



Facility Readiness Assessment to Scale-up Public Private Mix Malaria Care Services: Afar Region, Ethiopia

Private Health Sector Project in collaboration with Afar Regional State Health Bureau

Table of Contents

Acronyms.....	iii
Acknowledgements.....	iv
Executive Summary.....	v
BACKGROUND.....	1
OBJECTIVES OF THE ASSESSMENT	2
GENERAL OBJECTIVE.....	2
SPECIFIC OBJECTIVES.....	2
METHODS.....	2
3.1 STUDY DESIGN	2
3.2 STUDY AREA AND PERIOD	2
3.3 ASSESSED POPULATION.....	3
3.4 STUDY POPULATION	3
3.5 HEALTH FACILITY SELECTION TECHNIQUES.....	3
3.6 DATA COLLECTION TOOLS.....	3
3.7 DATA PROCESSING AND ANALYSIS.....	4
3.8 CRITERIA FOR FACILITY SELECTION	4
4. FINDINGS.....	5
4.1.1. Afar Region	5
4.1.2. Background information of the facilities	5
Staffing profile of the private facilities	7
Services provided in the health facilities.....	8
Infrastructures of the health facilities	9
Conclusions and Recommendations.....	11

Acronyms

ACT	Artemisinin-based Combination Therapy
AIDS	Acquired Immuno-Deficiency Syndrome
ART	Anti-retroviral Therapy
BCC	Behavioral Change Communication
BSc N	Bachelor of science in Nursing
D	Dental Nurse
DOTS	Direct Observed Therapy Short-Course
E.C.	Ethiopian Calendar
EQA	External Quality Assurance
FMOH	Federal Ministry of Health
FP	Family Planning
GP	General Practitioner
HA	Health Assistant
HIV	Human Immuno-Deficiency Virus
HO	Health Officer
L	Laboratory Technician/Technologist
MD	Medical Doctor
MIS	Malaria Indicator Survey
N	Diploma Nurse
NSP	National Strategic Plan
PHSP	Private Health Sector Program
PPM	Public Private Mix
PPS	Population Proportion to Size
RDT	Rapid diagnostic Test
RHB	Regional Health Bureau
S	Specialist (Medical Doctor, Specialist)
SPSS	Statistical Package for Social Sciences
SSA	Sub Saharan Africa
TB	Tuberculosis
THO	Town Health Office
TV	Television
USAID	United States Agency for International Development
WHO	World Health Organization
WoHO	Woreda Health Office
ZHD	Zone Health Department

Acknowledgements

The USAID funded Private Health Sector Project of Ethiopia would like to express its sincere appreciation to the Afar Regional State Health Bureau. The Authors would like to take this opportunity and express their gratitude to all district / *Woreda* Health Offices for their permission and facilitations during this facility readiness assessment. Special thanks also go to the owners and managers of the assessed private health facilities.

The finding of this assessment would not be impossible without the active participation of the following individuals:

Private Health Sector Project:

1. Mr. Mesele Damte
2. Dr. Eshetu Ashenafi
3. Dr. Asfawesen GeberYohannes
4. Mr. Tilaye Tassew

Afar Regional State Health Bureau

1. Wase Sadik
2. Kedir Adem

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

Executive Summary

Background: Malaria is a significant impediment to social and economic development in Ethiopia. In endemic areas, malaria has affected the population during planting and harvesting seasons, cutting down productive capacity at a time when there is the greatest need for agricultural work.

Objective: To assess the private health facility readiness and select health facilities ensured their commitment, willingness to provide public private mix malaria care services in Afar Region.

Methods: This cross section facility-based assessment of private health facilities was conducted from August 23- 30, 2016. We employed purposive sampling methods to identify accessible Woredas. The data were collected by a team of three members (one from Regional Health Bureaus (RHBs), Town/ Woreda Health Offices and one from the Private Health Sector Project in Ethiopia. A structured questionnaire was used to collect information from owners or managers of the private health facilities. Some data were collected through filling the observation checklist by the team. Based on the suggestions of the regional state health bureau, the assessment was conducted in 17 private facilities, i.e., 1 higher clinic, 2 Primary clinics and 14 Medium Clinic located in three districts of Afar Regions.

