ARM 17-Doc 03/15

Federal Democratic Republic of Ethiopia
Ministry of Health

HSTP WOREDA BASED HEALTH SECTOR ANNUAL CORE PLAN

EFY 2008 (2015/16)

Prepared for ARM 2015

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Transforming The Ethiopian Health Sector :
Realizing equitable and quality health service

Prepared for ARM 2015

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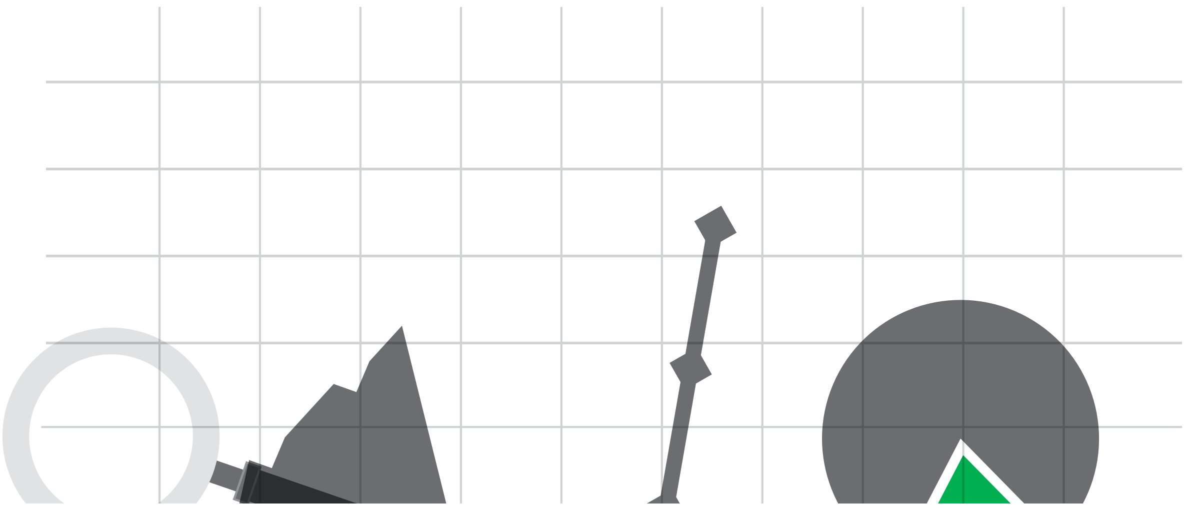
Acronyms

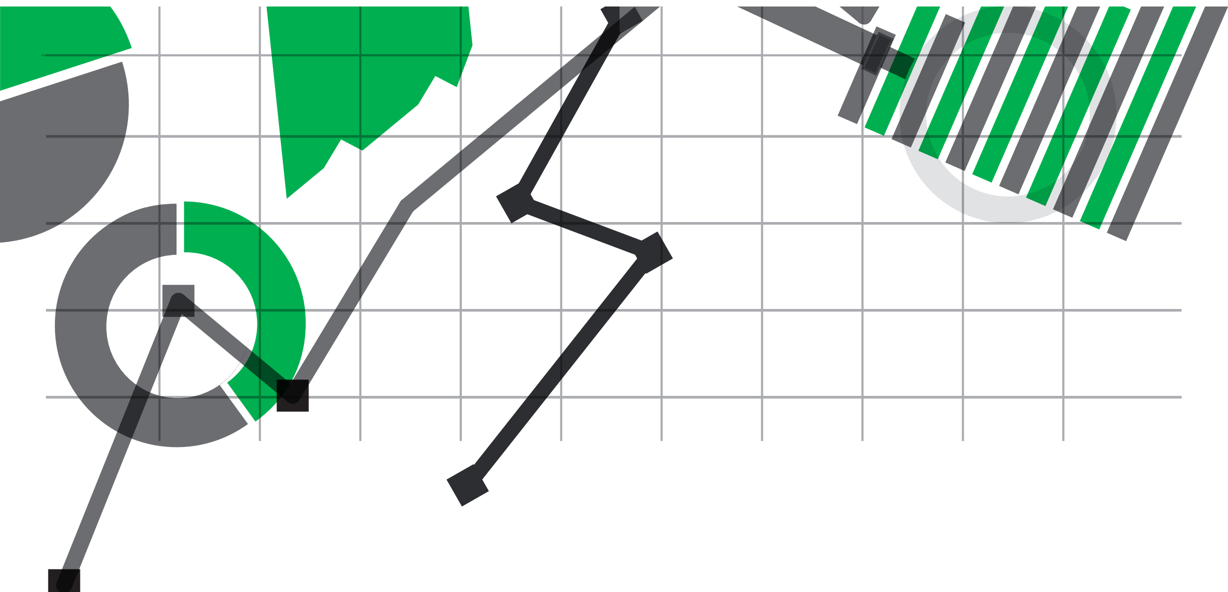
ANC	Antenatal Care
APTS	Auditable Pharmaceutical Transaction System
ART	Ante Retroviral Therapy
AYFRHS	Adolescent and Youth Friendly RH Service
CHIS	Community Health Information System
CPR	Contraceptive Prevalence Rate
DHIS	District Health Information System
EHAQ	Ethiopian Hospitals Alliance for Quality
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



Chapter 1

The woreda based health sector annual plan



1. Introduction

By the end of Ethiopian fiscal year 2007, the health sector concluded the 20 years National Health Sector Development Program (HSDP), which has been implemented by the consecutive four Development programs. Those development programs contributed National plans such as Sustainable Development and Poverty Reduction Program (SDPRP), Plan for Accelerated and Sustained Development to End Poverty (PASDEP), and Growth and Transformation plan (GTP-1).

After Successful completion of the 20 year health Sector Development Program, a roadmap in which the sector envisioned beyond strengthening primary health care unit was placed as a strategy. Health sector transformation plan is part of this strategy which is going to be implemented from Ethiopian fiscal year 2008 to 2012 (July 2015– June 2020).

The development of the Health Sector Transformation Plan was guided by a roadmap prepared jointly with all relevant stakeholders under the leadership of the Ministry of health and Regional Health Bureaus. The roadmap clearly stipulated the major steps of the development process, planning approach and methodology and communication strategy. It also clearly indicated the roles and responsibilities of all actors giving due emphasis for the involvement of all relevant stakeholders, including the private sector to ensure commitment by all for the implementation of the strategic plan by having a shared vision.

This plan has been prepared by conducting in-depth situational assessment and performance evaluation of HSDPs; considering the global situation and the country's global commitment; and most importantly the goals of the national long term vision and Growth and Transformation Plan (GTP-II).

The performance of HSDP has been reviewed critically using its annual performance reviews and relevant reports, including HMIS, the Mid-Term Reviews (MTR), the Joint Review Mission reports, and different population and facility-based surveys. The review findings showed that the country has made tremendous achievements from implementing high impact interventions mainly through its flagship community focused program known as the *"Health Extension Program*". The Ministry of Health embarked on an envisioning exercise to develop its next 20-year plan after the HSDP IV-midterm review.

The Health Sector Transformation Plan (HSTP) is the first phase of the "Envisioning Ethiopia's Path towards Universal Health Coverage through Strengthening Primary Health Care", and as part of the second Growth and Transformation Plan (GTP-II) of the country. The Health Sector mainly demands to bring a better result of health outcomes and impacts through ensuring dramatic change on i) equity and quality health care, ii) information revolution, iii) Woreda transformation and iv) Caring, Respectful and Compassionate health workforce.

A series of consultations were conducted with the private sector, universities, professional associations, other government sectors and development partners. The feedback received from these consultative workshops were carefully documented, reviewed and incorporated accordingly.

The health sector transformation plan was prepared using BSC framework and OneHealth tool (OHT). In which OHT was used for costing,, targets setting and impact estimation of each implementation years of HSTP. Using this approach all regions and woredas prepared their five year plan following the health sector transformation plan.

EFY 2008 Woreda Based Health Sector Plan is developed to ensure the realization of the commitment of the government outlined in the health sector transformation plan. As this plan mainly focuses on quality and equity, government, community, development partners and all actors need to further strengthen their efforts in the implementation of the plan to deliver more and better health care to the population.

The Woreda- Based Health Sector Planning Process

The envisioning exercise resulted in a long-term health sector transformation roadmap titled the - *"Envisioning Ethiopia's Path towards Universal Health Coverage through Strengthening Primary Health Care*". The objective of the long-term envisioning exercise was to define a framework for subsequent strategic actions which will enable Ethiopia to achieve the health outcomes that reflect best lower-middle-income country by 2025 and –averages of Upper middle income country by 2035.

Health Sector Transformation Plan is the strategic plan derived from the long term plan which changed the focus of the health sector towards equity and quality. This strategic plan was built on lessons learnt from the previous phases of the development programmes. Health sector short term plan is the Woreda Based Health Sector Annual plan, (WEHSP) 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 is the core plan plus other activities of local importance.

The health sector has institutionalized a both Top-Down and Bottom-Up Approach planning Approach in order to link national and local level priority. 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 decided national priorities of the transformation plan at all levels of the sector.

In the Top-Down and Bottom-Up planning approach an indicative plan is prepared at the sector level in line with the envisioning exercise and health

sector transformation plan and cascading of the targets to the lower levels was conducted based on the national level agreed indicative targets. In line with the indicative plan resources were also mapped which is available resources committed from all partners for the implementation period and shared for all levels. Then woredas develop their own plan based on the cascaded targets and priorities according to their local context and situation. Finally, the actual plans (targets) prepared were aggregated bottom up to formulate zonal, regional and national level plans.

The planning at all levels is conducted with the help of available concrete and reliable evidence. Based on the evidences - root causes of health and health system problems are identified and appropriate solutions are identified to tackle the hurdles.

Planning is becoming more participatory and interactive, involving all relevant stakeholders at all levels. Woreda level plan is prepared by a team from woreda health office, Directors of PHCU's, NGOs, and administrative leaders. As part of the planning process, public hospitals were also prepared their annual plan considering the five year health sector strategic plan.

Ethiopian Fiscal Year 2008 plan is the first Woreda-Based Health Sector Annual Plan that is emanated from the HSTP. In this plan special emphasis has been given to the preparation and alignment of strategic initiatives and major activities which are believed to bring quality and equity of health service.

The EFY 2008 planning time was linked with the preparatory phase of the Health Development Army (HDA), in which the Army was undertaking evaluation of EFY 2007 performance and prepared for executing the activities planned for EFY 2008. The Planning process was guided by the HDA ignition document that is prepared by top leadership of the Health Sector. In this document the existing situational analysis of the health sector and the major initiatives that needs to be given priority were indicated.

The Health Sector Policy Framework and Strategy

The Health Sector Transformation Plan (HSTP) is the first phase of the "**envisioning exercise: Ethiopia's Path to UHC through strengthening of the PHC"**. Therefore, the performance measures and targets of HSTP are set considering the impacts intended to be achieved at the end of the envisioning exercise.

Over the last decade, Ethiopia has made great improvements in many health indicators, as a result of well-coordinated, extensive effort and intensive investment of 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 palliative) 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. However, the HEP need to be transformed to the next higher level to meet the ever growing demand of the community.

The first health sector annual plan emanated from this strategic plan is the EFY 2008 Woreda based Health sector plan, which is the first annual plan after launching the sustainable Development Goals (SDG).

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 U5MR 30/1,000LB IMR 20/1,000LB NMR 10/1,000LB Stunting 26%, Wasting 4.9%	• CPR = 55% • ANC 4 = 95% • Deliveries attended by skilled birth attendants= 90% • Fully Immunized= 95% • Proportion of exclusive BF =72% • Vit A supplementation= 95%	Health Post 1:3,000 – 5,000 people Health Center 1:15,000 – 25,000 people Primary Hospital 1: 60,000 – 100,000 people General Hospital 1:1 – 1.5 Million people Tertiary Hospital 1:3.5 – 5 Million people	• Community ownership • Equitable and Quality health service delivery • Robust Human resource development • Reliable supply chain management system • Strong regulatory system • Enhanced HIS and innovation • Effective and efficiency healthcare financing • Transformative leadership and governance
HIV	HIV incidence 0.01%	• HIV positive pregnant who received -more than 95% • 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% • 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

