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FACILITY READINESS ASSESSMENT EXPANSION OF TB-DOTS AND HIV COUNSELING AND TESTING SERVICES IN PRIVATE HEALTH FACILITIES

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FACILITY READINESS ASSESSMENT EXPANSION OF TB-DOTS AND HIV COUNSELING AND TESTING SERVICES IN PRIVATE HEALTH FACILITIES

This technical document is prepared by the USAID funded Private Health Sector Program (PHSP). It describes PHSP's strategy and approach to expand the role of the private health sector in the provision of maternal and child health (MCH) services by implementing an integrated prevention of maternal-to-child transmission of HIV (PMTCT) program in private higher and specialized clinics. The document is intended to guide the implementation of this PMTCT program.

DISCLAIMER

The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development (USAID) or the United States Government

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ACRONYMS

AFB	Acid Fast Bacilli
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ART	Antiretroviral Therapy
CBC	Complete Blood Count
DOTS	Directly Observed Treatment, Short course
FMOH	Federal Ministry of Health
HC	Health Center
HCT	HIV Counseling and Testing
HIV	Human Immune-deficiency Virus
MC	Medium Clinic
OI	Opportunistic Infection
OPD	Outpatient Department
PHSP	Private Health Sector Program
PITC	Provider-initiated Testing and Counseling
PMTCT	Prevention of Mother-to-Child Transmission
RFT	Renal Function Test
RHB	Rural Health Bureau
SNNP	Southern Nations, Nationalities and Peoples (region)
STI	Sexually Transmitted Infection
TB	Tuberculosis
USAID	United States Agency for International Development

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1. Regional Health Bureau heads
2. Zonal Health Department heads
3. Woreda and Town Health Office heads and process owners
4. Private health facility owners and heads and health workers.

EXECUTIVE SUMMARY

The United States Agency for International Development (USAID)-funded Private Health Sector Program (PHSP) in Ethiopia is currently supporting the implementation of Tuberculosis Directly Observed Treatment, Short-course (TB-DOTS) and HIV counseling and testing (HCT) services in 83 private clinics and 10 workplaces in Amhara; Harrar; Southern Nations, Nationalities, and Peoples; and Tigray regions and Addis Ababa and Dire Dawa city administrations. In its second year, PHSP planned to expand the number of supported facilities by an additional 98 new facilities. Prior to the planned expansion, PHSP, in collaboration with the respective regions, conducted facility readiness assessments.

The overall objective of the assessment was to identify and select private health facilities that meet the minimum requirements to provide TB-DOTS and TB/HIV services in Ethiopia.

In collaboration with the respective regional health bureaus (RHBs), PHSP conducted rapid health facility assessments to collect relevant information for selection of the private health facilities. Facilities ideally had to meet the following six (mandatory) criteria:

- A valid license
- A separate room to serve as a TB clinic
- Good ventilation of the TB room
- Lighting in the TB room
- A working microscope
- Owner willingness to participate.

Discretionary criteria for facilities included providing HCT services and having a waiting area, incinerator, drug shelf in the TB room, a good average number of patients seen per week, a lab that can provide acid fast bacilli (AFB) and complete blood count (CBC) services, and an X-ray machine.

The assessment found that the capacity of many of the private facilities is of an acceptable level to initiate TB/DOTS and HCT services or to strengthen HCT services where these exist. A total of 97 private health facilities were selected, 57 of which met the six mandatory criteria. Forty other facilities were added based on the recommendation of the respective RHB and Town Health Office, absence of other DOTS facilities in area, and agreement between selected facilities and their respective health offices that the health office will help the facility to build capacity that will enable it to fulfill the criteria and provide TB/DOTS and HCT services.

I. INTRODUCTION

The goal of the Private Health Sector Program in Ethiopia (PHSP) is to enable the Federal Ministry of Health (FMOH) and regional health bureaus (RHBs) to effectively partner with private health providers in delivering essential public health services, while improving the quality and affordability of these services. Specifically, this United States of International Development (USAID)-funded program supports the private sector in improving service packages for HIV/AIDS and other sexually transmitted infections (STIs), tuberculosis (TB), family planning, and malaria. PHSP will also enhance government oversight, strengthen public-private referral mechanisms, develop interventions to increase financing for the private health sector, and improve client education. The program is designed to achieve the following results: (i) establishment of a supportive policy environment for the private health sector; (ii) enhancement of both geographic and financial access to packages of essential health services through the private sector; (iii) sustained improvements in the quality of these services; and (iv) increased demand for quality services by informed, proactive consumer populations.

I.1 EXPANDING PRIVATE SECTOR PROVISION OF TB/HIV SERVICES

Case detection of TB in Ethiopia is very low (35 percent), and involving the private health sector in TB/HIV programs is essential to improving the case detection rate. To this end, PHSP is currently supporting the implementation of TB Observed Treatment, Short-course (TB-DOTS) and HIV counseling and testing (HCT) services in 181 private clinics and 10 workplaces in the regions of Amhara, Harar, Southern Nations, Nationalities, and Peoples (SNNP), and Tigray, and the city administrations of Addis Ababa and Dire Dawa. PHSP's year-two work plan aims to expand public-private mix (PPM)-DOTS facilities to an additional 88 sites. Prior to the planned expansion, PHSP, in collaboration with the respective regions, conducted a facility readiness assessment.

The assessment used questionnaires to review 169 facilities. Ninety-seven facilities were selected for service expansion. Some of the facilities selected replaced drop-out facilities. Of the selected facilities, 28 were in Oromia, 26 in Amhara, 11 in SNNP, 10 in Tigray, and three in Harar regions; 13 were in Addis Ababa and six in Dire Dawa city administrations.

Looked at another way, 76 facilities are in areas where PHSP was already doing TB-DOTS and HCT support (Addis Ababa, Amhara, Oromia, and SNNP) and 19 are in new start-up locations (Tigray, Harar, and Dire Dawa).

This rapid assessment was therefore designed to identify and select private health facilities that meet the requirements to provide TB-DOTS and TB/HIV services in Ethiopia.

I.2 OBJECTIVES OF THE ASSESSMENT

The overall objective of this PHSP assessment was to identify and select private health facilities that meet the minimum requirements to provide TB-DOTS and TB/HIV services in Ethiopia.

Specific objectives were to assess the following:

- The status of human resources in providing standard TB/HIV services in private health facilities

- The readiness and willingness of private health facilities to facilitate resource inputs needed to initiate TB/HIV services
- The set-up and adequacy of the physical infrastructure of private health facilities to provide TB/HIV services
- The status of private health facilities' TB and HIV diagnostic equipment to diagnose TB and perform voluntary counseling and testing (HCT) for HIV.

2. METHODOLOGY

2.1 ASSESSMENT METHODS

PHSP identified 169 private health facilities for this rapid assessment, after which it organized a team composed of PHSP staff and local health authorities to conduct the assessment between August and October 2010 in each region.

A structured questionnaire was used to gather information on the following:

- Health facility human resources status
- Facility-related information
- Type of TB/HIV and maternal and child health services provided
- Health facility patient load
- Reporting and supervision information
- Services provided and equipment and supplies available in the laboratory
- Facility's commitment to participate in the national TB and HIV care program.

The assessment team used the following data collection methods:

- Interviews with private health facility owners or employees as key informants
- Observations of registers, licenses, lab instruments, examination rooms, and waiting areas
- Compilation of feedback from higher officials involved in supervision
- Review of reports made available to the woreda, zonal, and regional levels.

Data collected were entered into SPSS for analysis. Quantitative results were presented using proportions, means, standard deviations, and ranges. Key findings were also presented in tables, graphs, and charts for easy visibility.

2.2 SELECTION CRITERIA

As the main objective of this rapid assessment was to identify and select private health facilities that meet the minimum requirements to provide TB-DOTS and TB/HIV services in Ethiopia, several selection criteria were applied to the assessed private health facilities. The selection criteria were of two categories: mandatory and discretionary.

The **mandatory** criteria were the following:

- Availability of a valid license (renewed if necessary)
- Availability of a separate room for TB
- Ventilation of the TB room
- Lighting of the TB room
- Microscope

- Willingness and interest of the owner.

The discretionary criteria included the following:

- Availability of a waiting area
- Availability of an incinerator
- Drug shelf in the TB room
- Availability of HCT services (if these already exist and require strengthening or if non-existent, initiate)
- An average number of patients per week
- Lab services for acid fast bacilli (AFB)
- Lab services for complete blood count (CBC)
- An X-ray machine.

Private health facilities that met all six mandatory criteria were automatically selected for PHSP support, i.e., to initiate TB/HIV services. Fulfilling the discretionary criteria was an added advantage. Selection was made using multiple response sets and excluding those facilities without data on at least one mandatory criterion. The list was then compared with PHSP's initial list of facilities.