Findings and conclusions:

Out of 17 surveyed facilities, 14 (82%) clinics were selected for public private mix malaria care services. Two out of 14 facilities have experience of working on Directly Observed Treatment Short-course (PPM DOTs) with Afar RHB. Similarly, eleven out of 14 has engaged in public private mix for Family Planning (FP) and /or Sexually Transmitted Infections (STIs) services with International non-government Organization and Local civic Societies. The level of selected health facilities was: 2 (14%) Primary Clinics, 12(85.7%) were Medium clinics. The majority (85%) of assessed private health facilities showed their willingness to working PPM and commitment to providing malaria care services for the community at an affordable cost.

BACKGROUND

Globally malaria is one of the three major public health diseases, the other two being Acquired Immune Deficiency Syndrome (AIDS) and tuberculosis (TB). Based on the 2010 report of World Health Organization (WHO), there were 225 million cases of malaria and nearly 90% of the global malaria mortality burden is concentrated in Africa. Of those, it is estimated that 781,000 died from the disease in 2009. Most of those who die are children who mainly live in Sub-Saharan Africa. In fact, malaria accounts for 20% of mortality in under-five children in Africa, the leading cause of childhood death (World Health Organization, 2010). Malaria is a major factor in Africa's high rate of infant and maternal mortality, of low birth weight, of school absenteeism, and of low productivity in farming and other work. It afflicts primarily the poor, who tend to live in malaria-endemic areas and in dwellings that offer little or no protection against mosquitoes (Alnwick, 2000).

Malaria is also a major public health problem in Ethiopia and has been consistently reported as one of the three leading causes of morbidity and mortality in the country (FMOH, 2012).

Access to treatment and getting prompt treatment determine the outcome of the disease. The first Malaria Indicator Survey (MIS) (2007) in Ethiopia revealed that close 25% of parents sought malaria care services for their children from private health providers (D. Jima, A. Getachew, H. Bilka, W. R. Steketee, M. P. Enerson, T. Gebre, R. Rethinger, J. Hwang, the Ethiopia Malaria Indicator Survey Working Group, 2010). The result of a study conducted in east Oromia revealed some of the factors identified in delaying malaria care services such as poor health seeking behavior of the parents, financial problems, work overload and lack of access to services (Deressa, 2003).

The objective of the national strategic plan for prevention, control and elimination in Ethiopia includes 100% of suspected malaria cases be diagnosed using Rapid diagnostic Tests (RDTs) and/or microscopy within 24 hours of fever onset, 100% of positive malaria diagnoses be treated according to national guidelines, and 100% of severe malaria cases be managed according to national guidelines. To achieve these ambitious objectives requires political commitment, community involvement, effective and efficient private public partnership, and support of all stakeholders (FMOH, 2009).

The national malaria control strategy (2014 – 2020) clearly states that through partnership with the private sector, malaria care services will be promoted. There should also be a relationship with the private sector to involve them in the implementation and support of malaria control programs (FMOH, 2012), particularly one of the accepted partnership in malaria case management.

The United States Agency for International Development | Private Health Sector Project (USAID| Private Health Sector Project) has extensive experience in implementing a public private partnership model for public health services. To improve the TB case detection and case management outcome in Ethiopia PPM DOTS program has been implementing in 280 private health facilities (FMOH, 2011).

Implementing an innovative approach to introduce malaria care services as part of the package of PHSP supported public health services, will benefit the community, public facilities and private health facilities. This includes malaria case diagnosis and treatment, providing supportive supervision, improving the capacity of public as well as the private sector.

The criteria to select the private health facilities for malaria care services are to determine: the capacity of the private health facility in terms of human and material resources, patient load and specially the number of malaria cases per week, and the willingness and commitment of the facilities to shoulder social responsibility in the provision of standard malaria care services in the region.

