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Responses to
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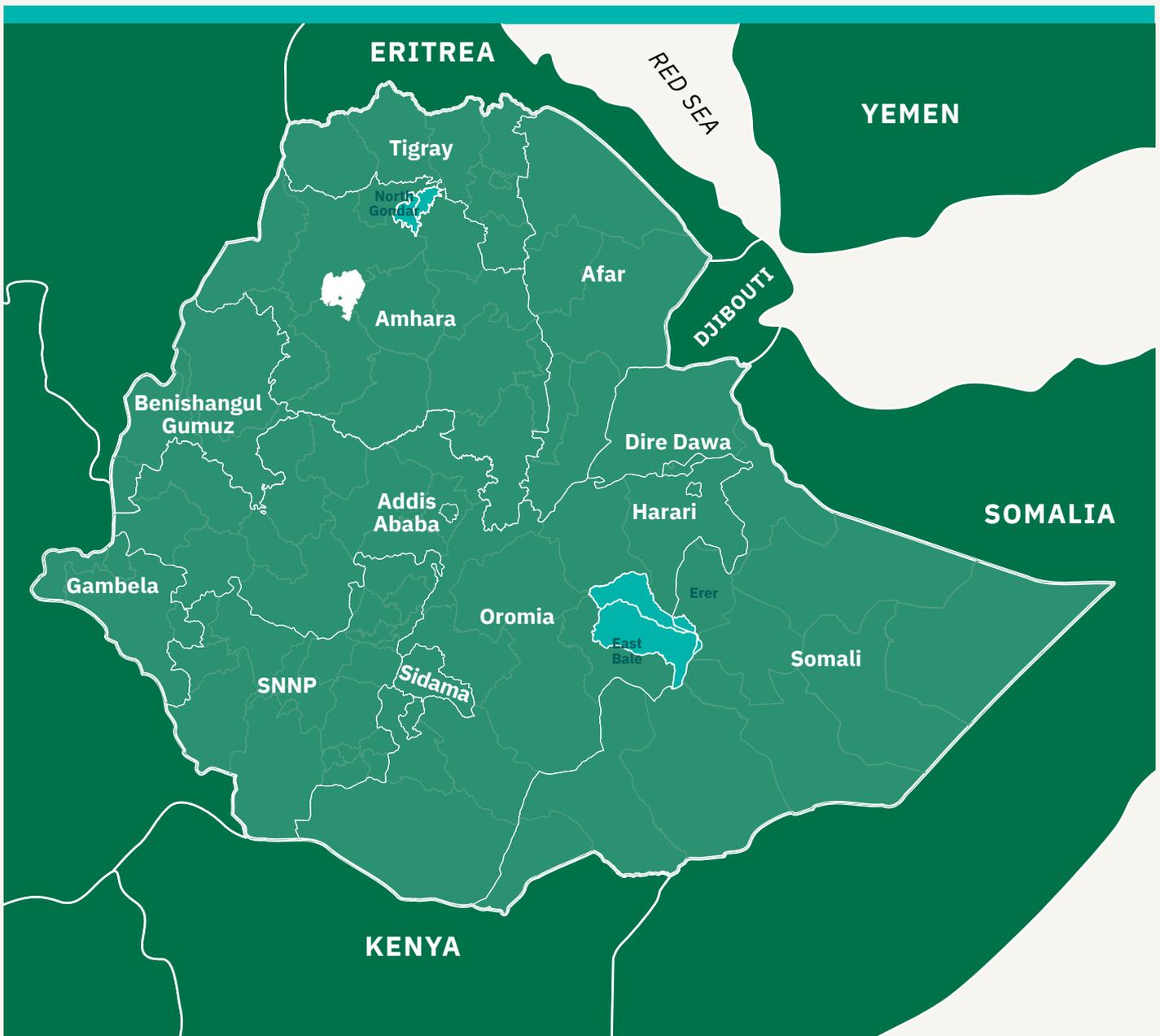
JUNE 2020 – MAY 2023

PILOT PROGRAMMATIC PARTNERSHIP

HEALTH FACILITY ASSESSMENT REPORT

Janamora & Beyeda woredas, North Gonder Zone,
Amhara Region and Seleshad & Legehida woreda of
Erer Zone, Somali Region, Ethiopia

MAY/JULY 2021



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Acronyms

ANC	Antenatal care
CMAM	Community-based management of acute malnutrition
DDG	Digital data gathering
ECHO	European Civil Protection and Humanitarian Aid Operations
EPI	Expanded programme for immunisation
ERNE	Enhanced Responses to Nutrition Emergencies Programme
HC	Health centre
HDA	Health Development Army
HEW	Health Extension Worker
HFA	Health facility assessment
HMIS	Health management information systems
HP	Health post
IMCI	Integrated management of childhood illness
IPC	Infection prevention and control
IPTp	intermittent preventive treatment in pregnancy
IYCF	Infant and young child feeding
JMP	Joint Monitoring Programme
MEAL	Monitoring, evaluation, accountability and learning
MHM	Menstrual hygiene management
OTP	Outpatient therapeutic programme
PHCU	Primary Health Care Unit
PPE	Personal protective equipment
RUTF	Ready to use therapeutic food
SARA	WHO's Service Readiness and Availability tool.
SC	Stabilisation centre
WASH	Water, sanitation and hygiene
WHO	World Health Organisation

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Executive summary

The health facility assessment (HFA) was undertaken by Concern Ethiopia to understand the capacity of health centres (HCs) and health posts (HPs) across four woredas where Concern is supporting health and nutrition services: Beyeda Woreda and Janmoura Woreda in North Gonder Zone, Amhara Region and Salahad Woreda and Legahida Woreda in Erer Zone, Somali Region. The assessment covered 14 domains of health service delivery across five of the six health system building blocks. The tool was based on the [*Service Readiness and Availability \(SARA\) tool*](#), from the World Health Organisation (WHO), with additional elements for the five WASH modules drawn from the [*Joint Monitoring Programme \(JMP\) for WASH*](#) from UNICEF/WHO and custom modules on staffing, nutrition service and COVID-19 added by Concern. Health facilities were scored out a possible total of 53 points. These scores were transformed into an overall percentage score. Scores for each of the 14 domains are also presented.

A total of 70 health facilities were assessed: 11 HCs and 59 HPs, in May and July 2021 respectively. The health facilities assessed are those targeted under Concern's Enhanced Responses to Nutrition Emergencies (ERNE) programme, which is being implemented in the four woredas from June 2020 – May 2023 with ECHO funding. The ERNE programme aims to strengthen health system capacity and community resilience to malnutrition in the target health facility catchment areas. This assessment sets the baseline value for the programme in order to refine the health and nutrition support activities planned under the programme. Roughly 30% of the health facilities (1 HC and 28 HPs) functioning in the four woredas could not be assessed due largely to insecurity in the Amhara Region. While this is meant to serve as a baseline for the ERNE project, it is noted that many activities, particularly support to nutrition services were already underway at the time of the assessment.

The overall capacity score for HCs was 35% and for HPs was 28%. The criteria for scoring was based on national standards for health service delivery and differed slightly between HCs (out of a total 53 points) and HPs (out of a total 48 points). Average scores were fairly consistent across the four woredas, ranging between 32% and 40% for HCs and 20% and 34% for HPs. For HCs, the domains with the most capacity were management and supervision (70%), staffing (55%) and immunization services (55%). Relatively low capacity was found for nutrition services (largely outpatient therapeutic care for severe acute malnutrition and promotion of infant and young child feeding) (49%), general infrastructure (46%), health information management systems (HMIS) (46%) and standard precautions (40%) and antenatal services (38%). The weakest capacity was seen in the WASH-related domains: water infrastructure (27%), sanitation infrastructure (20%), environmental cleaning (16%), COVID-10 preparedness and response (11%) and hygiene infrastructure (9%).¹

1. Note, while the government strategy prioritises delivery of outpatient therapeutic programme (OTP) services for children with severe acute malnutrition (SAM) at HPs and inpatient services at HCs, many of the HCs visited reported providing OTP services, in addition to providing inpatient services for SAM children with complications.

HPs showed considerably higher capacity for nutrition services (61%), likely because they are considered the primary platform for OTP service delivery. The highest scores were seen for staffing (55%), management and supervision (53%), child health services (50%) and HMIS (49%). Quite low scores, however, were seen for immunization (34%), standard precautions (31%); general infrastructure (25%); water infrastructure (22%); antenatal services (18%), COVID-19 preparedness and response (13%). The domains with extremely low capacity were environmental cleaning (9%) and sanitation infrastructure (2%).

Priority actions have been identified to address the main gaps seen (see a summary table in Section 5 for the detailed list), and Concern plans to action as many of these as possible with the resources available in the ERNE project, but joint action will be required by all stakeholders to improve the current capacity. Priority recommended actions include:

Sanitation infrastructure (HCs 20%; HPs 9%): Support the WoHO to construct VIPs latrines ensuring they are sex-segregated, allowing for menstrual hygiene management and disability-friendly. Do basic repairs on existing latrines (e.g. doors and locks).

Environmental cleaning (HCs 16%; Ps 9%): Support the WoHO to ensure cleaning protocols and roster are in place; at least one support staff at each facility is trained on cleaning protocols; strengthen supply chains for essential cleaning supplies and PPE.

Hygiene infrastructure (HCs: 9%, HPs: 24%): Support the WoHO to purchase and install handwashing facilities; ensure supply of water and strengthen supply chains for soap; ensure a person is responsible for keeping the handwashing station is functional in each facility.

Water infrastructure (HCs 27%; HPs 22%): Support the WoHO to improve pipeline networking, install roto tankers, establish water harvesting structures and explore other means of rehabilitating water sources. Concern is completing further feasibility assessments at many of the facilities in Somali Region (Amhara is still not accessible), which will guide Concern's rehabilitation work, but more will certainly be needed.

Antenatal services (HCs: 38%; HPs 18%): Support the WoHO to train staff on ANC; ensure ANC guidelines and jobaids, essential ANC equipment and diagnostic tests and iron-folate tablets are available, and intermittent preventative treatment in pregnancy for malaria is being delivered, particularly at HPs.

Nutrition services (HCs: 49%; HPs 61%): Support the WHO to train staff on CMAM and IYCF, especially at HCs; provide CMAM and IYCF guidelines and jobaids, especially IYCF counselling cards at HCs; address gaps in RUTF supply, especially HPs in Beyeda Woreda; ensure adult scales and height/length boards are available in all facilities.

Immunisation services (HCs: 55%; HPs: 34%): Support the WoHO to ensure all facilities have essential immunisation guidelines and have a working fridge with a staff trained on maintaining the cold chain.

Child health services (HCs: 46%; HPs 50%): Support the WoHO to analyse and address bottlenecks in supply chains for medicines, especially for zinc sulphate and contrimoxizole; ensure growth chart and a timer/ watch with a second hand is available at all facilities.

Standard precautions (HCs: 40%, HPs: 31%): Support the WoHO to ensure guidelines for standard precautions and bins for safe separation of wastes are available; strengthen supply chains for essential supplies for infection, prevention and control, especially disinfectant, gloves and auto-disposable syringes. Further assess existing sterilisation equipment and potential for improvement in each facility.

COVID-19 preparedness and response (HCs: 11%; HPs 13%): Support the WoHO to ensure all staff are trained on COVID-19 prevention and response basics, all facilities have the basic COVID-19 information, education and communication materials and job aids; improve supply chain of personal protective equipment (PPEs) – see above – and explore potential to improve triaging of suspected cases.

Health Management Information System (HCs: 46%; HPs 49%): Support the WoHO to advocate for assignment of staff to manage the HMIS at facility level; train and mentor staff on data collection, reporting and analysis; ensure all health facilities have the necessary HMIS recording and reporting forms.

Staffing (HCs: 55%, HPs: 56%): Support the WoHO to advocate to the Regional/ Zonal health authorities to fill vacancies for professional and associate health staff, and specifically to ensure there are two health extension worker (HEW) is available at the facilities found in the assessment to have only one or none.

General infrastructure (HCs: 46%; HPs 25%). Support the WoHO to explore options to improve functional power supply and access to communication equipment (mobile phone and credit), especially at health post level. Advocate for and explore alternative options for emergency transport for referrals – beyond the woreda-level ambulance.

Management and supervision (HCs: 70%; HPs: 53%). Support the WoHO to continue to supervise HCs and improve supervision at HPs; support HPs to establish and strengthen community health management committees.

1. Objectives of the assessment

The assessment was undertaken by Concern Worldwide in partnership with the Government of Ethiopia to understand the capacity of the 11 health centres and 78 health posts that provide health and nutrition services across four woredas in Amhara Region (Janamora Woreda and Beyeda Woreda) and Somali Region (Selehad Woreda and Legahida Woreda).

1.1 Specific objectives

The specific objectives were to:

- Identify and prioritise health facilities that are most in need of support to deliver effective health services.
- Identify specific areas of weaknesses in health service delivery and develop a tailored support plan.
- Measure changes in health facility capacity over time.

Concern developed a specific health facility assessment (HFA) tool in digital format to assess the capacity of the target health facilities under each of the WHO's health system building blocks (see methodology section below).

This report outlines the baseline findings for the ECHO-funded programme Enhanced Responses to Nutrition Emergencies (ERNE), which runs from June 2020 to May 2023. The health facility assessment was carried out to identify and prioritise health facilities that are most in need of support to deliver effective health services, to identify specific areas of weakness in health service delivery, and to develop a tailored support plan with each health cluster team. It will allow Concern to report against the core indicator for the ERNE programme: “percentage of supported health facilities that show an increase in capacity according to the health facility capacity assessment.”

2. Background / Context

2.1 North Gondar, Amhara Region

Janamora and Beyeda woredas are among North Gondar Zone in the Northwest of the Amhara region, which lies in the isolated Simien Mountains and is populated by smallholder farmers who are dependent on subsistence agriculture for a living. Parts of the area are a mountainous landscape, isolated and difficult to access, with the population living long distances from basic public services.

Based on official woreda recent data, Janamora woreda has 37 administrative kebeles with a total population of 205,100, of which 26,417 are under-five years old. While Beyeda woreda has 22 kebeles with a total population of 96,951, of which 13,077 are under-five. With regard to health facilities, Janamora Woreda has 44 Health facilities including 37 health posts and six Health Centres with one primary Hospital. Beyeda woreda has 26 Health facilities, 22 health posts and 4 Health Centres and the woreda has no hospital.

2.2 Erer Zone, Somali Region

Selehad and Legahida woredas are among the eight districts in Erer zone of Somali Region. They are located around 230 KM from Fik town, the Erer zonal administrative centre, and 430 KM from Jigjiga City. Selehad woreda has 17 administrative kebeles with a total estimated population of 48,244 and an under five population of roughly 8,346 (17.3%). Legehida woreda has 16 administrative kebeles with a total estimated population of 24,882 and an under-five population of 4,304 (17.3%). Both woredas are bordered by Oromia region in the north and west, are closely neighbouring each other and have a similar pastoralist population and topography. The majority of its population are pastoralists who move from place to place in search of water and pasture for their livestock. Legehida woreda has 11 health facilities: 10 health post (HPs) and one health centre (HC). Selehad Woreda has 11 Health facilities: 10 HPs and 1 HC. All facilities are functional.

The woredas are consistently vulnerable and prone to acute food insecurity due to protracted droughts, lack of long-term development programmes, and inadequacy of functioning health facilities and staffing. These vulnerabilities are compounded by risk factors including water shortages and decreased livestock value, often necessitating humanitarian responses. As a result, both Legahida and Selehad woredas are still listed under a priority one hotspot²

2. A hotspot matrix is often used as a proxy for the acute Integrated Food Security Phase Classification (IPC) and is indicative of food security and nutrition status. Scaled from Priority 1 to 3, hotspot woredas require urgent humanitarian response.

woreda (January 2021 hotspot classification) suffering from the long term effects of severe drought conditions. In response to this Concern worldwide is implementing, since June 2020, an ECHO-funded response in four targeted woredas of Amhara and Somali regions. The Enhanced Responses to Nutrition Emergencies (ERNE) programme aims to strengthen health system capacity and community resilience to malnutrition in the health centres targeted for support in Amhara and Somali regional states of Ethiopia respectively. Moreover, the programme is supporting the response to the COVID-19 pandemic and delivery modalities of activities have been adapted to respond to needs and restrictions generated by the pandemic whilst continuing to address current cases and factors related to malnutrition.

2.3 Health structure in Ethiopia

The Ethiopia Health Sector Development Program (HSDP IV: 2010/10 - 2014/15) has introduced a three-tier health care delivery system which is characterized by:

- **The first level** of a Woreda health system comprising a primary hospital (with population coverage of 60,000-100,000 people), health centres (1/15,000-25,000 population) and their satellite Health Posts (1/3,000-5,000 population) which are connected to each other by a referral system. A Primary Hospital, Health centre and health posts form a Primary Health Care Unit (PHCU) with each health centre having five satellite health posts.
- **The second level** in the tier is a General Hospital with population coverage of 1-1.5 million people.
- **The third level** a Specialized Hospital that covers population of 3.5-5 million.

Health centres (HC) serve as the first curative referral centre for Health Posts and provide health care that is not available at the HPs through ambulatory and some cases of inpatient admissions. HCs focus on the provision of first-line curative health care and technically support the HPs in their catchment area. In addition, each HC has on average of five HPs that are linked to it for referral and support – each of these units is referred to as a ‘health cluster’. Much of the analysis below is presented for the health cluster level.

2.4 Health facilities assessed

The assessment aimed to cover all 89 facilities (12 health centres and 77 health posts) that serve the four target woredas. However, the assessment was only possible in 70 facilities (11 HCs and 59 HPs) due largely to insecurity (7 facilities) and unpassable terrain (7 facilities) as well as staff not being present (3 facilities) or the majority services being offered at the HC rather than the HP (2 facilities) in Amhara Region (Table 1).³ All facilities in Somali Region were assessed, but due to some data entry errors in the digital questionnaire, some domains were skipped (see Limitations section). The assessment was conducted in two phases: health centres were assessed from May 2021 and health posts in June/ July 2021.

3. There are also plans to open two new health posts in Beyeda Woreda, but they are not yet officially open, so the staff are currently based in the neighbouring health post (Beyeda Eyesus HP is hosting staff from the planned Matba heregewoin HP and Luware HP is hosting staff from the planned Guyant HP). In roughly five health facilities, certain services at HP level were covered at HC level.

TABLE 1. Lists of Health Centres in Amhara and Somali Region

REGION	WOREDA	HEALTH CLUSTER /HEALTH CENTRE NAME	TOTAL HEALTH POSTS	HEALTH CENTRE ASSESSED	HEALTH POSTS ASSESSED	% OF FACILITIES ASSESSED
Amhara	Beyeda	Dilibza	7	Yes	4	56%
		Janbelow	6	Yes	4	71%
		Luware	5	Yes	2	50%
		Sabra	3	No	0	25%
		Assenga	4	Yes	3	80%
	Janamoura	Dorona	7	Yes	6	88%
		Enchat Kab	5	Yes	3	67%
		Mekane Birhan	6	Yes	6	100%
		Meshesha	8	Yes	6	78%
		Wassel	7	Yes	5	75%
Somali	Salahad	Salahad	10	Yes	10	100%
	Lagahida	Lagahida	10	Yes	10	100%
TOTAL	4	12	79	11	59	75%

See the full list of health centres and health posts in the Annexes.

3. Methodology

3.1 The HFA tool

The HFA tool was developed by Concern and is based largely on the [WHO's Service Readiness and Availability \(SARA\) tool](#). It includes 14 modules covering 14 domains that align with the six WHO health system building blocks. The four WASH modules draw from the tools used by the [UNICEF / WHO's Joint Monitoring Programme \(JMP\) for WASH](#), and Concern developed three custom modules for health facility staffing levels, nutrition service readiness and availability and COVID-19 (Table 2).

Concern translated the HFA questions into a digital data gathering (DDG) tool using the IFormBuilder platform. The standard digital tool was customised to the country context by modifying details of the answer options, but the questions and scoring remained the same to allow basic comparisons across countries. Other countries where the HFA was rolled out include Sudan, South Sudan, Niger and DRC (that is, ERNE programme countries).