2.3 ASSESSMENT AREAS

The assessment was conducted in five regions, namely Amhara, Harar, Oromia, SNNPR, and Tigray, and two city administrations, Addis Ababa and Dire Dawa. In Tigray Region, eight woredas/towns were included in the assessment. In Amhara, 28 woredas/towns were assessed, while the number was in Oromia was 25 woredas/towns and in SNNPR, five woredas/towns. In Harar, Addis Ababa, and Dire Dawa, 5, 18, and 9 health facilities respectively were assessed, without clustering by woreda or subcity

3. RESULTS AND DISCUSSION

3.1 GENERAL INFORMATION

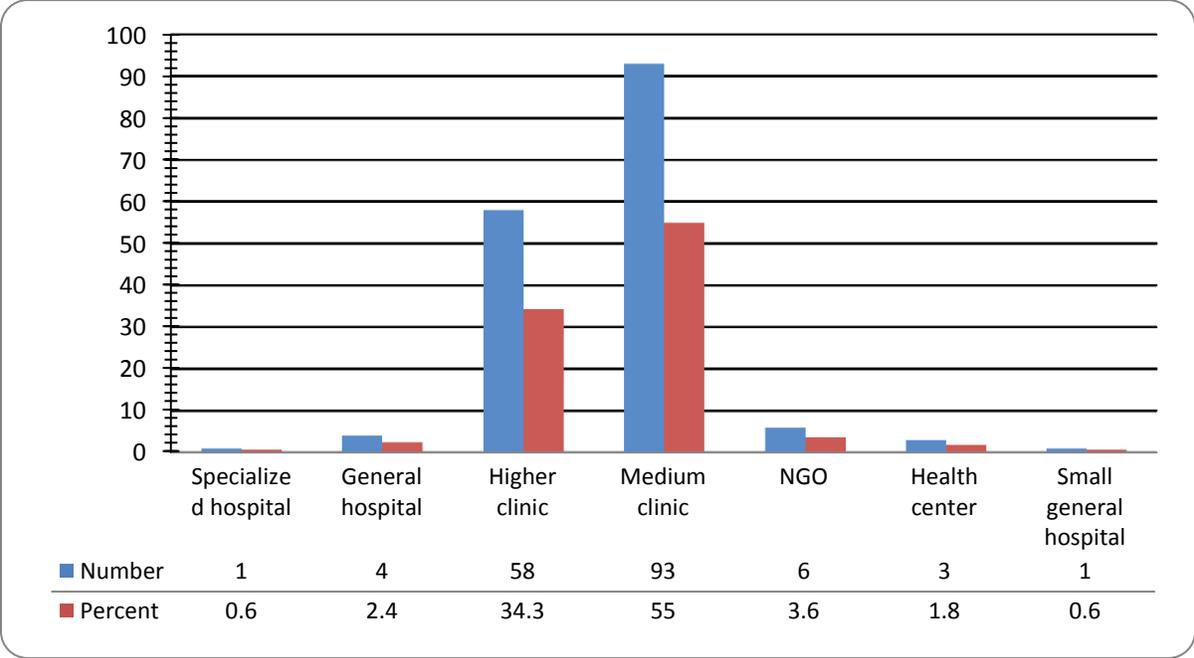
As stated above, this assessment surveyed 169 private health facilities that PHSP identified as having a potential to provide TB/HIV services. The facilities were located in five regions and two city administrations. Table I shows the distribution of these private health facilities by region/city administration

TABLE I: NUMBER OF PRIVATE HEALTH FACILITIES ASSESSED, BY REGION

S#		Number	Percent
1	Tigray	24	14.2
2	Amhara	47	27.8
3	Oromia	46	27.2
4	SNNPR	20	11.8
5	Harar	5	3.0
6	Addis Ababa	18	10.7
7	Dire Dawa	9	5.3
	Total	169	100.0

Ninety-one percent of the facilities were owned by health professionals (physicians) while the remaining nine percent were owned by non-health personnel. Almost 90 percent were higher and medium clinics. The level of the assessed health facilities is shown in Figure I.

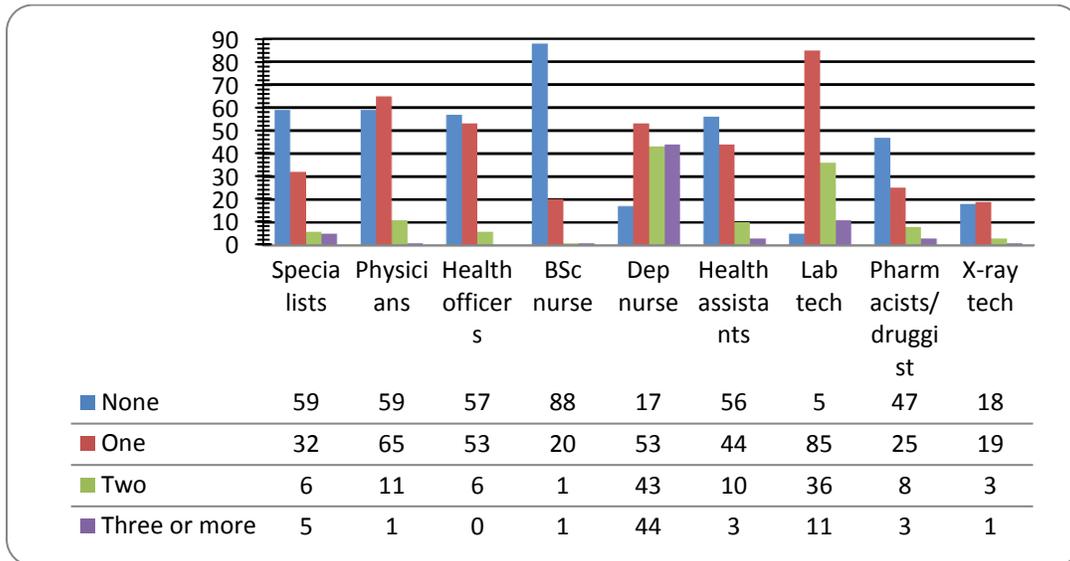
FIGURE I: LEVEL OF PRIVATE HEALTH FACILITIES ASSESSED



3.2 FACILITY HUMAN RESOURCE STATUS

At the time of the assessment, 914 full-time health care providers were practicing at the surveyed health facilities. This put average number of providers per facility at 5.4. Their distribution by professional category is shown in Figure 2.

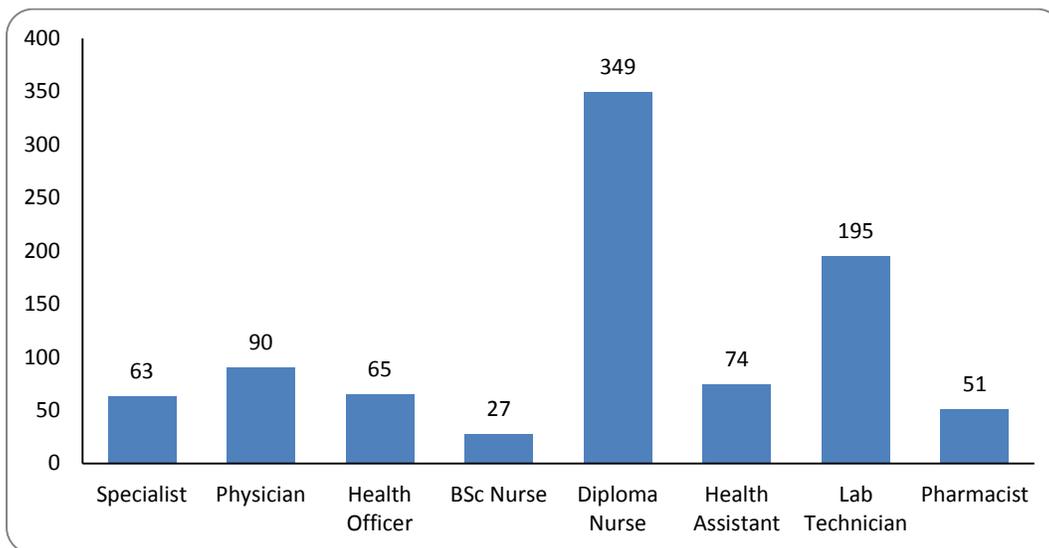
FIGURE 1: NUMBER OF FULL-TIME HEALTH CARE PROVIDERS IN ASSESSED FACILITIES BY PROFESSIONAL CATEGORY



* None = number of facilities which have no specific type of professional, i.e., no specialist, One = number of facilities having only one specific type of professional, i.e., a physician

Other categories of providers who were working full time in the facilities were midwives, nurses, junior nurses, radiologists, and physiotherapists. The total number by professional category is shown in Figure 3.