The ultimate purpose of this facility readiness assessment is to identify potential private health facilities to provide malaria care services through a public private partnership. This rapid facility readiness assessment will help to provide the evidence necessary to base decisions by program managers, policymakers and the private health sector on quality of malaria diagnosis and treatment services. The result of this assessment will be communicated to program managers, donors, and policy makers to improve the quality of malaria care services in private health facilities in the respective regions involved.

OBJECTIVES OF THE ASSESSMENT

GENERAL OBJECTIVE

- To assess the private health facility readiness and select willing, committed private health facilities to provide malaria care services through a public private mix partnership in Afar regional state of Ethiopia.

SPECIFIC OBJECTIVES

- To describe the baseline capacity of private health facilities in malaria care services.
- To assess the readiness and willingness of private health facilities to integrate malaria care services.
- To identify services provision gaps of private health facilities.
- To select private health facilities which meet the minimum criteria to provide standard malaria diagnosis and treatment services.

METHODS

3.1 STUDY DESIGN

A facility-based cross-sectional survey was conducted using an interviewer-administered questionnaire to study the potential, commitment and willingness of private health facilities to integrate standard malaria care services.

3.2 STUDY AREA AND PERIOD

Ethiopia is located in the northeastern part of Africa and has an area of 1.1 million square kilometers (FMOH, 2009). Nearly 75% of the land mass is malaria endemic, where approximately 52 million people (68%) live (FMOH, 2012). Ethiopia is composed of nine regional states (Afar, Amhari, Benishangul-Gumuz, Gambella, Harari, Oromia, Somali, SNNP, Tigray) and two City Administrations (Addis Ababa and Dire Dawa) (FMOH, 2009).

The assessment was conducted from August 23 – 31 2016 in Afar regional state. Through purposive sampling technique three districts / woredas were selected for this assessment. In selected woredas, 17 private health facilities were identified for the assessment.

3.3 ASSESSED POPULATION

The population group included private health facilities in malaria endemic area.

Inclusion criteria included:

- Woreda Health Office with Skilled Human capacity to own PPM for malaria care services.
- Private health facility which was open for services at the time of the survey
- Private health facilities accessible to the vehicle
- High malaria incidence

Exclusion criteria included:

- Low malaria incidence/ arid woredas
- Private health facilities which were closed for more than a week during the time of the survey
- Inaccessible to field vehicles.

3.4 STUDY POPULATION

Since the result of the survey is very important to initiate public private mix malaria care service, the top decision makers of the facilities were those whom were interviewed and included private health facility owners or managers and who were available (on-the-job) at time of the study period.

3.5 HEALTH FACILITY SELECTION TECHNIQUES

USAID | Private Health Sector Project in partnership with Afar Regional state Health Bureau selected three districts accessible for future support and has human capacity to own malaria intervention regions based on the year three annual work plan. A list of malaria endemic woredas and private health facilities was identified by each RHB. All facilities in selected woredas which could be accessible to the field vehicle were visited.

3.6 DATA COLLECTION TOOLS

The data were collected using modified PHSP tools developed for ART, family planning, and TB DOTS facility readiness assessment surveys. The tools were structured questionnaires for interviews and a checklist used for observation. Interviewers collected the data through interview and direct observation. Major categories of the collected data are presented below:

1. General information of the facility
2. Current human resource capacity /health workers of the facility
3. Facility infrastructure and availability of laboratory equipment and supplies
4. Malaria case load, number of malaria suspected cases seen at the health facility within one week
5. Historical information on accountability and experiences of the health facility expressed through activity reporting and accessing supportive supervision
6. Health facility's willingness and commitment to share and shoulder national responsibility of providing standard malaria care services.

3.7 DATA PROCESSING AND ANALYSIS

The data were checked for completeness and cleaned manually. An analysis was made using Microsoft office excel 2010 and SPSS version 20.

3.8 CRITERIA FOR FACILITY SELECTION

To select woredas, a purposive sampling method was used. Seventeen private health facilities were identified, listed and assessed. The team includes all private health facilities in selected districts. Finally, committed and willing private health facilities were selected for partnership.

