ጤና ሚኒስቴር - ኢትዮጵያ
MINISTRY OF HEALTH-ETHIOPIA

HEALTH SECTOR TRANSFORMATION PLAN II

WOREDA BASED HEALTH SECTOR ANNUAL CORE PLAN

ምላሽ ሰጪ የጤና ስርዓት በአዲስ ምዕራፍ!

Responsive Health System in the New Beginnings!

EFY 2014 (2021/22)

V1, WBHSP Addis Ababa

ጤና ሚኒስቴር - ኢትዮጵያ
MINISTRY OF HEALTH-ETHIOPIA

HEALTH SECTOR TRANSFORMATION PLAN II

WOREDA BASED HEALTH SECTOR ANNUAL CORE PLANEFY 2014 (2021/22)

ምላሽ ሰጪ የጤና ስርዓት በአዲስ ምዕራፍ!
Responsive Health System in the New Beginnings!

V1, WBHSP

CONTENTS

Acronyms IV
Chapter 1: Woreda Based Health Sector Transformation II Plan, EFY 2014 1
1.1. Introduction 1
1.2. Major performances in EFY 2013 2
1.3. The Health Sector Strategy 7
1.3.1. Vision 7
1.3.2. Mission: 7
1.3.3. Values 7
1.3.4. Objectives 7
1.3.5. Strategic directions 10
1.3.6. Transformation Agenda 14
Chapter 2: Strategic Direction, Performance measure and main activities in EFY 2014 17
1.1 Enhance Provision of Equitable, Quality Comprehensive Health Services 17
1.1.1 Reproductive, Maternal, Neonatal, Child, Adolescent and Youth Health-Nutrition (RMNCAYH-N) 17
1.1.2 Nutrition 34
1.1.3 Diseases Prevention and control 37
1.1.4 Medical services (Clinical,) 49
1.1.5 Hygiene and Environmental Heath 55
1.1.6 Health extension program 57
1.2 Improve Public Health Emergency and Disaster Risk Management 57
1.3 Enhance Community Engagement, Empowerment, and Ownership 59
1.4 Improve access to pharmaceuticals and medical devices 62
1.5 Improve Regulatory Systems 64
1.6 Enhance Informed Decision Making and Innovation 66
1.7 Improve Health Financing 68
1.8 Enhance Leadership and Governance 70
1.9 Enhance Digital Health Technology 71
1.10 Improve Human Resource Development and Management 72
1.11 Improve Health Infrastructure 74
1.12 Improve Traditional Medicine 75
1.13 Health in All Policies 75
1.14 Enhance private sector engagement in health 76
Chapter 3: 78
2. Resources Requirement and Gaps 78
3.1 Costs for EFY 2014 78

ACRONYMS

AMR	Antimicrobial resistance
APTS	An auditable pharmaceutical transaction system
BFHI	Breast Feeding Hospital Initiatives
CBHI	Community-Based Health Insurances
CBNC	Community-Based Newborn Care
CINS	comprehensive integrated nutrition services
CPD	Continuous Professional Development
CSC	community score card
DHIS	District Health Information System
DIS	Drug information system
DM	Diabetic Miletus
DOTS	Directly Observed Treatment, Short Course
DSDM	Differentiated HIV Service Delivery Model
ECD	Early child development
EHAQ	Ethiopian Hospitals Alliance for Quality
EHSP	Essential health service package
EID	early infant diagnosis
FGM	Female Genital Mutilation
GGHE	general government health expenditure
HALE	Healthy Life Expectancy
HDA	Health Development Army
HEENT	Head, Eye, Ear, Nose and throat
HEP	Health Extension Program
HIAP	Health in All Policies
HPV	human papilloma vaccine
HSTP	Health Sector Transformation Plan
ICCM	Integrated community case management
ICMNCI	Integrated community case management of new born and childhood illness
ICU	Intensive Care Unit
IMNC	Integrated management of newborn and childhood illness
IMNCI	Integrated Management of Newborn and Childhood Illnesses
IMR	Infant Mortality Rate
IRS	Indoor residual spraying

IRT	Integrated Refreshment Training
IUCD	Intrauterine Contraceptive Device
JANS	Joint Assessment of National Strategies
KPP	Key and Priority Populations
LB	Live Births
LEEP	Loop Electrosurgical Excision Procedure
LF – MDA	Lymphatic filariasis – Mass drug administration
LQAS	Lot Quality Assurance System
LLIN	Long-Lasting Insecticide treated Net
LMG	leadership, Management and Governance
MCC	Motivated, Competent and compassionate
MCV	Measles containing vaccine
MDA	Mass Drug Administration
MDA	Mass Drug Administration
MMR	Maternal Mortality Rate
MTR	Midterm Review
MUAC	Mid-upper Arm Circumstances
NCD	non communicable disease
NICU	Neonatal Intensive Care Unit
NNP	Neonatal nutrition programme
ODF	Open Defecation free
OHT	OneHealth Tool
OWNP	one wash national program
PPM -DOTS	Public-Private Mix for DOTS
PCV	Pneumococcal conjugated vaccine
PMT	Performance Monitoring Team
QALY	Quality-adjust life years
RMNCH	Reproductive, Maternal, Neonatal, Child, Adolescent and Youth Health
SHI	Social Health Insurance
TPT	TB Prevention Therapy
UHC	Universal Health Care
UNISE	Nutrition information system in Ethiopia
VMMC	Voluntary Medical Male Circumcision
WASH	Wash, sanitation and hygiene

CHAPTER - 1 -

CHAPTER 1: WOREDA BASED HEALTH SECTOR TRANSFORMATION II PLAN, EFY 2014

1.1. Introduction

The health sector, in collaboration with various stakeholders, has prepared HSTP II and implemented a first-year core plan in the previous year. Efforts are being made to improve the sector by focusing on implementations of strategic direction and strategic initiatives as well as major activities. Despite the country had faced major challenges (as a result of COVID -19 and political instabilities), the sector achieves encouraging results through conducted regular monitoring and evaluation of the performance of the core plan. The sector tried to tackle the observed problem during the implementation period through taken corrective measures accordingly.

The EFY 2014 WBHSP has prepared through organized and aligned plans across all levels of the health system and other stakeholders. The core plan has cascaded down to each level for ite implementation and it will be executed by the active participation of the health sector enmplyees and other stakeholders at all levels. The progress of the result will be ensured through proper follow-up and performance monitoring using existed platforms. The sector should also need more investment to rehabilitate destroyed or damaged health facilities and improve service delivery for the community.

During the development of this year's plan, necessary preparation like the preparation of planning guide, formats, resources mapping, and orientation to facilitators were done in a cascaded approach. Additionally, the indicative plan was prepared considering the second year of HSTP II plan and existed performance status Then draft of the national indicative plan was enriched by regions and zones and finally shared with Woredas and health facilities to use as input while preparing their respective annual plan.

The plan prepared by Woredas and Health facilities was aggregated at the zonal, regional and national level to produce a core plan of the health sector. Using the core plan, all organizations; including FMOH Directorates, Agencies, RHBs, ZHD, and WorHOs prepared their detailed plan through cascading of the core plan. The plan was properly aligned among each other, and with partners to avoid any gaps and reduce unnecessary expenditures. Currently; the core plan is finalized after updating the baseline and adjusted some targets for the coming years, accordingly.

This plan consists of objectives, strategic directions, performance measures with baseline and targets, initiatives and major activities. The implementation of the plan requires collaboration with different sectors and partner commitment, and as well as the active participation of the community to ensures expected results.

Woreda -Based Health Sector Planning Process

The Health Sector has used the Top-down and Bottom-up planning approaches since 2007 GC. This approach helps to aligned priorities across each level of the health system and facilitate to create synergetic effect to bring better health output, outcome and impact in the country. Preparation of EFY 2014 Woreda_Based Health Sector Plan (WBHSP) development involves two phases: These are the preparatory and the actual plan development phases.

The preparatory phase includes the preparation of plan of action (POA), a planning guide and an indicative plan. It also includes updating planning formats, collection of evidence, conduct resource mapping, disbursement of finance to lower level, provide cascaded orientation to planning coordinators and facilitators.

The actual plan preparation is the process of actual plan development which has been done at the Woreda and the health facility level. Developed plan at Woreda aggregated at the zonal, regional and national level. Plan refinement was done at the national level and produced the core plan of the health sector. The core plan document will be implemented through active participation of each level of the health system.

Hence, it cascaded down to respective organization, Directorates, Case team and individuals level by preparing their detailed plan for its actual implementation. To be ensured that all relevant activities are included in the plan and minimize overlapping activities as well as costs, the detailed plan was well aligned between directorates, FMOH Agencies, partners and RHBs too.

1.2. Major performances in EFY 2013

Family planning services:

The number of health extension workers exponentially increased from 2,737 in 1997 to 42,563 in 2013 E.C. using the contribution of health extension workers during the fiscal year, it was planned to increase family planning service to 70% and its achievement was 73%. To

increase the coverage of long-term family planning services, discussions were held with the regions after the problems were identified; 180 professionals were trained and provided with family planning input to expand the service.

Maternal Health Service:

To improve the quality and equitable access to maternal health services within the fiscal year, the skilled delivery service was planned to give 65% of pregnant and its actual performance was shown as 66%. In addition to this, it was planned to increase coverage of postnatal care services to 87% but the performance was 84%. With regards to the cesarean section rate, it was planned to give 5% of the pregnant and its achievement almost reached 4.6%.

There was a plan to reach 300 hospitals to started mentoring programs and performed in 265 hospitals in that fiscal year. Additionally; Youth and Adolescent Health Program implementation were frequently monitored and evaluated using a forum that was held with participation from Regional Health Bureau, other sector offices and other stakeholders.

Immunizations and Child Health Services:

Among the children under one year of age who were planned to vaccinate for the third dose of pentavalent vaccine, about 3,174,183 (100%) of children had got the desire doses. Besides this, there was also a planned to give Measles one vaccine in the year and its performance coverage showed as 93% (2,976,169) of achievement. There was a plan to reach 90% of full immunization, but its achivement was 93%.

Nutrition:

Those 6-59 months of aged children near to 11,447,855 (86%) received second-round vitamin A throughout the country reached with this supplementary nutrition. Similarly, 82% (7,720,657) of children aged 24-59 months were given anti-parasite drugs for the second time. Those children whose ages are less than 2 years of children were provided growth monitoring services. The coverage of this service was about 51% which was very low as compared to the plan.

Hygiene and Environmental Health:

With regards to the expansion of sanitation, 194,555 basic sanitation facilities have been built at the household level with the support of the One Wash program, and 140 kebeles have been declared open defecations free. In addition, with the support of the GSF project, 759 kebeles have been free from open defecation. Within the health facilities; 86 toilets, 4 Water supplies, 24 Placenta Pit, 41 incinerator construction and renovation works have been constructed.

HIV, TB, Cancer, Malaria:

In that fiscal year, there was a plan to provide ART for 539,864 people living with HIV treatment services, and about 442,312 PLHIVs were receiving ART at the end of the fiscal year. There was also a plan to identify 85% of all forms of TB Cases and its performance showed that only about 76% of eligible were reached. Similarly, there was also a plan to identify 17% community level TB and its achievement was 17.4%, which is a bit higher than the plan. The contribution of the private health sector in the identification of TB was planned to be 20% but the performance showed 18%. To improve the cervical cancer screening service it was launched in 400 new districts and reached 160,290 women. Moreover; out of all regions, a total of 688 health professionals of 441 health institutions were trained.

In addition, for the prevention and control of malaria 683 tons of chemicals have been distributed to regions as planned to spray 2.8 million houses and 2,090,640 (73%) a million houses were sprayed.

Medical Service:

Over annually, 105,055,354 patients have received outpatient services and the service rate has reached 1.09.

COVID 19 related service:

The construction of the COVID-19 health infrastructure, 333 outpatient COVID-19 centers have been prepared in 136 sites across the country. As a result, 16,000 treatment centers and 19,000 isolation sites have been made available nationwide. With the financial support of the World Bank, the construction of 11 COVID 19 centers will be carried out in 11 regions and two city administrations. 9 isolation centers and 5 entrances sites and a total of 25 COVID 19 centers have been completed with detailed design and bidding process made and contracts

signed with 13 winning companies. The site handover was done by regional health bureaus with an average performance of 22 percent.

Major Strengthen in EFY 2013

- Conducted consultative Joint Steering Committee (JSC) meeting of (FMOH Senior Leadership and Heads of RHBs) every two months to ensure implementation fiscal year plan.
- Conducted integrated effort to prevent and control COVID-19 in collaboration with stakeholders
- Minimized effect of COVID 19 on other basic services through giving attention to activities that strengthen performance through continuous monitored of the progress
- Prevented epidemics and other health-related problems in displaced people through strong collaboration with all stakeholders
- Distribute necessary medicines and other logistics to targets sites
- Conducted integrated supportive supervision, identified strengths and weaknesses of program implementation and act accordingly to minimized challenges
- Strengthened informed decisions making using available evidence from community and health facilities
- Capacitated health professionals through providing various training.

Major Weakness/Challenges in EFY 2013

- Still gaps sustainable pharmaceutical to health facilities
- Even though the relatively better allocation of budget to COVID 19 prevention and control at the Federal level, there was a lack of adequate financial allocation by lower levels to improve quality services health facilities, hospitals
- Despite efforts were made to assist displaced people, there was inadequate health services provision to demand of fill the services demand for the community
- Various health facilities are damaged and destroyed due to conflict
- Community Negligence for prevention and control of COVID-19 epidemic

Priority Areas, Core Performance Indicators and Targets of the HSTP

	Inputs and health outcome	Baseline	Base Case	High case
Targets for impact and outcome indicators	Life expectancy	Increase from 66.4 years	68.3 years	69 years
	MMR - Reduces from	Reduce from 401	To 277 per 100,000 LB	To 214 per100,000 LB
	Neonatal Mortality Reduces from	Reduce from 33	To 21 per 1,000 live births	To 18 per1,000 live births
	Infant mortality	Reduce from 47	To 35 per 1,000 live births	To 26 per 1,000 live births
	Under-five mortality	Reduce from 59	To 43 per 1,000 live births	To 34 per 1,000 live births
	TFR	Reduce from 4.1	3.23	3
	CPR	Increase from 41%	50%	54%
	Intervention/ service coverage	Targets set to help achieve the health status of the population	Relatively Smaller	Higher than the base case
Inputs		Drivers	Base Case	High Case
	Supply	Adjusted with the services planned for the base case		Increases for covering targets
	Infrastructure	**Infrastructure to population ratio**		
		▪ HP is 1:5,000 pop (rural)		
		▪ HP (2nd Generation)	Reach to 300	Reach to 12,121
		▪ HC is 1:20,000 pop (rural) and 1: 40,000 pop (urban)	Reach to 3884	Reach to 4889
		▪ Primary Hospital is 1:100,000 pop (rural)	Reach to 500	Reach to 1,275

1.3. The Health Sector Strategy

1.3.1. Vision

To see a healthy, productive and prosperous society

1.3.2. Mission:

To promote the health and wellbeing of society through providing and regulating a comprehensive package of health services of the highest possible quality in an equitable manner.