TABLE 2. HFA modules / domains by health system building block and source

HEALTH SYSTEM BUILDING BLOCK	DOMAIN/ MODULE	SOURCE
Health workforce	1. Staffing	Concern (based on national protocol)
Health information	2. Health information management system	SARA
Leadership & governance	3. Management and supervision	SARA, adapted
Service delivery + Access to essential medicines modules 10–13	4. General infrastructure	SARA
	5. Water infrastructure	JMP
	6. Sanitation infrastructure	JMP
	7. Hand hygiene infrastructure	JMP
	8. Environmental cleaning	SARA/ JMP
	9. Standard precautions	SARA
	10. Child health service availability & readiness	SARA
	11. Immunisation service availability & readiness	SARA
	12. Nutrition service availability & readiness	Concern
	13. Antenatal care service availability & readiness	SARA
14. COVID-19 preparedness & response capacity	Concern	

3.2 HFA tool structure and scoring

The tool has a total of 107 questions structured around 54 sub-indicators which are assigned to the 14 domains outlined above. Each domain has between 1 and 5 sub-indicators. Each sub-indicator includes 1 to 8 questions.

The questions layout a set of conditions that need to be met in order for the sub-indicator to be scored 1 (a ‘pass’). Otherwise, the sub-indicator is scored as a 0 (a ‘fail’). Answers to the questions are either yes/ no or multiple-choice and depend on the response of the health facility staff being interviewed or require the enumerator to observe an item as present in the health facility.

The score for each sub-indicator is, therefore, either 1 or 0. The raw score for each domain is the sum of the score for all the sub-indicators that it includes (which varies by domain but will be between 1 and 5). The raw score for the overall capacity of the health facility is the sum of the score for all the 53 sub-indicators included in the tool for HCs and 48 for HPs.

In addition to the raw score, the % score is calculated for both the overall and the domain. The percent score for a domain is the raw score converted to a percent by dividing it by the total possible points for that domain (between 1 and 5 depending on how many sub-indicators are associated with that domain). The percent score for a health facility's overall capacity is the raw score divided by 54 (the total number of sub-indicators). Throughout the report, the raw scores and % scores are presented for individual facilities and as an average across facilities. In addition, the % of health facilities assessed that got a passing score (a 1) for each of the 54 sub-indicators is also provided.

3.3 Enumerators, training and testing

There were 10 enumerators assigned for the health facilities assessment who are senior project officers and Infant and Young Child Feeding officers of Concern Worldwide. The Senior Monitoring, Evaluation, Accountability and Learning (MEAL) officer, MEAL technical officer and Nutrition surveys and assessment officer provided the HFA training over 4 days - two days in Amhara and two days in Somali regions. The training covered all the 14 health facility domains, DDG management tools and uncertainties that may possibly occur. Prior to the actual data collection, the digital tool was tested several times during the training to check the accuracy, validity and reliability of the tool and the HFA questionnaires to make it practical to use for enumerators.

3.4 Limitations

A number of limitations in the implementation of the assessment should be considered when interpreting the findings. These include:

- Due to security issues, data from the area near the border of Amhara and Tigray region was not collected.
- Twenty nine facilities could not be visited of the total 99 targeted (30%) due largely to access issues at the time of the assessment – predominantly insecurity, which made it impossible to access any facilities from July.
- Errors in data entry for filter questions on services available meant that a number of questions for specific domains/ modules (largely child health and antenatal services) were not asked. This problem was greatest in the Somali Region.
- The sub-domain on diagnostic testing capacity under the Child Health Services domain had an error in the skip logic, which resulted in the stock check for rapid diagnostic tests for malaria being skipped for all health facilities. Thus the total sub-domains for Child Health Services was reduced from the original 5 to 4 (diagnostic testing capacity was considered missing), so total score is also out of 53 (not 54) for HCs and 48 (not 49) for health posts. This will be fixed for endline.

4. Findings

4.1 General findings

Overall capacity is poor with an average percent score of 35% for HCs (18.4 out of possible total of 53 points) and 28% for HPs (13.8). Scores were

broadly similar across the two regions and the four woredas. Health centres in Beyeda had the highest average score (40%), while health posts in Salahad woreda had the lowest average score (20%) (Figure 1 and 2). A further breakdown by health cluster shows a similar pattern – scores are broadly similar, with HPs scoring lower than health centres, despite the criteria being adjusted per government standards for health posts.

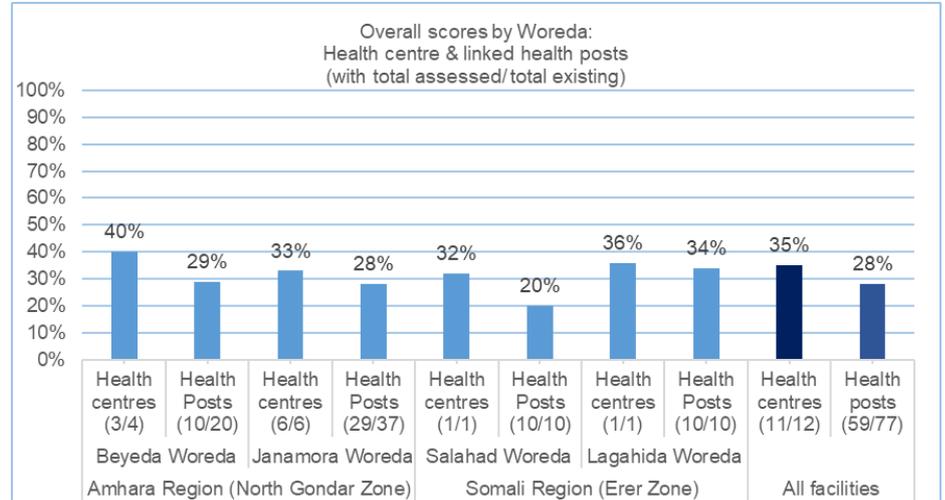


FIGURE 1. Overall percent score: for health centres and health posts: by woreda

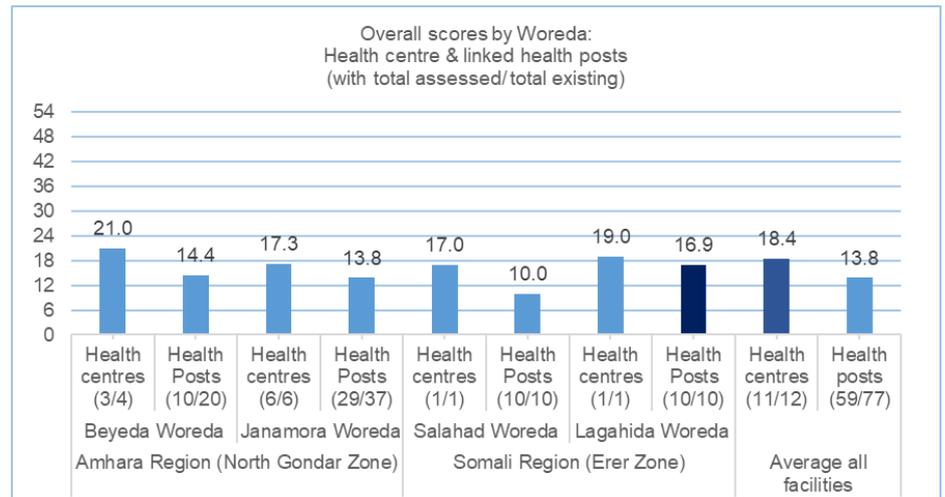


FIGURE 2. Overall raw score: for health centres and health posts: by woreda

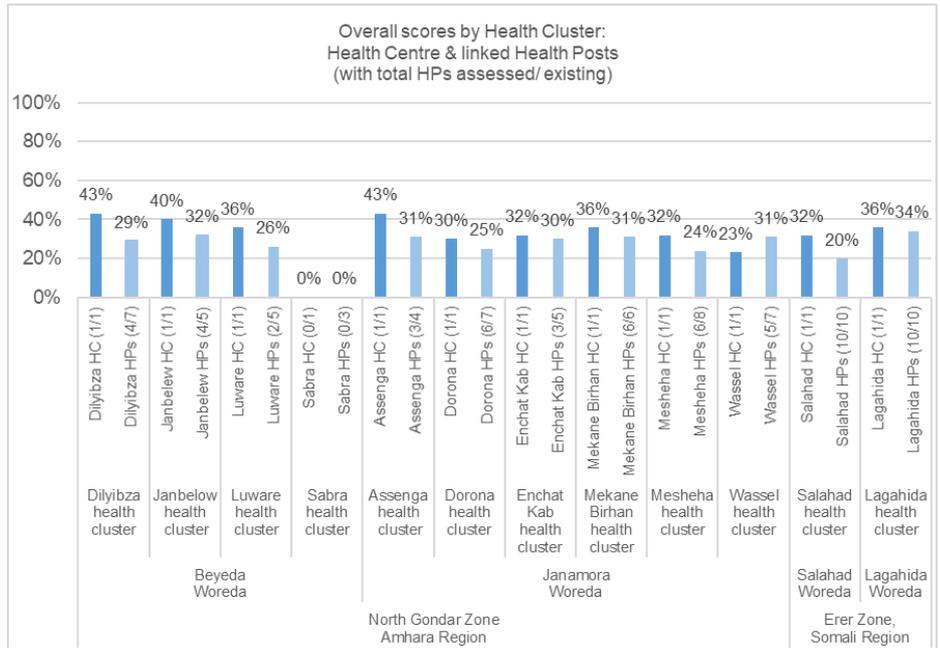


FIGURE 3. Overall percent score for health centres and health posts: by health cluster

Capacity varied markedly across the 14 domains. For health centers the strongest domains were management and supervision (70%), staffing (55%) and immunization services (55%). These are followed by nutrition services (49%), general infrastructure (46%), child health services (46%), health management information systems (HMIS) (46%) and standard precautions (40%). The remaining domains showed very weak capacity: water infrastructure (27%), antenatal services (38%), sanitation infrastructure (20%), environmental cleaning (16%), COVID-10 preparedness and response (11%) and hygiene infrastructure (9%).

Health posts followed a similar pattern, however, they showed the highest capacity in nutrition services (61%) – even higher than HCs, although several HCs did not provide outpatient therapeutic programme services (only inpatient stabilisation centre services). This was followed by staffing (55%), management and supervision (53%), child health services (50%) and HMIS (49%). Low scores were seen for immunization (34%), standard precautions (31%); general infrastructure (25%); hygiene infrastructure (24%); water infrastructure (22%); antenatal services (18%), COVID-19 preparedness and response (13%). The worst scoring domains were environmental cleaning (9%) and sanitation infrastructure (2%).

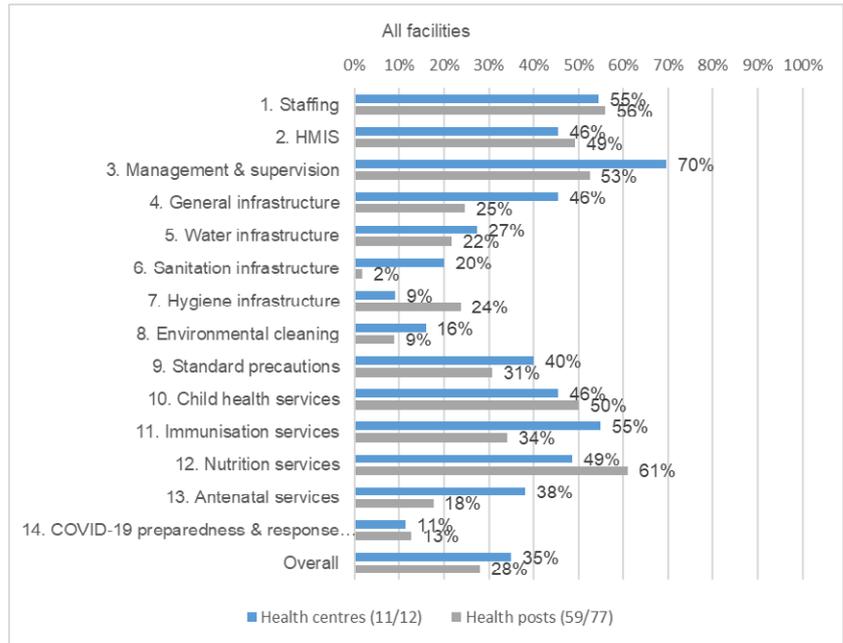


FIGURE 4. Average percent score by domain for all health centres and health posts

4.2 Detailed findings by domain and sub-domain

This section provides more detail on the scores per domain for each health facility as well as the percent of health facilities that met the minimum criteria to get a ‘pass’ for each of the sub-domains that make up the domain and its total possible score. Details on the sub-indicators scores (pass or fail) for each health facility are outlined in Annex 1, and the exact questions asked for each of the subdomains are provided in Annex 5.

4.2.1 Staffing

Scores were modest for staffing for both HCs (55%) and HPs (56%). Both Salahad and Lagahida HCs scored quit low (both 33%), while the average score was highest for Lagahida HPs (80%). There was a clear absence of professional staff at HCs – in only 18% of HCs, at least half of the professional staff expected as the per government standards were present on the day of the survey (no professional staff were expected at health posts per government HR standards and scoring was adjusted for HPs accordingly). Associate staff (largely health extension workers) were well represented at health posts : in 90% of HPs, at least half of the expected associate staff were present; the same was true for only 55% of HCs. At least half of the supprt staff expected were found at the vast majority (90%) of the HCs but a small portion (22%) of HPs.

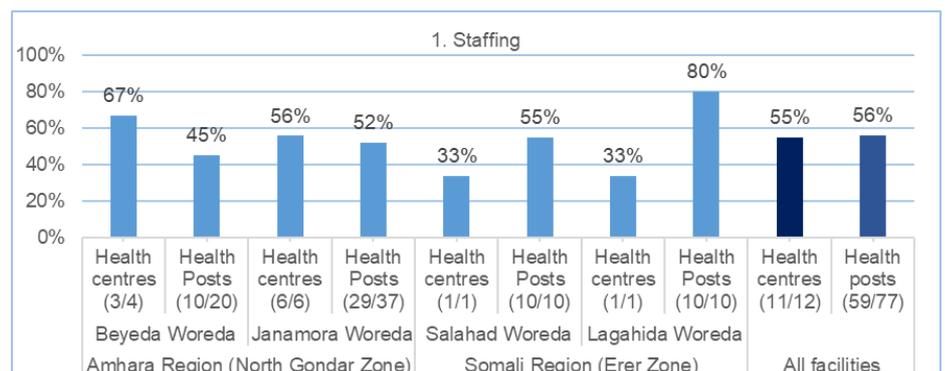


FIGURE 5. Average percent score for staffing domain: by woreda

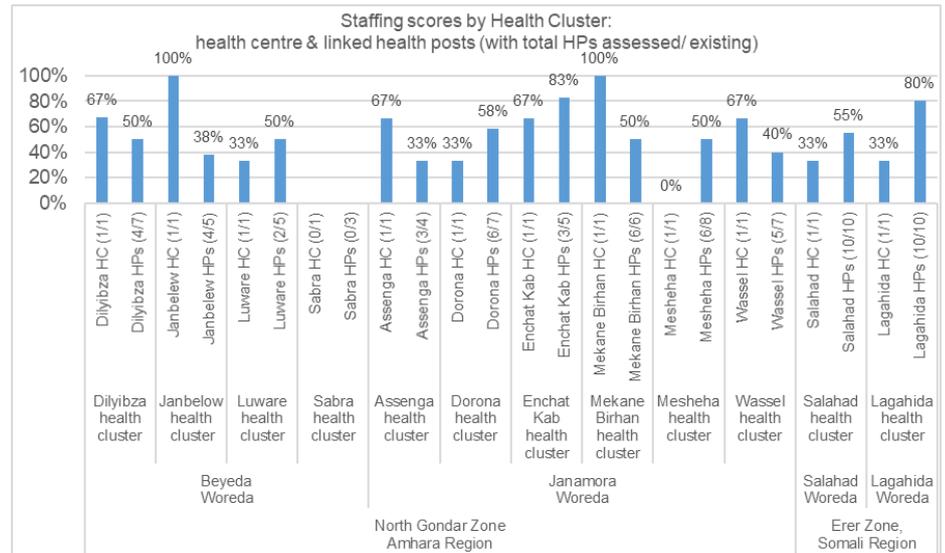


FIGURE 6. Average percent score for staffing domain: by health cluster

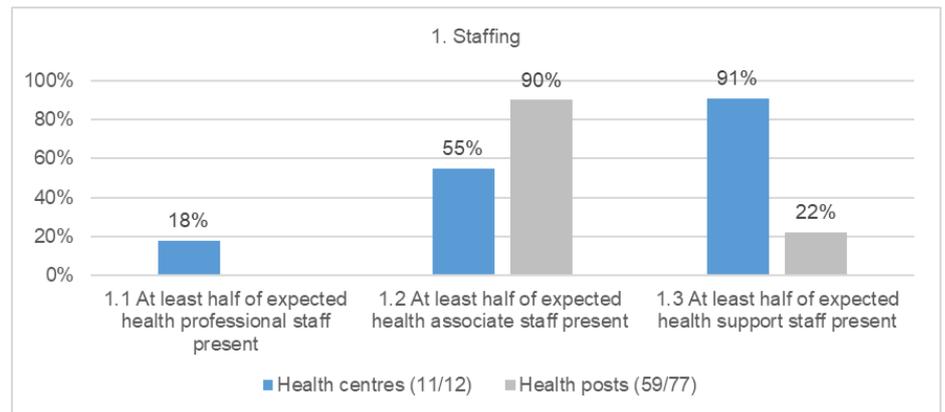


FIGURE 7. Percent of health facilities achieving each sub-domain for staffing

Priority actions to improve staffing: support the WoHO to:

- Advocate to the Regional/ Zonal health authorities to increase the number of professional and associate health staff assigned to health centres and support staff assigned to health posts. Specifically, a second health extension worker (HEW) is needed in the following facilities:
 - ~ Beyeda Woreda: Dilyibza Health Cluster: all HPs; Jenbelow Health Cluster: Beya and Janbelow HPs;
 - ~ Luware Health cluster: Luware and Medbay HPs; Sabra Health Cluster: unknown as not accessible
- » **Janamora Woreda:**
 - ~ Assenga Health Cluster: Gurgur (no HEW), Assenga and Dinat HPs; Dorona Health Cluster: Adigecha, Argay, Gashajagre, Genze and Mariamteny HPs; Enchat Kab Health Cluster: Enchat Kab HP;
 - ~ Mekane Birhan Health Cluster: Liga, Mekane Birhan, Robgebe, Sabra, Woyna HPs;
 - ~ Meshesha Health Cluster: all HPs. Wasel Health Cluster: all HPs.

- » **Legahida:**
 - ~ Badiful HP
 - ~ Jarsaw HP
 - ~ Kotdere HP
 - ~ Kusbarako HP
- » Salahad: all except Bali Ade HP

4.2.2 HMIS

The average capacity score for HMIS was moderately low, with HCs (46%) and HPs (49%) scoring roughly the same. Salahad and Legahida HCs scored 0% indicating that they reported not using the HMIS at all. Beyeda HC scored the highest (83%), followed by Beyeda HPs (75%) and Lagahida HPs (65%). The rest had scores of less than 50%. While a good portion of HCs (64%) and an even higher portion of HPs (70%) reported using HMIS, less than a third of HCs (27%) and HPs (28%) showed any evidence of actually using the HMIS data (e.g. graphs or data tables on the wall or other visible place).

