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MINISTRY OF HEALTH-ETHIOPIA

QUARTER 1

DATA ANALYTIC REPORT

July (Hamle) 2013 to September
(Meskerem) 2014



REPORTING RATE ANALYSIS

- » Report Completeness rate
- » Report Timeliness rate



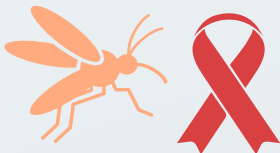
MATERNAL HEALTH SERVICE

- » Contraceptive acceptance rate, Antenatal care Four or more visits (ANC 4)
- » Skilled birth attendance (SBA), Early Postnatal care
- » PMTCT testing rate
- » Maternal Mortality (Facility and community)



CHILD HEALTH SERVICE

- » Immunization Program
- » Integrated management of Childhood illness program
- » NICU outcome



DISEASE PREVENTION AND CONTROL PROGRAMS

- » Malaria
- » HIV/AIDS Program
- » Tuberculosis



NON COMMUNICABLE DISEASE

- » Hypertension
- » Diabetes Mellitus
- » Cervical cancer



QUALITY OF HEALTH SERVICE

- » Outpatient Attendance and OP Attendance per Capita
- » Inpatient Admission and Admission Rate
- » Bed Occupancy Rate %
- » Average Length of Stay (in Days)
- » In-patient mortality rate
- » ICU Mortality Rate
- » Emergency mortality rate
- » Road traffic accident

ACRONYM

ALOS	Average Length of Stay
ANC	Antenatal Care
ANC4	Antenatal Care Four visits
ARI	Acute Respiratory Infection
ART	Antiretroviral Therapy
ARV	Antiretroviral
ASM	Apportionment spacing Model
BOR	Bed Occupancy rate
CAR	Contraceptive Acceptance Rate
CDR	Case Detection Rate
COVID-19	Corona Virus Disease-19
DHIS2	District Health Information System
DOR	Dropout Rate
EFY	Ethiopian Fiscal Year
EPI	Expanded Program on Immunization
EPTB	Extra pulmonary Tuberculosis
GMP	Growth Monitoring and Promotion
HCS	Health Centers
HF	Health Facility
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HP	Health Post
HSTP	Health Sector Transformation System
ICU	Intensive Care Unit
KPI	Key Performance Indicators
MCV	Measles containing Vaccine
MoH	Ministry of Health
OP/D	Out Patient /Department
OTP	Outpatient Therapeutic feeding Program
PITC	Provider Initiated HIV testing and counseling
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission of HIV
PNC	Postnatal care
PTB	Pulmonary Tuberculosis
RHB	Regional Health Bureau
Rx	Treatment
SAM	Sever Acute Malnutrition
SC	Stabilization Center
SBA	Skilled Birth attendance
SYI	Sick young Infants
TB	Tuberculosis
VIA	Visual Inspection of cervix with acetic acid



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QUARTER 1

DATA ANALYTIC REPORT

July (Hamle) 2013 to September (Meskerem) 2014

BACKGROUND

MOH has been generating regular different analytic reports to inform a decision on the implementation of essential health services through analysis of selected core indicators.

Now that this data analytics practice is institutionalized and integrated with the routine monitoring and evaluation activities of the Ministry. This report will be shared with respective stakeholders such as program experts, agencies, regional health Bureaus, development partners for further analysis, investigation and action.

DATA ANALYTIC REPORT

1st Quarter, 2014 EFY

REPORTING RATE ANALYSIS



PERIOD

July (Hamle) 2013 to
September (Meskerem) 2014

DESCRIPTION

Utilization of quality health data is crucial to monitoring and evaluation of the functionality of health systems. Decision-makers at all levels of the health system need information that should be relevant, reliable and timely.

Ministry of Health (MoH) has been working widely to strengthen the Health Management Information System (HMIS) to improve all data quality dimensions. However poor data quality has remained to be a challenge. Report timeliness and

completeness are one of the major data quality dimensions. Despite that reporting rate is improving over time, still low coverage of reports come on time.

To this end, the below reporting rate analysis is intended to show the 1st Quarter service delivery & disease report completeness and timeliness compared with the previous Quarterly trend. The evidence from this analysis is expected to correlate essential health care services coverage analysis.



NB: - In this analysis Service delivery reporting rate is described as the proportion of all expected Health Center, Public Hospital & Health Post Monthly Service Delivery Report that were submitted on the DHIS2 as of Nov 29, 2021 GC. Disease Reporting rate is described as the proportion of all expected Health Center & Hospital monthly disease Delivery Report that were submitted on the DHIS2 as of Nov 29, 2021 GC.

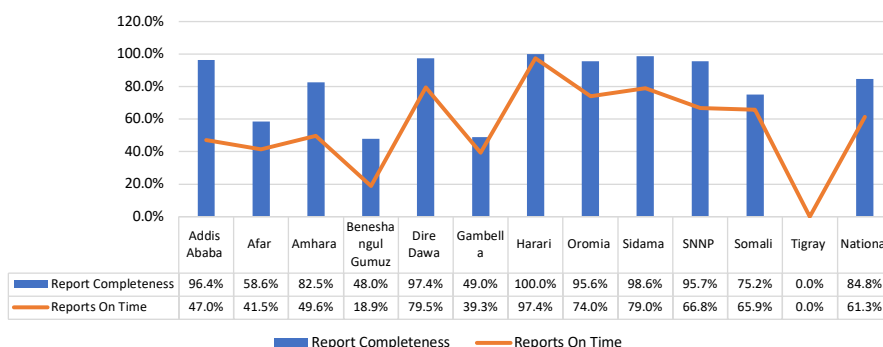
COMPLETENESS AND TIMELINESS OF REPORTING RATE



KEY FINDINGS

- The 1st quarter monthly Service delivery report completeness at national level was (84.8%) which is less than the 2014 EFY target (93%).
- Regions except Tigray, Gambella, Afar, B/Gumuz, and Somali & Amhara have Report Completeness greater than & equal to National performance.
- Tigray, Beneshangul Gumuz, Gambella & Afar respectively showed Very Low in-service report completeness rate in 1st quarter of 2014 EFY.

Completeness & Timeliness of 1st Quarter monthly Service Delivery Report submission analysis by regions 2014 EFY

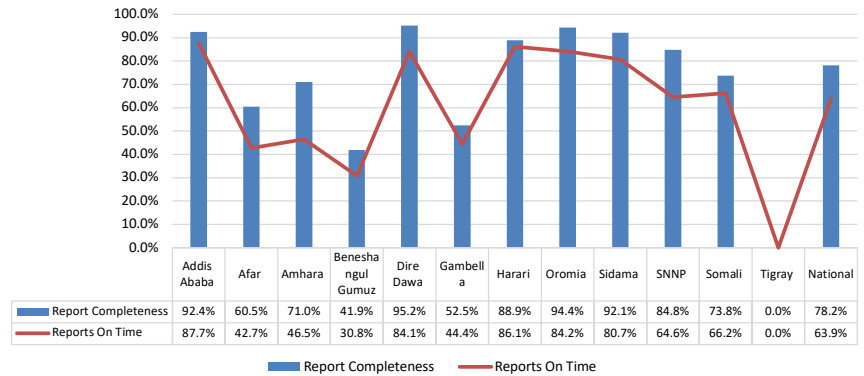




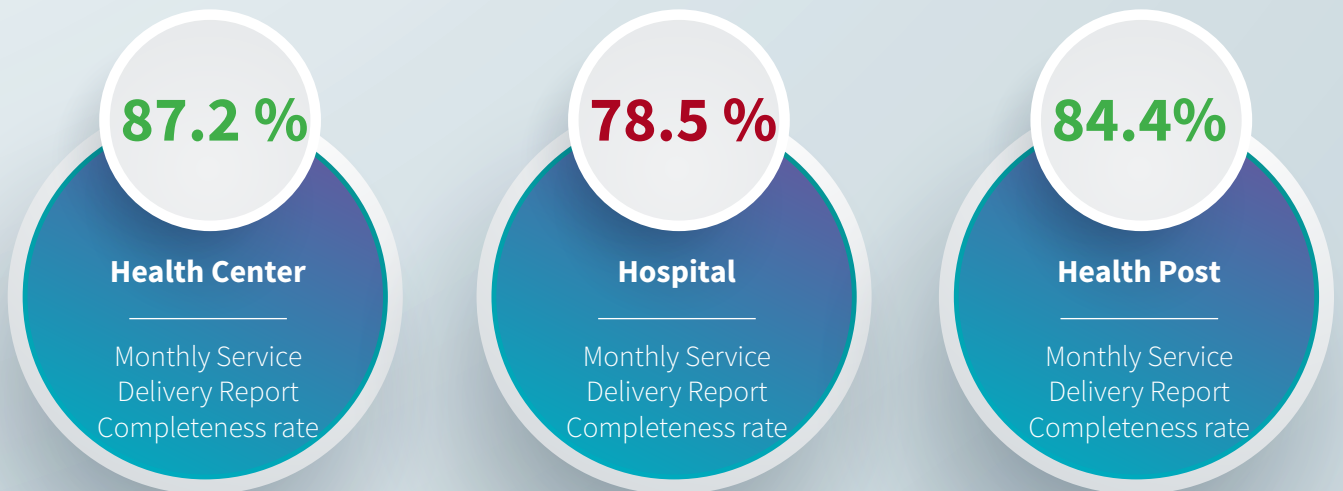
KEY FINDINGS

- At national level Disease report completeness was relatively low (78.2%) as compare to service delivery reports (84.8%).
- Tigray, B/Gumuz Gambella, & Afar, respectively showed low in disease report completeness rate in the 1st Quarter of Disease report.
- Report timeliness was much lower than the target 93% only 63.9% of HFs submit their report timely.

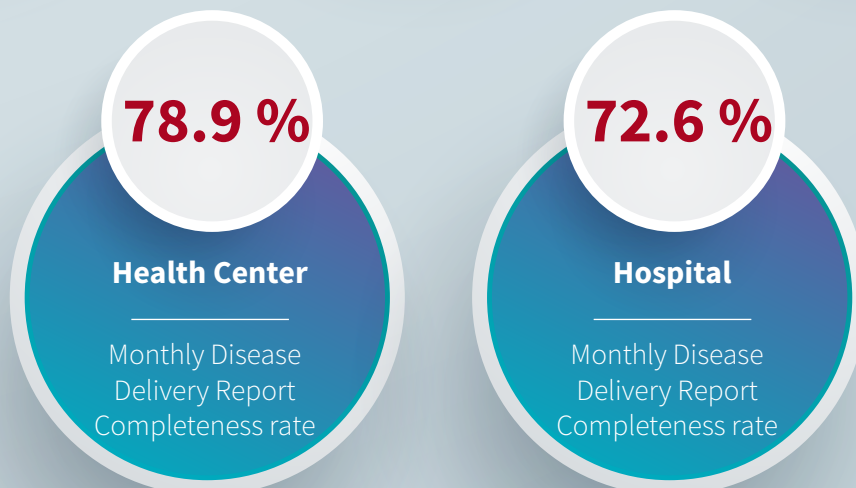
Completeness & Timeliness of 1st Quarter Disease Report submission analysis by regions 2014 EFY



1st Quarter 2014- Monthly Service Delivery Report Completeness rate by Health Facility Type

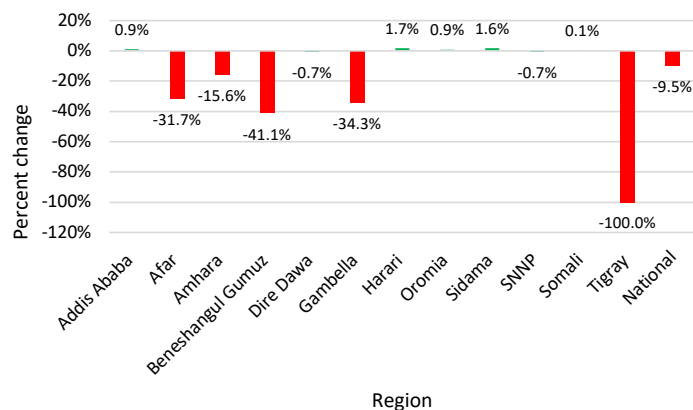


1st Quarter 2014- Monthly Disease Delivery Report Completeness rate by Health Facility Type



REPORTING RATE ANALYSIS

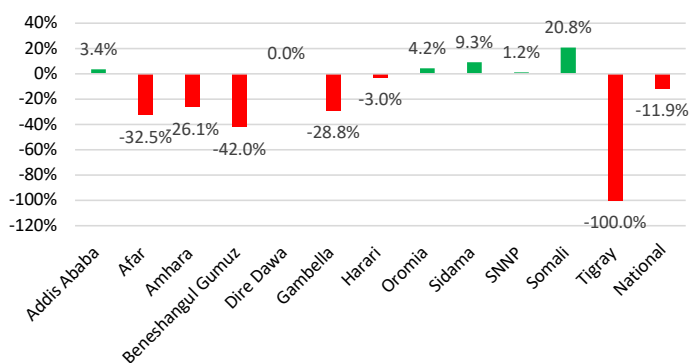
Reporting rate: Percent change between 1st Quarter of 2013 Vs 2014 EFY Monthly service delivery completeness report



KEY FINDINGS

- Report completeness rate during 1st Quarter of 2014 EFY compared to the same period of 2013 EFY is decreased by (-9.5%).
- Biggest percentage decreased observed in Tigray (-100%) followed by B/Gumuz which is (-41.1 %)
- Slight percentage improvement observed in Harari, Sidama and Oromia.
- Tigray, B/Gumuz, Gambella, Afar & Amhara regions respectively showed low service report rate in the 1st Quarter of 2014 EFY compared to the same period of 2013 EFY.

Reporting rate: Percent change between 1st Quarter of 2013 Vs 2014 EFY Monthly Disease delivery completeness report

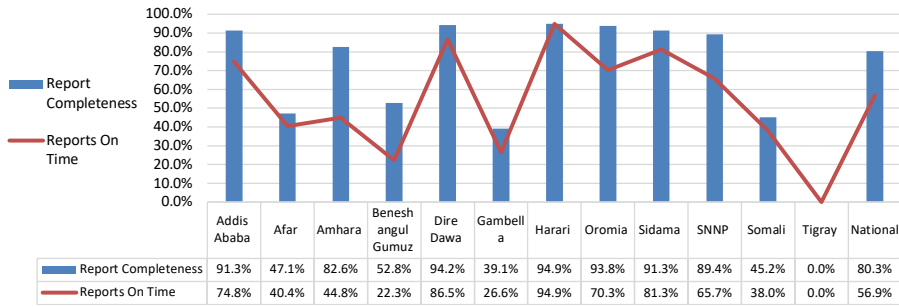


KEY FINDINGS

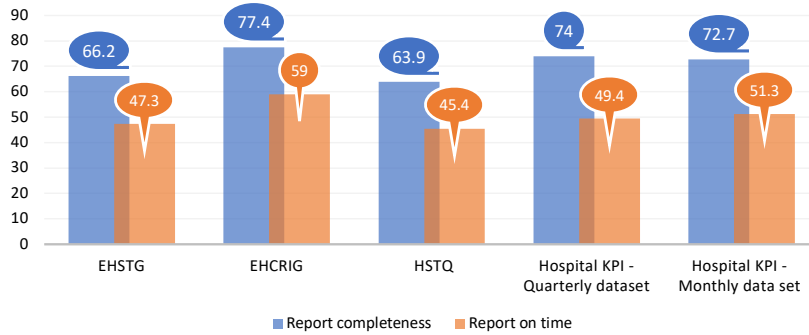
- At National level and most regions Disease report completeness were significant percentage decreased in the 1st Quarter of 2014 EFY compared to the same period of 2013 EFY.
- Tigray (-100%), B/Gumuz (-42.0%), Afar (32.5%) Gambella (-28.8%), & Amhara regions (-28.8%) respectively showed low disease report rate in the 1st Quarter of 2014 EFY compared to the same period of 2013 EFY.
- Significant percentage improvement observed in Somali (20.8%) followed by Sidama by 9.3 %.

Quarterly Service Delivery Report Rate for 1st Quarter, 2014 EFY

Quarterly Service Delivery Report Rate for 1st Quarter, 2014 EFY



Quality Reform Data Set Reporting Rate, 1st Quarter, 2014 EFY



KEY FINDINGS

- All quality reform data set reporting rate were very low as compared to 2014 EFY plan target.
- HSTQ data set showed the lowest in report completeness (63.9%) and on time rate (45.4%) in 1st Quarter of 2014 EFY.

Challenges

- In 1st Quarter of 2014 EFY, Monthly & Quarterly Service Report completeness rate was lower than the previous quarter reporting rate and the target which is 93%.
- Tigray Region has zero report completeness starting from Tikemet 2013 EFY.
- Tigray, B/Gumuz, Gambella and Afar respectively showed low in service & disease report completeness rate in the 1st quarter of 2014 EFY.

Way forward

- Special attention should be given to Hospital reform & B/Gumuz, Gambella regions Service & Disease Reporting rate.
- Strengthening performance monitoring team (PMT) at all level.
- Feedback at all level of the health system should be given.
- Identify & Support Regions, Zones, Woredas and Facilities with low report rate.

MATERNAL HEALTH SERVICE

DATA ANALYTIC REPORT

1st Quarter, 2014 EFY



INDICATORS

- Contraceptive acceptance rate, Antenatal care Four or more visits (ANC 4)
- Skilled birth attendance (SBA), Early Postnatal care
- PMTCT testing rate
- Maternal Mortality (Facility and community)



PERIOD

July (Hamle) 2013 to
September (Meskerem) 2014

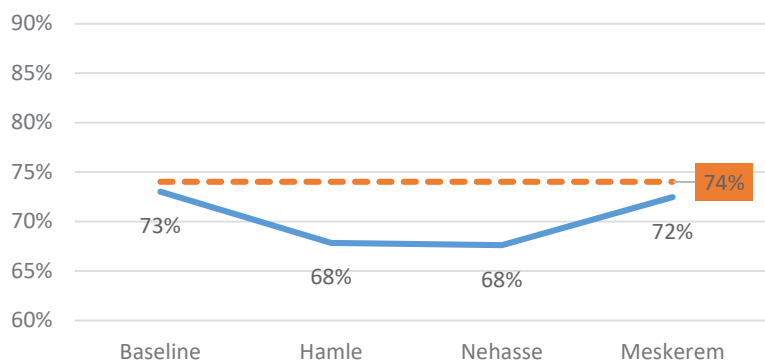
Contraceptive Acceptance Rate (CAR)



KEY FINDINGS

- The national aggregated CAR performance during quarter 1 of EFY 2014 is 69%.
- The CAR performance, as usual, was low for Hamle and Nehasse months. This is mainly because they are rainy seasons which make travel to health facilities difficult.
- The performance in the month of Meskerem has showed a 4% point increase compared with Hamle and Nehasse.
- The performance in all of the three months of the quarter were lower both from the baseline (73%) and the target set for the year (74%).
- The existing political unrest may have contributed the decline in contraceptive service uptake.

