EPHCG OVERVIEW

Presentation outline

- Introduction
- 4 pillars of EPHCG implementation
- Theory of change
- Implication of PHCG
- EPHCG piloting status

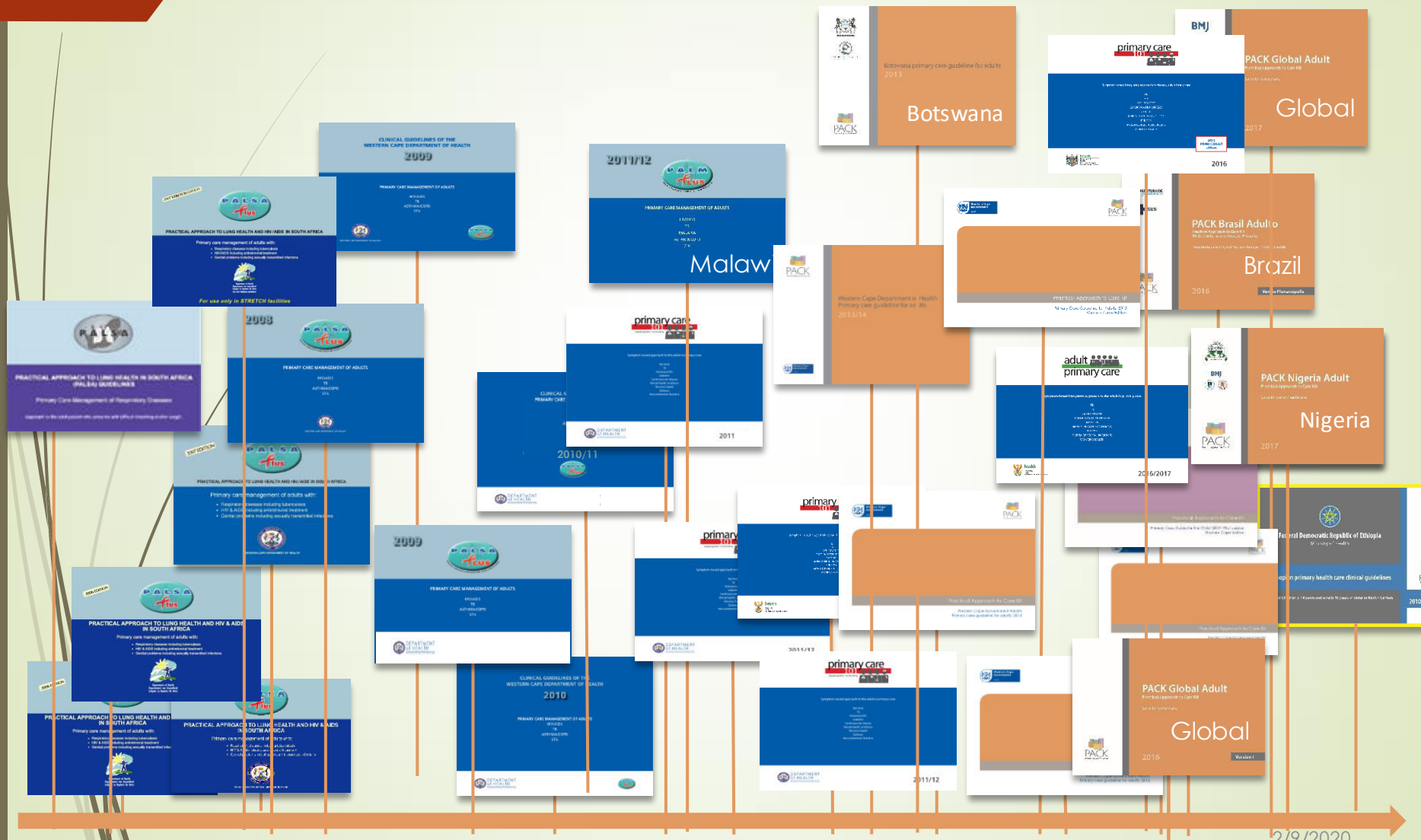
Introduction

- Ethiopia's PHC clinical guide is **an algorithmic guideline**, prepared to be used as a **quick and action-oriented toolkit** for care givers in a health center
- Primarily it targets health officers and nurses as care givers
- 98 and 37 adult and child symptoms respectively, 25 chronic illness including women health issues.
- Under 5 children's will be addressed based on Integrated Management of New-born and Childhood Illness (IMNCI) guidelines

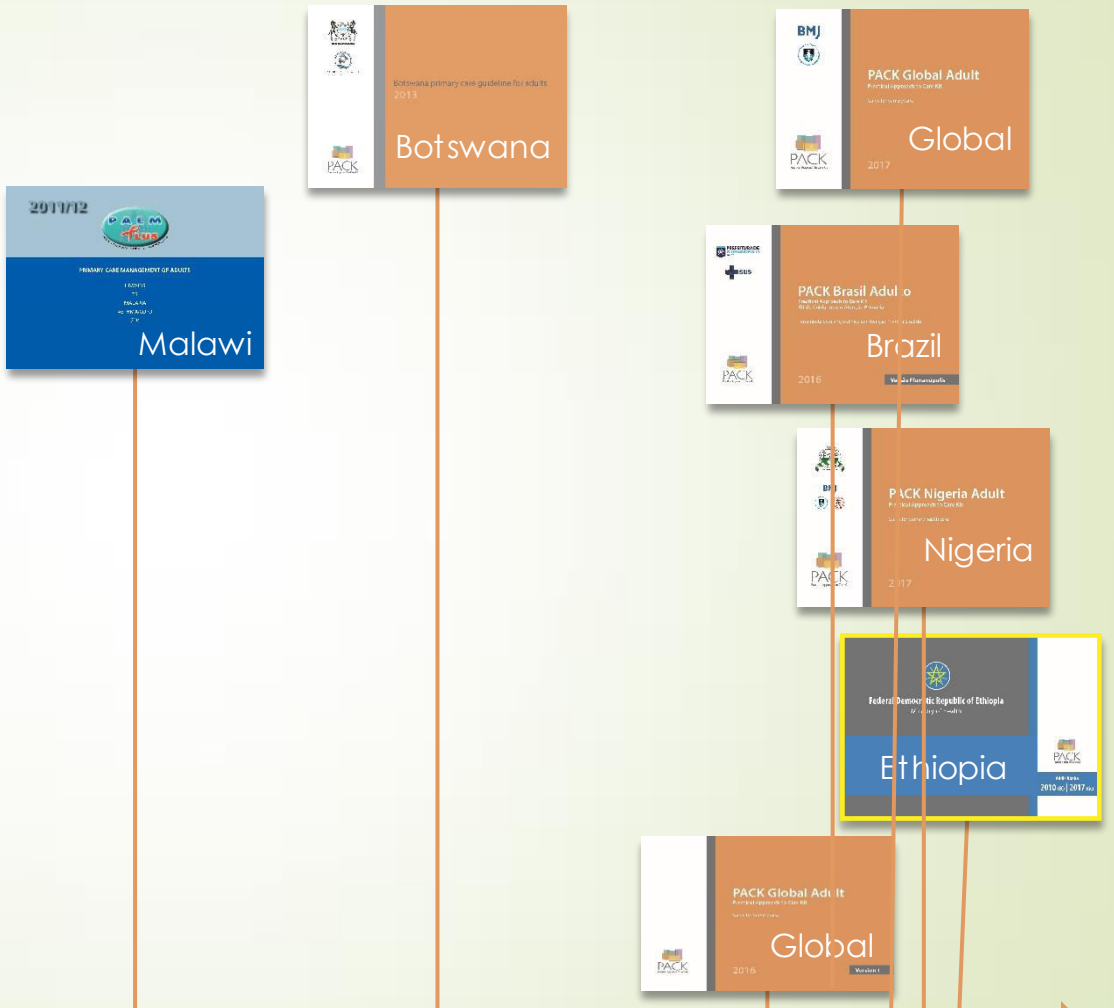
Introduction cont…

- Each part is divided into two sections: symptoms and chronic conditions (Routine Care)
- Ethiopian primary health care clinical guidelines is integrated to the four health sector transformation agendas
- The EPHCG was localized from PACK (practical approach to care kit) guide—developers of this guide based at Knowledge Translation Unit (KTU), University of Cape Town, Lung Institute