1.3.3. Values

- Community first
- Integrity, loyalty, honesty
- Transparency, accountability and confidentiality
- Impartiality
- Respecting Law
- Be a role Model
- Collaboration
- Professionalism
- Change/Innovation
- Compassion

HSTP II has five strategic objectives, fourteen strategic Directions and five transformation agendas. Each of them are described and summarized as follow:

1.3.4. Objectives

The overarching objective of HSTP II is to improve the health status of the population through the realization of the following objectives

1. Accelerate progress towards Universal Health Coverage
2. Protect people from health emergencies
3. Woreda transformation
4. Improve health system responsiveness

Description of Objectives

Improve health status of the population

This aims at improving the health status and well-being of the population. WHO defines health that 'is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, whereas well-being is a state of being comfortable, healthy and happy. It is experienced when a person can meet the challenges of life while sustaining or increasing his or her resources and skills that require a balancing process between skills, resources and challenges.

The progress in improving the state of health and well-being can be measured by the health status of an individual or population at a particular point in time against identifiable standards or concerning health indicators. It will be measured by determining the overall level and distribution of health status in the population-based on different dimensions that include: Healthy Life Expectancy (HALE) at birth, Burden of disease measures including DALY, Quality-adjust life years (QALYs), mortality rates, incidence and prevalence rates of diseases and burden of risk factor measures.

Accelerate progress towards Universal Health Coverage

This objective is about accelerating the progress towards attaining effective coverage of essential health services and protecting people from financial hardship without leaving no-one behind.

It ensures the achievement of the following three components of UHC to all groups of the population: (1) Essential service availability, (2) Essential service coverage and (3) Financial risk protection (Check HSTP II for more details).

The progress in meeting this objective will be measured based on indicators of service availability, coverage, and financial risk protection. Service availability will be measured by assessing the availability of tracer interventions from the components of the EHSP through regular assessment of health facilities. Coverage of essential services will be assessed at the population level by assessing the utilization of priority interventions by the population in need. Financial risk protection will be measured by assessing the occurrence of impoverishment and financial catastrophes as a result of utilizing health services.

Protect people from health emergencies

This objective refers to improving health security through protecting the public from the impact of public and medical (routine) health emergencies caused by human-made and natural disasters, conflicts, recurrent and unexpected disease outbreaks and epidemics, accidents, emergencies due to infectious or non-infectious causes and new health threats. It also includes safeguarding the public from cross-border health problems and ensuring the health security of the population.

This objective will be measured by two categories of indicators: Protection from public health emergencies will be measured by a health protection index that includes three indices, namely preparedness, prevention and detection and response indices. Protection from medical (routine) emergencies will be measured by indicators that measure the level of response and outcomes of medical emergencies such as the level of pre-hospital and hospital care, emergency mortality rate and other indicators as outlined in the M&E section.

Contribute towards the transformation of households

This objective considers the role of individuals, families, and communities in promoting health and well-being. Households are social units composed of people that are exposed to relatively similar genetic, behavioral, environmental, and social determinants of health. They are considered as the centers of gravity to address the challenges of family members and tap the potentials of the community for inclusive and sustainable development. Therefore, transformed households will highly contribute to the nation's growth and development efforts of ending poverty and hunger, and promote health and well-being.

The performance of the health sector in meeting this objective will be measured by indicators that gauge household-level practices in the areas of WASH, utilization of RMNCH services, and health insurance. In addition, at Multi-Sectoral level, it will be measured by multi-sectoral Woreda transformation indicators that focus on holistic development at the community level which can be addressed by integrated multi-sectoral interventions will be measured using the following 4L`s indicators

Improve health system responsiveness

Health system responsiveness refers to the level to which health services are responsive to the needs and expectations of targeted individuals and communities. It is about respecting

and responding to preferences, needs, and values of individuals and communities during health service provision ensuring that beneficiaries' values dictate health service delivery processes. Responsiveness is not about how the system responds to health needs, which shows up in health outcomes, but of how the system performs relative to non-health aspects, meeting or not meeting a population's expectations of how it should be treated by providers of prevention, care or non-personal services.

This objective will be measured by customizing WHO's health system responsiveness index which is described in the M&E section. It includes parameters in seven domains, namely: dignity, autonomy, confidence, prompt attention, access to social support, quality of basic amenities, and choice of care providers.

1.3.5. Strategic directions

To achieve the strategic objectives and targets, fourteen strategic directions are identified. Each strategic direction is described to make a clear understanding of its major components. The description helps to cascades down to each organization, department and individual level for its actual implementation. List of the strategic directions includes:

Description of Strategic directions

1. Enhance provision of equitable and quality comprehensive health services

This direction focuses on the provision of health promotion, disease prevention, and curative, rehabilitative, and palliative care services in an equitable manner and at the highest possible quality. These comprehensive services deal with the triple burden of diseases (disease, mental health, and injury), and are meant to meet the population's ever-growing needs for health services, resulting in a healthy and productive society. The strategy emphasizes not only reducing common communicable diseases, but also the alarmingly increasing rate of NCDs and injuries.

Components under this strategic direction include;

1. Reproductive, Maternal, Neonatal, Child, Adolescent and Youth Health-Nutrition (RMNCAYH-N).
2. Prevention and Control of Communicable Diseases.
3. Prevention and Control of Neglected Tropical Diseases (NTD).

4. Prevention and Control of Non-Communicable Diseases and Mental Health.
5. Hygiene and Environmental Health.
6. Health Extension and Primary Health Care.
7. Medical services (clinical, emergency and critical care, blood transfusion and laboratory services). Quality Health Care.
8. Equity in Health Service.

2. Improve Public Health Emergency and Disaster Risk Management

This strategic direction focuses on public health emergency and disaster management and includes all elements of this process: effective and timely anticipation, prevention, early detection, rapid response, control, recovery, and mitigation of any public health emergency crises with direct or indirect impacts on the health, social, economic, and political well-being of communities and society in general well-being. The range of threats to public health faced by countries worldwide is broad and highly diverse and includes infectious disease outbreaks, food and water contamination, chemical and radiation contamination, natural and technological hazards, wars and other societal conflicts, and the health consequences of climate change.

3. Enhance Community Engagement, Empowerment and Ownership

This strategic direction focuses on ensuring active participation and engagement of the community in planning, implementation, monitoring and evaluation of health and health-related activities. It is about enabling communities to increase control over their lives through creating health literacy and decision power. Re-designing, testing, and implementing a package of alternative approaches tailored to address emerging challenges to the existing community engagement strategies will be a key milestone in this strategic period to advance community engagement and ownership and accelerate the progress towards UHC.

4. Improve access to pharmaceuticals and medical devices and their rational and proper use

This strategic direction focuses on strengthening the pharmaceutical supply chain, pharmacy services, and medical device management systems to ensure uninterrupted availability and accessibility of safe, effective, and affordable medicines and medical devices that are needed to address the health problems of the community and ensure that they are used rationally and properly.

5. Improve Regulatory Systems

This strategic direction seeks to protect the public from health risks that arise from poor and substandard products and services. It focuses on ensuring the safety, quality, efficacy, and proper use of medicines; performance of medical devices; safety of food; quality of health and health-related services against standards; competence of health professionals; and regulation of tobacco and alcohol. It also includes the implementation of digital regulation systems to establish an effective, transparent, and accountable system that ensures adherence by all state and non-state actors to national health regulatory standards and legal frameworks.

6. Improve Human Resource Development and Management

This direction entails human resources planning, development and management (training, capacity building, recruitment, deployment, performance management, and motivation) to ensure the presence of motivated, competent, compassionate and committed health professionals in adequate numbers and skill mix. It focuses on improving the quality of pre-service training and continuous professional development and will emphasize the promotion of ethics and professionalism in pre-service education and in-service training programs. The human resource management aspect of this direction focuses on need-based training, recruitment, deployment, performance management, and motivation.

7. Enhance Informed Decision Making and Innovation

This strategic direction focuses on the generation of quality evidence, research, and innovations, building a culture of evidence-based decision-making, and developing and using technology (new and/or improved tools). It also promotes the use of data from routine and non-routine data sources, including new research supported with appropriate information communication technology (ICT), and using an established HIS governance framework. The program aims at improving evidence generation and uses from numerous sources, including census, civil registration, and vital statistics; as well as surveys, surveillance, routine information systems, researches, and monitoring and evaluation systems. It also focuses on continuously improving the availability and quality of data, building capacity in data use core competencies, bridging the gap between data users and data producers, strengthening organizational data demand and use platforms, documentation and communication of data demand and use successes, data access and sharing, security, and data warehousing. It also includes institutionalizing a knowledge management system.

8. Improve Health Financing

This strategic direction is about ensuring adequate and sustainable financing to realize Ethiopia's progress towards "Universal Health Coverage through strengthening Primary Health Care" without financial hardship for citizens. This strategy requires mobilizing adequate and sustainable financial resources, pooling resources and risk, purchasing, and paying for health services and improving health system efficiency. It will also include improving accountability and transparency in management and utilization of financial resources. This strategic direction will ensure a transition to more sustainable financing for health through the gradual replacement of resources from external to domestic sources.

9. Enhance Leadership and Governance

This direction is about ensuring an accountable, transparent leadership and governance system for the effective implementation of strategies. It addresses public accountability on resource management and optimal health service provision; and includes designing and implementing sound regulation mechanisms, building effective teams, and institutionalizing appropriate implementation mechanisms and platforms

10. Improve Health Infrastructure

This strategic direction aims at improving access to health facilities that are well equipped and furnished and ensures that existing and new health institutions meet minimum standards. It encompasses developing standard construction designs; building health institutions; and expanding, renovating, and maintaining health and health-related facilities. It also includes equipping, furnishing health institutions, providing utilities (such as water, electricity, sanitation facilities), and ICT infrastructure, and enforcing construction standards.

11. Enhance Digital Health Technology

Digital technologies provide concrete opportunities to tackle health system challenges, and thereby offer the potential to enhance the coverage and quality of health practices and services. This strategic direction includes four major components: 1) Digitization targeted to clients, 2) health workers, 3) health system managers, and 4) health data services

12. Improve Traditional Medicine

This strategic direction refers to the registration, licensing, research, production, use, and integration of traditional medicine and traditional medical practices. Traditional medicine and practices are directly or indirectly related to the protection of societal health, equitable distribution of public health care services, the right to exercise a profession, intellectual property rights, biodiversity conservation, and protection and promotion of indigenous knowledge and culture. This direction promotes public health by ensuring the safety, efficacy, and quality of locally produced traditional medicines and standardizing and regulating the practices of traditional healers.

13. Health in All Policies

Health in All Policies (HIAP) is a systematic approach for considering the health implications of decisions of public policies across all sectors. It anticipates the synergistic effects of public policies and prevents and mitigates harmful health effects ensuing from policies to advance population health. It advances the accountability of policymakers for health impacts through efficient, effective multi-sectoral actions; and emphasizes the need to be vigilant to prevent any unintended consequences of public policies on determinants of health, well-being, and the health system. By promoting healthy practices across all sectors, HIAP fosters inclusive, sustainable development and helps address the social determinants of health, reduce multi-sectoral risk factors, and promote health and well-being.

14. Enhance private sector engagement in health

This strategic direction is about a deliberate and systematic collaboration of government and the private sector to move national health priorities forward, beyond individual interventions and programs. It aims to improve the engagement of the private sector in improving access and quality of health services and to increase their engagement in a comprehensive range of health-related activities, from service delivery to supply forecasting to management to health systems strengthening. This direction includes the engagement of both private for-profit and private non-profit institutions.

1.3.6. Transformation Agenda

The transformation agenda is ambitious improvement areas of the health system, if successfully implemented will transform the health sector and enable it to provide

competent care that results in better health for all. They show investment areas that form the foundation of the health system that will lead to a massive boost in performance.

In HSTP-II, five transformation agendas are identified with clear interventions that will help the sector to transform and result in better health for all. The transformation agenda identified within HSTP-II include:

A. **Transformation in equity and quality of health service delivery** – which refers to ensuring delivery of quality health services and creating high-performing primary health care units, engaging the community in service delivery and consistently improving the outcome of clinical care.

B. **Information revolution** – which refers to the phenomenal advancement on the methods and practice of collecting, analyzing, presenting, using and disseminating information that can influence decisions;

C. **Motivated, Competent and Compassionate (MCC) health workforce** – that aims at ensuring the availability of adequate number and mix of the quality health workforce that is Motivated, Competent and compassionate (MCC) to provide quality health service

D. **Transformation in health financing** – which is about reforming the financing and management structure of the health system to mobilize adequate and sustainable health financing and improve efficiency;

E. **Transformation in leadership** – which deals with enhancing the leadership and governance system at all levels of the health system to drive attainment of the national strategic objectives through improving aligning and harmonizing efforts, creating enabling environment to translate the plan to results and enhancing effective utilization of resources

CHAPTER - 2 -

CHAPTER 2: STRATEGIC DIRECTION, PERFORMANCE MEASURE AND MAIN ACTIVITIES IN EFY 2014

Strategic Direction:

1.1 Enhance Provision of Equitable, Quality Comprehensive Health Services

1.1.1 Reproductive, Maternal, Neonatal, Child, Adolescent and Youth Health-Nutrition (RMNCAYH-N)

1.1.1.1 Family Planning and Reproductive Health

- Increase contraceptive Acceptance Rate from 73% to 74%
- Increase long-acting family planning from 27.7% to 29%
- Increase Immediate postpartum contraceptive acceptance rate 6.5% to 8%

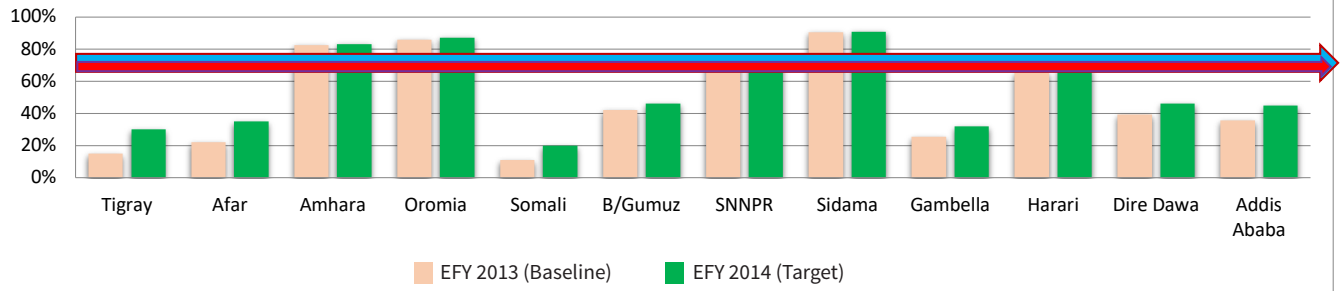
Initiatives & Major Activities

- Strengthen family planning
  - Enhance demand for quality family planning services by implementing behavioral change communication and other activities.
  - Transmit radio and television spots to strengthen social and behavioral change to restrain negative rumors about family planning services
  - Strengthen postpartum family planning service
  - Strengthen allocation of budget to family planning program.
  - Provide quality comprehensive family planning information and services
- Identify and conduct special support to zones/Woredas with low performance on family planning services.
- Strengthen access to family planning and reproductive services in the work place, private health facilities, special need communities, universities, colleges and disaster troubled communities.
- Strengthen integration and coordination of family planning with others reproductive health services and programs.
- Implement family planning quality standards services in selected 60 health facilities
- Improve male partnership involvement in family planning and reproductive health services
- Expand family planning services to 100 additional health centers