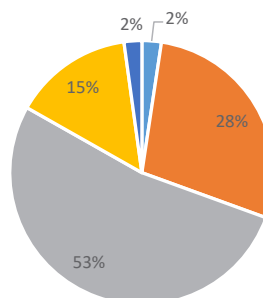
Contraceptive acceptors rate monthly trend analysis, Q1 EFY 2014



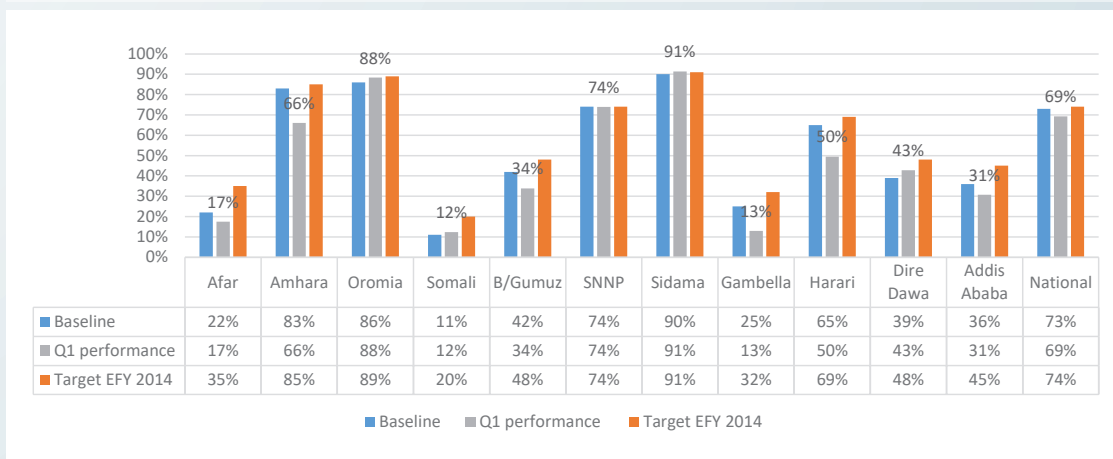
KEY FINDINGS

- Regarding method mix, injectable (53%) account for the biggest share of contraceptive methods used by clients in the fiscal year followed by implants (28%) and oral contraceptive pills (15%).
- In this reporting period, 43441 (7.8%) of mothers who delivered in a health facility received immediate postpartum contraceptive. This performance is slightly greater than last year's value which was 7%.

Modern Contraceptive Method Mix, EFY 2014 Q1



Contraceptive acceptors rate baseline, target and Q1 EFY 2014 performance by region



KEY FINDINGS

- The national aggregated EFY 2014 quarter one performance of contraceptive acceptance rate is 69%. This coverage is less both from last year performance by 4% point and the target of the year by 5% points.
- Looking the data disaggregated by region; consistent with last year achievement, the highest CAR performance was observed in Sidama (91%) followed by Oromia (88%) and Amhara (66%) while the lowest performance was recorded in Somali (12%) and Afar (17%).

Comparison with last year's performance (Baseline)

- Only five regions, namely Oromia (by 2%), Somali (by 1.4%), SNNP (exact same performance), Dire Dawa (by 3.8%) and Sidama (by 1.4%) performed above or equal to their last year's performance while the remaining regions performed lower than their baseline.
- The highest reduction compared with last year's baseline was in Amhara regions (by 17%) followed by Harari (by 16%) and Gambella (by 12%).

Comparison with target set for the year

- All regions except Sidama and SNNP were unable to achieve their target set for the year and six regions have a target to performance difference of 10% or more. The biggest gap is observed in Amhara, Gambella and Harai regions (all by 19%) followed by Afar (by 18%) and Addis Ababa and Benishangul Gumuz (both by 14%). Oromia region has only a 1% deficit from its target.



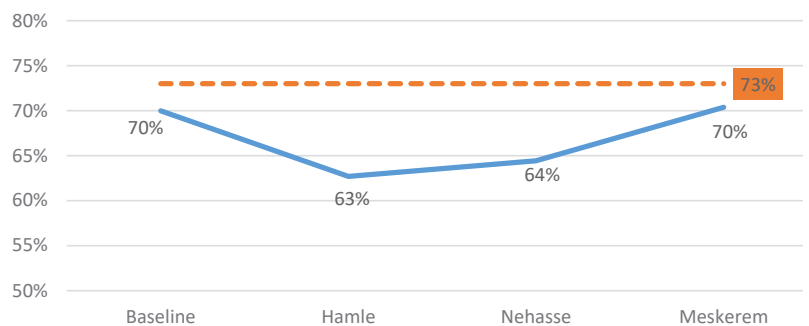
Antenatal Care visits (ANC Four or more visits)



KEY FINDINGS

- The performance of ANC 4 or more visits ranges between 70% and 63% during quarter1.
- The national aggregated ANC 4 or more visits performance during quarter 1 of EFY 2014 is 66%.
- The lowest ANC 4 or more visits performance was recorded during Hamle (63%). This is lower by 7% points from the baseline and 10% points from the target.
- Generally the performance showed improvement over the months during the quarter. The performance in the month of Meskerem has showed a 6% point increase compared with and Nehasse.
- The performance in all of the three months of the quarter were lower both from the baseline and the target set for the year.

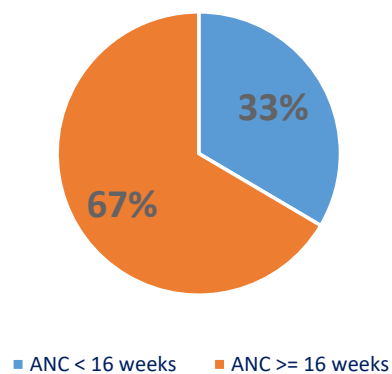
Antenatal fourth or more (ANC4+) monthly trend analysis, Q1 EFY 2014



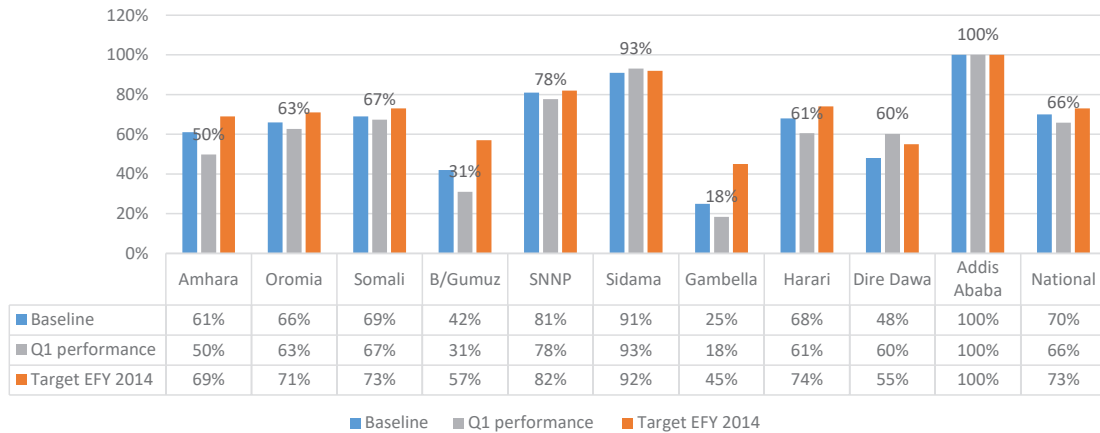
KEY FINDINGS

- Out of the total first ANC contact, about 33% of them got the care within the 16 weeks of gestation.
- Two in three pregnant mothers come late (after 16 weeks of gestation) for first antenatal care in the pregnancy period.
- The earlier pregnant mothers have their first antenatal care during the pregnancy period, the more likely they will benefit from getting critical interventions and risk identification for both the mother and fetus.

First ANC contact coverage by gestational week



EFY 2014, Q1 ANC 4+ baseline, target and performance by region



KEY FINDINGS

- The national aggregated EFY 2014 quarter one performance of contraceptive acceptance rate is 66%. This coverage is less by 4% and 7% points from last year performance and the target of the year, respectively.
- Looking the data disaggregated by region; the ANC 4 or more visits performance showed big variation among the region with a value as high as 100% and as low as 18%. The highest ANC 4 or more visits performance was observed in Addis Ababa (100%) followed by Sidama (93%) while the lowest performance was recorded in Gambella (18%) followed by Benshangul-Gumuz (31%) and Afar (34%).

Comparison with last year's performance (Baseline)

- Three regions: Addis Ababa (exactly same performance as baseline), Diredawa (by 12%) and Sidama (by 2%) performed above or equal to their last year's performance while the remaining regions performed lower than their baseline.
- The highest reduction compared with last year's baseline was in Afar region (by 12%) followed by Amhara and Benshangul Gumuz both (by 11%).

Comparison with target set for the year

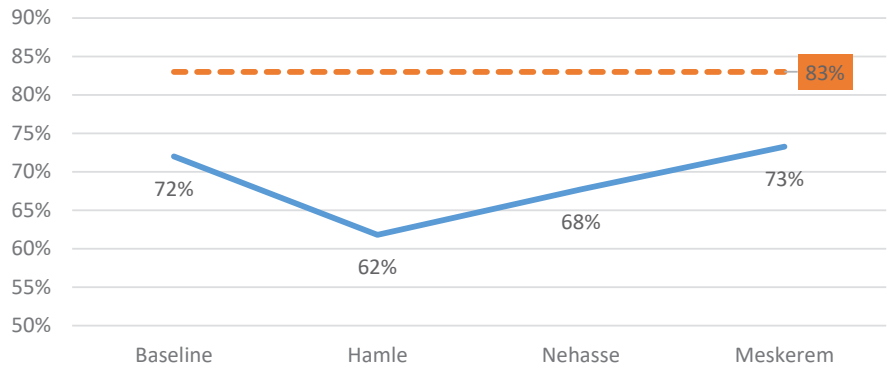
- All regions except Addis Ababa, Dire Dawa and Sidama were unable to achieve their target set for the year and four regions have a target to performance difference of 10% or more. The biggest gap is observed in Gambella (by 27%), Benshangul Gumuz (by 26%) followed Afar (by 24%).



KEY FINDINGS

- The national aggregated syphilis testing performance during quarter-1 of EFY 2014 is 68%. This is lower by 4% points from the baseline and also showed a 10% deficit from the target.
- The performance showed a sharp increase over the last three months.
- During the three months, the service uptake ranges from 62% in Hamle to 73% in Meskerem.

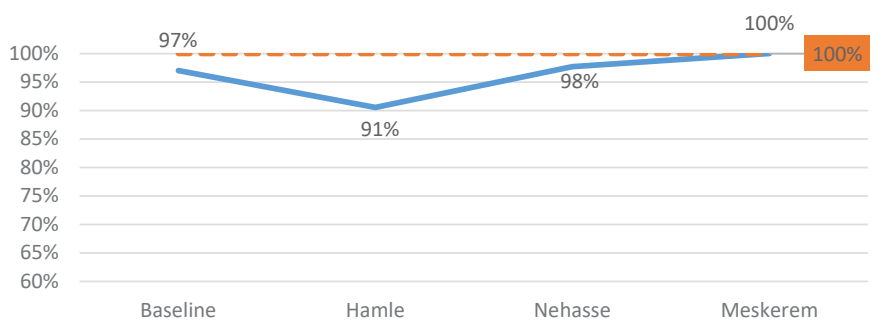
Syphilis testing among pregnant mothers monthly trend analysis, Q1 EFY 2014



KEY FINDINGS

- The national aggregated IFA 90 plus performance during quarter-1 of EFY 2014 is 97%. This value is exactly similar to the baseline but showed a 3% deficit from the target.
- The performance showed a sharp increase over the last three months.
- During the three months, the service uptake ranges from 91% in Hamle to 100% in Meskerem.

Pregnant women who received Iron folate supplementation (IFA) at least 90 plus among pregnant mothers monthly trend analysis, Q1 EFY 2014



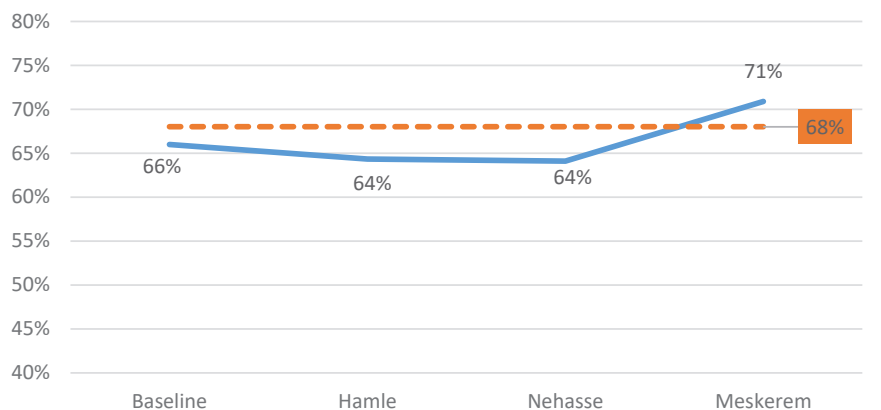
Skilled birth attendance (SBA)



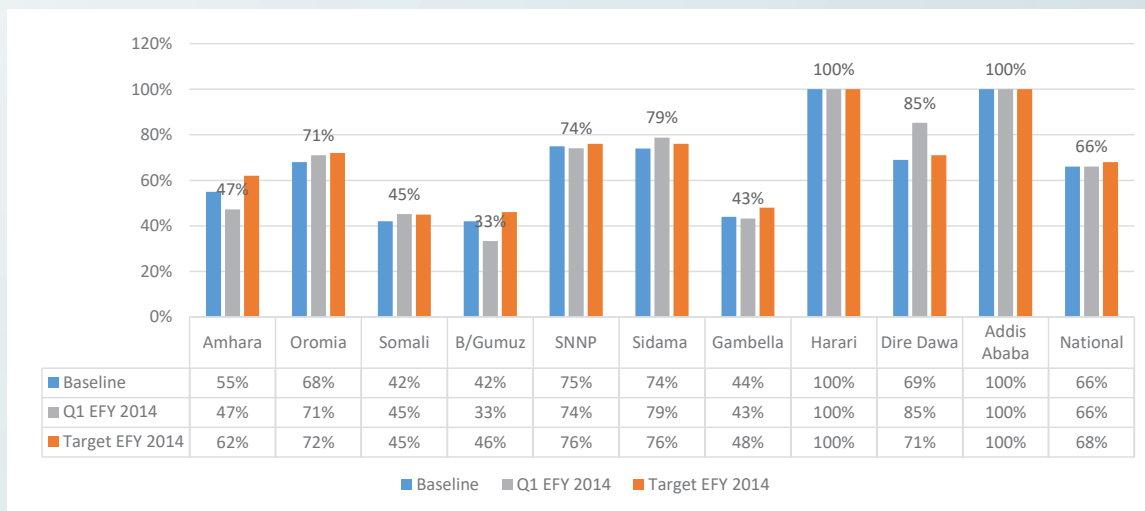
KEY FINDINGS

- The national aggregated Delivery by skilled birth attendant (SBA) performance during quarter 1 of EFY 2014 is 66%.
- Delivery by skilled birth attendant (SBA) performance ranges between 64% and 71% during the months of quarter1.
- The lowest SBA performance was recorded during Hamle and Nehasse months (both at 64%).
- The performance in the month of Meskerem has showed a 7% point increase compared with Hamle and Nehasse months. This value is higher than the baseline by 2% and lower than the target by 3%.

Deliveries by Skilled birth attendant, Q1 EFY 2014



EFY 2014, Q1: Deliveries by skilled birth attendant baseline, target and performance by region



KEY FINDINGS

- The national aggregated EFY 2014 quarter one performance of deliveries by skilled attendant is 66%. This coverage is exactly similar with the baseline performance (last year performance), however it showed a 2% point deficit compared with the target of the year.
- Region wise, the deliveries by skilled attendant (SBA) performance showed big variation among the region with a value as high as 100% and as low as 23%. The highest SBA performance was observed in Addis Ababa and Harari regions (Both at 100%) followed by Diredawa (85%) while the lowest performance was recorded in Afar (23%) followed by Benshangul-Gumuz (33%) and Gambella (43%).

Comparison with last year’s performance (Baseline)

- Six regions: Addis Ababa and Harari (exactly same performance as baseline), Diredawa (by 16%), Sidama (by 5%) and Oromia and Somali (both by 3%) performed above or equal to their last year’s performance while the remaining regions performed lower than their baseline.
- The highest reduction compared with last year’s baseline was in Benshangul Gumuz (by 9%), followed by Amhara (by 8%) and Afar (by 5%).

Comparison with target set for the year

- Five regions; namely, Addis Ababa, Harari, Diredawa, Somali and Sidama were able to achieve their target. Afar, Amhara and SNNP regions have a target to performance difference of 23%, 15% and 13% respectively.
- Oromia and SNNP regions have a deficit of 1% and 2% respectively to achieve their targets.