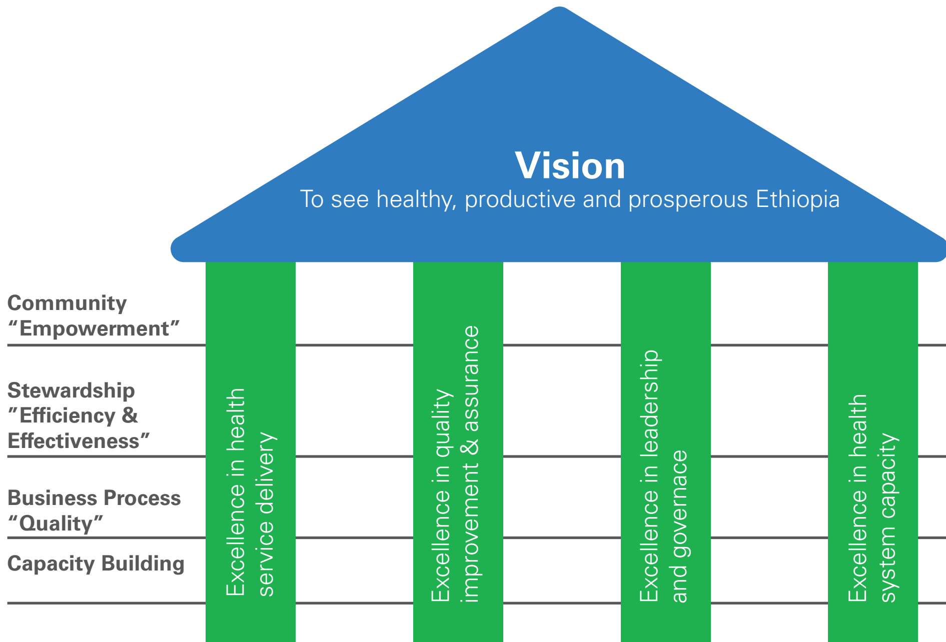
Product or service attributes	Image	Relationship
Products and services the Health Sector provides have these characteristics: • Accessibility–information, physical, financial, etc. • Timeliness of services • Quality of health care services and information, • Safety and healthy environment • Empowering community & employees • Conducive environment	The image that the Health Sector wants to portray has the following characteristics: • Trustworthy: • Transparent/Accountable • Supportive • Professional • Customer-Friendly/ Oriented • Committed	The relationship the Health Sector wants with its community could be described as: • Complementary • Cooperative (participatory) • Respectful and ethical • Harmonious (Mutual Understanding) • Transparent relationship • Dependable (Stewardship) • Responsive • 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: • 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 • Enables the community to practice and produce good health; and be protected from emergency health hazard with the attributes of comprehensiveness, accessibility, coverage, continuity, responsiveness and coordination.
Excellence in quality improvement and assurance	Refers to managing and improving quality and safety in health services at all levels of the healthcare system. A community will be served with health care that is effective, efficient, person-centered, equitable, safe, and timely at all levels and at all times through quality planning, Quality Assurance or Quality Control and quality improvement.
Excellence in leadership and governance	Efficient, accountable and transparent institutions serve all segments of the population which incorporates equitable and effective resource allocation, leadership development with the concept of community empowerment, woreda transformation and partnership and coordination
Excellence in health system capacity	Refers to the enhancement of resources for health with expected result of communities 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 improvements 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 multi sectoral 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

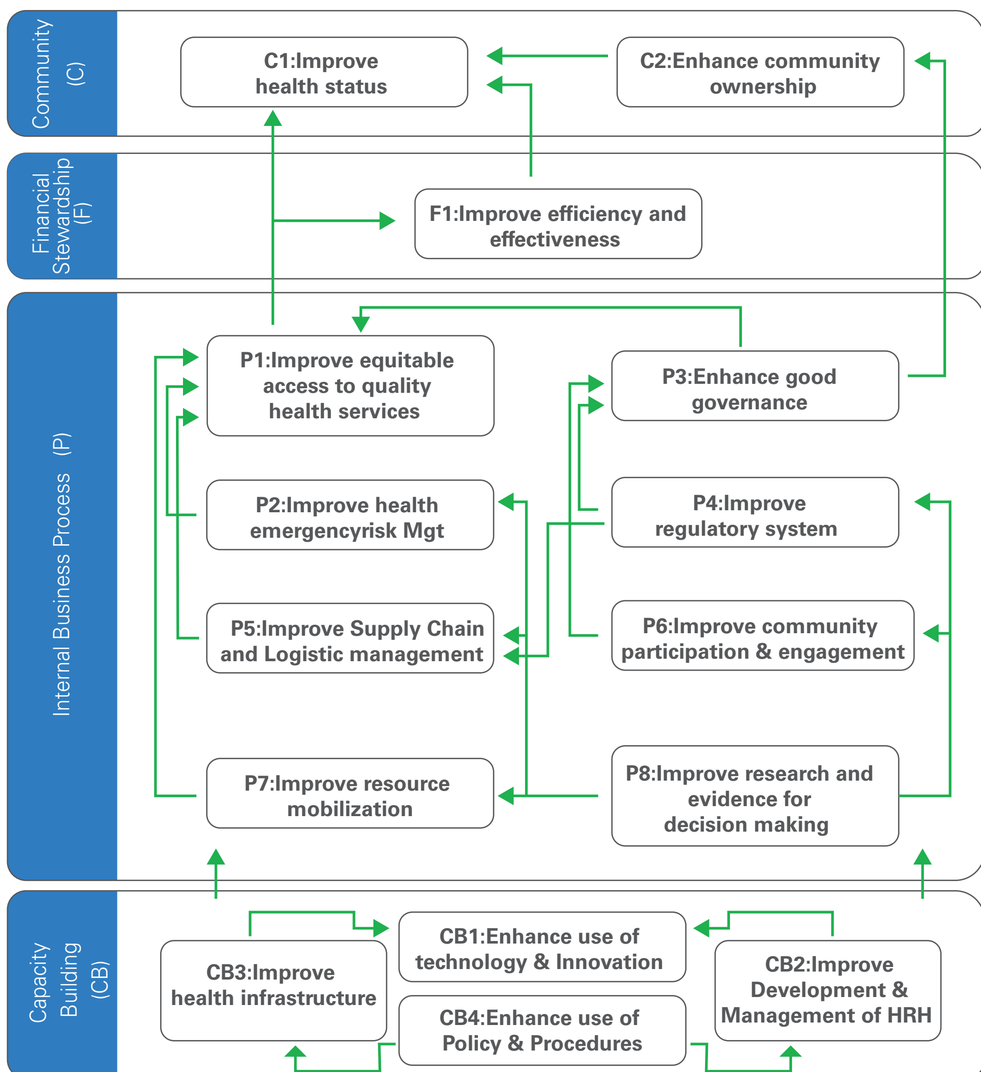
This strategic objective encompasses the expansion and standardization of health and health related facilities. It involves development of standard design of health infrastructures, carry out their constructions, maintenance, renovation, rehabilitation, equipping and furnishing them in user friendly 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

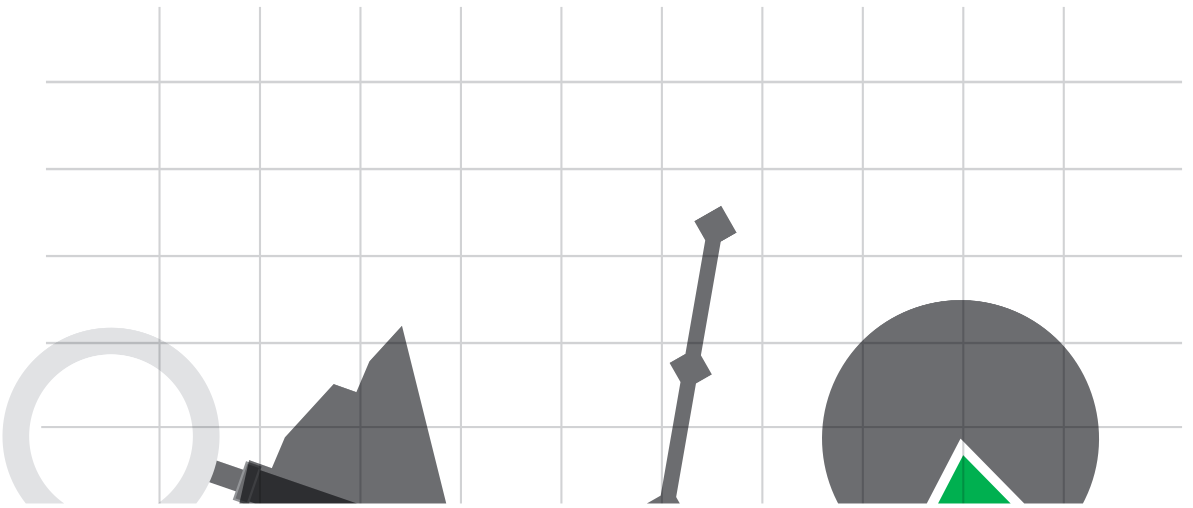
equipment management and developing basic ICT infrastructure for speedy and reliable services (connectivity, Health-Net, computer and accessories).

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.

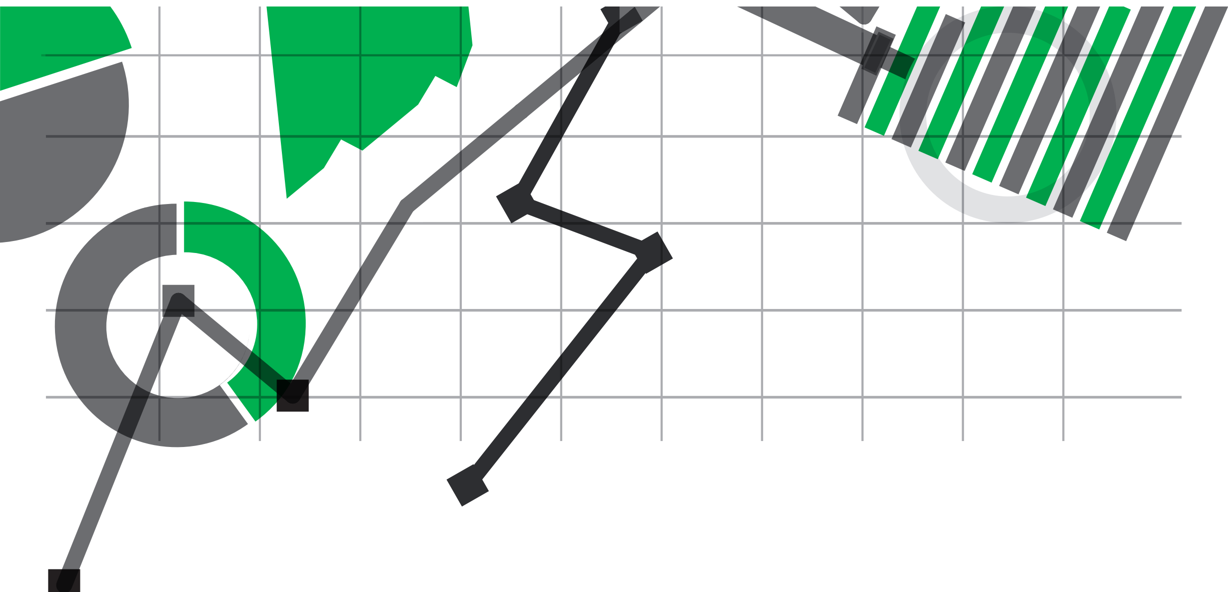
The health sector strategy map





Chapter 2

EFY 2008 Health sector core performance measures and strategic initiatives



Targets and Strategic Initiatives Planned for EFY 2008

C2: Enhance Community Ownership

Performance Measures

- Increase proportion of model kebeles from 27% to 51%
- Examine 200,000 households for level-1 HEP competency

Strategic Initiatives

Preparation phase:

- Conduct 2007 EFY performance evaluation at all levels and identify bottlenecks
- Based on performance, rank models and recognize best performers
- Conduct proper orientation on EFY 2008 plan and enhance capacity of implementers

Implementation phase

- Strengthening Women Development Army
  - Strengthen Women centered HDA through Conducting follow up and support
  - Select HDA poor performing Regions/Zones/ Woredas and provide tailored support
  - Finalize Piling phase and expand the training of WDA leaders by level I
  - Prepare Criteria to select model kebeles and PHCU and follow up its implementations
  - Organize and scale up best experiences on HEP
- Strengthen rural HEP
  - Conduct an integrated refreshment training for HEWs
  - Finalize level four HEP guideline, distribute and implement on selected Woredas
  - Finalize the Second generation HEP packages and guideline and start implementation in selected woredas
  - Devise quality improvement package/strategy for HEP
  - Devise a strategy to strengthen HEP in Pastoralist setting
- Strengthen urban HEP
  - Conduct assessment on implementation of Urban HEW training process and start generic Urban Health Extension Professionals training.

- > Implement revised guideline prepared to strengthen the existing Urban HEP
- > Provide IRT for Urban HEPs

- Strengthen Primary Health Care Unit
    - > Implement Urban PHCU redefinition in Addis Ababa and other selected main towns
    - > Finalize the piloting and implement rural PHCU redefinition
    - > Revise and implement the Essential Health Service Package
- Strengthen Advocacy and social mobilization activities
    - > Conduct international Social Behavior Change Communication Summit
- Strengthen inter-sectoral collaboration
    - > Finalize Health Education and Promotion Strategy, print and distribute 10,000 copies

Table 1: Model Kebeles

INDICATOR		Tigray	Afar	Amhara	Oromiya	Somali	Benishangul Gumuz	SNNPR	Gambella	Harari	Addis Ababa	Dire Dawa	National
Kebeles		864	404	3,454	7,021	841	475	3,926	260	53	607	47	17,952
Number of Model Kebeles, EFY 2007	#	387	5	1,839	1,886	31	19	703	10	10	33	9	4,932
	%	45%	1%	53%	27%	4%	4%	18%	4%	19%	5%	19%	27%
Number of Model Kebeles, EFY 2008	#	789	58	2,072	3,551	318	78	2,135	47	32	66	28	9,174
	%	91%	14%	60%	51%	38%	16%	54%	18%	60%	11%	60%	51%

F1: Improve efficiency and effectiveness

Performance Measures

- Increase budget utilization and liquidation rate to 100% and 90% respectively.

