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ASSESSMENT OF READINESS OF HIGHER CLINICS IN ADDIS ABABA, ETHIOPIA, TO INITIATE ART SERVICES

August 2008

This publication was produced for review by the United States Agency for International Development. It was prepared by Jemal Aliy, MD, MPH.

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Recommended Citation: Aliy, Jemal. August 2008. *Assessment of Readiness of Private Higher Clinics in Addis Ababa, Ethoipia, to Initiate ART Services.* Bethesda, MD: Health Systems 20/20 project, Abt Associates Inc.

Contract/Project No.: GPO-I-00-04-00007-00 TO # 807

Submitted to: Bradley Corner, CTO
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Addis Ababa, Ethiopia

ASSESSMENT OF READINESS OF HIGHER CLINICS IN ADDIS ABABA, ETHIOPIA, TO INITIATE ART SERVICES

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ACRONYMS

AFB	Acid Fast Bacilli
ART	Antiretroviral Therapy
ARV	Antiretroviral (drug)
CBC	Complete Blood Count
DOTS	Directly Observed Treatment, Short Course
ETB	Ethiopia Birr (currency)
FHAPCO	Federal HIV/AIDS prevention and Control Office
FMOH	Federal Ministry of Health
GP	General Practitioner
HCT	HIV Counseling and Testing
HGB	Hemoglobin
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HO	House Officer
IP	Infection Prevention
NGO	Nongovernmental Organization
OPD	Outpatient Department
PEP	Post-exposure Prophylaxis
PLHIV	People Living with HIV/AIDS
PPM-DOTS	Public Private Mix for DOTS
PPP	Public-Private Partnership
PSP-E	Private Sector Program-Ethiopia
RHB	Regional Health Bureau
STI	Sexually Transmitted Infection
TB	Tuberculosis
USAID	United States Agency for International Development

ACKNOWLEDGMENTS

This assessment was funded by the United States Agency for International Development-Ethiopia. The execution of the assessment was made possible by the valuable support provide by Kathleen Poer, Dr. Tekle-Ab, Dr. Gilbert Kombe, and Yoseph Burka. The Private Sector Program-Ethiopia would like to acknowledge Dr. Jemal Aliy, MD, MPH, Senior Monitoring and Evaluation Advisor at the Federal HIV/AIDS Prevention and Control Office (FHAPCO)/Tulane University Technical Assistance Program-Ethiopia for drafting the report. Special thanks to the staff at FHAPCO and at the Addis Ababa Regional Health Bureau as well as all owners and managers of the assessed private higher clinics who responded to the assessment questions. Finally, the author would like to sincerely staff at the PSPP-Ethiopia who helped carry out the assessment survey, and, at Abt Associates in Bethesda, Maryland, to Linda Moll and Maria Claudia De Valdenebro for editing and production of this report.

EXECUTIVE SUMMARY

In Ethiopia, private health care facilities serve a significant portion of the population. The facilities have not been extensively involved in providing antiretroviral treatment (ART) services although the current strategy promotes ART service delivery via public-private partnerships (PPPs). Understanding private facilities' service delivery capacity and willingness to participate in PPPs for ART service delivery is a pre-requisite for meaningful private sector involvement; however, little information was previously available on this topic.

This document presents the results of a rapid assessment of the capacity of for-profit private sector 'higher' clinics in the Addis Ababa region of Ethiopia to provide ART services and their willingness and commitment to provide these services. The results are expected to inform a future partnership for ART service delivery in the Addis Ababa region.

The assessment was a cross-sectional descriptive survey of 22 purposively selected for-profit private higher clinics in Addis Ababa city and includes interviews with facility owners, managers, and staff. The assessment was conducted with structured and open-ended instruments and a facility observation checklist. All the facilities included in this assessment are eligible to be included in the above-mentioned PPPs.

Several findings are presented in this document. First, the survey found that private clinics are willing and prepared to offer ART services. Second, facilities are willing to make staff available to participate in training for ART service provision. Third, almost all facilities report availability of staff, infrastructure, and equipment as well as provision of sexually transmitted infection treatment services, HIV counseling and testing services, and most laboratory tests. Fourth, most facilities do frequent reporting to the concerned authorities. Finally, all facilities report receiving some supportive supervision from government authorities, donors, or other organizations.

The assessment also identified important gaps including limited availability of tuberculosis-related services, CD4 tests, and viral load tests; a lack of quality guidelines, protocols, and job aids; limited *regular* supportive supervision; and potentially restricted capacity to expand reporting of ART services. The assessed facilities also had virtually no links with community-based organizations that can service the multi-faceted needs of HIV patients and improve uptake of ART services.

Addressing these gaps and ensuring collaboration of all partner organizations (including with government authorities) is important if a PPP to expand ART service delivery is to be implemented successfully.

1. INTRODUCTION

1.1 BACKGROUND

1.1.1 ART SERVICES IN ETHIOPIA

Ethiopia suffers from a substantial HIV/AIDS burden. A recent estimate put adult HIV prevalence at 2.2 percent.[1] More than 1 million people live with the virus, and close to 300,000 need antiretroviral treatment (ART). Recognizing the magnitude of this problem, the government of Ethiopia issued a policy on ART in 2003 and a program to roll out free ART across Ethiopia was launched on January 24, 2005. The same year, free ART services were made available in a few, mostly urban hospitals. By the end of 2006, it was clear that these initiatives had substantially increased the number of facilities providing ART. However, the number of cases started on treatment was only 54 percent of the target.

In response to this shortfall, the government decided to scale up free ART service delivery beyond hospitals and deliver them through public and other not-for-profit health centers as well. Currently, a total of 340 health facilities provide ART services: 119 facilities are hospitals (93 public, 14 for-profit private, 12 military), 212 are health centers, and three are clinics of nongovernmental organizations (NGOs). Despite this further expansion of service sites, only 48.5 percent (140,390 of 289,734) people in need of ART are ever started on the treatment.

1.1.2 RATIONALE FOR EXPANDING ART SERVICES TO PRIVATE HIGHER CLINICS IN ADDIS ABABA

There are 442 private for-profit clinics in Addis Ababa, of which 94 are special, 99 are higher, 146 are medium, and 103 are lower (Federal Ministry of Health [FMOH] 2008). These facilities tend to have good infrastructure and equipment.

Building partnerships with for-profit private health clinics could present a mechanism to further expand access to (and uptake of) ART services in urban areas.

Although some private hospitals are providing ART services with support from international NGOs/donors, private higher clinics remain a largely untapped potential resource for providing the services. The policy framework in Ethiopia supports the extension of free ART services to for-profit private sector clinics, but more information is needed on private sector capacity to deliver ART services and their willingness to do so.

1.2 OBJECTIVES OF THE ASSESSMENT

The overall objective of this site-readiness assessment is to understand the capacity and willingness of for-profit private higher clinics to provide ART services if they are given the drugs and necessary technical assistance free of charge. All the assessed clinics are eligible to receive this support. More specifically, the objectives are as follows:

[1] A single point estimate made by reconciling the Demographic and Health Survey 2005 and antenatal care sentinel surveillance survey (2005) results puts the adult HIV prevalence for 2008 at 2.2 percent (7.7 percent of urban and 0.9 percent of rural).

- Gather updated information on the sub-city distribution, infrastructure, service capacity, staffing, and client flow
- Ascertain the availability of quality guidelines and protocols, status of the health management information systems (HMIS), existence of supportive supervision, and presence of referral linkages
- Obtain qualitative information on clinic owners' and managers' motivation for initiating ART, their willingness to make a long-term commitment to the program, and their willingness to allow staff (primarily physicians and nurses) participation in training
- Assess ability and willingness to stock and dispense antiretroviral drugs (ARVs) if the Drug Administration and Control Authority (DACA) and the Regional Health Bureau (RHB) were to give permission
- Obtain information on clinic owners' and managers' willingness to implement personnel retention schemes
- Estimate the direct cost to patients of standard laboratory services
- Explore clinic owners' perspective on pricing and fees for ART

2. METHODS

2.1 SURVEY AREA

The assessment was conducted in Addis Ababa, the capital city of Ethiopia and the social, political, and economic center of the country. It is located in the geographic center of the country and covers a landmass of 540 sq. km. Addis Ababa has an estimated population of 2.98 million (Central Statistical Agency 2008) and is divided into 10 sub-cities.

Addis Ababa has an estimated 171,272 PLHIV. Adult HIV/AIDS prevalence in Addis is 7.9 percent. Close to 42,000 of the PLHIV (about 25 percent of PLHIV) ever started on ART and only about 30,313 are currently receiving ART in either public or private health facilities (Federal HIV/AIDS Prevention and Control Office [FHAPCO] 2008). This suggests a considerable need for expanding access to ART.

According to a report from the Addis Ababa RHB, a total of 49 health facilities were providing ART services in the region as of July 2008. Of these, 34 were public facilities. Table 1 shows the facilities by sub-city and type of facility.

TABLE 1. DISTRIBUTION OF FACILITIES CURRENTLY PROVIDING ART BY ADDIS ABABA SUB-CITY, 2008

Sub-city	Type of Facility				
	Public Hospital	Public Health Center	NGO Health Center	Private Hospital	Total Existing
Arada	2	3	1	2	8
Akaki-Kality	0	2	0	1	3
Nifas-Silk Lafto	0	2	0	0	2
Lideta	1	4	0	1	6
Kirkose	2	3	0	1	6
Addis Ketema	1	2	0	1	4
Bole	0	2	1	4	7
Yeka	1	3	1	1	6
Gulele	2	2	0	0	4
Kolfe-Keranio	1	1	0	1	3
Total	10	24	3	12	49

2.2 STUDY METHODS

This is a cross-sectional descriptive assessment of selected private higher clinics. The assessment included:

- Facility assessments using an observation checklist, and
- Structured and open-ended interviews with owners and managers of the assessed facilities.