Guide editions in 18 years



Localized guidelines



There are 4 pillars to the EPHCG implementation programme

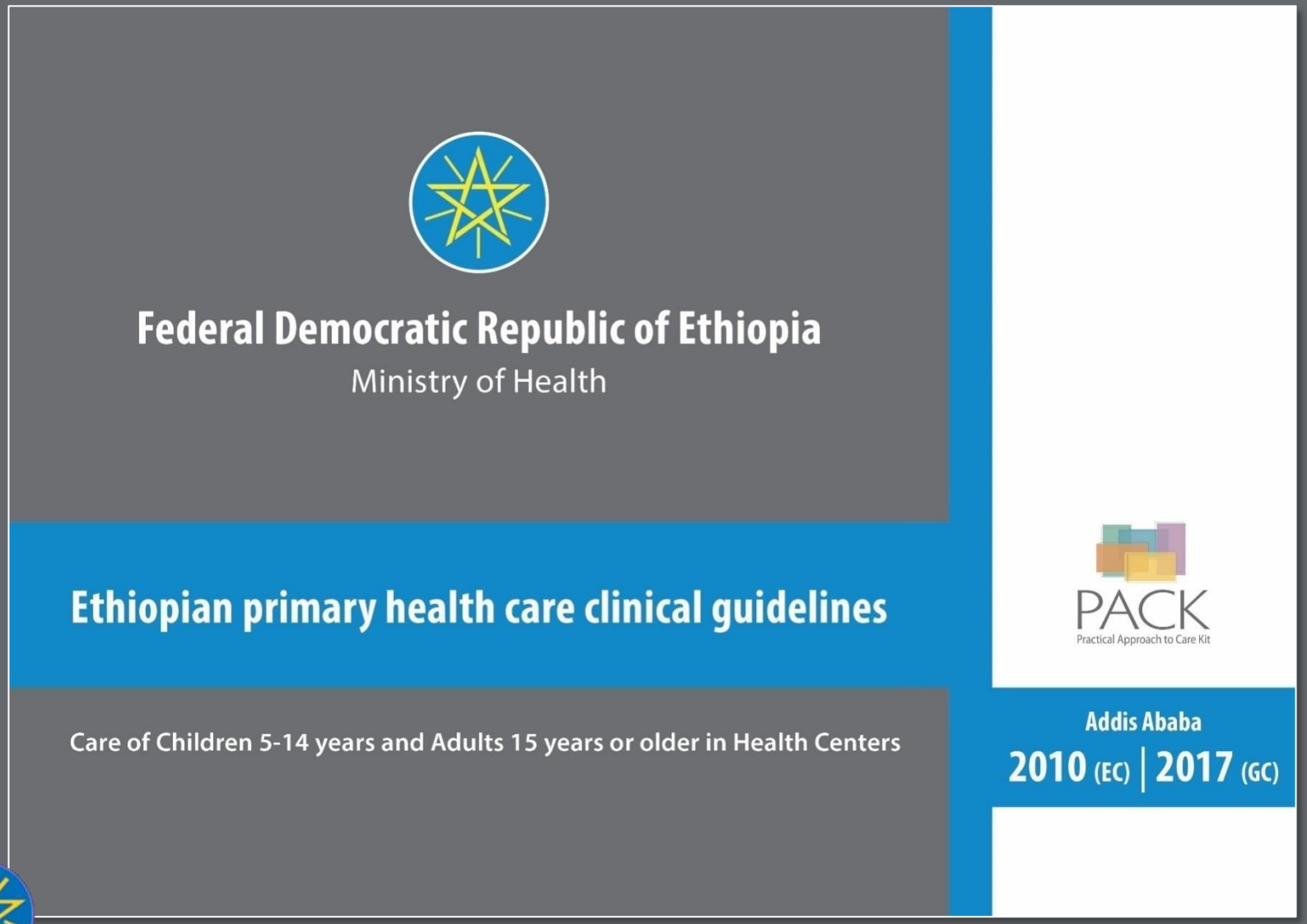
1 **EPHCG**

2 **Training programme**

3 **Health Systems improvement**

4 **Monitoring and evaluation**

Pillar 1: EPHCG



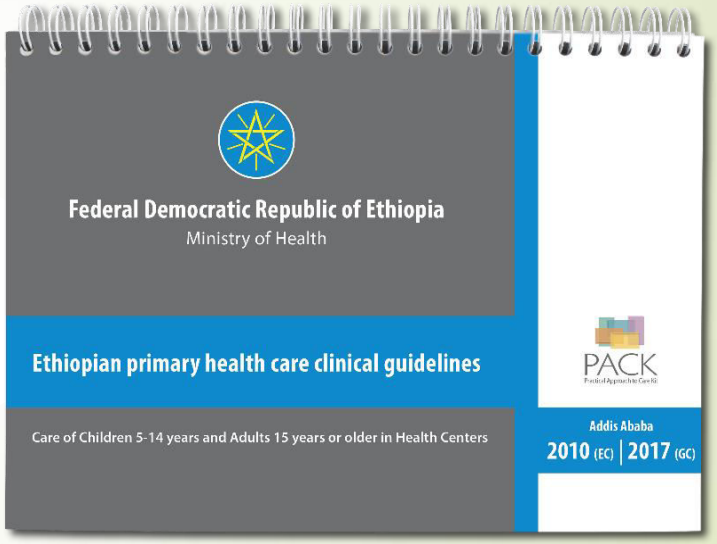
PACK guide: What you need to know?

- Organized to reflect **the way patients present to primary care** (symptoms *or* follow-up of a chronic condition *or* both)
- Prompts the clinician to **consider a chronic condition diagnosis** at every opportunity
- Integrates multiple guidelines into one concise comprehensive tool
- Evidence-informed

The Ethiopia PHCG Principles

- **Comprehensive and integrated** care
- Dealing with **the whole patient**,
- Provision of various services at a service delivery point **("one stop shop")**
- Continuity **throughout the lifecycle**, as well as between types of care providers
- Provide services that are **safe, respectful** to the user

Too many guidelines



Stroke: diagnosis and routine care

Sudden onset of one or more of the following suggests a stroke or a transient ischaemic attack (TIA):

- Weakness or numbness of the face, arm or leg, especially on one side of the body
- Blurred or decreased vision in one/both eyes or double vision
- Difficulty speaking or understanding
- Difficulty walking, dizziness, loss of balance or co-ordination

If patient has one or more of: hypertension , diabetes, heart disease, on warfarin, > 60 years and has no history of head trauma, **stroke** likely. If not, refer to hospital to confirm the diagnosis of stroke.

Give urgent attention to the patient with a stroke/TIA:

- If oxygen saturation < 95% or oxygen saturation machine not available, give face mask oxygen.
- If glucose < 70mg/dL or unable to measure, give 25mL glucose 40% IV over 1-3 minutes. Repeat if glucose still < 70mg/dL after 15 minutes.
- Keep patient nil by mouth until swallowing is formally assessed.
- Give normal saline 1L IV 4-6 hourly. If glucose ≥ 70mg/dL, avoid fluids containing glucose/dextrose as raised blood glucose may worsen a stroke.
- If BP ≥ 220/120, give single dose of nifedipine 20mg PO.
- Refer urgently.