Table 1: Contraceptive Acceptance Rate, EFY 2014

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Sidama	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible -All non-pregnant women of reproductive age, EFY 2014		1,151,333	405,211	4,628,091	7,448,431	1,284,331	249,321	3,383,559	906,557	118,900	63,605	130,600	1,243,964	21,013,905
Number of Women of Reproductive Age Who Accepted Modern Contraceptive Methods in EFY 2013	#	170,345	87,831	3,766,619	6,253,769	136,377	102,336	2,418,270	801,443	25,065	40,850	47,311	328,706	14,178,922
	%	15%	22%	83%	86%	11%	42%	74%	90%	25%	66%	40%	35%	73%
Number of Women of Reproductive Age Planned to Accept Modern Contraceptive Methods, EFY 2014	#	345,400	141,824	3,933,877	6,629,104	256,866	119,674.14	2,503,834	824,967	38,048	43,888	62,688	559,784	15,459,953
	%	30%	35%	85%	89%	20%	48%	74%	91%	32%	69%	48%	45%	74%

Figure 1: Contraceptive Acceptance Rate, EFY 2014



1.1.1.2 Maternal Health

Targets

- Increase ANC+4 coverage from 70% to 73%
- Increase syphilis testing coverage for pregnant women from 72% to 88%
- Increase deliveries attended by skilled health personnel from 66% to 68%
- Increase early PNC coverage from 84% to 87%
- Increase cesarean section rate from 4.6% to 5.2%

Initiatives & Major Activities

- Strengthen antenatal, perinatal & postnatal service
  - Create awareness on ANC service
  - Screen and identify women's for DM and mental health during pregnancy, childbirth/labor and postnatal period
  - Initiate mothers to start antenatal care at the right time (within 12 weeks);
  - Fulfill prerequisites to integrate ANC care with selected health care services
  - Ensure provision of quality ANC service inequity manner
  - Strengthen linkage between the health center and health post for ANC2 and ANC3 services
  - Initiate ultrasound examination service at least once within 24 weeks of conception.
  - Establish and strengthen mentorship programs in 25% of hospitals and health centers that have not been started yet;
  - Enhance the capacity of professionals to provide quality ANC, deliveries, and Postnatal services;
  - Encourage and qualify professionals for Motivated, Competent & Compassionate (MCC) during ANC, Labor and postnatal, care; and
  - Expand and strengthen maternal waiting room services in health facilities following its standard;
  - Strengthen implementation of 24 hours postpartum stay in the health facility.
- Expands mentorship program to 315 hospitals including those which have started the program

- Increases number of new health facilities that have started safe abortion services to 2700
- Strengthen efforts to reduce maternal and neonatal mortality.
  - Strengthen maternal and neonatal death surveillance response.
  - Improve quality and accessibility of emergency obstetric and neonatal health services;
  - Reduce risk factors for maternal death: such as bleeding, anemia, Preeclampsia/ Eclampsia, prolonged & obstructed labor;
  - Strengthen the emergency obstetric and neonatal care referral system in all health facilities;
  - Evaluate the 3-year Hemorrhage response plan
- Strengthen and expand safe abortion services in health facilities.
- Strengthen fistula identification and treatment.
  - Enhances Uterine prolapse care in selected hospitals
- strengthen Safe motherhood initiative and conduct senior management awareness forum and.
- Review, promote, and implement Maternal Health logistic Reimbursement protocol
- Conduct assessment on the implementation process of catchment Mentoring Program and use its finding to improve the program
- Provide TOT to health care workers in areas with high levels of Female Genital Mutilation(FGM)
- Introduce and distribute various strategy documents, protocols and guidelines
- Develop training manual for new and revised guidelines and protocols
- Strengthen activities to develop new guidelines.
  - Develop Antenatal care guidelines
  - Develop an Ultra Sound Training Manual

Table 2: Antenatal 4+ Care, EFY 2014

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Sidama	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible- Total Number of Expected Pregnancies, EFY 2014		197,437	58,352	770,967	1,387,335	205,597	41,092	590,076	158,099	15,442	8,542	17,249	89,818	3,540,006
Baseline-Antenatal Care Service, EFY 2013	#	28,733	26,360	459,848	900,426	138,760	16,868	462,718	140,834	3,765	5,648	8,019	140,316	2,332,295
	%	15%	46%	60%	66%	69%	42%	80%	91%	25%	68%	48%	100%	70%
Planned Antenatal Care Service for EFY 2014	#	108,590	33,844	531,967	985,008	150,086	23,422	483,863	145,451	6,949	6,321	9,487	89,818	2,574,807
	%	55%	58%	69%	71%	73%	57%	82%	92%	45%	74%	55%	100%	73%

Table 3: Proportion of pregnant women tested for syphilis, EFY 2014

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Sidama	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible- Total Number of Expected Pregnancies, EFY 2014		197,437	58,352	770,967	1,387,335	205,553	41,092	590,076	158,099	15,442	8,542	17,249	89,818	3,539,962
Baseline-Number of pregnant women tested for syphilis, EFY 2013	#	35,874	27,725	521,052	994,622	79,982	19,771	406,913	98,163	7,834	8,759	15,913	163,988	2,380,596
	%	71%	48%	69%	73%	39%	49%	71%	64%	52%	100%	95%	100%	72%
Planned Number of pregnant women tested for syphilis for EFY 2014	#	144,129	44,546	721,928	1,181,580	128,925	32,640	578,822	156,624	13,379	7,441	17,141	89,818	3,116,973
	%	73%	76%	94%	85%	63%	79%	98%	99%	87%	87%	99%	100%	88%

Table 4: Proportion of births attended by skilled health personnel, EFY 2014

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Sidama	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible- Total Number of Expected Deliveries, EFY 2014		197,437	58,352	770,967	1,387,335	205,597	41,092	590,076	158,099	15,442	8,542	17,249	89,818	3,540,006
Number of Deliveries Attended by a Skilled Birth Attendant, EFY 2013	#	31,103	16,014	421,497	919,461	84,721	16,897	427,110	114,640	6,546	11,075	11,652	137,862	2,198,578
	%	16%	28%	55%	68%	42%	42%	74%	74%	43%	100%	69%	100%	66%
Planned Number of Deliveries to be Attended by a Skilled Birth Attendant, EFY 2014	#	88,847	26,842	478,000	998,881	92,519	18,902	448,458	120,155	7,412	8,542	12,247	89,818	2,390,623
	%	45%	46%	62%	72%	45%	46%	76%	76%	48%	100%	71%	100%	68%

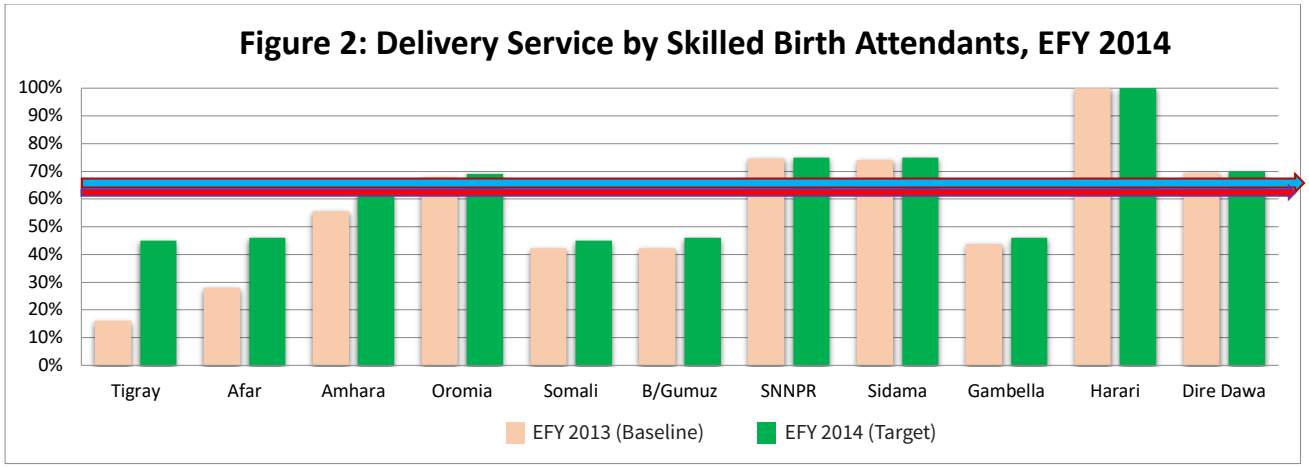


Table 5: Early Postnatal Care Coverage, EFY 2014

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Sidama	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible- Total Number of Expected Deliveries, EFY 2014		197,437	58,352	770,967	1,387,335	205,596	41,092	590,076	158,099	15,442	8,542	17,249	89,818	3,540,006
Number of women who received early postnatal care, EFY 2013	#	35,723	23,680	537,159	1,242,845	91,355	19,000	531,613	153,572	6,513	9,553	12,303	138,721	2,802,037
	%	18%	41%	71%	92%	45%	47%	93%	99%	44%	100%	73%	100%	84%
Planned number of women who received early postnatal care, EFY 2014	#	98,719	35,011	632,193	1,317,969	119,246	23,833	560,572	156,560	8,647	8,542	13,799	89,818	3,064,910
	%	50%	60%	82%	95%	58%	58%	95%	99%	56%	100%	80%	100%	87%

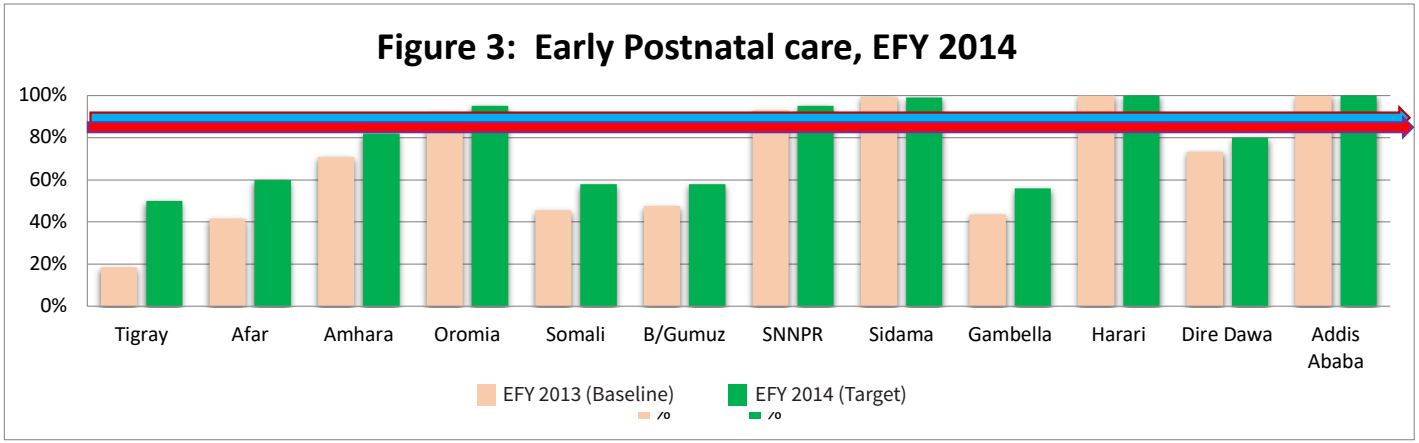


Table 6: Number of women who receives comprehensive abortion services, EFY 2014

INDICATOR	Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Sidama	Gambella	Harari	Dire Dawa	Addis Ababa	National
Number of women receives comprehensive abortion services , EFY 2013	5,590	2,552	46,923	101,265	2,482	2,005	25,285	9,051	449	2,404	1,864	34,869	234,739
Number of women receives comprehensive abortion services, EFY 2014	20,258	648	44,907	125,369	362	4,081	38,757	13,265	845	304	1,198	8,982	258,975

1.1.1.3 Prevention of Mother to Child Transmission of HIV (PMTCT)

Target

- Increase Percentage of pregnant, laboring and lactating women who were tested for HIV and who know their status from 90% to 91%
- Increase ARV coverage for HIV positive pregnant, laboring and lactating women from 81% to 89%
- Increase postnatal dual prophylaxis coverage for all HIV exposed infants (HEI) from 65.9% to 90%
- Increase early infant diagnosis (EID) from 58% to 79%

Initiatives & Major Activities

- Strengthen activities to prevent mother-to-child transmission of HIV.
  - Conduct HIV testing for pregnant, laboring, lactating women and their partners
  - Expand HIV testing for pregnant mothers at health posts and integrate with other medical services
- Provide antiretroviral therapy service and improve drug adherence of HIV positive pregnant and lactating mothers

- Strengthen viral load testing services for HIV-positive pregnant and lactating mothers.
- Strengthen postnatal prophylaxis services for vulnerable children.
- Provide prophylaxis service to HIV-vulnerable children;
- Improve Triple elimination services for HIV, syphilis and hepatitis.

Table 7: Percentage of pregnant, laboring and lactating women who were tested for HIV and who know their status, EFY 2014

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Sidama	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible- Total number of pregnant women that received antenatal care at least once, EFY 2014		197,437	58,352	770,967	1,387,335	205,597	41,092	590,076	158,099	15,442	8,542	17,249	89,818	3,540,006
Number of pregnant women counseled & Tested for HIV, EFY 2013	#	41,517	31,498	636,156	1,340,428	65,499	27,590	491,550	157,402	10,536	18,072	18,476	158,297	2,997,021
	%	22%	55%	84%	99%	32%	69%	86%	100%	70%	100%	100%	100%	90%
Planned number of pregnant women tested and know their status, EFY 20114	#	139,367	51,393	683,495	1,387,335	180,729	36,003	519,409	158,099	13,464	8,542	17,249	89,818	3,284,903
	%	71%	88%	89%	100%	88%	88%	89%	100%	87%	100%	100%	100%	93%

Table 8: Percentage of HIV positive pregnant & lactating women who received ART, EFY 2014

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Sidama	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible- Total number of Expected HIV Positive pregnant mothers, EFY 2014		1,963	492	5,242	4,611	191	154	1,548	780	482	91	194	1,900	17,648
Number of HIV+ pregnant women received ARV in EFY 2013	#	496	312	4,436	3,741	188	114	1,234	225	435	84	291	2,004	13,560
	%	26%	58%	86%	75%	89%	71%	84%	29%	91%	83%	100%	99%	81%
Planned Number of HIV+ women received ARV in EFY 2014	#	1,472	433	4,718	4,150	172	139	1,533	702	448	82	194	1,900	15,942
	%	75%	88%	90%	90%	90%	90%	99%	90%	93%	90%	100%	100%	90%

1.1.1.4 Neonatal and Child Health:

Immunization

Target

- Maintain pentavalent 3 coverage on 100%
- Increase the first dose of measles-containing vaccine (MCV1) coverage from 93% to 98%
- Increase Pneumococcal conjugate vaccine (PCV3) immunization coverage from 98% to 99%
- Increase Rota2 coverage from 95% to 98%
- Increase full vaccination coverage from 93% to 97%
- Scale-up coverage of HPV2 from 82% to 95%

Initiatives & Major Activities

- Enhance community awareness on immunization
  - Develop communication and advocacy tools that enhance community awareness
- Strengthen and expand immunization services.
  - Design & implement evidence-based effective strategies to achieve targets
  - Initiate neonatal Hepatitis B birth dose in four selected Woredas of four regions;
  - Improve effectiveness coverage of routine immunization
  - Introduce, expand and incorporate new vaccines into regular immunization programs.
  - Strengthen immunization services to the two-years-old;
  - Identify low immunization coverage and support to Regions, Zones and Woredas which needs special support,
  - Ensure access to immunization services through integration with other health services.
  - Expanding Cervical Cancer Vaccination Services;