Managers from each facility were interviewed on several issues including referral networks, human resource management, availability of services related to HIV, clinic information, reporting and supervision, infrastructure for an ART clinic and laboratory, availability of guidelines and protocols, laboratory equipment and furniture, infrastructure for ARV drug dispensing and storage, HMIS, and management and referrals. In addition, facility owners were interviewed on the willingness and motivation to provide ART services and their position to charge consultation fees for ART-related activities.

This assessment focused on 22 of the 99 private higher clinics in Addis Ababa. These private higher clinics are not currently participating in the free ART services program. They were purposively selected by the RHB and the United States Agency for International Development (USAID)-funded Private Sector Program-Ethiopia (PSP-E) as eligible for inclusion in a potential USAID-supported program for providing ART services. A subset of the assessed facilities will be selected for program participation. Table 2 presents the distribution of these facilities by sub-city within Addis Ababa.

TABLE 2. DISTRIBUTION OF ASSESSED PRIVATE HIGHER CLINICS BY ADDIS ABABA SUB-CITY, 2008

Sub-city	No. of clinics assessed
Arada	3
Akaki-Kality	2
Nifas-Silk Lafto	3
Lideta	4
Kirkose	3
Addis Ketema	2
Bole	2
Yeka	2
Gulele*	0
Kolfe-Keranio	1
Total	**22**

Note: No facilities were selected from Gulele sub-city.

3. FINDINGS

This section summarizes the findings of the various components of the assessment of 22 private higher clinics in Addis Ababa. Specific clinic responses can be found in Annex A.

3.1 CHARACTERISTICS OF ASSESSED CLINICS: INFRASTRUCTURE, STAFFING, SERVICE CAPACITY, AND CLIENT FLOW

3.1.1 INFRASTRUCTURE

General Infrastructure

Although health services can be provided in the most minimal service delivery setting, there are basic client comfort amenities and infrastructure components that contribute to client and staff satisfaction, as well as to the quality and level of services.

FHAPCO/FMOH guidelines for implementation of ART in Ethiopia indicate that the following are essential basic amenities:

- Examination room for ART consultations
- Private room for ART adherence counseling
- Lockable file cabinet for ARV patient records
- Electrical generator
- Continuous water supply, and
- Direct phone line

Almost all the assessed clinics have the relevant infrastructure and amenities. Table 3 shows the percentage of clinics that have each infrastructure component, and Annex B details the availability of each component, by clinic.

TABLE 3. AVAILABILITY OF INFRASTRUCTURE FOR ART SERVICE PROVISION IN ASSESSED PRIVATE HIGHER CLINICS (N=22), ADDIS ABABA, 2008

Infrastructure	% of clinics with infrastructure
Regular examination room that could be used for ART consultations	100%
Private room that could be used for ART adherence counseling	100%
Lockable file cabinet for ART patient records	95%
Electrical generator	100%
Continuous water supply	100%
Direct phone line	100%
Lab with sufficient space to accommodate additional tests and equipment	95%
Space for stocking and dispensing ARVs	100%

Laboratory Equipment and Furniture

High-quality ART service delivery necessitates a well-equipped laboratory that can perform the necessary tests.

Table 4 shows that virtually all the facilities had at least one microscope, a refrigerator, centrifuge, auto-analyzer, and sterilizing equipment. (See also Annex C.) All facilities but one had a working incinerator (or access to one) and the majority had a hematology auto analyzer. However, none of the facilities had job aides on infection prevention (IP) and safe handling of medical waste.

TABLE 4. AVAILABILITY OF FUNCTIONING LABORATORY EQUIPMENT IN ASSESSED PRIVATE HIGHER CLINICS, ADDIS ABABA, 2008

Equipment	No. of clinics with equipment	% of clinics with equipment
Microscope	22	100%
Refrigerator	22	100%
Centrifuge	22	100%
Hematology auto-analyzer	14	64%
Clinical chemistry auto analyzer	22	100%
Sterilizing equipment	22	100%
Job aids on IP and safe handling of medical waste	0	0%
Working incinerator or access to one	21	95%

3.1.2 STAFFING

Qualified staff are a pre-requisite to providing ART services. The Ethiopian FMOH states that the following are minimal staffing requirements for ART provision in public sector facilities:

- Hospitals: one ART-trained doctor (regional and district hospitals can have one house officer [HO] in place of one doctor), two ART-trained nurses, one data clerk, two ART-trained pharmacy personnel, two ART trained laboratory personnel
- Health centers: one ART-trained HO and one ART-trained nurse or two ART-trained post-basic nurses, one data clerk, one ART-trained pharmacy personnel, one ART trained laboratory personnel

Almost all the assessed higher clinics have adequate numbers of suggested staffs except data clerks. A comparison of the clinics shows that the number of full-time staff is 0-3 for internists, 1-4 for general practitioners (GPs)/HOs, 1-6 laboratory technicians, and 1-12 nurses. In addition to the full-time staff, 21 higher clinics (95 percent) have 2-10 part-time physicians, 14 (64 percent) have 1-11 part-time nurses, and 14 (64 percent) have 1-6 part-time laboratory technicians. But only four clinics (18.2 percent) have a data clerk who is responsible for recording and reporting of patient information. Table 5 shows the availability of staff in assessed clinics. (See also Annex D.)

TABLE 5. STAFFING PATTERN IN ASSESSED PRIVATE HIGHER CLINICS (N=22), ADDIS ABABA, 2008

	No. of clinics that meet ART staffing standards	% of clinics that meet ART staffing standards
Doctors	22	100
Nurses	19	86
Data clerk	4	18
Pharmacists	NA	NA
Lab technicians	20	91

3.1.3 SERVICE CAPACITY

Range of Services Provided

Availability of a range of health services and the frequency with which the services are offered are key elements that influence utilization. Clients are more likely to seek services at a facility where they will get all the services they need.

Almost all the assessed private higher clinics offer daily medical outpatient services, sexually transmitted infection (STI) treatment, HIV counseling and testing (HCT), and inpatient services. (See Table 6 and Annex E.) Fewer facilities offer tuberculosis (TB)-related services and very few have a separate under-5 clinic. Out of those clinics that have inpatient beds, eight (36 percent) have 1-5 beds, 10 (45 percent) have 6-10 beds, and two (9 percent) have 11-15 beds.

TABLE 6. AVAILABILITY OF HIV-RELATED SERVICES IN ASSESSED PRIVATE HIGHER CLINICS (N=22), ADDIS ABABA, 2008

Service	No. of clinics that provide service	% of clinics that provide service
Medical OPD	22	100%
TB/DOTS	15	68%
TB/HIV collaborative	15	68%
STI treatment	22	100%
HCT	21	95%
Under-5 clinic	8	36%
Inpatient service	20	91%

Note: OPD=outpatient department, DOTS=direct observed therapy, short course

Range of Laboratory Services Provided

Virtually all the private higher clinics offer some laboratory services, that is, most of the lab tests are available and conducted in the clinics. (See Table 7 and Annex F.) The only exceptions are the Indian stain test, available in only seven clinics; CD4 test, available in four clinics; and viral load test, available in two clinics. Clinics interviewed refer patients needing these tests to external laboratories (International Clinical Laboratory, Arsho Laboratory, Bethazata Diagnostic Laboratory, and others) where the tests are available.

TABLE 7. AVAILABILITY OF HIV-RELATED LABORATORY SERVICES IN ASSESSED PRIVATE HIGHER CLINICS, ADDIS ABABA, 2008

Laboratory service	Number of clinics with lab service	% of clinics with lab service
CBC	22	100%
Stool OP	22	100%
Pregnancy test	22	100%
AFB	21	95%
Blood film	22	100%
RPR/ VDRL	22	100%
LFT	22	100%
RFT	22	100%
Rapid HIV test	20	91%
Gram stain	22	100%
Indian stain	7	32%
CD-4	5	23%
Viral load	2	9%

Note: CBC=complete blood count, OP=ova and parasite, AFB=acid-fast bacilli, RPR/VDRL=rapid plasma reagin/venereal disease research laboratory, LFT=liver function test, RFT=rapid fecal test

3.1.4 CLIENT FLOW

The average number of clients seen per week in the OPDs of the assessed clinics is 322. However, the number varies considerably by facility – from 83 to 990. Almost all of the clinics are open every weekday (i.e, five days a week), 95 percent are open a half day on Saturdays, and 16 (73 percent) are open 24 hours-a-day including Sundays. The bed occupancy rate per month ranges from 20 percent to 100 percent; the average occupancy rate is 64 percent. The bed occupancy rate in 2006/07 was 44.9 in facilities nationwide, 33.2 in Addis Ababa (FMOH 2007).

3.2 QUALITY ASSURANCE: CLINICAL GUIDELINES AND PROTOCOLS, HMIS, SUPPORTIVE SUPERVISION, AND REFERRAL LINKAGES

3.2.1 GUIDELINES AND PROTOCOLS

Clinical guidelines and protocols are used to promote adherence to quality standards and to support continuity of care. As shown in Table 8 (and Annex G), most of the assessed clinics do not have guidelines and protocols.

TABLE 8. AVAILABILITY OF GUIDELINES AND PROTOCOLS IN ASSESSED PRIVATE HIGHER CLINICS (N=22), ADDIS ABABA, 2008

Guideline/protocol	% of clinics with guideline/protocol
Written guidelines for infection prevention	14%
Written guidelines for safe disposal of sharps and bio-hazardous waste	9%
Post-exposure Prophylaxis (PEP) Guidelines	5%
TB Clinical Guidelines	45%
TB/HIV Implementation Guideline	18%
STI Guideline	9%
HCT Guideline	18%

3.2.2 HMIS

It is important that the clinical teams track data on individual patients and summarize these patient data to better manage patient care, plan, order drugs, and meet reporting requirements. A system for proper recording and reporting is necessary to achieve this. This system can be paper based or computerized and the data compilation can be manual or electronic depending on the availability of equipment and other support infrastructure – although computerization of the HMIS and electronic data generation help to make compilation easier, faster, and more reliable.

Only four of the assessed private higher clinics (18.2 percent) have a data clerk who is responsible for records and reporting. Still, assessment data collectors observed that all the clinics record patient information and compile and report it regularly to their respective sub-city health offices. Four of the facilities (18.2 percent) also send the reports to either the clinic owner or manager.

