

**Essential Health Services in Ethiopia
&
SNNP Regional Health Bureau**

**Health Systems Performance
Survey**



**2004
Addis Ababa**

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I. INTRODUCTION

1.1 Purpose of the Baseline Needs Assessment for Performance Improvement

The Baseline Needs Assessment was carried out to collect information that would guide the development of a strategy and plan for ESHE efforts in performance improvement and also to form a baseline against which the impact of ESHE-supported interventions could be assessed.

1.2 Design of the Needs Assessment

The needs assessment was designed around factors that are known to affect staff performance, Namely:

- Drugs and logistics management at health facilities that ensure the availability of necessary equipment and medicines;
- The number and the distribution of management and service delivery staff at health facilities and Woreda Health Offices;
- Procedures for determining needs for additional staff and to whom these needs are communicated;
- Whether the responsibilities of each staff member are clearly documented and shared;
- Whether and how new staff members are oriented to the responsibilities of their position;
- What management and service delivery standards are available to guide supervision and practice;
- What systems are in use for performance appraisal;
- Whether and how supervision is conducted and the findings shared;
- How Woreda Health Offices and health facilities use the HMIS data for decision-making;
- How each level of the health system involves the community in health activities?

To facilitate a rapid and user-friendly data collection process while ensuring the collection of robust data, the team employed simple methods, such as yes and no questions. However, to ensure that the data received were rich and useful, data collectors were told to ask follow-up questions and to record more complex responses in “data collection notes.” Data collectors probed responses to garner a clear understanding of the “how”, the “why” and the “what implications.” Answers to these questions assisted the team to formulate relevant project interventions. For all instances except for Question C.6 (c) in relation to respondents views about what community members should be involved in, data collectors were trained to wait for unprompted responses.

The draft data collection instruments were shared with Dr Shiferaw and his team at the RHB and, although they unfortunately were not given much time, they did provide significant inputs and suggestions to improve or modify the questions to be asked. The instruments were subsequently amended in time to start the field test the next morning. The field test was conducted in one Woreda Health Office and one health centre in Awassa Zuria and contributed to further adjustment of the instruments.

1.3 Conduct of the Needs Assessment

The SNNPR baseline needs assessment for Performance Improvement was conducted by four teams of two persons each. One person in each team was a consultant or staff member on the ESHE project, the second person in each team was a government official from one of the project Woredas. Each two person team covered one of the project zones and, where applicable, an adjacent special Woreda also.

During the first phase of the baseline needs assessment, a sample of sites was selected based on a minimum number of locations of each type that could be covered in the time that was available. The sites included in the first phase of the baseline are shown in the Table below. It is anticipated that, if it is considered useful, the remaining sites in each of the project Woredas could be covered by the Woreda cluster teams at a later date.

Table 1: Sites Included in the Baseline P.I. Needs Assessment

	Category	Zone	Name of Site	
1	RHB	n/a	SNNP RHB	
1	Zonal Health Desk	Sidama	Sidama ZHD	
2		K.T.	K.T. Woreda Health Office	
3		Hadiya	Hadiya ZHD	
4		Wolayta	Wolayta ZHD	
5		Gamo Gofa	Gamo Gofa ZHD	
1	Woreda Health Offices	Sidama	Aleta Wondo	Aleta Wondo Woreda H.O.
2			Boricha	Boricha Woreda H.O.
3			Dale	Dale Woreda H.O.
4			Shebedino	Shebedino Woreda H.O.
5		K.T.	Omo Sheleko	Omo Sheleko Woreda H.O.
6			Kedida Gemela	Kedida Gemela Woreda H.O.
7		Hadiya	Badwacho	Badwacho Woreda H.O.
8			Lemo	Lemo Woreda H.O.
9		Wolayta	Boloso Sore	Boloso Sore Woreda H.O.
10			Damot Wayde	Damot Wayde Woreda H.O.
11			Damot Gale	Damot Gale Woreda H.O.
12			Kindo Koysa	Kindo Koysa Woreda H.O.
13		Gamo Gofa	Arba Minch Zuria	Arba Minch Woreda H.O.
14			Bonke	Bonke Woreda H.O.
15		Konso	Special Woreda	Konso Sp. Woreda H.O.
1	Health Centre	Sidama	Aleta Wondo	Choko H/C
2			Boricha	Darara H/C
3			Dale	Yirgalem H/C
4			Shebedino	Leku H/C
5		K.T.	Omo Sheleko	Mudula H/C
6			Kedida Gamela	Damboya H/C
7		Hadiya	Badwacho	Korga H/C
8			Lemu	Belesa H/C
9		Wolayta	Beleso Sore	Areka H/C
10			Damot Wayde	Badesa H/C
11			Kindo Koysa	Bale H/C
12			Damot Gale	Boditi H/C
13		Gamo Gofa	Arba Minch	Lente H/C
14			Bonke	Gerese H/C
15			Konso Sp. Woreda	Karate H/C

Table 1: Sites Included in the Baseline P.I. Needs Assessment, continued

	Category	Zone		Name of Site
1	Health Station	Sidama	Aleta Wondo	Loko
2			Dale	Chanco
3			Shebedino	Abela Lida
4		Hadiya	Lemu	Shurmo
5		Wolayta	Beloso Sore	Garagodo
6			Damot Wayde	Girarara
7		Gamo Gofa	Arba Minch	Chena
1	Health Post	Sidama	Shebedino	Morocho Nagasha
2			Boricha	Konsore Chafa
3		K.T.	Kedida Gemela	Jore
4		Wolayta	Boloso Sore	Dola
5			Kindo Koysa	Fenchena
6		Gamo Gofa	Arba Minch	Chana

At each site, data was collected by interview and, where appropriate, through review of relevant documentation to confirm the responses given. At each site, the Head and as many members of the management team who were available, were interviewed together and consensus sought before the answers were recorded on the data collection instruments.

1.4 Data Analysis

The responses to the questions asked during the baseline needs assessment were entered onto Excel spreadsheets and then totaled to allow analysis of frequencies and proportions. Responses to the exploratory questions were recorded on separate tables, coded by topic, so that they were available to be shared and discussed by the P.I. team and used to inform conclusions and strategy design for project interventions.

2. FINDINGS

2.1 Transportation

A significant facilitating factor influencing the performance of health personnel is the ability of management and supervision staff to reach the cadres they support on a regular basis and the ability of health centre staff to access the populations they serve. Hence it was decided that questions about the availability of transportation would provide insight into the functioning of management and supervision systems, as well as service provision/community outreach.

As shown in Table 2, although all of the Zonal Health Desks had at least one vehicle (Hadiya has four), 41% (5 out of the total number of 12 vehicles) were off the road in need of repair.

Of the 15 Woreda Health Offices covered, 11 (73%) had no functioning vehicle. Of the total number of vehicles belonging to the Woreda Health Offices, more than half (6 of 11) were off the road in need of repair. Although the 15 Woreda Health Offices had a total of 46 motorbikes, 26 of these (57%) were in need of repair.

Table 2: Transport Belonging to Zonal Health Desks and Woreda Health Offices

Location	Cars		Motorbikes	
	Working	Needing Repair	Working	Needing Repair
Sidama ZHD	2	2	3	0
Aleta Wondo Wor. H.O.	1	0	0	0
Boricha Wor. H.O.	0	0	0	0
Dale Wor. H.O.	0	0	0	0
Shebedino Wor. H.O.	0	0	1	1
K.T. ZHD	1	0	0	0
Omo Sheleko Wor. H.O.	0	0	0	1
Kedida Gemela Wor.H.O..	0	0	1	2
Hadiya ZHD	4	1	1	0
Badwacho Wor. H.O.	0	1	0	2
Lemo Wor. H.O.	0	1	1	0
Wolayta ZHD	1	0	1	0
Boloso Sore Wor. H.O.	0	1	1	7
Damot Watde Wor. H.O.	0	1	5	2
Damot Gale Wor. H.O.	1	0	1	1
Kindo Koysa Wor. H.O.	1	0	6	1
Gamo Gofa ZHD	1	0	0	0
Arba Minch Wor. H.O.	0	0	1	0
Bonke Wor. H.O.	0	0	0	0
Konso Special Wor. H.O.	1	2	1	5
Total: ZHDs	9	3	5	0
Total: Woreda H.O.s	4	6	18	22

Table 3 shows the transport available at the health facilities. Only 6 of the 15 health centres had cars stationed there. Of these 6 health centres, 4 are in Sidama Zone, one in K.T Zone and one in Konso Special Woreda. All of these were functioning. 12 of the 15 health centres had functioning motorbikes; a further 8 were off the road.

