facilities, two are referral hospitals, seven are general hospitals, 15 are primary hospitals, 181 are health centres, 755 are health posts, seven are specialty or higher clinics, 92 are medium clinics and 97 are lower clinics.

**Step 3:** Scan the row headings—the first vertical column highlighted in blue in Example 1. These show the different ways the data are divided into categories based on background characteristics. In this case, the table presents the availability of basic client services by facility type, managing authority, region and urban/rural area. Most of the tables in the 2021–22 ESPA will be divided into these same categories.

**Step 4:** Look at the row at the bottom of the table highlighted in red. These figures represent the total percentages, that is, the percentages of facilities that offer each of the six services. This table shows that 75% of health facilities offer child vaccination services. Overall, 20% of all health facilities provide ALL six basic client services.

**Step 5:** To find out what percentage of public health facilities offer antenatal care services, draw two imaginary lines, as shown on the table. This shows that 84% of public health facilities offer antenatal care services.

**Practice:** Use the table in Example 1 to answer the following questions:

a) Are services for any modern methods of family planning more likely to be offered by urban or rural facilities?
b) In which region are services for STIs least available?
c) Which facility type is least likely to offer all six basic client services?

Answers:
a) Rural—87% of rural facilities offer services for any modern methods of family planning, as compared with 76% of urban facilities.
b) SNNP—24% of facilities offer services for STIs.
c) Medium and lower clinics—0% each.

## Example 2: Availability of Antenatal Care (ANC) Services
A Question Asked of a Subset of Surveyed Health Facilities

**Table 6.1 Availability of antenatal care services** (1)

Among all facilities, the percentage offering antenatal care (ANC) services and, among facilities offering ANC services, the percentages offering the service on the indicated number of days per week and the percentages providing tetanus toxoid vaccine to pregnant women, by background characteristics, Ethiopia SPA 2021–22

| (3) Background characteristic | (2) Percentage of facilities that offer ANC | Number of facilities | Percentage of facilities offering ANC where ANC services are offered the indicated number of days per week[1] | | | Percentage of facilities providing tetanus toxoid vaccine to pregnant women[2] | (2) Tetanus toxoid vaccine every day ANC is offered | Number of facilities offering 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 |
| Heath 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 | (4) 75 | 1,158 | 6 | 3 | 87 | 80 | 65 | 865 |

[1] Some facilities offer ANC services less often than 1 day per week, and so the total percentage may be less than 100%.
[2] Among facilities offering ANC services, the percentages providing tetanus toxoid vaccine to pregnant women

a

b

**Step 1:** Read the title and subtitle. In this case, the table is about two separate groups: (a) all health facilities and (b) facilities that offer antenatal care (ANC) services.

**Step 2:** Identify the two panels in green. First, identify the columns that refer to all facilities (a). Then, isolate the columns that refer only to facilities that offer ANC services (b).

**Step 3:** Scan the row headings to identify the background characteristics. In this table, availability of ANC services is presented by facility type, managing authority, region and urban/rural area.

**Step 4:** Now look at the first panel. What percentage of all health facilities offer ANC services? It's 75%. Now look at the second panel. How many health facilities offer ANC services? It's 865 health facilities, or 75% of the 1,158 health facilities in the survey sample (with rounding). The second panel is a subset of the first panel.

When reading and using the 2021–22 ESPA, be sure to identify which group of facilities is being displayed. For example, look at the first column in panel b. It is NOT correct to say that 6% of all health facilities offer ANC services 1–2 days per week. It is correct to say that 6% of facilities *offering ANC services* offer these services 1–2 days per week.

**Practice:** Use the table in Example 2 to answer the following questions:

a) What type of facility is most likely to offer ANC services?

b) What percentage of health facilities offering ANC services offer ANC services 3–4 days per week?

c) How many public facilities offer ANC services? (Hint: the gray column shows the denominators, or the number of health facilities in the sample and subsample.)

d) What percentage of health posts offering ANC services offer ANC services 5 or more days per week?

e) In which region are ANC services least likely to be provided 5 or more days per week by facilities offering ANC services?

Answers:

a) Health centres are most likely to offer ANC services—100%.

b) 3% of facilities offering ANC services offer these services 3–4 days per week.

c) 802 public facilities offer ANC services.

d) 82% of health posts offering ANC services offer these services 5 or more days per week.

e) ANC services are least likely to be offered 5 or more days per week by facilities offering these services in Sidama Region—69%.

## Example 3: Components of Counselling and Discussions during Consultations for All Female Family Planning Clients

Observed Consultations in the 2021–22 ESPA

**Table 5.10.1 Components of counselling and discussions during consultations for all female family planning clients** 1

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

| 3 Components of consultation | Facility type | | | | | | | | Managing authority | | Urban/rural | | 5 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Referral hospital | General hospital | Primary hospital | Health centre | Health post | Specialty/ higher clinic | Medium clinic | Lower clinic 2 | Public | Private | Urban | Rural | National |
| **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 aids 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 4 | 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

**Step 1:** In the 2021–22 ESPA, consultations with family planning (FP) clients were observed by interviewers. We can apply the same steps to read and understand tables from the previous two examples to this table about observed consultations. Read the title and subtitle—highlighted in orange in Example 3. In this case, the table is about the components and discussions that were observed during FP client consultations.

**Step 2:** Scan the column headings—highlighted in green in Example 3. In this case, each column represents the background characteristics of facility types and basic health care centers. In this example, background characteristics are presented as columns and not as rows.

**Step 3:** Scan the row headings—the first vertical column highlighted in blue in Example 3. For this table, the rows represent the components of the consultations: privacy and confidentiality; discussion related to STIs and condoms; concerns, side effects and individual client cards; and visual aids and return visits. These categories allow you to compare components of the consultations by facility type, managing authority and urban/rural location.

**Step 4:** Note that the very last row, in gray, lists the number of observed female FP clients in each category. These numbers are the denominators, that is, the total number of FP clients observed for each background characteristic. In this case, a total of 2,568 female FP client consultations were observed. Among the 2,568 consultations, 22 took place in referral hospitals, 46 were in general hospitals, 92 were in primary hospitals, 1,160 were in health centres, 808 were in health posts, two were in specialty or higher clinics, 249 were in medium clinics and 189 were in lower clinics.

**Step 5:** Look at the last column of the table. It represents the total percentage of each component observed during FP consultations. For example, among observed FP consultations, 80% took place in an area where visual privacy was assured and 4% involved any discussion related to STIs—the risk of STIs, using condoms to prevent STIs, or using condoms as a dual method (as defined in footnote 3).

## Example 4: Understanding Survey Weights in 2021–22 ESPA Tables

In the 2021–22 ESPA, the sample is a group of facilities that have been selected from a list of all health facilities in the country. Most countries want to collect data and report information representing facilities in the entire country as well as facilities in regions.

In the case of the 2021–22 ESPA, researchers want to know about health facilities of different types, as well as facilities run by different managing authorities (public and private) and facilities at the regional level. We want the sample of different facility types surveyed to resemble the actual health facility types in Ethiopia. However, there are many more health posts than primary hospitals.

**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 characteristic | Weighted percent distribution of surveyed facilities 3 | Number of facilities surveyed | |
|---|---|---|---|
| | | Weighted 2 | Unweighted 1 |
| **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 |

For example, let's say that we have enough money to visit 1,158 facilities for a survey that should be representative of all facility types (as shown in Table 2.3). In Ethiopia, health facility types are not evenly spread out; as noted, there are many more health posts than primary hospitals.

A sampling statistician can determine how many facilities of each type should be surveyed in order to get reliable statistics for the specific indicators the country is interested in. In the case of Ethiopia, the **blue column (1)** shows the actual number of facilities selected and interviewed by type and province, ranging from 18 specialty/higher clinics to 268 health centres. The sampling statistician assures us that these are enough facilities to get reliable results for each type of facility.

But now there is a new challenge. With this distribution of facilities by type, some types are overrepresented and some types are underrepresented. For example, the unweighted column tells us that 218 primary hospitals were surveyed, representing 19% of all facilities in the sample (218 primary hospitals/1,158 health facilities). In reality, primary hospitals account for only about 1% of all health facilities in Ethiopia. On the other hand, 257 health posts were surveyed, representing 22% of the facilities in the sample. In actuality, about 65% of health facilities in Ethiopia are health posts. Would our survey show the true state of health facilities in the target areas if we used this sample distribution?

In order to get statistics that are representative of the entire country, the distribution of the facilities in our sample needs to resemble the distribution of the different types of facilities in Ethiopia. Primary hospitals, for example, should contribute only a very small amount to the total. Likewise, health posts should contribute more. The numbers of facilities of each type are weighted, or adjusted, so that each type's contribution to the total is proportionate to the actual distribution of health facilities in Ethiopia. The numbers in the **purple column (2)** represent the "weighted" numbers. The total sample size of 1,158 facilities has not changed, but the distribution of facilities by type has been adjusted to represent their contribution to the total number of facilities in Ethiopia.

How do statisticians weight each category? They recalculate the categories to reflect the real distribution of facilities in the country. If you were to compare the **green column (3)** to the actual distribution of facilities in Ethiopia, you would see that each facility type surveyed is contributing to the total sample with the same weight that it contributes to the total number of facilities in Ethiopia. The weighted number of facilities in the survey now accurately represents how many facilities are health posts—65% of the facilities—and how few facilities are primary hospitals—only 1% of the facilities.

With sampling and weighting, it is possible to survey enough facilities to provide reliable statistics at the national and regional levels and by facility type without distorting the overall distribution of facilities within the country. In general, only the weighted numbers are shown in each of the 2021–22 ESPA tables, so don't be distressed if these numbers seem low—they may actually represent a larger number of facilities.

# OVERVIEW OF THE HEALTH SYSTEM IN ETHIOPIA 1

## 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.

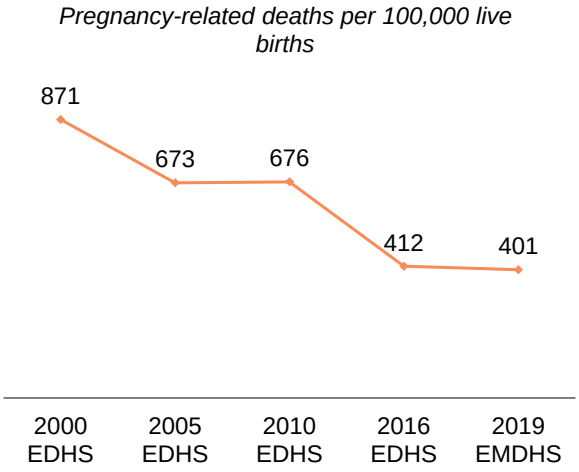
## 1.3 Key Achievements in Ethiopia Health System

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.

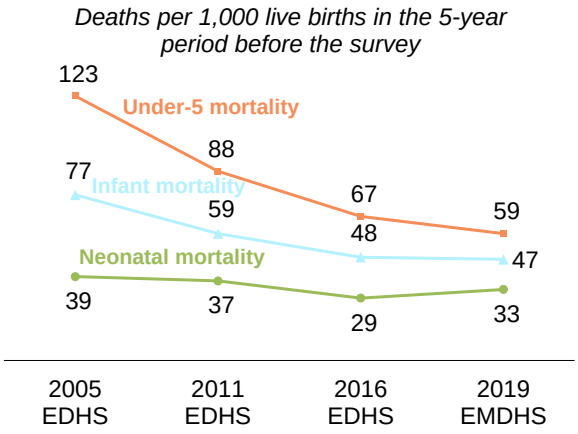
Focusing on Ethiopia's key maternal and child health indicators, maternal mortality declined from 871 deaths per 100,000 births in 2000 to 412 in 2016, according to the 2016 Ethiopia Demographic Health Survey (EDHS) (**Figure 1.1**) (CSA and ICF 2017). In 2019, it declined to 401 per 100,000 live births, according to the 2021–22 ESPA, representing a reduction of 54%.[4] However, this figure is still high when compared with the national and Sustainable Development Goal (SDG) targets for the year 2030.

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




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 (EPHI 2019).

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




## 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.[5]

## 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).

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,

[4] https://data.worldbank.org/indicator/SH.STA.MMRT.NE?locations=ET
[5] Ethiopia National health account reports 2019–20

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.[6] 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.[7]

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)

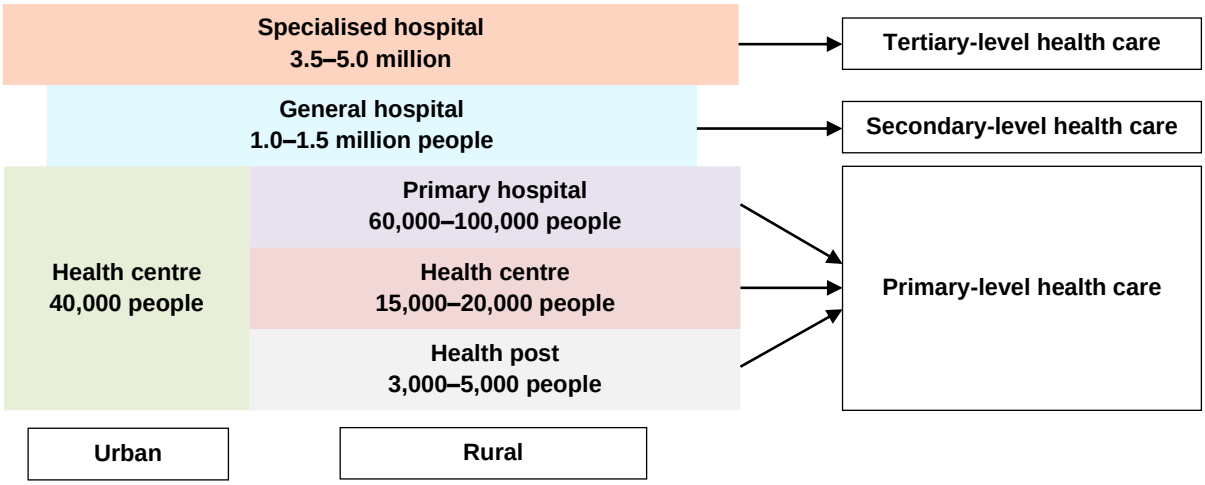
MoH investment in Health Information Systems (HIS) was identified as a major focus of the transformation agendas during HSTP I, bringing fundamental change to data quality, data use, digitisation, and HIS governance. In the HSTP I period, the MoH adopted the District Health Information System (DHIS2) as the national reporting platform, which improved reporting completeness to over 90%.

[6] MoH Annual Performance Report
[7] Ethiopia National Health Account Report 2019–20

## 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 21,000 private health facilities across the country. 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 population (MoH 2021a).

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 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 (FMoH 2007). 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 realise 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.

# METHODOLOGY 2

## 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 organisations (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 (immunisation 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 (specialty/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 specialty 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, 1,418 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 2 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.

## LIST OF TABLES

**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

| | Region | | | | | | | | | | | | | | | | | | | | | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Afar | | Amhara | | Oromia | | Somali | | Benishangul Gumuz | | SNNP | | Sidama | | Gambela | | Harari | | Addis Ababa | | Dire Dawa | | | |
| Facility type | 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 characteristic | 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% 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 characteristic | 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

| | 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 | | | | |
| Qualifications of providers | 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 characteristic | 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 of 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, has solar power, or both, and power is routinely available during regular service hours) or have 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, a protected spring, 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) injections (68%), mebendazole tablets (43%), and artemether lumephrantrine (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

### *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.

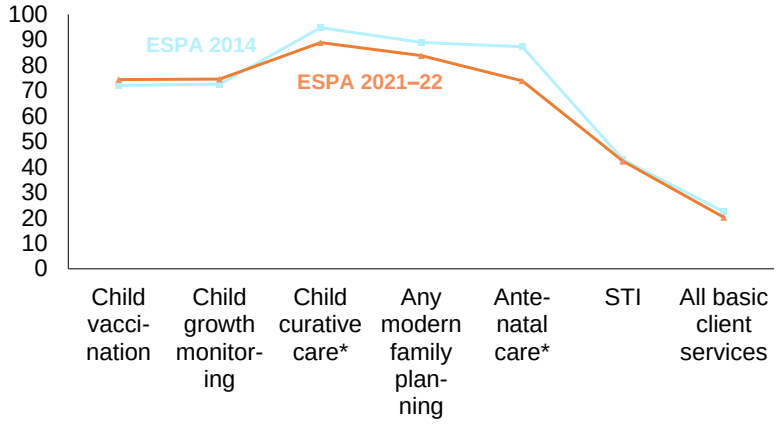
The majority of the health posts offered family planning services, including modern fertility awareness and vasectomy and tubal ligation methods (94%); facility-level child vaccination services (90%); and facility or outreach child curative services (88%). However, only about one-quarter (27%) of health 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 2021–22 ESPA 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 2021–22 EPSA 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.

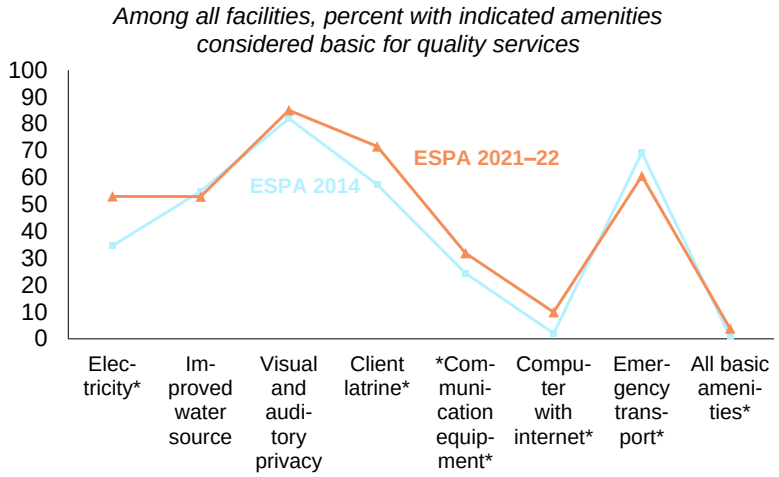
Approximately half of all facilities have an improved water source in the facility (water is piped into the facility or onto facility grounds, or else the facility uses water from a public tap or standpipe, a tube well or borehole, a protected dug well, or a protected spring, rainwater or bottled water), 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**




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.

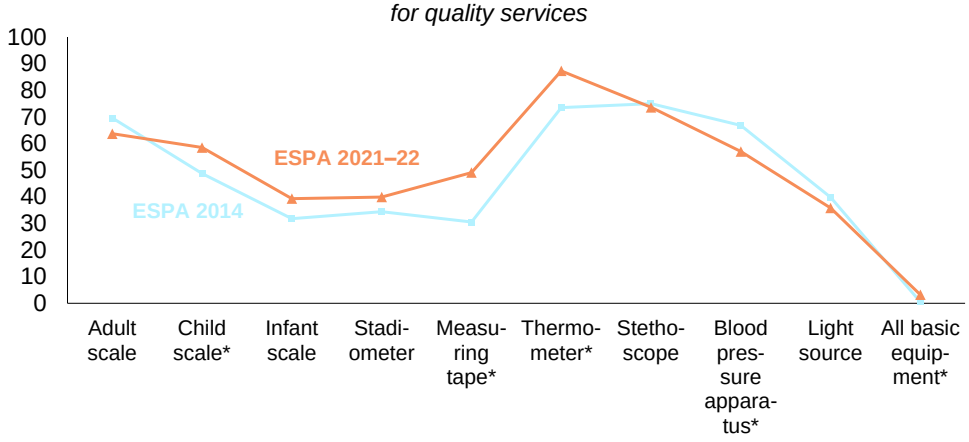
Nationally, 59% and 40% of health facilities have child and infant scales available in the general outpatient service area. Facilities managed by the government are more likely to have child and infant scales (64% and 44%) than private facilities (35% and 23%). Nationally, 86% and 73% of facilities have 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*




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

## 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

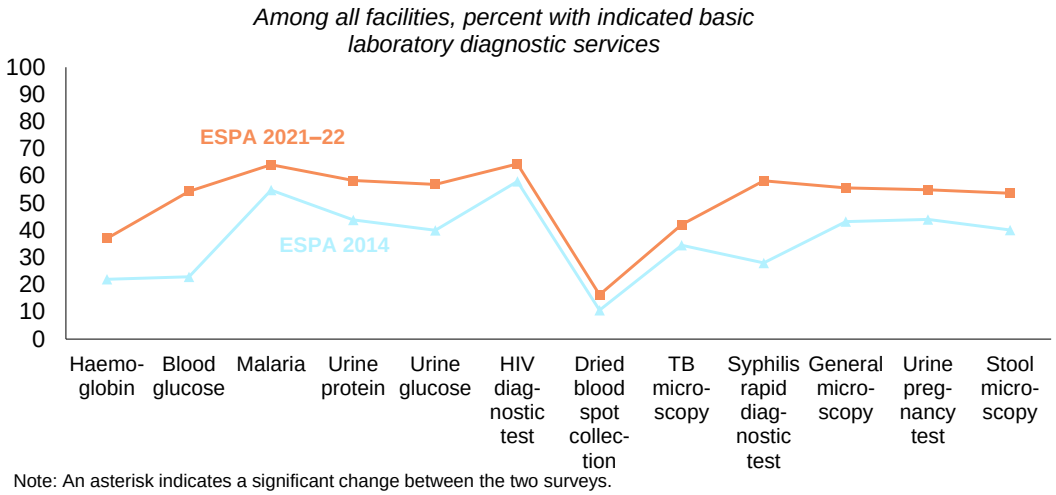
The quality of services offered by a health facility is greatly improved by their capacity to conduct laboratory diagnostic tests. Health facilities do not require a designated laboratory building, but the presence of diagnostic tests in the facility, (including the availability of reagents and the equipment 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 5% and 1% 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 2019b)

Ethiopia has developed a national strategy for health care quality and safety (MoH 2021b). 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%).

## LIST OF TABLES

**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 is 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 characteristic | Child vaccination services[1] | Child growth monitoring services | Curative care services for children under age 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 characteristic | Amenities | | | | | | | | Number of facilities |
|---|---|---|---|---|---|---|---|---|---|
| | Regular electricity[1] | Improved water source[2] | Visual and auditory privacy[3] | Client latrine[4] | Communi-cation equipment[5] | Computer with internet[6] | Emergency transport[7] | Average travel time to the ambulance station in minutes[8] | |
| **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 invertor 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 rainwater, 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 shortwave 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 characteristic | Equipment | | | | | | | | | Number of facilities |
|---|---|---|---|---|---|---|---|---|---|---|
| | Adult scale | Child scale[1] | Infant scale[2] | Stadio-meter (or height rod) for measuring height | Measuring tape (for head circum-ference) | Thermo-meter | Stetho-scope | 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

| | Facility type | | | | | | | | Managing authority | | Urban/rural | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Items | Referral hospital | General hospital | Primary hospital | Health centre | Health post | Specialty/ higher clinic | Medium clinic | Lower clinic | Public | Private | Urban | Rural | National |
| 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

| | Region | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Items | Afar | Amhara | Oromia | Somali | Benishangul Gumuz | SNNP | Sidama | Gambela | Harari | Addis Ababa | Dire Dawa | National |
| 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 characteristic | 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

| | Facility type | | | | | | | Managing authority | | Urban/rural | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Laboratory tests | 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

| | Region | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Laboratory tests | Afar | Amhara | Oromia | Somali | Benishangul Gumuz | SNNP | Sidama | Gambela | Harari | Addis Ababa | Dire Dawa | National |
| **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

| | Facility type | | | | | | | | Managing authority | | Urban/rural | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Essential medicines | Referral hospital | General hospital | Primary hospital | Health centre | Health post | Specialty/ higher clinic | Medium clinic | Lower clinic | Public | Private | Urban | Rural | National |
| 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 lumephrantrine* | 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

| | Region | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Essential medicines | 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 Lumephrantrine* | 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 characteristic | 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 characteristic | Having Health Management Information System in place | Electronic Health Management Information System | Have functional DHIS2 | Practice 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) cards
[3] Computers that are used for HMIS purposes only
[4] 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 characteristic | 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 number of providers assigned to, employed by, or seconded to health care facilities, by type of provider and background characteristics, Ethiopia SPA 2021–22

| Background characteristic | Median number of providers assigned to/employed by/seconded to facility | | | | | | | | Number of facilities |
|---|---|---|---|---|---|---|---|---|---|
| | General practitioner and medical specialist[1] | 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.
[1] 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 characteristic | Percentage of facilities having access to: | | | | | | | | | Number of facilities |
|---|---|---|---|---|---|---|---|---|---|---|
| | Incinerator | Placenta pit | Septic tank, soak away pit, percolation ditch or collection tank for manage-ment of liquid waste | Sewage line | Dilution/ neutralising tank | Written guidelines for health care waste manage-ment | 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 characteristic | 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, analyse, 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

| | Percentage of facilities: | | | | | | |
|---|---|---|---|---|---|---|---|
| Background characteristic | 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, analyse, 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 | Number of facilities |
| **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 |

# CHILD HEALTH AND IMMUNISATION SERVICES 4

## 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 the 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.

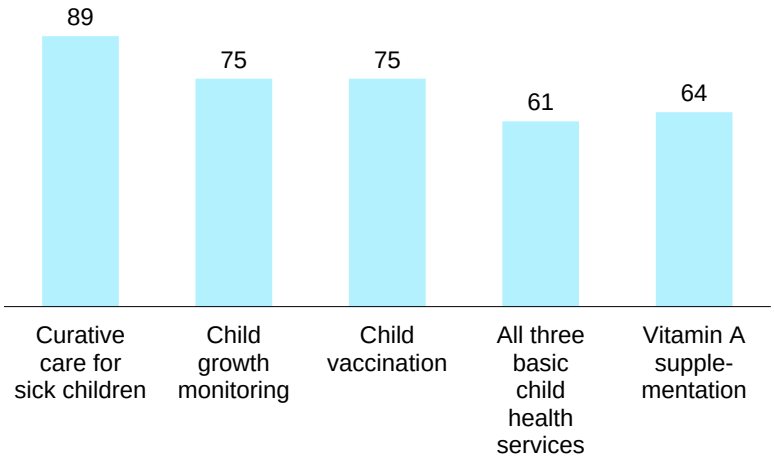
## 4.2 AVAILABILITY OF CHILD HEALTH AND IMMUNISATION SERVICES

*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

### *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:

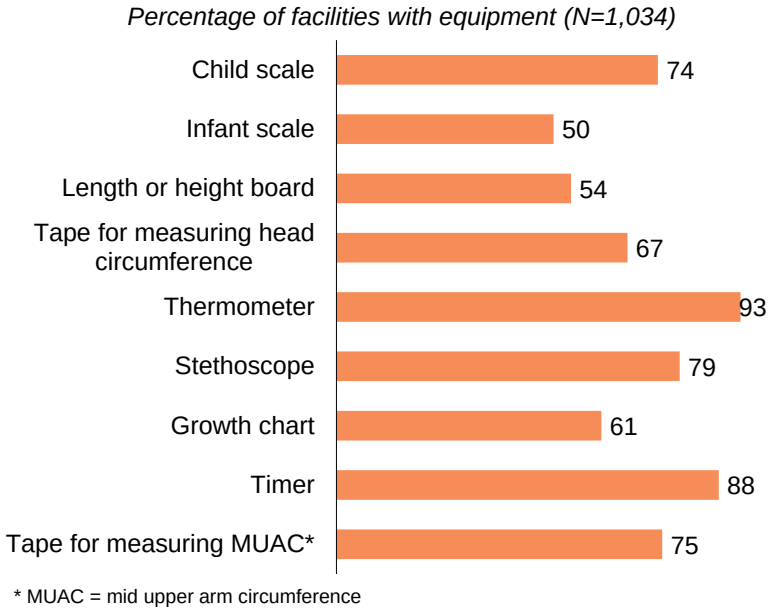
- Guidelines, trained staff, and equipment for adhering to IMNCI guidelines for assessing the sick child
- Infection prevention items and laboratory diagnostic capacity
- Essential medicines for treating sick children in accordance with IMNCI guidelines
- IMNCI job aids, including the chart booklet,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

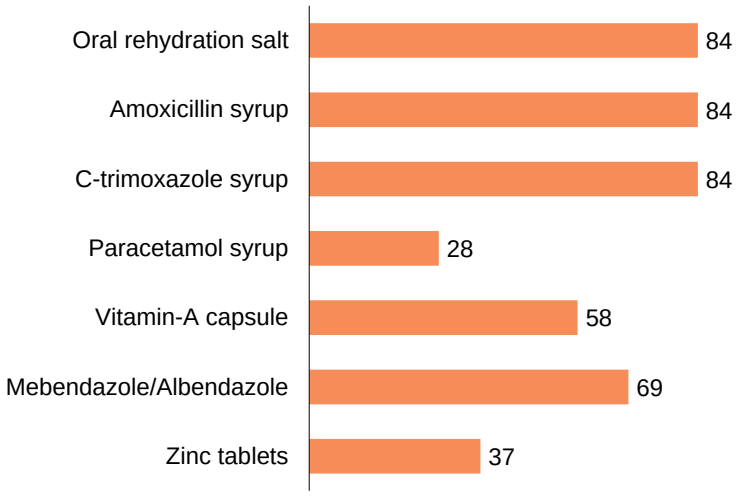
### *Essential Drugs for Treating Sick Children*

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

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

*Percentage of facilities offering essential medicines (N=1,034)*



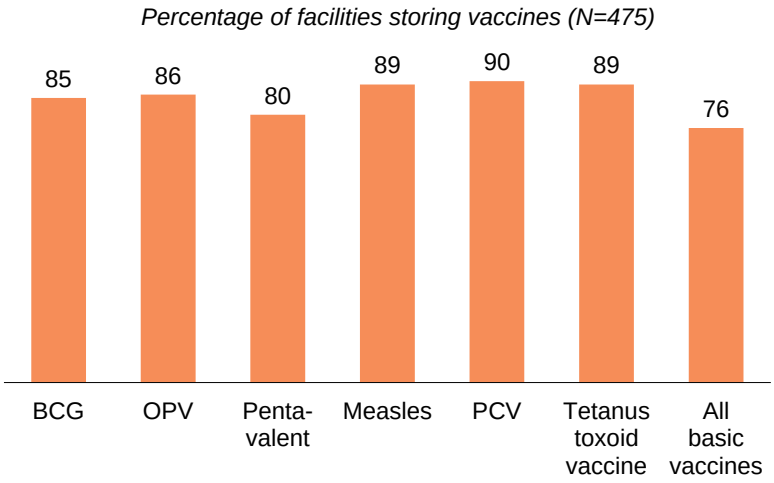
specialty clinics had essential medicines, except for ORS (55%), for out-patient curative care services of sick children.

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.

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




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.

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

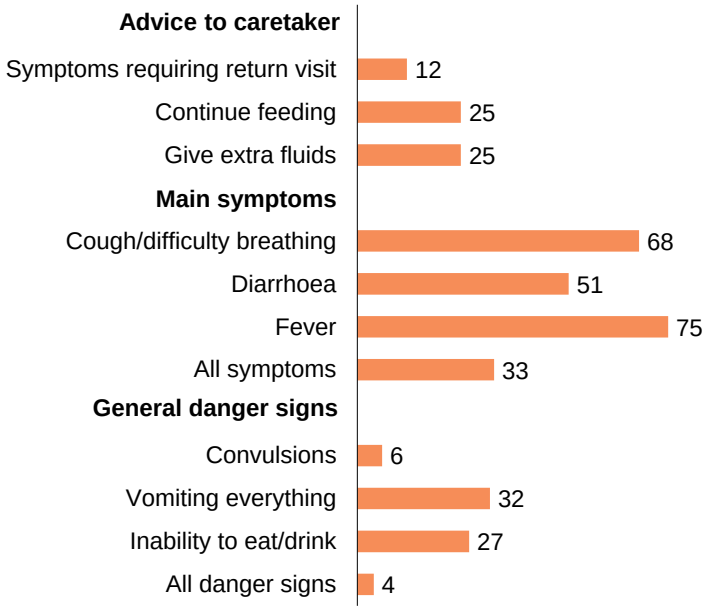
IMNCI protocols for assessing a sick child provide guidelines for quality of care. The survey observers assessed whether the provider of child curative care services adhered to the IMNCI guidelines.

*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".

***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:*




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 Benishangul 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**.

### *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 4.5**). 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 4.6** and **Table 4.14** present detailed information on in-service training, from the perspective of child health services providers.

### *Training and Supervision*

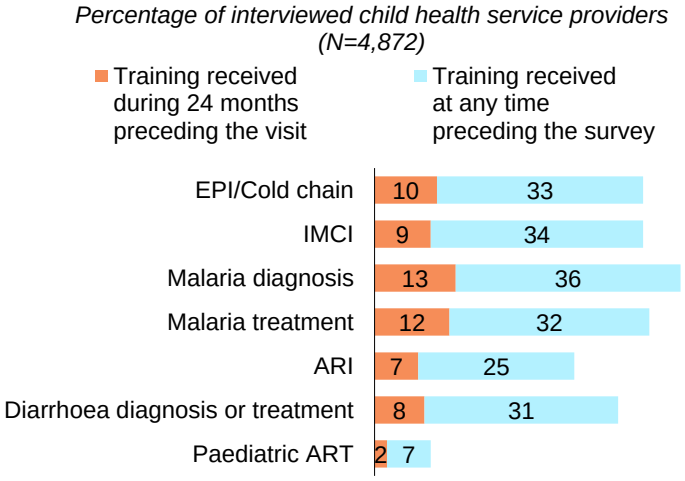
Overall, 23% of child health services providers received training related to child health during the 24 months preceding the survey. Lower clinics are the least likely (3%) to provide staff training. Compared with other facility types, a higher proportion of providers in health posts received training (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 specialty/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**).

***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**




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**).

## LIST OF TABLES

**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%.

**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: Some facilities provide the service less than one day per week; therefore, the total percentages may not add to 100%.
DPT = diphtheria, pertussis, and tetanus; BCG = bacillus Calmette-Guérin
[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%.
[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

| | Guidelines | | Trained staff | | Equipment | | | | | | | | | Number of facilities offering out-patient curative care for sick children |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Background characteristic | IMNCI | Growth monitoring | IMNCI[1] | Growth monitoring[2] | Child scale[3] | Infant scale[4] | Length or height board | Tape for measuring head circum-ference | 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

| | Items for infection control | | | | | | | | Laboratory diagnostic capacity | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Background characteristic | 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] | Number of facilities offering out-patient curative care for sick children |
| **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

| | Essential medicines | | | | | | | | Priority medicines | | | | Number of facilities offering out-patient curative care for sick children |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Background characteristic | 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

| | Facility type | | | | | | | | Managing authority | | Urban/rural | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Components of consultation | 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

| | Region | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Components of consultation | Afar | Amhara | Oromia | Somali | Benishangul Gumuz | SNNP | Sidama | Gambela | Harari | Addis Ababa | Dire Dawa | National |
| **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

| | | | Respiratory illness | | | Febrile illness | | Gastro-intestinal illness | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Components of consultation | Severe pneumonia | Pneumonia | Bronchial spasm/ asthma | Cough or other upper respiratory illness | Fever | Measles | Malaria[4] | Any diarrhoea without dehydration | Any diarrhoea with dehydration | Ear infection | Malnutrition | All observed children |
| **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

| | Facility type | | | | | | | | Managing authority | | Urban/rural | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Client service issue | Referral hospital | General hospital | Primary hospital | Health centre | Health post | Specialty/ higher clinic | Medium clinic | Lower clinic | Public | Private | Urban | Rural | National |
| 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

| | Region | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Client service issue | Afar | Amhara | Oromia | Somali | Benishangul Gumuz | SNNP | Sidama | Gambela | Harari | Addis Ababa | Dire Dawa | National |
| 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 any time | During the past 24 months | At any time | During the past 24 months | At any time | During the past 24 months | At any time | During the past 24 months | At any time | During the past 24 months | At any time | During the past 24 months | At any time | |
| **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

# FAMILY PLANNING SERVICES 5

## 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% of 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 specialty/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%), specialty 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%), specialty 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%), Benishangul 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%), Benishangul 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**).

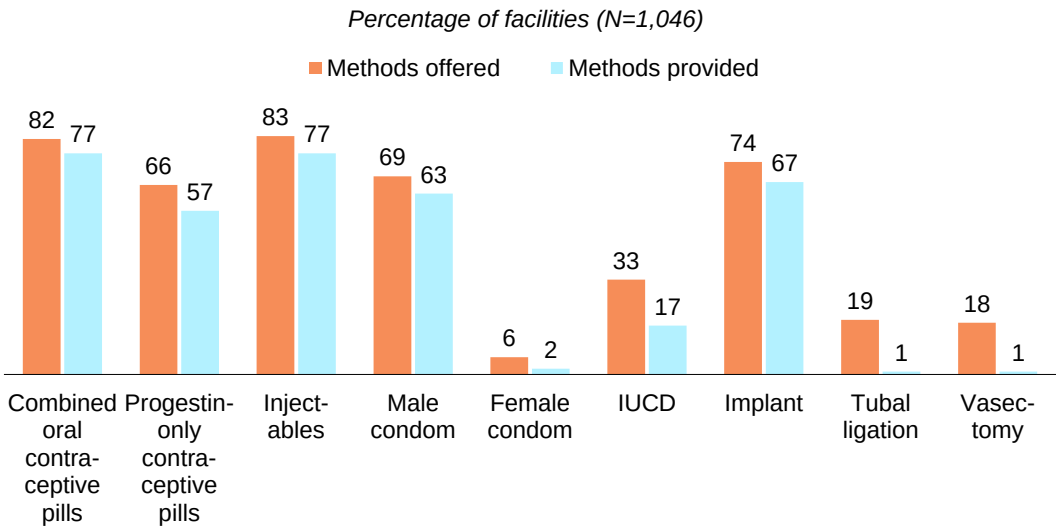
#### *Methods of Family Planning Provided*

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 specialty 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

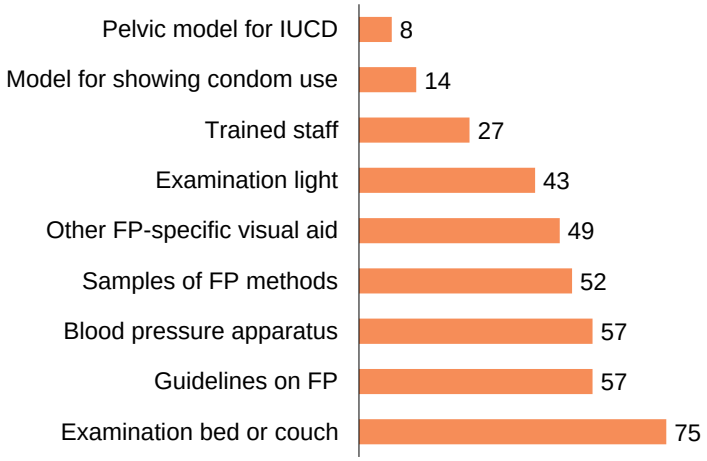
examination bed or couch, 52% have samples of FP methods available and 8% have a pelvic model for IUCD (**Table 5.6**).

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 specialty/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.

***Figure 5.2*** **Guidelines and basic equipment for FP services**

*Percent of facilities with items that support quality counselling for FP (N=973)*

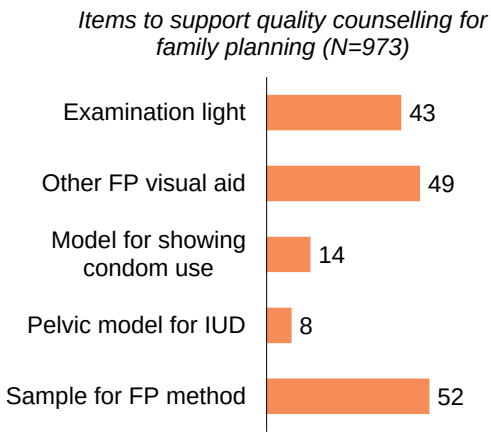



Forty-nine percent of health facilities have other FP-specific visual aids available to provide for FP counselling; 14% of health facilities have a model for showing condom use, and 52% have samples of FP methods (**Figure 5.2**). Other FP-specific visual aids available to for FP counselling varied across 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**).

*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.

**_Figure 5.3_ Percent of facilities with items to support quality counselling for family planning**

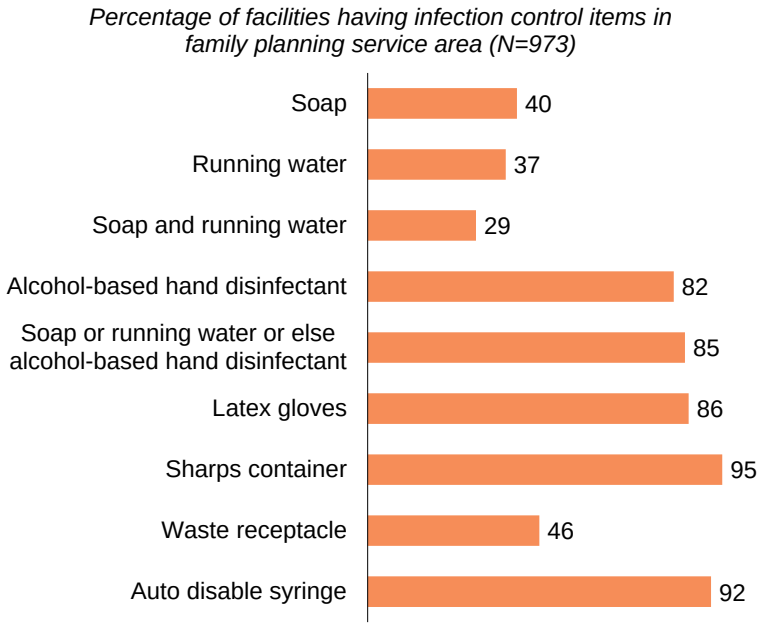



The ESPA assessed items required for conducting pelvic examinations for FP clients, an examination bed or couch, and an examination light. The most commonly missing item was an examination light, which was available in 43% of facilities, and 100% in the specialty/higher clinics (see **Table 5.6**).

### 5.3.2 Infection Prevention

The 2021–22 ESPA 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**).

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




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**).

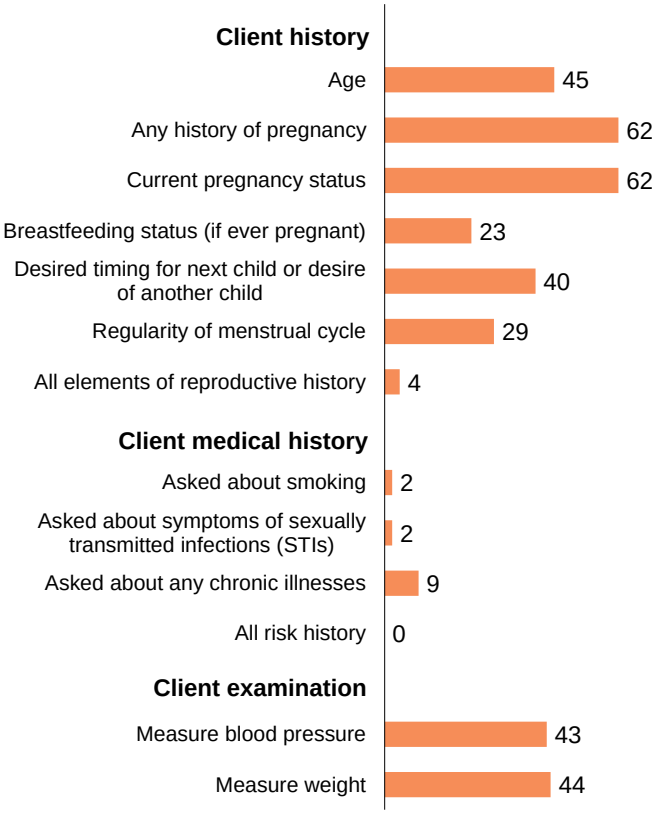
## 5.4 Adherence to Standards for Quality Family Planning Service

### 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 62% 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**).

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

*Percentage of client history elements (N=563)*




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**).

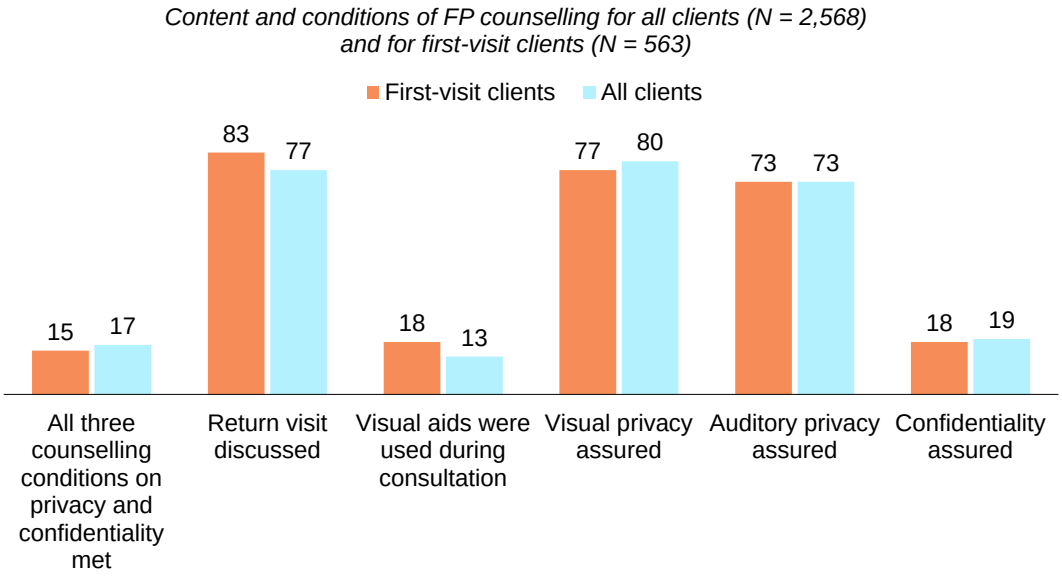
During observation, 43% of first-visit FP clients had their blood pressure checked and 44% had their weight measured on the survey day (**Tables 5.8.1**and **5.8.2**). The blood pressure of all clients visiting the higher clinics and 61% of clients visiting the referral hospitals for FP services was measured (**Tables 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 (**Tables 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 2021–22 ESPA 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

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 specialty/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 FB 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**).

## List of Tables

**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 characteristic | Methods of family planning (FP) | | | | Percentage that offer male or female sterilisation[4] | Percentage that offers any modern FP[5] | Percentage that offers any FP[6] | 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] | | | | |
| **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 characteristic | 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

| | Facility type | | | | | | | | Managing authority | | Urban/rural | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Methods provided, prescribed or counselled | Referral hospital | General hospital | Primary hospital | Health centre | Health post | Specialty/ higher clinic | Medium clinic | Lower clinic | Public | Private | Urban | Rural | National |
| 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

| | Region | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Methods provided, prescribed, or counselled | Afar | Amhara | Oromia | Somali | Benishangul Gumuz | SNNP | Sidama | Gambela | Harari | Addis Ababa | Dire Dawa | National |
| 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 provided[1] 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

| | Facility type | | | | | | | | Managing authority | | Urban/rural | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Methods provided | Referral hospital | General hospital | Primary hospital | Health centre | Health post | Specialty/ higher clinic | Medium clinic | Lower clinic | Public | Private | Urban | Rural | National |
| 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 provided[1] 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

| | Region | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Methods provided | Afar | Amhara | Oromia | Somali | Benishangul Gumuz | SNNP | Sidama | Gambela | Harari | Addis Ababa | Dire Dawa | National |
| 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 provide[1] 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

| | Facility type | | | | | | | | Managing authority | | Urban/rural | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Method | Referral hospital | General hospital | Primary hospital | Health centre | Health post | Specialty/ higher clinic | Medium clinic | Lower clinic | Public | Private | Urban | Rural | National |
| 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 provide[1] 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

| | Region | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Method | Afar | Amhara | Oromia | Somali | Benishangul Gumuz | SNNP | Sidama | Gambela | Harari | Addis Ababa | Dire Dawa | National |
| 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 characteristic | Percentage of facilities that offer any modern family planning and having: | | Equipment | | | | | | | 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 | 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 characteristic | 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

| | Facility type | | | | | | | | Managing authority | | Urban/rural | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Components of consultation | 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 pregnancy[6] | 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

| | Region | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Components of consultation | Afar | Amhara | Oromia | Somali | Benishangul Gumuz | SNNP | Sidama | Gambela | Harari | Addis Ababa | Dire Dawa | National |
| **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

| | Facility type | | | | | | | | Managing authority | | Urban/rural | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Components of consultation | 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 aids 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

| | Region | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Components of consultation | 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

| | Facility type | | | | | | | | Managing authority | | Urban/rural | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Components of consultation | Referral hospital | General hospital | Primary hospital | Health centre | Health post | Specialty/ higher clinic | Medium clinic | Lower clinic | Public | Private | Urban | Rural | National |
| **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

| | Region | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Components of consultation | 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

| | Facility type | | | | | | | | Managing authority | | Urban/rural | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Client service issues | Referral hospital | General hospital | Primary hospital | Health centre | Health post | Specialty/ higher clinic | Medium clinic | Lower clinic | Public | Private | Urban | Rural | National |
| 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

| | Region | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Client service issues | Afar | Amhara | Oromia | Somali | Benishangul Gumuz | SNNP | Sidama | Gambela | Harari | Addis Ababa | Dire Dawa | National |
| 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

| | Percentage who knew the correct response to the question pertaining to the method | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Background characteristic | 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 amenor-rhoea[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 characteristic | 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 characteristic | 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 characteristic | 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 |
| Gambela | 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 6

## 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 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*

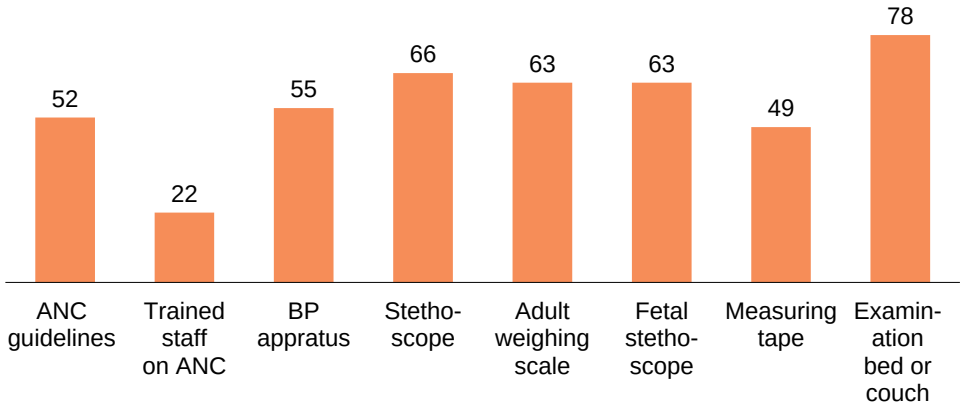
A functioning blood pressure apparatus, stethoscope, foetal stethoscope, adult weighing scale, measuring tape and an examination bed or couch are essential equipment and clinical instruments that should be available at all times in ANC service areas. The 2021–22 ESPA assessed the availability of these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

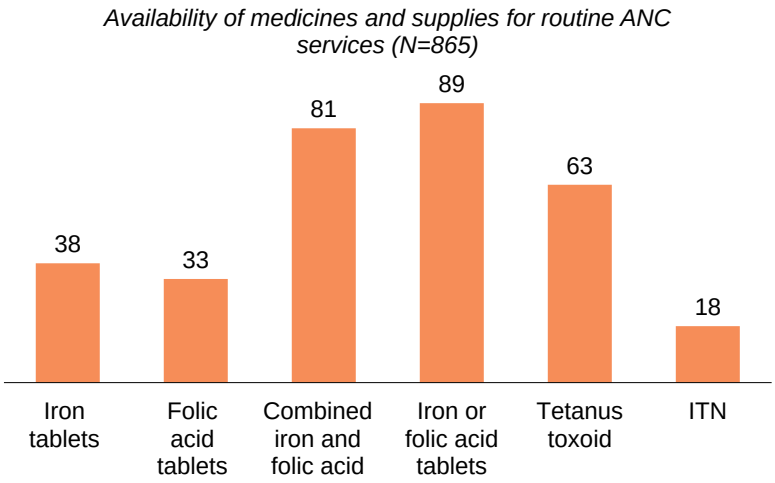
Private health facilities are more likely to have the basic diagnostic tests than public health facilities. Among the regions, only Addis Ababa is more likely to have the laboratory tests among health facilities that offer ANC service. Urban health facilities have much greater capacity to conduct the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

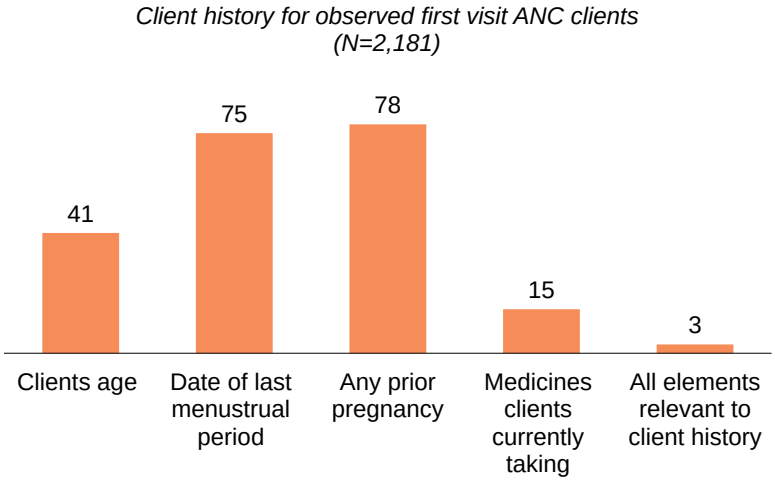
**Table 6.7.1** provides summary information about client history, routine tests and prior pregnancy-related complications screening.