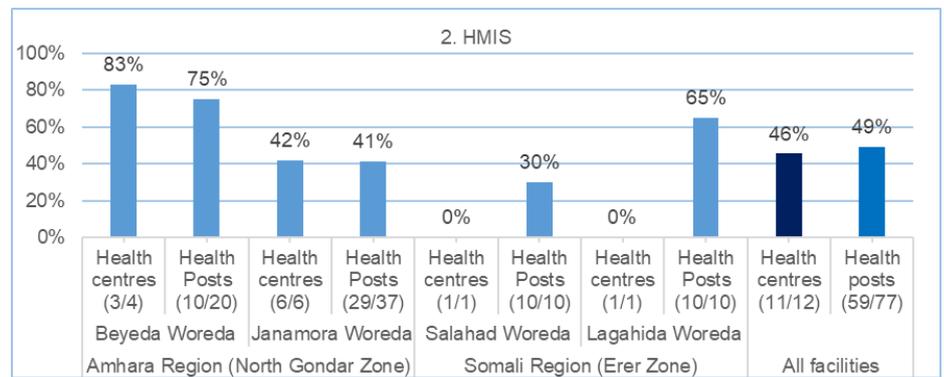


FIGURE 8. Average percent score for HMIS domain: by woreda

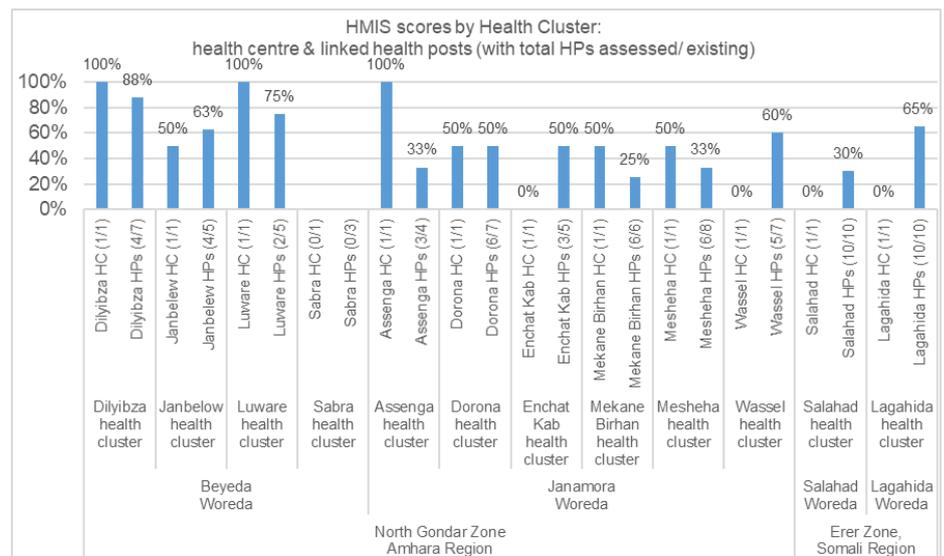


FIGURE 9. Average percent score for HMIS domain: by health cluster

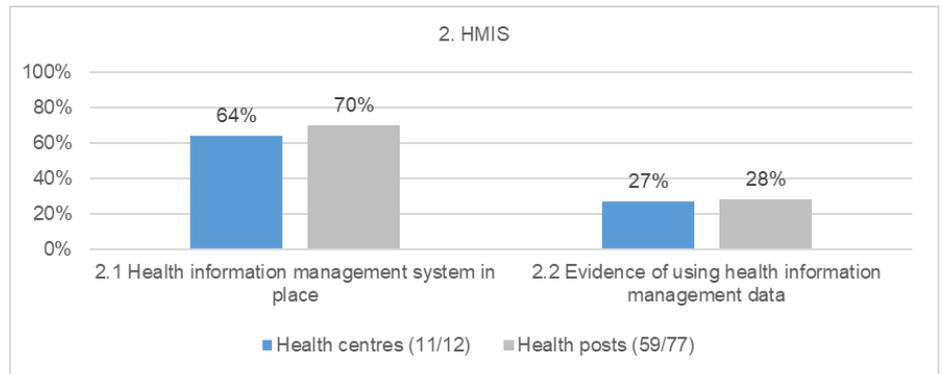


FIGURE 10. Percent of health facilities achieving each sub-domain for HMIS

Priority actions to improve HMIS: support the WoHO to:

- Advocate for sufficient staff at woreda level to manage HMIS and support training for facility and district staff on HMIS, and support on the job training and technical support for HMIS.
- Ensure all health facilities have the required HMIS recording and reporting tools.

4.2.3 Management and Supervision

The average management and supervision score was good for HCs (70%) and moderate for HPs (53%). There was considerable variation across the woredas, with the highest score for Lagahida HC (100%) and the lowest score for health posts in Salahad Woreda (35%). HPs were only assessed on two indicators: a functional community health management committee and receiving supervision; as HPs often only have two or three staff, internal health management committees are not expected. HPs were therefore assessed out of a total of 2 possible points for this domain, vs. 3 for HCs. A solid majority of HCs assessed had evidence of an internal health management committee in place (73%); a large portion had evidence of a functioning community health management committee in place (91%); but less than half had received an external supervision visit in the previous three months (45%). Health posts had no evidence of community health committees being established (0%) and less than half had had a supervision visit (40%). Supervision is clearly an area that needs to improve in line with the national PHCU system. In Salahad Woreda, there was reportedly no supervision visit for the main Salahad HC or its HPs. In Beyeda Woreda, only 30% of HPs received a supervision visit.

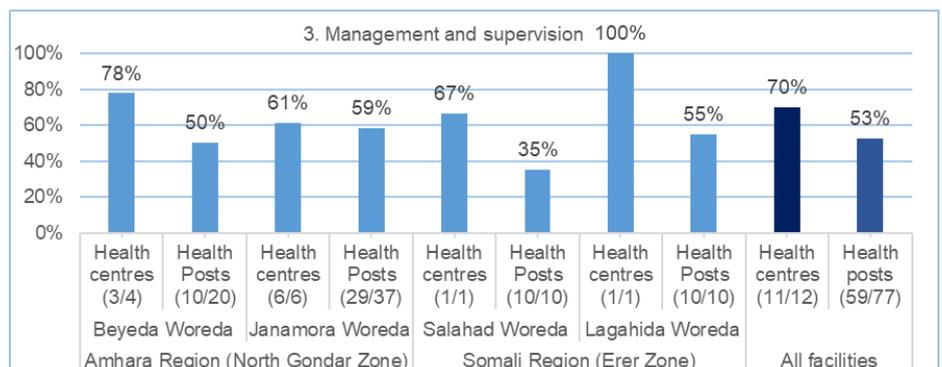


FIGURE 11. Average percent score for management and supervision domain: by woreda

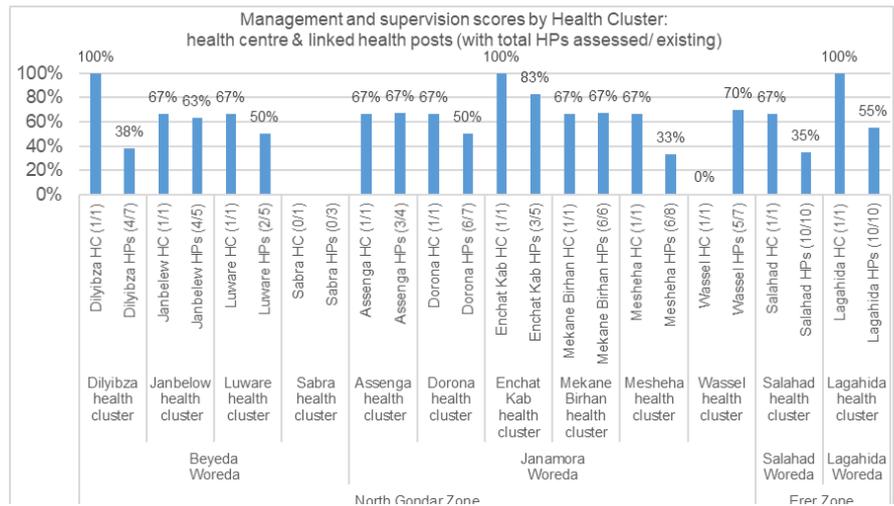


FIGURE 12. Average percent score for management and supervision domain: by health cluster

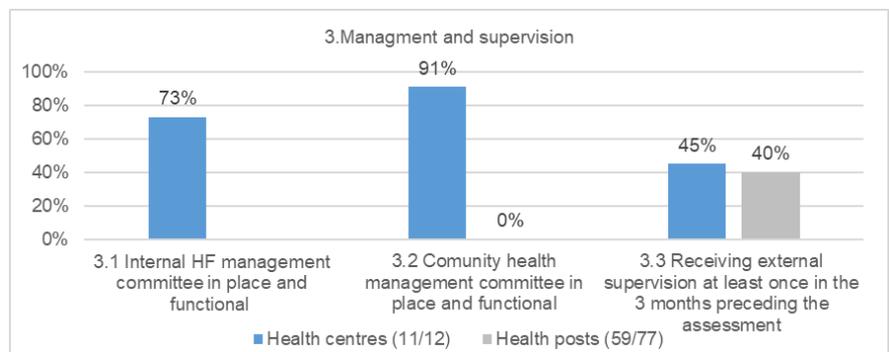


FIGURE 13. Percent of health facilities achieving each sub-domain for management and supervision

Priority actions to improve management and supervision: support the WoHO to:

- Strengthen monitoring and supervision of HCs and HPs and ensure HCs are regularly supporting/ supervising HPs. Salahad Woreda is a priority for improving supervision, and Beyeda Woreda is a priority for HP supervision.
- Support HPs to initiate and strengthen community health committees, especially in Lagahida Woreda.

4.2.4 General Infrastructure

General infrastructure had a low score for HCs (46%) and very low score for HPs (25%). Note: HPs were not expected to have emergency transport so were only scored out of a total of 2 possible points. Power supply was available at just over half of HCs (55%) and just over a third (33%) of HPs. While most HCs had communication equipment, e.g. mobile phone with credit (82%), none of the HPs reported having any (0%). No HCs reported have access to emergency transport. Typically, only one ambulance is assigned per woreda by the government that is meant to serve all HCs. Though not formally assessed in this study, it was also observed that the majority of facilities, particularly HPs, require rehabilitation of buildings and basic furniture.

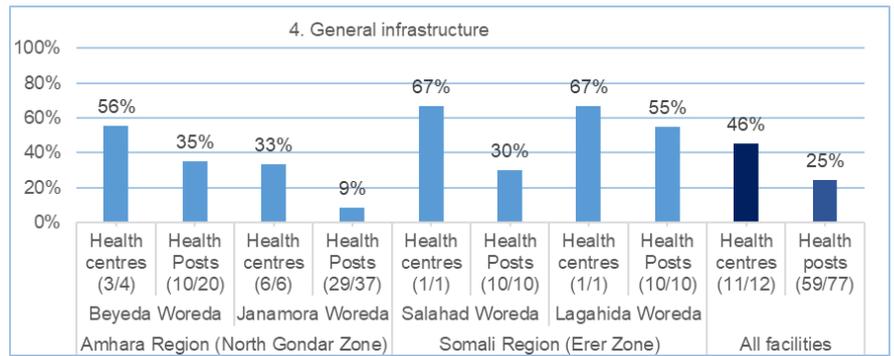


FIGURE 14. Average percent score for general infrastructure: by woreda

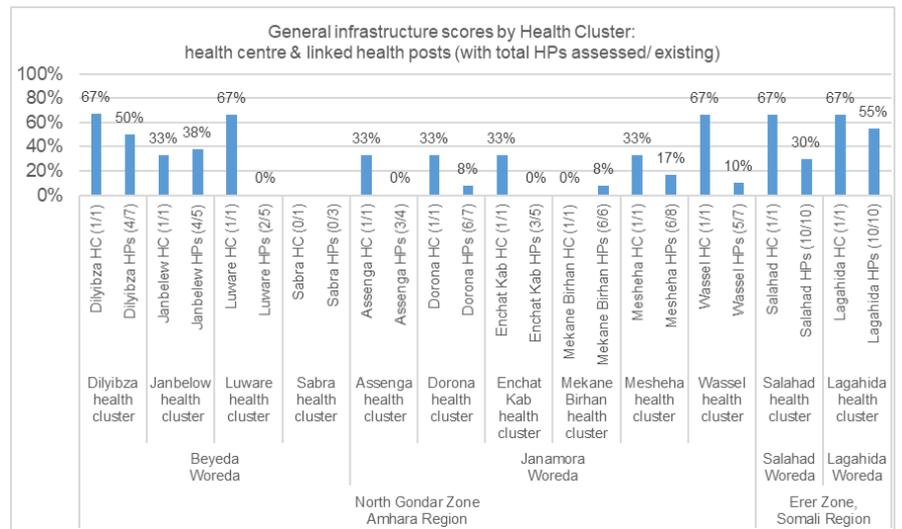


FIGURE 15. Average percent score for general infrastructure: by health cluster

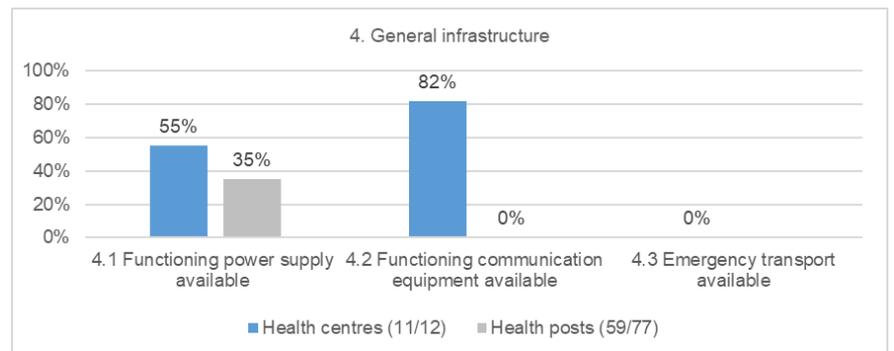


FIGURE 16. Percent of health facilities achieving each sub-domain for general infrastructure

Priority actions to improve general infrastructure: support the WoHO to:

- Explore options for improving functional power supply at HCs and HPs.
- Expand access to communication equipment (e.g. mobile phones and credit), especially at HPs, knowing network coverage is still poor in many locations.
- Advocate for and explore alternative options for emergency transport – beyond the woreda level ambulance. Community solutions – many of which may already be in use – could hold great potential and could be expanded.

4.2.5 Water Infrastructure

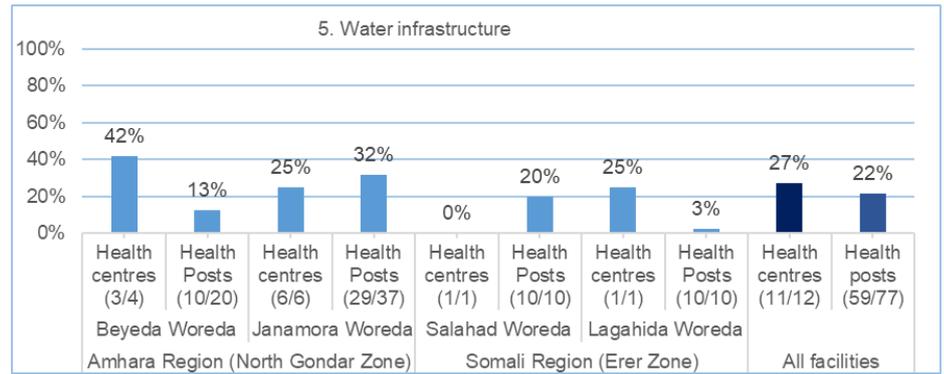


FIGURE 17. Average percent score for water infrastructure: by woreda

Water infrastructure scores were, on average, very low for HCs (27%) and HPs (22%). Similar to other domains, Somali Region scored very low: Salahad HC scored nil (0%) and Lagahida HPs scored just above nil (3%). The highest score was for Beyeda Woreda HCs (42%), but HPs in the same woreda scored very low (13%). Across the sub-indicators, less than half of HCs (45%) and HPs (43%) had an improved water source that was functioning. For a much smaller portion, that improved, functioning water supply was on the premises for HCs (27%) and for HPs (5%). Furthermore, only a small portion of facilities had experienced no water supply disruption in the previous month (18% for HCs and 19% for HPs) and roughly the same considered the quantity to be sufficient for the facilities’ needs (18% for HCs and 19% for HPs).

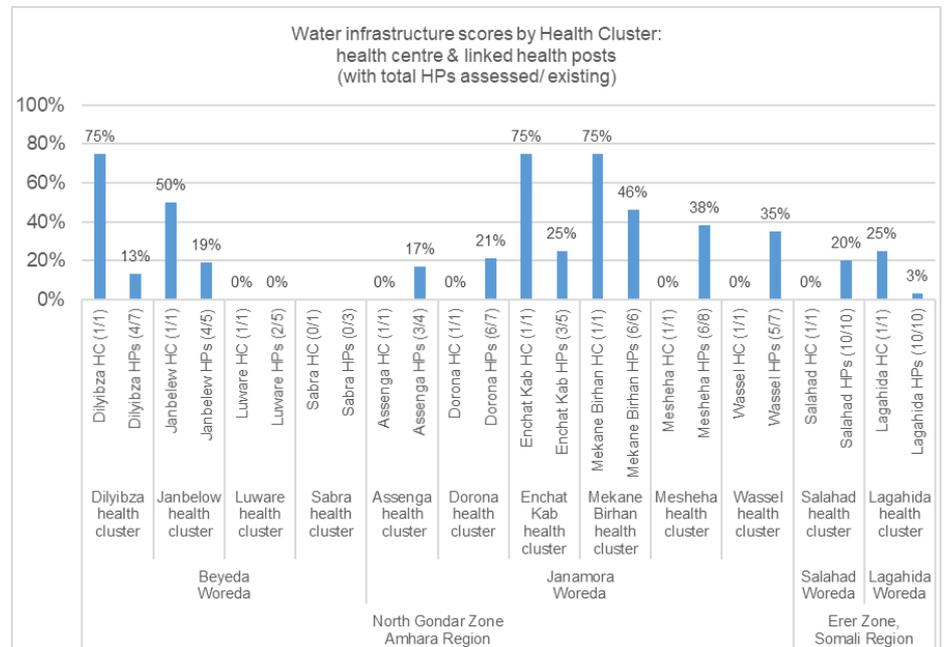


FIGURE 18. Average percent score for water infrastructure: by health cluster

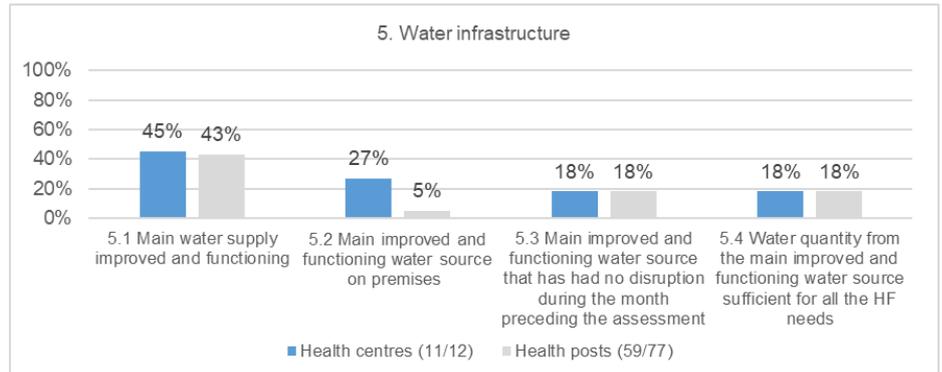


FIGURE 19. Percent of health facilities achieving each sub-domain for water infrastructure

Priority actions to improve water infrastructure: support the WoHO to:

- Improve pipeline networking at Legahida HC and six priority HPs in Somali Region (Harogaden and Magalod in Salahad Woreda and Afweyne-Legahida, Badiful, Kurale and Kusbarako in Legahida Woreda). A technical feasibility assessment is underway by Concern and the WoHO.
- When accessible again, improve pipeline networking at Janbelew HC and 18 priority HPs in Amhara Region (Abari, Melbakara, Beyeda eyesus Bashaye, Beya, Tachambi, Luware and Medebay in Beyeda Woreda and Dinat, Gurgur, Adigecha Aregay, Dorona, Gashajagre, Enchat kab, Sabra, Ayteter, Zakilta, Wassel and Zawla Kurana in Janamoura Woreda). Some technical feasibility assessments have been undertaken but further/ updated assessment may be needed in some locations.
- Purchase and install a roto tanker for five priority HPs in Somali Region (Afweyne-Legahida, Dargudud, Galile in Salahad Woreda and Barniarte and Eldere in Legahida Woreda)
- Purchase and install a roto tanker for Enchat Kab HC, Assenga HC and Luware HC and 10 priority HPs in Amhara Region (Aygaatere, in Beyeda Woreda and Assenga, Genze, Barna, Denkolako, Deresgie, Liga, Woyna, Kilil and Koga in Janbelew Woreda.
- Assess feasibility of establishing water harvesting structures at additional HPs with no other source of water in addition to those already supported for water harvesting by Concern in Somali Region (currently Badiful, Bali Ade, Dargudad, Galile and Wangay HPs in Salahad Woreda and Badiful, Gabrile, Geldoh, Jarsaw and Kusbarako HPs in Legahida Woreda)

4.2.6 Sanitation Infrastructure

Sanitation scores were extremely low for HCs (20%) and HPs (2%). The highest scores were for the six HCs in Janamora Woreda (27%) and the 3 HCs in Janamoura Woreda, but both were still very low. All others had almost no capacity: score of 6% for Beyeda Woreda HPs or 0% for all others. While the strong majority of HCs (73%) have an improved toilet that is usable (accessible, private and functional), a very low proportion of HPs (7%) had the same. The potential for full segregation of latrines - by gender and by staff - is limited due to the small proportion of health facilities with at least 4 useable latrines (9% for HCs and 0% for HPs). No facilities currently have a toilet specifically for female patients with menstrual hygiene management (MHM) and none had a latrine accessible for people with disabilities. However, a small proportion had a latrine reserved for staff in HCs (18%) and HPs (2%).