Five of the 7 health stations covered in the baseline had a motorbike functioning and only one health station motorbike was off the road in need of repair. Of the 5 health posts covered in the baseline, only one had a bicycle.

Table 3: Transport Stationed at Health Facilities

Location	Facility	Cars		Motorbikes/Bikes	
		Working	Need Repair	Working	Need Repair
Sidama ZHD					
Aleta Wondo	Choko H/C	1	0	2	1
	Loko Hlth. St.	0	0	1	0
Boricha	Darara H/C	1	0	1	0
	Konsore H.P.	0	0	0	0
Dale	Yirgalem H/C	1	0	2	0
	Chancho Hlth. St.	0	0	1	0

Table 3: Transport Stationed at Health Facilities, continued

Location	Facility	Cars		Motorbikes/Bikes	
		Working	Need Repair	Working	Need Repair
Sidama ZHD					
Shebedino	Leku H/C	1	0	1	0
	Abela Lida H. St.	0	0	1	0
	Morocho H.,P.	0	0	0	0
K.T. ZHD					
Omo Sheleko	Mudula H/C	1	0	0	0
Kedida Gemela	Damboya H/C	0	0	1	0
	Jore Hlth. Post	0	0	1	0
Hadiya ZHD					
Badwacho	Korga H/C	0	0	1	0
Lemo	Belesa H/C	0	0	1	0
	Shurmo Hlth.St.	0	0	1	0
Wolayta ZHD					
Beloso Sore	Areka H/C	0	0	2	0
	Garagodo Hlth Stat.	0	0	1	0
	Dola Hlth Post	0	0	0	0
Damot Wayde	Badesa H/C	0	0	1	0
	Girarara Hlth. Stat.	0	0	0	1
Damot Gale	Boditi H/C	0	0	1	1
Kondo Koysa	Bale H/C	0	0	1	1
	Fenchena Hlth.Post	0	0	0	0
Gamo Gofa ZHD					
Arba Minch	Lente H/C	0	0	0	0
	Chena Hlth. St.	0	0	0	0
	Chana Hlth Post	0	0	0	0
Bonke	Gerese H/C	0	0	0	2
Konso.	Karate H/C	1	0	1	2
Total: Motorbikes		6	0	20	8
Total: Bicycles				1	0

Zonal Health Desks and Woreda Health Offices (73% of them) stated that they were using the Government Regional auto workshop for their vehicle repairs; 53% of them stated they also used private garages for repairs. They reported a lack of spare parts and lack of finance as reasons for the difficulties of keeping their vehicles on the road.

11 of the 15 Woreda Health Offices (73%) reported that they had had to cancel or postpone planned activities in the last six months due to lack of transport. In 72% of these cases, the lack of transport was due to vehicles needing repair. In only one case had the vehicle been taken by another government office. Similarly, 43% of the health centres also reported that they had had to cancel or postpone planned activities due to lack of transport, with 83% of these stating that this lack was due to the vehicle needing repair.

Only one of the 5 health posts covered had a bicycle available.

It was clear that lack of transportation is a barrier to achievement of community outreach targets and a severe constraint to the provision of regular and consistent supervision.

2.2 Communication, Power and Office Facilities

The ability of health offices and health facilities to communicate with others facilitates the efficient exchange of information, guidance and instructions. Radios at health facilities have an influence on referrals and emergency services. Electricity enables a health facility to provide services at night and facilitates infection prevention measures. Finally, the availability of sufficient desks and chairs influences the ability of officers to meet and discuss, to compile health statistics and other reports, and generally to function efficiently.

All the Woreda Health Offices apart from Konso had electricity. 10 of the 15 health centres (66%) had electricity, whilst only one of the 7 health stations (14%) had power.

Nine of the 15 Woreda Health Offices (60%); 6 (40%) of the health centres and one (14%) of the health stations had a functioning telephone.

All the Zonal Health Desks except for Wolayta had radio communication facilities; only two of the Woreda Health Offices (Bonke and Konso) had radios. Only one (7%) of the health centres and only one (14%) of the health stations had a radio.

7 of the 15 Woreda Health Offices have a computer but of these, only 2 have any staff trained in how to use it.

In 10 of the 15 Woreda Health Offices each technical officer has a table and chair of his/her own. In the remaining 5, technical staff have to rotate through the office as there is insufficient furniture for all officers to sit at the same time.

2.3 Drugs and Medical Supplies

A significant indicator of quality of service in the health sector is the availability of the necessary drugs and other medical supplies to treat patients effectively. The assessment reviewed the occurrence of stock outs, ordering systems, etc... to evaluate the current status of drug and logistics management systems.

12 (80%) of the 15 Woredas, 12 (80%) of the 15 health centres and 6 (87%) of the health stations covered stated that they had experienced stock outs of drugs and medical supplies in the last 12 months. Contraceptives had been in very short supply, followed by malaria drugs and antibiotics. Where stock outs did occur, the health facility would normally notify the Woreda Health Office which in turn would notify the Zonal Health Desk. 5 of the Woredas stated that they had approached the Woreda Capacity Building Bureau to apply to the Woreda Council for special funds to make an emergency procurement and had been awarded the funds. Three of the Woreda Health Offices had approached NGOs operating in the area for assistance with contraceptives.

The health centres were not routinely using the out-of-stock report sheet and in general, stock-keeping was handled by the individual in charge of the pharmacy with little or no oversight from the facility management. Therefore stock outs could occur without any prior warning.

2.4 Maintenance and Use of the HMIS

The availability and routine use of health information provides a crucial means for managers to monitor the impact of the health activities carried out and, through this, to aid decision-making on what needs to be done in the future.

Data on 11 health indicators was collected from each of the 15 Woreda Health Offices for the three quarters of the present year 2004 (EY 1996) and for the previous year 2003 (EY 1995). (See Annex 1) Despite the importance of sanitation on community health and the increasing focus on this issue through the efforts of community health promoters, data on latrines was often missing. In addition, most Woredas were combining new and continuing family planning acceptors to provide data on family planning coverage which prevents the monitoring of continuation rates, a key factor that provides insight into the quality of family planning service provision.

Only two of the 15 Woreda Health Offices (Arba Minch and Bonke) did not have a functioning HMIS Committee. All the health centres and health stations visited in Sidama and Wolayta ,(8/15=53%),showed evidence of reviewing their health information each quarter before sending it up to the Woreda Health Office, but those in Hadiya, K.T. and Arba Minch did not.

Use of the HMIS data at Woreda Health Offices was evident, since poor performance on health indicators was usually rectified in the following quarter, with a significant increase in coverage. Nevertheless, there were some inconsistencies in the compilation of the data at the Woreda Health Offices and evidence of uncertainty as to what some of the indicators really mean.

At both the Woreda Health Offices and the health centres, review of the HMIS data is the predominant reason for management meetings. Outside of the HMIS, there appeared to be a lack of systematic information sharing at health centres.

Regular reviews of performance, with the Woreda meeting with all its health facilities, are continuing to take place in all of the Woredas except for Konso. Although the Woreda Health Offices said that they planned to carry out quarterly reviews this year, only 7 of the 15 had managed this. The others had managed to obtain funding to hold one review meeting every 6 months as shown in Table 4 below.

Table 4: Number of Review Meetings Held with Health Facilities in 2004

Zine/Woreda	Number of Review Meetings held in 2004
Sidama ZHD	
Aleta Wondo Woreda.	4
Boricha Woreda.	2
Dale Woreda	2
Shebedino Woreda	4
K.T. ZHD	
Omo Sheleko Woreda	2
Kedida Gemela Woreda.	4
Hadiya ZHD	
Badwacho Woreda	4
Lemo Woreda	2
Wolayta ZHD	
Boloso Sore Woreda	4
Damot Wayde Woreda.	4
Damot Gale Woreda.	4
Kondo Koysa Woreda	2
Gamo Gofa ZHD	
Arba Minch Woreda	2
Bonke Woreda	2
Konso Special Woreda	0

2.5 Health Facilities

The numbers of health facilities (health centres, health stations and health posts) in each of the Woredas visited during the baseline needs assessment are given in Table 5. Table 5 also indicates present plans for conversion (upgrading to a health centre or downgrading to a health post) of the health stations.