Assess the patient with stroke/TIA

Assess	When to assess	Note
Symptoms	Every visit	• Manage symptoms as on symptom pages. • Ask about symptoms of another stroke/TIA. Also ask about chest pain ↩94 or leg pain ↩96.
Depression	Every visit	In the past month, has patient: felt depressed, sad, hopeless or irritable or worrying a lot, had multiple physical complaints, felt little interest or pleasure in doing things? If yes to any ↩99.
Rehabilitation needs	Every visit	Refer to physiotherapy for mobility.
BP	Every visit	• Check BP ↩89. If new hypertension, avoid starting treatment until > 48 hours after a stroke. • If known hypertension ↩90.
Glucose	At diagnosis, then yearly	Check glucose ↩86. If known diabetes ↩87.
Random total cholesterol (by referral to hospital)	3 months after starting simvastatin and then after 3 months if ≥ 190mg/dL	• If cholesterol ≥ 190mg/dL: increase simvastatin to 40mg. If already on 40mg daily, refer to hospital. • If cholesterol < 190mg/dL, no need to repeat.
HIV	At diagnosis or if status unknown	Test for HIV ↩75.

Advise the patient with stroke/TIA

- Advise the patient to seek medical attention immediately should symptoms recur. Quick treatment of a minor stroke/TIA can reduce the risk of major stroke.
- Help patient to manage his/her CVD risk ↩85.
- If patient is < 55 years (man) or < 65 years (woman), advise the first degree relatives to have CVD risk assessment ↩84.
- Avoid combined oral contraceptive. Advise other method such as IUD, injectable, progestogen-only pill or subdermal implant ↩110.

Treat the patient with an ischaemic stroke/TIA

- Give aspirin 75-150mg PO daily for life. Avoid if haemorrhagic stroke, peptic ulcer, dyspepsia, kidney or liver disease. If heart valve disease or atrial fibrillation, refer for warfarin instead.
- Start simvastatin 20mg PO daily. If repeat cholesterol > 190mg/dL increase to 40mg daily. If already on 40mg, refer to hospital.

Pillar 2: Training programme - What you need to know

- Educational Outreach/Onsite training
- Train the team

Educational Outreach: Onsite sessions

Onsite training

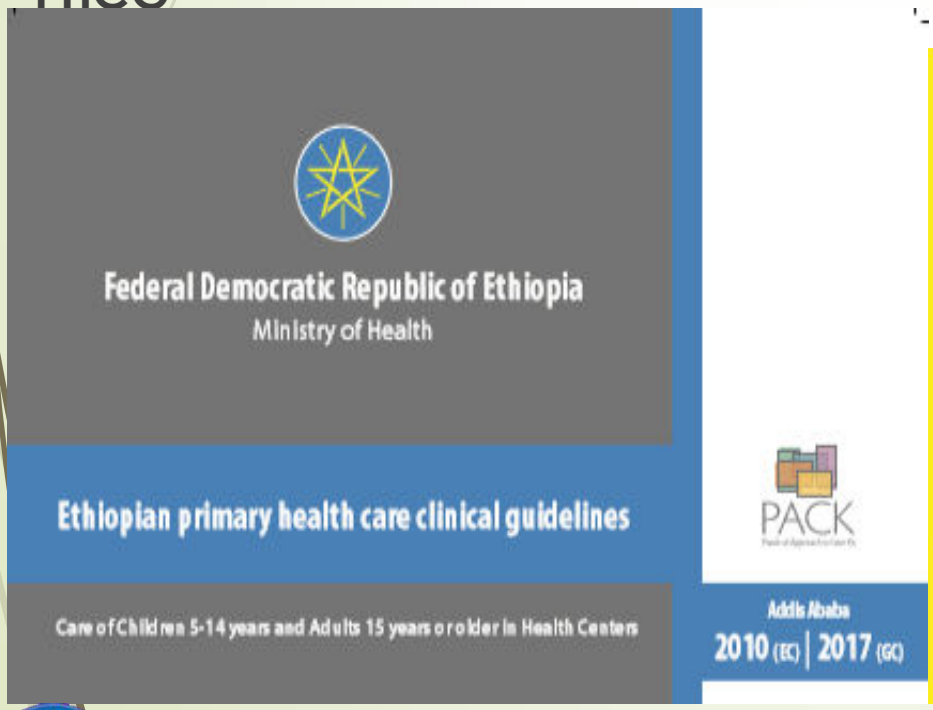
- Onsite training is used to promote usage of the EPHCG.
- Each of the training sessions follow the 4 steps ;-
  - welcome,
  - recap and problem solving,
  - training the new topic and
  - prepare for next session & closure.

Onsite training comprises:

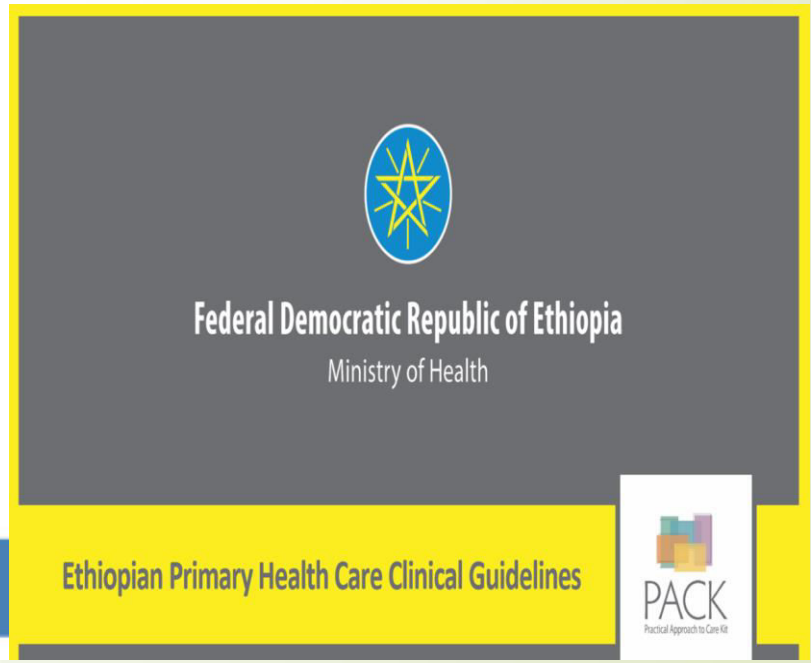
- Short (1-1 ½ hours) training sessions.
- Held onsite at an agreed upon time
- Minimal disruption to clinical services.
- In-service training at the facility so that staff can be trained together and can apply what they have learnt in practice immediately.
- Weekly program: **learning with practice**