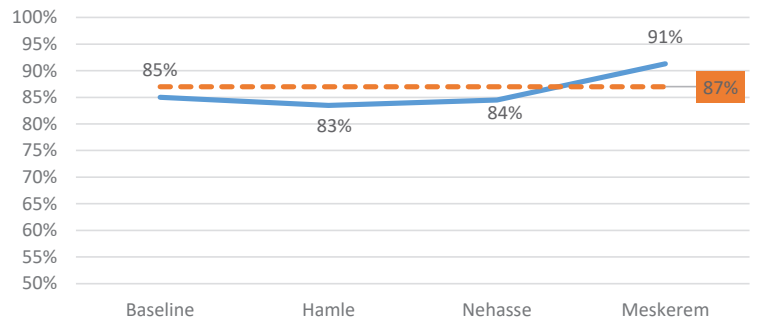
Early Postnatal care (PNC)



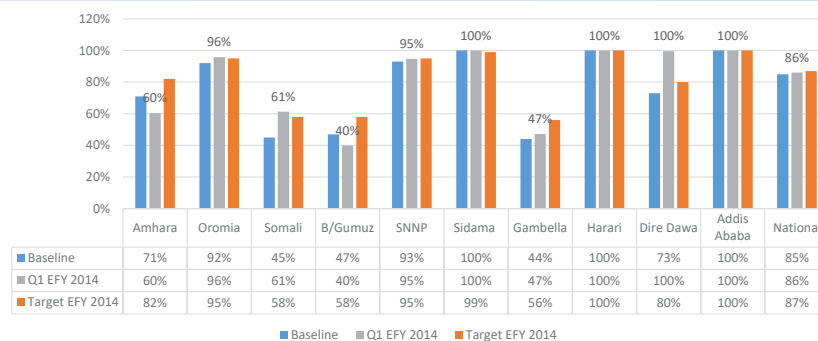
KEY FINDINGS

- The national aggregated early PNC performance during quarter 1 of EFY 2014 is 86%.
- The early PNC performance ranges between 83% (in Hamle) to 91% (in Meskerem) during quarter1.
- Generally the performance showed improvement over the months during the quarter. The performance in the month of Meskerem (91%) has showed a 6% point increase compared with and Nehasse.
- This performance of the month of Meskerem was also higher by 6% and 4% points from the baseline and target, respectively.

Early postnatal coverage, Q1 EFY 2014



EFY 2014, Q1: Early postnatal care coverage baseline, target and performance by region



KEY FINDINGS

- The early postnatal (care within the first seven days after delivery) aggregated EFY 2014 quarter one performance is 86%. This reported value is higher by 1% point compared with the baseline performance (last year performance), however it still showed a 1% point deficit compared with the target of the year.
- Region wise, the early postnatal care coverage showed big variation among the region with a value as high as 100% and as low as 40%. The highest SBA performance was observed in Addis Ababa, Harari, Diredawa and Sidama regions (All at 100%) while the lowest performance was recorded in Benshangul-Gumuz (40%) and Gambella (47%).

Comparison with last year's performance (Baseline)

- Only three regions namely; Afar (by 8%), Amhara (by 11%) and Benshangul Gumuz (by 7%) performed lower than their baseline achievement. The remaining eight regions were able to accomplish better or equal to their baseline value.
- The highest increase compared with last year's baseline was recorded by Diredawa (by 27%) and Somali (by 16%).

Comparison with target set for the year

- Four regions; namely, Afar (by 29%), Amhara (by 22%), Benshangul Gumuz (by 18%) and Gambella (by 9%) were unable to achieve their target.



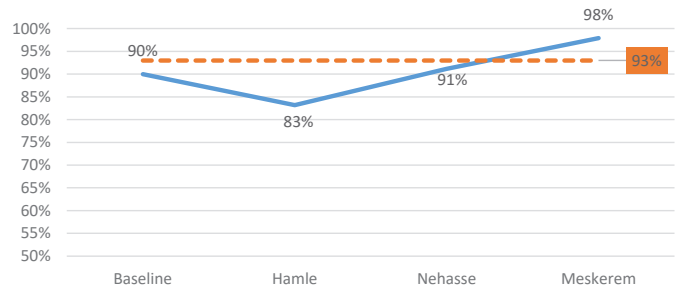
PMTCT Testing



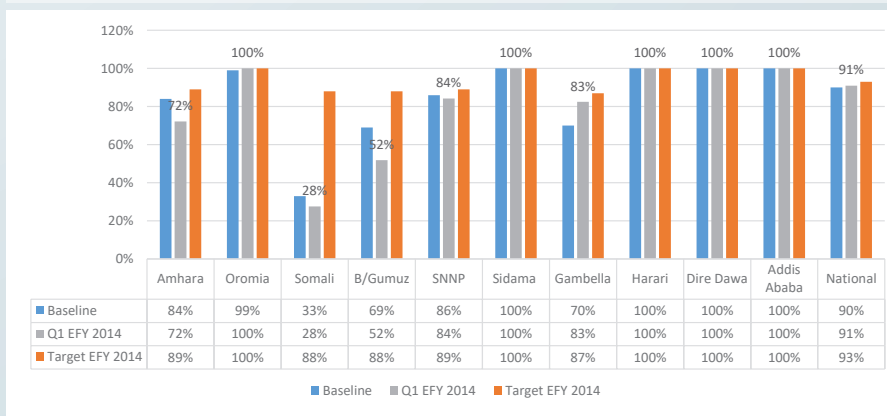
KEY FINDINGS

- The PMTCT testing national aggregated performance during quarter 1 of EFY 2014 is 91%.
- The early PNC performance ranges between 83% (in Hamle) to 98% (in Meskerem) during quarter1.
- Generally the performance showed improvement over the months during the quarter. The performance in the month of Meskerem has showed a 7% point increase compared with Nehasse month achievement.
- This performance of the month of Meskerem was also higher by 8% and 5% points from the baseline and target, respectively.

PMTCT Testing coverage, Q1 EFY 2014



EFY 2014, Q1: PMTCT testing coverage baseline, target and performance by region



KEY FINDINGS

- The PMTCT testing rate national aggregate performance for EFY 2014 quarter one is 91%. This reported value is higher by 1% point compared with the baseline performance (last year performance), but showed a 2% point deficit compared with the target of the year.
- Region wise, the PMTCT testing coverage showed big variation among the region with a value as high as 100% and as low as 28%. The highest PMTCT testing rate was reported from Addis Ababa, Harari, Diredawa, Sidama and Oromia regions (All at 100%) while the lowest performance was recorded in Somali (28%) followed by Benshangul-Gumuz (52%).

Comparison with last year's performance (Baseline)

- While six regions (Addis Ababa, Harari, Diredawa, Sidama, Gambella and Oromia) performed better than their baseline while the remaining regions were only able to achieve less than their baseline.
- Significant decline compared with the baseline was recorded by Benshangul-Gumuz (by 17%) and Amhara (by 12%).

Comparison with target set for the year

- Five regions; namely, Addis Ababa, Harari, Diredawa, Sidama, and Oromia (All at 100%) were able to achieve their target. However, the remaining regions are unable to achieve their target with four regions demonstrating a target to performance gap of 15% or more. The highest target to performance gap is in Somali by 60%) followed by Afar (by 37%) and Benshangul-Gumuz (by 36%)



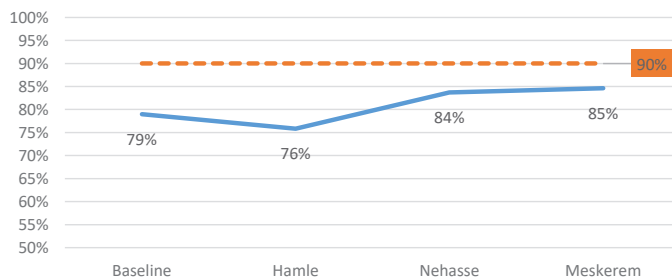
HIV-positive pregnant women who received ART to reduce the risk of Women-to child-transmission (MTCT)



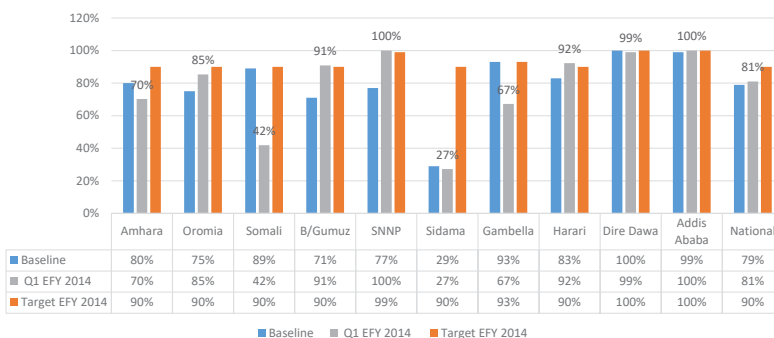
KEY FINDINGS

- The proportion of HIV positive pregnant women who received ART to reduce the risk of Women-to child-transmission national aggregated performance during quarter 1 of EFY 2014 is 81%. The performance among the months ranges between 76% (in Hamle) to 85% (in Meskerem) during quarter1.
- Generally the performance showed improvement over the months during the quarter.
- The performance in the month of Meskerem has showed a 1% point increase compared with Nehasse month achievement. It is also higher by 6% from the baseline and lower by 5% points from the target.

PMTCT ART coverage, Q1 EFY 2014



EFY 2014, Q1: PMTCT -ART coverage baseline, target and performance by region



KEY FINDINGS

- The PMTCT testing rate national aggregate performance for EFY 2014 quarter one is 81%. This reported value is higher by 2% point compared with the baseline performance (last year performance), but showed a 9% point deficit compared with the target of the year.
- Region wise, the PMTCT testing coverage showed big variation among the region with a value as high as 100% and as low as 27%. The highest PMTCT testing rate was reported from Addis Ababa (at 100%), SNNP (at 100%) and Diredawa (at 99%). The lowest performance was recorded in Sidama (27%) followed by Afar (34%).

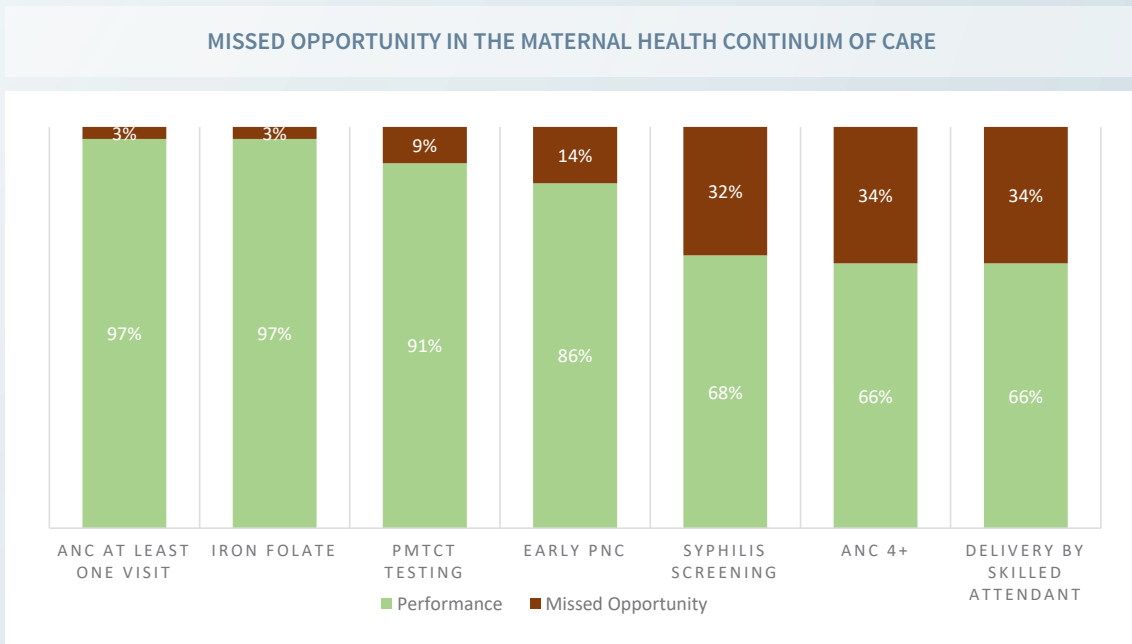
Comparison with last year's performance (Baseline)

- Five regions, namely; SNNP (by 23%), Benishangul-Gumuz (by 20%), Oromia (by 10%), Harari (by 9%) and Addis Ababa (by 1%) performed better than their baseline while the remaining regions were only able to accomplish below their baseline.
- Significant decline compared with the baseline was recorded by Somali, Afar, and Gambella regions.

Comparison with target set for the year

- Addis Ababa, Harari, Benishangul-Gumuz and SNNP regions were able to achieve their target. However, the remaining regions were unable to achieve their target with five regions documenting a target to performance gap of 20% or more. The highest target to performance gap is in Sidama by (63%) followed by Afar (by 54%) and Somali (by 48%)

**Status of maternal health key interventions



KEY FINDINGS

- Out of the total pregnant women, 97% got the first antenatal care in the reporting quarter. Based on the report, 97% of pregnant women received iron folate 90 plus supplementation which indicates that we are moving in the right direction with this service provision. However, continuity of the ANC follow up to the fourth visit or more and delivery by skilled attendant showed huge gap (31%) compared with the first ANC uptake. This generally means, about one in three of pregnant mother with first ANC visit are unable to go through four or more visits, do not get tested for syphilis and do not deliver in a health facility.



Institutional and community Maternal death



KEY FINDINGS

- Number of reported maternal deaths from facilities showed a declining trend over the three months of quarter 1.
- In addition, the number of reported maternal deaths from community was very low in Nehasse compared with the other two months.
- Efforts to improve the reporting of maternal deaths, their review and response has to be amplified.

Number of monthly facility and community maternal deaths

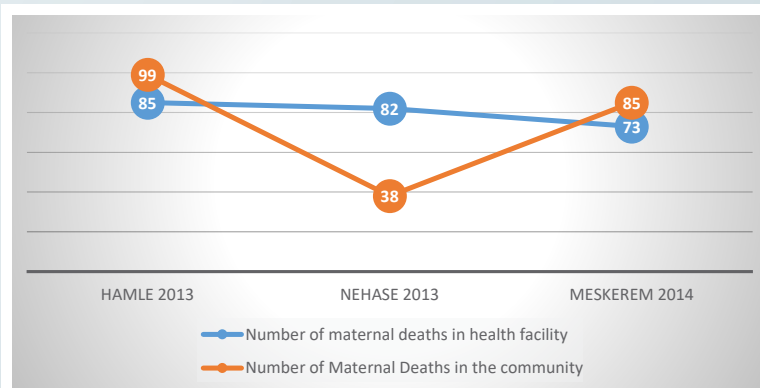


Table: Maternal death reporting

Region	Estimated # of death (2012)	Quarterly estimated death	Quarter 1	
			Number	%
Tigray	792	66	0	0%
Afar	234	19	14	24%
Amhara	3,092	258	58	8%
Oromia	5,563	464	179	13%
Somali	824	69	95	46%
B/Gumuz	165	14	4	10%
SNNP	2,366	197	75	13%
Sidama	634	53	8	5%
Gambella	62	5	4	26%
Harari	34	3	5	58%
Dire Dawa	69	6	4	23%
Addis Ababa	360	30	16	18%
National	14,195	1,183	462	13%



KEY FINDINGS

- Assumption for estimated maternal death is 401 maternal death per 100,000 live births extrapolated to each region.
- During the first quarter of EFY 2014, the number of maternal deaths reported was very low. Only 13% of the estimated maternal deaths is being reported. Root cause analysis and serious intervention has to be designed to improve reporting of the deaths, their investigation and response.



Conclusion

- In general terms, the performance in the months of Hamle and Nehasse of first quarter is low compared with Meskerem.
- In relative terms, ANC first visit, iron folate supplementation, PMTCT testing and early PNC indicators are performed better while the contraceptive acceptance rate, ANC4+ and deliveries by skilled birth attendant performances need improvement.
- There is huge Performance-target difference almost for indicators and in almost all of the regions. Target for all indicators is not achieved. Some of the targets are over ambitious, unrealistic and unachievable. Addis Ababa, Sidama and Harari regions relatively performed better for most of the indicators. The performance in Amhara region has declined for most indicators which could be due to the current political situation in the region.
- As there are no reports from Tigray region, the eligible and performance are excluded from the overall analysis.

CHILD HEALTH SERVICE

DATA ANALYTIC REPORT

1st Quarter, 2014 EFY

INDICATORS



- Immunization Program
- Integrated management of Childhood illness program
- Nutrition Program



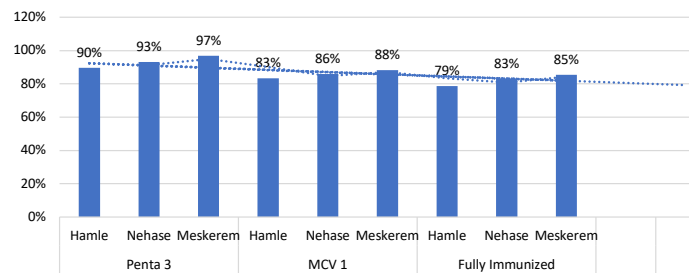
PERIOD

July (Hamle) 2013 to September (Meskerem) 2014

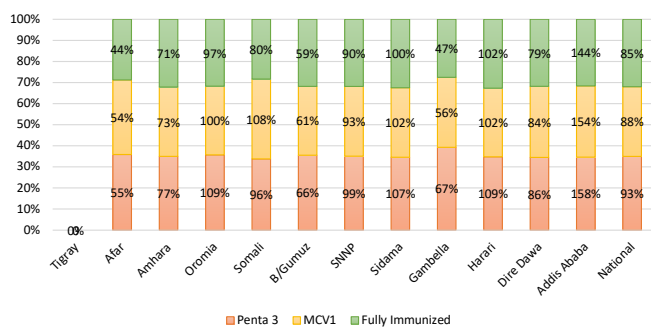
KEY FINDINGS

- As the figure above the performance of EPI throughout the three months gets declined from the target planned to achieve. However, the trends of the performance of Penta 3, MCV1 and fully immunized within the quarter got increased from Hamle to Meskerem. The overall achievement of EPI for the quarter by region looks like the figure below.