Strategic Initiatives

- Strengthen financial management, transparency and accountability development program
- Rollout integrated financial management information system
- Timely and efficient procurement and logistics management
- Property administration and management enhancement
- Efficient facility revenue utilization
- Conduct risk assessment, regular financial and performance audits

P1: Improve Equitable Access to Quality Health Services

P1.1. Improve Maternal Health

Performance Measures

- Increase Contraceptive Acceptance Rate from 70% (12.6 million) to 79% (14.6 million)
- Increase ANC4+ from 68% (2.06 million) to 84% (2.6 million), deliveries attended by skilled birth attendants from 61% (1.8 million) to 77% (2.4 million) and PNC from 90% (2.72 million) to 95%(2.9 million)
- Increase ART coverage for HIV positive pregnant, laboring and lactating mothers from 65% (0.19 million) to 91% (0.25 million)
- Increase number of home delivery free kebeles from 3749 to 9743

Strategic Initiatives

Strengthen family planning services

- Expand IUCD service to all regions and administrative towns
  - Avail IUCD kit for 1000 health facilities
- Scale up of provision of post partum family planning service to 60 hospitals and 40 health centers
  - Provide training for 200 health professionals from 60 hospitals and 40 health centers on PP-FP service based on revised training manual
  - Avail PP-FP kits for 100 health facilities
- Piloting provision of IUCD service by level four HEWs at selected zones and Woredas
- Scale up implanon services
  - Provide training on implanon insertion for 2510 health extension workers and conduct post training follow up
  - Conduct operational research on implanon removal
- Expand provision of permanent family planning service to 100 hospitals and 50 health centers
- Increase community awareness on family planning targeting religious leaders, elders, clan leaders and volunteer husbands to promote family planning,
- Address Family Planning Need of Vulnerable group
- Strengthen family planning in different institutions/universities
- Conduct different assessments on family planning services

- Ensure access to FP services by all segments of the population with special attention to adolescents and youth,
- Facilitate religious and community leaders to play their role on increasing community awareness to expand and use of family planning services

Strengthen ANC, Skilled Delivery and PNC Services

- Improve quality of ANC by encouraging early initiation of ANC visit (before 16 weeks of gestation) and enhances 4+ visits for antenatal care
- Scale up respectful maternity care in all health facilities
- Initiate home delivery surveillance & appropriate responses
- Expand home delivery free kebeles and award for best performers
- Scale up maternity waiting areas and develop a standard guideline
- Strengthen Maternal Death Surveillance and Response
- Strengthen obstetric fistula and pelvic organ prolapsed care
- Strengthen Safe abortion services
- Strengthen skilled delivery service
- Conduct assessment on cost effective way of BEmONC training
- Strengthen skilled post natal care service care within 24 hours
- Implement EMTCT of HIV strategy
- Strength PMTCT Service
    - Mother baby pair cohort follow up and CQI
    - Improve the PMTCT/MNCH service in the hot spot areas (Towns/mega projects)
- Strengthen youth and adolescence health service
- Expand service centers for sexual violated women
- Strengthen DNA/PCR services

Figure 1: Contraceptive Acceptance Rate, EFY 2008

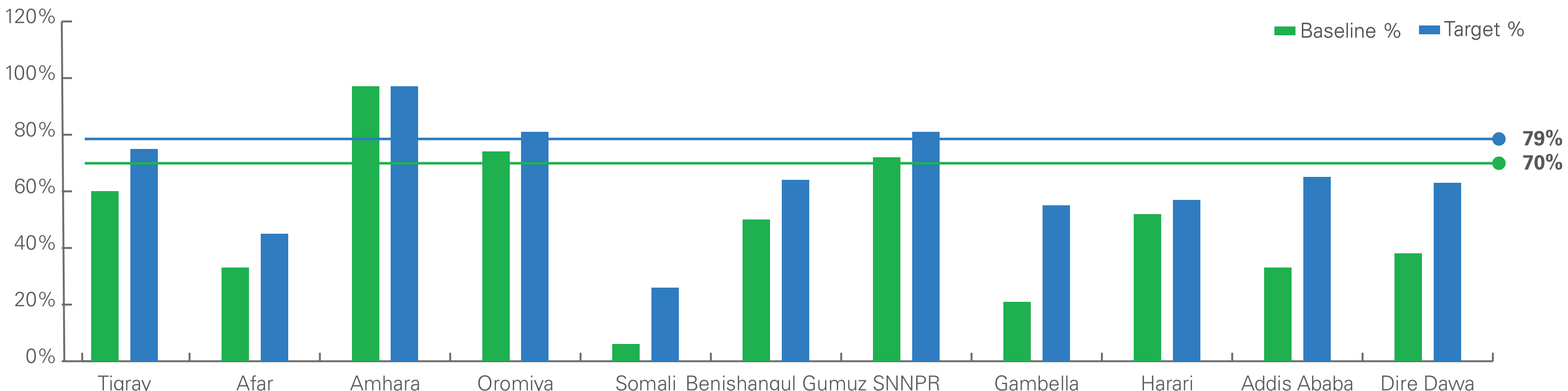


Table 2: Contraceptive Acceptance Rate

INDICATOR		Tigray	Afar	Amhara	Oromiya	Somali	Benishangul Gumuz	SNNPR	Gambella	Harari	Addis Ababa	Dire Dawa	National
Non-pregnant women of reproductive age, EFY 2008		1,033,491	352,562	4,201,768	6,441,324	1,105,046	213,934	3,713,851	97,482	55,224	1,081,755	110,441	18,406,879
Number of Women Who Accepted Modern Contraceptive Methods, EFY 2007	#	605,753	114,279	4,009,654	4,666,468	60,955	103,725	2,624,322	19,485	27,590	349,566	40,597	12,622,394
	Baseline %	60%	33%	97%	74%	6%	50%	72%	21%	52%	33%	38%	70%
Planned Number of Women to Accept Modern Contraceptive Methods, EFY 2008	#	778,108	159,783	4,075,715	5,236,362	288,069	137,294	3,023,808	53,841	31,634	706,714	69,409	14,560,737
	Target %	75%	45%	97%	81%	26%	64%	81%	55%	57%	65%	63%	79%

Figure 2: Antenatal 4+ Care, EFY 2008

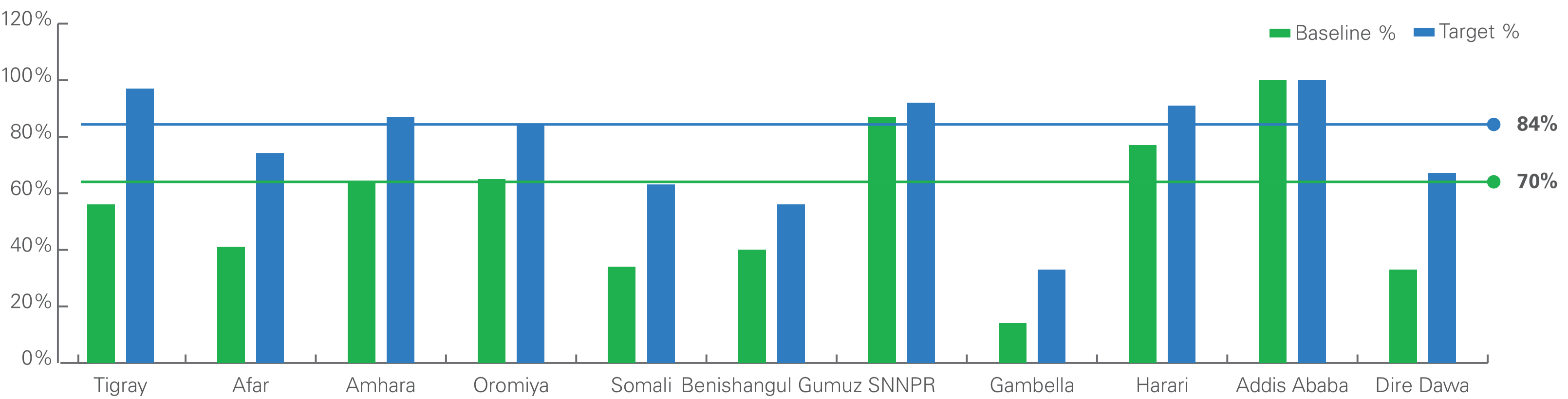


Table 3: Antenatal Care 4+

INDICATOR		Tigray	Afar	Amhara	Oromiya	Somali	Benishangul Gumuz	SNNPR	Gambella	Harari	Addis Ababa	Dire Dawa	National
Expected Pregnancies, EFY 2008		177,229	50,770	699,948	1,199,753	176,897	35,259	647,678	12,660	7,416	78,106	14,587	3,100,303
Antenatal Care 4+, EFY 2007	#	97,154	20,154	443,186	760,768	59,434	13,743	553,213	1,671	5,524	98,024	4,740	2,057,611
	Baseline %	56%	41%	64%	65%	34%	40%	87%	14%	77%	100%	33%	70%
Antenatal Care 4+, EFY 2008	#	171,152	37,316	609,428	1,010,552	110,588	19,670	595,261	4,136	6,720	14,587	9,774	2,589,185
	Target %	97%	74%	87%	84%	63%	56%	92%	33%	91%	100%	67%	84%

Figure 3: Delivery Service by Skilled Birth Attendants, EFY 2008

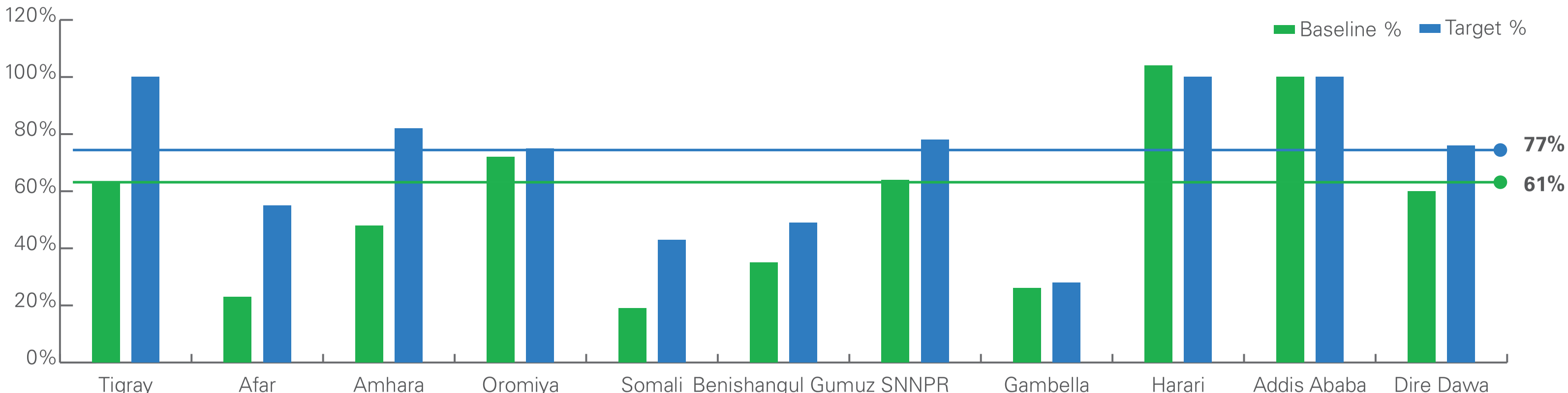


Table 4: Delivery Service by Skilled Birth Attendants

INDICATOR		Tigray	Afar	Amhara	Oromiya	Somali	Benishangul Gumuz	SNNPR	Gambella	Harari	Addis Ababa	Dire Dawa	National
Number of Expected Deliveries, EFY 2008		177,229	50,770	699,948	1,199,753	176,897	35,259	647,678	12,660	7,416	78,106	14,587	3,100,303
Deliveries Attended by a Skilled Birth Attendant, EFY 2007	#	109,302	11,189	332,626	837,444	32,234	11,955	404,593	3,151	7,421	81,857	8,513	1,840,285
	Baseline %	63%	23%	48%	72%	19%	35%	64%	26%	100%	100%	60%	61%
Deliveries to be Attended by a Skilled Birth Attendant, EFY 2008	#	177,229	27,841	574,147	905,106	75,617	17,331	506,074	3,482	7,416	78,106	11,145	2,383,495
	Target %	100%	55%	82%	75%	43%	49%	78%	28%	100%	100%	76%	77%

Figure 4: Early Postpartum care, EFY 2008

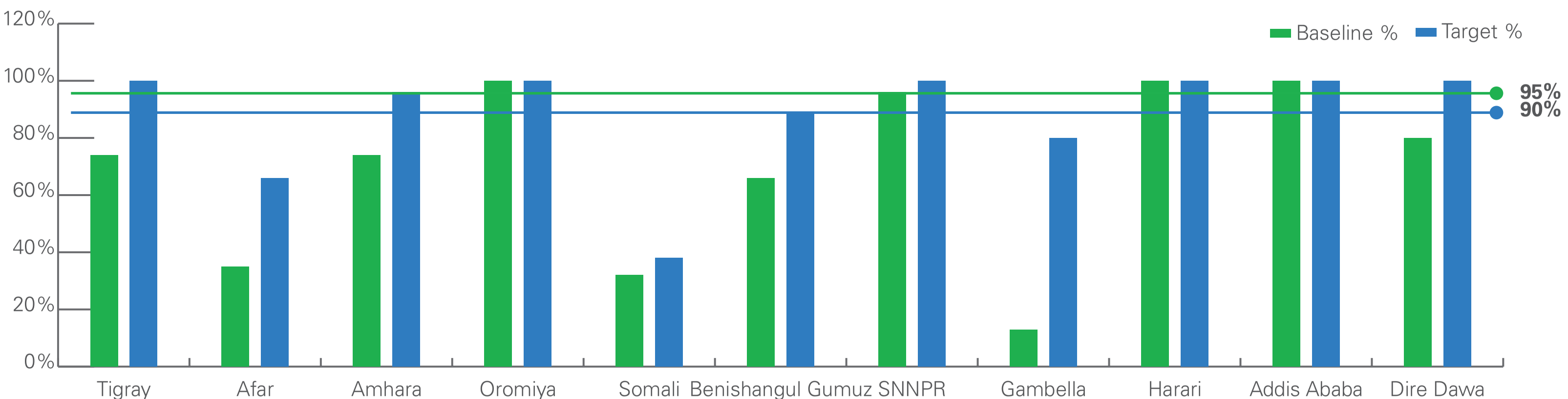


Table 5: Eary postnatal care

INDICATOR		Tigray	Afar	Amhara	Oromiya	Somali	Benishangul Gumuz	SNNPR	Gambella	Harari	Addis Ababa	Dire Dawa	National
Number of Expected Deliveries, EFY 2008		177,229	50,770	699,948	1,199,753	176,897	35,259	647,678	12,660	7,416	78,106	14,587	3,100,303
Number of women who received postpartum care, EFY 2007	**#**	129,094	17,075	511,208	1,273,355	54,666	22,658	609,296	1,575	7,287	89,193	11,271	2,726,678
	Baseline %	74%	35%	74%	100%	32%	66%	96%	13%	100%	100%	80%	90%
Number of women planned to receive postpartum care, EFY 2008	**#**	177,229	33,653	675,153	1,199,753	67,946	31,476	647,678	10,114	7,416	78,106	14,586	2,943,109
	Target %	100%	66%	96%	100%	38%	89%	100%	80%	100%	100%	100%	95%