Table 5: Total Health Facilities in the Woredas

Zone/Woreda	Present Gov't Health Facilities			Planned Conversions		NGO Facilities		Private Clinics
	Health Centre	Health Station	Health Post	H.St. to H/C	H. St to HP	Health Centre	Health Post	
Sidama ZHD								
Aleta Wondo	2	5	4	3	2	3	0	0
Boricha	2	2	2	1	1	1	0	0
Dale	2	5	7	2	3	3	0	0
Shebedino	1	6	5	5	1	0	0	0
K.T. ZHD								
Omo Sheleko	2	3	6	1	2	0	0	0
Kedida Gemela	1	1	6	1	0	0	0	0
Hadiya ZHD								
Badwacho	2	2	7	2	0	0	0	0
Lemo	2	2	4	2	0	0	2	2
Wolayta ZHD								
Boloso Sore	1	5	2	4	1	0	0	1
Damot Wayde	1	4	3	3	1	1	0	0
Damot Gale	1	3	4	2	1	1	0	0
Kondo Koysa	1	4	3	4	0	1	0	2
Gamo Gofa ZHD								
Arba Minch	1	5	2	1	1	0	0	1
Bonke	2	2	3	2	0	0	0	1
Konso Sp.Woreda	1	9	14	5	4	1	0	1
Total	22	58	72	38	17	11	2	7

Out of the 58 health stations in the 4 Zones covered, 38 of them (66%) are intended to be upgraded to health centres, so the total number of health centres in these 4 Zones are planned to increase from 22 to a total of 60.

Whilst the health stations are expected to be phased out in the future, their transformation may take some time. At present, some of the health stations (especially in Wolayta) are in poor condition, do not receive regular supervision, do not have even basic reference materials and appear understaffed for their role in in-house service provision and community outreach. It appears important not to ignore health stations during this interim period and to ensure that they are able to function effectively in service provision.

2.6 Staffing

The most important resource required for service delivery is the human resource – the staff. The staff available influences the capacity of the health system to provide appropriate services and to manage and support this service delivery. The baseline needs assessment collected information on all the technical staff available within each of the project Woredas to gain an understanding of any problems or constraints that might inhibit the performance of the public health system.

At the time of the baseline needs assessment, decentralization to the Woreda level was still in process. The full complement of posts at the Woreda Health Office level is intended to be 16, but at present most of these posts is not yet filled with individuals who meet the minimum requirements. In relation to management staffing, the minimum number of posts that should be filled was based on the following assumptions:

Zonal Health Desk:	4	Zonal Head Head of Disease Prevention & Control Head of Service Delivery & Training Pharmacist
Woreda Health Office:	6	Head of the Woreda Health Office Head of Disease Prevention & Control Head of Service Delivery & Training Team Leader – Family Health Team Leader – Vector Born Diseases Team Leader -
Health Centre:	6-9	Head of the Health Centre Administrator Head Nurse/Technical Coordinator Team Leader – Family Health Team Leader – OPD Team Leader – Laboratory Team Leader – Pharmacy Team Leader – TM Clinic Team Leader – In-Patient Ward

The actual number of management positions filled at the time of the baseline needs assessment is given in Table 6.

Table 6: Management Positions Filled

	Total Posts	Posts Filled	% Filled	No. Away on Trg.	Av. Mths In Post
Regional Hlth Bureau	23	20	87%	0	n/a
Sidama ZHD	4	4	100%	0	45
Aleta Wondo Wor. H.O.	6	4	66%	0	17
Chuko H/C	9	9	100%	0	19
Boricha Wor. H.O.	6	5	83%	0	54
Darara H/C	8	7	88%	0	29
Dale Wor. H.O.	6	4	66%	0	44
Yirgalem H/C	8	7	88%	0	27
Shebedino Wor. H.O.	6	4	66%	0	9
Leku H/C	8	7	88%	0	31
K.T. ZHD	4	4	100%	0	23
Omo Sheleko Wor. H.O.	6	3	50%	0	12
Mudula H/C	8	5	83%	0	16
Kedida Gemela W.H.O.	6	3	50%	0	19
Damboya H/C	6	4	75%	0	24

Table 6: Management Positions Filled, continued

	Total Posts	Posts Filled	% Filled	No. Away on Trg.	Av. Mths In Post
Hadiya ZHD	4	4	100%	0	11
Badwacho Wor. H.O.	6	2	33%	0	18
Korga H/C	6	5	83%	0	10
Lemo Wor. H.O.	6	4	66%	0	49
Belesa H/C	6	5	83%	0	17
Wolayta ZHD	4	4	100%	2	6
Boloso Sore W0or. H.O.	6	5	83%	0	18
Areka H/C	7	6	86%	0	25
Damot Wayde Wor. H.O.	6	5	83%	0	14
Badesa H/C	6	4	67%	0	18
Damot Gale Wor. H.O.	6	4	67%	0	16
Boditi H/C	7	6	86%	0	30
Kindo Koysa Wor. H.O.	6	4	67%	0	34
Bale H/C	6	5	83%	0	17
Gamo Gofa ZHD	4	3	75%	0	20
Arba Minch Wor. H.O.	6	3	50%	0	36
Lente H/C	6	2	33%	0	4
Bonke Wor. H.O.	6	2	33%	0	12
Gerese H/C	6	3	50%	0	6
Konso Special Wor. H.O.	6	4	67%	0	12
Karate H/C	6	4	87%	0	21
Total	122	83	68%	2	

Many individuals at Woreda Health Offices and health centres have been recently appointed to their management positions (although the average time in post as shown in Table 5 is skewed by a few individuals who have been in their positions for 5-10 years). Many of the Woreda Health Office managers are acting in their positions and many are acting in several posts simultaneously.

More than 90% of Woreda Health Office and health centre managers have never had any management training, except for training in the use of the HMIS data for decision-making under the first ESHE project.

All the Woreda Health Offices confirmed that they were responsible for deciding where to post new staff allocated to them by the Regional Health Bureau. The distribution of available staff across health facilities within a Woreda does not seem to be based on service demand (the number of clients visiting the health facility or the size of the communities that they are serving). Yet all of the Woreda Health Offices stated that they needed more staff and had communicated this need to the Woreda Capacity Building Bureau (93% of cases) and/or the Zonal Health Desk (87% of cases). The justification for needing more health staff was given by the Woreda Health Offices as vacancies (53% of cases), level of workload (87% of cases) or new health facilities needing to be staffed (80% of cases).

80% of the health centres also stated that more staff were needed and that they had communicated this need to the Woreda Health Office. Reasons for the need for more staff were stated to be vacant posts (62% of cases), workload (77% of cases) or additional program activities expected of them (38% of cases).

The present technical staffing of each of the health facilities within the Woredas covered by the baseline needs assessment is given in Annex 1.

At the health centres visited during the needs assessment baseline, a total of 27 technical staff were at the time absent on upgrading training (representing a full one quarter of all professional health staff), yet this was never stated as a reason for the need for more staff. It is understood that staff will no longer be eligible for upgrading training and that in future all entrants to training will be direct entrants from school.

Despite this perceived need for more staff, service demand at many health centres appeared to be relatively low for the number of staff that are posted there. On the other hand, health stations (except in Damot Gale) all have between 1 to 3 technical staff and are expected to provide in-house clinical services as well as significant community outreach.

Annex 1 indicates that, for health posts, there appears to a wide range of staffing approaches that do not appear to be linked to volume of activity of the size of the community served. There are some zonal staffing variations, such as the use of primary health assistants at health posts in Hadiya and KT and the use of FLHW at Health posts in Wolyata and Gama Gofa.

The Regional Health Bureau reported, during interviews for the baseline needs assessment that it was in the process of developing a human resource plan. It was projecting the need for staff at health centre level based on different staffing standards based on whether the health centre demonstrated a “high volume” of clients or a “low volume” of clients. A “high volume” health centre has staffing standard of 18 technical staff; a “low volume” health centre has a standard of 13 technical staff. Based on these staffing standards, Table 7 presents the staff needed at each of the health centres visited and compares this with the existing staff currently in-post. Table 8 shows that present staffing levels represent less than 50% of the standards set. However, it should be noted that the new standards specify “senior” grades (for example, senior laboratory technician, or senior public health nurse). As many of the present staff are juniors, the present staffing situation is not as dire as would appear in Table 7.