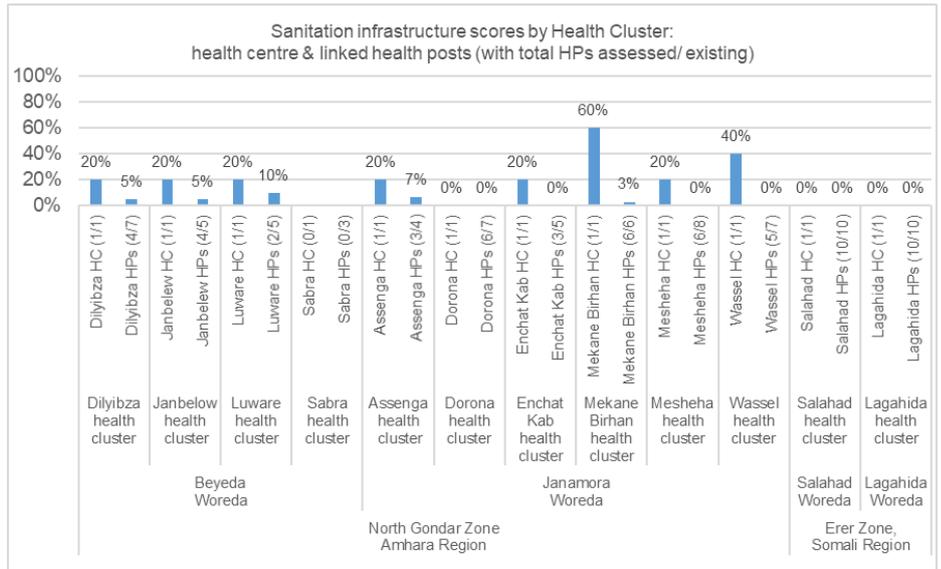


FIGURE 20. Average percent score for sanitation infrastructure: by woreda

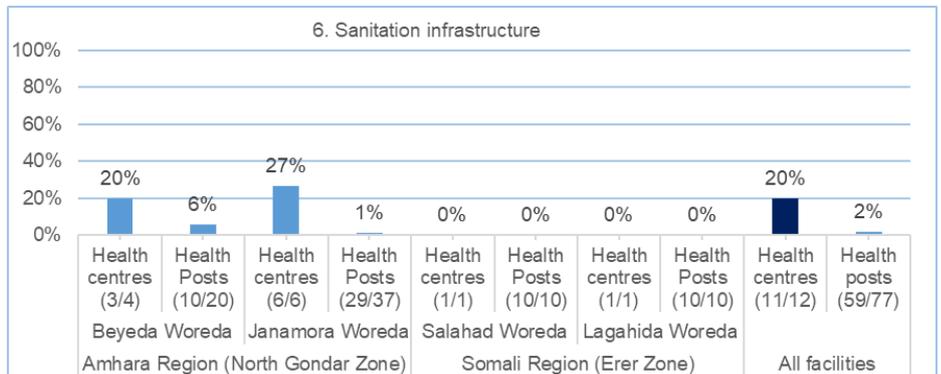


FIGURE 21. Average percent score for sanitation infrastructure: by health cluster

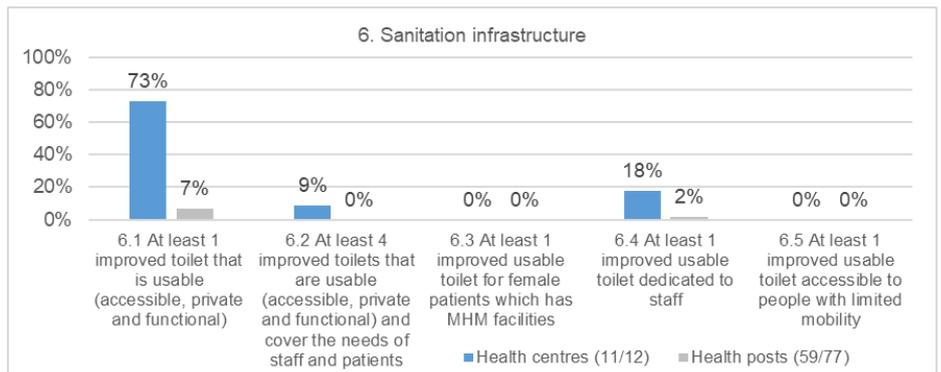


FIGURE 22. Percent of health facilities achieving each sub-domain for sanitation infrastructure

Priority actions to improve sanitation infrastructure: support the WoHO to:

- Construct VIP latrines for 3 HCs: Dorona (Amhara), Legehida (Somali) and Selehada (Somali), ensuring they are sex-segregated and disability-friendly.
- Carry out basic latrine maintenance e.g. door, lock etc. for the following HCs: Meshesha, Assenga, Enchet Kab, Janbelew, Luware, Dilyibza in Amhara Region.

- Construct New VIP latrines for 55 health posts (sex segregated, with MHM facilities and disability friendly) – all but the four assessed as having at least one useable latrine.

4.2.7 Hygiene (Handwashing) Infrastructure

Hygiene infrastructure for handwashing had an extreme low score for HCs (9%) and slightly higher but still very low for HPs (24%). There was considerable variation across HCs and HPs, with the highest score being Salahad HC (50%), Janbelew HC (50%) and Laghida HPs (50%). Apart from Salahad HPs (45%) and Janamora HPs (43%), all the other facilities scored nil (0%) or less than 20%. None of the health facilities had handwashing facilities available at the entrance to main waiting areas and child consultation rooms, with water and soap and/or hand sanitiser. Overall, a few of the HCs (18%) and nearly half of HPs (48%) had a handwashing station near the toilet with water and soap. However, given the issues with water supply noted above, it is unlikely these facilities are consistently operational.

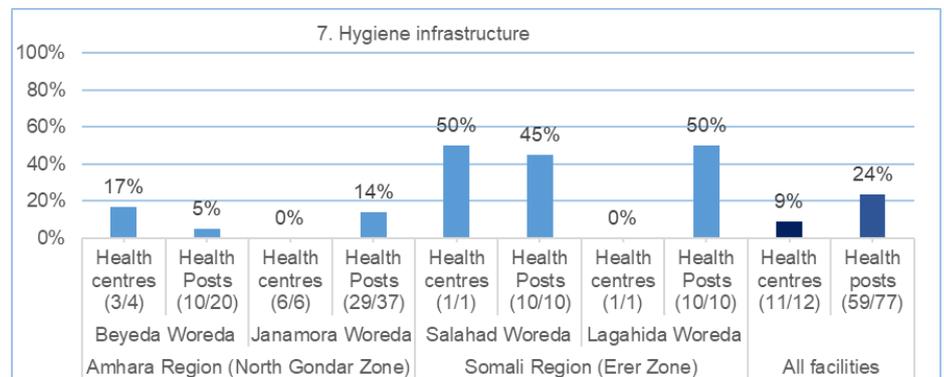


FIGURE 23. Average percent score for hygiene infrastructure: by woreda

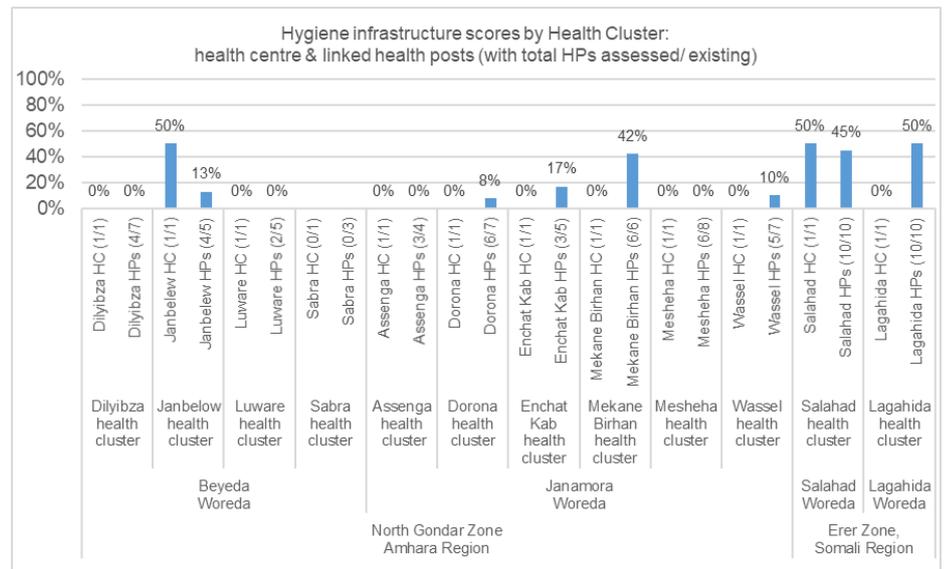


FIGURE 24. Average percent score for hygiene infrastructure: by health cluster

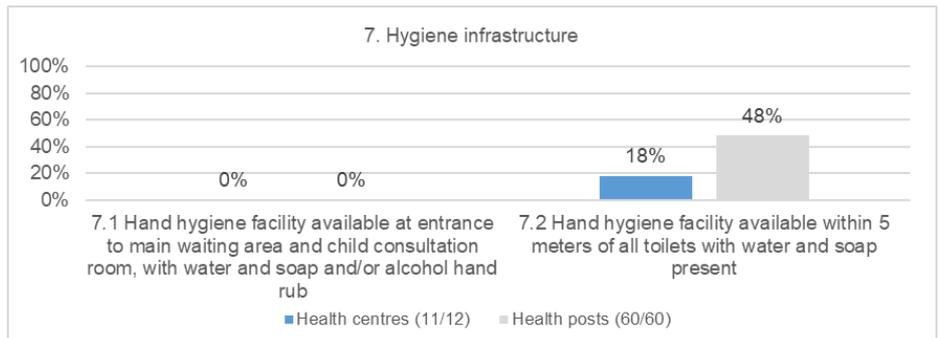


FIGURE 25. Percent of health facilities achieving each sub-domain for hygiene infrastructure

Priority actions to improve hygiene infrastructure: support the WoHO to:

- Purchase and install hand washing facilities and ensure supply of water (see above) and analyse and strengthen supply chains for soap and/or who is responsible for managing the handwashing facility, including ensuring water and soap. This is a priority for almost all facilities, except those listed above as having a score of at least 50%.

4.2.8 Environmental Cleaning

Environmental cleaning was one of the lowest scoring domains for both HCs (16%) and HPs (9%). Lagahida woreda scored slightly higher than the others for HCs (25%) and HPs (33%). Assenge HC (50%) had the best score. All the rest of the woredas and facilities scored extremely low. A little over one third of HCs (36%) had some kind of cleaning protocol and cleaning roster, but this was not the case for HPs (7%). No facilities reported having any staff trained on cleaning protocols (0%). Only a small number of HCs (18%) and HPs (12%) had adequate cleaning supplies, and a very small proportion of HCs (9%) and HPs (18%) were assessed as looking visibly clean.

Overall, HCs were much better equipped with cleaning supplies and personal protective equipment (PPE) than HPs. While a good portion of HCs had each of the essential cleaning items (55% - 91%), the majority (82%) did not have all of them. A much lower proportion of HPs had each of the cleaning items (22%–44%), and a very low proportion (12%) had them all. The presence of PPE items was more varied, with goggles/ face shields (18% for HCs; 3% for HPs) and closed worked shoes (18% for HCs and 14% for HPs) being the least in stock.

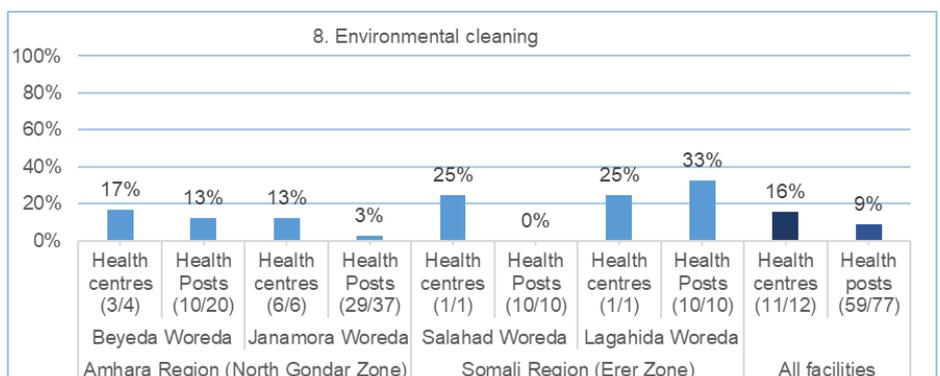


FIGURE 26. Average percent score for environmental cleaning: by woreda

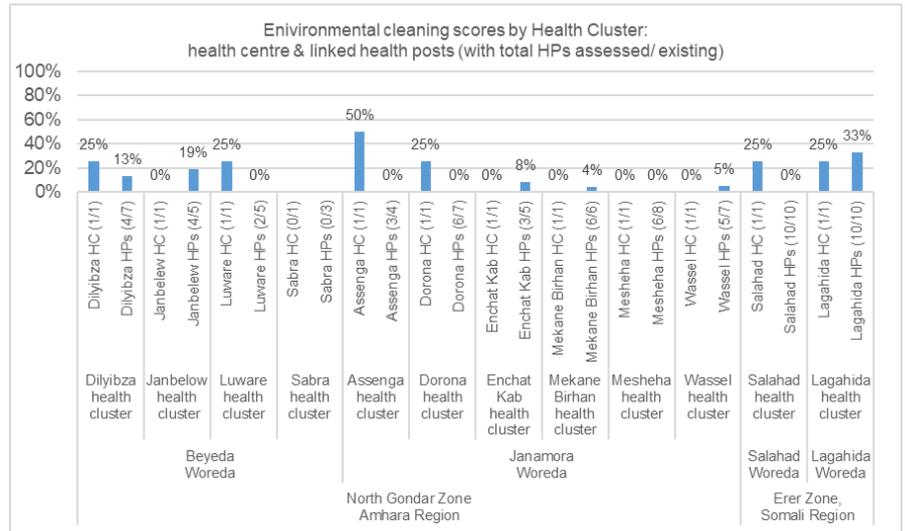


FIGURE 27. Average percent score for environmental cleaning: by health cluster

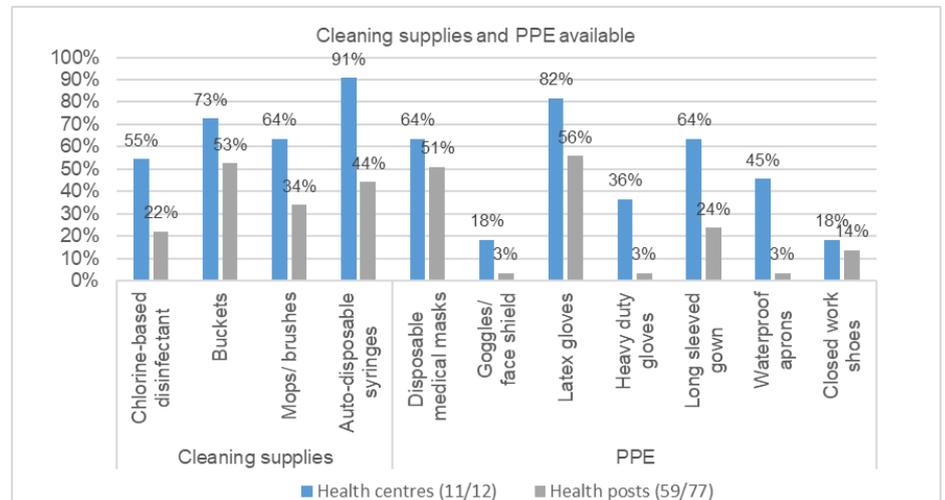


FIGURE 28. Percent of health facilities achieving each sub-domain for environmental cleaning

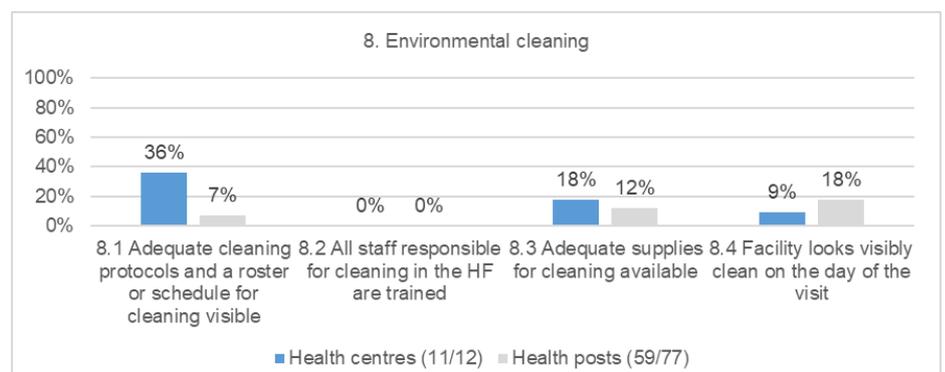


FIGURE 29. Percent of health facilities with essential cleaning supplies and PPE available

Priority actions to improve environmental cleaning: support the WoHo to:

- Ensure a cleaning protocol and roster is in place in all HCs and HPs.
- Ensure at least one support staff is trained on the Ethiopian governments cleaning protocol and standards, considering COVID-19 adaptations.

- Ensure a stronger supply chain of cleaning supplies (broom, mop, bleach, soap, heavy-duty gloves, etc) provided for all facilities, especially in HPs.
- Ensure facilities have sufficient PPEs, especially HPs (priority for masks, gloves and goggles).

4.2.9 Standard Precautions

The standard precautions score was low for HCs (40%) and lower for HPs (31%). The highest score (60%) was achieved by four HCs: Luware, Assenga, Salahad and Lagahida. The majority of HPs scored 20% or lower. Unexpectedly, HCs were less likely to have guidelines for standard precautions available (55%) than HPs (69%). Very few HCs (9%) and slightly more HPs (19%) had waste segregated into infectious, sharps and general waste (with clear labels and no waste bins overflowing) in the consultation area. Most HCs (82%) were safely treating or disposing of sharps and infectious waste, while just over half (56%) of HPs were doing so. Sterilisation equipment was available in less than half of HCs (45%) and almost no HPs (3%). Essential IPC supplies (gloves, chlorine-based disinfectant, auto-disposable syringes) were available at very few HCs (9%) and HPs (13%). See Environmental Cleaning, above for details.