PHCG Training Materials

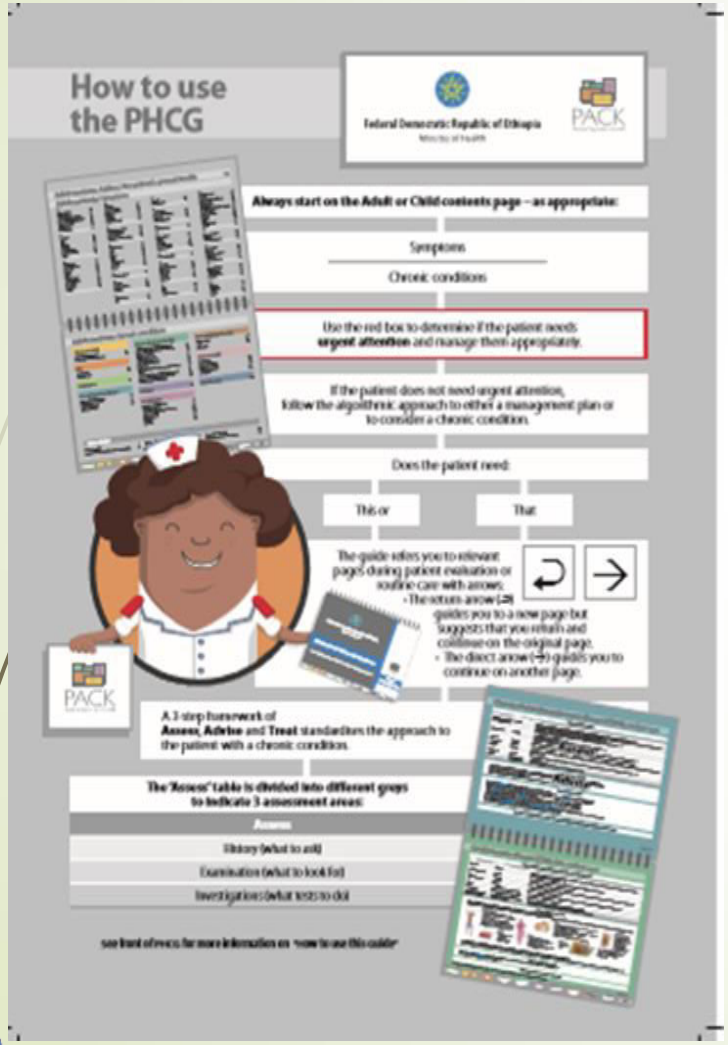
PHCG

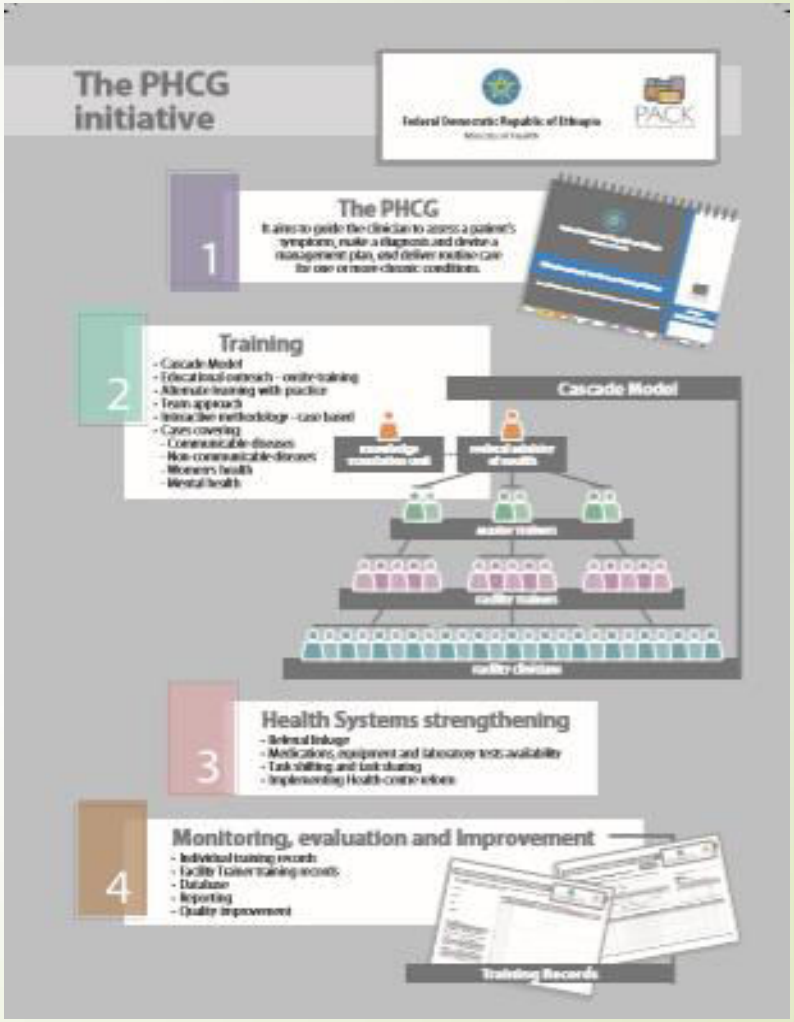


Facility Trainer Manual

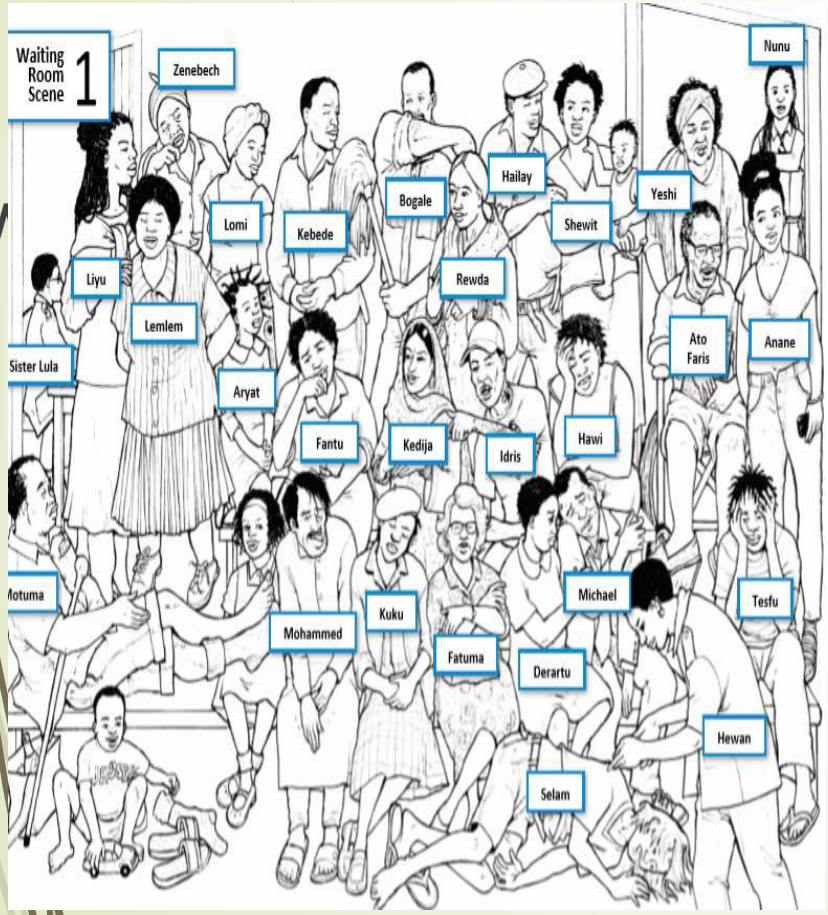


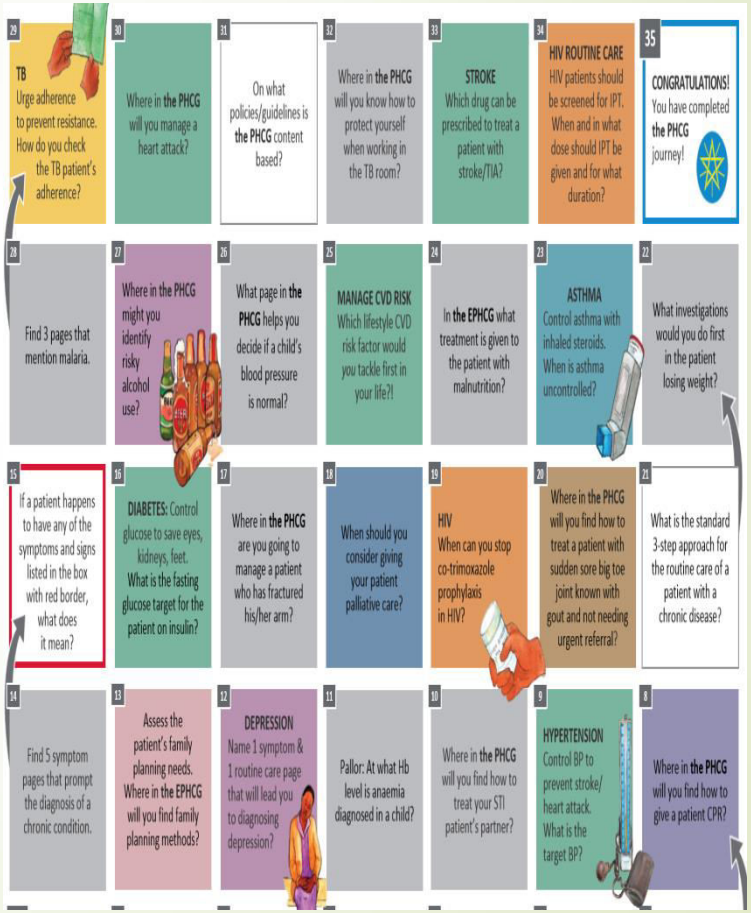
PHCG Training Materials





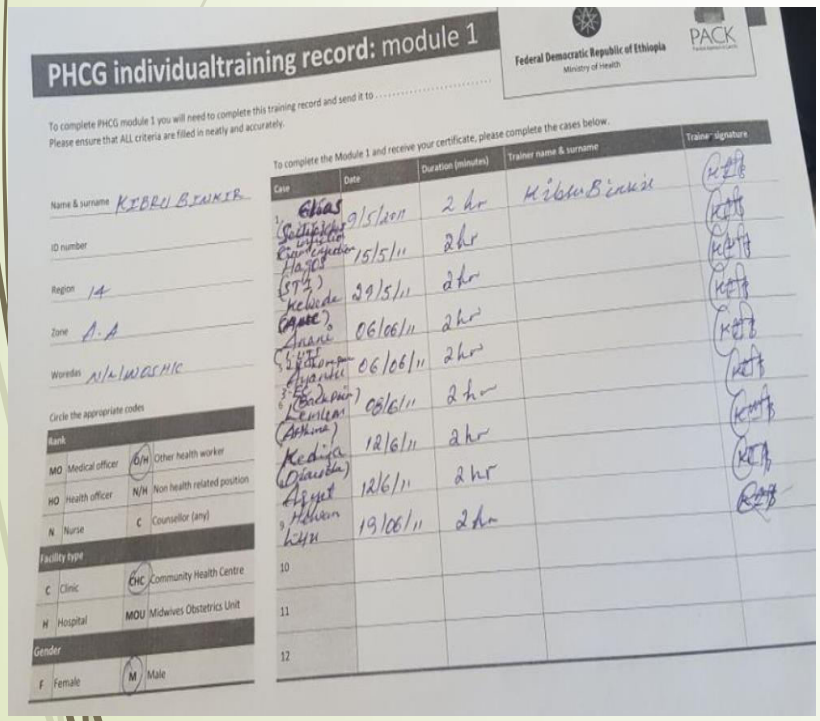
PHCG Training Materials



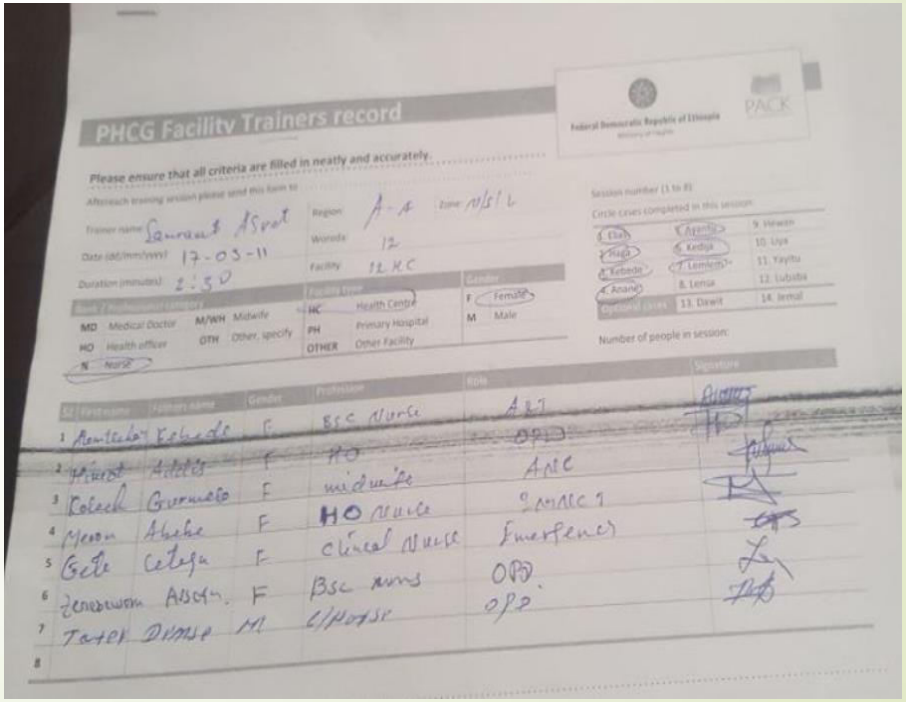


Records used during onsite training

Individual record



Facility trainer record



Cases

Session	Case	Name	Symptom/content/point of entry	Clinical content	Structure and features used in the EPHCG	Case complexity
Session 1	Introductory cases: symptom-based approach					
	1	Elias	Cough/difficulty breathing	Severe chest infection	• Contents page • Symptoms page • Red box	Introductory
	2	Hagos	Face pain	Gum infection	Introduction to using an algorithm	Introductory
Session 2	STIs: introduction to 'Assess, advise and treat' framework					
	3	Kebede	• Urethral discharge • Genital ulcer	• Genital ulcer • Male urethritis syndrome	• Moving from one symptom page to another symptom page • Intro to Assess Advise Treat	Mid-level
Session 3	Women's Health					
	4	Anane	N/A	Pregnancy	Navigating the routine care pages	Mid-level
	5	Ayantu	Urinary symptoms (emergency contraception)	• UTI • Risk of Pregnancy	Symptom page indirectly leading to a routine care page	Mid-level
Session 4	Asthma routine care					
	6	Kedija	Asthma	Difficulty breathing/routine care for asthma	• Management of the patient needing urgent attention • Moving from a symptom page to a routine care page • Introduction to routine care using "assess, advise and treat" structure	Mid-level
	Hypertension: diagnosis and routine care					
	7	Lemlem	Back pain	• CVD risk • Hypertension • Diabetes screen	• Moving from a symptom page to a diagnosis page • Moving from a diagnosis page on to the routine care page • Screening for other chronic conditions according to routine care and moving to the relevant diagnosis page	Complex
Session 5	HIV: routine care					