4. FINDINGS

4.1.1. Afar Region

This facility readiness assessment was conducted from August 23 - 30, 2016. The assessment team is composed of three members (one malaria expert from Afar Regional State Health Bureau, one expert from Private Health Sector Project in Ethiopia, one expert from selected Town Health Office. Based on the recommendations from the RHB, the assessment was conducted in 17 private facilities of which 14 were ensured their commitment and willingness to engage in PPM for malaria care services. But 2 facilities were working with PPM_DOTs, and 11 facilities had experiences of partnership for FP and STI with international non-government organization and local faith based organizations.

A structured questionnaire and observation tools were used to collect the data from the private health facilities. Major categories of collected data are presented below:

1. Current human resource capacity/health workers in the facility
2. Facility infrastructure and availability of laboratory unit equipment and supplies
3. Malaria case load, number of malaria suspected cases seen at the health facility within one week
4. Historical information on accountability and experiences of the health facility expressed through activity reporting and accessing supportive supervision
5. Health facility's willingness and commitment to share and shoulder national responsibility of providing standard malaria care services.

The collected data were organized, analyzed and used to suggest the potential health facilities for malaria care services in the region.

4.1.2. Background information of the facilities

The team assessed 17 private health facilities, one higher clinic, 2 primary clinics and 14 medium clinics. The background information collected includes name of health facilities, name of town, contact person and telephone number. For detailed information see Table I below.

TABLE 1: Background information of assessed private health facilities, August 27 2016, Afar.

#	Name of Health Facility	Private Health Facilities (level, sub-city, name, position and address of contact persons)				
		Level	Town	Name of contact person	Telephone (address) of contact person(s)	
					Cell phone	Landline (clinic)
1	Biruk Medium Clinic	Medium	Dubti	Setitual Mesfin	913827240	
2	Zemzem Medium Clinic	Medium	Dubti	Mohammed Ahimed	912223644	
3	Selalo Medium Clinic	Medium	Dubti	Dr. Dawit Berhanu	911302806	
4	Merhaba Medium Clinic	Medium	Dubti	Dr. Tsegaye GebreYohannes	911879703	
5	Selam Medium Clinic	Medium	Assayita	Solomon Wango	911946693	920099778
6	Semera Medium Clinic	Medium	Assayita	Tola Abebe	913457059	
7	Yibra Higher Clinic	Higher	Awash 7 Killo	Dr. Melake Muanenda	911812784	
8	Awash Marble Factory	Medium	Awash 7 Killo	Ayalew Hando	912043761	
9	KidaneMihiret MC	Medium	Awash 7 Killo	Ephrem Addisu	928343479	911711718
10	KidisteMariam MC	Medium	Awash 7 Killo	Hailu Tegegne	912166635	
11	Lucy Primary Clinic	Primary	Awash 7 Killo	Tesfaye Getachew	921228203	
12	Selam Medium Clinic	Medium	Awash 7 Killo	Tesfaye Misganaw	911374832	
13	Kidist Arsema MC	Medium	Awash 7 Killo	Tekaligh Zewude	911044881	
14	Leyila Medium Clinic	Medium	Awash 7 Killo	Abdu Mohammed	913396308	
15	Beza Primary Clinic	Primary	Awash 7 Killo	Belachew Gedefa		
16	Paulos Medium Clinic	Medium	Awash 7 Killo	Behailu Woldie		
17	Eden Medium Clinic	Medium	Awash 7 Killo	Dr. Dereje		

Staffing profile of the private facilities

TABLE 2: Profile of available health professionals at selected private health facilities in Afar Region, Augu