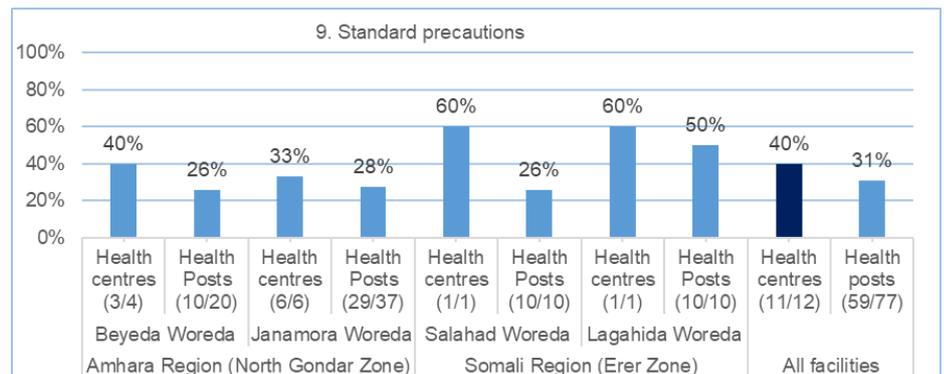


FIGURE 30. Average percent score for standard precautions: by woreda

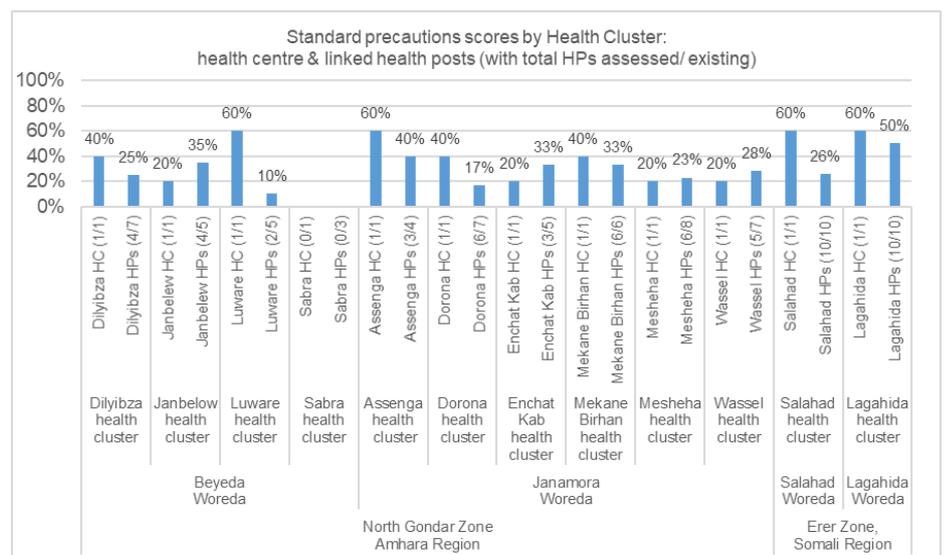


FIGURE 31. Average percent score for standard precautions: by health cluster

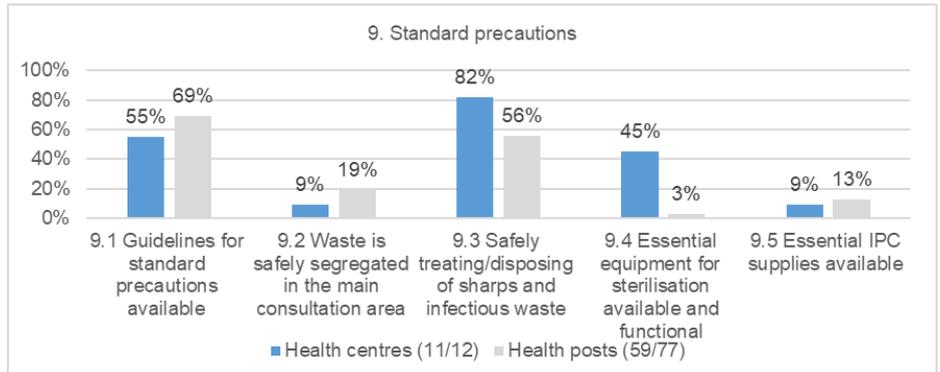


FIGURE 32. Percent of health facilities achieving each sub-domain for standard precautions

Priority actions to improve standard precautions: support the WoHO to:

- Ensure guidelines for standard precautions are printed and provided for all facilities missing them.
- Ensure bins for waste segregation are available in all the main consulting areas.
- Strengthen supply chains for essential IPC supplies, especially disinfectant, gloves and auto-disposable syringes, as above in Environmental Cleaning.
- Further assess what sterilisation equipment is needed and provide in line with government standards.

4.2.10 Child Health Services

Scores for child health services were low to modest for HCs (46%) and HPs (50%). Scores were fairly consistent across woredas and health clusters, but with Dorona HC, Assenga HC and Wassel HC doing worse than others (25%). All HCs (100%) and most HPs (90%) had IMCI guidelines available, and most HCs (73%) and HPs (92%) had at least one staff trained on IMCI. However, no HCs (0%) and very few HPs (18%) had essential child health equipment available. A very small number of HCs (9%) and no HPs (0%) had the essential medicines for child health available. Note: there was originally a fifth sub-indicator for child health on the availability of child diagnostic tests but due to an error in the DDG coding, it was not possible to include in the assessment. The main equipment missing were growth charts for HCs and a timer/ watch with second hand for HCs and HPs. The main limiting drugs were zinc sulphate, followed by cotrimoxizole and paracetamol syrup.

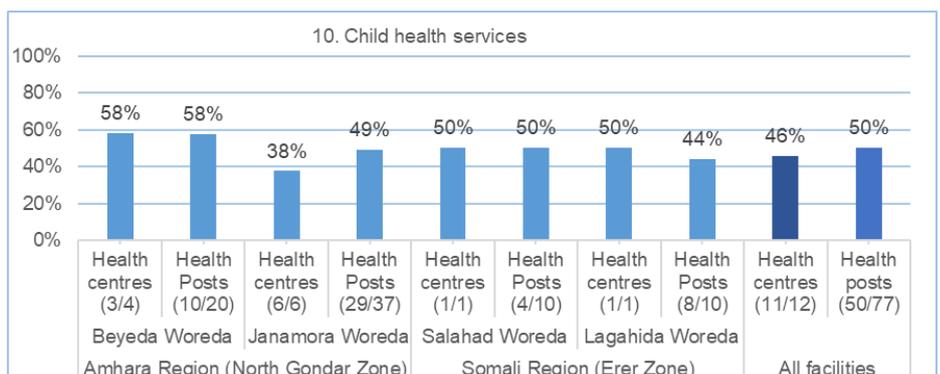


FIGURE 33. Average percent score for child health services: by woreda

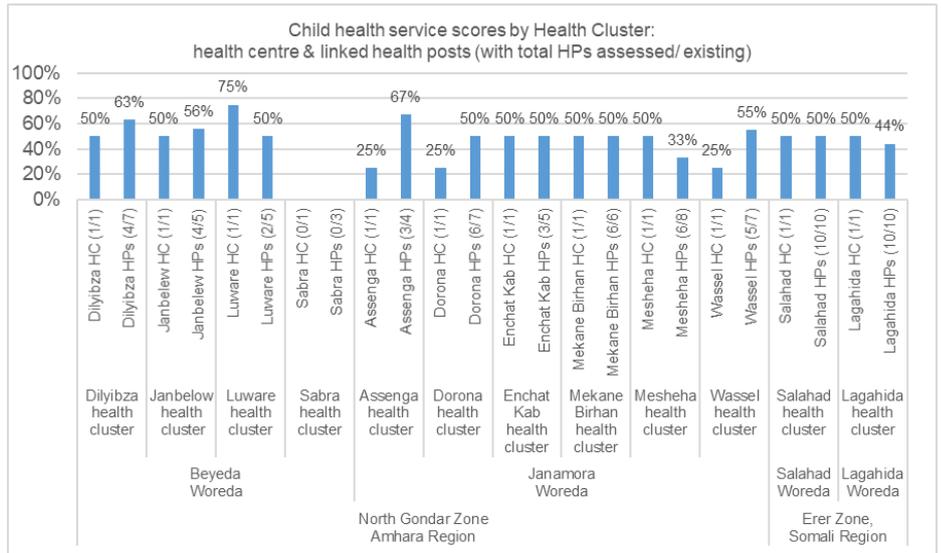


FIGURE 34. Average percent score for child health services: by health cluster

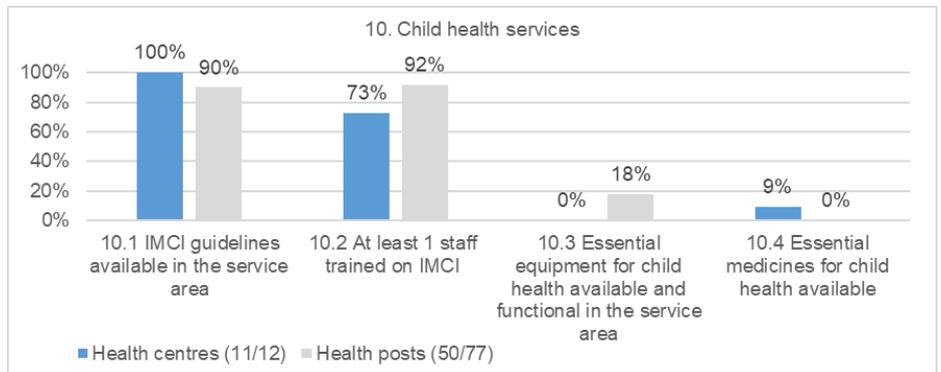


FIGURE 35. Percent of health facilities achieving each sub-domain for child health services

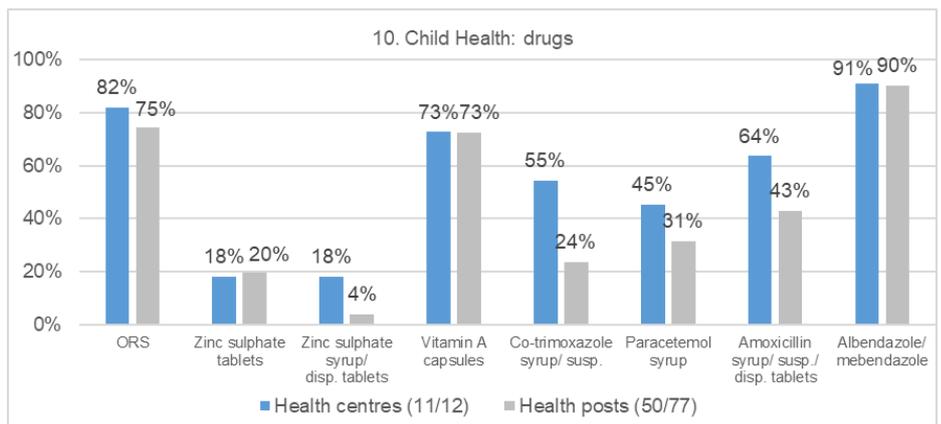


FIGURE 36. Percent of health facilities with each essential child health drug present

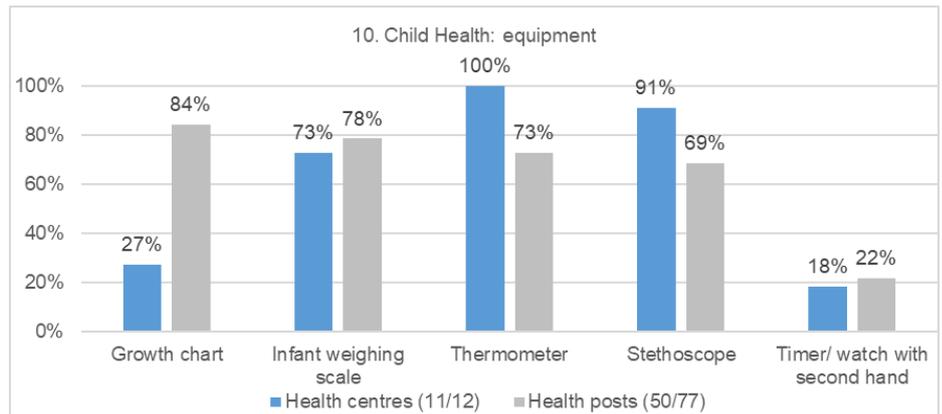


FIGURE 37. Percent of health facilities with essential child health equipment present

Priority actions to improve child health services: support the WoHO to:

- Analyse and address bottlenecks in supply chains of medicines, especially zinc sulphate and cotrimoxizole.
- Ensure growth charts and a timer/ watch with second hand are available at all facilities.

4.2.11 Child Immunisation Services

Child immunisation services were only assessed where the facility reported 'routinely storing vaccines' (also meaning they had a vaccination fridge), which was a total of 10 HCs and 22 HPs. This represents 83% of all HCs and 29% of all HPs, and all but one of the 11 HCs assessed for most of the other modules (91%) but less than half of the 59 HPs (37%) assessed for most of the other modules. It is difficult to know if more of these health facilities should have been delivering child immunisation services and storing vaccines according to the woreda EPI strategy, but results presented are for these 32 facilities only. Overall, the child immunisation services score was low for HCs (55%) and lower for HPs (34%), particularly considering these are only the subset of facilities that report regularly storing vaccines. The highest scoring were Janbelew HC, Mekane Birhan and Lagahida HC (all 75%). The lowest scoring HCs were Enchat Kab and Lagahida HC (25%) and the lowest scoring HPs were those attached to Assenga HC, Salahad HC and Lagahida HC (all 25%).

A relatively large proportion of facilities assessed had at least one staff member who had been trained on immunisation service delivery (70% of HCs and 71% of HPs). However, a much lower number of HCs (40%) and HPs (35%) had immunisation guidelines and essential cards/ forms in stock. Only 60% of HCs and 17% of HPs had all the essential equipment functioning properly to deliver immunisation services (a vaccine fridge running at the correct temperature, a complete daily temperature record in place for the previous month, a vaccine carrier and ice packs, a sharps box and auto-disposable syringes in stock). Only half of HCs (50%) and roughly one third of HPs (30%) had all essential vaccines available in the service area.

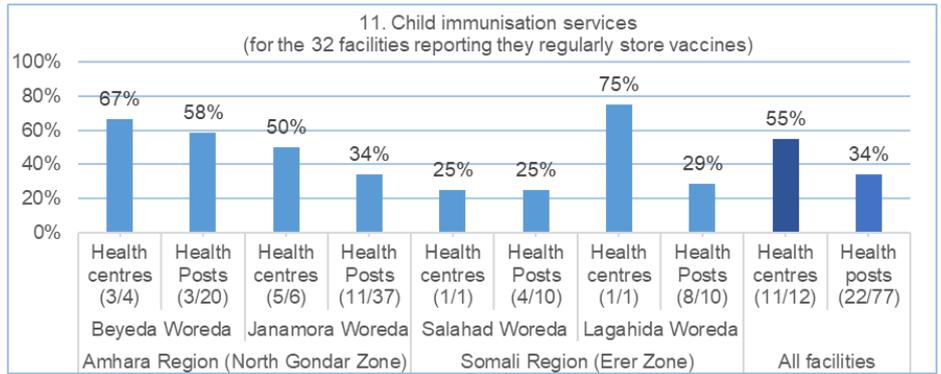


FIGURE 38. Average percent score for child immunisation services: by woreda

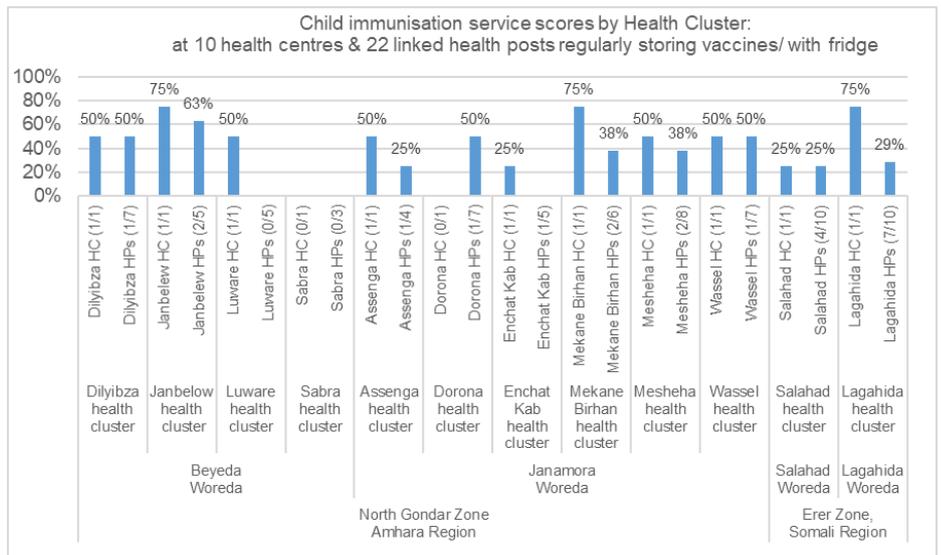


FIGURE 39. Average percent score for child immunisation services: by health cluster

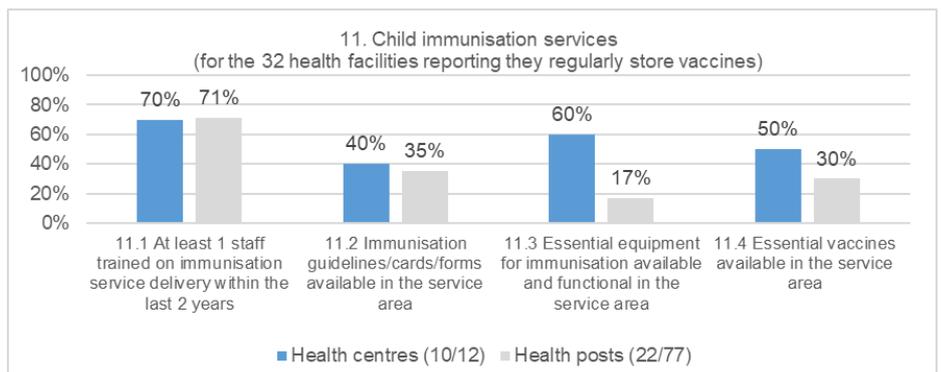


FIGURE 40. Percent of health facilities achieving each sub-domain for child immunisation services

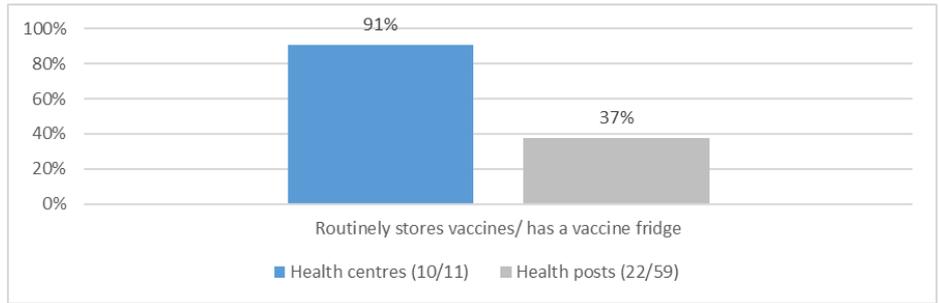


FIGURE 41. Percent of health facilities accessed during the assessment (70) that reported routinely storing vaccines/ had a vaccine fridge

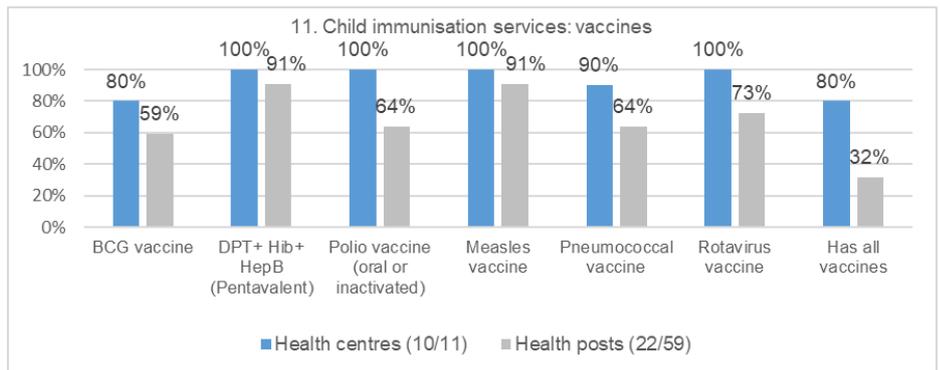


FIGURE 42. Percent of health facilities routinely storing vaccines (32) that had each child vaccine in stock

Priority actions to improve child immunisation services: support the WoHO to:

- Ensure all facilities have immunisation guidelines and essential cards/ forms.
- Ensure all facilities that should be provided child immunisation services have a working fridge and are trained on its use and on maintaining the cold chain.

4.2.12 Nutrition Services

Nutrition scores were quite low for HCs (49%) and somewhat higher for HPs (61%). The scores were generated only for the 42 facilities delivering outpatient therapeutic programme (OTP) services, but includes some assessment of IYCF services as well. Out of the 11 HCs visited during the assessment only seven were delivering OTP services. The Government of Ethiopia’s strategy is to deliver OTP services at HPs, but during the assessment 7 HCs were providing OTP services and were therefore included. Of the 11 HCs visited, 9 were providing inpatient stabilisation centre (SC) services. The highest scoring facilities were Assenga HC (80%) and the Lagahida HPs (76%). The lowest average score for HPs in a given health cluster was 40%.

The proportion of facilities with at least one staff trained on nutrition was quite low for HCs (57%) and high for HPs (92%). None of the HCs had the essential nutrition guidelines and jobaids in place, and one-third of HPs (34%) had them. These include both CMAM and IYCF guidelines and the job aids outlined below. IYCF counselling cards were in very low supply at HCs (14% had them). A relatively small number of HCs (43%) had essential

nutrition equipment in place and even smaller number of HPs (12%) had them. RUTF was available at the majority of HCs (86%) but at a smaller portion of HPs (68%). HCs were less likely to have links with communities via Health Extension Workers (HEWs) (57%) compared to HPs (98%), which reflects the fact that HPs are staffed by a HEW whose job is to spend time in the community and work directly with members of the Health Development Army (HDA).