The frequency of reporting is also quite high. Twenty-one clinics send their reports to the sub-city health office monthly, one quarterly.

The availability of computing facilities was limited. Only six clinics (27 percent) have a functioning computer, and only three of the six reported having a computerized HMIS. Only one facility compiles data electronically.

3.2.3 SUPPORTIVE SUPERVISION

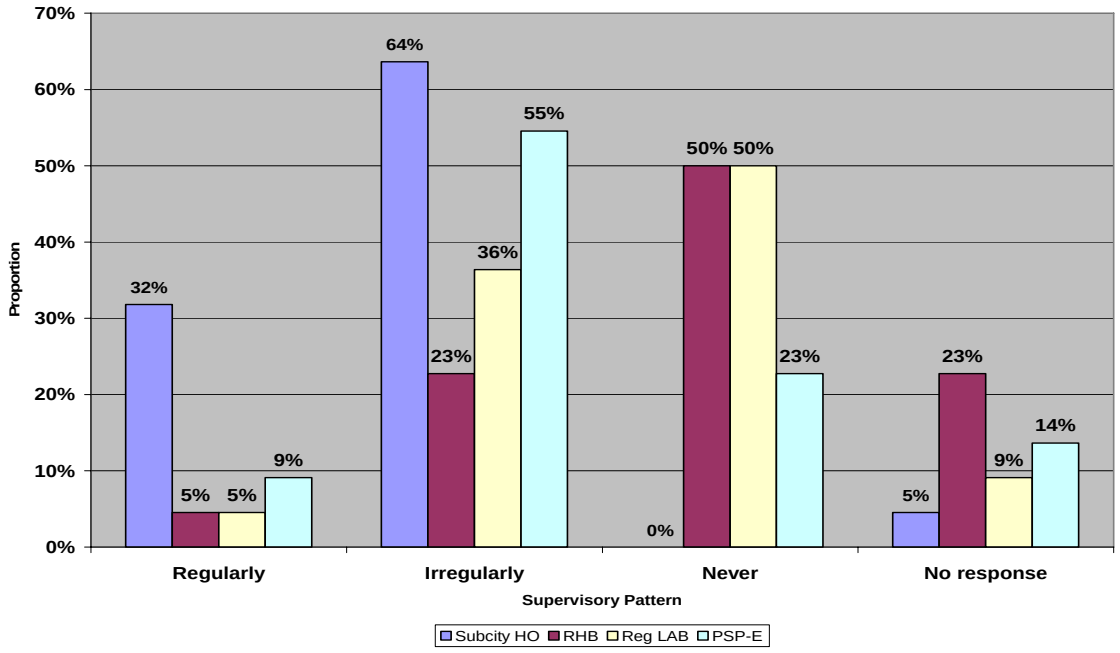
Supervision from external bodies such as the RHB and sub-city health office provides an opportunity to ensure that clinics follow system-wide standards and protocols. This helps to promote an organizational culture wherein it is expected that these standards and protocols will be implemented. It also provides an opportunity to expose staff to a wider range of ideas and experiences.

Therefore, the survey asked about availability and regularity of supportive supervision. All of the higher clinics assessed received supervision from responsible governmental bodies, mostly the sub-city health office (21 facilities, or 95 percent), RHB (six facilities, or 27 percent), regional lab for external quality control (nine facilities, or 41 percent), and other entities, mostly PSP-E, (14 facilities, or 64 percent). Out of those supervised, less than a third received regular (monthly, quarterly, semi-annually) supervision (Table 9 and Figure 1).

TABLE 9. PATTERN OF SUPPORTIVE SUPERVISION TO ASSESSED PRIVATE HIGHER CLINICS, ADDIS ABABA, 2008

Frequency of supervision	Sub-city health office	RHB	Regional lab for quality control	Others, PSP-E
Monthly	5	0	0	0
Quarterly	1	1	1	2
Semi-annually	1	0	0	0
Irregularly	14	5	8	12
Never	0	11	11	5
No response	1	5	2	3

FIGURE 1. PATTERN OF SUPPORTIVE SUPERVISION TO ASSESSED PRIVATE HIGHER CLINICS, ADDIS ABABA, 2008

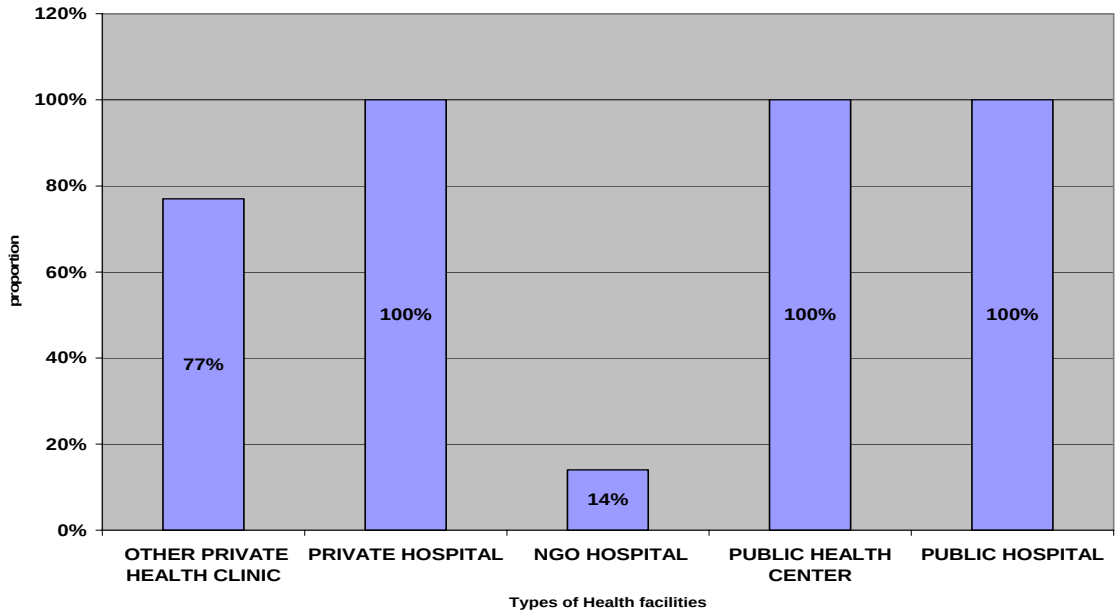


3.2.4 REFERRAL LINKAGES

Establishing functional referral mechanisms between community-based organizations and public and private health facilities could potentially improve access to care and treatment services, ensure adherence, and better address multi-faceted needs of a patient such as nutrition, shelter, clothing, and home-based care. Community mechanisms assume a particularly important role when a patient's physical access to health facilities is limited and support is required to reach facilities that provide ART.

The survey assessed the current referral arrangements. All the assessed clinics reported some referral linkages with private and public hospitals and public health centers, while only three (14 percent) reported referral links with NGO hospitals (Figure 2). None of the clinics reported any links with community health workers or NGOs for treatment support or home-based care.

FIGURE 2. REFERRAL ARRANGEMENTS BETWEEN ASSESSED PRIVATE HIGHER CLINICS AND OTHER TYPES OF FACILITIES



When asked to which public health facility the assessed private clinics refer patients who need ART, 14 (64 percent) mentioned hospitals, five (23 percent) mentioned health centers, and three (14 percent) reported that they make referrals based on patient preference (Table 10).

TABLE 10. PUBLIC HEALTH FACILITY TO WHICH PRIVATE CLINICS REFER PATIENTS IN NEED OF ART (N=22), ADDIS ABABA, 2008

Referral facility	No. of private clinics that made referral
ALERT Hospital	3
Zewuditu Hospital	6
Ras-Desta Hospital	2
Minilik II Hospital	1
Yekatit 12 Hospital	2
Kality Health center	1
Kirkose Health center	1
Bole Health center	1
Yeka Health center	1
Kolfe Health center	1
On patient preference	3
Total	22

3.3 WILLINGNESS TO INITIATE ART SERVICES AND FACILITATE STAFF PARTICIPATION IN TRAINING

The willingness and commitment of facility owners are key to ensure the sustainability of health service provision in general. This is especially true for ART services, because these are chronic care services that necessitate long-term follow-up.

As shown in Table 11 (and in Annex H), clinic willingness to participate was nearly universal for most participation parameters. However, three facilities were not willing to provide ART patients with telephone consultations at any time to respond to questions. Furthermore, only three facilities were willing to employ a pharmacy technician or druggist to manage ARVs and counsel patients. The majority of the clinics owners expressed a preference for assigning the responsibility of stocking and dispensing drugs to an external pharmacy.

TABLE 11. WILLINGNESS OF ASSESSED PRIVATE HIGHER CLINICS TO INITIATE ART SERVICES (N=22), ADDIS ABABA, 2008

ART-related activity	No. of clinics willing to initiate	% of clinics willing to initiate
Clinic prepared to offer ART services on every working day during the normal working hours	21	95%
Clinic and clinical staff prepared to provide ART patients with telephone consultations any time to respond to questions and emergencies	18	82%
Clinic willing to assign one person who will serve as the clinical manager and focal person for ART programs and reporting	20	91%
Clinic willing to employ druggist or pharmacy technician to manage ARVs and provide patient counseling if the RHB and DACA granted approval for higher clinics to stock and dispense ARVs	3	14%
Clinic able to assign a nurse if a druggist or pharmacy technician could not be employed	20	91%
Clinic willing to stock and dispense ARVs if the appropriate authorities permit dispensing	22	100%
Clinic willing to provide a locking storage cabinet for ARV drugs	22	100%
Clinic willing and able to provide a refrigerator for drugs	22	100%

Clinic willingness to make staff available for training on service provision ranges from two to 14 clinics (Table 12). However, none is willing to make data clerks available.