*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**

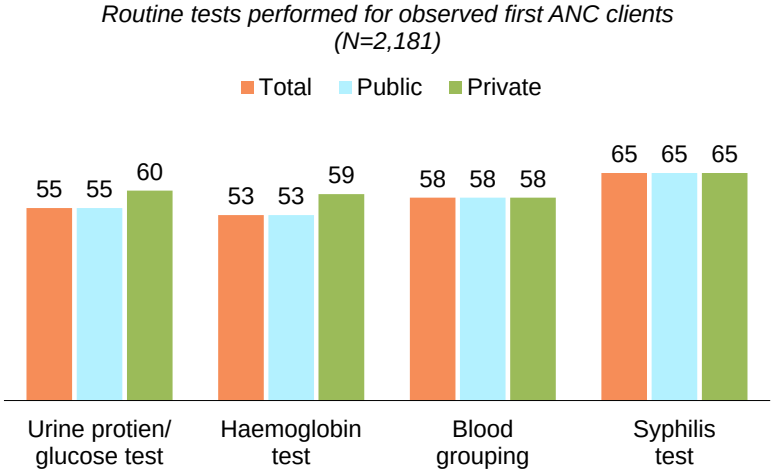



*Assessment using Routine Laboratory Tests*

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**).

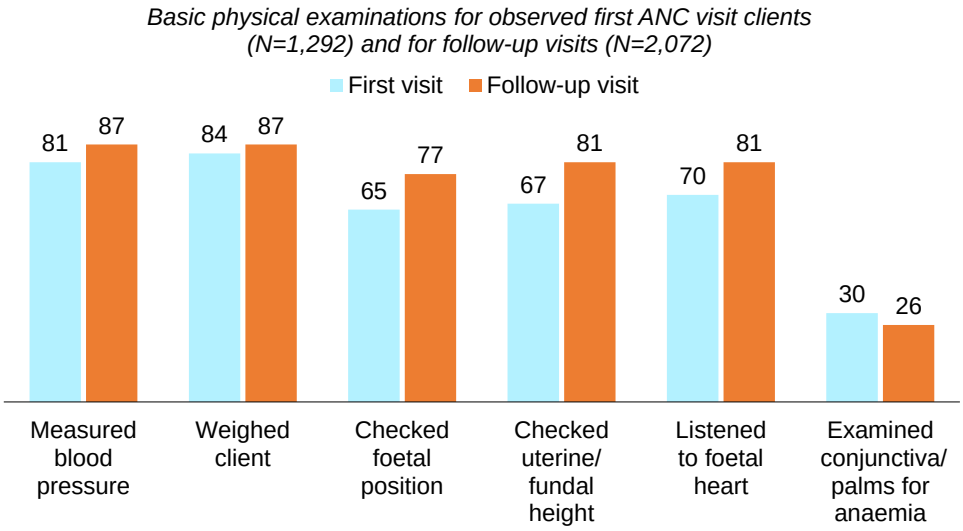
## 6.9 Basic Physical Examination and Preventive Interventions for Antenatal Care Clients

### 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 specialty 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.

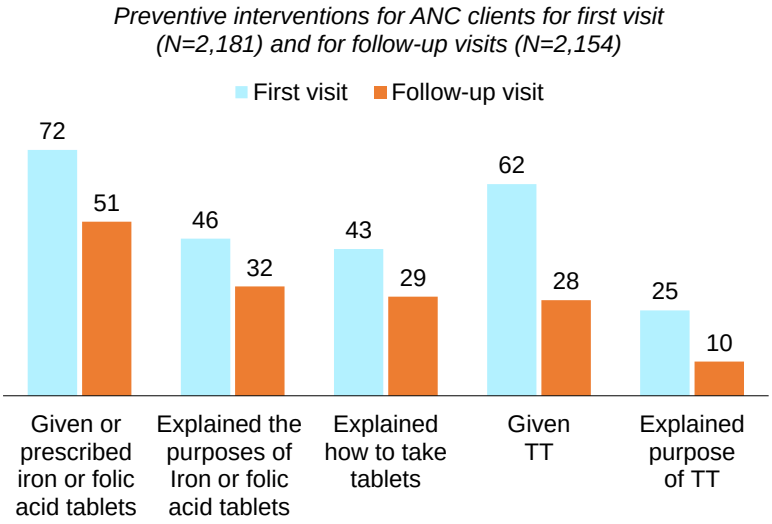
Fifty-eight percent of ANC clients in health centres, 35% in referral and general hospitals, and 30% in primary hospital and health posts received an explanation about the purpose of iron or folic acid tablets, and 57% of ANC clients in health centres received an explanation about how to take the tablets. 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 specialty/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 specialty 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

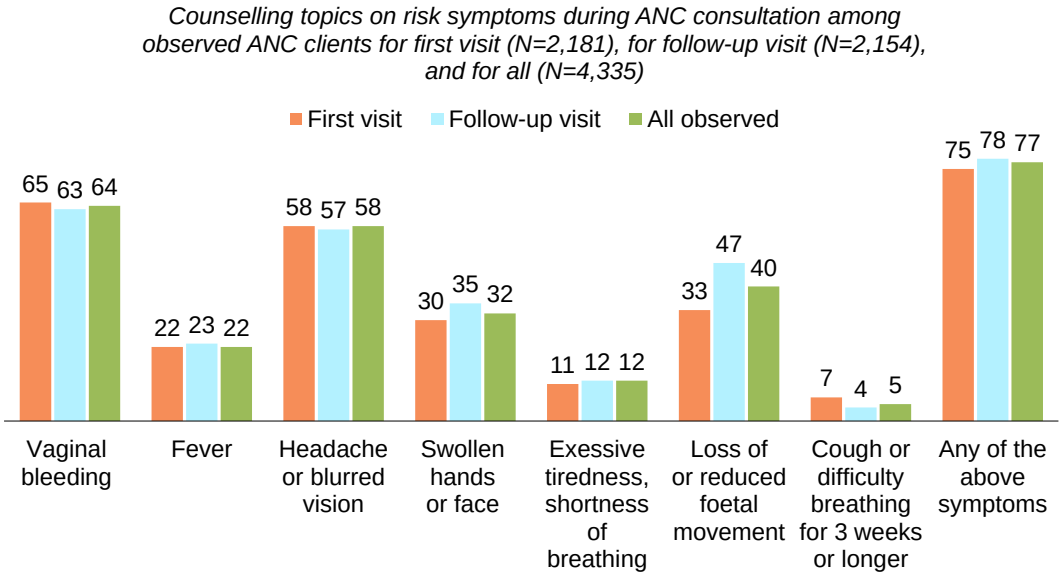
### 6.10.1 Counselling to Promote a Healthy Pregnancy Outcomes by Facility Type, Managing Authority and Rural-urban Settings

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**).

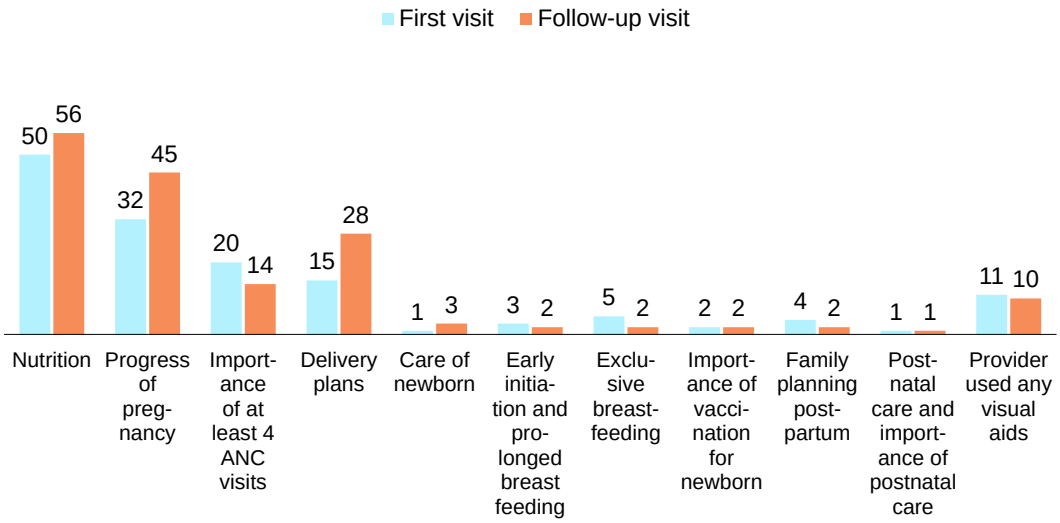
## 6.11 Content of ANC Counselling Related to Nutrition, Breastfeeding and Family Planning

### 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**

*Counselling topics on nutrition, exclusive breastfeeding and postpartum family planning during ANC consultation for first visit (N=2,181) and for second visit (N=2,154)*




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**.

### 6.11.2 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

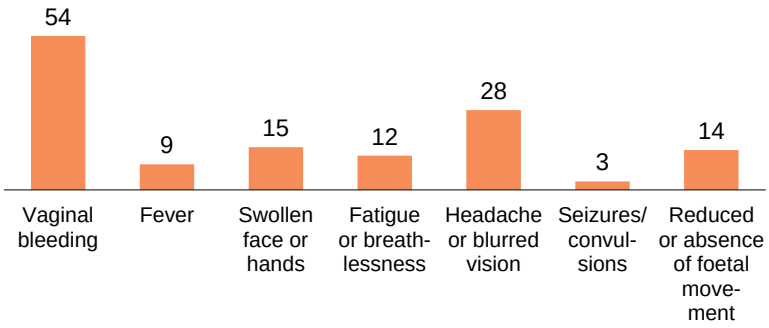
### 6.12.1 Content of Health Education Covered as Reported by Interviewed Clients by Facility Type, Managing Authority and Rural-urban Settings

**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**).

***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)*




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%) specialty/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.

### 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

### *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 specialty/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)*

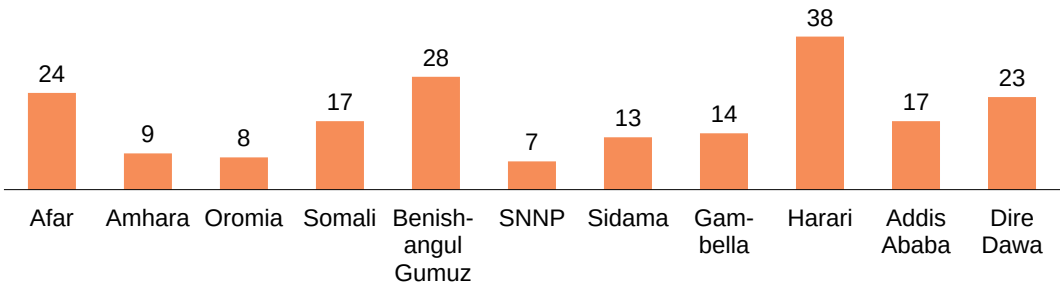



**Table 6.14** shows that 7% of providers reported that they had received in-service training on counselling for ANC clients, complications of pregnancy and their management, and ANC screening in the past 24 months before the survey. Among public facilities, providers in the health posts were more likely 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.

Over three-quarters (77%) of the health facilities had visual and auditory privacy in the ANC rooms. Only 31% of the health facilities had the capacity for dried blood spot testing (DBS). For the proportion of health facilities with antiretroviral medicines, 44% had maternal ARVs, 42% had NVP syrup and 32% had AZT syrup. None of the specialty/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 kid available (**Table 6.20**).

## LIST OF TABLES

**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 characteristic | 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 |
| Heath 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 characteristic | 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 |
| Heath 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

| | Percentage of facilities that offer ANC that have items for infection control | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Background characteristic | 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] | Number of facilities that offer ANC |
| **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 |
| Heath 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 characteristic | 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 characteristic | 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 |
| Heath 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 characteristic | Percentage of ANC clients making: | | Percentage of ANC clients for whom this was first pregnancy | Gestational age | | | | | 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) | Missing | Total percent | |
| **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 |
| Heath 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

| | Facility type | | | | | | | | Managing authority | | Urban/rural | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Components of consultation | Referral hospital | General hospital | Primary hospital | Health centre | Heath 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

| | Region | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Components of consultation | 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

| | Facility type | | | | | | | | Managing authority | | Urban/rural | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Components of consultation | Referral hospital | General hospital | Primary hospital | Health centre | Heath post | Specialty/ Higher clinic | Medium clinic | Lower clinic | Public | Private | Urban | Rural | National |
| 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 | Heath 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

| | Region | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Components of consultation | Afar | Amhara | Oromia | Somali | Benishangul Gumuz | SNNP | Sidama | Gambela | Harari | Addis Ababa | Dire Dawa | National |
| 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

| | Facility type | | | | | | | | Managing authority | | Urban/rural | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Counselling topics | Referral hospital | General hospital | Primary hospital | Health centre | Heath 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

| | Region | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Counselling topics | Afar | Amhara | Oromia | Somali | Benishangul Gumuz | SNNP | Sidama | Gambela | Harari | Addis Ababa | Dire Dawa | National |
| 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

| | Facility type | | | | | | | | Managing authority | | Urban/rural | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Counselling topics | Referral hospital | General hospital | Primary hospital | Health centre | Heath post | Specialty/ Higher clinic | Medium clinic | Lower clinic | Public | Private | Urban | Rural | National |
| 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

| | Region | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Counselling topics | Afar | Amhara | Oromia | Somali | Benishangul Gumuz | SNNP | Sidama | Gambela | Harari | Addis Ababa | Dire Dawa | National |
| 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

| | Facility type | | | | | | | | Managing authority | | Urban/rural | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Issues discussed during current or previous visit | Referral hospital | General hospital | Primary hospital | Health centre | Heath post | Specialty/ Higher clinic | Medium clinic | Lower clinic | Public | Private | Urban | Rural | National |
| **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

| | Region | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Issues discussed during current or previous visit | Afar | Amhara | Oromia | Somali | Benishangul Gumuz | SNNP | Sidama | Gambela | Harari | Addis Ababa | Dire Dawa | National |
| **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

| | Facility type | | | | | | | | Managing authority | | Urban/rural | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Client service issue | Referral hospital | General hospital | Primary hospital | Health centre | Heath post | Specialty/ Higher clinic | Medium clinic | Lower clinic | Public | Private | Urban | Rural | National |
| 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

| | Region | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Client service issue | Afar | Amhara | Oromia | Somali | Benishangul Gumuz | SNNP | Sidama | Gambela | Harari | Addis Ababa | Dire Dawa | National |
| 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 characteristic | 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 |
| Heath 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

| | Percentage of interviewed providers of ANC who reported receiving in-service training on: | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 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) | | Number of interviewed ANC service providers |
| Background characteristic | During the past 24 months | At any time | During the past 24 months | At any time | During the past 24 months | At any time | During the past 24 months | At any time | During the past 24 months | At any time | During the past 24 months | At any time | During the past 24 months | At any time | |
| **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 |
| Heath 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 heath 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 characteristic | 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: 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 | Number of facilities that offer ANC and any PMTCT services |
|---|---|---|---|---|---|---|---|---|---|---|
| **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 excluding Health Posts offering antenatal care (ANC) and any services for prevention of mother-to-child transmission (PMTCT) of HIV, the percentages having 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, Ethiopia SPA, 2021–2022

| | Percentage having guidelines | | Percentage having staff trained in | | Percentage having | Percentage having HIV testing | | Percentage having antiretroviral medicines | | | Number of facilities offering ANC and any PMTCT services |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Background characteristics | 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 |
| 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 | 43 | 37 | 20 | 12 | 75 | 99 | 31 | 34 | 44 | 45 | 190 |
| 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 | 27 | 25 | 26 | 21 | 67 | 93 | 16 | 12 | 14 | 15 | 11 |
| 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 | 20 | 18 | 15 | 9 | 84 | 97 | 20 | 17 | 22 | 24 | 10 |
| Gambella | 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 | 30 | 18 | 12 | 67 | 99 | 17 | 19 | 30 | 32 | 124 |
| National | 42 | 36 | 20 | 11 | 77 | 99 | 31 | 32 | 42 | 44 | 207 |

Note: The indicators presented in the table comprise the staff and training, equipment, diagnostics, and 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 preceding 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 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 preceding 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] 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 characteristic | Percentage of facilities that offered antenatal care services that have: | | Medicines | | | Diagnostics | | | | Number of facilities offering ANC |
|---|---|---|---|---|---|---|---|---|---|---|
| | 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 |
| Heath 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 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

| | Facility type | | | | | | | | Managing authority | | Urban/rural | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Components of consultation | Referral hospital | General hospital | Primary hospital | Health centre | Heath 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

| | Region | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Components of consultation | 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 characteristic | 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 any time | During the past 24 months | At any time | During the past 24 months | At any time | |
| **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 |
| Heath 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 characteristic | 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 |
| Gambela | 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 |

# DELIVERY AND NEWBORN CARE 7

## 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 of the facilities with delivery service had emergency transportation support.
- A newborn corner was available in 77% of the facilities, a 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-Sahara 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

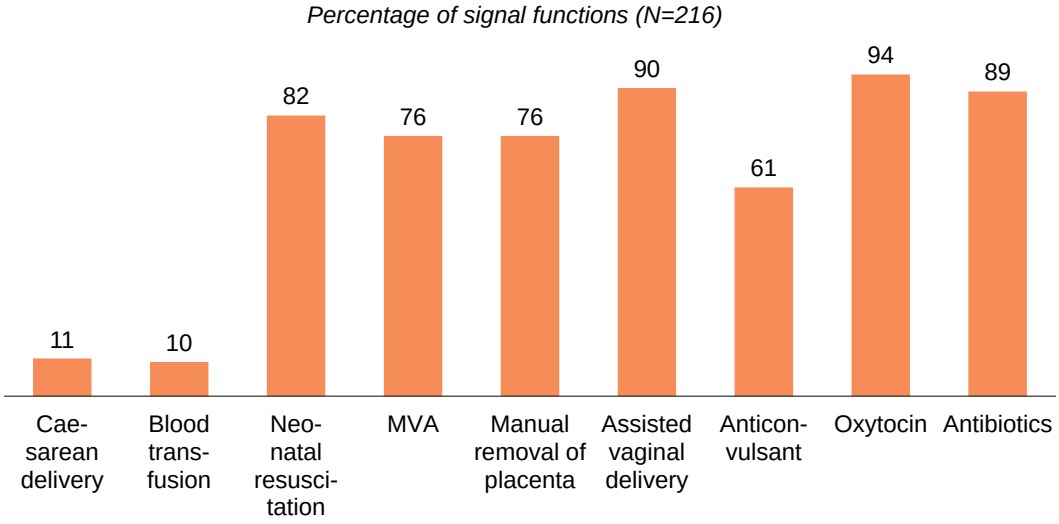
For an assessment of the levels of care provided by a facility, it is helpful to use clearly defined 'signal functions.' These are key medical interventions used to treat the obstetric complications that cause the vast majority of maternal deaths.

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).

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**.)

***Figure 7.1*** **Availability of signal functions in facilities, excluding health posts**




### 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 stamp 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 Benishangul 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*

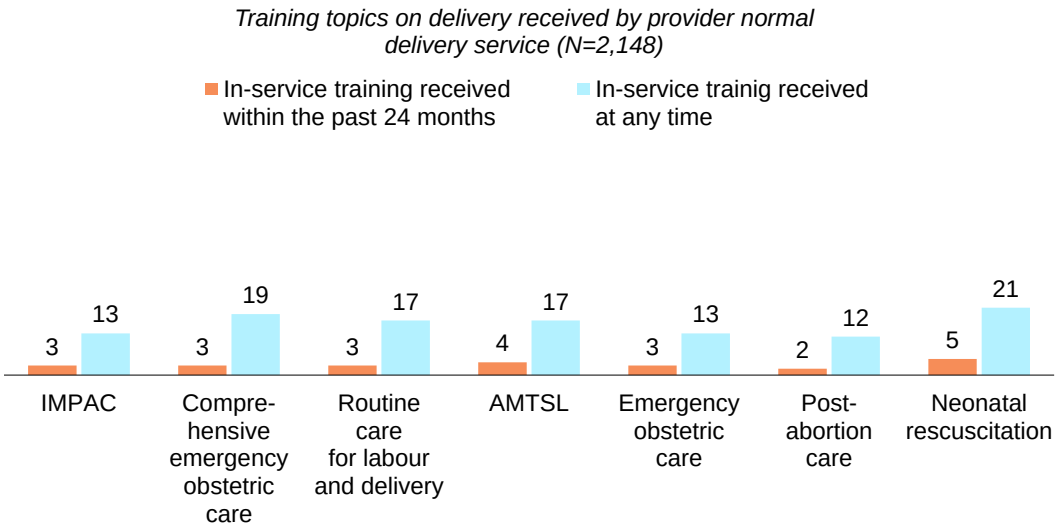
Only one in ten of the providers interviewed received training related to delivery and newborn care, while only 7% of the providers received training on delivery and/or newborn care during the 24 months and personal supervision during the 6 months before the survey.

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**).

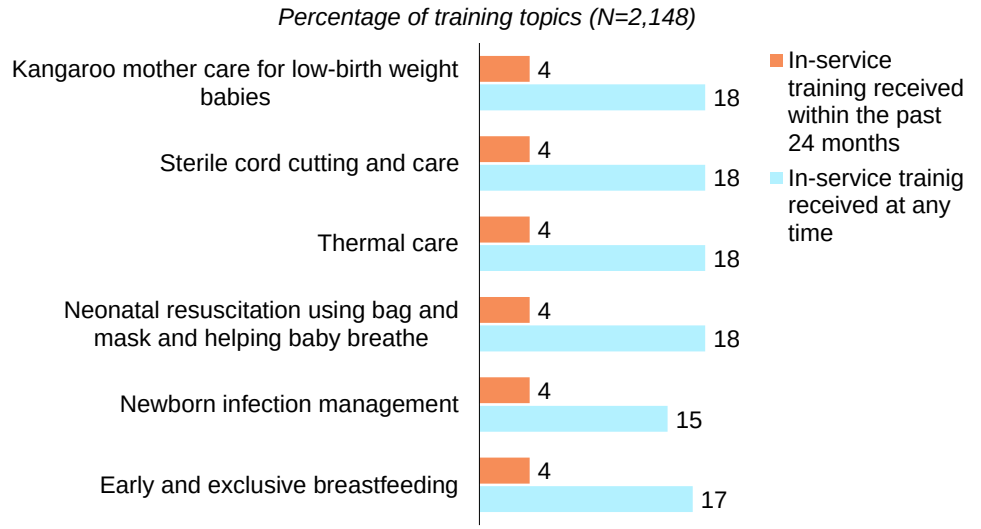
***Figure 7.2*** **Topics of training received by providers of normal delivery service among facilities excluding health posts**




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**



## LIST OF TABLES

**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

| | Percentage of facilities that offer: | | | | | | Percentage of facilities that offer normal delivery services that have: | | |
|---|---|---|---|---|---|---|---|---|---|
| Background characteristic | Antenatal care (ANC) | Normal delivery service | Caesarean delivery | ANC and normal delivery service | ANC, normal delivery and caesarean delivery | Number of facilities | 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 | Number of facilities that offer normal delivery services |
| **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 characteristic | 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, 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 has 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

| | Facility type | | | | | | | Managing authority | | Urban/rural | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Medicines | Referral hospital | General hospital | Primary hospital | Health centre | Specialty/ higher clinic | Medium clinic | Lower clinic | Public | Private | Urban | Rural | National |
| **Essential medicines for delivery[1]** | | | | | | | | | | | | |
| 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 mothers[5]** | | | | | | | | | | | | |
| 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 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 7.3.2 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

| | Region | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Medicines | Afar | Amhara | Oromia | Somali | Benishangul Gumuz | SNNP | Sidama | Gambela | Harari | Addis Ababa | Dire Dawa | National |
| **Essential medicines for delivery[1]** | | | | | | | | | | | | |
| 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 mothers[5]** | | | | | | | | | | | | |
| 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 characteristic | 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 characteristic | 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 | Caesarean 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

| | Facility type | | | | | | | Managing authority | | Urban/rural | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Newborn care practices | Referral hospital | General hospital | Primary hospital | Health centre | Specialty/ higher clinic | Medium clinic | Lower clinic | Public | Private | Urban | Rural | National |
| 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

| | Region | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Newborn care practices | Afar | Amhara | Oromia | Somali | Benishangul Gumuz | SNNP | Sidama | Gambela | Harari | Addis Ababa | Dire Dawa | National |
| 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 characteristic | 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 characteristic | 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 any time | During the past 24 months | At any time | During the past 24 months | At any time | During the past 24 months | At any time | During the past 24 months | At any time | During the past 24 months | At any time | During the past 24 months | At any time | |
| **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

| | Percentage of interviewed providers of normal delivery or newborn care services who report receiving in-service training in: | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 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 | | Number of interviewed providers of normal delivery or newborn care services |
| Background characteristic | During the past 24 months | At any time | During the past 24 months | At any time | During the past 24 months | At any time | During the past 24 months | At any time | During the past 24 months | At any time | During the past 24 months | At any time | |
| **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 characteristic | 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 | Utilisation of latrine with others | Availability of bathroom | Shared bathroom with others | The government | Faith-based organisation | NGO other than faith-based organisation | 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 |
| Gambela | 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 |

Note: 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.

# HIV/AIDS AND SEXUALLY TRANSMITTED INFECTIONS

# 8

## 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 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

### 8.1.1 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 stabilising 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

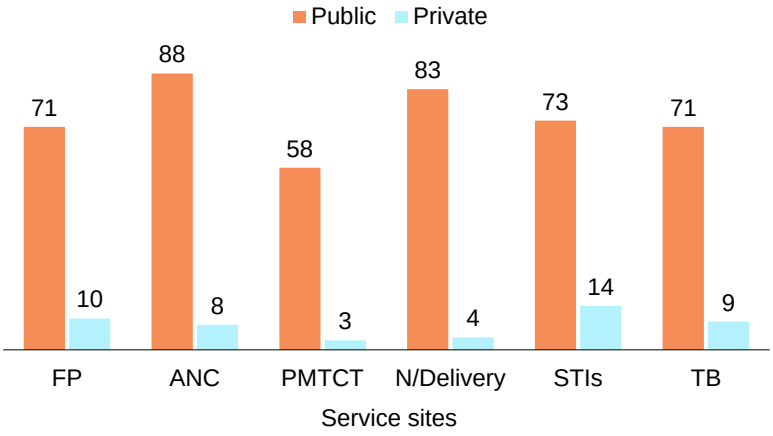
and Kellerman 2016) and to meet HSTP-II by 2025 (MoH 2020). Beyond the beneficial impact of integration on the fight against HIV, there are gains to be won with improved coverage of FP services.

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 specialty/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 antisepsis 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 specialty/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 specialty/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 specialty/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 specialty/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 specialty/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 haematology analyser or a functional haematological 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 specialty/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

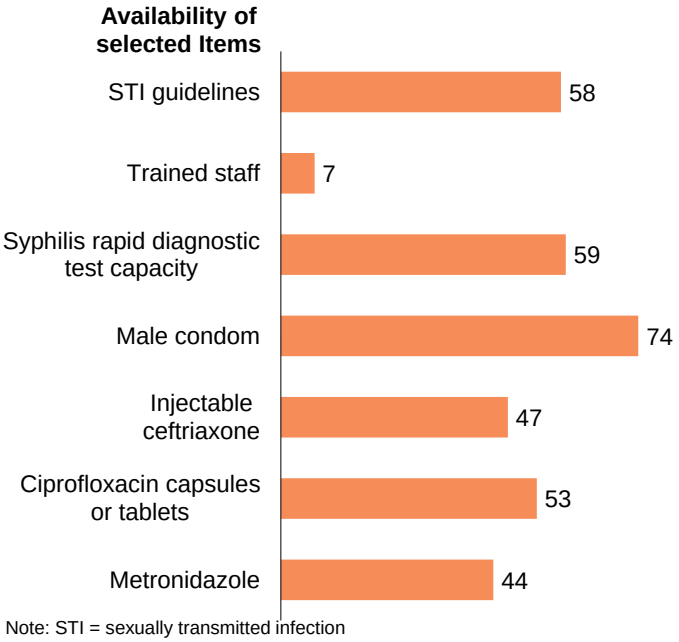
Laboratory service is a very important service that should be offered to confirm the presence of STIs. In ESPA 2021–22, facilities that offered STI service were asked about their capacity for offering a rapid diagnostic test for syphilis. **Table 8.6** presents the service availability, STI guidelines, 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 specialty/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 (**Table 8.6** and **Figure 8.2**).

***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

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**).

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 specialty/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**).

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**).

## List of Tables

**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 characteristic | 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

| | Percentage of facilities that offer specific services and within those services have HIV RDT | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Family planning | | ANC | | PMTCT | | Normal delivery | | STIs | | TB | | |
| Background characteristic | 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 | Number of facilities |
| **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 characteristic | 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 characteristic | 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 characteristic | 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 characteristic | 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 characteristic | 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 characteristic | 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 characteristic | 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 characteristic | 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 characteristic | 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)

# NON-COMMUNICABLE DISEASES 9

## 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 disease (NCD) 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, cancer, and mental health conditions, respectively.
- The availability of guidelines for the provision of NCD 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 cardiovascular diseases and diabetes.
- Only 26% 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 2022a).

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 2022a). 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.

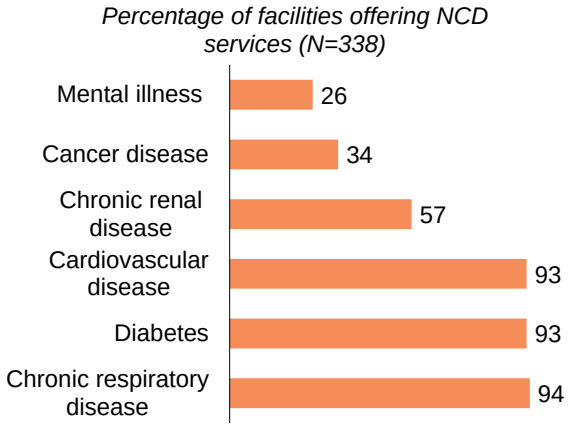
## 9.2 Availability of Services for Non-communicable Diseases

### 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 if 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**).

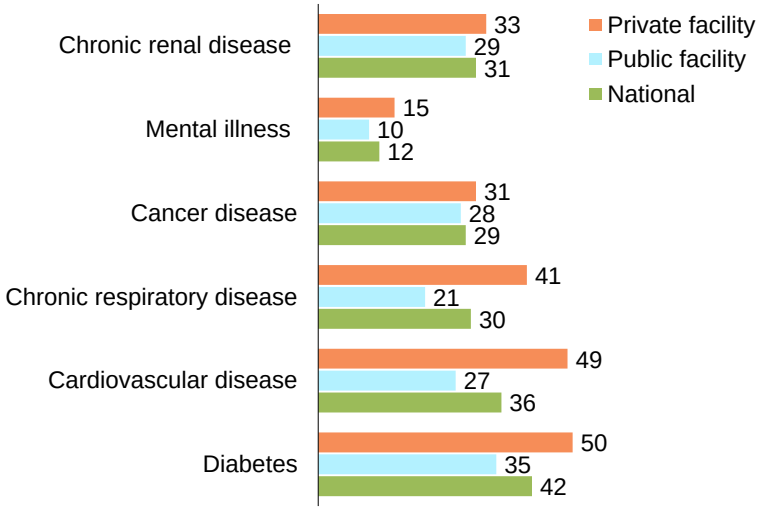
Chronic respiratory disease (CRD) services provided by all facilities ranged from 48% at the lower level clinics to 98% at the general and primary hospitals. Nearly nine to ten public facilities and seven to ten private facilities provide chronic respiratory disease services. Among the regions, the lowest 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*

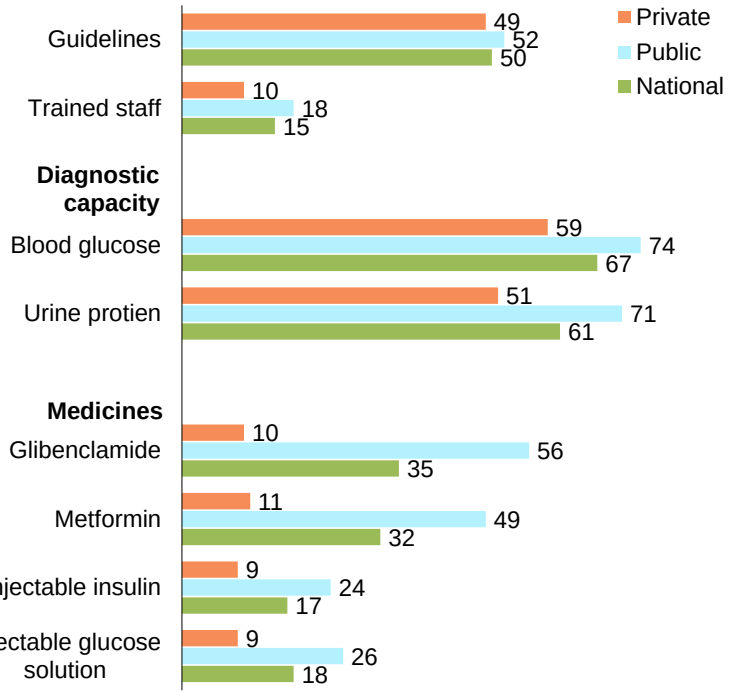
Overall, 93% of health facilities offered diagnosis, prescribed treatment, or managed patients with diabetes. The lowest service provision was in the health centre, which accounted for 87%. Almost all publicly owned facilities and only 87% of the privately owned facilities provide services for diabetes (**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**).

***Figure 9.3*** **Items to support quality provision of diabetes services**

*Percentage of facilities offering diabetes services by public vs. private (N=314)*




**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 specialty (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**).

### 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 specialty/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*

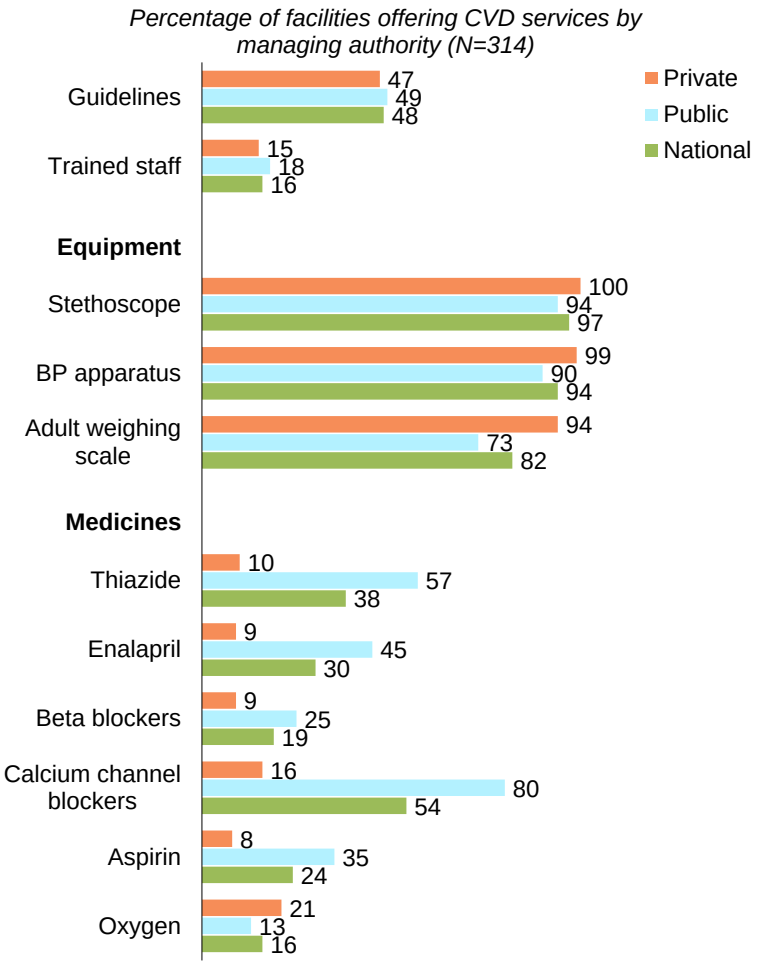
Nationally, 93% of health facilities, excluding health posts, offer cardiovascular disease (CVD) services. All hospitals offer these services. Among regions, the lowest availability was found in Gambela (56%) and the highest in Benishangul Gumuz and Dire Dawa at 100% each (**Table 9.3**).

*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**).

***Figure 9.4*** **Items that support quality provision of services for cardiovascular diseases (CVDs) by managing authority**




**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

(amiodipine/nefidipine) 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*

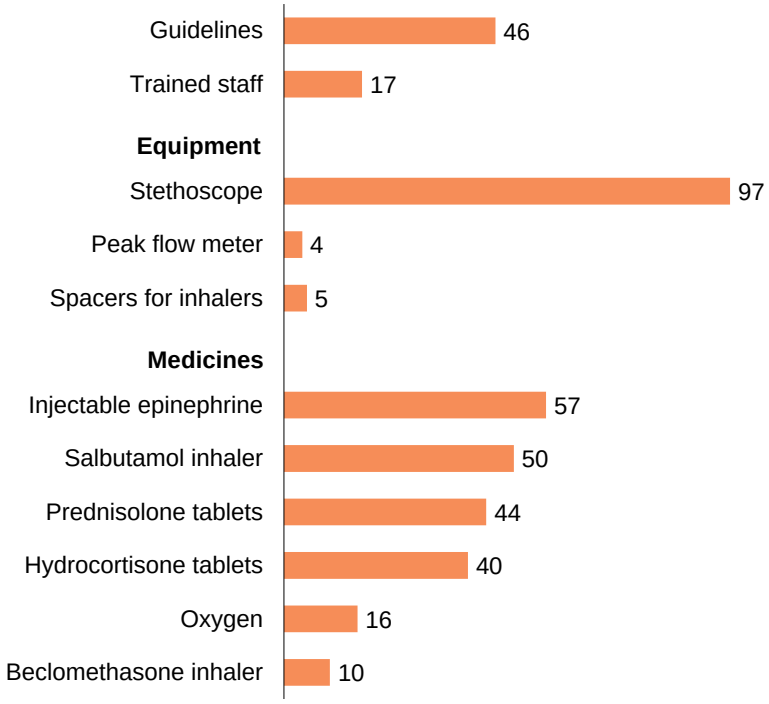
Nationwide, excluding health posts, eight in ten facilities provide diagnosis, prescribe treatment and manage patients with chronic respiratory disease. Chronic respiratory disease services (CRDs) provided by all facilities ranged from 48% at the lower level clinics to 98% at general and primary hospitals. 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**).

***Figure 9.5*** **Items to support quality provision of services for chronic respiratory diseases**

*Availability of guidelines, trained staff and medicine or chronic respiratory disease services (N=316)*




**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 (specialty) 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 specialty (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

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 specialty 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 specialty/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 specialty/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 specialty/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**).

## LIST OF TABLES

**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 characteristic | 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 |
| **Rural/urban** | | | | | | | |
| 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 characteristic | 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 | Number of facilities |
|---|---|---|---|---|---|---|---|
| | Percentage of facilities that offer only diagnostic services for NCD: | | | | | | |
| **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 |
| **Rural/urban** | | | | | | | |
| 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 characteristic | 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 |
| Harari | 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 |
| **Rural/urban** | | | | | | | |
| 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 characteristic | 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 |
| **Rural/urban** | | | | | | | | |
| 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

| | Diagnostic capacity | | | Medicines | | | | |
|---|---|---|---|---|---|---|---|---|
| Background characteristic | Blood glucose[1] | Urine protein[2] | Urine glucose[3] | Metformin | Glibenclamide | Injectable insulin | Injectable glucose solution | Number of facilities that offered services for diabetes |
| **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 |
| **Rural/urban** | | | | | | | | |
| 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 characteristic | Percentage of facilities that offer services for cardio-vascular diseases[1] | Number of facilities | Percentage of facilities that offer services for cardiovascular diseases that have: | | Equipment | | | Number of facilities that offer services for cardio-vascular 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 |
| **Rural/urban** | | | | | | | | |
| 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 characteristic | Percentage of facilities that offer services for cardiovascular diseases that have the indicated medicines and commodities | | | | | | | Number of facilities that offer services for cardio-vascular 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 |
| **Rural/urban** | | | | | | | | |
| 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 characteristic | 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: | | Equipment | | | 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 |
| **Rural/urban** | | | | | | | | |
| 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 characteristic | 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 |
| **Rural/urban** | | | | | | | |
| 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 characteristic | 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 |
| **Rural/urban** | | | | | | | |
| 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 characteristic | 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 |
| **Rural/urban** | | | | | |
| 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 characteristic | 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 analyser 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 |
| **Rural/urban** | | | | | | |
| 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.

# TUBERCULOSIS 10

## Key Findings

- More than three-fifths 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, 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 2017– 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:

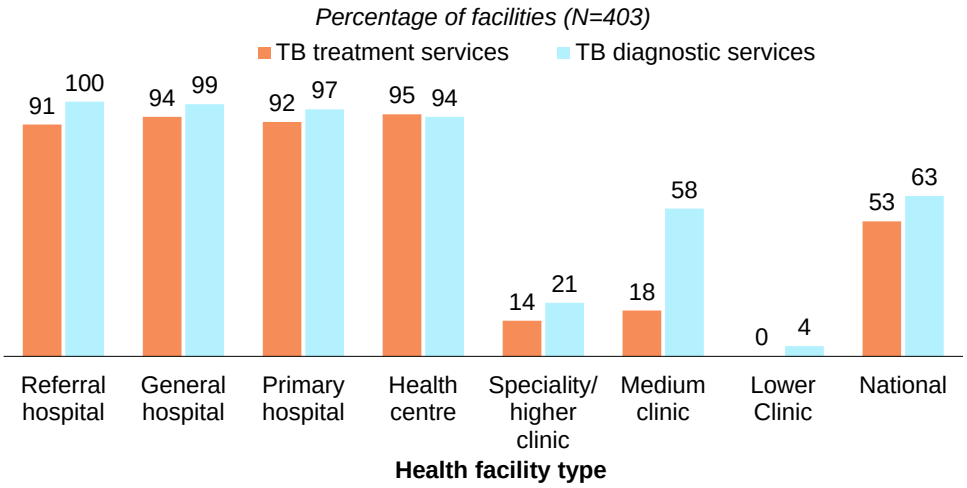
- **Availability of services:** Section 10.2 examines the availability of TB services including diagnosis and management.
- **Service readiness:** Section 10.3 addresses the readiness of facilities to provide high quality TB services that include the availability of medicines and diagnostic capacity.

## 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**).

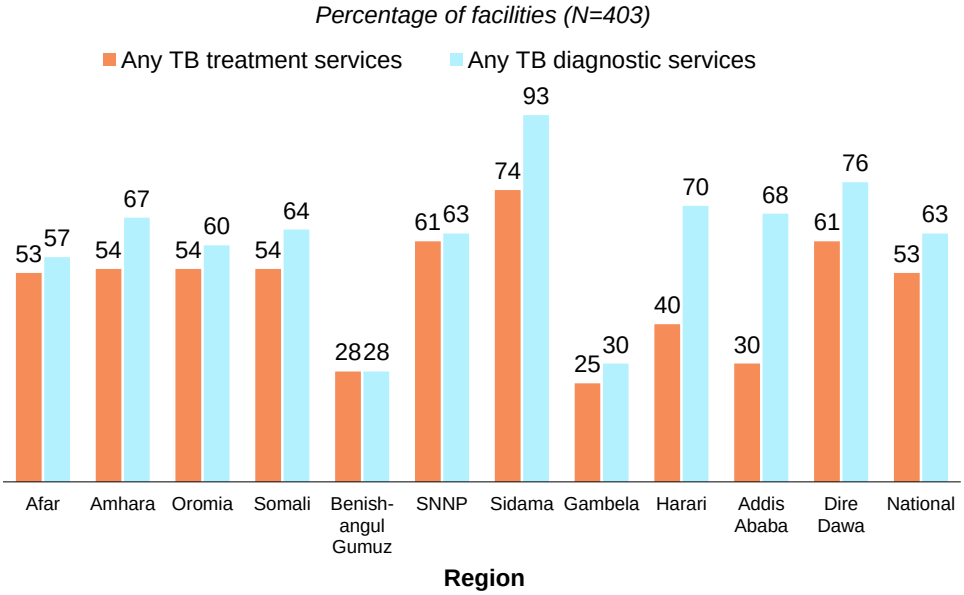
***Figure 10.1*** **Availability of any TB treatment service and of any TB diagnostic service by facility type**




The availability of TB diagnostic services varied considerably by types of facilities with the highest in referral hospitals (100%) and lowest in the specialty/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**

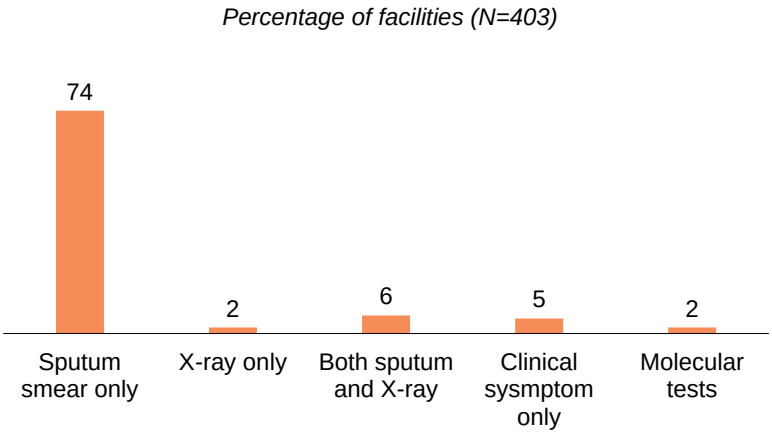



Among all health posts, 27% were offering any TB diagnostic and any treatment and/or treatment follow-up services; and 24% of health posts reported that they screen and refer their clients to other health facility for TB diagnosis. There was a disparity among regions on providing any TB diagnostic, treatment, 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 specialty/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 specialty/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, Benishangul 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**).

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**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 characteristic | Percentage of all facilities that offer: | | | Number of facilities | Percentage of facilities that offer any TB services that have guidelines for: | | Trained staff[3] | 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 | | |
| **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 |
| **Rural/urban** | | | | | | | | |
| 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 characteristic | 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 |
| **Rural/urban** | | | | | | |
| 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 characteristic | 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 |
| **Rural/urban** | | | | | | | | |
| 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 characteristic | 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 |
| **Rural/urban** | | | | | | | |
| 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 characteristic | 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 |
| **Rural/urban** | | |
| 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 characteristic | 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 |
| **Rural/urban** | | | | |
| Urban | 13 | 9 | 43 | 128 |
| Rural | 10 | 18 | 34 | 131 |
| National | 12 | 14 | 39 | 259 |

# MALARIA 11

## 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 which is the first line anti-malarial for uncomplicated malaria, but only 15% had injectable artesunate, which is the first-line anti-malarial drug for 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 75% of health facilities that 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 50% 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 Gambela 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 Gambela 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 Gambela 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.

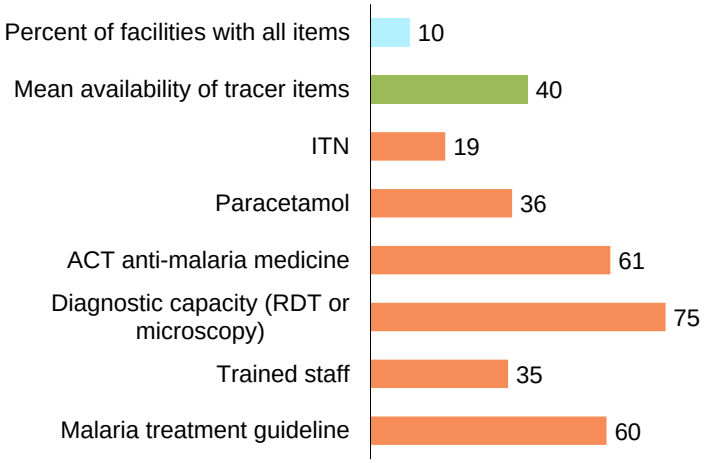
Nationally, 19% of health facilities and 20% health posts had ITN or vouchers for ITNs in the facility for distribution to clients.

### 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**).

***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:*




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.

## 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 capacity[1] 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 Gambela 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, 50% 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 34% percent of health facilities that offer curative services for sick children in Addis Ababa 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 (50%) 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 four criteria: 1) malaria diagnostic capacity (unexpired malaria rapid diagnostic test (RDT) kits or else 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), 2) having malaria treatment guidelines, 3) having first-line medicine such as artemisinin combination therapy or chloroquine tablets or chloroquine syrup, and 4) personnel recently trained in malaria diagnosis and/or treatment available (**Table 11.4**).

### 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.

## LIST OF TABLES

**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 characteristic | 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 |
| Gambela | 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 characteristic | 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 |
| Gambela | 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 characteristic | 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 |
| Gambela | 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 offering curative care for sick children**

Among facilities offering curative care for sick children, the percentages having 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, 2021–2022

| Background characteristics | Percentage of facilities offering curative care for sick children that have: | | | | Malaria service readiness index[4] | Number of facilities offering curative care for sick children |
|---|---|---|---|---|---|---|
| | Malaria treatment guidelines | First line treatment medicine[1] | Trained personnel[2] | Malaria diagnostic capacity[3] | | |
| **Facility type** | | | | | | |
| Referral Hospital | 71 | 93 | 14 | 11 | 11 | 2 |
| General Hospital | 71 | 79 | 26 | 22 | 12 | 7 |
| Primary Hospital | 56 | 81 | 17 | 14 | 9 | 15 |
| Health Centre | 64 | 83 | 35 | 26 | 21 | 179 |
| Health Post | 41 | 50 | 26 | 11 | 8 | 665 |
| Specialty/Higher Clinic | 21 | 2 | 43 | 43 | 0 | 5 |
| Medium Clinic | 59 | 9 | 8 | 4 | 0 | 71 |
| Lower Clinic | 15 | 16 | 3 | 1 | 0 | 90 |
| **Managing authority** | | | | | | |
| Public | 46 | 58 | 28 | 14 | 10 | 862 |
| Private | 35 | 14 | 7 | 4 | 1 | 173 |
| **Region** | | | | | | |
| Afar | 57 | 83 | 49 | 26 | 20 | 18 |
| Amhara | 60 | 72 | 33 | 18 | 15 | 208 |
| Oromia | 34 | 36 | 15 | 7 | 5 | 381 |
| Somali | 49 | 70 | 39 | 16 | 12 | 67 |
| Benishangul Gumuz | 78 | 70 | 45 | 45 | 45 | 22 |
| SNNP | 40 | 47 | 24 | 12 | 5 | 249 |
| Sidama | 44 | 45 | 32 | 13 | 9 | 44 |
| Gambella | 45 | 55 | 21 | 10 | 6 | 15 |
| Harari | 50 | 69 | 53 | 13 | 8 | 3 |
| Addis Ababa | 76 | 34 | 12 | 10 | 5 | 21 |
| Dire Dawa | 50 | 62 | 39 | 16 | 10 | 4 |
| **Urban/Rural** | | | | | | |
| Urban | 51 | 40 | 18 | 8 | 6 | 243 |
| Rural | 42 | 54 | 26 | 14 | 10 | 792 |
| National | 44 | 50 | 24 | 12 | 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 and/or treatment during the 24 months preceding 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] Unexpired malaria rapid diagnostic test (RDT) kits or else a functioning microscope with relevant stains and glass slides and staff member recently trained in either RDT or microscopy and malaria RDT protocol available in facility
[4] Facilities having malaria diagnostic capacity (unexpired malaria rapid diagnostic test (RDT) kits or else 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 guideline, 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 characteristic | 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 |
| Gambela | 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.