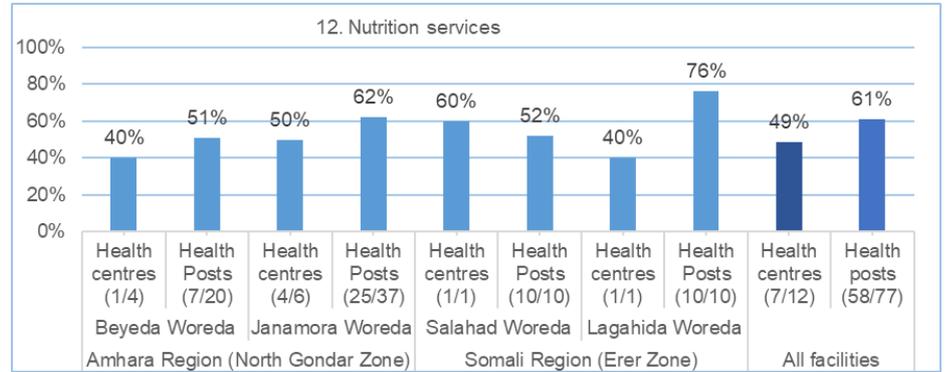


FIGURE 43. Average percent score for nutrition services: by woreda

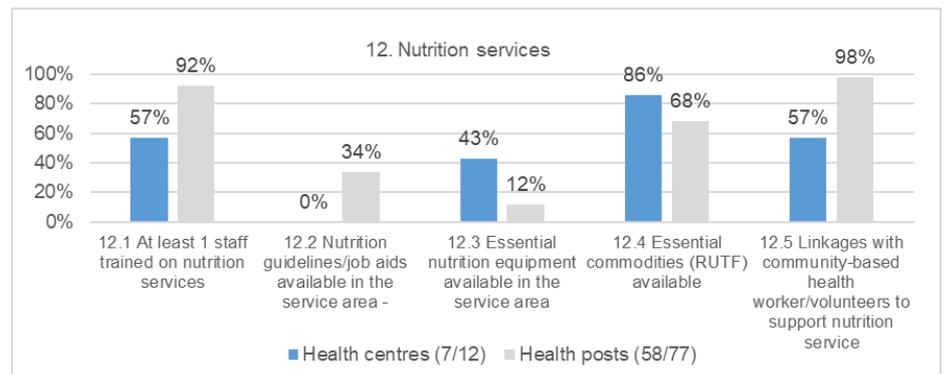


FIGURE 44. Average percent score for nutrition services: by health cluster

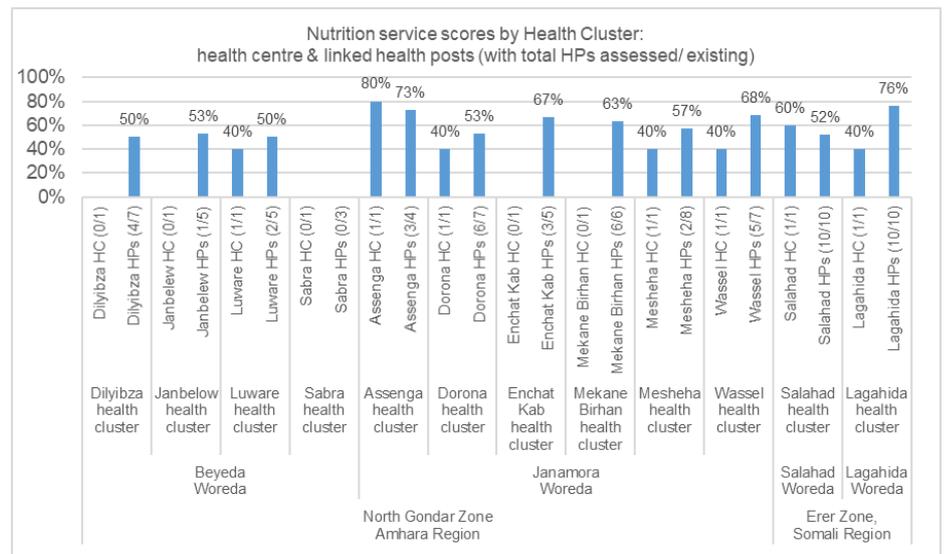


FIGURE 45. Percent of health facilities achieving each sub-domain for nutrition services

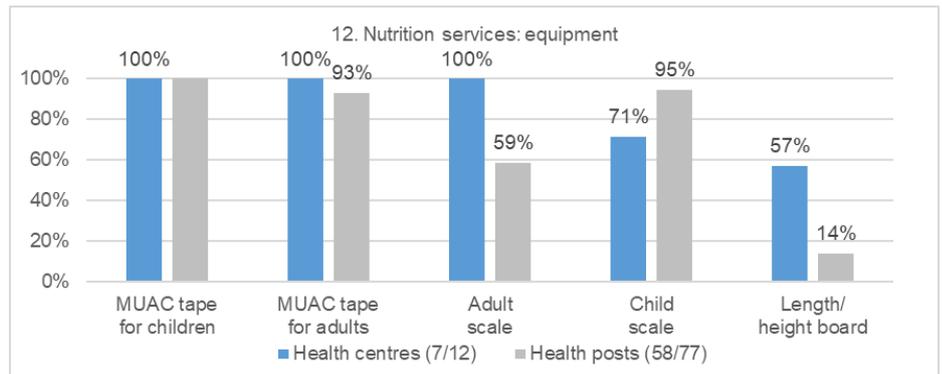


FIGURE 46. Percent of health facilities with essential nutrition equipment present

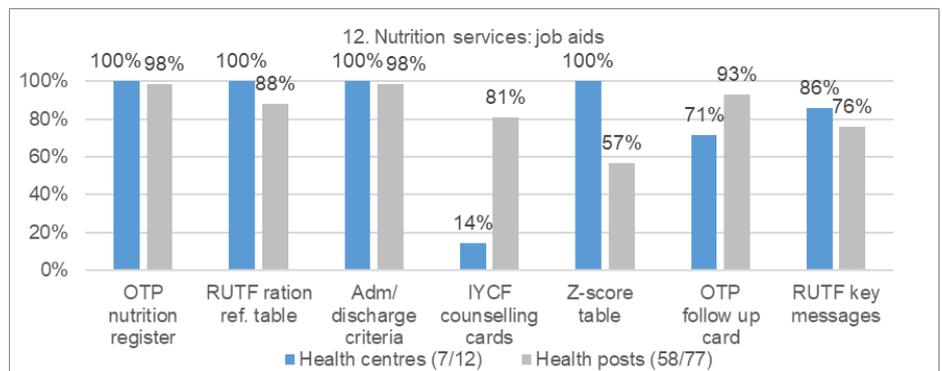


FIGURE 47. Percent of health facilities with each essential nutrition job aid in stock

Priority actions to improve nutrition services: support the WoHO to:

- Ensure at least one staff from each facility is trained on nutrition services.
- Ensure all facilities have sufficient supply of the CMAM and IYCF guidelines and jobaids, especially IYCF counselling cards at HCs.
- Ensure all facilities have essential equipment, especially adult scales in HPs and length/ height boards.
- Address gaps in RUTF supply, especially for HPs in Beyeda Woreda.

4.2.13 Antenatal Services

Scores for Antenatal care (ANC) services score were on average low for HCs (48%) and very low for HPs (18%). Highest average scores for HCs were seen in Beyeda (40%) and Janamora Woredas (43%) and the highest scores overall were seen in Dorona HC and Meshesha HC (100%), both in Janamora Woreda. Only half of HCs (50%) and slightly more than half of HPs (55%) had at least one staff trained on ANC. Essential antenatal guidelines were available in only a third of HCs (30%) and very few HPs (14%). Scores for the presence of essential ANC equipment (for taking blood pressure) were quite low at HCs (60%) and lower at HPs (21%). Antenatal medicines were not in adequate supply: HCs scored 30% and HPs scored 0%. Scores for presence of essential diagnostic equipment (urine dipstick protein test and haemoglobin tests) were also very low for HCs (20%), and no HPs had such diagnostic equipment (0%).

While almost all (90%) of HCs had iron/folate tablets, a much smaller number of HPs (64%) had them in stock. Only 40% of HCs had Sulfadoxine-Pyrimethamine/ Fansidar for intermittent preventive treatment in pregnancy

(IPTp) and no HPs did, but this may be because some of the more highland health facilities do not consider malaria to be a priority. Finally, only 62% of HPs had tetanus toxoid vaccines, but some of those who did not may not have had a vaccine fridge, see Child Immunisation section above. Though not included as part of the scoring, presence of a fetal stethoscope and body thermometer for women were found in all HCs and most HPs (74/79%).

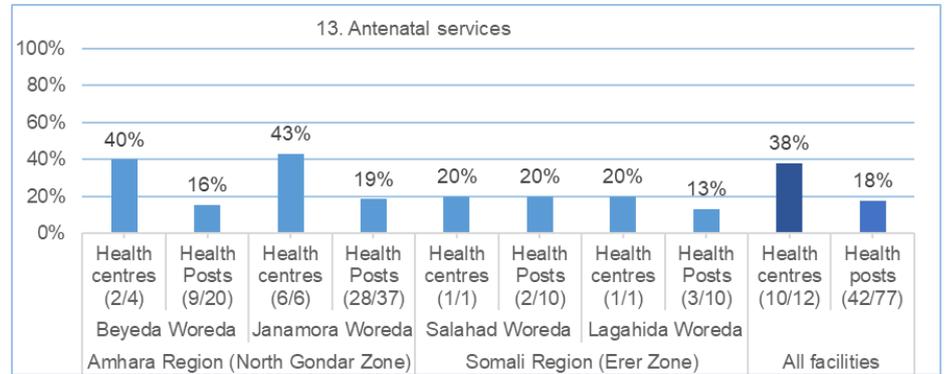


FIGURE 48. Average percent score for antenatal services: by woreda

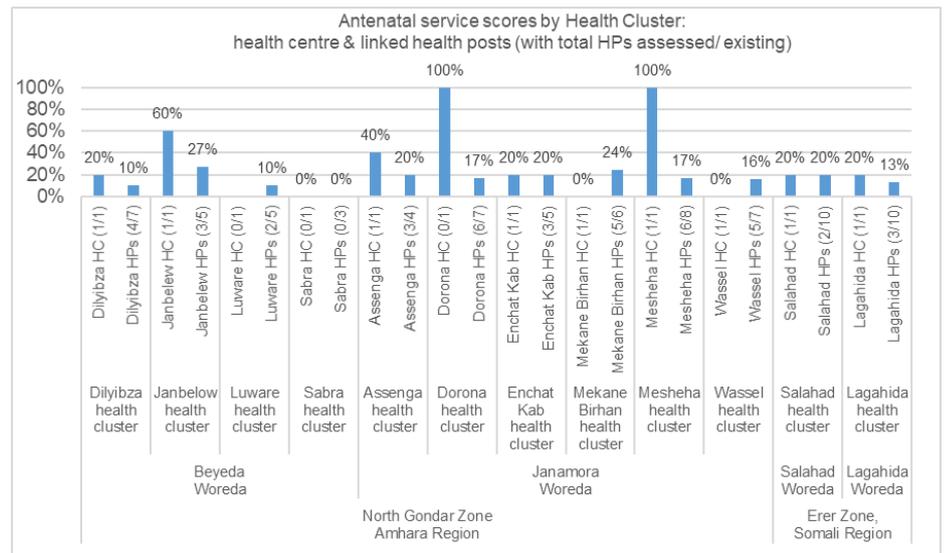


FIGURE 49. Average percent score for antenatal services: by health cluster

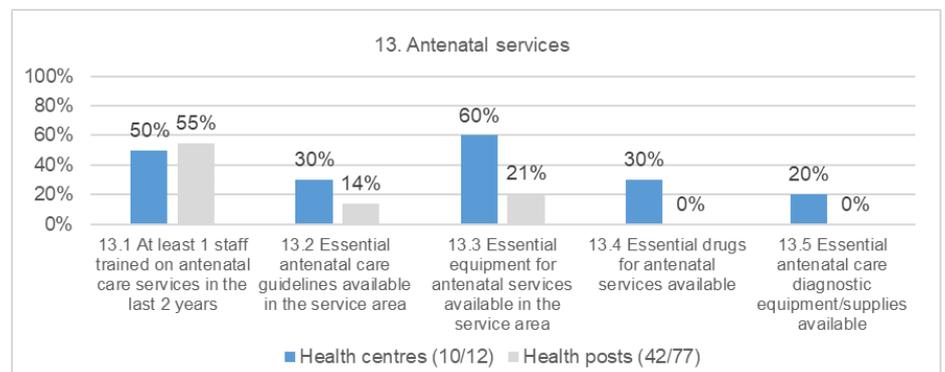


FIGURE 50. Percent of health facilities achieving each sub-domain for antenatal services

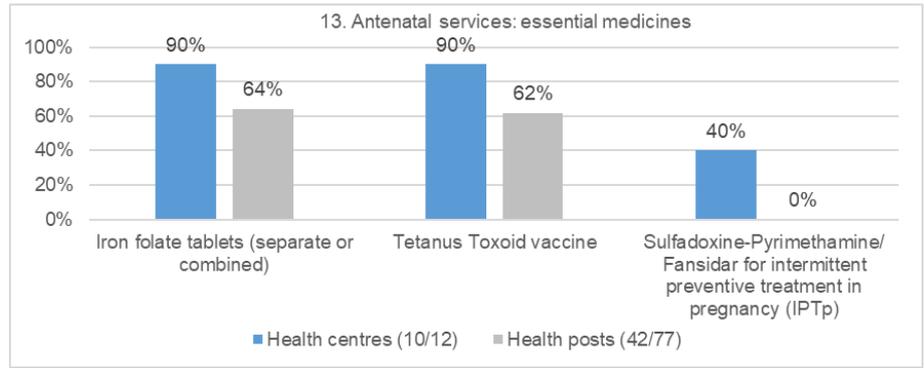


FIGURE 51. Percent of health facilities with essential antenatal medicines

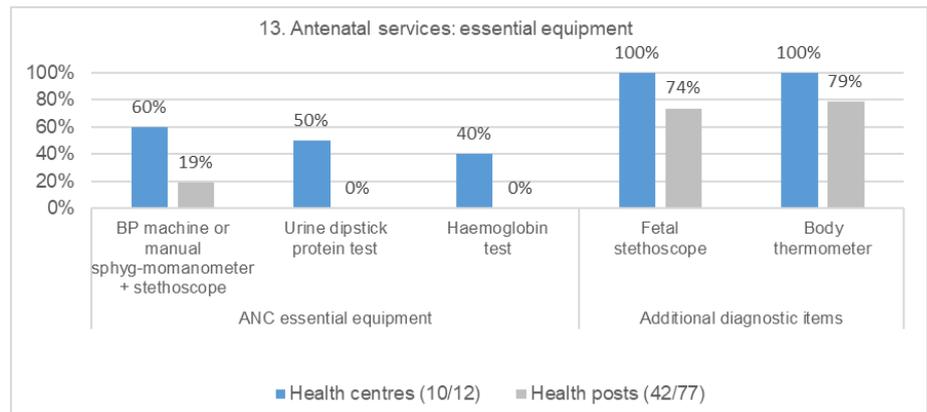


FIGURE 52. Percent of health facilities with essential antenatal equipment

Priority actions to improve antenatal services, include supporting the WoHO to:

- Ensure at least one staff for each facility is trained on ANC.
- Ensure all health facilities have a printed copy of the national ANC guidelines (and job aids).
- Ensure essential ANC equipment for taking blood pressure of pregnant women is available at all facilities, particularly HPs.
- Ensure all HCs have the essential ANC diagnostic equipment (urine dipstick protein test and haemoglobin tests) as well as any HPs where these tests are provided.
- Improve the supply chain for iron-folate tablets, especially at HP level.
- Ensure all health facilities serving patients who live in or may have visited malaria-endemic areas have Sulfadoxine-Pyrimethamine/ Fansidar for intermittent preventive treatment in pregnancy (IPTp) and staff are trained on its administration.

4.2.14 COVID-19 Preparedness & Response Capacity

Overall on COVID-19 preparedness and response the score was 38% for all the HCs and 18% for health posts, which is very poor. The preparedness is better in Amhara health centers than Somali. In addition, only 18% of staff in health centers and 40% in health posts were trained on COVID-19 and had available job aids for COVID-19 prevention. Unfortunately, none of the HCs has adequate triage capacity and only 9% of the HCs and none of the health posts have PPE in place.

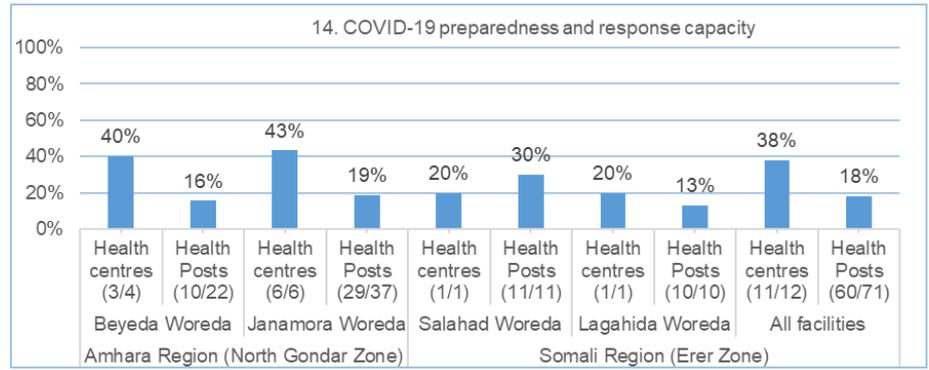


FIGURE 53. Average percent score for COVID-19 preparedness and response capacity: by woreda

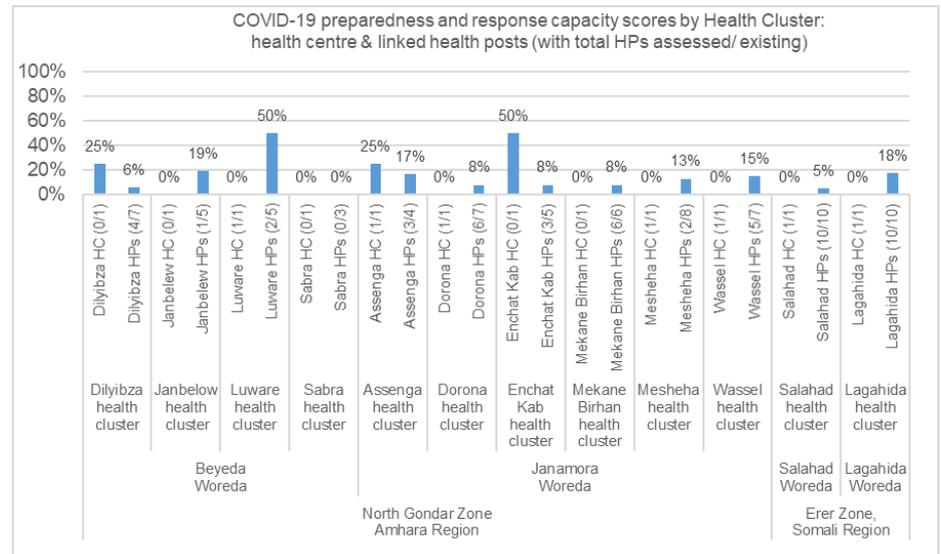


FIGURE 54. Average percent score for COVID-19 preparedness and response capacity: by health cluster

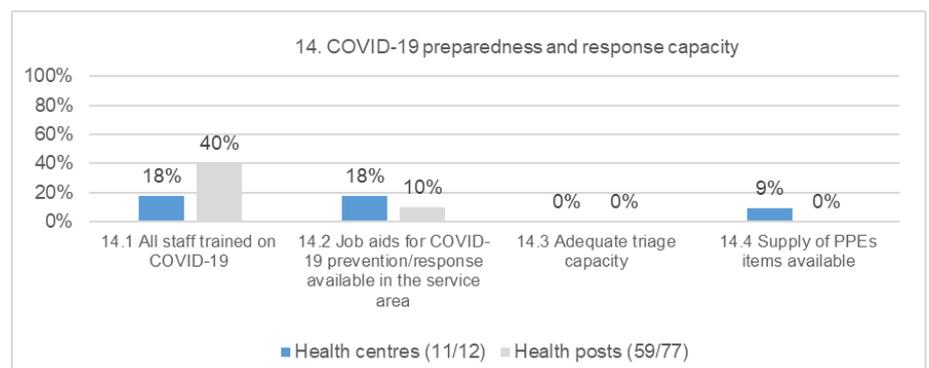


FIGURE 55. Percent of health facilities achieving each sub-domain for COVID-19 preparedness & response capacity

Priority actions to improve nutrition services: support the WoHO to:

- Ensure all staff are trained on COVID-19 basics.
- Ensure all facilities have basic COVID-19 job aids.
- Improve supply chain of PPEs – see Environmental Cleaning section above.
- Explore the potential to improve triaging of suspected cases at facility level.