#	Name of facilities	# of existing health care providers by professional category								
		Specialist (S)	General practitioner (GP)	Health Officer (HO)	BSc Nurse (BN)	Diploma Nurse (N)	Health Assistant (HA)	Lab (L)	Part-timer	Remark on part-timer
1	Biruk Medium Clinic	0	0	1	0	2	0	1	1	01(GP)
2	Zemzem Medium Clinic	0	0	1	0	1	0	1	1	01(B Pharm)
3	Selalo Medium Clinic	2	0	0	2	0	0	2	1	01(GP)
4	Merhaba Medium Clinic	1	0	1	0	1	0	1	0	
5	Selam Medium Clinic	0	0	1	0	2	0	1	2	1(N); 1(Lab)
6	Semera Medium Clinic	0	0	0	1	2	0	1	5	1(S); 1(HO); 1(Lab)
7	Yibra Higher Clinic	1	0	0	0	1	0	2	0	
8	Awash Marble Factory	0	0	1	0	1	0	1	0	
9	KidaneMihiret MC	0	0	1	0	1	0	1	1	01(GP)
10	KidisteMariam MC	0	0	1	0	1	0	1	0	
11	Lucy Primary Clinic	0	0	0	0	1	0	0	0	
12	Selam Medium Clinic	0	0	1	1	0	0	1	0	
13	Kidist Arsema MC	0	0	1	0	1	0	1	0	
14	Leyila Medium Clinic	0	0	1	0	1	0	1	2	1(Em S); 1(B MW)
15	Beza Primary Clinic									
16	Paulos Medium Clinic									
17	Eden Medium Clinic									

NB: S, Specialist, GP General Practitionare, HO: Health Officer, BN Bsc Nurse, N Deploma Nurse, L Lab technician, Em S: emergency Sugrery specialist; B MW: BSc in Midwifery ; B Pharm : BSc in Parmacy

As can be seen from Table 2 above, except Lucy Primary clinic which has one nurse, the rest health facilities have a minimum of two diploma, working full time and who diagnose, treat and refer uncomplicated and complicated malaria cases. The assessment revealed that in almost all health facilities, no health professional had confirmed having had any previous training on malaria case management in the last one year. This included both the clinical service provider (physician/health officer/nurse) and the laboratory technician/technologist.

Services provided in the health facilities

Table 3: Type of malaria care services and the average number of patients seen per week in the health facilities, August 2016, Afar

#	Name of facility	OPD/week	Clinical Dx and Rx of malaria cases	Lab based DX & Rx of malaria	Dx and referral of malaria	Malaria suspected cases/week	Lab service for DX of malaria/week	Presumptive malaria cases/week	Confirmed malaria cases/week
1	Biruk Medium Clinic	225	+	+	+	175	175	2	2
2	Zemzem Medium Clinic	35	+	+	+	14	14	1	1
3	Selalo Medium Clinic	90	+	+	+	90	90	7	7
4	Merhaba Medium Clinic	250	+	+	+	250	250	28	28
5	Selam Medium Clinic	210	+	+	+	210	210	12	12
6	Semera Medium Clinic	180	+	+	+	12	12	6	6
7	Yibra Higher Clinic	70	+	+	+	70	70	21	21
8	Awash Marble Factory	30	+	+	+	30	30	10	10
9	KidaneMihiret MC	30	+	+	+	105	105	52	52
10	KidisteMariam MC	10	+	+	+	10	10	3	3
11	Lucy Primary Clinic	21	+	+	+	21	0	21	0
12	Selam Medium Clinic	91	+	+	+	15	3	3	3
13	Kidist Arsema MC	70	+	+	+	6	6	6	6
14	Leyila Medium Clinic	70	+	+	+	15	15	2	2
15	Beza Primary Clinic								
16	Paulos Medium Clinic								
17	Eden Medium Clinic								

+ =Service available --=Service not available

Table 3 indicates that all thirteen medium clinics have services of malaria diagnosis based on laboratory services, Malaria diagnosis and treatment and referral service offered for clients for 16 hours/day. But Primary clinic does not have lab diagnosis facilities but they use RDTs. Mostly, malaria cases were evaluated based on presumptive diagnosis. The assessment revealed that there are malaria patients getting services without parasitological confirmation.