# NEGLECTED TROPICAL DISEASES 12

**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 2020b).

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 2019a and WHO 2020a). 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 2019a and WHO 2020a).

## 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; 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:

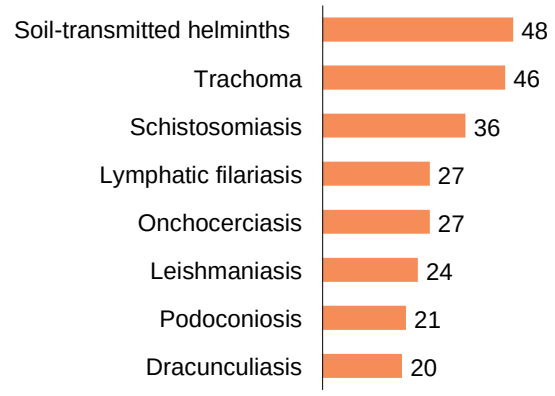
- **Availability of services:** Section 12.3 examines the availability of NTD services.
- **Service readiness:** Section 12.4 addresses the availability of medicines, guidelines and trained staff to provide high quality client services.

## 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**).

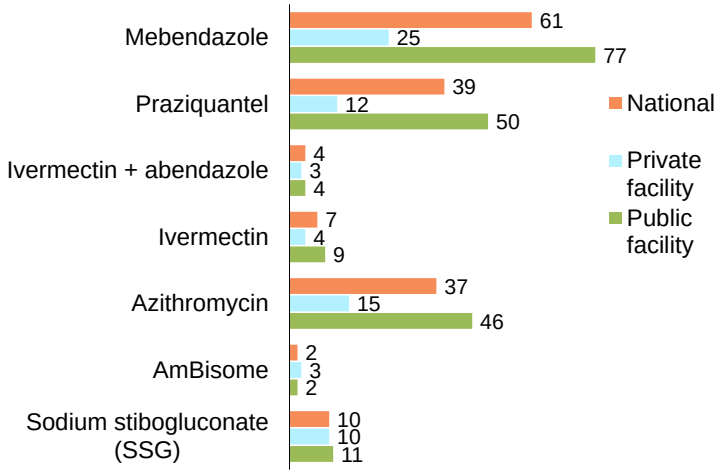
## 12.4 Readiness to Provide Quality NTDs Services

### 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**

*Percentage of facilities that have medicines for neglected tropical diseases (N=211)*



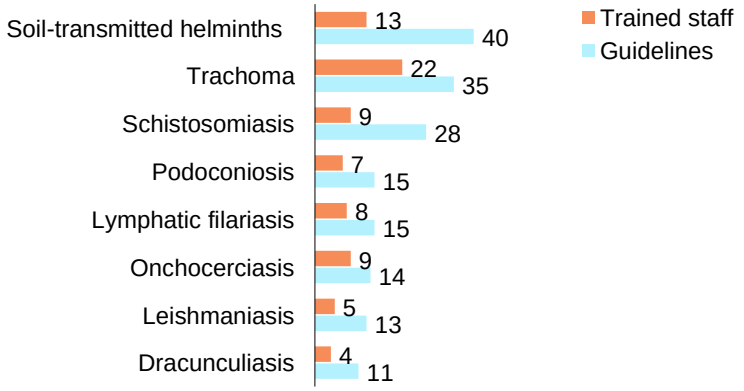

### 12.4.2 Guidelines and Trained Staff

*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 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 specialty/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

***Figure 12.3*** **Availability of guidelines and trained staff for neglected tropical diseases, excluding health posts**

*Percentage of facilities having guideline and trained staff for neglected tropical diseases (N=211)*



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**).

## LIST OF TABLES

**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 characteristic | 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 characteristic | 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 characteristic | 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 |

# HEALTH PROVIDER CLINICAL KNOWLEDGE 13

**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

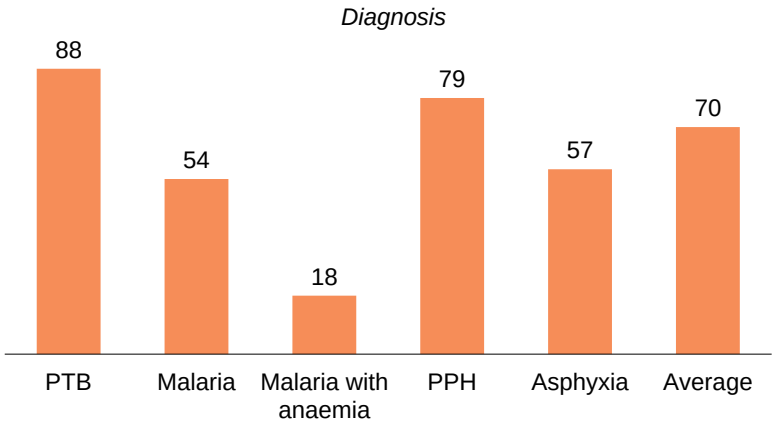
Of the total 8,564 eligible respondents, 8,424 (98%) participated in the clinical knowledge assessment in the health workers questionnaire. The number of providers interviewed for diagnostic accuracy of specific

diseases was 5,595 (**Table 13.1**) with 8% general practitioners or medical specialists, 19% health officers or integrated emergency surgical officers (IESO) and 31% BSc nurses or midwives; the majority (41%) were 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%.

***Figure 13.1*** **Diagnostic accuracy of interviewed health care providers on specified disease conditions among facilities**




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).

### 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**).

## List of Tables

**Table 13.1 Diagnostic accuracy**

Diagnostic accuracy by background characteristics, Ethiopia SPA 2021–22

| Background characteristic | 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 haemorr-hage (PPH) | Asphyxia | TB, malaria with anaemia, PPH and asphyxia | TB, malaria with anaemia or malaria, 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 |

TB = tuberculosis
IESO = integrated emergency surgical officers

**Table 13.2 Adherence to clinical guidelines**

Adherence to clinical guidelines (client history taking) by background characteristics, Ethiopia SPA 2021–22

| Background characteristic | 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 characteristic | 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 |

PPH = post-partum haemorrhage
IESO = integrated emergency surgical officers
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

# REFERENCES


Central Statistical Agency (CSA) [Ethiopia] and ICF. 2017. *Ethiopia Demographic and Health Survey 2016*. Addis Ababa, Ethiopia, and Rockville, Maryland, USA: CSA and ICF.

Central Statistical Agency (CSA) [Ethiopia], and ICF International. 2012. *Ethiopia Demographic and Health Survey 2011*. Addis Ababa, Ethiopia, and Calverton, Maryland, USA: CSA and ICF International. https://dhsprogram.com/pubs/pdf/fr255/fr255.pdf.

Central Statistical Agency (CSA) [Ethiopia], and ORC Macro. 2006. *Ethiopia Demographic and Health Survey 2005*. Addis Ababa, Ethiopia, and Calverton, Maryland, USA: CSA and ORC Macro. https://dhsprogram.com/pubs/pdf/FR179/FR179%5B23June2011%5D.pdf.

Deribe Kabede, Jorge Cano, Emanuele Giorgi, David M. Pigott, Nick Golding, Rachel L. Pullan, Abdisalan M. Noor, et al. 2017. "Estimating the Number of Cases of Podoconiosis in Ethiopia Using Geostatistical Methods." *Wellcome Open Research* 2017 (2): 78. https://doi.org/10.12688/wellcomeopenres.12483.2.

Deribe, Kabede, Jorge Cano, Melanie J. Newport, Nick Golding, Rachel L. Pullan, Hevan Sime, et al. 2015. "Mapping and Modelling the Geographical Distribution and Environmental Limits of Podoconiosis in Ethiopia." *PLoS Neglected Tropical Diseases* 9 (7): e0003946 https://doi.org/10.1371/journal.pntd.0003946.

Ethiopian Public Health Institute (EPHI) [Ethiopia] and ICF. 2019. *Ethiopia Mini Demographic and Health Survey 2019: Key Indicators*. Rockville, Maryland, USA: EPHI and ICF.

Ethiopian Public Health Institute (EPHI). 2022. *HIV Related Estimates and Projections in Ethiopia for the Year 2021–22*. Addis Ababa: EPHI. https://ephi.gov.et/wp-content/uploads/2022/09/9-HIV_Estimates_and_projection_for_the_year_2021_and_2022.pdf.

Federal Democratic Republic of Ethiopia (FDRE) 2021. *National Nutrition and Food Policy*. Addis Ababa: FDRE.

Federal Ministry of Health (FMoH) and Ethiopian Public Health Institute (EPHI). 2018. *Service Availability and Readiness Assessment (SARA)*. Addis Ababa: FMOH and EPHI. https://www.ephi.gov.et/images/pictures/download_2011/Ethiopia-Service-Availability-and-Rediness-Assessment-SARA-report-2018.pdf.

Federal Ministry of Health (FMoH). 2007. *The HSDP Harmonization Manual (HHM), First Edition 2007*. Federal Ministry of Health, Ethiopia.

Federal Ministry of Health (FMoH). 2022. *National Strategy for Newborn and Child Health and Development*. Addis Ababa: FMoH.

Jamieson, David, and Scott E. Kellerman. 2016. "The 90 90 90 Strategy to End the HIV Pandemic by 2030: Can the Supply Chain Handle It?" *Journal of the International AIDS Society* 19(1):1–4. https://doi.org/10.7448/IAS.19.1.20917.

Ministry of Health, Ethiopia (MoH). 2016. *Guidelines on Clinical and Programmatic Management of Major Non-Communicable Diseases (NCDs).* Addis Ababa, Ethiopia: MoH. https://www.moh.gov.et/site/initiatives-4-col/Prevention_And_Control_Of_Non_communicable_Diseases.

Ministry of Health, Ethiopia (MoH). 2020. *National Health Sector Strategic Plan for Early Childhood Development in Ethiopia 2020/21–2024/25.* Addis Ababa, Ethiopia: MoH. http://repository.iifphc.org/handle/123456789/1019.

Ministry of Health, Ethiopia (MoH). 2020. *Standard Treatment Guideline for General Hospitals in Ethiopia*, 4th edition. Addis Ababa, Ethiopia: MoH. http://repository.iifphc.org/handle/123456789/1470.

Ministry of Health, Ethiopia (MoH). 2021a. *The Third National Neglected Tropical Diseases Strategic Plan 2021-2025*. Addis Ababa, Ethiopia: MoH. https://espen.afro.who.int/system/files/content/resources/Third%20NTD%20national%20Strategic%20Plan%202021-2025.pdf.

Ministry of Health, Ethiopia (MoH). 2021b. *Health Sector Transformation Plan II 2020/21-2024/25*. Addis Ababa, Ethiopia: MOH. http://repository.iifphc.org/bitstream/handle/123456789/1414/HSTP-II.pdf?sequence=1&isAllowed=y.

Ministry of Health, Ethiopia (MoH). 2021c. *Family Planning Service Integration National Implementation Guideline.* Addis Ababa:

Ministry of Health, Ethiopia (MoH). 2022. *National Malaria Guidelines, Ethiopia*. Addis Ababa, Ethiopia: MoH. http://www.moh.gov.et/documents/26765/28899/National%2BMalaria%2BGuidelines/.

World Health Organization (WHO) 2019b. *Patient Safety—Global Action on Patient Safety. Report by the Director-General.* Geneva: World Health Organization; 2019 https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_26-en.pdf).

World Health Organization (WHO). 2010. *Child Health Epidemiology Reference Group, 2010*. Geneva, World Health Organization.

World Health Organization (WHO). 2014 revised. *Integrated Management of Childhood Illness: IMNCI Chart Booklet, 1997*. Geneva, Switzerland: WHO. https://cdn.who.int/media/docs/default-source/mca-documents/child/imci-integrated-management-of-childhood-illness/imci-in-service-training/imci-chart-booklet.pdf?sfvrsn=f63af425_1.

World Health Organization (WHO). 2014. *Guidelines on Post-exposure Prophylaxis for {HIV} and the Use of Co-trimoxazole Prophylaxis for HIV-related Infections among Adults, Adolescents and Children: Recommendations for a Public Health Approach. December 2014. Supplement to the 2013 WHO 2013 Consolidated Guidelines on the Use of Antiretroviral Drugs for Treating and Preventing HIV Infection.* Geneva, Switzerland: WHO. https://apps.who.int/iris/handle/10665/145719.

World Health Organization (WHO). 2019a. *Neglected Tropical Diseases*. Geneva, Switzerland: WHO. https://www.who.int/health-topics/neglected-tropical-diseases#tab=tab_1.

World Health Organization (WHO). 2020a. *Working to Overcome the Global Impact of Neglected Tropical Diseases: First WHO Report on Neglected Tropical Diseases.* Geneva, Switzerland: WHO. https://apps.who.int/iris/handle/10665/44440.

World Health Organization (WHO). 2020b. *Infectious Diseases of Poverty*. Geneva, Switzerland: WHO.

World Health Organization (WHO). 2022a. *Non-communicable Diseases—Key Facts.* Geneva, Switzerland: WHO. https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases.

World Health Organization (WHO). 2022b. *Deaths from Non-communicable Diseases on the Rise in Africa.* Geneva, Switzerland: WHO. https://www.afro.who.int/news/deaths-noncommunicable-diseases-rise-africa.

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# QUESTIONNAIRES

# *Appendix* B

## 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. COMPILE 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 | | | | | ANTENATAL CARE | 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 | NCD | | | | | | | | | | |
| 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 | LABORATORY TECHNOLOGIST | 25 |
| MD SPECIALIST: GENERAL SURGEON | 02 | NURSE (BSc) | 14 | LABORATORY TECHNICIAN | 26 |
| MD SPECIALIST: OBSTETRICIAN AND GYNAECOLO | 04 | PUBLIC HEALTH NURSE | 15 | MICROBIOLOGIST | 27 |
| MD SPECIALIST: INTERNIST | 05 | MIDWIFES (BSc) | 16 | BIO-MEDICAL ENGINEER | 28 |
| MD SPECIALIST: PEDIATRICIAN | 06 | MIDWIFES (DIPLOMA) | 17 | HEALTH EXTENSION WORKER LEVEL 3 | 42 |
| MD PSYCHIATRIST | 07 | SPECIALIZED NURSE INCLUDING NEONA | 18 | HEALTH EXTENSION WORKER LEVEL 4 | 43 |
| OTHER MD SPECIALIST, INCLUDING SERVICE SPE | 09 | INTEGRATED EMERGENCY SURGICAL OFFICER (IESO) | 21 | OTHER CLINICAL STAFF NOT LISTED ABOVE | 44 |
| HEALTH OFFICER | 10 | MSc IN MEDICAL LABORATORY | 24 | 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. COMPILE 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 | 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 | 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 GYNAECOLO **04**
MD SPECIALIST: INTERNIST. . . . . **05**
MD SPECIALIST: PEDIATRICIAN. . . . . **06**
MD PSYCHIATRIST **07**
OTHER MD SPECIALIST, INCLUDING SERVICE SPE **09**
HEALTH OFFICER. . . . . **10**

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NURSE (BSc). . . . . **14**
PUBLIC HEALTH NURSE. . . . . **15**
MIDWIFES (BSc). . . . . **16**
MIDWIFES (DIPLOMA). . . . . **17**
SPECIALIZED NURSE INCLUDING NEONA **18** **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

**FACILITY NUMBER** ☐☐☐☐☐ **INTERVIEWER CODE** ☐☐☐☐

LIST ALL CLINICAL STAFF / PROVIDERS WHO ARE PRESENT TODAY IN THIS FACILITY. COMPILE 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 | 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 | NCD | | | | | | | | | | |
| 41 | | | | | | | | | | | | | | | | | | | 41 | 41 |
| 42 | | | | | | | | | | | | | | | | | | | 42 | 42 |
| 43 | | | | | | | | | | | | | | | | | | | 43 | 43 |
| 44 | | | | | | | | | | | | | | | | | | | 44 | 44 |
| 45 | | | | | | | | | | | | | | | | | | | 45 | 45 |
| 46 | | | | | | | | | | | | | | | | | | | 46 | 46 |
| 47 | | | | | | | | | | | | | | | | | | | 47 | 47 |
| 48 | | | | | | | | | | | | | | | | | | | 48 | 48 |
| 49 | | | | | | | | | | | | | | | | | | | 49 | 49 |
| 50 | | | | | | | | | | | | | | | | | | | 50 | 50 |
| 51 | | | | | | | | | | | | | | | | | | | 51 | 51 |
| 52 | | | | | | | | | | | | | | | | | | | 52 | 52 |
| 53 | | | | | | | | | | | | | | | | | | | 53 | 53 |
| 54 | | | | | | | | | | | | | | | | | | | 54 | 54 |
| 55 | | | | | | | | | | | | | | | | | | | 55 | 55 |
| 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 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

**FACILITY NUMBER** ☐☐☐☐☐ **INTERVIEWER CODE** ☐☐☐☐

LIST ALL CLINICAL STAFF / PROVIDERS WHO ARE PRESENT TODAY IN THIS FACILITY. COMPILE 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 | | | | | | | | | | | | | | | | |
| | | | | | | DIAGNOSIS/TREATMENT | | | | | | | | | | | | | | |
| PROV SERIAL NUMBER | NAME OF PROVIDER | PROVIDER QUALIFICATION CODE | GENDER | PRESCRIBE ART | HIV COUNSELING AND TESTING | HIV/AIDS RELATED | MALARIA | TB | STI | NCD | ANC | PMTCT | DELIVERY | FAM PLANNING | CHILD HEALTH | SURGERY | CONDUCT LABORATORY TESTS | OTHER CLIENT SERVICES | INTERVIEWED FOR INVENTORY | SELECTED FOR HEALTH WORKER INTERVIEW |
| 61 | | | | | | | | | | | | | | | | | | | 61 | 61 |
| 62 | | | | | | | | | | | | | | | | | | | 62 | 62 |
| 63 | | | | | | | | | | | | | | | | | | | 63 | 63 |
| 64 | | | | | | | | | | | | | | | | | | | 64 | 64 |
| 65 | | | | | | | | | | | | | | | | | | | 65 | 65 |
| 66 | | | | | | | | | | | | | | | | | | | 66 | 66 |
| 67 | | | | | | | | | | | | | | | | | | | 67 | 67 |
| 68 | | | | | | | | | | | | | | | | | | | 68 | 68 |
| 69 | | | | | | | | | | | | | | | | | | | 69 | 69 |
| 70 | | | | | | | | | | | | | | | | | | | 70 | 70 |
| 71 | | | | | | | | | | | | | | | | | | | 71 | 71 |
| 72 | | | | | | | | | | | | | | | | | | | 72 | 72 |
| 73 | | | | | | | | | | | | | | | | | | | 73 | 73 |
| 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 | LABORATORY TECHNOLOGIST | 25 |
| MD SPECIALIST: GENERAL SURGEON | 02 | NURSE (BSc) | 14 | LABORATORY TECHNICIAN | 26 |
| MD SPECIALIST: OBSTETRICIAN AND GYNAECOLO | 04 | PUBLIC HEALTH NURSE | 15 | MICROBIOLOGIST | 27 |
| MD SPECIALIST: INTERNIST | 05 | MIDWIFES (BSc) | 16 | BIO-MEDICAL ENGINEER | 28 |
| MD SPECIALIST: PEDIATRICIAN | 06 | MIDWIFES (DIPLOMA) | 17 | HEALTH EXTENSION WORKER LEVEL 3 | 42 |
| MD PSYCHIATRIST | 07 | SPECIALIZED NURSE INCLUDING NEONA | 18 | HEALTH EXTENSION WORKER LEVEL 4 | 43 |
| OTHER MD SPECIALIST, INCLUDING SERVICE SPE | 09 | INTEGRATED EMERGENCY SURGICAL OFFICER **(IESO)** | 21 | OTHER CLINICAL STAFF NOT LISTED ABOVE | 44 |
| HEALTH OFFICER | 10 | MSc IN MEDICAL LABORATORY | 24 | 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** ☐☐☐☐

USE THIS FORM TO COMPILE 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 THIER WORK IN THE FACILITY.

| (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 | | | | | ANTENATAL CARE | 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 | NCD | | | | | | | | | | |
| 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 | NURSE (DIPLOMA) | 12 | LABORATORY TECHNOLOGIST | 25 |
| MD SPECIALIST: GENERAL SURGEON | 02 | NURSE (BSc) | 14 | LABORATORY TECHNICIAN | 26 |
| MD SPECIALIST: OBSTETRICIAN AND GYNAECOLO | 04 | PUBLIC HEALTH NURSE | 15 | MICROBIOLOGIST | 27 |
| MD SPECIALIST: INTERNIST | 05 | MIDWIFES (BSc) | 16 | BIO-MEDICAL ENGINEER | 28 |
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| MD PSYCHIATRIST | 07 | SPECIALIZED NURSE INCLUDING NEONA | 18 | HEALTH EXTENSION WORKER LEVEL 4 | 43 |
| OTHER MD SPECIALIST, INCLUDING SERVICE SPE | 09 | INTEGRATED EMERGENCY SURGICAL OFFICER **(IESO)** | 21 | OTHER CLINICAL STAFF NOT LISTED ABOVE | 44 |
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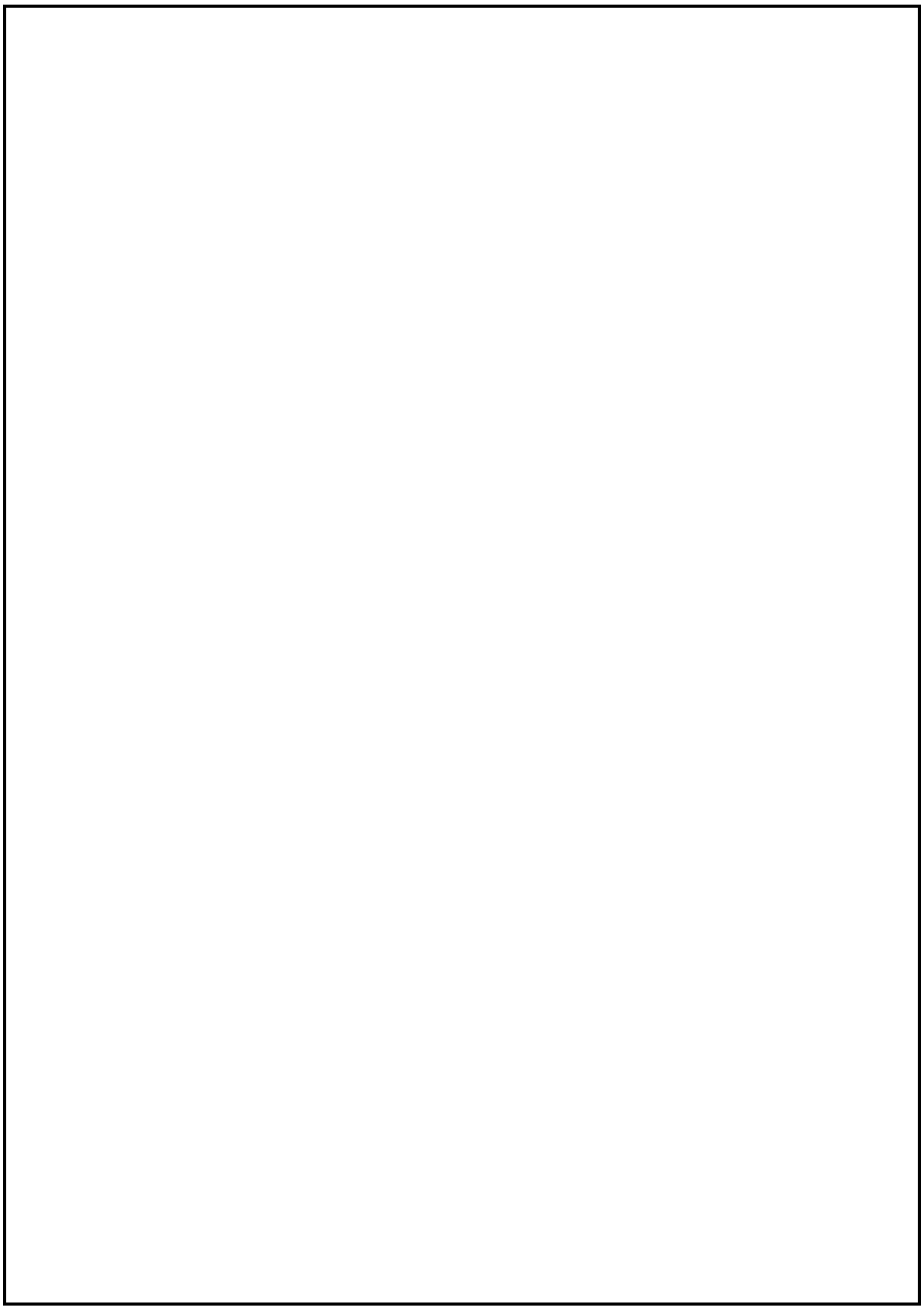
**PROVIDER GENDER:**
**MALE: 1**
**FEMALE: 2**

**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 CLIINIC | 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 EXPANSIC | 2 |
| PARTIALLY FUNCTIONAL: CURRENTLY UNDER EXPA | 3 |
| NOT FUNCTIONAL: CURRENTLY UNDER CONSTRUCTI | 4 |
| NOT FUNCTIONAL: REASON UNKNOWN | 5 |

## INTERVIEWER VISITS

| | 1 | 2 | 3 | FINAL VISIT |
|---|---|---|---|---|
| DATE (GREGORIAN CALENDAR) | _____ | _____ | _____ | DAY ☐☐<br>MONTH ☐☐<br>YEAR 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 _____ (SPECIFY)

TOTAL NUMBER OF PROVIDER INTERVIEWS AND OBSERVATIONS, TOTAL # OF CLIENT VISITS

| | | TOTAL # CLIENT VISITS |
|---|---|---|
| **TOTAL NUMBER OF PROVIDERS INTERVIEWED.** . . . . . | | |
| **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 NUMBE

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 |
| 011 | ELEVATION | ELEVATION . . . . . |
| 012 | LATITUDE | N/S . . . . . a<br>DEGREES/DECIM b - c |
| 013 | LONGITUDE | E/W . . . . . a<br>DEGREES/DECIM b - c |

## 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 Ethiopean Public Health Institite (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<br>NO . . . . . 2 | → STOP |
| 101 | INTERVIEW START TIME (GREGORIAN TIME) | HOURS : MINUTES | |
| 101A | YEAR WHEN OPERATION STARTED (GREGORIAN CALENDAR) | YEAR<br>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 PROCEDING 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 | ☐ |
| 02 | Growth monitoring services, either at the facility or as outreach | 1 | 2 | ☐ |
| 03 | Curative care services for children under age 5, either at the facility or as outreach | 1 | 2 | ☐ |
| 04 | Any family planning services-- including modern methods, fertility awareness methods (natural family planning), male or female surgical sterilization | 1 | 2 | ☐ |
| 05 | Antenatal care (ANC) services | 1 | 2 | ☐ |
| 06 | Services for the prevention of mother-to-child transmission of HIV. Services may be with ANC or with delivery services | 1 | 2 | ☐ |
| 07 | Normal delivery | 1 | 2 | ☐ |
| 08 | Diagnosis or treatment of malaria | 1 | 2 | ☐ |
| 09 | Diagnosis or treatment of STIs, excluding HIV | 1 | 2 | ☐ |
| 10 | Diagnosis, treatment prescription or treatment follow-up for TB | 1 | 2 | ☐ |
| 11 | HIV testing and counseling (HTC) services | 1 | 2 | ☐ |
| 12 | HIV/AIDS antiretroviral prescription or antiretroviral treatment follow-up services | 1 | 2 | ☐ |
| 13 | HIV/AIDS care and support services, including treatment of opportunistic infections and provision of palliative care | 1 | 2 | ☐ |
| 14* | Diagnosis or management of non-communicable diseases, specifically diabetes, cardiovascular diseases, chronic respiratory conditions, chronic renal diseases, cancers. | 1 | 2 | ☐ |
| 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 | ☐ |
| 16 | Cesarean delivery (Cesarean section) | 1 | 2 | ☐ |
| 17 | Laboratory diagnostic services, including any rapid diagnostic testing. | 1 | 2 | ☐ |
| 18 | Blood typing services | 1 | 2 | ☐ |
| 19 | Blood transfusion services | 1 | 2 | ☐ |
| 20* | Neglected tropical diseases (e.g.: onchocerciasis, lymphatic filiarsis, schistosomiasis, soil transmitted helminthes, tracoma, dracunliasis, podoconiasis, leishmaniasis) | 1 | 2 | ☐ |
| 21* | Pediatric emergency services | 1 | 2 | ☐ |
| 22* | Pediatric inpatient services | 1 | 2 | ☐ |
| 23* | Emergency services | 1 | 2 | ☐ |
| 24* | Inpatient services | 1 | 2 | ☐ |
| 26* | Intensive care unit (ICU) services | 1 | 2 | ☐ |
| 27* | Surgical and orthopedic care services | 1 | 2 | ☐ |
| 28* | Neonatology service | 1 | 2 | ☐ |
| 29* | Diagnosis, management and follow up of case of mental, neurological and substance use disorders. | 1 | 2 | ☐ |
| 30* | Adolescent health services | | | ☐ |
| 31* | Abortion services | 1 | 2 | ☐ |
| 32* | Maternity waiting home services | 1 | 2 | ☐ |

## INPATIENT SERVICES

| | | | |
|---|---|---|---|
| 110* | Does this facility routinely provide in-patient care? | YES. . . . . 1<br>NO. . . . . 2 | → 112 |
| 111 | Does this facility have beds for overnight observation? | YES. . . . . 1<br>NO. . . . . 2 | → 200 |
| 112 | Excluding any delivery and/or maternity beds, how many ***(overnight)*** **or** ***(in-patient)*** beds in total does this facility have for adults? | # OF OVERNIGHT/ INPATIENT ADULT BEDS . . ☐☐☐<br>DON'T KNOW . . . . . .998 | |
| 112A | Excluding any delivery and/or maternity beds, how many ***(overnight)*** **or** ***(in-patient)*** beds in total does this facility have for children? | # OF OVERNIGHT/ INPATIENT CHILD BEDS . ☐☐☐<br>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.<br>Are instruments that are used in the facility processed (i.e., sterilized or high level disinfected) for re-use? | YES. . . . . 1<br>NO. . . . . 2 | → 210 |
| 201 | Is the final processing done in this facility, outside this facility, or both? | ONLY IN THIS FACILITY. . . . . 1<br>BOTH IN THIS FACILITY AND OUTSIDE . . . . 2<br>ONLY AT AN OUTSIDE FACILITY. . . . . 3 | |

## STORAGE OF MEDICINES

| | | | |
|---|---|---|---|
| 210 | Does this facility store any medicines (including ARVs), vaccines or family planning commodities?<br><br>PROBE | YES. . . . . 1<br>FACILITIES STOCKS NO MEDICINES. . . 2 | → 300 |
| 211 | **CHECK Q102.04** FAMILY PLANNING SERVICES AVAILABLE ☐ | NO FAMILY PLANNING SERVICES ☐ | → 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<br>STORED WITH OTHER MEDICINES. . . . 2<br>FP COMMODITIES NOT STOCKED. . . . . 3 | |
| 213 | **CHECK Q102.10** TUBERCULOSIS SERVICES AVAILABLE ☐ | NO TUBERCULOSIS SERVICES ☐ | → 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<br>STORED WITH OTHER MEDICINES. . . . 2<br>TB MEDICINES NOT STOCKED. . . . . 3 | |
| 215 | **CHECK Q102.06 AND Q102.12** ARV TREATMENT OR PMTCT SERVICES AVAILABLE ☐ | NEITHER ARV TREATMENT NOR PMTCT SERVICES ☐ | → 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<br>STORED WITH OTHER MEDICINES. . . . . 2<br>ARV MEDICINES NOT STOCKED. . . . . 3<br>STORED IN PMTCT SERVICE AREA. . . . . 4<br>STORED IN ART AND PMTCT SERVICE ARE/ 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<br>NO 24-HOUR STAFF. . . . . 2 | → 310 |
| 301 | Is there a duty schedule or call list for 24-hour staff coverage? | YES . . . . . 1<br>DUTY SCHEDULE NOT MAINTAINED. . . 2 | → 310 |
| 302 | May I see the duty schedule or call list for 24-hour staff coverage? | SCHEDULE OBSERVED. . . . . 1<br>SCHEDULE REPORTED NOT SEEN. . . . 2 | |

### COMMUNICATION

| | | | |
|---|---|---|---|
| 310 | Does this facility have a ***land line telephone*** that is available to call outside at all times client services are offered?<br><br>CLARIFY THAT IF FACILITY OFFERS 24-HOUR EMERGENCY SERVICES, THEN THIS REFERS TO 24-HOUR AVAILABILITY. | YES . . . . . 1<br>NO. . . . . 2 | → 313 |
| 311 | May I see the land line telephone? | OBSERVED . . . . . 1<br>REPORTED NOT SEEN. . . . . 2 | |
| 312 | Is it functioning?<br>ACCEPT REPORTED RESPONSE | YES. . . . . 1<br>NO. . . . . 2 | |
| 313* | Does this facility have a ***wireless telephone or a private wireless phone*** that is supported by the facility? | YES . . . . . 1<br>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<br>REPORTED NOT SEEN. . . . . 2 | |
| 315 | Is it functioning?<br>ACCEPT REPORTED RESPONSE | YES. . . . . 1<br>NO. . . . . 2 | |
| 316 | Does this facility have a ***short-wave radio*** for radio calls? | YES . . . . . 1<br>NO. . . . . 2 | → 319 |
| 317 | May I see the short-wave radio? | OBSERVED . . . . . 1<br>REPORTED NOT SEEN. . . . . 2 | |
| 318 | Is it functioning?<br>ACCEPT REPORTED RESPONSE | YES. . . . . 1<br>NO. . . . . 2 | |
| 319 | Does this facility have ***a computer?*** | YES. . . . . 1<br>NO. . . . . 2 | → 322 |
| 320 | May I see the computer? | OBSERVED . . . . . 1<br>REPORTED NOT SEEN. . . . . 2 | |
| 321 | Is it functioning?<br>ACCEPT REPORTED RESPONSE | YES. . . . . 1<br>NO. . . . . 2 | |
| 322 | Is there access to email or internet via computer and/or mobile phone within the facility?<br>ACCEPT REPORTED RESPONSE. | YES. . . . . 1<br>NO. . . . . 2 | → 330 |
| 323 | Is the email or internet routinely available for ***at least 2 hours*** on days that client services are offered?<br>ACCEPT REPORTED RESPONSE. | YES. . . . . 1<br>NO. . . . . 2 | |

## SOURCE OF WATER

| | | | |
|---|---|---|---|
| 330 | What is the *most commonly used* source of water for the facility *at this time*?<br><br>OBSERVE THAT WATER IS AVAILABLE FROM SOURCE OR IN THE FACILITY ON THE DAY OF THE VISIT. E.G., CHECK THAT THE PIPE IS FUNCTIONING. | PIPED INTO FACILITY. . . . . 01<br>PIPED ONTO FACILITY GROUNDS. . . . . 02 → 332<br>PUBLIC TAP/STANDPIPE. . . . . 03<br>TUBEWELL/BOREHOLE . . . . . 04<br>PROTECTED DUG WELI . . . . . 05<br>UNPROTECTED DUG WEL . . . . . 06<br>PROTECTED SPRING . . . . . 07<br>UNPROTECTED SPRINC . . . . . 08<br>RAINWATER . . . . . 09<br>BOTTLED WATER . . . . . 10<br>CART W/SMALL TANK/DRUM . . . . . 11<br>TANKER TRUCK . . . . . 12 → 332<br>SURFACE WATER<br>(RIVER/DAM/LAKE/POND). . . . . 13<br>OTHER (SPECIFY) _____ 96<br>DON'T KNOW . . . . . 98 → 332<br>NO WATER SOURCE . . . . . 00 → 340 | |
| 331 | Is water outlet from this source available onsite, within 500 meters of the facility, or beyond 500M of facility?<br>REPORTED RESPONSE IS ACCEPTABLE | ONSITE. . . . . 1<br>WITHIN 500M OF FACILITY. . . . . 2<br>BEYOND 500M OF FACILITY. . . . . 3 | |
| 332 | Is there routinely a time of year when the facility has a severe shortage or lack of water? | YES. . . . . 1<br>NO. . . . . 2 | |
| 332A* | During the past 3 months, how many times was the water supply from this source interrupted for more than two hours at a time? | NUMBER OF INTERRUPTION ☐☐<br><br>DON'T KNOW. . . . . 98 | |
| 332B | **CHECK Q330.12** MOST COMMON SOURCE OF WATER<br>TANKER TRUCK ☐ | OTHER SOURCE ☐ → 340 | |
| 332C | How the water from tanker is distilled for the lab use, for scrab station, autoclaves, and other purposes? | MEDICAL GRADE DISTILLE . . . . . 1<br>BOILING AND CONDENCIN( . . . . . 2<br>NOT DISTILLED IN FACILIT' . . . . . 3<br>DISTILLED WATER IS DELIVERED. . . . . 4<br>NO NEED IN DISTILLED WATE . . . . . 5<br>OTHER (SPECIFY) _____ 96 | |

## POWER SUPPLY

| | | | |
|---|---|---|---|
| 340 | Is this facility connected to the central supply electricity grid? | YES. . . . . 1<br>NO. . . . . 2<br>DON'T KNOW. . . . . 8 → 342 | |
| 341 | During the past 7 days, was electricity (excluding any back-up generator) available during the times when the facility was open for services, or was it ever interrupted ***for more than 2 hours at a time?***<br><br>CONSIDER ELECTRICITY TO BE ALWAYS AVAILABLE IF INTERUPTED FOR LESS THAN 2 HOURS AT A TIME. | ALWAYS AVAILABLE. . . . . 1<br>SOMETIMES INTERRUPTED. . . . . 2<br>DON'T KNOW. . . . . 8 | |
| 342 | Does this facility have other sources of electricity, such as a generator or solar system? | YES. . . . . 1<br>NO OTHER SOURCE. . . . . 2 → 350 | |
| 343* | What other sources of electricity does this facility have?<br><br>PROBE FOR ANSWERS AND CIRCLE ALL THAT APPLY | FUEL-OPERATED GENERATOR. . . . . A<br>BATTERY-OPERATED GENERATOR. . . B<br>SOLAR SYSTEM. . . . . C<br>BATTERY-OPERATED INVERTOR. . . . . D | |
| 344* | **CHECK Q343** GENERATOR USED (EITHER "A" OR "B" CIRCLED) ☐ | GENERATOR NOT USED (NEITHER "A" NOR "B" CIRCLED) ☐ → 346A | |
| 345 | Is the generator functional?<br><br>ACCEPT REPORTED RESPONSE FROM KNOWLEDGEABLE RESPONDENT. | YES. . . . . 1<br>NO. . . . . 2<br>DON'T KNOW. . . . . 8 → 346A | |
| 346 | Is fuel (or a charged battery) available today for the generator?<br><br>ACCEPT REPORTED RESPONSE FROM KNOWLEDGEABLE RESPONDENT. | YES. . . . . 1<br>NO. . . . . 2<br>DON'T KNOW. . . . . 8 | |
| 346A* | Does the alternative source support all the power requirements of the facility?<br><br>ACCEPT REPORTED RESPONSE FROM KNOWLEDGEABLE RESPONDENT. | YES. . . . . 1<br>NO. . . . . 2<br>DON'T KNOW. . . . . 8 | |

# EXTERNAL SUPERVISION

| | | | |
|---|---|---|---|
| 350* | Does this facility receive any external supervision from the federal level? | YES. . . . . 1<br>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<br>MORE THAN 6 MONTHS AGO. . . . . 2 | → 352A |

| | | YES | NO | DON'T KNOW |
|---|---|---|---|---|
| 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: | | | |
| 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<br>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<br>MORE THAN 6 MONTHS AGO. . . . . 2 | → 352D |

| | | YES | NO | DON'T KNOW |
|---|---|---|---|---|
| 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: | | | |
| 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<br>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<br>MORE THAN 6 MONTHS AGO. . . . . 2 | → 352G |

| | | YES | NO | DON'T KNOW |
|---|---|---|---|---|
| 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: | | | |
| 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<br>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<br>MORE THAN 6 MONTHS AGO. . . . . 2 | → 352J |

| | | YES | NO | DON'T KNOW |
|---|---|---|---|---|
| 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: | | | |
| 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**<br>FACILITY IS A PUBLIC HEALTH POST<br>CODE "05" CIRCLED IN Q006 AND<br>GOV/PUBLIC CODE "1" CIRCLED IN Q007 | FACILITY IS NOT A PUBLIC HEALTH POST<br>CODE "05" NOT CIRCLED IN Q006<br>AND CODE "1" NOT CIRCLED IN Q007 | → 360 |
| 352K* | Does this facility receive any external supervision from the Health Center? | YES. . . . . 1<br>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<br>MORE THAN 6 MONTHS AGO. . . . . 2 | → 360 |

| | | YES | NO | DON'T KNOW |
|---|---|---|---|---|
| 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: | | | |
| 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<br>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?<br>PROBE. | FIXED FEE COVERING ALL SERVICES . . . . . 1<br>NO, CHARGE FEE FOR SEPARATE ITEMS. . 2 | → 363 |
| 362* | Does this facility have a fee for the following items:<br>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<br>NO POSTED FEES. . . . . 2 | → 365 |
| 364 | May I see the posted fees?<br><br>REVIEW THE POSTED FEES AGAINST THE LIST OF ITEMS IN Q362 TO DETERMINE IF ALL FEES ARE POSTED | OBSERVED, ALL FEES POSTED. . . . . 1<br>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?<br><br>CIRCLE ALL THAT APPLY. PROBE TO ARRIVE AT APPROPRIATE RESPONSE | FEE EXEMPTED/DISCOUNTED, NO PAYMENT EXPECTED. . . . . A<br>FEE EXEMPTED/DISCOUNTED, PAYMENT EXPECTED LATER. . . . B<br>SERVICE NOT PROVIDED, ASKED TO COME BACK WHEN ABLE TO PAY. . C<br>ACCEPT PAYMENT IN-KIND. . . . . D<br>FEE WAIVED. . . . . E<br>SERVICE NOT PROVIDED, ASKED TO COME BACK WITH SUPPORTING DOCUMENT F<br>OTHER_____ X | |
| 366* | Does this facility accept a community-based health insurance (CBHI) schemes users? | YES. . . . . 1<br>NO. . . . . 2 | → 370 |
| 367* | During the past 3 months, how many CBHI users visited this facility? | NUMBER OF USERS ☐☐☐☐<br>DON'T KNOW. . . . . 9998 | |
| 368* | During the past 12 months, how many CBHI users visited this facility? | NUMBER OF USERS ☐☐☐☐☐<br>DON'T KNOW. . . . . 9998 | |

## SOURCES OF REVENUE

| | | | |
|---|---|---|---|
| 370 | 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.<br>If **someone else** is more appropriate to provide financial information, please feel free to invite that person or refer me to that person.<br><br>CIRCLE ALL THAT APPLY. PROBE FOR EACH.<br><br>[will be country-specific list] | MINISTRY OF HEALTH. . . . . A<br>OTHER PUBLIC MINISTRIES. . . . . B<br>MEDICAL SCHEMES (INSURANCE). . . . C<br>SOCIAL SECURITY FUND. . . . . D<br>REIMBURSEMENT BY EMPLOYER. . . . . E<br>GOVT. CONTRIBUTION TO PRIVATE. . . F<br>DONOR AGENCIES/NGOs. . . . . G<br>FAITH-BASED. . . . . H<br>COMMUNITY PROGRAMS. . . . . I<br>INTERNAL REVENUE/ COLLECTING USER FEE FROM CLIENTS. . . . . J<br>NONE. . . . . Y<br>OTHER (SPECIFY)_____ X | |

## **SECTION 3A**: REFERRAL LINKAGE

390* **CHECK Q006 AND Q007**

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 → ☐

FACILITY IS NOT A HEALTH CENTER CODE "04" NOT CIRCLED IN Q006 → NEXT SECTION ☐

391* 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.

IF "DON'T KNOW", WRITE RESPONSE IN SPACE FOR HOSPITAL NAME

NAME OF HOSPITAL_____

392* What type of hospital is this? Is it a primary hospital, a general hospital or a referral hospital?

PRIMARY HOSPITAL. . . . . 1
GENERAL HOSPITAL. . . . . 2
REFERRAL HOSPITAL. . . . . 3
DON'T KNOW. . . . . 8

393* What is the operational status of the hospital where this health center commonly refers clients to?

FULLY FUNCTIONAL:NO CONSTRUCTION OR EXPANSION ONGOING . . . . . 01
FULLY FUNCTIONAL: UNDER EXPANSION. . 02
PARTIALLY FUNCTIONAL: UNDER EXPANSI( 03
NOT FUNCTIONAL: UNDER CONSTRUCTION 04
NOT FUNCTIONAL: REASON UNKNOWN. . . . 05
DON'T KNOW. . . . . 98

394* How many Health Posts does this Health Center supervise?