TABLE 12. AVERAGE DISTRIBUTION OF AVAILABLE STAFF AND PROPORTION OF STAFFS TO BE MADE AVAILABLE FOR TRAINING (N=22), ADDIS ABABA, 2008

Staff category	Staff in facility Average (range)	Willing to train, no. Average (range)	Willing to train, % of staff in facility
Internist	0.95 (0-3)	0.73 (0-3)	76
GP	1.59 (0-4)	1.3 (0-4)	74
Nurse	3.86 (1-12)	2.8 (1-10)	66
HO	0.14 (0-1)	0.05 (0-1)	33
Data clerk	0.23 (0-2)	0	0
TOTAL	6.64 (2-17)	4.9 (2-14)	67

3.4 WILLINGNESS TO IMPLEMENT PERSONNEL RETENTION SCHEMES

Health service delivery relies greatly on trained and experienced health personnel. Staff retention is an important concern for the proposed program since investments will be made in staff through training for ART services. Private clinics in Ethiopia typically experience difficulties with retaining skilled health personnel.

Facility owners were asked about the types of strategies they have used to retain trained staff in the past and their willingness to establish a human resources retention policy to help keep trained staff in the future. As Table 13 shows, the majority of facility owners have used some strategy to retain staff, with 67 percent increasing staff salaries or providing staff with some monetary incentive.

TABLE 13. STRATEGIES TO RETAIN TRAINED STAFF IN ASSESSED PRIVATE HIGHER CLINICS (N=18), ADDIS ABABA, 2008

Staff retention strategy	No. of clinics with strategy	% of clinics with strategy
Salary increase/monetary incentive	12	67%
Good working environment	3	17%
Training	2	11%

Most owners (89 percent) reported that they were willing to give their staff financial incentives to retain them in the future. Those who were unwilling indicated their belief that the work environment and pay were already excellent in their facilities.

3.5 USER CHARGES FOR LABORATORY SERVICES

The assessment collected data on the user charges of OPD visits with a GP and with a specialist, and owners were asked if they foresee continuing to charge existing fees for an ART patient consultation or changing the fee. The assessment also collected data about user charges for all laboratory tests.

The mean cost of an OPD visit is 22 Ethiopian birr (ETB) (range 10-60 ETB) with a GP, and 33.25 ETB (range 10-100 ETB) with a specialist.

In general, facilities that offer laboratory tests charge for them. The only exceptions are AFB tests and HIV rapid test, for which two and three facilities, respectively, do not impose any user charges. The

mean charges for a laboratory test range from 8.44 ETB for a stool OP test to 425 ETB for viral load determination (Table 14 and Annex I). Findings indicate that standardization in user charges is limited and the range of charges is quite wide for most laboratory tests.

TABLE 14. RANGE AND MEAN USER CHARGES FOR LABORATORY TESTS IN ASSESSED PRIVATE HIGHER CLINICS (N=19), ADDIS ABABA, 2008

Lab test	Number of clinics with the test	Lab test user charges	
		Range	Mean
CBC	19	20-75	38.76
Stool for O/P	20	4-22	8.44
Pregnancy	20	10-30	18.67
AFB	19	0-60	31.47
Blood film	19	5-20	10.88
RPR/VDRL	19	8-25	14.59
LFT	19	45-105	70.82
RFT	19	20-45	29.82
HIV rapid	18	0-80	39.88
Gram stain	18	5-15	10.88
Indian ink	5	10-11	10.20
CD4	4	100-150	126.25
Viral Load	2	400-450	425.00

3.6 PERCEIVED CHALLENGES TO PROVIDING ART SERVICES AND DESIRED SUPPORT

Facility owners and managers were also asked about the constraints or challenges that they expect to face if they were to provide ART services. The most frequently expressed concerns were a continuous availability ARVs and other supplies (27 percent) and support from the relevant authorities (14 percent) (Table 15).

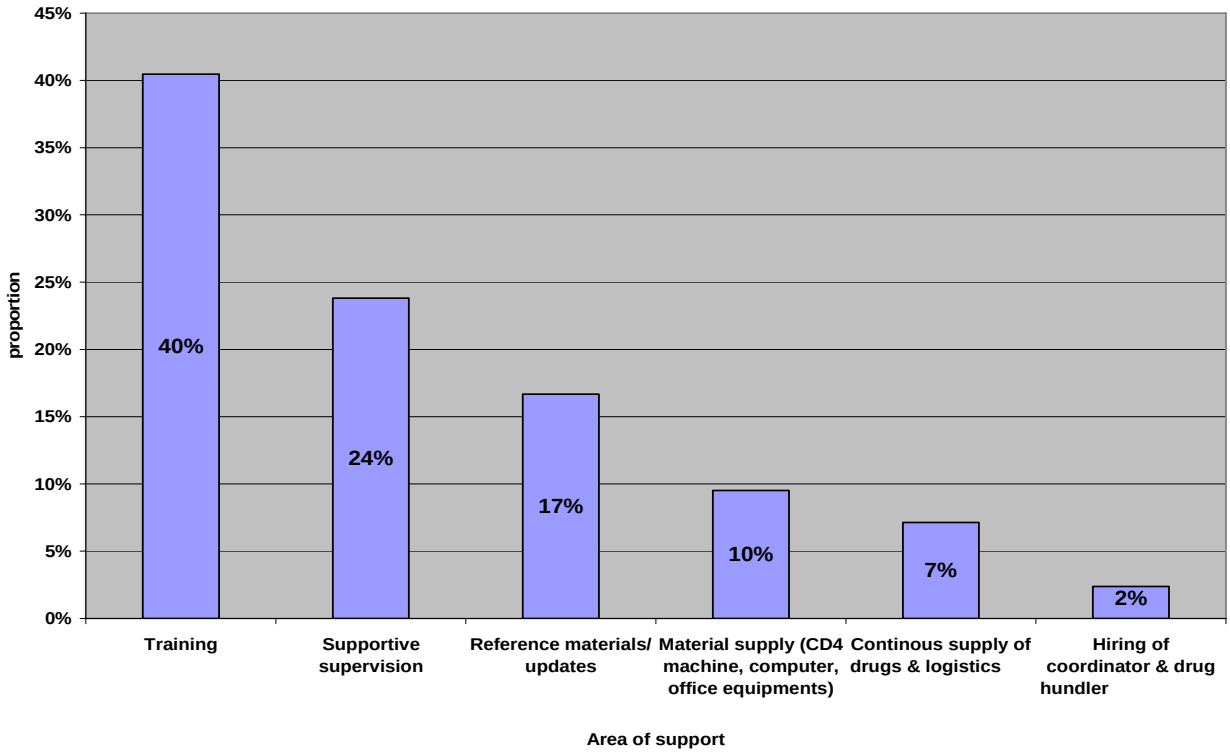
TABLE 15. CHALLENGES THAT ASSESSED PRIVATE HIGHER CLINIC OWNERS PERCEIVE THEY WILL FACE IN PROVIDING ART SERVICES (N=22), ADDIS ABABA, 2008

Challenge	No. of clinic owners that voiced concern	% of clinic owners that voiced concern
Continuous supply of ARVs and other supplies	6	27%
Fear on the positive support of concerned authorities	3	14%
Problem of retention of staff and high staff turnover	2	9%
Unplanned & irregular training schedule	1	5%
Lack of CD4 machine	1	5%
No specific concerns	6	27%
No response	3	14%

Facility owners/managers were also asked about the type of support they need from donor agencies and/or the government for providing ART services. Forty percent expressed a desire for training, 24

percent for supportive supervision (Figure 3). Surprisingly, there were relatively few requests for equipment or logistics support.

FIGURE 3. ASSESSED CLINICS' DESIRED SUPPORT FROM DONOR AGENCIES AND/OR GOVERNMENT FOR PROVIDING ART SERVICES



3.7 MOTIVATION TO PROVIDE ART SERVICES AND PERCEPTIONS OF CLIENT WILLINGNESS AND ABILITY TO PAY FOR ART SERVICES

To assess the perception of clinic owners toward ART service provision the survey asked the following open-ended questions:

- Why are you interested in providing ART services?
- Do you see ART services as a profitable part of the clinical services package?
- What is your perception of clients' willingness and ability to pay for ART services such as consultations, pharmacy dispensing fees, lab tests, and drugs for opportunistic infections?
- What is your perception of clients' willingness and ability to pay for inpatient stays?

Two important themes emerged from clinic owners' responses to the question on motivation to provide ART services (Table 16). One related to the owners' entrepreneurial interests to service their client base and generate a larger volume of business for their clinics. The other was altruism or interest in carrying out their civic duty as health service providers.

All facility owners perceive that their clients are willing to pay for both inpatient stays and outpatient ART services. However, there was no clear consensus on the profitability of inpatient and outpatient services. There is some indication that clinic owners believe that some profits can be made by providing ART services, but their responses diverge on the extent of profitability, types of services that can be profitable, and whether profits can be realized in the near term.

TABLE 16. CLINIC OWNERS' PERCEPTIONS OF ART SERVICE PROVISION

Question	Response
Why are you interested in providing ART services?	• To increase client flow • To contribute as a citizen • To provide comprehensive services • High patient case load/high prevalent problem • Area of expertise • Because of PPM-DOTS • Business • Patients don't like to be referred out • Clients' request • Civic duty to support service
Do you see ART services as a profitable part of the clinical services package?	• Not profitable • Yes, but not that much • Yes, but cost should be standardized • Not sure • Clinical visits no, but labs and admissions • Yes, in the long term • No, but support patients • Clinical visits no, but labs and admissions
What is your perception of clients' willingness and ability to pay for ART services such as consultations, pharmacy dispensing fees, lab tests, and drugs for opportunistic infections?	• Yes, majority of clients are willing to pay • Yes, they are willing to pay for services • Yes, patients who can afford will pay • Yes, some patients are willing and able to pay
What is your perception of clients' willingness and ability to pay for inpatient stays?	• Yes, there will not be problem for inpatient payment • Yes, they are willing to pay for inpatient stay • Yes, patients who can afford will pay • Yes, some patients are willing and able to pay

Note: PPM=public-private mix

4. SERVICE GAPS AND RECOMMENDATIONS

The assessment showed that there are some clear potential advantages to partnering with private higher clinics for ART service provision. Capacity to provide services appears quite high and facility owners expressed a clear willingness to provide ART services. However, the assessment also identified some important gaps and owner preferences that need to be addressed if the selected facilities are to provide high-quality ART services on a continuous basis.