Regarding the client load, the average number of malaria suspected cases examined are as follows:

- The reported malaria suspected case load was as high as 250 per week; followed by 210 malaria suspected cases per week in Merhaba and Selam Medium clinics of Dubti wored, Respectively, .
- The minimum is six suspected malaria cases seen per week in Kidist Arsema Medium Clinic in Awash 7 killo town.
- High number of malaria confirmed cases found in the following facilities:
 1. Kidane Mihiret Medium clinic reported 52 cases per week in Awash 7 killo town.
 2. Merhaba Medium clinic 28 per week were reported in Dubti town

Infrastructures of the health facilities

Table 4: Facilities' general infrastructure status, August 2016 , Afar

Table 4: Facilities' general infrastructure status, August 2016, Afar Region								
#	Names of facilities	Basic Infrastructure status of the private facilities						
		Patient waiting area (TV set / video)	Running water	Incinerator	BCC materials on malaria	Toilet for patient & staff	Inpatient service (beds)	Date established (Ethiopian calendar)
1	Biruk Medium Clinic	+	+	+	-	+	3	2003
2	Zemzem Medium Clinic	+	+	+	-	+	1	2005
3	Selalo Medium Clinic	+	+	+	-	+	2	2007
4	Merhaba Medium Clinic	+	+	+	-	+	1	2008
5	Selam Medium Clinic	+	+	+	-	+	1	2004
6	Semera Medium Clinic	+	+	+	-	+	4	2005
7	Yibra Higher Clinic	+	+	+	-	+	1	2000
8	Awash Marble Factory	+	+	+	-	+	3	1995
9	KidaneMihiret MC	+	+	+	-	+	2	2006
10	KidisteMariam MC	+	+	+	-	+	2	1986
11	Lucy Primary Clinic	+	+	+	-	+	-	1995
12	Selam Medium Clinic	+	+	+	-	+	3	2004
13	Kidist Arsema MC	+	+	+	-	+	1	2002
14	Leyila Medium Clinic	+	+	+	-	+	1	2007
15	Beza Primary Clinic							
16	Paulos Medium Clinic							
17	Eden Medium Clinic							

+ =infrastructure available

-=infrastructure not available

Of all the assessed seventeen clinics shown above in Table 4, the oldest clinic is Kidiste Mariam Medium clinic (1986) which was established in 1986 E.C. and the most recent clinic is Merhaba Medium Clinic which is established in September 2008 E.C. all assessed facilities have patient waiting, running water and toilets facilities. But no facilities' were found with malaria EC/BCC materials.

Almost all assessed facilities have TV set/ video show for patients. All medium Clinics have functional microscopes. But, most of the lab facilities were very small for the standard and lack essential lab supplies.

Table 5: Laboratories capacity to confirm malaria, August 2016, Afar

#	Names of health facility	Laboratory equipment availability status (+=available --=not available, NA= Not Applicable)																	
		Functional microscope	Dust bin	Staining rack	Slide box	Lens tissue paper	Brown bottle(2l)	Frosted end slide	Filter paper	Oil immersion	Bunsen burner	Forceps	Thermometer	Digital timer	Tally counter	Giemsa stain stock solution	Lead pencil/pen	Wright stain	RDT
1	Biruk Medium Clinic	+	+	+	+	-	-	+	-	+	-	+	+	+	+	+	-	-	
2	Zemzem Medium Clinic	+	+	+	+	-	-	+	-	+	-	+	+	+	+	+	-	-	
3	Selalo Medium Clinic	+	+	+	+	-	-	+	-	+	-	+	+	+	+	+	-	-	
4	Merhaba Medium Clinic	+	+	+	+	-	-	+	-	+	-	+	+	-	-	+	-	-	
5	Selam Medium Clinic	+	+	+	+	-	-	+	-	+	-	+	+	-	+	+	-	+	
6	Semera Medium Clinic	+	+	+	+	-	-	+	-	+	-	+	+	+	-	+	+	-	+
7	Yibra Higher Clinic	+	+	+	+	-	-	+	-	-	-	+	+	+	+	+	-	-	
8	Awash Marble Factory	+	+	+	+	-	-	+	-	+	-	+	+	-	+	+	+	-	-
9	KidaneMihiret MC	+	+	+	+	-	-	+	-	+	-	+	+	+	+	+	+	-	-
10	KidisteMariam MC	+	+	+	-	-	-	+	-	+	-	+	+	+	+	+	+	-	-
11	Lucy Primary Clinic	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	-
12	Selam Medium Clinic	+	+	+	-	-	-	+	-	+	-	+	+	+	+	+	+	-	-
13	Kidist Arsema MC	+	+	+	-	-	-	+	-	+	-	+	+	+	+	+	+	-	-
14	Leyila Medium Clinic	+	+	+	-	-	-	+	-	+	-	+	+	+	+	+	+	-	+
15	Beza Primary Clinic																		
16	Paulos Medium Clinic																		
17	Eden Medium Clinic																		