FIGURE 2: TOTAL NUMBER OF FULL-TIME HEALTH CARE PROVIDERS CURRENTLY WORKING IN PRIVATE FACILITIES BY PROFESSIONAL CATEGORIES



The number of full-time health care providers who were practicing at the health facility that have in-service training on TB/HIV related services in the last five years is shown in the table below. As one can see from the table, more health workers were trained on VCT and TB/HIV than in other service areas.

TABLE 1: NUMBER OF HEALTH CARE PROVIDERS HAVING TB/HIV RELATED IN-SERVICE TRAININGS BY PROFESSIONAL CATEGORIES

	TB	VCT	PITC	PMTCT	TB/HIV	ART	# Health workers
Specialist	15	11	12	11	18	22	63
General practitioners	20	17	18	18	27	25	90
Health officer	12	11	13	10	13	15	65
BSc nurse	2	6	3	3	2	4	27
Diploma nurse	33	53	37	31	35	21	349
Health assistant	5	3	0	0	3	1	74
Lab tech	27	28	18	8	23	4	195
Pharmacist/druggist	2	0	0	0	2	8	51
Total trained	116	129	101	81	123	100	914

* Note: PITC=physician-initiated testing and counseling, PMTCT=prevention of mother-to-child transmission (of HIV), ART=antiretroviral treatment

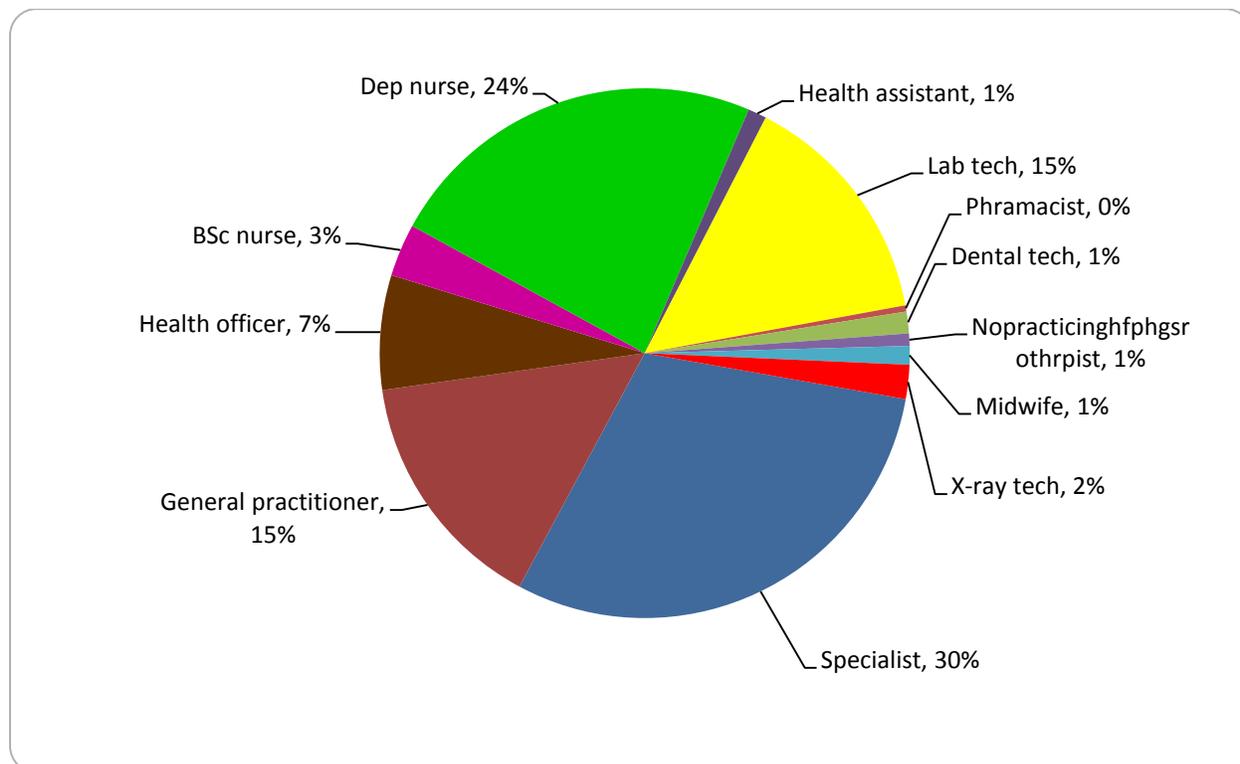
Table 3 shows the proportion of health care providers in each professional category who received in-service training.

TABLE 2: PERCENTAGE OF HEALTH CARE PROVIDERS TRAINED IN TB/HIV SERVICES BY PROFESSIONAL CATEGORY

	TB	VCT	PITC	PMTCT	TB/HIV	ART
Specialist (63)	23.8%	17.5%	19.0%	17.5%	28.6%	34.9%
General practitioner	22.2%	18.9%	20.0%	20.0%	30.0%	27.8%
Health officer (65)	18.5%	16.9%	20.0%	15.4%	20.0%	23.1%
BSc nurse (27)	7.4%	22.2%	11.1%	11.1%	7.4%	14.8%
Diploma nurse (349)	9.5%	15.2%	10.6%	8.9%	10.0%	6.0%
Health assistant (74)	6.8%	4.1%	0.0%	0.0%	4.1%	1.4%
Lab tech(195)	13.8%	14.4%	9.2%	4.1%	11.8%	2.1%
Pharmacist/druggist (51)	3.9%	0.0%	0.0%	0.0%	3.9%	15.7%
Total health providers (914)	12.7%	14.1%	11.1%	8.9%	13.5%	10.9%

Figure 4 shows the number and percentage of part-time staff currently practicing at the health facilities by professional category. As shown, specialists and diploma nurses were the most numerous categories.

FIGURE 3: NUMBER AND PERCENTAGE OF PART-TIME HEALTH CARE WORKERS PRACTICING IN ASSESSED FACILITIES BY PROFESSIONAL CATEGORY



3.3 HEALTH FACILITY RELATED INFORMATION

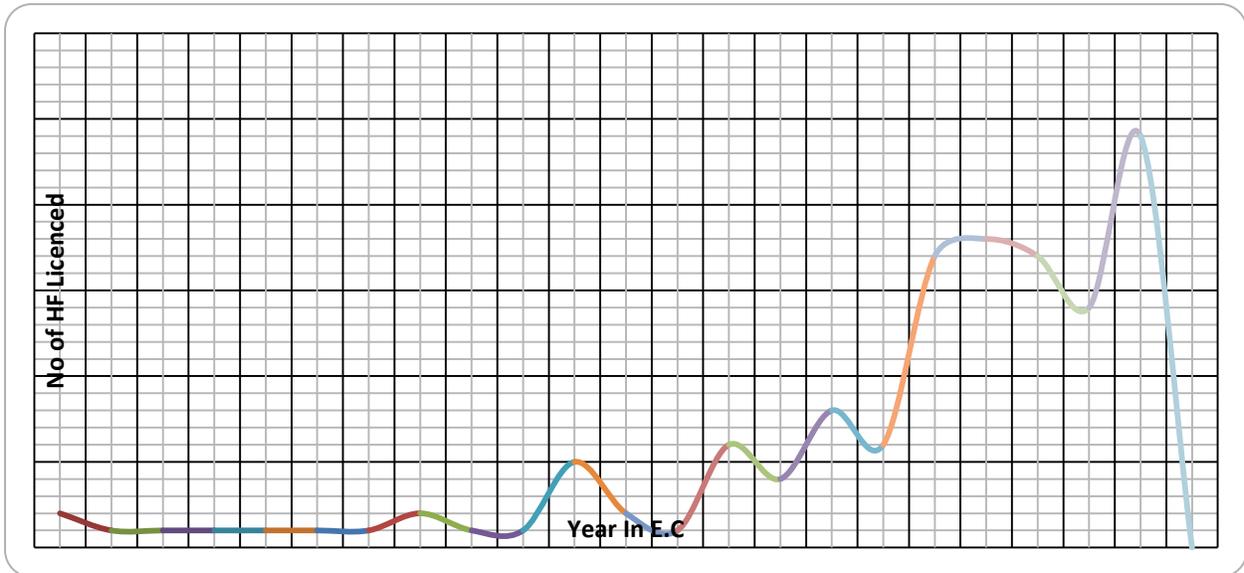
Facility accountability was assessed based on facilities possessing a valid license. Most (87 percent) of the facilities assessed were able to present a valid license, issued by an RHB, zonal health department, and woreda/sub-city/town health office (Table 4).