- **Strengthen laboratory services**: Very few facilities reported offering critical CD4, viral load, and Indian stain tests, but there is a referral network with other facilities and this network needs to be strengthened.
- **Increase the availability of quality guidelines, protocols, and job aids**: Poor availability of protocols, guidelines, and job aids that can help staff refresh and maintain their knowledge must be addressed.
- **Ensure capacity for reporting and record keeping:** Although virtually all facilities report regularly to the administrative authorities, very few have a data clerk, most were unwilling to train data clerks, and computerization was extremely limited. Given the importance of good record keeping and reporting for providing ART services, capacity to report and keep records must be ensured by selecting for program participation on this criterion or through program investments in building this capacity. Additionally, facilities must be able to hire data clerks and support them with data processing aids such as computers and related software.
- **Strengthen supportive supervision of facilities:** Although some supervision was near universal, *regular* supervision was very limited. Furthermore, facility owners and managers expressed a desire for training and supervision support.
- **Build referral linkages with community-based organizations:** These linkages do not currently exist. If implemented, they could make an important contribution to addressing the multi-dimensional needs of HIV patients and improve uptake of treatment.
- **Ensure adequate adherence level and provision of proper adherence counseling:** Patients feel more comfortable when they receive their care at a single facility, as they repeatedly encounter the doctor and/or nurse (most facility owners give nurses the responsibility of dispensing drugs and providing adherence counseling) who has provided them the range of services: HCT, check-up, adherence counseling, etc. Such continuity results in more-integrated care for the patient because the physician–nurse team can communicate easily about treatment issues. It might also increase adherence.
- **Provide training to all categories of health workers:** Although the assessed higher clinics have adequate numbers and types of staffs (except for data clerks) for the provision of ART services, none of the staff has received ART training.
- **All clinics should post the prices of their services**: It was difficult to get some of prices in some clinics and the variation in prices is also significant.

- **Ensure coordination with support from government authorities:** This was a key concern of clinic owners and managers. Support from and coordination between all the partners in the provision of ART services will be essential to optimize the public health benefits from this proposed PPP.
- **Fill service gaps**: Provision of TB-related services needs to be strengthened given high co-morbidity of TB among HIV patients.

ANNEX A. SUMMARY OF MAJOR FINDINGS PER ASSESSED PRIVATE HIGHER CLINIC

Name of ART site: Ethiopia Higher clinic
Capacity of the Facility

Human Resources

Health Worker	# of full-time staff	# of part-time staff
MD, GP,	1	0
Nurse	3	0
Lab Tech.	3	0
Specialist	1	4

Major Services

Services	Availability (Y=Yes, N=No)	Patient load/day
Medical OPD	Y	70
TB / DOTS clinic	N	
TB/HIV collaborative activities	N	
STI treatment	Y	
HCT service	Y	
Under 5 clinic	Y	

Major Lab Tests

Lab Services	Availability (Y=Yes, N=No)
CBC	Y
Pregnancy test	Y
AFB	Y
LFT	Y
RFT	Y
Rapid HIV test	Y
Blood film	Y

Willingness to Start ART Service

Q1: Yes [X] No [ ]

Q2: Yes [X] No [ ]

Q3: Yes [X] No [ ]

Q5: Yes [ ] No [X]

Name of ART site: Saris Higher clinic
Capacity of the Facility

Human Resources

Health Worker	# of full-time staff	# of part-time staff
MD, GP,	1	0
Nurse	4	0
Lab Tech.	2	2
Specialist	0	1

Major Services

Services	Availability (Y=Yes, N=No)	Patient load/day
Medical OPD	Y	25
TB / DOTS clinic	Y	
TB/HIV collaborative activities	Y	
STI treatment	Y	
HCT service	Y	
Under 5 clinic	N	

Major Lab Tests

Lab Services	Availability (Y=Yes, N=No)
CBC	Y
Pregnancy test	Y
AFB	Y
LFT	Y
RFT	Y
Rapid HIV test	Y
Blood film	Y

Willingness to Start ART Service

Q1: Yes [X] No [ ]

Q2: Yes [X] No [ ]

Q3: Yes [X] No [ ]

Q5: Yes [ ] No [X]

Name of ART site: Fana Higher clinic
Capacity of the Facility

Human Resources

Health Worker	# of full-time staff	# of part-time staff
MD, GP,	1	3
Nurse	4	1
Lab Tech.	2	2
Specialist	0	1

Services [Major Services only]

Services	Availability (Y=Yes, N=No)	Patient load/day
Medical OPD	Y	18
TB / DOTS clinic	Y	
TB/HIV collaborative activities	Y	
STI treatment	Y	
HCT service	Y	
Under 5 clinic	N	

Major Lab Tests

Lab Services	Availability (Y=Yes, N=No)
CBC	Y
Pregnancy test	Y
AFB	Y
LFT	Y
RFT	Y
Rapid HIV test	Y
Blood film	Y

Willingness to Start ART Service

Q1: Yes [X] No [ ]

Q2: Yes [X] No [ ]

Q3: Yes [X] No [ ]

Q5: Yes [ ] No [X]

Name of ART site: Brook Higher clinic
Capacity of the Facility

Human Resources

Health Worker	# of full-time staff	# of part-time staff
MD, GP,	0	0
Nurse	2	0
Lab Tech.	3	0
Specialist	4	3

Services [Major Services only]

Services	Availability (Y=Yes, N=No)	Patient load/day
Medical OPD	Y	25
TB / DOTS clinic	N	
TB/HIV collaborative activities	N	
STI treatment	Y	
HCT service	N	
Under 5 clinic	Y	

Lab Tests [Major Lab Tests only]

Lab Services	Availability (Y=Yes, N=No)
CBC	Y
Pregnancy test	Y
AFB	N
LFT	Y
RFT	Y
Rapid HIV test	N
Blood film	Y

Willingness to Start ART Service

Q1: Yes [X] No [ ]

Q2: Yes [X] No [ ]

Q3: Yes [X] No [ ]

Q5: Yes [ ] No [X]

Name of ART site: Teklehaymanot Higher clinic
Capacity of the Facility

Human Resources

Health Worker	# of full-time staff	# of part-time staff
MD, GP,	3	7
Nurse	12	7
Lab Tech.	6	6
Specialist	3	3

Services [Major Services only]

Services	Availability (Y=Yes, N=No)	Patient load/day
Medical OPD	Y	150
TB / DOTS clinic	Y	
TB/HIV collaborative activities	Y	
STI treatment	Y	
HCT service	Y	
Under 5 clinic	Y	

Lab Tests [Major Lab Tests only]

Lab Services	Availability (Y=Yes, N=No)
CBC	Y
Pregnancy test	Y
AFB	Y
LFT	Y
RFT	Y
Rapid HIV test	Y
Blood film	Y

Willingness to Start ART Service

Q1: Yes [X] No [ ]

Q2: Yes [ ] No [ ]

Q3: Yes [X] No [ ]

Q5: Yes [X] No [ ]

Name of ART site: Nobel Higher clinic
Capacity of the Facility

Human Resources

Health Worker	# of full-time staff	# of part-time staff
MD, GP,	2	6
Nurse	4	3
Lab Tech.	4	2
Specialist	3	1

Services [Major Services only]

Services	Availability (Y=Yes, N=No)	Patient load/day
Medical OPD	Y	65
TB / DOTS clinic	Y	
TB/HIV collaborative activities	Y	
STI treatment	Y	
HCT service	Y	
Under 5 clinic	N	

Lab Tests [Major Lab Tests only]

Lab Services	Availability (Y=Yes, N=No)
CBC	Y
Pregnancy test	Y
AFB	Y
LFT	Y
RFT	Y
Rapid HIV test	Y
Blood film	Y

Willingness to Start ART Service

Q1: Yes [X] No [ ]

Q2: Yes [ ] No [X]

Q3: Yes [ ] No [ ]

Q5: Yes [ ] No [ ]

Name of ART site: Bethazata Higher clinic
Capacity of the Facility

Human Resources

Health Worker	# of full-time staff	# of part-time staff
MD, GP,	2	0
Nurse	4	0
Lab Tech.	2	0
Specialist	4	4

Services [Major Services only]

Services	Availability (Y=Yes, N=No)	Patient load/day
Medical OPD	Y	150
TB / DOTS clinic	Y	
TB/HIV collaborative activities	Y	
STI treatment	Y	
HCT service	Y	
Under 5 clinic	Y	

Lab Tests [Major Lab Tests only]

Lab Services	Availability (Y=Yes, N=No)
CBC	Y
Pregnancy test	Y
AFB	Y
LFT	Y
RFT	Y
Rapid HIV test	Y
Blood film	Y

Willingness to Start ART Service

Q1: Yes [X] No [ ]

Q2: Yes [ ] No [X]

Q3: Yes [X] No [ ]

Q5: Yes [ ] No [X]

Name of ART site: Kt.St. Gebriel Higher clinic
Capacity of the Facility

Human Resources

Health Worker	# of full-time staff	# of part-time staff
MD, GP,	2	4
Nurse	5	3
Lab Tech.	2	0
Specialist	1	0

Services [Major Services only]

Services	Availability (Y=Yes, N=No)	Patient load/day
Medical OPD	Y	45
TB / DOTS clinic	N	
TB/HIV collaborative activities	N	
STI treatment	Y	
HCT service	Y	
Under 5 clinic	Y	

Lab Tests [Major Lab Tests only]

Lab Services	Availability (Y=Yes, N=No)
CBC	Y
Pregnancy test	Y
AFB	Y
LFT	Y
RFT	Y
Rapid HIV test	Y
Blood film	Y

Willingness to Start ART Service

Q1: Yes [X] No [ ]

Q2: Yes [X] No [ ]

