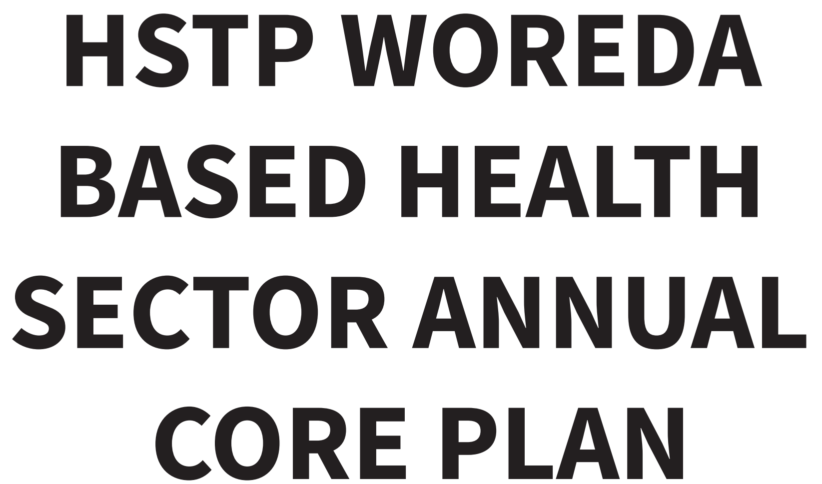
Federal Democratic Republic of Ethiopia
Ministry of Health

# HSTP WOREDA BASED HEALTH SECTOR ANNUAL CORE PLAN

## EFY 2010 (2017/18)

Version-1



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## EFY 2010 (2017/18)

Improving the performance of the health system:
a foundation for universal health coverage

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# Acronyms

| | |
|---|---|
| ANC | Antenatal Care |
| APTS | Auditable Pharmaceutical Transaction System |
| ART | Ante Retroviral Therapy |
| AYFRHS | Adolescent and Youth Friendly RH Service |
| CHIS | Community Health Information System |
| CPR | Contraceptive Prevalence Rate |
| DHIS | District Health Information System |
| EHAQ | Ethiopian Hospitals Alliance for Quality |
| EMR | Electronic Medical Record |
| GTP | Growth and Transformation Plan |
| HDA | Health Development Army |
| IMNCI | Management of Newborn and Childhood Illness |
| HEW | Health Extension Workers |
| HIV | Human Immune Virus |
| HSDP | Health Sector Development Program |
| HSTP | Health Sector Transformation Plan |
| ICD | International Classification of Disease |
| ICT | Information Communication Technology |
| ICU | Intensive Care Unit |
| HEP | Health Extension Program |
| IMR | Infant Mortality Rate |
| IUCD | Intrauterine Contraception Device |
| JANS | Joint Assessment of National Strategies |
| LB | Live Births |
| LQAS | Lot Quality Assurance System |
| MDA | Mass Drug Administration |
| MMR | Maternal Mortality Ratio |
| MTR | Midterm Review |
| NGO | Non-Governmental Organization |
| NHA | National Health Account |
| NICU | Neonatal Intensive Care Unit |
| NMR | Neonatal Mortality Rate |
| OHT | OneHealth Tool |

| | |
|---|---|
| **PASDEP** | Plan for Accelerated and Sustained Development to End Poverty |
| **PHCU** | Primary Health Care Unit |
| **SDD** | Solar Direct Drive |
| **SDG** | Sustainable Development Goals |
| **SDPRP** | Sustainable Development And Poverty Reduction Program |
| **U5MR** | Under Five Mortality Rate |
| **UHC** | Universal Health Coverage |
| **WDA** | Women Development Army |
| **PSNP** | Productive Safety net Programme |

CHAPTER 1

WOREDA BASED HEALTH SECTOR PLAN, EFY 2010

# 1. Introduction

The development and security of people of Ethiopia fully depends on health and hence the government considers Health as one focus area on second Growth and Transformation Plan. The government with support from development partners have been implementing community based high impact interventions for more than the past two decades. The Health Extensionprogramserved as a platform for provision of basic health servicefor the community at grass roots level. For the past six years organized community participation was realized through Health Development Army (HDA)which accelerated health service utilization and strengthened community ownership.

In order to implement Health Sector transformation plan (HSTP), all stakeholders acting at deferent level of the health system have maximized their efforts to bring better health outputs & outcomes. Various initiatives have been introduced for improving health of the community; particularly on those programs like reduction of Maternal and child mortality, control of HIV/AIDS, Malaria, Tuberculosis and non-communicable diseases.

The Health Sector has exercised Top down and Bottom-Up Planning approach, Woreda-Based Health Sector Plan (WBHSP), every year to materialize the HSTP through practicing evidence based planning in close collaboration with all partners and stakeholders. The EFY 2010 plan preparation is done by considering the indicative targets set to implement on third year of HSTP and evaluation of EFY 2009 performances. During preparation of the plan, planners at each level of health system conducted bottleneck analysis on selected and high impact intervention to identify major challenges and set relevant initiatives to achieve strategic objectives. The health sector conducted deep evaluation and identified major problems which have been observed at different level of its administration during provision of services and set a corrective action through preparing plan of action to resolve identified problems

The sector also provided due attention to strengthening both civil service organizations and community based health development army (HDA) and functions to facilitate early detection of problems related to attitudes, skills, inputs, monitoring and evaluation so that appropriate action is taken in time to enhance community satisfaction.

The major initiatives to attain strategic objectives and targets set in EFY2010 WBHSP are well developed through discussion with Regional Health

Bureaus, FMOH Agencies and other relevant stakeholders and needs an integrated effort to implement the core plan of the third year of HSTP.

## The Woreda -Based Health Sector Planning Process

Health Sector Transformation Plan (HSTP) is the strategic plan derived from the long term plan which changed focus of the health sector towards equity and quality. This strategic plan was built on lessons learnt from the previous phases of the development programs. Health sector operation plan is the Woreda Based Health Sector Annual plan which is guided by the HSTP.Annual plan is developed in two stages: the core plan which is about mainstreaming priorities and setting national targets; and the comprehensive (detailed) plan which is the core plan plus other activities of local importance.

The health sector has institutionalized a Top-Down and Bottom-Up planning process in order to link national and local level priorities. The key principle underpinning the health sector planning process is the "One-Plan, One-Budget and One-Report" principles of harmonization and alignment, which is helping the sector to align jointly on national priorities to the transformation plan at all levels of the sector.

An indicative plan is an initial plan which has been prepared at the sector level in line with HSTP and cascading of the targets to lower levels based on the status of their performance level. Along with the indicative plan, resources mapped from all partners for the fiscal year were communicated with each level of the health system. Then Woredas developed their own plan using cascaded targets and priorities by considering their local context and situation. Finally, the actual targets were aggregated bottom up to formulate zonal, regional and national level plans.

The planning was conducted with the help of concrete and reliable evidence at all levels. During the planning process, the root causes of health and health system problems were identified and appropriate solutions/ interventions were set to tackle the hurdles.

The Top down and Bottom up planning approach has been exercised in the health Sector for more than ten years now. Previously Woreda planners convened at Zone or region to develop their plans but now after revisiting the process they do this process within their respective woredas. This shift has resulted in improved access to references, increased involvement of local level stakeholders (program people, health facilities etc), and enhanced

local ownership and decreased need of technical support. Above all, this has reduced the operational cost of plan development process drastically.

The Woreda-Based planning tools were revised to fit the demands of EFY 2010 and a two-day orientation was given to regional planners at federal level. This orientation process was cascaded down to lower level and then EFY 2010 WBHSP prepared. Target aggregation was done bottom-up up to the national level. In addition, plan reconciliation was conducted at national Level and initiatives were also aligned with RHBs and different stakeholder to produce this core plan. Based on this core plan, comprehensive plan at all levels has been developed and cascaded to each employer for implementation.

## The Health Sector Policy Framework and Strategy

The Health Sector Transformation Plan (HSTP) is the first phase of a 20-year plan titled, 'Envisioning Ethiopia's Path to Universal Health Care through strengthening of Primary HealthCare'. Therefore, the performance measures and targets of HSTP are based on the envisioningplan.

Over the last decade, Ethiopia has made great improvements in many health indicators, as a result of well-coordinated, extensive effort and intensive investment by the government, partners and the community at large in primary care through Health Extension Program and expansion of PHC units. The Health Sector priority is to expand and sustain the progresses made so far, which will require visioning the future health care system with a purpose of ensuring quality health services and be equitable, sustainable, adaptive and efficient to meet the health needs of a changing population between now and 2035.

The main goal of the health system is ensuring that everyone who needs health services (promotion, prevention, treatment, rehabilitative and palliation) is able to get them, without undue hardship. Hence, Universal Health Coverage (UHC) needs to be a goal for Ethiopia's health sector in the coming decades. UHC has been defined as guaranteeing access to all necessary services for everyone while providing protection against financial risk. As Ethiopia advances to middle income country status, its goal is to progressively realize progress towards UHC and ultimately to achieve UHC for all Ethiopians.

As the country transitions, the health sector intends to continue to invest in primary care (both as level of care and an approach) in order to advance

the overall health and wellbeing of the population, and serve the priority health needs of the majority of its people. Strong investments in primary care are anticipated to result in continued improvements in health outcomes, which are already being seen since the launch of the Health Extension Program.

Based on the ever growing demand of the community and need to address the quality and equity of health services, the health extension program is being transformed to next generation level. Accordingly, second level HEP document is already finalized. This transition will play critical role in materializing the four transformation agendas of HSTP. This second generation will be piloted in selected areas of regions in this year and is expected to be rolled out in all Regions in EFY 2011.

Due emphasis is given to addressing disparities in quality of care as the challenges of the current system may worsen if efforts fail to narrow the gaps.

## Priority Areas, Core Performance Indicators and Targets of the HSTP

| Priorities | Impact | Outcome | Vehicles | Blood lines/System strengthening |
|---|---|---|---|---|
| Maternal and Newborn Health | MMR 199/100,000 LB<br>U5MR 30/1,000LB<br>IMR 20/1,000LB<br>NMR 10/1,000LB<br>Stunting 26%,<br>Wasting 4.9% | ✓ CPR = 55%<br>✓ ANC 4 = 95%<br>✓ Deliveries attended by skilled birth attendants= 90%<br>✓ Fully Immunized= 95%<br>✓ Proportion of exclusive BF =72%<br>✓ Vit A supplementation= 95% | Health Post 1:3,000-5,000 people<br>Health Center 1:15,000-25,000 people<br>Primary Hospital 1: 60,000-100,000 people<br>General Hospital 1:1-1.5 Million people<br>Tertiary Hospital 1:3.5-5 Million people | ▪ Community ownership<br>▪ Equitable and Quality health service delivery<br>▪ Robust Human resource development<br>▪ Reliable supply chain management system<br>▪ Strong regulatory system<br>▪ Enhanced HIS and innovation<br>▪ Effective and efficiency healthcare financing<br>▪ Transformative leadership and governance |
| HIV | HIV incidence 0.01% | ✓ HIV positive pregnant who received PMTCT services-more than 95%<br>✓ 90% of all people living with HIV will know their HIV status; 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy; 90% of all people receiving antiretroviral therapy will have viral suppression | | |
| TB | Reduce TB Mortality Rate by 45% | ✓ TB case detection 87%<br>✓ Cure Rate for bacteriological confirmed TB cases=90% | | |
| Malaria | Achieve near zero malaria deaths | ✓ Sub-national elimination of malaria in 50 selected woredas | | |

## The Health Sector Strategy

### Mission

"To promote health and wellbeing of Ethiopians through providing and regulating a comprehensive package of promotive, preventive, curative and rehabilitative health services of the highest possible quality in an equitable manner."

### Vision

"To see healthy, productive and prosperous Ethiopians"

### Core Values

1. Community first
2. Integrity, loyalty, honesty
3. Transparency, accountability, confidentiality
4. Impartiality
5. Respecting the law
6. Be role model
7. Collaboration
8. Professionalism
9. Change/innovation
10. Compassion

## Customer Value Proposition

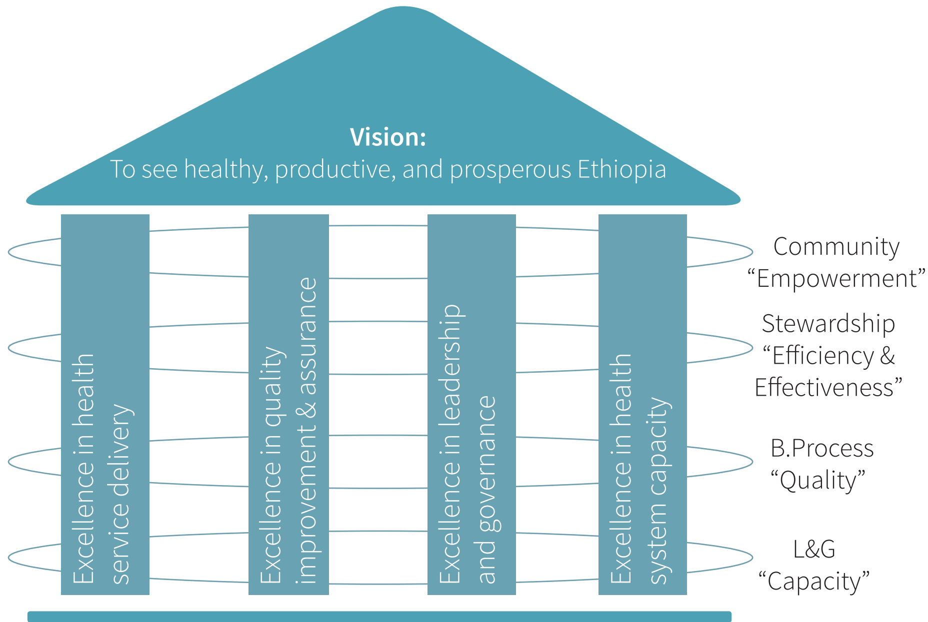
| Product or service attributes | Image | Relationship |
|---|---|---|
| Products and services the Health Sector provides have these characteristics:<br><br>• Accessibility–information, physical, financial, etc.<br>• Timeliness of services<br>• Quality of health care services and information,<br>• Safety and healthy environment<br>• Empowering community & employees<br>• Conducive environment | The image that the Health Sector wants to portray has the following characteristics:<br><br>• Trustworthy:<br>  o Transparent/ Accountable<br>  o Supportive<br>  o Professional<br>  o Customer-Friendly/ Oriented<br>  o Committed | The relationship the Health Sector wants with its community could be described as:<br><br>• Complementary<br>• Cooperative (participatory)<br>• Respectful and ethical<br>• Harmonious (Mutual Understanding)<br>• Transparent relationship<br>• Dependable (Stewardship)<br>• Responsive<br>• Equitable |

## Strategic Themes

The health sector transformation plan has the following four strategic themes

| Strategic Theme | Description |
| --- | --- |
| Excellence in health service delivery | A health system that:<br>• Delivers equitable promotive, preventive, curative and rehabilitative services ensuring that all people obtain the health services they need without suffering financial hardship when paying for them; and<br>• Enables the community to practice and produce good health; and be protected from emergency health hazards |
| Excellence in quality improvement and assurance | A community served with health care that is effective, efficient, person-centered, equitable, safe, and timely at all levels and at all times and is protected from health hazards. |
| Excellence in leadership and governance | Efficient, accountable and transparent institutions serve all segments of the population. |
| Excellence in health system capacity | Communities are served by qualified, committed and motivated providers in health facilities that have the necessary equipment, tools and technological solutions as per the standards. |

## The strategic management house




## Strategic objectives

### Improve Health Status

This objective describes the achievements in health status of the population and factors affecting it. It is meant the reduction of morbidity and mortality so that citizens will be healthier, more productive and socially active. It also means that social determinants of health are addressed through proactive multisectoral collaboration.

### Enhance Community Ownership

Enhancing community ownership refers to the end result of empowering communities to produce their own health. It addresses the social, cultural, political and economic determinants that underpin health, and seeks to create a solidarity movement within communities, promote locally salient innovations and build partnerships with other sectors in finding appropriate solutions to prevalent problems.

### Improve Efficiency and Effectiveness

This strategic objective is about proper allocation, efficient utilization, tracking and controlling of resources. It also entails harmonization and alignment among stakeholders to strengthen the financial and procurement

management system of the government, to minimize wastage of resources and duplication of efforts. Due emphasis will be given to equity in resource allocation.

### Improve Equitable Access to Quality Health Services

This strategic objective is meant to improve equitable access to full spectrum of essential, quality health services, including health promotion, disease prevention and treatment, rehabilitation and palliative care. It requires coverage with high impact interventions that address the most important causes of disease and mortality. This strategic objective requires the quality of health services to be good enough to improve the health of those receiving services. This will result in improved effective health service coverage.

### Improve Health Emergency Risk Management

This strategic objective is meant to improve the prevention, mitigation, early detection and rapid response of any crises, which directly or indirectly impact the health, social, economic and political wellbeing of the society. Furthermore, improved risk management system – minimizing crises reaction and response- will keep the sector on track to move forward in all other strategic objectives and plans despite the odds.

### Enhance Good Governance

The strategic objective is about enhancing good governance in the health sector. It requires implementation of the principles of good governance in the health sector. These principles include rule of law, transparency, inclusiveness and equity, responsiveness, efficiency and effectiveness, and participatory engagement of citizens.

### Improve Regulatory Systems

This strategic objective refers to improving the regulatory system to a level that is truly functional. Functional regulatory system refers to implementation of an effective, transparent and accountable system that ensures adherence by all state and non-state actors to the standards set by the country's rules and regulations.

### Improve Supply chain and logistics management

The focus of this strategic objective is to ensure access to quality assured, safe, effective and affordable essential medicines with which the sector

intends to respond to the majority of health problems of the society; significant reduction in the pharmaceutical wastages and improved rational drug use.

### Improve community participation and engagement

This means creating awareness, transferring knowledge and skill to the community, and ensuring their participation and engagement in planning, implementation, monitoring and evaluation of health activities to empower the community so that they will be able to produce their own health.

### Improve resource mobilization

This strategic objective includes a proactive approach in the mobilization of resources from domestic and international sources through establishment and strengthening of risk pooling mechanisms, increasing health budget from treasury, collection of revenues by health institutions, strengthening international health partnership and enhancement of pool funding; public-private partnership, and maximizing collaboration with national and international civil society organizations and NGOs.

### Improve research and evidence for decision-making

This objective is about improving decision making through evidence generation, translation and dissemination. It promotes and advocates the culture of generating quality data, ensuring transmission and acquisition of complete and timely data, verification, analysis and synthesis of data from multiple sources, and using evidence at all levels to improve quality and equity of health services.

### Enhance use of technology and innovation

This strategic objective involves enhancing use of the existing technology, introduction of new technology, technology transfer and development and use of local technology. It also addresses finding better ways of doing things through more effective products, processes, services, technologies or ideas.

Innovation is defined as the process of ideation, evaluation, selection, development, and implementation of new or improved products, services, or programs.

### Improve development and management of human resource for health

This strategic objective entails human resource planning, development and management. The human resource management focuses on recruitment as per the need, deployment, performance management and motivation. It also includes leadership development, promoting women in leadership positions and community capacity development. One of the main focuses of this strategic objective is to promote patient-centered, respectful, and compassionate care by all health professionals.