TABLE 3: : NUMBER OF LICENSED PRIVATE HEALTH FACILITIES SHOWN BY GOVERNMENT BODY THAT ISSUED THE LICENSE

Gov't body providing the license	Number	Percent
Woreda/Town/sub-city Health Office	66	39.05
Zonal Health Department	28	16.57
Regional Health Bureau	53	31.36
Total	147	86.98

As Figure 5 shows, the number of licensed private health facilities has increased over the years.

FIGURE 4: NUMBER OF LICENSED PRIVATE HEALTH FACILITIES, BY FIRST YEAR OF LICENSURE

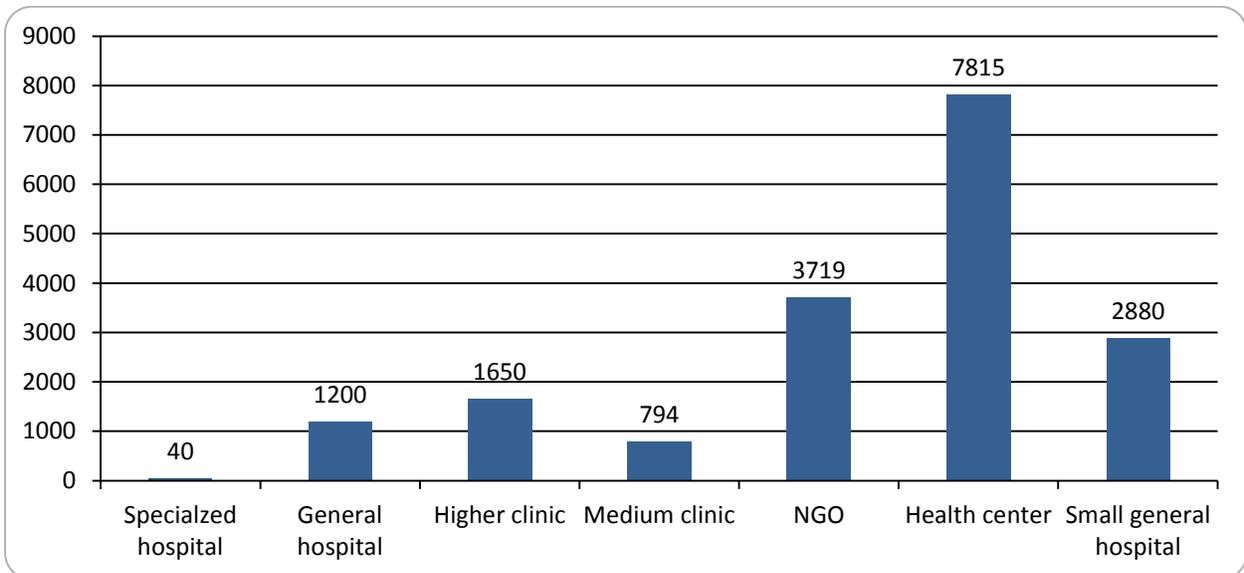


*Note: EC=Ethiopian calendar which is about 7-8 years behind the Gregorian calendar

Approximately 87 percent (147) of the private health facilities included in this study had valid licenses.

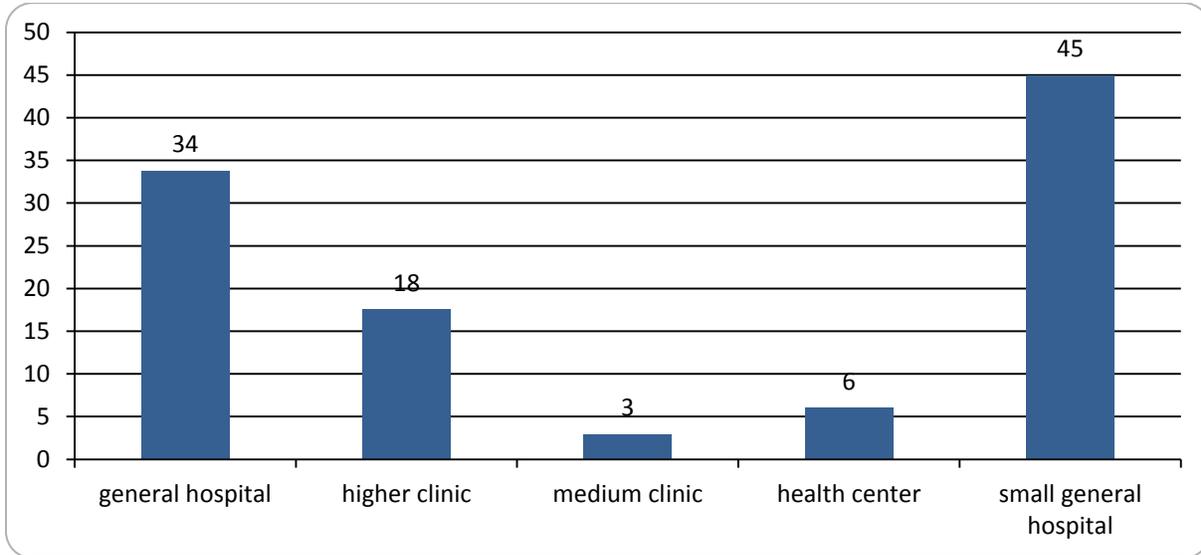
Regarding the facility patient load, the outpatient department (OPD) of health centers and nongovernmental organization (NGO) clinics saw the highest average number of patients in the six months preceding the assessment (Figure 6).

FIGURE 5: AVERAGE NUMBER OF PATIENTS SEEN IN OPD DURING THE LAST 6 MONTHS



Nearly half, 79 (46.7 percent) of the assessed facilities provide inpatient services. The average number of beds in these facilities is higher in hospitals and higher clinics than in other types of facilities (Figure 7).

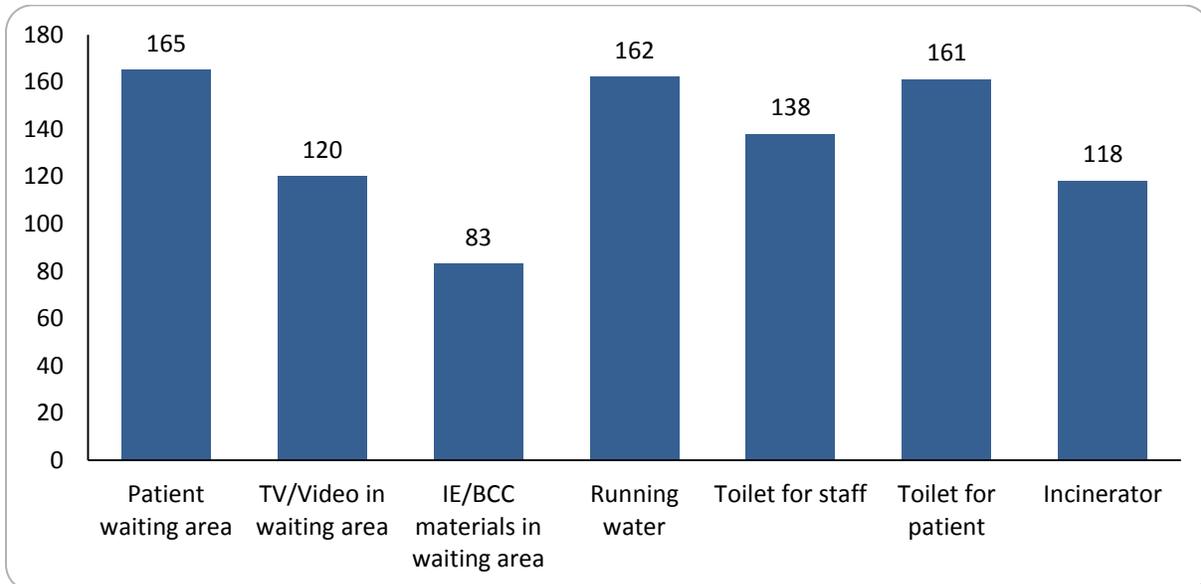
FIGURE 6: AVERAGE NUMBER OF BEDS IN ASSESSED HEALTH FACILITIES WITH INPATIENT SERVICES



3.4 FACILITY INFRASTRUCTURE

A facility must have appropriate basic infrastructure in order to provide quality health care services. Figure 8 shows elements of basic infrastructure in the assessed facilities. As can be seen, some facilities lack these elements.