5. Summary of priority actions and recommendations

DOMAIN	PRIORITY ACTIONS: SUPPORT THE WOREDA HEALTH OFFICE TO:
1. Staffing	1. Advocate to the Regional/ Zonal health authorities to increase the number of professional and associate health staff assigned to health centres and support staff assigned to health posts. Specifically, a second health extension worker (HEW) is needed in the facilities noted in section 4.2.1.
2. HMIS	2. Advocate for sufficient staff at woreda level to manage HMIS and support training for facility and district staff on HMIS, and support on the job training and technical support for HMIS. 3. Ensure all health facilities have the required HMIS recording and reporting tools.
3. Management & Supervision	4. Strengthen monitoring and supervision of HCs and HPs and ensure HCs are regularly supporting/ supervising HPs. Salahad Woreda is a priority for improving supervision, and Beyeda Woreda is a priority for HP supervision. 5. Support HPs to initiate and strengthen community health committees, especially in Lagahida Woreda.
4. General Infrastructure	6. Explore options for improving functional power supply at HCs and HPs. 7. Expand access to communication equipment (e.g. mobile phones and credit), especially at HPs, even if network coverage is still poor. Advocate for and explore alternative options for emergency transport – beyond the woreda level ambulance. Community solutions – many of which may already be in use – could hold great potential and could be expanded.
5. Water infrastructure	8. Improve pipeline networking at Legahida HC and six priority HPs in Somali Region (Harogaden and Magalood in Salahad Woreda and Afweyne-Lagahida, Badiful, Kurale and Kusbarako in Legahida Woreda). A technical feasibility assessment is underway by Concern/WoHO. 9. When accessible again, improve pipeline networking at Janbelew HC and 18 priority HPs in Amhara Region (Abari, Melbakara, Beyeda eyesus Bashaye, Beya, Tachambi, Luware and Medebay in Beyeda Woreda and Dinat, Gurgur, Adigecha Aregay, Dorona, Gashajagre, Enchat kab, Sabra, Ayteter, Zakilta, Wassel and Zawla Kurana in Janamora Woreda). Some technical feasibility assessments have been undertaken but further/ updated assessment may be needed in some locations. 10. Purchase and install a roto tanker for five priority HPs in Somali Region (Afweyne-Legahida, Dargudud, Galile in Salahad Woreda and Barniarte and Eldere in Legahida Woreda) 11. Purchase and install a roto tanker for Enchat Kab HC, Assenga HC and Luware HC and 10 priority HPs in Amhara Region (Aygaatere, in Beyeda Woreda and Assenga, Genze, Barna, Denkolako, Deresgie, Liga, Woyna, Kilil and Koga in Janbelew Woreda). 12. Assess feasibility of establishing water harvesting structures at additional HPs with no other source of water in addition to those already supported for water harvesting by Concern in Somali Region (currently Badiful, Bali Ade, Dargudad, Galile and Wangay HPs in Salahad Woreda and Badiful, Gabrile, Geldoh, Jarsaw and Kusbarako HPs in Legahida Woreda)

DOMAIN	PRIORITY ACTIONS: SUPPORT THE WOREDA HEALTH OFFICE TO:
6. Sanitation infrastructure	<ul style="list-style-type: none"> 13. Construct VIP latrines for 3 HCs: Dorona (Amhara), Legehida (Somali) and Selehada (Somali), ensuring they are sex-segregated and disability-friendly. 14. Carry out basic latrine maintenance e.g. door, lock etc. for the following HCs: Meshesha, Assenga, Enchet Kab, Janbelew, Luware, Dilyibza in Amhara Region. 15. Construct New VIP latrines for 55 health posts (sex segregated, with MHM facilities and disability friendly) – all but the four assessed as having at least one useable latrine
7. Hygiene infrastructure	<ul style="list-style-type: none"> 16. Purchase and install hand washing facilities and ensure supply of water (see above) and analyse and strengthen supply chains for soap and/ or who is responsible for managing the handwashing facility, including ensuring water and soap. Priority is for almost all facilities, except those listed above as having a score of at least 50%.
8. Environmental cleaning	<ul style="list-style-type: none"> 17. Ensure a cleaning protocol and roster is in place in all HCs and HPs. 18. Ensure at least one support staff is trained on the Ethiopian governments cleaning protocol and standards adapted for COVID-19 19. Ensure a stronger supply chain for cleaning supplies (broom, mop, bleach, soap, heavy-duty gloves) provided for all facilities, especially HPs. 20. Ensure facilities have sufficient PPE, especially HPs (priority for masks, gloves and goggles).
9. Standard precautions	<ul style="list-style-type: none"> 21. Ensure guidelines for standard precautions are printed and provided for all facilities missing them. 22. Ensure bins for waste segregation are available in all the main consulting areas. 23. Strengthen supply chains for IPC supplies, especially disinfectant, gloves and auto-disposable syringes (see Environmental Cleaning). 24. Further assess what sterilisation equipment is needed and provide it in line with government standards.
10. Child health service	<ul style="list-style-type: none"> 25. Analyse and address bottlenecks in supply chains of medicines, especially zinc sulphate and cotrimoxazole. 26. Ensure growth charts and a timer/ watch with second hand are available at all facilities.
11. Immunisation service	<ul style="list-style-type: none"> 27. Ensure all facilities have immunisation guidelines and essential cards/ forms. 28. Ensure all facilities that should be provided child immunisation services have a working fridge and are trained on maintaining the cold chain.
12. Nutrition service	<ul style="list-style-type: none"> 29. Ensure at least one staff from each facility is trained on nutrition services. 30. Ensure all facilities have sufficient supply of the CMAM and IYCF guidelines and job aids, especially IYCF counselling cards at HCs. 31. Ensure all facilities have essential equipment, especially adult scales in HPs and length/ height boards. 32. Address gaps in RUTF supply, especially for HPs in Beyeda Woreda.

DOMAIN	PRIORITY ACTIONS: SUPPORT THE WOREDA HEALTH OFFICE TO:
13. Antenatal service	<ul style="list-style-type: none"> 33. Ensure at least one staff for each facility is trained on ANC. 34. Ensure all health facilities have a printed copy of the national ANC guidelines (and job aids). 35. Ensure essential ANC equipment for taking blood pressure of pregnant women is available at all facilities, particularly HPs. 36. Ensure all HCs have essential ANC diagnostic equipment (urine dipstick protein test & haemoglobin tests) as well as any HPs where these tests are provided. 37. Improve the supply chain for iron-folate tablets, especially at HP level. 38. Ensure all health facilities serving patients who live in or may have visited malaria-endemic areas have Sulfadoxine-Pyrimethamine/ Fansidar for intermittent preventive treatment in pregnancy (IPTp) and staff are trained on its administration.
14. COVID-19 preparedness & response	<ul style="list-style-type: none"> 39. Ensure all staff are trained on COVID-19 basics. 40. Ensure all facilities have basic COVID-19 job aids. 41. Improve supply chain of PPE – see Environmental Cleaning section above. 42. Explore the potential to improve triaging of suspected cases at facility level.

6. Annexes

Annex 1. Overview of HFA components and scoring

HFA COMPONENT	TOTAL NUMBER	WHAT IS IT?	HOW IS IT SCORED?	HOW SCORES CAN BE PRESENTED
Questions	107	Questions asked to the respondent for their answer (some are yes/ no, some are multiple choice) and some require the enumerator to observe something (e.g. a guideline or drug is present)	No score just Yes or No	Answers not presented - just feed into sub indicators (detailed analysis is possible but not routine)
Sub-indicators	54	1 to 8 questions per sub-indicator (varies by sub-indicator)	Either a 1 or a 0. The sub-indicator score is 1 if all the questions included in it are 'yes'. Otherwise, the score is 0 (with a few exceptions)	% of health facilities achieving '1' (a pass) for each sub-indicator
Modules/ Domains	14	1 to 5 sub-indicators per domain (varies by module) Each sub-indicator reflects a different aspect of the Domain	Two scores: <ul style="list-style-type: none"> The raw score is the sum of the scores for the sub-indicators included in that Domain (so between 1 and 5) The % score is the raw score divided by the total possible score for that module/ domain (1 – 5) 	<ul style="list-style-type: none"> Score per facility (raw only) Average score for all health facilities (raw and/or %) Average score for specific health facilities or Districts (raw and/or %)
Overall	-	Includes all 14 modules/ domains / 54 indicators/ 107 questions	<ul style="list-style-type: none"> The raw score is the sum of the scores of all 54 sub-indicators The % score is the raw score divided by 54 	<ul style="list-style-type: none"> Score per health facility (raw and/or %) Average score for all health facilities (raw and/or %) Average score for individual health facilities or Districts (raw and/or %)

Annex 2. Annex 2. Staffing norms by health facility according to national policy

ETHIOPIA	PHCC	PHCU	
Professional	Clinical Officer	2	none
	Nutritionists	2	
	CHW	2	CHW 2
	Community Midwife	2	MCHW or Community Midwife 2
Associate	Community Nurses	3	
	Lab Assistant	2	
	Pharmacy Assistant	2	
	Statistical Clerk	2	
	Pharmacist Assistant	2	
Support	Cleaner	2	Cleaner 1
TOTAL		21	5

Annex 3. Sub-indicators and questions for each module

DOMAIN & TOTAL POSSIBLE SCORE	SUB-DOMAIN (TOTAL 54)	SCORING: SUB-DOMAIN	QUESTIONS
1. STAFFING Total sub-indicators with 'Yes' (out of 3)	1.1 HF has at least half of the expected health professional staff (per national policy) present on day of visit	Yes (1) No (0)	Note: the total number expected of each type of staff according to each country's national health policy will be entered into the DDG form/ formulas before the assessment starts (HQ advisers will help you using national policies). 1. How many PROFESSIONAL STAFF are present at this HF today? 2. How many ASSOCIATE STAFF are present at this HF today? 3. How many SUPPORT STAFF are present at this HF today?
	1.2 HF has at least half of the expected health associate staff (per national policy) present on day of visit	Yes (1) No (0)	
	1.3 HF has at least half the expected support staff (per national policy) present on day of visit	Yes (1) No (0)	
2. HEALTH MANAGEMENT INFORMATION SYSTEM Total sub-indicators with 'Yes' (out of 2)	2.1 HF has a health information management system in place	Yes (1) No (0)	4. Does this facility have a standard national information management system (e.g., HMIS) in place?
	2.2 HF has evidence of using health information management data	Yes (1) No (0)	5. Does this facility regularly compile any report on health services information for the standard national information management system (observe)? 6. How frequently are these reports compiled? 7. Are there any reports on meetings that have been held to review data from the reports (observe)? 8. Are there any graphs, charts, or posters that are made from data routinely collected at this facility that is displayed for your and/or client information & use (observe)?
3. MANAGEMENT AND SUPERVISION Total sub-indicators with 'Yes' (out of 3)	3.1 HF has an internal health facility management committee in place and a meeting was held during the previous three months	Yes (1) No (0)	9. Does this facility have an Internal Health Facility Management Committee? 10. Does this facility have routine staff meetings to discuss health information and other issues? 11. When was the last meeting held? 12. Can I see the records from the last meeting (observe)?
	3.2 HF has a community health management committee in place and a meeting was held during the previous 3 months	Yes (1) No (0)	13. Does the HF have a Community Health Management Committee? 14. Does the community health management committee organise regular meetings that include both facility staff and community members? 15. When was the last meeting held? 16. Can I see the records from the last meeting (observe)?
	3.3 HF received external supervision at least once in the last 3 months	Yes (1) No (0)	17. Do you receive technical support or supervision in your work? 18. When was the last time this facility received a supervision visit from the higher level (DHMT or other)? 19. During the supervision visit, what did the supervisor assess? At least 1 of the following: a) Check records or reports b) Observe your work c) provide feedback either positive or negative d) Update on administrative or technical e) discuss problems you have encountered f) Checked drug supply

DOMAIN & TOTAL POSSIBLE SCORE	SUB-DOMAIN (TOTAL 54)	SCORING: SUB-DOMAIN	QUESTIONS
4. GENERAL INFRA-STRUCTURE Total sub-indicators with 'Yes' (out of 3)	4.1 HF has a functioning power supply on day of the survey	Yes (1) No (0)	20. Does your facility have electricity from any source (e.g. electricity grid, generator, solar, or other) including for stand-alone devices (EPI cold chain)? 21. Is electricity functioning now? 22. What is the facility's main source of electricity? 23. Does this facility have other sources of electricity? 24. Is the generator functional? 25. Is there fuel or a charged battery available today? 26. Is the solar system functional? (Note no observation required for above – accept the reported answer)
	4.2 HF has functioning communication equipment on day of the survey	Yes (1) No (0)	27. Does this facility have a functioning landline and/or a mobile telephone that is supported by the facility and available to call outside at all times client services is offered? 28. Does this facility have a functioning computer with access to internet or the emails? (Note no observation required for the above – accept the reported answer)
	4.3 HF has emergency transport available on day of the survey	Yes (1) No (0)	29. Does this facility have access to an ambulance or other vehicle for emergency transport for clients? 30. Is fuel for the ambulance or other emergency vehicle available today? (Note no observation required for the above – accept the reported answer)
5. WATER INFRA-STRUCTURE Total 'Yes' (out of 4)	5.1 HF's main water supply is improved and functioning on day of visit	Yes (1) No (0)	31. What is the main water supply for the facility? (Piped supply inside the building a) Piped supply outside the building b) Tube well / Borehole c) Protected dug well d) Protected spring e) Rain water f) Tanker truck g) other 32. Is water available from the main water supply at the time of the survey? (observe)
	5.2 HF's main improved and functioning water source is on the premises	Yes (1) No (0)	33. Where is the main water supply for the facility located? a) On premises b) Up to 500 m away d) 500 m away or further
	5.3 HF's main improved and functioning water source has had no disruption during the previous month	Yes (1) No (0)	34. Have you experienced any disruption to water services within the past month?
	5.4 HF's water quantity from main improved and functioning water source is sufficient for all the health facility's needs	Yes (1) No (0)	35. Is there generally enough water available to serve your needs on a daily basis for all activities, e.g. drinking, cleaning, disinfection, bathing, handwashing, etc.?

DOMAIN & TOTAL POSSIBLE SCORE	SUB-DOMAIN (TOTAL 54)	SCORING: SUB-DOMAIN	QUESTIONS
6. SANITATION INFRA-STRUCTURE Total 'Yes' (out of 5)	6.1 HF has at least one improved toilet that is useable (accessible, private and functional)	Yes (1) No (0)	36. What type of toilets/latrines are at the facility for patients? a) flush / Pour-flush toilet to sewer connection b) flush / Pour-flush toilet to tank or pit c) Pit latrine with slab d) composting toilet (observe) 37. How many toilets/latrines of this type are there in the facility? (observe) 38. How many of these are accessible (with doors unlocked or with keys available all the time)? (observe) 39. How many of these are private (with doors that can be locked from the inside without any large gaps/holes in the structure)? (observe) 40. How many of these are functional (the pit hole is not blocked, water is available for flush/pour flush, and there are no cracks or leaks in the toilet structure)? (observe)
	6.2 HF has at least 4 improved toilets that are usable (accessible, private and functional) and cover the needs of staff and patients	Yes (1) No (0)	Uses numbers given in response above plus: 41. In your opinion, is this number of toilets/latrines usually sufficient to cover the needs of the staff and the patients?
	6.3 Has at least 1 improved usable toilet for female patients which has MHM facilities	Yes (1) No (0)	42. Is there at least 1 improved toilet/ latrine that is dedicated to females? (observe) 43. Does it have MHM items in place (covered bin, and/or water and soap)? 44. Is this female toilet accessible, private and usable? (observe)
	6.4 HF has at least 1 improved useable toilet dedicated to staff.	Yes (1) No (0)	45. Is there at least 1 improved toilet/latrine that is dedicated to staff? (observe) 46. Is this staff toilet accessible, private and usable? (observe)
	6.5 HF has at least 1 improved useable toilet that is accessible to people with limited mobility	Yes (1) No (0)	47. Is there at least 1 improved toilet/latrine that is accessible for people with limited mobility (without stairs or steps, has a door at least 80cm wide, has handrails for support attached to floor or sidewalls, and has a door handle and set that are within reach of people using a wheelchair or crutches/sticks) 48. Is this limited mobility toilet functional, private and usable?
7. HAND HYGIENE INFRA-STRUCTURE Total 'Yes' (out of 2)	7.1 HF has hand hygiene facilities that are available at entrance to main waiting area and child consultation room with water and soap and/or alcohol hand rub present	Yes (1) No (0)	49. Is there a functional hand-washing facility with water and soap, or alcohol-based hand rub, at the main waiting area (observe water/soap or hand rub)? 50. Is there a functional hand-washing facility with water and soap, or alcohol-based hand rub, at the main child consultation area (observe water/soap or hand rub)?
	7.2 HF has hand washing facilities available within 5 meters of all toilets with water and soap present	Yes (1) No (0)	51. Is there a handwashing facility located within 5 metres of all the toilets on the day of the survey? 52. Do all the handwashing facilities for the toilets have water and soap?