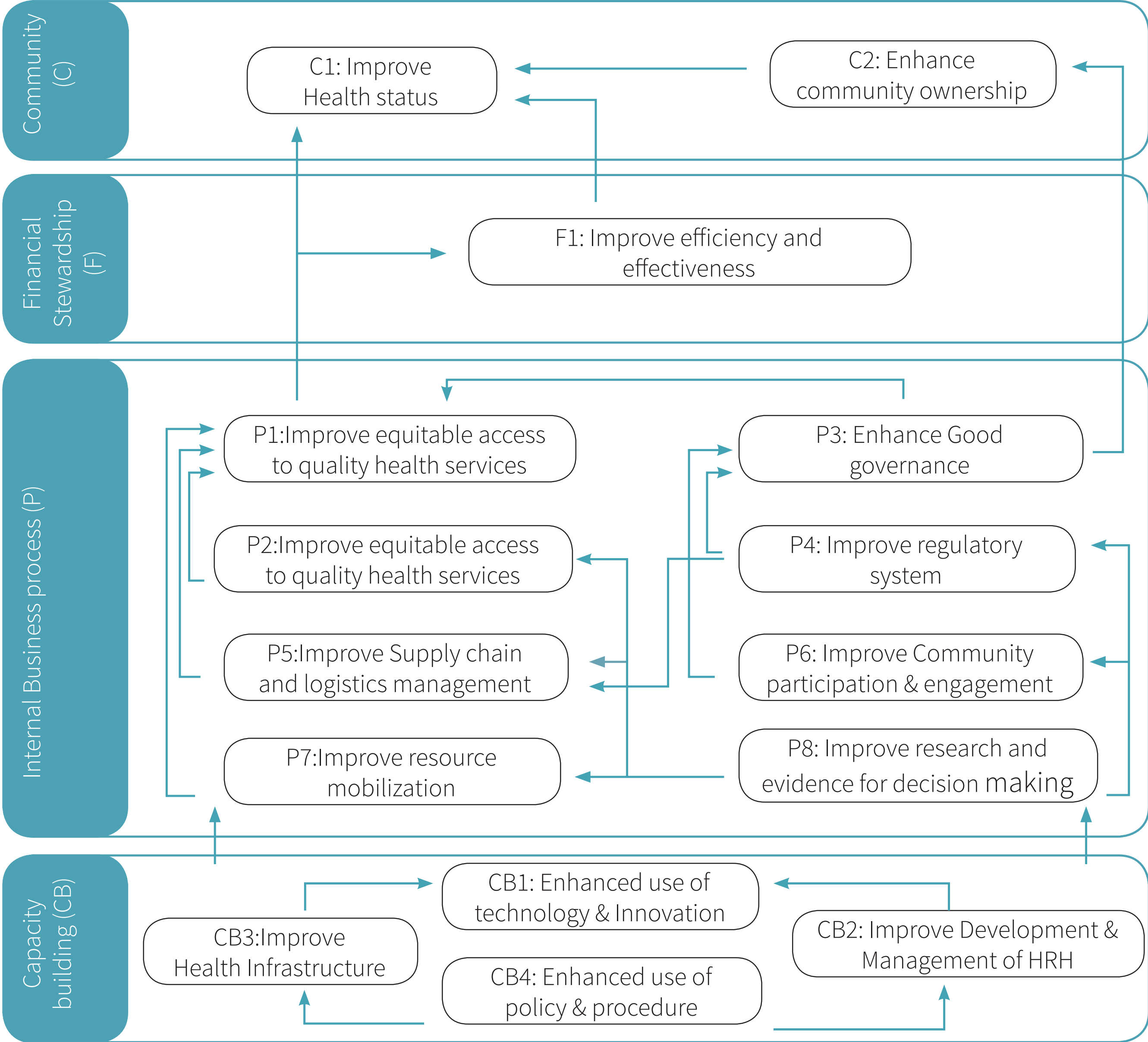
### Improve health infrastructure

This strategic objective encompasses the expansion and standardization of health and health related facilities. It involves development of standard design of health infrastructures, carry out their constructions, maintenance, renovation, rehabilitation,equipping and furnish them in user friendly manner. Utilities (water, sanitation, and power) are among key determinants of functionality of health infrastructures that require a great deal of attention in management and expansion of health and health related facilities. It also includes enhancing medical equipment managementand developing basic ICT infrastructure for speedy and reliable services (connectivity, Health-Net, computer and accessories).

### Enhance policy and procedures

This strategic objective encompasses strengthening of health system through continuous analysis and improvement of existing health and health related policies, proclamations, regulations, guidelines, standards, directives and other health related legal frameworks in the spirit of health in all policies. It also involves preparation, enforcement and follow up of polices, and health related legal frameworks. It ensures programs and plans are in compliance with existing policies and procedures of the sector. Ensure wider consultation and involvement of all relevant sectors and stakeholders so that the

## The health sector strategy map



# CHAPTER 2

## TARGETS AN STRATEGIC INITIATIVES PLANNED FOR EFY 2010

# Targets an Strategic Initiatives Planned for EFY 2010

## C2: Enhance Community Ownership

**Performance Measures**

- Increase model Kebeles from 11% to 32%
- IncreaseWomen development army leaders tested for level I HEP competency from 1200 to 800,000

**Strategic Initiatives**

**Preparation phase:**

- Conduct 2009 EFY performance evaluation at all levels and identify bottlenecks
- Based on performance, rank models and provide recognition for best performers
- Conduct proper orientation of EFY 2010 plan and enhance capacity of Implementers

**Implementation phase**

- Implement Woreda Transformation
    - Prepare, print and distribute Woreda transformation orientation guides
    - Support regions to conduct advocacy in Woreda transformation
    - Organize awareness creation forums on Woreda transformation technical guideline to leaders and technicians
    - Provide national level TOT for Woredas and Health Center managers on primary health care leadership
    - Graduate 100 model Woredas based on the Woreda Transformation standards

- Identify and recognize best performing Woredas onWoreda Transformation
- Identify and share best experiences on implementation of Woreda Transformation and expand accordingly

❖ Strengthen women Health Development Army in Regions

- Expand competency training on Health Extension Package to Development Army Leaders
- Revise supporting guide of HEWs to the women HDA
- prepare and implement HDA group discussion reference books
- Organize and expand best experiences on HAD

❖ Strengthen Rural HEP

- Implement second generation Health Extension Program in health posts with good infrastructure and staffed by Level IV HEWs
- Identify good governance related obstacles that hinder performances of HEW and facilitate the intervention
- Conduct an integrated refreshment training on EPI modules to HEWs
- Organize national Health Extension Festival
- Expand the implementation of Health Center-Health Post linkage manual

❖ Strengthen Urban HEP

- Conduct refreshment training for Urban Health Extension Professionals
- Conduct Awareness creation, follow up and support for the new generic training for Urban Health Extension professionals
- Provide training and support on revised Urban Health Extension Program implementation manual

  - Support linkage between Health Centers and UHEWs in terms of supplies, professional assistance and patient referral
  - Conduct National level performance review of Urban Health Extension program

- Strengthen Primary Health Care Unit
  - Evaluate the piloting of the redesigned Urban PHCU and organize best experiences
  - Sensitize RHBs on the redesigned Urban PHCU
  - Implement the redesigned Urban PHCU in regional major towns
  - Provide training for PHCU managers on technical support manual and follow its implementation
  - Strengthen Advocacy and social mobilization Activities
  - Strengthen inter-sectoral collaboration
- Initiate school health service
  - Finalize the implementation manual and introduce the program in phased approach
  - Pilot the School health program and follow its implementation
- Strengthen community involvement in health facility management/board

Table 1: Proportion of Model Kebeles, EFY 2010

| INDICATOR | | Tigray | Afar | Amhara | Oromia | Somali | Benishangul Gumuz | SNNPR | Gambella | Harari | Dire Dawa | Addis Ababa | National |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Eligible -All Kebeles EFY 2010 | | 819 | 379 | 3,503 | 6,861 | 1,471 | 485 | 4,144 | 260 | 36 | 46 | 1,215 | 19,219 |
| Number of Model Ke-beles in EFY 2009 | # | 295 | 14 | 2,127 | 751 | 70 | 57 | 1,547 | 8 | 5 | - | 21 | 4,895 |
| | % | 39% | 4% | 68% | 12% | 7% | 13% | 43% | 3% | 29% | 0% | 25% | 11.4% |
| Number of Model Kebeles Planned in EFY 2010 | # | 328 | 23 | 2,417 | 1,029 | 132 | 68 | 1,823 | 13 | 11 | 2 | 328 | 6,174 |
| | % | 40% | 6% | 69% | 15% | 9% | 14% | 44% | 5% | 30% | 5% | 27% | 32% |

## F1: Improve efficiency and effectiveness

**Performance Measures**

- Ensure 100% budget utilization
- Increase liquidation rate of previously accumulated un-liquidated budget to 100%

**Strategic Initiatives**

- Strengthen financial management, transparency and accountability development program
- Expandintegrated financial management information system (IFMIS)
- Strengthen Timely and efficient procurement and logistics management system
- Strengthen property administration and management system
- EnhanceEffective & Efficient facility revenue utilization
- Conduct risk assessment, regular financial and performance audits
- Strengthen grant management system

## P1: Improve Equitable Access to Quality Health Services

### P1.1. Improve Maternal Health

**Performance Measures**

- Increase Contraceptive Acceptance Rate from 71.3% to 78%
- Increase utilization of long acting family planning methods from 3.6% to 5%
- Increase ANC4+ from 76.6% to 84%, deliveries attended by skilled birth attendants from 71%to 79%and PNC from 81.6% to 92%
- Increase syphilis screen coverage for pregnant from 45% women to 76%
- Increasepregnant, laboring and lactating women who were tested for HIV and know their results from 91.6% to 93 %

- Increase ART coverage of HIV positive pregnant, laboring and lactating mothers from 58.3% to 93%
- Increase ART prophylaxis for HIV exposed infants from 32% to 52%
- Increase Cesarean section rate from 4.2% to 5%

**Strategic Initiatives**

- **Strengthen family planning services**
  - Improve universal access for quality family planning services and information
  - Reduce teen age pregnancy from 13% to 9% through strengthening FP services to all population with special attention to adolescents, youth and disabilities.
  - Conduct panel discussion and symposium on family planning utilization.
  - Scale up post-partum loop service to 100 Hospitals and health centers
  - Train 1,600 level IV HEWs on loop service in selected zones and Woredas and avail the necessary supplies to provide the service
  - Implement digital green through awareness creation on 5 Woredas.
  - Provision of TOT on FP service during postpartum period for 25 senior physicians from Universities.
  - Transit implanon services to NXT generation by providing training to 15,000 professionals
  - Conduct awareness creation and avail supplies at secondary school and higher education institutions to improve utilization of family planning services among adolescent
  - Provide special and tailored support to those areas with lower family planning coverage
  - Train HEW on willow box for areas with lower family planning coverage

- Conduct operational research on willow box at Woredas that have implemented willow Box
- Strengthen IUCD service in all regions and city administrations
- Strengthen permanent family planning service in hospitals and health centers
- Avail necessary family planning commodities and make sure their sustainability

❖ **Strengthen ANC, SBA and PNC services**

- Improve quality, completeness and timeliness of ANC services including syphilis screening and make sure that care is started with in the first 3 months
- Strengthen facility based delivery service
- Conduct home delivery assessment and surveillances to increase home delivery free kebeles
- Conduct EmONC service analysis, identify & fulfill supply gaps
- Strengthen Maternal Death Surveillance and Response
- Identify best experience onmaternal & neonatal death response and expand accordingly
- Scale up maternity waiting areas and improve their standard according to the guideline Strengthen safe abortion service through capacitating professionals and health facilities
- Follow up the procurement process and distribute 14,000 MVA kit for safe abortion care service
- Eliminate obstetric fistula, give care for existing fistula and uterine vaginal prolapsed patients
- Enhance post-natal care services which are provided within 24 hours after delivery by skilled attendant
- Sensitize and implement “safe child Birth” initiative at health facilities
- Strengthen youth and adolescence friendly health services

❖ **Strength PMTCT Service**

- Strengthen and expand quality PMTCT services and actualize eMTCT by introducing new global directions
- Provide comprehensive ART training for health professionals working on PMTCT at Point of Care pilot site
- Conduct advocacy on PMTCT service
- Conduct Preparatory activities for introduction of birth testing and treatment for HIV exposing infants
- Expand EID services and strengthen referral system
- Prepare paired mother-child follow up wall chart for health facilities with high yield PMTCT clients
- Provide support in order to start family planning service in ART clinics for HIV positive mothers
- Implement continuous quality improvement so as to reduce the cascade loss in PMTCT services

Table 2: Contraceptive Acceptance Rate, EFY 2010

| INDICATOR | | Tigray | Afar | Amhara | Oromia | Somali | Benishangul Gumuz | SNNPR | Gambella | Harari | Dire Dawa | Addis Ababa | National |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Eligible -All non-pregnant women of reproductive age, EFY 2010 | | 1,052,549 | 369,920 | 4,346,632 | 6,839,720 | 1,164,525 | 223,005 | 3,893,814 | 104,745 | 57,733 | 116,681 | 1,134,509 | 19,303,834 |
| Number of Women of Reproductive age Who accepted Modern Contraceptive Methods in EFY 2009 | # | 642,165 | 142,886 | 3,992,802 | 5,036,968 | 143,150 | 111,778 | 2,851,825 | 26,238 | 32,492 | 53,968 | 396,557 | 13,430,829 |
| | % | 61.0% | 39.6% | 93.4% | 76.2% | 12.6% | 50.7% | 75.0% | 26.1% | 57.4% | 47.5% | 35.8% | 71.3% |
| Number of Women of Reproductive age Planned to accept Modern Contraceptive Methods, EFY 2010 | # | 842,039 | 184,960 | 4,129,300 | 5,471,776 | 256,196 | 160,745 | 3,037,175 | 49,769 | 43,300 | 75,843 | 771,466 | 15,022,569 |
| | % | 80% | 50% | 95% | 80% | 25% | 72% | 78% | 48% | 75% | 65% | 68% | 78% |

Figure 1: Contraceptive Acceptance Rate, EFY 2010

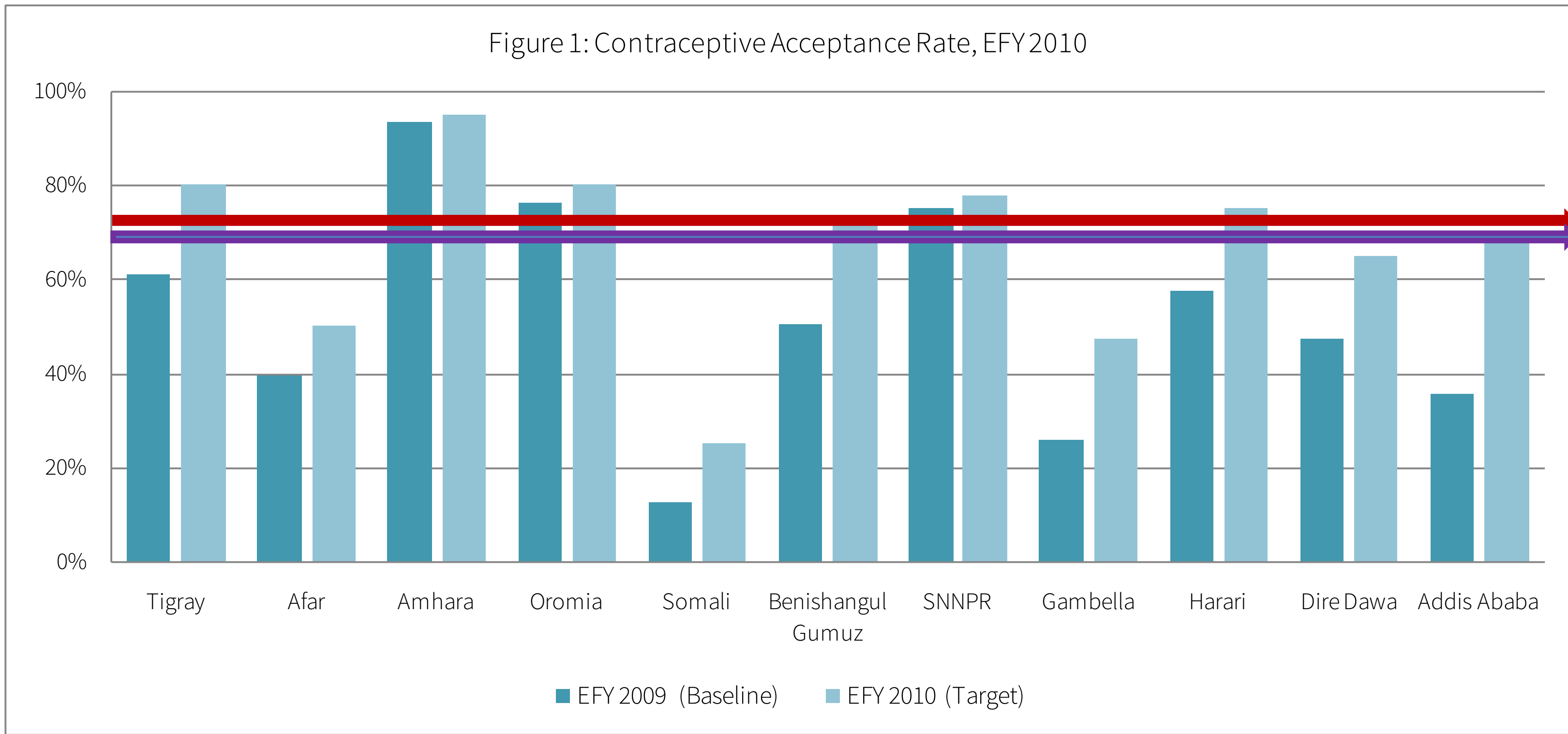


Table 3: Antenatal 4+ Care, EFY 2010

| INDICATOR | | Tigray | Afar | Amhara | Oromia | Somali | Benishangul Gumuz | SNNPR | Gambella | Harari | Dire Dawa | Addis Ababa | National |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Eligible- Total Number of Expected Pregnancies, EFY 2010 | | 180,497 | 53,270 | 724,081 | 1,273,958 | 186,418 | 36,754 | 679,062 | 13,603 | 7,753 | 15,411 | 81,915 | 3,252,722 |
| Baseline-Antenatal Care Service, EFY 2009 | # | 125,373 | 31,597 | 540,434 | 914,961 | 109,951 | 19,843 | 576,212 | 1,704 | 4,215 | 6,915 | 98,700 | 2,429,905 |
| | % | 69.5% | 60.8% | 75.9% | 74.3% | 60.5% | 54.6% | 86.9% | 13.0% | 55.5% | 46.1% | 100.0% | 76.6% |
| Planned Antenatal Care Service for EFY 2010 | # | 149,812 | 35,863 | 615,468 | 1,070,124 | 130,576 | 28,926 | 604,365 | 7,019 | 5,039 | 13,162 | 81,915 | 2,742,271 |
| | % | 83% | 67% | 85% | 84% | 70% | 79% | 89% | 52% | 65% | 85% | 100% | 84% |