- Strengthen control and eradication activities to diseases that can be prevented by vaccination (polio, measles, meningitis, etc.).
- Improver the capacity of professionals through training.
- Strengthen coordination with stakeholders to improve immunization supplies

Table 9: Pentavalent 3 Immunization Coverage, EFY 2014

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Sidama	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible: Estimated number of surviving infants, EFY 2014		184,801	54,618	712,374	1,286,060	191,000	36,941	544,050	145,767	14,268	7,995	16,214	86,233	3,280,321
Pentavalent 3 Coverage EFY 2013	#	43,142	41,502	652,381	1,388,613	179,644	27,758	526,744	149,719	12,143	8,996	12,624	130,917	3,174,183
	%	24%	78%	93%	100%	96%	77%	100%	100%	88%	100%	80%	100%	100%
Planned Number of surviving infants who have received pentavalent 3 vaccine, EFY 2014	#	147,841	52,433	712,374	1,286,060	191,000	36,203	544,050	145,767	14,125	7,995	16,052	86,233	3,240,132
	%	80%	96%	100%	100%	100%	98%	100%	100%	99%	100%	99%	100%	99%

Table 10: Measles (MCV1) Immunization Coverage, EFY 2014

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Sidama	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible: Estimated number of surviving infants, EFY 2014		184,801	54,618	712,374	1,286,060	191,000	36,941	544,050	145,767	14,268	7,995	16,214	86,233	3,280,321
Measles coverage, EFY 2013	#	38,090	38,124	619,971	1,295,832	158,481	25,700	498,390	144,718	10,876	8,542	11,306	126,139	2,976,169
	%	21%	71%	88%	97%	85%	71%	94%	100%	79%	100%	72%	100%	93%
Planned Number of surviving infants who have received the measles vaccine, EFY 2014	#	177,259	41,227	688,918	1,286,060	167,726	34,585	533,573	145,586	12,036	7,995	15,103	86,233	3,196,301
	%	71%	75%	97%	100%	88%	94%	98%	100%	84%	100%	93%	100%	97%

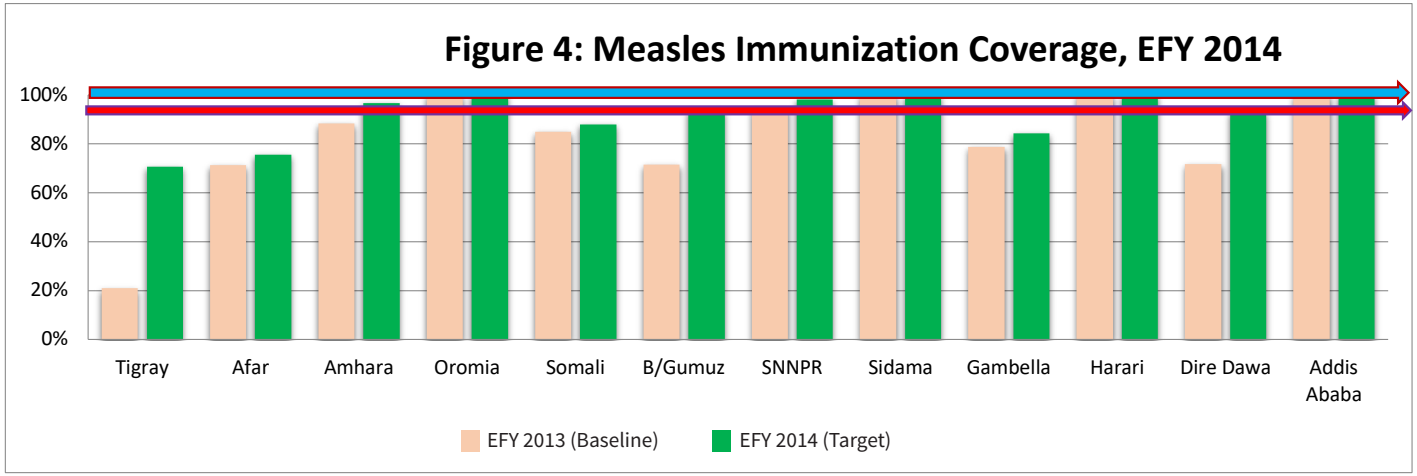
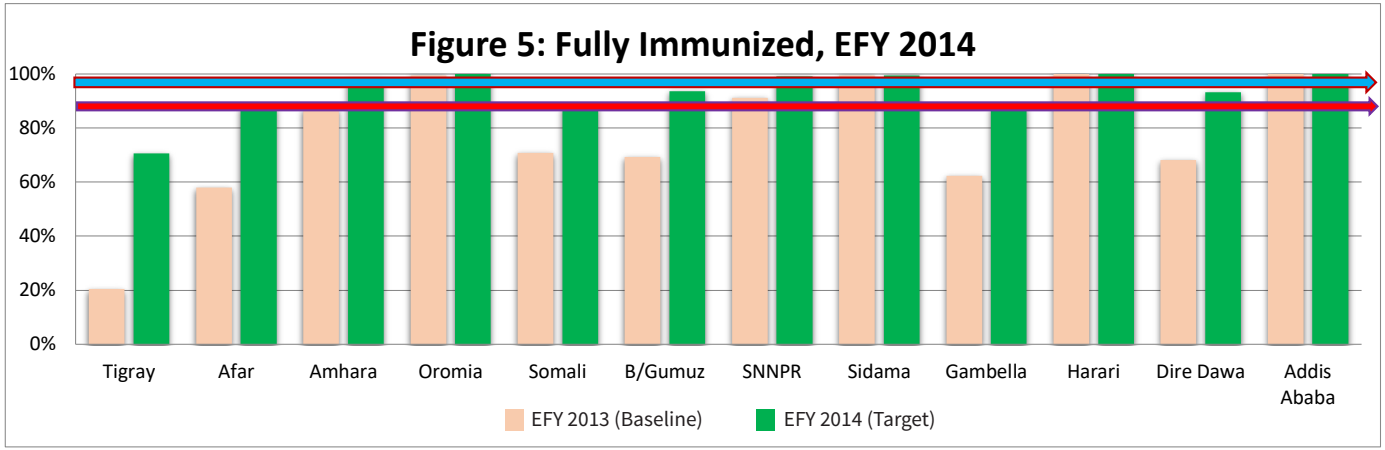


Table 11: Pneumococcal conjugate vaccine (PCV3) immunization Coverage, EFY 2014

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Sidama	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible: Estimated number of surviving infants, EFY 2014		184,801	54,618	712,374	1,286,060	191,000	36,941	544,050	145,767	14,268	7,995	16,214	86,226	3,280,313
PCV 3 coverage, EFY 2013	#	43,088	41,182	651,772	1,378,839	178,698	27,771	522,663	149,023	12,241	8,758	12,532	129,949	3,156,516
	%	24%	77%	93%	100%	96%	77%	99%	100%	89%	100%	79%	100%	98%
Planned Number of surviving infants who have received PVC 3 vaccine, EFY 2014	#	130,667	44,786	693,675	1,280,434	185,270	35,359	544,050	145,662	14,146	7,995	15,437	86,226	3,183,707
	%	71%	82%	97%	100%	97%	96%	100%	100%	99%	100%	95%	100%	97%

Table 12: Fully immunization coverage, EFY 2014

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Sidama	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible: Estimated number of surviving infants, EFY 2014		184,801	54,618	712,374	1,286,060	191,000	36,941	544,050	145,767	14,268	7,995	16,214	86,226	3,280,313
Number of surviving Infants fully Immunized, EFY 2013	#	37,305	30,986	611,447	1,250,707	131,929	24,943	481,076	141,665	8,605	8,067	10,763	115,132	115,132
	%	21%	58%	87%	100%	71%	69%	91%	99%	62%	100%	68%	100%	93%
Planned Number of surviving infants fully immunized, EFY 2014	#	130,667	48,063	698,126	1,286,060	168,080	34,585	538,610	145,080	12,556	7,995	15,121	86,226	3,171,169
	%	71%	88%	98%	100%	88%	94%	99%	100%	88%	100%	93%	100%	97%



Neonatal and Childcare

Target

- Increase asphyxiated newborns resuscitated and survived from 78.3% to 81%
- Increase Sick Young infants treated for sepsis from 40% to 80%
- Increase under-five children with pneumonia who received antibiotics from 57% to 63%
- Scale-up coverage of under-five children with diarrhea who is treated with ORS & Zinc from 78.7% to 82%

Initiatives & Major Activities

- Strengthen community awareness on neonatal health care activities
  - Provide improved Neonatal health care
  - Strengthen and expand NICU and ENBC services;
- Strengthen and expand health care services including Kangaroo Maternity Care (KMC) to low birth weight and preterm infants.
- Strength and expand quality ICMNCI and IMNCI services
- Conduct awareness creation & sensitization on responsive care of early childhood development (ECD).
- Strengthen child health care services in daycare centers.
- Integrate & provide early childhood development counseling services with maternal and child health programs to parents/guardians.

Table 13: Proportion of under-five children with pneumonia received antibiotic treatment, EFY 2014

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Sidama	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible: Estimated number of children < 5yrs, EFY 2014		226,094	62,691	836,351	1,773,590	181,993	52,643	718,785	192,584	18,789	10,128	17,674	112,512	4,203,833
Number of < 5 Children Received Pneumonia treatment in EFY 2013	#	19,632	24,878	409,465	1,260,740	116,615	25,876	361,838	77,075	8,174	5,485	3,400	25,289	2,338,467
	%	9%	41%	50%	73%	66%	50%	52%	41%	43%	55%	20%	35%	57%
Planned Total number of < 5 children treated for pneumonia, EFY 2014	#	101,742	33,853	518,537	1,347,928	127,395	31,586	431,271	100,144	9,770	6,482	5,126	50,630	2,764,464
	%	45%	54%	62%	76%	70%	60%	60%	52%	52%	64%	29%	45%	66%

Table 14: Proportion of Sick Young infants treated for sepsis, EFY 2014

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Sidama	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible: Estimated number of sick young infants 0-2 months with sepsis, EFY 2014		14,064	4,151	59,547	105,437	17,118	3,123	44,502	12,016	1,174	649	1,311	6,826	269,919
Number of sick young infants 0-2 months treated for sepsis in EFY 2013	#	1,237	778	16,574	51,198	6,272	678	17,611	7,142	963	575	221	3,138	3,138
	%	8%	18%	29%	50%	41%	22%	40%	61%	85%	91%	17%	47%	40%
Planned number of sick young infants 0-2 months treated for sepsis, EFY 2014	#	14,064	2,049	37,364	99,880	8,559	1,632	34,644	8,411	1,009	597	1,040	6,826	216,076
	%	69%	49%	63%	95%	50%	52%	78%	70%	86%	92%	79%	100%	80%

Table 15: Proportion of asphyxiated neonates who were resuscitated and survived, EFY 2014

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Sidama	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible: Estimated number of asphyxiated neonates , EFY 2013		18,510	5,462	1,078	1,942	20,427	58	829	221	1,544	12	481	8,982	59,547
Number of neonates resuscitated for birth asphyxia & survived in EFY 2013	#	870	427	8,942	25,403	9,134	291	6,342	1,343	189	582	283	4,414	58,220
	%	4%	7%	12%	19%	45%	7%	11%	9%	13%	70%	17%	50%	17%
Planned number of neonates resuscitated for birth asphyxia & survived EFY 2014	#	13,882	4,151	916	1,651	17,363	45	647	181	1,282	10	404	7,545	48,078
	%	75%	76%	85%	85%	85%	78%	78%	82%	83%	87%	84%	84%	81%

1.1.1.5 Adolescent and Youth Health

Target

- Increase coverage of health centers provide youth-friendly services from 46% to 51%
- Reduce teenage pregnancy from 19.8 % to 16.8%

Initiatives & Major activities

- Conduct forum to mobilize and participate youths for adolescent and youth health.
- Create awareness on COVID-19 epidemic and healthy lifestyle (encouraging healthy eating, exercise and Encouraging not to use tobacco, alcohol, or drug use, etc.).
- Strengthen technology (e-learning modules) to enhance the capacity of professionals.
- Expand youth-friendly service and ensure accessibility of psycho-social support.
- Strengthen prevention and elimination of harmful practices on adolescents and young people.
  - Develop strategies to reduce risks and harmful practices for adolescents and youth health
- Strengthen activities to provide necessary health and social services to victims of GBV and harmful traditional practices (early marriage, abduction, and female genital mutilation).
- Strengthen and integrate adolescents and youth health in school health programs.
- Strengthen implementation of the mobile applications to make youth and adolescent health information accessible.
- Implement Family Planning Service Program (RISE) targeting young couples in 65 Woredas.
- Strengthening technology-supported adolescent and youth peer-to-peer health services
- Strengthen activates to prevent the risks associated with the COVID-19 epidemic;
- Incorporate and implement Youth and adolescent health services to the disaster preparedness and response plan.
- Ensure accessibility of the Basic Reproductive Health Service package to humanitarians.

1.1.2 Nutrition

Target

- Increase the the proportion of Children 6-59 Months of Age who Received two doses of Vitamin A from 86% to 94%
- Increase the the proportion of children 24-59 months of age dewormed twice from 82% to 94%.
- Increase coverage of children under 2 years of age who participated in Growth Monitoring and Promotion service from 51% to 58%
- Increase coverage of children under five-year screening for acute malnutrition from 68% to 71%
- Increases coverage of pregnant women received iron and folic acid supplements at least 90 plus from 97% to 100%

Initiatives & Major Activities

- Strengthen food and nutritional information dissemination, data quality, collaboration and communication
  - Creating awareness on comprehensive integrated nutrition services (CINS) for the first 1000 days.
- Initiate and strengthen pre-pregnancy nutritional services.
- Strengthen nutritional service of the first 1,000 days.
- Initiate and strengthen implementation of food and nutrition strategy at all levels.
- Scaling up BFHI graduate hospitals to 30
- Strengthen nutritional services
  - Implement child feeding programs in all health facilities;
  - Provide Deworm and Vitamin A supplementation services
  - Improve nutrition services for communities affected by communicable and non-communicable diseases
  - Expand nutritional services to adolescent & youth
  - conduct malnutrition screen for children, pregnant and lactating mothers, and HIV-infected individuals;

- Expand the Model Nutrition program to Primary Health care Units (PHCU) within the four pilot weredas

- Strengthen Malnutrition Screening and provision of service to malnourished children.
- Strengthen coordination to implement nutritional strategies.
  - Implementing nutrition programs in all Woredas in collaboration with Ministry of Agriculture and other stakeholders;
  - Make health facilities ready for the treatment of acute malnutrition through provide training for manpower and avail medical equipment
  - Expand BFHI through the approved proclamation of the establishment of Food and Nutrition Council and Coordination Agency;
  - Implement national nutrition scorecard, and strength multi-sectorial collaboration

Seqota declaration

Initiatives & Major Activities

- Strengthen Woredas implementing Seqota Declaration
- Monitor and support expansion phase implementing regions
- Strengthen community labs for federal sector offices and partners.
- Conduct UNISE information technology training in collaboration with partners;
- Strengthen implementation of Yazmi technology in health facilities in all Woredas.
- Launch multi-sectoral score card supported, monitoring and evaluation in 200 Sekota declaration expansion phases
- Launching first-year full package implementation of African Development Bank in 17 Woredas
- Improve financial resources to implement the Seqota declaration.