None of the officers at the Woreda Health Offices and health facilities visited had received any real orientation to their jobs. Although responses to this question were often “Yes, we give orientation to new staff”, probing revealed that this usually consisted of introducing the new staff member to other staff at the office or facility and of showing them where things were. Expectations about their performance did not appear to be shared by the Head or the senior staff. The only exception to this was one health station head who had had a new staff member allocated to the facility who had been transferred in due to performance problems. In this case, the Health Station Head stated that for several months he had organized the work such that the new staff member had to work alongside him so that he could supervise what was happening.

2.7 Expected Standards of Performance

The Regional Health Bureau had asked the team to investigate whether the Zonal Health Desks and the Woreda Health Offices were familiar with the management standards that had been developed by the RHB in 2002. The team carried copies of these with them so that they could show them during the interviews to ensure understanding of what was being asked. Three of the Zonal Health Desks and 14 of the 15 Woreda Health Offices had never seen these standards, but several asked to keep copies as they stated “we have no clear description of what we are meant to do and this will be helpful”. No management standards had ever been developed for health facilities, so this issue was not pursued at that level.

Table 7: Staff Required According to RHB Standards (for High Volume and Low Volume Health Centres) Compared with Current Staff In-Post

Health Centre	Health Officer		Snr. PH Nurse		Snr.Clin. Nurse		Snr. Midwife		Anaesth. Nurse		Sanitarian		Snr. Lab. Tech.		Sr. Pharr.Tech.		TOTAL		
	Req.	In-P	Req.	In-P	Req.	In-P	Req.	In-P	Req.	In-P	Req.	In-P	Req.	In-P	Req.	In-P	Req.	In-P	
Sidama Zone																			
Chuko H/C	1	1	1	0	5	4	1	0	0	0	1	1	2	1	2	0	13	7	
Darara H/C	2	0	2	0	6	2	2	1	1	0	1	1	2	1	2	0	18	5	
Yirgalem H/C	2	0	2	1	6	2	2	1	1	0	1	1	2	1	2	0	18	6	
Leku H/C	2	1	2	0	6	5	2	1	1	0	1	1	2	0	2	1	18	9	
Hadiya Zone																			
Belesa H/C	2	0	2	1	6	4	2	0	1	0	1	1	2	1	2	0	18	7	
Korga H/C	1	0	1	0	5	1	1	0	0	0	1	0	2	1	2	0	13	2	
K.T. Zone																			
Damboya H/C	1	1	1	2	5	2	1	1	0	0	1	1	2	1	2	0	13	8	
Mudula H/C	1	1	1	0	5	4	1	1	0	0	1	1	2	2	2	0	13	9	
Wolayta Zone																			
Areka H/C	2	1	2	0	6	2	2	2	1	0	1	2	2	4	2	1	18	12	
Badesa H/C	1	1	1	2	5	1	1	0	0	0	1	0	2	1	2	0	13	5	
Bale H/C	2	1	2	1	6	3	2	1	1	0	1	2	2	2	2	0	18	10	
Boditi H/C	2	1	2	1	6	6	2	2	1	0	1	0	2	2	2	0	18	12	
Gamo Gofa Zone																			
Lante H/C	1	0	1	0	5	1	1	0	0	0	1	0	2	0	2	0	13	1	
Gerese H/C	2	1	2	1	6	1	2	0	1	0	1	0	2	0	2	0	18	3	
Konso Special Woreda																			
Karate H/C	2	0	2	0	6	7	2	2	1	0	1	0	2	1	2	2	18	12	
TOTAL	24	9	24	9	84	45	24	12	9	0	15	11	30	18	30	4	240	108	

Both the Woreda Health Offices and the health facilities were asked whether there were any standards for service delivery available. If standards were available, they were asked to share them with the data collectors so that the data collectors could confirm that they actually were standards and could review their content and scope. Just fewer than 50% responded that there were some standards available. The most commonly available standards were the Integrated Refresher Quick Reference Guide (in its original A4 format) and a Malaria Treatment Guide developed by the Federal Ministry of Health. Some Woreda Health Offices and health facilities (particularly in Sidama and Wolayta) also had several copies of the laminated job aids produced with the help of the ESHE project. When asked how the various standards were used, staff replied that they helped them to remember what to do, but supervisors did not recognize their value as a supervisory tool. Health facility staff also expressed a need for more standards that could guide their work.

Staffs at the Woreda Health Offices and the health facilities were asked if there were job descriptions available for each position. Five of the 30 locations visited (16%) stated that there were job descriptions, but on probing, these turned out to be the standard descriptions developed by the Federal Ministry of Health for job evaluation purposes (placing posts on the salary scale). Several comments were volunteered by the managers interviewed, such as “I need a job description to help me defend my activities with the Capacity Building Bureau” or “a job description would be really helpful to inform me about what I am expected to do”. One Head of a health centre smiled widely when asked whether there were any job descriptions and produced one that he had drafted for himself, stating that he really needed one to guide his actions.

2.8 Performance Appraisal

At the time of the baseline needs assessment, all the Zonal Health Desks had received an orientation on the new results-based performance appraisal system that is being introduced throughout the public service and were expected to have conducted a similar orientation with their Woreda Health Offices. However, the team found that although the Zonal Health Desks admitted that they had attended the orientation in Yirgalem, only Wolayta had set the wheels in motion. In Wolayta, Woreda Health Office and health centre staff produced their performance plans and even staff at health posts were able to report on their results-oriented performance plan for the first 6 months of this calendar year. All staff interviewed in Wolayta expect their performance to be evaluated before the end of the budget year.

The new process in Wolayta has introduced some significant changes in behaviour already. All staff in the health facilities (including the managers) have responsibility for the achievement of the coverage targets within specified communities and these are reviewed as part of the regular HMIS reviews. One health facility Head told the team “now it is very clear who is not working”.

However, a review of a sample of the performance plans produced by staff in Wolayta revealed that whilst quantitative aspects are well understood and built into the performance plans, other aspects (quality, cost and timing) are less well understood and not well covered.

In locations outside of Wolayta, Woreda Health Office and health facility staff told us that there had been a performance appraisal process conducted by a Committee, including representatives from the community, but this had not been in operation this year as things were changing, although they were not sure what the new system consisted of. Since all staff are meant to have a performance plan for the new budget year developed by the end of June, it is of some concern that only one of the 5 Zones visited had made any progress to date.

2.9 Supervision

Table 8 provides the findings of the baseline needs assessment for supervision. Overall, 80% of health facilities stated that they received a supervisory visit from their Woreda Health Office at least once a quarter. However, the plans for supervision were only able to be met this budget year by 40% of the Woreda Health Offices due to lack of transport and time.

There was a variation in who took responsibility for health posts. In some Woredas, the Woreda Health Office claimed that they supervised their health posts; in other Woredas, health centres appeared to be taking responsibility for the supervision of health posts. In Wolayta Zone, the new results-oriented performance planning and appraisal process (ROPPA) that has been initiated is driving health centre staffs out to the health posts to stimulate improvements in the coverage indicators for the areas that they were assigned responsibility for and indicates that there is potential for some realignment of supervisory responsibilities.

60% of the Woreda Health Offices stated that they used the Integrated Supervisory Checklist for supervision of health facilities. Those that did not were from K.T. Hadiya, Wolayta and Gamo Gofa. There was also a significant discrepancy between the claims of the Woreda Health Offices and the reports on the use of the Checklist by health facilities.

No level being supervised had a copy of the supervisory checklist that their supervisors used when they visited so were not familiar with the contents and were not able to use the checklist to conduct self-assessments. The data collection team carried extra copies of the checklists to leave at the relevant levels so that they could review what is being looked for by their supervisors.

Although 80% of the Woreda Health Offices claimed that they wrote a report of the findings of the supervisory visits (either in the Supervisory Book or Visitors Book kept at the health facility, or by a separate report written later and sent back) this was not confirmed when the team asked to see these reports. In many cases, the latest entry in the Visitors book (if one was available) was written by an ESHE Project team member in 2003.

More than 87% of the Zonal Health Desks and Woreda Health Offices stated that they shared the findings of the supervisory visit at a subsequent management team meeting so that all officers were briefed on the findings.

As for performance appraisal, the issue of quality of service is not addressed in the Integrated Supervisory Checklist.