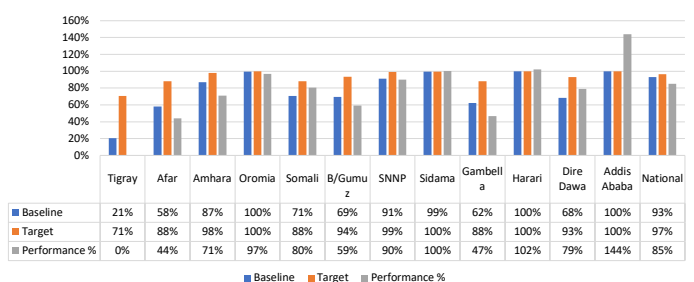
Q1 EPI performance against target which disaggregated by month



EPI performance indicator by Region



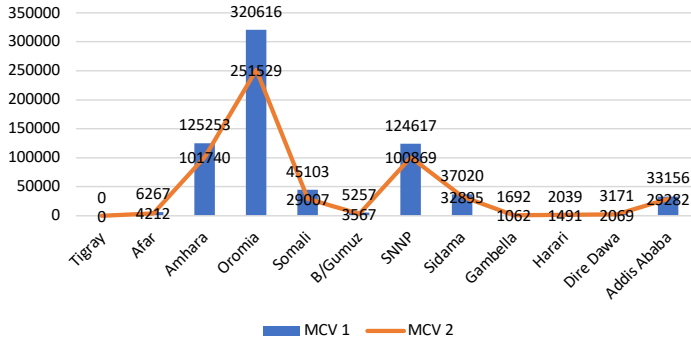
Fully Immunization coverage by region, Q1



KEY FINDINGS

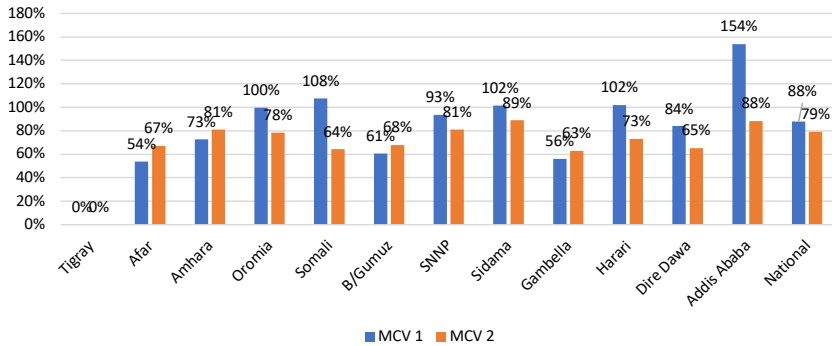
- The performance coverage fully immunized children gets high in the regions; Hareri, Addis Ababa and Sidama while Afar, Somali, Amhara, B/Gumze, and Gambela achieved below the national average (85%)

Performance of MCV1 vs MCV2

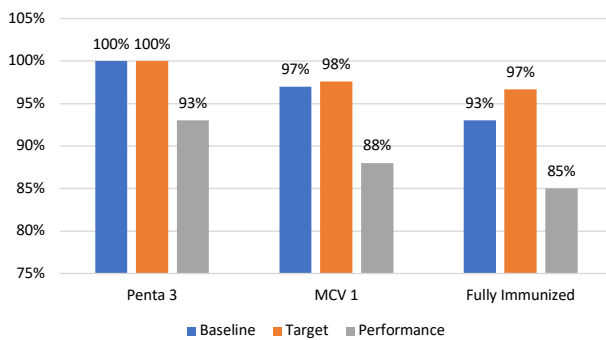


KEY FINDINGS

- The figure above illustrates the proportion of MCV1 and MCV2 against target by region



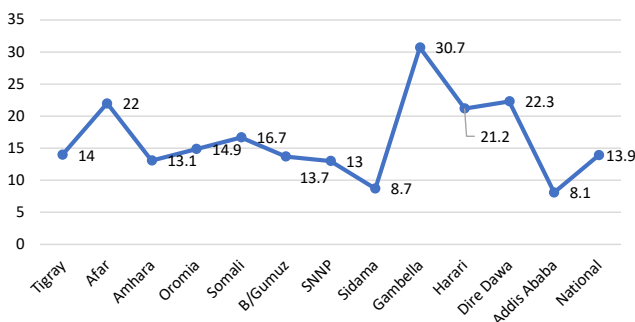
Baseline, Target and Performance of Penta 3, MCV1 and Fully immunized



KEY FINDINGS

- The coverage of EPI indicators for Penta 3, MCV1 and Fully immunized are below the target planned to achieve during the reporting period.

Penta 1 to MCV 1 Dropout rate



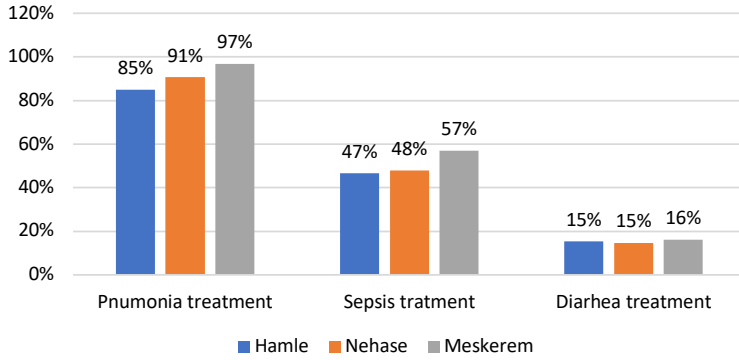
KEY FINDINGS

- The vaccine dropout rate of Penta 3 to MCV1 gets high (above 20) for the regions Gambela, Diredawa, hareri, and Afar. Whereas Sidama and Addis Ababa have the least dropout rate across regions and city administrations.



Childhood Illness Management

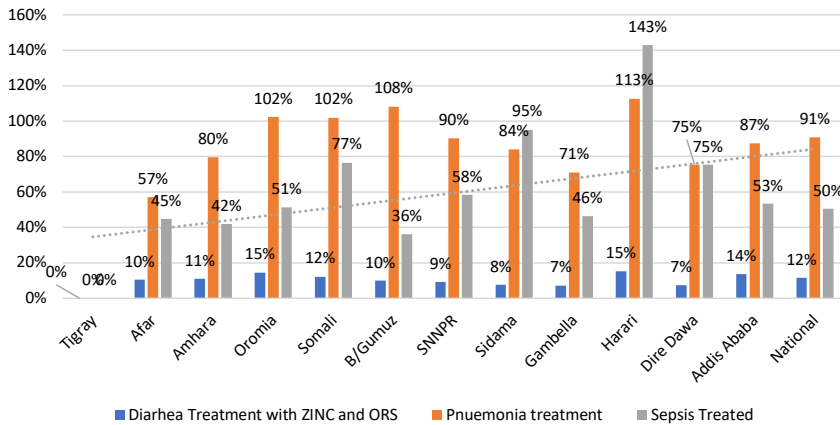
Proportion of childhood illness treatment against target



KEY FINDINGS

- The Figure above describes the performance of childhood illness treatment disaggregated by month. The patterns of the three childhood illness treatment across the three months got incremental.

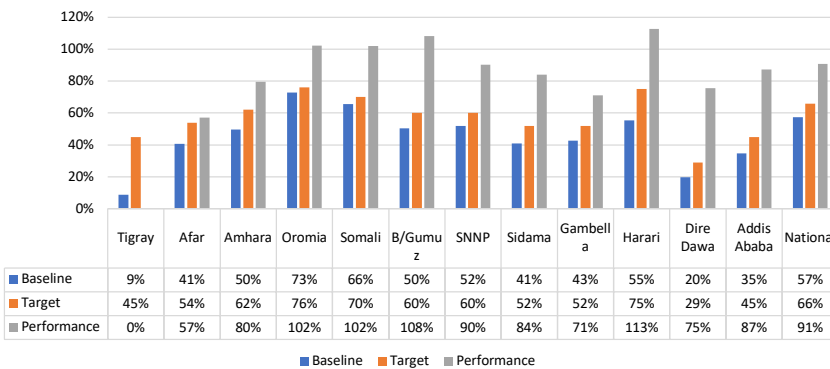
Proportion of Childhood illness treatment



KEY FINDINGS

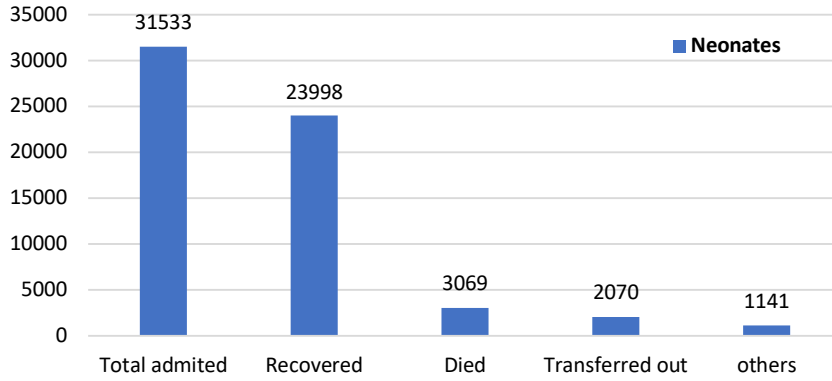
- The treatment performance in the regions; Oromia, Somali, B/Gumuz and Hareri accomplished transcended performance. While the treatment performance for under five children need an improvement under the regions; Afar, Gambela, Diredawa,

Q1 performance of < 5 children treated for Pneumonia by region

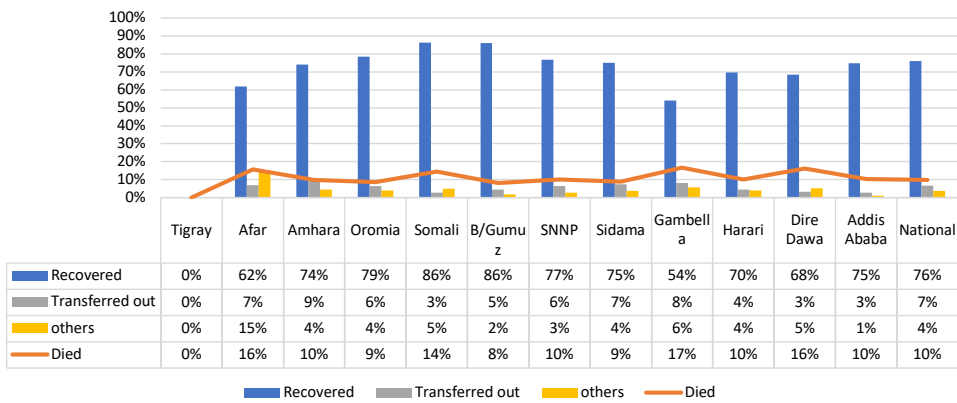


NICU OUTCOME

The number of neonates who admitted and their outcome

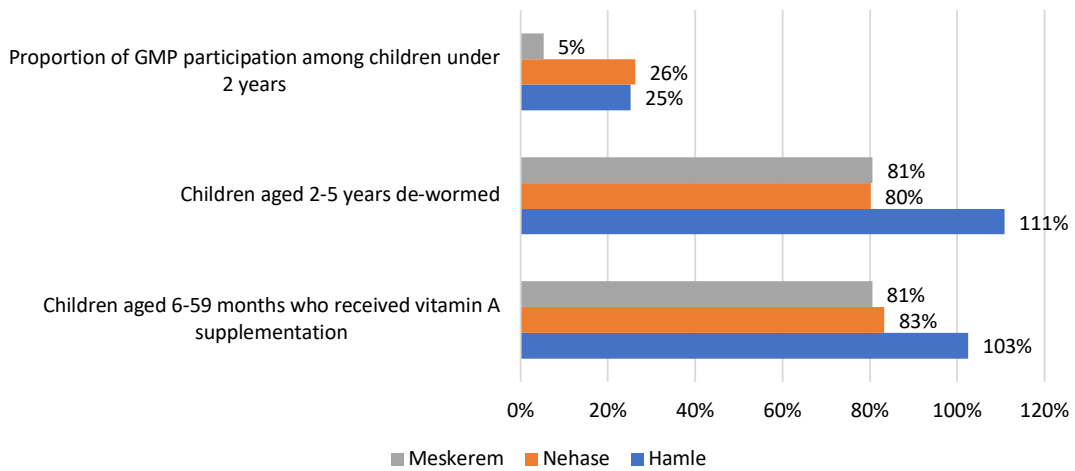
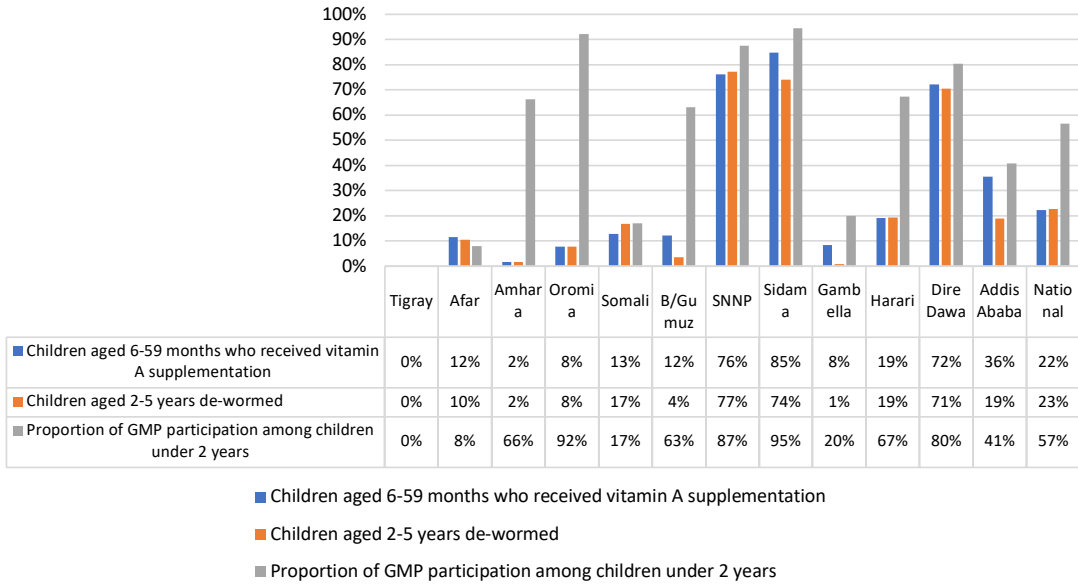


NICU outcome from the total admitted neonates



KEY FINDINGS

- From those who admitted neonates the outcome of the neonates illustrated as the figure above. 76% recovered, 7% transferred out, 10% of the neonates are dead.



DISEASE PREVENTION AND CONTROL PROGRAMS

DATA ANALYTIC REPORT

1st Quarter, 2014 EFY



INDICATORS

- Number of Malaria cases per 1000 population at risk
- Number of Malaria death



PERIOD

July (Hamle) 2013 to September (Meskerem) 2014



MALARIA

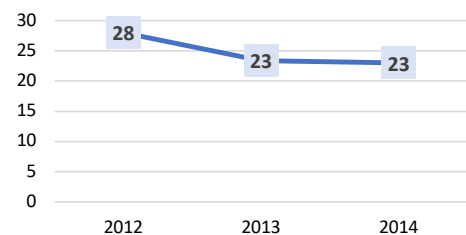
Number of malaria cases per 1000 population at risk from 2012 EFY to 2014 EFY



ASSUMPTIONS AND FINDINGS

- Nationally, around 52.7 % of the total population is at risk of malaria with varying risk among regions: Tigray (51.7%), Afar (98.2%), Amhara (40.4%), Oromia (56.1%), Somali (99.8%), Benishangul-Gumuz (95.7%), SNNP (58.5%), Sidama (48.3%), Gambella (98.7%), Harari (75%) and Dire Dawa (94%). Addis Ababa is considered as malaria free. Due to unavailability of data from Tigray region, it is excluded from this analysis.
- Tikimt-Sene average for EFY 2014 end of year estimation was computed from last year similar period average due to seasonal variation of malaria within a given year
- Number of malaria cases per 1000 population at risk, which decreases in 2013 from the HSTP II baseline will remained the same in 2014

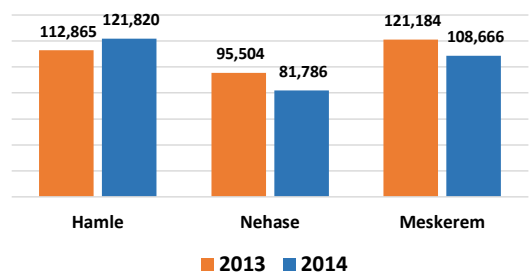
Trends of malaria cases per 1000 population at risk 2012 EFY to 2014 EFY



FINDINGS

- Number of monthly reported malaria cases in Hamle 2013 is the highest in the first quarter while Nehase is the lowest. Overall a total of 312,272 malaria cases were reported in 2014 EFY which is lower than 329,553 of last year same period by 5%.
- Likewise the month-to-month comparison of malaria cases between Hamle - Meskerem EFY 2013 and EFY 2014 shows that there is a decrease in malaria cases in each month of EFY 2014. However this data need to be cautiously interpreted. The 2014 quarter one average disease report (78.2%) decreases by 11.9% from same period of last year. Therefore the decrease in reported malaria case in this quarter might be attributed to decrease in report completion rate.

Hamle-Meskerem month-to-month comparison of malaria cases between EFY 2013 and 2014

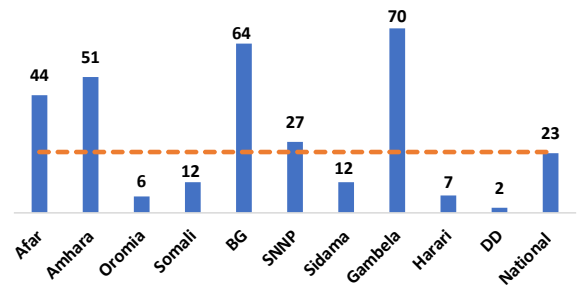




FINDINGS

- Based on the first three months data and extrapolation for the rest of 2014 FY year , the highest number of malaria cases per 1,000 population at risk is was reported from Gambela, followed by Benshangul Gumuz(BG), Amhara, and Afar
- The high malaria morbidity of Gambella, BG and Afar were reported despite the low average disease reporting rate of 52.5% at Gambella, 41.9% at BG and 60.5% at Afar. Similarly OPD per capita visit in these regions are below national average for the last three months
- During the first quarter of 2014 the OPD per capita visit of Somali is the lowest (0.28). Therefore the reported malaria case per 1000 at risk population in Somali might not shows the real situation
- Lowest number of malaria cases per 1000 population at risk was reported from Dire Dawa followed by Oromia and Harari,,
- Factors such as security situation in Benishangul -Gumuz and Tigray, flooding in Afar might have impact on the disease burden.