	8	Ariat (Child case)	Viral gastroenteritis: moderate dehydration	Diagnosing and managing moderate dehydration	• Routine care page • Symptom pages and red boxes	Mid-level
Session 6 + PRY	Exposed to infectious fluid: post-exposure prophylaxis					
	9	Hewan	Needle-stick injury	Post exposure prophylaxis	• Moving from a symptom page to a diagnosis page • Introduction to new pages	Mid-level
	HIV: routine care					
	10	Liyu	Rash	• Papular pruritic eruption • Routine HIV care	• Moving from symptom page to a diagnosis page • Navigating routine care pages	Complex
Session 7 + ICE	Mental Health					
	11	Taytu	Tiredness	Mild depression with anxiety	Moving from a symptom page to a diagnosis page	Mid-level
Session 8 + ICE	Mental Health					
	12	Lubaba	Abdominal pain	• Dyspepsia • Risky alcohol use - alcohol dependence	• Moving from a symptom page to a diagnosis page • Moving from a diagnosis page to a routine care page	Mid-level

The example below explains each component of the case template

Case 12: Lubaba (1 visit)

1 The case is numbered and the name of the patient is given.

2 The picture of the patient is shown in the waiting room

Outline of case for facilitator preparation

3 The outline of the case is presented in a table for easy overview and preparation.

Symptom/content/point of entry	Clinical content		
Mental Health			
Abdominal pain	· Dyspepsia · Risky alcohol use - alcohol dependence	· Moving from a symptom page to a diagnosis page · Moving from a diagnosis page to a routine care page	Mid-level

4 Instructions for the facilitator:

- Before you give the participants the case scenario, explain that they will need to use the statements in the guide as prompts to ask you questions about the case.
- Once you have read the case scenario out, use column 1 to ask the participants where they will go in the guide, and to prompt what they should be looking for.
- Only give the required information from column 2 as the participants ask you questions from the guide.
- Follow in the guides with the participants using column 3 to ensure you are on the right page.