Table 6: women receives comprehesive abortion services

INDICATOR	Tigray	Afar	Amhara	Oromiya	Somali	Benishangul Gumuz	SNNPR	Gambella	Harari	Addis Ababa	Dire Dawa	National
women receives comprehesive abortion services, EFY 2007	19,246	1,062	44,952	86,461	695	1,125	36,471	451	4,353	21,494	5,223	221,533
Comprehesive abortion services planned to be provided, EFY 2008	19,260	1,793	44,962	86,465	968	1,666	39,740	453	4,354	21,450	5,224	226,335

Figure 5: PMTCT Tested, EFY 2008

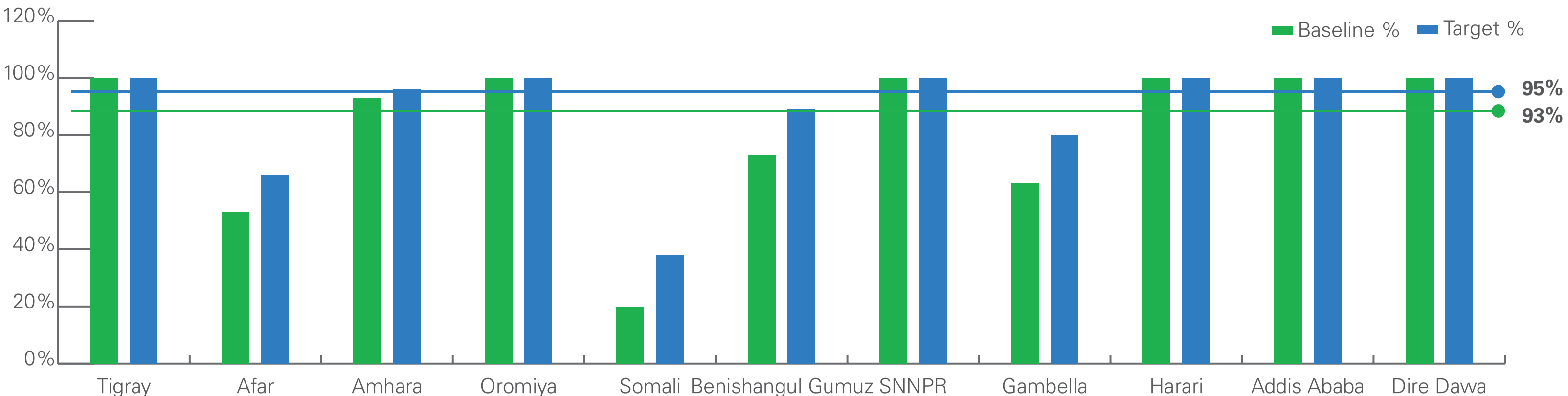


Table 7: PMTCT Tested

INDICATOR		Tigray	Afar	Amhara	Oromiya	Somali	Benishangul Gumuz	SNNPR	Gambella	Harari	Addis Ababa	Dire Dawa	National
Number of Expected Deliveries, EFY 2008		177,229	50,770	699,948	1,199,753	176,897	35,259	647,678	12,660	7,416	78,106	14,587	3,100,303
Number of pregnant women counseled & Tested for PMTCT, EFY 2007	#	173,892	26,347	639,089	1,169,112	33,907	27,302	632,350	7,701	7,169	76,308	14,168	2,807,344
	Baseline %	100%	53%	93%	100%	20%	80%	100%	63%	100%	100%	100%	93%
Planned number of pregnant women to be tested and know their result, EFY 2008	#	177,229	33,653	675,153	1,199,753	67,946	31,476	647,678	10,114	7,416	78,106	14,586	2,943,109
	Target %	100%	66%	96%	100%	38%	89%	100%	80%	100%	100%	100%	95%

Figure 6: PMTCT Prophylaxis, EFY 2008

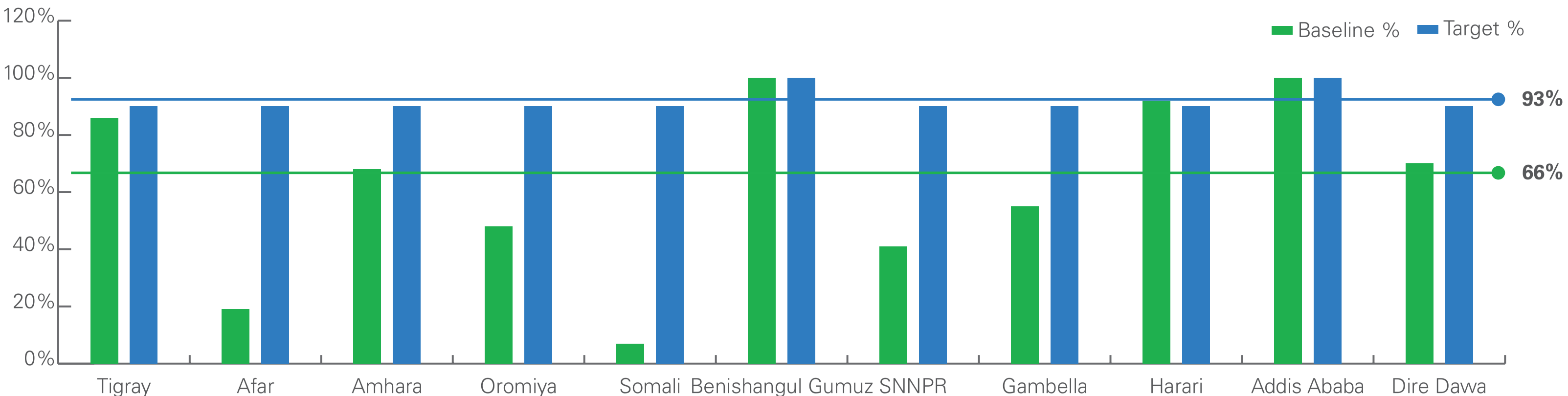


Table 8: PMTCT Prophylaxis, EFY 2008

INDICATOR		Tigray	Afar	Amhara	Oromiya	Somali	Benishangul Gumuz	SNNPR	Gambella	Harari	Addis Ababa	Dire Dawa	National
Expected HIV Positive pregnant mothers, EFY 2008		2,164	672	6,546	8,940	1,866	331	3,977	493	114	1,271	270	26,644
Number of HIV+ pregnant women received ARV prophylaxis, EFY 2007	#	2,206	288	5,075	4,883	201	278	1,883	383	139	3,621	253	19,190
	Baseline %	92%	39%	70%	49%	10%	76%	43%	66%	100%	100%	91%	65%
Planned Number of HIV+ women to receive ARV for prophylaxis, EFY 2008	#	2,019	395	5,950	8,314	1,725	268	3,904	493	114	1,271	270	24,709
	Target %	93%	59%	91%	93%	92%	81%	98%	100%	100%	100%	100%	93%

P1.2. Improve Neonatal and Child Health

Performance Measures

- Increase Proportion pentavalent 3 measles immunization and fully immunized children from 94.4% (2.69 mln) to 98% (2.80 mln), from 90.3% (2.57 mln) to 97% (2.79 mln) and from 86.4% (2.46 mln) to 94% (2.71mln) respectively.

Strategic Initiatives

- Establish newborn corners at all health facilities
- Strengthen newborn care services at health facility level
  - Distribute supplies and equipment to hospitals based on demand and gaps (CPAP, neonatal bed, phototherapy, incubator)
- Implement minimum newborn care package services in the health facilities
- Establish NICU service in 84 hospitals and 1947 health centers that have not yet started the service
- Establish 10 Hospitals as center of excellence for NICU
- Pilot Kangaroo Mother Care and scale-up the program
- Introduce Inactivated Polio Vaccine(IPV) into routine immunization
- Piloting HPV demo project in two Regions
- Conduct polio SIA and measles campaigns
- Enhance implementation of routine immunization improvement initiative
  - Identify and Support woredas with high number of unimmunized children,
- Provides Meningococcal vaccine for 15,833,812 people's
- Strengthen and expand IMNCI, CBNC and iCCM services
- Finalize and distribute minimum newborn care service package
- Commemorate African vaccination week
- Strengthen community awareness on importance of vaccination
- Avail necessary inputs for the child health services

Figure 7: Penta 3 Immunization Coverage, EFY 2008

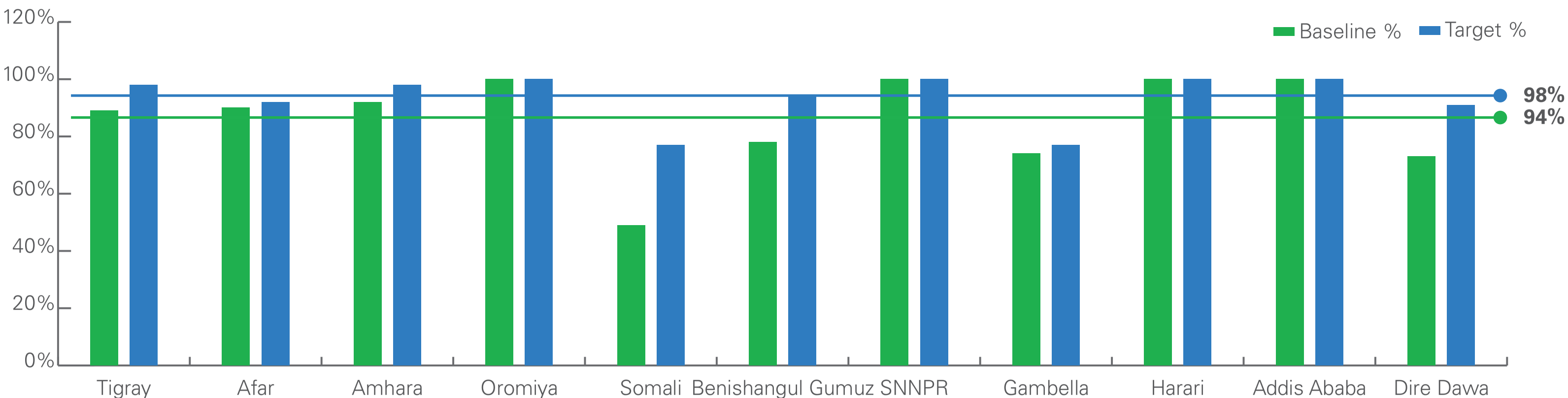


Table 9: Penta 3 Immunization

INDICATOR		Tigray	Afar	Amhara	Oromiya	Somali	Benishangul Gumuz	SNNPR	Gambella	Harari	Addis Ababa	Dire Dawa	National
Estimated number of surviving infants, EFY 2008		165,886	47,521	646,752	1,112,171	164,337	31,698	597,159	11,698	6,941	74,982	13,711	2,872,857
Pentavalent 3 Coverage, EFY 2007	#	145,462	41,595	582,783	1,107,655	78,003	24,159	604,698	8,363	8,535	82,079	9,713	2,693,045
	baseline %	89%	90%	92%	100%	49%	78%	100%	74%	100%	100%	73%	94%
Planned Number of children to receive pentavalent three, EFY 2008	#	163,375	43,719	631,449	1,112,171	126,925	29,685	597,159	9,021	6,941	74,982	12,527	2,807,953
	Target %	98%	92%	98%	100%	77%	94%	100%	77%	100%	100%	91%	98%