Malaria Cases per 1000 at risk population by Region, Quarter One of 2014 EFY



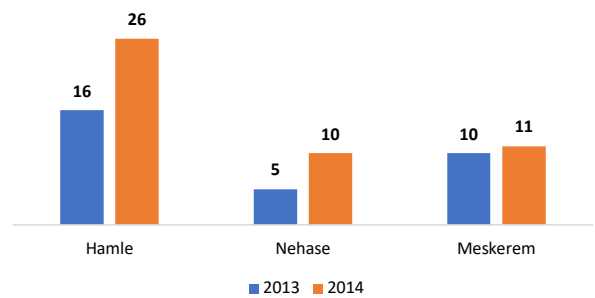
Number of death from Malaria During the first Quarter of 2014 EFY



ASSUMPTIONS AND KEY FINDINGS

- Highest death from malaria was reported in the month of Hamle while it decrease in Nehase.
- Comparing with similar period of last year death from malaria increase by 51.6%. This happen despite decreases in the average reporting rate in the first three months of 2014 EFY by 11.9% compared to same period of last year.

Hamle-Meskerem month-to-month comparison of malaria mortalities between EFY 2013 and 2014



OVERALL RECOMMENDATIONS

- The malaria morbidity at Gambela, BG, Amahara and Afar are well above national average. Therefore due attention must be given for these regions in the subsequent remaining planning period
- Despite decrease in national average reporting rate the reported malaria death in this quarter is very high compared with similar period of last year. Hence program people have to identify the root cause and design appropriate intervention.

HIV/AIDS Prevention and Control

DATA ANALYTIC REPORT

1st Quarter, 2014 EFY



INDICATORS

- Number of individuals tested and counselled for HIV
- Number of PLHIVs currently on ART
- Number of HIV positives newly started on ART
- Number of PLHIVs who Lost to follow up from treatment
- PLHIV who are currently on Appointment spacing model (ASM)
- Number of newly enrolled ART clients initiated on LTBI Treatment - 3HP and IPT
- Number of individuals that started Pre-exposure prophylaxis (PrEP)



PERIOD

- 1st Quarter of 2014 EFY (Hamle 2013 to Meskerem 2014 EFY)
- Comparison of performance in 2013 EFY versus performance in 2012 EFY (Same quarter)
- Monthly trend (Q1_2014)

1. Number of individuals tested and counselled for HIV (Hamle 2013 to Meskerem 2014)



FINDINGS

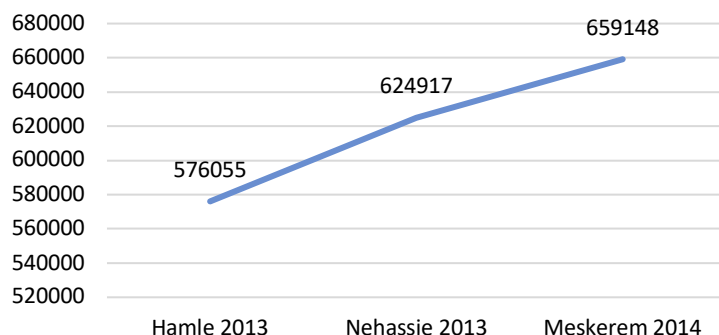
Trend of HIV testing in the 1st 3 months (Hamle 2013 to Meskerem 2014)

- A total of 1,860,120 individuals received HIV testing and counselling service from Hamle 2013 to Meskerem 2014 EFY
- The number of monthly tests consistently increase from 576K in Hamle to 659K in Meskerem

Comparison of HIV testing performance between 2012 EFY and 2013 EFY (Similar months)

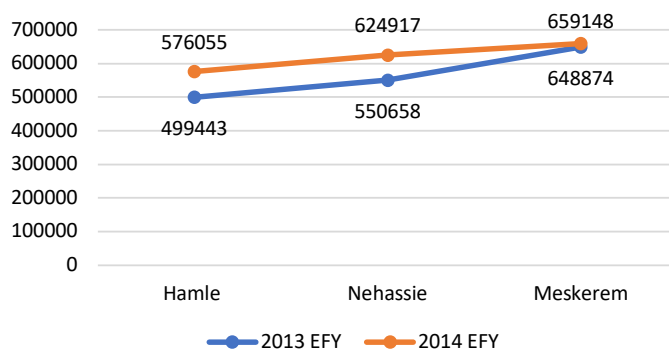
- Number of HTC tests performed in the first 3 months of 2014 EFY is higher than the number of tests performed in the same months of 2013 EFY (1,860,120 in Q1 2014 EFY versus 1,698,975 in Q1 2013 EFY). It is higher by 9.5% in 2014 EFY (Q1) compared to Q1 of 2013 EFY.

No. of individuals tested for HIV, Hamle 2013 EFY- Meskerem 2014 EFY



Total tested in 3 months (Q1, 2014 EFY)
1,860,120

Comparison of monthly number of individuals tested for HIV in 2013 EFY with similar months in 2012 EFY



2. HIV positivity Yield and Linkage to ART- 3 months performance (Hamle 2013 to Meskerem 2014)

Hamle 2013 to Meskerem 2014

Region	Total Tested	Total positives	% tested positive	Newly started on ART	Percent linked to ART
Tigray	-	-		0	
Afar	24,332	242	0.99%	198	82%
Amhara	317,724	2,129	0.67%	1804	85%
Oromia	933,584	3,434	0.37%	2935	85%
Somali	43,853	102	0.23%	40	39%
Ben. Gumuz	12,883	39	0.30%	40	103%
SNNP	247,808	962	0.39%	865	90%
Sidama	91,057	241	0.26%	223	93%
Gambella	5,596	154	2.75%	209	136%
Harari	11,946	68	0.57%	66	97%
Dire Dawa	16,671	102	0.61%	91	89%
Addis Ababa	154,666	2,330	1.51%	1814	78%
National	1,860,120	9,803	0.53%	8285	85%



FINDINGS

- From the total 1.86 million tested individuals in the first Q of 2014 EFY, 9,803 of them were tested positive for HIV (a Positivity yield of 0.53%).
- HIV positivity yield is highest in Gambella (2.75%) followed by Addis Ababa (1.51%) and Afar (0.99%). The lowest positivity yield is in Somali (0.23%), Sidama (0.26%) and Benishangul G (0.23%).
- Regions with the lowest yield in this quarter are those, which have a similar low yield in the previous year. The reason for low performance should be investigated and actions need to be taken.
- From the total newly identified HIV positives, 85% of them were linked to ART. Most regions, except Somali, have linked more than 90% of the positives to care & treatment
- Gambella and Benishangul should be investigated if the reported positives are re-tests as total linkage is more than 100%

3. PLHIVS WHO ARE CURRENTLY ON ART

Number of PLHIVs currently on ART

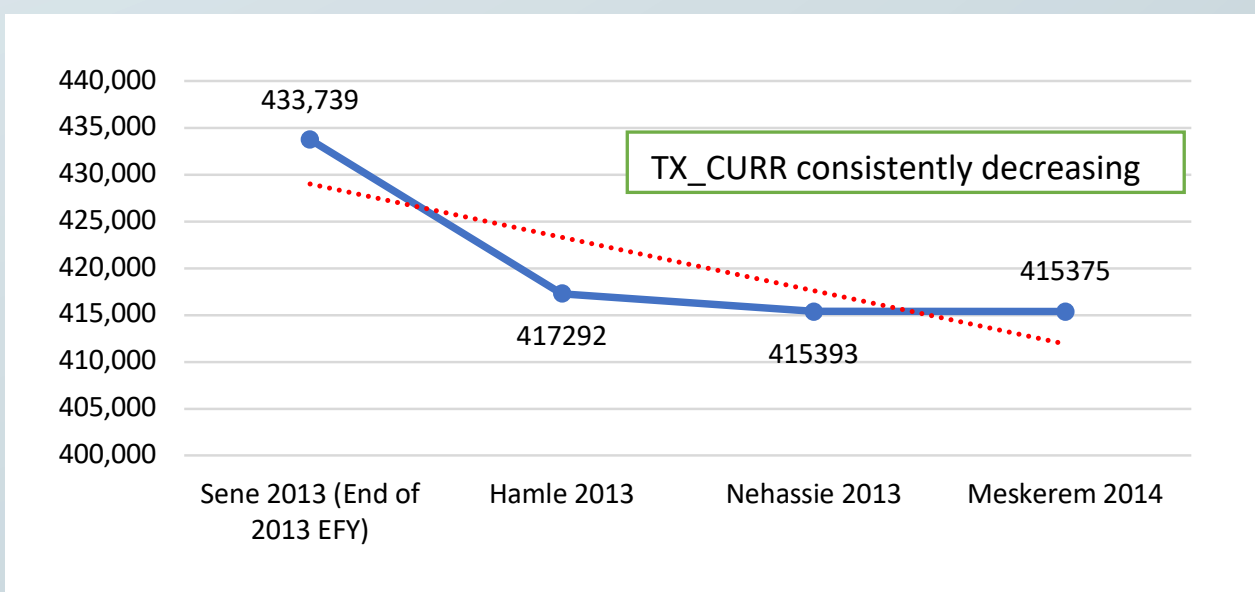


Table: Number of PLHIVs currently on ART by region, Senie 2013 to Meskerem 2014

Region	Sene 2013 (End of 2013 EFY)	Hamle 2013	Nehassie 2013	Meskerem 2014
Tigray	0	0	0	0
Afar	4390	4958	4851	4937
Amhara	145636	125825	123330	122092
Oromia	116814	116955	118576	118703
Somali	1952	2002	1978	1969
B.Gumuz	4092	3845	3487	2978
SNNP	33046	32997	33564	33757
Sidama	10133	9920	10152	9909
Gambella	5983	7416	5803	6462
Harari	4224	4121	4127	4125
Dire Dawa	6755	6881	6931	6750
AA	100714	102372	102594	103693
National	433739	417292	415393	415375



Findings on Currently on ART

Note: Tx_Curr data here doesnot include data from unformed facilities

- At the end of Meskerem 2014, a total of 415,375 PLHIVs were receiving ART.
- The number of people currently on ART decreased consistently since the end of the 2013 EFY. The number of PLHIVs on ART at the end of Meskerem 2013 has decreased by 18,364 (4.2%) from Sene 2013 EFY. Most of the other regions have reported increased number of PLHIVs on ART in Meskerem 2014 compared to Senie 2013.
- The lower number of PLHIVs currently on ART has decreased mainly from Amhara (by more than 23K) and Benishangul Gumuz (>1K) regions (See table below). This is mainly due to the conflicts in the northern part of Ethiopia and civil unrest in Benishangul Gumuz regions.

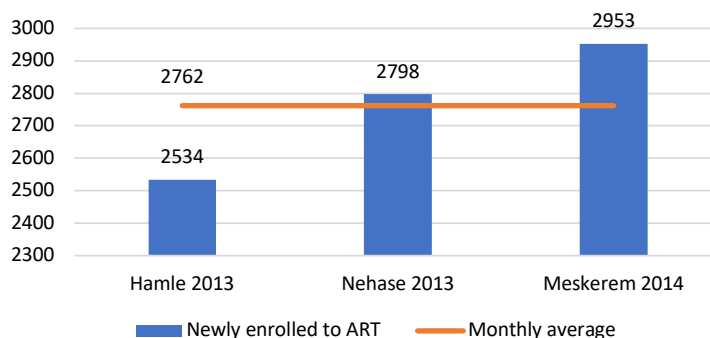
4. Number of PLHIVs who are newly enrolled to ART (Hamle 2012 to Meskerem 2014)



FINDINGS

- In the first 3 months of 2014 EFY, 8285 PLHIVs were newly enrolled to ART.
- On average, 2,762 PLHIVs were enrolled to ART every month
- Number of PLHIVs newly enrolled to ART increase over time.
- As shown in the previous section, 85% of newly identified HIV positives were enrolled to ART in the first three quarters

Number of PLHIVs who are newly enrolled to ART (Hamle 2013 to Meskerem 2014)



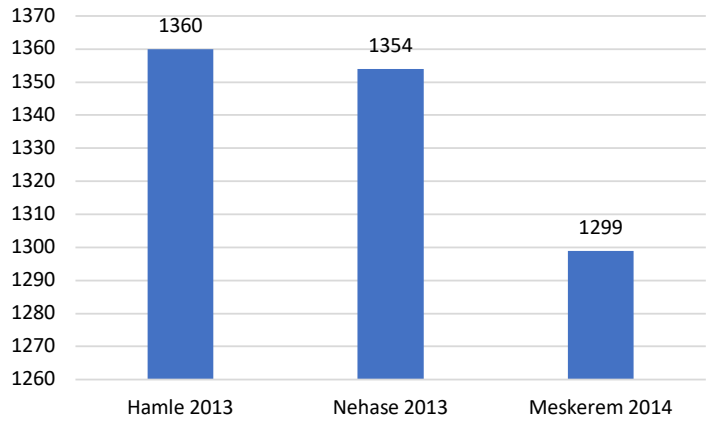
5. PLHIV who are Lost to Follow up (LTFU) from ART (Hamle 2013 to Meskerem 2014)



FINDINGS

- In the last 3 months, 4013 (0.96%) PLHIVs were lost to follow up from ART treatment. The monthly LTFUs from treatment range from 1360 in Hamle to 1299 in Meskerem, 2014.
- Note that the reduction in the number of PLHIVs from 433K in Senie to 415K in Meskerem is mainly due to non-reporting from conflict areas in Amhara.
- LTFU has decreased in Meskerem 2014, compared to Hamle and Nehassie
- Strategies to reduce LTFU from ART should be defined and implemented in each facility

Number of Lost to followup Clients
Hamle 2013 - Meskerem 2014



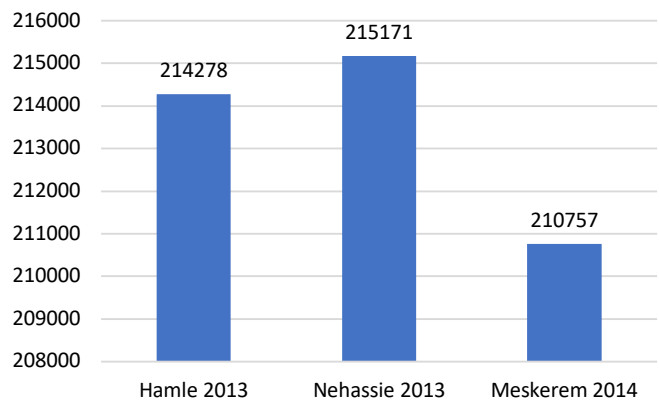
6. PLHIV who are currently on Appointment spacing model (ASM)



FINDINGS

- At the end of Meskerem 2014 EFY, a total of 210,757 (50%) PLHIVs on ART were on appointment spacing (ASM) model
- It is good that many PLHIVs on ART are on ASM model during COVID-19 period

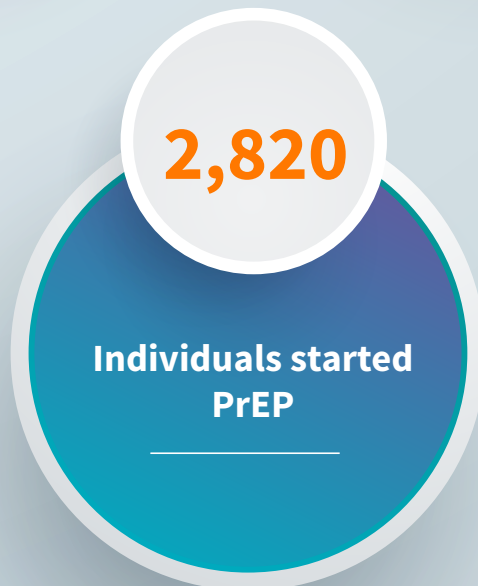
Total number of adult PLHIV currently on ASM, Hamle
2013 - Meskerem 2014



7. Number of newly enrolled ART clients initiated on LTBI Treatment - 3HP and/or IPT (Hamle 2013 to Meskerem 2014)



8. Number of individuals newly enrolled on Pre-exposure prophylaxis (PrEP)



Tuberculosis Prevention and Control Program

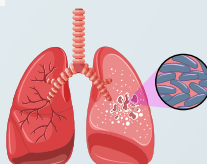
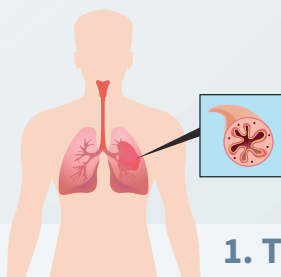
DATA ANALYTIC REPORT

1st Quarter, 2014 EFY



INDICATORS

- TB treatment coverage
- Community contribution for TB detection
- TB treatment cure rate; TB treatment success rate
- TB contact screening; TPT coverage
- DR TB: Number of cases detected

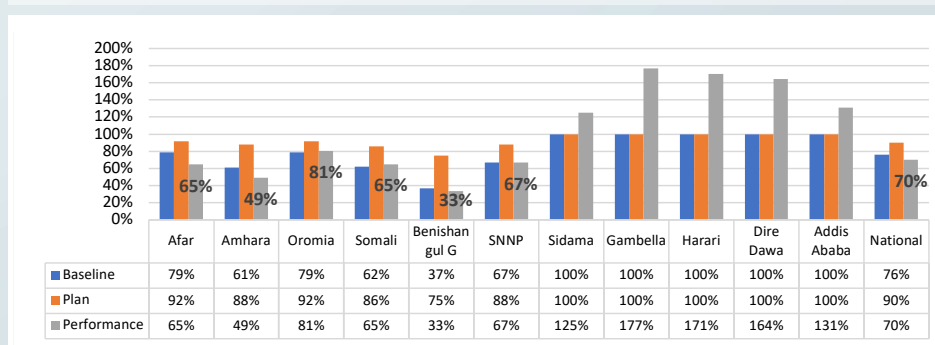


PERIOD

Q1 of 2014 EFY (Hamle 2013 to Meskerem 2014)

1. Tuberculosis Treatment Coverage

TB Treatment Coverage, 1st quarter of 2014 EFY



KEY FINDINGS ON TB TREATMENT COVERAGE

- In the first quarter of 2014 EFY, a total of 25,827 all forms of TB cases were detected and put on anti TB treatment. This is 70% of the expected 36,792 TB cases in the quarter.
- TB treatment coverage in the first quarter is lower than the baseline (which was 76% in 2013 EFY). It is also far below the plan set for the quarter (Plan was 90%)
- TB treatment coverage in five regions is more than 100% (Sidama, Gambella, Harari, Diredawa and Addis Ababa)
- The performance of five regions is below the national average of 70% (Afar, Amhara, Somali and SNNP).
- Conclusion: the performance of TB treatment coverage in the first quarter of 2014 EFY is low (lower than the previous year's performance and from the plan). There is a regional disparity in performance. Amhara (49%) and Benishangul Gumuz (35%) regions have the lowest performance, which is mainly due to conflicts in the last couple of months.
- Recommendation: Recovery plan should be prepared for war affected areas such as Amhara and Afar regions. Special support should be provided to these regions.

