

ERRATUM

Ethiopian Public Health Institute (EPHI) [Ethiopia], Ministry of Health (MoH) [Ethiopia] and ICF. 2023. *Ethiopia Service Provision Assessment 2021–22 Final Report*. Addis Ababa, Ethiopia, and Rockville, Maryland, USA: EPHI, MoH and ICF.

Date of correction

May 30, 2024

Chapter 11 Malaria

Page 241 Text Section Key Findings

The text has been corrected in the electronic version of the report on the website.

- There was availability of non-expired, first-line anti-malarial drugs in ~~84~~ 50% of health facilities that offer curative care for sick children.
- Sixty-one percent of the facilities had ACT anti-malaria medication ~~which is the first line anti-malarial for uncomplicated malaria~~, but only 15% had injectable artesunate, which ~~are~~ is the first-line anti-malarial drug for ~~uncomplicated-and~~ complicated P. falciparum malaria treatment in Ethiopia.

Page 245 Text Section 11.4.2 Malaria Treatment Guidelines, Medicines and Trained Personnel for Curative Services for Sick Children

The text has been corrected in the electronic version of the report on the website.

Among facilities that offer curative care for sick children, ~~84~~ 50% had first line anti-malarial medicines, which are universally available in the health centres and all types of hospitals.

There was regional variation in the availability of first line antimalarial medicines among facilities that offer curative services for sick children. Only ~~74~~ 34% percent of health facilities that offer curative services for sick children in ~~Gambela Addis Ababa~~ Region had first line anti-malarial medicines, which is the lowest among all regions in Ethiopia.

Only 24% of these facilities reported having personnel who received training in malaria diagnosis or treatment in the 24 months before the survey, which is less when compared to 35% of health facilities that offered malaria diagnosis and/or treatment services (**Table 11.1**).

The availability of first line anti-malarial medicines in health facilities that reported offering curative services for sick children (~~84~~ 50%) is better than the availability in health facilities that reported malaria diagnostic or treatment services (61%). However, the availability of treatment guidelines and trained personnel in health facilities that reported offering curative services for sick children is lower than the availability in health facilities that reported having malaria diagnostic or treatment services.

Page 245 Text Section 11.4.3 Malaria Service Readiness Index for Facilities Offering Curative Care for Sick Children

The indicator of tracer items for malaria services has been removed. Refer to the malaria service readiness index instead.

The text has been corrected in the electronic version of the report on the website.

The malaria service readiness index was measured for facilities that offer curative care for sick children based on the availability of ~~six tracer items~~ ~~four~~ ~~criteria~~: ~~malaria diagnostic capacity (RDT or microscopy), a staff member recently trained in malaria diagnosis or treatment, malaria treatment guidelines, firstline medicine, ITN and paracetamol~~ 1) malaria diagnostic capacity (unexpired malaria rapid diagnostic test

(RDT) kits or else a functioning microscope with relevant stains and glass slides, staff member recently trained in either RDT or microscopy, and malaria RDT protocol available in facility), 2) having malaria treatment guidelines, 3) having first-line medicine such as artemisinin combination therapy or chloroquine tablets or chloroquine syrup, and 4) personnel recently trained in malaria diagnosis and/or treatment available (~~Figure 11.2~~ **Table 11.4**).

~~Only 10% of the health facilities reported to offer curative services for sick children had all tracer items for malaria diagnosis or treatment services. On average, only 40% (2.4 items) of all the tracer items were available in each health facility. At 80%, ACT anti-malaria medicine was among the most available of the tracer items.~~

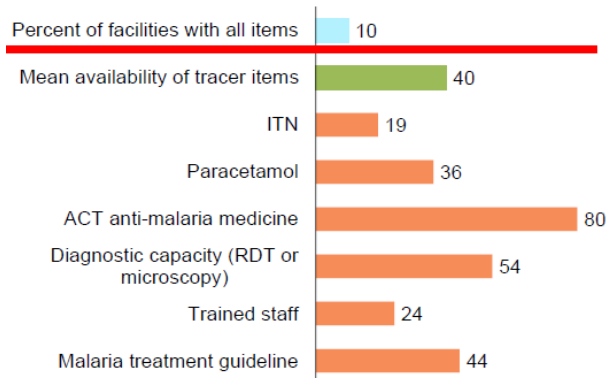
Page 245 Figure 11.2 Percentage of facilities that have tracer items for malaria services

The indicator of tracer items for malaria services has been removed. Refer to the malaria service readiness index instead.

The figure has been removed in the electronic version of the report on the website.

Figure 11.2 Percentage of facilities that have tracer items for malaria services

Among facilities offering curative care for sick children (N=1,043), percent that have:



The calculation of first line treatment was missing chloroquine tablets or chloroquine syrup. This also impacts the calculation of the malaria service readiness index. Added a column on malaria diagnostic capacity.

The table has been corrected in the electronic version of the report on the website.

Table 11.4 Malaria treatment in facilities offering curative care for sick children

Among facilities offering curative care for sick children, the percentages having indicated items for the provision of malaria services available on the day of the survey, and malaria service readiness index, by background characteristics, Ethiopia SPA, 2021–2022

Background characteristics	Percentage of facilities offering curative care for sick children that have:				Malaria service readiness index ^{3,4}	Number of facilities offering curative care for sick children
	Malaria treatment guidelines	First line treatment medicine ¹	Trained personnel ²	Malaria diagnostic capacity ³		
Facility type						
Referral Hospital	71	100 93	14	11	11	2
General Hospital	71	100 79	26	22	15 12	7
Primary Hospital	56	100 81	17	14	10 9	15
Health Centre	64	100 83	35	26	21	179
Health Post	41	89 50	26	11	8	665
Specialty/Higher Clinic	21	7 2	43	43	0	5
Medium Clinic	59	49 9	8	4	0	71
Lower Clinic	15	42 16	3	1	4 0	90
Managing authority						
Public	46	92 58	28	14	11 10	862
Private	35	46 14	7	4	1	173
Region						
Afar	57	88 83	49	26	20	18
Amhara	60	83 72	33	18	15	208
Oromia	34	83 36	15	7	5	381
Somali	49	95 70	39	16	12	67
Benishangul Gumuz	78	77 70	45	45	45	22
SNNP	40	84 47	24	12	5	249
Sidama	44	88 45	32	13	9	44
Gambella	45	74 55	21	10	8 6	15
Harari	50	83 69	53	13	8	3
Addis Ababa	76	84 34	12	10	6 5	21
Dire Dawa	50	76 62	39	16	12 10	4
Urban/Rural						
Urban	51	72 40	18	8	6	243
Rural	42	88 54	26	14	10	792
National	44	84 50	24	12	9	1,034

¹ Artemisinin combination therapy or chloroquine tablets or chloroquine syrup

² At least one interviewed provider of child curative care services reports receiving in-service training in malaria diagnosis and/or treatment during the 24 months preceding the survey. The training must have involved structured sessions; it does not include individual instruction that a provider might have received during routine supervision.

³ Unexpired malaria rapid diagnostic test (RDT) kits or else a functioning microscope with relevant stains and glass slides and staff member recently trained in either RDT or microscopy and malaria RDT protocol available in facility

^{3,4} Facilities having malaria diagnostic capacity (unexpired malaria rapid diagnostic test (RDT) kits or else a functioning microscope with relevant stains and glass slides, staff member recently trained in either RDT or microscopy, and malaria RDT protocol available in facility), malaria treatment guideline, first-line medicine, as well as personnel recently trained in malaria diagnosis and/or treatment available.