IF RESPONSE IS "DON'T KNOW", MOST LIKELY THIS IS NOT THE MOST KNOWLEDGEABLE PERSON FOR THIS QUESTION. ASK TO BE DIRECTED TO ANOTHER PERSON WHO WILL KNOW THE ANSWERS

NUMBER OF HEALTH POSTS ☐☐

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 CYCLE | TRIC YCLE | |
| 01 | | | | 1 | 2 | 3 | 4 | 5 | ☐☐:☐☐ HOURS MINUTES DON'T KNOW…9898 |
| 02 | | | | 1 | 2 | 3 | 4 | 5 | ☐☐:☐☐ HOURS MINUTES DON'T KNOW…9898 |
| 03 | | | | 1 | 2 | 3 | 4 | 5 | ☐☐:☐☐ HOURS MINUTES DON'T KNOW…9898 |
| 04 | | | | 1 | 2 | 3 | 4 | 5 | ☐☐:☐☐ HOURS MINUTES DON'T KNOW…9898 |
| 05 | | | | 1 | 2 | 3 | 4 | 5 | ☐☐:☐☐ HOURS MINUTES DON'T KNOW…9898 |
| 06 | | | | 1 | 2 | 3 | 4 | 5 | ☐☐:☐☐ HOURS MINUTES DON'T KNOW…9898 |
| 07 | | | | 1 | 2 | 3 | 4 | 5 | ☐☐:☐☐ HOURS MINUTES DON'T KNOW…9898 |
| 08 | | | | 1 | 2 | 3 | 4 | 5 | ☐☐:☐☐ HOURS MINUTES DON'T KNOW…9898 |
| 09 | | | | 1 | 2 | 3 | 4 | 5 | ☐☐:☐☐ 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 CYCLE | BICY CLE | |
| 10 | | | | 1 | 2 | 3 | 4 | 5 | ☐☐:☐☐ HOURS MINUTES DON'T KNOW…9898 |
| 11 | | | | 1 | 2 | 3 | 4 | 5 | ☐☐:☐☐ HOURS MINUTES DON'T KNOW…9898 |
| 12 | | | | 1 | 2 | 3 | 4 | 5 | ☐☐:☐☐ HOURS MINUTES DON'T KNOW…9898 |
| 13 | | | | 1 | 2 | 3 | 4 | 5 | ☐☐:☐☐ HOURS MINUTES DON'T KNOW…9898 |
| 14 | | | | 1 | 2 | 3 | 4 | 5 | ☐☐:☐☐ HOURS MINUTES DON'T KNOW…9898 |
| 15 | | | | 1 | 2 | 3 | 4 | 5 | ☐☐:☐☐ HOURS MINUTES DON'T KNOW…9898 |
| 16 | | | | 1 | 2 | 3 | 4 | 5 | ☐☐:☐☐ HOURS MINUTES DON'T KNOW…9898 |
| 17 | | | | 1 | 2 | 3 | 4 | 5 | ☐☐:☐☐ HOURS MINUTES DON'T KNOW…9898 |
| 18 | | | | 1 | 2 | 3 | 4 | 5 | ☐☐:☐☐ HOURS MINUTES DON'T KNOW…9898 |
| 19 | | | | 1 | 2 | 3 | 4 | 5 | ☐☐:☐☐ HOURS MINUTES DON'T KNOW…9898 |
| 20 | | | | 1 | 2 | 3 | 4 | 5 | ☐☐:☐☐ 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 ***occupational categories*** are currently ***assigned to, employed by, or seconded to*** 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.

| | **OCCUPATIONAL CATEGORIES** | (a) **ASSIGNED, EMPLOYED, OR SECONDED FULL TIME + PART TIME** | (b) **PART TIME** |
|---|---|---|---|
| 01 | GENERAL PRACTITIONER | | |
| 02 | MD SPECIALIST: GENERAL SURGEON | | |
| 03 | MD SPECIALIST: ANAESTHESIOLOGIST | | |
| 04 | MD SPECIALIST: OBSTETRICIAN AND GYNAECOLOGIST | | |
| 05 | MD SPECIALIST: INTERNIST | | |
| 06 | MD SPECIALIST: PEDIATRICIAN | | |
| 07 | MD SPECIALIST: PSYCHIATRIST | | |
| 08 | MD SPECIALIST: RADIOLOGIST | | |
| 09 | OTHER MD SPECIALIST, INCLUDING SERVICE SPECIALISTS | | |
| 10 | HEALTH OFFICER | | |
| 11 | BSc ANAESTHETIST | | |
| 12 | NURSE (DIPLOMA) | | |
| 13 | NURSE ANAESTHETIST | | |
| 14 | NURSE (BSc) | | |
| 15 | PUBLIC HEALTH NURSE | | |
| 16 | MIDWIFES (BSc) | | |
| 17 | MIDWIFES (DIPLOMA) | | |
| 18 | SPECIALIZED NURSE, INCLUDING NEONATOLOTY NURSE, OPHTHALMIC NURSE, ETC. | | |
| 19 | BSC IN PSYCHIATRY | | |
| 20 | MSC IN CLINICAL AND COMMUNITY MENTAL HEALTH | | |
| 21 | INTEGRATED EMERGENCY SURGICAL OFFICER **(IESO)** | | |
| 22 | PHARMACIST | | |
| 23 | PHARMACY TECHNICIAN / DRUGIST | | |
| 24 | MSc IN MEDICAL LABORATORY | | |
| 25 | LAB TECHNOLOGIST | | |
| 26 | LABORATORY TECHNICIAN | | |
| 27 | MICROBIOLOGIST | | |
| 28 | BIO-MEDICAL ENGINEER | | |
| 29 | RADIOLOGY TECHNOLOGIST / X-RAY TECHNICIAN | | |
| 30 | ENVIRONMENTAL HEALTH PROFESSIONAL | | |

| | OCCUPATIONAL CATEGORIES | (a) ASSIGNED, EMPLOYED, OR SECONDED FULL TIME + PART TIME | (b) PART TIME |
|---|---|---|---|
| 31 | PHYSIOTHERAPY PROFESSIONAL | | |
| 32 | DIETICIAN | | |
| 33 | HEALTH INFORMATICS | | |
| 34 | HEALTH INFORMATION TECHNICIAN | | |
| 35 | SUPPORTING STAFF: ADMINISTRATION AND FINANCE | | |
| 36 | SUPPORTING STAFF: CLEANERS | | |
| 37 | SUPPORTING STAFF: COMPLIANCE HANDLING OFFICER | | |
| 38 | SUPPORTING STAFF: MAINTENANCE PERSONNEL | | |
| 39 | SUPPORTING STAFF: MORGUE ATTENDANT | | |
| 40 | SUPPORTING STAFF: RECEPTION / ARCHIVE | | |
| 41 | SUPPORTING STAFF: SOCIAL WORKERS | | |
| 42 | HEALTH EXTENSION WORKER LEVEL 3 | | |
| 43 | HEALTH EXTENSION WORKER LEVEL 4 | | |
| 44 | OTHER SPECIFY | | |
| 45 | SUM THE NUMBER OF STAFF REPORTED. VERIFY AND CORRECT THE TOTALS. | | |

# 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 INTERVEIW.

| | | | |
|---|---|---|---|
| 410 | Does this facility have routine facility management meetings? | YES. . . . . 1<br>NO . . . . . 2 | →417 |
| 411 | How frequently do these facility management meetings take place? | MONTHLY OR MORE FREQUENTLY. . . . . 1<br>ONCE EVERY 2-3 MONTHS. . . . . 2<br>ONCE EVERY 4-6 MONTHS. . . . . 3<br>LESS FREQ. THAN EVERY 6 MONTHS. . . . . 4<br>DON'T KNOW. . . . . 8 | →417 |
| 412 | Does the facility maintain official records of facility management meetings? | YES. . . . . 1<br>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<br>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<br>RHIS REPORTING. . . . . B<br>TIMELINESS OF RHIS REPORTING. . . . . C<br>QUALITY OF SERVICES. . . . . D<br>CLIENT UTILIZATION. . . . . E<br>DISEASE DATA. . . . . F<br>EMPLOYMENT CONDITIONS (E.G., SALARIES, DUTY SCHEDULES). . . . . G<br>FINANCES OR BUDGET. . . . . H<br>OTHER _____ X<br>(SPECIFY)<br>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<br>NO. . . . . 2<br>DON'T KNOW. . . . . 8 | →417 |
| 416 | Has the facility taken any follow-up action regarding the decisions made during the last meeting? | YES. . . . . 1<br>NO. . . . . 2<br>DON'T KNOW. . . . . 8 | |
| 417 | Are there any *routine* meetings about facility activities or management issues that include both facility staff and community/committee members/women development army? | YES. . . . . 1<br>NO. . . . . 2<br>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<br>EVERY 2-3 MONTHS. . . . . 2<br>EVERY 4-6 MONTHS. . . . . 3<br>LESS FREQ. THAN EVERY 6 MONTHS. . . . . 4<br>DON'T KNOW. . . . . 8 | →420A |
| 419 | Is an official record of the meetings with both facility staff and community members maintained? | YES. . . . . 1<br>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<br>REPORTED, NOT SEEN. . . . . 2 | |
| 420A* | Does this facility have routine facility **board** meetings? | YES. . . . . 1<br>NO . . . . . 2<br>DON'T KNOW. . . . . 8 | →430 |
| 420B* | How frequently do these facility **board** meetings take place? | MONTHLY OR MORE FREQUENTLY. . . . . 1<br>ONCE EVERY 2-3 MONTHS. . . . . 2<br>ONCE EVERY 4-6 MONTHS. . . . . 3<br>LESS FREQ. THAN EVERY 6 MONTHS. . . . . 4<br>DON'T KNOW. . . . . 8 | →430 |
| 420C* | Does the facility maintain official records of facility **board** meetings? | YES. . . . . 1<br>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<br>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<br>NO . . . . . 2 | →440 |
| 431* | Please tell me all the methods that this facility uses to elicit client opinion<br><br>CIRCLE ALL METHODS MENTIONED AND PROBE: ANY MORE? | SUGGESTION BOX. . . . . A<br>CLIENT SURVEY FORM. . . . . B<br>CLIENT INTERVIEW FORM. . . . . C<br>OFFICIAL MEETIING<br>WITH COMMUNITY LEADERS. . . . . D<br>INFORMAL DISCUSSION WITH<br>CLIENTS OR THE COMMUNITY. . . . . E<br>EMAIL. . . . . F<br>FACILITY'S WEBSITE. . . . . G<br>LETTERS FROM CLIENTS/COMMUNITY. . . . . H<br>OMBUDSMAN . . . . . I<br>SUGGESTION BOOK. . . . . J<br>COMPLAINT HEARING COMMITTEE K<br>OTHER_____ X<br>(SPECIFY)<br>DON'T KNOW. . . . . Z | →440 |
| 432 | Is there a procedure for reviewing or reporting on clients' opinion?<br><br>IF YES, ASK TO SEE A REPORT OR FORM ON WHICH DATA ARE COMPILED OR DISCUSSION IS REPORTED | YES . . . . . 1<br>NO PROCEDURE . . . . . 2<br>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<br>REPORTED, NOT SEEN. . . . . 2<br>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 INTERVEIW.

| | | | |
|---|---|---|---|
| 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<br>NO . . . . . 2<br>DON'T KNOW . . . . . 8 | →443 |
| 441* | Is there an official record of any quality assurance activities carried out during the past Gregorian calender year? | YES. . . . . 1<br>NO, RECORDS NOT MAINTAINED . . . . . 2 | →443 |
| 442 | May I see a record of any quality assurance activity?<br><br>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<br>REPORTED NOT SEEN. . . . . 2 | |

## QUALITY CONTROL/QUALITY IMPROVEMENT

| | | | |
|---|---|---|---|
| 443* | Does the health facility has estabilished Quality structure? | QUALITY UNIT ASSISTED BY A QUALITY COMMITTEE. . . . . 1<br>QUALITY COMMITTEE . . . . . 2<br>NO STRUCTURE. . . . . 3 | →445 |
| 444* | Does the health facility conduct Quality committee meeting as stated in the TOR? | YES. . . . . 1<br>NO . . . . . 2<br>DON'T KNOW . . . . . 8 | |
| 445* | Does the health facility conduct assessment of its performance against pre-determined standards of care? | CONDUCTING CLINICAL AUDIT. . . . . 1<br><br>AUDITING REGULARLY COLLECTED AND REPORTED DATA . . . . . 2<br><br>COLLECTING FEEDBACKS FROM CUSTOMERS AND THEIR FAMILIES, FACILITY WORKERS, REGULATORY AGENCIES, INSURANCE AGENCIES, SUPPORTIVE SUPERVISION FINDINGS,AND 3<br>NO . . . . . 4 | |
| 446* | Has the Health facility initiated QI projects based on gaps identified in the clinical audit, rgular data audit and feedback findings? | QI PROJECTS INITIATED IN THE LAST COMPLETED QUARTER. . . . . 1<br><br>QI PROJECT INITIATED IN THE LAST COMPLETED 12 MONTHS . . . . . 2<br><br>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<br>NO . . . . . 2<br>DON'T KNOW . . . . . 8 | |
| 448* | Does the Health facility use updated dashboard based on selected Quality measures? | YES. . . . . 1<br>NO . . . . . 2<br>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<br>NO. . . . . 2 | →452 |
| 451 | May I see the ambulance (or other vehicle)? | OBSERVED . . . . . 1<br>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<br>NO. . . . . 2 | →453A<br>→460 |
| 453 | Is fuel available today?<br>ACCEPT REPORTED RESPONSE FROM KNOWLEDGEABLE RESPONDENT. | YES. . . . . 1<br>NO. . . . . 2<br>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<br>CART. . . . . 02<br>FOOT. . . . . 03<br>MOTOCYCLE. . . . . 04<br>AMBULANCE COMES TO HEALTH FACIL . . . . 05<br>TRICYCLE 06<br>OTHER _____ 96<br>(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. . . . . □□ : □□<br>HOURS MINUTES<br>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?<br>PROBE FOR THE LONGEST TYPE OF ROAD WHEN THERE IS MORE THAN ONE TYPE OF ROAD . | ALL WEATHER ROAD. . . . . 1<br>DRY WEATHER ROAD. . . . . 2<br>FOOT PATH/TRAIL. . . . . 3<br>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<br>NO. . . . . 2 | →461 |
| 460A* | What type of health management information system does this facility have in place? | ELECTRONIC ONLY. . . . . 1<br>PAPER-BASED ONLY. . . . . 2<br>BOTH ELECTRONIC AND PAPER-BASED. . . . . 3 | |
| 460B* | Does this facility have DHIS-2? | YES. . . . . 1<br>NO. . . . . 2 | →461 |
| 460C* | Does it work online or offline? | ONLINE. . . . . 1<br>OFFLINE. . . . . 2 | |
| 460D* | Is DHIS-2 functional? | FUNCTIONAL. . . . . 1<br>NOT FACTIONAL. . . . . 2 | |
| 461 | Does this facility regularly compile any reports containing health services information? | YES. . . . . 1<br>NO. . . . . 2 | →464 |
| 462 | How frequently are these reports compiled? | MONTHLY OR MORE OFTEN. . . . . 1<br>EVERY 2-3 MONTHS. . . . . 2<br>EVERY 4-6 MONTHS. . . . . 3<br>LESS OFTEN THAN EVERY 6 MONTHS. . . . . 4 | |
| 463 | May I see a copy of the most recent report? | RECORD OBSERVED. . . . . 1<br>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<br>NO DEDICATED PERSON. . . . . 2 | →465A |
| 465 | Who is responsible for health services data compilation in this facilit<br><br>PROBE TO DETERMINE WHO THIS PERSON IS | DATA MANAGER/HMIS PERSON. . . . . 1<br>FACILITY IN-CHARGE. . . . . 2<br>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<br>MASTER PATIENT INDEX (MPI) BOX. . . . . B<br>COMPUTER FOR HMIS. . . . . C<br>BACK UP SYSTEM . . . . . D<br>ENOUGH SIZE CARD ROOM . . . . . E<br>EMR-FOR-MRU . . . . . F | |

## PMT

| | | | |
|---|---|---|---|
| 466* | Does this facility have a performance mentoring team(PMT)? | YES. . . . . 1<br>NO PERFORMANCE MENTORING TEAM . . . . . 2 | |
| 466A* | Does this facility have a performance monitoring team (PMT)? | YES HAVE PMT. . . . . 1<br>NO PMT . . . . . 2 | |
| 466B* | Did PMT convene to review the most recent Month's performance? | YES. . . . . 1<br>NO . . . . . 2 | →467 |
| 466C* | May I see the PMT logbook, or minutes or registration records?<br><br>A REPORT OR MINUTES OF A PMT MEETING OR REGISTERS ARE ALL ACCEPTABLE. | OBSERVED. . . . . 1<br>REPORTED, NOT SEEN. . . . . 2<br>REPORTS NOT COMPILED . . . . . 3 | |

| | | | | |
|---|---|---|---|---|
| 466D* | Do PMT records have the following items:<br><br>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**<br>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 | →467C |
| 467A* | Has the Health Center received the most recent month's reports from all Health Posts?<br><br>ASK TO SEE THE REPORTS | OBSERVED. . . . . 1<br>REPORTED, NOT SEEN. . . . . 2<br>REPORTS NOT RECEIVED . . . . . 3<br>NO HEALTH POST UNDER THE HEALTH CENTER . . 4 | →467C<br>→467C |
| 467B* | Has the Health Center reviewed the HP's reports and provided feedback?<br><br>ASK TO SEE THE FEEDBACKS | OBSERVED. . . . . 1<br>REPORTED, NOT SEEN. . . . . 2<br>FEEDBACKS NOT COMPILED . . . . . 3 | |
| 467C* | Does the facility conduct data quality assurance systems? For example, LQAS, record audit or similar? | YES. . . . . 1<br>NO . . . . . 2<br>DON'T KNOW . . . . . 8 | →468 |
| 467D* | Does the facility conducted LQAS for the most recent month's report? | YES. . . . . 1<br>NO . . . . . 2<br>DON'T KNOW . . . . . 8 | →468 |
| 467E* | May I see a record of any LQAS activity?<br><br>A REPORT OR MINUTES OF A LQAS MEETING, AN AUDIT OF RECORDS OR REGISTERS ARE ALL ACCEPTABLE.<br><br>REVIEW OR ASK FOR SPECIFIC ITEMS BELOW | | |
| 01 | IPD REPORT | OBSERVED. . . . . 1<br>REPORTED, NOT SEEN. . . . . 2<br>REPORTS NOT COMPILED . . . . . 3 | |
| 02 | OPD REPORT | OBSERVED. . . . . 1<br>REPORTED, NOT SEEN. . . . . 2<br>REPORTS NOT COMPILED . . . . . 3 | |
| 03 | SERVICE REPORT | OBSERVED. . . . . 1<br>REPORTED, NOT SEEN. . . . . 2<br>REPORTS NOT COMPILED . . . . . 3 | |

## ICT INFRASTRUCTURE/MANPOWER

| | | | |
|---|---|---|---|
| 468* | How many of fucntional desktop/laptop computers dedicated for HMIS/HITunit/ experts in the facility?<br>IF NONE RECORD 00000 | # OF COMPUTERS<br>DON'T KNOW. . . . . 99998 | |
| 468A* | Does the administrative unit/facility have a Global System for Mobile (GSM) Communications network coverage? | YES. . . . . 1<br>NO. . . . . 2 | |
| 468B* | Is the dministrative unit unit/facility connected via HealthNet (3G Dongle)? | YES. . . . . 1<br>NO. . . . . 2 | |
| 468C* | Is the facility using the HealthNet (or 3G Dongle) for reporting? | YES. . . . . 1<br>NO. . . . . 2 | |
| 468D* | Does the facility have a Local Area Network (LAN) installed? | YES. . . . . 1<br>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**<br>INPATIENT CARE SERVICES AVAILABLE ☐ | NO INPATIENT CARE SERVICES ☐ → 472 | |
| 471 | How many ***live*** discharges were made in the last completed calendar month [MONTH], for all conditions, both for adults and children? | # OF DISCHARGES<br>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<br>DON'T KNOW. . . . . 99998 | |
| 473* | **CHECK Q102 (07)**<br>NORMAL DELIVERY CARE SERVICES AVAILABLE ☐ | NO NORMAL DELIVERY CARE SERVICES ☐ → 476 | |
| 474* | How many delivery client referrals were made to this facility in the last 12 completed Gregorian calendar months?<br>IF NONE RECORD 00000 | # OF IN REFERRALS<br>DON'T KNOW. . . . . 99998 | |
| 475* | How many delivery client referrals were made from this facility in the last 12 completed Gregorian calendar months?<br>IF NONE RECORD 00000 | # OF OUT REFERRALS<br>DON'T KNOW. . . . . 99998 | |
| 476* | **CHECK Q102 (15,16, 27)**<br>SURGERY SERVICES AVAILABLE ☐ | NO SURGERY SERVICES ☐ → 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?<br>IF NONE RECORD 00000 | # OF SURGERIES<br>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?<br>IF NONE RECORD 00000 | # OF SURGERIES<br>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<br>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?<br>IF NONE RECORD 00000 | # OF DEATHS<br>DON'T KNOW. . . . . 99998 | |
| 481* | What is the catchment population for this facility? | CATCHMENT ##<br>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<br>NO. . . . . 2<br>DON'T KNOW. . . . . 8 | → 489 |
| 488* | May I see a record of assessed risks? | YES. . . . . 1<br>NO. . . . . 2<br>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<br>NO. . . . . 2<br>DON'T KNOW. . . . . 8 | |
| 490* | Is Patient safety included in the patient rights statement? | YES. . . . . 1<br>NO. . . . . 2<br>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<br>NOT INVESTIGATED. . . . . 2<br>NO INCIDENTS REPORTED. . . . . 8 | →492 |
| 02 | CHECK REPORTS AND CONFORM IF FOLLOW UP ACTIONS WERE DOCUMENTED | YES DOCUMENTED. . . . . 1<br>NOT DOCUMENTED. . . . . 2<br>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<br>NO. . . . . 2<br>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<br>NO. . . . . 2<br>DON'T KNOW. . . . . 8 | |
| 494* | Does the health facility maintains clear channels of communication for urgent critical results? | YES. . . . . 1<br>NO. . . . . 2<br>DON'T KNOW. . . . . 8 | |
| 495* | **CHECK Q006**<br>FACILITY IS A HOSPITAL<br>CODE "01" OR"02" OR "03" CIRCLED IN Q006 | FACILITY IS NOT A HOSPITAL<br>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<br>NO. . . . . 2<br>DON'T KNOW. . . . . 8 | |
| 497* | Does the hospital implement the use of a surgical safety checklist and conforms to guidelines? | YES. . . . . 1<br>NO. . . . . 2<br>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<br>NO. . . . . 2<br>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<br>NO. . . . . 2<br>DON'T KNOW. . . . . 8 | |
| 499A* | Does the hospital complie with guidelines on safe and appropriate prescribing of blood and blood products, including the use of alternative fluids. | YES. . . . . 1<br>NO. . . . . 2<br>DON'T KNOW. . . . . 8 | |
| 499B* | Does the hospital ensure patient (or career) education about medication at discharge? | YES. . . . . 1<br>NO. . . . . 2<br>DON'T KNOW. . . . . 8 | |
| 499C* | Does the hospital have a policy and procedures to manage medication error. | YES. . . . . 1<br>NO. . . . . 2<br>DON'T KNOW. . . . . 8 | |
| 499D* | Are the all staff familiar with the reporting procedure for near misses, adverse events and sentinel events? | YES. . . . . 1<br>NO. . . . . 2<br>DON'T KNOW. . . . . 8 | |
| 499E* | Are the all staff familiar with the steps to be taken during or after an adverse event? | YES. . . . . 1<br>NO. . . . . 2<br>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) → ↓

NO (CODE 3 CIRCLED) → 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: OBSERVED | REPORTED NOT SEEN | NOT USED | (B) FUNCTIONING: 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) AUTOCLAVE (steam with pressure) | (2) DRY HEAT STERILIZATION | (3) BOILING (HLD) | (4) STEAM HIGH LEVEL DISINFECTION (HLD) | (5) CHEMICAL HIGH LEVEL DISINFECTION (HLD) |
|---|---|---|---|---|---|---|
| A | Method | USED . . . . . 1<br>NOT USED . . 2 → 2 | USED . . . . . 1<br>NOT USED . . 2 → 3 | USED . . . . . 1<br>NOT USED . . . . . 2 → 4 | USED . . . . . 1<br>NOT USED . . 2 → 5 | USED . . . . . 1<br>NOT USED . . 2 → 503 |
| B | Temperature (centigrade) | TEMPERATURE ☐☐☐<br>AUTOMATIC . . . . 666<br>DON'T KNOW . . . . 998 | TEMPERATURE ☐☐☐<br>AUTOMATIC . . . . 666<br>DON'T KNOW . . . . 998 | | | |
| C | Pressure | PRESS-URE ☐☐☐<br>AUTOMATIC 666<br>DON'T KNOW 998 → 1E | | | | |
| D | Units of pressure | UNITS OF PRESSURE:<br>KG/SQ CM . . 1<br>ATM PRESSURE . . 2<br>KILOPASCAL . . . . 3<br>MILLIMETER HG . . 4<br>DON'T KNOW. . . . . 8 | | | | |
| E | What is the duration in minutes when **instrument is not wrapped in cloth** for [METHOD]? | MINUTES ☐☐☐<br>AUTOMATIC . . . . 666<br>NOT USED. . . . . 995<br>DON'T KNOW . . . . 998 | MINUTES ☐☐☐<br>AUTOMATIC . . . . . 666<br>NOT USED .....995<br>DON'T KNOW . . . . . 998 | MINUTES ☐☐☐<br>DON'T KNOW . . . . . 998 | MINUTES ☐☐☐<br>AUTOMATIC..... 666<br>NOT USED..... 995<br>DON'T KNOW . . . . 998 | MINUTES ☐☐☐<br>DON'T KNOW. . . .998 |
| F | What is the duration in minutes when **instrument is wrapped in cloth** for [METHOD]? | MINUTES WRAPPED ☐☐☐<br>AUTOMATIC . . . . 666<br>NOT USED. . . . . 995<br>DON'T KNOW . . . . 998 | MINUTES WRAPPED ☐☐☐<br>AUTOMATIC . . . . 666<br>NOT USED. . . . . 995<br>DON'T KNOW . . . . 998 | | MINUTES WRAPPED ☐☐☐<br>AUTOMATIC . 666<br>NOT USED. . . . . 995<br>DON'T KNOW . 998 | |
| G | Chemical disinfectant used | | | | | ALCOHOL. . . . . A<br>BETADINE . . . . . B<br>CHLORINE/CIDEX . C<br>FORMALDEHYDE. . D<br>GLUTERALDEHYDE E<br>H2O2 (PEROXIDE) F<br>DON'T KNOW. . . . . Z |

| | | | |
|---|---|---|---|
| 503 | Does this facility have any guidelines on final processing or sterilization of surgical equipment? | YES. . . . . 1<br>NO . . . . . 2 | → **NEXT SECTION** |
| 504 | May I see the guidelines on processing or sterilization of equipment?<br><br>HAND-WRITTEN GUIDELINES POSTED ON WALLS IN AREA WHERE EQUIPMENT IS PROCESSED OR STERILIZED IS ACCEPTABLE | OBSERVED . . . . . 1<br>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 | Now I would like to ask you a few questions about waste management practices for sharps waste, such as needles or blades.<br><br>How does this facility ***finally*** dispose of ***sharps waste*** (e.g., filled sharps boxes)?<br><br>PROBE TO ARRIVE AT CORRECT RESPONSE<br><br>**NOTE!**<br><br>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" | **BURN IN INCINERATOR:**<br>2-CHAMBER INDUSTRIAL (800-1000+°C). . . . . 02<br>1-CHAMBER DRUM/BRICK. . . . . 03<br>**OPEN BURNING**<br>FLAT GROUND-NO PROTECTION. . . . . 04<br>PIT OR PROTECTED GROUND. . . . . 05<br>**DUMP WITHOUT BURNING**<br>FLAT GROUND-NO PROTECTION. . . . . 06<br>COVERED PIT OR PIT LATRINE. . . . . 07<br>OPEN PIT-NO PROTECTION. . . . . 08<br>PROTECTED GROUND OR PIT. . . . . 09<br>**REMOVE OFFSITE**<br>STORED IN COVERED CONTAINER. . . . . 10<br>STORED IN OTHER PROTECTED ENVIRONMENT. . . . . 11<br>STORED UNPROTECTED. . . . . 12<br>**OTHER**_____ 96<br>(SPECIFY)<br>NEVER HAVE SHARPS WASTE . . . . . 95 | |
| 601* | Now I would like to ask you a few questions about waste management practices for medical waste other than sharps, such as used bandages<br><br>How does this facility ***finally*** dispose of ***medical waste*** other than sharps boxes?<br><br>PROBE TO ARRIVE AT CORRECT RESPONSE<br><br>**NOTE!**<br><br>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" | SAME AS FOR SHARPS ITEMS . . . . . 01<br>**BURN IN INCINERATOR:**<br>2-CHAMBER INDUSTRIAL (800-1000+°C). . . . . 02<br>1-CHAMBER DRUM/BRICK. . . . . 03<br>**OPEN BURNING**<br>FLAT GROUND-NO PROTECTION. . . . . 04<br>PIT OR PROTECTED GROUND. . . . . 05<br>**DUMP WITHOUT BURNING**<br>FLAT GROUND-NO PROTECTION. . . . . 06<br>COVERED PIT OR PIT LATRINE. . . . . 07<br>OPEN PIT-NO PROTECTION. . . . . 08<br>PROTECTED GROUND OR PIT. . . . . 09<br>**REMOVE OFFSITE**<br>STORED IN COVERED CONTAINER. . . . . 10<br>STORED IN OTHER PROTECTED ENVIRONMENT. . . . . 11<br>STORED UNPROTECTED. . . . . 12<br>**OTHER** _____ 96<br>(SPECIFY)<br>NEVER HAVE OTHER MEDICAL WASTE. . . . . 95 | |
| 602 | **CHECK Q600**<br>FACILITY-BASED WASTE DISPOSAL OR WASTE REMOVED OFFSITE (ANY CODE OTHER THAN "95" CIRCLED) | NEITHER FACILITY-BASED WASTE DISPOSAL NOR REMOVAL OFFSITE (CODE "95" CIRCLED) → 604 | |
| 603 | 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'. | NO WASTE VISIBLE. . . . . 1<br>WASTE VISIBLE, BUT PROTECTED AREA. . . . . 2<br>WASTE VISIBLE, ***NOT*** PROTECTED. . . . . 3<br>WASTE SITE NOT INSPECTED. . . . . 8 | |
| 604* | **CHECK Q601.**<br>FACILITY-BASED WASTE DISPOSAL OR WASTE REMOVED OFFSITE (ANY CODE "02" TO "96" CIRCLED) | NEITHER FACILITY-BASED WASTE DISPOSAL NOR REMOVAL OFFSITE (CODE "01" OR "95" CIRCLED) → 606 | |
| 605 | 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'. | NO WASTE VISIBLE. . . . . 1<br>WASTE VISIBLE, BUT PROTECTED AREA. . . . . 2<br>WASTE VISIBLE, ***NOT*** PROTECTED. . . . . 3<br>WASTE SITE NOT INSPECTED. . . . . 8 | |

| | | | |
|---|---|---|---|
| 606* | **CHECK Q600 AND Q601**<br>INCINERATOR USED (EITHER "2" OR "3" CIRCLED) | INCINERATOR NOT USED (NEITHER "2" NOR "3" CIRCLED) → | 609C |
| 607 | ASK TO BE SHOWN THE INCINERATOR | INCINERATOR OBSERVED. . . . . 1<br>INCINERATOR REPORTED NOT SEEN. . . . . 2 | |
| 608* | Is the incinerator functional today?<br><br>ACCEPT REPORTED RESPONSE FROM KNOWLEDGEABLE RESPONDENT. | YES 1<br>NO. . . . . 2<br>DON'T KNOW. . . . . 8 | → 609C |
| 609 | Is fuel available today for the incinerator?<br><br>ACCEPT REPORTED RESPONSE | YES . . . . . 1<br>NO. . . . . 2<br>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<br>NO. . . . . 2<br>DON'T KNOW. . . . . 8 | |
| 609B* | What is the burning capacity of the incinerator in meter cube? | INCINERATOR CAPACITY IN METER CUBE ☐☐☐☐<br><br>DON'T KNOW. . . . . 9998 | |
| 609C* | Does this facility have any placenta pit? | YES . . . . . 1<br>NO. . . . . 2<br>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<br>YES, SOAK AWAY PIT. . . . . 2<br>YES, PERCOLATION DITCH. . . . . 3<br>YES, COLLECTION TANK. . . . . 4<br>NO. . . . . 5<br>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<br>NO. . . . . 2<br>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<br>SEPTIC TANK FILLS UP IN RAINY SEASON. . . . . 2<br>BLOCKAGE OF SEWAGE SYSTEM . . . . . 3<br>OTHER _____ 6<br>SPECIFY | |
| 609G* | Does this facility have a sewage line? | YES . . . . . 1<br>NO. . . . . 2<br>DON'T KNOW. . . . . 8 | → 609I |
| 609H* | Is the sewage line connected to the municipal line? | YES . . . . . 1<br>NO. . . . . 2<br>DON'T KNOW. . . . . 8 | |
| 609I* | Does the facility have access for sucking cars?<br>These are cars that collect and transport the liquid waste (sewage) from the health facility to municipal site. | YES . . . . . 1<br>NO. . . . . 2<br>DON'T KNOW. . . . . 8 | |
| 609J* | Does this facility have any chemical dilution/ Neutralizing tank? | YES . . . . . 1<br>NO. . . . . 2<br>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<br>NO GUIDELINE AVAILABLE. . . . . 2 | → 611A |
| 611 | May I see the guidelines on health care waste management? | OBSERVED. . . . . 1<br>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<br>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<br>NO. . . . . 2<br>DON'T KNOW. . . . . 8 | |
| 611C* | Is there a queue of waste to be burned at the facility? | YES. . . . . 1<br>NO . . . . . 2 | → 611E |
| 611D* | What are the reasons for the queue of waste to be burned? | SMALL VOLUME OF INCINERATOR. . . . . 1<br>FREQUENCY OF BURNING . . . . . 2<br>SHORTAGE OF FUEL . . . . . 3<br>OTHER _____ 6<br>SPECIFY | |

| | | | |
|---|---|---|---|
| 611E* | Does smoke from the pit or incinerator cause hindrance to facility and patients? | YES. . . . . 1<br>NO . . . . . 2 → | 620 |
| 611F* | What are the possible reasons ? | PREVAILING WIND DIRECTION TOWARDS THE FACILIT 1<br>INSUFFICIENT DISTANCE TO INCINERATOR OR PIT 2<br>OTHER _____ 6<br>SPECIFY | |

## CLIENT LATRINE

| | | | |
|---|---|---|---|
| 620 | Is there a toilet (latrine) in ***functioning condition*** that is available for general outpatient client use?<br><br>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**<br>FLUSH TO PIPED SEWER SYSTEM. . . . . 11<br>FLUSH TO SEPTIC TANK . . . . . 12<br>FLUSH TO PIT LATRINE. . . . . 13<br>FLUSH TO SOMEWHERE ELSE. . . . . 14<br>FLUSH, DON'T KNOW WHERE. . . . . 15<br>**PIT LATRINE**<br>VENTILATED IMPROVED PIT LATRINE. . . . . 21<br>PIT LATRINE WITH SLAB. . . . . 22<br>PIT LATRINE WITHOUT SLAB / OPEN PIT. . . . . 23<br>COMPOSTING TOILET . . . . . 31<br>BUCKET TOILET. . . . . 41<br>HANGING TOILET / HANGING LATRINE. . . . . 51<br>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<br>NO SEPARATE TOILETS FOR MALES OR FEMALES. . . . 2 | |
| 620B* | Is there a toilet accessible for people with limited mobility in the general OPD area?<br><br>IF YES, ASK TO SEE THE TOILET<br><br>SHOULD MEET THE FOLLOWING CONDITIONS:<br>• CAN BE ACCESSED WITHOUT STAIRS OR STEPS,<br>• HANDRAILS FOR SUPPORT ARE ATTACHED EITHER TO THE FLOOR OR SIDEWALLS,<br>• THE DOOR IS AT LEAST 80 CM WIDE, AND<br>• THE DOOR HANDLE AND SEAT ARE WITHIN REACH OF PEOPLE USING WHEELCHAIRS OR CRUTCHES/STICKS. | YES, ACCESSIBLE TOILET . . . . . 1<br>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<br><br>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 |

| | | (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 | 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/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 ADMINISTRATIO | 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.

| 710 | **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<br>OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY. . . . . 2<br>VISUAL PRIVACY ONLY. . . . . 3<br>NO PRIVACY. . . . . 4 | | |

## CLIENT WAITING AREA

| 720 | Is there a waiting area for clients where they ***are protected from the sun and rain?***<br><br>ASK TO SEE THE CLIENT WAITING AREA. MUST BE THE WAITINGAREA IN THE MAIN OUTPATIENT SERVICE AREA. | YES. . . . . 1<br>NO PROTECTED CLIENT WAITING AREA . . . . . 2 | |
|---|---|---|---|

# SECTION 7B: EMERGENCY SERVICES

| | | |
|---|---|---|
| 7B00* | **CHECK Q102.23**<br>EMERGENCY SERVICES AVAILABLE ☐<br>NO EMERGENCY SERVICES ☐<br>NEXT SECTION OR SERVICE SITE | |

# 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.<br><br>IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE | GENERAL INFORMATION SECTION (Q700). . . . . 1<br>PEDIATRIC EMERGENCY SERVICES 3<br>NOT PREVIOUSLY SEEN. . . . . 4 | NEXT SECTION |

## SUPPLIES AND EQUIPMENT

| | | (A) AVAILABLE | | | (B) FUNCTIONING | | |
|---|---|---|---|---|---|---|---|
| 7B01* | I would like to know if the following items are available today in the emergency services area and are functioning<br><br>ASK TO SEE ITEMS. | 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* | 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 ADMINISTRATIO | 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**<br>INPATIENT SERVICES AVAILABLE ☐<br>NO INPATIENT SERVICES ☐<br>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<br><br>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 |
| 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 | REFLEXC 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**<br>DIAGNOSTIC SERVICES AVAILABLE IN FACILITY ↓<br>NO DIAGNOSTIC SERVICES → 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<br>NO . . . . . 2 | | | | | → 803 | |
| 802* | Please tell me if:<br>**a)** Any of the following hemoglobin test equipment is used in this facility,<br>**b)** All items needed for the test are available, and<br>**c)** Equipment is in working order | **(a)**<br>**USED** | | **(b)**<br>**EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE?** | | | **(c)**<br>**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* | Sahlihelig | 1→b | 2→803 | 1→c | 2→c | 3→803 | 1 | 2 | 8 | | |
| 803* | Does this facility do CD4 testing? | | | | YES. . . . . 1<br>NO. . . . . 2 | | | | | → 804 | |
| 803A* | Do you send blood outside the facility for CD4 testing? | | | | YES. . . . . 1<br>NO. . . . . 2 | | | | | →806 | |
| 804 | Please tell me if:<br>**a)** Any of the following CD4 test equipment or assay is used in this facility,<br>**b)** Equipment or items needed for the test are available, and<br>**c)** Equipment is in working order | **(a)**<br>**USED** | | **(b)**<br>**EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE?** | | | **(c)**<br>**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 catridge / PIMA analyzer | 1→b | 2→05 | 1→c | 2→c | 3→05 | 1 | 2 | 8 | | |
| 04 | Catridges for fluorescent catridge 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<br>NO. . . . . 2 | → 827 |
| 807 | Is HIV rapid diagnostic testing available from this service site? | YES. . . . . 1<br>NO. . . . . 2 | → 809 |
| 808* | May I see a sample HIV rapid diagnostic test (RDT) kit?<br><br>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<br>OBSERVED, NONE VALID. . . . . 2<br>REPORTED AVAILABLE, NOT SEEN. . . . . 3<br>NONE AVAILABLE TODAY. . . . . 4 | |
| 809 | Do you use filter paper to collect dried blood spots (DBS) at this site for HIV diagnosis? | YES. . . . . 1<br>NO. . . . . 2 | → 811 |
| 810 | May I see a sample DBS filter paper card?<br><br>CHECK TO SEE IF AT LEAST ONE IS VALID | OBSERVED, AT LEAST 1 VALID. . . . . 1<br>OBSERVED, NONE VALID. . . . . 2<br>REPORTED AVAILABLE, NOT SEEN. . . . . 3<br>NONE AVAILABLE TODAY. . . . . 4 | |

| 811 | Please tell me if:<br>**a)** Any of the following HIV test or test equipment is used in this facility,<br>**b)** All items needed for the test are available, and<br>**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<br>NO. . . . . 2 | → 814 |
| 813 | May I see the guidelines, instructions or SOP? | OBSERVED . . . . . 1<br>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.<br><br>MAY BE PART OF ANOTHER GUIDELINE | YES. . . . . 1<br>NO. . . . . 2 | → 816 |
| 815 | May I see the guidelines on confidentiality and disclosure of HIV results? | OBSERVED . . . . . 1<br>REPORTED NOT SEEN. . . . . 2 | |
| 816 | Do you have other guidelines relevant to HIV/AIDS or related services? | YES. . . . . 1<br>NO. . . . . 2 | → 818 |
| 817 | May I see the other HIV/AIDS-related guidelines? | OBSERVED . . . . . 1<br>REPORTED NOT SEEN. . . . . 2 | |

| | | | |
|---|---|---|---|
| 818 | Is there an established system for external quality control for the HIV tests conducted by this laboratory? | YES. . . . . 1<br>NO. . . . . 2 | →823 |
| 819 | What system of external quality control for HIV tests is used in this laboratory?<br><br>PROBE FOR SYSTEM USED.<br>CIRCLE ALL THAT APPLY | PROFICIENCY PANEL. . . . . A<br>EXTERNAL INSPECTION/<br>OBSERVATION OF TECHNIQUE. . . . . B<br>BLOOD SENT OUTSIDE FOR RETESTING. . C<br>OTHER_____ X | |
| 820 | Is there a record of the results from the external quality check? | YES. . . . . 1<br>NO. . . . . 2 | →823 |
| 821 | May I see the records or results from the external quality check? | OBSERVED . . . . . 1<br>REPORTED, NOT SEEN. . . . . 2 | →823 |
| 822 | WHAT IS THE MOST RECENT ERROR RATE RECORDED BY THE EXTERNAL QUALITY CONTROL, ACCORDING TO THE REGISTER | PERCENT<br>ERROR RATE . . . . . ☐☐.☐<br><br>NOT AVAILABLE.. . . . . 9995 | |
| 823 | Do you send blood outside the facility for HIV diagnostic testing? | YES. . . . . 1<br>NO. . . . . 2 | →827 |
| 824 | For which HIV diagnostic test do you send blood outside?<br><br>PROBE | ELISA/EIA. . . . . A<br>WESTERN BLOT. . . . . B<br>PCR FOR EID. . . . . C<br>RAPID TESTING. . . . . D<br>OTHER. . . . . X | |
| 825 | Do you maintain records of test result of HIV tests that are conducted outside of this facility? | YES. . . . . 1<br>NO. . . . . 2 | →827 |
| 826 | May I see records of recent HIV tests conducted outside this facility? | OBSERVED . . . . . 1<br>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 ┐<br>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<br>NO . . . . . 2 → 832 | | | | | | | | |
| 831 | Please tell me if:<br>**a)** Any of the following blood glucose test equipment is used in this facility<br>**b)** Equipment is available, and<br>**c)** Equipment is in working order | **(a)** **USED** | | **(b)** **EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE?** | | | **(c)** **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<br>NO. . . . . 2 → 836 | | | | | | | | |
| 833 | Does this facility have a blood chemistry analyzer that provides serum creatinine, LFTs and glucose? | YES. . . . . 1<br>NO. . . . . 2 → 836 | | | | | | | | |
| 834 | May I see the blood chemistry analyzer? | OBSERVED. . . . . 1<br>REPORTED, NOT SEEN. . . . . 2 | | | | | | | | |
| 835 | Is the blood chemistry analyzer functioning?<br><br>ACCEPT REPORTED RESPONSE | YES. . . . . 1<br>NO. . . . . 2 | | | | | | | | |
| 836 | Does this facility do any ***urine chemistry testing*** using dipsticks and/or ***urine pregnancy test*** on site? | YES. . . . . 1<br>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.<br><br>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<br>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 mapper on site? | YES. . . . . 1<br>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<br>NO. . . . . 2 | | | | | | | | |

# PARASITOLOGY/BACTERIOLOGY

| | | (a) | | (b) | | | (c ) | | |
|---|---|---|---|---|---|---|---|---|---|
| 840* | Please tell me if:<br>**a)** Any of the following **EQUIPMENT** is used in the facility<br>**b)** Is available, and<br>**c)** Equipment is functioning | **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<br>NO. . . . . 2 | →848 |
| 842 | Do you use malaria rapid diagnostic test to diagnose malaria at this laboratory/service site? | YES. . . . . 1<br>NO. . . . . 2 | →847 |
| 843 | May I see a sample malaria rapid diagnostic test (RDT) kit?<br>CHECK TO SEE IF AT LEAST ONE IS VALID | OBSERVED, AT LEAST 1 VALID. . . . . 1<br>OBSERVED, NONE VALID. . . . . 2<br>REPORTED AVAILABLE, NOT SEEN. . . . . 3<br>NONE AVAILABLE TODAY. . . . . 4 | |
| 844* | OBSERVE OR ASK THE BRAND OR TYPE OF MALARIA RDT KIT<br><br>COUNTRY-SPECIFIC | SD BIOLINE . . . . . A<br>FIRST RESPONSE . . . . . B<br>PARACHECK . . . . . C<br>CARE START. . . . . D<br>OTHER_____ x<br>SPECIFIEZ<br>DON'T KNOW Z | |
| 845 | Do you have a training manual, poster or other job aid for using malaria rapid diagnostic test? | YES . . . . . 1<br>NO . . . . . 2 | → 847 |
| 846 | May I see the training manual, poster or other job aid for using malaria rapid diagnostic test? | OBSERVED. . . . . 1<br>REPORTED, NOT SEEN. . . . . 2 | |

| | | (a) | | (b) | | |
|---|---|---|---|---|---|---|
| 847* | Please tell me if:<br>**a)** Any of the following malaria tests or equipment is used in the facility<br>**b)** All items needed for the test are available | 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<br>NO. . . . . 2 | | → 850 |
| 849 | Please tell me if the following are used and are available today. | (a) **USED** | | (b) **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<br>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<br>NO. . . . . 2 | | → 854 |
| 853 | Please tell me if the following are used and are available today. | (a) **USED** | | (b) **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<br>NO. . . . . 2 | → 859 |
| 855 | Do you use syphilis rapid diagnostic test to diagnose syphilis at this service site? | YES. . . . . 1<br>NO. . . . . 2 | → 857 |
| 856 | May I see a sample syphilis rapid diagnostic test (RDT) kit?<br>CHECK TO SEE IF AT LEAST ONE IS VALID | OBSERVED, AT LEAST 1 VALID. . . . . 1<br>OBSERVED, NONE VALID. . . . . 2<br>REPORTED AVAILABLE, NOT SEEN. . . . . 3<br>NONE AVAILABLE TODAY. . . . . 4 | |
| 857 | Other than syphilis RDT, does this facility conduct any other syphilis testing in the facility? | YES. . . . . 1<br>NO. . . . . 2 | → 859 |

| 858 | Please tell me if:<br>**a)** Any of the following syphilis test or test equipment is used in this facility,<br>**b)** All items needed for the test are available, and<br>**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 Hemaglutination 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<br>NO . . . . . 2 | → 861 |

| 860 | Please tell me if:<br>**a)** Any of the following chlamydia test, test equipment, or stain is used in the facility;<br>**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<br>NO. . . . . 2 → 865 | | | | | | | |
| 862* | Please tell me IF:<br>**a)** Any of the following TB tests or equipment is used in the facility<br>**b)** All items needed for the test are available<br>**c)** Equipment is functioning | (a)<br>EQUIPMENT/ TEST USED<br>Yes | No | (b)<br>**EQUIPMENT/ALL ITEMS FOR TEST AVAILABLE?**<br>OBSERVED | REPORTED NOT SEEN | NORMALLY AVAILABLE NOT TODAY | (c )<br>**IS THE ITEM IN WORKING ORDER?**<br>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 Permanganente | 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<br>NO. . . . . 2 → 865 | | | | | | | |
| 864 | May I see a sample TB rapid diagnostic test (RDT) kit?<br><br>CHECK TO SEE IF AT LEAST ONE IS VALID | | | OBSERVED, AT LEAST 1 VALID. . . . . 1<br>OBSERVED, NONE VALID. . . . . 2<br>REPORTED AVAILABLE, NOT SEEN. . . . . 3<br>NONE AVAILABLE TODAY. . . . . 4 | | | | | | | |
| 865 | Do you maintain any sputum containers at this service site for collecting sputum specimen? | | | YES. . . . . 1<br>NO. . . . . 2 → 867 | | | | | | | |
| 866 | May I see a sample sputum container? | | | OBSERVED . . . . . 1<br>REPORTED, NOT SEEN. . . . . 3<br>NONE AVAILABLE TODAY. . . . . 4 | | | | | | | |
| 867 | Does this laboratory send sputum outside the facility for TB testing? | | | YES. . . . . 1<br>NO . . . . . 2<br>DON'T KNOW. . . . . 8 → 870 | | | | | | | |
| 868 | Do you maintain records of result of sputum tests conducted elsewhere? | | | YES. . . . . 1<br>NO. . . . . 2 → 870 | | | | | | | |
| 869 | May I see the record or register? | | | OBSERVED . . . . . 1<br>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<br>NO . . . . . 2 → 880 | | | | | | | |
| 871 | Please tell me which type of Quality Control practice is followed by this facility.<br><br>PROBE TO DETERMINE WHICH TYPE OF QUALTY CONTROL IS USED | | | INTERNAL QC ONLY. . . . . 1<br>EXTERNAL QC ONLY. . . . . 2<br>INTERNAL & EXTERNAL QC. . . . . 3<br>SEND SLIDE FOR RE-READING. . . . . 4<br>OTHER_____ 6<br>(SPECIFY) | | | | | | | |
| 872 | Are records maintained of the results from the quality control (internal or external) procedures? | | | YES. . . . . 1<br>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<br>RECORDS FOR EQC ONLY. . . . . 2<br>RECORDS FOR BOTH INTERNAL AND EXTERNAL QC PROCEDURES. . . . . 3 | | | | | | | |

# DIAGNOSTIC IMAGING

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 880 | Does this facility perform diagnostic X-rays, ultrasound, or computerized tomography?<br>IF YES, ASK TO GO TO WHERE THE EQUIPMENT IS LOCATED AND SPEAK WITH THE MOST KNOWLEDGEABLE PERSON. | YES. . . . . 1<br>NO . . . . . 2<br>**SKIP TO NEXT SECTION** | | | | | | | | | |
| 881 | Please tell me if:<br>**a)** If any of the following imaging equipment is used in the facility<br>**b**) if it is available today, and<br>**c)** if it is functioning today | (a)<br>EQUIPMENT USED | | (b)<br>**EQUIPMENT AVAILABLE?** | | | (c )<br>**IS THE ITEM IN WORKING ORDER?** | | |
| | | Yes | No | OBSERVED | REPORTED NOT SEEN | NORMALLY AVAILABLE NOT TODAY | YES | NO | DON'T KNOW |
| 01 | DIGITAL X-RAY MACHINE NOT REQUIRING FILM | 1→b | 2 → 02 | 1→c | 2→c | 3 → 02 | 1 | 2 | 8 |
| 02 | X-RAY MACHINE | 1→b | 2 → 04 | 1→c | 2→c | 3 → 03 | 1 | 2 | 8 |
| 03 | UNEXPIRED FILM FOR X-RAY | | | 1 | 2 | 3 → 04 | | | |
| 04 | ULTRASOUND SYSTEM / MACHINE | 1→b | 2 → 05 | 1→c | 2→c | 3 → 05 | 1 | 2 | 8 |
| 05 | CT SCAN | 1→b | 2 → **06** | 1→c | 2→c | 3 → **06** | 1 | 2 | 8 |
| 06 | MRI SCAN | 1→b | 2 → **NEXT SECTION** | 1→c | 2→c | 3 → **SKIP TO NEXT SECTION** | 1 | 2 | 8<br>**ALL SKIP TO NEXT SECTION** |
| | THANK YOUR RESPONDENT FOR THE TIME AND HELP PROVIDED AND PROCEED TO THE NEXT DATA COLLECTION SITE | | | | | | | | |

# SECTION 9: MEDICINES AND COMMODITIES

| | | |
|---|---|---|
| 900 | **CHECK Q210**<br>FACILITY STORES MEDICINES → <br>FACILITY STORES NO MEDICINES → GO TO NEXT SECTION | |

# 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

| | | (A) OBSERVED AVAILABLE | | (B) NOT OBSERVED | | |
|---|---|---|---|---|---|---|
| 901* | Are any of the following ***antibiotics*** available in this facility/location today?<br><br>CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED) | 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 BENZYLPENICILLIN (POWDER) FOR INJECTION | 1 | 2 | 3 | 4 | 5 |
| 08 | CEFIXIME TABS/CAPS (antibiotic) | 1 | 2 | 3 | 4 | 5 |
| 09 | CEFTRIAXONE 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/amebecide/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

| | | (A) OBSERVED AVAILABLE | | (B) NOT OBSERVED | | |
|---|---|---|---|---|---|---|
| 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) | 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 TROPIAL DISEASES

| | | (A) OBSERVED AVAILABLE | | (B) NOT OBSERVED | | |
|---|---|---|---|---|---|---|
| 902A* | Are any of the following **medicines for the traitment of NTD** available in the facility/location today? | | | | | |
| | CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED) | 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

| | | (A) OBSERVED AVAILABLE | | (B) NOT OBSERVED | | |
|---|---|---|---|---|---|---|
| 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) | 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 / LISINOPRIL (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 BUYLBROMIDE 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? | (A) OBSERVED AVAILABLE | | (B) NOT OBSERVED | | |
|---|---|---|---|---|---|---|
| | CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED) | 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? | (A) OBSERVED AVAILABLE | | (B) NOT OBSERVED | | |
|---|---|---|---|---|---|---|
| | CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED) | 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? | (A) OBSERVED AVAILABLE | | (B) NOT OBSERVED | | |
|---|---|---|---|---|---|---|
| | CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED) | 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 | VITAMIIN 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

| | | (A) OBSERVED AVAILABLE | | (B) NOT OBSERVED | | |
|---|---|---|---|---|---|---|
| | CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED) | AT LEAST ONE VALID | AVAILABLE NONE VALID | REPORTED AVAILABLE NOT SEEN | NOT AVAILABLE TODAY/DK | NEVER AVAILABLE |
| 907* | Are any of the following **intravenous fluids** available in the facility/location today? | | | | | |
| 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

| | | (A) OBSERVED AVAILABLE | | (B) NOT OBSERVED | | |
|---|---|---|---|---|---|---|
| | CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED) | AT LEAST ONE VALID | AVAILABLE NONE VALID | REPORTED AVAILABLE NOT SEEN | NOT AVAILABLE TODAY/DK | NEVER AVAILABLE |
| 908* | Are any of the following **OTHER medicines** available in the facility/location today? | | | | | |
| 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

| | 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 |
|---|---|---|---|
| 909* | | | |
| 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<br>YES, ONLY SOME MEDICINES. . . . . 2<br>NO. . . . . 3 | |
| 911* | What system does this facility use to monitor the amount of medicines received, the amount issued, and the amount present today?<br><br>ASK TO SEE THE SYSTEM AND RECORD OBSERVATION | COMPUTER SYSTEM UPDATED DAILY. . . . . 1<br>LEDGER/STOCK CARD UPDATED DAILY. . . . . 2<br>COMPUTER SYSTEM NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED MEDICINES. . . . . 3<br>LEDGER/STOCK CARD NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED MEDICINES. . . . . 4<br>NO SYSTEM. . . . . 5<br>OTHER SYSTEM _____ 6<br>(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**<br>CONTRACEPTIVES STORED WITH OTHER MEDICINES IN COMMON LOCATION **(RESPONSE 2 CIRCLED)** ↓<br>CONTRACEPTIVES STORED IN FP SERVICE AREA OR NOT STOCKED AT ALL IN FACILITY **(RESPONSE 1 OR 3 CIRCLED)** →<br>PROCEED TO NEXT SECTION **(TB MEDS?)** | |

| | | (A) OBSERVED AVAILABLE | | (B) NOT OBSERVED | | |
|---|---|---|---|---|---|---|
| 921* | Are any of the following **CONTRACEPTIVE commodities** available in the facility/location today?<br>CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED) | AT LEAST ONE VALID | AVAILABLE NONE VALID | REPORTED AVAILABLE NOT SEEN | NOT AVAILABLE TODAY/DK | NEVER AVAILABLE |
| 01 | COMBINED ORAL CONTRACEPTIVE PILLS | 1 | 2 | 3 | 4 | 5 |
| 02 | PROGESTIN-ONLY CONTRACEPTIVE PILLS | 1 | 2 | 3 | 4 | 5 |
| 04 | DEPO PROVERA INJECTABLE (3-MONTHLY) | 1 | 2 | 3 | 4 | 5 |
| 05 | MALE CONDOMS | 1 | 2 | 3 | 4 | 5 |
| 06 | FEMALE CONDOMS | 1 | 2 | 3 | 4 | 5 |
| 07 | INTRAUTERINE CONTRACEPTIVE DEVICE | 1 | 2 | 3 | 4 | 5 |
| 08* | IMPLANT (JADELLE OR IMPLANON OR SINO-IMPLANT) | 1 | 2 | 3 | 4 | 5 |
| 09 | EMERGENCY CONTRACEPTIVE PILLS (PROSTINOL 2) | 1 | 2 | 3 | 4 | 5 |