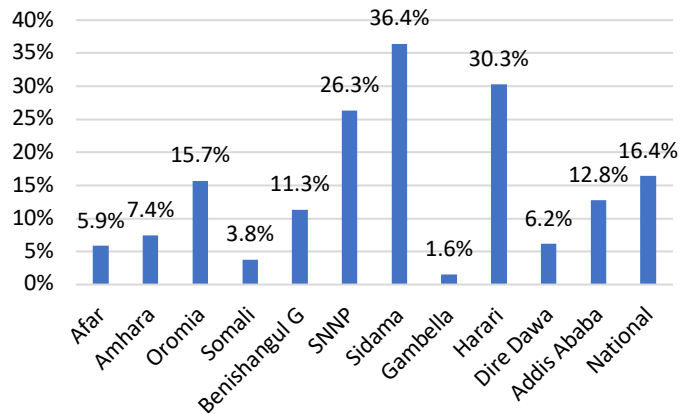
2. Community contribution for TB detection



COMMUNITY CONTRIBUTION FOR TB DETECTION

- Identification of persons with suspected TB by community health workers and volunteers is essential for early diagnosis and treatment of TB cases. Engagement of the community is important for TB prevention and control program
- In q1 of 2014 EFY, from the total 25, 827 TB cases detected, 4,237 (16.4%) were referred by community health workers.
- Sidama, SNNP and Harari regions have better performance than other regions.
- Community contribution for TB detection is low in Gambella (1.6%), Somali (3.8%) and Afar (5.9%) regions.

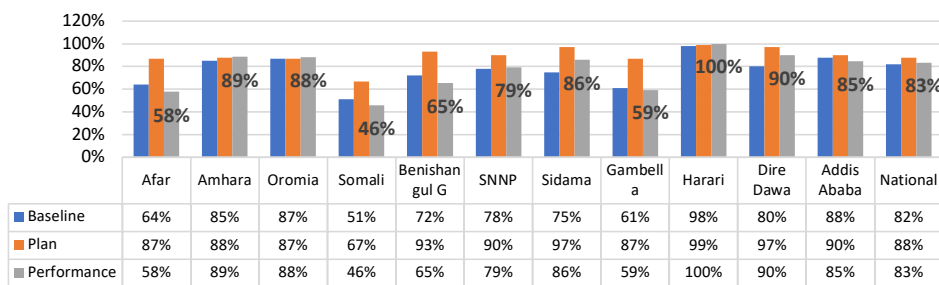
Community contribution for TB detection, quarter 1, 2014 EFY



Conclusion: The overall community contribution for TB detection is low, especially in special support regions. Active engagement mechanisms should be designed and implemented

3. Tuberculosis TB cure rate

Cure Rate: Bacteriologically confirmed PTB Cases, Quarter 1 of 2014 EFY



CURE RATE OF BACTERIOLOGICALLY CONFIRMED PTB CASES

- Cure rate of bacteriologically confirmed PTB cases in Q 1 of 2014 EFY was 83%. It is higher than the base line by 1%. However, it is lower than the plan for the fiscal year.
- There is a regional disparity in cure rate, ranging between 46% in Somali region to 100% in Harari region.

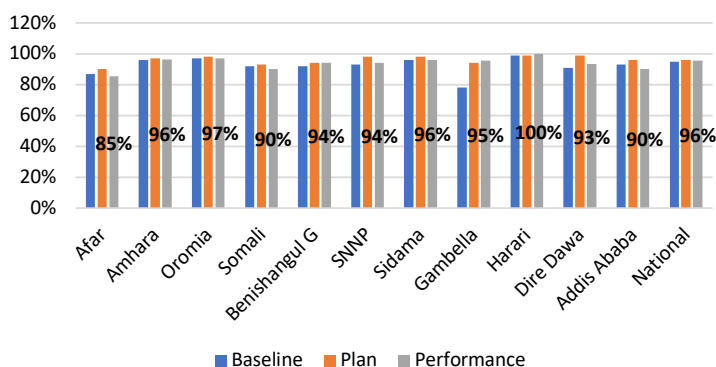
4. Tuberculosis TB success rate: Bacteriologically confirmed PTB cases



TREATMENT SUCCESS RATE OF BACTERIOLOGICALLY CONFIRMED PTB CASES

- All regions except Afar has a treatment success rate of more than 90%
- The performance is similar to the baseline and the target
- No much disparity is observed with the performance

Treatment success rate: Bacteriologically confirmed PTB Cases, Quarter 1 of 2014 EFY



5. Unsuccessful treatment outcome: Bacteriologically confirmed PTB cases

Table: Unsuccessful treatment outcome: Bacteriologically confirmed PTB

Region	Afar	Amhara	Oromia	Somali	Ben G	SNNP	Sidama	Gambella	Harari	DireDawa	AA	National
%	11%	3%	2%	6%	2%	5%	3%	2%	0%	6%	8%	4%

Unsuccessful treatment outcome: Bacteriologically confirmed PTB cases

- From the total cohort of bacteriologically confirmed PTB cases, 4% of them had unsuccessful treatment outcome (died or treatment failed or lost to follow up)
- Afar (11%), Addis Ababa (8%) and Dire Dawa (6%) have a higher proportion of bacteriologically confirmed PTB cases with an unsuccessful treatment outcome compared to other regions

6. Community based TB Treatment success rate



- In the quarter, 3,706 patients with TB (all forms) given treatment adherence support at community level for at least full course of the continuation phase treatment completed treatment at health posts, among which 3,329 (92%) of them has successfully completed their treatment.
- All regions have a performance of more than 90% except Oromia region, where Community based TB Treatment success rate is 89%.

7. TB contact screening/Contact investigation coverage



- In the quarter, 62,037 contacts with index of TB cases were reported. Among these eligible contacts, 57,602 (93%) of them were screened for Tuberculosis. All regions have a contact investigation coverage of more than 90% except Afar region where the coverage was only 55%
- In the quarter, a total of 12,792 children <15 year contacts with index of drug susceptible pulmonary TB cases were reported, among which 12,388 (97%) of them were screened for tuberculosis. This is a commendable performance

8. TB Preventive Therapy (TPT) Coverage



- In the reporting quarter, 11,963 children <15 years of age were eligible for TPT (screened for tuberculosis and the result was negative). Among these eligible children, 9,142 (76%) received TB preventive therapy (TPT). TPT coverage is low in Benenishangul Gumuz (49%) and Somali (55%) regions

9. DR TB case detection



- In the first quarter of 2014 EFY, 168 drug-resistant tuberculosis (DR TB) cases were detected. Among these, 149 were confirmed RR TB cases, 17 were confirmed MDR and 2 were confirmed pre-XDR TB cases

NON COMMUNICABLE DISEASES

DATA ANALYTIC REPORT

1st Quarter, 2014 EFY



INDICATORS

- Number of new individual screened for hypertension
- Number of newly enrolled individual to hypertensive care



PERIOD

July (Hamle) 2013 to September (Meskerem) 2014

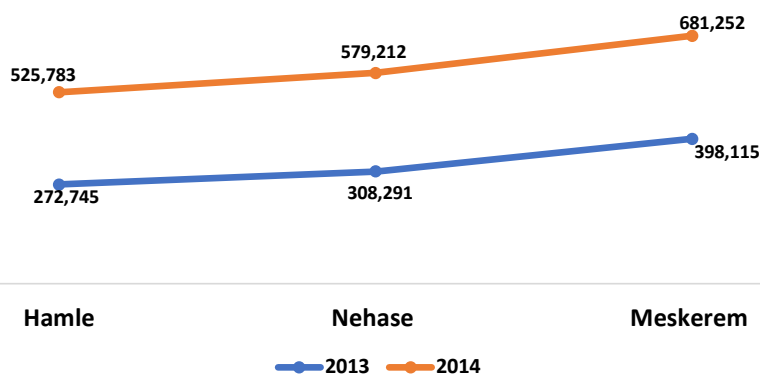
Hypertensive Care & Follow Up



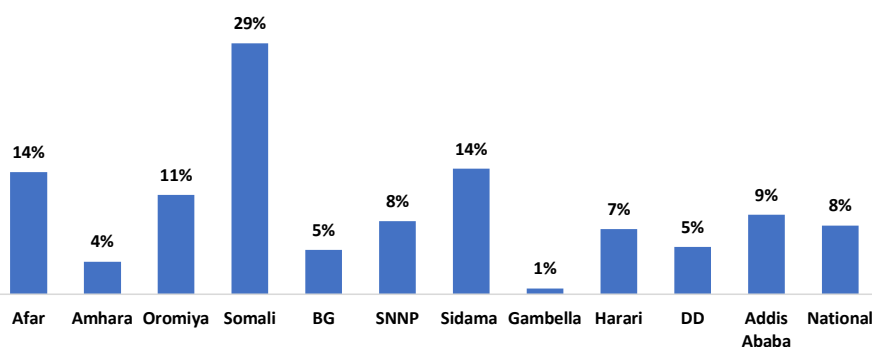
FINDINGS

- During the first quarter of 2014 EFY a total of **1,786,247** individuals were screened for hypertension out of which **139,948 (8%)** were reported having increased blood pressure. The monthly performance shows increasing trends. The current quarter performance is increased by about 82% while compared with last year same period performance of **979,151**. The performance against plan at national level is 107%. There is very wide variation of performance against plan across region. The reported performance from Harar, Dire Dawa, Addis Ababa, Amhara and Sidama are 563%, 490%, 286%, 181% and 124% respectively while the extreme low performance at Somali (4%), Gambella (11%), and Afar (11%) were also reported.
- On the other hand Somali region has reported the highest proportion (29%) of people with raised blood pressure level among screened people while Gambella reported the lowest (1%).

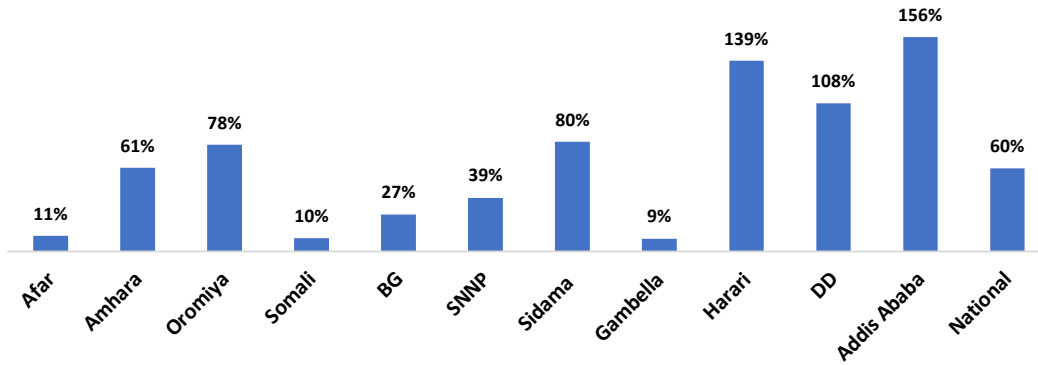
National Level Trends of Individuals Screened for Hypertension in the First Quarter: 2013 Versus 2014



Proportion of Individuals Screened for Hypertension With Increase Blood Pressure By Region, 2014 EFY 1st Quarter



New Enrollment to Hypertensive Care Performance Against Plan By Region, 2014 EFY First Quarter



FINDINGS

- In the first quarter it was planned to newly enroll 89,357 confirmed hypertensive individuals to care. A total of 53,918 individuals were newly enrolled to hypertensive care making the national level performance against plan at 60%. Addis Ababa, Harari and Dire Dawa reported above 100% performance while very low performance is reported from Gambella (9%), Somali (10%) and Afar (11%).

Diabetes Mellitus (DM) Care & Follow Up



INDICATORS

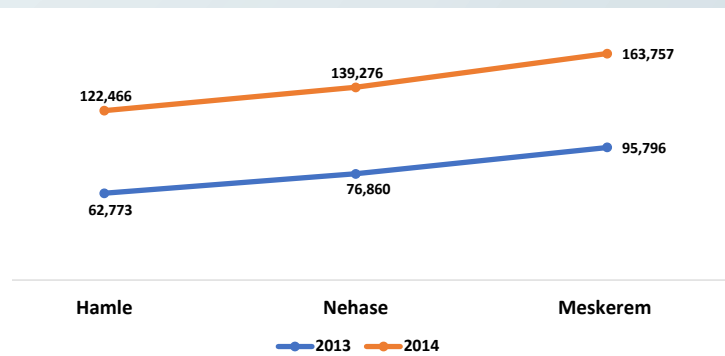
- Number of new individual screened for DM
- Number of newly enrolled individual to diabetic care



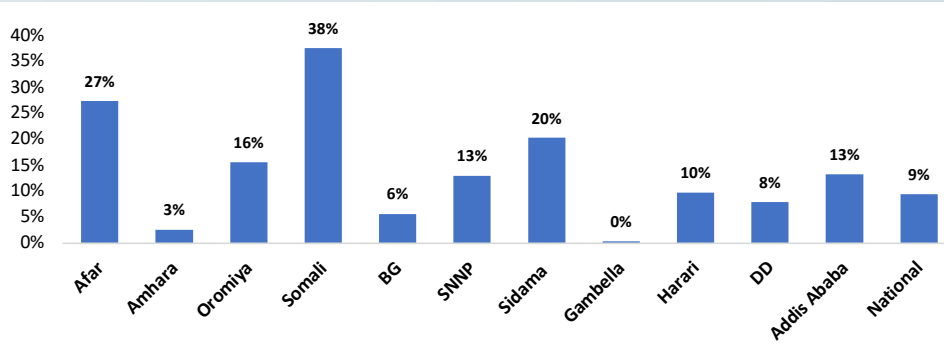
PERIOD

Hamle 2013 - Meskerm 2014

National Level Trends of Individuals Screened for Diabetes Mellitus in the First Quarter: 2013 Versus 2014



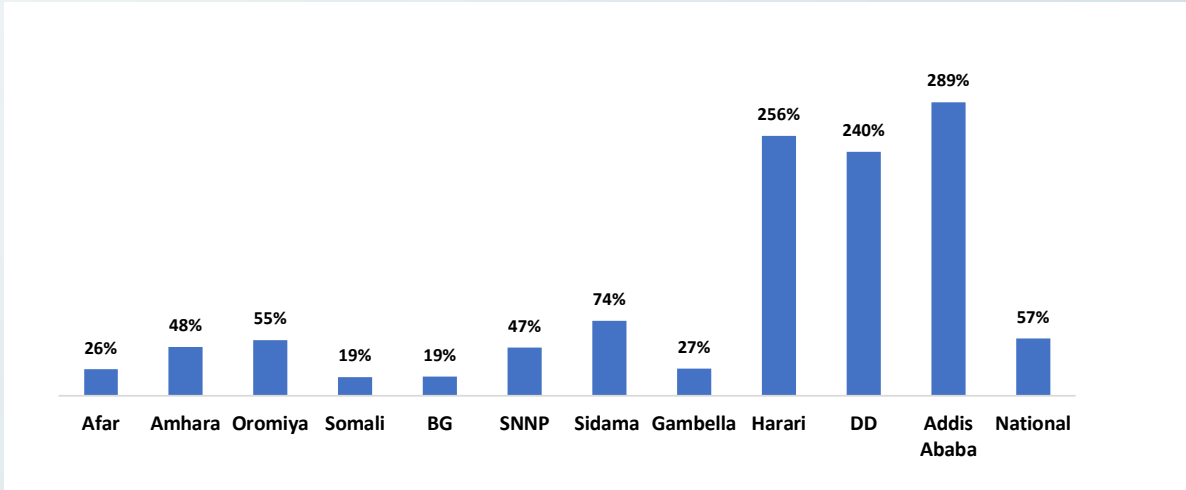
Proportion of Individuals Screened for Diabetes With Increase Blood Glucose Level, 2014 EFY First Quarter



FINDINGS

- In the first three months of 2014 EFY a total of 425,499 individuals were screened for DM out of which 40,373 (9.5%) were reported having increased blood glucose level. The monthly DM screening performance shows increasing trends. The current quarter performance is increased by about 81% while compared with last year same period performance of 235,429. The 2014 EFY quarter screening plan was 503,477. Hence the DM screening performance against plan at national level is 85%. Just as in the case of hypertension screening there is very wide variation of performance against plan across regions. The reported performance from Addis Ababa, Dire Dawa, Harari and Amhara are 251%, 211%, 189%, and 169% respectively while the extreme low performance at Somali (5%) and Afar (9%) were reported. The remaining region performance fall between 29%-80%.
- Somali region has reported the highest proportion (38%) of people with raised blood glucose level among screened people while Gambela reported the lowest.
- Somali region has reported the highest proportion (38%) of people with raised blood sugar level among screened people followed by Afar (27%), while Gambela reported the lowest followed by Amhara region.