Table 8: Summary of Findings on Supervision

Level	Plan for Supervision	Plan Achieved this Year?	Findings Discussed with Staff?	Report of Findings Written?	Integrated Supervisory Checklist Used?	Findings shared with whole Mgmt.Team?
Zonal Health Desk supervision of Wor. Health Offices	20% mthly 40% 1/4ly 40% other	40% Yes	80% Yes	80% Yes	60% Yes	100% Yes
Woreda H.O supervision of health facilities	80% 1/4ly 20% other	40% Yes	87% Yes	73% Yes	60% Yes	87% Yes

Within a particular level, managers do not take responsibility for the routine monitoring of performance by their staff, in fact, when questioned about why the Head of a health centre does not supervise his staff; the answer was usually “that would be checking up on them”. The term “supportive supervision” appears to have given an interpretation that was not intended and is actually interfering with effective management and oversight of staff performance.

2.10 Training

At all levels of the service, no records are kept on which individuals have participated in in-service training. One Zonal Health Desk did produce a list of participants for a particular training course, but there is no individual record that can help inform managers of the particular skills of staff members or to help them select appropriate participants for new trainings.

2.11 Community Involvement

The Regional Health Bureau had specifically requested that health staff attitudes towards involvement of the community in health programmes be addressed during the baseline needs assessment. Therefore, questions were asked both about current practices and about what else they felt community members could be involved in.

Responses to these questions at all levels revealed that commitment to the role of the community in health programmes is high. However, the term “community” was often taken to mean community health workers rather than ordinary community members.

When probed about what community members could contribute, the focus tended to be on implementation activities rather than on joint planning, monitoring of progress against plans or on supervision. However, most individuals interviewed agreed that, with initial guidance and support, community members could play an important role in contributing to decisions about what needed to be done and overseeing and supervising community actions.

3. SUMMARY OF FINDINGS

Transportation

1. There is a lack of transportation at Woreda Health Offices and health facilities and this a barrier to achievement of community outreach targets and a severe constraint to the provision of regular and consistent supervision.
2. Where transportation is available, it is often in need of repair, but the Woredas lack the funds to maintain both the vehicles and motorbikes.

Communication, Power and Office Facilities

3. 66% of the health centres and 14% of the health stations have electricity.
4. 60% of the Woreda Health Offices, 40% of health centres and 14% of health stations have a telephone.
5. 13% of the Woreda Health Offices, 7% of the health centres and 14% of the health stations have radio communication.
6. 34% of the officers at Woreda Health Offices do not have their own desk and chair, so that when all officers are in the office at the same time one third of them have nowhere to sit and work.

7. 47% of the Woreda Health Offices have a computer, but only 2 of these offices (13%) have any staff trained to use the computer.

Drugs and Medical Supplies

8. 80% of the Woreda Health Offices and Health Centres, and 87% of the health stations had experienced stock outs in the last 12 months. Stock outs of depo provera was frequent, and there had also been stock outs of malaria drugs and antibiotics.
9. There is little management oversight of the drug and medical supply situation at the health centres; this is left to the individual responsible for dispensing. The out of stock report is not in use.

Maintenance and Use of HMIS Data

10. 87% of the Woreda Health Offices had a functioning HMIS Committee, which tended to be the main reason for the officers to meet.
11. All of the health facilities showed evidence of using the HMIS data to make decisions on priorities for action.
12. Many of the Woreda Health Offices and health facilities were not monitoring new and continuing family planning acceptors separately and were not collecting information on latrines.
13. As of May 2004, all the Woreda Health Offices had managed to hold at least 2 performance review meetings with their health facilities in the 2004/2005 budget year.

Health Facilities

14. In the 15 Woredas covered by the needs assessment, there were a total of 22 health centres, 58 health stations and 72 health posts. Of the 58 health stations, 38 are planned to be upgraded to health centres, which would make a total of 60 health centres.
15. Many of the health stations, particularly in Wolayta Zone, are in poor condition and are poorly staffed, poorly equipped and lacking any reference materials or aids for health education.

Staffing

16. In the 15 Woreda Health Offices covered by the needs assessment, 68% of the currently prescribed 6 management positions are filled and many managers are acting in up to three different positions.
17. In general, the staffing at health centres appears adequate in relation to service demand. On the other hand, health stations are poorly staffed for the in-house and outreach activities they are expected to conduct.
18. The present staffing of the 15 health centres represents 48% of the total required according to new staffing standards developed by the Regional Health Bureau (18 technical staff for a high volume health centre and 13 technical staff for a low volume health centre).
19. The present deployment of available technical staff across the different health facilities in a Woreda does not seem to be based on the level of workload (patient attendances) or on the size or accessibility of the communities which they are meant to serve.
20. None of the managers at Woreda Health Offices and health facilities have had any management training, except in the use of the HMIS.

21. New staff are not given any orientation to their job responsibilities or expected working procedures at their new place of work.

Expected Standards of Performance

22. 60% of the Zonal Health Desk managers and 93% of the Woreda Health Office managers had never seen the management standards developed by the Regional Health Bureau in 2002 (although many asked to keep the copies carried by the data collection team since they claimed that this was the first time they had received clear guidance on what their responsibilities were).
23. Less than 50% of the Woreda Health Offices and health facilities claimed that there were service delivery standards available. Review of the standards they were referring showed the standards to be the IRT Quick Reference Guide and the Malaria Treatment Guidelines developed by the Ministry of Health. The need for more standards to guide service delivery was frequently expressed.
24. None of the staff at the Woreda Health Offices or health facilities had job descriptions clearly defining their specific job responsibilities.

Performance Appraisal

25. Although all the Zonal Health Desks admitted that they had received an orientation to the new results-based performance planning and appraisal system being introduced across the public service, only Wolayta Zone had rolled out this orientation to their Woreda Health Offices and health facilities. No performance plans are being prepared for the 2004/2005 budget year by the other 4 Zones.
26. Despite the orientation, staff in Wolayta had had difficulties in preparing their performance plans. The “quantity” factor was well understood, but “quality”, “cost” and “timeliness” were not and their first performance plans for the last 6 months of this year reflect this uncertainty.

Supervision

27. The Zonal Health Desks and Woreda Health Offices had been able to fulfil their plan for supervision during the 1994-95 budget year (this was either monthly or quarterly visits to each site).
28. 60% of the sites visited claimed that they use the integrated supervisory checklist to guide their supervision, but many sites did not have a copy of the checklist.
29. None of the sites visited had seen the checklist used by their supervisors when they came to supervise, so they had been unable to conduct self-assessments using the same criteria.
30. More than 87% of the Woreda Health Offices claimed that they shared their supervisory findings with the health facility managers before they left the facility.
31. 80% of the Woreda Health Offices claimed that they provided a written report of their supervisory visit to the health facility supervised, either in the Visitors’ Book or by sending back a written report after the visit. However, the Visitors’ Book was often missing or, if present, the latest entry was usually written by an ESHE staff member (in 2003).
32. On-site supervision of staff by health facility managers is usually restricted to checking that staff report to work on time and stay until the end of their working shift. Monitoring of what staff are doing and how they are doing it is not considered to be the role of health facility managers.

33. Supervision of community health workers is intermittent, although in Wolayta, the introduction of the results-based performance planning and appraisal process is encouraging health centre staff to visit the health posts more frequently to assess progress against their plans. No guidance or supervisory checklist is available to guide supervision of community health workers.

Training

34. No records are maintained, at any level of the health system, on the in-service training received by individual staff members.

Community Involvement

35. Commitment to the role of the community in health programmes is high. However, the term “community” was often taken to mean community health workers rather than ordinary community members.
36. When probed about what community members *could* contribute, the focus tended to be on implementation activities rather than on joint planning, monitoring of progress against plans or on supervision. However, most individuals interviewed agreed that, with initial guidance and support, community members could play an important role in contributing to decisions about what needed to be done and overseeing and supervising community actions.