DOMAIN & TOTAL POSSIBLE SCORE	SUB-DOMAIN (TOTAL 54)	SCORING: SUB-DOMAIN	QUESTIONS
8. ENVIRONMENTAL CLEANING Total sub-indicators with 'Yes' (out of 4)	8.1 HF has adequate cleaning protocols available, and a schedule or roster for cleaning is visible	Yes (1) No (0)	53. Do any protocols for cleaning (floor, sink, spillage of blood or bodily fluid, etc.) exist and are they available (observe)? 54. Do the protocols for cleaning include step-by-step techniques for specific task, such as cleaning floor, cleaning a sink, cleaning a spillage of blood or body fluids (observe)? 55. Is there a cleaning roster or schedule specifying responsibility for cleaning tasks and frequency at which they should be performed available in the facility (observe)?
	8.2 HF has all staff responsible for cleaning in the HF trained	Yes (1) No (0)	56. Have all staff responsible for cleaning received training on how to clean in the last 2 years?
	8.3 HF has adequate supplies for cleaning available	Yes (1) No (0)	57. Do you have the following essential cleaning (observe all via stock check): a) latex gloves b) closed work shoes/ boots c) chlorine based or other disinfectant d) mops/ brushes?
	8.4 HF facility looks visibly clean	Yes (1) No (0)	58. Are floors and surfaces visibly clean (observe)?
9. STANDARD PRECAUTION Total sub-indicators with 'Yes' (out of 5)	9.1 HF guidelines for standard precautions are available	Yes (1) No (0)	59. Are guidelines for standard precautions are available in the facility today? (observe).
	9.2 HF has waste safely segregated in the main consultation area	Yes (1) No (0)	60. Are there 3 different bins available in the main consultation area that separate (1) sharp waste, (2) infectious waste and (3) non-infectious general waste (observe)? 61. Are there lids on the sharps and infectious waste bins (observe)? 62. Are all three bins colour coded or clearly labelled (observe)? 63. Is the sharps bin made of material that prevents punctures (observe)? 64. Is the infectious waste bin made of material that prevents leaks (observe)? 65. Is the infectious waste bin less than 75% full (observe)? 66. Is the normal/ non-infectious waste bin free of infectious waste or sharps (observe)?
	9.3 HF is safely treating and/ or disposing of sharps and infectious waste	Yes (1) No (0)	67. How does this facility usually treat/ dispose of infectious waste? a) Autoclaved b) Incinerated (two chamber, 850-1000 °C incinerator) c) Incinerated (other, e.g. one chamber; below 850oC, etc.) d) Burning in a protected pit e) Not treated, but buried in lined, protected pit f) Not treated, but infectious and sharp waste is collected for disposal off-site 68. How does this facility usually treat/ dispose of sharps waste?
	9.4 HF has essential equipment for sterilisation available and functional on the day of the survey	Yes (1) No (0)	69. Please tell me if the following items for processing of equipment for reuse (or sterilisation) are available and functional in the facility today (observe all): a) Electric autoclave (pressure & wet heat) or b) electric dry heat steriliser or c) electric boiler or steamer or d) non-electric autoclave plus heat source or e) pot with cover for boiling/steam plus heat source
	9.5 HF has essential infection prevention control supplies available on the day of the survey	Yes (1) No (0)	70. Please tell me if the following items for IPC are in the facility today (observe via stock check): a) latex gloves b) soap and running water or alcohol based hand rub c) single use disposable or auto-disposable syringes d) chlorine-based or other country specific disinfectant

DOMAIN & TOTAL POSSIBLE SCORE	SUB-DOMAIN (TOTAL 54)	SCORING: SUB-DOMAIN	QUESTIONS
10. CHILD HEALTH SERVICE AVAILABILITY & READINESS Total sub-indicators with 'Yes' (out of 5)	10.1 HF has at least 1 staff trained on Integrated Management of Childhood Illness (IMCI)	Yes (1) No (0)	71. Have you or any provider(s) of curative care services for sick children received any training on IMCI?
	10.2 HF has Integrated IMCI guidelines available in the service area	Yes (1) No (0)	72. Please tell me if IMCI guidelines or full set of job aids are available in the service area today (observe)
	10.3 HF has essential equipment for child health available and functional in the service area on the day of the survey	Yes (1) No (0)	73. Are the following items present & functional (observe/ test): a) growth charts b) infant weighing scale c) thermometer d) stethoscope e) timer or watch with second hand
	10.4 HF has essential medicines for child health available on the day of the survey	Yes (1) No (0)	74. Please tell me if the following drugs are present (observe via stock check and that at least one pack of each medicine is NOT expired): a) Oral Rehydration Salts (ORS) sachets: b) Zinc sulphate tablets c) Zinc sulphate syrup or dispersible tablets 3) Vitamin A (retinol) capsules d) Co-trimoxazole syrup/suspension e) Paracetamol syrup/suspension f) Amoxicillin syrup/suspension or dispersible tablet g) Albendazole or Mebendazole tablet/ capsule
	10.5 HF has diagnostic capacity to carry out essential child health tests on the day of the survey	Yes (1) No (0)	75. I would like to know if the following diagnostic tests are conducted in the facility: a) Haemoglobin testing b) parasite in stool test c) Malaria Test-RDT d) Malaria test-smear test 76. I would like to know if the following general items are available and functional today (answers depend on which tests are offered in facility). a) Malaria rapid diagnostic test (RDT) b) Light microscope c) Glass slides and coverslips d) GIEMSA or FIELD malaria parasite stain f) Colorimeter/ Haemoglobinometer/ Hemocue (or an country specific method for hb testing)

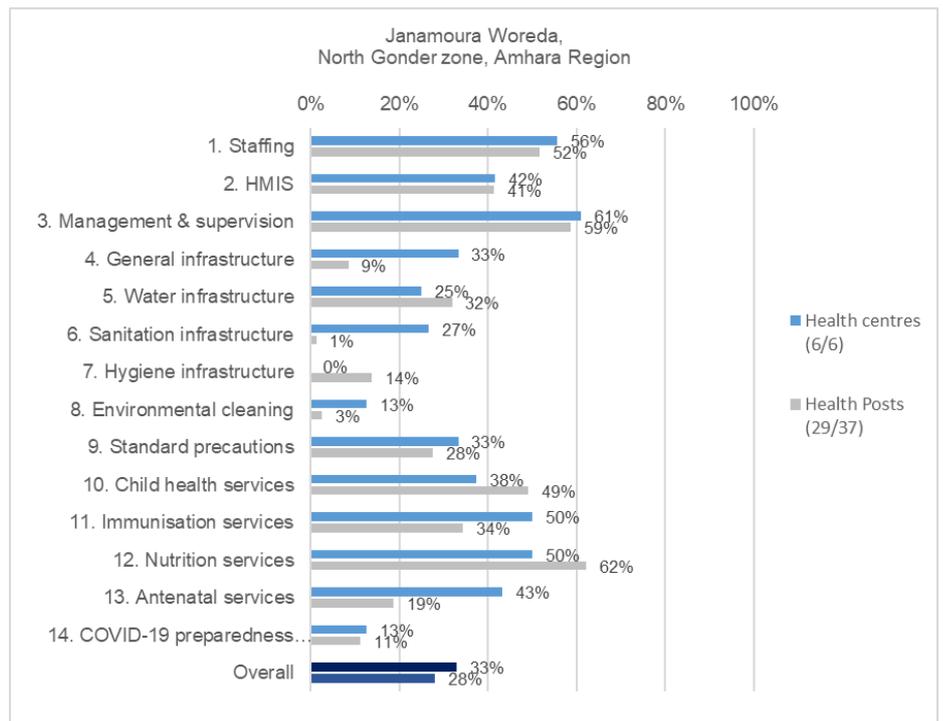
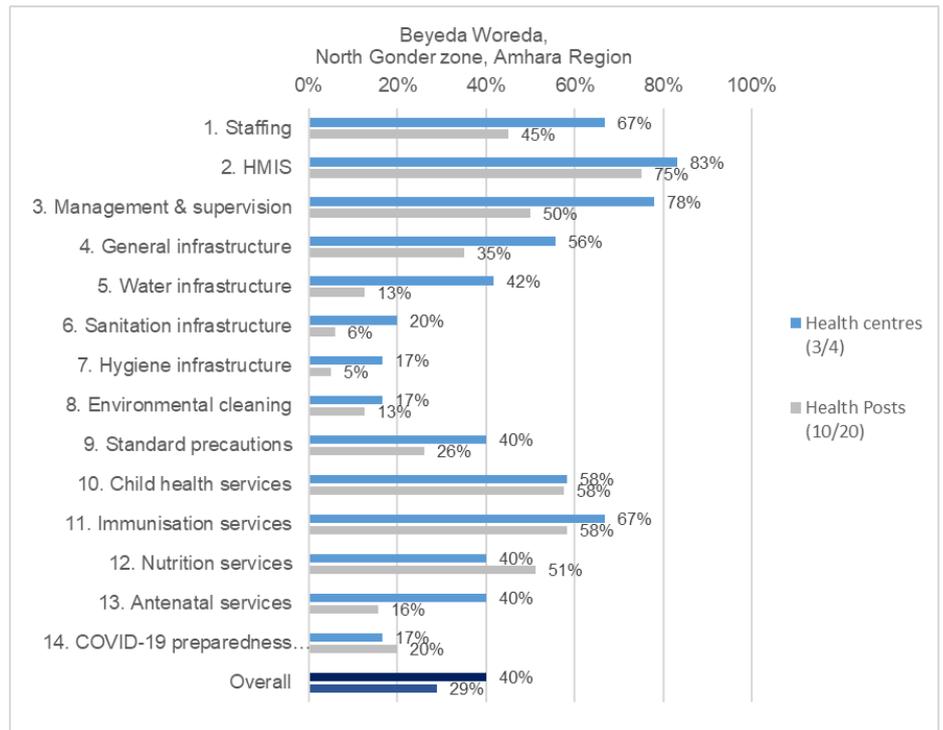
DOMAIN & TOTAL POSSIBLE SCORE	SUB-DOMAIN (TOTAL 54)	SCORING: SUB-DOMAIN	QUESTIONS
11. IMMUNISATION SERVICES AVAILABILITY & READINESS Total sub-indicators with 'Yes' (out of 4)	11.1 HF has at least 1 staff trained on immunisation service delivery	Yes (1) No (0)	77. [filter question] What are the vaccinations offered in this health facility? 78. Have you or any of the other staff providing immunisation services been trained on vaccination/ EPI during the past two years?
	11.2 HF has essential immunisation guidelines & vaccination cards/ forms available in the service area	Yes (1) No (0)	79. Do you have the national guidelines for child vaccinations available in this service area today (observe)? 80. Are any of the following vaccination cards/ forms available at the facility today (observe)? a) Blank/unused individual child vaccination cards or booklets b) Official immunization tally sheets or integrated tally sheet c) Official immunization registers or equivalent d) Other
	11.3 HF has all essential equipment for immunisation available and functional on the day of the survey and stores vaccines correctly.	Yes (1) No (0)	81. [filter question] Does this facility routinely store any vaccines? 82. Does this facility have a vaccine refrigerator? (observe) 83. Is the fridge is temp correct? (observe: below +2 degrees C) 84. Is the fridge temperature record form completed? (observe: temp record completed at least two times each day for each of the past 30 days including weekends and public holidays) 85. How many vaccine carriers do you have (observe)? 86. Is at least one set of ice packs present (observe: 1 set=4-5 packs) 87. Is there a sharps box available in the vaccination service area (observe)? 88. Are auto-disposable syringes available (observe via stock check)?
	11.4 HF has all essential vaccines available on the day of the survey	Yes (1) No (0)	89. Please tell me if each of the following vaccines is available in the facility today. (observe): a) DPT-Hib+HepB [PENTAVALENT] b) Oral polio vaccine c) Measles vaccine and diluent d) BCG vaccine and diluent e) Rotavirus vaccine f) Pneumococcal vaccine g) IPV (Inactivated polio vaccine) h) HPV (Human papillomavirus vaccine)

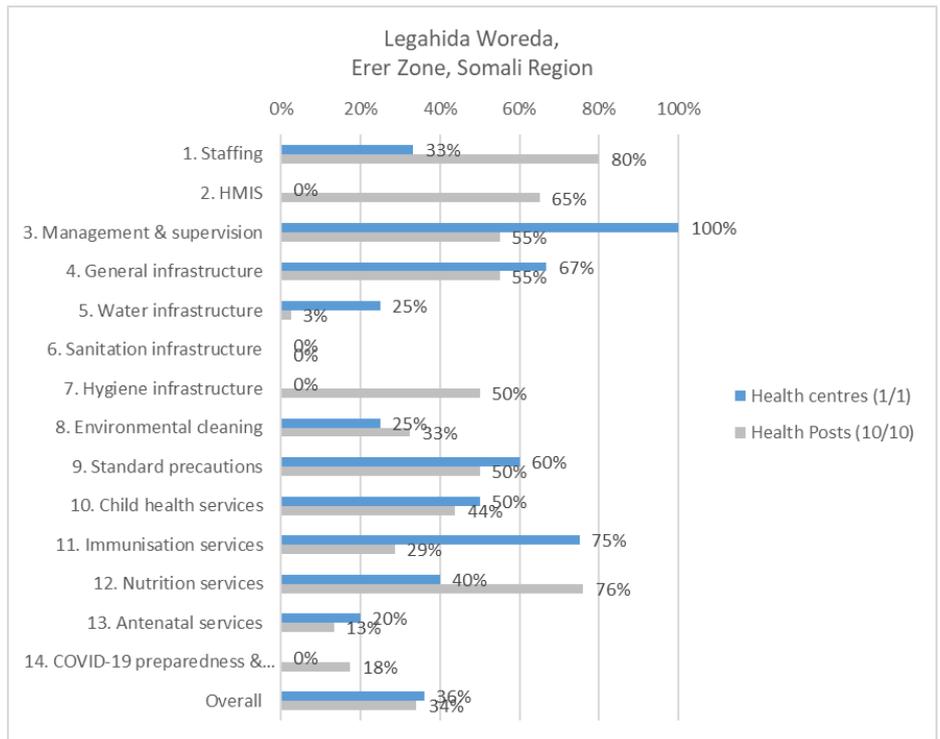
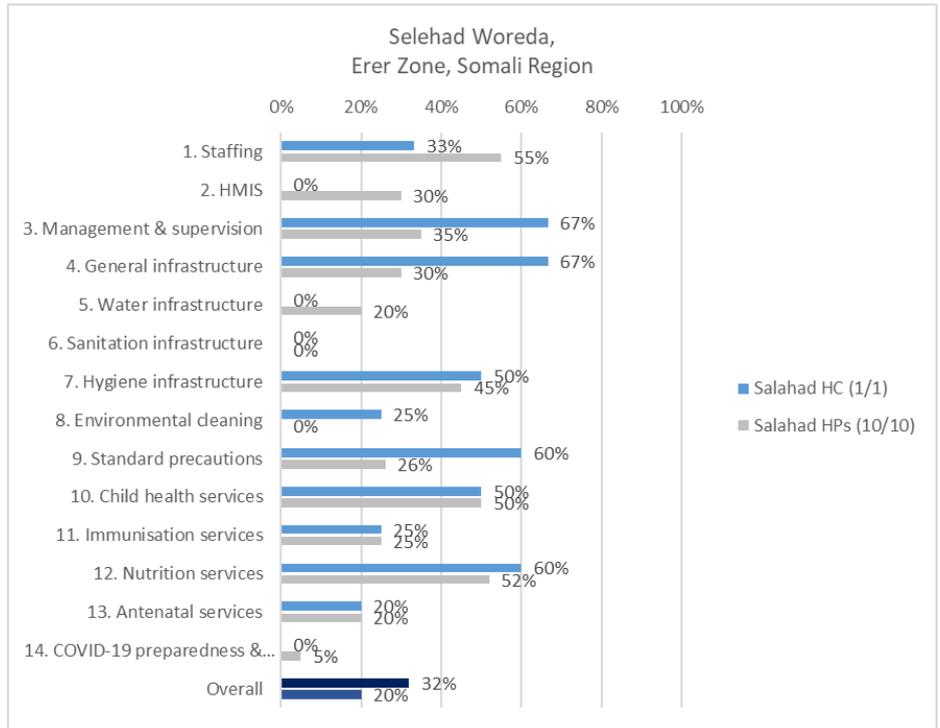
DOMAIN & TOTAL POSSIBLE SCORE	SUB-DOMAIN (TOTAL 54)	SCORING: SUB-DOMAIN	QUESTIONS
12. NUTRITION SERVICE AVAILABILITY & READINESS Total sub-indicators with 'Yes' (out of 5)	12.1 HF has at least 1 staff trained on nutrition services	Yes (1) No (0)	90. Did you or any other staff member providing nutrition services receive training in CMAM or IYCF within the last 2 years?
	12.2 HF has essential guidelines and job aids on nutrition services available in the service area	Yes (1) No (0)	91. Do you have the national guidelines for nutrition services available in this service area today (observe)? a) Guideline on Community based Management of Acute Malnutrition and b) Guideline on IYCF promotion 92. Do you have the following job aids available for nutrition services available in this service area today (observe)? a) nutrition register b) RUTF ration reference table 3) admission and discharge criteria for children with acute malnutrition 4) IYCF counselling cards 5) Weight-for-height (WHZ) tables for under-fives
	12.3 HF has essential nutrition equipment available and functioning in the service area	Yes (1) No (0)	93. Are the following items available in the service area? (observe and assess their functionality. a) MUAC tape for children and b) MUAC tape for adults and c) weighing scale for adults and d) weighing scale for children and e) Length/height board f) Other
	12.4 HF has essential commodities (RUTF) available	Yes (1) No (0)	94. Is RUTF available today? (observe via stock check and check at least one sachet is not expired)
	12.5 HF has linkages with community-based health worker/volunteers to support nutrition services	Yes (1) No (0)	95. Does this facility have links with community-based health workers or volunteers to support nutrition services (observe list of names)? 96. Are children referred from the community to the health facility for nutrition services?
13. ANTENATAL CARE SERVICE AVAILABILITY AND READINESS Total sub-indicators with 'Yes' (out of 5)	13.1 HF has at least 1 staff trained on antenatal care services	Yes (1) No (0)	97. Have you or any provider(s) of ANC services received ANC training in the last two years?
	13.2 HF has guidelines on antenatal services available in the service area	Yes (1) No (0)	98. Are the following documents available in the facility today (observe each): a) National ANC guidelines b) IPTp guidelines/ protocol c) Visual aids for client education on pregnancy or antenatal care [Only include IPTp guideline if in national protocol]
	13.3 HF has essential equipment for antenatal services available and functional in the service area	Yes (1) No (0)	99. Is there a digital BP machine or manual sphygmomanometer with stethoscope available? (observe and test functional)
	13.4 HF has essential drugs for antenatal services available	Yes (1) No (0)	100. Are the following ANC medicines available today in this facility (observe via stock check and that at least one pack of each type is NOT expired): a) iron tablets b) folic acid tablets c) combined iron and folic acid tablets d) Sulfadoxine-Pyrimethamine (SP) / Fansidar for Intermittent preventive treatment in pregnancy (IPTp) (include/ don't include SP/ Fansidar per national protocol)
	13.5 HF has essential diagnostics equipment/ supplies for antenatal services available	Yes (1) No (0)	101. Does this facility provide the following tests from this site to pregnant women as part of ANC? (observe at least one test is available): a) Urine dipstick protein test b) Haemoglobin test

DOMAIN & TOTAL POSSIBLE SCORE	SUB-DOMAIN (TOTAL 54)	SCORING: SUB-DOMAIN	QUESTIONS
14. COVID-19 PREPAREDNESS & RESPONSE CAPACITY Total sub-indicators with 'Yes' (out of 4)	14.1 HF has all staff trained on COVID-19	Yes (1) No (0)	102. Have you and any of the staff in this HF received any training on COVID-19?
	14.2 HF has essential job aids for COVID-19 available	Yes (1) No (0)	103. Are essential COVID-19-specific Job aids present? (observe) a) how to put on and remove PPE AND b) Instruction on chlorine dilution AND c) handwashing with soap and water posters
	14.3 HF has adequate triage capacity (i.e. screening and isolation for COVID-19 suspected cases)	Yes (1) No (0)	104. Is there a screening area in this facility and does it have the following? (observe) a) Screening area set up at entry point to the facility b) Temperature recorded in screening area c) case definition and screening questionnaire for any suspected cases are available d) Appropriate physical distancing of at least 1 to 2 metres in screening area / queues 105. Is an isolation area available and functioning? (observe) a) Designated isolation area for suspected COVID-19 cases that is separate from the main facility b) Distance of at least 1 to 2 metres between suspected cases in the isolation area c) All suspected cases admitted in the isolation area wearing disposable medical or surgical masks d) Visitor restriction - max. 1 asymptomatic relative e) Record (name and contacts) maintained of all persons (staff, visitors) entering isolation area
	14.4 HF has a supply of essential Personal Protective Equipment (PPE) items	Yes (1) No (0)	106. Please tell me if you have all the following PPE items (observe via stock): a) Disposable medical/ surgical masks b) Eye protection (goggles or face shields and c) Gloves (latex) and d) Heavy-duty gloves and e) Long-sleeved gown and f) waterproof aprons and g) Closed work shoes/boots and h) Chlorine-based or other country-specific used for environmental disinfection

WOREDA	HEALTH CLUSTER	FACILITY NAME (SHADED WERE NOT POSSIBLE TO ASSESS FOR REASON NOTED)
Janamoura (Cont.)	Mekane Birhan health cluster	Mekane Birhan HC
		Deresgie HP
		Liga HP
		Mekane Birhan HP
		Robgebeye HP
		Sabra HP
		Woyna HP
	Meshesh health cluster	Mesheha HC
		Atgeba HP
		Ayteter HP
		Dibil HP
		Kilil HP
		Maji HP
		Zakilta HP
	Wassel health cluster	Bahiramba HP (road inaccessible)
		Lorry HP (road inaccessible)
		Wassel HC
		Awchara HP
		Betezaz HP
		Koga HP
		Wassel HP
Salahad	Salahad health cluster	Zawla Kurana HP
		Elwa HP (road inaccessible)
		Chocha HP (road inaccessible)
		Salahad HC
		Afweyne HP - Salahad
		Bali Ade HP
		Barni arte HP
		Dargudud HP
		Galile HP
		Hari ladi HP
		Harogaden HP
		Kaldisa HP
		Magalo Ad HP
		Wangay HP
Laghida	Lagahida health cluster	Lagahida HC
		Afweyne HP- Lagahida
		Badiful HP
		Busa HP
		Eldere HP
		Gabriale HP
		Geldoh HP
		Jarsaw HP
		Kotdere HP
		Kurale HP
Kusbarako HP		

Annex 5. Scores by domain for each woreda





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