5 Introduce the patient with the story that he/she presents with.

Lubaba is a 50 year old woman who is next in the queue at the clinic. Discuss how you would prepare for her using the **'P' of PRY**.
She has entered your consultation room, how would you initiate the consultation in a way that will build relationship using the **'R' of PRY**?
How would you ask her why she has come to the clinic today using the **whY of PRY**?
She tells you she has had pain in her abdomen for 3 days.

PRY

6 Use the prompts in the table to begin helping the participants navigate the Guide.

How will you use the EPHCG to manage Lubaba?

1 FACILITATOR to ask these questions to prompt using the guide:		2 As the PARTICIPANTS use the EPHCGEPHCG, give these details to help answer their questions about the case:	3 Page/s to follow in the EPHCGEPHCG:
SYMPTOM - Abdominal pain			Abdominal pain (no diarrhoea)
1	Does the patient need urgent attention?	Lubaba has no signs that she needs urgent attention.	
2	How do you manage this symptom?	· Lubaba has no abnormal vaginal discharge. · Her pain has no relation to her menses. · She has no urinary symptoms. · She is not constipated. · Her stool microscopy test was negative. · Her pain is in the upper abdomen and is worse after eating. · She does not smoke but admits to drinking 6 bottles of beer per day. · Her waist circumference is 80cm. · You assess her CVD risk and it is < 10%. · She is not taking any medication.	
	ICE *Question: How would you use the clinical communication skill of ICE to find out what Lubaba's ideas, concerns and expectations are?*		
3	Can you identify a possible chronic condition?	She drinks 6 bottles beer per day.	
4	Do you need to refer the patient?		

7 **Symptom:** This is the approach to assessing and managing a patient's symptom.

PACK Ethiopia Adult: cases 1

DIAGNOSING A CHRONIC CONDITION - Alcohol/drug use			Alcohol/drug use
5	Does the patient need urgent attention?		
6	What is the next step to diagnose the chronic condition?	She dr… misuse prescription drugs.	
7	Do you need to refer the patient?		
ROUTINE CARE - Alcohol/drug use			Alcohol/drug use
8	**Assess** What must you ask this patient?	…drawal …t. …any previous bumps to her head while she has been drunk in the past. She denies depressive symptoms and is not in a relationship. · She says that if she does not drink beer every day she experiences restlessness, nausea, headache and tremor. · She describes an uncontrollable urge to drink alcohol - she says she just can't help herself. She often has to borrow money or sell something to buy the beer. She continues to drink despite acknowledging that it often results in harm. · She denies any trauma or abuse and has no chronic illness. · She denies a low mood and has not lost interest in daily activities. · She has no dementia symptoms.	
9	**Advise** What advice must you give this patient?		
10	**Treat** What drug treatment do you give this patient?		
DISCUSSION			
11	What did yo…	…y" page)	
SUMMARY			
12	Highlight the pathway …		

8 **Diagnosing a chronic condition:** Diagnosing a chronic condition is usually a stepwise process that can involve history, examination, tests and referral. Use this section to plan and complete the diagnostic process.

9 **Routine care:** This section outlines the 'assess, advise and treat' structure of the routine care approach.

10 The discussion points are there to highlight other important aspects of mental health care that have relevance to the care of patients and health care workers.

11 The case summary is a reminder to highlight the pathway of the pages/points you used through the guideline in order to manage the client.

Pillar 3: Health Systems engagement

Strategic pillars

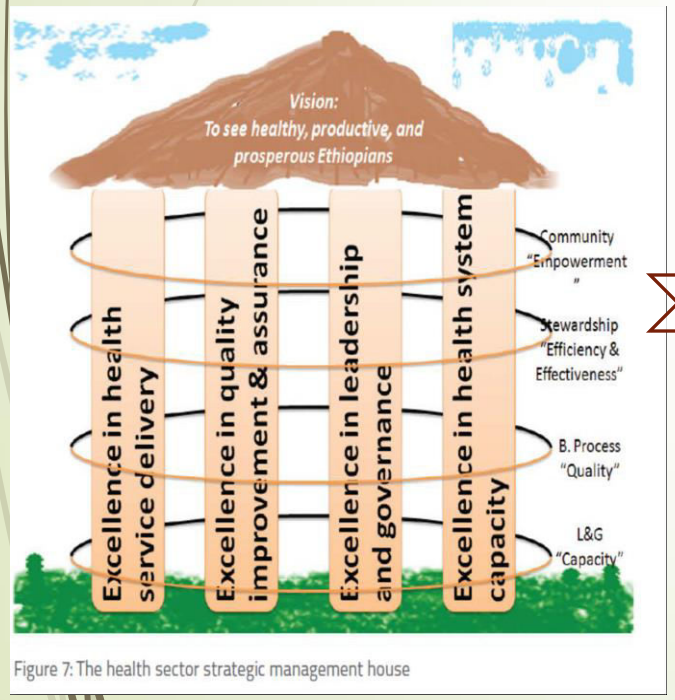


Figure 7: The health sector strategic management house

Transformation agendas

- CRC Compassionate HR
- Quality and Equity
- 'Woreda' transformation
- Data Revolution

PHCG

Implementation

- The PHCG initiative will be implemented aligned to
- Health Development Army
- Clinical forums
- **Quality Transformation Agenda**
  - **Using the EHAQ**

Pillar 4: Monitoring and Evaluation

- EPAQ committees will be set up at federal, regional, zonal and woreda levels.
- Performance monitoring and evaluation will mainly be based on: EHCRIG, KPIs, change packages, PHCG, woreda management standards.
- Recognition and awards for best performance based on EPAQ at PHCU, Woreda, Zonal and Regional levels.

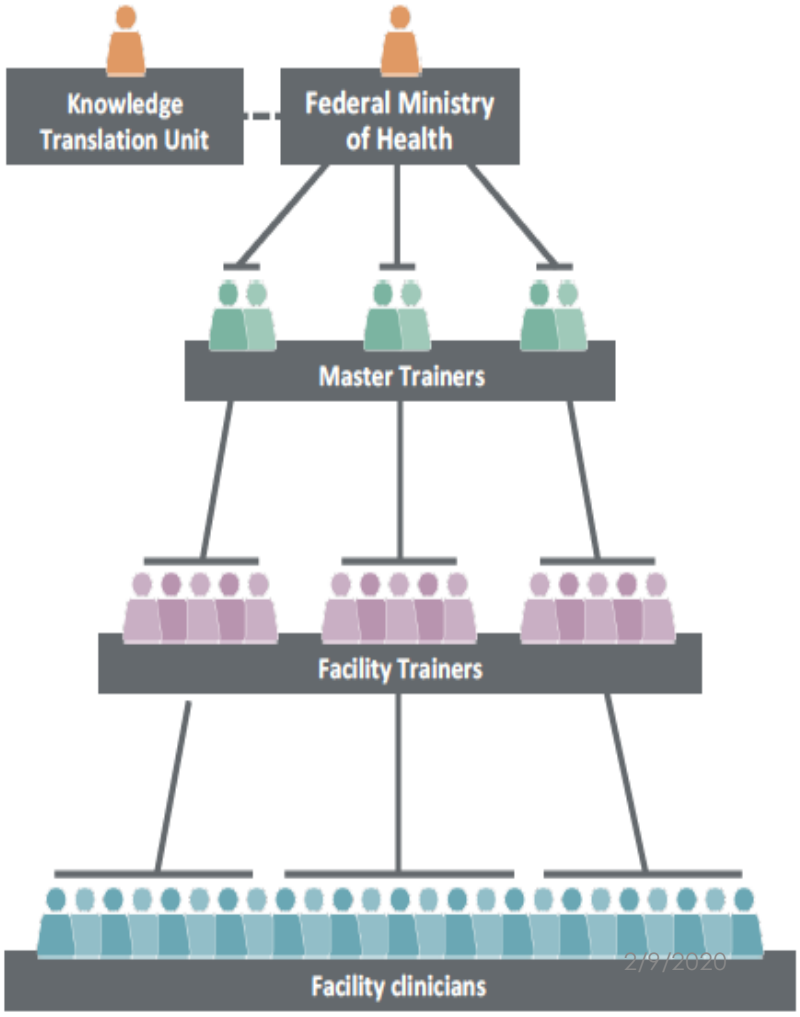
BPR (Best Improved Region)	BIZ (Best Improved Zone)	BIW (Best Improved Woreda)	BIP (Best Impoved PHCU)
• Federal Level • Annually	• Regional Level • Annually	• Zonal Level • Semiannually	• Woreda Level • Quatrely