Figure 2: Antenatal 4+ Care, EFY 2010

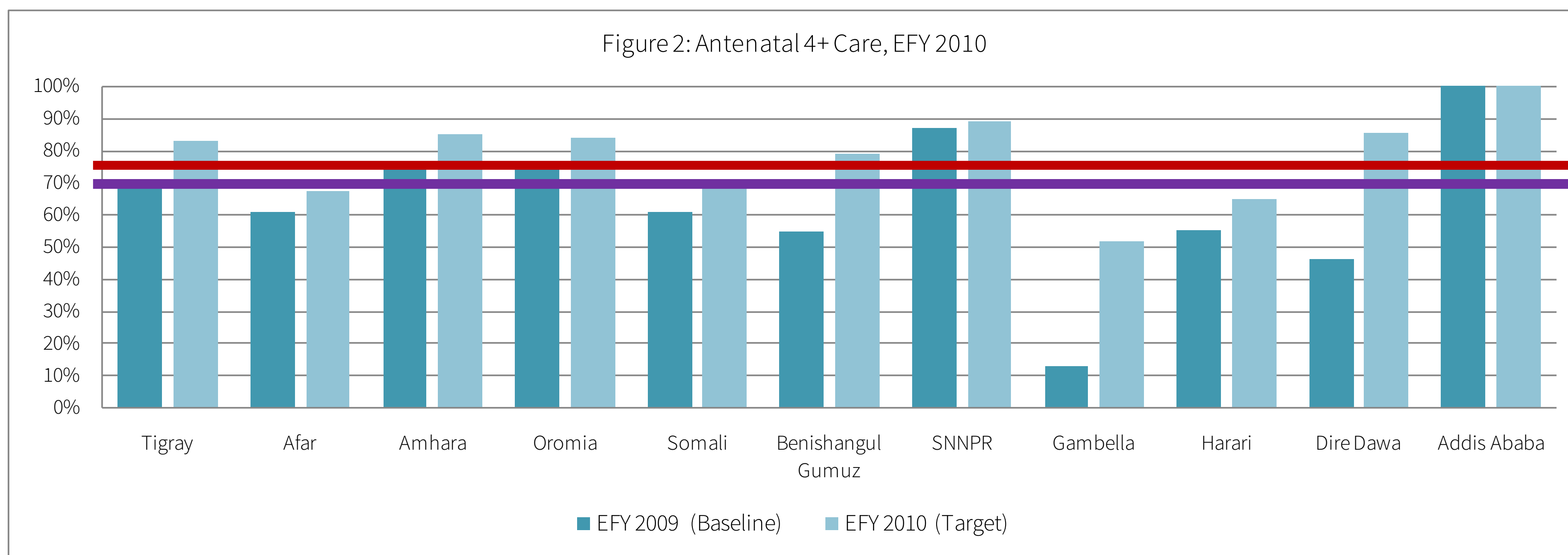


Table 4: Proportion of pregnant women tested for syphilis, EFY 2010

| INDICATOR | | Tigray | Afar | Amhara | Oromia | Somali | Benishangul Gumuz | SNNPR | Gambella | Harari | Dire Dawa | Addis Ababa | National |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Eligible- Total Number of Expected Pregnancies, EFY 2010 | | 180,497 | 53,270 | 724,081 | 1,273,958 | 186,418 | 36,754 | 679,062 | 13,603 | 7,753 | 15,411 | 81,915 | 3,252,722 |
| Baseline-Number of pregnant women tested for syphilis, EFY 2009 | # | 98,171 | 25,777 | 397,333 | 542,855 | 59,534 | 7,769 | 295,857 | 2,861 | 7,125 | 17,131 | 138,454 | 1,592,867 |
| | % | 46.4% | 42.5% | 54.1% | 37.8% | 33.0% | 19.4% | 41.3% | 31.1% | 60.3% | 89.9% | 96.8% | 44.7% |
| Planned Number of pregnant women tested for syphilis for EFY 2010 | # | 151,617 | 34,155 | 602,583 | 891,770 | 115,185 | 22,053 | 529,669 | 8,119 | 6,435 | 14,332 | 80,277 | 2,456,195 |
| | % | 84% | 64% | 83% | 70% | 62% | 60% | 78% | 60% | 83% | 93% | 98% | 76% |

Figure 3: Pregnant tested for Syphilis, EFY 2010

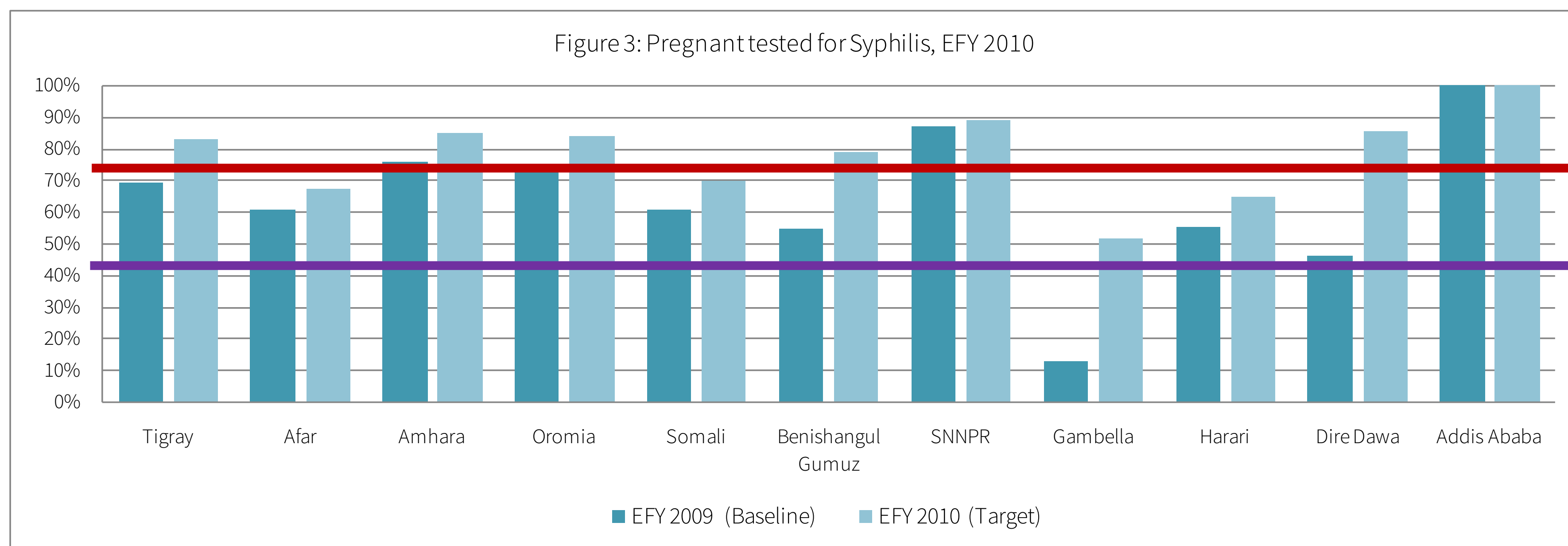


Table 5: Delivery Service by Skilled Birth Attendants, EFY 2010

| INDICATOR | | Tigray | Afar | Amhara | Oromia | Somali | Benishangul Gumuz | SNNPR | Gambella | Harari | Dire Dawa | Addis Ababa | National |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Eligible- Total Number of Expected Deliveries, EFY 2010 | | 162,657 | 53,270 | 725,127 | 1,273,958 | 185,138 | 36,754 | 679,061 | 13,603 | 7,753 | 15,411 | 81,915 | 3,234,647 |
| Number of Deliveries Attended by a Skilled Birth Attendant, EFY 2009 | # | 118,219 | 19,359 | 485,834 | 910,950 | 57,182 | 19,257 | 519,621 | 4,095 | 8,586 | 10,697 | 99,741 | 2,253,541 |
| | % | 65.5% | 37.2% | 68.2% | 74.0% | 31.5% | 53.0% | 78.3% | 31.3% | 100.0% | 71.3% | 100.0% | 71.0% |
| Planned Number of Deliveries to be Attended by a Skilled Birth Attendant, EFY 2010 | # | 130,126 | 26,635 | 580,102 | 1,063,067 | 83,312 | 23,890 | 556,830 | 5,169 | 7,753 | 12,329 | 81,915 | 2,571,128 |
| | % | 80% | 50% | 80% | 83% | 45% | 65% | 82% | 38% | 100% | 80% | 100% | 79% |

Figure 4: Delivery Service by Skilled Birth Attendants, EFY 2010

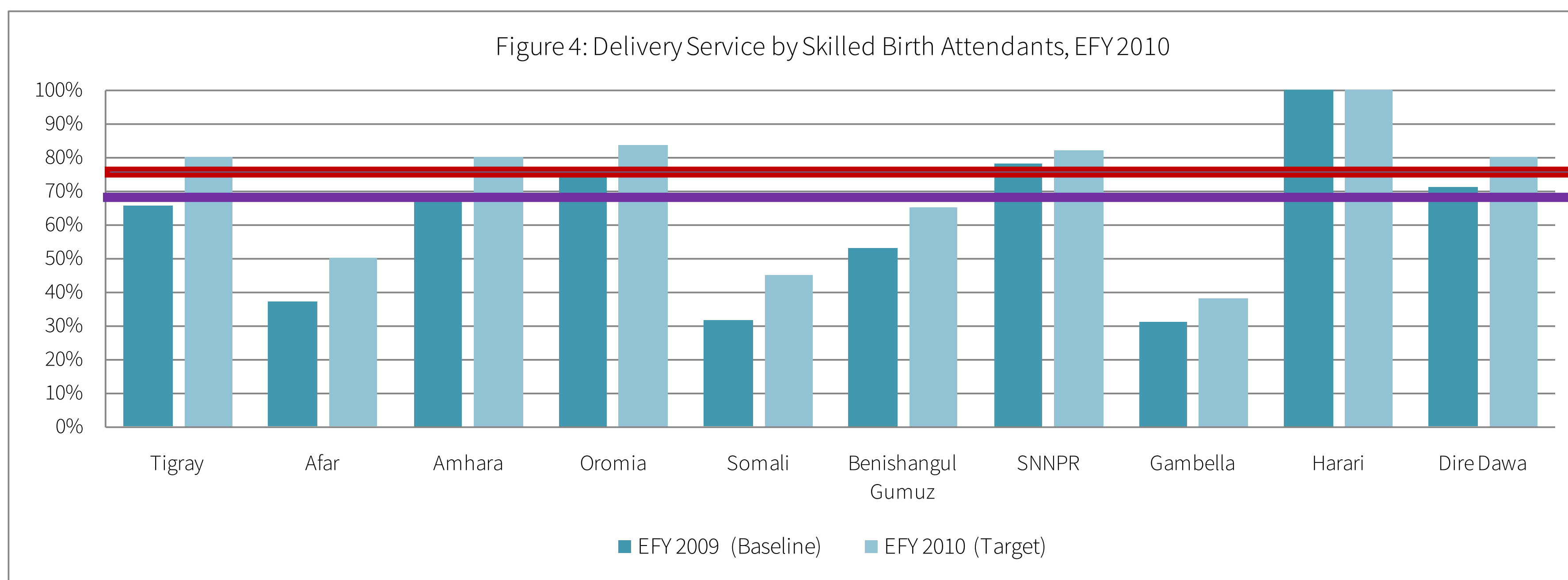


Table 6: Early postnatal care, EFY 2010

| INDICATOR | | Tigray | Afar | Amhara | Oromia | Somali | Benishangul Gumuz | SNNPR | Gambella | Harari | Dire Dawa | Addis Ababa | National |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Eligible- Total Number of Expected Deliveries, EFY 2010 | | 162,657 | 53,270 | 725,127 | 1,273,958 | 188,202 | 36,754 | 679,062 | 13,603 | 7,753 | 15,411 | 81,915 | 3,237,711 |
| Number of women who received care at least 24 hours during postpartum , EFY 2009 | # | 117,028 | 24,880 | 545,285 | 1,161,980 | 89,402 | 31,524 | 517,789 | 4,289 | 7,044 | 8,668 | 79,780 | 2,587,669 |
| | % | 64.8% | 47.8% | 76.6% | 94.4% | 49.2% | 86.7% | 78.1% | 32.8% | 92.7% | 57.8% | 100.0% | 81.6% |
| Planned number of women who received at least 24 hours during postpartum care, EFY 2010 | # | 151,271 | 36,224 | 674,368 | 1,222,999 | 118,567 | 34,182 | 624,737 | 8,842 | 7,520 | 14,178 | 81,915 | 2,974,803 |
| | % | 95% | 93% | 93% | 96% | 92% | 93% | 93% | 93% | 100% | 100% | 100% | 92% |

Figure 5: Early Postpartum care, EFY 2010

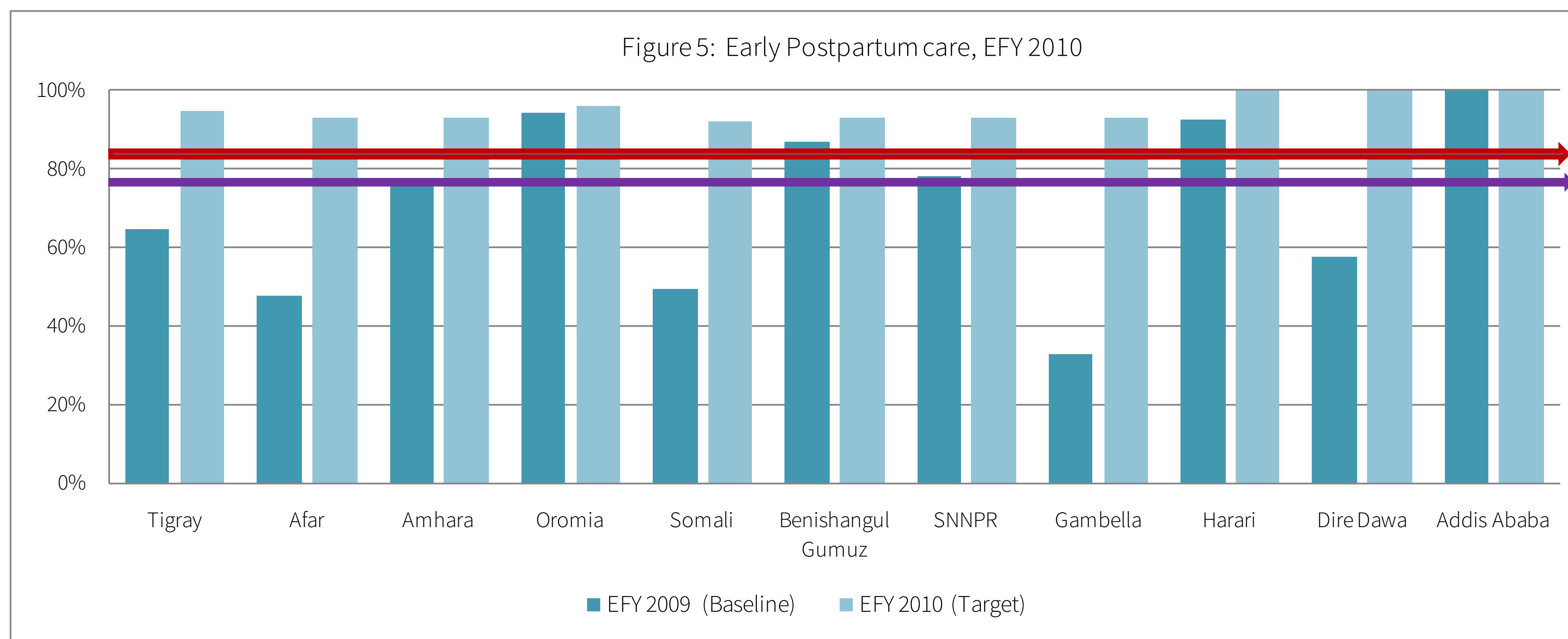


Table 7: women receives comprehensive abortion services, EFY 2010

| INDICATOR | Tigray | Afar | Amhara | Oromia | Somali | Benishangul Gumuz | SNNPR | Gambella | Harari | Dire Dawa | Addis Ababa | National |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| women receives comprehensive abortion services , EFY 2009 | 22,286 | 2,055 | 44,934 | 88,692 | 2,037 | 1,614 | 36,911 | 397 | 2,716 | 5,943 | 37,623 | 245,208 |
| women receives comprehensive abortion services, EFY 2010 | 22,286 | 3,463 | 46,952 | 91,725 | 6,480 | 2,205 | 38,027 | 490 | 341 | 5,945 | 37,624 | 255,538 |

Table 8: Percentage of pregnant, laboring and lactating women who were tested for HIV and who know their results EFY 2010

| INDICATOR | | Tigray | Afar | Amhara | Oromia | Somali | Benishangul Gumuz | SNNPR | Gambella | Harari | Dire Dawa | Addis Ababa | National |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Eligible- Total number of pregnant women that received antenatal care at least once, EFY 2010 | | 180,497 | 53,270 | 725,127 | 1,273,958 | 188,173 | 36,754 | 679,061 | 13,603 | 7,753 | 15,411 | 81,915 | 3,255,523 |
| Number of pregnant women counseled & Tested for PMTCT, EFY 2009 | # | 170,853 | 47,033 | 623,787 | 1,176,803 | 88,141 | 23,991 | 597,076 | 9,499 | 13,525 | 19,261 | 137,443 | 2,907,412 |
| | % | 94.7% | 90.4% | 87.6% | 95.6% | 48.5% | 66.0% | 90.0% | 72.6% | 100.0% | 100.0% | 100.0% | 91.6% |
| Planned number of pregnant women tested and know their result, EFY 2010 | # | 171,010 | 49,571 | 673,579 | 1,173,507 | 173,369 | 34,186 | 631,528 | 12,651 | 7,213 | 14,342 | 76,225 | 3,017,181 |
| | % | 95% | 93% | 93% | 96% | 92% | 93% | 93% | 93% | 100% | 100% | 100% | 93% |

Figure 6: PMTCT Tested, EFY 2010

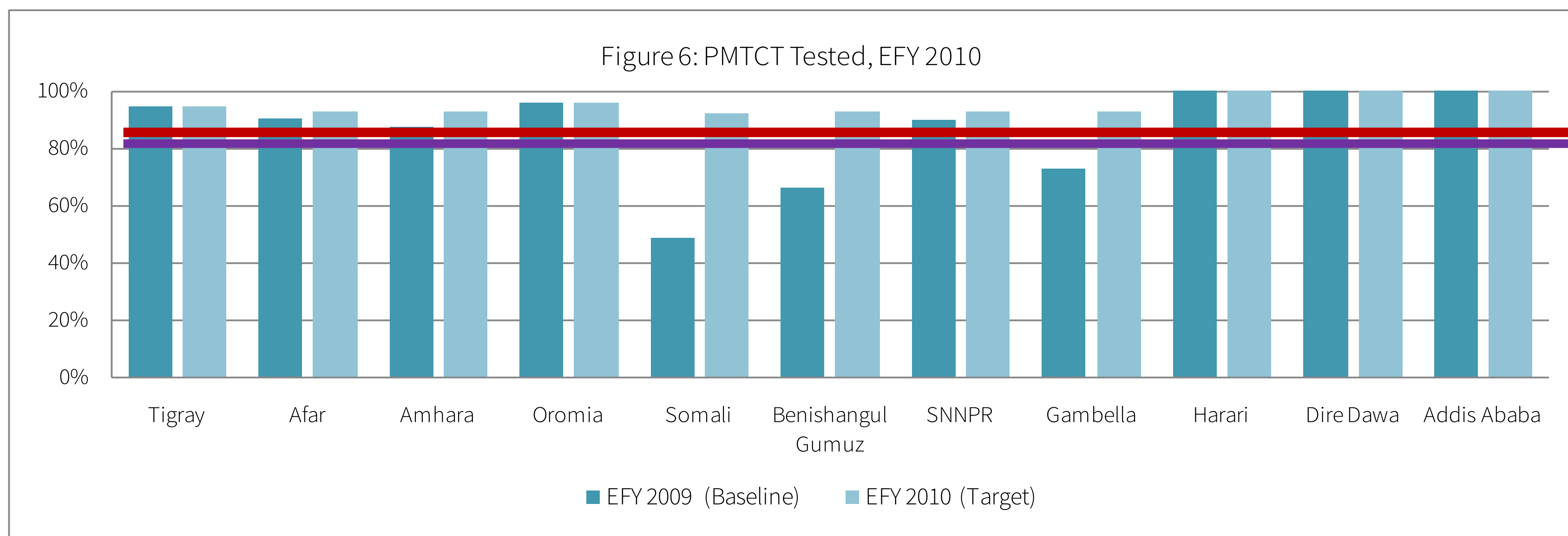
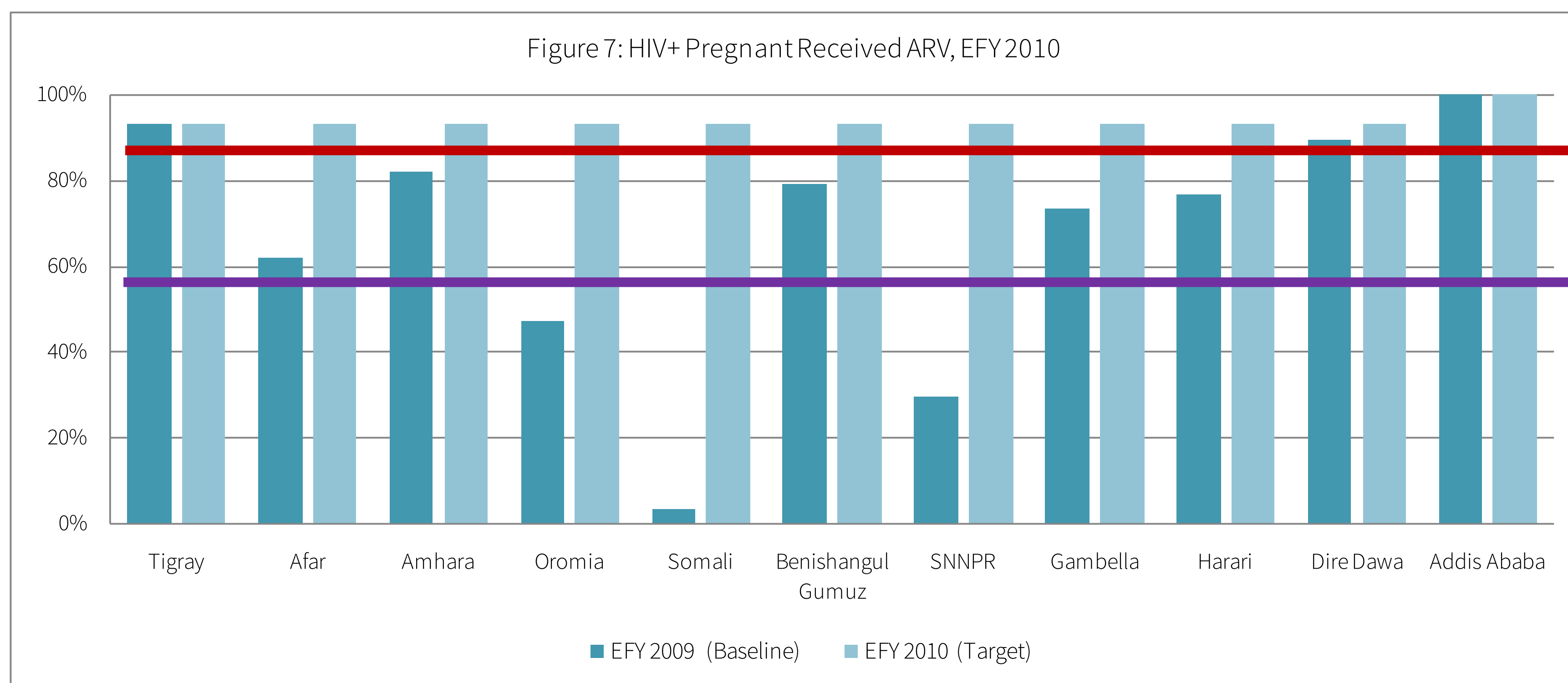