Q3: Yes [X] No [ ]

Q5: Yes [ ] No [X]

Name of ART site: St. Yared Higher clinic
Capacity of the Facility

Human Resources

Health Worker	# of full-time staff	# of part-time staff
MD, GP,	1	6
Nurse	4	0
Lab Tech.	3	0
Specialist	1	1

Services [Major Services only]

Services	Availability (Y=Yes, N=No)	Patient load/day
Medical OPD	Y	40
TB / DOTS clinic	N	
TB/HIV collaborative activities	N	
STI treatment	Y	
HCT service	Y	
Under 5 clinic	-	

Lab Tests [Major Lab Tests only]

Lab Services	Availability (Y=Yes, N=No)
CBC	Y
Pregnancy test	Y
AFB	Y
LFT	Y
RFT	Y
Rapid HIV test	Y
Blood film	Y

Willingness to Start ART Service

Q1: Yes [X] No [ ]

Q2: Yes [X] No [ ]

Q3: Yes [X] No [ ]

Q5: Yes [ ] No [ ]

Name of ART site: Kidanamarim Higher clinic
Capacity of the Facility

Human Resources

Health Worker	# of full-time staff	# of part-time staff
MD, GP,	1	5
Nurse	3	3
Lab Tech.	2	3
Specialist	1	1

Services [Major Services only]

Services	Availability (Y=Yes, N=No)	Patient load/day
Medical OPD	Y	45
TB / DOTS clinic	Y	
TB/HIV collaborative activities	Y	
STI treatment	Y	
HCT service	Y	
Under 5 clinic	-	

Lab Tests [Major Lab Tests only]

Lab Services	Availability (Y=Yes, N=No)
CBC	Y
Pregnancy test	Y
AFB	Y
LFT	Y
RFT	Y
Rapid HIV test	Y
Blood film	Y

Willingness to Start ART Service

Q1: Yes [X] No [ ]

Q2: Yes [X] No [ ]

Q3: Yes [X] No [ ]

Q5: Yes [ ] No [X]

Name of ART site: Abinet Higher clinic
Capacity of the Facility

Human Resources

Health Worker	# of full-time staff	# of part-time staff
MD, GP,	3	3
Nurse	6	2
Lab Tech.	4	2
Specialist	1	1

Services [Major Services only]

Services	Availability (Y=Yes, N=No)	Patient load/day
Medical OPD	Y	73
TB / DOTS clinic	Y	
TB/HIV collaborative activities	Y	
STI treatment	Y	
HCT service	Y	
Under 5 clinic	N	

Lab Tests [Major Lab Tests only]

Lab Services	Availability (Y=Yes, N=No)
CBC	Y
Pregnancy test	Y
AFB	Y
LFT	Y
RFT	Y
Rapid HIV test	Y
Blood film	Y

Willingness to Start ART Service

Q1: Yes [X] No [ ]

Q2: Yes [X] No [ ]

Q3: Yes [X] No [ ]

Q5: Yes [ ] No [X]

Name of ART site: Africa Higher clinic
Capacity of the Facility

Human Resources

Health Worker	# of full-time staff	# of part-time staff
MD, GP,	1	0
Nurse	5	0
Lab Tech.	5	0
Specialist	0	0

Services [Major Services only]

Services	Availability (Y=Yes, N=No)	Patient load/day
Medical OPD	Y	15
TB / DOTS clinic	N	
TB/HIV collaborative activities	Y	
STI treatment	Y	
HCT service	Y	
Under 5 clinic	-	

Lab Tests [Major Lab Tests only]

Lab Services	Availability (Y=Yes, N=No)
CBC	Y
Pregnancy test	Y
AFB	Y
LFT	Y
RFT	Y
Rapid HIV test	Y
Blood film	Y

Willingness to Start ART Service

Q1: Yes [X] No [ ]

Q2: Yes [X] No [ ]

Q3: Yes [X] No [ ]

Q5: Yes [ ] No [X]

Name of ART site: Megenagna Higher clinic
Capacity of the Facility

Human Resources

Health Worker	# of full-time staff	# of part-time staff
MD, GP,	1	3
Nurse	3	4
Lab Tech.	2	2
Specialist	1	5

Services [Major Services only]

Services	Availability (Y=Yes, N=No)	Patient load/day
Medical OPD	Y	45
TB / DOTS clinic	Y	
TB/HIV collaborative activities	Y	
STI treatment	Y	
HCT service	Y	
Under 5 clinic	N	

Lab Tests [Major Lab Tests only]

Lab Services	Availability (Y=Yes, N=No)
CBC	Y
Pregnancy test	Y
AFB	Y
LFT	Y
RFT	Y
Rapid HIV test	N
Blood film	Y

Willingness to Start ART Service

Q1: Yes [X] No [ ]

Q2: Yes [X] No [ ]

Q3: Yes [X] No [ ]

Q5: Yes [ ] No [X]

Name of ART site: Tesfa Higher clinic
Capacity of the Facility

Human Resources

Health Worker	# of full-time staff	# of part-time staff
MD, GP,	1	0
Nurse	1	0
Lab Tech.	2	0
Specialist	0	2

Services [Major Services only]

Services	Availability (Y=Yes, N=No)	Patient load/day
Medical OPD	Y	100
TB / DOTS clinic	Y	
TB/HIV collaborative activities	Y	
STI treatment	Y	
HCT service	Y	
Under 5 clinic	N	

Lab Tests [Major Lab Tests only]

Lab Services	Availability (Y=Yes, N=No)
CBC	Y
Pregnancy test	Y
AFB	Y
LFT	Y
RFT	Y
Rapid HIV test	Y
Blood film	Y

Willingness to Start ART Service

Q1: Yes [X] No [ ]

Q2: Yes [X] No [ ]

Q3: Yes [X] No [ ]

Q5: Yes [ ] No [X]

Name of ART site: Yehualashet Higher clinic
Capacity of the Facility

Human Resources

Health Worker	# of full-time staff	# of part-time staff
MD, GP,	0	0
Nurse	5	0
Lab Tech.	3	0
Specialist	2	1

Services [Major Services only]

Services	Availability (Y=Yes, N=No)	Patient load/day
Medical OPD	Y	50
TB / DOTS clinic	Y	
TB/HIV collaborative activities	N	
STI treatment	Y	
HCT service	Y	
Under 5 clinic	N	

Lab Tests [Major Lab Tests only]

Lab Services	Availability (Y=Yes, N=No)
CBC	Y
Pregnancy test	Y
AFB	Y
LFT	Y
RFT	Y
Rapid HIV test	Y
Blood film	Y

Willingness to Start ART Service

Q1: Yes [X] No [ ]

Q2: Yes [X] No [ ]

Q3: Yes [X] No [ ]

Q5: Yes [ ] No [X]

Name of ART site: Olympic Higher clinic
Capacity of the Facility

Human Resources

Health Worker	# of full-time staff	# of part-time staff
MD, GP,	1	3
Nurse	1	2
Lab Tech.	1	1
Specialist	0	1

Services [Major Services only]

Services	Availability (Y=Yes, N=No)	Patient load/day
Medical OPD	Y	30
TB / DOTS clinic	Y	
TB/HIV collaborative activities	Y	
STI treatment	Y	
HCT service	Y	
Under 5 clinic	N	

Lab Tests [Major Lab Tests only]

Lab Services	Availability (Y=Yes, N=No)
CBC	Y
Pregnancy test	Y
AFB	Y
LFT	Y
RFT	Y
Rapid HIV test	Y
Blood film	Y

Willingness to Start ART Service

Q1: Yes [X] No [ ]

Q2: Yes [X] No [ ]

Q3: Yes [X] No [ ]

Q5: Yes [ ] No [X]

Name of ART site: 22 Mazoria Higher clinic
Capacity of the Facility

Human Resources

Health Worker	# of full-time staff	# of part-time staff
MD, GP,	1	3
Nurse	4	2
Lab Tech.	3	2
Specialist	0	3

Services [Major Services only]

Services	Availability (Y=Yes, N=No)	Patient load/day
Medical OPD	Y	50
TB / DOTS clinic	Y	
TB/HIV collaborative activities	Y	
STI treatment	Y	
HCT service	Y	
Under 5 clinic	Y	

Lab Tests [Major Lab Tests only]

Lab Services	Availability (Y=Yes, N=No)
CBC	Y
Pregnancy test	Y
AFB	Y
LFT	Y
RFT	Y
Rapid HIV test	Y
Blood film	Y

Willingness to Start ART Service

Q1: Yes [X] No [ ]

Q2: Yes [X] No [ ]

Q3: Yes [X] No [ ]

Q5: Yes [ ] No [X]

Name of ART site: Kidist Mariam Higher clinic
Capacity of the Facility

Human Resources

Health Worker	# of full-time staff	# of part-time staff
MD, GP,	4	6
Nurse	5	6
Lab Tech.	4	5
Specialist	2	2

Services [Major Services only]

Services	Availability (Y=Yes, N=No)	Patient load/day
Medical OPD	Y	180
TB / DOTS clinic	Y	
TB/HIV collaborative activities	Y	
STI treatment	Y	
HCT service	Y	
Under 5 clinic	Y	

Lab Tests [Major Lab Tests only]

Lab Services	Availability (Y=Yes, N=No)
CBC	Y
Pregnancy test	Y
AFB	Y
LFT	Y
RFT	Y
Rapid HIV test	Y
Blood film	Y

Willingness to Start ART Service

Q1: Yes [X] No [ ]

Q2: Yes [X] No [ ]

Q3: Yes [X] No [ ]

Q5: Yes [X] No [ ]

Name of ART site: Betasaida Higher clinic
Capacity of the Facility

Human Resources

Health Worker	# of full-time staff	# of part-time staff
MD, GP,	2	2
Nurse	2	3
Lab Tech.	2	2
Specialist	0	1

Services [Major Services only]

Services	Availability (Y=Yes, N=No)	Patient load/day
Medical OPD	Y	15
TB / DOTS clinic	Y	
TB/HIV collaborative activities	Y	
STI treatment	Y	
HCT service	Y	
Under 5 clinic	N	