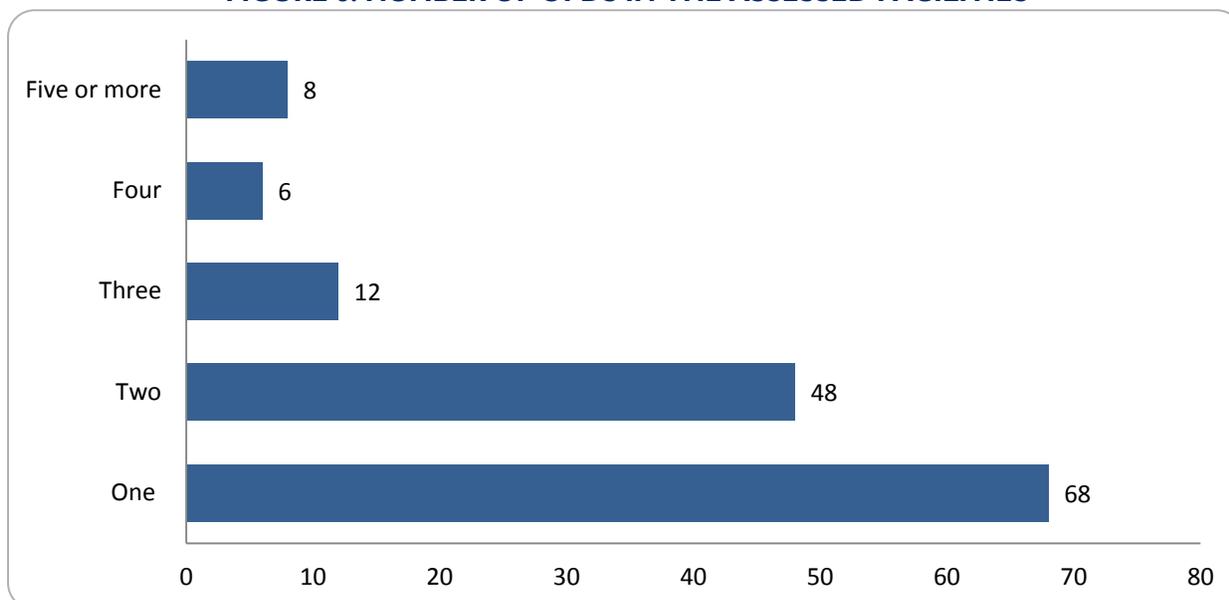
FIGURE 7: NUMBER OF ASSESSED FACILITIES WITH BASIC INFRASTRUCTURE



* Note: IE/BCC=Information, education/behavior change communication

Most of the private health facilities assessed have one OPD; however, most hospitals and higher clinics have more than one OPD. Figure 9 shows the number of private health facilities by the number of OPDs they have.

FIGURE 8: NUMBER OF OPDS IN THE ASSESSED FACILITIES



Nearly three-fourths of the assessed health facilities (123, or 72.8 percent) have room(s) that could be used to provide TB /HIV services. In most of the facilities, these rooms meet most of the basic requirements for a TB clinic (Table 5).

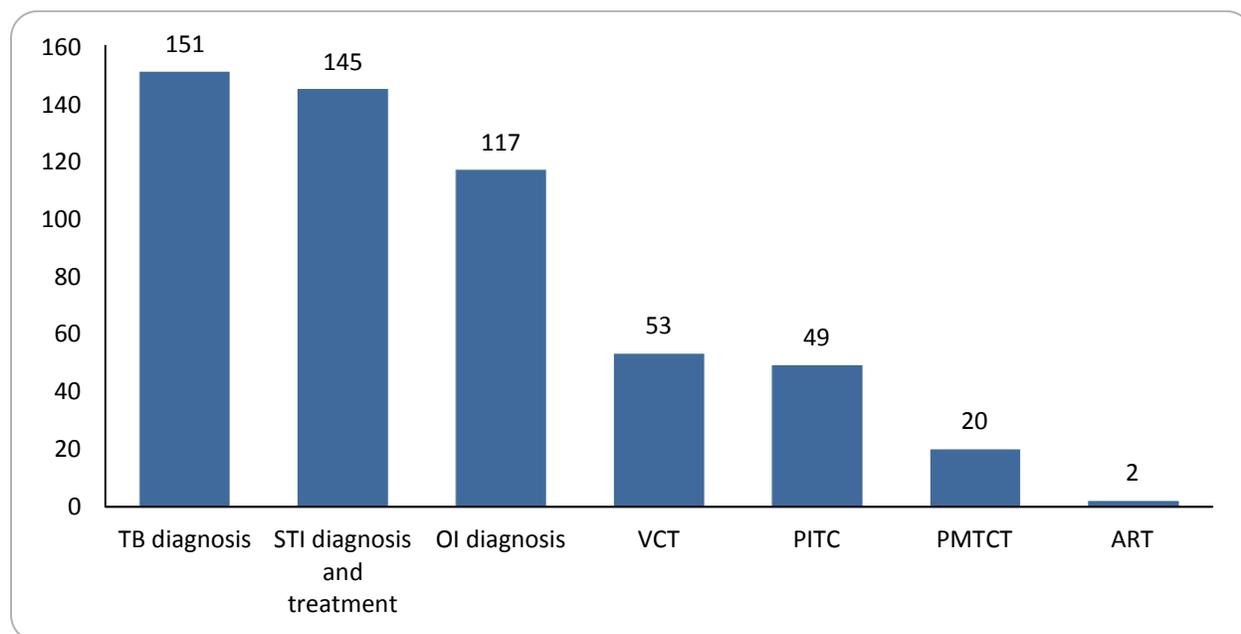
TABLE 4: NUMBER AND PERCENTAGE OF ASSESSED FACILITIES WITH ROOMS MEETING INFRASTRUCTURE REQUIREMENTS FOR TB SERVICES

Necessities the room meets	Number	Percent
Adequate ventilation	121	98
Good lighting	119	97
Running water	58	47
Standard size (2*3)	103	84
Drug shelves	82	67
Can reorganized for VCT	120	98

3.5 TYPE OF TB AND HIV SERVICES PROVIDED IN THE HEALTH FACILITY

The health facilities were also assessed for the type of TB/HIV services they provide. Diagnosis of TB, diagnosis and treatment of STIs, and diagnosis of opportunistic infections (OIs) are the most commonly provided services. These and other related services are shown Figure 10.

FIGURE 9: TYPES OF TB/HIV SERVICES PROVIDED AT THE ASSESSED FACILITIES



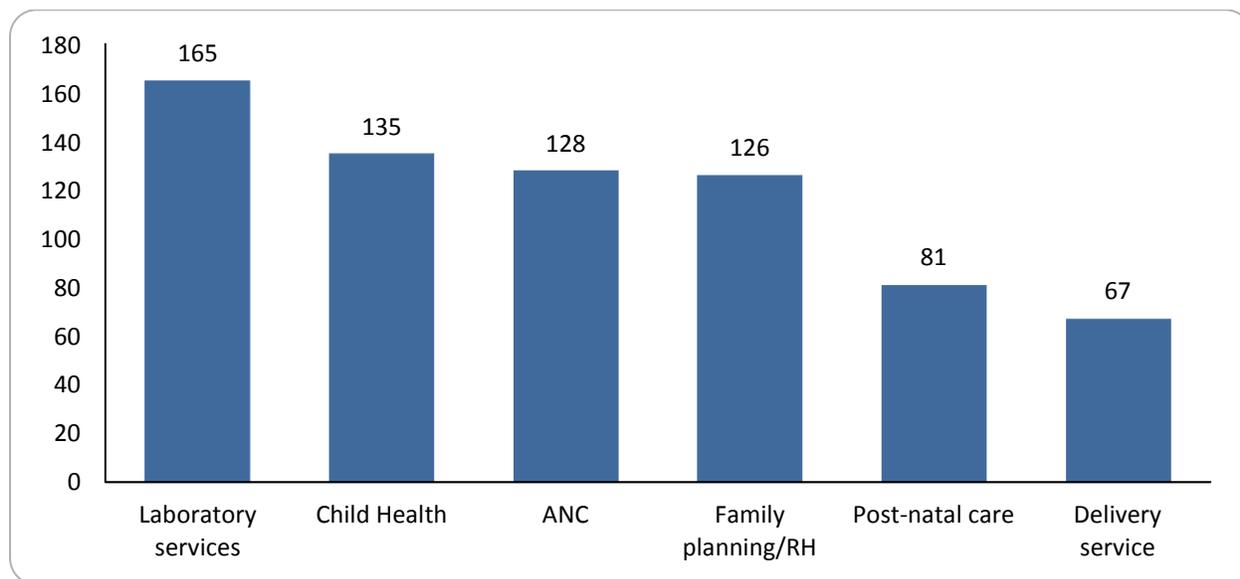
As Table 6 shows, most of TB/ HIV services are provided on weekdays during the normal eight-hour day. Only a few of the assessed facilities provide these services on weekends.