Table 9: HIV positive pregnant women who received ART, EFY 2010

| INDICATOR | | Tigray | Afar | Amhara | Oromia | Somali | Benishangul Gumuz | SNNPR | Gambella | Harari | Dire Dawa | Addis Ababa | National |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Eligible- Total number of Expected HIV Positive pregnant mothers, EFY 2010 | | 2,801 | 546 | 8,863 | 9,916 | 1,996 | 197 | 3,970 | 589 | 201 | 265 | 1,479 | 30,823 |
| Number of HIV+ pregnant women received ARV in EFY 2009 | # | 1,855 | 291 | 4,955 | 4,486 | 112 | 166 | 1,515 | 397 | 131 | 219 | 2,621 | 16,748 |
| | % | 93.0% | 61.9% | 82.1% | 47.3% | 3.4% | 79.0% | 29.6% | 73.5% | 76.6% | 89.4% | 100.0% | 58.3% |
| Planned Number of HIV+ women received ARV in EFY 2010 | # | 2,605 | 503 | 8,243 | 9,222 | 1,856 | 183 | 3,692 | 548 | 187 | 246 | 1,375 | 28,660 |
| | % | 93% | 93% | 93% | 93% | 93% | 93% | 93% | 93% | 93% | 93% | 100% | 93% |

Figure 7: HIV+ Pregnant Received ARV, EFY 2010



## P1.2. Improve Neonatal and Child Health

### Performance Measures

- Increase Proportion pentavalent 3, measles immunization, Rota2, PCV3 and fully immunized children from 97.5% to 98%, 93.6% to 96%, 97.7% to 98%, 97% to 98% and 91.2% to 95%, respectively
- Increase Protection at birth (PAB) coverage from 93% to 98%
- Increases proportion of Health Centers providing Integrated Management of Newborn and Childhood Illness (IMNCI) from 88% to 98%
- Improve coverage of community child care management (ICCM) from 52% to 93%
- Increase pneumonia treatment from 38 %to 57%
- Increase neonatal sepsis treatment to 91%
- Increase neonatal resuscitation service for new births with asphyxia from 85% to 99%

### Strategic Initiatives

- **Strengthen Immunization program**
    - Improve EPI registration card, revise, print and distribute home based record
    - Nationally contextualize and implement the revised African regional "Reaching every district/community" guide
    - Identify low performing zones and support them to implement Periodic intensified routine immunization
    - Strengthen implementation of routine EPI programs
    - Introducenew vaccines such as MCV2, HPV vaccine, birth dose hepatitis B vaccine.
    - Conduct SIA campaigns
    - Strengthen cold chain management system

- Finalize preparation of Polio legacy plan and start implementing the transitioning of polio eradication activities to government routine immunization program

- ❖ **Strengthen child health service**
  - Universal access to quality Neonatal and child health services
  - Strengthen and Full implementation ICCM in all Woredas
  - Strengthen and expand ICCM and CBNC
  - Establish level 3 NICU service in 80 zonal hospitals
  - Capacitate all health Centers to provide Essential Newborn Care
  - Ensure sustainable availability of supplies for child health care
  - Strengthen and expand IMNCI services
  - Strengthen newborn corners at all health facilities
  - Strengthen and expand kangaroo-mother care service
  - Work on the national Oxygen concentrator and pulse-oximetry project

Table 10: Penta 3 Immunization Coverage, EFY 2010

| INDICATOR | | Tigray | Afar | Amhara | Oromia | Somali | Benishangul Gumuz | SNNPR | Gambella | Harari | Dire Dawa | Addis Ababa | National |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Eligible: Estimated number of surviving infants, EFY 2010 | | 679,257 | 187,466 | 669,050 | 1,180,959 | 173,183 | 33,042 | 626,095 | 12,569 | 7,257 | 14,486 | 78,639 | 3,662,003 |
| Pentavalent 3 Coverage EFY 2009 | # | 146,964 | 44,777 | 609,679 | 1,150,192 | 135,660 | 33,729 | 609,628 | 10,294 | 7,449 | 10,974 | 105,736 | 2,865,082 |
| | % | 87.0% | 92.0% | 92.6% | 100.0% | 80.4% | 100.0% | 99.7% | 85.2% | 100.0% | 77.8% | 100.0% | 97.5% |
| Planned Number of children under one year of age who have received third dose of pentavalent vaccine , EFY 2010 | # | 652,086 | 78,093 | 648,979 | 1,180,959 | 146,353 | 33,042 | 623,555 | 12,040 | 7,257 | 14,118 | 78,639 | 3,575,119 |
| | % | 96% | 95% | 97% | 100% | 85% | 100% | 100% | 96% | 100% | 97% | 100% | 98% |

Figure 8: Penta 3 Immunization Coverage, EFY 2010

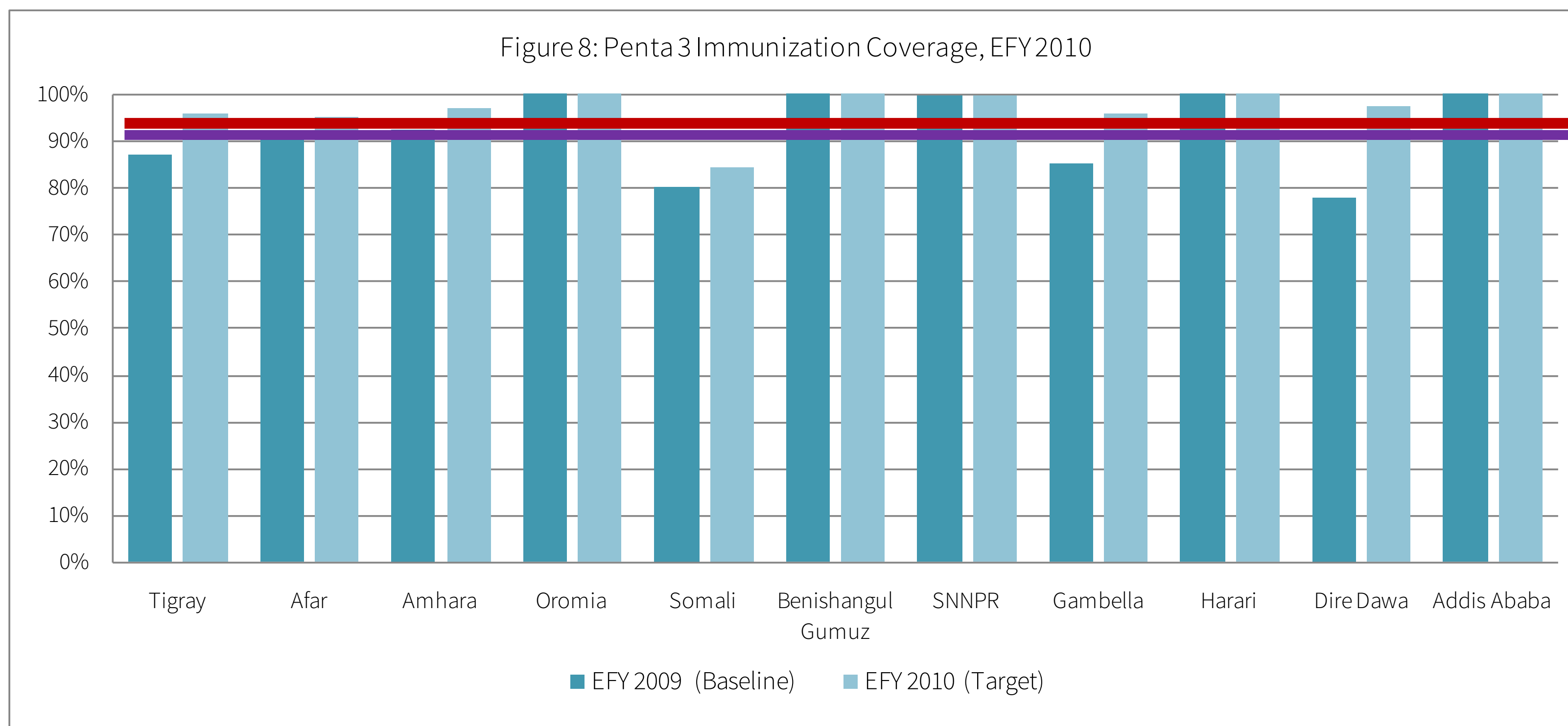


Table 11: Measles(MCV1) Immunization Coverage, EFY 2010

| INDICATOR | | Tigray | Afar | Amhara | Oromia | Somali | Benishangul Gumuz | SNNPR | Gambella | Harari | Dire Dawa | Addis Ababa | National |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Eligible: Estimated number of surviving infants, EFY 2010 | | 679,257 | 187,466 | 669,050 | 1,180,959 | 173,183 | 33,042 | 626,095 | 12,569 | 7,257 | 14,486 | 78,639 | 3,662,003 |
| Measles coverage, EFY 2009 | # | 143,150 | 42,789 | 593,747 | 1,094,806 | 125,942 | 31,314 | 595,779 | 9,196 | 6,650 | 10,671 | 97,867 | 2,751,911 |
| | % | 84.7% | 87.9% | 90.2% | 96.0% | 74.6% | 95.8% | 97.4% | 76.1% | 93.5% | 75.7% | 100.0% | 93.6% |
| Planned Number of children under one year of age who have received measles vaccine , EFY 2010 | # | 638,501 | 172,469 | 635,598 | 1,145,530 | 142,010 | 32,381 | 622,972 | 11,956 | 6,894 | 13,907 | 78,638 | 3,500,855 |
| | % | 94% | 92% | 95% | 97% | 82% | 98% | 100% | 95% | 95% | 96% | 100% | 96% |

Figure 9: Measles Immunization Coverage, EFY 2010

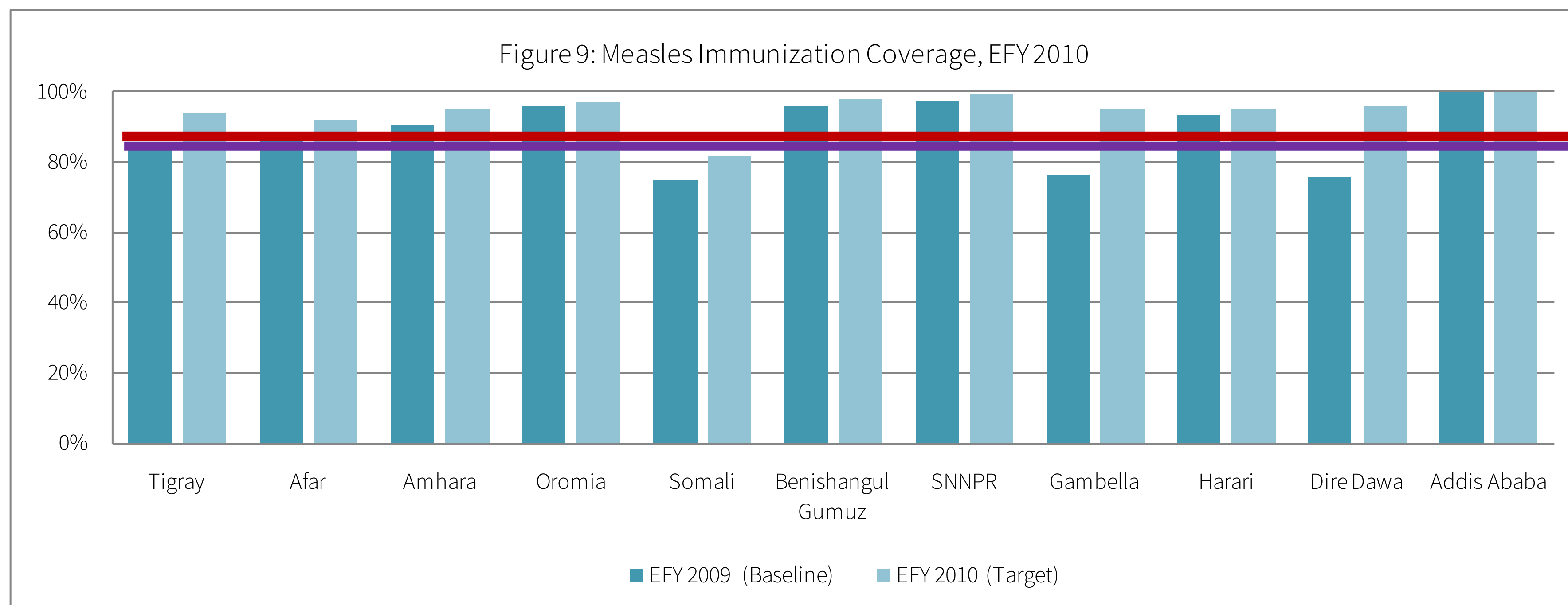


Table 12: Pneumococcal conjugated vaccine (PCV3) immunization Coverage, EFY 2010

| INDICATOR | | Tigray | Afar | Amhara | Oromia | Somali | Benishangul Gumuz | SNNPR | Gambella | Harari | Dire Dawa | Addis Ababa | National |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Eligible: Estimated number of surviving infants, EFY 2010 | | 679257 | 187466 | 669050 | 1180959 | 173183 | 33042 | 626095 | 12569 | 7257 | 14486 | 74,982 | 3,662,003 |
| PCV3 coverage, EFY 2009 | # | 146897 | 44409 | 609439 | 1142312 | 135281 | 33774 | 607954 | 10300 | 7421 | 10976 | 106250 | 2855013 |
| | % | 87% | 91% | 93% | 100% | 80% | 100% | 99% | 85% | 100% | 78% | 100% | 97% |
| Number of under one year of age planned to receive PCV3 vaccine , EFY 2010 | # | 652086 | 178093 | 648979 | 1180959 | 147205 | 33042 | 624083 | 12118 | 7257 | 14198 | 74,982 | 3573002 |
| | % | 96% | 95% | 97% | 100% | 85% | 100% | 100% | 96% | 100% | 98% | 100% | 98% |

Figure 10: PCV 3 Immunization Coverage, EFY 2010

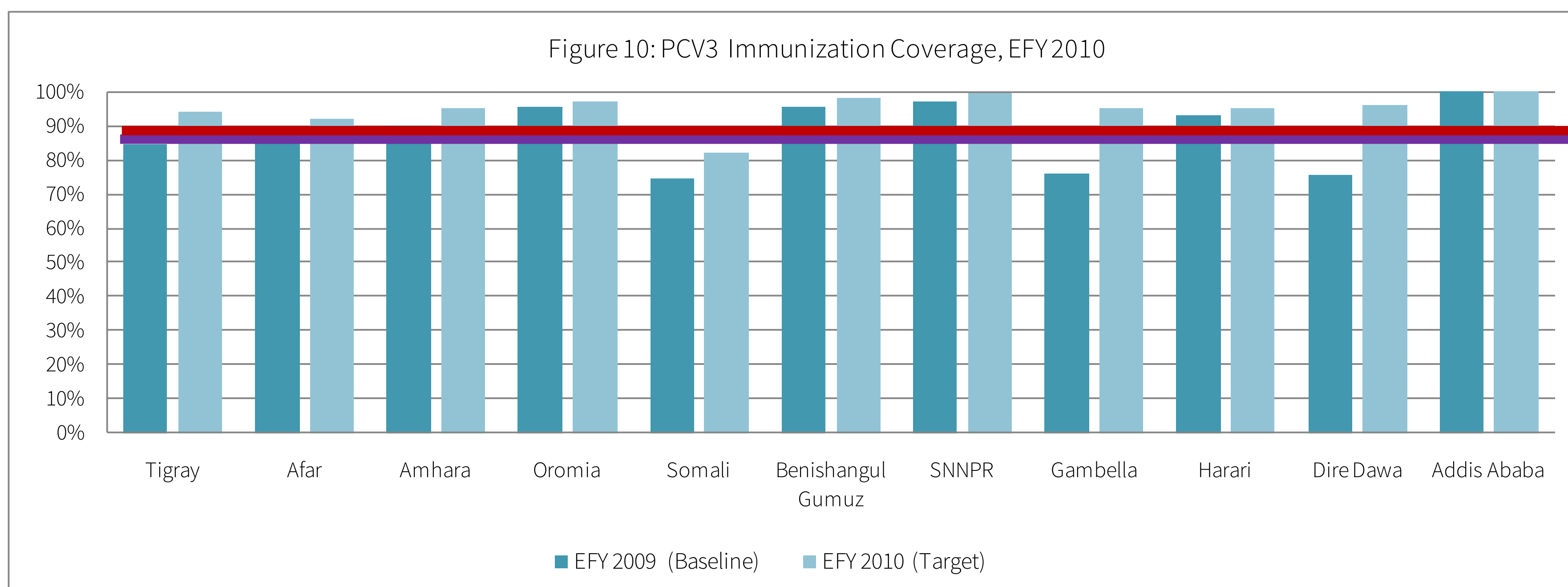
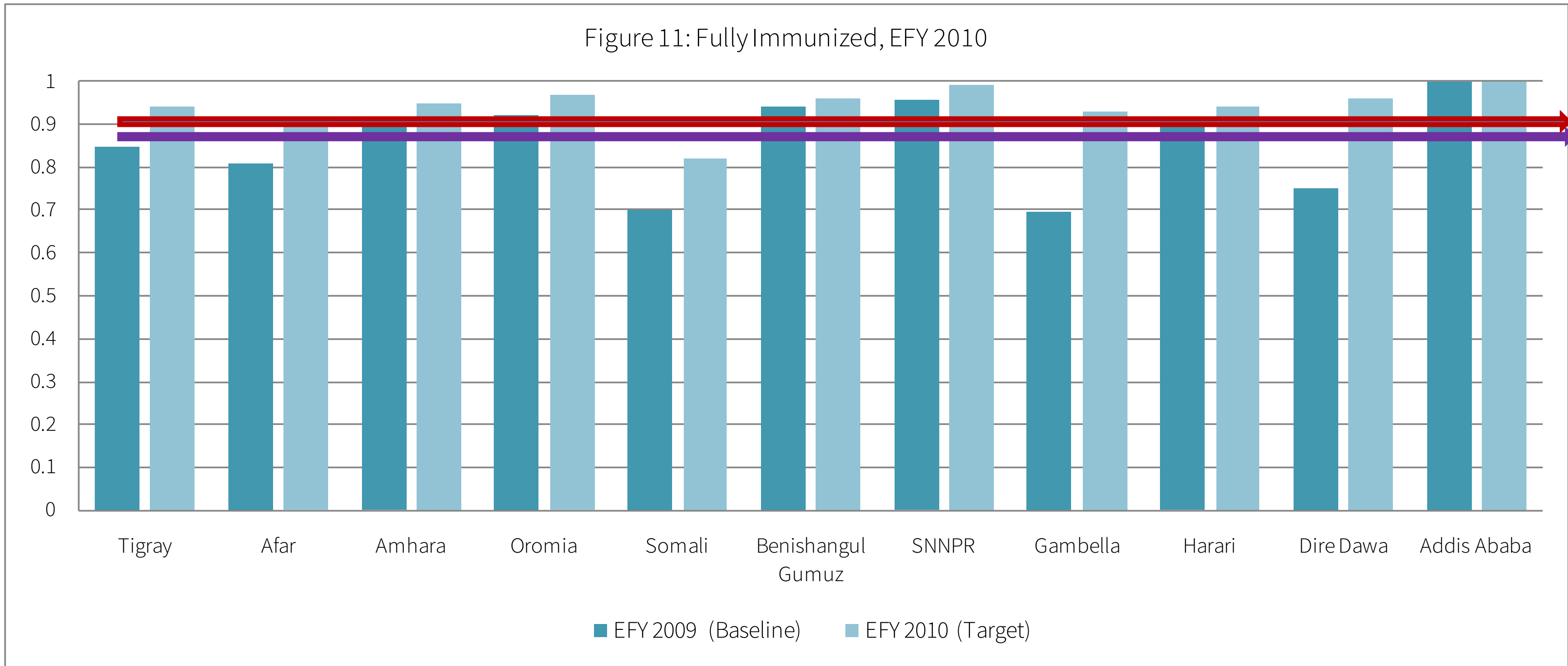