The Cascade Model

Implementation and Training Plan

KTU & FMoH	Equip PHCG National team and Master-Trainers to comprehensively plan, deliver and manage the PHCG in a country	Equip
PHCG Master Trainers	• Attend a 5-day Master Trainers workshop • Plan and deliver the PHCG training for Facility Trainers in the region/zone/woreda • Equip, train, support and mentor the PHCG Facility Trainers to deliver the PHCG onsite training in a facility • Monitor and evaluate PHCG training and implementation	Train, support & mentor Facility-Trainers
PHCG Facility Trainers	• Attend a 4-day Facility Trainers workshop • 2 PHCG Facility Trainer per facility (Doctor, health officer, nurse or midwife) • Know how to use the PHCG materials • Plan and deliver the PHCG training for clinicians at your Facility • Equip, train, support and mentor the clinicians at the facility using the PHCG • Monitor individual and group learning activities	Train, support & mentor Clinicians in the PHC Facilities
Health Facility clinicians	• Attend the PHCG onsite training sessions weekly/fortnightly • Use PHCG consistently in PHCG care • Embrace a culture of ongoing clinical learning	Use PHCG

Cascade Model



Theory of change

INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES		
			Short term	Medium-term	Long-term Outcome(impact)
-Printing materials (EPHCG, WAS, Info graphs, Facility training manuals etc) -Human resource -Budget -Standards, checklists -Implementation manual	- Establish TWG on EPHCG -Conducting readiness assessment. - Training of Health workers (onsite, Facility trainers). -Avail EPHCG guideline in all potential outlets of the health center -Assuring continuity of clinical forum on EPHCG -Continuously advocate the guideline for the community and health workers. -Integrate EPHCG in the health system main activities -conduct continuous supportive supervision according to the standard -continuous recording and reporting	-TWG on EPHCG established -Readiness assessment conducted. -onsite educational and facility trainer trainings conducted. -EPHCG guidelines are availed adequately -Clinical case discussion forum on EPHCG is continuously conducted. -advocacy activities are done on EPHCG -Continuous supportive supervision is done according to the implementation guideline -Continuous recording and reporting is ensured.	- Continuous supply of drugs, lab tests and other necessary inputs ensured -EPHCG guideline is updated continuously. -Health worker's knowledge improved to manage patients - HW's attitude towards the use of EPHCG improved -Community awareness on EPHCG improved	-Consistent compliance of EPHCG is ensured -client satisfaction increased -Health worker satisfaction increased. -Client compliance to advice and treatment increased.	- decrease morbidity and mortality -Improved health status of clients

Activate Windo

PROCESS EVALUATION				OUTCOME EVALUATION		
-Minute on establishment and activities of TWG -Readiness assessment report -Training reports, attendance sheet(facility record and individual record), -EPHCG on the site at all outlet of HCs -Clinical forum reports -Minutes of community forum; schedule and minutes of health education - see plan whether EPHCG implementation is one of the major activities in health center monthly, quarterly and yearly plan; in individual BSc plan. - mentoring and supportive supervision team establishment letter -Internal supportive supervision reports from the facilities		- # TWG established -Proportion of HCs done readiness assessment -# of facility trainers trained -proportion of HCs which completed 8 weeks onsite trainings within 14 weeks of placement of Facility trainers. -Proportion of HCs which availed the EPHCG on all possible clinical outlets. -Proportion of HCs established biweekly clinical case discussion forum. -# of advocacy activities done on communities. -essential drugs availability -essential lab tests availability -Proportion of continuous supportive supervision done according to the implementation manual		-Proportion of HC availing necessary drugs and lab test as per EPHCG - EPHCG guideline regularly updated (how regular???) -proportion of HWs with minimum acceptable knowledge score on basic areas of EPHCG. -Proportion of HWs with positive attitude towards EPHCG. -Proportion of clients who know the guideline. -	-proportion of HCs having 100% compliance of using EPHCG - % increase in client satisfaction -% increase in health workers satisfaction. -proportion of clients who comply with advice on selected case types. -proportion of clients who comply with treatments on selected case types.	-Indicators on major types of diseases and conditions will be selected latter(infectious, maternal and child health, Non-communicable diseases)

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Go to Sett

Implication of PHCG

women's health

- It includes the women's health
  - Routine antenatal care
  - Routine postnatal care
  - The pregnant patient (Normal & abnormal conditions
  - Contraception etc…
  - menopause

Adult contents: chronic conditions

Tuberculosis (TB)

Tuberculosis (TB): diagnosis 71
Drug-sensitive (DS) TB: routine care 72

HIV

HIV: diagnosis 75
HIV: routine care 76

Malnutrition 70

Chronic respiratory disease

Asthma and COPD: diagnosis 81
Using inhalers and spacers 81
Asthma: routine care 82
COPD: routine care 83

Chronic diseases of lifestyle

Cardiovascular disease (CVD) risk: diagnosis 84
Cardiovascular disease (CVD) risk: routine care 85
Diabetes: diagnosis 86
Diabetes: routine care 87
Hypertension: diagnosis 89
Hypertension: routine care 90
Heart failure 91
Rheumatic heart disease/previous rheumatic fever 92
Stroke 93
Ischaemic heart disease (IHD): initial assessment 94
Ischaemic heart disease (IHD): routine care 95
Peripheral vascular disease (PVD) 96

Epilepsy 97

Mental health

Admit the mentally ill patient 98
Depression: diagnosis 99
Depression and/or anxiety: routine care 100
Tobacco smoking 102
Alcohol/drug use 103
Psychosis 104
Dementia 106

Musculoskeletal disorders

Chronic arthritis 107
Gout 108
Fibromyalgia 109

Women's health

Contraception 110
The pregnant patient 112
Routine antenatal care 114
Routine postnatal care 116
Menopause 119

Palliative care 120

Other pages

Prescribe rationally 9
Exposed to infectious fluid: post-exposure prophylaxis 68
Protect yourself from occupational infection 122
Protect yourself from occupational stress 123
Communicate effectively 124
Support the patient to make a change 125

Child health

- Addresses 37 child symptom
- Addresses child chronic conditions like malnutrition and epilepsy
- Includes quick reference charts to decide if respiratory rates and pulse rates, maintenance of fluid rate, blood pressure level, and assess level of consciousness.