TABLE 5: FREQUENCY OF PROVISION OF TB/HIV AND RELATED SERVICES

	Weekday-8hrs/day	Weekday-4hrs/day	Saturday	Sunday
VCT	45	2	9	7
PITC	36	2	2	1
ART	2			
STI diagnosis and treatment	108	2	14	11
OI diagnosis and treatment	88	1	7	6
PMTCT	14			
TB diagnosis	116		16	12

Laboratory, child health, and antenatal care (ANC) services are among the services most commonly provided in the facilities. Family planning/reproductive health, postnatal care, and delivery services are among the other services provided. Figure 11 shows the number of facilities providing these six services.

FIGURE 10: MATERNAL AND CHILD HEALTH SERVICES MOST FREQUENTLY PROVIDED IN ASSESSED FACILITIES



As is true for the frequency of provision of TB and HIV services, the provision of most maternal and child health services occurs on weekdays during the normal eight-hour work day (Table 7). Only a few of these facilities provide services on weekends.

TABLE 6: FREQUENCY OF PROVISION OF MATERNAL AND CHILD HEALTH SERVICES

	Weekday-8hrs/day	Weekday-4hrs/day	Saturday	Sunday
Laboratory services	116	2	14	12
Child health	103	2	9	7
ANC	89	5	9	6
Family planning/ reproductive health	94	2	9	8
Post-natal care	56	2	6	5
Delivery services	45		5	5

The assessment found that the general hospital sees the highest average number of clients per week for HCT and PMTCT services (Table 8). In health centers, the most clients are seen for ANC, family planning and reproductive health, and OPD services.

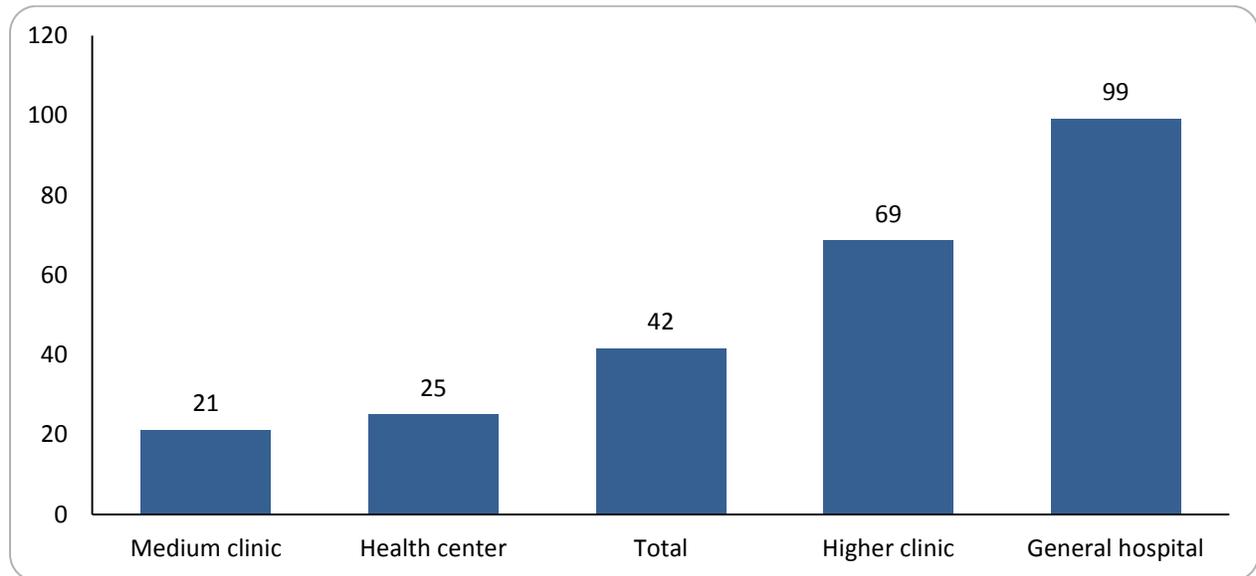
TABLE 7: AVERAGE NUMBER OF CLIENTS SEEN PER WEEK BY TYPE OF HEALTH FACILITY

Level of health facility	VCT	PMTCT	ANC	FP/RH	OPD
Specialized hospital	0.00	0.00	6.00	10.00	40.00
General hospital	8.33	0.00	5.67	13.33	280.00
Higher clinic	13.21	0.79	7.10	11.93	156.23
Medium clinic	0.93	0.35	5.76	17.14	100.78
NGO	13.67	2.00	10.33	22.00	190.00
Health center	0.00	16.67	51.67	26.67	546.67
Small general hospital	24.00	60.00	12.00	12.00	120.00
Total	6.08	1.63	7.32	15.77	134.89

Note: FP/RH=family planning/reproductive heal

This assessment found that 92 health facilities provide TB diagnostic services. The average monthly numbers of TB suspects seen and diagnosed via sputum microscopy at these facilities are shown in Figure 12. Higher clinics and hospitals provide most of these services.

FIGURE 11: AVERAGE NUMBER OF TB SUSPECTS SEEN AND DIAGNOSED IN PRIVATE FACILITIES



3.6 HEALTH ACTIVITY REPORTING

Eight-nine (53.3 percent) of the assessed private health facilities reported that they have submitted progress reports to respective authorities. Of these, 28 were higher clinics, 52 were medium clinics, six were NGO clinics, and three were health centers. Sixteen health facilities (9.5 percent) submit their reports (10 monthly and six quarterly) to their respective RHBs. The majority of the reporting facilities, 79 (46.7 percent of all assessed facilities), submit reports (mostly on a monthly and quarterly basis) to their respective woreda/sub-city/town health offices. Only four (2.4 percent) submit their progress reports to their zonal health departments.

3.7 SUPPORTIVE SUPERVISION

Approximately 70 percent (116) of the assessed facilities reported that they had received supportive supervision at least once. Table 9 shows the number of health facilities that have received supportive supervision by level of facility.

TABLE 8: NUMBER OF HEALTH FACILITIES RECEIVED SUPPORTIVE SUPERVISION BY TYPE OF FACILITY

Type of health facility	Number of facilities ever supervised
Specialized hospital	1
General hospital	2
Higher clinic	34
Medium clinic	71
NGO	5
Health center	2
Small general hospital	1
Total	116

As shown in Table 10, most of the health facilities that have received supportive supervision received it from the lower level of the health system, i.e., woreda health office, and on a quarterly basis. The FMOH level made fewer and less frequent supportive supervision visits.

TABLE 9: NUMBER AND FREQUENCY OF SUPPORTIVE SUPERVISIONS IN PRIVATE FACILITIES

Level of authority which conducted the supervision	# of health facilities supervised	Frequency of the supportive supervision			
		Monthly	Quarterly	Bi-annual	Yearly
FMOH	4			3	1
Regional Health Bureau	19		6	7	3
Zonal Health Department	18		9	4	3
Woreda/sub-city/Town Health Office	103	2	68	19	3

3.8 AVAILABILITY OF EQUIPMENT AND SUPPLIES IN FACILITY LABORATORY UNIT

The availability of essential laboratory equipment and supplies was assessed and their availability categorized by quartile of facilities (Table 11).

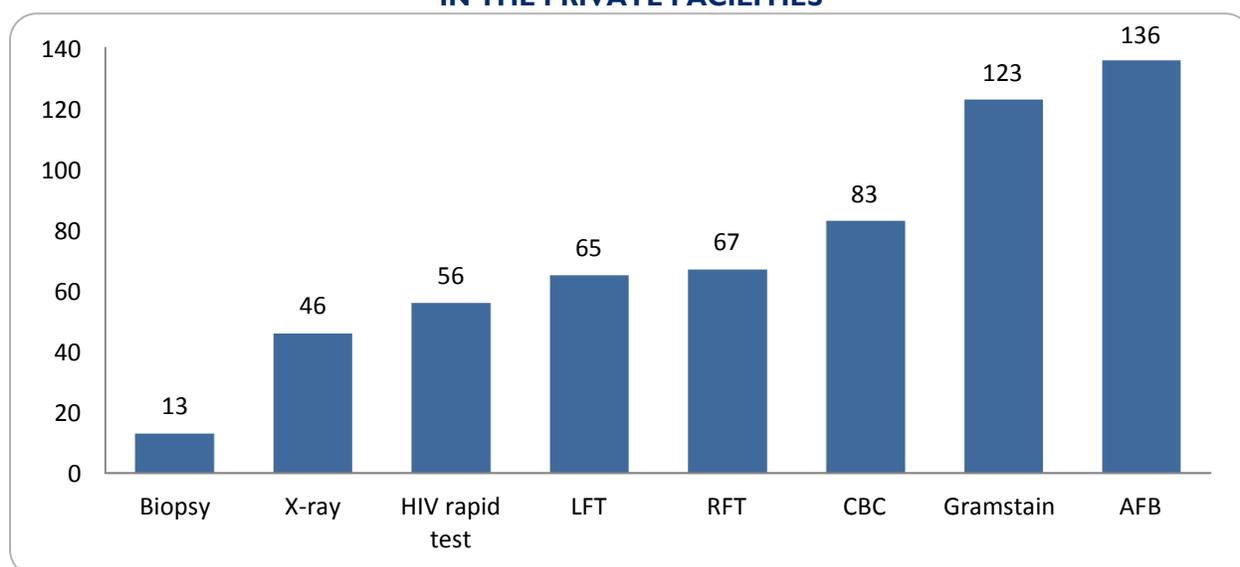
TABLE 10: AVAILABILITY OF ESSENTIAL LABORATORY EQUIPMENT AND SUPPLIES IN PRIVATE FACILITIES