Table 13: Full immunization coverage, EFY 2010

| INDICATOR | | Tigray | Afar | Amhara | Oromia | Somali | Benishangul Gumuz | SNNPR | Gambella | Harari | Dire Dawa | Addis Ababa | National |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Eligible: Estimated number of surviving infants, EFY 2010 | | 679,257 | 187,466 | 669,050 | 1,180,959 | 173,183 | 33,042 | 626,095 | 12,569 | 7,257 | 14,486 | 78,639 | 3,662,003 |
| Infants Fully Immunized, EFY 2009 | # | 143,094 | 39,309 | 588,848 | 1,053,372 | 118,129 | 30,778 | 585,564 | 8,414 | 6,358 | 10,610 | 96,947 | 2,681,423 |
| | % | 84.7% | 80.8% | 89.5% | 92.3% | 70.0% | 94.2% | 95.8% | 69.6% | 89.4% | 75.2% | 100.0% | 91.2% |
| Planned Number of children received all vaccine doses before 1st birthday, EFY 2010 | # | 638,501 | 172,469 | 635,598 | 1,142,990 | 141,864 | 31,693 | 621,919 | 11,677 | 6,759 | 14,198 | 78,639 | 3,496,306 |
| | % | 94% | 92% | 95% | 97% | 82% | 96% | 99% | 93% | 94% | 96% | 100% | 95% |

Figure 11: Fully Immunized, EFY 2010



## P1.3. Improve Adolescent and Youth Reproductive Health

### Performance Measures

- ➢ Increase health facilities providing Adolescent and Youth Friendly RH Service (AYFRHS) from 48% to 84%

### Strategic Initiatives

- ❖ Strengthen adolescent and youth focused reproductive health services

## P1.4.Nutrition

### Performance Measures

- ➢ Increase proportion of Children aged 6-59 months who received vitamin A supplementation from79% to 93% and Children aged 2-5 years de-wormed from 73.9% to 96%
- ➢ Increase Growth Monitoring for under 2 years of children from 46.7% to 71%
- ➢ Increase iron and folic acid supplements at least 90 plus for pregnant women from 64% to 94%
- ➢ Increase coverage of identification of severe malnutrition from 85% to 100%
- ➢ Increase recovery of severely malnourished from 84% to 90%

### Strategic Initiatives

- ❖ Strengthen NNP advocacy, social mobilization and behavioral change communication.
- ❖ Expand Nutrition related activities that should be given in the first thousand days(1000 days)
- ❖ Improve children's and Adolescent Girls Nutrition (the first thousand days PLUS)
- ❖ Improve nutrition culture of the community to prevent communicable and non-communicable diseases

- Expand community based nutrition service to Woredas with high number of stunted children
- Strengthen Vitamin A supplementation, De-warming and growth monitoring services
- Improve Hospital based nutrition services
- Strengthen Nutritional status of Mothers, Adolescents and Children
- Strengthen transiting vitamin A supplementation, De-warming and Nutritional Screening services from campaign in to the routine
- Identify drought driven malnutrition problems and address accordingly
- Strengthen national multi-sectoral nutrition coordination and linkage
- Initiate implementation of the first phase "Sekota Declaration"
- Strengthen salt iodization program and increase public awareness to improve consumption
- Implement PSNP (Productive Safety Net Program) activities and support school feeding programs
- Strengthen implementation of SURE program
- Strengthening acute malnutrition management and Emergency Nutrition Response
- Strengthening Multi-sectoral co-ordination and implementation with in NNP implementing sectors

Table 14: Proportion of Children 6-59 Months of Age who received two doses of Vitamin A, EFY 2010

| INDICATOR | | Tigray | Afar | Amhara | Oromia | Somali | Benishangul Gumuz | SNNPR | Gambella | Harari | Dire Dawa | Addis Ababa | National |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Eligible: Estimated number of children aged 6-59 months, EFY 2010 | | 679,257 | 187,466 | 2,767,406 | 5,507,021 | 595,831 | 169,005 | 2,735,875 | 61,215 | 32,367 | 58,101 | 223,597 | 13,017,141 |
| Number of Children 6-59 Months Received two doses of Vitamin A in EFY 2009 | # | 696,172 | 82,644 | 2,032,090 | 3,378,792 | 731,364 | 153,163 | 2,887,947 | 51,733 | 22,992 | 48,684 | 274,578 | 10,360,159 |
| | % | 100.0% | 23.0% | 81.0% | 72.0% | 90.0% | 94.0% | 84.0% | 96.0% | 69.0% | 11.1% | 100.0% | 79.0% |
| Planned Total number of children aged 6-59 months who received a dose of Vitamin A supplementation, EFY 2010 | # | 679,257 | 149,973 | 2,719,524 | 5,418,347 | 548,165 | 169,005 | 2,051,906 | 59,378 | 27,512 | 51,129 | 223,597 | 12,097,793 |
| | % | 100% | 80% | 98% | 98% | 92% | 100% | 75% | 97% | 85% | 88% | 100% | 93% |

Table 15: Proportion of children 24-59 months of Age Dewormed Twice, EFY 2010

| INDICATOR | | Tigray | Afar | Amhara | Oromia | Somali | Benishangul Gumuz | SNNPR | Gambella | Harari | Dire Dawa | Addis Ababa | National |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Eligible: Estimated number of children aged 2-5 years, EFY 2010 | | 419,760 | 142,191 | 1,825,162 | 3,936,149 | 471,354 | 111,639 | 2,047,283 | 42,225 | 21,500 | 38,406 | 156,209 | 9,211,877 |
| Number of Children 2-5 Years of Age Dewormed Bi-Annually, EFY 2009 | # | 446,711 | 172,945 | 71,658 | 2,809,755 | 460,646 | 102,507 | 1,478,823 | 37,324 | 21,107 | 26,867 | 65,101 | 4,214,621 |
| | % | 100.0% | 97.0% | 5.0% | 76.0% | 88.0% | 96.0% | 71.0% | 93.0% | 100.0% | 66.6% | 20.0% | 73.9% |
| Planned number of children aged 2-5yrs who received 2nd dose of de-worming, EFY 2010 | # | 419,760 | 139,347 | 1,733,904 | 3,778,703 | 428,932 | 108,290 | 1,944,919 | 40,114 | 21,500 | 36,485 | 148,399 | 8,800,352 |
| | % | 100% | 98% | 95% | 96% | 91% | 97% | 95% | 95% | 100% | 95% | 95% | 96% |

Table 16: Proportion of children under 2 years of age who participated in Growth Monitoring and Promotion, EFY 2010

| INDICATOR | | Tigray | Afar | Amhara | Oromia | Somali | Benishangul Gumuz | SNNPR | Gambella | Harari | Dire Dawa | Addis Ababa | National |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Eligible: Estimated number of children under years, EFY 2010 | | 345,824 | 69,405 | 1,084,922 | 2,096,251 | 139,815 | 62,726 | 1,016,932 | 22,391 | 12,547 | 20,079 | 95,351 | 4,966,243 |
| Number of Children under 2 Years of participated of GMP, EFY 2009 | % | 62.9% | 10.2% | 59.7% | 37.7% | 10.5% | 16.6% | 55.6% | 5.3% | 16.9% | 2.8% | 100.0% | 46.7% |
| Planned number of children aged 2-5yrs who received 2nd dose of de-worming, EFY 2010 | # | 242,076 | 46,889 | 705,199 | 1,467,376 | 74,629 | 56,122 | 803,377 | 11,195 | 10,665 | 17,067 | 95,351 | 3,529,946 |
| | % | 70% | 68% | 65% | 70% | 53% | 89% | 79% | 50% | 85% | 85% | 100% | 71% |

## P1.5.Hygiene and environmental health

### Performance Measures

- Increase proportion of households' access to any types of latrine facilities from 56.6% to 88%
- Increase proportion Kebeles declared 'Open Defecation Free' from 30% to 67.7%

### Strategic Initiative

- Strengthen hygiene and environmental health related activities
    - Enhances community mobilization on hygiene and sanitation
    - Support implementation of all hygiene and environmental sanitation packages
    - Introduce and implement the Hygiene and environmental sanitation strategy
    - Strengthen implementation of Hygiene and environmental sanitation activities in different institutions
- Expand Community and school Led Total Sanitation and Hygiene (CLTSH)
    - Organize and Expand best experiences on CLTSH
    - Expand improved latrine construction in the community
    - Ensure functionality of established committee for confirmation of ODF
- Strengthen Sanitation marketing strategy
    - Establish Sanitation marketing centers in selected Woredas to expand improved latrine availability
    - Expand acceptable alternative sanitation technology in collaboration with stakeholders
- Strengthen Urban Sanitation Program

    - Conduct advocacy on implementation of integrated urban Sanitation and Hygiene (strategy & guideline)
    - Implement the Hygiene and Sanitation activities in 124 small towns
- Strengthen WASH in Health facilities
    - Strengthen water quality through inspection and surveillance
    - Strengthen collaboration with other sectors to improve water safety
- Strengthening climate change resilience health activities
- Strengthen personal Hygiene initiatives
- Strengthen solid and liquid waste management system
- Strengthen food and water sanitation related activities
    - Prepare food and water sanitation guideline
    - Advocate and introduce water quality improvement guideline to federal and regional experts
    - Conduct water quality assessment at national level
    - Procure water filter and quality assessment kit
- Enhance prevention of environmental pollution to create socially conducive environment
    - Conduct advocacy on smoke free stoves
    - Conduct operational research on health toxicity of indoor use of insecticides and chemicals
    - Create awareness on sound pollution
    - Strengthen inter-sectoral collaboration

Table 17: Proportion of households that have access to any type latrine, EFY 2010

| INDICATOR | | Tigray | Afar | Amhara | Oromia | Somali | Benishangul Gumuz | SNNPR | Gambella | Harari | Dire Dawa | Addis Ababa | National |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Eligible: Total number of households, EFY 2010 | | 903,992 | 269,548 | 4,216,258 | 6,565,533 | 765,327 | 193,138 | 3,397,461 | 67,708 | 28,751 | 39,603 | - | 16,447,320 |
| Households with Latrines, EFY 2009 | # | 264,980 | 27,546 | 3,355,210 | 2,321,644 | 16,964 | 40,404 | 2,273,099 | 17,021 | 40,250 | 3,816 | - | 8,360,934 |
| | % | 30.0% | 11.7% | 92.0% | 42.4% | 2.6% | 23.0% | 78.3% | 24.2% | 86.0% | 5.0% | 0.0% | 56.6% |
| Cumulative Number of households with any type of latrine facilities (both unimproved and improved), EFY 2010 | # | 723,194 | 99,733 | 4,127,282 | 6,209,792 | 391,208 | 190,909 | 2,683,995 | 23,021 | 27,889 | 34,422 | - | 14,511,444 |
| | % | 80% | 37% | 98% | 95% | 51% | 99% | 79% | 34% | 97% | 87% | 83% | 88% |

Table 18: Proportion of kebeles declared Open Defecation Free (ODF), EFY 2010

| INDICATOR | | Tigray | Afar | Amhara | Oromia | Somali | Benishangul Gumuz | SNNPR | Gambella | Harari | Dire Dawa | Addis Ababa | National |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Number of kebeles that have been declared open defecation free, EFY 2009 | # | 819 | 379 | 3,503 | 6,861 | 1,471 | 485 | 4,144 | 260 | 36 | 46 | 1,215 | 19,219 |
| | % | 39.2% | 3.6% | 67.9% | 11.5% | 6.8% | 12.9% | 42.9% | 3.4% | 29.4% | 0.0% | 0.0% | 30.3% |
| Planned Number of kebeles that have been declared open defecation free, EFY 2010 | # | 655 | 74 | 3,141 | 4,332 | 370 | 382 | 3,240 | 76 | 23 | 37 | 676 | 13,006 |
| | % | 80.0% | 19.5% | 89.7% | 63.1% | 25.1% | 78.7% | 78.2% | 29.3% | 64.7% | 81.3% | 55.6% | 67.7% |

## P1.6 Prevention and control of Major Communicable Diseases

### P1.6.1 HIV/AIDS

**Performance Measures**

- Provide HCT services to 14.66 million individuals
- Increase percentage of people living with HIV who know their status from 71.2% to 82%
- Increase number of child PLHIV on ART from 21,470 (31.9%) to 26,456 (63%)
- Increase percentage of adults and children living with HIV receiving ART from 60% to 70%
- Increase STI treatment services to 707,645

**Strategic Initiatives**

- Expand community based HIV prevention and control activities
  - Strengthen HIV service provision to MARPs at development corridor and others sectors
  - Prepare HTC awareness creation messages focusing on MARPs
  - Strengthen Voluntary Medical male circumcision (VMMC) program in Gambella region
- Strengthen targeted HIV testing and counseling
  - Sustain implementation of HIV testing and treatment catch up initiative
  - Celebrate commemoration of National HTC Day with the theme of 'Partners and family members of Index client with 100% of linkage to care'
  - Strengthening Provider Initiative HIV testing and counseling
  - Support comprehensive HTC training nationally

- Follow and support implementation of revised HIV algorithm
- Ensure procurement and distribution of adequate HIV test kit

❖ Improve Adherence to HIV care and treatment

- Strengthen efforts to increase 12 months ART adherence rate from 86 % to 90%

❖ Ensure access to pediatrics and adolescents HIV care and treatment

- Strengthen Psychosocial support to HIV+ children
- Improve HIV awareness creation for children and adolescents
- Strengthen pediatrics HIV testing and treatment

❖ Strength and improve the Quality of National HIV care and treatment service

- Strengthen the implementation of quality improvement on HIV care and treatment
- Strengthen HCT and HIV care and treatment among PLHIV partners and serodiscordant couples
- Monitor the implementation of revised comprehensive HIV care and Treatment manual
- Follow and Support implementation of Appointment spacing model of differentiated HIV care
- Support & strengthen implementation of clinical mentoring
- Provide support on strengthening laboratory sample transport system
- Strengthen detection of second line treatment failure
- Strengthen HIV clinical monitoring and improve Quality of data

- Follow and monitor HIV logistics procurement and distribution process with PMED and PFSA
- Strengthen prevention and management of STI
    - Incorporate STI prevention and treatment within medical school curriculum
    - Support and follow implementation of STI prevention and treatment service
    - Follow up procurement and distribution of drugs for STI
- Strengthen and improve TB/HIV collaborative activities

Table 19: Percentage of people living with HIV who know their status, EFY 2010

| INDICATOR | | Tigray | Afar | Amhara | Oromia | Somali | Benishangul Gumuz | SNNPR | Gambella | Harari | Dire Dawa | Addis Ababa | National |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Eligible: Total number of HIV+ estimated in EFY 2010 | # | 10,465 | 10,465 | 208,055 | 184,692 | 29,385 | 4,391 | 71,637 | 12,347 | 4,817 | 8,216 | 130,020 | 729,088 |
| Number of HIV+ who know their status in EFY 2009 | # | 44,130 | 5,922 | 143,471 | 116,766 | 2,077 | 4,638 | 41,219 | 7,103 | 4,472 | 7,319 | 96,522 | 473,639 |
| | % | 74.1% | 62.5% | 75.5% | 71.5% | 8.4% | 100.0% | 64.5% | 63.6% | 100.0% | 94.4% | 76.1% | 71.2% |
| Planned number of HIV+ to know their status, EFY 2010 | # | 54,653 | 7,849 | 176,847 | 155,141 | 7,346 | 4,391 | 57,310 | 9,631 | 4,817 | 7,723 | 110,517 | 596,224 |
| | % | 84% | 75% | 85% | 84% | 25% | 100% | 80% | 78% | 100% | 94% | 85% | 82% |

Table 20. Number of adults and children Currently on ART, EFY 2010

| INDICATOR | | Tigray | Afar | Amhara | Oromia | Somali | Benishangul Gumuz | SNNP | Gambella | Harari | Dire Dawa | Addis Ababa | National |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Eligible: Total number of adults & Children living with HIV, EFY 2010 | | 65,063 | 10,465 | 208,055 | 184,692 | 29,385 | 4,391 | 71,637 | 12,347 | 4,817 | 8,217 | 130,021 | 729,090 |
| Number of adults and children LHIV receiving ARTin EFY 2009 | # | 39,333 | 4,671 | 130,708 | 102,983 | 1,806 | 4,071 | 35,550 | 5,028 | 4,205 | 6,466 | 83,566 | 426,444 |
| | % | 70% | 48% | 73% | 56% | 7% | 87% | 40% | 28% | 90% | 77% | 71% | 60% |
| Planned Number of PLHIV currently receiving ART , EFY 2010 | # | 46,063 | 5,061 | 145,523 | 117,930 | 13,738 | 4,473 | 47,256 | 7,258 | 4,184 | 7,671 | 111,149 | 510,306 |
| | % | 71% | 48% | 70% | 71% | 47% | 92% | 66% | 59% | 87% | 75% | 79% | 70% |

## P1.6.2 TB

### Performance Measures

- Increase TB case detection rate from 64.4% to 86%; and cure rate from 84.9% to 87%
- Diagnosis and Provide Second line TB treatment for 1,159 patients
- Increase identification of new cases of leprosy and start treatment for from 55% to 62% (3,375)
- Leprosy treatment success rate from 89% to 95%
- Decrease grade 2 disability rate from 12.9% to <10%

### Strategic Initiatives

- Improve community awareness on TBL prevention and Control
  - Develop and disseminate different messages on TBL prevention and control through various communication channels
  - Undertake sensitization workshops on TB
  - Involve renown personalities to support the ongoing national TB prevention and control program
- Strengthen quality of TB diagnosis, and treatment services
  - Strengthen access and quality of TB service at Health facilities by Engaging all health care providers in TB prevention and control
  - Support implementation of TB prevention and control services at Federal, Zonal prisons and detention centers
- Strengthen Community Based TB Prevention and Control
  - Engage Civil Society and NGO on community TB care activities
- Strengthen PPM DOTS
  - Revise PPM DOTs implementation guideline

- Ensure TB and TB/HIV services delivered in PPM DOTs
- Conduct capacity building trainings for PPM DOTs site providers
- Ensure TB and TB/HIV services delivered in PPM DOTs sites are quality assured
- Create demand for TB services in PPM sites by the public

❖ Strengthen Childhood TB prevention and control

- Scale up and strengthen Childhood TB integration in IMNCI & ICCM service
- Implementing the New Pediatric TB-FDC formulation nationally

❖ Expand and strengthen DR TB diagnostic and treatment services

- Procure and distribute 30 GeneXpertmachines and 300 LED FM microscopes
- Strengthen sample referral and laboratory linkage system
- Expand and Strengthen TB Culture and DST Services to all Regions
- Expansion of FNA Cytology services to 15 Hospitals to strengthen extra pulmonary TB diagnostic capacity
- Provide new anti TB drugs for resistance TB cases to selected Hospitals and conduct follow up of its implementation
- Improve TB Lab QA Services and Accreditation at Health facilities performing TB Diagnosis
- Implement short treatment regimen at national level
- Establish Pharmaco-vigilance / DSM service for all MDR TB patients
- Strengthen Second line anti TB drug management system

❖ Strengthen TB/HIV Collaborative activities

- Strengthen implementation of TB/HIV services

- Support delivery and monitoring of IPT for eligible PHI in HIV care settings
- Support and monitor routine implementation of national TB & HIV diagnostic recommendations.