Figure 8: Measles Immunization Coverage, EFY 2007

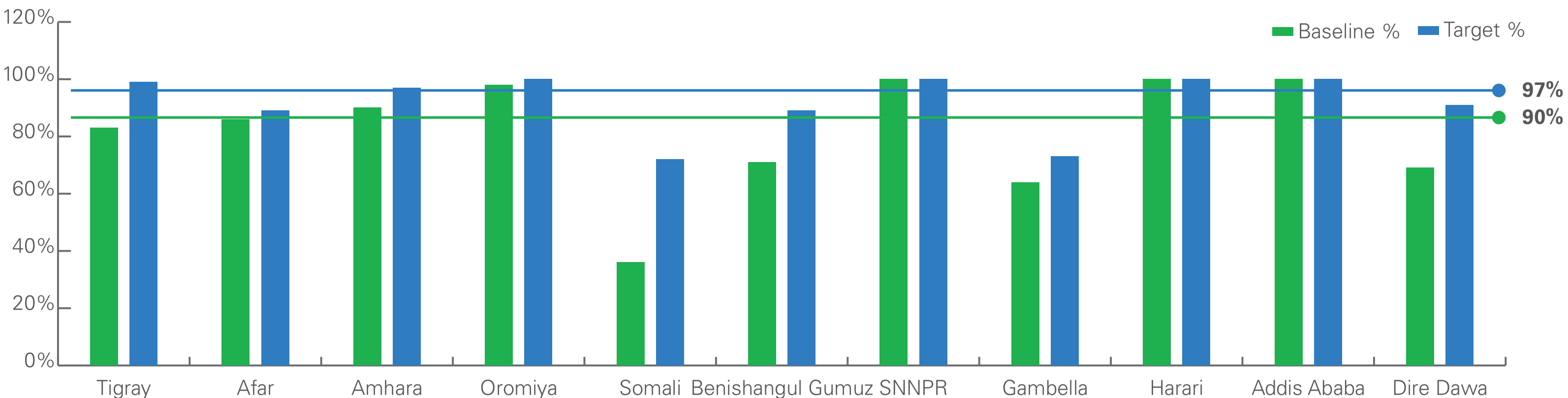


Table 10: Measles Immunization

INDICATOR		Tigray	Afar	Amhara	Oromiya	Somali	Benishangul Gumuz	SNNPR	Gambella	Harari	Addis Ababa	Dire Dawa	National
Estimated number of surviving infants, EFY 2008		165,886	47,521	646,752	1,112,171	164,337	31,698	597,159	11,698	6,941	74,982	13,711	2,872,857
Measles coverage, EFY 2007	#	134,584	39,678	569,506	1,064,055	57,421	21,818	589,801	7,235	7,442	74,982	9,204	2,575,726
	Baseline %	83%	86%	90%	98%	36%	71%	100%	64%	100%	100%	69%	90%
Planned Number of children to receive measles vaccine, EFY 2008	#	164,924	42,418	630,416	1,112,171	117,716	28,177	597,159	8,557	6,942	74,982	12,541	2,796,004
	Target %	99%	89%	97%	100%	72%	89%	100%	73%	100%	100%	91%	97%

Figure 9: Pneumococcal 3 Immunization Coverage, EFY 2008

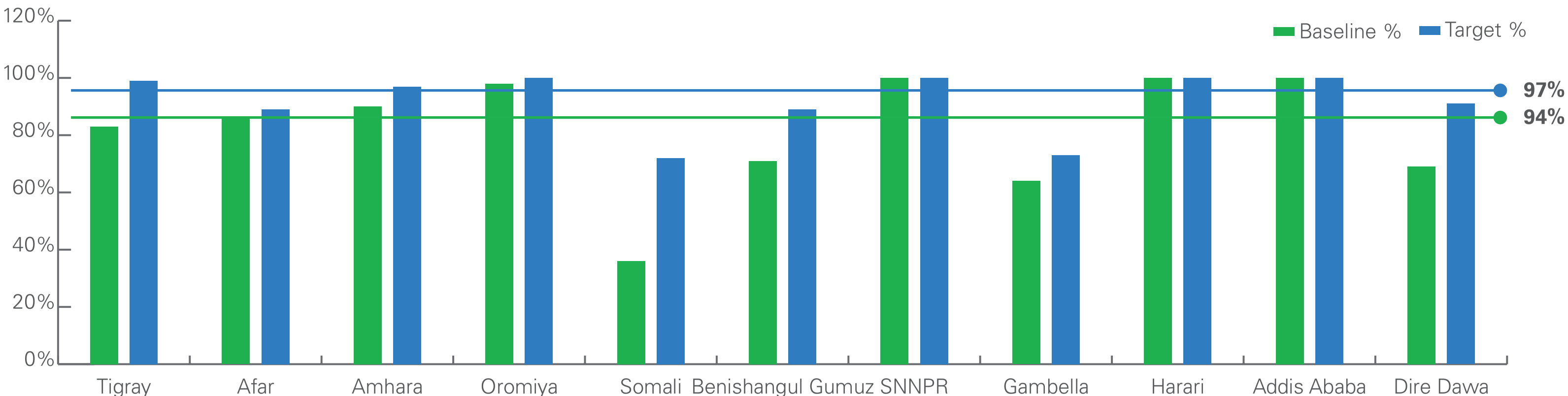


Table 11: Pneumocaccal 3 immunization

INDICATOR		Tigray	Afar	Amhara	Oromiya	Somali	Benishangul Gumuz	SNNPR	Gambella	Harari	Addis Ababa	Dire Dawa	National
Estimated number of surviving infants, EFY 2008		165,886	47,521	646,752	1,112,171	164,337	31,698	597,159	11,698	6,941	74,982	13,711	2,872,857
Pneumocaccal 3 coverage, EFY 2007	#	144,869	40,323	581,498	1,100,451	77,183	24,073	602,186	8,362	8,553	81,305	9,686	2,678,489
	Baseline %	89%	87%	92%	100%	48%	78%	100%	74%	100%	100%	73%	94%
Planned Number of children to receive Pneumocaccal 3 vaccine, EFY 2008	#	165,273	42,769	628,873	1,112,171	113,356	29,685	597,159	8,656	6,942	74,982	12,527	2,792,393
	Target %	100%	90%	97%	100%	69%	94%	100%	74%	100%	100%	91%	97%

Figure 10: Fully Immunized, EFY 2008

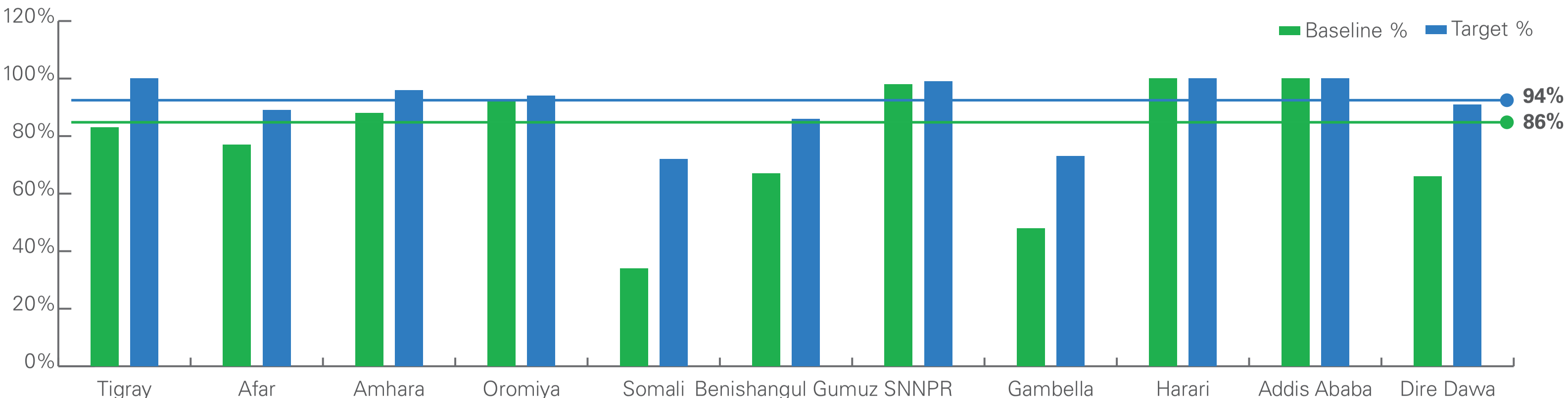


Table 12: Fully Immunization

INDICATOR		Tigray	Afar	Amhara	Oromiya	Somali	Benishangul Gumuz	SNNPR	Gambella	Harari	Addis Ababa	Dire Dawa	National
Estimated number of surviving infants, EFY 2008		165,886	47,521	646,752	1,112,171	164,337	31,698	597,159	11,698	6,941	74,982	13,711	2,872,857
Infants Fully Immunized, EFY 2007	#	134,567	35,749	556,686	995,459	54,171	20,650	570,520	5,460	7,029	74,866	8,826	2,463,983
	Baseline %	83%	77%	88%	92%	34%	67%	98%	48%	100%	100%	66%	86%
Planned Number of children to receive all vaccine doses before 1st birthday, EFY 2008	#	165,886	42,468	621,617	1,045,441	117,910	27,398	591,187	8,513	6,942	74,982	12,482	2,714,826
	Target %	100%	89%	96%	94%	72%	86%	99%	73%	100%	100%	91%	94%

P1.3. Improve Adolescent and Youth Reproductive Health

Performance Measures

- Increase proportion of Health Centers providing Adolescent and Youth Friendly Reproductive Health Service (AYFRHS) to 82%

Strategic Initiatives

- Strengthen adolescent and youth focused reproductive health services
- Expand availability of youth friendly services in health facilities

P1.4.Nutrition

Performance Measures

- Increase proportion of Children aged 6-59 months who received vitamin A supplementation from 90% to 100% and Children aged 2-5 years de-wormed from 81.4% to 97%.

Strategic Initiatives

- Promote nutrition services for children in the first one thousand days (1000 days)
  - Improve nutrition services linkage between health posts and health centers
  - Implement comprehensive and integrated nutrition service packages
- Strengthen Vit A supplementation, De-worming and growth monitoring services
- Strengthen Nutritional status of Mothers, Adolescents and Children
  - Transiting vitamin A supplementation, De-worming and Nutritional Screening services from campaign based to routine HEP in 454 woredas
  - Trial of routine iron foliate supplementation for adolescents in 20 woredas of the four agrarian region
- Improve management of severe malnutrition
- Enhance Management of Acute Malnutrition
  - Ensuring service provision by 100% of the health facilities providing SC services in the hotspot priority 1 and 2 woredas
- Strengthen national multisectoral nutrition coordination and linkage
  - Support School feeding program
  - Implement SEKOTA DECLARATION in all regions
  - Expand nutritional support to 150 new Woredas
  - Conduct formative researches

  - Identify nutritional problems
  - Capacitate HEW on community based nutritional services
  - Cascade the coordination and support of the SURE implementation to the kebele level
- Strengthen awareness on nutrition
  - Finalize, print and distribute of five year National Nutrition Program Strategic Plan
  - Finalize, approve, print and distribute Micronutrient guideline, Multisectoral coordination, AMIYCN, Management of acute malnutrition guideline
  - Strengthen nutritional IEC and BCC
- Enhance inputs for nutritional supplies

Table 13: Vitamin A Supplementation

INDICATOR		Tigray	Afar	Amhara	Oromiya	Somali	Benishangul Gumuz	SNNPR	Gambella	Harari	Addis Ababa	Dire Dawa	National
Estimated number of children aged 6-59 months, EFY 2008		707,369	202,020	2,675,174	5,186,251	579,953	162,131	2,609,430	60,135	32,568	362,373	55,357	12,632,761
Children received two doses of Vitamin A, EFY 2007	#	694,052	46,117	2,627,391	5,053,800	206,236	75,028	2,237,699	53,696	31,482	132,395	44,720	11,202,616
	%	100%	23%	100%	100%	37%	48%	88%	92%	100%	37%	83%	90%
Children to receive two doses of Vitamin A, EFY 2008	#	707,369	202,020	2,675,174	5,186,251	579,953	162,131	2,609,430	60,135	32,568	362,373	55,373	12,632,761
	%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Table 14: Deworming twice a year

INDICATOR		Tigray	Afar	Amhara	Oromiya	Somali	Benishangul Gumuz	SNNPR	Gambella	Harari	Addis Ababa	Dire Dawa	National
Estimated number of children aged 2-5 years, EFY 2008		474,499	133,560	1,765,449	3,706,441	447,840	107,639	1,952,393	39,331	20,592	148,838	36,467	8,833,047
Children 2-5 Years of Age Dewormed Bi-Annually, EFY 2007	#	465,560	58,446	1,769,199	2,011,006	164,922	57,968	1,906,187	1,528	19,906	34,548	34,363	6,504,539
	%	100%	45%	100%	56%	38%	55.4%	100%	4%	100%	24%	97%	75.4%
Children aged 2-5 yrs to receive 2nd dose of de-worming, EFY 2008	#	474,499	117,896	1,765,449	3,669,376	294,090	101,553	1,952,393	31,071	20,592	148,838	35,373	8,611,129
	%	100%	88%	100%	99%	66%	94%	100%	79%	100%	100%	97%	97%

P1.5.Hygiene and environmental health

Performance Measures

- Increase proportion of households' access to latrine facilities from 43% to 96%
- Increase proportion of Kebeles declared 'Open Defecation Free' from 15% to 69%

Strategic Initiatives

- Strengthen Community Led Total Sanitation and Hygiene (CLTSH) and increase number of Open Defecation Free (ODF) kebelles
  - > Organize and Expand Best experiences on CLTSH
  - > Expand improved latrine construction in the community
  - > Ensure functionality of established committee for confirmation of ODF
  - > Strengthen promotion on Hygiene and environmental sanitation
  - > Create awareness for the community on selected sanitary technologies in all regions
  - > Strengthening water quality surveillance
  - > Strengthening climate change resilience health activities
- Create clean towns through urban sanitation program
  - > Finalize necessary guidelines for urban sanitation
  - > Strengthen waste management system
  - > Support 10 selected pilot towns to create sustainable and reliable liquid and solid waste management system
- Implement hygiene and sanitation activities in 124 small towns
- Strengthening Health facility WASH service
- Strengthen Hygiene and sanitation of Health facilities