# STORAGE CONDITION - CONTRACEPTIVE COMMODITIES

| | | | |
|---|---|---|---|
| 921A | **CHECK Q212**<br>CONTRACEPTIVES STORED IN FP SERVICE AREA (RESPONSE 1 CIRCLED) ☐<br>CONTRACEPTIVES STORED WITH OTHER MEDICINES IN COMMON LOCATION **(RESPONSE 2 CIRCLED)** ☐ → SKIP TO Q925<br>CONTRACEPTIVES NOT STOCKED AT ALL IN FACILITY **(RESPONSE 3 CIRCLED)** ☐ → 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<br>NOT ALL COMMODITIES. . . . . 2<br>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?<br>ASK TO SEE THE SYSTEM AND RECORD OBSERVATION | COMPUTER SYSTEM UPDATED DAILY. . . . . 1<br>LEDGER/STOCK CARD UPDATED DAILY. . . . . 2<br>COMPUTER SYSTEM NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED COMMODITIES. . . . . 3<br>LEDGER/STOCK CARD NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED COMMODITIES. . . . . 4<br>NO SYSTEM . . . . . 5<br>OTHER SYSTEM _____ 6<br>(SPECIFY) | |

| | | | |
|---|---|---|---|
| 925 | PRESENTLY INTERVIEWING IN PHARMACY ☐ → PROCEED TO NEXT SECTION OR SERVICE SITE | PRESENTLY INTERVIEWING IN FAMILY PLANNING SERVICE AREA ☐ → 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**<br><br>ANTI-TB MEDICINES STORED WITH OTHER MEDICINES IN COMMON LOCATION **(RESPONSE 2 CIRCLED)** ☐ ↓<br><br>ANTI-TB MEDICINES STORED IN TB SERVICE AREA OR NOT STOCKED AT ALL IN FACILITY **(RESPONSE 1 OR 3 CIRCLED)** ☐ ↓<br><br>PROCEED TO NEXT SECTION **(ARV MEDS?)** ← | |

| | | (A) OBSERVED AVAILABLE | | (B) NOT OBSERVED | | |
|---|---|---|---|---|---|---|
| 931* | Are any of the following TB medicines available in the facility/location today?<br><br>CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED) | AT LEAST ONE VALID | AVAILABLE NONE VALID | REPORTED AVAILABLE NOT SEEN | NOT AVAILABLE TODAY/DK | NEVER AVAILABLE |
| 01* | ETHAMBUTOL ADULT TABS (400MG TABS)(E) | 1 | 2 | 3 | 4 | 5 |
| 02* | ISONIAZID ADULT TABS (300MG TABS) (INH, H) | 1 | 2 | 3 | 4 | 5 |
| 03* | PYRAZINAMIDE TABLETS (Z) | 1 | 2 | 3 | 4 | 5 |
| 04 | RIFAMPICIN (R) | 1 | 2 | 3 | 4 | 5 |
| 05 | ISONIAZID + RIFAMPICIN (RH) | 1 | 2 | 3 | 4 | 5 |
| 06 | ISONIAZID + ETHAMBUTOL (EH) (2FDC) | 1 | 2 | 3 | 4 | 5 |
| 07 | ISONIAZID + RIFAMPICIN + PYRAZINAMIDE (RHZ) (3FDC) | 1 | 2 | 3 | 4 | 5 |
| 08 | ISONIAZID + RIFAMPICIN + ETHAMBUTOL (RHE)(3FDC) | 1 | 2 | 3 | 4 | 5 |
| 09 | ISONIAZID + RIFAMPICIN + PYRAZINAMIDE + ETHAMBUTOL (4FDC) | 1 | 2 | 3 | 4 | 5 |
| 10 | STREPTOMYCIN INJECTABLE | 1 | 2 | 3 | 4 | 5 |
| 11* | ETHAMBUTOL PEDIATRIC TABS (100MG TABS) | 1 | 2 | 3 | 4 | 5 |
| 12* | ISONIAZID PEDIATRIC TABS (100MG TABS) | 1 | 2 | 3 | 4 | 5 |
| 13* | ISONIAZID + RIFAMPICIN PEDIATRIC TABS (60/30MG TABS) | 1 | 2 | 3 | 4 | 5 |
| 14* | ISONIAZID + RIFAMPICIN ADULT TABS (150/75MG TABS) | 1 | 2 | 3 | 4 | 5 |
| 15* | CAPREOMYCIN INJECTION | 1 | 2 | 3 | 4 | 5 |
| 16* | LEVOFLOXACIN TABLETS | 1 | 2 | 3 | 4 | 5 |
| 17* | ETHIONAMIDE/PROTHIONAMIDE TABLETS | 1 | 2 | 3 | 4 | 5 |
| 18* | CYCLOSERINE/TERIZIDONE TABLETS | 1 | 2 | 3 | 4 | 5 |
| 19* | MOXIFLOXACINE TABLETS | 1 | 2 | 3 | 4 | 5 |
| 20* | KANAMYCIN INJECTION | 1 | 2 | 3 | 4 | 5 |
| 21* | PARA AMINO SALICYLIC TABLETS | 1 | 2 | 3 | 4 | 5 |
| 22* | AMIKACIN INJECTION | 1 | 2 | 3 | 4 | 5 |
| 23* | GATIFLOXACIN TABLETS | 1 | 2 | 3 | 4 | 5 |
| 24* | LINEZOLID TABLETS | 1 | 2 | 3 | 4 | 5 |
| 25* | CLOFAZIMINE TABLETS | 1 | 2 | 3 | 4 | 5 |

## 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<br>YES, ONLY SOME MEDICINES. . . . . 2<br>NO. . . . . 3 | |
| 934* | What system does this facility use to monitor the amount of medicines received, the amount issued, and the amount present today?<br><br>ASK TO SEE THE SYSTEM AND RECORD OBSERVATION | COMPUTER SYSTEM UPDATED DAILY. . . . . 1<br>LEDGER/STOCK CARD UPDATED DAILY. . . . . 2<br>COMPUTER SYSTEM NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED MEDICINES. . . . . 3<br>LEDGER/STOCK CARD NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED MEDICINES. . . . . 4<br>NO SYSTEM. . . . . 5<br>OTHER SYSTEM _____ (SPECIFY) 6 | |
| 935 | PRESENTLY INTERVIEWING IN PHARMACY ☐ ↓<br><br>PROCEED TO NEXT SECTION OR SERVICE SITE ← | PRESENTLY INTERVIEWING IN TB SERVICE AREA ☐ ↓<br><br>THANK THE RESPONDENT IN THE TB SERVICE AREA AND CONTINUE TO NEXT SECTION OR SERVICE SITE ← | |

# SECTION 9.4: ANTIRETROVIRAL MEDICINES

| | | | | | | |
|---|---|---|---|---|---|---|
| 940 | **CHECK Q216**<br>ARV MEDICINES STORED WITH OTHER MEDICINES IN COMMON LOCATION **(RESPONSE 2 CIRCLED)** → PROCEED TO NEXT SECTION<br>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?<br><br>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 | ZIDOVUDINE (ZDV, AZT) TABLETS | 1 | 2 | 3 | 4 | 5 |
| 02 | ZIDOVUDINE (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?<br><br>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 |
| 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 | DELAVIRDINE (DLV) | 1 | 2 | 3 | 4 | 5 |

| 943 | Are any of the following **Protease Inhibitor** ARVs available in this facility/location today?<br><br>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 | FOSAMPRENAVIER (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?<br><br>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 | ENFUVIRDITE (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* | ATAZANIVIR + RITONAVIR [ATV + RTV] | 1 | 2 | 3 | 4 | 5 |
| 13* | TENAFOVIR (TDF) + LAMIVUDINE (3TC) + DOLUTEGRVIR (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<br>YES, ONLY SOME MEDICINES. . . . . 2<br>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?<br><br>ASK TO SEE THE SYSTEM AND RECORD OBSERVATION | COMPUTER SYSTEM UPDATED DAILY. . . . . 1<br>LEDGER/STOCK CARD UPDATED DAILY. . . . . 2<br>COMPUTER SYSTEM NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED ARVS. . . . . 3<br>LEDGER/STOCK CARD NOT UPDATED DAILY, BUT THERE IS DAILY RECORD OF DISTRIBUTED ARVS. . . . . 4<br>NO SYSTEM. . . . . 5<br>OTHER SYSTEM _____ 6<br>(SPECIFY) | |
| 948 | PRESENTLY INTERVIEWING IN PHARMACY ☐ → PROCEED TO NEXT SECTION OR SERVICE SITE ←<br><br>PRESENTLY INTERVIEWING IN ART SERVICE AREA ☐ → 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**<br>CHILD VACCINATION SERVICES AVAILABLE ☐ ↓<br>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, *how many days* per month the service is provided *at the facility, and how many days per month as outreach, if any.*

| | CHILD VACCINATION SERVICE<br>(USE A 4-WEEK MONTH TO CALCULATE # OF DAYS | (a)<br># OF DAYS PER MONTH SERVICE IS PROVIDED AT FACILITY | (b)<br># OF DAYS PER MONTH SERVICE IS PROVIDED THROUGH OUTREACH |
|---|---|---|---|
| 01 | Routine DPT+HepB+HiB (i.e., pentavalent) | # OF DAYS ☐☐<br>00=NO SERVICE | # OF DAYS ☐☐<br>00=NO SERVICE |
| 02 | Routine oral polio vaccination | # OF DAYS ☐☐<br>00=NO SERVICE | # OF DAYS ☐☐<br>00=NO SERVICE |
| 03 | Routine measles vaccination | # OF DAYS ☐☐<br>00=NO SERVICE | # OF DAYS ☐☐<br>00=NO SERVICE |
| 04 | BCG vaccination | # OF DAYS ☐☐<br>00=NO SERVICE | # OF DAYS ☐☐<br>00=NO SERVICE |
| 05* | Pneumococcal vaccination (pneumonia vaccine) | # OF DAYS ☐☐<br>00=NO SERVICE | # OF DAYS ☐☐<br>00=NO SERVICE |
| 06* | Rotavirus vaccination | # OF DAYS ☐☐<br>00=NO SERVICE | # OF DAYS ☐☐<br>00=NO SERVICE |
| 07* | Inactivated polio vaccine (IPV) vaccination | # OF DAYS ☐☐<br>00=NO SERVICE | # OF DAYS ☐☐<br>00=NO SERVICE |
| 08* | Human papillomavirus (HPV) vaccination | # OF DAYS ☐☐<br>00=NO SERVICE | # OF DAYS ☐☐<br>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<br>NO . . . . . 2 | → 1004 |
| 1003 | May I see the guidelines / booklet? | OBSERVED. . . . . 1<br>REPORTED NOT SEEN. . . . . 2 | → 1006 |
| 1004 | Do you have ***any other guidelines*** for child vaccinations available in this service area today? | YES . . . . . 1<br>NO . . . . . 2 | → 1006 |
| 1005 | May I see the other guidelines? | OBSERVED. . . . . 1<br>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<br>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<br>REFRIGERATOR NOT OBSERVED. . . . . 2 | → 1014 |
| 1009 | Do you maintain a cold-chain temperature-monitoring chart? | YES. . . . . 1<br>NO . . . . . 2 | → 1012 |
| 1010 | May I see the cold-chain temperature monitoring chart? | OBSERVED. . . . . 1<br>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<br>NO, NOT COMPLETED . . . . . 2 | |

| | | (A) OBSERVED AVAILABLE | | (B) NOT OBSERVED | | |
|---|---|---|---|---|---|---|
| 1012* | Please tell me if each of the following vaccines is available in the facility today. If available, I would like to see it.<br><br>IF AVAILABLE, CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED, VVM CHANGED, NOT FROZEN) | AT LEAST ONE VALID | AVAILABLE NONE VALID | 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<br>ABOVE +8 DEGREES. . . . . 2<br>BELOW +2 DEGREES. . . . . 3<br>THERMOMETER NOT FUNCTIONAL. . . . . 4 | |
| 1014 | How many vaccine carriers do you have?<br><br>ASK TO SEE THE VACCINE CARRIERS. REPORTED RESPONSE FROM KNOWLEDGEABLE RESPONDENT IS ACCEPTABLE. | ONE. . . . . 1<br>TWO OR MORE CARRIERS . . . . . 2<br>NONE. . . . . 3 | → 1015A |
| 1015 | How many sets of ice packs do you have?<br><br>ASK TO SEE THE ICE PACKS.<br>REPORTED RESPONSEACCEPTABLE<br>**NOTE: 4-5 ICE PACKS MAKE ONE SET** | ONE SET. . . . . 1<br>TWO OR MORE SETS. . . . . 2<br>NO ICE PACKS, USE PURCHASED ICE. . . . . 3<br>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<br>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<br>NO. . . . . 2<br>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.<br><br>IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED | GENERAL INFORMATION [Q710]. . . . . 11<br>CHILD CURATIVE CARE [Q1251]. . . . . 13<br>FAMILY PLANNING [Q1351]. . . . . 14<br>ANTENATAL CARE [Q1451]. . . . . 15<br>PMTCT [Q1551]. . . . . 16<br>DELIVERY [Q1651]. . . . . 17<br>STI SERVICES [Q1851] . . . . . 18<br>TUBERCULOSIS [Q1951]. . . . . 19<br>HIV TESTING [Q2051]. . . . . 21<br>NCD [Q2351]. . . . . 22<br>MINOR SURGERY [Q2451]. . . . . 23<br>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, 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 |

| | | | |
|---|---|---|---|
| 1052 | DESCRIBE THE SETTING OF THE CHILD VACCINATION SERVICE DELIVERY ROOM OR AREA. | PRIVATE ROOM. . . . . 1<br>OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY. . . . . 2<br>VISUAL PRIVACY ONLY. . . . . 3<br>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 ☐ → | NO GROWTH MONITORING SERVICES ☐ → 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.

| | | (a) # OF DAYS PER MONTH SERVICE IS PROVIDED AT FACILITY | (b) # OF DAYS PER MONTH SERVICE IS PROVIDED THROUGH OUTREACH |
|---|---|---|---|
| 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.<br><br>USE A 4-WEEK MONTH TO CALCULATE # OF DAYS | | |
| 01 | Child growth monitoring | # OF DAYS ☐☐ | # OF DAYS 00=NO SERVICE ☐☐ |

| | | | |
|---|---|---|---|
| 1102* | Do you have any guidelines for growth monitoring, for example the IMNCI guideline available in this service area today? | YES . . . . . 1<br>NO GUIDELINE AVAILABLE . . . . . 2 | → 1104 |
| 1103 | May I see the guidelines for growth monitoring? | OBSERVED . . . . . 1<br>REPORTED NOT SEEN . . . . . 2 | |

| | | (A) AVAILABLE | | | (B) FUNCTIONING | | |
|---|---|---|---|---|---|---|---|
| 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. | 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 | HEIGHT OR LENGTH BOARD | 1 | 2 | 3 → 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<br>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<br>NO . . . . . 2<br>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**<br>CURATIVE CARE SERVICES AVAILABLE ☐ ↓<br>NO CURATIVE CARE SERVICES ☐ → NEXT SECTION OR SERVICE SITE | | |

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.

| | | (a) # OF DAYS PER MONTH SERVICE IS PROVIDED AT FACILITY | (b) # OF DAYS PER MONTH SERVICE IS PROVIDED THROUGH OUTREACH (VILLAGE LEVEL) ACTIVITIES |
|---|---|---|---|
| 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.<br>USE A 4-WEEK MONTH TO CALCULATE # OF DAYS | | |
| 01 | Consultation or curative care services for sick children | # OF DAYS 00=NO SERVICE ☐☐ | # OF DAYS 00=NO SERVICE ☐☐ |

| | | | |
|---|---|---|---|
| 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<br>NO . . . 2 | |
| 1204 | Do you have the ***IMNCI guidelines (chart booklet)*** for the diagnosis and management of childhood illnesses available in this service area today? | YES . . . 1<br>NO . . . 2 | → 1206 |
| 1205 | May I see the IMNCI chart booklet? | OBSERVED . . . 1<br>REPORTED NOT SEEN . . . 2 | → 1208 |
| 1206 | Do you have ***any (other) guidelines*** for the diagnosis and management of childhood illnesses available in this service site today? | YES . . . 1<br>NO . . . 2 | → 1208 |
| 1207* | May I see the other guidelines?<br>SPECIFY THE TYPE OF OTHER GUIDELINE OBSERVED | OBSERVED . . . 1<br>SPECIFY<br>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?<br>IF YES, ASK TO SEE THE PLACE WHERE THESE ACTIVITIES TAKE PLACE BEFORE THE CONSULTATION | YES . . . 1<br>NO . . . 2 | → 1210 |

| | | | | | | |
|---|---|---|---|---|---|---|
| 1209* | OBSERVE IF THE BELOW ACTIVITIES ARE BEING DONE ROUTINELY. IF YOU DO NOT SEE AN ACTIVITY, ASK:<br>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.<br>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* | OPHTALMOSCOPE | 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 SIZES | 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.<br>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<br>NO . . . . . 2 | → 1213A |
| 1213* | May I see an unused copy of the patient/client card? | OBSERVED. . . . . 1<br>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<br>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<br>NO. . . . . 2<br>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.<br><br>IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED | GENERAL INFORMATION [Q710]. . . . . 11<br>CHILD VACCINATION [Q1051]. . . . . 12<br>FAMILY PLANNING [Q1351]. . . . . 14<br>ANTENATAL CARE [Q1451]. . . . . 15<br>PMTCT [Q1551]. . . . . 16<br>DELIVERY [Q1651]. . . . . 17<br>STI SERVICES [Q1851] . . . . . 18<br>TUBERCULOSIS [Q1951]. . . . . 19<br>HIV TESTING [Q2051]. . . . . 21<br>NCD [Q2351]. . . . . 22<br>MINOR SURGERY [Q2451]. . . . . 23<br>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<br>OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY. . . . . 2<br>VISUAL PRIVACY ONLY. . . . . 3<br>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**<br>PEDIATRIC EMERGENCY UNIT AVAILABLE ↓<br>NO PEDIATRIC EMERGENCY UNIT → NEXT SECTION OR SERVICE SITE ← | |

## 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 AR FOR THE SUPPLIES AND EQUIPMENT LISTED BELOW.<br><br>IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE | GENERAL INFORMATION SECTION (Q700). . . . 1<br>EMERGENCY SERVICES SECTION (Q7B01). . . 2<br>NOT PREVIOUSLY SEEN. . . . . 4 | NEXT SECTION |

## 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<br>ASK TO SEE ITEMS. | (A) AVAILABLE: OBSERVED | (A) AVAILABLE: REPORTED NOT SEEN | (A) AVAILABLE: NOT AVAILABLE | (B) FUNCTIONING: YES | (B) FUNCTIONING: NO | (B) FUNCTIONING: DON'T KNOW | |
|---|---|---|---|---|---|---|---|---|
| 01 | ADULT WEIGHING SCALE | 1→b | 2→b | 3 → 02 | 1 | 2 | 8 | |
| 02 | CHILD WEIGHING SCALE [250 GRAM GRADATIC | 1→b | 2→b | 3 → 03 | 1 | 2 | 8 | |
| 03 | INFANT WEIGHING SCALE [100 GRAM GRADATI | 1→b | 2→b | 3 → 04 | 1 | 2 | 8 | |
| 04 | STADIOMETER (OR HEIGHT ROD) FOR MEASUF HEIGHT | 1→b | 2→b | 3 → 05 | 1 | 2 | 8 | |
| 05 | MEASURING TAPE [FOR HEAD CIRCUMFERENC | 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 | SELF-INFLATING BAG AND MASK [ADULT] | 1→b | 2→b | 3 → 12 | 1 | 2 | 8 | Adult?? |
| 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 | | | | |
| 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 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 ADMI | 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, CEI | 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 | | | | Functio |
| 65* | TABLET COUNTING TRAY | 1 | | 2 | | 3 | | | | |
| 66* | STRETCHER WITH TROLLEY | 1→ | b | 2→ | b | 3 67 ← | 1 | 2 | 8 | Functio |
| 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 | why her |
| 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 | Functio |
| 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. | | | | | | | | | |

# SECTION 12B: PEDIATRIC INPATIENT UNIT

| | | |
|---|---|---|
| 12B00 | **CHECK Q102.22**<br>PEDIATRIC INPATIENT SERVICES AVAILABLE ☐<br>NO PEDIATRIC INPATIENT SERVICES ☐ → NEXT SECTION OR SERVICE SITE | |

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 E AVAILABLE IN THE **PEDIATRIC INPATIENT SERVICES AREA**. IF YOU ARE NOT IN THE PADIATRIC INPATIENT SERVIC 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<br>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**<br>FAMILY PLANNING SERVICES ☐ → NEXT SECTION OR SERVICE SITE<br>NO FAMILY PLANNING SERVICES ☐ → 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?<br>USE A 4-WEEK MONTH TO CALCULATE # OF DAYS | NUMBER OF DAYS ☐☐ | | |
| 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<br>NO. . . . . 2 → 1305 | | |
| 1304* | May I see the national family planning service guidelines? | OBSERVED. . . . . 1 → 1307<br>REPORTED NOT SEEN. . . . . 2 | | |
| 1305* | Do you have ***any other service guidelines*** on family planning available at this service area today? | YES. . . . . 1<br>NO. . . . . 2 → 1307 | | |
| 1306* | May I see the other service guidelines? | OBSERVED. . . . . 1<br>REPORTED NOT SEEN. . . . . 2 | | |
| 1307* | Are individual records or patient/client cards maintained at this service site for family planning clients? | YES. . . . . 1<br>NO. . . . . 2 → 1309 | | |
| 1308* | May I see a blank copy of the individual records or patient/client card? | OBSERVED. . . . . 1<br>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?<br>IF YES, ASK TO SEE THE PLACE WHERE THESE ACTIVITIES TAKE PLACE. | YES. . . . . 1<br>NO. . . . . 2 | → 1311 |

| | | | | | | |
|---|---|---|---|---|---|---|
| 1310 | OBSERVE IF THE BELOW ACTIVITIES ARE BEING DONE ROUTINELY. IF YOU DO NOT SEE AN ACTIVITY, ASK:<br>Is [ACTIVITY YOU DO NOT SEE] routinely done for all family planning clients? | ACTIVITY OBSERVED | ACTIVITY REPORTED NOT SEEN | ACTIVITY NOT ROUTINELY DONE | NEVER DONE | DON'T KNOW |
| 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 |

| | | | |
|---|---|---|---|
| 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?<br>PROBE TO ARRIVE AT THE RIGHT ANSWER | ROUTINELY DIAGNOSE AND TREAT STIs. . . . . 1<br>DIAGNOSE BUT REFER ELSEWHERE FOR TREATME 2<br>REFER ELSEWHERE IN FACILITY FOR DIAG & TREA 3<br>REFER OUTSIDE FACILITY FOR DIAG & TREATMENT 4<br>NO DIAGNOSIS / TREATMENT / REFERRAL. . . . . 5 | |
| 1312 | Do providers of family planning conduct HIV testing from this service site? | YES. . . . . 1<br>NO. . . . . 2 | → 1314 |
| 1313 | May I see a sample HIV rapid diagnostic test (RDT) kit?<br>CHECK TO SEE IF AT LEAST ONE IS VALID | OBSERVED, AT LEAST 1 VALID. . . . . 1<br>OBSERVED, NONE VALID. . . . . 2<br>REPORTED AVAILABLE, NOT SEEN. . . . . 3<br>NOT AVAILABLE TODAY. . . . . 4 | |

# EQUIPMENT AND SUPPLIES

| | | (A) AVAILABLE | | | (B) FUNCTIONING | | |
|---|---|---|---|---|---|---|---|
| 1314 | I would like to know if the following items are available in this service area today and are 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 ☐ | | NEITHER IUCD NOR IMPLANT PROVIDED IN FACILITY ☐ → | | 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 ☐ | | IUCD NOT PROVIDED IN FACILITY ☐ → | | 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 ☐ | | IMPLANT NOT PROVIDED IN FACILITY ☐ → | | 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<br>CENTRAL LOCATION IN FACILITY. . . . . 2<br>BOTH LOCATIONS. . . . . 3<br>NO EQUIPMENT PROCESSED IN FACILITY. . . . . 4 | | | → 1322A<br>→ 1322A |
| 1322 | What is the final processing method used for family planning equipment at this service site?<br><br>PROBE FOR ALL METHODS USED | AUTOCLAVE. . . . . A<br>DRY HEAT STERILIZATION. . . . . B<br>SOAK IN CHLORINE SOLUTION. . . . . C<br>BOIL OR STEAM. . . . . D<br>WASH WITH SOAP AND WATER. . . . . E<br>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<br>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<br>NO. . . . . 2<br>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.<br><br>IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED | GENERAL INFORMATION [Q710]. . . . . 11<br>CHILD VACCINATION [Q1051]. . . . . 12<br>CHILD CURATIVE CARE [Q1251] . . . . . 13<br>ANTENATAL CARE [Q1451]. . . . . 15<br>PMTCT [Q1551]. . . . . 16<br>DELIVERY [Q1651]. . . . . 17<br>STI SERVICES [Q1851] . . . . . 18<br>TUBERCULOSIS [Q1951]. . . . . 19<br>HIV TESTING [Q2051]. . . . . 21<br>NCD [Q2351]. . . . . 22<br>MINOR SURGERY [Q2451]. . . . . 23<br>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<br>OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY. . . . . 2<br>VISUAL PRIVACY ONLY. . . . . 3<br>NO PRIVACY. . . . . 4 | |
| 1352A* | Are there any boots or shoes for providers in this unit to wear for infection prevention purposes? | YES. . . . . 1<br>NO. . . . . 2 | → 1353 |
| 1352B* | May I see the boots or shoes? | OBSERVED. . . . . 1<br>REPORTED NOT SEEN. . . . . 2 | |
| 1353 | **CHECK Q212**<br>FP COMMODITIES STORED IN OTHER LOCATION OR NOT STOCKED **(RESPONSE 1 NOT CIRCLED)** ↓ | FP COMMODITIES STORED IN FP SERVICE AREA **(RESPONSE 1 CIRCLED)** | → 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**<br>ANC SERVICES AVAILABLE IN FACILITY ☐<br>ANC SERVICES NOT AVAILABLE IN FACILITY ☐ → 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?<br><br>USE A 4-WEEK MONTH TO CALCULATE # OF DAYS | NUMBER OF DAYS/MONTH ☐☐ | |

| | | | | |
|---|---|---|---|---|
| 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 ☐ / TT VACCINATION NOT PROVIDED ☐ → | | | 1406 |
| 1404 | Is tetanus toxoid vaccination available on all days that ANC services are available in this facility? | YES. . . . . 1<br>NOT ALL ANC DAYS. . . . . 2 | | → 1406 |
| 1405 | How many days each week are tetanus toxoid vaccinations available at this facility? | DAYS PER WEEK. . . . . ☐☐<br>LESS OFTEN THAN ONCE/WEEK. . . . . 0 | | |

| | | (A) OBSERVED AVAILABLE | | (B) NOT OBSERVED | | | |
|---|---|---|---|---|---|---|---|
| 1406 | Do ANC providers in this facility provide any of the following **tests** from this site to pregnant women as part of ANC?<br><br>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<br><br>CHECK TO SEE IF AT LEAST ONE TEST KIT OF EACH TEST IS VALID/UNEXPIRED | AT LEAST ONE VALID | AVAILABLE 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<br>DIAGNOSE BUT REFER ELSEWHERE FOR TREATMEN 2<br>REFER ELSEWHERE IN FACILITY FOR DIAG & TREATM 3<br>REFER OUTSIDE FACILITY FOR DIAG & TREATMENT. . 4<br>NO DIAGNOSIS / TREATMENT / REFERRAL. . . . . 5 | |
| 1409* | Do you have the ***national ANC service guidelines*** available in this service area today?<br><br>ACCEPTABLE IF PART OF OTHER GUIDELINES (MNCH/PMTCT NATIONAL GUIDELINES) | YES. . . . . 1<br>NO. . . . . 2 | → 1411 |
| 1410* | May I see the national ANC service guidelines?<br><br>ACCEPTABLE IF PART OF OTHER GUIDELINES | OBSERVED. . . . . 1<br>REPORTED NOT SEEN. . . . . 2 | → 1415 |
| 1411* | Do you have ***any other ANC service guidelines*** available in this service area today? | YES. . . . . 1<br>NO. . . . . 2 | → 1415 |
| 1412 | May I see the other ANC service guidelines? | OBSERVED. . . . . 1<br>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<br>NO. . . . . 2 | → 1417 |
| 1416 | May I see the visual aids for client education? | OBSERVED. . . . . 1<br>REPORTED NOT SEEN. . . . . 2 | |
| 1417 | Are individual client cards or records for ANC and PNC clients maintained at this service site? | YES. . . . . 1<br>NO. . . . . 2 | → 1419 |
| 1418 | May I see a blank copy of the client records or cards? | OBSERVED. . . . . 1<br>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?<br>IF YES, ASK TO SEE THE PLACE WHERE THESE ACTIVITIES TAKE PLACE. | YES. . . . . 1<br>NO. . . . . 2 | → 1421 |

| 1420* | OBSERVE IF THE BELOW ACTIVITIES ARE BEING DONE ROUTINELY. IF YOU DO NOT SEE AN ACTIVITY, ASK:<br><br>Is [ACTIVITY YOU DO NOT SEE] routinely done for all antenatal care clients? | ACTIVITY OBSERVED | ACTIVITY REPORTED NOT SEEN | ACTIVITY NOT ROUTINELY DONE | NEVER DONE | DON'T KNOW |
|---|---|---|---|---|---|---|
| 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<br>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<br>NO . . . . . 2<br>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.<br><br>IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED | GENERAL INFORMATION [Q710]. . . . . 11<br>CHILD VACCINATION [Q1051]. . . . . 12<br>CHILD CURATIVE CARE [Q1251] . . . . . 13<br>FAMILY PLANNING [Q1351]. . . . . 14<br>PMTCT [Q1551]. . . . . 16<br>DELIVERY [Q1651]. . . . . 17<br>STI SERVICES [Q1851] . . . . . 18<br>TUBERCULOSIS [Q1951]. . . . . 19<br>HIV TESTING [Q2051]. . . . . 21<br>NCD [Q2351]. . . . . 22<br>MINOR SURGERY [Q2451]. . . . . 23<br>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<br>OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY. . . . . 2<br>VISUAL PRIVACY ONLY. . . . . 3<br>NO PRIVACY. . . . . 4 | |
| 1452A* | Are there any boots or shoes for providers in this unit to wear for infection prevention purposes? | YES. . . . . 1<br>NO. . . . . 2 → | **NEXT SECTION** |
| 1452B* | May I see the boots or shoes? | OBSERVED. . . . . 1<br>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 ☐ → NO PMTCT SERVICES IN FACILITY ☐ → NEXT SECTION OR SERVICE SITE | |

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 ☐ → NO HIV COUNSELING AND TESTING FOR PREGNANT WOMEN ☐ → 1506 | | |
| 1503 | IS THIS THE SAME LOCATION AS THE ANC SERVICE SITE? | YES, ANC SERVICE SITE. . . . . 1<br>NO, DIFFERENT LOCATION. . . . . 2 | → 1506 |
| 1504 | Is HIV rapid diagnostic testing available from this service site? | YES. . . . . 1<br>NO. . . . . 2 | → 1506 |
| 1505 | May I see a sample HIV rapid diagnostic test (RDT) kit?<br><br>CHECK TO SEE IF AT LEAST ONE IS VALID | OBSERVED, AT LEAST 1 VALID. . . . . 1<br>OBSERVED, NONE VALID. . . . . 2<br>REPORTED AVAILABLE, NOT SEEN. . . . . 3<br>NOT AVAILABLE TODAY. . . . . 4 | |
| 1506 | **CHECK Q1501.02** INFANT HIV COUNSELING AND TESTING ☐ → NO INFANT HIV COUNSELING AND TESTING ☐ → 1509 | | |
| 1507 | Do providers use filter paper to collect dried blood spots (DBS) for HIV diagnosis in infants at this service site? | YES. . . . . 1<br>NO. . . . . 2 | → 1509 |
| 1508 | May I see sample DBS filter paper cards?<br><br>CHECK TO SEE IF AT LEAST ONE IS VALID | OBSERVED, AT LEAST 1 VALID. . . . . 1<br>OBSERVED, NONE VALID. . . . . 2<br>REPORTED AVAILABLE, NOT SEEN. . . . . 3<br>NOT AVAILABLE TODAY. . . . . 4 | |

| | | | |
|---|---|---|---|
| 1509* | Do you have the ***national service guidelines*** for PMTCT available in this service area? | YES. . . . . 1<br>NO. . . . . 2 | → 1511 |
| 1510* | May I see the national PMTCT service guidelines?<br><br>MAY BE PART OF ANOTHER GUIDELINE | OBSERVED. . . . . 1<br>REPORTED NOT SEEN. . . . . 2 | → 1513 |
| 1511* | Do you have ***any other service guidelines*** for PMTCT available in this service area? | YES. . . . . 1<br>NO. . . . . 2 | → 1513 |
| 1512* | May I see the other service guidelines?<br><br>SPECIFY OTHER OBSERVED GUIDELINES | OBSERVED. . . . . 1<br>SPECIFY<br>REPORTED NOT SEEN. . . . . 2 | |
| 1513* | Do you have service guidelines for ***infant and young child feeding counseling*** available in this service area?<br><br>NOTE: THIS MAY BE COVERED IN OR PART OF ANOTHER GUIDELINE | YES. . . . . 1<br>NO. . . . . 2 | → 1515 |
| 1514* | May I see the service guidelines for infant and young child feeding and counseling?<br>MAY BE PART OF ANOTHER GUIDELINE | OBSERVED. . . . . 1<br>REPORTED NOT SEEN. . . . . 2 | |
| 1515* | Do you stock any ARVs for PMTCT in this service area? | YES. . . . . 1<br>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.<br>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 | 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 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<br>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<br>NO. . . . . 2<br>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.<br><br>IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED | GENERAL INFORMATION [Q710]. . . . . 11<br>CHILD VACCINATION [Q1051] . . . . . 12<br>CHILD CURATIVE CARE [Q1251]. . . . . 13<br>FAMILY PLANNING [Q1351]. . . . . 14<br>ANTENATAL CARE [Q1451]. . . . . 15<br>DELIVERY [Q1651]. . . . . 17<br>STI SERVICES [Q1851] . . . . . 18<br>TUBERCULOSIS [Q1951]. . . . . 19<br>HIV TESTING [Q2051]. . . . . 21<br>NCD [Q2351]. . . . . 22<br>MINOR SURGERY [Q2451]. . . . . 23<br>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<br><br>DESCRIBE THE SETTING OF THE ROOM OR AREA. | PRIVATE ROOM. . . . . 1<br>OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY. . . . . 2<br>VISUAL PRIVACY ONLY. . . . . 3<br>NO PRIVACY. . . . . 4 | |
| 1552A* | Are there any boots or shoes for providers in this unit to wear for infection prevention purposes? | YES. . . . . 1<br>NO. . . . . 2 → | **NEXT SECTION** |
| 1552B* | May I see the boots or shoes? | OBSERVED. . . . . 1<br>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**<br>NORMAL DELIVERY AVAILABLE<br>NORMAL DELIVERY NOT AVAILABLE → NEXT SECTION OR SERVICE SITE | | |
| | ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE NORMAL DELIVERY SERVICES ARE PROVIDED.<br>FIND THE PERSON MOST KNOWLEDGEABLE ABOUT DELIVERY SERVICES IN THE FACILITY.<br>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<br>NO. . . . . 2 | → 1604 |
| 1602 | Is there a duty schedule or call list for 24-hr staff assignment? | YES . . . . . 1<br>NO. . . . . 2 | → 1604 |
| 1603 | May I see the duty schedule or call list for 24-HR staff assignment? | OBSERVED . . . . . 1<br>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<br>**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<br>NO. . . . . 2 | → 1607 |
| 1606 | May I see the guidelines for BEmONC ? | OBSERVED. . . . . 1<br>REPORTED NOT SEEN. . . . . 2 | |
| 1607 | Do you have the national guidelines for CEmOC?<br>ACCEPTABLE IF PART OF ANOTHER GUIDELINE. | YES. . . . . 1<br>NO. . . . . 2 | → 1609 |
| 1608 | May I see the national guidelines for CEmOC? | OBSERVED. . . . . 1<br>REPORTED NOT SEEN. . . . . 2 | |

| | | | |
|---|---|---|---|
| 1609 | Do you have guidelines or protocols on management of pre-term labor?<br><br>ACCEPTABLE IF PART OF ANOTHER GUIDELINE. | YES. . . . . 1<br>NO. . . . . 2 | → 1611 |
| 1610 | May I see the guidelines or protocols on management of pre-term labor? | OBSERVED. . . . . 1<br>REPORTED NOT SEEN. . . . . 2 | |
| 1611 | Does this facility practice Kangaroo Mother Care for low birth weight babies? | YES. . . . . 1<br>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<br>YES, INTEGRATED . . . . . 2 | |
| 1613 | Do providers of delivery services in this facility use partograph to monitor labor and delivery? | YES. . . . . 1<br>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<br>SELECTIVELY. . . . . 2 | |
| 1615 | How many dedicated maternity beds are available in this facility? | # OF DEDICATED MATERNITY BEDS. . . . ☐☐☐<br><br>DON'T KNOW . . . . . 998 | |
| 1616 | How many dedicated delivery beds are available in this facility? | # OF DEDICATED DELIVERY BEDS. . . . ☐☐☐<br><br>DON'T KNOW. .. . . . . 998 | |
| 1617 | Does the facility conduct regular reviews of maternal or newborn deaths or “near-misses”? | YES. . . . . 1<br>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<br>FOR NEWBORNS ONLY. . . . . 2<br>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: ☐☐ WEEKS<br><br>ONLY WHEN CASE OCCURS. . . . . 53<br>DON'T KNOW. . . . . 98 | |
| 1620 | **CHECK Q1618:**<br>RESPONSE "3" CIRCLED ☐ ↓<br>RESPONSE "3" NOT CIRCLED ☐ → 1622 | | |
| 1621 | How often are reviews of <u>newborn deaths</u> or <u>"near misses"</u> carried out? | EVERY: ☐☐ WEEKS<br><br>ONLY WHEN CASE OCCURS. . . . . 53<br>ALWAYS WITH MATERNAL REVIEWS. . . . 95<br>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 MATRESSES | 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 OPHTALMOSCOPE 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 SPHYGOMANOMETER | 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.<br>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 | TETRACYCLINE EYE OINTMENT FOR NEWBORN | 1 | 2 | 3 | 4 | 5 |
| 02 | INJECTABLE ANTIBIOTIC (E.G., CEFTRIAXONE) | 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<br>NO. . . . . 2 | |
| 1627 | Do providers of delivery services conduct HIV testing from this service site? | YES. . . . . 1<br>NO. . . . . 2 | → 1629 |
| 1628 | May I see a sample HIV rapid diagnostic test (RDT) kit?<br><br>CHECK TO SEE IF AT LEAST ONE IS VALID | OBSERVED, AT LEAST 1 VALID. . . . . 1<br>OBSERVED, NONE VALID. . . . . 2<br>REPORTED AVAILABLE, NOT SEEN. . . . . 3<br>NOT AVAILABLE TODAY. . . . . 4 | |
| 1629* | Do you stock any ARVs for PMTCT in this service area? | YES. . . . . 1<br>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) + DOLUTEGRVIR (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<br>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<br>NO. . . . . 2<br>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.<br><br>IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED | GENERAL INFORMATION [Q710]. . . . . 11<br>CHILD VACCINATION [Q1051] . . . . . 12<br>CHILD CURATIVE CARE [Q1251]. . . . . 13<br>FAMILY PLANNING [Q1351]. . . . . 14<br>ANTENATAL CARE [Q1451]. . . . . 15<br>PMTCT [Q1551]. . . . . 16<br>STI SERVICES [Q1851] . . . . . 18<br>TUBERCULOSIS [Q1951]. . . . . 19<br>HIV TESTING [Q2051]. . . . . 21<br>NCD [Q2351]. . . . . 22<br>MINOR SURGERY [Q2451]. . . . . 23<br>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<br>OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY. . . . . 2<br>VISUAL PRIVACY ONLY. . . . . 3<br>NO PRIVACY. . . . . 4 | |
| 1652A* | Are there any boots or shoes for providers in this unit to wear for infection prevention purposes? | YES. . . . . 1<br>NO. . . . . 2 | → NEXT SECTION |
| 1652B* | May I see the boots or shoes? | OBSERVED. . . . . 1<br>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**<br>NEONATOLOGY UNIT AVAILABLE ↓<br>NEONATOLOGY UNIT NOT AVAILABLE → 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:**<br>MALARIA SERVICES AVAILABLE ☐<br>NO MALARIA SERVICES ☐ → NEXT SECTION OR SERVICE SITE | | |
| | ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE CLIENTS WITH MALARIA ARE SEEN.<br>FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROVISION OF MALARIA SERVICES IN THE FACILITY.<br>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?<br>[USE A 4-WEEK MONTH TO CALCULATE DAYS] | DAYS/MONTH . . . . . ☐☐ | |
| 1702 | Do providers in this facility diagnose malaria? | YES . . . . . 1<br>NO . . . . . 2 | → 1710 |
| 1703 | Do providers in this facility use blood tests to verify the diagnosis of malaria, either by microscopy or mRDT? | YES. . . . . 1<br>NO . . . . . 2 | → 1710 |
| 1704 | Do providers use blood test to verify the diagnosis of malaria for all suspected cases (always), or only sometimes? | ALWAYS. . . . . 1<br>ONLY SOMETIMES. . . . . 2 | |
| 1705 | Do providers use malaria rapid diagnostic test to diagnose malaria at this service site? | YES . . . . . 1<br>NO . . . . . 2 | → 1710 |
| 1706 | May I see a sample malaria RDT kit?<br>CHECK THAT AT LEAST ONE IS VALID | OBSERVED, AT LEAST 1 VALID. . . . . 1<br>OBSERVED, NONE VALID. . . . . 2<br>REPORTED AVAILABLE, NOT SEEN. . . . . 3<br>NONE AVAILABLE TODAY. . . . . 4 | |
| 1707* | OBSERVE OR ASK THE BRAND OR TYPE OF MALARIA RDT KIT<br>COUNTRY SPECIFIC | SD BIOLINE . . . . . A<br>FIRST RESPONSE . . . . . B<br>PARACHECK . . . . . C<br>CARE START D<br>OTHER. . . . _____ X<br>SPECIFY | |
| 1708 | Do you have a training manual, poster or other job aid for using malaria rapid diagnostic test? | YES . . . . . 1<br>NO . . . . . 2 | → 1710 |
| 1709 | May I see the training manual, poster or other job aid for using malaria rapid diagnostic test? | OBSERVED. . . . . 1<br>REPORTED, NOT SEEN. . . . . 2 | |
| 1710 | Do providers in this facility prescribe treatment for uncomplicated malaria? | YES . . . . . 1<br>NO . . . . . 2 | |
| 1711 | Do you have the ***national guidelines*** for the diagnosis and treatment of malaria available in this service area?<br>ACCEPTABLE IF PART OF ANOTHER GUIDELINE. | YES . . . . . 1<br>NO . . . . . 2 | → 1713 |
| 1712 | May I see the national guidelines for the diagnosis and treatment of malaria? | OBSERVED. . . . . 1<br>REPORTED, NOT SEEN. . . . . 2<br>**1714A** | |
| 1713 | Do you have any other guidelines for the diagnosis and treatment of malaria in this service area?<br>ACCEPTABLE IF PART OF ANOTHER GUIDELINE. | YES . . . . . 1<br>NO . . . . . 2<br>**1714A** | |
| 1714 | May I see the other guidelines for the diagnosis and treatment of malaria? | OBSERVED. . . . . 1<br>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<br>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<br>NO . . . . . 2<br>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**<br>STI SERVICE OFFERED ☐ ↓<br>STI SERVICE NOT OFFERED ☐ → NEXT SECTION OR SERVICE SITE | | |
| | ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE STI SERVICES ARE PROVIDED.<br>FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROVISION OF STI SERVICES IN THE FACILITY.<br>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?<br>[USE A 4-WEEK MONTH TO CALCULATE DAYS] | DAYS/MONTH . . . . . ☐☐ | |
| 1802 | Do providers in this facility make diagnosis that a client has a sexually transmitted infection (STI)? | YES. . . . . 1<br>NO. . . . . 2 | → 1804 |
| 1803 | How are diagnoses of STIs made in this facility? | SYNDROMIC APPROACH ONLY. . . . . 1<br>ETIOLOGIC (LAB) ONLY. . . . . 2<br>BOTH SYNDROMIC AND ETIOLOGIC. . . . . 3 | |
| 1804 | Do providers in this facility prescribe treatment for STIs? | YES. . . . . 1<br>NO . . . . . 2 | |
| 1805 | **CHECK Q1802 AND Q1804**<br>RESPONSE "1" CIRCLED IN EITHER Q1802 OR Q1804 OR BOTH ☐ ↓<br>RESPONSE "1" CIRCLED IN NEITHER Q1802 NOR Q1804 ☐ → 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<br>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<br>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<br>NO . . . . . 2 | → 1810 |
| 1809 | May I see a sample HIV rapid diagnostic test (RDT) kit?<br>CHECK TO SEE IF AT LEAST ONE IS VALID | OBSERVED, AT LEAST 1 VALID. . . . . 1<br>OBSERVED, NONE VALID. . . . . 2<br>REPORTED AVAILABLE, NOT SEEN. . . . . 3<br>NONE AVAILABLE TODAY. . . . . 4 | |
| 1810 | Do you have the ***national guidelines*** for the diagnosis and treatment of STIs available in this service area?<br>ACCEPTABLE IF PART OF ANOTHER GUIDELINE. | YES . . . . . 1<br>NO . . . . . 2 | → 1812 |
| 1811 | May I see the national guidelines for the diagnosis and treatment of STIs? | OBSERVED. . . . . 1<br>REPORTED NOT SEEN. . . . . 2 | → 1814 |
| 1812 | Do you have any other guidelines for the diagnosis and treatment of STIs available in this service area?<br>ACCEPTABLE IF PART OF ANOTHER GUIDELINE. | YES . . . . . 1<br>NO . . . . . 2 | → 1814 |
| 1813 | May I see the other guidelines for the diagnosis and treatment of STIs? | OBSERVED. . . . . 1<br>REPORTED NOT SEEN. . . . . 2 | |
| 1814 | Does the facility normally perform partner notification for sexually transmitted infections? | YES. . . . . 1<br>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<br>SOMETIMES ACTIVE. . . . . 2<br>ONLY PASSIVE. . . . . 3 | |
| 1816 | Are individual client health records or booklets used? | YES. . . . . 1<br>NO. . . . . 2 | → 1818 |
| 1817 | May I see a copy of the client health records or booklets? It could eithe be a used or and unused copy. | OBSERVED. . . . . 1<br>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<br>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<br>NO . . . . . 2<br>DON'T KNOW . . . . . 8 | |

# STANDARD PRECAUTIONS

| | | | |
|---|---|---|---|
| 1850 | 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.<br><br>IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED | GENERAL INFORMATION [Q710]. . . . . 11<br>CHILD VACCINATION [Q1051] . . . . . 12<br>CHILD CURATIVE CARE [Q1251]. . . . . 13<br>FAMILY PLANNING [Q1351]. . . . . 14<br>ANTENATAL CARE [Q1451]. . . . . 15<br>PMTCT [Q1551]. . . . . 16<br>DELIVERY SERVICES [Q1651]. . . . . 17<br>TUBERCULOSIS [Q1951]. . . . . 19<br>HIV TESTING [Q2051]. . . . . 21<br>NCD [Q2351]. . . . . 22<br>MINOR SURGERY [Q2451]. . . . . 23<br>NOT PREVIOUSLY SEEN. . . . . 31 | NEXT SECTION / SERVICE SITE |

| 1851 | **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 AND 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 |

| | | | |
|---|---|---|---|
| 1852 | DESCRIBE THE SETTING OF THE ROOM OR AREA | PRIVATE ROOM. . . . . 1<br>OTHER ROOM WITH<br>AUDITORY AND VISUAL PRIVACY. . . . . 2<br>VISUAL PRIVACY ONLY. . . . . 3<br>NO PRIVACY. . . . . 4 | |

THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.