Table 6: Facilities' willingness and commitment to standardize the malaria health care service, August 2016, Afar

#	Names of facilities	Health facility's willingness and commitment to participate in malaria care service and facilitate inputs needed to start services on the following criteria					Accountability	
		Is facility ready to share and shoulder the national responsibility of providing standard malaria care services	Does facility have full time physician(GP/HO)	Does facility avail a clinician for three days training	Does facility avail a full time lab technician for four days training	Does facility avail a full time nurse/HA for three days training	Ready to make recording and reporting of malaria care services	Functional health authority level to which the health facility currently reports
1	Biruk Medium Clinic	Yes	Yes	Yes	Yes	Yes	Yes	Worabie Health Office
2	Zemzem Medium Clinic	Yes	Yes	Yes	Yes	Yes	Yes	Worabie THO
3	Selalo Medium Clinic	Yes	Yes	Yes	Yes	Yes	Yes	Worabie THO
4	Merhaba Medium Clinic	Yes	Yes	Yes	Yes	Yes	Yes	Wolketie Health Office
5	Selam Medium Clinic	Yes	Yes	Yes	Yes	Yes	Yes	Wolketie Health Office
6	Semera Medium Clinic	Yes	Yes	Yes	Yes	Yes	Yes	Wolketie Health Office
7	Yibra Higher Clinic	Yes	Yes	Yes	Yes	Yes	Yes	Wolketie Health Office
8	Awash Marble Factory	Yes	Yes	Yes	Yes	Yes	Yes	Wolketie Health Office
9	KidaneMihiret MC	Yes	Yes	Yes	Yes	Yes	Yes	Butajira Health Office
10	KidisteMariam MC	Yes	Yes	Yes	Yes	Yes	Yes	Butajira Health Office
11	Lucy Primary Clinic	Yes	Yes	Yes	Yes	Yes	Yes	Butajira Health Office
12	Selam Medium Clinic	Yes	Yes	Yes	Yes	Yes	Yes	Butajira Health Office
13	Kidist Arsema MC	Yes	Yes	Yes	Yes	Yes	Yes	Butajira Health Office
14	Leyila Medium Clinic	Yes	Yes	Yes	Yes	Yes	Yes	Butajira Health Office
15	Beza Primary Clinic	No	No	No	No	No	No	
16	Paulos Medium Clinic	No	No	No	No	No	No	
17	Eden Medium Clinic	No	No	No	No	No	No	

Fourteen private health facilities were willing to work in PPM for malaria care services but three were not. The commitment and willing were evaluated with objective criteria like offering affordable service, recording and reporting malaria cases as per the standard of Public Health Emergency core process. . . Moreover, commitment to participate in the PPM malaria care service evaluated with willing to attend in team trainings.

Conclusions and Recommendations

The result of this facility readiness assessment revealed that 14 out of 17 assessed private health facilities were committed and willing to be the part of PPM for malaria care services. Hence,, One higher clinic 1 Primary clinic and twelve medium clinics were selected for the planed partnership. The below Table 7 shows the score and rating used to select the 21 out of 52 surveyed private health facilities.

Almost all private health facilities showed their willingness and commitment to shoulder the responsibility of providing standard malaria care services at an affordable cost.