Table 15: Households with Latrines

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	Benishangul Gumuz	SNNPR	Gambella	Harari	Addis Ababa	Dire Dawa	National
Total number of households, EFY 2008		1,170,909	310,351	4,830,229	7,203,127	848,182	229,778	3,820,206	91,740	61,538	100,667	817,610	19,484,335
Households with Latrines, EFY 2007	#	280,615	2,877	3,219,709	2,761,036	42,074	9,056	1,948,942	22,105	40,358	239,119	3,953	8,569,844
	%	24%	1%	68%	39%	5%	4%	52%	25%	68%	46%	4%	43%
Cumulative Number of households with any type of latrine, EFY 2008	#	1,170,909	232,763	4,830,229	7,059,064	440,686	229,778	3,743,802	75,226	60,308	90,600	735,849	18,669,213
	%	100%	75%	100%	98%	52%	100%	98%	82%	98%	90%	90%	96%

Table 16: Open defication free kebeles

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	Benishangul Gumuz	SNNPR	Gambella	Harari	Addis Ababa	Dire Dawa	National
Kebeles		864	404	3,454	7,021	841	475	3,926	260	53	607	47	17,952
kebeles that declared open defecation free, EFY 2007	#	264	29	1,642	856	14	23	1,518	17	15	-	1	4,379
	%	31%	7%	48%	12%	2%	5%	39%	7%	28%	0%	2%	15%
Planned kebeles to declare open defecation free, EFY 2008	#	671	112	2,347	4,061	449	230	3,309	44	29	71	33	11,355
	%	85%	29%	85%	64%	38%	48%	85%	17%	81%	36%	71%	69%

P1.6. HIV/AIDS Prevention and Control

Performance Measures

- Increase individuals who have got HCT from 10.8 mls to 13.5 mln
- Increase adults and children under 15 years of age PLHIV currently receiving ART to from 0.37 mln to 0.53 mln

Strategic Initiatives

- Strengthen community based HIV prevention and control activities
  - > Increase communities' comprehensive HIV knowledge Intensify targeted HIV Prevention focusing on youth and MARPs
- Strengthen HIV testing and counseling
  - > Celebrate world HTC day by giving focus to MARPs
  - > Provide ToT on HCT Training package to 180 professionals
  - > Strengthen HCT service to those who need Special attentions
- Strengthen second line detection and treatment
- Strengthen prevention and management of STI services
- Ensure accessibility of ART for pediatrics
  - > Follow up the implementation of accelerated pediatric ART service
  - > Strengthen accessibility of ART service to orphan
  - > Give attention to prevention and control of HIV for adolescences
- Strengthen quality ART services
  - > Prepare and implement ART quality assurance plan
  - > Strengthen and expansion of HCT and ART services on development corridors
  - > Implement Fast-Truck (90:90:90) Initiative against HIV
  - > Finalize, Print and distribute palliative care guideline
  - > Timely procure and distribute HCT, ART and other supplies to cover planned targets (13.5 million peoples and 478,889 Case)
- Procure and distribute necessary inputs for STI services
- Implement and strengthen transition plan
- Enhances TB/HIV collaborative activities

Table 17: HCT services

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	Benishangul Gumuz	SNNPR	Gambella	Harari	Dire Dawa	Addis Ababa	National
Number of individuals who got HCT, EFY 2007	#	498,011	151,892	2,376,069	3,577,525	479,819	78,437	3,176,202	31,743	91,301	123,717	204,521	10,789,237
Individual to be provided HCT, EFY 2008	#	1,014,712	309,596	3,024,830	4,686,114	690,341	182,627	2,593,078	97,837	91,301	123,717	721,131	13,535,284

Table 18. Adults & children Currently on ART

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	Benishangul Gumuz	SNNP	Gambella	Harari	Dire Dawa	Addis Ababa	National
Number of PLHIV currently receiving ART, EFY 2007	#	33,558	3,768	113,879	95,156	1,819	3,712	30,115	3,628	3,604	5,787	77,270	375,811
Planned Number of PLHIV currently receiving ART, EFY 2008	#	44,877	7,688	141,899	139,673	17,505	3,712	59,953	11,496	3,604	7,054	96,200	533,661

P1.7. TB Prevention and Control

Performance Measures

- Increase TB case detection rate from 61% to 80%; Treatment success rate from 92% to 94% and cure rate from 78% to 84%
- Increase leprosy treatment completion rate to 95%

Strategic Initiatives

- Strengthen Community Based TB Prevention and Control
  - Implement comprehensive community TB care implementation
  - Establish and implement Mobile TB/HIV Clinic in pastoralist piloting areas
  - Prepare guideline that helps for civil organizations and NGOs to contribute on strengthen community based TB care
- Strengthen prevention and control of TB/Leprosy through enhancing of community awareness
- Engaging all health care providers in TB prevention and control
- Expand and strengthen TB Dx and Rx services in PPM sites: private for profit, work place, faith based and NGO health facilities
  - Expand Diagnosis using LED Microcopy in all hospitals and town health centers
  - Strengthen TB Culture and DST Services
  - Childhood TB Diagnosis and treatment
- Strengthen and expand Prevention and Control of DR-TB
  - Improve Quality of MDR TB patient care
  - Initiate XDR-TB treatment for 30 eligible patients
  - Strengthen MDR-TB TIC centers
- Strengthen TB Patient Referral System
- Strengthen TB/HIV collaborative activities
- Strengthen TB Sample referral and Laboratory networking
- Strengthen TB and Leprosy Program Management
- Strengthen leprosy elimination program

Figure 11. TB case detection rate(All forms), EFY 2008

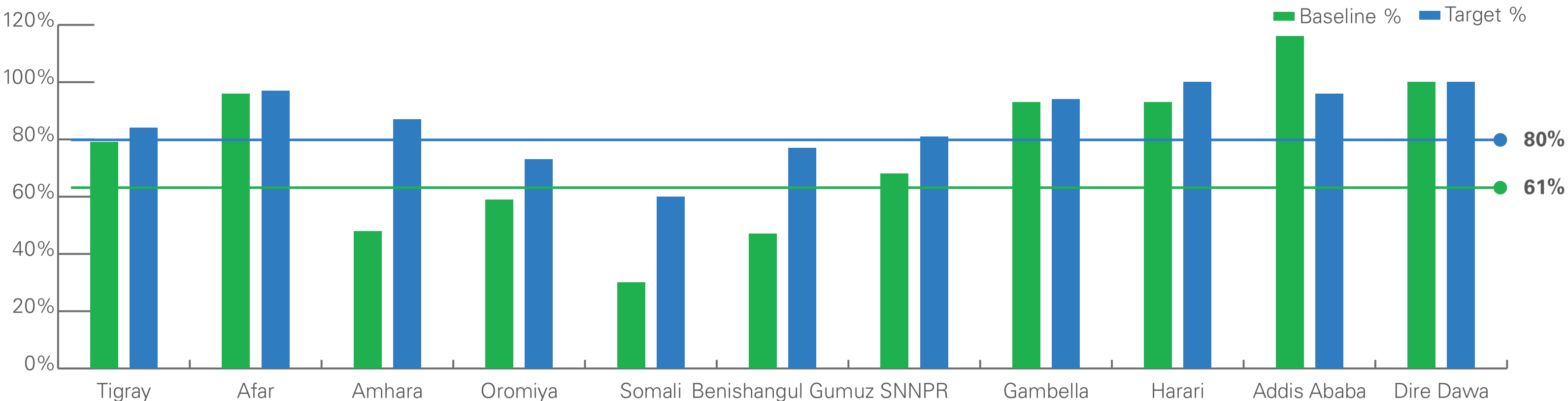


Table 19. TB case detection rate (All forms)

INDICATOR		Tigray	Afar	Amhara	Oromiya	Somali	Benishangul Gumuz	SNNPR	Gambella	Harari	Addis Ababa	Dire Dawa	National
Number of Expected TB cases, EFY 2008		11,540	3,963	45,719	77,448	12,540	2,316	41,931	945	538	7,509	1,015	205,463
TB Case Detection Rate (Smear positive), EFY 2007	#	9,839	4,072	23,956	49,346	3,978	1,162	30,817	940	535	9,401	1,778	135,831
	Baseline %	79%	96%	48%	59%	30%	47%	68%	93%	93%	100%	100%	61%
New TB cases to be detected (all forms), EFY 2008	#	9,645	3,844	39,556	56,592	8,868	1,776	33,795	889	538	7,509	1,015	164,026
	Target %	84%	97%	87%	73%	60%	77%	81%	94%	100%	100%	100%	80%

Figure 12. TB Treatment Success Rate, EFY 2007

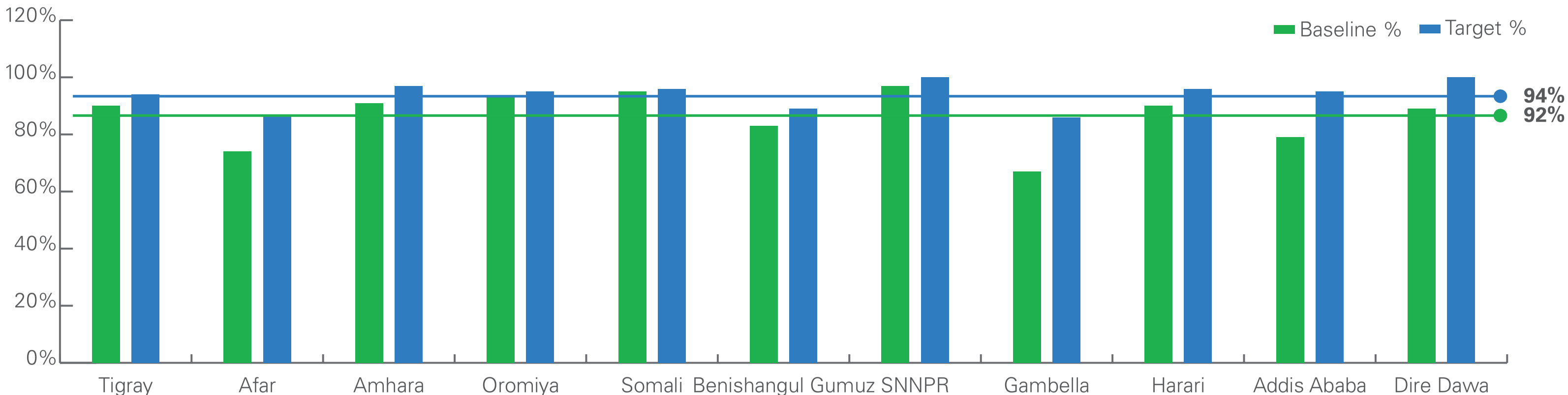
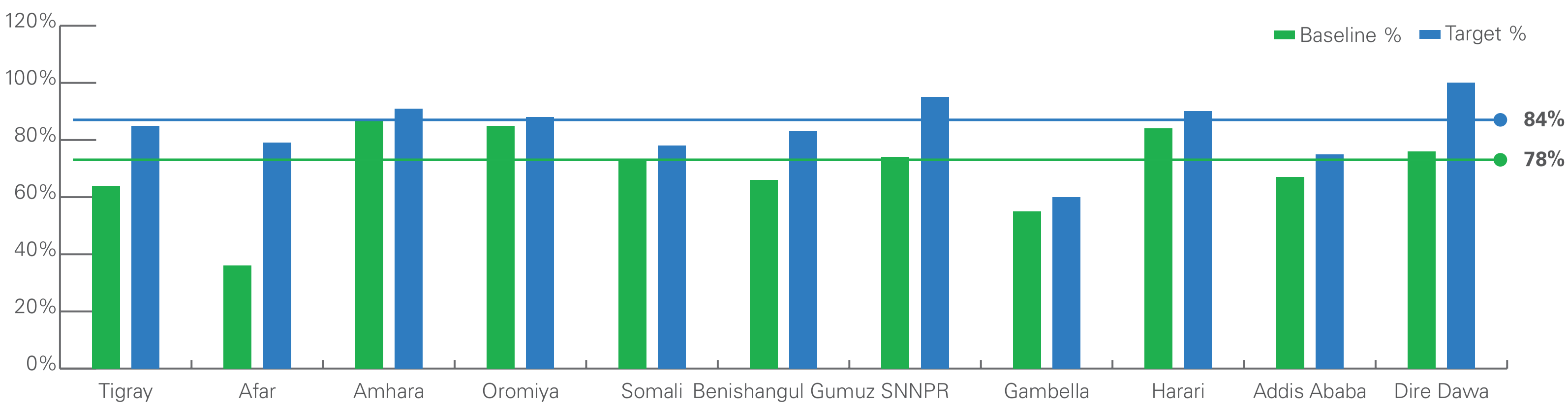


Figure 13. TB Treatment Cure Rate, EFY 2007



P1.8. Malaria Prevention and Control

Performance Measures

- Conduct IRS in the selected malarias woredas for 5.01 million unit structures

Strategic Initiatives

- Strengthen community awareness creation for malaria prevention and control
- Procurement and distribution of logistics for prevention and control of malaria
- Strengthen malaria diagnosis and treatment service
- Strengthen malaria vector control
  - Support Conducting IRS in selected Woredas
  - Support and sustain larval control activities through breeding site identifications and social mobilization
- Conduct pre-elimination activities in 150-200 Woredas to eliminate malaria from selected 25 Woredas in 2020
  - Equip malaria pre elimination districts with necessary logistics
  - Malaria elimination activities conducted at selected elimination woredas.