Annex 1: Present Staffing of the Health Facilities, page 1

LOCATION	PRESENT STAFF IN-POST AT EACH HEALTH FACILITY																	
	HO	Comp. Nurse	Snr. Midw.	Snr PH Nurse	Jnr. Clin. Nurse	Jun. PH Nurse	Jun Midw.	Hlth. Asst.	Snr. Phasm. Tech	Snr. Lab. Tech	Jun. Pharm. Tech	Jun Lab. Tech	Sani-tarian	Prim. Hlth Asst.	FLHW	CHW	CHA	TBA
H/Cs																		
Sidama Zone																		
Altea Wondo																		
Chuko H/C	1	4	-	-	3	2	1	3	-	1	1	2	1	-	-	-	-	-
Aleta Wondo H/C	1	4	1	-	2	-	-	4	-	-	1	3	1	-	-	-	-	-
Boricha																		
Darara H/C	-	2	1	-	2	1	2	-	-	1	1	1	1	-	-	-	-	-
Yirba H/C	-	4	1	1	-	-	1	1	-	-	1	2	1	-	-	-	-	-
Dale																		
Yirgalem H/C	-	2	1	1	1	1	-	5	-	1	1	2	1	1	-	-	-	-
Mesenkele H/C	1	4	-	1	3	-	2	2	-	-	1	2	-	1	-	-	-	-
Shebedino																		
Leku H/C	1	5	1	-	1	-	-	2	1	-	-	2	1	-	-	-	-	-
K.T. Zone																		
Omo Sheleko																		
Mudula H/C	1	4	1	-	1	-	-	3	-	2	1	-	1	-	-	-	-	-
Turto H/C	-	2	-	-	4	1	1	3	1	-	-	1	-	-	-	-	-	-
Kedida Gemela																		
Damboya H/C	1	2	1	2	1	-	-	2	-	1	1	-	1	-	-	-	-	-
Hadiya																		
Badwacho																		
Korga H/C	-	1	-	-	1	-	1	-	-	1	1	-	-	-	-	-	-	-
Shone H/C	1	5	1	2	1	-	-	1	1	2	-	-	-	-	1	-	-	-
Lemu																		
Lisana H/C	-	-	1	1	1	-	-	-	-	1	1	-	-	-	-	-	-	-
Belesa H/C	-	4	-	1	-	1	-	-	-	1	1	-	1	-	1	-	-	-
Wolayta																		
Beleso Sore																		
Areka H/C	1	2	2	-	-	1	1	1	1	4	-	-	2	-	4	-	-	-
Gunano H/C	-	2	-	-	-	1	-	-	-	-	-	-	-	-	3	-	-	-
Bombe H/C	-	1	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-

Annex 1: Present Staffing of the Health Facilities, page 2

LOCATION	PRESENT STAFF IN-POST AT EACH HEALTH FACILITY																	
	HO	Comp. Nurse	Snr. Midw.	Snr PH Nurse	Jnr. Clin. Nurse	Jun. PH Nurse	Jun Midw.	Hlth. Asst.	Snr. Phasm. Tech	Snr. Lab. Tech	Jun. Pharm. Tech	Jun Lab. Tech	Sani-tarian	Prim. Hlth Asst.	FLHW	CHW	CHA	TBA
H/Cs																		
Wolayta																		
Damot Wayde																		
Badesa H/C	1	1	-	2	-	-	1	1	-	1	1	1	-	-	-	-	-	-
Kindo Koysa																		
Bale H/C	1	3	-	1	1	-	-	5	-	2	2	-	2	-	-	-	-	-
Damot Gale																		
Boditi H/C	1	6	-	1	2	-	1	-	-	2	-	1	=	-	-	-	-	-
Gamo Gofa																		
Arba Minch																		
Lente H/C	-	1	2	-	1	1	1	1	-	-	-	1	-	-	-	-	-	-
Bonke																		
Gerese H/C	1	1	-	1	-	1	1	-	-	-	-	-	-	-	-	-	-	-
Gezeso H/C	-	1	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-
Konso Sp. Wor.																		
Karate H/C	-	7	-	-	5	3	-	2	2	1	3	3	-	-	-	-	-	-
HLTH.STAT'S																		
Sidama																		
Aleta Wondo																		
Loko	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-
Bergo	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-
Gelma	-	-	-	-	2	-	-	1	-	-	-	-	-	-	-	-	-	-
Gerbicholetela	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-
Wicho	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-
Boricha																		00
Balela	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-
Galawacho	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-

Annex 1: Present Staffing of the Health Facilities, page 3

LOCATION	PRESENT STAFF IN-POST AT EACH HEALTH FACILITY																	
	HO	Comp. Nurse	Snr. Midw.	Snr PH Nurse	Jnr. Clin. Nurse	Jun. PH Nurse	Jun Midw.	Hlth. Asst.	Snr. Phasm. Tech	Snr. Lab. Tech	Jun. Pharm. Tech	Jun Lab. Tech	Sani-tarian	Prim. Hlth Asst.	FLHW	CHW	CHA	TBA
Dale																		
Chancho	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-
Bokaso	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-
Shoye	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-
Arenda Gale	-	-	-	-	2	-	1	-	-	-	-	-	-	-	-	-	-	-
Gorbesala	-	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-
Shebedino																		
Abela Lida	-	1	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-
Kenera	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-
Haysa Wita	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-
Telamo	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-
Dulecha	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-
Dobe Toga	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-
K.T. Zone																		
Omo Sheleko																		
Gelecha	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-
Kedida Gemela																		
Adelo	-	2	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-
Hadiya																		
Badwacho																		
Edoo	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-
Wada	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-
Lemu																		
Shurmo	-	-	-	-	2	-	-	1	-	-	-	-	1	-	-	-	-	-
Anagero	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-
Wolayta																		
Beloso Sore																		
Garagodo	-	-	-	-	1	-	-	2	-	-	-	-	-	-	1-	-	-	-
Hembacho	-	-	-	-	-	-	-	2	-	-	-	-	-	-	2	-	-	-
Ose	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-	-	-

Annex 1: Present Staffing of the Health Facilities, page 4

LOCATION	PRESENT STAFF IN-POST AT EACH HEALTH FACILITY																	
	HO	Comp. Nurse	Snr. Midw.	Snr PH Nurse	Jnr. Clin. Nurse	Jun. PH Nurse	Jun Midw.	Hlth. Asst.	Snr. Phasm. Tech	Snr. Lab. Tech	Jun. Pharm. Tech	Jun Lab. Tech	Sani-tarian	Prim. Hlth Asst.	FLHW	CHW	CHA	TBA
Damot Wayde																		
Girarara	-	-	-	-	1	1	-	-	-	-	-	-	-	-	1	-	-	-
Aedo	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-
Dimtu	-	-	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-
Kercheche	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-	-	-
Kindo Koysa																		
Hanase	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-
Zamini Nare	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-
Gocho	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-
Damot Gale																		
Obegege	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-
Suke	-	-	-	-	-	-	-	4	-	-	-	-	-	-	-	-	-	-
Shanto	-	1	-	-	1	-	-	3	-	-	-	-	-	-	-	-	-	-
Buge	-	-	-	-	1	-	-	4	-	-	-	-	-	-	-	-	-	-
Gamo Gaofa																		
Bonke																		
Dimelle	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	-	-
Shalekaye	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-
Arba Minch																		
Chano	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-
Ocholo	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-
Maizo Dosa	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-
Ziguiti	-	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-
Shele	-	3	-	-	-	-	-	2	-	-	-	1	-	-	-	-	-	-
Konso Sp. Wor.																		
Fasha	-	1	-	-	-	1	-	1	-	-	1	-	-	-	-	-	-	-
Abaroba	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-
Tishmali	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-
Wolando	-	-	-	-	3	-	-	-	-	-	-	-	-	-	-	-	-	-
Kolma	-	-	1	-	-	-	-	1	-	-	1	-	1	-	-	-	-	-
Lahayte	-	-	-	-	1	-	1	2	-	-	-	-	-	-	-	-	-	-
Gewada	-	-	-	-	2	-	-	1	-	-	-	-	-	-	-	-	-	-