Available in less than 25% of facilities	Available in 25-50% of facilities	Available in 50-75% of facilities	Available in more than 75% of facilities
<ul style="list-style-type: none"> ▲ Fuel for spirit lamp ▲ Spirit lamp ▲ Wash bottles ▲ Haematology auto-analyzer ▲ AFB microscopy register book ▲ HIV test register book ▲ UniGold, STAT PACK, KHB ▲ Distiller, slide boxes ▲ Tissue paper ▲ Cylinder, beaker ▲ Funnel, sputum tray 	<ul style="list-style-type: none"> ▲ Filter paper ▲ Capillary tube ▲ Clinical chemistry auto-analyzer ▲ Sputum Container/cup ▲ Sharp persistent container ▲ Slide drying rack 	<ul style="list-style-type: none"> ▲ Dust bin for waste disposal- puncture proof ▲ Acid alcohol ▲ Applicator stick ▲ Methylene blue ▲ Carbon fuschin ▲ Digital timer ▲ Frosted slides ▲ Thermometer ▲ Micropipette ▲ Weight scale 	<ul style="list-style-type: none"> ▲ AFB staining rack ▲ Functional auto-clave ▲ Functional refrigerator ▲ Forceps ▲ Centrifuge ▲ Functional microscope ▲ Test tubes

3.9 SPECIFIC SERVICE ELEMENTS PROVIDED AT THE LAB UNIT

AFB, gram stain, and CBC are the tests most commonly conducted in the laboratory units (Figure 13). Biopsies are performed in only a small number (13) of the facilities.

FIGURE 12: TYPES OF LABORATORY PROCEDURES CONDUCTED IN THE PRIVATE FACILITIES



3.10 FACILITY COMMITMENT TO PARTICIPATE IN NATIONAL TB AND HIV CARE PROGRAM

Table 12 shows assessment findings regarding the commitment of health facilities to provide comprehensive TB/HIV care, to make available health professionals for TB/HIV training, and to do recording and reporting.

TABLE 11: COMMITMENT OF PRIVATE HEALTH FACILITIES IN TB AND HIV CARE PROGRAM

Types of Commitment	# (%) of Health Facilities
Providing comprehensive TB/HIV care	143 (85%)
Provide physician for one week TB/HIV training	132 (99%)
Provide lab tech for one week TB/HIV training	140 (98%)
Provide nurse/health assistance(HA) for one week TB/HIV training	134 (96%)
Provide nurse/health assistant for 21 days VCT training	132 (94%)
Recording and reporting of TB/HIV activities	141 (83%)

3.11 SELECTION OF HEALTH FACILITIES

Eighty-nine of the 169 health facilities assessed were found to meet all six mandatory criteria for selecting health facilities for PHSP support. The geographic distribution of the facilities that meet all six criteria are shown in Table 13.

TABLE 12: DISTRIBUTION OF THE FACILITIES MEETING THE SELECTION CRITERIA BY REGION

S#	Region	The Six Criteria			Number of Facilities Initially Considered		
		Do Not Meet	Meet	Total	Do Not Meet the 6 criteria	Meet the 6 criteria	Total
1	Tigray	11	13	24	3	7	10
2	Amhara	10	37	47	4	21	25
3	Oromiya	15	31	46	8	22	30
4	SNNPR	20	0	20	11	0	11
5	Harari	2	3	5	1	2	3
6	Addis Ababa	18	0	18	13	0	13
7	Dire Dawa	4	5	9	1	5	6
	Total	80	89	169	41	57	98

The remaining 80 facilities failed to meet at least one of the criteria. Regional-, zonal-, and woreda-level disaggregation of the 89 facilities provided a non-uniform and biased distribution. For these and other reasons, an additional three prerequisites were used to uniformly distribute the private health facilities that could provide TB/HCT services to the community:

1. Recommendation by the respective RHB and town health office
2. Absence of other DOTS facilities in the district
3. Agreement reached between the facility owners and woreda/town health offices to fulfill the mandatory criteria by special commitment and willingness shown by the private facilities.

Accordingly, of the total 169 health facilities assessed, 97 were selected. Out of the 97, 57 met all the six mandatory criteria (see annex Table A-1). The remaining 40 facilities failed to fulfill at least one mandatory criterion: 14 had no renewed license; 18 had no separate room for TB/DOTS; 17 needed ventilation for the TB room; and 19 needed additional lighting for the TB room. Owners of 11 facilities were not willing to buy into this effort initially; however, after discussions with respective RHBs and woreda/town health offices, the facilities were ready to fulfill the criteria, provided that RHBs and health offices provide assistance.

4. CONCLUSION AND RECOMMENDATIONS

The findings in this rapid assessment indicate that the capacity of the private health facilities is of acceptable standard in providing TB/DOTS and HCT services. Most of the facilities have adequate staffing, outpatient and inpatient services, health infrastructure, and TB/HCT services.

Ninety-seven private facilities were selected for the provision of TB/HCT services. Fifty-seven private facilities from the selected group meet the mandatory criteria. The remaining 40 have at least one unmet criterion; however, discussions between the health facility owners and their respective woreda/town health offices produced agreements by the parties: health offices will help these facilities to build their capacity and meet all the mandatory criteria. Therefore, specific recommendations include:

- Applying for a trade license in the current year (required for 16 health facilities).
- Create a separate room for TB/DOTS and HCT services (in 18 health facilities).
- Improve additional ventilation in the TB room (in 17 health facilities).
- Add additional lighting in the TB room (in 19 facilities).
- Where owners do not yet provide TB/DOTS and HCT services, discuss with the owners and local health authorities to encourage them to provide these.
- RHBs, zonal health departments, and woreda/town health offices in collaboration with partners, should cooperate in building capacity of the selected health facilities in provision of TB/DOTS and HCT services..

ANNEX

TABLE A-1: HEALTH FACILITIES SELECTED AND FULFILLING THE CRITERIA

Ser#	region	Name of health facility	level	criteria_1	criteria_2	criteria_3	criteria_4	criteria_5	criteria_6	Selection
1	Tigray	Dr Kumeneger HC	HC	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2	Tigray	Kedus HC	HC	Yes	Yes	Yes	Yes	Yes	Yes	Yes
3	Tigray	Meskerem G/Hospital	GH	Yes	Yes	Yes	Yes	Yes	Yes	Yes
4	Tigray	Selam HC	HC	Yes	Yes	Yes	Yes	Yes	Yes	Yes
5	Tigray	Selam HC	HC	Yes	Yes	Yes	Yes	Yes	Yes	Yes
6	Tigray	Semehret HC	HC	Yes	Yes	Yes	Yes	Yes	Yes	Yes
7	Tigray	Wolkait M/C	MC	Yes	Yes	Yes	Yes	Yes	Yes	Yes
8	Amhara	Africa M/C	MC	Yes	Yes	Yes	Yes	Yes	Yes	Yes
9	Amhara	Burie Yohanes	HC	Yes	Yes	Yes	Yes	Yes	Yes	Yes
10	Amhara	Catolic Higher Clinic	HC	Yes	Yes	Yes	Yes	Yes	Yes	Yes
11	Amhara	Dr Melaku MC	MC	Yes	Yes	Yes	Yes	Yes	Yes	Yes
12	Amhara	Dr Sualih	MC	Yes	Yes	Yes	Yes	Yes	Yes	Yes
13	Amhara	Genet MC	MC	Yes	Yes	Yes	Yes	Yes	Yes	Yes
14	Amhara	Hayat M/C	MC	Yes	Yes	Yes	Yes	Yes	Yes	Yes
15	Amhara	Hayat M/C	MC	Yes	Yes	Yes	Yes	Yes	Yes	Yes
16	Amhara	Ibex General Hospital	GH	Yes	Yes	Yes	Yes	Yes	Yes	Yes
17	Amhara	Kidane Miheret MC	MC	Yes	Yes	Yes	Yes	Yes	Yes	Yes
18	Amhara	Lideta M/C	MC	Yes	Yes	Yes	Yes	Yes	Yes	Yes
19	Amhara	Markos HC	HC	Yes	Yes	Yes	Yes	Yes	Yes	Yes
20	Amhara	Mekdela H/C	HC	Yes	Yes	Yes	Yes	Yes	Yes	Yes
21	Amhara	Mersa abagetege M/c	MC	Yes	Yes	Yes	Yes	Yes	Yes	Yes
22	Amhara	Selam M/C	MC	Yes	Yes	Yes	Yes	Yes	Yes	Yes
23	Amhara	Selam MC	MC	Yes	Yes	Yes	Yes	Yes	Yes	Yes
24	Amhara	Shoa Poly clinic	MC	Yes	Yes	Yes	Yes	Yes	Yes	Yes
25	Amhara	St Mary M/C	MC	Yes	Yes	Yes	Yes	Yes	Yes	Yes
26	Amhara	St.Marry MC	MC	Yes	Yes	Yes	Yes	Yes	Yes	Yes