Major Lab Tests

Lab Services	Availability (Y=Yes, N=No)
CBC	Y
Pregnancy test	Y
AFB	Y
LFT	Y
RFT	Y
Rapid HIV test	Y
Blood film	Y

Willingness to Start ART Service

Q1: Yes [X] No [ ]

Q2: Yes [X] No [ ]

Q3: Yes [X] No [ ]

Q5: Yes [ ] No [X]

Name of ART site: Senay Higher clinic
Capacity of the Facility

Human Resources

Health Worker	# of full-time staff	# of part-time staff
MD, GP,	2	6
Nurse	4	11
Lab Tech.	3	4
Specialist	2	2

Services [Major Services only]

Services	Availability (Y=Yes, N=No)	Patient load/day
Medical OPD	Y	70
TB / DOTS clinic	Y	
TB/HIV collaborative activities	Y	
STI treatment	Y	
HCT service	Y	
Under 5 clinic	Y	

Lab Tests [Major Lab Tests only]

Lab Services	Availability (Y=Yes, N=No)
CBC	Y
Pregnancy test	Y
AFB	Y
LFT	Y
RFT	Y
Rapid HIV test	Y
Blood film	Y

Willingness to Start ART Service

Q1: Yes [X] No [ ]

Q2: Yes [X] No [ ]

Q3: Yes [X] No [ ]

Q5: Yes [ ] No [X]

Name of ART site: Blue-Nile Higher clinic
Capacity of the Facility

Human Resources

Health Worker	# of full-time staff	# of part-time staff
MD, GP,	1	3
Nurse	3	4
Lab Tech.	2	2
Specialist	0	6

Services [Major Services only]

Services	Availability (Y=Yes, N=No)	Patient load/day
Medical OPD	Y	25
TB / DOTS clinic	N	
TB/HIV collaborative activities	N	
STI treatment	Y	
HCT service	Y	
Under 5 clinic	N	

Lab Tests [Major Lab Tests only]

Lab Services	Availability (Y=Yes, N=No)
CBC	Y
Pregnancy test	Y
AFB	Y
LFT	Y
RFT	Y
Rapid HIV test	Y
Blood film	Y

Willingness to Start ART Service

Q1: Yes ☐ No ☐

Q2: Yes ☐ No ☐

Q3: Yes ☐ No ☐

Q5: Yes ☐ No ☐

Name of ART site: St. Mary Higher clinic
Capacity of the Facility

Human Resources

Health Worker	# of full-time staff	# of part-time staff
MD, GP,	1	4
Nurse	1	2
Lab Tech.	1	3
Specialist	0	0

Services [Major Services only]

Services	Availability (Y=Yes, N=No)	Patient load/day
Medical OPD	Y	20
TB / DOTS clinic	N	
TB/HIV collaborative activities	N	
STI treatment	Y	
HCT service	Y	
Under 5 clinic	-	

Lab Tests [Major Lab Tests only]

Lab Services	Availability (Y=Yes, N=No)
CBC	Y
Pregnancy test	Y
AFB	Y
LFT	Y
RFT	Y
Rapid HIV test	Y
Blood film	Y

Willingness to Start ART Service

Q1: Yes ☐ No ☐

Q2: Yes ☐ No ☐

Q3: Yes ☐ No ☐

Q5: Yes ☐ No ☐

ANNEX B. AVAILABILITY OF INFRASTRUCTURE FOR ART IN THE ASSESSED PRIVATE HIGHER CLINICS, (N=22), ADDIS ABABA, 2008

Name of Private Higher Clinic	Private room for ART consultation	Private room for ART adherence counseling	Lockable file cabinet for ARV patient records	Electrical generator	Continuous water supply	Direct phone line	Lab with space for additional tests and equipment	# of clinical exam. rooms in the clinic	Space for stocking & dispensing ARVs
Ethiopia	Y	Y	Y	Y	Y	Y	Y	4	Y
Saris	Y	Y	Y	Y	Y	Y	Y	4	Y
Fana Addis	Y	Y	Y	Y	Y	Y	Y	4	Y
Brook	Y	Y	Y	Y	Y	Y	Y	4	Y
Teklehimanot	Y	Y	Y	Y	Y	Y	Y	16	Y
Nobel	Y	Y	Y	Y	Y	Y	Y	10	Y
Bethazata	Y	Y	Y	Y	Y	Y	Y	10	Y
Kt St Gebriel	Y	Y	N	Y	Y	Y	Y	7	Y
St Yared	Y	Y	Y	Y	Y	Y	Y	5	Y
Kidanemehiret	Y	Y	Y	Y	Y	Y	Y	3	Y
Abinet	Y	Y	Y	Y	Y	Y	Y	3	Y
Africa	Y	Y	Y	Y	Y	Y	Y	5	Y
Tesfa	Y	Y	Y	Y	Y	Y	Y	5	Y
Megenanga	Y	Y	Y	Y	Y	Y	Y	5	Y
Yehualashet	Y	Y	Y	Y	Y	Y	Y	6	Y
Blue-Nile	Y	Y	Y	Y	Y	Y	Y	3	Y
St.Marry	Y	Y	Y	Y	Y	Y	**	2	Y
Olympic	Y	Y	Y	Y	Y	Y	Y	5	Y
22 Mazoria	Y	Y	Y	Y	Y	Y	Y	4	Y
Kidist Mariam	Y	Y	Y	Y	Y	Y	Y	6	Y
Bethsaida	Y	Y	Y	Y	Y	Y	Y	3	Y
Senay	Y	Y	Y	Y	Y	Y	Y	10	Y

ANNEX C. AVAILABILITY OF LABORATORY EQUIPMENT AND FURNITURE IN THE ASSESSED PRIVATE HIGHER CLINICS (N=22), ADDIS ABABA, 2008

Name of Private Higher Clinic	Microscope	Refrigerator	Centrifuge	Hematology auto analyzer	Cinical chemistry auto analyzer	Sterizing equipment (boiler/autoclave)	Job aides on IP and safe handling of medical waste	Working incinerator or access to one
Ethiopia	Y	Y	Y	Y	Y	Y	N	N
Saris	Y	Y	Y	N	Y	Y	N	Y
Fana Addis	Y	Y	Y	N	Y	Y	N	Y
Brook	Y	Y	Y	Y	Y	Y	N	Y
Teklehimanot	Y	Y	Y	Y	Y	Y	N	Y
Nobel	Y	Y	Y	Y	Y	Y	N	Y
Bethazata	Y	Y	Y	Y	Y	Y	N	Y
Kt St Gebriel	Y	Y	Y	Y	Y	Y	N	Y
St Yared	Y	Y	Y	Y	Y	Y	N	Y
Kidanemehiret	Y	Y	Y	Y	Y	Y	N	Y
Abinet	Y	Y	Y	Y	Y	Y	N	Y
Africa	Y	Y	Y	Y	Y	Y	N	Y
Tesfa	Y	Y	Y	N	Y	Y	N	Y
Megenanga	Y	Y	Y	N	Y	Y	N	Y
Yehualashet	Y	Y	Y	Y	Y	Y	N	Y
Blue-Nile	Y	Y	Y	N	Y	Y	N	Y
St.Marry	Y	Y	Y	N	Y	Y	N	Y
Olympic	Y	Y	Y	N	Y	Y	N	Y
22 Mazoria	Y	Y	Y	Y	Y	Y	N	Y
Kidist Mariam	Y	Y	Y	Y	Y	Y	N	Y
Bethsaida	Y	Y	Y	N	Y	Y	N	Y
Senay	Y	Y	Y	Y	Y	Y	N	Y

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ANNEX D. DISTRIBUTION OF HUMAN RESOURCES FOR HEALTH IN THE ASSESSED PRIVATE HIGHER CLINICS (N=22), ADDIS ABABA, 2008

Name of Private Higher Clinic	Full-time Staff					Part-time Staff			
	Internists	GP, HO	Nurses	Lab Techs	Data clerks	Internists	GP, HO	Nurses	Lab Techs
Ethiopia	0	1	3	3	0	1	0	0	0
Saris	0	2	4	2	0	0	2	0	2
Fana Addis	0	1	4	2	0	1	6	1	2
Brook	3	0	2	3	1	3	0	0	0
Teklehimanot	2	3	12	6	0	3	7	7	6
Nobel	3	3	4	4	0	1	6	3	2
Bethazata	3	2	4	2	0	4	0	0	0
Kt St Gebriel	1	2	5	2	1	0	4	3	0
St Yared	1	1	4	3	0	1	6	0	0
Kidanemehiret	1	1	3	2	0	1	5	3	3
Abinet	1	3	6	4	0	1	3	2	3
Africa	0	1	5	5	0	0	0	0	0
Tesfa	0	1	1	2	0	1	0	0	0
Megenanga	1	1	3	2	0	5	3	4	2
Yehualashet	2	0	5	3	1	5	0	0	0
Blue-Nile	0	1	3	2	0	6	3	4	2
St.Marry	0	1	1	1	0	5	4	2	3
Olympic	0	1	1	1	0	1	3	2	1
22 Mazoria	0	2	4	3	2	2	4	2	2
Kidist Mariam	1	4	5	4	0	1	6	6	5
Bethsaida	0	2	2	2	0	1	2	3	2
Senay	2	2	4	3	0	1	6	11	4
Total	21	35	85	61	5	44	70	53	39
Avarage	0.95	1.59	3.86	2.77	0.23	2.00	3.18	2.41	1.77