Annex 1: Present Staffing of the Health Facilities, page 5

LOCATION	PRESENT STAFF IN-POST AT EACH HEALTH FACILITY																	
	HO	Comp. Nurse	Snr. Midw.	Snr PH Nurse	Jnr. Clin. Nurse	Jun. PH Nurse	Jun Midw.	Hlth. Asst.	Snr. Phasm. Tech	Snr. Lab. Tech	Jun. Pharm. Tech	Jun Lab. Tech	Sani-tarian	Prim. Hlth Asst.	FLHW	CHW	CHA	TBA
Konso Sp. Wor.																		
Sagen	-	-	-	-	1	-	-	2	-	-	-	-	-	-	-	-	-	-
Hylota	-	-	-	-	1	1	-	1	-	-	-	-	-	-	-	-	-	-
HLTH POSTS																		
Sidama																		
Aleta Wondo																		
Gordaema	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1
Garbichokila	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1
Dibicha	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1
Miridicha	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1
Shebedino																		
Morocho Neg.	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1	1	1
Wome Bunama	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-
Asarado Meru	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-
Howoliso	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1	1	1
Dilla Gombe	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1
Boricha																		
Jarahinesa	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	2	1
Tonseree Chefa	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	2	1
Dale																		
Duba	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	1
Gane	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1
Magara	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1
Hidakalete	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1	-	-
K.T. Zone																		
Kedida Gemela																		
Jore	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	-	-	-
Bezena Benara	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	1	1
Yebu	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	1	1
Shashera	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1
Megerie	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1
Gengela	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1

Annex 1: Present Staffing of the Health Facilities, page 6

LOCATION	PRESENT STAFF IN-POST AT EACH HEALTH FACILITY																	
	HO	Comp. Nurse	Snr. Midw.	Snr PH Nurse	Jnr. Clin. Nurse	Jun. PH Nurse	Jun Midw.	Hlth. Asst.	Snr. Phasm. Tech	Snr. Lab. Tech	Jun. Pharm. Tech	Jun Lab. Tech	Sani-tarian	Prim. Hlth Asst.	FLHW	CHW	CHA	TBA
K.T Zone cont.																		
Omo Sheleko																		
Durgy	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-
Waro	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-
Heddo	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-
Osheto	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-
Semen Ambukura	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-
Debub Ambukura	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	1
Mendoyle	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	1
Suba	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	1
Hadiya																		
Badwacho																		
Jarso	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	1
Denama	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	1
Sepera	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	1
Wera Boya	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	1
Wera Bashera	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	1
Kerenso	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	1
Tikare Anbesa	-	-	-	-	-	-	-	-	-	-	-	-	-	=	=	=	1	1
Lemu																		
Bekuna Sheshy'o	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	-	-	-
Jewi	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-
Sedama	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-
Hyisea	-	-	-	-	-	1	-	-	-	-	-	-	1	-	-	-	-	-
Wolayta																		
Boloso Sore																		
Dola	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-	-	-
Mino	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-

Annex 1: Present Staffing of the Health Facilities, page 7

LOCATION	PRESENT STAFF IN-POST AT EACH HEALTH FACILITY																	
	HO	Comp. Nurse	Snr. Midw.	Snr PH Nurse	Jnr. Clin. Nurse	Jun. PH Nurse	Jun Midw.	Hlth. Asst.	Snr. Phasm. Tech	Snr. Lab. Tech	Jun. Pharm. Tech	Jun Lab. Tech	Sani-tarian	Prim. Hlth Asst.	FLHW	CHW	CHA	TBA
Damot Wayde																		
Ankaduguna	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	1
Fango Beloso	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-
Bilate Ete	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-
Kindo Koysa																		
Fachana	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	1
Galewango	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	1
Serefinchawa	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1
Mundena	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	1
New 1-9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-
Damot Gale																		
Lera	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	1
Adearo	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-
Lamarda	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
Blakoysa	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	1
Konso Sp. Wor																		
Fuchucha	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-
Shakana	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	2
Aybale	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-
Kashale	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
Debana	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	1
Lulito	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
Gocha	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
Kamale	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	1
Doha	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
Segengete	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-
Woyto	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-
Tebelana Kuchala	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
Birbisa	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-
Wibetabana	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-

Table 7: Present Staffing of the Health Facilities, page 8

LOCATION	PRESENT STAFF IN-POST AT EACH HEALTH FACILITY																	
	HO	Comp. Nurse	Snr. Midw.	Snr PH Nurse	Jnr. Clin. Nurse	Jun. PH Nurse	Jun Midw.	Hlth. Asst.	Snr. Phasm. Tech	Snr. Lab. Tech	Jun. Pharm. Tech	Jun Lab. Tech	Sani-tarian	Prim. Hlth Asst.	FLHW	CHW	CHA	TBA
HLTH POSTS																		
Gamo Gofa																		
Bonke																		
Bulla	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	1
Arba Minch																		
Kollashera	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2	-	1
Ziguity Merche	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-

**ANNEX 2
HMIS DATA**

N.B. Indicators measured as % coverage of eligible population

Indicator : BCG Coverage

Location	1995 % Coverage		1996 % Coverage			% Coverage	
	Total %	Rank	July-Sept	Oct-Dec	Jan-Mar	9 Months	Rank
Sidama Zone							
Aleta Wondo	82.0	6	18.5	17.6	19.2	55.3	10
Boricha	88.0	3				50.7	12
Dale	86.0	4	18.6	19.7	21.8	60.1	6
Shebedino	97.0	1	16.0	21.0	22.4	59.4	8
Hadiya Zone							
Badwacho	77.7	9				59.3	9
Lemo	7.5	15				78.2	2
Omo Sheleko	78.9	8				79.6	1
Kedida Gamela	54.8	13				61.2	4
Wolayta Zone							
Boloso Sore	83.0	5				42.0	14
Damot Wayde	66.8	11	14	33.0	7.0	54.0	11
Damat Gale	75.0	10				45.0	13
Kindo Koysha 8135	81.0	7	26.0	29.0	21.0	60.1	6
Gamo Gofa/Konso							
Arba Minch Zuria	60.0	12	10.7	15.3	13.5	39.5	15
Bonke	95.3	2	11.8	23.5	25.3	60.6	5
Konso Sp. Woreda	43.9	14	21	20.7	22.4	64.1	3

Indicator : DPT3 Coverage

Location	1995 % Coverage		1996 % Coverage			% Coverage	
	Total %	Rank	July-Sept	Oct-Dec	Jan-Mar	9 Months	Rank
Sidama Zone							
Aleta Wondo	43.9	13	19.2	15.5	25.5	60.2	5
Boricha	69.0	5				46.3	4
Dale	84.6	2	19.9	19.2	20.5	59.6	6
Shebedino	92.5	1	13.0	14.0	23.5	50.5	8
Hadiya Zone							
Badwacho	53.3	10				52.1	7
Lemo	76.0	4				75.9	2
Omo Sheleko	76.6	3				96.8	1
Kedida Gamela	61.8	9				69.0	3
Wolayta Zone							
Boloso Sore	48.0	12	17.0	0.2		0.3	14
Damot Wayde	43.8	14	7	0.1	0.1	29.0	12
Damat Gale	65.0	6				0.3	14
Kindo Koysha 7256	50.7	11	20%	0.2	0.2	0.6	13
Gamo Gofa/Konso							
Arba Minch Zuria	52.0	9	16.5	18.3	13.8	48.6	10
Bonke	64.7	7	8.4	13.8	16.7	38.9	11
Konso Sp. Woreda	16.8	15	12.6	17.0	19.7	49.3	9

Indicator : Measles Coverage

Sidama Zone	1995 % Coverage		1996 5 Coverage			% Coverage	
	Total %	Rank	July-Sept	Oct-Dec	Jan-Mar	9 Months	Rank
Aleta Wondo	46.7	10	11.1	9.7	19.9	40.7	7
Boricha	52.6	6				28.3	13
Dale	46.6	11	15.6	16.9	13.5	46.0	6
Shebedino	75.0	1	8.0	10.0	21.0	39.0	8
Hadiya Zone							
Badwacho	43.0	13				34.9	11
Lemo	67.0	3				60.3	2
Omo Sheleko	65.0	4				82.2	1
Kedida Gamela	48.7	9				50.3	4
Wolayta Zone							
Boloso Sore	51.0	7				31.0	12
Damot Wayde	38.7	14	4	21.0	12.0	37.0	10
Damat Gale	56.0	5				28.0	14
Kindo Koysha 7256	45.0	12	20.0	18.0	16.0	54.0	3
Gamo Gofa/Konso							
Arba Minch Zuria	51.0	7	14	15	10.9	25.9	15
Bonke	74.7	2	8.4	13.8	16.7	38.9	9
Konso Sp. Woreda	34.0	15	16	14	18.6	48.6	5