# SECTION 19: TUBERCULOSIS

| | | | |
|---|---|---|---|
| 1900 | **CHECK Q102.10**<br>TB SERVICES OFFERED IN FACILITY ☐ ↓<br>NO TB SERVICES IN FACILITY ☐ → NEXT SECTION OR SERVICE SITE | | |
| | ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE TB SERVICES ARE PROVIDED.<br>FIND THE PERSON MOST KNOWLEDGEABLE ABOUT PROVISION OF TB SERVICES IN THE FACILITY.<br>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?<br>USE A 4-WEEK MONTH TO CALCULATE # OF DAYS | NUMBER OF DAYS / MONTH ☐☐ | |

## TB DIAGNOSIS

| | | | |
|---|---|---|---|
| 1902 | Do providers in this facility make diagnosis that a client has pulmonary tuberculosis? | YES. . . . 1<br>NO . . . . 2 | → 1904 |
| 1903* | What is the most common method used by providers in this facility for diagnosing pulmonary TB?<br>PROBE TO DETERMINE METHOD USED. | SPUTUM SMEAR ONLY. . . . 1<br>X-RAY ONLY. . . . 2<br>EITHER SPUTUM OR X-RAY. . . . 3<br>BOTH SPUTUM AND X-RAY. . . . 4<br>CLINICAL SYMPTOMS ONLY. . . . 5<br>SPUTUM CULTURE. . . . 6<br>MOLECULAR TESTS. . . . 7 | |
| 1904 | Do providers in this facility ever refer clients outside this facility for pulmonary TB diagnosis? | YES. . . . 1<br>NO . . . . 2 | → 1908 |
| 1904A* | For which diagnostic service does this facility refer clients outside this facility for pulmonary TB diagnosis?<br>PROBE TO DETERMINE METHOD USED. | SPUTUM SMEAR ONLY. . . . A<br>X-RAY ONLY. . . . B<br>EITHER SPUTUM OR X-RAY. . . . C<br>BOTH SPUTUM AND X-RAY. . . . D<br>CLINICAL SYMPTOMS ONLY. . . . E<br>SPUTUM CULTURE. . . . F<br>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<br>NO. . . . 2 | |
| 1906 | Is there a record/register of clients who are referred for TB diagnosis? | YES . . . . 1<br>REGISTER NOT KEPT. . . . 2 | → 1908 |
| 1907 | May I see the records or register of clients referred for TB testing?<br>CHECK THE RECORDS TO SEE TB DIAGNOSIS RESULTS ARE RECORDED | REGISTER SEEN (PAPER) . . . . 1<br>REGISTER SEEN (ELECTRONIC). . . . 2<br>REGISTER REPORTED, NOT SEEN. . . . 3<br>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<br>NO. . . . 2 | → 1910 |
| 1909 | What most common treatment regimen or approach is followed by providers in this facility for *newly diagnosed* TB? i.e., for new patients, not for retreatment?<br>PROBE TO ARRIVE AT CORRECT RESPONSE | 2M INTENSIVE PHASE, 4M CONTINUATION PHASE. . . . 1<br>6M INTENSIVE PHASE. . . . 2<br>FOLLOW UP CLIENTS ONLY AFTER FIRST 2M INTENSIVE PHASE ELSEWHERE. . . . 3<br>DIAGNOSE AND TREAT WHILE INPATIENT DISCHARGE ELSEWHERE FOR F/UP. . . . 4<br>PROVIDE FULL TREATMENT, WITH NO ROUTINE DIRECT OBSERVATION PHASE. . . . 5<br>DIAGNOSE, PRESCRIBE/PROVIDE MEDICINES ONLY, NO F/UP. . . . 6<br>DIAGNOSE ONLY, NO TREATMENT OR PRESCRIPTION OF MEDICINE. . . . 7 | |
| 1910 | **CHECK Q1902 AND Q1908**<br>TB DIAGNOSIS OR TREATMENT IN FACILITY ☐ ↓<br>NO TB DIAGNOSIS OR TREATMENT IN FACILITY ☐ → NEXT SECTION OR SERVICE SITE | | |
| 1911 | Does this facility have a system for testing TB patients for HIV infection? | YES. . . . 1<br>NO SYSTEM. . . . 2 | → 1913 |
| 1912 | May I see the system, or evidence of such a system?<br>THE SYSTEM MAY BE IN THE FORM OF A REGISTER | SYSTEM OR REGISTER OBSERVED. . . . 1<br>SYSTEM OR REGISTER REPORTED, NOT SEEN. . . . 2 | |

| | | | |
|---|---|---|---|
| 1913* | Is HIV rapid diagnostic testing available from this service site? | YES. . . . . 1<br>NO . . . . . 2 | →1914A |
| 1914 | May I see a sample HIV rapid diagnostic test (RDT) kit?<br><br>CHECK TO SEE IF AT LEAST ONE IS VALID | OBSERVED, AT LEAST 1 VALID. . . . . 1<br>OBSERVED, NONE VALID. . . . . 2<br>REPORTED AVAILABLE, NOT SEEN. . . . . 3<br>NONE AVAILABLE TODAY. . . . . 4 | |
| 1914A* | Does this facility have a system for testing TB patients for suspected MDR TB? | YES. . . . . 1<br>NO . . . . . 2 | → 1915 |
| 1914B* | What is the system in place for testing eligible TB patients for MDR TB?<br><br>PROBE TO DETERMINE THE MOST COMMON METHOD USED. | MOLECULAR TESTS ON THE SPOT. . . . . 1<br>REFERRAL OF SPUTUM SAMPLES TO DRUG SENSITIVITY TEST (DST) LABS . . . . . 2<br>PATIENT REFERRAL TO DRUG SENSITIVITY TEST (DST) LABS . . . . . 3<br>SPUTUM CULTURE TEST. . . . . 4<br>REFERRAL OF SPUTUM SAMPLES TO CULTURE LABS. 5<br>PATIENT REFERRAL FOR SPUTUM CULTURE TEST. . . 6 | |
| 1915 | Do you have the ***national TB guidelines*** for the diagnosis and treatment of TB available in this service area? | YES . . . . . 1<br>NO . . . . . 2 | →1917 |
| 1916 | May I see the national guidelines?<br>THIS MAY BE PART OF OTHER GUIDELINE | OBSERVED. . . . . 1<br>REPORTED, NOT SEEN. . . . . 2 | →1919 |
| 1917 | Do you have any guidelines for the management of HIV and TB co-infection available in this service area?<br><br>THIS MAY BE PART OF OTHER GUIDELINE | YES . . . . . 1<br>NO . . . . . 2 | →1919 |
| 1918 | May I see the guidelines for the management of HIV and TB co-infection? | OBSERVED. . . . . 1<br>REPORTED, NOT SEEN. . . . . 2 | |
| 1919 | Do you have any guidelines related to MDR-TB treatment available in this service area?<br><br>THIS MAY BE PART OF OTHER GUIDELINE | YES . . . . . 1<br>NO . . . . . 2 | →1921 |
| 1920 | May I see the guidelines on treatment of MDR-TB? | OBSERVED. . . . . 1<br>REPORTED, NOT SEEN. . . . . 2 | |
| 1921* | **CHECK Q1903** RESPONSES 1, 3 , 4 OR 6 CIRCLED ↓ | RESPONSES 1, 3, 4 OR 6 NOT CIRCLED → | 1923A |
| 1922* | Do you maintain any sputum containers at this service site for collecting sputum specimen? | YES . . . . . 1<br>NO . . . . . 2 | →1923A |
| 1923 | May I see a sputum container? | OBSERVED. . . . . 1<br>REPORTED, NOT SEEN. . . . . 2<br>NONE AVAILABLE TODAY. . . . . 4 | |
| 1923A* | As a provider of TB services, have you personally received any training in TB any time during the past 24 months? | YES . . . . . 1<br>NO . . . . . 2 | |
| 1923B* | Has any other provider(s) of TB services in this facility received any training in TB at anytime during the past 24 months? | YES . . . . . 1<br>NO . . . . . 2<br>DON'T KNOW . . . . . 8 | |

# STANDARD PRECAUTIONS

| | | | |
|---|---|---|---|
| 1950 | ASSESS THE TB ROOM OR AREA FOR THE ITEMS . LISTED BELOW.<br>FOR ITEMS THAT YOU DO NOT SEE, ASK YOUR RESPONDENT TO SHOW THEM TO YOU.<br><br>IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED | GENERAL INFORMATION [Q710]. . . . . 11<br>CHILD VACCINATION [Q1051] . . . . . 12<br>CHILD CURATIVE CARE [Q1251]. . . . . 13<br>FAMILY PLANNING [Q1351]. . . . . 14<br>ANTENATAL CARE [Q1451]. . . . . 15<br>PMTCT [Q1551]. . . . . 16<br>DELIVERY SERVICES [Q1651]. . . . . 17<br>STI [Q1851]. . . . . 18<br>HIV TESTING [Q2051]. . . . . 21<br>NCD [Q2351]. . . . . 22<br>MINOR SURGERY [Q2451]. . . . . 23<br>NOT PREVIOUSLY SEEN. . . . . 31 | →1953 |

| 1951 | **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 |

| | | | |
|---|---|---|---|
| 1952 | DESCRIBE THE SETTING OF THE ROOM OR AREA | PRIVATE ROOM. . . . . 1<br>OTHER ROOM WITH<br>AUDITORY AND VISUAL PRIVACY. . . . . 2<br>VISUAL PRIVACY ONLY. . . . . 3<br>NO PRIVACY. . . . . 4 | |
| 1953 | **CHECK Q214**<br>TB MEDS STORED IN OTHER LOCATION OR NOT STOCKED **(RESPONSE 1 NOT CIRCLED)** ↓ | TB MEDICINES STORED IN TB SERVICE AREA **(RESPONSE 1 CIRCLED)** → | 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**<br>HIV TESTING AVAILABLE IN FACILITY ☐<br>NO HIV TESTING SERVICES IN FACILITY ☐<br>NEXT SECTION OR SERVICE SITE ← | | |
| | 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?<br>USE A 4-WEEK MONTH TO CALCULATE # OF DAYS | NUMBER OF DAYS. . . . . ☐☐ | |
| 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?<br>AFTER RESPONSE IS PROVIDED, PROBE FOR ANY OTHER PROCEDURES USED FOR PROVIDING THE HIV TEST.<br>CIRCLE ALL THAT APPLY | HIV RAPID TEST THIS SERVICE SITE. . . . . A<br>BLOOD DRAWN HERE, SENT TO LAB IN FACILITY. . . . . B<br>CLIENT SENT TO OTHER SITE IN FACILITY. . . . . C<br>CLIENT SENT TO LAB IN FACILITY. . . . . D<br>CLIENT SENT TO OTHER FACILITY. . . . . E<br>BLOOD DRAWN HERE SENT TO OTHER FACILITY . . . . . F | |
| 2003 | **CHECK Q2002**<br>HIV RAPID TESTING THIS SERVICE SITE ("A" CIRCLED) ☐<br>NO HIV RAPID TESTING AT THIS SERVICE SITE ("A" NOT CIRCLED) ☐ → 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<br>OBSERVED, NONE VALID. . . . . 2<br>REPORTED AVAILABLE, NOT SEEN. . . . . 3<br>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<br>NO INDIVIDUAL CLIENT CHART/RECORD. . . . . 2 → 2007 | |
| 2006 | May I see a copy of the individual client chart or record? | OBSERVED. . . . . 1<br>REPORTED, NOT SEEN. . . . . 2 | |
| 2007 | Do you have the ***national HIV testing and counseling guidelines*** available in this service area? | YES. . . . . 1<br>NO . . . . . 2 → 2009 | |
| 2008 | May I see the national guidelines? | OBSERVED. . . . . 1 → 2011<br>REPORTED, NOT SEEN. . . . . 2 | |
| 2009 | Do you have ***any other guidelines*** on HIV testing available in this service area? | YES. . . . . 1<br>NO . . . . . 2 → 2011 | |
| 2010 | May I see the other guidelines? | OBSERVED. . . . . 1<br>REPORTED, NOT SEEN. . . . . 2 | |
| 2011 | Do staff working in this facility have access to HIV post-exposure prophylaxis, i.e., PEP? | YES. . . . . 1<br>NO. . . . . 2 | |
| 2012* | Are there any written protocols/guidelines for post-exposure prophylaxis available in this site?<br>MAY BE PART OF ANOTHER DOCUMENT | YES. . . . . 1<br>NO. . . . . 2 → 2013A | |
| 2013 | May I see the protocols or guidelines on PEP? | OBSERVED. . . . . 1<br>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<br>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<br>NO . . . . . 2<br>DON'T KNOW . . . . . 8 | |
| 2014 | **CHECK Q2002**<br>BLOOD DRAWN THIS SERVICE SITE ("A" OR "B" OR "F" CIRCLED) ☐<br>NO BLOOD DRAWN THIS SERVICE SITE (NEITHER "A" NOR "B" NOR "F" CIRCLED) ☐ → 2052 | | |

# STANDARD PRECAUTIONS

| | | | |
|---|---|---|---|
| 2050 | 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.<br><br>IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED | GENERAL INFORMATION [Q710]. . . . . 11<br>CHILD VACCINATION [Q1051] . . . . . 12<br>CHILD CURATIVE CARE [Q1251]. . . . . 13<br>FAMILY PLANNING [Q1351]. . . . . 14<br>ANTENATAL CARE [Q1451]. . . . . 15<br>PMTCT [Q1551]. . . . . 16<br>DELIVERY SERVICES [Q1651]. . . . . 17<br>STI [Q1851]. . . . . 18<br>TUBERCULOSIS [Q1951]. . . . . 19<br>NCD [Q2351]. . . . . 22<br>MINOR SURGERY [Q2451]. . . . . 23 → 2053<br>NOT PREVIOUSLY SEEN. . . . . 31 | |

| 2051 | **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 |

| | | | |
|---|---|---|---|
| 2052 | DESCRIBE THE SETTING OF THE ROOM OR AREA | PRIVATE ROOM. . . . . 1<br>OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY. . . . . 2<br>VISUAL PRIVACY ONLY. . . . . 3<br>NO PRIVACY. . . . . 4 | |
| 2053 | Do you have condoms available in this service site to give to clients receiving HIV testing and counseling (HTC) services? | YES. . . . . 1<br>NO . . . . . 2 → 2055 | |
| 2054 | May I see some of the condoms? | OBSERVED, AT LEAST ONE VALID. . . . . 1<br>OBSERVED, NONE VALID. . . . . 2<br>REPORTED, NOT SEEN. . . . . 3<br>NONE AVAILABLE TODAY. . . . . 4 | |
| 2055 | **CHECK Q2002**<br>EXTERNAL HIV TESTING (EITHER "E" OR "F" CIRCLED) ↓<br>NO EXTERNAL HIV TESTING (NEITHER "E" NOR "F" CIRCLED) → **NEXT SECTION OR SERVICE SITE** | | |
| 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? | YES. . . . . 1<br>NO AGREEMENT . . . . . 2<br>→ **NEXT SECTION OR SERVICE SITE** | |
| 2057 | May I see some evidence of the agreement? | OBSERVED. . . . . 1<br>REPORTED, NOT SEEN. . . . . 2 | |

THANK YOUR RESPONDENT AND MOVE TO YOUR NEXT DATA COLLECTION POINT IF DIFFERENT FROM CURRENT LOCATION.

# SECTION 21: HIV TREATMENT

| | | | |
|---|---|---|---|
| 2100 | **CHECK Q102.12**<br>HIV TREATMENT SERVICES OFFERED IN FACILITY ☐↓<br>NO HIV TREATMENT SERVICES IN FACILITY ☐→<br>NEXT SECTION OR SERVICE SITE | | |
| | 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<br>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<br>NO. . . . . 2 | |
| 2103 | **CHECK Q2101 AND Q2102**<br>RESPONSE "1" CIRCLED IN Q2101 OR Q2102 OR IN BOTH ☐↓<br>RESPONSE "1" NOT CIRCLED IN Q2101 NOR Q2102 ☐→<br>NEXT SECTION OR SERVICE SITE | | |
| 2104 | Do you have the *National guidelines* for ART available in this service site? | YES. . . . . 1<br>NO. . . . . 2 → 2106 | |
| 2105* | May I see the National guideline for ART? | OBSERVED. . . . . 1 → 2107A<br>REPORTED, NOT SEEN. . . . . 2 | |
| 2106* | Do you have *any other ART guidelines* available in this service site? | YES. . . . . 1<br>NO. . . . . 2 → 2107A | |
| 2107 | May I see the other ART guidelines? | OBSERVED. . . . . 1<br>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<br>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<br>NO . . . . . 2<br>DON'T 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.

| | TEST | BASELINE TEST CONDUCTED | | | |
|---|---|---|---|---|---|
| | | 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 ***follow-up test*** is conducted routinely, selectively, or never ***while the client is on*** ART **(i.e., for monitoring)**.

| | TEST | FOLLOW-UP TEST CONDUCTED | | | |
|---|---|---|---|---|---|
| | | 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)** ☐ ↓

ARV MEDICINES STORED IN ART SERVICE AREA **(RESPONSE 1 OR 5 CIRCLED)** ☐ → 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**<br>HIV CARE AND SUPPORT SERVICES AVAILABLE IN FACILITY<br>NO HIV CARE AND SUPPORT SERVICES IN FACILITY<br>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

| | Please tell me if providers in this facility provide the following services for HIV/AIDS clients: | YES | NO | DON'T KNOW |
|---|---|---|---|---|
| 01 | Prescribe treatment for any opportunistic infections or symptoms related to HIV/AIDS? This includes treating topical fungal infections. | 1 | 2 | 8 |
| 02 | Provide systemic intravenous treatment of specific fungal infections such as cryptococcal meningitis | 1 | 2 | 8 |
| 03 | Provide treatment for Kaposi's sarcoma | 1 | 2 | 8 |
| 04 | Provide or prescribe palliative care for patients, such as symptom or pain management, or nursing care for the terminally ill, or severely debilitated clients | 1 | 2 | 8 |
| 05 | Provide nutritional rehabilitation services? i.e., client education and provision of nutritional supplements | 1 | 2 | 8 |
| 06* | Prescribe or provide fortified protein supplementation or Ready Used Therapeutic Food (FPS / RUTF) | 1 | 2 | 8 |
| 07 | Care for pediatric HIV/AIDS patients | 1 | 2 | 8 |
| 08 | Prescribe or provide preventive treatment for TB (INH + Pyridoxine prophylaxis) | 1 | 2 | 8 |
| 09 | Primary preventive treatment for opportunistic infections, such as Cotrimoxazole preventive treatment (CPT) | 1 | 2 | 8 |
| 10 | Provide or prescribe micronutrient supplementation, such as vitamins or iron | 1 | 2 | 8 |
| 11 | Family planning counseling and/or services | 1 | 2 | 8 |
| 12 | Provide condoms for preventing further transmission of HIV | 1 | 2 | 8 |

| | | | |
|---|---|---|---|
| 2202 | Is there a system for routinely screening and testing HIV-positive clients for TB? | YES. . . . . 1<br>NO SYSTEM. . . . . 2 | →2204 |
| 2203 | May I see the system, or evidence of such a system? | SYSTEM OR REGISTER OBSERVED. . . . . 1<br>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<br>NO. . . . . 2 | →2206 |
| 2205* | May I see the national guidelines for the clinical management of HIV/AIDS? | OBSERVED. . . . . 1<br>REPORTED, NOT SEEN. . . . . 2 | →2207A |
| 2206* | Do you have any guidelines for palliative care available in this service area? | YES. . . . . 1<br>NO. . . . . 2 | →2207A |
| 2207 | May I see the other guidelines? | OBSERVED. . . . . 1<br>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<br>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<br>NO . . . . . 2<br>DON'T KNOW . . . . . 8 | |
| 2208 | Do you have condoms available in this service site to give to clients receiving services? | YES. . . . . 1<br>NO. . . . . 2<br>**NEXT SECTION** | |
| 2209 | May I see some condoms? | OBSERVED, AT LEAST ONE VALID. . . . . 1<br>OBSERVED, NONE VALID. . . . . 2<br>REPORTED, NOT SEEN. . . . . 3<br>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 ☐ | CHRONIC DISEASE SERVICES NOT AVAILABLE FROM FACILITY ☐ → 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<br>YES, TREAT ONLY . . . 2<br>YES, DIAGNOSE AND TREAT . . . 3<br>NO . . . 4 | → 2310 |
| 2302 | Do you have the ***national guidelines*** for the diagnosis and management of diabetes available in this service area? | YES . . . 1<br>NO . . . 2 | → 2304 |
| 2303* | May I see the national guidelines? | OBSERVED . . . 1<br>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<br>NO . . . 2 | → 2305A |
| 2305 | May I see the other guidelines? | OBSERVED . . . 1<br>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<br>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<br>NO . . . 2<br>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<br>YES, TREAT ONLY . . . 2<br>YES, DIAGNOSE AND TREAT . . . 3<br>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<br>NO . . . 2 | → 2313 |
| 2312* | May I see the national guidelines for the diagnosis and management of cardio-vascular diseases? | OBSERVED . . . 1<br>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<br>NO . . . 2 | → 2314A |
| 2314 | May I see the other guidelines? | OBSERVED . . . 1<br>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<br>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<br>NO . . . 2<br>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<br>YES, TREAT ONLY . . . . . 2<br>YES, DIAGNOSE AND TREAT . . . . . 3<br>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<br>NO . . . . . 2 | → 2323 |
| 2322* | May I see the national guidelines for the diagnosis and management of chronic respiratory diseases? | OBSERVED. . . . . 1<br>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<br>NO . . . . . 2 | → 2324A |
| 2324 | May I see the other guidelines? | OBSERVED. . . . . 1<br>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<br>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<br>NO . . . . . 2<br>DON'T KNOW . . . . . 8 | |

# RENAL

| | | | |
|---|---|---|---|
| 2324C* | Do providers in this facility diagnose and/or manage **chronic renal diseases ?** | YES, DIAGNOSE ONLY. . . . . 1<br>YES, TREAT ONLY . . . . . 2<br>YES, DIAGNOSE AND TREAT . . . . . 3<br>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<br>NO. . . . . 2 | → 2324F |
| 2324E* | May I see the national guidelines? | OBSERVED. . . . . 1<br>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<br>NO. . . . . 2 | → 2324H |
| 2324G | May I see the other guidelines? | OBSERVED. . . . . 1<br>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<br>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<br>NO . . . . . 2<br>DON'T KNOW . . . . . 8 | |

# CANCER

| | | | |
|---|---|---|---|
| 2324J* | Do providers in this facility diagnose and/or manage **cancer diseases** in patients? | YES, DIAGNOSE ONLY. . . . . 1<br>YES, TREAT ONLY . . . . . 2<br>YES, DIAGNOSE AND TREAT . . . . . 3<br>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<br>NO. . . . . 2 | → 2324M |
| 2324L* | May I see the national guidelines for the diagnosis and management of cancer diseases? | OBSERVED. . . . . 1<br>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<br>NO. . . . . 2 | → 2324O |
| 2324N* | May I see the other guidelines? | OBSERVED. . . . . 1<br>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<br>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<br>NO . . . . . 2<br>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<br>YES, TREAT ONLY . . . . . 2<br>YES, DIAGNOSE AND TREAT . . . . . 3<br>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<br>NO . . . . . 2 | → 2324T |
| 2324S* | May I see the national guidelines for the diagnosis and management ofmental,nerological and substance use disorders | OBSERVED. . . . . 1<br>REPORTED, NOT SEEN. . . . . 2 | → 2324V |
| 2324T* | Do you have ***any other*** guidelines for the diagnosis and/ management omental,nerological and substance use disorders available in this service area? | YES. . . . . 1<br>NO . . . . . 2 | → 2324V |
| 2324U* | May I see the other guidelines? | OBSERVED. . . . . 1<br>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<br>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<br>NO . . . . . 2<br>DON'T KNOW . . . . . 8 | |

# BASIC SUPPLIES AND EQUIPMENT

| | | | |
|---|---|---|---|
| 2330 | ASSESS THE ROOM OR AREA FOR THE BASIC SUPPLIES AND EQUIPMENT LISTED BELOW.<br><br>IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED | GENERAL INFORMATION SECTION (Q700). . . . . 1<br>NOT PREVIOUSLY SEEN. . . . . 2 | → 2350 |

| | | (A) AVAILABLE | | | (B) FUNCTIONING | | |
|---|---|---|---|---|---|---|---|
| 2331 | I would like to know if the following items are available today in the main service area and are functioning<br><br>ASK TO SEE ITEMS. | OBSERVED | REPORTED NOT SEEN | NOT AVAILABLE | YES | NO | DON'T 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 | DON'T 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 | 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.<br><br>IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED | GENERAL INFORMATION [Q710]. . . . . 11<br>CHILD VACCINATION [Q1051] . . . . . 12<br>CHILD CURATIVE CARE [Q1251]. . . . . 13<br>FAMILY PLANNING [Q1351]. . . . . 14<br>ANTENATAL CARE [Q1451]. . . . . 15<br>PMTCT [Q1551]. . . . . 16<br>DELIVERY SERVICES [Q1651]. . . . . 17<br>STI [Q1851]. . . . . 18<br>TUBERCULOSIS [Q1951]. . . . . 19<br>HIV TESTING [Q2051]. . . . . 21<br>MINOR SURGERY [Q2451]. . . . . 23<br>NOT PREVIOUSLY SEEN. . . . . 31 | NEXT SECTION / SERVICE SITE |

| 2351 | **STANDARD PRECAUTIONS AND CONDITIONS FOR CLIENT EXAMINATION** | OBSERVED | REPORTED, NOT SEEN | NOT AVAILABLE |
|---|---|---|---|---|
| 01 | RUNNING WATER<br>(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 SYRINGS 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<br>OTHER ROOM WITH<br>AUDITORY AND VISUAL PRIVACY. . . . . 2<br>VISUAL PRIVACY ONLY. . . . . 3<br>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**<br>MINOR SURGERY AVAILABLE ↓<br>MINOR SURGERY NOT AVAILABLE → 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

| | 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 |

| | Please tell me if any of the following materials or medicines is available at this services site today. I would like to see them.<br>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<br>NO . . . . . 2 → | 2450 |
| 2404 | May I see the guidelines on Integrated management of emergency and essential surgical care? | OBSERVED. . . . . 1<br>REPORTED NOT SEEN. . . . . 2 | |

# STANDARD PRECAUTIONS

| | | | |
|---|---|---|---|
| 2450 | 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.<br><br>IF THE SAME ROOM OR AREA HAS ALREADY BEEN ASSESSED, INDICATE WHERE THE DATA ARE RECORDED | GENERAL INFORMATION [Q710]. . . . . 11<br>CHILD VACCINATION [Q1051] . . . . . 12<br>CHILD CURATIVE CARE [Q1251]. . . . . 13<br>FAMILY PLANNING [Q1351]. . . . . 14<br>ANTENATAL CARE [Q1451]. . . . . 15<br>PMTCT [Q1551]. . . . . 16<br>DELIVERY SERVICES [Q1651]. . . . . 17<br>STI [Q1851]. . . . . 18<br>TUBERCULOSIS [Q1951]. . . . . 19<br>HIV TESTING [Q2051]. . . . . 21<br>NCD [Q2351]. . . . . 22<br>NOT PREVIOUSLY SEEN. . . . . 31 | → NEXT SECTION / SERVICE SITE |

| 2451 | **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 |

| | | | |
|---|---|---|---|
| 2452 | DESCRIBE THE SETTING OF THE ROOM OR AREA | PRIVATE ROOM. . . . . 1<br>OTHER ROOM WITH AUDITORY AND VISUAL PRIVACY. . . . . 2<br>VISUAL PRIVACY ONLY. . . . . 3<br>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**<br>CESAREAN DELIVERY DONE IN FACILITY ↓<br>CESAREAN DELIVERY **NOT** DONE IN FACILITY → 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<br>NO. . . . . 2 | → 2504 |
| 2502 | Is there a duty schedule or call list for 24-hr staff assignment? | YES. . . . . 1<br>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<br>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<br>NO. . . . . 2 | → 2507 |
| 2505 | Is there a duty schedule or call list? | YES. . . . . 1<br>24-HOUR DUTY SCHEDULE NOT MAINTAINED. . 2 | → 2507 |
| 2506 | May I see the duty schedule or call list? | SCHEDULE OBSERVED. . . . . 1<br>SCHEDULE REPORTED, NOT SEEN. . . . . 2 | |
| 2507 | Have Cesarean delivery been performed in this facility during the past 3 months? | YES. . . . . 1<br>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 | OPHTALMOSCOPE | 1 → b | 2 → b | 3 → 07 | 1 | 2 | 8 |
| 07 | ICU BEDS ADJUSTABLLE 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 MEDECINES, 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**<br>BLOOD TYPING SERVICES AVAILABLE FROM FACILITY ☐<br>BLOOD TYPING SERVICES NOT AVAILABLE FROM FACILITY ☐<br>NEXT SECTION OR SERVICE SITE | |

| | | (A) OBSERVED AVAILABLE | | (B) NOT OBSERVED | | |
|---|---|---|---|---|---|---|
| 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.<br><br>CHECK TO SEE IF AT LEAST ONE IS VALID (NOT EXPIRED) | 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**<br>BLOOD TRANSFUSION AVAILABLE FROM FACILITY ☐ ↓<br>BLOOD TRANSFUSION NOT AVAILABLE FROM FACILITY ☐ → NEXT SECTION OR SERVICE SITE | | |
| | 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?<br><br>PROBE FOR A COMPLETE LIST OF SOURCES OF BLOOD. | NATIONAL BLOOD BANK . . . . . A<br>REGIONAL BLOOD BANK . . . . . B<br>RELATIVES DONATING DIRECTLY. . . . . C<br>OTHER_____ X<br>(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<br>NO. . . . . 2 | |

## SCREENING FOR INFECTIOUS DISEASES

| | | | |
|---|---|---|---|
| 2710 | Is blood that is transfused in this facility screened, ***either in this facility or externally,*** for any infectious diseases prior to transfusion? | YES. . . . . 1<br>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<br>ONLY AT AN EXTERNAL FACILITY. . . . . 2<br>BOTH INTERNALLY AND EXTERNALLY. . . . . 3 | |

| | | | | | |
|---|---|---|---|---|---|
| 2712 | Is the blood that is transfused in the facility screened, ***either in this facility or externally,*** for any of the following infectious diseases?<br>IF YES, ASK: Is the blood "always", "sometimes", 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<br>NO. . . . . 2 | → 2720 |

| | | | | | |
|---|---|---|---|---|---|
| 2714 | For which of the following tests do you send blood sample outside the facility for screening?<br>ASK TO SEE DOCUMENTATION | (A) SEND SPECIMEN OUT | | (B) RECORD OF OUTSIDE TEST | |
| | | YES | NO | YES | NO |
| 01 | HIV | 1 → b | 2 → 02 | 1 | 2 |
| 02 | SYPHILIS | 1 → b | 2 → 03 | 1 | 2 |
| 03 | HEPATITIS B | 1 → b | 2 → 04 | 1 | 2 |
| 04 | HEPATITIS C | 1 → b | 2 → 05 | 1 | 2 |
| 05 | MALARIA | 1 → b | 2 → 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<br>NO. . . . . 2 | |
| 2721 | Is there a blood bank fridge or other refrigerator available for blood storage in this service area? | YES. . . . . 1<br>NO. . . . . 2 | → 2724 |
| 2722 | May I see the blood bank fridge or other refrigerator? | OBSERVED. . . . . 1<br>REPORTED NOT SEEN. . . . . 2 | → 2724 |
| 2723 | WHAT IS THE TEMPERATURE IN THE BLOOD BANK FRIDGE OR OTHER REFRIGERATOR? | BETWEEN +2 AND +6 DEGREES. . . . . 1<br>ABOVE +6 DEGREES. . . . . 2<br>BELOW +2 DEGREES. . . . . 3<br>THERMOMETER NOT FUNCTIONAL. . . . . 4 | |
| 2724 | Do you have any guidelines on the appropriate use of blood and safe transfusion practices? | YES. . . . . 1<br>NO. . . . . 2<br>NEXT SECTION OR SERVICE SITE | |
| 2725 | May I see the guidelines on appropriate use of blood and safe blood transfusion? | OBSERVED. . . . . 1<br>REPORTED NOT SEEN. . . . . 2 | |

# SECTION 28*: NEGLECTED TROPICAL DISEASES

| | | | |
|---|---|---|---|
| 2800 | **CHECK Q102.20** NTD SERVICES AVAILABLE FROM FACILITY → NTD SERVICES NOT AVAILABLE FROM FACILITY → NEXT SECTION OR SERVICE SITE | | |

ASK TO BE SHOWN THE LOCATION IN THE FACILITY WHERE CLIENTS WITH NEGLECTED TROPICAL DISEASES SUCH ASONCHOCERCIASIS 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<br>YES, TREAT ONLY . . . 2<br>YES, DIAGNOSE AND TREAT . . . 3<br>NO . . . 4 → 2810 | |
| 2802 | Do you have the ***national guidelines*** for the diagnosis and management of onchocerciasis available in this service area?<br><br>ACCEPTABLE IF PART OF ANOTHER GUIDELINE. | YES . . . 1<br>NO . . . 2 → 2804 | |
| 2803 | May I see the national guidelines? | OBSERVED . . . 1 → 2806<br>REPORTED, NOT SEEN . . . 2 | |
| 2804 | Do you have ***any other guidelines*** for the diagnosis and management of onchocerciasis available in this service area? | YES . . . 1<br>NO . . . 2 → 2806 | |
| 2805 | May I see the other guidelines? | OBSERVED . . . 1<br>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<br>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<br>NO . . . 2<br>DON'T KNOW . . . 8 | |

## LYMPHATIC FILARIASIS

| | | | |
|---|---|---|---|
| 2810 | Do providers in this facility diagnose and/or manage lymphatic filariasis in patients? | YES, DIAGNOSE ONLY . . . 1<br>YES, TREAT ONLY . . . 2<br>YES, DIAGNOSE AND TREAT . . . 3<br>NO . . . 4 → 2820 | |
| 2811 | Do you have ***the national guidelines*** for the diagnosis and management of lymphatic filariasis available in this service area?<br><br>ACCEPTABLE IF PART OF ANOTHER GUIDELINE. | YES . . . 1<br>NO . . . 2 → 2813 | |
| 2812 | May I see the national guidelines for the diagnosis and management of lymphatic filariasis ? | OBSERVED . . . 1 → 2815<br>REPORTED, NOT SEEN . . . 2 | |
| 2813 | Do you have ***any other guidelines*** for the diagnosis and management of lymphatic filariasis available in this service area? | YES . . . 1<br>NO . . . 2 → 2815 | |
| 2814 | May I see the other guidelines? | OBSERVED . . . 1<br>REPORTED, NOT SEEN . . . 2 | |
| 2815 | As a provider oflymphatic filariasis services, have you personally received any training in lymphatic filariasis any time during the past 24 months? | YES . . . 1<br>NO . . . 2 | |
| 2816 | Has any other provider(s) of clymphatic filariasis services in this facility received any training in lymphatic filariasis at anytime during the past 24 months? | YES . . . 1<br>NO . . . 2<br>DON'T KNOW . . . 8 | |

# SCHISTOSOMIASIS

| | | | |
|---|---|---|---|
| 2820 | Do providers in this facility diagnose and/or manage shistosomiasis in patients? | YES, DIAGNOSE ONLY. . . . . 1<br>YES, TREAT ONLY . . . . . 2<br>YES, DIAGNOSE AND TREAT . . . . . 3<br>NO . . . . . 4 | → 2830 |
| 2821 | Do you have ***the national guidelines*** for the diagnosis and management of shistosomiasis available in this service area?<br><br>ACCEPTABLE IF PART OF ANOTHER GUIDELINE. | YES. . . . . 1<br>NO . . . . . 2 | → 2823 |
| 2822 | May I see the national guidelines for the diagnosis and management of shistosomiasis? | OBSERVED. . . . . 1<br>REPORTED, NOT SEEN. . . . . 2 | → 2825 |
| 2823 | Do you have ***any other*** guidelines for the diagnosis and/ management of shistosomiasis available in this service area? | YES. . . . . 1<br>NO . . . . . 2 | → 2825 |
| 2824 | May I see the other guidelines? | OBSERVED. . . . . 1<br>REPORTED, NOT SEEN. . . . . 2 | |
| 2825 | As a provider of shistosomiasis services, have you personally received any training in shistosomiasis any time during the past 24 months? | YES . . . . . 1<br>NO . . . . . 2 | |
| 2826 | Has any other provider(s) of shistosomiasis services in this facility received any training inshistosomiasis at anytime during the past 24 months? | YES . . . . . 1<br>NO . . . . . 2<br>DON'T KNOW . . . . . 8 | |

# SOIL TRANSMITTED HELMINTHES

| | | | |
|---|---|---|---|
| 2830 | Do providers in this facility diagnose and/or manage **soil transmitted helminthes ?** | YES, DIAGNOSE ONLY. . . . . 1<br>YES, TREAT ONLY . . . . . 2<br>YES, DIAGNOSE AND TREAT . . . . . 3<br>NO . . . . . 4 | → 2840 |
| 2831 | Do you have the ***national guidelines*** for the diagnosis and management of soil transmitted helminthes available in this service area?<br><br>ACCEPTABLE IF PART OF ANOTHER GUIDELINE. | YES. . . . . 1<br>NO. . . . . 2 | → 2833 |
| 2832 | May I see the national guidelines? | OBSERVED. . . . . 1<br>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<br>NO. . . . . 2 | → 2835 |
| 2834 | May I see the other guidelines? | OBSERVED. . . . . 1<br>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<br>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<br>NO . . . . . 2<br>DON'T KNOW . . . . . 8 | |

# TRACHOMA

| | | | |
|---|---|---|---|
| 2840 | Do providers in this facility diagnose and/or manage **trachoma** in patients? | YES, DIAGNOSE ONLY . . . . . 1<br>YES, TREAT ONLY . . . . . 2<br>YES, DIAGNOSE AND TREAT . . . . . 3<br>NO . . . . . 4 | → 2850 |
| 2841 | Do you have ***the national guidelines*** for the diagnosis and management of trachoma available in this service area?<br><br>ACCEPTABLE IF PART OF ANOTHER GUIDELINE. | YES . . . . . 1<br>NO . . . . . 2 | → 2843 |
| 2842 | May I see the national guidelines for the diagnosis and management of trachoma? | OBSERVED . . . . . 1<br>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<br>NO . . . . . 2 | → 2845 |
| 2844 | May I see the other guidelines? | OBSERVED . . . . . 1<br>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<br>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<br>NO . . . . . 2<br>DON'T KNOW . . . . . 8 | |

# DRACUNCULIASIS

| | | | |
|---|---|---|---|
| 2850 | Do providers in this facility diagnose and/or manage dracunculiasis in patients? | YES, DIAGNOSE ONLY . . . . . 1<br>YES, TREAT ONLY . . . . . 2<br>YES, DIAGNOSE AND TREAT . . . . . 3<br>NO . . . . . 4 | → 2860 |
| 2851 | Do you have ***the national guidelines*** for the diagnosis and management of dracunculiasis available in this service area?<br><br>ACCEPTABLE IF PART OF ANOTHER GUIDELINE. | YES . . . . . 1<br>NO . . . . . 2 | → 2853 |
| 2852 | May I see the national guidelines for the diagnosis and management of dracunculiasis? | OBSERVED . . . . . 1<br>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<br>NO . . . . . 2 | → 2855 |
| 2854 | May I see the other guidelines? | OBSERVED . . . . . 1<br>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<br>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<br>NO . . . . . 2<br>DON'T KNOW . . . . . 8 | |

# PODOCONIOSIS

| | | | |
|---|---|---|---|
| 2860 | Do providers in this facility diagnose and/or manage **podoconiosis** | YES, DIAGNOSE ONLY. . . . . 1<br>YES, TREAT ONLY . . . . . 2<br>YES, DIAGNOSE AND TREAT . . . . . 3<br>NO . . . . . 4 | → 2870 |
| 2861 | Do you have ***the national guidelines*** for the diagnosis and management of podoconiosis available in this service area?<br><br>ACCEPTABLE IF PART OF ANOTHER GUIDELINE. | YES. . . . . 1<br>NO. . . . . 2 | → 2863 |
| 2862 | May I see the national guidelines for the diagnosis and management of podoconiosis? | OBSERVED. . . . . 1<br>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<br>NO. . . . . 2 | → 2865 |
| 2864 | May I see the other guidelines? | OBSERVED. . . . . 1<br>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<br>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<br>NO . . . . . 2<br>DON'T KNOW . . . . . 8 | |

# LEISHMANIASIS

| | | | |
|---|---|---|---|
| 2870 | Do providers in this facility diagnose and/or manage leishmaniasis in patients? | YES, DIAGNOSE ONLY. . . . . 1<br>YES, TREAT ONLY . . . . . 2<br>YES, DIAGNOSE AND TREAT . . . . . 3<br>NO . . . . . 4<br>NEXT SECTION OR SERVICE SITE | |
| 2871 | Do you have ***the national guidelines*** for the diagnosis and management of leishmaniasis available in this service area?<br><br>ACCEPTABLE IF PART OF ANOTHER GUIDELINE. | YES. . . . . 1<br>NO . . . . . 2 | → 2873 |
| 2872 | May I see the national guidelines for the diagnosis and management of leishmaniasis? | OBSERVED. . . . . 1<br>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<br>NO . . . . . 2 | → 2875 |
| 2874 | May I see the other guidelines? | OBSERVED. . . . . 1<br>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<br>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<br>NO . . . . . 2<br>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**<br>SURGICAL AND ORTHOPEDIC CARE SERVICES AVAILABLE ↓<br>NO SURGICAL AND ORTHOPEDIC CARE SERVICES AVAILABLE → NEXT SECTION OR SERVICE SITE | |

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

| | | (A) AVAILABLE | | | (B) FUNCTIONING | | |
|---|---|---|---|---|---|---|---|
| 2901 | Please tell me if the following equipment are available at this site today and is functioning. I would like to see them | 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 LIGH (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 1<br>NO 2 | → Next section |
| | 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.<br>INTRODUCE YOURSELF, EXPLAIN THE PURPOSE OF THE SURVEY AND ASK THE FOLLOWING QUESTIONS. | | |
| 2902A | Do you have the national guidelines for service provision to adolescents available in this facility today?<br>IF AVAILABLE, ASK TO SEE THE DOCUMENT | YES, OBSERVED 1<br>YES, REPORTED NOT SEEN 2<br>NO 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 1<br>NO 2 | |

## 29B. POST ABORTION CARE (PAC)

| | | | |
|---|---|---|---|
| 2901B | Does this facility offer post-abortion care (PAC)?<br>IF YES PROBE OUTPATIENT, INPATIENT OR BOTH | YES, OUTPATIENT 1<br>YES, INPATIENT 2<br>YES, BOTH OUT AND INPATIEN 3<br>NO 4 | → Next section |
| | 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. | | |
| 2902B | Have you or any provider (s) of Post abortion care received any training in post abortion care in the last two years | YES 1<br>NO 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 ☐☐☐ | |
| 2905B | NUMBER OF MONTHS INCLUDED IN THE ABOVE STATISTIC | MONTHS OF DATA ☐☐ | |
| 2906B | How many of the PAC procedures are recorded due to incomplete abortion in the past 6 months? | PAC DUE TO INCOMPLETE ABORTION ☐☐☐<br>DON'T KNOW 9 8 | |
| 2907B | Is the post abortion care in the same service area as deliveries | YES, ALWAYS 1<br>YES, SOMETIMES 2<br>NO 3 | |

2908B 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.

| | 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<br>YES, A FREE STANDING STRU( 2<br>NO.....3 | → Next section |
| 2902C | Who is financing this MWH? | THE GOVERNMENT A<br>FAITH-BASED ORG B<br>NGO OTHER THAN FAITH-BASI C<br>INDIVIDUALS (SELF MOTIVATE D<br>COMMUNITY E<br>THE CUSTOMERS F | |
| 2903C | OBSERVE THE MAIN MATERIAL OF THE WAITING HOME FLOOR | NATURAL (EARTH/SAND OR DU 1<br>RUDIMENTARY (WOOD PLANK 2<br>FINISHED (VINYLE, POLISHED WOOD<br>CEMENT, BRICK, CARPET) 3 | |

| | | | |
|---|---|---|---|
| 2904C | Is there a toilet or latrine available for women staying at the maternity waiting home? | YES….....1<br>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<br>NO….....2 | |
| 2906C | Is there a bathroom available for women staying at the maternity waiting home? | YES….....1<br>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<br>NO….....2 | |

## SECTION 30: GENERAL FACILITY LEVEL CLEANLINESS

| | | | | |
|---|---|---|---|---|
| 3000 | ASSESS GENERAL CLEANLINESS / CONDITIONS OF FACILITY | | YES | NO |
| 01 | **FLOOR:** SWEPT, NO OBVIOUS DIRT OR WASTE | | 1 | 2 |
| 02 | **COUNTERS/TABLES/CHAIRS:** WIPED CLEAN-<br>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 | | | |
| | 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=Seconded) |

**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. IF YES, RECORD NAME AND FACILITY NUMBER WHERE HE/SHE WAS INTERVIEWED**

YES, PREVIOUSLY INTERVIEWED . . . . . **1**

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

| DAY | MONTH | YEAR |
|---|---|---|
| | | 2 0 1 |

SIGNATURE OF INTERVIEWER INDICATES INFORMED CONSENT WAS PROVIDED.

| | | | |
|---|---|---|---|
| 101 | May I begin the interview now? | YES. . . . . 1<br>NO. . . . . 2 → **END** | |
| 101A | How old were you at your last birthday? | AGE IN COMPLETED YEARS | |

# 1. EDUCATION AND EXPERIENCE

| | | | |
|---|---|---|---|
| 102 | I would like to ask you some questions about your educational background.<br><br>How many years of education have you completed in total, starting from your primary, secondary and further education? | YEARS. . . . . | |
| 103 | What is your current occupational category or qualification? For example, are you a public health nurse, a general practitioner, or general surgeon? | PROVIDER CATEGORY | |

**Provider Qualification Category:**

| | | | |
|---|---|---|---|
| GENERAL PRACTITIONER | **01** | MIDWIFES (DIPLOMA) | **17** |
| MD SPECIALIST: GENERAL SURGEON | **02** | SPECIALIZED NURSE INCLUDING NEONATOLOGY, ETC. | **18** |
| MD SPECIALIST: OBSTETRICIAN AND GYNAECOLOGIST | **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 SERVICE SPECIALISTS | **09** | MICROBIOLOGIST | **27** |
| HEALTH OFFICER | **10** | BIO-MEDICAL ENGINEER | **28** |
| NURSE (DIPLOMA) | **12** | HEALTH EXTENSION WORKER LEVEL 3 | **42** |
| NURSE (BSc) | **14** | HEALTH EXTENSION WORKER LEVEL 4 | **43** |
| PUBLIC HEALTH NURSE | **15** | OTHER CLINICAL STAFF NOT LISTED ABOVE | **44** |
| MIDWIFES (BSc) | **16** | NO TECHNICAL QUALIFICATION/NON CLINICAL STAFF | **95** |

| | | | |
|---|---|---|---|
| 104 | What year did you graduate (or complete) with this qualification?<br><br>IF NO TECHNICAL QUALIFICATION (Q103=95), ASK:<br>What year did you complete any basic training for your current occupational category? | YEAR | |
| 105 | In what year did you start working in this facility? | YEAR | |
| 106 | Have you received any dose of Hepatitis B vaccine?<br><br>IF YES, ASK: How many doses have you received so far? | YES, 1 DOSE. . . . . 1<br>YES, 2 DOSES. . . . . 2<br>YES, 3 OR MORE DOSES. . . . . 3<br>NO. . . . . 4 → 108 | |
| 107 | Did you receive any dose of the Hepatities B vaccine as part of your services in this facility? | YES. . . . . 1<br>NO. . . . . 2 | |
| 108 | Are you a manager or in-charge for any clinical services? | YES. . . . . 1<br>NO. . . . . 2 | |

# 2. GENERAL TRAINING / MALARIA / NON-COMMUNICABLE DISEASES

| | | | | |
|---|---|---|---|---|
| 200 | 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.<br><br>Have you received any in-service training, training updates or refresher training in any of the following topics [READ TOPIC]<br><br>IF YES, ASK: 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 | 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 | **CHECK Q103 FOR PROVIDER OCCUPATIONAL CATEGORY / QUALIFICATION**<br>CODE 24, 25, 26, 27 OR 28 (i.e., LABORATORY-RELATED) CIRCLED → 700<br>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 | | | |

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.

## YOUTH FRIENDLY SERVICE

| | | | |
|---|---|---|---|
| 202 | 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? | YES. . . . . 1<br>NO. . . . . 2 | |
| 203 | Have you received any ***in-service training, training updates or refresher training*** on topics specific to youth or adolescent friendly services?<br><br>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<br>YES, OVER 24 MONTHS AGO. . . . . 2<br>NO TRAINING OR UPDATES. . . . . 3 | |

## MALARIA

| | | | | | |
|---|---|---|---|---|---|
| 204 | In your **current** position, and as a part of your work for this facility, do you personally diagnose and/or treat malaria? | YES. . . . . 1<br>NO. . . . . 2 | | | |
| 205 | Have you received any in-service training, training updates or refresher trainings on topics related to diagnosis and/or treatment of malaria? | YES. . . . . 1<br>NO. . . . . 2 → 207 | | | |
| 206* | Have you received any ***in-service training, training updates or refresher trainings*** in any of the following topics [READ TOPIC]:<br><br>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 | 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<br>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?<br><br>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<br>YES, OVER 24 MONTHS AGO. . . . . 2<br>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<br>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?<br><br>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<br>YES, OVER 24 MONTHS AGO. . . . . 2<br>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<br>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?<br><br>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<br>YES, OVER 24 MONTHS AGO. . . . . 2<br>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<br>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<br>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<br>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<br>NO . . . . . 2 | → 400 |

| 304* | Have you received any ***in-service training or training updates*** in any of the following topics [READ TOPIC]<br><br>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<br>NO. . . . . 2 | |
| 401 | Have you received any ***in-service training, training updates or refresher training*** on topics related to family planning? | YES. . . . . 1<br>NO. . . . . 2 | →500 |

| 403 | Have you received any in-service training, training updates or refresher training in any of the following topics [READ TOPIC]<br><br>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. MATRERNAL 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?<br><br>IF YES, PROBE AND INDICATE WHICH SERVICES ARE PROVIDED | YES, ANTENATAL. . . . . 1<br>YES, POSTNATAL. . . . . 2<br>YES, BOTH. . . . . 3<br>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<br>NO. . . . . 2 | | | → 503 |
| 502* | Have you received any ***in-service training, training updates or refresher training*** in any of the following topics [READ TOPIC]<br><br>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?<br>IF YES, ASK: Which specific services do you provide?<br><br>INDICATE WHICH OF THE LISTED SERVICES ARE PROVIDED AND PROBE: Anything else? | PREVENTIVE COUNSELING. . . . . A<br>HIV TEST COUNSELING. . . . . B<br>CONDUCT HIV TEST. . . . . C<br>PROVIDE ARV TO MOTHER. . . . . D<br>PROVIDE ARV TO INFANT. . . . . E<br>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<br>NO. . . . . 2 | | | → 506 |
| 505 | Have you received any ***in-service training, training updates or refresher training*** in any of the following topics [READ TOPIC]<br><br>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<br>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 ☐☐☐ | |
| 508 | When was the last time you used a partograph? | NEVER. . . . . 0<br>WITHIN PAST WEEK. . . . . 1<br>WITHIN PAST MONTH. . . . . 2<br>WITHIN PAST 6 MONTHS. . . . . 3<br>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<br>NO. . . . . 2 | → 511 |

| | | | | |
|---|---|---|---|---|
| 510 | Have you received any ***in-service training, training updates or refresher training*** in any of the following topics [READ TOPIC]<br><br>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<br>NO. . . . . 2 | |
| 512 | Have you received any ***in-service training, training updates or refresher training*** on topics related to newborn care? | YES. . . . . 1<br>NO. . . . . 2 | → 600 |

| | | | | |
|---|---|---|---|---|
| 513* | Have you received any ***in-service training, training updates or refresher training*** in any of the following topics [READ TOPIC]<br><br>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 | *Early* and e*xclusive* 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<br>NO. . . . . 2 | |
| 601 | Have you received any ***in-service training, training updates or refresher training*** on topics related to STI services? | YES. . . . . 1<br>NO. . . . . 2 | → 603 |

| 602 | Have you received any ***in-service training, training updates or refresher training*** in any of the following topics [READ TOPIC]<br><br>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 | Diagnosing and treating sexually transmitted infections (STIs) | 1 | 2 | 3 |
| 02 | The syndromic management for STIs | 1 | 2 | 3 |
| 03 | Drug resistance to STI treatment medications | 1 | 2 | 3 |

## 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 ***in-service training, training updates or refresher training***<br><br>READ THE QUESTIONS FROM COLUMNS A AND B | Do you provide [READ SERVICE]? (a) | | Have you received training or training update on [SERVICE]? IF YES, within 24 months or over? (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 in-service training, training updates or refresher training.<br><br>READ THE QUESTIONS FROM COLUMNS A AND B | Do you provide [READ SERVICE]? (a) | | Have you received training or training update on [SERVICE]? IF YES, within 24 months or over? (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

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| 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.<br><br>READ THE QUESTIONS FROM COLUMNS A AND B | Do you provide [READ SERVICE]? (a) | | Have you received training or training update on [SERVICE]? IF YES, within 24 months or over? (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 nerological 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

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| 700 | In your **current** position, and as a part of your work for this facility, do you personally conduct laboratory tests?<br>CIRCLE 'NO' IF THE PROVIDER ONLY COLLECTS SPECIMENS. | YES. . . . . 1<br>NO. . . . . 2 | → 800 |

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| 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 |

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| 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<br>NO. . . . . 2 | → 800 |

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| 703 | Have you received any ***in-service training, training updates or refresher training*** in any of the following topics [READ TOPIC]<br><br>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

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| 800 | Now I want to ask you a few more questions about your work in this facility.<br>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. | AVERAGE HOURS PER WEEK WORKING IN THIS FACILITY ☐☐☐ | |
| 801 | 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?<br>IF YES, ASK: When was the most recent time? | YES, IN THE PAST 3 MONTHS. . . . . 1<br>YES, IN THE PAST 4-6 MONTHS. . . . . 2<br>YES, IN THE PAST 7-12 MONTHS. . . . . 3<br>YES, MORE THAN 12 MONTHS AGO. . . . . 4<br>NO. . . . . 5 | → 804 |
| 802 | How many times in the past six months has your work been supervised or did you receive any technical support? | NUMBER OF TIMES. . . . . ☐☐<br>EVERY DAY. . . . . '96 | |
| 803 | The last time you were personally supervised, did your supervisor do any of the following: | | |
| 01 | Check your records or reports? | CHECKED RECORD — YES 1 / NO 2 / DK 8 | |
| 02 | Observe your work? | OBSERVED WORK — YES 1 / NO 2 / DK 8 | |
| 03 | Provide any feedback (either positive or negative) on your performance? | FEEDBACK — YES 1 / NO 2 → 05 / DK 8 → 05 | |
| 04 | Give you verbal or written feedback that you were doing your work well? | VERBAL PRAISE — YES 1 / NO 2 / DK 8 | |
| 05 | Provide updates on administrative or technical issues related to your work? | PROVIDED UPDATES — YES 1 / NO 2 / DK 8 | |
| 06 | Discuss problems you have encountered? | DISCUSSED PROBLEMS — YES 1 / NO 2 / DK 8 | |
| 07 | Receive solution for problems reported. | RECEIVED SOLUTIONS — YES 1 / NO 2 / DK 8 | |
| 804 | Do you have a written job description of your current job or position in this facility?<br>IF YES, ASK: May I see it? | YES, OBSERVED . . . . . 1<br>YES, REPORTED, NOT SEEN . . . . 2<br>NO . . . . . 3 | |
| 805 | Are there any opportunities for promotion in your current job? | YES. . . . . 1<br>NO. . . . . 2<br>UNCERTAIN/DON'T KNOW. . . . . 8 | |
| 806 | Which type(s) of salary supplement do you receive, if any?<br>PROBE: Anything else? | MONTHLY OR DAILY SALARY SUPPLEMENT. . . . . A<br>PERDIEM WHEN ATTENDING TRAINING. . . . . B<br>DUTY ALLOWANCE. . . . . C<br>PAYMENT FOR EXTRA ACTIVITIES (NOT ROUTINELY PROVIDED). . . . . D<br>OTHER _____ (SPECIFY) X<br>NONE. . . . . Y | |
| 807 | In your current position, what non-monetary incentives have you received for the work you do, if any?<br>PROBE: Anything else? | TIME OFF / VACATIONS . . . . . A<br>UNIFORMS, BACKPACKS, CAPS, etc.. . . . . B<br>DISCOUNT MEDICINES, FREE TICKETS FOR CARE, VOUCHERS, etc. . . . . C<br>TRAINING. . . . . D<br>FOOD RATION / MEALS. . . . . E<br>SUBSIDIZED HOUSING . . . . . F<br>OTHER _____ (SPECIFY) X<br>NONE . . . . . Y | |