Table 16: Proportion of Children 6-59 Months of Age who received two doses of Vitamin A, EFY 2014

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Sidama	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible: Estimated number of children aged 6-59 months, EFY 2013		788,026	204,537	2,946,605	5,997,127	657,130	188,949	2,377,359	636,966	73,348	35,603	65,032	276,008	14,246,691
Number of Children 6-59 Months Received two doses of Vitamin A in EFY 2013	#	97,894	61,074	2,236,001	5,658,730	608,161	49,380	1,868,829	524,690	22,653	34,949	73,601	211,893	11,447,855
	%	13%	30%	77%	97%	95%	27%	81%	84%	34%	100%	100%	88%	86%
Planned Total number of children aged 6-59 months who received a dose of Vitamin A supplementation, EFY 2013	#	557,190	173,920	2,660,715	5,968,616	437,236	187,563	2,155,089	585,790	73,348	35,603	65,032	276,008	13,176,110
	%	71%	85%	90%	100%	67%	99%	91%	92%	100%	100%	100%	100%	92%

Table 17: Proportion of children 24-59 months of Age Dewormed Twice, EFY 2014

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Sidama	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible: Estimated number of children aged 2-5 years, EFY 2014		528,603	153,504	1,944,576	4,285,946	520,499	125,444	1,778,756	476,582	47,972	23,717	43,123	171,156	10,099,878
Number of Children 2-5 Years of Age Dewormed Bi-Annually, EFY 2013	#	62,313	37,894	1,559,180	3,909,274	77,706	28,326	1,455,845	412,717	16,346	22,601	45,594	92,861	7,720,657
	%	14%	25%	81%	93%	15%	23%	84%	89%	35%	98%	100%	55%	82%
Planned number of children aged 2-5yrs who received 2nd dose of de-worming, EFY 2014	#	373,760	124,986	1,765,002	4,238,602	333,892	124,665	1,659,580	447,449	47,972	23,717	43,123	145,483	9,328,230
	%	71%	81%	91%	99%	64%	99%	93%	94%	100%	100%	100%	85%	92%

Table 18: Proportion of children under 2 years of age who participated in Growth Monitoring and Promotion, EFY 2014

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Sidama	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible: Estimated number of children under 2 years age, EFY 2014		308,782	78,684	1,153,019	2,282,906	153,547	69,530	883,409	236,692	21,618	13,794	22,338	245,555	5,469,874
Number of Children under 2 Years of participated in GMP, EFY 2013	#	48,449	3,169	607,005	1,261,946	5,774	19,962	461,627	130,096	753	6,604	3,227	28,455	2,577,065
	%	13%	4%	53%	57%	4%	29%	54%	56%	3%	49%	15%	28%	51%
Planned number of children who participated Growth monitoring, EFY 2014	#	108,074	23,605	726,402	1,461,060	30,709	26,422	556,548	160,950	4,324	7,724	5,138	93,311	3,204,266
	%	35%	30%	63%	64%	20%	38%	63%	68%	20%	56%	23%	38%	59%

1.1.3 Diseases Prevention and control

1.1.3.1 HIV/ADIS

Targets

- Increase the proportion of adult people living with HIV who know their HIV status from 79% to 92%
- Increase the proportion of children living with HIV who know their HIV status from 65% to 78%
- Increase the proportion of adults receiving ART from 99% to 95%
- Increase the proportion of children receiving ART from 44% to 90%
- Increase the percentage of people receiving antiretroviral therapy with viral suppression from 95.6% to 96%
- Increases family planning services for women 15 -49 years age living with HIV/AIDs from 57% to 65%
- Increase proportion of OVC who get income-generating activities support to 50%
- Increase proportion of OVC who get food support to 50%
- Increase the proportion of PLHIV who received food support to 80%

Initiatives & Major activities

- Strengthen and expand HIV/ADIS prevention activities
  - Enhance community awareness on HIV prevention, respond to HIV program and improve ownership;
  - Conduct prevention activity through structural, bio-medical and behavioral protection for key and priority populations
  - Integrate prevention services focusing on risk behavioral
  - Implement and expand Pre-and post-exposure Prophylaxis to High-Vulnerable groups
  - Expand innovative HIV testing approach in health posts and community outreach;
  - Expand KPP-friendly facilities for vulnerable communities;
  - Implement new approach on HIV counseling and testing activities to vulnerable and priority communities;

- Improve HIV prevention, testing and treatment services in prisons
- Carrying out voluntary male circumcision in Gambella region health facilities;
- Monitor implementation of DSD Model for Adolescent Peer Group in a selected health facility that provides psychosocial support services;

- Strengthen social interactions inclusive of HIV prevention and control.
- Strengthen and improve the quality of ART services at the national level.
  - Support activities that reduce the viral load of adults and children taking antiretroviral drugs to less than 1,000 copies per milliliter;
  - Strengthen and expand third-line treatment through improving ART drug delivery;
  - Implement, monitor and support health facilities that provide Differentiated HIV Service Delivery Model (DSDM)
  - Monitor and support implementation of Community Based ART Refill DSDM in selected regions;
  - Strengthen implementation of quality improvement ART services in all regions;
  - Strengthen and provide family planning services in ART unit for childbearing aged women living with HIV
- Strengthen monitoring and evaluation of HIV / AIDS program services by improving data quality.
- Strengthen coordination to improve HIV service.
  - Implementing Community Support and Care Coalition (CCC)
  - conduct TB HIV integration activities and increase TB Prevention Therapy (TPT) coverage from 58% to 80%;
  - Provide Voluntary Medical Male Circumcision (VMMC) service to 1853 people's
- Strengthen prevention and control of STIs.

Table 19. Number of STI cases managed, EFY 2014

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNP	Sidama	Gambella	Harari	Dire Dawa	Addis Ababa	National
Number of STI cases managed, EFY 2013	#	3,241	25,039	45,645	117,909	18,600	1,170	25,654	9,693	4,621	151	1,394	17,747	270,864
Number of STI cases managed, EFY 2014	#	45,808	2,935	99,510	213,051	6,280	3,149	51,131	3,197	4,919	692	1,879	67,449	500,000

Table 20: Percentage of people living with HIV who know their status, EFY 2014

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Sidama	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible- Number of Expected HIV+, EFY 2014	#	49,053	11,990	192,644	152,291	5,662	6,075	47,373	20,376	13,505	5,211	11,120	107,026	622,326
Number of people who know their HIV status in EFY 2013	#	9,325	9712	156,042	123,356	4,588	4,921	38,372	16,415	10,939	4221	9,007	86691	473,587
Planned Number of people who know their HIV status, EFY 2014	#	45,129	11,031	177,232	140,108	5,209	5,589	43,583	18,746	12,425	4,794	10,230	98,464	572,540
	%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%	92%

Table 21 Number people living with HIV receiving ART, EFY 2014

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNP	Sidama	Gambella	Harari	Dire Dawa	Addis Ababa	National
Number of PLHIV receiving ART in EFY 2013	#	43,208	4,390	145,636	116,814	1,952	4,092	33,046	10,133	5,983	4,224	6,755	100,714	442,312
Planned Number of PLHIV planned to receive ART, EFY 2014	#	40,153	9,213	164,884	129,898	4,847	5,263	40,887	16,985	11,152	4,429	9,248	97,989	534,946

Table 22: Percentage of ART clients with viral load test in the past 12 months with suppressed viral load, EFY 2014

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Sidama	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible- Number of Expected HIV+ starting ART, EFY 2014	#	42,383	10,297	166,638	131,280	4,847	5,263	40,887	17,538	11,642	4,525	9,654	93,090	538,043
Number of ART clients with viral load test in the past 12 months, in EFY 2013	#	3,076	8,602	95,140	88,628	342	2,156	193,080	63,199	63,199	3,460	4,166	3,751	528,799
	%	59%	93%	94%	80%	61%	91%	87%	92%	92%	84%	79%	90%	94%
Planned Number of ART clients with viral load test in EFY 2014	#	40,264	9,782	158,306	124,716	4,604	5,000	38,842	16,661	11,060	4,298	9,172	88,435	511,140
	%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%

1.1.3.2 Hepatitis Prevention and Control

Target

- Increase number of non-pregnant people diagnosis with hepatitis B to 241,851
- Increases Hepatitis treatments services for 6,378 non-pregnant

Initiatives & Major activities

- Transmit messages using different methods to increase awareness of the community on hepatitis.
- Strengthen hepatitis prevention activities in vulnerable communities.
- Initiate and expand hepatitis diagnosis, treatment and viral load testing services in hospitals and health centers
- Expand Hepatitis B vaccine in one-stop center for victims of sexual violence.
- Strengthen implementation of the strategic program for eradicating hepatitis in 2030.
- Integrate hepatitis treatment service with existing HIV, reproductive health, TB, maternal and child health services, as well as blood safety and infection control activities.

1.1.3.3 Tuberculosis

Target

- Increase TB notification and treatment rate from 76% to 90%
- Increase TB treatment success rate from 95% to 96%
- Increases anti-TB drug resistant detection from 70 % to 75%

Initiatives & Major activity

- Strengthen TB prevetion, diagnosis and treatement.
  - Work to enhance public awareness of latent TB infection.
  - Strengthen TB screening at the community level (increases Community TB program and medical support services from 17% to 20%);

- Strengthen family and contact screening modalities to those who have contact History with known TB patients (increases contact investigation from 69% to 90%).
- Expand and make TB screening, diagnosis and treatment services accessible in 38 different areas to more vulnerable groups
- Facilitate private health facilities to play their role in TB diagnosis and treatment services; (through increases PPM DOT 18% to 20%);
- Work on activities of TB and Drug resistance sample transportation.
- Strengthen services and accessibility of investigation modalities for TB diagnosis; such as X-Ray, Gene Expert, etc.

- Strengthen and expand diagnostic and therapeutic services to identify drug-resistant TB.
  - Increases accessibility of Drug susceptibility testing and bacteriologically confirmed case from 43% to 80%.
  - Strengthen and expand health facilities providing drug resistance treatment services.
  - Ensuring the availability of necessary logistics for diagnosis and treatment of TB and leprosy by integrating with responsible stakeholders.

Leprosy

Target

- Increase Leprosy Diagnosis from 90% to 95%
- Increase treatment coverage of leprosy from 87% to 93%

Initiatives & Major activities

- Strengthen prevention and control of community leprosy and perform house to house diagnosis in 60 kebeles'.
- Strengthen screening, diagnosis, treatment and care of Leprosy.
- Strengthen five leprosy rehabilitation centers to people with a major disability
- Initiate leprosy prevention treatment service in three Woredas.

Table 23. TB case notification and treatement rate , EFY 2014

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNP	Sidama	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible- Number of Expected TB cases, EFY 2014		8,124	2,846	32,086	56,295	9,076	1,687	23,693	6,397	721	387	821	5,397	147,529
TB Case Detection Rate (Smear positive) in EFY 2013	#	1,574	2,201	19,336	43,310	5,514	608	15,558	7,626	953	606	1,095	6,069	104,450
	%	20%	79%	61%	79%	62%	37%	67%	100%	100%	100%	100%	100%	76%
Planned Number of new TB cases Detection (all forms), EFY 2014	#	6,093	2,619	28,235	51,791	7,806	1,266	20,850	6,397	721	387	818	5,397	132,379
	%	75%	92%	88%	92%	86%	75%	88%	100%	100%	100%	100%	100%	90%

Table 24 TB Treatment Success Rate, EFY 2014

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNP	Sidama	Gambella	Harari	Dire Dawa	Addis Ababa	National
TB Treatment Success Rate in EFY 2013	%	94%	87%	96%	97%	92%	92%	93%	96%	78%	99%	91%	93%	95%
Planned TB Treatment Success Rate for EFY 2014	%	95%	90%	97%	98%	93%	94%	98%	98%	94%	99%	99%	96%	96%

Table 25. TB Treatment Cure Rate, EFY 2014

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNP	Sidama	Gambella	Harari	Dire Dawa	Addis Ababa	National
TB Treatment Cure Rate in EFY 2013	%	70%	64%	87%	87%	51%	72%	78%	75%	61%	98%	80%	88%	82%
Planned TB Treatment Cure Rate for EFY 2014	%	74%	85%	88%	87%	67%	93%	90%	97%	87%	99%	97%	90%	88%

1.1.3.4 Malaria Prevention and Control

Target

- Reduce malaria mortality rate from 0.25/100,000 population at risk to 0.33/100,000 population.
- Reduce malaria morbidity from 1.22 million to 1. 21 million
- Distribute 15.766 million LLINs to replace and maintain 100% coverage
- Conduct Indoor residual spraying (IRS) on 1.69 million unit structures in malaria-prone areas

Initiatives & Major activities

- Strengthen malaria prevention and control activities.
  - Conduct advocacy on chemoprophylaxis to people traveling to malaria-endemic areas.
- Strengthen mosquito control activities.
  - Conduct IRS in pilot areas.
  - Distribute and improve the use of LLINS.
- Strength safe disposal mechanisms for expired chemicals and LLIN plastic packing's
- Strengthen malaria diagnosis and treatment services.
  - Monitor procurement and distribution of logistics for the diagnosis and treatment of malaria;
  - Launch of Malaria Prevention, Diagnosis and Treatment Services in Government, Private and Non-Governmental Health Organizations(Public Private Mix)
- Strengthen malaria elimination activities in selected Woredas.
- Strengthen research activities to enhance informed decision-making.
- Strengthen case and foci investigation and response in the house to house visit.