Indicator : TT Pregnant Women

Sidama Zone	1995 % Coverage		1996 % Coverage			% Coverage	
	Total %	Rank	July-Sept	Oct-Dec	Jan-Mar	9 Months	Rank
Aleta Wondo	32.0	8	13.2	2.3	10.1	25.6	9
Boricha	67.0	2				31.3	6
Dale	66.0	3	10.2	11.0	30.0	51.2	3
Shebedino	99.7	1	16.0	30.0	17.5	63.5	1
Hadiya Zone							
Badwacho	43.5	6				38.2	4
Lemo	53.0	4				35.7	5
Omo Sheleko	28.0	10				54.7	2
Kedida Gamela	40.0	7				30.8	7
Wolayta Zone							
Boloso Sore	26.0	11				0.1	14
Damot Wayde	19.7	12	6.0	0.1	0.1	0.2	12
Damat Gale	na					0.2	12
Kindo Koysha 8135	18.0	13	0.0	0.0	0.1	0.1	14
Gamo Gofa/Konso							
Arba Minch Zuria	42.5	5	10.1	8.0	9.0	27.1	8
Bonke	30.3	9	4.8	8.0	8.3	20.3	10
Konso Sp. Woreda	10.3	14	7.3	8.0	5.8	21.1	11

Indicator : TT for Non Pregnant Women

Sidama Zone	1995 % Coverage		1996 % Coverage			% Coverage	
	Total %	Rank	July-Sept	Oct-Dec	Jan-Mar	9 Months	Rank
Aleta Wondo	14.9	5	1.1	2.8	3.3	7.2	10
Boricha	20.4	3				8.0	7
Dale	11.0	7	3.6	3.7	7.8	15.1	2
Shebedino	14.4	6	2.0	4.0	4.2	10.2	5
Hadiya Zone							
Badwacho	2.3	14				5.1	12
Lemo	23.0	1				8.7	6
Omo Sheleko	11.0	7				12.5	4
Kedida Gamela	4.5	12				7.2	10
Wolayta Zone							
Boloso Sore	9.0	9				0.1	13
Damot Wayde	8.0	10	1.0	0.0	0.0	8.0	7
Damat Gale	na	15				0.1	13
Kindo Koysha 37237	6.0	11	0.0	0.0	0.0	0.1	13
Gamo Gofa/Konso							
Arba Minch Zuria	22.5	2	5.3	4.8	5.4	15.5	1
Bonke	18.2	4	2.5	4.8	6.1	13.4	3
Konso Sp. Woreda	3.0	13	2.0	3.6	2.3	7.9	9

Indicator : FP New + Continuing

Sidama Zone	1995 % Coverage		1996 % Coverage			% Coverage	
	Total %	Rank	July-Sept	Oct-Dec	Jan-Mar	9 Months	Rank
Aleta Wondo	36.0	3	5.6	5.8	7.1	18.5	4
Boricha	21.5	5				5.5	14
Dale	32.5	4	3.9	4.9	4.9	13.7	6
Shebedino	46.0	2	5.0	6.0	5.4	16.4	5
Hadiya Zone							
Badwacho	2.7	11				6.4	12
Lemo	n/a					33.0	3
Omo Sheleko	10.3	7				132.9	1
Kedida Gamela	50.9	1				7.5	10
Wolayta Zone							
Boloso Sore	6	10				7.0	11
Damot Wayde	n/a		5	4.0	3.0	12.0	8
Damat Gale	n/a					6.0	13
Kindo Koysha 37237	7.5	9	3.0	3.0	3.0	9.0	9
Gamo Gofa/Konso							
Arba Minch Zuria	10.6	6	17.3	29.8	21.3	38.4	2
Bonke	8.7	8	1.6	6	4.8	12.4	7
Konso Sp. Woreda	1.7	12	0.8	0.9	1	2.7	15

Indicator : Ante-natal Care

Sidama Zone	1995 % Coverage		1996 Coverage			% Coverage	
	Total %	Rank	July-Sept	Oct-Dec	Jan-Mar	9 Months	Rank
Aleta Wondo	60.8	3	22.2	21.3	22.3	65.8	1
Boricha	27.0	11				29.5	9
Dale	40.0	7	6.9	7.2	10.4	24.5	11
Shebedino	49.9	5	9.0	8.0	12.7	29.7	8
Hadiya Zone							
Badwacho	72.3	1				34.8	5
Lemo	61.0	2				48.2	3
Omo Sheleko	31.0	10				30.2	7
Kedida Gamela	37.5	9				39.0	4
Wolayta Zone							
Boloso Sore	26	12				14.0	14
Damot Wayde	17	13	1.0	3.0	3.0	7.0	15
Damat Gale	na	15				24.0	12
Kindo Koysha 8135	13	14	11.0	3.0	5.0	19.0	13
Gamo Gofa/Konso							
Arba Minch Zuria	46.7	6	8.3	12	6.5	26.8	10
Bonke	58.9	4	8.3	11	11.3	30.6	6
Konso Sp. Woreda	38.8	8	19	17	15	51.0	2

Indicator : Post Natal Care

Sidama Zone	1995 % Coverage		1996 Coverage			% Coverage	
	Total %	Rank	July-Sept	Oct-Dec	Jan-Mar	9 Months	Rank
Aleta Wondo	11.0	6	7.7	6.7	6.6	21.0	
Boricha	22.0	2				19.0	
Dale	13.0	5	2.8	15.9	3.2	21.9	
Shebedino	2.6	12	1.0	2.0	2.6	5.6	
Hadiya Zone							
Badwacho	7.5	8				3.0	
Lemo	4.6	10				3.3	
Omo Sheleko	20.0	3				24.3	
Kedida Gamela	3.5	11				4.3	
Wolayta Zone							
Boloso Sore	1.3	13				1.0	
Damot Wayde	5.0	9	0.7	1.0	1.0	2.7	
Damat Gale	na	15				1.0	
Kindo Koysha 8135	1.2	14	0.0	1.0	1.0	2.0	
Gamo Gofa/Konso							
Arba Minch Zuria	13.6	4	1.2	1.5	1.7	4.4	
Bonke	38.8	1	1.0	0.8	1.6	3.4	
Konso Sp. Woreda	8.6	7	4.0	2.8	2.9	7.7	

Indicator : Growth Monitoring

Sidama Zone	1995 % Coverage		1996 % Coverage			% Coverage	
	Total %	Rank	July-Sept	Oct-Dec	Jan-Mar	9 Months	Rank
Aleta Wondo	22.0	10	11.6	12.0	11.8	35.4	
Boricha	33.8	4				7.6	
Dale	34.0	3	13.7	7.3	5.9	26.9	
Shebedino	28.7	6	9.0	5.0	12.8	26.8	
Hadiya Zone							
Badwacho	8.6	13				3.7	
Lemo	51.0	1				19.4	
Omo Sheleko	26.0	7				15.6	
Kedida Gamela	30.0	5				24.3	
Wolayta Zone							
Boloso Sore	25	8				16.0	
Damot Wayde	14	12	na	5.0	2.0	7.0	
Damat Gale						0.0	
Kindo Koysa							
Gamo Gofa/Konso							
Arba Minch Zuria	40.7	2	12.0	7.5	9.0	28.5	
Bonke	23.7	9	4.1	7.0	10.3	21.4	
Konso Sp. Woreda	20.7	11	9.0	9.0	10.5	28.5	

Indicator : Sanitation (Latrines)

Sidama Zone	1995 % Coverage		1996 % Coverage			% Coverage	
	Total %	Rank	July-Sept	Oct-Dec	Jan-Mar	9 Months	Rank
Aleta Wondo	n/a		n/a	n/a	n/a	n/a	
Boricha	n/a		n/a	n/a	n/a	n/a	
Dale	n/a		n/a	n/a	n/a	n/a	
Shebedino	n/a		n/a	n/a	n/a	n/a	
Hadiya Zone							
Badwacho	15.0	5				15.5	4
Lemo	n/a					179.2	1
Omo Sheleko	27.6	2				n/a	
Kedida Gamela	17.2	4				n/a	
Wolayta Zone							
Boloso Sore	23.0	3				8.0	6
Damot Wayde	6.0	6	n/a	n/a	12.0	12.0	5
Damat Gale	NA					n/a	
Kindo Koysa	NA		n/a	n/a	n/a	n/a	
Gamo Gofa/Konso							
Arba Minch Zuria	31.0	1	29.5	28.0	0.0	57.5	2
Bonke	3.7	7	4.3	1	11.4	16.7	3
Konso Sp. Woreda	na		n/a	n/a	n/a	n/a	