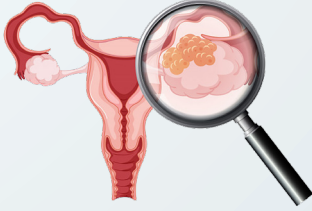
New Enrollment to Diabetic Care Performance Against Plan By Region, 2014 EFY First Quarter



FINDINGS

- In the first quarter it was planned to newly enroll 30,763 confirmed diabetic individuals to care. A total of 17,431 individuals were newly enrolled to diabetic care making the national level performance against plan at 57%. Addis Ababa, Harari and Dire Dawa reported above 100% performance while the majority of regions reported below 50% performance with the lowest from Somali and Benshangul Gumuz.

CERVICAL CANCER SCREENING AND TREATMENT



INDICATORS

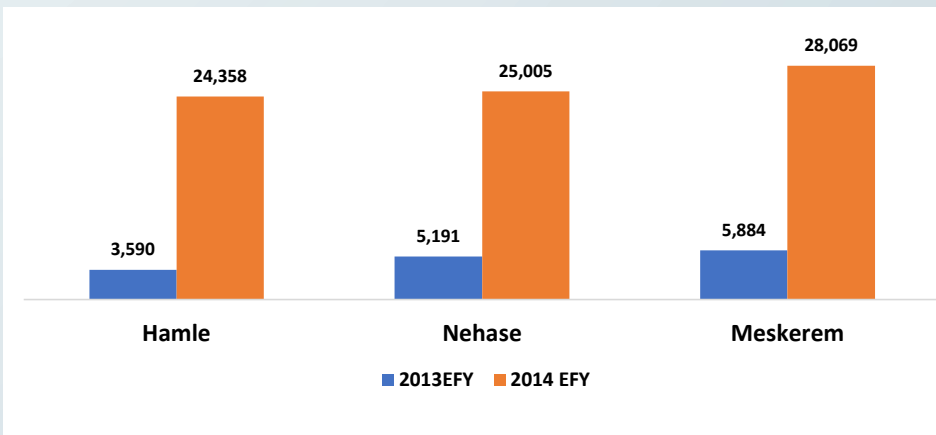
- Number of women (30-49yrs) screened for cervical Cancer
- Proportion of women (30-49yrs) treated for cervical lesion



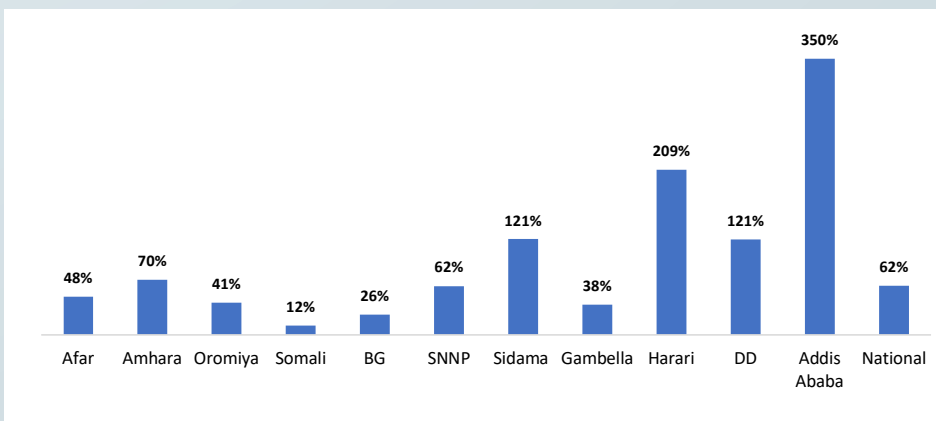
PERIOD

Hamle 2013-Meskerem 2014

National Level Cervical Cancer Screening Service performance of Hame-Meskerem : 2013 vesus 2014 EFY

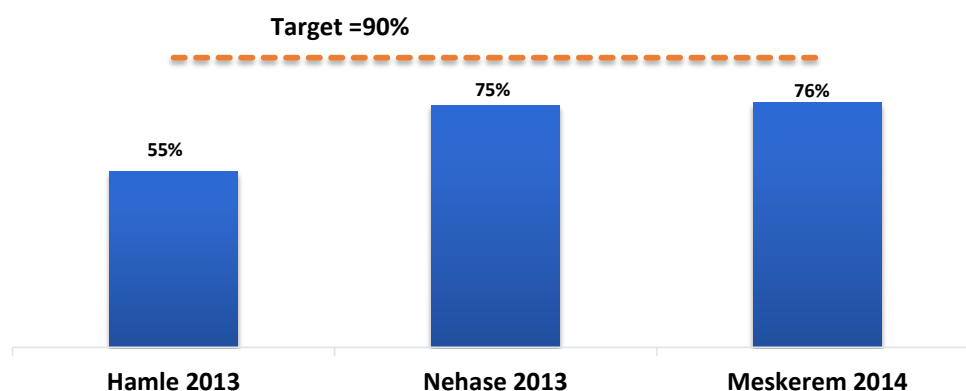


Cervical Cancer Screening Performance Against Plan By Region, 2014 First Quarter



FINDINGS

- In the first three months of 2014 EFY, cervical cancer screening service performance for 30-49 years women age groups shows increasing trends. Overall a total of 77,432 women have received the service in the first quarter which is more than five folds of last year's same period performance of 14,662. The 2014 EFY quarter plan was 125,000 making national level performance against plan at 62%. Very wide performance variation across regions was reported.

Percentage of Women (30-49 yrs) with Precancerous Lesion Received Treatment:
Hamle 2013-Meskerem 2014

Percent of Women with Precancerous Lesion that Received Treatment by Region, Ham 2013-Mesk. 2014

Region	Women diagnosed with precancerous lesion	Number of Women Received Treatment	Percent of women Received Treatment
Afar	56	85	152%
Amhara	1102	712	65%
Oromiya	1205	956	79%
Somali	129	68	53%
BG	18	17	94%
SNNP	909	365	40%
Sidama	412	362	88%
Gambella	7	1	14%
Harari	12	9	75%
DD	38	27	71%
AA	687	469	68%
National	4,575	3,071	67%



FINDINGS

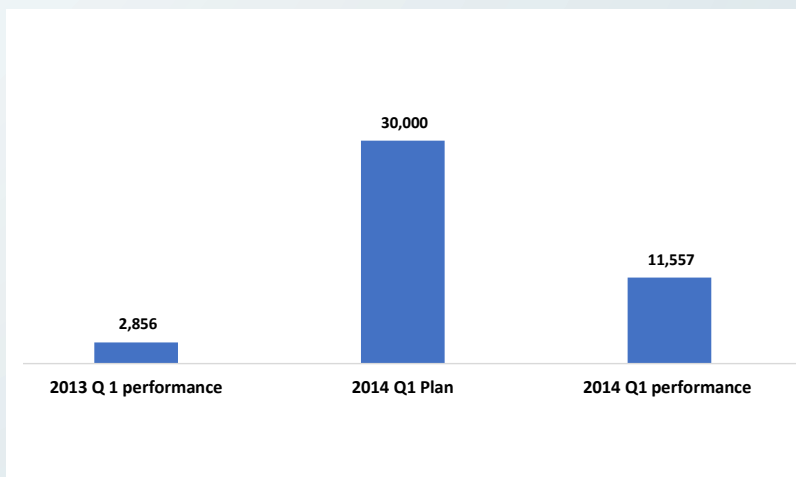
- Of all (77,432) screened women for cervical cancer in the first quarter of 2014 EFY, 5,502(7%) have either precancerous lesion or suspicious cancerous lesion. Upon disaggregation by regions the proportion of women with either of the lesions in Somali, Afar, Amhara and SNNP are 15%, 9%, 7% and 7% respectively while Gambella and Harari figure (3%) is the lowest of all region. The data from the 5 remaining regions shows 5-7% screened women have either of the two lesions. There is wide variation across regions and investigation should be conducted by program people to identify real cause of variation.
- All Women diagnosed with precancerous lesions (4,575) are illegible to receive the treatment for lesion. Percent of illegible women receiving treatment was very low in Hamle 2013 (55%) and improvement was seen in Nehase 2013 and Meskerem 2014. Cumulatively in the first three months 67% of women had received treatment for precancerous cervical lesion. Upon disaggregation by regions; there is data quality issue at Afar region because number of women that received treatment is greater than number of women diagnosed with precancerous lesion, Benshangul Gumuz (94%) reported the highest percentage of treated women with precancerous lesion followed by Sidama(88%) while Gambella reported the lowest (14%). Of all women (3,071) who have received treatment, 2,828 (92%) received cryotherapy while the remaining received LEEP.

National Level Cataract Surgery Performance of 2014 First Quarter



FINDINGS

- In the first quarter of 2014 EFY a total of 11, 557 cataract surgery was performance. In absolute figure the current quarter performance is more than four times of 2013 same quarter, however; against 2014 quarter plan the performance is at 38.5% which is very low. Of the total cataract surgery done, more than half (53%) were reported from Oromia while SNNP's report contribute 18%.
- For known reason report is not expected from Tigray but the absence of cataract surgery performance report from Afar, BG and Gambela regions might show service in availability in those regions.



Summary of Analysis Finding & Recommendation

Summary

- In the first three months of 2014 EFY 1,786,247 and 425,499 individuals were screened for hypertension and DM respectively. The 2014 first quarter screening performance for both disease increased by about 80% while compared with same period of last year. The hypertension and DM screening performance against plan was 107% and 85%.
- A total of 53,918 new patients were enrolled to hypertensive care while 17,431 were enrolled to DM care. The performance of new patient enrollment to hypertensive care and DM care against plan was 60% and 57% respectively.
- A total of 77,437 women were screened for cervical cancer and the current quarter performance is more than five folds of last year's same period performance. However it is 62% against plan.
- In the reporting period 4,575 women were identified with precancerous lesion of which 67% have received the treatment.
- A total of 11,557 cataract surgery were performed which is 38.5% of the plan.
- Generally there are very wide performance variation of NCD service across regions.



Recommendation

- The root cause of extreme NCD service performance variation need to be investigated and intervention to narrow the gaps have to be performed
- Although improvement in absolute figure is noted compared to last year same period, except hypertension and DM screening the other performance area against plan is low which call for program people attention

QUALITY OF HEALTH SERVICE

Clinical Service

DATA ANALYTIC REPORT

1st Quarter, 2014 EFY



BACKGROUND

- With the launch of Ethiopian National Healthcare Quality Strategy in March 2016, Quality of health care service provision has got a significant amount of attention.
- The ultimate aim is to consistently improve the outcomes of clinical care, patient safety, and patient-centeredness, while increasing access and equity for all.

On this analysis, key quality of health service indicators is included. Here are eight indicators for quality of health services. All the indicators related to quality of health services are analyzed to show the first six-month performance and quarter and monthly trend in the current fiscal year.



INDICATORS

- Outpatient Attendance and OP Attendance per Capita
- Inpatient Admission and Admission Rate
- Bed Occupancy Rate %
- Average Length of Stay (in Days)

ANALYSIS

- National Monthly Trend
- 1st Quarter Regional Performance



PERIOD

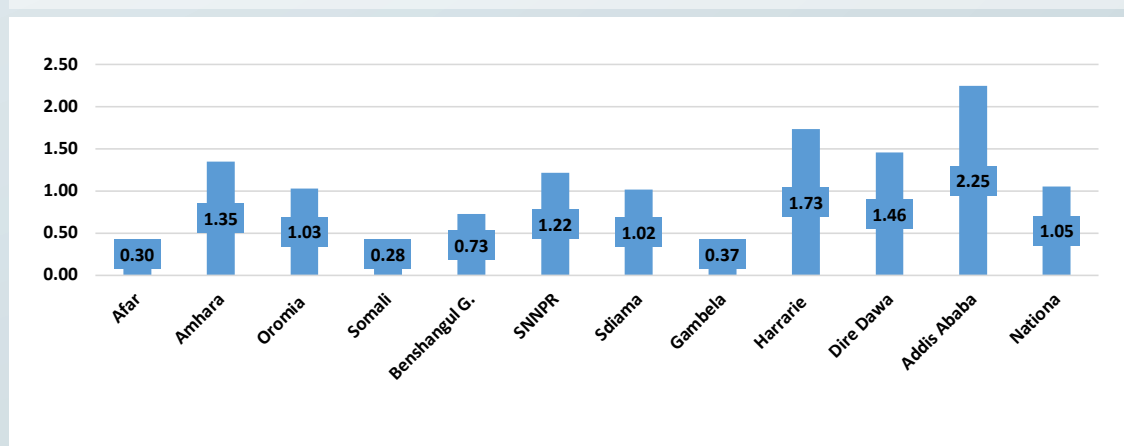
- Hamle to Meskerem 2014EFY
- 1st Quarter 2014EFY Aggregate Performance



1. Outpatient Visit and Inpatient Admission

1.1 Outpatient Visit Attendance

OPD Attendance and OPD Attendance Per Capita, Q1 2014EFY



FINDINGS

- On the first quarter of the current fiscal year, the highest OPD attendance per capita was recorded from Addis Ababa (2.25), Harrarie (1.73) and Dire Dawa (1.46).
- The lowest OPD attendance per capita was seen from Somali (0.28), Afar (0.30) and Gambella (0.37).
- The first quarter of national OPD attendance per capita is reported to be 1.05. This is 77% of the mid-strategic year target which is 1.35.

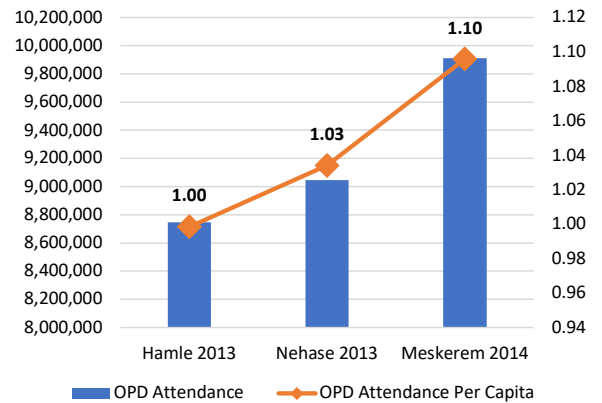
OPD Attendance and OPD Attendance Per Capita Monthly Trend, 2013EFY



FINDINGS

- In the first quarter of current fiscal year, the highest OPD attendance (9,913,008) and OPD attendance per capita (1.10) was reported in Meskerem 2014. Nehase 2013 is the second month where high OPD visit and OPD per capita (1.03) observed.
- When we look at the three months trend, it shows an increment from Hamle to Meskerem (Ham- 1.00, Neh- 1.03 and Mes- 1.10).

National OPD Attendance Per Capita Monthly Trend, 2014 EFY



1.2. Inpatient Admission and Inpatient Admission Rate

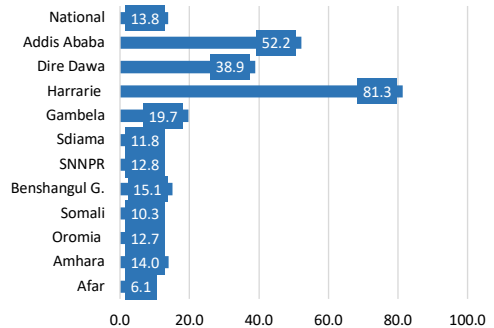
Admission Rate, Ten Months Comparison By Region



FINDINGS

- The first quarter of 2014 EFY inpatient admission rate by region shows, Harari (81.3) has the highest admission rate. Addis Ababa (52.2) and Dire Dawa (38.9) have also reported the second and third highest admission rate.
- On the other hand, the lowest admission rate was reported from Afar (6.1) and Somali (10.3).
- Nationally, in the first quarter of 2014 EFY, a total of 362,970 admissions were recorded and the admission rate was 13.8.

Admission Rate By Region Q1 2014EFY



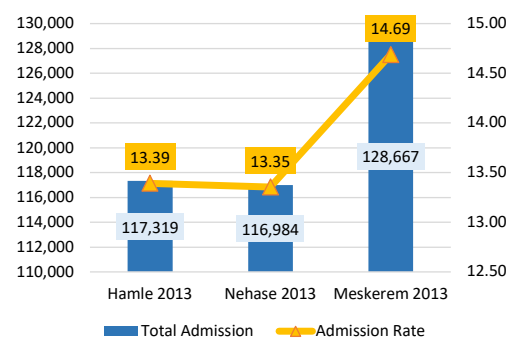
National Inpatient Admission and Admission Monthly Trend, 2014EFY



FINDINGS

- The monthly trend of 2014 EFY first quarter shows unstable trend of Admission rate and Total admission. Form Hamle (13.39) to Nehase (13.35) it shows slight decrement and a huge upsurge was observed from Nehase (13.35) to Meskerem (14.69) 2014 EFY.
- In the first quarter of 2014 EFY, the highest inpatient admission (128,667) and admission rate (14.69) was reported in the month of Meskerem and on the contrary the lowest report is observed in Nehase month with total admission (116,984) and Admission rate (13.35).