❖ Strengthen nutrition provision support for TB /DR TB clients

❖ Strengthen activities related to Leprosy prevention and control

- Support high burden leprosy Woredas and follow the progress
- Strengthen leprosy diagnostic capacity at hospitals
- Prepare and distribute teaching aids on leprosy for HEW and other health professionals
- Expand leprosy referral centers and improve access to quality Services
- Prepare and implement leprosy elimination strategy
- Strengthen Leprosy pharmaceuticals distribution system

Table 21. TB case detection rate (All forms), EFY 2010

| INDICATOR | | Tigray | Afar | Amhara | Oromia | Somali | Benishangul Gumuz | SNNP | Gambella | Harari | Dire Dawa | Addis Ababa | National |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Eligible- Number of Expected TB cases, EFY 2010 | | 10,074 | 3,564 | 41,253 | 70,490 | 11,327 | 2,069 | 37,682 | 871 | 482 | 919 | 7,509 | 186,240 |
| TB Case Detection Rate (Smear positive) in EFY 2009 | # | 6,792 | 3,058 | 22,854 | 43,804 | 5,296 | 1,143 | 22,510 | 1,057 | 477 | 1,721 | 8,013 | 116,725 |
| | % | 67.4% | 87.9% | 56.3% | 64.3% | 48.0% | 55.8% | 61.2% | 100.0% | 100.0% | 100.0% | 100.0% | 64.4% |
| Planned Number of new TB cases Detection (all forms),EFY 2010 | # | 9,067 | 3,136 | 36,154 | 61,644 | 6,737 | 1,810 | 32,823 | 871 | 482 | 919 | 7,434 | 161,077 |
| | % | 90% | 88% | 88% | 87% | 59% | 87% | 87% | 100% | 100% | 100% | 99% | 86% |

Figure 12. TB case detection rate (All forms), EFY 2010

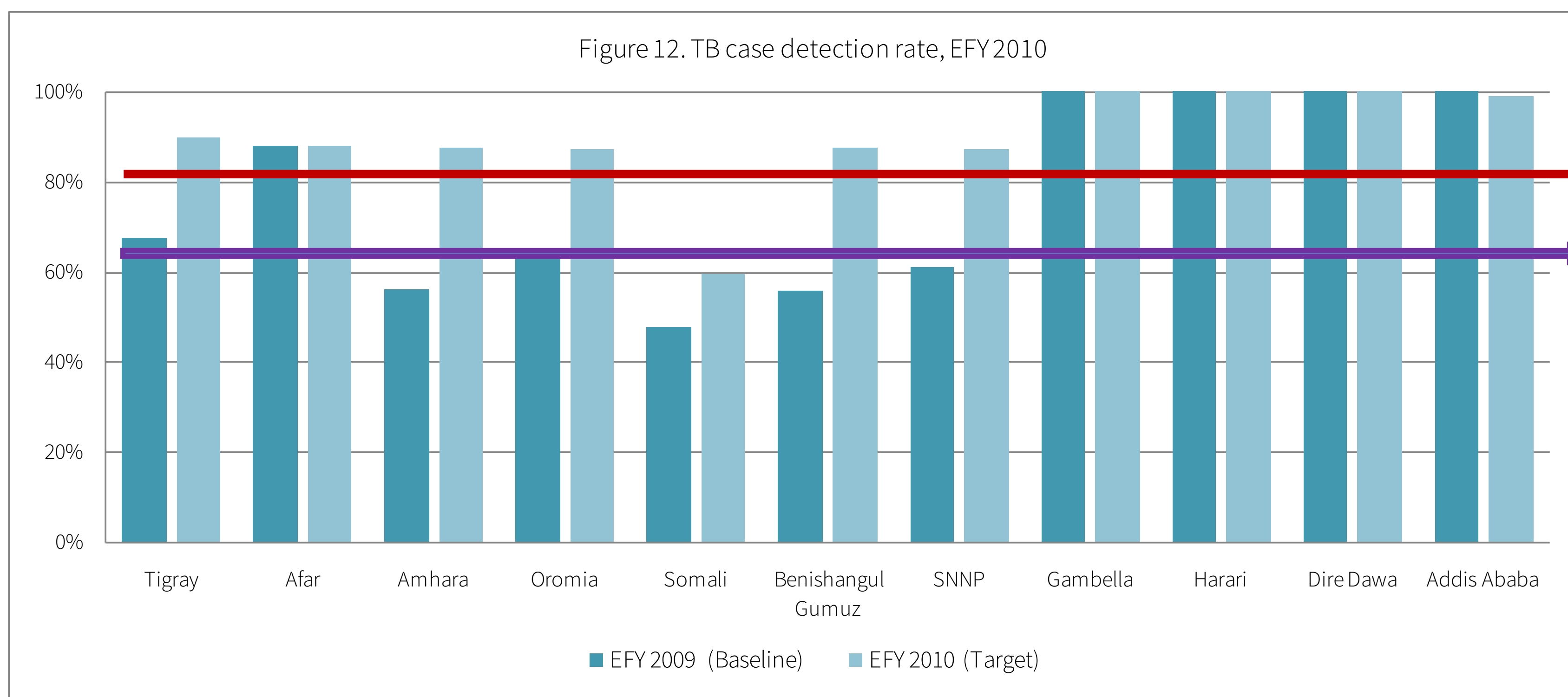


Table 22 TB Treatment Success Rate, EFY 2010

| INDICATOR | | Tigray | Afar | Amhara | Oromia | Somali | Benishangul Gumuz | SNNP | Gambella | Harari | Dire Dawa | Addis Ababa | National |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| TB Treatment Success Rate in EFY 2009 | EFY 2009 (Baseline) | 90.8% | 73.6% | 94.9% | 95.7% | 81.7% | 92.1% | 94.2% | 77.7% | 97.4% | 90.8% | 89.5% | 93.5% |
| Planned TB Treatment Success Rate for EFY 2010 | EFY 2010 (Target) | 97.0% | 86.2% | 95.0% | 99.0% | 85.0% | 98.9% | 98.4% | 91.6% | 98.0% | 98.9% | 95.9% | 95% |

Figure 13. TB Treatment Success Rate, EFY 2010

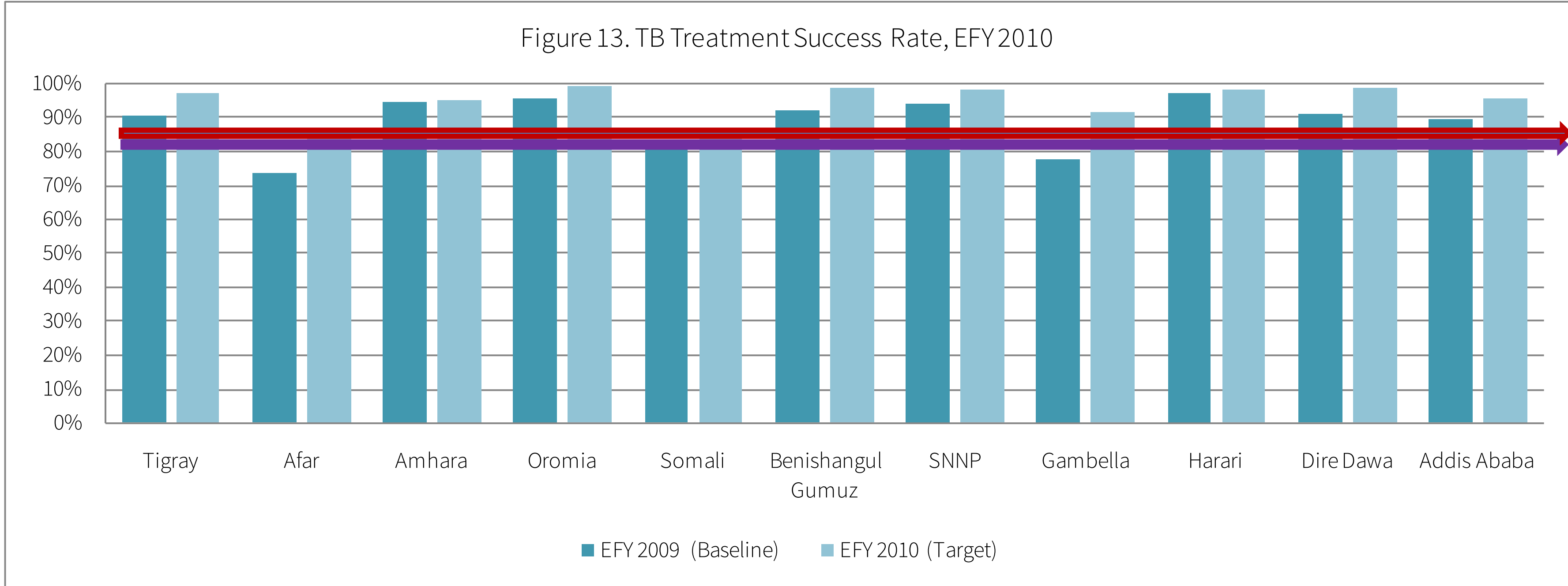
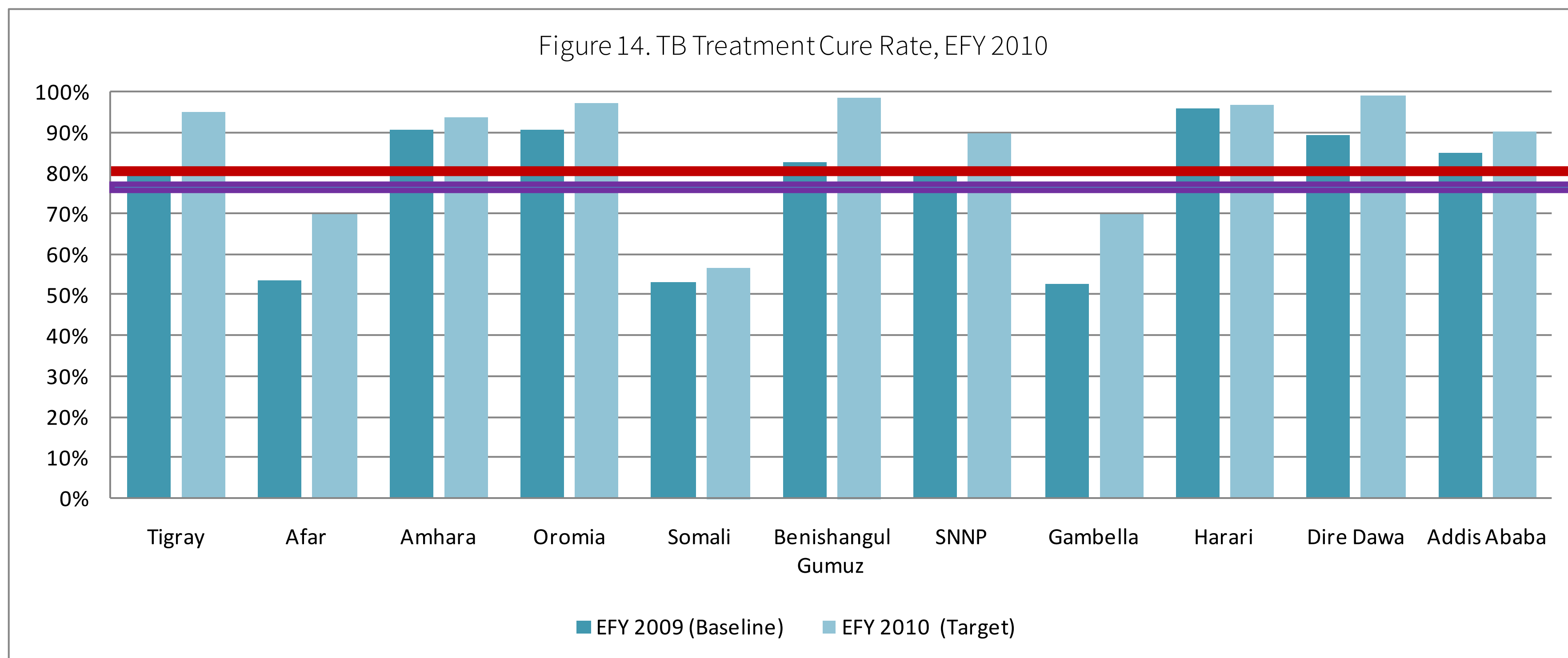


Table 23. TB Treatment Cure Rate, EFY 2010

| INDICATOR | | Tigray | Afar | Amhara | Oromia | Somali | Benishangul Gumuz | SNNP | Gambella | Harari | Dire Dawa | Addis Ababa | National |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| TB Treatment Cure Rate in EFY 2009 | EFY 2009 (Baseline) | 81% | 54% | 91% | 91% | 53% | 83% | 81% | 53% | 96% | 90% | 85% | 84.9% |
| Planned TB Treatment Cure Rate for EFY 2010 | EFY 2010 (Target) | 95% | 70% | 94% | 97% | 57% | 99% | 90% | 70% | 97% | 99% | 90% | 87% |

Figure 14. TB Treatment Cure Rate, EFY 2010



## P1.8.Malaria

### Performance Measures

- Distribute 10.98 million LLITNs
- Conduct IRS operation in the malarias Woredas for selected 6.35 million unit structures
- Decreased malaria morbidity and mortality from 1.8 million to 1.5 million and from 374 to 337, respectively.

### Strategic Initiatives

- Strengthen community ownership through awareness on Malaria prevention and Control
    - Strengthen community mobilization activities
    - Support and follow anti malaria communication activities in selected malarious Woredas with established Anti-malaria school clubs in 800 schools
    - Commemorate World malaria day and disseminate teaching materials
    - Conduct one-day High level multi-sectoral forum on malaria Elimination for 100 participants
    - Strengthen malaria prevention and control efforts around development corridors
- Strengthen vector control activities
    - Conduct National micro level stratification and develop IRS map at Kebele level
    - Conduct integrated capacity building training on vector control for 600 experts in 100 malariousWoredas
    - Conduct training for 620 vector control technicians on spray pump management and maintenance
    - Conduct integrated IRS operation and environmental compliance training for 310 vector control technicians

- Conduct studies on development corridor to strengthen evidence based control mechanisms
- Print and distribute strategy document on resistance of chemicals for vector control
- Follow up vector control /IRS chemical and other related equipment's procurement and distribution process
- Follow up the distribution of 10.98 million LLINs for 2010 replacement
- Follow up the construction of 562 stores to be completed timely for the proper management of IRS chemicals and other supplies

❖ Strengthen diagnosis and treatment services of malaria

- Provide malaria case management training for professionals from health facilities
- Procure and distribute 500 Microscope to strengthen malaria diagnostic capacity
- Ensure the availability of malaria diagnosis supplies/ RDT, Microscopes, drugs and others/

❖ Strengthen activities on malaria elimination in 239 selected Woredas

- Conduct malaria elimination baseline assessment in selected 239 woredas
- Provide 5 days Master TOT on IRS for 48 national level professionals and cascade it to 479 Woreda level malaria officers and 4,068 for IRS operators
- Ensure community participation and ownership for implementation of malaria Elimination/optimization
- Provide Master TOT on Malaria Elimination manuals to 54 professionals from RHBs and cascade to 600 participants from ZHDs, to 5975 participants from Woreda Health Offices and to 9560 HEWs

  - Follow up procurement and distribution process PCR related supplies and antigens

- ❖ Strengthen Monitoring and Evaluation on Malaria prevention, Control and Elimination
  - Provide training on Malaria surveillance for 239 professionals
  - Prepare protocol for follow up and Evaluation Malaria Elimination
  - Conduct studies such anti malaria drug efficacy,insecticide susceptibility and selectedvector distribution, dynamics and behavior studies

Table 24. Proportionof Households Covered with Indoor Residual Spray (IRS) in Targeted Villages, EFY 2010

| INDICATOR | | Tigray | Afar | Amhara | Oromia | Somali | Benishangul Gumuz | SNNP | Gambella | Harari | Dire Dawa | National |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Eligible - Number of Unit structure in epidemic prone villages, EFY 2010 | | 584,608 | 48,066 | 1,730,450 | 2,214,831 | 124,421 | 307,649 | 1,900,647 | 23,899 | 43,092 | 40,013 | 7,017,676 |
| Household in epidemic prone villages covered with IRS, EFY 2009 | # | 347,005 | 80,153 | 1,168,418 | 2,369,018 | 409,507 | 0 | 1,442,812 | 78,499 | 41,400 | - | 5,936,811 |
| Unit structure in epidemic prone villages covered with IRS, EFY 2010 | # | 546,495 | 38,148 | 1,617,636 | 1,950,411 | 98,747 | 244,167 | 1,776,737 | 18,968 | 34,200 | 31,756 | 6,357,266 |
| | % | 93.5% | 79.4% | 93.5% | 88.1% | 79.4% | 79.4% | 93.5% | 79.4% | 79.4% | 79.4% | 90.6% |

## P1.9.Neglected Tropical Diseases (NTD)

### Performance Measures

- ➢ Ensure therapeutic coverage for Lymphatic Filiariasis 80%, Schistosomiasis and internal parasites 75%, Trachoma 80% and Onchocerciasis 85% among eligible population
- ➢ Provide surgical treatment for 310,233 Trichiasis cases
- ➢ Expand Lymphaticfiliarasis treatment and prevention services from 60 to 150 Woredas
- ➢ Treat 2,750 Kalazar cases(visceral leishmaniasis)and 1,000 cutaneous leishmaniasis cases