Table 20. Households Covered with Indoor Residual Spray (IRS)

INDICATOR		Tigray	Afar	Amhara	Oromia	Somali	Benishangul Gumuz	SNNP	Gambella	Harari	Dire Dawa	National
Households in epidemic prone villages covered with IRS, EFY 2007	#	295,277	22,859	1,359,065	1,107,234	162,000	190,230	684,325	51,223	15,667	20,000	3,907,880
Households in epidemic prone villages to be covered with IRS, EFY 2008	#	266,807	16,698	929,058	1,126,494	147,455	70,855	699,777	46,667	15,247	20,943	3,340,000

P1.9. Non Communicable Diseases Prevention and Control

Performance Measures

- Increase proportion of health centers providing integrated mental health services to 60%

Strategic Initiatives

- Strengthen community awareness on major non communicable diseases
- Scale up and provision of integrated mental health and other non communicable disease services at health facilities
- Strengthen and expand eye health services
- Provide cataract surgery for 120,000 persons
- Prevention and control of injury and violence;
- Prepare multi-sectoral strategic plan on violence and injury prevention, emergency care and rehabilitation
- Awareness raising on cancer among the general public
- Procure and distribute logistics for diagnosis and control of non communicable diseases
- Strengthening and expansion of cancer treatment services

P1.10. Neglected Tropical Diseases Prevention and Control

Performance Measures

- Ensure therapeutic coverage for LF 90%, SCH/STH 75% Trachoma 85% and Onchocerciasis 84% among the eligible population

Strategic Initiatives

- Conduct TT surgery for 634,164 clients
- Implement Onchocerciasis MDA in all endemic woredas (scale up from148 to 181)
- Strengthen Onchocerciasis elimination
- Lymphatic filariasis disease prevention and control
  - Conduct mass drug administration
  - Scale up hydrocele surgery service
- Schistosomiasis and STH prevention and control
- Delineate leishmaniasis endemic areas and provide treatment with an integrated approach with the existing health service system.

P.1.11.Clinical Services

Performance Measures

- Increase Per capita Outpatient utilization from 0.48 to 0.86
- Increase Bed occupancy rate to 80%
- Reduce hospital average length of stay to 5 days
- Reduce outpatient waiting time to 60 minutes
- Reduce waiting time for admission to 21 days
- Increase hospitals reform implementation to 90%

Strategic Initiatives

- Health facilities reform
  - Revise and implement hospital reform guidelines
  - Implement hospital reform in university hospitals
  - Implement Primary Health care reform
- Improve OPD services
- Strengthen and implement EMR management
- Develop outpatient clinical services management protocol
- Improve hospital crowd management system
- Clean and safe hospital environment
- Provide TOT for 75 hospital staffs on IPPS and CASH
- Strengthen hospital's facility and utility management
- Strengthen implementation of EHAQ
- Develop Essential and emergency surgical services package
- Initiate day surgery in 10 selected hospitals
- Strengthen Pharmaceuticals service
- Establish community pharmacy services in 10 selected hospitals
- Organize and cascade best practices in APTS implementation
- Strengthen Laboratory service
  - Conduct inventory for laboratory and diagnostic equipment
  - Support hospitals for accreditation
  - Support and monitor backup Laboratory service
- Conduct calibration for selected medical equipment

- Develop commissioning and operating manuals for medical equipment
- Develop medical gas service management guideline
- Strengthen nursing services
- Implement palliative care package and guideline
- Develop basic and advanced ambulance service management protocol
- Develop poison treatment package
- Establish web-based service directory and bed management system
- Strengthen referral system
- Create alliances among primary healthcare units
- Strengthen pharmaceutical services
- Improve the quality of laboratory service for accreditation (SLIPTA)
- Increase voluntary blood donors through community mobilization
  - Collecting 175,000 units of blood from volunteer blood donors
- Expand blood bank centers

P2: Improve Health Emergency Risk Management

Performance Measures

- Increase proportion of health facilities reporting complete and timely weekly diseases report to 95%.

Strategic Initiatives

- Strengthen health sector and multisectoral coordination mechanisms to facilitate joint action on risk reduction, response and recovery,
- Education and information to build culture of health, safety and resilience at all levels

P3: Enhance Good Governance

Performance Measures

- Increase hospitals customer satisfaction to 9/10

Strategic Initiatives

- Enhance implementation of patient and citizen charters and track progress
- Strengthen civil service reforms
- Implement Kaizen in selected processes of ministry of health

- Strengthen public wing involvement in the health sector activities
- Strengthening mainstreaming of gender issues in the health sector
- Strengthening hospitals governance system

P4: Improve Regulatory System

Performance Measures

- Inspect 37,376 food establishments

Strategic Initiatives

- Improve efficiency of regulatory on regulating health service inputs
- Provide/renew license for health professionals
- Provide/renew license for traditional healers
- Provision of pre import permit for medicines and medical equipment
- Conduct inspection on food, medicine, medical equipment manufacturers
- Improve product quality assurance system of domestic food manufacturers
- Import authorization for products (food, medicines, medical supplies, cosmetics)
- Conduct surveillance and inspection on high risk foods and cosmetics produced in domestic
- Licensing of health facilities as per the health institutions requirement
- Banning of smoking in public areas

P5: Improve Supply Chain and Logistic Management

Performance Measures

- Increase proportion of availability of essential drugs for Health Center to 95%
- Reduce drug wastage rate to less than 2%
- Increase drug quantification forecasting accuracy to 90%

Strategic Initiatives

- Enhance efficiency in selection, quantification and procurement of essential medicine
- Identify medical equipment requirements to equip all primary hospitals, health centers and health posts
- Optimize warehouse, inventory, fleet and distribution management systems

- Scale up integrated information management system for pharmaceutical supply and services
- Scale up auditable pharmaceutical transaction and services to all health facilities.
- Transfer Cold Chain management to PFSA
- Procurement of 2134 SDD refrigerators on process and prepare distribution plan and installation of 2000 SDD Refrigerators
- Prepare medical equipment and specification database
- Revise Health Center and Health Post Kit
- Ensure availability of selected commodities in health facilities
- Follow up on procurement status for the 62 ICU & 650 OR packages
- Equip 500 ambulances distributed throughout the country with emergency medical equipment
- Procure and distribute 16 packages of Neonatal ICU equipment
- Promote in country production of drugs and medical supplies

P6: Improve Community Participation and Engagement

Performance Measures

- Increase proportion of model households from 32% (6.14mln) to 83% (16.22 mln)
- Increase proportion of functional 1 to 5 networks from 71% to 93%

Strategic Initiatives

- Strengthen health education and communication to bring behavioral changes
- Strengthen advocacy and social mobilization activities
- Roll out the second generation health extension program
- Reform and implement urban and pastoralist health extension programs
- Strengthen health development army (HDA) to contribute to better health outcome through empowering individuals, families and communities
- Supplement health education activities by technologies
- Strengthen public relation activities of health sector

Figure 14. House Hold Graduation, EFY 2007

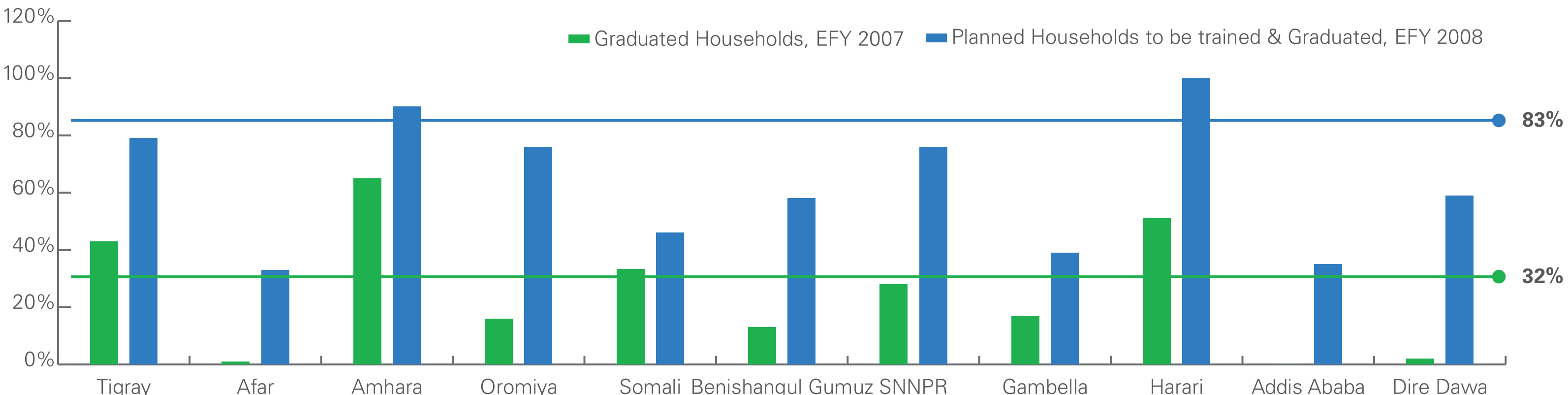


Table 21. Household Graduates after Completing Health Extension Package Training

INDICATOR		Tigray	Afar	Amhara	Oromiya	Somali	Benishangul Gumuz	SNNPR	Gambella	Harari	Addis Ababa	Dire Dawa	National
Total Households, EFY 2008		1,170,909	310,351	4,830,229	7,203,127	848,182	229,778	3,820,206	91,740	61,538	817,610	100,667	19,484,335
Graduated Households, EFY 2007	#	496,706	3,345	3,100,164	1,152,909	274,762	29,642	1,038,094	15,203	29,288	-	1,670	6,141,783
	%	43%	1%	65%	16%	33.3%	13%	28%	17%	49%	0%	2%	32%
Planned Households to be trained & Graduated, EFY 2008	#	430,490	100,555	1,236,759	4,299,124	115,465	103,099	1,882,848	20,787	31,241	285,377	57,878	10,080,174
Cumulative Number of Graduated Households, EFY 2008	#	927,196	103,900	4,336,923	5,452,033	390,227	132,741	2,920,942	35,990	60,529	285,377	59,548	16,221,957
	%	79%	33%	90%	76%	46%	58%	76%	39%	98%	35%	59%	83%

Table 22. Functional 1 to 5 networks

INDICATOR		Tigray	Afar	Amhara	Oromiya	Somali	Benishangul Gumuz	SNNPR	Gambella	Harari	Dire Dawa	National
Expected number of 1 to 5 networks, EFY 2008		124,408	708	510,814	619,082	2,987	13,938	458,558	2,509	6,335	2,215	1,741,554
Functional 1 to 5 networks, EFY 2007	%	96%	99%	67%	64%	51%	78%	77%	34%	72%	100%	71%
Planned functional of 1 to 5 networks, EFY 2008	%	78%	99%	96%	91%	89%	93%	97%	89%	100%	100%	93%

P7: Improve Resource Mobilization

Performance Measures

- Enroll 100% of government employees in Social Health Insurance scheme
- Increase number of woredas implementing CBHI from 198 to 250

Strategic Initiatives

- Increase government budget allocation to the health sector.
- Finalize revision of health care financing strategy
- Strengthen implementation of the healthcare financing reform
- Scale up health insurance schemes (both community based and social health insurance),
- Strengthen implementation of health care financing in health facilities
- Mobilize funds from domestic affluent for the health sector
- Promote and strengthen regional and global partnership
- Conduct resource mapping for the annual plan of EFY 2009
- Design new resource mobilization mechanisms
- Revise joint financing arrangement in order to change MDG pool fund to SDG Pool fund
- Finalize revision of user fee for federal and university hospitals
- Conduct the six NHA
- Finalize Public private partnership guideline
- Prepare guidelines, and regulation for the health insurance scheme

P8: Improve Research and Evidence for Decision Making

Performance Measures

- Maintain woredas that have aligned and harmonized plan at 100%
- Increase report completeness and timeliness to 100%
- Increase health facilities conducting LQAS to 65%

Strategic Initiatives

- Prepare EFY 2009 evidence based woreda based health sector plan,
- Develop and implement evidence-based, scientifically sound policy-decision and planning,
- Strengthen routine reporting and performance monitoring system,

- Strengthen survey and surveillance systems,
- Build capacity of health facilities, Woredas, Zones, and regions to analyze and use data for decision making at local level,
- Implement Community Accountability Scorecard,
- Prepare and distribute health and health related indicator,
- Prepare and implement national health sector M&E plan,
- Revised diseases list based on ICD 10,
- Improve coverage and quality of HMIS implementation in health facilities,
- Ensure implementation of Integrated mentorship program in all the facilities,
- Prepare and distribute Audio –visual HMIS training materials,
- Finalize and implement urban and pastoralist CHIS,
- Conduct assessment on HIV distribution ,
- Conduct national survey on HIV-TB co-infection

CB1: Enhance use of Technology and Innovation

Performance Measures

- Strengthen 13 universities e-learning program and expand e-learning system into 4 clinical areas

Strategic Initiatives

- Improve 824 woreda data management system and implement one selected application in selected woredas on MNCH
- Strengthen 13 universities basic science course e-learning program and expand e-learning program in 4 clinical areas
- Implement e-Learning courses in 4 clinical areas
- Implement EMR system in 4 Federal and 17 regional hospitals
- Pilot and evaluate DHIS-2 at selected Health facilities
- Implement e-CHIS system
- Implement e-SPA+ on selected Health facilities
- Support and ensure implementation of eHMIS at all levels
- Expand mobile health system to all regions
- Implement "Grand Challenge Ethiopia" for strengthening implementation of health programmes

CB2: Improve Development and Management of HRH

Performance Measures

- Increase proportion of Health centers staffed with at least two Midwife to 80%
- Increase annual enrolment of medical students to 2100