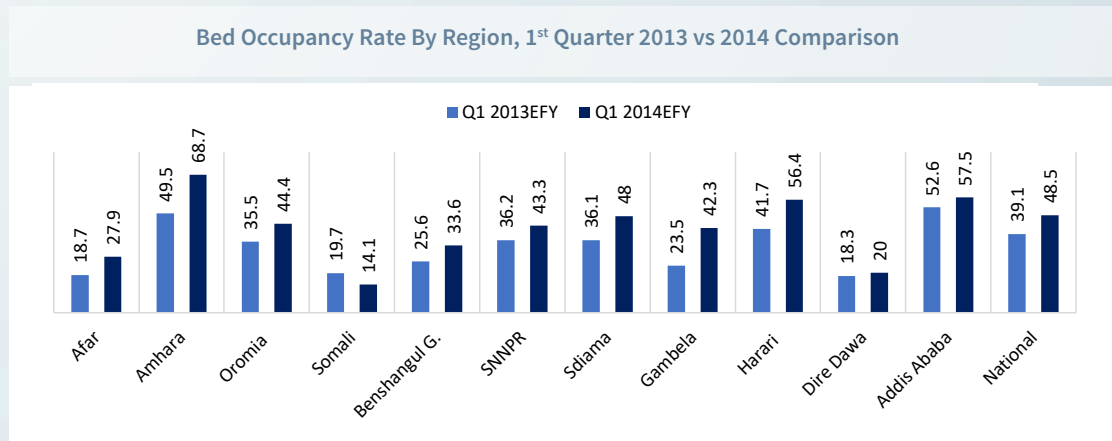
National Inpatient Admission Monthly Trend, 2014EFY





Bed Occupancy Rate and Average Length of Stay

Bed Occupancy Rate By Region, 2013 vs 2014 EFY

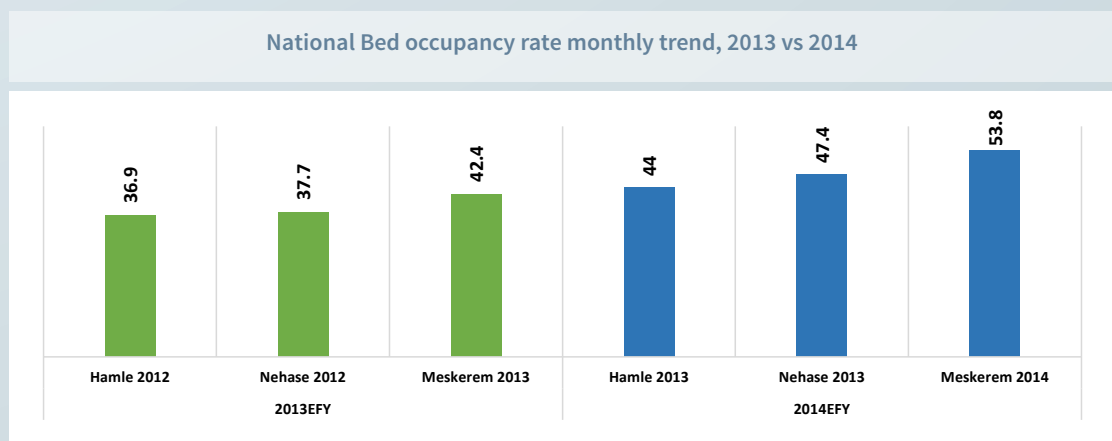


FINDINGS

- The 1st quarter national performance of BOR for the current fiscal year (48.5%) was a considerably higher performance when compared to the previous fiscal year of the 1st quarter (39.1%) performance.
- The highest BOR was reported from Amhara (68.7%), Harari (56.4%), and Addis Ababa (57.5%) whereas the lowest performance was noted from Somali (14.1%), Dire Dawa (20.0%) and Afar (27.9%).
- Except Somali all regions have reported higher BOR on the current fiscal year when compared to the previous one.



National BOR Monthly Trend of 2013 vs 2014EFY

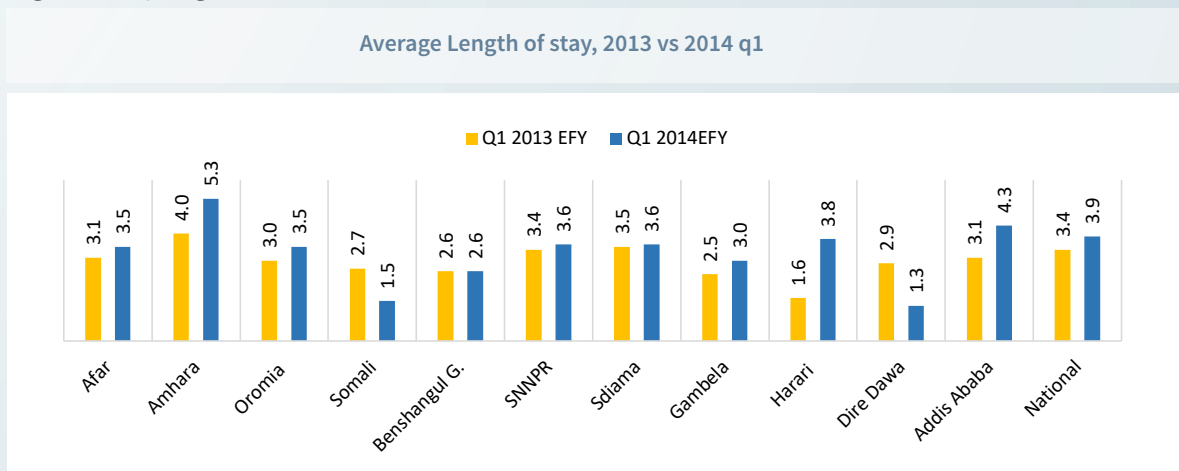


FINDINGS

- The monthly trend of 2014 EFY first quarter shows significant increment over the months. It shows similar trend when compared to the previous fiscal year first quarter monthly trend.
- However, the overall performance of BOR is a bit higher in the months of 2014EFY.

Average Length of Stay

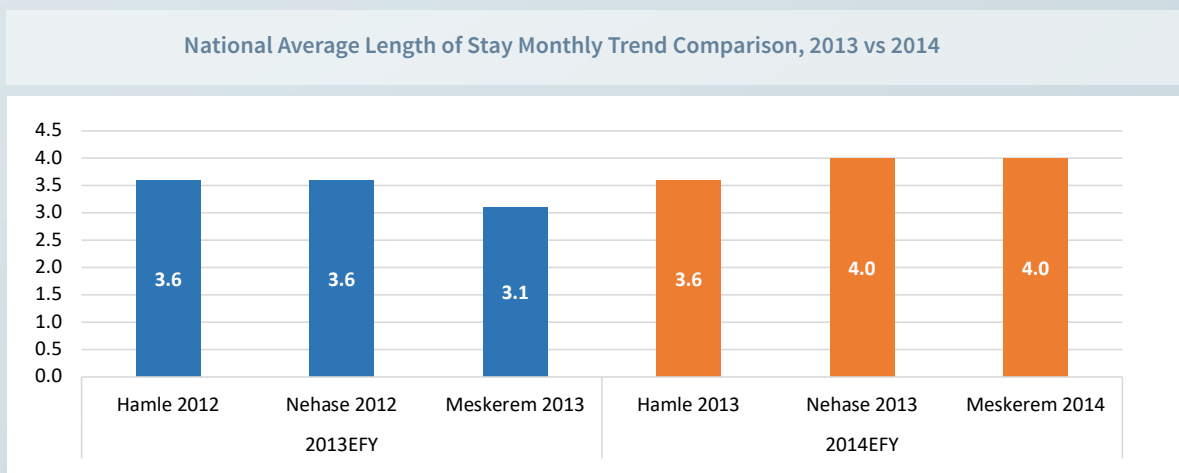
Average Length of Stay Regional Comparison, 2013 vs 2014 EFY



FINDINGS

- The national 2014 EFY 1st quarter of ALoS was a slightly increased when compared to the previous fiscal year of the 1st quarter.
- The highest ALoS was observed from Amhara (5.3) and the lowest from Somali (1.5).
- Except BG, Dre Dawa and Somali all regions reported higher ALoS in the 1st quarter of current fiscal year compared to previous fiscal year.

National Average Length of Stay Monthly Trend Comparison, 2013 vs 2014 EFY



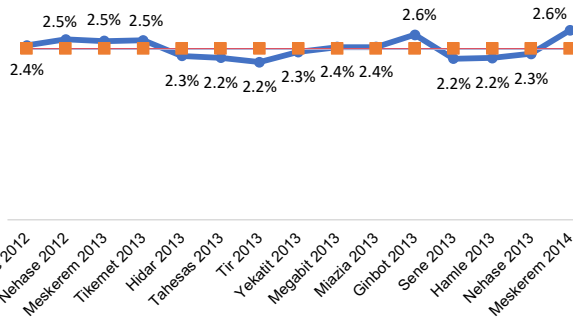
FINDINGS

- The current fiscal year of 1st quarter monthly trend of ALOS shows no significant change across the month but a slight increment is observed from Hamle month with ALOS (3.6) to Nehase Month (4.0).
- The current fiscal year of Meskerem month is significantly higher than the previous year of the same period.
- And minimal increment is reported in the current fiscal year of Nehase month compared to the previous.

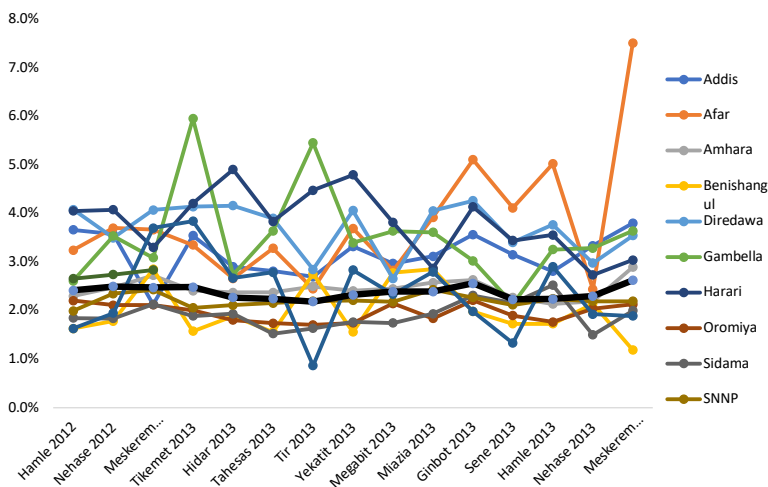


Inpatient Mortality Rate

Trend of national in-patient mortality rate, Hamle, 2012-Meskerem 2014



Regional trends in in-patient mortality, Hamle 2012-Meskerem 2014



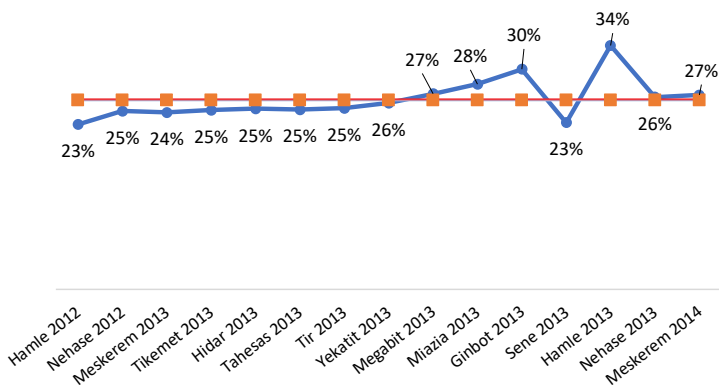
FINDINGS

- This indicator is used to roughly estimate the quality of inpatient clinical care. The national mean monthly in-patient mortality rate for the last 15 months has been about 2.4% with + SD of 0.1%.
- The national monthly mortality rate has shown a deviation of about +2 SD in the months of Ginbot 2013 and Meskerem 2014 EC, whereas it has been the lowest in the months of Tahisa and Tir of 2013.
- The regional trend shows that the in-patient mortality rate has been consistently above the national average through the 15 months in Afar, Diredawa, Gambella, Benishangul and Addis Ababa.
- In the current quarter, it has increased from 2.2% in Sene 2013 to 2.6% in Meskerem 2014.
- It has showed increase within the quarter while the highest was observed in Afar (7.5%) and the lowest observed in Benishangul Gumuz (1.2%).

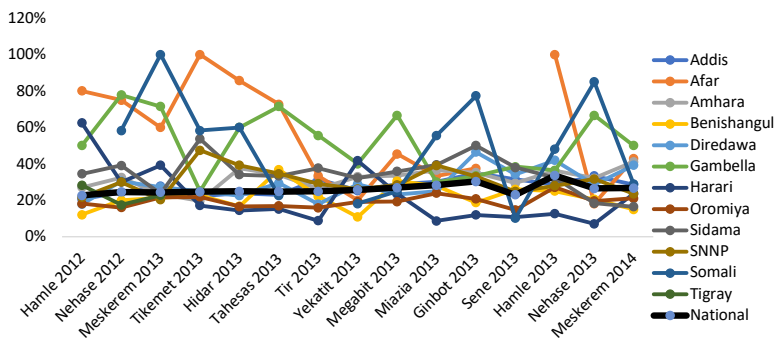


ICU Mortality Rate

National trends in ICU mortality rate, Hamle 2012-Meskerem 2014



Regional trends in in-patient mortality, Hamle 2012-Meskerem 2014



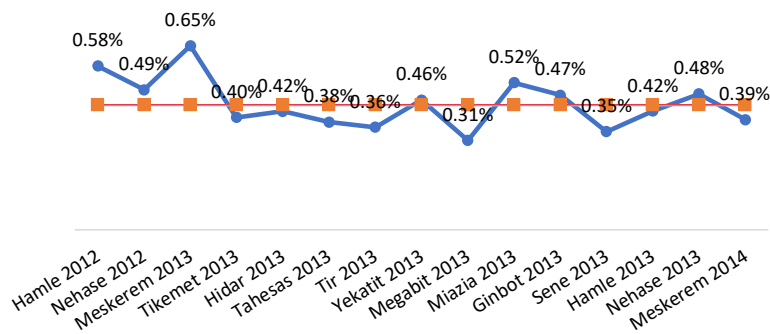
FINDINGS

- The national monthly ICU mortality rate between Hamle 2012 and Meskerem 2013 has ranged from 23% in Hamle 2012 to 34% in Hamle 2013, with a +1 SD of 2.8% and monthly mean rate of 26%. WHO recommends that ICU mortality rate in developing countries should be between 30%-35%. Generally, it has shown increasing trend since Megabit 2013.
- Significant rise in ICU mortality rate was observed in the months of Ginbot and Hamle of 2013, which needs a special closer investigation to identify the possible root causes and indicate possible solutions.
- In the current quarter, it has risen from 23% in Sene 2013 to 34% in Hamle and then declined to 26% and 27% in Nehase 2013 and Meskerem 2014, respectively.
- The ICU mortality rate has been consistently above the national average and the WHO recommendation in Afar, Gambella, and Somali regions. In some of the months, the ICU mortality rate in these regions has been as high as 100%.
- Afar, Somali, and Gambella regions have shown very high ICU mortality rates in the current quarter as high as 100%.

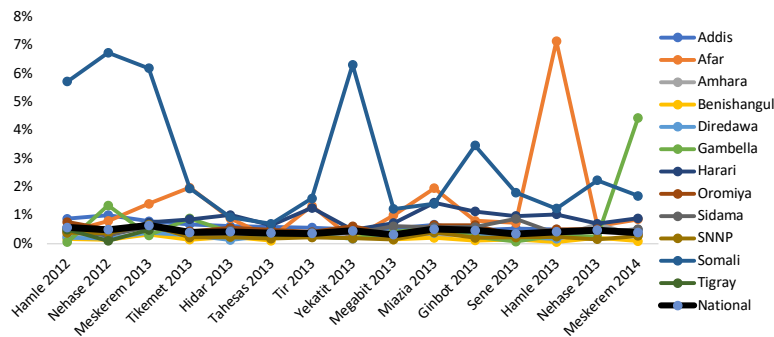


Emergency Mortality Rate

National emergency mortality rate, Hamle 2012-Meskerem 2014



Regional trends in in-patient mortality, Hamle 2012-Meskerem 2014

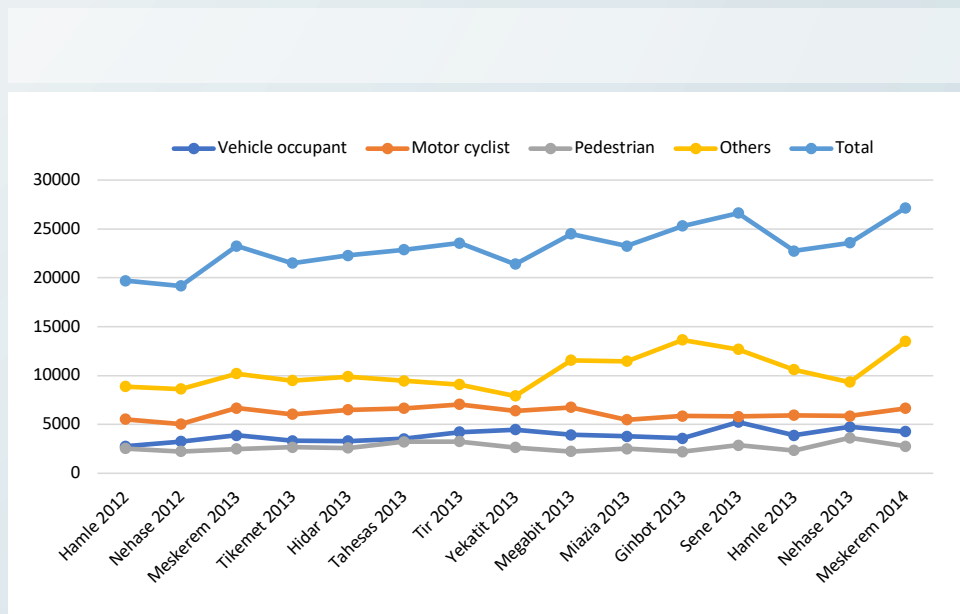


FINDINGS

- The average national emergency mortality for the last 15 months has been about 0.44%, with the highest (0.65%) and lowest (0.31%) rates registered in Meskerem 2013 and Megabit 2013 respectively. Generally, it has shown a constant trend through the 15 months.
- The emergency mortality rate in Somali and Afar regions has been very high in most of the months within the period and a spike in emergency mortality rate was observed in Gambella in Meskerem 2014.
- In this current quarter, Afar, Somali, and Gambella regions have registered the highest emergency mortality rates.



Road Traffic Accident



FINDINGS

- The number of road traffic accident cases has been consistent through the 15 months except the slight increase in the number of RTAs that fall under the “other” category.
- In this current quarter, there was a surge in the number of road traffic cases in the month of Meskerem and it has shown similar trend with the previous similar quarter.
- Marked increase in this quarter was observed among RTA cases that fall under other categories.

QUARTER 1

DATA ANALYTIC REPORT

**July (Hamle) 2013 to September
(Meskerem) 2014**