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| 808* | 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.<br><br>ENTER LETTER CORRESPONDING WITH THE 1ST MENTIONED INTO THE 1ST BOX, AND REPEAT WITH THE 2ND AND 3RD.<br><br>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.<br><br>DO NOT READ CHOICES TO YOUR RESPONDENT | MORE SUPPORT FROM SUPERVISOR. . . . . A<br>MORE KNOWLEDGE / UPDATES TRAINING. . . . . B<br>MORE SUPPLIES/STOCK. . . . . C<br>BETTER QUALITY EQUIPMENT/ SUPPLIES. . . . . D<br>LESS WORKLOAD (i.e. MORE STAFF). . . . . E<br>BETTER WORKING HOURS / FLEXIBLE TIMES. . . . . F<br>MORE INCENTIVES (SALARY, PROMOTION, HOLIDAYS). . . . . G<br>TRANSPORTATION FOR REFERRAL PATIENTS. . . . . H<br>PROVIDING ART. . . . . I<br>PROVIDING PEP. . . . . J<br>INCREASED SECURITY. . . . . K<br>BETTER FACILITY INFRASTRUCTURE. . . . . L<br>MORE AUTONOMY / INDEPENDENCE. . . . . M<br>EMOTIONAL SUPPORT FOR STAFF (COUNSELING / SOCIAL ACTIVITIES). . . . . N<br>MONTHLY RISK ALLOWANCE. . . . . O<br>SUBSIDIZED HOUSING. . . . . P<br>OTHER 1 (SPECIFY) _____. . V<br>OTHER 2 (SPECIFY) _____. . W<br>OTHER 3 (SPECIFY) _____. . X<br>NO PROBLEM. . . . . Y | RANKING<br>[ ] [ ] [ ] |
| 808A* | Did you experience any delay in receiving your last salary? | YES. . . . . 1<br>NO. . . . . 2 | |

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| 900* | **CHECK Q103 FOR PROVIDER OCCUPATIONAL CATEGORY / QUALIFICATION**<br>CODE 24, 25, 26, 27 OR 28 (i.e., LABORATORY-RELATED) CIRCLED → **END**<br>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 | | |
| | **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. | | |
| 901* | Do I have your permission to proceed? | YES. . . . . 1<br>REFUSED . . . . . 2 | → **END** |
| 902* | 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?<br><br>WAIT FOR SPONTANEOUS RESPONSES, THEN PROBE FOR ANY OTHER SIGNS OR SYMPTOMS | DURATION OF COUGH. . . . . A<br>TYPE OF COUGH (PRODUCTIVE, DRY, ETC.). . . . . B<br>PRESENCE OF BLOOD IN SPUTUM. . . . . C<br>CHEST PAIN / DIFFICULTY BREATHING. . . . . D<br>PRESENCE OF FEVER AND PATTERN. . . . . E<br>PATTERN OF SWEATS (NIGHT). . . . . F<br>HISTORY OF TB IN HOUSEHOLD. . . . . G<br>HISTORY OF CONTACT WITH AN ADULT WITH PROLONGED COUGH IN THE HOUSEHOLD. . . . . H<br>HIV TEST TAKEN/HIV SERO-STATUS. . . . . I<br>WEIGHT LOSS. . . . . J<br>APPETITE. . . . . K<br>GENERAL HEALTH CONDITION (TIREDNESS/ FATIGUE). . . . . L<br>OTHERS IN HOUSEHOLD WITH SAME TYPE OF COUGH. . . . . M<br>HAS THIS HAPPENED BEFORE. . . . . N<br>MEDICATION/TREATMENT HISTORY O<br>DRINKING/ALCOHOL CONSUMPTION. . . . . P<br>SMOKING HISTORY. . . . . Q<br>NORMAL DIET. . . . . R<br>PROFESSION. . . . . S<br>HIGH RISK SEXUAL BEHAVIOR. . . . . T<br>CONSULT A SENIOR STAFF U<br>OTHER _____ X<br>(SPECIFY)<br>DON'T KNOW. . . . . Z | |
| 903* | 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.<br>His father had the same kind of cough<br><br>What kind of examination would you do?<br><br>WAIT FOR SPONTANEOUS RESPONSES, THEN PROBE FOR ANY OTHER ACTIONS | TAKE TEMPERATURE. . . . . A<br>CHECK WEIGHT. . . . . B<br>CHECK HEIGHT. . . . . C<br>TAKE PULSE RATE. . . . . D<br>TAKE RESPIRATORY RATE. . . . . E<br>CHEST EXAMINATION (AUSCULTATION OR OTHER). . . . F<br>RETRACTION/ DECREASE MOVEMENT. . . . . G<br>TAKE BLOOD PRESSURE. . . . . H<br>REFER TO OTHER PROVIDER OR FACILITY. . . . . I<br>CONSULT A SENIOR STAFF J<br>OTHER:_____ X<br>(SPECIFY)<br>DON'T KNOW. . . . . Z | |

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| 904* | Your examination reveals the following:<br>Temperature: 38 degrees celcius,<br>Weight: 62 kgs,<br>Height: 160 cm,<br>Pulse rate: 90 per minute,<br>Respiratory rate: 20 per minute,<br>Normal chest exam with normal movement of chest<br><br>BP: 120/80.<br><br>Please tell me, what kind of tests would you administer?<br><br>WAIT FOR SPONTANEOUS RESPONSES, THEN PROBE FOR ANY OTHER TESTS | SPUTUM FOR AFB (TAKEN SPOT). . . . . A<br>CHEST X-RAY. . . . . B<br>ESR (ERYTHROCYTIC SEDIMENTATION RATE). . . . . C<br>HAEMOGRAM / FULL BLOOD COUNT. . . . . D<br>HEMOGLOBIN. . . . . E<br>HIV TEST. . . . . F<br>BLOOD SUGAR TEST. . . . . G<br>CONSULT A SENIOR STAFF . . . . . H<br>OTHER:_____ X<br>(SPECIFY)<br>DON'T KNOW. . . . . Z | |
| 905* | It will take time to get the results. What would be your preliminary diagnosis?<br><br>WAIT FOR SPONTANEOUS RESPONSES, THEN PROBE FOR ANY OTHER DIAGNOSIS | PTB (PULMONARY TB). . . . . A<br>PNEUMONIA . . . . . B<br>CHRONIC BRONCHITIS. . . . . C<br>CONSULT A SENIOR STAFF . . . . . D<br>OTHER:_____ X<br>(SPECIFY)<br>DON'T KNOW. . . . . Z | |
| 906* | What treatment would you administer or what would be your action plan?<br><br>WAIT FOR SPONTANEOUS RESPONSES, THEN PROBE FOR ANY OTHER TREATMENT<br><br>2 DRUGS MAY BE:<br><br>RIMACTIZID & RIMFAMPICIN,<br>ETHAMBUTOL & PYRAZINAMIDE, AND<br>ETHAMBUTOL & ISONIAZIDE | COMBINATION THERAPY:<br>4 DRUGS FOR 2 MONTHS AND<br>2 DRUGS FOR 6 MONTHS. . . . . A<br>CRYSTALLINE PENICILLIN / X-PEN. . . . . B<br>AMOXICILLIN. . . . . C<br>FOLLOW UP IN THE TB CLINIC. . . . . D<br>REFER TO ANOTHER PROVIDER OR FACILITY. . . . . E<br>CONSULT A SENIOR STAFF . . . . . F<br>OTHER:_____ X<br>(SPECIFY)<br>DON'T KNOW. . . . . Z | |
| 907* | What would be your recommendation as part of health education to this patient?<br><br>WAIT FOR SPONTANEOUS RESPONSES, THEN PROBE FOR ANY OTHER RECOMMENDATIONS | ADHERENCE TO TREATMENT. . . . . A<br>CONTACT TESTING. . . . . B<br>CONSULT A SENIOR STAFF . . . . . C<br>OTHER:_____ X<br>(SPECIFY)<br>DON'T KNOW. . . . . Z | |

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| 910* | 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?<br><br>WAIT FOR SPONTANEOUS RESPONSES, THEN PROBE FOR ANY OTHER SIGNS OR SYMPTOMS | DURATION OF FEVER. . . . . A<br>PRESENCE OF FEVER AND PATTERN. . . . . B<br>SHIVERS OR SWEATS. . . . . C<br>HISTORY OF CONVULSIONS. . . . . D<br>HISTORY OF VOMITING. . . . . E<br>LOSS OF APPETITE / CHANGES IN EATING HABITS. . . . . F<br>DIARRHEA. . . . . G<br>COUGH. . . . . H<br>SEVERITY OF COUGH. . . . . I<br>TYPE OF COUGH (PRODUCTIVE/DRY). . . . . J<br>DIFFICULTY BREATHING. . . . . K<br>TYPE OF MEDICATION GIVEN. . . . . L<br>AMOUNT OF MEDICATION GIVEN. . . . . M<br>VACCINATION STATUS TO DATE. . . . . N<br>CONSULT A SENIOR STAFF . . . . . O<br>OTHER:_____ .X<br>(SPECIFY)<br>DON'T KNOW. . . . . Z | |
| 911* | 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 difficulcty breathing.<br><br>What kind of examination would you do?<br><br>WAIT FOR SPONTANEOUS RESPONSES, THEN PROBE FOR ANY OTHER ACTIONS | TAKE TEMPERATURE. . . . . A<br>TAKE WEIGHT. . . . . B<br>TAKE PULSE RATE. . . . . C<br>TAKE RESPIRATORY RATE. . . . . D<br>CHECK HANDS (FOR PALMAR PALLOR). . . . . E<br>CHECK TONGUE. . . . . F<br>CHECK EYES (IF SUNKEN). . . . . G<br>CHECK EYES (IF PALE COLOR). . . . . H<br>RESPONSIVENESS/ GENERAL CONDITION. . . . . I<br>CHECK SKIN CONDITION. . . . . J<br>CHECK FOR NECK STIFFNESS. . . . . K<br>VERIFY IF FACE IS PUFFY. . . . . L<br>CHECK FOR SWOLLING FEET. . . . . M<br>DO ABDOMEN AND LIVER EXAM. . . . . N<br>CONSULT A SENIOR STAFF . . . . . O<br>OTHER:_____ .X<br>(SPECIFY)<br>DON'T KNOW. . . . . Z | |
| 912* | Your examination reveals the following:<br>Temperature: 37.2 degrees celcius<br>Weight: 11 Kgs<br>Pulse rate: 95 per minute, normal respiratory rate<br>Normal abdomen/liver exam, normal skin.<br><br>No neck stiffness. The boy is awake but lethargic<br>The nails beds are pale, the tonge is also pale.<br>The eyes are not sunken but are pale;<br>The face is not puffy and the feet are not swollen<br><br>Please tell me, what kind of tests would you administer?<br><br>WAIT FOR SPONTANEOUS RESPONSES, THEN PROBE FOR ANY OTHER TESTS | MICROSCOPY/BLOOD SLIDE FOR MALARIA PARASITE (BF). . . . . A<br>RAPID MALARIA DIAGNOSTIC TEST . . . . . B<br>HEMOGLOBIN. . . . . C<br>FULL BLOOD COUNT. . . . . D<br>CONSULT A SENIOR STAFF . . . . . E<br>OTHER:_____ .X<br>(SPECIFY)<br>DON'T KNOW. . . . . Z | |
| 913* | It will take some time to get the results.<br>What would be your preliminary diagnosis?<br><br>WAIT FOR SPONTANEOUS RESPONSES, THEN PROBE FOR ANY OTHER DIAGNOSIS | MALARIA. . . . . A<br>ANEMIA. . . . . B<br>MALARIA WITH ANEMIA. . . . . C<br>SEVERE MALARIA D<br>CONSULT A SENIOR STAFF . . . . . E<br>OTHER:_____ .X<br>(SPECIFY)<br>DON'T KNOW. . . . . Z | |

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| 914* | What treatment would you administer or what would be your action plan?<br><br>WAIT FOR SPONTANEOUS RESPONSES, THEN PROBE FOR ANY OTHER TREATMENT | ARTEMETHER/LUMEFANTRINE 6 DOSE REGIMEN, 2 TABLETS PER DOSE (COARTEM). . . . . A<br>PARACETAMOL/OTHER FEVER REDUCING MEDICINE. . B<br>ADEQUATE FLUID AND NUTRITION. . . . . C<br>QUININE INTRAVENOUS INFUSION. . . . . D<br>QUININE INTRAMUSCULAR INJECTION. . . . . E<br>RECTAL ARTESUNATE (100 MG SUPPOSITORY). . . . . F<br>BLOOD TRANSFUSION G<br>CONSULT A SENIOR STAFF . . . . . H<br>CHLOROQUINE I<br>OTHER:_____ X<br>(SPECIFY)<br>DON'T KNOW. . . . . Z | |
| 915* | What would be your recommendation as part of health education to this patient?<br><br>WAIT FOR SPONTANEOUS RESPONSES, THEN PROBE FOR ANY OTHER RECOMMENDATIONS | ADHERENCE TO TREATMENT. . . . . A<br>PROMPT RETURN IF SYMPTOMS WORSEN. . . . . B<br>CONSULT A SENIOR STAFF . . . . . C<br>OTHER:_____ X<br>(SPECIFY)<br>DON'T KNOW. . . . . Z | |

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| 920* | Please tell me, what signs, symptoms and other elements of history would you look for in a 26 years old woman presenting with vaginal bleeding 24hrs after a spontaneous vaginal delivery in a health facility?<br><br>WAIT FOR SPONTANEOUS RESPONSES, THEN PROBE FOR ANY OTHER SIGNS OR SYMPTOMS | OTHER SYMPTOMS. . . . . A<br>AMOUNT OF BLEEDING. . . . . B<br>NUMBER OF PADS USED TO CONTAIN BLEEDING. . . . . C<br>PARITY (HOW MANY BIRTHS SHE HAS HAD). . . . . D<br>DURATION OF LABOR (FOR LAST DELIVERY). . . . . E<br>PLACENTA DELIVERY. . . . . F<br>USE OF LABOR AUGMENTATION MEDICINE DURING LAST DELIVERY. . . . . G<br>POST PARTUM HEMORRHAGE. . . . . H<br>HISTORY OF PROLONGED MENSES / FIBROIDS. . . . . I<br>EXCESSIVE (AMNIOTIC) FLUID DURING PREGNANCY (POLYHYDRAMNIOS). . . . . J<br>ATTENDANCE OF ANC DURING LAST PREGNANCY. . . . . K<br>MULTIPLE PREGNANCY (TWIN PREGNANCY). . . . . L<br>PLACENTA PRAEVIA / ABRUPTION. . . . . M<br>HISTORY OF HYPERTENSION. . . . . N<br>CONSULT A SENIOR STAFF . . . . . O<br>OTHER:_____ .X<br>(SPECIFY)<br>DON'T KNOW. . . . . Z | |
| 921* | You found the following information about the client:<br>She has profuse bleeding, has used 6 pads since bleeding started, parity: 2+ 0, duration of labor: 22hours, placenta duration of labor: 22 hours, placenta delivery was complete, she had attended ANC and no abnormality were detected with the pregnancy.<br><br>What kind of examination would you do?<br><br>WAIT FOR SPONTANEOUS RESPONSES, THEN PROBE FOR ANY OTHER ACTIONS | TAKE TEMPERATURE. . . . . A<br>CHECK WEIGHT. . . . . B<br>TAKE PULSE RATE. . . . . C<br>TAKE RESPIRATORY RATE. . . . . D<br>RETAINED PLACENTA. . . . . E<br>BLOOD PRESSURE. . . . . F<br>HISTORY OF RUPTURED UTERUS. . . . . G<br>LACERATION/TEARS OF GENITAL TRACT (CERVICAL/VAGINAL/VULVO-PERINEAL TEARS. . . . . H<br>CONSULT A SENIOR STAFF . . . . . I<br>OTHER:_____ .X<br>(SPECIFY)<br>DON'T KNOW. . . . . Z | |
| 922* | Your examination shows the following:<br>Temperature: 37.2 degrees celcius, Weight:72 kgs, pulse 95 per minute, Normal respiratory rate, Blood pressure: 100/60 mmhg<br><br>Normal movement of chest.<br>No retained placenta, no tears of genital tract, No rupture of the uterus, uterus is palpable but bulky, genital examination shows bleeding.<br><br>Please tell me, what kind of tests would you administer?<br><br>WAIT FOR SPONTANEOUS RESPONSES, THEN PROBE FOR ANY OTHER TESTS | BLOOD GROUPING AND CROSS MATCHING. . . . . A<br>HEMOGLOBIN LEVEL. . . . . B<br>BLEEDING TIME. . . . . C<br>CLOTTING TIME. . . . . D<br>COAGULATION FACTORS. . . . . E<br>CONSULT A SENIOR STAFF . . . . . F<br>OTHER:_____ .X<br>(SPECIFY)<br>DON'T KNOW. . . . . Z | |
| 923* | The following results are availbale:<br><br>Hemoglobin level: 10g/dl, Normal bleeding time, normal clotting time, and normal coagulation factors .<br><br>What would be your preliminary diagnosis?<br><br>WAIT FOR SPONTANEOUS RESPONSES, THEN PROBE FOR ANY OTHER DIAGNOSIS | POST PARTUM HEMORRHAGE (PPH). . . . . A<br>CONSULT A SENIOR STAFF . . . . . B<br>OTHER:_____ .X<br>(SPECIFY)<br>DON'T KNOW. . . . . Z | |

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| 924* | What treatment would you administer or what would be your action plan?<br><br>WAIT FOR SPONTANEOUS RESPONSES, THEN PROBE FOR ANY OTHER TREATMENT OR ACTION | PUT IN INTRAVENOUS LINE. . . . . .A<br>TAKE BLOOD GROUPING AND CROSS MATCHING. . . . . B<br>PUT IN SELF RETAINING (FOLEY'S) CATHETER. . . . . C<br>DETERMINE CAUSE OF BLEEDING. . . . . .D<br>DO BIMANUAL UTERINE MASSAGE AND EXPRESS ANY CLOTS. . . . . E<br>PUT IN AN OXYTOCIN DRIP 20 UNITS IN 50 ML DESTROSE OR NORMAL SALINE TO RUN AT 20 DROPS PER MINUTE FOR ABOUT 2 HOURS. . . . . F<br>GIVE PROSTAGLANDINS WHEN AVAILABLE (MISOPROSTOL 600MCG ORALLY OR PER RECTUM). . . . . G<br>SURGERY: SUBTOTAL HYSTERCETOMY. . . . . .H<br>REFER TO OTHER PROVIDER OR FACILITY. . . . . I<br>CONSULT A SENIOR STAFF . . . . . J<br>OTHER:_____ .X<br>(SPECIFY)<br>DON'T KNOW. . . . . .Z | |

| | | | |
|---|---|---|---|
| 930* | A mother gives birth. The newborn is not crying. The newborn fails to establish regular breathing and appears pale and slightly blue.<br><br>What kind of examination would you do?<br><br>WAIT FOR SPONTANEOUS RESPONSES, THEN PROBE FOR ANY OTHER ACTIONS | CHECK HEART RATE (PER MINUTE). . . . . A<br>OBSERVE RESPIRATION EFFORT. . . . . B<br>MUSCLE TONE. . . . . C<br>TEST REFLEX IRRITABILITY (NASAL CATHETER). . . . . D<br>LOOK AT NEONATE'S COLOR. . . . . E<br>SCORE NEONATE USING AGPAR SCALE. . . . . F<br>REFER TO OTHER PROVIDER OR FACILITY. . . . . G<br>CONSULT A SENIOR STAFF . . . . . H<br>OTHER:_____ X<br>(SPECIFY)<br>DON'T KNOW. . . . . Z | |
| 931* | 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.<br><br>What would you do?<br><br>WAIT FOR SPONTANEOUS RESPONSES, THEN PROBE FOR ANY OTHER ACTIONS | CLEAR AIR WAY USING SUCKER. . . . . A<br>KEEP THE BABY WARM. . . . . B<br>INITIATE RESUSCITATION WITH BAG AND MASK. . . . . C<br>TAKE RESPIRATORY RATE. . . . . D<br>CHEST EXAMINATION (AUSCULTATION OR OTHER). . . . . E<br>RETRACTION/ DECREASE MOVEMENT. . . . . F<br>TAKE BLOOD PRESSURE. . . . . G<br>CONSULT A SENIOR STAFF . . . . . H<br>OTHER:_____ X<br>(SPECIFY)<br>DON'T KNOW. . . . . Z | |
| 932* | What would be your preliminary diagnosis?<br><br>WAIT FOR SPONTANEOUS RESPONSES, THEN PROBE FOR ANY OTHER DIAGNOSIS | RESPIRATORY DISTRESS SYNDROME. . . . . A<br>BIRTH ASPHYXIA. . . . . B<br>CONSULT A SENIOR STAFF . . . . . C<br>OTHER:_____ X<br>(SPECIFY)<br>DON'T KNOW. . . . . Z | |
| | 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 | |

Provider Qualification Category:

GENERAL PRACTITIONER. . . . . 01
MD SPECIALIST: GENERAL SURGEON. . . . . 02
MD SPECIALIST: OBGYN . . . . . 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, ET 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

SEX OF PROVIDER: (1=Male; 2=Female) | SEX OF PROVIDER . . . . . | |

### 3. Information About Observation

Date of the observation

DAY . . . . . | | |
MONTH . . . . . | | |
YEAR . . . . . | 2 | 0 | 2 | |

Name of the observer: _____

OBSERVER CODE . . . . . | | | |

## 4. Observation of Antenatal-Care Consultation

| NO. | QUESTIONS | CODING CLASSIFICATION | GO TO |
|---|---|---|---|

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 ANC services 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)

| DAY | MONTH | YEAR |
|---|---|---|
| | | 2 0 2 |

| | | | |
|---|---|---|---|
| 100 | RECORD WHETHER PERMISSION WAS RECEIVED FROM THE PROVIDER. | YES . . . . . 1<br>NO . . . . . 2 | → **END** |

**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 ANC 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 CLIENT. | YES . . . . . 1<br>NO . . . . . 2 | → **END** |

| | | | |
|---|---|---|---|
| 102 | RECORD THE TIME THE OBSERVATION STARTED . . . . . .<br>USE 24 HOURS FORMAT | ☐☐ : ☐☐ | |
| 103 | IS THIS THE FIRST OBSERVATION FOR THIS PROVIDER FOR THIS SERVICE? | YES . . . . . 1<br>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 YES | (A) PROVIDER ASKED NO | (B) CLIENT RESPONDED YES | (B) CLIENT RESPONDED 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 |
|---|---|---|

## 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.<br>IN **COLUMN B**, RECORD WHETHER THE PROVIDER COUNSELLED ON THE DANGER SIGNS<br>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 extremeties | 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 |
|---|---|---|

## 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 |
|---|---|---|

## 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<br>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 withold 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<br>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<br>NO, DID NOT LOOK AT CARD. . . . . 2<br>NO HEALTH CARD USED. . . . . 3 → 121 | |
| 120 | RECORD WHETHER THE PROVIDER WROTE ON THE CLIENT'S HEALTH CARD. | YES . . . . . 1<br>NO . . . . . 2<br>DON'T KNOW . . . . . 8 | |
| 121 | RECORD THE OUTCOME OF THE CONSULTATION.<br><br>[RECORD THE OUTCOME AT THE TIME THE OBSERVATION CONCLUDED] | CLIENT GOES HOME. . . . . 1<br>CLIENT REFERRED (TO LAB OR OTHER PROVIDER) AT SAME FACILITY. . . . . 2<br>CLIENT ADMITTED TO SAME FACILITY. . . . . 3<br>CLIENT REFERRED TO OTHER FACILITY. . . . . 4 | |

| NO. | QUESTION / OBSERVATIONS | CODES |
|---|---|---|

## 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 . . . . . ☐☐ | |
| 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<br>SECOND VISIT. . . . . 2<br>THIRD VISIT. . . . . 3<br>FOURTH VISIT. . . . . 4<br>FIFTH OR MORE VISIT. . . . . 5<br>DON'T KNOW. . . . . 8 | → 124 |
| 123A | What is the date of this clients last ANC visit at this facility for this pregnancy | DAY. . . . . ☐☐<br>MISSING DAY 98<br>MONTH. . . . . ☐☐<br>MISSING MONTH 98<br>YEAR. . . . . ☐☐☐☐<br>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<br>NOT FIRST PREGNANCY. . . . . 2<br>DON'T KNOW. . . . . 8 | |
| 125 | RECORD THE TIME THE OBSERVATION ENDED. . . . . | ☐☐ : ☐☐ | |
| | **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 [ ][ ]

Provider Qualification Category:

| | | | |
|---|---|---|---|
| GENERAL PRACTITIONER. . . . . | 01 | MIDWIFES (DIPLOMA). . . . . | 17 |
| MD SPECIALIST: GENERAL SURGEON. . . . . | 02 | SPECIALIZED NURSE INCLUDING NEONATOLOGY, E1 | 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 SERVICE SPECIALISTS . . . . . | 09 | MICROBIOLOGIST. . . . . | 27 |
| HEALTH OFFICER. . . . . | 10 | BIO-MEDICAL ENGINEER. . . . . | 28 |
| NURSE (DIPLOMA). . . . . | 12 | HEALTH EXTENSION WORKER LEVEL 3 . . . . . | 42 |
| NURSE (BSc). . . . . | 14 | HEALTH EXTENSION WORKER LEVEL 4. . . . . | 43 |
| PUBLIC HEALTH NURSE. . . . . | 15 | OTHER CLINICAL STAFF NOT LISTED ABOVE | 44 |
| MIDWIFES (BSc). . . . . | 16 | NO TECHNICAL QUALIFICATION/NON CLINICAL STAFF | 95 |

SEX OF PROVIDER: (1=Male; 2=Female) | SEX OF PROVIDER . . . . . [ ]

### 3. Information About Observation

Date of the observation

DAY . . . . . [ ][ ]

MONTH . . . . . [ ][ ]

YEAR . . . . . [2][0][2][ ]

Name of the observer: _____

OBSERVER CODE . . . . . [ ][ ][ ]

## 4. Observation of Family Planning Consultation

| NO. | QUESTIONS | CODING CLASSIFICATION | GO TO |
|---|---|---|---|

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 howfamily planning services 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)

| DAY | MONTH | YEAR |
|---|---|---|
| | | 2 0 2 |

| | | | |
|---|---|---|---|
| 100 | RECORD WHETHER PERMISSION WAS RECEIVED FROM THE PROVIDER. | YES . . . . . 1<br>NO . . . . . 2 | → **END** |

**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 Ethipia.
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.

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.

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.

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

Do you have any questions for me at this time? Do I have your permission to be present at this consultation?

| | | | |
|---|---|---|---|
| 101 | RECORD WHETHER PERMISSION WAS RECEIVED FROM THE CLIENT. | YES . . . . . 1<br>NO . . . . . 2 | → **END** |
| 102 | RECORD THE TIME THE OBSERVATION STARTED. . . . . | | |
| 103 | IS THIS THE FIRST OBSERVATION FOR THIS PROVIDER FOR THIS SERVICE? | YES . . . . . 1<br>NO . . . . . 2 | |

| | | | |
|---|---|---|---|
| 104 | RECORD THE SEX OF CLIENT. | MALE . . . . . 1<br>FEMALE . . . . . 2 | |

| NO. | QUESTIONS / OBSERVATIONS | CODES |
|---|---|---|
| | **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**

| | | |
|---|---|---|
| | RECORD WHETHER THE PROVIDER PERFORMED ANY OF THE FOLLOWING PHYSICAL EXAMINATIONS OR ASKED ANY OF THE FOLLOWING HEALTH QUESTIONS: | |
| 107A | **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 is 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 |
|---|---|---|

## METHODS PROVIDED OR PRESCRIBED

111 **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.

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.

**CAUTION!**
AT LEAST ONE RESPONSE MUST BE REPORTED FOR EACH OF THE COLUNMS
IF NO METHOD IS PRECRIBED, THEN "Y" SHOULD BE CIRCLED IN COLUMN "A"

| | **METHOD** | (A) PRESCRIBED TO BE FILLED LATER/DIFFERENT FACILITY | (B) 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 |

**FOR Q112-129, CIRCLE THE APPROPRIATE LETTERS TO INDICATE IF THE INFORMATION UNDER EACH RELEVANT SECTION WAS DISCUSSED OR SHARED WITH THE CLIENT.**

112 CHECK Q111: ARE "A", "B", "C", "D" OR "E" CIRCLED IN EITHER OR BOTHCOLUMNS?

YES ☐ NO ☐ → 114

| 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?<br>YES ☐ NO ☐ → 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?<br>YES ☐ NO ☐ → 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?<br>YES ☐ NO ☐ → 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?<br>YES ☐ NO ☐ → 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?<br>YES ☐ NO ☐ → 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"?<br>YES ☐ NO ☐ → 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?<br>YES ☐ NO ☐ → | 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?<br>YES ☐ NO ☐ → | 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<br>NO. . . . . 2<br>DON'T KNOW. . . . . 8 | |
| 02 | Has this client ever been pregnant? | YES. . . . . 1<br>NO. . . . . 2<br>MALE CLIENT. . . . . 3<br>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 EXAMAMINATION | 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<br>NO . . . . . 2 | → 206 |

**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.

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.

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 for me? Do I have your permission to be present during this procedure?

Interviewer's signature

(Indicates respondent's willingness to participate)

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | | 2 | 0 | 2 | | |
| DAY | | MONTH | | YEAR | | | | |

| | | | |
|---|---|---|---|
| 203 | RECORD WHETHER PERMISSION WAS RECEIVED FROM THE PROVIDER. | YES . . . . . 1<br>NO . . . . . 2 | → 301 |

| | | | |
|---|---|---|---|
| 204 | RECORD THE TYPE OF PROVIDER PROVIDING MOST OF THE CLINICAL EXAMINATION. | GENERAL PRACTITIONER. . . . . 01<br>MD SPECIALIST: GENERAL SURGEON. . . . . 02<br>MD SPECIALIST: OBSTETRICIAN AND GYNAECOLOGIST. . . . . 04<br>MD SPECIALIST: INTERNIST. . . . . 05<br>MD SPECIALIST: PEDIATRICIAN. . . . . 06<br>MD PSYCHIATRIST. . . . . 07<br>OTHER MD SPECIALIST, INCLUDING SERVICE SPECIALISTS . . . . . 09<br>HEALTH OFFICER. . . . . 10<br>NURSE (DIPLOMA). . . . . 12<br>NURSE (BSc). . . . . 14<br>PUBLIC HEALTH NURSE. . . . . 15<br>MIDWIFES (BSc). . . . . 16<br>MIDWIFES (DIPLOMA). . . . . 17<br>SPECIALIZED NURSE INCLUDING NEONATOLOGY, ETC. . . . . 18<br>INTEGRATED EMERGENCY SURGICAL OFFICER **(IESO)** 21<br>MSc IN MEDICAL LABORATORY. . . . . 24<br>LABORATORY TECHNOLOGIST. . . . . 25<br>LABORATORY TECHNICIAN. . . . . 26<br>MICROBIOLOGIST. . . . . **27**<br>BIO-MEDICAL ENGINEER. . . . . **28**<br>HEALTH EXTENSION WORKER LEVEL 3 . . . . . **42**<br>HEALTH EXTENSION WORKER LEVEL 4. . . . . **43**<br>OTHER CLINICAL STAFF NOT LISTED ABOVE **44**<br>NO TECHNICAL QUALIFICATION/NON CLINICAL STAFF **95** | |
| 205 | RECORD THE SEX OF THE PROVIDER CONDUCTING THE CLINICAL EXAMINATION. | MALE . . . . . 1<br>FEMALE . . . . . 2 | |

| NO. | QUESTIONS / OBSERVATIONS | CODES |
|---|---|---|

## 6. PELVIC EXAMINATION

| | | | |
|---|---|---|---|
| 206 | **CHECK Q201:**<br>WAS A PELVIC EXAMINATION CONDUCTED? | YES. . . . . 1<br>NO. . . . . 2 | → 210 |

### 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<br>(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 |
|---|---|---|

## 7. IUCD INSERTION AND/OR REMOVAL

| | | | |
|---|---|---|---|
| 210 | **CHECK 201:**<br>WAS AN IUCD EITHER INSERTED OR REMOVED? | IUCD INSERTION . . . . . A<br>IUCD REMOVAL . . . . . B<br>IUCD CHECKUP . . . . . C<br>NONE OF THE ABOVE. . . . . Y | → 215 |

## 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<br>(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 |
|---|---|---|

## 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<br>(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 |
|---|---|---|

## 8. INJECTABLE CONTRACEPTIVES

| | | | |
|---|---|---|---|
| 215 | **CHECK Q201:**<br>WAS AN INJECTABLE CONTRACEPTIVE GIVEN? | YES . . . . . 1<br>NO . . . . . 2 | → 220 |

## 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 *before* drawing dose (Depo) | D |
| 05 | Cleaned and air-dried the injection site *before injection* | E |
| 06 | Drew back plunger *before* 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<br>PROVIDED BY CLIENT. . . . . 2<br>DON'T KNOW. . . . . 8 | |

| NO. | QUESTIONS / OBSERVATIONS | CODES |
|---|---|---|

## 9. IMPLANT INSERTION AND/OR REMOVAL

| | | | |
|---|---|---|---|
| 220 | CHECK 201: WERE IMPLANTS EITHER INSERTED OR REMOVED? | IMPLANT INSERTION. . . . . A<br>IMPLANT REMOVAL. . . . . B<br>NONE OF THE ABOVE. . . . . Y | → 301 |

## 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 *before* 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 *after* 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 |
|---|---|---|

## 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 withold 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<br>PROVIDED BY CLIENT. . . . . 2<br>DON'T KNOW. . . . . 8 | |
|---|---|---|---|

| 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<br>NONUSER, USED IN PAST . . . 2 → 304<br>NONUSER, NO PAST USE . . . 3 → 304<br>NOT DETERMINED . . . . . 8 → 304 | |
| 302 | What was the client's principal reason for the visit? | RESUPPLY/ROUTINE FOLLOW-UP . . . . . 1<br>DISCUSS PROBLEM WITH METHOD. . . . . 2<br>DESIRE TO CHANGE METHOD (NO PROBLEM). . . . . 3<br>DESIRE TO DISCONTINUE FP (NO PROBLEM). . . . . 4<br>DISCUSS OTHER PROBLEM. . . . 5 | |
| 303 | What was the outcome of the visit?<br><br>(FOR CURRENT USER) | CONTINUED WITH CURRENT METHOD . . . . . 1 → 305<br>SWITCHED METHOD . . . . . 2 → 305<br>PLANNED METHOD SWITCH, NOT RECEIVED TODAY, CONTINUED USE OF CURRENT METHOD . . . . . 3 → 305<br>PLANNED METHOD SWITCH, NOT RECEIVED TODAY, DISCONTINUED CURRENT METHOD . . . . . 4 → 305<br>DECIDED TO STOP USING FAMILY PLANNING . . . . . 5 → 306 | |
| 304 | What was the outcome of the visit?<br><br>(IF NOT A CURRENT USER) | ACCEPTED TO START METHOD . . . . . 1<br>DID NOT DECIDE ON METHOD 2 → 306 | |
| 305 | Did the client leave the facility with a method?<br><br>IF NO, RECORD THE REASON THE CLIENT DID NOT RECEIVE METHOD. | YES, LEFT WITH METHOD . . . 1<br>NO, METHOD NOT IN STOCK . . 2<br>NO, REQUIRES APPOINTMENT . . . . . 3<br>NO, DELAY RECEIVING DUE TO HEALTH PROBLEM . . . 4<br>NO, PREGNANCY STATUS UNCERTAIN . . . . . 5<br>OTHER. . . . . 6 | |
| 306 | INDICATE WHETHER THE PROVIDER WROTE IN OR ON AN INDIVIDUAL CLIENT'S CARD AFTER THE CONSULTATION. | YES . . . . . 1<br>NO . . . . . 2<br>NO INDIVIDUAL CARD USED . . 3<br>DON'T KNOW . . . . . 8 | |
| 307 | RECORD THE TIME THE OBSERVATION ENDED. . . . . | ☐☐:☐☐ | |
| 308 | **Observer's comments:** | | |

# 2021 ETHIOPIAN SERVICE PROVISION ASSESSMENT PLUS SURVEY

## OBSERVATION OF SICK CHILD CONSULTATION

### 1. Facility Identification

QTYPE [S] [C] [O]

FACILITY NUMBER. . . . . [ ][ ][ ][ ][ ]

PROVIDER SERIAL NUMBER [FROM STAFF LISTING FORM] . . . . . [ ][ ]

CLIENT CODE [FROM CLIENT LISTING FORM] . . . . . [ ][ ][ ]

### 2. Facility type

| | |
|---|---|
| REFERRAL HOSPITAL | 01 |
| GENERAL HOSPITAL | 02 |
| PRIMARY HOSPITAL | 03 |
| HEALTH CENTER | 04 |
| HEALTH POST | 05 |
| HIGHER CLIINIC | 06 |
| MEDIUM CLINIC | 07 |
| LOWER CLINIC | 08 |

### 3. Provider Information

PROVIDER CATEGORY [ ][ ]

Provider Qualification Category:

| | | | |
|---|---|---|---|
| GENERAL PRACTITIONER | 01 | MIDWIFES (DIPLOMA) | 17 |
| MD SPECIALIST: GENERAL SURGEON | 02 | SPECIALIZED NURSE INCLUDING NEONATOLOGY, ETC | 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 SERVICE SPECIALISTS | 09 | MICROBIOLOGIST | 27 |
| HEALTH OFFICER | 10 | BIO-MEDICAL ENGINEER | 28 |
| NURSE (DIPLOMA) | 12 | HEALTH EXTENSION WORKER LEVEL 3 | 42 |
| NURSE (BSc) | 14 | HEALTH EXTENSION WORKER LEVEL 4 | 43 |
| PUBLIC HEALTH NURSE | 15 | OTHER CLINICAL STAFF NOT LISTED ABOVE | 44 |
| MIDWIFES (BSc) | 16 | NO TECHNICAL QUALIFICATION/NON CLINICAL STAFF | 95 |

SEX OF PROVIDER: (1=Male; 2=Female) | SEX OF PROVIDER . . . . . [ ]

### 4. Information About Observation

Date of the observation

DAY . . . . . [ ][ ]

MONTH . . . . . [ ][ ]

YEAR . . . . . 2 0 2 [ ]

Name of the observer: _____ OBSERVER CODE . . . . . [ ][ ][ ]

## 4. OBSERVATION OF SICK CHILD CONSULTATION

| NO. | QUESTIONS | CODING CLASSIFICATION | GO TO |
|---|---|---|---|

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)

| DAY | MONTH | YEAR |
|---|---|---|
| | | 2 0 2 |

| | | | |
|---|---|---|---|
| 100 | RECORD WHETHER PERMISSION WAS RECEIVED FROM THE PROVIDER. | YES . . . . . 1<br>NO . . . . . 2 | → **END** |

**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<br>NO . . . . . 2 | → **END** |

| | | | |
|---|---|---|---|
| 102 | RECORD THE TIME THE OBSERVATION STARTED . . . . . | ☐☐:☐☐ | |
| 103 | IS THIS THE FIRST OBSERVATION FOR THIS PROVIDER FOR THIS SERVICE? | YES . . . . . 1<br>NO . . . . . 2 | |
| 104 | RECORD SEX OF THE CHILD.<br>CONFIRM SEX OF CHILD WITH THE PROVIDER | MALE . . . . . 1<br>FEMALE . . . . . 2 | |
| 104a | RECORD CHILD AGE<br>ASK THE PROVIDER FOR THE CHILD AGE | DAY ☐☐<br>MONTH ☐☐<br>YEAR . . . . . ☐☐☐☐ | |
| 104c | CHECK COVER PAGE FACILITY TYPE<br>CODE '1', '2' or '3' CIRCLED ☐ ↓ | CODE '4', '5', '6', '7', or '8' CIRCLED ☐ → | 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

| | | A) CARETAKER MENTIONNED | | B) PROVIDER ASKED | | C) CARETAKER RESPONSE TO (B) | |
|---|---|---|---|---|---|---|---|
| 105 | RECORD WHETHER A PROVIDER ASKED ABOUT OR WHETHER THE CARETAKER MENTIONED THAT THE CHILD HAD ANY O THE FOLLOWING **MAIN SYMPTOMS** | 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 → 106 | 2 → B | 1 → C | 2 → 106 | 1 | 2 |
| 106 | RECORD WHETHER A PROVIDER ASKED ABOUT OR WHETHER THE CARETAKER MENTIONED ANY OF THE FOLLOWING **GENERAL DANGER SIGNS** | A) CARETAKER MENTIONNED | | 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 → 107 | 2 → B | 1 → C | 2 → 107 | 1 | 2 |
| 107 | RECORD WHETHER A PROVIDER CHECK FOR SUSPECTED SYMPTOMATIC HIV INFECTION BY **ASKING FOR ANY OF THE FOLLOWING:** | A) CARETAKER MENTIONNED | | 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 → 108 | 2 → B | 1 → C | 2 → 108 | 1 | 2 |

| NO. | QUESTIONS / OBSERVATIONS | CODES |
|---|---|---|

## PHYSICAL EXAMS

| | | |
|---|---|---|
| | RECORD WHETHER A PROVIDER PERFORMED ANY OF THE FOLLOWING **PHYSICAL EXAMINATIONS ON THE SICK CHILD** | |
| 108A | **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 |
|---|---|---|

## 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<br>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<br>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<br>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 SYPMTOMS. | |
| 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 |
|---|---|---|

## 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?<br><br>[THIS IS THE POINT WHEN THE OBSERVATION IS CONCLUDED] | TREATED AND SENT HOME. . . . . 1<br>CHILD REFERRED TO PROVIDER, SAME FACILITY. . . . . 2<br>CHILD ADMITTED, SAME FACILITY. . . . . 3<br>CHILD SENT TO LAB. . . . . 4<br>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<br>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 withold care | | D |
| 05 | Non of the above | | Y |

| NO. | QUESTIONS / OBSERVATIONS | CODES |
|---|---|---|

## 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)** | | |
|---|---|---|---|
| 201 | **DEHYDRATION** | | |
| | SEVERE DEHYDRATION | 1 | |
| | MODERATE DEHYDRATION | 2 | |
| | MILD DEHYDRATION | 3 | |
| | NO DEHYDRATION | 4 | |
| | NONE OF THE ABOVE | 8 | |
| 202 | **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 | |
| 203 | **DIGESTIVE SYSTEM / INTESTINAL** | | |
| | ACUTE WATERY DIARRHEA | A | |
| | DYSENTERY | B | |
| | AMEBIASIS | C | |
| | PERSISTENT DIARRHEA | D | |
| | OTHER DIGESTIVE / INTESTINAL (SPECIFY)_____ | X | |
| | NONE OF THE ABOVE | Y | |
| 204 | **MALARIA** | | |
| | MALARIA (CLINICAL DIAGNOSIS) | 1 | |
| | MALARIA (BLOOD SMEAR) | 2 | |
| | MALARIA (RAPID DIAGNOSTIC TEST) | 3 | |
| | NONE OF THE ABOVE | 8 | |
| 205 | **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 | |
| 206 | **EAR** | | |
| | MASTOIDITIS | A | |
| | ACUTE EAR INFECTION | B | |
| | CHRONIC EAR INFECTION | C | |
| | OTHER EAR INFECTION | X | |
| | NONE OF THE ABOVE | Y | |
| 206A | **MALNUTRITION** | | |
| | SEVERE MALNUTRITION | 1 | |
| | MODERATE MALNUTRITION | 2 | |
| | MILD MALNUTRITION | 3 | |
| | NONE OF THE ABOVE | 8 | |
| 207 | **THROAT** | | |
| | SORE THROAT | 1 | |
| | OTHER THROAT DIAGNOSIS (SPECIFY)_____ | 2 | |
| | NONE OF THE ABOVE | 8 | |

| NO. | QUESTIONS / OBSERVATIONS | CODES |
|---|---|---|
| 208 | **OTHER DIAGNOSIS** | |
| | ABSESS. . . . . A<br>BACTERIAL CONJUCTIVITIS. . . . . B<br>SKIN CONDITIOIN. . . . . C<br>ANY OTHER DIAGNOSIS (SPECIFY)_____. . . . . X<br>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?<br>IF YES, CIRCLE ALL TREATMENTS THAT WERE PRESCRIBED OR PROVIDED TO CHILD IN THE FOLLOWING QUESTIONS | YES. . . . . 1<br>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<br>FOLLOW-UP . . . . . 2<br>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<br>NO . . . . . 2 → | 216 |
| 215B | Did you see, or did the client show you the malaria RDT result as part of this consultation? | YES . . . . . 1<br>NO . . . . . 2 | 216→ |
| 215C | What was the malaria RDT result? | RDT POSITIVE. . . . . 1<br>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?<br><br>IF NO: Why not? | YES, VACCINATED CHILD. . . . . 1<br>YES, REFERRED . . . . . 2<br>NOT DUE FOR VACCINATION 3<br>VACCINE NOT AVAILABLE. . . . . 4<br>CHILD TOO SICK. . . . . 5<br>NOT DAY FOR VACCINATION 6<br>DID NOT CHECK FOR VACCINATION. . . . . 7<br>COMPLETED VACCINATION. . . 8 | |
| 217 | RECORD THE TIME THE OBSERVATION ENDED. . . . . | ☐☐ : ☐☐ | |
| **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

| | | A) CARETAKER MENTIONNED | | B) PROVIDER ASKED | | C) CARETAKER RESPONSE TO (B) | |
|---|---|---|---|---|---|---|---|
| 105a | RECORD WHETHER A PROVIDER ASKED ABOUT OR WHETHER THE CARETAKER MENTIONED THAT THE CHILD HAD ANY O THE FOLLOWING **MAIN SYMPTOMS** | 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 |

| | | A) CARETAKER MENTIONNED | | B) PROVIDER ASKED | | C) CARETAKER RESPONSE TO (B) | |
|---|---|---|---|---|---|---|---|
| 106a | RECORD WHETHER A PROVIDER ASKED ABOUT OR WHETHER THE CARETAKER MENTIONED ANY OF THE FOLLOWING **GENERAL DANGER SIGNS** | 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 MENTIONNED | | 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**<br>**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 bulguing fontanels (for age ≤ 12 months) | D |
| 06 | Looked for any bacterial causes of fever (Looked for local tenderness; orals sores; refusal to use a 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<br>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<br>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<br>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 [illegible] | |
| 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?<br><br>[THIS IS THE POINT WHEN THE OBSERVATION IS CONCLUDED] | TREATED AND SENT HOME. . . . . 1<br>CHILD REFERRED TO PROVIDER, SAME FACILITY. . . . . 2<br>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<br>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 withold 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<br>OTHER THROAT DIAGNOSIS (SPECIFY)_____. . . . . 2<br>NONE OF THE ABOVE. . . . . 8 | |
| 208a | **OTHER DIAGNOSIS** | |
| | ABSESS. . . . . A<br>BACTERIAL CONJUCTIVITIS. . . . . B<br>SKIN CONDITIOIN. . . . . C<br>ANY OTHER DIAGNOSIS (SPECIFY)_____. . . X<br><br>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?<br>IF YES, CIRCLE ALL TREATMENTS THAT WERE PRESCRIBED OR PROVIDED TO CHILD IN THE FOLLOWING QUESTIONS | YES. . . . . 1<br>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<br>FOLLOW-UP . . . . . 2<br>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<br>NO . . . . . 2 | →216 |
| 215Ba | Did you see, or did the client show you the malaria RDT result as part of this consultation? | YES . . . . . 1<br>NO . . . . . 2 | →216 |
| 215Ca | What was the malaria RDT result? | RDT POSITIVE. . . . . 1<br>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?<br><br>IF NO: Why not? | YES, VACCINATED CHILD. . . . . 1<br>YES, REFERRED . . . . . 2<br>NOT DUE FOR VACCINATION 3<br>VACCINE NOT AVAILABLE. . . . . 4<br>CHILD TOO SICK. . . . . 5<br>NOT DAY FOR VACCINATION 6<br>DID NOT CHECK FOR VACCINATION. . . . . 7<br>COMPLETED VACCINATION. . . 8 | |
| 217a | RECORD THE TIME THE OBSERVATION ENDED. . . . . | ☐☐ : ☐☐ | |
| **Observer's comments:** | | | |

# 2021 ETHIOPIAN SERVICE PROVISION ASSESSMENT PLUS SURVEY

## ANC CLIENT EXIT INTERVIEW

## FACILITY IDENTIFICATION

FACILITY NUMBER . . . . . | | | | | |

PROVIDER SERIAL NUMBER [FROM STAFF LISTING FORM]. . . . . | | |

CLIENT CODE [FROM CLIENT LISTING FORM].. . . . . | | |

## INFORMATION ABOUT INTERVIEW

DATE:. . . . . .