27	Amhara	Tenaye MC	MC	Yes						
28	Amhara	Tensaye MC	MC	Yes						
29	Oromia	Addo catholic cherche clinic	NGO	Yes						
30	Oromia	Addisu Higher clinic	HC	Yes						
31	Oromia	Aleka kejisa catholic church clinic	NGO	Yes						
32	Oromia	Awash Clinic	HC	Yes						
33	Oromia	Bako Mekane yesus H/center	H.C.	Yes						
34	Oromia	Batu Higher Clinic	HC	Yes						
35	Oromia	Bati Medium Clinic	MC	Yes						
36	Oromia	Dr Chali MC	HC	Yes						
37	Oromia	Danka catholic church clinic	NGO	Yes						
38	Oromia	Dembel medium clinic	MC	Yes						
39	Oromia	Dr Hailu Abay	MC	Yes						
40	Oromia	Gindir Midium Clinic	MC	Yes						
41	Oromia	Holeta Medical center	MC	Yes						
42	Oromia	Hora Medium Clinic	MC	Yes						
43	Oromia	Humbii Sako Catholic	NGO	Yes						
44	Oromia	Jarra Higher Clinic	SH	Yes						
45	Oromia	Karoo catolic church clinc	NGO	Yes						
46	Oromia	Machara M.C	MC	Yes						
47	Oromia	Nursalam	MC	Yes						
48	Oromia	Rohobot Higher clinic	HC	Yes						
49	Oromia	Temkinel afiy clinic	MC	Yes						
50	Oromia	Universal clinic	MC	Yes						
51	Harari	Awash MC	MC	Yes						
52	Harari	Yimag Medical center	GH	Yes						
53	DD	Betel Medium Clinic	MC	Yes						
54	DD	Central HC	HC	Yes						
55	DD	Dire Higher Clinic	HC	Yes						
56	DD	Karamara Higher Clinic	HC	Yes						
57	DD	Mariam Work Higher Clinic	HC	Yes						

TABLE A-2: HEALTH FACILITIES IN NEED OF RENEWING LICENSE

Ser#	Region	Zone	Woreda	Name of health facility
1	1	Mekele	Mekele	Kidus HC
2	3	Bahir dar	Bahir dar	Aflagat G/Hospital
3	3	West Gojam	Dembecha	Dr Belay MC
4	3	W.Gojam	South Achefer	Dr Brihanu HC
5	7	Arba minch	Arba minch	Abay Poly Clinic
6	7	Butajera	Butajera	Bahir
7	7	Wolyita	Wolyita	Betelhem
8	7	Wolyita	Wolyita	Eneyat
9	7	Dilla	Dilla	Hakima
10	7	Hosana	Hosana	Hiwot
11	7	Hosana	Hosana	Mayo my brother
12	7	Wolyita	Wolyita	Salihom
13	7	Hosana	Hosana	Selam
14	7	Dilla	Dilla	Selam

TABLE A-3: HEALTH FACILITIES IN NEED OF ESTABLISHMENT OF SEPARATE ROOM FOR TB

Ser #	Region	Zone	Woreda	Name of health facility
1	1	Central zone	Aksum	Bazen HC
2	1	Mekele	Mekele	Semehal HC
3	3	S/Wollo	Dessie	Meseret HC
4	4	Nekemte	Nekemte	Abdi HC
5	4	Illubabor	Chora	Abdulnasir Medium Clinic
6	13	Harari	Harari	Top medium Clinic
7	14	Addis Ababa	Addis Ababa	Adonay Ethiopian Higher Clinic
8	14	Addis Ababa	Addis Ababa	Birhane Selam Higher Clinic
9	14	Addis Ababa	Addis Ababa	Bitanya HC
10	14	Addis Ababa	Addis Ababa	Chechella HC
11	14	Addis Ababa	Addis Ababa	Ethio Higher Clinic
12	14	Addis Ababa	Addis Ababa	Lafto Higher Clinic
13	14	Addis Ababa	Addis Ababa	Saris Higher Clinic
14	14	Addis Ababa	Addis Ababa	St Gebrial Higher Clinic
15	14	Addis Ababa	Addis Ababa	Tesfakokob HC-I
16	14	Addis Ababa	Addis Ababa	WWO
17	14	Addis Ababa	Addis Ababa	Yehulushet Higher Clinic
18	14	Addis Ababa	Addis Ababa	Zagol HC

TABLE A-4: HEALTH FACILITIES THAT NEED VENTILATION OF THE TB ROOM

Ser#	Region	Zone	Woreda	Name of health facility
1	4	Illubabor	Chora	Abdulnasir Medium Clinic
2	7	Arba minch	Arba minch	Abay Poly Clinic
3	7	Butajera	Butajera	Bahir
4	7	Wolyita	Wolyita	Betelhem
5	7	Wolyita	Wolyita	Eneyat
6	7	Dilla	Dilla	Hakima
7	7	Hosana	Hosana	Hiwot
8	7	Hosana	Hosana	Mayo my brother
9	7	Wolyita	Wolyita	Salihom
10	7	Hosana	Hosana	Selam
11	7	Dilla	Dilla	Selam
12	14	Addis Ababa	Addis Ababa	Bitanya HC
13	14	Addis Ababa	Addis Ababa	Chechella HC
14	14	Addis Ababa	Addis Ababa	Saris Higher Clinic
15	14	Addis Ababa	Addis Ababa	St Gebrial Higher Clinic
16	14	Addis Ababa	Addis Ababa	Tesfakokob HC-I
17	14	Addis Ababa	Addis Ababa	WWO

TABLE A-5: HEALTH FACILITIES THAT NEED LIGHTING OF THE TB ROOM

Ser#	Zone	Woreda	Region	Name of health facility
1	Nekemte	Nekemte	4	Abdi HC
2	Illubabor	Chora	4	Abdulnasir Medium Clinic
3	Arba minch	Arba minch	7	Abay Poly Clinic
4	Butajera	Butajera	7	Bahir
5	Wolyita	Wolyita	7	Betelhem
6	Wolyita	Wolyita	7	Eneyat
7	Dilla	Dilla	7	Hakima
8	Hosana	Hosana	7	Hiwot
9	Hosana	Hosana	7	Mayo my brother
10	Wolyita	Wolyita	7	Salihom
11	Hosana	Hosana	7	Selam
12	Dilla	Dilla	7	Selam
13	Addis Ababa	Addis Ababa	14	Adonay Ethiopian Higher Clinic
14	Addis Ababa	Addis Ababa	14	Bitanya HC
15	Addis Ababa	Addis Ababa	14	Chechella HC
16	Addis Ababa	Addis Ababa	14	Saris Higher Clinic
17	Addis Ababa	Addis Ababa	14	St Gebrial Higher Clinic
18	Addis Ababa	Addis Ababa	14	Tesfakokob HC-I
19	Addis Ababa	Addis Ababa	14	WWO

TABLE A-6: HEALTH FACILITIES THAT NEED NEGOTIATION FOR WILLINGNESS OF THE OWNERS

Ser#	Region	Zone	Woreda	Nameofhealthfacility
1	7	Arba minch	Arba minch	Abay Poly Clinic
2	7	Butajera	Butajera	Bahir
3	7	Wolyita	Wolyita	Betelhem
4	7	Wolyita	Wolyita	Eneyat
5	7	Dilla	Dilla	Hakima
6	7	Hosana	Hosana	Hiwot
7	7	Hosana	Hosana	Mayo my brother
8	7	Wolyita	Wolyita	Salihom
9	7	Hosana	Hosana	Selam
10	7	Dilla	Dilla	Selam
11	15	Dire Dawa	Dire Dawa	Abadir Medium Clinic