### Strategic Initiatives

- ❖ Strengthen partnership for prevention and control of NTD (trachoma, communicable Lymphatic filariasis, Onchocerciasis, Schistosomiasis and STH, cutaneous leishmaniasis,podoconiosis, andGuinea worm)
  - o Strengthen capacity of leaders and professionals on NTD
  - o Enhance community awareness on NTD through advocacy
- ❖ Strengthen partnership with EPHI, AHARI and other stakeholders for prevention and elimination of NTDStrengthen community based drug distribution for trachoma, communicable filariasis, Onchocerciasis, schistosomiasis and STH
  - o Conduct assessment to identifygeographical distribution / occurrence of NTD diseases
  - o Enhances and follow implementation community based mass treatment
  - o Conduct post mass treatment coverage assessment to evaluate its effect
- ❖ Strengthen accessibility of surgical treatment for 310,233 Trichiasis cases
- ❖ Expand and Strengthen NTD treatment sites (communicable and Non-communicable Lymphatic filariasis and Leishimaniasis)

  - Expand an integrated management services for Lymphatic filiariasis
  - Ensure availability of supplies
  - Conduct assessment on distribution and impact of the diseases
  - Strengthen surveillance and integrate with regular services

- Coordination/integration of NTDs with WASH
- Elimination of Onchocerciasis
  - Conduct cost effectiveness study on vector control and prepare transmission zone map

## P1.10.Non-Communicable Diseases (NCD)

**Performance Measures**

- Provide breast Cancer treatment in 12 Hospitals and start comprehensive Cancer treatment services in 6 Hospitals
- Provide cervical cancer screening to 70,000 women
- Expand Mental Health serviceto 100 Health Centers
- Provide Cataract surgical services to 60,000 cases

**Strategic Initiatives**

- Strengthen prevention and control of major NCDs
  - Prepare Five-yearstrategic plan on NCDs
  - Enhance awareness creation activities on major NCDs and their risk factors through public and private medias
  - Provide major NCDs screening services through integration with UHEP
- Expansion and strengthening of prevention, diagnosis and treatment of cancer
  - Expand Cervical Cancer screening and management to 200 Woredas

- Strengthen and expand Visual Inspection with Acetic acid (VIA) screening services
- Follow up the construction of radiotherapy centers and start comprehensive cancer treatment
- Develop national childhood cancer guideline Ensure availability of Cancer treatment supplies
- Start LEEP services in 20 hospitals

❖ Integrate NCD diagnosis and treatment services to routine basic health facility service

- Implement Global HEARTS Initiative on selected three primary Hospitals in collaboration with WHO
- Improve quality of diagnosis and treatment service for sever Hypertension and Diabetus in 36 selected Hospitals
- Strengthen and expand diagnosis and treatment of major NCDs services in selected 108 Health Centers and primary Hospitals
- Strengthen and expand diagnosis and treatment of Rheumatic heart disease in 15 hospitals and 45 health Centers

❖ Scale up viral hepatitis prevention and treatment services

- Create awareness among the general public and healthcare workers regarding viral hepatitis and associated liver disease
- Strengthen and expansion of viral hepatitis screening, diagnosis and treatment in 7 additional selected hospitals (primarily of HBV and HCV)
- Strengthen hepatitis B vaccination program
- Follow-up procurement of medicines and other inputs for treatment of viral hepatitis

❖ Strengthen and expand integrated mental health service at the primary health care level

- o Increase community awareness on mental health problems and its precipitating factor
- o Finalize national mental health five-year strategic plan
- o Prepare standardized training curriculumon integration of mental health with some communicable diseases (like TB, HIV) and non-communicable diseases
- o Strengthen rehabilitation centers for substance abuse cases

❖ Strengthen and expand non-communicable eye health problems prevention and control services

- o Enhance public awareness on eye health problems through print and other media
- o Implementation of the national Cataract Backlog clearance initiative and ensure additional 60,000 operable cataract cases got service

## P.1.11. Improve Medical Services

### Performance Measures

- ➢ Increase Per capita Outpatient utilization rate from 0.75to 1.41
- ➢ Increase Bed occupancy rate to 85%
- ➢ Reduce Hospital death rate from 6% to 5%
- ➢ Increase routine blood collection facilities from 750 to 1200 and collect 241,307 blood units
- ➢ Reduce hospital average length of stay to 5 days
- ➢ Increase admission rate by 25%
- ➢ Increase Hospitals with standard triage service from 65% to 75%
- ➢ Ensure 50% of Hospitals have scored >80% of the HSTQ standard on standard Maternal health services
- ➢ Increase implementation of Hospital reform to >75% in all Hospitals

**Strategic Initiatives**

- Strengthen central triage and OPD services
  - Design and implement activities to reduce outpatient waiting time to 60 minutes
  - Strengthen and support implementation EHSTG
  - Ensure quality of service by conducting clinical audit in Hospitals
  - Support private hospitals to implement EHSTG
  - Strengthen activities to reduce hospital elective surgery waiting time to less than one month
- Enhance implementation of hospital transformation and health center reform guidelines
  - Finalize revision of hospital transformation implementation handbook and HPMI document and provide TOT training
  - Follow and support health centers reform and EHSTG implementation in private Hospitals
- Improve and strengthen EHIAQ
  - Enhance clinical mentorship among hospitals
  - Support and monitor Ethiopian primary Health Care alliance for quality (EPAQ)
- Strengthen CASH and IPPS initiative implementation
  - Enhances ownership of all stakeholder on CASH-IPPS Implementation
  - Prepare and print of CASH-IPPS Implementation manual for health centers and implement in 80 selected HCs
- Expand and strengthen rehabilitation health services
  - Finalize and implement the rehabilitation service Package
  - Follow up procurement and distribution of necessary supplies for rehabilitation centers

- Improve nursing and midwifery services
- Strengthen and scale up specialty medical services
    - Conduct advocacy on specialty medical services road map
    - Expand forensic medical services and enhance awareness
    - Prepare a legal framework for hematopoietic stem cell transplantation
- Conduct advocacy on Hospital clinical auditing and expand the services
- Improve pre-hospital emergency medical services
    - Strengthen activities to increase number of Hospitals providing standard Emergency service to 30
    - Follow the procurement of 3000 Ambulancesby matching fund and avail the necessary inputs
    - Strengthen a collaborative ambulance service
- Expand first aid services in the community
- Enhances mass causality preparedness and response
- Improve health facility emergency medical services
    - Support and renovate emergency unit in hospitals
    - Strengthen the quality of emergency medical services in hospitals
    - Conduct Integrated emergency medicine TOT training for 120 professionals
    - Follow up procurement and distribution of supplies to provide standard emergency medical service
- Strength ICU
    - Strengthen the existing ICU services in 30 hospitals and establish ICU service in 30 additional hospitals
    - Conduct ICU TOT training for 50 health professionals

- Strengthen and expand Trauma Care System
  - Strengthen activities to expand trauma centers from 3 to 5
- Expand and Strengthen burn care and poisoning center service
  - Establish two burn unit in selected two Universities
  - Conduct study on main causes of poisoning in Ethiopia
- Strengthen patient referral service system
  - Implementation of National Service Directory, web based bed management system and referral Network
- Pilot and implement primary health care clinical guideline
- Strengthen and expand basic surgical services
  - Design method or direction for improving the quality of basic surgical services
  - Conduct clinical mentorship program on surgical and anesthesia service
- Strengthen palliative care and pain management in hospitals
- Scale up accreditation of Laboratory through implementation of quality services
- Expand and strengthen of quality diagnosis including ultrasound services
- Strengthen blood bank service
  - Community mobilizing for volunteers bloods donation
  - Enhances availability of blood through mobile collection of blood and its products
  - Capacitate with adequate supplies for collection of blood
  - Ensure quality of blood bank services

Tables 25. Outpatient attendance per capital, EFY 2010

| INDICATOR | Tigray | Afar | Amhara | Oromia | Somali | Benishangul Gumuz | SNNP | Gambella | Harari | Dire Dawa | National |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Outpatient attendance per capital in, EFY 2009 | 1.76 | 1.82 | 0.35 | 1.06 | 0.49 | 0.24 | 0.77 | 0.63 | 0.67 | 1.31 | 0.75 |
| Planned Outpatient attendance per capital, EFY 2010 | 2.20 | 2.10 | 0.85 | 1.50 | 0.75 | 0.35 | 1.45 | 1.20 | 1.40 | 1.85 | 1.41 |

## P2: Improve Health Emergency Risk Management

### Performance Measures

- Rehabilitate 85% of citizens with public health emergencies
- Rehabilitate 95% of health facilities affected by public health emergencies
- Increase proportion of health facilities reporting complete and timely weekly disease reports from 80% to 95%

### Strategic Initiatives

- Strengthen Emergency preparedness for effective health response and recovery at all levels
- Strengthen surveillance, regular risk assessment and early warning, development of public health risks profile maps;
- Strengthen health sector and multi-sectoral coordination mechanisms to facilitate joint action on risk reduction, response and recovery.
- Strengthen epidemic control and response

Tables 26. Proportion of health facilities reporting complete and timely weekly diseases report, EFY 2010

| INDICATOR | | Tigray | Afar | Amhara | Oromia | Somali | Benishangul Gumuz | SNNP | Gambella | Harari | Dire Dawa | National |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Rate of Health facilitiescomplet and timely weekly diseases reported in, EFY 2009 | % | 94% | 46% | 95% | 89% | 48% | 85% | 92% | 88% | 100% | 100% | 80% |
| Rate of Health facilitiescomplet and timely weekly diseases reported in, EFY 2010 | % | 100% | 89% | 96% | 99% | 86% | 100% | 95% | 96% | 100% | 100% | 95% |

## P3: Enhance Good Governance

### Performance Measures

- Increase customers' satisfaction at health administrative units through full implementation of Health Sector regulations

### Strategic Initiatives

- Strengthen capacity of leadership
- Enhance implementation of patient and citizen charters
- Provide tailored support to Regions which needs special support to tackle service provision inequity
- Strengthen health development army
- Strengthen preparation and implementation of different medico legal documents
- Institutionalize Knowledge Management Strategy and strengthen expansion of best experience
- Ensure gender equity in health sector with facilitating women to come to leadership
- Strengthen public wing to improve good governances at all level of health system
- Ensure Women, youth and disability issues are well addressed in all plan of the health system
- Strengthen transparency and accountability through participation of civic society and community at all level Strengthen implementation of community scorecard

## P4: Improve Regulatory System

### Performance Measures

- Increase Health Facility inspection coverage to 94%
- Increase food and drink establishment inspection from 62% to 87%
- Increase consignment laboratory test coverage of food to 60%

- Increases health related products and supplier's inspection from 80% to 95%

**Strategic Initiatives**

- Implement strategies to achieve zero backlog of dossiers and pre market sample test for food and medicine
- Outsource pre licensing inspection of pharmaceuticals and food institutions
- Ensure implementation of internal quality assurance system in Pharmaceuticals, health and food institutions
- Strengthen post licensing inspection activities based on risk focused auditing
- Strengthen post marketing food and pharmaceutical quality control activities
- Ensure third party assurance of internally produced and imported food products
- Strengthen control of Narcotics/Psychotropic drugs and tobaccos and also enhance pharmaco-vigilance
- Strengthen prevention and control of antibiotic resistance
- Improve health service standard and quality
- Strengthen system for controlling medical ethics and competency of health professionals
- Enhance environmental health regulatory related activities
- Build the regulatory system by staffing with health regulatory science skilled professionals
- Digitalize the regulatory information system
- Strengthen development and implementation of regulatory laws

Tables 27. Proportion of Food and Drinking establishments Inspected, EFY 2010

| INDICATOR | Tigray | Afar | Amhara | Oromia | Somali | Benishangul Gumuz | SNNP | Gambella | Harari | Dire Dawa | National |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Rate of Food and Drinking establishments Inspected in, EFY 2009 | 95% | 40% | 76% | 79% | 31% | 74% | 83% | 68% | 92% | 40% | 62% |
| Rate food and Drinking establishments Planned to Inspected in, EFY 2010 | 96% | 75% | 86% | 96% | 73% | 96% | 90% | 85% | 93% | 75% | 87% |

## P5: Improve Supply Chain and Logistic Management

### Performance Measures

- Increase availability of essential drugs in Health Center from 77% to 92%
- Increase pharmacy service standard to 60%
- Reduce national drug wastage rate to less than 2%

### Strategic Initiatives

- Strengthen capacity in selection, quantification and resource planning
  - Strengthen quantification of drugs and medical equipment on health programs and revolving drug
  - Strengthen follow up of status of storage and consumption evidence
  - Enhance capacity of RHBs and Health facilities on drug & medical equipment prediction
- Establish demand driven and supply system for medical supplies in all health facilities
- Improve pharmaceutical procurement system and procurement agreement management
  - Strengthen contract/procurement administration
  - Enhance activities to make drug and medical equipment procurement time 180 days or less
- Improve warehouse, infrastructure, storage and distribution management systems of medical supplies
- Strengthen internal production capacity
  - Improve access to medicines through quality local production
  - Implement the GMP (good manufacturing practice) Roadmap

- ❖ Strengthen public-private partnership for improving accessibility and management of pharmaceutical supplies
- ❖ Scale up integrated information management system for pharmaceutical supply and services
- ❖ Strengthen Cold chain management system
- ❖ Expand and institutionalize auditable pharmaceutical transaction and services (APTS)
- ❖ Design strategies that reduce drug wastage and strengthen system for disposing of expired drugs
- ❖ Strengthen clinical pharmacies
- ❖ Strengthen partnership for prevention of drug resistances
- ❖ Identify important traditional medicines/services and provide support
- ❖ Improve pre service training of pharmacy in collaboration with other key stakeholders
- ❖ Strengthen medical supply safety and confidentiality
- ❖ Strengthen fleet management system
- ❖ Establish refurbishment center to reusedamaged medical equipment's
- ❖ Enhance and expand management system for proper utilization of medical equipment and health technology
- ❖ Implement paper based inventory management system in all Health centers

Tables 28. Essential drug availability at Health Center, EFY 2010

| INDICATOR | | Tigray | Afar | Amhara | Oromia | Somali | Benishangul Gumuz | SNNP | Gambella | Harari | Dire Dawa | National |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Rate of Essential drug availability at Health center in, EFY 2009 | % | 94% | 70% | 79% | 86% | 48% | 82% | 83% | 65% | 93% | 95% | 77% |
| Total Number of HHs in targeted villages received at least one LLIN, EFY 2009 | % | 96% | 90% | 90% | 95% | 75% | 94% | 95% | 85% | 96% | 99% | 92% |

## P6: Improve Community Participation and Engagement

### Performance Measures

- ➢ Increase proportion of Model household graduation from 37.6% to 50 %

### Strategic Initiatives

- ❖ Expand and strengthen behavioral change communication activities
    - o Conduct assessment on level of awareness and community participation
    - o Capacitate health professionals on Health Education and health promotion
    - o Develop and distribute quality print and audiovisual health education materials
    - o Conduct need assessment on health education in Regions that needs special support
    - o Strengthen involvement of community in prevention and control of diseases
- ❖ Strengthen advocacy and Community mobilization
    - o Conduct advocacy based on the regional context
    - o Improve Health literacy and health system literacy
    - o Use/support different social mass medias to mobilize society on health related issues
- ❖ Improve health education activities
    - o Enhance partnership on Health Education
    - o Strengthen Health Education using new technologies
    - o Strengthen the toll free call service (952) to provide health education on selected health topics
- ❖ Strengthen and facilitate different health related community forums

Table 29. Household Graduates after Completing Health Extension Package Training, EFY 2010

| INDICATOR | | Tigray | Afar | Amhara | Oromia | Somali | Benishangul Gumuz | SNNP | Gam-bella | Harari | Dire Dawa | Addis Ababa | National |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Total Number of Eligible Households, EFY 2010 | | 1,192,501 | 325,631 | 4,996,760 | 7,648,640 | 893,836 | 239,520 | 4,005,322 | 98,574 | 64,334 | 100,047 | 857,483 | 20,422,649 |
| Graduated Households, EFY 2009 | # | 433,339 | 38,838 | 3,108,299 | 764,558 | 21,402 | 99,091 | 1,067,009 | 4,644 | 23,487 | 2,044 | - | 5,562,711 |
| | % | 49% | 16% | 85% | 14% | 3% | 56% | 37% | 7% | 50% | 3% | 0% | 37.6% |
| Planned Households to be trained & Graduated, EFY 2010 | # | 775125 | 65126 | 4297214 | 2677024 | 89384 | 148503 | 1922555 | 11829 | 35384 | 62007 | 171497 | 10255647 |
| | % | 65% | 20% | 86% | 35% | 10% | 62% | 48% | 12% | 55% | 62% | 20% | 50% |

Figure 14. House Hold Graduation, EFY 2010

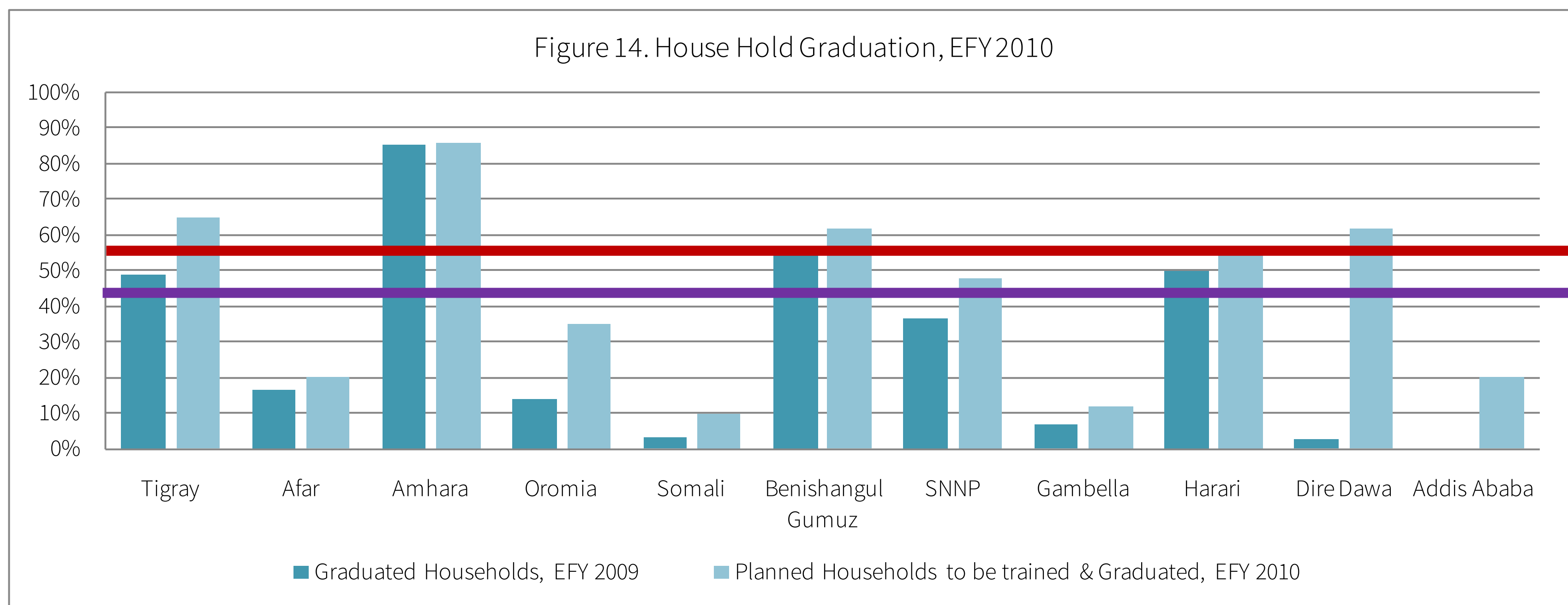


Table 30. Proportion of functional 1 to 5 networking, EFY 2010

| INDICATOR | | Tigray | Afar | Amhara | Oromia | Somali | Benishangul Gumuz | SNNP | Gambella | Harari | Dire Dawa | Addis Ababa | National |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Total Number of Eligible Households, EFY 2010 | | 198751 | 363396 | 916163 | 1529728 | 2972861 | 39920 | 667549 | 16429 | 50181 | 22342 | 445039 | 7222359 |
| Rate of Functional 1 to 5 networking, EFY 2009 | % | 29% | 2% | 42% | 15% | 0% | 32% | 10% | 8% | 22% | 100% | 18% | 19% |
| Planned to functional of 1 to 5 networking EFY 2010 | % | 100% | 35% | 95% | 88% | 59% | 98% | 94% | 50% | 91% | 100% | 83% | 92% |