ANNEX E. AVAILABILITY OF HIV-RELATED SERVICES IN ASSESSED PRIVATE HIGHER CLINICS (N=22), ADDIS ABABA, 2008

Name of Private Higher Clinic	MOPD	TB / DOTS	TB/HIV collaborative	STI treatment	HCT service	Pediatrics service	In patient Service
Ethiopia	Yes	No	No	Yes	Yes	Yes	Yes
Saris	Yes	Yes	Yes	Yes	Yes	No	Yes
Fana Addis	Yes	Yes	Yes	Yes	Yes	No	Yes
Brook	Yes	No	No	Yes	No	Yes	Yes
Teklehimanot	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Nobel	Yes	Yes	Yes	Yes	Yes	**	Yes
Bethazata	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Kt St Gebriel	Yes	No	No	Yes	Yes	No	Yes
St Yared	Yes	No	No	Yes	Yes	**	**
Kidanemehiret	Yes	Yes	Yes	Yes	Yes	**	Yes
Abinet	Yes	Yes	Yes	Yes	Yes	No	Yes
Africa	Yes	No	Yes	Yes	Yes	**	Yes
Tesfa	Yes	Yes	Yes	Yes	Yes	No	No
Megenanga	Yes	Yes	Yes	Yes	Yes	No	Yes
Yehualashet	Yes	Yes	No	Yes	Yes	No	Yes
Blue-Nile	Yes	No	No	Yes	Yes	No	Yes
St.Marry	Yes	No	No	Yes	Yes	**	Yes
Olympic	Yes	Yes	Yes	Yes	Yes	No	Yes
22 Mazoria	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Kidist Mariam	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Bethsaida	Yes	Yes	Yes	Yes	Yes	No	Yes
Senay	Yes	Yes	Yes	Yes	Yes	Yes	Yes

**- Information not available

ANNEX F. AVAILABILITY OF LABORATORY TESTS AND SERVICES IN ASSESSED PRIVATE HIGHER CLINICS (N=22), ADDIS ABABA, 2008

Name of Private Higher Clinic	CBC	Stool OP	Pregnancy test	AFB	Blood Film	RPR / VDRL	LFT	RFT	Rapid HIV test	Gram stain	Indian ink	CD 4	Viral Load
Ethiopia	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N
Saris	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N
Fana Addis	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N
Brook	Y	Y	Y	N	Y	Y	Y	Y	N	Y	N	N	N
Teklehimanot	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Nobel	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N
Bethazata	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Kt St Gebriel	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N
St Yared	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N
Kidanemehiret	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N
Abinet	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	N
Africa	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	N
Tesfa	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N
Megenanga	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	N	N	N
Yehualashet	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N
Blue-Nile	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N
St.Marry	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N
Olympic	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	N
22 Mazoria	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N
Kidist Mariam	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N
Bethsaida	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N
Senay	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N

ANNEX G. AVAILABILITY OF GUIDELINES AND PROTOCOLS ON HIV-RELATED SERVICES IN ASSESSED PRIVATE HIGHER CLINICS (N=22), ADDIS ABABA, 2008

Name of Private Higher Clinic	IP	Safe disposal	PEP	TB	TB/HIV	STI	VCT
Ethiopia	No	No	No	No	No	No	No
Saris	No	No	No	No	No	No	No
Fana Addis	No	No	No	No	No	No	Yes
Brook	No	No	No	No	No	No	No
Teklehimanot	No	No	No	Yes	No	No	No
Nobel	No	No	No	Yes	No	No	No
Bethazata	No	No	No	No	No	No	No
Kt St Gebriel	No	No	No	No	No	No	No
St Yared	No	No	No	No	No	No	No
Kidanemehiret	No	No	No	Yes	No	No	No
Abinet	No	No	No	No	No	No	No
Africa	No	No	No	Yes	No	No	No
Tesfa	Yes	No	No	Yes	No	No	No
Megenanga	Yes	Yes	No	Yes	Yes	No	No
Yehualashet	No	No	No	No	No	No	No
Blue-Nile	No	No	No	No	No	No	No
St.Marry	No	No	No	No	No	No	No
Olympic	Yes	Yes	Yes	Yes	Yes	Yes	Yes
22 Mazoria	No	No	No	Yes	Yes	No	No
Kidist Mariam	Yes	No	Yes	Yes	Yes	Yes	Yes
Bethsaida	No	No	No	Yes	Yes	Yes	Yes
Senay	No	Yes	No	Yes	No	No	Yes

ANNEX H. OWNERS' WILLINGNESS TO START AND SUSTAIN ART SERVICE IN ASSESSED PRIVATE HIGHER CLINICS (N=22), ADDIS ABABA, 2008

Name of Private Higher Clinic	Prepared to offer ART	Staff prepared to provide ART	Willing to assign clinical manager / focal person for ART programs and reporting	Type of HWs to be assigned	Willing to employ a druggist/ pharmacy tech. to manage ARVs and provide counseling	Assigning nurse if druggist/ pharmacy technician could not be employed	Preference of either drugs handled by an external pharmacy - or the clinic	Willingness to establish a HRR policy to keep trained staff with the clinic	Cost of OPD visits with a GP	Cost of OPD visits with an specialist	Owners foresee of charge for an ART patient consultation is the same as existing fees or different
Ethiopia	Yes	Yes	Yes	Nurse	No	Yes	Clinic	Yes, with incentive	20	25	Same as GP
Saris	Yes	Yes	Yes	Nurse	No	Yes	Clinic	Yes, with incentive	10	10	Same as GP
Fana Addis	Yes	Yes	Yes	Nurse	No	Yes	Clinic	Yes, with incentive	15	25	Same as GP
Brook	Yes	Yes	Yes	Nurse	No	Yes	Clinic	Yes, with incentive	60	60	Same as Specialist
Teklehimanot	Yes	**	Yes	GP	Yes	Yes	Clinic	Yes, with incentive	10	20	Same as GP
Nobel	Yes	No	**	GP	**	Yes	Clinic	Yes-with no incentive	25	50	Same as GP
Bethazata	Yes	No	Yes	GP	No	Yes	Pharmacy	Yes, with incentive	30	35	Same as GP
Kt St Gebriel	Yes	Yes	Yes	GP	No	Yes	Clinic	Yes, with incentive	15	30	Same as GP
St Yared	Yes	Yes	Yes	Owner	**	Yes	Clinic	Yes, with incentive	30	40	**
Kidanemehiret	Yes	Yes	Yes	GP	**	Yes	Clinic	Yes, with incentive	20	40	Same as Specialist
Abinet	Yes	Yes	Yes	GP	No	Yes	Clinic	Yes, with incentive	10	10	Same as GP
Africa	Yes	Yes	Yes	GP	**	**	**	Yes, with incentive	**	**	Same as GP
Tesfa	Yes	Yes	Yes	GP	No	Yes	Clinic	**	20	30	Same as GP
Megenanga	Yes	Yes	Yes	Specialist	No	Yes	Clinic	**	15	15	Same as GP
Yehualashet	Yes	Yes	Yes	Specialist	No	Yes	Clinic	Yes, with incentive	50	100	Same as GP
Blue-Nile	**	**	**	**	**	**	**	**	**	**	**
St.Marry	Yes	Yes	Yes	Nurse	Yes	Yes	Clinic	Yes, with incentive	10	20	Same as Specialist
Olympic	Yes	Yes	Yes	GP	No	Yes	Clinic	Yes, with incentive	10	25	Same as GP
22 Mazoria	Yes	Yes	Yes	Owner	No	Yes	Clinic	Yes, with incentive	20	30	Same as GP
Kidist Mariam	Yes	Yes	Yes	Nurse	Yes	Yes	Clinic	Yes, with incentive	10	20	Same as Specialist
Bethsaida	Yes	Yes	Yes	Nurse	No	Yes	Clinic	Yes, with incentive	10	30	**
Senay	Yes	Yes	Yes	GP	No	Yes	Clinic	Yes-with no incentive	50	50	Same as GP

ANNEX I. USER CHARGES FOR LABORATORY TESTS IN ASSESSED PRIVATE HIGHER CLINICS (N=22), ADDIS ABABA, 2008

Name of Private Higher Clinic	CBC	Stool OP	Pregnancy test	AFB	Blood Film	RPR / VDRL	LFT	RFT	Rapid HIV test	Gram stain	Indian ink	CD 4	Viral Load
Ethiopia	35	6	15	36	10	20	60	24	55	10	NT	NT	NT
Saris	30	10	15	30	10	15	100	40	75	10	NT	NT	NT
Fana Addis	30	6	15	18	7	9	55	22	0	7	NT	NT	NT
Brook	**	8	25	**	**	**	**	**	**	**	NT	**	NT
Teklehimanot	21	6	13	21	7	10	50	20	50	10	10	120	400
Nobel	30	10	20	30	10	10	60	24	60	10	NT	NT	NT
Bethazata	30	9	17	58	12	11	65	28	58	11	11	135	450
Kt St Gebriel	50	5	15	30	10	10	50	20	40	10	NT	NT	NT
St Yared	60	22	20	30	20	25	100	45	50	10	NT	NT	NT
Kidanemehiret	35	8	15	30	10	18	45	30	10	10	10	NT	NT
Abinet	35	4	10	15	5	8	50	20	30	5	.	150	.
Africa	**	**	**	**	**	**	**	**	**	**	**	**	**
Tesfa	30	8	15	12	10	10	60	24	10	10	NT	NT	NT
Megenanga	35	6	15	30	8	10	60	24	NT	10	NT	NT	NT
Yehualashet	75	10	30	60	20	20	105	40	80	15	NT	NT	NT
Blue-Nile	24	6	20	30	6	13	60	24	30	10	NT	NT	NT
St.Marry	20	5	15	21	10	12	50	20	10	10	NT	NT	NT
Olympic	42	6	16	30	7	12	64	24	10	10	NT	100	.
22 Mazoria	**	**	**	**	**	**	**	**	**	**	NT	NT	NT
Kidist Mariam	25	4	15	0	7	10	50	30	0	6	10	NT	NT
Bethsaida	22	5	15	30	6	10	50	20	10	**	**	NT	NT
Senay	30	8	15	24	10	15	70	28	60	10	10	NT	NT
Min	20	4	10	0	5	8	45	20	0	5	10	100	400

Max	75	22	30	60	20	25	105	45	80	15	11	150	450
Mean	38.76	8.44	18.67	31.47	10.88	14.59	70.82	29.82	39.88	10.88	10.20	126.25	425.00
**- No Information													
NT- No test in the clinic													

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