Strategic Initiatives

- Develop national minimum competency for public health training
- Enroll 650 new medical students
- Train Forensic medicine, gyn/obs, general surgery and family medicine specialist
- Support the provision of educational materials and instructors to medical schools
- Prepare family medicine curriculum
- Enroll 318 gyn/obs and general surgery residents
- Enroll 500 trainees in the accelerated and 1000 in the regular midwifery program
- Provide mentorship support to 200 midwives
- Develop curriculum for the training of urban health extension professionals
- Enroll 280 students in emergency and ambulance service training
- Identify and document health professionals' public health competencies
- Establish licensing exam implementation system at five assessment centers
- Implement licensing examination for first degree medical, pharmacy, health officer program, Nursing, Medical Laboratory, Radiography, anesthesia and midwifery graduates
- Provide the assessment/examination
- Standardize and institutionalize in service trainings

CB3: Improve Health Infrastructure

Performance Measures

- Increase number of health facilities with water and sanitation facilities (latrine and Hand washing) to 8152

Strategic Initiatives

- Finalize construction of 53 Health Centers
- Construct 58 Health Centers by Federal budget support for regions that need special support
- Finalize construction of 82 Undergoing Operation theater block and 20% new 110 operation theater blocks
- Finalize construction of 9 undergoing bio medical workshop block
- Construct 7 Regional Blood bank and 12 Mini blood bank at all regions
- Conduct and coordinate public Hospitals medical equipment inventory
- Install PV Solar for 1109 Health Posts and 300 Health Centers

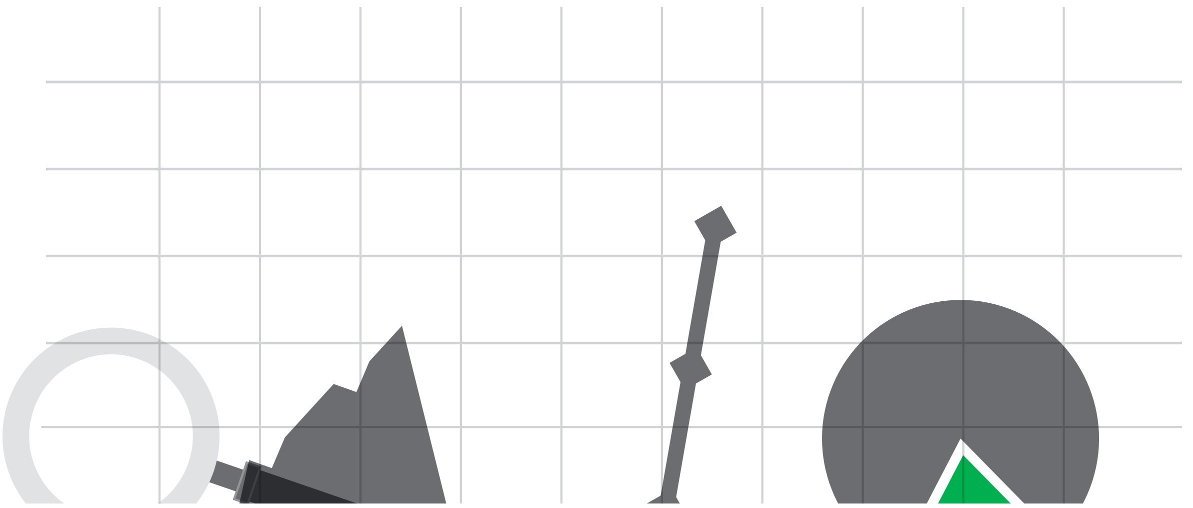
CB4: Enhance Policy and Procedures

Performance Measures

- Prepared One policy analysis document

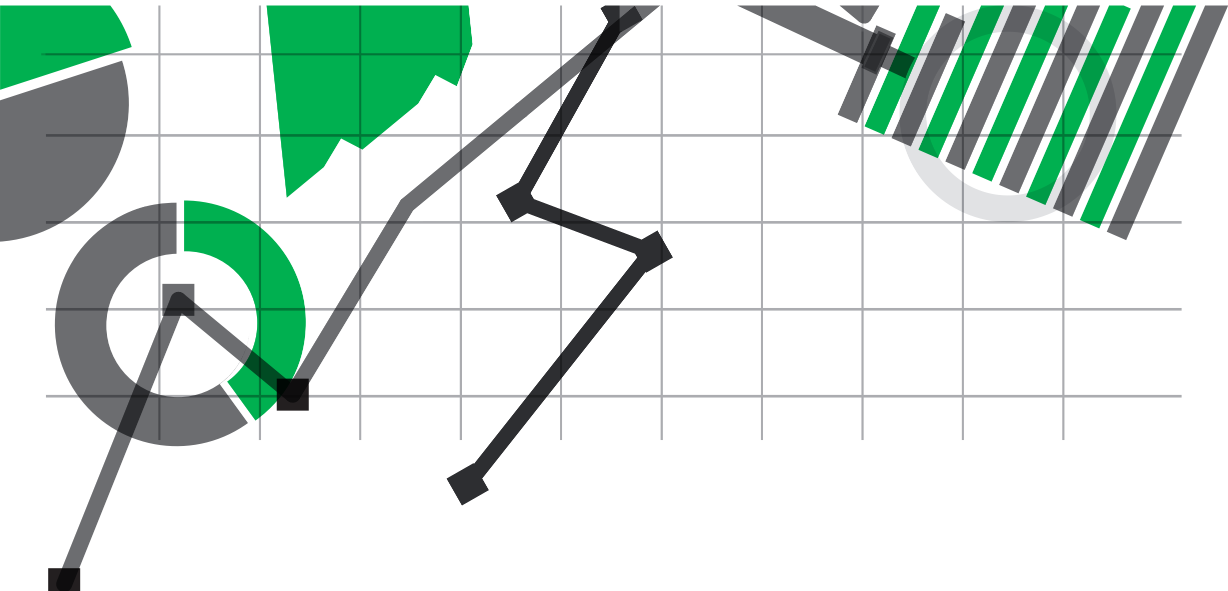
Strategic Initiatives

- Strengthening procedure and policy implementation
- Sensitize stakeholders on the revised Ethiopian health policy.
- Promote integration of health in all Development policies and strategies
- Institutionalize Knowledge management at ministry of health



Chapter 3

Resource requirement and gap



Cost for EFY 2008 plan

The EFY 2008 annual plan costing was conducted using Activity-Based Costing at national, regional and woreda levels. The estimated cost at all levels of the sector has been compiled and analyzed and then reconciled with the estimated national health sector transformation cost produced for the fiscal year using the OneHealth tool.

The overall estimated cost for the implementation of the planned activities and health interventions in EFY 2008 is 63,592,104,990 ETB. Out of the total estimated cost, about 39.6% is for health system strengthening, mainly pharmaceutical supplies, human capital and health infrastructure. The remaining 60.4% is programme cost (Interventions and programme management) which includes Health Extension Programme (HEP), maternal and child health services, nutrition programme, hygiene and sanitation, prevention and control of communicable and non-communicable diseases, public health emergency management and others related activities.

Estimated cost for pharmaceutical supplies and services is about 14.615 billion ETB (22.98% of the total cost); (of this supplies 22.6% for maternal & Child health, 30.2% for HIV, TB, & Malaria and the rest for other control of communicable disease, and equipments). Estimated cost for human capital and health infrastructure is 6.36 billion ETB (10%); and 4.23 billion ETB (6.6%) of the total cost, respectively. The estimated cost for Maternal, Newborn, Child and adolescent Health including nutrition programme is 9.38 billion Birr which is 14.8% of the total estimated cost of the year; and prevention and control of communicable and non-communicable diseases is costed about 14.06 billion birr (22.1% of the total cost). Out of the total estimated cost, 4.16 billion ETB (6.5%) goes to strengthening the Health Extension Programme.

The government, in collaboration with its development partners, exerts continuous effort to improve financial allocation to implement community and facility based health interventions. One of the important steps during the planning process that helps to improve financial availability and allocation is the resource mapping.

The EFY 2008 resource mapping showed that 14.855 billion ETB is committed from development partners including NGOs and CSOs, and 25.832 billion Birr from Government. The remaining 22.957 billion ETB is funding gap. However, the community contribution which has huge share especially in the promotion and prevention activities (Health Development Army) is not captured in this costing exercise.

This funding gap, which is indicated in the above, is a constraint against the scale up of health interventions and needs integrated and sustainable effort by, both government and development partners for mobilizing of additional resources and ensuring funding for priority interventions.

Details of the cost for EFY 2008 plan by Region and HSTP Strategic Objectives (programs areas) are presented in the following tables.

Table 23: Cost for EFY 2008 Plan by Entities in Ethiopian Birr

Regions	Total Resource Required (ETB)	Resources Committed (ETB)		Gap
		GOV	Aid	
Tigray	4,463,033,959	3,182,337,848	164,906,171	1,115,789,940
Afar	210,832,673	158,508,730	34,211,663	18,112,279
Amhara	4,629,836,160	1,284,386,074	1,274,501,315	2,070,948,770
Oromiya	12,152,972,660	4,437,296,818	2,781,331,512	4,934,344,329
Somali	1,179,074,426	625,845,065	45,302,880	507,926,482
Ben-Gumuz	769,083,159	83,711,078	37,302,776	648,069,306
SNNPR	14,625,406,374	10,903,452,308	768,768,149	2,953,185,917
Gambella	264,901,502	159,023,687	8,797,468	97,080,348
Harari	128,333,884	45,840,888	16,007,504	66,485,492
Dire Dawa	847,842,818	178,569,659	8,990,130	660,283,029
Addis Ababa	357,150,705	140,367,229	130,119,280	86,664,196
Federal/National	23,963,636,671	4,579,443,628	9,585,458,914	9,798,734,129
Total	63,592,104,990	25,778,783,011	14,855,697,762	22,957,624,217

Table 24: Cost for EFY 2008 Plan by HSTP Strategic Objective (Programme Areas) in ETB

S.N	HSTP Strategic Objectives	Total Required	Total Commitment		Resource Gap
			GOVT	Aid	
1	Community Ownership	4,163,134,855	3,134,423,449	154,758,626	873,952,780
2	Access to Quality Health services				
2.1	Maternal	3,917,112,753	1,033,083,230	955,410,857	1,928,618,666
2.2	Neonatal and Child Health	1,443,871,838	522,797,334	471,424,481	449,650,024
2.3	Adolescent Health	1,748,256,227	74,850,896	18,166,004	1,655,239,327
2.4	Nutrition	2,272,595,440	977,749,070	102,731,162	1,192,115,207
2.5	Hygiene & Environmental Health	2,586,766,375	145,991,041	1,505,457,616	935,317,718
2.6	Prevention & Control of Communicable Diseases - HIV/ AIDS	2,562,075,707	722,329,001	1,549,489,419	290,257,287
2.7	Prevention & Control of Communicable Diseases - TB and Leprosy	1,609,791,273	331,421,177	752,594,812	525,775,283
2.8	Prevention & Control of Communicable Diseases – Malaria	7,148,875,087	848,228,538	1,059,426,835	5,241,219,714
2.9	Prevention & Control of other Communicable Diseases	620,535,618	304,385,621	40,233,568	275,916,429
2.9	Prevention & Control of Non-Communicable Diseases	2,119,226,255	136,984,728	19,635,615	1,962,605,913
3	Improve Efficiency and Effectiveness	357,117,111	252,213,450	22,743,059	82,160,602
4	Improve access to quality health services	2,519,894,199	1,571,201,853	111,693,413	836,998,933
5	Improve Disaster Risk Management	231,974,968	128,058,917	23,046,432	80,869,619
6	Improve Governance	724,746,261	528,297,243	194,356,126	2,092,893
7	Improve regulatory systems	342,930,114	235,512,910	75,502,617	31,914,587
8	Improve Logistics supply and management	14,615,006,566	4,881,254,372	3,280,651,163	6,453,101,032
9	Improve community participation and engagement	2,241,071,961	2,148,057,404	85,918,203	7,096,354
10	Improve resource mobilization	663,614,253	527,313,847	29,491,395	106,809,011
11	Improve research and evidence for decision making	615,906,585	282,608,906	84,884,277	248,413,402
12	Enhance use of technology and innovation	174,135,446	125,354,167	9,758,483	39,022,796
13	Improve development and management of human resource for health	6,363,438,422	4,780,637,859	75,834,734	1,506,965,830
14	Improve health infrastructure	4,231,860,212	1,810,342,089	992,276,578	1,429,241,545
15	Enhance policy and procedures	318,167,464	275,685,911	8,188,936	34,292,617
16	Unallocated & Pool fund			3,232,023,352	
	Total	63,592,104,990	25,778,783,011	14,855,697,762	22,957,624,217

Regional Summary Profile

Table 25: Regions Profile

Data Items	Tigray	Afar	Amhara	Oromiya	Somali	Benishangul Gumuz	SNNP	Gambela	Harari	Dire Dawa	Addis Ababa
Regional Population (EFY 2008)	5,151,998	1,769,002	20,769,985	34,575,008	5,598,002	1,033,999	18,719,008	422,002	240,000	453,000	3,474,001
No of urban kebeles	61	36	313	6,521	47	34	324	27	19	9	0
No of Rural kebeles	753	358	3131	490	10030	441	3602	235	17	38	0
No of Functional HP	712	378	3336	6,519	10030	-	3835	30	31	32	0
No of functional HC	204	78	834	1,320	147	-	724	2	8	15	88
No of HC (Ongoing construction)	0	18	22	92	39	-	38	133	1	0	17
No of functional Hospitals	36	6	47	53	9	-	45	1	7	2	11
No of Hospital (Ongoing construction)	1	2	33	69	4	-	36	3	0	1	3
Urban Woreda's	18	2	38	42	4	1	22	1	6	5	116
Rural Woreda's	34	32	129	268	68	20	135	13	3	4	0