## P7: Improve Resource Mobilization

### Performance Measures

- Mobilize 90% of financial requirement for implementation of EFY 2010 planned health programs
- Ensure 90% resource allocation for implementation of EFY 2010 Health Sector Plan
- Increase CBHI members from 35% to 60%

### Strategic Initiatives

- Scale up health insurance schemes (CBHI and SHI) through awareness creation and participation of different stakeholders
    - Conduct awareness raising activities on CBHI and SHI to different stakeholders such as House of People Representatives and federal institutions
    - Support Center of Excellence Woredas on CBHI
    - Strengthen CBHI through availing the necessary materials
    - Organize and disseminate best experiences in implementation of CBHI and SHI
    - Enroll 100% of employees to SHI scheme from organization that are selected for the fiscal year
- Design strategies to strengthen availability of services at health facilities selected to implement CBHI
    - Conduct assessment on availability of drugs and modality of services in CBHI implementing Health facilities
- Conduct resource mapping for EFY 2011
- Strengthen evidence based allocation of resources for implementation of EFY 2010 plan
- Enhance project development for resources mobilization to fulfill the financial gap of health Sector
- Implement Innovative Financing Mechanisms

- Strengthen efforts to increase government budget allocation to the health sector.
- Enhance timely distribution, utilization and liquidation of allocated resources
- Conduct analysis based on the 6th NHA findings and strengthen Health Care Financing Reform (HCFR)
- Prepare and implement Laws, Rules and guidelines that facilitate implementation of Health care financing
- Strengthen public private partnership and ensure NGO project documents are well aligned with HSTP
- Strengthen collaboration with neighboring countries, development partners and diasporas Strengthen activities that ensure equity of services across the country through improving accountability and transparency Improve procurement process through introducing technology and implementation of government regulation
- Strengthen intensive follow up and support to reduce wastage of resources

## P8: Improve Research and Evidence for Decision Making

### Performance Measures

- Ensure 100% Woredas have evidence based aligned and harmonized quality plan
- Increase completeness of report from 97%to 98%
- Increase Health facilities that implement LQAS from 66% to 84%

### Strategic Initiatives

- Strengthen implementation of "One Plan, One Budget and One Report" principle at all level of the Health Sector
    - Strengthen preparatory phases including collection of evidences for preparation EFY 2011 WBHSP
    - Prepare well Harmonized and aligned WBHSP for EFY 2011
    - Conduct an integrated WBHSP process assessment

- Enhance implementation of Balanced Score Card to improve effectiveness of the Health Sector
- Strengthen quality and distribution of HMIS implementation through technology
    - Prepare quarterly, semi-annual and annual report and disseminate to stakeholders
    - Follow up and evaluate implementation of JSC meeting
    - Ensure participation of all stakeholders in ARM
    - Conduct inspection on implementation of selected initiatives
    - Conduct supportive supervision on implementation of HMIS
    - Conduct MTR in collaboration with stakeholders
    - Finalize revision of CHIS and strengthen implementation in all Regions
    - Finalize revision of HMIS and implement in public and private health facilities
- Strengthen Capacity Building and mentorship program on data quality assurance and use through collaboration with universities
- Conduct basic and operational Research
    - Finalize impact assessment on HIV prevention, treatment and control
    - Finalize National study on distribution of drug resistant for TB
    - Conduct survey on selected nutritional support implementing Woredas based on “SeKota” declaration
- Strengthen dissemination of research results to stakeholders
    - Culture cells from mad dogs to prepare production package for anti-rabies vaccine.
    - Develop package of topical cream from plan extracts for skin related problems

  - Formulate medicine from plants that kill animal ecto-parasite, develop package and distribute to factories for production

- Strengthen research on bio medical, clinical and health innovation
  - Conduct basic research on non-communicable disease
  - Conduct operational and clinical trial research
  - Pilot bio equivalence and 3 health innovative studies;customize and expand the finding.
- Strengthen post graduate students and researchers capacity on research
- Strengthen and certify laboratories that have institutional quality control mechanism
  - Implement the quality control policy and implementation guideline
  - Institutionalize bio safety and bio security system so as to give accreditation for TB laboratories
  - Strengthen surveys and surveillance system

Table 31. Reporting complete, EFY 2010

| INDICATOR | Tigray | Afar | Amhara | Oromia | Somali | Benishangul Gumuz | SNNP | Gambella | Harari | Dire Dawa | National |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Rate of Health facilities with complet reported in EFY 2009 | 99% | 93% | 98% | 95% | 99% | 95% | 99% | 42% | 89% | 95% | 97% |
| Rate of Health facilities with complet reported in EFY 2010 | 100% | 99% | 99% | 99% | 99% | 100% | 99% | 90% | 95% | 100% | 98% |

## CB1: Enhance use of Technology and Innovation

### Performance Measures

- Implement Electronic medical record in selected 14 Hospitals and 30 Health Centers
- Establish tele-radiology and pathology in 140 Hospitals and 40 hospitals, respectively
- Strengthen implementation of tele-radiology in 60 hospitals which has already started the services
- Ensure exchange of information among facilities through implementation of VPN in 3,451 Health Centers, 370 Hospitals, all RHBs and Agencies

### Strategic Initiatives

- Strengthen implementation of EMR
    - Support health facilities partially with the necessary electronic supplies
    - Follow up implementation of LAN in selected facilities and conduct configuration as well as testing
    - Provide training to sustain the services of LAN for end users and technical facilitators
- Strengthen implementation of tele-medicine and establish tele-radiology and tele-dermatology system
    - Equip with necessary inputs to establish tele-radiology and tele-dermatology systems
    - Implement tele- radiology in those facilities with fulfilled equipment
    - Conduct evaluation of the tele-radiology system in the 60 hospitals and strengthen the service
- Customize and implement DHS2 software and VSS
    - Identify and equip facilities with necessary supplies for implementation DHS 2

   - o Conduct TOT training on utilization of information to RHBs and relevant stakeholders and cascade the training to lower level
   - o Conduct testing on system of implementation of VSS

- ❖ Implement and ensure sustainability electronicCHIS in Urban cities and Rural Health Posts
- ❖ Implement and strengthen Dashboard system
   - o Fulfill necessary inputs for implementation of the system
   - o Harmonize Dashboard with systems like eCHIS, and DHS2 and others
   - o Strengthen implementation of IVR/ mobile health system
- ❖ Strengthen implementation of GIS and e-HRIS
- ❖ Improve NHDDand implement National Health net
- ❖ Strengthen database containing master facility list of both public and private health facilities
- ❖ Strengthen e-learning program, video conferences and smart board services in the 13 university hospitals
- ❖ Establish BSC automation at FMOH and standardize database center
- ❖ Establish innovation lab to introduce and implement new technologies

## CB2: Improve Development and Management of HRH

**Performance Measures**

- ➢ Decrease attrition rate of health professionals from 7% to 3%
- ➢ Increase proportion of Health centers staffed with at least two Midwife 80% to 94%
- ➢ Enroll 1,000 residents in 22 selected specialty programs and introduce postgraduate trauma surgery program

- Enroll 2,084 trainees in 28 medical education training institutions

**Strategic Initiatives**

- Establish CRC council at national, regional and government health science teaching institutions
- Provide orientation for all health workforce and training for 15,000 health workforce on CRC
- Support quality Improvement of medical education in 28 government training institutions at national level
- Follow up and support quality of education in 27 Higher educational institutions that produce public health professionals at Masters level
- Follow up and support quality of education on first degree training programs in 34 Higher Educational Institutions
- Expand Nursing Specialty training institutions to admit 1,230 Trainees
- Follow up and support quality of training programs delivered in 23 regional health science colleges
- Strengthen quality health professional training
    - Enroll 1,000 laboratory, 800 level IV Pharmacy Technicians,
    - Enroll 200 New and 446 existing Biomedical trainees
    - Enroll 3,500regular and 3,848level IV Health Extension Trainees
- Provide skill gap and ethics training on 4 selected excellence centers to enhance concept of CRC
- Develop Compassionate, respectful and caring customer service training Packages for non-health professional staff
- Follow up of training quality of midwifery, dental professionals, physiotherapies and optometry.
- Capacitate institutions providing pre-service training

- Improve quality of pre-service training through integrated supportive supervision
- Increase professional COC program from 5 to 7 professional categories and provide COC for 7,000 health professionals
- Strengthen retention mechanisms of Health Sector employees
- Produce qualified physicians by collaboration with different stakeholders
- Improve quality of midlevel professionals through designing evaluation mechanisms
- Revise and approve training manuals
- Improve quality of professionals through designing effective, sustainable and continuous in-service competency program
- Strengthen twining between Universities/ health science colleges and health related industries as well as international universities
- Ensure equitable distribution of health professionals by type, professional level and gender mix
- Strengthen HRIS and implement electronic system
- Develop road map and include new and existing professions in the career system
- Enhance professional performance and efficiency through HDA

Table 32. Proportion Health Centers Staffed with atleast two Midwifery, EFY 2010

| INDICATOR | | Tigray | Afar | Amhara | Oromia | Somali | Benishangul Gumuz | SNNP | Gambella | Harari | Dire Dawa | Addis Ababa | National |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Rate of Health centers staffed with at least two Midwifery, EFY 2009 | % | 97% | 56% | 89% | 79% | 33% | 100% | 82% | 33% | 100% | 100% | 74% | 80% |
| Rate of Health centers staffed with at least two Midwifery, EFY 2009 | % | 100% | 95% | 84% | 99% | 64% | 100% | 99% | 81% | 100% | 100% | 100% | 94% |

## CB3: Improve Health Infrastructure

### Performance Measures

- Install solar system in 175 Health Centers
- Finalize the construction of 10 already started and 10 new Health center funded by federal ministry of health
- Finalize the construction of 122 Operation Theater blocks which started in the previous years

### Strategic Initiatives

- Provide financial and technical support to finalize construction of Health Centers
- Strengthen health service coverage and quality through construction, renovation and expansion of health facilities
    - Monitor the construction of new and expansion of 337 health centers and 12 hospitals
    - Follow the expansion of hospitals being constructed by matching fund to at least 50% status
        - Five hospitals in Amhara region (Dessie, Woldiya, Debre-Tabor, Debre-Markos and Debre-Birhan); and
        - Three hospitals in Oromia region (Nekemte,Gedo and Chiro),
    - Complete the expansion of hospitals being constructed by matching fund such as
        - JigjigaMelesZeinawi Hospital in Somali,
        - Butajira hospital in SNNP,
        - Adwa Hospital in Tigray and
        - Logia hospital in Afar
    - Expansion of three federal hospitals
- Ensure the distribution of PV solar and follow its installation

- Finalize and distribute design of Comprehensive specialized Hospital to regions
- Follow up construction of blood bank and make ready for services
- Construct Operation Theater block and Bio Medical Workshop buildings in all regions
    - Follow up the construction of 122 Operation Theater blocks and 15 regional Laboratories
- Prepare and distribute standardized design for Specialize hospitals, General hospitals, University Hospitals and emergency medical treatment centers

## CB4: Enhance Policy and Procedures

**Performance Measures**

- Conduct One equity analysis on selective Health services programs

**Strategic Initiatives**

- Prepare legal framework and policies to ensure access, equitable and quality health service for citizens with disability
- Design mechanisms to identify equity related gaps in the health sector and implement accordingly
- Strengthen equitable health services by conducting assessment and following up implementation of Policies and Procedures
- Identify best experience regarding health program performance and scale up to other areas

# CHAPTER 3

## RESOURCES REQUIREMENT AND GAPS

## Cost for EFY 2010 plan

The EFY 2010 annual plan costing was conducted using activity-based costing at national, Regional, Woreda level. The estimated cost at all levels of the sector has been compiled and analyzed and then compared with the HSTP third year estimated cost for implementation of intervention.

As indicated on the table below, the overall estimated cost for the implementation of interventions in EFY 2010 is about 70.16 Billion ETB which is lower than estimated cost for implementation of the HSTP third year (73.36 Billion ETB) which was prepared using OneHealth tool. This discrepancy could be due to the difference in costing methodology used. It could also be as a result of under costing or not costing of some activities at different levels of the health system by the planners in the current planning process.

Out of the total estimated budget for implementation of EFY 2010 plan, about 43.5 Billion ETB (62.1%) is for health system strengthening, 22.2 Billion ETB (31.7%) is for improving access to quality of health service and the remaining amount will be used for implementation of all other objectives.

Health system strengthening budget comprises; pharmaceutical supplies (41%), health infrastructure and technology (27%), human capital (18%), governance, research & evidence making for decision (7%), and health care financing (7%).On the other hand, budget for improving access to quality of health service encompasses 15.7 Billion ETB (69%) strengthening program areas (Maternal, Neonatal & child health services, Nutrition, Hygiene & Environmental health, Prevention and control of HIV/AIDS, TB, Malaria, Non-communicable diseases and public health emergency management and other related activities) and 6.58 Billion ETB (31%) for ensuring other quality of services. The government, in collaboration with its development partners, puts continuous effort to improve financial allocation to implement community and facility based health intervention.

One important step during the planning process is resource mapping, which helps to improve financial availability and allocation. The EFY 2010 resource mapping showed that about 32.35 Billion ETB (46.1%) is estimated from Government and 31.68 Billion ETB (45.2%) from partners and communities. The remaining 6.1 Billion ETB (8.7%) is a funding gap for implementation that needs to be addressed. In order to fill the gap and implement priority areas, continuous efforts should be exerted to mobilize additional resources from government and development partners. The actual allocated finance per capital health expenditure per the fiscal year is 666 ETB (US $ 29) which is almost similar with the 6th NHA finding that estimated US $ 28.65 (2013/14). In actual terms, the per capita expenditure is not increasing as it is supposed to be. The possible reason could be under costing of some activities during planning process.

Details of the cost for the fiscal year by regions and strategic objectives (including program areas) are indicated in the following two tables.

Table 33: Cost for EFY 2010 Plan by Region

| Region | Total Required | Expected (Committed) | | Gap |
|---|---|---|---|---|
| | | Gov | AID | |
| Tigray | 2,402,831,271.03 | 1,337,745,385.74 | 553,570,518.54 | 511,515,366.75 |
| Afar | 435,963,839.18 | 99,862,987.03 | 258,782,968.85 | 77,317,883.30 |
| Amhara | 9,863,381,991.02 | 6,950,933,174.25 | 2,812,575,014.73 | 99,873,802.03 |
| Oromia | 13,915,078,269.97 | 10,711,579,997.87 | 2,362,066,682.57 | 841,431,589.53 |
| Somali | 1,023,251,601.88 | 209,535,216.00 | 215,141,492.44 | 598,574,893.43 |
| Benshangul Gumuz | 300,253,891.85 | 134,371,093.80 | 163,403,564.29 | 2,479,233.76 |
| SNNPR | 7,055,837,208.15 | 5,887,971,152.13 | 1,053,997,018.73 | 113,869,037.29 |
| Gambella | 204,063,627.00 | 100,414,105.00 | 101,294,682.00 | 2,354,840.00 |
| Harari | 113,061,877.38 | 64,896,420.28 | 40,351,496.70 | 7,813,960.40 |
| Dire Dawa | 311,404,316.07 | 252,727,232.54 | 36,512,455.83 | 22,164,627.70 |
| Addis Ababa | 2,198,991,203.93 | 1,120,028,082.40 | 718,745,842.28 | 360,217,279.26 |
| Federal | 32,337,012,521.44 | 5,487,829,648.08 | 23,373,319,492.97 | 3,475,863,380.39 |
| **Total** | **70,161,131,618.89** | **32,357,894,495.12** | **31,689,761,229.93** | **6,113,475,893.84** |

Table 34: Cost for EFY 2010 Plan by Strategic Objective (Programme)

| HSTP Strategic Objectives (programme Areas | Total Required Budget For EFY 2008 | Expected Budget | | | Resource Gap |
|---|---|---|---|---|---|
| | | Government | Aid | Total | |
| Access to Quality of Health Services | 21,302,456,309 | 6,798,356,462 | 14,184,020,358 | 20,982,376,819 | 320,079,490 |
| Maternal Health | 4,040,914,454 | 1,550,663,551 | 2,087,435,810 | 3,638,099,361 | 402,815,093 |
| Child Health | 1,689,343,081 | 445,123,230 | 3,529,181,301 | 3,974,304,531 | 2,284,961,450 |
| Adolescent Health | 1,014,087,080 | 175,745,196 | 788,652,964 | 964,398,161 | 49,688,919 |
| Nutrition | 1,148,669,193 | 295,304,313 | 547,040,254 | 842,344,566 | 306,324,627 |
| Hygiene & Environmental Health | 910,214,265 | 382,006,223 | 399,787,617 | 781,793,840 | 128,420,425 |
| Prevention & Control of Communicable Diseases - HIV/AIDS | 933,101,692 | 364,234,459 | 517,622,811 | 881,857,270 | 51,244,422 |
| Prevention & Control of Communicable Diseases - TB | 528,587,682 | 197,926,071 | 265,720,391 | 463,646,461 | 64,941,221 |
| Prevention & Control of Communicable Diseases - Malaria | 2,448,162,032 | 271,720,622 | 2,119,635,031 | 2,391,355,653 | 56,806,378 |
| Prevention & Control of Communicable Diseases - others | 1,595,632,171 | 191,685,838 | 1,313,907,976 | 1,505,593,815 | 90,038,357 |
| Prevention & Control of Non-Communicable Diseases | 404,337,594 | 208,682,302 | 115,137,883 | 323,820,185 | 80,517,409 |
| Community Ownership | 2,349,912,402 | 965,023,587 | 1,255,243,260 | 2,220,266,847 | 129,645,555 |
| Efficient & Effective Resource Utilization | 1,074,322,969 | 864,285,675 | 124,751,903 | 989,037,577 | 85,285,392 |
| Quality of Health Services | 6,589,407,065 | 2,715,264,656 | 2,499,898,320 | 5,215,162,976 | 1,374,244,089 |
| Improve Disaster Risk Management | 947,295,241 | 459,788,546 | 437,702,390 | 897,490,935 | 49,804,305 |
| Improve Governance | 1,923,338,146 | 1,196,263,122 | 337,273,899 | 1,533,537,021 | 389,801,125 |
| Improve regulatory systems | 975,289,661 | 350,858,044 | 39,398,633 | 390,256,677 | 585,032,985 |
| Improve Logistics supply and management | 17,977,986,531 | 5,639,201,101 | 11,282,090,788 | 16,921,291,888 | 1,056,694,642 |
| Improve community participation and engagement | 766,103,966 | 312,539,862 | 352,946,421 | 665,486,283 | 100,617,683 |
| Improve resource mobilization | 1,962,535,504 | 1,442,073,763 | 187,907,520 | 1,629,981,283 | 332,554,220 |
| Improve research and evidence for decision making | 942,153,049 | 437,649,279 | 272,736,010 | 710,385,290 | 231,767,760 |
| Enhance use of technology and innovation | 1,166,810,452 | 337,951,435 | 267,771,451 | 605,722,887 | 561,087,566 |
| Human Capital | 7,673,136,400 | 6,914,072,115 | 401,736,979 | 7,315,809,095 | 357,327,306 |
| Health Infrastructure | 10,816,022,120 | 6,397,113,261 | 2,525,856,378 | 8,922,969,639 | 1,893,052,481 |
| Policy & Procedures | 283,768,868 | 242,718,243 | 20,325,240 | 263,043,483 | 20,725,385 |
| TOTAL | 70,161,131,619 | 32,357,894,495 | 31,689,761,230 | 64,047,655,725 | 6,113,475,894 |