Table 7: Private health facilities selected for malaria care services , August 2016, Afar

#	Name of facility	Level of facility	Town	Integration with other PPM score	Rate out of one	Human power score	Rate out of six	Infrastructure score	Rate out of five	Cases load score	Case load rate out of six	Willingness & commitment score	Willingness & commitment rate out of six	Total out of twenty four	Remark
1	Biruk Medium Clinic	Medium	Dubti	yes	1	6	8	4	4	175	10	6	6	29	Selected
2	Zemzem Medium Clinic	Medium	Dubti	yes	1	4	6	4	4	14	4	6	6	21	Selected
3	Selalo Medium Clinic	Medium	Dubti	Yes	1	7	10	4	4	90	8	6	6	29	Selected
4	Merhaba Medium Clinic	Medium	Dubti	yes	1	4	4	4	4	250	10	6	6	25	Selected
5	Selam Medium Clinic	Medium	Assayita	yes	1	6	8	4	4	210	10	6	6	29	Selected
6	Semera Medium Clinic	Medium	Assayita	yes	1	4	6	4	4	12	4	6	6	21	Selected
7	Yibra Higher Clinic	Higher	Awash 7 Killo	yes	1	9	10	4	4	70	8	6	6	29	Selected
8	Awash Marble Factory	Medium	Awash 7 Killo	no	0	3	6	4	4	30	4	6	6	20	Selected
9	Kidane Mihiret MC	Medium	Awash 7 Killo	yes	1	3	6	4	4	105	10	6	6	27	Selected
10	Kidiste Mariam MC	Medium	Awash 7 Killo	yes	1	3	6	4	4	10	4	6	6	21	Selected
11	Lucy Primary Clinic	Primary	Awash 7 Killo	yes	1	1	4	4	4	21	4	6	6	19	Selected
12	Selam Medium Clinic	Medium	Awash 7 Killo	yes	1	3	6	4	4	15	5	6	6	22	Selected
13	Kidist Arsema MC	Medium	Awash 7 Killo	yes	1	3	6	4	4	6	4	6	6	21	Selected
14	Leyila Medium Clinic	Medium	Awash 7 Killo	no	0	5	6	4	4	15	4	6	6	20	Selected
15	Beza Primary Clinic	Primary	Awash 7 Killo									0	0	0	Not Selected
16	Paulos Medium Clinic	Medium	Awash 7 Killo									0	0	0	Not Selected
17	Eden Medium Clinic	Medium	Awash 7 Killo									0	0	0	Not Selected

Limitations

- Three health facility owners were not willing to take part in PPM assessment.
- Malaria cases were estimated based on recent data, but season variation weren't considered.

Table 8: Team members who participated in the assessment, August 2016, Afar

Ser no.	Name	Organization	Position	Remark
1	Wasse Sadik	Afar RHB	DPHP Core Process Owner	
2	Kedir Adem	Afar RHB	Malaria Officer	
3	Hussien Mohammed	Dubti THO	DPHP Core Process Owner	
4	Lueluseged Assefa	Awash 7 killo THO	DPHP Core Process Owner	911737748
5	Derebie Melkie	Awash 7 killo THO	HHR Core Process	
6	Toyib Mohammed	Assayita THO	Head of THO	
7	Berhnau Mulu	Assayita THO	DPHP Core Process Owner	

Annex I

Rating methods

1. Experience of public private partnership in PPM FP/DOTS; those facilities which already started PPM FP/DOTs services received a score of one while a new facility scored zero.
2. The human resources of the facility computed using four scales rating (out of a score of ten). Those facilities with higher number of staff scored, the rest will get from eight to four. And rating system was employed out of ten (for detail see table 9 below).
3. Malaria case load was similarly scored and rating system out of ten was employed. Those facilities with highest malaria case load scored ten and the rest will get from eight to four (for detail see table 9 below).
4. Willingness and commitment of private health facilities were scored out of six.

Human Resources		Malaria Case Load	
Cut off point	Rate	Cut off point	Rate
≥ 7	10	< 105	10
6 - 7	8	70 - 104	8
4 - 5	6	50 - 69	6
≤ 2	4	≤ 49	4