DAY . . . . . | | |

MONTH . . . . . | | |

YEAR . . . . . 2 0 2 |

Name of the interviewer: _____

INTERVIEWER CODE. . . . . | | |

# 1. Information About Visit - ANTENATAL CARE

| NO. | QUESTIONS | CODING CLASSIFICATION | GO TO |
|---|---|---|---|
| | **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.<br><br>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.<br><br>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.<br>Data collection will take place (August – December, 2021), data will be released on July 2022<br>Datasets from this study will only be available for legitimate research purposes<br>If you have any question regarding the survey please contact:<br>Fikreselassie Getachew, CO Principle Investigator, EPHI, Addis Ababa, Ethiopia, Cell No. 0913210444<br><br>Do you have any questions for me? Do I have your permission to continue with the interview?<br><br>_____<br>Interviewer's signature<br>(Indicates respondent's willingness to participate) | DAY \| MONTH \| YEAR: __ __ \| __ __ \| 2 0 2 _ | |
| 100 | May I begin the interview now? | AGREES . . . . . 1<br>CLIENT REFUSES . . . . . 2 | → **END** |
| 101 | RECORD THE TIME THE INTERVIEW STARTED. USING 24-HOURS FORMAT | . . . . . __ . __ | |
| 101A | Did your partner ever accompanied you at any of the ANC visit during this pregnancy? | YES, ALWAYS . . . . . 1<br>YES, SOMETIMES . . . . . 2<br>NEVER . . . . . 3 | |
| 102 | Do you have an antenatal care appointment card, , or vaccination card with you today?<br><br>IF YES: ASK TO SEE THE CARD/BOOK. | YES . . . . . 1<br>NO, CARD KEPT WITH FACILITY . . . . . 2<br>NO CARD USED . . . . . 3<br>NO CARD WITH ME TODAY 4 | →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<br>YES, 2 TIMES. . . . . 2<br>YES, 3 OR MORE TIMES. . . . . 3<br>NO RECORD. . . . . 4 | |
| 104 | HOW MANY WEEKS PREGNANT IS THE CLIENT, ACCORDING TO THE ANC APPOINTMENT CARD, OR VACCINATION CARD? | # OF WEEKS. . . . . __<br>NOT AVAILABLE. . . . . 95 | |
| 106 | Have you ever been pregnant, regardless of the duration or outcome, or is this your first pregnancy? | FIRST PREGNANCY. . . . . 1<br>NOT FIRST PREGNANCY. . . . . 2 | |

| NO. | QUESTIONS | CODING CLASSIFICATION | GO TO |
|---|---|---|---|
| 107 | Is this your first antenatal visit at this facility for this pregnancy?<br><br>IF THIS IS NOT THE 1ST VISIT, ASK:<br>How many times have you visited this antenatal clinic for this pregnancy? | FIRST VISIT . . . . . 1<br>SECOND VISIT . . . . . 2<br>THIRD VISIT . . . . . 3<br>FOURTH VISIT . . . . . 4<br>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?<br><br>SHOW THE CLIENT AN IRON PILL, A FOLIC-ACID PILL, OR A COMBINED PILL. | YES, THIS VISIT ONLY. . . . . 1<br>YES, THIS & PREVIOUS VISIT. . . . 2<br>YES PREVIOUS VISIT ONLY. . . . 3<br>NO. . . . . 4<br>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<br>YES, THIS & PREVIOUS VISIT. . . . 2<br>YES PREVIOUS VISIT ONLY. . . . 3<br>NO. . . . . 4<br>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<br>YES, THIS & PREVIOUS VISIT. . . . 2<br>YES PREVIOUS VISIT ONLY. . . . 3<br>NO. . . . . 4<br>DON'T KNOW. . . . . 8 | →114 |
| 111 | Please tell me any side effects of the iron pill that you know of.<br><br>PROBE: ANY OTHER? | NAUSEA . . . . . A<br>BLACK STOOLS . . . . . B<br>CONSTIPATION . . . . . C<br>OTHER_____ X<br>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<br>YES, THIS & PREVIOUS VISIT. . . . 2<br>YES PREVIOUS VISIT ONLY. . . . 3<br>NO. . . . . 4<br>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<br>YES, THIS & PREVIOUS VISIT. . . . 2<br>YES PREVIOUS VISIT ONLY. . . . 3<br>NO. . . . . 4<br>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<br>YES, THIS & PREVIOUS VISIT. . . . 2<br>YES PREVIOUS VISIT ONLY. . . . 3<br>NO. . . . . 4<br>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<br>YES, THIS & PREVIOUS VISIT. . . . 2<br>YES PREVIOUS VISIT ONLY. . . . 3<br>NO. . . . . 4<br>DON'T KNOW. . . . . 8 | |

| NO. | QUESTIONS | CODING CLASSIFICATION | GO TO |
|---|---|---|---|
| 118 | Please tell me any signs of complications (danger signs) that you know of.<br><br>CIRCLE ALL RESPONSES CLIENT MENTIONS.<br>YOU MAY PROBE WITHOUT USING SPECIFIC ANSWERS GIVEN ON RIGHT<br>(E.G., "ANYTHING ELSE?") | VAGINAL BLEEDING. . . . . A<br>FEVER. . . . . B<br>SWOLLEN FACE OR HAND. . . . C<br>TIREDNESS OR<br>BREATHLESSNESS. . . . . D<br>HEADACHE OR<br>BLURRED VISION. . . . . E<br>SEIZURES/CONVULSIONS. . . . . F<br>REDUCED OR<br>NO FETAL MOVEMENT. . . . . G<br>OTHER. . . . . X<br>DON'T KNOW ANY. . . . . Z | → 120 |
| 119 | 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? | YES, THIS VISIT ONLY. . . . . 1<br>YES, THIS & PREVIOUS VISIT. . . . 2<br>YES PREVIOUS VISIT ONLY. . . . 3<br>NO. . . . . 4<br>DON'T KNOW. . . . . 8 | |
| 120 | What did the provider advise you to do if you experienced any of the signs of complications?<br><br>CIRCLE LETTER FOR ALL COURSES OF ACTION THE CLIENT MENTIONS.<br>PROBE WITHOUT USING SPECIFIC ANSWERS. | SEEK CARE AT A FACILITY. . . . . A<br>REDUCE PHYSICAL ACTIVITY. . . . . B<br>CHANGE DIET. . . . . C<br>OTHER_____ X<br>(SPECIFY)<br>PROVIDER DID NOT ADVISE. . . . Y | |
| 121 | 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. | YES, THIS VISIT ONLY. . . . . 1<br>YES, THIS & PREVIOUS VISIT. . . . . 2<br>YES PREVIOUS VISIT ONLY. . . . . 3<br>NO. . . . . 4<br>DON'T KNOW ANY. . . . . 8 | |
| 122 | Please tell me some of the things you know of that you should have in preparation for the delivery.<br><br>CIRCLE ALL RESPONSES<br>YOU MAY PROBE WITHOUT USING SPECIFIC ANSWERS GIVEN ON RIGHT<br>(E.G., "ANYTHING ELSE?") | EMERGENCY TRANSPORT. . . . A<br>MONEY. . . . . B<br>DISINFECTANT. . . . . C<br>STERILE BLADE OR<br>SCISSORS TO CUT CORD. . . . D<br>BABY TOWEL. . . . . I<br>OTHER_____. . . . . X<br>DON'T KNOW . . . . . Z | |
| 123 | Do you have money set aside for the delivery?<br><br>IF YES, ASK: Do you think you have enough? | YES, ENOUGH . . . . . 1<br>YES, BUT NOT ENOUGH . . . . . 2<br>NO . . . . . 3 | |
| 124 | During this visit (or previous visits) did a provider talk to you about where you plan to deliver your baby? | YES, THIS VISIT ONLY. . . . . 1<br>YES, THIS & PREVIOUS VISIT. . . . 2<br>YES PREVIOUS VISIT ONLY. . . . 3<br>NO. . . . . 4<br>DON'T KNOW. . . . . 8 | |

| NO. | QUESTIONS | CODING CLASSIFICATION | GO TO |
|---|---|---|---|
| 125 | Have you decided where you will go for the delivery of your baby?<br><br>IF YES PROBE FOR WHETHER THE PLAN IS TO DELIVER IN A FACILITY OR AT HOME. | AT THIS HEALTH FACILITY. . . . . 1<br>OTHER HEALTH FACILITY. . . . 2<br>AT HOME. . . . . 3<br>AT TBA's HOME. . . . . 4<br>OTHER LOCATION_____ 6<br>NO/DON'T KNOW. . . . . 8 | |
| 126 | Do you know any complications during or immediately following childbirth?<br><br>IF YES: What danger signs do you know? | EXCESSIVE BLEEDING. . . . . A<br>FEVER. . . . . B<br>GENITAL INJURIES. . . . . C<br>OTHER_____ X<br>(SPECIFY)<br>NO. . . . . Y | |
| 127 | During this visit (or previous visits) has a provider given you advice on the importance of exclusively breastfeeding—that is, about giving your baby nothing apart from breast milk for a specific period of time? | YES, THIS VISIT ONLY. . . . . 1<br>YES, THIS & PREVIOUS VISIT. . . . 2<br>YES PREVIOUS VISIT ONLY. . . . . 3<br>NO. . . . . 4<br>DON'T KNOW. . . . . 8 | →129 |
| 128 | For how many months did the provider recommend that you exclusively breastfeed, that is, that you do not give your baby any fluids or food in addition to breast milk? | BETWEEN 4 TO 6 MONTHS. . . . . 1<br>6 MONTHS. . . . . 2<br>OTHER. . . . . 6<br>DON'T KNOW . . . . . 8 | |
| 129 | During this visit (or previous visits) did a provider talk with you about using family planning after the birth of your baby? | YES, THIS VISIT ONLY. . . . . 1<br>YES, THIS & PREVIOUS VISIT. . . . 2<br>YES PREVIOUS VISIT ONLY. . . . 3<br>NO. . . . . 4<br>DON'T KNOW. . . . . 8 | |

# 2. Client Satisfaction

| NO. | QUESTIONS | CODING CLASSIFICATION | GO TO |
|---|---|---|---|
| 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. | | | |
| 201 | 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?<br><br>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. | MINUTES . . . . . [ ][ ][ ]<br><br>SAW PROVIDER IMMEDIATELY . . . . . 000<br>DON'T KNOW . . . . . 998 | |

202 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.

| | | MAJOR PROBLEM | MINOR PROBLEM | NO PROBLEM | 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 | 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? | YES. . . . . 1<br>NO. . . . . 2<br>DON'T KNOW. . . . . 8 | |
| 204 | Were you charged, or did you pay fees for any services your received or were provided today? | YES . . . . . 1<br>NO . . . . . 2 | → 206 |

| | | | |
|---|---|---|---|
| 205 | What is the total amount of birr you paid for all services or treatments you received at this facility today? | TOTAL AMOUNT ☐☐☐☐☐<br><br>DON'T KNOW . . . . . 99998 | |
| 206 | Is this the closest health facility to your home? | YES. . . . . 1<br>NO. . . . . 2<br>DON'T KNOW. . . . . 8 | → 208<br><br>→ 208 |
| 207* | What was the main reason you did not go to the facility nearest to your home?<br><br>IF CLIENT MENTIONS SEVERAL REASONS, PROBE FOR THE MOST IMPORTANT, OR MAIN REASON. | INCONVENIENT OPERATING HOURS . . . . . 01<br>BAD REPUTATION . . . . . .02<br>DON'T LIKE PERSONNEL . . 03<br>NO MEDICINE . . . . . 04<br>PREFERS TO REMAIN ANONYMOUS . . . . . 05<br>IT IS MORE EXPENSIVE . . . . 06<br>WAS REFERRED . . . . . 07<br>FOR BETTER QUALITY 08<br>OTHER. . . . . 96<br>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<br><br>READ ALL STATEMENTS, CIRCLE ONLY ONE<br><br>01) I AM **VERY SATISFIED** WITH THE SERVICES I RECEIVED IN FACILITY . . . . . 1<br><br>02) I AM **MORE OR LESS SATISFIED** WITH THE SERVICES I RECEIVED. . . . . 2<br><br>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<br>NO . . . . . 2<br>DON'T KNOW . . . . . 8 | |

## 3. Client Personal Characteristics

| NO. | QUESTIONS | CODING CLASSIFICATION | GO TO |
|---|---|---|---|
| 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. | | | |
| 302 | How old were you at your last birthday? | AGE IN YEARS . . . . . [ ][ ]<br>DON'T KNOW. . . . . 98 | |
| 303 | Have you ever attended formal school? | YES . . . . . 1<br>NO . . . . . 2 | → 305 |
| 304 | What is the highest level of school you attended? | PRIMARY. . . . . 1<br>SECONDARY. . . . . 2<br>HIGHER. . . . . 3 | →305A |
| 305 | Do you know how to read or how to write? | YES, READ AND WRITE . . . 1<br>YES, READ ONLY . . . . . 2<br>NO . . . . . 3 | |
| 305A | What is your marital status now? | SINGLE . . . . . 1<br>MARRIED . . . . . 2<br>WIDOWED . . . . . 3<br>DIVORCED . . . . . 4<br>SEPARATED . . . . . 5 | |
| 305B | In total how many pregnancies do you have during your life? | NUMBER OF PREGNANCIES [ ][ ] | |
| 305C | In total how many births do you have during your life? | NUMBER OF BIRTHS [ ][ ] | |
| 305D | How many of your children are alive? | NUMBER OF CHILDREN ALIVE [ ][ ] | |

## 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<br>GOOD 2<br>FAIR 3<br>POOR 4<br>DON'T KNOW 8<br>NO RESPONSE 9 | |
| 402 | The amount of time your provider spent with you | EXCELLENT 1<br>GOOD 2<br>FAIR 3<br>POOR 4<br>DON'T KNOW 8<br>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<br>GOOD 2<br>FAIR 3<br>POOR 4<br>DON'T KNOW 8<br>NO RESPONSE 9 | |
| 404 | Wait time before you saw a provider | EXCELLENT 1<br>GOOD 2<br>FAIR 3<br>POOR 4<br>DON'T KNOW 8<br>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<br>GOOD 2<br>FAIR 3<br>POOR 4<br>DON'T KNOW 8<br>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<br>LIKELY 2<br>UNLIKELY 3<br>VERY UNLIKELY 4<br>DON'T KNOW 8<br>NO RESPONSE 9 | |

| | | | |
|---|---|---|---|
| 407 | The provider was friendly and warm towards me | STRONGLY AGREE 1<br>AGREE 2<br>UNDECIDED 3<br>DISAGREE 4<br>STRONGLY DISAGREE 5<br>NO RESPONSE 9 | |
| 408 | The care provider was sympathetic and concerned about me | STRONGLY AGREE 1<br>AGREE 2<br>UNDECIDED 3<br>DISAGREE 4<br>STRONGLY DISAGREE 5<br>NO RESPONSE 9 | |
| 409 | The care provider did not always understand the way I felt inside | STRONGLY AGREE 1<br>AGREE 2<br>UNDECIDED 3<br>DISAGREE 4<br>STRONGLY DISAGREE 5<br>NO RESPONSE 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 1<br>GOOD 2<br>FAIR 3<br>POOR 4<br>DON'T KNOW 8<br>NO RESPONSE 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 CONFIENT 1<br>MOSTLY CONFIDENT 2<br>SLIGHTLY CONFIDENT 3<br>NOT CONFIDENT AT ALL 4<br>DON'T KNOW 8<br>NO RESPONSE 9 | |
| 412 | Do you felt that you could trust the care provider during today's consultation? | YES . . . . . 1<br>NO . . . . . 2<br>DON'T KNOW 8<br>NO RESPONSE 9 | |

| | | | |
|---|---|---|---|
| 413 | With which statement do you agree most?<br><br>a) Our health care system has so much wrong with it that we need to completely rebuild it.<br><br>b) There are some good things in our health care system, but **major changes** are needed to make it work better.<br><br>c) On the whole, the system works pretty well and only minor changes are necessary to make it work better | REBUILD THE SYSTEM 1<br><br>MAJOR CHANGES 2<br><br>MINOR CHANGES 3 | |
| 414 | How would you rate the knowledge and competence of health providers at this facility for this antenatal care service? | EXCELLENT 1<br>GOOD 2<br>FAIR 3<br>POOR 4<br>DON'T KNOW 8<br>NO RESPONSE 9 | |
| 415 | How would you rate the availability of drugs, supplies, and medical equipment at this facility for this antental care service? | EXCELLENT 1<br>GOOD 2<br>FAIR 3<br>POOR 4<br>DON'T KNOW 8<br>NO RESPONSE 9 | |
| 416 | Overall, how satisfied are you with your experience during this antenatal care? | VERY SATISFIED 1<br>SOMEWHAT SATISFIED 2<br>SOMEWHAT DISSATISFIED 3<br>VERY DISSATISFIED 4<br>DON'T KNOW 8<br>NO RESPONSE 9 | |
| 417 | RECORD THE TIME THE INTERVIEW ENDED | ☐☐ : ☐☐ | |
| | 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

## FP CLIENT EXIT INTERVIEW

## FACILITY IDENTIFICATION

FACILITY NUMBER . . . . . | | | | | |

PROVIDER SERIAL NUMBER [FROM STAFF LISTING FORM]. . . . . | | |

CLIENT CODE [FROM CLIENT LISTING FORM]. . . . . | | |

## INFORMATION ABOUT INTERVIEW

DATE:. . . . . 

DAY . . . . . | | |

MONTH . . . . . | | |

YEAR . . . . . 2 0 2 |

Name of the interviewer: _____

INTERVIEWER CODE. . . . . | | |

# 1. Information About Visit - FAMILY PLANNING

| NO. | QUESTIONS | CODING CLASSIFICATION | GO TO |
|---|---|---|---|
| | **READ TO CLIENT:** Hello, I am_____. As my colleague mentioned, we are representing the ETHIOPIAN PUBLIC HEALTH INSTITUTE (EPHI) and the FMoH.<br>We are conducting a study of health facilities in ETHIOPIA.<br>in order to improve the services this facility offers and would like to ask you some questions about your experiences here today.<br><br>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.<br><br>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.<br>Data collection will take place (August – December, 2021), data will be released on July 2022<br>Datasets from this study will only be available for legitimate research purposes<br>If you have any question regarding the survey please contact:<br>Fikreselassie Getachew, CO Principle Investigator, EPHI, Addis Ababa, Ethiopia, Cell No. 0913210444<br><br>Do you have any questions for me? Do I have your permission to continue with the interview?<br><br>_____<br>Interviewer's signature<br>(Indicates respondent's willingness to participate)<br><br>DAY \| MONTH \| 2 0 2 YEAR | | |
| 100 | May I begin the interview? | CLIENT AGREES . . . . . 1<br>CLIENT REFUSES . . . . . 2 | → **END** |
| 101 | RECORD THE TIME THE INTERVIEW STARTED | : | |
| 102 | RECORD THE SEX OF THE CLIENT | MALE. . . . . 1<br>FEMALE. . . . . 2 | |
| 103 | Before coming to this facility today, were you taking any steps or using any methods to prevent a pregnancy? | YES . . . . . 1<br>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<br>NO . . . . . 2 | → 112 |
| 105* | What method were you (last) using?<br><br>BROBE TO OBTAIN INFORMATION ON ALL METHODS THE CLIENT WAS LAST USING.<br><br>IF THE CLIENT SIMPLY SAYS "CONDOMS" PROBE TO CLARIFY IF MALE OR FEMALE CONDOMS | COMBINED ORAL PILL. . . . . A<br>PROGESTIN-ONLY PILL. . . . . B<br>PILL (TYPE UNSPECIFIED). . . . . C<br>COMBINED INJECTABLE (MONTHLY). . . . . D<br>DEPO PROVERA INJECTABLE (3-MONTHLY) E<br>MALE CONDOM. . . . . F<br>FEMALE CONDOM. . . . . G<br>IUCD. . . . . H<br>IMPLANT. . . . . I<br>EMERGENCY CONTRACEPTION. . . . . J<br>CYCLE BEADS FOR STANDARD DAYS METHOD K<br>NATURAL METHODS<br>(PERIODIC ABSTINENCE). . . . . L<br>MALE STERILIZATION (VASECTOMY). . . . . M<br>FEMALE STERILIZATION (TUBAL LIGATION). . . . N<br>LACTATIONAL AMENORRHEA. . . . . O<br>OTHER_____ X<br>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<br>NO, DID NOT ASK . . . . . 2 | |
| 107 | Have you been having (did you have) any problems with the method? | YES . . . . . 1<br>NO . . . . . 2 | → 110 |
| 108 | Did you mention the problem to the provider during the consultation? | YES . . . . . 1<br>NO . . . . . 2 | |
| 109 | Did the provider suggest any action(s) you should take to resolve the problem? | YES . . . . . 1<br>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<br>SWITCH METHOD. . . . . 2<br>STOP USING METHOD (DUE TO PROBLEMS). . . . . 3<br>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<br>NO . . . . . 2 | → 113<br>→ 115 |
| 112 | Had you thought about what family planning method you wanted to use before you came here today? | YES . . . . . 1<br>NO . . . . . 2 | → 115 |
| 113* | What method was that?<br><br>IF CLIENT MENTIONS CONDOMS ALONG WITH ANOTHER METHOD, CIRCLE BOTH METHODS. | COMBINED ORAL PILL. . . . . A<br>PROGESTIN-ONLY PILL. . . . . B<br>PILL (TYPE UNSPECIFIED). . . . . C<br>COMBINED INJECTABLE (MONTHLY). . . . . D<br>DEPO PROVERA INJECTABLE (3-MONTHLY) E<br>MALE CONDOM. . . . . F<br>FEMALE CONDOM. . . . . G<br>IUCD. . . . . H<br>IMPLANT. . . . . I<br>EMERGENCY CONTRACEPTION. . . . . J<br>CYCLE BEADS FOR STANDARD DAYS METHOD K<br>NATURAL METHODS (PERIODIC ABSTINENCE). . . . . L<br>MALE STERILIZATION (VASECTOMY). . . . . M<br>FEMALE STERILIZATION (TUBAL LIGATION). . . . N<br>LACTATIONAL AMENORRHEA. . . . . O<br>OTHER_____ X<br>SPECIFY | |
| 114 | Did the provider talk to you about any of the method(s) you just mentioned? | YES . . . . . 1<br>NO . . . . . 2 | |

| NO. | QUESTIONS | CODING CLASSIFICATION | GO TO |
|---|---|---|---|
| 115* | What (other) family planning methods did the provider talk with you about?<br><br>CIRCLE ALL METHODS MENTIONED. | COMBINED ORAL PILL. . . . . A<br>PROGESTIN-ONLY PILL. . . . . B<br>PILL (TYPE UNSPECIFIED). . . . . C<br>COMBINED INJECTABLE (MONTHLY). . . . . D<br>DEPO PROVERA INJECTABLE (3-MONTHLY) E<br>MALE CONDOM. . . . . F<br>FEMALE CONDOM. . . . . G<br>IUCD. . . . . H<br>IMPLANT. . . . . I<br>EMERGENCY CONTRACEPTION. . . . . J<br>CYCLE BEADS FOR STANDARD DAYS METHOD K<br>NATURAL METHODS<br>(PERIODIC ABSTINENCE). . . . . L<br>MALE STERILIZATION (VASECTOMY). . . . . M<br>FEMALE STERILIZATION (TUBAL LIGATION). . . . N<br>LACTATIONAL AMENORRHEA. . . . . O<br>OTHER_____ X<br>SPECIFY | |
| 116* | What family planning method did you either receive or get a prescription or referral for?<br><br>CIRCLE ALL METHODS THE CLIENT HAS A PRESCRIPTION OR A REFERRAL (PRES), OR RECEIVED IN FACILITY (REC).<br><br>IF THE CLIENT IS CONTINUING WITH A PRIOR METHOD AND DID NOT RECEIVE ANY METHOD, PRESCRIPTION OR REFERRAL DURING THIS VISIT, CIRCLE "Y"<br><br>CHECK PACKET OR PRESCRIPTION TO CONFIRM TYPE OF PILL OR INJECTION | PRES/REF REC<br>COMBINED ORAL PILL. . . . . A A<br>PROGESTIN-ONLY PILL. . . . . B B<br>PILL (TYPE UNSPECIFIED). . . . . C C<br>COMBINED INJECTABLE (MONTHLY) D D<br>DEPO PROVERA INJECTABLE (3-MONTHLY) E E<br>MALE CONDOM. . . . . F F<br>FEMALE CONDOM. . . . . G G<br>IUCD. . . . . H H<br>IMPLANT. . . . . I I<br>EMERGENCY CONTRACEPTION. . . . . J J<br>CYCLE BEADS FOR STANDARD DAYS METHOD K K<br>PERIODIC ABSTINENCE. . . . . L L<br>MALE STERILIZATION (VASECTOMY). . . . . M M<br>FEMALE STERILIZATION (TUBAL LIGATION). . . . N N<br>LACTATIONAL AMENORRHEA. . . . . O O<br>OTHER_____ X X<br>SPECIFY<br>CONTINUING WITH METHOD IN Q105. . . . . Y Y<br>NO METHOD. . . . . Z Z → 201<br><br>***[ONLY SKIP TO 201 IF BOTH "Z" ARE CIRCLED IE, NO METHOD EITHER RECEIVED OR PRESCRIBED] OTHERWISE CONTINUE TO Q117*** | |

| 117 | During your consultation today, did the provider | | YES | NO | DK |
|---|---|---|---|---|---|
| 01 | Explain how to use the method? | HOW TO USE . . . . . | 1 | 2 | 8 |
| 02 | Talk about possible side effects? | TELL SIDE EFFECTS . . | 1 | 2 | 8 |
| 03 | Tell you what to do if you have any problems? | TELL PROBLEMS . . . . . | 1 | 2 | 8 |
| 04 | Tell you when to return for follow-up? | TELL WHEN RETURN . . | 1 | 2 | 8 |

| 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<br>(ANY PILL) | How often do you take the pill? | ONCE A DAY. . . . . 1<br>OTHER. . . . . 2<br>DON'T KNOW . . . . . 8 | |
| B | CONDOM ( MALE) | How many times can you use one condom? | ONCE . . . . . 1<br>OTHER. . . . . 2<br>DON'T KNOW . . . . . 8 | |
| C | CONDOM (FEMALE)<br>[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<br>OTHER. . . . . 2<br>DON'T KNOW . . . . . 8 | |
| D | IUCD | What should you do to make sure that your IUCD is in place? | CHECK STRING . . . . . 1<br>OTHER. . . . . 2<br>DON'T KNOW . . . . . 8 | |
| E | INJECTABLE<br>(3-MONTHLY) | How long does the injection provide protection from pregnancy? | 3 MONTHS . . . . . 1<br>OTHER. . . . . 2<br>DON'T KNOW . . . . . 8 | |
| F | MONTHLY INJECTABLE | How long does the injection provide protection from pregnancy? | 1 MONTH. . . . . 1<br>OTHER. . . . . 2<br>DON'T KNOW . . . . . 8 | |
| G | IMPLANT<br>[country-specific, depends on type of implant available?] | How long does your implant provide protection against pregnancy? | 3-5 YEARS . . . . . 1<br>OTHER. . . . . 2<br>DON'T KNOW . . . . . 8 | |
| H | NATURAL METHOD<br>(PERIODIC ABSTINENCE OR SDM) | How do you recognize the days on which you should not have sexual intercourse? | BODY TEMPERATURE RISES A<br>MUCUS IN VAGINA . . . . . B<br>DAYS 12-16 OF THE MENSTRUAL CYCLE. . . . . C<br>WHITE BEAD' DAYS/DAYS 8-19 OF MENSTRUAL CYCLE. . . . . D<br>OTHER . . . . . X<br>DON'T KNOW . . . . . Z | |
| I | VASECTOMY<br>[obvs. 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<br>YES, ONLY SLIGHT RISK 2<br>NO. . . . . 3<br>DON'T KNOW. . . . . 8 | |
| J | TUBAL LIGATION<br>[obvs. section asks if provider counsels on slight risk] | After you have been sterilized, could you ever become pregnant again? | YES, DEFINITELY. . . . . 1<br>YES, ONLY SLIGHT RISK. . . . . 2<br>NO. . . . . 3<br>DON'T KNOW. . . . . 8 | |
| K | LAM | Can you use this method if your menstrual period has returned? | YES . . . . . 1<br>NO . . . . . 2<br>DON'T KNOW . . . . . 8 | |
| 119 | Does your method protect against Sexually Transmitted Infections (STIs), including HIV/AIDS? | | YES . . . . . 1<br>NO . . . . . 2<br>DON'T KNOW . . . . . 8 | → 201 |

# 2. Client Satisfaction

| NO. | QUESTIONS | CODING CLASSIFICATION | GO TO |
|---|---|---|---|
| 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. | | | |
| 201 | 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?<br><br>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. | MINUTES . . . . . [ ][ ][ ]<br><br>SAW PROVIDER IMMEDIATELY . . . . . 000<br>DON'T KNOW . . . . . 998 | |

202 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.

| | | MAJOR | MINOR | NO PROB-LEM | DK |
|---|---|---|---|---|---|
| 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 |

| | | | |
|---|---|---|---|
| | services your received or were provided today?<br>medical aid, insurance or a similar program)<br>or institutional arrangement that pays for some or all of the services you receive at this or any other facility? | YES. . . . . 1<br>NO. . . . . 2<br>DON'T KNOW. . . . . 8 | |
| 204 | Were you charged, or did you pay fees for any services your received or were provided today? | YES . . . . . 1<br>NO . . . . . 2 | → 206 |

| | | | |
|---|---|---|---|
| 205 | What is the total amount of birr you paid for all services or treatments you received at this facility today? | TOTAL AMOUNT ☐☐☐☐☐<br>DON'T KNOW . . . . . 99998 | |
| 206 | Is this the closest health facility to your home? | YES. . . . . 1<br>NO. . . . . 2<br>DON'T KNOW. . . . . 8 | → 208<br><br>→ 208 |
| 207 | What was the main reason you did not go to the facility nearest to your home?<br><br>IF CLIENT MENTIONS SEVERAL REASONS, PROBE FOR THE MOST IMPORTANT, OR MAIN REASON. | INCONVENIENT OPERATING HOURS . . . . . 01<br>BAD REPUTATION . . . . . 02<br>DON'T LIKE PERSONNEL . . .03<br>NO MEDICINE . . . . . .04<br>PREFERS TO REMAIN ANONYMOUS . . . . . 05<br>IT IS MORE EXPENSIVE . . . . 06<br>WAS REFERRED . . . . . .07<br>FOR BETTER QUALITY 08<br>OTHER. . . . . 96<br>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<br><br>READ ALL STATEMENTS, CIRCLE ONLY ONE<br><br>01) I AM **VERY SATISFIED** WITH THE SERVICES I RECEIVED IN FACILITY . . . . . 1<br><br>02) I AM **MORE OR LESS SATISFIED** WITH THE SERVICES I RECEIVED. . . . . 2<br><br>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<br>NO . . . . . 2<br>DON'T KNOW . . . . . 8 | |

## 3. Client Personal Characteristics

| NO. | QUESTIONS | CODING CLASSIFICATION | GO TO |
|---|---|---|---|
| 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. | | | |
| 302 | How old were you at your last birthday? | AGE IN YEARS . . . . . [ ][ ]<br>DON'T KNOW. . . . . 98 | |
| 303 | Have you ever attended formal school? | YES . . . . . 1<br>NO . . . . . 2 | → 305 |
| 304 | What is the highest level of school you attended? | PRIMARY. . . . . 1<br>SECONDARY. . . . . 2<br>HIGHER. . . . . 3 | →305A |
| 305 | Do you know how to read or how to write? | YES, READ AND WRITE . . . 1<br>YES, READ ONLY . . . . . 2<br>NO . . . . . 3 | |
| 305A | What is your marital status now? | SINGLE . . . . . 1<br>MARRIED . . . . . 2<br>WIDOWED . . . . . 3<br>DIVORCED . . . . . 4<br>SEPARATED . . . . . 5 | |
| 305B | In total how many pregnancies do you have during your life? | NUMBER OF PREGNANCIES [ ][ ] | IF 00 Skip to 401 |
| 305C | In total how many births do you have during your life? | NUMBER OF BIRTHS [ ][ ] | |
| 305D | How many of your children are alive? | NUMBER OF CHILDREN ALIVE [ ][ ] | |

## 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<br>GOOD 2<br>FAIR 3<br>POOR 4<br>DON'T KNOW 8<br>NO RESPONSE 9 | |
| 402 | The amount of time your provider spent with you | EXCELLENT 1<br>GOOD 2<br>FAIR 3<br>POOR 4<br>DON'T KNOW 8<br>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<br>GOOD 2<br>FAIR 3<br>POOR 4<br>DON'T KNOW 8<br>NO RESPONSE 9 | |
| 404 | Wait time before you saw a provider | EXCELLENT 1<br>GOOD 2<br>FAIR 3<br>POOR 4<br>DON'T KNOW 8<br>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<br>GOOD 2<br>FAIR 3<br>POOR 4<br>DON'T KNOW 8<br>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<br>LIKELY 2<br>UNLIKELY 3<br>VERY UNLIKELY 4<br>DON'T KNOW 8<br>NO RESPONSE 9 | |
| 407 | The provider was friendly and warm towards me | STRONGLY AGREE 1<br>AGREE 2<br>UNDECIDED 3<br>DISAGREE 4<br>STRONGLY DISAGREE 5<br>NO RESPONSE 9 | |

| | | | |
|---|---|---|---|
| 408 | The care provider was sympathetic and concerned about me | STRONGLY AGREE 1<br>AGREE 2<br>UNDECIDED 3<br>DISAGREE 4<br>STRONGLY DISAGREE 5<br>NO RESPONSE 9 | |
| 409 | The care provider did not always understand the way I felt inside | STRONGLY AGREE 1<br>AGREE 2<br>UNDECIDED 3<br>DISAGREE 4<br>STRONGLY DISAGREE 5<br>NO RESPONSE 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 1<br>GOOD 2<br>FAIR 3<br>POOR 4<br>DON'T KNOW 8<br>NO RESPONSE 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 CONFIENT 1<br>MOSTLY CONFIDENT 2<br>SLIGHTLY CONFIDENT 3<br>NOT CONFIDENT AT ALL 4<br>DON'T KNOW 8<br>NO RESPONSE 9 | |
| 412 | Do you felt that you could trust the care provider during today's consultation? | YES . . . . . 1<br>NO . . . . . 2<br>DON'T KNOW 8<br>NO RESPONSE 9 | |
| 413 | With which statement do you agree most?<br>a) Our health care system has so much wrong with it that we need to completely rebuild it.<br>b) There are some good things in our health care system, but **major changes** are needed to make it work better.<br>c) On the whole, the system works pretty well and only minor changes are necessary to make it work better | REBUILD THE SYSTEM 1<br>MAJOR CHANGES 2<br>MINOR CHANGES 3 | |
| 414 | How would you rate the knowledge and competence of health providers at this facility for this family planning service? | EXCELLENT 1<br>GOOD 2<br>FAIR 3<br>POOR 4<br>DON'T KNOW 8<br>NO RESPONSE 9 | |

| | | | |
|---|---|---|---|
| 415 | How would you rate the availability of drugs, supplies, and medical equipment at this facility for this family planning service? | EXCELLENT 1<br>GOOD 2<br>FAIR 3<br>POOR 4<br>DON'T KNOW 8<br>NO RESPONSE 9 | |
| 416 | Overall, how satisfied are you with your experience during this family planning service? | VERY SATISFIED 1<br>SOMEWHAT SATISFIED 2<br>SOMEWHAT DISSATISFIED 3<br>VERY DISSATISFIED 4<br>DON'T KNOW 8<br>NO RESPONSE 9 | |
| 417 | RECORD THE TIME THE INTERVIEW ENDED | ☐☐ : ☐☐ | |
| | 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 . . . . . | | | | | |

PROVIDER SERIAL NUMBER [FROM STAFF LISTING FORM]. . . . . | | |

CLIENT CODE [FROM CLIENT LISTING FORM]. . . . . | | | |

## INFORMATION ABOUT INTERVIEW

DATE:. . . . . .

DAY . . . . . | | |

MONTH . . . . . | | |

YEAR . . . . . 2 0 2 |

Name of the interviewer: _____

INTERVIEWER CODE. . . . . | | | |

# 1. Information About Visit - CARETAKER OF SICK CHILD

| NO. | QUESTIONS | CODING CLASSIFICATION | GO TO |
|---|---|---|---|
| | **READ TO CLIENT:** Hello, I am_____. As my colleague mentioned, we are representing the ETHIOPIAN PUBLIC HEALTH INSTITUTE (EPHI) and the FMoH.<br>We are conducting a study of health facilities in ETHIOPIA.<br>in order to improve the services this facility offers and would like to ask you some questions about your experiences here today.<br>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.<br>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.<br>Data collection will take place (August – December, 2021), data will be released on July 2022<br>Datasets from this study will only be available for legitimate research purposes<br>If you have any question regarding the survey please contact:<br>Fikreselassie Getachew, CO Principle Investigator, EPHI, Addis Ababa, Ethiopia, Cell No. 0913210444<br>Do you have any questions for me? Do I have your permission to continue with the interview?<br>Interviewer's signature<br>(Indicates respondent's willingness to participate)<br>DAY \| MONTH \| YEAR: 2 0 2 | | |
| 100 | May I begin the interview? | CLIENT AGREES . . . . . 1<br>CLIENT REFUSES . . . . . 2 | → **END** |
| 101 | RECORD THE TIME THE INTERVIEW STARTED | [ ][ ] : [ ][ ] | |
| 102 | What is the name of the sick child? | NAME _____ | |

## CLIENT AGE

| | | | |
|---|---|---|---|
| 103 | What month and year was [NAME] born? | MONTH . . . . . [ ][ ]<br>DON'T KNOW MONTH . . . . . 98<br>YEAR . . . . . [ ][ ][ ][ ]<br>DON'T KNOW YEAR . . . . .. . . . 9998 | |
| 104 | How old is [NAME] in completed months? | AGE IN MONTHS . . . . . [ ][ ]<br>DON'T KNOW. . . . . 9 8 | |

## SIGNS AND SYMPTOMS OF CURRENT ILLNESS

| | | | |
|---|---|---|---|
| 105 | Has [NAME] had fever with this illness or any time in the past two days? | YES. . . . . 1<br>NO. . . . . 2 | |
| 106 | Has [NAME] had a convulsion with this illness? | YES. . . . . 1<br>NO. . . . . 2 | |
| 107 | Does [NAME] have cough or difficulty breathing with this illness? | YES. . . . . 1<br>NO. . . . . 2 | |
| 108 | Can [NAME] drink, eat or breastfeed? | YES. . . . . 1<br>NO. . . . . 2 | |

| | | | |
|---|---|---|---|
| 109 | Does [NAME] vomit everything when he/she eats or breastfeeds during this illness? | YES. . . . . 1<br>NO. . . . . 2 | |
| 110 | Has [HE/SHE] had watery and frequent stools with this illness or any time in the past two days? | YES. . . . . 1<br>NO. . . . . 2 | |
| 111 | Has [HE/SHE] been excessively sleepy or lethargic during this illness? | YES. . . . . 1<br>NO. . . . . 2 | |
| 112 | For what other reason(s) did you bring [NAME] to this health facility today?<br><br>CIRCLE ALL ITEMS THE RESPONDENT MENTIONS<br><br>PROBE: Anything else? | EAR PROBLEMS. . . . . A<br>SKIN SORE/PROBLEMS. . . . . B<br>INJURY. . . . . C<br>EYE PROBLEM. . . . . D<br>OTHER _____ X<br>(SPECIFY)<br>NO OTHER REASON . . . . . Y | |
| 113 | Has [NAME] been brought to this facility before for this same illness?<br><br>IF YES, ASK: How long ago was that? | WITHIN THE PAST WEEK. . . . . 1<br>WITHIN THE PAST 2-4 WEEKS. . . . 2<br>MORE THAN 4 WEEKS AGO. . . . . 3<br>NO. . . . . 4<br>DON'T KNOW. . . . . 8 | |
| 114 | How many days ago did the illness for which you brought [NAME] here begin?<br><br>IF LESS THAN 1 DAY, ENTER 00 | DAYS AGO. . . . . [ ][ ]<br><br>DON'T KNOW. . . . . 98 | |

## INFORMATION PROVIDED TO CARETAKER

| | | | |
|---|---|---|---|
| 115 | Did the provider tell you what illness [NAME] has? | YES. . . . . 1<br>NO. . . . . 2<br>DON'T KNOW. . . . . 8 | |
| 116 | What would you do if [NAME] does not get completely better or becomes worse? | RETURN TO FACILITY. . . . . 1<br>GO TO OTHER FACILITY. . . . . 2<br>GO TO OTHER HEALTH<br>WORKER OR /PHARMACY. . . . . 3<br>GO TO TRADITIONAL HEALER. . . . 4<br>NOTHING, JUST WAIT. . . . . 5<br>GO TO SPIRITUAL HEALER 6<br>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?<br><br>IF YES, ASK: Can you tell me what these are?<br><br>IF NECESSARY, PROBE:<br><br>Were there any serious symptoms or danger signs for which you were told to bring [NAME] back immediately? | FEVER . . . . . A<br>BREATHING PROBLEMS . . . . . B<br>BECOMES SICKER . . . . . C<br>BLOOD IN STOOL . . . . . D<br>VOMITING . . . . . E<br>POOR/NOT EATING/NOT FEEDING F<br>POOR/NOT DRINKING . . . . . G<br>CONVULSION . . . . . H<br>OTHER _____ X<br>(SPECIFY)<br>NO, NONE . . . . . Y<br>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?<br><br>IF YES:<br><br>Why were you to return? | MORE MEDICINES . . . . . A<br>IF SYMPTOMS INCREASE OR<br>BECOME WORSE . . . . . B<br>FOLLOW-UP APPOINTMENT. . . . . C<br>VIT. A SUPPLEMENTATION. . . . . D<br>LAB TEST RESULTS. . . . . E<br>CHILD ADMITTED. . . . . F<br>ROUTINE IMMUNISATION . . . . . G<br>OTHER _____ X<br>(SPECIFY)<br>NO. . . . . Y<br>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<br>YES, GAVE PRESCRIPTION. . . . . 2<br>GAVE MEDS AND PRESCRIPTION. . . . . 3<br>NO . . . . . 4 | → 124 |
| 120 | ASK TO SEE ALL MEDICATIONS THAT THE CARETAKER RECEIVED AND ANY PRESCRIPTIONS THAT HAVE NOT YET BEEN FILLED.<br><br>CIRCLE THE RESPONSE DESCRIBING THE MEDICATIONS AND PRESCRIPTIONS YOU SEE. | HAS ALL MEDS. . . . . 1<br>HAS SOME MEDS, SOME UNFILLED PRESCRIPTIONS. . . . . 2<br>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?<br><br>IF “2” OR “8” SEND CLIENT BACK TO PROVIDER AT THE END OF THE INTERVIEW | YES. . . . . 1<br>NO. . . . . 2<br>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?<br><br>IF “2” OR “8” SEND CLIENT BACK TO PROVIDER AT THE END OF THE INTERVIEW | YES. . . . . 1<br>NO. . . . . 2<br>DON’T KNOW. . . . . 8 | |
| 123 | Has [NAME] been given a dose of any of these medications here at the facility already? | YES. . . . . 1<br>NO. . . . . 2<br>DON’T KNOW. . . . . 8 | |
| 124 | Did [NAME] receive an injection for treating the sickness here at the facility today?<br>IF NO, CHECK PRESCRIPTIONS AND RECORD IF THERE IS A PRESCRIPTION FOR AN INJECTION. | YES, RECEIVED INJECTION. . . . . 1<br>YES, RECEIVED PRESCRIPTION FOR INJECTION. . . . . 2<br>NO . . . . . 3<br>DON’T KNOW . . . . . 8 | |
| 125 | Did anyone at the health facility weigh [NAME] today? | YES . . . . . 1<br>NO . . . . . 2 | |
| 126 | Did anyone talk to you today about [NAME]’s weight and how [NAME] is growing? | YES . . . . . 1<br>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<br>NO . . . . . 2<br>CANNOT REMEMBER . . . . . 8 | |
| 128 | What did the provider tell you about feeding solid foods to [NAME] during this illness? | GIVE LESS THAN USUAL . . . . . 1<br>GIVE SAME AS USUAL . . . . . 2<br>GIVE MORE THAN USUAL . . . . 3<br>GIVE NOTHING/DON’T FEED . . 4<br>DIDN’T DISCUSS . . . . . 6<br>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<br>GIVE SAME AS USUAL . . . . . 2<br>GIVE MORE THAN USUAL . . . . 3<br>GIVE NOTHING/DON’T FEED . . 4<br>DIDN’T DISCUSS . . . . . 6<br>DON’T KNOW . . . . . 8 | |
| 130 | Was [NAME] given a vaccination today?<br><br>IF YES, ASK TO SEE THE HEALTH CARD OR BOOKLET TO VERIFY. | YES, OBSERVED. . . . . 1<br>REPORTED, NOT SEEN. . . . . 2<br>NO. . . . . 3<br>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<br>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<br>NO. . . . . 2 | → 134 |
| 132 | Did you take [NAME] to the provider or laboratory for the finger or heel stick? | YES. . . . . 1<br>NO. . . . . 2 | → 134 |
| 133 | Were you told the result of the test that was done? | YES. . . . . 1<br>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<br>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?<br><br>IF YES, ASK: Whom did you see and where?<br><br>CIRCLE ALL THAT APPLY | YES, OTHER PROVIDER THIS FACILITY. . . . . A<br>YES, OTHER PROVIDER DIFFERENT FACILITY. . . B<br>YES, TRADITIONAL HEALER. . . . . C<br>YES, SPIRITUAL HEALER. . . . . D<br>SAW NO ONE . . . . . Y | |

# 2. Client Satisfaction

| NO. | QUESTIONS | CODING CLASSIFICATION | GO TO |
|---|---|---|---|
| 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. | | | |
| 201 | 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?<br><br>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. | MINUTES . . . . . [ ][ ][ ]<br><br>SAW PROVIDER IMMEDIATELY . . . . . 000<br>DON'T KNOW . . . . . 998 | |

202 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.

| | | MAJOR | MINOR | NO PROB-LEM | DK |
|---|---|---|---|---|---|
| 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 | 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? | YES. . . . . 1<br>NO. . . . . 2<br>DON'T KNOW. . . . . 8 | |
| 204 | Were you charged, or did you pay fees for any services your received or were provided today? | YES . . . . . 1<br>NO . . . . . 2 | → 206 |

| | | | |
|---|---|---|---|
| 205 | What is the total amount of birr you paid for all services or treatments you received at this facility today? | TOTAL AMOUNT ☐☐☐☐☐<br>DON'T KNOW . . . . . 99998 | |
| 206 | Is this the closest health facility to your home? | YES. . . . . 1<br>NO. . . . . 2<br>DON'T KNOW. . . . . 8 | → 208<br><br>→ 208 |
| 207 | What was the main reason you did not go to the facility nearest to your home?<br><br>IF CLIENT MENTIONS SEVERAL REASONS, PROBE FOR THE MOST IMPORTANT, OR MAIN REASON. | INCONVENIENT OPERATING HOURS . . . . . 01<br>BAD REPUTATION . . . . . 02<br>DON'T LIKE PERSONNEL . . .03<br>NO MEDICINE . . . . . .04<br>PREFERS TO REMAIN ANONYMOUS . . . . . 05<br>IT IS MORE EXPENSIVE . . . . 06<br>WAS REFERRED . . . . . .07<br>FOR BETTER QUALITY 08<br>OTHER. . . . . 96<br>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<br><br>READ ALL STATEMENTS, CIRCLE ONLY ONE<br><br>01) I AM **VERY SATISFIED** WITH THE SERVICES I RECEIVED IN FACILITY . . . . . 1<br><br>02) I AM **MORE OR LESS SATISFIED** WITH THE SERVICES I RECEIVED. . . . . 2<br><br>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<br>NO. . . . . 2<br>DON'T KNOW. . . . . 8 | |

## 3. Client Personal Characteristics

| NO. | QUESTIONS | CODING CLASSIFICATION | GO TO |
|---|---|---|---|
| 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. | | | |
| 301 | What is your relationship to [SICK CHILD]? | MOTHER . . . . . 1<br>FATHER . . . . . 2<br>SIBLING . . . . . 3<br>AUNT OR UNCLE . . . . . 4<br>GRAND MOM/GRAND DAD. . . . . 5<br>OTHER _____ 6<br>(SPECIFY) | |
| 302 | How old were you at your last birthday? | AGE IN YEARS . . . . . [ ][ ]<br>DON'T KNOW. . . . . 98 | |
| 303 | Have you ever attended formal school? | YES . . . . . 1<br>NO . . . . . 2 | → 305 |
| 304 | What is the highest level of school you attended? | PRIMARY. . . . . 1<br>SECONDARY. . . . . 2<br>HIGHER. . . . . 3 | → 401 |
| 305 | Do you know how to read or how to write? | YES, READ AND WRITE . . . 1<br>YES, READ ONLY . . . . . 2<br>NO . . . . . 3 | |

## 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<br>GOOD 2<br>FAIR 3<br>POOR 4<br>DON'T KNOW 8<br>NO RESPONSE 9 | |
| 402 | The amount of time your provider spent with you | EXCELLENT 1<br>GOOD 2<br>FAIR 3<br>POOR 4<br>DON'T KNOW 8<br>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<br>GOOD 2<br>FAIR 3<br>POOR 4<br>DON'T KNOW 8<br>NO RESPONSE 9 | |
| 404 | Wait time before you saw a provider | EXCELLENT 1<br>GOOD 2<br>FAIR 3<br>POOR 4<br>DON'T KNOW 8<br>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<br>GOOD 2<br>FAIR 3<br>POOR 4<br>DON'T KNOW 8<br>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<br>LIKELY 2<br>UNLIKELY 3<br>VERY UNLIKELY 4<br>DON'T KNOW 8<br>NO RESPONSE 9 | |
| 407 | The provider was friendly and warm towards me | STRONGLY AGREE 1<br>AGREE 2<br>UNDECIDED 3<br>DISAGREE 4<br>STRONGLY DISAGREE 5<br>NO RESPONSE 9 | |

| | | | |
|---|---|---|---|
| 408 | The care provider was sympathetic and concerned about me | STRONGLY AGREE 1<br>AGREE 2<br>UNDECIDED 3<br>DISAGREE 4<br>STRONGLY DISAGREE 5<br>NO RESPONSE 9 | |
| 409 | The care provider did not always understand the way I felt inside | STRONGLY AGREE 1<br>AGREE 2<br>UNDECIDED 3<br>DISAGREE 4<br>STRONGLY DISAGREE 5<br>NO RESPONSE 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 1<br>GOOD 2<br>FAIR 3<br>POOR 4<br>DON'T KNOW 8<br>NO RESPONSE 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 CONFIENT 1<br>MOSTLY CONFIDENT 2<br>SLIGHTLY CONFIDENT 3<br>NOT CONFIDENT AT ALL 4<br>DON'T KNOW 8<br>NO RESPONSE 9 | |
| 412 | Do you felt that you could trust the care provider during today's consultation? | YES . . . . . 1<br>NO . . . . . 2<br>DON'T KNOW 8<br>NO RESPONSE 9 | |
| 413 | With which statement do you agree most?<br>a) Our health care system has so much wrong with it that we need to completely rebuild it.<br>b) There are some good things in our health care system, but **major changes** are needed to make it work better.<br>c) On the whole, the system works pretty well and only minor changes are necessary to make it work better | REBUILD THE SYSTEM 1<br>MAJOR CHANGES 2<br>MINOR CHANGES 3 | |
| 414 | How would you rate the knowledge and competence of health providers at this facility for this sick child care service? | EXCELLENT 1<br>GOOD 2<br>FAIR 3<br>POOR 4<br>DON'T KNOW 8<br>NO RESPONSE 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<br>GOOD 2<br>FAIR 3<br>POOR 4<br>DON'T KNOW 8<br>NO RESPONSE 9 | |
| 416 | Overall, how satisfied are you with your experience during this sick child care service? | VERY SATISFIED 1<br>SOMEWHAT SATISFIED 2<br>SOMEWHAT DISSATISFIED 3<br>VERY DISSATISFIED 4<br>DON'T KNOW 8<br>NO RESPONSE 9 | |
| 417 | RECORD THE TIME THE INTERVIEW ENDED | ☐☐ : ☐☐ | |
| | 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 |
DAY MONTH YEAR

FACILITY # | | | | | |

**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 #2**

| | NAME/INITIALS | FIRST VISIT | FOLLOW-UP |
|---|---|---|---|
| 126 | | | |
| 127 | | | |
| 128 | | | |
| 129 | | | |
| 130 | | | |
| 131 | | | |
| 132 | | | |
| 133 | | | |
| 134 | | | |
| 135 | | | |
| 136 | | | |
| 137 | | | |
| 138 | | | |
| 139 | | | |
| 140 | | | |
| 141 | | | |
| 142 | | | |
| 143 | | | |
| 144 | | | |
| 145 | | | |
| 146 | | | |
| 147 | | | |
| 148 | | | |
| 149 | | | |
| 150 | | | |

## 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 | | | |
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| 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 | | | |
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| 366 | | | |
| 367 | | | |
| 368 | | | |
| 369 | | | |
| 370 | | | |
| 371 | | | |
| 372 | | | |
| 373 | | | |
| 374 | | | |
| 375 | | | |

Facility No.:_____ Team No.:_____

Facility Name:_____ Closing Date:_____

| | TOTAL NUMBER OF HEALTH WORKERS INTERVIEWED | TOTAL NUMBER OF OBSERVATIONS/EXITS ADMINISTERED | | | |
|---|---|---|---|---|---|
| | | ANC | FAMILY PLANNING | SICK CHILD | NOTE |
| TOTAL (FROM INVENTORY QUESTIONNAIRE) → | | | | | |
| | HEALTH WORKER SERIAL NUMBER (Staff Listing Form) | TOTAL NUMBER OF OBSERVATIONS/EXITS ASSOCIATED WITH LISTED HEALTH WORKERS | | | |
| | | ANC | FAMILY PLANNING | SICK CHILD | NOTE |
| | | | | | |
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# ADDITIONAL DHS PROGRAM RESOURCES

| | | |
|---|---|---|
| **The DHS Program Website** – Download free DHS reports, standard documentation, key indicator data, and training tools, and view announcements. | DHSprogram.com | |
| **STATcompiler** – Build custom tables, graphs, and maps with data from 90 countries and thousands of indicators. | Statcompiler.com | |
| **DHS Program Mobile App** – Access key DHS indicators for 90 countries on your mobile device (Apple, Android, or Windows). | Search DHS Program in your iTunes or Google Play store | |
| **DHS Program User Forum** – Post questions about DHS data and search our archive of FAQs. | userforum.DHSprogram.com | |
| **Tutorial Videos** – Watch interviews with experts and learn DHS basics, such as sampling and weighting, downloading datasets, and How to Read DHS Tables. | www.youtube.com/DHSProgram | |
| **Datasets** – Download DHS datasets for analysis. | DHSprogram.com/Data | |
| **Spatial Data Repository** – Download geographically linked health and demographic data for mapping in a geographic information system (GIS). | spatialdata.DHSprogram.com | |
| **Learning Hub** – Access online courses for independent learning and workshop participation, communities of practice, and other training resources. | Learning.DHSprogram.com | |
| **GitHub** – Open access to Stata, SPSS and R code for DHS indicators for public use. | Github.com/DHSprogram | |
| **Social Media** – Follow The DHS Program and join the conversation. Stay up to date through: | **Twitter** www.twitter.com/DHSprogram | |
| **Facebook** www.facebook.com/DHSprogram | **LinkedIn** www.linkedin.com/company/dhs-program | |
| **YouTube** www.youtube.com/DHSprogram | **Blog** Blog.DHSprogram.com | |