Table 26. The proportion of Unit structure Covered with Indoor Residual Spray (IRS) in Targeted Villages, EFY 2014

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNP	Sidama	Gambella	Harari	Dire Dawa	National
Eligible - Number of Unit structure in epidemic prone villages, EFY 2014		249,125	11,103	329,512	252,137	123,302	296,561	322,352	-	114,146	-	-	1,698,238
Unit structure in epidemic-prone villages covered with IRS, EFY 2014	#	249,125	11,103	329,512	252,137	123,302	296,561	322,352	-	114,146	-	-	1,698,238
	%	100%	100%	100%	100%	100%	100%	100%	0%	100%	0%	0%	100.0%

Table 27. Number of LLINs Distributed, EFY 2014

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNP	Sidama	Gambella	Harari	Dire Dawa	National
Eligible - Number of HHs in targeted villages, EFY 2014		1,971,457	723,740	2,409,083	4,506,481	-	675,527	4,520,389	718,716	241,060	-	-	15,766,451
Planned Number of HHs with at least one LLINs in targeted villages in EFY 2014	#	1,971,457	723,740	2,409,083	4,506,481	-	675,527	4,520,389	718,716	241,060	-	-	15,766,451
	%	100%	100%	100%	100%	0%	100%	100%	100%	100%	0%	0%	100.0%

1.1.3.5 Neglected Tropical Diseases (NTD)

Targets

- Decrease prevalence Trachomatous Inflammation Follicular (T.F) in children aged 1- 9 years to less than 5%
- Decrease prevalence of intestinal parasite in all at risk Woredas to less than 1%
- Decrease prevalence of onchocerciasis on children aged 5-9 years to less than 0.1%
- Decrease prevalence of lymphatic filariasis microfilaraemia on children aged 6-7 years to less than 1%
- Decrease kalazar mortality rate to less than 2%

Initiatives & Major activities

- Strengthen Neglected Tropical Disease prevention activities
  - Conduct awareness Creating and community mobilization activities
  - Support all regions to transmitting key messages to enhance community mobilization and disease prevention during integrated mass drug administration.
  - Work on Multidisciplinary advocacy to prevent and control tropical diseases.
- Strengthen the integration of WASH and NTD advocacy at all levels
  - Strengthen Integrated Community Drug Delivery Campaign (MDA) and extend all coverage to more than 85%;
  - Treat 4,434,885 people to infectious lymphatic filariasis in 60 Woredas and 4 refugee camps by conducting MDA.
  - Conduct a preliminary survey at 7 Woredas for MDA of infectious lymphatic filariasis;
  - Treat 68,516,216 people in 537 Woredas with community-based drug delivery (MDA) to eradicate trachoma.
  - Provide community-based treatment(MDA) twice a year for 23,455,341 people in 12 refugee camps in 247 Woredas to eradicate onchocerciasis;

- Provide MDA to 21,081,425 in 664 Woredas in the first round and 11,015,322 people in 365 districts in the second round to prevent and eradicate intestinal parasitic diseases;
- Provide MDA-STH for 11,332,492 people in 375 Woredas to prevent and eradicate schistosomiasis;

- Distribute technology-supported community-based medicine in 5 Woredas in Wolayita Zone
- Providing ivermectin treatment to 21.5 million people to eradicate onchocerciasis disease
- Conducting MDA in all 222 woredas to eradicate onchocerciasis
- Conduct post MDA survey on 26 woredas where 5 rounds of drug distribution were provided
- Strengthen treatment services to NTD.
  - Provide treatment for leg swelling caused by contagious LF (in 70 Woredas) and non-contagious LF (in 345 Woredas).
  - Treat 2,125 visceral leishmaniasis cases.
  - Treating 2,000 cutaneous leishmaniasis cases.
  - provide TT surgery training for 444 professionals and perform TT surgery for 146,560 patients backlog
  - Strengthen guinea worm disease investigation and eradication activities.
  - Strengthen the investigation and rapid response of scabies in regions and displaced communities.
  - Strengthen data management system for NTD programs (NTD DHIS 2 database)

1.1.3.6 Non -communicable diseases (NCD)_

Target

- Provide treatment for 357, 423 high blood pressure new patients
- Increase the proportion of hypertensive adults on follow up whose blood pressure is controlled to 40%
- Estimate 178,712 people who are exposed to the risk of heart disease

- Initiate medication for 10,723 severe heart diseases
- Provide facility-based DM screening for 2,013,906 people who are above 40 years of age
- Provide DM treatment for 123,050 new patients
- Increase the proportion of DM patients whose blood sugar level is controlled to 40%
- Increase cervical cancer screening from 6% to 11% (500,000 women)
- Increase number of health facilities providing cervical cancer screening and treatment from 1,041 to 1,241 and LIP service

Initiatives & Major Activities

- Improve public awareness on the prevention and control of non-communicable diseases.
  - Conduct awareness creation activities to address the growing unhealthy diet;
  - Conduct prevention and control activities of non-communicable disease implemented by the Health Extension program.
- Develop predictions for 186,930 people who will be at risk of heart disease and strengthen its implementation
- Initiate drug treatment for 10,723 patients at high risk of severe heart disease.
  - Develop, monitor, and ensure comprehensive policies and legal frameworks to reduce the risk of exposure to khat and other substance users.
- Ensure implementation of tobacco and alcohol control laws, finalize unhealthy foods legal frameworks and monitor the issuance of guidelines.
- Establish multi-sectoral cooperation to prevent and control non-communicable diseases
- Improve and expand professional service unit, professional sharing, and patient referral service in PHCU.
- Strengthen diagnosis and treatment of non-communicable diseases.
  - Provide cataracts surgery for 120,000 people from Cataract Backlog

- Strengthen integrated non-communicable diseases diagnosis and treatment service in 2,000 health facilities and Expand to 200 primary hospitals and 400 health centers.
- Expand primary and secondary prevention programs in 100 hospitals and 400 health centers before the onset of rheumatic heart disease.
- Strengthen cervical cancer screening in 900 health facilities and expand services in 300 health facilities.
- Expand comprehensive cancer treatment services in 3 selected hospitals.
- Strengthen decentralized breast cancer treatment services in 17 hospitals
- Strengthen Secondary Eye Care Units and expand to 7 hospitals.
- Conduct school Eye Health Screening and distribute spectacles to children with Refractive Error.

Mental Health

Target

- Increase the number of facilities that provide mental health services from 26% to 30%
- Increase number of patients with mental illness who get treatment from 545,694 to 600,000

Initiatives & Major activities

- Conduct awareness creation activities on mental illness and mental health
  - Develop and launch mental health awareness services in health facilities, workplaces, universities, and religious institutions;
- Strengthen collaboration with Ethiopian Religious Councils and other stakeholders to improve patients' care.
- Integrate mental health services with other communicable and non-communicable diseases;
- Expand Addiction Recovery Centers.

Table 28. Percentage of women for cervical lesions, EFY 2014

INDICATOR	Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNP	Sidama	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible number of Women expected to be positive with acetic acid and need to treated for cervical lesion , EFY 2014	249,978	87,970	989,865	1,729,860	281,507	52,138	732,236	197,703	22,271	11,960	23,178	166,789	4,545,455
Number of Women tested positive with acetic acid and treated for cervical lesion , EFY 2013	8	27	2,016	1,443	6	17	699	1,423	17	28	30	665	6,379
Planned number of Women tested positive with acetic acid and treated for cervical lesion , EFY 2014	27,498	9,677	108,885	190,285	30,966	5,735	80,546	21,747	2,450	1,316	2,550	18,347	500,000

1.1.4 Medical services (Clinical,)

1.1.4.1 Clinical services

Target

- Increase outpatient attendance per capita from 109% to 143%
- Increase bed occupancy rate from 55% to 60%
- Reduce the average length of stay from 4.63 to 3.6 days
- Increase the proportion of patients with the positive experience of care from 52.3% to 54.2%
- Decrease institutional mortality rate from 2.2% to 2%

Initiatives & Major Activities

- Improve Hospital LMG (Leadership, Management, and Governance)
- Strengthen clinical management and clinical audit implementation
- Expand specialization and sub-specialization services.
- Work to improve basic HEENT services, tissue and organ transplant services;
- Develop and implement cancer registration system;
- Expand medical gas services and promote proper use;
- Expand and strengthen clinical care and services.
    - Work to improve the health of the elderly (geriatrics);
    - Work to expand and strengthen rehabilitation services;
    - Improve health service delivery and readiness per Essential health service package(EHSP);
- Implement and monitor hospital services improvement reforms.
    - Strengthen implementation of Teaching Hospitals Improvement Program (THIP);
    - Implement Teaching Hospitals Improvement Program at selected University Hospitals;
- Implement and strengthen the fourth round EHAQ.
- Strengthen implementation of the National I-CARE Program in 24 selected hospitals.
- Strengthen tertiary care services (specialized and post-specialist programs).
- Implement health technology (telemedicine, pathology, and radiology; robotic surgery, 3-D printing as an alternative to artificial limbs).
- Scaling up tele dermatology in 20 hospitals.
- Strengthen access to quality physical rehabilitation treatment and pain relief services.
- Strengthen hospital response coordination, readiness, and infection prevention; and control (IPC) implementation for COVID -19.
- Support and follow up to improve CASH Initiative.
- Formulate the best practices for responding to COVID -19 and apply them consistently.

Table 29. Outpatient attendance per capita, EFY 2014

INDICATOR	Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNP	Sidam	Gambella	Harari	Dire Dawa	Addis Ababa	National
Outpatient attendance per capital in, EFY 2013	0.47	0.35	1.49	0.93	0.25	1.41	1.17	0.95	0.40	1.42	1.22	1.79	1.09
Planned Outpatient attendance per capital, EFY 2014	1.10	0.95	1.80	1.50	0.98	1.76	1.55	1.35	1.00	1.75	1.65	1.99	1.43

1.1.4.2 Emergency critical care, trauma, and intensive care services

Targets

- Increase the proportion of functional ambulances as per the standard by 25%
- Increase pre-hospital ambulance care coverage by 10%
- Decrease ICU mortality rate from 25.5% to 23.5%
- Increase number of health facilities with ICU from 53 to 70
- The proportion of facilities with public health emergency and mass casualty service preparedness by 25%
- Increase health facilities third party emergency medical services coverage from 10% to 25%

Initiatives & Major Activities

- Strengthen Emergency and Critical Care Services.
  - Organize emergency, Trauma, and Critical Care in all regions;
  - Raise awareness of stakeholders on emergencies, disabilities, and intensive care services;
  - Monitor implementation of MECIP in major cities;

- Increases level of institutions on standard treatment of emergency care, intensive care, and trauma care (ER, ICU, trauma leveling).

- Implement Community Based Emergency First Aid Response.
- Improve and strengthen pre-health facility services.
  - Establish a sustainable structure by harmonizing pre-health facility services.
  - Increases number of ambulances in all regions with a modified design, equipped with basic equipment and trained professionals.
- Support trauma, poisoning, and burning injury care, and integrate with basic institutional services.
- Expand implementation of Emergency and Intensive Care Improvement Program in 4 major cities by 80%
- Implement Emergency and Intensive Care Improvement Service Program in 9 newly selected cities by 30 percent
- Improve and expand intensive care services.
  - Implement quality improvements; intensive care unit providing health facilities ;
  - Initiate intensive care services in new institutions;
- Strengthen emergency and massive trauma response.
  - Increases the number of third-party giving emergency medical services;
  - Strengthen preparedness and response of institutions' for emergency and massive accidents;
  - Ensure the uniformity of emergency patient referral systems;

1.1.4.3 Health service quality

Targets

- Decrease stillbirth rate from 12/1,000 to 10/1,000 live births
- Increase patient satisfaction rate from 46% to 60%

Initiatives & Major Activities

- Develop and implement national health care quality and safety strategy.
- Develop and implement surgical care improvement strategy.
- Strengthen and expand the quality of health care services.
- Improve and harmonize the scope and functions of health facilities.
- Prepare and implement package to support public and private health institutions in providing quality accreditation.
- Establish quality improvement incubation centers.
- Strengthen death investigation and response in health facilities.

Laboratory and diagnostic services

Targets

- Increase number of accredited laboratories with ISO 15189 or 17025 to 55

Initiatives & Major Activities

- Strengthen laboratories performance for quality recognition.
  - Enable quality accreditation to laboratories;
  - Improve implementation of laboratory service in quality management system;
  - Strengthen laboratory quality improvement process and Transfer to ISO 15189 or 17025.
- Establish and expand national quality assurance / external quality assurance centers.
- Improve the supply of laboratory infrastructure at national and regional levels
- Increases capacity of national biosecurity and biosafety level 3 laboratory.
- Strengthen and expand activities of basic diagnostic services.
  - Improve quality and accessibility of pathological services;
  - Implement imaging and nuclear treatment services;

- Initiate and expand auditable laboratory services in hospitals and other health facilities provides the services
- Enhances a number of laboratories participating in the external quality assurance (EQA) program.
- Strengthen calibration service and laboratory equipment maintenance centers
- Enable all laboratories to implement laboratory quality management systems (LQMS).

Blood bank services

Targets

- Increase units of blood collected from 281,760 units to 397,292 units
- Increase component production from 16% to 35%
- Increase the satisfaction of health facilities by a blood supply from 75% to 85%

Initiatives & Major Activities

- Strengthen integration and coordination system for blood transfusion service.
  - Conduct awareness creation to increase blood collected from voluntary blood donors.
- Ensure the safety of blood, blood products and strengthen the hemo-vigilance program.
- Ensure quality assurance system of blood from collection to utilization.
- Develop tissue and organ transplantation program services

1.14.4. Equity of health service

Initiatives & Major activities

- Conduct advocating on 3 years special support strategic plan and equity strategy
- Strengthen implementation of health system strengthening, monitoring, and evaluation framework.

- Develop and implement an equity monitoring dashboard.
- Ensure and minimize social and economic disparities
- Strengthen activities to narrowing the educational equity gap
- Strengthen activities to minimize geographical disparities
    - Deliver quality of health service by ensuring infrastructure and necessities (water, electric power, phone, and road).
- Strengthen activities for narrowing gender inequity
    - Strengthen Women empowerment and increase their role and participation in leadership positions
    - Develop rules and regulations on gender quality and avoid discrimination.
    - Ensure gender inclusiveness in all programs.
    - Strengthening activities to minimize the gap on demographical disparities Ensure equitable access to health for people with disabilities.

1.1.5 Hygiene and Environmental Heath

Target

- The proportion of households with access to any type latrine from 49% to 58%
- The proportion of kebeles declared ODF from 40% to 50 %
- Increases of health facility with sanitation supplies from 52% to 67 %

Initiatives & Major activities

- Design and implement contextual and culturally tailored SBCC approaches
- Design sustainable technologies to improve hygiene and sanitation
- Conduct tax-free activities for hygiene and sanitation materials.
- Provide loans and funds for hygiene and sanitation materials to low-income communities
- Strengthen in application existing and new approaches to decrease open defecation.
- Strengthen water safety and quality services controlling
- Enhances sustainability of handwashing behavior.

- Strengthen implementation of Menstrual Hygiene Management
- Strengthen and expand implementation of baby WaSH
- Ensure accessibility of WaSH in health facilities
- Strengthen health system approaches resisting climate change

Table 30: Proportion of households with access to any type of latrine, EFY 2014

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Sidama	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible: Total number of households, EFY 2014		1,301,591	356,697	5,320,627	8,329,342	985,581	267,785	3,453,791	932,518	111,896	70,878	119,041	940,211	22,189,958
Households with sanitation facilities, EFY 2013	#	124,044	19,664	2,816,667	4,419,938	181,676	73,011	1,882,410	512,303	14,162	35,983	11,460	684,051	10,775,369
	%	10%	6%	54%	54%	19%	28%	56%	56%	13%	52%	10%	73%	49%
Cumulative Number of households with sanitation facilities, EFY 2014	#	650,796	53,505	3,298,788	5,080,899	246,395	93,725	2,141,350	587,486	22,379	43,236	29,760	705,158	12,953,477
	%	50%	15%	62%	61%	25%	35%	62%	63%	20%	61%	25%	75%	58%

Table 31: Proportion of kebeles declared Open Defecation Free (ODF), EFY2014

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Sidama	Gambella	Harari	Dire Dawa	Addis Ababa	National
Number of kebeles that have been declared open defecation free, EFY 2014	#	862	404	3,480	7,021	1,214	537	3,602	636	265	36	47	889	18,993
Kebele with Latrines, EFY 2013	#	37	348	2,878	2,036	120	89	2,013	105	-	12	-	77	7,715
	%	4%	86%	73%	29%	10%	18%	56%	17%	0%	33%	0%	10%	40%
Planned Number of kebeles to declare open defecation free, EFY 2014	#	129	356	2,714	2,668	243	161	2,449	204	66	16	13	267	9,286
	%	15%	28%	78%	38%	20%	30%	68%	32%	25%	45%	27%	30%	49%

1.1.6 Health extension program

Initiatives & Major activities

- Strengthen health education through designing the best approach to address culturally set up to conduct awareness creation activities to implement HEP roadmap.
- Expand HEP to fulfill UHC and community needs of health services.
- Implement different approaches to ensure quality health services at the PHCU level
- Strengthen linkage of PHCU through improving quality of integration and coordination mechanism.
- Strengthen and expand mobile health team in semi-pastoralist and pastoralists regions.
- Accelerate creating of high performing Primary Health Care Units (PHCUs) and model kebeles
- Capacitate the Woreda health system administrative governance body.
- Establish the provision of emergency caesarian session services in selected health centers.
- Designing school health initiatives to strengthen the health system.
- Strengthen community-based COVID-19 diseases surveillance and responses

Strategic Direction:

1.2 Improve Public Health Emergency and Disaster Risk Management

Target

- Increase the proportion of timely and complete health facility weekly disease reports to 93%
- The proportion of epidemics controlled within the standard of mortality from 70% to 100%

Initiatives & Major Activities

- Strengthen implementation of disaster preparedness and readiness systems;
- Conduct regular disaster risk assessments
- Build a capacity to create a resilient health system on emergency preparedness and response.
    - Ensure adequate isolation & treatment center, in selected and designated entry areas;
    - Identify public health rumors;
    - Enhance capacity in Woredas on disaster preparedness and management
- Strengthen emergency operation centers at the national and regional levels.
- Ensure essential health services during and after emergency/disaster
- Ensure availability of adequate controlling mechanisms in terminal/point of entry to prevent the spread of infectious diseases.
- Establish and strengthen sentinel centers for selected public health emergencies
- Strengthen implementation of diseases under eradication/elimination activities
- Conduct surveys and assessments on globally prioritized diseases, laboratory, environmental exploration ;
- Prepare scientific report by conducting a post-survey/implementation response (AAR)

Table 32. The proportion of health facilities with complete and timely weekly diseases report, EFY 2014

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNP	Sidama	Gambella	Harari	Dire Dawa	National
The proportion of health facilities with complete and timely weekly reports, EFY 2013	%	17%	20%	44%	0%	50%	88%	85%	92%	54%	72%	96%	60%
The proportion of health facilities with complete and timely weekly reports, EFY 2014	%	71%	85%	97%	95%	85%	94%	98%	99%	95%	98%	100%	93%

Strategic Direction:

1.3 Enhance Community Engagement, Empowerment, and Ownership

Target

- Increase the proportion of Model households from 20% to 32%
- Increase the proportion of Model kebeles from 16% to 28%
- Increase number of Model Woredas from 57 to 65
- Increase high performing Primary Health Care Units (PHCUs) from 122 to 132
- Increase the proportion of health posts providing comprehensive health services to 3%

Initiatives & Major activities

- Design and strengthen awareness creating activities on health and health system
  - Introduce inventory advocacy mechanisms for community volunteers;
  - Design programs to enable the implementation of health education and health system curriculum;
- Design and implement multi-sectoral collaboration strategies to create a model family, kebeles, School, and community health.
- Design, pilot, and scale up optional community participation mechanisms in HEP and health service delivery.
- Strengthen best practices that can bring a positive impact on public health
- Scale-up urban family health teams program implementation in 321 health
- Provide IRT for 29,625 health extension workers
- Strengthen community health structures to effectively implement essential health program
- Strengthen the role of decision-making r of community through facilitating to involve them in the management board
- Enhances community participation in health risk reduction and gender-based violence prevention and response.
- Provide professional support in responding to prevention and control of COVID 19.

Table 33. The proportion of Model Households, EFY 2014

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNP	Sidama	Gambella	Harari	Dire Dawa	Addis Ababa	National
Total Number of Eligible Households, EFY 2014		1,301,589	356,697	5,310,671	8,329,342	985,452	267,785	3,453,791	932,518	111,896	70,878	119,041	940,211	22,179,871
Planned Model Households in, EFY 2014	#	200,591	71,339	2,655,336	2,332,216	147,818	93,725	1,105,213	186,504	16,784	38,983	29,760	188,042	7,066,311
	%	15%	20%	50%	28%	15%	35%	32%	20%	15%	55%	25%	20%	32%

Table 34. Functional 1 to 5 network, EFY 2014

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNP	Sidama	Gambella	Harari	Dire Dawa	Addis Ababa	National
Total Number of Eligible Households, EFY 2014		293,728	71,339	1,021,233	1,773,747	172,819	30,410	115,126	155,420	22,379	14,176	33,814	31,340	3,735,532
Rate of Functional 1 to 5 networking, EFY 2013	%	7%	5%	24%	40%	12%	65%	64%	68%	33%	11%	16%	18%	30%
Planned to functional of 1 to 5 networking EFY 2014	%	36%	52%	79%	72%	60%	77%	90%	90%	83%	36%	49%	100%	72%

Table 35. The proportion of graduated Model Kebeles, EFY 2014

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNMP	Sidama	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible -membership Enrollment rate for CBHI EFY 2014		862	404	4,025	7,021	1,214	537	3,602	636	265	36	47	889	19,538
Number of Model Kebeles in EFY 2013	#	172	165	646	1,050	156	11	401	39	-	12	3	248	2,903
	%	20%	41%	16%	15%	13%	2%	11%	6%	0%	33%	6%	32%	16.5%
Number of Model Kebles Planned in EFY 2014	#	259	174	1,208	2,106	291	54	973	76	27	13	6	356	5,542
	%	30%	43%	30%	30%	24%	10%	27%	12%	10%	36%	12%	40%	28%

Strategic Direction:

1.4 Improve access to pharmaceuticals and medical devices

Target

- Increase availability of essential medicines at health facilities (health post and health center) from 64% to 89%
- Decrease medicine wastage rate from 2.32% to 2%
- Increase number of hospitals implementing medical device management information systems from 100 to 300
- Increase awareness of patients on prescribed drugs from 79% to 95%
- Decrease cash to cash cycle time from 300 to 270 days
- Increase forecast accuracy rate from 51.2% to 65%
- Decrease procurement lead time from 223 to 200 days
- Increase the proportion of patients that get prescribed medicines in the same facility from 78% to 93%

Initiatives & Major Activities

- Introduce electronic procurement system
- Strengthen global and continental packages and long-term price-lists for drugs/ procurement.
- Develop a strategy for drug selection, pricing,, and costly replacement.
    - Conduct research to identify problems with the current forecasting system;
    - Develop and implement new forecasting method, demand-based forecasting, and supply plan
    - Conduct market analysis
- Establish a Central order management system.
- Digitalize the best practice of drug warehouse transportation and distribution.
- Deploy supply chain information system for pharmaceutical and medical device management.
- Create national drug stock out information system;

- Establish the National Drug and Poison Information Center.
- Strengthen the medical device administration system.
- Establish reverse logistics systems in health facilities, pharmacies, and up to family levels.
- Design and implement strategies to reduce drug wastage, manage expired drugs, and eliminate out-of-service medical devices.
- Strengthen the capacity of local pharmaceutical and medical device manufacturers.
    - Establish university and industry linkages to strengthen local pharmaceutical & medical equipment manufacturers;
    - Strengthening public-private partnerships in the supply and management of medicines and medical equipment;
- Strengthen the prevention of antimicrobial resistance (AMR).
- Strengthening IPLS implementation
- Strengthen pharmaceutical audit.
    - Software automation of APTS (Auditable pharmaceutical transaction service);
- Strengthen Clinical Pharmacy and Drug Information Service.
- Strengthen the coordination of Modern and Traditional Medicine.
- Enhances service placements for laboratory and imaging equipment.
- Strengthen medical facilities maintenance workshop, professional training center, and refurbishment centers.
- Strengthen chronic outpatient pharmacy service
- Expand Model Community Pharmacy Service.
- Strengthen inputs for emergency clinical services.
- Institutionalize HCMIS and strengthen the DIS.
- Purchase cold chain vehicles and MHEs to strengthen the cold chain management system.
- Ensure the Procurement of Braille written drugs for the blind.

- Improving medical equipment management system in 100 hospitals
- Appling APTS to over 100 health facilities
- Launching dermatology services in additional 20 federal and regional referral hospitals
- Ensure researches to be gender inclusive.

Table 36. Essential drug availability at Health Centers, EFY 2014

INDICATOR	Tigray	Afar	Amhara	Oromia	Somali	B/ Gumuz	SNNP	Sidama	Gambella	Harari	Dire Dawa	National
Essential drug availability at Health Center in, EFY 2013	16%	85%	37%	0%	80%	84%	77%	75%	60%	77%	87%	64%
Essential drug availability at Health Center in, EFY 2014	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%

Strategic Direction:

1.5 Improve Regulatory Systems

Target

- Increase the proportion of food and drinking institutions inspected from 44% to 69%
- Increase the proportion of health facilities inspected from 57% to 72%
- Decrease availability of unsafe and illegal food products in the market from 50% to 36%
- Decrease availability of substandard and falsified drugs in the market from 8.6% to 6%
- Increase types of medical devices for which post-market surveillance laboratory tests conducted from 1 to 10

Initiatives & Major Activities

- Strengthen pharmaceutical audit.
    - Software automation of APTS (Auditable pharmaceutical transaction service);

- Strengthen licensing capacity and regulate food adulteration
- Ensure the premises to be standardized for the production, storage, distribution, and delivery of drugs.
- Strengthen post-market surveying, consignment quality control, and pre-market laboratory quality inspection for imported COVID 19 protective materials.
- Strengthen product and risk-based pre- and post-licensing audits.
- Enhance quality regulation for post-shipment (post-delivery) and post-marketing survey and,
- Strengthen pharmacovigilance and vaccine safety.
- Strengthen capacity on safety and curative of traditional medicine.
- Strengthen regulatory mechanisms to prevent antimicrobial resistance (AMR).
- Strengthen regulatory system to narcotics and psychotropic drugs.
- Ensure implementation of regulations on tobacco and alcohol.
- Establish a mini-laboratory at five (5) points of entrance and exit.
- Conduct preliminary construction for quality laboratory & training and research center of excellence.
- Strengthen professional licensing and regulatory system.
- Strengthen the center of competency system for health professionals.
    - Provide competency assessment examinations in nine professions ;
    - Increase number of professions to 13 for COC
- Strengthen regulation of health and health-related institutions.
    - Improve pre- and post-licensing inspection system of health facilities
    - Ensure transparency and accountability of regulations in health and related institutions;
- Prepare and review the standard of health and health-related institutions in collaboration with the Ethiopian Standards Agency.
- Strengthen regulatory systems through implementing information communication technology.
- Strengthen the MFR of National Health Institutions.

Table 37. The proportion of food and drinking establishments Inspected, EFY 2014

INDICATOR	Tigray	Afar	Amhara	Oromia	Somali	B/ Gumuz	SNNP	Sidama	Gambella	Harari	Dire Dawa	National
Proportion of food and drink establishments inspected in, EFY 2013	4%	10%	31%	68%	13%	75%	75%	77%	52%	36%	84%	44%
Proportion of food and drink establishments inspected in, EFY 2014	69%	25%	87%	94%	27%	100%	94%	95%	86%	52%	100%	69%

Strategic Direction:

1.6 Enhance Informed Decision Making and Innovation

Target

- Maintain harmonized and aligned Woreda based plan preparation in 100% Woredas
- Increase the proportion of health facilities conducting Lots quality assurance from 67% to 86%
- Increase the proportion of health facilities that meet data verification factor within 10% for selected indicators from 43% to 67%
- Increase proportion of births notified (from total births) from 43% to 53%
- Increase proportion of deaths notified (from total deaths) to 15.4%
- Increase public health facilities report timeliness from 70% to 98%
- Increase public health facilities report completeness from 90% to 98%

Initiatives & Major Activities

- Strengthen harmonizing and coordinating activities to improve Woreda Based Health sector Planning program
- Build capacity on implementation of revised Planning, Monitoring and Evaluation Guideline;
- Finalize EFY 2014 and develop EFY 2015 WBHSP and
- Strengthen evidence-based planning and policy-making;
- Strengthen implementation of one plan, one budget, and one report.

- Prepare and disseminate performance report of the health sector to stakeholders
- Prepare and disseminate an analytical reports on data quality
- Conduct National mobilization on dangers of the false reports and strengthen data quality assurance
- Strengthen coordination on research demands
- conduct data audits to improve data quality
- Develop health insurance information system and perform survey and disease surveillance information system
- Strengthen birth, death registration, and cause of death notification system
- Develop technology transfer to produce vaccines and diagnostic materials
- Encourage and strengthen innovation
- Establish health innovation incubation centers
- Strengthen PMT(Performance Monitoring Team)
- Enhances standard health management information system (HMIS, LIS, HCMIS, LMIS, etc.)
- Implement Pastoral, Urban, and Agrarian Community Health Information System
- Expand implementation of revised Community Health Information System
- Strengthen information use culture
- Establish and enhance a knowledge management system

Table 38. The proportion of health facilities with the complete report, EFY 2014

INDICATOR	Tigray	Afar	Amhara	Oromia	Somali	B/ Gumuz	SNNP	Sidama	Gambella	Harari	Dire Dawa	Addis Ababa	National
Proportion of Health facilities with complete reported in, EFY 2013	16%	86%	97%	94%	71%	67%	83%	89%	66%	91%	98%	92%	90%
Proportion of Health facilities Planned with complete reported in, EFY 2014	71%	93%	90%	89%	92%	93%	99%	98%	93%	95%	100%	100%	98%

Strategic Direction:

1.7 Improve Health Financing

Targets

- Increase general government health expenditure (GGHE) as a share of general government expenditure (GGE) to 8.87%
- Increase CBHI membership rate from 61% to 65%
- Increase membership renewal rate from 71% to 90%
- Increase the proportion of Woredas implementing CBHI (from the eligible) from 99% to 100%
- Increase individual subsidy from 80% to 100%
- Increase the proportion of auditable Woredas implementing CBHI to 100%

Initiatives & Major Activities

- Create consultation and negotiation platform to improve government budget allocation
- Conduct resource mapping
- Strengthen auditing through increasing claim audit from 71% to 100%

- Strengthening Effective and efficient use of resource
- Establish financial use monitoring system and strengthen regular audit activities
- Conduct various strategies to mobilize resource
- Improve CBHI by increasing coverage of the poor of poor from 43% to 75%
- Work on resource allocation based on prioritized health programs
- Review Mandatory health insurance; social health insurance system, service package, and premium payment and establish a financial account
- Strengthen public-private partnerships in the health sector
- Conducting six types of research to improve informed decision-making on health care financing.
- Launch the implementation of a performance based budget allocation system in selected three regions
- Completion of a promising study to initiate cancer treatment in a public-private partnership
- Strengthen CBHI through facilitating to increase members satisfaction to more than 85%
- Conduct research on health finance and economic analysis
- Strengthen the engagement of political leaders on CBHI implementation
- Initiate Social Health Insurance (SHI),
- Develop a financial information management system
- Work to ensure government subsidies range from 10% to 25%
- Strengthen financial audit work in the CBHI Woredas
- Conduct risk assessment works in health facilities
- Survey members' satisfaction

Table 39. Membership Enrollment rate for CBHI, EFY 2014

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNPR	Sidama	Gambella	Harari	Dire Dawa	Addis Ababa	National
Eligible -Number of householders, EFY 2014		1,493,864	75,543	5,893,681	17,418,780	159,859	127,318	3,073,874	820,108	111,896	5,267	87,561	282,063	29,549,813
The membership Enrollment rate for CBHI, EFY 2013	#	46,316	27,211	2,862,682	6,096,573	415,369	35,388	1,361,544	303,440	12,991	21,590	13,804	579,489	11,776,396
	%	2%	40%	67%	61%	31%	40%	57%	33%	43%	55%	46%	76%	61%
Membership Enrollment rate for CBHI, EFY 2014	#	1,317,512	43,267	2,946,841	16,436,061	348,146	116,892	1,475,460	360,847	60,513	12,267	43,780	248,216	23,409,802
	%	61%	6%	50%	45%	218%	92%	48%	44%	52%	45%	50%	88%	79%

Strategic Direction:

1.8 Enhance Leadership and Governance

Target

- Increase number of Woredas implementing community scorecard(CSC) from 707 to 800
- Increase Hospitals implementing good governance index (GGI) tool from 60% to 80%
- Increase number of Hospitals implementing Kaizen from 13 to 20
- Increases community satisfaction from 58% to 81%

Initiatives & Major Activities

- Build capacity of leadership skills using a variety of strategies
- Strengthen implementation of the Community Score Card

- Scale-up primary kaizen implementation to full-scale implementation in hospitals
- Strengthen women's participation and engagement in leadership
- Strengthen response system for sexual violence
- Ensure competency and gender equity-based managers assignment in health facility e
- organize and implement institutional structure and management system considering dynamic events
- Increase access of people with disabilities to health services and participation
- Institutional grievance redressed and monitoring mechanisms at all levels
- Design and implement legal frameworks (proclamation, regulations, and directives)
- Survey the effectiveness of community scorecard implementation

Strategic Direction:

1.9 Enhance Digital Health Technology

Target

- Increase number of digital health tools developed and implemented to 3

Initiatives & Major Activities

- Expand and strengthen digital health infrastructure
  - Increase access to digital health infrastructure using a variety of options (Fiber, copper, 3G, 4G, satellite and Tailor Made);
  - Improve efficiency and performance of Datacenter standards;
  - Develop standardized new National Database design
- Develop and strengthen digital health information systems
  - Deploy and implement digital health information system registry and monitoring tool ;
  - Expand access to existing information systems DHIS2, eCHIS, EMR, iHRIS
  - Deploy and introduce data warehouse
- Manage and strengthen digital health information systems

- Publish, introduce & disseminate Health Information System
- Implement Guidelines (like eCHIS, eHMIS/DHIS2, her, etc)
- Prepare and implement safety standards and policy documents for digital health information system
- Increase the number of health facilities to 27 that implement multi-sectoral nutrition information system / scorecard
- Scale-up Logistics Management Information System in 550 health facilities

Strategic Direction:

1.10 Improve Human Resource Development and Management

Target

- Decrease health professionals attrition rate from 11% to 7%
- Increase HRIS implementation from 65% to 100%
- Increase proportion of health centers with at least two midwifery's from 64% to 90%
- Increase health professional to population ratio from 1.8% to 2.2%
- Increase technical advisory group capacity from 15% to 90%

Initiatives & Major Activities

- Improve the quality of education and training in medical and health sciences
  - Strengthen the integration of health institution`s academic-related activities, health service provision, and research activities.
  - Initiate new health professional fields and scaling up programs for the shortage of professionals
- Strengthen Motivated Compassionate and Caring Health professional initiative
  - Introduce Passion based health care recruitment guideline
- Enhances Continuous Professional Development (CPD)
  - Strengthen digital training delivery system of CPD centers;
  - Increase the number of centers for CPD providers;
  - Coordinate Leadership Skills for the Health Sector Program (LIP-H) 3rd Round Admissions and Training
- Improve health workforce planning, forecasting, monitoring, and evaluation

- Conduct Analysis on availability of health professionals adequacy, appropriateness, gender diversity, and conduct discussion on policy agendas
  - Conduct market analysis on the needs of health professionals
  - Deploy and monitor human resource information system
- Strengthen activities to reduce health professional's attrition rate
  - Identify causes of attrition in the health sector and design mechanisms to reduce the attrition
- Avail/recruit human resources for health by type, quality, and quantity
  - Conduct survey on the workload and manpower demand of health sector
  - Review and implement minimum facility staffing standard
- Conduct assessment on health worker to population ratio is related to geographical areas
  - Identify and implement equity of health professionals distribution in rural and urban areas;
- Enrolling 5,000 physicians into a medical specialization program
- Implement 50% of MCC health sector human resources in selected health facilities of all regions.
- Scale-up professional development accreditation in 37 accredited institutions
- Initiate a professional license renewal in 11 regional Health Bureau regulatory bodies
- Identify unemployed health professionals who graduated and facilitate their employment
- Strengthen availability of conducive environment to female employees

Table 40. The proportion of Health Centers Staffed with Midwifery, EFY 2014

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	B/Gumuz	SNNP	Sidama	Gambella	Harari	Dire Dawa	Addis Ababa	National
The proportion of Health centers staffed with at least two Midwifery, EFY 2013	%	26%	52%	50%	64%	68%	94%	87%	68%	44%	79%	83%	90%	64%
The proportion of Health centers staffed with at least two Midwifery in, EFY 2014	%	69%	77%	100%	80%	95%	100%	99%	100%	97%	80%	100%	100%	90%

Strategic Direction:

1.11 Improve Health Infrastructure

Target

- Increase proportion of health Centers with water supply to 71%
- Increase the proportion of health facilities with electricity 81%,
- Increase the proportion of health facilities with improved latrine to 62%
- Increase proportion of health facilities with basic health care waste-management system to 30%

Initiatives & Major Activities

- Improve design of health facilities considering local climate, geography, and health service needs
- Strengthen new constructions, expansion, maintenance, and renovation of standard health and health-related facilities
- Upgrade or construct new health posts in hard to reach areas
- Establish medical equipment maintenance centers
- Construct new and expand existing facilities to be ease for disability individuals
- Expand health infrastructure (water, electricity, information, and communication technology)

Strategic Direction:

1.12 Improve Traditional Medicine

Target

- Ensure one traditional medicine confirmed by laboratory

Initiatives & Major Activities

- Develop and implement an inclusive and integrated policy framework for traditional medicine and practices.
- Implement biodiversity conservation and documentation to improve medicinal herbs, traditional medicine knowledge, and practices.
- Advocate registration and trade license of intellectual property rights and indigenous knowledge of traditional medicine.
- Advocate and strengthen traditional medicine research and experimentation including clinical trial
- Create an incentive package for the widespread production of scientifically proven traditional medicines in industries
- Establish a laboratory formulation testing center and expand the scientifically proven calibration formula of traditional medicine
- Implement integration of traditional medicine and primary health care unit

Strategic Direction:

1.13 Health in All Policies

Target

- Increase the number of sectors that incorporate health as a component of their plan from 9 to 19

Initiatives & Major Activities

- Advocate health in all sector policy
- Analyze policies and strategies of all sectors and identify areas of cooperation that

are a priority for multi-sectoral engagement.

- Conduct planning, monitoring, and evaluation activity for multi-sectorial initiative implementation
- Develop and implement legal frameworks/protocols and make enforcements to implement multi-sectoral measures.
- Encourage environmental impact assessment to minimize the potential impact on health projects

Strategic Direction:

1.14 Enhance private sector engagement in health

Target

- Conduct two consultative workshops with the association of private health facilities to strengthen participation in the health sector

Initiatives & Main Activities

- Revise and strengthen policy frameworks and strategies to increase public-private participation in the health sector.
- Strengthen transparency, accountability, and responsiveness in partnership to create a conducive work environment for public-private partnerships
- Create a conducive environment for the private sector to participate in health promotion, disease prevention, treatment, rehabilitation, palliative care services.
- Building Public-Private partnership of build competent Human resources, production of medical equipment and other inputs,
- Develop a mechanism to involve in planning, implementation, monitoring, and evaluation
- Strengthen mutual accountability between the public and private sectors.

CHAPTER - 3 -

CHAPTER 3:

2. Resources Requirement and Gaps

3.1 Costs for EFY 2014

The cost estimation tool used to prepare EFY 2014 WBHSP was activity based costing (ABC). The overall cost require for EFY 2014 is about ETB 139.125 billion, which is lower than the estimated cost for the second year of HSTP II. The financial requirement for the second year of HSTP II was ETB 171.01 billion in the Base scenario. The HSTP II cost was prepared using OneHealth tools; however, this annual plan was prepared using a simple excel tool (ABC). The difference with the base case scenario is about ETB 31.885 billion. The possible reason for the cost discrepancy between EFY 2014 WBHSP and HSTP 2nd year could be due to the difference in the costing methodology. It could also be as a result of under costing or not costing for some activities in the EFY 2014 planning process due to the low attention of planners. Out of the total estimated budget, around ETB 67.11 billion (48%) is expected to be covered by the government, and ETB 44.73 billion (32%) is to be covered by aid. This implies government has shown a bit higher commitment to health programs. The overall financial gap for the fiscal year is about ETB 23.92 (17%) billion.

Table 41. EFY 2014 costing by regions

Total Budget for EFY 2014 by regions						
SN	Regions	Required	Expected for EFY 2014 from			Financial Gap
		EFY2014	Government	Community	NGO	
1	Tigray	5,316,448,098	4,302,296,700	59,837,299	141,144,990	813,169,109
2	Afar	577,571,411	540,226,252	125,000	25,147,215	12,072,944
3	Amhara	12,965,891,324	9,096,979,931	319,294,126	1,453,633,424	2,095,983,843
4	Oromia	23,051,072,557	14,886,531,670	2,337,732,763	2,667,998,955	3,158,809,169
5	Somali	2,001,642,399	1,549,798,592	11,262,287	68,397,729	372,183,792
6	BG	1,070,158,910	772,680,155	13,150,825	237,182,264	47,145,666
7	SNNPR	14,651,686,869	12,858,385,790	407,032,832	830,624,206	555,644,041
8	Sidama	4,435,505,319	3,663,568,096	94,557,260	224,597,182	452,782,781
9	Gambela	767,725,317	525,959,012	920,156	230,994,459	9,851,690
10	Harari	232,975,484	229,338,124	-	85,680	3,551,680
11	DD	494,407,786	394,461,784	-	15,071,732	84,874,270
12	AA	14,001,952,723	6,902,166,821	41,805,851	661,407,739	6,396,572,312
13	FMOH	59,558,046,696	11,391,700,319	100,597,000	38,172,211,993	9,913,537,385
Total		**139,125,084,895**	**67,114,093,247**	**3,386,315,398**	**44,728,497,568**	**23,916,178,682**

The cost of the MOH indicated in the above table includes all costs of FMOH seven agencies, directorates, and federal hospitals. The regional cost also includes costs of Woreda health Offices, Zonal health Departments, Regional Health bureaus, and hospitals.

Table 42: EFY 2013 Financial Plan by HSTP II strategic Directions and Program areas

Total Budget for EFY 2014 by HSTP II strategic directions						
SN	Strategic Directions & Programs	Required	Expected from			Financial Gap
		EFY2014	Government	Community	NGO	
1	Improve access to quality and equitable health services					
1.1	Maternal, Neonatal, Child and Adolescent Health					
	Family Planning	4,055,636,202	1,574,407,284	52,174,440	1,027,092,639	1,401,961,840
	Maternal	3,762,481,142	1,775,351,538	244,288,239	939,034,351	803,807,014
	Neonatal Health & Child Health	12,567,355,250	1,911,888,576	63,448,613	9,528,675,992	1,063,342,069
	Adolescent Health	1,194,241,980	784,495,986	30,628,047	208,839,429	170,278,517
1.2	Nutrition	4,959,318,115	1,265,409,267	54,913,906	2,829,293,256	809,701,686
1.3	Hygiene and Environmental health	3,343,120,995	1,180,522,777	101,739,082	902,884,598	1,157,974,538
1.4	Prevention and Control of Diseases					-
1.5	Major Communicable Diseases					-
	HIV	7,229,858,554	934,310,829	66,157,179	4,789,915,108	1,439,475,438
	Tuberculosis and Leprosy	1,889,890,618	609,167,298	32,051,695	1,020,088,314	228,583,311
	Malaria	3,557,963,846	1,058,941,738	32,815,065	2,294,540,137	171,666,907
	Hepatitis	589,177,590	282,345,113	12,306,163	81,849,746	212,676,567
	Neglected Tropical Diseases (NTD)	2,861,369,065	351,770,541	74,801,699	2,027,300,521	407,496,304
	Non-Communicable Diseases(NCD)	1,076,293,690	309,745,349	8,002,717	280,540,036	478,005,588
	Mental Health	747,261,077	307,267,357	3,065,797	66,925,093	370,002,829
1.6	Primary health care and HEP	2,990,214,818	829,821,335	111,779,299	855,229,125	1,193,385,059
1.7	Medical Services/Emergency/ Quality	5,646,294,537	1,627,479,524	28,953,180	726,630,955	3,263,230,877
1.8	Laboratory services/Diagnostic services	991,280,835	630,276,648	5,332,808	45,751,224	309,920,155
1.9	Blood transfusion service	264,547,762	158,322,133	12,517,066	22,431,077	71,277,486
2	Improve health emergency and disaster risk management	1,844,079,698	970,841,566	223,310,483	134,541,214	515,386,435
3	Ensure community engagement and ownership	2,414,349,569	1,312,567,340	288,418,010	211,498,935	601,865,285
4	Improve access to pharmaceuticals and medical devices and their rational and proper use	21,068,154,615	9,542,684,501	136,577,639	10,043,797,255	1,345,095,220

5	Improve regulatory systems	2,121,346,397	1,926,551,739	26,514,509	186,036,918	(17,756,769)
6	Improve human resource development and management	19,895,410,537	18,127,169,093	78,903,115	335,866,496	1,353,471,834
7	Enhance informed decision making and innovations	2,636,169,582	1,769,232,211	82,797,269	808,648,239	(24,508,137)
8	Enhance health financing	6,388,563,092	4,300,900,833	923,777,592	212,681,893	951,202,775
9	Strengthen governance and leadership	2,830,188,558	1,247,520,451	76,777,631	233,067,715	1,272,822,762
10	Improve health infrastructure	15,683,231,278	8,842,673,904	122,190,087	4,301,153,411	2,417,213,876
11	Enhance digital health technology	2,019,915,932	815,488,911	13,063,264	272,809,114	918,554,642
12	Improve traditional medicine	240,946,034	99,654,841	2,102,150	3,489,708	135,699,336
13	Enhance health in all policies and strategies	458,289,054	271,883,472	16,563,637	61,659,035	108,182,910
14	Enhance private engagement in the sector	3,798,134,472	2,295,401,092	460,345,018	276,226,032	766,162,331
	Total	**139,125,084,895**	**67,114,093,247**	**3,386,315,398**	**44,728,497,568**	**23,896,178,682**

As indicated on Table 42:out of the total required budget, 17% is required for maternal, neonatal; child adolescent health nutrition services, 13% for pharmaceuticals and 13% for human resource development, 11% will be for disease prevention and control and mental health and 10% will be to enhance health infrastructures.

Table 43: Regional profiles as to EFY 2013

S.No	Regions	No of Zones	No of Woreda		No of Kebeles		No Health facilities		
			Rural	Urban	Rural	Urban	Functional Hospitals	Functional HCs	Functional HPs
1	Tigray	7	35	17	826	36	39	224	742
2	Afar	5	32	2	404		6	95	421
3	Amhara	15	142	39	3154	326	78	852	3531
4	Oromia	21	294	42	6531	490	95	1404	7090
5	Somali	11	93	6	1044	170	13	206	1472
6	B/Gumuz	3	21	3	486	51	6	60	433
7	SNNPR	21	151	42	3318	284	61	594	3422
8	Sidam	1	31	7	547	89	18	137	553
9	Gambella	3	13	1	235	30	5	28	142
10	Harreri		3	6	17	19	5	8	25
11	Dire Dawa	0	3	6	38	9	2	15	36
12	Addis Ababa	11		121		889	13	101	
	Total	**98**	**818**	**292**	**16,600**	**2,393**	**341**	**3,724**	**17,867**

HEALTH SECTOR TRANSFORMATION PLAN II

EFY 2014 (2021/22)

WOREDA BASED HEALTH SECTOR ANNUAL CORE PLAN