Child contents

Symptoms

A
Abdominal symptoms 143

B
Breathing difficulty, child 140
Burns 133

C
Cardiac arrest 128
Cardiopulmonary resuscitation (CPR) 128
Coma 131
Confusion 131
Convulsions 130
Cough 140
Cough, recurrent 142

D
Dehydrated child 129
Diarrhoea 144

E
Ear symptoms 138
Emergency child 127

F
Fever 134

H
Headache 135
Head injury 127
Hearing problems 138

I
Injured child 132

L
Leg symptoms 146
Limp 146
Lymphadenopathy 136

M
Mouth symptoms 139

P
Pallor 137

R
Rash, generalised 147
Rash, localised 148
Respiratory arrest 128
Resuscitation, child 128

S
Seizures 130
Shock 129

T
Throat symptoms 139

U
Unconscious child 131
Underweight 150
Urinary symptoms 145

W
Walking problems 146
Wheeze 141
Wheeze, recurrent 142

Long-term health conditions

Malnutrition 153

Epilepsy 154

Quick reference chart 155

Quick reference chart

Decide if respiratory rate is normal for age

Age	Respiratory rate (breaths/minute)	
	Respiratory rate decreased if:	Respiratory rate increased if:
5-12 years	< 20	≥ 25
≥ 12 years	< 15	≥ 20

Decide if pulse rate is normal for age

Age	Pulse rate (beats/minute)	
	Pulse rate decreased if:	Pulse rate increased if:
5-12 years	< 80	≥ 120
≥ 12 years	< 60	≥ 100

Estimate weight according to age

5-12 years	Weight (kg) = (3 x age in years) + 7

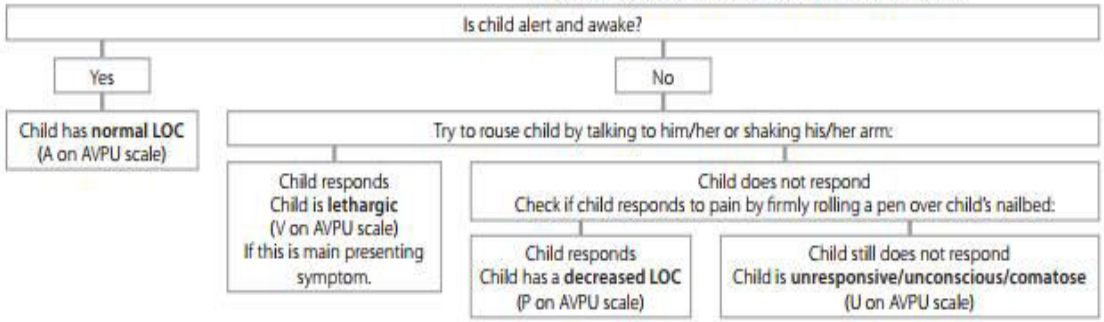
Decide if blood pressure is normal for age

Age	Blood pressure decreased if:		Blood pressure increased if:	
	DBP	SBP	DBP	SBP
6-10 years old	< 57	< 97	> 76	> 115
10-12 years old	< 61	< 102	> 80	> 120
12-15 years old	< 64	< 110	> 83	> 131

Decide on maintenance fluid rate

Weight	24 hour fluid need
< 10kg	120mL/kg
10-20kg	1000mL + (50mL for every kg body weight over 10kg) e.g.: if 14kg: 1000mL + (50 x 4) = 1200mL/24 hours
≥ 20kg	1500mL + (20mL for every kg body weight over 20kg) Up to 2000mL in girls and 2500mL in boys e.g.: if 23kg: 1500mL + (20 x 3) = 1560mL/24 hours

Assess level of consciousness (LOC) with the AVPU scale:



Assess level of consciousness with AVPU	
A	Alert
V	responds to Voice
P	responds to Pain
U	Unresponsive/Unconscious

Chronic condition

- Enable to be addressed at all units
- All patients will be screened for possible chronic conditions
- Early detection of chronic conditions
- Early treatment of chronic conditions
- Life style change activities included
- Behavioral change management activities included

Adult contents: chronic conditions

Tuberculosis (TB)

Tuberculosis (TB): diagnosis 71
Drug-sensitive (DS) TB: routine care 72

HIV

HIV: diagnosis 75
HIV: routine care 76

Malnutrition 70

Chronic respiratory disease

Asthma and COPD: diagnosis 81
Using inhalers and spacers 81
Asthma: routine care 82
COPD: routine care 83

Chronic diseases of lifestyle

Cardiovascular disease (CVD) risk: diagnosis 84
Cardiovascular disease (CVD) risk: routine care 85
Diabetes: diagnosis 86
Diabetes: routine care 87
Hypertension: diagnosis 89
Hypertension: routine care 90
Heart failure 91
Rheumatic heart disease/previous rheumatic fever 92
Stroke 93
Ischaemic heart disease (IHD): initial assessment 94
Ischaemic heart disease (IHD): routine care 95
Peripheral vascular disease (PVD) 96

Epilepsy 97

Mental health

Admit the mentally ill patient 98
Depression: diagnosis 99
Depression and/or anxiety: routine care 100
Tobacco smoking 102
Alcohol/drug use 103
Psychosis 104
Dementia 106

Musculoskeletal disorders

Chronic arthritis 107
Gout 108
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Women's health

Contraception 110
The pregnant patient 112
Routine antenatal care 114
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Menopause 119

Palliative care 120

Other pages

Prescribe rationally 9
Exposed to infectious fluid: post-exposure prophylaxis 68
Protect yourself from occupational infection 122
Protect yourself from occupational stress 123
Communicate effectively 124
Support the patient to make a change 125

Emergency/urgent attention condition

- Gives priority for emergency patient/urgent attention
- Guides on how to manage emergency/urgent attention conditions
- Guides whom to refer to hospitals and why

Additional contents of EPHCG

- Communicate effectively
- Exposed to infectious fluid: post-exposure prophylaxis
- Protect yourself from occupational stress
- Prescribe rationally
- Protect yourself from occupational infection
- Support the patient to make a change

Implication on health professionals

- User friendly for health care provider
- Able to manage the same case/clinical feature with the same algorithm between health professional and in all health centers
- Fills health professional knowledge gaps
- It gives opportunity for patients' ideas, concerns and expectations to be addressed in all OPDs

Implication on health professionals cont…

- Cost effective clinical care with better outcomes for patients.
- Increases clinical communication skill of health professional
- Strengthens clinical forums
- Helps health professionals gain confidence
- Creates a good platform for clinical auditing

EPHCG piloting status

Ethiopian Primary Health Care clinical Guideline implementation plan Vs performance 2011 EFY

Region	Numbe of health centers getting Facility trainer training			Number and percentage of health centers which started onsite training		Number and percentage of of health centers started PHCG implementation	
	Plan	Acheivment(n)	Acheivement(%)	Acheivment(n)	Achievment(%)	Achievment(n)	Acheivment(%)
Oromia	125	98	78.4	94	95.9	89	90.82
Amhara	85	104	122.4	104	100.0	104	100.00
SNNPR	75	95	126.7	87	91.6	73	76.84
Addis Ababa	38	48	126.3	46	95.8	46	95.83
Diredewa	4	8	200.0	8	100.0	8	100.00
Harar	4	8	200.0	7	87.5	7	87.50
Tigray	20	20	100.0	19	95.0	19	95.00
B/G	7	7	100.0	6	85.7	6	85.71
Somali	20	20	100.0	20	100.0	20	100.00
Gambella	7	8	114.3	8	100.0	8	100.00
Afar	15	17	113.3	17	100.0	15	88.24
Ethiopia	**400**	**433**	**108.25**	**416**	96.1	395	91.22

Major gaps identified during piloting

- The EPHCG onsite training principle was new which causes confusion on the implementation
- Low engagement of regional, zonal, woreda and health center management
- Health workers low motivation to attend the onsite training sessions.
- Large time gap between facility trainers training and starting of onsite educational training.

Major gaps identified cont…

- Using EPHCG as a reference material, rather than as a tool, and used the guideline sparingly.
- Using the guideline take much time to manage a patient against previous standards
- Negative attitude of HWs towards the use of EPHCG, especially in large city health centers.
- Most of health centers did not have laboratory tests and drugs as per the EPHCG requirement.

Support focus areas

- Follow of EPHCG implementation: implementation manual
- Provide technical support on EPHCG at all levels.
- Provide financial support for conducting ISS with RHB in the piloted health centers on EPHCG
- Provide financial and technical support for regional EPHCG review meetings
- Provide technical and financial support for EPAQ cluster meetings
- Strengthening hospitals support of the EPAQ clustering, and EPHCG implementation
- Support experience sharing visits and best practice activities

Thank You